2020 COMMUNITY HEALTH NEEDS ASSESSMENT

Houston County, Georgia

Sponsored by
Houston Healthcare

HOUSTON HEALTHCARE

2020-0592-02

www.PRCCustomResearch.com

TABLE OF CONTENTS

INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2011, 2014, and 2017, is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Houston County, the service area of Houston Healthcare. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

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

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

This assessment was conducted on behalf of Houston Healthcare by PRC, a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for trending and comparison to benchmark data at the state and national levels.

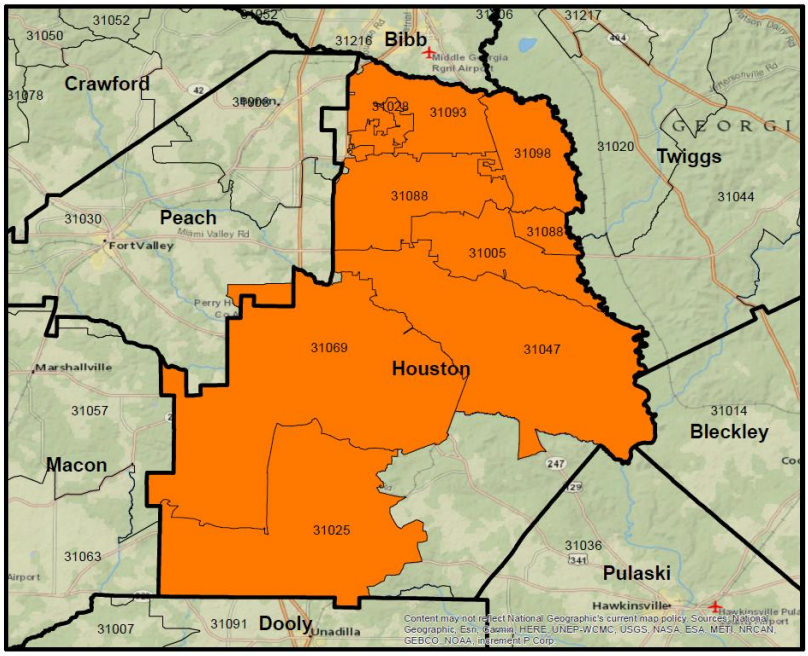
PRC Community Health Survey

Survey Instrument

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

Community Defined for This Assessment

The study area for the survey effort (referred to as “Houston County” in this report) is defined as each of the residential ZIP Codes predominantly associated with Houston County. 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.



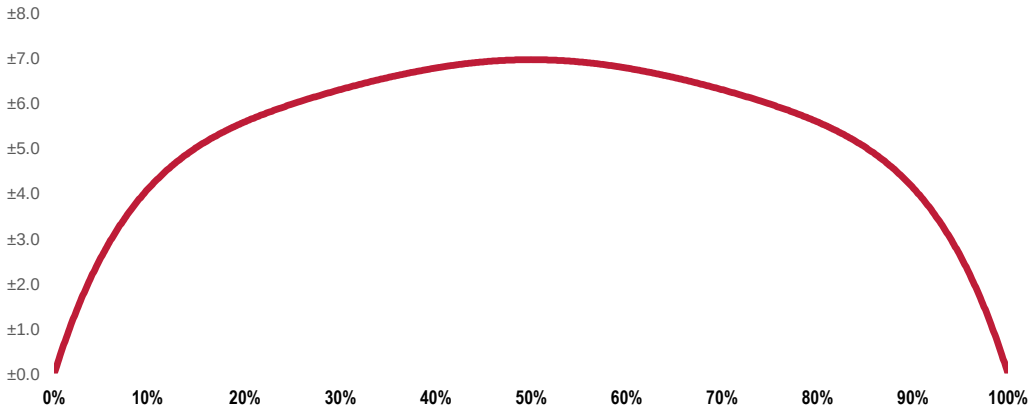
Sample Approach & Design

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 PRC.

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

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.

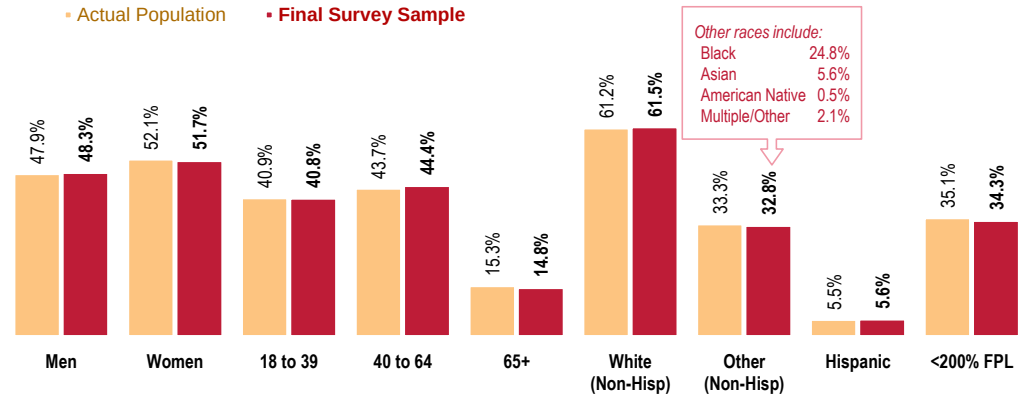
Examples:
- If 10% of the sample of 200 respondents answered a certain question with a "yes," it can be asserted that between 5.8% and 14.2% (10% ± 4.2%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that 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. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual’s responses is maintained, one respondent’s responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the 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 health care needs, and these children are not represented demographically in this chart.]

Population & Survey Sample Characteristics
(Houston County, 2020)



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

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

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

INCOME & RACE/ETHNICITY

INCOME ► In sample segmentation: "**low income**" refers to community members living in households with annual incomes under $52,000, regardless of the number of household members; "**mid/high income**" refers to those households with annual incomes of $52,000 or more.

RACE & ETHNICITY ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. All Hispanic respondents are grouped, regardless of identity with any other race group. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents). While the survey data are representative of the racial and ethnic makeup of the population, the samples for Hispanic and non-White race groups were not of sufficient size for independent analysis.

Online Key Informant Survey

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

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

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	1
Public Health Representatives	1
Other Health Providers	7
Social Services Providers	7
Other Community Leaders	25

Final participation included representatives of the organizations outlined below.

- Alzheimer's Association
- Central Georgia Technical College
- Christ Lutheran Church
- City of Centerville
- City of Perry
- City of Warner Robins
- Community Health Works
- Daniel Lawson Tuggle & Jerles
- First Baptist Church–Garmon Street
- First Choice Primary Care
- Flint Energies
- FUMC, Perry
- Georgia Military College
- Georgia National Fairgrounds & Agricenter
- Health Literacy, Seniors
- Houston County
- Houston County Board of Commissioners
- Houston County DFACS
- Houston County Board of Education
- Houston County Development Authority
- Houston County Health Department
- Houston County Juvenile Court
- Houston Healthcare
- Houston Lake Country Club
- Houston Primary Care
- Mercer University
- Middle Georgia State University –Cochran Campus
- Perry Chamber of Commerce
- Perry Volunteer Outreach
- Rainbow House Children's Resource Center
- Flint Energies
- Robins Regional Chamber of Commerce
- Synovus Bank
- The American Cancer Society
- United Way of Central Georgia
- Warner Robins Housing Authority

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

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

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

Public Health, Vital Statistics & Other Data

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

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

Benchmark Data

Trending

Similar surveys were administered in Houston County in 2011, 2014, and 2017 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 *2017 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. 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 the purpose of this report, “significance” of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

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

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

In addition, this assessment does not include secondary data from existing sources, which can provide relevant data collected through death certificates, birth certificates, or notifications of infectious disease cases in the community.

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

Public Comment

Houston Healthcare made its prior Community Health Needs Assessment (CHNA) report publicly available through its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Houston Healthcare had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. 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 Schedule H (Form 990), the following table cross-references related sections.

IRS FORM 990, SCHEDULE H (2019)	See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility	7
Part V Section B Line 3b Demographics of the community	40
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	183
Part V Section B Line 3d How data was obtained	7
Part V Section B Line 3e The significant health needs of the community	16
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	17
Part V Section B Line 3h The process for consulting with persons representing the community's interests	10
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)	187

SUMMARY OF FINDINGS

Significant Health Needs of the Community

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

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

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	▪ Primary Care Physician Ratio ▪ Ratings of Local Health Care
CANCER	▪ Leading Cause of Death ▪ Cancer Deaths – Prostate Cancer ▪ Cancer Incidence – Colorectal Cancer
CORONAVIRUS/ COVID-19	▪ Key Informants: Coronavirus ranked as a top concern.
DIABETES	▪ Key Informants: Diabetes ranked as a top concern.
HEART DISEASE & STROKE	▪ Leading Cause of Death ▪ Heart Disease Deaths ▪ High Blood Pressure Prevalence ▪ High Blood Cholesterol Prevalence ▪ Key Informants: Heart disease and stroke ranked as a top concern.
INFANT HEALTH & FAMILY PLANNING	▪ Infant Deaths ▪ Teen Births
INJURY & VIOLENCE	▪ Firearm-Related Deaths
KIDNEY DISEASE	▪ Kidney Disease Deaths
MENTAL HEALTH	▪ “Fair/Poor” Mental Health ▪ Diagnosed Depression ▪ Symptoms of Chronic Depression ▪ Suicide Deaths ▪ Mental Health Provider Ratio ▪ Receiving Treatment ▪ Key Informants: Mental health ranked as a top concern.

—continued on the following page—

AREAS OF OPPORTUNITY (continued)	
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	▪ Low Food Access ▪ Fruit/Vegetable Consumption ▪ Access to Recreation/Fitness Facilities ▪ Overweight & Obesity [Adults] ▪ Key Informants: Nutrition, physical activity, and weight ranked as a top concern.
POTENTIALLY DISABLING CONDITIONS	▪ Multiple Chronic Conditions ▪ Activity Limitations ▪ High-Impact Chronic Pain ▪ Alzheimer's Disease Deaths
RESPIRATORY DISEASE	▪ Lung Disease Deaths ▪ Pneumonia/Influenza Deaths ▪ Flu Vaccination [Age 65+] ▪ Asthma Prevalence [Adults] ▪ Chronic Obstructive Pulmonary Disease (COPD) Prevalence
SEPTICEMIA	▪ Septicemia Deaths
SEXUAL HEALTH	▪ Chlamydia Incidence ▪ Gonorrhea Incidence
SUBSTANCE ABUSE	▪ Cirrhosis/Liver Disease Deaths ▪ Opioid Use ▪ Sought Help for Alcohol/Drug Issues

Summary Tables:
Comparisons With Benchmark Data

Reading the Summary Tables

- In the following tables, Houston County results are shown in the larger, gray 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 objectives. 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.

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

TREND SUMMARY
(Current vs. Baseline Data)

SURVEY DATA INDICATORS:
Trends for survey-derived indicators represent significant changes since 2011 (or earliest available data). Note that survey data reflect the ZIP Code-defined Houston County.

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

Note that secondary data reflect Houston County data.

SOCIAL DETERMINANTS	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Linguistically Isolated Population (Percent)	1.8	3.1	4.4		
Population in Poverty (Percent)	15.7	16.0	14.1		
Children in Poverty (Percent)	22.3	22.9	19.5		
No High School Diploma (Age 25+, Percent)	9.1	13.3	12.3		
% Unable to Pay Cash for a $400 Emergency Expense	19.7		24.6		
% Worry/Stress Over Rent/Mortgage in Past Year	21.8		32.2		
% Unhealthy/Unsafe Housing Conditions	7.6		12.2		
% Food Insecure	18.4		34.1		16.2
		better	similar	worse	

OVERALL HEALTH	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% "Fair/Poor" Overall Health	19.0	19.1	12.6		11.7
		better	similar	worse	

ACCESS TO HEALTH CARE	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% [Age 18-64] Lack Health Insurance	5.5	21.8	8.7	0.0	13.2
% Difficulty Accessing Health Care in Past Year (Composite)	30.9		35.0		35.2
% Cost Prevented Physician Visit in Past Year	10.3	18.2	12.9		12.2
% Cost Prevented Getting Prescription in Past Year	14.6		12.8		13.0
% Difficulty Getting Appointment in Past Year	17.0		14.5		10.8
% Inconvenient Hrs Prevented Dr Visit in Past Year	6.7		12.5		16.2
% Difficulty Finding Physician in Past Year	14.2		9.4		9.4
% Transportation Hindered Dr Visit in Past Year	6.9		8.9		3.2
% Language/Culture Prevented Care in Past Year	1.1		2.8		2.4
% Skipped Prescription Doses to Save Costs	9.5		12.7		13.8
% Difficulty Getting Child's Health Care in Past Year	0.0		8.0		7.9
Primary Care Doctors per 100,000	53.6	65.6	76.6		
% Have a Specific Source of Ongoing Care	83.2		74.2	95.0	75.0
% Have Had Routine Checkup in Past Year	82.8	78.3	70.5		75.6
% Child Has Had Checkup in Past Year	84.4		77.4		91.6
% Two or More ER Visits in Past Year	14.3		10.1		12.9

ACCESS TO HEALTH CARE (continued)	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% Eye Exam in Past 2 Years	67.9		61.0		69.0
% Low Health Literacy	10.5		27.7		13.3
% Rate Local Health Care "Fair/Poor"	14.2		8.0		12.1

better similar worse

CANCER	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Cancer (Age-Adjusted Death Rate)	154.7	155.8	152.5	161.4	182.5
Lung Cancer (Age-Adjusted Death Rate)	42.6	39.0	36.6	45.5	
Prostate Cancer (Age-Adjusted Death Rate)	27.0	21.6	18.9	21.8	
Female Breast Cancer (Age-Adjusted Death Rate)	18.1	21.3	19.9	20.7	
Colorectal Cancer (Age-Adjusted Death Rate)	12.1	14.7	13.7	14.5	
Cancer Incidence Rate (All Sites)	455.9	466.4	448.0		
Female Breast Cancer Incidence Rate	120.1	125.8	125.2		
Prostate Cancer Incidence Rate	112.2	122.3	104.1		
Lung Cancer Incidence Rate	68.4	64.1	59.2		
Colorectal Cancer Incidence Rate	47.9	41.8	38.7		

CANCER (continued)	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% Cancer	6.1	10.7	10.0		
% [Women 50-74] Mammogram in Past 2 Years	83.4	80.0	76.1	81.1	75.3
% [Women 21-65] Cervical Cancer Screening	90.7	81.8	73.8	93.0	82.8
% [Age 50-75] Colorectal Cancer Screening	83.2	68.8	77.4	70.5	70.9
		better	similar	worse	

DIABETES	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Diabetes (Age-Adjusted Death Rate)	22.1	21.6	21.3	20.5	20.2
% Diabetes/High Blood Sugar	17.3	12.6	13.8		14.0
% Borderline/Pre-Diabetes	10.3		9.7		6.7
% [Non-Diabetics] Blood Sugar Tested in Past 3 Years	57.2		43.3		61.0
		better	similar	worse	

HEART DISEASE & STROKE	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Diseases of the Heart (Age-Adjusted Death Rate)	203.2	176.9	164.7	156.9	174.1
% Heart Disease (Heart Attack, Angina, Coronary Disease)	8.8	7.1	6.1		6.2
Stroke (Age-Adjusted Death Rate)	41.7	43.7	37.3	34.8	54.7
% Stroke	4.0	3.7	4.3		5.2
% Told Have High Blood Pressure	51.3	33.1	36.9	26.9	41.7
% Told Have High Cholesterol	40.8		32.7	13.5	28.5
% 1+ Cardiovascular Risk Factor	87.7		84.6		88.0
		better	similar	worse	

INFANT HEALTH & FAMILY PLANNING	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
No Prenatal Care in First Trimester (Percent)	17.5	25.3	22.7		24.4
Low Birthweight Births (Percent)	8.8	9.9	8.2	7.8	8.3
Infant Death Rate	7.8	7.2	5.7	6.0	7.3
Births to Adolescents (Percent)	6.1	6.1	5.1		10.4
		better	similar	worse	

INJURY & VIOLENCE	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Unintentional Injury (Age-Adjusted Death Rate)	29.9	44.2	48.3	36.4	39.9
Motor Vehicle Crashes (Age-Adjusted Death Rate)	10.7	14.3	11.5	12.4	
[65+] Falls (Age-Adjusted Death Rate)	49.4	50.7	63.4	47.0	
Firearm-Related Deaths (Age-Adjusted Death Rate)	16.0	15.4	11.9		
Homicide (Age-Adjusted Death Rate)	5.8	7.8	6.1	5.5	5.0
Violent Crime Rate	374.5	373.1	416.0		
% Victim of Violent Crime in Past 5 Years	0.7		6.2		3.1
% Victim of Intimate Partner Violence	14.8		13.7		13.9
		better	similar	worse	

KIDNEY DISEASE	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Kidney Disease (Age-Adjusted Death Rate)	32.7	18.5	13.0		29.1
% Kidney Disease	5.3	3.2	5.0		5.0
		better	similar	worse	

MENTAL HEALTH	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% "Fair/Poor" Mental Health	25.2		13.4		6.9
% Diagnosed Depression	27.2	17.1	20.6		15.5
% Symptoms of Chronic Depression (2+ Years)	40.9		30.3		23.3
% Typical Day Is "Extremely/Very" Stressful	12.5		16.1		9.3
Suicide (Age-Adjusted Death Rate)	15.8	13.8	13.9	10.2	11.9
Mental Health Providers per 100,000	141.5	139.0	202.8		
% Taking Rx/Receiving Mental Health Trtmt	21.4		16.8		11.6
% Unable to Get Mental Health Svcs in Past Yr	10.4		7.8		5.4
		better	similar	worse	

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Population With Low Food Access (Percent)	42.2	30.8	22.4		
% "Very/Somewhat" Difficult to Buy Fresh Produce	15.3		21.1		21.3
% 5+ Servings of Fruits/Vegetables per Day	30.4		32.7		44.1
% 7+ Sugar-Sweetened Drinks in Past Week	39.4				33.9
% No Leisure-Time Physical Activity	17.5	26.2	31.3	32.6	24.9
% Meeting Physical Activity Guidelines	34.5	20.6	21.4	20.1	28.5

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% Child [Age 2-17] Physically Active 1+ Hours per Day	61.2		33.0		53.1
Recreation/Fitness Facilities per 100,000	6.4	10.9	11.8		
% Healthy Weight (BMI 18.5-24.9)	18.3	30.8	34.5	33.9	30.4
% Overweight (BMI 25+)	81.7	67.2	61.0		68.9
% Obese (BMI 30+)	50.4	32.5	31.3	30.5	30.7
		better	similar	worse	

ORAL HEALTH	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% Have Dental Insurance	78.4		68.7		70.1
% [Age 18+] Dental Visit in Past Year	67.0	62.5	62.0	49.0	67.8
% Child [Age 2-17] Dental Visit in Past Year	99.3		72.1	49.0	82.9
		better	similar	worse	

POTENTIALLY DISABLING CONDITIONS	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% 3+ Chronic Conditions	47.7		32.5		
% Activity Limitations	34.9		24.0		16.0
% With High-Impact Chronic Pain	25.2		14.1		
Alzheimer's Disease (Age-Adjusted Death Rate)	45.3	45.8	30.6		30.6
% Caregiver to a Friend/Family Member	23.0		22.6		27.6
% Have Completed Advance Directive Documents	41.0				36.3
		better	similar	worse	

RESPIRATORY DISEASE	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
CLRD (Age-Adjusted Death Rate)	57.2	46.4	40.4		47.3
Pneumonia/Influenza (Age-Adjusted Death Rate)	17.1	14.2	14.2		21.6
% [Age 65+] Flu Vaccine in Past Year	49.0	52.6	71.0	70.0	49.0
% [Adult] Asthma	15.4	8.9	12.9		8.0
% Child [Age 0-17] Ever Diagnosed with Asthma	9.5		14.6		18.8
% COPD (Lung Disease)	11.0	7.3	6.4		7.7
		better	similar	worse	

SEPTICEMIA	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Septicemia (Age-Adjusted Death Rate)	19.8	15.2	10.5		19.5

better similar worse

SEXUAL HEALTH	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
HIV/AIDS (Age-Adjusted Death Rate)	1.8	3.9	2.1		
HIV Prevalence Rate	244.7	588.0	362.3		
Chlamydia Incidence Rate	673.9	614.6	497.3		
Gonorrhea Incidence Rate	210.6	201.2	145.8		

better similar worse

SUBSTANCE ABUSE	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	12.0	9.6	10.9	8.2	7.6
% Excessive Drinker	12.5	16.1	27.2	25.4	13.6
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)	4.7	12.3	18.1	11.3	5.4
% Illicit Drug Use in Past Month	2.7		2.0	7.1	2.4
% Used an Opioid Drug in Past Year	24.6		12.9		
% Ever Sought Help for Alcohol or Drug Problem	0.0		5.4		3.6

SUBSTANCE ABUSE (continued)	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% Personally Impacted by Substance Abuse	27.5		35.8		28.5

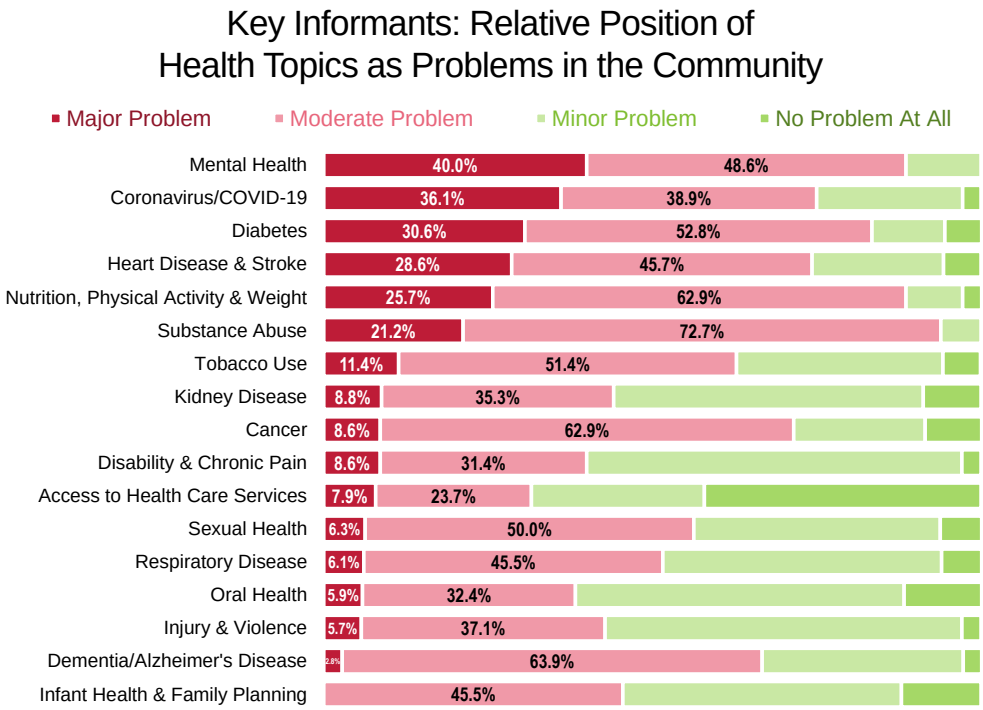
better similar worse

TOBACCO USE	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% Current Smoker	11.1	16.1	17.4	12.0	18.6
% Someone Smokes at Home	11.5		14.6		12.1
% [Household With Children] Someone Smokes in the Home	1.9		17.4		10.7
% Currently Use Vaping Products	6.1	4.4	8.9		5.8

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



PLANNING & ESTABLISHING PRIORITIES

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
- 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. Contributing to the planning is the discussion with other community partners on community needs. Feedback from several coalitions was considered because often it was from people working directly with a certain population. Resources were reviewed to prevent duplication of services and enhance resource and to ensure identified needs were met.

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 2020. This was a major source of information to review in setting priorities. The following were identified through the CHNA as "Areas of Opportunity".

FOCUS AREA	HEALTH CONCERN
MODIFIABLE RISK FACTORS	**Healthy Weight**- Overweight/Obese prevalence, Access to Fitness Facilities, Low Food Access (Food Deserts), Fruit and Vegetable Consumption **Substance Abuse-** Cirrhosis/Liver Disease Deaths, Drug induced deaths, top concern of the online key informant survey, help for drug and alcohol abuse **Pneumonia/Influenza Deaths-** Flu vaccine for 65+ **Firearm Related Deaths** **Sexually Transmitted Diseases-** gonorrhea and chlamydia incidence
ACCESS TO HEALTH SERVICES	**Access to physicians-** Number or ratio of primary care physicians **Access to Mental Health Providers Ratio**
CHRONIC DISEASE MANAGEMENT	**Cancer-** Cancer Death Rates – leading cause of death, lung, prostate, breast, and colorectal cancer deaths as well as colorectal and lung cancer incidence **Heart Disease and Stroke**- leading causes of death **Diabetes-** diabetes complications, deaths, and incidence **Chronic Kidney Disease** **Respiratory Diseases-** CLRD/ COPD/ Adult Asthma **Arthritis/ disabling conditions-** limiting activity or cause impact pain **Multiple Chronic Conditions-** report of "3 or more" **Alzheimer's Disease Deaths** **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 Universities, Board of Education, along with representatives from numerous community organizations. A summary of collected responses and concerns is listed below:

FOCUS AREA	HEALTH CONCERNS- TOP 17 CONCERNS ARE NUMBERED
MODIFIABLE RISK FACTORS	#6-Substance Abuse- ranked as a top concern #5-Nutrition, physical activity and weight #7-Tobacco Use #2- Coronavirus/Covid 19 #15-Injury and Violence #12-Sexually Transmitted Diseases/ Sexual Health #14-Oral health
ACCESS TO CARE	#11-Access to health -related services
CHRONIC DISEASE MANAGEMENT	#3- Diabetes- ranked as a top concern #1- Mental Health- ranked as a top concern #16-Dementia, Alzheimer's disease #4-Heart Disease and Stroke #9-Cancer #10- Disability/ Chronic Pain #8- Kidney Disease #13- Respiratory Disease
VULNERABLE POPULATION	#17 Infant and Child health/Family Planning #1- Mental/ 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
MODIFIABLE RISK FACTORS	Covid-19 Screening and Education
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.

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 (9) Mental health access

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

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 (7) Community resources

Health Strategy Coalition- This Coalition group is made up of 50+ community and state partners that present issues, activities and strategies for planning and implementing in the community that address health goals. The key issues identified include: (1) Rising Obesity Rate in adults and youth (2) Behavioral Health and Resiliency (3) Physical Health and Wellness (4) Access to Affordable Care and Services

6. Review of other community surveys or assessments examples include:

- 2020-Georgia Kid's Count Data
- Georgia Department of Public Health – North Central Health District- Houston County- Health Status Report
- North Central Health District -Community Health Improvement Plan (CHIP)
- 2020 March of Dimes – Premature Birth Rate for Georgia
- 2020 County Health Rankings and Roadmaps- Robert Wood Johnson Foundation/ University of Wisconsin Health Institute
- Warner Robins Community Transformation Plan- housing development
- Healthy People 2020
- Senior Care Surveys- 2019
- Community Education 2019 Surveys

7- 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. Due to the length of information in this review a detail summary is in appendix-2.

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/ Pavilion Family Medicine
- **Behavioral Health and Substance Abuse.** Middle Flint Behavior Health, Suicide Prevention Coalition, District Public Health, Robins Air Force Base- Family Services, Middle Georgia Rescue Mission, HHC Emergency Room and Mental Health Department.
- **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.** Central Georgia Technical College, 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

Identified Needs 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 psychiatrists. Houston Healthcare assist with other agencies in addressing the behavioral health, and substance abuse needs in the community, however, agencies such as Middle Flint Behavioral Health, Middle Georgia Rescue Mission, Suicide Prevention Coalition and others lead the community long-term 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. The “Population Health” initiative at Houston Healthcare provides taxi vouchers to at risk patients. In Warner Robins, there is a public transit system.

Accident Prevention/Safety. Houston County Safe Kids leads the efforts on child safety for issues such as infant/child and adult car seat safety, medication safety, fire and water safety and CPR and AED use. AARP provides Driving Safety Classes for adults.

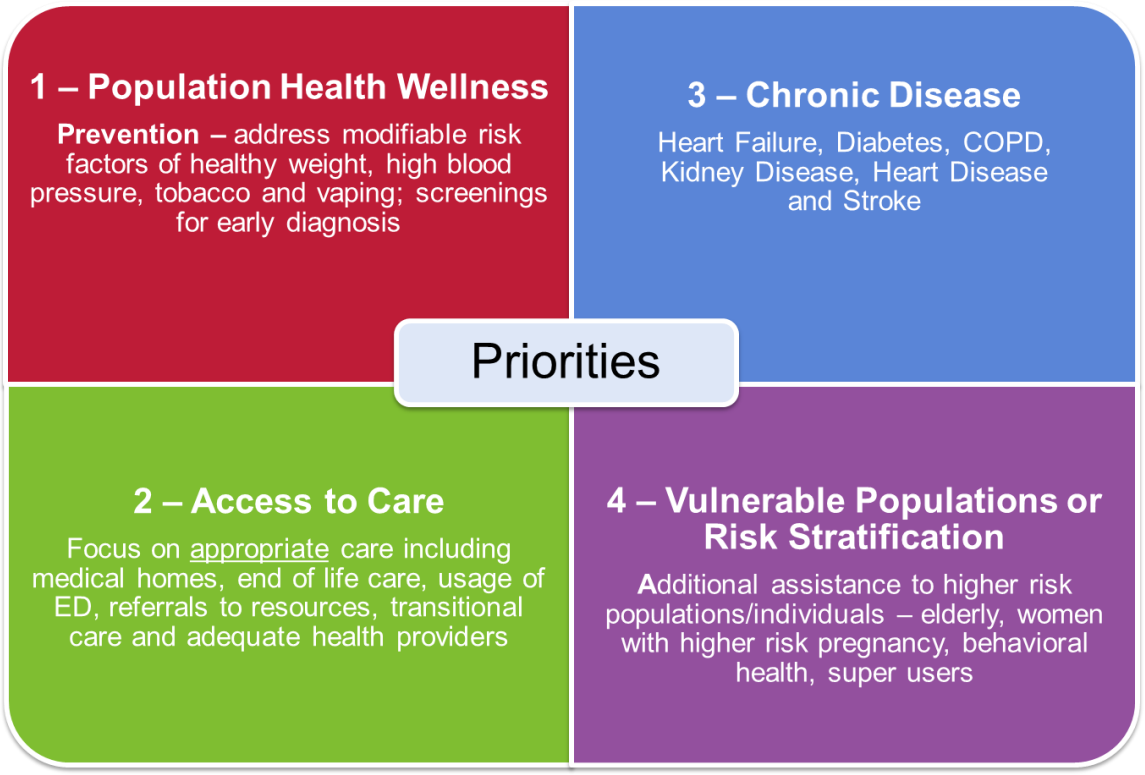
Finalizing the Priority Areas for 2021-2023

This information was presented to Executive Leadership for review and discussion on September 16, 2020. The information was presented to the Hospital Board and final priority approval on November 18, 2020. Below are the final priorities for the implementation plan.

Four Priorities Established for 2021-2023		
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, blood sugar and lipids through lifestyle changes	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 6) Establish a tracking system to follow persons throughout all HHC systems and services
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 and American Heart 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.

2021 – 2023 Priorities



COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Total Population

Houston County, the focus of this Community Health Needs Assessment, encompasses 376.06 square miles and houses a total population of 151,682 residents, according to latest census estimates.

Total Population
(Estimated Population, 2014-2018)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Houston County	151,682	376.06	403.35
Georgia	10,297,484	57,594.80	178.79
United States	322,903,030	3,532,068.58	91.42

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved May 2020 from CARES Engagement Network at https://engagementnetwork.org.

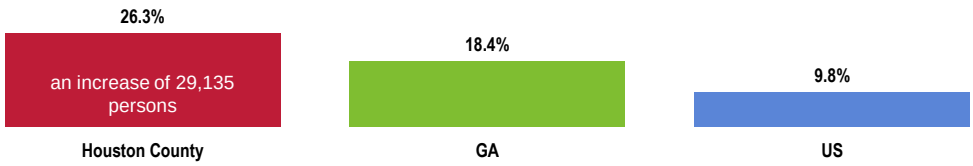
Population Change 2000-2010

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

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

BENCHMARK ► A much larger proportional increase than the state and especially the US.

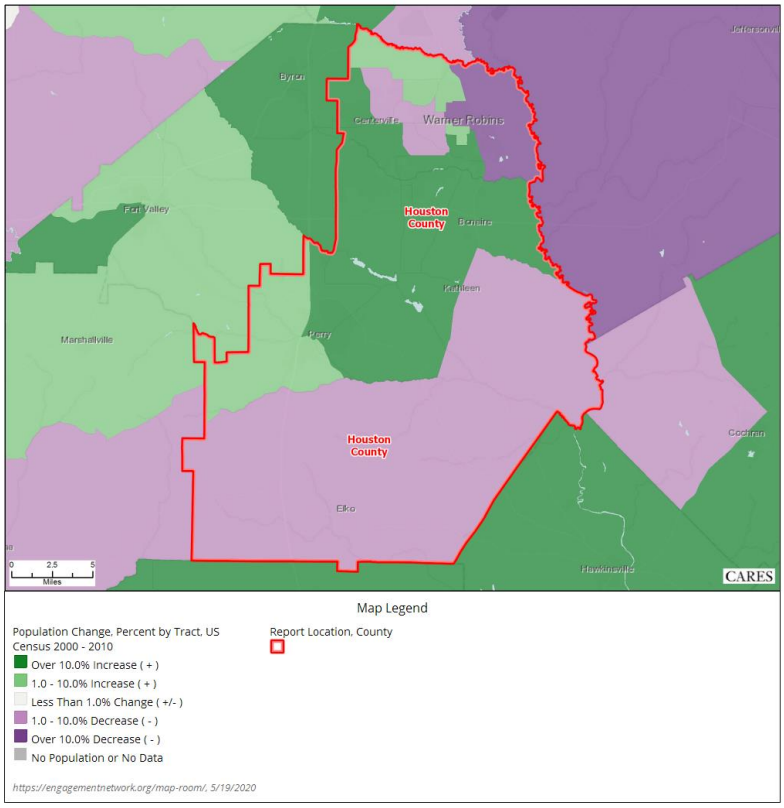
Change in Total Population
(Percentage Change Between 2000 and 2010)



Sources:
- US Census Bureau Decennial Census (2000-2010).
- Retrieved May 2020 from CARES Engagement Network at https://engagementnetwork.org.

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

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

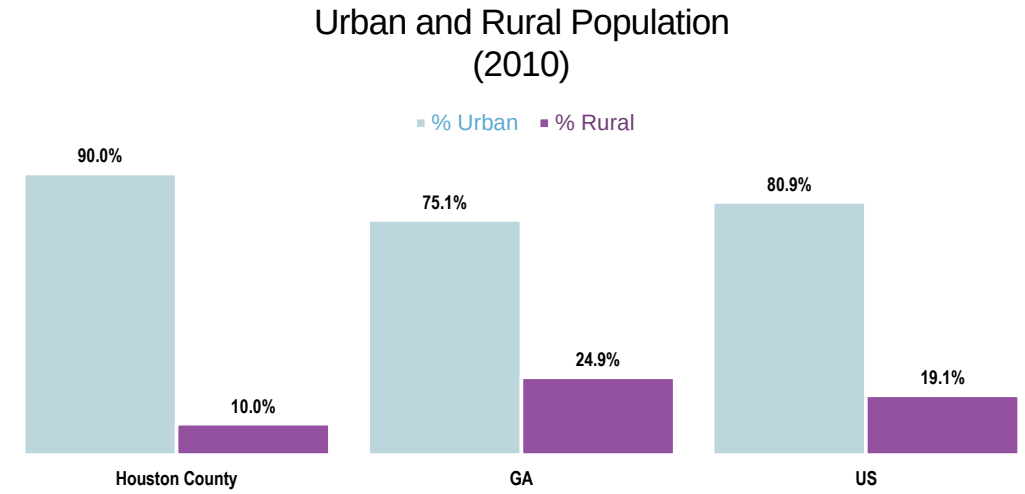


Urban/Rural Population

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.

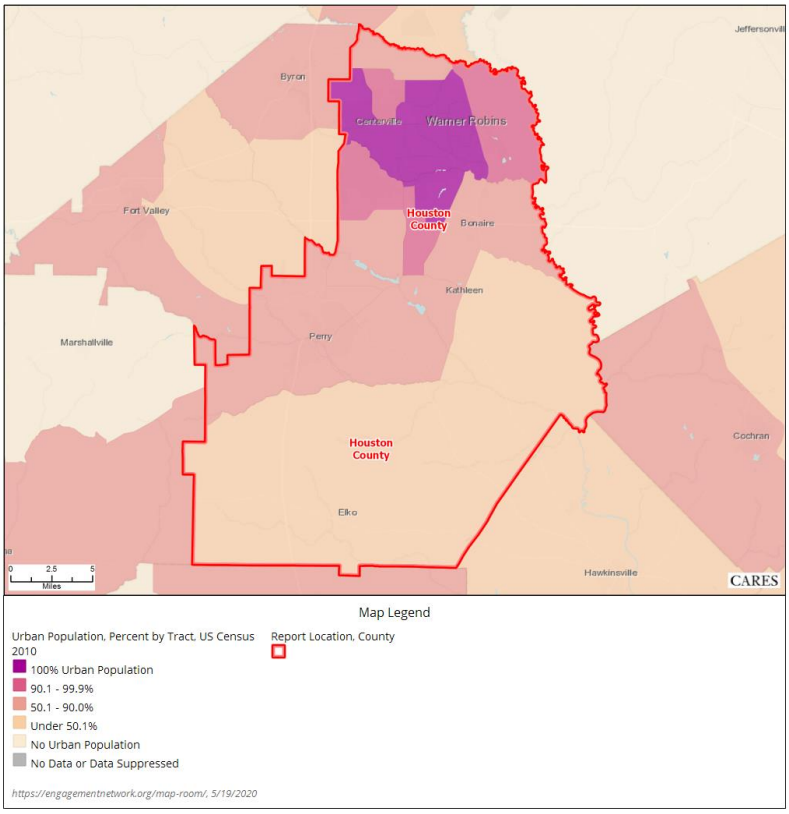
BENCHMARK ► Higher than the state and US percentages.



Sources:
- US Census Bureau Decennial Census.
- Retrieved May 2020 from CARES Engagement Network at https://engagementnetwork.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.

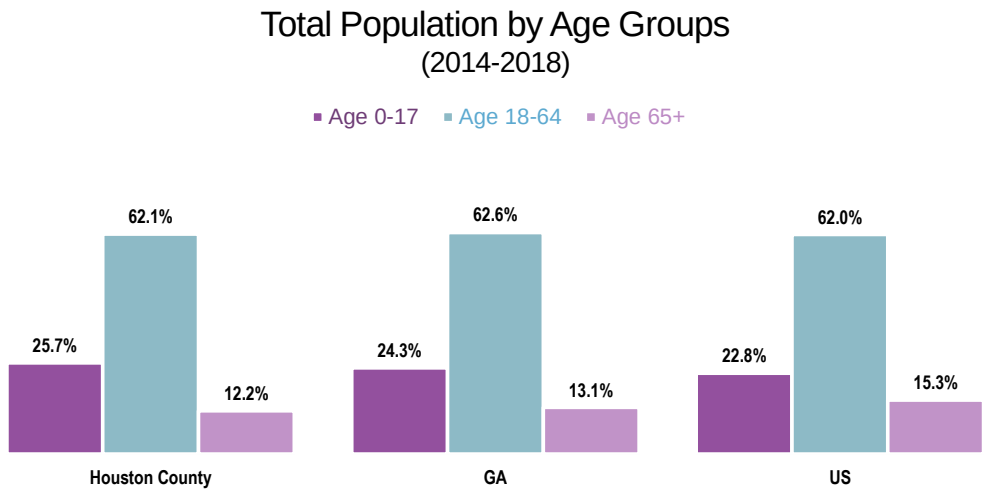


Age

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

In Houston County, 25.7% of the population are children age 0-17; another 62.1% are age 18 to 64, while 12.2% are age 65 and older.

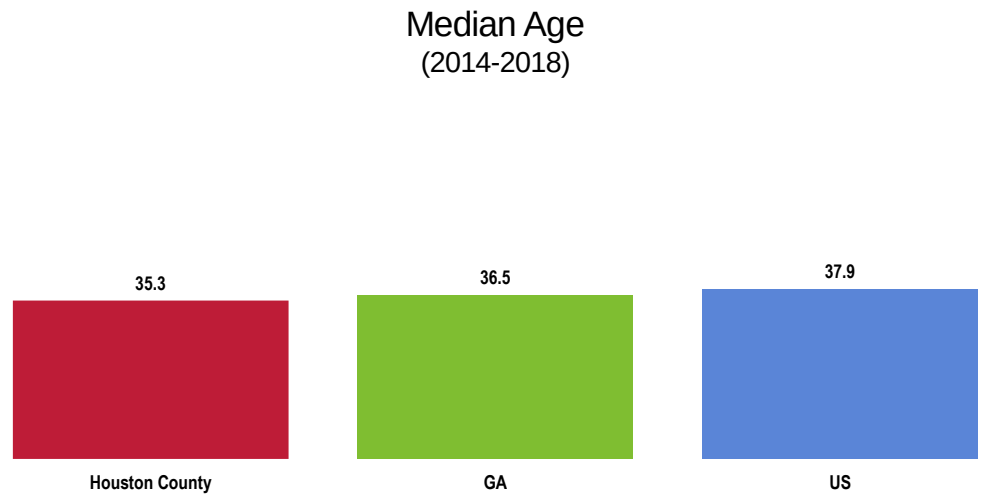
BENCHMARK ► The percentage of seniors (age 65+) is lower than the US figure.



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved May 2020 from CARES Engagement Network at https://engagementnetwork.org.

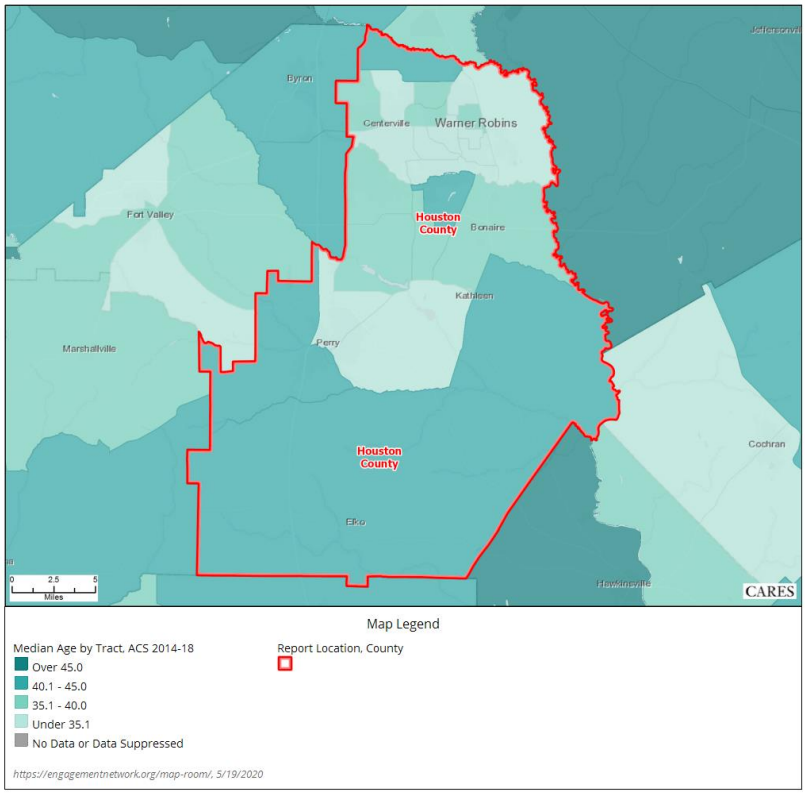
Median Age

Houston County is "younger" than the state and the nation in that the median age is lower.



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved May 2020 from CARES Engagement Network at https://engagementnetwork.org.

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



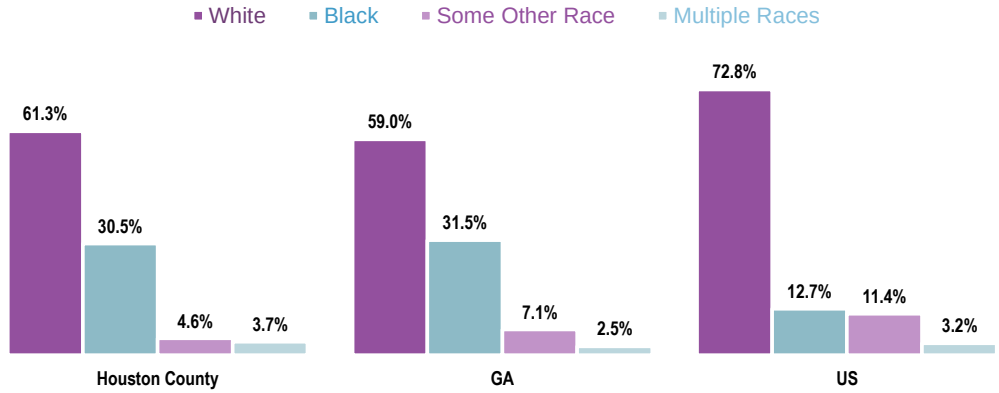
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 61.3% of residents of Houston County are White and 30.5% are Black.

BENCHMARK ► A more racially diverse population than reported nationally.

Total Population by Race Alone
(2014-2018)



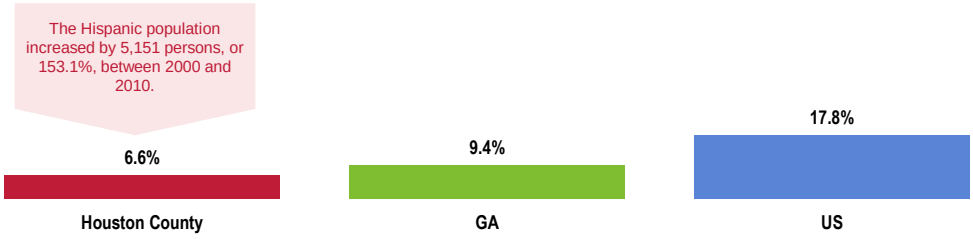
Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved May 2020 from CARES Engagement Network at https://engagementnetwork.org.

Ethnicity

A total of 6.6% of Houston County residents are Hispanic or Latino.

BENCHMARK ► Below the state and especially the US percentage.

Hispanic Population
(2014-2018)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved May 2020 from CARES Engagement Network at https://engagementnetwork.org.

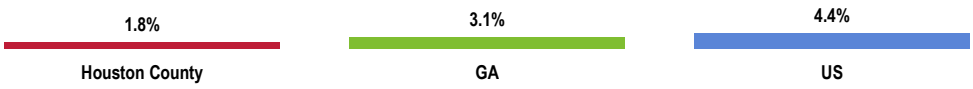
Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Linguistic Isolation

A total of 1.8% of the county population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English or speaking English "very well").

BENCHMARK ► Lower than the Georgia and US figures.

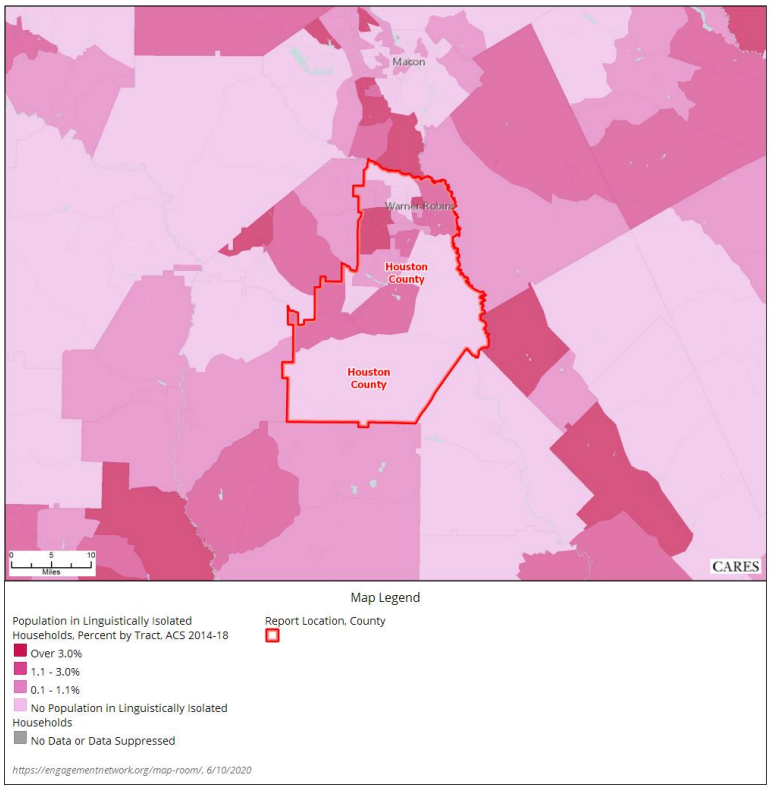
Linguistically Isolated Population
(2014-2018)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved May 2020 from CARES Engagement Network at https://engagementnetwork.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 throughout Houston County.



SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS

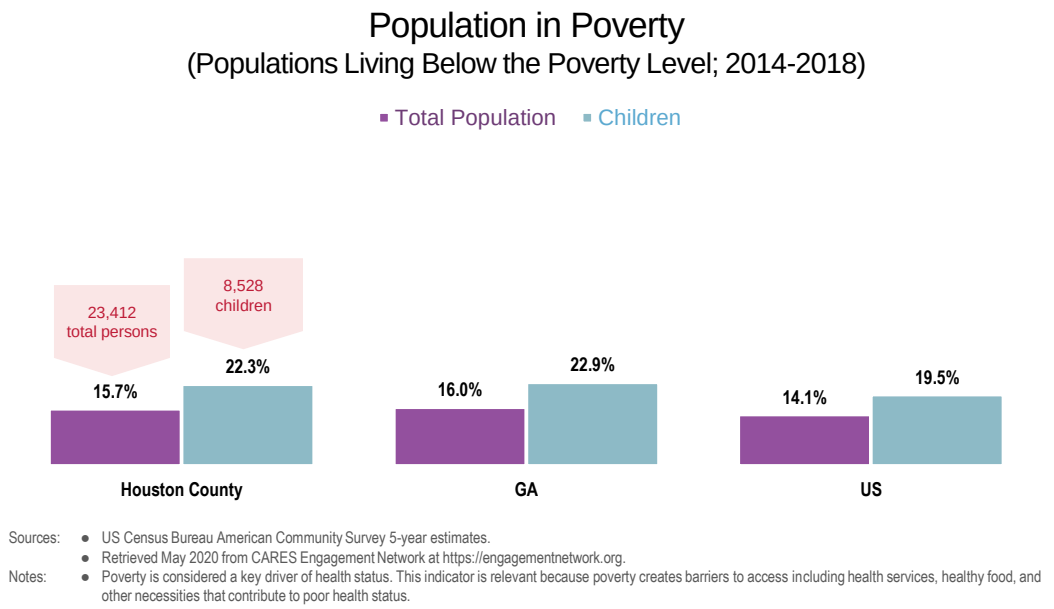
Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is 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 15.7% of Houston County total population living below the federal poverty level.

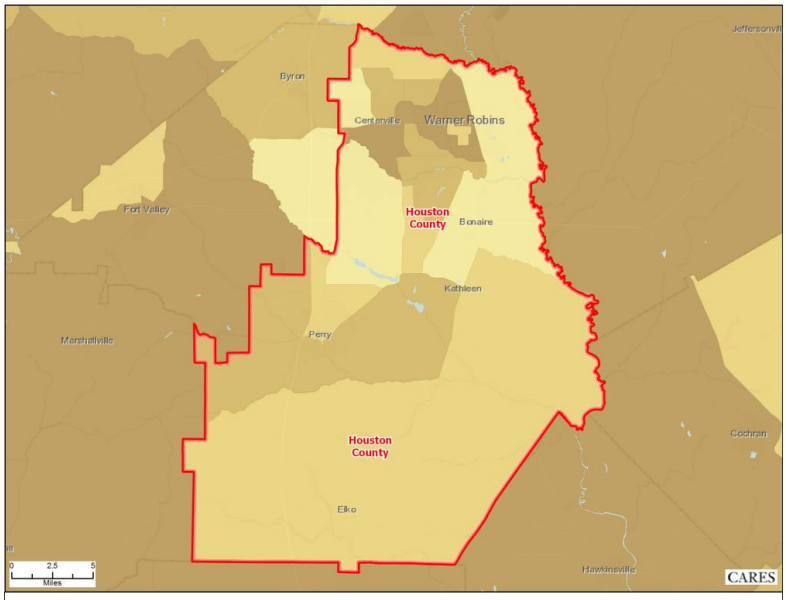
Among just children (ages 0 to 17), this percentage in Houston County is 22.3% (representing an estimated 8,528 children).



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved May 2020 from CARES Engagement Network at https://engagementnetwork.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.

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

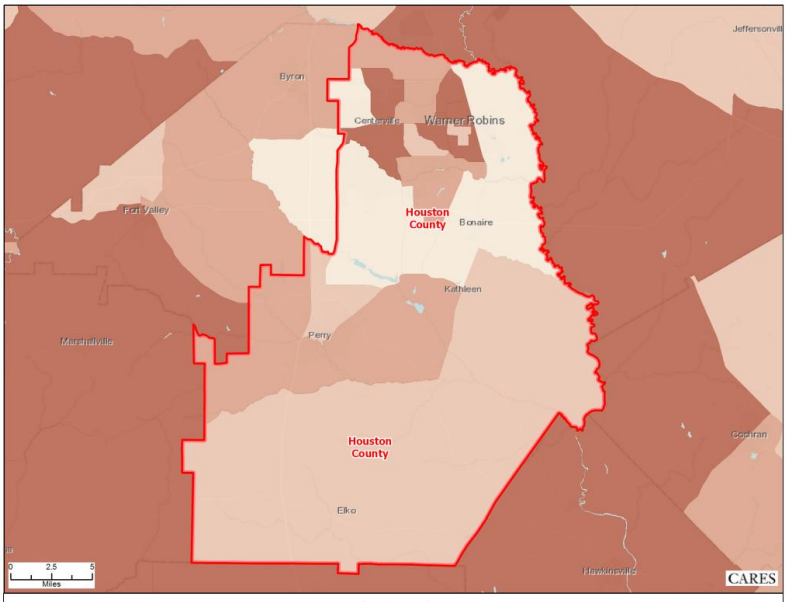


Map Legend

Population Below the Poverty Level, Percent by Tract, ACS 2014-18
- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed

Report Location, County

https://engagementnetwork.org/map-room/, 5/19/2020



Map Legend

Population Below the Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2014-18
- Over 30.0%
- 22.6 - 30.0%
- 15.1 - 22.5%
- Under 15.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed

Report Location, County

https://engagementnetwork.org/map-room/, 5/19/2020

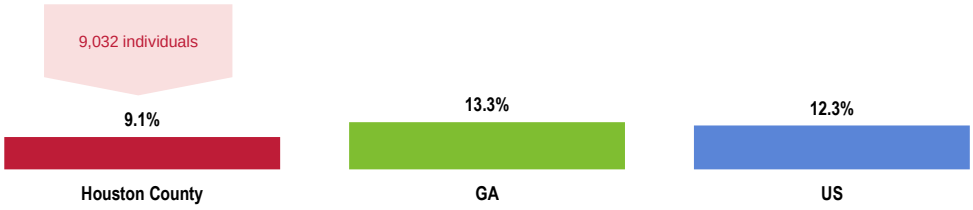
Education

Among the Houston County population age 25 and older, an estimated 9.1% (about 9,000 people) do not have a high school education.

BENCHMARK ► Below the state and national percentages.

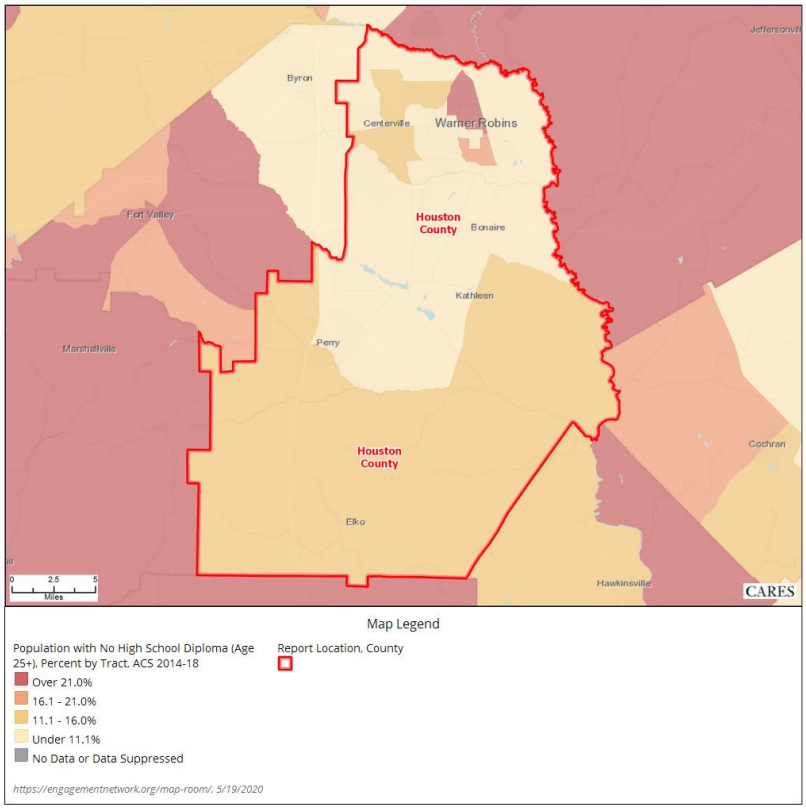
Population With No High School Diploma

(Population Age 25+ Without a High School Diploma or Equivalent, 2014-2018)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved May 2020 from CARES Engagement Network at https://engagementnetwork.org.

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



Food Access

Low Food Access

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

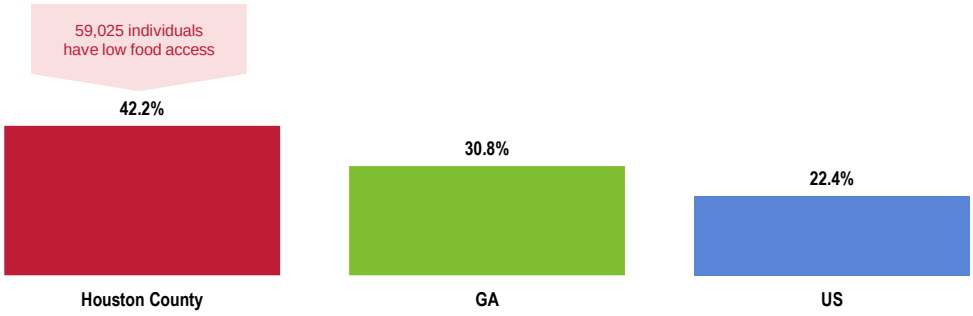
RELATED ISSUE
See also *Nutrition, Physical Activity & Weight* in the **Modifiable Health Risks** section of this report.

US Department of Agriculture data show that 42.2% of the Houston County population (representing over 59,000 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.

BENCHMARK ► Well above the Georgia and US proportions.

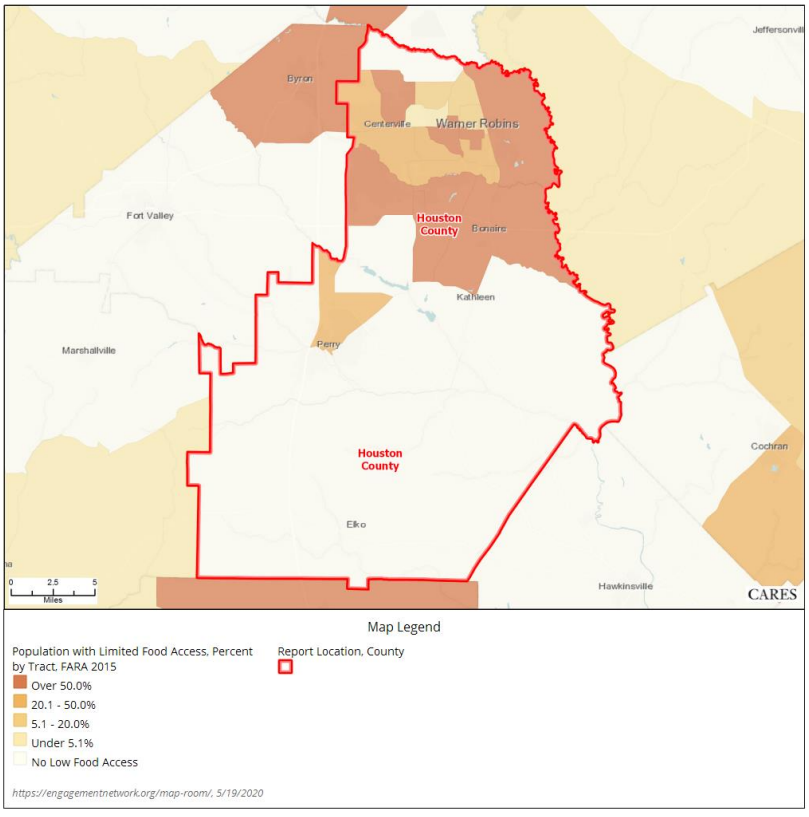
Population With Low Food Access

(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 May 2020 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.



Food Insecurity

ABOUT SURVEY DATA & CHARTS

For indicators derived from the population-based survey administered as part of this project (as for the indicator below and in subsequent sections of this report), **text** describes significant differences determined through statistical testing. The reader can assume that differences (against or among local findings) that are not mentioned are ones that are not statistically significant.

Charts based on survey data throughout this report detail survey findings among key demographic groups – namely by sex, age groupings, income (based on poverty status), and race/ethnicity. Note that, here, "low income" refers to community members living in households with less than $52,000 income (regardless of the number of household members); "mid/high income" refers to those households living on incomes of $52,000 or greater. In addition, race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

Overall, 18.4% of community residents are determined to be "food insecure," having run out of food in the past year and/or been worried about running out of food.

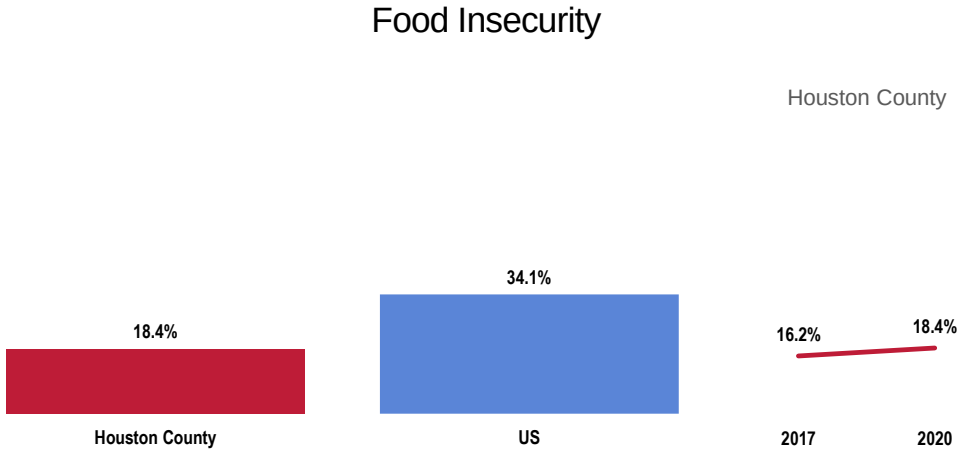
BENCHMARK ► Well below the US prevalence.

DISPARITY ► Significantly higher among low-income residents.

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

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

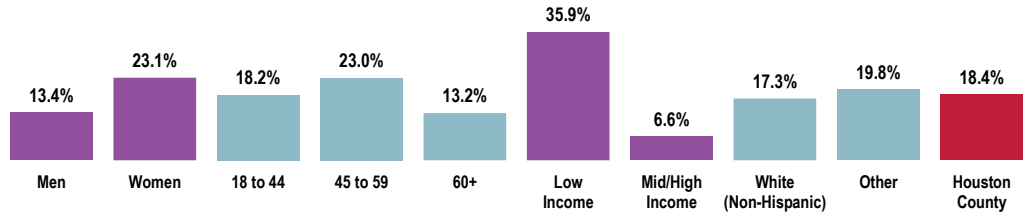
Those answering "Often" or "Sometimes True" for either statement are considered to be food insecure.



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

Notes:
- Asked of all respondents.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Food Insecurity
(Houston County, 2020)

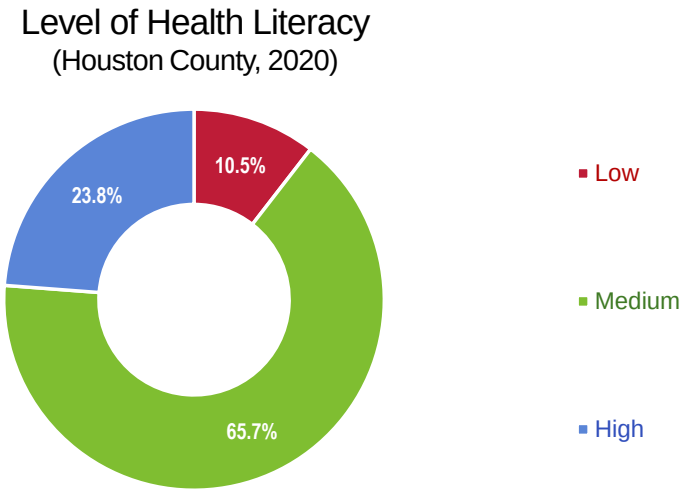


Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 112]
Notes: ● Asked of all respondents.
● Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

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.

Most surveyed adults in Houston County are found to have a moderate level of health literacy.



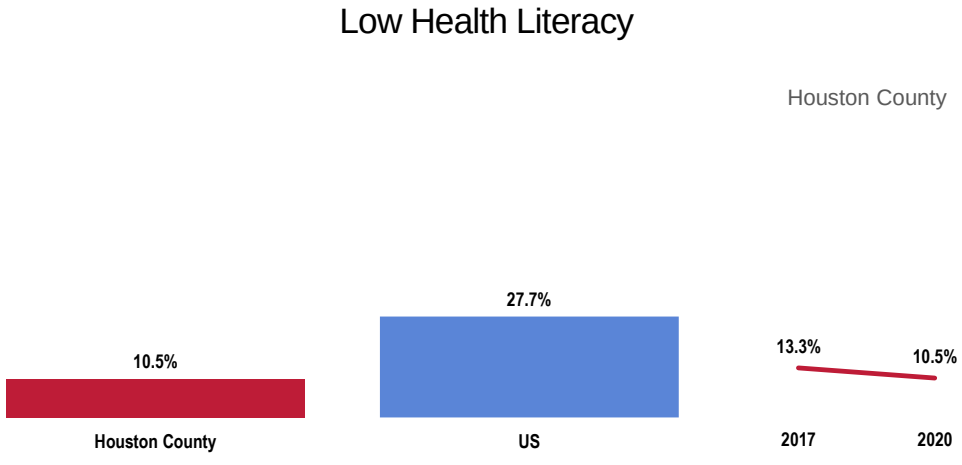
Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 310]

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.

A total of 10.5% are determined to have low health literacy.

BENCHMARK ► Less than half the US prevalence.

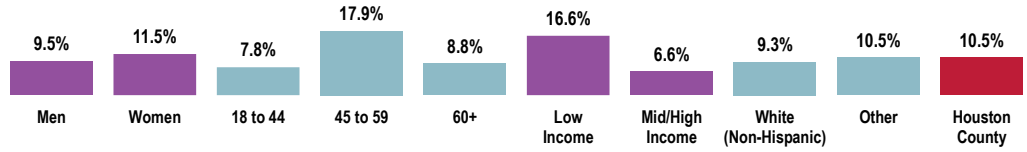
DISPARITY ► The disparities by demographic characteristic are not statistically significant.



Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 310]
- 2020 PRC National Health Survey, PRC, 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 Health Literacy
(Houston County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 310]
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.

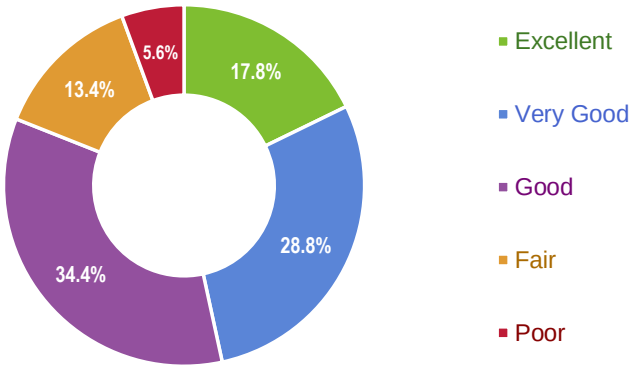
HEALTH STATUS

OVERALL HEALTH STATUS

The initial inquiry of the PRC Community Health Survey asked: "Would you say that in general your health is: Excellent, Very Good, Good, Fair, or Poor?"

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

Self-Reported Health Status
(Houston County, 2020)



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

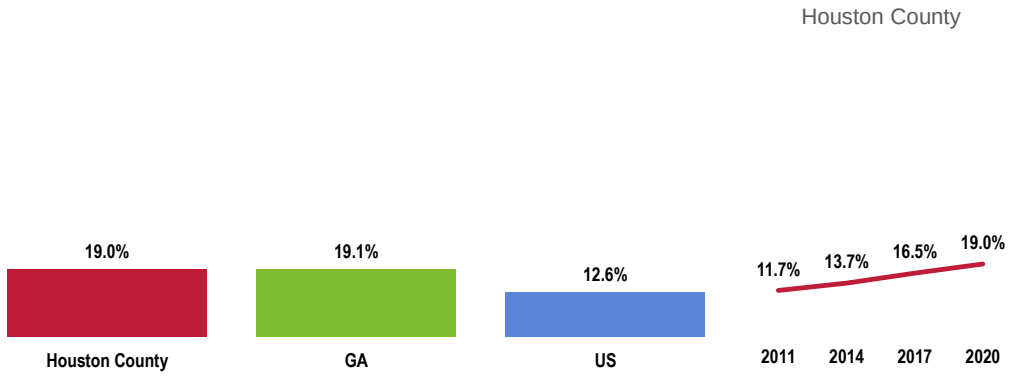
However, 19.0% of Houston County adults believe that their overall health is "fair" or "poor."

BENCHMARK ► Worse than the US figure.

TREND ► Marks a statistically significant increase from 2011 survey findings.

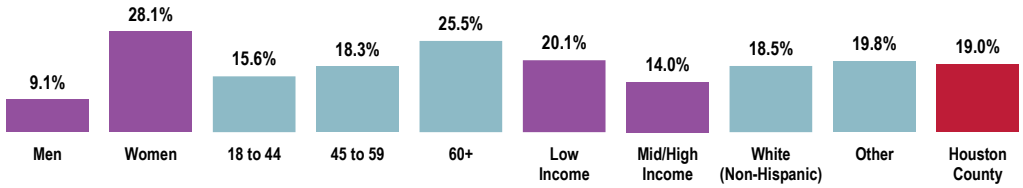
DISPARITY ► Unfavorably high among women and adults age 60+ in the county.

Experience "Fair" or "Poor" Overall Health



Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 5]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Georgia data.
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Experience “Fair” or “Poor” Overall Health
(Houston County, 2020)



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

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.

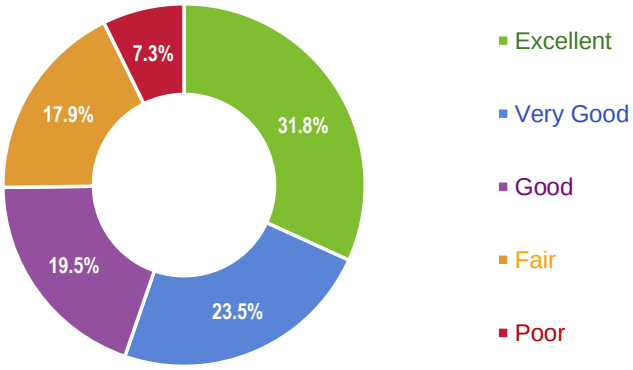
– Healthy People 2020 (www.healthypeople.gov)

Mental Health Status

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

"Now thinking about your mental health, which includes stress, depression, and problems with emotions, would you say that, in general, your mental health is: Excellent, Very Good, Good, Fair, or Poor?"

Self-Reported Mental Health Status
(Houston County, 2020)



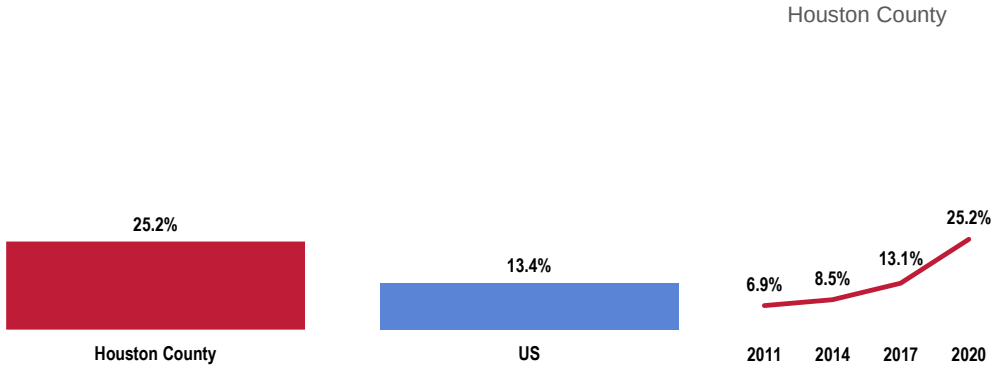
Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 92]
Notes: ● Asked of all respondents.

However, 25.2% believe that their overall mental health is "fair" or "poor."

BENCHMARK ► Well above the US percentage.

TREND ► Denotes a statistically significant increase over time.

Experience "Fair" or "Poor" Mental Health



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

Depression

Diagnosed Depression

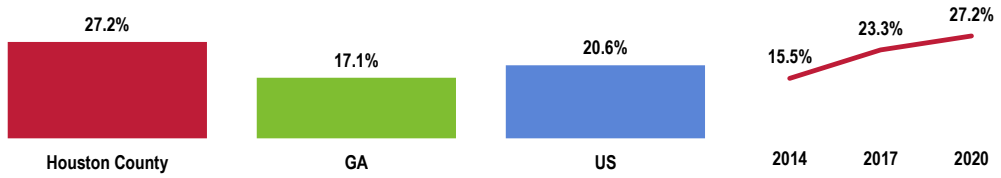
A total of 27.2% of Houston County adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

BENCHMARK ► Ten percentage points higher than the Georgia percentage.

TREND ► Increasing significantly since 2014 (the indicator was not covered in the 2011 survey).

Have Been Diagnosed With a Depressive Disorder

Houston County



Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 93]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Georgia data.
- 2020 PRC National Health Survey, PRC, Inc.

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

Symptoms of Chronic Depression

A total of 40.9% of Houston County adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

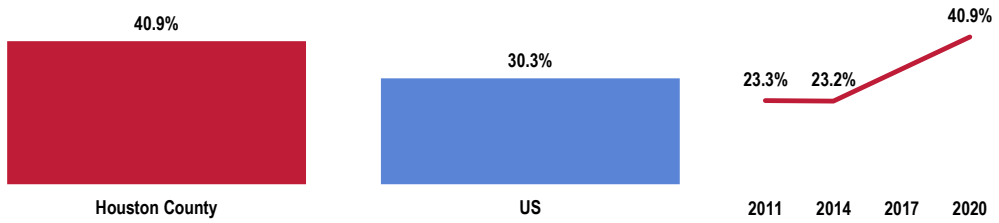
BENCHMARK ► Well above the US prevalence.

TREND ► Increasing significantly from 2011 and 2014 survey findings.

DISPARITY ► Decreases with age and is higher among women and low-income adults.

Have Experienced Symptoms of Chronic Depression

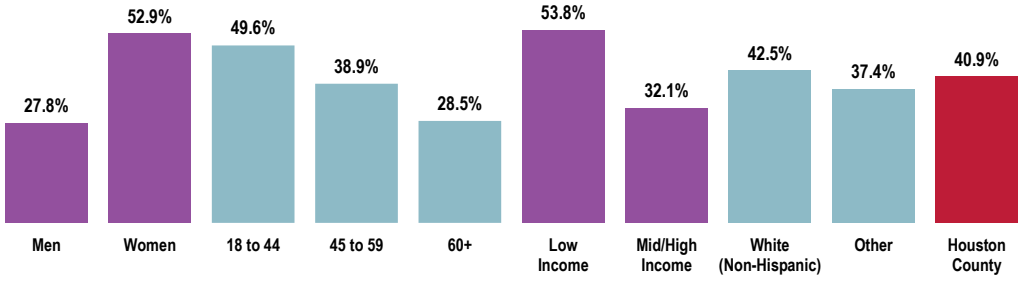
Houston County



Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 91]
- 2020 PRC National Health Survey, PRC, Inc.

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

Have Experienced Symptoms of Chronic Depression
(Houston County, 2020)

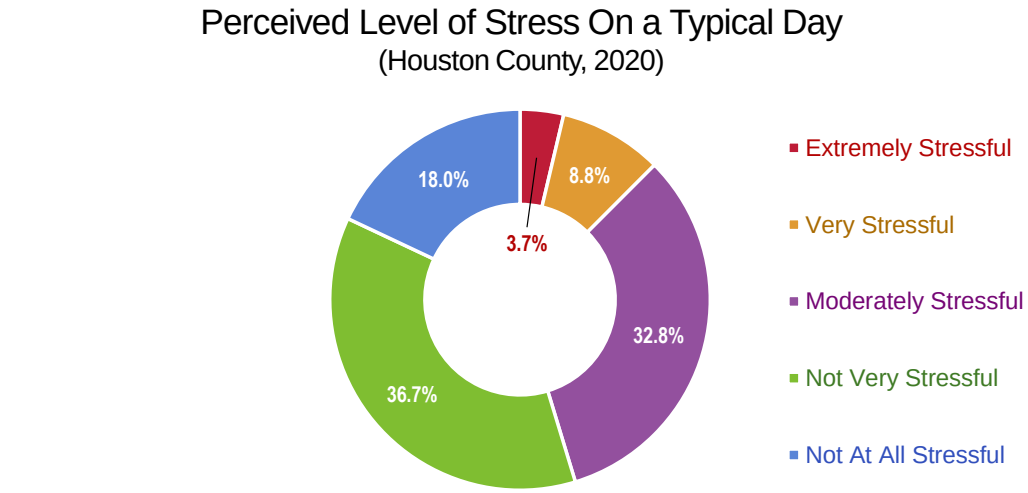


Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 91]

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

Stress

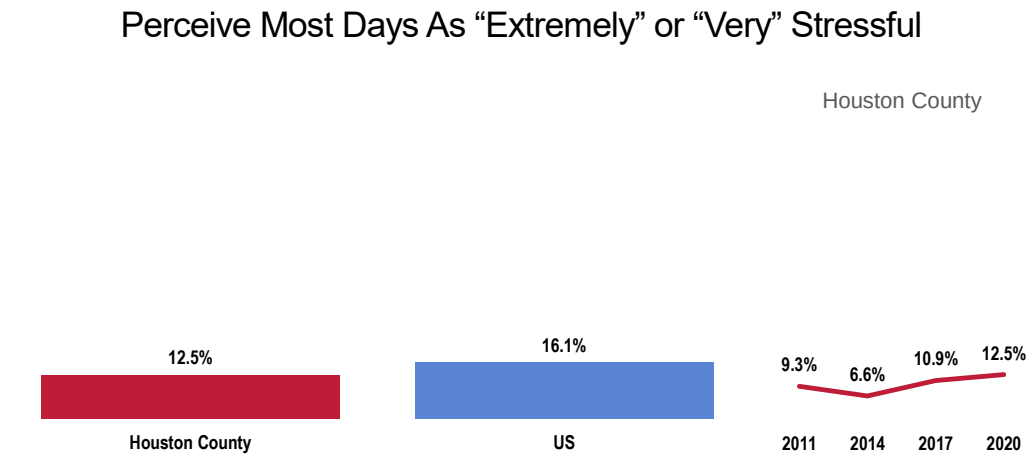
A majority of surveyed adults characterize most days as no more than "moderately" stressful.



Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 92]
Notes: ● Asked of all respondents.

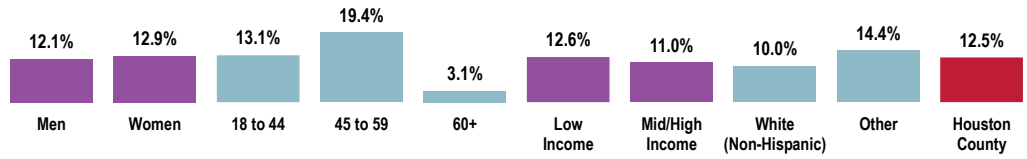
In contrast, 12.5% of Houston County adults feel that most days for them are "very" or "extremely" stressful.

DISPARITY ► Unfavorably high among respondents age 45 to 59.



Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 92]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Perceive Most Days as “Extremely” or “Very” Stressful
(Houston County, 2020)



Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 92]

Notes:
- Asked of all respondents.

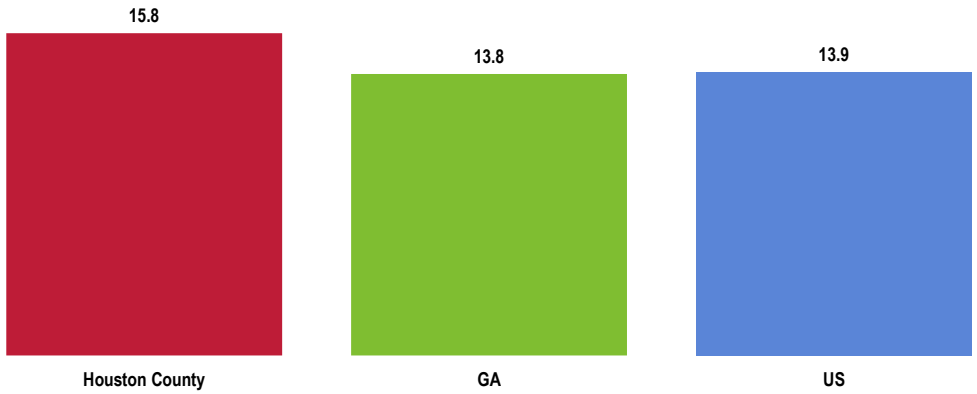
Suicide

In Houston County, there were 15.8 suicides per 100,000 population (2016-2018 annual average age-adjusted rate).

BENCHMARK ► Fails to satisfy the Healthy People 2020 objective.

TREND ► Increasing from baseline reports.

Suicide: Age-Adjusted Mortality
(2016-2018 Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 10.2 or Lower

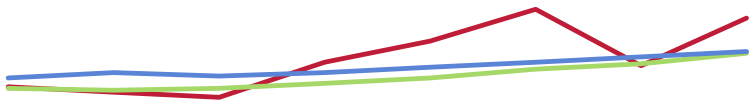


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2020.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov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

Suicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 10.2 or Lower



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Houston County	11.9	11.6	11.3	13.3	14.5	16.3	13.1	15.8
GA	11.8	11.7	11.8	12.1	12.4	12.9	13.2	13.8
US	12.4	12.7	12.5	12.7	13.0	13.3	13.6	13.9

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

Mental Health Treatment

Mental Health Providers

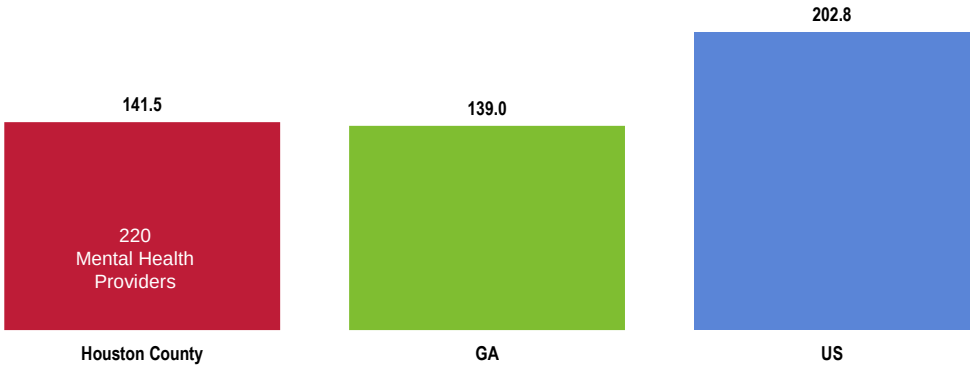
In Houston County in 2019, there were 141.5 mental health providers for every 100,000 population.

BENCHMARK ► Lower than the US ratio.

Here, "mental health providers" includes psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care. Note that this indicator only reflects providers practicing in Houston County and residents in Houston County; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

Access to Mental Health Providers

(Number of Mental Health Providers per 100,000 Population, 2019)



Sources:
- University of Wisconsin Population Health Institute, County Health Rankings.
- Retrieved May 2020 from CARES Engagement Network at https://engagementnetwork.org.

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

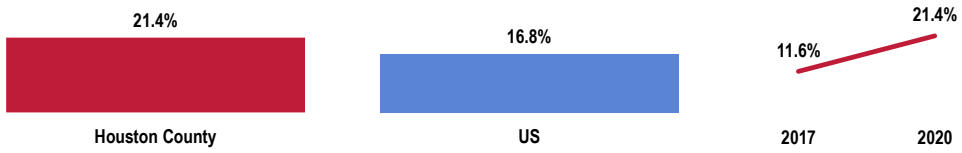
Currently Receiving Treatment

A total of 21.4% are currently taking medication or otherwise receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

TREND ► Increasing significantly from 2017 survey findings.

Currently Receiving Mental Health Treatment

Houston County



Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 94]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- "Treatment" can include taking medications for mental health.

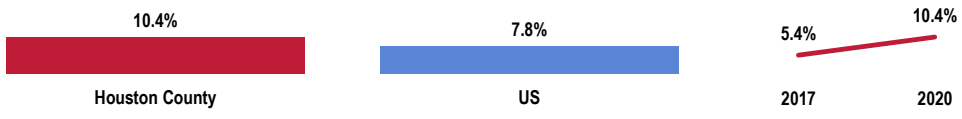
Difficulty Accessing Mental Health Services

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

DISPARITY ► Unfavorably high among women; strong correlation with age.

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

Houston County



Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 95]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

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

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

Key Informant Input: Mental Health

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

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

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

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

Access to Care/Services

> Not enough support. – Physician
>
> Lack of first-line care and response services. Lack of inpatient care facilities. Policymakers seem to treat mental health care only as a cost and not an important part of our state's societal, economic, and collective population health. Many people seem to think mental health is not a health issue but a behavioral issue. Unfortunately, many folks with mental health diagnoses don't get care, they get arrested. We move the problems into expensive detention facilities when a far less expensive prescription or CBT treatment plan may have helped. – Community/ Business Leader
>
> No access to care. – Other Health Provider
>
> Obtaining services. – Social Services Provider

> There are very limited options for evaluating mental health conditions in our community. Once diagnosed, there are extremely limited treatment options, case management options, crisis management options, or counseling. Private services are expensive and require insurance. There is almost total lack of reliable and easy access to any facilities that offer such care. TeleHealth options are extremely limited. Mental health issues that are untreated or undiagnosed end up being law enforcement issues, tax our healthcare systems, and cause strain on our families and social support systems. Treatment or evaluation within our current healthcare system (ex. ER) is expensive and frequently unreimbursed. – Public Health Representative
>
> There are not enough resources available to address those with mental health issues. – Other Health Provider
>
> Having a place to get treatment. – Community/Business Leader
>
> Limited access to resources, stigma around seeking treatment, suicide in middle & high schools in our county, negative effects of kids with phones and social media, absentee parents, depression, social isolation leading to low self-esteem and poor choices that result in not having a trusted resource to talk to. – Community/Business Leader
>
> Lack of options for mental health evaluation and treatment significantly impacts all aspects of our community. Untreated mental health issues contribute to strains on our medical system, legal system, and social-support systems. – Public Health Representative
>
> We do not have the facilities we need for mental patients. We need more counselors and psychiatrists in this area. The mental hospital that was used has closed, and the nearest one is in Macon. We have rooms at our hospital but not for long-term patients. – Community/Business Leader
>
> Access to a broad range of services. – Community/Business Leader
>
> Access and cost. – Community/Business Leader
>
> Access to counseling, ability to be prescribed and to pay for needed drug treatments. – Social Services Provider

Awareness/Education

> Besides the lack of knowledge, it is the stigma attached to having mental health issues. Having to admit that one has mental health issues seems more debilitating than the mental illness itself. – Social Services Provider
>
> Mental health leading to suicide. – Community/Business Leader

Diagnosis/Treatment

> Biggest problem: identification of mental health issues and then access to mental health care, especially for populations without insurance or simply unable to afford treatment. – Community/Business Leader

Affordable Care/Services

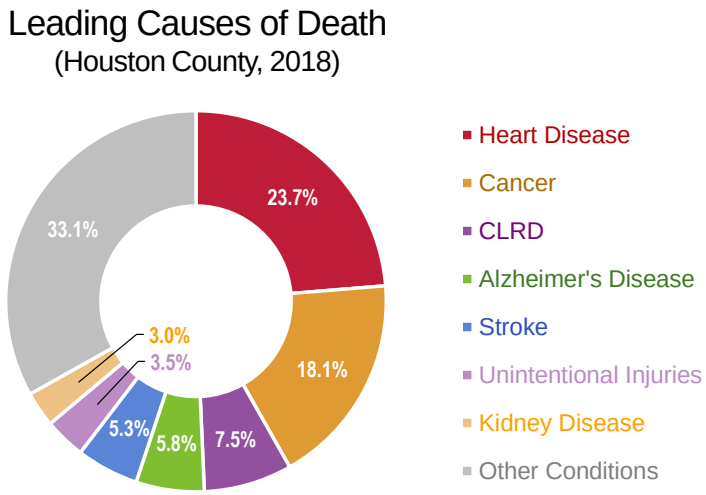
> Finding affordable care. – Community/Business Leader

DEATH, DISEASE & CHRONIC CONDITIONS

LEADING CAUSES OF DEATH

Distribution of Deaths by Cause

Together, heart disease and cancers accounted for a plurality of deaths in Houston County in 2018.



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2020.
Notes: ● Lung disease is CLRD, or chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

AGE-ADJUSTED DEATH RATES

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

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

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

The following chart outlines 2016-2018 annual average age-adjusted death rates per 100,000 population for selected causes of death in Houston County.

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

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

Age-Adjusted Death Rates for Selected Causes
(2016-2018 Deaths per 100,000 Population)

	Houston County	Georgia	US	HP2020
Diseases of the Heart	203.2	176.9	164.7	156.9*
Malignant Neoplasms (Cancers)	154.7	155.8	152.5	161.4
Chronic Lower Respiratory Disease (CLRD)	57.2	46.4	40.4	n/a
Fall-Related Deaths (65+)	49.4	50.7	63.4	47.0
Alzheimer's Disease	45.3	45.8	30.6	n/a
Cerebrovascular Disease (Stroke)	41.7	43.7	37.3	34.8
Kidney Diseases	32.7	18.5	13.0	n/a
Unintentional Injuries	29.9	44.2	48.3	36.4
Diabetes Mellitus	22.1	21.6	21.3	20.5*
Septicemia	19.8	15.2	10.5	n/a
Pneumonia/Influenza	17.1	14.2	14.2	n/a
Firearm-Related	16.0	15.4	11.9	9.3
Intentional Self-Harm (Suicide)	15.8	13.8	13.9	10.2
Cirrhosis/Liver Disease	12.0	9.6	10.9	8.2
Motor Vehicle Deaths	10.7	14.3	11.5	12.4
Homicide	5.8	7.8	6.1	5.5
Drug-Induced	4.7	12.3	18.1	11.3
HIV/AIDS	1.8	3.9	2.1	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 March 2020.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov.

Note:
- *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…. 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 health care.

– 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 2016 and 2018, there was an annual average age-adjusted heart disease mortality rate of 203.2 deaths per 100,000 population in Houston County.

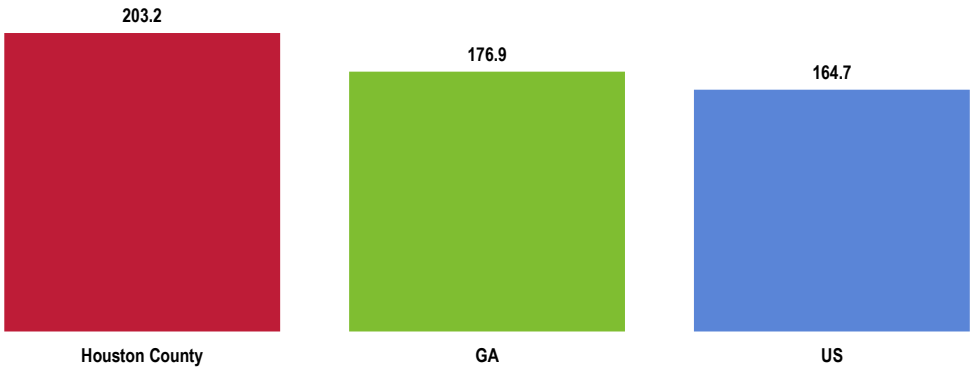
BENCHMARK ► Higher than the US rate and failing to satisfy the Healthy People 2020 objective.

DISPARITY ► The rate is higher among Blacks in Houston County.

Heart Disease: Age-Adjusted Mortality

(2016-2018 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 156.9 or Lower (Adjusted)



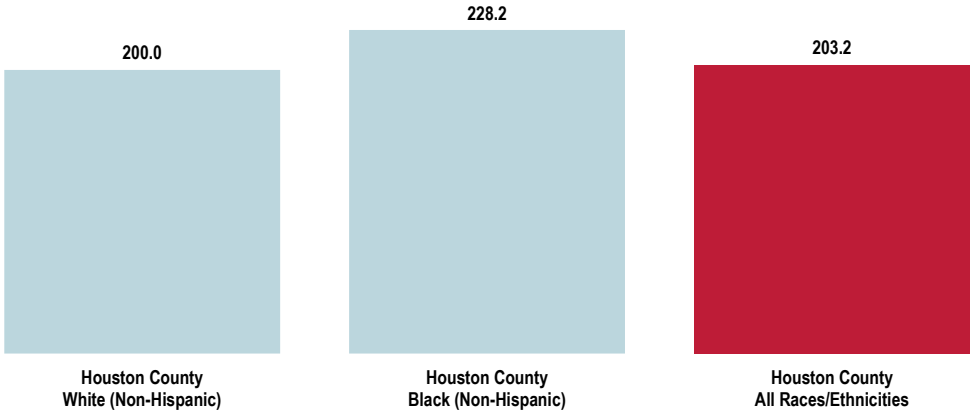
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2020.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov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

Notes:
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Heart Disease: Age-Adjusted Mortality by Race

(2016-2018 Annual Average Deaths per 100,000 Population)

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

Notes:
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 156.9 or Lower (Adjusted)

	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Houston County	174.1	165.5	164.4	164.0	180.8	190.8	204.6	203.2
GA	191.2	184.2	179.6	178.7	179.5	179.6	178.3	176.9
US	195.1	190.7	171.1	168.9	168.4	167.0	166.3	164.7

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

Notes:
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke Deaths

Between 2016 and 2018, there was an annual average age-adjusted stroke mortality rate of 41.7 deaths per 100,000 population in Houston County.

BENCHMARK ► Fails to reach the Healthy People 2020 objective.

TREND ► The death rate has decreased from baseline reporting.

DISPARITY ► The rate is much higher among Blacks in the county.

Stroke: Age-Adjusted Mortality

(2016-2018 Annual Average Deaths per 100,000 Population)

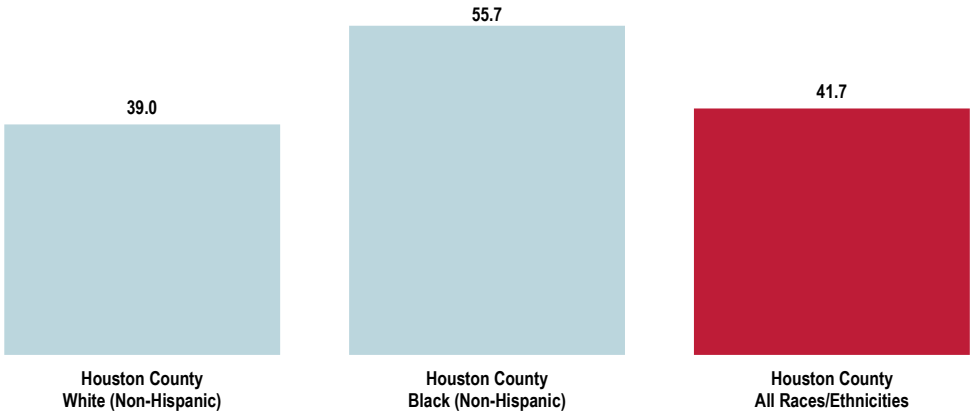
Healthy People 2020 = 34.8 or Lower

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

Stroke: Age-Adjusted Mortality by Race

(2016-2018 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 34.8 or Lower

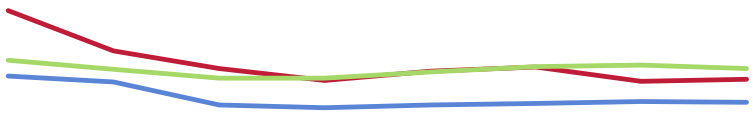


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2020.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov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

Stroke: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 34.8 or Lower



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Houston County	54.7	47.1	43.7	41.5	43.2	44.0	41.3	41.7
GA	45.3	43.6	41.9	41.9	43.1	44.1	44.4	43.7
US	42.3	41.2	36.8	36.3	36.8	37.1	37.5	37.3

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

Prevalence of Heart Disease & Stroke

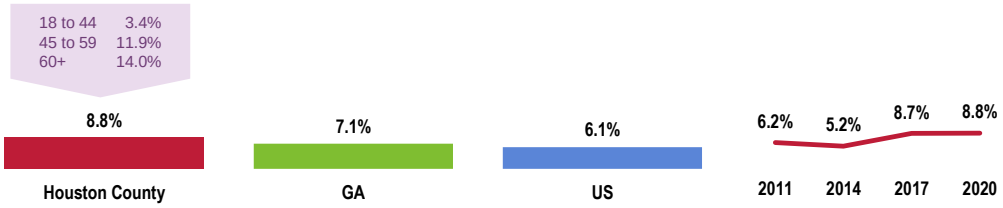
Prevalence of Heart Disease

A total of 8.8% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

DISPARITY ► Strong correlation with age.

Prevalence of Heart Disease

Houston County



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

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

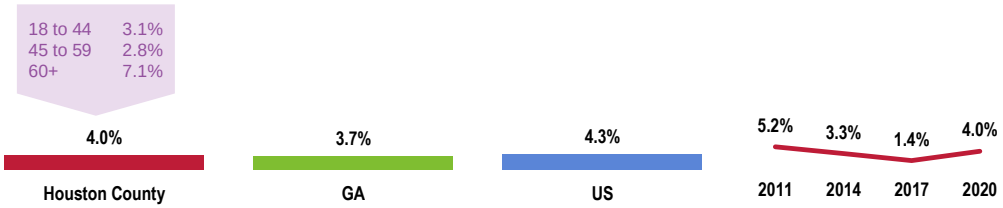
Prevalence of Stroke

A total of 4.0% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

DISPARITY ► Higher among adults age 60+.

Prevalence of Stroke

Houston County



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

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

A total of 51.3% of Houston County adults have been told by a health professional at some point that their blood pressure was high.

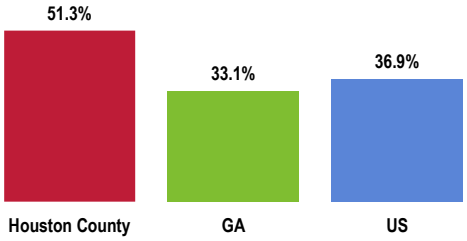
BENCHMARK ► Worse than state and US figures; far from satisfying the Healthy People 2020 goal.

A total of 40.8% of adults have been told by a health professional that their cholesterol level was high.

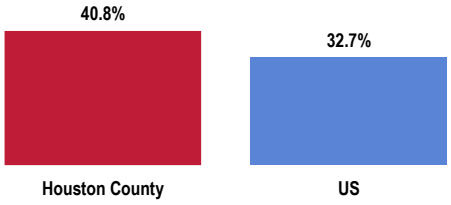
BENCHMARK ► Worse than the US percentage. Three times the Healthy People 2020 objective.

TREND ► Increasing significantly from 2011 survey findings.

Prevalence of
High Blood Pressure
Healthy People 2020 = 26.9% or Lower



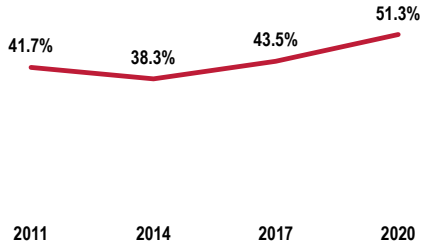
Prevalence of
High Blood Cholesterol
Healthy People 2020 = 13.5% or Lower



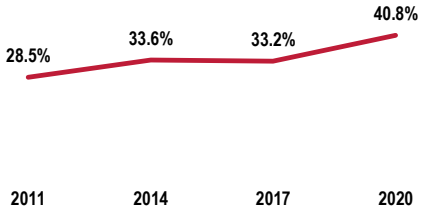
Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Items 35-36]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Georgia data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives HDS-5.1, HDS-7]

Notes:
- Asked of all respondents.

Prevalence of
High Blood Pressure
(Houston County)
Healthy People 2020 = 26.9% or Lower



Prevalence of
High Blood Cholesterol
(Houston County)
Healthy People 2020 = 13.5% or Lower



Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Items 35-36]
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives HDS-5.1, HDS-7]
Notes: ● Asked of all respondents.

Total Cardiovascular Risk

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

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

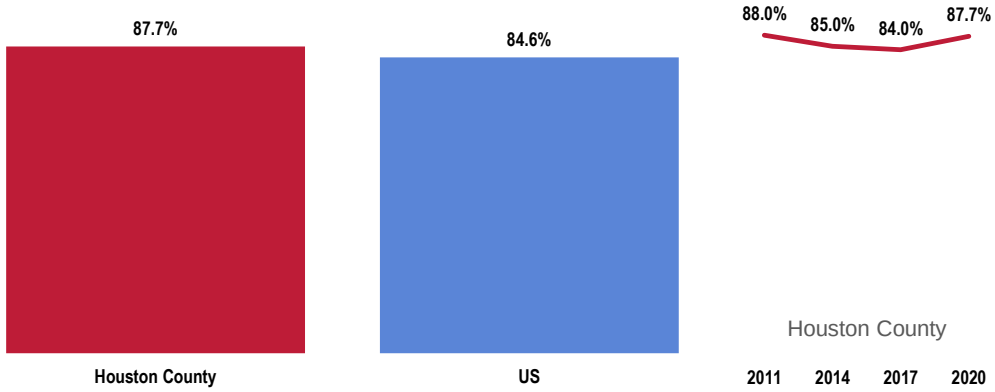
Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

A total of 87.7% 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.

DISPARITY ► Unfavorably high among Whites and adults age 45 and over.

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

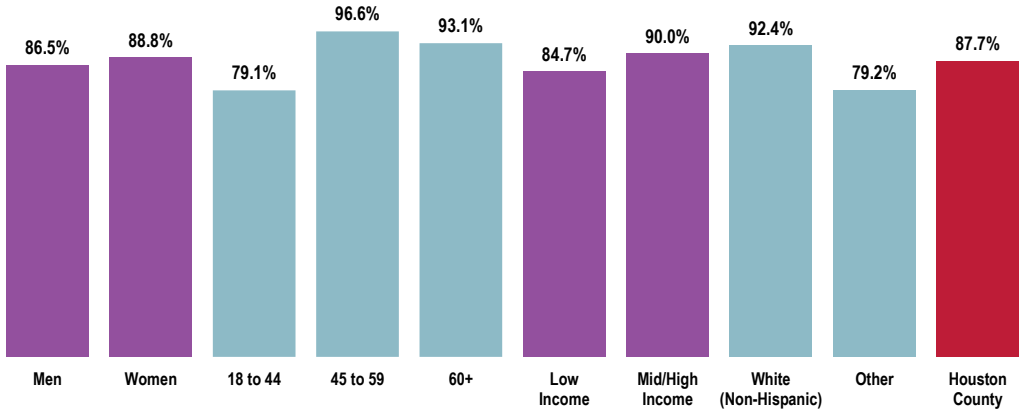
Present One or More Cardiovascular Risks or Behaviors



Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 115]
- 2020 PRC National Health Survey, PRC, Inc.

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

Present One or More Cardiovascular Risks or Behaviors
(Houston County, 2020)

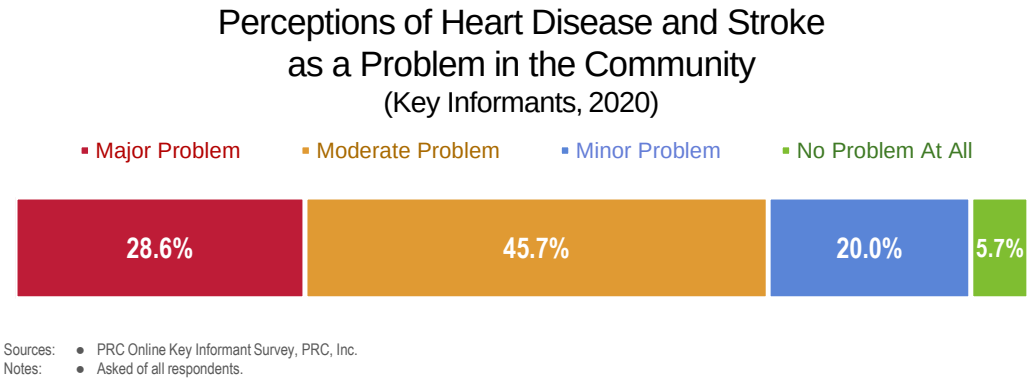


Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 115]

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

Key Informant Input: Heart Disease & Stroke

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



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

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

Prevalence/Incidence

> Cardiovascular disease is the leading cause of death in Houston County. – Other Health Provider
>
> Too many people with high blood pressure show up at the emergency department or urgent care looking for primary care management, prescriptions/refills. – Other Health Provider
>
> Heart disease and stroke are one of the leading causes of morbidity and mortality in Houston County. Lack of affordable access to care, lack of transportation to care, lack of easily accessible exercise, high rates of tobacco use, and food deserts contribute to high rates of disease. Emergent or reoccurring care for uninsured/ underinsured with cardiovascular conditions places strain on existing sources of patient assistance and contributes to the high cost of healthcare for others as healthcare for all increases. Heart disease and stroke contribute to prolonged disability and unemployment. – Public Health Representative
>
> Too many people dying from heart disease. – Community/Business Leader
>
> Major causes of death. – Community/Business Leader

Contributing Factors

> As with diabetes, in most people these issues are due to lack of physical activity, poor eating habits, and adequate access to health care. – Other Health Provider

Affordable Care/Services

> Severity and cost of treatment. Lack of folks taking prevention education seriously. – Community/Business Leader

Awareness/Education

> Willingness to embrace health education and make lifestyle changes. – Community/Business 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

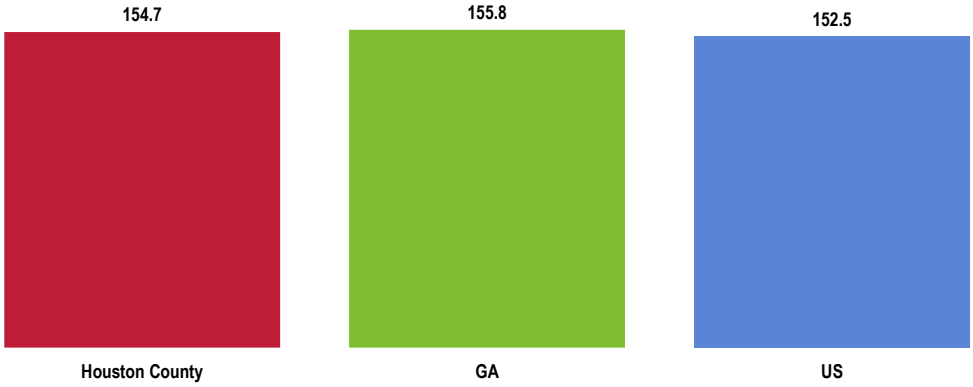
Between 2016 and 2018, there was an annual average age-adjusted cancer mortality rate of 154.7 deaths per 100,000 population in Houston County.

TREND ► The rate has decreased over time, in keeping with state and national trends.

Cancer: Age-Adjusted Mortality

(2016-2018 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 161.4 or Lower

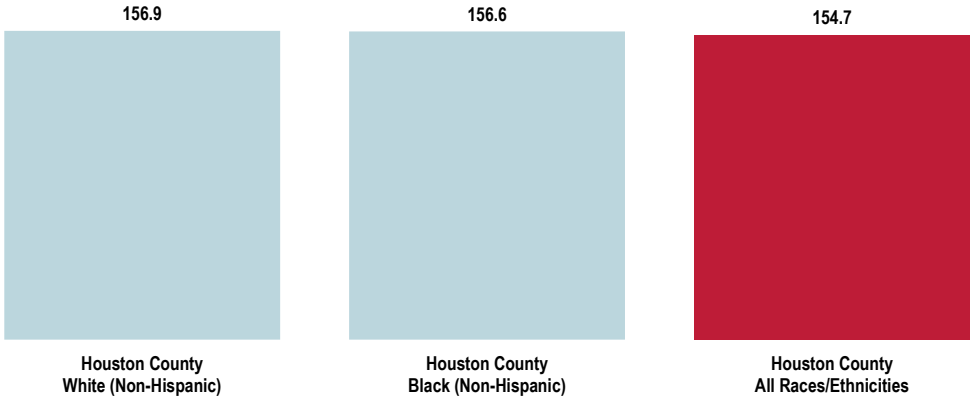


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2020.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov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

Cancer: Age-Adjusted Mortality by Race

(2016-2018 Annual Average Deaths per 100,000 Population)

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

Cancer: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 161.4 or Lower

	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Houston County	182.5	172.3	169.4	156.8	161.8	159.4	162.9	154.7
GA	173.6	171.4	169.0	167.4	165.4	162.9	159.4	155.8
US	176.8	173.3	165.1	162.5	161.0	158.5	155.6	152.5

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

Cancer Deaths by Site

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

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

BENCHMARK

Prostate Cancer ► Higher than both state and national rates. Fails to satisfy the Healthy People 2020 objective.

Female Breast Cancer ► Below the state rate.

Colorectal Cancer ► Below the state rate and satisfying the Healthy People 2020 objective.

Age-Adjusted Cancer Death Rates by Site

(2016-2018 Annual Average Deaths per 100,000 Population)

	Houston County	Georgia	US	HP2020
ALL CANCERS	**154.7**	**155.8**	**152.5**	**161.4**
Lung Cancer	**42.6**	**39.0**	**36.6**	**45.5**
Prostate Cancer	**27.0**	**21.6**	**18.9**	**21.8**
Female Breast Cancer	**18.1**	**21.3**	**19.9**	**20.7**
Colorectal Cancer	**12.1**	**14.7**	**13.7**	**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 March 2020.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov

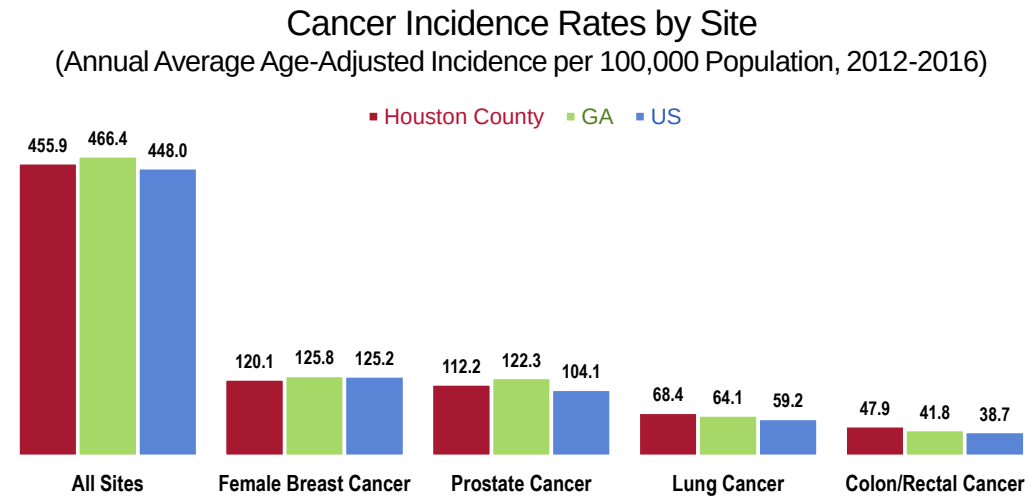
Cancer Incidence

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

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

BENCHMARK

Colorectal Cancer ► Higher than the national rate.



Sources:
- State Cancer Profiles.
- Retrieved May 2020 from CARES Engagement Network at https://engagementnetwork.org.

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

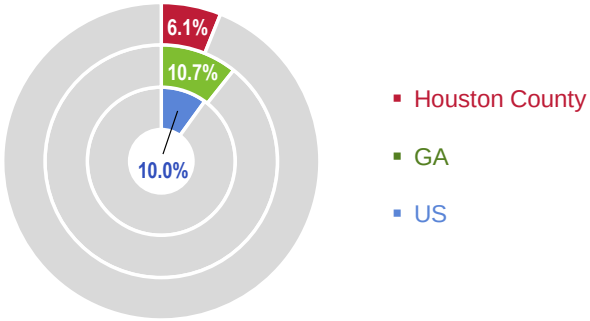
Prevalence of Cancer

A total of 6.1% of surveyed Houston County adults report having ever been diagnosed with cancer.

BENCHMARK ► Well below the state and US figures.

DISPARITY ► Increases with age among survey respondents.

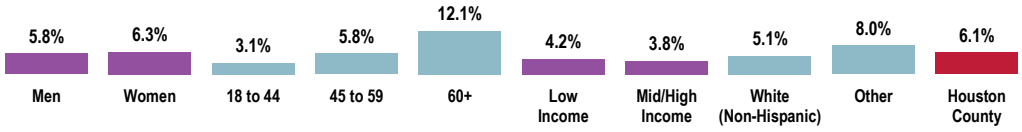
Prevalence of Cancer



Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 25]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): Georgia 2018 data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Reflects all respondents.

Prevalence of Cancer
(Houston County, 2020)



Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 25]

Notes:
- Reflects all respondents.

RELATED ISSUE
See also *Nutrition, Physical Activity & Weight* and *Tobacco Use* in the **Modifiable Health Risks** 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/HPV testing); and colorectal cancer (colonoscopy/sigmoidoscopy and fecal occult blood testing).

FEMALE BREAST CANCER

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

CERVICAL CANCER

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

COLORECTAL CANCER

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

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

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

Among women age 50-74, 83.4% have had a mammogram within the past 2 years.

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

Among Houston County women age 21 to 65, 90.7% have had appropriate cervical cancer screening.

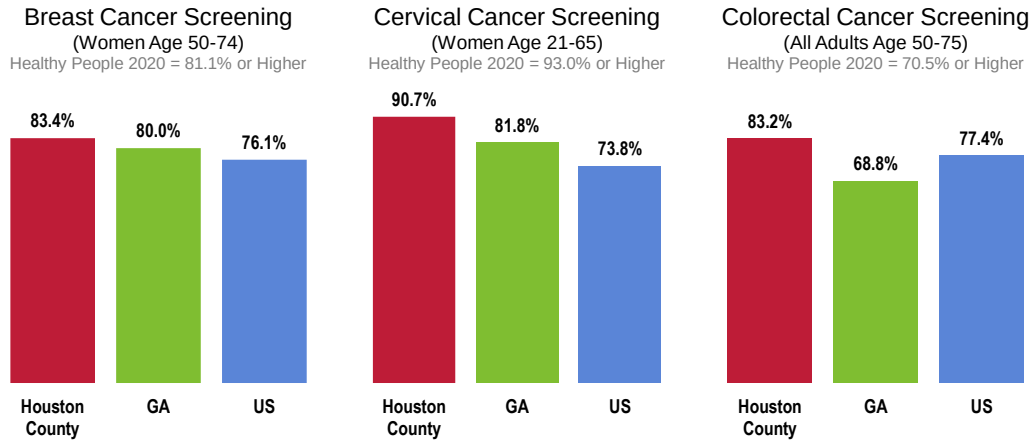
BENCHMARK ► Above the state and national figures.

Among all adults age 50-75, 83.2% have had appropriate colorectal cancer screening.

BENCHMARK ► Well above the state percentage. Easily satisfies the Healthy People 2020 objective.

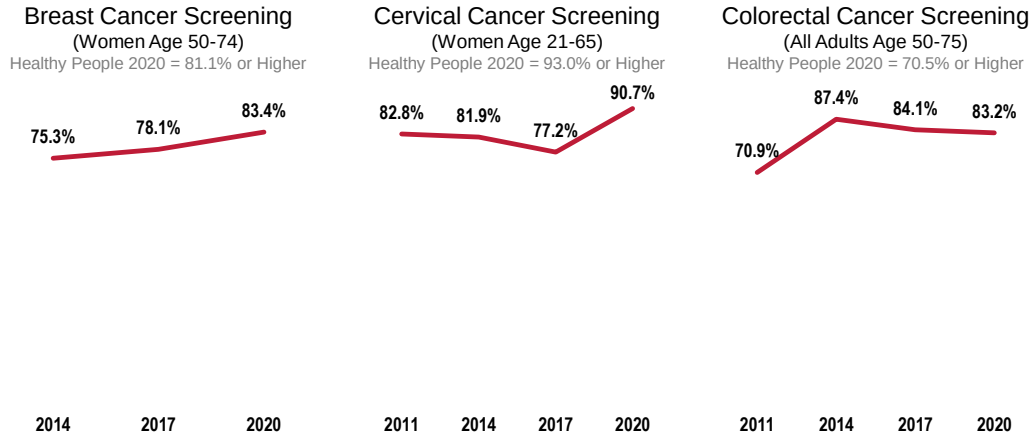
TREND ► Represents a statistically significant increase from 2011 survey findings.

"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.



Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Items 116-118]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Georgia data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives C-15, C-16, C-17]

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

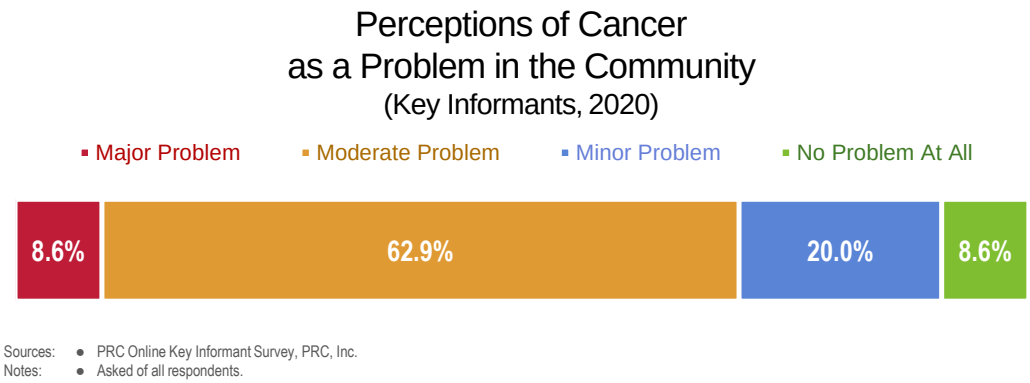


Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Items 133, 134, 137]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives C-15, C-16, C-17]

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

Key Informant Input: Cancer

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



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

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

Prevalence/Incidence

> Cancer is a major problem in all communities because it is a cruel and destructive disease. It does not discriminate, yet there are large health disparities among the minority communities especially when it comes to access and affordability of care and cancer treatments. – Other Health Provider
>
> The proliferation of the disease and cost of treatment. – Community/Business Leader
>
> Too many people living with cancer or being newly diagnosed with cancer. – Community/Business 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 health care system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars.

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Respiratory Disease Deaths

Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2016 and 2018, there was an annual average age-adjusted CLRD mortality rate of 57.2 deaths per 100,000 population in Houston County.

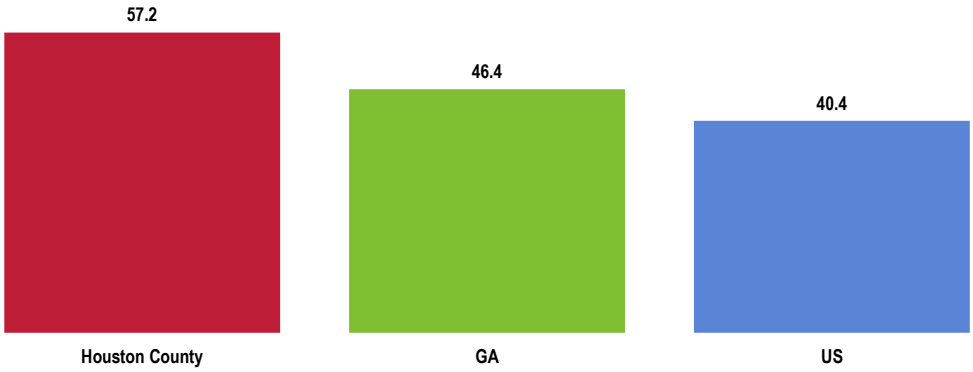
Note: Chronic lower respiratory disease (CLRD) includes lung diseases such as emphysema, chronic bronchitis, and asthma.

BENCHMARK ► Well above the state and US rates.

TREND ► The rate is twice as high among Whites as among Blacks in Houston County.

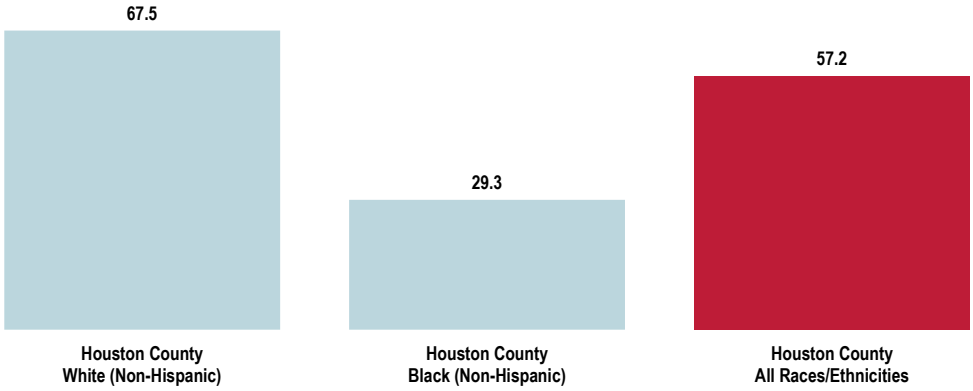
DISPARITY ► Increasing considerably in recent years.

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



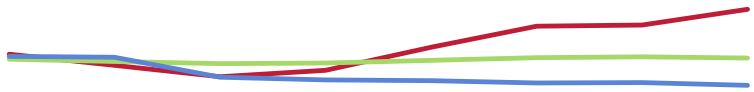
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2020.
Notes: ● CLRD is chronic lower respiratory disease.

CLRD: Age-Adjusted Mortality by Race
(2016-2018 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 March 2020.
Notes: ● CLRD is chronic lower respiratory disease.

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



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Houston County	47.3	44.8	42.3	43.7	48.8	53.5	53.7	57.2
GA	46.2	45.7	45.2	45.3	45.9	46.5	46.7	46.4
US	46.8	46.6	42.2	41.6	41.4	40.9	41.0	40.4

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2020.
Notes: ● CLRD is chronic lower respiratory disease.

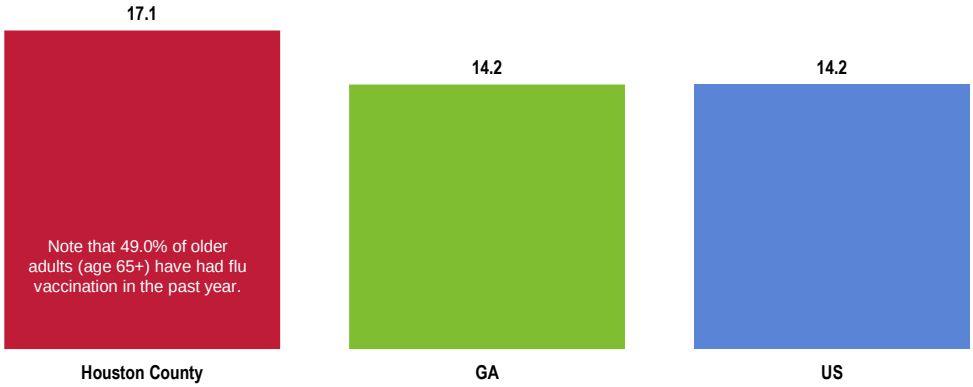
Pneumonia/Influenza Deaths

Between 2016 and 2018, Houston County reported an annual average age-adjusted pneumonia influenza mortality rate of 17.1 deaths per 100,000 population.

BENCHMARK ► Worse than the Georgia and US rates.

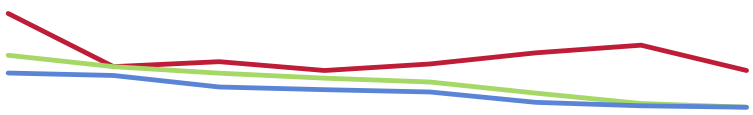
TREND ► Stable for much of the past decade.

Pneumonia/Influenza: Age-Adjusted Mortality
(2016-2018 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 March 2020.

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



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Houston County	21.6	17.4	17.8	17.1	17.6	18.5	19.1	17.1
GA	18.3	17.4	16.9	16.5	16.2	15.3	14.5	14.2
US	16.9	16.7	15.8	15.6	15.4	14.6	14.3	14.2

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

Prevalence of Respiratory Disease

Asthma

Adults

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

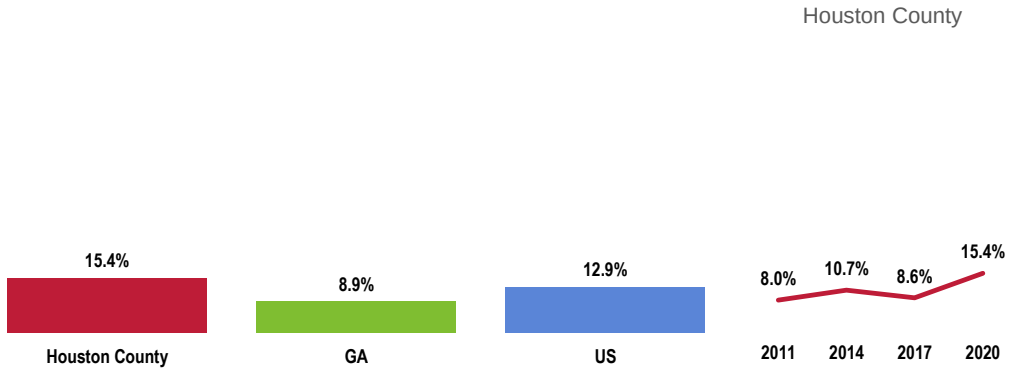
A total of 15.4% of Houston County adults currently suffer from asthma.

BENCHMARK ► Worse than the Georgia prevalence.

TREND ► Denotes a statistically significant increase over time.

DISPARITY ► Unfavorably high among area women (the decrease by age is not statistically significant).

Prevalence of Asthma



Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 119]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Georgia data.
- 2020 PRC National Health Survey, PRC, Inc.

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

Prevalence of Asthma
(Houston County, 2020)

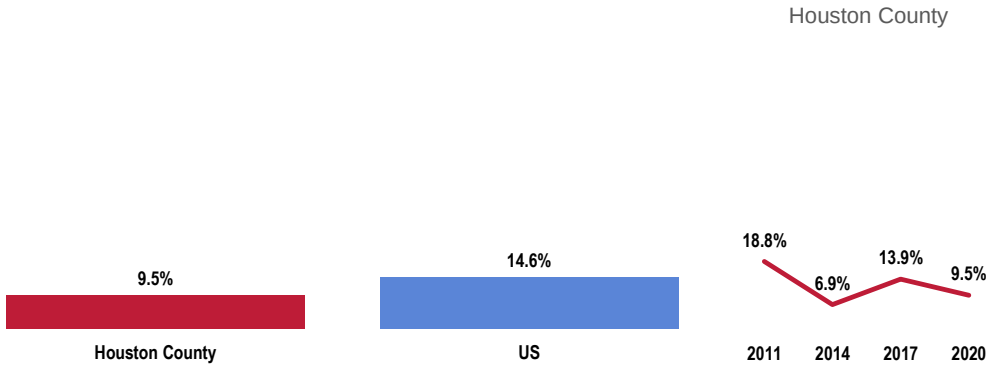
Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 119]

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

Children

Among Houston County children under age 18, 9.5% currently have asthma.

Childhood Asthma: Ever Diagnosed
(Parents of Children Age 0-17)



Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 106]
- 2020 PRC National Health Survey, PRC, Inc.

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

Chronic Obstructive Pulmonary Disease (COPD)

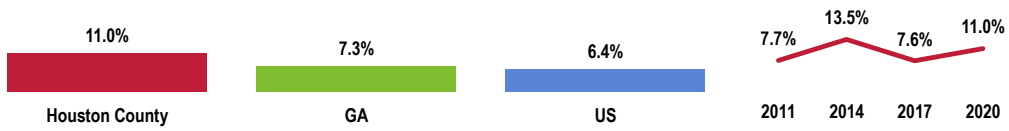
Note: COPD includes lung diseases such as emphysema and chronic bronchitis.

A total of 11.0% of Houston County adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

BENCHMARK ▶ Worse than the US prevalence.

Prevalence of
Chronic Obstructive Pulmonary Disease (COPD)

Houston County



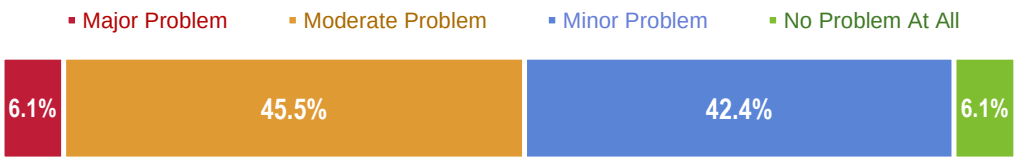
Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 23]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Georgia data.
- 2020 PRC National Health Survey, PRC,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

Notes:
- Asked of all respondents.
- Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
- In 2011, the term "chronic lung disease" was used, which also included bronchitis or emphysema.

Key Informant Input: Respiratory Disease

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

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



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

Notes:
- Asked of all respondents.

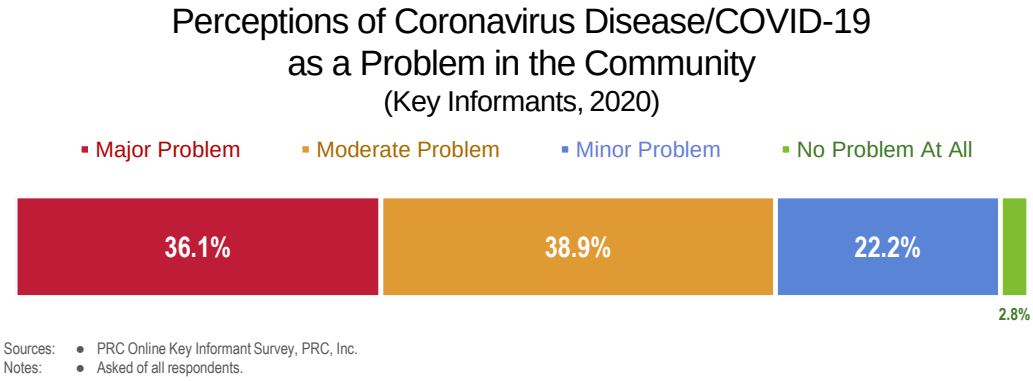
Among those rating this issue as a "major problem," reasons related to the following:

Prevalence/Incidence

> Just see a lot of COPD. – Other Health Provider

Key Informant Input: Coronavirus Disease/COVID-19

The greatest share of key informants taking part in an online survey characterized *Coronavirus Disease/COVID-19* as a "moderate problem" in the community, followed closely by "major problem" ratings.



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

Testing/Vaccine

> It is a new condition with no vaccine. It is easily spread. – Other Health Provider
>
> COVID-19 has the potential to cause serious medical issues and death at an exponential rate if testing and contact tracing cannot keep pace. There is significant risk of overwhelming our current healthcare systems; the disease strikes populations with co-morbidities, which are very common in our area; and we have a highly mobile community that has proven to be hesitant or resistant to following shelter in place orders when placed. COVID-19 is a threat to our economy and our educational systems, and the course or length of impact of the disease in our community is not fully known. – Public Health Representative
>
> No vaccine and no cure, and the devastating effects it is having on people of color and lower income families that cannot easily shelter in place. – Social Services Provider

Cultural Response

> Residents are not adhering to the protocols that have been put into place to decrease the spread of COVID-19. – Other Health Provider
>
> Lots of folks not taking it seriously. – Community/Business Leader
>
> This is new to our country and our county. This is an unknown virus, and our community is afraid. Residents fear we don't have proper medicine or another ICU rooms. – Community/Business Leader

Impact on Quality of Life

> The fact that our day-to-day activities are limited as we try to control the spread of the virus qualifies COVID-19 as a major problem for our community. Additionally, the lack of vaccination will make this a long-term problem as we expect to see cases increase until remedied. – Community/Business Leader
>
> The novel virus has resulted in deaths, caused fear, highlighted health disparities, and shut down many aspects of everyday life. – Community/Business Leader

Prevalence/Incidence

> It was in the beginning a major problem, but we are starting to see a decline in the cases. – Other Health Provider
>
> Houston County is the second leading county in middle GA with COVID-19 cases. – Social Services Provider

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.

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).

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

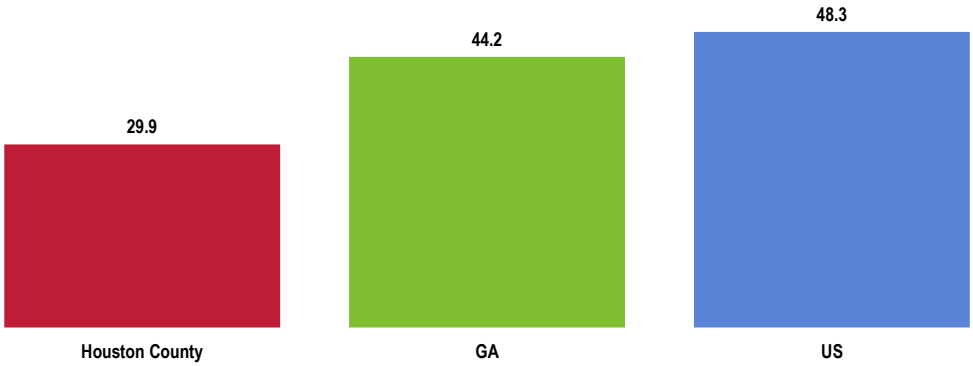
Between 2016 and 2018, there was an annual average age-adjusted unintentional injury mortality rate of 29.9 deaths per 100,000 population in Houston County.

BENCHMARK ► Well below state and national rates. Satisfies the Healthy People 2020 objective.

TREND ► Decreasing over time, in contrast to Georgia and US trends.

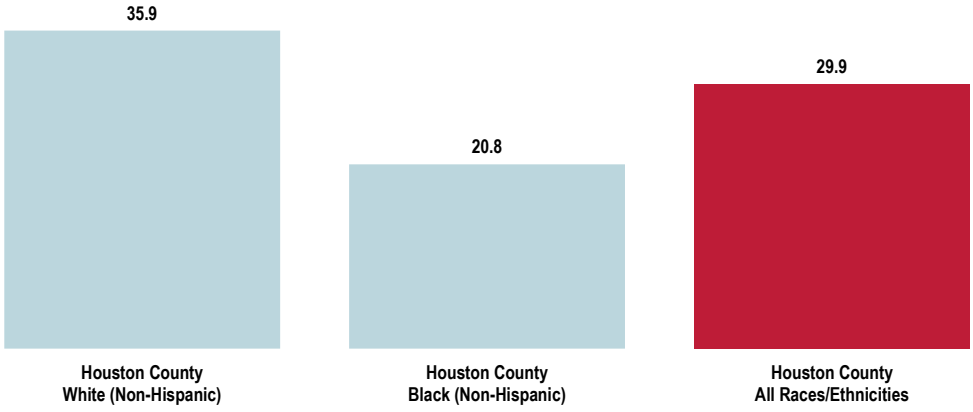
DISPARITY ► Considerably higher among Whites.

Unintentional Injuries: Age-Adjusted Mortality
(2016-2018 Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 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 March 2020.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

Unintentional Injuries: Age-Adjusted Mortality by Race
(2016-2018 Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 36.4 or Lower

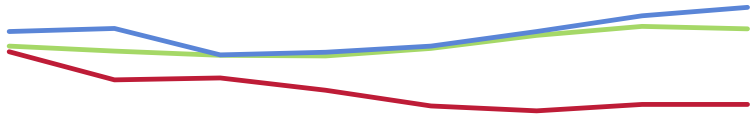


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2020.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov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

Unintentional Injuries: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 36.4 or Lower



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Houston County	39.9	34.6	34.9	32.6	29.6	28.7	29.9	29.9
GA	41.0	40.0	39.2	39.1	40.5	43.0	44.7	44.2
US	43.7	44.3	39.3	39.8	41.0	43.7	46.7	48.3

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

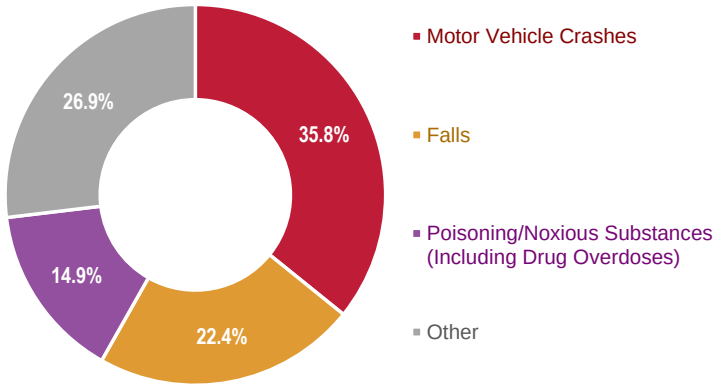
Leading Causes of Unintentional Injury Deaths

Motor vehicle crashes, falls, and poisoning (including unintentional drug overdose) accounted for most unintentional injury deaths in Houston County between 2016 and 2018.

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

Leading Causes of Unintentional Injury Deaths

(Houston County, 2016-2018)



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

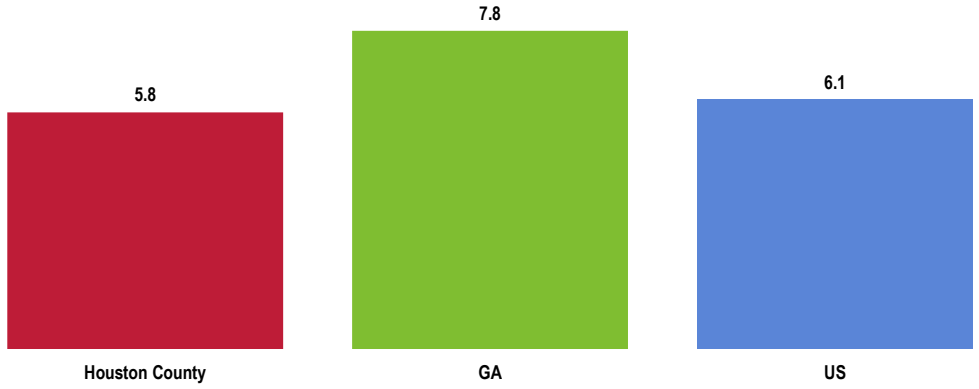
Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

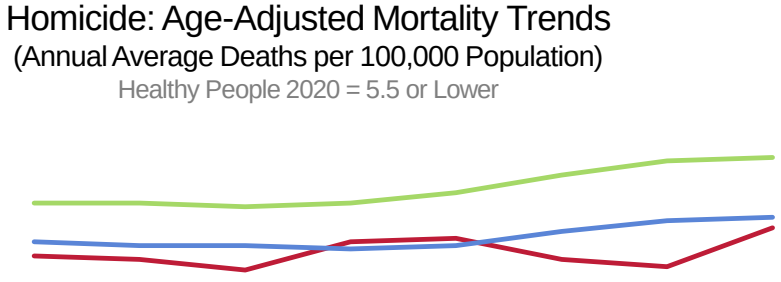
In Houston County, there were 5.8 homicides per 100,000 population (2016-2018 annual average age-adjusted rate).

BENCHMARK ► Below the state rate.

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



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



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Houston County	5.0	4.9	4.6	5.4	5.5	4.9	4.7	5.8
GA	6.5	6.5	6.4	6.5	6.8	7.3	7.7	7.8
US	5.4	5.3	5.3	5.2	5.3	5.7	6.0	6.1

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

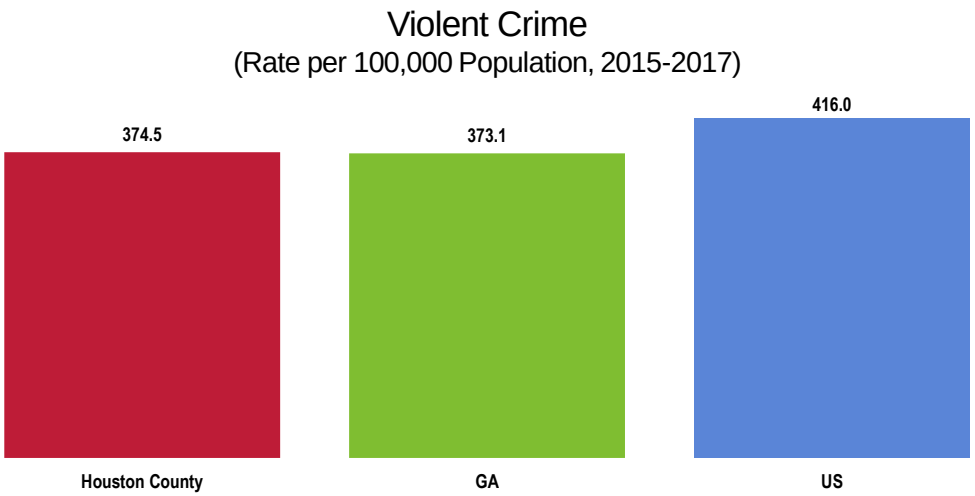
Violent Crime

Violent Crime Rates

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

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

Between 2015 and 2017, there were a reported 374.5 violent crimes per 100,000 population in Houston County.



Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Retrieved May 2020 from CARES Engagement Network at https://engagementnetwork.org.

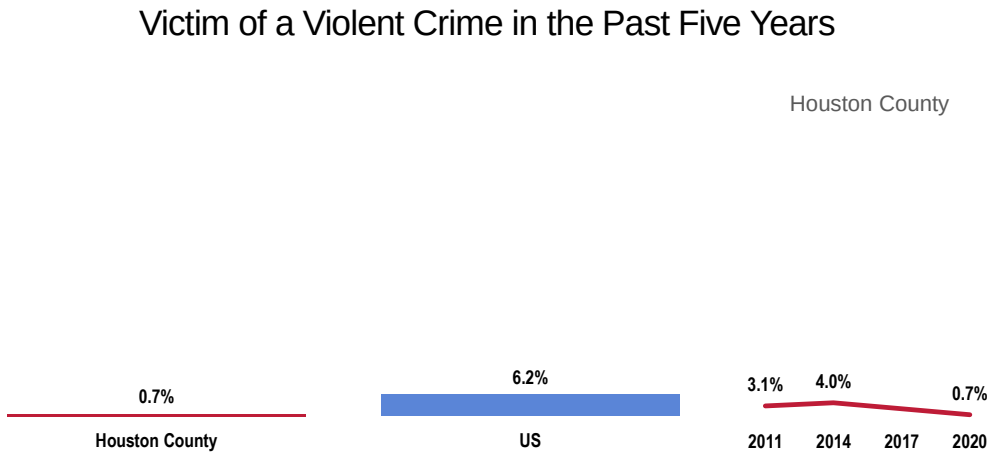
Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation 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.

Community Violence

Less than one percent of surveyed Houston County adults acknowledges being the victim of a violent crime in the area in the past five years.

BENCHMARK ► Well below the US prevalence.

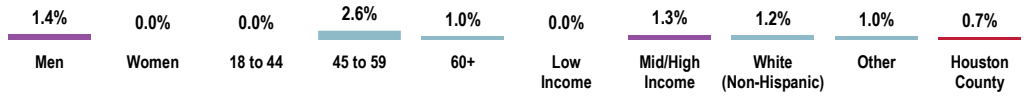
TREND ► The decrease over time is not yet statistically significant.



Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 38]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Victim of a Violent Crime in the Past Five Years
(Houston County, 2020)



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

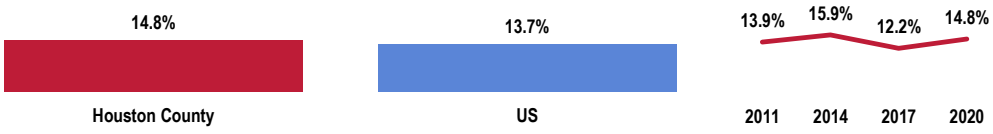
Family Violence

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

A total of 14.8% of Houston County adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

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

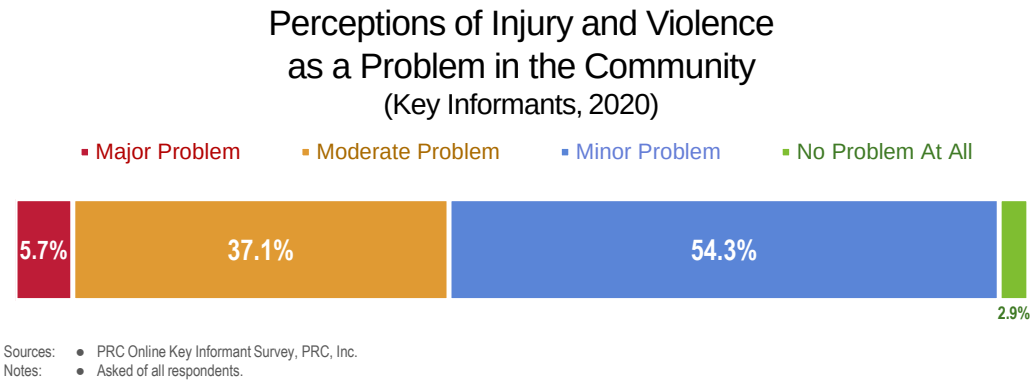
Houston County



Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 39]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Injury & Violence

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



One respondent rating this issue as a "major problem" expressed the following:

Prevalence/Incidence

> Injury and violence are the leading cause of morbidity and mortality of the children, adolescents, and young adults in our community. Injury and violence are all preventable, yet the rates continue to rise. Violence not only poses physical risks to the entire community but also reduces positive economic growth potential of a community. – Public Health Representative

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 health care 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

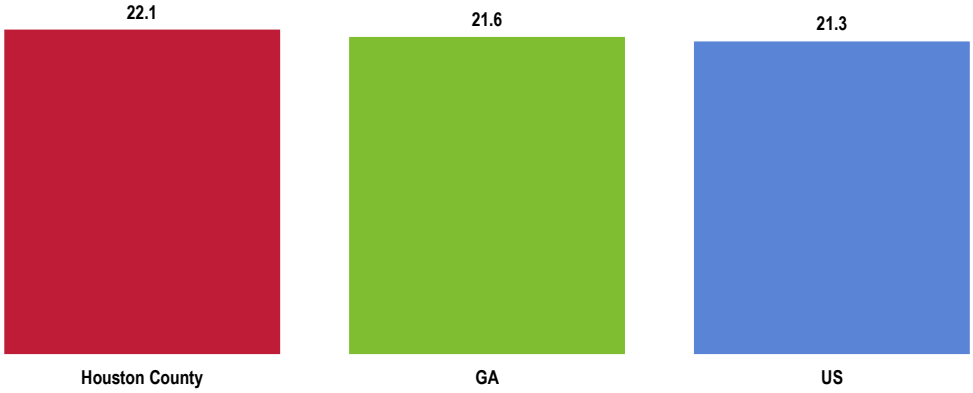
Between 2016 and 2018, there was an annual average age-adjusted diabetes mortality rate of 22.1 deaths per 100,000 population in Houston County.

DISPARITY ► The mortality rate is nearly twice as high among Blacks as among Whites in Houston County.

Diabetes: Age-Adjusted Mortality

(2016-2018 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 20.5 or Lower (Adjusted)



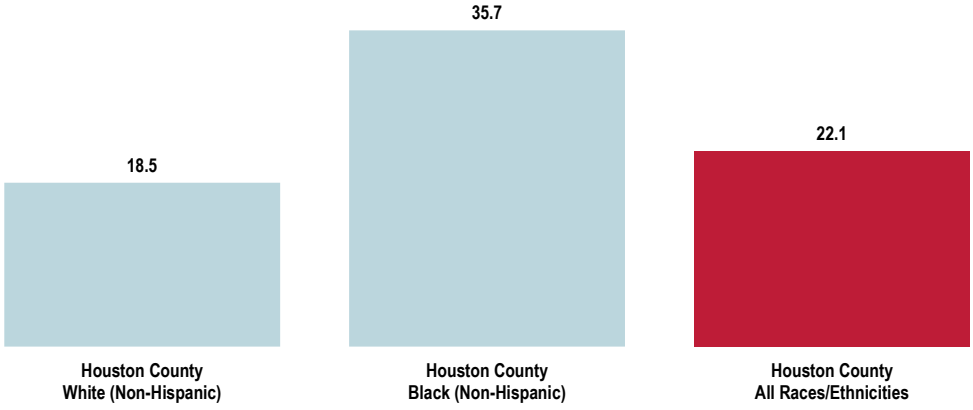
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2020.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov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

Notes:
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Diabetes: Age-Adjusted Mortality by Race

(2016-2018 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 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 March 2020.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

Notes:
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Diabetes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 20.5 or Lower (Adjusted)

	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Houston County	20.2	19.9	23.7	22.3	25.9	24.5	24.8	22.1
GA	21.8	23.1	23.1	22.6	22.2	21.6	21.4	21.6
US	22.2	22.2	21.3	21.1	21.1	21.1	21.3	21.3

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

Notes:
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

A total of 17.3% of Houston County adults report having been diagnosed with diabetes.

DISPARITY ► The prevalence is dramatically higher among adults age 45 and older.

Prevalence of Diabetes

Another 10.3% of adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.

Houston County

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

Notes:
- Asked of all respondents.

Prevalence of Diabetes
(Houston County, 2020)

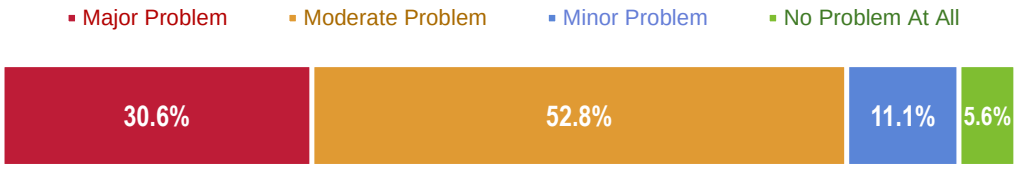
Note that among adults who have not been diagnosed with diabetes, 57.2% report having had their blood sugar level tested within the past three years.

Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Items 34, 121]
Notes: ● Asked of all respondents.
● Excludes gestational diabetes (occurring only during pregnancy).

Key Informant Input: Diabetes

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

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



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

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

Awareness/Education

> Lack of education and/or understanding of proper nutrition and meal planning. Resources are available but not always taken advantage of. – Social Services Provider
>
> Learning about resources available to them to help manage condition, e.g. EduCare classes and affordable medications through First Choice Primary Care, prescription assistance programs, etc. Too many people take a fatalistic approach and don't believe they can change the outcome for themselves and their family members. – Other Health Provider
>
> Willingness to embrace health education and make lifestyle changes. – Community/Business Leader

Comorbidities

> Diabetes affects every body system if not controlled leads to kidney failure, amputations, blindness and heart disease. Houston County has at least 30% obesity, which predisposes persons to diabetes. – Other Health Provider
>
> Obesity and morbid obesity because they are the driving force for high blood pressure and diabetes. – Social Services Provider

Contributing Factors

> *Non-compliance. – Other Health Provider*
>
> Access to prevention: so many times, we hear of people being diagnosed but little talk of folks taking proactive steps to stave off Type 2. – Community/Business Leader

Access to Care/Services

> Access to adequate health care; personal behaviors such as physical activity and nutritious meals. – Other Health Provider
>
> Healthy solutions for working citizens who are likely overwhelmed by changes needed to help diet and exercise. – Community/Business Leader

Nutrition

> Diet and lack of exercise is a major contributor to diabetes in our communities. – Social Services Provider
>
> *Nutrition and activity levels. – Community/Business Leader*

Affordable Care/Services

> Financial challenges and lack of health insurance that make consistent care, education, and management difficult or impossible. – Public Health Representative

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.

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.

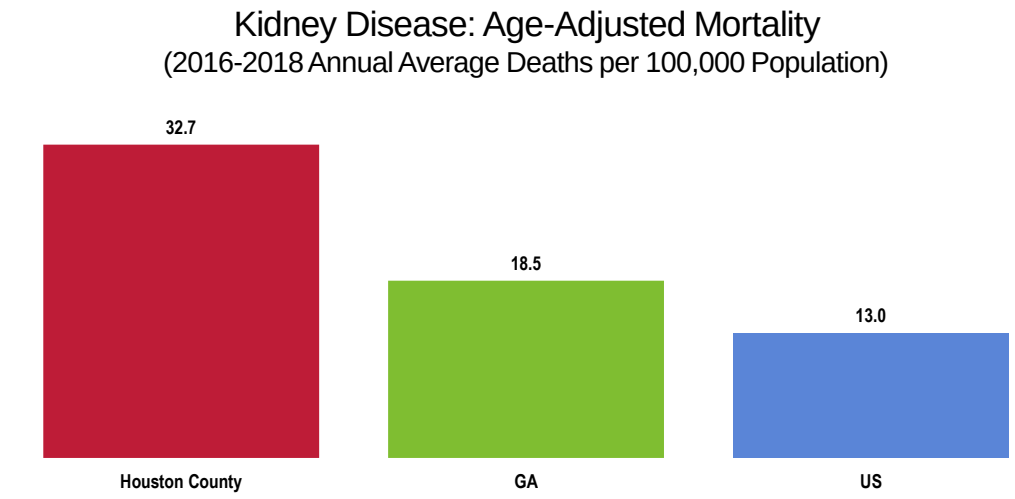
– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2016 and 2018, there was an annual average age-adjusted kidney disease mortality rate of 32.7 deaths per 100,000 population in Houston County.

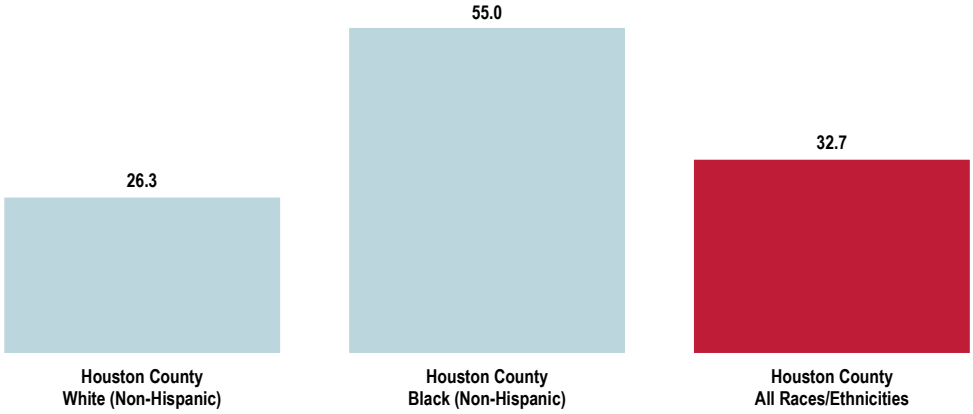
BENCHMARK ► Much worse than state and national mortality rates.

DISPARITY ► The mortality rate is much higher in the Black community.



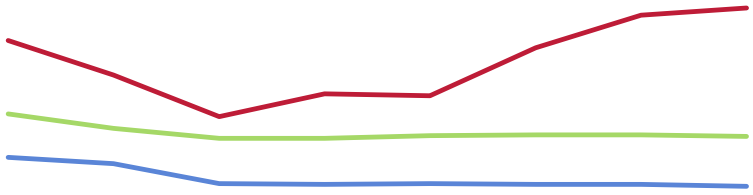
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2020.

Kidney Disease: Age-Adjusted Mortality by Race
(2016-2018 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 March 2020.

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



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Houston County	29.1	25.3	20.7	23.2	23.0	28.3	31.9	32.7
GA	21.0	19.4	18.3	18.3	18.6	18.7	18.7	18.5
US	16.2	15.5	13.3	13.2	13.3	13.2	13.2	13.0

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

Prevalence of Kidney Disease

A total of 5.3% of Houston County adults report having been diagnosed with kidney disease.

DISPARITY ► The prevalence increases with age among survey respondents.

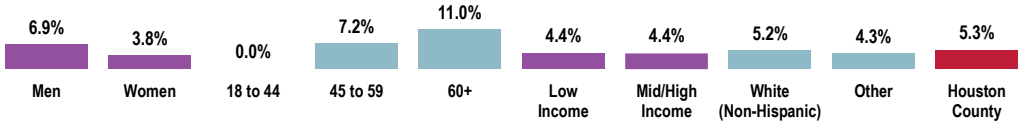
Prevalence of Kidney Disease

Houston County

Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 24]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Georgia data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Prevalence of Kidney Disease
(Houston County, 2020)

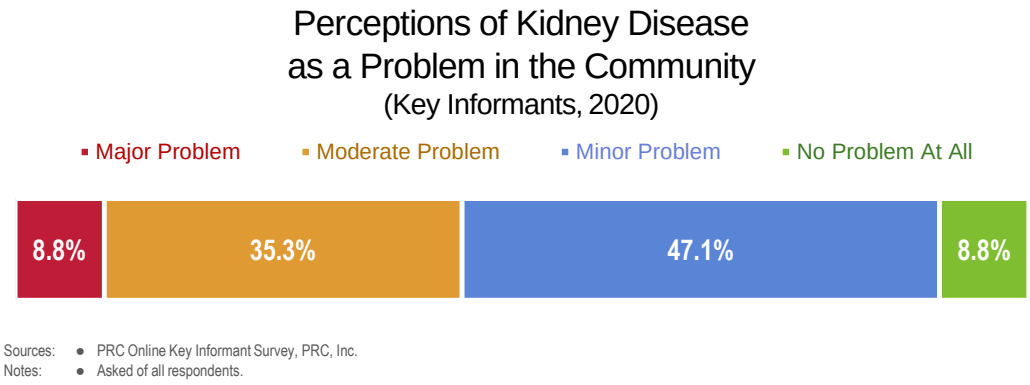


Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 24]

Notes:
- Asked of all respondents.

Key Informant Input: Kidney Disease

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



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

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

Comorbidities

> Kidney disease coexists with cardiometabolic diseases in our community. The cost of treatment is very high, the outcomes are not very good, the impact to quality of life is significant, the cost of medical care is extremely high, and often those most economically disadvantaged have the highest rate of end-stage renal disease. Additionally, kidney disease disproportionately impacts our African American community. – Public Health Representative
>
> Kidney disease is associated with diabetes and heart disease, which are prominent problems in the county. – Other Health Provider

SEPTICEMIA

ABOUT SEPSIS

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

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

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

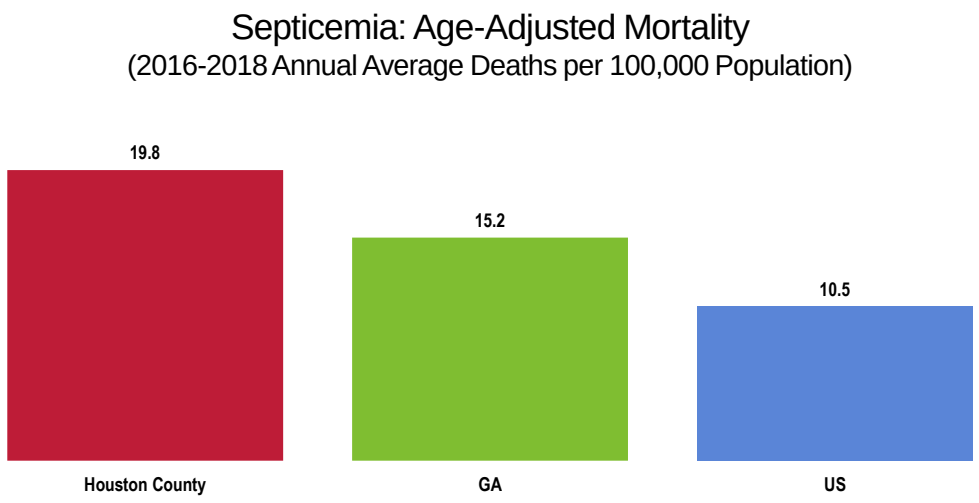
– Centers for Disease Control (https://www.cdc.gov/sepsis/what-is-sepsis.html)

Age-Adjusted Septicemia Deaths

Between 2016 and 2018, the county reported an annual average age-adjusted septicemia mortality rate of 19.8 deaths per 100,000 population.

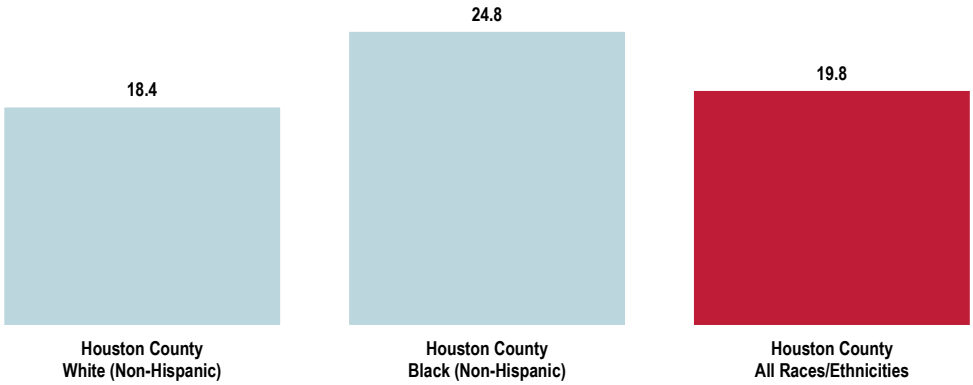
BENCHMARK ► Well above the Georgia and US mortality rates.

DISPARITY ► Higher among Blacks in Houston County.



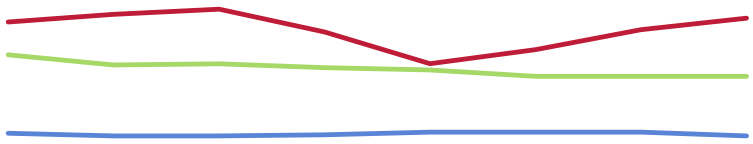
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2020.

Septicemia: Age-Adjusted Mortality by Race
(2016-2018 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 March 2020.

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



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Houston County	19.5	20.1	20.5	18.7	16.2	17.3	18.9	19.8
GA	16.9	16.1	16.2	15.9	15.7	15.2	15.2	15.2
US	10.7	10.5	10.5	10.6	10.8	10.8	10.8	10.5

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

POTENTIALLY DISABLING CONDITIONS

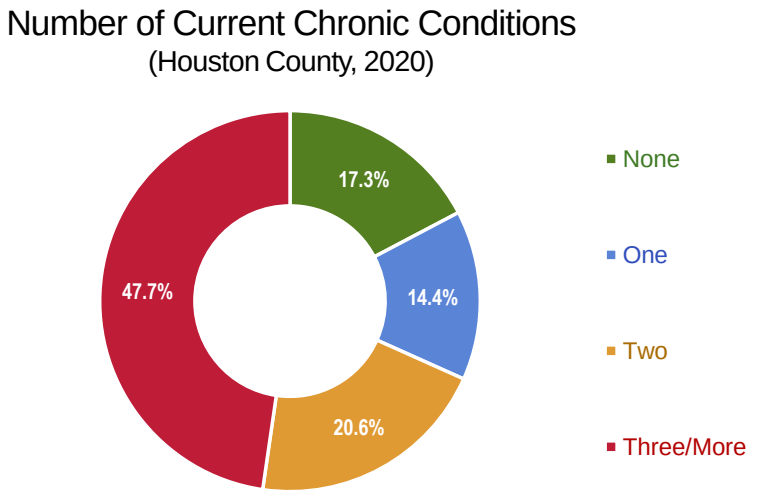
Multiple Chronic Conditions

For the purposes of this assessment, chronic conditions include:

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

Multiple chronic conditions are concurrent conditions.

Among Houston County survey respondents, most report currently having at least one chronic health condition.



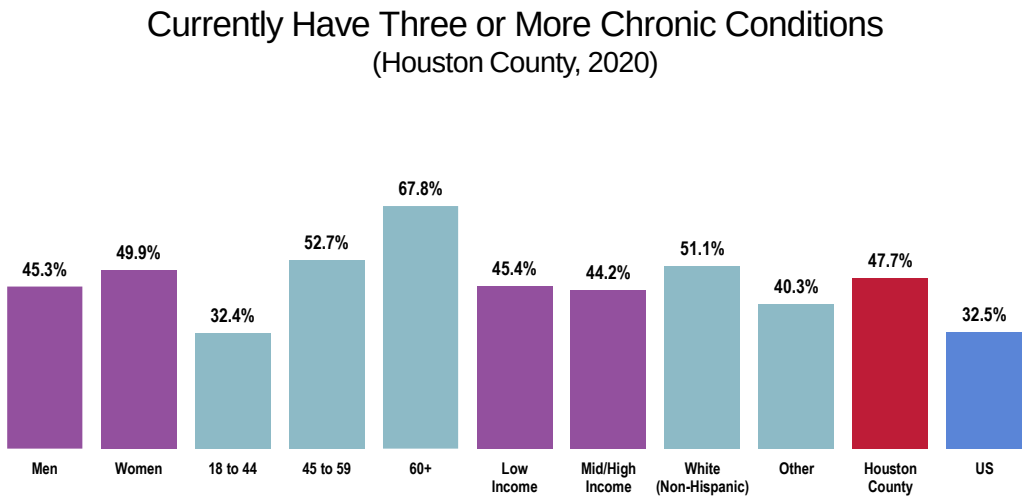
Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 123]

Notes:
- Asked of all respondents.
- In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

In fact, 47.7% of Houston County adults report having three or more chronic conditions.

BENCHMARK ► Well above the national figure.

DISPARITY ► The prevalence increases with age.



Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 123]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- In this case, chronic conditions include lung disease, cancer, kidney disease, heart attack, angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, chronic pain, and/or diagnosed depression.

Activity Limitations

ABOUT DISABILITY & HEALTH

An individual can get a disabling impairment or chronic condition at any point in life.

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.

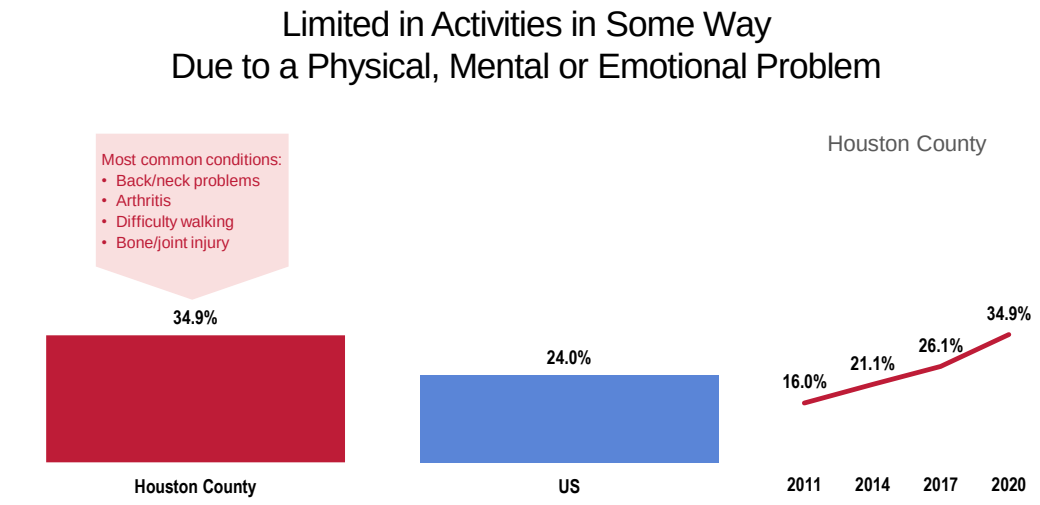
– Healthy People 2020 (www.healthypeople.gov)

A total of 34.9% of Houston County adults are limited in some way in some activities due to a physical, mental, or emotional problem.

BENCHMARK ► Much higher than the US percentage.

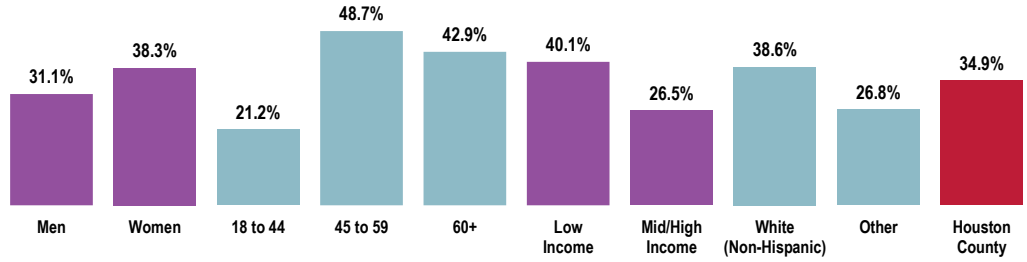
TREND ► Marks a statistically significant increase since 2011.

DISPARITY ► In this case, analysis reveals that the only statistically significant disparity by demographics is age-related.



Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Items 96-97]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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



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

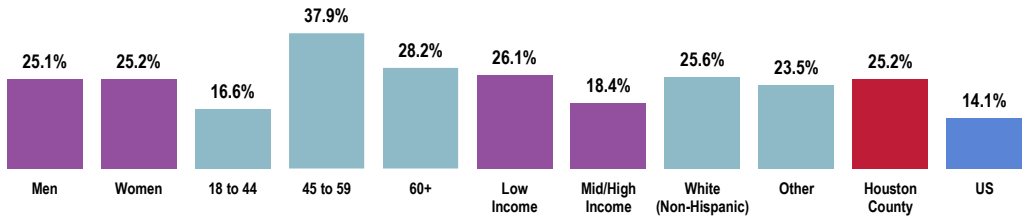
Chronic Pain

A total of 25.2% of Houston County adults experience high-impact chronic pain, meaning physical pain that has limited their life or work activities "every day" or "most days" during the past six months.

BENCHMARK ► Worse than the national prevalence.

DISPARITY ► Unfavorably high among adults age 45 to 59.

Experience High-Impact Chronic Pain
(Houston County, 2020)



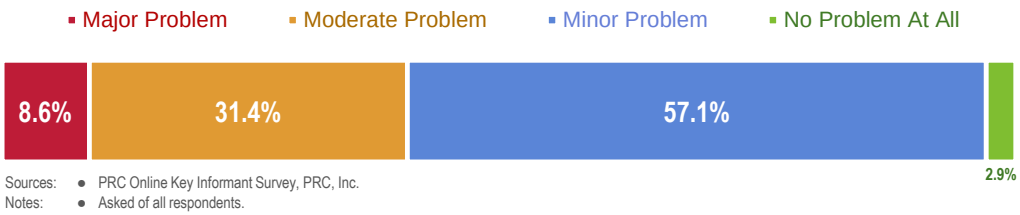
Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 37]
- 2020 PRC National Health Survey, PRC, Inc.

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

Key Informant Input: Disability & Chronic Pain

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

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



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

Notes:
- Asked of all respondents.

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

Comorbidities

> They are associated with the other major health problems and occur as a result of them. – Other Health Provider

Diagnosis/Treatment

> Lack of proper care and treatment at the onset of these debilitating maladies. – Social Services 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 prevalence is] 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)

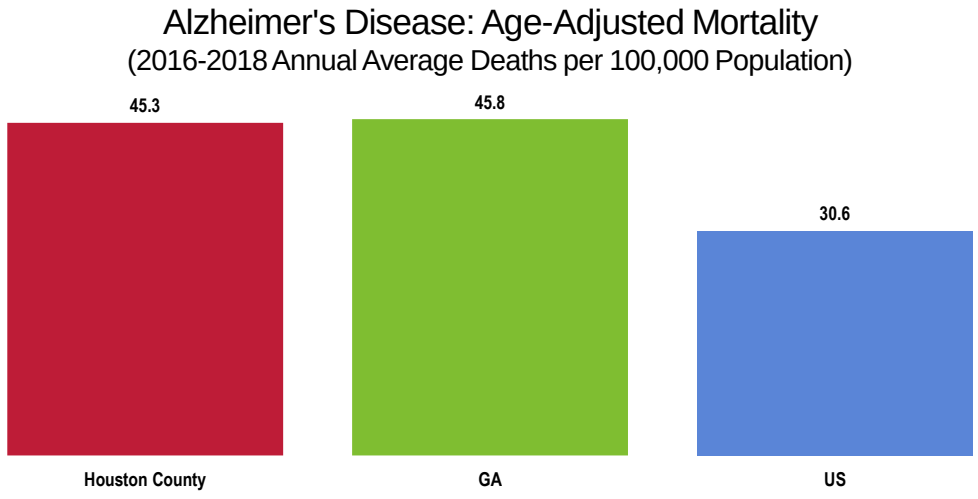
Age-Adjusted Alzheimer's Disease Deaths

Between 2016 and 2018, there was an annual average age-adjusted Alzheimer's disease mortality rate of 45.3 deaths per 100,000 population in Houston County.

BENCHMARK ► Worse than the US mortality rate.

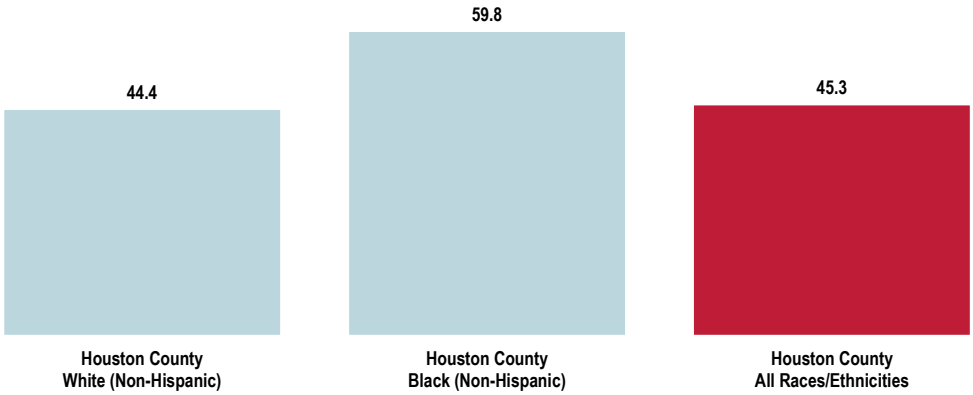
TREND ► Increasing over time, in keeping with the Georgia trend.

DISPARITY ► Higher in the county's Black community.



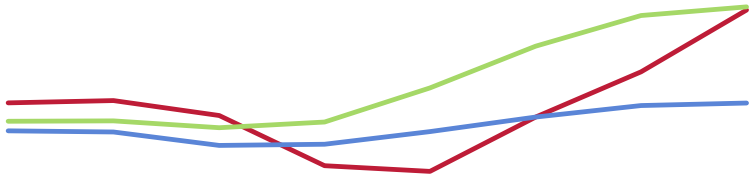
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2020.

Alzheimer's Disease: Age-Adjusted Mortality by Race
(2016-2018 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 March 2020.

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

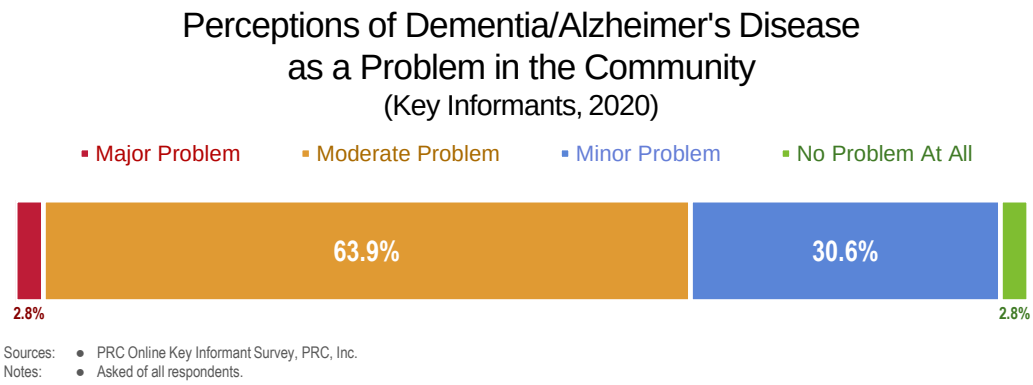


	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Houston County	30.6	31.0	28.6	20.7	19.8	28.4	35.5	45.3
GA	27.7	27.8	26.7	27.6	33.0	39.6	44.4	45.8
US	26.2	26.0	23.9	24.1	26.1	28.4	30.2	30.6

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

Key Informant Input: Dementia/Alzheimer's Disease

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



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

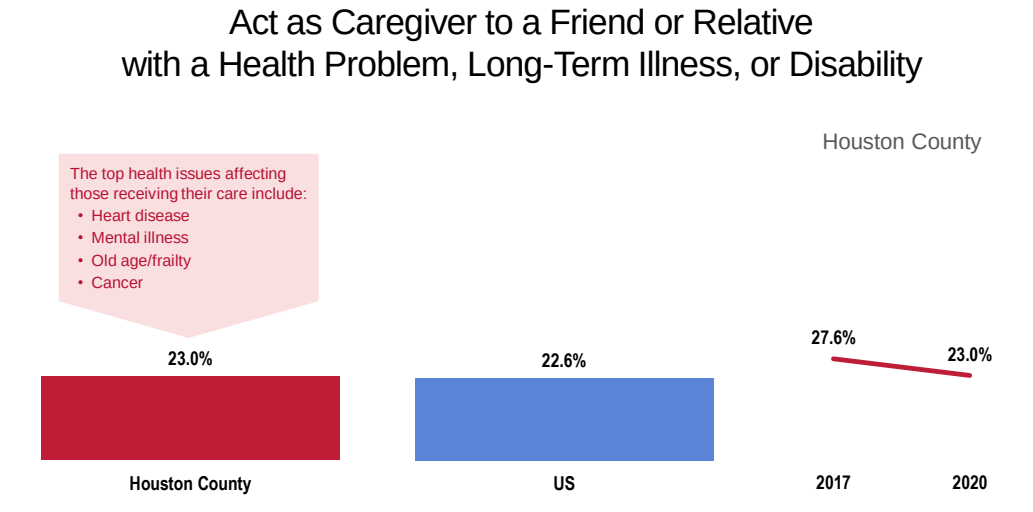
One respondent rating this issue as a "major problem" conveyed the following:

Prevalence/Incidence

> There are a lot of older people in our community that suffer from dementia and/or Alzheimer's disease. It is a major problem for them as well as the family members that are caring for them. – Community/Business Leader

Caregiving

A total of 23.0% 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.



Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Items 98-99]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

BIRTHS

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 health care 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 health care, 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)

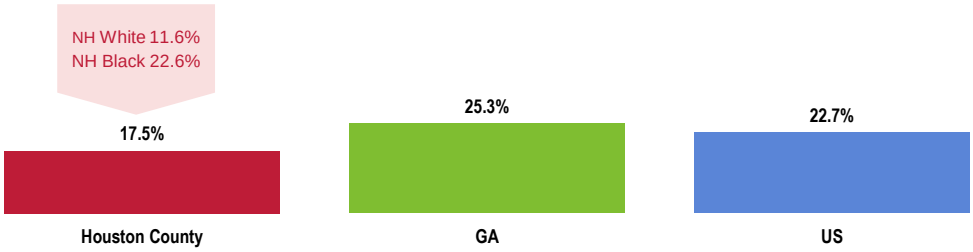
Early and continuous prenatal care is the best assurance of infant health.

Between 2016 and 2018, 17.5% of all Houston County births did <u>not</u> receive prenatal care in the first trimester of pregnancy.

BENCHMARK ► Below the Georgia and US percentages.

TREND ► Improving over the past decade.

Lack of Prenatal Care in the First Trimester
(Percentage of Live Births, 2016-2018)
Healthy People 2020 = 22.1% or Lower



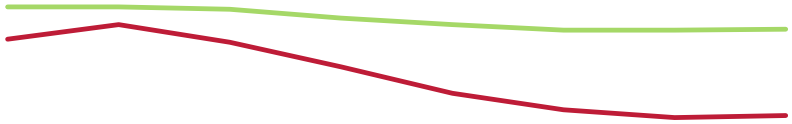
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted March 2020.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective 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.

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births)

Healthy People 2020 = 22.1% or Lower



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Houston Co	24.4%	25.7%	24.1%	21.9%	19.5%	18.0%	17.3%	17.5%
GA	27.3%	27.3%	27.1%	26.3%	25.7%	25.2%	25.2%	25.3%

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

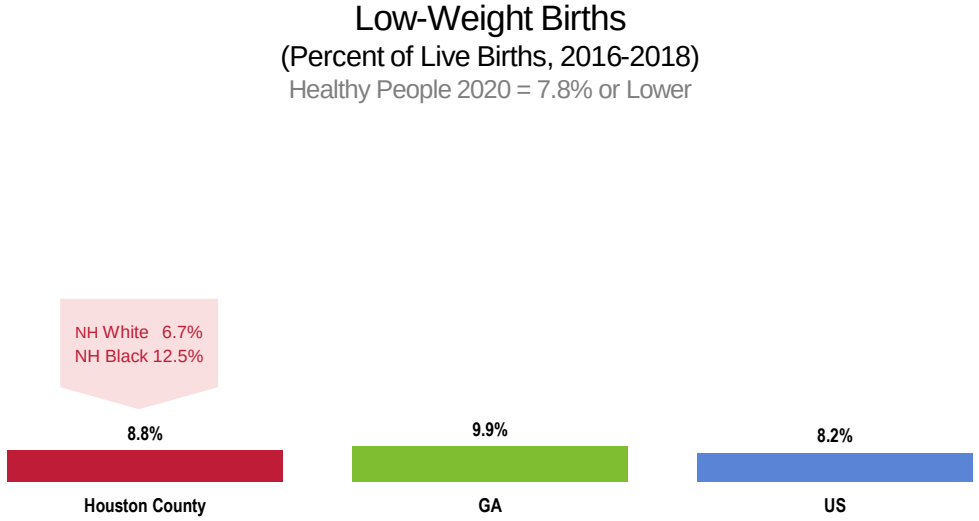
Low-Weight Births

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.

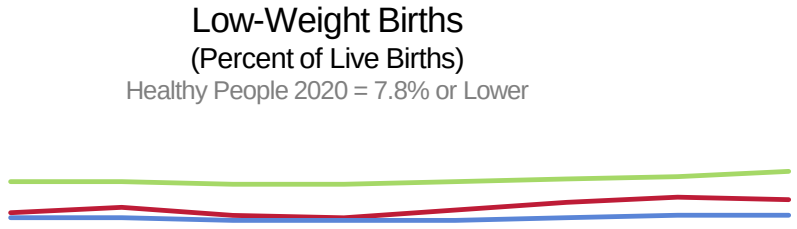
A total of 8.8% of 2016-2018 Houston County births were low-weight.

DISPARITY ► The percentage is higher among births to Black mothers.



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



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Houston Co	8.3	8.5	8.2	8.1	8.4	8.7	8.9	8.8
GA	9.5	9.5	9.4	9.4	9.5	9.6	9.7	9.9
US	8.1	8.1	8.0	8.0	8.0	8.1	8.2	8.2

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

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

Between 2016 and 2018, there was an annual average of 7.8 infant deaths per 1,000 live births.

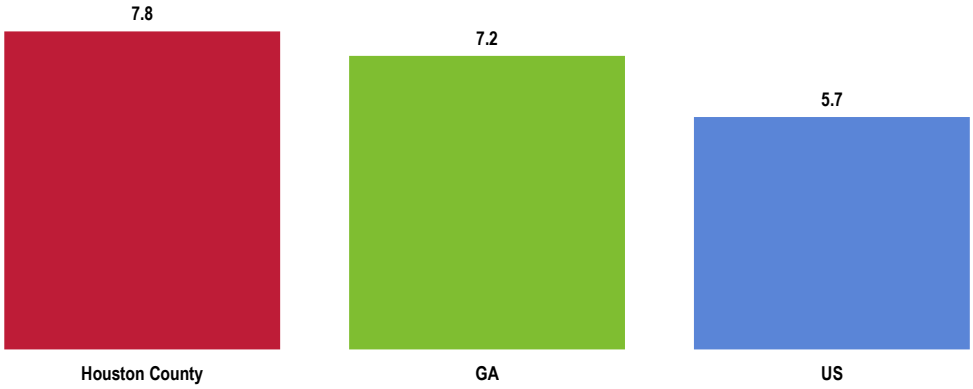
BENCHMARK ► Worse than the national rate. Fails to satisfy the Healthy People 2020 objective.

DISPARITY ► Notably higher among Black births.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births, 2016-2018)

Healthy People 2020 = 6.0 or Lower



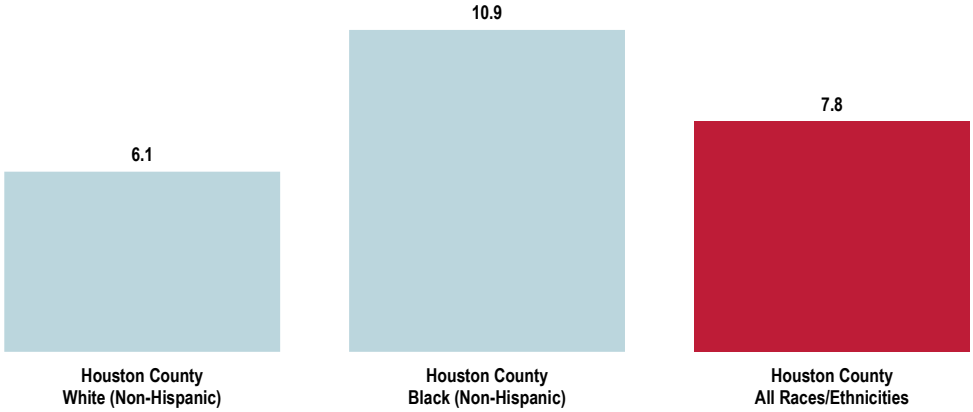
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted March 2020.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective 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.

Infant Mortality Rate by Race/Ethnicity

(Annual Average Infant Deaths per 1,000 Live Births, 2016-2018)

Healthy People 2020 = 6.0 or Lower



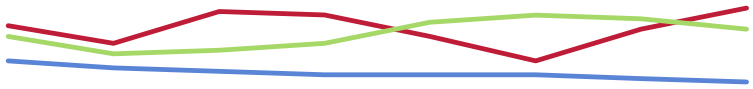
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted March 2020.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective 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.

Infant Mortality Trends

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

Healthy People 2020 = 6.0 or Lower



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Houston County	7.3	6.8	7.7	7.6	7.0	6.3	7.2	7.8
GA	7.0	6.5	6.6	6.8	7.4	7.6	7.5	7.2
US	6.3	6.1	6.0	5.9	5.9	5.9	5.8	5.7

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

FAMILY PLANNING

Births to Adolescent Mothers

ABOUT ADOLESCENT 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 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)

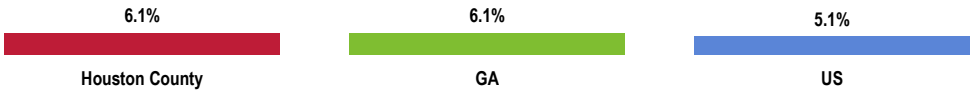
Between 2016 and 2018, 6.1% of all births in Houston County were to females under the age of 20.

BENCHMARK ► Above the US percentage.

TREND ► Decreasing considerably over time, echoing state and national trends.

DISPARITY ► Higher among Black births.

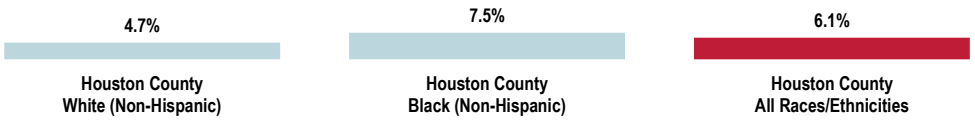
Percentage of Births to Adolescents Under the Age of 20 Years
(2016-2018)



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
- Retrieved May 2020 from CARES Engagement Network at https://engagementnetwork.org.

Note:
- Percentages are the proportion of live births within each population born to mothers under the age of 20 years.

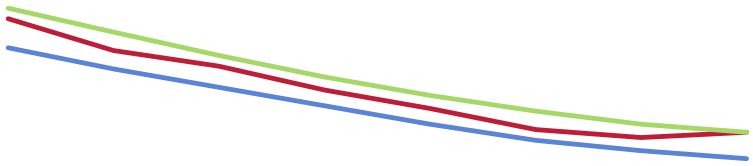
Percentage of Births to Adolescents Under the Age of 20 Years
(Houston County, 2016-2018)



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
- Retrieved from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- Percentages are the proportion of live births within each population born to mothers under the age of 20 years.

Adolescent Birth Trends
(Percentage of Births to Adolescents Under the Age of 20 Years)



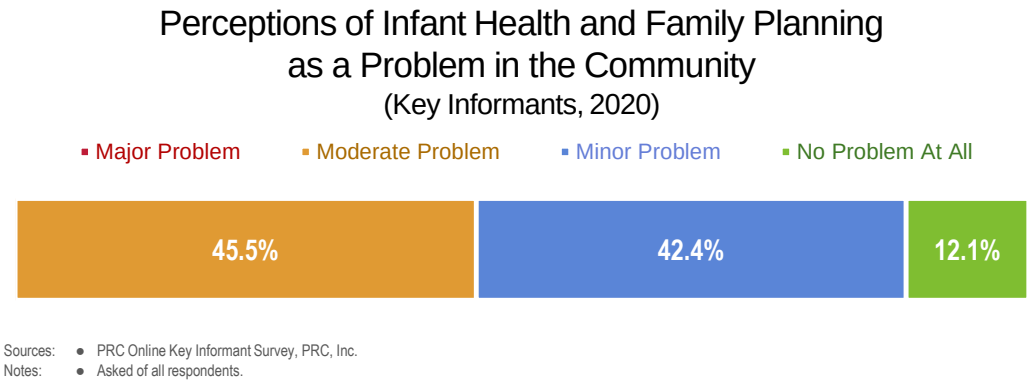
	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Houston County	10.4%	9.2%	8.6%	7.7%	7.0%	6.2%	5.9%	6.1%
GA	10.8%	9.9%	9.0%	8.2%	7.5%	6.9%	6.4%	6.1%
US	9.3%	8.5%	7.8%	7.1%	6.4%	5.8%	5.4%	5.1%

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
- Retrieved from CARES Engagement Network at https://engagementnetwork.org.

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

Key Informant Input: Infant Health & Family Planning

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



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

MODIFIABLE HEALTH RISKS

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, health care organizations, and communities.

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

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.

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

Daily Recommendation of Fruits/Vegetables

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

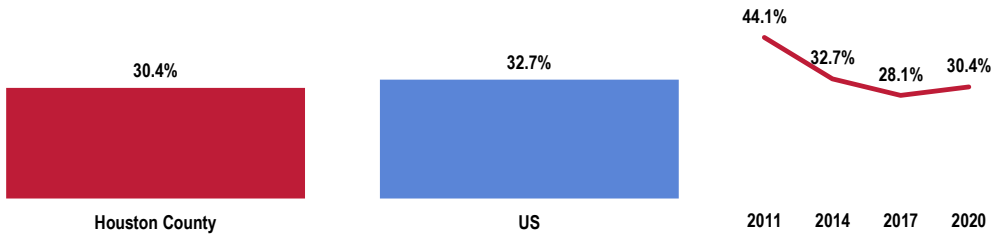
A total of 30.4% of Houston County adults report eating five or more servings of fruits and/or vegetables per day.

TREND ► Decreasing from 2011 survey results.

DISPARITY ► Unfavorably low in the low-income population segment.

Consume Five or More Servings of Fruits/Vegetables Per Day

Houston County



Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 125]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

Consume Five or More Servings of Fruits/Vegetables Per Day
(Houston County, 2020)

Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 125]

Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

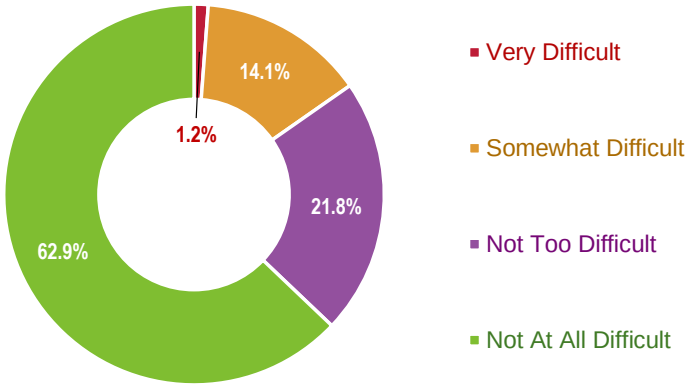
Difficulty Accessing Fresh Produce

Respondents were asked: "How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?"

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

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

Level of Difficulty Finding Fresh Produce at an Affordable Price
(Houston County, 2020)



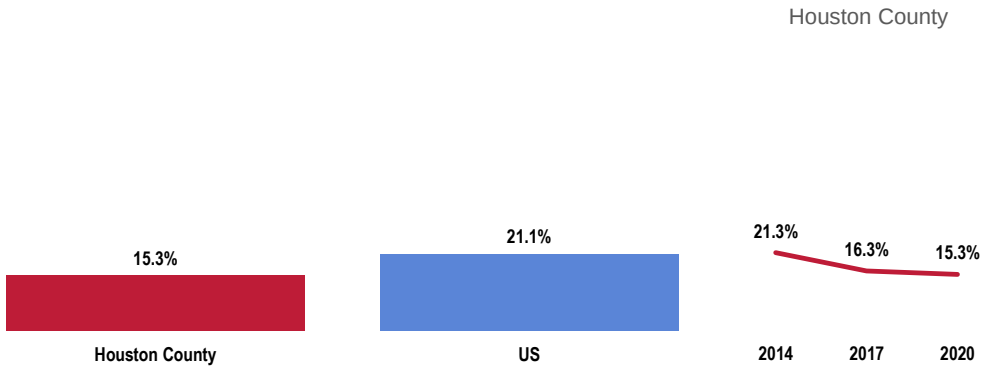
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: • Asked of all respondents.

However, 15.3% of Houston County adults find it "very" or "somewhat" difficult to access affordable fresh fruits and vegetables.

BENCHMARK ► Lower than the US prevalence.

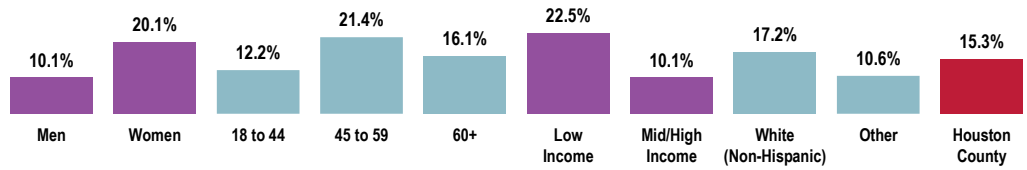
DISPARITY ► Statistically higher among women and low-income residents.

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



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 79]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Houston County, 2020)



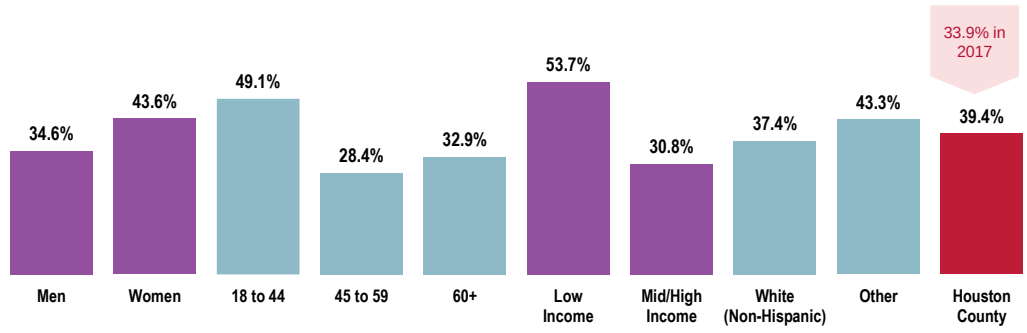
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: • Asked of all respondents.

Sugar-Sweetened Beverages

A total of 39.4% of Houston County adults report drinking an average of at least one sugar-sweetened beverage per day in the past week.

DISPARITY ► Unfavorably high among young adults and those in low-income households.

Had Seven or More Sugar-Sweetened Beverages in the Past Week (Houston County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 309]
Notes: • Asked of all respondents.

PHYSICAL ACTIVITY

ABOUT PHYSICAL ACTIVITY

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

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

– Healthy People 2020 (www.healthypeople.gov)

Leisure-Time Physical Activity

A total of 17.5% of Houston County adults report no leisure-time physical activity in the past month.

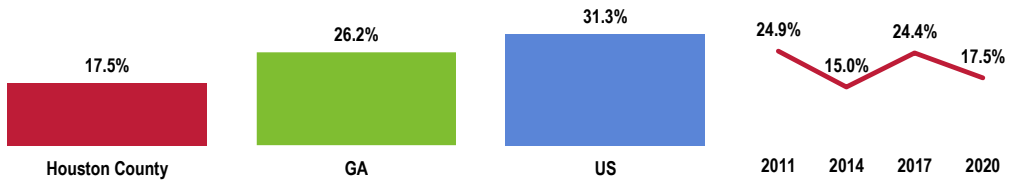
Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

BENCHMARK ► Below the state and national percentages. Satisfies the Healthy People 2020 objective.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 = 32.6% or Lower

Houston County



Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 89]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Georgia data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.

Activity Levels

Adults

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

A total of 34.5% of Houston County adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

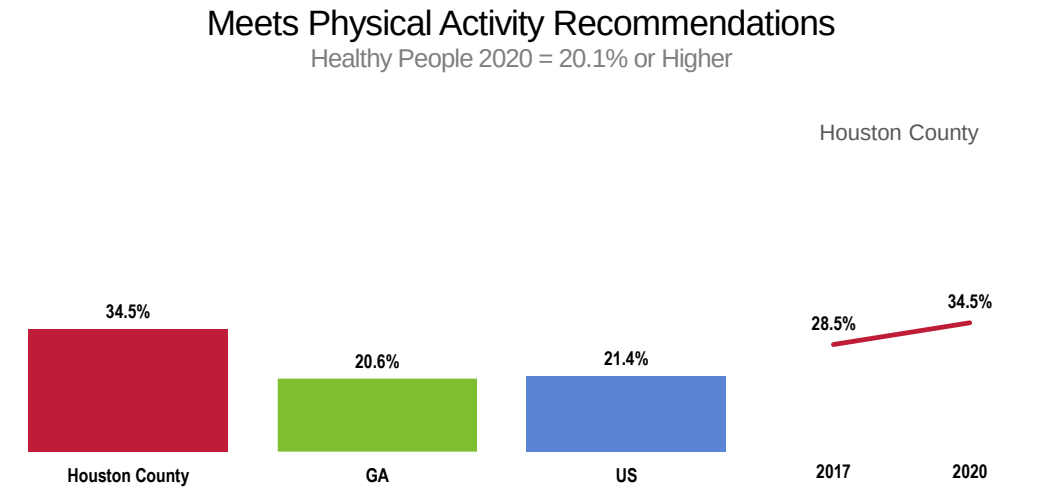
BENCHMARK ► Well above the Georgia and US percentages. Satisfies the Healthy People 2020 objective.

DISPARITY ► Much lower among adults age 45 and older.

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

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

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



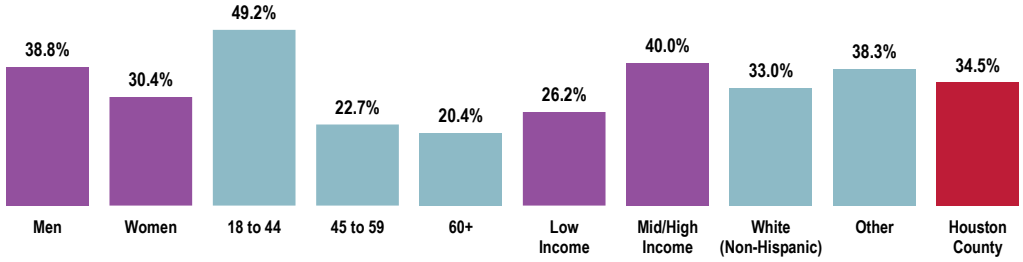
Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 126]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Georgia data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 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.

Meets Physical Activity Recommendations

(Houston County, 2020)

Healthy People 2020 = 20.1% or Higher



Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 126]
- 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.

Children

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

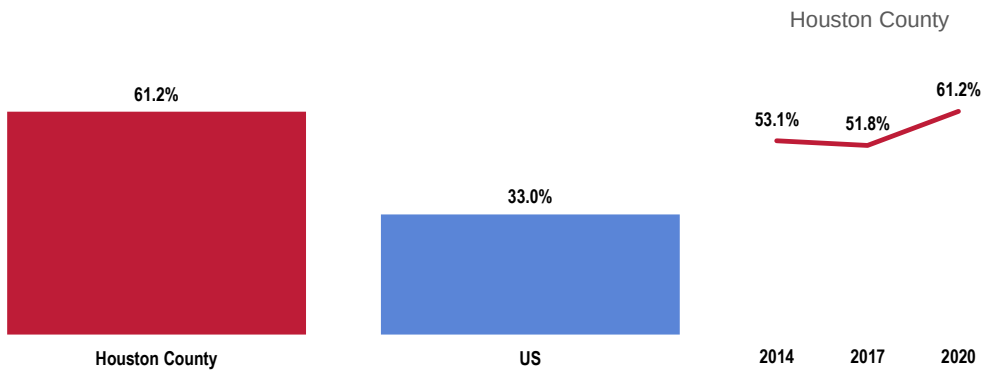
Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

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

Among Houston County children age 2 to 17, 61.2% are reported to have had 60 minutes of physical activity on <u>each</u> of the seven days preceding the interview (1+ hours per day).

BENCHMARK ► Considerably better than the US figure.

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



Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 109]
- 2020 PRC National Health Survey, PRC, Inc.

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

Access to Physical Activity

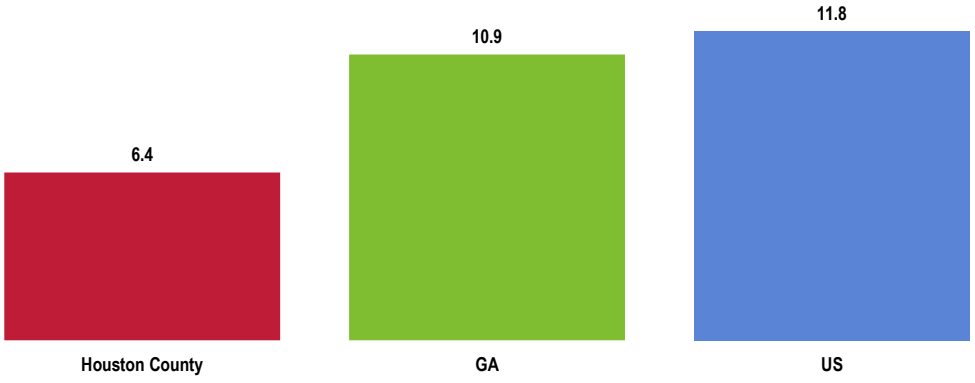
In 2017, there were 6.4 recreation/fitness facilities for every 100,000 population in Houston County.

BENCHMARK ► Well below the state and national ratios.

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, 2017)



Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Retrieved May 2020 from CARES Engagement Network at https://engagementnetwork.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 health care 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

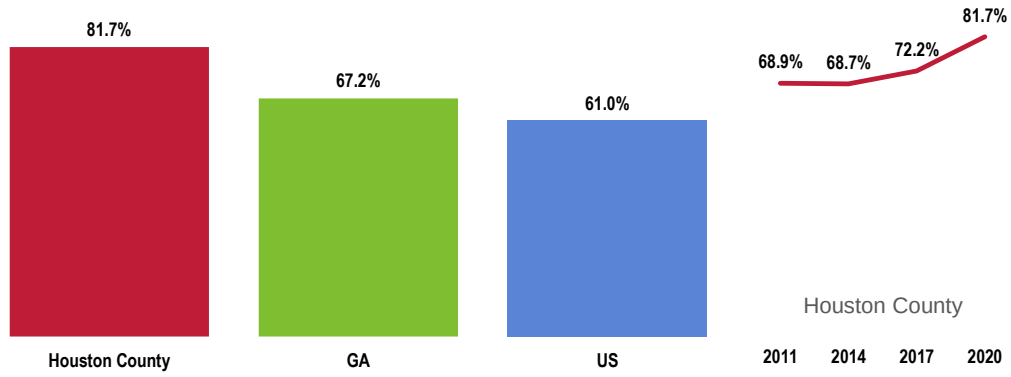
Here, "overweight" includes those respondents with a BMI value ≥25.

Over 8 in 10 Houston County adults (81.7%) are overweight.

BENCHMARK ► Much worse than state and US figures.

TREND ► Marks a statistically significant increase since 2011.

Prevalence of Total Overweight (Overweight and Obese)



Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 128]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Georgia data.
- 2020 PRC National Health Survey, PRC, Inc.

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

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

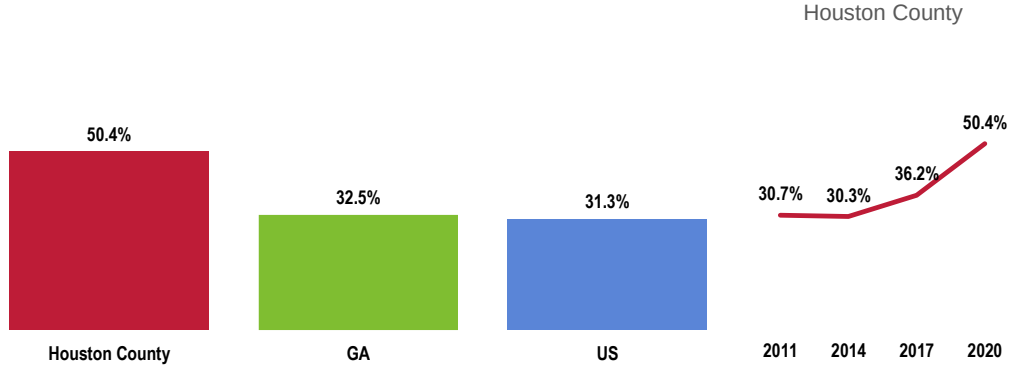
The overweight prevalence above includes half (50.4%) of county adults who are obese.

BENCHMARK ► Well above Georgia and US percentages.

TREND ► Denotes a statistically significant increase from 2011 survey results.

Prevalence of Obesity

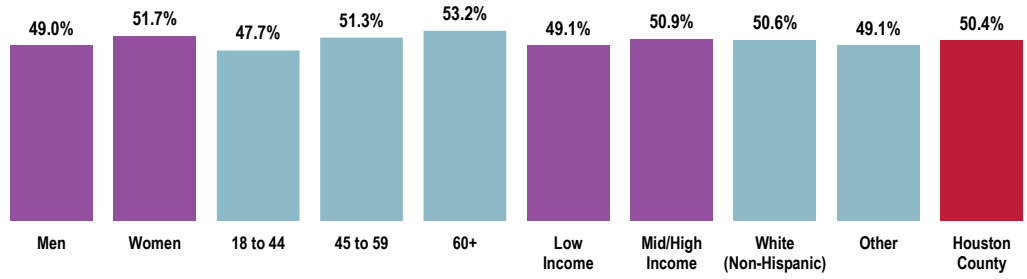
Healthy People 2020 = 30.5% or Lower



Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 128]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Georgia data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

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

Prevalence of Obesity
(Houston County, 2020)
Healthy People 2020 = 30.5% or Lower



Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 154]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

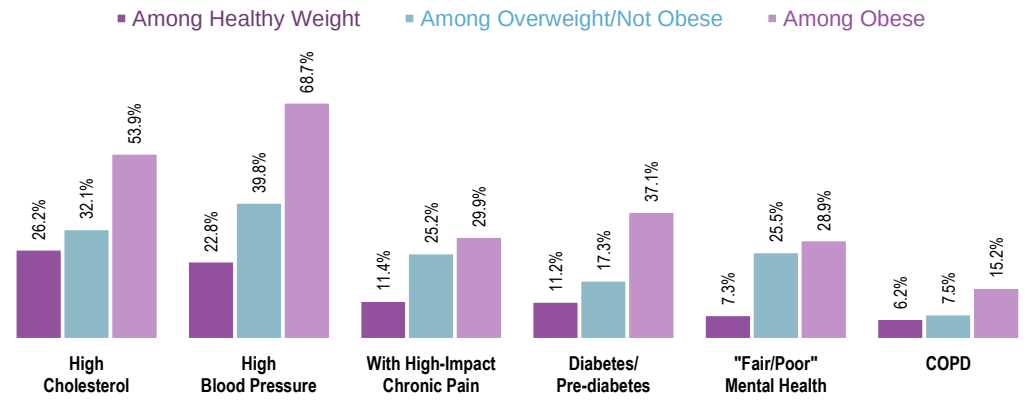
Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Relationship of Overweight With Other Health Issues

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

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

Relationship of Overweight With Other Health Issues
(Houston County, 2020)

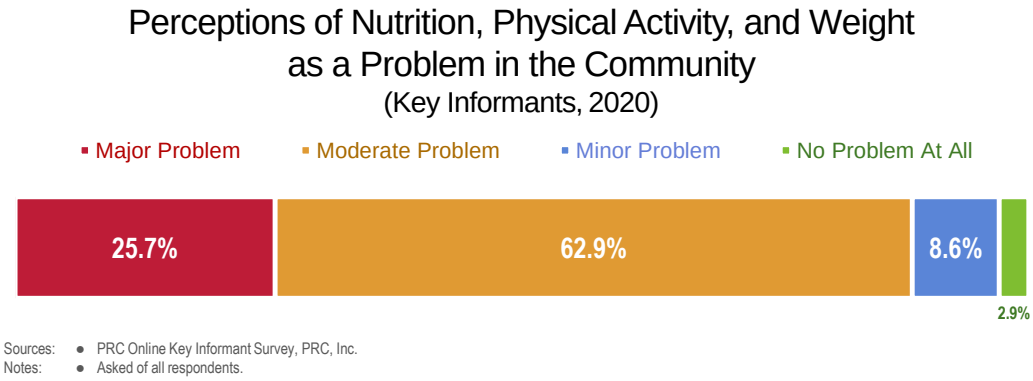


Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 154]

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

Key Informant Input:
Nutrition, Physical Activity & Weight

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



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

Nutrition

> Overall, our community needs to do better at eating nutritious foods and exercising regularly. Our communities could install more bike and walking paths to encourage physical activity. Health insurance companies can do more to encourage maintaining healthy weights and eating by providing financial incentives. Our own health plan has wonderful incentives to lose weight. – Community/Business Leader
>
> Nutrition: too many families are food insecure and do not have easy access to healthy food. For physical activity and weight, the digital world has created too many sedentary lifestyles for adults and children. – Social Services Provider

Access to Healthy Food

> There are food deserts in Houston County, particularly on the north side of the city. Conversely, there is easy access to fast food and low quality food. There are currently limited options for free, safe exercise throughout the community. There is not reliable transportation to recreation departments or walking parks. Safe transportation generally requires a vehicle, and the economic center of our county is not within walking distance of most residents. – Public Health Representative
>
> Access to nutrition and physical activity are the biggest issues resulting in obesity. – Other Health Provider

Awareness/Education

> Education of the devastation of poor eating habits and long-term consequences of such. – Community/Business Leader
>
> Prioritization. – Community/Business Leader

Built Environment

> Lack of commitment by local decision-makers to establishing and maintaining community activity spaces for walking, biking, kayaking, adult sports, etc. We like to describe our county as Georgia's most progressive county, yet we focus our time and treasure on courthouses and jails, the landfill, and pavement. So many times, different organizations recognize communities for their commitment to wellness vis-a-vis parks and recreation. It seems our community has chosen to step away from those things. We choose not to focus on creating a healthy active community because it isn't important to decision-makers. If we want to be a progressive county, we should consider benchmarking truly active healthy counties and examine our commitment to facilitating a CULTURE of activity and wellness (the best prevention and cost-avoidance approach). – Community/Business Leader

Obesity

> Around 40 to 50% of the individuals living in Houston County are overweight, about 30% are obese. – Other Health Provider

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 2016 and 2018, Houston County reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 12.0 deaths per 100,000 population.

BENCHMARK ► Worse than the US mortality rate. Fails to satisfy the Healthy People 2020 objective.

TREND ► Increasing over time, though less consistently than state and US trends.

Cirrhosis/Liver Disease: Age-Adjusted Mortality

(2016-2018 Annual Average Deaths per 100,000 Population)

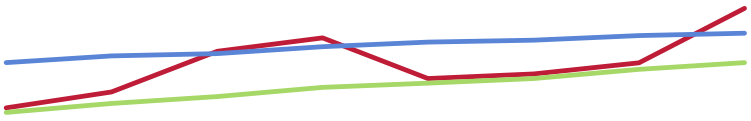
Healthy People 2020 = 8.2 or Lower

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

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 8.2 or Lower



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Houston County	7.6	8.3	10.1	10.7	8.9	9.1	9.6	12.0
GA	7.4	7.8	8.1	8.5	8.7	8.9	9.3	9.6
US	9.6	9.9	10.0	10.3	10.5	10.6	10.8	10.9

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

Alcohol Use

Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

- HEAVY DRINKERS ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- BINGE DRINKERS ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

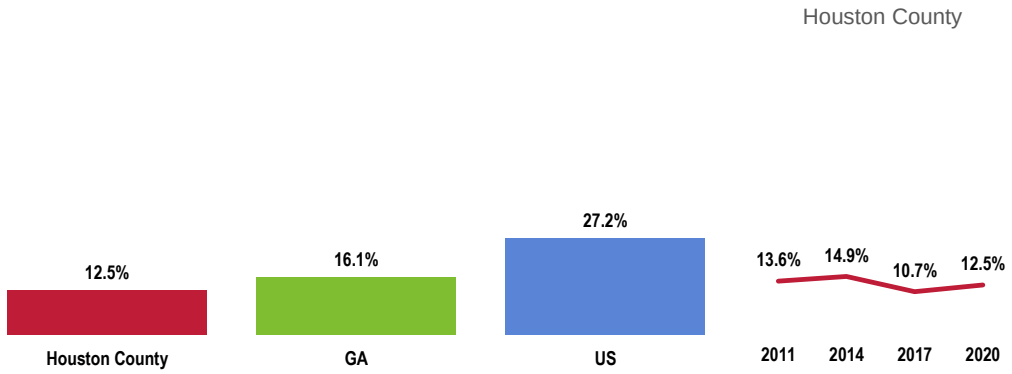
A total of 12.5% of area adults are excessive drinkers (heavy and/or binge drinkers).

BENCHMARK ► Lower than the US prevalence. Half the Healthy People 2020 objective.

DISPARITY ► Higher among adults age 45 to 59 and higher-income residents.

Excessive Drinkers

Healthy People 2020 = 25.4% or Lower



Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 136]
- 2020 PRC National Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Georgia data.
- 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 Drinkers
(Houston County, 2020)
Healthy People 2020 = 25.4% or Lower

Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 136]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

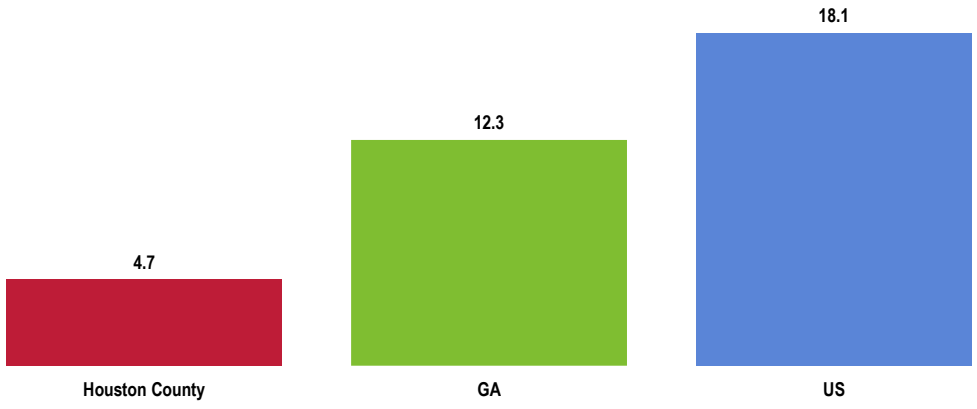
Notes:
- Asked of all respondents.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Age-Adjusted Unintentional Drug-Related Deaths

Between 2016 and 2018, there was an annual average age-adjusted unintentional drug-related mortality rate of 4.7 deaths per 100,000 population in Houston County.

BENCHMARK ► Well below the state and especially the US rate.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality
(2016-2018 Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 11.3 or Lower

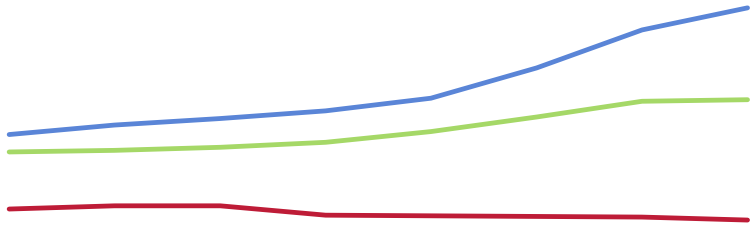


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2020.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov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

Unintentional Drug-Related Deaths: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 11.3 or Lower



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Houston County	5.4	5.6	5.6	5.0			4.9	4.7
GA	9.0	9.1	9.3	9.6	10.3	11.2	12.2	12.3
US	10.1	10.7	11.1	11.6	12.4	14.3	16.7	18.1

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

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 2.7% of Houston County adults acknowledge using an illicit drug in the past month.

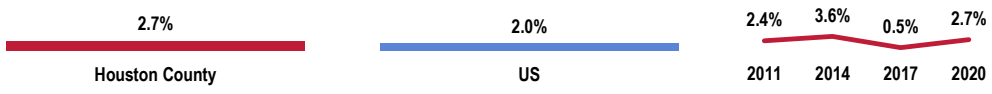
BENCHMARK ► Easily satisfies the Healthy People 2020 objective.

DISPARITY ► Unfavorably high among men, low-income residents, and communities of color.

Illicit Drug Use in the Past Month

Healthy People 2020 = 7.1% or Lower

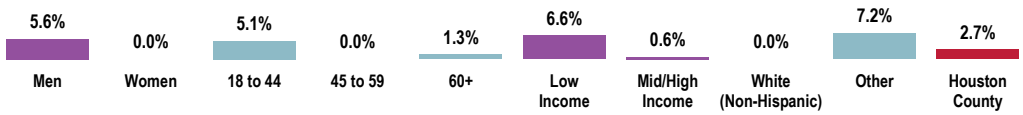
Houston County



Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 49]
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

Notes:
- Asked of all respondents.

Illicit Drug Use in the Past Month
(Houston County, 2020)
Healthy People 2020 = 7.1% or Lower



Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 59]
- 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.

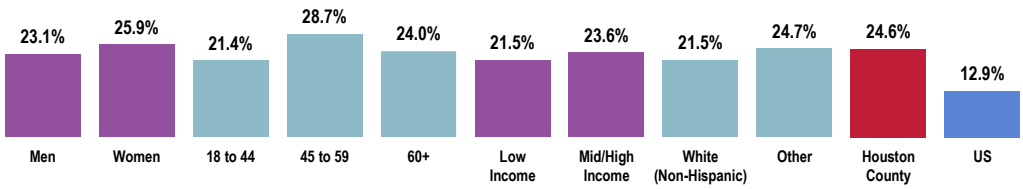
Use of Prescription Opioids

A total of 24.6% of Houston County report using a prescription opioid drug in the past year.

BENCHMARK ► Twice the US prevalence.

Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

Used an Opiate or Opioid Drug in the Past Year
(Houston County, 2020)



Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 50]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Alcohol & Drug Treatment

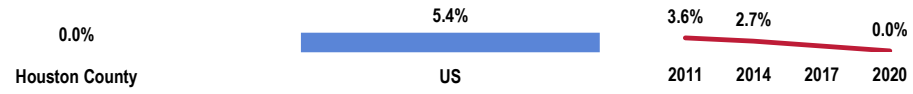
None of the respondents taking part in the survey report having ever sought professional help for an alcohol or drug problem at some point in their lives.

BENCHMARK ► The US prevalence is 5.4%.

TREND ► Lowest finding to date.

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

Houston County



Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 51]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

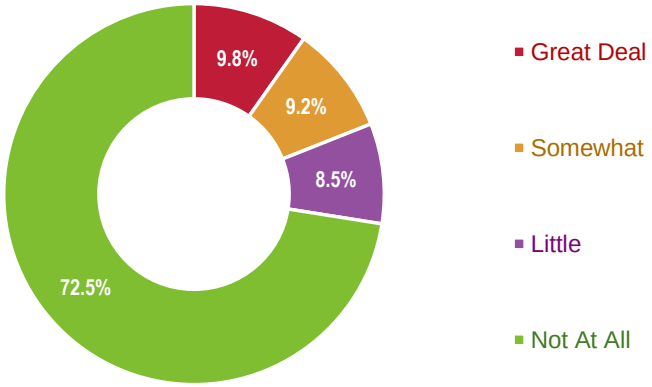
Personal Impact From Substance Abuse

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

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

Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other's)

(Houston County, 2020)



Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 52]
Notes: ● Asked of all respondents.

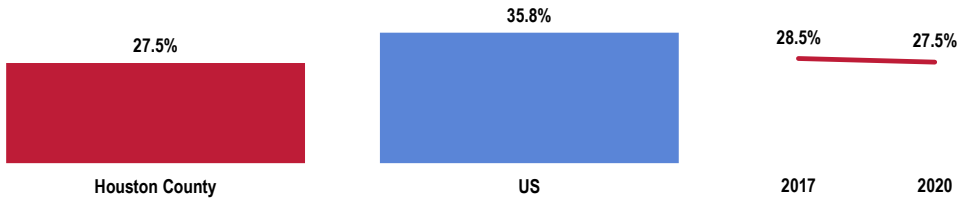
However, 27.5% have felt a personal impact to some degree ("a little," "somewhat," or "a great deal").

BENCHMARK ► Better than the US figure.

DISPARITY ► Notably high among women and Whites. The difference by age is not statistically significant.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)

Houston County

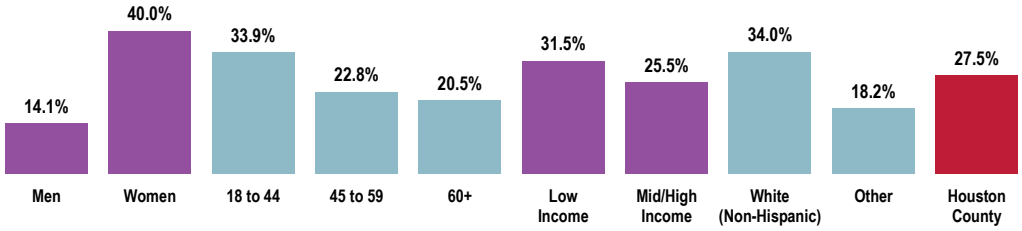


Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 52]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes response of "a great deal," "somewhat," and "a little."

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)

(Houston County, 2020)

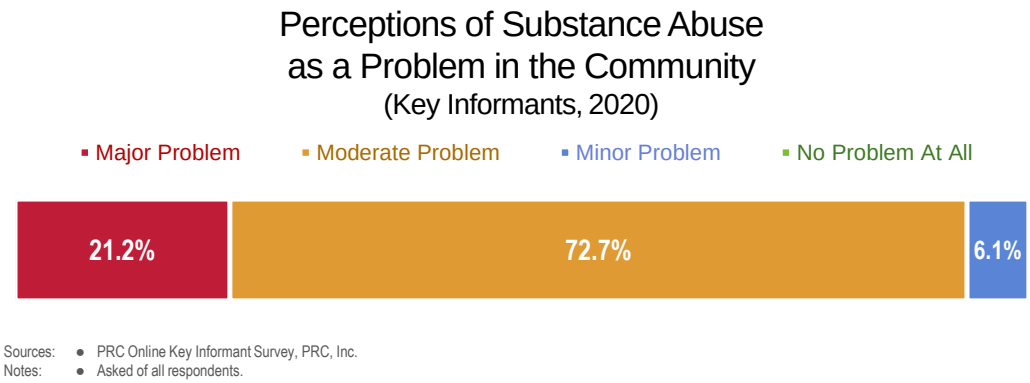


Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 52]

Notes:
- Asked of all respondents.
- Includes response of "a great deal," "somewhat," and "a little."

Key Informant Input: Substance Abuse

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



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

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

Access to Care/Services

> There seem to be more resources for women than men. – Community/Business Leader
>
> Available resources. – Social Services Provider
>
> There is very limited access to mental health services in our community. Mental health evaluation and treatment for uninsured and underinsured is extremely hard to access. There are very few treatment centers, and those that do exist require insurance. – Public Health Representative
>
> We do not have a facility to treat substance abuse. Most of these patients need to be in a facility to get daily counseling. Some of the churches have a program called Celebrating Recovery. – Community/Business Leader
>
> Size of population: Houston is too small to be able to take advantage of programs in large cities. – Community/Business Leader

Affordable Care/Services

> The cost of meaningful programs that don't just give lip service and appease politicians. We've got to aim at the heart of addicts and not just their head. They know the right thing to do. They have to be encouraged that their life is more valuable than escaping into the death of addiction. – Community/Business Leader

Awareness/Education

> Lack of knowledge of resources; I didn't know that Houston County had treatment other than faith-based organizations in our community. – Community/Business Leader

Most Problematic Substances

Key informants (who rated this as a "major problem") were equally likely to identify **alcohol, methamphetamine/other amphetamines**, and **heroin/other opioids** as causing the most problems in the community, followed by **cocaine/crack**.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY

(Among Key Informants Rating Substance Abuse as a “Major Problem”)

ALCOHOL	28.6%
METHAMPHETAMINE OR OTHER AMPHETAMINES	28.6%
HEROIN OR OTHER OPIOIDS	28.6%
COCAINE OR CRACK	14.3%

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).

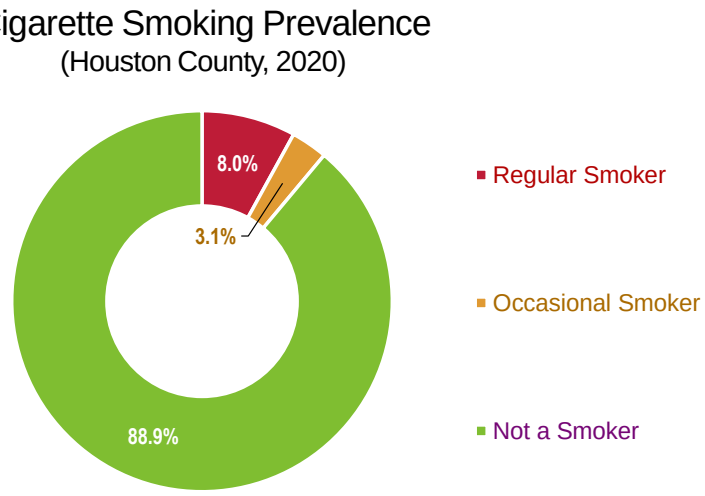
Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

– Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 11.1% of Houston County adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).



Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 40]
Notes: ● Asked of all respondents.

Note the following findings related to cigarette smoking prevalence in Houston County.

BENCHMARK ► Lower than the Georgia and US percentages.

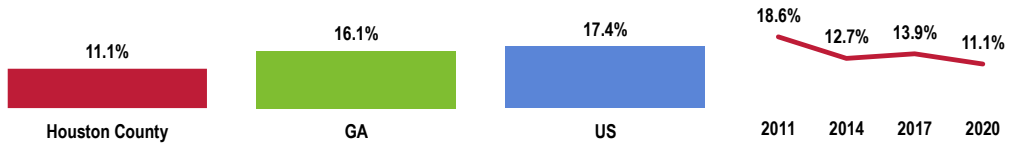
TREND ► Denotes a statistically significant decrease from 2011 survey findings.

DISPARITY ► Higher among adults 45+ and those in low-income households.

Current Smokers

Healthy People 2020 = 12.0% or Lower

Houston County



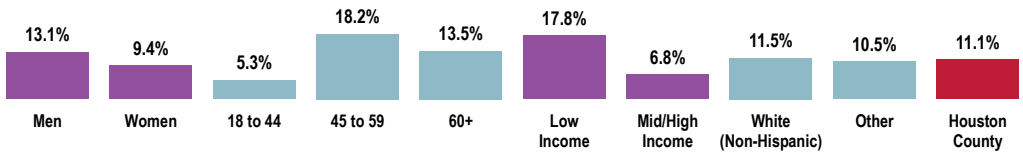
Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 40]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Georgia data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 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).

Current Smokers

(Houston County, 2020)

Healthy People 2020 = 12.0% or Lower

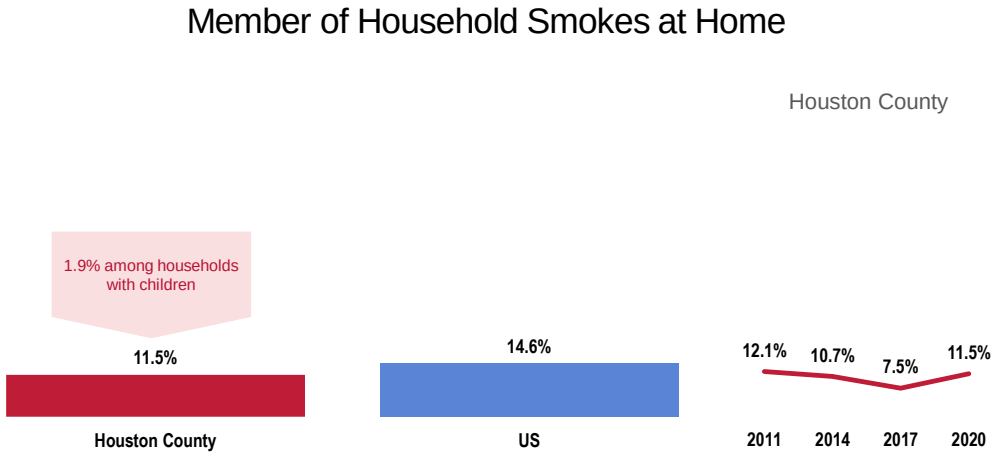


Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 40]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- Includes regular and occasion smokers (every day and some days).

Environmental Tobacco Smoke

Among all surveyed households in Houston County, 11.5% report that someone has smoked cigarettes in their home an average of four or more times per week over the past month.



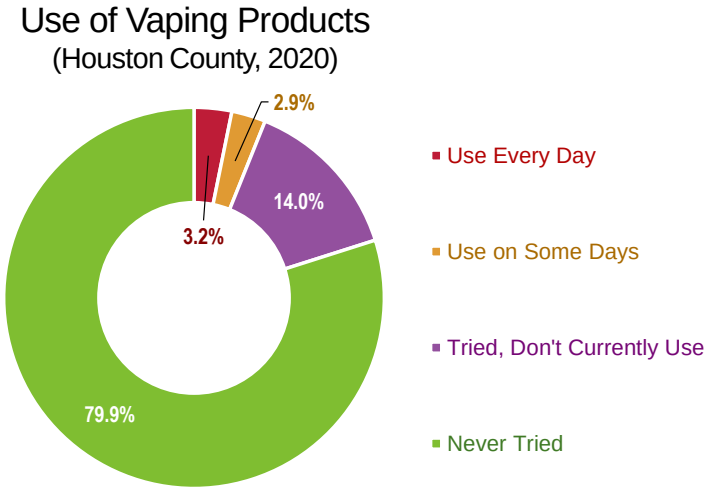
Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Items 43, 161-162]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Other Tobacco Use

Use of Vaping Products

Most Houston County adults have never tried electronic cigarettes (e-cigarettes) or other electronic vaping products.



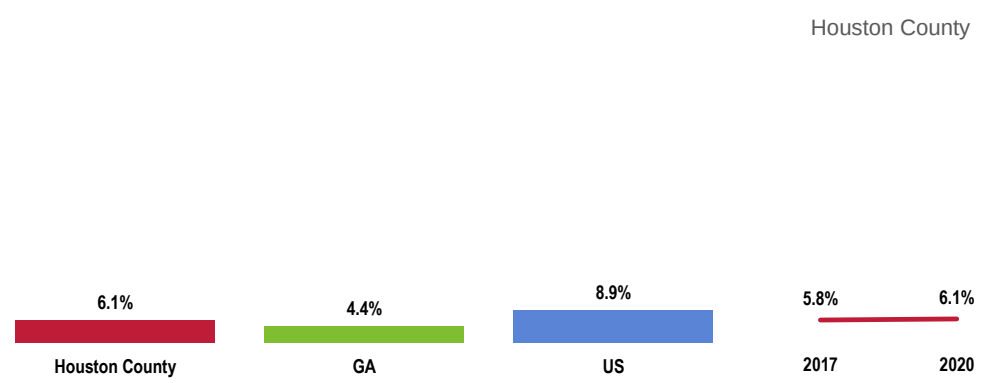
Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 135]

Notes:
- Asked of all respondents.

However, 6.1% currently use vaping products either regularly (every day) or occasionally (on some days).

DISPARITY ► Unfavorably high among adults under 60. The disparities by income and race are not statistically significant.

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



Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 135]
- 2020 PRC National Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Georgia data.

Notes:
- Asked of all respondents.
- Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

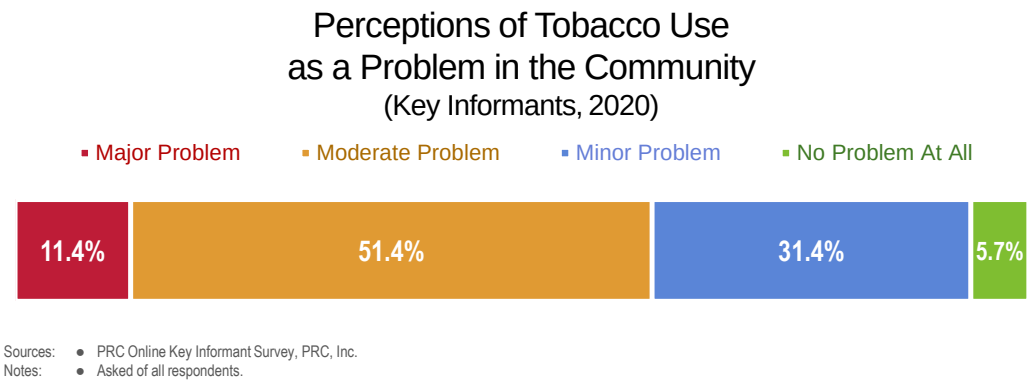
Currently Use Vaping Products
(Houston County, 2020)

Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 135]

Notes:
- Asked of all respondents.
- Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Key Informant Input: Tobacco Use

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



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

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

Built Environment

> Lack of resources that promote healthy activities: pools, affordable fitness clubs, hiking/biking trails, etc. If we promote healthy activities, people will take their personal wellness choices more seriously. – Community/ Business Leader

Comorbidities

> COPD and other lung disease. We need more education in our schools to let our young people see what tobacco does to their bodies. Lung cancer. – Community/Business Leader

Prevalence/Incidence

> It is more addictive than illegal and prescription drugs. – Community/ Business Leader

SEXUAL HEALTH

HIV

ABOUT HUMAN IMMUNODEFICIENCY VIRUS (HIV)

The HIV epidemic in the United States continues to be a major public health crisis.

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.

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 health care programs.

Improving access to quality health care 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

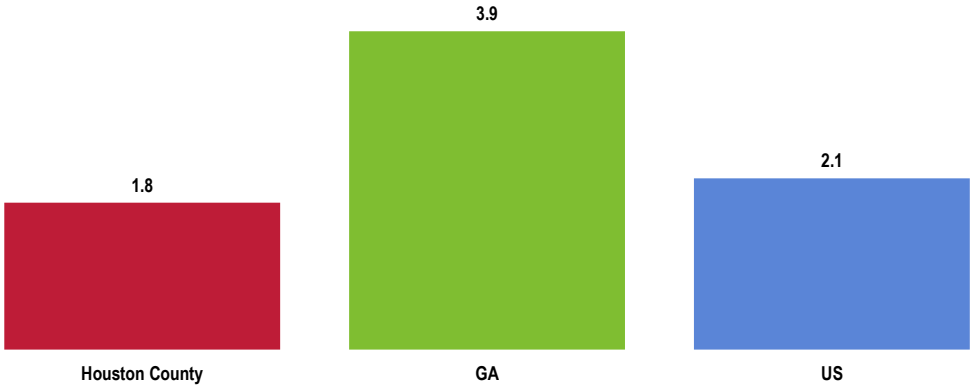
Between 2009 and 2018, there was an annual average age-adjusted HIV/AIDS mortality rate of 1.8 deaths per 100,000 population in Houston County.

BENCHMARK ► Lower than national and especially statewide mortality rates.

HIV/AIDS: Age-Adjusted Mortality

(2009-2018 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 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 March 2020.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-12]

HIV Prevalence

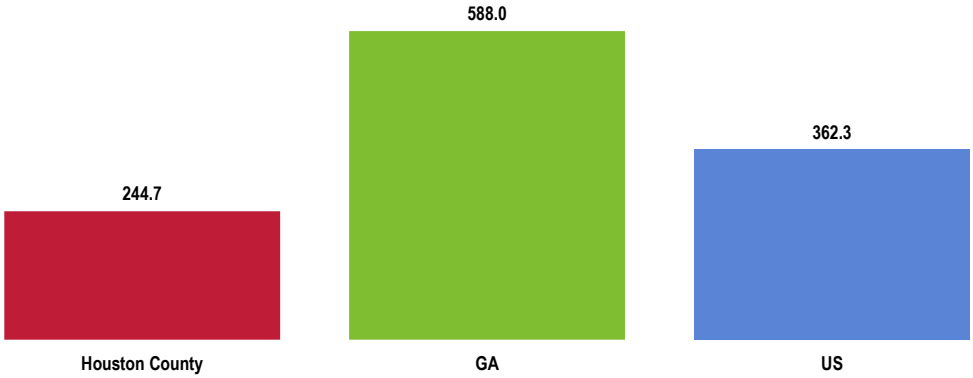
In 2015, there was a prevalence of 244.7 HIV cases per 100,000 population in Houston County.

BENCHMARK ► Well below the Georgia and US prevalence rates.

DISPARITY ► Dramatically higher in the Black community.

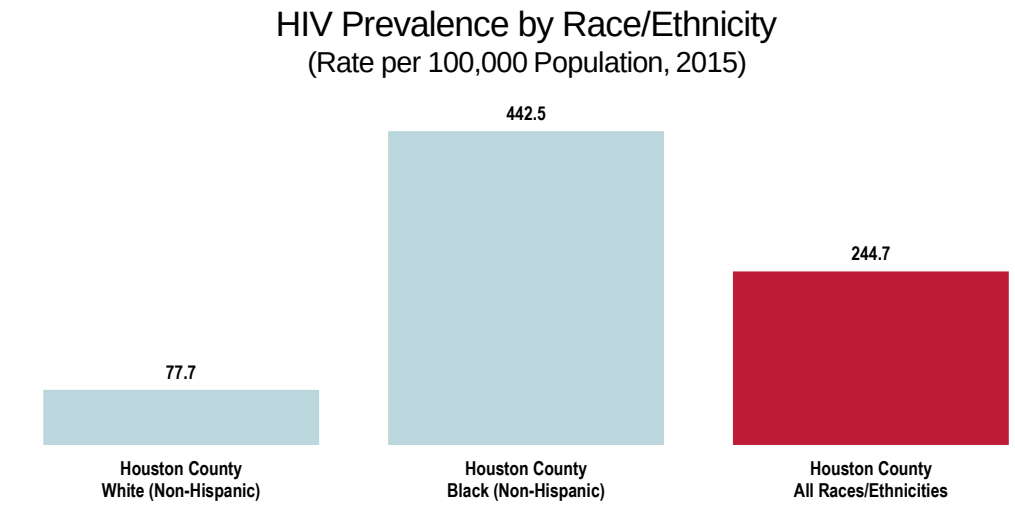
HIV Prevalence

(Prevalence Rate of HIV per 100,000 Population, 2015)



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved May 2020 from CARES Engagement Network at https://engagementnetwork.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.



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved May 2020 from CARES Engagement Network at https://engagementnetwork.org.

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

Sexually Transmitted 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.

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 health care; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons “linked” by sequential or concurrent sexual partners).

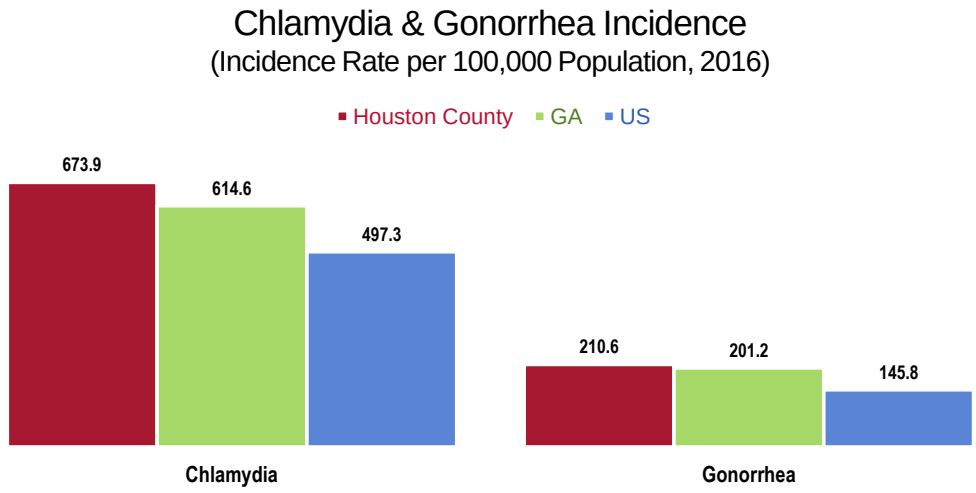
– Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

In 2016, the chlamydia incidence rate in Houston County was 673.9 cases per 100,000 population.

The Houston County gonorrhea incidence rate in 2016 was 210.6 cases per 100,000 population.

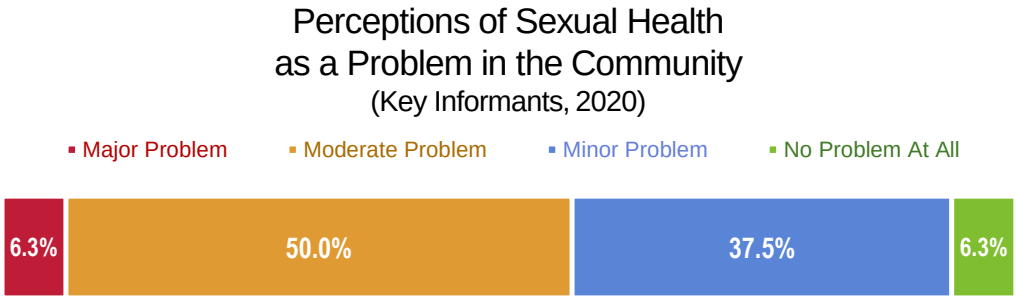
BENCHMARK ► Both rates are worse than the corresponding US rates.



Sources: ● Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
● Retrieved May 2020 from CARES Engagement Network at https://engagementnetwork.org.
Notes: ● This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Key Informant Input: Sexual Health

A plurality of key informants taking part in an online survey characterized *Sexual Health* as a "moderate problem" in the community.



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

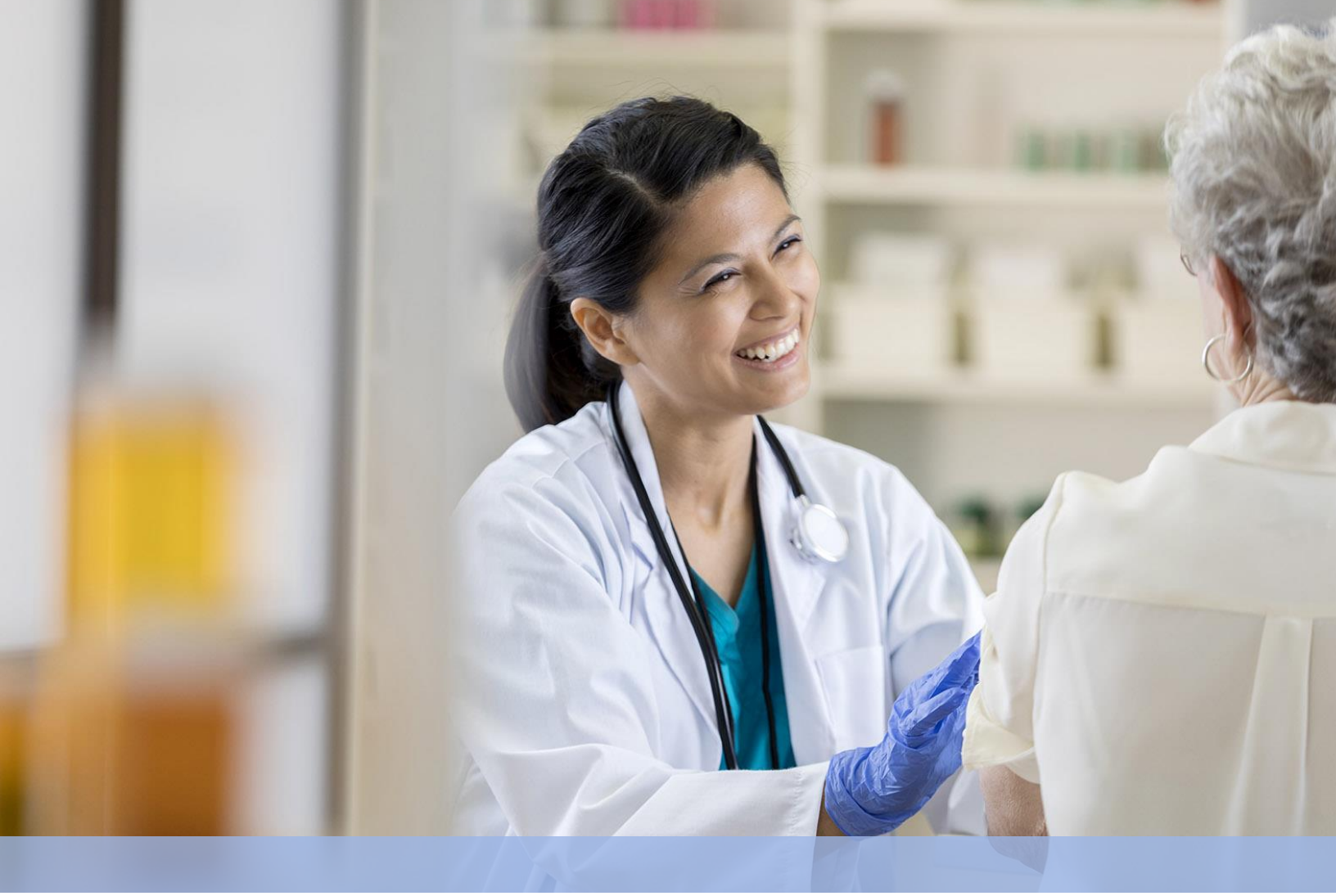
Among those rating this issue as a “major problem,” reasons related to the following:

Unprotected Sex

> Houston County continues to have high rates of STDs with increasing incidences of syphilis across all age groups and ethnicities. Infection rates are particularly high in young adults. – Public Health Representative

Awareness/Education

> Lack of education. – Other Health Provider



ACCESS TO HEALTH CARE

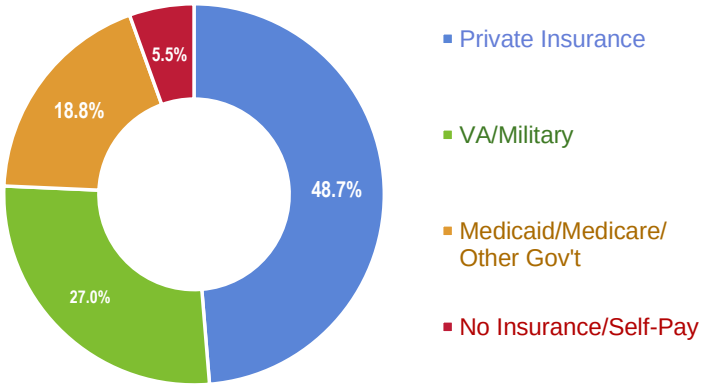
HEALTH INSURANCE COVERAGE

Type of Health Care Coverage

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

A total of 48.7% of Houston County adults age 18 to 64 report having health care coverage through private insurance. Another 45.8% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, etc.), including 27.0% who rely on military benefits.

Health Care Insurance Coverage
(Adults Age 18-64; Houston County, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 137]
Notes: • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

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

Among adults age 18 to 64, 5.5% report having no insurance coverage for health care expenses.

BENCHMARK ► Well below the Georgia figure. The Healthy People 2020 objective is universal coverage.

TREND ► Marks a statistically significant decrease since 2011.

DISPARITY ► Highest in the 45 to 64 population.

Lack of Health Care Insurance Coverage

(Adults Age 18-64)

Healthy People 2020 = 0.0% (Universal Coverage)

Houston County

Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 137]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Georgia data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents under the age of 65.

Lack of Health Care Insurance Coverage

(Adults Age 18-64; Houston County, 2020)

Healthy People 2020 = 0.0% (Universal Coverage)

Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 137]
- 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.

DIFFICULTIES ACCESSING HEALTH CARE

ABOUT ACCESS TO HEALTH CARE

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)

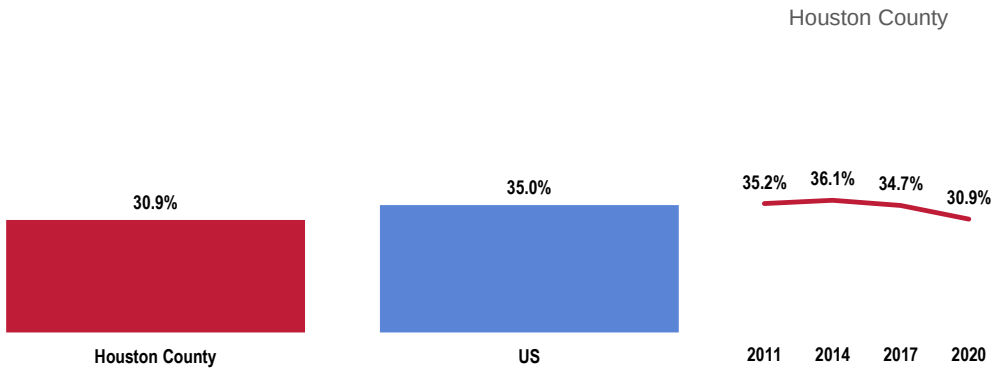
Difficulties Accessing Services

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

A total of 30.9% of Houston County adults report some type of difficulty or delay in obtaining health care services in the past year.

DISPARITY ► Unfavorably high among women and low-income residents.

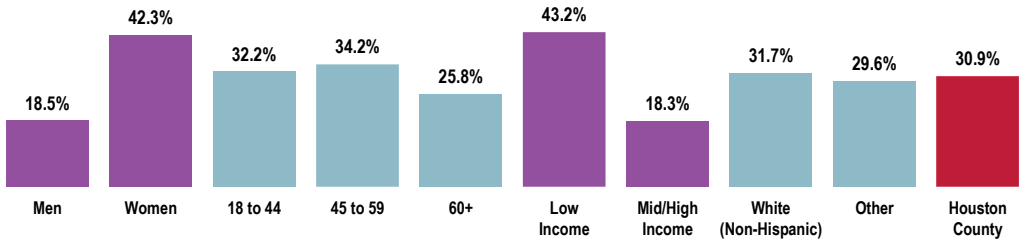
Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 140]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year
(Houston County, 2020)



Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 140]

Notes:
- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Barriers to Health Care Access

Of the tested barriers, appointment availability impacted the greatest share of Houston County adults.

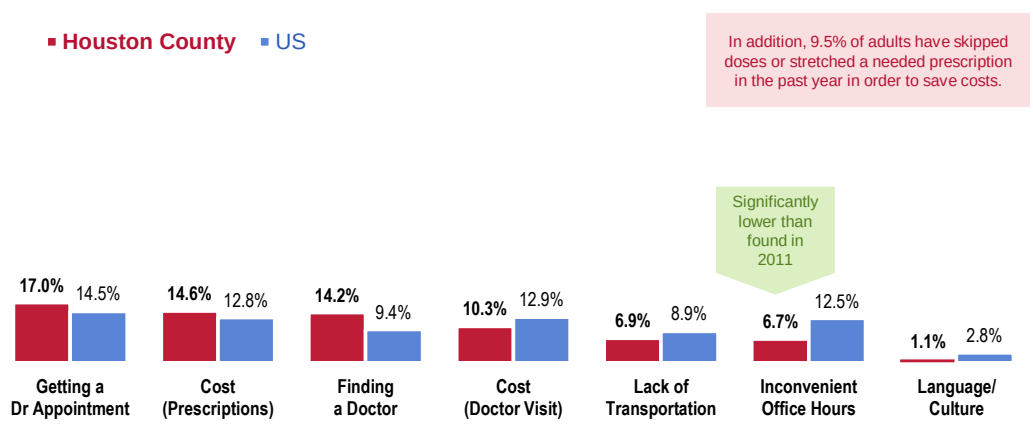
BENCHMARK ► The percentage of local residents impacted by inconvenient office hours is below the US figure.

TREND ► The barrier of inconvenient office hours has improved significantly since 2011.

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

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

Barriers to Access Have Prevented Medical Care in the Past Year



In addition, 9.5% of adults have skipped doses or stretched a needed prescription in the past year in order to save costs.

Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Items 7-13]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Accessing Health Care for Children

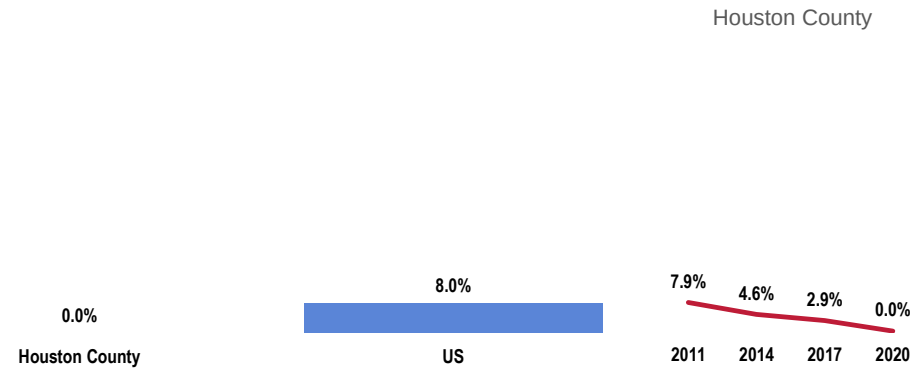
Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

No survey respondents with children under 18 say there was a time in the past year when they needed medical care for their child but were unable to get it.

BENCHMARK ► The US prevalence is 8.0%.

TREND ► Denotes a steady, significant decrease from 2011 survey findings.

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

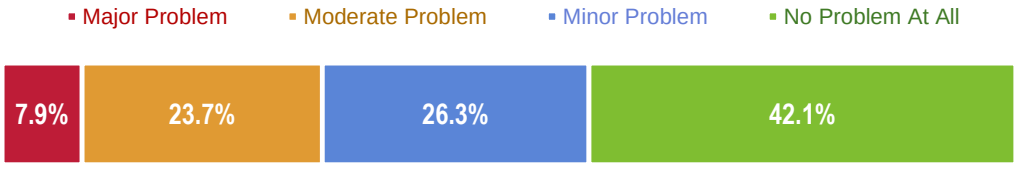


Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 104]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children 0 to 17 in the household.

Key Informant Input: Access to Health Care Services

Key informants taking part in an online survey most often characterized *Access to Health Care Services* as "no problem at all" in the community.

Perceptions of Access to Health Care Services as a Problem in the Community
(Key Informants, 2020)



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

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

Affordable Care/Services

> Affordability of healthcare, lack of health insurance, difficulty using insurance when it is purchased due to high deductibles, lack of access to reliable transportation, and lack of treatment and evaluation options for mental health. – Public Health Representative
>
> Too many uninsured. – Social Services Provider
>
> There are only two hospitals located in Houston County. Additionally, the health department is located in a remote area that is not easily accessible by all who live in the county. – Other Health Provider

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

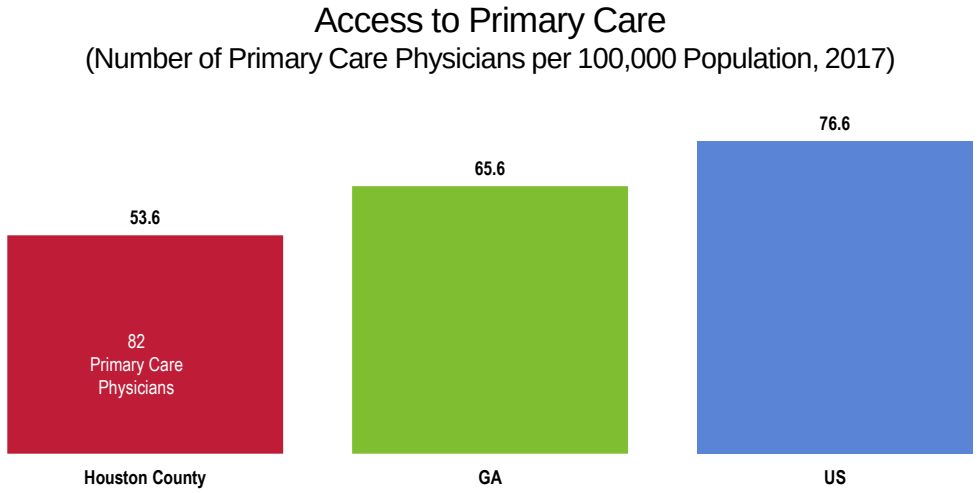
Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease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

– Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

In 2017, there were 82 primary care physicians in Houston County, translating to a rate of 53.6 primary care physicians per 100,000 population.

BENCHMARK ► Lower than state and national ratios.



Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Retrieved May 2020 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Specific Source of Ongoing Care

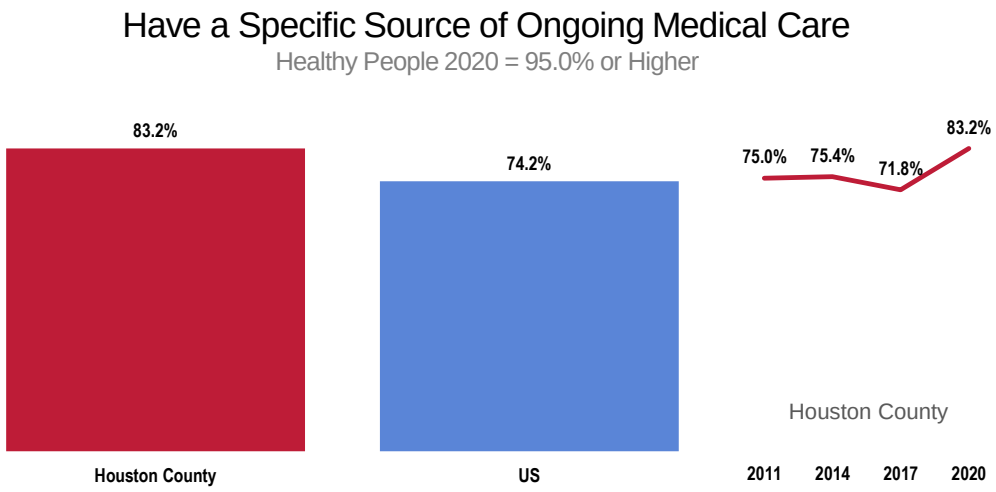
Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/ VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. 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 83.2% of Houston County adults were determined to have a specific source of ongoing medical care.

BENCHMARK ► Better than the US prevalence but failing to satisfy the Healthy People 2020 objective.

TREND ► Marks a statistically significant increase from previous survey findings.



Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 139]
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes:
- Asked of all respondents.

Utilization of Primary Care Services

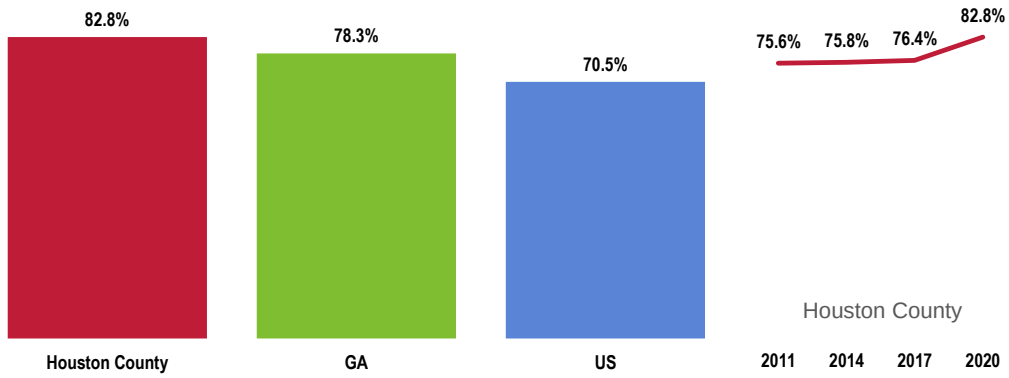
Adults

Most Houston County adults (82.8%) visited a physician for a routine checkup in the past year.

BENCHMARK ► Well above the national prevalence.

DISPARITY ► Lower among adults under 60.

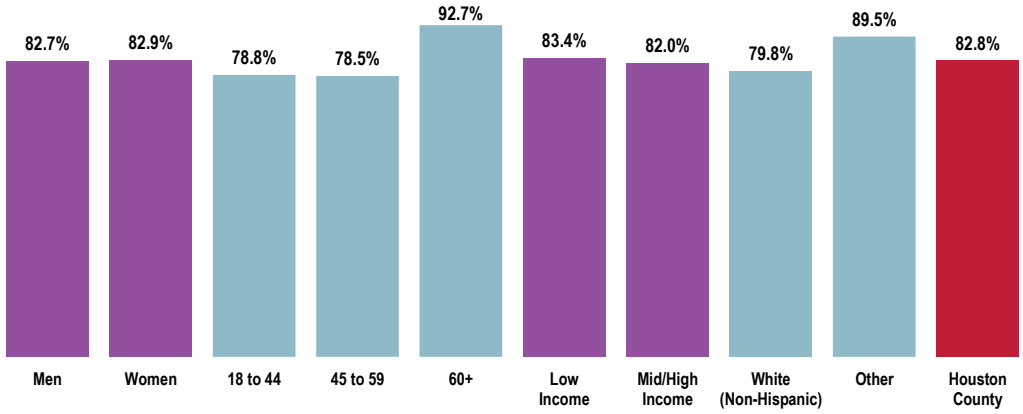
Have Visited a Physician for a Checkup in the Past Year



Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 18]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Georgia data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year
(Houston County, 2020)

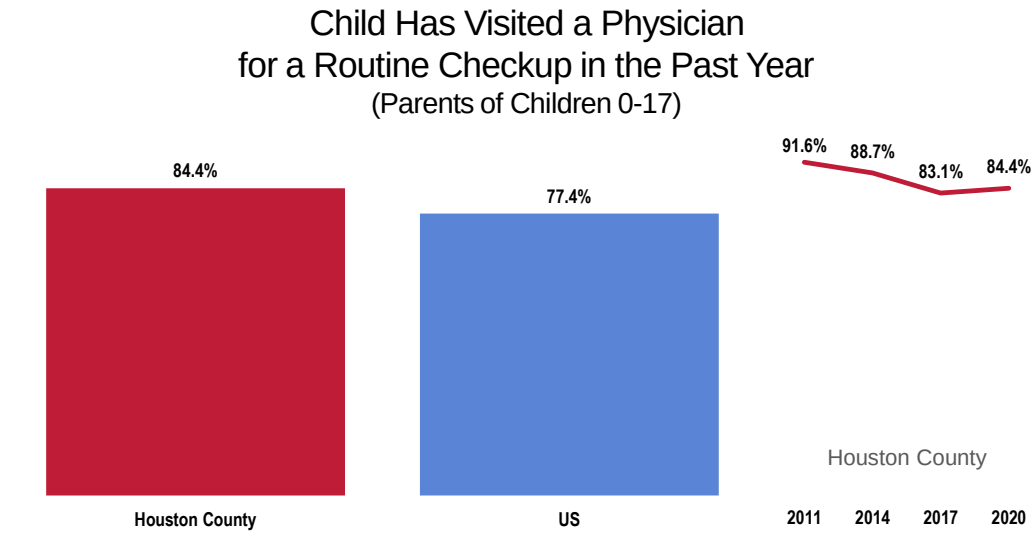


Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 18]

Notes:
- Asked of all respondents.

Children

Among surveyed parents, 84.4% report that their child has had a routine checkup in the past year.



Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 105]
- 2020 PRC National Health Survey, PRC, Inc.

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

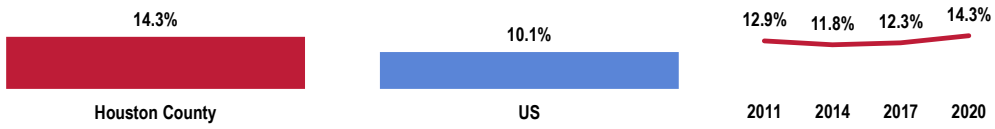
EMERGENCY ROOM UTILIZATION

A total of 14.3% of Houston County adults have gone to a hospital emergency room more than once in the past year about their own health.

DISPARITY ► Higher among adults under 60 and especially those in low-income households.

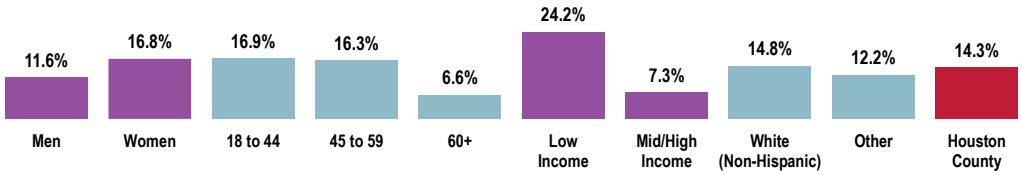
Have Used a Hospital Emergency Room More Than Once in the Past Year

Houston County



Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 22]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year
(Houston County, 2020)



Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 22]
Notes: ● Asked of all respondents.

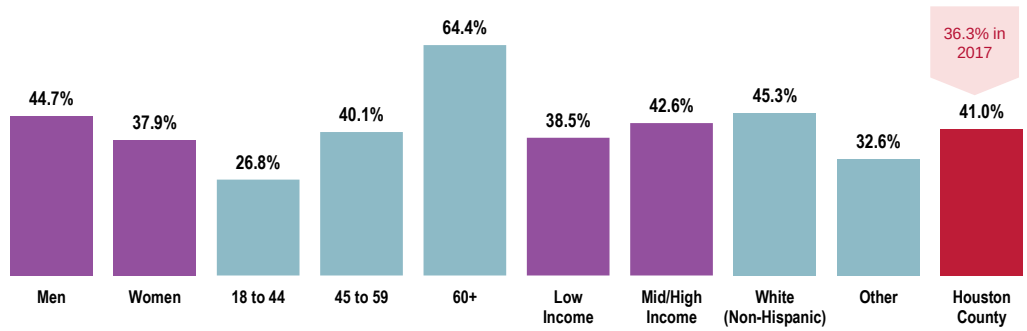
ADVANCE DIRECTIVES

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 health care powers of attorney.

A total of 41.0% of Houston County adults have completed advance directive documents (95.3% of these people have communicated the decisions to their family and/or a physician).

DISPARITY ► The prevalence increases with age, as might be expected.

Have Completed Advance Directive Documents
(Houston County, 2020)



Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Items 302-303]
Notes: ● Asked of all respondents.
● An Advance Directive 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 Health Care Powers of Attorney.

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.

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.

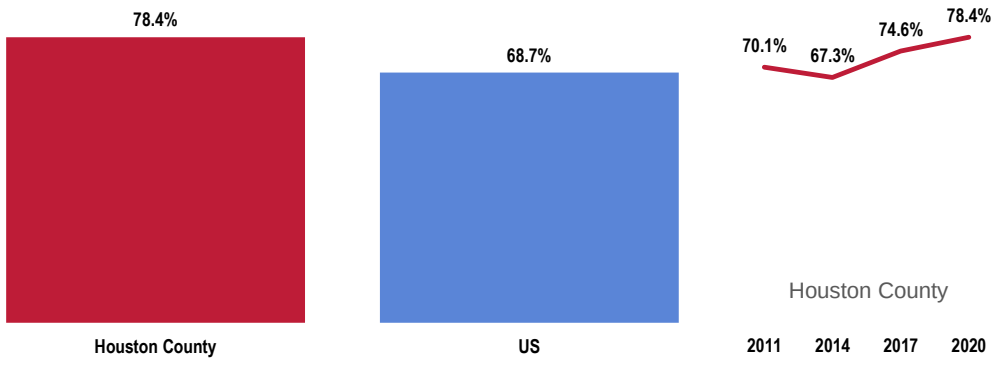
– Healthy People 2020 (www.healthypeople.gov)

Dental Insurance

Over three in four Houston County adults (78.4%) have dental insurance that covers all or part of their dental care costs.

BENCHMARK ► Better than the US figure.

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



Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 21]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Dental Care

Adults

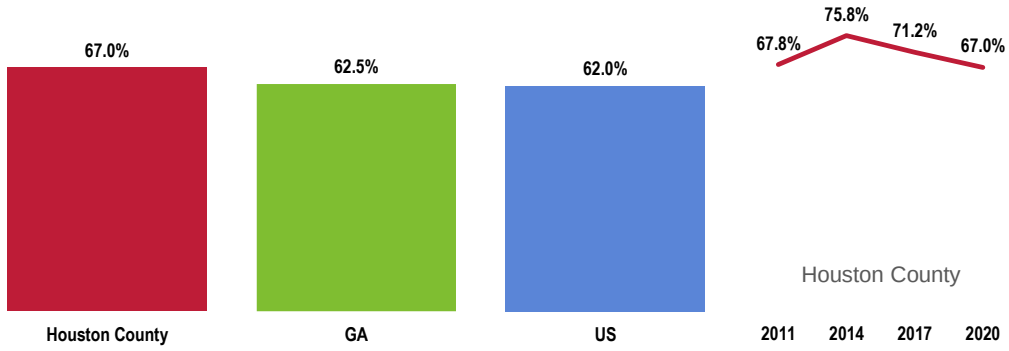
A total of 67.0% of Houston County adults have visited a dentist or dental clinic (for any reason) in the past year.

BENCHMARK ► Easily satisfies the Healthy People 2020 objective.

DISPARITY ► Lower among men, low-income residents, and those without dental insurance.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 = 49.0% or Higher



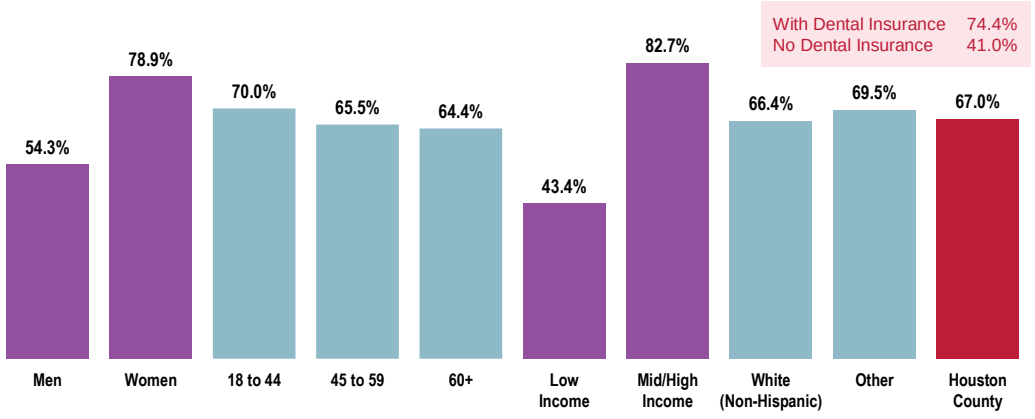
Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 20]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Georgia data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Houston County, 2020)

Healthy People 2020 = 49.0% or Higher



Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 20]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

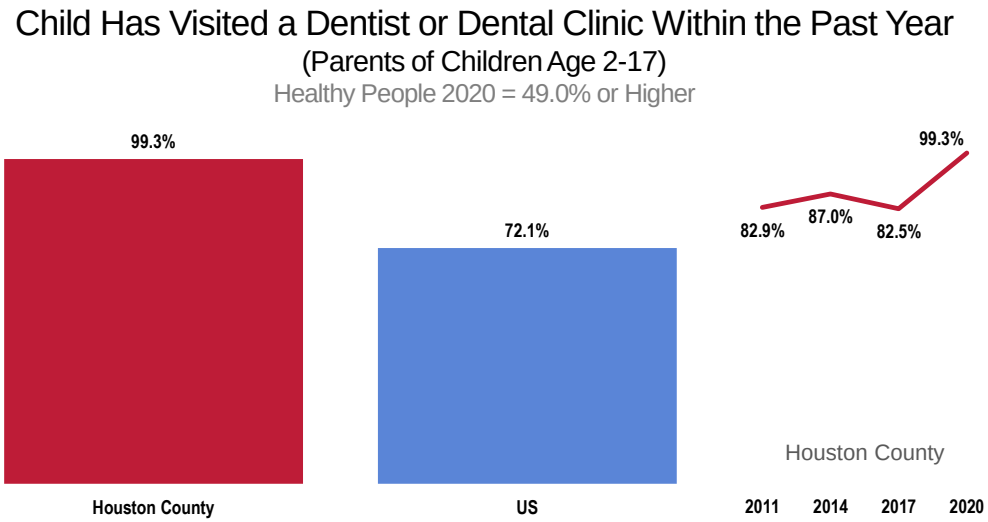
Notes:
- Asked of all respondents.

Children

Nearly all parents (99.3%) report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

BENCHMARK ► Well above the US figure and easily satisfying the Healthy People 2020 objective.

TREND ► Marks a statistically significant increase since 2011.

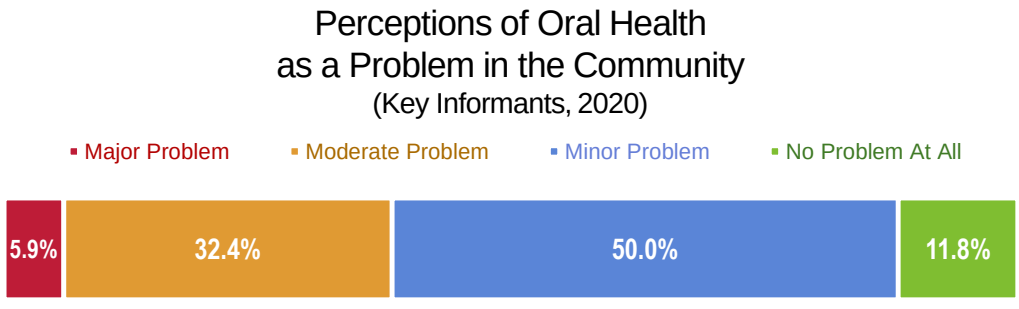


Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 123]
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

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

Key Informant Input: Oral Health

Half of key informants taking part in an online survey characterized *Oral Health* as a "minor problem" in the community.



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

Notes:
- Asked of all respondents.

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

Access to Care for Uninsured and Underinsured

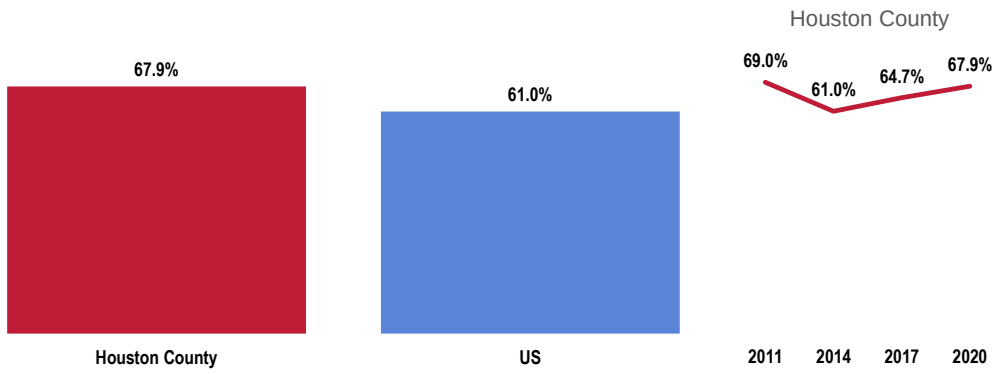
> Cost of care for those without dental insurance. Lack of understanding that oral health problems usually are followed by health and nutrition problems. – Community/Business Leader
>
> There is almost complete lack of access to oral care for those without dental insurance in Houston County. The cost of self-pay dental services makes care completely out of reach for many people. Because of this, dental emergencies are almost always taken care of in the ER, which is the absolute least cost effective way of managing these issues. Lack of dental care contributes to negative impacts on overall health (including cardiovascular disease), can negatively impact nutrition, education, and employment. Sources of care that offer low-cost or free services are limited, overbooked, and often difficult to access due to physical location. – Public Health Representative

VISION CARE

A total of 67.9% of Houston County residents had an eye exam in the past two years during which their pupils were dilated.

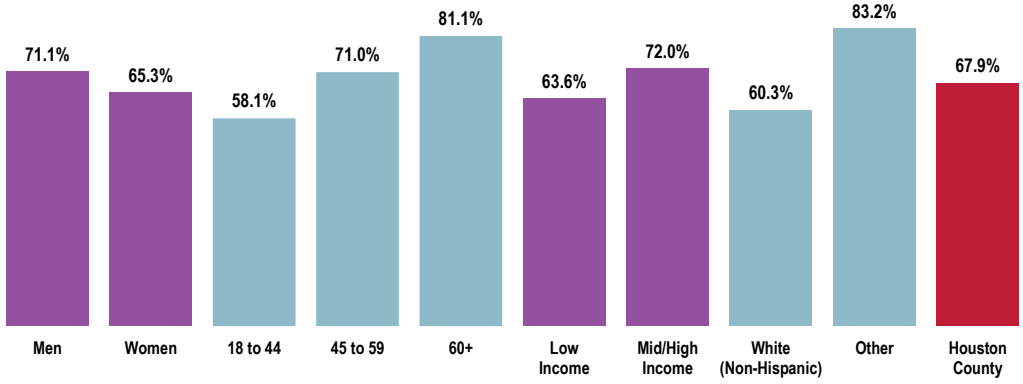
DISPARITY ► Increases with age and is lower among Whites.

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



Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 19]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated
(Houston County, 2020)

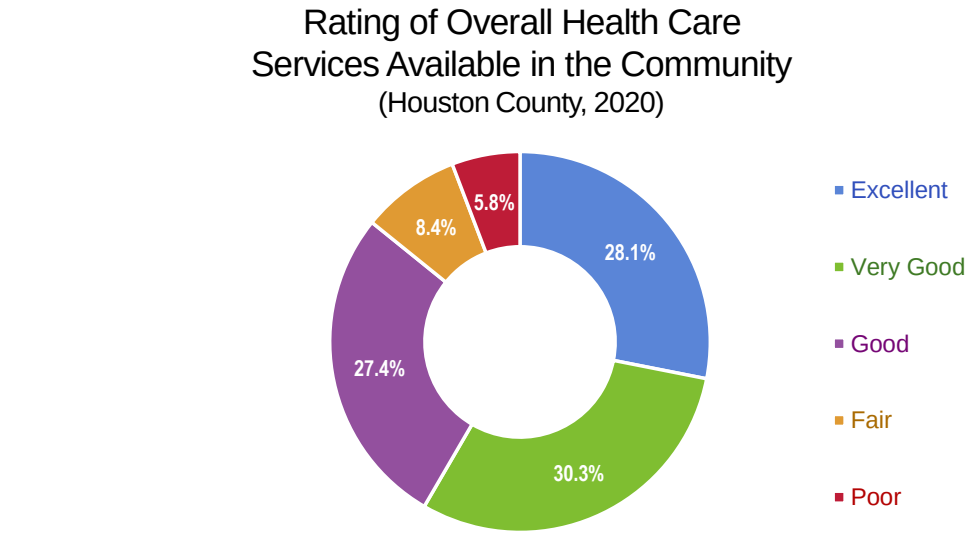


Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 19]
Notes: ● Asked of all respondents.

LOCAL RESOURCES

PERCEPTIONS OF LOCAL HEALTH CARE SERVICES

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



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 14.2% of residents characterize local health care services as "fair" or "poor."

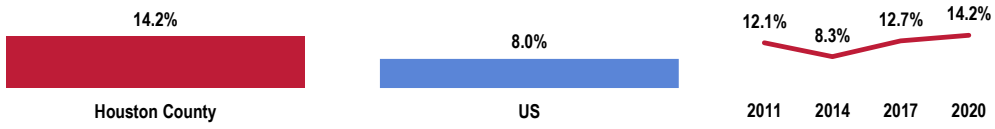
BENCHMARK ► Worse than the US figure.

TREND ► Similar to baseline survey results but increasing significantly since 2014.

DISPARITY ► The prevalence decreases with age and is much higher among low-income residents and those reporting access barriers in the past year.

Perceive Local Health Care Services as “Fair/Poor”

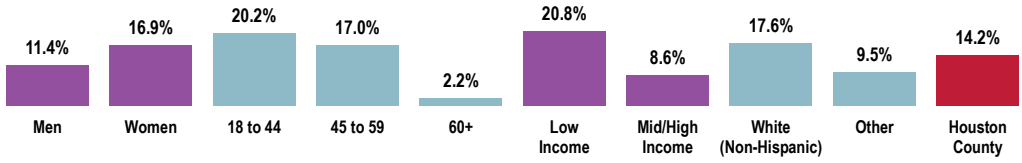
Houston County



Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 6]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Perceive Local Health Care Services as “Fair/Poor”
(Houston County, 2020)

With Access Difficulty	39.2%
No Access Difficulty	2.9%

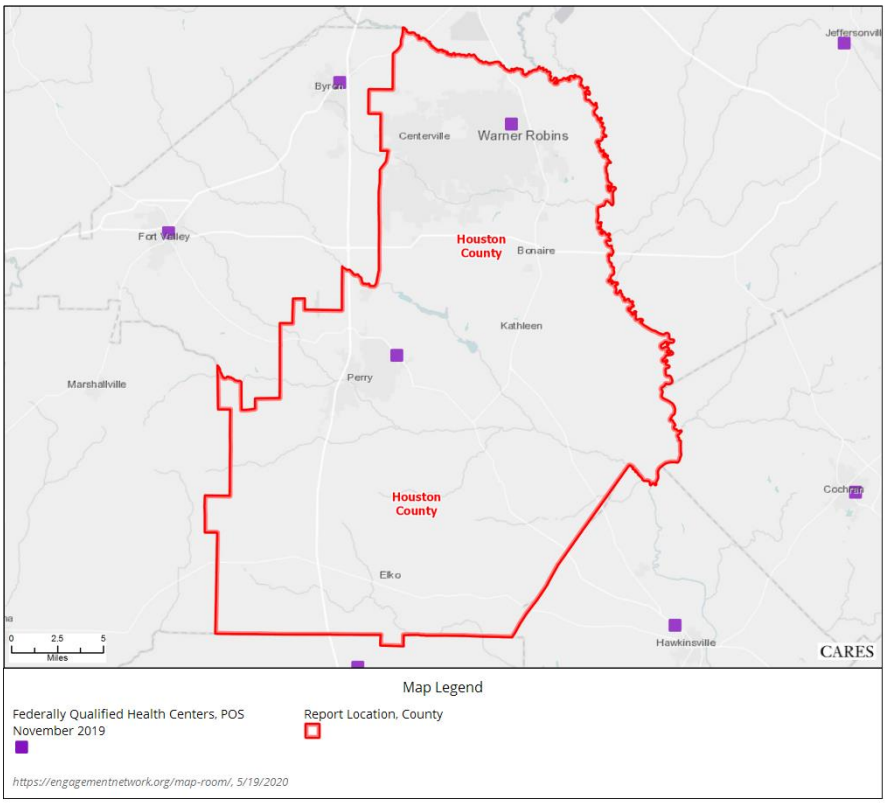


Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 6]
Notes: ● Asked of all respondents.

HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within Houston County as of November 2019.



Resources Available to Address the Significant Health Needs

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

Access to Health Care Services

Houston Medical Center
NAMI
North Central Health District
Phoenix Center
River's Edge Treatment Center
Volunteer Medical Clinic

Cancer

American Cancer Society
Central Georgia Cancer Center
Houston Cancer Center
Houston Healthcare/Houston Medical Center
Jay's Hope
Joanna McAfee Childhood Center

Coronavirus

Department of Family and Children Services
Department of Labor
Department of Public Health
Faith Community
Heart Cath Lab
Helicopter Pad (Emergency Room)
Houston County Health Department
Houston Healthcare/Houston Medical Center
Med Stops
Navicent Health
Perry Hospital
Respiratory Therapists
Stroke Special Program
United Way

Diabetes

Community Action Agency
Department of Public Health
Diabetic Services
EduCare
Family Connections
Family Medicine Clinic at Pavilion
First Choice Primary Care
Fitness Centers/Gyms
Houston County Health Department
Houston County Recreation Department
Houston Healthcare/Houston Medical Center
Houston Healthcare Residency Program
Houston Volunteer Clinic
Nutrition Services
Pavilion
Perry Hospital
United Way
Volunteer Medical Clinic

Disability & Chronic Pain

Community Health Works
First Choice Primary Care
Houston County Health Department
Houston Healthcare
Navicent Health
WellCare

Heart Disease & Stroke

American Heart Association
Central Georgia Heart Institute
Doctor's Offices
EduCare
First Choice Primary Care
Houston County Health Department
Houston Healthcare/Houston Medical Center
Houston Healthcare Residency Program
Houston Heart
Houston Volunteer Clinic
Perry Hospital
Volunteer Medical Clinic

Injury & Violence

Adult Sororities/Fraternities
Boys and Girls Club
Faith Community
Houston County School System
Law Enforcement

Kidney Disease

Dialysis Centers
Houston Healthcare Residency Program

Mental Health

1 West
AA/NA
Coliseum Mental Health
Community Health Works
County Counseling
Daily Grace
Family Counseling Center
Guiding Light
Homeless Shelters
Houston Healthcare/Houston Medical Center
Mental Health Services
Middle Georgia Counseling and Testing
NAMI
Perry Hospital
Phoenix Center
Private Counselors
River's Edge Treatment Center

Nutrition, Physical Activity, and Weight

After School Programming
Cantrell Wellness Center
Central Georgia Soccer Association
EduCare
Farmer's Markets
Fitness Centers/Gyms
Food Bank
Houston Medical Center
Kinetix Gyms
Middle Georgia Community Food Bank
Museum of Aviation Marathon
Nutrition Services
Parks and Recreation
Planet Fitness
School System
Volunteer Medical Clinic
Weight Watchers
WIC

Oral Health

Central Georgia Technical College Dental
Dentist's Offices
Houston County Health Department
Houston Healthcare
Rehoboth Baptist Dental Clinic

Respiratory Disease

Educational Services
Home Health
Houston Healthcare

Sexual Health

Boys and Girls Club
First Choice Primary Care
Houston County Health Department
Houston Healthcare
School System
Teen Maze

Substance Abuse

AA/NA
ABBA House
Celebrate Recovery
Houston County Family Connection
Houston Healthcare
Methadone Clinics
Perry Volunteer Outreach
Phoenix Center
Private Counselors
Salvation Army
School System

Tobacco Use

Houston County Volunteer Medical Clinic

APPENDIX: EVALUATION OF PAST ACTIVITIES

SCORE CARD AND OUTCOMES FOR 2018-2020

LEGEND	GREEN Met Goal	YELLOW Made Progress	RED Goal Not Met

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, 2020:	Objectives/ Anticipated Impact By December 2020:	Activities/Strategies Partnerships	2019 Actual Impact/Outcomes
Leading causes of death includes cancer at 21.9% and cardiovascular disease at 24.6% both are impacted by modifiable risk factors of nutrition, exercise and tobacco. Rate of deaths from heart disease is 181.3 per 100,000. A-Healthy Weight- 27.5% of community are at a healthy weight (BMI- 18.5 to 24.9) .	Decrease the deaths from cardiovascular disease and cancer. A-1-Reduce the death rate from heart disease to 175 per 100,000 (3- year scorecard) CHNA 2017- 3 year scorecard- 181.3% A-2-Increase the number of adults at a healthy weight (BMI 18.5-24.9) to at least 30% (3-year scorecard) CHNA 2017 - 3 year scorecard- 27.5%	Provide weekly educational programs to increase knowledge and skills to improve modifiable risk factors and over- all health. A-1-At least 50% of the participants who attend ≥ 10% of classes in the Healthy Living Class will demonstrate a weight loss and report one positive healthy lifestyle change. A-2- Provide at least 5 Worksite Wellness screenings, to include BMI consultation.	A-1-Healthy Living For Life will be provided each week with a different topic to improve health of participants. Class includes Weekly weigh in along with tracking the participants weight loss will be provided. -Increase physician and hospital staff awareness and ability to refer into Healthy Living and other exercise or cooking classes. A-2-Worksite and community screenings will include BMI with individual consultation. A-1&2- Partner with RAFB, Family Connections to increase the awareness of nutrition & healthy wt. among families-	A-1-Healthy Living For Life- 49 classes provided and 142 individuals attended the weekly classes for 1041 contacts and had a total weight loss of 55.2 lbs. A-2- Worksite and Community Screenings- Five industries were provided health fairs. 924 BMI's were provided at all health fairs with723 (78%) ≥ 25. 22% of screenings were in the healthy weight range
B-Tobacco 13.9% Houston County residents use tobacco 14.2% of 18 to 39-year old's smoke tobacco 22.7% of lower income residents use tobacco	B-Decrease the usage of tobacco to 12% (3- year Scorecard) CHNA 2017 - 3 year scorecard- 13.9%	B-1-Educational displays will be posted at Houston Medical Center & Perry Hospital on Great American Smokeout Day in November. B-2- Tobacco cessation education including the Georgia tobacco quit line will be provided to at least three worksites or community organizations serving lower income population.	B-1- Participation in Great Am. Smoke Out will include displays and educational information at both hospitals as well as at least two other sites. B-2-Provide tobacco cessation education at three community sites. B-3-Tobacco cessation information packets will be given to any in-pt.	B-1- Great American Smokeout materials provided to Faith Community Nurses for use in churches. B-2- Tobacco cessation information provided at 5 worksites and health fair sites serving lower income population

		B-3-Respiratory Therapy Departments at Perry and Houston Medical Center will provide education along with tobacco cessation information to at least 500 in-patient using tobacco.	who reports using tobacco and given to any person requesting this education.	B-3 600 tobacco cessation packets were sent to Respiratory Therapy Dept for distribution to those patients currently using tobacco B-3-Number from Houston County who called or participated with the Ga. Quit line

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, 2020:	Objectives/ Anticipated Impact By December 2020:	Activities/Strategies Partnerships	2019 Actual Impact/Outcomes
The ease of access to healthcare services impact personal health, delays appropriate care, leads to increased health care cost, hospitalizations and ED visits. A-Medical Homes or ongoing source of health care. 71.8% of Houston County residents have a specific source of ongoing health care this is less than the state and national average. 71.2% of low-income residents report an ongoing source of health care. B-Appropriate Usage of Health Services 12.3% of residents have utilized the ED more than once in a year	Improve the health of individuals by improving the ease of access to care. -Increase the number of Houston County residents who have a medical home or ongoing source of healthcare to at least 75%. (3- year score card) CHNA 2017 - Scorecard- 69.3% B-Increase the awareness and knowledge of appropriate usage of the ED	A-1 By December 2019 increase in the number of persons who call Referral Services to obtain information on establishing a Medical Home by 1% compared to request in 2018. A-2 Community health screenings will include documentation on the participants screening form of their medical home; if the participant does not have a medical home there will be documentation of linking to Referral Services. A-3 At least 4 health fairs with screenings will be provided in low income areas. Each event will promote medical homes, resources for persons who are uninsured, and financial assistance available. B- Patient Care Services, EduCare, Marketing, along with EMS will explore efforts to increase appropriate usage of the ED	A-1-Referral Service phone line- - Resources- for persons without insurance will be given to First Choice Health Center, Physician Residency Program, and Ho. Co. Volunteer Medical clinic. A-2 & 3-Health Screenings will promote medical homes A-3- Research and write grant & assist community persons in accessing health services such as mammograms, or prenatal care. B- Develop additional assistance for identified persons utilizing the ED frequently for health care.	A-1-Referral Services- 149 calls received from uninsured individuals asking for assistance. 61% referred to Pavilion Family, 14% referred to Volunteer Medical Clinic, 25% referred to First Choice Primary Care. There was a 21% decrease in uninsured calls compared to 2018. Calls to referral line for a physician among uninsured and insured decreased 39% from 2018. A-2&3- 103 attending health fairs have no medical home, 100% health fair attendees without medical home given information on calling referral service line, Pavilion Family Medicine, First Choice Primary Care, or Volunteer Medical Clinic. A-3- 124 health screenings provided at soup kitchens/food pantries, Housing Authority, and health education provided monthly at Grace Village. Grant received from Komen Greater Atlanta to provide mammograms. B- Documentation of efforts to provide additional assistance to frequent users of the ED will be kept. EMS piloting home visiting program to follow up with frequent ED users

B- Medications 11.9% skipped prescription doses to save cost.	B- Provide information to lower income persons on sources for prescription assistance. CHNA 2017 - 3 yr. Scorecard- 11.9% skipped doses to save cost	B-1-Referral Services will refer community persons to resources to obtain lower cost prescriptions. B-2- Information on prescription assistance will be provided at all health fairs/screenings B-3-Patients attending Chronic Disease class will receive information on lower cost medications as well as medication management information. B-4- Medication management will be provided to senior groups, Faith Comm. Nurses and other groups, stressing the importance of medication compliance and importance of having a current list of medications for any health-related visit.	B-1-Referral Service phone line- B-2- Community health screening form – B-3- Chronic Disease classes-. B- 4- Provide Medication Management classes and distribute "Know Your Med Cards"	B-1&2- 11 attendees at health fairs were not taking medications due to lack of funds. 100% were given information on prescription assistance. 3 people that called referral service line needed prescription assistance B-3&4- 100% of participants that attend the Heart Failure class are given "Know Your Med" cards B3&4- participant numbers and dates of class is included in CBISA tracking

Improve Individual's 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 By December 31, 2020:	Objectives/ Anticipated Impact By December 2020:	Activities/Strategies Partnerships	2019 Actual Impact/Outcomes
A- Diabetes 18.3% of Houston County residents have diabetes. 25.9% age adjusted mortality. Persons with diabetes have increased risk of stroke, heart disease, blindness and amputations.	-Decrease diabetes related complications and improve quality of life of patients living with diabetes -Decrease the number of residents who have diabetes to 15% **CHNA 2017 - 3 yr. scorecard- 18.3%**	A-1-Maintain National Recognition for Diabetes Management Program through annual audit A-2-Decrease ED visits and hospitalizations by at least 50% for participants in Diabetes Management program compared to baseline A-3- Decrease the 30- day readmission rate r/t diabetes for patients receiving in-patient diabetes education to less than 50%. A-4- The Diabetes Advisory Board will include at least one patient with diabetes	A-1-Diabetes Self-Management Education including 4 sessions (Diabetes 1:1 assessment, Nutrition Education class, Comprehensive Skill class 1 & 2) Provide Community Wide Diabetes Awareness Day, Diabetes Update for Healthcare Providers, Support Groups A-2 &3-Provide initial diabetes education in the hospital and track the number referred patients to the outpatient diabetes program	A-1-Diabetes program American Diabetes Association recognition current through September 14, 2021 A-2- 17 ED visits related to diabetes reported at start of program, 12 ED visits reported on follow up. 17 hospitalizations related to diabetes at start of program, 11 readmissions at follow up. A-3- 1202 patients received in-patient diabetes education and 33 received follow up phone calls with 24 readmissions related to diabetes. A-4- Diabetes Advisory Board met and included community members A-5- 67% of patients scheduled for education kept their appointment

		A-5 - At least 75% of pts scheduled will keep their appointment.	A-5- Provide Small Steps Education, Healthy Living classes, cooking classes, Prevent T2. A-6- Referral Phone call to all persons referred to schedule, if the pt. does not attend efforts to schedule will be made. Physicians will receive information on pt. referred who do not attend.	A-6- Participants in classes are tracked in CBISA.
B-Hypertension/Cholesterol Management – 43.5% of Houston County residents have high blood pressure which is higher than the Healthy People 2020 target (26.9% or lower). Age adjusted mortality for stroke is 43.4 per 100,000	B-Decrease complications of hypertension Decrease rate of deaths from strokes to 40 per 100,000 (3-year score card goal**)** **CHNA 2017 - 3 year score card- 43.4 per 100,000**	B-1-Decrease ED visits & hospitalizations by at least 50% for participants in Hypertension Management program B-2- At least 75% of hypertension management class will list at least one lifestyle change B-3-100% of persons with abnormal BP screening will receive education and referral as needed to additional follow up health care.	B-1&2—Provide Hypertension Management Education Class and Cholesterol Management Class B-3- Community and worksite screenings All persons with an abnormal BP screening will receive education and referral to a medical home to further assess BP and any needed treatment.	B-1- Four hospitalizations and 12 ED visits related to hypertension prior to attending the class and 1 ED visit and 0 hospitalizations reported at follow up. B-2- 76% reporting following a low sodium, low fat meal plan B-3- 100% of participants with abnormal results received education and referral as needed for follow up health care.
C-Heart Failure Readmission rate for heart failure average rate for 2017 was 19.97%	**C-**Improve the ability of persons with heart failure to manage this condition, and improve their quality of life **Decrease readmission for Heart Failure to 18%** **(3-year Score Card Goal)** **CHNA 2017 -3 year score card- 4.2%**	C-1-80% of class participants will report increase in knowledge in early recognition of S/S of worsening heart failure and importance of reporting to PCP C-2-Readmissions from Heart Failure for class participants ≤ 18% from baseline to 1-year follow up. C-3-Meet as a work group to improve the care of persons with heart failure.	C-1&2—Enjoying Life While Managing Heart Failure Classes C- 2&3 Provide initial heart failure education in the hospital and refer patients to the outpatient education classes and other community resources with follow up phone calls to assess patient understanding of early recognition and early intervention for those not attending education class.	C-1- Heart Failure Education class provided and 98% had increased knowledge. 98% participants can identify meaning of heart failure. 90% could identify early signs/symptoms of heart failure. C-2-142 follow-up calls placed to those attending class. Of the 51 people who attended the HF class, there were 420 reported ED visits and hospitalizations. Of those able to be reached for follow-up calls, 39 ED visits and hospitalizations were noted. C-3 Track efforts to implement new Heart Failure program initiatives for 2019. Met with paramedicine to discuss what is being taught.
D Patient and Family Engagement	D-Improve care received for a chronic illness by obtaining "feedback" on pt. understanding of self- care as well as perception of health services received.	D-1 At least 25% of patients with heart failure or diabetes will receive a post discharge phone call D-2- Faith Community Nurses will receive training on transitional care. D-3- EduCare Staff will receive training on transitional Care.	D-1 In-patient educators will provide transitional care; assess understanding of self-care, transitional care and hospital experience through follow up phone calls.	D-1-200 patients with heart failure received education and 11 patients (6%) received a post-discharge phone call, and 1202 patients with diabetes received education and 33 patients received a post discharge phone call (3%) D-2 - Faith Community Nurses received 11 trainings. 19 members attended at least one

	Provide transitional care. Educate community persons on benefits of an Advance Directive. **CHNA 2017 - 3 yr. scorecard- 26%**	D-4- A member of the EduCare staff will serve on the Ethics Committee D-5- Advance Directive education will be provided for the Community.	D-2-Faith Community Nurses and EduCare staff will receive education and training on transitional care and Advance Directives/ end of life care.	monthly meeting with 11 members reporting. Training included transitional care and Advance Directives. 59 visits were made by the FCN members to parishioners following a hospitalization. D-2- Staff received passive education on Advance Directives. D-5 Advance Directive education provided in community to Senior Care Exercise groups in Centerville and Perry

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 By December 31, 2020:	Objectives/ Anticipated Impact By December 2020:	Activities/Strategies Partnerships	2019 Actual Impact/Outcomes
Populations such as older adults, pregnant women and newborns are at a higher risk for health complications **A-Pregnant Women and Newborns** Low birth weight and pre-term newborns are at greater risk for illness, infections and other complications. 8.5% of Houston County and 9.4% of Georgia births were low –weight compared to 8% for the US. Infant mortality rates -7 infant deaths per 1,000 live births in Houston County compared to 7.4	A-1 Decrease the low birth weight to 8% CHNA 2017 - (3-year score card goal) A-2-Decrease the number of pregnancy and newborn complications.	Create and provide education, and services to provide additional assistance to vulnerable populations A-1- Decrease the preterm delivery rate to <13% among women identified with a higher risk pregnancy and followed through the Gestational Diabetes program and followed through interpreter A-1- 90% of participants receiving gestational and nutrition education will monitor blood sugar as Rx and follow recommended meal plan A-2- Class Survey will show 90% can list: -Risk factors for pre-term birth -Symptoms of pre-term labor -Importance of 39 weeks gestational -Benefits of breastfeeding	A-1-Provide Care Management for women identified with a higher risk pregnancy due to medical risk or socio-economic risk. A-1- Lead Perinatal Coalition- Coalition meets every other month to ensure optimal resources and services for pregnant women. A-2-Childbirth class, Breast feeding class, Breastfeeding education	A-1 Preterm delivery rates for high risk pregnancy program are 12% and for higher risk, 6% (GA 11.5%). 95% o mothers receiving gestational diabetes education monitored blood sugars as recommended and 85% followed meal plan. A-2 100% of participants can identify signs/symptoms, risks of pre-term labor & importance of 39 weeks gestation and 100% of participants in breast feeding class understood the benefits of breast feeding for infant and mother

for Georgia and 5.9 for the US		A-2- At least 25 % of class participants will indicate desire to increase number of months spent breastfeeding. A-2- At least 90% of undecided participants will make a positive decision to breast feed after taking the class.		
B- Older Adults 68% of adults over age 60 have hypertension 50.4% of adults over age 60 have high cholesterol 84% of adults have one or more cardiovascular risk Rate of deaths from stroke is 43.4 per 100,000	B-Improve the health and safety of older adults B- 1 Reduce the death rate from strokes to 40 per 100,000 (3- year score card goal)	B-1- Health and safety educational programs will be provided each month at facilities serving older adults. B-2-Provide Stroke Prevention Program -Monthly screenings will be provided each month at facilities serving older adults. -RN providing the BP screening will also provide education on controlling BP and signs and symptoms of stroke, medication management -RN will make referrals to physicians as needed - At least 50% of participants will be able to identify at least one sign/symptom of stroke.	B-1- Senior Health Education Sessions B-2-Senior Care Blood Pressure Screenings	B-1 99% surveyed had increased health knowledge & 100% planned to or had made a positive lifestyle change B-2 - Individuals were screened with 1400 contacts for stroke prevention program. 68% of the readings were abnormal. 10% were referred to their primary care physician, 17% were referred to education program. 87% can identify a sign/symptom of stroke.
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-year scorecard goal) **CHNA 2017 - 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, Walk with Ease, Tai Chi	A-1 11% reported a fall (national average 33%), 100% reported they planned to continue or increase exercise plan, 84% reported making their environment safer, and 100% reported improved balance.