2020
COMMUNITY HEALTH NEEDS ASSESSMENT

Central Georgia

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

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INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2012, 2015, and 2018 is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the service area of The Medical Center, 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 PRC, a nationally recognized health care 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 multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as 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.

PRC Community Health Survey
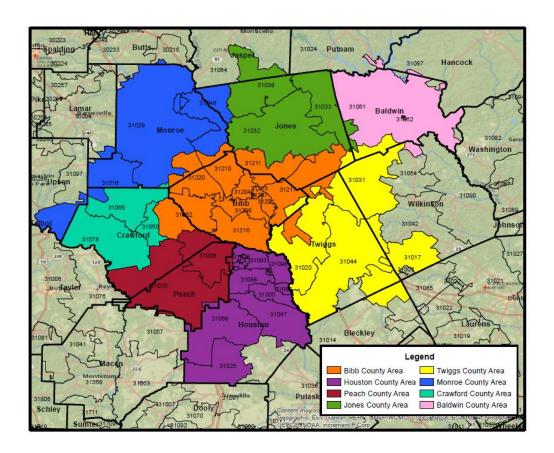
Survey Instrument

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 The Medical Center, Navicent Health, is illustrated in the following map.
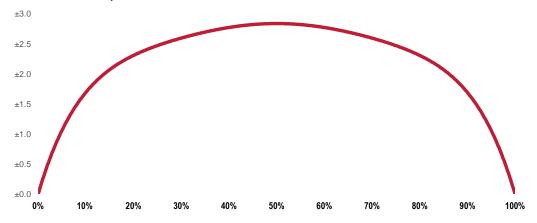
Sample Approach & Design

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 1,200 individuals age 18 and older in the Total Area, including 300 each in Bibb and Houston counties, 200 each in Peach and Baldwin counties, and 200 in the combined Other Counties area. 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 1,200 respondents is ±2.8% at the 95 percent confidence level.

Expected Error Ranges for a Sample of 1,200 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.
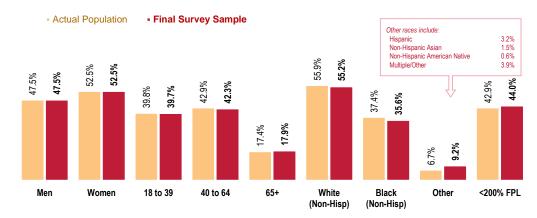
Sample Characteristics

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 health care needs, and these children are not represented demographically in this chart.]

Population & Survey Sample Characteristics
(Total Area, 2020)

▪ Actual Population ▪ **Final Survey Sample**

Other races include:		
Hispanic		3.2%
Non-Hispanic Asian		1.5%
Non-Hispanic American Native		0.6%
Multiple/Other		3.9%

Men	Women	18 to 39	40 to 64	65+	White (Non-Hisp)	Black (Non-Hisp)	Other	<200% FPL
47.5% / 47.5%	52.5% / 52.5%	39.8% / 39.7%	42.9% / 42.3%	17.4% / 17.9%	55.9% / 55.2%	37.4% / 35.6%	6.7% / 9.2%	42.9% / 44.0%

Sources:
- US Census Bureau, 2011-2015 American Community Survey.
- 2020 PRC Community Health Survey, PRC, Inc.

Notes:
- FPL is federal poverty level, based on guidelines established by the US Department of Health & Human Services.

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.

INCOME & RACE/ETHNICITY

INCOME ► 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 2019 guidelines place the poverty threshold for a family of four at $25,750 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.

RACE & ETHNICITY ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. All Hispanic respondents are grouped, regardless of identity with any other race group. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Navicent Health; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. 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.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 58 community stakeholders took part in the Online Key Informant Survey, as outlined in the following table:

ONLINE KEY INFORMANT SURVEY PARTICIPATION

KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	12
Public Health Representatives	3
Other Health Providers	6
Social Services Providers	13
Other Community Leaders	24

Final participation included representatives of the organizations outlined below.

- 100 Black Men of Middle Georgia, Inc.
- ATC Health Care Services
- Baldwin County Board of Commissioners
- Baldwin County Family Connections
- Baldwin County Health Department
- Baldwin Medical Center
- Beverly K. Olsen Children's Hospital
- Bibb County Board of Education
- Central Georgia Cancer Care
- Central Georgia Family Medicine
- Central Georgia Fertility Clinic
- City of Byron
- City of Fort Valley
- City of Milledgeville
- Community Partnership/ Bibb Co. Family Connection
- Crawford County Sheriff's Dept.
- Crawford Family Medicine
- Crescent House
- Daybreak
- Family Connections
- Family Counseling Center of Central Georgia
- First Choice – Primary Care
- Fort Valley State University
- Georgia College & State University
- Goodwill Industries of Middle Georgia

- Head Start, Macon Bibb County EOC, Inc.
- Hemlock Pain Center, LLC
- IM-PEDS Primary Care, LLC
- Jones County Health Department
- Jones County Public Schools
- Loaves and Fishes Ministries
- Macon Housing Authority
- Macon Transit Authority
- Macon Volunteer Clinic
- Meals on Wheels of Macon/Bibb County
- Medical Center of Peach County
- Mercer Medicine
- Mercer University School of Medicine
- Middle Georgia Agency on Aging
- Monroe County Hospital
- Oconee Valley Healthcare
- Peach County
- Peach County Fire Department
- Peach County Health Department
- Peach County School System
- River Edge Behavioral Health Center
- Riveredge Behavioral Health Services
- Sacred Heart Catholic Church
- School House Health
- United Way of Central Georgia

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area.

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 Engagement Systems (CARES) , University of Missouri Extension, SparkMap (sparkmap.org)

- 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

- ESRI ArcGIS Map Gallery

- National Cancer Institute, State Cancer Profiles

- OpenStreetMap (OSM)

- US Census Bureau, American Community Survey

- US Census Bureau, County Business Patterns

- US Census Bureau, Decennial Census

- US Department of Agriculture, Economic Research Service

- US Department of Health & Human Services

- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)

- US Department of Justice, Federal Bureau of Investigation

- US Department of Labor, Bureau of Labor Statistics

Benchmark Data

Trending

Similar surveys were administered in the Total Area in 2012, 2015, and 2018 by PRC on behalf of Navicent Health (note that 2012 and 2015 Total Area findings did not include Baldwin County). Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

Georgia Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data 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 *2020 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 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.

Healthy People 2030's overarching goals are to:

- Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.

- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.

- Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.

- Promote healthy development, healthy behaviors, and well-being across all life stages.

- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting feedback from individuals and organizations and input from subject matter experts, the US Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For 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

The Medical Center, Navicent Health made its prior Community Health Needs Assessment (CHNA) report publicly available 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 Schedule H (Form 990), the following table cross-references related sections.

IRS FORM 990, SCHEDULE H (2019)	See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility	6
Part V Section B Line 3b Demographics of the community	38
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	191
Part V Section B Line 3d How data was obtained	6
Part V Section B Line 3e The significant health needs of the community	15
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	16
Part V Section B Line 3h The process for consulting with persons representing the community's interests	9
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)	196

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. 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 HEALTH CARE SERVICES	- Lack of Health Insurance - Barriers to Access – Cost of Prescriptions – Cost of Physician Visits – Appointment Availability – Finding a Physician - Emergency Room Utilization - Ratings of Local Health Care
CANCER	- Leading Cause of Death - Cancer Deaths – Including Lung Cancer and Prostate Cancer Deaths - Cancer Incidence – Including Lung Cancer and Prostate Cancer Incidence
DIABETES	- Diabetes Prevalence - Prevalence of Borderline/Pre-Diabetes - Blood Sugar Testing [Non-Diabetics] - Kidney Disease Deaths - Kidney Disease Prevalence - Key Informants: Diabetes ranked as a top concern.
HEART DISEASE & STROKE	- Leading Cause of Death - Heart Disease Deaths - Heart Disease Prevalence - Stroke Deaths - High Blood Pressure Prevalence - Blood Pressure Screening - High Blood Cholesterol Prevalence - Overall Cardiovascular Risk - Key Informants: Heart disease and stroke ranked as a top concern.
INFANT HEALTH & FAMILY PLANNING	- Low-Weight Births - Infant Deaths - Teen Births

AREAS OF OPPORTUNITY (continued)

INJURY & VIOLENCE	• Motor Vehicle Injury Deaths • Firearm-Related Deaths • Homicide Deaths • Violent Crime Experience
MENTAL HEALTH	• "Fair/Poor" Mental Health • Symptoms of Chronic Depression • Suicide Rate • Mental Health Provider Ratio • Difficulty Obtaining Mental Health Services • Key Informants: Mental health ranked as a top concern.
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	• Low Food Access • Fruit/Vegetable Consumption • Meeting Physical Activity Guidelines • Children's Physical Activity • Overweight & Obesity [Adults & Children] • Key Informants: Nutrition, physical activity, and weight ranked as a top concern.
ORAL HEALTH	• Regular Dental Care [Adults & Children]
POTENTIALLY DISABLING CONDITIONS	• Multiple Chronic Conditions • Activity Limitations • High-Impact Chronic Pain • Alzheimer's Disease Deaths
RESPIRATORY DISEASE	• Lung Disease Deaths • Pneumonia/Influenza Deaths • Key Informants: Coronavirus/COVID-19 ranked as a top concern.
SEPTICEMIA	• Septicemia Deaths
SEXUAL HEALTH	• HIV/AIDS Deaths • HIV Prevalence • Chlamydia Incidence • Gonorrhea Incidence
SUBSTANCE ABUSE	• Cirrhosis/Liver Disease Deaths • Use of Prescription Opioids • Key Informants: Substance abuse ranked as a top concern.
TOBACCO USE	• Smoking Cessation

Community Feedback on Prioritization of Health Needs

Prioritization for The Medical Center, Navicent Health was determined based on a joint, regional prioritization process, along with the other Navicent Health facilities in Central Georgia. On December 17, 2020, Navicent Health convened an online meeting with 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 virtual 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. 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).
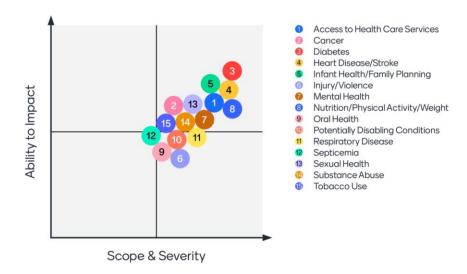
- Ability to Impact — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to 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. Diabetes
2. Heart Disease & Stroke
3. Nutrition, Physical Activity & Weight
4. Infant Health & Family Planning
5. Access to Health Care Services
6. Sexual Health
7. Mental Health
8. Respiratory Disease
9. Cancer
10. Tobacco Use
11. Substance Abuse
12. Injury & Violence
13. Potentially Disabling Conditions
14. Septicemia
15. Oral Health

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

Hospital Implementation Strategy

The Medical Center, 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.

Note: An evaluation of the hospital's past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.

Summary Tables:
Comparisons With Benchmark Data

Reading the Summary Tables

■ In the following tables, Total Area results are shown in the larger, gray column.

■ The 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 2030 objectives. 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.
>
> *Tip: Indicator labels beginning with a "%" symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.*

TREND SUMMARY

(Current vs. Baseline Data)

SURVEY DATA INDICATORS:

Trends for survey-derived indicators represent significant changes since 2012.

OTHER (SECONDARY) DATA INDICATORS:

Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade).

SOCIAL DETERMINANTS	Bibb County	Houston County	Peach County	Baldwin County	Other Counties*	Total Area	TOTAL AREA vs. BENCHMARKS vs. GA	vs. US	vs. HP2030	TREND
Linguistically Isolated Population (Percent)	☁ 1.3	🌧 1.8	☁ 1.2	☀ 0.6	☀ 0.8	1.3	☀ 3.1	☀ 4.4		
Population in Poverty (Percent)	🌧 25.7	☀ 15.7	☁ 21.5	🌧 26.2	☀ 16.6	20.5	🌧 16.0	🌧 14.1	🌧 8.0	
Children in Poverty (Percent)	🌧 38.7	☀ 22.3	☁ 27.9	🌧 34.5	☀ 19.2	28.8	🌧 22.9	🌧 19.5	🌧 8.0	
No High School Diploma (Age 25+, Percent)	☁ 14.3	☀ 9.1	☁ 16.0	☁ 15.6	☁ 16.0	13.1	☁ 13.3	☁ 12.3		
% Unable to Pay Cash for a $400 Emergency Expense	🌧 37.6	☀ 18.9	☀ 19.7	🌧 38.3	☁ 23.9	29.0		🌧 24.6		
% Worry/Stress Over Rent/Mortgage in Past Year	🌧 32.4	☀ 21.4	☁ 29.6	☁ 23.5	☁ 23.5	26.3		☀ 32.2		☁ 27.4
% Unhealthy/Unsafe Housing Conditions	☁ 11.8	☁ 17.6	☁ 15.6	☁ 12.9	☁ 15.1	14.4		☁ 12.2		
% Food Insecure	☁ 26.1	☁ 27.1	☁ 24.5	☁ 24.2	☁ 23.8	25.6		☀ 34.1		☀ 32.1
% Attended a Religious/Spiritual Svc in the Past Month	☁ 34.4	☁ 38.1	☁ 37.4	☁ 40.4	☁ 38.5	37.2				🌧 65.9

Note: In the section above, 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.
*Other Counties is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

☀ better   ☁ similar   🌧 worse

OVERALL HEALTH

DISPARITY AMONG COUNTIES

OVERALL HEALTH	Bibb County	Houston County	Peach County	Baldwin County	Other Counties*	Total Area	vs. GA	vs. US	vs. HP2030	TREND
% "Fair/Poor" Overall Health	20.2 (similar)	18.5 (similar)	17.4 (similar)	23.3 (similar)	17.3 (similar)	19.6	19.1 (similar)	12.6 (worse)		19.4 (similar)

TOTAL AREA vs. BENCHMARKS

Note: In the section above, 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.
*Other Counties is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Legend: better (sun) | similar (cloud) | worse (rain)

ACCESS TO HEALTH CARE

DISPARITY AMONG COUNTIES / TOTAL AREA vs. BENCHMARKS

ACCESS TO HEALTH CARE	Bibb County	Houston County	Peach County	Baldwin County	Other Counties*	Total Area	vs. GA	vs. US	vs. HP2030	TREND
% [Age 18-64] Lack Health Insurance	13.4 (similar)	11.4 (similar)	11.8 (similar)	4.9 (better)	24.3 (worse)	13.1	21.8 (better)	8.7 (worse)	7.9 (worse)	18.6 (better)
% Difficulty Accessing Health Care in Past Year (Composite)	45.7 (similar)	39.7 (similar)	45.5 (similar)	57.8 (worse)	28.7 (better)	43.2		35.0 (worse)		40.6 (similar)
% Cost Prevented Physician Visit in Past Year	15.3 (similar)	16.4 (similar)	15.5 (similar)	24.9 (worse)	10.3 (better)	16.3	18.2 (similar)	12.9 (worse)		21.3 (better)
% Cost Prevented Getting Prescription in Past Year	20.7 (worse)	15.2 (similar)	15.4 (similar)	16.1 (similar)	11.7 (better)	16.7		12.8 (worse)		21.5 (better)
% Difficulty Getting Appointment in Past Year	14.8 (better)	17.7 (similar)	22.5 (similar)	36.8 (worse)	14.1 (better)	19.3		14.5 (worse)		14.1 (worse)
% Inconvenient Hrs Prevented Dr Visit in Past Year	5.9 (better)	11.5 (similar)	23.5 (worse)	13.4 (similar)	12.6 (similar)	10.9		12.5 (similar)		10.2 (similar)
% Difficulty Finding Physician in Past Year	13.5 (similar)	14.8 (similar)	10.4 (better)	32.9 (worse)	11.6 (better)	16.3		9.4 (worse)		12.3 (worse)

	DISPARITY AMONG COUNTIES					Total Area	TOTAL AREA vs. BENCHMARKS			
ACCESS TO HEALTH CARE (continued)	**Bibb County**	**Houston County**	**Peach County**	**Baldwin County**	**Other Counties***	**Total Area**	**vs. GA**	**vs. US**	**vs. HP2030**	**TREND**
% Transportation Hindered Dr Visit in Past Year	☁️ 12.0	☁️ 8.3	☁️ 13.8	☀️ 6.2	☁️ 10.1	9.9		☁️ 8.9		☁️ 9.7
% Language/Culture Prevented Care in Past Year	☀️ 1.3	☁️ 3.6	☀️ 0.2	☀️ 0.7	🌧️ 5.4	2.4		☁️ 2.8		☁️ 3.1
% Treated Worse Than Other Races	☁️	☁️	☁️	☁️	☁️			☀️ 4.7		
% Skipped Prescription Doses to Save Costs	☁️ 14.3	☁️ 10.6	☁️ 12.9	☁️ 9.5	☁️ 12.8	12.2		☁️ 12.7		☀️ 19.6
% Difficulty Getting Child's Health Care in Past Year						6.2		☁️ 8.0		☁️ 5.4
Primary Care Doctors per 100,000	☀️ 131.5	☁️ 53.6	🌧️ 26.0	☁️ 55.7	🌧️ 34.1	75.1	☁️ 65.6	☁️ 76.6		
% Have a Specific Source of Ongoing Care	🌧️ 68.4	☀️ 78.2	☁️ 79.3	☁️ 73.9	☁️ 77.1	74.1		☁️ 74.2	🌧️ 84.0	☀️ 68.3
% Have Had Routine Checkup in Past Year	☀️ 76.0	☁️ 70.3	☁️ 73.3	☁️ 66.1	☁️ 71.9	72.1	🌧️ 78.3	☁️ 70.5		☁️ 70.2
% Child Has Had Checkup in Past Year						82.7		☁️ 77.4		☁️ 83.1
% Two or More ER Visits in Past Year	☁️ 17.0	☁️ 14.6	☁️ 13.2	☁️ 17.8	☁️ 22.1	17.0		🌧️ 10.1		🌧️ 13.3
% Eye Exam in Past 2 Years	🌧️ 53.0	☀️ 66.3	☀️ 69.7	☁️ 53.1	☁️ 54.9	58.2		☁️ 61.0	🌧️ 61.1	☁️ 60.1

ACCESS TO HEALTH CARE (continued)

	DISPARITY AMONG COUNTIES					Total Area	TOTAL AREA vs. BENCHMARKS			
ACCESS TO HEALTH CARE (continued)	Bibb County	Houston County	Peach County	Baldwin County	Other Counties*		vs. GA	vs. US	vs. HP2030	TREND
% Rate Local Health Care "Fair/Poor"	☁ 12.4	☁ 12.9	☀ 5.7	☁ 10.9	☁ 13.8	12.0		🌧 8.0		☀ 16.6

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Legend: ☀ better   ☁ similar   🌧 worse

CANCER

	DISPARITY AMONG COUNTIES					Total Area	TOTAL AREA vs. BENCHMARKS			
CANCER	Bibb County	Houston County	Peach County	Baldwin County	Other Counties*		vs. GA	vs. US	vs. HP2030	TREND
Cancer (Age-Adjusted Death Rate)	☁ 162.9	☁ 154.6	🌧 194.4	☁ 169.4	☁ 153.8	161.3	☁ 155.8	☁ 152.5	🌧 122.7	☀ 188.1
Lung Cancer (Age-Adjusted Death Rate)						43.4	☁ 39.0	🌧 36.6	🌧 25.1	
Prostate Cancer (Age-Adjusted Death Rate)						24.9	☁ 21.6	🌧 18.9	🌧 16.9	
Female Breast Cancer (Age-Adjusted Death Rate)						18.6	☁ 21.3	☁ 19.9	🌧 15.3	
Colorectal Cancer (Age-Adjusted Death Rate)						14.8	☁ 14.7	☁ 13.7	🌧 8.9	
Cancer Incidence Rate (All Sites)	☁ 503.1	☁ 474.5	☁ 487.3	☁ 478.6	☁ 495.7	489.7	☁ 467.0	☁ 448.7		
Female Breast Cancer Incidence Rate	☁ 135.8	☁ 123.2	☁ 113.4	☁ 124.4	☁ 117.4	126.0	☁ 126.8	☁ 125.9		

CANCER (continued)	DISPARITY AMONG COUNTIES					Total Area	TOTAL AREA vs. BENCHMARKS			
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties*		vs. GA	vs. US	vs. HP2030	TREND
Prostate Cancer Incidence Rate	148.6	130.6	136.0	117.0	126.7	134.5	124.2	104.5		
Lung Cancer Incidence Rate	71.4	70.3	68.7	76.9	82.5	73.7	62.8	58.3		
Colorectal Cancer Incidence Rate	44.3	44.3	60.5	39.0	43.2	44.6	41.3	38.4		
% Cancer	9.7	10.2	11.4	10.1	7.8	9.7	10.7	10.0		
% [Women 50-74] Mammogram in Past 2 Years	79.5	80.6	86.1	76.1	76.7	79.2	80.0	76.1	77.1	81.5
% [Women 21-65] Cervical Cancer Screening						86.9	81.8	73.8	84.3	81.5
% [Age 50-75] Colorectal Cancer Screening	78.7	76.6	81.1	72.4	79.0	77.4	68.8	77.4	74.4	79.7

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better   similar   worse

DIABETES

DISPARITY AMONG COUNTIES | TOTAL AREA vs. BENCHMARKS

DIABETES	Bibb County	Houston County	Peach County	Baldwin County	Other Counties*	Total Area	vs. GA	vs. US	vs. HP2030	TREND
Diabetes (Age-Adjusted Death Rate)	(better) 11.7	(similar) 22.1	(worse) 42.0	(worse) 31.9	(better) 16.6	19.5	(similar) 21.6	(similar) 21.3		(similar) 20.7
% Diabetes/High Blood Sugar	(similar) 18.4	(similar) 14.1	(similar) 16.3	(similar) 18.0	(similar) 20.0	17.2	(worse) 12.6	(worse) 13.8		(similar) 15.6
% Borderline/Pre-Diabetes	(similar) 7.9	(similar) 10.0	(similar) 8.5	(similar) 11.2	(similar) 13.1	9.8		(similar) 9.7		(worse) 1.7
% [Non-Diabetics] Blood Sugar Tested in Past 3 Years	(similar) 50.0	(better) 54.3	(similar) 43.4	(worse) 39.7	(similar) 47.6	48.9		(better) 43.3		(worse) 55.5

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Legend: (sun) better | (cloud) similar | (rain cloud) worse

HEART DISEASE & STROKE

DISPARITY AMONG COUNTIES | TOTAL AREA vs. BENCHMARKS

HEART DISEASE & STROKE	Bibb County	Houston County	Peach County	Baldwin County	Other Counties*	Total Area	vs. GA	vs. US	vs. HP2030	TREND
Diseases of the Heart (Age-Adjusted Death Rate)	(similar) 276.2	(better) 203.1	(similar) 251.6	(similar) 268.8	(better) 198.6	235.9	(worse) 176.9	(worse) 164.7	(worse) 127.4	(similar) 223.1
% Heart Disease (Heart Attack, Angina, Coronary Disease)	(similar) 7.6	(similar) 8.9	(similar) 13.3	(similar) 10.5	(similar) 10.8	9.3	(worse) 7.1	(worse) 6.1		(similar) 7.3
Stroke (Age-Adjusted Death Rate)	(similar) 48.0	(similar) 41.8	(similar) 48.1	(similar) 46.1	(similar) 42.7	44.8	(similar) 43.7	(worse) 37.3	(worse) 33.4	(better) 54.7
% Stroke	(similar) 3.4	(similar) 4.1	(worse) 11.7	(similar) 1.9	(better) 1.7	3.7	(similar) 3.7	(similar) 4.3		(similar) 4.7

HEART DISEASE & STROKE (continued)	Bibb County	Houston County	Peach County	Baldwin County	Other Counties*	Total Area	vs. GA	vs. US	vs. HP2030	TREND
			DISPARITY AMONG COUNTIES				TOTAL AREA vs. BENCHMARKS			
% Blood Pressure Checked in Past 2 Years	☀ 94.8	🌧 86.7	☁ 91.7	☀ 96.3	☁ 93.4	92.1		☀ 85.0		🌧 95.1
% Told Have High Blood Pressure	☁ 50.6	☁ 46.1	☁ 44.2	☁ 43.7	☁ 47.2	47.3	🌧 33.1	🌧 36.9	🌧 27.7	☁ 43.2
% [HBP] Taking Action to Control High Blood Pressure	☁ 91.1	☁ 93.8	☁ 94.8	🌧 82.8	☁ 89.5	90.6		☀ 84.2		☁ 93.4
% Cholesterol Checked in Past 5 Years	☁ 90.3	☁ 88.2	☀ 96.5	☁ 91.4	🌧 82.0	89.0	☁ 89.4	☀ 80.7		☁ 90.9
% Told Have High Cholesterol	☁ 36.9	☁ 40.4	☁ 36.1	☁ 31.9	☁ 37.5	37.2		🌧 32.7		☁ 35.8
% [HBC] Taking Action to Control High Blood Cholesterol	☁ 89.7	☁ 89.2	☁ 92.3	☁ 84.7	☁ 93.9	89.8		☀ 83.2		☁ 88.5
% 1+ Cardiovascular Risk Factor	☁ 94.2	☁ 91.8	☁ 91.0	🌧 97.4	☁ 92.7	93.5		🌧 84.6		🌧 91.1

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☀ better   ☁ similar   🌧 worse

INFANT HEALTH & FAMILY PLANNING

INFANT HEALTH & FAMILY PLANNING	DISPARITY AMONG COUNTIES					Total Area	TOTAL AREA vs. BENCHMARKS			
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties*		vs. GA	vs. US	vs. HP2030	TREND
Low Birthweight Births (Percent)	13.1 (worse)	8.9 (better)	9.9 (similar)	11.3 (similar)	10.7 (similar)	11.1	9.5 (similar)	8.2 (worse)		11.0 (similar)
Infant Death Rate	9.7 (similar)	7.8 (similar)	9.7 (similar)		6.0 (better)	8.6	7.2 (worse)	5.7 (worse)	5.0 (worse)	7.9 (similar)
Births to Adolescents Age 15 to 19 (Rate per 1,000)	41.6 (worse)	26.9 (similar)	23.7 (similar)	16.3 (better)	19.2 (better)	29.0	26.3 (similar)	22.7 (worse)	31.4 (similar)	

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

INJURY & VIOLENCE

INJURY & VIOLENCE	DISPARITY AMONG COUNTIES					Total Area	TOTAL AREA vs. BENCHMARKS			
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties*		vs. GA	vs. US	vs. HP2030	TREND
Unintentional Injury (Age-Adjusted Death Rate)	50.1 (similar)	29.9 (better)	70.8 (worse)	42.6 (better)	61.9 (worse)	45.7	44.2 (similar)	48.3 (similar)	43.2 (similar)	45.4 (similar)
Motor Vehicle Crashes (Age-Adjusted Death Rate)	18.7 (better)	10.7 (better)	30.9 (worse)	22.7 (similar)	25.3 (similar)	18.1	14.3 (worse)	11.5 (worse)	10.1 (worse)	
[65+] Falls (Age-Adjusted Death Rate)	82.4 (similar)	49.4 (better)			75.3 (similar)	67.1	50.7 (worse)	63.4 (similar)	63.4 (similar)	
Firearm-Related Deaths (Age-Adjusted Death Rate)	24.9 (similar)	16.0 (better)		21.7 (similar)	23.2 (similar)	20.7	15.4 (worse)	11.9 (worse)	10.7 (worse)	
Homicide (Age-Adjusted Death Rate)	17.6 (similar)	5.4 (better)		15.7 (similar)		10.4	7.8 (worse)	6.1 (worse)	5.5 (worse)	8.1 (worse)

DISPARITY AMONG COUNTIES

INJURY & VIOLENCE (continued)	Bibb County	Houston County	Peach County	Baldwin County	Other Counties*	Total Area	vs. GA	vs. US	vs. HP2030	TREND
Violent Crime Rate	514.3	374.5	498.0	711.9	148.7	447.1	373.1	416.0		
% Victim of Violent Crime in Past 5 Years	2.8	2.9	9.0	1.7	9.5	4.2		6.2		2.3
% Victim of Intimate Partner Violence	17.5	14.9	20.9	12.6	20.2	16.7		13.7		14.5

TOTAL AREA vs. BENCHMARKS

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better   similar   worse

DISPARITY AMONG COUNTIES

KIDNEY DISEASE	Bibb County	Houston County	Peach County	Baldwin County	Other Counties*	Total Area	vs. GA	vs. US	vs. HP2030	TREND
Kidney Disease (Age-Adjusted Death Rate)	27.3	32.7	34.5	29.1	21.8	28.1	18.5	13.0		27.7
% Kidney Disease	6.4	7.6	10.4	3.8	7.4	6.8	3.2	5.0		3.3

TOTAL AREA vs. BENCHMARKS

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better   similar   worse

MENTAL HEALTH

MENTAL HEALTH	DISPARITY AMONG COUNTIES					Total Area	TOTAL AREA vs. BENCHMARKS			
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties*		vs. GA	vs. US	vs. HP2030	TREND
% "Fair/Poor" Mental Health	(similar) 20.8	(similar) 17.5	(similar) 14.5	(worse) 27.5	(better) 13.1	19.3		(worse) 13.4		(worse) 12.0
% Diagnosed Depression	(similar) 25.5	(similar) 24.4	(similar) 28.2	(better) 11.0	(similar) 18.2	22.1	(worse) 17.1	(similar) 20.6		(similar) 20.1
% Symptoms of Chronic Depression (2+ Years)	(similar) 43.5	(similar) 37.8	(better) 30.1	(similar) 37.9	(similar) 42.2	39.9		(worse) 30.3		(worse) 26.3
% Typical Day Is "Extremely/Very" Stressful	(similar) 11.3	(similar) 15.0	(similar) 10.7	(similar) 14.4	(similar) 11.1	12.8		(better) 16.1		(similar) 10.3
Suicide (Age-Adjusted Death Rate)	(better) 13.7	(similar) 15.8			(worse) 24.6	16.3	(worse) 13.8	(similar) 13.9	(worse) 12.8	(worse) 11.1
Mental Health Providers per 100,000	(similar) 39.2	(worse) 32.0	(better) 55.8	(better) 62.3	(similar) 39.4	34.1	(better) 21.7	(worse) 42.6		
% Have Ever Sought Help for Mental Health	(similar) 31.8	(similar) 33.6	(similar) 31.1	(similar) 27.6	(similar) 33.7	31.9		(similar) 30.0		(better) 18.9
% Taking Rx/Receiving Mental Health Trtmt	(similar) 17.6	(similar) 18.1	(similar) 21.0	(better) 8.7	(similar) 19.0	16.9		(similar) 16.8		(similar) 19.6
% Unable to Get Mental Health Svcs in Past Yr	(similar) 10.5	(similar) 10.0	(similar) 12.1	(worse) 23.3	(better) 4.2	11.5		(worse) 7.8		(worse) 6.0

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Legend: ☀ better ☁ similar 🌧 worse

| NUTRITION, PHYSICAL ACTIVITY & WEIGHT | DISPARITY AMONG COUNTIES | | | | | Total Area | TOTAL AREA vs. BENCHMARKS | | | |
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties*		vs. GA	vs. US	vs. HP2030	TREND
Population With Low Food Access (Percent)	☁ 31.9	🌧 42.2	☁ 27.6	☀ 18.8	☀ 13.7	30.4	☁ 30.8	🌧 22.4		
% "Very/Somewhat" Difficult to Buy Fresh Produce	☁ 18.9	☀ 12.9	☁ 13.8	☀ 12.0	🌧 25.1	16.9		☀ 21.1		☀ 21.8
% 5+ Servings of Fruits/Vegetables per Day	☁ 31.8	☁ 34.7	🌧 15.2	🌧 25.9	☀ 40.3	31.8		☁ 32.7		🌧 41.3
% No Leisure-Time Physical Activity	☁ 33.2	☁ 30.4	☁ 35.3	☀ 23.2	☁ 31.9	30.9	🌧 26.2	☁ 31.3	🌧 21.2	☀ 35.8
% Meeting Physical Activity Guidelines	☁ 14.7	☀ 20.0	☁ 14.4	☁ 14.3	☁ 16.0	16.3	🌧 20.6	🌧 21.4	🌧 28.4	🌧 20.8
% Child [Age 2-17] Physically Active 1+ Hours per Day						43.7		☀ 33.0		🌧 57.7
Recreation/Fitness Facilities per 100,000	☀ 8.4	☁ 6.4	🌧 0.0	☁ 6.6	🌧 3.9	6.3				
% Healthy Weight (BMI 18.5-24.9)	☁ 23.1	☁ 22.7	☁ 23.9	🌧 15.2	☁ 21.9	21.7	🌧 30.8	🌧 34.5		🌧 28.3
% Overweight (BMI 25+)	☁ 75.3	☁ 75.1	☁ 73.6	🌧 84.4	☁ 77.9	76.9	🌧 67.2	🌧 61.0		🌧 70.2
% Obese (BMI 30+)	☁ 45.7	☁ 43.2	☁ 45.9	☁ 46.0	☁ 39.5	44.1	🌧 32.5	🌧 31.3	🌧 36.0	🌧 36.2
% Children [Age 5-17] Healthy Weight						44.8		☁ 47.6		🌧 59.2

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)

DISPARITY AMONG COUNTIES

TOTAL AREA vs. BENCHMARKS

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	Bibb County	Houston County	Peach County	Baldwin County	Other Counties*	Total Area	vs. GA	vs. US	vs. HP2030	TREND
% Children [Age 5-17] Overweight (85th Percentile)						41.5		similar 32.3		worse 26.4
% Children [Age 5-17] Obese (95th Percentile)						27.2		worse 16.0	worse 15.5	similar 18.4

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better | similar | worse

ORAL HEALTH

DISPARITY AMONG COUNTIES

TOTAL AREA vs. BENCHMARKS

ORAL HEALTH	Bibb County	Houston County	Peach County	Baldwin County	Other Counties*	Total Area	vs. GA	vs. US	vs. HP2030	TREND
% Have Dental Insurance	worse 61.8	better 78.0	similar 71.9	similar 66.4	worse 60.2	67.5		similar 68.7	better 59.8	better 61.2
% [Age 18+] Dental Visit in Past Year	similar 53.9	better 60.9	similar 61.1	worse 43.5	similar 50.0	54.3	worse 62.5	worse 62.0	better 45.0	worse 61.7
% Child [Age 2-17] Dental Visit in Past Year						72.3		similar 72.1	better 45.0	worse 80.8

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better | similar | worse

POTENTIALLY DISABLING CONDITIONS

POTENTIALLY DISABLING CONDITIONS	DISPARITY AMONG COUNTIES					Total Area	TOTAL AREA vs. BENCHMARKS			
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties*		vs. GA	vs. US	vs. HP2030	TREND
% 3+ Chronic Conditions	39.1 (similar)	43.8 (similar)	46.2 (similar)	30.8 (better)	38.6 (similar)	39.6		32.5 (worse)		
% Activity Limitations	34.2 (worse)	27.7 (similar)	31.3 (similar)	18.1 (better)	27.5 (similar)	28.7		24.0 (worse)		20.9 (worse)
% With High-Impact Chronic Pain	20.5 (similar)	21.5 (similar)	23.3 (similar)	15.3 (better)	20.8 (similar)	20.2		14.1 (worse)	7.0 (worse)	(worse)
Alzheimer's Disease (Age-Adjusted Death Rate)	33.3 (better)	45.4 (similar)	74.2 (worse)	17.2 (better)	45.0 (similar)	39.6	45.8 (better)	30.6 (worse)		27.1 (worse)
% Caregiver to a Friend/Family Member	22.1 (better)	24.9 (similar)	25.4 (similar)	29.3 (similar)	33.9 (worse)	26.0		22.6 (similar)		27.2 (similar)

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

RESPIRATORY DISEASE

RESPIRATORY DISEASE	DISPARITY AMONG COUNTIES					Total Area	TOTAL AREA vs. BENCHMARKS			
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties*		vs. GA	vs. US	vs. HP2030	TREND
CLRD (Age-Adjusted Death Rate)	46.3 (better)	57.3 (similar)	67.2 (worse)	54.2 (similar)	54.3 (similar)	52.6	46.4 (similar)	40.4 (worse)		46.5 (similar)
Pneumonia/Influenza (Age-Adjusted Death Rate)	19.5 (similar)	17.0 (similar)		17.5 (similar)	20.3 (similar)	18.7	14.2 (worse)	14.2 (worse)		20.3 (similar)
% [Age 65+] Flu Vaccine in Past Year	73.1 (similar)	73.5 (similar)	71.6 (similar)	67.2 (similar)	68.5 (similar)	71.3	52.6 (better)	71.0 (similar)		67.2 (similar)

RESPIRATORY DISEASE

	DISPARITY AMONG COUNTIES					Total Area	TOTAL AREA vs. BENCHMARKS			
RESPIRATORY DISEASE	**Bibb County**	**Houston County**	**Peach County**	**Baldwin County**	**Other Counties***		**vs. GA**	**vs. US**	**vs. HP2030**	**TREND**
% [Adult] Asthma	☁ 11.3	☁ 12.4	☁ 9.8	☁ 7.5	☁ 7.3	**10.3**	☁ 8.9	☁ 12.9		☁ 8.2
% [Child 0-17] Asthma						**5.5**		☁ 7.8		☁ 4.4
% COPD (Lung Disease)	☁ 8.8	☁ 9.0	☁ 5.3	☁ 6.1	☁ 8.5	**8.1**	☁ 7.3	☁ 6.4		☀ 11.2

Note: In the section above, 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.
*Other Counties is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

☀ better ☁ similar ⛈ worse

SEPTICEMIA

	DISPARITY AMONG COUNTIES					Total Area	TOTAL AREA vs. BENCHMARKS			
SEPTICEMIA	**Bibb County**	**Houston County**	**Peach County**	**Baldwin County**	**Other Counties***		**vs. GA**	**vs. US**	**vs. HP2030**	**TREND**
Septicemia (Age-Adjusted Death Rate)	⛈ 22.3	☁ 19.8		☁ 18.0	☀ 15.6	**19.4**	⛈ 15.2	⛈ 10.5		☁ 22.2

Note: In the section above, 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.
*Other Counties is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

☀ better ☁ similar ⛈ worse

SEXUAL HEALTH

DISPARITY AMONG COUNTIES | TOTAL AREA vs. BENCHMARKS

SEXUAL HEALTH	Bibb County	Houston County	Peach County	Baldwin County	Other Counties*	Total Area	vs. GA	vs. US	vs. HP2030	TREND
HIV/AIDS (Age-Adjusted Death Rate)	6.2 (worse)	1.8 (better)	12.1 (worse)		2.8 (better)	4.2	3.9 (similar)	2.1 (worse)		
HIV Prevalence Rate	922.3 (worse)	299.0 (better)	568.7 (worse)	347.5 (similar)	178.9 (better)	505.9	624.9 (better)	372.8 (worse)		393.1 (worse)
Chlamydia Incidence Rate	1108.8 (worse)	629.4 (better)	1011.1 (worse)	844.0 (similar)	281.4 (better)	776.4	632.2 (worse)	539.9 (worse)		
Gonorrhea Incidence Rate	500.5 (worse)	269.7 (similar)	383.8 (worse)	256.1 (similar)	93.4 (better)	323.3	200.1 (worse)	179.1 (worse)		

Note: In the section above, 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.
*Other Counties is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

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

SUBSTANCE ABUSE

DISPARITY AMONG COUNTIES | TOTAL AREA vs. BENCHMARKS

SUBSTANCE ABUSE	Bibb County	Houston County	Peach County	Baldwin County	Other Counties*	Total Area	vs. GA	vs. US	vs. HP2030	TREND
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)						9.5	9.6 (similar)	10.9 (similar)	10.9 (similar)	7.3 (worse)
% Excessive Drinker	11.8 (better)	17.9 (similar)	23.4 (worse)	22.0 (worse)	16.4 (similar)	16.6	16.1 (similar)	27.2 (better)		18.9 (similar)
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)						7.9	12.3 (better)	18.1 (better)		8.4 (similar)
% Illicit Drug Use in Past Month	0.6 (better)	3.2 (worse)	3.0 (similar)	0.5 (similar)	1.1 (similar)	1.6		2.0 (similar)	12.0 (better)	2.5 (similar)

SUBSTANCE ABUSE (continued)

DISPARITY AMONG COUNTIES

SUBSTANCE ABUSE (continued)	Bibb County	Houston County	Peach County	Baldwin County	Other Counties*	Total Area	vs. GA	vs. US	vs. HP2030	TREND
% Used a Prescription Opioid in Past Year	similar 20.1	similar 20.3	worse 28.9	better 11.6	similar 20.9	19.7		worse 12.9		
% Ever Sought Help for Alcohol or Drug Problem	similar 5.3	worse 3.3	similar 8.3	similar 3.9	similar 8.0	5.2		similar 5.4		similar 5.2
% Personally Impacted by Substance Abuse	similar 34.8	similar 32.8	similar 39.8	worse 47.3	similar 36.1	36.7		similar 35.8		similar 34.9

Note: In the section above, 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.
*Other Counties is the combined area of Jones, Twiggs, Monroe, and Crawford counties.

Legend: ☀ better   ☁ similar   🌧 worse

TOBACCO USE

DISPARITY AMONG COUNTIES

TOBACCO USE	Bibb County	Houston County	Peach County	Baldwin County	Other Counties*	Total Area	vs. GA	vs. US	vs. HP2030	TREND
% Current Smoker	similar 19.7	similar 17.0	similar 15.5	similar 19.6	similar 14.8	17.9	similar 16.1	similar 17.4	worse 5.0	better 23.2
% Someone Smokes at Home	worse 18.9	better 11.3	similar 16.2	better 9.3	similar 17.5	14.9		similar 14.6		better 19.1
% [Household With Children] Someone Smokes in the Home						12.8		similar 17.4		better 23.2
% [Smokers] Have Quit Smoking 1+ Days in Past Year						42.1	worse 60.9	similar 42.8	worse 65.7	worse 54.2
% [Smokers] Received Advice to Quit Smoking						70.1		better 59.6	similar 66.6	better 56.5
% Currently Use Vaping Products	better 2.2	worse 8.3	worse 10.1	similar 4.0	better 0.5	4.5	similar 4.4	better 8.9		similar 6.4

Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 17 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 also are outlined 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

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

Health Topic	Major Problem	Moderate Problem
Diabetes	69.1%	23.6%
Mental Health	69.1%	29.1%
Nutrition, Physical Activity & Weight	63.0%	29.6%
Coronavirus/COVID-19	50.9%	23.6%
Substance Abuse	47.3%	45.5%
Heart Disease & Stroke	45.5%	43.6%
Injury & Violence	38.9%	35.2%
Tobacco Use	38.2%	41.8%
Disability & Chronic Pain	29.6%	51.9%
Kidney Disease	28.3%	43.4%
Dementia/Alzheimer's Disease	26.4%	41.5%
Access to Healthcare Services	25.9%	50.0%
Infant Health & Family Planning	25.5%	40.0%
Oral Health	22.6%	49.1%
Sexual Health	22.2%	42.6%
Cancer	17.0%	66.0%
Respiratory Diseases	14.8%	59.3%

COMMUNITY DESCRIPTION

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 2,508.62 square miles and houses a total population of 453,610 residents, according to latest census estimates.

Total Population
(Estimated Population, 2014–2018)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Bibb County	153,490	249.40	615.44
Houston County	151,682	376.06	403.35
Peach County	26,966	150.27	179.45
Baldwin County	45,286	258.70	175.05
Other Counties	76,186	1,474.20	51.68
Total Area	453,610	2,508.62	180.82
Georgia	10,297,484	57,594.80	178.79
United States	322,903,030	3,532,068.58	91.42

Sources: ● US Census Bureau American Community Survey 5-year estimates.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2020 via SparkMap (sparkmap.org).
Note: ● "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 health care providers and the utilization of community resources.
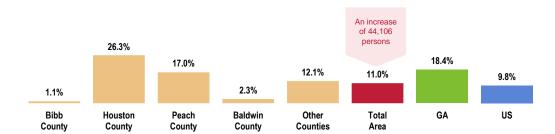
Between the 2000 and 2010 US Censuses, the population of the Total Area increased by 44,106 persons, or 11.0%.

BENCHMARK ▶ The percentage increase is below the state figure but slightly above the US.

DISPARITY ▶ The percentage increase is greatest in Houston, Peach, and the combined Other Counties.

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

An increase of 44,106 persons

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
1.1%	26.3%	17.0%	2.3%	12.1%	11.0%	18.4%	9.8%
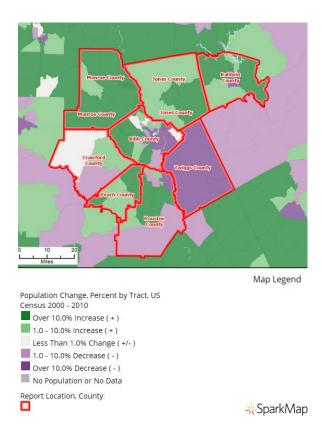
Sources:
- US Census Bureau Decennial Census (2000-2010).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2020 via SparkMap (sparkmap.org).

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

This map shows the areas of greatest increase or decrease in population between 2000 and 2010.
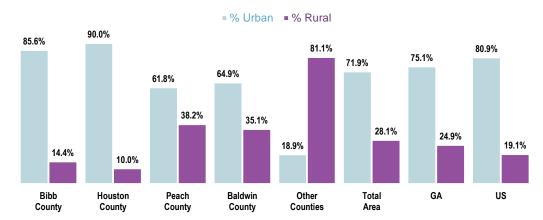
Map Legend

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

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

Report Location, County
□

☀SparkMap

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.

BENCHMARK ► This urban percentage is lower than the Georgia and (especially) US figures.

DISPARITY ► Note the difference in urban-rural makeup by county, with Bibb and Houston reporting the largest percentage of urban population and the combined Other Counties reporting the smallest.

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%
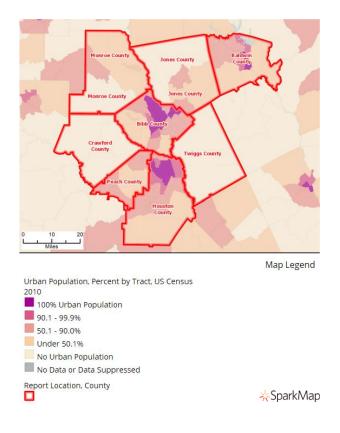
Sources: ● US Census Bureau Decennial Census.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2020 via SparkMap (sparkmap.org).
Notes: ● This indicator reports the percentage of population living in urban and rural areas. Urban areas 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.

Note the following map, outlining the urban population in the Total Area.

Map Legend

Urban Population, Percent by Tract, US Census 2010

- 100% Urban Population
- 90.1 - 99.9%
- 50.1 - 90.0%
- Under 50.1%
- No Urban Population
- No Data or Data Suppressed

Report Location, County

☆SparkMap

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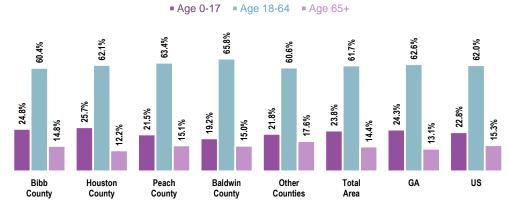
It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

In the Total Area, 23.8% of the population are children age 0-17; another 61.7% are age 18 to 64, while 14.4% are age 65 and older.

BENCHMARK ► The population of residents age 65+ is slightly larger than the state figure but smaller than the national figure.

DISPARITY ► Bibb and Houston counties house the largest proportion of children under 18, as shown.

Total Population by Age Groups
(2014–2018)
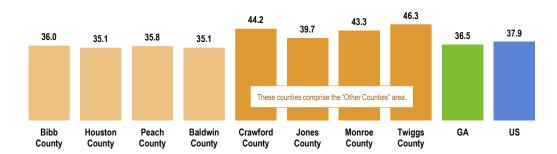
■ Age 0-17   ■ Age 18-64   ■ Age 65+

	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
Age 0-17	24.8%	25.7%	21.5%	19.2%	21.8%	23.8%	24.3%	22.8%
Age 18-64	60.4%	62.1%	63.4%	65.8%	60.6%	61.7%	62.6%	62.0%
Age 65+	14.8%	12.2%	15.1%	15.0%	17.6%	14.4%	13.1%	15.3%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2020 via SparkMap (sparkmap.org).

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

Median Age

While Bibb, Houston, Peach, and Baldwin counties are "younger" than the state and the nation (their median ages are lower), note the higher median ages in the "Other Counties" areas.
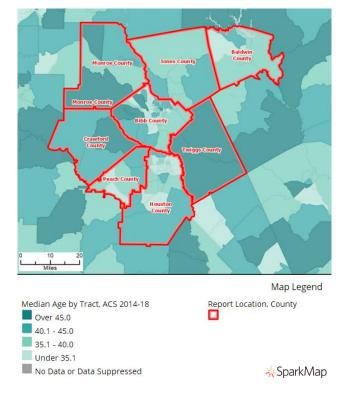
Median Age
(2014–2018)

	Bibb County	Houston County	Peach County	Baldwin County	Crawford County	Jones County	Monroe County	Twiggs County	GA	US
Median Age	36.0	35.1	35.8	35.1	44.2	39.7	43.3	46.3	36.5	37.9

These counties comprise the "Other Counties" area.

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2020 via SparkMap (sparkmap.org).

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

The following map provides an illustration of the median age in the Total Area.

Map Legend

Median Age by Tract, ACS 2014-18
- Over 45.0
- 40.1 - 45.0
- 35.1 - 40.0
- Under 35.1
- No Data or Data Suppressed

Report Location, County

SparkMap
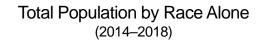
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 54.6% of Total Area residents are White and 39.7% are Black/African American.

BENCHMARK ► Across Georgia, residents are more likely to be White and less likely to be African American when compared with the Total Area; nationwide, a much greater proportion of Americans are White.

DISPARITY ► Viewed by county, the combined Other Counties are less diverse in comparison with Bibb, Houston, Peach, and Baldwin counties.

Total Population by Race Alone
(2014–2018)

■ White   ■ Black   ■ Some Other Race   ■ Multiple Races

	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
White	41.0%	61.3%	48.8%	53.8%	71.4%	54.6%	59.0%	72.8%
Black	54.1%	30.5%	44.7%	42.1%	26.1%	39.7%	31.5%	12.7%
Some Other Race	2.9%	4.6%	5.3%	2.6%	1.3%	3.3%	7.1%	11.4%
Multiple Races	2.1%	3.7%	1.3%	1.5%	1.2%	2.4%	2.5%	3.2%

Sources: ● US Census Bureau American Community Survey 5-year estimates.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2020 via SparkMap (sparkmap.org).
Note: ● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs counties.

Ethnicity
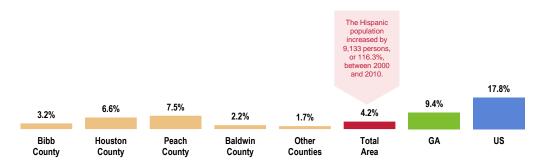
A total of 4.2% of Total Area residents are Hispanic or Latino.

BENCHMARK ► Less than half of the state's proportion of Hispanics and a quarter of the nation's proportion.

DISPARITY ► Hispanics in the Total Area are more likely to live in Houston and Peach counties.

Hispanic Population
(2014–2018)

The Hispanic population increased by 9,133 persons, or 116.3%, between 2000 and 2010.

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
3.2%	6.6%	7.5%	2.2%	1.7%	4.2%	9.4%	17.8%

Sources: ● US Census Bureau American Community Survey 5-year estimates.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2020 via SparkMap (sparkmap.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.

Linguistic Isolation

A total of 1.3% of the Total Area population age 5 and older live in a home in which <u>no</u> person age 14 or older is proficient in English (speaking only English or speaking English "very well").

BENCHMARK ► Well below the Georgia and US percentages.

DISPARITY ► The proportion is highest in Houston County.

Linguistically Isolated Population
(2014–2018)

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
1.3%	1.8%	1.2%	0.6%	0.8%	1.3%	3.1%	4.4%

Sources: ● US Census Bureau American Community Survey 5-year estimates.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2020 via SparkMap (sparkmap.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 throughout the Total Area.

Map Legend

Population in Linguistically Isolated
Households, Percent by Tract, ACS 2014-18

Report Location, County

- Over 3.0%
- 1.1 - 3.0%
- 0.1 - 1.1%
- No Population in Linguistically Isolated Households
- No Data or Data Suppressed

SparkMap

SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

‒ Safe housing, transportation, and neighborhoods
‒ Racism, discrimination, and violence
‒ Education, job opportunities, and income
‒ Access to nutritious foods and physical activity opportunities
‒ Polluted air and water
‒ Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

‒ Healthy People 2030 (https://health.gov/healthypeople)

Poverty

The latest census estimate shows 20.5% of the Total Area total population living below the federal poverty level.

BENCHMARK ► Considerably worse than state and national percentages. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► The prevalence of poverty is highest in Bibb and Baldwin counties.

Among just children (ages 0 to 17), this percentage in the Total Area is 28.8% (representing an estimated 30,552 children).

BENCHMARK ► Worse than the Georgia and US proportions of children living in poverty. Fails to meet the Healthy People 2030 objective.

DISPARITY ► The proportion of children living in poverty is highest in Bibb and Baldwin counties.
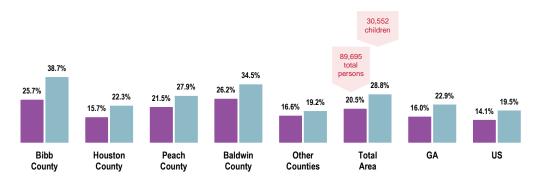
Population in Poverty
(Populations Living Below the Poverty Level; 2014–2018)
Healthy People 2030 = 8.0% or Lower

■ Total Population   ■ Children
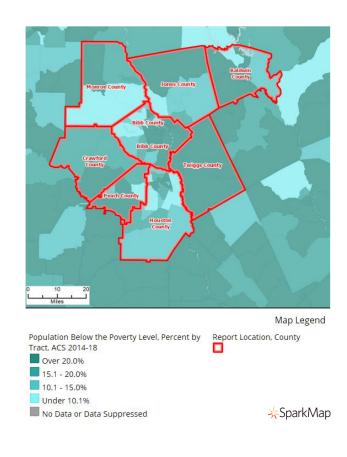
	Total Population	Children
Bibb County	25.7%	38.7%
Houston County	15.7%	22.3%
Peach County	21.5%	27.9%
Baldwin County	26.2%	34.5%
Other Counties	16.6%	19.2%
Total Area	20.5%	28.8%
GA	16.0%	22.9%
US	14.1%	19.5%

30,552 children

89,695 total persons

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2020 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
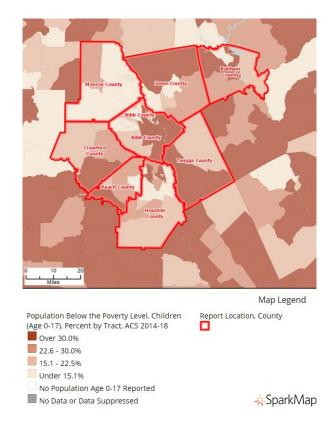
Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs counties.

The following maps highlight concentrations of persons living below the federal poverty level.

Map Legend

Population Below the Poverty Level, Percent by Tract, ACS 2014-18

Report Location, County

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

SparkMap

Map Legend

Population Below the Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2014-18

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

Report Location, County

SparkMap
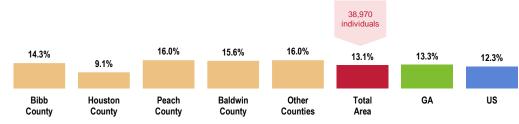
Education

Among the Total Area population age 25 and older, an estimated 13.1% (almost 39,000 people) do not have a high school education.

DISPARITY ► The prevalence is notably better in Houston County.

Population With No High School Diploma
(Population Age 25+ Without a High School Diploma or Equivalent, 2014–2018)
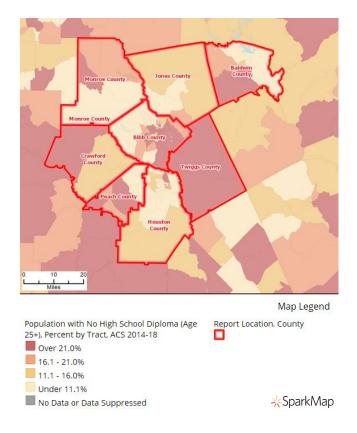
38,970 individuals

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
14.3%	9.1%	16.0%	15.6%	16.0%	13.1%	13.3%	12.3%

Sources:
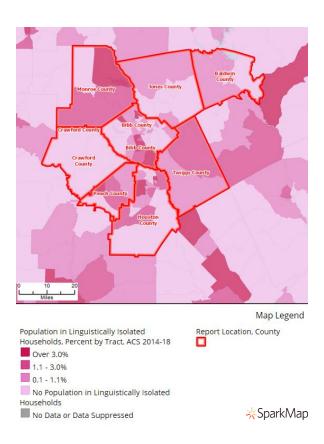- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2020 via SparkMap (sparkmap.org).

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.

Map Legend

Population with No High School Diploma (Age 25+), Percent by Tract, ACS 2014-18

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

Report Location, County

SparkMap

Financial Resilience

A total of 29.0% of Total Area residents would <u>not</u> be able to afford an unexpected $400 expense without going into debt.
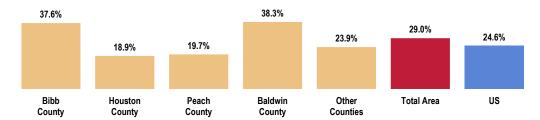
BENCHMARK ► Worse than the US percentage.

DISPARITY ► Unfavorably high in Bibb and Baldwin counties. By demographic characteristics, the prevalence correlates with age and is higher among women, African Americans, and especially low-income adults.

Respondents were asked: "Suppose that you have an emergency expense that costs $400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement?"
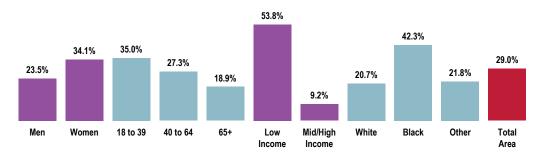
Do Not Have Cash on
Hand to Cover a $400 Emergency Expense

37.6%	18.9%	19.7%	38.3%	23.9%	29.0%	24.6%
Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 63]
　　　　　● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
　　　　● Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.
　　　　● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs counties.

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

Here, "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.

In addition, all Hispanic respondents are grouped, regardless of identity with any other race group. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

Do Not Have Cash on
Hand to Cover a $400 Emergency Expense
(Total Area, 2020)

23.5%	34.1%	35.0%	27.3%	18.9%	53.8%	9.2%	20.7%	42.3%	21.8%	29.0%
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Other	Total Area

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 63]
Notes: ● Asked of all respondents.
　　　　● Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.
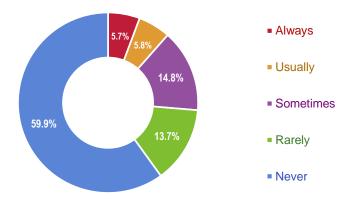
Housing

Housing Insecurity

Most surveyed adults rarely, if ever, worry about the cost of housing.

Frequency of Worry or Stress
About Paying Rent or Mortgage in the Past Year
(Total Area, 2020)

- Always
- Usually
- Sometimes
- Rarely
- Never

5.7%
5.8%
14.8%
13.7%
59.9%

However, a considerable share (26.3%) report that they were "sometimes," "usually," or "always" worried or stressed about having enough money to pay their rent or mortgage in the past year.
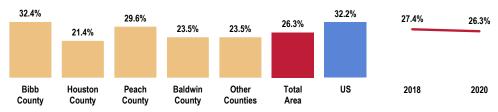
BENCHMARK ► Lower than the US prevalence.

DISPARITY ► Highest among Bibb County respondents. Especially high among low-income adults, as well as women, young adults, and African American community members.

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

Total Area

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US	2018	2020
32.4%	21.4%	29.6%	23.5%	23.5%	26.3%	32.2%	27.4%	26.3%

"Always/Usually/Sometimes" Worried
About Paying Rent/Mortgage in the Past Year
(Total Area, 2020)

20.7%	31.7%	35.3%	24.7%	11.5%	42.5%	16.3%	22.3%	33.1%	28.5%	26.3%
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Other	Total Area
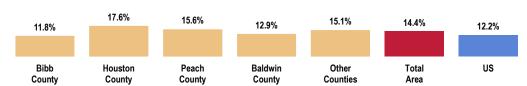
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 196]
Notes: • Asked of all respondents.

Unhealthy or Unsafe Housing

A total of 14.4% of Total Area residents report living in unhealthy or unsafe housing conditions during the past year.

DISPARITY ► The prevalence correlates with age and is especially high among low-income residents, African Americans, and adults of Other ethnic/racial backgrounds.

Respondents were asked: "Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?"

Unhealthy or Unsafe Housing Conditions in the Past Year

11.8%	17.6%	15.6%	12.9%	15.1%	14.4%	12.2%
Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US

Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 65]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.
• "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs counties.

Unhealthy or Unsafe Housing Conditions in the Past Year
(Total Area, 2020)

12.5%	16.1%	17.5%	13.9%	9.5%	25.4%	7.1%	11.6%	17.2%	21.8%	14.4%
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Other	Total Area

Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 65]
Notes: • Asked of all respondents.
• Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Food Access

Low Food Access

Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store.

RELATED ISSUE
See also *Nutrition*, *Physical Activity* & *Weight* in the **Modifiable Health Risks** section of this report.
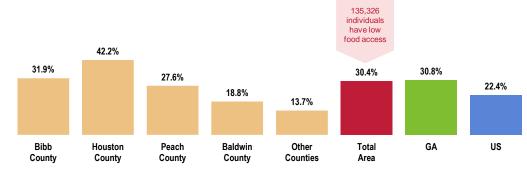
US Department of Agriculture data show that 30.4% of the Total Area population (representing over 135,000 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.

BENCHMARK ► Worse than the US figure.

DISPARITY ► The percentage is unfavorably high in Houston County.

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

135,326 individuals have low food access

31.9%	42.2%	27.6%	18.8%	13.7%	30.4%	30.8%	22.4%
Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
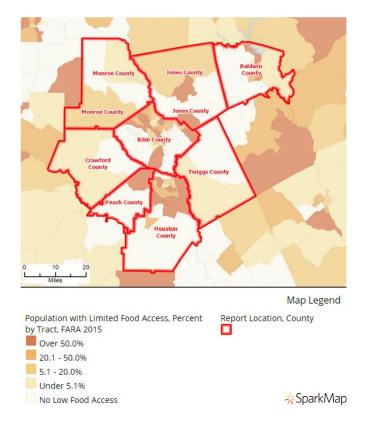
Sources: • US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2020 via SparkMap (sparkmap.org).
Notes: • This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. 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.

Map Legend

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

Report Location, County
□

☀SparkMap

Food Insecurity

Overall, 25.6% 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.
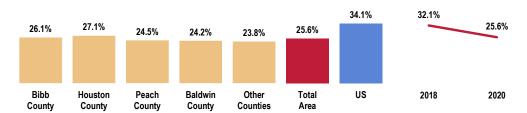
BENCHMARK ► Below the US percentage.

TREND ► Marks a statistically significant decrease from 2018 survey findings.

DISPARITY ► Especially high among women, young adults, low-income residents, and communities of color.

<div style="float:left; width:30%;">
Surveyed adults were asked: "Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was "Often True," "Sometimes True," or "Never True" for you in the past 12 months:

• I worried about whether our food would run out before we got money to buy more.

• The food that we bought just did not last, and we did not have money to get more."

Those answering "Often" or "Sometimes True" for either statement are considered to be food insecure.
</div>

Food Insecurity

Total Area

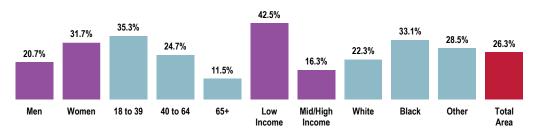| Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US	2018	2020
26.1%	27.1%	24.5%	24.2%	23.8%	25.6%	34.1%	32.1%	25.6%

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 112]
● 2020 PRC National Health Survey, PRC, 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.

Food Insecurity
(Total Area, 2020)
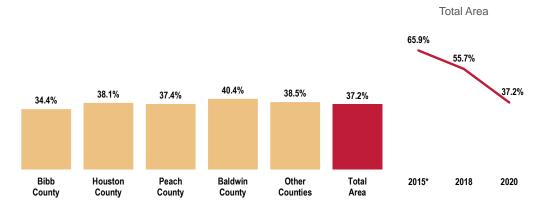
17.7%	32.7%	34.4%	22.3%	14.6%	46.1%	9.7%	20.2%	31.3%	36.8%	25.6%
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Other	Total Area

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 112]
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.

Attendance at Spiritual/Religious Meetings

Fewer than 4 in 10 Total Area adults attended a religious or spiritual service or meeting in the past month.

TREND ► The prevalence has decreased dramatically from 2015 and 2018 survey findings. (Note that at least some of this decrease is likely attributable to restrictions of or recommendations against large gatherings during the COVID-19 pandemic.)

Attended a Religious or Spiritual Service in the Past Month

Total Area

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	2015*	2018	2020
34.4%	38.1%	37.4%	40.4%	38.5%	37.2%	65.9%	55.7%	37.2%

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 307]
Notes: ● Asked of all respondents.
● *2015 results do not include Baldwin County.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs counties.
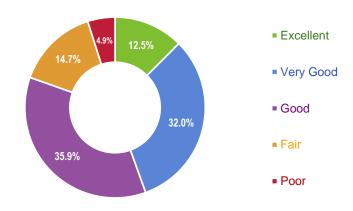
HEALTH STATUS

OVERALL HEALTH STATUS

Most Total Area residents rate their overall health favorably (responding "excellent," "very good," or "good").

Self-Reported Health Status
(Total Area, 2020)

- 12.5% — Excellent
- 32.0% — Very Good
- 35.9% — Good
- 14.7% — Fair
- 4.9% — Poor

Legend:
- ■ Excellent
- ■ Very Good
- ■ Good
- ■ Fair
- ■ Poor

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: ● Asked of all respondents.

However, one in five (19.6%) Total Area adults believe that their overall health is "fair" or "poor."

BENCHMARK ► Well above the US prevalence.

DISPARITY ► Correlates with age and is higher among low-income residents.

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	2020
20.2%	18.5%	17.4%	23.3%	17.3%	19.6%	19.1%	12.6%	19.4%	18.2%	19.7%	19.6%

Sources: ● 2020 PRC Community Health Survey, PRC, 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): 2018 Georgia data.
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs counties.

Experience "Fair" or "Poor" Overall Health
(Total Area, 2020)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Other	Total Area
20.9%	18.3%	11.1%	24.1%	27.1%	23.3%	13.2%	18.1%	22.1%	20.4%	19.6%

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: ● Asked of all respondents.

MENTAL HEALTH

ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. …Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.
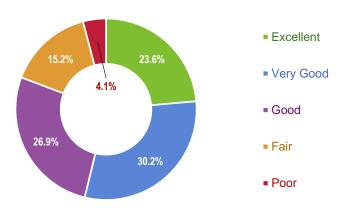
    –   Healthy People 2030 (https://health.gov/healthypeople)

Mental Health Status

Most Total Area adults rate their overall mental health favorably ("excellent," "very good," or "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?"

Self-Reported Mental Health Status
(Total Area, 2020)

- Excellent — 23.6%
- Very Good — 30.2%
- Good — 26.9%
- Fair — 15.2%
- Poor — 4.1%

Sources: ●   2020 PRC Community Health Survey, PRC, Inc. [Item 90]
Notes: ●   Asked of all respondents.

However, 19.3% believe that their overall mental health is "fair" or "poor."

BENCHMARK ▶   Worse than the US prevalence.
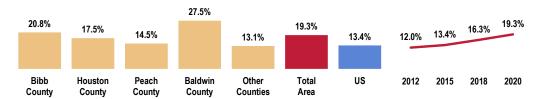
TREND ▶   Marks a statistically significant increase since 2012.

DISPARITY ▶   Unfavorably high in Baldwin County.

Experience "Fair" or "Poor" Mental Health

Total Area

20.8%	17.5%	14.5%	27.5%	13.1%	19.3%	13.4%	12.0%	13.4%	16.3%	19.3%
Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US	2012	2015	2018	2020

Sources:
● 2020 PRC Community Health Survey, PRC, Inc. [Item 90]
● 2020 PRC National Health Survey, PRC, Inc.
Notes:
● Asked of all respondents.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs counties.

Depression

Diagnosed Depression
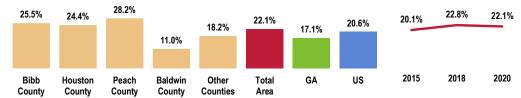
A total of 22.1% of Total Area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

BENCHMARK ► Higher than the Georgia percentage.

DISPARITY ► Lowest in Baldwin County.

Have Been Diagnosed With a Depressive Disorder

Total Area

25.5%	24.4%	28.2%	11.0%	18.2%	22.1%	17.1%	20.6%	20.1%	22.8%	22.1%
Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US	2015	2018	2020

Sources:
● 2020 PRC Community Health Survey, PRC, Inc. [Item 93]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Georgia data.
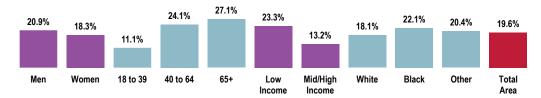● 2020 PRC National Health Survey, PRC, Inc.
Notes:
● Asked of all respondents.
● Depressive disorders include depression, major depression, dysthymia, or minor depression.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs counties.

Symptoms of Chronic Depression

A total of 39.9% 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).
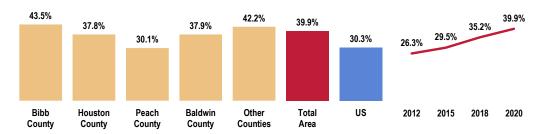
BENCHMARK ► Well above the US prevalence.

TREND ► Marks a steady, significant increase since 2012.

DISPARITY ► Lowest in Peach County. Especially high among low-income residents, women, adults under 65, and communities of color.

Have Experienced Symptoms of Chronic Depression

Total Area

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US		2012	2015	2018	2020
43.5%	37.8%	30.1%	37.9%	42.2%	39.9%	30.3%		26.3%	29.5%	35.2%	39.9%
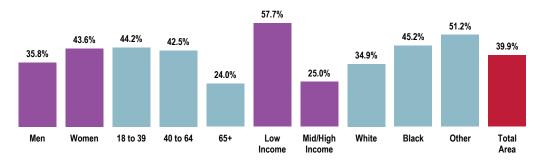
Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 91]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs counties.

Have Experienced Symptoms of Chronic Depression
(Total Area, 2020)
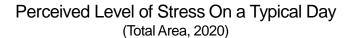
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Other	Total Area
35.8%	43.6%	44.2%	42.5%	24.0%	57.7%	25.0%	34.9%	45.2%	51.2%	39.9%
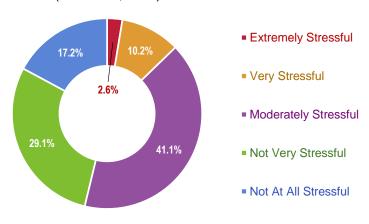
Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 91]
Notes: ● Asked of all respondents.
● Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Stress

A majority of surveyed adults characterize most days as no more than "moderately" stressful.

Perceived Level of Stress On a Typical Day
(Total Area, 2020)

- **Extremely Stressful**
- **Very Stressful**
- **Moderately Stressful**
- **Not Very Stressful**
- **Not At All Stressful**

17.2% 10.2% 2.6% 41.1% 29.1%

In contrast, 12.8% of Total Area adults feel that most days for them are "very" or "extremely" stressful.

BENCHMARK ► Well below the US prevalence.

DISPARITY ► Correlates with age and is higher among low-income residents and those of Other races/ethnicities.

Perceive Most Days As "Extremely" or "Very" Stressful

Total Area

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US	2012	2015	2018	2020
11.3%	15.0%	10.7%	14.4%	11.1%	12.8%	16.1%	10.3%	10.9%	14.5%	12.8%

Perceive Most Days as "Extremely" or "Very" Stressful
(Total Area, 2020)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Other	Total Area
12.8%	12.6%	19.3%	10.4%	3.5%	15.0%	8.8%	12.5%	10.1%	22.6%	12.8%
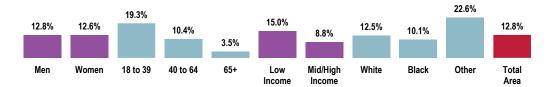
Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 92]
Notes: ● Asked of all respondents.

Suicide

In the Total Area, there were 16.3 suicides per 100,000 population (2016-2018 annual average age-adjusted rate).
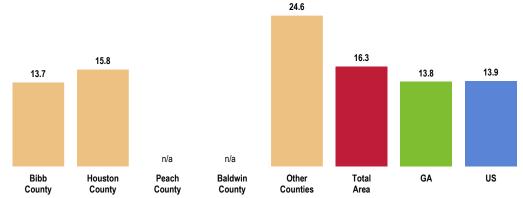
BENCHMARK ► Worse than the Georgia suicide rate and failing to satisfy the Healthy People 2030 objective.

DISPARITY ► The suicide rate is nearly three times as high among Total Area Whites when compared with African Americans.

TREND ► Increasing considerably since the 2011-2013 reporting period.

Suicide: Age-Adjusted Mortality
(2016-2018 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
13.7	15.8	n/a	n/a	24.6	16.3	13.8	13.9

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Note: ● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs counties.

Suicide: Age-Adjusted Mortality by Race
(2016-2018 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower

23.0 — Total Area White (Non-Hispanic)

7.7 — Total Area Black (Non-Hispanic)

16.3 — Total Area All Races/Ethnicities

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Suicide: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower

	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Total Area	11.1	10.5	10.3	11.6	13.5	16.3	15.6	16.3
Georgia	11.8	11.7	11.8	12.1	12.4	12.9	13.2	13.8
US	12.4	12.7	12.5	12.7	13.0	13.3	13.6	13.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Mental Health Treatment
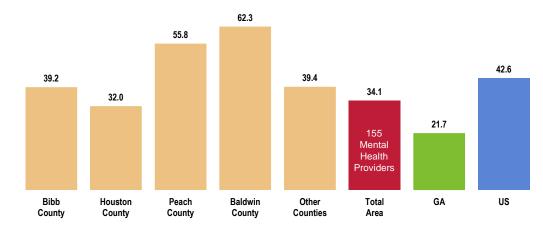
Mental Health Providers

In the Total Area, there are 34.1 mental health providers for every 100,000 population.

BENCHMARK ► The ratio is better than the state ratio but worse than the US.

DISPARITY ► The ratio is lowest in Houston County.

Access to Mental Health Providers
(Number of Mental Health Providers per 100,000 Population, 2020)

39.2	32.0	55.8	62.3	39.4	34.1 (155 Mental Health Providers)	21.7	42.6
Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US

Sources:
● University of Wisconsin Population Health Institute, County Health Rankings.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2020 via SparkMap (sparkmap.org).

Notes:
● This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs counties.

Currently Receiving Treatment

A total of 16.9% are currently taking medication or otherwise receiving treatment from a health professional for some type of mental health condition or emotional problem.

DISPARITY ► Notably lower in Baldwin County.

Currently Receiving Mental Health Treatment

Total Area

Among respondents ever diagnosed with a depressive disorder, 86.2% are currently receiving treatment.

17.6%	18.1%	21.0%	8.7%	19.0%	16.9%	16.8%	19.6%	16.9%
Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US	2018	2020
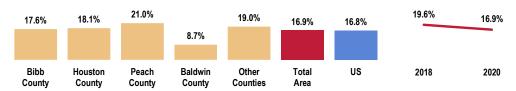
Sources:
● 2020 PRC Community Health Survey, PRC, Inc. [Items 94, 113]
● 2020 PRC National Health Survey, PRC, Inc.

Notes:
● Asked of all respondents.
● "Treatment" can include taking medications for mental health.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs counties.

Difficulty Accessing Mental Health Services

A total of 11.5% of Total Area adults report a time in the past year when they needed mental health services but were not able to get them.
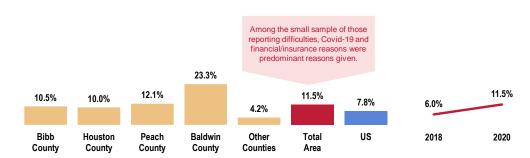
BENCHMARK ► Well above the US prevalence.

TREND ► Nearly doubling since 2018.

DISPARITY ► Unfavorably high in Baldwin County. Higher among men, young adults, those in low-income households, and Other race/ethnicities.

Unable to Get Mental Health Services When Needed in the Past Year

Total Area

Among the small sample of those reporting difficulties, Covid-19 and financial/insurance reasons were predominant reasons given.

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US		2018	2020
10.5%	10.0%	12.1%	23.3%	4.2%	11.5%	7.8%		6.0%	11.5%

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Items 95, 309]
　　　　● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
　　　　● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs counties.

Unable to Get Mental Health Services When Needed in the Past Year
(Total Area, 2020)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Other	Total Area
13.6%	9.6%	22.4%	5.5%	1.3%	19.3%	3.2%	11.8%	4.9%	33.6%	11.5%

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 95]
Notes: ● Asked of all respondents.

Key Informant Input: Mental Health

The greatest share of key informants taking part in an online survey characterized *Mental Health* as a "major problem" in the community.

Perceptions of Mental Health
as a Problem in the Community
(Key Informants, 2020)

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

69.1%	29.1%	

1.8%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

The wait times for psychiatric or psychological consults is astronomical. Very few specialists to assist with mental disease, which makes the stigmatization even worse. – Physician (Bibb County)

Getting to of any sort. – Physician (Baldwin County)

Lack of access to treatment. – Social Services Provider (Baldwin County)

No mental health facility in the county, so they must travel to Bibb, Peach or Houston. – Community Leader (Crawford County)

Limited psychiatric care. – Social Services Provider (Bibb County)

Uninsured and underinsured persons needing mental health services. Lack of knowledge on what mental health programs are offered in the community. Transportation limitations. – Public Health Representative (Baldwin County)

No psychiatrist that files insurance. – Physician (Bibb County)

Easy, affordable access. – Social Services Provider (Bibb County)

Access to psychiatric care and medications. Access to needed support services to live lives of recovery versus symptom management. Housing, transportation, job training, job supports and socialization. – Social Services Provider (Bibb County)

The lack of mental health care facilities. – Community Leader (Bibb County)

Mental health is difficult to manage within the current community environment. It is challenging to gain access to appropriate mental health counseling. It is challenging for individuals to manage their mental health and maintain appropriate pharmaceutical interventions or therapy. There is a stigma in our society often predicated on people living with mental health issues. There is no long-term care Medicaid Waiver within our state to assist individuals living with mental health diagnosis. – Social Services Provider (Bibb County)

We do not have enough psychiatrists. Even in the hospital, we have limited resources. At Navicent, we had to resort to telepsych consultations at one point. – Physician (Bibb County)

River Edge Behavioral Center is reported to be at capacity. Homeless shelters are also full. There is an obvious link, in most cases, between chronic homelessness and mental health challenges. – Community/Business Leader (Bibb County)

Many people who were put out of Central State Hospital into local group homes now roam the streets. Additionally, drug and alcohol abuse leads to mental illness. – Community Leader (Baldwin County)

Access to care. – Physician (Peach County)

Contributing Factors

Lack of licensed professionals for therapy. Lack of compliance with medication therapy due to side effects. Lack of understanding by general public, 'just get over it'. – Other Health Provider (Bibb County)

Employment and career development services that lead to good mental health and income to self-address health issues mentioned in the survey needs more investment. – Community/Business Leader (Bibb County)

Poverty; that leads to trauma, which leads to mental health. – Community/Business Leader (Bibb County)

No mandatory help after violent incidents. – Social Services Provider (Bibb County)

Macon doesn't have enough psychiatrists. Very difficult for uninsured people to have access to ongoing treatment. People can't afford medications and thus come off them. High use of drugs and ethyl alcohol. With COVID, less access to support groups. – Social Services Provider (Bibb County)

Funding

Major problem, the help is not there, no money to support treatment, lack of psychiatrists, poor reimbursement. – Physician (Bibb County)

Central State Hospital closed and Governor Kemp and the state of Georgia politicians cut funding to the Oconee CSB (DBHDD). These aides and sitters staff the DBHDD group homes, making $8.00 an hour with no hope for a raise due to the budget cuts to the DBHDD. – Other Health Provider (Baldwin County)

Denial/Stigma

Stigma of mental health. Too many people tend to sweep the problem under the rug. – Community/Business Leader (Bibb County)

The stigma attached to these health issues. – Social Services Provider (Houston County)

Affordable Care/Services

Access to affordable treatment or treatment in general. Access to medications if needed to manage the issue. – Social Services Provider (Bibb County)

Incidence/Prevalence

60% of jail population mentally ill to some degree. Throughout state beds and mental health professionals not available. State of Georgia one of worst in United States for mental health professionals and facilities. Most insurance plans do not adequately support medical needs for those that ae mentally ill. – Community Leader (Baldwin County)

Crime

Left untreated, this leads to the increased crime rate. – Social Services Provider (Bibb County)

Homelessness

Homelessness. – Community Leader (Peach County)
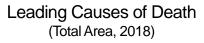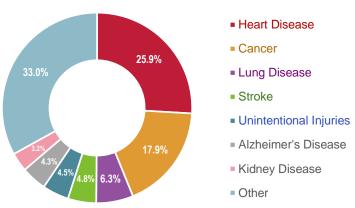
DEATH, DISEASE & CHRONIC CONDITIONS

LEADING CAUSES OF DEATH

Distribution of Deaths by Cause

Together, heart disease and cancers accounted for over 4 in 10 deaths in the Total Area in 2018.

Leading Causes of Death
(Total Area, 2018)

- Heart Disease — 25.9%
- Cancer — 17.9%
- Lung Disease — 6.3%
- Stroke — 4.8%
- Unintentional Injuries — 4.5%
- Alzheimer's Disease — 4.3%
- Kidney Disease — 3.2%
- Other — 33.0%

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.

Notes:
- Lung disease is CLRD, or chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

AGE-ADJUSTED DEATH RATES

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 2030 objectives.

Note that 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 following chart outlines 2016-2018 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
(2016-2018 Deaths per 100,000 Population)

	Total Area	Georgia	US	HP2030
Diseases of the Heart	235.9	176.9	164.7	127.4*
Malignant Neoplasms (Cancers)	161.3	155.8	152.5	122.7
Fall-Related Deaths (65+)	67.1	50.7	63.4	63.4
Chronic Lower Respiratory Disease (CLRD)	52.6	46.4	40.4	—
Unintentional Injuries	45.7	44.2	48.3	43.2
Cerebrovascular Disease (Stroke)	44.8	43.7	37.3	33.4
Alzheimer's Disease	39.6	45.8	30.6	—
Kidney Diseases	28.1	18.5	13.0	—
Firearm-Related	20.7	15.4	11.9	10.7
Diabetes Mellitus	19.5	21.6	21.3	—
Septicemia	19.4	15.2	10.5	—
Pneumonia/Influenza	18.7	14.2	14.2	—
Motor Vehicle Deaths	18.1	14.3	11.5	10.1
Intentional Self-Harm (Suicide)	16.3	13.8	13.9	12.8
Homicide	10.4	7.8	6.1	5.5
Cirrhosis/Liver Disease	9.5	9.6	10.9	10.9
Drug-Induced	7.9	12.3	18.1	—

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov.

Note:
- *The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

Heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. …Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

－   Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

Between 2016 and 2018, there was an annual average age-adjusted heart disease mortality rate of 235.9 deaths per 100,000 population in the Total Area.
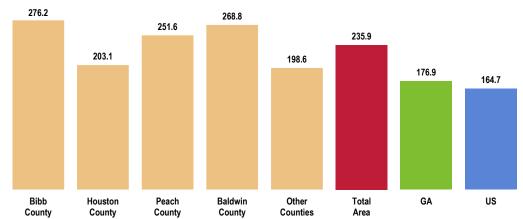
BENCHMARK ► Well above the state and US death rates. Far from satisfying the Healthy People 2030 objective.

DISPARITY ► Mortality rates are lower in Houston County and the combined Other Counties area. The rate is higher among African Americans than among Whites in the Total Area.

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

Heart Disease: Age-Adjusted Mortality
(2016-2018 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 127.4 or Lower (Adjusted)

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
276.2	203.1	251.6	268.8	198.6	235.9	176.9	164.7

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● The Healthy People 2030 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.

Heart Disease: Age-Adjusted Mortality by Race
(2016-2018 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 127.4 or Lower (Adjusted)

224.9	**271.1**	**235.9**
Total Area	Total Area	Total Area
White (Non-Hispanic)	Black (Non-Hispanic)	All Races/Ethnicities

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

Heart Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 127.4 or Lower (Adjusted)

	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Total Area	223.1	219.9	215.4	212.4	222.5	229.9	235.7	235.9
Georgia	191.2	184.2	179.6	178.7	179.5	179.6	178.3	176.9
US	195.1	190.7	171.1	168.9	168.4	167.0	166.3	164.7

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke Deaths

Between 2016 and 2018, there was an annual average age-adjusted stroke mortality rate of 44.8 deaths per 100,000 population in the Total Area.
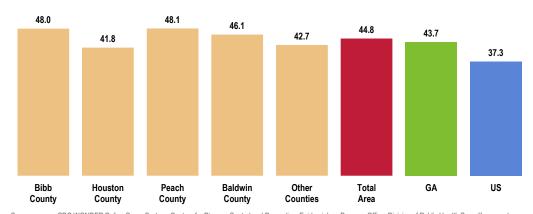
BENCHMARK ► Well above the US mortality rate. Fails to meet the Healthy People 2030 goal.

DISPARITY ► The mortality rate is much higher among Total Area African Americans when compared with Whites.

TREND ► Stroke mortality has decreased over time in the Total Area.

Stroke: Age-Adjusted Mortality
(2016-2018 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 33.4 or Lower

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
48.0	41.8	48.1	46.1	42.7	44.8	43.7	37.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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

Stroke: Age-Adjusted Mortality by Race
(2016-2018 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 33.4 or Lower

Total Area White (Non-Hispanic)	Total Area Black (Non-Hispanic)	Total Area All Races/Ethnicities
41.9	53.5	44.8

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Stroke: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 33.4 or Lower

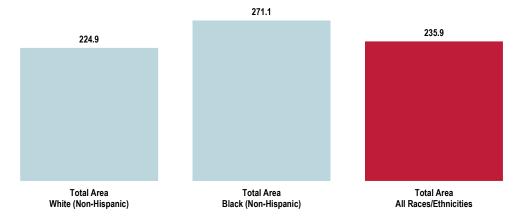|	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Total Area	54.7	49.9	47.1	45.8	47.4	47.4	46.1	44.8
Georgia	45.3	43.6	41.9	41.9	43.1	44.1	44.4	43.7
US	42.3	41.2	36.8	36.3	36.8	37.1	37.5	37.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease
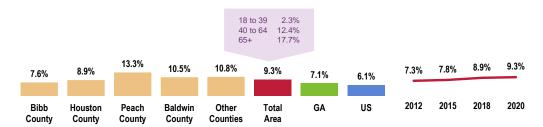
A total of 9.3% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

BENCHMARK ► Worse than the state and national percentages.

DISPARITY ► Correlates with age among survey respondents.

Prevalence of Heart Disease

Total Area

18 to 39	2.3%
40 to 64	12.4%
65+	17.7%

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US	2012	2015	2018	2020
7.6%	8.9%	13.3%	10.5%	10.8%	9.3%	7.1%	6.1%	7.3%	7.8%	8.9%	9.3%

Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 114]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Georgia data.
- 2020 PRC National Health Survey, PRC, 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.
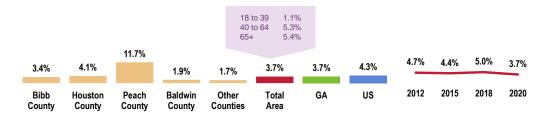
Prevalence of Stroke

A total of 3.7% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

DISPARITY ► Unfavorably high in Peach County. Much more prevalent among adults age 40+.

Prevalence of Stroke

Total Area

	18 to 39	1.1%
	40 to 64	5.3%
	65+	5.4%

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
3.4%	4.1%	11.7%	1.9%	1.7%	3.7%	3.7%	4.3%

2012	2015	2018	2020
4.7%	4.4%	5.0%	3.7%

Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 29]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Georgia data.
- 2020 PRC National Health Survey, PRC, Inc.

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

Cardiovascular Risk Factors

Blood Pressure & Cholesterol Screenings

A total of 92.1% of Total Area adults have had their blood pressure checked by a health professional in the past two years.
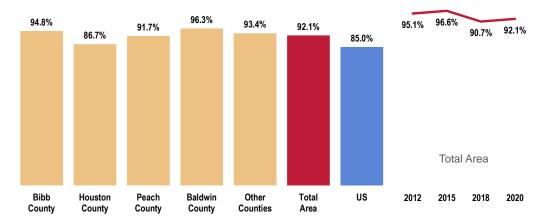
BENCHMARK ► Higher than the US prevalence.

TREND ► Decreasing from 2012 and 2015 survey results (although similar to 2018 findings).

DISPARITY ► Lowest in Houston County.

Have Had Blood Pressure Checked in the Past Two Years

	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US
	94.8%	86.7%	91.7%	96.3%	93.4%	92.1%	85.0%

Total Area

2012	2015	2018	2020
95.1%	96.6%	90.7%	92.1%

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 303]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Reflects all respondents.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twigg counties.

Another 89.0% of adults have been screened for high blood cholesterol at some point in the past five years.

BENCHMARK ► Well above the US prevalence.

DISPARITY ► Lowest in the combined Other Counties area.

Have Had Blood Cholesterol Checked in the Past Five Years

	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
	90.3%	88.2%	96.5%	91.4%	82.0%	89.0%	89.4%	80.7%

Total Area

2012	2015	2018	2020
90.9%	91.8%	83.7%	89.0%

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 305]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Georgia data.
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Reflects all respondents.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twigg counties.

Blood Pressure & Cholesterol

A total of 47.3% of Total Area adults have been told by a health professional at some point that their blood pressure was high.

BENCHMARK ► Well above the Georgia and US percentages. Fails to satisfy the Healthy People 2030 objective.
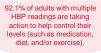
A total of 37.2% of adults have been told by a health professional that their cholesterol level was high.
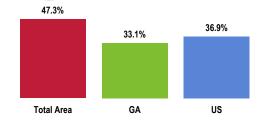
BENCHMARK ► Worse than the US prevalence.

Prevalence of High Blood Pressure
Healthy People 2030 = 27.7% or Lower

92.1% of adults with multiple HBP readings are taking action to help control their levels (such as medication, diet, and/or exercise).

47.3%	33.1%	36.9%
Total Area	**GA**	**US**

Prevalence of High Blood Cholesterol

89.8% of adults are taking action to help control their levels (such as medication, diet, and/or exercise).

37.2%	32.7%
Total Area	**US**

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Items 302, 304, 311-312]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Georgia data.
● 2020 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Asked of all respondents.
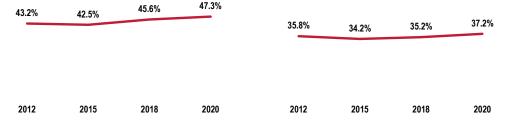
Prevalence of High Blood Pressure
(Total Area)
Healthy People 2030 = 27.4% or Lower

2012	2015	2018	2020
43.2%	42.5%	45.6%	47.3%

Prevalence of High Blood Cholesterol
(Total Area)

2012	2015	2018	2020
35.8%	34.2%	35.2%	37.2%

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Items 311-312]
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Asked of all respondents.

Total Cardiovascular Risk

Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.
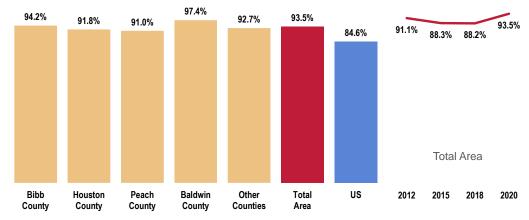
A total of 93.5% of Total Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

BENCHMARK ► Well above the US percentage.

DISPARITY ► Highest among Baldwin County respondents. Lowest among Other race/ethnicities.

RELATED ISSUE
See also *Nutrition, Physical Activity & Weight* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.
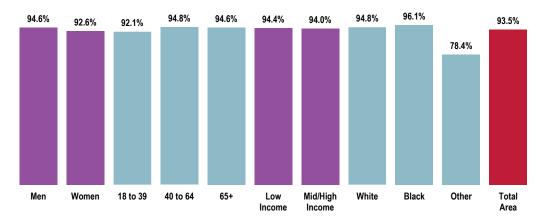
Present One or More Cardiovascular Risks or Behaviors

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US	2012	2015	2018	2020
94.2%	91.8%	91.0%	97.4%	92.7%	93.5%	84.6%	91.1%	88.3%	88.2%	93.5%

Total Area

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 115]
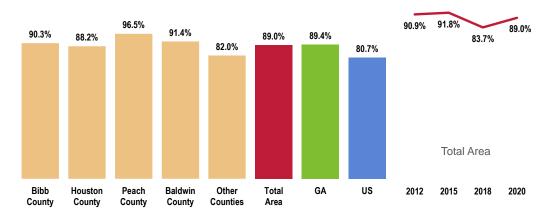● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Reflects all respondents.
● Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs counties.

Present One or More Cardiovascular Risks or Behaviors
(Total Area, 2020)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Other	Total Area
94.6%	92.6%	92.1%	94.8%	94.6%	94.4%	94.0%	94.8%	96.1%	78.4%	93.5%

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 115]
Notes: ● Reflects 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) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Key Informant Input: Heart Disease & Stroke

The greatest share of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a "major problem" in the community, followed closely by "moderate problem" ratings.

Perceptions of Heart Disease and Stroke
as a Problem in the Community
(Key Informants, 2020)

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

Major Problem	Moderate Problem	Minor Problem
45.5%	43.6%	10.9%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

Because of the unknown cases of high blood pressure. – Social Services Provider (Bibb County)

Poor general cardiac health and the volume of patients with that condition. – Physician (Baldwin County)

Heart disease and hypertension is rampant among patients I see. – Physician (Bibb County)

Associated with high incidence of diabetes. – Social Services Provider (Bibb County)

Large percentage of EMS calls and deaths are ruled heart attacks. – Community Leader (Crawford County)

Many suffer these ailments. – Social Services Provider (Houston County)

Number of people in the community and admission to hospitals with heart disease. – Physician (Peach County)

Contributing Factors

Lack of education resources on healthy lifestyle and eating. We have a limited amount of public parks for exercise. There is a lack of affordable fresh foods and a lack of local smoking cessation programs. – Public Health Representative (Baldwin County)

High-fat, high-carb diet and limited physical activity, shown in the data with Navicent discharges. – Social Services Provider (Bibb County)

Improper diet, not seeing a doctor on a regular basis. Lack of exercise, smoking. – Community Leader (Bibb County)

Affects quality of life. Many diagnosed with this due to obesity, sedentary lifestyle, reactive rather than proactive health care and lifestyle choices. – Other Health Provider (Bibb County)

Too much salty and fatty foods. Also, people are overweight and lack the self-discipline to exercise. – Community/Business Leader (Bibb County)

Comorbidities

Heart disease and stroke often lead to a lifetime of health problems, disabilities, and requiring the assistance of others, professionally and informal caregivers. – Social Services Provider (Bibb County)

Result of tobacco use, untreated high blood pressure, and diabetes. – Physician (Bibb County)

Insufficient Physical Activity

Not enough affordable resources for exercise and dietary planners. Most Milledgeville residents travel to Macon or Atlanta for heart care. – Other Health Provider (Baldwin County)

Leading Cause of Death

It is the number-one cause of death and disability. There are high rates of obesity and diabetes that lead to heart disease and stroke. – Social Services Provider (Baldwin County)

Awareness/Education

Education and prevention services. – Social Services Provider (Peach County)

CANCER

ABOUT CANCER

Cancer is the second leading cause of death in the United States. …The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

> – Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2016 and 2018, there was an annual average age-adjusted cancer mortality rate of 161.3 deaths per 100,000 population in the Total Area.
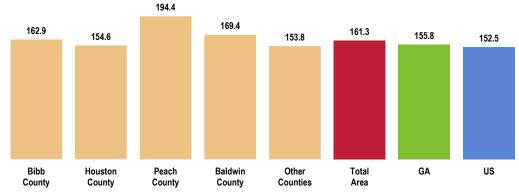
BENCHMARK ► The mortality rate is far from satisfying the Healthy People 2030 objective.

DISPARITY ► The mortality rate is unfavorably high in Peach County.

TREND ► The cancer mortality rate has decreased over time, echoing the state and US trends.

Cancer: Age-Adjusted Mortality
(2016-2018 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 122.7 or Lower

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
162.9	154.6	194.4	169.4	153.8	161.3	155.8	152.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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

Cancer: Age-Adjusted Mortality by Race
(2016-2018 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 122.7 or Lower

162.4	167.0	161.3
Total Area White (Non-Hispanic)	Total Area Black (Non-Hispanic)	Total Area All Races/Ethnicities

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Cancer: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 122.7 or Lower

	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Total Area	188.1	182.9	183.4	174.7	174.0	168.3	167.8	161.3
Georgia	173.6	171.4	169.0	167.4	165.4	162.9	159.4	155.8
US	176.8	173.3	165.1	162.5	161.0	158.5	155.6	152.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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, female breast cancer, and colorectal cancer (both sexes).

BENCHMARK

Lung Cancer ► Higher than the national rate. Fails to satisfy the Healthy People 2030 objective.

Prostate Cancer ► Higher than the national rate. Fails to satisfy the Healthy People 2030 objective.

Female Breast Cancer ► Fails to satisfy the Healthy People 2030 objective.

Colorectal Cancer ► Fails to satisfy the Healthy People 2030 objective.

Age-Adjusted Cancer Death Rates by Site
(2016-2018 Annual Average Deaths per 100,000 Population)

	Total Area	Georgia	US	HP2030
ALL CANCERS	161.3	155.8	152.5	122.7
Lung Cancer	43.4	39.0	36.6	25.1
Prostate Cancer	24.9	21.6	18.9	16.9
Female Breast Cancer	18.6	21.3	19.9	15.3
Colorectal Cancer	14.8	14.7	13.7	8.9

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Cancer Incidence

"Incidence rate" or "case rate" is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year.

The highest cancer incidence rates are for female breast cancer and prostate cancer.

BENCHMARK

Prostate Cancer ► Higher than the national rate.
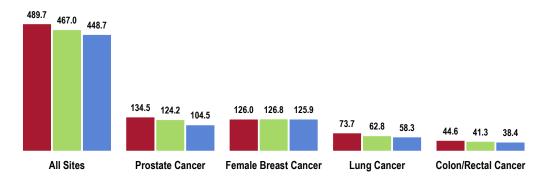
Lung Cancer ► Higher than the national rate.

Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2013–2017)

■ Total Area   ■ GA   ■ US

Site	Total Area	GA	US
All Sites	489.7	467.0	448.7
Prostate Cancer	134.5	124.2	104.5
Female Breast Cancer	126.0	126.8	125.9
Lung Cancer	73.7	62.8	58.3
Colon/Rectal Cancer	44.6	41.3	38.4

Sources: ● State Cancer Profiles.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2020 via SparkMap (sparkmap.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.
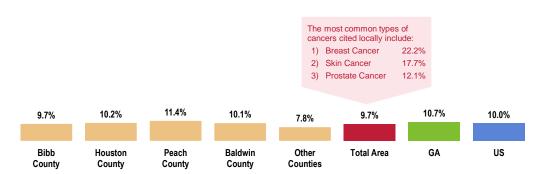
Prevalence of Cancer

A total of 9.7% of surveyed Total Area adults report having ever been diagnosed with cancer. The most common types include breast cancer, skin cancer, and prostate cancer.

DISPARITY ► Highest in Whites and adults age 65 and older.

Prevalence of Cancer

The most common types of cancers cited locally include:
1) Breast Cancer   22.2%
2) Skin Cancer   17.7%
3) Prostate Cancer   12.1%

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
9.7%	10.2%	11.4%	10.1%	7.8%	9.7%	10.7%	10.0%

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Items 25-26]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Georgia data.
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Reflects all respondents.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs counties.

Prevalence of Cancer
(Total Area, 2020)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Other	Total Area
9.2%	10.2%	5.0%	8.4%	23.7%	10.7%	8.4%	12.6%	6.6%	6.4%	9.7%

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 25]
Notes: ● Reflects all respondents.

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/HPV testing); and colorectal cancer (colonoscopy/sigmoidoscopy and fecal occult blood testing).

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women aged 50 to 74 years.

CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.

  – 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.

Among women age 50-74, 79.2% have had a mammogram within the past 2 years.

Among Total Area women age 21 to 65, 86.9% have had appropriate cervical cancer screening.

BENCHMARK ► Well above state and national percentages.
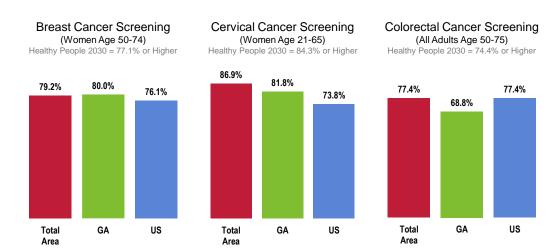
TREND ► Similar to baseline survey findings but increasing significantly from 2018 results.

"Appropriate cervical cancer screening" includes Pap smear testing (cervical cytology) every three years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65. Women 21 to 65 with hysterectomy are excluded.
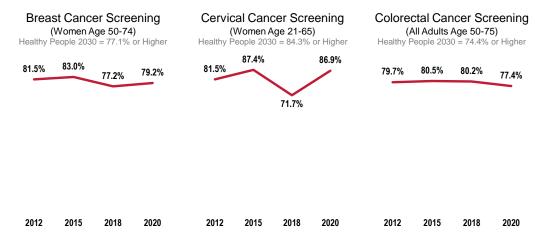
Among all adults age 50-75, 77.4% have had appropriate colorectal cancer screening.

BENCHMARK ▶ Well above the Georgia prevalence.

Breast Cancer Screening
(Women Age 50-74)
Healthy People 2030 = 77.1% or Higher

79.2%	80.0%	76.1%
Total Area	GA	US

Cervical Cancer Screening
(Women Age 21-65)
Healthy People 2030 = 84.3% or Higher

86.9%	81.8%	73.8%
Total Area	GA	US

Colorectal Cancer Screening
(All Adults Age 50-75)
Healthy People 2030 = 74.4% or Higher

77.4%	68.8%	77.4%
Total Area	GA	US

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Items 116-118]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Georgia data.
● 2020 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Each indicator is shown among the gender and/or age group specified.

Breast Cancer Screening
(Women Age 50-74)
Healthy People 2030 = 77.1% or Higher

81.5%   83.0%   77.2%   79.2%

2012   2015   2018   2020

Cervical Cancer Screening
(Women Age 21-65)
Healthy People 2030 = 84.3% or Higher

81.5%   87.4%   71.7%   86.9%

2012   2015   2018   2020

Colorectal Cancer Screening
(All Adults Age 50-75)
Healthy People 2030 = 74.4% or Higher

79.7%   80.5%   80.2%   77.4%

2012   2015   2018   2020

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Items 116-118]
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Each indicator is shown among the gender and/or age group specified.

Key Informant Input: Cancer

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

Perceptions of Cancer
as a Problem in the Community
(Key Informants, 2020)

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

17.0%	66.0%	15.1%	

1.9%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

I have seen many patients in the 20–40 age group with cancers usually seen in older individuals. – Physician (Peach County)

The data shows that cancer is one of the leading health concerns in our area. – Community Leader (Peach County)

The number of citizens impacted by the disease of cancer. – Community/Business Leader (Bibb County)

Access to Care/Services

Most cancer residents travel to MD Anderson, Mayo, or Cancer Treatment Centers of America. – Other Health Provider (Baldwin County)

Impact on Caregivers/Families

Emotional and financial burden to families affected. – Other Health Provider (Bibb County)

Poverty/Income

Poverty and lack of health education. – Social Services Provider (Bibb County)

RESPIRATORY DISEASE

ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. …More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

Interventions tailored to at-risk groups can also help prevent and treat other respiratory diseases — for example, pneumonia in older adults and pneumoconiosis in coal miners. And increasing lung cancer screening rates can help reduce deaths from lung cancer through early detection and treatment.

— Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Respiratory Disease Deaths

Chronic Lower Respiratory Disease Deaths (CLRD)
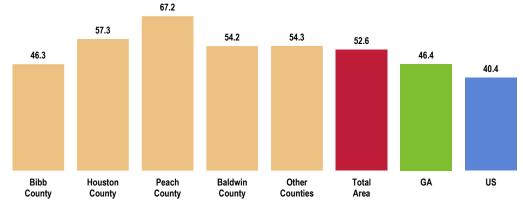
Between 2016 and 2018, there was an annual average age-adjusted CLRD mortality rate of 52.6 deaths per 100,000 population in the Total Area.

BENCHMARK ► The Total Area's mortality rate is worse than the national rate.

DISPARITY ► Note that Peach County reports the highest CLRD mortality rate. Regionally, the mortality rate is almost twice as high among White residents as among African American residents.

Note: Chronic lower respiratory disease (CLRD) includes lung diseases such as emphysema, chronic bronchitis, and asthma.

CLRD: Age-Adjusted Mortality
(2016-2018 Annual Average Deaths per 100,000 Population)

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
46.3	57.3	67.2	54.2	54.3	52.6	46.4	40.4
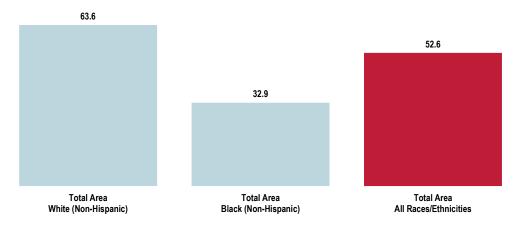
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.
Notes: • CLRD is chronic lower respiratory disease.
• "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs counties.

CLRD: Age-Adjusted Mortality by Race
(2016-2018 Annual Average Deaths per 100,000 Population)

63.6

32.9

52.6

Total Area
White (Non-Hispanic)

Total Area
Black (Non-Hispanic)

Total Area
All Races/Ethnicities

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and. Informatics. Data extracted September 2020.

Notes: ● CLRD is chronic lower respiratory disease.

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

	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Total Area	46.5	44.7	45.6	49.1	48.7	50.6	49.1	52.6
Georgia	46.2	45.7	45.2	45.3	45.9	46.5	46.7	46.4
US	46.8	46.6	42.2	41.6	41.4	40.9	41.0	40.4

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.

Notes: ● CLRD is chronic lower respiratory disease.

Pneumonia/Influenza Deaths
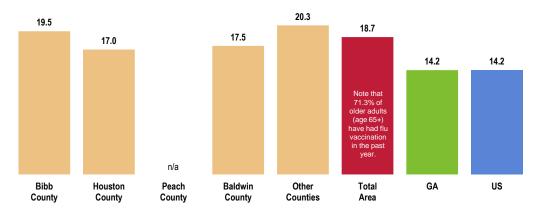
Between 2016 and 2018, the Total Area reported an annual average age-adjusted pneumonia/influenza mortality rate of 18.7 deaths per 100,000 population.

BENCHMARK ► Well above the state and national mortality rates.

TREND ► No clear trend in Total Area mortality over time, despite fairly consistent decreases noted across Georgia and the US.
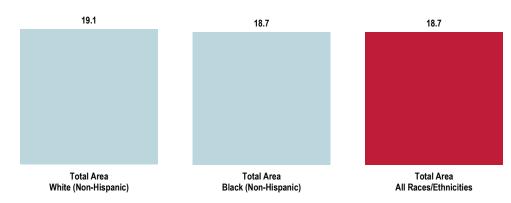
Pneumonia/Influenza: Age-Adjusted Mortality
(2016-2018 Annual Average Deaths per 100,000 Population)

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
19.5	17.0	n/a	17.5	20.3	18.7	14.2	14.2

Note that 71.3% of older adults (age 65+) have had flu vaccination in the past year.

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.
Note: ● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs counties.

Pneumonia/Influenza: Age-Adjusted Mortality by Race
(2016-2018 Annual Average Deaths per 100,000 Population)

Total Area White (Non-Hispanic)	Total Area Black (Non-Hispanic)	Total Area All Races/Ethnicities
19.1	18.7	18.7

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.

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

	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Total Area	20.3	18.8	18.1	18.1	19.0	19.8	19.6	18.7
Georgia	18.3	17.4	16.9	16.5	16.2	15.3	14.5	14.2
US	16.9	16.7	15.8	15.6	15.4	14.6	14.3	14.2

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.

Prevalence of Respiratory Disease

Asthma

Adults

A total of 10.3% of Total Area adults currently suffer from asthma.

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

Prevalence of Asthma

Total Area

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US	2012	2015	2018	2020
11.3%	12.4%	9.8%	7.5%	7.3%	10.3%	8.9%	12.9%	8.2%	8.8%	10.6%	10.3%

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 119]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Georgia data.
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes those who have ever been diagnosed with asthma and report that they still have asthma.
Note: ● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs counties.

Prevalence of Asthma
(Total Area, 2020)
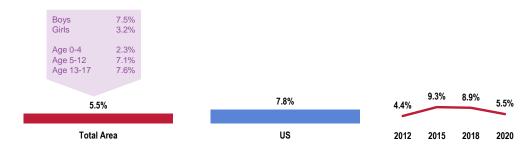
9.4%	11.1%	12.7%	9.0%	7.7%	10.8%	9.5%	8.9%	11.2%	16.3%	10.3%
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Other	Total Area

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 119]
Notes: ● Asked of all respondents.
● Includes those who have ever been diagnosed with asthma and report that they still have asthma.

Children

Among Total Area children under age 18, 5.5% currently have asthma.

Prevalence of Asthma in Children
(Parents of Children Age 0-17)

Total Area

Boys	7.5%
Girls	3.2%
Age 0-4	2.3%
Age 5-12	7.1%
Age 13-17	7.6%

5.5%	7.8%	
Total Area	US	

2012	2015	2018	2020
4.4%	9.3%	8.9%	5.5%

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 120]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children 0 to 17 in the household.
● Includes children who have ever been diagnosed with asthma and are reported to still have asthma.

Chronic Obstructive Pulmonary Disease (COPD)

A total of 8.1% of Total Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

TREND ► The prevalence marks a statistically significant improvement over previous survey findings.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

Total Area

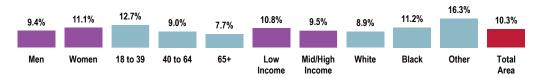|	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US		2012	2015	2018	2020
	8.8%	9.0%	5.3%	6.1%	8.5%	8.1%	7.3%	6.4%		11.2%	12.1%	13.0%	8.1%

Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 23]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Georgia data.
- 2020 PRC National Health Survey, PRC, 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 prior 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.

Key Informant Input: Respiratory Disease

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

Perceptions of Respiratory Diseases as a Problem in the Community
(Key Informants, 2020)

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

Major Problem	Moderate Problem	Minor Problem	No Problem At All
14.8%	59.3%	24.1%	1.9%

Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Tobacco Use

> High level of smoking, drug use, untreated COPD, and asthma in uninsured. – Social Services Provider (Bibb County)
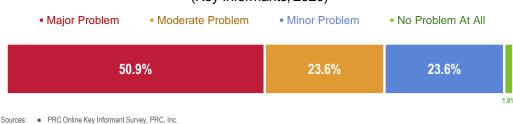>
> Too much smoking. – Community/Business Leader (Bibb County)
>
> High rates of asthma and smoking. – Social Services Provider (Baldwin County)

Key Informant Input: Coronavirus Disease/COVID-19

Half of key informants taking part in an online survey characterized *Coronavirus Disease/ COVID-19* as a "major problem" in the community.

Perceptions of Coronavirus/COVID-19
as a Problem in the Community
(Key Informants, 2020)

- Major Problem   - Moderate Problem   - Minor Problem   - No Problem At All

50.9%	23.6%	23.6%	

1.8%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> The rate of positivity and people's cavalier attitude about the pandemic increases spread. It is sad to see some store owners post in front of their store that masks are not required to enter. – Physician (Bibb County)
>
> One of the highest rates per 100,000 in the state. The two-week rate is still very high. – Community Leader (Baldwin County)
>
> For our community size, the number of people and/or families impacted makes it a major problem and area of concern. Aware of several families where three to five members are infected, resulting in their untimely death. – Community/Business Leader (Bibb County)
>
> People are dying, unemployment is high and new cases are coming up. – Community/Business Leader (Bibb County)
>
> College. – Community Leader (Baldwin County)
>
> Reports have been that Georgia, specifically Central Georgia, has had high numbers during the outbreak. – Social Services Provider (Bibb County)
>
> The numbers are continuing to go up and many city organizations and business are online. This makes resources very hard to obtain, especially for people who are homeless. – Social Services Provider (Bibb County)
>
> We are listed as a red zone. – Community Leader (Baldwin County)
>
> We are considered a red zone. My biggest complaint, however, is the lack of information regarding treatment for people. Some primary care doctors in Baldwin County are prescribing Z-pak (azithromicin), aspirin, and Pepcid AC. People on that treatment are recovering quickly, yet we hear nothing from the hospital or its doctors. Obviously each person needs to consult with his or her doctor *before* they become sick or exhibit COVID-19 symptoms, but that message is not getting out in the community. COVID-19 is not a death sentence. – Community Leader (Baldwin County)
>
> The amount of colleges and congregate living settings in our community. – Public Health Representative (Baldwin County)
>
> Spread. – Other Health Provider (Bibb County)

Baldwin has been a hot spot for COVID since the outbreak began. Georgia College also recently made the national news as having very high numbers of cases. There are also a lot of people in Baldwin County (e.g. low-income minorities) with pre-existing conditions that put them at risk of serious illness brought on if they contract COVID-19. – Social Services Provider (Baldwin County)

The spike in reported cases has risen dramatically since June 2020. – Community Leader (Bibb County)

Ignoring Public Health Recommendations

People aren't following the guidelines. – Community/Business Leader (Bibb County)

People in my community still not wearing masks and still holding large community events. – Physician (Peach County)

I believe that with an average case increase in the Bibb County region this is an issue. Since there is no vaccine at this point prevention of spread is based on behavioral patterns. Behavioral patterns are hard to change and many people do not follow the recommended guidelines to protect themselves and others. – Social Services Provider (Bibb County)

We are still above 5% spread so people are not taking individual responsibility seriously and institutions did not provide organized leadership. early on and throughout. Historically high poverty rates contribute to living conditions not conducive to protection of self and others from disease spread. Surely there is a safe way to test beyond just drive through. This is disturbingly limiting on people who don't have access to automobiles. – Social Services Provider (Bibb County)

Most folks don't believe they are infected, so they continue with life. They don't have money to pay, so they don't go to the doctor. – Community Leader (Crawford County)

Awareness/Education

Mixed messages on the need for COVID testing for the general population. Need to increase locations for free COVID testing. Public Health decreased times of availability for COVID testing when the temperatures went up. – Physician (Bibb County)

Education of the virus is mixed, which has caused extreme confusion and mistrust. Tests take too long to get done or scheduled and results may take over a week to receive, causing false negatives and further spread of the virus. – Community Leader (Baldwin County)

Lack of information from Navicent. Lack of education of the community. Late and lack of response from the local government. – Social Services Provider (Bibb County)

Lack of Rapid Testing

COVID testing, treatment and contact tracing are all necessary components of successful COVID testing and these resources are in short demand for the dramatic increase in the need for them. It is hard to get test results and good contact tracing data. – Other Health Provider (Bibb County)

Lack of rapid tests and access. – Physician (Bibb County)

Access to Care/Services

Due to a lack of meaningful health care for many our residents, they are more likely to be at risk for COVID-19 and at risk for more dire outcomes. Also, poverty can make it more difficult to take the steps necessary to avoid COVID-19 exposure. – Community/Business Leader (Bibb County)

Vulnerable Populations

COVID is a potentially fatal disease that is disproportionately affecting vulnerable populations that are already at greater risk for poor health outcomes. I'm concerned about the disease but the anxiety, trauma and disruption that the pandemic and the economic repercussions have brought. – Social Services Provider (Bibb County)

Comorbidities

Because so many people have underlying conditions that they overlook or don't know that they have. – Social Services Provider (Bibb County)

INJURY & VIOLENCE

ABOUT INJURY & VIOLENCE

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. …Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. …Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

– Healthy People 2030 (https://health.gov/healthypeople)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths
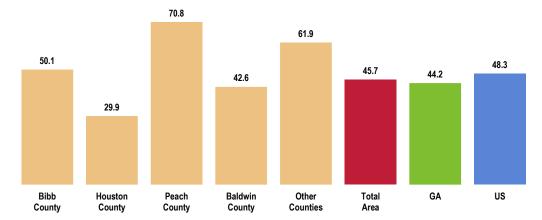
Between 2016 and 2018, there was an annual average age-adjusted unintentional injury mortality rate of 45.7 deaths per 100,000 population in the Total Area.

DISPARITY ► Note the higher mortality rates reported in Peach County and the combined Other Counties area. Viewed by race, Total Area Whites have a much higher mortality rate than African Americans.

Unintentional Injuries: Age-Adjusted Mortality
(2016-2018 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 43.2 or Lower

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
50.1	29.9	70.8	42.6	61.9	45.7	44.2	48.3

Sources:
● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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

Unintentional Injuries: Age-Adjusted Mortality by Race
(2016-2018 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 43.2 or Lower

Total Area White (Non-Hispanic)	Total Area Black (Non-Hispanic)	Total Area All Races/Ethnicities
53.9	36.6	45.7

Sources:
● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Unintentional Injuries: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 43.2 or Lower

	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Total Area	45.4	42.1	43.7	40.5	39.8	41.4	43.8	45.7
Georgia	41.0	40.0	39.2	39.1	40.5	43.0	44.7	44.2
US	43.7	44.3	39.3	39.8	41.0	43.7	46.7	48.3
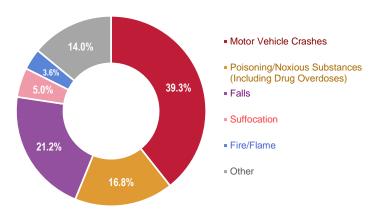
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Leading Causes of Unintentional Injury Deaths

Motor vehicle crashes, poisoning (including unintentional drug overdose), falls, suffocation, and fire/flame accounted for most unintentional injury deaths in the Total Area between 2016 and 2018.

Leading Causes of Unintentional Injury Deaths
(Total Area, 2016-2018)

- Motor Vehicle Crashes — 39.3%
- Poisoning/Noxious Substances (Including Drug Overdoses) — 16.8%
- Falls — 21.2%
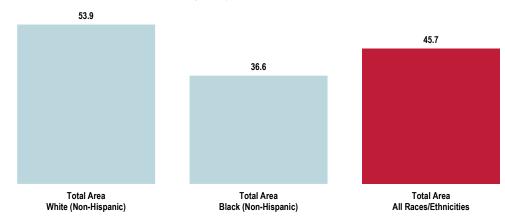- Suffocation — 5.0%
- Fire/Flame — 3.6%
- Other — 14.0%

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

In the Total Area, there were 10.4 homicides per 100,000 population (2016-2018 annual average age-adjusted rate).
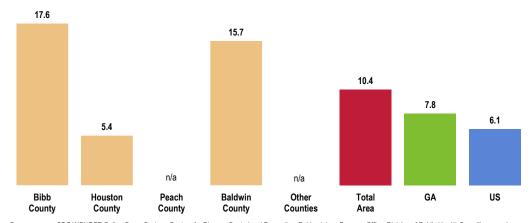
BENCHMARK ▶ Above the Georgia and US homicide rates. Nearly twice the Healthy People 2030 objective.

DISPARITY ▶ The homicide rate in the Total Area's African American community is four times the homicide rate among Whites.

TREND ▶ Homicide mortality has increased over time in the Total Area, echoing state and national trends.

Homicide: Age-Adjusted Mortality
(2016-2018 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 5.5 or Lower

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
17.6	5.4	n/a	15.7	n/a	10.4	7.8	6.1

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Note: ● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs counties.

Homicide: Age-Adjusted Mortality by Race
(2016-2018 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 5.5 or Lower

```
                    18.5


                                        10.4

        4.2



    Total Area      Total Area          Total Area
 White (Non-Hispanic) Black (Non-Hispanic) All Races/Ethnicities
```

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Homicide: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 5.5 or Lower

	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Total Area	8.1	8.0	7.1	7.6	7.9	8.1	9.4	10.4
Georgia	6.5	6.5	6.4	6.5	6.8	7.3	7.7	7.8
US	5.4	5.3	5.3	5.2	5.3	5.7	6.0	6.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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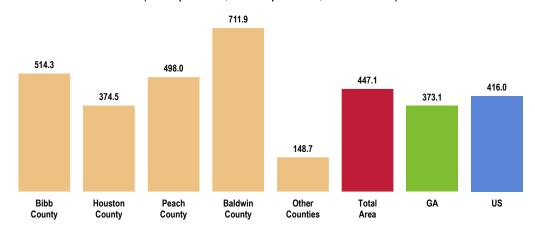
Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Between 2015 and 2017, there were a reported 447.1 violent crimes per 100,000 population in the Total Area.

BENCHMARK ► The rate is much higher than that reported statewide.

DISPARITY ► The violent crime rate is highest in Baldwin County, as shown.

Violent Crime
(Rate per 100,000 Population, 2015–2017)

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
514.3	374.5	498.0	711.9	148.7	447.1	373.1	416.0

Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2020 via SparkMap (sparkmap.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

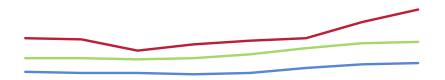**A total of 4.2% of surveyed Total Area adults acknowledge being the victim of a violent crime in the area in the past five years.**

BENCHMARK ► Lower than the US prevalence.

TREND ► Marks a statistically significant increase since 2012.

DISPARITY ► Unfavorably high in Peach County and the combined Other Counties area. The prevalence is considerably higher among Other racial/ethnic communities, low-income residents, and young adults.

Victim of a Violent Crime in the Past Five Years

Total Area

2.8%	2.9%	9.0%	1.7%	9.5%	4.2%	6.2%	2.3%	2.7%	4.9%	4.2%
Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US	2012	2015	2018	2020

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 38]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs counties.

Victim of a Violent Crime in the Past Five Years
(Total Area, 2020)

4.9%	3.4%	6.7%	3.2%	1.0%	7.6%	2.3%	2.8%	3.2%	16.5%	4.2%
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Other	Total Area

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 38]
Notes: ● Asked of all respondents.

Family Violence

A total of 16.7% of Total Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

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

Total Area

17.5%	14.9%	20.9%	12.6%	20.2%	16.7%	13.7%	14.5%	13.7%	13.7%	16.7%
Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US	2012	2015	2018	2020

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 39]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs counties.

Key Informant Input: Injury & Violence

The largest share of key informants taking part in an online survey characterized *Injury & Violence* as a "major problem" in the community, followed closely by "moderate problem" ratings.

Perceptions of Injury and Violence
as a Problem in the Community
(Key Informants, 2020)

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

38.9%	35.2%	25.9%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

There were 36 homicides in Macon, Georgia as of September 2020. Leading county for pedestrian fatalities. – Physician (Bibb County)

We have definitely seen an increase in violence and violent crime during this past year. In this increase is, of course, injury due to the violence. – Social Services Provider (Bibb County)

Data regarding injury, violence and suicides, self-directed violence. – Social Services Provider (Bibb County)

You can't open the newspaper without reading about someone being killed as a result of gun violence. It is unbelievable for a community of this size. – Social Services Provider (Baldwin County)

With 40 or more deaths in Macon-Bibb so far in 2020, lack of parental guidance, gang violence, and lack of education. – Community Leader (Bibb County)

High murder rate. – Community/Business Leader (Bibb County)

Macon-Bibb County feels like the gang capital of the South, if not the entire United States. I personally know of patients and employees who have been (or whose family have been) victimized, including death by gun violence. – Physician (Bibb County)

In recent months, I would say fear, anger and frustration. – Social Services Provider (Bibb County)

Gun-shot wounds and motor vehicle accidents happen and there is no emergency room in the county. – Community Leader (Crawford County)

High rate of crime and shootings, drugs and ethyl alcohol. – Social Services Provider (Bibb County)

No gun control and assault bans needed. – Social Services Provider (Bibb County)

Widespread. Some due to lack of family support and poverty. – Other Health Provider (Bibb County)

The crime statistics in Macon-Bibb rival those of larger cities on a per capita basis. – Community/Business Leader (Bibb County)

Violence causes a significant number of injuries and death for Macon-Bibb on a comparative basis. – Community/Business Leader (Bibb County)

Crime

Crime rate, shootings, gangs, and drugs. – Community Leader (Baldwin County)

High crime rate, both in low income neighborhoods as well as among the homeless population. – Social Services Provider (Bibb County)

Domestic/Family Violence

The solicitor's office is inundated with domestic violence cases. Many stem from the aggressor abusing drugs or alcohol. – Community Leader (Baldwin County)

Poverty/Income

Poverty. – Social Services Provider (Bibb County)

DIABETES

ABOUT DIABETES

More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. …Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.
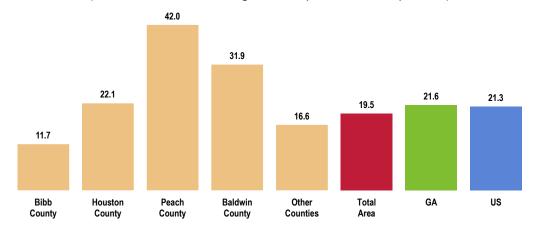
 – Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Diabetes Deaths

Between 2016 and 2018, there was an annual average age-adjusted diabetes mortality rate of 19.5 deaths per 100,000 population in the Total Area.

DISPARITY ► Diabetes deaths are considerably higher in Peach and Baldwin counties. Viewed by race, the death rate is considerably higher in the Total Area's African American residents when compared with White residents.

Diabetes: Age-Adjusted Mortality
(2016-2018 Annual Average Deaths per 100,000 Population)
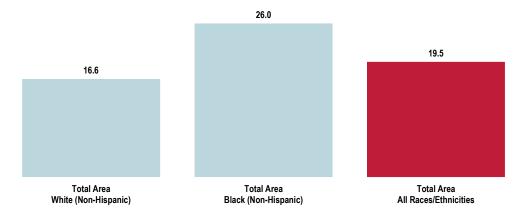
	Value
Bibb County	11.7
Houston County	22.1
Peach County	42.0
Baldwin County	31.9
Other Counties	16.6
Total Area	19.5
GA	21.6
US	21.3

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.

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

Diabetes: Age-Adjusted Mortality by Race
(2016-2018 Annual Average Deaths per 100,000 Population)

Total Area White (Non-Hispanic)	Total Area Black (Non-Hispanic)	Total Area All Races/Ethnicities
16.6	26.0	19.5

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.

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

	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Total Area	20.7	21.6	21.2	20.6	19.8	19.8	20.1	19.5
Georgia	21.8	23.1	23.1	22.6	22.2	21.6	21.4	21.6
US	22.2	22.2	21.3	21.1	21.1	21.1	21.3	21.3

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.

Prevalence of Diabetes

A total of 17.2% of Total Area adults report having been diagnosed with diabetes.

BENCHMARK ► Well above the state and national percentages.
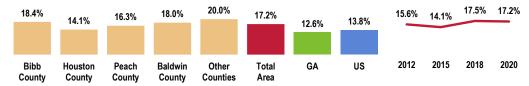
DISPARITY ► The prevalence increases considerably among adults age 40+ and is especially high among low-income adults and African Americans.

Prevalence of Diabetes

Another 9.8% of adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.

Total Area
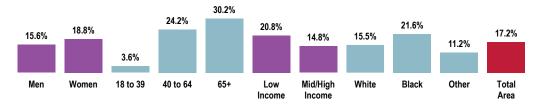
18.4%	14.1%	16.3%	18.0%	20.0%	17.2%	12.6%	13.8%
Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US

2012	2015	2018	2020
15.6%	14.1%	17.5%	17.2%

Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Items 121-122]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Georgia data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

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

Prevalence of Diabetes
(Total Area, 2020)

Note that among adults who have not been diagnosed with diabetes, 48.9% report having had their blood sugar level tested within the past three years.

15.6%	18.8%	3.6%	24.2%	30.2%	20.8%	14.8%	15.5%	21.6%	11.2%	17.2%
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Other	Total Area

Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Items 33, 121]

Notes:
- Asked of all respondents.
- Excludes gestational diabetes (occurring only during pregnancy).

Key Informant Input: Diabetes

A high percentage of key informants taking part in an online survey characterized *Diabetes* as a "major problem" in the community.

Perceptions of Diabetes
as a Problem in the Community
(Key Informants, 2020)

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

| 69.1% | 23.6% | 1.8% | 5.5% |

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Contributing Factors

Nutrition, diet and weight control. Some may have challenges with the expenses associated with medications. – Community/Business Leader (Bibb County)

Access to care is limited due to same. Also, per capita income is lower than state average. Uninsured + lower income = greater challenge with nutritious food, diabetic test strips, needles, though insulin is cheap. Culture prioritizes high-carb foods. – Social Services Provider (Bibb County)

Cultural and Southern lifestyle of Macon-Bibb does not support diabetes management lifestyle. Bicycling, walking, nutritious menu items, etc., they are not mainstreamed locally. There are food deserts and high poverty and low literacy. – Social Services Provider (Bibb County)

Poverty and difficulty accessing health care makes it more difficult to obtain the best treatment for diabetes, manage their diet, etc. – Community/Business Leader (Bibb County)

So many young people are not getting medical care to detect illnesses early. Lack of health insurance. No general care physicians. – Community Leader (Baldwin County)

Pediatric new onset type 1 has doubled since the pandemic. – Physician (Bibb County)

Access to healthy, affordable food. Access to safe and convenient opportunities for physical activity. – Social Services Provider (Baldwin County)

Obtaining healthy foods, medication costs and underinsurance. – Physician (Crawford County)

Awareness/Education

I believe much of the challenge centers around a lack of education (how to prevent, understanding family history, etc.). Also, the prevalence of cheap, fast food in communities with high poverty rates contributes greatly to the challenge. Macon-Bibb needs quality investment in these communities as far as quality food coupled with good health education and screening. – Community/Business Leader (Bibb County)

There is a need to promote the Diabetes Prevention Program in Central Georgia. Health education and promotion needed to change paradigm of diabetes being inevitable. Provide more education on links of obesity, being overweight, and diabetes. – Physician (Bibb County)

You don't know what you don't know. Lack of information, not making good decisions with that information once obtained. Access to healthy food. Supplies needed to manage A1C levels. – Social Services Provider (Bibb County)

Education and prevention services. – Social Services Provider (Peach County)

Access to medical education on healthy diet and ability to follow through. – Social Services Provider (Bibb County)

Affordable Medication/Supplies

Cost of medications and insulin, and a lack of healthy lifestyle. – Physician (Bibb County)

Insurance to cover extended treatment costs. – Other Health Provider (Bibb County)

Access to affordable medication and supplies for uninsured. – Social Services Provider (Bibb County)

Finding affordable, effective medication, easily understood and culturally appropriate nutritional information, access to healthy, affordable food. – Social Services Provider (Bibb County)

Access to medication and healthy foods. – Social Services Provider (Bibb County)

Nutrition

Food deserts in communities. – Physician (Peach County)

Getting proper nutrition. – Community Leader (Baldwin County)

Health and lifestyle changes. We don't have any local nutritionist for educational purposes. – Public Health Representative (Baldwin County)

Nutrition. – Community/Business Leader (Bibb County)

Disease Management

The biggest issue is getting patients up-to-date management. The Jones Center is excellent and they have helped me with even Medicaid patients. In patients with no insurance or insurances that do not pay for the medications that they need, their care is grossly inadequate. Many patients are managed by primary care MDs or specialists in other areas, including myself, who do not or unable to keep up with the latest management guidelines in diabetes care. Though we can manage the simple cases, we cannot provide the care that an endocrinologist can. – Physician (Bibb County)

Compliance. – Other Health Provider (Bibb County)

Elderly people are over medicating and under medicating themselves. – Social Services Provider (Bibb County)

Lifestyle

People do not have a healthy lifestyle, which leads to obesity and then diabetes. – Community Leader (Baldwin County)

Lifestyle change. – Community Leader (Peach County)

Weight Status

Overweight and lack of the initiative to exercise. People eat too much junk. – Community/Business Leader (Bibb County)

Obesity due to improper diet and lack of exercise. Lack of grocery stores in low income neighborhoods. – Community Leader (Bibb County)

Comorbidities

Diabetes leads to myriad complications and other health-related conditions. – Social Services Provider (Bibb County)

Main reason COVID hit the United States so hard. – Social Services Provider (Houston County)

KIDNEY DISEASE

ABOUT KIDNEY DISEASE

More than 1 in 7 adults in the United States may have chronic kidney disease (CKD), with higher rates in low-income and racial/ethnic minority groups. And most people with CKD don't know they have it. …People with CKD are more likely to have heart disease and stroke — and to die early. Managing risk factors like diabetes and high blood pressure can help prevent or delay CKD. Strategies to make sure more people with CKD are diagnosed early can help people get the treatment they need.

Recommended tests can help identify people with CKD to make sure they get treatments and education that may help prevent or delay kidney failure and end-stage kidney disease (ESKD). In addition, strategies to make sure more people with ESKD get kidney transplants can increase survival rates and improve quality of life.

– Healthy People 2030 (https://health.gov/healthypeople)
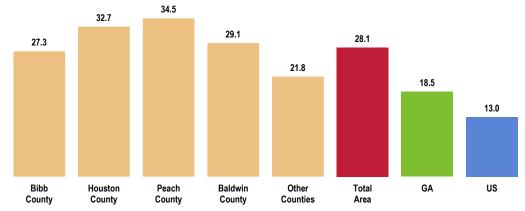
Age-Adjusted Kidney Disease Deaths

Between 2016 and 2018, there was an annual average age-adjusted kidney disease mortality rate of 28.1 deaths per 100,000 population in the Total Area.

BENCHMARK ► The Total Area mortality rate is considerably higher than the state rate and especially the national rate.

DISPARITY ► The Peach County mortality rate is unfavorably high. Viewed by race, the Total Area kidney disease mortality rate is notably high in African Americans.

Kidney Disease: Age-Adjusted Mortality
(2016-2018 Annual Average Deaths per 100,000 Population)

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
27.3	32.7	34.5	29.1	21.8	28.1	18.5	13.0
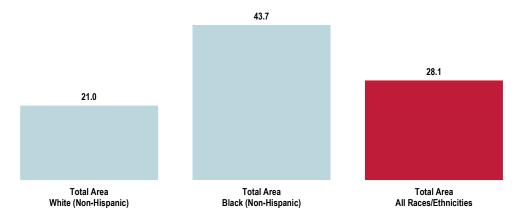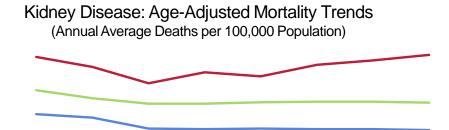
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.
Note: ● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs counties.

Kidney Disease: Age-Adjusted Mortality by Race
(2016-2018 Annual Average Deaths per 100,000 Population)

	21.0	43.7	28.1
	Total Area White (Non-Hispanic)	Total Area Black (Non-Hispanic)	Total Area All Races/Ethnicities

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.

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

	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Total Area	27.7	25.7	22.4	24.6	23.8	26.1	27.0	28.1
Georgia	21.0	19.4	18.3	18.3	18.6	18.7	18.7	18.5
US	16.2	15.5	13.3	13.2	13.3	13.2	13.2	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 September 2020.

Prevalence of Kidney Disease

A total of 6.8% of Total Area adults report having been diagnosed with kidney disease.

BENCHMARK ► Worse than the Georgia prevalence.
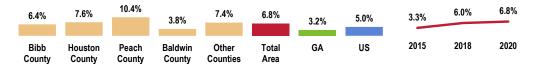
TREND ► Increasing significantly since 2015.

DISPARITY ► Lowest in Baldwin County. The prevalence is notably higher among women and older adults.

Prevalence of Kidney Disease

Total Area

6.4%	7.6%	10.4%	3.8%	7.4%	6.8%	3.2%	5.0%	3.3%	6.0%	6.8%
Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US	2015	2018	2020

Sources:
- 2020 PRC Community Health Survey, PRC, 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): 2018 Georgia data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

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

Prevalence of Kidney Disease
(Total Area, 2020)
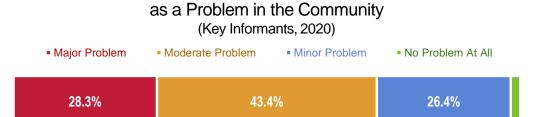
5.2%	8.2%	4.4%	5.6%	14.3%	7.9%	6.0%	6.5%	7.2%	6.7%	6.8%
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Other	Total Area

Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 24]

Notes:
- Asked of all respondents.

Key Informant Input: Kidney Disease

Key informants taking part in an online survey generally characterized *Kidney Disease* as a "moderate problem" in the community.

Perceptions of Kidney Disease
as a Problem in the Community
(Key Informants, 2020)

▪ Major Problem ▪ Moderate Problem ▪ Minor Problem ▪ No Problem At All

28.3%	43.4%	26.4%	

1.9%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Co-Morbidities

Kidney disease leads to end-stage renal disease. End-stage renal disease requires the use of invasive care, including hemodialysis and peritoneal dialysis, massive changes to personal dietary and other lifelong habits. Behavioral habits that do not follow medical recommendations for managing this illness lead to complications including long-term care and death. – Social Services Provider (Bibb County)

High blood pressure. – Social Services Provider (Bibb County)

Increase in prevalence of uncontrolled hypertension and diabetes. – Public Health Representative (Baldwin County)

Result of uncontrolled diabetes. – Physician (Bibb County)

Incidence/Prevalence

Number of patients admitted to the hospital and on dialysis. – Physician (Peach County)

Lots of my patients are on dialysis. – Physician (Bibb County)

The number of patients on dialysis in Macon-Bibb. – Community Leader (Bibb County)

One in eleven people in Baldwin County has type 2 diabetes. – Social Services Provider (Baldwin County)

Volume of patients with kidney disease and DM2. – Physician (Baldwin County)

Racial Disparities

High African-American populations with hypertension that is not treated, especially if uninsured. – Social Services Provider (Bibb County)

Lifestyle

Lifestyle and education and access to healthcare for the uninsured. – Public Health Representative (Peach County)

SEPTICEMIA

ABOUT SEPSIS

Sepsis is the body's extreme response to an infection. It is a life-threatening medical emergency. Sepsis happens when an infection you already have —in your skin, lungs, urinary tract, or somewhere else—triggers a chain reaction throughout your body. Without timely treatment, sepsis can rapidly lead to tissue damage, organ failure, and death.

When germs get into a person's body, they can cause an infection. If that infection isn't stopped, it can cause sepsis. Anyone can get an infection and almost any infection can lead to sepsis. Certain people are at higher risk:

- Adults 65 or older
- People with chronic medical conditions, such as diabetes, lung disease, cancer, and kidney disease
- People with weakened immune systems
- Children younger than one

  – Centers for Disease Control (https://www.cdc.gov/sepsis/what-is-sepsis.html)
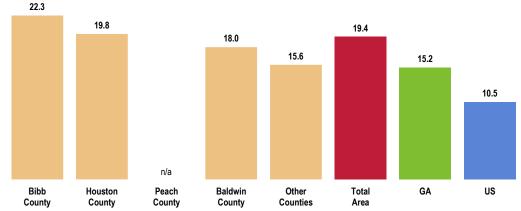
Age-Adjusted Septicemia Deaths

Between 2016 and 2018, the Total Area reported an annual average age-adjusted septicemia mortality rate of 19.4 deaths per 100,000 population.

BENCHMARK ► Worse than the state and national mortality rates.

DISPARITY ► The rate is unfavorably high in Bibb County. Viewed by race, the mortality rate is nearly twice as high among African Americans as among Whites.
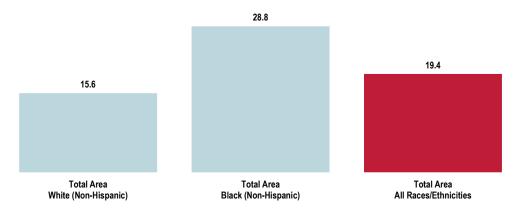
Septicemia: Age-Adjusted Mortality
(2016-2018 Annual Average Deaths per 100,000 Population)

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
22.3	19.8	n/a	18.0	15.6	19.4	15.2	10.5

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.

Septicemia: Age-Adjusted Mortality by Race
(2016-2018 Annual Average Deaths per 100,000 Population)

15.6	28.8	19.4
Total Area White (Non-Hispanic)	Total Area Black (Non-Hispanic)	Total Area All Races/Ethnicities

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.

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

	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Total Area	22.2	21.6	20.2	18.7	19.4	19.1	20.6	19.4
Georgia	16.9	16.1	16.2	15.9	15.7	15.2	15.2	15.2
US	10.7	10.5	10.5	10.6	10.8	10.8	10.8	10.5

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.

Multiple Chronic Conditions

For the purposes of this assessment, chronic conditions include:

- Asthma
- Cancer
- Chronic pain
- Diabetes
- Diagnosed depression
- Heart attack/angina
- High blood cholesterol
- High blood pressure
- Kidney disease
- Lung disease
- Obesity
- Stroke

Multiple chronic conditions are concurrent conditions.
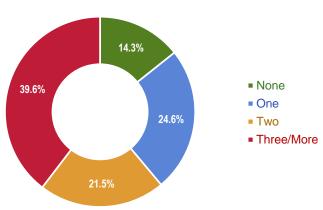
Among Total Area survey respondents, most report currently having at least one chronic health condition.

Number of Current Chronic Conditions
(Total Area, 2020)

Legend:
- None — 14.3%
- One — 24.6%
- Two — 21.5%
- Three/More — 39.6%

Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 123]
Notes: • Asked of all respondents.
  • In this case, chronic conditions include lung disease, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, chronic pain, and/or diagnosed depression.

In fact, 39.6% of Total Area adults report having three or more chronic conditions.

BENCHMARK ▶ Well above the US prevalence.

DISPARITY ▶ Lowest among Baldwin County respondents. The prevalence increases with age and is higher among Total Area women than men.

Currently Have Three or More Chronic Conditions

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US
39.1%	43.8%	46.2%	30.8%	38.6%	39.6%	32.5%
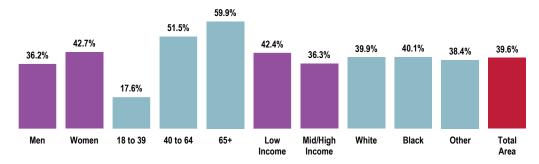
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 123]
  • 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
  • In this case, chronic conditions include lung disease, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, chronic pain, and/or diagnosed depression.
  • "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs counties.

Currently Have Three or More Chronic Conditions
(Total Area, 2020)

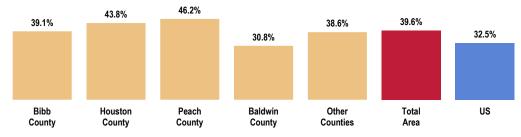| Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Other	Total Area
36.2%	42.7%	17.6%	51.5%	59.9%	42.4%	36.3%	39.9%	40.1%	38.4%	39.6%

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 123]
Notes: ● Asked of all respondents.
● In this case, chronic conditions include lung disease, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, chronic pain, and/or diagnosed depression.

Activity Limitations

ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

‒ Healthy People 2030 (https://health.gov/healthypeople)

A total of 28.7% of Total Area adults are limited in some way in some activities due to a physical, mental, or emotional problem.
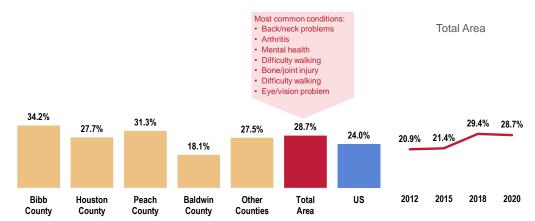
BENCHMARK ► Worse than the US percentage.

TREND ► Marks a statistically significant increase from 2012 and 2015 survey findings.

DISPARITY ► Unfavorably high in Bibb County. Higher among women, adults age 40+, low-income residents, Whites, and those of Other races/ethnicities.

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

Most common conditions:
• Back/neck problems
• Arthritis
• Mental health
• Difficulty walking
• Bone/joint injury
• Difficulty walking
• Eye/vision problem

Total Area

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US
34.2%	27.7%	31.3%	18.1%	27.5%	28.7%	24.0%

2012	2015	2018	2020
20.9%	21.4%	29.4%	28.7%
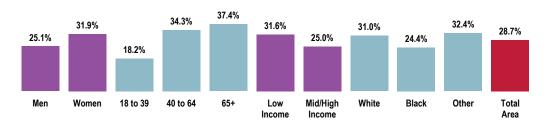
Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Items 96-97]
           ● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
Note: ● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs counties.

Limited in Activities in Some Way
Due to a Physical, Mental or Emotional Problem
(Total Area, 2020)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Other	Total Area
25.1%	31.9%	18.2%	34.3%	37.4%	31.6%	25.0%	31.0%	24.4%	32.4%	28.7%

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 96]
Notes: ● Asked of all respondents.

Chronic Pain
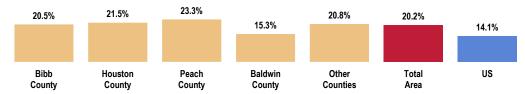
A total of 20.2% of Total Area adults experience high-impact chronic pain, meaning physical pain that has limited their life or work activities "every day" or "most days" during the past six months.

BENCHMARK ► Well above the US percentage. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Lowest among Baldwin County respondents. Considerably higher among adults age 40 and older and those in low-income households.

Experience High-Impact Chronic Pain
Healthy People 2030 = 7.0% or Lower

20.5%	21.5%	23.3%	15.3%	20.8%	20.2%	14.1%
Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US

Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 37]
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.
- High-impact chronic pain includes physical pain that limits life or work activities on "most days" or "every day" of the past six months.
- "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs counties.

Experience High-Impact Chronic Pain
(Total Area, 2020)
Healthy People 2030 = 7.0% or Lower

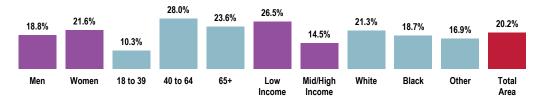|									
18.8%	21.6%	10.3%	28.0%	23.6%	26.5%	14.5%	21.3%	18.7%	16.9%	20.2%
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Other	Total Area

Sources:
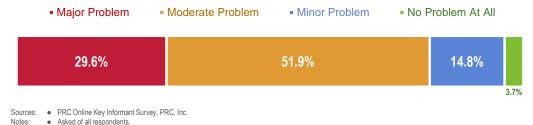- 2020 PRC Community Health Survey, PRC, Inc. [Item 37]
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.
- High-impact chronic pain includes physical pain that limits life or work activities on "most days" or "every day" of the past six months.

Key Informant Input: Disability & Chronic Pain

Over half of key informants taking part in an online survey characterized *Disability & Chronic Pain* as a "moderate problem" in the community.

Perceptions of Disability & Chronic Pain as a Problem in the Community
(Key Informants, 2020)

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

| 29.6% | 51.9% | 14.8% | 3.7% |

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care

Specifically in the uninsured, long-term unaddressed illness that accumulates over time and thus people end up in chronic pain. If issues were addressed at the early stages, some of this could be avoided. – Social Services Provider (Bibb County)

Obviously the biggest problem is patients with no insurance. There is no way to get help with these patients with chronic pain issues. Many of us faced with the scrutiny we now undergo for prescribing any opioids have just stopped using them. The other problem is that physicians not trained in the management of pain are not able to sort out those patients who are truly in need of pain medications vs. drug seekers. For patients who are truly disabled, it may take months to get them evaluated and declared disabled by an appropriate specialist and enrolled into a government program for assistance. – Physician (Bibb County)

Many with this diagnosis are unemployed. – Other Health Provider (Bibb County)

Access to Pain Management

Pain clinics are not available. – Physician (Bibb County)

Many patients looking for chronic pain management and it is not available. – Physician (Baldwin County)

Incidence/Prevalence

Census data. – Social Services Provider (Bibb County)

Because of the major amount of people we see every day on walkers and scooters trying to help themselves. – Social Services Provider (Bibb County)

Opiate Addiction

Number of patients in the community with opiate and alcohol abuse. – Physician (Peach County)

In our community and surrounding communities, opioids are over-prescribed and over-utilized for chronic pain, causing many patients to circumvent better treatment and rehabilitation. – Other Health Provider (Bibb County)

Comorbidities

A significant proportion of my chronic pain patients have diabetes. – Physician (Bibb County)

They want to prescribe pain medicine and not treat the underlying issue that is causing the pain. – Other Health Provider (Baldwin County)

Alzheimer's Disease

ABOUT DEMENTIA

Alzheimer's disease is the most common cause of dementia and the sixth leading cause of death in US adults.1 Nearly 6 million people in the United States have Alzheimer's, and that number will increase as the population ages.

Dementia refers to a group of symptoms that cause problems with memory, thinking, and behavior. People with dementia are more likely to be hospitalized, and dementia is linked to high health care costs.

While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address caregiving needs can also help improve health and well-being in people with dementia.

- Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Alzheimer's Disease Deaths
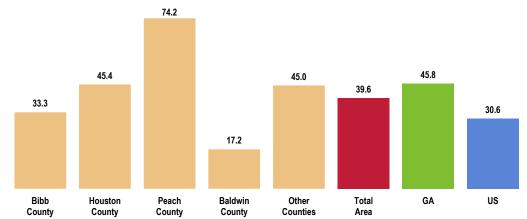
Between 2016 and 2018, there was an annual average age-adjusted Alzheimer's disease mortality rate of 39.6 deaths per 100,000 population in the Total Area.

BENCHMARK ► Lower than the Georgia mortality rate but well above the US rate.

DISPARITY ► The Alzheimer's death rate is much higher in Peach County. Viewed by race, the mortality rate is higher among Total Area Whites.

TREND ► The death rate has increased in recent years, echoing state and national trends.

Alzheimer's Disease: Age-Adjusted Mortality
(2016-2018 Annual Average Deaths per 100,000 Population)

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
33.3	45.4	74.2	17.2	45.0	39.6	45.8	30.6

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.
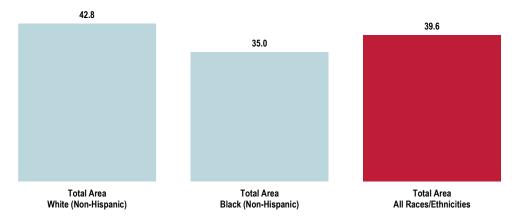
Note: ● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs counties.

Alzheimer's Disease: Age-Adjusted Mortality by Race
(2016-2018 Annual Average Deaths per 100,000 Population)

42.8	35.0	39.6
Total Area **White (Non-Hispanic)**	**Total Area** **Black (Non-Hispanic)**	**Total Area** **All Races/Ethnicities**
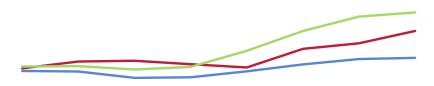
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.

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

	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Total Area	27.1	29.4	29.6	28.5	27.4	33.6	35.5	39.6
Georgia	27.7	27.8	26.7	27.6	33.0	39.6	44.4	45.8
US	26.2	26.0	23.9	24.1	26.1	28.4	30.2	30.6

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.

Key Informant Input: Dementia/Alzheimer's Disease

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

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community
(Key Informants, 2020)

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

26.4%	41.5%	32.1%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> Numerous patients with this disease and devastating effects on families. – Physician (Peach County)
>
> The overwhelming number of individuals affected by it. – Community Leader (Peach County)
>
> Many instances around us. – Social Services Provider (Houston County)

Access to Care

> There are very limited resources available for middle class income families to deal with this issue. – Community Leader (Peach County)
>
> I manage patients with HIV and other chronic infections. Many of these patients have no insurance, Medicaid programs, or they are undocumented. In those that develop dementia, it is impossible to get adequate work-up. Getting them into see a neurologist is impossible as we don't have enough even for patients with insurance. – Physician (Bibb County)

Aging Population

> Aging population will continue and with it, the problem will grow. – Community/Business Leader (Bibb County)
>
> Aging county population, lack of facilities. – Community Leader (Baldwin County)

Impact on Caregivers/Families

> It affects many people with regards to the family and caretakers. It is expensive and there is very little treatment or cure. – Physician (Bibb County)
>
> Emotional and financial burden to families affected. – Other Health Provider (Bibb County)

Long-Term Care Facilities

> Because the long-term care geriatric facilities in Milledgeville are understaffed and the facilities are in need of cleaning and remodeling. – Other Health Provider (Baldwin County)
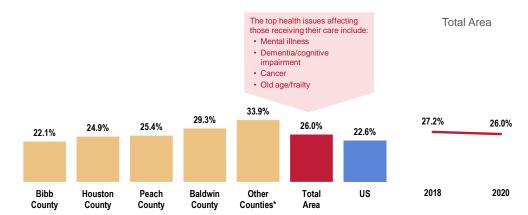
Caregiving

A total of 26.0% 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.

DISPARITY ► Includes one-third of adults in the Other Counties area.

Of these people, 46.8% report being the primary caregiver for the people receiving their care.

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

The top health issues affecting those receiving their care include:
• Mental illness
• Dementia/cognitive impairment
• Cancer
• Old age/frailty

Total Area

	Bibb County	Houston County	Peach County	Baldwin County	Other Counties*	Total Area	US	2018	2020
%	22.1%	24.9%	25.4%	29.3%	33.9%	26.0%	22.6%	27.2%	26.0%

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Items 98-99]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
Note: ● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs counties.

BIRTHS

BIRTH OUTCOMES & RISKS

Low-Weight Births

A total of 11.1% of 2006-2012 Total Area births were low-weight.

BENCHMARK ► The prevalence is higher than the US figure.

DISPARITY ► The percentage is unfavorably high in Bibb County.

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.
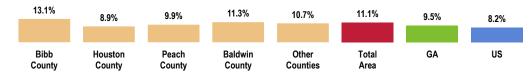
Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

Low-Weight Births
(Percent of Live Births, 2006-2012)

	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
	13.1%	8.9%	9.9%	11.3%	10.7%	11.1%	9.5%	8.2%

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted September 2020.

Note: ● This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs counties.

Low-Weight Births
(Percent of Live Births)

	2002-2008	2003-2009	2004-2010	2005-2011	2006-2012
Total Area	11.0%	11.0%	11.2%	11.3%	11.1%
Georgia	9.4%	9.4%	9.5%	9.5%	9.5%
US	8.1%	8.1%	8.2%	8.2%	8.2%

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted September 2020.

Note: ● This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.
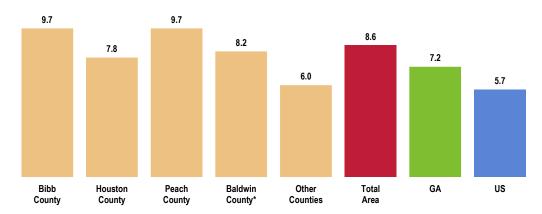
Between 2016 and 2018, there was an annual average of 8.6 infant deaths per 1,000 live births.

BENCHMARK ► Infant mortality in the Total Area is worse than reported in Georgia and the US and fails to satisfy the Healthy People 2030 objective.

DISPARITY ► The mortality rate is lowest in the combined Other Counties area. Note that the infant mortality rate among births to African American mothers is more than twice that among White mothers.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2016-2018)
Healthy People 2030 = 5.0 or Lower

Bibb County	Houston County	Peach County	Baldwin County*	Other Counties	Total Area	GA	US
9.7	7.8	9.7	8.2	6.0	8.6	7.2	5.7

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted September 2020.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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.
- *Baldwin County rate reflects 2009-2018 data.

Infant Mortality Rate by Race/Ethnicity
(Annual Average Infant Deaths per 1,000 Live Births, 2016-2018)
Healthy People 2030 = 5.0 or Lower

Total Area White (Non-Hispanic)	Total Area Black (Non-Hispanic)	Total Area All Races/Ethnicities
5.0	12.6	8.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted September 2020.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
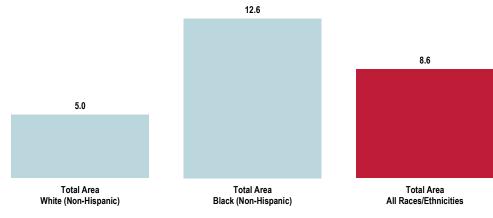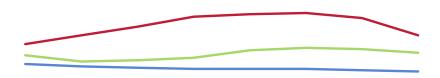
Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Infant Mortality Trends
(Annual Average Infant Deaths per 1,000 Live Births)
Healthy People 2030 = 5.0 or Lower

	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Total Area	7.9	8.6	9.3	10.1	10.3	10.4	10.0	8.6
Georgia	7.0	6.5	6.6	6.8	7.4	7.6	7.5	7.2
US	6.3	6.1	6.0	5.9	5.9	5.9	5.8	5.7

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted September 2020.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

FAMILY PLANNING

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ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. …Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

> – Healthy People 2030 (https://health.gov/healthypeople)

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Births to Adolescent Mothers

Between 2012 and 2018, there were 29.0 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in the Total Area.
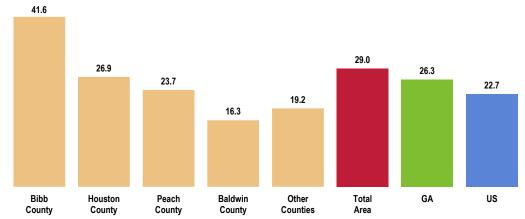
BENCHMARK ► The rate is higher than the national rate.

DISPARITY ► Bibb County reports the highest teen birth rate in the Total Area.

Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2012–2018)
Healthy People 2030 = 31.4 or Lower

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
41.6	26.9	23.7	16.3	19.2	29.0	26.3	22.7

Sources: ● Centers for Disease Control and Prevention, National Vital Statistics System.
● Retrieved from Community Commons at http://www.chna.org.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Key Informant Input: Infant Health & Family Planning

Key informants taking part in an online survey largely characterized *Infant Health & Family Planning* as a "moderate problem" in the community.

Perceptions of Infant Health and Family Planning as a Problem in the Community
(Key Informants, 2020)

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

25.5%	40.0%	30.9%	

3.6%

Sources: ●   PRC Online Key Informant Survey, PRC, Inc.
Notes: ●   Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Awareness/Education

> Lack of sexual health education. – Social Services Provider (Bibb County)

> Too many young parents are not educated. – Social Services Provider (Bibb County)

> The violence/crime issues have a correlation back to education. Infant health and family planning are critical to success in early childhood development, thus impacting graduation rate. As these components are improved, the community as a whole is impacted positively. – Community/Business Leader (Bibb County)

> There seems to be no education on where to seek help or resources for infant care and/or family planning outside of DFCS. – Other Health Provider (Baldwin County)

Teen Pregnancy

> Bibb has a high teen pregnancy rate. – Social Services Provider (Bibb County)

> We have an extremely high teen pregnancy rate and many of these new mothers are at or below the poverty line, which then complicates the health care for the child. – Social Services Provider (Bibb County)

Contributing Factors

> Lack of family planning. Lack of sex education for youth. Lack of parental guidance. – Community Leader (Bibb County)

> Many do not use birth control. Generations raised by single moms or other female relatives. Not prepared to properly take care of and support a family. – Other Health Provider (Bibb County)

> Infant mortality data, STD data, births to young moms, especially teens. – Social Services Provider (Bibb County)

Lack of Providers

> Limited pediatric doctors and dentists. Most Milledgeville residents travel to Macon for both services. – Other Health Provider (Baldwin County)

Family Structure

> Nearly 50% of newborns are children of unwed mothers. This can lead to unstable homes and incomes. – Community Leader (Baldwin County)

MODIFIABLE HEALTH RISKS

NUTRITION

ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. …People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

– Healthy People 2030 (https://health.gov/healthypeople)

Daily Recommendation of Fruits/Vegetables

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

A total of 31.8% of Total Area adults report eating five or more servings of fruits and/or vegetables per day.

TREND ► Denotes a statistically significant decrease from 2012 survey findings.

DISPARITY ► Lowest in Peach and Baldwin counties. By demographics: lower among men, adults age 40+, and White respondents.

Consume Five or More Servings of Fruits/Vegetables Per Day

Total Area

Bibb County	31.8%
Houston County	34.7%
Peach County	15.2%
Baldwin County	25.9%
Other Counties	40.3%
Total Area	31.8%
US	32.7%

2012	2015	2018	2020
41.3%	35.7%	29.5%	31.8%

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 125]
● 2020 PRC National Health Survey, PRC, 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.

Consume Five or More Servings of Fruits/Vegetables Per Day
(Total Area, 2020)

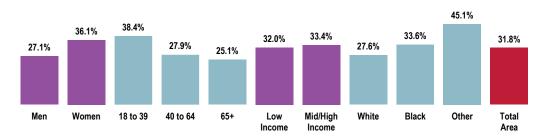| Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Other	Total Area
27.1%	36.1%	38.4%	27.9%	25.1%	32.0%	33.4%	27.6%	33.6%	45.1%	31.8%

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 125]
Notes: ● Asked of all respondents.
● For this issue, respondents were asked to recall their food intake on the previous day.

Difficulty Accessing Fresh Produce

Most Total Area adults report little or no difficulty buying fresh produce at a price they can afford.

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?"

RELATED ISSUE
See also *Food Access* in the **Social Determinants of Health** section of this report.

Level of Difficulty Finding Fresh Produce at an Affordable Price
(Total Area, 2020)

- Very Difficult — 4.4%
- Somewhat Difficult — 12.5%
- Not Too Difficult — 26.3%
- Not At All Difficult — 56.8%

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: ● Asked of all respondents.

However, 16.9% of Total Area adults find it "very" or "somewhat" difficult to access affordable fresh fruits and vegetables.
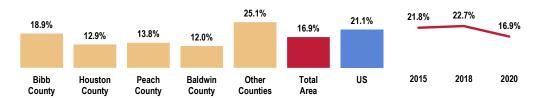
BENCHMARK ► Better than the US prevalence.

TREND ► Improving from 2015 and 2018 survey findings.

DISPARITY ► Unfavorably high in the Other Counties region. Less favorable among women, African Americans, and especially low-income adults.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce

Total Area

	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US	2015	2018	2020
	18.9%	12.9%	13.8%	12.0%	25.1%	16.9%	21.1%	21.8%	22.7%	16.9%
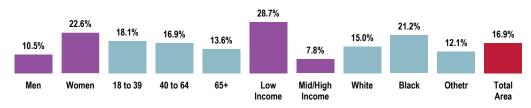
Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 79]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs counties.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce
(Total Area, 2020)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Othetr	Total Area
10.5%	22.6%	18.1%	16.9%	13.6%	28.7%	7.8%	15.0%	21.2%	12.1%	16.9%

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: ● Asked of all respondents.

PHYSICAL ACTIVITY

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

－   Healthy People 2030 (https://health.gov/healthypeople)

Leisure-Time Physical Activity

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

A total of 30.9% of Total Area adults report no leisure-time physical activity in the past month.

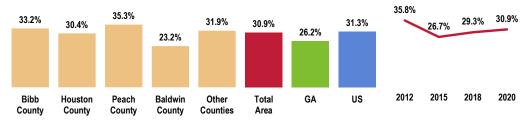BENCHMARK ►   Higher than the Georgia prevalence. Fails to satisfy the Healthy People 2030 goal.

TREND ►   While the current prevalence is lower than 2012 survey findings, note the increasing trend since 2015.

DISPARITY ►   Lowest in Baldwin County.

No Leisure-Time Physical Activity in the Past Month
Healthy People 2030 = 21.2% or Lower

Total Area

								2012	2015	2018	2020
Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US	35.8%	26.7%	29.3%	30.9%
33.2%	30.4%	35.3%	23.2%	31.9%	30.9%	26.2%	31.3%				

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 82]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Georgia data.
● 2020 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Asked of all respondents.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs counties.

Activity Levels

Adults

A total of 16.3% of Total Area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

BENCHMARK ► Well below Georgia and US percentages. Far from satisfying the Healthy People 2030 objective.

TREND ► Decreasing significantly since 2018.

DISPARITY ► Highest in Houston County. Decreases with age and is lower among women, low-income residents, and Whites.

Meets Physical Activity Recommendations
Healthy People 2030 = 28.4% or Higher

Total Area

"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.

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US	2018	2020
14.7%	20.0%	14.4%	14.3%	16.0%	16.3%	20.6%	21.4%	20.8%	16.3%

Sources:
● 2020 PRC Community Health Survey, PRC, Inc. [Item 126]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Georgia data.
● 2020 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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.

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

Meets Physical Activity Recommendations
(Total Area, 2020)
Healthy People 2030 = 28.4% or Higher

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Other	Total Area
19.1%	13.8%	20.9%	13.7%	11.8%	14.2%	20.6%	13.3%	17.9%	27.5%	16.3%

Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 126]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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.
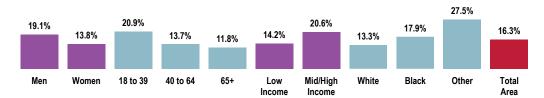
Children

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, 43.7% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).
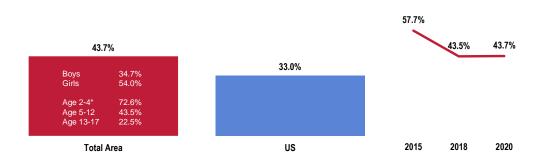
BENCHMARK ► Better than the US prevalence.

TREND ► Denotes a significant decrease from 2015 survey findings (similar to 2018 findings).

DISPARITY ► Lower among boys and among teens.

Child Is Physically Active for One or More Hours per Day
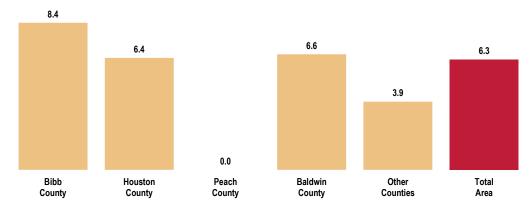### (Parents of Children Age 2-17)

Total Area

Boys	34.7%	
Girls	54.0%	
Age 2-4*	72.6%	
Age 5-12	43.5%	
Age 13-17	22.5%	

43.7%
33.0%
57.7%   43.5%   43.7%

Total Area   **US**   2015   2018   2020

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 109]
● 2020 PRC National Health Survey, PRC, 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 the small sample size associated with this age group (n<50).

Access to Physical Activity

In 2018, there were 6.3 recreation/fitness facilities for every 100,000 population in the Total Area.

DISPARITY ► The ratio is lowest in Peach County (zero facilities) and the combined Other Counties 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.

Population With Recreation & Fitness Facility Access
(Number of Recreation & Fitness Facilities per 100,000 Population, 2018)

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area
8.4	6.4	0.0	6.6	3.9	6.3

Sources: ● US Census Bureau, County Business Patterns. Additional data analysis by CARES.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2020 via SparkMap (sparkmap.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

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

− Healthy People 2030 (https://health.gov/healthypeople)

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.
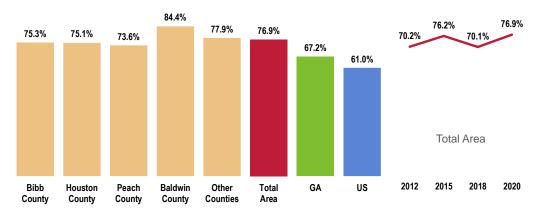
Overweight Status

Over three in four Total Area adults (76.9%) are overweight.

BENCHMARK ► Well above state and national figures.

TREND ► Significantly higher than 2012 and 2018 survey findings (similar to 2015).

DISPARITY ► Particularly high in Baldwin County.

Prevalence of Total Overweight (Overweight and Obese)

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US	2012	2015	2018	2020
75.3%	75.1%	73.6%	84.4%	77.9%	76.9%	67.2%	61.0%	70.2%	76.2%	70.1%	76.9%

Total Area

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 128]
●   Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Georgia data.
●   2020 PRC National Health Survey, PRC, 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.

The overweight prevalence above includes 44.1% of Total Area adults who are obese.

BENCHMARK ► Much higher than Georgia and US percentages. Fails to satisfy the Healthy People 2030 objective.

TREND ► Denotes a statistically significant increase from 2012 survey findings.

DISPARITY ► More prevalent among women, adults age 40 to 64, and African Americans in the Total Area.
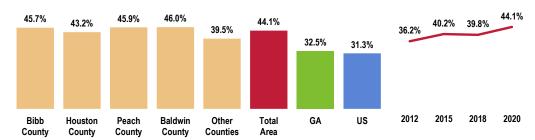
Prevalence of Obesity

Healthy People 2030 = 36.0% or Lower

Total Area

	Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
	45.7%	43.2%	45.9%	46.0%	39.5%	44.1%	32.5%	31.3%

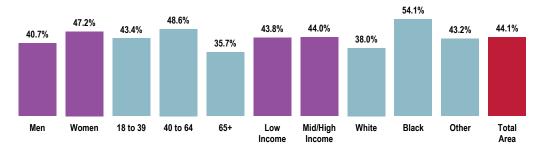| 2012	2015	2018	2020
36.2%	40.2%	39.8%	44.1%

Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 128]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Georgia data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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.

Prevalence of Obesity

(Total Area, 2020)

Healthy People 2030 = 36.0% or Lower

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Other	Total Area
40.7%	47.2%	43.4%	48.6%	35.7%	43.8%	44.0%	38.0%	54.1%	43.2%	44.1%

Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 128]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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.

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
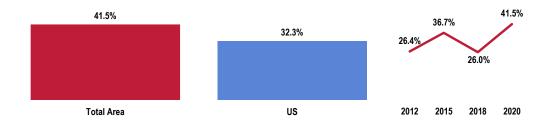
  – Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 41.5% of Total Area children age 5 to 17 are overweight or obese (≥85th percentile).

TREND ► Though fluctuating over the years, the current prevalence is the highest reported to date.

Prevalence of Overweight in Children
(Parents of Children Age 5-17)

Total Area

41.5%	32.3%	

Total Area   US

26.4%   36.7%   26.0%   41.5%

2012   2015   2018   2020
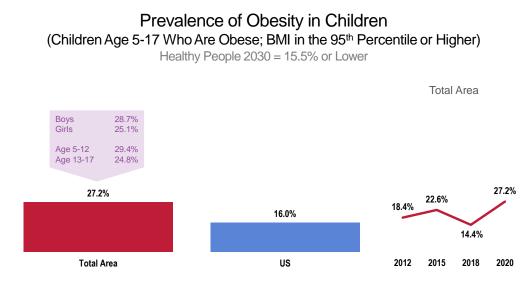
Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 131]
      ● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 5-17 at home.
     ● Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

The childhood overweight prevalence above includes 27.2% of area children age 5 to 17 who are obese (≥95th percentile).

BENCHMARK ► Well above the US percentage of childhood obesity. Far from satisfying the Healthy People 2030 objective.
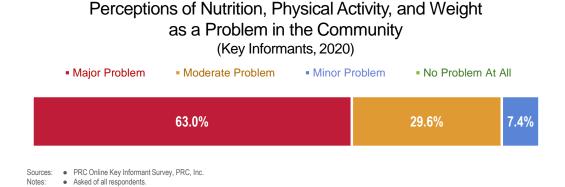
TREND ► The current prevalence is the highest reported to date.

Prevalence of Obesity in Children
(Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)
Healthy People 2030 = 15.5% or Lower

Total Area

|	
Boys	28.7%
Girls	25.1%
Age 5-12	29.4%
Age 13-17	24.8%

27.2%

16.0%

18.4%   22.6%   14.4%   27.2%

Total Area   **US**   2012 2015 2018 2020

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 131]
● 2020 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Asked of all respondents with children age 5-17 at home.
● Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Key Informant Input:
Nutrition, Physical Activity & Weight

Key informants taking part in an online survey 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, 2020)

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

63.0%	29.6%	7.4%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Affordable Healthy Food

Not enough healthy choices to eat around here. – Community Leader (Crawford County)

Access to healthy food and good information. Safe places to exercise. – Social Services Provider (Bibb County)

Lack of health food in the poorest areas, food deserts. – Social Services Provider (Bibb County)

Nutrition suffers in Bibb County because of lack of access to nutritious foods, food deserts, and cost of nutritional foods vs junk foods. Physical activity or lack thereof seems to be directly related to all things virtual and children being encouraged to sit, play and learn in front of a screen as opposed to being outside and active. Weight is certainly a direct correlation between the lack of both nutrition and physical activity. – Social Services Provider (Bibb County)

Food deserts. – Physician (Peach County)

Access to quality food at a reasonable price. – Community/Business Leader (Bibb County)

Access to healthy food is compromised in too many neighborhoods. – Social Services Provider (Bibb County)

Contributing Factors

Fresh fruit and vegetables, preparing them healthily, getting enough exercise. – Social Services Provider (Bibb County)

Overall economic challenges, most don't have enough money to purchase nutritious foods. Lack of safe places to exercise for most. – Public Health Representative (Baldwin County)

Lack of understanding about nutrition, serving sizes. Cost, healthy food is much more expensive than the convenience foods. Too many play video games or watch TV and don't get exercise or fresh air. – Other Health Provider (Bibb County)

High levels of poverty making it difficult to access healthy food, and opportunities to be physically active. The built environment is not conducive to being able to get around using forms of active transportation, like walking and biking. – Social Services Provider (Baldwin County)

Food insecurity by portions of the community. Decreasing physical activity quality (K-12). Reduction of programming for children after age 12 from park and recreation (Bibb County). Middle GA counties with no park and recreation departments. Lack of worksite wellness infrastructure. Overweight and obesity as a cultural norm – Physician (Bibb County)

Lack of knowledge or lack of discipline to eat the right foods. Lack of discipline to exercise. – Community Leader (Baldwin County)

Obesity

Childhood obesity is off the chart. Rare to see a skinny kid these days. – Physician (Bibb County)

Morbid obesity is just too rampant and very few public parks or safe trails for exercise exist. – Physician (Bibb County)

We are a community that has prevalent obesity issues. We are a community where many people depend on the Food Pantries to survive. We are a community where sidewalks and bike lanes are limited. We are a southern culture where feeding people is often equated with love and community events. Obesity, lack of proper nutrition and physical activity lead to Diabetes which is linked to additional severe health diagnosis. – Social Services Provider (Bibb County)

Awareness/Education

Educational programs. – Physician (Baldwin County)

Lack of family nutrition education and resources for low wealth homes. – Community/Business Leader (Bibb County)

Lack of access to weight control programs. – Physician (Bibb County)

Primary care providers and other providers need to collaborate more in this area to treat it from a holistic perspective, as it can often be related to behavioral health as well. – Other Health Provider (Baldwin County)

Cultural/Personal Beliefs

Cultural norms of food. A lot of Southern cooking like fried okra, macaroni and cheese, fried chicken, etc., is unhealthy. Lack of emphasis on plant-based diet and fresh produce. Lack of emphasis on daily exercise. – Social Services Provider (Bibb County)

Lack of self-discipline. – Community/Business Leader (Bibb County)

Southern culture. – Social Services Provider (Bibb County)

Insufficient Physical Activity

> Motivation and desire to exercise. No incentive programs to inspire people. – Social Services Provider (Bibb County)
>
> Too busy to exercise and processed foods. – Social Services Provider (Houston County)
>
> Lack of participation. – Community Leader (Baldwin County)

SUBSTANCE ABUSE

ABOUT DRUG & ALCOHOL USE

More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year. …Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Cirrhosis/Liver Disease Deaths
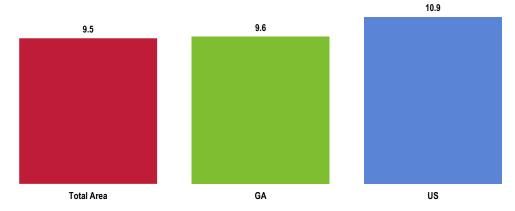
Between 2016 and 2018, the Total Area reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 9.5 deaths per 100,000 population.

DISPARITY ► The rate is more than twice as high among Total Area Whites when compared with African Americans.

TREND ► The cirrhosis mortality rate has increased over time, in keeping with state and national trends.

Cirrhosis/Liver Disease: Age-Adjusted Mortality
(2016-2018 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 10.9 or Lower

Total Area	GA	US
9.5	9.6	10.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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

Cirrhosis/Liver Disease: Age-Adjusted Mortality by Race
(2016-2018 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 10.9 or Lower

12.2

5.4

9.5

Total Area
White (Non-Hispanic)

Total Area
Black (Non-Hispanic)

Total Area
All Races/Ethnicities

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 10.9 or Lower

	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Total Area	7.3	7.2	7.6	8.0	8.2	8.4	9.0	9.5
Georgia	7.4	7.8	8.1	8.5	8.7	8.9	9.3	9.6
US	9.6	9.9	10.0	10.3	10.5	10.6	10.8	10.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Alcohol Use

Excessive Drinking

> Excessive drinking includes heavy and/or binge drinkers:
>
> - HEAVY DRINKERS ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
>
> - BINGE DRINKERS ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.
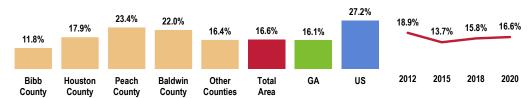
A total of 16.6% of area adults are excessive drinkers (heavy and/or binge drinkers).

BENCHMARK ► Well below the national prevalence.

DISPARITY ► Unfavorably higher in Peach and Baldwin counties. Correlates with age and is higher among men and low-income residents.

Excessive Drinkers

Total Area

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US	2012	2015	2018	2020
11.8%	17.9%	23.4%	22.0%	16.4%	16.6%	16.1%	27.2%	18.9%	13.7%	15.8%	16.6%
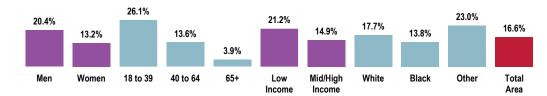
Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 136]
- 2020 PRC National Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Georgia data.

Notes:
- Asked of all respondents.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

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

Excessive Drinkers
(Total Area, 2020)
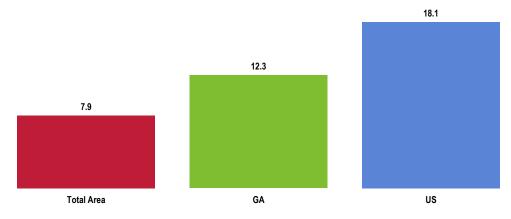
20.4%	13.2%	26.1%	13.6%	3.9%	21.2%	14.9%	17.7%	13.8%	23.0%	16.6%
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Other	Total Area

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 136]
Notes: ● Asked of all respondents.
● Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.
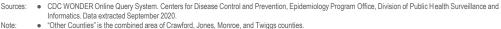
Age-Adjusted Unintentional Drug-Related Deaths

Between 2016 and 2018, there was an annual average age-adjusted unintentional drug-related mortality rate of 7.9 deaths per 100,000 population in the Total Area.

BENCHMARK ► Well below the state and US mortality rates.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality
(2016-2018 Annual Average Deaths per 100,000 Population)

Total Area	GA	US
7.9	12.3	18.1

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.
Note: ● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs counties.

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

	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Total Area	8.4	7.8	8.6	7.3	7.3	6.6	8.1	7.9
Georgia	9.0	9.1	9.3	9.6	10.3	11.2	12.2	12.3
US	10.1	10.7	11.1	11.6	12.4	14.3	16.7	18.1

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.

Illicit Drug Use

A total of 1.6% of Total Area adults acknowledge using an illicit drug in the past month.

BENCHMARK ► Satisfies the Healthy People 2030 objective.

DISPARITY ► Highest in Houston County. The percentage decreases with age in the Total Area.

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.

Illicit Drug Use in the Past Month
Healthy People 2030 = 12.0% or Lower

Total Area

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US	2012	2015	2018	2020
0.6%	3.2%	3.0%	0.5%	1.1%	1.6%	2.0%	2.5%	2.1%	5.4%	1.6%

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 49]
● 2020 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Asked of all respondents.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs counties.

Illicit Drug Use in the Past Month
(Total Area, 2020)
Healthy People 2030 = 12.0% or Lower

2.3%	0.8%	2.7%	1.6%	0.1%	2.9%	1.1%	1.7%	1.0%	3.3%	1.6%
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Other	Total Area

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 49]
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Asked of all respondents.
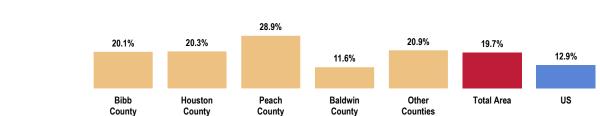
Use of Prescription Opioids
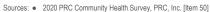
A total of 19.7% of Total Area report using a prescription opioid drug in the past year.

Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

BENCHMARK ► Well above the national benchmark.

DISPARITY ► Particularly high in Peach County. Higher among Whites and adults age 40 to 64.

Used a Prescription Opioid Drug in the Past Year

20.1%	20.3%	28.9%	11.6%	20.9%	19.7%	12.9%
Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 50]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs counties.

Used a Prescription Opioid Drug in the Past Year
(Total Area, 2020)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Other	Total Area
19.3%	20.0%	15.3%	24.5%	17.4%	22.1%	17.7%	23.5%	16.0%	13.1%	19.7%

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 50]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Alcohol & Drug Treatment

A total of 5.2% of Total Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

DISPARITY ► The prevalence is lowest in Houston County.

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	2020
5.3%	3.3%	8.3%	3.9%	8.0%	5.2%	5.4%	5.2%	3.9%	5.4%	5.2%

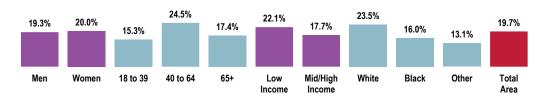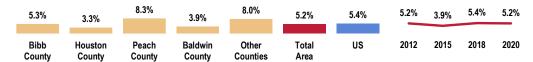Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 51]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● "Other Counties" is the combined area of Crawford, Jones, Monroe, and Twiggs counties.

Personal Impact From Substance Abuse
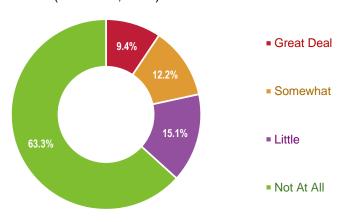
Area adults were also asked to what degree their lives have been impacted by substance abuse (whether their own abuse or that of another).

Most Total Area residents' lives have <u>not</u> been negatively affected by substance abuse (either their own or someone else's).

Degree to Which Life Has Been Negatively
Affected by Substance Abuse (Self or Other's)
(Total Area, 2020)

- 9.4% ■ Great Deal
- 12.2% ■ Somewhat
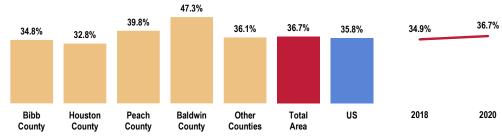- 15.1% ■ Little
- 63.3% ■ Not At All

Sources: ●   2020 PRC Community Health Survey, PRC, Inc. [Item 52]
Notes: ●   Asked of all respondents.

However, 36.7% have felt a personal impact to some degree ("a little," "somewhat," or "a great deal").

DISPARITY ► Unfavorably high in Baldwin County. Decreases with age and is much higher among Whites and adults of Other races/ethnicities.

Life Has Been Negatively Affected
by Substance Abuse (by Self or Someone Else)

Total Area

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US	2018	2020
34.8%	32.8%	39.8%	47.3%	36.1%	36.7%	35.8%	34.9%	36.7%

Sources: ●   2020 PRC Community Health Survey, PRC, Inc. [Item 52]
                ●   2020 PRC National Health Survey, PRC, Inc.
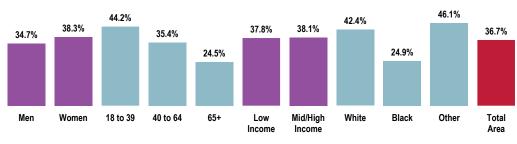Notes: ●   Asked of all respondents.
                ●   Includes response of "a great deal," "somewhat," and "a little."

Life Has Been Negatively Affected
by Substance Abuse (by Self or Someone Else)
(Total Area, 2020)

34.7%	38.3%	44.2%	35.4%	24.5%	37.8%	38.1%	42.4%	24.9%	46.1%	36.7%
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Other	Total Area

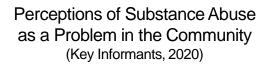Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 52]
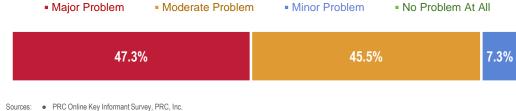Notes: ● Asked of all respondents.
● Includes response of "a great deal," "somewhat," and "a little."

Key Informant Input: Substance Abuse

The greatest share of key informants taking part in an online survey characterized _Substance Abuse_ as a "major problem" in the community, followed closely by "moderate problem" ratings.

Perceptions of Substance Abuse
as a Problem in the Community
(Key Informants, 2020)

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

Major Problem	Moderate Problem	Minor Problem
47.3%	45.5%	7.3%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

The biggest barrier is getting patients into long-term treatment facilities, especially those with no resources. – Physician (Bibb County)

No facilities. – Community Leader (Peach County)

Lack of treatment centers and funding. – Community Leader (Peach County)

Lack of a door out. Because of their abuse, no employment opportunities. There are no homeless shelters to provide basic life needs for them or their children. Rehabilitation Centers are at capacity, and they prefer patients with good insurance that most do have. Covid-19 has increased the number of those in need due to isolation, stress, and access to employment. – Community Leader (Baldwin County)

No rehab centers in the county. – Community Leader (Crawford County)

Treatment facilities. – Physician (Baldwin County)

Local facilities and health insurance. – Physician (Peach County)

Limited facilities and awareness and treatment. – Community/Business Leader (Bibb County)

Denial/Stigma

Abuse denial and desire for help. Perceptions associated with cost, many are not insured under a private group policy, thus would need help navigating the financial assistance needed that may be provided through charitable and state programs. – Community/Business Leader (Bibb County)

Cost and embarrassment or not believing they have a problem. – Other Health Provider (Bibb County)

Admitting to oneself that a problem exists. – Community/Business Leader (Bibb County)

Pervasive drug use. – Social Services Provider (Houston County)

Affordable Care/Services

Affordable treatment centers with follow up support services. – Social Services Provider (Bibb County)

Lack of money for ongoing treatment. Lack of affordable treatment centers. No affordable houses and jobs for people after treatment. – Social Services Provider (Bibb County)

Cost. – Community Leader (Baldwin County)

Access to Care for Uninsured/Underinsured

No insurance. – Social Services Provider (Bibb County)

Lack of insurance and/or insufficient funding for the uninsured. Lack of sufficiently credentialed providers. – Social Services Provider (Bibb County)

Available counseling and treatment centers for uninsured. – Social Services Provider (Bibb County)

Funding

Lack of government funding to the Oconee CSB (DBHDD). – Other Health Provider (Baldwin County)

Most Problematic Substances

Key informants (who rated this as a "major problem") clearly identified **alcohol** as causing the most problems in the community. Other substances mentioned less often were **cocaine/crack**, **methamphetamines** or other amphetamines, and **prescription medications**.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Abuse as a "Major Problem")	
ALCOHOL	59.1%
COCAINE OR CRACK	9.1%
METHAMPHETAMINES OR OTHER AMPHETAMINES	9.1%
PRESCRIPTION MEDICATIONS	9.1%
HEROIN OR OTHER OPIOIDS	4.5%
CLUB DRUGS (e.g. MDMA, GHB, Ecstasy, Molly)	4.5%
MARIJUANA	4.5%

TOBACCO USE

ABOUT TOBACCO USE

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.
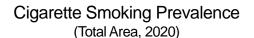
Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.
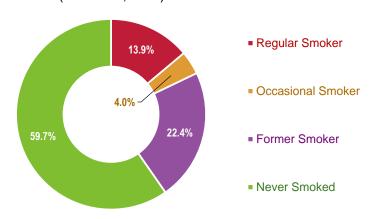
–   Healthy People 2030 (https://health.gov/healthypeople)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 17.9% of Total Area adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).

Cigarette Smoking Prevalence
(Total Area, 2020)

- Regular Smoker — 13.9%
- Occasional Smoker — 4.0%
- Former Smoker — 22.4%
- Never Smoked — 59.7%

Sources: ●   2020 PRC Community Health Survey, PRC, Inc. [Item 313]
Notes: ●   Asked of all respondents.

Note the following findings related to cigarette smoking prevalence in the Total Area.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

TREND ► Decreasing significantly since 2012 (similar to more recent survey findings).

DISPARITY ► Smoking is more often reported among men, adults under 65, and those in low-income households.

Current Smokers
Healthy People 2030 = 5.0% or Lower

Total Area

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
19.7%	17.0%	15.5%	19.6%	14.8%	17.9%	16.1%	17.4%

2012	2015	2018	2020
23.2%	17.3%	19.6%	17.9%

Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 313]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Georgia data.
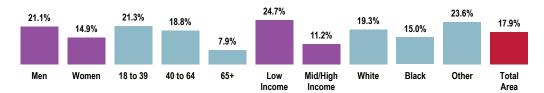- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

Current Smokers
(Total Area, 2020)
Healthy People 2030 = 5.0% or Lower

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Other	Total Area
21.1%	14.9%	21.3%	18.8%	7.9%	24.7%	11.2%	19.3%	15.0%	23.6%	17.9%

Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 313]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.
- Includes regular and occasion smokers (every day and some days).
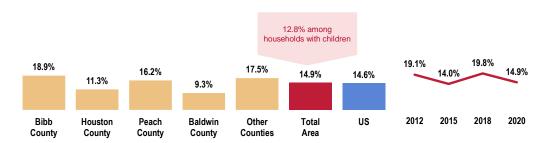
Environmental Tobacco Smoke

Among all surveyed households in the Total Area, 14.9% report that someone has smoked cigarettes in their home on an average of four or more times per week over the past month.

TREND ► Fluctuating over time (significantly lower than the 2012 and 2018 survey results).

DISPARITY ► Unfavorably high in Bibb County.

Member of Household Smokes at Home

Total Area

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Items 43, 134]
　　　　 ● 2020 PRC National Health Survey, PRC, 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.

Smoking Cessation

A total of 42.1% of regular smokers went without smoking for one day or longer in the past year because they were trying to quit smoking.
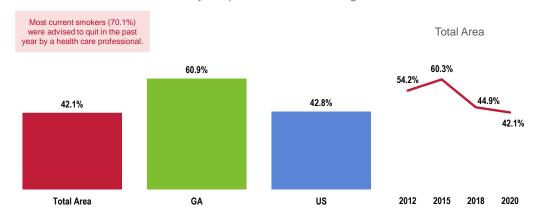
BENCHMARK ► Well below the Georgia percentage. Fails to satisfy the Healthy People 2030 objective.

TREND ► Decreasing significantly from 2012 and 2015 survey findings.

Have Stopped Smoking for One Day or Longer in the Past Year
(Everyday Smokers)
Healthy People 2030 = 65.7% or Higher

Most current smokers (70.1%) were advised to quit in the past year by a health care professional.

Total Area

Total Area: 42.1%
GA: 60.9%
US: 42.8%

2012: 54.2%
2015: 60.3%
2018: 44.9%
2020: 42.1%

Sources:
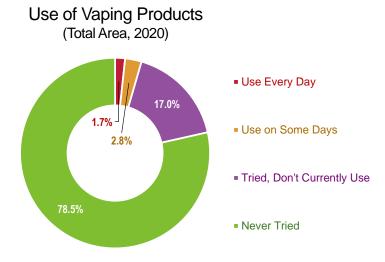- 2020 PRC Community Health Survey, PRC, Inc. [Items 41-42]
- 2020 PRC National Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Georgia data.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of respondents who smoke cigarettes every day.

Other Tobacco Use

Use of Vaping Products

Most Total Area adults have never tried electronic cigarettes (e-cigarettes) or other electronic vaping products.

Use of Vaping Products
(Total Area, 2020)

- Use Every Day: 1.7%
- Use on Some Days: 2.8%
- Tried, Don't Currently Use: 17.0%
- Never Tried: 78.5%

Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 135]

Notes:
- Asked of all respondents.

However, 4.5% currently use vaping products either regularly (every day) or occasionally (on some days).

BENCHMARK ► About half the US prevalence.

DISPARITY ► Unfavorably higher in Houston and Peach counties. Decreases with age and is higher among low-income residents, Whites, and those of Other races/ethnicities.

Currently Use Vaping Products
(Every Day or on Some Days)

Total Area

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US	2018	2020
2.2%	8.3%	10.1%	4.0%	0.5%	4.5%	4.4%	8.9%	6.4%	4.5%

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 135]
　　　　 ● 2020 PRC National Health Survey, PRC, 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): 2018 Georgia data.
Notes: ● Asked of all respondents.
　　　　 ● Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Currently Use Vaping Products
(Total Area, 2020)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Other	Total Area
3.3%	5.5%	8.2%	2.6%	1.0%	7.6%	3.4%	5.6%	0.2%	15.2%	4.5%

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 135]
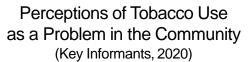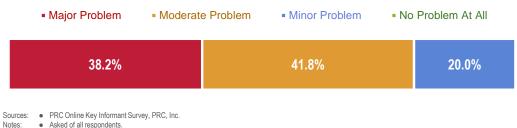Notes: ● Asked of all respondents.
　　　　 ● Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Key Informant Input: Tobacco Use

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

Perceptions of Tobacco Use as a Problem in the Community
(Key Informants, 2020)

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

38.2%	41.8%	20.0%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

Large number smoke/dip. – Community Leader (Crawford County)

Level of continued usage, even after so much information. – Social Services Provider (Bibb County)

Public health data. – Social Services Provider (Bibb County)

People smoke a lot, cheapest drug. – Social Services Provider (Bibb County)

I see a great number of younger people using tobacco or smokeless tobacco on a regular basis. – Community/ Business Leader (Bibb County)

Number of patients with comorbidities related to tobacco use. – Physician (Peach County)

The adult smoking rate has held steady at 25%. – Social Services Provider (Baldwin County)

Very prevalent. – Physician (Baldwin County)

Addiction

Due to the addiction potential of cigarettes. – Physician (Bibb County)

Addictive. – Community/Business Leader (Bibb County)

Mental Health

Poverty. Lack of knowledge regarding coping mechanisms to handle stress. – Public Health Representative (Baldwin County)

Lack of coping resources. – Other Health Provider (Baldwin County)

Policy

No policy in any Central Georgia county banning the use of tobacco products in public spaces. Jasper County does not have a 100% tobacco-free school tobacco policy. Increasing use of electronic nicotine delivery devices in Central Georgia. – Physician (Bibb County)

Social Norms

It just is. People's attitudes about the dangers of smoking is just nonchalant. – Physician (Bibb County)

SEXUAL HEALTH

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

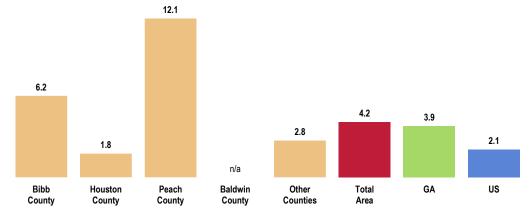– Healthy People 2030 (https://health.gov/healthypeople)

HIV

Age-Adjusted HIV/AIDS Deaths

Between 2009 and 2018, there was an annual average age-adjusted HIV/AIDS mortality rate of 4.2 deaths per 100,000 population in the Total Area.

BENCHMARK ► The mortality rate is twice the US rate.

DISPARITY ► The mortality rate is unfavorably high in Bibb and Peach counties. Nearly seven times as high among African Americans as among Whites.
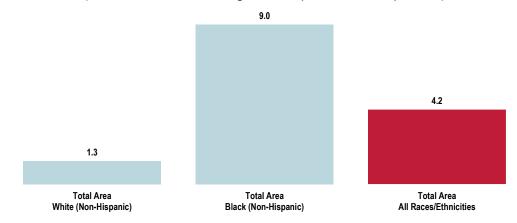
HIV/AIDS: Age-Adjusted Mortality
(2009-2018 Annual Average Deaths per 100,000 Population)

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
6.2	1.8	12.1	n/a	2.8	4.2	3.9	2.1

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.

HIV/AIDS: Age-Adjusted Mortality by Race
(2009-2018 Annual Average Deaths per 100,000 Population)

1.3	9.0	4.2
Total Area **White (Non-Hispanic)**	**Total Area** **Black (Non-Hispanic)**	**Total Area** **All Races/Ethnicities**

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2020.
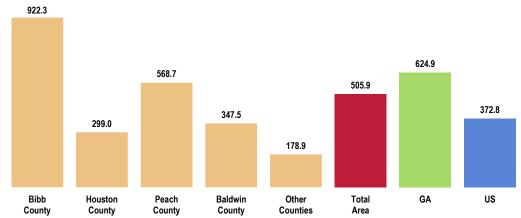
HIV Prevalence

In 2018, there was a prevalence of 505.9 HIV cases per 100,000 population in the Total Area.

BENCHMARK ► The prevalence rate is below the Georgia rate but much higher than the US rate.

TREND ► HIV prevalence in the Total Area has increased over time, echoing state and national trends.

DISPARITY ► Unfavorably higher in Bibb and Peach counties.

HIV Prevalence
(Prevalence Rate of HIV per 100,000 Population, 2018)

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US
922.3	299.0	568.7	347.5	178.9	505.9	624.9	372.8

Sources: ● Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2020 via SparkMap (sparkmap.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.

Trends in HIV Prevalence
(Rate per 100,000 Population)

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Total Area	393.1		416.7	449.1		422.9	431.7	480.7	505.9
GA	465.3	498.8	517.6	547.5	572.5	588.0	596.5	612.0	624.9
US	329.7	336.8	343.5	353.2	355.8	362.3	361.1	367.0	372.8

Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2020 via SparkMap (sparkmap.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.

Sexually Transmitted Infections (STIs)

Chlamydia & Gonorrhea

In 2018, the Total Area chlamydia incidence rate was 776.4 cases per 100,000 population.
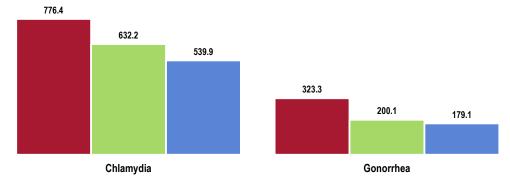
The Total Area gonorrhea incidence rate in 2018 was 323.3 cases per 100,000 population.

BENCHMARK ▶ Both incidence rates are worse than correlating Georgia and US rates.

DISPARITY ▶ Both rates are higher in Bibb and Peach counties (not shown).

Chlamydia & Gonorrhea Incidence
(Incidence Rate per 100,000 Population, 2018)

Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2020 via SparkMap (sparkmap.org).
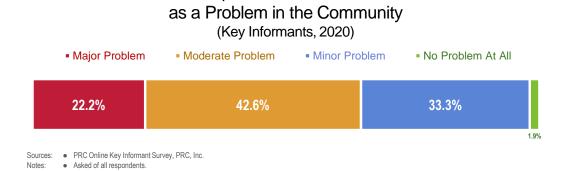
Notes:
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Key Informant Input: Sexual Health

A plurality of key informants taking part in an online survey characterized *Sexual Health* as a "moderate problem" in the community.

Perceptions of Sexual Health
as a Problem in the Community
(Key Informants, 2020)

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

22.2%	42.6%	33.3%	

1.9%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

Per the county health department, there is a high incidence of syphilis, HIV, gonorrhea, etc. – Social Services Provider (Bibb County)

Data. – Social Services Provider (Bibb County)

High rate of STDs, teen pregnancy rate. – Social Services Provider (Bibb County)

Rate of STIs in Central Georgia counties, including gonorrhea, chlamydia, HPV, syphilis, and HIV/AIDS. – Physician (Bibb County)

Increased number of STDs. – Public Health Representative (Baldwin County)
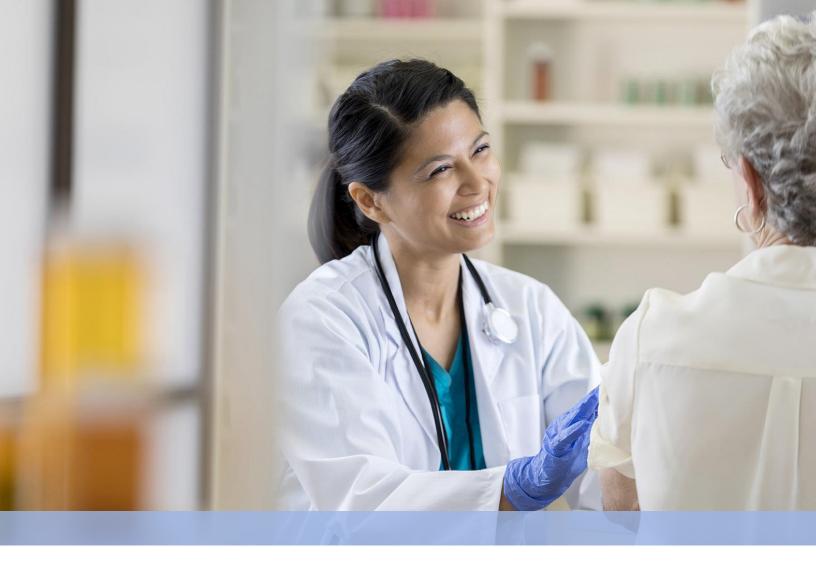
Contributing Factors

Sex trafficking, prostitution, drug and ethyl alcohol use. Lack of affordable housing, especially for women on the streets. – Social Services Provider (Bibb County)

You have 50% of children being born to unwed mothers. We have high STD rates as well. – Community Leader (Baldwin County)

Lack of education for youth and young adults. – Social Services Provider (Bibb County)

Young people and no safe sex. – Social Services Provider (Bibb County)
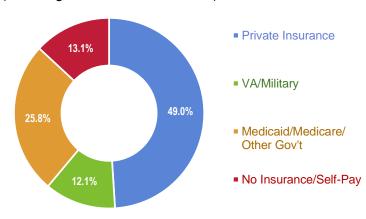
ACCESS TO HEALTH CARE

HEALTH INSURANCE COVERAGE

Type of Health Care Coverage

A total of 49.0% of Total Area adults age 18 to 64 report having health care coverage through private insurance. Another 37.9% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Health Care Insurance Coverage
(Adults Age 18-64; Total Area, 2020)

- 13.1%
- 49.0%
- 12.1%
- 25.8%

- ■ Private Insurance
- ■ VA/Military
- ■ Medicaid/Medicare/ Other Gov't
- ■ No Insurance/Self-Pay

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 137]
Notes: ● Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Among adults age 18 to 64, 13.1% report having no insurance coverage for health care expenses.

BENCHMARK ▶ Better than the Georgia prevalence but worse than the US figure. Fails to satisfy the Healthy People 2030 objective.

TREND ▶ Decreasing significantly since 2012.

DISPARITY ▶ Unfavorably high in the Other Counties region. Lack of coverage is more often reported among women, low-income residents, and African Americans.

Lack of Health Care Insurance Coverage
(Adults Age 18-64)
Healthy People 2030 = 7.9% or Lower

Total Area

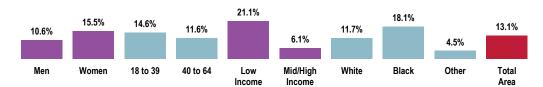|											
13.4%	11.4%	11.8%	4.9%	24.3%	13.1%	21.8%	8.7%	18.6%	11.5%	14.9%	13.1%
Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US	2012	2015	2018	2020

Sources:
- 2020 PRC Community Health Survey, PRC, 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): 2018 Georgia data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents under the age of 65.

Lack of Health Care Insurance Coverage
(Adults Age 18-64; Total Area, 2020)
Healthy People 2030 = 7.9% or Lower

10.6%	15.5%	14.6%	11.6%	21.1%	6.1%	11.7%	18.1%	4.5%	13.1%
Men	Women	18 to 39	40 to 64	Low Income	Mid/High Income	White	Black	Other	Total Area

Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 137]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents under the age of 65.

DIFFICULTIES ACCESSING HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. …About 1 in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

  — Healthy People 2030 (https://health.gov/healthypeople)

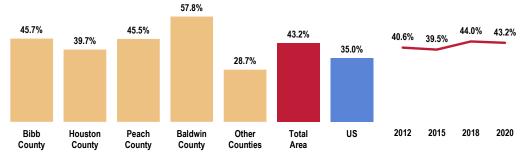## Difficulties Accessing Services

A total of 43.2% of Total Area adults report some type of difficulty or delay in obtaining health care services in the past year.

BENCHMARK ► Well above the US figure.

DISPARITY ► Particularly high in Baldwin County. Higher among women, young adults, low-income residents, and Other races/ethnicities.
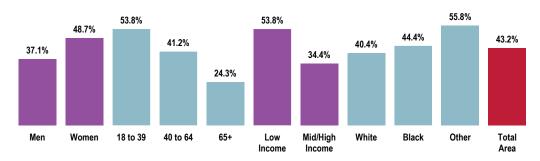
This indicator reflects the percentage of the total population experiencing problems accessing health care in the past year, regardless of whether they needed or sought care. It is based on reports of the barriers outlined in the following section.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year

Total Area

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US	
45.7%	39.7%	45.5%	57.8%	28.7%	43.2%	35.0%	

2012: 40.6% 2015: 39.5% 2018: 44.0% 2020: 43.2%

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 140]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Experienced Difficulties or Delays of Some Kind
in Receiving Needed Health Care in the Past Year
(Total Area, 2020)

Men 37.1%
Women 48.7%
18 to 39 53.8%
40 to 64 41.2%
65+ 24.3%
Low Income 53.8%
Mid/High Income 34.4%
White 40.4%
Black 44.4%
Other 55.8%
Total Area 43.2%

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 140]
Notes: ● Asked of all respondents.
● Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Barriers to Health Care Access

To better understand health care 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.

Of the tested barriers, appointment availability impacted the greatest share of Total Area adults.

BENCHMARK ► The Total Area fares worse than US adults for these access barriers: **cost of prescriptions and doctor visits**, **appointment availability**, and **finding a physician**.

TREND ► The barriers of **appointment availability** and **finding a physician** have worsened significantly since 2012. In contrast, the barrier of cost (to prescriptions and doctor visits) has improved over time.

DISPARITY ► Note that Baldwin County respondents were more likely to face the barriers of **cost** (doctor visits), **appointment availability**, and **finding a physician**, while Bibb County residents fared the worst for **cost of prescriptions**, and Peach County respondents were most likely to report problems with inconvenient **office hours** (not shown).
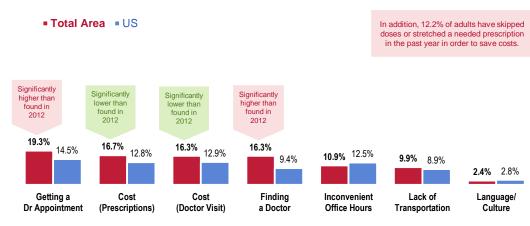
Note also the percentage of adults who have skipped or reduced medication doses in the past year in order to stretch a prescription and save costs.

Barriers to Access Have
Prevented Medical Care in the Past Year

■ **Total Area** ■ US

In addition, 12.2% of adults have skipped doses or stretched a needed prescription in the past year in order to save costs.

Significantly higher than found in 2012

Significantly lower than found in 2012

Significantly lower than found in 2012

Significantly higher than found in 2012

	Getting a Dr Appointment	Cost (Prescriptions)	Cost (Doctor Visit)	Finding a Doctor	Inconvenient Office Hours	Lack of Transportation	Language/ Culture
Total Area	**19.3%**	**16.7%**	**16.3%**	**16.3%**	**10.9%**	**9.9%**	**2.4%**
US	14.5%	12.8%	12.9%	9.4%	12.5%	8.9%	2.8%

Sources:
• 2020 PRC Community Health Survey, PRC, Inc. [Items 7-14]
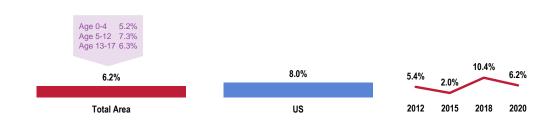• 2020 PRC National Health Survey, PRC, Inc.
Notes:
• Asked of all respondents.

Accessing Health Care for Children

A total of 6.2% of parents say there was a time in the past year when they needed medical care for their child but were unable to get it.
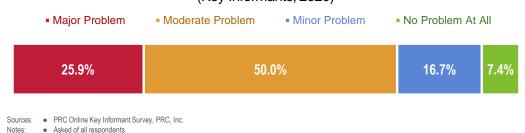
Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

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

Total Area

Age 0-4   5.2%
Age 5-12   7.3%
Age 13-17 6.3%

Total Area	US	2012	2015	2018	2020
6.2%	**8.0%**	5.4%	2.0%	10.4%	6.2%

Sources:
• 2020 PRC Community Health Survey, PRC, Inc. [Item 104]
• 2020 PRC National Health Survey, PRC, Inc.
Notes:
• Asked of all respondents with children 0 to 17 in the household.

Key Informant Input: Access to Health Care Services

Half of key informants taking part in an online survey characterized *Access to Health Care Services* as a "moderate problem" in the community.

Perceptions of Access to Health Care Services
as a Problem in the Community
(Key Informants, 2020)

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

25.9%	50.0%	16.7%	7.4%

Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care

Uninsured having continuity of care and most importantly access to specialists, mental health care, ethyl alcohol and drug rehab, and help with medication payment. – Social Services Provider (Bibb County)

Many of my patients have no insurance or just Medicaid or related insurances. Because of this we are unable to get any help in the areas of rheumatology, neurology, and oral health. If they have no insurance, pain management is out as well as complex care for patients with endocrine issues or any other specialty for that matter except HIV. In the HIV community we have the Ryan White grant sponsored clinic (the Hope Center). For most primary care we have our federally sponsored clinics and the Macon Volunteer clinic. Though some subspecialty assistance can be accessed through the Anderson Clinic, this is very limited and can be difficult to get patients into in a timely manner. These limitations make it very difficult to get these patients adequate care which leads to disease progression and/or complications resulting in hospitalization and increased costs. – Physician (Bibb County)

Access for health care for indigent population. No public transportation. No mental health counselling. – Physician (Baldwin County)

Due to the state's failure to accept the Medicaid expansion under the ACA, too many people do not have access to meaningful medical care due to lack of insurance or lack of resources. – Community/Business Leader (Bibb County)

Access to healthcare. – Community/Business Leader (Bibb County)

Georgia's 1332 Waiver Proposal. – Social Services Provider (Bibb County)

Contributing Factors

Lack of affordable health insurance and transportation to medical facilities. – Physician (Peach County)

Limited providers, no public transportation, lots of low to no income families. – Other Health Provider (Monroe County)

Access is limited with transportation disparities. Also, lack of insurance and those with coverage but are underinsured for certain services. There is also a lack of knowledge on where or how to access certain services and health programs. – Public Health Representative (Baldwin County)

Transportation

Transportation to health care appointments for the financially underserved and the elderly who can no longer drive. – Social Services Provider (Bibb County)

Lack of transportation. Accessing bus transportation can be difficult since bus lines and bus stops are not in all areas of the county. – Social Services Provider (Bibb County)

Lack of transportation and lack of insurance. – Public Health Representative (Peach County)

Not enough citizens have access to public transportation. – Community Leader (Bibb County)

Specialists

Seizure management and other neurologic problems not already discussed in patients with Medicaid or no insurance. – Physician (Bibb County)

Gastroenterology. The Navicent doctors don't take Medicaid. – Physician (Bibb County)

Emergency Medical Services/Personnel

There is not a hospital in this county, so we must wait for EMS to get here to travel to another county. EMS wait times are up to an hour in some cases. – Community Leader (Crawford County)

Lack of Primary Care Providers

There is some access to primary care through our community health center sites and volunteer clinics, but there very little access to specialty care and diagnostic services. As a result, people are much sicker or their disease is more advanced (e.g. cancer) when they present to the Emergency Department. If they could have access specialty or diagnostic services earlier, the outcomes could be better and costs less. – Social Services Provider (Bibb County)

Poverty/Income

The level of poverty in our community. – Social Services Provider (Bibb County)

PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.
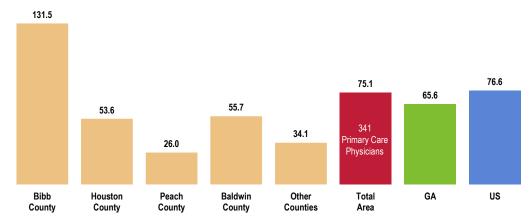
— Healthy People 2030 (https://health.gov/healthypeople)

Access to Primary Care

In 2017, there were 341 primary care physicians in the Total Area, translating to a rate of 75.1 primary care physicians per 100,000 population.

DISPARITY ► The ratio is unfavorably low in Peach County and the combined Other Counties.

Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2017)

	Value
Bibb County	131.5
Houston County	53.6
Peach County	26.0
Baldwin County	55.7
Other Counties	34.1
Total Area	75.1 (341 Primary Care Physicians)
GA	65.6
US	76.6

Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2020 via SparkMap (sparkmap.org).

Notes:
- Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Specific Source of Ongoing Care

A total of 74.1% of Total Area adults were determined to have a specific source of ongoing medical care.
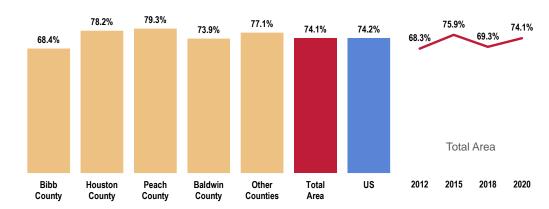
BENCHMARK ▶ Fails to satisfy the Healthy People 2030 objective.

TREND ▶ Marks a statistically significant increase from 2012 (and 2018) survey findings.

DISPARITY ▶ Lowest in Bibb County.

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.

Have a Specific Source of Ongoing Medical Care
Healthy People 2030 = 84.0% or Higher

68.4%	78.2%	79.3%	73.9%	77.1%	74.1%	74.2%				
Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US				

Total Area: 2012 = 68.3%, 2015 = 75.9%, 2018 = 69.3%, 2020 = 74.1%

Sources:
● 2020 PRC Community Health Survey, PRC, Inc. [Item 139]
● 2020 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Asked of all respondents.

Utilization of Primary Care Services

Adults

A total of 72.1% of adults visited a physician for a routine checkup in the past year.

BENCHMARK ▶ Lower than the Georgia prevalence.

DISPARITY ▶ Favorably high in Bibb County. Lowest among young adults, low-income residents, and adults of Other races/ethnicities.

Have Visited a Physician for a Checkup in the Past Year

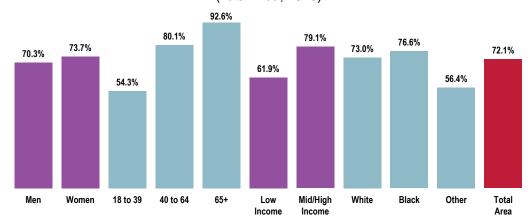|	
Bibb County	76.0%
Houston County	70.3%
Peach County	73.3%
Baldwin County	66.1%
Other Counties	71.9%
Total Area	72.1%
GA	78.3%
US	70.5%

Total Area trend: 2012: 70.2% · 2015: 76.4% · 2018: 75.3% · 2020: 72.1%

Sources: ● 2020 PRC Community Health Survey, PRC, 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): 2018 Georgia data.
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year
(Total Area, 2020)

Men	70.3%
Women	73.7%
18 to 39	54.3%
40 to 64	80.1%
65+	92.6%
Low Income	61.9%
Mid/High Income	79.1%
White	73.0%
Black	76.6%
Other	56.4%
Total Area	72.1%

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 18]
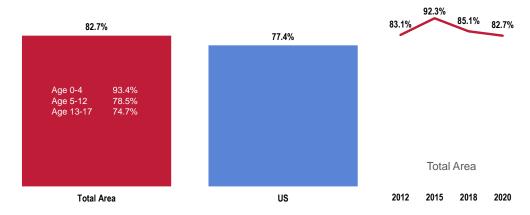Notes: ● Asked of all respondents.

Children

Among surveyed parents, 82.7% report that their child has had a routine checkup in the past year.

DISPARITY ► The prevalence decreases with age among Total Area children.

Child Has Visited a Physician
for a Routine Checkup in the Past Year
(Parents of Children 0-17)

82.7%

Age 0-4	93.4%
Age 5-12	78.5%
Age 13-17	74.7%

Total Area

77.4%

US

83.1%   92.3%   85.1%   82.7%

Total Area

2012   **2015**   **2018**   **2020**

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 105]
        ● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children 0 to 17 in the household.

EMERGENCY ROOM UTILIZATION

A total of 17.0% of Total Area adults have gone to a hospital emergency room more than once in the past year about their own health.
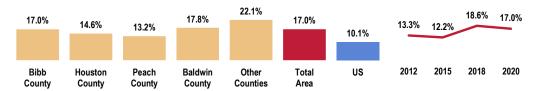
BENCHMARK ► Well above the national benchmark.

TREND ► Marks a statistically significant increase from 2012 and 2015 survey results.

DISPARITY ► The prevalence decreases with age and is higher among low-income households and in communities of color.
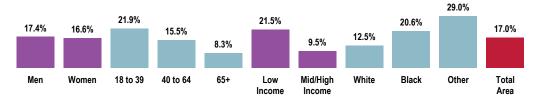
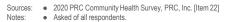## Have Used a Hospital Emergency Room More Than Once in the Past Year

Total Area

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US		2012	2015	2018	2020
17.0%	14.6%	13.2%	17.8%	22.1%	17.0%	10.1%		13.3%	12.2%	18.6%	17.0%

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 22]
         ● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year
(Total Area, 2020)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Other	Total Area
17.4%	16.6%	21.9%	15.5%	8.3%	21.5%	9.5%	12.5%	20.6%	29.0%	17.0%

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 22]
Notes: ● Asked of all respondents.

ORAL HEALTH

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. …Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

  –   Healthy People 2030 (https://health.gov/healthypeople)

Dental Insurance

About two in three Total Area adults (67.5%) have dental insurance that covers all or part of their dental care costs.
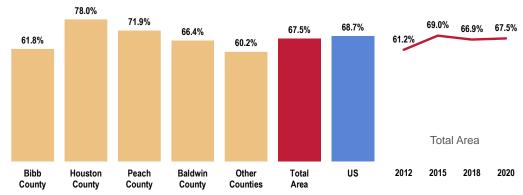
BENCHMARK ► Satisfies the Healthy People 2030 objective.

TREND ► Denotes a statistically significant increase since 2012 (similar to more recent findings).

DISPARITY ► Lowest in Bibb County and the Other Counties area.

Have Insurance Coverage
That Pays All or Part of Dental Care Costs
Healthy People 2030 = 59.8% or Higher

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US
61.8%	78.0%	71.9%	66.4%	60.2%	67.5%	68.7%

Total Area

2012	2015	2018	2020
61.2%	69.0%	66.9%	67.5%

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 21]
              ● 2020 PRC National Health Survey, PRC, Inc.
              ● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Asked of all respondents.

Dental Care

Adults

A total of 54.3% of Total Area adults have visited a dentist or dental clinic (for any reason) in the past year.
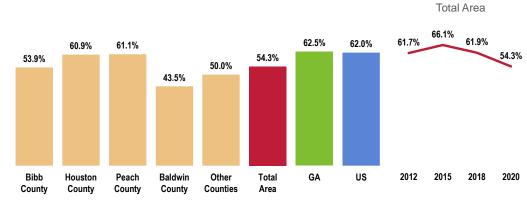
BENCHMARK ► Below the state and national figures but satisfies the Healthy People 2030 goal.

TREND ► Denotes a statistically significant decrease from previous survey findings.

DISPARITY ► Lowest in Baldwin County. Lowest among African Americans and low-income residents.

Have Visited a Dentist or Dental Clinic Within the Past Year
Healthy People 2030 = 45.0% or Higher

Total Area

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	GA	US	2012	2015	2018	2020
53.9%	60.9%	61.1%	43.5%	50.0%	54.3%	62.5%	62.0%	61.7%	66.1%	61.9%	54.3%
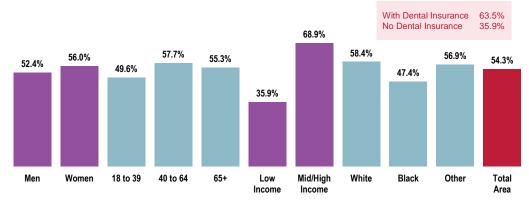
Sources:
● 2020 PRC Community Health Survey, PRC, Inc. [Item 20]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Georgia data.
● 2020 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
● Asked of all respondents.

Have Visited a Dentist or Dental Clinic Within the Past Year
(Total Area, 2020)
Healthy People 2030 = 45.0% or Higher

With Dental Insurance	63.5%
No Dental Insurance	35.9%

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Other	Total Area
52.4%	56.0%	49.6%	57.7%	55.3%	35.9%	68.9%	58.4%	47.4%	56.9%	54.3%

Sources:
● 2020 PRC Community Health Survey, PRC, Inc. [Item 20]
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
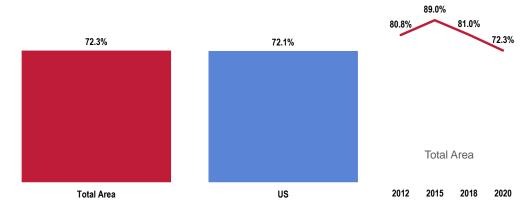● Asked of all respondents.

Children

A total of 72.3% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

BENCHMARK ▶ Easily satisfies the Healthy People 2030 goal.

TREND ▶ Denotes a statistically significant decrease from previous survey results.

Child Has Visited a Dentist or Dental Clinic Within the Past Year
(Parents of Children Age 2-17)
Healthy People 2030 = 45.0% or Higher

72.3% — Total Area

72.1% — US

80.8% (2012) · 89.0% (2015) · 81.0% (2018) · 72.3% (2020) — Total Area

| | 2012 | 2015 | 2018 | 2020 |

Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 108]
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
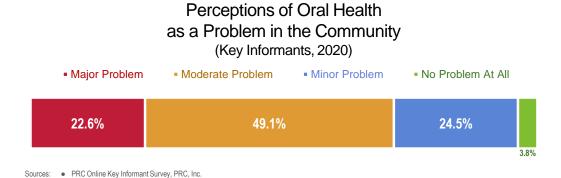
Notes:
- Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

Nearly half of key informants taking part in an online survey most often characterized *Oral Health* as a "moderate problem" in the community.

Perceptions of Oral Health
as a Problem in the Community
(Key Informants, 2020)

▪ Major Problem   ▪ Moderate Problem   ▪ Minor Problem   ▪ No Problem At All

| 22.6% | 49.1% | 24.5% | 3.8% |

Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care for Uninsured/Underinsured

> For people who are uninsured, there is minimal access. – Social Services Provider (Bibb County)

> No dental insurance. – Social Services Provider (Bibb County)

> Few dentists accept Medicaid. – Physician (Bibb County)

> There are no dentists that take non-insured patients. At the Hope Center, we at times have funding to pay for limited oral health care services. Medicaid does not pay for oral health (or maybe the dentists don't take it). Good oral hygiene is the exception in most of my indigent patients. – Physician (Bibb County)

> Minimal or no dentist for poor or uninsured patients. – Physician (Baldwin County)

Affordable Care/Services

> High cost of dental checkups and cleaning. Plus, the lack of self-discipline to take care of their oral health. – Community/Business Leader (Bibb County)

> Lack of free or reduced cost dental services for all ages. – Public Health Representative (Baldwin County)

Access to Care/Services

> No dentist in the county. – Community Leader (Crawford County)

> No known resources for indigent oral care. – Other Health Provider (Baldwin County)

VISION CARE
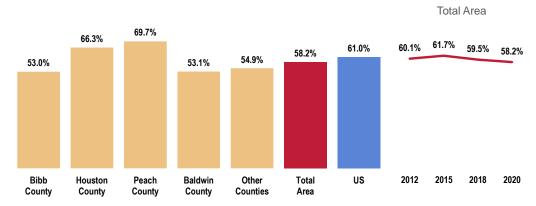
A total of 58.2% of Total Area residents had an eye exam in the past two years during which their pupils were dilated.

BENCHMARK ► Lower than the Healthy People 2030 objective.

DISPARITY ► Lowest among Bibb County respondents. Notably lower in younger adults throughout the Total Area.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated
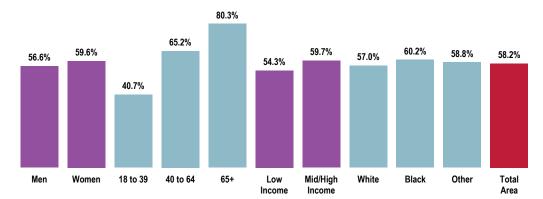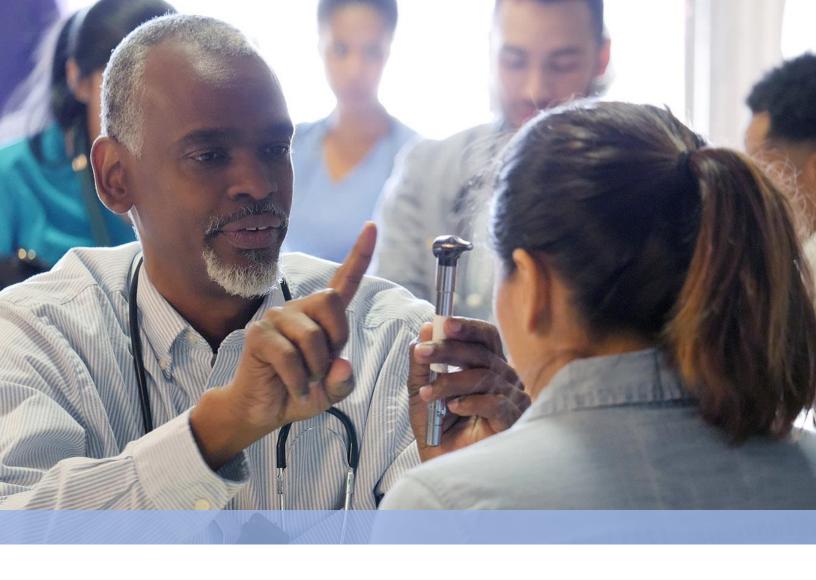Healthy People 2030 = 61.1% or Higher

Total Area

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US
53.0%	66.3%	69.7%	53.1%	54.9%	58.2%	61.0%

2012	2015	2018	2020
60.1%	61.7%	59.5%	58.2%

Sources:
● 2020 PRC Community Health Survey, PRC, Inc. [Item 19]
● 2020 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Asked of all respondents.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated
(Total Area, 2020)
Healthy People 2030 = 61.1% or Higher

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Other	Total Area
56.6%	59.6%	40.7%	65.2%	80.3%	54.3%	59.7%	57.0%	60.2%	58.8%	58.2%

Sources:
● 2020 PRC Community Health Survey, PRC, Inc. [Item 19]
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
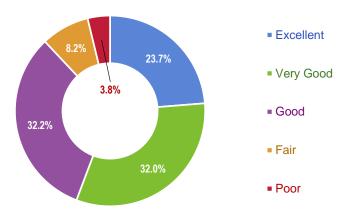Notes: ● Asked of all respondents.

LOCAL RESOURCES

PERCEPTIONS OF
LOCAL HEALTH CARE SERVICES

Most Total Area adults rate the overall health care services available in their community as "excellent" or "very good."

Rating of Overall Health Care
Services Available in the Community
(Total Area, 2020)

- Excellent — 23.7%
- Very Good — 32.0%
- Good — 32.2%
- Fair — 8.2%
- Poor — 3.8%

Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 12.0% of residents characterize local health care services as "fair" or "poor."

BENCHMARK ► Less favorable than the national figure.
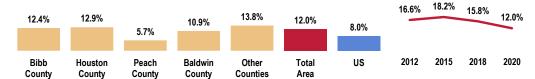
TREND ► Marks a statistically significant improvement since 2012.

DISPARITY ► Lowest in Peach County. Unfavorably high among adults in low-income households and those age 40 to 64.

Perceive Local Health Care Services as "Fair/Poor"

Total Area

Bibb County	Houston County	Peach County	Baldwin County	Other Counties	Total Area	US		2012	2015	2018	2020
12.4%	12.9%	5.7%	10.9%	13.8%	12.0%	8.0%		16.6%	18.2%	15.8%	12.0%
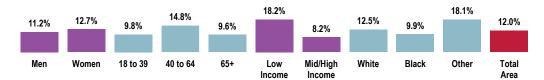
Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 6]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Perceive Local Health Care Services as "Fair/Poor"
(Total Area, 2020)

With Access Difficulty	23.0%
No Access Difficulty	3.7%

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Black	Other	Total Area
11.2%	12.7%	9.8%	14.8%	9.6%	18.2%	8.2%	12.5%	9.9%	18.1%	12.0%
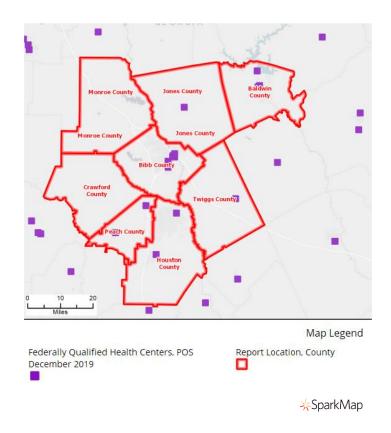
Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 6]
Notes: ● Asked of all respondents.

HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within the Total Area as of December 2019.

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 Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services
- 211
- Ambetter Insurance
- Anderson Clinic
- Bibb County Transit Authority
- Care Connect
- Churches
- Community EMS
- Crawford Family Medicine
- Crisis Line and Safe House
- Daybreak
- Department of Family and Children Services
- Department of Public Health
- Family Advancement Ministries
- Family Counseling Center
- Federally Qualified Health Centers
- Feed Center Free Clinic
- First Choice Primary Care
- First Steps Resources
- Health Department
- Hope Center
- Macon Volunteer Clinic
- Mental Health Services
- Mercer Medical
- Older American Counsel
- Phoenix Center
- Planning for Healthy Babies – Medicaid
- River Edge Behavioral Health
- Rock Springs Clinic
- Transportation Vans
- Volunteer Clinic

Cancer
- American Cancer Society
- Coliseum Cancer Center
- Coliseum Health System
- Community Action
- Department of Public Health
- Free Breast Exam
- Georgia Cancer Specialists
- Health Department
- Homeless Programs
- Jay's Hope

- Navicent Health
- Peach Regional Hospital
- Transportation Vans
- United in Pink

Kidney Disease
- Baldwin Family Connection
- Center for Health & Social Issues: Live Healthy Baldwin
- Coliseum Health System
- Community Healthcare
- Dialysis Center
- Feed Center Free Clinic
- Georgia College & State University
- Health Department
- Kidney Foundation
- Mercer Medical
- Navicent Health
- Non-Emergency Medical Transportation
- Nutrition Services
- Tender Care Clinic

Coronavirus/COVID-19
- Anderson Clinic
- Baldwin Family Connection
- Bibb County Health Department
- Billboards
- Care Connect
- Center for Health & Social Issues: Live Healthy Baldwin
- Chamber of Commerce
- Churches
- Coliseum Health System
- Coliseum Hospital
- Community Church of God
- Community Healthcare
- Covid Testing Clinic
- Crawford Family Medicine
- Daybreak
- Department of Public Health
- Dickey Farms
- First Choice Primary Care
- Georgia College & State University
- Georgia Department of Community Health

Health Department
Macon Arts Alliance
Macon Volunteer Clinic
Med Lake Laboratory
Mercer Medical
Mercer University
Middle Georgia Food Bank
Navicent Health
Navicent Health Family Health Center
North Central Health District
Red Cross
Television
United Way
Urgent Care

Dementia/Alzheimer's Disease

Alzheimer's Association
Churches
Daybreak
Hands-On Assistance
Parks and Recreation
River Edge Behavioral Health
The Salvation Army

Diabetes

American Diabetes Association
Anderson Heath Center
Area Agency on Aging Chronic Disease Self-Management
Baldwin Family Connection
Bibb County Transit Authority
Buck Melton Community Center
Center for Health & Social Issues: Live Healthy Baldwin
Coliseum Hospital
Community Healthcare
Crawford Family Medicine
Daybreak
Department of Public Health
Diabetes Healthways
Family Investment Center
Federally Qualified Health Centers
First Choice Primary Care
Food Banks
Fort Valley State University
Georgia Cares – Medicare
Georgia College & State University
Health Department
Hospital Case Management Services
Jones Center
Loaves and Fishes
Macon Free Clinic
Macon Volunteer Clinic
Meals on Wheels
Mercer Medical

Middle Georgia Food Bank
Navicent Health
Navicent Health Community Works Program
Navicent WT Anderson Clinic
Online Classes
Parks and Recreation
Peach County School System
Peach Regional Hospital
Tender Care Clinic
United Healthcare

Disabilities

Axis Pain Center
Buck Melton Community Center
Certification to Write Suboxone for Opiate Use
Coliseum Hospital
Family Investment Center
Health Department
Navicent Health
Pain Center
Palliative Care Clinic
Social Security

Family Planning

Babies Can't Wait
Baldwin County Schools
BOE Clinic
Churches
Critical Care Clinics
Department of Family and Children Services
Department of Public Health
First Choice Primary Care
GCAPP
Health Department
Navicent Health
Planned Parenthood
School System
Teen Health Center
United Way

Heart Disease

American Heart Association
Baldwin Family Connection
Center for Health & Social Issues: Live Healthy Baldwin
Family Medicine Residency Program
Feed Center Free Clinic
Fitness Centers/Gyms
Georgia College & State University
Health Department
Hospital Case Management Services
Macon Volunteer Clinic
Navicent Health
Navicent Health Rehab
Parks and Recreation

Rehabilitation Services

Restaurants

School Community Gardens

Support Groups

WIC Farmer's Market

Injury and Violence

Abuse Helplines

Baldwin County Board of Commissioners

Baldwin County Schools

Baldwin County Sheriff's Office

Bibb County Judicial System

Bibb County Sheriff's Office

Bibb District Attorney Community Program

Boys and Girls Club

Care Connect

Churches

Crawford Family Medicine

Crisis Line and Safe House

Daybreak

Department of Public Health

Family Counseling Center

Family Violence Courts

Health Department

Mentors Program

Mentors Project

Milledgeville City Council

Milledgeville Police Department

Parks and Recreation

Peach Regional Hospital

Pedestrian Fatality Board

Police

Rescue Mission

Residents Organizing Against Violence in Neighborhoods

River Edge Behavioral Health

Sheriff's Office

Solicitor's Office

Mental Health

Baldwin County Board of Commissioners

Baldwin County Schools

Behavioral Health Workers

Central State Hospital

Churches

Coliseum Center for Behavioral Health

Daybreak

Department of Behavioral Health & Developmental Disabilities

Family Counseling Center

Georgia Crisis and Access Line

Goodwill

Group Homes

Health Department

Medical Community

Mental Health Services

Middle Flint Behavioral Healthcare

Navicent Health

Nonprofit Counseling

Oconee Center

Oconee CSB/Oconee Center

Phoenix Center

Private Pay Mental Health Providers

River Edge Behavioral Health

St. Vincent De Paul Society

Tele-psych

The Salvation Army

Nutrition, Physical Activity, and Weight

Care Connect

Center for Health & Social Issues: Live Healthy Baldwin

Central Georgia Food Bank

City of Milledgeville

Community Gardens

Crawford Family Medicine

Fitness Centers/Gyms

FitnessGram Assessment

Food Banks

Georgia College & State University

Georgia Fitness

Healthy Me

Home Delivered Meals Programs

Hospitals

Meals on Wheels

Middle Georgia Food Bank

Mulberry Street Market

Nutrition Services

Oconee River Greenway Authority and Foundation

Parks and Recreation

Restaurants

River Edge Behavioral Health

School System

Social Media

United Way

Weight Watchers

WIC

Oral Health

Dentist's Offices

Department of Public Health

Free Dental Clinics

Health Department

Volunteer Clinic

Respiratory Disease

- American Cancer Society
- American Lung Association
- Anderson Clinic
- First Choice Primary Care
- Health Department
- Loaves and Fishes
- Navicent Health

Sexual Health

- Baldwin County Schools
- Bibb County School System
- Churches
- COMPASS Center
- Crisis Line and Safe House
- Daybreak
- Department of Public Health
- GCAPP
- Health Department
- Hope Center
- Navicent Health
- Rescue Mission
- School System
- Urgent Care

Substance Abuse

- AA/NA
- Certification to Write Suboxone for Opiate Use
- Coliseum Center for Behavioral Health
- Department of Public Health
- Drug Court
- Family Counseling Center
- Health Department
- Middle Flint Behavioral Healthcare
- Oconee CSB/Oconee Center
- Phoenix Center
- Rescue Mission
- River Edge Behavioral Health

Tobacco Use

- American Lung Association
- Baldwin County Board of Commissioners
- City of Milledgeville
- Health Department
- Navicent Health
- Quit Smoking Resources
- River Edge Behavioral Health
- Tobacco Quit Line

APPENDIX: EVALUATION OF PAST ACTIVITIES

IMPLEMENTATION STRATEGY

Medical Center Navicent Health
Medical Center Peach County Navicent Health
Navicent Health Baldwin

For FY2018-2020 Summary

Navicent Health System is three hospitals with the total number of 802 beds, acute care hospital system located in Central Georgia (Baldwin, Bibb and Peach Counties). In 2018, the three hospitals conducted individual Community Health Needs Assessments (CHNA) to identify the health needs of the three counties. The Implementation Strategy for NH System was developed based on findings and priorities established in the CHNA and a review of each hospital's existing community benefit activities.

This report summarizes the plans for NH System to sustain and develop community benefit programs that 1) address prioritized needs from the 2018 from each hospital's CHNA and 2) respond to other identified community health needs.

The following Community Health (CH) prioritized needs were identified by the Integration teams of Atrium and Navicent Health. Particular focus was placed upon these needs in developing the Implementation Strategy.

- **CH Priorities (Structural)**
    - Access
    - Behavioral Health
    - Nutrition/Physical Activity
- **CH Priorities (Clinical)**
    - Diabetes
    - Cardiovascular Disease
    - Obesity
- **Social Determinants of Health is foundational to all of these priorities**

NH System has addressed each of the health needs identified in the CHNA. NH System developed implementation strategies to address each of the health issues identified over the next three years.

Specific implementation strategies for each of the CHNA identified health needs are addressed in the following appendices to this report.

Approval:

The NH System Board of Directors approved this Implementation Strategy through a board vote on 08/16/2019.

The following issues were identified as "priority: needs by the community participants. The findings are listed in the order of priority determined by the CHNA Steering Committee (CHSC).

1. **Behavioral Health**
   a. There is a need to improve access to mental health services.
   b. There is a need to implement strategies for promotion and prevention in mental health.

2. **Diabetes**
   a. There is a need for more awareness and education on diabetes and prevention.
      i. There is a need to increase prevention behaviors in persons a risk for diabetes with prediabetes.
      ii. There is a need to improve diabetes control among people with diabetes.
   b. There is a need for diabetes screening, testing, and diagnosis.

3. **Access**
   a. There is a need to improve access to quality health care and services.
      i. There is a need to expand the availability of health care access points.
      ii. There is a need to expand access to health care services in underserved and rural areas.
      iii. There is a needed to expand healthcare services to address chronic disease burdens.
      iv. There is a need to connect patient populations to primary care and preventive services.
   b. There is a need to improve health literacy and patient education.

4. **Nutrition /Physical Activity**
   a. There is a need to increase community efforts to increase physical activity.
      i. There is a need to create healthy environments for physical activity.
      ii. There is a need to educate regarding the benefits of physical activity.
   b. There is a need to improve nutrition and health efforts.
      i. There is a need to provide knowledge and skills to make healthier choices.
      ii. There is a need to increase access to healthy food.

5. **Cardiovascular Disease**
   a. There is a need to reduce cardiovascular disease mortality.
   b. There is a need to improve cardiovascular health and quality of life.
   c. There is a need for education regarding cardiovascular risk factors.

6. **Obesity**
   a. There is a need to educate and create awareness around obesity.
   b. There is a need to communicate best practices for obesity prevention.

7. **Other Strategies**
   a. There is a need to educate and create awareness around childhood asthma.
   b. There is a need to educate and create awareness around injury and fall prevention in senior citizens.

Appendix 1

Community Work Plan for Behavorial Health

CHNA Page Reference-pages 72-85

Health Problem	Outcome Objective (Anticipated Impact)
a. There is a need to improve access to mental health services. b. There is a need to implement strategies for promotion and prevention in mental health.	a. Improve access to mental health services. b. Develop and implement strategies for promotion and prevention in mental health. c. Increase knowledge and awareness of depression and suicide risks.

Background and contributing factors:

The CHNA process identified that the prevalence of mental illness is high in the region as well as many in this population have co-occurring substance abuse issues. This population self-medicate with alcohol and/or drugs. The community reported that the region has an inadequate number of psychiatrists and inpatient/outpatient programs available to adults and adolescent residents, including providers to oversee medication management and provide counseling resources. Additionally, the community input identified depression and suicide as a major concern.

Implementation Strategy:

a) Pledge to financially support the building and expansion of River Edge Behavioral Health Services' Crisis Stabilization Unit and Crisis Center.
b) Offer a myriad of Support Groups and Self-Help Groups to help the citizens of Central Georgia cope with various health issues (cancer, cardiovascular disease, etc.)
c) Offer a Smoking Cessation program including the addition of a Smoking Cessation Support Group within the next year.
d) Sponsors an intensive weekend retreat, Bo's Camp, for Central Georgia families to deal with grief and bereavement of the loss of children under the age of 18 years.
e) Provide free therapy services at Children Health Center in partnership with Mercer University Marriage and Family Therapist (MFT) Program.
f) Partner with Georgia College & State University to provide Behavioral Health Education to students in Baldwin County.

- OUTCOMES: Statistics will be recorded for the number of program participants and/or number of attendees at various events, tracking and analyzing the demographic data of program participants, participant history information, identification and tracking of key trends, and determining which programs and efforts are the most effective at achieving desired outcomes. (Reference "Outcome Objective" box on previous page)

Possible Collaborations:

- River Edge Behavioral Health
- Local public-school districts
- Georgia College & State University
- Mercer University

Outcomes:

Pledge to financially support the building and expansion of River Edge Behavioral Health Services' Crisis Stabilization Unit and Crisis Center.

- Medical Center NH contributed a $900,000 grant to financially support River Edge's Crisis Stabilization Unit and Crisis Center in 2019 and 2020, and another $300,000 in 2021.

Offer a myriad of Support Groups and Self-Help Groups to help the citizens of Central Georgia cope with various health issues (cancer, cardiovascular disease, etc.).

- Cancer Life Center- See data below:

2019 Support Groups and Self-Help Groups			
Support Group	Meeting Time	Total Participants	
Cancer Well Fit	Monthly	249	
Care for the Caregiver	Monthly	15	
Ribbons of Hope	Monthly	17	
Chemotherapy teaching	Weekly	119	
Pink Alliance	Monthly	321	
2020 Support Groups and Self-Help Groups			
Cancer Well Fit	Monthly	No data	Comments
Care for the Caregiver	Monthly	3	Stopped in 3/20 due to COVID-19
Ribbons of Hope	Monthly	5	Stopped in 3/20 due to COVID-19
Chemotherapy teaching	Twice a month	39	
Pink Alliance	Monthly	60	Stopped in 3/20 due to COVID-19

- Men to Men Support Group

  - The Men to Men Support Group had 227 people attend between 01/2019 to 03/2020. The support group stopped in 04/2020 (due COVID-19).

- Cardiac Support Groups

  - In the Congestive Heart Failure support group, fifteen (15) participated which meets four (4) times a year. The Afib support group has 20 participants which meets four (4) times a year also.

- Diabetes Support Group

Support Groups for Patients with diabetes		
Date	Group Name	Number of Participants
2/14/2019	DM Connection Support Group	11
5/9/2019	DM Connection Support Group	11
8/8/2019	DM Connection Support Group	15
11/14/2019	DM Connection Support Group	45
12/14/2020	Peds Family night @ Mayhem	40

- Diabetes Community Events
    - The Diabetes Healthways teammates participated in the community events throughout CY 2019. Due to the COVID-19 pandemic, community events have been cancelled except the school staff training for Houston, Bibb and Laurens counties.

2019 Community Events	
02/02/2019	Heart Health Fair
02/27/2020	Westside High School Health Fair
03/11/2019	Bibb County Senior Center Diabetes Talk
06/27/2019	Stroke Health Fair
06/27/2019	Code Med
09/28/2019	Men's Health Fair
11/05/2019	Men to Men Support Group Talk

Offer a Smoking Cessation program including the addition of a Smoking Cessation Support Group within the next year.

- A total of 25 people participated in the Smoking Cessation classes during 2019. The Smoking Cessation program was temporarily suspended during CY 2020.

Sponsors an intensive weekend retreat, Bo's Camp, for Central Georgia families to deal with grief and bereavement of the loss of children under the age of 18 years.

- The Medical Center held Bo's Camp in 2019 but it was cancelled in 2020 due to COVID and we are currently working to develop social media platforms and online meetings to reach out to grieving families. For 2019 there were 22 families who participated in Bo's Camp.

Provide free therapy services at Children Health Center in partnership with Mercer University Marriage and Family Therapist (MFT) Program.

- The Children Health Center did provide free therapy sessions in partnership with the Mercer MFT program. We were able to service approximately 159 patients in 2019. Due to the COVID-19 pandemic, the participation has decreased.

Partner with Georgia College & State University to provide Behavioral Health Education to students in Baldwin County.

- Due to the COVID-19 pandemic, this partnership is on hold.

Appendix 2

Community Work Plan for Diabetes

CHNA Page Reference-pages 137-141

Health Problem	Outcome Objective (Anticipated Impact)

a. There is a need for more awareness and education on diabetes prevention.
    ▪ There is a need to increase prevention behaviors in persons at risk for diabetes with prediabetes.
    ▪ There is a need to improve diabetes control among people with diabetes.
b. There is a need for diabetes screening, testing, and diagnosis.
	a. Increase knowledge and awareness of diabetes prevention education.
	b. Increase knowledge and awareness of warning signs of hyperglycemia and the available resources and support groups for this disease.
	c. Continue to provide diabetes screening through community and corporate health fairs; follow-up with participants with abnormal screening results.

Background and contributing factors:

> The CHNA focus groups process characterized Diabetes as a major problem in the community. The CHNA reported that that the number of adults in the Central Georgia region was higher than the statewide and national proportions with highest population diagnosed in Peach County. The highest age-adjusted death rate for diabetes in Peach County is 47.3 in comparison to Baldwin County 23.1, Bibb County 13.8 and Houston County 24.5.

Implementation Strategy:

a) Partnering with the Center for Disruption and Innovation and the Medical Center of Peach County, NH are examining ways to efficiently monitor patients with Diabetes in their homes via technology.
b) Assessing technology solutions through the Center for Disruption and Innovation to utilize in Peach County at a rural health clinic (RHC) and local Navicent Health Physician Group (NHPG) practice to manage patient with an A1C greater than 9 through interactive communication with their provider via an app on a smart phone.
c) Declare a clinical community health priority in Peach County.
d) Partner with faith community existing programs to provide blood glucose screening tools in Baldwin County.

- OUTCOMES: Statistics will be recorded for the number of program participants and/or number of attendees at various events, tracking and analyzing the demographic data of program participants, participant history information, identification and tracking of key trends, and determining which programs and efforts are the most effective at achieving desired outcomes. (Reference "Outcome Objective" box on previous page)

Possible Collaborations:

- Faith community organizations in local service area
- Diabetes Healthways

Outcomes:

Partnering with the Center for Disruption and Innovation and the Medical Center of Peach County, NH are examining ways to efficiently monitor patients with Diabetes in their homes via technology.

- The Medical Center of Peach County did not partner with the Center for Disruption and Innovation on monitoring patients with diabetes. This project was going to be in collaboration with Fort Valley State University Department of Behavioral Sciences, but the University did not approve moving forward with the project.

Assessing technology solutions through the Center for Disruption and Innovation to utilize in Peach County at a rural health clinic (RHC) and local Navicent Health Physician Group (NHPG) practice to manage patient with an A1C greater than 9 through interactive communication with their provider via an app on a smart phone.

- The Medical Center of Peach County did not partner with the Center for Disruption and Innovation on managing patients with an A1C greater than 9. This project was going to be in collaboration with Fort Valley State University Department of Behavioral Sciences, but the University did not approve moving forward with the project.

Declare a clinical community health priority in Peach County.

The clinical community health priority was health literacy. Some of the Peach County community engagement efforts are listed below.

- Faith-based Organizations
  - Health Literacy, Awareness of the Speaker's Bureau, and Education on CHNA and Robert Wood Johnson Foundation Health Rankings.
- Fort Valley State University
  - Hispanic Population- access to care-Health Fair with Lane Orchard, Mercer, Navicent, Fort Valley University
    - The Migrant Health Fair was not held to the COVID-19 pandemic. However, The Medical Center of Peach County provided education to the migrant workers regarding the pandemic on how they could be safe.
      - COVID safe behavior education was provided as written material in Spanish and through the Hispanic News Network.
  - Explored collaboration with Fort Valley for Community Garden to address healthier eating and nutrition.
  - Explored establishing a hydroponic garden with their Agriculture professors and students.

- Lion's Club
  - Education on CHNA and Robert Wood Johnson Foundation Health Ranking
  - Peach Family Connection
    - Convener to Peach Family Connection and Mental Health First Aid
    - Education on CHNA and Robert Wood Johnson Foundation Health Rankings and finding from diabetes. These are some of the areas that participate in the coalition.
    - Team developed a resource list for community.
      - Collaborative member agencies (some but not all coalition members) (Feed Center, Department of Human Services, Fort Valley State University, Peach Public Library, Georgia Department of Human Resources, Central Georgia Technical College, Commissioners Of Peach County office, Phoenix Center, Family Counseling Center, Southern Center for Choice Theory, Salvation Army, First Choice Primary, WellCare, Peach School system, Peach Pit, On the Path Georgia, Community Health Works, Amerigroup, and Fort Valley Housing Authority.

Partner with faith community existing programs to provide blood glucose screening tools in Baldwin County.

- Due to the COVID-19 pandemic, this partnership is on hold.

Appendix 3

Access to Care (includes education on prevention and communication of available resources)

CHNA Page Reference-pages 215-260

Health Problem	Outcome Objective (Anticipated Impact)

a. There is a need to improve access to quality health care and services.
   ▪ There is a need to expand the availability of health care access points.
   ▪ There is a need to expand access to health care services in underserved and rural area.
   ▪ There is a need to expand healthcare services to address chronic diseases.
   ▪ There is a need to connect underserved and/or uninsured patient populations to primary care and preventative services.
b. There is a need to improve health literacy and patient education.
	a. Improve access to quality health care and services through expansion of available health care access points.
	   ▪ Expand access to health care services in underserved and rural areas.
	   ▪ Expand access to health care services for the population with chronic diseases.
	   ▪ Increase connection for underserved and/or uninsured populations to primary care and preventative services.
	b. Increase opportunities to provide health literacy and patient education.

Background and contributing factors:

The CHNA process identified access to care as a major barrier to healthcare. Access to care involves everything from lack of transportation to lack of educational classes on prevention. A high number of adults in Central Georgia reported having no insurance coverage for healthcare expenses. The focus groups identified several barriers in accessing health which included difficulties or delays and the cost of prescriptions.

Implementation Strategy:

a) Continue partnership with First Choice Primary Care (FQHC).
b) Continue partnership with Macon Volunteer Clinic.
c) Continue support of the transformational community at Tindall Fields with the placement of a care coordinator (Bibb County).
d) Pledged to support another transformational community called Northside Senior Living with a placement of a care coordinator (Bibb County).
e) Develop a partnership with a local Federally Qualified Health Center (FHQC) (Baldwin County).
f) Recruit primary care physicians as well as midlevel providers to existing practices (Baldwin County).
g) Navicent Health Baldwin, The Medical Center of Peach County Navicent Health, and The Medical Center, Navicent Health are examining ways to increase access to healthcare via telemedicine.

- OUTCOMES: Statistics will be recorded for the number of program participants and/or number of attendees at various events, tracking and analyzing the demographic data of program participants, participant history information, identification and tracking of key trends, and determining which programs and efforts are the most effective at achieving desired outcomes. (Reference "Outcome Objective" box on previous page)

Possible Collaborations:

- First Choice Primary Health Care
- Macon Volunteer Clinic
- FQHC in Baldwin County

Outcomes:

Continue partnership with First Choice Primary Care (FQHC).

- Yes, First Choice Primary Care has two (2) staff members located in the Medical Center, Navicent Health for easy referrals.

Continue partnership with Macon Volunteer Clinic.

- Yes, a Health educator coordinates communication, events, etc. between Navicent Health and Macon Volunteer Clinic.

Continue support of the transformational community at Tindall Fields with the placement of a care coordinator (Bibb County).

- Yes, a Care Coordinator is assigned to Tindall Fields. The coordinator is assigned to 19 unique families at Tindall Fields from May 2019 to February 2020. Although COVID-19 pre-empted `face to face contacts, we continued on a very limited basis to provide care telephonically.

Pledged to support another transformational community called Northside Senior Living with a placement of a care coordinator (Bibb County).

- The Northside Senior Living Facility has not yet been built, but Navicent Health is partnering with this facility, its planning committee, and still plans to assign a Care Coordinator to Northside Senior Center once it is built.

Develop a partnership with a local Federally Qualified Health Center (FHQC) (Baldwin County).

- This partnership is in progress.

Recruit primary care physicians as well as midlevel providers to existing practices (Baldwin County).

- The recruitment is in process.

Navicent Health Baldwin, The Medical Center of Peach County Navicent Health, and The Medical Center, Navicent Health are examining ways to increase access to healthcare via telemedicine.

- Navicent Health Baldwin
  - Yes, the Virtual Critical Care was initiated. Five primary care physicians were interviewed in 2019-2020; however, none of them are under contract. In partnership with Atrium Health Intensivists, 199 telemedicine consultations for critically ill patients were completed.
- Total Referrals YTD: 336
  - Primary Care Associates, Baldwin: Launch December 2019
    - 3 providers
    - Averaging 10.9 referrals per month
  - Navicent: Family Health Center: Launch February 2020
    - 17 providers
    - Averaging 23.66 referrals per month
  - Central Georgia: Launch July 2020
    - 4 providers
    - Averaging 6 referrals per month
  - Children's Health: Launch September 2020
    - 8 providers
    - Averaging 5 referrals per month
- Primary and Specialty Care Referrals YTD: 20,555 virtual visits
  - Implemented January 2020 through 10/22/2020 through three (3) virtual platforms.
  - eBHI (Electronic Behavioral Health)
    - Virtual BH services in a non-stigmatic fashion during PCP visit
    - Four sites implemented in 2020:
      - Two rural locations: Milledgeville and Forsyth
      - Two Macon, GA locations: 1 Pediatric practice; 1 Family medicine practice.
    - 245 referrals to 10/2020 (all sites)
  - Four additional locations planned for implementation in 2021.

Appendix 4

Nutrition/Physical Activity

CHNA Page Reference-pages 174-195

Health Problem	Outcome Objective (Anticipated Impact)

a. There is need to improve community awareness to increase physical activity.
 	
   ▪ There is a need to create health environments for physical activity.
 	
   ▪ There is a need to educate regarding the benefits of physical activity.
 	
b. There is a need to improve nutrition and health efforts.
 	
   ▪ There is a need to provide knowledge and skills to make healthier choices.
 	
   ▪ There is a need to increase access to healthy food.
	a. Improve community awareness and education to increase exercise/physical activity per CDC's guidelines.
	
	b. Improve nutrition and health efforts.
	
	   ▪ Increase opportunities to provide knowledge and skills to make healthier choices.
	
	   ▪ Increase access to healthy foods.

Background and contributing factors:

Food deserts exist in all three counties with highest in Bibb County. The U.S. Department of Agriculture data shows that 30.4% of the total Area population (representing over 135,000 residents) have low food access or live in a food desert.   A total of 58.2% of Total Area adults do not participate in any types of physical activities or exercises to strengthen their muscles with the highest in Bibb County at 34.3%.

Implementation Strategy:

a) Continue to send volunteers to work at the Middle Georgia Food Bank and staff mobile food clinics.

b) Sponsor community road races (Bibb and Peach Counties).

c) Sponsor Heart Healthy luncheons and cooking classes (Bibb and Peach Counties).

d) Sponsor school system's community garden (Baldwin County).

e) Sponsor existing Weekend Backpack programs for feeding students in need during times school is not in session (Baldwin County).

• OUTCOMES: Statistics will be recorded for the number of program participants and/or number of attendees at various events, tracking and analyzing the demographic data of program participants, participant history information, identification and tracking of key trends, and determining which programs and efforts are the most effective at achieving desired outcomes. (Reference "Outcome Objective" box on previous page).

Possible Collaborations:

- Middle Georgia Food Bank
- Baldwin County Public Schools
- One South
- Loaves & Fishes

Outcomes:

Continue to send volunteers to work at the Middle Georgia Food Bank and staff mobile food clinics**.**

- A Navicent Health manager serves as the Vice Chairman for the Middle Georgia community Food Bank Board of Directors. In 2019, approximately 50 to 60 teammates were instrumental in a successful food drive. In 2020, approximately 100 Navicent teammates were sent to food drives around Bibb County.

Sponsor community road races (Bibb and Peach Counties).

- The Medical Center of Peach County sponsored the Peach Road Race on March 9, 2019 and March 14, 2020.

Sponsor Heart Healthy luncheons and cooking classes (Bibb and Peach Counties).

- The Heart Center Navicent Health sponsored the Health Healthy luncheon on February 14, 2019 in Fort Valley, GA.

Sponsor school system's community garden (Baldwin County).

- Due to the COVID-19 pandemic, Navicent Health Baldwin did not sponsor a school system's community garden.

Sponsor existing Weekend Backpack programs for feeding students in need during times school is not in session (Baldwin County). Added Medical Center NH in 8/2020.

- Medical Center Navicent Health is committed to sponsoring the Weekend Backpack program through the end of the school year (May 2021). Since August 2020 through 11/20/2020, a total 1705 people were served (see data below).

Date	# Volunteers	Hrs.	People Served
8/27/2020	4	8	250
9/10/2020	4	6	250
9/24/2020	1	2	130
10/08/2020	3	4.5	225
10/22/2020	4	6	250
11/05/2020	6	27	350
11/20/2020	4	8	250
	26	49	1705

- Due to the COVID-19 pandemic, Navicent Health Baldwin did not sponsor a Weekend Backpack program.

Appendix 5

Cardiovascular Disease

CHNA Page Reference-pages 89-102

Health Problem	Outcome Objective (Anticipated Impact)
a. There is a need to reduce cardiovascular disease mortality. b. There is a need to improve cardiovascular health and quality of life. c. There is a need to for education regarding cardiovascular risk factors.	a. Reduce the number of mortalities related to cardiovascular diseases. b. Improve the cardiovascular health and quality of life. c. Increase awareness and knowledge of risk factors for cardiovascular disease.

Background and contributing factors:

Key informants in the CHNA process characterized Heart Disease & Stroke as a major problem. Between 2014 and 2016, there was an annual average age-adjusted heart disease mortality rate of 229.5 deaths per 100,000 population in the Total Area which is much higher than Georgia and national rates. This rate is far from satisfying the Healthy People 2020 target of 156.9 or lower. Overall, the heart disease mortality rate in the Total Area has remained relatively constant, while trends across Georgia and the U. S. have decreased. In the same time frame, there was an annual average age-adjusted stroke mortality rate of 47.4 deaths per 100,000 population in the Total Area which is similar to Georgia's rate and slightly higher than the national rate. This rate fails to satisfy the target of 34.8 or lower with the highest rate in Peach County.

Implementation Strategy:
a) Provide Cardiac screening for neonates in Baldwin County.

b) Continue to assign care coordinators to provide services to patients with congestive heart failure (Bibb).

c) Continue hypertension screenings at community and corporate health fairs; provide follow-up referrals to participants with abnormal results.

d) Continue to provide the Toolkit with congestive heart failure and hypertension information to faith community organizations (Bibb County).

e) Sponsor Hands Only CPR training at community heart fairs.

f) Provide thousands of free blood pressure, cholesterol, and glucose screenings throughout Central Georgia (Navicent Health).

g) Provide free Angioscreens to U. S. Military veterans.

h) Partner with local school system to offer Early Heart Attack Care and Hands Only CPR to staff and students.

- OUTCOMES: Statistics will be recorded for the number of program participants and/or number of attendees at various events, tracking and analyzing the demographic data of program participants, participant history information, identification and tracking of key trends, and determining which programs and efforts are the most effective at achieving desired outcomes. (Reference "Outcome Objective" box on previous page)

Possible Collaborations:

- Faith Community Organizations
- American Heart Association
- Local School system
- Local businesses

Outcomes:

Provide Cardiac screening for neonates in Baldwin County.

- Yes, NH Baldwin performs cardiac screening to all neonates prior to discharge without a charge (free) with an exception of infants transferred to another facility for a higher level of care.

Continue to assign care coordinators to provide services to patients with congestive heart failure (Bibb).

- Healthy Communities provided care to 204 patients with heart failure diagnosis during this period.

Continue hypertension screenings at community and corporate health fairs; provide follow-up referrals to participants with abnormal results.

- Blood pressure screenings:
    - o Navicent Health provided 955 blood pressure screenings at Corporate and Community Wellness Health fairs in 2019 and 2020.
    - o 2800 blood pressure screenings were performed at Angioscreens events in 2019 and 2020.
    - o Provided screenings with a focus on health care disparities.

Continue to provide the Toolkit with congestive heart failure and hypertension information to faith community organizations (Bibb County).

- Navicent Health Healthy Communities implemented a Chronic Disease toolkit which provided to 40 Faith-based organizations. This number was lower than normal due to the COVID-19 pandemic; most of the toolkits were provided in 2019.
- The Chronic Disease toolkit is available on the Navicent Health website for easy access as well.
- In April 2020, a COVID-19 Virtual toolkit was implemented.

Sponsor Hands Only CPR training at community heart fairs.

- Hands Only CPR training was included in Community Health fairs.

Provide thousands of free blood pressure, cholesterol, and glucose screenings throughout Central Georgia (Navicent Health).

- Glucose screenings:
    - o Navicent Health provided 241 random glucose screenings were performed at Community Health fairs in 2019 and 2020. 271 fasting glucose screenings were performed at Community Health fairs in 2019 and 2020.
    - o All participants with abnormal results were notified at the point of care and referred to see their private physician.
- Blood pressure screenings:
    - o Navicent Health provided 955 blood pressure screenings at Corporate Wellness Health fairs in 2019 and 2020.
    - o 2800 blood pressure screenings were performed at Angioscreens events in 2019 and 2020.
    - o All participants with abnormal readings were notified at the point of care and referred to see their private physician.
- Cholesterol screening
    - o Between January 1, 2019 and June 1, 2020, a total of 236 fasting cholesterol screenings were conducted at community health fairs. Of the total, 28 screenings were abnormal.
    - o Between January 1, 2019 and June 1, 2020, a total 307 random cholesterol screenings were conducted at community health fairs. Of the total, 19 were high.
    - o All participants with abnormal results were notified at the point of care and referred to see their private physician.

Provide free Angioscreens to U. S. Military veterans.

- The Medical of Peach County NH provided free Angio screens to U.S. Military veterans on 2/16/2019 and 3/19/2019.
- During the period of 2019 – 2020, approximately 1500 veterans were provided free Angio screens throughout the Navicent Health communities including the two at MCPC.

Partner with local school system to offer Early Heart Attack Care and Hands Only CPR to staff and students.

- Due to limited resources and COVID-19, these services were not provided.

Appendix 6

Obesity

CHNA Page Reference-pages 187-195.

Health Problem	Outcome Objective (Anticipated Impact)
a. There is a need to educate and create awareness around obesity and weight status. b. There is a need to communicate best practices for obesity prevention.	a. Increase awareness and education of obesity and weight status. b. Increase communication for best practices for obesity prevention.

Background and contributing factors:

The CHNA participant process identified weight status as a major problem as there is a high prevalence of overweight and obesity in the community. Busy work-driven lifestyles lend themselves to fast, convenient meals and many people lack the knowledge on how to make healthy choices. Compounding the issue, the rural communities (Baldwin and Peach) do not have easy access to a grocery store, nor are they within proximity. However, the participants voiced that the level of physical activity has room for improvement.

Implementation Strategy:

   a) Support and maintain walking trails on the hospitals' grounds (Bibb, Baldwin and Peach Counties).
   b) Continue to offer healthy living and wellness seminars to the community.
   c) Continue to offer the "Walk with a Doc" program for the community.

- OUTCOMES: Statistics will be recorded for the number of program participants and/or number of attendees at various events, tracking and analyzing the demographic data of program participants, participant history information, identification and tracking of key trends, and determining which programs and efforts are the most effective at achieving desired outcomes. (Reference "Outcome Objective" box on previous page)

Possible Collaborations:

- Macon-Bibb County Recreation Department
- Walk with a Doc
- Local school districts

Outcomes:

Support and maintain walking trails on the hospitals' grounds (Bibb, Baldwin and Peach Counties).

- NH Baldwin
    - The walking trail is supported and maintained at Navicent Baldwin. The participants who walk this trail are not registered or counted.

- Walking Club
    - A walking club was started in October 2019 in Tindall Fields. The club met once a week; the participants were encouraged to walk a couple more times/week. The program started with 16 interested participants and ended with seven (7) active members. Education was provided to all 16 participants on health benefits of walking and exercise.
- Relay for Life
    - In 2019, the total number of participants for the Bibb County was 1973. Navicent Health had 1313 registered participants.
    - Relay for Life 2020 was a Virtual Relay due to the COVID-19 pandemic of which was held on Facebook Live during the week of August 10-14, 2020. A total of 359 registered participants for the 2020 Relay for Life.
- Medical Center of Peach County
    - Faith-Based organizations
        - Physical Activity- Promotion of Peach Hospital Walking Trail.

- Heart Walk 2019

Heart Walk 2019:

Number of Teams	20
Number of Participants	101

Continue to offer healthy living and wellness seminars to the community.

- Elevate Magazine

  o The Elevate Magazine contains health and wellness articles, tips, and tricks as well as delicious and nutritious recipes, access to a health resource library and information about upcoming events at NH.

  o The print Elevate magazine is mailed to 20,000 homes quarterly and contiguous counties.

  o The Elevate digital newsletter is mailed to approximately 6500 subscribers monthly. Subscribers are primarily from central Georgia although there are approximately 20 from outside the area. Previous editions may be found on the Navicent Health website.

- Speaker's Bureau

  o In 2019 The Navicent Health Speakers Bureau spoke to 7,590 people at 124 events about various health topics.

  o In 2020, which was cut short due to COVID (in March 2020), The Navicent Health Speakers Bureau spoke to 524 people at 15 events.

- Interview the Doctor Program Navicent Knows, Medical Minute, etc.

  o In calendar years 2019 and 2020 Navicent Health provided healthcare experts for local, state, and national print, broadcast, and online news interviews. In calendar year 2019, Navicent Health was mentioned in 3,795 media hits. To date in calendar year 2020, Navicent Health has been mentioned in 3,266 media hits.

Continue to offer the "Walk with a Doc" program for the community.

- The "Walk with a Doc" program was started in April 2019 which met once a month on the 1st Saturday at Central City Park in Macon, GA. This program was led by a physician from Family Health Center.

  Due to the COVID-19 and organizational policy, the program was cancelled from April 2020 to November 6, 2020. The program resumed again on November 7, 2020.

- The "Walk with a Doc" met 12 times from April 2019 to March 2020. The goal of the program is to "Walk, Talk, and get Healthier."

- On an average 10-12 participants per walking event.

- Research was conducted on the effectiveness of the walking program. Twenty-two of the 24 walkers completed the program. One of the walkers who started in March 2020 reported that she has lost 25 lbs. thereby reducing her A1C from 10 to 6.3.

Appendix 7

Other Strategies

CHNA Page Reference-pages 116-123, 124-136

Health Problem	Outcome Objective (Anticipated Impact)
a) There is a need for education and awareness for other health concerns such as asthma and trauma. b) There is a need to provide access for sport physicals for special needs students participating in Special Olympics. c) There is a need to provide other health screenings for elementary school-aged children.	a) Increase education and awareness for other health concerns including asthma and trauma injuries. b) Continue to provide sport physicals for special needs students participating in the Special Olympics. c) Continue to provide other health screenings for elementary school-aged children.

Background and contributing factors:

The CHNA identified other areas of need for children as it relates to asthma and access for those with special services.

Implementation Strategy:

- Continue to sponsor Camp Open Airways for children with asthma.
- Continue to sponsor Stop the Bleed classes throughout Central Georgia.
- Continue to sponsor a Matter of Balance programs throughout Central Georgia.
- Continue to provide sports physicals for special needs students participating the Special Olympics.

- OUTCOMES: Statistics will be recorded for the number of program participants and/or number of attendees at various events, tracking and analyzing the demographic data of program participants, participant history information, identification and tracking of key trends, and determining which programs and efforts are the most effective at achieving desired outcomes. (Reference "Outcome Objective" box on previous page)

Possible Collaborations:

- Local school systems
- Community agencies
- Senior Centers
- Local fire departments

Outcomes:

Continue to sponsor Camp Open Airways for children with asthma.

- Medical Center Navicent Health sponsored the 3rd annual free Camp Open Airways Asthma Camp on 6/8/19 at Middle Georgia State University. This camp had 10 attendees with their caregivers who had been identified as the potential for high risk asthma emergencies. Zero readmissions for asthma documented for Navicent Health of attendees following camp. We were unable to sponsor Camp Open Airways for 2020 due to COVID 19 restrictions.

Continue to sponsor Stop the Bleed classes throughout Central Georgia.

- The Medical Center Navicent Health's Stop the Bleed programming was significantly impacted by COVID 19 in 2020. However, in 2020, prior to the COVID-19 closures, six (6) courses were taught with a total of 263 participants, in three (3) counties.

- In 2019, working with our regional partners, the Stop the Bleed program coordinator provided Stop the Bleed instruction to 2,015 community individuals in 53 separate offerings conducted in 15 counties.

Continue to sponsor a Matter of Balance programs throughout Central Georgia.

- Yes, Navicent Health Rehab sponsored the Matter of Balance program during the months of January 15 through March 5, 2020 and September 3 through October 22 for two (2) hours per weeks for eight (8) weeks. The January class had 11 participants and September had 14 participants for a total of 25.

- The Medical Center of Peach County placed 340 books in our three (3) elementary schools about self-image and taking care of yourself. The books are entitled "Eight Key Steps to A Better Me".

Continue to provide sports physicals for special needs students participating the Special Olympics.

- This program was not initiated.