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Introduction
About This Assessment

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

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.

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

Methodology

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

PRC Community Health Survey

Survey Instrument

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

Community Defined for This Assessment

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

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

The sample design used for this effort consisted of a random sample of 200 individuals age 18 and older in Peach County. Because this study is part of a larger effort involving multiple regions and hospital service areas, the surveys were distributed among various strata. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Peach County as a whole. All administration of the surveys, data collection and data analysis was conducted by PRC.

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

**Sample Characteristics**

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias.

The following chart outlines the characteristics of the Peach County sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older.]
**Population & Survey Sample Characteristics**
*(Peach County, 2018)*

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Percentages reflect only adults age 18 and older.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., *the 2018 guidelines place the poverty threshold for a family of four at $25,100 annual household income or lower*). In sample segmentation: “low income” refers to community members living in a household with defined poverty status or living just above the poverty level and earning up to twice (<200% of) the poverty threshold; “mid/high income” refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

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

**Key Informant Focus Group**

As part of this Community Health Needs Assessment, one focus group was held with key informants in Peach county on May 3, 2018. A total of five participants took part, including public health/health care providers and community leaders.

A list of recommended participants for the focus groups was provided by Navicent Health. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. Focus group candidates were first contacted by letter to request their participation. Follow-up phone calls were then made to ascertain whether or not they would be able to attend.

Final participation included representatives of the organizations outlined below. Through this process, input was gathered from a representative of public health, as well as several individuals whose organizations work with low-income, minority, or other medically underserved populations.
Participating Organizations

- City of Byron
- Peach Chamber of Commerce
- Peach County Commission
- Peach County Health Department
- University Professor, Retired

Audio from the focus group session was recorded, from which verbatim comments in this report are taken. There are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

NOTE: These findings represent qualitative rather than quantitative data. The focus groups were designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

Public Health, Vital Statistics & Other Data

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

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- Georgia Department of Public Health
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics
Benchmark Data

Trending
A similar survey was administered in Peach County in 2012 and 2015 by PRC on behalf of Navicent Health. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

State Risk Factor Data
Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data
Nationwide risk factor data, which are also provided in comparison charts, are taken from the 2017 PRC National Health Survey; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020
Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

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

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.
Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level) using question-specific samples and response rates. For 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 5% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community’s health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

Public Comment

The Medical Center of Peach County-Navicent Health, made its prior Community Health Needs Assessment (CHNA) report publicly available through its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, The Medical Center of Peach County-Navicent Health, had not received any written comments. However, through population surveys and key informant feedback, input from the broader community was considered and taken into account for this assessment when identifying and prioritizing the significant health needs of the community. The Medical Center of Peach County-Navicent Health, will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.
For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals’ reporting on IRS Form 990 Schedule H, the following table cross-references related sections.

<table>
<thead>
<tr>
<th>IRS Form 990, Schedule H (2017)</th>
<th>See Report Page</th>
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</thead>
<tbody>
<tr>
<td><strong>Part V Section B Line 3a</strong>&lt;br&gt;A definition of the community served by the hospital facility</td>
<td>5</td>
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<td><strong>Part V Section B Line 3b</strong>&lt;br&gt;Demographics of the community</td>
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<td><strong>Part V Section B Line 3c</strong>&lt;br&gt;Existing health care facilities and resources within the community that are available to respond to the health needs of the community</td>
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<tr>
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<tr>
<td><strong>Part V Section B Line 3f</strong>&lt;br&gt;Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</td>
<td>Addressed Throughout</td>
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<td><strong>Part V Section B Line 3g</strong>&lt;br&gt;The process for identifying and prioritizing community health needs and services to meet the community health needs</td>
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<tr>
<td><strong>Part V Section B Line 3h</strong>&lt;br&gt;The process for consulting with persons representing the community’s interests</td>
<td>7</td>
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<tr>
<td><strong>Part V Section B Line 3i</strong>&lt;br&gt;The impact of any actions taken to address the significant health needs identified in the hospital facility’s prior CHNA(s)</td>
<td>135</td>
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</tbody>
</table>
Summary of Findings
## Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in Healthy People 2020. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

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

### Areas of Opportunity Identified Through This Assessment

<table>
<thead>
<tr>
<th>Area</th>
<th>Issues</th>
</tr>
</thead>
</table>
| **Access to Health Services**              | • Barriers to Access  
|                                           |   ○ Lack of Transportation  
|                                           |   ○ Primary Care Physician Ratio  |
| **Cancer**                                 | • Cancer is a leading cause of death.  
|                                           |   ○ Cancer Deaths  
|                                           |     ○ Including Lung Cancer, Prostate Cancer, Colorectal Cancer Deaths  
|                                           |   ○ Cancer Incidence  
|                                           |     ○ Including Lung Cancer, Colorectal Cancer Incidence  |
| **Dementias, Including Alzheimer’s Disease** | • Alzheimer’s Disease Deaths  |
| **Diabetes**                               | • Diabetes Deaths  
|                                           |   ○ Diabetes ranked as a top concern in the focus group  |
| **Heart Disease & Stroke**                 | • Cardiovascular disease is a leading cause of death.  
|                                           |   ○ Heart Disease Deaths  
|                                           |   ○ Stroke Deaths  |
| **HIV**                                    | • HIV/AIDS Deaths  |
| **Infant Health & Family Planning**        | • Infant Mortality  |
| **Injury & Violence**                      | • Motor Vehicle Deaths  
|                                           |   ○ Falls [Age 65+]  
|                                           |   ○ Firearm-Related Deaths  
|                                           |   ○ Violent Crime Rate  |
| **Kidney Disease**                         | • Kidney Disease Deaths  
|                                           |   ○ Kidney Disease ranked as a top concern in the focus group  |
| **Mental Health**                          | • Taking Medication for Mental Health  
|                                           |   ○ Stress  
|                                           |   ○ Suicide Deaths  
|                                           |   ○ Mental Health ranked as a top concern in the focus group  |
### Areas of Opportunity Identified Through This Assessment (continued)

<table>
<thead>
<tr>
<th>Category</th>
<th>Areas of Opportunity</th>
</tr>
</thead>
</table>
| **Nutrition, Physical Activity, & Weight**    | - Fruit/Vegetable Consumption<br>- Low Food Access<br>- Overweight & Obesity (Adults)<br>- Meeting Physical Activity Guidelines  
  - Aerobic Activity<br>- Strengthening Activity<br>- Access to Recreation/Fitness Facilities |
| **Potentially Disabling Conditions**          | - Activity Limitations<br>- Sciatica/Chronic Back Pain Prevalence                      |
| **Respiratory Diseases**                      | - Chronic Lower Respiratory Disease (CLRD) Deaths<br>- Pneumonia/Influenza Deaths<br>- Flu Vaccination [High-Risk Age 18-64] |
| **Sexually Transmitted Diseases**             | - Gonorrhea Incidence<br>- Chlamydia Incidence                                        |
| **Substance Abuse**                           | - Cirrhosis/Liver Disease Deaths<br>- Illicit Drug Use<br>- Substance Abuse ranked as a top concern in the focus group. |
| **Tobacco Use**                               | - Environmental Tobacco Smoke Exposure at Home                                         |

### Community Feedback on Prioritization of Health Needs

On September 26, 2018, The Medical Center of Peach County-Navicent Health convened a group of community stakeholders (representing a cross-section of community-based agencies and organizations) to evaluate, discuss and prioritize health issues for community, based on findings of this Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above). Following the data review, PRC answered any questions and provided an overview of the prioritization exercise that followed.

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

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

Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).
• **Ability to Impact** — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

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

1. Nutrition, Physical Activity & Weight
2. Diabetes
3. Heart Disease & Stroke
4. Access to Healthcare
5. Mental Health
6. Substance Abuse
7. Sexually Transmitted Diseases
8. Infant Health
9. Respiratory Diseases
10. Kidney Disease
11. Injury & Violence
12. HIV/AIDS
13. Cancer
14. Tobacco Use
15. Potentially Disabling Conditions
16. Dementias, Including Alzheimer's Disease

**Hospital Implementation Strategy**

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

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

Comparisons With Benchmark Data

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

Reading the Data Summary Tables

- In the following charts, Peach County results are shown in the larger, blue column. *Tip: Indicator labels beginning with a “%” symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.*

- The columns to the right of the Peach County column provide trending comparisons (trending from the earliest data year available), as well as comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Symbols indicate whether Peach County compares favorably (☉), unfavorably (●), or comparably (≡) to these external data.

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

<table>
<thead>
<tr>
<th>Social Determinants</th>
<th>Peach County</th>
<th>Peach County vs. Benchmarks</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. GA</td>
<td>vs. US</td>
<td>vs. HP2020</td>
</tr>
<tr>
<td>Population in Poverty (Percent)</td>
<td>21.0</td>
<td>17.8</td>
<td>15.1</td>
</tr>
<tr>
<td>Population Below 200% FPL (Percent)</td>
<td>43.4</td>
<td>38.0</td>
<td>33.6</td>
</tr>
<tr>
<td>No High School Diploma (Age 25+, Percent)</td>
<td>14.9</td>
<td>14.2</td>
<td>13.0</td>
</tr>
<tr>
<td>% Worry/Stress Over Rent/Mortgage in Past Year</td>
<td>36.0</td>
<td>30.8</td>
<td></td>
</tr>
<tr>
<td>% Attended a Religious/Spiritual Service in Past Month</td>
<td>48.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Low Health Literacy</td>
<td>18.9</td>
<td></td>
<td>23.3</td>
</tr>
</tbody>
</table>
## Community Health Needs Assessment

### Overall Health

<table>
<thead>
<tr>
<th>Measure</th>
<th>Peach County</th>
<th>Peach County vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>vs. GA vs. US vs. HP2020</td>
<td></td>
</tr>
<tr>
<td>% &quot;Fair/Poor&quot; Overall Health</td>
<td>16.9</td>
<td>19.1</td>
<td>18.1</td>
</tr>
<tr>
<td>% Multiple Chronic Conditions</td>
<td>62.9</td>
<td></td>
<td>56.8</td>
</tr>
<tr>
<td>% Activity Limitations</td>
<td>33.2</td>
<td></td>
<td>20.2</td>
</tr>
<tr>
<td>% Caregiver to a Friend/Family Member</td>
<td>26.4</td>
<td></td>
<td>19.8</td>
</tr>
</tbody>
</table>

### Access to Health Services

<table>
<thead>
<tr>
<th>Measure</th>
<th>Peach County</th>
<th>Peach County vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>vs. GA vs. US vs. HP2020</td>
<td></td>
</tr>
<tr>
<td>% [Age 18-64] Lack Health Insurance</td>
<td>9.0</td>
<td></td>
<td>20.3</td>
</tr>
<tr>
<td>% [Insured] Deductible Prevented Healthcare</td>
<td>3.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Difficulty Accessing Healthcare in Past Year (Composite)</td>
<td>39.6</td>
<td></td>
<td>43.2</td>
</tr>
<tr>
<td>% Difficulty Finding Physician in Past Year</td>
<td>14.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Difficulty Getting Appointment in Past Year</td>
<td>20.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Cost Prevented Physician Visit in Past Year</td>
<td>10.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Transportation Hindered Dr Visit in Past Year</td>
<td>16.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Inconvenient Hrs Prevented Dr Visit in Past Year</td>
<td>8.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Language/Culture Prevented Care in Past Year</td>
<td>1.9</td>
<td></td>
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</table>
## Access to Health Services (continued)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Peach County</th>
<th>Peach County vs. Benchmarks</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Cost Prevented Getting Prescription in Past Year</td>
<td>17.4</td>
<td>14.9 (better)</td>
<td>29.5 (worse)</td>
</tr>
<tr>
<td>% Skipped Prescription Doses to Save Costs</td>
<td>14.4</td>
<td>15.3 (worse)</td>
<td></td>
</tr>
<tr>
<td>Primary Care Doctors per 100,000</td>
<td>26.0</td>
<td>72.9 (worse)</td>
<td></td>
</tr>
<tr>
<td>% Have a Specific Source of Ongoing Care</td>
<td>69.4</td>
<td>74.1 (better)</td>
<td>58.9 (worse)</td>
</tr>
<tr>
<td>% Have Had Routine Checkup in Past Year</td>
<td>72.4</td>
<td>74.0 (better)</td>
<td>73.0 (better)</td>
</tr>
<tr>
<td>% Two or More ER Visits in Past Year</td>
<td>10.7</td>
<td>9.3 (better)</td>
<td>15.2 (worse)</td>
</tr>
<tr>
<td>% Rate Local Healthcare &quot;Fair/Poor&quot;</td>
<td>11.8</td>
<td>16.2 (worse)</td>
<td>22.2 (worse)</td>
</tr>
<tr>
<td>% Willing to Use Telemedicine</td>
<td>76.0</td>
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</tbody>
</table>

## Cancer

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Peach County</th>
<th>Peach County vs. Benchmarks</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer (Age-Adjusted Death Rate)</td>
<td>206.2</td>
<td>162.9 (better)</td>
<td>161.4 (better)</td>
</tr>
<tr>
<td>Lung Cancer (Age-Adjusted Death Rate)</td>
<td>63.7</td>
<td>42.5 (better)</td>
<td>45.5 (worse)</td>
</tr>
<tr>
<td>Prostate Cancer (Age-Adjusted Death Rate)</td>
<td>22.8</td>
<td>21.6 (better)</td>
<td>21.8 (better)</td>
</tr>
<tr>
<td>Cancer (continued)</td>
<td>Peach County</td>
<td>Peach County vs. Benchmarks</td>
<td>TREND</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>----------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Female Breast Cancer (Age-Adjusted Death Rate)</td>
<td>19.3</td>
<td>21.9 20.3 20.7</td>
<td></td>
</tr>
<tr>
<td>Colorectal Cancer (Age-Adjusted Death Rate)</td>
<td>28.2</td>
<td>15.5 14.1 14.5</td>
<td></td>
</tr>
<tr>
<td>Female Breast Cancer Incidence Rate</td>
<td>134.9</td>
<td>123.5 123.5</td>
<td></td>
</tr>
<tr>
<td>Prostate Cancer Incidence Rate</td>
<td>117.8</td>
<td>129.3 114.8</td>
<td></td>
</tr>
<tr>
<td>Lung Cancer Incidence Rate</td>
<td>87.5</td>
<td>65.9 61.2</td>
<td></td>
</tr>
<tr>
<td>Colorectal Cancer Incidence Rate</td>
<td>65.8</td>
<td>41.4 39.8</td>
<td></td>
</tr>
<tr>
<td>% Cancer (Other Than Skin)</td>
<td>8.8</td>
<td>5.8 7.1 4.6</td>
<td></td>
</tr>
<tr>
<td>% Skin Cancer</td>
<td>4.2</td>
<td>5.9 8.5 6.5</td>
<td></td>
</tr>
<tr>
<td>% [Women 50-74] Mammogram in Past 2 Years</td>
<td>88.3</td>
<td>79.3 77.0 81.1 86.0</td>
<td></td>
</tr>
<tr>
<td>% [Women 21-65] Pap Smear in Past 3 Years</td>
<td>89.7</td>
<td>79.8 73.5 93.0 80.6</td>
<td></td>
</tr>
<tr>
<td>% [Age 50-75] Colorectal Cancer Screening</td>
<td>82.6</td>
<td>63.3 76.4 70.5 80.2</td>
<td></td>
</tr>
<tr>
<td>Dementias, Including Alzheimer's Disease</td>
<td></td>
<td></td>
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<tr>
<td>Alzheimer's Disease (Age-Adjusted Death Rate)</td>
<td>75.7</td>
<td>39.6 28.4</td>
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</tbody>
</table>
### Community Health Needs Assessment

#### Peach County vs. Benchmarks

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>Peach County</th>
<th>Peach County vs. Benchmarks</th>
<th>TREND</th>
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</thead>
<tbody>
<tr>
<td><strong>Diabetes</strong></td>
<td></td>
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</tr>
<tr>
<td>Diabetes (Age-Adjusted Death Rate)</td>
<td>47.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Diabetes/High Blood Sugar</td>
<td>16.6</td>
<td></td>
<td>17.3</td>
</tr>
<tr>
<td>% Borderline/Pre-Diabetes</td>
<td>4.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Non-Diabetes] Blood Sugar Tested in Past 3 Years</td>
<td>41.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Heart Disease &amp; Stroke</strong></td>
<td></td>
<td></td>
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<tr>
<td>Diseases of the Heart (Age-Adjusted Death Rate)</td>
<td>251.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke (Age-Adjusted Death Rate)</td>
<td>69.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Heart Disease (Heart Attack, Angina, Coronary Disease)</td>
<td>7.6</td>
<td></td>
<td>6.4</td>
</tr>
<tr>
<td>% Stroke</td>
<td>6.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Blood Pressure Checked in Past 2 Years</td>
<td>93.4</td>
<td></td>
<td>94.5</td>
</tr>
<tr>
<td>% Told Have High Blood Pressure (Ever)</td>
<td>40.2</td>
<td></td>
<td>39.9</td>
</tr>
<tr>
<td>% [HBP] Taking Action to Control High Blood Pressure</td>
<td>98.6</td>
<td></td>
<td>93.3</td>
</tr>
<tr>
<td>% Cholesterol Checked in Past 5 Years</td>
<td>90.0</td>
<td></td>
<td>91.0</td>
</tr>
<tr>
<td>% Told Have High Cholesterol (Ever)</td>
<td>32.5</td>
<td></td>
<td>32.6</td>
</tr>
<tr>
<td>Heart Disease &amp; Stroke (continued)</td>
<td>Peach County vs. Benchmarks</td>
<td>TREND</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>---------------------------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>% [HBC] Taking Action to Control High Blood Cholesterol</td>
<td>84.1 vs. GA 87.3 vs. US 86.8 vs. HP2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% 1+ Cardiovascular Risk Factor</td>
<td>87.1 vs. GA 87.2 vs. US 86.7 vs. HP2020</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HIV</th>
<th>Peach County vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS (Age-Adjusted Death Rate)</td>
<td>12.2 vs. GA 4.6 vs. US 3.3 vs. HP2020</td>
<td></td>
</tr>
<tr>
<td>HIV Prevalence Rate</td>
<td>265.4 vs. GA 512.7 vs. US 22.1 vs. HP2020</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Immunization &amp; Infectious Diseases</th>
<th>Peach County vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 65+] Flu Vaccine in Past Year</td>
<td>69.9 vs. GA 58.3 vs. US 70.0 vs. HP2020</td>
<td>60.0</td>
</tr>
<tr>
<td>% [High-Risk 18-64] Flu Vaccine in Past Year</td>
<td>30.7 vs. GA 55.7 vs. US 70.0 vs. HP2020</td>
<td></td>
</tr>
<tr>
<td>% [Age 65+] Pneumonia Vaccine Ever</td>
<td>76.0 vs. GA 72.3 vs. US 90.0 vs. HP2020</td>
<td>64.4</td>
</tr>
<tr>
<td>% [High-Risk 18-64] Pneumonia Vaccine Ever</td>
<td>32.2 vs. GA 39.9 vs. US 60.0 vs. HP2020</td>
<td></td>
</tr>
<tr>
<td>Infant Health &amp; Family Planning</td>
<td><a href="#">Peach County</a></td>
<td>Vs. GA</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Infant Death Rate</td>
<td>11.6</td>
<td>7.6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Injury &amp; Violence</th>
<th><a href="#">Peach County</a></th>
<th>Vs. GA</th>
<th>Vs. US</th>
<th>Vs. HP2020</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintentional Injury (Age-Adjusted Death Rate)</td>
<td>41.8</td>
<td>43.0</td>
<td>43.7</td>
<td>36.4</td>
<td><img src="#" alt="Graphic" /> similar <img src="#" alt="Graphic" /> similar <img src="#" alt="Graphic" /> worse</td>
</tr>
<tr>
<td>Motor Vehicle Crashes (Age-Adjusted Death Rate)</td>
<td>19.7</td>
<td>13.6</td>
<td>11.0</td>
<td>12.4</td>
<td><img src="#" alt="Graphic" /> worse <img src="#" alt="Graphic" /> similar <img src="#" alt="Graphic" /> similar</td>
</tr>
<tr>
<td>[65+] Falls (Age-Adjusted Death Rate)</td>
<td>85.7</td>
<td>53.0</td>
<td>60.6</td>
<td>47.0</td>
<td><img src="#" alt="Graphic" /> similar <img src="#" alt="Graphic" /> similar <img src="#" alt="Graphic" /> similar</td>
</tr>
<tr>
<td>% [Age 45+] Fell in the Past Year</td>
<td>34.1</td>
<td></td>
<td>31.6</td>
<td></td>
<td><img src="#" alt="Graphic" /> similar <img src="#" alt="Graphic" /> better <img src="#" alt="Graphic" /> similar</td>
</tr>
<tr>
<td>Firearm-Related Deaths (Age-Adjusted Death Rate)</td>
<td>17.9</td>
<td>16.0</td>
<td>12.9</td>
<td>9.3</td>
<td><img src="#" alt="Graphic" /> similar <img src="#" alt="Graphic" /> better <img src="#" alt="Graphic" /> better</td>
</tr>
<tr>
<td>Violent Crime Rate</td>
<td>545.9</td>
<td>378.0</td>
<td>379.7</td>
<td></td>
<td><img src="#" alt="Graphic" /> similar <img src="#" alt="Graphic" /> similar <img src="#" alt="Graphic" /> similar</td>
</tr>
<tr>
<td>% Victim of Violent Crime in Past 5 Years</td>
<td>0.8</td>
<td></td>
<td>3.7</td>
<td>6.0</td>
<td><img src="#" alt="Graphic" /> similar <img src="#" alt="Graphic" /> similar <img src="#" alt="Graphic" /> similar</td>
</tr>
<tr>
<td>% Victim of Domestic Violence (Ever)</td>
<td>8.3</td>
<td></td>
<td>14.2</td>
<td>19.4</td>
<td><img src="#" alt="Graphic" /> better <img src="#" alt="Graphic" /> similar <img src="#" alt="Graphic" /> similar</td>
</tr>
</tbody>
</table>
## Community Health Needs Assessment

### Kidney Disease

<table>
<thead>
<tr>
<th>Metric</th>
<th>Peach County</th>
<th>Peach County vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidney Disease (Age-Adjusted Death Rate)</td>
<td>36.2</td>
<td>18.7</td>
<td>better</td>
</tr>
<tr>
<td>% Kidney Disease</td>
<td>5.7</td>
<td>3.4</td>
<td>similar</td>
</tr>
</tbody>
</table>

### Mental Health

<table>
<thead>
<tr>
<th>Metric</th>
<th>Peach County</th>
<th>Peach County vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>% &quot;Fair/Poor&quot; Mental Health</td>
<td>9.2</td>
<td>13.0</td>
<td>better</td>
</tr>
<tr>
<td>% Diagnosed Depression</td>
<td>25.9</td>
<td>16.6</td>
<td>similar</td>
</tr>
<tr>
<td>% Symptoms of Chronic Depression (2+ Years)</td>
<td>33.7</td>
<td>31.4</td>
<td>worse</td>
</tr>
<tr>
<td>% Typical Day Is &quot;Extremely/Very&quot; Stressful</td>
<td>19.3</td>
<td>13.4</td>
<td>better</td>
</tr>
<tr>
<td>Suicide (Age-Adjusted Death Rate)</td>
<td>25.8</td>
<td>12.9</td>
<td>better</td>
</tr>
<tr>
<td>% Taking Rx/Receiving Mental Health Trtmt</td>
<td>27.0</td>
<td>13.9</td>
<td>better</td>
</tr>
<tr>
<td>% Have Ever Sought Help for Mental Health</td>
<td>36.7</td>
<td>30.8</td>
<td>better</td>
</tr>
<tr>
<td>% [Those With Diagnosed Depression] Seeking Help</td>
<td>71.3</td>
<td>87.1</td>
<td>worse</td>
</tr>
<tr>
<td>% Unable to Get Mental Health Svcs in Past Yr</td>
<td>4.9</td>
<td>6.8</td>
<td>worse</td>
</tr>
</tbody>
</table>
### Nutrition, Physical Activity & Weight

<table>
<thead>
<tr>
<th>Metric</th>
<th>Peach County</th>
<th>Peach County vs. Benchmarks</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Food Insecure</td>
<td>30.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Eat 5+ Servings of Fruit or Vegetables per Day</td>
<td>27.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% &quot;Very/Somewhat&quot; Difficult to Buy Fresh Produce</td>
<td>19.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Population With Low Food Access (Percent)</td>
<td>27.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% No Leisure-Time Physical Activity</td>
<td>23.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Meeting Physical Activity Guidelines</td>
<td>11.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recreation/Fitness Facilities per 100,000</td>
<td>7.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Overweight (BMI 25+)</td>
<td>79.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Healthy Weight (BMI 18.5-24.9)</td>
<td>20.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Overweights] Trying to Lose Weight</td>
<td>69.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Obese (BMI 30+)</td>
<td>41.7</td>
<td></td>
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<tr>
<td>% Medical Advice on Weight in Past Year</td>
<td>28.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Overweights] Counseled About Weight in Past Year</td>
<td>32.5</td>
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</table>
### Oral Health

<table>
<thead>
<tr>
<th></th>
<th>Peach County</th>
<th>Peach County vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>vs. GA</td>
<td>vs. US</td>
</tr>
<tr>
<td>% Have Dental Insurance</td>
<td>79.2</td>
<td>59.9</td>
<td></td>
</tr>
<tr>
<td>% [Age 18+] Dental Visit in Past Year</td>
<td>55.8</td>
<td>63.1</td>
<td>59.7</td>
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</table>

### Potentially Disabling Conditions

<table>
<thead>
<tr>
<th></th>
<th>Peach County</th>
<th>Peach County vs. Benchmarks</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>vs. GA</td>
<td>vs. US</td>
</tr>
<tr>
<td>% [50+] Arthritis/Rheumatism</td>
<td>42.8</td>
<td>38.3</td>
<td></td>
</tr>
<tr>
<td>% [50+] Osteoporosis</td>
<td>7.0</td>
<td></td>
<td>9.4</td>
</tr>
<tr>
<td>% Sciatic/Chronic Back Pain</td>
<td>31.1</td>
<td>22.9</td>
<td></td>
</tr>
<tr>
<td>% Eye Exam in Past 2 Years</td>
<td>52.8</td>
<td></td>
<td>55.3</td>
</tr>
</tbody>
</table>

The trend icons represent: better, similar, worse.
### Respiratory Diseases

<table>
<thead>
<tr>
<th>Disease</th>
<th>Peach County</th>
<th>Peach County vs. Benchmarks</th>
<th>TEND</th>
<th>vs. GA</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLRD (Age-Adjusted Death Rate)</td>
<td>64.4</td>
<td>🌧️ 46.5  🌧️ 40.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonia/Influenza (Age-Adjusted Death Rate)</td>
<td>22.2</td>
<td>🌧️ 15.3  🌧️ 14.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Adult] Currently Has Asthma</td>
<td>5.4</td>
<td>🌬️ 8.5  🌬️ 11.8</td>
<td></td>
<td></td>
<td></td>
<td>10.1</td>
</tr>
<tr>
<td>% COPD (Lung Disease)</td>
<td>9.2</td>
<td>🌬️ 7.7  🌬️ 8.6</td>
<td></td>
<td></td>
<td></td>
<td>12.8</td>
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</tbody>
</table>

### Sexually Transmitted Diseases

<table>
<thead>
<tr>
<th>Disease</th>
<th>Peach County</th>
<th>Peach County vs. Benchmarks</th>
<th>TEND</th>
<th>vs. GA</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia Incidence Rate</td>
<td>829.2</td>
<td>🌬️ 516.5  🌬️ 456.1  🌬️ 7.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gonorrhea Incidence Rate</td>
<td>207.3</td>
<td>🌬️ 137.8  🌬️ 110.7</td>
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</table>

### Substance Abuse

<table>
<thead>
<tr>
<th>Disease</th>
<th>Peach County</th>
<th>Peach County vs. Benchmarks</th>
<th>TEND</th>
<th>vs. GA</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)</td>
<td>9.3</td>
<td>🌬️ 11.2  🌬️ 14.3  🌬️ 11.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cirrhosis/Liver Disease (Age-Adjusted Death Rate)</td>
<td>16.6</td>
<td>🌬️ 8.9  🌬️ 10.6  🌬️ 8.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Current Drinker</td>
<td>33.3</td>
<td>🌬️ 55.0  🌬️ 38.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse (continued)</td>
<td>Peach County</td>
<td>Peach County vs. Benchmarks</td>
<td>TRENDS</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>-----------------------------</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>vs. GA</td>
<td>vs. US</td>
<td>vs. HP2020</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)</td>
<td>8.4</td>
<td>20.0</td>
<td>24.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Excessive Drinker</td>
<td>8.4</td>
<td>22.5</td>
<td>25.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Drinking &amp; Driving in Past Month</td>
<td>0.0</td>
<td>4.1</td>
<td>5.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Illicit Drug Use in Past Month</td>
<td>7.6</td>
<td>2.5</td>
<td>7.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Ever Sought Help for Alcohol or Drug Problem</td>
<td>3.8</td>
<td>3.4</td>
<td>5.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Life Negatively Affected by Substance Abuse</td>
<td>25.9</td>
<td>37.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tobacco Use</th>
<th>Peach County</th>
<th>Peach County vs. Benchmarks</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. GA</td>
<td>vs. US</td>
<td>vs. HP2020</td>
</tr>
<tr>
<td>% Current Smoker</td>
<td>11.0</td>
<td>17.9</td>
<td>16.3</td>
</tr>
<tr>
<td>% Someone Smokes at Home</td>
<td>17.4</td>
<td>10.7</td>
<td>4.0</td>
</tr>
<tr>
<td>% [Nonsmokers] Someone Smokes in the Home</td>
<td>15.0</td>
<td>34.7</td>
<td>8.6</td>
</tr>
<tr>
<td>% [Smokers] Have Quit Smoking 1+ Days in Past Year</td>
<td>53.5</td>
<td>80.0</td>
<td></td>
</tr>
<tr>
<td>% [Smokers] Received Advice to Quit Smoking</td>
<td>90.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Currently Use Vaping Products</td>
<td>3.1</td>
<td>4.8</td>
<td>3.8</td>
</tr>
</tbody>
</table>
Summary of Key Informant Perceptions

In the focus group, community stakeholders were asked to rate the degree to which each of 20 health issues is a problem in their own community, using a scale of “major problem,” “moderate problem,” “minor problem,” or “no problem at all.” The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)

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

<table>
<thead>
<tr>
<th>Health Topic</th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
<th>70%</th>
<th>80%</th>
<th>90%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Chronic Kidney Disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>80.0%</td>
<td>20.0%</td>
</tr>
<tr>
<td>Heart Disease and Stroke</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>75.0%</td>
<td></td>
<td></td>
<td>25.0%</td>
</tr>
<tr>
<td>Nutrition, Physical Activity, and Weight</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>25.0%</td>
<td>20.0%</td>
<td></td>
<td></td>
<td></td>
<td>75.0%</td>
</tr>
<tr>
<td>Family Planning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>60.0%</td>
<td>40.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demental/Alzheimer's Disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>60.0%</td>
<td></td>
<td></td>
<td>25.0%</td>
</tr>
<tr>
<td>Access to Health Care Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>75.0%</td>
<td>20.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20.0%</td>
<td></td>
<td></td>
<td>80.0%</td>
</tr>
<tr>
<td>Arthritis/Osteoporosis/Back Conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20.0%</td>
<td></td>
<td></td>
<td>60.0%</td>
</tr>
<tr>
<td>Respiratory Diseases</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20.0%</td>
<td></td>
<td></td>
<td>60.0%</td>
</tr>
<tr>
<td>Sexually Transmitted Diseases</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20.0%</td>
<td></td>
<td></td>
<td>60.0%</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20.0%</td>
<td></td>
<td></td>
<td>60.0%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>80.0%</td>
</tr>
<tr>
<td>Oral Health/Dental Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>60.0%</td>
</tr>
<tr>
<td>Injury and Violence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>60.0%</td>
</tr>
<tr>
<td>Infant and Child Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>60.0%</td>
</tr>
<tr>
<td>Immunization and Infectious Diseases</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>60.0%</td>
</tr>
<tr>
<td>Hearing and Vision Problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20.0%</td>
</tr>
</tbody>
</table>
Data Charts & Key Informant Input

The following sections present data from multiple sources, including the random-sample PRC Community Health Survey, public health and other existing data sets (secondary data), as well as qualitative input from the focus group. Data indicators from these sources are intermingled and organized by health topic. To better understand the source data for specific indicators, please refer to the footnotes accompanying each chart.
Community Characteristics

Population Characteristics

Land Area, Population Size & Density
Data from the US Census Bureau reveal the following statistics for our community relative to size, population, and density.

<table>
<thead>
<tr>
<th></th>
<th>Total Population</th>
<th>Total Land Area (Square Miles)</th>
<th>Population Density (Per Square Mile)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peach County</td>
<td>26,907</td>
<td>150.27</td>
<td>179.06</td>
</tr>
<tr>
<td>Georgia</td>
<td>10,099,320</td>
<td>57,594.80</td>
<td>175.35</td>
</tr>
<tr>
<td>United States</td>
<td>318,558,162</td>
<td>3,532,068.58</td>
<td>90.19</td>
</tr>
</tbody>
</table>

Sources: US Census Bureau American Community Survey 5-year estimates.

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

Total Population by Age Groups, Percent
(2012-2016)

<table>
<thead>
<tr>
<th></th>
<th>Age 0-17</th>
<th>Age 18-64</th>
<th>Age 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peach County</td>
<td>22.1%</td>
<td>64.9%</td>
<td>13.1%</td>
</tr>
<tr>
<td>Georgia</td>
<td>24.7%</td>
<td>63.0%</td>
<td>12.3%</td>
</tr>
<tr>
<td>US</td>
<td>23.1%</td>
<td>62.4%</td>
<td>14.5%</td>
</tr>
</tbody>
</table>

Sources: US Census Bureau American Community Survey 5-year estimates.
Race & Ethnicity
The following charts illustrate the racial and ethnic makeup of our community. Note that ethnicity (Hispanic or Latino) can be of any race.

**Total Population by Race Alone, Percent**
(2012-2016)

- **White**: Peach County 48.1%, Georgia 45.3%, US 73.4%
- **Black**: Peach County 5.9%, Georgia 31.2%, US 12.6%
- **Some Other Race**: Peach County 0.8%, Georgia 6.8%, US 11.0%
- **Multiple Races**: Peach County 0.8%, Georgia 2.2%, US 3.1%

**Hispanic Population**
(2012-2016)
- **Peach County**: 7.3%
- **Georgia**: 9.2%
- **US**: 17.3%

**Sources:**
1. US Census Bureau American Community Survey 5-year estimates.

**Notes:**
Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person’s parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.
Social Determinants of Health

About Social Determinants

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

- Healthy People 2020 (www.healthypeople.gov)

Poverty

The following chart outlines the proportion of our population below the federal poverty threshold, as well as below 200% of the federal poverty level, in comparison to state and national proportions.

### Population in Poverty

**Populations Living Below 100% and Below 200% of the Poverty Level; 2012-2016**

<table>
<thead>
<tr>
<th></th>
<th>&lt;100% of Poverty</th>
<th>&lt;200% of Poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peach County</td>
<td>21.8%</td>
<td>43.4%</td>
</tr>
<tr>
<td>Georgia</td>
<td>17.8%</td>
<td>38.9%</td>
</tr>
<tr>
<td>US</td>
<td>15.1%</td>
<td>33.6%</td>
</tr>
</tbody>
</table>

10,761 individuals

Sources:
- US Census Bureau American Community Survey 5-year estimates.

Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.
**Education**

Education levels are reflected in the proportion of our population without a high school diploma:

**Population With No High School Diploma**

(Population Age 25+ Without a High School Diploma or Equivalent, 2012-2016)

- **Peach County**: 14.9%
- **Georgia**: 14.2%
- **US**: 13.0%

2,496 individuals

Sources: US Census Bureau American Community Survey 5-year estimates.

Notes: This indicator is relevant because educational attainment is linked to positive health outcomes.

**Health Literacy**

To measure respondents’ ability to understand health-related information, respondents were asked the following questions:

“How often is health information written in a way that is easy for you to understand? Would you say: always, nearly always, sometimes, seldom, or never?”

“How often do you need to have someone help you read health information? Would you say: always, nearly always, sometimes, seldom, or never?”

“How often is health information spoken in a way that is easy for you to understand? Would you say: always, nearly always, sometimes, seldom, or never?”

“In general, how confident are you in your ability to fill out health forms yourself? Would you say: extremely confident, somewhat confident, or not at all confident?”

Low health literacy is defined here as those respondents who “seldom/never” find written or spoken health information easy to understand, and/or who “always/nearly always” need help reading health information, and/or who are “not at all confident” in filling out health forms.
Low Health Literacy
(Peach County, 2018)

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]

Notes:
- Asked of all respondents.
- Race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- Respondents with low health literacy are those who “seldom/never” find written or spoken health information easy to understand, and/or who “always/nearly always” need help reading health information, and/or who are “not at all confident” in filling out health forms.
General Health Status

Overall Health Status

Self-Reported Health Status

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

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

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

Experience “Fair” or “Poor” Overall Health

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: Asked of all respondents.
Experience “Fair” or “Poor” Overall Health
(Peach County, 2018)

| Activity Limitations |

About Disability & Health

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

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

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

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.

- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.

- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

  - Healthy People 2020 (www.healthypeople.gov)
“Are you limited in any way in any activities because of physical, mental, or emotional problems?”

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

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Limited in Activities in Some Way
Due to a Physical, Mental or Emotional Problem
(Peach County, 2018)

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
- Asked of all respondents.

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

About Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people’s ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people’s ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person’s ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: risk factors, which predispose individuals to mental illness; and protective factors, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

Self-Reported Mental Health Status

“No, now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair, or poor?”
**Self-Reported Mental Health Status**
(Peach County, 2018)

- Excellent: 25.3%
- Very Good: 30.2%
- Good: 35.2%
- Fair: 8.7%
- Poor: 0.5%

**Experience “Fair” or “Poor” Mental Health**
(Peach County, 2018)

- Men: 7.8%
- Women: 10.5%
- 18 to 39: 9.6%
- 40 to 64: 9.3%
- 65+: 9.5%
- Low Income: 18.9%
- Mid/High Income: 2.6%
- White: 4.4%
- Black: 13.0%
- Peach County: 9.2%
- US: 13.0%

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

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

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

*Have Been Diagnosed With a Depressive Disorder*

<table>
<thead>
<tr>
<th>Year</th>
<th>Peach County</th>
<th>GA</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>25.9%</td>
<td>16.6%</td>
<td>21.6%</td>
</tr>
<tr>
<td>2018</td>
<td>20.2%</td>
<td>25.9%</td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.

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

*Have Experienced Symptoms of Chronic Depression*

<table>
<thead>
<tr>
<th>Year</th>
<th>Peach County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>31.4%</td>
<td>33.7%</td>
</tr>
<tr>
<td>2015</td>
<td>26.4%</td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>27.0%</td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
Have Experienced Symptoms of Chronic Depression
(Peach County, 2018)

Suicide

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

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

Healthy People 2020 Target = 10.2 or Lower

Peach County Georgia US
0 5 10 15 20 25 30
25.8
12.9
13.0

Sources:

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

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

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

Unable to Get Mental Health Services When Needed in the Past Year (Peach County, 2018)

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

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

**Perceptions of Mental Health as a Problem in the Community**
(Key Informants, 2018)

<table>
<thead>
<tr>
<th>Perception</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>80.0%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>20.0%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td></td>
</tr>
<tr>
<td>No Problem At All</td>
<td></td>
</tr>
</tbody>
</table>

Sources: PRC Focus Group, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

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

- Incidence/Prevalence
- Inadequate number of psychiatrists and treatment programs
- Central State Hospital
- Co-occurring substance abuse
- Misuse of emergency room
- Law enforcement
- Stigma

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

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

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

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

In addition to a limited capacity, the limited coverage by insurance companies and the cost of behavioral health services limit many residents’ access to the much-needed care.

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

I see people every day on the street not capable of being on the street, but they’re on the street. Eventually, police would get them, put them in jail. Then they stay there and get out with nothing else to do. I think some of them go back so they have a place to stay and they’ll have food and medical. – Peach County Participant

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

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

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

Law enforcement also spends an enormous amount of resources transporting these individuals to hospitals outside of the community because of limited beds. All of the attendees agree that incarceration is not the answer. Lastly, key informants describe the stigma surrounding mental illness that may impact a residents’ willingness to access behavioral health services for themselves.
Death, Disease, & Chronic Conditions

Leading Causes of Death

Distribution of Deaths by Cause

Cancers and cardiovascular disease (heart disease and stroke) are leading causes of death in the community.

### Leading Causes of Death
(Peach County, 2014-2016)

- **Heart Disease**: 22.0%
- **Cancer**: 20.1%
- **Stroke**: 6.1%
- **Unintentional Injuries**: 3.7%
- **CLRD**: 5.9%
- **Other**: 42.2%

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

**Notes:**
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- CLRD is chronic lower respiratory disease.

**Age-Adjusted Death Rates for Selected Causes**

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

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

The following chart outlines annual average age-adjusted death rates per 100,000 population for selected causes of death in the area. *(For infant mortality data, see also Birth Outcomes & Risks in the Births section of this report.)*
### Age-Adjusted Death Rates for Selected Causes
(2014-2016 Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Cause</th>
<th>Peach County</th>
<th>CA</th>
<th>US</th>
<th>HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the Heart</td>
<td>251.6</td>
<td>179.6</td>
<td>167.0</td>
<td>156.9*</td>
</tr>
<tr>
<td>Malignant Neoplasms (Cancers)</td>
<td>206.2</td>
<td>162.9</td>
<td>158.5</td>
<td>161.4</td>
</tr>
<tr>
<td>Cerebrovascular Disease (Stroke)</td>
<td>69.6</td>
<td>44.1</td>
<td>37.1</td>
<td>34.8</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease (CLRD)</td>
<td>64.4</td>
<td>46.5</td>
<td>40.9</td>
<td>n/a</td>
</tr>
<tr>
<td>Unintentional Injuries</td>
<td>41.8</td>
<td>43.0</td>
<td>43.7</td>
<td>36.4</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>47.3</td>
<td>21.8</td>
<td>21.1</td>
<td>20.5*</td>
</tr>
<tr>
<td>Alzheimer's Disease</td>
<td>75.7</td>
<td>39.6</td>
<td>28.4</td>
<td>n/a</td>
</tr>
<tr>
<td>Pneumonia/Influenza</td>
<td>22.2</td>
<td>15.3</td>
<td>14.6</td>
<td>n/a</td>
</tr>
<tr>
<td>Unintentional Drug-Related Deaths</td>
<td>9.3</td>
<td>11.2</td>
<td>14.3</td>
<td>11.3</td>
</tr>
<tr>
<td>Motor Vehicle Deaths</td>
<td>19.7</td>
<td>13.6</td>
<td>11.0</td>
<td>12.4</td>
</tr>
<tr>
<td>Cirrhosis/Liver Disease</td>
<td>16.6</td>
<td>8.9</td>
<td>10.6</td>
<td>8.2</td>
</tr>
<tr>
<td>Intentional Self-Harm (Suicide)</td>
<td>25.8</td>
<td>12.9</td>
<td>13.0</td>
<td>10.2</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>12.2</td>
<td>4.6</td>
<td>2.5</td>
<td>3.3</td>
</tr>
<tr>
<td>Firearm-Related</td>
<td>17.9</td>
<td>16.0</td>
<td>12.9</td>
<td>9.3</td>
</tr>
<tr>
<td>Homicide/Legal Intervention</td>
<td>n/a</td>
<td>7.3</td>
<td>5.7</td>
<td>5.5</td>
</tr>
<tr>
<td>Kidney Disease</td>
<td>36.2</td>
<td>18.7</td>
<td>13.2</td>
<td>n/a</td>
</tr>
</tbody>
</table>

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

**Note:**
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.
Cardiovascular Disease

About Heart Disease & Stroke

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

The greatest share of cardiovascular deaths is attributed to heart disease. The following charts outline age-adjusted mortality rates for heart disease and for stroke in our community.
COMMUNITY HEALTH NEEDS ASSESSMENT

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

Peach County Georgia US

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

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

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

Peach County Georgia US

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

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

“Has a doctor, nurse, or other health professional ever told you that you had: a heart attack, also called a myocardial infarction; or angina or coronary heart disease?” (Heart disease prevalence here is a calculated prevalence that includes those responding affirmatively to either.)

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

Prevalence of Heart Disease

Prevalence of Stroke

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

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

About Cardiovascular Risk

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

- Healthy People 2020 (www.healthypeople.gov)

High Blood Pressure & Cholesterol Prevalence

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

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

Prevalence of High Blood Pressure

Healthy People 2020 Target = 26.9% or Lower

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 41, 129]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

98.6% of adults with multiple HBP readings are taking action to help control their levels (such as medication, diet, and/or exercise).
**About Cardiovascular Risk**

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

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes
  - National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

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

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

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

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

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention
Total Cardiovascular Risk
The following chart reflects the percentage of adults in Peach County who report one or more of the following: being overweight; smoking cigarettes; being physically inactive; or having high blood pressure or cholesterol. See also Nutrition, Physical Activity, Weight Status, and Tobacco Use in the Modifiable Health Risks section of this report.

Key Informant Input: Heart Disease & Stroke
The following chart outlines key informants’ perceptions of the severity of Heart Disease & Stroke as a problem in the community:
**Cancer**

**About Cancer**

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

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

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

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

**Age-Adjusted Cancer Deaths**

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

**Cancer: Age-Adjusted Mortality**

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 161.4 or Lower

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Sources:  

Notes:  
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
Lung cancer is by far the leading cause of cancer deaths in the area. Other leading sites include prostate cancer among men, breast cancer among women, and colorectal cancer (both sexes).

### Age-Adjusted Cancer Death Rates by Site
(2012-2016 Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th></th>
<th>Peach County</th>
<th>GA</th>
<th>US</th>
<th>HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL CANCERS</td>
<td>206.2</td>
<td>162.9</td>
<td>158.5</td>
<td>161.4</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>63.7</td>
<td>42.5</td>
<td>40.3</td>
<td>45.5</td>
</tr>
<tr>
<td>Prostate Cancer</td>
<td>22.8</td>
<td>21.6</td>
<td>19.0</td>
<td>21.8</td>
</tr>
<tr>
<td>Female Breast Cancer</td>
<td>19.3</td>
<td>21.9</td>
<td>20.3</td>
<td>20.7</td>
</tr>
<tr>
<td>Colorectal Cancer</td>
<td>28.2</td>
<td>15.5</td>
<td>14.1</td>
<td>14.5</td>
</tr>
</tbody>
</table>

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

### Cancer Incidence

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

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

**Sources:**
- State Cancer Profiles.

**Notes:**
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ... 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.
Cancer Risk

About Cancer Risk
Reducing the nation’s cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings
The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Female Breast Cancer Screening

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

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

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


Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.
Breast Cancer Screening: “A mammogram is an x-ray of each breast to look for cancer. How long has it been since you had your last mammogram?” (Calculated here among women age 50 to 74 who indicate screening within the past 2 years.)

Have Had a Mammogram in the Past Two Years
(Among Women Age 50-74)

Healthy People 2020 Target = 81.1% or Higher

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects female respondents 50-74.
Cervical Cancer Screenings

About Screening for Cervical Cancer

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

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

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

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

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

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

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Cervical Cancer Screening: “A Pap test is a test for cancer of the cervix. How long has it been since you had your last Pap test?” (Calculated here among women age 21 to 65 who indicate screening within the past 3 years.)
**Have Had a Pap Smear in the Past Three Years**

(Among Women Age 21-65)

Healthy People 2020 Target = 93.0% or Higher

<table>
<thead>
<tr>
<th>Year</th>
<th>Peach County</th>
<th>GA</th>
<th>US</th>
<th>Healthy People 2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>89.7%</td>
<td>80.6%</td>
<td>80.6%</td>
<td>93.0%</td>
</tr>
<tr>
<td>2015</td>
<td>79.8%</td>
<td>83.5%</td>
<td>83.5%</td>
<td>93.0%</td>
</tr>
<tr>
<td>2018</td>
<td>73.5%</td>
<td>89.7%</td>
<td>89.7%</td>
<td>93.0%</td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects female respondents age 21 to 65.

### Colorectal Cancer Screenings

**About Screening for Colorectal Cancer**

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (fecal occult blood testing, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.


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

**Colorectal Cancer Screening:**

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

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

(Calculated here among both sexes age 50 to 75 who indicated fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years.)
Have Had a Colorectal Cancer Screening
(Among Adults Age 50-75)
Healthy People 2020 Target = 70.5% or Higher

Peach County
82.6%
63.3%
76.4%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 137]
- Behavioral Risk Factor Surveillance System Survey Data - Atlanta, GA. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC)
- 2016 Georgia data
- 2018 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents age 50 through 75.
- In this case, the term “colorectal screening” refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.
Key Informant Input: Cancer

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

**Perceptions of Cancer as a Problem in the Community**  
(Key Informants, 2018)

- **Major Problem**: 20.0%
- **Moderate Problem**: 80.0%
- **Minor Problem**: 0.0%
- **No Problem At All**: 0.0%

Top Reasons for “Major Problem” Responses:
• Cancer incidence
• Cancer mortality
• Cancer treatment availability

Sources: PRC Focus Group, Professional Research Consultants, Inc.
Notes: Asked of all respondents.
Respiratory Disease

About Asthma & COPD

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

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

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

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

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

Risk factors for asthma currently being investigated include:

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

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

Age-Adjusted Respiratory Disease Deaths

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

Pneumonia and influenza mortality also is illustrated in the following chart. For prevalence of vaccinations against pneumonia and influenza, see also Immunization & Infectious Diseases in the Infectious Disease section of this report.
COMMUNITY HEALTH NEEDS ASSESSMENT

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

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

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

**Pneumonia/Influenza: Age-Adjusted Mortality**
(2012-2016 Annual Average Deaths per 100,000 Population)

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

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

COPD

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

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]
2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
- In prior data, the term “chronic lung disease” was used, which also included bronchitis or emphysema.

Asthma

Adults: “Have you ever been told by a doctor, nurse, or other health professional that you had asthma?” and “Do you still have asthma?” (Calculated here as a prevalence of all adults who have ever been diagnosed with asthma and who still have asthma [“current asthma”].)
Adult Asthma: Current Prevalence

**Peach County**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>10.1%</td>
</tr>
<tr>
<td>2015</td>
<td>13.0%</td>
</tr>
<tr>
<td>2018</td>
<td>5.4%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
- Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

**Key Informant Input: Respiratory Disease**

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

**Perceptions of Respiratory Diseases as a Problem in the Community**

(Key Informants, 2018)

<table>
<thead>
<tr>
<th>Problem Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>20.0%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>60.0%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>20.0%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>0%</td>
</tr>
</tbody>
</table>

**Sources:**
- PRC Focus Group, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
Injury & Violence

About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as "accidents," "acts of fate," or as "part of life." However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

Healthy People 2020 (www.healthypeople.gov)
Leading Causes of Accidental Death
Leading causes of accidental death in the area include the following:

![Leading Causes of Accidental Death](image)

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

Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Unintentional Injury
Age-Adjusted Unintentional Injury Deaths
The following chart outlines age-adjusted mortality rates for unintentional injury in the area.

![Unintentional Injuries: Age-Adjusted Mortality](image)

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


Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
Age-Adjusted Deaths for Selected Injury-Related Causes

The following chart outlines age-adjusted mortality rates for unintentional drug-related deaths, motor vehicle crash deaths, and fall-related deaths (among adults age 65+).

### Select Injury Death Rates

(By Cause of Death; 2007-2016 Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th></th>
<th>Peach County</th>
<th>Georgia</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unintentional Drug-Related Deaths</strong> (HP2020 Goal = 11.3 or Lower)*</td>
<td>9.3</td>
<td>11.2</td>
<td>14.3</td>
</tr>
<tr>
<td><strong>Motor Vehicle Accidents</strong> (HP2020 Goal = 12.4 or Lower)</td>
<td>19.7</td>
<td>13.6</td>
<td>11.0</td>
</tr>
<tr>
<td><strong>Falls (65+)</strong> (HP2020 Goal = 47.0 or Lower)</td>
<td>85.7</td>
<td>53.0</td>
<td>60.6</td>
</tr>
</tbody>
</table>

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

**Notes:**
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- *Healthy People 2020 goal includes all drug-induced deaths, both intentional and unintentional.

### Intentional Injury (Violence)

**Violent Crime**

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault. Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.
**COMMUNITY HEALTH NEEDS ASSESSMENT**

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

<table>
<thead>
<tr>
<th></th>
<th>Peach County</th>
<th>Georgia</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>545.9</td>
<td>378.0</td>
<td>379.7</td>
</tr>
</tbody>
</table>

**Sources:**
- Federal Bureau of Investigation, FBI Uniform Crime Reports.

**Notes:**
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

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

**Victim of a Violent Crime in the Past Five Years**
*(Peach County, 2018)*

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>1.3%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Mid/High</td>
<td>1.6%</td>
<td>0.8%</td>
</tr>
<tr>
<td>White</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Black</td>
<td>1.3%</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Income Level</th>
<th>0%</th>
<th>20%</th>
<th>40%</th>
<th>60%</th>
<th>80%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Income</td>
<td>1.2%</td>
<td>1.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mid/High Income</td>
<td></td>
<td></td>
<td>3.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
- Asked of all respondents.
- Race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Intimate Partner Violence: “The next questions are about different types of violence in relationships with an intimate partner. By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with, would also be considered an intimate partner. Has an intimate partner ever hit, slapped, pushed, kicked, or hurt you in any way?”

Key Informant Input: Injury & Violence
The following chart outlines key informants’ perceptions of the severity of Injury & Violence as a problem in the community:

Perceptions of Injury and Violence as a Problem in the Community
(Key Informants, 2018)

60.0% 40.0%

Sources:
• PRC Focus Group, Professional Research Consultants, Inc.
Notes:
• Asked of all respondents.
Focus group attendees spent time discussing violence in Peach County, with primary concern including:

- Prevalence

Several focus group participants express concern with the prevalence of violence in the community and feel that it has increased in recent years. Key informants feel that poverty, homelessness, and mental illness (not interrelated) all were contributing factors to the level of violence.

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

About Diabetes

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

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

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

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

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

“Have you ever been told by a doctor, nurse, or other health professional that you have diabetes? (If female, add: not counting diabetes only occurring during pregnancy?)”

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

Another 4.7% of adults report that they have been diagnosed with “pre-diabetes” or “borderline” diabetes. (vs. 5.7% nationwide)

Prevalence of Diabetes
(Peach County, 2018)

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]  
Notes: Asked of all respondents.

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

Excludes gestational diabetes (occurring only during pregnancy).
Diabetes Testing

Adults who do not have diabetes: “Have you had a test for high blood sugar or diabetes within the past three years?”

Have Had Blood Sugar Tested in the Past Three Years
(Among Nondiabetics)

---

Key Informant Input: Diabetes

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

Perceptions of Diabetes as a Problem in the Community
(Key Informants, 2018)
Alzheimer’s Disease

About Dementia

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

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

Age-Adjusted Alzheimer’s Disease Deaths

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

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

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

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

The following chart outlines key informants’ perceptions of the severity of Dementias, Including Alzheimer’s Disease as a problem in the community:

### Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community
(Key Informants, 2018)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>25.0%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>75.0%</td>
</tr>
</tbody>
</table>

**Sources:**
- PRC Focus Group, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
Kidney Disease

About Kidney Disease

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Age-adjusted kidney disease mortality is described in the following chart.
Prevalence of Kidney Disease

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

Perceptions of Kidney Disease

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc.  
2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: Asked of all respondents.

Key Informant Input: Kidney Disease

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

Perceptions of Kidney Disease

as a Problem in the Community

(Key Informants, 2018)

Major Problem Moderate Problem Minor Problem No Problem At All

75.0% 25.0%

Sources: PRC Focus Group, Professional Research Consultants, Inc.

Notes: Asked of all respondents.
Potentially Disabling Conditions

Arthritis, Osteoporosis, & Chronic Back Conditions

About Arthritis, Osteoporosis, & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least $50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

- Healthy People 2020 (www.healthypeople.gov)

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

“Would you please tell me if you have ever suffered from or been diagnosed with osteoporosis?”
(Reported in the following chart among only those age 50+.)

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

See also Overall Health Status: Activity Limitations in the General Health Status section of this report.
Prevalence of Potentially Disabling Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Peach County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis/Rheumatism (50+)</td>
<td>42.8%</td>
<td>38.3%</td>
</tr>
<tr>
<td>Sciatica/Chronic Back Pain (18+)</td>
<td>31.1%</td>
<td>22.9%</td>
</tr>
</tbody>
</table>

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 26, 141-142]  
2015 PRC National Health Survey, Professional Research Consultants, Inc.  

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

**Key Informant Input: Arthritis, Osteoporosis, & Chronic Back Conditions**

The following chart outlines key informants’ perceptions of the severity of *Arthritis, Osteoporosis, & Chronic Back Conditions* as a problem in the community:

**Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community**  
(Key Informants, 2018)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>20.0%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>60.0%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>20.0%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>20.0%</td>
</tr>
</tbody>
</table>

Sources: PRC Focus Group, Professional Research Consultants, Inc.
Notes: Asked of all respondents.
Vision & Hearing Impairment

**About Vision**

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

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

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

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

- [Healthy People 2020](https://www.healthypeople.gov)

**About Hearing & Other Sensory or Communication Disorders**

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

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

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

- [Healthy People 2020](https://www.healthypeople.gov)

**Key Informant Input: Vision & Hearing**

The following chart outlines key informants’ perceptions of the severity of Vision & Hearing as a problem in the community:

**Perceptions of Vision and Hearing as a Problem in the Community**

*(Key Informants, 2018)*

<table>
<thead>
<tr>
<th></th>
<th>No Problem At All</th>
<th>Minor Problem</th>
<th>Moderate Problem</th>
<th>Major Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>20.0%</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

80.0%

*Sources:*
- PRC Focus Group, Professional Research Consultants, Inc.
*Notes:*
- Asked of all respondents.
Chronic Disease

Focus group members believe that there is a high prevalence of chronic disease in Peach County including:

- Diabetes
- Hypertension
- Obesity
- Asthma
- “Pre-disease”
- Health department

Peach County has a high prevalence of diabetes, hypertension, obesity, and asthma, according to focus group members.

*Diabetes is really … in fact, you wonder sometimes is there anybody around who ain’t got it, the way it’s going. Hypertension is always a problem. But I’d put diabetes higher on the list than hypertension. Hypertension I guess will kill you like that, but diabetes wears you down.* – Peach County Participant

Focus group attendees feel that residents either do not realize they have the disease or do not take the “pre”-disease diagnosis seriously and do nothing to stop the disease from progressing.

*You can go pretty long before some really serious complications occur, so they don’t really see the damage until it’s there, and they’ll not follow up sometimes even when they have the money, and they’ll kind of cheat on the eating because they know they can and feel okay to do that.* – Peach County Participant

Focus group participants did note that the local health department has health programs to combat chronic diseases.

*I mean a blood pressure and diabetes program. It’s only for – it’s for the uninsured, and also anyone with simple cases to make. Not complicated cases, meaning no history of stroke, heart attack, can’t be pregnant. Have to be about 18 years of age. We can manage those with the help of a nurse practitioner who comes to us part time.* – Peach County Participant
Infectious Disease

About Immunization & Infectious Diseases

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

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

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

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

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

- Saves 33,000 lives.
- Prevents 14 million cases of disease.
- Reduces direct healthcare costs by $9.9 billion.
- Saves $33.4 billion in indirect costs.

Key Informant Input: Immunization & Infectious Diseases

The following chart outlines key informants’ perceptions of the severity of Immunization & Infectious Diseases as a problem in the community:

Perceptions of Immunization and Infectious Diseases as a Problem in the Community (Key Informants, 2018)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>60.0%</td>
<td>20.0%</td>
<td>20.0%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: PRC Focus Group, Professional Research Consultants, Inc.
Notes: Asked of all respondents.
Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

- Healthy People 2020 (www.healthypeople.gov)

Vaccinations

“During the past 12 months, have you had a flu shot?”

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

Columns in the following chart show these findings among those age 65+. Percentages for “high-risk” adults age 18-64 in Peach County are also shown; here, “high-risk” includes adults who report having been diagnosed with heart disease, diabetes, or respiratory disease.

Older Adults: Have Had a Flu Vaccination in the Past Year
(Among Adults Age 65+)

Healthy People 2020 Target = 70.0% or Higher

<table>
<thead>
<tr>
<th>Year</th>
<th>Peach County</th>
<th>GA</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>69.9%</td>
<td>58.3%</td>
<td>76.8%</td>
</tr>
<tr>
<td>2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Peach County

- 60.0%
- 73.6%
- 69.9%

High-Risk Adults = 30.7%
(HP2020 Goal = 70%)

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 144-145]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- 2016 Georgia data

Notes:
- Reflects respondents 65 and older.
- “High-Risk” includes adults age 15 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
Older Adults: Have Ever Had a Pneumonia Vaccine
(Among Adults Age 65+)

Healthy People 2020 Target = 90.0% or Higher

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 165-166]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data, Atlanta, GA. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), 2016 Georgia data.

Notes:
- Reflects respondents 65 and older.
- “High-Risk” includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

Peach County | GA | US
---|---|---
2012 | 76.0% | 72.3% | 82.7%
2015 | 81.6% | 82.3% | 84.7%
2018 | 81.6% | 82.3% | 84.7%

High-Risk Adults = 32.2%
(HP2020 Goal = 60%)
HIV

**About Human Immunodeficiency Virus (HIV)**

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

- [Healthy People 2020](www.healthypeople.gov)
**HIV/AIDS Deaths**

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

---

**HIV/AIDS: Age-Adjusted Mortality**

*(2014-2016 Annual Average Deaths per 100,000 Population)*

**Healthy People 2020 Target = 3.3 or Lower**

<table>
<thead>
<tr>
<th></th>
<th>Peach County</th>
<th>Georgia</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaths</td>
<td>12.2</td>
<td>4.6</td>
<td>2.5</td>
</tr>
</tbody>
</table>

Sources:

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

---

**HIV Prevalence**

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

---

**HIV Prevalence**

*(Prevalence Rate of HIV per 100,000 Population, 2013)*

<table>
<thead>
<tr>
<th></th>
<th>Peach County</th>
<th>Georgia</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence</td>
<td>265.4</td>
<td>512.7</td>
<td>353.2</td>
</tr>
</tbody>
</table>

Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.

Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.
Key Informant Input: HIV/AIDS

The following chart outlines key informants’ perceptions of the severity of HIV/AIDS as a problem in the community:

### Perceptions of HIV/AIDS as a Problem in the Community
(Key Informants, 2018)

<table>
<thead>
<tr>
<th>Perception</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>80.0%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>20.0%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td></td>
</tr>
<tr>
<td>No Problem At All</td>
<td></td>
</tr>
</tbody>
</table>

**Sources:** PRC Focus Group, Professional Research Consultants, Inc.

**Notes:** Asked of all respondents.
Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs.** The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities.** Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities.** Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications.** Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic, and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons "linked" by sequential or concurrent sexual partners).

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

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

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

The following chart outlines local incidence for these STDs.
Key Informant Input: Sexually Transmitted Diseases

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

### Perceptions of Sexually Transmitted Diseases as a Problem in the Community
(Key Informants, 2018)

<table>
<thead>
<tr>
<th>Perception Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>20.0%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>60.0%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>20.0%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td></td>
</tr>
</tbody>
</table>

**Sources:** PRC Focus Group, Professional Research Consultants, Inc.

**Notes:** Asked of all respondents.
Births

About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

- Healthy People 2020 (www.healthypeople.gov)

Birth Outcomes & Risks

Infant Mortality

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

![Infant Mortality Rate Chart](chart.png)

**Infant Mortality Rate**

(Annual Average Infant Deaths per 1,000 Live Births, 2014-2016)

*Healthy People 2020 Target = 6.0 or Lower*

**Sources:**
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics.
  Data extracted June 2018.

**Notes:**
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.
Key Informant Input: Infant & Child Health

The following chart outlines key informants’ perceptions of the severity of Infant & Child Health as a problem in the community:

**Perceptions of Infant and Child Health as a Problem in the Community**
(Key Informants, 2018)

- **Major Problem:** 60.0%
- **Moderate Problem:** 40.0%
- **Minor Problem**
- **No Problem At All**

*Top Reasons for “Major Problem” Responses:*

- PRC Focus Group, Professional Research Consultants, Inc.
- Asked of all respondents.
Family Planning

Births to Teen Mothers

About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

- Healthy People 2020 (www.healthypeople.gov)

The following chart describes local teen births.

![Teen Birth Rate Chart]

Teen Birth Rate
(Births to Women Age 15-19 Per 1,000 Female Population Age 15-19;
Peach County by Race/Ethnicity, 2006-2012)

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.

Notes:
- This indicator reports the rate of total births to women under the age of 15-19 per 1,000 female population age 15-19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.
Key Informant Input: Family Planning

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

**Perceptions of Family Planning as a Problem in the Community**
(Key Informants, 2018)

<table>
<thead>
<tr>
<th>Perceived Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>25.0%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>75.0%</td>
</tr>
</tbody>
</table>

Sources: PRC Focus Group, Professional Research Consultants, Inc.
Notes: Asked of all respondents.
Modifiable Health Risks

Actual Causes Of Death

About Contributors to Mortality

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

The most prominent contributors to mortality in the United States in 2000 were tobacco (an estimated 435,000 deaths), diet and activity patterns (400,000), alcohol (85,000), microbial agents (75,000), toxic agents (55,000), motor vehicles (43,000), firearms (29,000), sexual behavior (20,000), and illicit use of drugs (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.


While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

Factors Contributing to Premature Deaths in the United States

Physical Environment
Medical Care
Social Circumstances
Genetics
Lifestyle/Behaviors
Tobacco
Diet/Inactivity
Alcohol
Infectious Disease
Toxic Agents
Motor Vehicles
Firearms
Sexual Behavior
Illicit Drugs

Nutrition, Physical Activity, & Weight

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person’s diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people’s—particularly children’s—food choices.

- Healthy People 2020 (www.healthypeople.gov)
Daily Recommendation of Fruits/Vegetables

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

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

“How many servings of vegetables did you have yesterday?”

The questions above are used to calculate daily fruit/vegetable consumption for respondents. The proportion reporting having 5 or more servings per day is shown here.

---

**Consume Five or More Servings of Fruits/Vegetables Per Day**

*(Peach County, 2018)*

---

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
- Asked of all respondents.
- Race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- For this issue, respondents were asked to recall their food intake on the previous day.
Access to Fresh Produce

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

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Peach County, 2018)

A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where “far” is more than 1 mile in urban areas and more than 10 miles in rural areas. This related chart is based on US Department of Agriculture data.

Population With Low Food Access (Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2015)


Notes: ● This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where “far” is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.
Physical Activity

**About Physical Activity**

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

- Healthy People 2020 (www.healthypeople.gov)
Leisure-Time Physical Activity

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

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

**No Leisure-Time Physical Activity in the Past Month**

*Healthy People 2020 Target = 32.6% or Lower*

<table>
<thead>
<tr>
<th>Year</th>
<th>Peach County</th>
<th>GA</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>23.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>27.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>26.2%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

**Recommended Levels of Physical Activity**

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do muscle-strengthening activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

Meeting Physical Activity Recommendations

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

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

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

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

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

Respondents were also asked about strengthening exercises:

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

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

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

### Meets Physical Activity Recommendations
(Peach County, 2018)

**Healthy People 2020 Target = 20.1% or Higher**

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Peach County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.4%</td>
<td>6.7%</td>
<td>2.2%</td>
<td>19.6%</td>
<td>18.7%</td>
<td>14.4%</td>
<td>8.2%</td>
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<td>14.7%</td>
<td>11.7%</td>
<td>22.8%</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
- Asked of all respondents.
- Race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- Meeting both guidelines is defined as the number of persons age 18+ who report right or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.
Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals’ knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

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

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


### Classification of Overweight and Obesity by BMI

<table>
<thead>
<tr>
<th>Classification</th>
<th>BMI (kg/m$^2$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>&lt;18.5</td>
</tr>
<tr>
<td>Healthy Weight</td>
<td>18.5 – 24.9</td>
</tr>
<tr>
<td>Overweight, not Obese</td>
<td>25.0 – 29.9</td>
</tr>
<tr>
<td>Obese</td>
<td>≥30.0</td>
</tr>
</tbody>
</table>


Adult Weight Status

“About how much do you weigh without shoes?”

“About how tall are you without shoes?”

“Are you now trying to lose weight?”

Reported height and weight were used to calculate a Body Mass Index or BMI value (described above) for each respondent. This calculation allows us to examine the proportion of the population who is at a healthy weight, or who is overweight or obese (see table above).
Prevalence of Total Overweight
(Percent of Adults With a Body Mass Index of 25.0 or Higher)

<table>
<thead>
<tr>
<th>Source</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018 PRC Community Health Survey, Professional Research Consultants, Inc.</td>
<td>[Items 154-155]</td>
</tr>
<tr>
<td>2015 PRC National Health Survey, Professional Research Consultants, Inc.</td>
<td></td>
</tr>
</tbody>
</table>

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Prevalence of Obesity
(Percent of Adults With a Body Mass Index of 30.0 or Higher)

<table>
<thead>
<tr>
<th>Source</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018 PRC Community Health Survey, Professional Research Consultants, Inc.</td>
<td>[Item 154]</td>
</tr>
<tr>
<td>2015 PRC National Health Survey, Professional Research Consultants, Inc.</td>
<td></td>
</tr>
</tbody>
</table>

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.
Prevalence of Obesity
(Percent of Adults With a BMI of 30.0 or Higher; Peach County, 2018)
Healthy People 2020 Target = 30.5% or Lower

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Peach County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity</td>
<td>29.2%</td>
<td>54.4%</td>
<td>45.4%</td>
<td>41.9%</td>
<td>32.7%</td>
<td>51.9%</td>
<td>35.3%</td>
<td>20.8%</td>
<td>63.2%</td>
<td>41.7%</td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]

Notes:
- Based on reported heights and weights, asked of all respondents.
- Race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Childhood Overweight & Obesity

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
Key Informant Input: Nutrition, Physical Activity, & Weight

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

<table>
<thead>
<tr>
<th>Perception</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>60.0%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>20.0%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>20.0%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td></td>
</tr>
</tbody>
</table>

Much of the focus group discussion centered around nutrition, physical activity, and weight. The main findings include:

- Poor nutrition habits
- Obesity prevalence
- Food deserts
- Cost
- Cultural traditions
- Physical activity

Focus group attendees spent time discussing the poor nutrition habits that community members currently have and the high prevalence of overweight and obesity in the area. Unfortunately, the county offers ample access to unhealthy food choices and busy, work-driven lifestyles lend themselves to fast, convenient meals.

Compounding the issue, the rural communities and lower-income neighborhoods do not have easy access to a grocery store, nor are they within proximity. These residents live in food deserts and may only have “Dollar Stores” nearby.

Crawford lost the only grocery store they had. And then Fort Valley just in the last month lost one of its two main grocery stores. And the other is some distance out from town. It’s like 2.8 miles from Fort Valley State to the nearest grocery store, and it’s 1.8 miles, which is difficult for people who don’t have transportation and have to either ride a bicycle or walk to get that far. – Peach County Participant

The cost of healthier (less processed) food is also prohibitive for many residents, even working families.

People tend to buy what they can afford, and it may not always be the healthiest. It’s usually a lot of inexpensive high carbs. – Peach County Participant

Attendees agree that another factor in the community’s battle with weight are the southern, rural cultural traditions influence food choices. Many celebrations and events center on food, specifically fried foods.

Several focus group members feel that the community gets an adequate amount of physical activity. Respondents in Peach County feel that there are many free, safe options for physical activity, including several...
new parks that are quite popular. In addition, there appears to be a lot of momentum around parks and recreation centers in Peach County and the surrounding communities.

The old hospital … my notion was tear it down, you already have pavement there. Put a gazebo or two and a barbeque pit for small groups like a family. – Peach County Participant
Substance Abuse

About Substance Abuse
Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community’s perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers’ understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

- Healthy People 2020 (www.healthypeople.gov)

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

Unintentional Drug-Related Deaths. Unintentional drug-related deaths include all deaths, other than suicide, for which drugs are the underlying cause. A “drug” includes illicit or street drugs (e.g., heroin and cocaine), as well as legal prescription and over-the-counter drugs; alcohol is not included. The following chart outlines local age-adjusted mortality for unintentional drug-related deaths.
Cirrhosis/Liver Disease: Age-Adjusted Mortality
(2012-2016 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 8.2 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 2018.

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

Unintentional Drug-Related Deaths: Age-Adjusted Mortality
(2007-2016 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 11.3 or Lower

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

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

Excessive Drinkers. Excessive drinking reflects the number of adults (age 18+) 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.

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

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

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

Excessive Drinkers (Peach County, 2018)

Healthy People 2020 Target = 25.4% or Lower

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]

Notes:
- Asked of all respondents.
- Race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Drinking & Driving. As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

“During the past 30 days, how many times have you driven when you’ve had perhaps too much to drink?”
**Have Driven in the Past Month After Perhaps Having Too Much to Drink**

Sources:  
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]  
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Asked of all respondents.

---

**Illicit Drug Use**

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

**Illicit Drug Use in the Past Month**

Healthy People 2020 Target = 7.1% or Lower

Sources:  
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]  
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Asked of all respondents.
Alcohol & Drug Treatment
“Have you ever sought professional help for an alcohol or drug-related problem?”

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

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 60]
2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

Personal Impact of Substance Abuse
“To what degree has your life been negatively affected by your own or someone else’s substance abuse issues, including alcohol, prescription, and other drugs? Would you say: a great deal, somewhat, a little, or not at all?”

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)
(Peach County, 2018)

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
Notes: Asked of all respondents.
Race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Key Informant Input: Substance Abuse

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

### Perceptions of Substance Abuse as a Problem in the Community
(Key Informants, 2018)

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

Sources: PRC Focus Group, Professional Research Consultants, Inc.
Notes:Asked of all respondents.

Key informants discussed the fragmented mental health system and the limited services available to residents, with focus on:

- Prevalence of substance abuse
- Self-medicating
- Need for additional treatment programs

A number of focus group participants express concern with the prevalence of substance use in the community because it negatively impacts the family and other aspects of an individual’s life. Furthermore, the substance abuse use is taxing on law enforcement and their limited resources. Respondents describe specific concern about alcohol abuse, marijuana, heroin, opioids, and prescription drugs.

*Smoking (marijuana) is so routine. It’s hard for me to assess a young person that doesn’t do marijuana. I do remind them it’s illegal still here in Georgia.* – Peach County Participant

Attendees also worry that residents use substances to “self-medicate.”

*Self-medicating, yeah, and it’s been primarily prescription. And of course the other problem with the meth, meth stuff. I mean people get to a point where they just can’t take it anymore. Just want to do some harm to themselves to solve the problem.* – Peach County Participant

Key informants believe that the community needs additional substance abuse treatment programs and facilities. Currently, there is an inadequate number of treatment programs and no free- or reduced-cost, local inpatient option. The focus group participants believe that RiverEdge operates at capacity all the time. There is a desire for more outpatient treatment centers and a detox center in addition to the resources that RiverEdge currently offers.

*We have group homes. I don’t think they’re successful, but that’s all that they have. A lot of them are invited by a judge to live there.* – Peach County Participant
Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General’s report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

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

Current Smokers

Healthy People 2020 Target = 12.0% or Lower

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).
**Current Smokers**  
(Peach County, 2018)  
**Healthy People 2020 Target = 12.0% or Lower**

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Peach County</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
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<td></td>
<td>13.4%</td>
<td>8.8%</td>
<td>4.9%</td>
<td>12.5%</td>
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<td>10.8%</td>
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**Notes:**  
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- Includes regular and occasional smokers (every day and some days).

---

**Smoking Cessation**

**About Reducing Tobacco Use**

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

“In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking?”  
(Asked of respondents who smoke every day or on some days.)

“During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?” (Asked of respondents who smoke every day.)
Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking
(Among Everyday Smokers)
Healthy People 2020 Target = 80.0% or Higher

Most current smokers (90.3%) were advised to quit in the past year by a healthcare professional.

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

The following chart details these responses among the total sample of respondents.
Use of Vaping Products

“The next questions are about electronic vaping products, such as electronic cigarettes, also known as e-cigarettes. These are battery-operated devices that simulate traditional cigarette smoking, but do not involve the burning of tobacco. The cartridge or liquid “e-juice” used in these devices produces vapor and comes in a variety of flavors. Have you ever used an electronic vaping product, such as an e-cigarette, even just one time in your entire life?”

“Do you now use electronic vaping products, such as e-cigarettes, "every day," "some days," or "not at all"?”

![Graph showing vaping product use](image)

Key Informant Input: Tobacco Use

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

![Chart showing tobacco use perceptions](image)
Access to Health Services

Lack of Health Insurance Coverage (Age 18 to 64)

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources. Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus excluding the Medicare population), who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

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

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

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

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents under the age of 65.
Lack of Healthcare Insurance Coverage
(Among Adults Age 18-64; Peach County, 2018)
Healthy People 2020 Target = 0.0% (Universal Coverage)

0% 20% 40% 60% 80% 100%

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]

Notes:
- Asked of all respondents under the age of 65.
- Race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

Healthy People 2020 (www.healthypeople.gov)

Barriers to Healthcare Access

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

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

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

The percentages shown in the following chart reflect the total population, regardless of whether medical care was needed or sought.
The following charts reflect the composite percentage of the total population experiencing problems accessing healthcare in the past year (indicating one or more of the aforementioned barriers or any other problem not specifically asked), again regardless of whether they needed or sought care.
Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year
(Peach County, 2018)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Peach County</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.6%</td>
<td>34.2%</td>
<td>44.3%</td>
<td>39.2%</td>
<td>48.2%</td>
<td>59.8%</td>
<td>32.4%</td>
<td>30.4%</td>
<td>36.4%</td>
<td>39.6%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]
Notes: Asked of all respondents.
Race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Access to Healthcare Services

The following chart outlines key informants’ perceptions of the severity of Access to Healthcare Services as a problem in the community:

Perceptions of Access to Healthcare Services as a Problem in the Community
(Key Informants, 2018)

- Major Problem: 20.0%
- Moderate Problem: 80.0%

Sources: PRC Focus Group, Professional Research Consultants, Inc.
Notes: Asked of all respondents.
Focus group participants feel that residents encounter several barriers when trying to access healthcare services, including:

- Multiple barriers
- Medicaid recipients
- Insurance coverage
- Transportation
- 911 Emergency services
- Outmigration
- Social determinants
- Socioeconomic status
- Importance of preventive care
- Ownership of their own health

Focus group participants feel that residents encounter multiple barriers when trying to access healthcare services. Overall, Peach County has a small number of physicians compared to a more urban community. Although respondents recognize that there are hospitals in Peach County, the surrounding counties do not have any acute care settings. Key informants believe that a number of physicians in the community will not accept Medicaid recipients and some other insurance carriers. Even with the expansion of insurance coverage, focus group members worry that access will not improve because there will be an inadequate number of providers in the area. This makes it very difficult for those residents to obtain medical care.

Other barriers to care include the high insurance coverage deductibles and copays. These expenses mean even those with insurance remain unable to get routine care.

Further, the cost of medications and access to pharmacies is a burden or residents, Transportation can also act as a barrier, with few (if any) transit options in the rural communities surrounding Macon. For residents without personal transportation, they must walk or bicycle to get to their destination.

Other respondents feel that 911 emergency services have become the new primary care and also can act as transportation methods for individuals without such means. The emergency room is overused and has become the “general physician” for residents.

Outmigration for specialist services also occurs because the community lacks access to specialty care.

Social determinants of health—such as low education levels, dilapidated housing, and poverty—have a huge impact on accessing healthcare.

In the focus group, participants agreed that socioeconomic status affects health status in their community. Low income residents operate in survival mode, so healthcare is not a priority. Further, the “working poor” (those living just above the federal poverty level) often do not qualify for safety-net services as do those living in poverty.
Not poor enough to qualify for Medicaid, I guess that’s what it is. And some of the medical help they get. It’s the bunch in the middle not making quite enough income. Making a little more than they need, but not quite enough where they can afford coverage. And they generally work in areas where there’s no benefit. They work at McDonald’s. They work those places where no coverage, and generally less than it takes to be covered. Those are the ones where you see the most problem. – Peach County Participant

Focus group members also spent time discussing the importance of preventive care. Participants agree that residents lack awareness and do not take advantage of the current health programs, and that residents’ healthcare maintenance is reactive versus proactive. Currently, community members do not access care until they become very ill.

I want to say we may be the only nation in the world that we have a maintenance program for my car. It'll tell me when it needs to be—and they call me so it doesn't wear down and you don't have the engine—but we don't have a maintenance program for our bodies. – Peach County Participant

Furthermore, respondents worry that many residents lack motivation and engagement in one’s own health. Specifically, residents don’t take ownership over their own health.
Primary Care Services

**About Primary Care**

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

**Access to Primary Care**

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

---

**Access to Primary Care**

(Number of Primary Care Physicians per 100,000 Population, 2014)

<table>
<thead>
<tr>
<th></th>
<th>Peach County</th>
<th>Georgia</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Physicians</td>
<td>7,364</td>
<td>72.9</td>
<td>279,871</td>
</tr>
</tbody>
</table>

Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.

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

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

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

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

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

Have a Specific Source of Ongoing Medical Care
(Peach County, 2018)
Healthy People 2020 Target = 95.0% or Higher

<table>
<thead>
<tr>
<th>Age</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Peach County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>78.0%</td>
<td>61.8%</td>
<td>60.0%</td>
<td>80.2%</td>
<td>83.9%</td>
<td>83.3%</td>
</tr>
<tr>
<td>Women</td>
<td>61.8%</td>
<td>50.3%</td>
<td>60.0%</td>
<td>83.9%</td>
<td>54.1%</td>
<td>69.4%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>74.9%</td>
<td>83.9%</td>
<td>60.0%</td>
<td>83.3%</td>
<td>74.1%</td>
<td>80.2%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>80.2%</td>
<td>83.3%</td>
<td>80.2%</td>
<td>83.3%</td>
<td>80.2%</td>
<td>83.3%</td>
</tr>
<tr>
<td>65+</td>
<td>50.3%</td>
<td>83.3%</td>
<td>83.3%</td>
<td>54.1%</td>
<td>74.1%</td>
<td>74.1%</td>
</tr>
<tr>
<td>Low Income</td>
<td>60.0%</td>
<td>83.3%</td>
<td>83.3%</td>
<td>54.1%</td>
<td>74.1%</td>
<td>74.1%</td>
</tr>
<tr>
<td>Mid/High Income</td>
<td>80.2%</td>
<td>83.3%</td>
<td>83.3%</td>
<td>54.1%</td>
<td>74.1%</td>
<td>74.1%</td>
</tr>
<tr>
<td>White</td>
<td>83.9%</td>
<td>83.3%</td>
<td>83.3%</td>
<td>54.1%</td>
<td>74.1%</td>
<td>74.1%</td>
</tr>
<tr>
<td>Black</td>
<td>50.3%</td>
<td>69.4%</td>
<td>69.4%</td>
<td>69.4%</td>
<td>69.4%</td>
<td>69.4%</td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 178]

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

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

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Peach County</th>
<th>GA</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>72.4%</td>
<td>74.9%</td>
<td>68.3%</td>
</tr>
<tr>
<td>2015</td>
<td>73.0%</td>
<td>75.5%</td>
<td>72.4%</td>
</tr>
<tr>
<td>2018</td>
<td>72.4%</td>
<td>74.0%</td>
<td>68.3%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.

Emergency Room Utilization

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

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

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Peach County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>10.7%</td>
<td>9.3%</td>
</tr>
<tr>
<td>2015</td>
<td>15.2%</td>
<td>14.2%</td>
</tr>
<tr>
<td>2018</td>
<td>10.7%</td>
<td>9.3%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 22-23]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person’s ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: tobacco use; excessive alcohol use; and poor dietary choices.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person’s ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person’s use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

Healthy People 2020 (www.healthypeople.gov)

Dental Care

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

Have Visited a Dentist or Dental Clinic Within the Past Year
(Peach County, 2018)

Healthy People 2020 Target = 49.0% or Higher

<table>
<thead>
<tr>
<th></th>
<th>Healthy People 2020 Target = 49.0% or Higher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>54.8%</td>
</tr>
<tr>
<td>Women</td>
<td>56.7%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>63.9%</td>
</tr>
<tr>
<td>40 to 64</td>
<td>72.5%</td>
</tr>
<tr>
<td>65+</td>
<td>67.0%</td>
</tr>
<tr>
<td>Low Income</td>
<td>53.4%</td>
</tr>
<tr>
<td>Mid/HighIncome</td>
<td>55.4%</td>
</tr>
<tr>
<td>White</td>
<td>60.3%</td>
</tr>
<tr>
<td>Black</td>
<td>56.1%</td>
</tr>
<tr>
<td>Dental Insurance</td>
<td>40.7%</td>
</tr>
<tr>
<td>No Dental Insurance</td>
<td>55.8%</td>
</tr>
<tr>
<td>Peach County</td>
<td>59.7%</td>
</tr>
<tr>
<td>US</td>
<td>63.9%</td>
</tr>
</tbody>
</table>

Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 20)

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

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

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

![Graph showing insurance coverage percentages over years for Peach County and US.]

**Sources:**
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.

### Key Informant Input: Oral Health

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

#### Perceptions of Oral Health as a Problem in the Community

(Key Informants, 2018)

![Bar chart showing perceptions of oral health severity.]

**Sources:**
- PRF Focus Group, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.

Focus group attendees spent time discussing oral health in the community, with primary concerns including:

- Importance of regular preventive dental care
- Cost
- Medicaid recipients

According to focus group attendees, oral health is a need for Peach County. Key informants recognize the importance of regular preventive dental care. The cost of dental care is also a barrier for those with and without insurance. Only a limited number of dentists will accept Medicaid recipients.
Peach County does have sliding scale/free dental care services at the Federally Qualified Health Centers and the free clinic, but the capacity is limited and wait lists are long. Many residents face barriers in accessing dental treatment because of the distance to care.

We have two clinics. Bibb County has one that we can refer patients, and again, they have to have transportation. That’s a big thing for a lot of my folks. ‘Okay, I can tell you about it and we can get you to a sliding scale fee to get your extraction, your cleaning, your x-rays. But you’ve got to get there. – Peach County Participant
Vision Care

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

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

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

Sources:

- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

- Asked of all respondents.
Local Resources

Perceptions of Local Healthcare Services
“How would you rate the overall health care services available to you? Would you say: excellent, very good, good, fair, or poor?”

Perceive Local Healthcare Services as “Fair/Poor”

<table>
<thead>
<tr>
<th>Year</th>
<th>Peach County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>11.8%</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>16.2%</td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>22.2%</td>
<td>14.9%</td>
</tr>
</tbody>
</table>

Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

Collaboration
Participants spent time discussing the amount of collaboration occurring in their communities between nonprofit organizations, healthcare facilities, and law enforcement. The comments surrounding collaboration included:

- Good collaboration
- Faith-based organizations

Key informants describe that there is **good collaboration** happening in the community between businesses, schools, nonprofits, and healthcare facilities. Some attendees note that the community has quite a few resources but that residents are not aware of them, and communication needs to improve. Focus group participants also feel that **faith-based organizations and churches** need to be leveraged and partnered with because they already have buy-in with their congregations/communities.
Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Healthcare Services

- Coliseum Hospitals
- Community Health Care Systems
- Compassionate Care
- Daybreak
- Federally Qualified Health Centers
- First Choice
- Ft. Valley Feed Center
- Hospital
- Insurers
- Macon Volunteer Clinic
- Macon Youth Commission
- Macon Youth Development Center
- Navicent Health
- Oconee Center
- Private Doctors
- Rivers Edge Urgent Care
- Tendercare Clinic
- W.T. Andersen Clinic

Arthritis, Osteoporosis, & Chronic Back Conditions

- Community Healthcare Systems
- Compassionate Care
- Hospital
- Private Doctors
- Tendercare Clinic

Cancer

- American Cancer Society
- Cancer Center
- Community Healthcare Systems
- Compassionate Care
- Health Department
- Hospital
- Navicent Affiliate
- Private Doctors
- Social Security Administration
- Tendercare Clinic

Diabetes

- Baldwin Health Department

Family Planning

- Baldwin County Health Department
- Community Healthcare Systems
- Crossroads Pregnancy Center
- Department of Public Health
- Division of Family and Children Services
- FQHC Health Department
- Macon Volunteer Clinic
- Navicent Health
- OB/GYN groups
- Rivers Edge
- Teen clinic

Hearing & Vision

- Baldwin County Health Department
- Community Healthcare Systems

Heart Disease & Stroke

- American Heart Association
- Community Healthcare Systems
- Feed Center
- Georgia College
- Health Department
- Home Health Education
- Navicent Health Cardiovascular Center
<table>
<thead>
<tr>
<th>HIV/AIDS</th>
<th>Mental Health</th>
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</thead>
<tbody>
<tr>
<td>Community Healthcare Systems</td>
<td>Coliseum Behavioral</td>
</tr>
<tr>
<td>FQHC Health Department</td>
<td>Community Healthcare Systems</td>
</tr>
<tr>
<td>Hope Center</td>
<td>Crossroads Counseling</td>
</tr>
<tr>
<td>Macon Volunteer Clinic</td>
<td>Family Counseling Center of Central Georgia</td>
</tr>
<tr>
<td>Navicent Health</td>
<td>Family Life Center</td>
</tr>
<tr>
<td>River’s Edge Behavioral Health</td>
<td>Fort Valley State University County Extension</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Immunization &amp; Infectious Diseases</th>
<th>Nutrition, Physical Activity, &amp; Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baldwin County Health Department</td>
<td>Baldwin County Schools</td>
</tr>
<tr>
<td>Community Healthcare Systems</td>
<td>Community Healthcare Systems</td>
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<tr>
<td>FQHC Health Department</td>
<td>Fort Valley State University County Extension</td>
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<tr>
<td>Macon Volunteer Clinic</td>
<td>FQHC Health Department</td>
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<tr>
<td>Navicent Health</td>
<td>Georgia College</td>
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<tr>
<td></td>
<td>Live Healthy Baldwin</td>
</tr>
<tr>
<td></td>
<td>Macon Volunteer Clinic</td>
</tr>
<tr>
<td></td>
<td>Meals on Wheels of Baldwin County</td>
</tr>
<tr>
<td></td>
<td>Navicent Health</td>
</tr>
<tr>
<td></td>
<td>School Board programs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Infant &amp; Child Health</th>
<th>Oral Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baldwin Schools</td>
<td>Community Healthcare Systems</td>
</tr>
<tr>
<td>Community Healthcare Systems</td>
<td>Dentist Offices</td>
</tr>
<tr>
<td>Division of Family and Children Services</td>
<td>Public Health Department</td>
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<tr>
<td>Family Advancement Ministries</td>
<td>Volunteer Clinics</td>
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<td>Family Counseling Center of Central Georgia</td>
<td></td>
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<tr>
<td>First Choice</td>
<td></td>
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<tr>
<td>Health Department</td>
<td></td>
</tr>
<tr>
<td>Middle Georgia Community Food Bank</td>
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<tr>
<td>Navicent</td>
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<table>
<thead>
<tr>
<th>Injury &amp; Violence</th>
<th>Respiratory Diseases</th>
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<td>Mentoring</td>
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<td>Rescue Mission</td>
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<td>Training Programs</td>
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<td>Hope Center</td>
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<td>Macon Volunteer Clinic</td>
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<td>Navicent Health</td>
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<td>Rivers Edge</td>
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**Substance Abuse**
- Alcoholics Anonymous
- Celebrate Recovery
- Navicent Health
- Oconee Center
- Phoenix Center
- Rescue Mission
- Residential Treatment Centers
- Rivers Edge (crisis unit)
- Various Churches

**Tobacco Use**
- American Cancer Society
- American Lung Association
- Georgia Quit line
Appendix
Evaluation of Past Activities

The priority health issues that the Medical Center of Peach County (MCPC) addressed based on the 2016-2018 Community Health Needs Assessment included the following:

1) Emphasis on Healthcare Access

2) Emphasis on Health Promotion and Prevention

3) Emphasis on Nutrition, Physical Activity and Weight

The goals for Health Care Access include:

1. Offer 8 health screening per year for the Veterans.
2. Offer at least 1 community event at the Medical Center of Peach County.
3. Participate with a community business partner in a health fair at least 1 per year

We provided 9 screenings for our Veterans in 2016 & 2017 and 6 in 2018, these include PSA, Cholesterol, Glucose, Hearing, Skin cancer and Angioscreens. We also met our community event goal through the women’s heart luncheon, the road race and community concert on the lawn. We also provided a health fair that several business partners participated in with us.

In addition to the above listed activities, MCPC recruited a new Family Practice physician that has an office located at the hospital. The additional physician will provide additional access to health care to the community.

The goals for Health Promotion and Prevention include:

1. Angioscreens offered at a reduced cash cost to community at Medical Center of Peach County at least 1 time per year.
2. Outreach to local elementary schools through a placement of books for each student that focuses on character development for people to promote self-esteem.
3. Partner with the Byron Fire Department for the Fire Prevention fun day for children and families.

Our goals were met for the Health Promotion and Prevention. In addition to our goals, we participated in a “don’t text and drive” campaign sponsored by the Byron Police Department.

The goals for Nutrition, Physical Activity, and Weight include:

1. Identify community needs for physical activity & weight reduction as well as community partners.
2. Increase the percentage of adults (ages 18 to 65) meeting physical activity from 42.1% to 45% by FY 2019.
3. Reduce the prevalence of obesity from 39.2% to 37 % by FY 2019.

This continues to be an opportunity for us. We have installed a walking track on campus that is available to the community to promote physical activity. When complete, the track will include exercise equipment as well. The ribbon cutting ceremony is scheduled for October 26, 2018.

Overall, the Medical Center of Peach County has worked to address the health needs of the community to provide resources to improve the overall health of the community.