2017 Community Health Needs Assessment Report

Houston County, Georgia

Prepared for:
Houston Healthcare

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Table of Contents

Introduction

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Project Overview

Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2011 and 2014, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in Houston County, Georgia. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

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

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

This assessment was conducted on behalf of Houston Healthcare by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this 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 trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

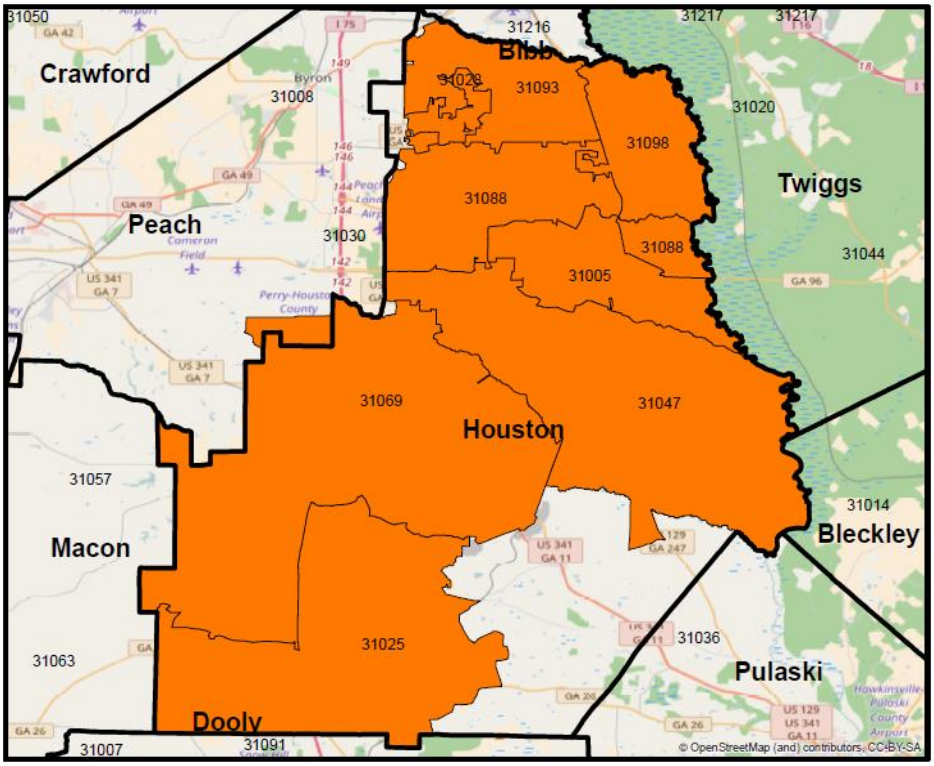
PRC Community Health Survey

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 Houston Healthcare and PRC and is similar to the previous survey used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort is defined as each of the residential ZIP Codes predominantly associated with Houston County, Georgia. This community definition represents the primary service area of Houston Healthcare and includes those ZIP Codes in which more than 70% of its patients reside.



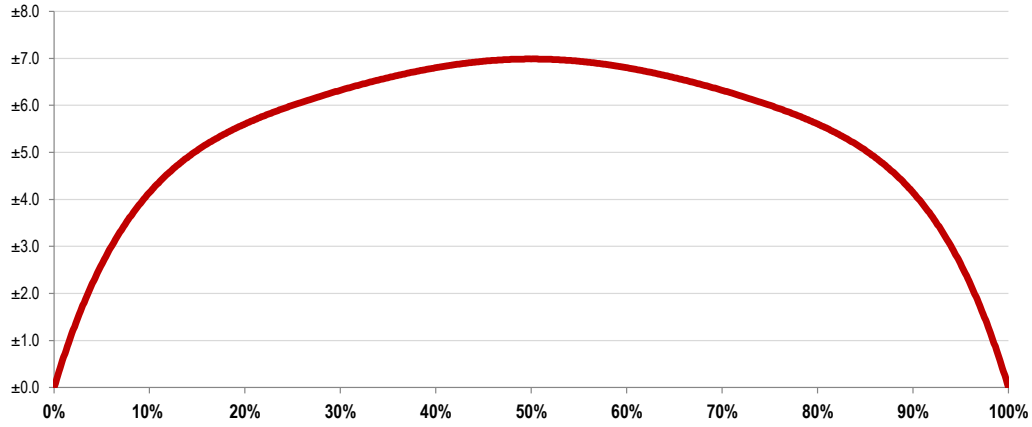
Sample Approach & Design

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 telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.

The sample design used for this effort consisted of a random sample of 200 individuals age 18 and older in the targeted ZIP Codes ("Houston County"). Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Houston County as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

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

Expected Error Ranges for a Sample of 200 Respondents at the 95 Percent Level of Confidence



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

Examples:
- If 10% of the sample of 200 respondents answered a certain question with a "yes," it can be asserted that between 5.8% and 14.2% (10% ± 4.2%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 43.1% and 56.9% (50% ± 6.9%) of the total population would respond "yes" if asked this question.

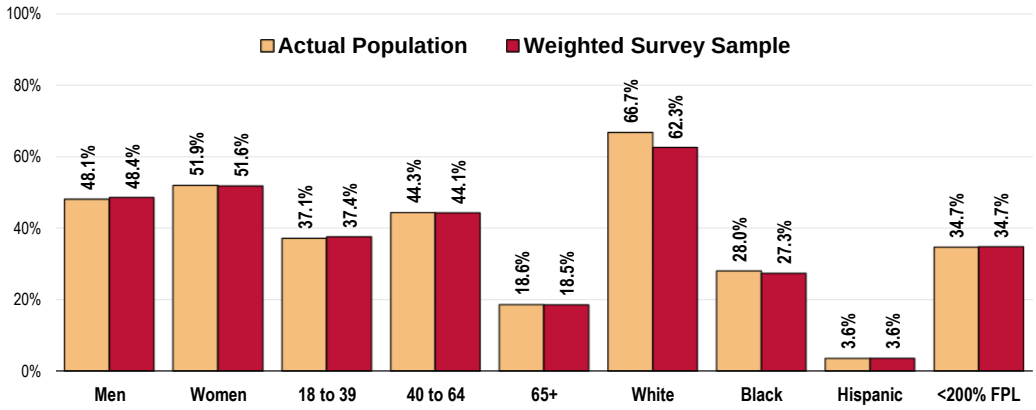
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the

geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

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

Population & Survey Sample Characteristics
(Houston County, 2017)



Sources:
- Census 2010, Summary File 3 (SF 3). US Census Bureau.
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that in sample segmentation: "**low income**" refers to community members living in households with annual incomes under $48,900, regardless of the number of household members; "**mid/high income**" refers to those households with annual incomes of $48,900 or more.

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

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was also implemented as part of this process. A list of recommended participants was provided by Houston Healthcare; this list included names and contact information for physicians, other health providers (including a public health representative), social services providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 41 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation		
Key Informant Type	**Number Invited**	**Number Participating**
Physician	13	2
Public Health Representative	4	1
Other Health Provider	18	10
Social Services Provider	16	4
Community Leader	46	24

Final participation included representatives of the organizations outlined below.

- 21st Century Partnership
- Alzheimer's Association, Georgia Chapter
- City of Centerville
- City of Warner Robins
- ComSouth
- Convention of Visitors Bureau, Warner Robins
- First Choice Primary Care
- Flint Energies
- Fort Valley State University
- Frito Lay
- Georgia Veterans Education Center (GA VECTR)
- Georgia Military College - Warner Robins Campus
- Houston County School District (HCSD)
- Houston County Volunteer Medical Clinic (HCVMC)
- Heart of Georgia Hospice
- Houston Co. Juvenile Court
- Houston County
- Houston County Board of Commissioners
- Houston County Board of Education
- Houston County Development Authority
- Houston County Family Connection
- Houston Healthcare

- Houston Healthcare EMS
- Houston Medical Center
- KEG Realtors
- McCall's
- Mercer University
- Middle Georgia State University
- Perry Area Chamber of Commerce
- Rainbow House Children's Resource Center
- State Legislature
- Second Baptist Church
- The Vine Medical Clinic
- The Lord's Table

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

Minority/medically underserved populations represented:

> *African-Americans, Asians, behaviorally challenged, children, disabled, elderly, Hispanics, homeless, immigrants, low income, Medicare/Medicaid, non-English speaking, patients without primary care physicians, substance abusers, uneducated, uninsured/underinsured, veterans, young adults*

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

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are not necessarily based on fact.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for Houston 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
- ESRI ArcGIS Map Gallery

- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Data

Trending

Similar surveys were administered in Houston County in 2011 and 2014 by PRC on behalf of Houston Healthcare. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

Georgia Risk Factor Data

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

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2015 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

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

Healthy People strives to:

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

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level) using question-specific samples and response rates. For secondary data indicators (which do not carry sampling error, but might be subject to reporting error), "significance," for the purpose of this report, 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.

Houston Healthcare made its prior Community Health Needs Assessment (CHNA) report publicly available in 2014 through its website, and through that mechanism requested written comments and feedback from the public regarding the CHNA and implementation strategy. At the time of this writing, Houston Healthcare had not received any written comments. However, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community for this assessment through population surveys and key informant input. Houston Healthcare will continue to use

its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Form 990 Schedule H, the following table cross-references related sections.

	See Report Page
Part V Section B Line 3a *A definition of the community served by the hospital facility*	9
Part V Section B Line 3b *Demographics of the community*	44
Part V Section B Line 3c *Existing health care facilities and resources within the community that are available to respond to the health needs of the community*	226
Part V Section B Line 3d *How data was obtained*	9
Part V Section B Line 3e *The significant health needs of the community*	18
Part V Section B Line 3f *Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups*	Addressed Throughout
Part V Section B Line 3g *The process for identifying and prioritizing community health needs and services to meet the community health needs*	19
Part V Section B Line 3h *The process for consulting with persons representing the community's interests*	11
Part V Section B Line 3i *The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)*	230

Summary of Findings

Significant Health Needs of the Community

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

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

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	• Primary Care Physician Ratio

Cancer	• Cancer is a leading cause of death.
	• Cancer Deaths
	  ○ Including Lung Cancer and Prostate Cancer Deaths
	• Cancer Incidence
	  ○ Including Lung Cancer and Colorectal Cancer Incidence

Diabetes	• Diabetes Deaths • Diabetes ranked as a top concern in the Online Key Informant Survey.
Heart Disease & Stroke	• Cardiovascular disease is a leading cause of death. • Heart Disease Deaths • Stroke Deaths
Infant Health & Family Planning	• Low-Weight Births • Infant Mortality • Teen Births
Injury & Violence	• Fall-Related Deaths [65+] • Firearm-Related Deaths • Firearm Prevalence • Firearm Storage/Safety • Homicide Deaths
Kidney Disease	• Kidney Disease Deaths

—continued on next page—

Areas of Opportunity (continued)	
Mental Health	• "Fair/Poor" Mental Health • Diagnosed Depression • Suicide Deaths • Mental Health ranked as a top concern in the Online Key Informant Survey.
Nutrition, Physical Activity & Weight	• Fruit/Vegetable Consumption • Low Food Access • Overweight Prevalence [Adults] • Access to Recreation/Fitness Facilities
Potentially Disabling Conditions	• Activity Limitations • Caregiving
Respiratory Diseases	• Chronic Lower Respiratory Disease (CLRD) Deaths • Pneumonia/Influenza Deaths
Sexually Transmitted Diseases	• Gonorrhea Incidence • Chlamydia Incidence
Substance Abuse	• Cirrhosis/Liver Disease Deaths • Drug-Induced Deaths • Substance Abuse ranked as a top concern in the Online Key Informant Survey.

Community Feedback on Prioritization of Health Needs

Methods utilized to establish priorities:

- Community Health Needs Assessment
- Key Informants online survey
- Phone Survey of 200 Community Residents
- The Community Benefit Work Group
- Community Group and Coalition Discussions
- Review of other Community Assessments
- Attendance and participation in the North Central Health District Community Health Planning Meeting
- Review of areas targeted by Community Partners
- Presentations and discussions of priorities by Executive Leadership and Hospital Board Members

Establishing Priorities for the Community Benefit Plan

The Community Health Needs Assessment serves as a major resource for setting the priority areas. Also, contributing to the planning is the discussion with other community partners on community needs. Feedback from several coalitions was also considered important because

often it was from people working directly with a certain population. It was noted according to which coalition or group was providing information the number one priority was different, but overall the same concerns were shared. Resources from other organizations or coalitions were reviewed to prevent duplication of services and enhance resources. Other organizations resources were also reviewed to ensure identified needs were met. Lastly, a review of past year community outreach activities also contributed to planning.

Identifying Priorities

The community served by Houston Healthcare has multiple health needs.

In setting the priorities for the implementation plan the following were considered:

- Magnitude of the problem or number of people impacted by the problem
- Severity of the problem or the risk of morbidity and mortality associated with the problem
- Historical trend
- Alignment of the problem with the organizations strengths and priorities
- Impact of the problem on vulnerable populations
- Importance of the problem to the community
- Existing resources to address the problem
- Feasibility of change
- Consequences of not addressing this problem

Process and methods utilized to determine priorities for the Community Benefit Plan

The process utilized for establishing priorities included ranking as well as discussion with internal departments and external organizations. Below is a summary of information reviewed and discussed.

1-Community Health Needs Assessment

A Community Health Needs Assessment was completed in July 2017. This was a major source of information to review in setting priorities. The following items were identified through the Community Health Needs Assessment as "Areas of Opportunity".

Focus Area	Health Concern
Modifiable Risk Factors	**Healthy Weight**- Overweight prevalence, Access to Fitness Facilities, Low Food Access, Fruit and Vegetable Consumption **Substance Abuse-** Cirrhosis/Liver Disease Deaths, Drug induced deaths, top concern of the online key informant survey, tobacco **Pneumonia/Influenza Deaths** **Firearm Related Deaths** **Fall Related Deaths** **Homicide deaths** **Sexually Transmitted Diseases- gonorrhea and chlamydia incidence**
Access to Health Services	**Access to physicians-** Number or ratio of primary care physicians
Chronic Disease Management	**Cancer-** Cancer Death Rates – leading cause of death, lung, prostate cancer deaths and, colorectal and lung cancer incidence **Heart Disease and Stroke**- leading causes of death **Diabetes-** diabetes deaths, and incidence **Chronic Kidney Disease** **Respiratory Diseases-** CLRD **Arthritis/ disabling conditions** **Caregivers**

Vulnerable Population	**Maternal, Child Health**-incidence of low weight births, infant mortality, teen births **Mental Health/behavioral health-** incidence of diagnosed depression, suicide deaths, mental health ranked as top concern in on online Key informant survey

2-Key Informant Focus Group

As a part of the on-line key informant survey, participants were asked what they individually perceive as the top health priorities for the community. The informants included persons from Public Health, District Public Health, Physicians, City Officials, local University, Board of Education, along with representatives from numerous community organizations. A list of the organizations is in appendix 2 and on page 12 of the 2017 CHNA. The summary of collected responses and concerns is listed below:

Focus Area	Health Concerns- Top 10 concerns are numbered
Modifiable Risk Factors	#3-Substance Abuse- ranked as a top concern #4-Nutrition, physical activity and weight #8-Tobacco Use Immunizations and infectious diseases #10-Family Planning #9-Injury and Violence Sexually Transmitted Diseases Hearing and Vision Problems Oral health
Access to Care	Access to health -related services
Chronic Disease Management	#1- Diabetes- ranked as a top concern #2- Mental Health- ranked as a top concern #5-Dementia, Alzheimer's disease #6-Heart Disease and Stroke #7-Cancer Arthritis/Back Conditions Kidney Disease

Vulnerable Population	Infant and Child health, Behavioral health

3-Houston County Volunteer Medical Clinic

The Houston County Volunteer Medical clinic is a free clinic for Houston County residents who are 200% of the poverty level, are uninsured, but have a job. Their Director and Board members were asked to share their top diagnosis, health concerns for this population.

Focus Area	**Health Concern- Top perceived health problems**
Modifiable Risk Factors	Obesity Tobacco
Access To Care	All pts. are uninsured, 200% of poverty level, funds for clinic, nurses, physicians to assist with clinic
Chronic Disease- Top Diagnosis **Note: clinic serves ages 18-64**	Hypertension Hyperlipidemia Diabetes
Vulnerable Population	Behavioral Health, stress management,

4- North Central Health District

Community Health Improvement Plan 2016- 2020

Houston County is one of 13 counties which fall in the North Central Health District. Staff from Houston Healthcare participated in discussion and planning for the Health District. Below are the health priorities for the 13-county area for Public Health.

Focus Area	**Health Concern- Top perceived health problems**
Access to Care	Access to quality healthcare and preventive services
Chronic Disease	Chronic Disease- Focus on Obesity
Vulnerable Population	Maternal, Infant and Child Health

5- Coalition Discussion

Several coalitions were asked for their input in prioritizing needs. Below is a short summary of those discussions.

(1) Perinatal Coalition- The Perinatal Coalition is led by Houston Healthcare with the goal of providing optimal prenatal care and services for all women. Priorities discussed by this

coalition included: (1) Rate of low birth weight newborns, (2), Access to Care for lower income women (3) Additional education and assistance for women with a higher risk pregnancy, (4) Number of single parents (5) STD's (6) Increasing the number of women who breastfeed (7) Drug abuse (8) Overweight and obese women of childbearing age

(2) Leadership Robins Regional - This program includes representatives from various organizations. The purpose of the group is to provide leadership development. This group stated priorities of 1) Access to health care services (2) Behavioral health, (3) STD's (4) Services for elderly wanting to live at home (5) Needs of Caregivers

(3) Family Connections This Coalition is made up of service providers for children and organizations concerned with children and families. Their priorities include 1) Improving the nutrition and healthy weight of kids, 2) Successful kids who graduate from high school on time 3) Additional assistance, mentoring for kids who have been involved with the court system 4) Support and resources to assist kids in making good choices

(4) Faith Community Nurses- This is a coalition of RN's who volunteer in their churches providing health education, screening and linking to health-related services. The issues identified as priority focus areas included: (1) Transitional Care (2) Management of Chronic disease (3) preventing illness/modifiable risk factors, (4) Support/training for caregivers, (5) End of life care (6) Resources for health care.

6-Other Presentation to Groups

(1)-Nurse Residence Orientation- In July 2017 Houston Healthcare orientation included 35 nurses. Because this was a relatively younger population we wanted to gain their perspective on the state of community members health and what priorities they identified. The issues they identified included: 1) access to appropriate health care such as ED usage, end of life care 2) more transitional care especially for the elderly population 3) concern over increasing behavioral health including increase in drug abuse and 4) access to health care for low income children.

(2)-Robins Air Force Base- 78th Med. Group meeting- Health issues which this group shared included: (1) overweight and obesity, (2) rate of diabetes, (3) the need for classes and more services related to stress management, anger management, and (4) access to behavioral health services.

7- Review of other community surveys or assessments examples include:

- 2017-Georgia Kid's Count Data
- 2015-Georgia Department of Public Health – North Central Health District- Houston County- Health Status Report
- 2016 North Central Health District -Community Health Improvement Plan
- 2017 March of Dimes – Premature Birth Rate for Georgia
- 2017 County Health Rankings and Roadmaps- Robert Wood Johnson Foundation/ University of Wisconsin Health Institute

- 2017 Warner Robins Community Transformation Plan- housing development
- Healthy People 2020
- Senior Care Survey- November 2016
- Community Education 2016 Surveys

8- Review of areas targeted by other community partners

The last method of establishing priorities was to review areas of need targeted by other organizations. Included in the review is the partnership role of Houston Healthcare in working with these organizations. The review included:

- **Children and Youth-** Family Connections Coalition, Houston County Schools, Rainbow House, Houston Hot Shots, Houston County Health Department, CASA, Houston County Safe Kids Coalition, Houston County Extension Service
- **Socio-Economic Needs-** Middle Georgia Tech, Perry Volunteer Outreach, Local churches & Faith Based Organizations, Middle Georgia Community Action Agency, Housing Authority Partnership
- **Access to Care-** Houston County Volunteer Medical Clinic, The Vine Clinic, Community Health Works, Rehoboth Life Care Ministries Dental Clinic, Komen For the Cure, First Choice Primary Care, Houston Healthcare Physician Residency Program
- Behavioral Health and Substance Abuse- Phoenix Center, Suicide Prevention Coalition, District Public Health, Robins Air Force Base- Family Services
- Emergency Preparedness, community infections, or epidemics- District Public Health, Houston County Health Department, Houston Healthcare Emergency Medical Services
- Persons with disabilities or persons unable to live alone- Carter Institute- Care Net Coalition, Houston County Aging Coalition, Area Agency on Aging
- Adequate Health Workforce- Middle Georgia Tech College, Macon State College, Mercer University AHEC- Area Health Education Center- Georgia Southern, Philadelphia College of Osteopathic Medicine, Middle Georgia College, University of Georgia, Georgia Southwestern University

Areas of need identified that are addressed by other community agencies:

- **Behavioral Health and Substance Abuse**- Houston Healthcare has in-patient behavioral health services on 1-West and provides social workers in the ED and other areas as needed. Houston Healthcare also employs a psychiatrist. Houston Healthcare assist with other agencies in addressing the behavioral health, and substance abuse needs in the community, however, agencies such as Phoenix Behavioral Center, Suicide Prevention Coalition and others lead the community care efforts.

- **Sexually Transmitted Diseases-** Treatment and prevention education is led by Houston County Health Department along with District Public Health.
- **Transportation to Health Care Services-** Transportation to services is provided by private companies, as well as some churches providing assistance, along with LogistiCare available for Medicaid recipients. Perry Volunteer Outreach assists some patients with transportation. In addition, the American Cancer Society has a transportation service for persons diagnosed with cancer. In Warner Robins, there is a public transportation van.
- **Accident Prevention/Safety-** Houston County Safe Kids leads the efforts on child safety. AARP provides Driving Safety Classes for adults.

Finalizing the Priority Areas for 2018- 2020

This information was presented to Executive Leadership for review and discussion on August 9, 2017. The information was presented to the Hospital Board and final priority approval on August 23, 2017.Below are the final priorities for the implementation plan.

Four Priorities Established for 2018 - 2020

Priority	Goals	Strategies
Promote Population Health and Wellness	**Improve Modifiable Risk factors** by focusing on promotion of healthy weights, decreasing tobacco usage, and controlling blood pressure	1) **Provide health screenings** for early identification of risk factors for poor health with referrals to health-related services; 2) **Provide education and skills** to modify the risk and decrease illness; 3) **Partner** with other community organizations who have this same goal.
Improve Access to Appropriate Health Care and Service	**Improve the ease of access to health care** by addressing possible barriers.	1) **Educate on resources**-Provide information on resources available for persons who are uninsured or lower income as well as how to navigate the health care system; 2)**Advocate for sufficient numbers and quality health providers** Serve as a clinical site for institutions providing training for health care professionals; 3) **Provide financial assistance** as needed for individuals with lower incomes; 4) **Support and collaborate** with existing organizations providing health services such as the Houston County Volunteer Medical Clinic. 5) **Provide transitional care**

		assistance- Inpatient educators, and other staff will assist with linking to appropriate care and resources
Chronic Disease Management	**Improve individual's management of chronic diseases.** Provide disease management programs to equip individuals with a chronic disease with skills needed to decrease complications, decrease medical cost and improve their quality of life.	1) **Educate**-Provide evidence-based chronic disease management programs; 2) **Collaborate** with physicians, health department and others in providing a process to support and link to resources; 3) **Provide Individualized care** management for those struggling with control of a chronic disease; 4) **Partner** with organizations such as the American Diabetes Association in meeting national standards for excellence in care of persons with a chronic disease.
Vulnerable Populations	**Provide Additional Assistance to Vulnerable Populations** Improve the health of populations at higher risk for poor health, specifically targeting older adults, women with a higher risk pregnancy, individuals with behavioral health challenges and those noted to have frequent hospital visits due to behavioral or other underlying causes.	1) **Collaborate** with other organizations serving these populations such as the Perinatal Coalition and the Senior Adult Centers; 2) **Provide individual care management**; 3) **Provide education, referrals, monitoring and support** as needed. 4) **Provide Care- giver training** 5) **Develop new programs or services-research additional programs or services** to address the needs of those with behavioral health challenges and those noted to have frequent hospital visits due to behavioral or other underlying causes.

Hospital Implementation Strategy

Houston Healthcare will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. The results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

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

Summary Tables: Comparisons With Benchmark Data

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

Reading the Summary Tables

TREND SUMMARY
(Current vs. Baseline Data)

Survey Data Indicators: Trends for survey-derived indicators represent significant changes since 2011.

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

In the following charts, Houston County results are shown in the larger, blue column.

The columns to the right of the Houston County column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Symbols indicate whether Houston 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.

Social Determinants	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Linguistically Isolated Population (Percent)	2.4	3.4	4.6		
Population in Poverty (Percent)	17.2	18.4	15.5		
Population Below 200% FPL (Percent)	34.7	38.9	34.3		
Children Below 200% FPL (Percent)	49.2	49.4	44.0		
No High School Diploma (Age 25+, Percent)	10.4	14.6	13.4		
Unemployment Rate (Age 16+, Percent)	5.7	5.6	5.1		4.7
		better	similar	worse	

Overall Health		Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% "Fair/Poor" Physical Health	16.5	18.1	18.3		11.7
% Activity Limitations	26.1	20.2	20.0		16.0
% Caregiver to a Friend/Family Member	27.6		20.9		
		better	similar	worse	

Access to Health Services	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% [Age 18-64] Lack Health Insurance	**11.0**	20.8	10.1	0.0	13.2
% [Insured 18-64] Have Coverage Through ACA	**10.0**		14.9		
% Difficulty Accessing Healthcare in Past Year (Composite)	**34.7**		35.0		35.2
% Inconvenient Hrs Prevented Dr Visit in Past Year	**13.4**		14.4		16.2
% Cost Prevented Getting Prescription in Past Year	**14.3**		9.5		13.0
% Cost Prevented Physician Visit in Past Year	**11.9**	15.6	11.5		12.2
% Difficulty Getting Appointment in Past Year	**10.5**		15.4		10.8
% Difficulty Finding Physician in Past Year	**8.4**		8.7		9.4
% Transportation Hindered Dr Visit in Past Year	**7.4**		5.0		3.2
% Language/Culture Prevented Care in Past Year	**2.4**		1.7		
% Skipped Prescription Doses to Save Costs	**11.9**		10.2		13.8
% Difficulty Getting Child's Healthcare in Past Year	**2.9**		3.9		7.9
% Have Completed Advance Directive Documents	**36.3**		33.7		
% Low Health Literacy	**13.3**		23.3		
Primary Care Doctors per 100,000	**52.3**	72.9	87.8		55.8

Access to Health Services (continued)	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% [Age 18+] Have a Specific Source of Ongoing Care	**71.8**		74.0	95.0	75.0
% [Age 18-64] Have a Specific Source of Ongoing Care	**69.3**		73.1	89.4	73.1
% Have Had Routine Checkup in Past Year	**76.4**	71.6	70.5		75.6
% Child Has Had Checkup in Past Year	**83.1**		89.3		91.6
% Two or More ER Visits in Past Year	**12.3**		8.5		12.9
% Rate Local Healthcare "Fair/Poor"	**12.7**		14.2		12.1
		better	similar	worse	

Arthritis, Osteoporosis & Chronic Back Conditions		Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% [50+] Arthritis/Rheumatism	**40.2**		32.0		36.4
% [50+] Osteoporosis	**8.2**		8.7	5.3	12.2
% Sciatica/Chronic Back Pain	**21.1**		19.4		17.3
		better	similar	worse	

Cancer	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Cancer (Age-Adjusted Death Rate)	161.8	165.4	161.0	161.4	176.1
Lung Cancer (Age-Adjusted Death Rate)	47.5	44.4	42.0	45.5	
Prostate Cancer (Age-Adjusted Death Rate)	21.1	21.7	19.0	21.8	
Female Breast Cancer (Age-Adjusted Death Rate)	21.2	22.2	20.6	20.7	
Colorectal Cancer (Age-Adjusted Death Rate)	15.0	15.5	14.4	14.5	
Prostate Cancer Incidence per 100,000	118.3	139.8	123.4		
Female Breast Cancer Incidence per 100,000	113.5	123.4	123.4		
Lung Cancer Incidence per 100,000	73.2	67.3	62.6		
Colorectal Cancer Incidence per 100,000	48.5	41.7	40.6		
Cervical Cancer Incidence per 100,000	6.4	7.7	7.6		
% Skin Cancer	7.5	6.3	7.7		5.2
% Cancer (Other Than Skin)	7.3	6.6	7.7		4.0
% [Women 50-74] Mammogram in Past 2 Years	78.1	79.9	80.3	81.1	75.3
% [Women 21-65] Pap Smear in Past 3 Years	77.2	84.7	84.8	93.0	82.8
% [Age 50-75] Colorectal Cancer Screening	84.1	66.4	74.5	70.5	70.9
		better	similar	worse	

Chronic Kidney Disease	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Kidney Disease (Age-Adjusted Death Rate)	23.0	18.6	13.3		23.5
% Kidney Disease	3.2	3.0	3.6		5.0
		better	similar	worse	

Dementias, Including Alzheimer's Disease		Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Alzheimer's Disease (Age-Adjusted Death Rate)	19.7	33.0	26.1		26.6
		better	similar	worse	

Diabetes		Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Diabetes Mellitus (Age-Adjusted Death Rate)	25.9	22.2	21.1	20.5	16.9
% Diabetes/High Blood Sugar	18.3	11.3	14.5		14.0
% Borderline/Pre-Diabetes	4.2	1.1	5.7		6.7
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	57.1		55.1		61.0
		better	similar	worse	

Family Planning	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Births to Teenagers Under Age 20 (Percent)	7.0	7.5	6.4		11.1
		better	similar	worse	

Hearing & Other Sensory or Communication Disorders		Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% Deafness/Trouble Hearing	6.8		8.6		9.6
		better	similar	worse	

Heart Disease & Stroke		Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Diseases of the Heart (Age-Adjusted Death Rate)	181.3	179.5	168.4	156.9	191.5
Stroke (Age-Adjusted Death Rate)	43.4	43.1	36.8	34.8	52.1
% Heart Disease (Heart Attack, Angina, Coronary Disease)	8.7		6.9		6.2
% Stroke	1.4	3.8	2.6		5.2
% Blood Pressure Checked in Past 2 Years	96.0		93.6	92.6	95.8
% Told Have High Blood Pressure (Ever)	43.5	36.2	36.5	26.9	41.7
% [HBP] Taking Action to Control High Blood Pressure	100.0		92.5		87.0
% Cholesterol Checked in Past 5 Years	93.9	79.2	87.4	82.1	92.8

Heart Disease & Stroke (continued)	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% Told Have High Cholesterol (Ever)	33.2		33.5	13.5	28.5
% [HBC] Taking Action to Control High Blood Cholesterol	86.9		84.2		89.1
% 1+ Cardiovascular Risk Factor	84.0		83.0		88.0
		better	similar	worse	

HIV		Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
HIV/AIDS (Age-Adjusted Death Rate)	1.7	5.0	2.7	3.3	
HIV Prevalence per 100,000	193.6	512.7	353.2		
% [Age 18-44] HIV Test in the Past Year	30.1		21.3		28.0
		better	similar	worse	

Immunization & Infectious Diseases		Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% Have Had a Flu Vaccination in the Past Year	47.8		41.4	70.0	49.0
% Have Ever Had a Pneumonia Vaccination	35.3		35.8		32.2
		better	similar	worse	

Injury & Violence Prevention	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Unintentional Injury (Age-Adjusted Death Rate)	**29.6**	40.5	41.0	36.4	36.3
Motor Vehicle Crashes (Age-Adjusted Death Rate)	**9.3**	12.7	10.6	12.4	13.1
[65+] Falls (Age-Adjusted Death Rate)	**67.9**	50.8	59.0	47.0	
% [Age 45+] Fell in the Past Year	**25.7**		28.2		
Firearm-Related Deaths (Age-Adjusted Death Rate)	**14.7**	13.5	10.6	9.3	11.8
% Firearm in Home	**50.2**		33.8		46.7
% [Homes With Children] Firearm in Home	**47.5**		31.0		41.7
% [Homes With Firearms] Weapon(s) Unlocked & Loaded	**36.5**		20.4		24.5
Homicide (Age-Adjusted Death Rate)	**5.5**	6.8	5.3	5.5	4.9
Violent Crime per 100,000	**335.0**	386.2	395.5		
% Perceive Neighborhood as “Slightly/Not At All Safe”	**11.9**		15.3		
% Victim of Domestic Violence (Ever)	**12.2**		15.1		13.9
		better	similar	worse	

Maternal, Infant & Child Health	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
No Prenatal Care in First Trimester (Percent)	23.2	37.4		22.1	30.7
Low Birthweight Births (Percent)	8.5	9.4	8.0	7.8	8.7
Infant Death Rate	7.0	7.4	5.9	6.0	10.0
		better	similar	worse	

Mental Health & Mental Disorders		Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% "Fair/Poor" Mental Health	13.1		15.5		6.9
% Diagnosed Depression	23.3	18.3	17.9		15.5
Suicide (Age-Adjusted Death Rate)	14.5	12.4	13.0	10.2	13.2
% Have Ever Sought Help for Mental Health	28.3		27.4		19.3
% Taking Rx/Receiving Mental Health Trtmt	11.6		13.6		
% Unable to Get Mental Health Svcs in Past Yr	5.4		4.4		
% Typical Day Is "Extremely/Very" Stressful	10.9		11.7		9.3
% Average <7 Hours of Sleep per Night	38.3		39.5		
		better	similar	worse	

Nutrition, Physical Activity & Weight	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% Eat 5+ Servings of Fruit or Vegetables per Day	**28.1**		27.4		44.1
% "Very/Somewhat" Difficult to Buy Fresh Produce	**16.3**		21.9		21.3
Population With Low Food Access (Percent)	**42.2**	30.8	22.4		
% Food Insecure	**16.2**		25.9		
% 7+ Sugar-Sweetened Drinks in Past Week	**33.9**		30.2		
% Healthy Weight (BMI 18.5-24.9)	**27.5**	32.7	32.9	33.9	30.4
% Overweight (BMI 25+)	**72.2**	65.5	65.2		68.9
% Obese (BMI 30+)	**36.2**	30.7	33.4	30.5	30.7
% Medical Advice on Weight in Past Year	**24.2**		20.4		29.3
% [Overweights] Counseled About Weight in Past Year	**31.4**		27.1		35.7
% [Obese Adults] Counseled About Weight in Past Year	**50.5**		40.8		52.8
% [Overweights] Trying to Lose Weight	**54.8**		57.0		35.2
% Children [Age 5-17] Overweight (85th Percentile)	**18.5**		24.2		22.6
% Children [Age 5-17] Obese (95th Percentile)	**13.2**		9.5	14.5	9.0
% No Leisure-Time Physical Activity	**24.4**	27.3	27.9	32.6	24.9
% Meeting Physical Activity Guidelines	**28.5**	18.7	23.6	20.1	

Nutrition, Physical Activity & Weight (continued)	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Recreation/Fitness Facilities per 100,000	7.9	8.5	10.1		
% Child [Age 2-17] Physically Active 1+ Hours per Day	51.8		47.9		53.1
		better	similar	worse	

Oral Health		Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% [Age 18+] Dental Visit in Past Year	71.2	60.6	67.2	49.0	67.8
% Child [Age 2-17] Dental Visit in Past Year	82.5		90.7	49.0	82.9
% Have Dental Insurance	74.6		66.5		70.1
		better	similar	worse	

Respiratory Diseases		Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
CLRD (Age-Adjusted Death Rate)	49.0	45.9	41.4		31.8
Pneumonia/Influenza (Age-Adjusted Death Rate)	17.1	16.2	15.4		25.5
% COPD (Lung Disease)	7.6	6.9	9.5		7.7
% [Adult] Currently Has Asthma	8.6	9.2	9.5		8.0
% Child [Age 0-17] Asthma (Ever Diagnosed)	13.9		10.6		18.8

Sexually Transmitted Diseases		Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Gonorrhea Incidence per 100,000	**155.1**	137.8	110.7		
Chlamydia Incidence per 100,000	**584.5**	516.5	456.1		
		better	similar	worse	

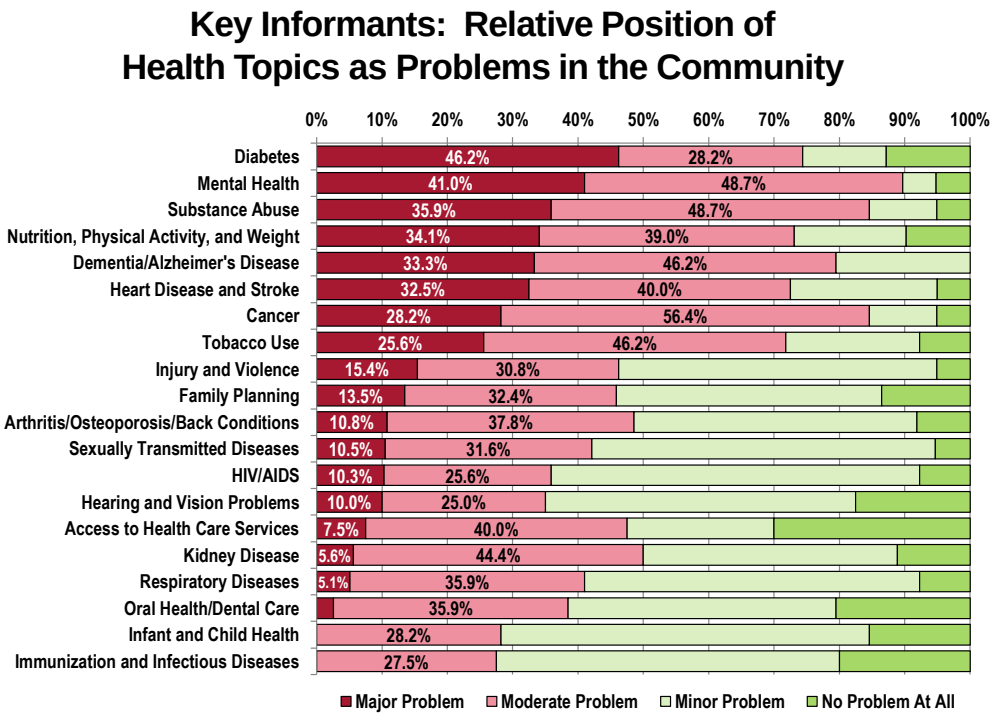
Substance Abuse		Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	**8.9**	8.7	10.5	8.2	7.5
% Current Drinker	**43.7**	47.8	59.7		40.8
% Excessive Drinker	**10.7**		22.2	25.4	13.6
Drug-Induced Deaths (Age-Adjusted Death Rate)	**9.9**	12.4	15.8	11.3	7.7
% Illicit Drug Use in Past Month	**0.5**		3.0	7.1	2.4
% Life Negatively Affected by Substance Abuse	**28.5**		32.2		
		better	similar	worse	

Tobacco Use	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% Current Smoker	13.9	17.7	14.0	12.0	18.6
% Someone Smokes at Home	7.5		10.2		12.1
% [Nonsmokers] Someone Smokes in the Home	3.7		3.9		5.8
% [Household With Children] Someone Smokes in the Home	9.2		10.2		10.7
% Currently Use Electronic Cigarettes	5.8		3.8		
% Smoke Cigars	2.3		3.6	0.2	4.5
% Use Smokeless Tobacco	1.5	4.3	3.0	0.3	1.7
		better	similar	worse	

Vision		Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% Blindness/Trouble Seeing	6.9	5.2	7.3		4.7
% Eye Exam in Past 2 Years	64.7		59.3		69.0
		better	similar	worse	

Summary of Key Informant Perceptions

In the Online Key Informant Survey, 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 are also 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, but rather are one of several data inputs considered for the prioritization process.)



Community Description

Professional Research Consultants, Inc.

Population Characteristics

Total Population

Houston County, the focus of this Community Health Needs Assessment, encompasses 375.6 square miles and houses a total population of 147,570 residents, according to latest census estimates.

Total Population

(Estimated Population, 2011-2015)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Houston County	147,570	375.6	392.9
Georgia	10,006,693	57,594.8	173.7
United States	316,515,021	3,532,070.5	89.6

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2017 from Community Commons at http://www.chna.org.

Population Change 2000-2010

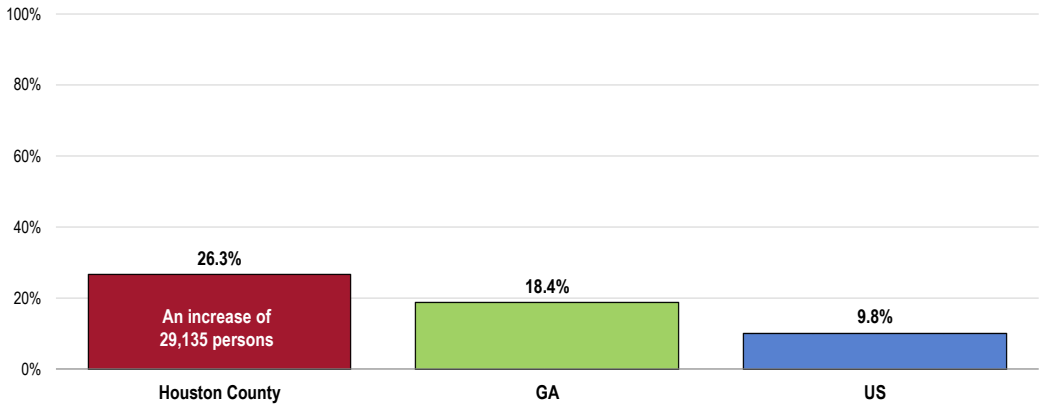
A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Between the 2000 and 2010 US Censuses, the population of Houston County increased by 29,135 persons, or 26.3%.

- A greater proportional increase than seen across both the state and the nation overall.

Change in Total Population

(Percentage Change Between 2000 and 2010)

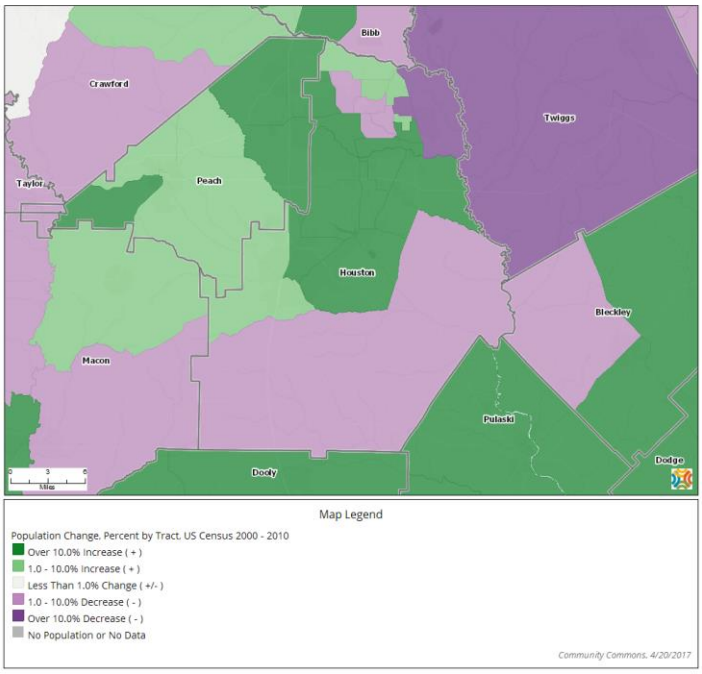


Sources:
- Retrieved April 2017 from Community Commons at http://www.chna.org.
- US Census Bureau Decennial Census (2000-2010).

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

- While the county overall increased in population, note the pockets (in purple) in which the population decreased over time.

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

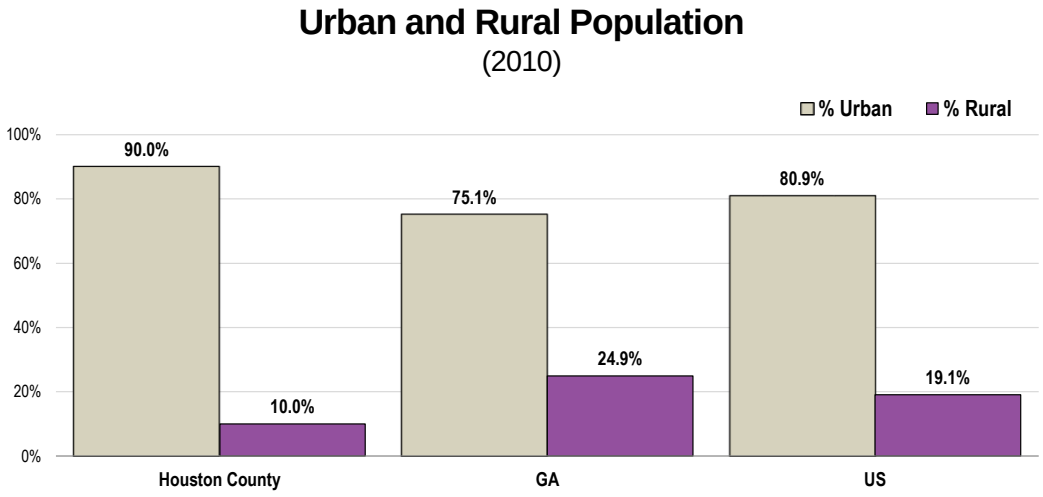


Urban/Rural Population

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

Houston County is predominantly urban, with 90.0% of the population living in areas designated as urban.

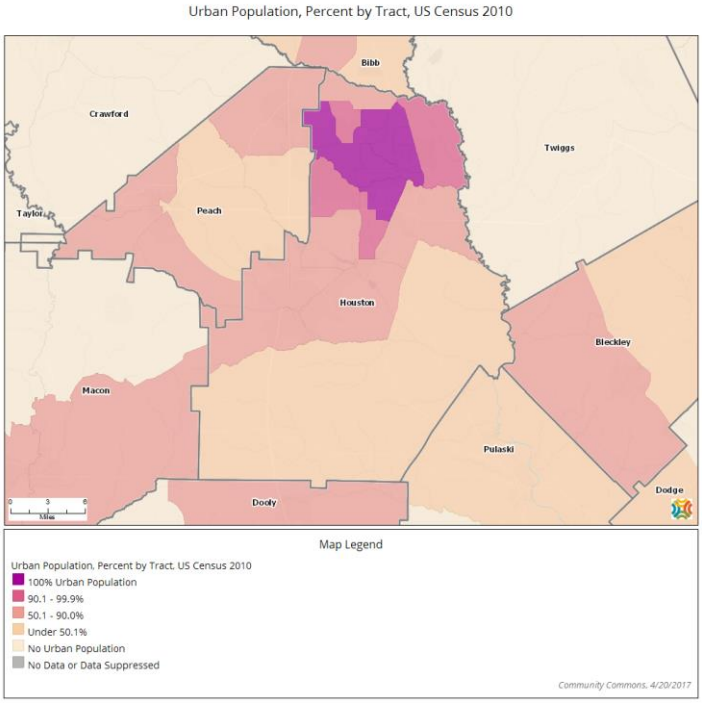
- Note that at least 75% of the state and national populations live in urban areas.



Sources:
- US Census Bureau Decennial Census (2010).
- Retrieved April 2017 from Community Commons at http://www.chna.org.

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

- Note the following map outlining the urban population in Houston County census tracts as of 2010.



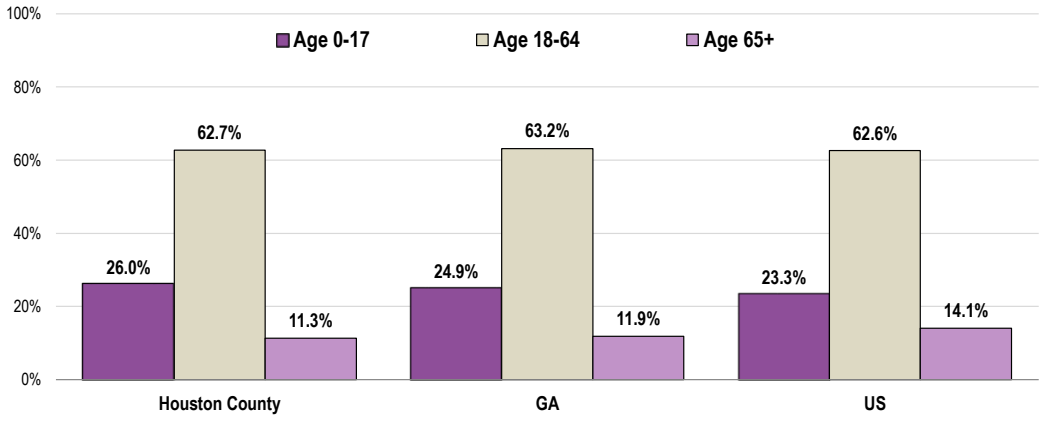
Age

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

In Houston County, 26.0% of the population are infants, children or adolescents (age 0-17); another 62.7% are age 18 to 64, while 11.3% are age 65 and older.

- The age distribution is similar to that found statewide.
- Houston County has a slightly higher proportion of children under age 18 than the US figure.

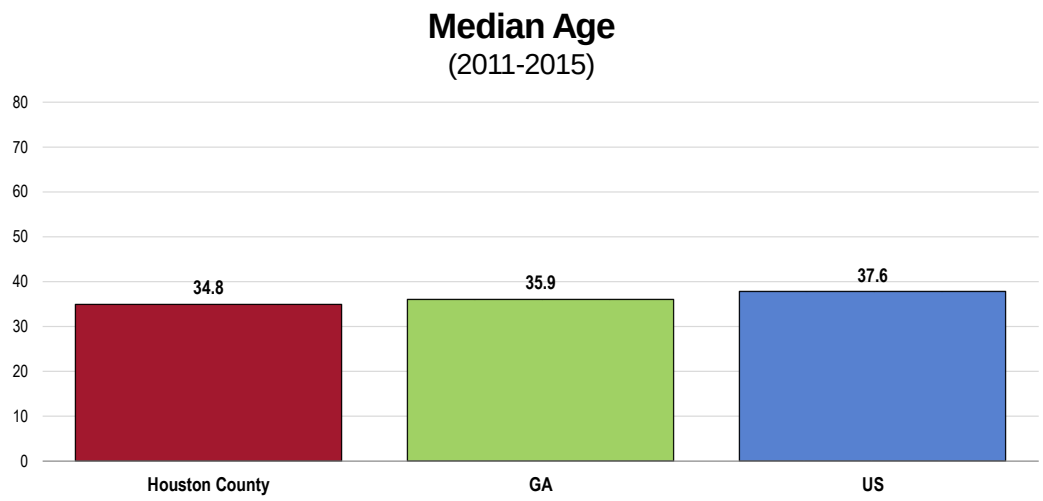
Total Population by Age Groups, Percent
(2011-2015)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2017 from Community Commons at http://www.chna.org.

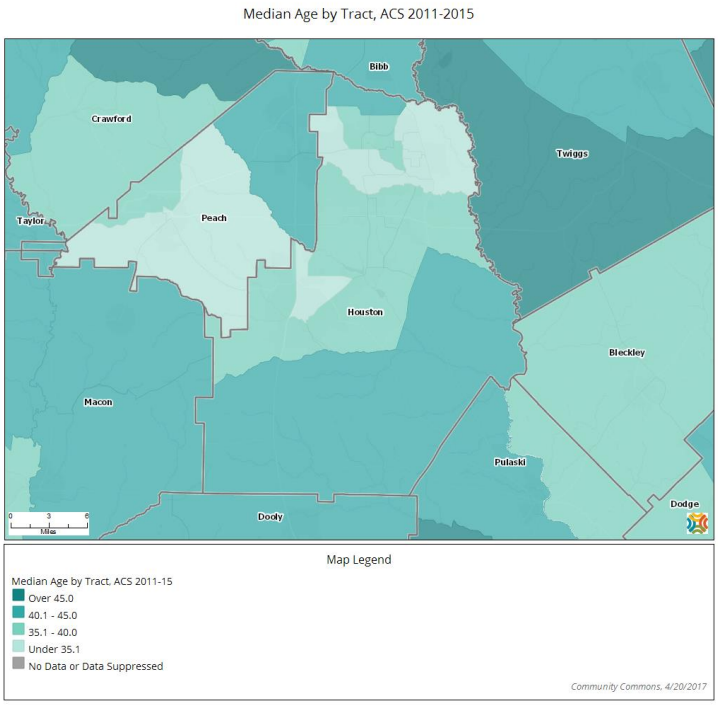
Median Age

While the Houston County median age is similar to that found statewide, it is lower than found nationally.



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2017 from Community Commons at http://www.chna.org.

- The following map provides an illustration of the median age in Houston County, segmented by census tract.



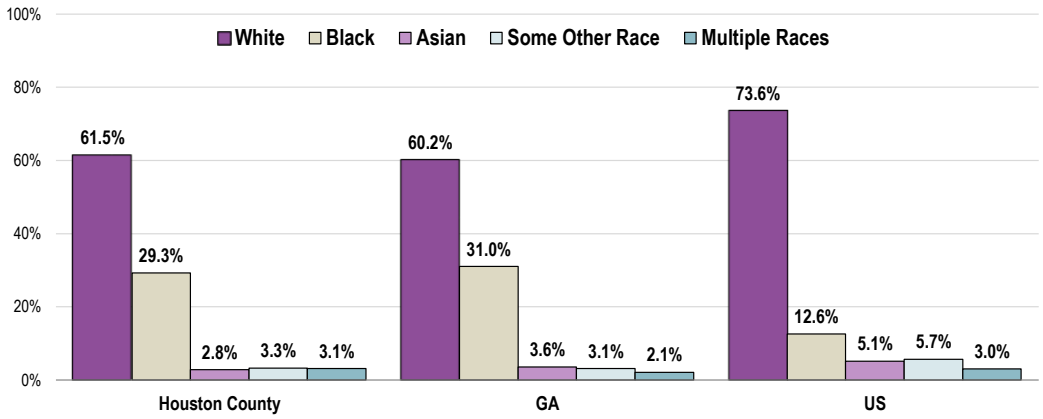
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 61.5% of residents of Houston County are White and 29.3% are Black.

- This is generally similar to the state racial distribution.
- Nationally, the US population is more White, less Black, and more "Other" race.

Total Population by Race Alone, Percent
(2011-2015)



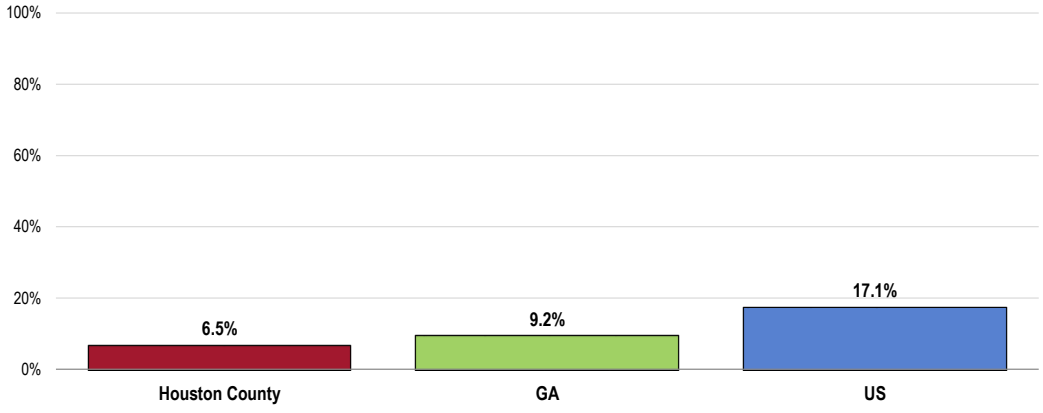
Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2017 from Community Commons at http://www.chna.org.

Ethnicity

A total of 6.5% of Houston County residents are Hispanic or Latino.

- Lower than state and nationwide percentages.

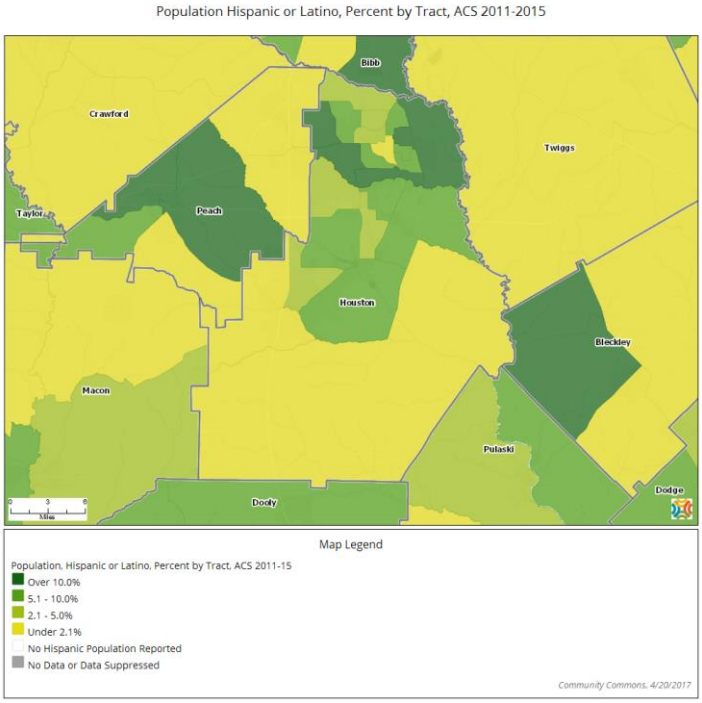
Hispanic Population
(2011-2015)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2017 from Community Commons at http://www.chna.org.

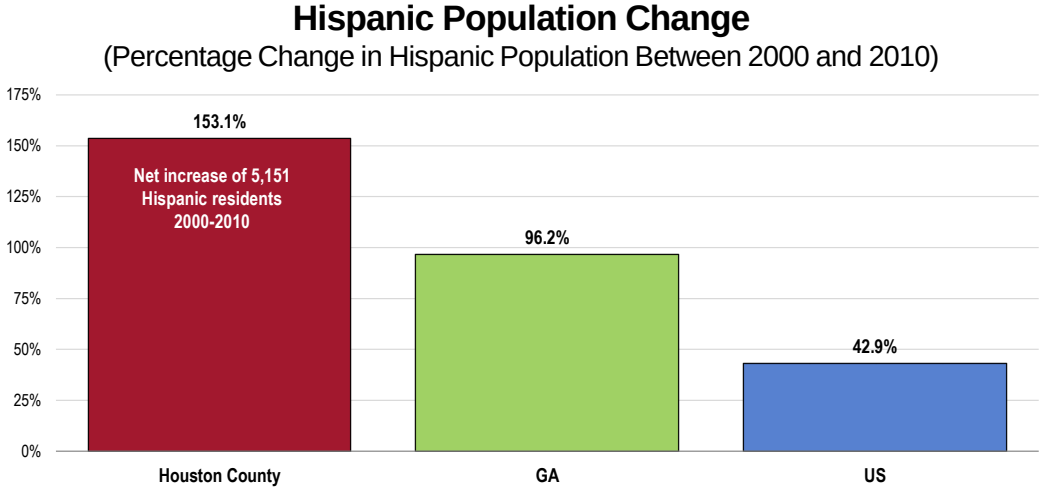
Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

- The Hispanic population appears to be most concentrated in the northern part of the county.



Between 2000 and 2010, the Hispanic population in Houston County increased by 5,151, or 153.1%.

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

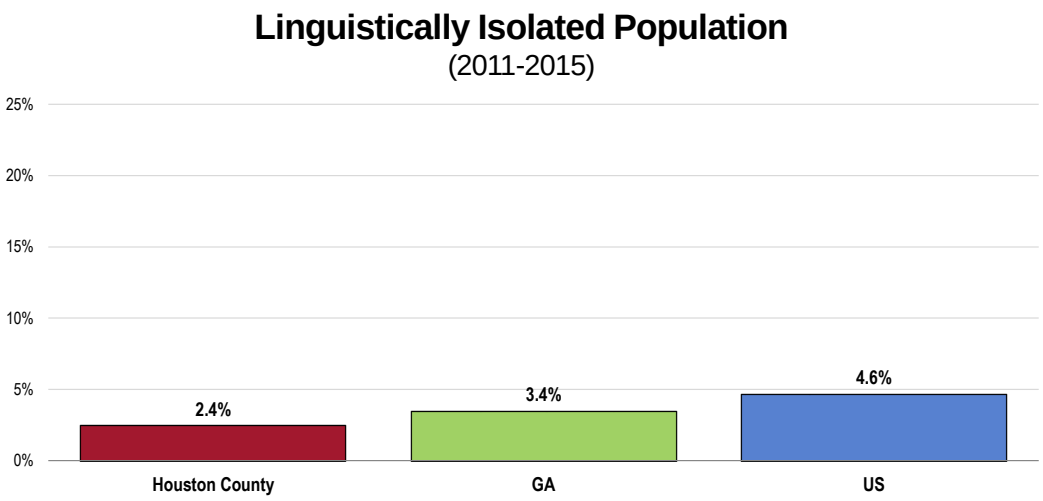


Sources:
- US Census Bureau Decennial Census (2000-2010).
- Retrieved April 2017 from Community Commons at http://www.chna.org.

Linguistic Isolation

A total of 2.4% of the Houston County population age 5 and older live in a home in which no persons age 14 or older is proficient in English (speaking only English, or speaking English "very well").

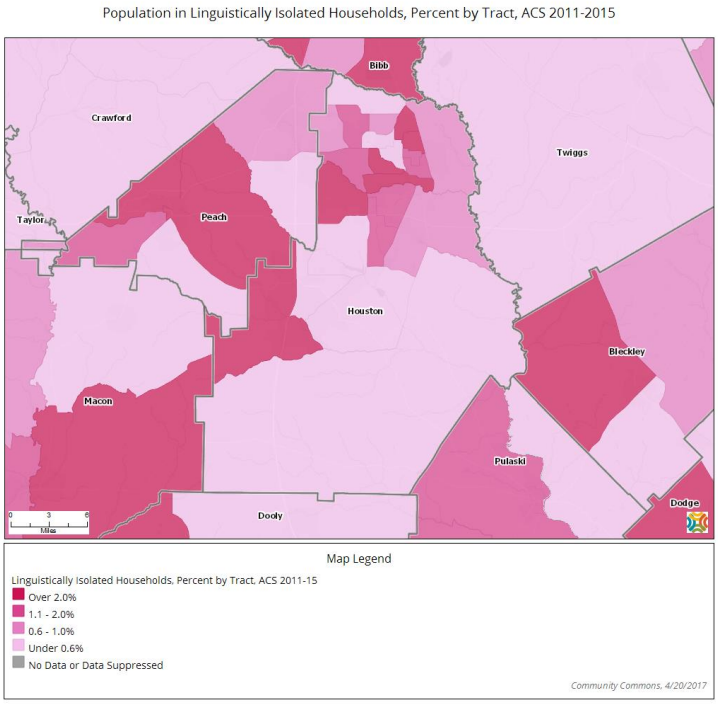
- Lower than found statewide and nationally.



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2017 from Community Commons at http://www.chna.org.

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

- Note the following map illustrating linguistic isolation in Houston County.



Social Determinants of Health

About Social Determinants

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

- Healthy People 2020 (www.healthypeople.gov)

Poverty

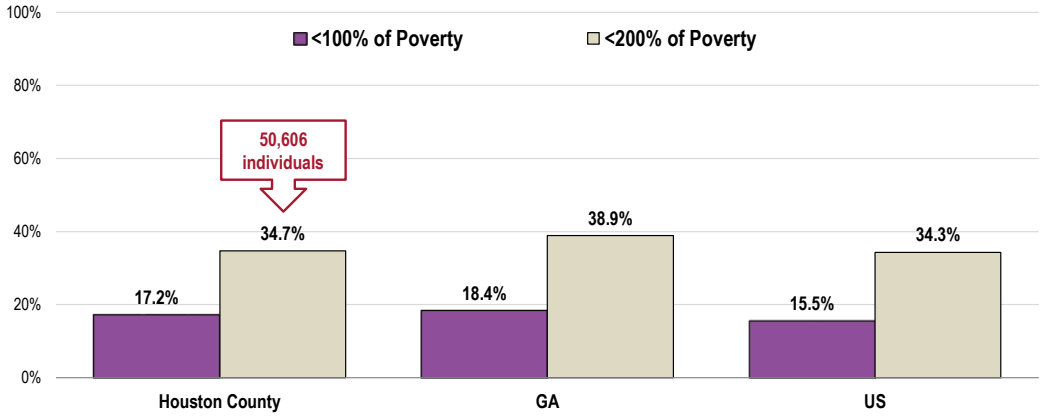
The latest census estimate shows 17.2% of the Houston County population living below the federal poverty level.

In all, 34.7% of Houston County residents (an estimated 50,606 individuals) live below 200% of the federal poverty level.

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

Population in Poverty

(Populations Living Below 100% and Below 200% of the Poverty Level; 2011-2015)

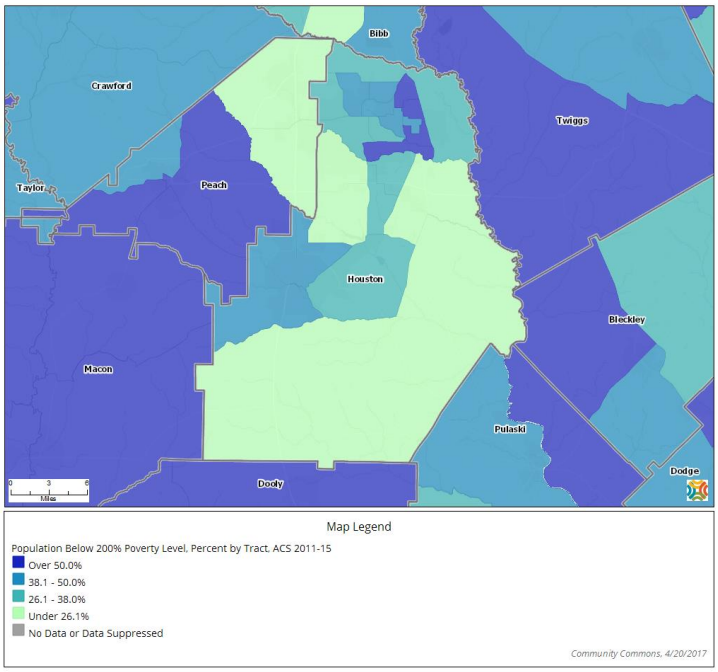


Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2017 from Community Commons at http://www.chna.org.

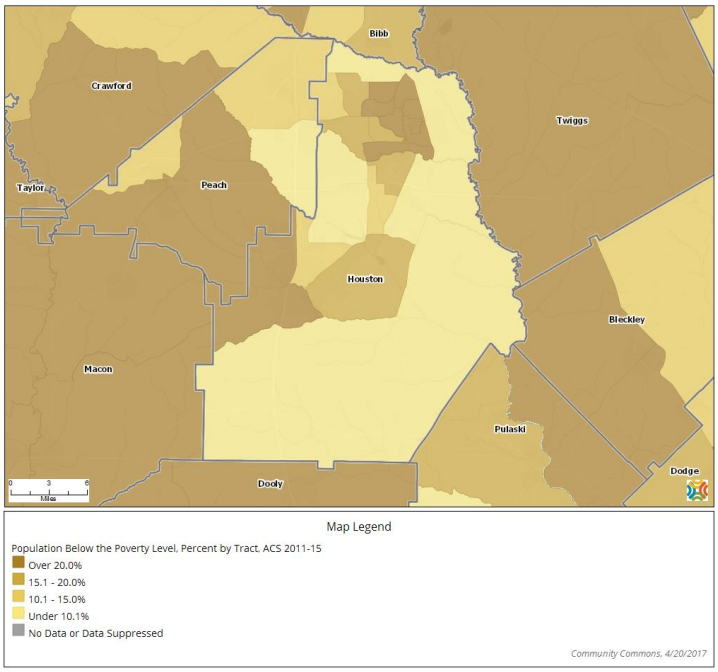
Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- A higher concentration of persons living below the 200% poverty threshold is found in in northern Houston County.

Population Below 200% of Poverty, Percent by Tract, ACS 2011-2015



Population Below the Poverty Level, Percent by Tract, ACS 2011-2015



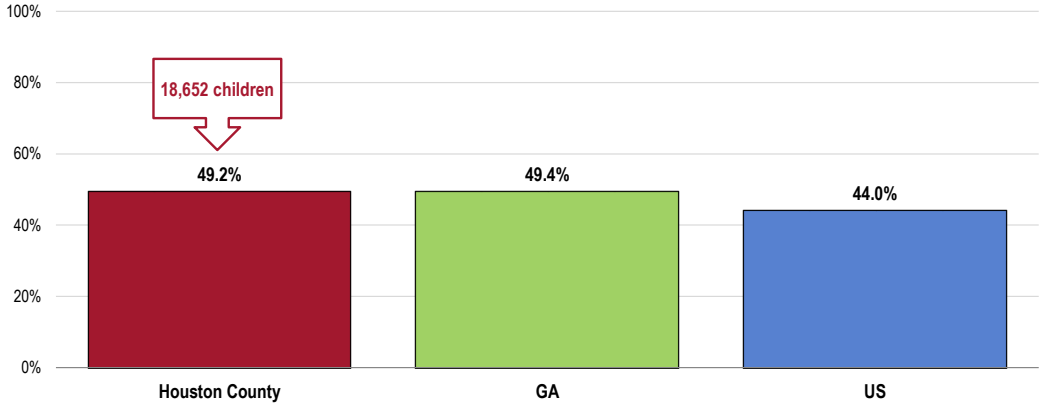
Children in Low-Income Households

Additionally, almost half (49.2%) of Houston County children age 0-17 (representing an estimated 18,652 children) live below the 200% poverty threshold.

- Nearly identical to the proportion found statewide.
- Above the proportion found nationally.

Percent of Children in Low-Income Households

(Children 0-17 Living Below 200% of the Poverty Level, 2011-2015)

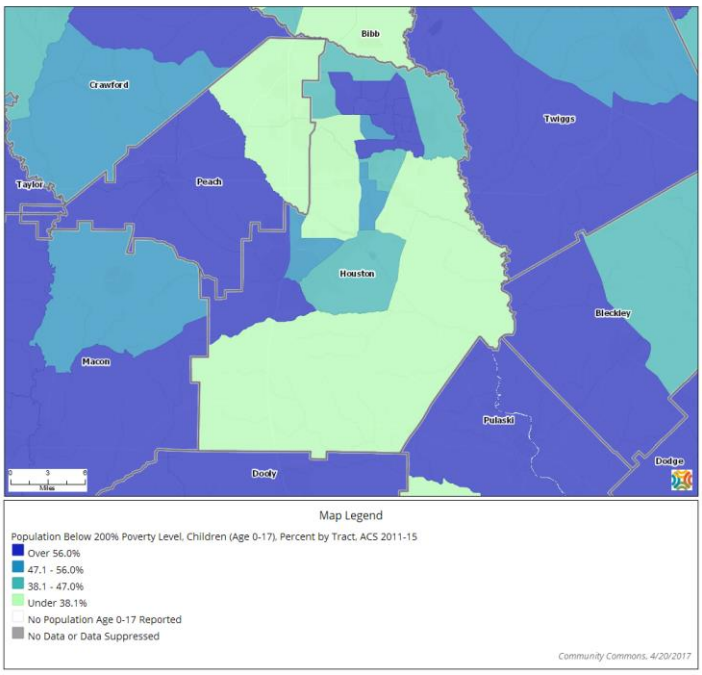


Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2017 from Community Commons at http://www.chna.org.

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

- Geographically, a notably higher concentration of children in lower-income households is found in the northern and western portions of Houston County.

Children (0-17) Living Below 200% of Poverty, Percent by Tract, ACS 2011-2015



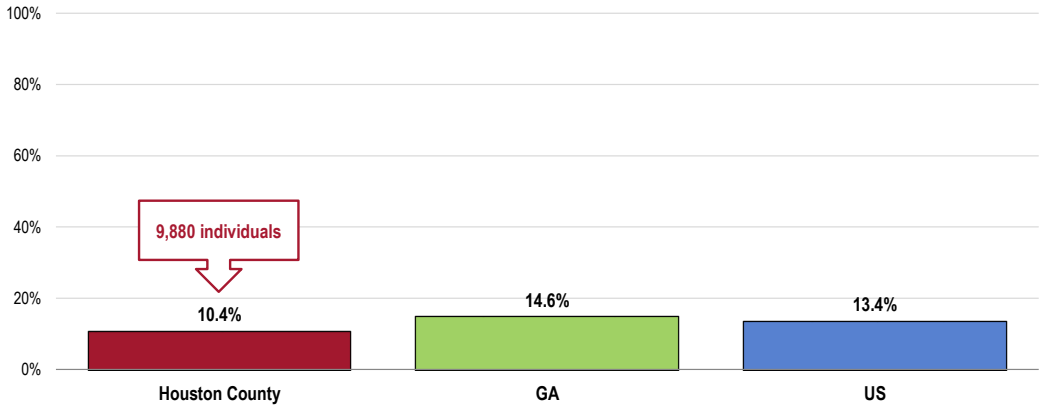
Education

Among the Houston County population age 25 and older, an estimated 10.4% (over 9,800 people) do not have a high school education.

- More favorable than found statewide and nationally.

Population With No High School Diploma

(Population Age 25+ Without a High School Diploma or Equivalent, 2011-2015)

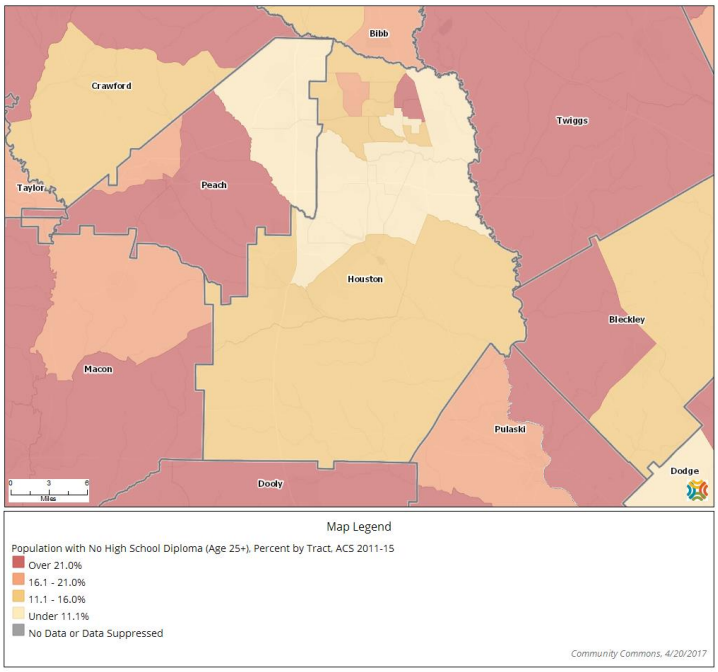


Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2017 from Community Commons at http://www.chna.org.

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

- Geographically, this indicator is more concentrated in northern Houston County.

Population with No High School Diploma, Percent by Tract, ACS 2011-2015



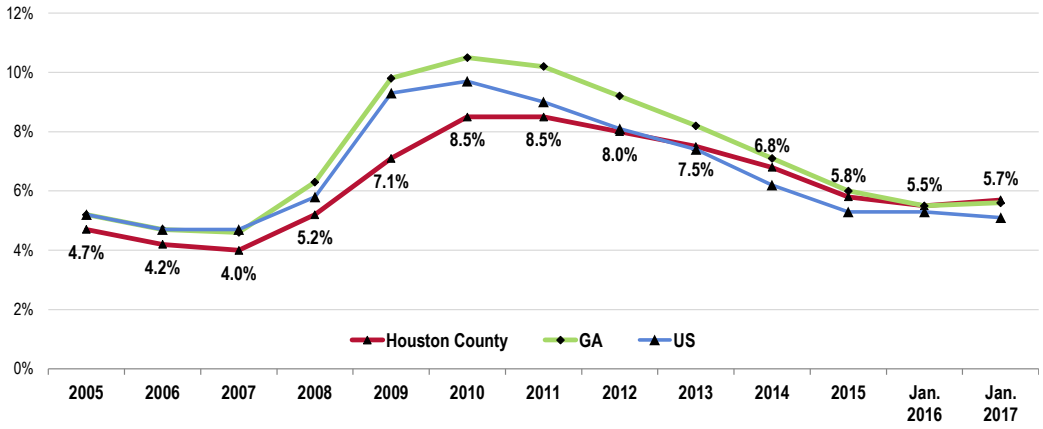
Employment

According to data derived from the US Department of Labor, the unemployment rate in Houston County as of January 2017 was 5.7%.

- Nearly identical to the statewide unemployment rate.
- Less favorable than the national unemployment rate.
- TREND: Although higher than the baseline 2005 measure, unemployment for Houston County has overall trended downward since 2011, echoing the state and national trends.

Unemployment Rate

(Percent of Non-Institutionalized Population Age 16+ Unemployed, Not Seasonally-Adjusted)



Sources:
- US Department of Labor, Bureau of Labor Statistics.
- Retrieved April 2017 from Community Commons at http://www.chna.org.

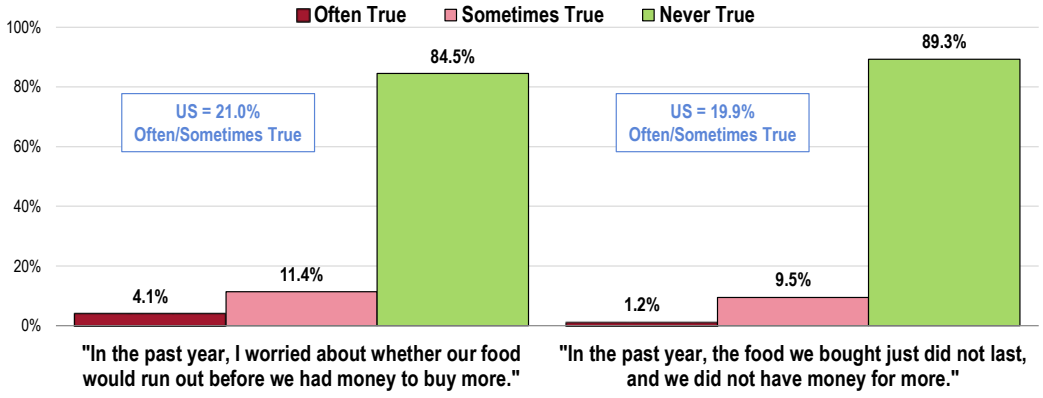
Notes:
- This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Food Insecurity

In the past year, 15.5% of Houston County adults "often" or "sometimes" worried about whether their food would run out before they had money to buy more.

A total of 10.7% report a time in the past year ("often" or "sometimes") when the food they bought just did not last, and they did not have money to get more.

Food Insecurity
(Houston County, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 104-105]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects the total sample of respondents.

Overall, 16.2% of community residents are determined to be "food insecure," having run out of food in the past year and/or been worried about running out of food.

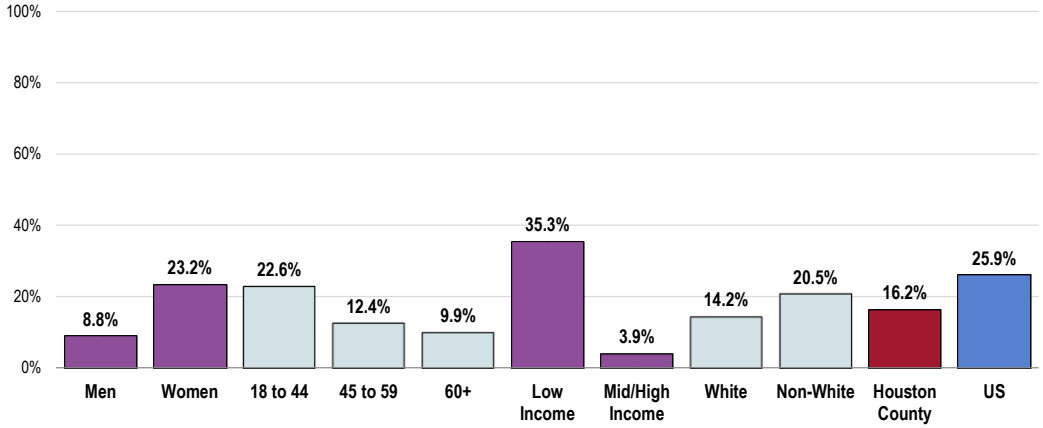
- Compared to US data, food insecurity in Houston County is more favorable.

Adults more likely affected by food insecurity include:

- Women.
- Adults age 18 to 44.
- Residents living at lower incomes.

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

Food Insecurity
(Houston County, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

General Health Status

Professional Research Consultants, Inc.

Overall Health Status

Evaluation of Health Status

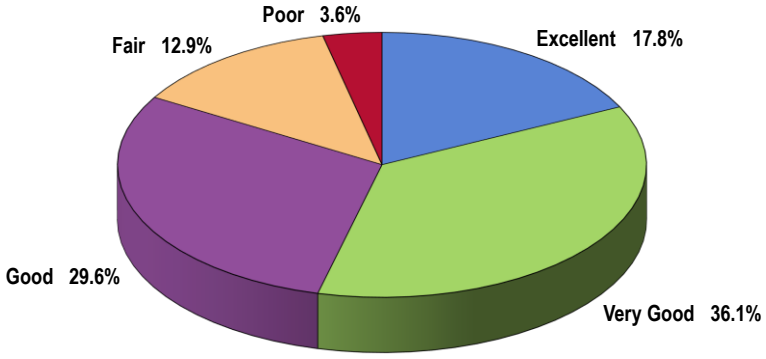
The initial inquiry of the PRC Community Health Survey asked respondents the following:

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

A total of 53.9% of Houston County adults rate their overall health as "excellent" or "very good."

- Another 29.6% gave "good" ratings of their overall health.

Self-Reported Health Status
(Houston County, 2017)

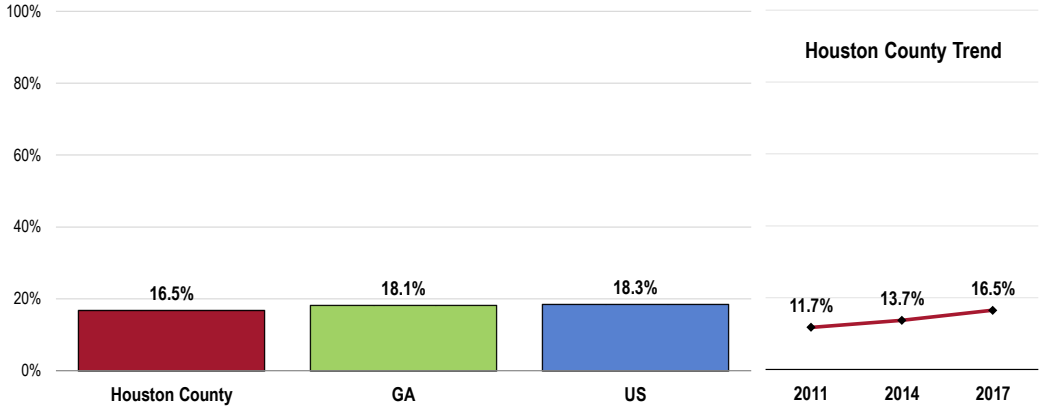


Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 16.5% of Houston County adults believe that their overall health is "fair" or "poor."

- Similar to statewide and national findings.
- TREND: No statistically significant change has occurred when comparing "fair/poor" overall health reports to previous survey results.

Experience "Fair" or "Poor" Overall Health

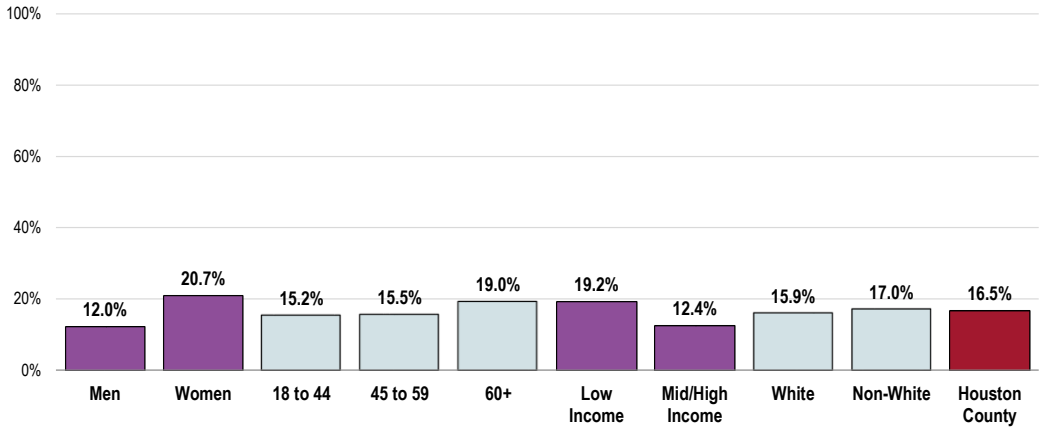


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 5]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 GA data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- The proportion of adults experiencing "fair" or "poor" overall health is statistically similar among the following demographic segments.

Experience "Fair" or "Poor" Overall Health
(Houston County, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.

Activity Limitations

About Disability & Health

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

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

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

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

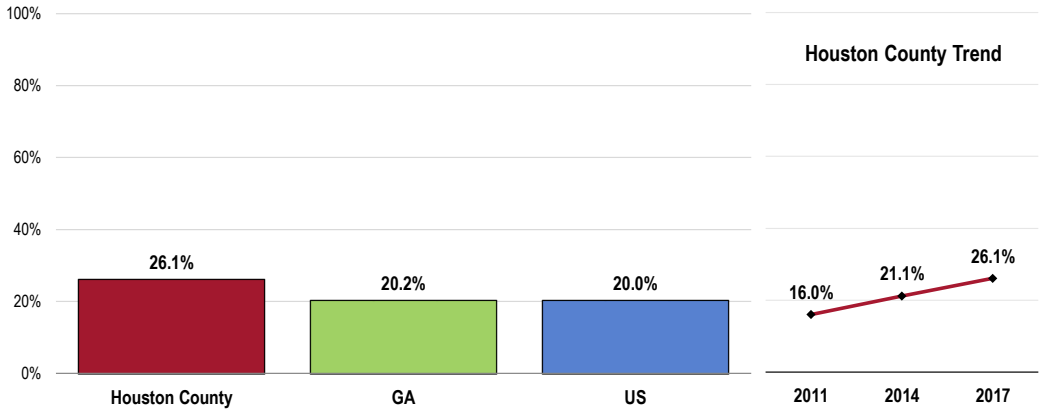
- Healthy People 2020 (www.healthypeople.gov)

A total of 26.1% of Houston County adults are limited in some way in some activities due to a physical, mental or emotional problem.

- Statistically similar to the prevalence statewide and nationally.
- TREND: Marks a consistent and statistically significant increase in activity limitations since 2011.

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

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



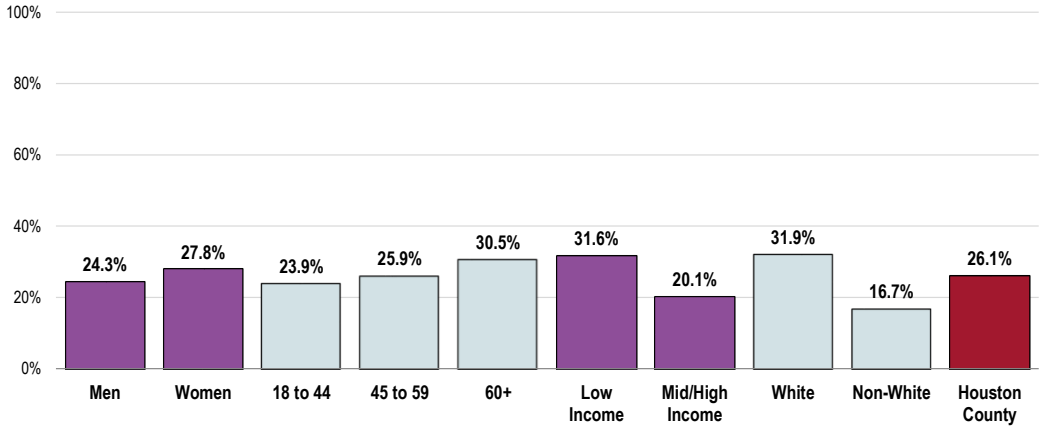
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 128]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 GA data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- In looking at responses by key demographic characteristics, Non-Hispanic Whites are statistically more likely to report some type of activity limitation.

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

(Houston County, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.

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

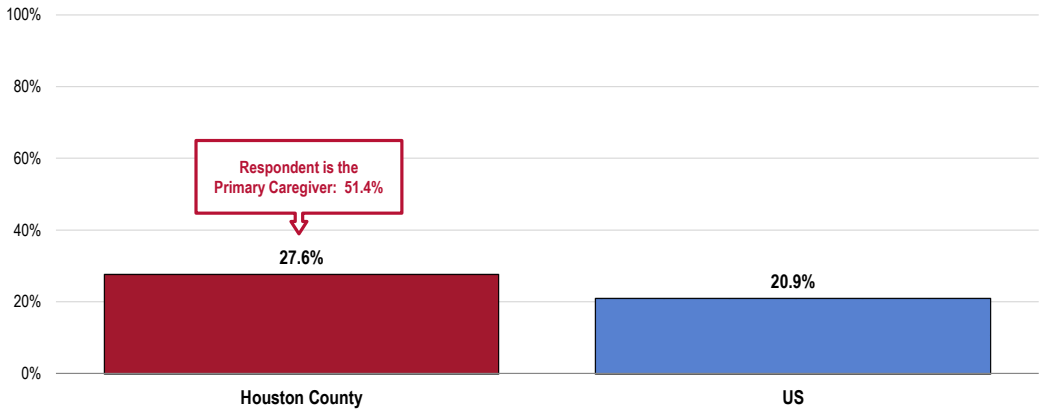
Caregiving

A total of 27.6% of Houston County adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

- Higher than national findings.

Of these adults, 51.4% are the ***primary*** caregiver for the individual receiving care.

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

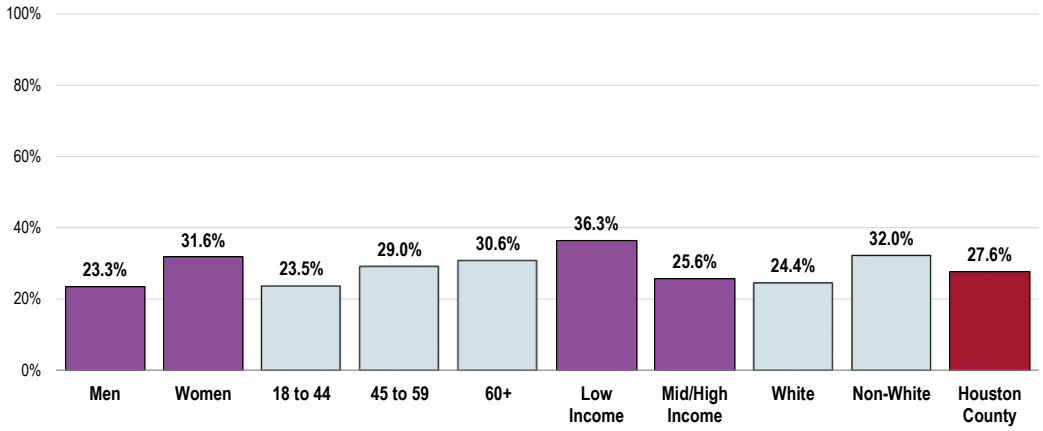


Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 130-131]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- The prevalence of caregivers is not statistically different when viewed by key demographic characteristics.

Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability
(Houston County, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.

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, it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

- Healthy People 2020 (www.healthypeople.gov)

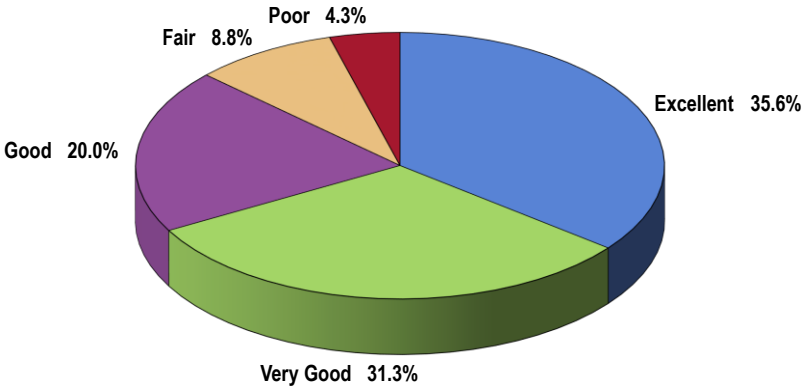
Evaluation of Mental Health Status

"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?"

A total of 66.9% of Houston County adults rate their overall mental health as "excellent" or "very good."

- Another 20.0% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status
(Houston County, 2017)

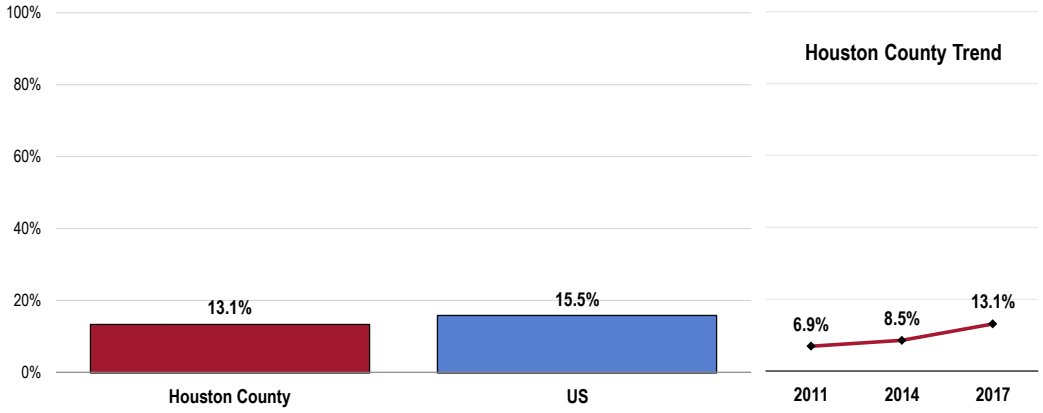


Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]
Notes: ● Asked of all respondents.

A total of 13.1% of Houston County adults, however, believe that their overall mental health is "fair" or "poor."

- Similar to the "fair/poor" response reported nationally.
- TREND: Denotes a statistically significant increase since 2011.

Experience "Fair" or "Poor" Mental Health

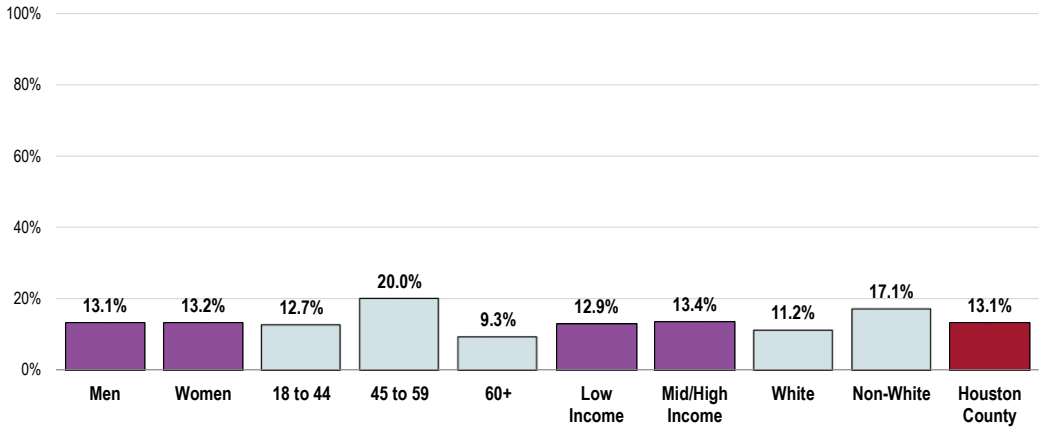


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 116]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- The prevalence of "fair/poor" mental health is statistically similar among the following population segments.

Experience "Fair" or "Poor" Mental Health

(Houston County, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]

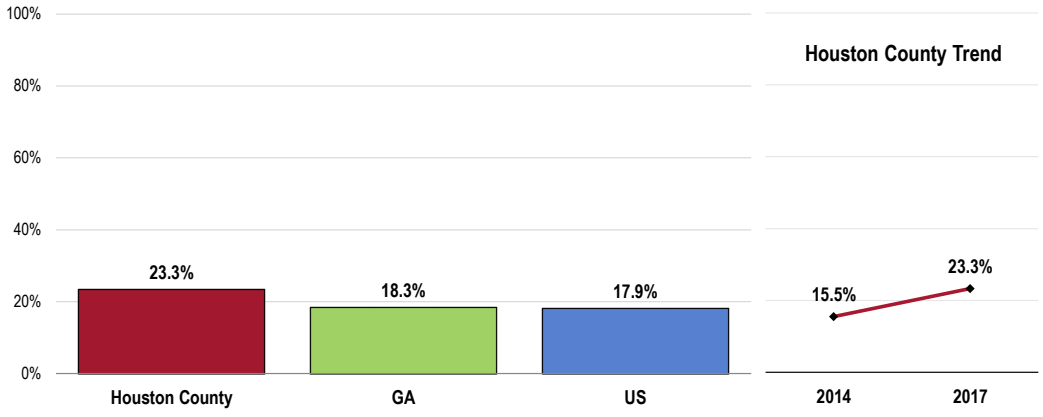
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.

Depression

A total of 23.3% of Houston County adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Statistically comparable to the Georgia and national findings.
- TREND: Has increased significantly since 2014.

Have Been Diagnosed With a Depressive Disorder



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 119]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 GA data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

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

Stress

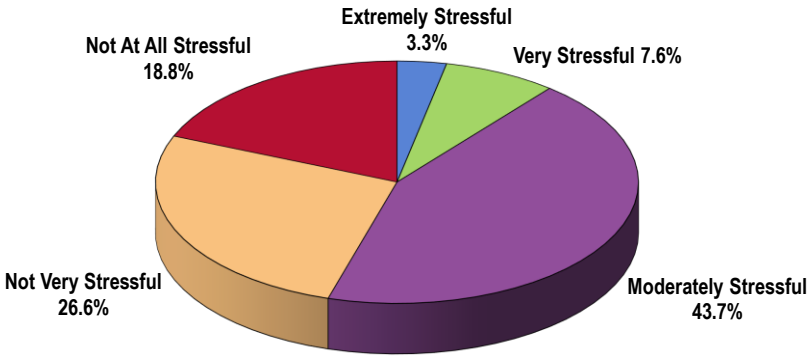
More than two-fifths of Houston County adults consider their typical day to be "not very stressful" (26.6%) or "not at all stressful" (18.8%).

RELATED ISSUE:

See also *Substance Abuse* in the **Modifiable Health Risks** section of this report.

- Another 43.7% of survey respondents characterize their typical day as "moderately stressful."

Perceived Level of Stress On a Typical Day
(Houston County, 2017)

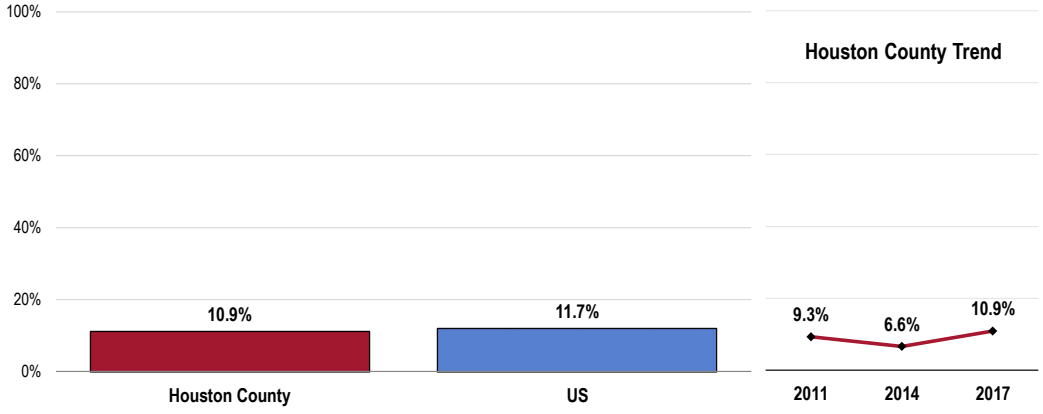


Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]
Notes: ● Asked of all respondents.

In contrast, 10.9% of Houston County adults experience "very" or "extremely" stressful days on a regular basis.

- Similar to national findings.
- TREND: Statistically similar to the 2011 and 2014 findings.

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

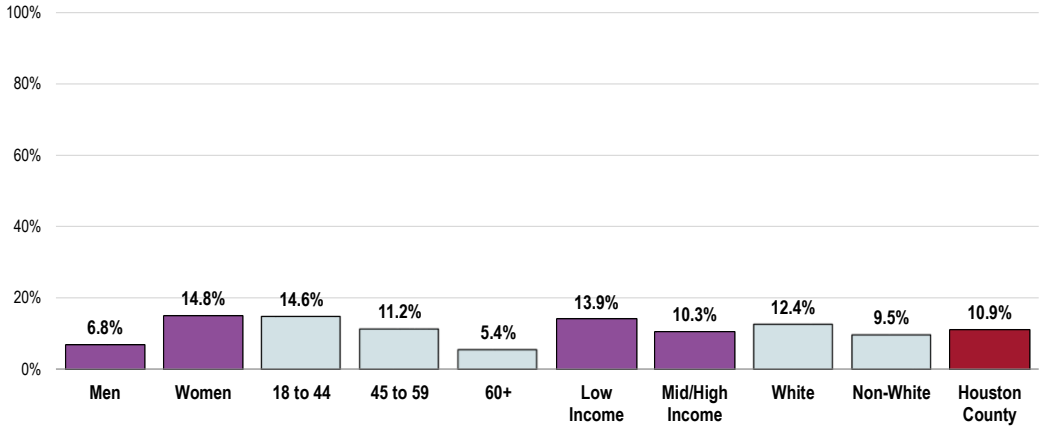


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 118]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- When viewed by key demographic characteristics, there are no significant differences in stress level.

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

(Houston County, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 118]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.

Suicide

Between 2013 and 2015, there was an annual average age-adjusted suicide rate of 14.5 deaths per 100,000 population in Houston County.

- Higher than found statewide and nationally.
- Fails to satisfy the Healthy People 2020 target of 10.2 or lower.

Suicide: Age-Adjusted Mortality

(2013-2015 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 10.2 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 May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

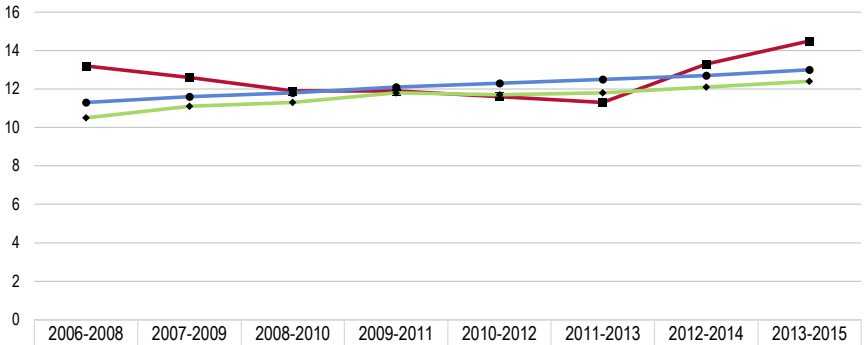
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The Houston County suicide rate decreased from 2006 to 2011, but has since increased significantly. The state and national rates have increased steadily over the past decade.

Suicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 10.2 or Lower



	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015
Houston County	13.2	12.6	11.9	11.9	11.6	11.3	13.3	14.5
GA	10.5	11.1	11.3	11.8	11.7	11.8	12.1	12.4
US	11.3	11.6	11.8	12.1	12.3	12.5	12.7	13.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

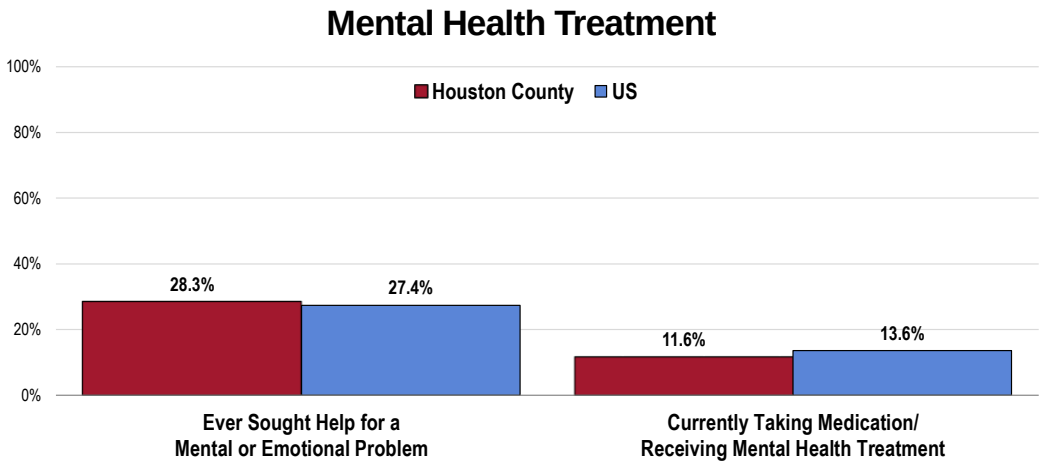
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Mental Health Treatment

A total of 28.3% of Houston County adults acknowledge having ever sought professional help for a mental or emotional problem.

A total of 11.6% are currently taking medication or receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

- Compared to national findings, Houston County has a similar proportion of adults who have ever sought help for mental health and a similar prevalence of adults currently taking medication or receiving mental health treatment.



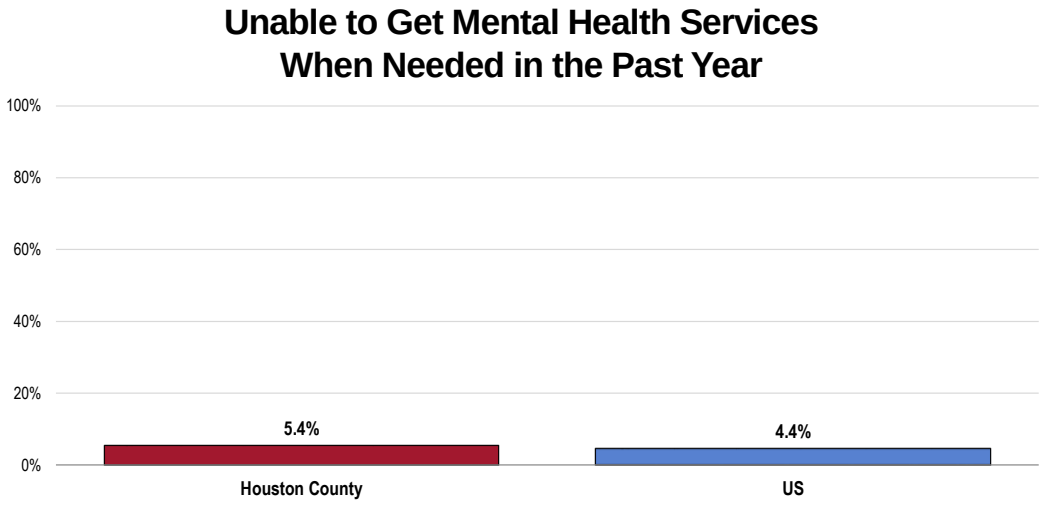
Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 120-121]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects the total sample of respondents.

Difficulty Accessing Mental Health Services

A total of 5.4% of Houston County adults report a time in the past year when they needed mental health services, but were not able to get them.

- Similar to the national finding.



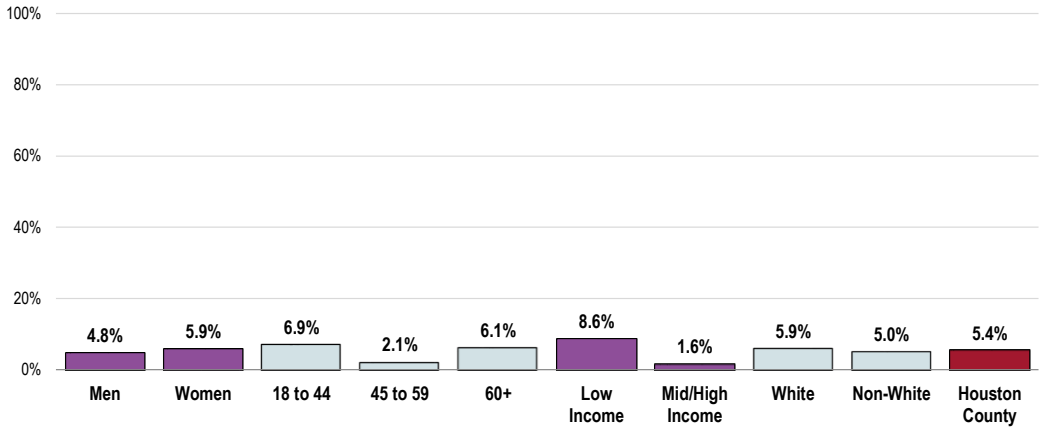
Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 122]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- There is no significant difference in access to mental healthcare when viewed by key demographic characteristics.

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

(Houston County, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 122]

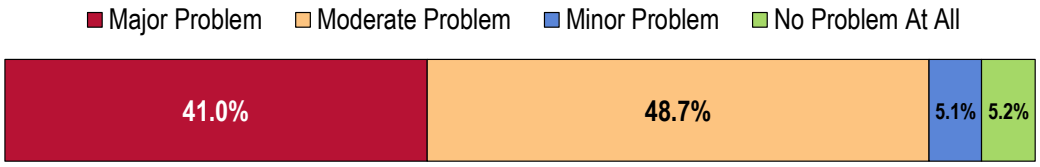
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.

Key Informant Input: Mental Health

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

Perceptions of Mental Health as a Problem in the Community

(Key Informants, 2017)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Challenges

Among those rating this issue as a "major problem," the following represent what key informants see as the main challenges for persons with mental illness:

Access to Care/Services

> *The length of stay for patients to be hospitalized for mental health issues is very inadequate for accomplishing any major improvement. Patients discharged for outpatient follow-up often do not follow through. - Other Health Provider*
>
> *Not enough beds for stabilization purposes. Phoenix Center is the only location and has a lack of providers. The waiting list for mental health services can be over six months. - Social Services Provider*
>
> *There are no places in Fort Valley for the mentally ill to receive treatment- either inpatient or outpatient. Nearest in Phoenix Center, Warner Robins. - Community Leader*
>
> *Lack of crisis center, long-term case management, and residential treatment and housing. - Community Leader*
>
> *Very limited access. We need more psychiatrists, and we need further help at public access institutions, such as the Phoenix Center. - Physician*
>
> *Our jails are becoming de facto mental health care facilities, since there are few mechanisms/ resources in the state to treat patients. - Community Leader*
>
> *Lack of access to care, medications and social support. - Physician*
>
> *Local access to crisis centers. - Other Health Provider*
>
> *Limited resources and seem to be getting even more limited. - Community Leader*
>
> *Access to treatment. - Social Services Provider*
>
> *Placement of patients in need of crisis stabilization. - Other Health Provider*

Lack of Providers

> *There aren't many providers, and most don't accept Medicaid or uninsured patients. - Other Health Provider*
>
> *Lack of mental health professionals. Stigma of getting help. - Other Health Provider*

Denial/Stigma

> *Families are reluctant to declare a member of the family who is in need of mental health care. It remains a stigma in our society. - Community Leader*

Death, Disease & Chronic Conditions

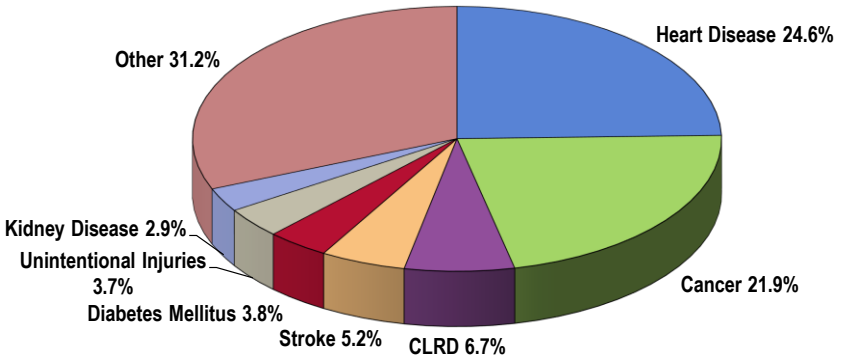
Professional Research Consultants, Inc.

Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for just over one-half of all deaths in Houston County in 2015.

Leading Causes of Death
(Houston County, 2015)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.

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

Age-Adjusted Death Rates for Selected Causes

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

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

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 2013-2015 annual average age-adjusted death rates per 100,000 population for selected causes of death in Houston County.

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

Age-Adjusted Death Rates for Selected Causes

(2013-2015 Deaths per 100,000 Population)

	Houston County	GA	US	HP2020
Diseases of the Heart	181.3	179.5	168.4	156.9*
Malignant Neoplasms (Cancers)	161.8	165.4	161.0	161.4
Chronic Lower Respiratory Disease (CLRD)	49.0	45.9	41.4	n/a
Cerebrovascular Disease (Stroke)	43.4	43.1	36.8	34.8
Unintentional Injuries	29.6	40.5	41.0	36.4
Diabetes Mellitus	25.9	22.2	21.1	20.5*
Kidney Diseases	23.0	18.6	13.3	n/a
Alzheimer's Disease	19.7	33.0	26.1	n/a
Pneumonia/Influenza	17.1	16.2	15.4	n/a
Firearm-Related	14.7	13.5	10.6	9.3
Intentional Self-Harm (Suicide)	14.5	12.4	13.0	10.2
Drug-Induced	9.9	12.4	15.8	11.3
Motor Vehicle Deaths	9.3	12.7	10.6	12.4
Cirrhosis/Liver Disease	8.9	8.7	10.5	8.2
Homicide	5.5	6.8	5.3	5.5
HIV/AIDS (2006-15)	1.7	5.0	2.7	3.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov.

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

Cardiovascular Disease

About Heart Disease & Stroke

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

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

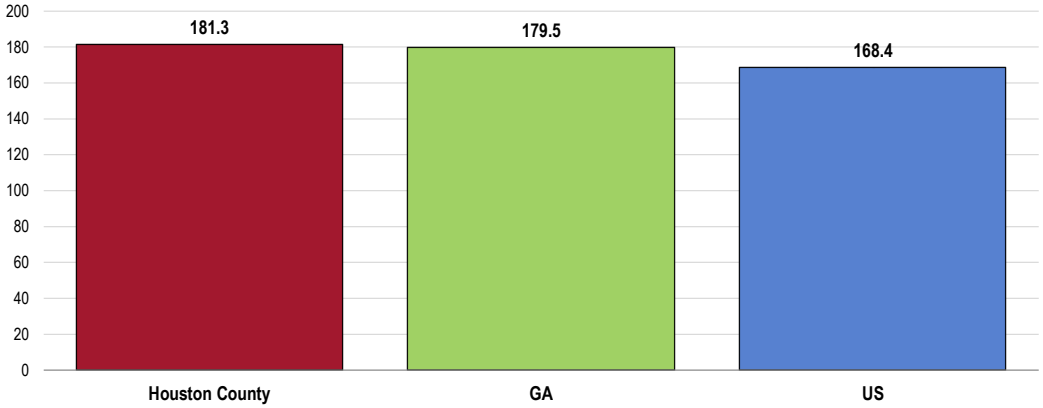
Between 2013 and 2015 there was an annual average age-adjusted heart disease mortality rate of 181.3 deaths per 100,000 population in Houston County.

- Similar to the statewide rate.
- Higher than the national rate.
- Fails to satisfy the Healthy People 2020 target of 156.9 or lower (as adjusted to account for all diseases of the heart).

Heart Disease: Age-Adjusted Mortality

(2013-2015 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 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 May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

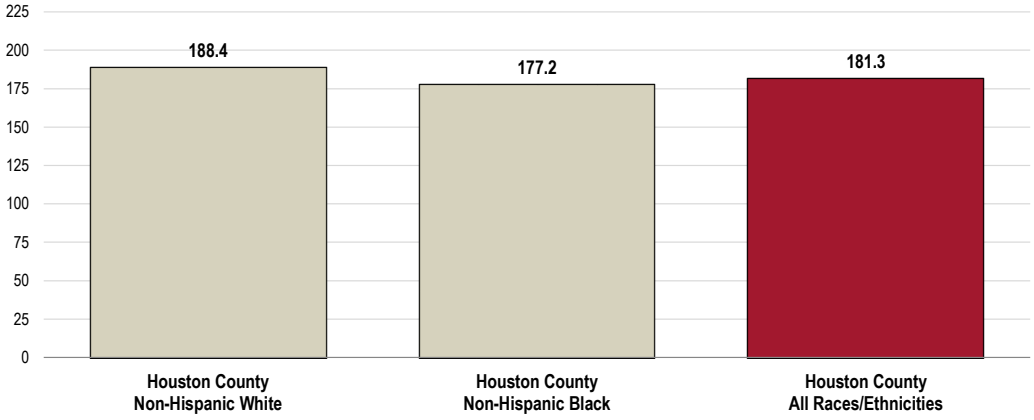
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account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

- By race, the heart disease mortality rate is slightly higher among Non-Hispanic Whites when compared with Non-Hispanic Blacks in Houston County.

Heart Disease: Age-Adjusted Mortality by Race

(2013-2015 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 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 May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

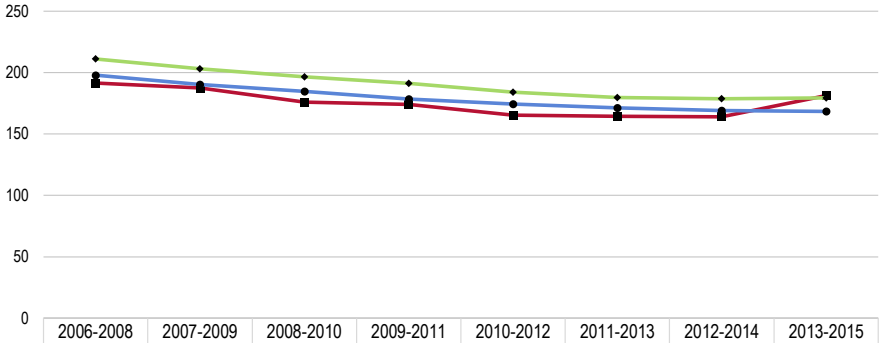
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account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

- TREND: Despite an increase in the past couple of years, the heart disease mortality rate in Houston County has generally followed the downward trend exhibited statewide and nationally.

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 or Lower (Adjusted)



	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015
Houston County	191.5	187.4	176.1	174.1	165.5	164.4	164.0	181.3
GA	211.1	203.2	196.7	191.2	184.2	179.6	178.7	179.5
US	197.9	190.3	184.7	178.5	174.4	171.3	169.1	168.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

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

Stroke Deaths

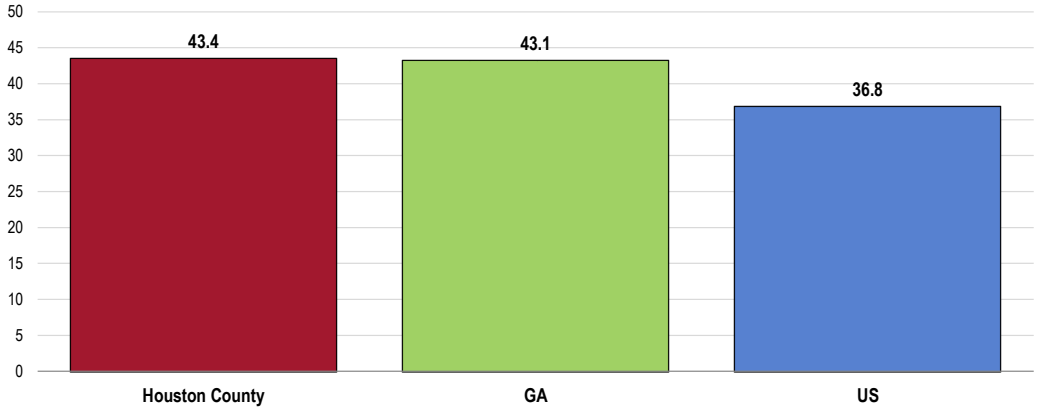
Between 2013 and 2015, there was an annual average age-adjusted stroke mortality rate of 43.4 deaths per 100,000 population in Houston County.

- Similar to the Georgia rate.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 34.8 or lower.

Stroke: Age-Adjusted Mortality

(2013-2015 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

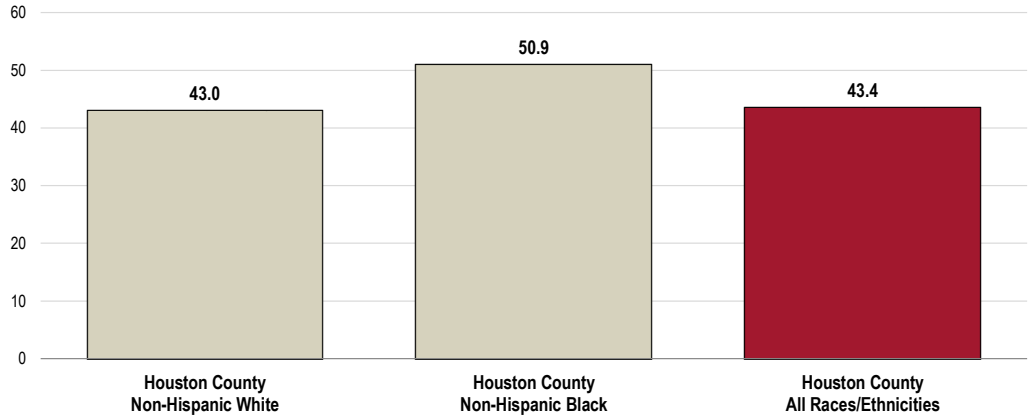
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- Stroke mortality is higher among Non-Hispanic Blacks when compared with Non-Hispanic Whites.

Stroke: Age-Adjusted Mortality by Race

(2013-2015 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

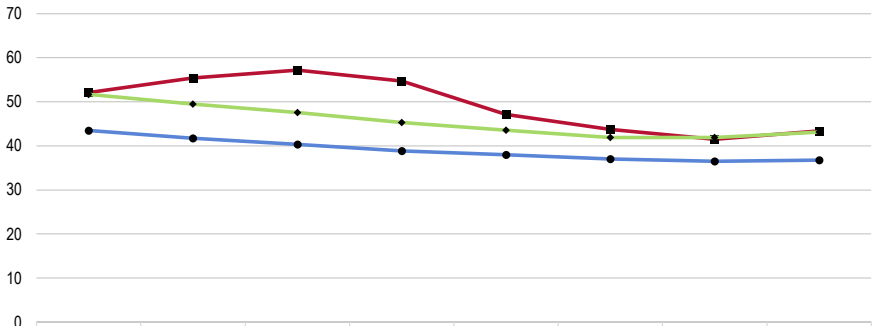
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The stroke rate has generally declined in recent years, echoing the trends reported across Georgia and the US overall.

Stroke: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower



	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015
Houston County	52.1	55.4	57.2	54.7	47.1	43.7	41.5	43.4
GA	51.7	49.5	47.6	45.3	43.6	41.9	41.9	43.1
US	43.5	41.7	40.3	38.9	38.0	37.0	36.5	36.8

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

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

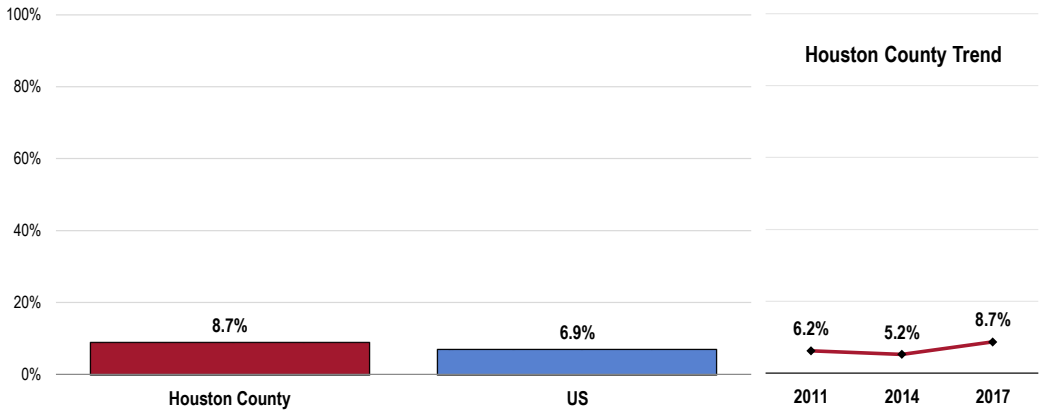
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 8.7% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Similar to the national prevalence.
- TREND: Similar to previous survey findings.

Prevalence of Heart Disease



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 146]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

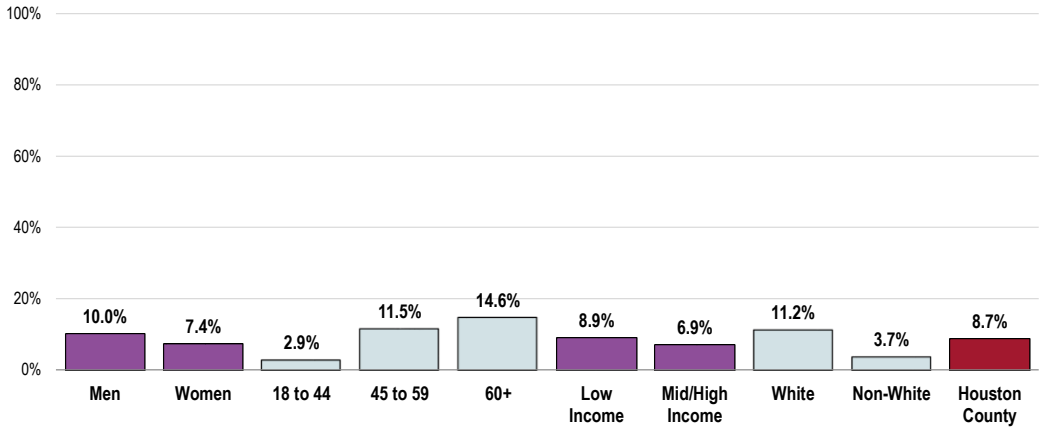
Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina or coronary heart disease.

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

- Adults age 60 and older.
- Non-Hispanic Whites.

Prevalence of Heart Disease

(Houston County, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]

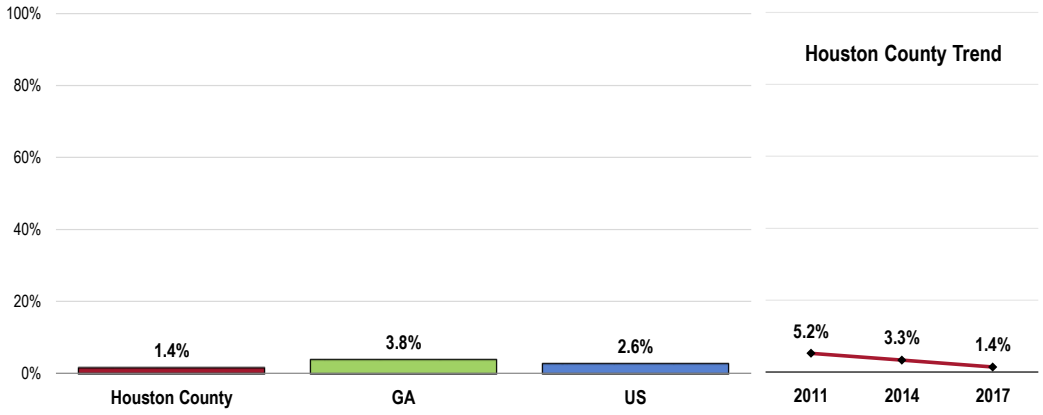
Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina or coronary heart disease.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.

Prevalence of Stroke

A total of 1.4% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Lower than statewide findings.
- Similar to national findings.
- TREND: Denotes a statistically significant decrease in stroke prevalence over time.

Prevalence of Stroke



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 35]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 GA data.

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

About Cardiovascular Risk

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

- Healthy People 2020 (www.healthypeople.gov)

High Blood Pressure

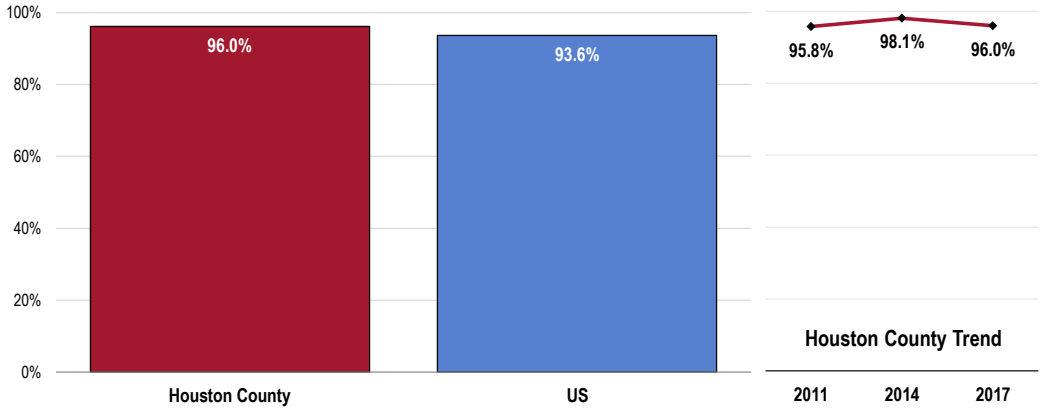
High Blood Pressure Testing

A total of 96.0% of Houston County adults have had their blood pressure tested within the past two years.

- Similar to national findings.
- Satisfies the Healthy People 2020 target (92.6% or higher).
- TREND: Statistically unchanged since 2011.

Have Had Blood Pressure Checked in the Past Two Years

Healthy People 2020 Target = 92.6% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 44]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-4]

Notes:
- Asked of all respondents.

Prevalence of High Blood Pressure

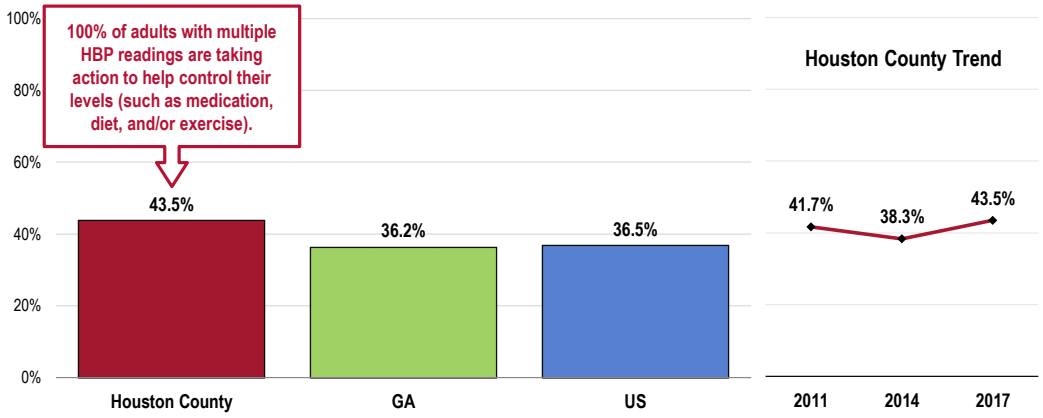
A total of 43.5% of Houston County adults have been told at some point that their blood pressure was high.

- Less favorable than the Georgia prevalence.
- Statistically similar to the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).

- TREND: Statistically unchanged since 2011.
- All respondents with multiple high blood pressure readings report taking action to lower their blood pressure (such as medication, change in diet, and/or exercise).

Prevalence of High Blood Pressure

Healthy People 2020 Target = 26.9% or Lower



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 43, 147]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 GA data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

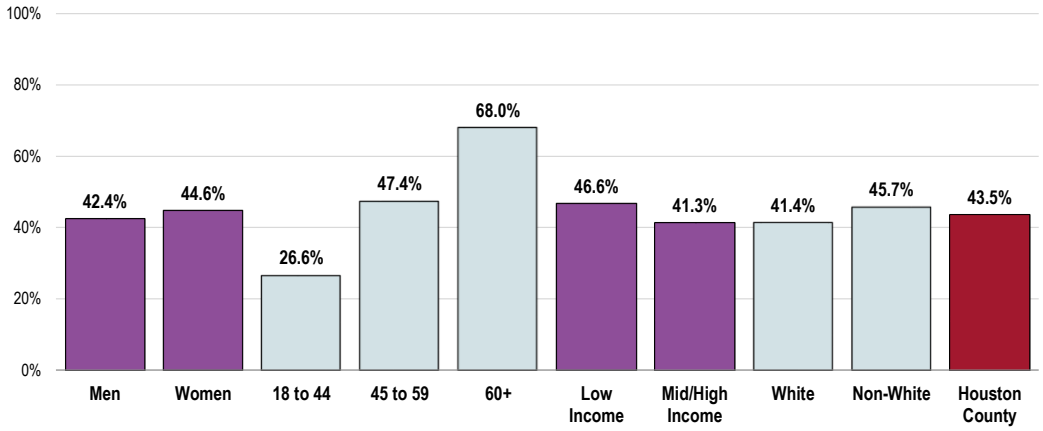
Notes:
- Asked of all respondents.

- High blood pressure is more prevalent among adults age 45 to 59 and especially those age 60+ (positive correlation with age).

Prevalence of High Blood Pressure

(Houston County, 2017)

Healthy People 2020 Target = 26.9% or Lower



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.

High Blood Cholesterol

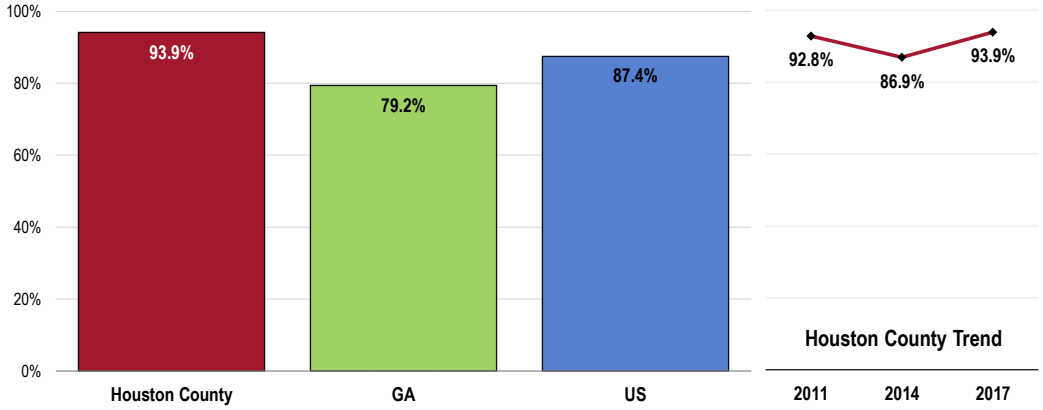
Blood Cholesterol Testing

A total of 93.9% of Houston County adults have had their blood cholesterol checked within the past five years.

- More favorable than Georgia and national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- TREND: Denotes a statistically significant increase since 2014 (similar to 2011 findings).

Have Had Blood Cholesterol Levels Checked in the Past Five Years

Healthy People 2020 Target = 82.1% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 47]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 GA data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-6]

Notes:
- Asked of all respondents.

Prevalence of High Blood Cholesterol

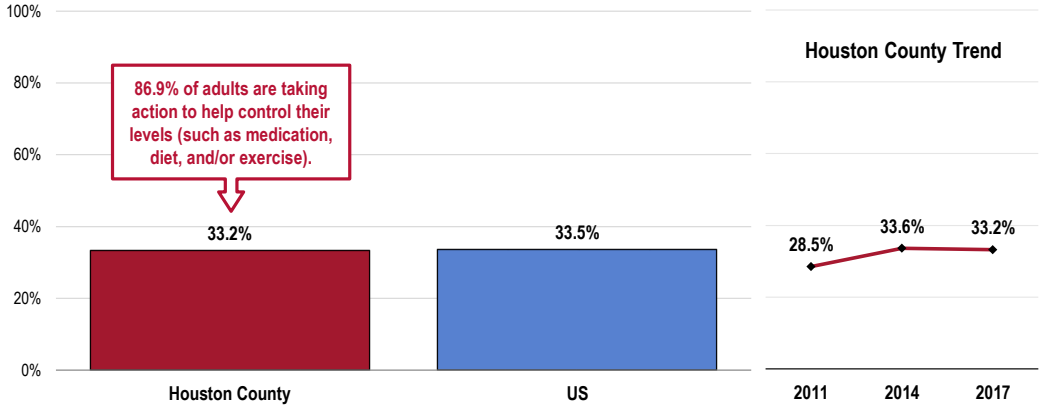
One-third of Houston County adults (33.2%) have been told by a health professional that their cholesterol level was high.

- Nearly identical to the national prevalence.
- More than twice the Healthy People 2020 target (13.5% or lower).
- TREND: Statistically unchanged since 2011.

Among adults with high blood cholesterol readings, 86.9% are taking action to lower their numbers (such as medication, change in diet, and/or exercise).

Prevalence of High Blood Cholesterol

Healthy People 2020 Target = 13.5% or Lower



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 46, 148]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes:
- Asked of all respondents.

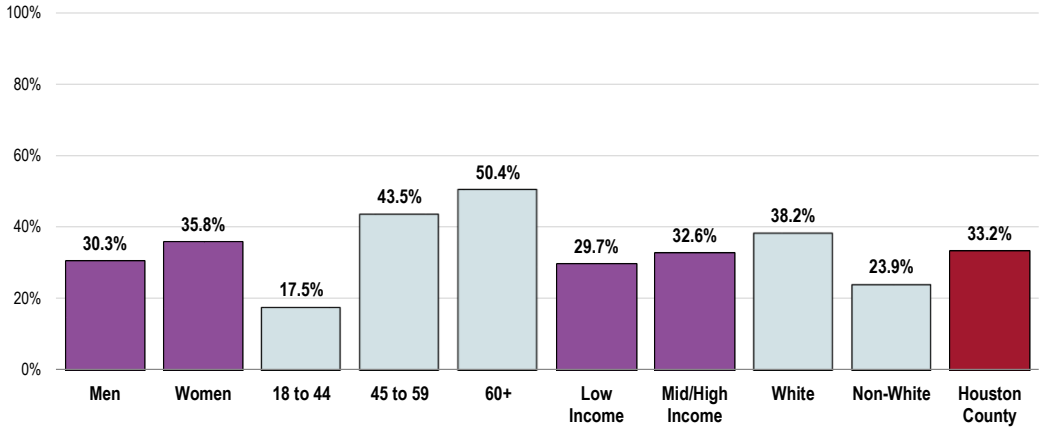
Further note the following:

- There is a positive correlation between age and high blood cholesterol.
- Non-Hispanic Whites report a higher prevalence than those of other races.

Prevalence of High Blood Cholesterol

(Houston County, 2017)

Healthy People 2020 Target = 13.5% or Lower



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.

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

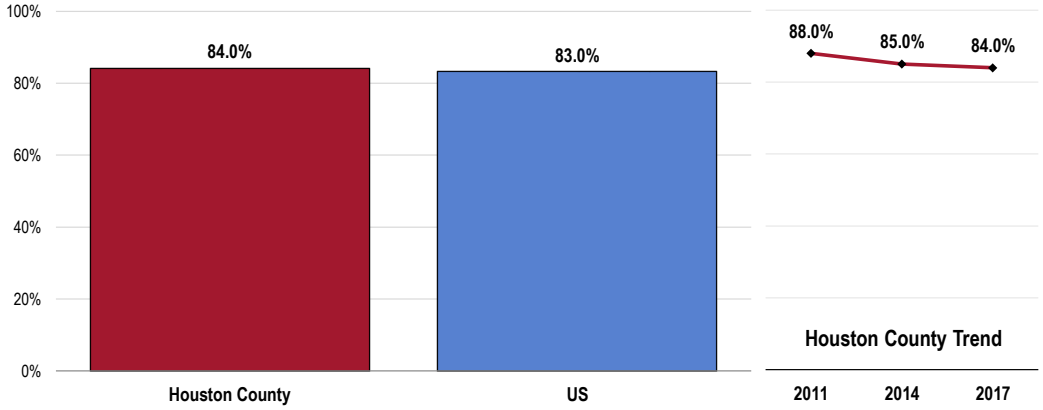
Total Cardiovascular Risk

RELATED ISSUE:
See also *Nutrition & Overweight*, *Physical Activity & Fitness* and *Tobacco Use* in the **Modifiable Health Risk** section of this report.

A total of 84.0% of Houston County adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Similar to national findings.
- TREND: Statistically similar to 2011 and 2014 findings.

Present One or More Cardiovascular Risks or Behaviors

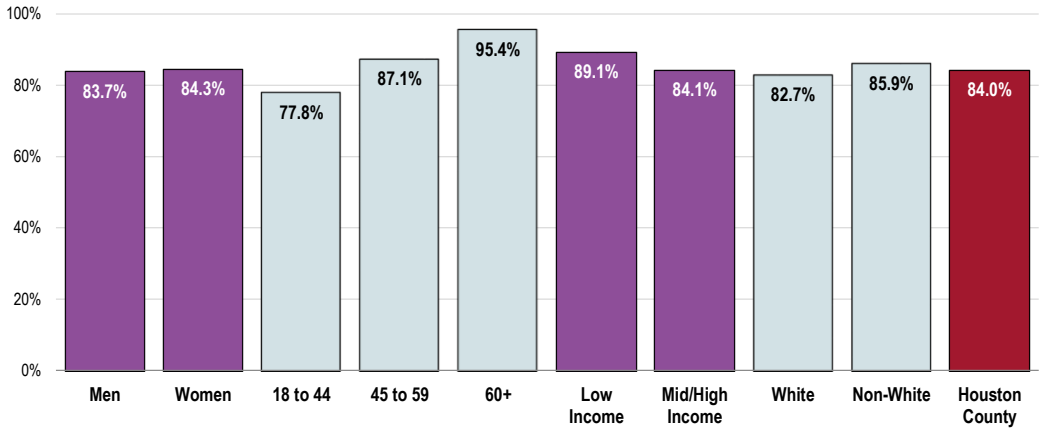


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 149]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

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

- Adults age 60 and older are more likely to exhibit cardiovascular risk factors.

Present One or More Cardiovascular Risks or Behaviors
(Houston County, 2017)



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

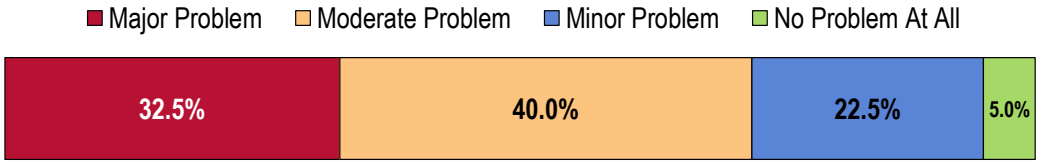
Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.

Key Informant Input: Heart Disease & Stroke

Two-fifths of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a "moderate problem" in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community

(Key Informants, 2017)



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

Top Concerns

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

Prevalence/Incidence

Heart disease and stroke is one of the most prominent diseases in the south, particularly Georgia and even more so here in Central Georgia. This is particularly true for minority populations. - Public Health Representative

We have a relatively high rate of cardiovascular disease in our community. We have a relatively low unemployment rate, with jobs that produce a lot of stress. - Other Health Provider

Lack of specialists, such as interventional neurologists available. - Other Health Provider

More strokes at younger age. Heart disease seems to be about the same. - Community Leader

Overweight/Obesity

Our population is overweight and have other significant risks factors, such as smoking, diabetes and hypertension. - Physician

Overweight people in the area. - Community Leader

Health Education

There is a lack of understanding of how to prevent cardiovascular disease through healthy living like regular exercise and proper diet; therefore, many patients continue to do what they have done. And by the time help is given, it is too late and the disease process is not reversible. - Physician

Insufficient Physical Activity

There is limited opportunity to get physical activity. - Other Health Provider

Lack of Specialists/Specialty Services

Most interventional cardiologists are seen as Macon physicians, who only come to Warner Robins to take patients back to their Macon practice. - Community Leader

Leading Cause of Death

One of the top killers of men and women in our country. - Other Health Provider

Lifestyle

Poor diet, lack of exercise and smoking. - Community Leader

Cancer

About Cancer

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

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

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

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

- Healthy People 2020 (www.healthypeople.gov)

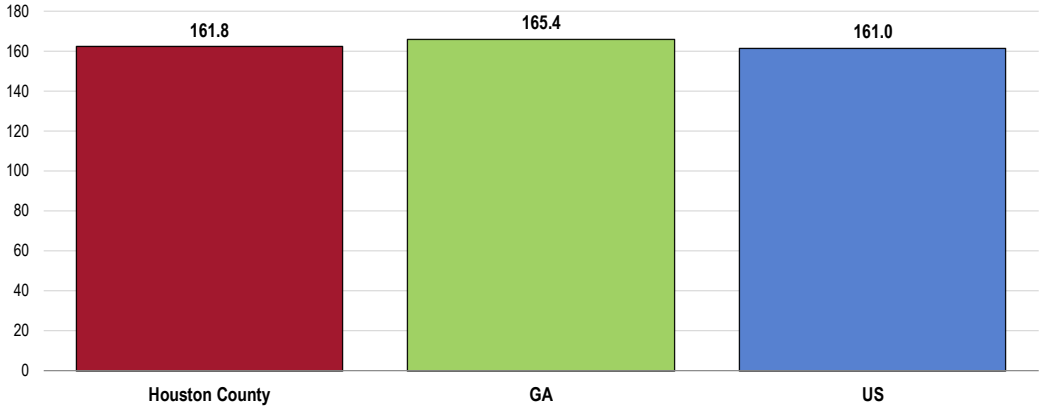
Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2013 and 2015, there was an annual average age-adjusted cancer mortality rate of 161.8 deaths per 100,000 population in Houston County.

- Similar to the statewide and national rates.
- Similar to the Healthy People 2020 target of 161.4 or lower.

Cancer: Age-Adjusted Mortality
(2013-2015 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 161.4 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 May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

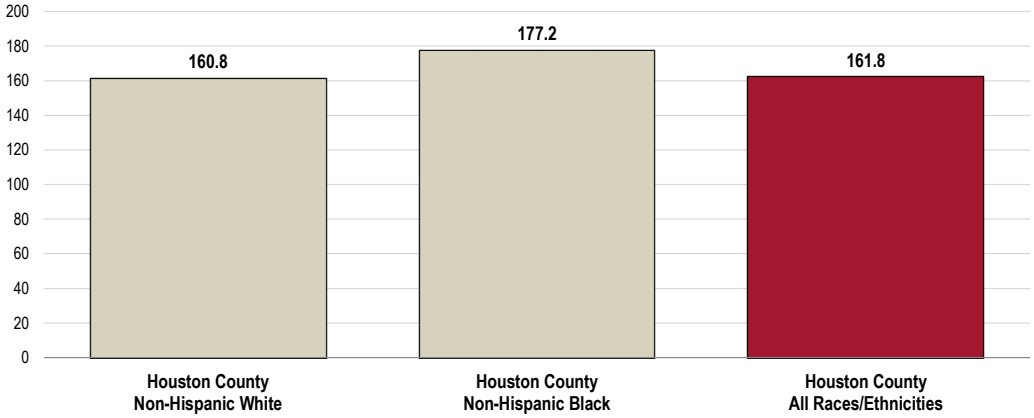
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The cancer mortality rate is higher among Non-Hispanic Blacks.

Cancer: Age-Adjusted Mortality by Race

(2013-2015 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 161.4 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 May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

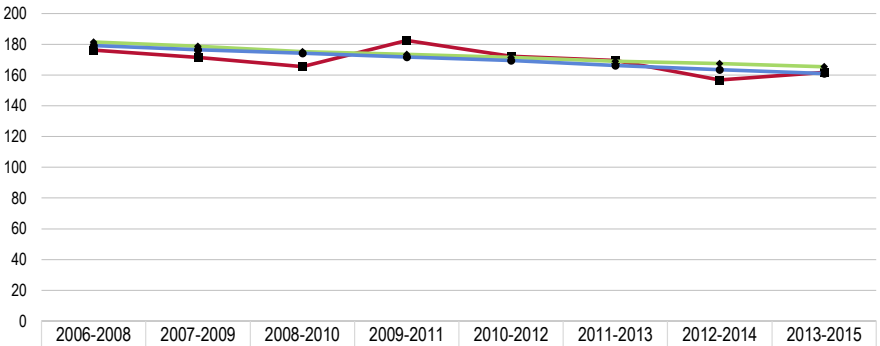
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Despite some fluctuation, cancer mortality has decreased over the past decade in Houston County; the same trend is apparent both statewide and nationwide.

Cancer: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 161.4 or Lower



	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015
Houston County	176.1	171.4	165.4	182.5	172.3	169.4	156.8	161.8
GA	181.5	178.7	175.2	173.6	171.4	169.0	167.4	165.4
US	179.2	176.4	174.2	171.8	169.4	166.2	163.6	161.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

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

Cancer Deaths by Site

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

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

As can be seen in the following chart (referencing 2013-2015 annual average age-adjusted death rates):

- The Houston County **lung cancer** death rate is higher than the state and national rates.
- The Houston County **prostate cancer** death rate is similar to the state rate and higher than the national rate.
- The Houston County **female breast cancer** and **colorectal cancer** death rates are similar to both their related Georgia and US rates.

Note that each of the Houston County cancer death rates detailed below/in the following chart is similar to the related Healthy People 2020 target.

Age-Adjusted Cancer Death Rates by Site

(2013-2015 Annual Average Deaths per 100,000 Population)

	Houston County	GA	US	HP2020
ALL CANCERS	161.8	165.4	161.0	161.4
Lung Cancer	47.5	44.4	42.0	45.5
Female Breast Cancer	21.2	22.2	20.6	20.7
Prostate Cancer	21.1	21.7	19.0	21.8
Colorectal Cancer	15.0	15.5	14.4	14.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov

Cancer Incidence

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

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

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

These 2009-2013 Houston County annual average age-adjusted cancer incidence rates are worse than US rates.

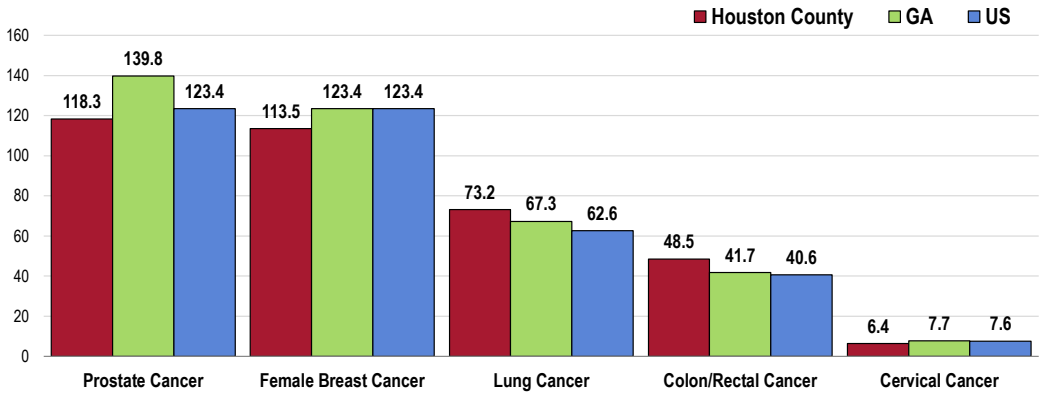
- Lung cancer.
- Colorectal cancer.

These Houston County cancer incidence rates are worse than state rates for the same years.

- Lung cancer.
- Colorectal cancer.

Cancer Incidence Rates by Site

(Annual Average Age-Adjusted Incidence per 100,000 Population, 2009-2013)



Sources:
- State Cancer Profiles.
- Retrieved April 2017 from Community Commons at http://www.chna.org.

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

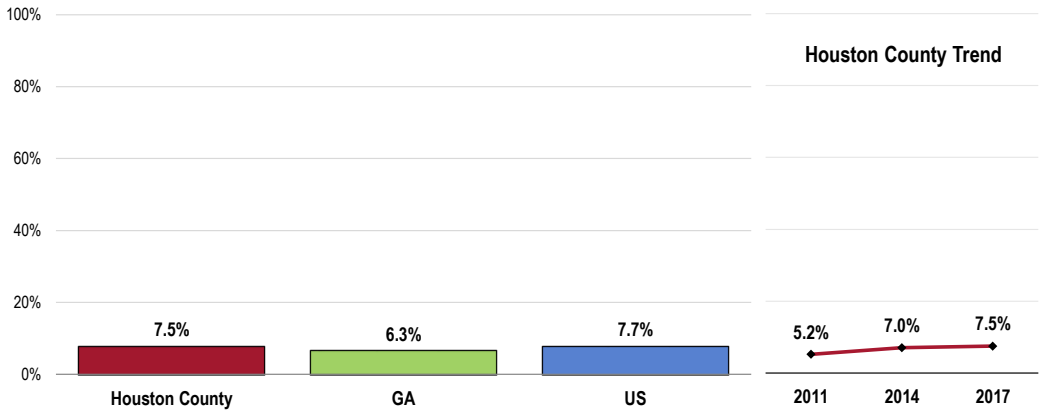
Prevalence of Cancer

Skin Cancer

A total of 7.5% of surveyed Houston County adults report having been diagnosed with skin cancer.

- Similar to what is found statewide and nationally.
- TREND: The prevalence of skin cancer has remained statistically unchanged over time.

Prevalence of Skin Cancer



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 30]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 GA data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

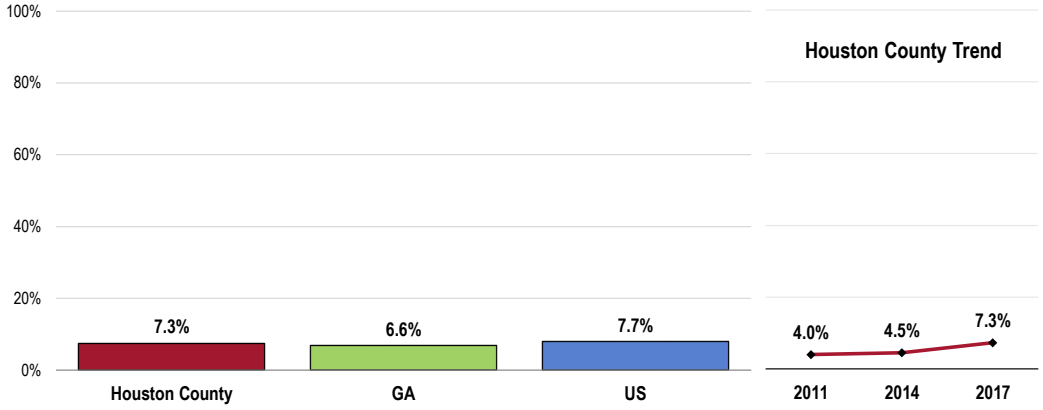
Notes:
- Asked of all respondents.

Other Cancer

A total of 7.3% of survey respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the statewide and national percentages.
- TREND: The prevalence of cancer has remained statistically unchanged over time.

Prevalence of Cancer (Other Than Skin Cancer)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 29]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 GA data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Cancer Risk

RELATED ISSUE:
See also *Nutrition & Overweight*, *Physical Activity & Fitness* and *Tobacco Use* in the **Modifiable Health Risk** section of this report.

About Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

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

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

Cancer Screenings

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

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

Female Breast Cancer Screening

About Screening for Breast Cancer

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

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

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

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

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

Mammography

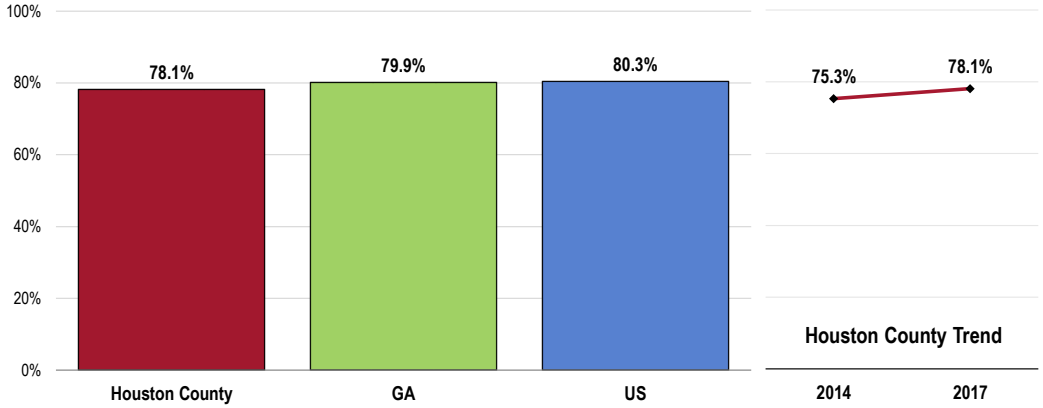
Among women age 50-74, 78.1% have had a mammogram within the past 2 years.

- Similar to statewide and nationwide findings.
- Similar to the Healthy People 2020 target (81.1% or higher).
- TREND: Statistically unchanged since 2014.

Have Had a Mammogram in the Past Two Years

(Among Women Age 50-74)

Healthy People 2020 Target = 81.1% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 GA data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-17]

Notes:
- Reflects female respondents 50-74.

Cervical Cancer Screenings

About Screening for Cervical Cancer

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

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

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

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

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

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

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

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

Pap Smear Testing

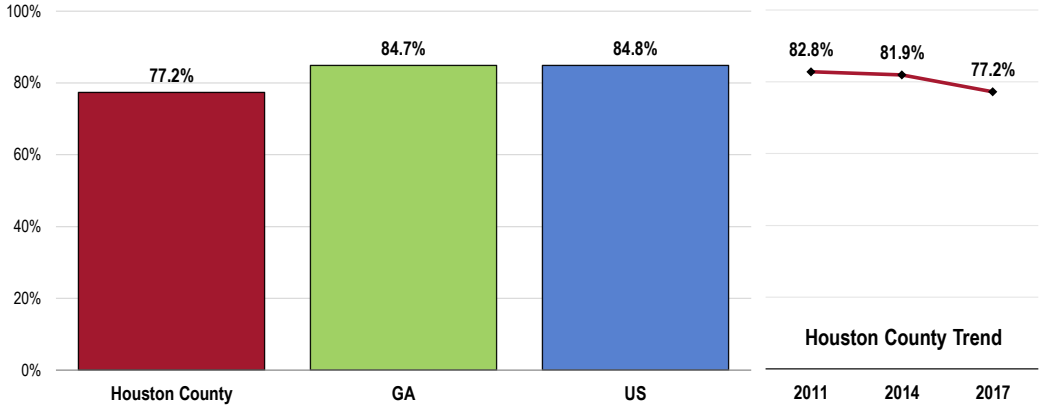
Among Houston County women age 21 to 65, 77.2% have had a Pap smear within the past 3 years.

- Statistically comparable to both Georgia and national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- TREND: Statistically unchanged since 2011.

Have Had a Pap Smear in the Past Three Years

(Among Women Age 21-65)

Healthy People 2020 Target = 93.0% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 152]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 GA data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-15]

Notes:
- Reflects female respondents age 21 to 65.

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

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

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

Colorectal Cancer Screening

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

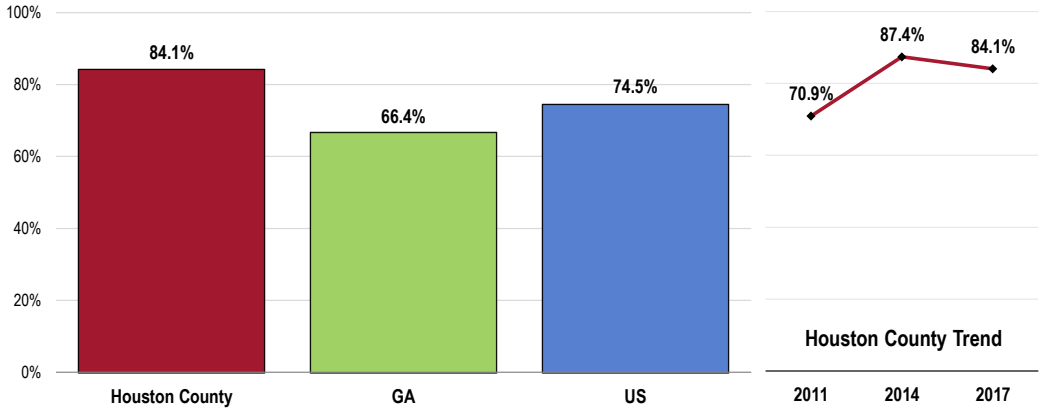
Among adults age 50-75, 84.1% have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).

- Higher than the statewide and national findings.
- Satisfies the Healthy People 2020 target (70.5% or higher).
- TREND: Colorectal cancer screening has increased significantly since 2011.

Have Had a Colorectal Cancer Screening

(Among Adults Age 50-75)

Healthy People 2020 Target = 70.5% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 GA data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-16]

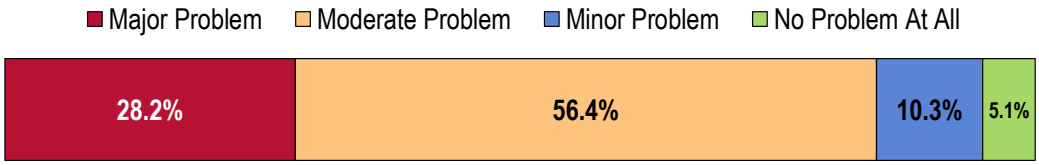
Notes:
- Asked of all respondents age 50 through 75.
- In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

Key Informant Input: Cancer

More than one-half of key informants taking part in an online survey characterized *Cancer* as a "moderate problem" in the community.

Perceptions of Cancer as a Problem in the Community

(Key Informants, 2017)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

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

Prevalence/Incidence

> *More and more people are being diagnosed daily with many kinds of cancer. - Other Health Provider*
>
> *More and more cases diagnosed- too many found as Stage 3 or 4 before diagnosis is made. - Community Leader*
>
> *More people and more types of cancer seem to be prevalent in our community and society today. - Community Leader*

> *I believe cancer is a major problem in every community. As long as it exists, it is a problem. - Community Leader*
>
> *The prevalence of it. - Other Health Provider*

Access to Care/Services

> *Too many individuals don't have access to cancer screenings, or fail to take advantage of access to screenings. This leads to cancer discoveries that are too advanced for simple treatments and require major treatment issues. - Community Leader*
>
> *My mother suffered with colon cancer, and we had to travel to Perry, GA, as well as Macon, to take care of most of her treatments and surgery. - Community Leader*

Diagnosis

> *We are fortunate to have great access to healthcare in Houston County, as well as physicians who are more and more capable to identify health issues. In part, this seems to contribute to more people being accurately being diagnosed with cancer and cancer-related diseases. There just seems to be more and more people with cancer in some form. - Community Leader*

Environmental Contributors

> *Environmental conditions, location, proximity to industrial waste, past practices in disposing industrial waste. - Community Leader*

Respiratory Disease

About Asthma & COPD

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

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

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

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

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

Risk factors for asthma currently being investigated include:

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

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

Age-Adjusted Respiratory Disease Deaths

Chronic Lower Respiratory Disease Deaths (CLRD)

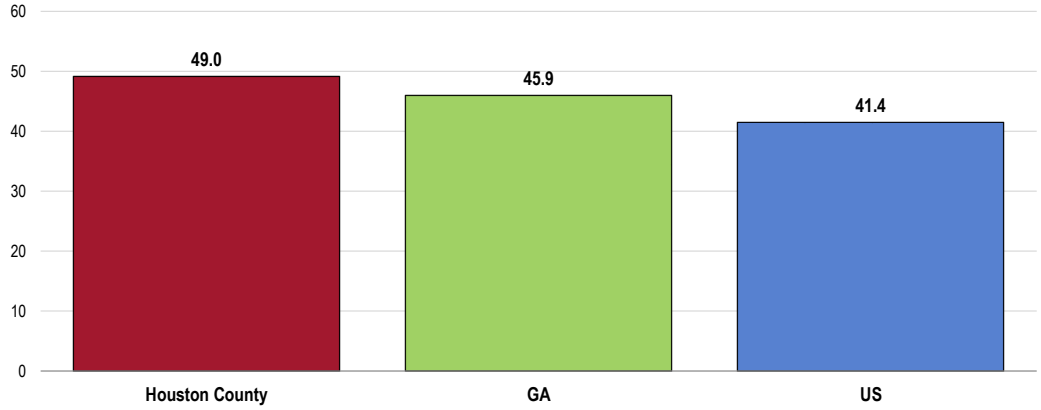
Note: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.

Between 2013 and 2015, there was an annual average age-adjusted CLRD mortality rate of 49.0 deaths per 100,000 population in Houston County.

- Higher than found statewide and nationally.

CLRD: Age-Adjusted Mortality

(2013-2015 Annual Average Deaths per 100,000 Population)



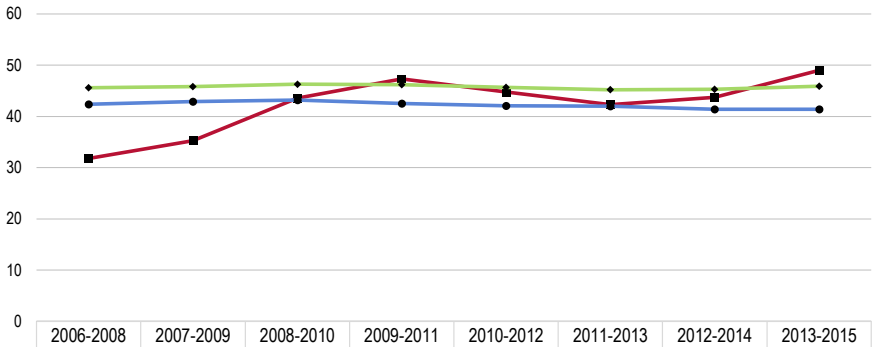
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.

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

- TREND: Despite fluctuations, CLRD mortality in Houston County has increased over time, while statewide and national rates have remained stable.

CLRD: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015
Houston County	31.8	35.3	43.6	47.3	44.8	42.3	43.7	49.0
GA	45.6	45.8	46.3	46.2	45.7	45.2	45.3	45.9
US	42.4	42.9	43.2	42.5	42.1	42.0	41.4	41.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.

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

Pneumonia/Influenza Deaths

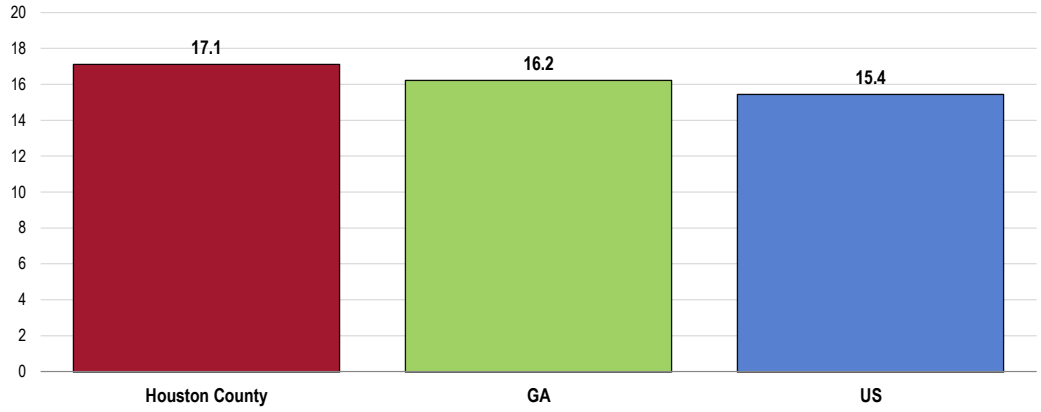
Between 2013 and 2015, Houston County reported an annual average age-adjusted pneumonia influenza mortality rate of 17.1 deaths per 100,000 population.

- Higher than found statewide and nationally.

For prevalence of vaccinations for pneumonia and influenza, see also *Immunization & Infectious Disease*.

Pneumonia/Influenza: Age-Adjusted Mortality

(2013-2015 Annual Average Deaths per 100,000 Population)



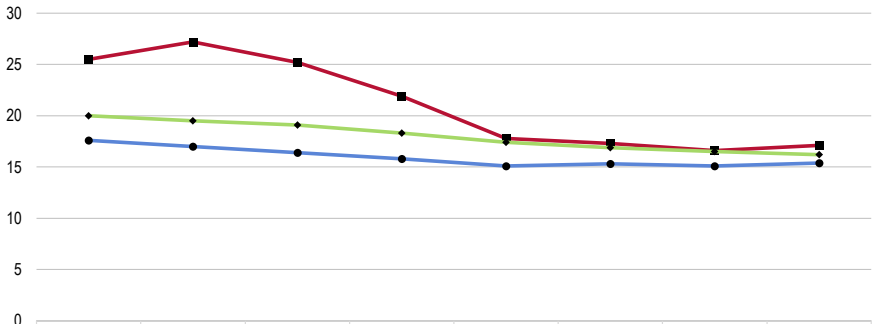
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.

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

- TREND: Houston County pneumonia/influenza mortality has decreased dramatically over time, lessening the disparity with the Georgia and US rates.

Pneumonia/Influenza: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015
Houston County	25.5	27.2	25.2	21.9	17.8	17.3	16.6	17.1
GA	20.0	19.5	19.1	18.3	17.4	16.9	16.5	16.2
US	17.6	17.0	16.4	15.8	15.1	15.3	15.1	15.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.

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

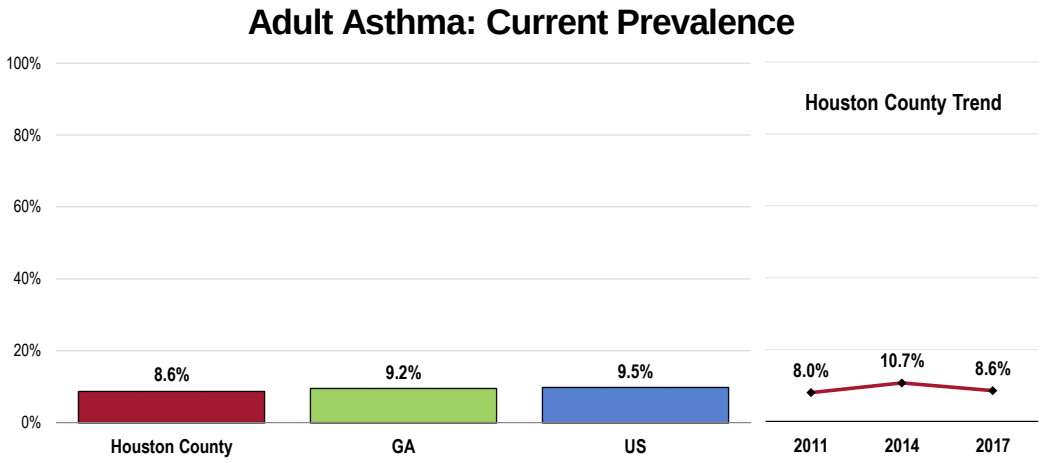
Asthma

Adults

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

A total of 8.6% of Houston County adults currently suffer from asthma.

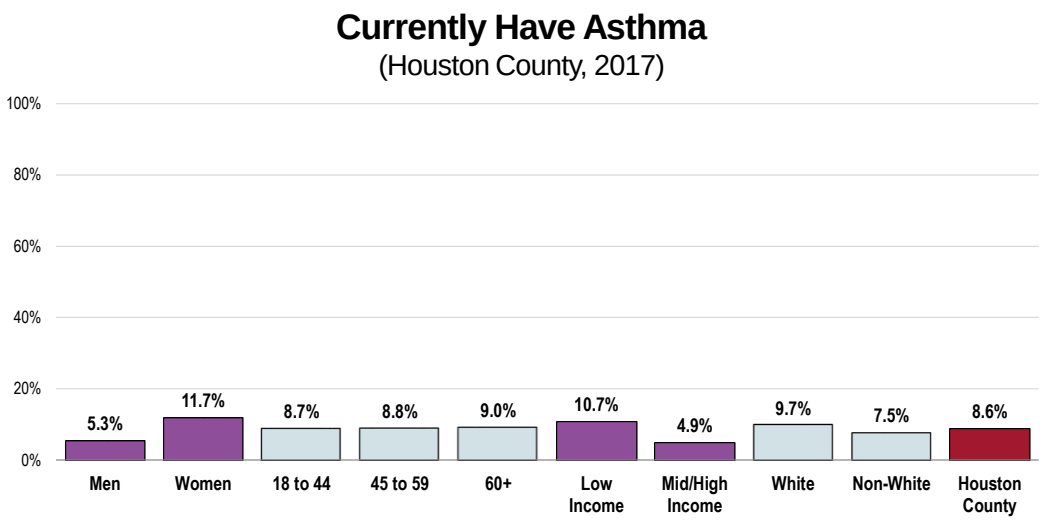
- Similar to the statewide and national prevalence.
- TREND: The prevalence of adults with current asthma has not changed significantly since 2011.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 156]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 GA data.

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

- Similar findings when viewed by key demographic characteristics.



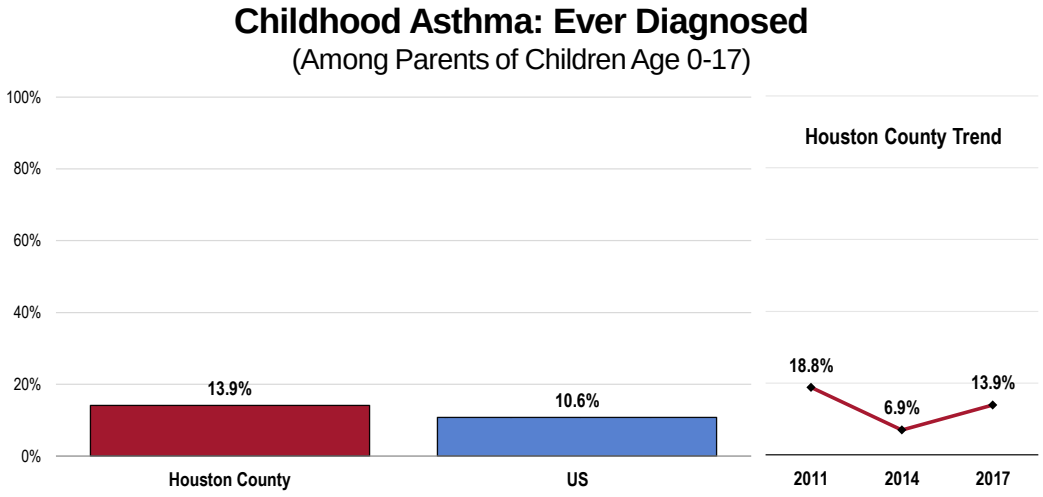
Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.

Children

Among Houston County children under age 18, 13.9% have ever been diagnosed with asthma.

- Comparable to national findings.
- TREND: Statistically unchanged over time.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 139]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

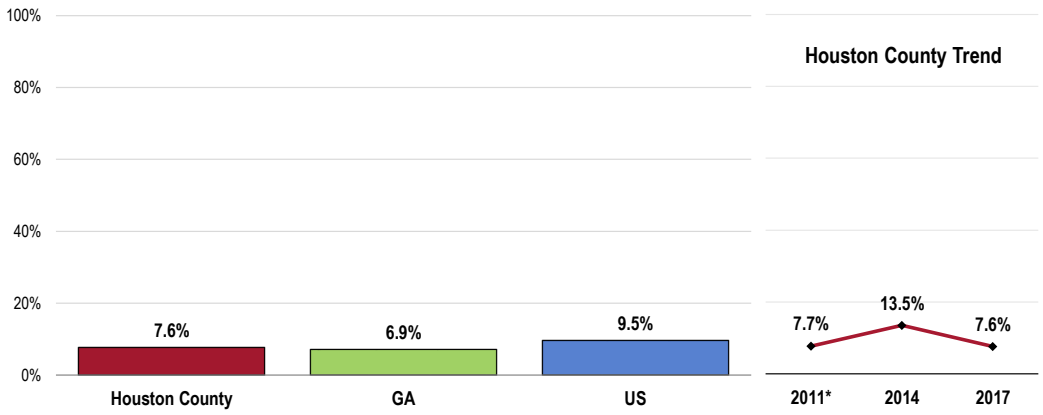
Notes:
- Asked of all respondents with children 0 to 17 in the household.
- Includes children who have ever been diagnosed with asthma.

Chronic Obstructive Pulmonary Disease (COPD)

A total of 7.6% of Houston County adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- Similar to the state and national prevalence.
- TREND: In comparing to 2011and 2014 data, the change in prevalence is not statistically significant.
- *NOTE: In prior data, this question was asked slightly differently; respondents in 2011 were asked if they had ever been diagnosed with "chronic lung disease, including bronchitis or emphysema," rather than "COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema," as is asked currently.*

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 24]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 GA data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

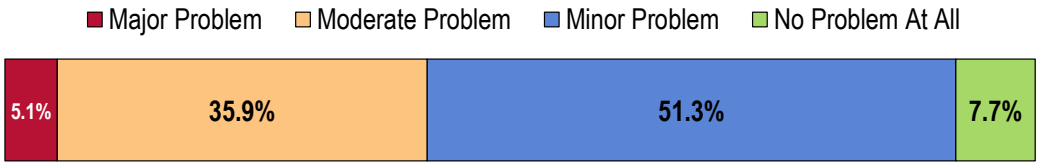
Notes:
- Asked of all respondents.
- Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
- *In prior data, the term "chronic lung disease" was used, which also included bronchitis or emphysema.

Key Informant Input: Respiratory Disease

Just over one-half of key informants taking part in an online survey characterized *Respiratory Disease* as a "minor problem" in the community.

Perceptions of Respiratory Diseases as a Problem in the Community

(Key Informants, 2017)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

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

Tobacco Use & Respiratory Illnesses

> *Many of our citizens utilize tobacco products and have difficulty quitting. Then you have patients who suffer from other respiratory disease, such as asthma, and cannot afford their medications. This causes an increase in admissions and readmissions due to the viscous cycle. Having resources to help patients quit as well as health education to encourage those who have not begun, not to start is needed. Those with other respiratory illnesses need help with medication assistance if they cannot afford it. And also education on triggers and how to avoid them. - Physician*

Aging Population

> *Aging population and our local pollen affect both young and old. - Community Leader*

Injury & Violence

About Injury & Violence

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

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

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

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

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

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

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

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

Efforts to prevent violence may focus on:

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

- Healthy People 2020 (www.healthypeople.gov)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

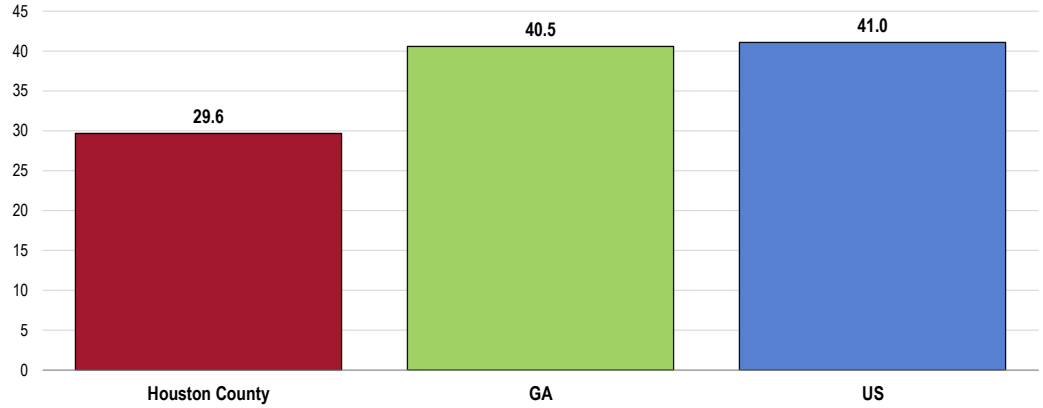
Between 2013 and 2015, there was an annual average age-adjusted unintentional injury mortality rate of 29.6 deaths per 100,000 population in Houston County.

- More favorable than the Georgia and national rates.
- Satisfies the Healthy People 2020 target (36.4 or lower).

Unintentional Injuries: Age-Adjusted Mortality

(2013-2015 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 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 May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

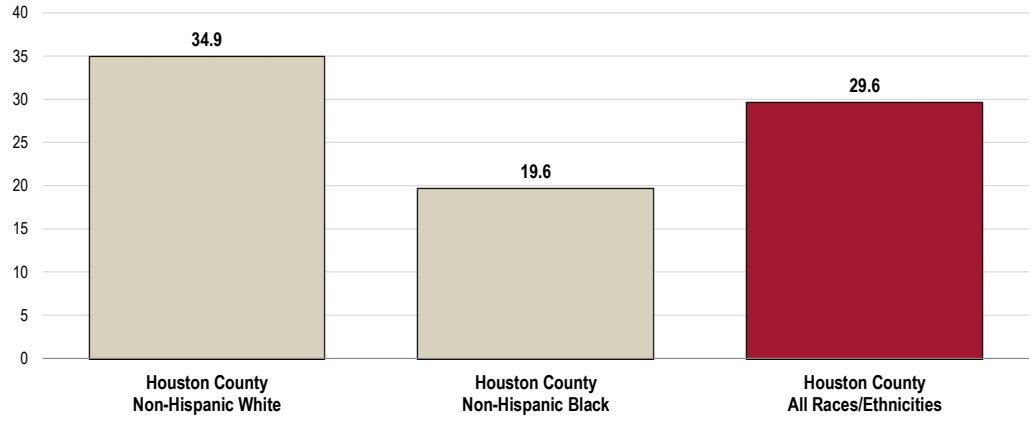
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The mortality rate is notably higher among Non-Hispanic Whites when compared with Non-Hispanic Blacks in Houston County.

Unintentional Injuries: Age-Adjusted Mortality by Race

(2013-2015 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 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 May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

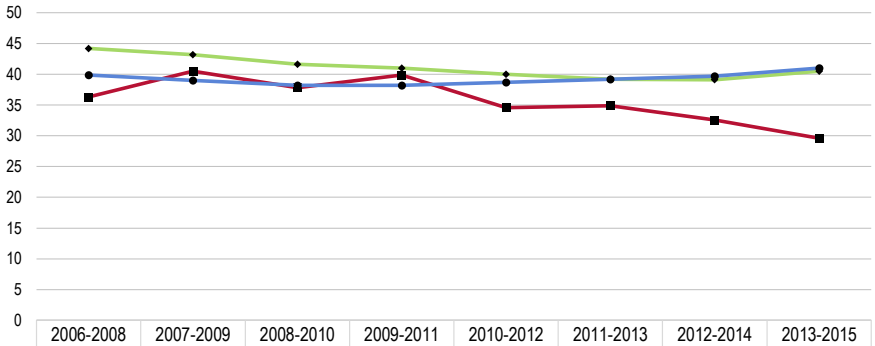
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Despite some variation, there is an overall downward trend in unintentional injury mortality in Houston County. Statewide, rates decreased slightly, whereas the US rates remained fairly stable.

Unintentional Injuries: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower



	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015
Houston County	36.3	40.5	37.8	39.9	34.6	34.9	32.6	29.6
GA	44.2	43.2	41.6	41.0	40.0	39.2	39.1	40.5
US	39.9	39.0	38.2	38.2	38.7	39.2	39.7	41.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

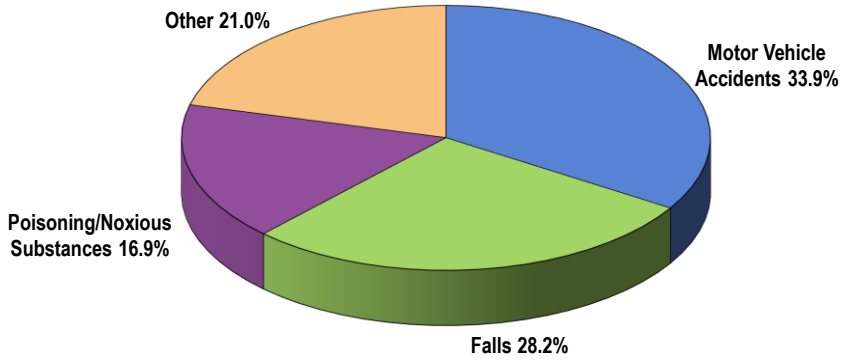
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Leading Causes of Accidental Death

Motor vehicle accidents, falls, and poisoning (including accidental drug overdose) accounted for most accidental deaths in Houston County between 2013 and 2015.

Leading Causes of Accidental Death

(Houston County, 2013-2015)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.

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

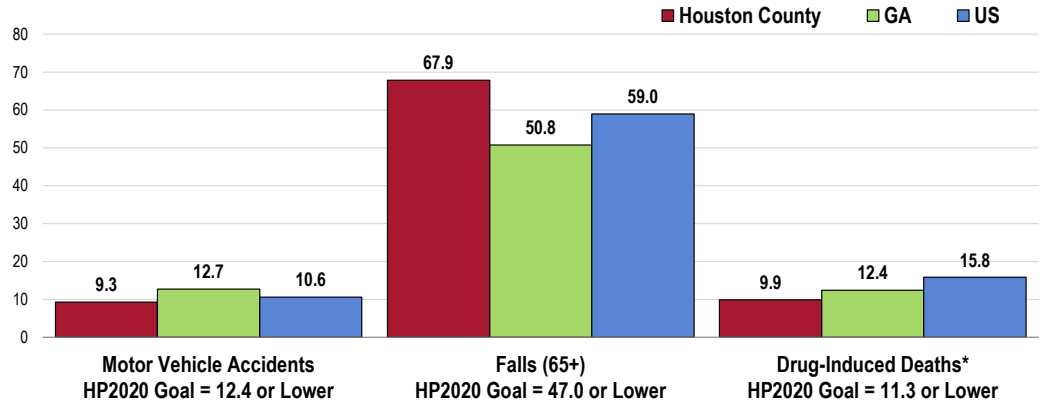
Selected Injury Deaths

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

- The Houston County annual average age-adjusted mortality rate for falls is worse than both state and US rates.

Select Injury Death Rates

(By Cause of Death; 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 May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-13.1, IVP-23.2, SA-12]

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

Falls

Falls

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

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

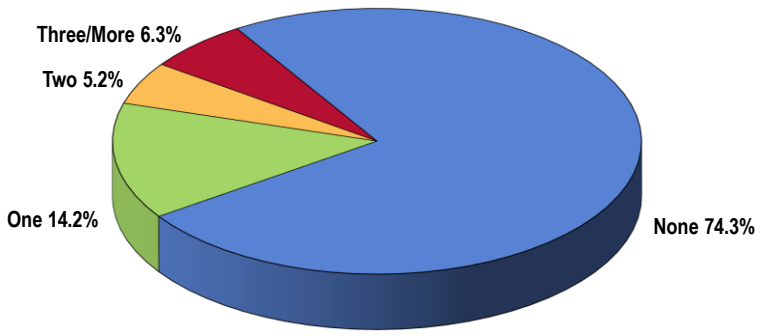
In addition, fall-related medical treatment places a burden on US healthcare services. In 2000, direct medical costs for fall-related injuries totaled approximately $19 billion. A recent study determined that 31.8% of older adults who sustained a fall-related injury required help with activities of daily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

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

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

Among surveyed Houston County adults age 45 and older, 25.7% fell at least once in the past year, including 6.3% who fell three or more times.

Number of Falls in Past 12 Months
(Among Adults Age 45 and Older; Houston County, 2017)

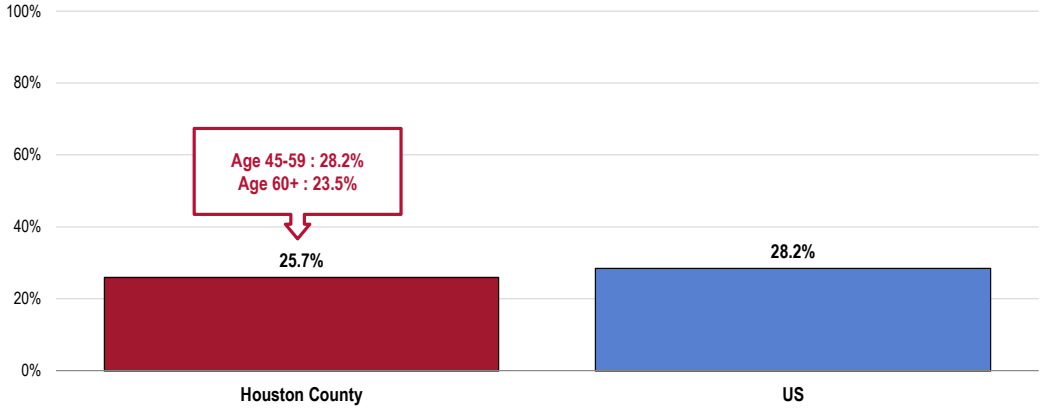


Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]
Notes: ● Asked of all respondents age 45+.

- The prevalence of adults age 45+ who fell at least once in the past year is similar to the national proportion.
- There is no statistical difference by age.

Fell One or More Times in the Past Year

(Among Respondents Age 45 and Older)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of those respondents age 45 and older.

Firearm Safety

Age-Adjusted Firearm-Related Deaths

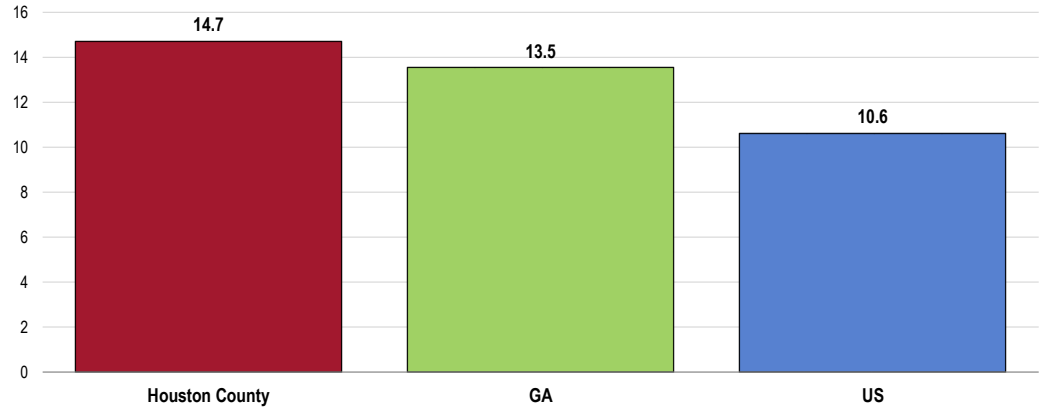
Between 2013 and 2015, there was an annual average age-adjusted rate of 14.7 deaths per 100,000 population due to firearms in Houston County.

- Higher than found statewide and nationally.
- Fails to satisfy the Healthy People 2020 objective (9.3 or lower).
- TREND: Mortality in Houston County due to firearms has increased over time (not shown).

Firearms-Related Deaths: Age-Adjusted Mortality

(2013-2015 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 9.3 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 May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-30]

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

Presence of Firearms in Homes

Survey respondents were asked about the presence of weapons in the home:

"Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck, or car? For the purposes of this inquiry, 'firearms' include pistols, shotguns, rifles, and other types of guns, but do NOT include starter pistols, BB guns, or guns that cannot fire."

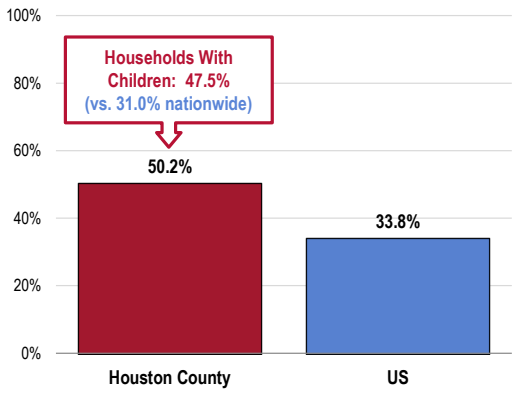
Overall, one-half of Houston County adults (50.2%) has a firearm kept in or around their home.

- Much higher than the national prevalence.
- Among Houston County households with children, 47.5% have a firearm kept in or around the house (statistically similar to the national prevalence).

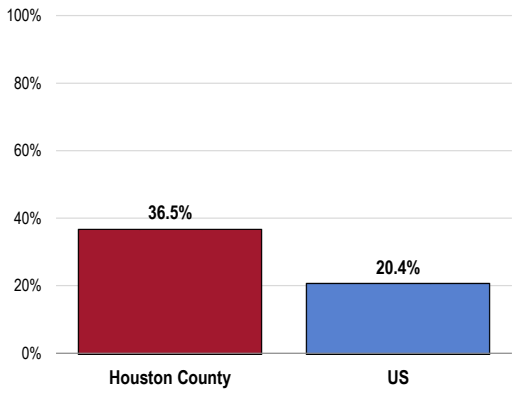
Among Houston County households with firearms, 36.5% report that there is at least one weapon that is kept unlocked and loaded.

- Higher than that found nationally.

Have a Firearm Kept in or Around the Home



Firearms Kept Unlocked, Loaded
(Among Households With Firearms)



Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 51, 159-160]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

Between 2013 and 2015, there was an annual average age-adjusted homicide rate of 5.5 deaths per 100,000 population in Houston County.

- More favorable than the rate found statewide.
- Similar to the national rate.
- Identical to the Healthy People 2020 target of 5.5 or lower.

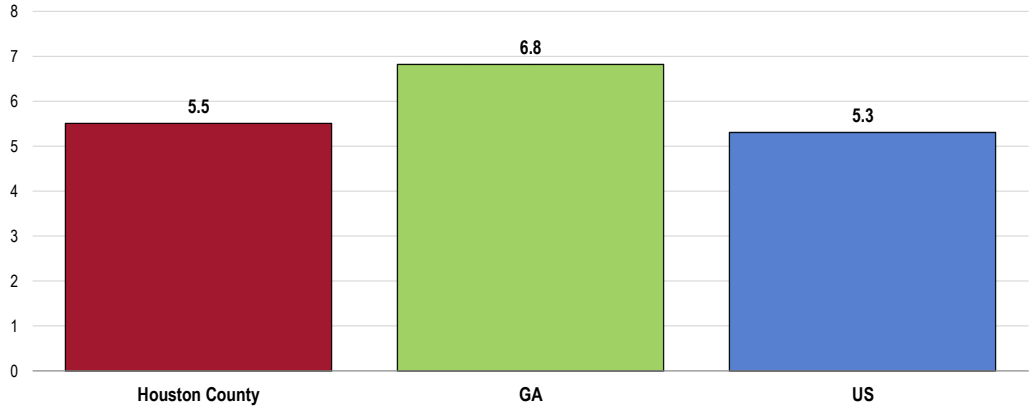
RELATED ISSUE:

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

Homicide: Age-Adjusted Mortality

(2013-2015 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 5.5 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 May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-29]

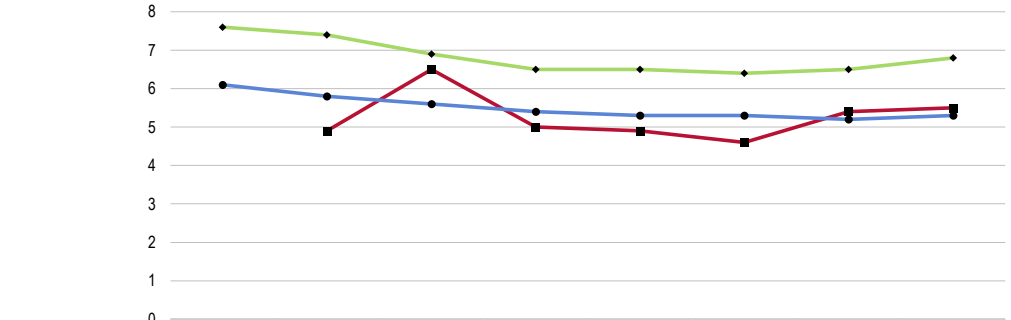
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The Houston County homicide rate shows no clear trend over the past decade. Statewide and national rates have decreased slightly.

Homicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 5.5 or Lower



	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015
Houston County	NA	4.9	6.5	5.0	4.9	4.6	5.4	5.5
GA	7.6	7.4	6.9	6.5	6.5	6.4	6.5	6.8
US	6.1	5.8	5.6	5.4	5.3	5.3	5.2	5.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-29]

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

Violent Crime

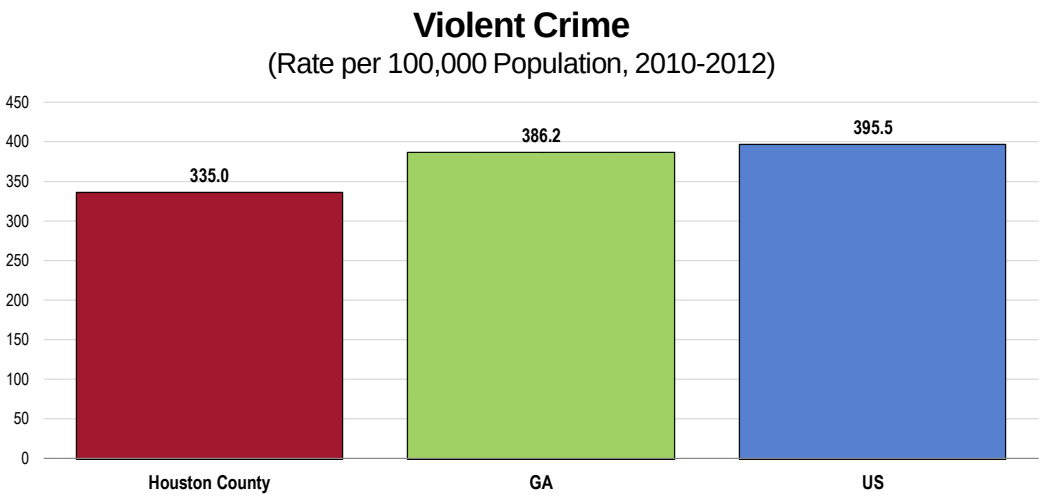
Violent Crime Rates

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

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

Between 2010 and 2012, there were a reported 335.0 violent crimes per 100,000 population in Houston County.

- More favorable than both the Georgia and national rates for the same period.



Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Retrieved April 2017 from Community Commons at http://www.chna.org.

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

Family Violence

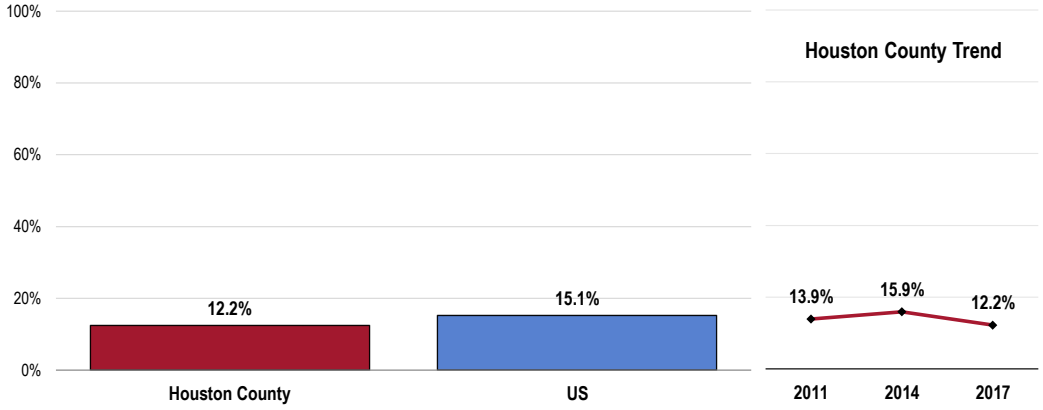
Respondents were told:

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

A total of 12.2% of Houston County adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- Similar to national findings.
- TREND: statistically unchanged over time.

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



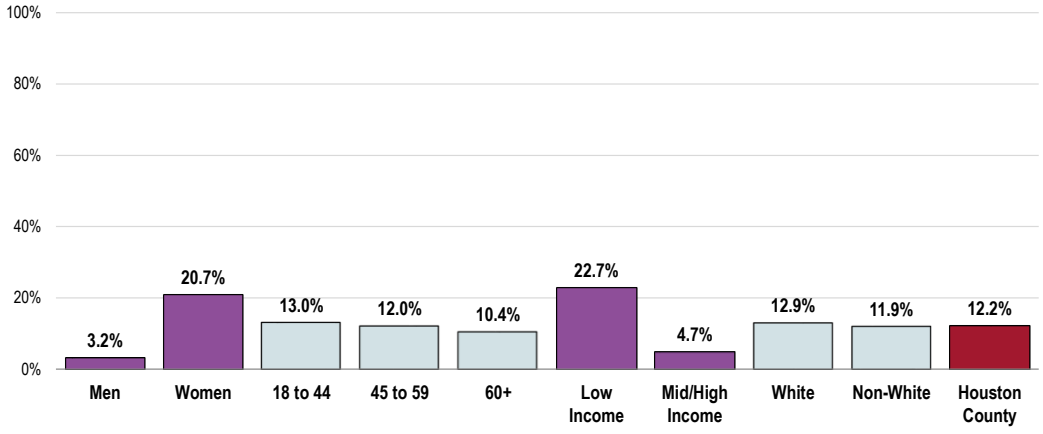
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 50]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Reports of domestic violence are also notably higher among:

- Women.
- Those with lower incomes.

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

(Houston County, 2017)



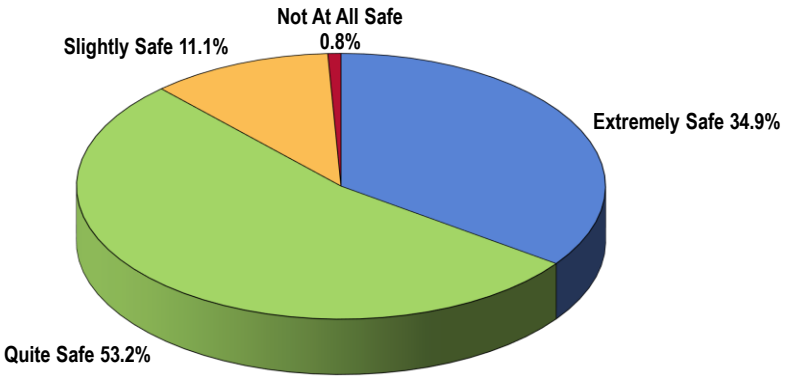
Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.

Perceived Neighborhood Safety

While most Houston County adults consider their own neighborhoods to be "extremely safe" or "quite safe," 11.9% consider it only "slightly safe" or "not at all safe."

Perceived Safety of Own Neighborhood

(Houston County, 2017)

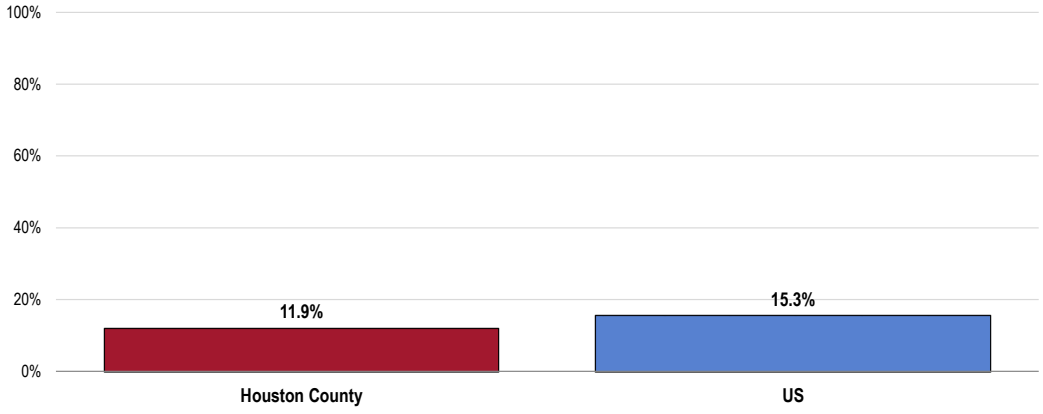


Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Compared with the US prevalence, a similar proportion of local adults consider their neighborhood to be "slightly" or "not at all" safe.

Perceive Own Neighborhood as "Slightly" or "Not At All" Safe



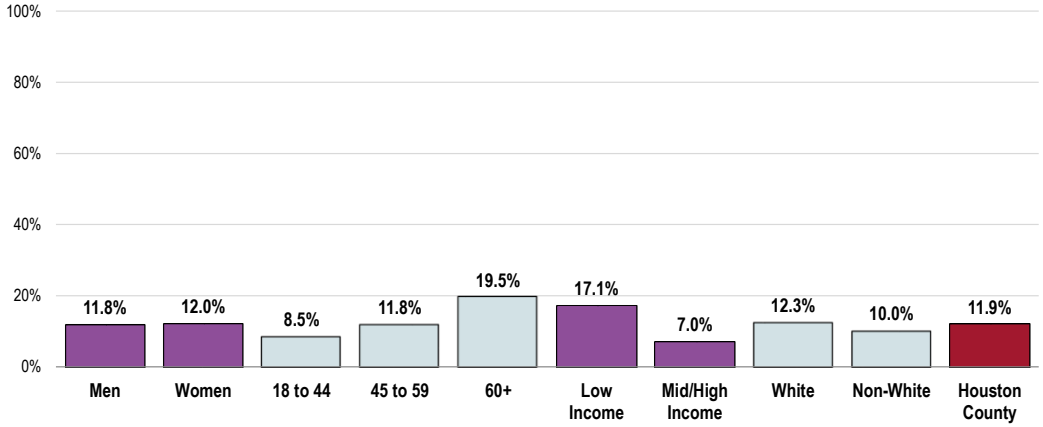
Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Reports of unsafe neighborhoods are statistically similar within the following demographic breakouts.

Perceive Own Neighborhood as "Slightly" or "Not At All" Safe

(Houston County, 2017)



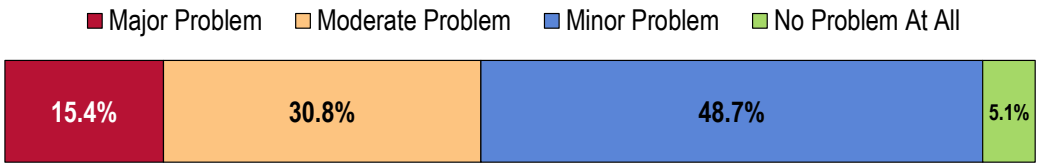
Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.

Key Informant Input: Injury & Violence

Nearly one-half of key informants taking part in an online survey characterized *Injury & Violence* as a "minor problem" in the community.

Perceptions of Injury and Violence as a Problem in the Community

(Key Informants, 2017)



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

Top Concerns

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

Prevalence/Incidence

> *Violence and major accidents increasing in area. - Community Leader*
>
> *The crime rate is up. With crime comes violence and injury. School policies need a review to determine if they are established to favor the school and school district, or to keep violence from occurring in our schools. - Community Leader*

> *Increasing crime rate in Houston County would seemingly lead to more injuries and violence. - Community Leader*

Domestic Violence

> *Too many domestic violence situations. Crime being a huge factor with drugs and alcohol. - Other Health Provider*

Gun Violence

> *Gun violence. - Other Health Provider*

Socioeconomic Factors

> *We are in a depressed area economically. There is crime. - Community Leader*

Diabetes

About Diabetes

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

Diabetes mellitus:

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

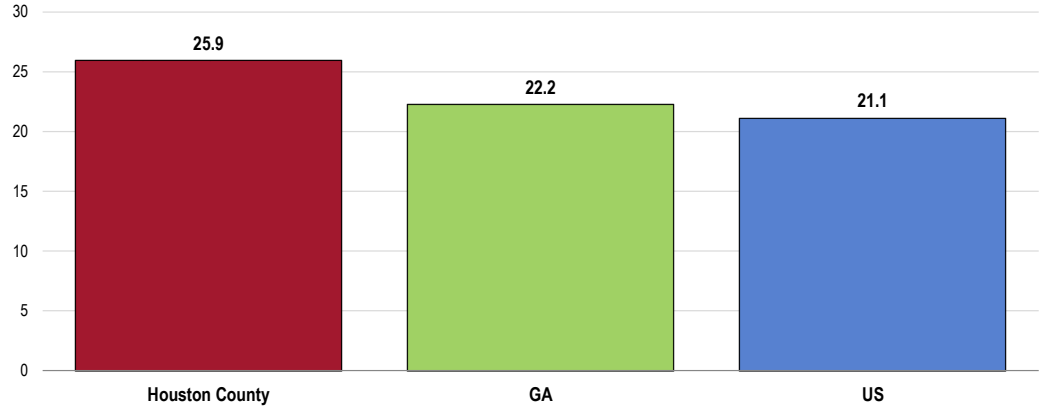
Between 2013 and 2015, there was an annual average age-adjusted diabetes mortality rate of 25.9 deaths per 100,000 population in Houston County.

- Less favorable than that found statewide and nationally.
- Fails to satisfy the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).

Diabetes: Age-Adjusted Mortality

(2013-2015 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 May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

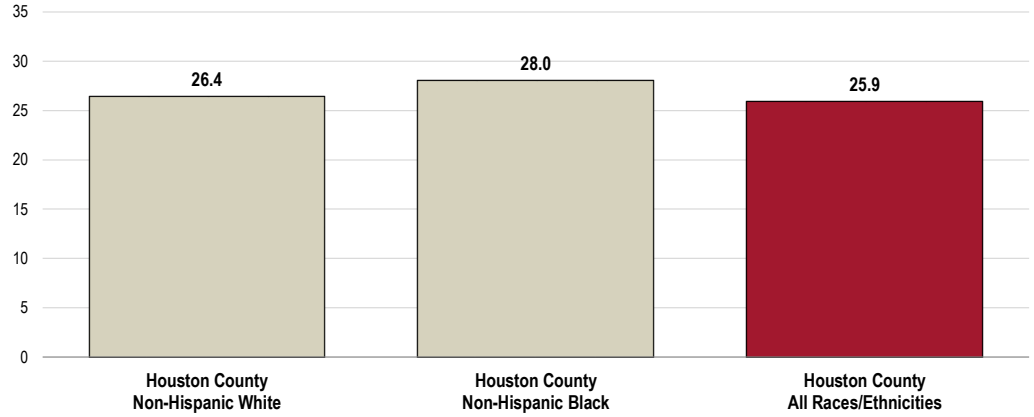
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account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

- The diabetes mortality rate in Houston County is slightly higher among Non-Hispanic Blacks than among Non-Hispanic Whites.

Diabetes: Age-Adjusted Mortality by Race

(2013-2015 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 May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

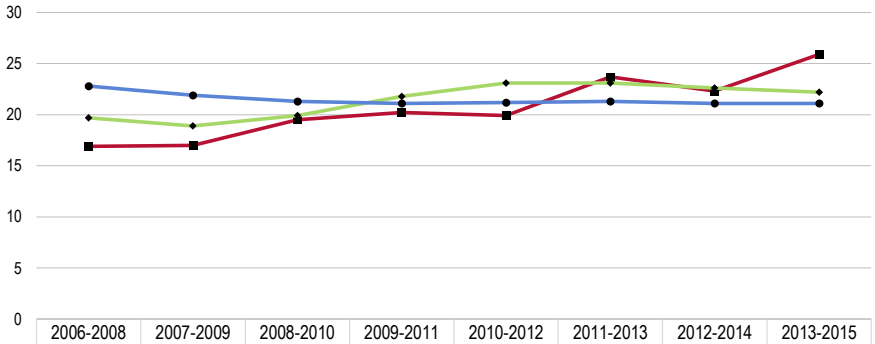
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account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

- TREND: Diabetes mortality in Houston County has increased significantly over time, recently surpassing the increasing statewide rates; the US rate has been fairly stable.

Diabetes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 20.5 or Lower (Adjusted)



	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015
Houston County	16.9	17.0	19.5	20.2	19.9	23.7	22.3	25.9
GA	19.7	18.9	19.9	21.8	23.1	23.1	22.6	22.2
US	22.8	21.9	21.3	21.1	21.2	21.3	21.1	21.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

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

Prevalence of Diabetes

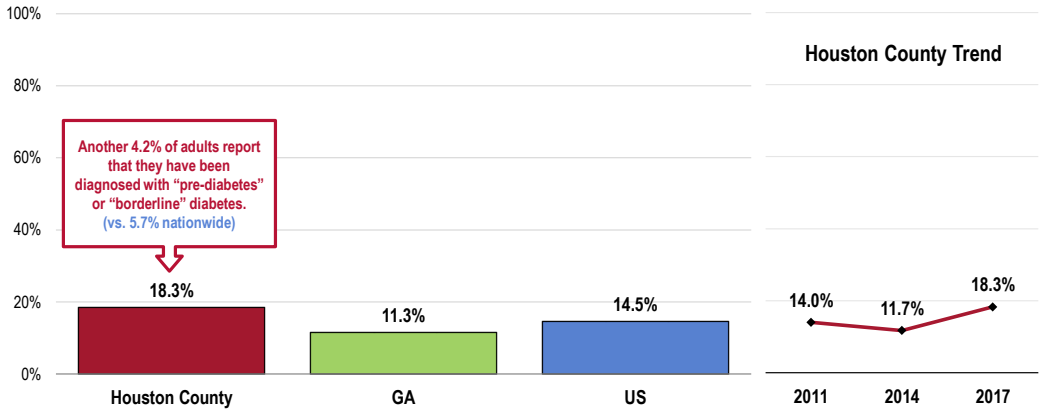
A total of 18.3% of Houston County adults report having been diagnosed with diabetes.

- Worse than the statewide proportion.
- Statistically similar to the national proportion.
- TREND: Statistically unchanged since 2011.

In addition to the prevalence of diagnosed diabetes referenced above, another 4.2% of Houston County adults report that they have "pre-diabetes" or "borderline diabetes."

- Comparable to the US prevalence.

Prevalence of Diabetes

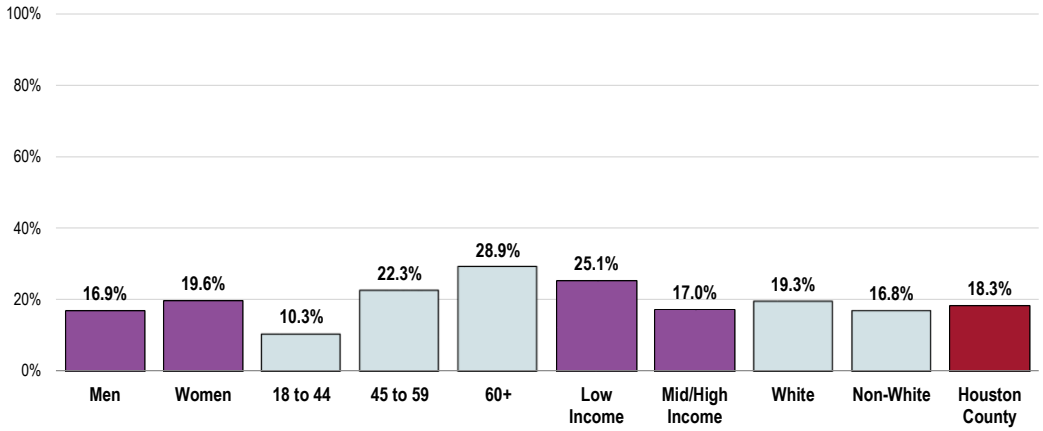


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 158]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 GA data.

Notes:
- Asked of all respondents.

- A higher prevalence of diagnosed diabetes (excluding pre-diabetes or borderline diabetes) is reported among older adults (60+; note the positive correlation between diabetes and age).

Prevalence of Diabetes
(Houston County, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]

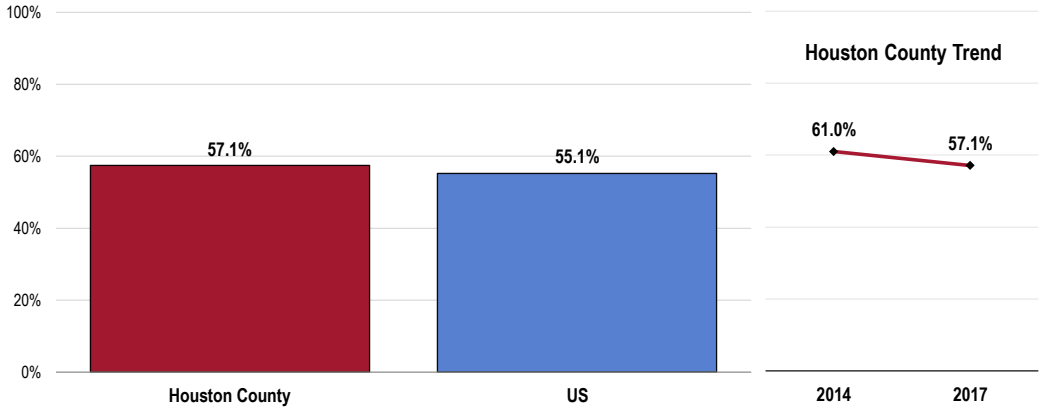
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.
- Excludes gestational diabetes (occurring only during pregnancy).

Diabetes Testing

Of area adults who have <u>not</u> been diagnosed with diabetes, 57.1% report having had their blood sugar level tested within the past three years.

- Similar to the national proportion.
- TREND: Statistically unchanged since 2014.

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

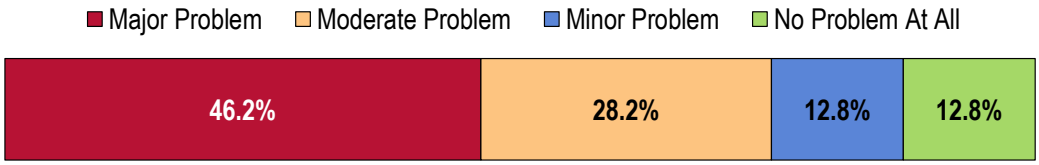


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 39]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of respondents who have not been diagnosed with diabetes.

Key Informant Input: Diabetes

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

Perceptions of Diabetes as a Problem in the Community
(Key Informants, 2017)



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

Challenges

Among those rating diabetes as a "major problem," the biggest challenges for people with diabetes are seen as:

Affordable Care/Services

Poor access to physician care, access for glucose monitoring- not monitors, but test strips- and access to insulin, especially the newer longer-acting insulins. - Physician

Cost of prescription medications, especially insulin. - Community Leader

The ability to afford medications. - Other Health Provider

Health Education

Education on the disease, access to medications, and education on food and how to utilize healthy food options and exercise. This answer is geared more to those who suffer from consequences of uncontrolled diabetes, which are the uninsured. - Physician

Education and limited access to quality foods. - Other Health Provider

A lack of knowledge about the causes and risk factors of diabetes. - Community Leader

Prevalence/Incidence

Diabetes is one of the most prominent diseases in the south, particularly Georgia and even more so here in Central Georgia. The growing number of youth who are being diagnosed makes this disease a serious challenge. - Public Health Representative

More instances of Type 2 and juvenile diabetes. - Community Leader

Becoming a major problem in the area. Obesity increasing, lack of specialists, and endocrinologists needed. - Community Leader

Access to Healthy Foods

Affordable healthy food options and access to medications. - Other Health Provider

Healthy diet. - Community Leader

Obesity

The unfortunate outcome of an increasingly less active and more obese population. - Community Leader

Prevalence of overweight people. - Community Leader

Disease Management

Not being compliant with their diagnosis and treatment. - Other Health Provider

Transportation

Many don't have the transportation to get to educational classes, and the medications are costly. - Other Health Provider

Alzheimer's Disease

About Dementia

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

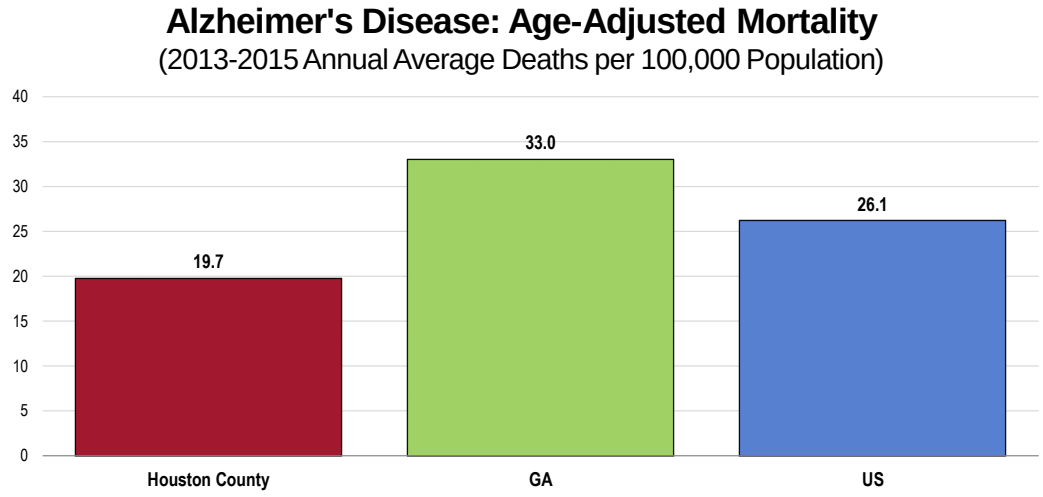
Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Between 2013 and 2015, there was an annual average age-adjusted Alzheimer's disease mortality rate of 19.7 deaths per 100,000 population in Houston County.

- More favorable than the statewide and national rates.



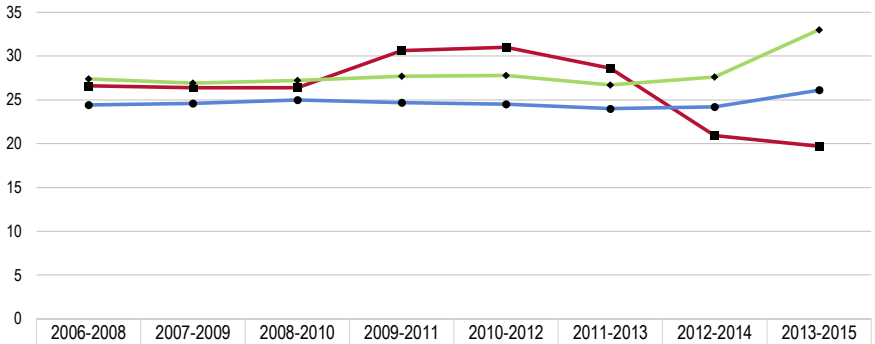
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.

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

- TREND: Houston County Alzheimer's disease mortality has decreased dramatically in recent years, in contrast to the rising rates apparent both statewide and nationally.

Alzheimer's Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015
Houston County	26.6	26.4	26.4	30.6	31.0	28.6	20.9	19.7
GA	27.4	26.9	27.2	27.7	27.8	26.7	27.6	33.0
US	24.4	24.6	25.0	24.7	24.5	24.0	24.2	26.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.

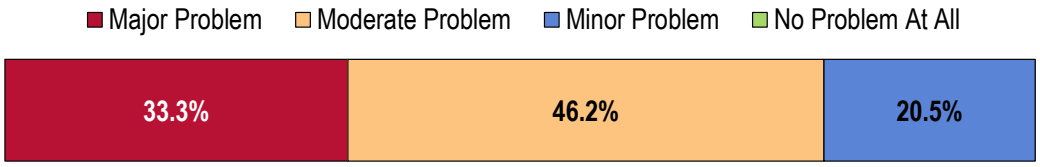
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Key Informant Input: Dementias, Including Alzheimer's Disease

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

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community

(Key Informants, 2017)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

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

Prevalence/Incidence

> *The disease is becoming more prevalent, with few known resources to help deal directly with the disease or to support the families coping with a relative. - Community Leader*
>
> *Every 66 seconds, someone is diagnosed with Alzheimer's or dementia. Primary care physicians don't really know enough and aren't able to diagnose the disease with neurological tests. They need to be educated more. - Other Health Provider*

> *More elderly and upper middle-aged friends are suffering from dementia or Alzheimer's. - Community Leader*
>
> *It seems like everyone I know knows someone that is touched by this disease. - Community Leader*

Diagnosis/Treatment

> *No known prevention or cure for Alzheimer's. Many times not diagnosed properly and thought as just "old age". Families are overwhelmed by efforts to care for patients at home. Institutional care is limited and very expensive. - Community Leader*
>
> *No effective treatments, affecting more and more people, and finding custodial care is very difficult. - Community Leader*
>
> *Lack of physicians trained to property diagnose disease, and lack of education and support services. - Community Leader*

Access to Care/Services

> *No treatment facility or hospital directed at Alzheimer's patients. - Community Leader*
>
> *There are no resources that I am aware of that assist in this area. - Community Leader*

Aging Population

> *Aging population of county. - Community Leader*

Impact on Caregivers/Families

> *So many families are struggling with how to care for loved ones in beginning and advanced stages of Alzheimer's. It is too costly for them to hire sitters. The families are exhausted and discouraged. - Other Health Provider*

Kidney Disease

About Kidney Disease

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

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

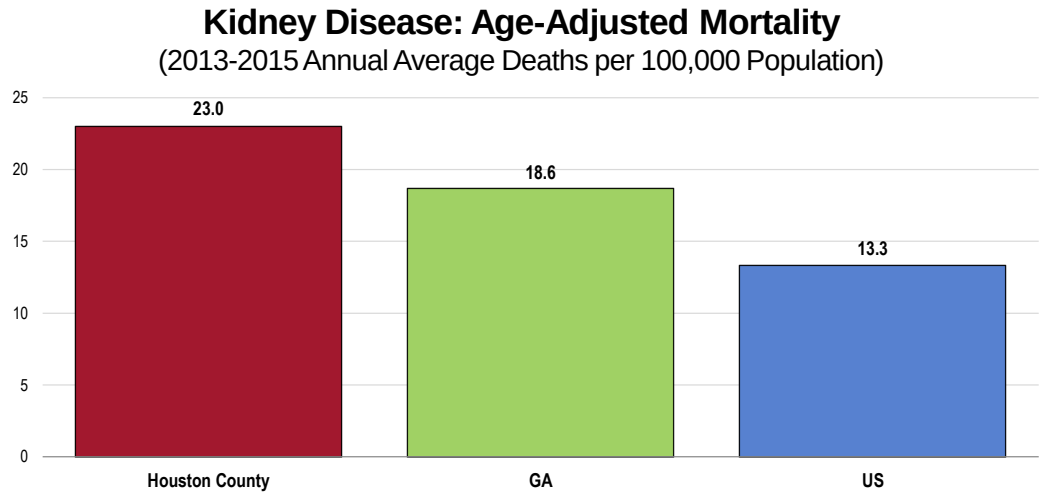
Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the national Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2013 and 2015 there was an annual average age-adjusted kidney disease mortality rate of 23.0 deaths per 100,000 population in Houston County.

- Higher than the rates found statewide and nationally.



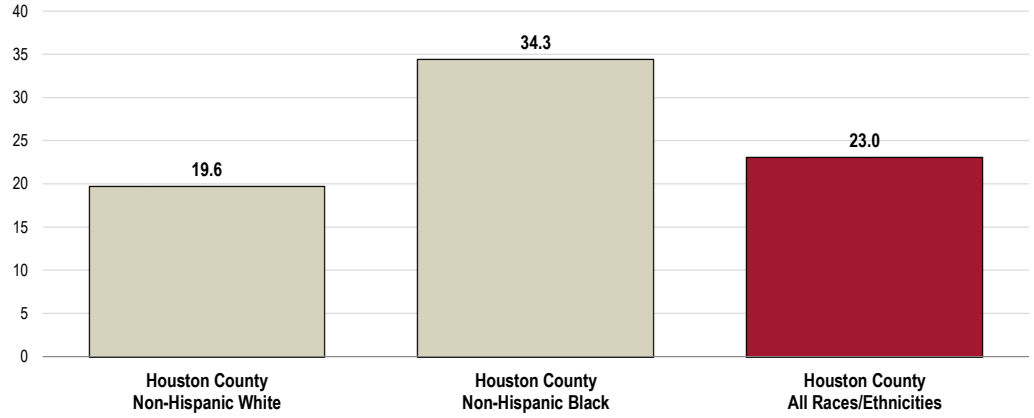
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.

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 kidney disease mortality rate in Houston County is much higher among Non-Hispanic Blacks.

Kidney Disease: Age-Adjusted Mortality by Race

(2013-2015 Annual Average Deaths per 100,000 Population)



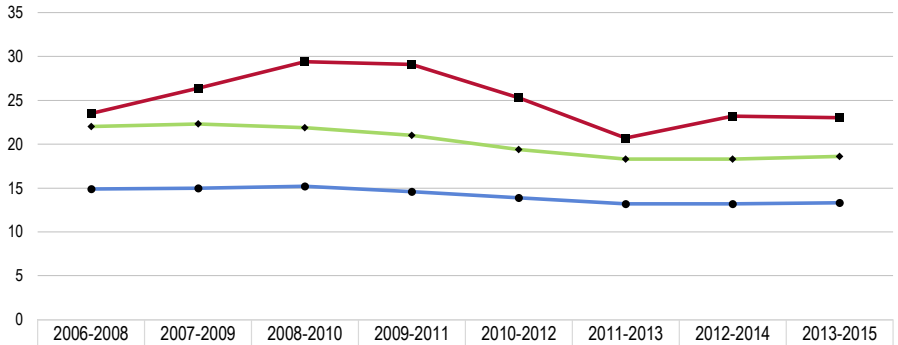
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.

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

- TREND: The kidney disease death rate in Houston County has remained consistently higher than the Georgia and national rates throughout the past decade.

Kidney Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015
Houston County	23.5	26.4	29.4	29.1	25.3	20.7	23.2	23.0
GA	22.0	22.3	21.9	21.0	19.4	18.3	18.3	18.6
US	14.9	15.0	15.2	14.6	13.9	13.2	13.2	13.3

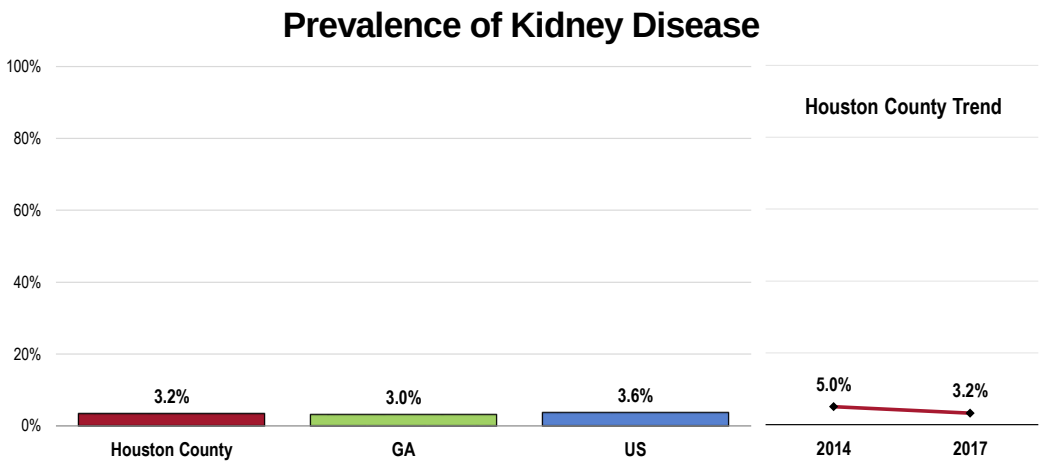
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.

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

Prevalence of Kidney Disease

A total of 3.2% of Houston County adults report having been diagnosed with kidney disease.

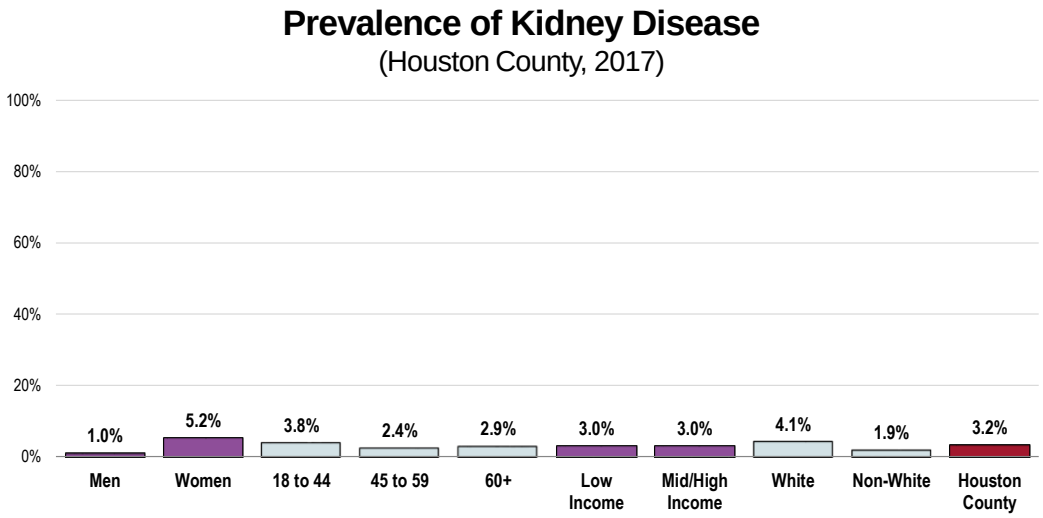
- Similar to the state and national proportions.
- TREND: Statistically unchanged since 2014.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 32]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 GA data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Differences in kidney disease prevalence within the following demographic breakouts are not statistically significant.



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 32]

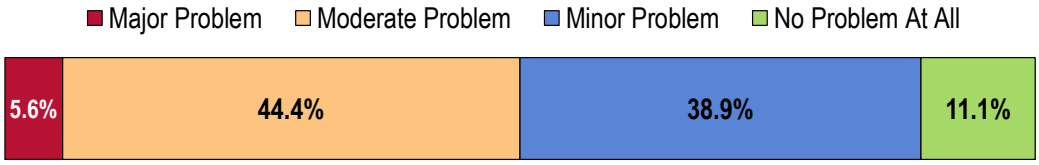
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.

Key Informant Input: Kidney Disease

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

Perceptions of Kidney Disease as a Problem in the Community

(Key Informants, 2017)



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

Top Concerns

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

Prevalence/Incidence

> *I see a large number of people who have CKD, even to the extent of dialysis. - Other Health Provider*

Lack of Specialists/Specialty Services

> *No nephrologist in the community of Fort Valley. - Community Leader*

Potentially Disabling 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)

Arthritis, Osteoporosis, & Chronic Back Conditions

Two-fifths of Houston County adults age 50 and older (40.2%) report suffering from arthritis or rheumatism.

RELATED ISSUE:

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

- Statistically similar to that found nationwide.

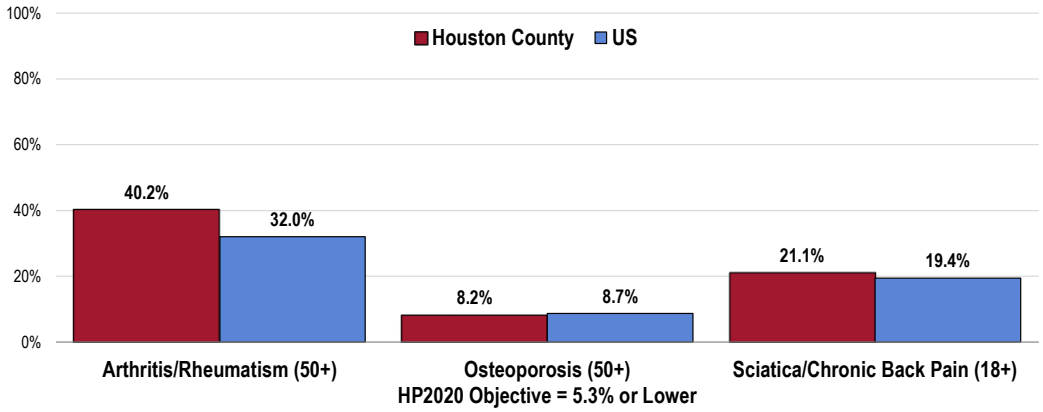
A total of 8.2% Houston County adults age 50 and older have osteoporosis.

- Similar to that found nationwide.
- Statistically similar to the Healthy People 2020 target of 5.3% or lower.

A total of 21.1% of Houston County adults (18 and older) suffer from chronic back pain or sciatica.

- Similar to that found nationwide.

Prevalence of Potentially Disabling Conditions



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 28, 161-162]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AOCBC-10]

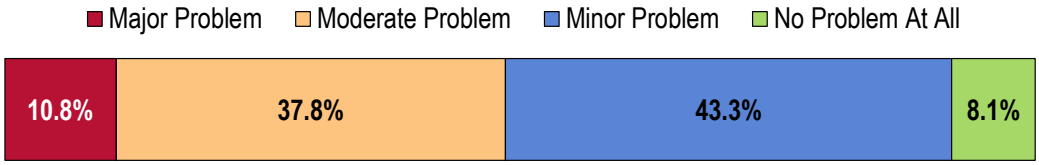
Notes:
- The sciatica indicator reflects the total sample of respondents; the arthritis and osteoporosis columns reflect adults age 50+.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

A plurality of key informants taking part in an online survey characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a "minor problem" in the community.

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community

(Key Informants, 2017)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

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

Lack of Specialists/Specialty Services

> *Lack of spine and neurosurgeons in our community. Too much going to Macon and Atlanta. - Community Leader*

> *There are no medical specialists in the area of Fort Valley that specialize in back or neck problems. One must travel to Warner Robins or Macon, GA, to find a specialist. - Community Leader*

Aging Population

> *Older population in the community. - Community Leader*

Prevalence/Incidence

> *Arthritis seems to be a problem with younger people, especially in their back and neck. - Community Leader*

Vision & Hearing Impairment

About Vision

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Vision and Hearing Trouble

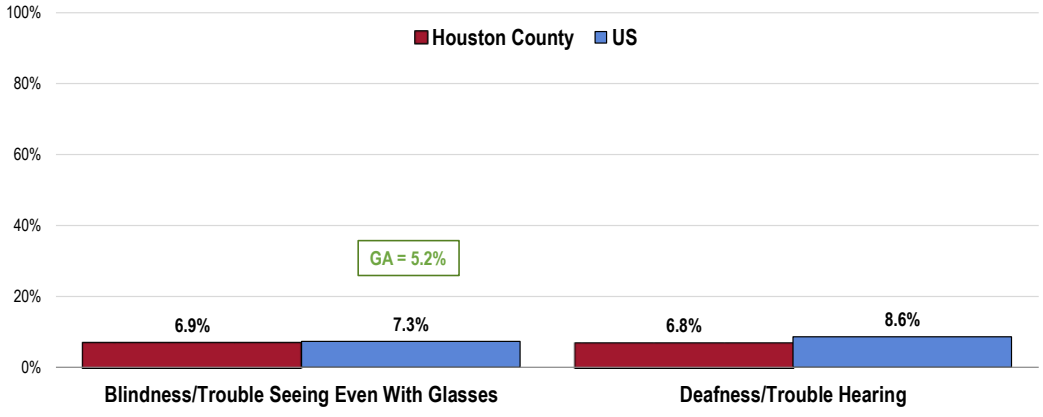
RELATED ISSUE:

See also *Vision Care* in the **Access to Health Services** section of this report.

A total of 6.9% of Houston County adults are blind or have trouble seeing even when wearing corrective lenses, and 6.8% are deaf or have trouble hearing.

- The prevalence of blindness and trouble seeing in Houston County is statistically similar to both the statewide and national findings.
- Compared with the national prevalence, Houston County has a similar prevalence of deafness and trouble hearing.

Prevalence of Blindness/Deafness



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 25-26]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 GA data.

Notes:
- Reflects the total sample of respondents.

Hearing Trouble

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 a social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

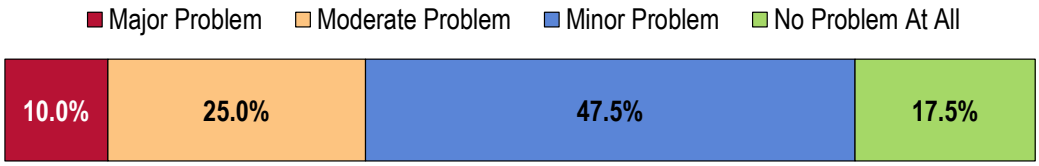
As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Vision & Hearing

Key informants taking part in an online survey most often characterized *Vision & Hearing* as a "minor problem" in the community.

Perceptions of Vision and Hearing as a Problem in the Community
(Key Informants, 2017)



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

Top Concerns

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

Lack of Specialists/Specialty Services

> *Lack of ENT coverage, with many children in the county. Only one or two ENT with HHC privileges. - Community Leader*
>
> *Vision is a problem in that we do not have ophthalmologists that practice at our hospital. All surgeries are done at other facilities out of the county. Hearing has the same problem, with very few health care providers. - Other Health Provider*

Access to Care/Services

> *There is vision support in the form of ophthalmology office and eyeglass shop, but no hearing facilities. Must go to Macon or Warner Robins for hearing needs. I am 90 percent deaf, and I travel to Macon, GA, for a doctor or test. - Community Leader*

Insurance Issues

> *Many health coverages do not provide for these services. A recent event was held for two hours. More than 130 people were helped, but over 200 were turned away. There are not any resources for these services, except through medical insurance, where coverage is not adequate and costly. - Social Services Provider*

Infectious Disease

Professional Research Consultants, Inc.

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

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

- Healthy People 2020 (www.healthypeople.gov)

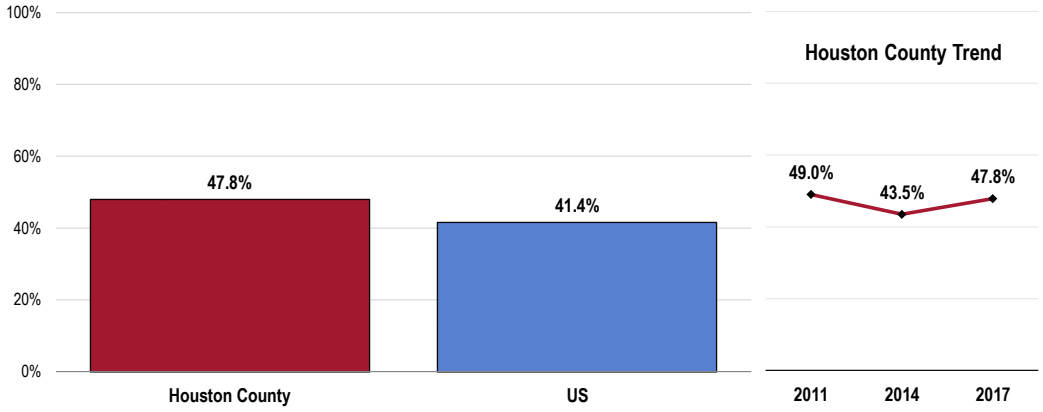
Flu Vaccinations

Among Houston County adults, 47.8% received a flu shot within the past year.

- Statistically comparable to the national finding.
- Fails to satisfy the Healthy People 2020 target (70% or higher).
- TREND: Statistically unchanged since 2011.

Have Had a Flu Vaccination in the Past Year

Healthy People 2020 Target = 70.0% or Higher



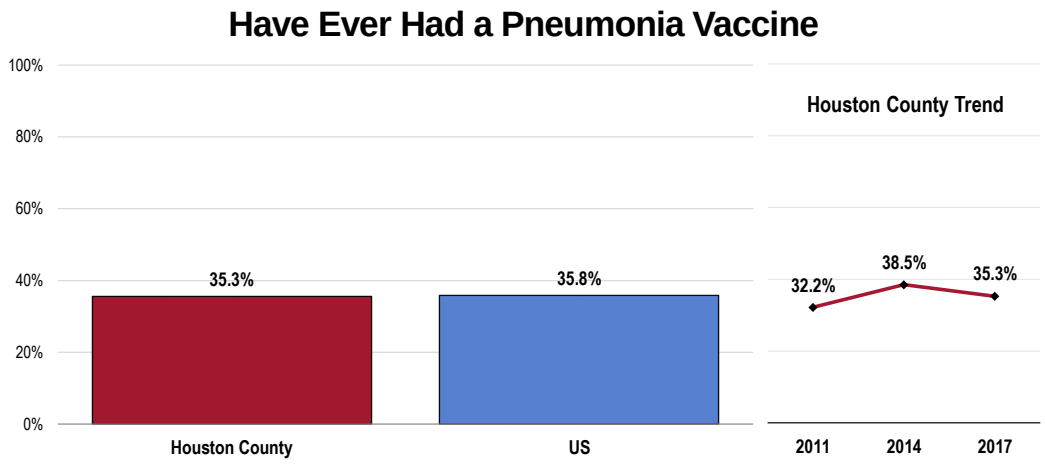
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 70]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.12]

Notes:
- Reflects the total sample of respondents.

Pneumonia Vaccination

A total of 35.3% of Houston County adults have received a pneumonia vaccination at some point in their lives.

- Comparable to the national finding.
- TREND: Statistically unchanged since 2011.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 71]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects the total sample of respondents.

HIV

About HIV

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

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

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

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted HIV/AIDS Deaths

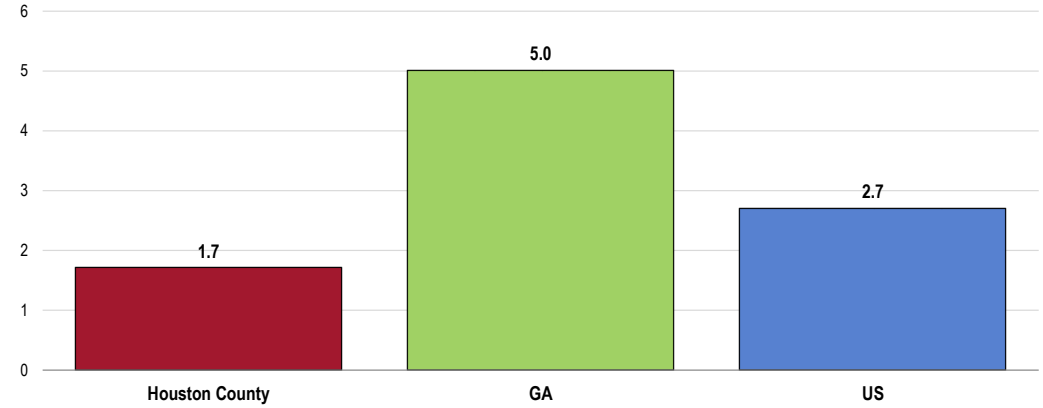
Between 2006 and 2015, there was an annual average age-adjusted HIV/AIDS mortality rate of 1.7 deaths per 100,000 population in Houston County.

- Lower than reported statewide and nationally.
- Satisfies the Healthy People 2020 target (3.3 or lower).

HIV/AIDS: Age-Adjusted Mortality

(2006-2015 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 3.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-12]

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

HIV Prevalence

In 2013, there was a prevalence of 193.6 HIV cases per 100,000 population in Houston County.

- Much more favorable than the prevalence found statewide and nationally.

HIV Prevalence

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

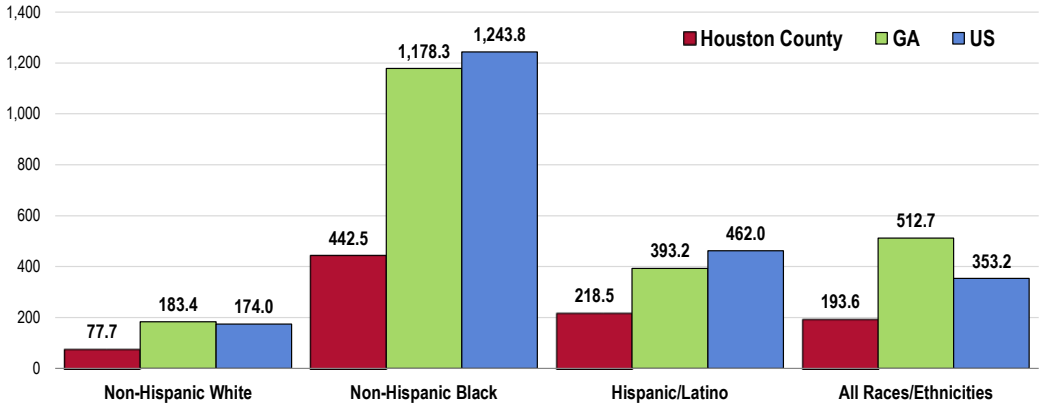
Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved April 2017 from Community Commons at http://www.chna.org.

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

- By race and ethnicity, the HIV/AIDS prevalence in Houston County is notably higher among Non-Hispanic Blacks, although much less so than found statewide and nationally.

HIV Prevalence Rate by Race/Ethnicity

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



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved April 2017 from Community Commons at http://www.chna.org.

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

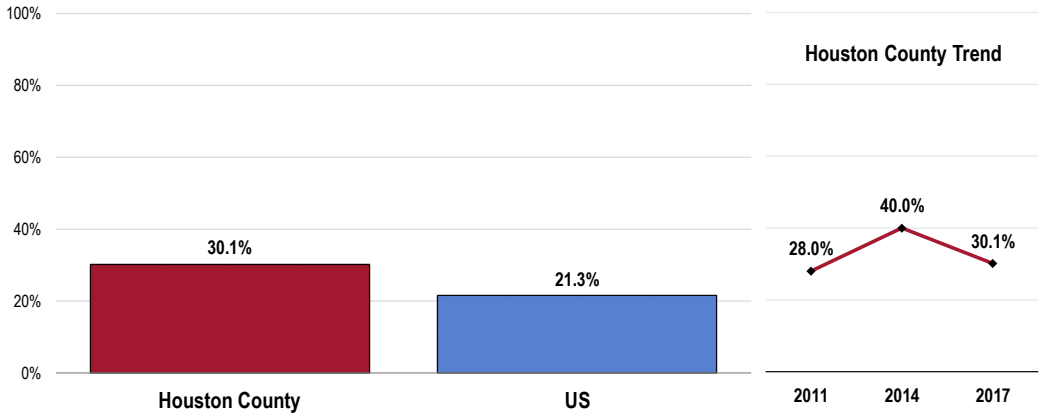
HIV Testing

Among Houston County adults age 18-44, 30.1% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Statistically comparable to the proportion found nationwide.
- TREND: Testing has not changed to a statistically significant degree since 2011.

Tested for HIV in the Past Year

(Among Adults Age 18-44)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 167]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

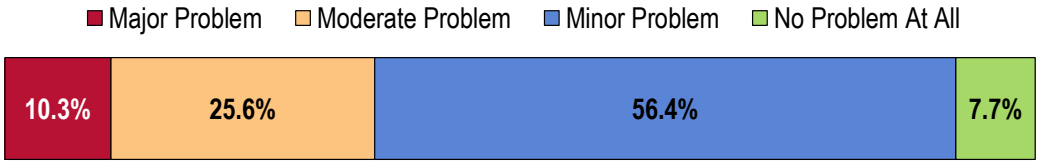
Notes:
- Reflects respondents age 18 to 44.

Key Informant Input: HIV/AIDS

More than one-half of key informants taking part in an online survey characterized *HIV/AIDS* as a "minor problem" in the community.

Perceptions of HIV/AIDS as a Problem in the Community

(Key Informants, 2017)



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

Top Concerns

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

Access to Care/Services

> *People with HIV/AIDS may find it hard to locate resources. - Social Services Provider*

Early Diagnosis/Prevention

> *Undiagnosed individuals, and lack of safe sex and drug use. - Community Leader*

Health Education

> *The community does not discuss or highlight HIV/AIDS. In my opinion, the condition warrants more attention at the grassroots level to bring the proper resources to bear on the issue. - Community Leader*

Prevalence/Incidence

> *We have a college. - Community Leader*

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

In 2014, the chlamydia incidence rate in Houston County was 584.5 cases per 100,000 population.

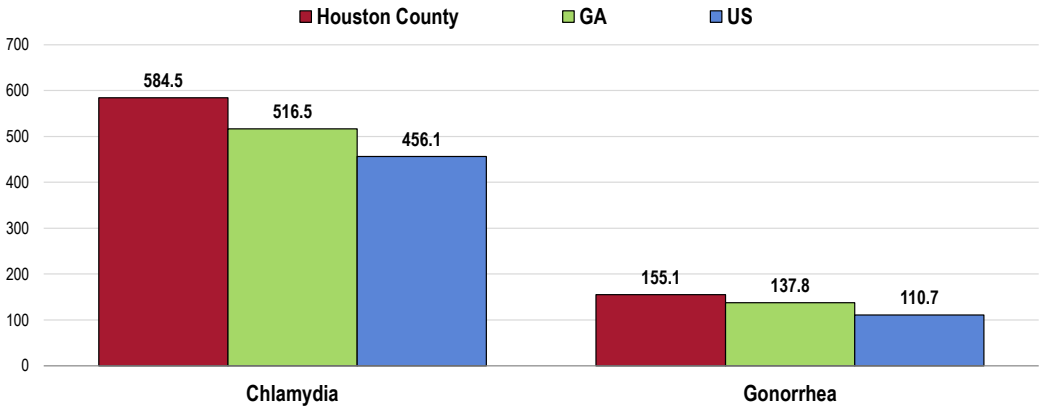
- Higher than the Georgia and national incidence rates.

The Houston County gonorrhea incidence rate in 2014 was 155.1 cases per 100,000 population.

- Higher than the Georgia and national incidence rates.

Chlamydia & Gonorrhea Incidence

(Incidence Rate per 100,000 Population, 2014)



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved April 2017 from Community Commons at http://www.chna.org.

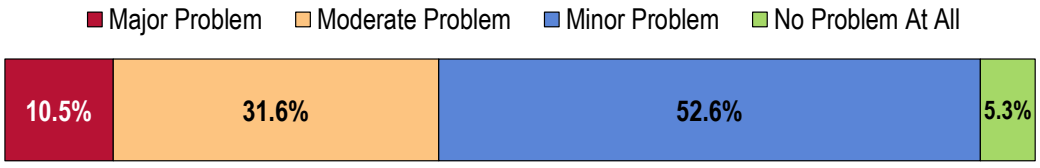
Notes:
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Key Informant Input: Sexually Transmitted Diseases

Just over one-half of key informants taking part in an online survey characterized *Sexually Transmitted Diseases* as a "minor problem" in the community.

Perceptions of Sexually Transmitted Diseases as a Problem in the Community

(Key Informants, 2017)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

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

Prevalence/Incidence

> *High rates of STD because of social norms. Reluctance to discuss sexuality and prevention options. - Other Health Provider*
>
> *Houston County STD rates were high, but have increased significantly in the past 4 years. There is not enough accurate information available. Stigma around the topic is difficult to break. Community leaders either do not know of the issue or are afraid to talk about it. Limited resources except for doctor's offices. - Social Services Provider*

Health Education

> *The emphasis on STDs has dropped. The education in our schools is rudimentary at best. - Community Leader*

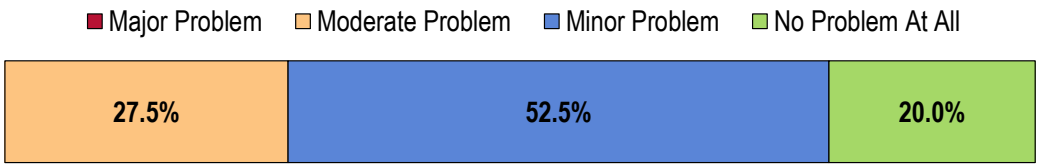
Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

Key informants taking part in an online survey most often characterized *Immunization & Infectious Diseases* as a "minor problem" in the community.

Perceptions of Immunization and Infectious Diseases as a Problem in the Community

(Key Informants, 2017)



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

Births

Professional Research Consultants, Inc.

Prenatal Care

About Infant & Child Health

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

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

- Healthy People 2020 (www.healthypeople.gov)

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

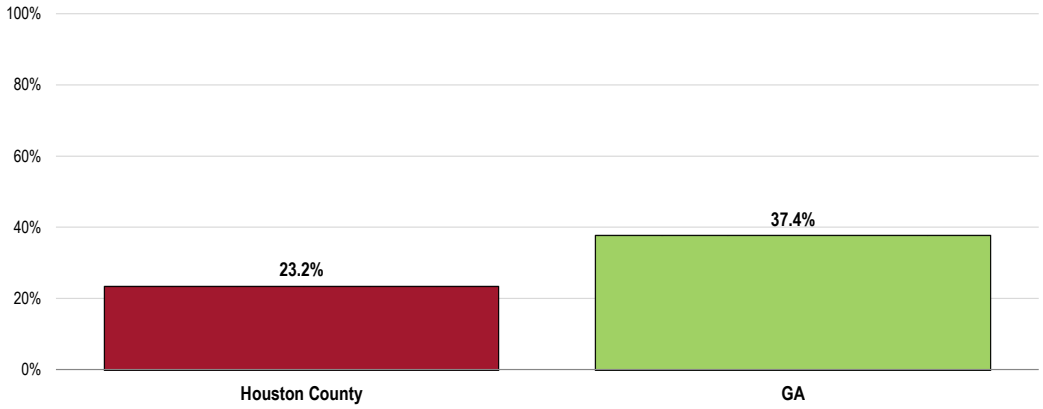
Between 2013 and 2015, 23.2% of all Houston County births did <u>not</u> receive prenatal care in the first trimester of pregnancy.

- More favorable than the Georgia proportion.
- Similar to the Healthy People 2020 target (22.1% or lower).

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2013-2015)

Healthy People 2020 Target = 22.1% 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 May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

Birth Outcomes & Risks

Low-Weight Births

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

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

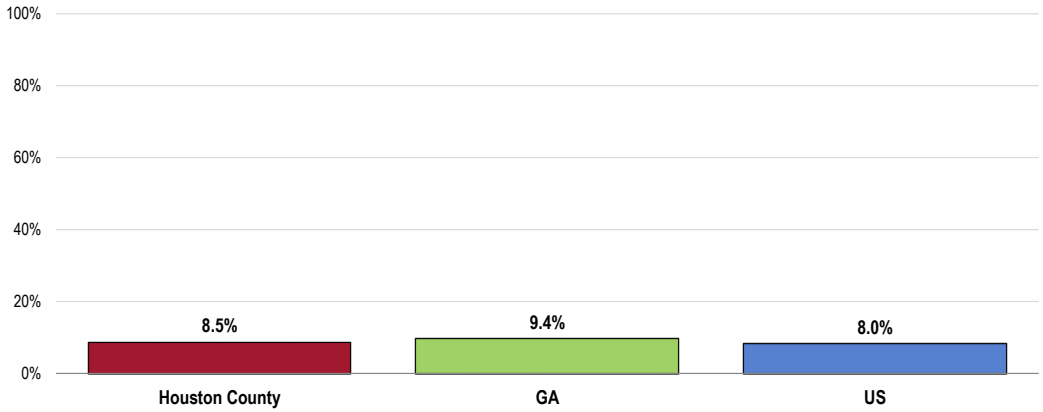
A total of 8.5% of 2013-2015 Houston County births were low-weight.

- Better than the Georgia proportion.
- Worse than the national proportion.
- Fails to satisfy the Healthy People 2020 target (7.8% or lower).

Low-Weight Births

(Percent of Live Births, 2013-2015)

Healthy People 2020 Target = 7.8% 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 May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

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

Infant Mortality

Between 2013 and 2015, there was an annual average of 7.0 infant deaths per 1,000 live births.

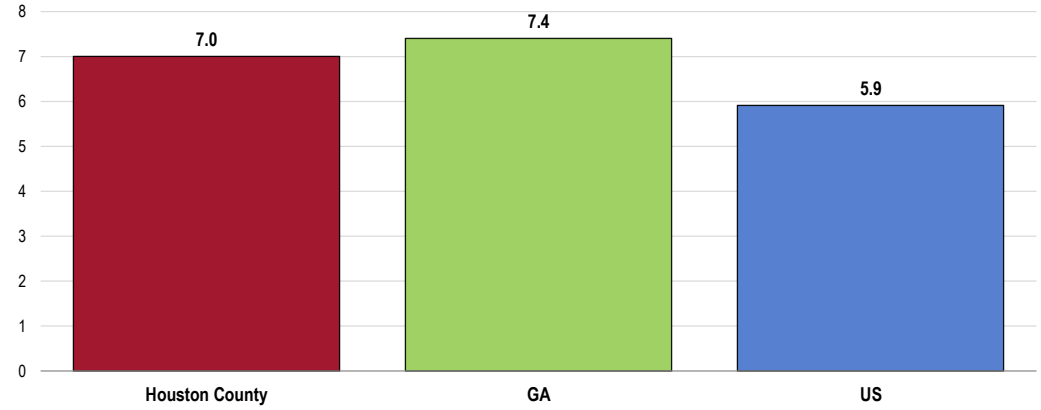
- More favorable than the Georgia rate.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 6.0 per 1,000 live births or lower.

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

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births, 2013-2015)

Healthy People 2020 Target = 6.0 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 May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

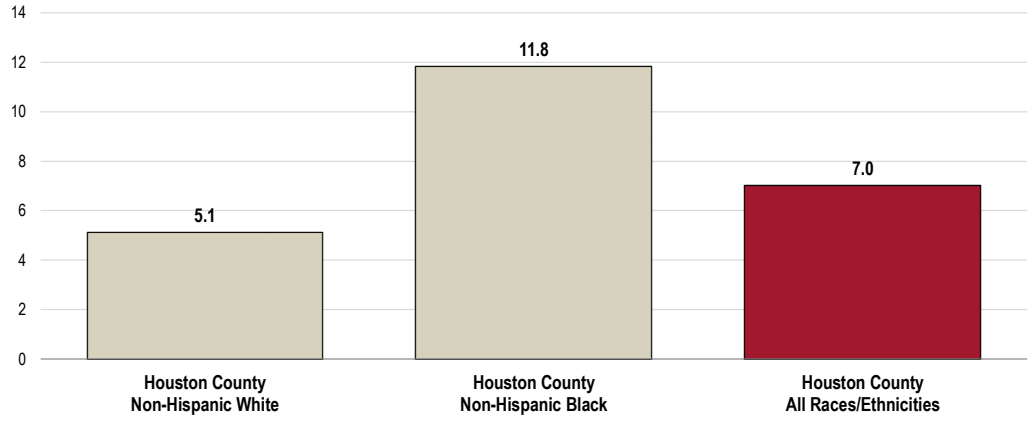
Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- The infant mortality rate is notably higher among births to Non-Hispanic Black mothers.

Infant Mortality Rate by Race/Ethnicity

(Annual Average Infant Deaths per 1,000 Live Births, 2013-2015)

Healthy People 2020 Target = 6.0 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 May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

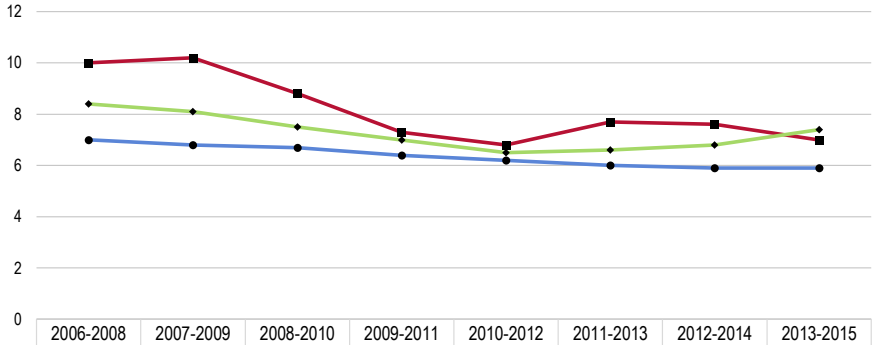
Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- TREND: Overall, the Houston County infant mortality rate has trended downward in the past decade. The same can be said both statewide and nationally.

Infant Mortality Rate

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

Healthy People 2020 Target = 6.0 or Lower



	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015
Houston County	10.0	10.2	8.8	7.3	6.8	7.7	7.6	7.0
GA	8.4	8.1	7.5	7.0	6.5	6.6	6.8	7.4
US	7.0	6.8	6.7	6.4	6.2	6.0	5.9	5.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

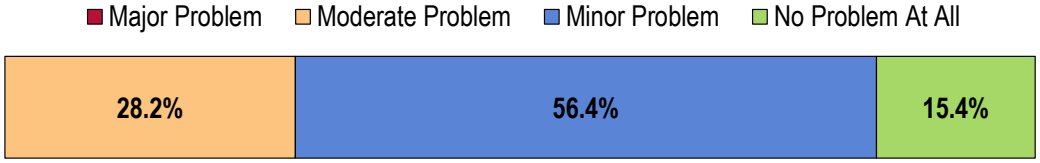
Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Key Informant Input: Infant & Child Health

Key informants taking part in an online survey most often characterized *Infant & Child Health* as a "minor problem" in the community.

Perceptions of Infant and Child Health as a Problem in the Community

(Key Informants, 2017)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Family Planning

Births to Teen Mothers

About Teen Births

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

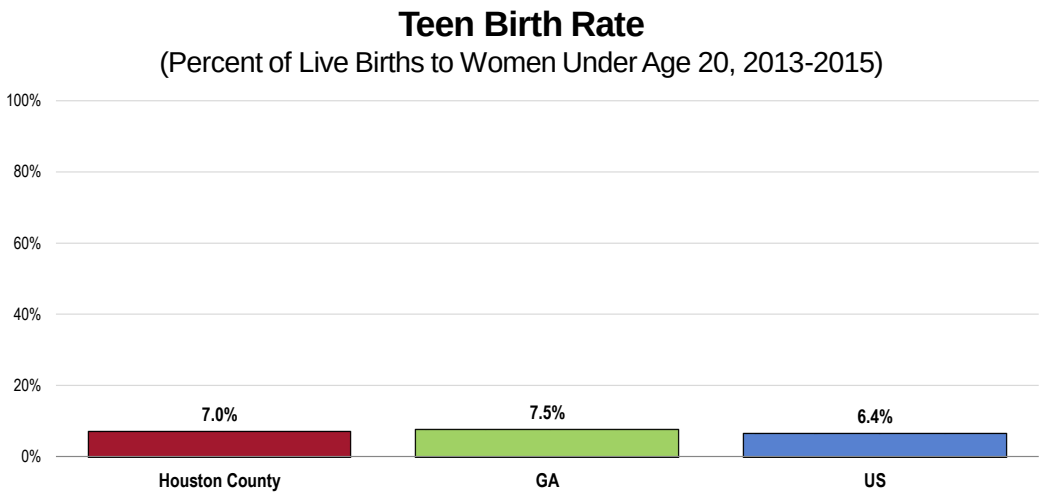
- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

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

- Healthy People 2020 (www.healthypeople.gov)

Between 2013 and 2015, a total of 7.0% of all live births were to women under age 20.

- Lower than the Georgia proportion.
- Higher than the national proportion.

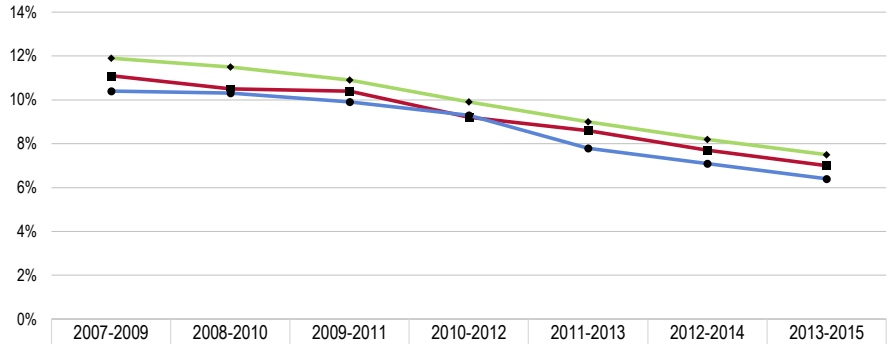


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted May 2017.

Notes: • This indicator reports the percentage of live births to women under the age of 20. 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.

- TREND: This ratio has decreased in Houston County over time, echoing the state and national trends.

Teen Birth Rate
(Percent of Live Births to Women Under Age 20)



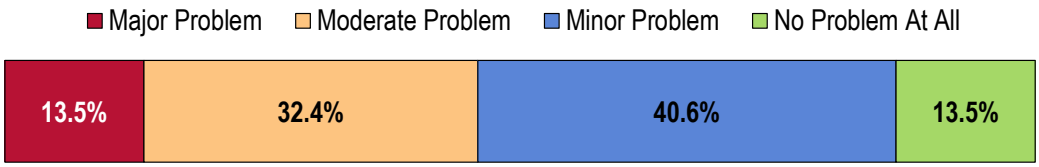
	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015
Houston County	11.1%	10.5%	10.4%	9.2%	8.6%	7.7%	7.0%
GA	11.9%	11.5%	10.9%	9.9%	9.0%	8.2%	7.5%
US	10.4%	10.3%	9.9%	9.3%	7.8%	7.1%	6.4%

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted May 2017.
Notes: ● This indicator reports the percentage of live births to women under the age of 20. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Key Informant Input: Family Planning

Key informants taking part in an online survey generally characterized *Family Planning* as a "minor problem" in the community.

Perceptions of Family Planning as a Problem in the Community
(Key Informants, 2017)



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

Top Concerns

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

Access to Care/Services

> *Family health services. Alternative care. Sexual health, abortion services, single mother care and assistance, and daycare. - Other Health Provider*

Health Education

> *I think that many people need information on how to plan for the number of children they are going to have so they can realistically and adequately care for them. I think that spacing children is needed so that parents can be more prepared. - Social Services Provider*

Lack of Providers

> *Need for professionals. - Community Leader*

Single Parent Families

> *Lots of young unmarried parents. - Community Leader*

Modifiable Health Risks

Professional Research Consultants, Inc.

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.

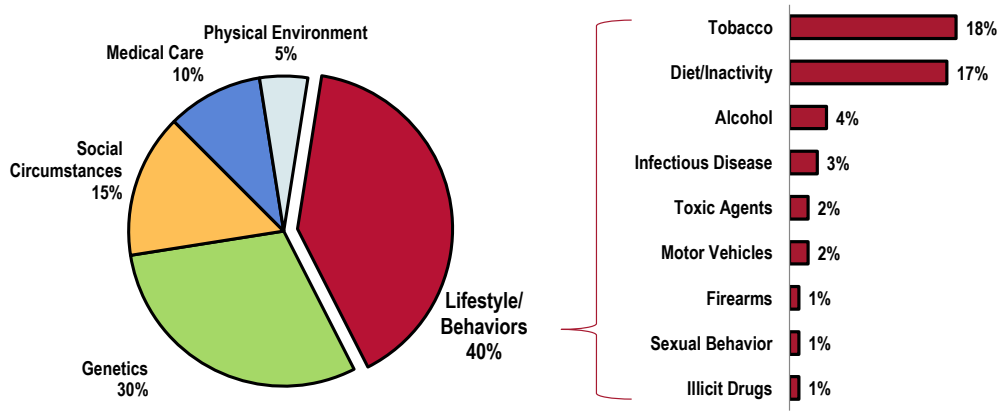
The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), **diet and activity** patterns (400,000), **alcohol** (85,000), **microbial agents** (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), **firearms** (29,000), **sexual 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.

- Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

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



Sources: ● "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs. Vol. 32. No. 2. March/April 2002."Actual Causes of Death in the United States": (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH.) JAMA. 291 (2000) 1238-1245.

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)

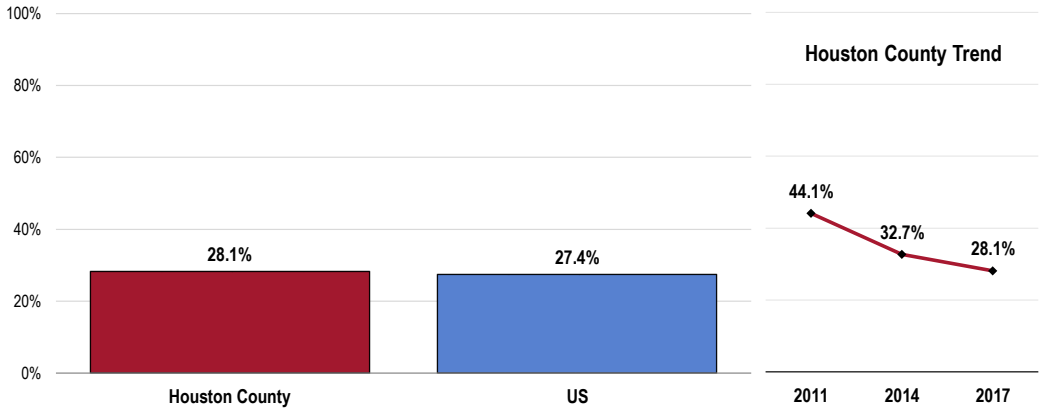
Daily Recommendation of Fruits/Vegetables

A total of 28.1% of Houston County adults report eating five or more servings of fruits and/or vegetables per day.

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

- Similar to the national findings.
- TREND: Fruit/vegetable consumption has decreased significantly since 2011.

Consume Five or More Servings of Fruits/Vegetables Per Day

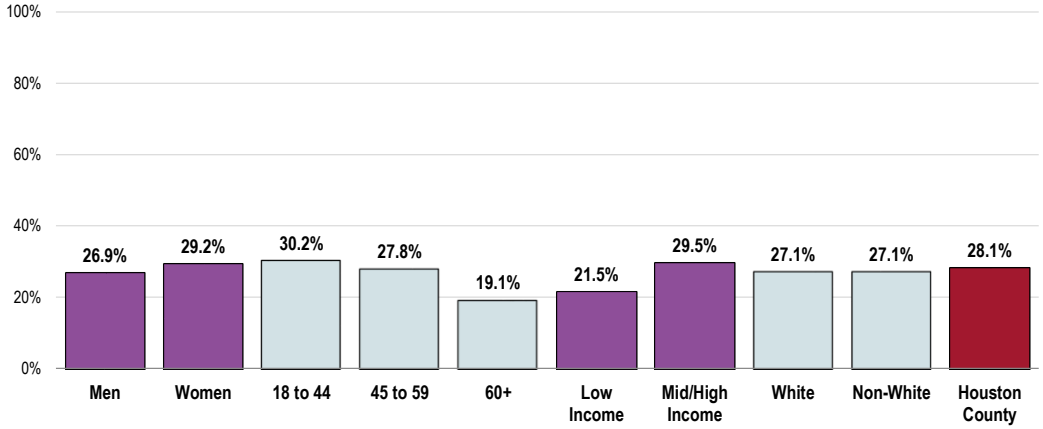


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 168]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

- Viewed by key demographic characteristics, differences in fruit/vegetable consumption are not statistically significant.

Consume Five or More Servings of Fruits/Vegetables Per Day
(Houston County, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.
- For this issue, respondents were asked to recall their food intake on the previous day.

Access to Fresh Produce

Difficulty Accessing Fresh Produce

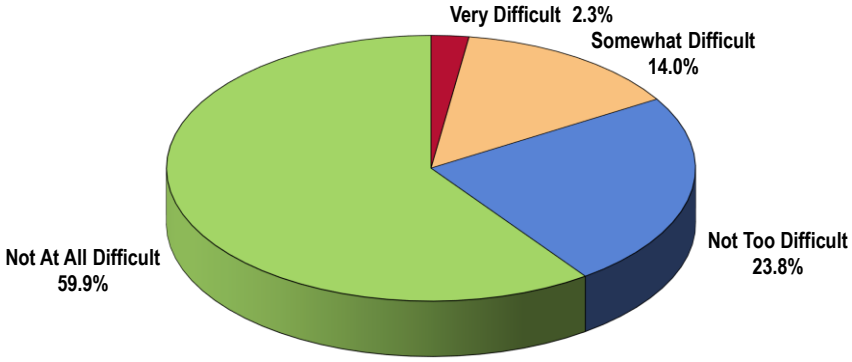
While most report little or no difficulty, 16.3% of Houston County adults find it "very" or "somewhat" difficult to access affordable, fresh fruits and vegetables.

Respondents were asked:

"How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?"

Level of Difficulty Finding Fresh Produce at an Affordable Price

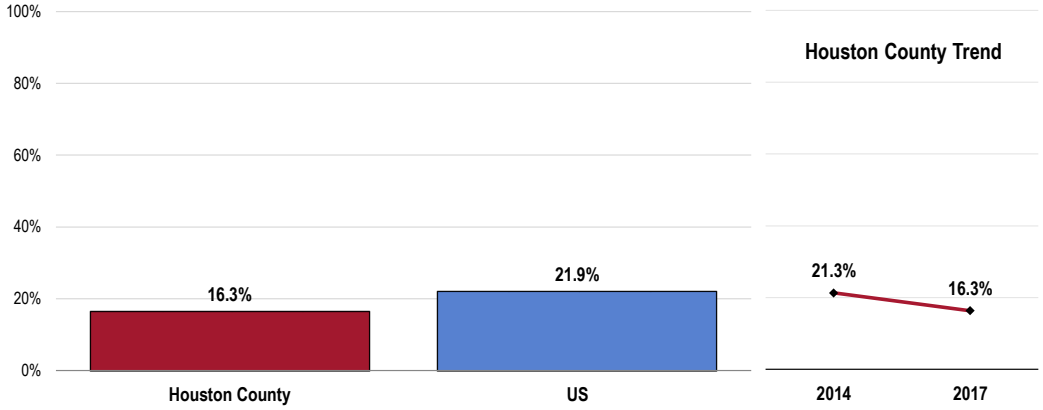
(Houston County, 2017)



Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
Notes: ● Asked of all respondents.

- Statistically similar to national findings.
- TREND: Has not changed significantly since 2014.

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

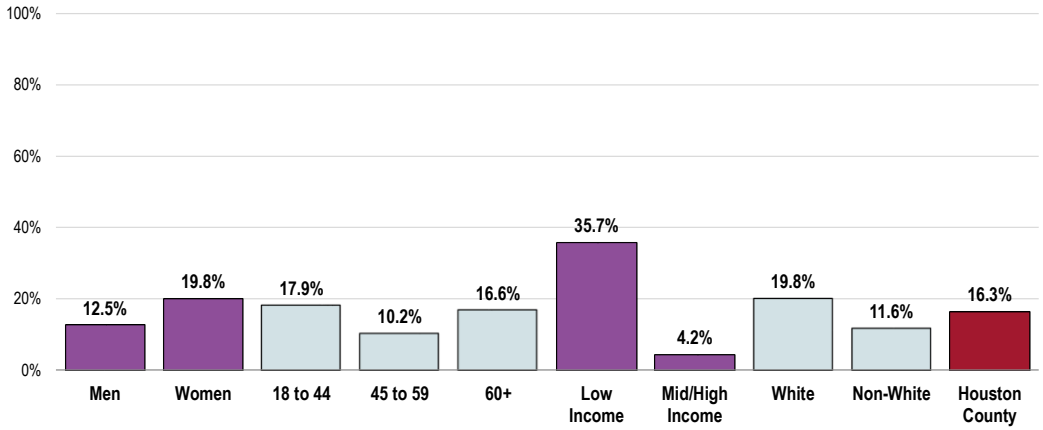


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 103]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- Lower income residents are much more likely to report difficulty getting fresh fruits and vegetables than those with higher incomes.

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

(Houston County, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.

Low Food Access (Food Deserts)

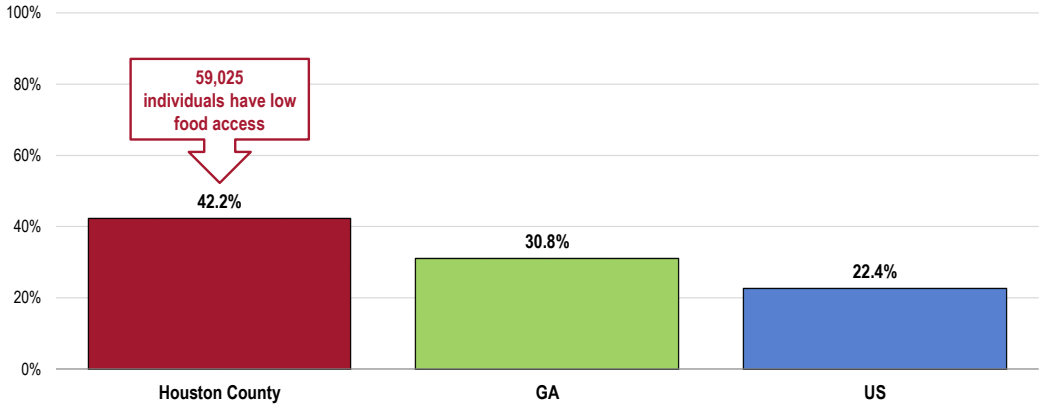
A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas.

US Department of Agriculture data show that 42.2% of the Houston County population (representing over 59,000 residents) have low food access or live in a "food desert," meaning that they do not live near a supermarket or large grocery store.

- Notably less favorable than statewide and national findings.

Population With Low Food Access

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

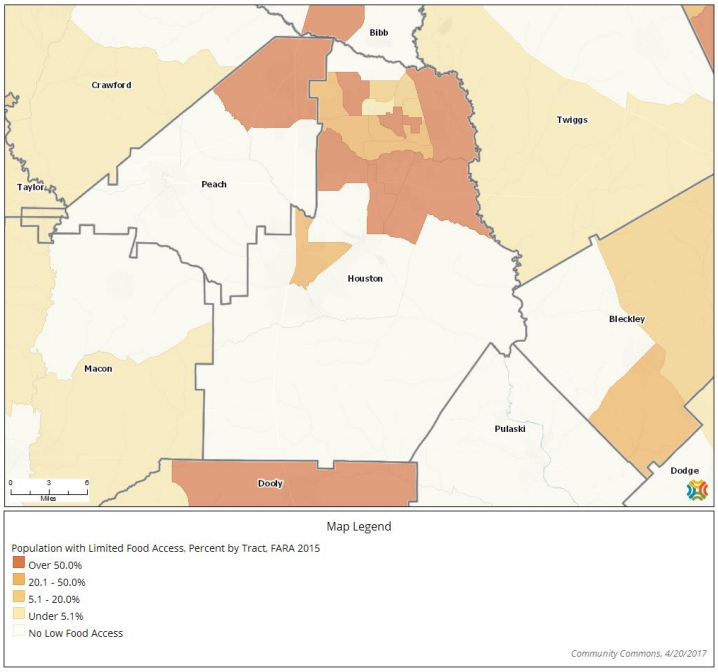


Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Retrieved April 2017 from Community Commons at http://www.chna.org.

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

- The following map provides an illustration of food deserts by census tract. Note the large share of residents with limited food access in portions of northern Houston County.

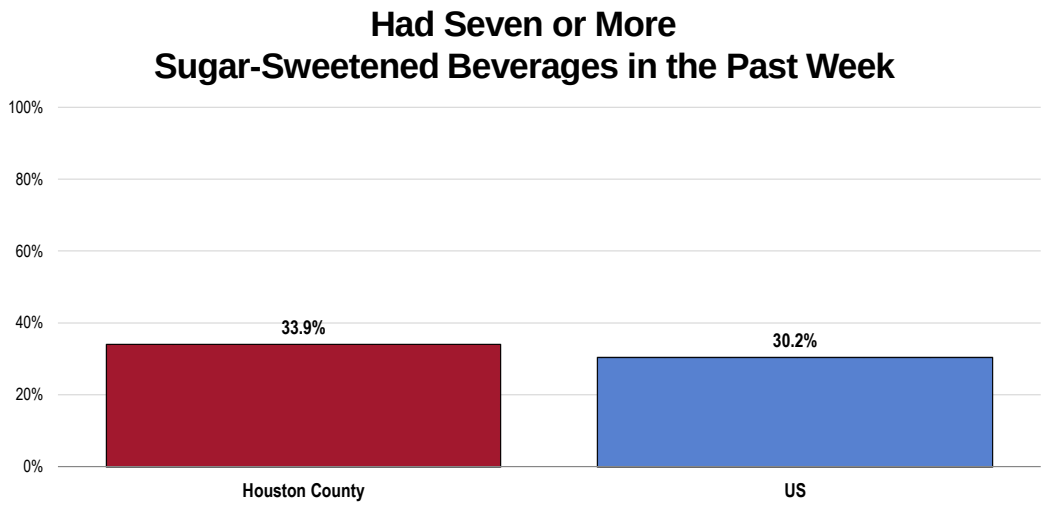
Population with Limited Food Access, Percent by Tract, FARA 2015



Sugar-Sweetened Beverages

A total of 33.9% of Houston County adults report drinking an average of at least one sugar-sweetened beverage per day in the past week.

- Similar to national findings.

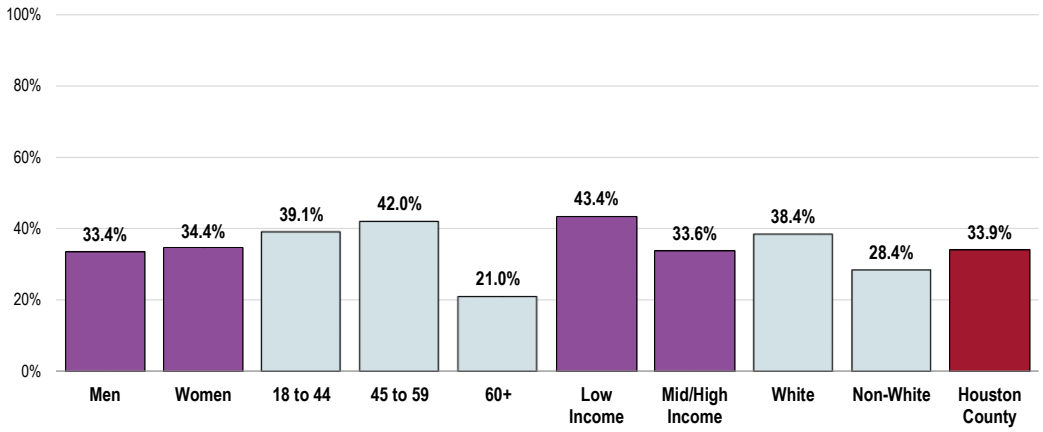


Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 212]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- In Houston County, adults under age 60 are more likely to consume this level of sugar-sweetened beverages.

Had Seven or More Sugar-Sweetened Beverages in the Past Week
(Houston County, 2017)



Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 212]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.

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 and older 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.

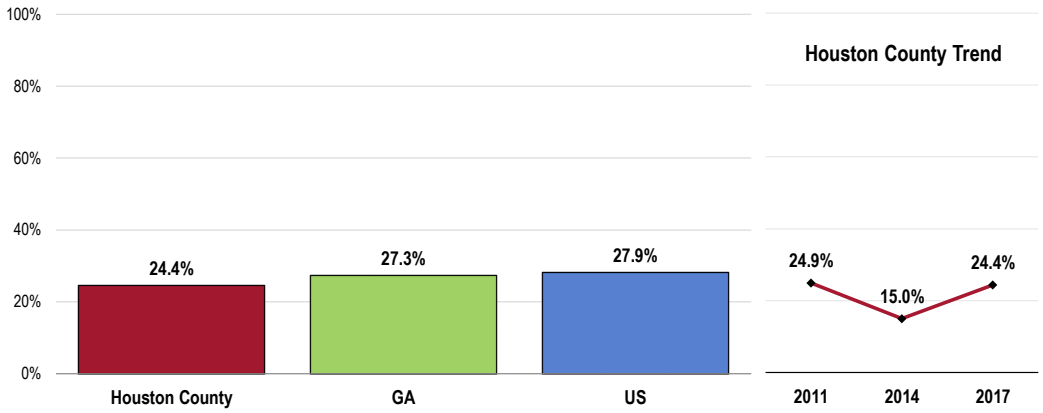
A total of 24.4% of Houston County adults report no leisure-time physical activity in the past month.

- Comparable to statewide and national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).

- TREND: Has increased significantly since 2014 and is similar to the 2011 survey finding.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 106]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 GA data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.

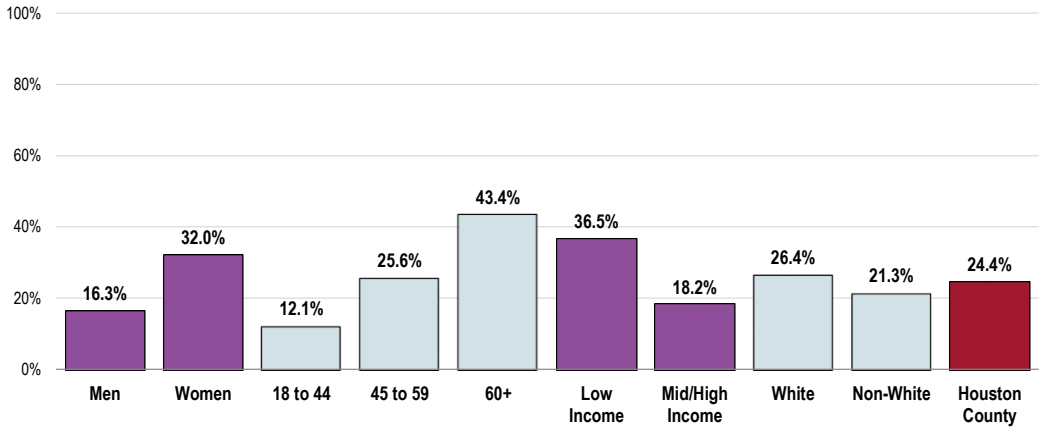
Lack of leisure-time physical activity in the area is higher among:

- Women.
- Older adults (60+; note the positive correlation with age).
- Lower-income residents.

No Leisure-Time Physical Activity in the Past Month

(Houston County, 2017)

Healthy People 2020 Target = 32.6% or Lower



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.

Activity Levels

Adults

Recommended Levels of Physical Activity

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

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

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity
- Learn more about CDC's efforts to promote walking by visiting http://www.cdc.gov/vitalsigns/walking.

Aerobic & Strengthening Physical Activity

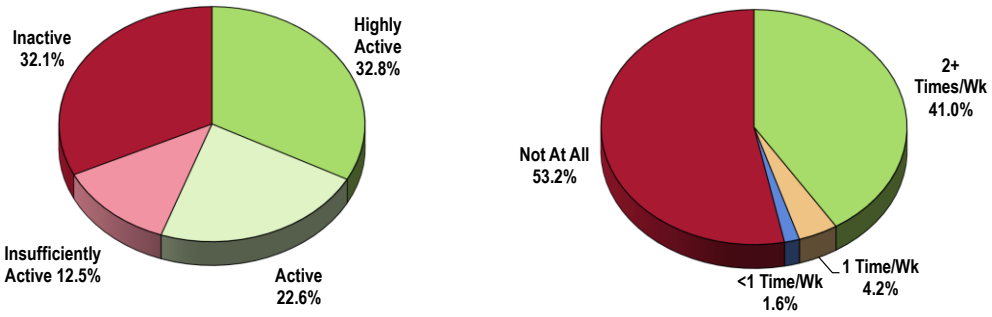
Survey respondents were asked about the types of physical activities they engaged in during the past month, as well as the frequency and duration of these activities.

- "Inactive" includes those reporting no aerobic physical activity in the past month.
- "Insufficiently active" includes those with the equivalent of 1-150 minutes of aerobic physical activity per week.
- "Active" includes those with 150-300 minutes of weekly aerobic physical activity.
- "Highly active" includes those with >300 minutes of weekly aerobic physical activity.

Based on reported physical activity intensity, frequency and duration over the past month, 44.6% of Houston County adults are found to be "insufficiently active" or "inactive."

A total of 53.2% of Houston County adults do not participate in any types of physical activities or exercises to strengthen their muscles.

Participation in Physical Activities
(Houston County, 2017)



Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 113, 173]
Notes: ● Reflects the total sample of respondents.
● In this case, "inactive" aerobic activity represents those adults participating in no aerobic activity in the past week; "insufficiently active" reflects those respondents with 1–149 minutes of aerobic activity in the past week; "active" adults are those with 150–300 minutes of aerobic activity per week; and "highly active" adults participate in 301+ minutes of aerobic activity weekly.

Recommended Levels of Physical Activity

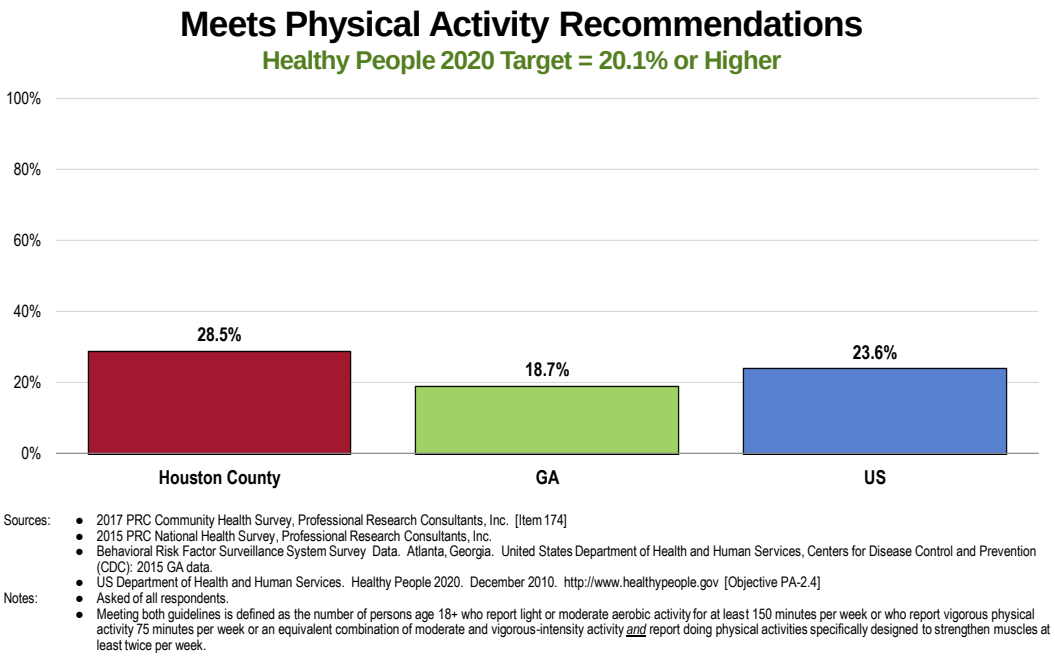
"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activity:

Aerobic activity is at least 150 minutes per week of light to moderate activity or 75 minutes per week of vigorous physical activity or an equivalent combination of both; and

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

A total of 28.5% of Houston County adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

- More favorable than statewide findings.
- Statistically similar to national findings.
- Satisfies the Healthy People 2020 target (20.1% or higher)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 174]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 GA data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-2.4]

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

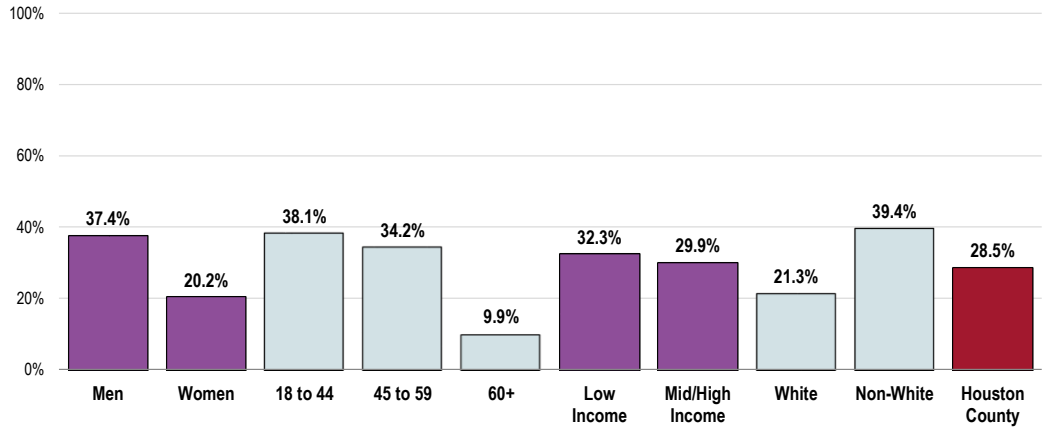
Those less likely to meet physical activity requirements include:

- Women.
- Adults age 60 and older (negative correlation with age).
- Non-Hispanic Whites.

Meets Physical Activity Recommendations

(Houston County, 2017)

Healthy People 2020 Target = 20.1% or Higher



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 174]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-2.4]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity *and* report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children

Recommended Levels of Physical Activity

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

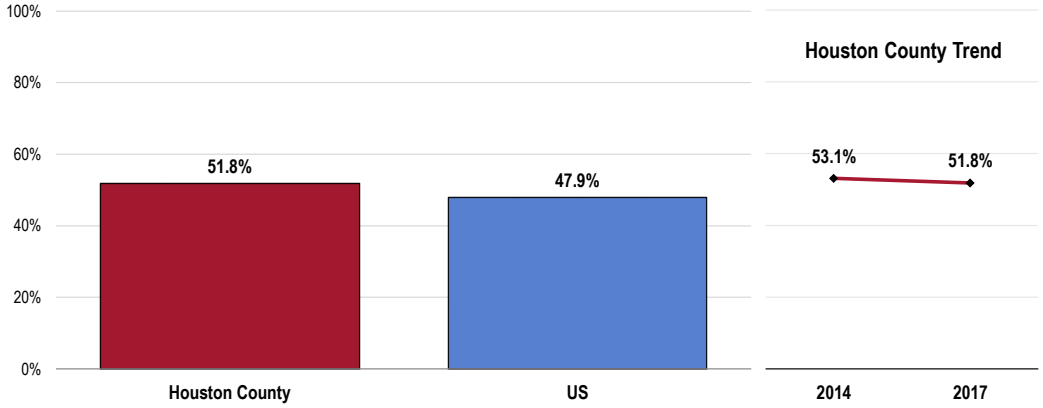
- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

Among Houston County children age 2 to 17, 51.8% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- Similar to the national percentage.
- TREND: Similar to the 2014 survey findings.

Child Is Physically Active for One or More Hours per Day

(Among Children Age 2-17)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 142]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

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

Access to Physical Activity

In 2014, there were 7.9 recreation/fitness facilities for every 100,000 population in Houston County.

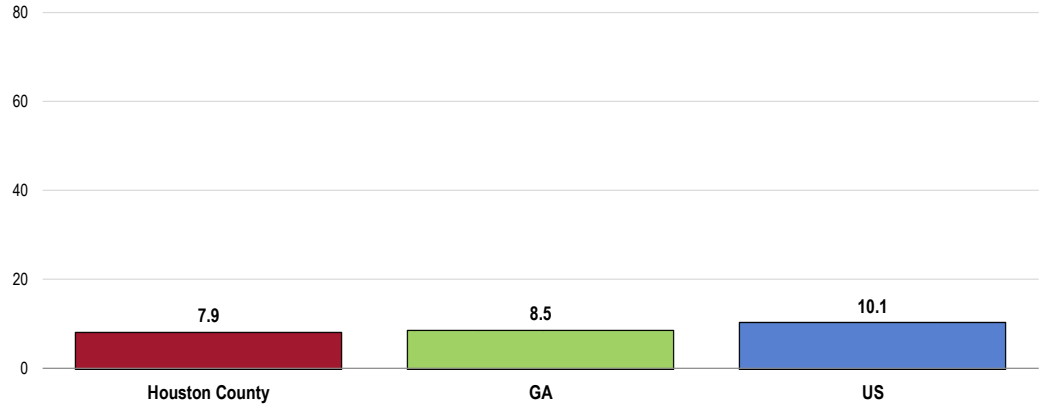
- Below what is found statewide and nationally.

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

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

Population With Recreation & Fitness Facility Access

(Number of Recreation & Fitness Facilities per 100,000 Population, 2014)



Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Retrieved April 2017 from Community Commons at http://www.chna.org.

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

Weight Status

About Overweight & Obesity

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

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

- Healthy People 2020 (www.healthypeople.gov)

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

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

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

Adult Weight Status

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

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

Overweight Status

More than 7 in 10 Houston County adults (72.2%) are overweight.

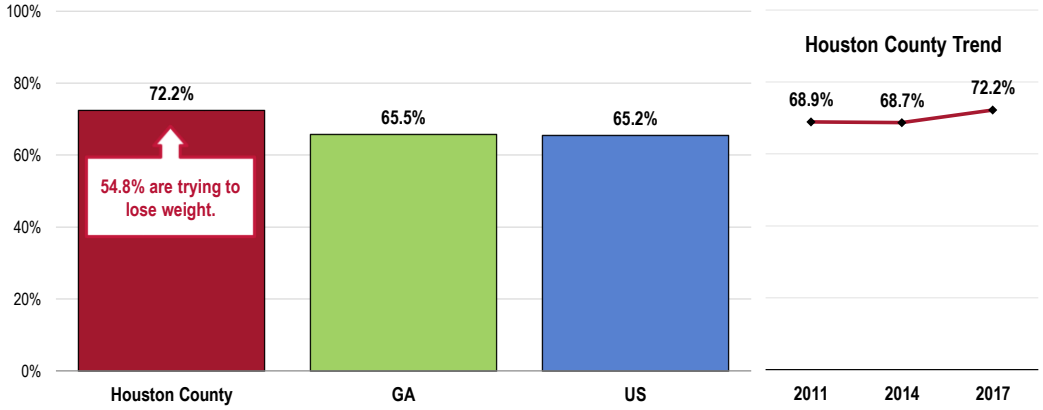
Here, "overweight" includes those respondents with a BMI value ≥25.

- Less favorable than the Georgia and US overweight prevalence.
- TREND: Statistically unchanged since 2011.

Note that 54.8% of overweight adults are currently trying to lose weight.

Prevalence of Total Overweight

(Percent of Adults With a Body Mass Index of 25.0 or Higher)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 176-177]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 GA data.

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.

Further, 36.2% of Houston County adults are obese.

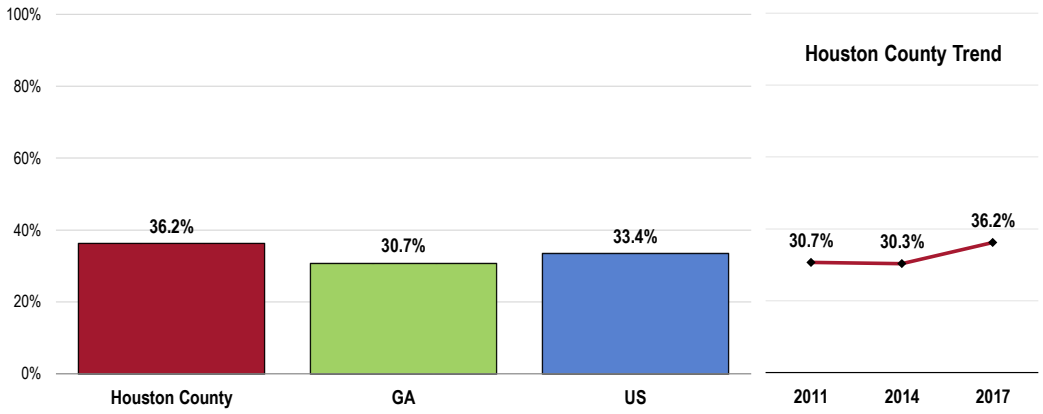
"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

- Statistically similar to Georgia and national findings.
- Statistically similar to the Healthy People 2020 target (30.5% or lower).
- TREND: Has not changed significantly since 2011.

Prevalence of Obesity

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

Healthy People 2020 Target = 30.5% or Lower



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 176]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 GA data.

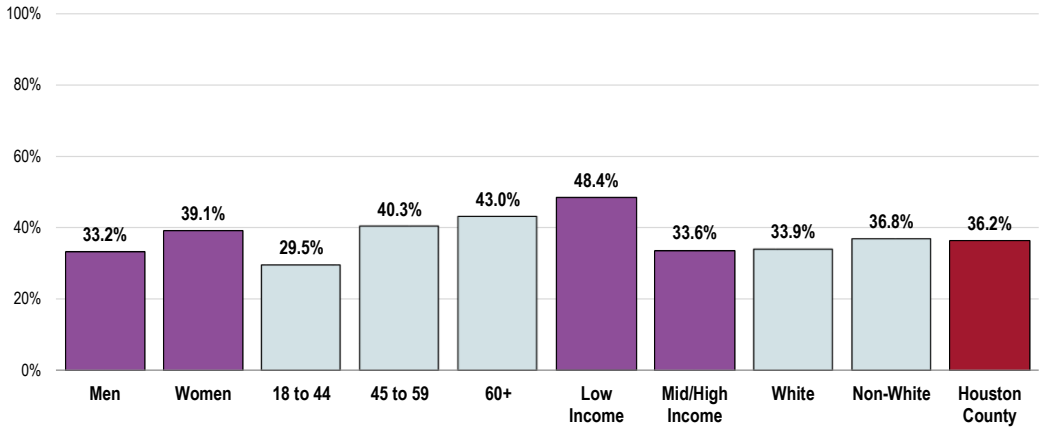
Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

- No statistically significant difference when viewing obesity by basic demographic characteristics.

Prevalence of Obesity

(Percent of Adults With a BMI of 30.0 or Higher; Houston County, 2017)

Healthy People 2020 Target = 30.5% or Lower



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 176]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

Notes:
- Based on reported heights and weights, asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

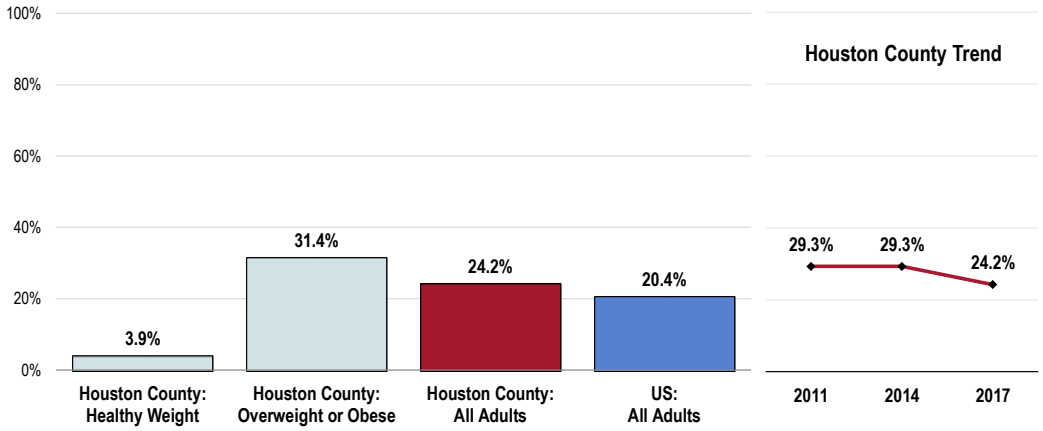
Health Advice

A total of 24.2% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Statistically similar to the national findings.
- TREND: Statistically unchanged from that reported in 2011.
- Note that 31.4% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while over two-thirds have not).

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 115, 178-179]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Relationship of Overweight With Other Health Issues

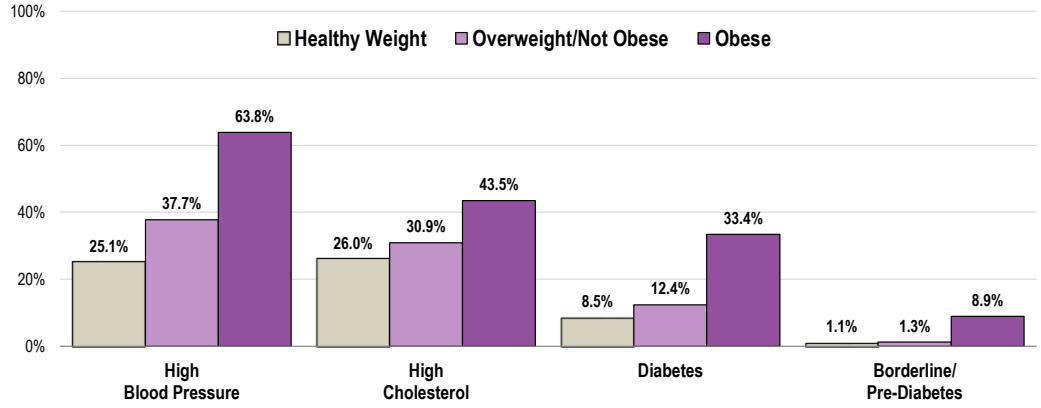
The correlation between overweight and various health issues cannot be disputed.

Overweight and obese adults are more likely to report a number of adverse health conditions. Among these are:

- High blood pressure.
- High cholesterol.
- Diabetes.
- Borderline/pre-diabetes.

Relationship of Overweight With Other Health Issues

(By Weight Classification; Houston County, 2017)



Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 147, 148, 158]
Notes: ● Based on reported heights and weights, asked of all respondents.

Children's Weight Status

About Weight Status in Children & Teens

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

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

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

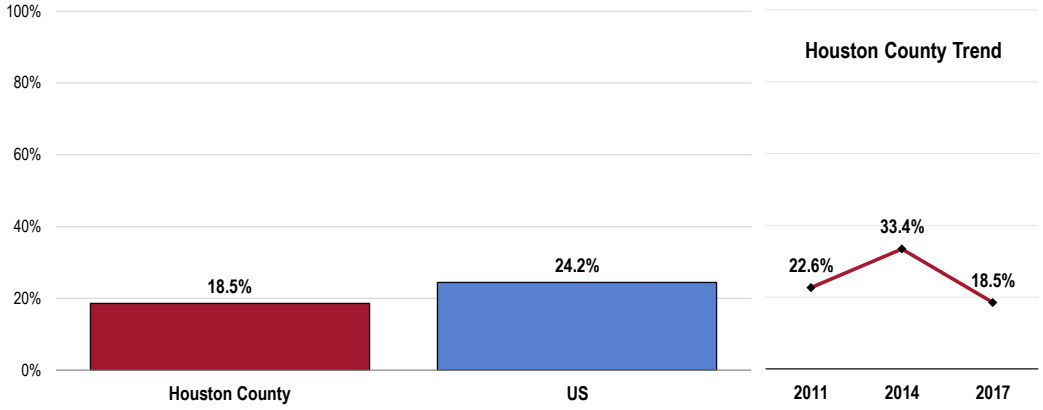
- Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 18.5% of Houston County children age 5 to 17 are overweight or obese (≥85th percentile).

- Statistically comparable to the US figure.
- TREND: Despite wide fluctuation, the current prevalence is statistically similar to prior results, due to the relatively small sample sizes involved.

Child Total Overweight Prevalence

(Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 180]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

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

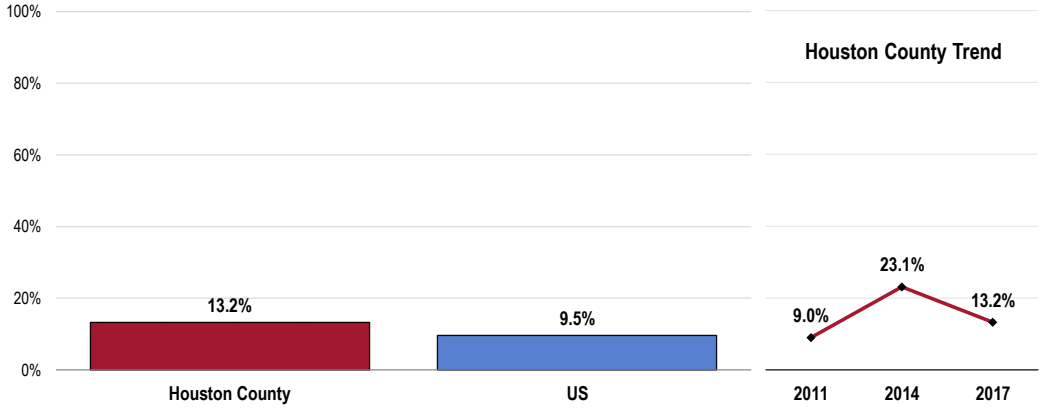
Further, 13.2% of area children age 5 to 17 are obese (≥95th percentile).

- Similar to the national percentage.
- Similar to the Healthy People 2020 target (14.5% or lower for children age 2-19).
- TREND: Despite wide fluctuation, the current prevalence is statistically similar to prior results, due to the relatively small sample sizes involved.

Child Obesity Prevalence

(Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)

Healthy People 2020 Target = 14.5% or Lower



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 180]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]

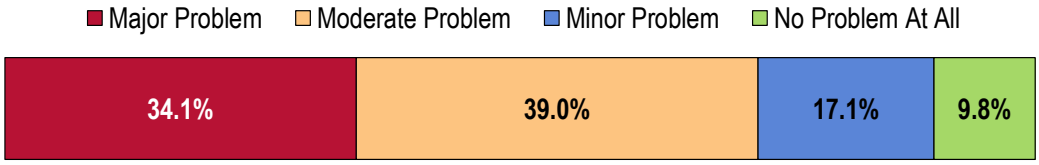
Notes:
- Asked of all respondents with children age 5-17 at home.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Key Informant Input: Nutrition, Physical Activity & Weight

A plurality of key informants taking part in an online survey characterized *Nutrition, Physical Activity & Weight* as a "moderate problem" in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community

(Key Informants, 2017)



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

Top Concerns

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

Lifestyle

Biggest challenge is getting people into a "lifestyle" of physical activity and emotional/spiritual health. People are looking for quick fixes in these areas and they are not to be found. The healthiest people I know are people who worship and exercise weekly. Both are important. We have too many suicides in our area. - Community Leader

We rush and overschedule ourselves. There is little time for any physical activity before or after work. Many work two jobs, arrive home late, and eat large meals, contributing to their weight problems. - Community Leader

Bad eating habits and sedentary lifestyle. - Community Leader

Obesity

Obesity is a huge problem. There are a number of areas for recreation in the county, so there is reasonable access to physical activity. Very limited resources regarding nutrition counseling and education. - Physician

Too many obese people. Too many let their health go. It becomes very hard to change, and they give up. - Other Health Provider

Prevalence of overweight people. - Community Leader

Access to Healthy Foods

The biggest challenges are the easy access to fast food restaurants. There are plenty of facilities for physical activity, but access to unhealthy eating is prominent. - Public Health Representative

Culture. Price of healthy foods. - Other Health Provider

Built Environment

Not enough ways to walk and ride bikes safely. Need more sidewalks, walking and biking paths, open parks to go enjoy. Knowledge of healthier options, farmers markets on two sides of town, and no gymnasiums all over the town. City recreation department has one gym in Warner Robins, and one in Perry. No YMCA for everyone to afford. The community does not provide opportunities for people of all ages to participate in fun and inexpensive activities to get up and get moving. - Social Services Provider

Health Education

Education. - Community Leader

Sleep

Sleep

Sleep is an important part of good health, but an estimated 35% of US adults do not get enough sleep. Approximately 83 million US adults report usually sleeping less than 7 hours in a 24-hour period. According to professional sleep societies, adults aged 18 to 60 years should sleep at least 7 hours each night for the best health and wellness.

Sleeping less than 7 hours per night is linked to increased risk of chronic diseases such as diabetes, stroke, high blood pressure, heart disease, obesity, and poor mental health, as well as early death. Not getting the recommended amount of sleep can affect one's ability to make good decisions and increases the chances of motor vehicle crashes.

Habits for improving sleep health can include:

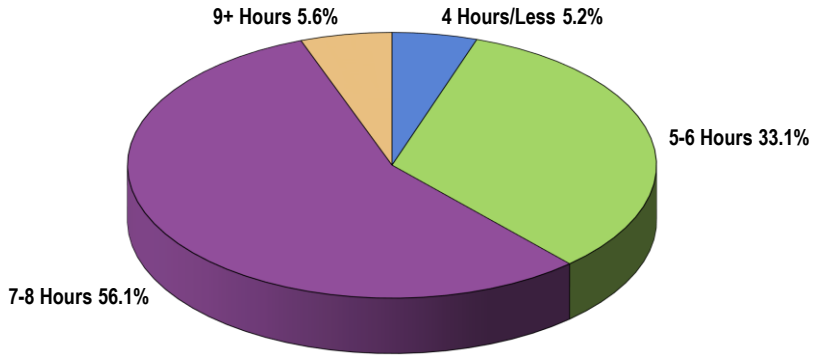
- Be consistent. Go to bed at the same time each night and get up at the same time each morning, including on the weekends.
- Make sure your bedroom is quiet, dark, relaxing, and at a comfortable temperature.
- Remove electronic devices, such as TVs, computers, and smart phones, from the bedroom.
- Avoid large meals, caffeine, and alcohol before bedtime.
- Avoid tobacco/nicotine.
- Get some exercise. Being physically active during the day can help you fall asleep more easily at night.

- Institute of Medicine (US) Committee on Sleep Medicine and Research; 2014 Behavioral Risk Factor Surveillance System (BRFSS), CDC

When asked how many hours of sleep they average per night, 56.1% of survey respondents stated between 7 and 8 hours, and 5.6% get 9+ hours of sleep per night.

- On the other hand, 38.3% of local adults sleep **fewer than 7 hours** per night (including 5.2% who report sleeping 4 hours or less on an average night).

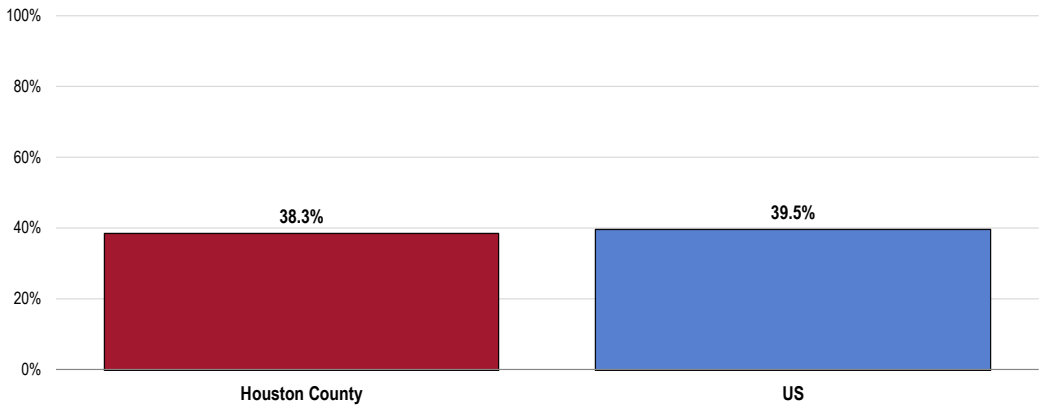
Average Hours of Sleep Per Night
(Houston County, 2017)



Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
Notes: ● Asked of all respondents.

- The percentage of survey respondents averaging fewer than 7 hours per night is comparable to the national figure.

Generally Sleep Less Than Seven Hours Per Night

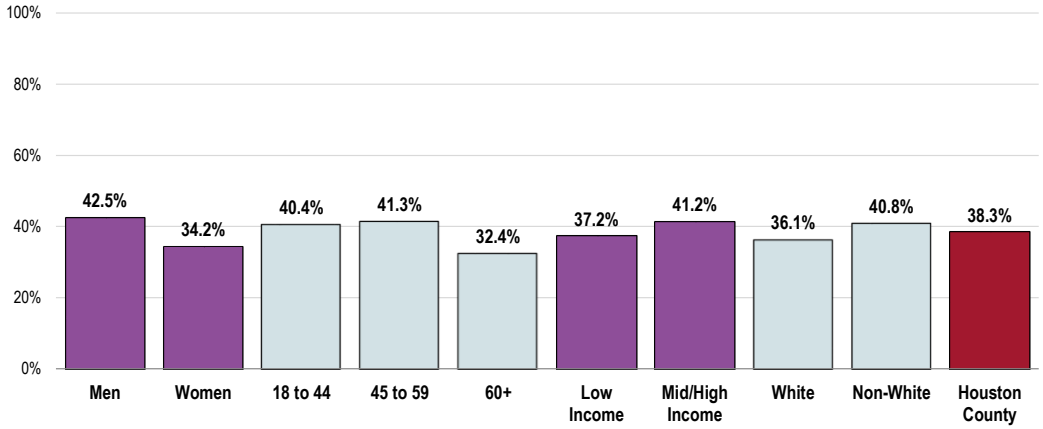


Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 213]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Similar findings when viewed by key demographic characteristics.

Generally Sleep Less Than Seven Hours Per Night
(Houston County, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 213]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.

Substance Abuse

About Substance Abuse

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cirrhosis/Liver Disease Deaths

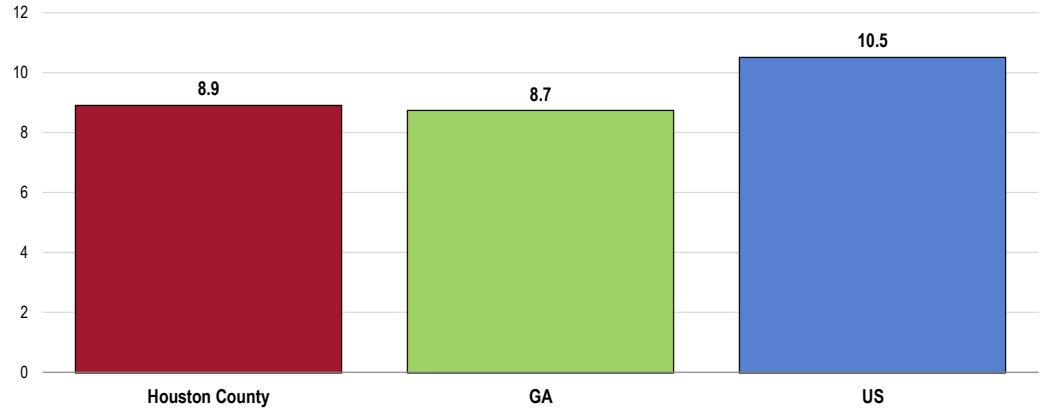
Between 2013 and 2015, Houston County reported was an annual average age-adjusted cirrhosis/liver disease mortality rate of 8.9 deaths per 100,000 population.

- Similar to the statewide rate.
- Lower than the national rate.
- Fails to satisfy the Healthy People 2020 target (8.2 or lower).

Cirrhosis/Liver Disease: Age-Adjusted Mortality

(2013-2015 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 May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

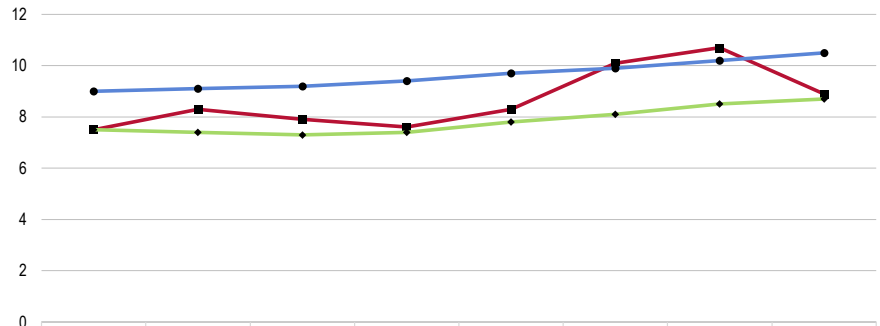
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Despite a downtick in the latest reporting period, cirrhosis/liver disease mortality has increased in the area, keeping with state and national trends.

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower



	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015
Houston County	7.5	8.3	7.9	7.6	8.3	10.1	10.7	8.9
GA	7.5	7.4	7.3	7.4	7.8	8.1	8.5	8.7
US	9.0	9.1	9.2	9.4	9.7	9.9	10.2	10.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

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

Alcohol Use

Excessive Drinking

"**Excessive drinking**" includes heavy **and/or** binge drinkers:

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

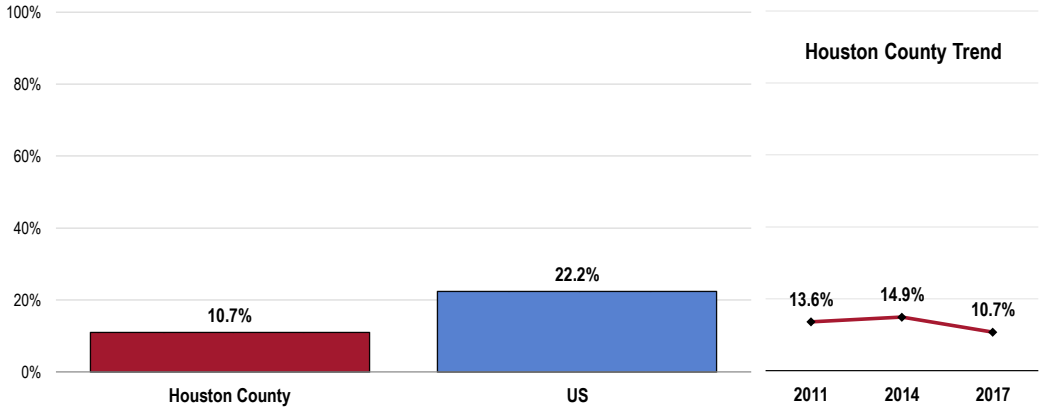
RELATED ISSUE:
See also *Stress* in the **Mental Health** section of this report.

A total of 10.7% of area adults are excessive drinkers (heavy and/or binge drinkers).

- Half the national proportion.
- Easily satisfies the Healthy People 2020 target (25.4% or lower).
- TREND: Statistically unchanged since 2011.

Excessive Drinkers

Healthy People 2020 Target = 25.4% or Lower



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 189]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

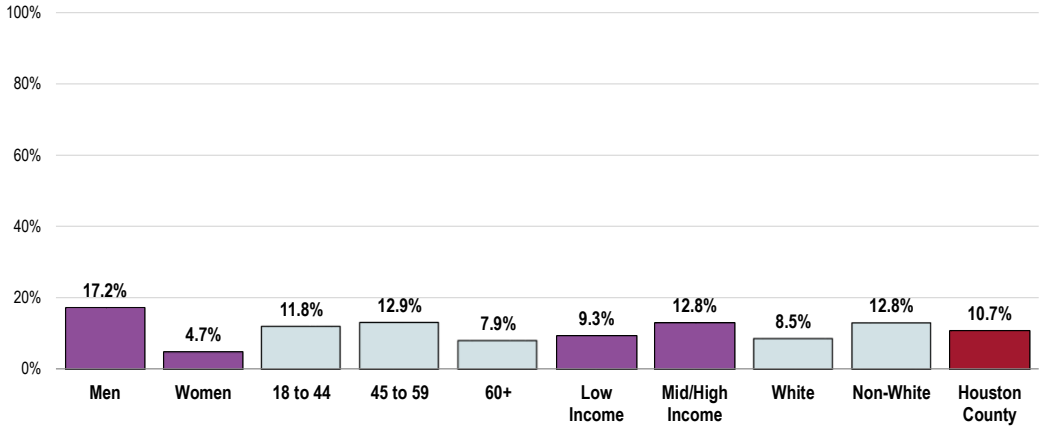
Notes:
- Asked of all respondents.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

- Excessive drinking is more prevalent among men.

Excessive Drinkers

(Houston County, 2017)

Healthy People 2020 Target = 25.4% or Lower



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 189]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "NH White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Age-Adjusted Drug-Induced Deaths

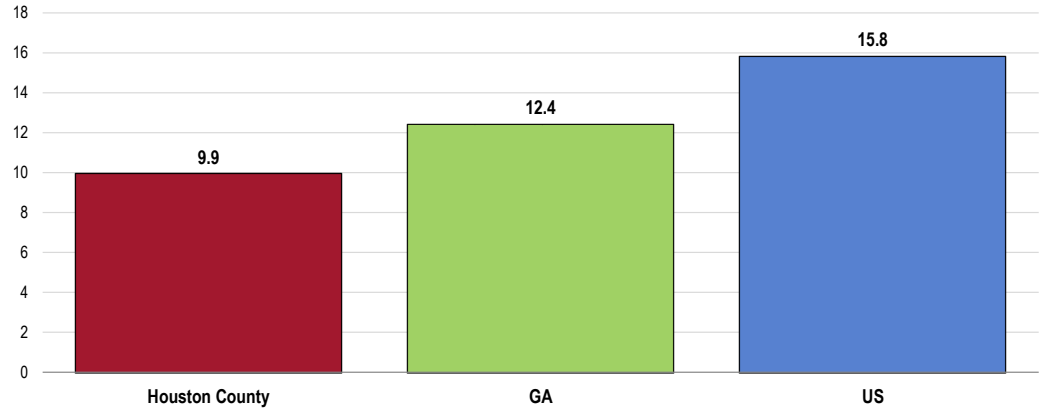
Between 2013 and 2015, there was an annual average age-adjusted drug-induced mortality rate of 9.9 deaths per 100,000 population in Houston County.

- Lower than the statewide and national rates.
- Satisfies the Healthy People 2020 target (11.3 or lower).

Drug-Induced Deaths: Age-Adjusted Mortality

(2013-2015 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 May 2017.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

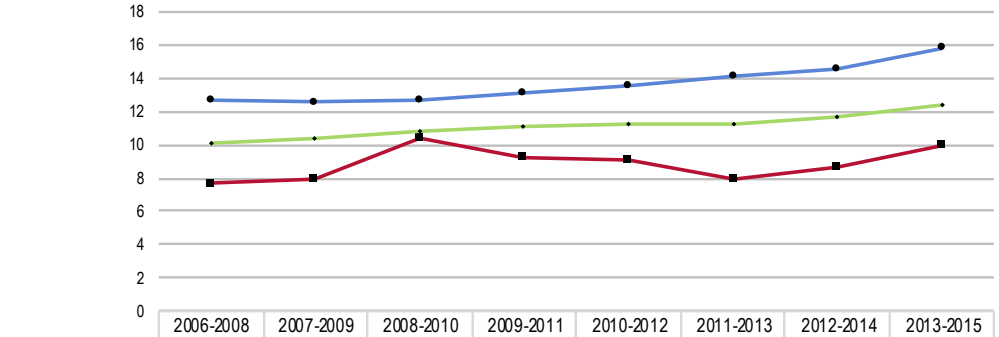
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The drug-induced mortality rate in Houston County has increased in the past decade. This is also apparent both statewide and nationally.

Drug-Induced Deaths: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 11.3 or Lower



	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015
Houston County	7.7	7.9	10.4	9.3	9.1	7.9	8.6	9.9
GA	10.1	10.4	10.8	11.1	11.2	11.2	11.7	12.4
US	12.7	12.6	12.7	13.1	13.5	14.1	14.6	15.8

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2017.
- UD Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12].

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

Illicit Drug Use

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

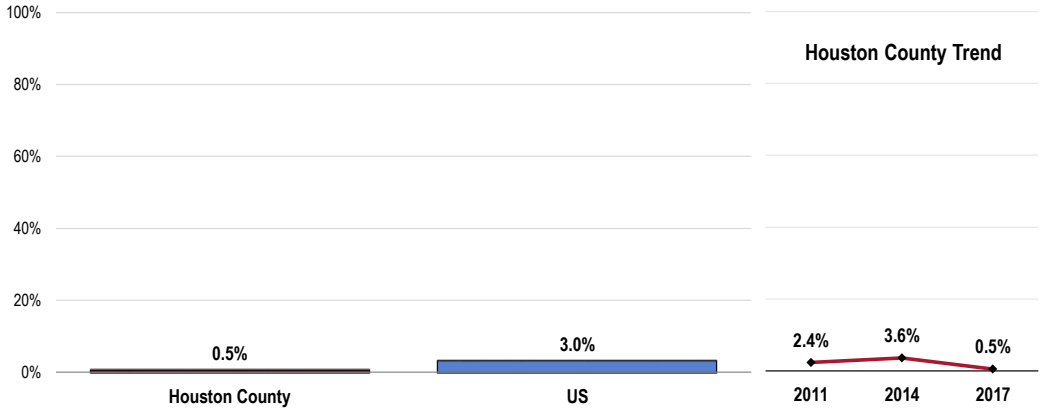
Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

A total of 0.5% of Houston County adults acknowledge using an illicit drug in the past month.

- More favorable than the proportion found nationally.
- Satisfies the Healthy People 2020 target of 7.1% or lower.
- TREND: Marks a statistically significant decrease since 2014 (similar to 2011 findings).

Illicit Drug Use in the Past Month

Healthy People 2020 Target = 7.1% or Lower



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 67]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

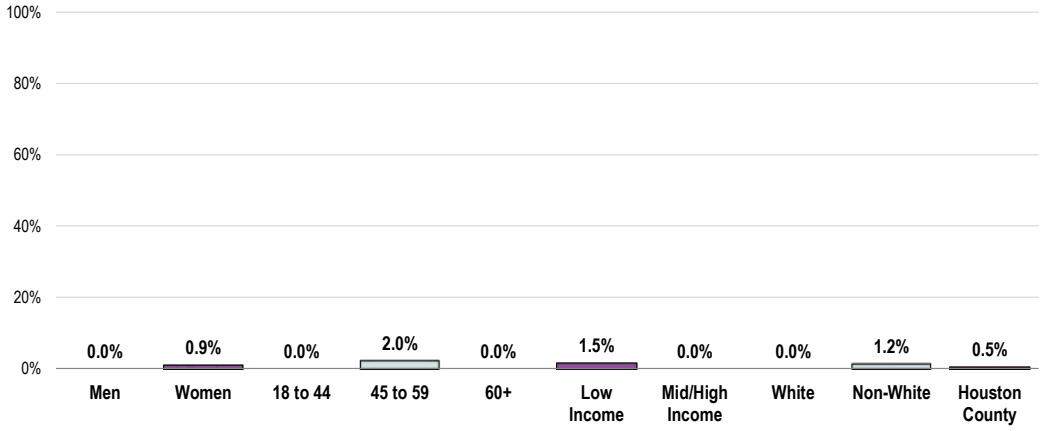
Notes:
- Asked of all respondents.

- Differences in illicit drug use among the following demographic segments are not statistically significant.

Illicit Drug Use in the Past Month

(Houston County, 2017)

Healthy People 2020 Target = 7.1% or Lower



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 67]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "NH White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.

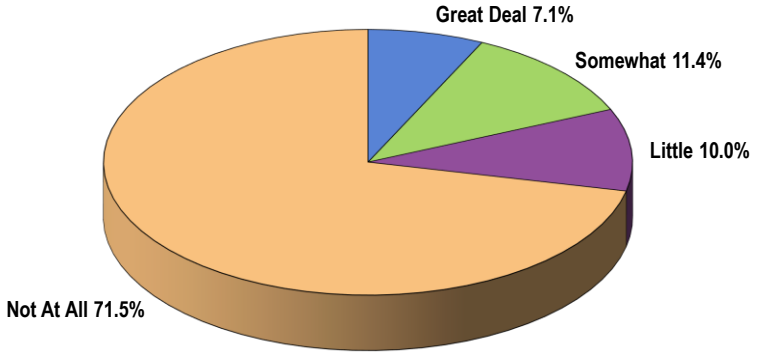
Negative Effects of Substance Abuse

Area adults were also asked to what degree their lives have been negatively affected by substance abuse (whether their own abuse or that of another).

In all, most respondents have not been negatively affected (71.5% "not at all" responses).

Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other's)

(Houston County, 2017)

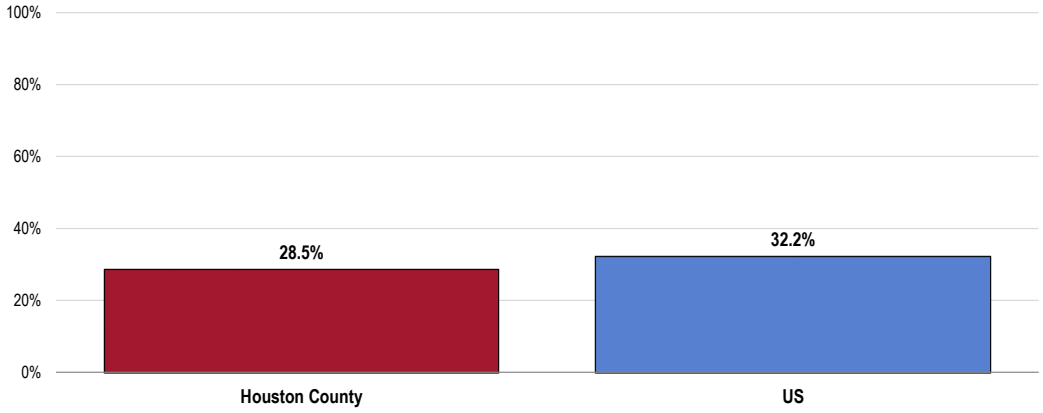


Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 69]
Notes: ● Asked of all respondents.

In contrast, 28.5% of survey respondents indicate that their lives have been negatively affected by substance abuse, including 7.1% who gave "a great deal" responses.

- Similar to the national response.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)

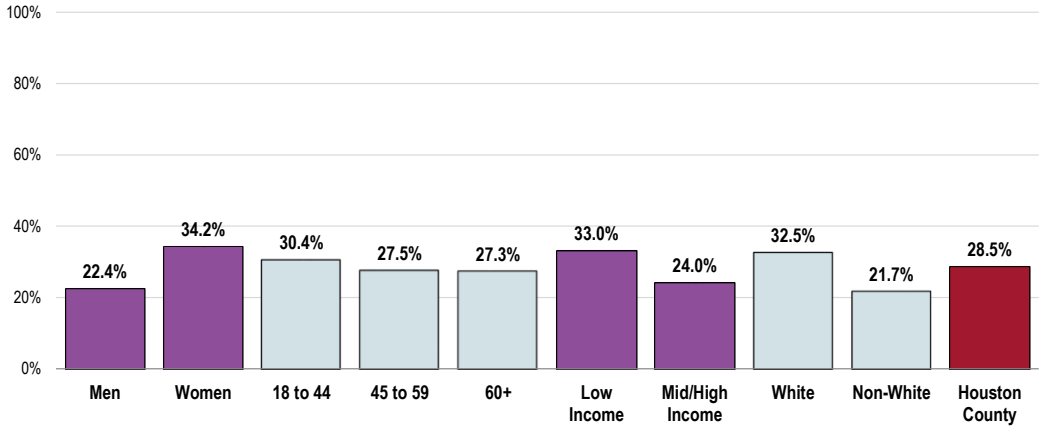


Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 69]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- The prevalence of survey respondents whose lives have been negatively impacted by substance abuse, whether their own abuse or that of another, is not statistically different when viewed by basic demographic characteristics.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)

(Houston County, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 69]

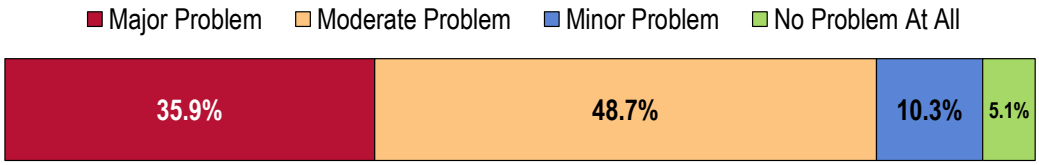
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.

Key Informant Input: Substance Abuse

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

Perceptions of Substance Abuse as a Problem in the Community

(Key Informants, 2017)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Barriers to Treatment

Among those rating this issue as a "major problem," the greatest barriers to accessing substance abuse treatment are viewed as:

Access to Care/Services

> *The only facility I am aware of is the Phoenix Center, and to my knowledge, it is not an inpatient facility. We do have the inpatient psych unit at HMC, but it stays full, and patients are being held in our evaluation areas in the ED, waiting for placement. - Other Health Provider*
>
> *We have limited rehab facilities in the county. There are some sources for follow-up care after rehab, and there are more follow-up support groups. - Physician*
>
> *I would say it would be the existence of program that can adequately address substance abuse treatment. Funding for these programs may also be an issue. - Social Services Provider*

Affordable Care/Services

> *It costs money to get into a good treatment program. I am in agreement with Abba House, that most treatment programs lasting under one year have little lasting impact. Most treatment programs are band-aids. If they don't have a spiritual component, they normally don't work. - Community Leader*
>
> *The cost, but not treating is more costly in long run. - Community Leader*
>
> *Affordable treatment options. - Community Leader*

Denial/Stigma

> *Denial is the greatest barrier to achieving success to quit. - Other Health Provider*
>
> *Greatest barriers: kids don't self-identify, and teachers won't identify substance abusers. By the time kids get to a medical facility, it is because of an auto accident or an overdose. - Community Leader*
>
> *Many people are afraid to become involved. There is a social stigma. - Other Health Provider*

Health Education

> *Education. - Community Leader*

Social Norms/Community Attitude

> *Social attitudes of acceptance for the use or abuse of certain prescription drugs. - Other Health Provider*

Most Problematic Substances

Key informants (who rated this as a "major problem") identified **alcohol** as the most problematic substance abused in the community.

Problematic Substances as Identified by Key Informants

	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Alcohol	60.0%	0.0%	20.0%	4
Marijuana	20.0%	20.0%	20.0%	3
Heroin or Other Opioids	0.0%	40.0%	0.0%	2
Over-The-Counter Medications	0.0%	20.0%	20.0%	2
Methamphetamines or Other Amphetamines	0.0%	0.0%	40.0%	2
Cocaine or Crack	20.0%	0.0%	0.0%	1
Prescription Medications	0.0%	20.0%	0.0%	1

Tobacco Use

About Tobacco Use

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

Tobacco use causes:

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

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

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

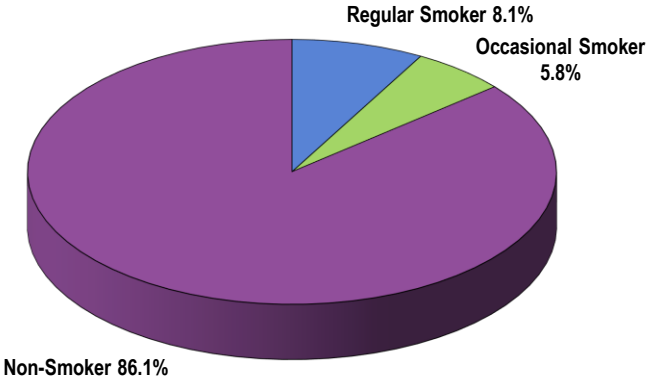
- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 13.9% of Houston County adults currently smoke cigarettes, either regularly (8.1% every day) or occasionally (5.8% on some days).

Cigarette Smoking Prevalence
(Houston County, 2017)

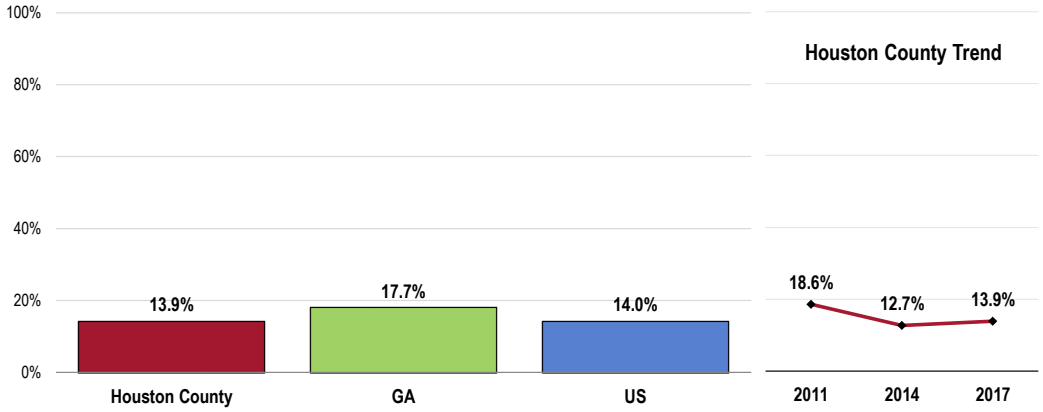


Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 55]
Notes: ● Asked of all respondents.

- Statistically similar to statewide and national findings.
- Similar to the Healthy People 2020 target (12% or lower).
- TREND: The percentage is statistically unchanged since 2011.

Current Smokers

Healthy People 2020 Target = 12.0% or Lower



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 55]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 GA data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

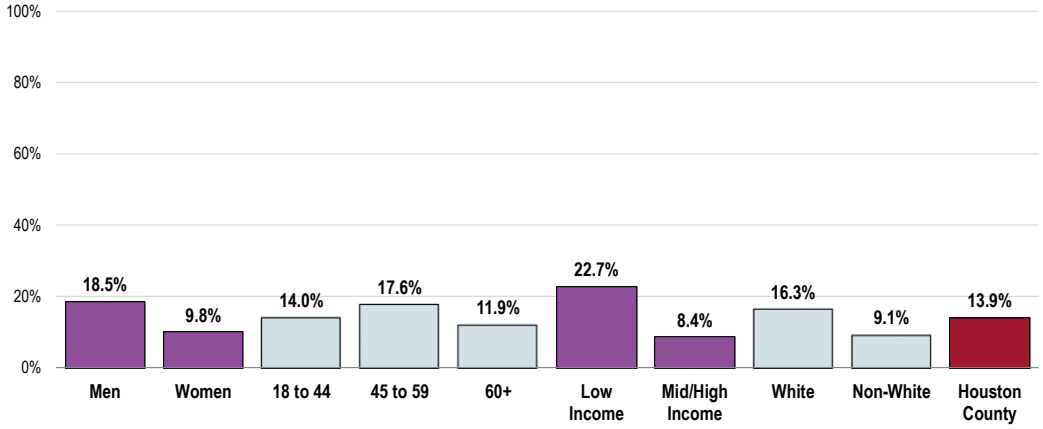
Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

- Cigarette smoking is more prevalent among low-income residents.

Current Smokers

(Houston County, 2017)

Healthy People 2020 Target = 12.0% or Lower



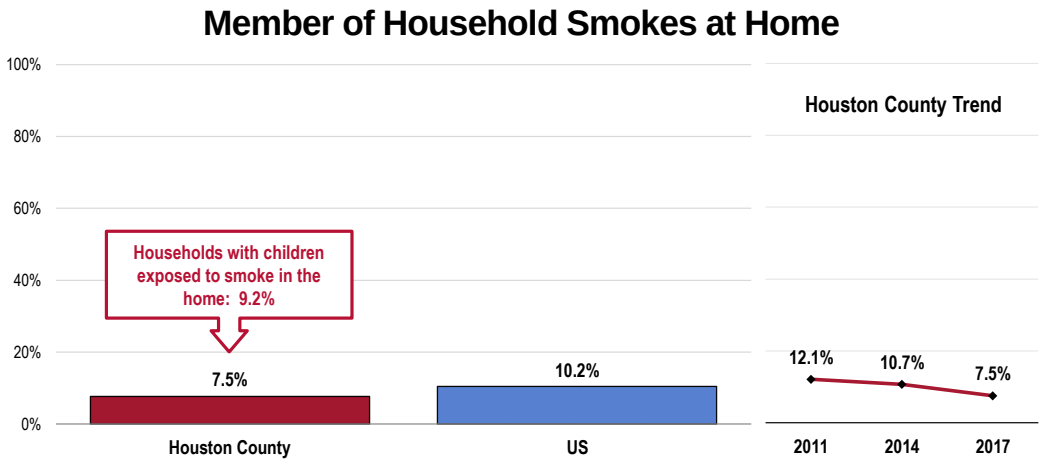
Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 55]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.
- Includes regular and occasion smokers (every day and some days).

Environmental Tobacco Smoke

A total of 7.5% of Houston County adults (including smokers and nonsmokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

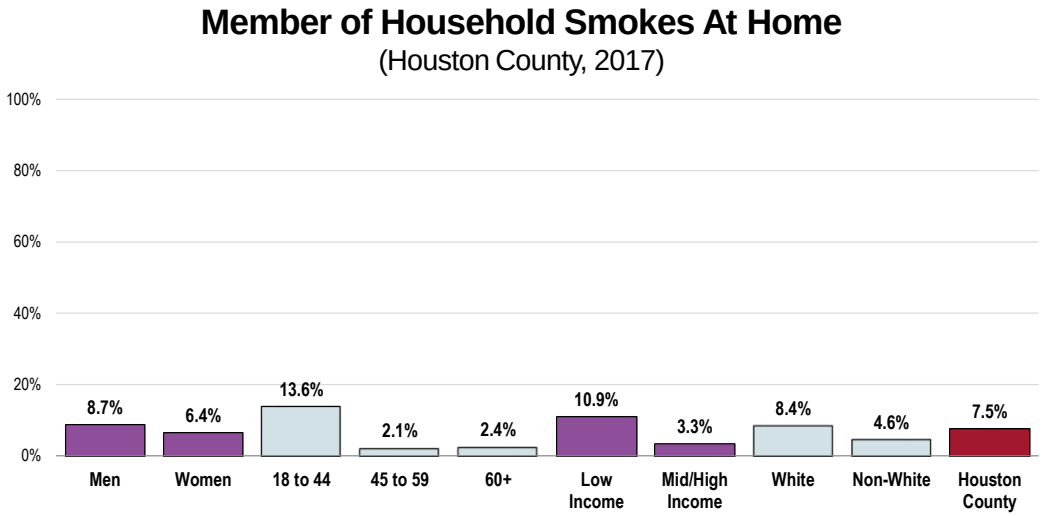
- Similar to national findings.
- TREND: Statistically similar to previous survey findings.
- Note that 9.2% of Houston County children are exposed to cigarette smoke at home, similar to what is found nationally.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 58, 184]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- Higher among adults age 18 to 44.



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]

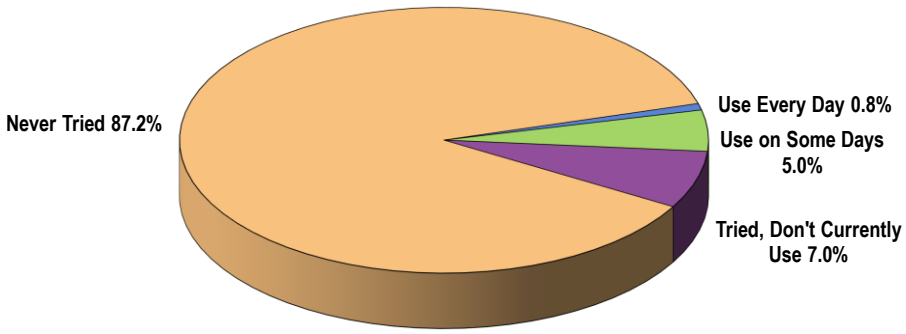
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Other Tobacco Use

Electronic Cigarettes

A total of 5.8% of Houston County adults currently use electronic cigarettes ("e-cigarettes") either regularly (0.8% every day) or occasionally (5.0% on some days).

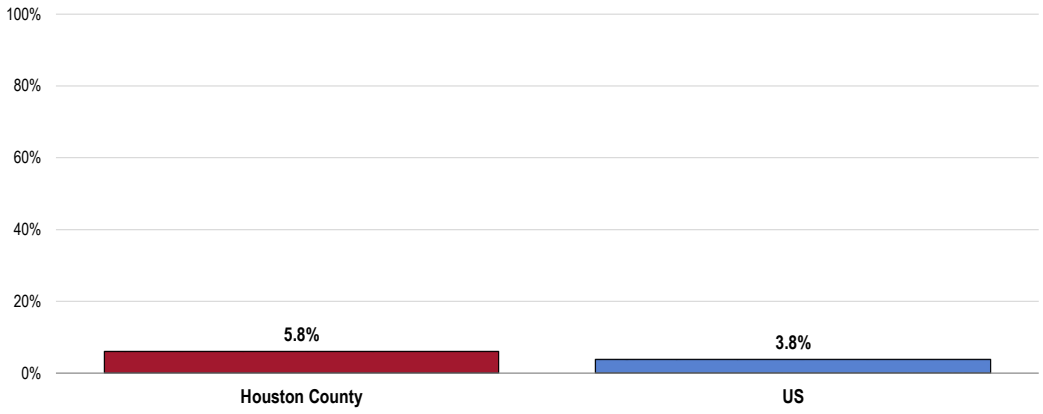
Electronic Cigarette Use
(Houston County, 2017)



Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 208]
Notes: ● Asked of all respondents.

- Similar to national findings.

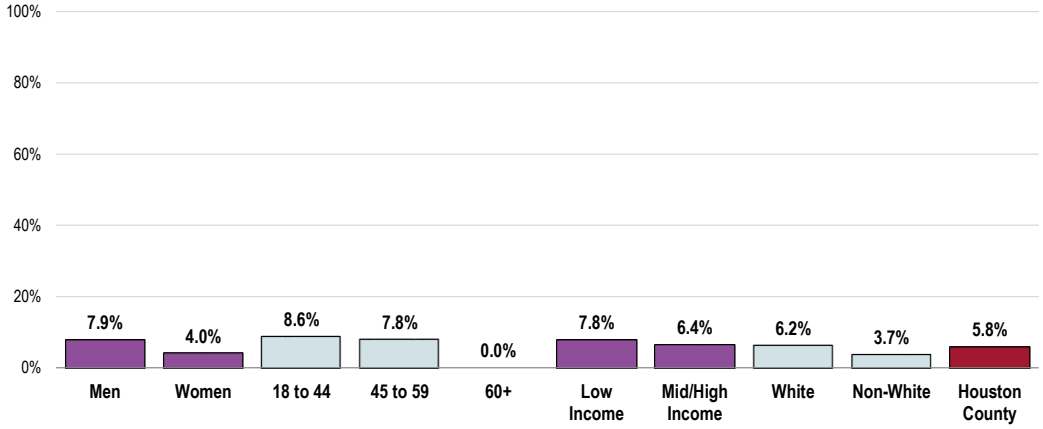
Currently Use Electronic Cigarettes
(Every Day or on Some Days)



Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 208]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

- Electronic cigarette use is more prevalent among adults between the ages of 18 and 59.

Currently Use Electronic Cigarettes
(Houston County, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 208]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.
• Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Cigars & Smokeless Tobacco

A total of 2.3% of Houston County adults use cigars every day or on some days.

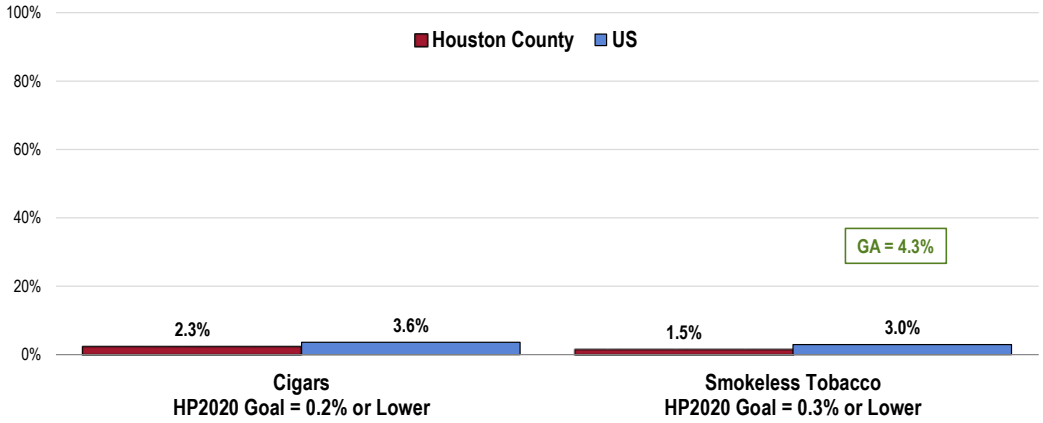
- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.2% or lower).
- TREND: No statistically significant change since 2011 (not shown).

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

A total of 1.5% of Houston County adults use some type of smokeless tobacco every day or on some days.

- Lower than the state percentage.
- Comparable to the national percentage.
- Statistically comparable to the Healthy People 2020 target (0.3% or lower).
- TREND: Similar to 2011 and 2014 findings (not shown).

Other Tobacco Use



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 59-60]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 GA data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives TU-1.2, TU-1.3]

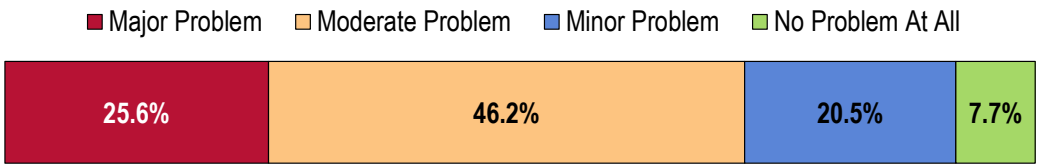
Notes:
- Reflects the total sample of respondents.
- Smokeless tobacco includes chewing tobacco, snuff, or "snus."

Key Informant Input: Tobacco Use

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

Perceptions of Tobacco Use as a Problem in the Community

(Key Informants, 2017)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

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

Prevalence/Incidence

I see people in the community smoking almost everywhere I go. A large population of our patients are smokers, even the pregnant ones. - Other Health Provider

Many still use tobacco, including smokeless. - Other Health Provider

Too many people still smoking. Too many young people vaping without knowing what the long-term effects might be. - Community Leader

We still have young people starting to smoke and older people not quitting. - Other Health Provider

I would say that tobacco use is a major problem in many communities because it is dangerous to your health. - Social Services Provider

An increase in smoking, chewing, and spitting among our youth. - Community Leader

Access to Tobacco Products

> *Access to tobacco products is easier and less stigmatizing than utilizing a therapist for mental health counseling. Therefore, smoking is easy to access for treatment of anxiety and depression, and is another process that will increase serotonin. It is socially acceptable, and you don't realize the health effects until you are older. This will affect those who are more vulnerable and less educated. - Physician*

Healthcare Costs

> *Increase in health costs per person. - Other Health Provider*

Health Education

> *Education. - Community Leader*

Access to Health Services

Professional Research Consultants, Inc.

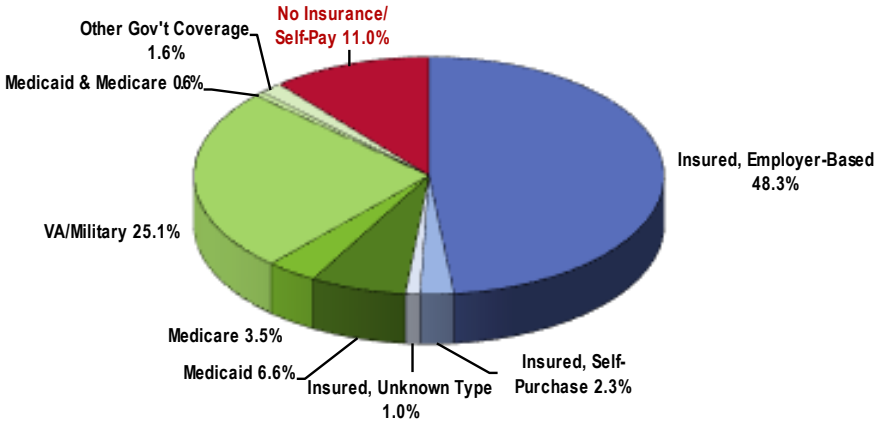
Health Insurance Coverage

Type of Healthcare Coverage

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

A total of 51.6% of Houston County adults age 18 to 64 report having healthcare coverage through private insurance. A total of 25.1% have coverage through VA/military benefits, and another 12.3% report coverage through a government-sponsored program such as Medicaid or Medicare.

Healthcare Insurance Coverage
(Among Adults Age 18-64; Houston County, 2017)

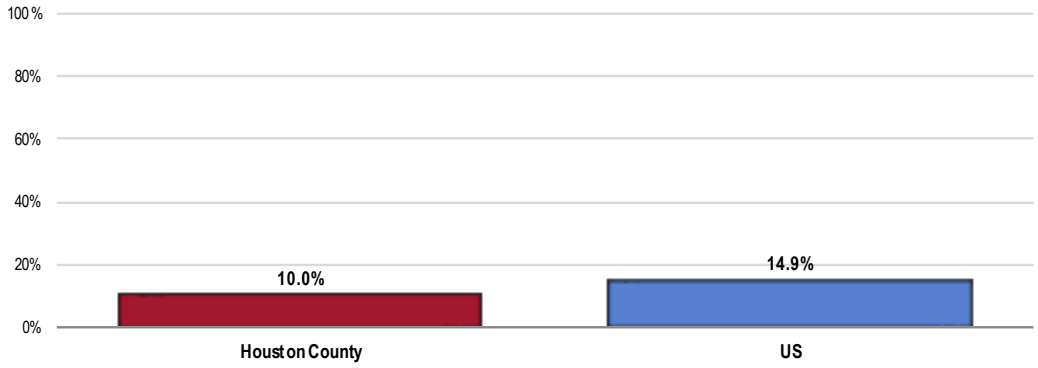


Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]
Notes: ● Reflects respondents age 18 to 64.

A total of 10.0% of residents under 65 with private coverage or Medicaid secured their coverage under the Affordable Care Act (ACA), otherwise known as "Obamacare."

- Statistically similar to the national finding.

Insurance Was Secured Under the Affordable Care Act/"Obamacare"
(Insured Adults Age 18-64, By Type of Coverage)



Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 84]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents under 65 with private insurance or Medicaid.

Lack of Health Insurance Coverage

Among adults age 18 to 64, 11.0% report having no insurance coverage for healthcare expenses.

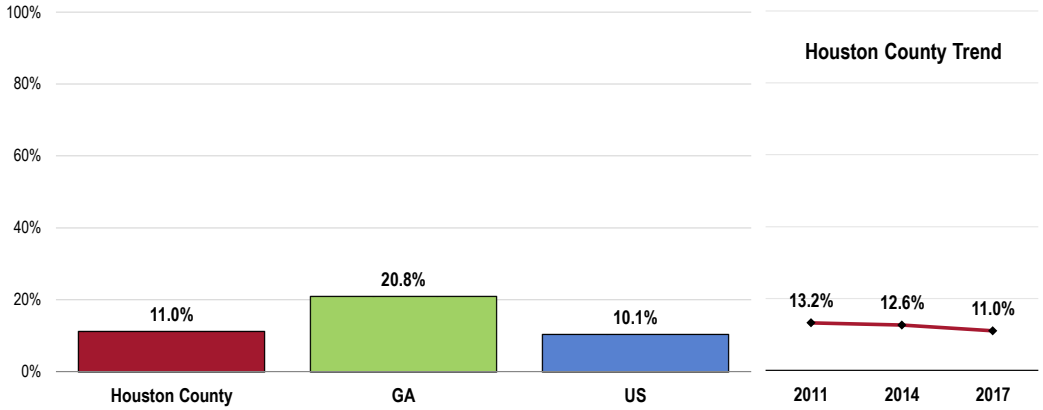
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

- Lower than the state finding.
- Similar to the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- TREND: Statistically similar to previous survey findings.

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 190]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 GA data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents under the age of 65.

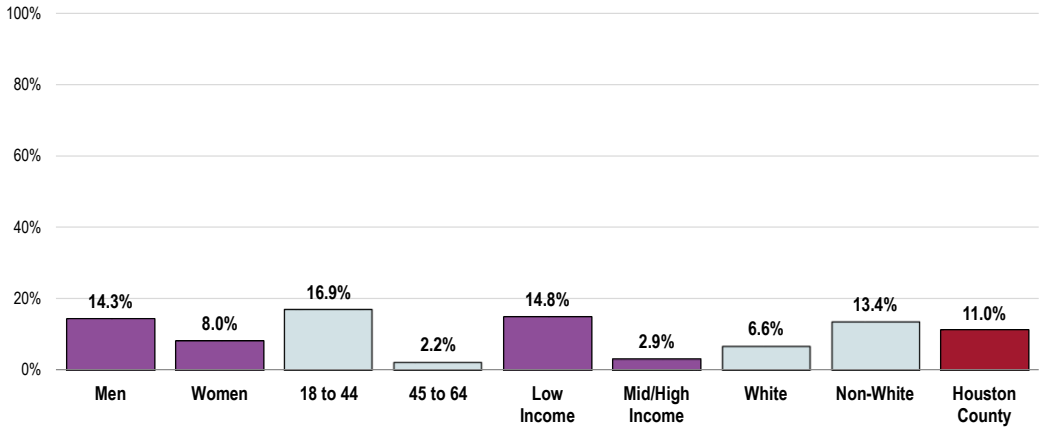
The following population segments are more likely to be without healthcare insurance coverage:

- Adults age 18 to 44.
- Residents living at lower incomes.

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64; Houston County, 2017)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents under the age of 65.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.

Difficulties Accessing Healthcare

About Access to Healthcare

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

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

- Healthy People 2020 (www.healthypeople.gov)

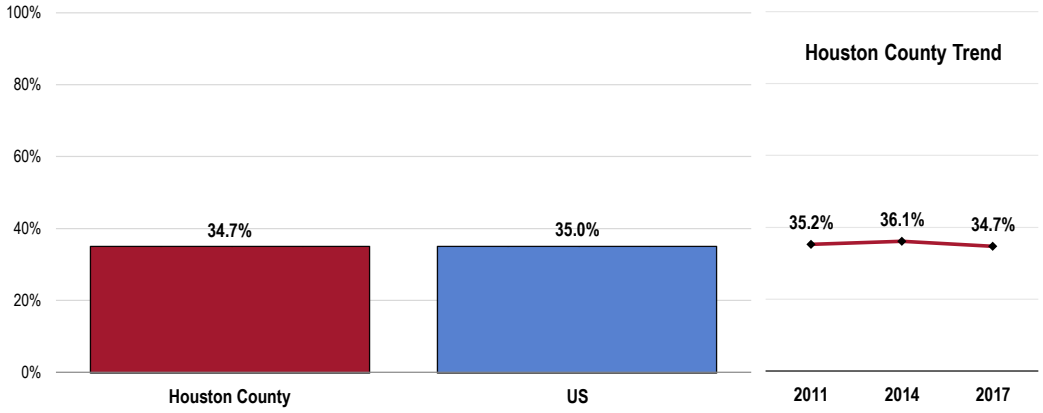
Difficulties Accessing Services

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

A total of 34.7% of Houston County adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Similar to national findings.
- TREND: Has remained statistically stable over time.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 194]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

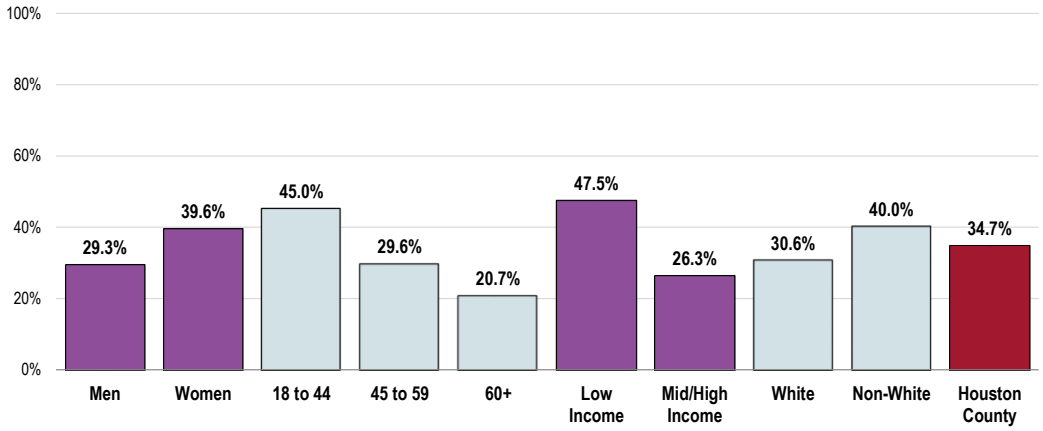
Notes:
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- Adults age 18 to 44 (note the negative correlation with age).
- Lower-income residents.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

(Houston County, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 194]

Notes:
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.

Barriers to Healthcare Access

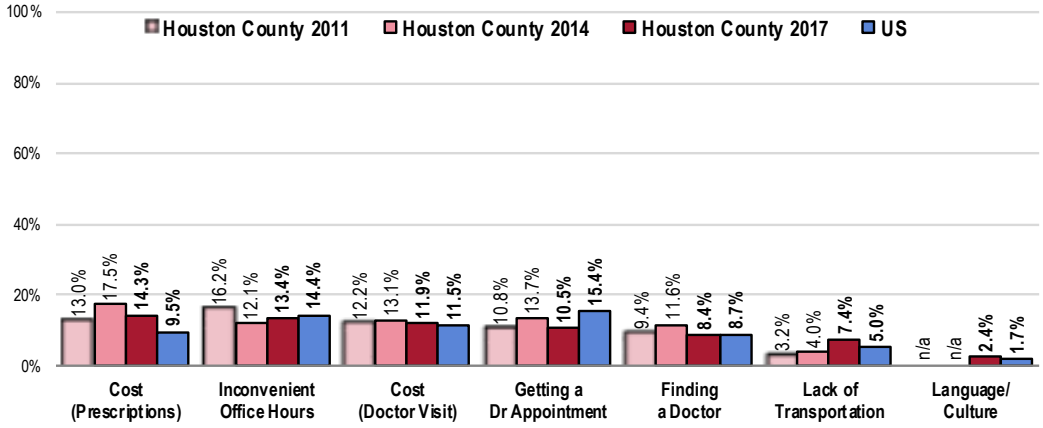
To better understand healthcare access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

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

Of the tested barriers, cost of a prescriptions impacted the greatest share of Houston County adults (14.3% say that cost prevented them from obtaining a prescription in the past year).

- The proportion of Houston County adults impacted was statistically comparable to or better than that found nationwide for each of the tested barriers.
- Since 2011, Houston County findings have not changed significantly for any of the barriers tested.

Barriers to Access Have Prevented Medical Care in the Past Year



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 7-13]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

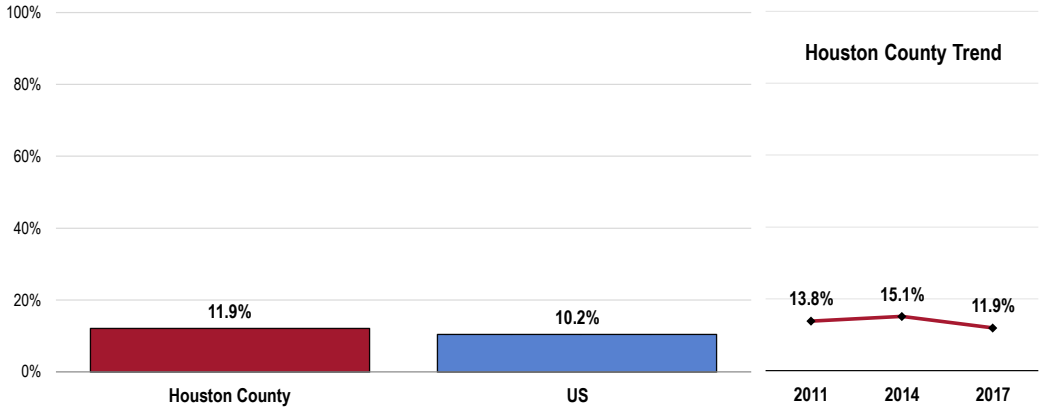
Notes:
- Asked of all respondents.
- Language and culture were not asked about in the 2011 and 2014 surveys.

Prescriptions

Among all Houston County adults, 11.9% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Similar to national findings.
- TREND: Similar to the percentages found in 2011 and 2014.

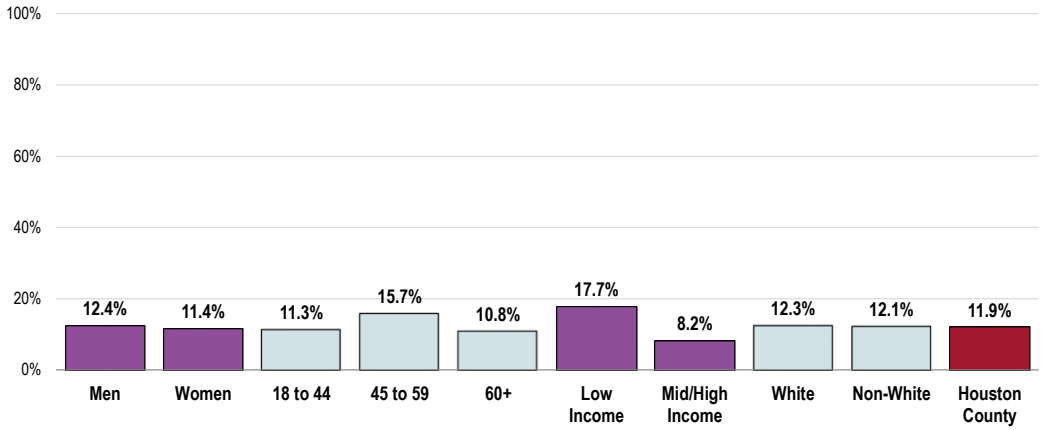
Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 14]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- No statistically significant difference when viewed by key demographic characteristics.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money
(Houston County, 2017)



Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.

Accessing Healthcare for Children

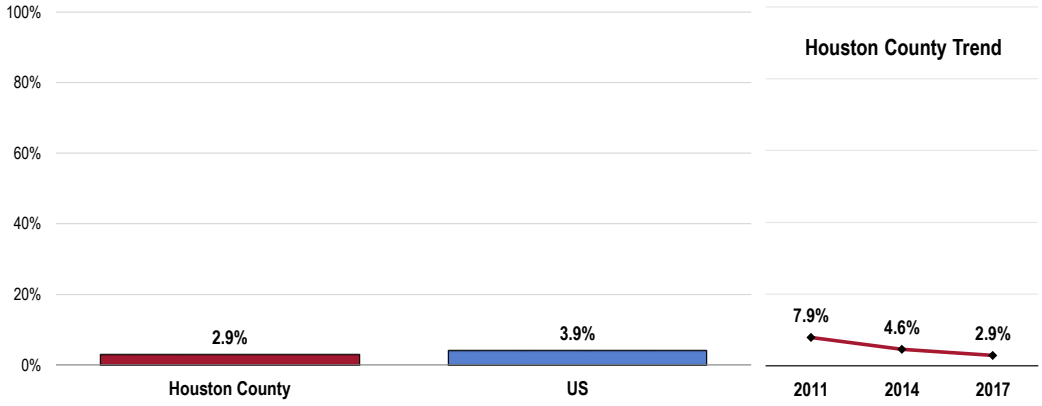
Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

A total of 2.9% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- Statistically similar to what is reported nationwide.
- TREND: Statistically unchanged since 2011.

Had Trouble Obtaining Medical Care for Child in the Past Year

(Among Parents of Children 0-17)



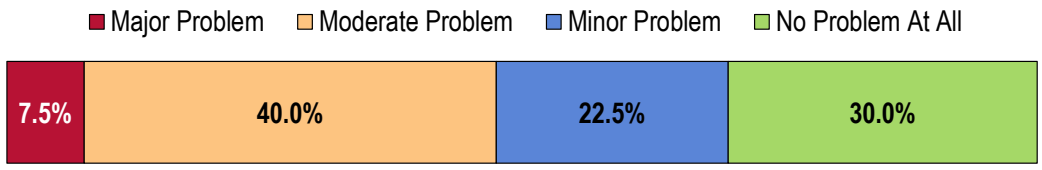
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 136]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with children 0 to 17 in the household.

Key Informant Input: Access to Healthcare Services

Four in 10 key informants taking part in an online survey characterized *Access to Healthcare Services* as a "moderate problem" in the community.

Perceptions of Access to Healthcare Services as a Problem in the Community

(Key Informants, 2017)



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

Top Concerns

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

Affordable Care/Services

> *There are few services for those who are uninsured and underinsured, leading to a burden on the healthcare system. For those clinics servicing these patients, there are limited ancillary services needed to help these patients, such as medication assistance, financial assistance, durable medical equipment, transportation, and other counseling services. Many of these patients have mental health issues and low health literacy, adding to the challenge of treating these patients and leading to high use of the medical system. - Physician*

Transportation

> *Transportation continues to be a major barrier. Health literacy is another. People don't know how to access care, or how to access primary care. How do we teach people not to go to ER or urgent care for what should be done in primary care office setting? We are using highest cost resources. Access to specialty care for uninsured patients is a problem. Community health center can do primary care, but it's hard to find specialists willing to see uninsured. - Other Health Provider*

Specialists

> *Need more physician choices, especially in certain specialties like surgery endocrinologists and ENTs, and we need more specialists whose primary practice is focused on Houston County. - Community Leader*

Drug Abuse Treatment

> *Drug abuse treatment and affordable high quality health care for all. - Community Leader*

Type of Care Most Difficult to Access

Key informants (who rated this as a "major problem") identified **mental health care**, **dental care**, **specialty care**, and **substance abuse treatment** as the most difficult to access in the community.

Medical Care Difficult to Access as Identified by Key Informants

	Most Difficult	Second-Most Difficult	Third-Most Difficult	Total Mentions
Mental Health Care	100.0%	0.0%	0.0%	2
Dental Care	0.0%	0.0%	100.0%	2
Specialty Care	0.0%	50.0%	0.0%	1
Substance Abuse Treatment	0.0%	50.0%	0.0%	1

Health Literacy

Understanding Health Information

Written & Spoken Information

Respondents were read:

"You can find written health information on the internet, in newspapers and magazines, on medications, at the doctor's office, in clinics, and many other places.

How often is health information **written** in a way that is easy for you to understand?

How often is health information **spoken** in a way that is easy for you to understand?"

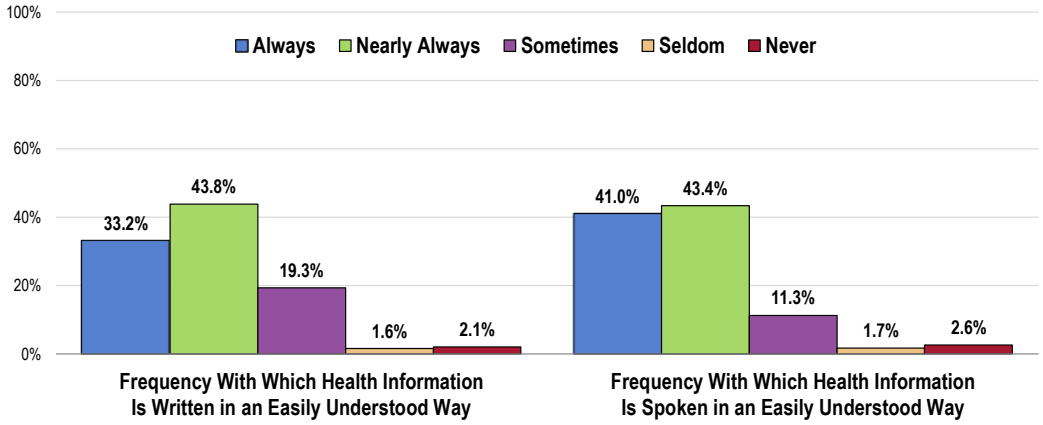
When asked about the frequency with which health information is written in an easily understood way, 77.0% of Houston County adults said "always" or "nearly always."

- On the other hand, 23.0% of Houston County adults consider **written** health information to be difficult to understand.

When asked about spoken health information, 84.4% stated that this is "always" or "nearly always" easy for them to understand.

- On the other hand, 15.6% of Houston County adults consider **spoken** health information to be difficult to understand.

Understanding Health Information
(Houston County, 2017)



Sources: • 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 87, 89]
Notes: • Asked of all respondents.

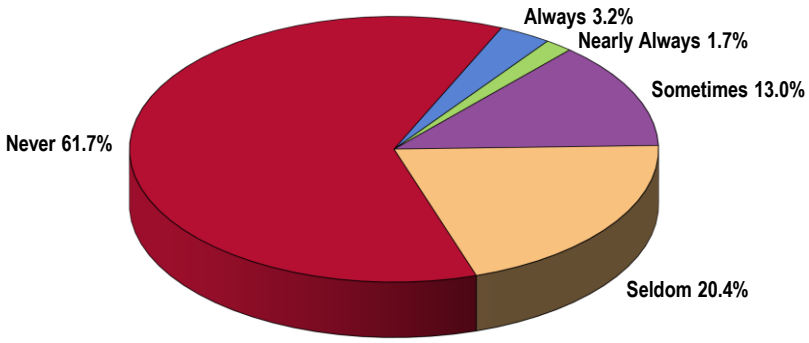
Help Reading Health Information

A total of 82.1% of Houston County adults report "seldom" or "never" needing help reading health information.

- Another 13.0% of community adults "sometimes" need someone to help them read health information.
- Note that 4.9% of residents "always" or "nearly always" need help reading health information.

Frequency of Needing Someone to Help Read Health Information

(Houston County, 2017)



Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 88]
Notes: ● Asked of all respondents.

Completing Health Forms

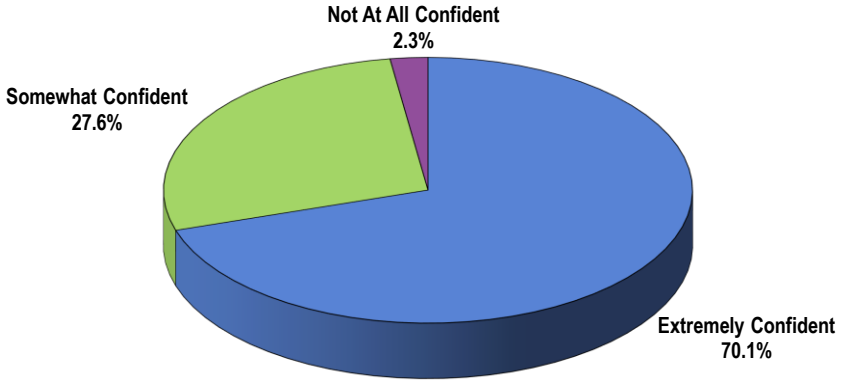
Asked to describe their confidence in filling out health forms, most survey respondents are "extremely confident" (70.1%).

Examples of health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and healthcare.

- Another 27.6% of community adults are "somewhat confident" in their own ability to fill out health forms.
- However, 2.3% of respondents gave "not at all confident" ratings.

Self-Perceived Confidence in Ability to Fill Out Health Forms

(Houston County, 2017)



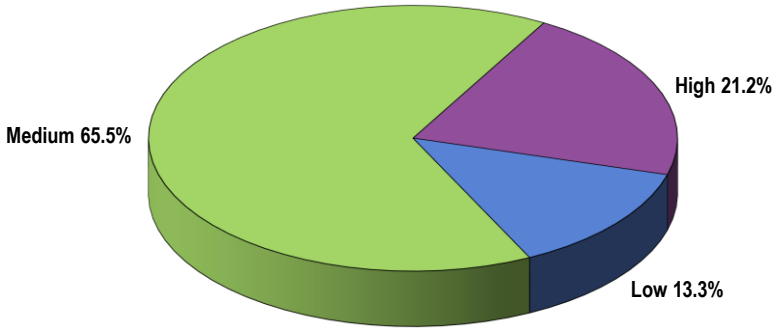
Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 90]
Notes: ● Asked of all respondents.
● In this case, health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and healthcare.

Population With Low Health Literacy

Low health literacy is defined as those respondents who "seldom/never" find written or spoken health information easy to understand, and/or who "always/ nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

Among Houston County survey respondents, 21.2% are considered to be of high health literacy, while 65.5% have medium health literacy, and the remaining 13.3% are considered to be of low health literacy.

Level of Health Literacy
(Houston County, 2017)

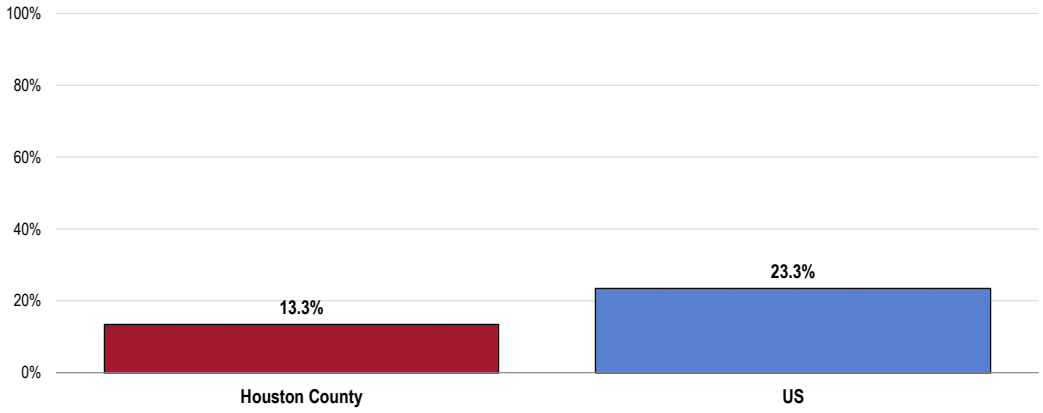


Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]

Notes:
- Asked of all respondents.
- Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

- The prevalence of Houston County adults with low levels of health literacy is more favorable than the national average.

Low Health Literacy

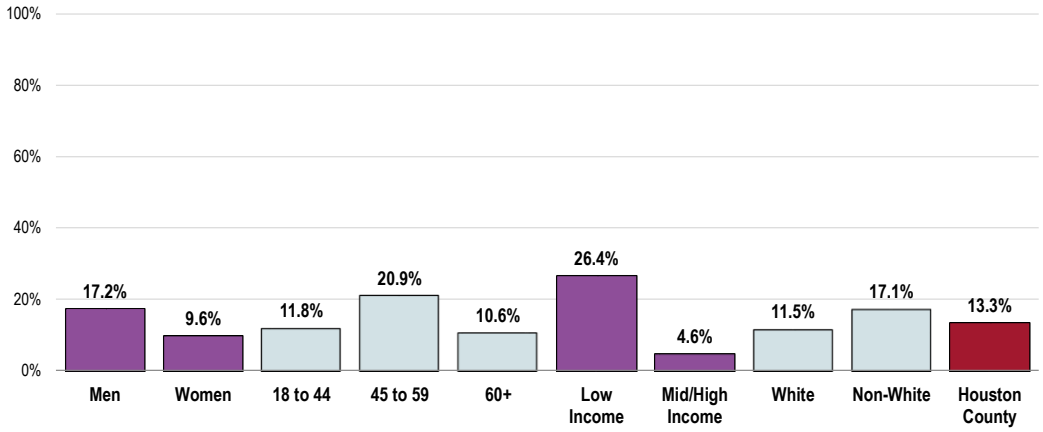


Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

- Low-income adults are more likely to have low health literacy levels.

Low Health Literacy
(Houston County, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 195]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.
- 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.

Primary Care Services

About Primary Care

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

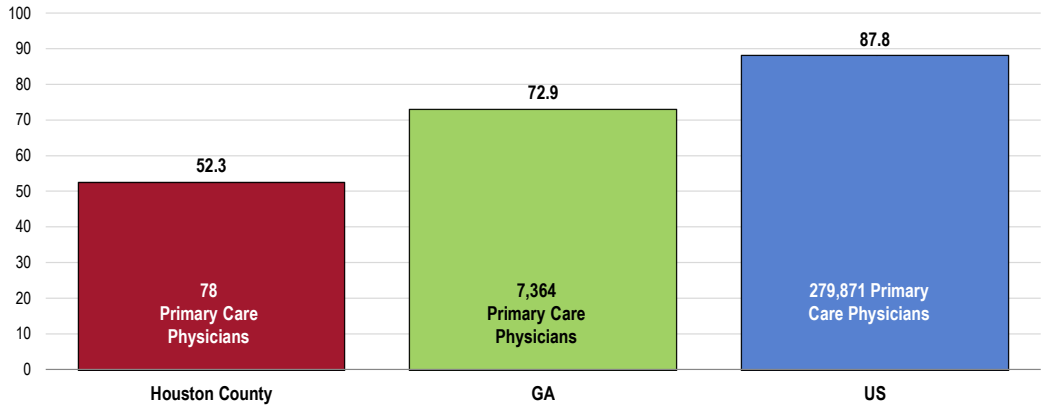
Access to Primary Care

In Houston County in 2014, there were 78 primary care physicians, translating to a rate of 52.3 primary care physicians per 100,000 population.

- Well below the primary care physician-to-population ratios found statewide and nationally.

Access to Primary Care

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



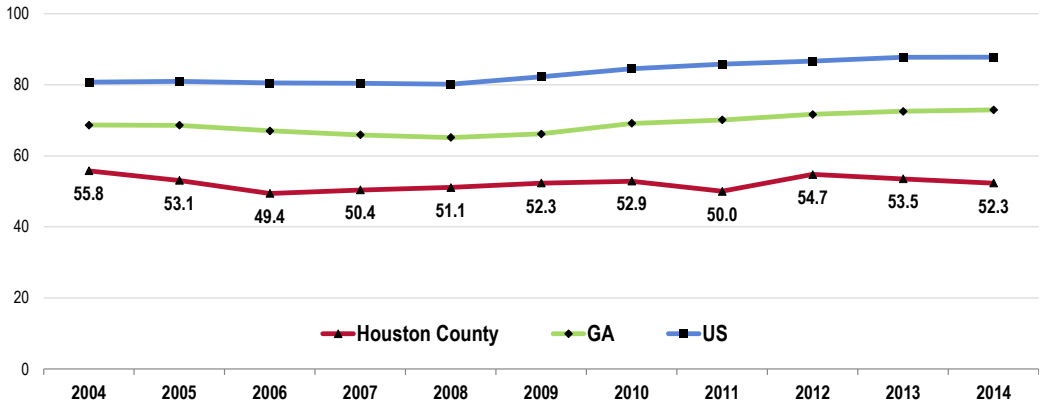
Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Retrieved April 2017 from Community Commons at http://www.chna.org.

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

- TREND: Access to primary care (in terms of the ratio of primary care physicians to population) has not changed greatly over the past decade in Houston County.

Trends in Access to Primary Care

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



Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Retrieved April 2017 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
- These figures represent all primary care physicians practicing patient care, including hospital residents. In counties with teaching hospitals, this figure may differ from the rate reported in the previous chart.

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).

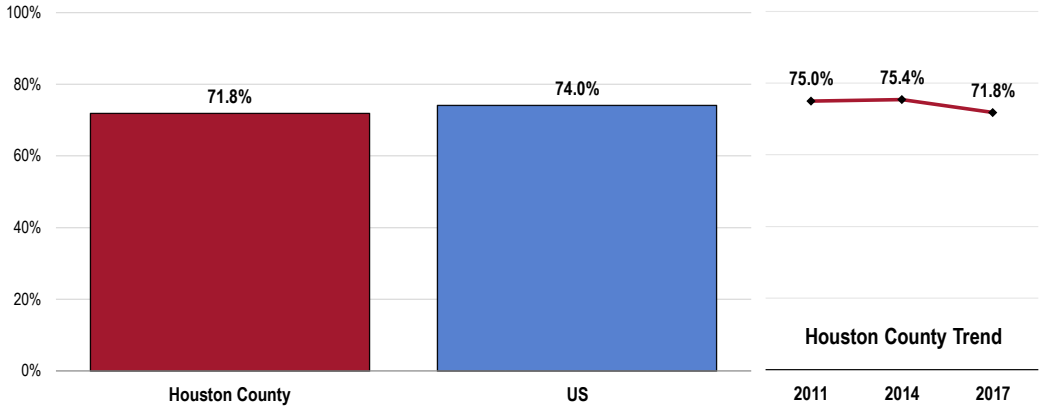
A hospital emergency room is not considered a specific source of ongoing care in this instance.

A total of 71.8% of Houston County adults were determined to have a specific source of ongoing medical care.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 objective (95% or higher).
- TREND: Similar to previous survey results.

Have a Specific Source of Ongoing Medical Care

Healthy People 2020 Target = 95.0% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 191]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

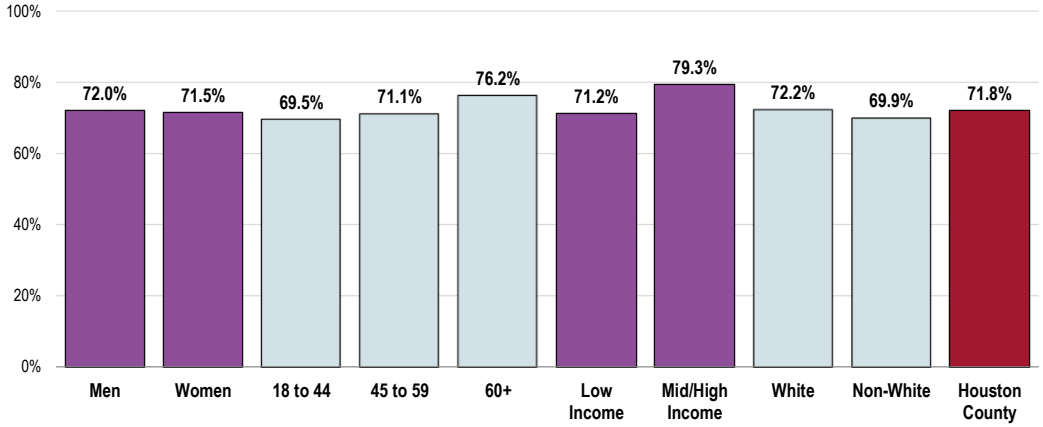
Notes:
- Asked of all respondents.

- Having a specific source of ongoing care is statistically similar among the following demographic breakouts.

Have a Specific Source of Ongoing Medical Care

(Houston County, 2017)

Healthy People 2020 Target = 95.0% or Higher



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 191-193]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.

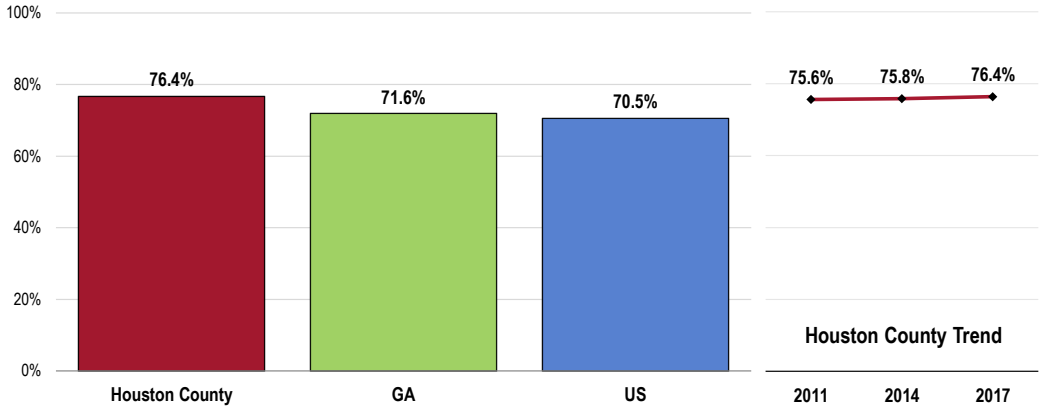
Utilization of Primary Care Services

Adults

Over three-fourths of adults (76.4%) visited a physician for a routine checkup in the past year.

- Statistically comparable to state and national findings.
- TREND: Since 2011, Houston County findings have remained statistically consistent.

Have Visited a Physician for a Checkup in the Past Year



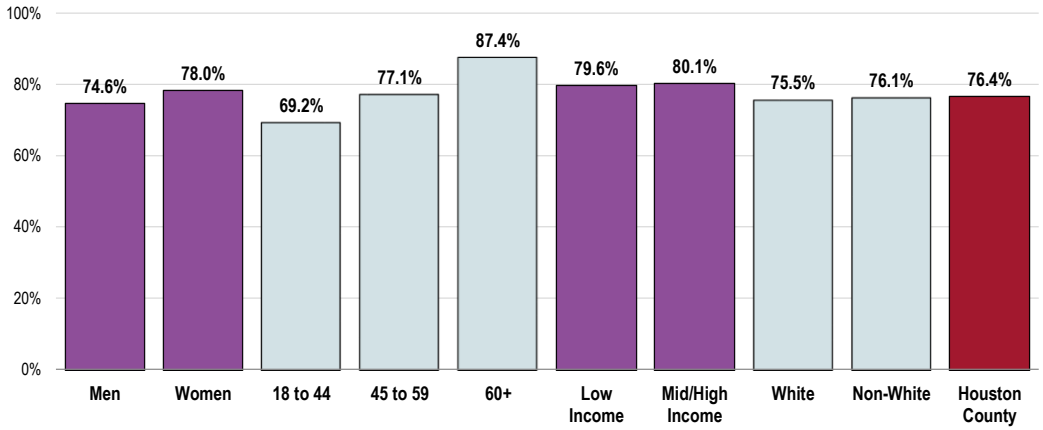
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 18]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 GA data.
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Adults under age 60 are less likely to have received routine care in the past year (note the positive correlation with age).

Have Visited a Physician for a Checkup in the Past Year

(Houston County, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.

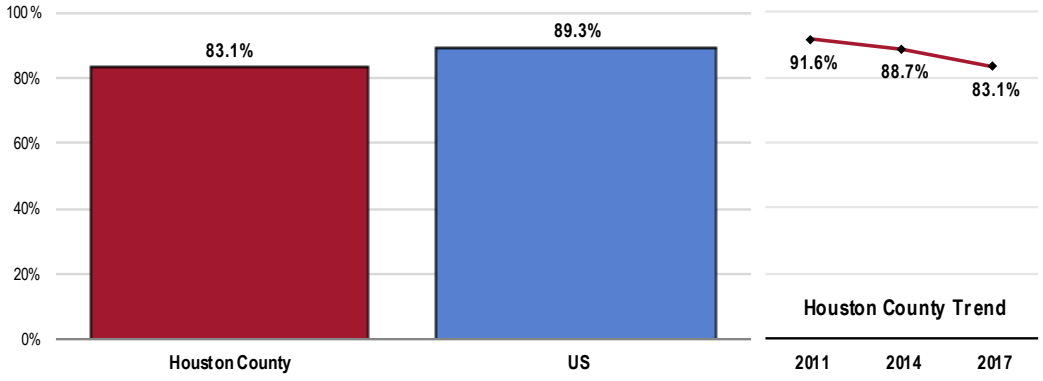
Children

Among surveyed parents, 83.1% report that their child has had a routine checkup in the past year.

- Statistically similar to national findings.
- TREND: Despite what appears to be a decrease, the current finding is statistically similar to both 2011 and 2014 findings.

Child Has Visited a Physician for a Routine Checkup in the Past Year

(Among Parents of Children 0-17)



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

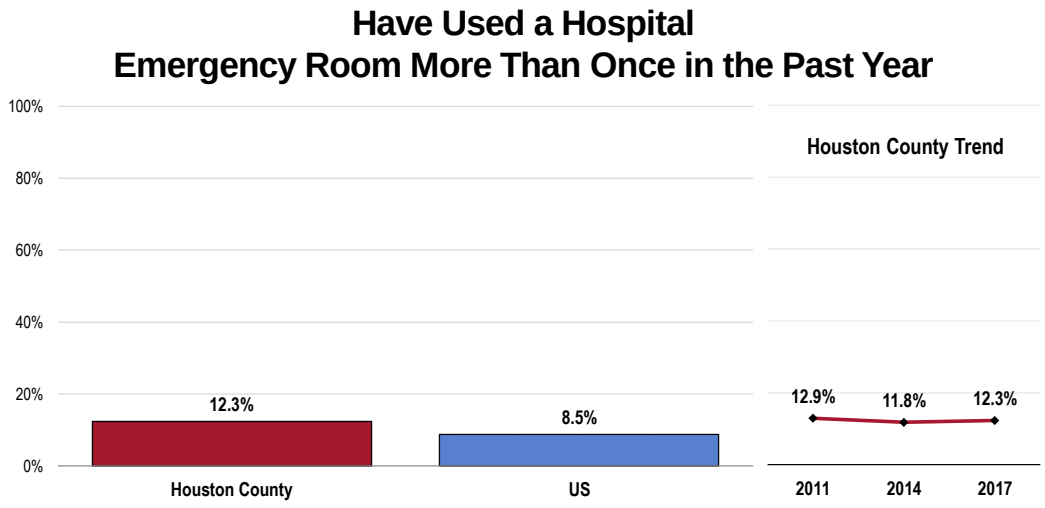
Notes:
- Asked of all respondents with children 0 to 17 in the household.

Emergency Room Utilization

A total of 12.3% of Houston County adults have gone to a hospital emergency room more than once in the past year about their own health.

- Comparable to national findings.
- TREND: Statistically unchanged over time.

Of those using a hospital ER, most of the instances were due to an **emergency or life-threatening situation**, while others visited **after-hours or on the weekend,** or had **difficulties accessing primary care** for various other reasons.

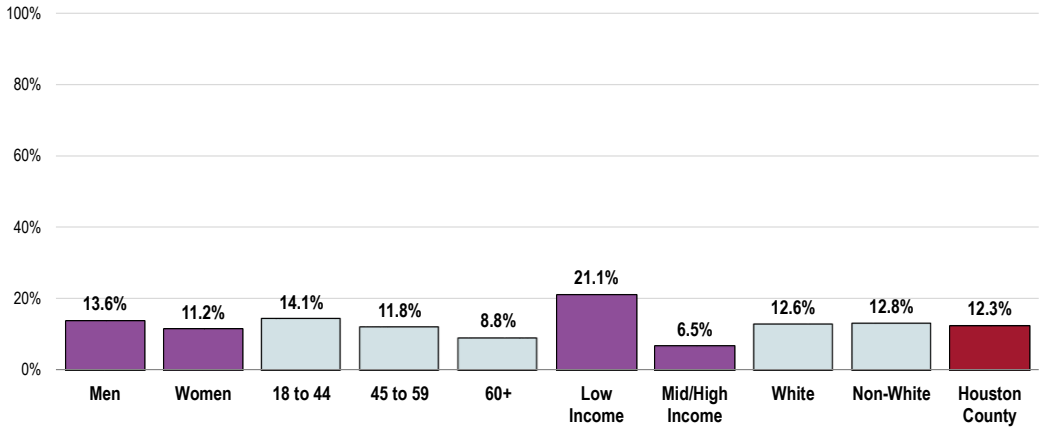


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 22-23]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- Residents with lower incomes are more likely to have used an ER for their medical care more than once in the past year.

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

(Houston County, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.

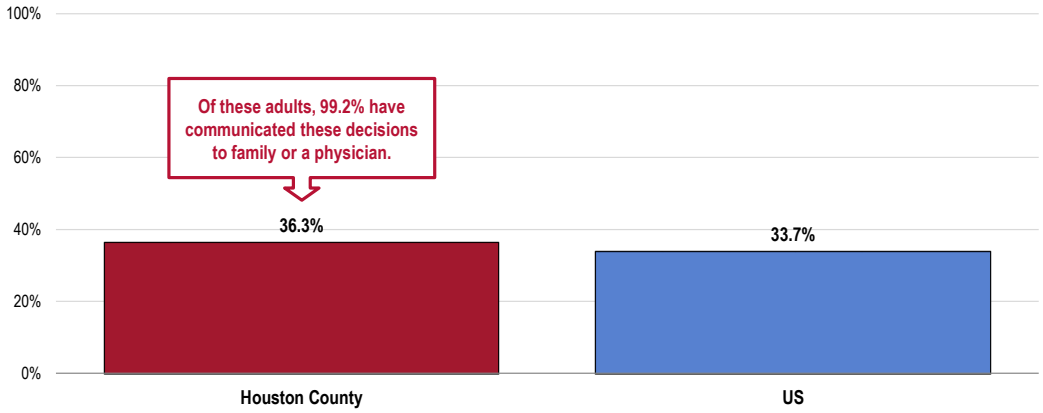
Advance Directives

An Advance Directive document is a set of directions given about the medical health-care a person wants if he/she ever loses the ability to make those decisions. Formal Advance Directives include Living Wills and Healthcare Powers of Attorney.

A total of 36.3% of Houston County adults have completed Advance Directive documents.

- The prevalence is similar to the US figure.
- Of those local adults who have completed Advance Directive documents, 99.2% have communicated these decisions to family and/or a physician.

Have Completed Advance Directive Documents



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 85-86]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

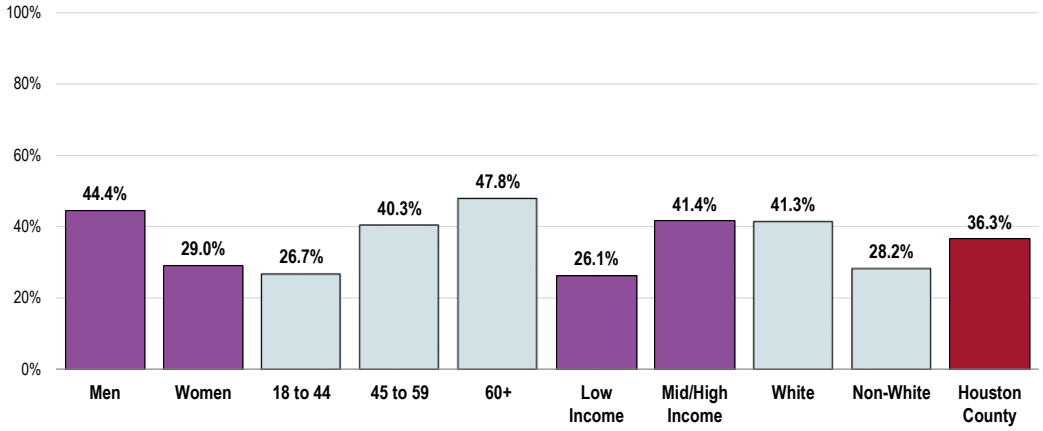
Notes:
- Asked of all respondents.
- An Advance Directive is a set of directions given about the medical healthcare a person wants if he/she ever loses the ability to make those decisions. Formal Advance Directives include Living Wills and Health Care Powers of Attorney.

These survey respondents are <u>less</u> likely to have filled out Advance Directive documents:

- Women.
- Younger adults (under 60; note the positive correlation with age).
- Individuals living at the lower income level.

Have Completed Advance Directive Documents

(Houston County, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 85]

Notes:
- Asked of all respondents.
- An Advance Directive is a set of directions given about the medical healthcare a person wants if he/she ever loses the ability to make those decisions. Formal Advance Directives include Living Wills and Health Care Powers of Attorney.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.

Oral Health

About Oral Health

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

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

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

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

Potential strategies to address these issues include:

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

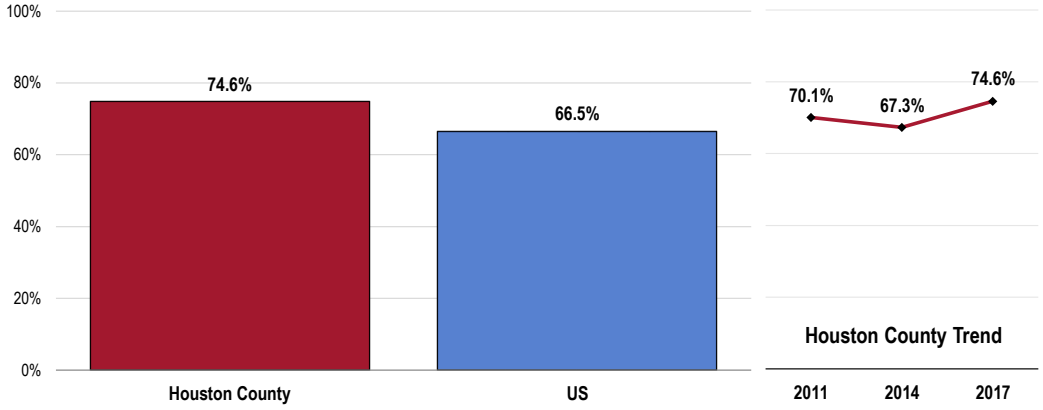
- Healthy People 2020 (www.healthypeople.gov)

Dental Insurance

Nearly three-fourths of Houston County adults (74.6%) have dental insurance that covers all or part of their dental care costs.

- Higher than the national finding.
- TREND: Statistically unchanged since 2011.

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



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

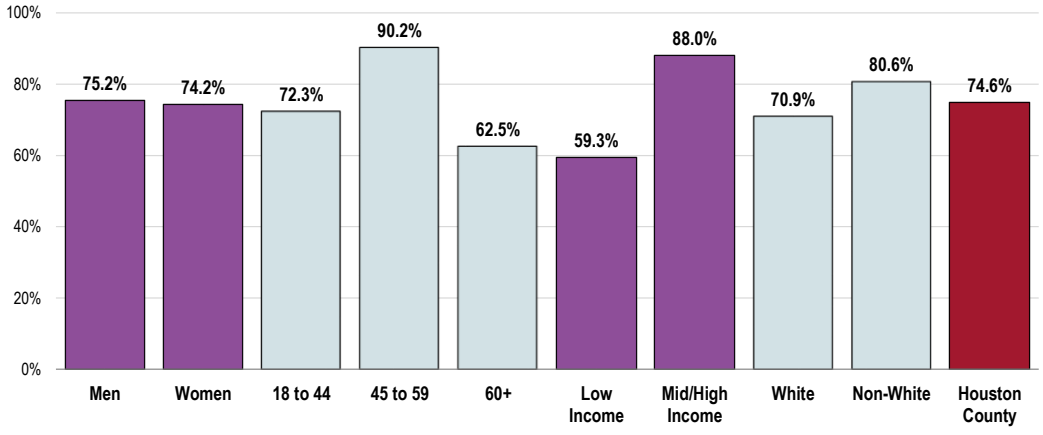
Notes:
- Asked of all respondents.

These adults are less likely to be covered by dental insurance:

- Those age 18 to 44 or 60+.
- Low-income residents.

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

(Houston County, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.

Dental Care

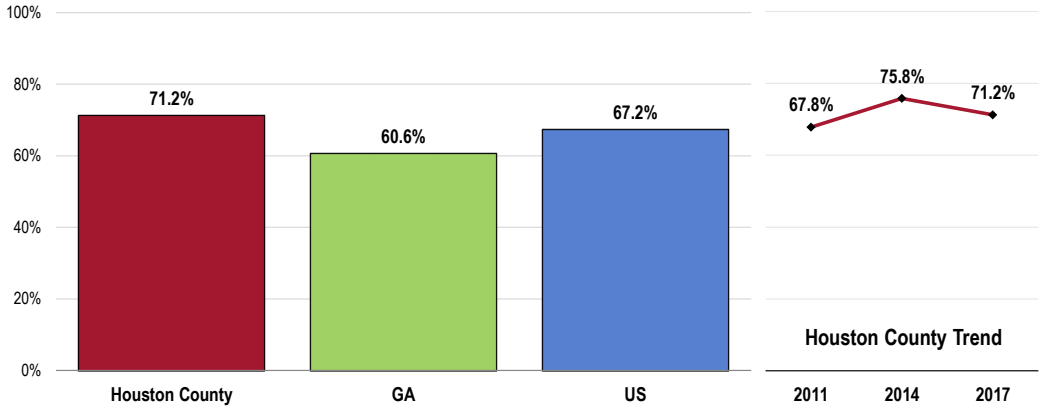
Adults

A total of 71.2% of Houston County adults have visited a dentist or dental clinic (for any reason) in the past year.

- More favorable than statewide findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- TREND: Statistically unchanged since 2011.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 20]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2014 GA data.

Notes:
- Asked of all respondents.

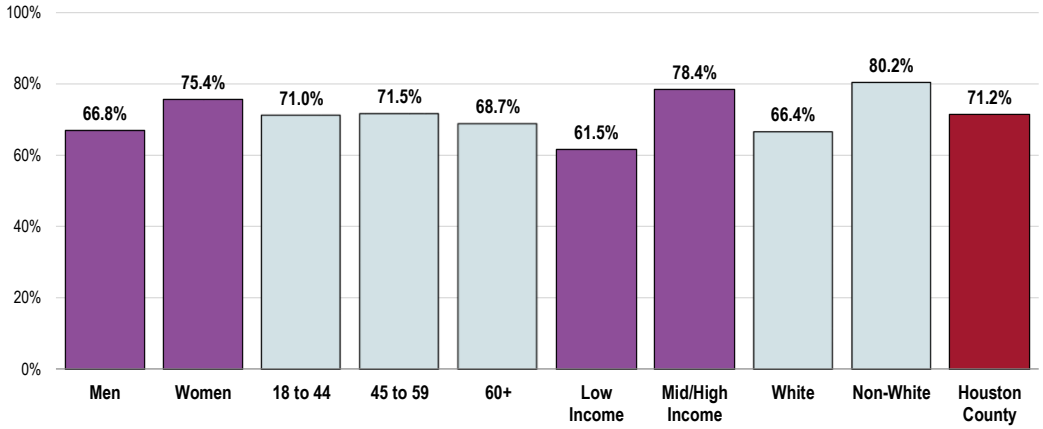
Note the following:

- Persons living in the higher income category report much higher utilization of oral health services.
- Non-Whites are more likely to report recent dental care.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Houston County, 2017)

Healthy People 2020 Target = 49.0% or Higher



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.

Children

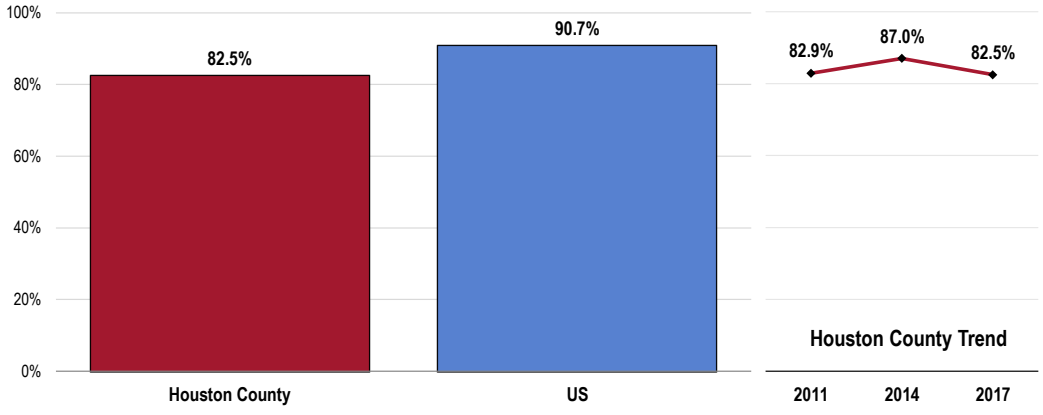
A total of 82.5% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Statistically similar to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- TREND: No statistically significant change in children's dental care since 2011.

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Among Parents of Children Age 2-17)

Healthy People 2020 Target = 49.0% or Higher



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 141]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

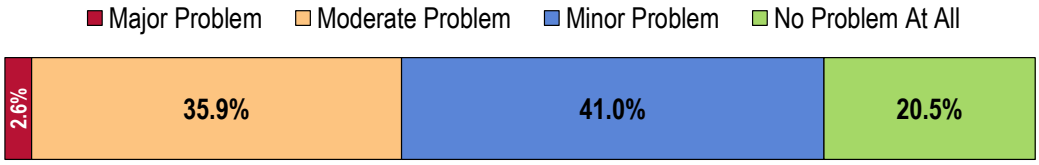
Notes:
- Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a "minor problem" in the community.

Perceptions of Oral Health as a Problem in the Community

(Key Informants, 2017)



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

Top Concerns

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

Access to Care/Services

> *Access to dental care for adults. - Other Health Provider*

Prevalence/Incidence

> *A good bit of indigent dental needs. - Physician*

Vision Care

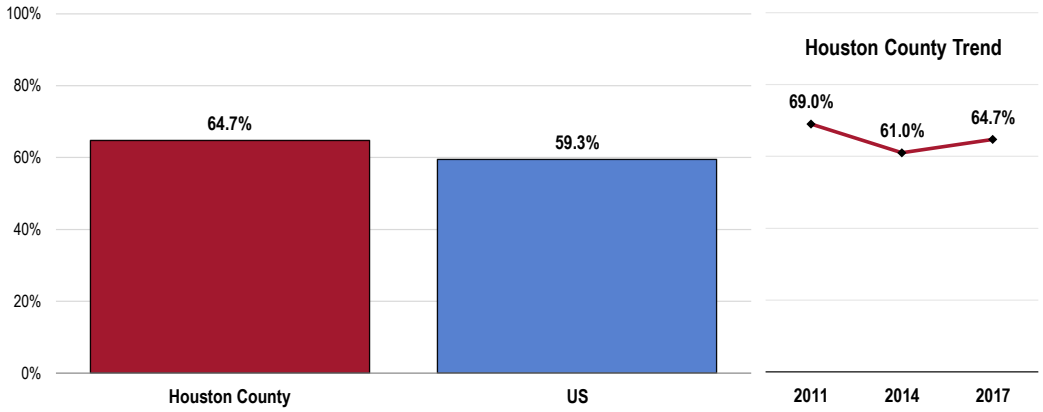
RELATED ISSUE:

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

A total of 64.7% of Houston County residents had an eye exam in the past two years during which their pupils were dilated.

- Statistically comparable to national findings.
- TREND: Statistically comparable to previous survey findings.

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



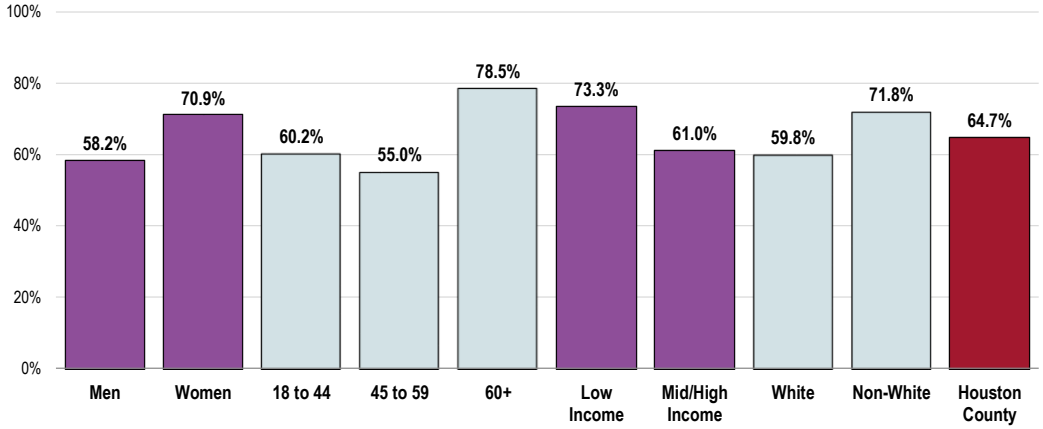
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 19]
- 2015 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Recent vision care in Houston County is more often reported among residents age 60 and older.

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

(Houston County, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
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Local Resources

Professional Research Consultants, Inc.

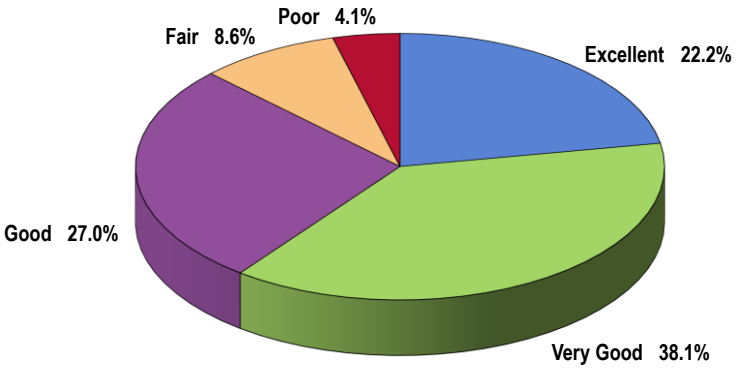
Perceptions of Local Healthcare Services

Three-fifths of Houston County adults (60.3%) rate the overall healthcare services available in their community as "excellent" or "very good."

- Another 27.0% gave "good" ratings.

Rating of Overall Healthcare Services Available in the Community

(Houston County, 2017)

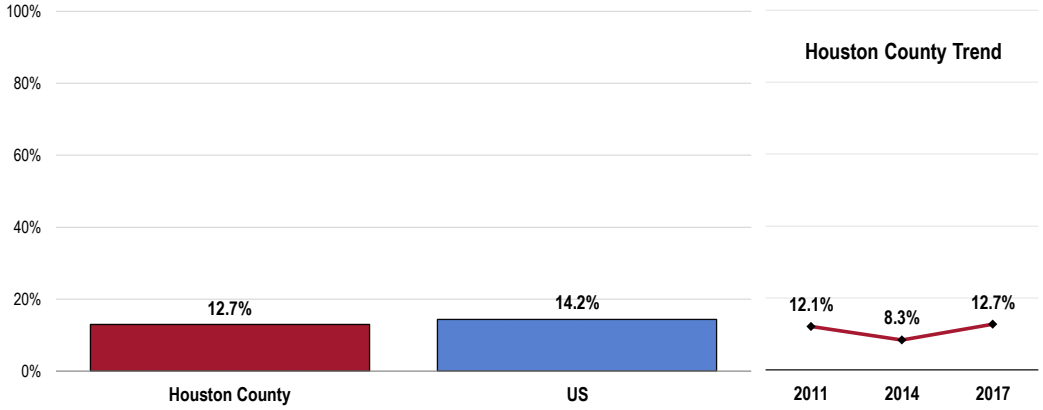


Sources: ● 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: ● Asked of all respondents.

However, 12.7% of residents characterize local healthcare services as "fair" or "poor."

- Similar to that reported nationally.
- TREND: "Fair/poor" ratings are statistically unchanged over time.

Perceive Local Healthcare Services as "Fair/Poor"

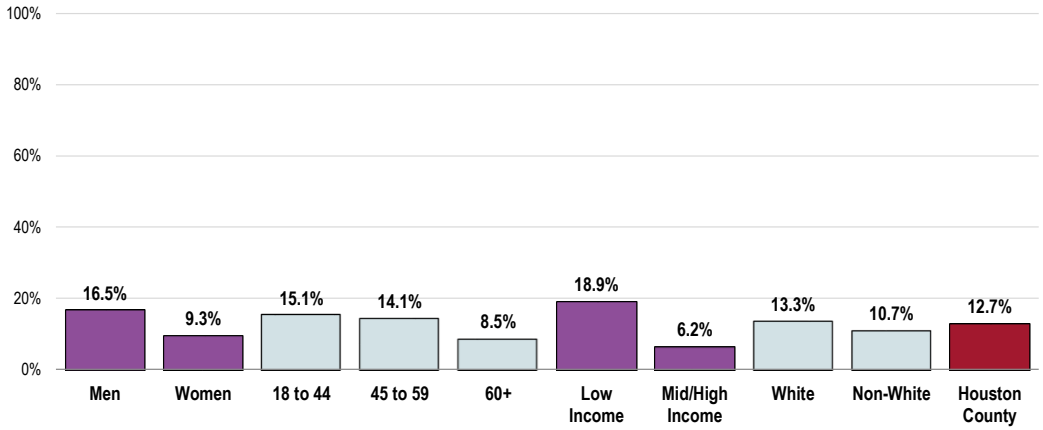


Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 6]
● 2015 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- Residents with lower incomes are more critical of local healthcare services.

Perceive Local Healthcare Services as "Fair/Poor"

(Houston County, 2017)



Sources:
- 2017 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

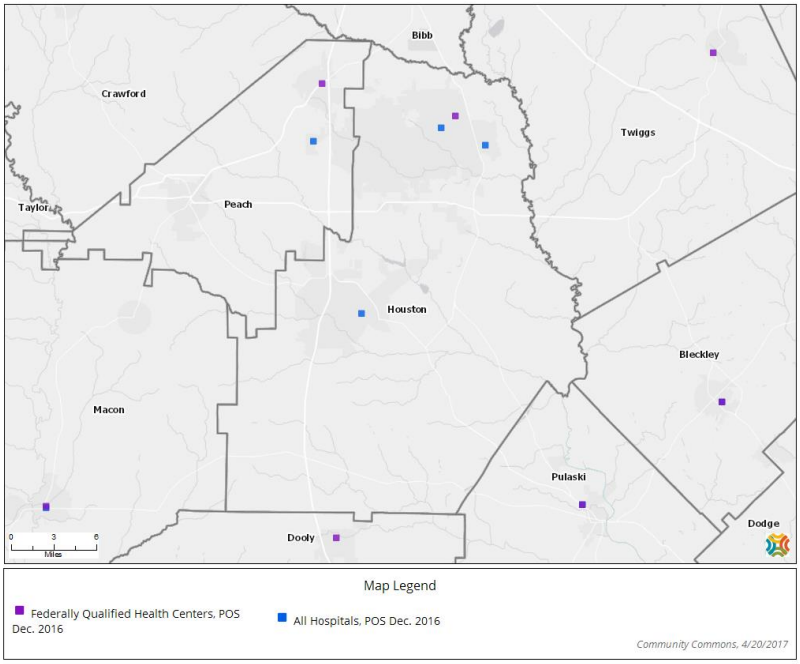
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's annual household income regardless of their household size. "Low Income" includes households with incomes up to $48,900; "Mid/High Income" includes households with incomes of $48,900 or more.

Healthcare Resources & Facilities

Hospitals & Federally Qualified Health Centers (FQHCs)

The following map details the hospitals and Federally Qualified Health Centers (FQHCs) within Houston County as of December 2016.

Hospitals and Federally Qualified Health Centers, POS Dec. 2016



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

- *EduCare*
- *First Choice Primary Care*
- *Houston Healthcare*
- *Houston Volunteer Clinic*
- *Pavilion Family Medicine*
- *Middle GA Community Action Agency - Prescription Assistance Program*
- *Volunteer Medical Clinic*
- *Warner Robins Housing Authority Transportation*

Arthritis, Osteoporosis & Chronic Back Conditions

- *Doctor's Offices*

Cancer

- *Cancer Center*
- *Central Georgia Cancer Center*
- *Doctor's Offices*
- *Houston County Health Department*
- *Houston Healthcare*
- *Houston Healthcare Cancer Center*
- *Houston Home Healthcare*
- *Houston Medical Center*
- *Susan Komen Support Groups*

Dementias, Including Alzheimer's Disease

- *Alzheimer's Association*
- *Doctor's Offices*
- *EduCare*
- *Memory Care Facilities*
- *Summerhill Assisted Living*
- *Summer's Landing*

Diabetes

- *Cantrell Center*
- *Doctor's Offices*
- *EduCare*
- *Federally Funded Clinic*
- *First Choice Primary Care*
- *Fitness Centers/Gyms*
- *Houston Healthcare*
- *International Farmer's Market*
- *Jones Center*
- *Medication Assistance Programs*
- *Parks and Recreation*
- *Pavilion Family Medicine*
- *Volunteer Medical Clinic*

Family Planning

- *Doctor's Offices*
- *HODAC*
- *Hospitals*
- *Houston County Health Center*
- *Houston Medical Center*
- *Public Health Department*

Hearing & Vision

- *Doctor's Offices*
- *Eyesight Associates*
- *Houston Medical Center*
- *Lions Club*

Heart Disease & Stroke

American Heart Association
Cardiovascular Rehab
Doctor's Offices
EduCare
Hospitals
Houston Healthcare
Houston Heart Institute
Houston Medical Center
Parks and Recreation
Robins Air Force Base Medical Division
Weight Watchers

HIV/AIDS

Churches
Doctor's Offices
HODAC
Hospitals
Houston Medical Center
Public Health Department
University

Injury & Violence

911
Campus Security
Churches
Crime Stoppers 1-800 Number
Doctor's Offices
HODAC
Hospitals
Houston Medical Center
Police Department
Rainbow House
Safe House
Salvation Army
School System

Kidney Disease

Dialysis Clinic
Doctor's Offices
EduCare
Hospice
Residential Alzheimer Care Units

Mental Health

Alzheimer's Association
Coastal Harbor
Doctor's Offices
Dynamic Interventions
HODAC
Hospitals
Houston Healthcare
Houston Medical Center
Lakebridge
Mental Health Services
Phoenix Center
Summerhill Assisted Living
Wellston Behavioral

Nutrition, Physical Activity & Weight

Abba House
Cantrell Center
Doctor's Offices
EduCare
Fitness Centers/Gyms
Hospitals
Houston Healthcare
Houston Medical Center
Kinetix Gym
Life Expectancy Movement Class
NutriSystem
Parks and Recreation
Perry Hospital
Perry Recreation Department
Quick Weight Loss Centers
Rozier Park
School System
The Lord's Table
Warner Robins Recreation Department
Weight Watchers
Wellston Trail

Oral Health

Rehoboth Dental Clinic

Respiratory Diseases

Doctor's Offices
Employee Assistance Programs
Georgia Tobacco Quit Line (quitnow.net)

Sexually Transmitted Diseases

Caring Solutions
Doctor's Offices
Family Connections
Hospitals
Houston County Health Department
Houston County School System
Houston Healthcare
Houston Medical Center
Perry Hospital
Public Health Department

Substance Abuse

AA/NA
Abba House
Adult Behavioral Health
Celebrate Recovery
DARE
Grace Village
HealthQwest
HODAC
Hospitals
Houston Medical Center
Mental Health Services
Moody Road Behavioral Health
One West HMC
Phoenix Center
Public Health Department
Substance Abuse Support Groups

Tobacco Use

Advertisements
American Lung Association
Doctor's Offices
EduCare
Employee Assistance Programs
Georgia Tobacco Quit Line (quitnow.net)
Hospitals
Insurance Company
Public Health Department
School System
Support Groups

Appendix:
Evaluation of Past Activities

Professional Research Consultants, Inc.

Score Card and Outcomes for 2014-2017

LEGEND	MET GOAL	MADE PROGRESS	GOAL NOT MET

1 — Improve Modifiable Risk Factors

OVERALL GOAL: Decrease deaths and improve health in the community.

BASELINE: The Leading causes of death is cardiovascular disease at 26.1% & cancer at 24.2% both are impacted by modifiable risk factors of nutrition, exercise and tobacco.

Community Need Identified/Baseline	Measurable Scorecard 3 Year Goal By December 31, 2017:	Objectives/ Anticipated Impact By December 2016:	Activities/Strategies Partnerships	2016 Actual Impact/Outcomes
Rate of deaths from heart disease is 179.6 per 100,000. **A - Healthy Weight** 29.2% of community are at a healthy weight (BMI- 18.5 to 24.9).	A - Reduce the death rate from heart disease to 175 per 100,000 3 year scorecard- 181.3% A - Increase the # of overweight persons trying to lose wt. to 50% 3 yr. Score card- 54.8% A - Increase the number of adults at a healthy weight (BMI 18.5-24.9) to at least 32% - 3 year scorecard- 27.5%	**A-1** - Total weight loss for Healthy Living for Life class will exceed weight gain at year end. **A-2** - 85% of persons attending exercise programs will report an improvement in strength, flexibility & balance on survey's. **A-3** - 85% of persons surveyed will report an increase intake of fruits and vegetables **A-4** - Information on healthy nutrition will be provided at 3 locations serving vulnerable populations	**A-1,2 & 3** - **Classes: Healthy Living For Life, Tai Chi, Family Tai Chi & Healthy Eating, Walk with Ease, Cooking Classes, New Year, New You** Partners: Worrall Foundation, WR & Perry Recreation, GA. County Extension Service, Farmers Market, Robins Ari Force Base, Wellness Center, Kid's Journey Coalition and Board	**A1-Healthy Living**-49 classes provided with 95 individuals attending who lost 160.8 lbs. **A2-**82% reported improved strength, flexibility & balance. **A3-**86% of cooking class, 100% of Healthy Living For Life class, & 48% of Tai Chi classes surveyed plan to eat more fruits & vegetables **A4-** 8 programs provided for Perry Volunteer Outreach group, monthly healthy nutrition and health screenings at Grace Village & 2 programs provided for low income housing residents.
B - Tobacco 12.7% use tobacco 17.2% of 18 to 39 year olds smoke tobacco 27.4% of lower income residents use tobacco	B - Decrease the usage of tobacco to 11% 3 year scorecard- 13.9%	**B-1** - Perry & HMC hospitals will partner with Great Am. Smoke Out including ed. displays **B-2** - At least 4 worksites will participate in the Great American Smoke Out **B-3** - Tobacco cessation ed. & info. including the GA. tobacco quit line will be provided ongoing. **B-4** - Respiratory Therapy Departments will provide education along with tobacco cessation information to each in-patient using tobacco.	**B-1-4** - **Tobacco cessation information packets, displays, information classes, and one to one support/ed.** Partners: Respiratory Department, American Cancer Society, Georgia Quitline, Faith Community Nurses, Houston County Public Health Dept.	**B1**-Displays were put in at HMC, Perry & Pavilion for Great Am Smokeout. **B2-**No worksites utilized our materials for Great Am Smokeout. **B3-**Tobacco cessation class taught at CEMEX industry. **B4-**Approximately 50 packets per month are sent to Respiratory Dept. for distribution to in-patients.

C - Early Identification of Risk Factors	C- 1 - Establish a worksite wellness programs C-3 - Utilize partnerships with churches and Faith Community Nurses to provide early identification of risk factors	**C-1** - Provide at least 8 worksite health screenings along with counseling, and referrals **C-2** - Provide at least 15 community based health screenings along with counseling and referrals **C-2** - Any abnormal screening will be included in the tracking of persons identified with a modifiable risk factor. Referral will stress the need for establishing a medical home. **C-3** - Increase outreach by Providing at least 10 training sessions for Faith Community RN's	**C-1-4** - **Community Health Screenings, counseling and referrals to resources.** Partners: Worksites, local Churches, local business, Grace Village, Faith Community Nurses **C-5** - **Plan and lead Faith Comm. Nurse Program.** Partner- local churches	**C-1-** There were 9 worksite health fairs provided. **C-2**-There were 21 community-based health fairs. **C-4**-All screenings included counseling on abnormals & referral to classes for chronic disease or risk factors. Information was given to those who needed a medical home or prescription assistance. **C-5-** 11 monthly sessions were held with additional training programs providing CEU's in area of controlling diabetes & preventing preterm deliveries.

2 — Improve Ease Of Access To Care

OVERALL GOAL: Improve the health of individuals by improving the ease of access to care. The ease of access to healthcare services impact personal health, delays appropriate care, leads to increased health care cost, hospitalizations and ED visits.

Community Need Identified/Baseline	Measurable Scorecard 3 Year Goal By December 31, 2017:	Objectives/ Anticipated Impact By December 2016:	Activities/Strategies Staff/Partnerships	Actual Impact
A - Medical Homes or **Ongoing Source of Health Care** 73.9% of Houston County residents age 18 to 64 have a specific source of ongoing health care this is less than the state and national average. Only 56.7% of low income residents report an ongoing source of health care.	A - Increase the # of residents who have a medical home or ongoing source of healthcare to at least 75%. Scorecard- 69.3% A-4 - Increase the # of churches in the Faith community Nurse program & reporting to at least 15. Scorecard- 16 participating, 9 reporting each month	A-1 - There will be a 1% increase in the number of persons referred to physicians. **A-2** - There will be a 1% increase in number of uninsured persons linked to community resources **A-3** - Health Fairs/screenings will document participant's medical home and link those who need this service. **A-4** - Increase number of health related contacts in local churches by 5% from 2015 -60% of Faith Community Nurse's will turn in monthly reports	**A-1&2** - **Referral Service phone line will provide information and linking to services.** Partners: Pavilion Family Medicine, 1st Choice Primary Care, Ho. Co. Vol. Medical Clinic, Public Health **A-3** - **Comm. health screenings & health fairs one to one counseling using health screening form.** Partners: Pavilion Family Med. First Choice Primary Care, Ho. Co. Vol. Med. Clinic, Vine Clinic, Public Health	**A-1-** Referrals were similar to 2015 with 350 calls for assistance to link to a Physician from person who are uninsured, & 190 calls from persons with insurance. The 1% increase was not achieved. **A-2-** 8% increase in calls for information on financial assistance with a total of 207 persons requesting this service. **A-3-**Primary Care physician was documented on screening form & if none documented "Health Resource brochure given" in order to promote medical homes.

			A-4 - **Plan and lead Faith Community Nurse Program developing trainings for specific community needs, schedule Pastor's Luncheon to inform local pastors about program.** Partners: local churches, volunteer RN's	**A-4**-80% turned in number of contacts monthly. Faith Community Nurse contacts-1073, 9% increase from 2015. 12 attended the 2016 Pastor Luncheon
B - Medications Community Needs Assessment showed 15.1% skipped prescription doses to save cost.	B - Decrease the number of persons who do not take medications correctly in order to improve health. 3 yr. Scorecard-11.9% skipped doses to save cost	**B-1** - Referral Services will refer persons to resources for lower cost prescriptions. **B-2** - Prescription assistance resource information will be provided at health screenings/health fairs **B-3** - 100% of patients attending Chronic Disease class will receive information on the importance of taking medications correctly and resources for lower cost medications.	**B-1** - **Referral Service phone line** **B-2** - **Community health screenings will use-health screening form to document Rx. Assistance needed.** Partners- Sacred Heart Church-. Vol. Medical Clinic. **B-3** - **Distribute Know Your Meds Cards & Medication Information** Chronic Disease classes	**B-1-** Prescription assistance information was given by Referral Source Line. **B-2-**Prescription assistance information was given at each of community screenings. **B-3**- Know your meds cards were distributed.
C - Financial Ability to Pay for Health Services 13.1% did not see a physician due to inability to pay.	C - Increase the awareness of financial assistance program, as well as, other resources for health services. 3 yr. Scorecard- 11.9% did not see a physician due to inability to pay	**C-1** - Financial assistance info. will be available at hospital admission areas, community screenings, Referral Services, Business Office & chronic disease programs **C-2** - Obtain funding for health screenings for lower income persons **C-4** - Provide at least 2 health fairs/ screenings in low income areas such as Soup Kitchens	**C-1** - **Provide Financial Assistance information** Partners: Hospital Admissions, Business Office, ED, Community Ed. Referral resource services **C-3** - **Provide free mammograms for uninsured women.** Partners**:** Komen, Vol. Medical Clinic, 1st Choice Primary Care, Pavilion Family Medicine, Community Health Works **C-4** - **Community Health Fairs/screenings** Partners**:** Housing Authority, Grace Village, Public Health, Community Health Works	**C-1-**Financial assistance info. was available at Hospital Admissions, Business Office, ED, Community Ed. Referral Services **C-2-** Grant funding was secured from Komen and Community Health Works to provide mammograms and follow up test. **C-3**- From April 1, 2016 till Sept. 30, the navigator served 172 uninsured and low income individuals for 215 exams which included: 139 screening mammograms, 35 ultrasound, 30 diagnostic tests (unilateral or bilateral) and 11 Ultrasound Guided Biopsies. **C-4-** 13 Health Screenings/Health Education events were provided for Food Banks/soup Kitchens& in other low income areas. Information shared included: Health Ed. & Resources for Medical home

D - Shortage of Health Professionals 65.9% live in a health professional shortage area. There are 72 primary care physicians which is 50 per 100,000. This is below state and national average.	D - Decrease the number of persons living in a health professional shortage area to 50 per 100,000 Increase the number of primary care physicians 3 yr scorecard- 52.3 per 100,000	**D-1** - Support organizations who are training healthcare workers by serving as a clinical site and through donations **D-2** - Continue the Family Residency program to increase the number of available primary care physicians. **D-3** - Physicians will be actively recruited	**D-1&2** - **Houston Healthcare provided site and staffing to assist with students clinicals for physicians, pharmacist, Registered Nurses, Respiratory, and Physical Therapist. Houston Healthcare also partners with the Family Residency Program. Support & donations were provided for local technical schools, & local colleges.** Partners: Local colleges, tech school, Residency Program	**D-1 &2-** Served as a clinical site for over 500 students in a health field. Also worked closely with the Family Residency Program. **D-3** Continuing to recruit and add physicians

3 — Improve Individuals' Management of Chronic Disease

OVERALL GOAL: Decrease complications & health care cost, and improve quality of life for those diagnosed with a chronic disease.

Community need identified/Baseline	Measurable Scorecard 3 Year Goal	Objectives/ Anticipated Impact	Activities/Strategies Partnerships	Actual Impact
A - Diabetes 11.7% of Houston County residents have diabetes with 20.1% age adjusted mortality. Diabetes ranked #1 as perceived major problem.	A-1 - Decrease the percentage of persons with diabetes to 10% 3 yr. scorecard- 18.3%	**A-1** - Provide Diabetes Education and Improve clinical outcomes & self-care behaviors as demonstrated by: -Decrease ED visits and hospitalizations by at least 50% -70% will perform daily blood glucose monitoring -75% will have at least an annual A1C test -75% will have an annual dilated eye & foot exam **A-2** - 85% of participants completing program will report an increase in knowledge and be better able to manage their diabetes **A-3** - Maintain the Diabetes National Recognition through American Diabetes Association and complete program annual status/audit report **A-4** - Provide initial diabetes education in the hospital and refer patients to the outpatient diabetes program and other community resources.	**A-1-5** - **Diabetes Self-Management Education and Support** **-Diabetes 1:1 assessment** **-Nutrition Education class** **-Comprehensive Skill class 1 &2** **-Community Wide Diabetes Awareness Day** **-Diabetes Update for Healthcare Providers** **-Monthly Support Groups in Warner Robins and Perry** **-In-Patient Diabetes Education** **-Diabetes Cooking School** Providers: Diabetes Advisory Board, Primary Care Providers, Glycemic Control Committee, Sacred Heart, Pharmaceutical companies, Houston County Extension Office.	**A-1**-10 ED visits reported at the start of the program, 1 at 3 month follow up, 0 at 6 month follow up and 1 at 12 month follow up. 9 reported hospitalizations related to diabetes at the start of the program compared to 1 at 3 months and 0 at 6 and 12 month follow up 84% attending DSME performed daily blood glucose monitoring 96% attending DSME had at least an annual A1C 70% attending the DSME program had an annual eye exam 71% attending the DSME program reported having an annual foot exam 85% attending the DSME program reported checking their feet daily

				A- 2. 158 evaluations were completed. 97% reported an Increase in knowledge and 98% were better able to manage their diabetes after attending the program. **A-3.** annual status report completed and approved
B - Hypertension/ Cholesterol Management 38.3% of Houston County residents have high blood pressure 3.3% report that they suffer from or have been diagnosed with a stroke and 33.6 % have been told they have high cholesterol. 58.1 per 100,000 deaths from stroke	B - Decrease rate of deaths from strokes to 55 per 100,000 3 year score card- 43.4 per 100,000	**B-1** - Provide hypertension and cholesterol management classes • 85% attending classes will report an increase in knowledge • 50% decrease in ED visits and hospitalizations r/t high blood pressure or heart failure • 60% will follow a low sodium and/or low fat meal plan daily • 60% will identify one positive healthy lifestyle change they plan to follow	**B-1** - **Hypertension Management** **Cholesterol Education class, class evaluations** Partners: Pharmacy, Health Connections, Health Clinics, and physicians	**B- 1. Hypertension-**61 attended classes. 55 returned surveys. 93% reported increase in knowledge & 84% stated following a low sodium low fat meal plan. 100% plan to make at least one healthy lifestyle change. 33 ED & 30 Hospital visits related to hypertension reported prior to attending the class. At follow up 4 ED & 6 hospital visit reported. **Cholesterol/Lipid Class** 23 attended cholesterol education. 100% reported an increase in knowledge. 39% could state their lipid panel results. 100% plan to make at least one healthy lifestyle change
C - Pre-Diabetes 6.7% of Houston County residents have borderline/Pre-Diabetes.	C - Prevent or delay the onset of diabetes among persons at risk. Decrease % of persons with pre-diabetes to 5% 3 year score card- 4.2%	**C-1** - Increase attendance by 5% from 2015 **C-2** - 85% will be able to: • List steps to prevent Type 2 diabetes • Identify risk factors for pre-diabetes/diabetes • Define pre-diabetes/diabetes	**C-1 &2** - **Preventing Type 2 Diabetes Education Class – "Small Steps Big Reward", class evaluations**. Partners: Am. Diabetes Association Program	**C-1.** 34 attended in 2016 compared to 38 in 2015 **C – 2.** 34 attended. 32 returned surveys. 100% could list steps to prevent Type 2 diabetes; risk factors for pre-diabetes and define pre diabetes & diabetes. 98% had an increase in knowledge
D - COPD 13.5 % have COPD. 10.7 % adults and 2.4 % of children currently have asthma. Readmission rate for COPD is 22%	D - Reduce complications from respiratory illness. - Decrease readmission rate from COPD to 18% 3 yr. scorecard- 26%	**D-1** - 85% attending program will report increase in knowledge **D-2** - Decrease readmission rate from COPD to 18%	**D 1&2** - **Asthma, COPD Education, Better Breathers Support Group** Partners: Respiratory Therapy Dept., Schools and Day Care Centers, Public Health, American Lung ASSOC.	**Number attending- 49** **Readmission Rate- 26%**

E - Cancer Rate of cancer deaths is 169.1 per 100,000	E - Decrease number of person who die from cancer to 160 per 100,000 3 year scorecard- 161.8 per 100,000	**E-1** - 80% of participants will report increase in knowledge and skills	**E-1** - **Pink Picnic** Look Good, Feel Better, American Cancer Society, Community Health Works, Komen **E- 2** - **Promote recommended early screenings** **E- 3** - (All activities/strategies listed under tobacco) promote tobacco quit line for community and all in-patients who state they use tobacco, participate in annual Great American Smoke Out	**E-1**-Over 500 attended the annual Pink Picnic with 427 completing the survey. 91% reported increase in knowledge. **E-2**-12% reported not being current on their mammogram. 92% reported having the resources to obtain a mammogram. **E-3**-Quit line information provided at Cancer events.
F - Heart Failure Readmission rate for heart failure is 22%	F - Decrease readmission for Heart Failure to 18% readmission rate as of May 2017 was 19.15%	**F-1** - 80% of participants will report increase in knowledge and skills to management heart failure **F-2** - Readmissions from Heart Failure will decrease to 18%.	**F-1&2** - **Help for the Heart Classes** Pharmacy Dept., Nursing Dept., Care Managers **F-2** - **In patient heart failure education**	**F-1**-122 attended the Help for the Heart classes. 100% reported an increase in knowledge, 99% could recognize heart failure symptoms. **F-2-** the overall readmission rate for all hospital HF admissions was 21.8
G - Kidney Disease 5% of Houston County residents have Kidney disease. The age adjusted death rate is 30	G - Decrease complications/deaths from kidney disease 3 yr. scorecard-23 per 100,00	**G-1** - 85% will have an increase in knowledge after attending class **G-2** - 80% will be able to identify foods high in sodium and list ways to reduce sodium in meal plan	**G 1&2** - **Renal Nutritional Class** Transplant Education – Emory University, Primary Care Providers	13 (8pts and 5 caregivers) attended Chronic Kidney Disease Education- 8 surveys completed. 100% reported increase in knowledge, & could list foods high in protein/ sodium, & ways to reduce sodium 100% rated program as excellent.

4 — Assist Vulnerable Populations (Older Adults, Maternal/Child)

OVERALL GOAL: Improve the health of populations at higher risk for poor health specifically targeting women with a higher risk pregnancy and their newborns, as well as, older adults.

Community Need Identified/Baseline	Measurable Scorecard 3 Year Goal	Objectives/ Anticipated Impact	Activities/Strategies Partnerships	Actual Impact
A - Pregnant Women and Newborns Low birth weight and pre-term newborns are at greater risk for illness, infections and other complications. 8.9% of Houston County and 9.5% of Georgia births were low –weight There were an average of 8.9 infant deaths per 1,000 live births in Houston County compared to 7.5 for Georgia and 6.3 for the US.	A-1 - Decrease the low birth weight to 8% 3 yr. scorecard- 8.5% A-2 - Decrease the number of pregnancy and newborn complications. A-3 - Decrease the number of accidents for children under age 12.	**A-1** - Decrease the low birth weight to 8% -80% will keep scheduled apts. with provider -80% will check their blood sugar as ordered by provider -Women identified with a higher risk pregnancy & receiving care management will have less than 13% pre-term deliveries **A-2** - 90% surveyed will be able to identify: -Risk factors for pre-term birth -Signs and symptoms of pre-term labor -Importance of 39 weeks gestational -Benefits of breastfeeding **A-3** - Provide at least 2 community events on poison safety, car seat safety, safe sleep and fire safety. -80% of attendees will understand risk factor for SIDS, importance of safe car restraint and safety precautions with newborn sibling.	**Provide Care Management for women identified with a higher risk pregnancy** **A-1 - Gestational Diabetes Education, Spanish Phone Line** Partners: Public Health, March of Dimes, Nurse Family Partnership, Sacred Heart Catholic Church **A-2 - Childbirth class, Breast feeding class, Breastfeeding education** Partners: Perinatal Coalition, Women's Center, OB/GYN **offices** **A-3 - Baby care boot camp, Sibling class, Grandparenting class, Bright Beginnings Health Fair-** Partners: Safe Kids Coalition, Rainbow House,	**A-1.** 100% of participants increased in knowledge and kept Dr. appointment 90% reported monitoring blood sugar Pre-term deliveries for higher risk pregnancies was 15.5% **A-2-**100% of class participants could identify risk factors & signs & symptoms of pre-term labor, importance of 39 weeks gestational, benefits of breastfeeding **A-3-** Classes provided: 6 Baby care boot camp classes, 11 Sibling classes & 2 Grandparenting classes.100% of participants class could identify risk factors for SIDS & understood importance of safe car restraint.

B - Older Adults 60% of adults over age 60 have hypertension 61.6% of adults over age 60 have high cholesterol 90.2% of adults over age 60 have one or more cardiovascular risk Rate of deaths from stroke is 58.1 per 100,000	B - Improve the health and safety of older adults B-1 - Reduce the death rate from strokes to 55 per 100,000 3 year score card- 43.4 per 100,000	**B-2** - 85% of the participants in SeniorCare education program will report increase in knowledge for health related programs. **B-3** - Senior Camp will be held annually and address current health issues of older adults **B-4** - Provide Stroke prevention Program Monthly screenings will be provided at easy to reach locations such as senior centers. -RN providing the BP screening will also provide ed. on controlling BP & signs and symptoms of stroke, medication management -RN will make referrals to physicians as needed -Number of hospitalizations related to cardiovascular incident will be tracked. - Less than 5% of the participants in the Stroke Prevention program will experience a hospitalization due to cardiovascular disease	**B-2,3** - **Senior Health Education Sessions** Perry Recreation Dept., Perry PVO, Assisted Living Facilities **B-4** - **Senior Care Blood Pressure Screenings** City of Centerville, Perry Recreation Dept., Warner Robins Senior Program, Houston Springs.	**B-2-**296 older adults attended health education programs. 263 completed evaluations with 99% reporting an increase in health knowledge. **B-3-**99 attended the Senior Camp in 2016 with 84 completing the survey. 96% reported an increase in health knowledge. **B-4-** 414 individuals participated in the Stroke Prevention monthly screenings and education. 9% of participants had abnormal BP's and were referred back to their provider. There were 7 or 1.5% of participants who had a cardiovascular incident which required hospitalization.
Older Adults - Accidental Falls Prevention 33% of adults over the age of 65 report a fall	A - Participants in the Adult exercise programs will have less than the national average of falls 3 yr. scorecard- 16%	**A-1** - Participants in the Senior Adult exercise programs: -will have less than the national average of falls -80% surveyed will continue or increase their exercise plan as a result of programs offered -80% surveyed will report making their environment safer -90% surveyed will report improved balance	**A-1** - **Senior Exercise, Matter of Balance** Partners :City of Centerville, Perry Recreation Dept., Area Agency on Aging, Assisted Living Facilities, Houston County Public Libraries	**A-1-82 senior exercise surveys were completed, 17% reported a fall within the last 12 months, 16% less than national average. 95% report improved balance as a result of exercise program.** **4 session of *Matter Of Balance* were held in 4 different locations. 100% report they plan to continue exercising as a result of the class. 95% report making environment safer after taking the class.**