2023 Community Health Needs Assessment

Central Georgia

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

Sponsored by
Atrium Health Navicent The Medical Center

Atrium Health Navicent

2022-2868-02

Prepared by
www.PRCCustomResearch.com

Table of Contents

Introduction

Project Overview

Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2012, 2015, 2018, and 2020, is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the service area of Atrium Health Navicent The Medical Center. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

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

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

This assessment was conducted on behalf of Atrium Health Navicent The Medical Center 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 the "Total Area" in this report) is defined as each of the residential ZIP Codes predominantly associated with Baldwin, Bibb, Crawford, Houston, Jones, Monroe, Peach, or Twiggs counties in central Georgia. (In the reporting, Crawford, Jones, Monroe, and Twiggs county findings are grouped into a single combined area, referred to as "Other Counties.") This community definition, determined based on the ZIP Codes of residence of recent patients of Atrium Health Navicent The Medical Center, is outlined in the following table.

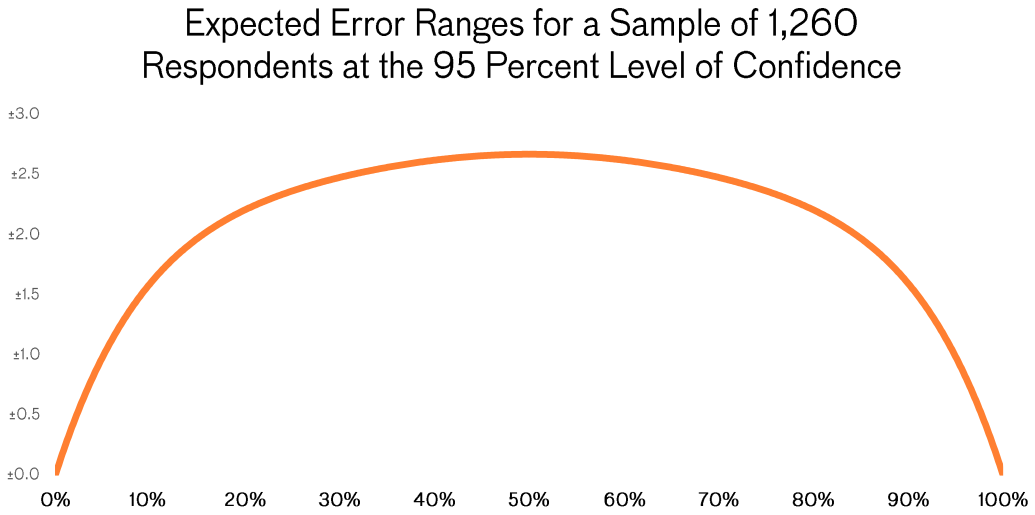
Total Area				
	Bibb County			
	31052	31206	31212	31294
	31201	31207	31213	31295
	31202	31208	31216	31296
	31203	31209	31217	31297
	31204	31210	31220	
	31205	31211	31221	
	Houston County			
	31005	31028	31088	31098
	31013	31047	31093	31099
	31025	31069	31095	
	Peach County			
	31008	31030		
	Baldwin County			
	31034	31059	31061	31062
	Other Counties (Crawford, Jones, Monroe, and Twiggs Counties)			
	31050	31033	31031	31029
	31066	31038	31044	31046
	31078	31017	31004	31086
	31032	31020	31016	

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 (cell phone and landline), as well as through online questionnaires.

The sample design used for this effort consisted of a stratified random sample of 1,260 individuals age 18 and older in the Total Area, including 355 in Bibb County, 303 in Houston County, 200 each in Peach and Baldwin counties, and 202 in the combined Other Counties area. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Total Area as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 1,260 respondents is ±2.7% at the 95 percent confidence level.



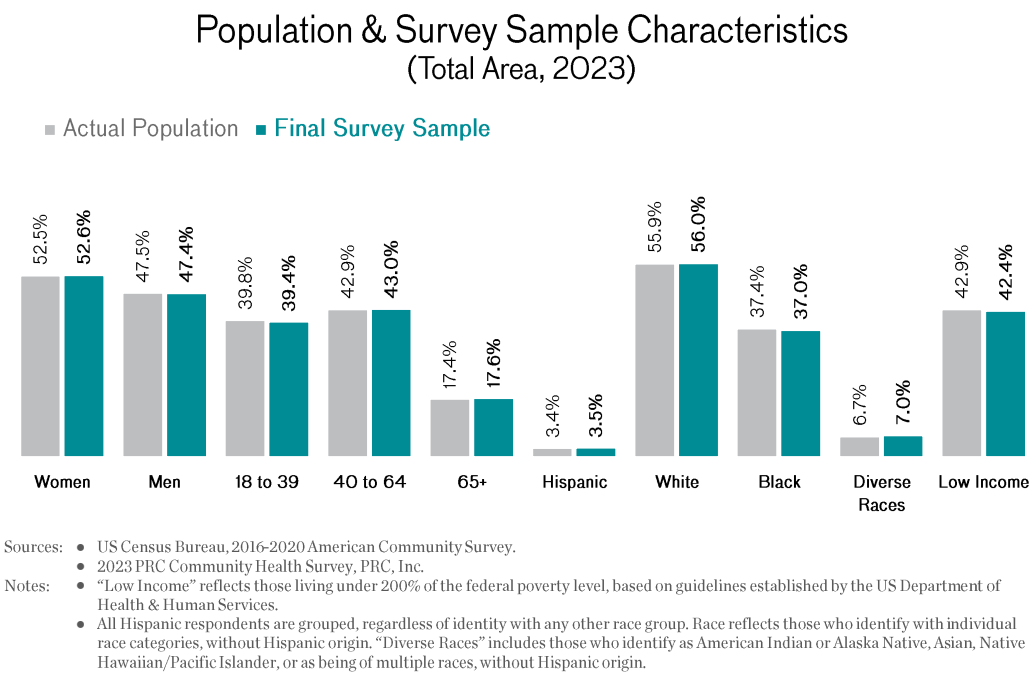
Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 1,260 respondents answered a certain question with a "yes," it can be asserted that between 8.4% and 11.6% (10% ± 1.6%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 47.3% and 52.7% (50% ± 2.7%) of the total population would respond "yes" if asked this question.

Sample Characteristics

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

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



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 also was 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, 61 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	11
Public Health Representatives	8
Other Health Providers	6
Social Services Providers	11
Other Community Leaders	25

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.

- 100 Black Men of Middle Georgia
- Atrium Health Navicent Health EMS
- Baldwin County Board of Commissioners
- Baldwin County Family Connections
- Baldwin County Health Department
- Baldwin Medical Center
- Beverly K. Olsen Children's Hospital
- Bibb County Division of Family and Children Services
- Bibb County Medical Society
- Central Georgia Fertility Clinic
- Century Bank & Trust
- City of Ft. Valley
- City of Milledgeville
- Community Health Works
- Crawford County Health Department
- Crawford Family Medicine
- Crescent House
- Daybreak
- Family Counseling Center of Central Georgia
- First Choice – Primary Care
- Forsyth City Government
- Georgia College & State University
- Georgia Military College
- Goodwill Industries of Middle Georgia
- Head Start, Macon Bibb County Emergency Operations Center, Inc.
- Houston County Health Department
- Houston Healthcare
- IM-Peds Primary Care, LLC
- Jones County
- Jones County Health Department
- Kids First Pediatrics
- Loaves and Fishes Ministries
- Macon Chamber of Commerce
- Macon Housing Authority
- Macon Transit Authority
- Macon Volunteer Clinic
- Meals On Wheels–Baldwin County
- Meals on Wheels of Macon/Bibb County
- Mercer Medicine
- Mercer University School of Medicine
- Peach County Emergency Medical Services
- Peach County Fire Department
- Peach County School System
- Pharmacy
- Public Health
- River Edge Behavioral Health Services
- Sacred Heart Catholic Church
- School House Health
- Twiggs County Health Department
- United Way of Central Georgia

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 the Total Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, 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 Comparisons

Trending

Similar surveys were administered in the Total Area in 2012, 2015, 2018, and 2020 by PRC on behalf of Atrium Health Navicent The Medical Center. 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

State-level findings are provided where available as an additional benchmark against which to compare local findings. For survey indicators, these are taken from the most recently published data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS). For other indicators, these draw from vital statistics, census, and other existing data sources.

National Data

National survey 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 findings (from various existing resources) are also provided for comparison of secondary data indicators.

Healthy People 2030 Objectives

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 receiving 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, undocumented residents, and members of certain racial/ethnic or immigrant groups — while included in the overall findings, might not be individually identifiable or might not comprise a large-enough sample 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 The Medical Center made its prior Community Health Needs Assessment (CHNA) report publicly available through its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Atrium Health Navicent The Medical Center 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 The Medical Center 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 nonprofit 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
Part V Section B Line 3a A definition of the community served by the hospital facility	7
Part V Section B Line 3b Demographics of the community	33
Part V Section B Line 3c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	178
Part V Section B Line 3d How data was obtained	6
Part V Section B Line 3e The significant health needs of the community	14
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs	14
Part V Section B Line 3h The process for consulting with persons representing the community's interests	9
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	185

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	
Access To Health Care Services	▪ Lack of Health Insurance ▪ Barriers to Access – Inconvenient Office Hours – Appointment Availability – Difficulty Finding a Physician – Lack of Transportation ▪ Ratings of Local Health Care
Cancer	▪ Leading Cause of Death ▪ Cancer Deaths – Including Lung Cancer, Prostate Cancer, Colorectal Cancer Deaths ▪ Prostate Cancer Incidence ▪ Cancer Prevalence ▪ Cervical Cancer Screening
Diabetes	▪ Diabetes Prevalence ▪ Prevalence of Borderline/Pre-Diabetes ▪ Kidney Disease Deaths ▪ Key Informants: *Diabetes* ranked as a top concern.
Disabling Conditions	▪ Multiple Chronic Conditions ▪ Activity Limitations ▪ Alzheimer's Disease Deaths ▪ Caregiving

—continued on the following page—

Areas of Opportunity (continued)	
Heart Disease & Stroke	▪ Leading Cause of Death ▪ Heart Disease Deaths ▪ Heart Disease Prevalence ▪ High Blood Pressure Prevalence ▪ High Blood Cholesterol Prevalence ▪ Overall Cardiovascular Risk ▪ Key Informants: *Heart Disease & Stroke* ranked as a top concern.
Infant Health & Family Planning	▪ Prenatal Care ▪ Low-Weight Births ▪ Infant Deaths ▪ Teen Births
Injury & Violence	▪ Motor Vehicle Crash Deaths ▪ Homicide Deaths ▪ Violent Crime Experience ▪ Intimate Partner Violence ▪ Key Informants: *Injury & Violence* ranked as a top concern.
Mental Health	▪ "Fair/Poor" Mental Health ▪ Diagnosed Depression ▪ Symptoms of Chronic Depression ▪ Stress ▪ Suicide Deaths ▪ Mental Health Provider Ratio ▪ Difficulty Obtaining Mental Health Services ▪ Key Informants: *Mental Health* ranked as a top concern.
Nutrition, Physical Activity & Weight	▪ Low Food Access ▪ Difficulty Accessing Fresh Produce ▪ Meeting Physical Activity Guidelines ▪ Children's Physical Activity ▪ Access to Recreation/Fitness Facilities ▪ Overweight & Obesity [Adults] ▪ Overweight & Obesity [Children] ▪ Key Informants: *Nutrition, Physical Activity & Weight* ranked as a top concern.

—continued on the following page—

Areas of Opportunity (continued)	
Oral Health	▪ Regular Dental Care [Adults]
Respiratory Disease	▪ Lung Disease Deaths ▪ Pneumonia/Influenza Deaths ▪ Asthma Prevalence [Adults]
Sexual Health	▪ HIV Prevalence ▪ Chlamydia Incidence ▪ Gonorrhea Incidence
Substance Use	▪ Alcohol-Induced Deaths ▪ Illicit Drug Use ▪ Key Informants: *Substance Use* ranked as a top concern.
Tobacco Use	▪ Use of Vaping Products

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

Summary Tables: Comparisons With Benchmark Data

Reading the Summary Tables

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

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

The columns to the right of the Total Area column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Again, symbols indicate whether the Total Area compares favorably (), unfavorably (), or comparably () to these external data.

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

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

TREND SUMMARY
(Current vs. Baseline Data)

SURVEY DATA INDICATORS:
Trends for survey-derived indicators represent significant changes since 2012 (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).

Social Determinants of Health	Disparity Among Subareas					Total Area	Total Area vs. Benchmarks			Trend
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2030	
Linguistically Isolated Population (Percent)	0.9	1.0	0.7	0.6	0.1	0.8	2.7	4.0		
Population in Poverty (Percent)	25.3	10.3	19.2	22.6	14.4	17.6	13.9	12.6	8.0	
Children in Poverty (Percent)	38.3	12.8	29.4	23.7	17.8	24.0	19.6	17.1	8.0	
No High School Diploma (Age 25+, Percent)	13.6	7.0	15.0	14.3	12.5	11.3	11.8	11.1		
Unemployment Rate (Age 16+, Percent)	3.3	2.8	3.4	3.5	2.8	3.1	2.8	3.3		10.4
% Unable to Pay Cash for a $400 Emergency Expense	34.2	25.7	30.8	38.0	32.9	31.6		34.0		29.0
% Worry/Stress Over Rent/Mortgage in Past Year	32.5	26.3	28.3	37.8	33.9	31.1		45.8		27.4
% Unhealthy/Unsafe Housing Conditions	20.1	9.7	14.7	20.5	17.8	16.3		16.4		14.4
% Went Without Utilities in Past Year	14.7	9.0	8.0	23.6	15.2	13.4				
Population With Low Food Access (Percent)	32.3	35.0	28.1	24.6	20.3	30.0	30.9	22.2		

Social Determinants of Health (continued)	Disparity Among Subareas					Total Area	Total Area vs. Benchmarks			
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2030	Trend
% Food Insecure	38.0	30.0	31.8	46.0	34.3	35.4		43.3		32.1

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

better similar worse

Overall Health	Disparity Among Subareas					Total Area	Total Area vs. Benchmarks			
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2030	Trend
% "Fair/Poor" Overall Health	21.2	15.7	17.0	21.4	25.4	19.8	18.1	15.7		19.4

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

better similar worse

Access to Health Care	Disparity Among Subareas					Total Area	Total Area vs. Benchmarks			
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2030	Trend
% [Age 18-64] Lack Health Insurance	13.9	10.9	16.2	18.2	9.4	13.0	17.1	8.1	7.6	18.6
% Difficulty Accessing Health Care in Past Year (Composite)	46.9	41.9	41.7	55.6	50.1	46.3		52.5		40.6
% Cost Prevented Physician Visit in Past Year	22.4	18.7	14.6	27.4	29.5	22.1	15.5	21.6		21.3
% Cost Prevented Getting Prescription in Past Year	22.6	21.3	19.7	21.7	24.1	22.1		20.2		21.5

Access to Health Care (continued)	Disparity Among Subareas					Total Area	Total Area vs. Benchmarks			
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2030	Trend
% Difficulty Getting Appointment in Past Year	23.4	21.9	20.7	26.9	18.8	22.5		33.4		14.1
% Inconvenient Hrs Prevented Dr Visit in Past Year	18.8	16.1	10.5	24.8	17.6	17.8		22.9		10.2
% Difficulty Finding Physician in Past Year	18.5	16.6	15.5	26.4	12.7	17.7		22.0		12.3
% Transportation Hindered Dr Visit in Past Year	13.6	10.9	11.4	17.4	8.8	12.3		18.3		9.7
% Language/Culture Prevented Care in Past Year	2.3	3.8	1.4	6.8	1.2	3.0		5.0		3.1
% Stretched Prescription to Save Cost in Past Year	20.1	18.2	16.6	22.4	23.5	19.9		19.4		19.6
% Difficulty Getting Child's Health Care in Past Year	9.2	9.3	4.5	5.7	8.6	8.4		11.1		5.4
Primary Care Doctors per 100,000	198.9	73.3	75.1	89.0	28.8	109.8	87.8	107.8		
% Have a Specific Source of Ongoing Care	63.8	71.9	74.1	58.9	78.0	68.5		69.9	84.0	68.3
% Routine Checkup in Past Year	77.7	74.3	77.5	64.2	75.3	74.9	76.3	65.3		70.2
% [Child 0-17] Routine Checkup in Past Year	87.4	77.6	83.9	93.3	80.7	83.7		77.5		83.1

Access to Health Care (continued)	Disparity Among Subareas					Total Area	Total Area vs. Benchmarks			
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2030	Trend
% Two or More ER Visits in Past Year	15.9	10.3	16.5	20.1	15.1	14.6		15.6		13.3
% Rate Local Health Care "Fair/Poor"	14.1	11.7	10.2	25.2	15.7	14.5		11.5		16.6

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

better similar worse

Cancer	Disparity Among Subareas					Total Area	Total Area vs. Benchmarks			
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2030	Trend
Cancer Deaths per 100,000 (Age-Adjusted)	162.3	149.9	191.9	159.2	153.3	157.9	150.5	146.5	122.7	183.4
Lung Cancer Deaths per 100,000 (Age-Adjusted)						42.9	35.7	33.4	25.1	
Female Breast Cancer Deaths per 100,000 (Age-Adjusted)						18.9	20.2	19.4	15.3	
Prostate Cancer Deaths per 100,000 (Age-Adjusted)						22.0	20.6	18.5	16.9	
Colorectal Cancer Deaths per 100,000 (Age-Adjusted)						15.7	14.0	13.1	8.9	
Cancer Incidence per 100,000 (Age-Adjusted)	468.4	482.6	450.6	482.7	493.7	477.9	468.6	449.4		

Cancer (continued)	Disparity Among Subareas					Total Area	Total Area vs. Benchmarks			
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2030	Trend
Lung Cancer Incidence per 100,000 (Age-Adjusted)	62.1	62.1	55.9	74.8	73.1	65.2	59.8	56.3		
Female Breast Cancer Incidence per 100,000 (Age-Adjusted)	130.2	133.1	94.4	137.7	127.6	129.0	129.1	128.1		
Prostate Cancer Incidence per 100,000 (Age-Adjusted)	155.1	145.1	150.9	125.6	138.0	145.1	132.6	109.9		
Colorectal Cancer Incidence per 100,000 (Age-Adjusted)	40.4	40.4	43.4	40.6	45.2	41.5	40.4	37.7		
% Cancer	9.1	10.9	9.9	10.4	8.6	9.8	11.2	7.4		9.7
% [Women 50-74] Breast Cancer Screening	87.5	80.8		78.8	79.2	83.9	78.1	64.0	80.5	81.5
% [Women 21-65] Cervical Cancer Screening	75.8	73.5	79.2	76.4	80.0	75.9	76.5	75.4	84.3	81.5
% [Age 50-75] Colorectal Cancer Screening	85.5	83.3	80.2	71.4	80.6	82.3	69.8	71.5	74.4	79.7

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

better similar worse

Diabetes	Disparity Among Subareas					Total Area	Total Area vs. Benchmarks			
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2030	Trend
Diabetes Deaths per 100,000 (Age-Adjusted)	15.1	22.9	46.2	33.4	19.0	21.9	22.2	22.6		21.2
% Diabetes/High Blood Sugar	17.1	17.6	16.5	13.0	17.2	16.8	12.3	12.8		15.6
% Borderline/Pre-Diabetes	14.6	12.6	10.8	10.6	13.9	13.2		15.0		1.7
Kidney Disease Deaths per 100,000 (Age-Adjusted)	31.7	28.8	32.0	21.3	18.5	27.0	18.4	12.8		22.4

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

better similar worse

Disabling Conditions	Disparity Among Subareas					Total Area	Total Area vs. Benchmarks			
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2030	Trend
% 3+ Chronic Conditions	42.3	40.0	46.0	41.3	47.4	42.5		38.0		39.6
% Activity Limitations	25.9	26.9	29.7	36.3	33.6	28.6		27.5		20.9
% High-Impact Chronic Pain	22.3	21.0	19.4	24.3	29.1	22.8		19.6	6.4	20.2
Alzheimer's Disease Deaths per 100,000 (Age-Adjusted)	33.3	56.7	51.2	23.4	38.9	41.0	44.8	30.9		29.6
% Caregiver to a Friend/Family Member	33.3	22.3	23.8	24.1	30.8	28.0		22.8		27.2

Heart Disease & Stroke	Disparity Among Subareas					Total Area	Total Area vs. Benchmarks			
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2030	Trend
Heart Disease Deaths per 100,000 (Age-Adjusted)	269.5	214.5	233.9	287.9	193.9	235.8	178.3	164.4	127.4	215.4
% Heart Disease	9.6	10.9	12.9	11.0	13.2	10.9	7.0	10.3		7.3
Stroke Deaths per 100,000 (Age-Adjusted)	41.5	38.1	51.7	48.2	39.3	41.4	42.8	37.6	33.4	47.1
% Stroke	3.5	3.6	3.0	4.0	5.1	3.8	3.7	5.4		4.7
% High Blood Pressure	52.0	38.9	50.8	42.2	49.7	46.6	36.6	40.4	42.6	43.2
% High Cholesterol	40.0	36.2	40.3	35.4	33.8	37.6		32.4		35.8
% 1+ Cardiovascular Risk Factor	97.3	96.4	95.5	92.7	94.6	96.0		87.8		91.1

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

better similar worse

Infant Health & Family Planning	Disparity Among Subareas					Total Area	Total Area vs. Benchmarks			
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2030	Trend
No Prenatal Care in First 6 Months (Percent of Births)						5.3	8.5	6.1		4.5
Teen Births per 1,000 Females 15-19	36.4	25.2	19.4	13.8	16.2	25.6	22.5	19.3		
Low Birthweight (Percent of Births)	14.0	9.0	10.0	11.0	10.2	11.2	9.8	8.2		
Infant Deaths per 1,000 Births	8.3	10.2			9.5	8.8	6.7	5.5	5.0	9.3

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

better similar worse

Injury & Violence	Disparity Among Subareas					Total Area	Total Area vs. Benchmarks			
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2030	Trend
Unintentional Injury Deaths per 100,000 (Age-Adjusted)	49.5	37.4	70.9	42.5	55.3	46.4	44.9	51.6	43.2	43.7
Motor Vehicle Crash Deaths per 100,000 (Age-Adjusted)	19.6	12.4	25.8	21.0	25.3	18.2	14.4	11.4	10.1	
[65+] Fall-Related Deaths per 100,000 (Age-Adjusted)						56.2	51.4	67.1	63.4	
Homicide Deaths per 100,000 (Age-Adjusted)						12.3	8.8	6.1	5.5	7.1

Injury & Violence (continued)	Disparity Among Subareas					Total Area	Total Area vs. Benchmarks			
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2030	Trend
Violent Crimes per 100,000	514.3	374.5	498.0	711.9	148.7	447.1	373.1	416.0		
% Victim of Violent Crime in Past 5 Years	7.0	7.1	2.9	4.1	7.6	6.5		7.0		2.3
% Victim of Intimate Partner Violence	18.9	20.1	15.6	23.8	18.2	19.4		20.3		14.5

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

better similar worse

Mental Health	Disparity Among Subareas					Total Area	Total Area vs. Benchmarks			
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2030	Trend
% "Fair/Poor" Mental Health	22.3	26.0	24.1	33.1	23.2	24.8		24.4		12.0
% Diagnosed Depression	24.6	23.6	31.8	31.0	27.9	26.0	17.7	30.8		20.1
% Symptoms of Chronic Depression	43.6	39.7	46.7	42.3	43.1	42.5		46.7		26.3
% Typical Day Is "Extremely/Very" Stressful	17.8	18.1	15.2	18.1	19.9	18.0		21.1		10.3
Suicide Deaths per 100,000 (Age-Adjusted)	12.2	17.9			21.2	15.4	14.3	13.9	12.8	10.3

Mental Health (continued)	Disparity Among Subareas					Total Area	Total Area vs. Benchmarks			
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2030	Trend
Mental Health Providers per 100,000	64.8	72.7	67.9	98.2	12.4	63.7	75.0	149.9		
% Receiving Mental Health Treatment	19.1	22.5	23.7	20.8	23.5	21.3		21.9		19.6
% Unable to Get Mental Health Services in Past Year	11.3	11.2	6.9	8.3	9.8	10.4		13.2		6.0

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

better similar worse

Nutrition, Physical Activity & Weight	Disparity Among Subareas					Total Area	Total Area vs. Benchmarks			
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2030	Trend
% "Very/Somewhat" Difficult to Buy Fresh Produce	27.7	22.9	29.6	38.3	36.9	28.7		30.0		21.8
% No Leisure-Time Physical Activity	30.7	27.1	31.9	30.7	41.5	31.2	23.7	30.2	21.8	35.8
% Meet Physical Activity Guidelines	26.4	26.1	22.6	20.7	15.0	23.9	24.1	30.3	29.7	20.8
% [Child 2-17] Physically Active 1+ Hours per Day	47.7	33.5	48.5	67.4	41.6	44.3		27.4		57.7
Recreation/Fitness Facilities per 100,000	8.3	6.7	10.7	6.9	5.2	7.3	10.8	11.9		
% Overweight (BMI 25+)	73.0	70.4	77.4	74.5	71.9	72.5	68.0	63.3		70.2

Nutrition, Physical Activity & Weight (continued)	Disparity Among Subareas					Total Area	Total Area vs. Benchmarks			
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2030	Trend
% Obese (BMI 30+)	42.6	38.5	50.4	44.7	45.1	42.5	33.9	33.9	36.0	36.2
% [Child 5-17] Overweight (85th Percentile)						40.4		31.8		26.4
% [Child 5-17] Obese (95th Percentile)						25.5		19.5	15.5	18.4

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

better similar worse

Oral Health	Disparity Among Subareas					Total Area	Total Area vs. Benchmarks			
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2030	Trend
% Have Dental Insurance	72.0	72.7	69.6	63.3	81.1	72.3		72.7	75.0	61.2
% Dental Visit in Past Year	53.6	59.0	55.0	54.9	57.1	56.0	60.7	56.5	45.0	61.7
% [Child 2-17] Dental Visit in Past Year	81.3	80.7	80.0	76.4	77.8	79.9		77.8	45.0	80.8

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

better similar worse

Respiratory Disease	Disparity Among Subareas					Total Area	Total Area vs. Benchmarks			
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2030	Trend
Lung Disease Deaths per 100,000 (Age-Adjusted)	41.0	56.7	67.9	51.1	55.0	50.8	43.1	38.1		45.6
Pneumonia/Influenza Deaths per 100,000 (Age-Adjusted)	16.7	14.0		18.1	17.1	16.1	13.4	13.4		18.1
COVID-19 Deaths per 100,000 (Age-Adjusted)	108.0	66.5	108.3	77.6	81.0	87.6	81.7	85.0		
% Asthma	11.8	13.0	12.6	19.2	14.0	13.3	9.4	17.9		8.2
% [Child 0-17] Asthma	10.4	15.9	13.1	13.7	9.6	12.7		16.7		12.0
% COPD (Lung Disease)	12.8	9.0	6.8	11.4	14.7	11.3	6.6	11.0		11.2

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

better similar worse

Sexual Health	Disparity Among Subareas					Total Area	Total Area vs. Benchmarks			
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2030	Trend
HIV Prevalence per 100,000	964.9	339.4	546.6	345.8	178.9	529.9	643.5	379.7		
Chlamydia Incidence per 100,000	1035.5	639.8	740.6	770.8	329.3	738.4	589.4	481.3		
Gonorrhea Incidence per 100,000	510.6	268.0	304.9	409.9	95.0	335.9	221.0	206.5		

Substance Use	Disparity Among Subareas					Total Area	Total Area vs. Benchmarks			
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2030	Trend
Alcohol-Induced Deaths per 100,000 (Age-Adjusted)						7.3	10.7	11.9		5.0
Cirrhosis/Liver Disease Deaths per 100,000 (Age-Adjusted)	8.8	13.0			8.1	10.2	16.4	12.5	10.9	
% Excessive Drinking	20.8	16.6	16.9	20.4	12.3	18.0	16.0	34.3		18.9
Unintentional Drug-Induced Deaths per 100,000 (Age-Adjusted)	9.3	7.4			9.9	8.9	13.3	21.0		8.6
% Used an Illicit Drug in Past Month	6.0	6.1	4.8	10.7	9.8	6.9		8.4		2.5
% Used a Prescription Opioid in Past Year	14.6	14.6	17.8	13.6	24.6	16.1		15.1		19.7
% Ever Sought Help for Alcohol or Drug Problem	6.1	8.4	4.8	7.1	6.2	6.8		6.8		5.2
% Personally Impacted by Substance Use	33.7	34.8	31.5	50.1	38.7	36.3		45.4		34.9

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

better similar worse

Tobacco Use	Disparity Among Subareas					Total Area	Total Area vs. Benchmarks			
	Bibb County	Houston County	Peach County	Baldwin County	Other Counties		vs. GA	vs. US	vs. HP2030	Trend
% Smoke Cigarettes	22.6	17.2	14.6	28.1	25.5	21.3	15.0	23.9	6.1	23.2
% Someone Smokes at Home	20.4	15.9	19.1	23.0	20.3	19.2		17.7		19.1
% Use Vaping Products	14.4	13.5	15.2	21.9	14.1	14.9	7.8	18.5		6.4

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

better | similar | worse

Community Description

Population Characteristics

Total Population

The combined Total Area (Baldwin, Bibb, Crawford, Houston, Jones, Monroe, Peach, and Twiggs counties), the focus of this Community Health Needs Assessment, encompasses 2,508.62 square miles and houses a total population of 465,901 residents, according to latest census estimates.

Total Population
(Estimated Population, 2017-2021)

	Total Population	Total Land Area (square miles)	Population Density (per square mile)
Bibb County	156,711	249.38	628
Houston County	161,177	376.05	429
Peach County	27,822	150.28	185
Baldwin County	43,876	258.7	170
Other Counties	76,315	1,474.21	52
Total Area	**465,901**	**2,508.62**	**186**
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).

Population Change 2010-2020

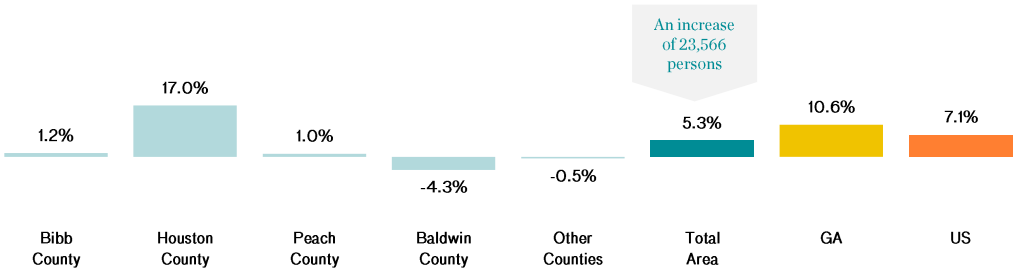
A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.

Between the 2010 and 2020 US Censuses, the population of the Total Area increased by 23,566 persons, or 5.3%.

Benchmark ► **A smaller proportional increase than in Georgia and the US overall.**

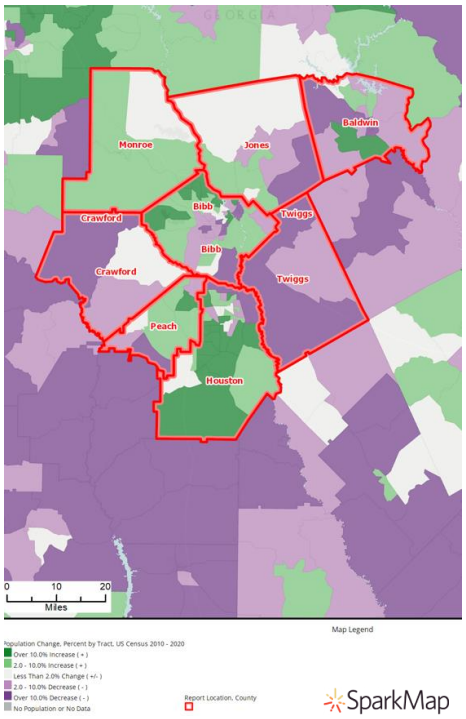
Disparity ► **The greatest increase in population occurred in Houston County.**

Change in Total Population
(Percentage Change Between 2010 and 2020)



Sources:
- US Census Bureau Decennial Census (2010-2020).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2023 via SparkMap (sparkmap.org).

This map shows the areas of greatest increase or decrease in population between 2010 and 2020.



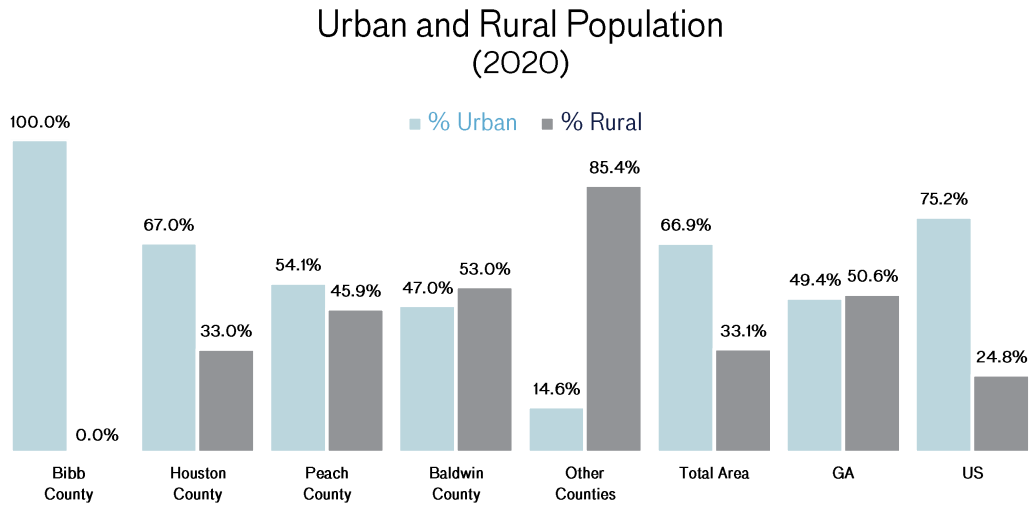
Urban/Rural Population

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

The Total Area is predominantly urban, with two-thirds of the population living in areas designated as urban.

Benchmark ► A smaller percentage of urban residents when compared with the US (Georgia is fairly evenly split between urban and rural residents).

Disparity ► The urban/rural divide varies considerably among the counties.



Sources:
- US Census Bureau Decennial Census.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2023 via SparkMap (sparkmap.org).

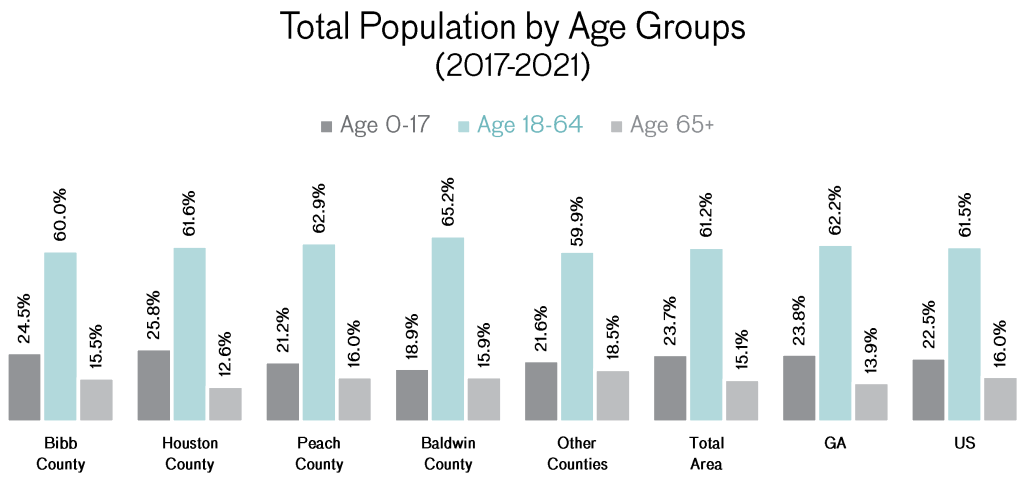
Notes:
- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are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

Age

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

In the Total Area, 23.7% of the population are children age 0-17; another 61.2% are age 18 to 64, while 15.1% are age 65 and older.

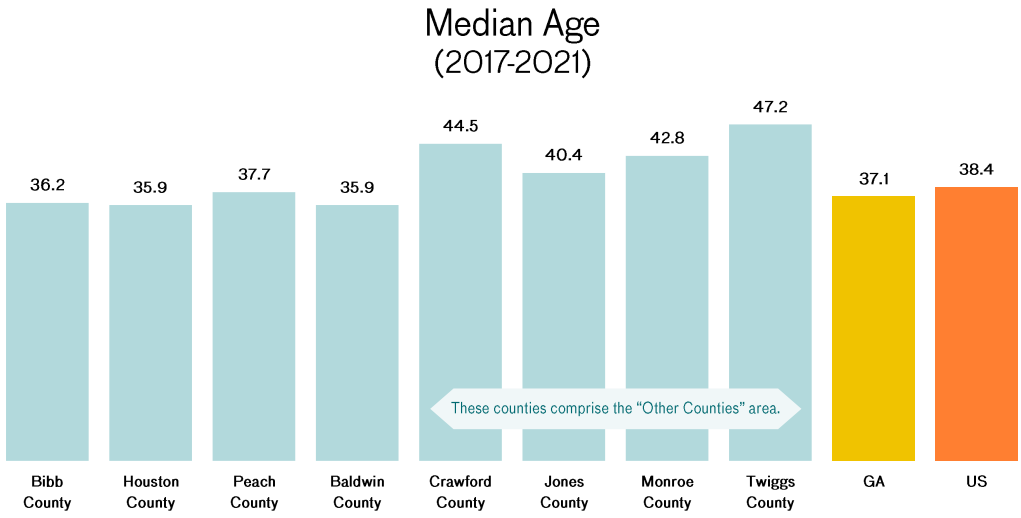
Disparity ► The combined Other Counties area houses the largest proportion of older (age 65+) population.



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).

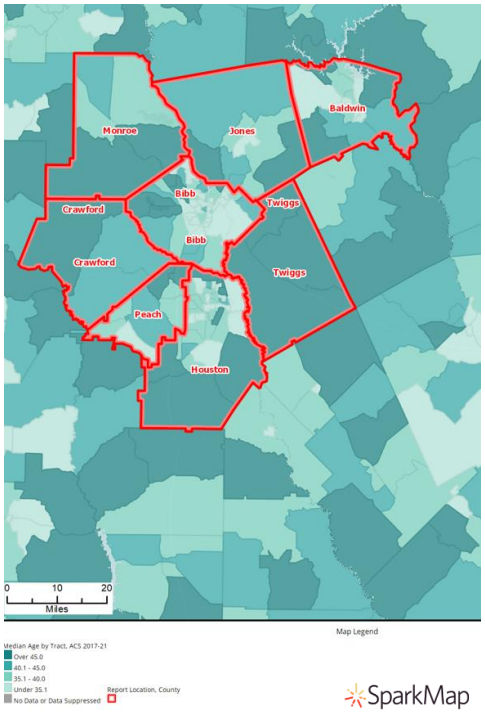
Median Age

While Bibb, Houston, Peach, and Baldwin counties are "younger" than the state and the nation (their median ages are lower), note the higher median ages in the Other Counties area. (Composite medians are not available for the Other Counties or Total Area as a whole.)



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).

The following map provides an illustration of the median age by census tract throughout the Total Area.



Race & Ethnicity

Race

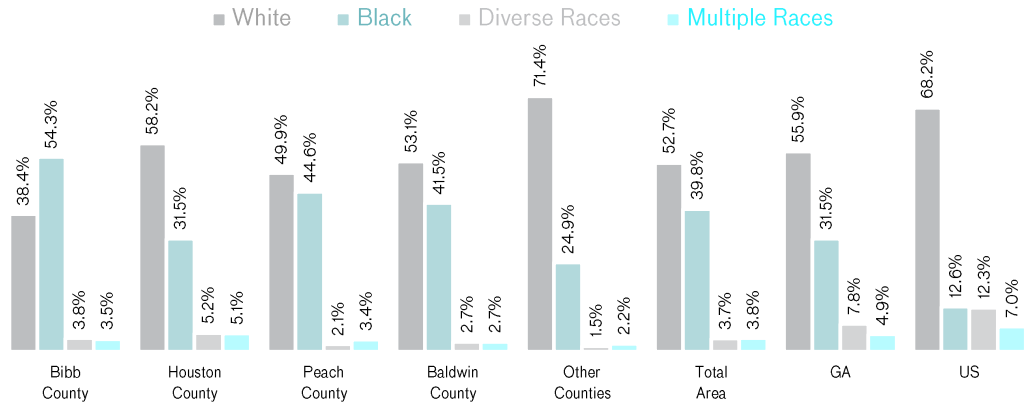
Race reflects those who identify with a single race category, regardless of Hispanic origin. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

In looking at race independent of ethnicity (Hispanic or Latino origin), 52.7% of Total Area residents are White and 39.8% are Black.

Benchmark ► The Total Area houses a proportionally smaller White population and a larger Black population when compared with the state and (especially) the US overall.

Disparity ► Viewed by county, the Other Counties area is less diverse than Bibb, Houston, Peach, and Baldwin counties.

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.

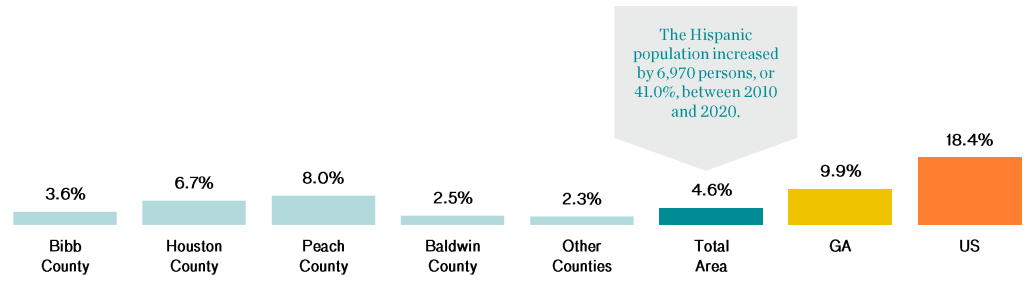
Ethnicity

A total of 4.6% of Total Area residents are Hispanic or Latino.

Benchmark ► Half the Georgia proportion and one-fourth the US proportion.

Disparity ► The Hispanic population is more prevalent in Houston and Peach counties.

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.

Linguistic Isolation

Less than one percent (0.8%) of the Total Area population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English or speaking English "very well").

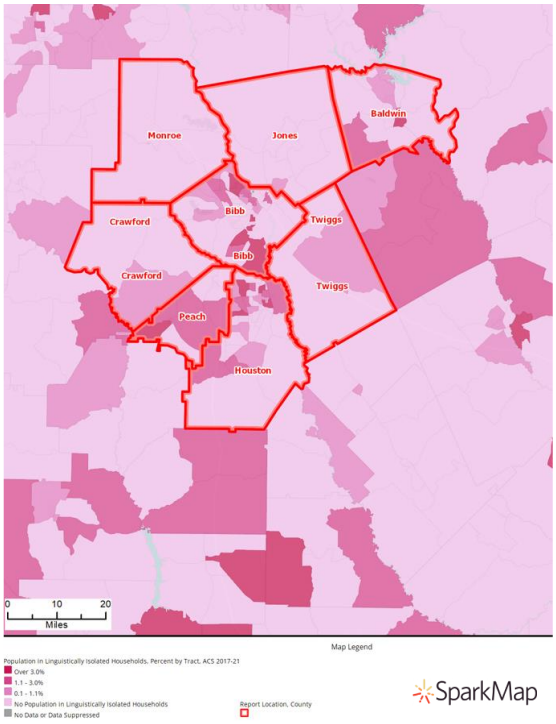
Benchmark ► Well below the state and national percentages.

Disparity ► Slightly higher in Bibb and Houston counties.

Linguistically Isolated 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:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speaks a non-English language and speak English "very well."



Social Determinants of Health

About Social Determinants of Health

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

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

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

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

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

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

Poverty

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 overall health.

The latest census estimate shows 17.6% of the Total Area total population living below the federal poverty level.

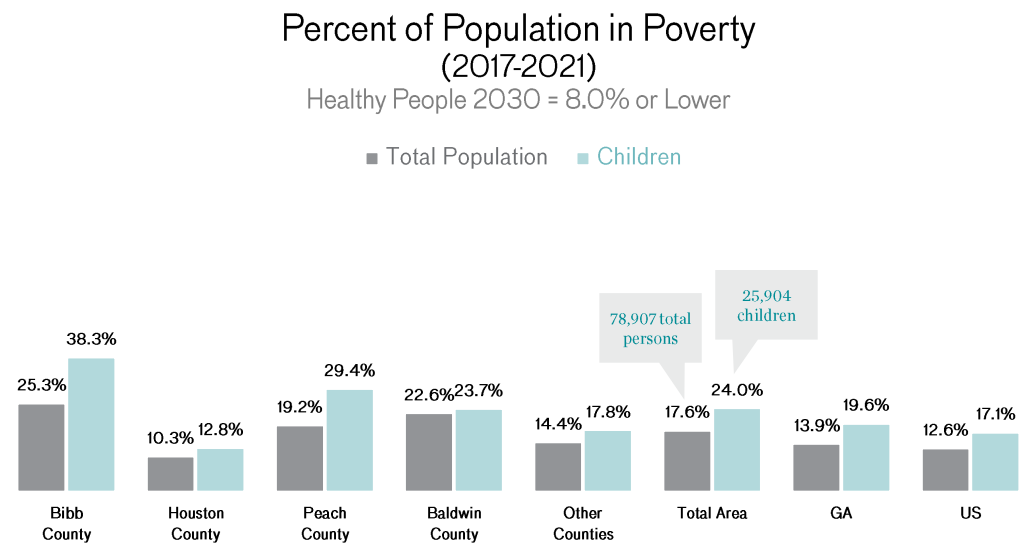
Benchmark ► Worse than Georgia and US percentages.

Disparity ► Highest in Bibb and Baldwin counties.

Among just children (ages 0 to 17), this percentage in the Total Area is 24.0% (representing nearly 26,000 children).

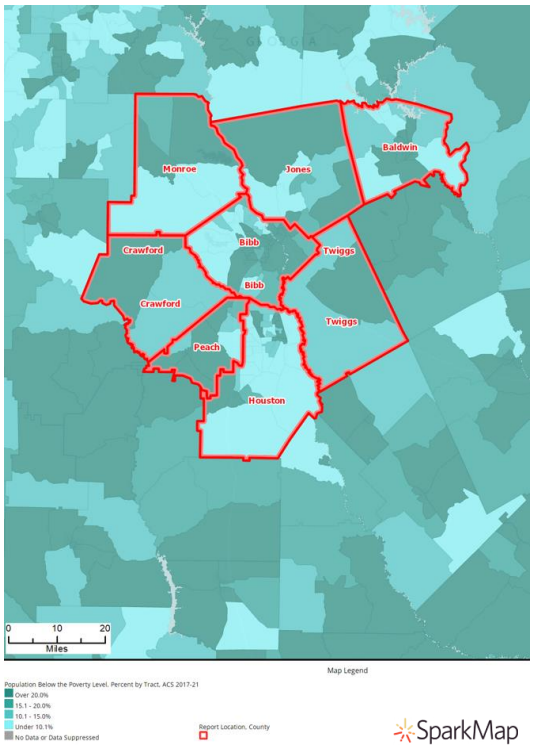
Benchmark ► Well above state and national percentages.

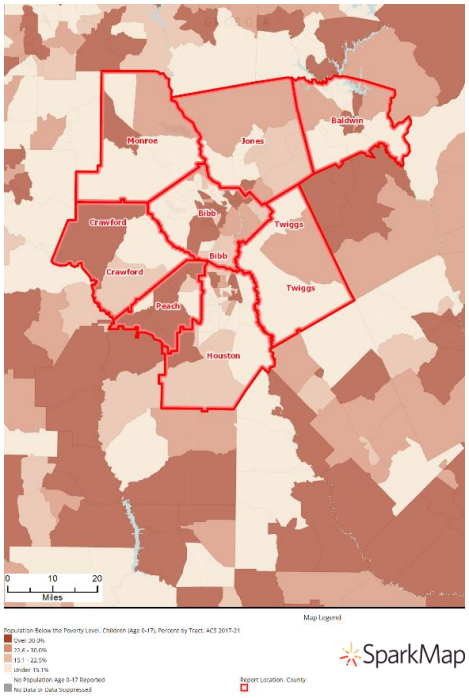
Disparity ► Child poverty is highest in Bibb and Peach counties.



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

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



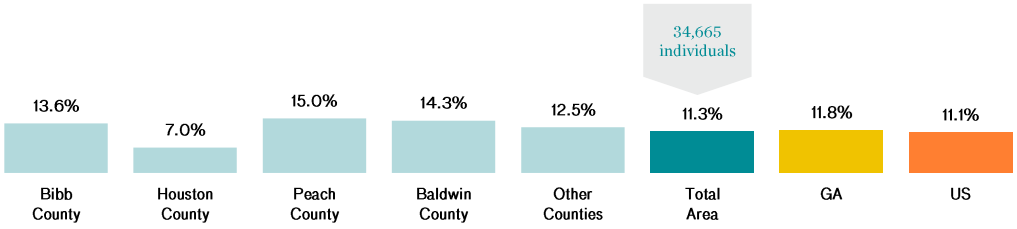


Education

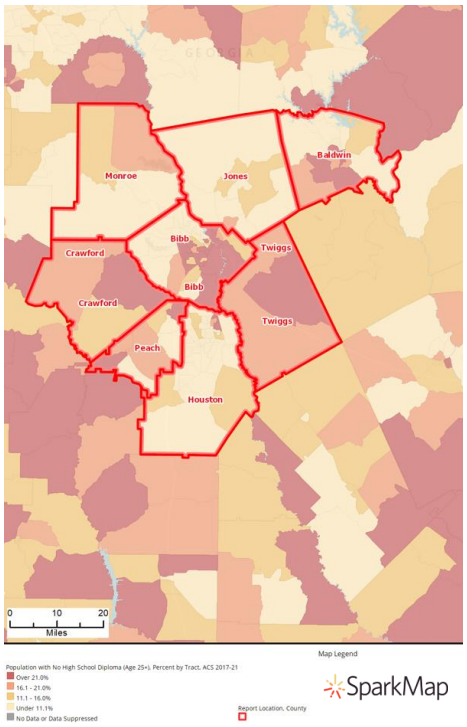
Among the Total Area population age 25 and older, an estimated 11.3% (over 34,000 people) do not have a high school education.

Disparity ► Lowest among Houston County residents.

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



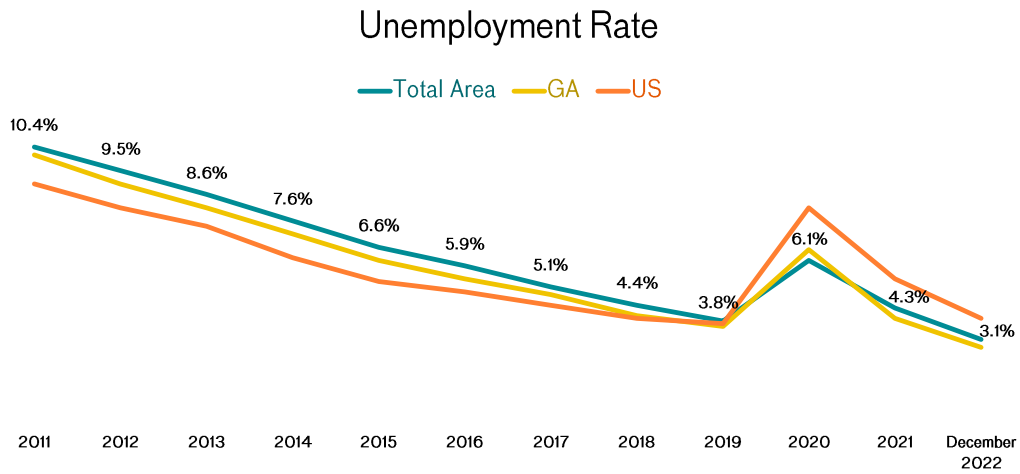
Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2023 via SparkMap (sparkmap.org).



Employment

According to data derived from the US Department of Labor, the unemployment rate in the Total Area as of December 2022 was 3.1%.

Trend ► Following a significant increase in 2020 (attributed to the COVID-19 pandemic), unemployment has dropped below pre-pandemic levels, and much lower than found a decade ago.



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).

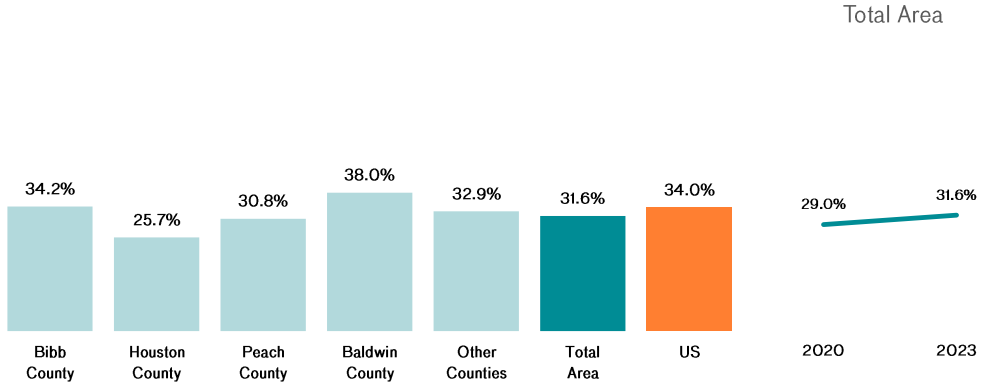
Financial Resilience

Respondents were asked: "Suppose that you have an emergency expense that costs $400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement?"

A total of 31.6% of Total Area residents would <u>not</u> be able to afford an unexpected $400 expense without going into debt.

Disparity ► Lowest among Houston County respondents. Viewed by demographic characteristics, the prevalence decreases with age and income level and is reported more often among renters, women, persons of color, and LGBTQ+ respondents.

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

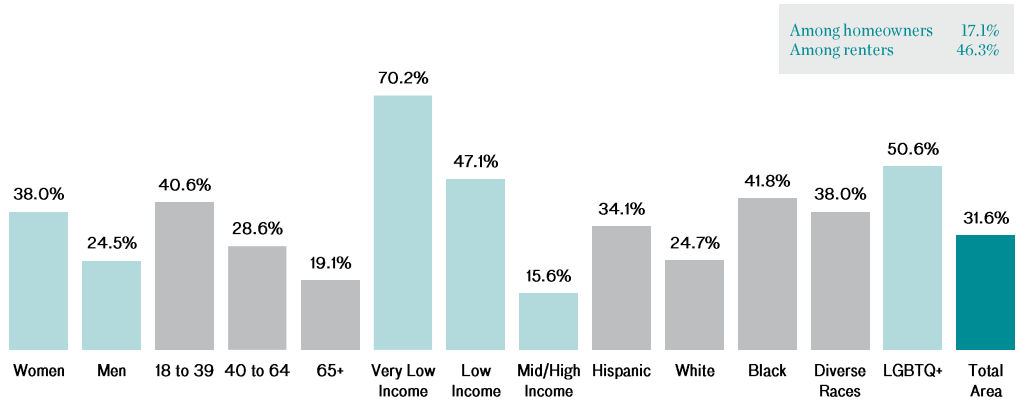


Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 53]
- 2023 PRC National Health Survey, PRC, Inc.

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.

NOTE: For indicators derived from the population-based survey administered as part of this project, text describes significant differences determined through statistical testing. The reader can assume that differences (against or among local findings) that are not mentioned are ones that are not statistically significant.

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

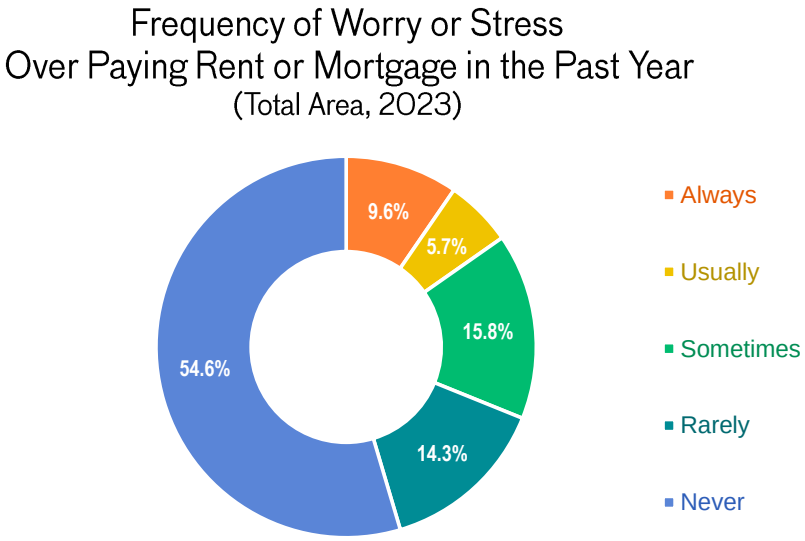
Income► Income categories used to segment survey data in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2022 guidelines place the poverty threshold for a family of four at $27,750 annual household income or lower). In sample segmentation: "very low income" refers to community members living in a household with defined poverty status; "low income" refers to households with incomes just above the poverty level and earning up to twice (100%-199% of) the poverty threshold; and "mid/high income" refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

Race & Ethnicity► In analyzing survey results, mutually exclusive race and ethnicity categories are used. All Hispanic respondents are grouped, regardless of identity with any other race group. Data are also 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 or African American alone, 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.

Housing

Housing Insecurity

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



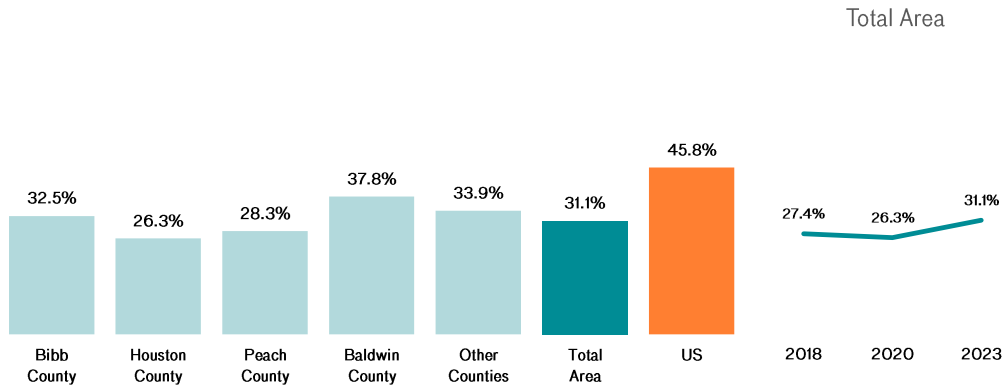
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 56]
Notes: • Asked of all respondents.

However, a considerable share (31.1%) report that they were "sometimes," "usually," or "always" worried or stressed about having enough money to pay their rent or mortgage in the past year.

Benchmark ► Much lower than the national prevalence.

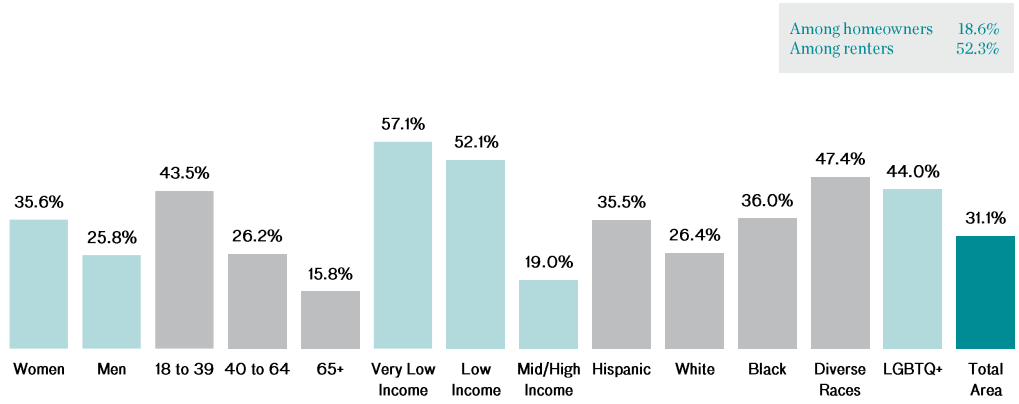
Disparity ► Highest among Baldwin County respondents. Reported more often among women, young adults, those in low-income households, people of color, LGBTQ+ respondents, and those who rent their homes.

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



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

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year (Total Area, 2023)



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

Unhealthy or Unsafe Housing

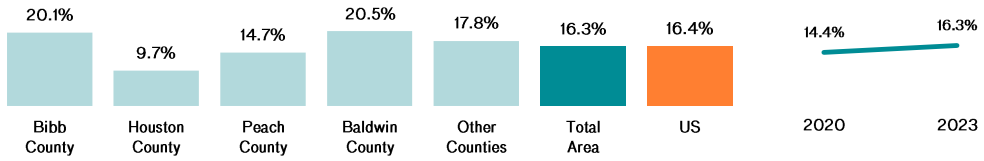
Respondents were asked: "Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?"

A total of 16.3% of Total Area residents report living in unhealthy or unsafe housing conditions during the past year.

Disparity ► Highest in Bibb and Baldwin counties. Reported more often among women, young adults, those in low-income households, Hispanic respondents, adults of Diverse Races, LGBTQ+ respondents, and residents who rent their homes.

Unhealthy or Unsafe Housing Conditions in the Past Year

Total Area

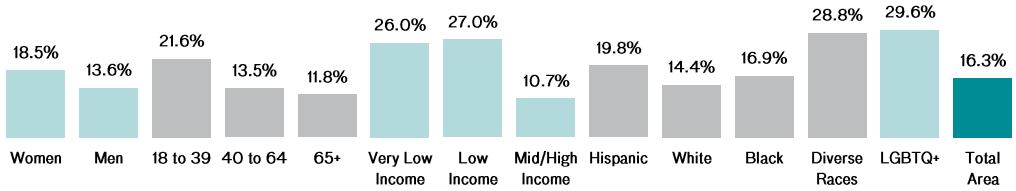


Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 55]
- 2023 PRC National Health Survey, PRC, Inc.

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
(Total Area, 2023)

Among homeowners	11.4%
Among renters	24.3%



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

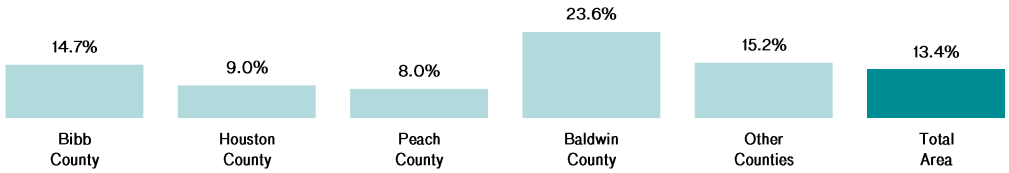
Notes:
- Asked of all respondents.
- Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Utilities

A total of 13.4% of respondents went without electricity, water, or heating in their home at some point in the past year.

Disparity ► Unfavorably high in Baldwin County. The prevalence decreases with age and is reported more often among young adults, adults of Diverse Races, and LGBTQ+ respondents.

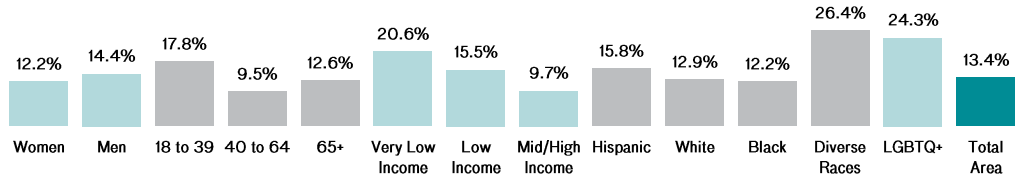
Went Without Electricity, Water, or Heating in Home at Some Point in the Past Year



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

Went Without Electricity, Water, or Heating in Home at Some Point in the Past Year (Total Area, 2023)

Among homeowners	11.0%
Among renters	17.4%



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

Food Access

Low Food Access

Low food access is defined as living more than 1 mile (in urban areas, or 10 miles in rural areas) from the nearest supermarket, supercenter, or large grocery store.

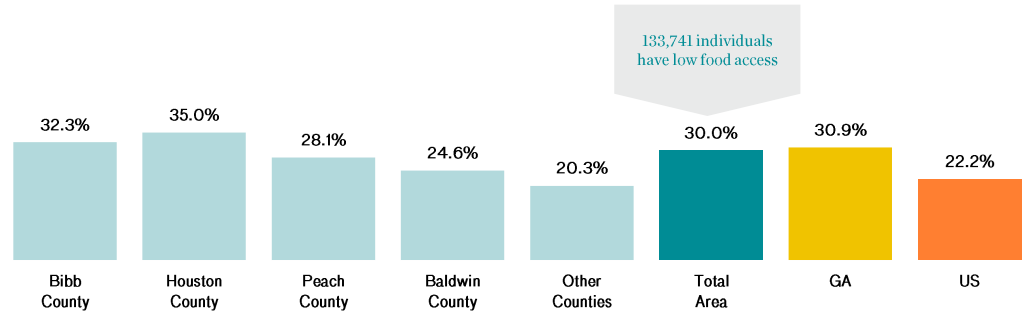
RELATED ISSUE
See also Difficulty Accessing Fresh Produce in the *Nutrition, Physical Activity & Weight* section of this report.

US Department of Agriculture data show that 30.0% of the Total Area population (representing over 133,000 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.

Benchmark ► Well above the national percentage.

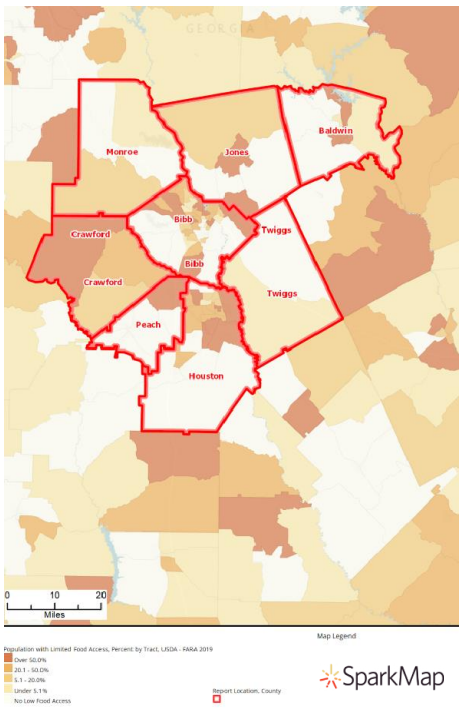
Disparity ► Highest in Houston County.

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.



Food Insecurity

Surveyed adults were asked: "Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was "often true," "sometimes true," or "never true" for you in the past 12 months:

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

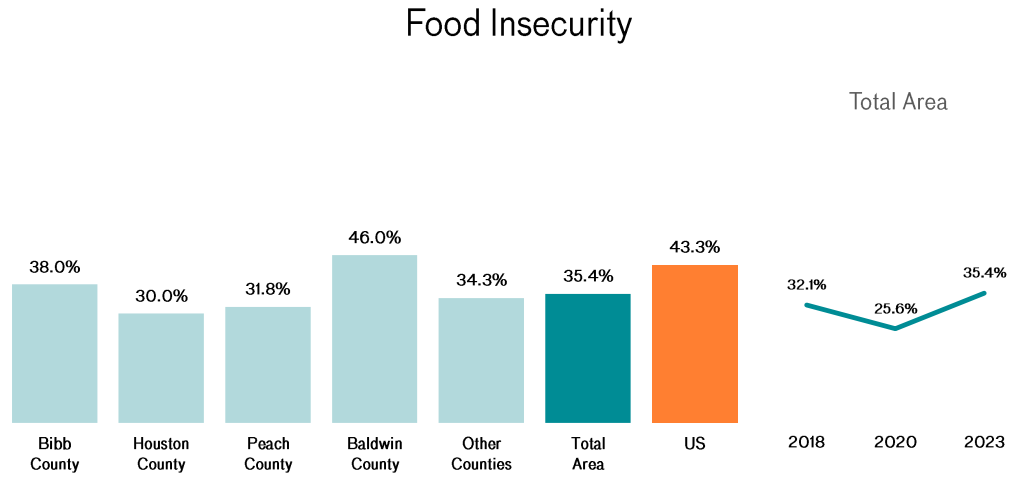
The food that we bought just did not last, and we did not have money to get more."

Those answering "often" or "sometimes" true for either statement are considered to be food insecure.

Overall, 35.4% of community residents are determined to be "food insecure," having run out of food in the past year and/or been worried about running out of food.

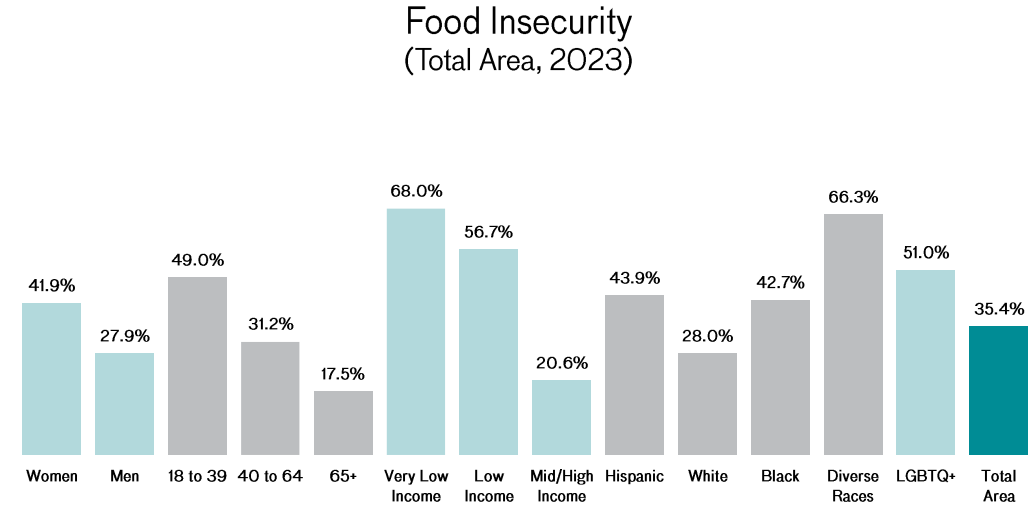
Benchmark ► Lower than the national prevalence.

Disparity ► Affecting nearly half of Baldwin County respondents. The prevalence decreases with age and income level, and is found more often among women, people of color, and LGBTQ+ 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.

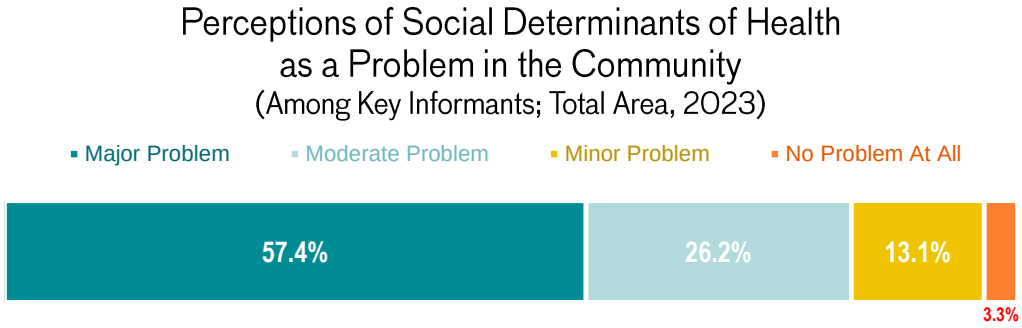


Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 98]

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 greatest share of key informants taking part in an online survey characterized *Social Determinants of Health* as a "major 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

> Widespread poverty in Bibb County. Lower educational achievement among many in county. – Physician (Bibb County)
>
> 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 (Baldwin County)
>
> Poverty, lack of education. – Physician (Baldwin County)
>
> Income, housing, transportation. – Community Leader (Baldwin County)
>
> 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 (Baldwin County)
>
> Poverty, lower wages compared to surrounding areas. – Health Provider (Bibb County)
>
> Poverty, families who don't make a wage that will sustain a family. – Social Services Provider (Bibb County)
>
> The poverty level in Macon is one of the highest in the county. The need for social justice and access is vital to creating a healthier community. This is a generational issue; we can't start with the children of the parents/grandparents/caregivers who are not or have not been given access to basic needs. – Social Services Provider (Bibb County)
>
> Socioeconomic factors in the county. – Physician (Bibb County)
>
> High poverty rates. – Community Leader (Bibb County)

Housing

> There is high levels of dysfunction and dilapidation of community housing on the south side of the county as well as among racially marginalized population. – Public Health Representative (Baldwin County)
>
> Affordable housing is a major problem! – Community Leader (Bibb County)
>
> Affordable housing is a major issue in Bibb County, but the extent of the issue is likely unknown by many in the community. Since the pandemic, the cost of housing has increased substantially, leaving many unable to afford housing in the area. There are many families residing in hotels that are not up to par, and even their cars. Bibb County's public housing is doing a great job with renovating public housing. However, as a result of the renovations, the number of existing housing units are decreasing. As a result, there is an additional shortage in affordable housing. – Social Services Provider (Bibb County)

> A lack of affordable, comfortable housing that someone would be proud to live in. We have absent landlords that do not take care of the rental property but continue to charge top dollar for rent. Apartment complexes that are available have long waiting lists and some have less than desirable living conditions. Children need a good healthy home life to assist them in getting a good education. – Community Leader (Monroe County)
>
> Housing, income, and education problems were sites in the 2022 NCHD health assessment. Environmental and discrimination are usually not reported directly. – Community Leader (Peach County)
>
> Lack of affordable housing. – Community Leader (Bibb County)
>
> Unstable housing and lack of transportation are major barriers. – Social Services Provider (Bibb County)
>
> There is a lack of safe affordable housing. – Social Services Provider (Bibb County)

Awareness/Education

> Educational level of citizens; rural population and lack of community outreach to improve conditions. – Health Provider (Baldwin County)
>
> They are for all communities. Lack of awareness and funding. – Physician (Bibb County)
>
> Lack of knowledge and income. – Community Leader (Bibb County)
>
> Education, employability, employment. – Community Leader (Bibb County)

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 (Baldwin County)

Incidence/Prevalence

> Mental health is one of the major contributions that affects our health population. – Community Leader (Baldwin County)

Food Deserts

> Our food deserts have created a lack of access to food such as medicine and quality of life. We have the highest childhood obesity statistics, related to food access. – Community Leader (Bibb County)

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 (Baldwin County)

Homelessness

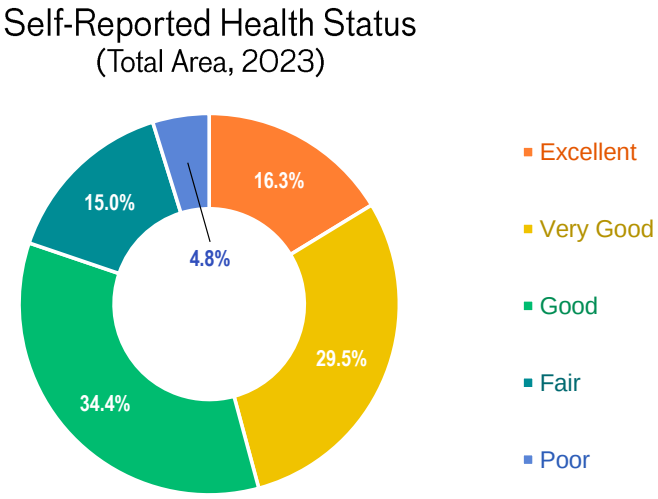
> Homelessness and lack of temporary shelter beds for single men and women. Lack of place to go when people are coming out of the hospital. – Social Services Provider (Bibb County)

Health Status

Overall Health Status

The initial inquiry of the PRC Community Health Survey asked: "Would you say that in general your health is excellent, very good, good, fair, or poor?"

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

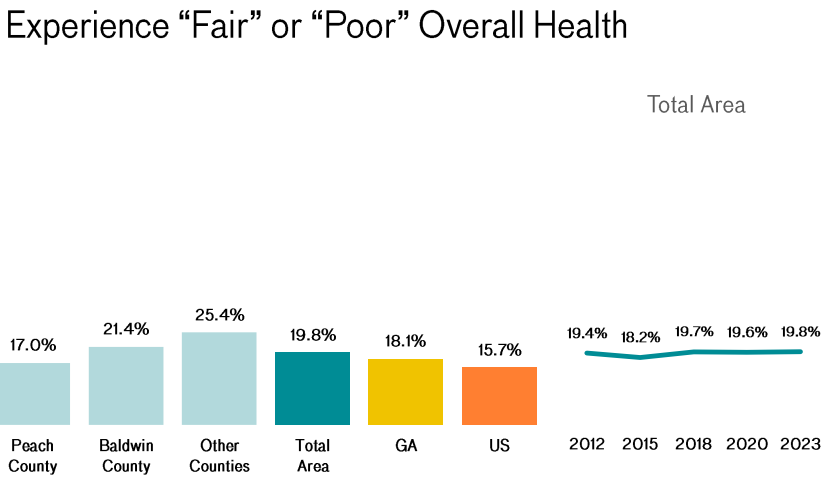


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: • Asked of all respondents.

However, one in five Total Area adults (19.8%) believes that their overall health is "fair" or "poor."

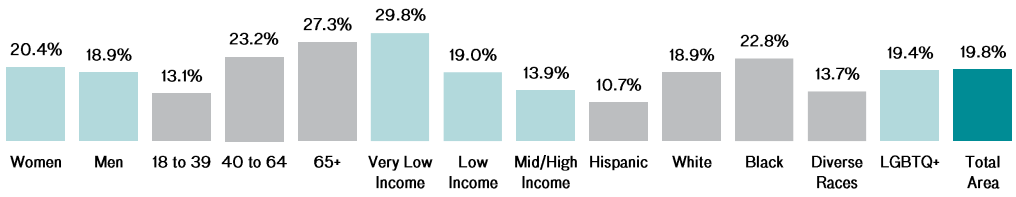
Benchmark ► Higher than the national figure.

Disparity ► Highest in the combined Other Counties area. The percentage increases with age, decreases with household income level, and is reported more often among White respondents and Black respondents.



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 Georgia data.
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Experience “Fair” or “Poor” Overall Health
(Total Area, 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 ages 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.

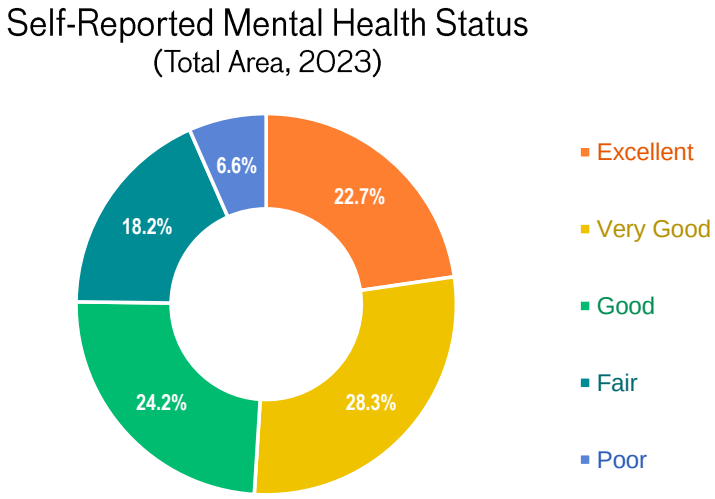
In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening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

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

Mental Health Status

"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?"

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



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

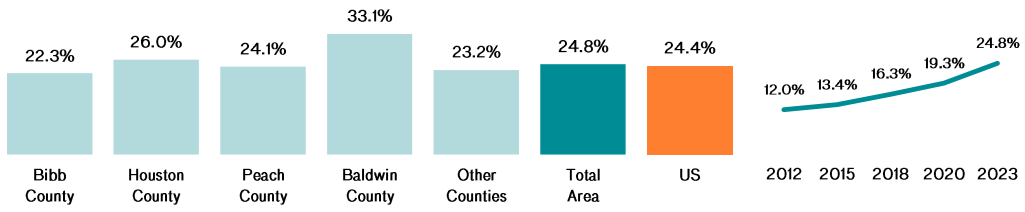
However, 24.8% believe that their overall mental health is "fair" or "poor."

Trend ► Marks a steady and statistically significant increase since 2012.

Disparity ► Unfavorably high among Baldwin County respondents.

Experience “Fair” or “Poor” Mental Health

Total Area



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

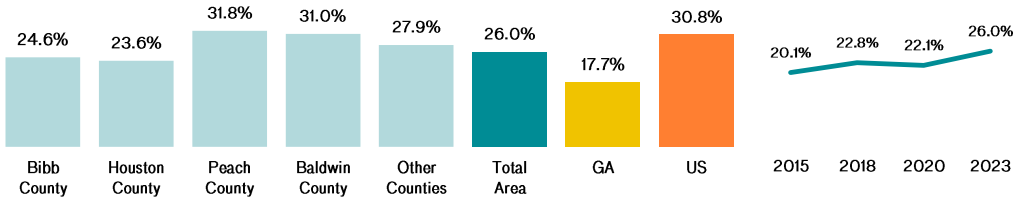
A total of 26.0% of Total Area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

Benchmark ► Higher than the Georgia prevalence but lower than the national figure.

Trend ► Increasing significantly from 2015 findings.

Have Been Diagnosed With a Depressive Disorder

Total Area



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 Georgia 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

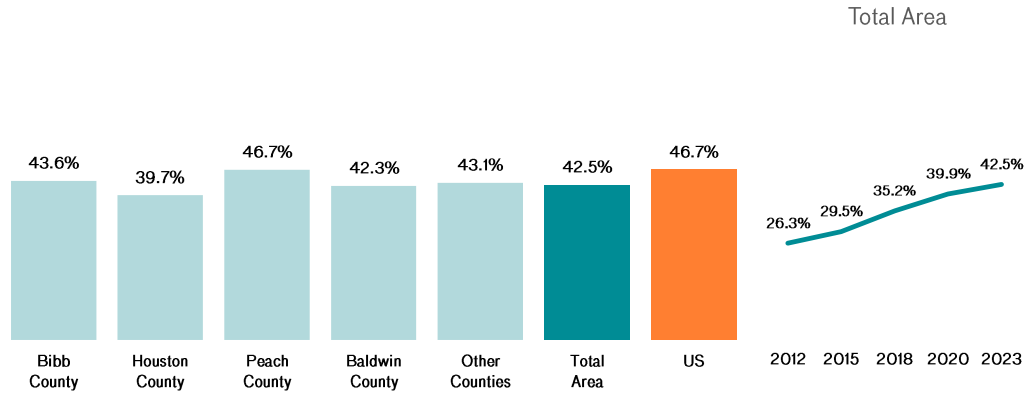
A total of 42.5% of Total Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

Benchmark ► Lower than the national percentage.

Trend ► Denotes a statistically significant increase since 2012.

Disparity ► Symptoms of chronic depression are more often reported among women, young adults, those living in low-income households, people of color, and LGBTQ+ respondents.

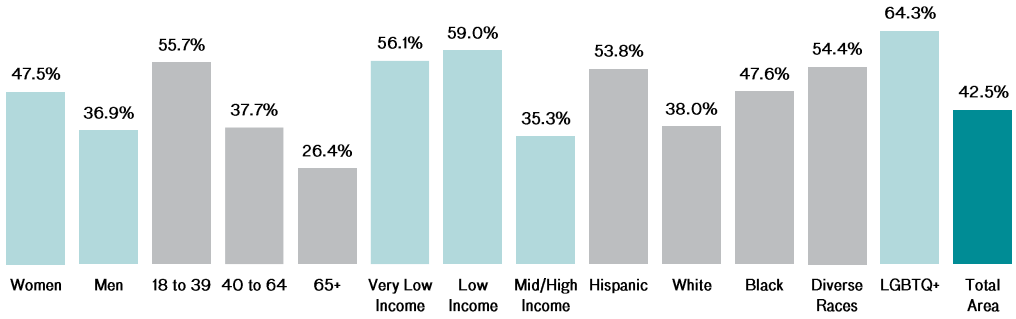
Have Experienced Symptoms of Chronic Depression



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.

Have Experienced Symptoms of Chronic Depression
(Total Area, 2023)

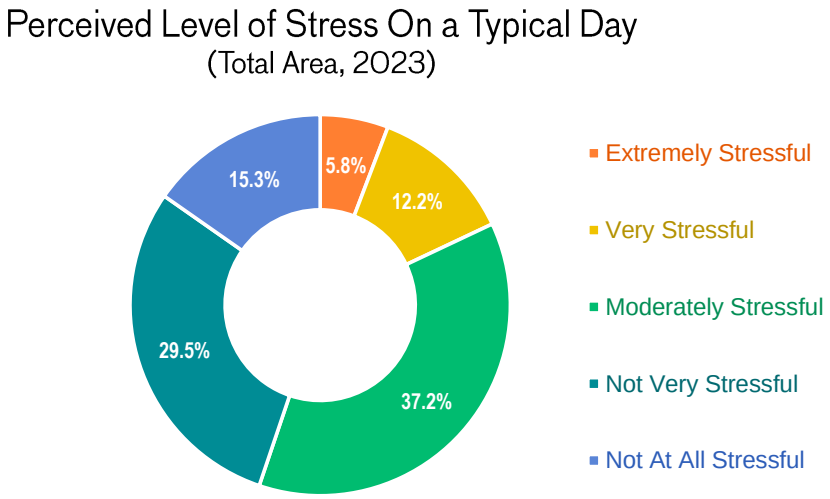


Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 78]

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

Stress

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

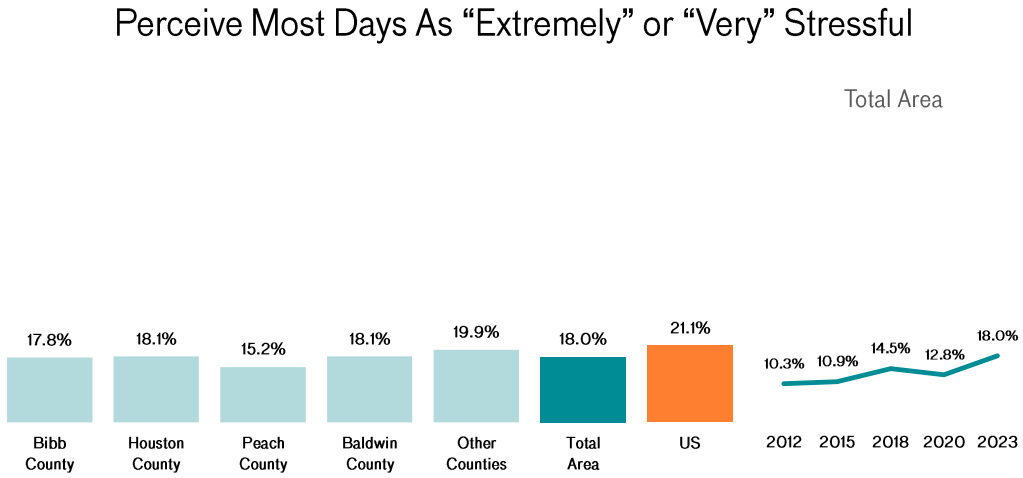


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: • Asked of all respondents.

However, 18.0% of Total Area adults feel that most days for them are "very" or "extremely" stressful.

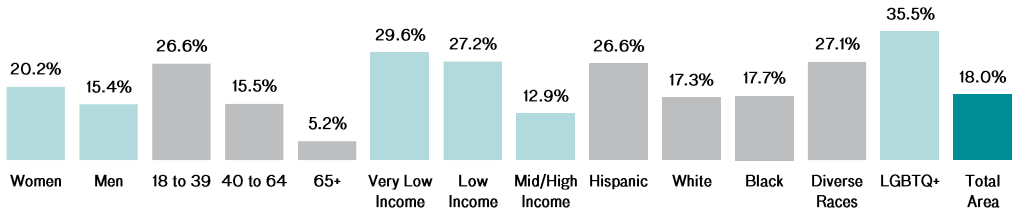
Trend ► Marks a statistically significant increase since 2012.

Disparity ► The prevalence decreases with age and income level and is reported more often among women, Hispanic respondents, people of Diverse Races, and LGBTQ+ respondents.



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 79]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Perceive Most Days as "Extremely" or "Very" Stressful
(Total Area, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: • Asked of all respondents.

Suicide

Refer to "Leading Causes of Death" for an explanation of the use of age-adjusting for these rates.

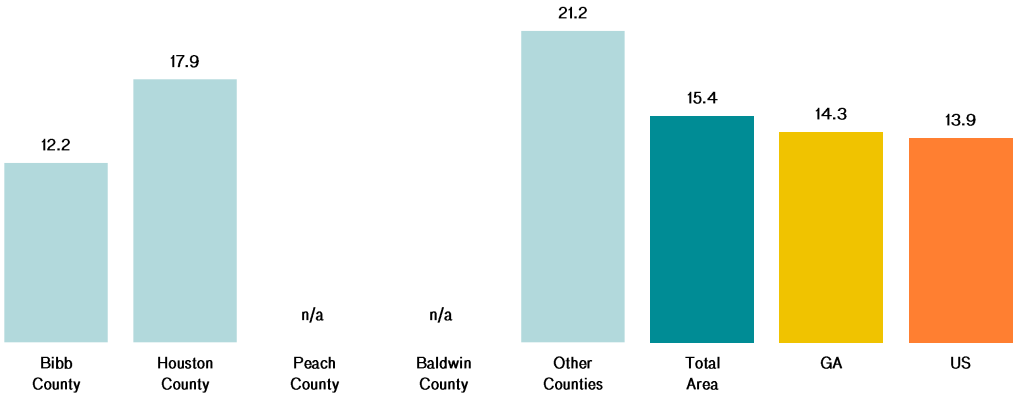
In the Total Area, there were 15.4 suicides per 100,000 population (2018-2020 annual average age-adjusted rate).

Benchmark ► Fails to satisfy the Healthy People 2030 objective.

Trend ► The rate has increased over the past decade.

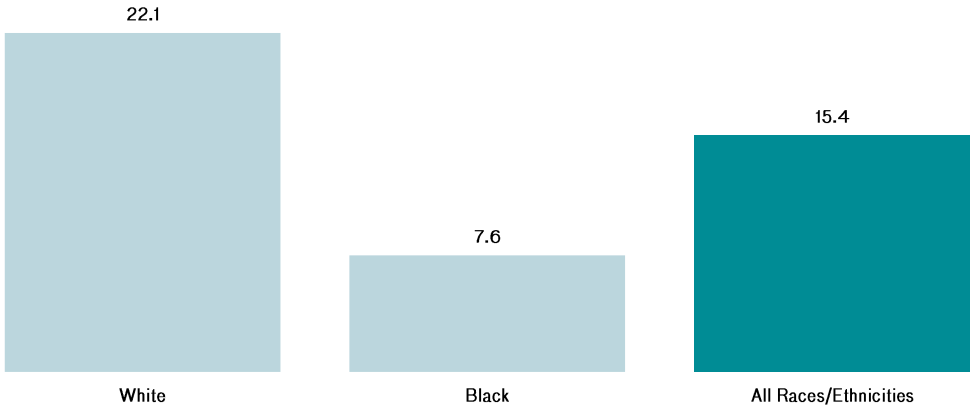
Disparity ► Highest in the Other Counties area. By race, suicide rates are especially high among White residents.

Suicide: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower



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

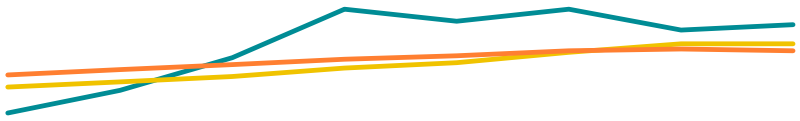
Suicide: Age-Adjusted Mortality by Race/Ethnicity
(2018-2020 Annual Average Deaths per 100,000 Population; Total Area)
Healthy People 2030 = 12.8 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted 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.
- Race categories reflect individuals without Hispanic origin.

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



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Total Area	10.3	11.6	13.5	16.3	15.6	16.3	15.1	15.4
GA	11.8	12.1	12.4	12.9	13.2	13.8	14.3	14.3
US	12.5	12.8	13.1	13.4	13.6	13.9	14.0	13.9

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

Mental Health Treatment

Mental Health Providers

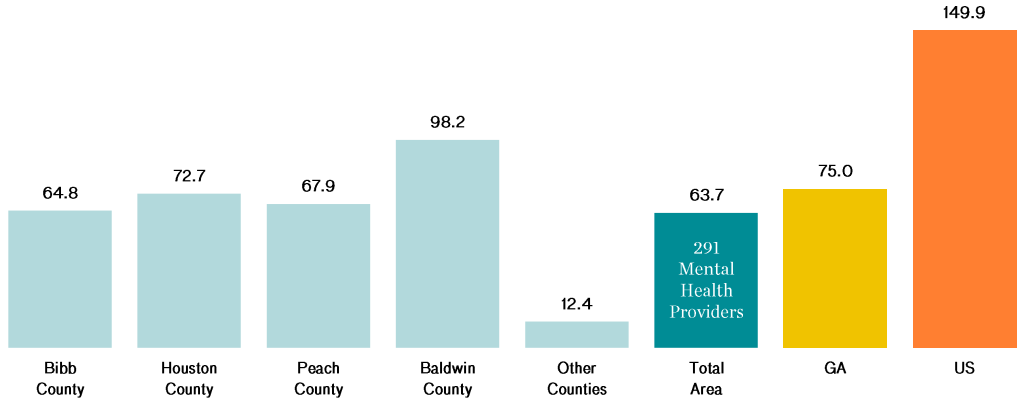
Note that this indicator only reflects providers practicing in the Total Area and residents in the Total Area; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

In the Total Area, there are 63.7 mental health providers (including psychiatrists, psychologists, clinical social workers, and counselors who specialize in mental health care) for every 100,000 population.

Benchmark ► The proportion is well below the state and (especially) national numbers.

Disparity ► Particularly low in the Other Counties area.

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



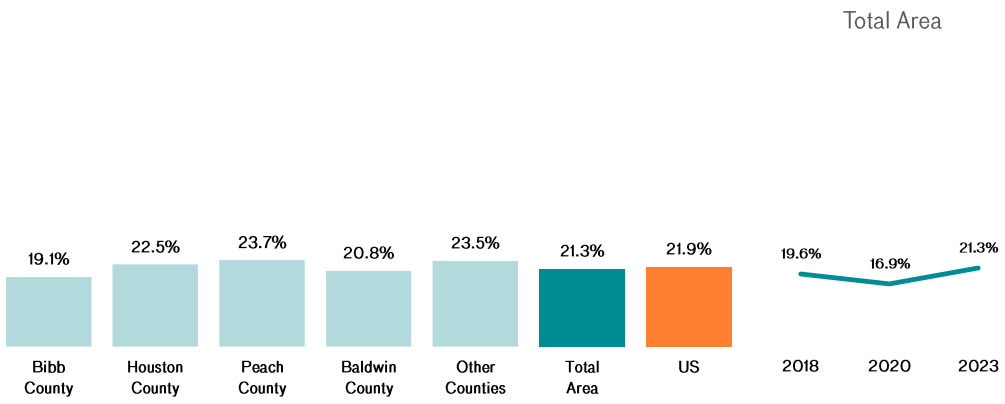
Sources:
- University of Wisconsin Population Health Institute, County Health Rankings.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2023 via SparkMap (sparkmap.org).

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.

Currently Receiving Treatment

A total of 21.3% are currently taking medication or otherwise receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

Currently Receiving Mental Health Treatment



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.

Difficulty Accessing Mental Health Services

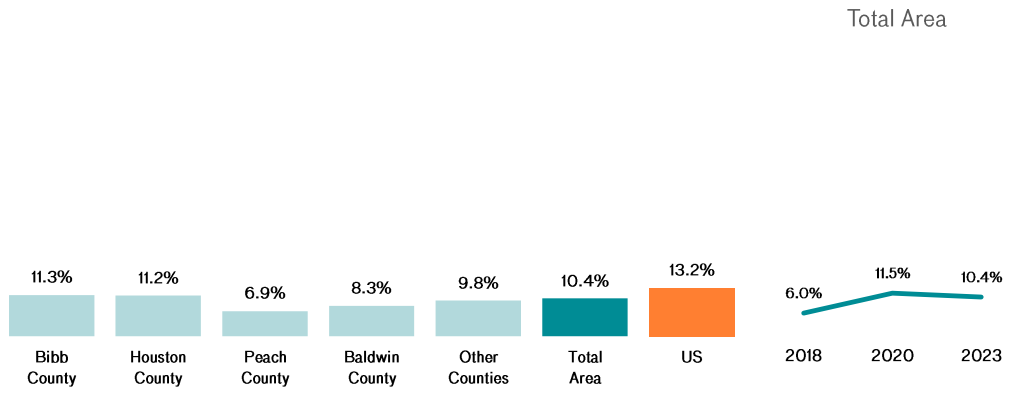
A total of 10.4% of Total Area adults report a time in the past year when they needed mental health services but were not able to get them.

Benchmark ► Lower than the US percentage.

Trend ► Denotes a statistically significant increase from 2018 findings.

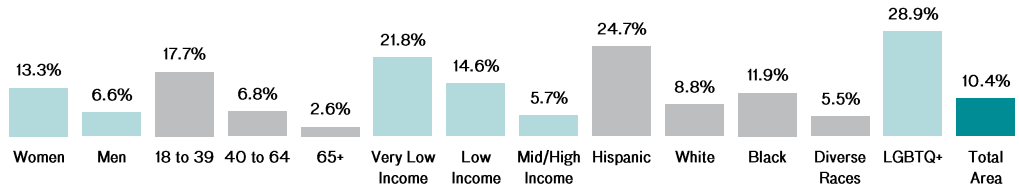
Disparity ► Strong correlation with age and income level. Reported more often among women, Hispanic respondents, and LGBTQ+ respondents.

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



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

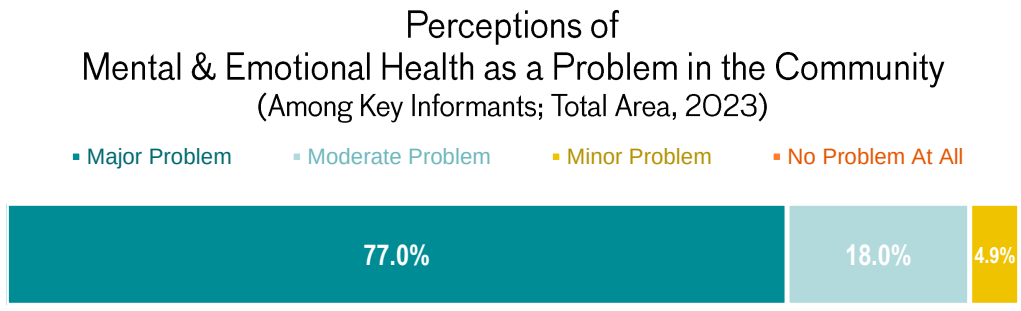
Unable to Get Mental Health Services When Needed in the Past Year
(Total Area, 2023)



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

Key Informant Input: Mental Health

Most key informants taking part in an online survey characterized *Mental Health* as a "major 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:

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 (Baldwin County)
>
> Few services. Homelessness, combined with drug use. – Community Leader (Baldwin County)
>
> Access to care and the utilization of emergency services as opposed to routine and early care options. – Health Provider (Baldwin County)
>
> Lack of treatment facilities for mental health, lack of providers for mental health. – Physician (Bibb County)
>
> 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 (Baldwin County)
>
> Resources. – Community Leader (Baldwin County)
>
> 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 (Baldwin County)
>
> We do not have local treatment facilities for those with mental health issues. The 'lock them up' mentality does nothing to address the real issue those with mental health issues are experiencing. – Community Leader (Monroe County)
>
> Access to long-term solutions. – Community Leader (Bibb County)
>
> No treatment facilities. – Community Leader (Peach County)
>
> There are very limited treatment options in the community. The community is seeing an increased crime rate from violent crimes and an increased use of illegal drugs. – Public Health Representative (Houston County)
>
> Access to acute and chronic mental health care in the community. – Physician (Peach County)
>
> 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 (Baldwin County)
>
> Limited resources and access to care including therapy and counseling services. – Physician (Bibb County)

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 (Baldwin County)
>
> Acknowledging the issue, finding, and using available resources such as River Edge, Family Counseling Center, etc. – Community Leader (Bibb County)

> 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 (Baldwin County)
>
> Mental health has been viewed as a sign of weakness. – Community Leader (Bibb County)

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 (Baldwin County)
>
> Limited access to qualified therapists. Medication alone cannot solve the problem. Not taking medication properly, either due to side effects or cost. Self-medicating. Lack of coping skills. Limited family support in some cases. – Health Provider (Bibb County)
>
> Not enough psychology counseling and assistance to help with a mental health crisis. – Community Leader (Baldwin County)
>
> Lack of private psychiatrists and counselors. – Physician (Baldwin County)
>
> Few providers in the community. Stigma against mental health treatment. Unmanaged illness. – Physician (Bibb County)
>
> No providers and a reluctance to seek treatment. – Public Health Representative (Twiggs County)

Affordable Care/Services

> Access to affordable help. – Social Services Provider (Houston County)
>
> Access to affordable care. – Community Leader (Bibb County)
>
> Unaffordable or inability to get psychologists and counselors. – Physician (Bibb County)
>
> Affordable access to therapists and psychiatric providers. – Social Services Provider (Bibb County)

Access to Care for Uninsured/Underinsured

> Lack of access, especially for people who are uninsured and too sick to follow the process to get into River Edge. – Social Services Provider (Bibb County)
>
> There are two: the lack of access for the underserved and underinsured, those in poverty, and those with mental illness and who need longer-term care. – Social Services Provider (Bibb County)
>
> Access, especially for the underinsured. – Physician (Bibb County)

Co-Occurrences

> Peach County has one of the highest foreclosures and poverty rates in the north central health district per the 2022 NCHD health assessment. Access to mental health providers, housing for the homeless, and mental health facility for short-term stay rather than prison system. – Community Leader (Peach County)
>
> Substance abuse, access to care for uninsured. – Health Provider (Houston County)
>
> Untreated mental health often leads to violence or homelessness. There is still a stigma associated with mental health services, especially in Black communities. – Social Services Provider (Bibb County)

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 (Baldwin County)
>
> 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 (Baldwin County)

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 (Baldwin County)
>
> Lack of housing for those who are homeless due to mental challenges. – Community Leader (Bibb County)

Lack of Hope

> A lack of hope. This may not seem like a health issue, but it has a direct impact on health. There are ways to measure hope, and there is a direct correlation between hope and improved outcomes. This is becoming a recognized part of domestic violence programs, and needs to be expanded into broader health discussions. – Social Services Provider (Bibb County)

Diagnosis/Treatment

> There are numerous individuals in the area with mental health issues that have difficulty dealing with others and daily living. Many instances involve law enforcement, and the individuals are taken to jail rather than a facility that can provide the proper treatment. – Community Leader (Peach County)

Funding

> Over four decades of defunding the mental health system. – Community Leader (Peach County)

Government/Policy

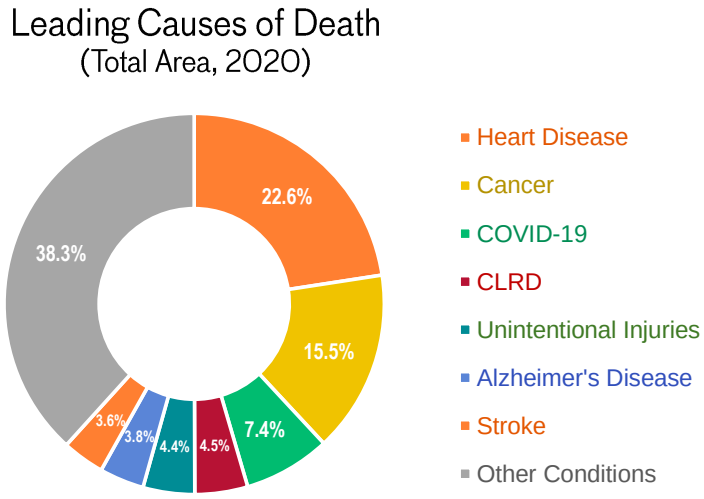
> They find themselves living in a broken system that has imploded on itself. – Social Services Provider (Bibb County)

Death, Disease & Chronic Conditions

Leading Causes of Death

Distribution of Deaths by Cause

Together, heart disease and cancers accounted for over one-third of all deaths in the Total Area in 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.

The following chart outlines 2018-2020 annual average age-adjusted death rates per 100,000 population for selected causes of death in the Total Area.

Leading causes of death are discussed in greater detail in subsequent sections of this report.

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

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

	Total Area	GA	US	Healthy People 2030
Heart Disease	235.8	178.3	164.4	127.4*
Cancers (Malignant Neoplasms)	157.9	150.5	146.5	122.7
COVID-19 (Coronavirus Disease) [2020]	87.6	81.7	85.0	—
Falls [Age 65+]	56.2	51.4	67.1	63.4
Lung Disease (Chronic Lower Respiratory Disease)	50.8	43.1	38.1	—
Unintentional Injuries	46.4	44.9	51.6	43.2
Stroke (Cerebrovascular Disease)	41.4	42.8	37.6	33.4
Alzheimer's Disease	41.0	44.8	30.9	—
Kidney Disease	27.0	18.4	12.8	—
Diabetes	21.9	22.2	22.6	—
Motor Vehicle Deaths	18.2	14.4	11.4	10.1
Pneumonia/Influenza	16.1	13.4	13.4	—
Suicide	15.4	14.3	13.9	12.8
Homicide	12.3	8.8	6.1	5.5
Cirrhosis/Liver Disease	10.2	16.4	12.5	10.9
Unintentional Drug-Induced Deaths	8.9	13.3	21.0	—
Alcohol-Induced Deaths	7.3	10.7	11.9	—

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 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 and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

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

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

Age-Adjusted Heart Disease & Stroke Deaths

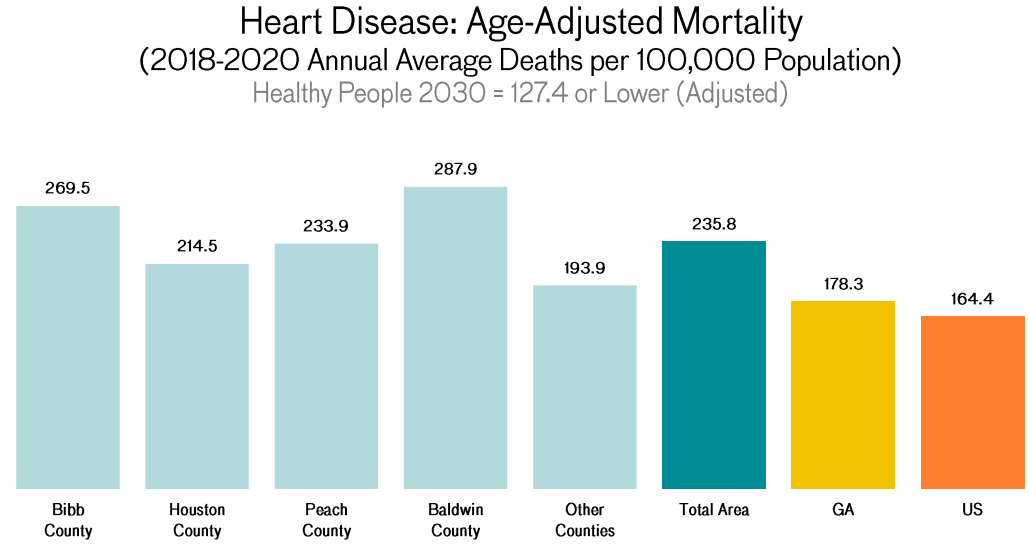
Heart Disease Deaths

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

Between 2018 and 2020, there was an annual average age-adjusted heart disease mortality rate of 235.8 deaths per 100,000 population in the Total Area.

Benchmark ► Much worse than the state and national rates. Fails to satisfy the Healthy People 2030 objective.

Disparity ► Highest in Baldwin County. By race, higher among Black residents.



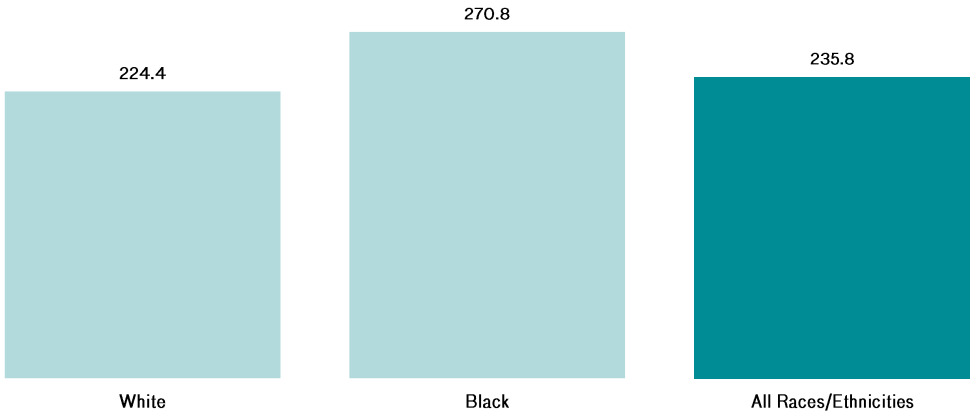
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2023.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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.

Heart Disease: Age-Adjusted Mortality by Race/Ethnicity

(2018-2020 Annual Average Deaths per 100,000 Population; Total Area)

Healthy People 2030 = 127.4 or Lower (Adjusted)



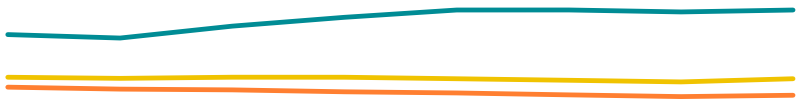
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2023.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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.
- Race categories reflect individuals without Hispanic origin.

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
Total Area	215.4	212.4	222.5	229.9	235.7	235.9	234.1	235.8
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

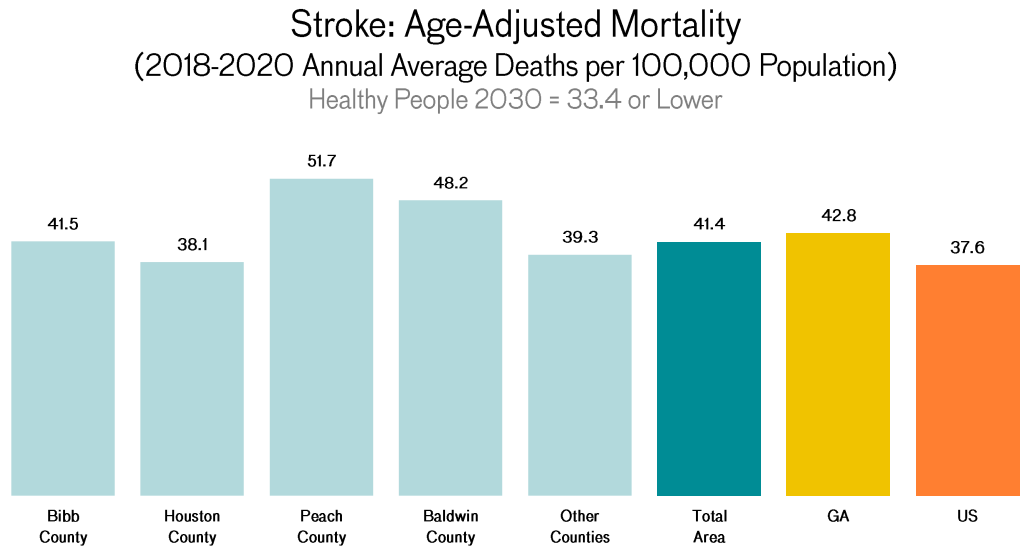
Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Stroke Deaths

Between 2018 and 2020, there was an annual average age-adjusted stroke mortality rate of 41.4 deaths per 100,000 population in the Total Area.

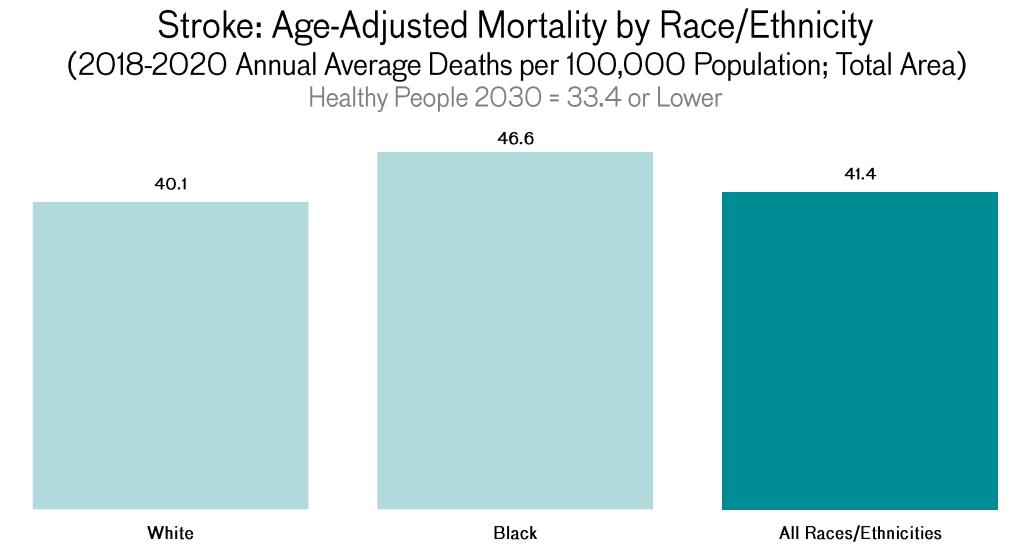
Benchmark ► Fails to satisfy the Healthy People 2030 objective.

Disparity ► Highest in Peach County. By race, reported more often among Black residents.



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.



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.
- Race categories reflect individuals without Hispanic origin.

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
Total Area	47.1	45.8	47.4	47.4	46.1	44.8	43.1	41.4
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

Prevalence of Heart Disease

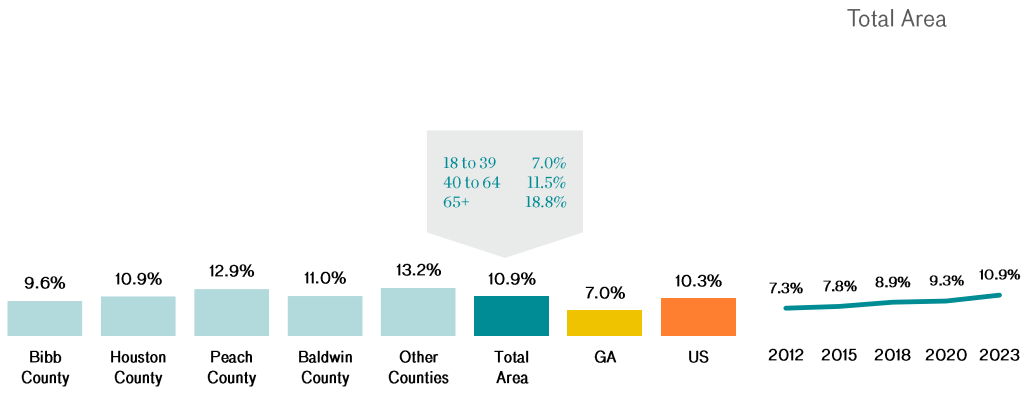
A total of 10.9% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

Benchmark ► Higher than the Georgia percentage.

Trend ► Denotes a statistically significant increase since 2012.

Disparity ► Strong correlation with age among Total Area respondents.

Prevalence of Heart Disease



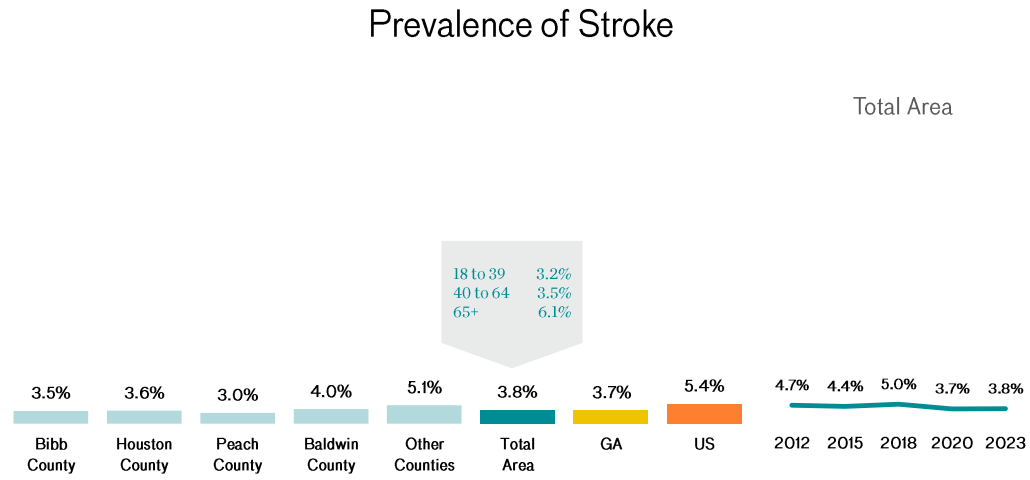
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 22]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Georgia data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina, or coronary heart disease.

Prevalence of Stroke

A total of 3.8% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

Disparity ► Increases with age among survey respondents.



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 Georgia data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

A total of 46.6% of Total Area adults have been told by a health professional at some point that their blood pressure was high.

Benchmark ► Worse than Georgia and US percentages. Fails to satisfy the Healthy People 2030 objective.

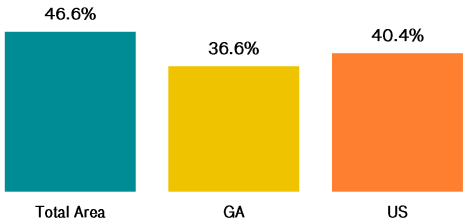
Disparity ► Reported among over half of Bibb County respondents (not shown).

A total of 37.6% of adults have been told by a health professional that their cholesterol level was high.

Benchmark ► Worse than the US prevalence.

Prevalence of High Blood Pressure

Healthy People 2030 = 42.6% or Lower



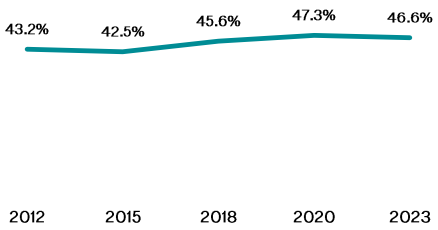
Prevalence of High Blood Cholesterol

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 Georgia data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

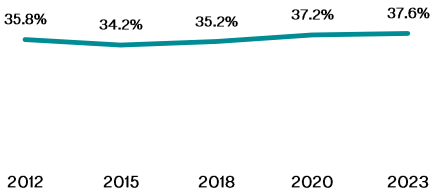
Notes:
- Asked of all respondents.

Prevalence of High Blood Pressure (Total Area)

Healthy People 2030 = 42.6% or Lower



Prevalence of High Blood Cholesterol (Total Area)



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.

Most Total Area adults (96.0%) report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

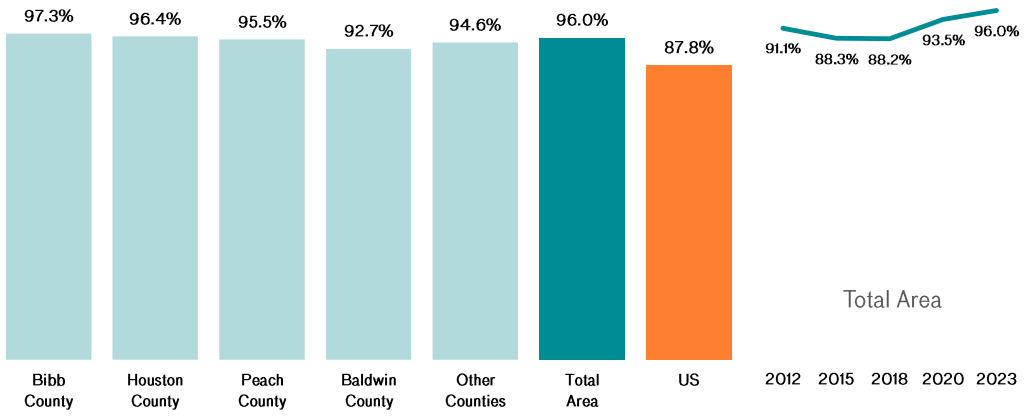
RELATED ISSUE
See also *Nutrition, Physical Activity & Weight* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

Benchmark ► Higher than the national prevalence.

Trend ► Increasing significantly from earlier survey findings.

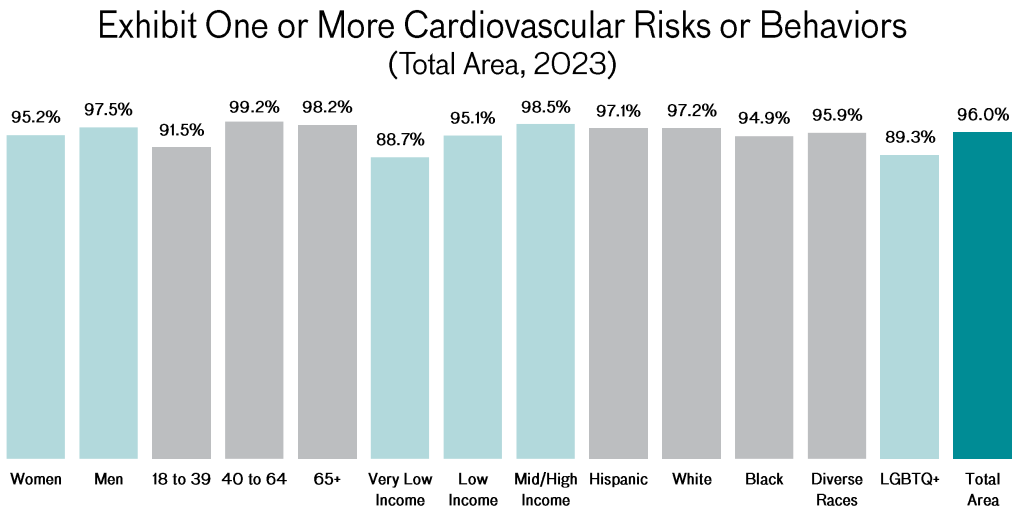
Disparity ► The prevalence increases with household income level and is reported more often among men and adults age 40 and older.

Exhibit One or More Cardiovascular Risks or Behaviors



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

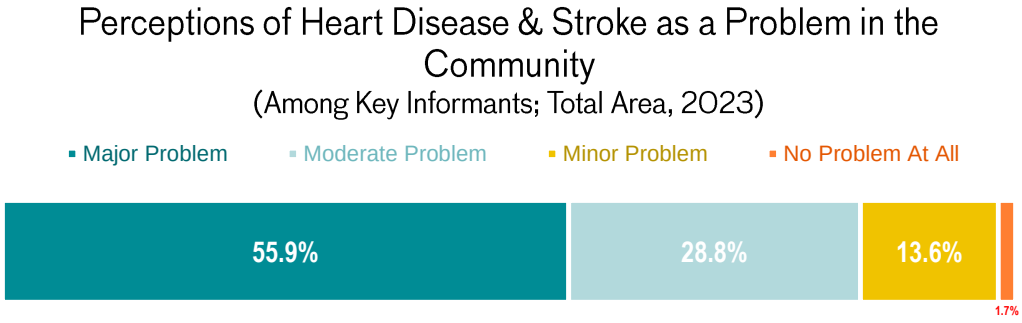
Notes:
- Reflects all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.



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

Over half of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a "major 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:

Incidence/Prevalence

> Community health assessments and insurance utilization analyses indicate that both stroke and heart disease are significant issues for this community. – Public Health Representative (Houston County)
>
> 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 (Baldwin County)
>
> I have had two family members with strokes and two neighbors with strokes. – Physician (Bibb County)
>
> Stroke belt. – Health Provider (Houston County)
>
> We live in the stroke belt. High rates of stroke and heart disease, frequently affecting relatively young people. Terrible diets contribute. – Social Services Provider (Bibb County)
>
> It is more prevalent in this community. – Community Leader (Peach County)

> Number-one cause of death. Increase after the start of COVID with cardiovascular deaths, even though COVID deaths went down. – Community Leader (Peach County)

Lifestyle

> Sedentary lifestyle, high fat diet, processed food, high cost of healthier food. – Health Provider (Bibb County)
>
> Citizen dietary habits, persistent obesity, and lack of exercise. – Health Provider (Baldwin County)
>
> 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 high low-income population and fast food is cheap, in addition to a lack of educational resources. – Public Health Representative (Baldwin County)
>
> 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 (Baldwin County)
>
> Weight, poor nutrition, lack of exercise, not seeking regular medical preventive care, and not being able to afford medications. – Social Services Provider (Bibb County)
>
> Lifestyle factors and access to care. – Physician (Bibb County)
>
> Lifestyle and socioeconomic factors. – Social Services Provider (Bibb County)

Nutrition

> Poor diet and education on medications. – Physician (Bibb County)
>
> Diet of the region and hypertension. – Physician (Bibb County)
>
> Poor diet and exercise. – Community Leader (Baldwin County)

Access to Care/Services

> Our hospital has few heart services. – Community Leader (Baldwin County)
>
> Limited access to health care, medications, and fresh food. – Physician (Peach County)

Awareness/Education

> Lack of education, access to health care and medications. – Physician (Baldwin County)
>
> This is a lack of education and healthy lifestyle. This seems to be affecting a younger population and not just older citizens. – Social Services Provider (Bibb County)

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

Prevention/Screenings

> Blood pressure is known as the silent killer because you can be asymptomatic for years until your heart attack or stroke. Preventative screenings are few and far between due to the staffing of the local medical offices and community members' reluctance to seek care. – Public Health Representative (Twiggs County)

Access to Affordable Healthy Food

> There is limited access to real foods and an abundant access to fast foods and processed foods. Even the local food bank distributes heavily processed foods, canned goods, and sugar-filled items. – Community Leader (Peach County)

Disease Management

> An at-risk population with uncontrolled or poorly controlled hypertension. – Community Leader (Peach County)

Income/Poverty

> Most individuals with low to moderate income wait for health care because they are focused on their basic needs. – Community Leader (Bibb County)

Cancer

About Cancer

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

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

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

Age-Adjusted Cancer Deaths

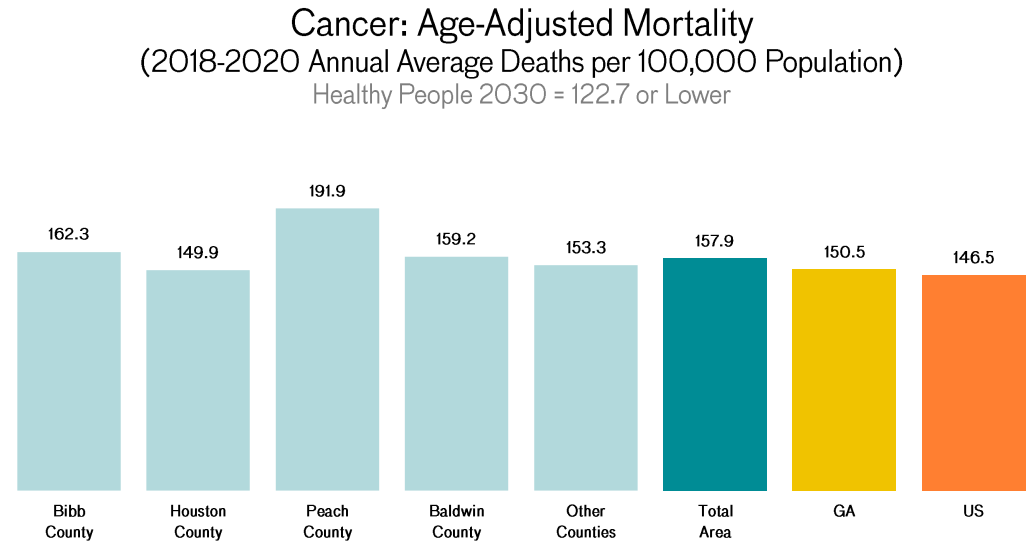
All Cancer Deaths

Between 2018 and 2020, there was an annual average age-adjusted cancer mortality rate of 157.9 deaths per 100,000 population in the Total Area.

Benchmark ► Far from satisfying the Healthy People 2030 objective.

Trend ► Decreasing over the past decade, echoing state and national trends.

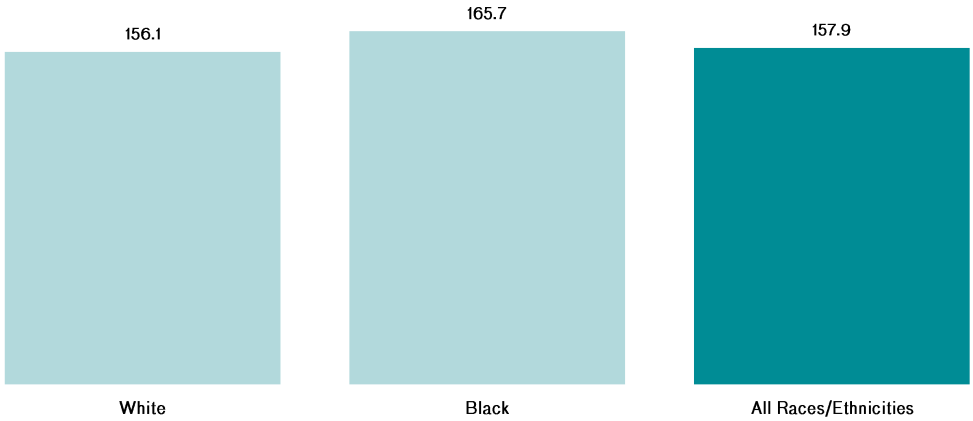
Disparity ► Highest in Peach County. Somewhat higher among Black residents.



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: Age-Adjusted Mortality by Race/Ethnicity
(2018-2020 Annual Average Deaths per 100,000 Population; Total Area)
Healthy People 2030 = 122.7 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 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.
- Race categories reflect individuals without Hispanic origin.

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
Total Area	183.4	174.7	174.0	168.3	167.8	161.3	160.3	157.9
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.

Cancer Deaths by Site

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

Other leading sites include prostate cancer, female breast cancer, and colorectal cancer (both sexes).

Benchmark

Lung Cancer ► Higher than both state and national rates. Fails to satisfy the Healthy People 2030 objective.

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

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

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

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

	Total Area	GA	US	Healthy People 2030
ALL CANCERS	157.9	150.5	146.5	122.7
Lung Cancer	42.9	35.7	33.4	25.1
Prostate Cancer	22.0	20.6	18.5	16.9
Female Breast Cancer	18.9	20.2	19.4	15.3
Colorectal Cancer	15.7	14.0	13.1	8.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2023.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

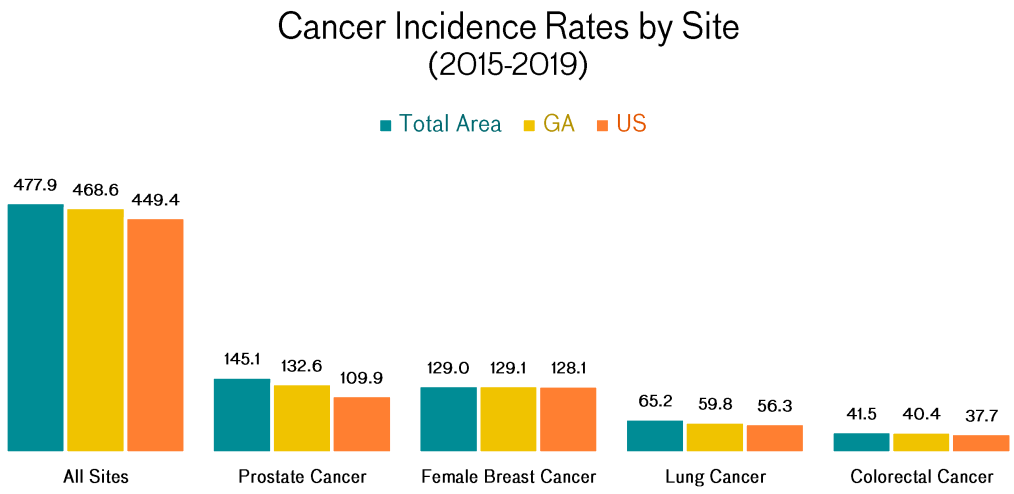
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

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.

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

Benchmark ► Prostate cancer incidence is higher than the US rate.



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

Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population.

Prevalence of Cancer

A total of 9.8% of surveyed Total Area adults report having ever been diagnosed with cancer.

Benchmark ► Worse than the US figure.

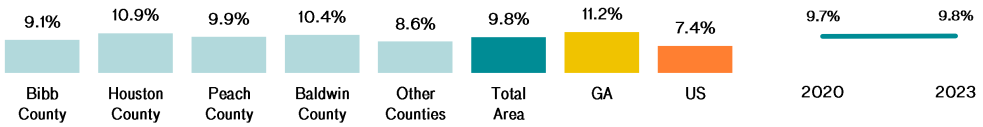
Disparity ► The prevalence increases with age and is reported more often among White residents, adults of Diverse Races, and LGBTQ+ respondents.

Prevalence of Cancer

Total Area

The most common types of cancers cited locally include:

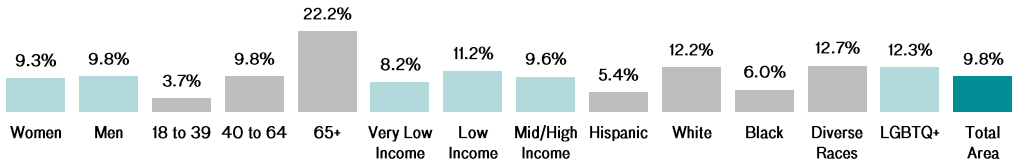
1) Skin/Melanoma 22.9%
2) Breast Cancer 17.4%
3) Prostate Cancer 13.1%



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Items 24-25]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Georgia data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Prevalence of Cancer
(Total Area, 2023)



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 24]

Notes:
- Asked of all respondents.

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures. Screening levels in the community were measured in the PRC Community Health Survey relative to the following cancer sites:

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.

"Appropriate cervical cancer screening" includes Pap smear testing (cervical cytology) every 3 years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65.

Among women age 50 to 74, 83.9% have had a mammogram within the past 2 years.

Benchmark ► Well above the state and national percentages.

Among Total Area women age 21 to 65, 75.9% have had appropriate cervical cancer screening.

Benchmark ► Fails to satisfy the Healthy People 2030 objective.

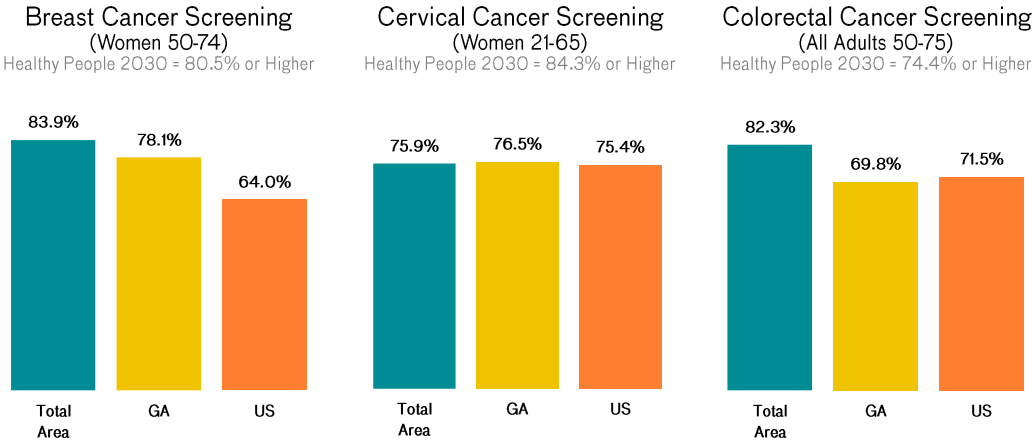
Trend ► Fluctuating over time; significantly lower than 2012 findings.

"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.

Among all adults age 50 to 75, 82.3% have had appropriate colorectal cancer screening.

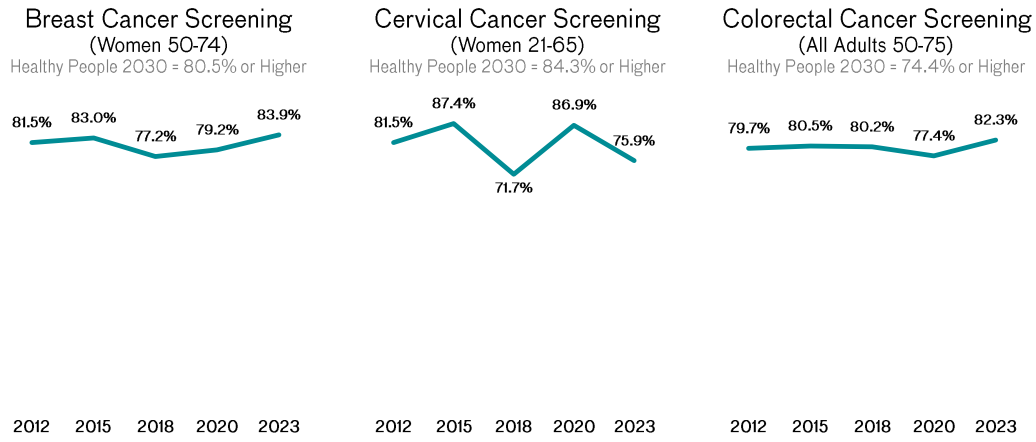
Benchmark ► Higher than the Georgia and US figures. Satisfies the Healthy People 2030 objective.

Disparity ► Lowest among Baldwin County respondents (not shown).



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.

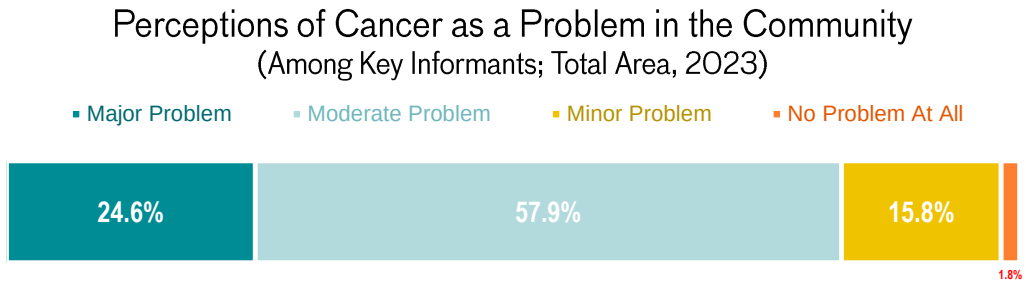


Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Items 101-103]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Each indicator is shown among the gender and/or age group specified.

Key Informant Input: Cancer

The greatest share of key informants taking part in an online survey characterized *Cancer* as a "moderate 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:

Incidence/Prevalence

> The rising numbers of cancer cases over the past ten years. – Community Leader (Peach County)
>
> Breast, pancreatitis, and prostate cancer is rapidly increasing in this community. – Community Leader (Peach County)
>
> I have many patients with various kinds of cancer from age 20 and above. Many patients don't have access to cancer screening tests. – Physician (Peach County)
>
> One of the top diseases and causes of death in Houston County. – Health Provider (Houston County)

Prevention/Screenings

> There are more people diagnosed each year. There are two issues: no access to early detection due to cost and lack of insurance, and with a late diagnosis, there appears to be more late-stage cancer and the need for more services and access to treatment. – Social Services Provider (Bibb County)
>
> A lot of people are diagnosed with cancer when it is already stage 3 or 4 due to a lack of preventative care of recommended screenings. – Health Provider (Bibb County)

Health Disparities

> Late diagnosis, subpar quality of care as measured by clinical outcomes and patient reported outcomes. Poor access, huge source of healthcare disparity tied to economic status, and social determinants to include race. – Physician (Bibb County)
>
> 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 (Baldwin County)

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 (Baldwin County)
>
> 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 (Baldwin County)

Access to Care/Services

> There are no close facilities or providers closer than Warner Robins or Macon. Studies have shown cardiovascular and cancer deaths rose in the post-COVID period, in 2021. – Community Leader (Peach County)

Lifestyle

> There is a high rate of cancer in Crawford County linked to poor lifestyle choices. – Physician (Crawford County)

Respiratory Disease

About Respiratory Disease

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

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

Note that this section also includes data relative to COVID-19 (coronavirus disease).

Age-Adjusted Respiratory Disease Deaths

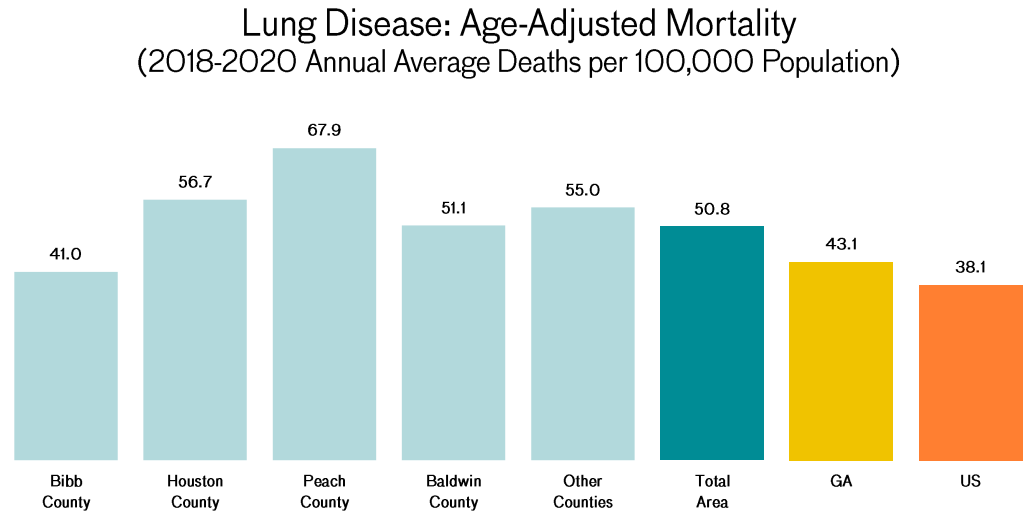
Lung Disease Deaths

Note: Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.

Between 2018 and 2020, the Total Area reported an annual average age-adjusted lung disease mortality rate of 50.8 deaths per 100,000 population.

Benchmark ► Worse than state and national rates.

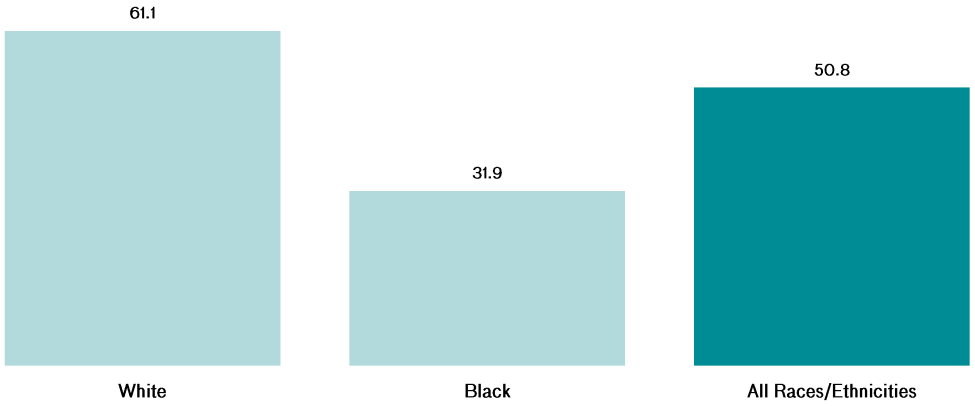
Disparity ► Highest among Peach County residents. Much higher in the White community.



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.

Lung Disease: Age-Adjusted Mortality by Race/Ethnicity
(2018-2020 Annual Average Deaths per 100,000 Population; Total Area)



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.
- Race categories reflect individuals without Hispanic origin.

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
Total Area	45.6	49.1	48.7	50.6	49.1	52.6	52.3	50.8
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.

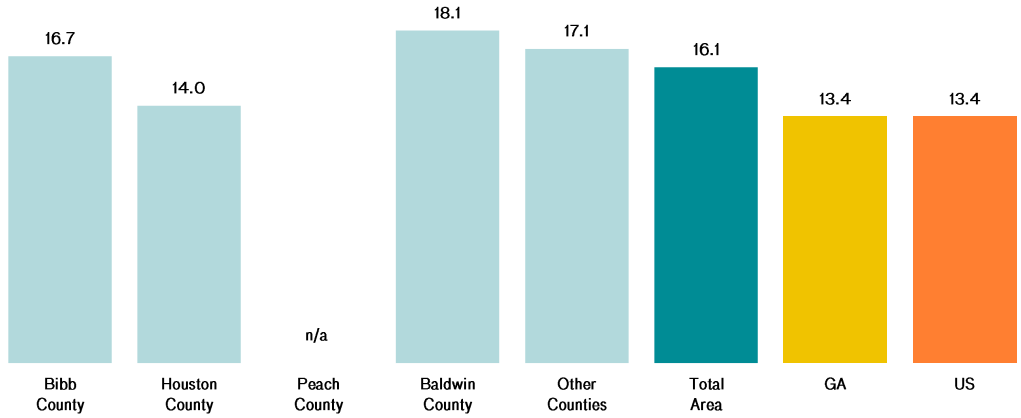
Pneumonia/Influenza Deaths

Between 2018 and 2020, the Total Area reported an annual average age-adjusted pneumonia/influenza mortality rate of 16.1 deaths per 100,000 population.

Benchmark ► Higher than the Georgia and US rates.

Disparity ► Lowest in Houston County. By race, higher among Black residents.

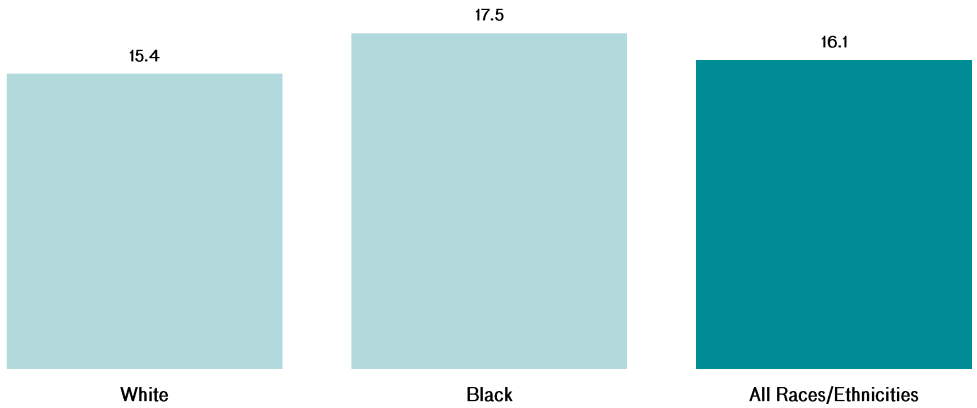
Pneumonia/Influenza: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)



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.

Pneumonia/Influenza: Age-Adjusted Mortality by Race/Ethnicity
(2018-2020 Annual Average Deaths per 100,000 Population; Total Area)



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.
- Race categories reflect individuals without Hispanic origin.

Pneumonia/Influenza: 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
Total Area	18.1	18.1	19.0	19.8	19.6	18.7	17.0	16.1
GA	16.9	16.5	16.2	15.3	14.5	14.2	13.4	13.4
US	15.3	15.2	15.4	14.6	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.

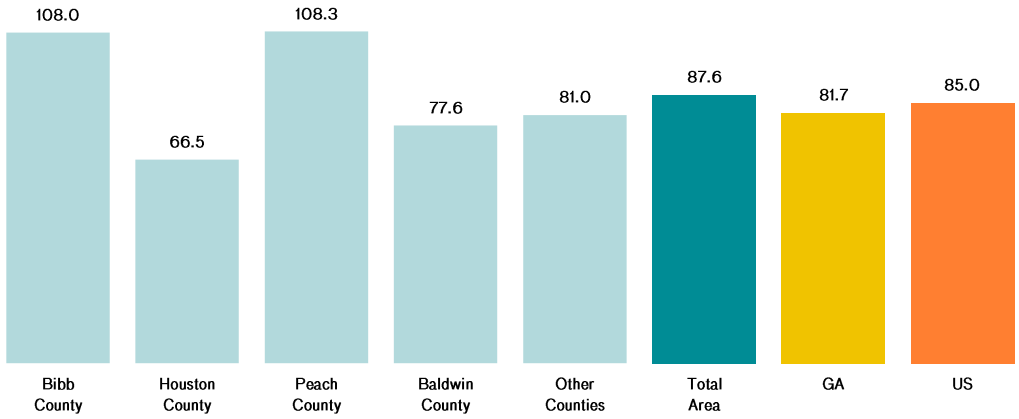
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

COVID-19 (Coronavirus Disease) Deaths

The 2020 age-adjusted COVID-19 mortality rate was 87.6 deaths per 100,000 population in the Total Area.

Disparity ► Much higher in Bibb and Peach counties.

COVID-19: Age-Adjusted Mortality
(2020 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.

Prevalence of Respiratory Disease

Asthma

Adults

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

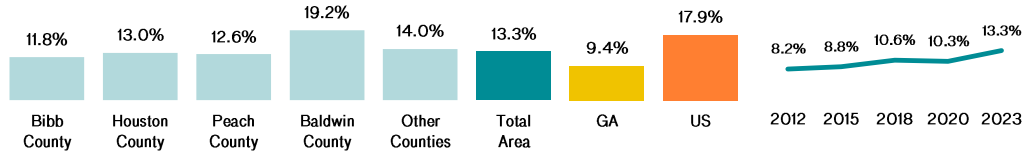
A total of 13.3% of Total Area adults have asthma.

Benchmark ► Higher than the Georgia percentage but lower than the US percentage.

Trend ► Marks a statistically significant increase since 2012.

Disparity ► Unfavorably high in Baldwin County. Reported more often among women, adults in the lowest income category, and LGBTQ+ respondents.

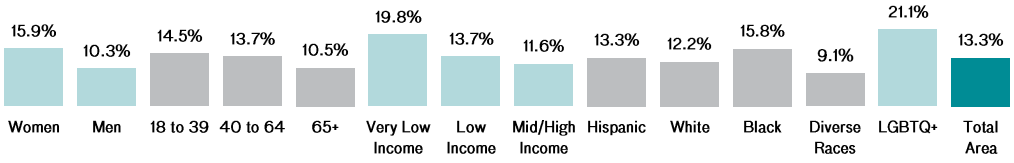
Prevalence of Asthma



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 Georgia data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Prevalence of Asthma (Total Area, 2023)



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 26]

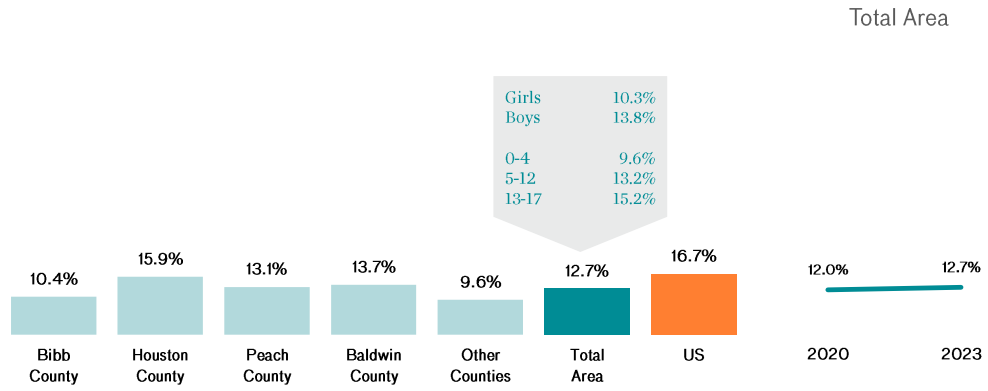
Notes:
- Asked of all respondents.

Children

Among Total Area children under age 18, 12.7% have been diagnosed with asthma.

Disparity ► The prevalence correlates with age among area children.

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.

Chronic Obstructive Pulmonary Disease (COPD)

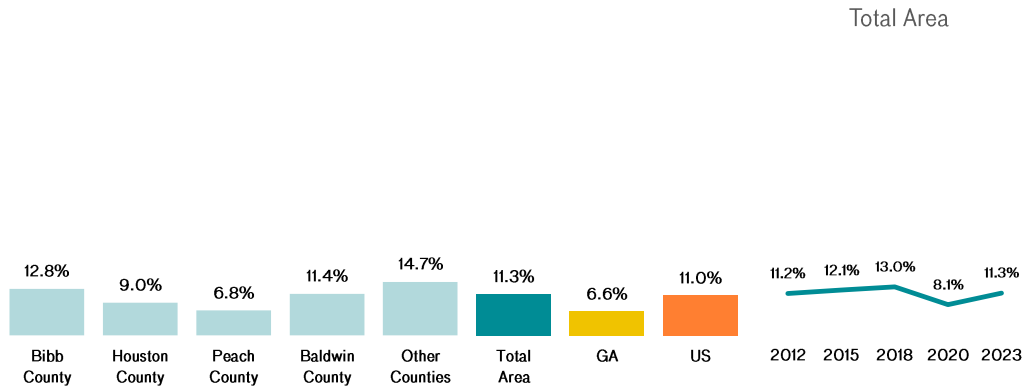
Note: COPD includes lung diseases such as emphysema and chronic bronchitis.

A total of 11.3% of Total Area adults suffer from chronic obstructive pulmonary disease (COPD).

Benchmark ► Well above the state percentage.

Disparity ► Lowest in Peach County.

Prevalence of
Chronic Obstructive Pulmonary Disease (COPD)

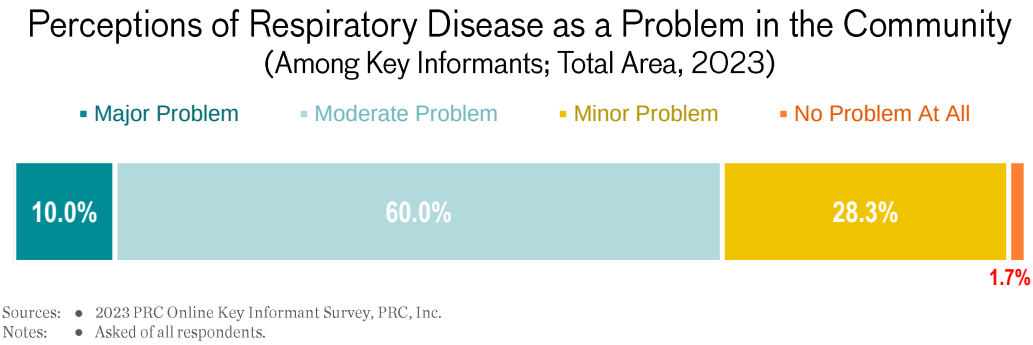


Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 21]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Georgia data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes conditions such as chronic bronchitis and emphysema.

Key Informant Input: Respiratory Disease

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



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

> Asthma and COPD in children and adults with limited access to healthcare. – Physician (Peach County)

Injury & Violence

About Injury & Violence

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

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

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

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

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

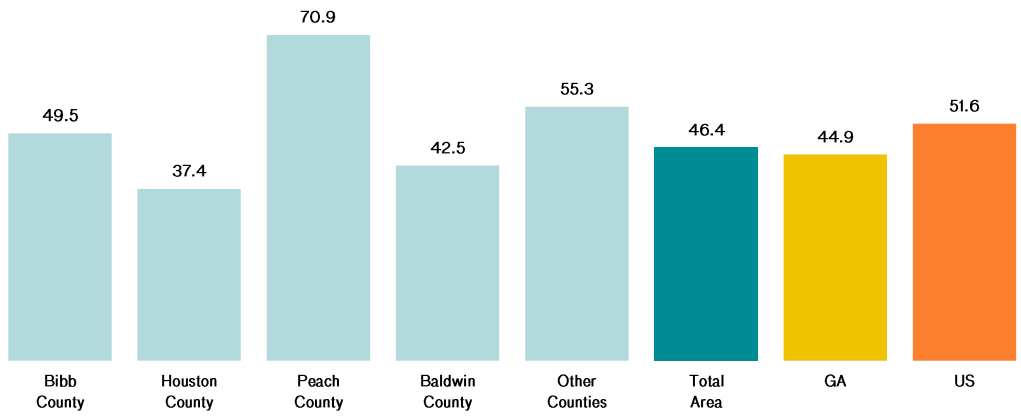
Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2018 and 2020, there was an annual average age-adjusted unintentional injury mortality rate of 46.4 deaths per 100,000 population in the Total Area.

Disparity ► Highest in Peach County. By race, much higher in the White community.

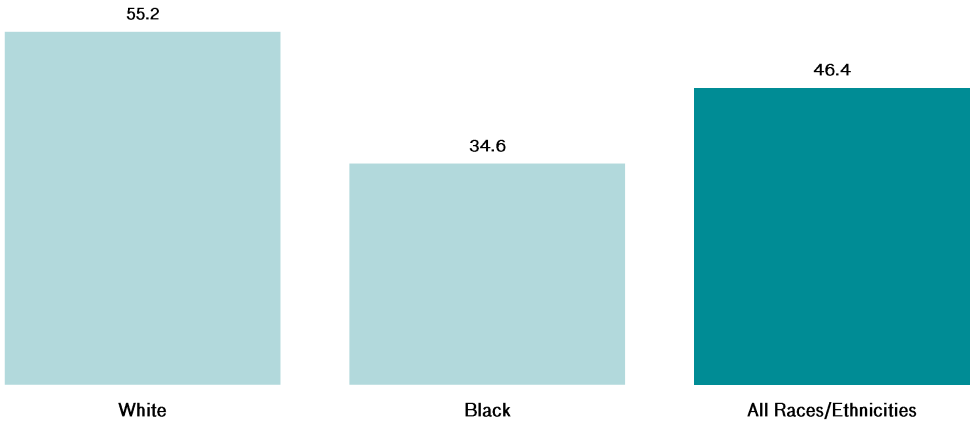
Unintentional Injuries: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 43.2 or Lower



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

Unintentional Injuries: Age-Adjusted Mortality by Race/Ethnicity
(2018-2020 Annual Average Deaths per 100,000 Population; Total Area)
Healthy People 2030 = 43.2 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted 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.
- Race categories reflect individuals without Hispanic origin.

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
Total Area	43.7	40.5	39.8	41.4	43.8	45.7	43.5	46.4
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

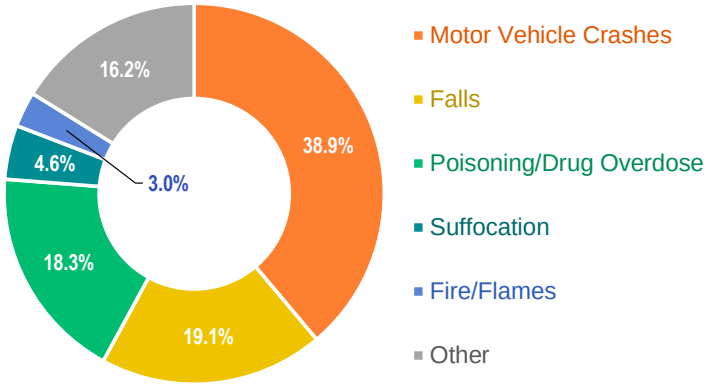
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Leading Causes of Unintentional Injury Deaths

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

Motor vehicle crashes, falls, and poisoning (including unintentional drug overdose) accounted for most unintentional injury deaths in the Total Area between 2018 and 2020.

Leading Causes of Unintentional Injury Deaths
(Total Area, 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.

Intentional Injury (Violence)

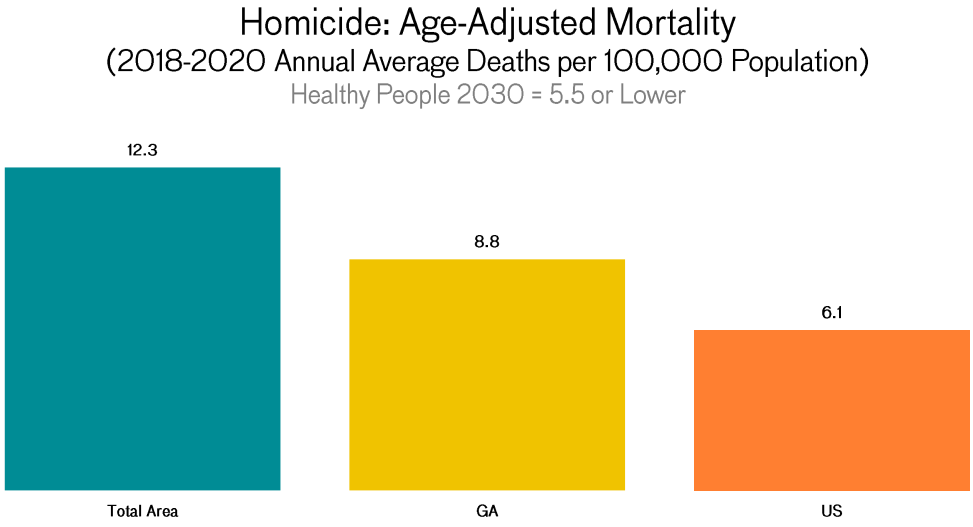
Age-Adjusted Homicide Deaths

RELATED ISSUE
See also *Mental Health (Suicide)* in the **General Health Status** section of this report.

In the Total Area, there were 12.3 homicides per 100,000 population (2018-2020 annual average age-adjusted rate).

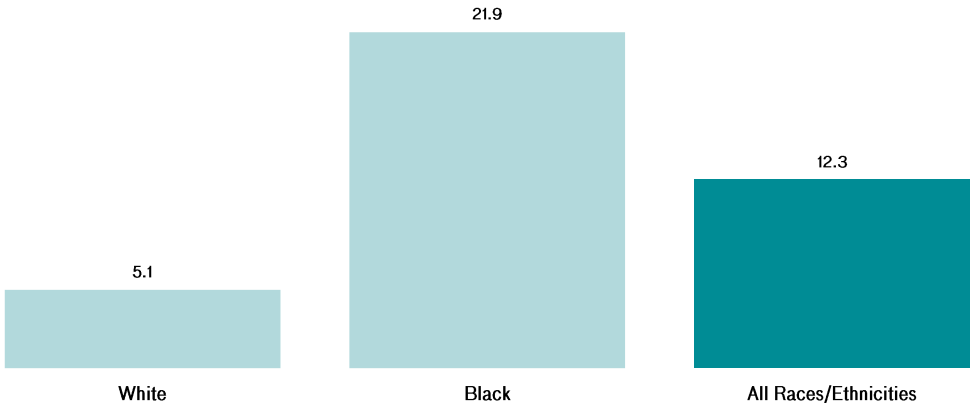
Benchmark ► Well above the state and national rates. Fails to satisfy the Healthy People 2030 objective.

Disparity ► Dramatically higher among Black residents.



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.



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.
- Race categories reflect individuals without Hispanic origin.

Violent Crime

Violent Crime Rates

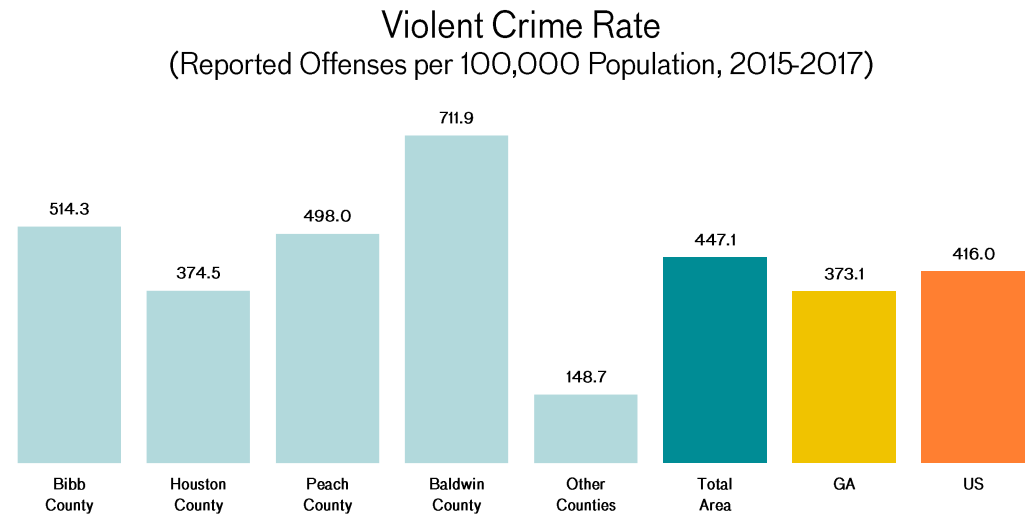
Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

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

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

Benchmark ► Worse than the Georgia rate.

Disparity ► Highest in Baldwin County.



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.

Community Violence

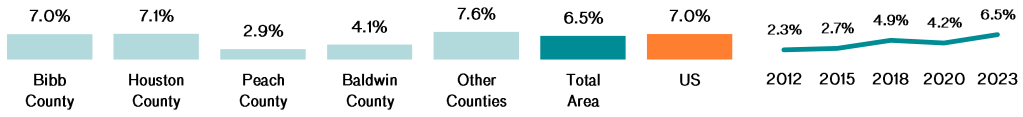
A total of 6.5% of surveyed adults acknowledge being the victim of a violent crime in the area in the past five years.

Trend ► Denotes a statistically significant increase since 2012.

Disparity ► Lowest in Peach County. The prevalence correlates with age and income and is reported more often among Hispanic respondents, those of Diverse Races, and LGBTQ+ respondents.

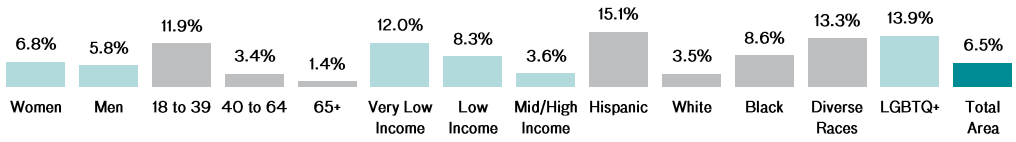
Victim of a Violent Crime in the Past Five Years

Total Area



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 32]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Victim of a Violent Crime in the Past Five Years
(Total Area, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 32]
Notes: • Asked of all respondents.

Intimate Partner Violence

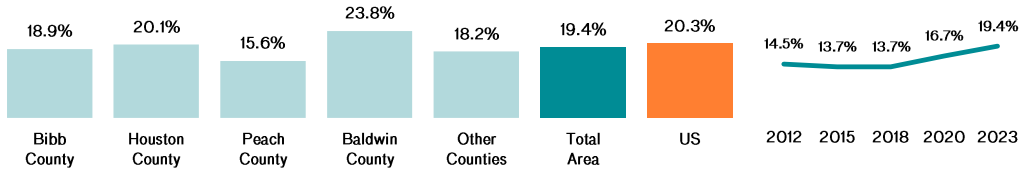
Respondents were read: "By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

A total of 19.4% of Total Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

Trend ► Increasing significantly from earlier survey findings.

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

Total Area

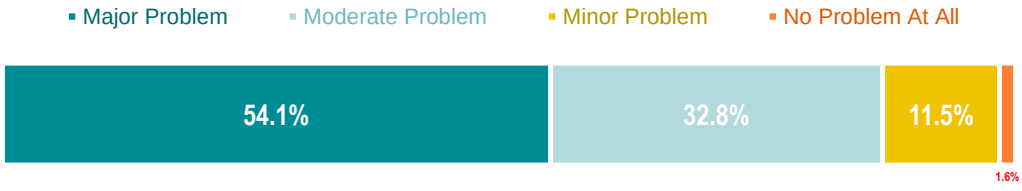


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 33]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Key Informant Input: Injury & Violence

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

Perceptions of Injury & Violence as a Problem in the Community
(Among Key Informants; Total Area, 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:

Gun Violence

> The number of people murdered in Macon; gunshots are frequently heard. Limited gun laws. – Social Services Provider (Bibb County)
>
> Drive by shootings, domestic violence, car accidents. – Community Leader (Baldwin County)
>
> I have witnessed a rise in aggressive behavior and gun violence. – Health Provider (Baldwin County)

> There are lots of drive by shootings and gun violence, particularly on the Southside of Baldwin County. – Public Health Representative (Baldwin County)
>
> The number of gun shootings. – Social Services Provider (Bibb County)
>
> Number of incidents of people using guns to injure or kill others. Mental health, stress, and anxiety where people act out violently or in inappropriate ways. Loss of connection with family, values, culture or norms or no sense of higher power. Exposure to violence as an acceptable way of life. – Social Services Provider (Bibb County)
>
> Primary concern at this time is gun violence. This is followed up with homicide - gun or otherwise. Then we have the concerns with suicide in our younger population (teens, pre-teens). To the community it seems that violence has become a way to solve problems and that causes real concern. – Social Services Provider (Bibb County)
>
> Gun violence is a significant issue, with young people in particular. – Social Services Provider (Bibb County)
>
> Increased gun violence incidents in the community. – Physician (Peach County)
>
> Teen shooting deaths are on the rise in Bibb County. – Community Leader (Bibb County)
>
> Frequent shootings and pedestrian versus car accidents. – Physician (Bibb County)

Incidence/Prevalence

> Injury and violence in Peach County are definitely a problem due to the number of deaths, even among youth, per the news. – Community Leader (Peach County)
>
> Major crime rate. – Community Leader (Bibb County)
>
> Police Departments and Sherriff's Departments report an increase in violent crimes. – Public Health Representative (Houston County)
>
> The abnormally high frequency per capita of violent crime. – Community Leader (Peach County)
>
> 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 (Baldwin County)
>
> In the news every day, plus I see it during working hours. – Community Leader (Bibb County)
>
> The number of violent crimes in our community is on the rise. The safety of all community members should be a priority. – Social Services Provider (Bibb County)

Homicide

> Homicides and murders specifically increase year after year. – Community Leader (Bibb County)
>
> Increasing number of homicides in Bibb County. High number of pedestrian accidents. – Physician (Bibb County)

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 (Baldwin County)

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 (Baldwin County)

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 (Baldwin County)

Employment

> Jobs. – Community Leader (Baldwin County)

Gang Violence

> Gang activity, limited sidewalks, and crosswalks in busy areas. – Health Provider (Bibb County)

Social Services

> Challenged social services. – Physician (Bibb County)

Diabetes

About Diabetes

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

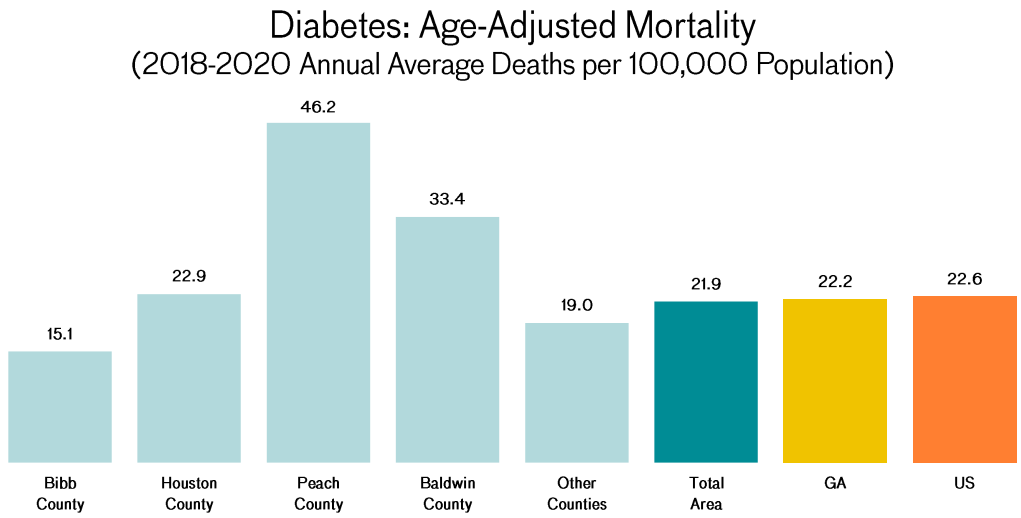
Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity,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

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

Age-Adjusted Diabetes Deaths

Between 2018 and 2020, there was an annual average age-adjusted diabetes mortality rate of 21.9 deaths per 100,000 population in the Total Area.

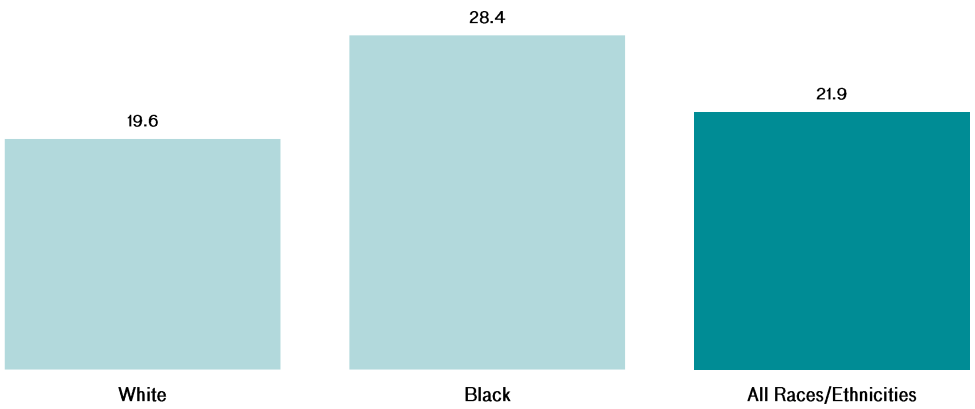
Disparity ► Highest in Peach and Baldwin counties. By race, much higher among Black residents.



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.

Diabetes: Age-Adjusted Mortality by Race/Ethnicity
(2018-2020 Annual Average Deaths per 100,000 Population; Total Area)



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.
- Race categories reflect individuals without Hispanic origin.

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
Total Area	21.2	20.6	19.8	19.8	20.1	19.5	20.3	21.9
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

A total of 16.8% of Total Area adults report having been diagnosed with diabetes.

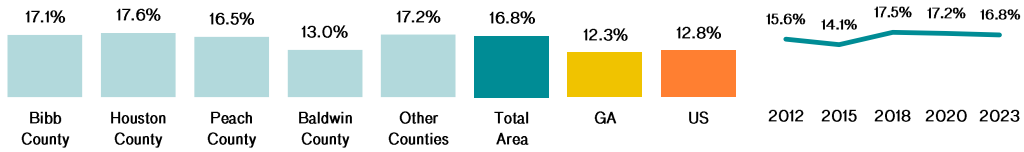
Benchmark ► Worse than state and national percentages.

Disparity ► Reported more often among older respondents, those living in low-income households, Hispanic respondents, and Black respondents.

Prevalence of Diabetes

Another 13.2% of adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.

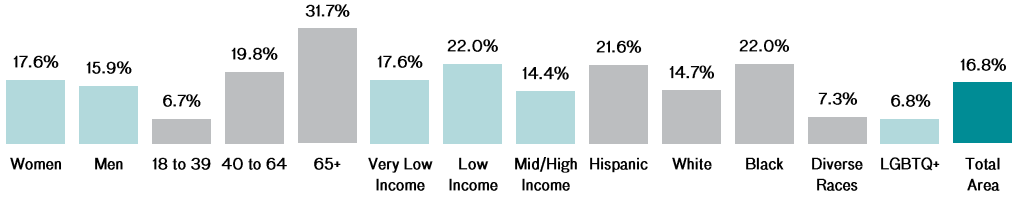
Total Area



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 Georgia data.
- 2023 PRC National Health Survey, PRC, Inc.

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

Prevalence of Diabetes (Total Area, 2023)



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 106]

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

Age-Adjusted Kidney Disease Deaths

About Kidney Disease & Diabetes

Chronic kidney disease (CKD) is common in people with diabetes. Approximately one in three adults with diabetes has CKD. Both type 1 and type 2 diabetes can cause kidney disease. CKD often develops slowly and with few symptoms. Many people don't realize they have CKD until it's advanced and they need dialysis (a treatment that filters the blood) or a kidney transplant to survive.

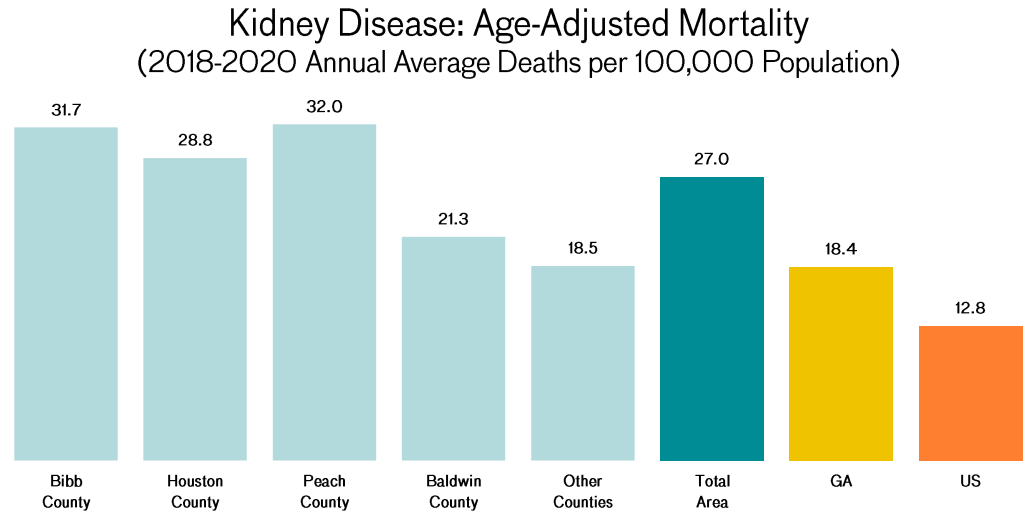
– Centers for Disease Control and Prevention (CDC)
https://www.cdc.gov/diabetes/managing/diabetes-kidney-disease.html

Between 2018 and 2020, there was an annual average age-adjusted kidney disease mortality rate of 27.0 deaths per 100,000 population in the Total Area.

Benchmark ► Higher than the Georgia and US rates.

Trend ► Increasing over the past decade.

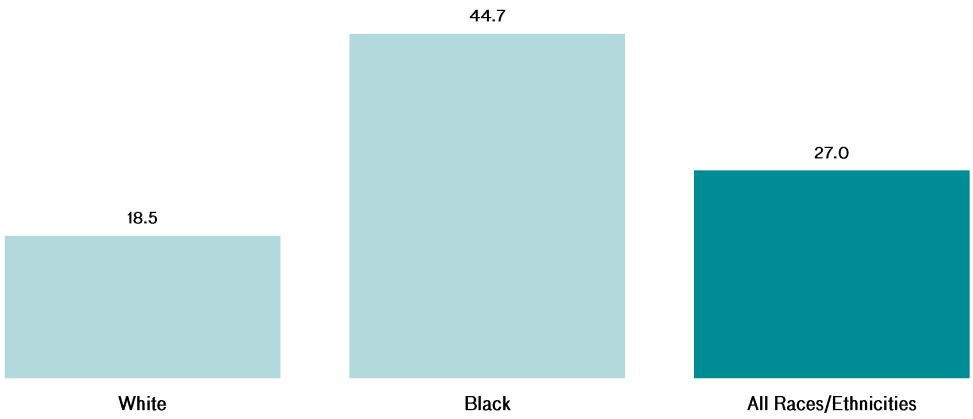
Disparity ► Rates are lowest in Baldwin County and the Other Counties area. By race, the mortality rate is much higher among Black residents.



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.

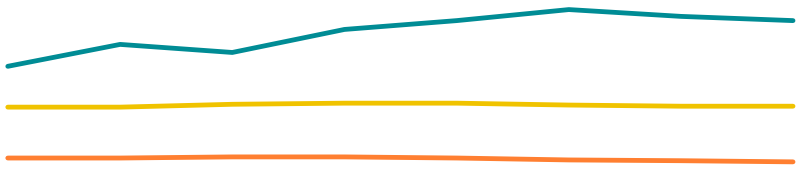
Kidney Disease: Age-Adjusted Mortality by Race/Ethnicity
(2018-2020 Annual Average Deaths per 100,000 Population; Total Area)



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.
- Race categories reflect individuals without Hispanic origin.

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



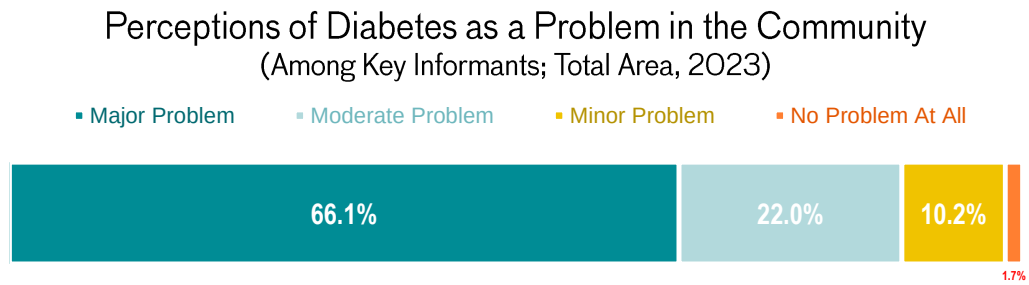
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Total Area	22.4	24.6	23.8	26.1	27.0	28.1	27.4	27.0
GA	18.3	18.3	18.6	18.7	18.7	18.5	18.4	18.4
US	13.2	13.2	13.3	13.3	13.2	13.0	12.9	12.8

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

Key Informant Input: Diabetes

Two in three key informants taking part in an online survey characterized *Diabetes* as a "major 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:

Affordable Medications/Supplies

> Access to medications, education, and poor choice of healthy food options. – Physician (Baldwin County)
>
> There is a large portion of the population in this area that are diabetic. These individuals require medication and constant monitoring of blood sugar levels. Access to medication and proper treatment has been an issue along with not obtaining proper monitoring devices. – Community Leader (Peach County)
>
> Getting insulin and taking it as scheduled. – Physician (Bibb County)
>
> Cost of insulin and monitoring devices, unhealthy eating habits. – Social Services Provider (Bibb County)
>
> Difficulty in paying for medications and lack of education on diet planning and exercise. – Physician (Bibb County)
>
> Getting medication for diabetes or seeing a physician. – Community Leader (Bibb County)

Awareness/Education

> Education and access to primary care. Societal dietary habits. – Health Provider (Houston County)
>
> Understanding their disease and being able to afford some of the treatments. – Social Services Provider (Bibb County)
>
> There is little communication on the subject in this community. – Community Leader (Peach County)
>
> Education and support for learning how to manage and prevent complications. – Social Services Provider (Bibb County)
>
> Lack of education about the causes and how to manage the disease. – Social Services Provider (Bibb County)
>
> Not understanding the long-term effects of diabetes and failure to properly take medications. – Community Leader (Monroe County)

Access to Affordable Healthy Food

> Crawford County does not have a grocery store, and people have limited access to fruits and vegetables and good foods. – Public Health Representative (Crawford County)
>
> We are in a food desert. Access to wholesome food choices. Lack of structured exercise groups or programs. – Physician (Crawford County)
>
> Only one provider of fresh produce in the county, the Piggly Wiggly in Jeffersonville. – Public Health Representative (Twiggs County)
>
> Access to healthy foods, such as food deserts. Access to healthcare. Healthcare literacy. – Social Services Provider (Bibb County)
>
> Access to proper diet and exercise. – Community Leader (Bibb County)

Disease Management

> Following the treatment plan daily. – Health Provider (Bibb County)

> 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 (Baldwin County)
>
> Diabetes self-management. Cost of medications. Disparity of ophthalmologists for retinal screenings and pre-diabetes awareness. – Physician (Bibb County)
>
> Compliance with lifestyle changes is needed, and education. – Health Provider (Bibb County)

Access to Care/Services

> Access to quality care. Huge need for additional endocrinology providers. Nutritional disparities and educational disparities. – Physician (Bibb County)
>
> Access to care to an endocrinologist, regular education and monitoring, screening for pre-diabetes. – Community Leader (Peach County)
>
> Access to health care, medications, and fresh food. – Physician (Peach County)

Affordable Care/Services

> Access to care and education at an affordable rate. – Community Leader (Bibb County)
>
> Access to affordable care, transportation that is reliable and affordable to take them to their appointments, lack of access to affordable medications, the expense of healthy foods and access to healthy foods, and the food culture. – Public Health Representative (Houston County)
>
> 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 (Baldwin County)

Lifestyle

> Obesity and lack of exercise. – Community Leader (Baldwin County)
>
> Modifying lifestyle, diet education, and access to care. – Physician (Bibb County)
>
> Lifestyle choices. – Social Services Provider (Bibb County)

Nutrition

> Bad eating habits, such as eating too much fried foods, junk foods, etc. – Community Leader (Bibb County)
>
> Poor eating habits, environmental and generation concerns, and lack of choices. – Community Leader (Peach County)

Diagnosis/Treatment

> Citizens need an earlier diagnosis. Dietary discipline. – Health Provider (Baldwin County)

Income/Poverty

> A low socio-economic stratum and low educational attainment seem to make the management of chronic conditions problematic. – Community Leader (Peach County)

Insurance Issues

> Healthcare insurance. – Community Leader (Baldwin County)

Prevention/Screenings

> Prevention, pre-diabetes education, early detection. – Community Leader (Bibb County)

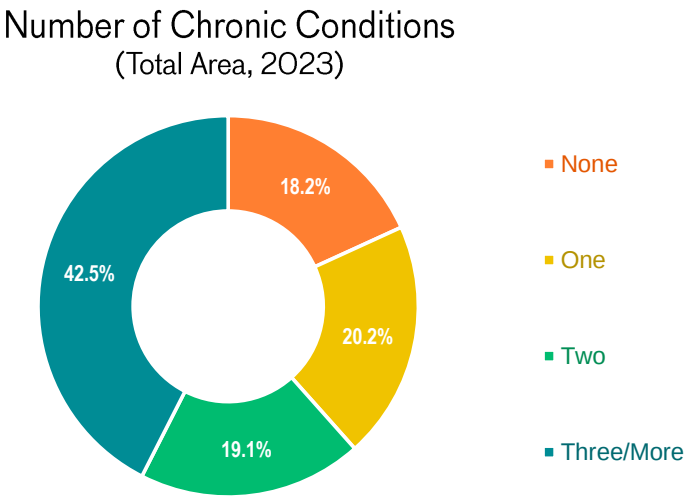
Disabling Conditions

Multiple Chronic Conditions

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

Among Total Area survey respondents, most report having at least one chronic health condition.



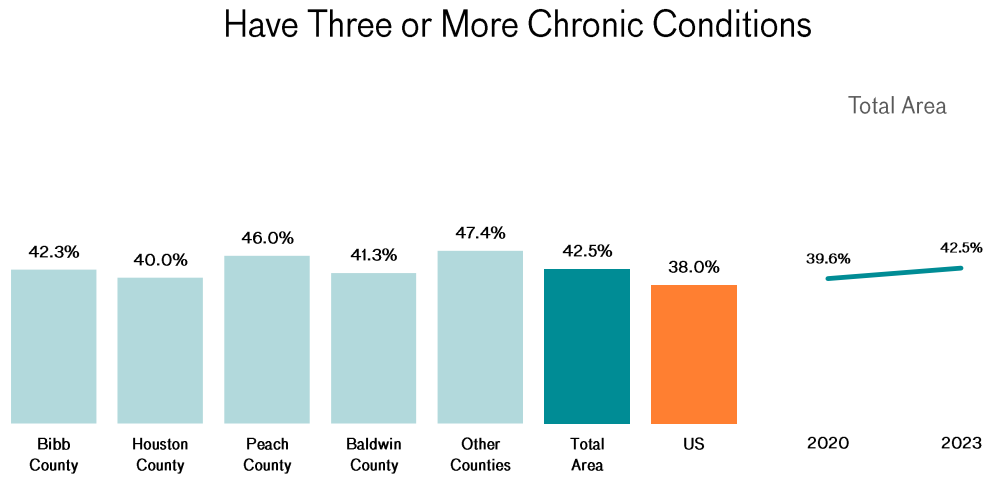
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 107]

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.

In fact, 42.5% of Total Area adults report having <u>three or more</u> chronic conditions.

Benchmark ► Higher than the US prevalence.

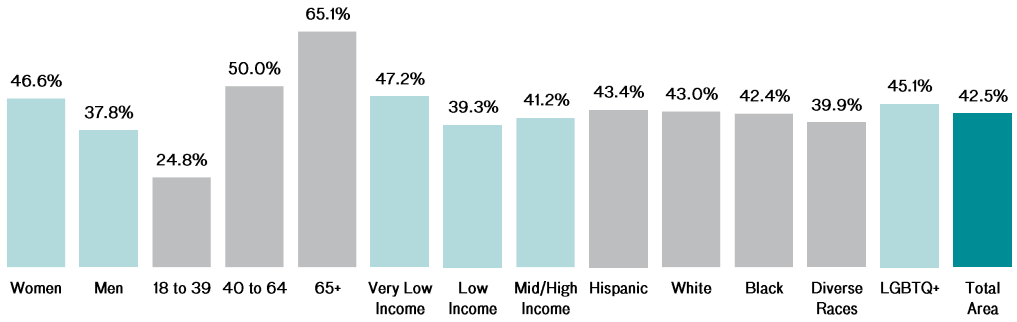
Disparity ► Reported more often among women and adults age 40 and older.



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.

Have Three or More Chronic Conditions
(Total Area, 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/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.

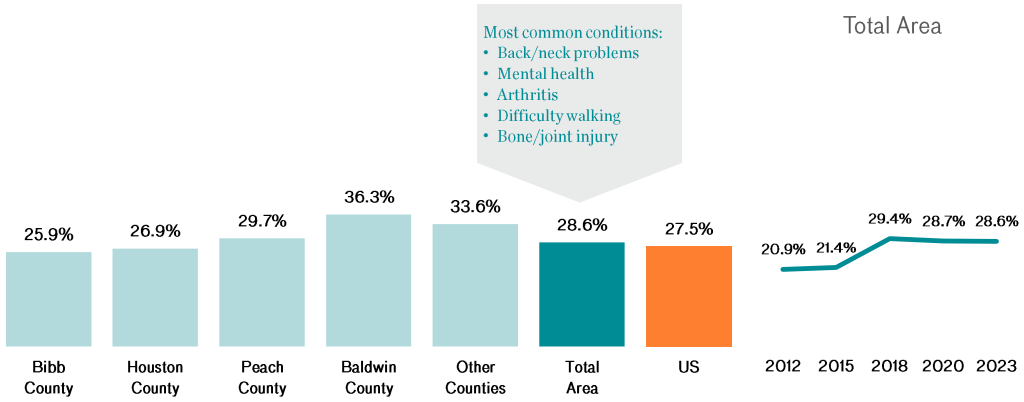
– Healthy People 2030 (https://health.gov/healthypeople)

A total of 28.6% of Total Area adults are limited in some way in some activities due to a physical, mental, or emotional problem.

Trend ► Increasing significantly from earlier findings.

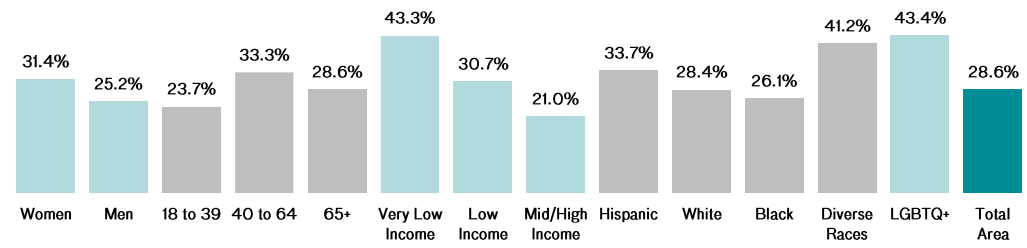
Disparity ► Highest in Baldwin County. Reported more often among women, adults age 40 and 64, those in low-income households, and LGBTQ+ adults.

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 (Total Area, 2023)



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

Chronic Pain

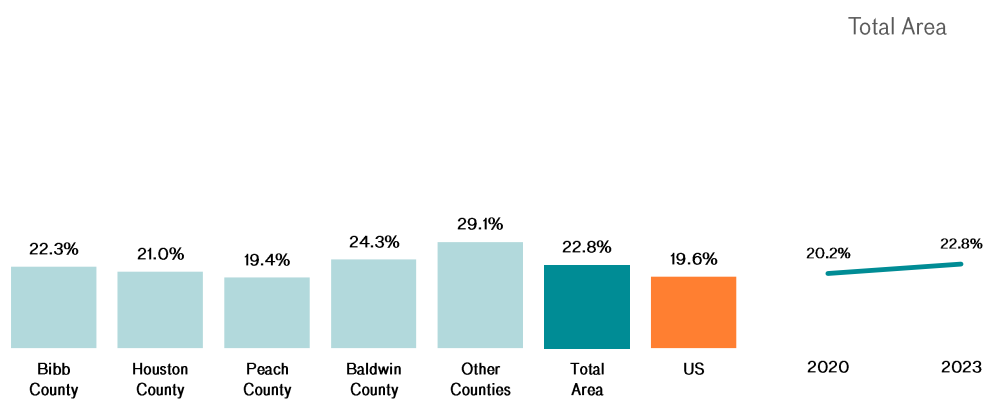
A total of 22.8% of Total Area adults experience high-impact chronic pain, meaning physical pain that has limited their life or work activities "every day" or "most days" during the past six months.

Benchmark ► Fails to satisfy the Healthy People 2030 objective.

Disparity ► Highest in the Other Counties area. Reported more often among adults age 40+, those in the lowest income category, White residents, adults of Diverse Races, and LGBTQ+ respondents.

Experience High-Impact Chronic Pain

Healthy People 2030 = 6.4% or Lower



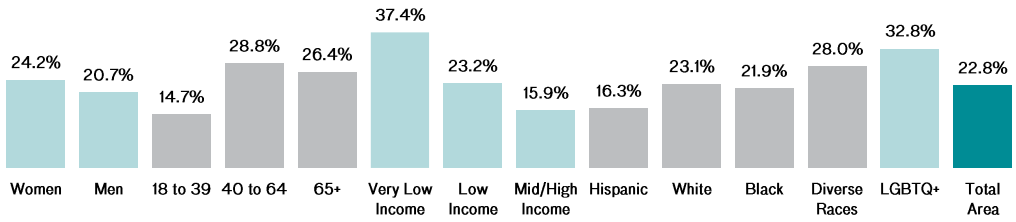
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 31]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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.

Experience High-Impact Chronic Pain

(Total Area, 2023)

Healthy People 2030 = 6.4% or Lower

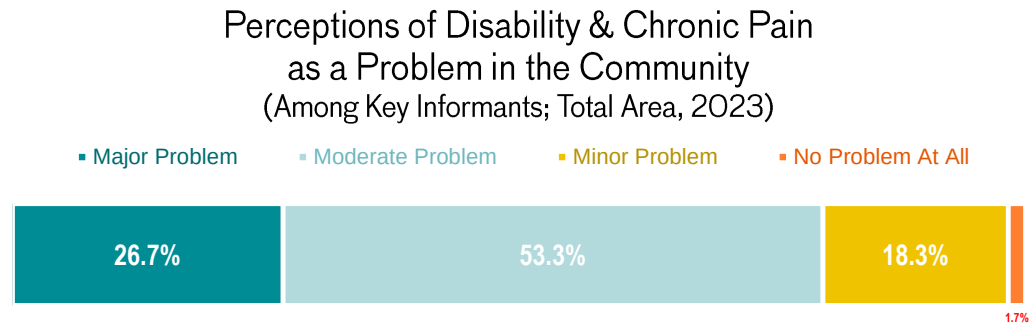


Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 31]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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.

Key Informant Input: Disability & Chronic Pain

Key informants taking part in an online survey most often characterized *Disability & Chronic Pain* as a "moderate 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:

Access to Care/Services

> Limited access to health care and community agencies to provide support to families. – Physician (Peach County)
>
> Lack of access to care, including physical therapy. – Physician (Bibb County)
>
> 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 (Baldwin County)

Follow Up/Support

> I see it every day working with the homeless and working poor. Many times, there isn't a place for respite following a hospital stay. People are staying on the street. Very limited opportunities for a place to lay one's head at night and feel safe and secure. The aging population of the homeless and very poor is significant and growing. – Community Leader (Bibb County)
>
> Specifically, dementia is a major issue. There needs to be more support for caregivers and affordable care facilities for patients. There seems to be more awareness of the disease, but education is lacking. – Social Services Provider (Bibb County)

Incidence/Prevalence

> Anecdotal stories. – Social Services Provider (Houston County)
>
> 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 (Baldwin County)

Income/Poverty

> Again, the low socio-economic stratum, low educational attainment, and inability or unwillingness to access appropriate healthcare resources turns many of the chronic conditions into disabling conditions. – Community Leader (Peach County)
>
> People aging on a fixed income and in communities riddled with violence increase stress and reduces the opportunity for physical activity. – Public Health Representative (Baldwin County)

Co-Occurrences

> Some of these disabilities are related to major health issues like diabetes. For example, lower limb amputations, end stage renal disease, vision loss. These prevent people from living a full life. It also affects their ability to do meaningful work and build wealth. They then need family caregivers, so this has a multigenerational impact on economic status. We have a very high rate of disability in Macon-Bibb. – Social Services Provider (Bibb County)

Nutrition

> Rural areas especially suffer when they are in food and medical care deserts. Jeffersonville and Twiggs County are no exception. Illnesses that are easily treatable through routine medical care often become chronic issues due to the lack of resources. – Public Health Representative (Twiggs County)

Prevention/Screenings

> First, we do not do a good job in prevention, and then services are not available due to disparities. – Physician (Bibb County)

Alzheimer's Disease

About Dementia

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

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

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

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

Age-Adjusted Alzheimer's Disease Deaths

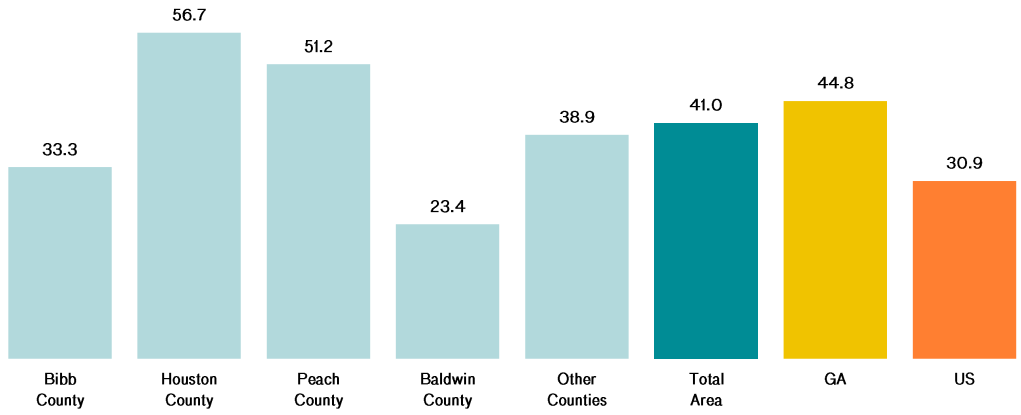
Between 2018 and 2020, there was an annual average age-adjusted Alzheimer's disease mortality rate of 41.0 deaths per 100,000 population in the Total Area.

Benchmark ► Worse than the US mortality rate.

Trend ► Increasing over the past decade.

Disparity ► Highest in Houston and Peach counties. By race, higher among White residents.

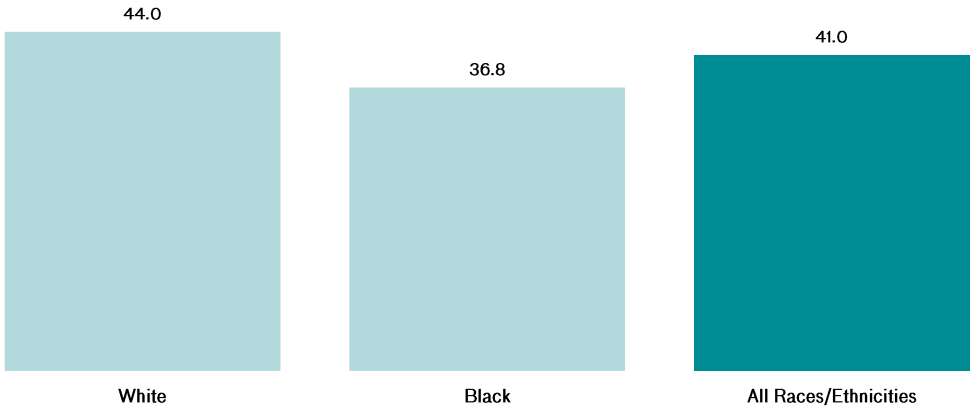
Alzheimer's Disease: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)



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.

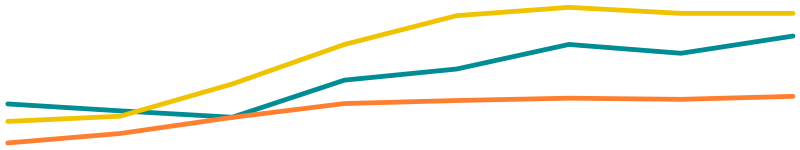
Alzheimer's Disease: Age-Adjusted Mortality by Race/Ethnicity
(2018-2020 Annual Average Deaths per 100,000 Population; Total Area)



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.
- Race categories reflect individuals without Hispanic origin.

Alzheimer's 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
Total Area	29.6	28.5	27.4	33.6	35.5	39.6	38.1	41.0
GA	26.7	27.6	33.0	39.6	44.4	45.8	44.8	44.8
US	23.1	24.7	27.4	29.7	30.2	30.6	30.4	30.9

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

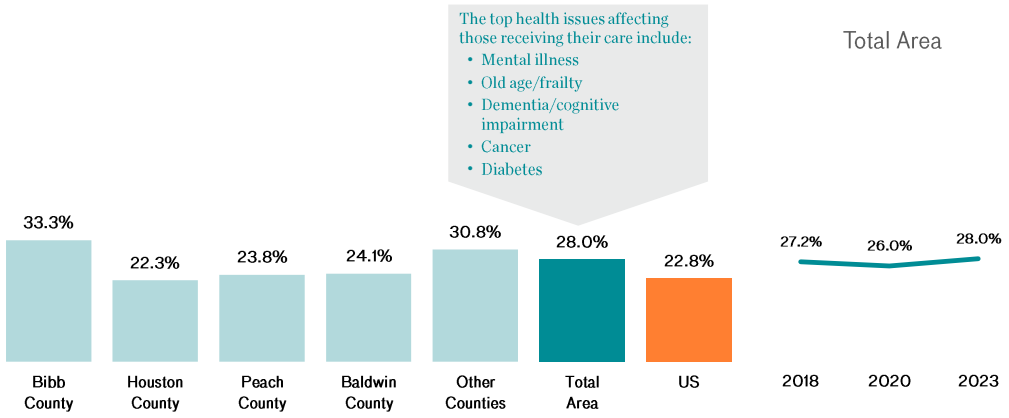
Caregiving

A total of 28.0% of Total Area adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

Benchmark ► Higher than the US figure.

Disparity ► Highest in Bibb County.

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.

Births

Prenatal Care

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)

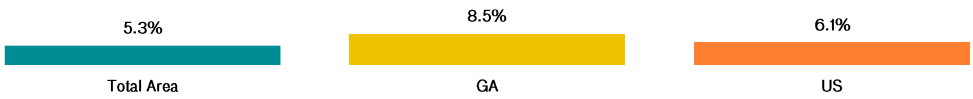
Early and continuous prenatal care is the best assurance of infant health.

In 2019, 5.3% of all Total Area births did <u>not</u> receive prenatal care in the first six months of pregnancy.

Benchmark ► Lower than the Georgia and US percentages.

Disparity ► The prevalence has increased from baseline reports.

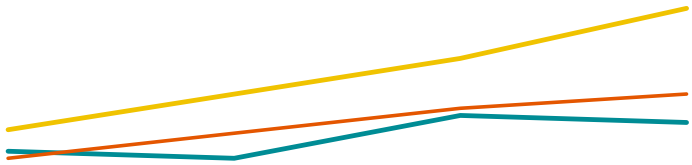
Lack of Prenatal Care in the First Six Months of Pregnancy
(Percentage of Live Births, 2019)



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2023 via SparkMap (sparkmap.org).

Note:
- This indicator reports the percentage of women who do not obtain prenatal care before their seventh month of pregnancy (if at all).

Lack of Prenatal Care in the First Six Months of Pregnancy
(Percentage of Live Births)



	2008-2010	2011-2013	2014-2016	2017-2019
Total Area	4.5%	4.3%	5.5%	5.3%
GA	5.1%	6.1%	7.1%	8.5%
US	4.3%	5.0%	5.7%	6.1%

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2023 via SparkMap (sparkmap.org).

Note:
- This indicator reports the percentage of women who do not obtain prenatal care before their seventh month of pregnancy (if at all).

Birth Outcomes & Risks

Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

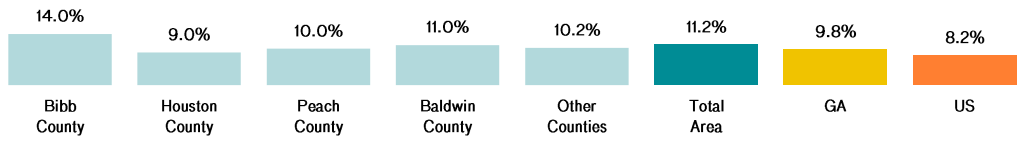
Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

A total of 11.2% of 2014-2020 Total Area births were low-weight.

Benchmark ► Higher than the US percentage.

Disparity ► Higher in Bibb County.

Low-Weight Births
(Percent of Live Births, 2014-2020)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics.
Data extracted June 2023.

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

Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2018 and 2020, there was an annual average of 8.8 infant deaths per 1,000 live births.

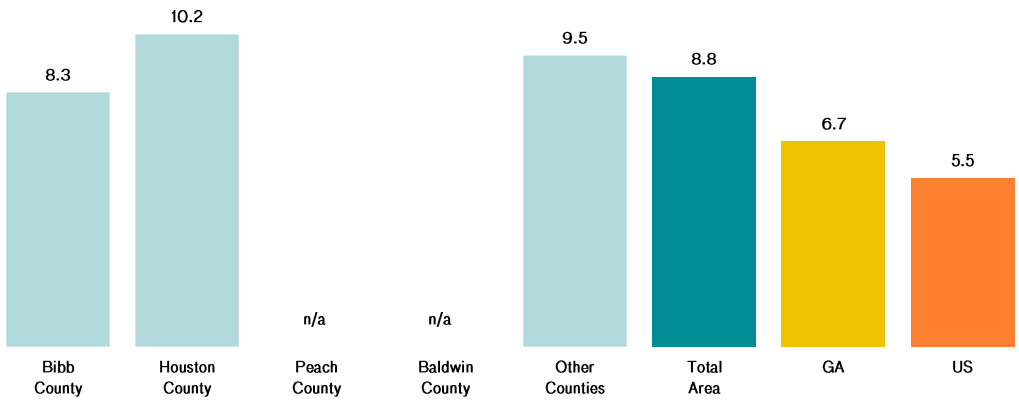
Benchmark ► Worse than Georgia and US rates and fails to meet the Healthy People 2030 objective.

Disparity ► The rate is more than twice as high among births to Black mothers than to White mothers.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births, 2018-2020)

Healthy People 2030 = 5.0 or Lower



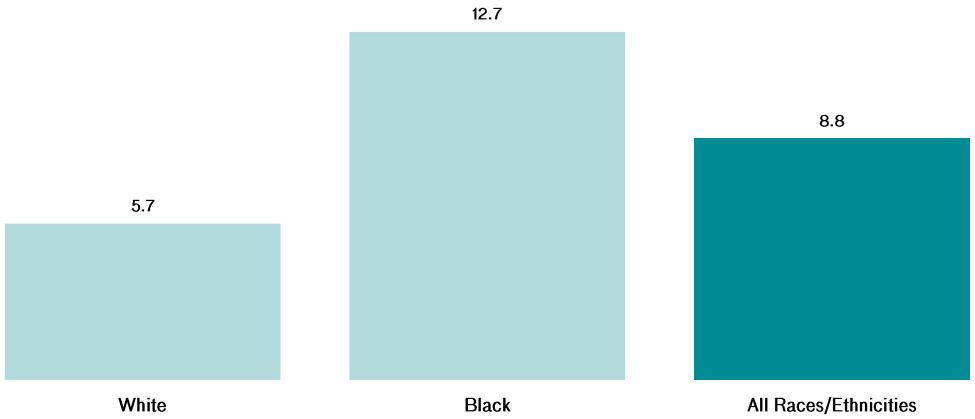
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2023.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Infant deaths include deaths of children under 1 year old.

Infant Mortality Rate by Race/Ethnicity

(2018-2020 Annual Average Infant Deaths per 1,000 Live Births; Total Area)

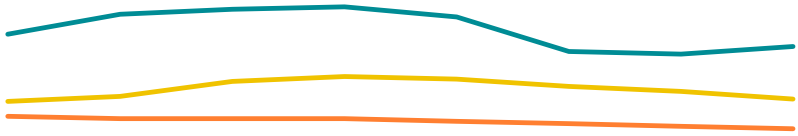
Healthy People 2030 = 5.0 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2023.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Infant deaths include deaths of children under 1 year old.
- Race categories reflect individuals without Hispanic origin.

Infant Mortality Trends
(Annual Average Infant Deaths per 1,000 Live Births)
Healthy People 2030 = 5.0 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Total Area	9.3	10.1	10.3	10.4	10.0	8.6	8.5	8.8
GA	6.6	6.8	7.4	7.6	7.5	7.2	7.0	6.7
US	6.0	5.9	5.9	5.9	5.8	5.7	5.6	5.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics.
  Data extracted June 2023.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

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.

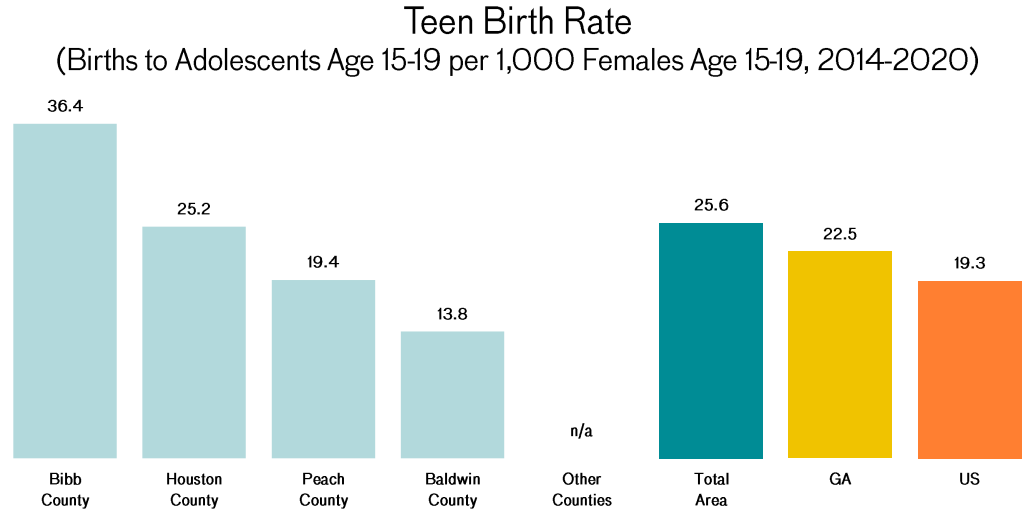
– Healthy People 2030 (https://health.gov/healthypeople)

Births to Adolescent Mothers

Between 2014 and 2020, there were 25.6 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in Total Area.

Benchmark ► Higher than the national rate.

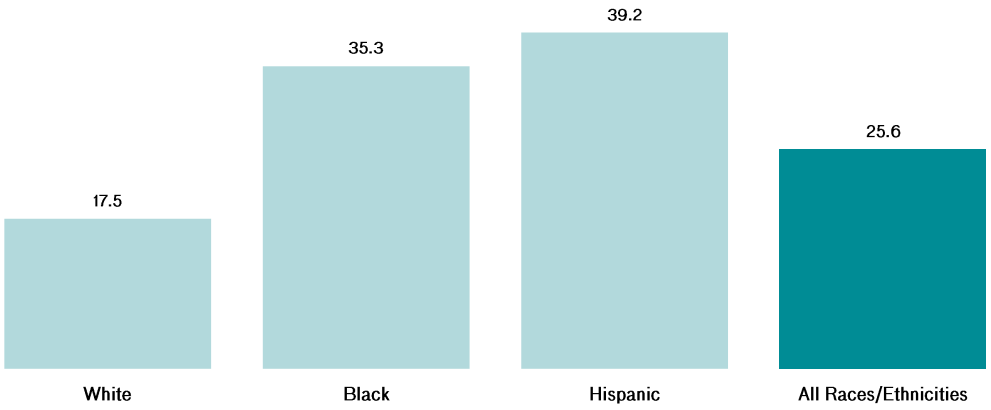
Disparity ► Highest in Bibb and Houston counties. Much higher among Black and Hispanic teens.



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).

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.

Teen Birth Rate by Race/Ethnicity
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19; 2014-2020)



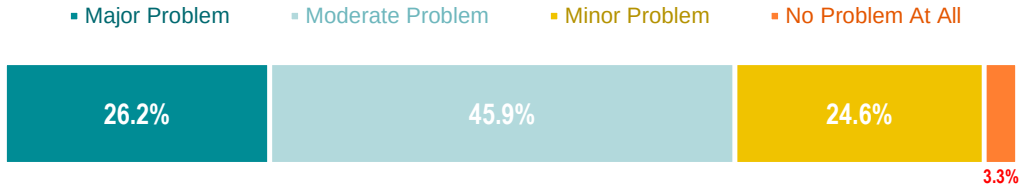
Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2023 via SparkMap (sparkmap.org).

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.
- Race categories reflect individuals without Hispanic origin.

Key Informant Input: Infant Health & Family Planning

Key informants taking part in an online survey largely characterized *Infant Health & Family Planning* as a "moderate problem" in the community.

Perceptions of Infant Health & Family Planning as a Problem in the Community
(Among Key Informants; Total Area, 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:

Lack of Providers

> There are not enough women providers for women's health and access to reproductive choice care is limited. – Community Leader (Bibb County)
>
> Scarcity of primary care doctors, compounded by the percentage of individuals that are uninsured or underinsured. – Health Provider (Baldwin County)

> Infertility and fertility preservation care. Over 15% of US population and 30-40% of sub-population of middle Georgia have infertility issue. There is no board-certified REI (reproductive endocrinologist & infertility) doctor practicing in Macon. Disparities in access to infertility care represent marked injustices in US health care. There is a need for fertility preservation services for individuals who undergo a medically necessary procedure. – Physician (Bibb County)

Access to Care/Services

> Infant and maternal mortality in our state is one of the highest in the county. Access to women's health with an OB/GYN has not been in Peach County for years. – Community Leader (Peach County)
>
> Access to care and educational resources. – Physician (Bibb County)

Incidence/Prevalence

> Georgia received a failing grade on recent health rankings for infant and maternal health. – Public Health Representative (Houston County)
>
> Statistics speak for themselves, although we have improved. – Physician (Bibb County)

Teen Parents

> I think we have too many teen or young adult parents that do not have access to proper health care and family planning. Lack of parenting programs. – Social Services Provider (Bibb County)

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 (Baldwin County)

Diagnosis/Treatment

> Lack of prenatal care, lack of use of contraceptives, teenage parents or grandparents raising multiple generations. – Health Provider (Bibb County)

Income/Poverty

> Poverty. Poor infant and mother support. – Community Leader (Baldwin County)

Awareness/Education

> Lack of information and services. – Community Leader (Baldwin County)

Infant Mortality

> Infant deaths and maternal deaths, and poverty. – Social Services Provider (Bibb County)

Modifiable Health Risks

Nutrition

About Nutrition & Healthy Eating

Many people in the United States don't eat a healthy diet. ...People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

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

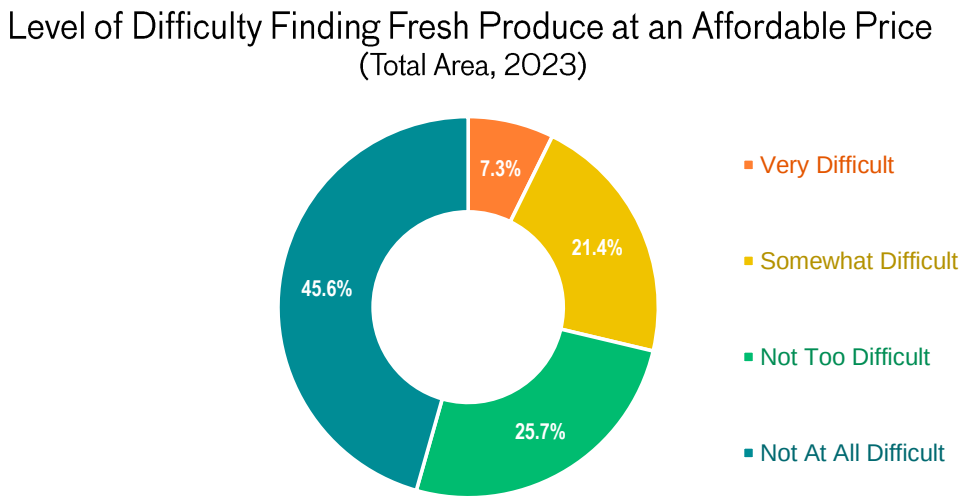
– Healthy People 2030 (https://health.gov/healthypeople)

Difficulty Accessing Fresh Produce

Most Total Area adults report little or no difficulty buying fresh produce at a price they can afford.

Respondents were asked, "How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say very difficult, somewhat difficult, not too difficult, or not at all difficult?"

RELATED ISSUE
See also *Food Access* in the **Social Determinants of Health** section of this report.



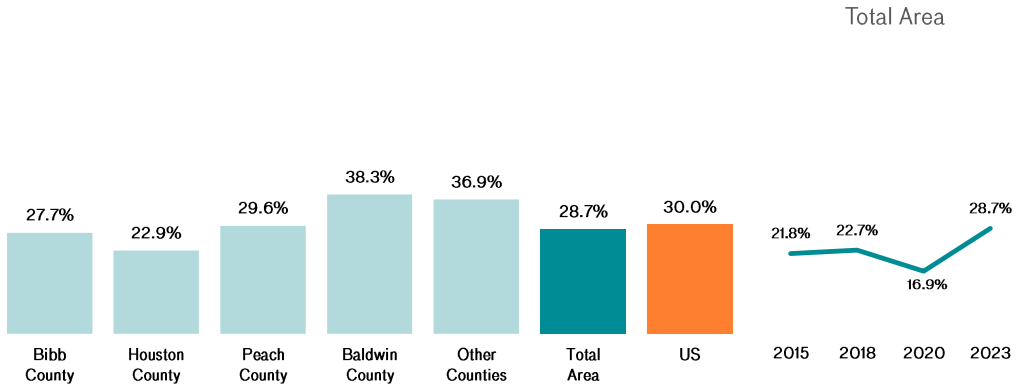
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: • Asked of all respondents.

However, 28.7% of Total Area adults find it "very" or "somewhat" difficult to access affordable fresh fruits and vegetables.

Trend ► Increasing significantly from previous findings.

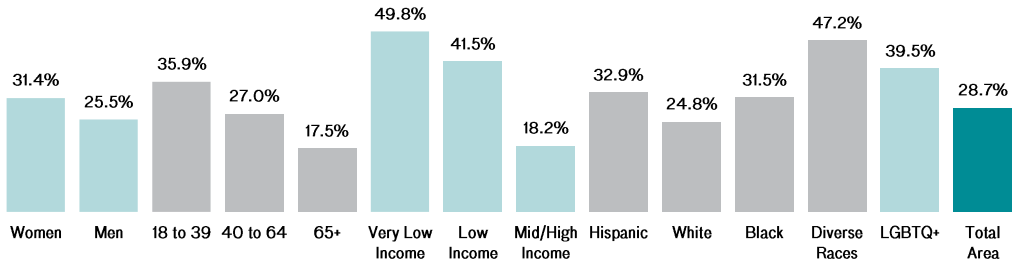
Disparity ► Highest in Baldwin County and the Other Counties area. The prevalence decreases with age and income level and is reported more often among women, Hispanic respondents, people of Diverse Races, and LGBTQ+ adults.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce



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

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce (Total Area, 2023)



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

Physical Activity

About Physical Activity

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

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

Leisure-Time Physical Activity

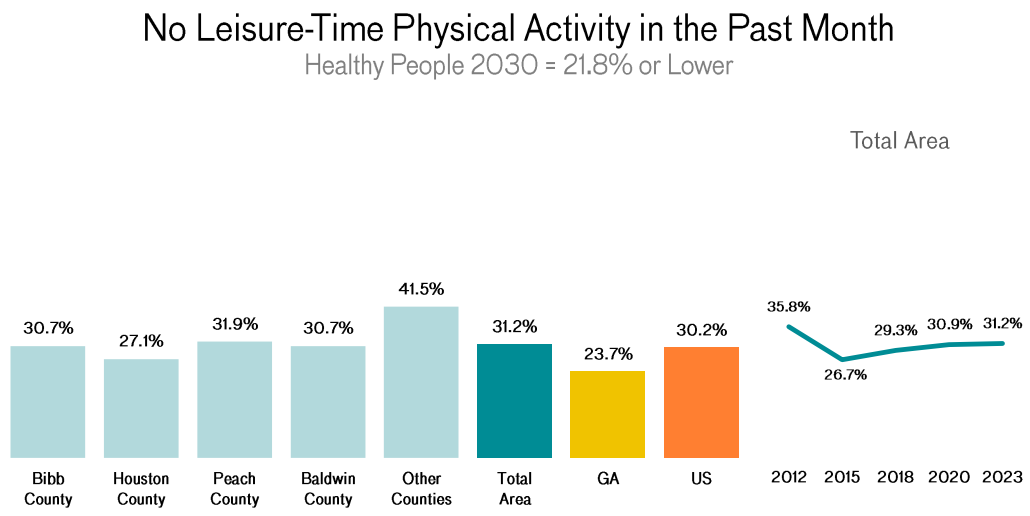
Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

A total of 31.2% of Total Area adults report no leisure-time physical activity in the past month.

Benchmark ► Higher than the Georgia figure. Fails to satisfy the Healthy People 2030 objective.

Trend ► A statistically significant decrease from 2012 findings (but increasing since 2015).

Disparity ► Highest in the Other Counties area.



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 Georgia 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.

Activity Levels

Adults

Adults: Recommended Levels of Physical Activity

For adults, "meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activities:

- **Aerobic activity** is one of the following: at least 150 minutes per week of light to moderate activity (such as walking), 75 minutes per week of vigorous activity (such as jogging), or an equivalent combination of both.
- **Strengthening activity** is at least two sessions per week of exercise designed to strengthen muscles (such as push-ups, sit-ups, or activities using resistance bands or weights).

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activities:

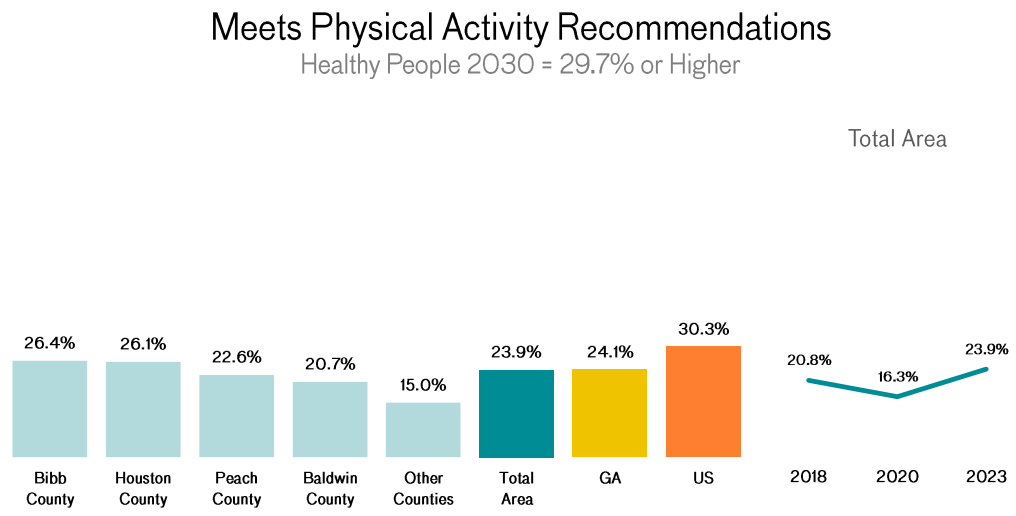
Aerobic activity is one of the following: at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous activity, or an equivalent combination of both.

Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.

A total of 23.9% of Total Area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

Benchmark ► Lower than the US figure. Fails to satisfy the Healthy People 2030 objective.

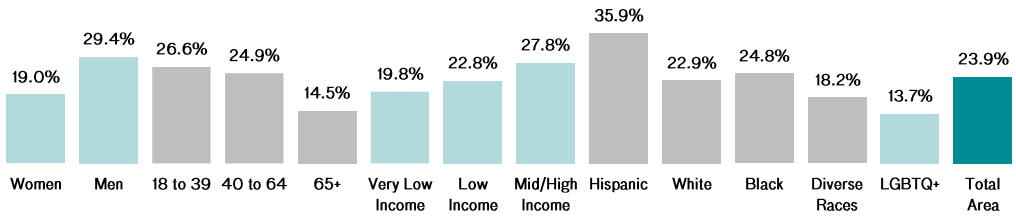
Disparity ► Lowest in the Other Counties area. Reported less often among women, older adults, those living on lower incomes, and respondents who identify as White, Black, or of Diverse Races.



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 Georgia 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 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.

Meets Physical Activity Recommendations
(Total Area, 2023)
Healthy People 2030 = 29.7% or Higher



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 110]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week (or an equivalent combination of moderate and vigorous-intensity activity) *and* who also report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children

Children: Recommended Levels of Physical Activity

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

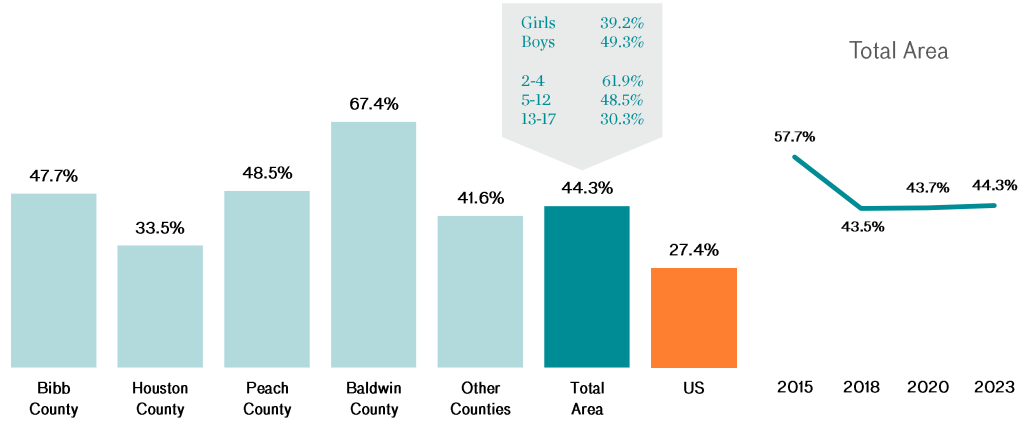
Among Total Area children age 2 to 17, 44.3% are reported to have had 60 minutes of physical activity on <u>each</u> of the seven days preceding the interview (1+ hours per day).

Benchmark ► Higher than the US percentage.

Trend ► Decreasing significantly since 2015 (similar to more recent years).

Disparity ► Lowest among Houston County children. The percentage decreases with child's age and is lower among girls than boys.

Child Is Physically Active for One or More Hours per Day
(Children 2-17)



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 94]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Access to Physical Activity Facilities

In 2020, there were 7.3 recreation/fitness facilities for every 100,000 population in the Total Area.

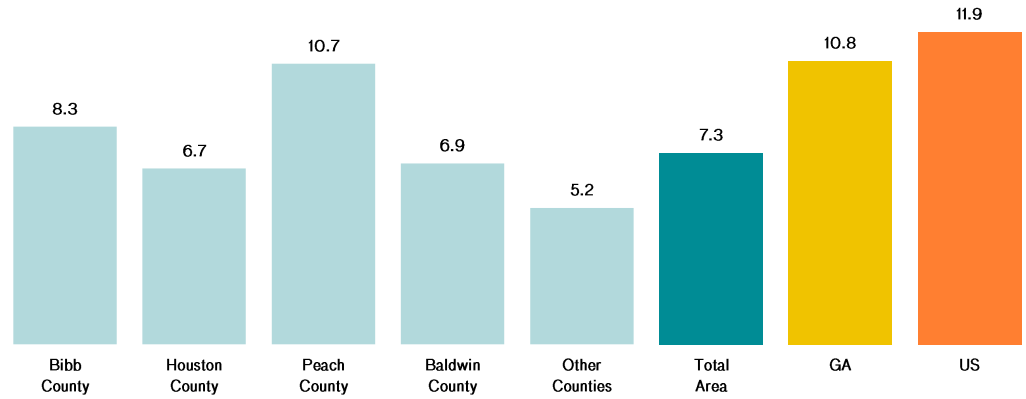
Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

Benchmark ► Lower than the state and national ratios.

Disparity ► Lowest in the Other Counties area.

Number of Recreation & Fitness Facilities per 100,000 Population
(2020)



Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2023 via SparkMap (sparkmap.org).

Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities." Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.*

Weight Status

About Overweight & Obesity

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

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

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI $\geq$30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI $\geq$30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

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

Adult Weight Status

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Healthy Weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

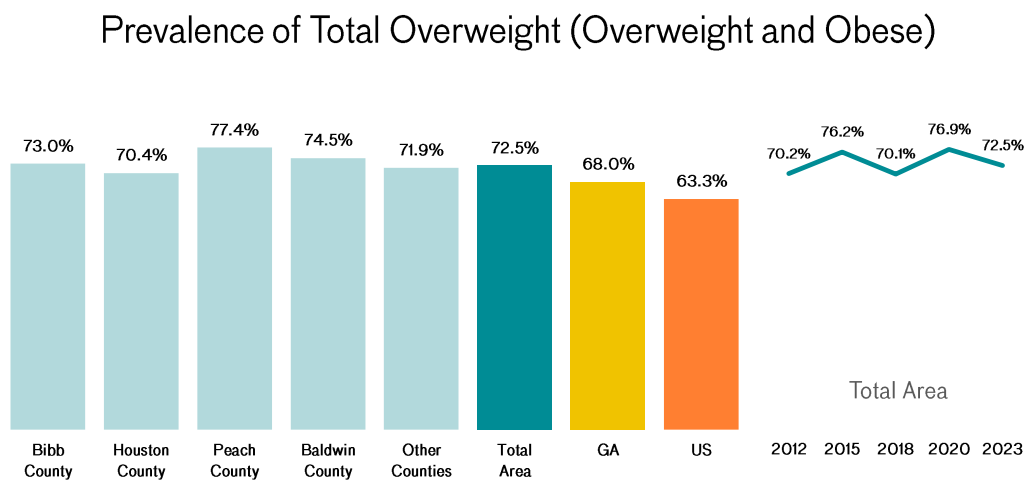
Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September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

Overweight Status

Here, "overweight" includes those respondents with a BMI value ≥25.

Most Total Area adults (72.5%) are overweight.

Benchmark ► Well above the Georgia and US percentages.



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 Georgia 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.

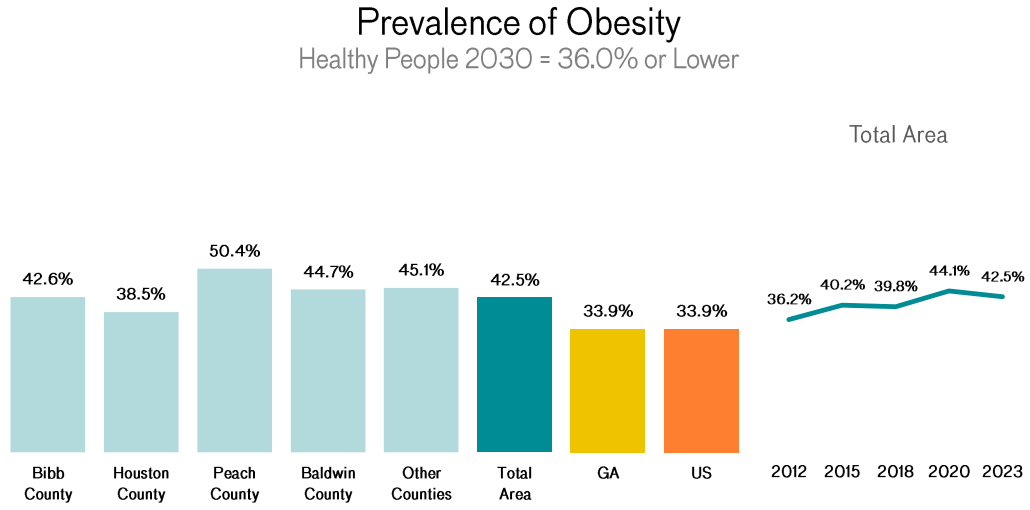
"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

The overweight prevalence above includes 42.5% of Total Area adults who are obese.

Benchmark ► Worse than Georgia and US percentages. Fails to satisfy the Healthy People 2030 objective.

Trend ► Increasing significantly since 2012.

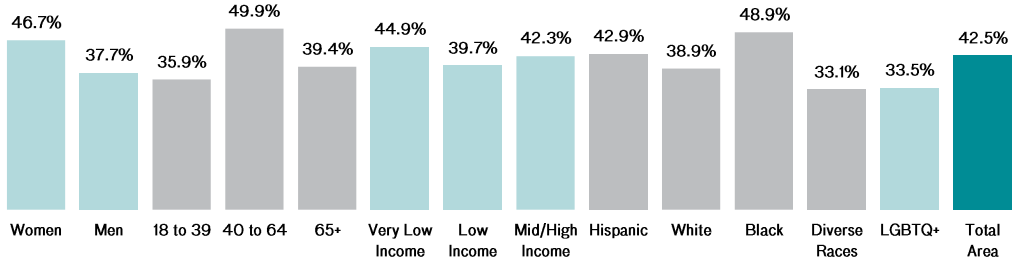
Disparity ► Obesity is most prevalent in Peach County. Highest among women, adults age 40 to 64, and Black adults.



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 Georgia 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
(Total Area, 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

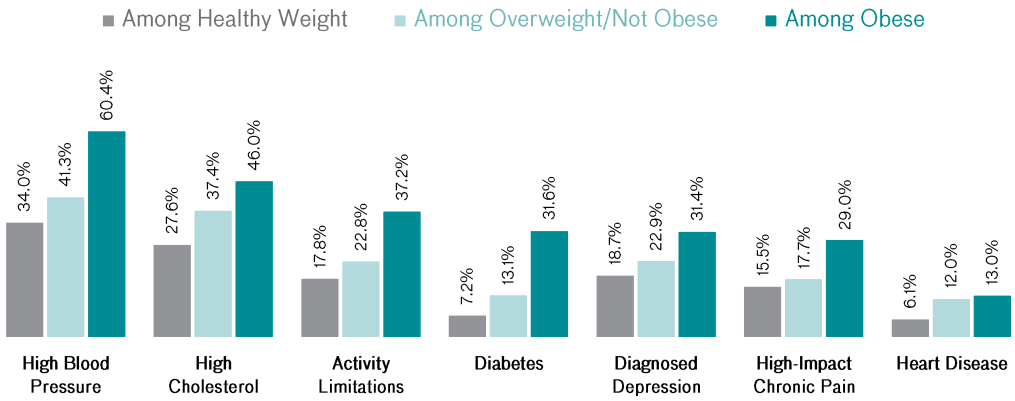
Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Relationship of Overweight With Other Health Issues

The correlation between overweight and various health issues cannot be disputed.

Overweight and obese adults are more likely to report a number of adverse health conditions, as outlined in the following chart.

Relationship of Overweight With Other Health Issues
(Total Area, 2023)



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 112]

Notes:
- Based on reported heights and weights, asked of all respondents.

Children's Weight Status

About Weight Status In Children & Teens

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

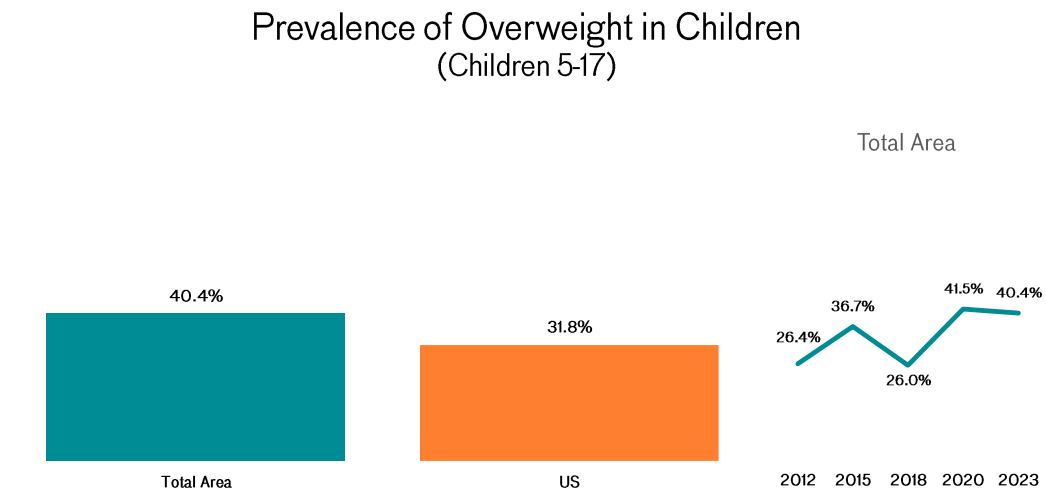
- Underweight — <5th percentile
- Healthy Weight — ≥5th and <85th percentile
- Overweight — ≥85th and <95th percentile
- Obese — ≥95th percentile

– Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 40.4% of Total Area children age 5 to 17 are overweight or obese (≥85th percentile).

Benchmark ► Worse than the national figure.

Trend ► Increasing significantly from 2012 findings.



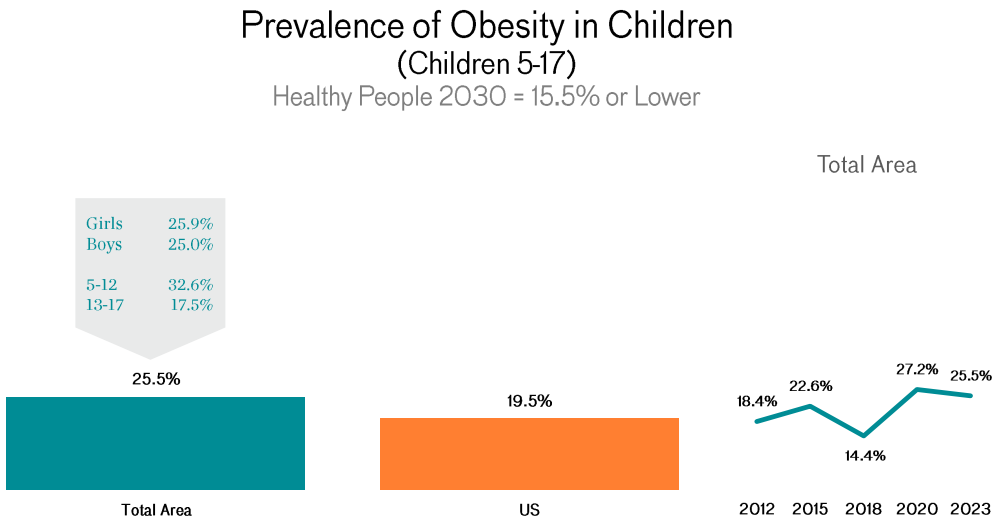
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 113]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

The childhood overweight prevalence above includes 25.5% of area children age 5 to 17 who are obese (≥95th percentile).

Benchmark ► Fails to satisfy the Healthy People 2030 objective.

Disparity ► Higher among children age 5 to 12.

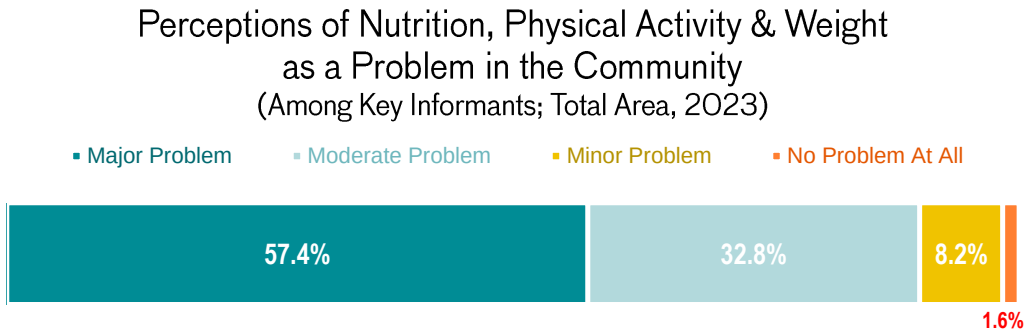


Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 113]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents with children age 5-17 at home.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Key Informant Input: Nutrition, Physical Activity & Weight

Key informants taking part in an online survey most often characterized *Nutrition, Physical Activity & Weight* as a "major problem" in the community.



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

> Lifestyle and nutrition education, cause and effect. Access to fresh fruits and vegetables. Affordable restaurant food is very fat heavy. – Social Services Provider (Bibb County)
>
> Getting people motivated and focused on self-reliance. – Community Leader (Bibb County)
>
> Obesity is an existential crisis both in the youth and adult population. – Public Health Representative (Baldwin County)
>
> Community engagement and active buy-in. This is not the same as education. This is not primarily a food or facilities access problem. More farmer's markets or parks are not meaningful solutions. – Community Leader (Bibb County)
>
> 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 (Baldwin County)
>
> Poor eating habits. Lack of home cooked meals, lack of daily exercise. – Community Leader (Baldwin County)
>
> Due to lack of income, many individuals eat fast food or unhealthy meals. Many children do not include physical activity in their daily routines due to being in the home on electronic devices. The young community does not understand or be educated about obesity. – Community Leader (Bibb County)
>
> Lack of regular exercise and over consumption of poorly nutritional, highly caloric foods. – Physician (Bibb County)
>
> Laziness, secondary to a sedentary lifestyle with our phones, computers, televisions, and fast food. – Public Health Representative (Baldwin County)
>
> Non-willingness to participate and cost and timing to prepare. – Physician (Bibb County)
>
> 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 (Baldwin County)
>
> Processed food, sedentary lifestyle, high cost of healthy food compared to processed food. Lack of knowledge of how-to meal plan and prep. Busy lifestyles, so they rely on drive through meals. – Health Provider (Bibb County)
>
> An overabundance of fast-food restaurants, convenience stores, and limited access to walking trails or other recreational activities. – Community Leader (Peach County)

Access to Affordable Healthy Food

> Access to healthy food, phones, televisions, and jobs that are desk bound. – Social Services Provider (Bibb County)
>
> Access to fresh food and weight loss medication. – Physician (Peach County)
>
> No healthy food options, lack of access to dieticians. – Physician (Baldwin County)
>
> 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 (Baldwin County)
>
> Access to affordable healthy food, access to safe public spaces, such as parks and gyms, time to cook and availability of healthy choices versus fast food. – Community Leader (Bibb County)
>
> Access to affordable healthy food education about how to use lower cost food to prepare family meals, such as beans, lentils, and vegetables. Safe places to exercise outdoors. – Social Services Provider (Bibb County)
>
> Food desert. – Community Leader (Baldwin County)
>
> Crawford County is eating from what's available in this town. Most food is pre-packaged, processed foods from DG or Family Dollar. Physical activity is a choice and there are no barriers in this town. The park is open for running and walking daily. The river is nearby for any activities one would desire. – Public Health Representative (Crawford County)

Awareness/Education

> Lack of knowledge that bad choices in nutrition, coupled with no or little physical activity, create weight problems. – Community Leader (Baldwin County)
>
> Lack of clarity with connecting the dots around these lifestyle issues significantly impacts other health concerns. Limited funding to help and support the underprivileged with getting support services around these fundamental quality of life issues. – Community Leader (Bibb County)
>
> Lack of general health education and economic disparities. – Physician (Bibb County)
>
> Lack of educational resources and programs that target these issues. – Physician (Bibb County)

Income/Poverty

> Peach County has the highest poverty and low-income rates, obesity, and few public physical activities in the NCHD and Georgia, per the 2022 NCHD health assessment. There is a high rate of free lunch and SNAP program recipients. – Community Leader (Peach County)
>
> Poverty. – Community Leader (Baldwin County)

Childhood Obesity

> The Healthy Weight Family Program is needed to address specifically childhood obesity in the family. The NCHD health assessment did not specify childhood obesity by county. – Community Leader (Peach County)

Affordable Care/Services

> Access to affordable healthcare. – Health Provider (Baldwin County)

Cultural/Personal Beliefs

> Cultural biases and lack of knowledge regarding healthy food choices. – Health Provider (Baldwin County)

Substance Use

About Drug & Alcohol Use

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 Use

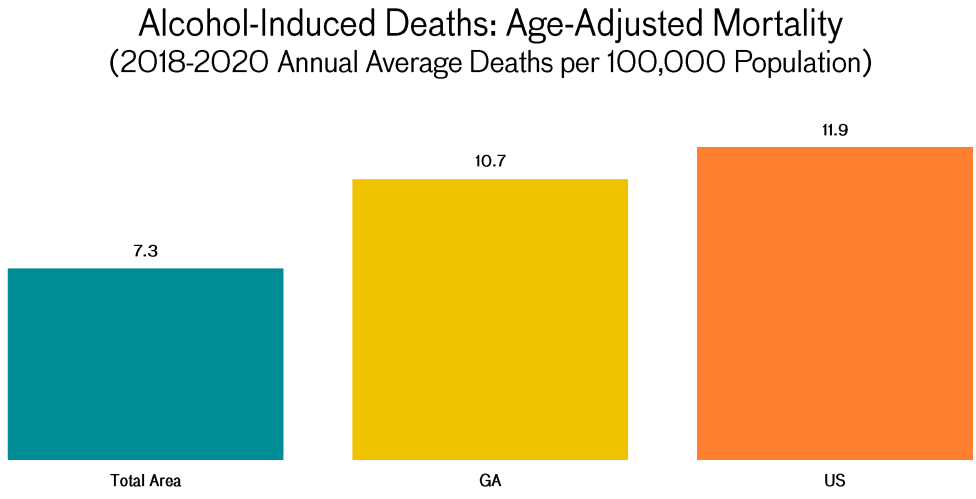
Age-Adjusted Alcohol-Induced Deaths

Between 2018 and 2020, the Total Area reported an annual average age-adjusted mortality rate of 7.3 alcohol-induced deaths per 100,000 population.

Benchmark ► Lower than the Georgia and US mortality rates.

Trend ► Though fluctuating over time, increasing from baseline reports.

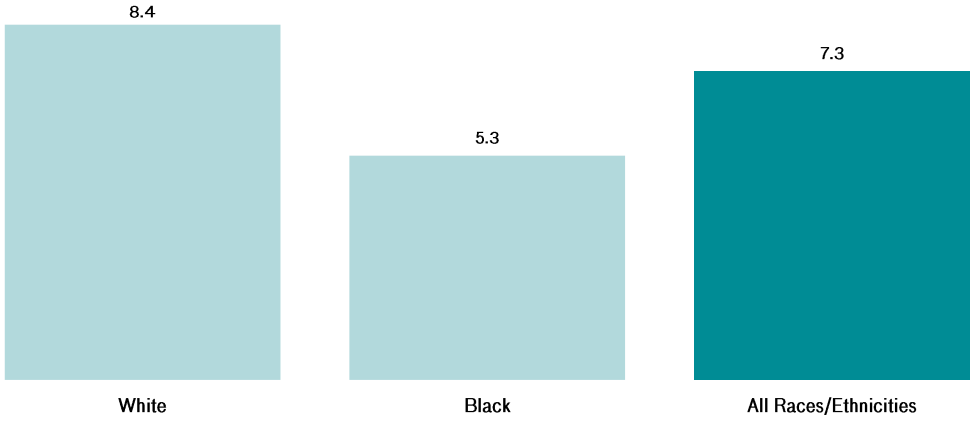
Disparity ► Much higher among White residents than Black residents in the Total Area.



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.

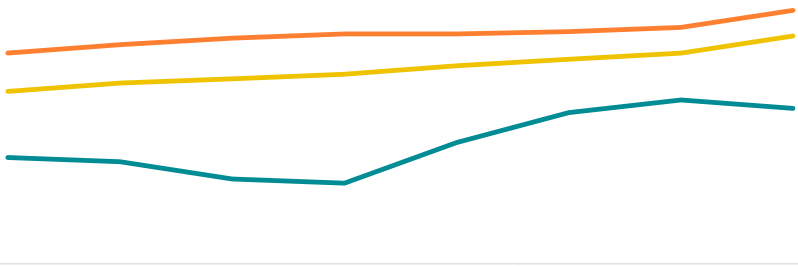
Alcohol-Induced Deaths: Age-Adjusted Mortality by Race/Ethnicity
(2018-2020 Annual Average Deaths per 100,000 Population; Total Area)



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.
- Race categories reflect individuals without Hispanic origin.

Alcohol-Induced Deaths: 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
Total Area	5.0	4.8	4.0	3.8	5.7	7.1	7.7	7.3
GA	8.1	8.5	8.7	8.9	9.3	9.6	9.9	10.7
US	9.9	10.3	10.6	10.8	10.8	10.9	11.1	11.9

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

Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

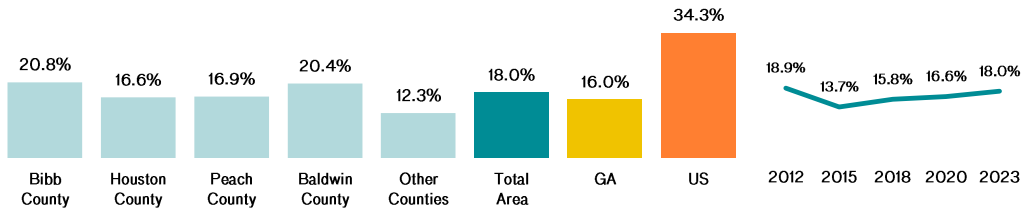
- **Heavy Drinking**▶ men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **Binge Drinking**▶ men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

A total of 18.0% of area adults engage in excessive drinking (heavy and/or binge drinking).

Benchmark ► Much lower than the national prevalence.

Disparity ► Lowest in the combined Other Counties area. Strong correlation with age and reported more often among respondents of Diverse Races and LGBTQ+ respondents.

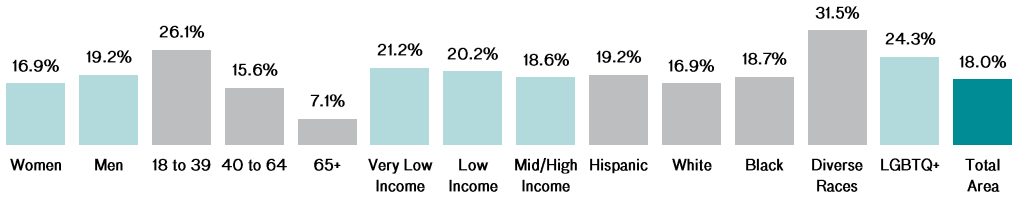
Engage in Excessive Drinking



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 Georgia 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.

Engage in Excessive Drinking
(Total Area, 2023)



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 116]

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.

Drug Use

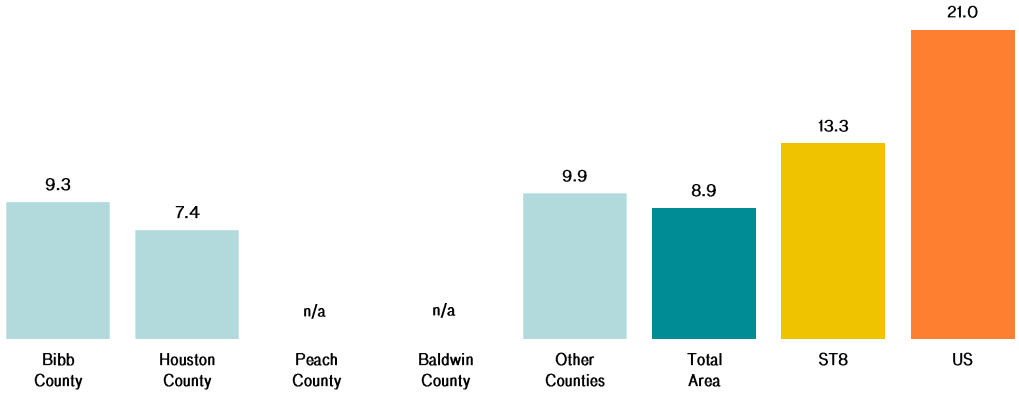
Age-Adjusted Unintentional Drug-Induced Deaths

Between 2018 and 2020, there was an annual average age-adjusted mortality rate of 8.9 unintentional drug-induced deaths per 100,000 population in the Total Area.

Benchmark ► Well below the state and (especially) national rates.

Disparity ► Lowest in Houston County. Much higher among White residents than Black residents.

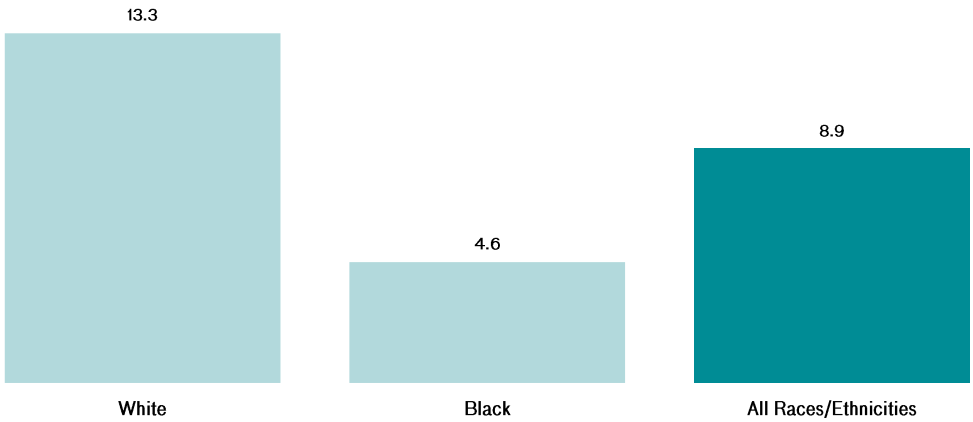
Unintentional Drug-Induced Deaths: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)



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.

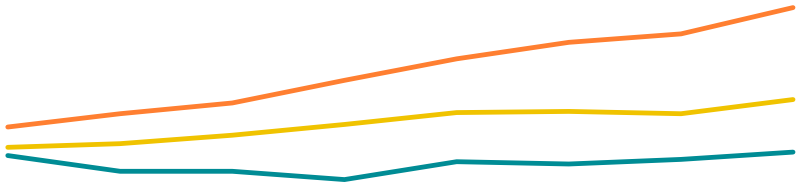
Unintentional Drug-Induced Deaths: Age-Adjusted Mortality by Race/Ethnicity
(2018-2020 Annual Average Deaths per 100,000 Population; Total Area)



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.
- Race categories reflect individuals without Hispanic origin.

Unintentional Drug-Induced Deaths: 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
Total Area	8.6	7.3	7.3	6.6	8.1	7.9	8.3	8.9
GA	9.3	9.6	10.3	11.2	12.2	12.3	12.1	13.3
US	11.0	12.1	13.0	14.9	16.7	18.1	18.8	21.0

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

Illicit Drug Use

A total of 6.9% of Total Area adults acknowledge using an illicit drug in the past month.

Trend ► A statistically significant increase from 2012 findings.

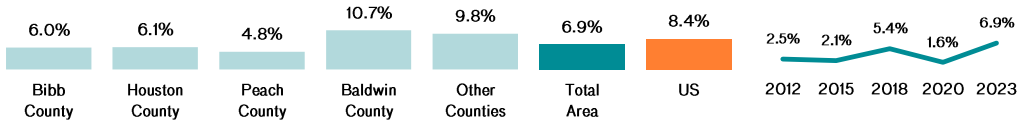
Disparity ► The prevalence decreases with age and income and is reported more often among Hispanic respondents, respondents of Diverse Races, and LGBTQ+ adults.

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

Illicit Drug Use in the Past Month

Total Area



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 40]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Illicit Drug Use in the Past Month
(Total Area, 2023)

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

Use of Prescription Opioids

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.

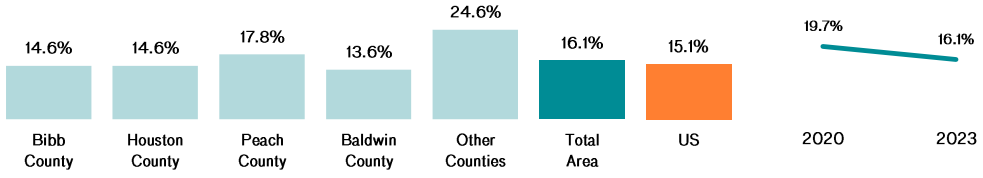
A total of 16.1% of Total Area adults report using a prescription opioid drug in the past year.

Trend ► Marks a significant decrease from 2020 findings.

Disparity ► Highest in the Other Counties area. Reported more often among adults age 40 and older.

Used a Prescription Opioid in the Past Year

Total Area



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

Used a Prescription Opioid in the Past Year
(Total Area, 2023)

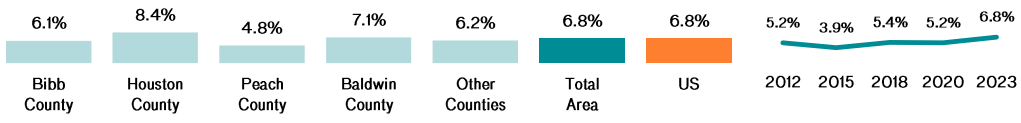
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 41]
Notes: • Asked of all respondents.

Alcohol & Drug Treatment

A total of 6.8% of Total Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

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

Total Area

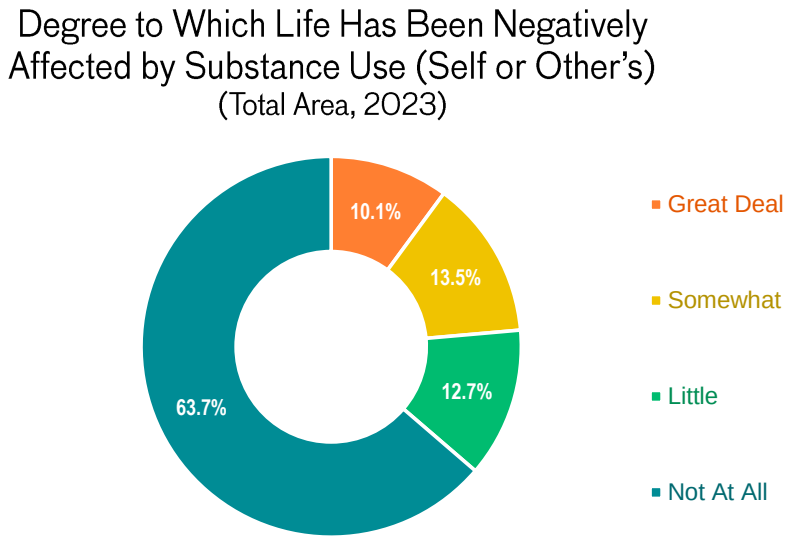


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 42]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Personal Impact From Substance Use

Surveyed adults were also asked to what degree their lives have been impacted by substance use (whether their own use or that of another).

Most Total Area residents' lives have <u>not</u> been negatively affected by substance use (either their own or someone else's).

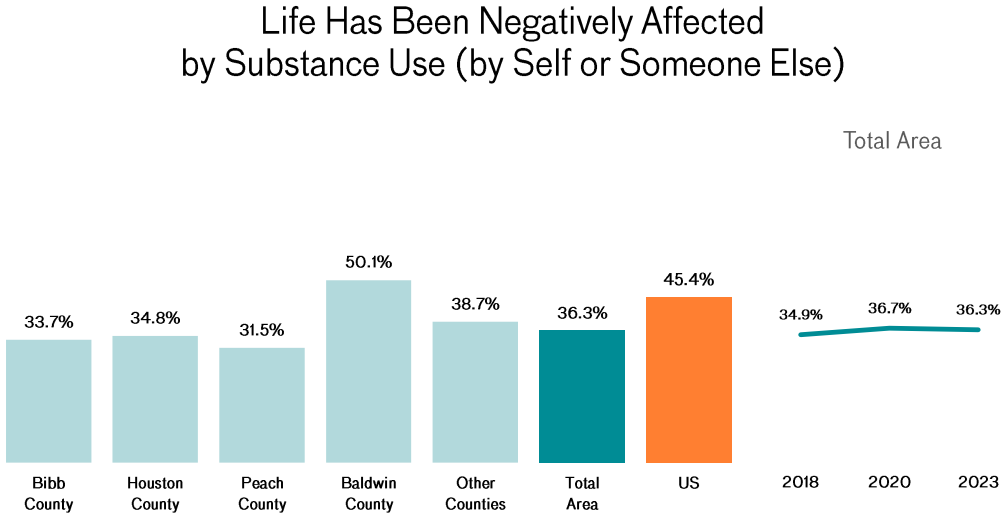


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 43]
Notes: • Asked of all respondents.

However, 36.3% have felt a personal impact to some degree ("a little," "somewhat," or "a great deal").

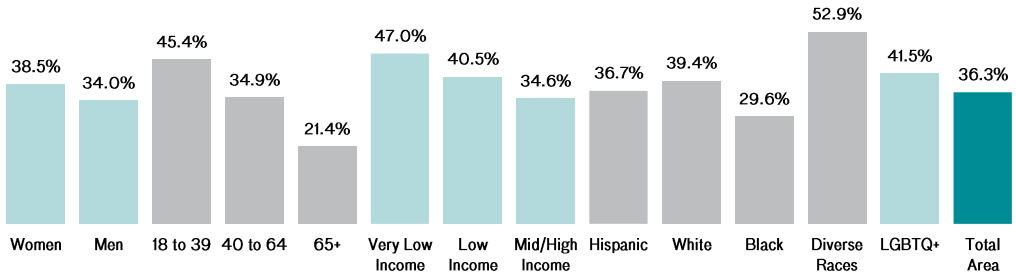
Benchmark ► Lower than the national prevalence.

Disparity ► Reported among half of Baldwin County respondents. The percentage decreases with age and household income level and is higher among adults of Diverse Races and LGBTQ+ respondents.



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."

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

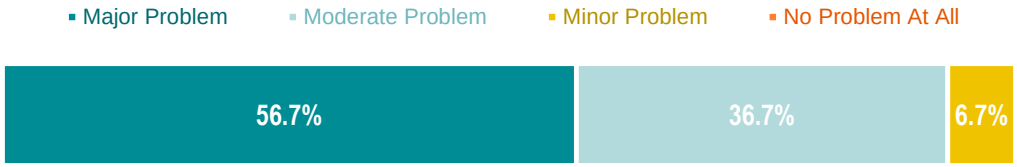


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 43]
Notes: • Asked of all respondents.
• Includes those responding "a great deal," "somewhat," or "a little."

Key Informant Input: Substance Use

Over half of key informants taking part in an online survey characterized *Substance Use* as a "moderate problem" in the community.

Perceptions of Substance Use as a Problem in the Community
(Among Key Informants; Total Area, 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

> Lack of programs and a lack of desire from abusers to make the commitment to change. – Social Services Provider (Bibb County)
>
> Rehab center. – Community Leader (Baldwin County)
>
> Access to substance abuse and mental health care. Providers or places who have Narcan kits to prevent opioid deaths. – Community Leader (Peach County)
>
> Resources and facilities that offer assistance. – Health Provider (Baldwin County)
>
> Not enough facilities to help with the increasing problem. – Community Leader (Baldwin County)
>
> Lack of clinics and services. – Community Leader (Bibb County)

> Access to long-term care. – Community Leader (Bibb County)
>
> Getting people who need the care to a facility that can help them. – Community Leader (Bibb County)
>
> There is a lack of substance abuse treatment facilities in our community. Those that are close are either full or just a revolving door. Those that are good treatment facilities stay full. – Community Leader (Monroe County)
>
> Lack of mental health and long-term treatment programs and follow up. – Social Services Provider (Bibb County)
>
> Lack of sufficient resources and programs. – Public Health Representative (Baldwin County)
>
> Across the state of Georgia, we do not have ready accessible substance abuse treatment centers. – Community Leader (Baldwin County)

Awareness/Education

> Lack of knowledge of where to go, afraid of getting in trouble. – Health Provider (Bibb County)
>
> Lack of education. The program needs to be sustainably integrated in the community. – Public Health Representative (Baldwin County)
>
> Lack of knowledge, income, and available resources in this community. – Community Leader (Bibb County)

Disease Management

> Desire. The population does not see it as a problem. Must leave their job to access treatment and can't leave their job. – Social Services Provider (Bibb County)
>
> Those who are addicted must want to stop. If someone wants to stop, there are resources available. – Community Leader (Baldwin County)
>
> No desire to get help and no place to go, few days there is no help. – Physician (Bibb County)

Incidence/Prevalence

> Anecdotal stories. – Social Services Provider (Houston County)
>
> Overdose calls in emergency services are at an all-time high. The introduction of fentanyl in our area has increased the frequency and severity of overdose incidents. – Community Leader (Peach County)

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 (Baldwin County)

Denial/Stigma

> One of the major barriers in my opinion is the stigma associated with River Edge, the major provider for substance abuse treatment in our area. – Social Services Provider (Bibb County)

Easy Access

> Easy access to drugs in all communities. – Community Leader (Baldwin County)

Lack of Providers

> The number of providers that provide treatment for substance abuse. – Physician (Peach County)

Access to Care for Uninsured/Underinsured

> Number of programs and referrals for uninsured. – Physician (Bibb County)

Lifestyle

> People just want to use drugs. – Public Health Representative (Crawford County)

Most Problematic Substances

Key informants (who rated this as a "major problem") clearly identified **alcohol** as causing the most problems in the community, followed by **methamphetamine/other amphetamines**.

Substances Viewed as Most Problematic in the Community (Among Key Informants Rating Substance Use as a "Major Problem")	
Alcohol	33.3%
Methamphetamine or Other Amphetamines	20.0%
Heroin or Other Opioids	13.3%
Marijuana	13.3%
Cocaine or Crack	10.0%
Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)	6.7%
Inhalants	3.3%

Tobacco Use

About Tobacco Use

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.

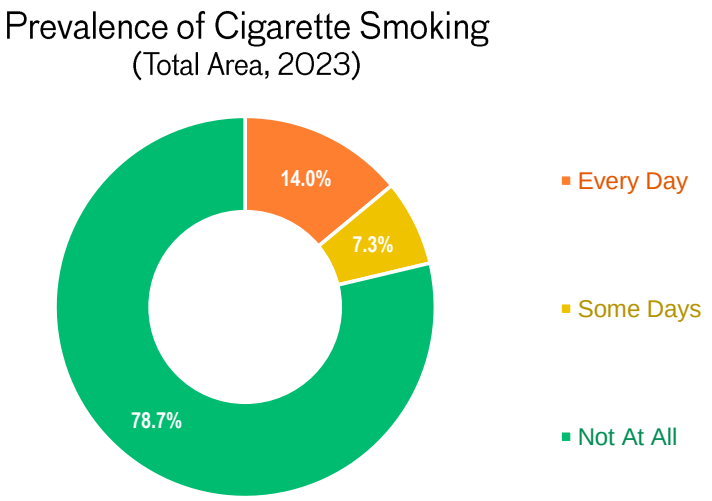
Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

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

Cigarette Smoking

Prevalence of Cigarette Smoking

A total of 21.3% of Total Area adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).



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

Note the following findings related to cigarette smoking prevalence in the Total Area.

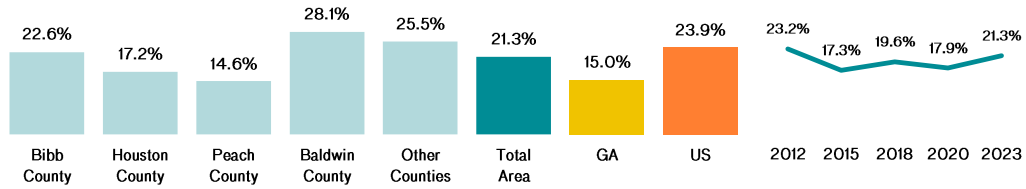
Benchmark ► Higher than the Georgia prevalence.

Disparity ► Highest in Baldwin County. Strong correlation with age and income; reported more often among Hispanic respondents and LGBTQ+ respondents.

Currently Smoke Cigarettes

Healthy People 2030 = 6.1% or Lower

Total Area



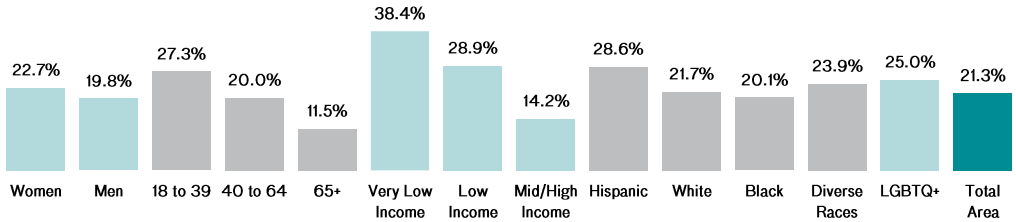
Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 34]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 Georgia data.
- 2023 PRC National Health Survey, PRC, 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.

Currently Smoke Cigarettes

(Total Area, 2023)

Healthy People 2030 = 6.1% or Lower

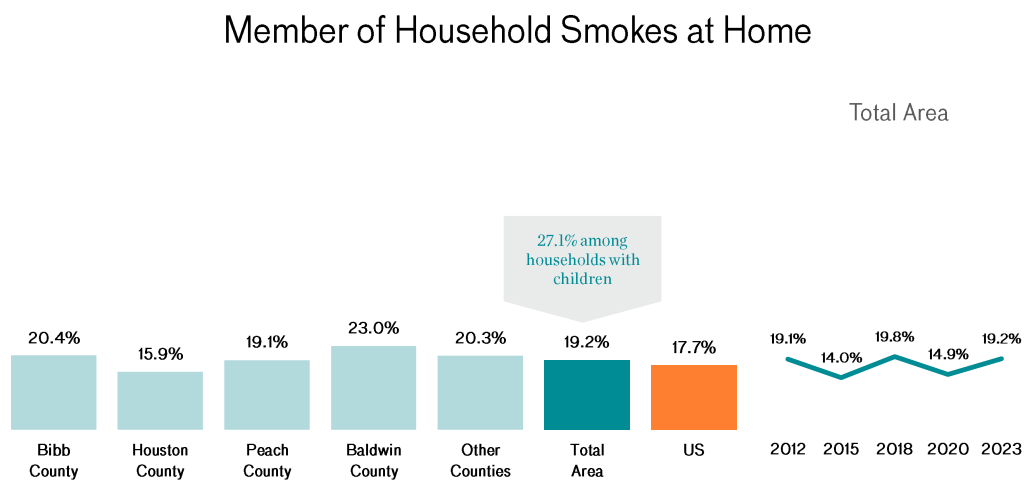


Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 34]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Includes those who smoke cigarettes every day or on some days.

Environmental Tobacco Smoke

Among all surveyed households in the Total Area, 19.2% report that someone has smoked cigarettes in their home an average of four or more times per week over the past month.

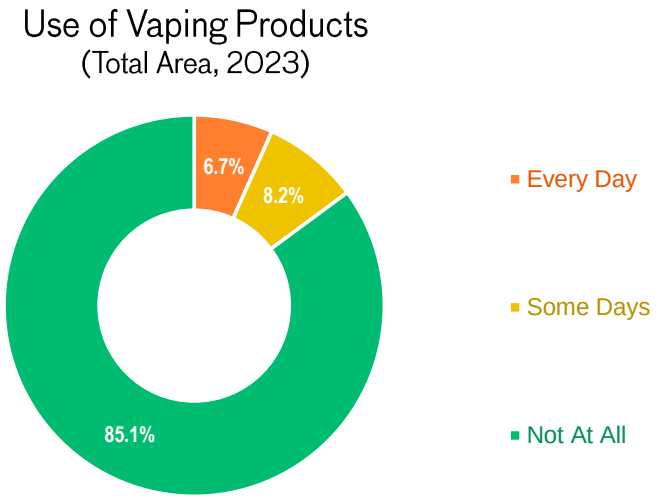


Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Items 35, 114]
- 2023 PRC National Health Survey, PRC, Inc.

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

Most Total Area adults do not use electronic vaping products.



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 36]

Notes:
- Asked of all respondents.

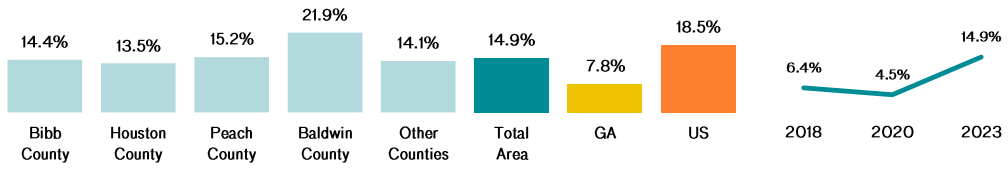
However, 14.9% currently use electronic vaping products either regularly (every day) or occasionally (on some days).

Benchmark ► Higher than the state percentage but lower than the national percentage.

Trend ► A significant increase since 2018.

Disparity ► Highest among Baldwin County respondents. Decreases with age and income level; reported more often among Hispanic respondents, respondents of Diverse Races, and LGBTQ+ respondents.

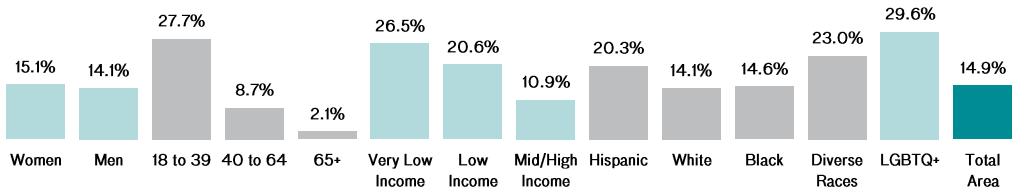
Currently Use Vaping Products
(Every Day or on Some Days)



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 Georgia data.

Notes:
- Asked of all respondents.
- Includes those who use vaping products every day or on some days.

Currently Use Vaping Products
(Total Area, 2023)

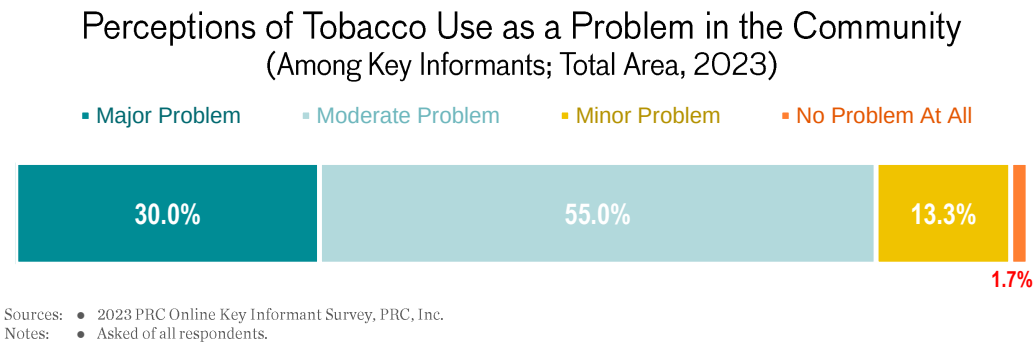


Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 36]

Notes:
- Asked of all respondents.
- Includes those who use vaping products every day or on some days.

Key Informant Input: Tobacco Use

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



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

> 21% of the population of Peach County are smokers, per the NCHD health assessment. – Community Leader (Peach County)
>
> See it abused every day. – Community Leader (Bibb County)
>
> We have so many people who smoke. – Social Services Provider (Bibb County)
>
> Self-evident. – Physician (Bibb County)
>
> 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 (Baldwin County)

Impact on Quality of Life

> Number of people smoking, and development of diseases associated with tobacco use. – Physician (Peach County)
>
> Health issues. – Community Leader (Baldwin County)

Easy Access

> Tobacco is readily available in almost every store you go to today. The addition of vaping to tobacco use has only made it more "glamorous" to the younger generation. The long-term effects of smoking are not promoted as much as they should be. When people live in less than desirable conditions and have very little income, it is easy to turn to alcohol and tobacco as a means to cope with what is going on around you. – Community Leader (Monroe County)

Access to Care/Services

> Lack of resources for cessation and educational programs. Lack of access to cessation medications. – Physician (Bibb County)

Denial/Stigma

> Lack of admission that it causes disease, other than lung cancer. – Physician (Bibb County)

Sexual Health

About HIV & Sexually Transmitted Infections

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

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

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

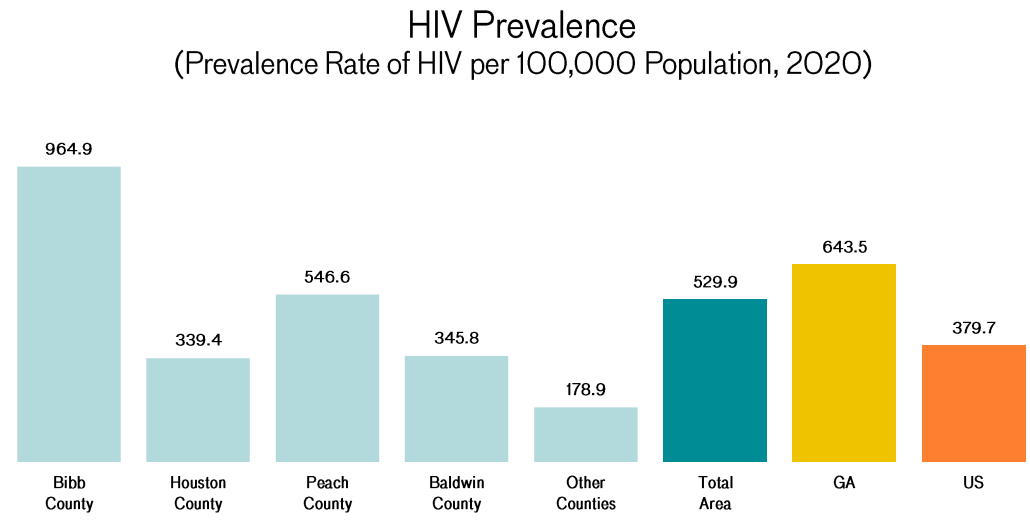
– Healthy People 2030 (https://health.gov/healthypeople)

HIV

In 2020, there was a prevalence of 529.9 HIV cases per 100,000 population in the Total Area.

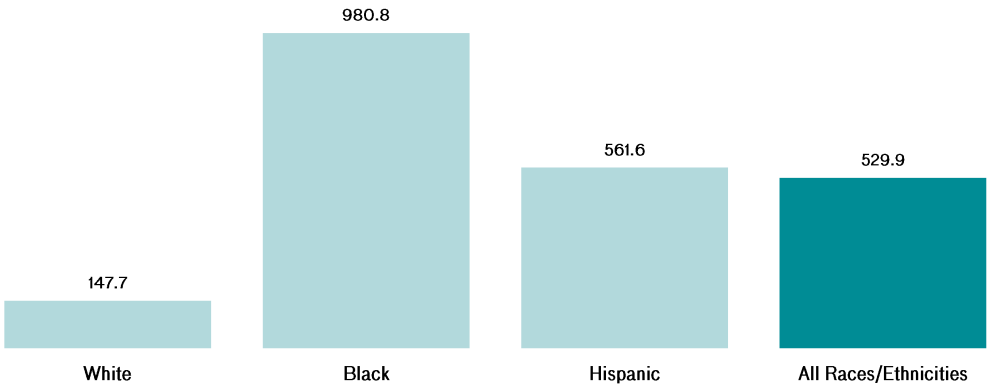
Benchmark ► Lower than the Georgia prevalence rate but higher than the US rate.

Disparity ► Highest in Bibb and Peach counties. Dramatically higher among Black residents (especially) as well as among Hispanic residents.



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).

HIV Prevalence by Race/Ethnicity
(Rate per 100,000 Population; Total Area, 2020)



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).

Notes:
- Race categories reflect individuals without Hispanic origin.

Sexually Transmitted Infections (STIs)

Chlamydia & Gonorrhea

In 2020, the chlamydia incidence rate in the Total Area was 738.4 cases per 100,000 population.

Benchmark ► Well above the state and national rates.

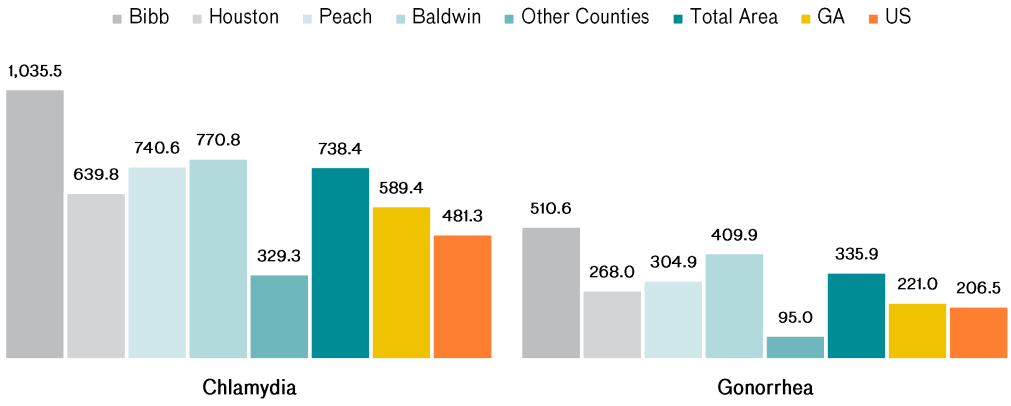
Disparity ► Highest among Bibb County residents.

The Total Area gonorrhea incidence rate in 2020 was 335.9 cases per 100,000 population.

Benchmark ► Worse than the Georgia and US rates.

Disparity ► Highest in Bibb and Baldwin counties.

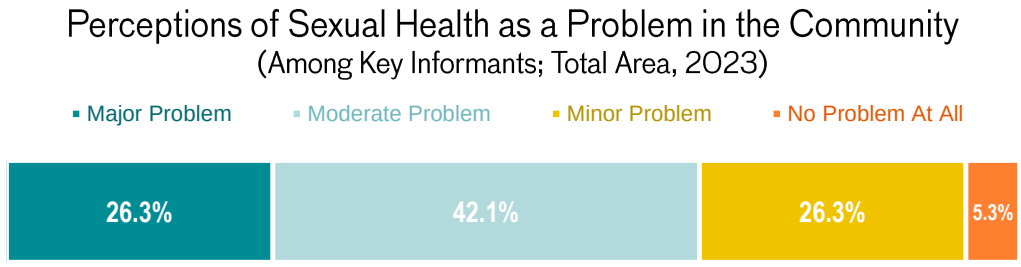
Chlamydia & Gonorrhea Incidence
(Incidence Rate per 100,000 Population, 2020)



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

A plurality of key informants taking part in an online survey characterized *Sexual Health* as a "moderate 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:

Sexually Transmitted Infections

> Frequent diagnosis of STD in various populations. – Physician (Peach County)
>
> When there is high prevalence of diabetes, HIV is usually also high per studies, about 10-15% population correlation. – Community Leader (Peach County)
>
> Elevated number of STIs in Bibb County. – Physician (Bibb County)
>
> STD statistics. – Social Services Provider (Bibb County)
>
> So many incidents of sexual health problems talked about in the community, both treated and untreated. – Community Leader (Baldwin County)

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 (Baldwin County)

Awareness/Education

> I see more problems with STD's -or STI's in our community because of lack of education as well as lack of planning especially by our teen population. We do have some issues with HIV but that is not at the forefront of what we have seen. I also think that the lack of sexual health leads to unwanted pregnancy as well as violence amongst partners. – Social Services Provider (Bibb County)

Denial/Stigma

> Stigma related to diagnosis, discouraging routine testing. Lack of convenient testing options. – Physician (Bibb County)

Unprotected Sex

> Do not use protection. – Health Provider (Bibb County)

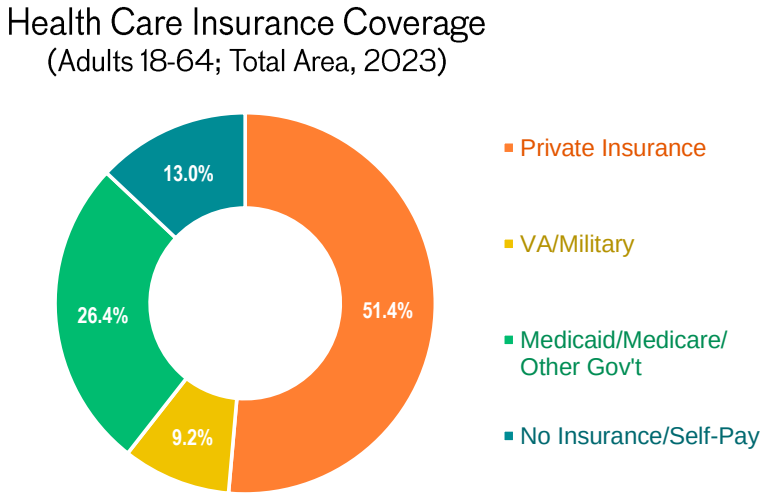
Access to Health Care

Health Insurance Coverage

Type of Health Care 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.

A total of 51.4% of Total Area adults age 18 to 64 report having health care coverage through private insurance. Another 35.6% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 117]
Notes: • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

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 (e.g., Medicaid).

Among adults age 18 to 64, 13.0% report having no insurance coverage for health care expenses.

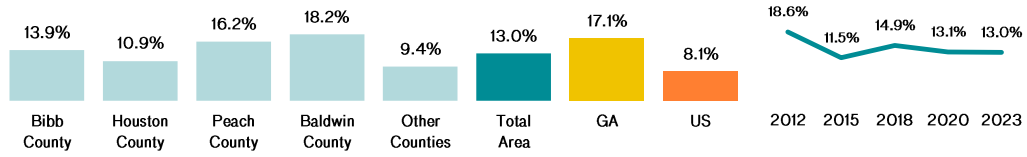
Benchmark ► Lower than the Georgia prevalence but higher than the national figure. Fails to satisfy the Healthy People 2030 objective.

Trend ► Decreasing from baseline 2012 findings.

Disparity ► Reported more often among young adults and those in low-income households.

Lack of Health Care Insurance Coverage
(Adults 18-64)
Healthy People 2030 = 7.6% or Lower

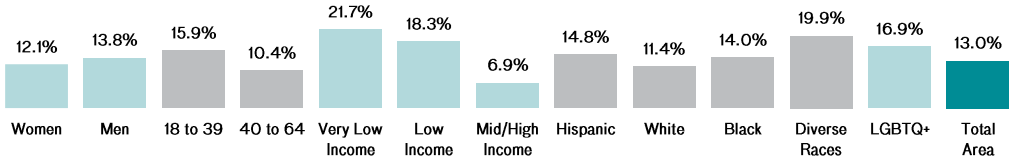
Total Area



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 Georgia 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; Total Area, 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.

Difficulties Accessing Health Care

About Health Care Access

Many people in the United States don't get the health care services they need. ...People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

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

Difficulties Accessing Services

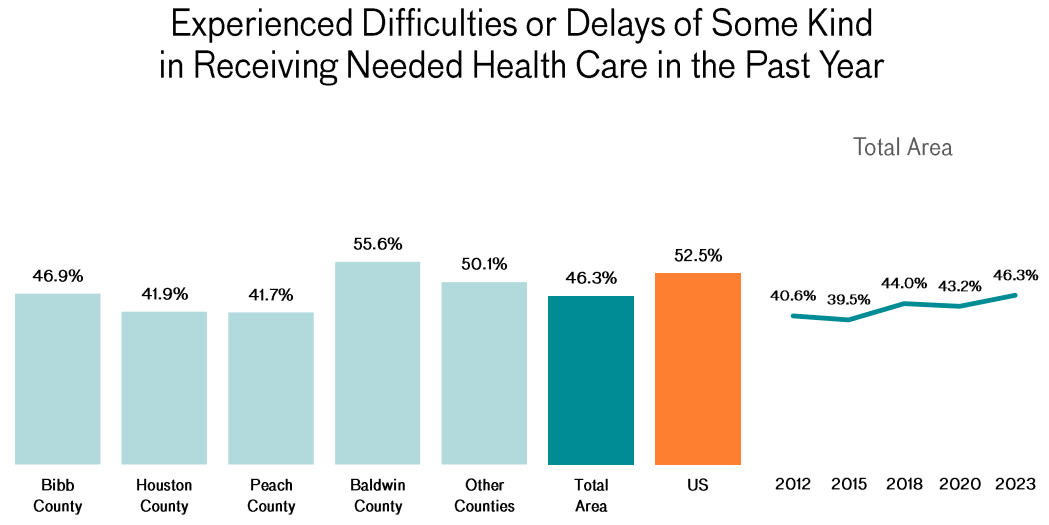
This indicator reflects the percentage of the total population experiencing problems accessing health care in the past year, regardless of whether they needed or sought care. It is based on reports of the barriers outlined in the following section.

A total of 46.3% of Total Area adults report some type of difficulty or delay in obtaining health care services in the past year.

Benchmark ► Lower than the US figure.

Trend ► Marks a statistically significant increase since 2012.

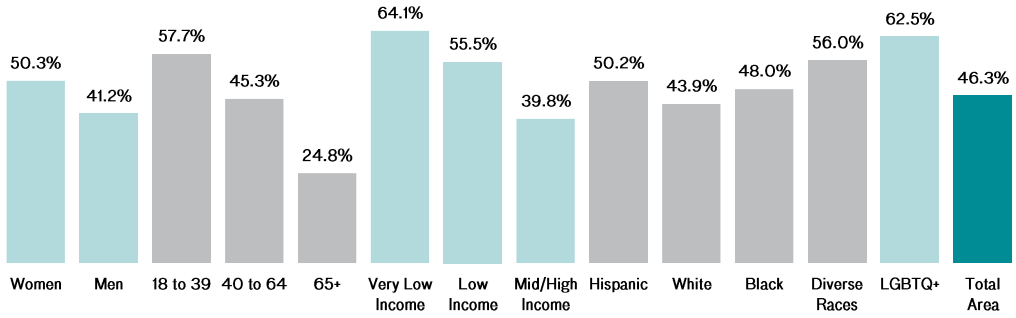
Disparity ► Highest among Baldwin County respondents. Reported more often among women, younger adults, those with lower incomes, Hispanic respondents, adults of Diverse Races, and LGBTQ+ respondents.



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
(Total Area, 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.

Barriers to Health Care Access

Of the tested barriers, appointment availability and cost (physician visits and prescription medication) impacted the greatest shares of Total Area adults.

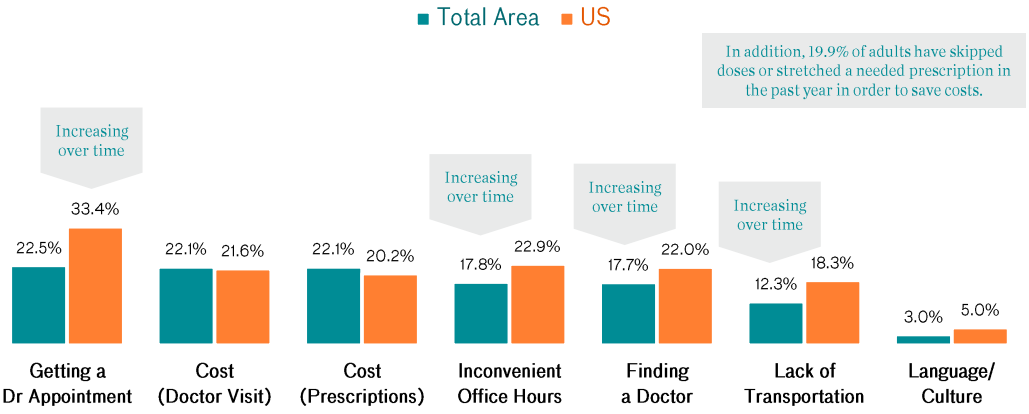
To better understand health care access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Benchmark ► Note that the following barriers affected Total Area respondents **less often** than reported among Americans nationally: difficulty getting an appointment; inconvenient office hours; difficulty finding a physician; lack of transportation; and language/culture.

Trend ► However, these barriers have worsened significantly over time: appointment availability; inconvenient office hours; difficulty finding a physician; and a lack of transportation.

Barriers to Access Have Prevented Medical Care in the Past Year



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Items 6-13]
- 2023 PRC National Health Survey, PRC, Inc.

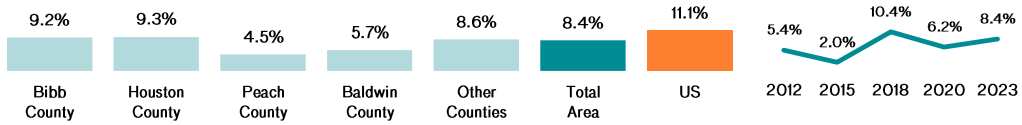
Notes:
- Asked of all respondents.

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.

A total of 8.4% of parents say there was a time in the past year when they needed medical care for their child but were unable to get it.

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

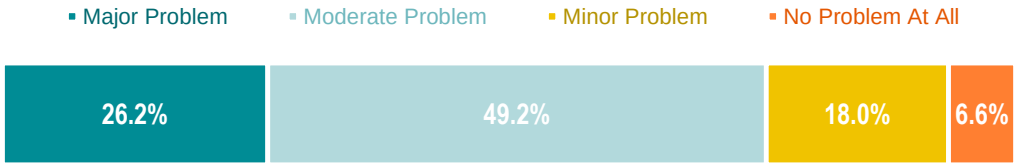


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 90]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents with children age 0 to 17 in the household.

Key Informant Input: Access to Health Care Services

Key informants taking part in an online survey most often characterized *Access to Health Care Services* as a "moderate problem" in the community.

Perceptions of Access to Health Care Services as a Problem in the Community
(Among Key Informants; Total Area, 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:

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 (Baldwin County)

> 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 (Baldwin County)
>
> Transportation to appointments, co-payments with medications, insurance formularies. – Physician (Bibb County)

Access to Care/Services

> The location of the nearest hospital facility. – Community Leader (Peach County)
>
> For people who are poor, insurance that actually pays for everything, from hospitalizations, to medications, to specialists, to rehab, to prevention. – Social Services Provider (Bibb County)
>
> The lack of clinics in underserved areas. – Community Leader (Bibb County)

Affordable Care/Services

> The Feed Center free clinic closed and left many patients with no access to free health care. – Physician (Peach County)
>
> The cost. – Social Services Provider (Bibb County)
>
> 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 (Baldwin County)

Medicaid Expansion Needed

> Georgia's failure to expand Medicaid, and the limited benefits for those who do have Medicaid, make it difficult for many people to get the care they need. Specialty care, diagnostic services, surgery, etc., are very difficult for many people to access, even if they are able to get primary care through a FQHC or volunteer clinic. Our FQHC helps thousands of uninsured people access primary care, but there is a great unmet need, and we can't do more without dedicated providers. – Social Services Provider (Bibb County)
>
> Health care funding policy. It was a huge mistake for a State with a billion plus dollar surplus to not have expanded Medicaid. Next, it is the Healthcare Delivery Enterprise Systems always taking a position of competitive advantage to improve their position, rather than working collaboratively towards the goal of a healthy Georgia. – Physician (Bibb County)

Lack of Providers

> Not enough medical providers and not enough diversity of services offered. The county has no dentist, optometrist or ophthalmologist, or mental health care practitioner. – Public Health Representative (Twiggs County)
>
> I know the hospital has good competent people working there, but hopefully Atrium will invest enough in our hospital that they can adequately staff the hospital so the staff aren't run thin and therefore appear as if they can't handle the patients that are coming to the floor. It's sad that with two nursing school in Milledgeville that the hospital isn't overflowing with nurses. If fact it's the opposite—but the administration has to have something that will entice them to stay. – Public Health Representative (Baldwin County)

Access to Care for Uninsured/Underinsured

> Uninsured or underinsured. – Physician (Bibb County)
>
> 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 (Baldwin County)

Emergency Room Misuse

> We see people using ambulance and emergency departments for access to the healthcare system for conditions better suited for primary care practitioners. – Community Leader (Peach County)
>
> 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 (Baldwin County)

Need to Focus on Wellness

> The general approach to healthcare delivery. We allow people to develop issues because there is not as much profit in wellness. – Physician (Bibb County)

Apathy

> General apathy toward personal health. – Community Leader (Peach County)

Primary Care Services

About Preventive Care

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

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

Access to Primary Care

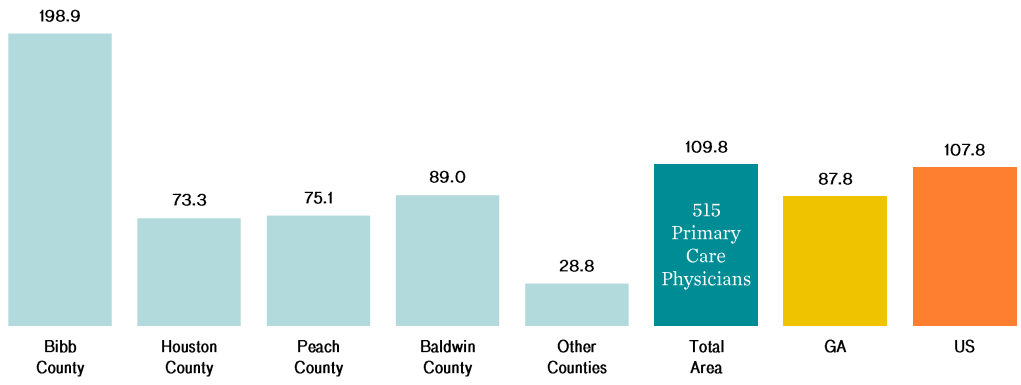
Note that this indicator takes into account *only* primary care physicians. It does not reflect primary care access available through advanced practice providers, such as physician assistants or nurse practitioners.

According to latest reports, there are currently 515 primary care physicians in the Total Area, translating to a rate of 109.8 primary care physicians per 100,000 population.

Benchmark ► A greater ratio than reported statewide.

Disparity ► The ratio is lowest in the Other Counties area.

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



Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2023 via SparkMap (sparkmap.org).

Notes:
- Doctors classified as "primary care physicians" by the AMA include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs, and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

Specific Source of Ongoing Care

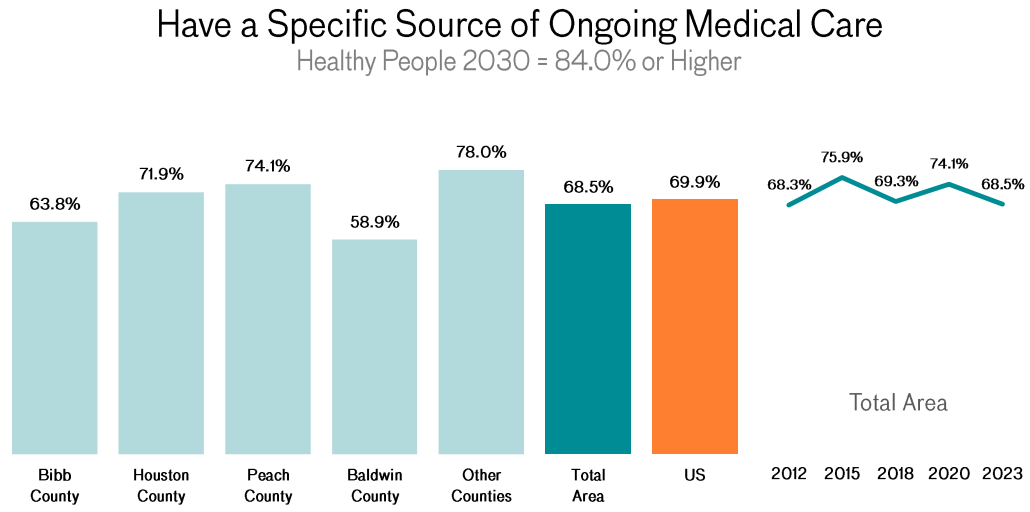
Having a specific source of ongoing care includes having a doctor's office, public health clinic, community health center, urgent care or walk-in clinic, military/VA facility, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

A total of 68.5% of Total Area adults were determined to have a specific source of ongoing medical care.

Benchmark ► Fails to satisfy the Healthy People 2030 objective.

Disparity ► Lowest in Bibb and Baldwin counties.



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 118]
- 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.

Utilization of Primary Care Services

Adults

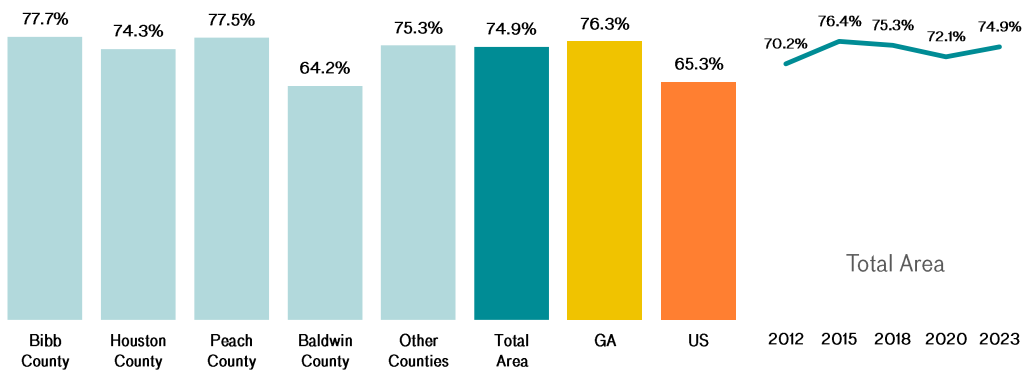
Three in four adults (74.9%) visited a physician for a routine checkup in the past year.

Benchmark ► Higher than the US prevalence.

Trend ► Denotes a significant improvement since 2012.

Disparity ► Lowest in Baldwin County. Reported less often among young adults, those in low-income households, Hispanic respondents, and LGBTQ+ respondents.

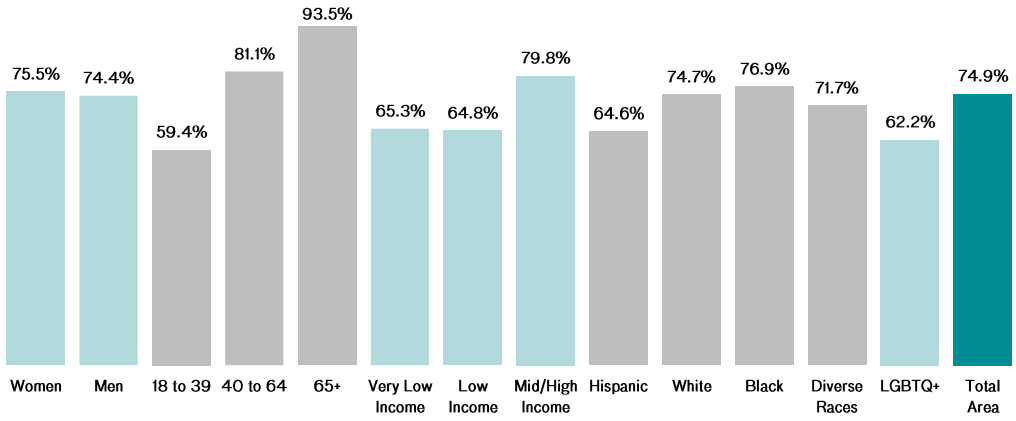
Have Visited a Physician for a Checkup in the Past Year



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 Georgia data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year
(Total Area, 2023)



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 16]

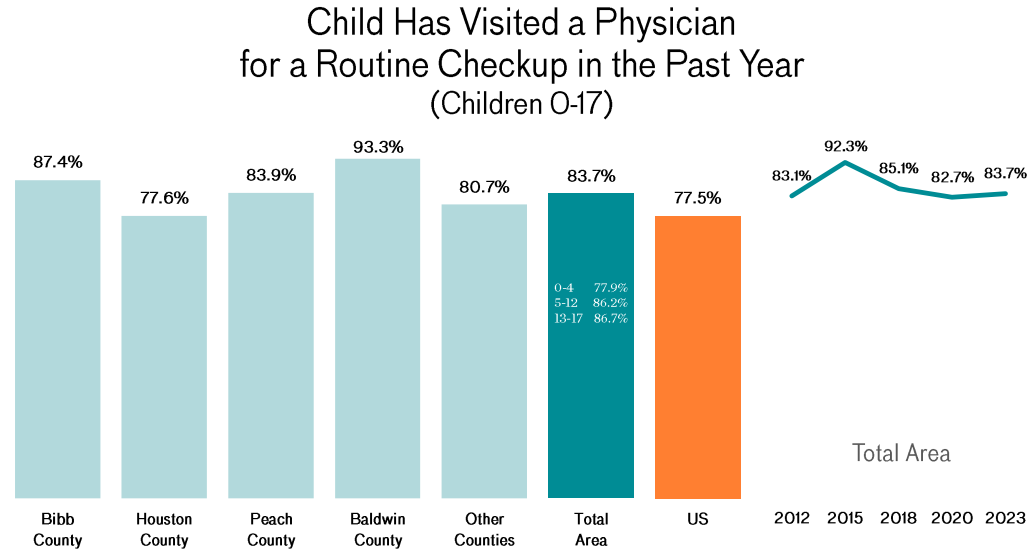
Notes:
- Asked of all respondents.

Children

Among surveyed parents, 83.7% report that their child has had a routine checkup in the past year.

Benchmark ► Well above the US figure.

Disparity ► Lowest among Houston County children.



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 91]
- 2023 PRC National Health Survey, PRC, Inc.

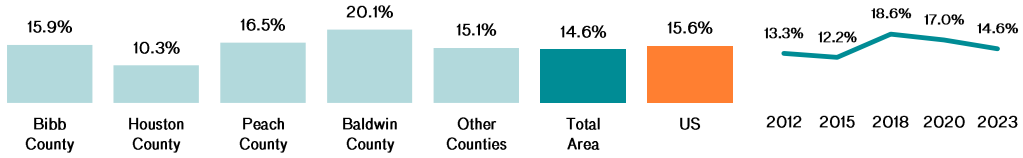
Notes:
- Asked of all respondents with children age 0 to 17 in the household.

Emergency Room Utilization

A total of 14.6% of Total Area adults have gone to a hospital emergency room more than once in the past year about their own health.

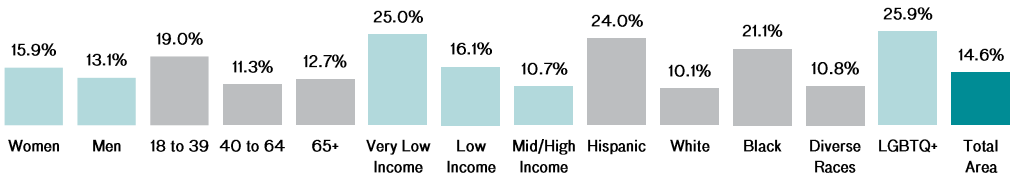
Disparity ► Use is highest among Baldwin County respondents. Reported more often among young adults, those living on the lowest incomes, Hispanic respondents, Black respondents, and LGBTQ+ respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 19]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year (Total Area, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 19]
Notes: • Asked of all respondents.

Oral Health

About Oral Health

Tooth decay is the most common chronic disease in children and adults in the United States. ...Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

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

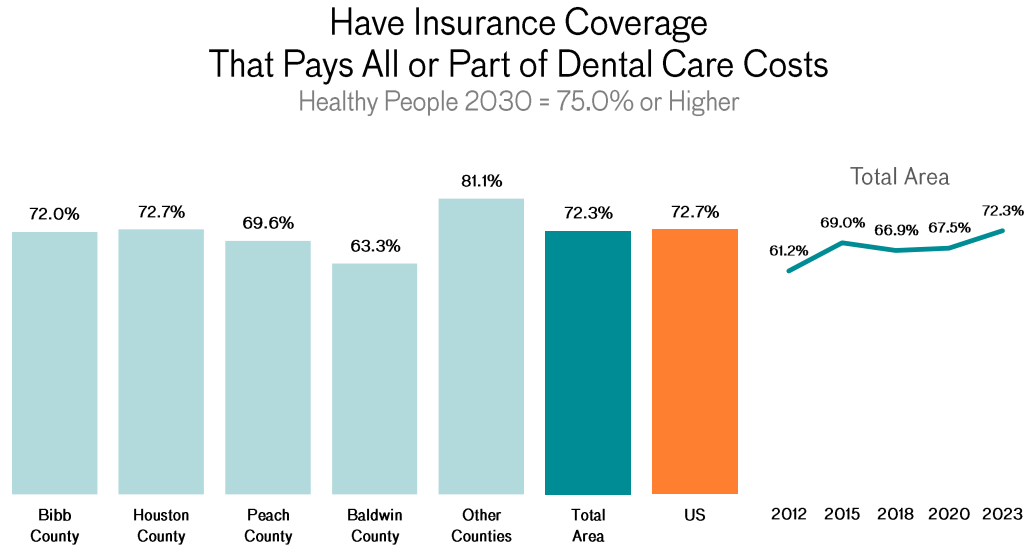
Dental Insurance

Most Total Area adults (72.3%) have dental insurance that covers all or part of their dental care costs.

Benchmark ► Fails to satisfy the Healthy People 2030 objective.

Trend ► Marks a statistically significant increase since 2012.

Disparity ► The prevalence is lowest in Baldwin County.



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 18]
- 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.

Dental Care

Adults

A total of 56.0% of Total Area adults have visited a dentist or dental clinic (for any reason) in the past year.

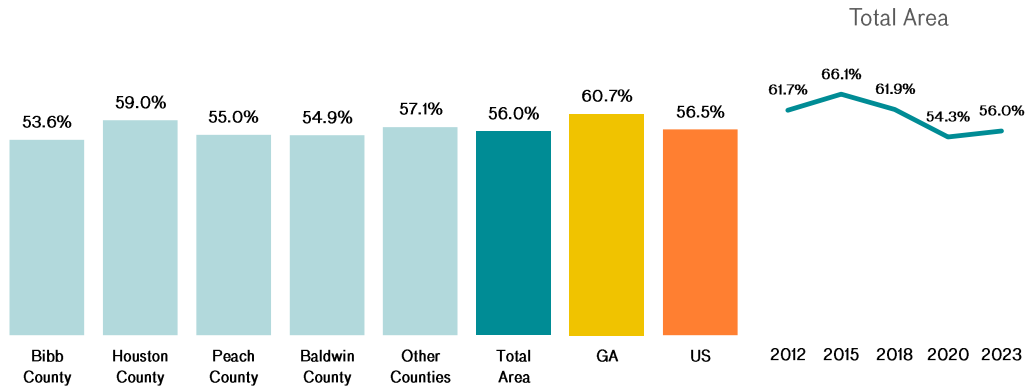
Benchmark ► Lower than the Georgia percentage. Satisfies the Healthy People 2030 objective.

Trend ► Decreasing significantly in recent years.

Disparity ► Reported less often among young adults, those living in low-income households, people of color, LGBTQ+ adults, and those without dental insurance.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2030 = 45.0% or Higher

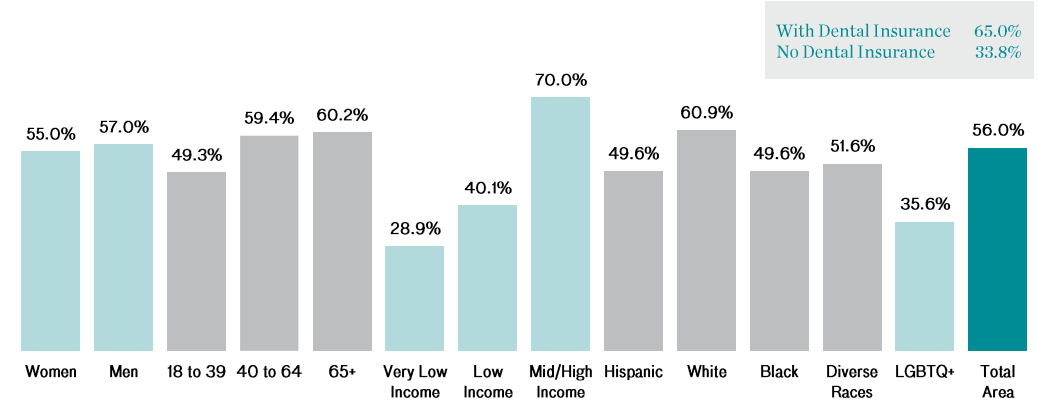


Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 17]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Georgia data.
- 2023 PRC National Health Survey, PRC,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

Notes:
- Asked of all respondents.

Have Visited a Dentist or Dental Clinic Within the Past Year (Total Area, 2023)

Healthy People 2030 = 45.0% or Higher



Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 17]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

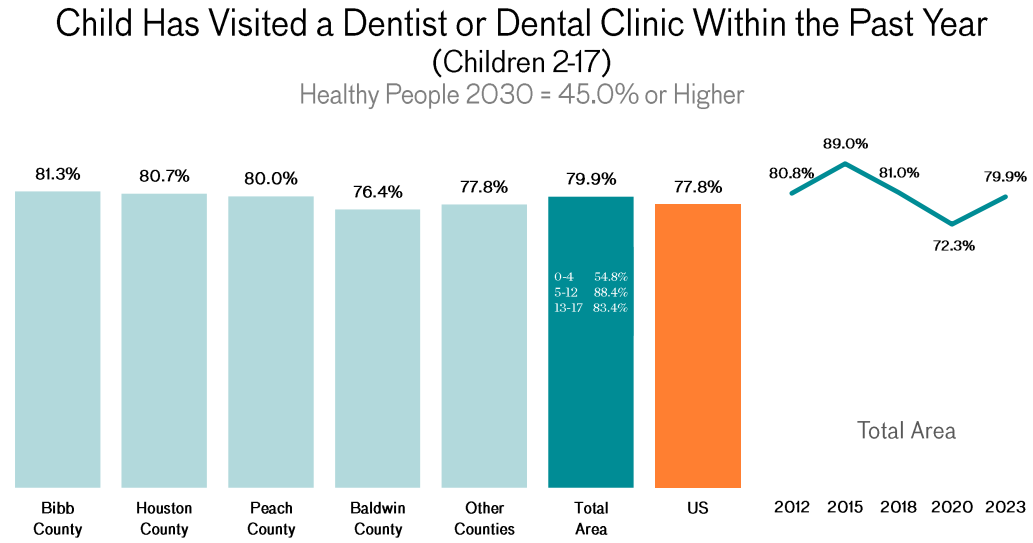
Notes:
- Asked of all respondents.

Children

A total of 79.9% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

Benchmark ► Satisfies the Healthy People 2030 objective.

Disparity ► Highest among children age 5 through 12.

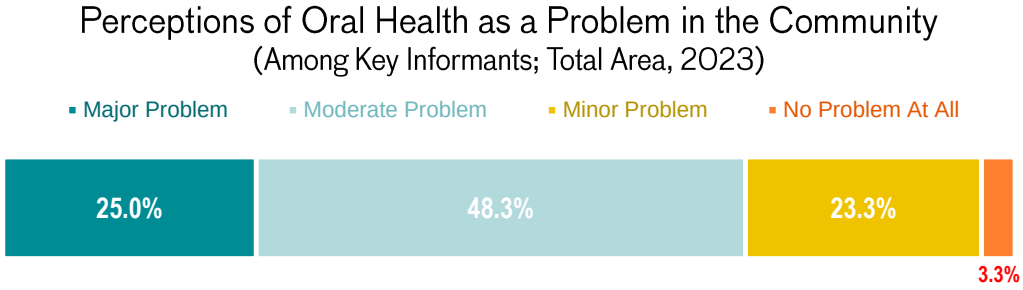


Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 93]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a "moderate 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:

Access to Care for Uninsured/Underinsured

> Uninsured and lack of access. – Physician (Bibb County)
>
> Lack of dental care for the uninsured. – Social Services Provider (Bibb County)
>
> Most people don't have dental insurance. – Community Leader (Baldwin County)
>
> Dental care is the least insured health care. People have a tendency not to go until it's necessary. – Community Leader (Baldwin County)

Affordable Care/Services

> Many avoid needed treatments due to cost. – Social Services Provider (Houston County)
>
> Many do not go to the dentist at all, either due to cost, as they have no dental insurance, or they don't think it is necessary. Lack of knowledge of how bad oral health can affect other systems. – Health Provider (Bibb County)

Lack of Providers

> No dentist in the county. A high number of wells for drinking water in the county leads to decreased fluoridated water intake. A food desert. – Public Health Representative (Twiggs County)

Access to Care/Services

> Oral health care is even less accessible than physical health. – Social Services Provider (Bibb County)

Incidence/Prevalence

> Many people with poor dentition. – Community Leader (Peach County)

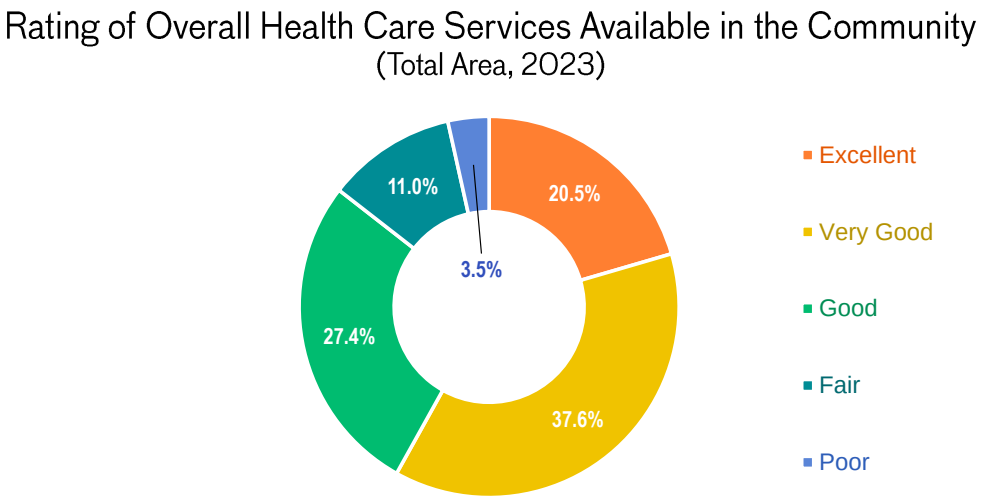
Income/Poverty

> A major problem with the working poor and homeless. Many without teeth. – Community Leader (Bibb County)

Local Resources

Perceptions of Local Health Care Services

Most Total Area adults rate the overall health care services available in their community as "excellent" or "very good."

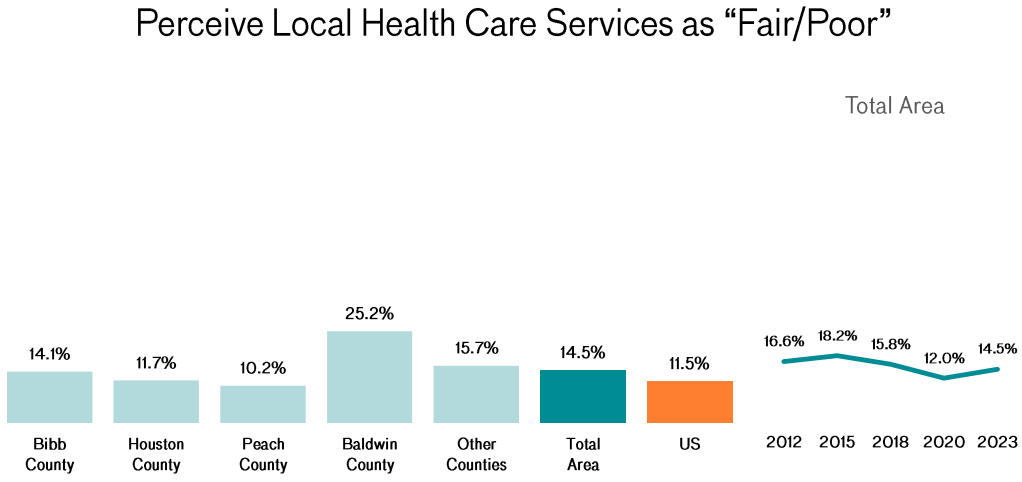


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 14.5% of residents characterize local health care services as "fair" or "poor."

Benchmark ► Worse than the national prevalence.

Disparity ► Considerably higher in Baldwin County. Reported more often among adults under 65, those in low-income households, White respondents, Black respondents, and people with recent access difficulties.



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

Perceive Local Health Care Services as "Fair/Poor"
(Total Area, 2023)

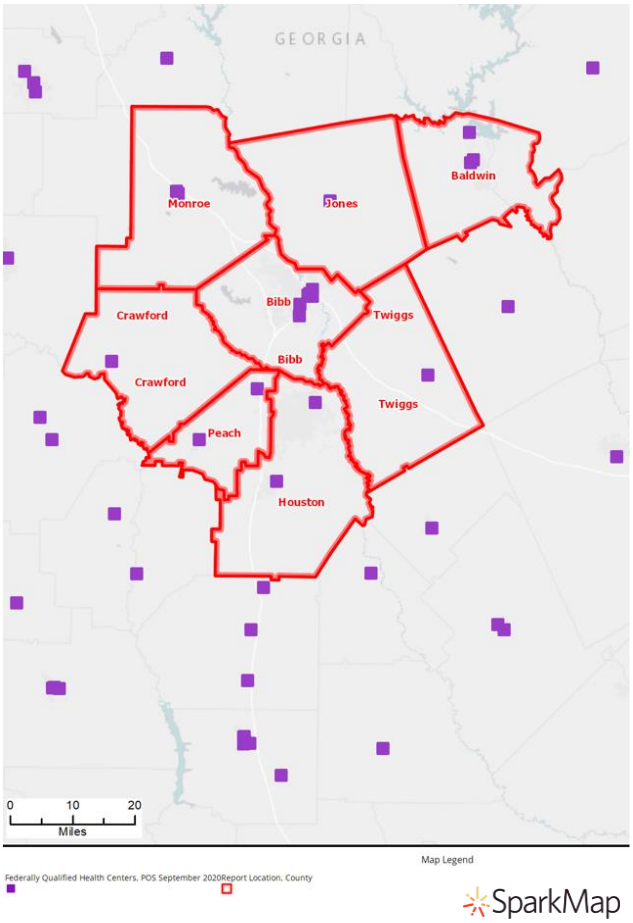
With Access Difficulty	24.0%
No Access Difficulty	6.2%

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

Health Care Resources & Facilities

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within the Total Area as of September 2020.



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
- Atrium Health Navicent
- Atrium Health Navicent Food as Medicine
- Baldwin County Health Department
- Baldwin County Medical Transport Van
- Center for Health and Social Issues
- Community Health Care Systems
- Connected Communities of Care
- County Transit System
- Daybreak
- Department of Public Health
- Division of Family and Children Services
- Doctor's Offices
- First Choice Primary Care
- Georgia Center for Oncology Research and Education
- Health Department
- Hope Center
- Hospitals
- Macon Rescue Mission
- Macon Volunteer Clinic
- Macon-Bibb Government Agencies
- Mercer Medical Center
- Navicent
- Peach County School System
- School System
- St. Vincent De Paul
- Urgent Care
- W.T. Anderson Clinic

Cancer

- American Cancer Society
- Atrium
- Atrium Health Navicent Baldwin
- Cancer Center
- Crawford Family Medicine
- Department of Public Health
- Doctor's Offices
- Georgia Cancer Specialists
- Health Systems
- Hospitals
- Piedmont
- United in Pink

Diabetes

- Area Agency on Aging
- Atrium
- Atrium Health Navicent
- Atrium Health Navicent Baldwin
- Atrium Health Navicent Community Health Works
- Atrium Health Navicent Diabetes
- Baldwin County Health Department
- Center for Health and Social Issues
- Churches
- Community Health Care Systems
- Crawford County Health Department
- Crawford Family Medicine
- Department of Public Health
- Diabetes Healthways
- Doctor's Offices
- Dollar General
- Educational Resources
- Family Health Center
- Farmer's Market
- First Choice Primary Care
- Georgia College & State University Public Health Program
- Health Fairs
- Hospitals
- Houston County Health Department
- Houston Healthcare
- Jones Center
- Loaves and Fishes
- Local Farmers
- Macon Volunteer Clinic
- Macon-Bibb County Health Department
- Macon-Bibb Government Agencies
- Medical Facilities
- Mercer Medical Center
- Monroe County Health Department

- Monroe County Hospital
- Navicent
- Parks and Recreation
- Pharmacies
- Piedmont
- St. Vincent De Paul
- Three Lakes Farm
- University Systems

Disabling Conditions

- Alzheimer's Association
- Area Agency on Aging
- Assisted Living Facilities
- Doctor's Offices
- First Choice Primary Care
- Green Acres
- Hemlock Pain Center
- Macon Volunteer Clinic
- Oconee Pain Management Center
- River Edge
- Serenity Wellness and Spa
- Twin Lake Therapy Management

Heart Disease & Stroke

- A Better You
- American Heart Association
- Anderson Clinics
- Area Agency on Aging
- Atrium
- Atrium Health Navicent
- Cardiac Rehab Programs
- Center for Health and Social Issues
- Central Georgia Heart Center
- Churches
- City Council
- Community Health Care Systems
- Department of Public Health
- Doctor's Offices
- Federally Qualified Health Centers
- First Choice Primary Care
- Fitness Centers/Gyms
- Georgia College & State University Public Health Program
- Georgia Heart Physicians
- Health Department
- Health Systems
- Home Health
- Houston County Health Department
- Houston Healthcare
- Macon Volunteer Clinic
- Macon-Bibb County Health Department
- Medical Facilities
- Middle Georgia Heart
- Ocmulgee Heritage Trail
- Parks and Recreation
- Pharmacies
- Piedmont
- Piedmont Hospital System
- Screenings
- Serenity Wellness and Spa
- Wellness Center

Infant Health & Family Planning

- Atrium Health Navicent Children's Care
- Babies Can't Wait
- Caring Solutions
- Churches
- Division of Family and Children Services
- Doctor's Offices
- First Choice Primary Care
- First Steps
- Health Department
- Health Facilities
- Houston County Health Department
- Houston Healthcare
- Macon-Bibb County Health Department
- Medical Facilities
- Parents as Teachers
- Rainbow House Healthy Families
- Safe a Life
- University Systems
- Women for Women's Health Medical Practice

Injury & Violence

- Are You Ok Initiative
- Atrium Emergency Urgent Care
- Atrium Health Navicent Baldwin
- Baldwin County Local Government Children's Health Insurance Program and Community Development Block Grant
- Bibb County Public Schools
- Bibb County Sheriff's Office
- Boys and Girls Club
- Center for Health and Social Issues
- Churches
- Circle of Love
- City Council
- Community Organizations
- Community Sororities and Fraternities
- Cure the Violence

- Daybreak
- Faith-Based Organizations
- Health and University Systems
- Law Enforcement
- Macon Bibb Government Agencies
- Macon Bibb Recreation Centers
- Macon Bibb School System
- Macon Sheriff's Office
- Macon Violence Prevention Program
- Mayor's Violence Prevention Task Force
- Mental Health Matters
- Mentor's Project
- Neighborhood Community Centers
- Neighborhood Watch
- Peach County Commissioners
- Peach County Law Enforcement
- Pedestrian Safety Review Board
- Resilient Georgia
- River Edge
- Role Models/Parents
- School System
- Streets to Success
- Walk in the Neighborhood Program
- Warner Robins Police

Mental Health

- A Better You
- Alcoholics Anonymous/Narcotics Anonymous
- Atrium
- Atrium Health Navicent Behavioral Care
- Bibb County Public Schools
- Center Point
- Central State Hospital
- Choice Theory
- Churches
- Coliseum
- Community Health Care Systems
- Community Service Board Facilities
- Daybreak
- Doctor's Offices
- Family Counseling Center
- First Choice Primary Care
- Grief Counselors
- Health Department
- Health Systems
- Hospitals
- Houston County Health Department
- Macon Mental Health Matters
- Mental Health Matters
- Mercer Medical Center
- Middle Flint Behavioral Center
- Middle Flint Mental Health
- Middle Flint Treatment Center
- Navicent
- Next Step Recovery
- Oconee Center
- O'Conner Behavioral Treatment Center
- One Safe Place Macon
- Pharmacies
- Phoenix Center
- Piedmont
- Reach for Recovery
- Reflections in Gray
- Resilient Macon
- River Edge
- Salvation Army
- School System
- Support Groups
- United Way

Nutrition, Physical Activity & Weight

- Area Agency on Aging
- Atrium Health Navicent Community Health Works
- Atrium Health Navicent Food as Medicine
- Atrium Medical Center
- BodyPlex Fitness Center
- Bonner Park
- Centennial Park
- Community Gardens
- Department of Public Health
- Diabetes Healthways
- Dickey Farms
- Doctor's Offices
- Farmer's Market
- First Choice Primary Care
- Fishing Creek Trail
- Fitness Centers/Gyms
- Fort Valley State University Cooperative Extension Agency
- Georgia College
- Georgia Extension Service
- Harmony Yoga
- Harrisburg Park
- Health Facilities
- Hospitals
- Huley Park
- Macon Volunteer Clinic
- Meals on Wheels
- Middle Georgia Food Pantry
- Milledgeville Total Fitness
- Nutrition Services
- Operation Hope

- Parks and Recreation
- Peach County Family Connections
- Peach County Health Department
- Piedmont
- Planet Fitness
- Pop Up Yoga
- River Walk Greenway
- School System
- Serenity Wellness and Spa
- South Bibb Recreation Complex
- University of Georgia Extension Service
- United Way
- Walk With a Doc
- Walter B. Williams Park
- Weight Watchers
- Wellness Center
- Women, Infants, and Children

Oral Health

- Community Health Care Systems
- Dentist Offices
- Doctor's Offices
- Health Department
- Help a Child Smile
- Macon Volunteer Clinic
- Macon-Bibb County Health Department
- Old Capital Dentistry
- Rehoboth
- School System

Respiratory Diseases

- Doctor's Offices

Sexual Health

- Atrium Health Navicent Crescent House & Children's Care
- Department of Public Health
- Family Connections
- Health Department
- Health Facilities
- Macon Bibb County Health Department
- Milledgeville OBGYN Associates
- Pharmacies
- Ryan White Clinic
- Sexual Health Education
- Women's Care Center

Social Determinants of Health

- 211
- Anderson Clinics
- Atrium Health Navicent Community Health Works
- Baldwin County Local Government Children's Health Insurance Program and Community Development Block Grant
- Center for Health and Social Issues
- Central Georgia Technical College
- Churches
- Community Health Care Systems
- Community Organizations
- Crisis Line
- Daybreak
- Department of Community Health
- Department of Health and Human Services
- Economic Development Agencies
- Economic Opportunity Council
- Family Advancement Ministries
- First Choice Primary Care
- First Steps
- Goodwill
- Habitat for Humanity
- Homeless Coalition
- Loaves and Fishes
- Local Community Collaboratives
- Macon Aim
- Macon Bibb Emergency Operations Center
- Macon Bibb Government Agencies
- Macon Housing Authority
- Macon Transit Authority
- Mentor's Project
- Middle Georgia Regional Commission
- Milledgeville Housing Authority
- Mother and Child Ministry
- Peach County Economic Development
- Peach County Housing Authority
- Read United Tutoring
- River Edge
- Salvation Army
- Section 8 Housing
- St. Vincent De Paul
- United Way
- Volunteer Clinic

Substance Use

- Alcoholics Anonymous/Narcotics Anonymous
- Atrium
- Brown Family Practice
- Centenary Rehab House

- Churches
- Doctor's Offices
- Employers
- Family Connections
- Health Facilities
- Hospitals
- Law Enforcement
- Life Spring
- Macon Rescue Mission
- Middle Flint Mental Health
- Oconee Center
- Piedmont
- Rescue Mission of Middle Georgia
- River Edge

Tobacco Use

- Department of Public Health
- Doctor's Offices
- First Choice Primary Care
- Macon Volunteer Clinic
- Medications

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 November6, 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 Tattnall 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 Farmacy (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.