



# 2023 Community Health Needs Assessment

Baldwin County, Georgia

Sponsored by  
Atrium Health Navicent Baldwin



# Table of Contents

<b>Introduction</b>	<b>3</b>
Project Overview	4
Methodology	4
IRS Form 990, Schedule H Compliance	9
Summary of Findings	10
<b>Data Charts &amp; Key Informant Input</b>	<b>23</b>
Community Characteristics	24
Population Characteristics	24
Social Determinants of Health	26
Health Status	34
Overall Health	34
Mental Health	36
Death, Disease & Chronic Conditions	42
Leading Causes of Death	42
Cardiovascular Disease	43
Cancer	49
Respiratory Disease	54
Injury & Violence	58
Diabetes	62
Disabling Conditions	65
Births	70
Birth Outcomes & Risks	70
Family Planning	71
Modifiable Health Risks	73
Nutrition	73
Physical Activity	74
Weight Status	77
Substance Use	81
Tobacco Use	85
Sexual Health	88
Access to Health Care	90
Lack of Health Insurance Coverage	90
Difficulties Accessing Health Care	91
Primary Care Services	95
Oral Health	97
Local Resources	99
Perceptions of Local Health Care Services	99
Resources Available to Address Significant Health Needs	100
<b>Appendix</b>	<b>102</b>
Evaluation of Past Activities	103



# Introduction

# Project Overview

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, a follow-up to similar studies conducted in 2018 and 2020, is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Baldwin County, the service area of Atrium Health Navicent Baldwin. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

This assessment was conducted on behalf of Atrium Health Navicent Baldwin by PRC, Inc., 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 Atrium Health Navicent 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 “Baldwin County” in this report) is defined as ZIP Codes 31034, 31059, 31061, and 31062. This community definition was determined based on the ZIP Codes of residence of recent patients of Atrium Health Navicent Baldwin.

#### 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 random sample of 200 individuals age 18 and older in Baldwin County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Baldwin County as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

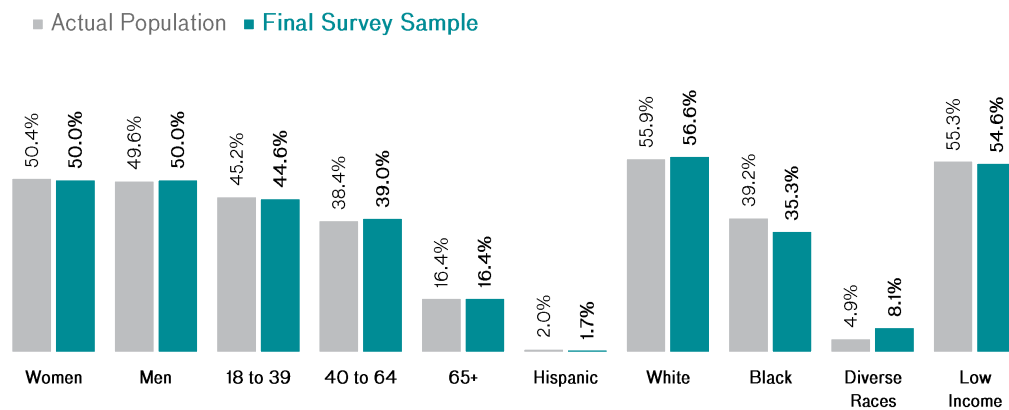
For statistical purposes, the maximum rate of error associated with a sample size of 200 respondents is  $\pm 6.9\%$  at the 95 percent confidence level.

## 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.

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

### Population & Survey Sample Characteristics (Baldwin County, 2023)



Sources: • US Census Bureau, 2016-2020 American Community Survey.  
• 2023 PRC Community Health Survey, PRC, Inc.

Notes: • “Low Income” reflects those living under 200% of the federal poverty level, based on guidelines established by the US Department of Health & Human Services.  
• All Hispanic respondents are grouped, regardless of identity with any other race group. Race reflects those who identify with individual race categories, without Hispanic origin. “Diverse Races” includes those who identify as American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.

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.

## 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 was also implemented as part of this process. A list of recommended participants was provided by Atrium Health Navicent; 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, 19 community representatives took part in the Online Key Informant Survey, as outlined in the table that follows:

## Online Key Informant Survey Participation

Key Informant Type	Number Participating
Physicians	2
Public Health Representatives	3
Other Health Providers	3
Social Services Providers	2
Community Leaders	9

Through this process, input was gathered from individuals whose organizations work with low-income, minority, or other medically underserved populations. Final participation included representatives of the organizations outlined below.

- Baldwin County Board of Commissioners
- Baldwin County Family Connections
- Baldwin County Health Department
- Baldwin Medical Center
- Century Bank & Trust
- City of Milledgeville
- Georgia College & State University
- Georgia Military College
- Kids First Pediatrics
- Meals On Wheels Baldwin County
- River Edge Behavioral Health Services

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.

## 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 Baldwin County 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](http://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, National Center for Health Statistics
- National Cancer Institute, State Cancer Profiles
- 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 Baldwin County in 2018 and 2020 by PRC on behalf of Atrium Health Navicent Baldwin. 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 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. For other indicators, these draw from vital statistics, census, and other existing data sources.

### National Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2023 PRC National Health Survey*; these data may be generalized to the US population with a high degree of confidence. National-level vital findings (from various existing resources) 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.



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, LGBTQ+ residents, undocumented residents, and members of certain racial/ethnic or immigrant groups – while included in the overall findings, 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

Atrium Health Navicent Baldwin made its prior Community Health Needs Assessment (CHNA) report publicly available on 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, Atrium Health Navicent Baldwin 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. Atrium Health Navicent Baldwin 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 (2022)	See Report Page
<b>Part V Section B Line 3a</b> A definition of the community served by the hospital facility	4
<b>Part V Section B Line 3b</b> Demographics of the community	24
<b>Part V Section B Line 3c</b> Existing health care facilities and resources within the community that are available to respond to the health needs of the community	99
<b>Part V Section B Line 3d</b> How data was obtained	4
<b>Part V Section B Line 3e</b> The significant health needs of the community	10
<b>Part V Section B Line 3f</b> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
<b>Part V Section B Line 3g</b> The process for identifying and prioritizing community health needs and services to meet the community health needs	12
<b>Part V Section B Line 3h</b> The process for consulting with persons representing the community's interests	5
<b>Part V Section B Line 3i</b> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	103

# 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 key informants giving input to this process.

Areas of Opportunity Identified Through This Assessment	
<b>Access To Health Care Services</b>	<ul style="list-style-type: none"> <li>▪ Lack of Health Insurance</li> <li>▪ Barriers to Access               <ul style="list-style-type: none"> <li>– Appointment Availability</li> <li>– Culture/Language</li> </ul> </li> <li>▪ Primary Care Physician Ratio</li> <li>▪ Specific Source of Ongoing Medical Care</li> <li>▪ Routine Medical Care (Adults)</li> <li>▪ Ratings of Local Health Care</li> </ul>
<b>Cancer</b>	<ul style="list-style-type: none"> <li>▪ Leading Cause of Death</li> <li>▪ Lung Cancer Deaths</li> <li>▪ Lung Cancer Incidence</li> <li>▪ Colorectal Cancer Screening</li> </ul>
<b>Diabetes</b>	<ul style="list-style-type: none"> <li>▪ Diabetes Deaths</li> <li>▪ Kidney Disease Deaths</li> </ul>
<b>Disabling Conditions</b>	<ul style="list-style-type: none"> <li>▪ Activity Limitations</li> <li>▪ High-Impact Chronic Pain</li> <li>▪ Alzheimer’s Disease Deaths</li> </ul>
<b>Heart Disease &amp; Stroke</b>	<ul style="list-style-type: none"> <li>▪ Leading Cause of Death</li> <li>▪ Heart Disease Deaths</li> <li>▪ Stroke Deaths</li> <li>▪ Overall Cardiovascular Risk</li> <li>▪ Key Informants: <i>Heart Disease &amp; Stroke</i> ranked as a top concern.</li> </ul>

—continued on the following page—



## Areas of Opportunity (continued)

<b>Housing</b>	<ul style="list-style-type: none"> <li>▪ Housing Conditions</li> <li>▪ Lack of Utilities</li> <li>▪ Key Informants: <i>Social Determinants of Health</i> ranked as a top concern.</li> </ul>
<b>Infant Health &amp; Family Planning</b>	<ul style="list-style-type: none"> <li>▪ Low-Weight Births</li> </ul>
<b>Injury &amp; Violence</b>	<ul style="list-style-type: none"> <li>▪ Motor Vehicle Crash Deaths</li> <li>▪ Violent Crime Rate</li> <li>▪ Intimate Partner Violence</li> </ul>
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>▪ “Fair/Poor” Mental Health</li> <li>▪ Diagnosed Depression</li> <li>▪ Stress</li> <li>▪ Mental Health Provider Ratio</li> <li>▪ Difficulty Obtaining Mental Health Services</li> <li>▪ Key Informants: <i>Mental Health</i> ranked as a top concern.</li> </ul>
<b>Nutrition, Physical Activity &amp; Weight</b>	<ul style="list-style-type: none"> <li>▪ Food Insecurity</li> <li>▪ Difficulty Accessing Fresh Produce</li> <li>▪ Meeting Physical Activity Guidelines</li> <li>▪ Access to Recreation/Fitness Facilities</li> <li>▪ Overweight &amp; Obesity [Adults]</li> <li>▪ Key Informants: <i>Nutrition, Physical Activity &amp; Weight</i> ranked as a top concern.</li> </ul>
<b>Respiratory Disease</b>	<ul style="list-style-type: none"> <li>▪ Lung Disease Deaths</li> <li>▪ Pneumonia/Influenza Deaths</li> <li>▪ Asthma Prevalence [Adults]</li> </ul>
<b>Sexual Health</b>	<ul style="list-style-type: none"> <li>▪ Chlamydia Incidence</li> <li>▪ Gonorrhea Incidence</li> </ul>
<b>Substance Use</b>	<ul style="list-style-type: none"> <li>▪ Excessive Drinking</li> <li>▪ Illicit Drug Use</li> <li>▪ Personally Impacted by Substance Use</li> <li>▪ Key Informants: <i>Substance Use</i> ranked as a top concern.</li> </ul>
<b>Tobacco Use</b>	<ul style="list-style-type: none"> <li>▪ Cigarette Smoking</li> <li>▪ Use of Vaping Products</li> </ul>



## Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment (“Areas of Opportunity” above) was determined based on a prioritization exercise conducted among providers and other community leaders (representing a cross-section of community-based agencies and organizations) as part of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. Mental Health
2. Nutrition, Physical Activity & Weight
3. Housing (Social Determinants of Health)
4. Substance Use
5. Heart Disease & Stroke
6. Injury & Violence
7. Diabetes
8. Infant Health & Family Planning
9. Tobacco Use
10. Access to Health Care Services
11. Cancer
12. Disabling Conditions
13. Sexual Health
14. Respiratory Diseases

## Hospital Implementation Strategy

Atrium Health Navicent Baldwin 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, Baldwin County results are shown in the larger, teal column.
- The columns to the right of the Baldwin County column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Symbols indicate whether Baldwin County compares favorably (☀️), unfavorably (🚫), or comparably (↔️) to these external data.

#### TREND SUMMARY (Current vs. Baseline Data)

#### SURVEY DATA INDICATORS:

Trends for survey-derived indicators represent significant changes since 2018 (or earliest available data).












#### OTHER (SECONDARY) DATA INDICATORS:




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




Note that 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.







































Social Determinants	Baldwin County	Baldwin County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2030	
Linguistically Isolated Population (Percent)	0.6	 2.7	 4.0		
Population in Poverty (Percent)	22.6	 13.9	 12.6	 8.0	
Children in Poverty (Percent)	23.7	 19.6	 17.1	 8.0	
No High School Diploma (Age 25+, Percent)	14.3	 11.8	 11.1		
Unemployment Rate (Age 16+, Percent)	3.5	 2.8	 3.3		
% Unable to Pay Cash for a \$400 Emergency Expense	38.0		 34.0		 38.3
% Worry/Stress Over Rent/Mortgage in Past Year	37.8		 45.8		 34.9
% Unhealthy/Unsafe Housing Conditions	20.5		 16.4		 12.9
% Went Without Utilities in Past Year	23.6				
Population With Low Food Access (Percent)	24.6	 30.9	 22.2		
% Food Insecure	46.0		 43.3		 25.5

 better     
  similar     
  worse


































Overall Health	Baldwin County	Baldwin County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2030	
% "Fair/Poor" Overall Health	21.4	 18.1	 15.7		 27.3

 better     
  similar     
  worse









Access to Health Care	Baldwin County	Baldwin County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2030	
% [Age 18-64] Lack Health Insurance	18.2	 17.1	 8.1	 7.6	 7.2
% Difficulty Accessing Health Care in Past Year (Composite)	55.6		 52.5		 48.8
% Cost Prevented Physician Visit in Past Year	27.4	 15.5	 21.6		 24.0
% Cost Prevented Getting Prescription in Past Year	21.7		 20.2		 17.5
% Difficulty Getting Appointment in Past Year	26.9		 33.4		 17.5
% Inconvenient Hrs Prevented Dr Visit in Past Year	24.8		 22.9		 20.7
% Difficulty Finding Physician in Past Year	26.4		 22.0		 19.2
% Transportation Hindered Dr Visit in Past Year	17.4		 18.3		 14.9
% Language/Culture Prevented Care in Past Year	6.8		 5.0		 0.3
% Stretched Prescription to Save Cost in Past Year	22.4		 19.4		 18.2
% Difficulty Getting Child's Health Care in Past Year	5.7		 11.1		
Primary Care Doctors per 100,000	89.0	 87.8	 107.8		
% Have a Specific Source of Ongoing Care	58.9		 69.9	 84.0	 63.6
% Routine Checkup in Past Year	64.2	 76.3	 65.3		 77.1
% [Child 0-17] Routine Checkup in Past Year	93.3		 77.5		
% Two or More ER Visits in Past Year	20.1		 15.6		 16.9




Access to Health Care (continued)	Baldwin County	Baldwin County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2030	
% Rate Local Health Care "Fair/Poor"	25.2		 11.5		 29.6












 better    
  similar    
  worse




Cancer	Baldwin County	Baldwin County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2030	
Cancer Deaths per 100,000 (Age-Adjusted)	159.2	 150.5	 146.5	 122.7	 187.0
Lung Cancer Deaths per 100,000 (Age-Adjusted)	44.1	 35.7	 33.4	 25.1	
Female Breast Cancer Deaths per 100,000 (Age-Adjusted)	20.2	 20.2	 19.4	 15.3	
Prostate Cancer Deaths per 100,000 (Age-Adjusted)	20.7	 20.6	 18.5	 16.9	
Colorectal Cancer Deaths per 100,000 (Age-Adjusted)	15.2	 14.0	 13.1	 8.9	
Cancer Incidence per 100,000 (Age-Adjusted)	482.7	 468.6	 449.4		
Lung Cancer Incidence per 100,000 (Age-Adjusted)	74.8	 59.8	 56.3		
Female Breast Cancer Incidence per 100,000 (Age-Adjusted)	137.7	 129.1	 128.1		
Prostate Cancer Incidence per 100,000 (Age-Adjusted)	125.6	 132.6	 109.9		
Colorectal Cancer Incidence per 100,000 (Age-Adjusted)	40.6	 40.4	 37.7		
% Cancer	10.4	 11.2	 7.4		 10.1
% [Women 50-74] Breast Cancer Screening	78.8	 78.1	 64.0	 80.5	 86.5


















Cancer (continued)	Baldwin County	Baldwin County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2030	
% [Women 21-65] Cervical Cancer Screening	76.4	 76.5	 75.4	 84.3	 72.2
% [Age 50-75] Colorectal Cancer Screening	71.4	 69.8	 71.5	 74.4	 86.1























 better    
 similar    
 worse

Diabetes	Baldwin County	Baldwin County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2030	
Diabetes Deaths per 100,000 (Age-Adjusted)	33.4	 22.2	 22.6		 17.9
% Diabetes/High Blood Sugar	13.0	 12.3	 12.8		 17.5
% Borderline/Pre-Diabetes	10.6		 15.0		 5.7
Kidney Disease Deaths per 100,000 (Age-Adjusted)	21.3	 18.4	 12.8		 23.3





 better    
 similar    
 worse

Disabling Conditions	Baldwin County	Baldwin County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2030	
% 3+ Chronic Conditions	41.3		 38.0		 43.7
% Activity Limitations	36.3		 27.5		 33.5
% High-Impact Chronic Pain	24.3		 19.6	 6.4	 15.3
Alzheimer's Disease Deaths per 100,000 (Age-Adjusted)	23.4	 44.8	 30.9		 19.2
% Caregiver to a Friend/Family Member	24.1		 22.8		 22.8








 better    
 similar    
 worse







Heart Disease & Stroke	Baldwin County	Baldwin County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2030	
Heart Disease Deaths per 100,000 (Age-Adjusted)	287.9	 178.3	 164.4	 127.4	 231.1
% Heart Disease	11.0	 7.0	 10.3		 8.1
Stroke Deaths per 100,000 (Age-Adjusted)	48.2	 42.8	 37.6	 33.4	 44.7
% Stroke	4.0	 3.7	 5.4		 2.9
% High Blood Pressure	42.2	 36.6	 40.4	 42.6	 45.9
% High Cholesterol	35.4		 32.4		 31.9
% 1+ Cardiovascular Risk Factor	92.7		 87.8		 90.6




 better    
  similar    
  worse
















Infant Health & Family Planning	Baldwin County	Baldwin County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2030	
Teen Births per 1,000 Females 15-19	13.8	 22.5	 19.3		
Low Birthweight (Percent of Births)	11.0	 9.8	 8.2		




 better    
  similar    
  worse


















Injury & Violence	Baldwin County	Baldwin County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2030	
Unintentional Injury Deaths per 100,000 (Age-Adjusted)	42.5	 44.9	 51.6	 43.2	 43.7
Motor Vehicle Crash Deaths per 100,000 (Age-Adjusted)	21.0	 14.4	 11.4	 10.1	




Injury & Violence (continued)	Baldwin County	Baldwin County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2030	
Violent Crimes per 100,000	71.9	 373.1	 416.0		
% Victim of Violent Crime in Past 5 Years	4.1		 7.0		 6.0
% Victim of Intimate Partner Violence	23.8		 20.3		 15.5








 better     
  similar     
  worse




Mental Health	Baldwin County	Baldwin County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2030	
% "Fair/Poor" Mental Health	33.1		 24.4		 18.0
% Diagnosed Depression	31.0	 17.7	 30.8		 20.2
% Symptoms of Chronic Depression	42.3		 46.7		 35.7
% Typical Day Is "Extremely/Very" Stressful	18.1		 21.1		 5.5
Mental Health Providers per 100,000	98.2	 75.0	 149.9		
% Receiving Mental Health Treatment	20.8		 21.9		 17.0
% Unable to Get Mental Health Services in Past Year	8.3		 13.2		 2.9
















 better     
  similar     
  worse




Nutrition, Physical Activity & Weight	Baldwin County	Baldwin County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2030	
% "Very/Somewhat" Difficult to Buy Fresh Produce	38.3		 30.0	 22.9	
% No Leisure-Time Physical Activity	30.7	 23.7	 30.2	 28.3	
% Meet Physical Activity Guidelines	20.7	 24.1	 30.3	 31.9	
% [Child 2-17] Physically Active 1+ Hours per Day	67.4		 27.4		
Recreation/Fitness Facilities per 100,000	6.9	 10.8	 11.9		
% Overweight (BMI 25+)	74.5	 68.0	 63.3	 74.9	
% Obese (BMI 30+)	44.7	 33.9	 33.9	 43.7	







 better    
  similar    
  worse




Oral Health	Baldwin County	Baldwin County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2030	
% Have Dental Insurance	63.3		 72.7	 75.0	
% Dental Visit in Past Year	54.9	 60.7	 56.5	 45.0	
% [Child 2-17] Dental Visit in Past Year	76.4		 77.8	 45.0	












 better    
  similar    
  worse




Respiratory Disease	Baldwin County	Baldwin County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2030	
Lung Disease Deaths per 100,000 (Age-Adjusted)	51.1	 43.1	 38.1		 45.8
Pneumonia/Influenza Deaths per 100,000 (Age-Adjusted)	18.1	 13.4	 13.4		 14.0
COVID-19 Deaths per 100,000 (Age-Adjusted)	77.6	 81.7	 85.0		
% Asthma	19.2	 9.4	 17.9		 9.9
% [Child 0-17] Asthma	13.7		 16.7		
% COPD (Lung Disease)	11.4	 6.6	 11.0		 15.4










 better     
  similar     
  worse




Sexual Health	Baldwin County	Baldwin County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2030	
HIV Prevalence per 100,000	345.8	 643.5	 379.7		
Chlamydia Incidence per 100,000	770.8	 589.4	 481.3		
Gonorrhea Incidence per 100,000	409.9	 221.0	 206.5		

 better     
  similar     
  worse

Substance Use	Baldwin County	Baldwin County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2030	
% Excessive Drinking	20.4	 16.0	 34.3		 8.4
% Used an Illicit Drug in Past Month	10.7		 8.4		 5.3
% Used a Prescription Opioid in Past Year	13.6		 15.1		 11.6
% Ever Sought Help for Alcohol or Drug Problem	7.1		 6.8		 2.0
% Personally Impacted by Substance Use	50.1		 45.4		 38.1

 better    
  similar    
  worse

Tobacco Use	Baldwin County	Baldwin County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2030	
% Smoke Cigarettes	28.1	 15.0	 23.9	 6.1	 15.0
% Someone Smokes at Home	23.0		 17.7		 21.9
% Use Vaping Products	21.9	 7.8	 18.5		 2.5

 better    
  similar    
  worse



# Data Charts & Key Informant Input

The following sections present data from multiple sources, including the population-based PRC Community Health Survey, public health and other existing data sets (secondary data), as well as qualitative input from the Online Key Informant Survey.

Data indicators from these sources are intermingled and organized by health topic. To better understand the source data for specific indicators, please refer to the footnotes accompanying each chart.

# Community Characteristics

## Population Characteristics

### Land Area, Population Size & Density

Data from the US Census Bureau reveal the following statistics for our community relative to size, population, and density.

**Total Population**  
(Estimated Population, 2017-2021)

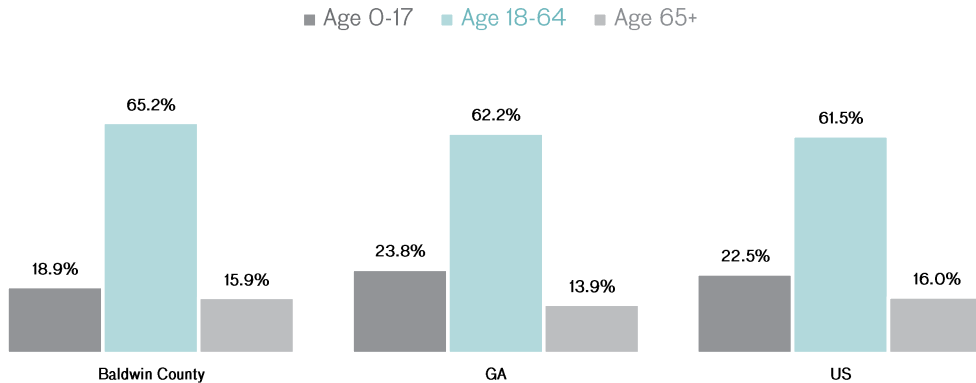
	Total Population	Total Land Area (square miles)	Population Density (per square mile)
<b>Baldwin County</b>	<b>43,876</b>	<b>258.70</b>	<b>170</b>
Georgia	10,625,615	57,717.11	184
United States	329,725,481	3,533,041.03	93

Sources: • US Census Bureau American Community Survey, 5-year estimates.  
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2023 via SparkMap (sparkmap.org).

### 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.

**Total Population by Age Groups**  
(2017-2021)



Sources: • US Census Bureau American Community Survey, 5-year estimates.  
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2023 via SparkMap (sparkmap.org).

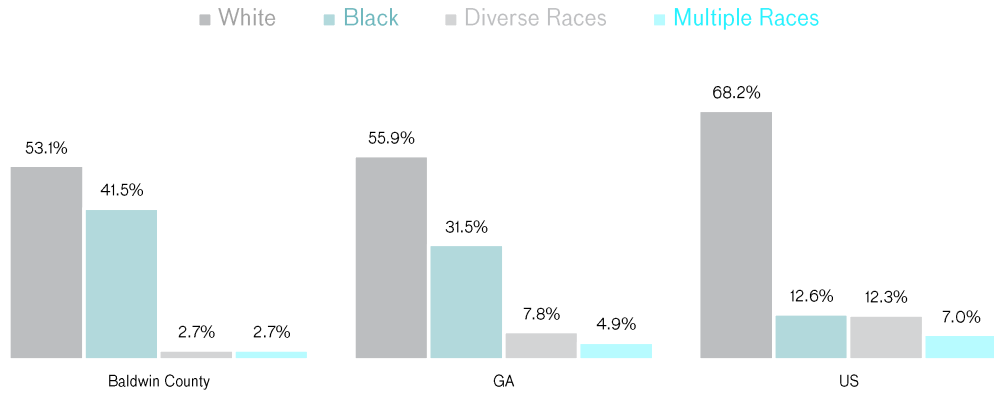


## Race & Ethnicity

The following charts illustrate the racial and ethnic makeup of our community.

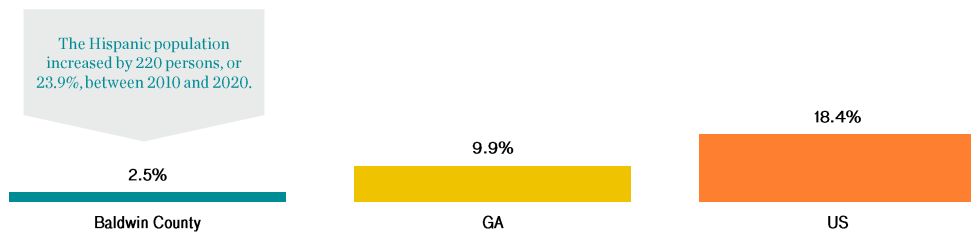
Race reflects those who identify with a single race category, regardless of Hispanic origin. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

### Total Population by Race Alone (2017-2021)



- Sources:
- US Census Bureau American Community Survey, 5-year estimates.
  - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2023 via SparkMap (sparkmap.org).
- Notes:
- “Diverse Races” includes those who identify as American Indian or Alaska Native, Asian, or Native Hawaiian/Pacific Islander, without Hispanic origin.

### Hispanic Population (2017-2021)



- Sources:
- US Census Bureau American Community Survey, 5-year estimates.
  - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2023 via SparkMap (sparkmap.org).
- Notes:
- People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

# 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>)

## Income & Poverty

### Poverty

The following chart outlines the proportion of our population below the federal poverty threshold in comparison to state and national proportions.

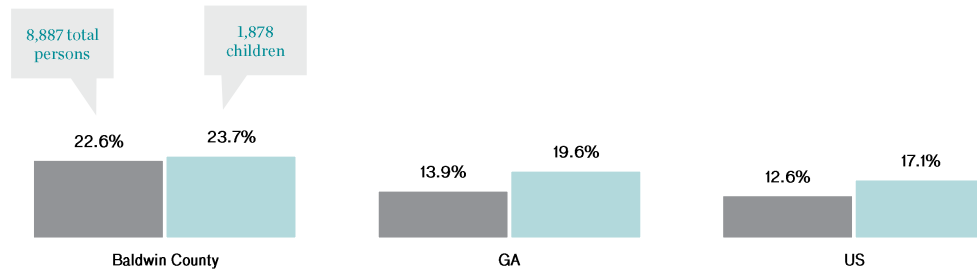
Poverty is considered a key driver of health status because it creates barriers to accessing health services, healthy food, and other necessities that contribute to health status.



## Percent of Population in Poverty (2017-2021)

Healthy People 2030 = 8.0% or Lower

■ Total Population ■ Children

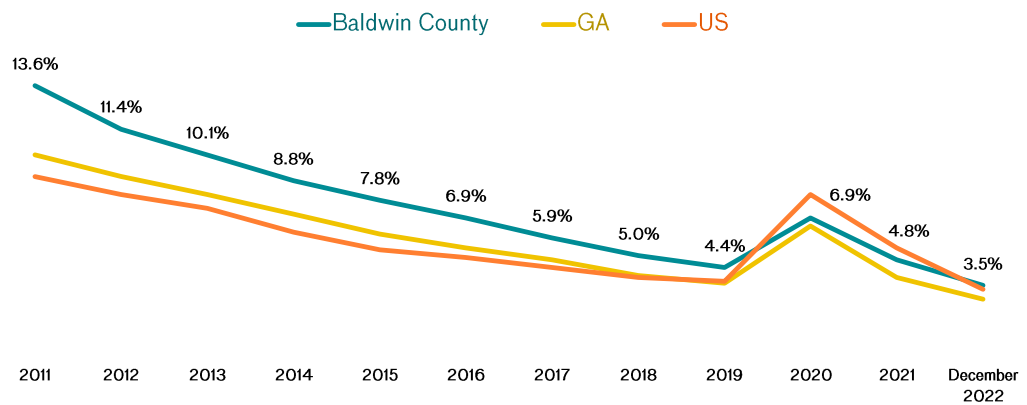


- Sources:
- US Census Bureau American Community Survey, 5-year estimates.
  - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2023 via SparkMap (sparkmap.org).
  - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

## Employment

The following shows the trend in local unemployment according to data derived from the US Department of Labor.

## Unemployment Rate



- Sources:
- US Department of Labor, Bureau of Labor Statistics.
  - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2023 via SparkMap (sparkmap.org).
- Notes:
- Percent of non-institutionalized population age 16+ who are unemployed (not seasonally adjusted).

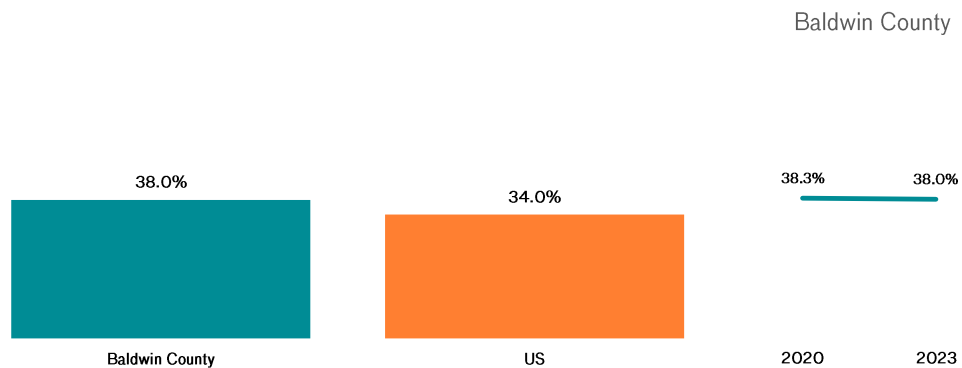


## Financial Resilience

**PRC Survey** ▶ “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?”

The following charts detail “no” responses in Baldwin County in comparison to benchmark data, as well as by basic demographic characteristics (such as gender, age groupings, income [based on poverty status], and race/ethnicity).

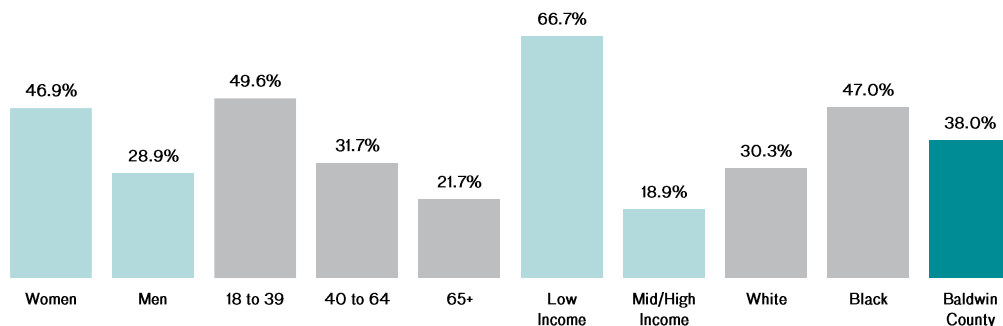
### Do Not Have Cash on Hand to Cover a \$400 Emergency Expense



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 53]  
 • 2023 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.

### Do Not Have Cash on Hand to Cover a \$400 Emergency Expense (Baldwin County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 53]

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.

## Income & Race/Ethnicity

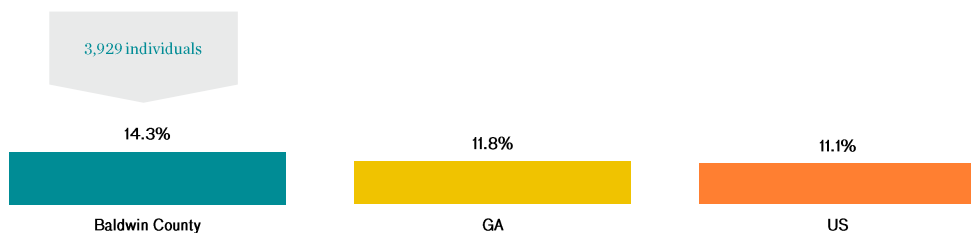
**INCOME** ► Income categories used to segment survey data in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2022 guidelines place the poverty threshold for a family of four at \$27,750 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 ( $\geq 200\%$  of) the federal poverty level.

**RACE & ETHNICITY** ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. Data are detailed for individuals identifying with a race category, without Hispanic origin. “White” reflects those who identify as White alone, without Hispanic origin; “Black” reflects those who identify as Black alone, without Hispanic origin.

## Education

Education levels are reflected in the proportion of our population without a high school diploma. This indicator is relevant because educational attainment is linked to positive health outcomes.

### Population With No High School Diploma (Adults Age 25 and Older; 2017-2021)



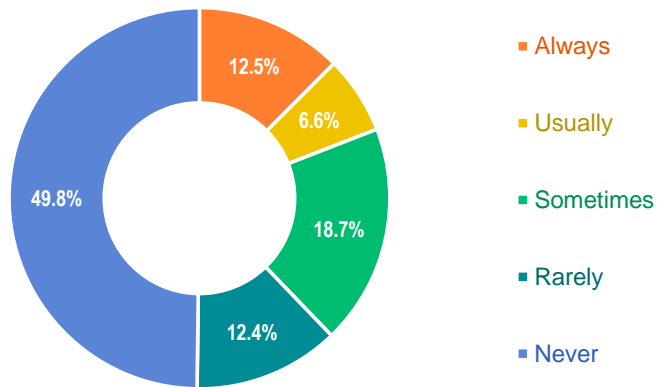
Sources: • US Census Bureau American Community Survey, 5-year estimates.  
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2023 via SparkMap (sparkmap.org).

## Housing

### Housing Insecurity

**PRC Survey** ▶ “In the past 12 months, how often were you worried or stressed about having enough money to pay your rent or mortgage? Would you say you were worried or stressed: always, usually, sometimes, rarely, or never?”

Frequency of Worry or Stress  
Over Paying Rent or Mortgage in the Past Year  
(Baldwin County, 2023)

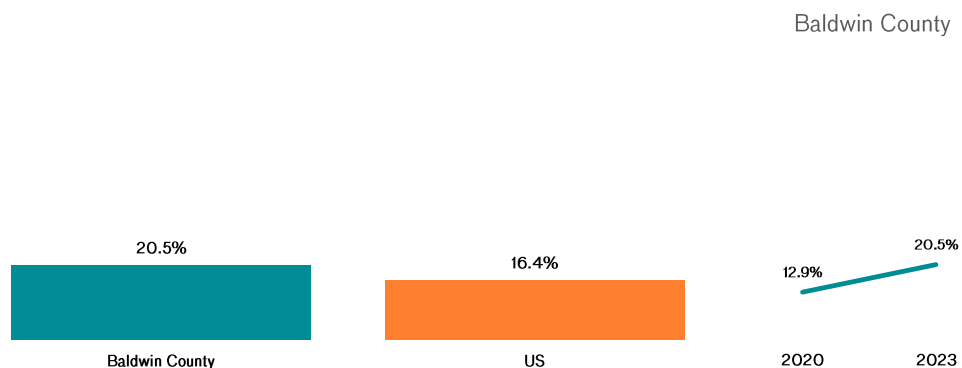


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 56]  
Notes: • Asked of all respondents.

### Unhealthy or Unsafe Housing

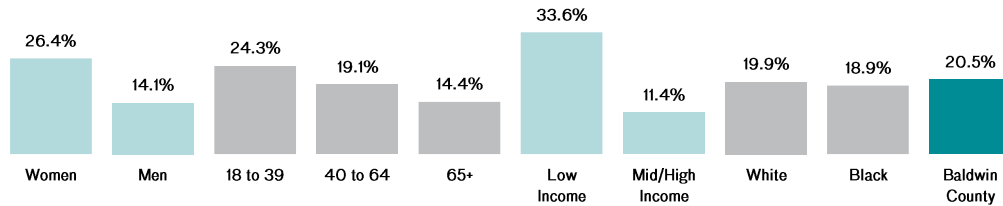
**PRC Survey** ▶ “Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?”

Unhealthy or Unsafe Housing Conditions in the Past Year



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 55]  
• 2023 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.

## Unhealthy or Unsafe Housing Conditions in the Past Year (Baldwin County, 2023)

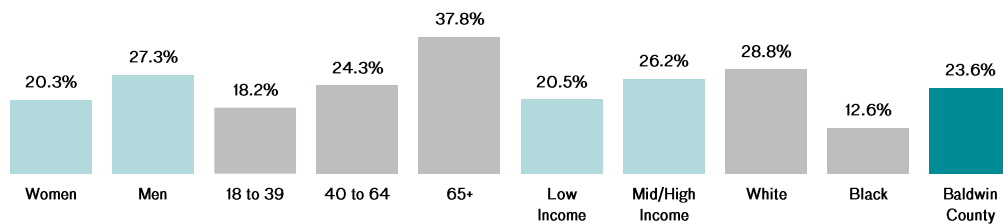


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 55]  
 Notes: • Asked of all respondents.  
 • Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

## Utilities

**PRC Survey** ▶ “Was there a time in the past 12 months when you did not have electricity, water, or heating in your home?”

## Went Without Electricity, Water, or Heating in Home at Some Point in the Past Year (Baldwin County, 2023)



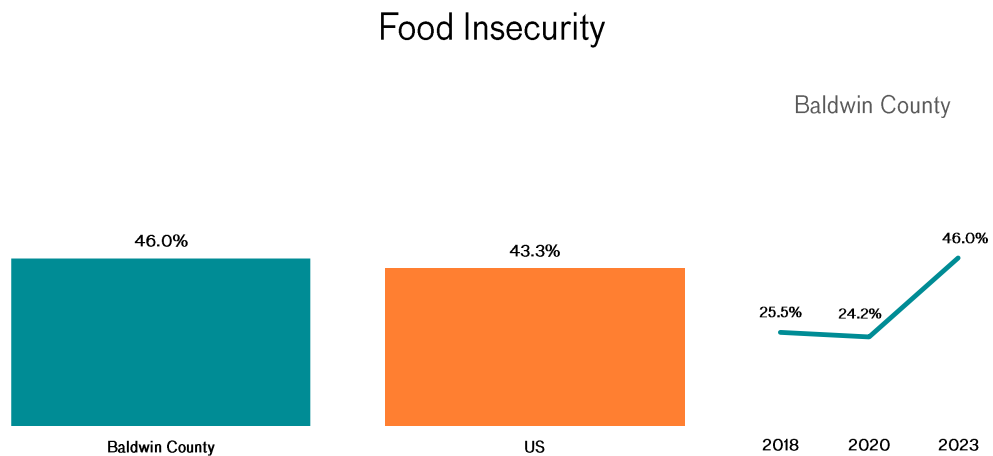
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 301]  
 Notes: • Asked of all respondents.

## Food Insecurity

**PRC Survey** ▶ “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.

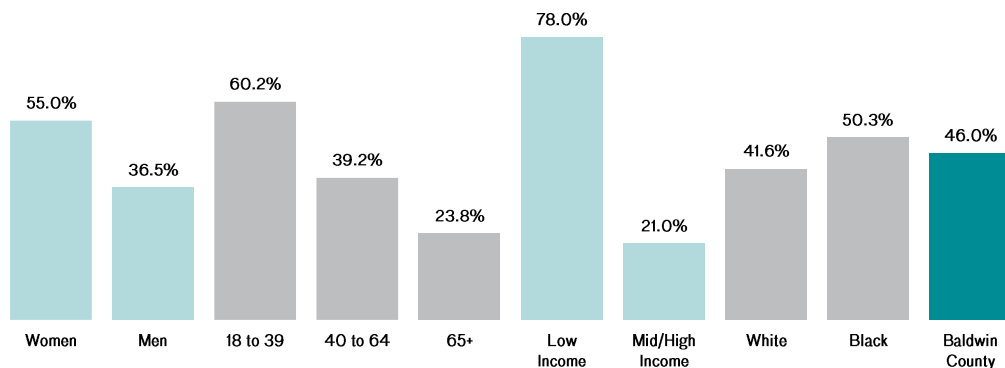
- “I worried about whether our food would run out before we got money to buy more.”
- “The food that we bought just did not last, and we did not have money to get more.”

Agreement with either or both of these statements (“often true” or “sometimes true”) defines food insecurity for respondents.



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 98]  
 • 2023 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.

### Food Insecurity (Baldwin County, 2023)

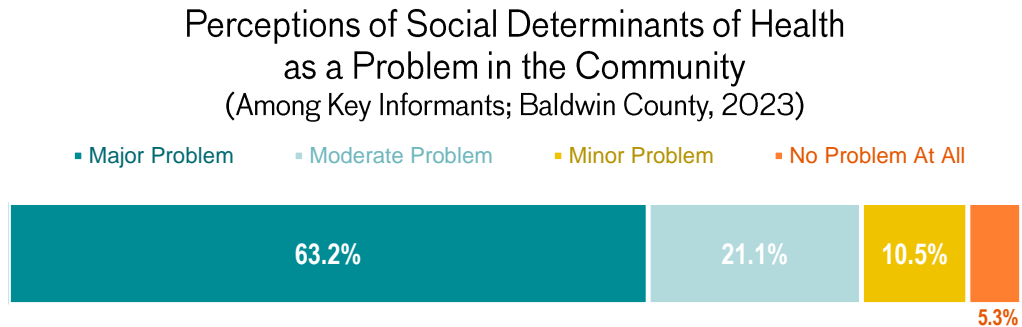


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 98]  
 Notes: • Asked of all respondents.  
 • Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.



## Key Informant Input: Social Determinants of Health

The following chart outlines key informants' perceptions of the severity of *Social Determinants of Health* as a problem in the community:



Sources: • 2023 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:

### Income/Poverty

Health care, health insurance, etc., has always been an issue that is closely related to socioeconomic status. In Milledgeville and Baldwin County we are below the State’s poverty level in income and jobs. This has a direct impact on health and well-being. – Community Leader

Poverty, lack of education. – Physician

Income, housing, transportation. – Community Leader

I believe the largest determinants of health in Baldwin County have to do with so many living below poverty level.

Living below poverty level affects housing, education, and health immensely. – Social Services Provider

### Crime

Many illnesses are attributed to social determinants of health, which also includes crime rates and other issues. Per statistics, substance use, and mental illnesses tend to plague individuals in lower socioeconomic statuses, and they are also the individuals that lack sufficient resources and have limited education on resources. This leads to decreased health and higher crime rates. – Health Provider

### Single-Parent Households

With 50% of children born to unwed mothers, you automatically have an undesirable situation: one income supporting a family. These children are likely to be raised in poor homes with fewer health care options. – Community Leader

### Awareness/Education

Educational level of citizens; rural population and lack of community outreach to improve conditions. – Health Provider

### Incidence/Prevalence

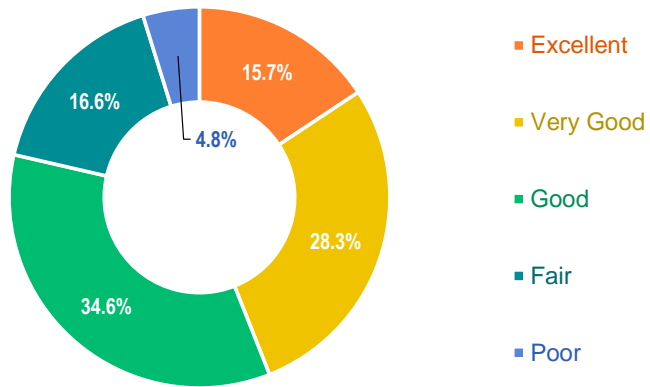
Mental Health is one of the major contributions that affects our health population. – Community Leader

# Health Status

## Overall Health

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

Self-Reported Health Status  
(Baldwin County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 4]  
Notes: • Asked of all respondents.

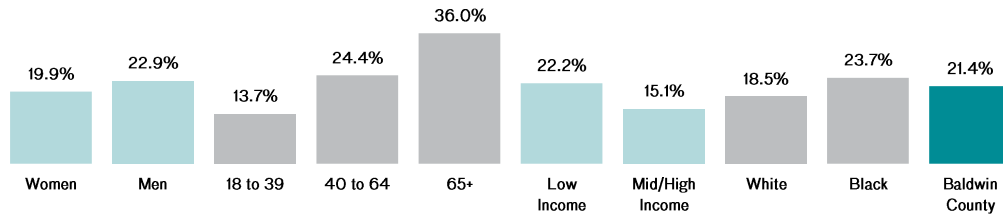
## Experience “Fair” or “Poor” Overall Health

Baldwin County



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 4]  
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2021 GA data.  
• 2023 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents.

## Experience “Fair” or “Poor” Overall Health (Baldwin County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 4]  
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.

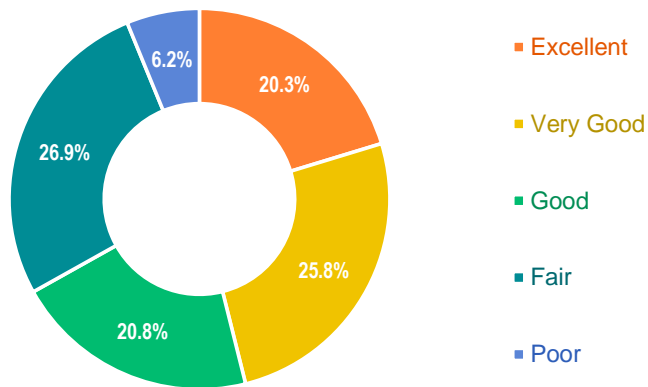
In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

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

## Mental Health Status

**PRC Survey** ▶ “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?”

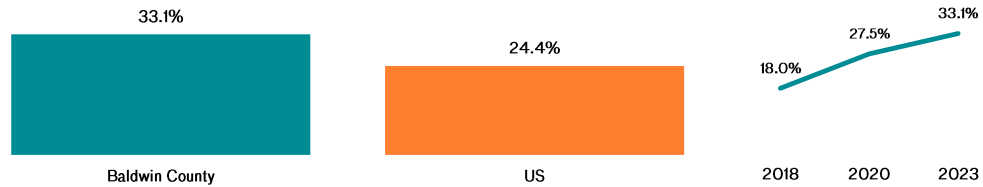
Self-Reported Mental Health Status  
(Baldwin County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 77]  
Notes: • Asked of all respondents.

## Experience “Fair” or “Poor” Mental Health

Baldwin County



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 77]  
 • 2023 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.

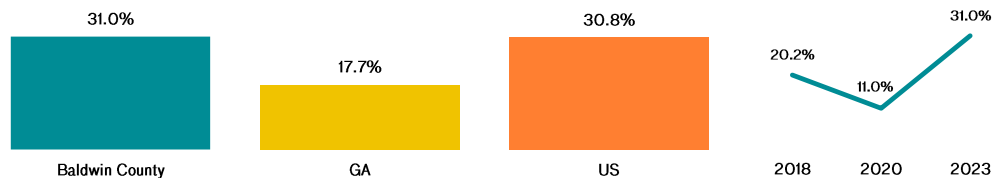
## Depression

### Diagnosed Depression

**PRC Survey** ▶ “Has a doctor, nurse, or other health professional ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?”

## Have Been Diagnosed With a Depressive Disorder

Baldwin County



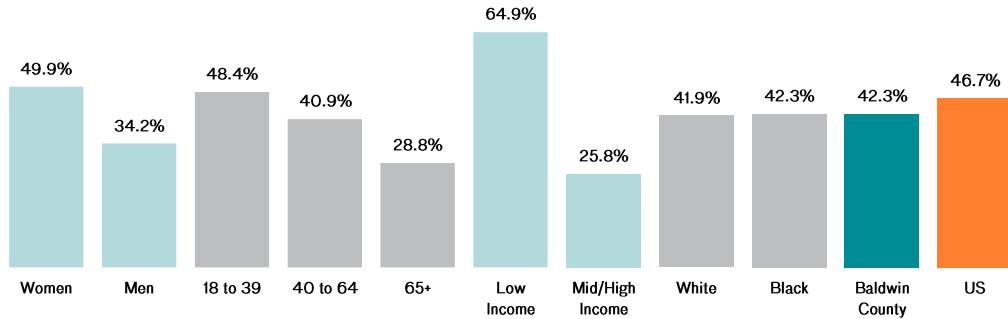
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 80]  
 • Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2021 GA data.  
 • 2023 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.  
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.



## Symptoms of Chronic Depression

**PRC Survey** ▶ “Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?”

### Have Experienced Symptoms of Chronic Depression (Baldwin County, 2023)



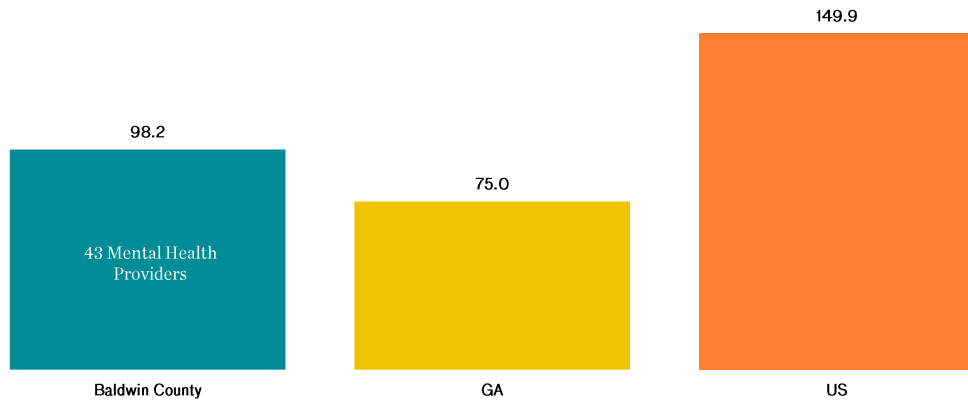
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 78]  
• 2023 PRC National Health Survey, PRC, Inc.

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.

## Mental Health Treatment

The following chart outlines access to mental health providers, expressed as the number of providers (psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care) per 100,000 residents.

### Number of Mental Health Providers per 100,000 Population (2023)



Sources: • Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).  
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2023 via SparkMap (sparkmap.org).

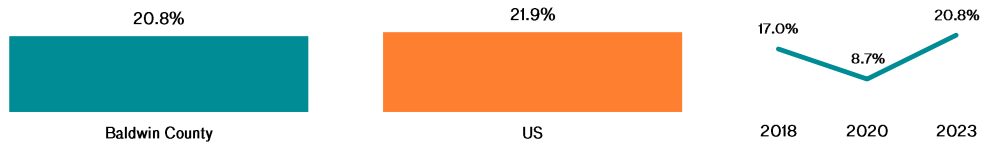
Notes: • This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

Note that this indicator only reflects providers practicing in Baldwin County and residents in Baldwin County; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

**PRC Survey** ▶ “Are you now taking medication or receiving treatment from a doctor, nurse, or other health professional for any type of mental health condition or emotional problem?”

## Currently Receiving Mental Health Treatment

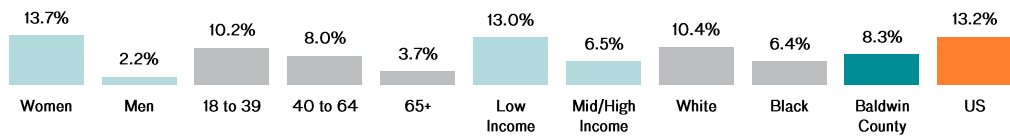
Baldwin County



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 81]  
 • 2023 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.  
 • Includes those now taking medication or otherwise receiving treatment for any type of mental health condition or emotional problem.

**PRC Survey** ▶ “Was there a time in the past 12 months when you needed mental health services but were not able to get them?”

## Unable to Get Mental Health Services When Needed in the Past Year (Baldwin County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 82]  
 • 2023 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.



## Key Informant Input: Mental Health

The following chart outlines key informants' perceptions of the severity of *Mental Health* as a problem in the community:

### Perceptions of Mental & Emotional Health as a Problem in the Community (Among Key Informants; Baldwin County, 2023)

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



Sources: • 2023 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

Same problem for the entire state and most of the country. Beds, mental health professionals available, resources available, state policy. – Community Leader

Few services. Homelessness, combined with drug use. – Community Leader

Access to care and the utilization of emergency services as opposed to routine and early care options. – Health Provider

There are individuals who should be institutionalized because they cannot take care of themselves. Unfortunately, we don't have a modern way of providing treatment and living facilities for those who cannot take care of themselves. – Community Leader

Resources. – Community Leader

We need more long-term residential treatment programs and an inpatient crisis center instead, of having to transport individuals across the state of Georgia for immediate treatment. This will help alleviate our jail population. – Community Leader

Closing Central State Hospital, the part that dealt with psychiatric services and crisis management. People across the state came in or were brought in for treatment or drug regulation and learned coping mechanisms to deal with stress effectively. – Community Leader

#### Denial/Stigma

Mental health is somewhat still taboo in many communities and so people go without recognition, diagnosis, and care. There is also a high burden of anxiety and depression among the younger age group from anecdotal data. – Public Health Representative

There is still a huge stigma associated with mental health, no one wants to admit they are depressed. Also, there are not enough resources to care for the amount of clients with mental health issues that we have in our community. The choice was made to close Central State Campus and put those needing 24-hour care in group homes or leaving them to try to make it on their own, which has led to an increase in homelessness. – Public Health Representative

#### Lack of Providers

There is a shortage of mental health care workers. Most patients struggle to get in to see a counselor and a psychiatrist. There is some recent help with telehealth psychiatric consultations, but these are few and far between. – Physician

Not enough psychology counseling and assistance to help with a mental health crisis. – Community Leader

Lack of private psychiatrists and counselors. – Physician



## Disease Management

One of the biggest challenges of Baldwin County and surrounding areas is mental health. So many people who were at Central State Hospital are now in the community. This is unfair to them and the community. If these individuals don't adhere to their prescribed medication or therapy, these individuals can be a harm to themselves and others. That leads to an issue in our jails and prison system, overwhelming an already stressed workforce! These individuals are having children as well and this cycle starts over and affects our school systems. – Public Health Representative

Here in Baldwin County, we have a large number of citizens with mental health issues living with little to no monitoring of their medication consumption. As a result, we often find these same citizens off medication, committing crimes and/or harming themselves or others. It is often said that the greater number of citizens with mental health issues living in our community is because of Central State Hospital closing. These citizens often find themselves in our local hospital or county jail, neither of which have the manpower or resources to deal with the problem. Proper training is expensive and hard to maintain for both the hospital and the jail. This problem drains resources and attention needed on other issues in our community. – Social Services Provider

## Housing

Housing is a big concern for many individuals with mental health concerns due to families being overwhelmed. Access to services such as individual therapy and/or group therapy is also a major concern due to staff shortages within the behavioral health system. – Health Provider



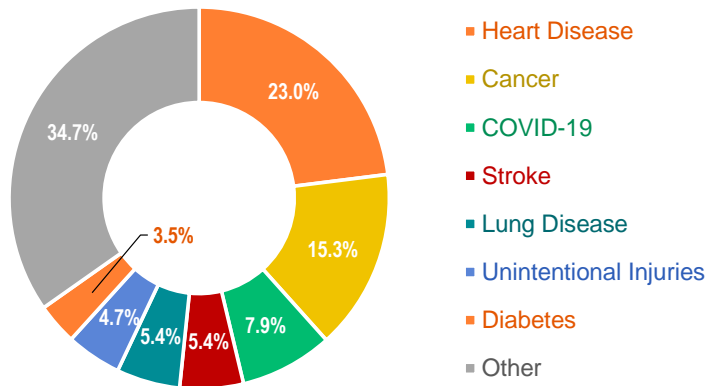
# Death, Disease & Chronic Conditions

## Leading Causes of Death

### Distribution of Deaths by Cause

Heart disease and cancers are leading causes of death in the community.

Leading Causes of Death  
(Baldwin County, 2020)



Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics, Data extracted June 2023.  
Notes: • Lung disease includes deaths classified as 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.

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

The following chart outlines annual average age-adjusted death rates per 100,000 population for selected causes of death in Baldwin County.

### Age-Adjusted Death Rates for Selected Causes (2018-2020 Deaths per 100,000 Population)

	Baldwin County	GA	US	Healthy People 2030
Heart Disease	287.9	178.3	164.4	127.4*
Cancers (Malignant Neoplasms)	159.2	150.5	146.5	122.7
COVID-19 (Coronavirus Disease) [2020]	77.6	81.7	85.0	—
Lung Disease (Chronic Lower Respiratory Disease)	51.1	43.1	38.1	—
Stroke (Cerebrovascular Disease)	48.2	42.8	37.6	33.4
Unintentional Injuries	42.5	44.9	51.6	43.2
Diabetes	33.4	22.2	22.6	—
Alzheimer’s Disease	23.4	44.8	30.9	—
Kidney Disease	21.3	18.4	12.8	—
Motor Vehicle Deaths	21.0	14.4	11.4	10.1
Pneumonia/Influenza	18.1	13.4	13.4	—

Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics, Data extracted June 2023.  
 • US Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople>.  
 Note: • \*The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.  
 • 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.

## 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>)

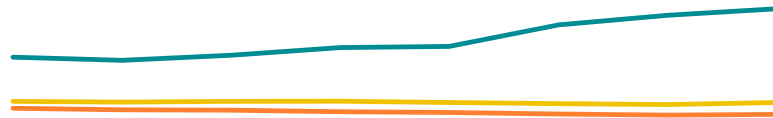


## Age-Adjusted Heart Disease & Stroke Deaths

The following charts outline age-adjusted mortality rates for heart disease and for stroke in our community.

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

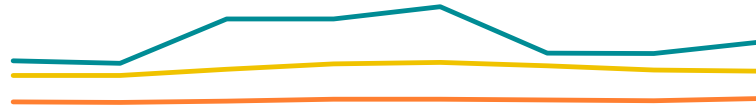
### Heart Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2030 = 127.4 or Lower (Adjusted)



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Baldwin County	231.1	227.5	233.5	242.4	243.7	268.8	280.3	287.9
GA	179.6	178.7	179.5	179.6	178.3	176.9	175.7	178.3
US	171.3	169.6	168.9	167.5	166.3	164.7	163.4	164.4

- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2023.
  - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
  - 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.

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



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Baldwin County	44.7	44.2	52.5	52.5	54.8	46.1	46.0	48.2
GA	41.9	41.9	43.1	44.1	44.4	43.7	42.9	42.8
US	37.0	36.9	37.1	37.5	37.5	37.3	37.2	37.6

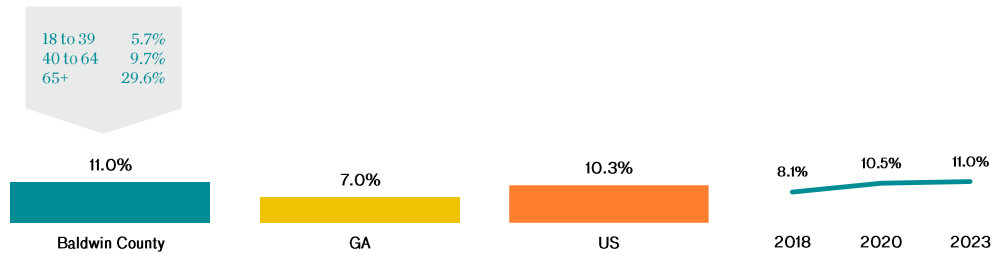
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2023.
  - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Prevalence of Heart Disease & Stroke

**PRC Survey** ▶ “Have you ever suffered from or been diagnosed with heart disease, including heart attack or myocardial infarction, angina, or coronary heart disease?”

### Prevalence of Heart Disease

Baldwin County

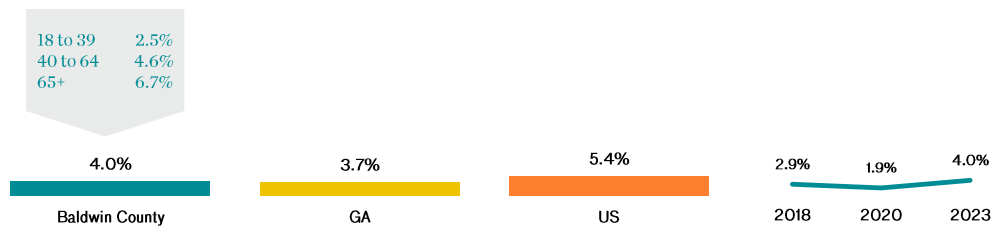


- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 22]
  - Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 GA data.
  - 2023 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
  - Includes diagnoses of heart attack, angina, or coronary heart disease.

**PRC Survey** ▶ “Have you ever suffered from or been diagnosed with a stroke?”

### Prevalence of Stroke

Baldwin County



- Sources:
- 2023 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): 2021 GA data.
  - 2023 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.



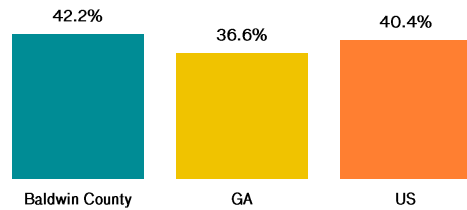
## Cardiovascular Risk Factors

### Blood Pressure & Cholesterol

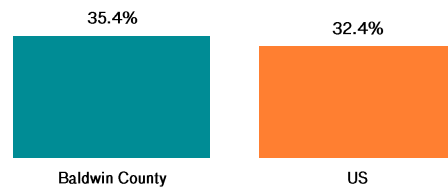
**PRC Survey** ▶ “Have you ever been told by a doctor, nurse, or other health care professional that you had high blood pressure?”

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

**Prevalence of High Blood Pressure**  
Healthy People 2030 = 42.6% or Lower



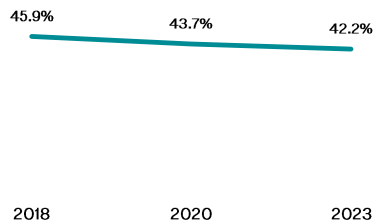
**Prevalence of High Blood Cholesterol**



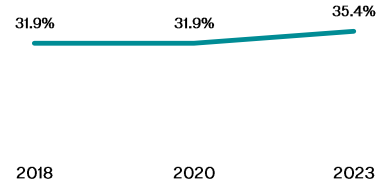
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Items 29-30]  
 • Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 GA data.  
 • 2023 PRC National Health Survey, PRC, Inc.  
 • US Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Asked of all respondents.

**Prevalence of High Blood Pressure (Baldwin County)**  
Healthy People 2030 = 42.6% or Lower



**Prevalence of High Blood Cholesterol (Baldwin County)**



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Items 29-30]  
 • US Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople>

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:

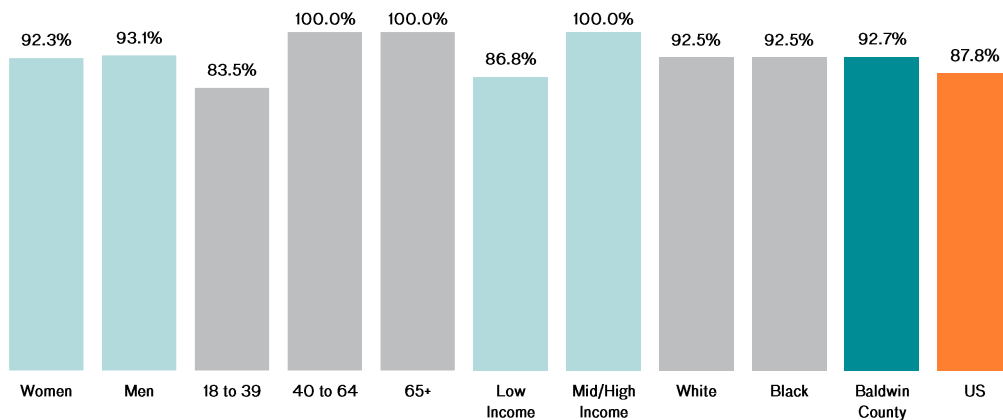
- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

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

The following chart reflects the percentage of adults in Baldwin County who report one or more of the following: being overweight; smoking cigarettes; being physically inactive; or having high blood pressure or cholesterol.

**Exhibit One or More Cardiovascular Risks or Behaviors (Baldwin County, 2023)**



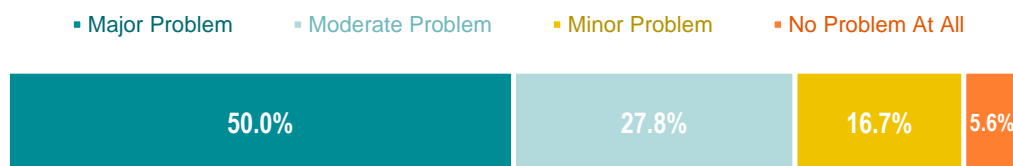
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 100]  
• 2023 PRC National Health Survey, PRC, Inc.

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.

## Key Informant Input: Heart Disease & Stroke

The following chart outlines key informants' perceptions of the severity of *Heart Disease & Stroke* as a problem in the community:

**Perceptions of Heart Disease & Stroke as a Problem in the Community (Among Key Informants; Baldwin County, 2023)**



Sources: • 2023 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:

## Lifestyle

Citizen dietary habits, persistent obesity, and lack of exercise. – Health Provider

We are in the south and everyone loves fried food. Obesity is a major issue in this community and is a predisposing factor for both heart disease and stroke. Every time we get a new eating establishment it is fast food, (burgers, fried chicken, French fries, etc.). We have a large low-income population and fast food is cheap, in addition to a lack of educational resources. – Public Health Representative

Poor eating habits, eating fried foods, eating fast foods, high levels of soft drinks and carbohydrates. Daily stress and worry over health, safety, and family issues. – Community Leader

## Tobacco Use

Tobacco use, alcohol consumption, poor diet and physical inactivity are major issues in the community and leading risk factors for these conditions. People are also able to maintain a proper diet due to inadequate access to healthy foods. The elderly without transportation and on a fixed income are disproportionately affected. – Public Health Representative

High tobacco usage, lack of jobs offering affordable health insurance, as well as ignorance about easily available screening tests. – Community Leader

## Incidence/Prevalence

There are many people, young and old, who are being stricken with these types of illnesses. The impairment caused round-the-clock care for the patients. Due to the shortage of licensed therapists, the ability to adequately help the patient’s recovery time is significant when a medical emergency happens. When the patient returns home, they are limited to adequate support teams. – Community Leader

## Nutrition

Poor diet and exercise. – Community Leader

## Access to Care/Services

Our hospital has few heart services. – Community Leader

## Awareness/Education

Lack of education, access to health care and medications. – Physician





# 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

The following chart illustrates age-adjusted cancer mortality (all types) in Baldwin County.

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



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
— Baldwin County	187.0	187.9	185.5	174.3	171.3	169.4	173.4	159.2
— GA	169.0	167.4	165.4	162.9	159.4	155.8	152.9	150.5
— US	166.2	162.7	160.1	157.6	155.6	152.5	149.3	146.5

- Sources:
- CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics, Data extracted June 2023.
  - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Lung cancer is by far the leading cause of cancer deaths in Baldwin County.

### Age-Adjusted Cancer Death Rates by Site (2018-2020 Annual Average Deaths per 100,000 Population)

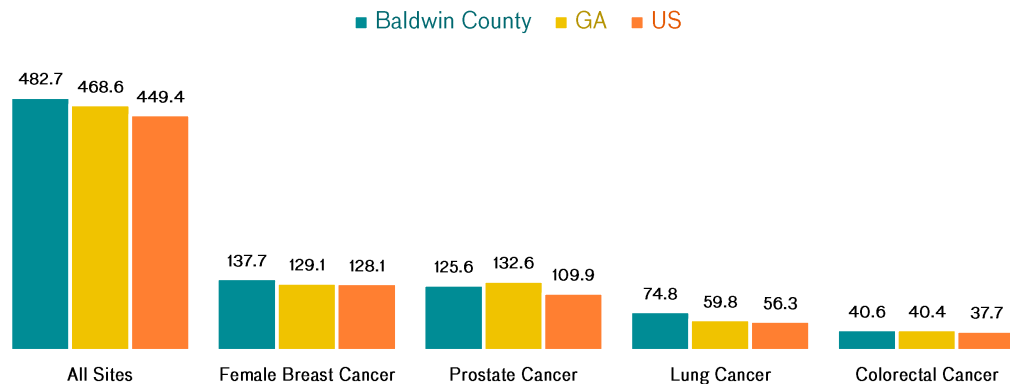
	Baldwin County	GA	US	Healthy People 2030
<b>ALL CANCERS</b>	<b>159.2</b>	<b>150.5</b>	<b>146.5</b>	<b>122.7</b>
<b>Lung Cancer</b>	<b>44.1</b>	<b>35.7</b>	<b>33.4</b>	<b>25.1</b>
<b>Prostate Cancer</b>	<b>20.7</b>	<b>20.6</b>	<b>18.5</b>	<b>16.9</b>
<b>Female Breast Cancer</b>	<b>20.2</b>	<b>20.2</b>	<b>19.4</b>	<b>15.3</b>
<b>Colorectal Cancer</b>	<b>15.2</b>	<b>14.0</b>	<b>13.1</b>	<b>8.9</b>

Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2023.  
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>  
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

### Cancer 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.

### Cancer Incidence Rates by Site (2015-2019)



Sources: • State Cancer Profiles.  
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2023 via SparkMap ([sparkmap.org](http://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.

## Prevalence of Cancer

PRC Survey ▶ “Have you ever suffered from or been diagnosed with cancer?”

### Prevalence of Cancer

Baldwin County



Sources: • 2023 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): 2021 GA data.  
• 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

## Cancer Screenings

### Female Breast Cancer

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women age 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 age 21 to 29 years. For women age 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.

Screening levels in the community were measured in the PRC Community Health Survey relative to the following cancer sites:

## Breast Cancer Screening

**PRC Survey** ▶ “A mammogram is an x-ray of each breast to look for cancer. How long has it been since you had your last mammogram?”

Breast cancer screening is calculated here among women age 50 to 74 who indicate mammography within the past 2 years.

## Cervical Cancer Screening

**PRC Survey** ▶ “A Pap test is a test for cancer of the cervix. How long has it been since you had your last Pap test?”

[If Pap test in the past five years] “HPV, or the human papillomavirus, is a common infection that can cause several types of cancer. When you received your last Pap test, were you screened for HPV?”

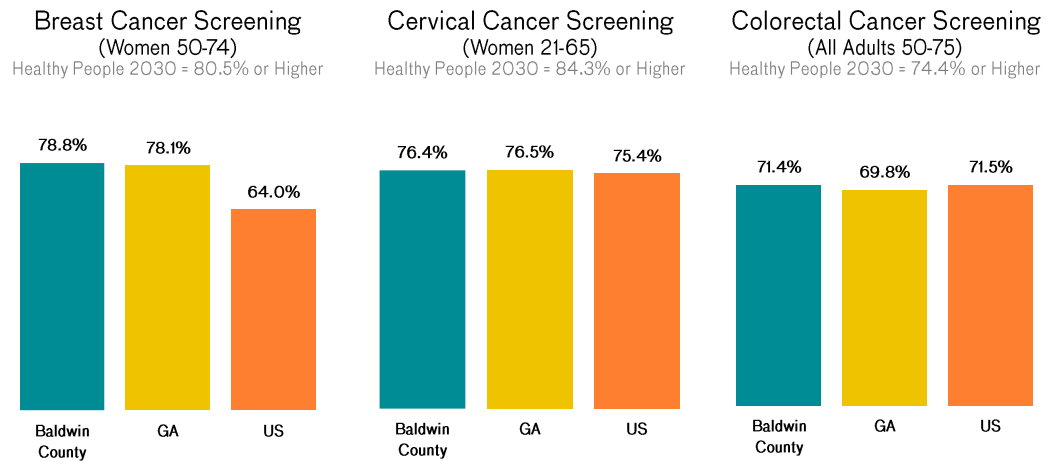
“Appropriate cervical cancer screening” includes Pap smear testing (cervical cytology) every three years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65.

## Colorectal Cancer Screening

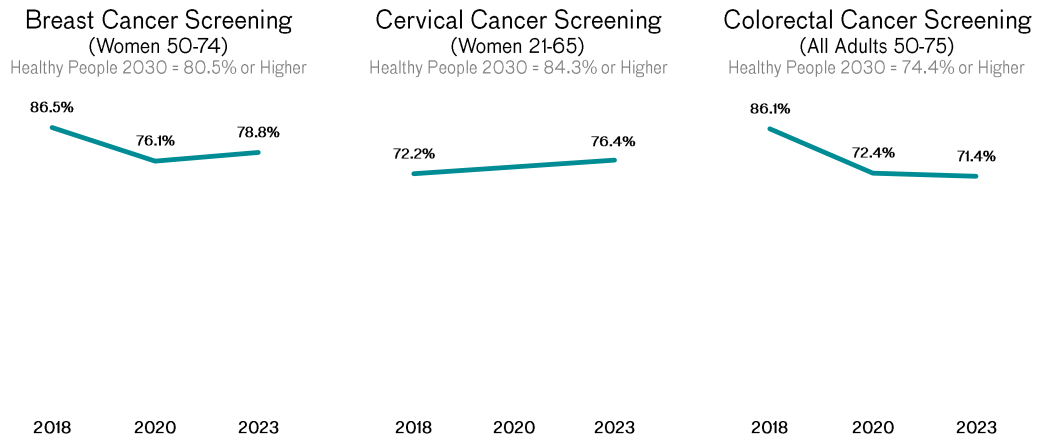
**PRC Survey** ▶ “Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. How long has it been since your last sigmoidoscopy or colonoscopy?”

**PRC Survey** ▶ “A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. How long has it been since you had your last blood stool test?”

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



- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Items 101-103]
  - Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2020 Georgia data.
  - 2023 PRC National Health Survey, PRC, Inc.
  - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Each indicator is shown among the gender and/or age group specified.

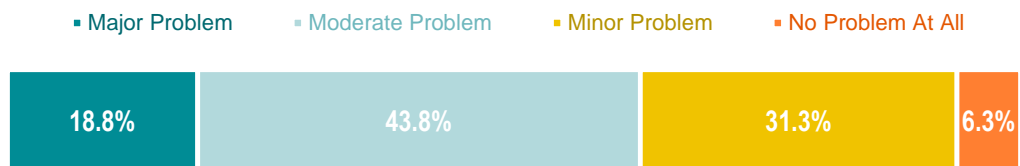


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Items 101-103]  
 • US Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople>  
 Notes: • Each indicator is shown among the gender and/or age group specified.

## Key Informant Input: Cancer

The following chart outlines key informants’ perceptions of the severity of *Cancer* as a problem in the community:

### Perceptions of Cancer as a Problem in the Community (Among Key Informants; Baldwin County, 2023)



Sources: • 2023 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:

#### Health Disparities

Health disparities in access to healthcare, preventative services, and cancer treatment, which leads to disparities that delay diagnosis and treatment and socioeconomic factors. – Community Leader

#### Access to Care for Uninsured/Underinsured

So many people have been diagnosed with late stages after not receiving medical attention because of jobs, due to lack of adequate insurance. – Community Leader

#### Affordable Care/Services

Cancer care is very expensive and some individuals who are in need of care just cannot afford the treatment. Some have insurance and some don’t, which makes it very difficult to get the proper care needed. – Community Leader

# Respiratory Disease

## About Respiratory Disease

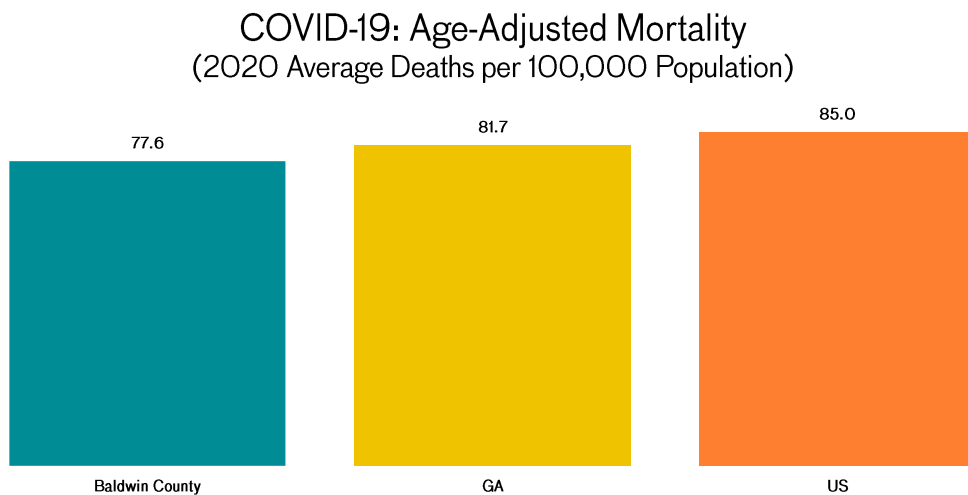
Respiratory diseases affect millions of people in the United States. ...More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million 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.

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

## Age-Adjusted Respiratory Disease Deaths

### Age-Adjusted COVID-19 (Coronavirus Disease) Deaths

Age-adjusted mortality for COVID-19 is illustrated in the following chart.



Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics, Data extracted June 2023.

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

## Lung Disease Deaths

Chronic lower respiratory diseases (CLRD) are diseases affecting the lungs; the most deadly of these is chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis. Mortality for lung disease is illustrated in the charts that follow.

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



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Baldwin County	45.8	46.2	48.0	53.1	53.7	54.2	47.8	51.1
GA	45.2	45.3	45.9	46.5	46.7	46.4	44.7	43.1
US	42.0	41.7	41.8	41.3	41.0	40.4	39.6	38.1

- Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2023.
- Notes: • Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.  
• 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.

## Pneumonia/Influenza Deaths

Pneumonia and influenza mortality is illustrated here.

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



	2015-2017	2016-2018	2017-2019	2018-2020
Baldwin County	14.0	17.5	16.4	18.1
GA	14.5	14.2	13.4	13.4
US	14.3	14.2	13.8	13.4

- Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2023.
- Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Prevalence of Respiratory Disease

### Chronic Obstructive Pulmonary Disease (COPD)

**PRC Survey** ▶ “Would you please tell me if you have ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema?”

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

Baldwin County



- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 21]
  - Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2021 GA data.
  - 2023 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
  - Includes conditions such as chronic bronchitis and emphysema.

### Asthma

**PRC Survey** ▶ “Do you currently have asthma?”

### Prevalence of Asthma

Baldwin County



- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 26]
  - Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2021 GA data.
  - 2023 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.



**PRC Survey** ▶ “Has a doctor, nurse, or other health professional ever told you that this child had asthma?”

### Prevalence of Asthma in Children (Children 0-17)

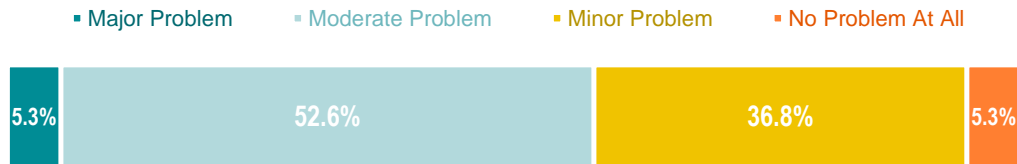


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 92]  
• 2023 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents with children age 0 to 17 in the household.

### Key Informant Input: Respiratory Disease

The following chart outlines key informants’ perceptions of the severity of *Respiratory Disease* as a problem in the community:

### Perceptions of Respiratory Disease as a Problem in the Community (Among Key Informants; Baldwin County, 2023)



Sources: • 2023 PRC Online Key Informant Survey, PRC, Inc.  
Notes: • Asked of all respondents.



# 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

The following chart outlines age-adjusted mortality rates for unintentional injury in the area.

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



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
— Baldwin County	43.7	40.5	39.8	41.4	43.8	45.7	42.4	42.5
— GA	39.2	39.1	40.5	43.0	44.7	44.2	43.0	44.9
— US	39.2	40.6	41.9	44.6	46.7	48.3	48.9	51.6

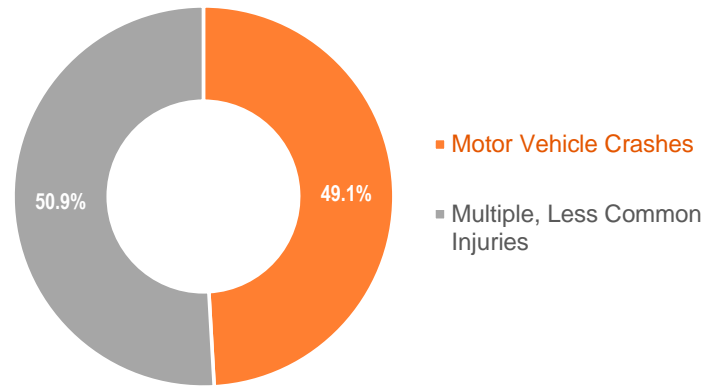
- Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics, Data extracted June 2023.  
• US Department of Health and Human Services, Healthy People 2030, <https://health.gov/healthypeople>
- Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Leading Causes of Unintentional Injury Deaths

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

**RELATED ISSUE**  
For more information about unintentional drug-induced deaths, see also *Substance Use* in the **Modifiable Health Risks** section of this report.

### Leading Causes of Unintentional Injury Deaths (Baldwin County, 2018-2020)



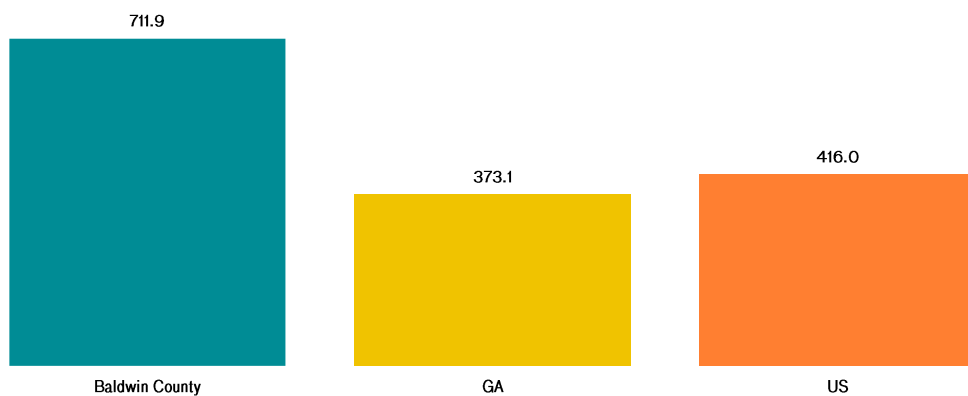
Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2023.

## Violent Crime

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

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

### Violent Crime Rate (Reported Offenses per 100,000 Population, 2015-2017)



Sources: • Federal Bureau of Investigation, FBI Uniform Crime Reports (UCR).  
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2023 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, forcible rape, robbery, and aggravated assault.  
• Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

## Violent Crime Experience

**PRC Survey** ▶ “Thinking about your own personal safety, have you been the victim of a violent crime in your area in the past 5 years?”

### Victim of a Violent Crime in the Past Five Years (Baldwin County, 2023)



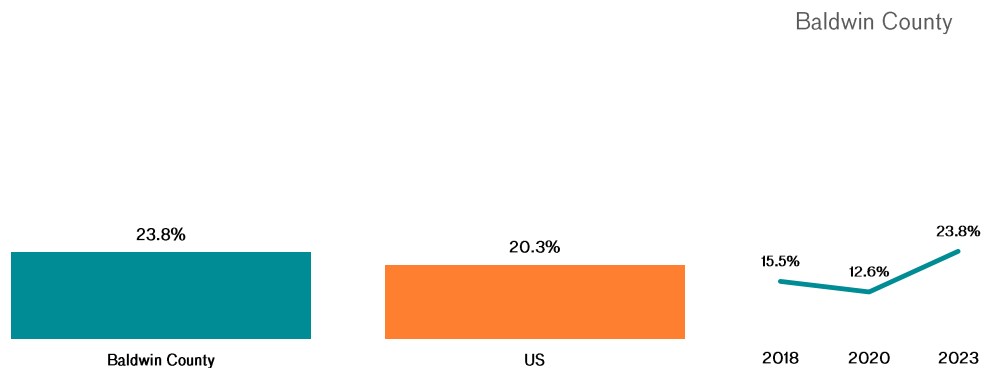
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 32]  
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

## Intimate Partner Violence

**PRC Survey** ▶ “The next question is about violence in relationships with an intimate partner. By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with, would also be considered an intimate partner. Has an intimate partner ever hit, slapped, pushed, kicked, or hurt you in any way?”

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



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 33]  
 • 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

## Key Informant Input: Injury & Violence

The following chart outlines key informants' perceptions of the severity of *Injury & Violence* as a problem in the community:

### Perceptions of Injury & Violence as a Problem in the Community (Among Key Informants; Baldwin County, 2023)

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



Sources: • 2023 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:

#### Gun Violence

- Drive-by shootings, domestic violence, car accidents. – Community Leader
- I have witnessed a rise in aggressive behavior and gun violence. – Health Provider
- There are lots of drive-by shootings and gun violence, particularly on the south side of Baldwin County. – Public Health Representative

#### Incidence/Prevalence

- Due to the rise in crime and violence, our community is seeing an uptick in injuries due to violence. This is a major problem due to the hospital being overfilled with routine patients, which causes long wait times to be seen by a medical doctor. – Community Leader

#### Alcohol/Drug Use

- A lot of drunk drivers in this community cause a lot of death and injury. We have a lot of young people shooting and killing each other almost weekly here. – Social Services Provider

#### Awareness/Education

- The crime rate is increasing in the Baldwin County area, and we need more educational resources to help educate our young generation about safety and gang violence. – Community Leader

#### Parental Influence

- Injury and violence are a major problem in Baldwin County because of absent fathers and a lack of moral education either from the family, school, or the community. – Community Leader

#### Employment

- Jobs. – Community Leader

# 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.

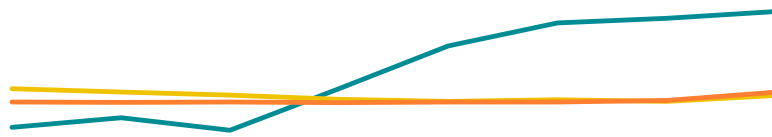
Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

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

## Age-Adjusted Diabetes Deaths

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

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



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
— Baldwin County	17.9	19.2	17.5	23.1	28.8	31.9	32.5	33.4
— GA	23.1	22.6	22.2	21.6	21.4	21.6	21.4	22.2
— US	21.3	21.2	21.3	21.2	21.3	21.3	21.5	22.6

Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2023.

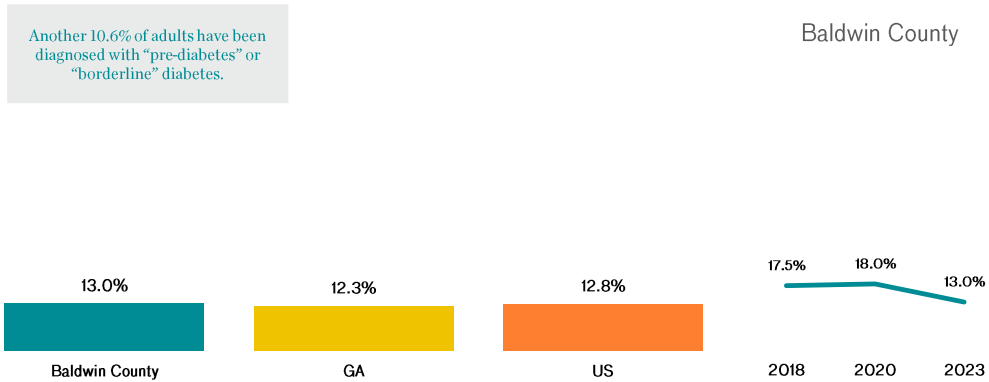
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Prevalence of Diabetes

**PRC Survey** ▶ “Have you ever been told by a doctor, nurse, or other health professional that you have diabetes, not counting diabetes only occurring during pregnancy?”

**PRC Survey** ▶ “Other than during pregnancy, have you ever been told by a doctor, nurse, or other health professional that you have pre-diabetes or borderline diabetes?”

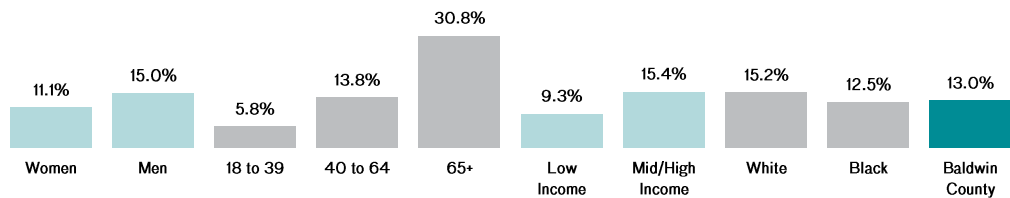
## Prevalence of Diabetes



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 106]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2021 GA data.  
 • 2023 PRC National Health Survey, PRC, Inc.

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

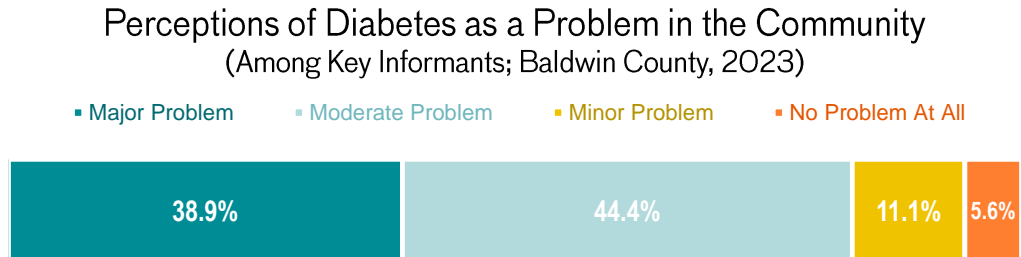
## Prevalence of Diabetes (Baldwin County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 106]  
 Notes: • Asked of all respondents.  
 • Excludes gestational diabetes (occurring only during pregnancy).

## Key Informant Input: Diabetes

The following chart outlines key informants' perceptions of the severity of *Diabetes* as a problem in the community:



Sources: • 2023 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:

### Disease Management

Uncontrolled diabetes due to poor management and adherence to medications. The need for lifestyle diabetes management, particularly in the area of nutrition and physical activity. Diabetes self-management classes would be great. – Public Health Representative

### Affordable Care/Services

No free nutrition classes or support groups for community members that are not inpatient status. If there are, it is not well advertised. – Public Health Representative

### Affordable Medications/Supplies

Access to medications, education, and poor choice of healthy food options. – Physician

### Lifestyle

Obesity and lack of exercise. – Community Leader

### Diagnosis/Treatment

Citizens need an earlier diagnosis. Dietary discipline. – Health Provider

### Insurance Issues

Healthcare insurance. – Community Leader



# Disabling Conditions

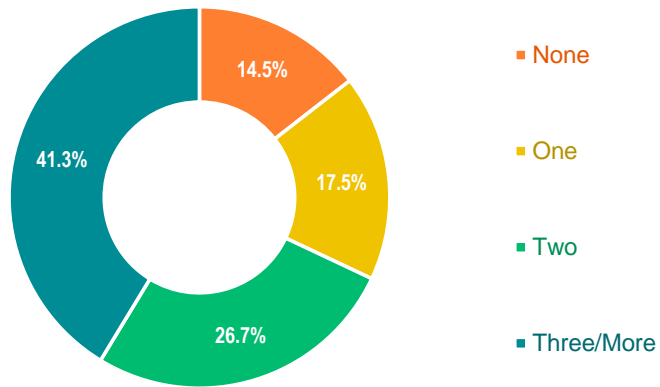
## Multiple Chronic Conditions

The following charts outline the prevalence of multiple chronic conditions among surveyed adults, taking into account all of the various conditions measured in the survey.

For the purposes of this assessment, chronic conditions include:

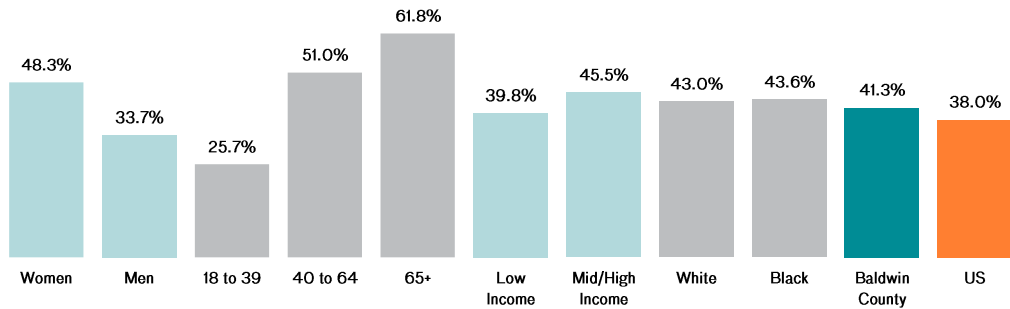
- Asthma
- Cancer
- Chronic pain
- Diabetes
- Diagnosed depression
- Heart disease
- High blood cholesterol
- High blood pressure
- Lung disease
- Obesity
- Stroke

Number of Chronic Conditions  
(Baldwin County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 107]  
 Notes: • Asked of all respondents.  
 • In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and stroke.

Have Three or More Chronic Conditions  
(Baldwin County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 107]  
 • 2023 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.  
 • In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and/or stroke.

## 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.

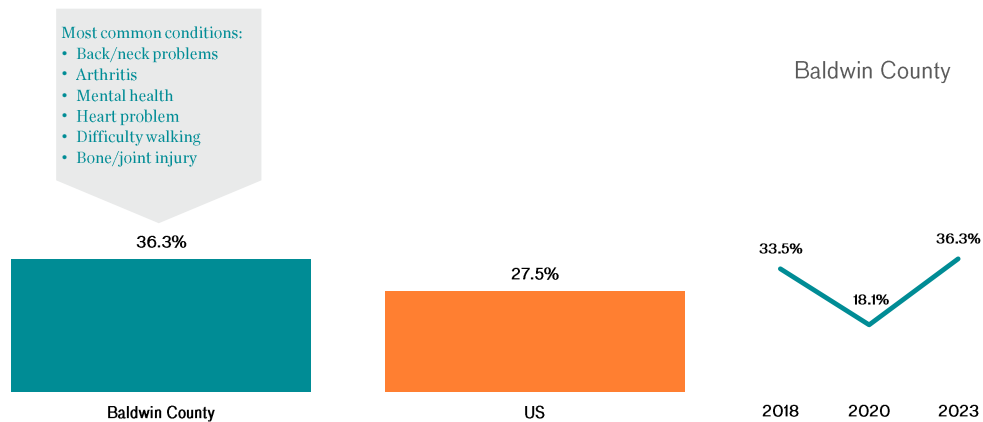
In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life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

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

**PRC Survey** ▶ “Are you limited in any way in any activities because of physical, mental, or emotional problems?”

**PRC Survey** ▶ [Adults with activity limitations] “What is the major impairment or health problem that limits you?”

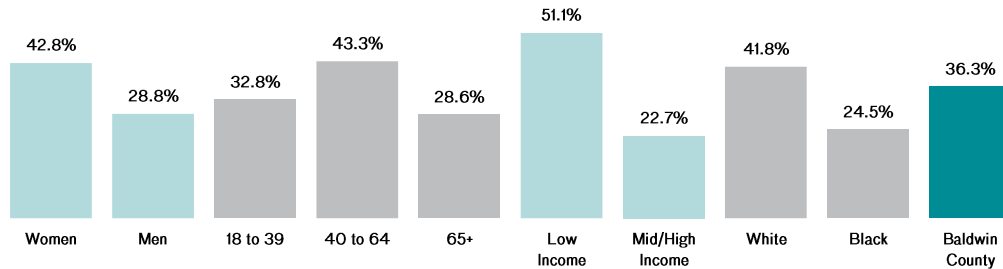
### Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Items 83-84]  
• 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

## Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem (Baldwin County, 2023)



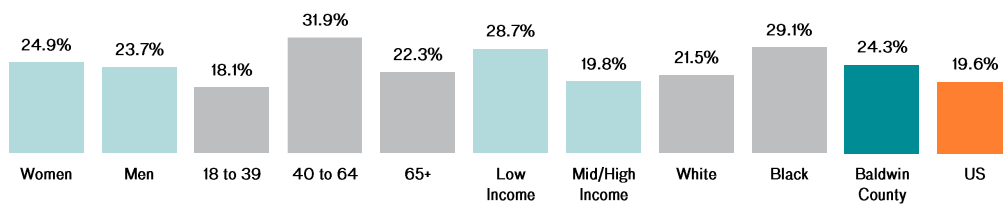
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 83]  
Notes: • Asked of all respondents.

## High-Impact Chronic Pain

**PRC Survey** ▶ “Over the past six months, how often did physical pain limit your life or work activities? Would you say: never, some days, most days, or every day?” (Reported here among those responding “most days” or “every day.”)

## Experience High-Impact Chronic Pain (Baldwin County, 2023)

Healthy People 2030 = 6.4% or Lower



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 31]  
• 2023 PRC National Health Survey, PRC, Inc.  
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>  
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.

## Alzheimer’s Disease

### About Dementia

Alzheimer’s disease is the most common cause of dementia... . 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.

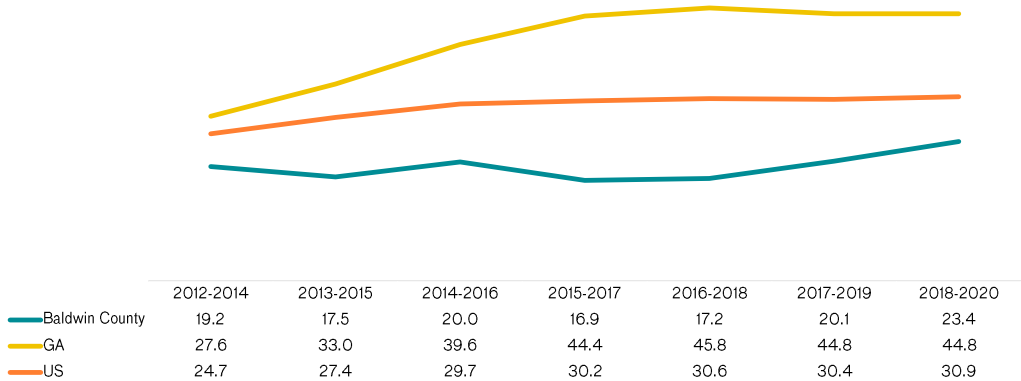
While there’s no cure for Alzheimer’s disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline – including memory loss – are diagnosed early can help improve health outcomes in people with dementia. Interventions to address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

Age-adjusted Alzheimer’s disease mortality is outlined in the following chart.

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



Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2023.

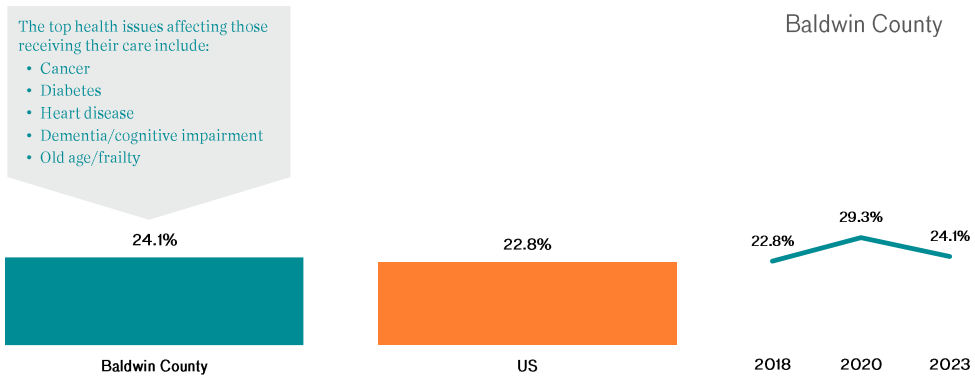
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

### Caregiving

**PRC Survey** ▶ “People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability. During the past 30 days, did you provide any such care or assistance to a friend or family member?”

**PRC Survey** ▶ [Among those providing care] “What is the main health problem, long-term illness, or disability that the person you care for has?”

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

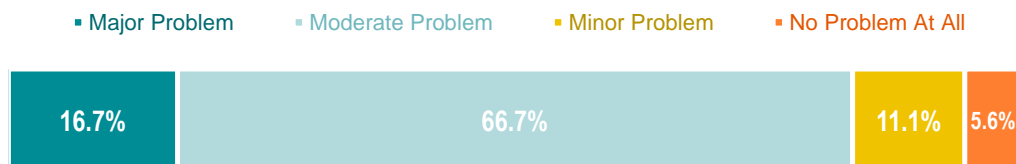


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Items 85-86]  
 • 2023 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.

### Key Informant Input: Disabling Conditions

The following chart outlines key informants’ perceptions of the severity of *Disabling Conditions* as a problem in the community:

#### Perceptions of Disabling Conditions as a Problem in the Community (Among Key Informants; Baldwin County, 2023)



Sources: • 2023 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

Your chronic pain facilities are mostly located outside of the Milledgeville/Baldwin County area. The one facility located here in this area has limited time frames for patient caseload. Please keep in mind that chronic pain management also is limited in our area due to those who are more addicted to drugs, and they miss using the help. I believe that we need more affordable short-term disability services for the aging and disabled. However, most families are choosing to keep their loved ones in their own homes versus a facility. – Community Leader

#### Incidence/Prevalence

Just my take from talking to so many people throughout the community. So many knee, hip and joint problems and pain. Chronic pain from accidents. – Community Leader

#### Income/Poverty

People aging on a fixed income and in communities riddled with violence increase stress and reduces the opportunity for physical activity. – Public Health Representative

# Births

## About Infant Health

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women’s health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants’ health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

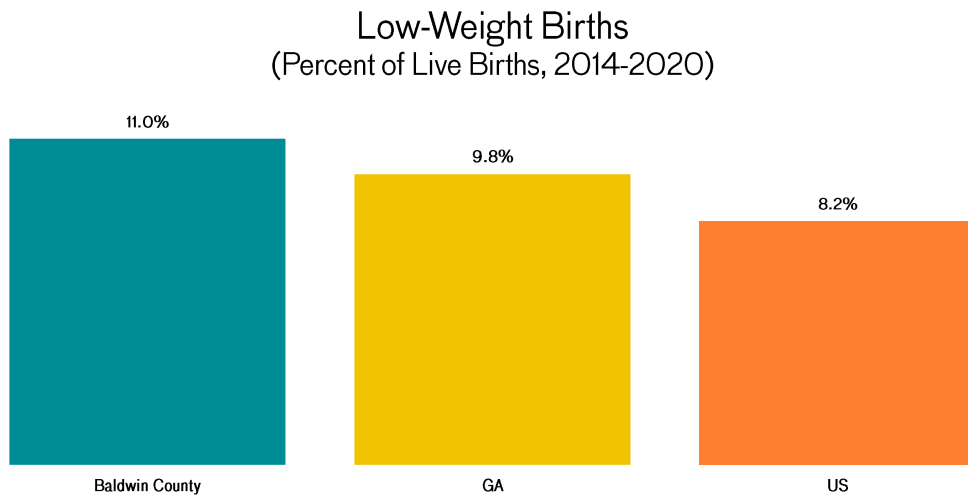
The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

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

## Birth Outcomes & Risks

### Low-Weight Births

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



Sources: • University of Wisconsin Population Health Institute, County Health Rankings.  
Data extracted June 2023.

Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g).

# Family Planning

## 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.

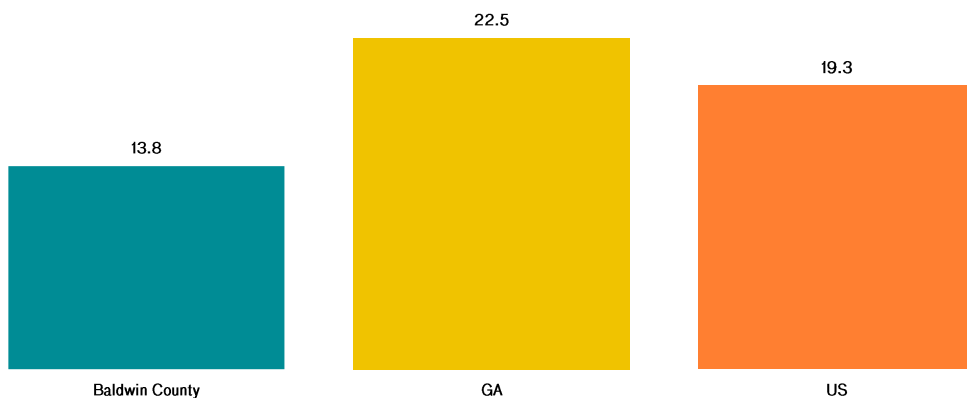
– Healthy People 2030 (<https://health.gov/healthypeople>)

## Births to Adolescent Mothers

The following chart outlines teen births in Baldwin County, compared to the state and nation. In many cases, teen parents have unique health and social needs. High rates of teen pregnancy might also indicate a prevalence of unsafe sexual behavior.

Here, teen births include births to women age 15 to 19 years old, expressed as a rate per 1,000 female population in this age cohort.

**Teen Birth Rate**  
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2014-2020)

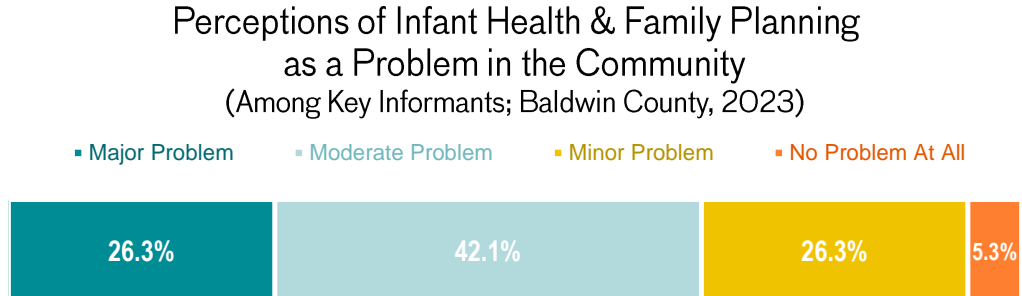


Sources: • Centers for Disease Control and Prevention, National Vital Statistics System.  
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2023 via SparkMap ([sparkmap.org](http://sparkmap.org)).  
Notes: • This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19.



## Key Informant Input: Infant Health & Family Planning

The following chart outlines key informants' perceptions of the severity of *Infant Health & Family Planning* as a problem in the community:



Sources: • 2023 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:

### Maternal Drug Use

There is an epidemic of drug use. We have so many babies on Neonatal abstinence protocol due to maternal drug use. A lot of parents are not present as their children grow up. This leaves the extended family elderly to raise the child, which has its own set of challenges. – Physician

### Lack of Providers

Scarcity of primary care doctors, compounded by the percentage of individuals that are uninsured or underinsured. – Health Provider

### Awareness/Education

Lack of information and services. – Community Leader

### Income/Poverty

Poverty. Poor infant and mother support. – Community Leader

### Single Parent Households

Baldwin County in a recent survey had the highest rate of child births to unwed mothers in the entire state of Georgia. – Community Leader



# 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.

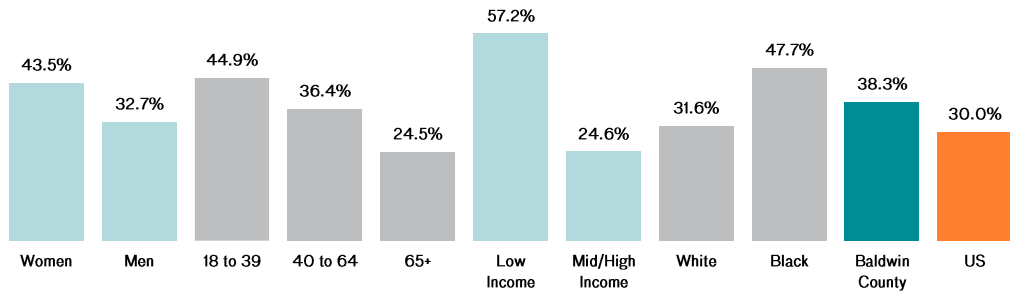
Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

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

### Access to Fresh Produce

**PRC Survey** ▶ “How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford — would you say: very difficult, somewhat difficult, not too difficult, or not at all difficult?”

Find It “Very” or “Somewhat”  
Difficult to Buy Affordable Fresh Produce  
(Baldwin County, 2023)

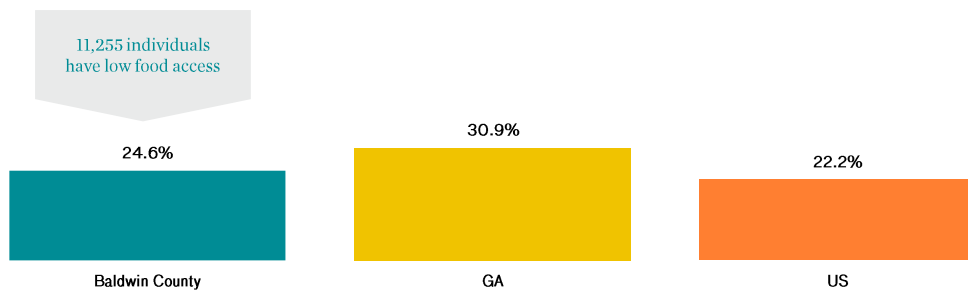


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 66]  
• 2023 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents.

## Low Food Access

Low food access is defined as living more than one mile from the nearest supermarket, supercenter, or large grocery store in urban areas (10 miles in rural areas). This related chart is based on US Department of Agriculture data.

### Population With Low Food Access (2019)



- 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 June 2023 via SparkMap (sparkmap.org).
- Notes:
- Low food access is defined as living more than 1 mile from the nearest supermarket, supercenter, or large grocery store for urban census tracts, and 10 miles for rural ones.

## 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>)

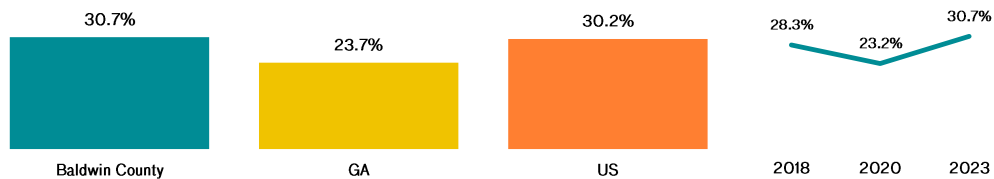
### Leisure-Time Physical Activity

**PRC Survey** ▶ “During the past month, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?”

# No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.8% or Lower

Baldwin County



- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 69]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 GA data.
  - 2023 PRC National Health Survey, PRC, Inc.
  - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Asked of all respondents.

## Meeting Physical Activity Recommendations

### Adults: Recommended Levels of Physical Activity

“Meeting physical activity recommendations” includes adequate levels of both aerobic and strengthening activity:

- **Aerobic activity** is at least 150 minutes per week of light-to-moderate activity, 75 minutes per week of vigorous physical activity, or an equivalent combination of both;
- **Strengthening activity** is at least 2 sessions per week of exercise designed to strengthen muscles.

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. [www.cdc.gov/physicalactivity](http://www.cdc.gov/physicalactivity)

To measure physical activity frequency, duration and intensity, respondents were asked:

**PRC Survey** ▶ “During the past month, what type of physical activity or exercise did you spend the most time doing?”

**PRC Survey** ▶ “And during the past month, how many times per week or per month did you take part in this activity?”

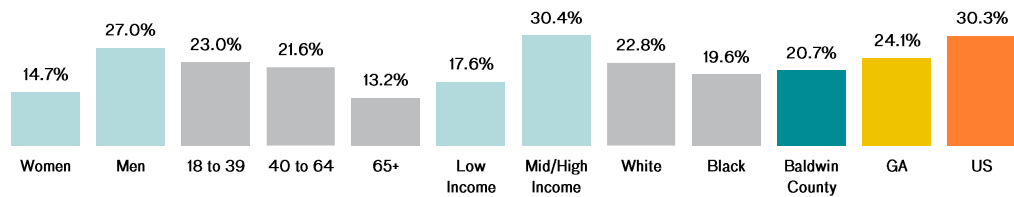
**PRC Survey** ▶ “And when you took part in this activity, for how many minutes or hours did you usually keep at it?”

Respondents could answer the above series for up to two types of physical activity. The specific activities identified (e.g., jogging, basketball, treadmill, etc.) determined the intensity values assigned to that respondent when calculating total aerobic physical activity hours/minutes.

Respondents were also asked about strengthening exercises:

**PRC Survey** ▶ “During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles? Do not count aerobic activities like walking, running, or bicycling. Please include activities using your own body weight, such as yoga, sit-ups, or push-ups, and those using weight machines, free weights, or elastic bands.”

### Meets Physical Activity Recommendations (Baldwin County, 2023) Healthy People 2030 = 29.7% or Higher



- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 110]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2020 GA data.
  - 2023 PRC National Health Survey, PRC, Inc.
  - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- 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 who also report doing physical activities specifically designed to strengthen muscles at least twice per week.



# 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<sup>2</sup>). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches<sup>2</sup>)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m<sup>2</sup> and obesity as a BMI ≥30 kg/m<sup>2</sup>. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m<sup>2</sup>. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m<sup>2</sup> is reached. For persons with a BMI ≥30 kg/m<sup>2</sup>, 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<sup>2</sup>.

- 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 <sup>2</sup> )
Underweight	<18.5
Healthy Weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

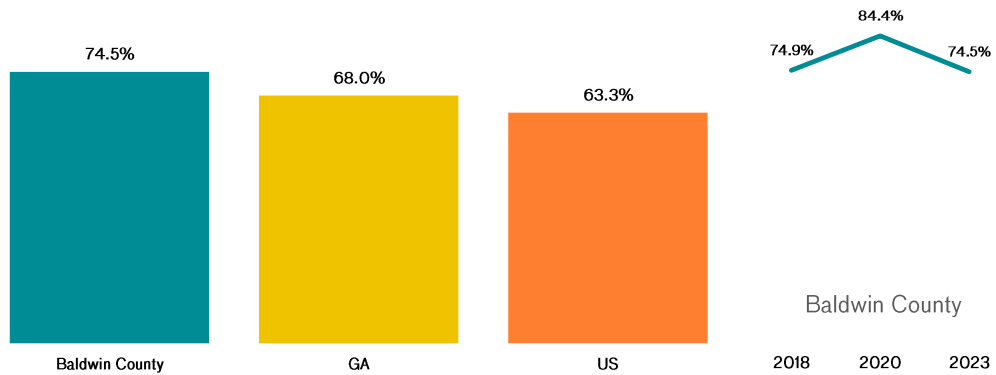
Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

**PRC Survey** ▶ “About how much do you weigh without shoes?”

**PRC Survey** ▶ “About how tall are you without shoes?”

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

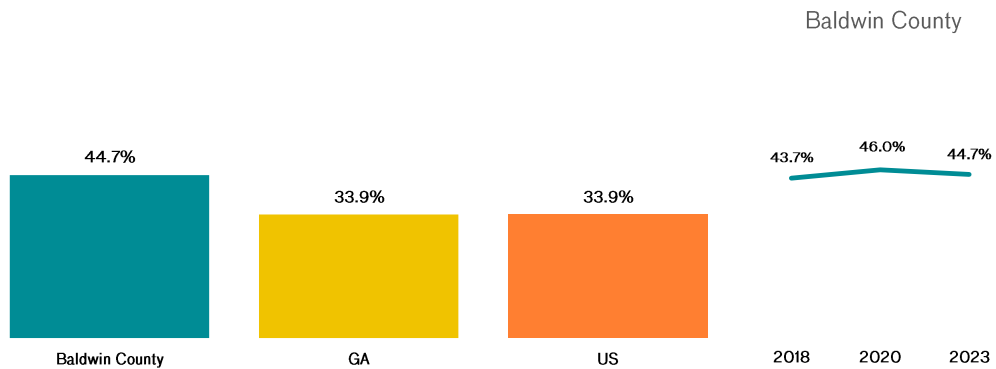
## Prevalence of Total Overweight (Overweight and Obese)



- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 112]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 GA data.
  - 2023 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.
  - The definition for obesity is a BMI greater than or equal to 30.0.

## Prevalence of Obesity

Healthy People 2030 = 36.0% or Lower

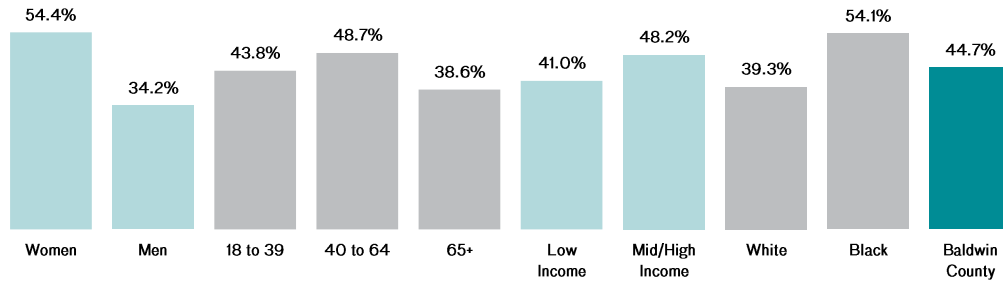


- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 112]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 GA data.
  - 2023 PRC National Health Survey, PRC, Inc.
  - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- 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.



## Prevalence of Obesity (Baldwin County, 2023)

Healthy People 2030 = 36.0% or Lower

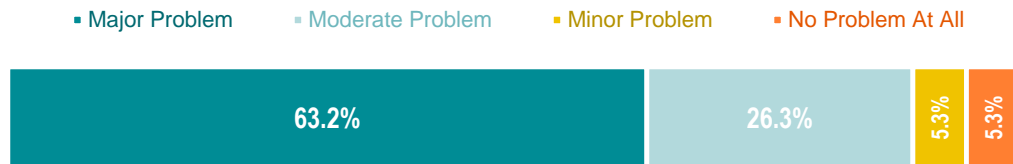


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 112]  
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>  
 Notes: • Based on reported heights and weights, asked of all respondents.  
 • The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

### Key Informant Input: Nutrition, Physical Activity & Weight

The following chart outlines key informants' perceptions of the severity of *Nutrition, Physical Activity & Weight* as a problem in the community:

### Perceptions of Nutrition, Physical Activity & Weight as a Problem in the Community (Among Key Informants; Baldwin County, 2023)



Sources: • 2023 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:

#### Lifestyle

- Obesity is an existential crisis both in the youth and adult population. – Public Health Representative
- We do have some areas of the county that are in food deserts. We need to offer more outdoor recreational activities, including providing safer streets and roads so people can walk, jog or bike to work, and other activities. – Community Leader
- Poor eating habits. Lack of home cooked meals, lack of daily exercise. – Community Leader
- Laziness, secondary to a sedentary lifestyle with our phones, computers, televisions, and fast food. – Public Health Representative
- Too many fast-food establishments, which is all that many of our citizens can afford. Not enough, or in some cases no affordable exercise facilities. No public pool. – Social Services Provider

## Access to Affordable Healthy Food

No healthy food options, lack of access to dieticians. – Physician

Access to healthy foods and physical green space for exercise is lacking in Baldwin County. Full-service groceries stores are out of the reach of most of the population on fixed income, without transportation and on marginalized population. Convenience stores are the primary source of food and they often do not provide access to fresh fruits and vegetables or a wide variety of healthy options. – Public Health Representative

Food desert. – Community Leader

## Awareness/Education

Lack of knowledge that bad choices in nutrition, coupled with no or little physical activity, create weight problems. – Community Leader

## Income/Poverty

Poverty. – Community Leader

## Affordable Care/Services

Access to affordable healthcare. – Health Provider

## Cultural/Personal Beliefs

Cultural biases and lack of knowledge regarding healthy food choices. – Health Provider





# Substance Use

## 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>)

## Alcohol

### Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

- Heavy Drinking ▶ men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- Binge Drinking ▶ men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

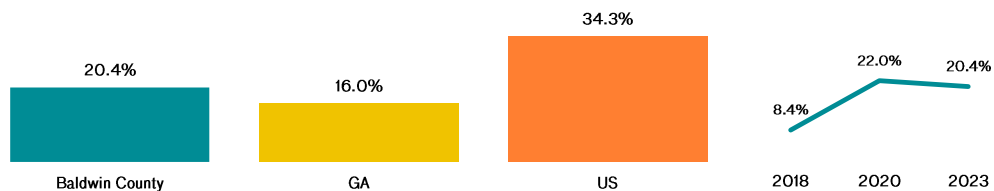
**PRC Survey** ▶ “During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?”

**PRC Survey** ▶ “On the day(s) when you drank, about how many drinks did you have on average?”

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

### Engage in Excessive Drinking

Baldwin County



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 116]  
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 GA data.  
• 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.  
• Excessive drinking reflects the percentage of persons age 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.

## Drugs

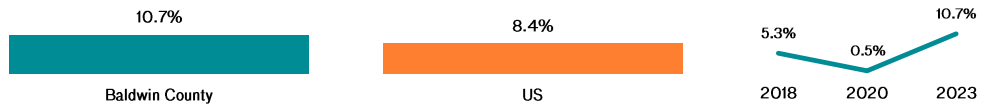
### Illicit Drug Use

**PRC Survey** ▶ “During the past 30 days, have you used an illegal drug or taken a prescription drug that was not prescribed to you?”

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

Baldwin County



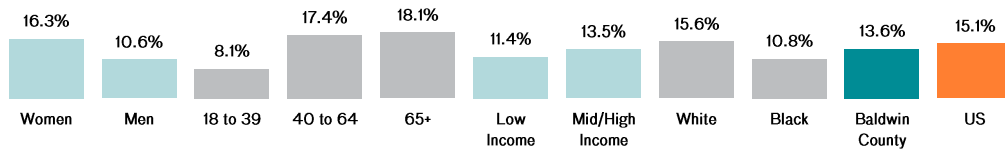
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 40]  
 • 2023 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.

### Use of Prescription Opioids

**PRC Survey** ▶ “Opiates or opioids are drugs that doctors prescribe to treat pain. Examples of prescription opiates include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. In the past year, have you used any of these prescription opiates?”

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.

### Used a Prescription Opioid in the Past Year (Baldwin County, 2023)

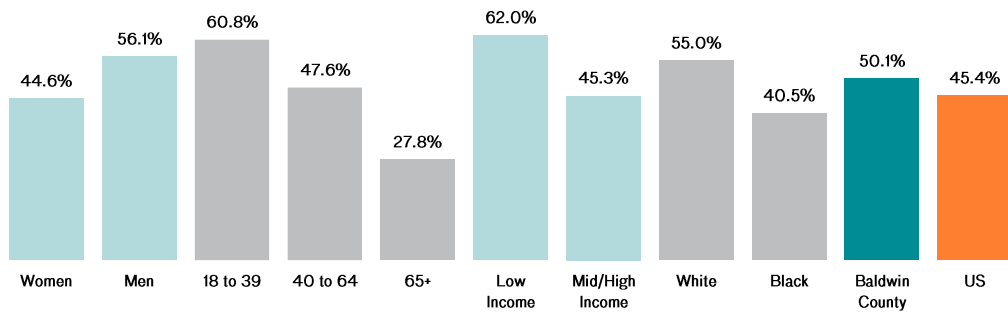


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 41]  
 • 2023 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents.

## Personal Impact From Substance Use

**PRC Survey** ▶ “To what degree has your life been negatively affected by your own or someone else’s substance use issues, including alcohol, prescription, and other drugs? Would you say: a great deal, somewhat, a little, or not at all?”

Life Has Been Negatively Affected by Substance Use (by Self or Someone Else)  
(Baldwin County, 2023)

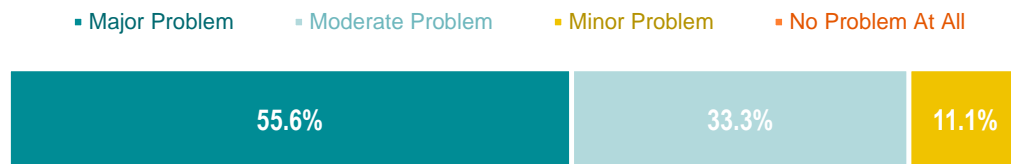


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 43]  
• 2023 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents.  
• Includes those responding “a great deal,” “somewhat,” or “a little.”

## Key Informant Input: Substance Use

The following chart outlines key informants’ perceptions of the severity of *Substance Use* as a problem in the community:

Perceptions of Substance Use as a Problem in the Community  
(Among Key Informants; Baldwin County, 2023)



Sources: • 2023 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

- Rehab center. – Community Leader
- Resources and facilities that offer assistance. – Health Provider
- Not enough facilities to help with the increasing problem. – Community Leader
- Lack of sufficient resources and programs. – Public Health Representative
- Across the state of Georgia, we do not have ready accessible substance abuse treatment centers. – Community Leader

## Law Enforcement

I think local law enforcement does not have the manpower to remove drug and gang activity in Baldwin County. I think the large amount of activity, along with only one well-known treatment facility being available inhibits access for help. – Social Services Provider

## Awareness/Education

Lack of education. The program needs to be sustainably integrated in the community. – Public Health Representative

## Disease Management

Those who are addicted must want to stop. If someone wants to stop, there are resources available. – Community Leader

## Easy Access

Easy access to drugs in all communities. – Community Leader



# 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.

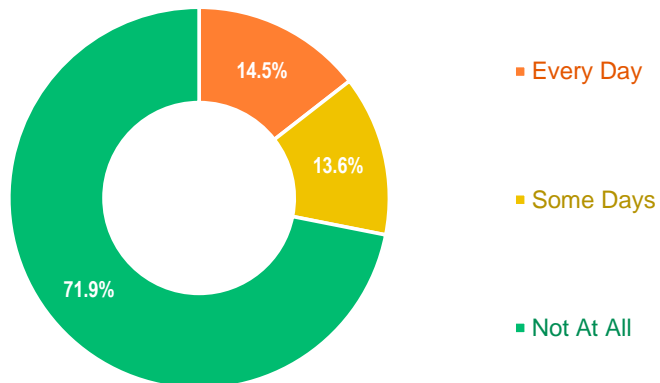
– Healthy People 2030 (<https://health.gov/healthypeople>)

## Cigarette Smoking

**PRC Survey** ▶ “Do you currently smoke cigarettes every day, some days, or not at all?”

(“Currently Smoke Cigarettes” includes those smoking “every day” or on “some days.”)

Prevalence of Cigarette Smoking  
(Baldwin County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 34]  
Notes: • Asked of all respondents.



## Currently Smoke Cigarettes

Healthy People 2030 = 6.1% or Lower

Baldwin County



- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 34]
  - Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2021 GA data.
  - 2023 PRC National Health Survey, PRC, Inc.
  - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Asked of all respondents.
  - Includes those who smoke cigarettes every day or on some days.

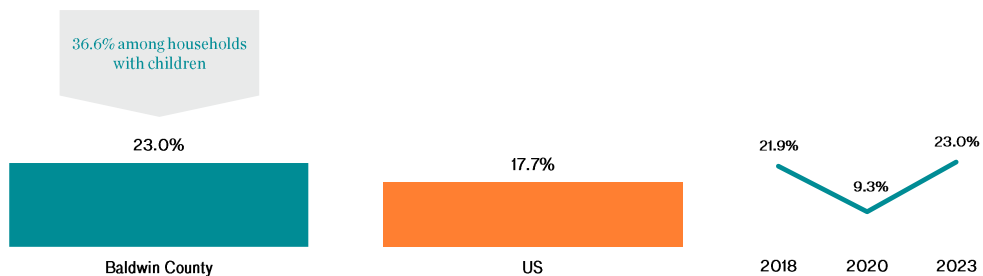
## Environmental Tobacco Smoke

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

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

### Member of Household Smokes at Home

Baldwin County



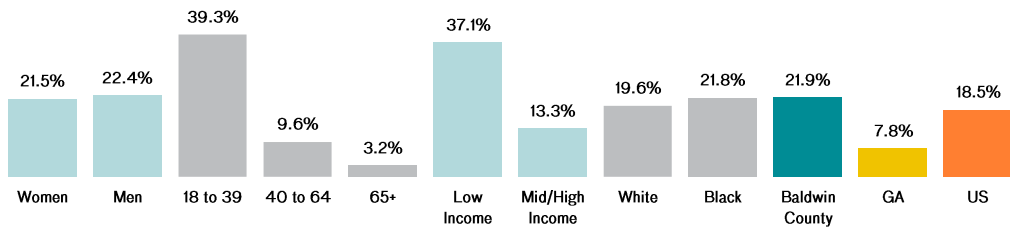
- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Items 35, 114]
  - 2023 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
  - “Smokes at home” refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

## Use of Vaping Products

**PRC Survey** ▶ “Electronic vaping products, such as electronic cigarettes, are battery-operated devices that simulate traditional cigarette smoking but do not involve the burning of tobacco. Do you currently use electronic vaping products, such as electronic cigarettes, every day, some days, or not at all?”

(“Currently Use Vaping Products” includes use “every day” or on “some days.”)

### Currently Use Vaping Products (Baldwin County, 2023)

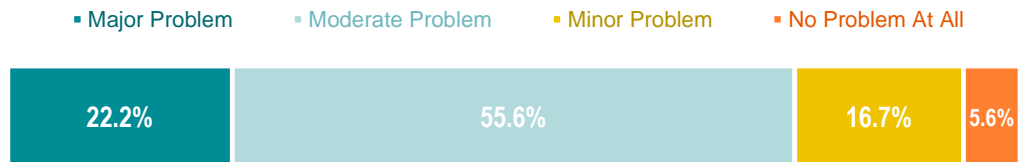


- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 36]
  - 2023 PRC National Health Survey, PRC, Inc.
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 GA data.
- Notes:
- Asked of all respondents.
  - Includes those who use vaping products every day or on some days.

## Key Informant Input: Tobacco Use

The following chart outlines key informants’ perceptions of the severity of *Tobacco Use* as a problem in the community:

### Perceptions of Tobacco Use as a Problem in the Community (Among Key Informants; Baldwin County, 2023)



- Sources:
- 2023 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 is a high prevalence of smoking and data from the DPH, suggesting that the leading causes of death in the county are indirectly or directly linked to tobacco use or secondhand exposure to tobacco. – Public Health Representative

### Impact on Quality of Life

Health issues. – Community Leader

# 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).

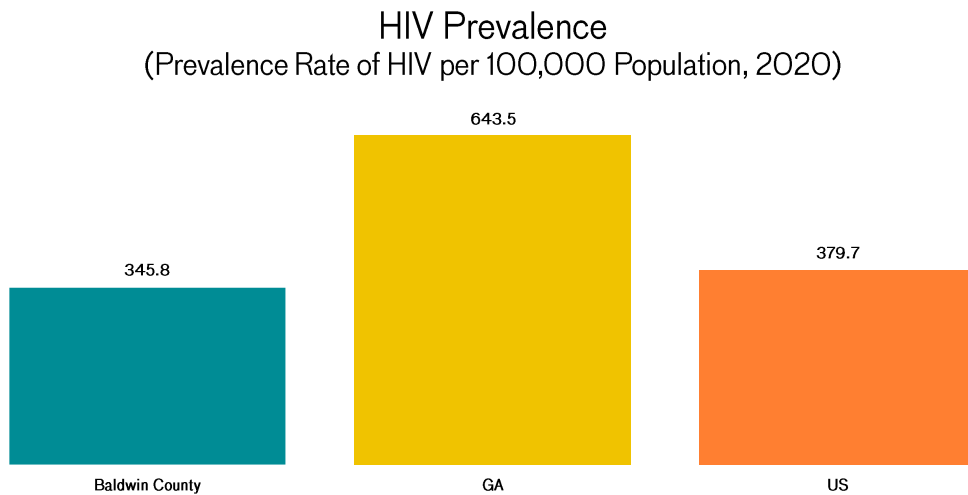
Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

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

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



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 June 2023 via SparkMap ([sparkmap.org](https://sparkmap.org)).

## Sexually Transmitted Infections (STIs)

### Chlamydia

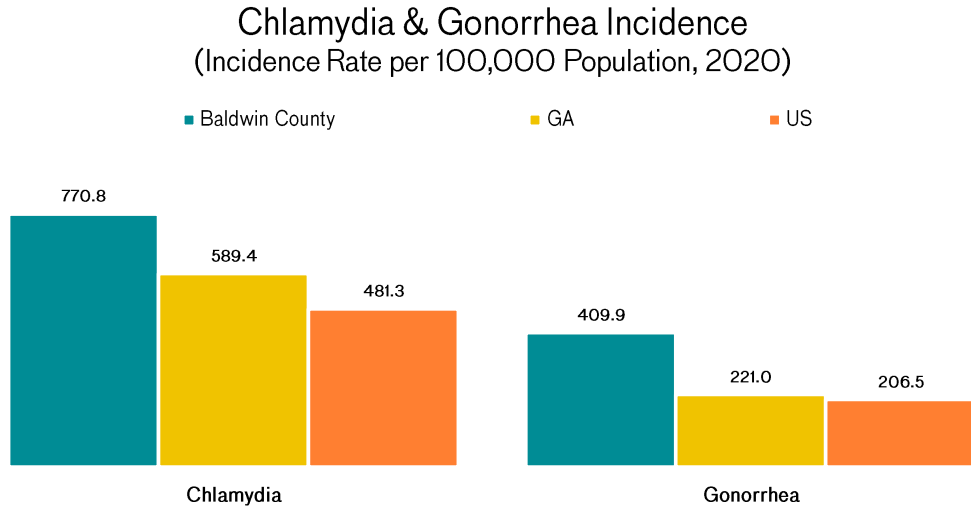
Chlamydia is the most commonly reported STI in the United States; most people who have chlamydia are unaware, since the disease often has no symptoms.



## Gonorrhea

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

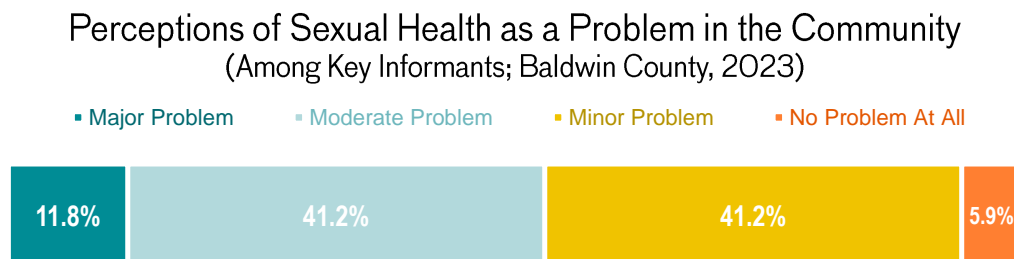
The following chart outlines local incidence for these STIs.



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 June 2023 via SparkMap (sparkmap.org).

## Key Informant Input: Sexual Health

The following chart outlines key informants' perceptions of the severity of *Sexual Health* as a problem in the community:



Sources: • 2023 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:

### Single-Parent Households

“We have a high percentage, approximately 50%, of child births to unwed mothers. Our young people lack moral education and one of the consequences of unsafe sex with multiple partners is STDs, HIV, etc. – Community Leader

### Sexually Transmitted Infections

“So many incidents of sexual health problems talked about in the community, both treated and untreated. – Community Leader

# Access to 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>)

## Lack of Health Insurance Coverage

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

**PRC Survey** ▶ “Do you have any government-assisted health care coverage, such as Medicare, Medicaid (or another state-sponsored program), or VA/military benefits?”

**PRC Survey** ▶ “Do you currently have: health insurance you get through your own or someone else’s employer or union; health insurance you purchase yourself or get through a health insurance exchange website; or, you do not have health insurance and pay entirely on your own?”

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans.

### Lack of Health Care Insurance Coverage (Adults 18-64)

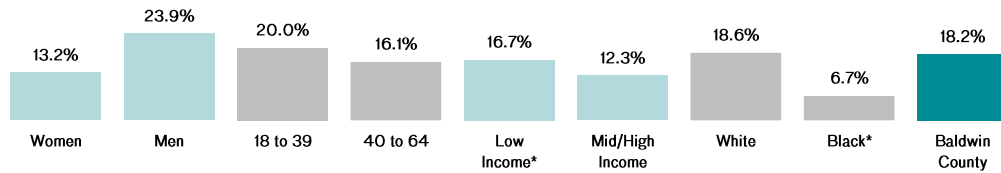
Healthy People 2030 = 7.6% or Lower

Baldwin County



- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 117]
  - Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2021 GA data.
  - 2023 PRC National Health Survey, PRC, Inc.
  - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Reflects respondents age 18 to 64.

## Lack of Health Care Insurance Coverage (Adults 18-64; Baldwin County, 2023) Healthy People 2030 = 7.6% or Lower



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 117]  
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>  
 Notes: • Reflects respondents age 18 to 64.  
 • \* Use caution when interpreting the results, as these samples fall below n=50.

## Difficulties Accessing Health Care

### Barriers to Health Care Access

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

**PRC Survey** ▶ “Was there a time in the past 12 months when you needed medical care but had difficulty finding a doctor?”

**PRC Survey** ▶ “Was there a time in the past 12 months when you had difficulty getting an appointment to see a doctor?”

**PRC Survey** ▶ “Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?”

**PRC Survey** ▶ “Was there a time in the past 12 months when a lack of transportation made it difficult or prevented you from seeing a doctor or making a medical appointment?”

**PRC Survey** ▶ “Was there a time in the past 12 months when you were not able to see a doctor because the office hours were not convenient?”

**PRC Survey** ▶ “Was there a time in the past 12 months when you needed a prescription medicine but did not get it because you could not afford it?”

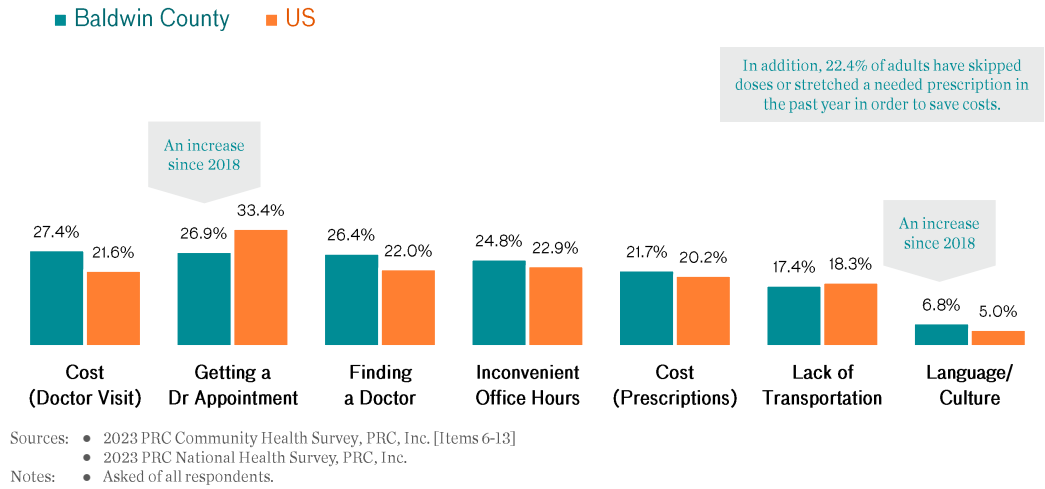
**PRC Survey** ▶ “Was there a time in the past 12 months when you were not able to see a doctor due to language or cultural differences?”

Also:

**PRC Survey** ▶ “Was there a time in the past 12 months when you skipped doses or took smaller doses in order to make your prescriptions last longer and save costs?”

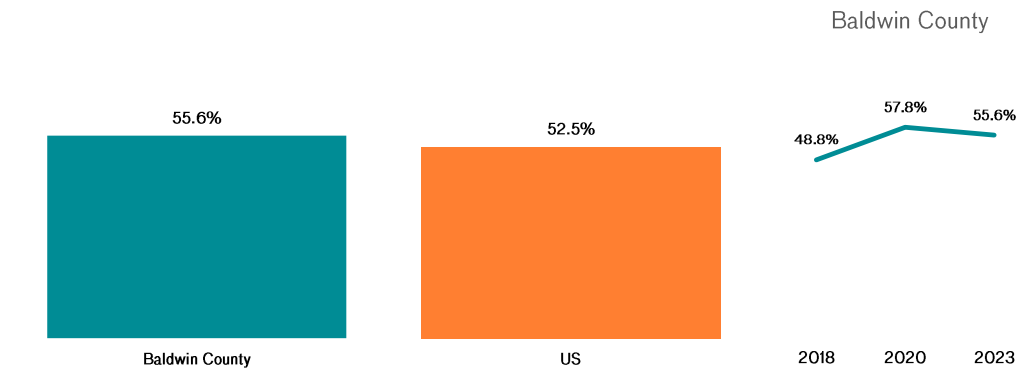
The percentages shown in the following chart reflect the total population, regardless of whether medical care was needed or sought.

## Barriers to Access Have Prevented Medical Care in the Past Year



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

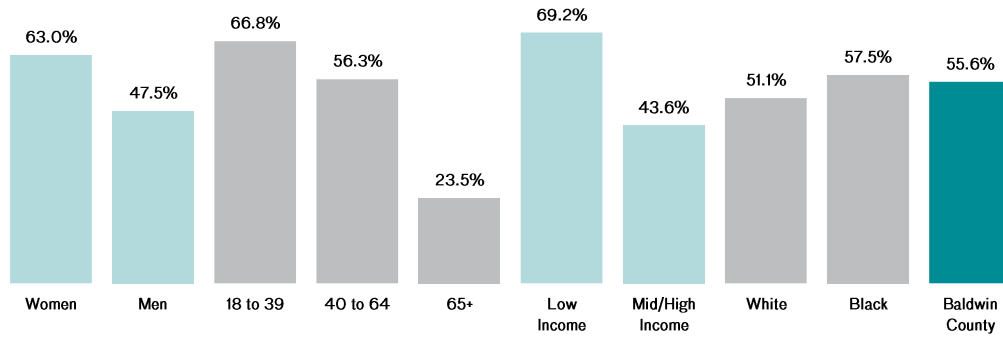
## Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 119]  
• 2023 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 (Baldwin County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 119]  
 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.

### Accessing Health Care for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

**PRC Survey** ▶ “Was there a time in the past 12 months when you needed medical care for this child but could not get it?”

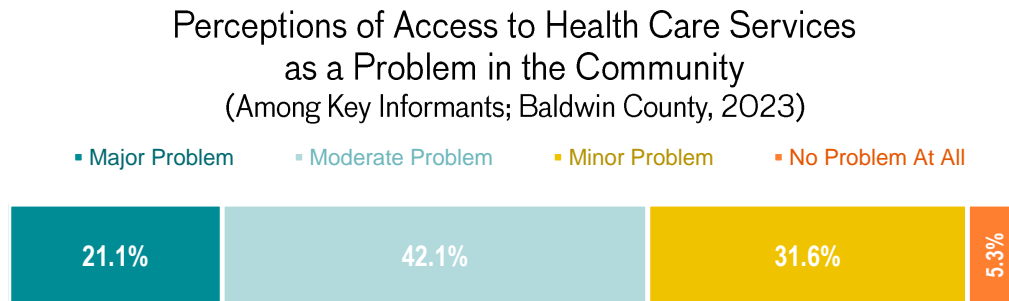
## Had Trouble Obtaining Medical Care for Child in the Past Year (Children 0-17)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 90]  
 • 2023 PRC National Health Survey, PRC, Inc.  
 Notes: • Asked of all respondents with children age 0 to 17 in the household.

## Key Informant Input: Access to Health Care Services

The following chart outlines key informants' perceptions of the severity of *Access to Health Care Services* as a problem in the community:



Sources: • 2023 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:

### Transportation

As a citizen, I can imagine that access to health care is challenging to those who do not have a way to get to health care providers. We do not have public transportation (bus system) and I think the taxis are limited and expensive. – Social Services Provider

Transportation is a major issue in access to health care services. There are not enough free or low-cost modes of transportation and the ones we do currently have are very unreliable. Also, access to specialized medicine is limited at a local level. – Public Health Representative

### Affordable Care/Services

Affordability of care and transportation to care facilities. Care is also mainly secondary or curative and very little preventative care opportunities exist, especially for low income and or rural communities. – Public Health Representative

### Access to Care for Uninsured/Underinsured

For those that need health care services and can't afford insurance, this area is of huge concern for the community. Not only do they not have insurance, but they also don't have adequate resources for medication and transportation. – Community Leader

### Emergency Room Misuse

The emergency room is often the access point to care. The hospital has a reputation for long waits to be seen and then served. – Community Leader

# 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.

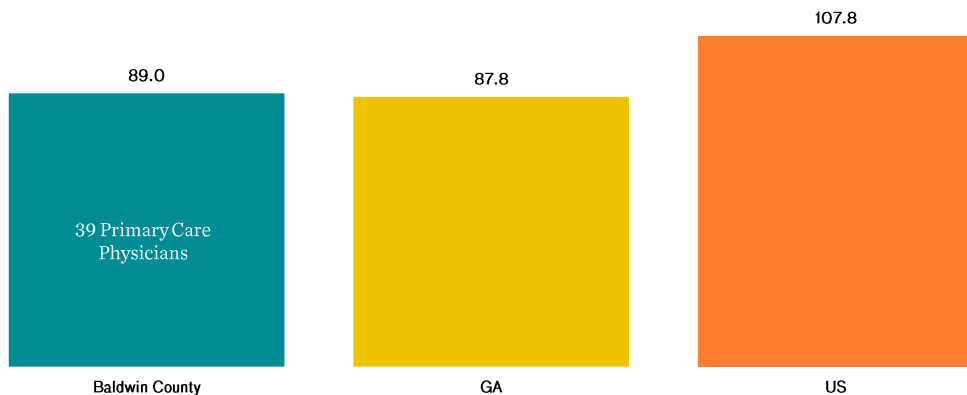
– Healthy People 2030 (<https://health.gov/healthypeople>)

## Access to Primary Care

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

Note that this indicator takes into account *only* primary care physicians. It does *not* reflect primary care access available through advanced practice providers, such as physician assistants or nurse practitioners.

### Number of Primary Care Physicians per 100,000 Population (2023)

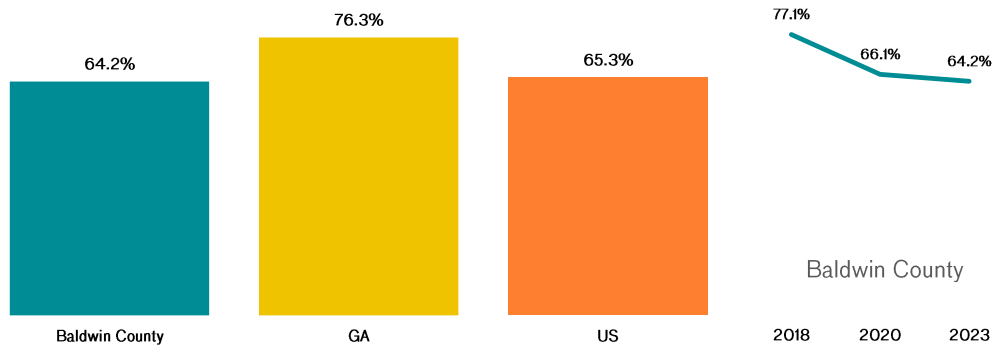


- Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
  - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2023 via SparkMap ([sparkmap.org](http://sparkmap.org)).
- Notes:
- Doctors 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.

## Utilization of Primary Care Services

**PRC Survey** ▶ “A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. About how long has it been since you last visited a doctor for a routine checkup?”

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



- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 16]
  - Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2021 GA data.
  - 2023 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.

**PRC Survey** ▶ “About how long has it been since this child visited a doctor for a routine checkup or general physical exam, not counting visits for a specific injury, illness, or condition?”

### Child Has Visited a Physician for a Routine Checkup in the Past Year (Children 0-17)



- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 91]
  - 2023 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents with children age 0 to 17 in the household.



# 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.

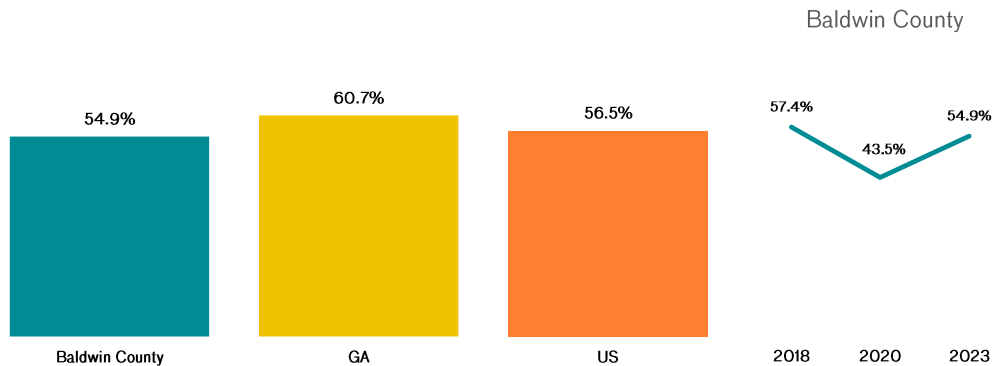
– Healthy People 2030 (<https://health.gov/healthypeople>)

## Dental Care

**PRC Survey** ▶ “About how long has it been since you last visited a dentist or a dental clinic for any reason?”

### Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2030 = 45.0% or Higher



- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 17]
  - Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2020 GA data.
  - 2023 PRC National Health Survey, PRC, Inc.
  - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Asked of all respondents.

**PRC Survey** ▶ [Children Age 2-17] “About how long has it been since this child visited a dentist or dental clinic?”

### Child Has Visited a Dentist or Dental Clinic Within the Past Year (Children 2-17)

Healthy People 2030 = 45.0% or Higher



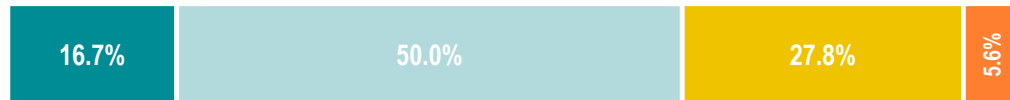
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 93]  
 • 2023 PRC National Health Survey, PRC, Inc.  
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>  
 Notes: • Asked of all respondents with children age 2 through 17.

### Key Informant Input: Oral Health

The following chart outlines key informants’ perceptions of the severity of *Oral Health* as a problem in the community:

### Perceptions of Oral Health as a Problem in the Community (Among Key Informants; Baldwin County, 2023)

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



Sources: • 2023 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

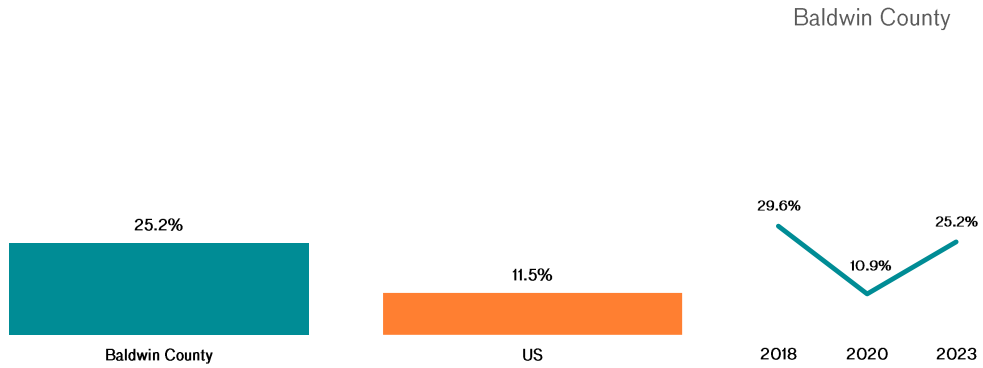
- Most people don’t have dental insurance. – Community Leader
- Dental care is the least insured health care. People have a tendency not to go until it’s necessary. – Community Leader

# Local Resources

## Perceptions of Local Health Care Services

**PRC Survey** ▶ “How would you rate the overall health care services available to you? Would you say: excellent, very good, good, fair, or poor?”

### Perceive Local Health Care Services as “Fair/Poor”



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 5]  
• 2023 PRC National Health Survey, PRC, Inc.  
Notes: • Asked of all respondents.



# Resources Available to Address 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

- Atrium Health Navicent
- Baldwin County Health Department
- Baldwin County Medical Transport Van
- Center for Health and Social Issues
- Community Health Care Systems
- County Transit System
- Department of Public Health
- Division of Family & Child Services (DFCS)
- Urgent Care

## Cancer

- Atrium Health Navicent Baldwin Cancer Center
- Georgia Cancer Specialists

## Diabetes

- Atrium Health Navicent
- Atrium Health Navicent Baldwin
- Baldwin County Health Department
- Center for Health and Social Issues
- Community Health Care Systems
- Department of Public Health
- Doctor's Offices
- GCSU Public Health Program

## Disabling Conditions

- Assisted Living Facilities
- Doctor's Offices
- Green Acres
- Hemlock Pain Center
- Oconee Pain Management Center
- Serenity Wellness and Spa
- Twin Lake Therapy Management

## Heart Disease & Stroke

- A Better You
- American Heart Association
- Center for Health and Social Issues
- Central Georgia Heart Center
- City Council
- Community Health Care Systems
- Department of Public Health
- Fitness Centers/Gyms
- GCSU Public Health Program
- Georgia Heart Physicians
- Middle Georgia Heart
- Screenings
- Serenity Wellness and Spa

## Infant Health & Family Planning

- Babies Can't Wait
- Division of Family & Child Services (DFCS)

## Injury & Violence

- Are You Ok Initiative
- Atrium Emergency Urgent Care
- Atrium Health Navicent Baldwin
- Baldwin County Local Government CHIP and CBDG
- Center for Health and Social Issues
- Churches
- Circle of Love
- Community Organizations
- River Edge
- School System

## Mental Health

- A Better You
- Atrium
- Center Point
- Central State Hospital
- Doctor's Offices
- Hospitals
- Oconee Center
- O'Conner Behavioral Treatment Center
- Reflections in Gray
- River Edge
- Salvation Army
- United Way

## Nutrition, Physical Activity & Weight

- BodyPlex Fitness Center
- Bonner Park
- Centennial Park
- Community Gardens
- Doctor's Offices
- Fishing Creek Trail
- Fitness Centers/Gyms
- Georgia College
- Harmony Yoga
- Harrisburg Park
- Hospitals
- Huley Park
- Meals on Wheels
- Middle Georgia Food Pantry
- Milledgeville Total Fitness
- Parks and Recreation
- Planet Fitness
- River Walk Greenway
- Serenity Wellness and Spa
- Walter B. Williams Park

## Oral Health

- Doctor's Offices
- Old Capital Dentistry

## Respiratory Diseases

- Doctor's Offices

## Sexual Health

- Milledgeville OBGYN Associates
- Women's Care Center

## Social Determinants of Health

- Baldwin County CHIP and CBDG
- Center for Health and Social Issues
- Churches
- Community Health Care Systems
- Community Organizations
- Habitat for Humanity
- Local Community Collaboratives
- Milledgeville Housing Authority
- Overview
- River Edge
- United Way

## Substance Use

- Churches
- Doctor's Offices
- Employers
- Oconee Center
- River Edge



# Appendix

# Evaluation of Past Activities

The CHNA Implementation Strategy was developed for calendar years 2018-2020 and addressed seven “priority” needs identified by community participants, i.e., access, behavioral health, diabetes, nutrition/physical activities, etc. Many of the implementation strategies required community-facing events. In mid-March 2020, the Centers for Disease and Prevention declared COVID-19 pandemic in the United States. Due to the COVID-19 pandemic restrictions and organization policy, many events were cancelled or suspended; other disease-specific events moved from face-to-face to social media platforms, online meetings, and/or telephone calls.

The Elevate magazine continued to be mailed to 20,000 homes quarterly and the digital newsletter is mailed to approximately 6500 subscribers monthly as well as the previous editions can be found on the Atrium Health Navicent website. One of the stellar programs, “Walk with a Doc” was suspended from April 2020 to November 6, 2020. The program resumed on November 7, 2022 and has an average of 10-12 participants per walking event. Research conducted on this program showed that one participant reported that she lost 25 lbs. thereby reducing her A1c from 10 to 6.3. The walking trails on the hospitals’ campuses were maintained for the community participants to continue their walking exercise programs. Once the pandemic began to be controlled, the team quickly moved into areas of focus based on the current identified needs that had emerged throughout the COVID-19 pandemic. The Care Management programs have been effective in assessing the real time gaps in care for the vulnerable patients in Bibb, Baldwin, Peach and surrounding counties. Once assessed, new programs were launched at an accelerated pace to meet those needs. The following statements show the progress made in the three year period:

In 2021, Atrium Health Navicent developed and implemented a Care Model to address Health Disparities within African American Congestive Heart Failure patients discharged from Atrium Health Navicent, The Medical Center (in Bibb County). This effort addressed cardiovascular disease issues and resulted in a decrease in African American readmissions 19.66% to 17.03% (13.4% decrease)

In 2022, Atrium Health Navicent developed and implemented a Care Model to address Health Disparities within African American Diabetes patients discharged from Atrium Health Navicent, The Medical Center (in Bibb County). This effort addressed Diabetes issues and resulted in a decrease in African American readmissions for Diabetes from 16.12% to 13.9% (13.7% decrease)

In 2020, Atrium Health Navicent developed and implemented COVID-19 vaccinations in senior towers, homebound patients and other selected groups (in Bibb, Peach and Baldwin Counties). This effort addressed Access to Care issues. We administered 37,605 total vaccines of which 2619 were administered to vulnerable pop via mobile.

In 2019, Atrium Health Navicent supported the transformational community at Tattall Fields with the placement of a care coordinator (in Bibb County). This effort addressed Access to Care issues. Supported from May 2019 to Dec 2019:

- Enrolled 20 families and assessed for SDOH needs.
- Sponsored a mobile food pantry benefiting 595 people
- Provided Blood pressure checks to 110 individuals and blood sugar screens to 106.
- Implemented a Walking Club that engaged 16 families.

In 2022, Atrium Health Navicent developed and implemented a High-Risk OB Care Management Program (in Bibb County). This effort addressed Access to Care and Maternal Health issues. 50 patients have been identified from 11 counties and are receiving assistance with their social drivers of health issues.

In 2022, Atrium Health Navicent developed and implemented a Food As Medicine Market, Specialized Food Pantry (in Bibb County). In 2022, 482 people were seen at The Food As Medicine Market, and 28,972 pounds of food was distributed (feeding 1,838 people). This effort addressed Food Security and Nutrition issues.

In 2022, Atrium Health Navicent developed and implemented a Food As Medicine Market, Food Pharmacy (in Bibb County). In 2022, 344 people were seen at The Food As Medicine Market, and 28,972 pounds of food was distributed (feeding 1,838 people). This effort addressed Food Security and Nutrition issues.

In 2021, Atrium Health Navicent developed and implemented a Care Model to address readmissions for high-risk Congestive Heart Failure patients discharged from Atrium Health Navicent, The Medical Center (in Bibb County). In 2022, 640 people were enrolled, readmission rates decreased 11.43%. This effort addressed cardiovascular disease issues.

In 2022, Atrium Health Navicent developed and implemented a Care Model to address readmissions for high-risk Diabetes patients discharged from Atrium Health Navicent, The Medical Center (in Bibb County). In 2022, 750 people were enrolled, readmission rates decreased 10.9%. This effort addressed Diabetes issues.

In 2019 – 2021, Atrium Health Navicent developed and implemented a partnership with First Choice Primary Care (FQHC) to provide transitional care to identified patients (in Bibb County). This effort addressed Access to Care issues. From July 2019 - June 2021: 3302 pts connected to the Transitional Care Coordinator: 43 % accepted; 26% showed up for appointments.

In 2021, Atrium Health Navicent Baldwin, Atrium Health Navicent Peach and Atrium Health Navicent, The Medical Center (in Bibb, Peach and Baldwin Counties) developed and implemented increasing access to healthcare via telemedicine/virtual health. This effort addressed Access to Care issues and provided care to 2256 individuals.

In 2022, Atrium Health Navicent Baldwin, Atrium Health Navicent Peach and Atrium Health Navicent, The Medical Center (in Bibb, Peach and Baldwin Counties) continued to provide access to healthcare via telemedicine/virtual health. This effort addressed Access to Care issues and provided care to 5145 individuals.

In 2022-2023, Atrium Health Navicent Peach (in Peach County) developed and implemented increasing access to healthcare via a school based Virtual Care in a vulnerable and rural school system. This effort addressed Access to Care issues and provided Provider-led virtual care to 461 students, staff and teachers.

In 2022, Atrium Health Navicent developed and implemented a plan to increase CHF Clinic visits and explore improvements and expansion to Baldwin and Peach Counties. This effort addressed Access to Care issues. By improving efficiencies, appointments have increased by 33 percent.

In 2022, Atrium Health Navicent developed and implemented a plan to expand Care Management for HF and Diabetes in Peach County with the launch of a satellite Healthy Communities site. This effort addressed Access to Care issues and cardiovascular disease issues. The care management program was implemented and so far, has provided services to 25 patients.

In 2022, Atrium Health Navicent developed and implemented a plan to expand Care Management for HF and Diabetes in Baldwin County with the launch of a satellite Healthy Communities site. This effort addressed Access to Care issues and cardiovascular disease and Diabetes issues. The care management program was implemented and has so far provided services to 52 patients.

In 2022, Atrium Health Navicent developed and implemented a partnership with the Sickle Cell Foundation to fill gaps in care education and explore a mobile Clinic in Peach County. This partnership has been developed via an MOU and the care coordination model is still in exploration.

