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Project Overview

Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in Houston County, Georgia (limited, supplemental secondary data also provided for Peach County). Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

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

- **To improve residents’ health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.

- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents’ health.

- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

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

Methodology

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

Community Defined for This Assessment

The study area for the survey effort (referred to as “Houston County” in this report) includes each of the ZIP Codes defining Houston County, Georgia (31005, 31025, 31028, 31047, 31069, 31088, 31093 and 31098). A geographic description is illustrated in the following map.

Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a 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 Houston County. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).
For statistical purposes, the maximum rate of error associated with a sample size of 200 respondents is ±6.9% at the 95 percent level of confidence.

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

Note: ● The “response rate” (the percentage of a population giving a particular response) determines the error rate associated with that response.

Examples: ● A “95 percent level of confidence” indicates that responses would fall within the expected error range on 95 out of 100 trials.

● If 10% of the sample of 200 respondents answered a certain question with a “yes,” it can be asserted that between 5.8% and 14.2% (10% ± 4.2%) of the total population would offer this response.

● If 50% of respondents said “yes,” one could be certain with a 95 percent level of confidence that between 43.1% and 56.9% (50% ± 6.9%) of the total population would respond “yes” if asked this question.

Sample Characteristics

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

The following charts outline the characteristics of the Houston County sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child’s healthcare needs, and these children are not represented demographically in this chart.]
Further note that the income descriptions and segmentation used in this report are as follows: “lower income” refers to community members living in a household with annual incomes up to $44,999; “upper income” refers to those households with annual incomes of $45,000 or higher.  As a reference point, note that this split would be roughly equivalent to 200% of the federal poverty level for a family of four (US Department of Health & Human Services administrative poverty guidelines).

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

Key Informant Focus Groups

As part of the community health needs assessment process, a focus group was held October 6, 2011.  The focus group participants included 18 key informants, including physicians, other health professionals, social service providers, business leaders and other community leaders.

A list of recommended participants for the focus group was provided by Houston Healthcare.  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.  Participants included a representative of public health, as well as several individuals who work with low-income, minority or other medically-underserved populations, and those who work with persons with chronic disease conditions.

Focus group candidates were first contacted by letter to request their participation.  Follow-up phone calls were then made to ascertain whether or not they would be able to attend.  Confirmation calls were placed the day before the groups were scheduled to insure a reasonable turnout.

Audio from the focus groups sessions was recorded, from which verbatim comments in this report are taken.  There are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.
NOTE: These findings represent qualitative rather than quantitative data. The group was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

Public Health, Vital Statistics & Other Data

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

- Centers for Disease Control & Prevention
- GeoLytics Demographic Estimates & Projections
- National Center for Health Statistics
- Georgia Bureau of Investigation
- Georgia Department of Public Health
- US Census Bureau
- US Department of Health and Human Services
- US Department of Justice, Federal Bureau of Investigation

Note that secondary data reflect county-level data.

Benchmark Data

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 are reported in the most recent BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the 2011 PRC National Health Survey; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:
- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

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

**Information Gaps**

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

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

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

Areas of Opportunity for Community Health Improvement

The following “health priorities” represent recommended areas of intervention, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in Healthy People 2020. From these data, opportunities for health improvement exist in the region with regard to the following health areas (see also the summary tables presented in the following section).

Prioritization

These areas of concern are subject to the discretion of area providers, the steering committee, and/or other local organizations and community leaders as to actionability and priority.

| Areas of Opportunity Identified Through This Assessment | Access to Health Services | Source of Ongoing Medical Care  
| Emergency Room Utilization  
| Transportation (from focus groups)  
| Specialty Care (from focus groups)  
| Cancer | Cancer Death Rates (Including Lung and Prostate Cancers)  
| Pap Smear Testing  
| Chronic Kidney Disease | Kidney Disease AADR  
| Heart Disease & Stroke | Stroke Death Rate  
| Blood Pressure & Cholesterol Prevalence  
| Maternal, Infant & Child Health | Low Birthweight  
| Infant Death Rate  
| Smoking During Pregnancy  
| Mental Health & Mental Disorders | Suicide Rate  
| Nutrition & Weight Status | Overweight & Obesity  
| Fruit & Vegetable Consumption  
| Respiratory Diseases | Pneumonia/Influenza Death Rate  
| Prevalence of Nasal/Hay Fever Allergies  
| Tobacco & Substance Abuse | Cigarette Smoking Prevalence (focus group concern)  
| Methamphetamine Use (focus group concern)  
| Treatment Availability & Cost (focus group concern)  

Top Community Health Concerns Among Community Key Informants

At the conclusion of the key informant focus group, participants were asked to write down what they individually perceive as the top five health priorities for the community, based on the group discussion as well as on their own experiences and perceptions. Their responses were collected, categorized and tallied to produce the top-ranked priorities as identified among key informants. These should be used to complement and corroborate findings that emerge from the quantitative dataset.

1. **Education**
   - Mentioned resources available to address this issue: Middle Georgia Technical College; Houston Healthcare; Rainbow House; health department; faith-based organizations; Houston County School District; private organizations; legal system; HODAC, Inc.

2. **Substance Abuse**
   - Mentioned resources available to address this issue: Houston Healthcare; health department; law enforcement; Phoenix Center Behavioral Health; HODAC, Inc.; Houston County School District

3. **Tobacco**
   - Mentioned resources available to address this issue: Houston Healthcare; health department; city government

4. **Sexually Transmitted Infections**
   - Mentioned resources available to address this issue: Houston Healthcare; Rainbow House; Houston County School District; faith-based organizations

5. **Access**
   - Mentioned resources available to address this issue: Houston Healthcare; private sector; health departments; local non-profits; faith-based organizations; state and federal government

6. **Geriatric Care**
   - Mentioned resources available to address this issue: Houston Healthcare; health department; assisted living facilities; Medicare; Alzheimer’s facilities; Warner Robins Senior Center
Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in Houston County, including comparisons among the individual communities. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

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

- The columns to the right of the Houston County column provide comparisons between Houston County and any available state and national findings, and Healthy People 2020 targets. Again, 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.
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<th>Houston County vs. Benchmarks</th>
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<td>% [Age 18-64] Lack Health Insurance</td>
<td>13.2</td>
<td>vs. GA 18.7 vs. US 14.9 vs. HP2020 0.0</td>
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<tr>
<td>% [Insured] Insurance Covers Prescriptions</td>
<td>94.8</td>
<td></td>
</tr>
<tr>
<td>% [Insured] Went Without Coverage in Past Year</td>
<td>6.2</td>
<td></td>
</tr>
<tr>
<td>% Difficulty Accessing Healthcare in Past Year (Composite)</td>
<td>35.2</td>
<td></td>
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<tr>
<td>% Inconvenient Hrs Prevented Dr Visit in Past Year</td>
<td>16.2</td>
<td></td>
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<tr>
<td>% Cost Prevented Getting Prescription in Past Year</td>
<td>13.0</td>
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</tr>
<tr>
<td>% Cost Prevented Physician Visit in Past Year</td>
<td>12.2</td>
<td></td>
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<tr>
<td>% Difficulty Getting Appointment in Past Year</td>
<td>10.8</td>
<td></td>
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<tr>
<td>% Difficulty Finding Physician in Past Year</td>
<td>9.4</td>
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<tr>
<td>% Transportation Hindered Dr Visit in Past Year</td>
<td>3.2</td>
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<tr>
<td>% Skipped Prescription Doses to Save Costs</td>
<td>13.8</td>
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<td>% Difficulty Getting Child's Healthcare in Past Year</td>
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<td>% [Age 18+] Have a Specific Source of Ongoing Care</td>
<td>75.0</td>
<td>vs. GA 76.3 vs. US 95.0</td>
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<td>% Have Had Routine Checkup in Past Year</td>
<td>75.6</td>
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<tr>
<td>% Child Has Had Checkup in Past Year</td>
<td>91.6</td>
<td></td>
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<tr>
<td>% Two or More ER Visits in Past Year</td>
<td>12.9</td>
<td></td>
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<tr>
<td>% Rate Local Healthcare &quot;Fair/Poor&quot;</td>
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Legend: better, similar, worse
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<tr>
<td>% [50+] Arthritis/Rheumatism</td>
<td>36.4</td>
<td>☁</td>
</tr>
<tr>
<td>% [50+] Osteoporosis</td>
<td>12.2</td>
<td>☁</td>
</tr>
<tr>
<td>% Sciatica/Chronic Back Pain</td>
<td>17.3</td>
<td>☁</td>
</tr>
<tr>
<td>% Migraine/Severe Headaches</td>
<td>19.0</td>
<td>☁</td>
</tr>
<tr>
<td>% Chronic Neck Pain</td>
<td>5.2</td>
<td>☁</td>
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<td>Cancer (Age-Adjusted Death Rate)</td>
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<td>Lung Cancer (Age-Adjusted Death Rate)</td>
<td>65.4</td>
<td>☁</td>
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<td>Prostate Cancer (Age-Adjusted Death Rate)</td>
<td>32.2</td>
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<td>Female Breast Cancer (Age-Adjusted Death Rate)</td>
<td>22.0</td>
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<td>Colorectal Cancer (Age-Adjusted Death Rate)</td>
<td>13.1</td>
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<td>% Skin Cancer</td>
<td>5.2</td>
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<tr>
<td>% Cancer (Other Than Skin)</td>
<td>4.0</td>
<td>☁</td>
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<tr>
<td>% [Men 50+] Prostate Exam in Past 2 Years</td>
<td>70.0</td>
<td>☁</td>
</tr>
<tr>
<td>% [Women 40+] Mammogram in Past 2 Years</td>
<td>80.8</td>
<td>☁</td>
</tr>
<tr>
<td>% [Women 21-65] Pap Smear in Past 3 Years</td>
<td>82.8</td>
<td>☁</td>
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<tr>
<td>% [Age 50+] Sigmoid/Colonoscopy Ever</td>
<td>71.5</td>
<td>☁</td>
</tr>
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<td>Cancer (continued)</td>
<td>Houston County</td>
<td>Houston County vs. Benchmarks</td>
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<tr>
<td></td>
<td></td>
<td>vs. GA</td>
</tr>
<tr>
<td>% [Age 50+] Blood Stool Test in Past 2 Years</td>
<td>23.6</td>
<td>🌤</td>
</tr>
<tr>
<td>% [Age 50-75] Colorectal Cancer Screening</td>
<td>70.9</td>
<td>☀</td>
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<tr>
<th>Chronic Kidney Disease</th>
<th>Houston County</th>
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<td>vs. GA</td>
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<td>Kidney Disease (Age-Adjusted Death Rate)</td>
<td>22.1</td>
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<th>Diabetes</th>
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<td>vs. GA</td>
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<tr>
<td>Diabetes Mellitus (Age-Adjusted Death Rate)</td>
<td>16.1</td>
<td>☀</td>
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<tr>
<td>% Diabetes/High Blood Sugar</td>
<td>14.0</td>
<td>☀</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dementias, Including Alzheimer's Disease</th>
<th>Houston County</th>
<th>Houston County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>vs. GA</td>
</tr>
<tr>
<td>Alzheimer's Disease (Age-Adjusted Death Rate)</td>
<td>19.6</td>
<td>☀</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family Planning</th>
<th>Houston County</th>
<th>Houston County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>vs. GA</td>
</tr>
<tr>
<td>% of Births to Unwed Mothers</td>
<td>42.2</td>
<td>☀</td>
</tr>
<tr>
<td>% Births to Teenagers (15-17)</td>
<td>3.3</td>
<td>☀</td>
</tr>
</tbody>
</table>
### General Health Status

<table>
<thead>
<tr>
<th>Houston County</th>
<th>Houston County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. GA</td>
</tr>
</tbody>
</table>

| % "Fair/Poor" Physical Health | 11.7  | ![comparison](image) | ![comparison](image) |
| % Activity Limitations | 16.0  | ![comparison](image) | ![comparison](image) |

### Hearing & Other Sensory or Communication Disorders

<table>
<thead>
<tr>
<th>Houston County</th>
<th>Houston County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. GA</td>
</tr>
</tbody>
</table>

| % Deafness/Trouble Hearing | 9.6  | ![comparison](image) |

### Heart Disease & Stroke

<table>
<thead>
<tr>
<th>Houston County</th>
<th>Houston County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. GA</td>
</tr>
</tbody>
</table>

<p>| Diseases of the Heart (Age-Adjusted Death Rate) | 182.7  | <img src="image" alt="comparison" /> | <img src="image" alt="comparison" /> | <img src="image" alt="comparison" /> |
| Stroke (Age-Adjusted Death Rate) | 49.1  | <img src="image" alt="comparison" /> | <img src="image" alt="comparison" /> | <img src="image" alt="comparison" /> |
| % Heart Disease (Heart Attack, Angina, Coronary Disease) | 6.2  | <img src="image" alt="comparison" /> |
| % Stroke | 5.2  | <img src="image" alt="comparison" /> | <img src="image" alt="comparison" /> |
| % Blood Pressure Checked in Past 2 Years | 95.8  | <img src="image" alt="comparison" /> | <img src="image" alt="comparison" /> |
| % Told Have High Blood Pressure (Ever) | 41.7  | <img src="image" alt="comparison" /> | <img src="image" alt="comparison" /> | <img src="image" alt="comparison" /> |
| % [HBP] Taking Action to Control High Blood Pressure | 87.0  | <img src="image" alt="comparison" /> | <img src="image" alt="comparison" /> | <img src="image" alt="comparison" /> |
| % Cholesterol Checked in Past 5 Years | 92.8  | <img src="image" alt="comparison" /> | <img src="image" alt="comparison" /> | <img src="image" alt="comparison" /> |
| % Told Have High Cholesterol (Ever) | 28.5  | <img src="image" alt="comparison" /> | <img src="image" alt="comparison" /> | <img src="image" alt="comparison" /> |
| % [HBC] Taking Action to Control High Blood Cholesterol | 89.1  | <img src="image" alt="comparison" /> | <img src="image" alt="comparison" /> | <img src="image" alt="comparison" /> |
| % 1+ Cardiovascular Risk Factor | 88.0  | <img src="image" alt="comparison" /> | <img src="image" alt="comparison" /> | <img src="image" alt="comparison" /> |</p>
<table>
<thead>
<tr>
<th>HIV</th>
<th>Houston County</th>
<th>Houston County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS (Age-Adjusted Death Rate)</td>
<td>3.8</td>
<td>vs. GA vs. US vs. HP2020</td>
</tr>
<tr>
<td>% [Age 18-44] HIV Test in the Past Year</td>
<td>28.0</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Immunization &amp; Infectious Diseases</th>
<th>Houston County</th>
<th>Houston County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Flu Shot in Past Year</td>
<td>49.0</td>
<td>vs. GA vs. US vs. HP2020</td>
</tr>
<tr>
<td>% Pneumonia Vaccine Ever</td>
<td>32.2</td>
<td></td>
</tr>
<tr>
<td>% Ever Vaccinated for Hepatitis B</td>
<td>41.1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Injury &amp; Violence Prevention</th>
<th>Houston County</th>
<th>Houston County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintentional Injury (Age-Adjusted Death Rate)</td>
<td>40.0</td>
<td>vs. GA vs. US vs. HP2020</td>
</tr>
<tr>
<td>Motor Vehicle Crashes (Age-Adjusted Death Rate)</td>
<td>15.0</td>
<td></td>
</tr>
<tr>
<td>% &quot;Always&quot; Wear Seat Belt</td>
<td>89.4</td>
<td></td>
</tr>
<tr>
<td>% Child [Age 0-17] &quot;Always&quot; Uses Seat Belt/Car Seat</td>
<td>91.9</td>
<td></td>
</tr>
<tr>
<td>Firearm-Related Deaths (Age-Adjusted Death Rate)</td>
<td>10.0</td>
<td></td>
</tr>
<tr>
<td>% Firearm in Home</td>
<td>46.7</td>
<td></td>
</tr>
<tr>
<td>% [Homes With Children] Firearm in Home</td>
<td>41.7</td>
<td></td>
</tr>
<tr>
<td>% [Homes With Firearms] Weapon(s) Unlocked &amp; Loaded</td>
<td>24.5</td>
<td></td>
</tr>
<tr>
<td>Homicide (Age-Adjusted Death Rate)</td>
<td>3.9</td>
<td></td>
</tr>
<tr>
<td>Violent Crime per 100,000</td>
<td>338.4</td>
<td>424.3 429.2</td>
</tr>
</tbody>
</table>
### Injury & Violence Prevention (continued)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Houston County</th>
<th>Houston County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Victim of Violent Crime in Past 5 Years</td>
<td>3.1</td>
<td>vs. GA: 1.6</td>
</tr>
<tr>
<td>Domestic Violence Offenses per 100,000</td>
<td>878.7</td>
<td>vs. US: 633.7</td>
</tr>
<tr>
<td>% Ever Threatened With Violence by Intimate Partner</td>
<td>11.4</td>
<td>vs. HP2020: 11.7</td>
</tr>
<tr>
<td>% Victim of Domestic Violence (Ever)</td>
<td>13.9</td>
<td></td>
</tr>
</tbody>
</table>

### Maternal, Infant & Child Health

<table>
<thead>
<tr>
<th>Metric</th>
<th>Houston County</th>
<th>Houston County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Low Birthweight Births</td>
<td>8.8</td>
<td>vs. GA: 9.5, vs. US: 8.2, vs. HP2020: 7.8</td>
</tr>
<tr>
<td>Infant Death Rate</td>
<td>9.6</td>
<td>vs. GA: 8.2, vs. US: 6.9, vs. HP2020: 6.0</td>
</tr>
<tr>
<td>% Mothers Who Smoke During Pregnancy</td>
<td>10.6</td>
<td>vs. GA: 6.6, vs. US: 8.3, vs. HP2020: 1.4</td>
</tr>
</tbody>
</table>

### Mental Health & Mental Disorders

<table>
<thead>
<tr>
<th>Metric</th>
<th>Houston County</th>
<th>Houston County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% &quot;Fair/Poor&quot; Mental Health</td>
<td>6.9</td>
<td>vs. GA: 11.7</td>
</tr>
<tr>
<td>% Major Depression</td>
<td>9.2</td>
<td></td>
</tr>
<tr>
<td>% Symptoms of Chronic Depression (2+ Years)</td>
<td>23.3</td>
<td></td>
</tr>
<tr>
<td>Suicide (Age-Adjusted Death Rate)</td>
<td>11.8</td>
<td>vs. GA: 10.4, vs. US: 11.1, vs. HP2020: 10.2</td>
</tr>
<tr>
<td>% Have Ever Sought Help for Mental Health</td>
<td>19.3</td>
<td></td>
</tr>
<tr>
<td>% Typical Day Is &quot;Extremely/Very&quot; Stressful</td>
<td>9.3</td>
<td></td>
</tr>
<tr>
<td>% Child [Age 5-17] Takes Prescription for ADD/ADHD</td>
<td>13.9</td>
<td></td>
</tr>
<tr>
<td>Nutrition &amp; Weight Status</td>
<td>Houston County</td>
<td>Houston County vs. Benchmarks</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>----------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>vs. GA</td>
</tr>
<tr>
<td>% Eat 5+ Servings of Fruit or Vegetables per Day</td>
<td>44.1</td>
<td></td>
</tr>
<tr>
<td>% Medical Advice on Nutrition in Past Year</td>
<td>47.9</td>
<td></td>
</tr>
<tr>
<td>% Healthy Weight (BMI 18.5-24.9)</td>
<td>30.4</td>
<td></td>
</tr>
<tr>
<td>% Overweight</td>
<td>68.9</td>
<td></td>
</tr>
<tr>
<td>% Obese</td>
<td>30.7</td>
<td></td>
</tr>
<tr>
<td>% [Overweights] Perceive Self <em>About the Right Weight</em></td>
<td>32.7</td>
<td></td>
</tr>
<tr>
<td>% Medical Advice on Weight in Past Year</td>
<td>29.3</td>
<td></td>
</tr>
<tr>
<td>% [Overweights] Counseled About Weight in Past Year</td>
<td>35.7</td>
<td></td>
</tr>
<tr>
<td>% [Obese Adults] Counseled About Weight in Past Year</td>
<td>52.8</td>
<td></td>
</tr>
<tr>
<td>% [Overweights] Trying to Lose Weight Both Diet/Exercise</td>
<td>35.2</td>
<td></td>
</tr>
<tr>
<td>% Children [Age 5-17] Overweight</td>
<td>22.6</td>
<td></td>
</tr>
<tr>
<td>% Children [Age 5-17] Obese</td>
<td>9.0</td>
<td></td>
</tr>
</tbody>
</table>

| Oral Health                                                   | Houston County | Houston County vs. Benchmarks |
|                                                              |                | vs. GA | vs. US | vs. HP2020 |
| % [Age 18+] Dental Visit in Past Year                         | 67.8           |        |        |
| % Child [Age 2-17] Dental Visit in Past Year                  | 82.9           |        |        |
| % Have Dental Insurance                                        | 70.1           |        |        |

*better, similar, worse*
<table>
<thead>
<tr>
<th>Physical Activity</th>
<th>Houston County</th>
<th>Houston County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Employed] Job Entails Mostly Sitting/Standing</td>
<td>61.8</td>
<td></td>
</tr>
<tr>
<td>% No Leisure-Time Physical Activity</td>
<td>24.9</td>
<td></td>
</tr>
<tr>
<td>% Meeting Physical Activity Guidelines</td>
<td>47.0</td>
<td></td>
</tr>
<tr>
<td>% Moderate Physical Activity</td>
<td>25.0</td>
<td></td>
</tr>
<tr>
<td>% Vigorous Physical Activity</td>
<td>38.9</td>
<td></td>
</tr>
<tr>
<td>% Medical Advice on Physical Activity in Past Year</td>
<td>47.3</td>
<td></td>
</tr>
<tr>
<td>% Child [Age 5-17] Watches TV 3+ Hours per Day</td>
<td>16.1</td>
<td></td>
</tr>
<tr>
<td>% Child [Age 5-17] Uses Computer 3+ Hours per Day</td>
<td>8.3</td>
<td></td>
</tr>
<tr>
<td>% Child [Age 5-17] 3+ Hours per Day of Total Screen Time</td>
<td>47.7</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Respiratory Diseases</th>
<th>Houston County</th>
<th>Houston County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLRD (Age-Adjusted Death Rate)</td>
<td>30.4</td>
<td></td>
</tr>
<tr>
<td>Pneumonia/Influenza (Age-Adjusted Death Rate)</td>
<td>20.7</td>
<td></td>
</tr>
<tr>
<td>% Nasal/Hay Fever Allergies</td>
<td>37.3</td>
<td></td>
</tr>
<tr>
<td>% Sinusitis</td>
<td>25.1</td>
<td></td>
</tr>
<tr>
<td>% Chronic Lung Disease</td>
<td>7.7</td>
<td></td>
</tr>
<tr>
<td>% [Adult] Currently Has Asthma</td>
<td>8.0</td>
<td></td>
</tr>
<tr>
<td>% [Child 0-17] Currently Has Asthma</td>
<td>12.7</td>
<td></td>
</tr>
</tbody>
</table>
### Sexually Transmitted Diseases

<table>
<thead>
<tr>
<th>Disease</th>
<th>Houston County</th>
<th>Houston County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonorrhea Incidence per 100,000</td>
<td>97.0</td>
<td>☀ ☀ ☀</td>
</tr>
<tr>
<td></td>
<td>164.7</td>
<td>109.3</td>
</tr>
<tr>
<td></td>
<td>8.7</td>
<td>4.3</td>
</tr>
<tr>
<td>Primary &amp; Secondary Syphilis Incidence per 100,000</td>
<td>0.0</td>
<td>☀ ☀ ☀</td>
</tr>
<tr>
<td>Chlamydia Incidence per 100,000</td>
<td>359.4</td>
<td>☀ ☀ ☀</td>
</tr>
<tr>
<td></td>
<td>432.8</td>
<td>391.6</td>
</tr>
<tr>
<td>Hepatitis B Incidence per 100,000</td>
<td>3.0</td>
<td>☀ ☀ ☀</td>
</tr>
<tr>
<td></td>
<td>1.6</td>
<td>1.3</td>
</tr>
<tr>
<td>% [Unmarried 18-64] 3+ Sexual Partners in Past Year</td>
<td>11.5</td>
<td>☀ ☀ ☀</td>
</tr>
<tr>
<td></td>
<td>7.1</td>
<td>☀ ☀ ☀</td>
</tr>
</tbody>
</table>

### Substance Abuse

<table>
<thead>
<tr>
<th>Measure</th>
<th>Houston County</th>
<th>Houston County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cirrhosis/Liver Disease (Age-Adjusted Death Rate)</td>
<td>6.7</td>
<td>☀ ☀ ☀</td>
</tr>
<tr>
<td></td>
<td>7.8</td>
<td>9.0</td>
</tr>
<tr>
<td></td>
<td>8.2</td>
<td>☀ ☀ ☀</td>
</tr>
<tr>
<td>% Current Drinker</td>
<td>40.8</td>
<td>☀ ☀ ☀</td>
</tr>
<tr>
<td></td>
<td>47.7</td>
<td>58.8</td>
</tr>
<tr>
<td>% Chronic Drinker (Average 2+ Drinks/Day)</td>
<td>3.9</td>
<td>☀ ☀ ☀</td>
</tr>
<tr>
<td></td>
<td>3.8</td>
<td>5.6</td>
</tr>
<tr>
<td>% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)</td>
<td>12.2</td>
<td>☀ ☀ ☀</td>
</tr>
<tr>
<td></td>
<td>12.4</td>
<td>16.7</td>
</tr>
<tr>
<td></td>
<td>24.3</td>
<td>☀ ☀ ☀</td>
</tr>
<tr>
<td>% Drinking &amp; Driving in Past Month</td>
<td>4.1</td>
<td>☀ ☀ ☀</td>
</tr>
<tr>
<td></td>
<td>3.5</td>
<td>☀ ☀ ☀</td>
</tr>
<tr>
<td>% Driving Drunk or Riding with Drunk Driver</td>
<td>6.0</td>
<td>☀ ☀ ☀</td>
</tr>
<tr>
<td></td>
<td>5.5</td>
<td>☀ ☀ ☀</td>
</tr>
<tr>
<td>Drug-Induced Deaths (Age-Adjusted Death Rate)</td>
<td>5.6</td>
<td>☀ ☀ ☀</td>
</tr>
<tr>
<td></td>
<td>9.6</td>
<td>12.2</td>
</tr>
<tr>
<td></td>
<td>11.3</td>
<td>☀ ☀ ☀</td>
</tr>
<tr>
<td>% Illicit Drug Use in Past Month</td>
<td>2.4</td>
<td>☀ ☀ ☀</td>
</tr>
<tr>
<td></td>
<td>1.7</td>
<td>7.1</td>
</tr>
<tr>
<td>% Ever Sought Help for Alcohol or Drug Problem</td>
<td>3.6</td>
<td>☀ ☀ ☀</td>
</tr>
<tr>
<td></td>
<td>3.9</td>
<td>☀ ☀ ☀</td>
</tr>
</tbody>
</table>

The symbols ☀ ☀ ☀, ☀ ☀ ☀, and ☀ ☀ ☀ represent better, similar, and worse, respectively, compared to the benchmarks.
<table>
<thead>
<tr>
<th>Tobacco Use</th>
<th>Houston County</th>
<th>Houston County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>vs. GA vs. US vs. HP2020</td>
</tr>
<tr>
<td>% Current Smoker</td>
<td>18.6</td>
<td>✈ 17.6</td>
</tr>
<tr>
<td>% Someone Smokes at Home</td>
<td>12.1</td>
<td>✈</td>
</tr>
<tr>
<td>% [Non-Smokers] Someone Smokes in the Home</td>
<td>5.8</td>
<td>✈</td>
</tr>
<tr>
<td>% [Household With Children] Someone Smokes in the Home</td>
<td>10.7</td>
<td>✈</td>
</tr>
<tr>
<td>% Smoke Cigars</td>
<td>4.5</td>
<td>✈</td>
</tr>
<tr>
<td>% Use Smokeless Tobacco</td>
<td>1.7</td>
<td>✈</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vision</th>
<th>Houston County</th>
<th>Houston County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>vs. GA vs. US vs. HP2020</td>
</tr>
<tr>
<td>% Blindness/Trouble Seeing</td>
<td>4.7</td>
<td>✈ 6.9</td>
</tr>
<tr>
<td>% Eye Exam in Past 2 Years</td>
<td>69.0</td>
<td>✈ 57.5</td>
</tr>
</tbody>
</table>
GENERAL HEALTH STATUS
Overall Health Status

Self-Reported Health Status

A total of 56.4% of Houston County adults rate their overall health as “excellent” or “very good.”

- Another 31.8% gave “good” ratings of their overall health.

![Pie chart showing health ratings]

**Self-Reported Health Status (Houston County, 2011)**

**Sources:**
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 4]

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

However, 11.7% of Houston County adults believe that their overall health is “fair” or “poor.”

- Statistically similar to statewide findings.
- Better than the national percentage.

![Bar chart showing percentage of “fair” or “poor” health by location]

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

**Sources:**
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 4]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

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

**NOTE:**
- Differences noted in the text represent significant differences determined through statistical testing.

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

“Would you say that in general your health is: excellent, very good, good, fair or poor?”
Adults more likely to report experiencing “fair” or “poor” overall health include:

- Those aged 40 and older.
- Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.

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

Experience “Fair” or “Poor” Overall Health
(Houston County, 2011)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 59</th>
<th>60+</th>
<th>Lower Income</th>
<th>Upper Income</th>
<th>White</th>
<th>Non-White</th>
<th>Houston County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experience Fair</td>
<td>14.2%</td>
<td>9.6%</td>
<td>4.8%</td>
<td>13.7%</td>
<td>21.8%</td>
<td>14.2%</td>
<td>8.4%</td>
<td>11.4%</td>
<td>12.7%</td>
<td>11.7%</td>
</tr>
<tr>
<td>Experience Poor</td>
<td>0%</td>
<td>20%</td>
<td>40%</td>
<td>60%</td>
<td>80%</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 4]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
● Income categories reflect respondent’s household income as follows: “Lower Income” includes households with annual incomes up to $44,999; “Upper Income” includes households with annual incomes of $45,000 or higher.
Activity Limitations

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

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

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

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

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

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

Healthy People 2020 (www.healthypeople.gov)

A total of 16.0% of Houston County adults are limited in some way in some activities due to a physical, mental or emotional problem.

- Similar to the prevalence statewide.
- Similar to the national prevalence.
In looking at responses by key demographic characteristics, note that adults age 40 and older are much more often limited in activities.
Among persons reporting activity limitations, these are most often attributed to musculoskeletal issues, such as back/neck problems, fractures or bone/joint injuries, or arthritis/rheumatism.

### Type of Problem That Limits Activities
(Among Those Reporting Activity Limitations; Houston County, 2011)

<table>
<thead>
<tr>
<th>Problem</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back/Neck Problem</td>
<td>25.5%</td>
</tr>
<tr>
<td>Fracture/Bone/Joint Injury</td>
<td>12.1%</td>
</tr>
<tr>
<td>Arthritis/Rheumatism</td>
<td>8.8%</td>
</tr>
<tr>
<td>Heart Problem</td>
<td>8.6%</td>
</tr>
<tr>
<td>Depression/Anxiety/Mental</td>
<td>8.5%</td>
</tr>
<tr>
<td>Walking Problem</td>
<td>4.7%</td>
</tr>
<tr>
<td>Various Other (&lt;3% Each)</td>
<td>31.8%</td>
</tr>
</tbody>
</table>

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]
Notes: ● Asked of those respondents reporting activity limitations.
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. According to the national Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25% of all years of life lost to disability and premature mortality. Moreover, suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans each year.

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

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

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

In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

– Healthy People 2020 (www.healthypeople.gov)
**Mental Health Status**

**Self-Reported Mental Health Status**

A total of 61.7% of Houston County adults rate their overall mental health as “excellent” or “very good.”

- Another 31.5% gave “good” ratings of their own mental health status.

![Self-Reported Mental Health Status](chart)

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

A total of 6.9% of Houston County adults, however, believe that their overall mental health is “fair” or “poor.”

- Much lower (better) than the “fair/poor” response reported nationally.

![Experience “Fair” or “Poor” Mental Health](chart)
Adults 40 to 59 are much more likely to report experiencing “fair/poor” mental health than their demographic counterparts.

(Non-response to the income question means that not all respondents are placed in an income category; this can contribute to segment results that appear inconsistent with overall findings.)

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

(Houston County, 2011)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 59</th>
<th>60+</th>
<th>Lower Income</th>
<th>Upper Income</th>
<th>White</th>
<th>Non-White</th>
<th>Houston County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6.8%</td>
<td>6.9%</td>
<td>5.2%</td>
<td>11.7%</td>
<td>3.1%</td>
<td>6.1%</td>
<td>3.9%</td>
<td>9.2%</td>
<td>2.8%</td>
<td>6.9%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]

**Notes:**
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as follows: “Lower Income” includes households with annual incomes up to $44,999; “Upper Income” includes households with annual incomes of $45,000 or higher.

### Depression

#### Major Depression

A total of 9.2% of Houston County adults have been diagnosed with major depression by a physician or other healthcare professional.

- Similar to the national finding.

### Have Been Diagnosed With Major Depression

<table>
<thead>
<tr>
<th>Category</th>
<th>Houston County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9.2%</td>
<td>11.7%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 12]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
There are no significant differences in the prevalence of major depression when viewed by demographic characteristic.

**Symptoms of Chronic Depression**

A total of 23.3% 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 (chronic depression).

- Similar to national findings.
No significant differences to report in the prevalence of chronic depression.

**Have Experienced Symptoms of Chronic Depression**
(Houston County, 2011)

[Chart showing prevalence of chronic depression by gender, age group, income level, and race.]

**Sources:** 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]

**Notes:**
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as follows: “Lower Income” includes households with annual incomes up to $44,999; “Upper Income” includes households with annual incomes of $45,000 or higher.

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**Stress**

Nearly one-half of Houston County adults consider their typical day to be “not very stressful” (32.3%) or “not at all stressful” (17.1%).

- Another 41.4% of survey respondents characterize their typical day as “moderately stressful.”

**Perceived Level of Stress On a Typical Day**
(Houston County, 2011)

[Chart showing perceived level of stress on a typical day by Houston County and race categories.]

**Sources:** 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 113]

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

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**RELATED ISSUE:**
See also *Substance Abuse* in the **Modifiable Health Risks** section of this report.
In contrast, 9.3% of Houston County adults experience “very” or “extremely” stressful days on a regular basis.

- Comparable to national findings.

**Perceive Most Days As “Extremely” or “Very” Stressful**

Note that high stress levels are most prevalent among Houston County women.

**Perceive Most Days as “Extremely” or “Very” Stressful (Houston County, 2011)**

Sources: 2011 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 113)

Notes: Asked of all respondents.

**Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).**

Income categories reflect respondent’s household income as follows: “Lower Income” includes households with annual incomes up to $44,999; “Upper Income” includes households with annual incomes of $45,000 or higher.
Between 2005 and 2007, there was an annual average age-adjusted suicide rate of 11.8 deaths per 100,000 population in Houston County.

- Higher than the statewide rate.
- Higher than the national rate.
- Fails to satisfy the Healthy People 2020 target of 10.2 or lower.
- The Peach County suicide rate was 21.0 (although it is deemed unreliable due to small counts).

### Suicide: Age-Adjusted Mortality
(2005-2007 Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Source</th>
<th>CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2011.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notes</td>
<td>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 U.S. Standard Population. Local, state and national data are simple three-year averages. The Peach County rate is deemed unreliable due to low counts.</td>
</tr>
</tbody>
</table>

The suicide rate is 15.2 among Houston County Whites (the rate among Blacks was unavailable, likely due to low counts).

### Suicide: Age-Adjusted Mortality by Race
(2005-2007 Annual Average Deaths per 100,000 Population)


Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population. Local, state and national data are simple three-year averages. *Rate for Houston County Blacks was unavailable.*
After decreasing between 1999 and 2001, the Houston County suicide rate has since trended upward.

### Suicide: Age-Adjusted Mortality Trends

<table>
<thead>
<tr>
<th>Year-Pair</th>
<th>Healthy People 2020</th>
<th>Houston County</th>
<th>GA</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999-2001</td>
<td>10.2</td>
<td>13.1</td>
<td>11.1</td>
<td>10.5</td>
</tr>
<tr>
<td>2000-2002</td>
<td>10.2</td>
<td>11.3</td>
<td>11.0</td>
<td>10.7</td>
</tr>
<tr>
<td>2001-2003</td>
<td>10.2</td>
<td>9.2</td>
<td>11.3</td>
<td>10.8</td>
</tr>
<tr>
<td>2002-2004</td>
<td>10.2</td>
<td>10.5</td>
<td>11.2</td>
<td>10.9</td>
</tr>
<tr>
<td>2003-2005</td>
<td>10.2</td>
<td>10.3</td>
<td>11.0</td>
<td>10.9</td>
</tr>
<tr>
<td>2004-2006</td>
<td>10.2</td>
<td>11.3</td>
<td>10.5</td>
<td>11.0</td>
</tr>
<tr>
<td>2005-2007</td>
<td>10.2</td>
<td>11.8</td>
<td>10.4</td>
<td>11.1</td>
</tr>
</tbody>
</table>

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2011.  
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.  
● Local, state and national data are simple three-year averages.

## Mental Health Treatment

Among Houston County adults, 19.3% acknowledge that they have sought professional help for a mental or emotional problem.  
- Similar to national findings.

### Have Sought Professional Help for a Mental or Emotional Problem

- **19.3%** Houston County  
- **24.4%** United States

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 139]  
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes: ● Asked of all respondents.
Among Houston County adults with children age 5 to 17, 13.9% report that their child takes medication for ADD/ADHD.

- Statistically similar to the national prevalence (it is important to keep in mind the small sample sizes when making comparisons).

Child Takes Medication for ADD/ADHD
(Among Parents of Children 5-17)

Houston County
Yes 13.9%
No 86.1%

US
Yes 6.5%
No 93.5%

Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 130]
       ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with children age 5 to 17.
DEATH, DISEASE & CHRONIC CONDITIONS
Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for more than one-half of all deaths in Houston County in 2007.

Leading Causes of Death
(Houston County, 2007)

- Cancer 25.4%
- Heart Disease 22.8%
- Other Conditions 32.3%
- Unintentional Injuries 5.3%
- Unintentional Injuries 5.3%
- Influenza/Pneumonia 2.0%
- Intentional Self-Harm 2.1%
- Alzheimer's Disease 2.4%
- CLRD 2.5%
- Stroke 5.2%

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2011.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

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

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

The following chart outlines 2005-2007 annual average age-adjusted death rates per 100,000 population for selected causes of death in Houston County (as well as Peach County).
HOUSTON COUNTY: Age-adjusted mortality rates in Houston County are less favorable than national rates for suicide, stroke, cancer, pneumonia/influenza and kidney disease.

Of the causes outlined in the following chart for which Healthy People 2020 objectives have been established, Houston County mortality rates fail to satisfy the related goals, with the exceptions of homicide, diabetes, cirrhosis/liver disease and drug-induced deaths.

**Age-Adjusted Death Rates for Selected Causes**
(2005-2007 Deaths per 100,000)

<table>
<thead>
<tr>
<th>Cause</th>
<th>Houston County</th>
<th>Peach County</th>
<th>Georgia</th>
<th>US</th>
<th>HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malignant Neoplasms (Cancers)</td>
<td>194.0</td>
<td>185.3</td>
<td>182.7</td>
<td>181.0</td>
<td>160.6</td>
</tr>
<tr>
<td>Diseases of the Heart</td>
<td>182.7</td>
<td>261.8</td>
<td>214.5</td>
<td>200.9</td>
<td>152.7*</td>
</tr>
<tr>
<td>Cerebrovascular Disease (Stroke)</td>
<td>49.1</td>
<td>71.7</td>
<td>51.4</td>
<td>44.2</td>
<td>33.8</td>
</tr>
<tr>
<td>Unintentional Injuries</td>
<td>40.0</td>
<td>48.7</td>
<td>44.1</td>
<td>39.7</td>
<td>36.0</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease (CLRD)</td>
<td>30.4</td>
<td>38.1</td>
<td>45.4</td>
<td>41.5</td>
<td>n/a</td>
</tr>
<tr>
<td>Kidney Disease</td>
<td>22.1</td>
<td>51.5</td>
<td>21.3</td>
<td>14.5</td>
<td>n/a</td>
</tr>
<tr>
<td>Pneumonia/Influenza</td>
<td>20.7</td>
<td>16.1</td>
<td>20.1</td>
<td>18.1</td>
<td>n/a</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>19.6</td>
<td>31.4</td>
<td>25.6</td>
<td>22.7</td>
<td>n/a</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>16.1</td>
<td>34.6</td>
<td>20.9</td>
<td>23.5</td>
<td>19.6*</td>
</tr>
<tr>
<td>Motor Vehicle Crashes</td>
<td>15.0</td>
<td>22.4</td>
<td>18.2</td>
<td>14.3</td>
<td>12.4</td>
</tr>
<tr>
<td>Intentional Self-Harm (Suicide)</td>
<td>11.8</td>
<td>21.0</td>
<td>10.4</td>
<td>11.1</td>
<td>10.2</td>
</tr>
<tr>
<td>Firearm-Related</td>
<td>10.0</td>
<td>17.8</td>
<td>12.5</td>
<td>10.3</td>
<td>9.2</td>
</tr>
<tr>
<td>Cirrhosis/Liver Disease</td>
<td>6.7</td>
<td>20.4</td>
<td>7.8</td>
<td>9.0</td>
<td>8.2</td>
</tr>
<tr>
<td>Drug-Induced</td>
<td>5.6</td>
<td>—</td>
<td>9.6</td>
<td>12.2</td>
<td>11.3</td>
</tr>
<tr>
<td>Homicide/Legal Intervention (1999-2007)</td>
<td>3.9</td>
<td>6.7</td>
<td>7.6</td>
<td>6.2</td>
<td>5.5</td>
</tr>
<tr>
<td>HIV/AIDS (1999-2007)</td>
<td>3.8</td>
<td>14.7</td>
<td>8.0</td>
<td>4.6</td>
<td>3.3</td>
</tr>
</tbody>
</table>

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

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

PEACH COUNTY: Due to smaller population size, neighboring Peach County mortality rates can vary more broadly year to year. However, note above that rates are considerably high for heart disease, stroke, kidney disease, diabetes, suicide, firear relate-related deaths, cirrhosis/liver disease and HIV/AIDS.
Cardiovascular Disease

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

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

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

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

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

**Between 2005 and 2007, there was an annual average age-adjusted heart disease mortality rate of 182.7 deaths per 100,000 population in Houston County.**

- Lower than the statewide rate.
- Lower than the national rate.
- Fails to satisfy the Healthy People 2020 target (as adjusted to account for all diseases of the heart).
- The Peach County heart disease death rate was notably higher at 261.8.
Heart Disease: Age-Adjusted Mortality
(2005-2007 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 November 2011.

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

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

Heart Disease: Age-Adjusted Mortality by Race
(2005-2007 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 November 2011.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
● Local, state and national data are simple three-year averages.
● The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.
The heart disease mortality rate has decreased in Houston County, echoing the decreasing trends across Georgia and the US overall.

**Heart Disease: Age-Adjusted Mortality Trends**

(Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Year</th>
<th>Healthy People 2020 (Adjusted)</th>
<th>Houston County</th>
<th>GA</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999-2001</td>
<td>152.7</td>
<td>286.8</td>
<td>275.8</td>
<td>257.3</td>
</tr>
<tr>
<td>2000-2002</td>
<td>152.7</td>
<td>275.8</td>
<td>268.3</td>
<td>249.0</td>
</tr>
<tr>
<td>2001-2003</td>
<td>152.7</td>
<td>259.3</td>
<td>258.6</td>
<td>240.4</td>
</tr>
<tr>
<td>2002-2004</td>
<td>152.7</td>
<td>225.9</td>
<td>246.6</td>
<td>230.3</td>
</tr>
<tr>
<td>2003-2005</td>
<td>152.7</td>
<td>199.9</td>
<td>235.3</td>
<td>220.4</td>
</tr>
<tr>
<td>2004-2006</td>
<td>152.7</td>
<td>181.2</td>
<td>224.1</td>
<td>209.7</td>
</tr>
<tr>
<td>2005-2007</td>
<td>152.7</td>
<td>182.7</td>
<td>214.5</td>
<td>200.9</td>
</tr>
</tbody>
</table>

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2011.

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

**Stroke Deaths**

Between 2005 and 2007, there was an annual average age-adjusted stroke mortality rate of 49.1 deaths per 100,000 population in Houston County.

- Comparable to the Georgia rate.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 33.8 or lower.
- The Peach County stroke death rate was 71.7.

**Stroke: Age-Adjusted Mortality**

(2005-2007 Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Region</th>
<th>Healthy People 2020 Target = 33.8 or Lower</th>
</tr>
</thead>
<tbody>
<tr>
<td>Houston County</td>
<td>49.1</td>
</tr>
<tr>
<td>Peach County</td>
<td>71.7</td>
</tr>
<tr>
<td>Georgia</td>
<td>51.4</td>
</tr>
<tr>
<td>United States</td>
<td>44.2</td>
</tr>
</tbody>
</table>

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2011.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.
Stroke mortality is similar by race in Houston County.

**Stroke: Age-Adjusted Mortality by Race**
(2005-2007 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 33.8 or Lower

---

Stroke mortality has declined in recent years; the same downward trend is reported across Georgia and the US overall.

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

---


Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
● Local, state and national data are simple three-year averages.
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 6.2% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Nearly identical to the national prevalence.

![Prevalence of Heart Disease](image)

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

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

- Residents aged 60 and older.

![Prevalence of Heart Disease](image)

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as follows: “Lower Income” includes households with annual incomes up to $44,999; “Upper Income” includes households with annual incomes of $45,000 or higher.
A total of 5.2% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Statistically similar to statewide findings.
- Statistically similar to national findings.

Prevalence of Stroke

Adults more likely to have been diagnosed with stroke include:

- Men.
- Those aged 60+.
- Residents living in the lower income breakout.

Source: 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 39]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as follows: “Lower Income” includes households with annual incomes up to $44,999; “Upper Income” includes households with annual incomes of $45,000 or higher.
Cardiovascular Risk Factors

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

– Healthy People 2020 (www.healthypeople.gov)

Hypertension (High Blood Pressure)

High Blood Pressure Testing

A total of 95.8% of Houston County adults have had their blood pressure tested within the past two years.

- Similar to national findings.
- Similar to the Healthy People 2020 target (94.9% or higher).

Prevalence of Hypertension

A total of 41.7% of adults have been told at some point that their blood pressure was high.

- Less favorable than the Georgia prevalence.
- Similar to the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).
- Among hypertensive adults, 76.3% have been diagnosed with high blood pressure more than once.
Prevalence of High Blood Pressure

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 46, 141]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Note that 2.9% of Houston County adults report not having high blood pressure, but: 1) have never had their blood pressure tested; 2) have not been screened in the past 5 years; or 3) do not recall when their last screening was. For these individuals, current prevalence is unknown.

Hypertension diagnoses are higher among:

- Men.
- Adults age 40 and older, and especially those age 60+.
- Lower-income adults.
Hypertension Management

Among respondents who have been told that their blood pressure was high, 87.0% report that they are currently taking actions to control their condition.

- Similar to national findings.

Taking Action to Control Hypertension
(Among Adults With High Blood Pressure)

![Graph showing percentage of Houston County Adults and US Adults taking action to control hypertension](image)

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 47)
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
● Asked of all respondents who have been diagnosed with high blood pressure.
● In this case, the term “action” refers to medication, change in diet, and/or exercise.

High Blood Cholesterol

Blood Cholesterol Testing

A total of 92.8% of Houston County adults have had their blood cholesterol checked within the past five years.

- More favorable than Georgia findings.
- Similar to the national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).

Have Had Blood Cholesterol Levels Checked in the Past Five Years

![Graph showing percentage of Houston County, Georgia, and United States adults having their cholesterol checked](image)

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 51)
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
● Asked of all respondents.
The following demographic segments report lower screening levels:

- Adults under 40 (note the positive correlation with age).

### Have Had Blood Cholesterol Levels Checked in the Past Five Years
(Houston County, 2011)

Healthy People 2020 Target = 82.1% or Higher

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>93.5%</td>
</tr>
<tr>
<td>Women</td>
<td>92.2%</td>
</tr>
<tr>
<td>18 to 39</td>
<td>84.9%</td>
</tr>
<tr>
<td>40 to 59</td>
<td>96.9%</td>
</tr>
<tr>
<td>60+</td>
<td>98.6%</td>
</tr>
<tr>
<td>Lower Income</td>
<td>94.3%</td>
</tr>
<tr>
<td>Upper Income</td>
<td>92.5%</td>
</tr>
<tr>
<td>White</td>
<td>92.4%</td>
</tr>
<tr>
<td>Non-White</td>
<td>93.4%</td>
</tr>
<tr>
<td>Houston County</td>
<td>92.8%</td>
</tr>
</tbody>
</table>

Sources: 
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as follows: “Lower Income” includes households with annual incomes up to $44,999; “Upper Income” includes households with annual incomes of $45,000 or higher.

### Self-Reported High Blood Cholesterol

A total of 28.5% of adults have been told by a health professional that their cholesterol level was high.

- More favorable than the Georgia findings.
- Similar to the national prevalence.
- Fails to satisfy the Healthy People 2020 target (13.5% or lower).

### Prevalence of High Blood Cholesterol

Healthy People 2020 Target = 13.5% or Lower

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Houston County</td>
<td>28.5%</td>
</tr>
<tr>
<td>Georgia</td>
<td>37.0%</td>
</tr>
<tr>
<td>United States</td>
<td>31.4%</td>
</tr>
</tbody>
</table>

Sources: 
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 142]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- *The Georgia data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.*
Note that 13.4% of Houston County adults report not having high blood cholesterol, but:
1) have never had their blood cholesterol levels tested; 2) have not been screened in the past 5 years; or 3) do not recall when their last screening was. For these individuals, current prevalence is unknown.

- Note the positive correlation between age and high blood cholesterol.
- Whites report a higher prevalence than Non-Whites.
- Keep in mind that “unknowns” are relatively high in young adults and lower-income residents.

**Prevalence of High Blood Cholesterol**
(Houston County, 2011)

![Graph showing prevalence of high blood cholesterol by age and income group in Houston County, 2011.](image)

**Taking Action to Control High Blood Cholesterol Levels**
(Among Adults with High Cholesterol)

![Graph showing comparison of high blood cholesterol control action between Houston County and US adults.](image)
Total Cardiovascular Risk

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

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

Three health-related behaviors contribute markedly to cardiovascular disease:

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

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

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

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

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

A total of 88.0% of Houston County adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Comparable to national findings.

![Present One or More Cardiovascular Risks or Behaviors](chart)

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

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

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

RELATED ISSUE:
See also Nutrition & Overweight, Physical Activity & Fitness and Tobacco Use in the Modifiable Health Risk section of this report.
Adults more likely to exhibit cardiovascular risk factors include:

- Adults age 40 and older.
- Those living in lower-income households.
- Non-Whites.

**Present One or More Cardiovascular Risks or Behaviors**
(Houston County, 2011)

![Bar chart showing cardiovascular risks among different groups](chart.png)

**Sources:**
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]

**Notes:**
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as follows: “Lower Income” includes households with annual incomes up to $44,999; “Upper Income” includes households with annual incomes of $45,000 or higher.
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 2005 and 2007, there was an annual average age-adjusted cancer mortality rate of 194.0 deaths per 100,000 population in Houston County.

- Less favorable than the statewide rate.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 160.6 or lower.
- The Peach County cancer death rate was 185.3.

Cancer: Age-Adjusted Mortality
(2005–2007 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 160.6 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 November 2011.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.
The cancer mortality rate was higher among Houston County Blacks than Whites.

Cancer: Age-Adjusted Mortality by Race
(2005-2007 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 160.6 or Lower

Cancer mortality has decreased slightly over the past decade in Houston County; the same trend is apparent both statewide and nationwide.

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

Lung cancer is by far the leading cause of cancer deaths in Houston County. Other leading sites include prostate cancer among men, breast cancer among women, and colorectal cancer (both genders).

As can be seen in the following chart (referring to 2005-2007 annual average age-adjusted death rates):

- The Houston County **lung cancer** death rate is less favorable than both the state and national rates.
- The Houston County **prostate cancer** death rate is also less favorable than both the state and national rates.
- The Houston County **female breast cancer** death rate is similar to the state rate and more favorable than the US rate.
- The Houston County **colorectal cancer** death rate is more favorable than both the state and national rates.

Note that each of the Houston County cancer death rates detailed below fails to satisfy the related Healthy People 2020 target, with the exception of the colorectal cancer rate.

**Age-Adjusted Cancer Death Rates by Site**  
(2005-2007 Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th></th>
<th>Houston County</th>
<th>Georgia</th>
<th>US</th>
<th>HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung Cancer</td>
<td>65.4</td>
<td>55.6</td>
<td>51.6</td>
<td>45.5</td>
</tr>
<tr>
<td>Prostate Cancer</td>
<td>32.2</td>
<td>28.3</td>
<td>23.9</td>
<td>21.2</td>
</tr>
<tr>
<td>Female Breast Cancer</td>
<td>22.0</td>
<td>23.0</td>
<td>23.5</td>
<td>20.6</td>
</tr>
<tr>
<td>Colorectal Cancer</td>
<td>13.1</td>
<td>16.9</td>
<td>17.2</td>
<td>14.5</td>
</tr>
</tbody>
</table>

Sources:  
Prevalence of Cancer

Skin Cancer

A total of 5.2% of surveyed Houston County adults report having been diagnosed with skin cancer.

- Similar to the national average.

Other Cancer

A total of 4.0% of respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the national prevalence.

![Prevalence of Cancer](Houston County, 2011)

<table>
<thead>
<tr>
<th></th>
<th>Houston County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin Cancer</td>
<td>5.2%</td>
<td>8.1%</td>
</tr>
<tr>
<td>Cancer (Other Than Skin)</td>
<td>4.0%</td>
<td>5.5%</td>
</tr>
</tbody>
</table>

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. (Items 29-30)
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
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 four cancer sites: prostate cancer (prostate-specific antigen testing and digital rectal examination); female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Prostate Cancer Screenings

The US Preventive Services Task Force (USPSTF) concludes that the current evidence is insufficient to assess the balance of benefits and harms of prostate cancer screening in men younger than age 75 years.

Rationale: Prostate cancer is the most common nonskin cancer and the second-leading cause of cancer death in men in the United States. The USPSTF found convincing evidence that prostate-specific antigen (PSA) screening can detect some cases of prostate cancer.

In men younger than age 75 years, the USPSTF found inadequate evidence to determine whether treatment for prostate cancer detected by screening improves health outcomes compared with treatment after clinical detection.

The USPSTF found convincing evidence that treatment for prostate cancer detected by screening causes moderate-to-substantial harms, such as erectile dysfunction, urinary incontinence, bowel dysfunction, and death. These harms are especially important because some men with prostate cancer who are treated would never have developed symptoms related to cancer during their lifetime.

There is also adequate evidence that the screening process produces at least small harms, including pain and discomfort associated with prostate biopsy and psychological effects of false-positive test results.

The USPSTF recommends against screening for prostate cancer in men age 75 years or older.

Rationale: In men age 75 years or older, the USPSTF found adequate evidence that the incremental benefits of treatment for prostate cancer detected by screening are small to none.

Given the uncertainties and controversy surrounding prostate cancer screening in men younger than age 75 years, a clinician should not order the PSA test without first discussing with the patient the potential but uncertain benefits and the known harms of prostate cancer screening and treatment. Men should be informed of the gaps in the evidence and should be assisted in considering their personal preferences before deciding whether to be tested.


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 men age 50 and older, a total of 7 in 10 (70.0%) have had a PSA (prostate-specific antigen) test and/or a digital rectal examination for prostate problems within the past two years.

- Nearly identical to national findings.

Female Breast Cancer Screening

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

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

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


Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.
Among women age 40 and older, 80.8% have had a mammogram within the past two years.

- Similar to statewide findings.
- Similar to national findings.

### Have Had a Mammogram in the Past Two Years
(Among Women 40+)

<table>
<thead>
<tr>
<th></th>
<th>Houston County</th>
<th>Georgia</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>80.8%</td>
<td>77.2%</td>
<td>74.8%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 144-145]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Reflects female respondents 40 and older.
Cervical Cancer Screenings

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

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

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

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

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

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

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

Pap Smear Testing

**Among women 21 to 65, 82.8% have had a Pap smear within the past three years.**

- Comparable to Georgia findings (which represents all women 18+).
- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).

Have Had a Pap Smear in the Past Three Years

(Among Women 21-65)

- **Houston County** (82.8%)
- **Georgia** (86.6%)
- **United States** (84.7%)

Healthy People 2020 Target = 93.0% or Higher

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects female respondents age 21-65.
- *Note that the Georgia percentage represents all women 18 and older.
Colorectal Cancer Screenings

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

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


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

Colorectal Cancer Screening

Among adults age 50-75, 70.9% have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).

- Nearly identical to the Healthy People 2020 target (70.5% or higher).

Have Had a Colorectal Cancer Screening

(Among Houston County Adults 50-75, 2011)

Healthy People 2020 Target = 70.5% or Higher

Yes 70.9%

No 29.1%

Sources: ● Professional Research Consultants, Inc. PRC Community Health Survey. [Item 150]

Notes: ● Asked of all respondents age 50 through 75.
● In this case, the term “colorectal screening” refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.
Among adults age 50 and older, 71.5% have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.

- Comparable to Georgia findings.
- Comparable to national findings.

**Have Ever Had a Lower Endoscopy Exam**
(Among Adults 50+)

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents 50+.
- Lower endoscopy includes either sigmoidoscopy or colonoscopy.

---

Among adults age 50 and older, 23.6% have had a blood stool test (aka “fecal occult blood test”) within the past two years.

- Similar to Georgia findings.
- Similar to national findings.

**Have Had a Blood Stool Test in the Past Two Years**
(Among Adults 50+)

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents 50+.
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.

Several additional respiratory conditions and respiratory hazards, including infectious agents and occupational and environmental exposures, are covered in other areas of Healthy People 2020. Examples include tuberculosis, lung cancer, acquired immunodeficiency syndrome (AIDS), pneumonia, occupational lung disease, and smoking. Sleep Health is now a separate topic area of Healthy People 2020.

Currently in the United States, more than 23 million people have asthma. Approximately 13.6 million adults have been diagnosed with COPD, and an approximately equal number have not yet been diagnosed. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at $20.7 billion.

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

Risk factors for asthma currently being investigated include:

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

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

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

Healthy People 2020 (www.healthypeople.gov)

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

Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2005 and 2007, there was an annual average age-adjusted CLRD mortality rate of 30.4 deaths per 100,000 population in Houston County.

- Lower than found statewide.
- Lower than the national rate.
- The Peach County CLRD death rate was 38.1.

The CLRD mortality is 35.2 among Houston County Whites (and unavailable among Blacks).

Note: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.
CLRD mortality has decreased more notably in Houston County than rates have across Georgia and the US overall.

**CLRD: Age-Adjusted Mortality Trends**

(Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Year</th>
<th>Houston County</th>
<th>GA</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999-2001</td>
<td>51.4</td>
<td>48.6</td>
<td>44.4</td>
</tr>
<tr>
<td>2001-2002</td>
<td>48.7</td>
<td>48.0</td>
<td>43.1</td>
</tr>
<tr>
<td>2001-2003</td>
<td>49.7</td>
<td>47.6</td>
<td>43.5</td>
</tr>
<tr>
<td>2002-2004</td>
<td>45.9</td>
<td>46.5</td>
<td>42.6</td>
</tr>
<tr>
<td>2003-2005</td>
<td>42.9</td>
<td>46.4</td>
<td>42.6</td>
</tr>
<tr>
<td>2004-2006</td>
<td>36.7</td>
<td>43.6</td>
<td>41.6</td>
</tr>
<tr>
<td>2005-2007</td>
<td>30.4</td>
<td>45.4</td>
<td>41.5</td>
</tr>
</tbody>
</table>

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2011.

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

Pneumonia/Influenza Deaths

Between 2005 and 2007, there was an annual average age-adjusted pneumonia/influenza mortality rate of 20.7 deaths per 100,000 population in Houston County.

- Nearly identical to that found statewide.
- Higher than the national rate.
- The Peach County pneumonia/influenza death rate was 16.1 (*although it is deemed unreliable due to small counts*).

**Pneumonia/Influenza: Age-Adjusted Mortality**

(2005-2007 Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Area</th>
<th>Houston County</th>
<th>Peach County</th>
<th>Georgia</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.7</td>
<td>16.1</td>
<td>20.1</td>
<td>18.1</td>
<td></td>
</tr>
</tbody>
</table>

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2011.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.
- *The Peach County rate is deemed unreliable due to small counts.*

For prevalence of vaccinations for pneumonia and influenza, see also "Immunization & Infectious Disease."
The pneumonia/influenza mortality rate in Houston County is 23.0 among Whites.

Pneumonia/Influenza: Age-Adjusted Mortality by Race
(2005-2007 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 November 2011.

Notes:
● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
● Local, state and national data are simple three-year averages.

After decreasing early in the decade, the Houston County pneumonia/influenza mortality rate has since increased. Across Georgia and the US, death rates have decreased steadily over time.

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

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2011.

Notes:
● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
● State and national data are simple three-year averages.
Survey respondents were next asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma, nasal/hay fever allergies, sinusitis, and/or chronic lung disease.

## Prevalence of Respiratory Conditions

### Nasal/Hay Fever Allergies

More than one-third (37.3%) of Houston County adults currently suffer from or have been diagnosed with nasal/hay fever allergies.
- Higher than the national prevalence.

### Sinusitis

One-fourth (25.1%) of Houston County adults suffers from sinusitis.
- Comparable to the national prevalence.

### Chronic Lung Disease

A total of 7.7% of Houston County adults suffer from chronic lung disease.
- Similar to the national prevalence.

Prevalence of Respiratory Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Houston County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nasal/Hay Fever Allergies</td>
<td>37.3%</td>
<td>27.3%</td>
</tr>
<tr>
<td>Sinusitis</td>
<td>25.1%</td>
<td>19.4%</td>
</tr>
<tr>
<td>Chronic Lung Disease</td>
<td>7.7%</td>
<td>8.4%</td>
</tr>
</tbody>
</table>

Source:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 24, 33-34]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
A total of 8.0% of Houston County adults currently suffer from asthma.

- Similar to the statewide prevalence.
- Similar to the national prevalence.

No significant difference to report in asthma prevalence when viewed by demographic characteristics.
Respondents with asthma report a median of zero days in the past year on which they were unable to work or carry out their usual activities because of their asthma.

- Keep in mind the small sample size which these figures represent.

### Number of Days in Past Year When Asthma Prevented Work or Usual Activities
(Among Houston County Adults w/Asthma, 2011)

- None 74.8%
- <Five Days 14.3%
- Five+ Days 4.2%
- Daily 6.7%
- Median = 0

**Sources:**
- 2011 PRC Community Health Survey. Professional Research Consultants, Inc. [Item 42]

**Notes:**
- Asked of those respondents who have been diagnosed with asthma.

### Children

Among Houston County children under age 18, 12.7% currently have asthma.

- Statistically similar to national findings.

### Child Currently Has Asthma
(Among Parents of Children Age 0-17)

- Houston County Children Age 0-17: 12.7%
- United States Children Age 0-17: 6.8%

**Sources:**
- 2011 PRC Community Health Survey. Professional Research Consultants, Inc. [Item 152]

**Notes:**
- Asked of all respondents with children 0 to 17 in the household.
Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and preventable.

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

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

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

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

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

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

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

Efforts to prevent violence may focus on:

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

— Healthy People 2020 (www.healthypeople.gov)
Leading Causes of Accidental Death

Motor vehicle accidents, poisoning, and falls accounted for 3 in 4 accidental deaths in Houston County between 2005-2007.

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2005 and 2007, there was an annual average age-adjusted unintentional injury mortality rate of 40.0 deaths per 100,000 population in Houston County.

- More favorable than the Georgia rate.
- Similar to the national rate.
- Fails to satisfy the Healthy People 2020 target (36.0 or lower).
- The Peach County unintentional injury death rate was 48.7.

Unintentional Injuries: Age-Adjusted Mortality (2005-2007 Annual Average Deaths per 100,000 Population)
The mortality rate is notably higher among Whites when compared with Blacks in Houston County.

Unintentional Injuries: Age-Adjusted Mortality by Race
(2005-2007 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 November 2011.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

Despite the drop in the most recent reporting period, there is an overall upward trend in unintentional injury mortality rates in Houston County.

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

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2011.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.
Motor Vehicle Safety

Age-Adjusted Motor-Vehicle Related Deaths

Between 2005 and 2007, there was an annual average age-adjusted motor vehicle crash mortality rate of 15.0 deaths per 100,000 population in Houston County.

- Lower than found statewide.
- Similar to that reported nationally.
- Fails to satisfy the Healthy People 2020 target (12.4 or lower).
- The Peach County motor vehicle crash death rate was 22.4 (although it is deemed unreliable due to small counts).

Motor Vehicle Crashes: Age-Adjusted Mortality
(2005-2007 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 November 2011.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.
- *The Peach County rate is deemed unreliable due to small counts.

The motor vehicle crash mortality rate is similar when viewed by race.

Motor Vehicle Crashes: Age-Adjusted Mortality by Race
(2005-2007 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 November 2011.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.
- *The rate for Houston County Blacks is deemed unreliable due to small counts.
The mortality rate in Houston County increased overall in the past decade, while rates decreased slightly both statewide and nationwide.

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

<table>
<thead>
<tr>
<th>Years</th>
<th>Healthy People 2020</th>
<th>Houston County</th>
<th>GA</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999-2001</td>
<td>12.4</td>
<td>12.3</td>
<td>18.9</td>
<td>14.8</td>
</tr>
<tr>
<td>2000-2002</td>
<td>12.4</td>
<td>13.3</td>
<td>18.5</td>
<td>15.0</td>
</tr>
<tr>
<td>2001-2003</td>
<td>12.4</td>
<td>15.4</td>
<td>17.7</td>
<td>14.9</td>
</tr>
<tr>
<td>2002-2004</td>
<td>12.4</td>
<td>17.7</td>
<td>16.8</td>
<td>14.9</td>
</tr>
<tr>
<td>2003-2005</td>
<td>12.4</td>
<td>16.3</td>
<td>17.0</td>
<td>14.7</td>
</tr>
<tr>
<td>2004-2006</td>
<td>12.4</td>
<td>17.2</td>
<td>17.7</td>
<td>14.6</td>
</tr>
<tr>
<td>2005-2007</td>
<td>12.4</td>
<td>15.0</td>
<td>18.2</td>
<td>14.3</td>
</tr>
</tbody>
</table>


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

Seat Belt Usage - Adults

Most Houston County adults (89.4%) report “always” wearing a seat belt when driving or riding in a vehicle.

- Similar to the percentage found nationally.
- Similar to the Healthy People 2020 target of 92.4% or higher.

“Always” Wear a Seat Belt
When Driving or Riding in a Vehicle

Healthy People 2020 Target = 92.4% or Higher

<table>
<thead>
<tr>
<th></th>
<th>Houston County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>89.4%</td>
<td></td>
<td>85.3%</td>
</tr>
</tbody>
</table>

Sources: ● 2011 PRC Community Health Survey. Professional Research Consultants, Inc. [Item 52]

Notes: ● Asked of all respondents.
Young adults and those aged 60 and older are **less** likely to report consistent seat belt usage.

### “Always” Wear a Seat Belt When Driving or Riding in a Vehicle

(Houston County, 2011)

<table>
<thead>
<tr>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 59</th>
<th>60+</th>
<th>Lower Income</th>
<th>Upper Income</th>
<th>White</th>
<th>Non-White</th>
<th>Houston County</th>
</tr>
</thead>
<tbody>
<tr>
<td>85.6%</td>
<td>92.8%</td>
<td>86.6%</td>
<td>95.7%</td>
<td>84.1%</td>
<td>87.8%</td>
<td>90.1%</td>
<td>89.4%</td>
<td>89.1%</td>
<td>89.4%</td>
</tr>
</tbody>
</table>

Healthy People 2020 Target = 92.4% or Higher

**Sources:**
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]

**Notes:**
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as follows: “Lower Income” includes households with annual incomes up to $44,999; “Upper Income” includes households with annual incomes of $45,000 or higher.

---

### Seat Belt Usage - Children

A full **91.9%** of Houston County parents report that their child (age 0 to 17) “always” wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- Nearly identical to what is found nationally.

### Child “Always” Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle

(Among Parents of Children Age 0-17)

<table>
<thead>
<tr>
<th>Houston County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>91.9%</td>
<td>91.6%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

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

Age-Adjusted Firearm-Related Deaths

Between 2005 and 2007, there was an annual average age-adjusted rate of 10.0 deaths per 100,000 population due to firearms in Houston County.

- Lower than found statewide.
- Similar to that found nationally.
- Fails to satisfy the Healthy People 2020 objective (9.2 or lower).
- The Peach County firearm death rate was 17.8 (although it is deemed unreliable due to small counts).

Firearms-Related Deaths: Age-Adjusted Mortality
(2005-2007 Annual Average Deaths per 100,000 Population)

- Healthy People 2020 Target = 9.2 or Lower

The Houston County firearm-related mortality rate is 11.8 among Whites.
The mortality rate in Houston County decreased over the past decade.

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

Sources:
- Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted November 2011.
[Objective 9.30]

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

Presence of Firearms in Homes

Nearly one-half (46.7%) of Houston County adults has a firearm kept in or around their home.

- Higher than the national prevalence.
- Among Houston County households with children, 41.7% have a firearm kept in or around the house (similar to that reported nationally).

Have a Firearm Kept in or Around the Home

Households With Children: 41.7% (vs. 34.4% nationwide)

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 56, 153]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.
Reports of firearms in or around the home are more prevalent among the following respondent groups:

- Men.
- Adults aged 60+.
- Upper-income households.
- White respondents.

### Have a Firearm Kept in or Around the House
(Houston County, 2011)

![Graph showing firearm ownership by gender, age, income, and race.]

Among Houston County households with firearms, 24.5% report that there is at least one weapon that is kept unlocked and loaded.

- Statistically similar to that found nationally.

### Household Has An Unlocked, Loaded Firearm
(Among Respondents Reporting a Firearm in or Around the Home)

- Yes 24.5%
- No 75.5%

### Houston County
- Yes 16.9%
- No 83.1%

### US
- Yes 16.9%
- No 83.1%

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 56]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.
- Hispanic can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as follows: "Lower Income" includes households with annual incomes up to $44,999; "Upper Income" includes households with annual incomes of $45,000 or higher.
Between 1999 and 2007, there was an annual average age-adjusted homicide rate of 3.9 deaths per 100,000 population in Houston County.

- More favorable than the rate found statewide.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target of 5.5 or lower.
- The homicide rate in Peach County was 6.7.

Homicide: Age-Adjusted Mortality
(1999-2007 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 November 2011.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

Related issue: See also Suicide in the Mental Health & Mental Disorders section of this report.
Violent Crime

Violent Crime Rates

Between 2008 and 2010, there was an annual average violent crime rate of 338.4 offenses per 100,000 population in Houston County.

- More favorable than the Georgia rate for the same period.
- More favorable than the national rate.
- The Peach County rate was 628.0.

![Violent Crime Rates Graph](image)

Sources: Georgia Bureau of Investigation, Crime in the US, Federal Bureau of Investigation.
Notes: Rates are offenses per 100,000 population among agencies reporting.

The Houston County crime rate increased over the past decade, although it dropped slightly in the most recent reporting year.

![Violent Crime Rates Graph](image)

Sources: Georgia Bureau of Investigation, Crime in the US, Federal Bureau of Investigation.
Notes: Rates are offenses per 100,000 population among agencies reporting.
Self-Reported Violence

A total of 3.1% of Houston County adults acknowledge being the victim of a violent crime in the past five years.

- Statistically similar to national findings.

Victim of a Violent Crime in the Past Five Years

No significant difference to report when viewed by demographic characteristics.
Between 2008 and 2010, there was an annual average family violence rate of 878.7 offenses per 100,000 population in Houston County.

- Higher than the Georgia rate for the same period.
- The rate in Peach County was 930.9.

After decreasing sharply early in the decade, the Houston County family violence rate has since increased.
Self-Reported Family Violence

A total of 11.4% of Houston County adults report that they have ever been threatened with physical violence by an intimate partner.

- Nearly identical to that reported nationally.

A total of 13.9% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- Similar to national findings.

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

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 54-55]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

No statistical difference to report when viewed by demographics.
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. However, almost 25% of Americans with diabetes mellitus are undiagnosed, and another 57 million Americans have blood glucose levels that greatly increase their risk of developing diabetes mellitus in the next several years. Few people receive effective preventative care, which makes diabetes mellitus an immense and complex public health challenge.

Diabetes mellitus affects an estimated 23.6 million people in the United States and is the 7th leading cause of death. 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.

In addition to these human costs, the estimated total financial cost of diabetes mellitus in the US in 2007 was $174 billion, which includes the costs of medical care, disability, and premature death.

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

**Between 2005 and 2007, there was an annual average age-adjusted diabetes mortality rate of 16.1 deaths per 100,000 population in Houston County.**

- More favorable than that found statewide.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target (19.6 or lower).
- The diabetes death rate in Peach County was 34.6.
Diabetes: Age-Adjusted Mortality
(2005-2007 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 19.6 or Lower (Adjusted)

The diabetes mortality rate in Houston County is notably higher among Blacks than among Whites (although the rate has been deemed unreliable due to small counts).

Diabetes: Age-Adjusted Mortality by Race
(2005-2007 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 19.6 or Lower (Adjusted)
The Houston County diabetes mortality rate has decreased considerably in recent years. Rates decreased slightly across Georgia and the US during this time.

### Diabetes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Year</th>
<th>Healthy People 2020 (Adjusted)</th>
<th>Houston County</th>
<th>GA</th>
<th>US</th>
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<tr>
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<tr>
<td>2005-2007</td>
<td>19.6</td>
<td>16.1</td>
<td>20.9</td>
<td>23.5</td>
</tr>
</tbody>
</table>

**Sources:**
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2011.

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

### Prevalence of Diabetes

A total of 14.0% of Houston County adults report having been diagnosed with diabetes.

- Similar to the proportion statewide.
- Similar to the national proportion.

<table>
<thead>
<tr>
<th>Prevalence of Diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Houston County</td>
</tr>
<tr>
<td>Georgia</td>
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<td>United States</td>
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</tbody>
</table>

**Sources:**
- 2011 PRC Community Health Survey. Professional Research Consultants, Inc. [Item 43]
- 2011 PRC National Health Survey. Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
- Local and national data exclude gestation diabetes (occurring only during pregnancy).
Note the positive correlation between diabetes and age (with 30.8% of adults 60+ with diabetes).

Prevalence of Diabetes
(Houston County, 2011)

Diabetes Treatment

Among adults with diabetes, most (83.8%) are currently taking insulin or some type of medication to manage their condition.

Taking Insulin or Other Medication for Diabetes
(Among Houston County Diabetics)
Alzheimer’s Disease

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

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

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer’s Disease Deaths

Between 2005 and 2007, there was an annual average age-adjusted Alzheimer’s disease mortality rate of 19.6 deaths per 100,000 population in Houston County.

- More favorable than the statewide rate.
- More favorable than the national rate.
- The death rate in Peach County was 31.4.

Alzheimer’s Disease: Age-Adjusted Mortality
(2005-2007 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 November 2011.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.
- *The Peach County rate is deemed unreliable due to small counts.
The Alzheimer’s disease mortality rate is 20.1 among Houston County Whites.

Alzheimer’s Disease: Age-Adjusted Mortality by Race
(2005-2007 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 November 2011.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). ● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population. ● Local, state and national data are simple three-year averages. ● The Houston County rate among Blacks is unavailable.

The Alzheimer’s disease mortality rate has fluctuated considerably in Houston County. Across Georgia and the US, rates increased steadily in recent years.

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

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2011.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). ● Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
Kidney Disease

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

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

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

—Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2005 and 2007, there was an annual average age-adjusted kidney disease mortality rate of 22.1 deaths per 100,000 population in Houston County.

- Similar to the rate found statewide.
- Less favorable than the national rate.
- The rate was 51.5 in Peach County.

![Kidney Disease: Age-Adjusted Mortality](image)

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted November 2011.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.
The kidney disease mortality rate in Houston County is much higher among Blacks than Whites.

**Kidney Disease: Age-Adjusted Mortality by Race**
(2005-2007 Annual Average Deaths per 100,000 Population)

The age-adjusted kidney disease death rate has fluctuated broadly over the past several years in Houston County, but the general trend is a net increase in mortality rates. Across Georgia and the US, rates increased steadily over the past decade.

**Kidney Disease: Age-Adjusted Mortality Trends**
(Annual Average Deaths per 100,000 Population)
There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

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

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

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

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

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

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

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**Arthritis, Osteoporosis, & Chronic Pain**

**Prevalence of Arthritis/Rheumatism**

*More than one-third (36.4%) of Houston County adults age 50 and older reports suffering from arthritis or rheumatism.*

- Similar to that found nationwide.
Prevalence of Arthritis/Rheumatism
(Among Adults 50+)

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 157]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Reflects respondents 50 and older.

Prevalence of Osteoporosis

A total of 12.2% of survey respondents age 50 and older have osteoporosis.

● Similar to that found nationwide.
● Fails to satisfy the Healthy People 2020 target of 5.3% or lower.
Prevalence of Migraines/Severe Headaches

A total of 19.0% of survey respondents report suffering from migraines or severe headaches.
• Comparable to that found nationwide.

Prevalence of Sciatica/Chronic Back Pain

A total of 17.3% of survey respondents suffer from chronic back pain or sciatica.
• Comparable to that found nationwide.

Prevalence of Chronic Neck Pain

A total of 5.2% of survey respondents currently suffer from chronic neck pain.
• Comparable to that found nationwide.

Prevalence of Chronic Pain
(Houston County, 2011)

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 28, 35-36]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
Vision & Hearing Impairment

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

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

Vision Trouble

A total of 4.7% of Houston County adults are blind, or have trouble seeing even when wearing corrective lenses.

● Similar to that found nationwide.

Prevalence of Blindness/Trouble Seeing

![Graph showing prevalence of blindness/trouble seeing in Houston County and United States.](image)

Sources:

● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 25)
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

● Asked of all respondents.

RELATED ISSUE:
See also Vision Care in the Access to Health Services section of this report.
Hearing Trouble

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

In all, 9.6% of Houston County adults report being deaf or having difficulty hearing.

- Identical to that found nationwide.

Prevalence of Deafness/Trouble Hearing

![Chart showing prevalence of deafness/trouble hearing for Houston County and the United States, with 9.6% for both]

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 26)
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.
Vaccine-Preventable Conditions

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

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

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

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

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

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

— Healthy People 2020 (www.healthypeople.gov)

Measles, Mumps, Rubella

There were no cases of measles, mumps or rubella in Houston (or Peach) County between 2008 and 2010.

Pertussis

There were five cases of pertussis in the combined counties (Houston and Peach) in recent years, primarily between 2008 and 2010.

"Incidence rate" or "case rate" is the number of new cases of a disease occurring during a given period of time. It is usually expressed as cases per 100,000 population per year.
Influenza & Pneumonia Vaccination

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

– Healthy People 2020 (www.healthypeople.gov)

Flu Vaccinations

Among Houston County residents, nearly one-half (49.0%) received a flu shot (or FluMist) within the past year.

- Similar to the national finding.

![Have Had a Flu Vaccination in the Past Year](chart)

Sources:  
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. (Items 73-74)
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Reflects the total sample of respondents.
- Includes FluMist as a form of vaccination.
Pneumonia Vaccination

Among adults age 18 and older, 32.2% have received a pneumonia vaccination at some point in their lives.

- Statistically similar to the national finding.

Have Ever Had a Pneumonia Vaccine

<table>
<thead>
<tr>
<th></th>
<th>Houston County</th>
<th>United States</th>
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</thead>
<tbody>
<tr>
<td>32.2%</td>
<td>27.1%</td>
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</table>

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 75]  
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Reflects the total sample of respondents.
HIV

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

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

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

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

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

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

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

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted HIV/AIDS Deaths

Between 1999 and 2007, there was an annual average age-adjusted HIV/AIDS mortality rate of 3.8 deaths per 100,000 population in Houston County.

- Lower than found statewide.
- Lower than the rate reported nationally.
- Fails to satisfy the Healthy People 2020 target (3.3 or lower).
The rate in Peach County was 14.7.

The Houston County HIV/AIDS mortality rate is 15.8 among Blacks.
HIV Characteristics

The following chart provides an illustration of the gender and mode of transmission of newly-diagnosed HIV cases between 2001 and 2010 in Houston County. Note:

🔥 Male residents accounted for 55.0% of new cases.
🔥 The majority of cases (57.5%) have no risk factor reported or indicated, while 22.5% were transmitted during sex between males and 13.8% were among high-risk heterosexuals. The remaining 6.3% include injection drug use, hemophilia, blood transfusion, transplant and perinatal transmission.

Characteristics of Newly-Diagnosed HIV Cases
(Houston and Peach Counties Combined; 2001-2010)

New HIV Cases Over Time

With regard to new HIV cases over time, the combined Houston/Peach County area reported 7 new cases of HIV in the 2001-2003 reporting period; 35 new cases in the 2004-2006 reporting period; and 38 new cases in the 2007-2010 reporting period.

HIV Cases Over Time
(Houston and Peach Counties Combined; 2001-2010)
HIV Testing

Among Houston County adults age 18-44, 28.0% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Statistically similar to the proportion found nationwide.
- Satisfies the Healthy People 2020 target of 16.9% or higher.

Tested for HIV in the Past Year
(Among Respondents 18-44)

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents age 18 to 44.
- Note that the Healthy People 2020 objective is for ages 15-44.
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.

The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 19 million new STD infections each year—almost half of them among young people ages 15 to 24. 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. CDC estimates that undiagnosed and untreated STDs cause at least 24,000 women in the United States each year to become infertile. Several factors contribute to the spread of STDs.

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

- **Asymptomatic nature of STDs.** The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.

- **Gender disparities.** Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.

- **Age disparities.** Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.

- **Lag time between infection and complications.** Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

**Social, Economic and Behavioral Factors.** The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates the influence of these factors. Social, economic, and behavioral factors that affect the spread of STDs include:

- **Racial and ethnic disparities.** Certain racial and ethnic groups (mainly African American, Hispanic, and American Indian/Alaska Native populations) have high rates of STDs, compared with rates for whites.

- **Poverty and marginalization.** STDs disproportionately affect disenfranchised people and people in social networks where high-risk sexual behavior is common, and either access to care or health-seeking behavior is compromised.

- **Access to health care.** Access to high-quality health care is essential for early detection, treatment, and behavior-change counseling for STDs. Groups with the highest rates of STDs are often the same groups for whom access to or use of health services is most limited.

- **Substance abuse.** Many studies document the association of substance abuse with STDs. The introduction of new illicit substances into communities often can alter sexual behavior drastically in high-risk sexual networks, leading to the epidemic spread of STDs.

- **Sexuality and secrecy.** Perhaps the most important social factors contributing to the spread of STDs in the United States are the stigma associated with STDs and the general discomfort of discussing intimate aspects of life, especially those related to sex. These social factors separate the United States from industrialized countries with low rates of STDs.

- **Sexual networks.** Sexual networks refer to groups of people who can be considered “linked” by sequential or concurrent sexual partners. A person may have only 1 sex partner, but if that partner is a member of a risky sexual network, then the person is at higher risk for STDs than a similar individual from a nonrisky network.

-- Healthy People 2020 (www.healthypeople.gov)
Between 2007 and 2009, the annual average gonorrhea incidence rate was 97.0 cases per 100,000 population in Houston County.

- Notably lower than the Georgia incidence rate.
- Notably lower than the national incidence rate.
- The rate was 277.6 in Peach County.

Gonorrhea Incidence (2007-2009 Annual Average Cases per 100,000 Population)

Gonorrhea rates decreased over the past decade in Houston County, similar to the statewide and national trends.

Gonorrhea Incidence (Annual Average Cases per 100,000 Population)
Syphilis

Between 2007 and 2009, there were no cases of primary/secondary syphilis in Houston County.

- More favorable than the Georgia incidence rate.
- More favorable than the national incidence rate.
- No cases of syphilis to report in Peach County.

**Primary/Secondary Syphilis Incidence**
(2007-2009 Annual Average Cases per 100,000 Population)

Chlamydia

Between 2007 and 2009, the annual average Chlamydia incidence rate was 359.4 cases per 100,000 population in Houston County.

- More favorable than the Georgia incidence rate.
- More favorable than the national incidence rate.
- The Peach County rate was 978.8.
The Houston County Chlamydia incidence shows no clear trend over the past several years.

### Chlamydia Incidence

**(Annual Average Cases per 100,000 Population)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Houston County</th>
<th>GA</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000-2002</td>
<td>362.5</td>
<td>390.9</td>
<td>270.8</td>
</tr>
<tr>
<td>2001-2003</td>
<td>403.7</td>
<td>402.3</td>
<td>289.4</td>
</tr>
<tr>
<td>2002-2004</td>
<td>418.3</td>
<td>402.3</td>
<td>304.4</td>
</tr>
<tr>
<td>2003-2005</td>
<td>399.6</td>
<td>389.6</td>
<td>317.8</td>
</tr>
<tr>
<td>2004-2006</td>
<td>371.9</td>
<td>394.9</td>
<td>331.2</td>
</tr>
<tr>
<td>2005-2007</td>
<td>363.9</td>
<td>415.6</td>
<td>347.1</td>
</tr>
<tr>
<td>2006-2008</td>
<td>377.5</td>
<td>439.1</td>
<td>370.0</td>
</tr>
<tr>
<td>2007-2009</td>
<td>359.4</td>
<td>432.8</td>
<td>391.6</td>
</tr>
</tbody>
</table>

Sources: ● Georgia Department of Public Health.  
● Centers for Disease Control and Prevention, National Center for Health Statistics.  

Notes: ● Rates are annual average new cases per 100,000 population.  
● The US rate represents 2007-2009 data.

---

### Acute Hepatitis B

#### Hepatitis B Incidence

Between 2008 and 2010, there was a hepatitis B incidence rate of 3.0 per 100,000 population in Houston County.

- Less favorable than the statewide rate.
- Less favorable than the national rate.
- The rate in Peach County was 1.2.

### Hepatitis B (Acute) Incidence

**(2008-2010 Annual Average Cases per 100,000 Population)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Houston County</th>
<th>Peach County</th>
<th>Georgia</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008-2010</td>
<td>3.0</td>
<td>1.2</td>
<td>1.6</td>
<td>1.3</td>
</tr>
</tbody>
</table>

Sources: ● Georgia Department of Public Health.  
● Centers for Disease Control and Prevention, National Center for Health Statistics.  

Notes: ● Rates are annual average new cases per 100,000 population.  
● The US rate represents 2007-2009 data.
Hepatitis B has fluctuated in Houston County over the past decade. Rates decreased during this time for Georgia and the US overall.

### Hepatitis B (Acute) Incidence
(Annual Average Cases per 100,000 Population)

<table>
<thead>
<tr>
<th>Period</th>
<th>Houston County</th>
<th>GA</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001-2003</td>
<td>2.9</td>
<td>5.2</td>
<td>2.7</td>
</tr>
<tr>
<td>2002-2004</td>
<td>3.3</td>
<td>5.3</td>
<td>2.5</td>
</tr>
<tr>
<td>2003-2005</td>
<td>3.8</td>
<td>4.3</td>
<td>2.2</td>
</tr>
<tr>
<td>2004-2006</td>
<td>2.4</td>
<td>3.1</td>
<td>1.8</td>
</tr>
<tr>
<td>2005-2007</td>
<td>1.6</td>
<td>2.0</td>
<td>1.6</td>
</tr>
<tr>
<td>2006-2008</td>
<td>3.1</td>
<td>1.9</td>
<td>1.5</td>
</tr>
<tr>
<td>2007-2009</td>
<td>1.7</td>
<td>1.7</td>
<td>1.3</td>
</tr>
<tr>
<td>2008-2010</td>
<td>3.0</td>
<td>1.6</td>
<td>1.5</td>
</tr>
</tbody>
</table>

Sources: ● Georgia Department of Public Health.  
● Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes: ● Rates are annual average new cases per 100,000 population.

---

### Hepatitis B Vaccination

Based on survey data, just over 4 in 10 (41.1%) residents report having received the hepatitis B vaccine.

- Similar to what is reported nationwide.

### Have Ever Received the Hepatitis B Vaccination

- **Houston County:** 41.1%
- **United States:** 38.4%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 76]  
● PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.
Note the negative correlation between age and hepatitis B vaccination.

### Have Ever Received the Hepatitis B Vaccination
(Houston County, 2011)

![Graph showing vaccination rates by age and race.]

**Sources:**
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 76]

**Notes:**
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as follows: "Lower Income" includes households with annual incomes up to $44,999; "Upper Income" includes households with annual incomes of $45,000 or higher.

### Safe Sexual Practices

#### Sexual Partners

**Among unmarried Houston County adults under 65, the vast majority cites having one (41.0%) or no (41.4%) sexual partners in the past 12 months.**

### Number of Sexual Partners in Past 12 Months
(Among Unmarried Adults 18-64; Houston County, 2011)

![Pie chart showing sexual partner counts.]

**Sources:**
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 96]

**Notes:**
- Asked of all unmarried respondents under the age of 65.
However, 11.5% report three or more sexual partners in the past year.

- Statistically similar to that reported nationally.

**Had Three or More Sexual Partners in the Past Year**
(Among Unmarried Adults 18-64)

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 96]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all unmarried respondents under the age of 65.
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.

Low-Weight Births

A total of 8.8% of 2007-2009 Houston County births were low-weight.

- Better than the Georgia proportion.
- Worse than the national proportion.
- Fails to satisfy the Healthy People 2020 target (7.8% or lower).
- Peach County reported a 9.7% prevalence.

Low-Weight Births
(Percentage of Live Births, 2007-2009)

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Houston County</th>
<th>Peach County</th>
<th>Georgia</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.8%</td>
<td>9.7%</td>
<td>9.5%</td>
<td>8.2%</td>
<td>6.6%</td>
</tr>
</tbody>
</table>

Sources:
- Georgia Department of Public Health.
- Centers for Disease Control and Prevention, National Vital Statistics System.

Note:
- Numbers are a percentage of all live births within each population.

Low-weight births are notably more prevalent among Blacks in Houston County.

Low-Weight Births
(Percentage of Live Births, 2007-2009)

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Houston County Non-Hispanic White</th>
<th>Houston County Non-Hispanic Black</th>
<th>Houston County All Races/Ethnicities</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.6%</td>
<td>13.6%</td>
<td>8.8%</td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- Georgia Department of Public Health.

Note:
- Numbers are a percentage of all live births within each population.
The proportion of low-weight births has trended upward slightly in Houston County in recent years; the same can be said for both Georgia and the US.

### Low-Weight Births
(Percentage of Live Births)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020</td>
<td>7.8%</td>
<td>7.8%</td>
<td>7.8%</td>
<td>7.8%</td>
<td>7.8%</td>
<td>7.8%</td>
<td>7.8%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Houston County</td>
<td>7.8%</td>
<td>8.3%</td>
<td>8.4%</td>
<td>8.8%</td>
<td>9.0%</td>
<td>9.2%</td>
<td>9.1%</td>
<td>8.8%</td>
</tr>
<tr>
<td>GA</td>
<td>8.8%</td>
<td>8.9%</td>
<td>9.1%</td>
<td>9.2%</td>
<td>9.4%</td>
<td>9.5%</td>
<td>9.6%</td>
<td>9.5%</td>
</tr>
<tr>
<td>US</td>
<td>7.7%</td>
<td>7.8%</td>
<td>7.9%</td>
<td>8.1%</td>
<td>8.2%</td>
<td>8.2%</td>
<td>8.2%</td>
<td>8.2%</td>
</tr>
</tbody>
</table>

Sources:
- Georgia Department of Public Health.
- Centers for Disease Control and Prevention, National Vital Statistics System.

Note:
- Numbers are a percentage of all live births within each population.

### Infant Mortality

Between 2005 and 2007, there was an annual average of 9.6 infant deaths per 1,000 live births.

- Less favorable than the Georgia rate.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 6.0 per 1,000 live births.
- The rate in Peach County was 15.3.

### Infant Mortality Rate
(2005-2007 Annual Average Infant Deaths per 1,000 Live Births)

<table>
<thead>
<tr>
<th></th>
<th>Healthy People 2020 Target = 6.0 or Lower</th>
</tr>
</thead>
<tbody>
<tr>
<td>Houston County</td>
<td>9.6</td>
</tr>
<tr>
<td>Peach County*</td>
<td>15.3</td>
</tr>
<tr>
<td>Georgia</td>
<td>8.2</td>
</tr>
<tr>
<td>United States</td>
<td>6.9</td>
</tr>
</tbody>
</table>

Sources:
- Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.
- *The Peach County rate is deemed unreliable due to small counts.
Infant mortality rates are more than twice as high among births to Black mothers in Houston County.

No clear trend in infant mortality rates across Houston County; rates decreased over the past decade for Georgia and the US overall.
Behavioral Risk During Pregnancy

Use of Tobacco

Between 2007 and 2009, 10.6% of live births in Houston County were to women who reported smoking during pregnancy.

- Less favorable than the state prevalence.
- Less favorable than the US prevalence.
- Far from satisfying the Healthy People 2010 goal (1.4% or lower).
- The prevalence was 8.8% in Peach County.

**Mothers Who Smoked During Pregnancy**
(Percentage of Live Births, 2007-2009)

<table>
<thead>
<tr>
<th></th>
<th>Houston County</th>
<th>Peach County</th>
<th>Georgia</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Target = 1.4% or Lower</td>
<td>10.6%</td>
<td>8.8%</td>
<td>6.6%</td>
<td>8.3%</td>
</tr>
</tbody>
</table>


Note:
- Numbers are a percentage of all live births within each population.
- The US prevalence represents 2006-2008 data.

The prevalence of mothers who smoked while pregnant has been fairly steady over the past decade in Houston County.
Family Planning

Family planning is one of the 10 great public health achievements of the 20th century. The availability of family planning services allows individuals to achieve desired birth spacing and family size and contributes to improved health outcomes for infants, children, and women. Family planning services include contraceptive and broader reproductive health services (patient education and counseling), breast and pelvic examinations, breast and cervical cancer screening, sexually transmitted infection (STI) and HIV prevention education/counseling/testing/referral, and pregnancy diagnosis and counseling. For many women, a family planning clinic is their entry point into the healthcare system and is considered to be their usual source of care. This is especially true for women with incomes below the poverty level, women who are uninsured, Hispanic women, and Black women.

Unintended pregnancies (those reported by women as being mistimed or unwanted) are associated with many negative health and economic outcomes. In 2001, almost one-half of all pregnancies in the US were unintended. For women, negative outcomes associated with unintended pregnancy include:

- Delays in initiating prenatal care
- Reduced likelihood of breastfeeding
- Poor maternal mental health
- Lower mother-child relationship quality
- Increased risk of physical violence during pregnancy

Children born as a result of an unintended pregnancy are more likely to experience poor mental and physical health during childhood and poor educational and behavioral outcomes.

According to the CDC, an unintended pregnancy is a pregnancy that is either mistimed or unwanted at the time of conception. It is a core concept in understanding the fertility of populations and the unmet need for contraception. Unintended pregnancy is associated with an increased risk of morbidity for women, and with health behaviors during pregnancy that are associated with adverse effects. For example, women with an unintended pregnancy may delay prenatal care, which may affect the health of the infant. Women of all ages may have unintended pregnancies, but some groups, such as teens, are at a higher risk.

Because it is impossible to measure the true incidence of unintended pregnancy in the US, the following indicator looks at births occurring among unmarried mothers as a proxy measure for pregnancies that are not intended (knowing that this is not always the case).

A full 42.2% of 2007-2009 births were to unwed mothers.

- More favorable than the percentage reported statewide.
- Similar to that found nationally.
- Peach County reported a 49.9% prevalence.
The prevalence of unwed mothers is more than twice as high among Blacks in Houston County when compared with Whites.
The percentage of births to unwed mothers in Houston County increased steadily over the past decade, echoing the state and national trends.

### Births to Unwed Mothers

(Percentage of Live Births)

<table>
<thead>
<tr>
<th>Year</th>
<th>Houston County</th>
<th>GA</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001-02</td>
<td>37.0%</td>
<td>37.4%</td>
<td>33.6%</td>
</tr>
<tr>
<td>2002-03</td>
<td>36.7%</td>
<td>37.8%</td>
<td>34.0%</td>
</tr>
<tr>
<td>2003-04</td>
<td>37.1%</td>
<td>38.4%</td>
<td>34.8%</td>
</tr>
<tr>
<td>2004-05</td>
<td>37.4%</td>
<td>39.4%</td>
<td>35.8%</td>
</tr>
<tr>
<td>2005-06</td>
<td>38.5%</td>
<td>40.8%</td>
<td>37.1%</td>
</tr>
<tr>
<td>2006-07</td>
<td>39.7%</td>
<td>42.3%</td>
<td>38.4%</td>
</tr>
<tr>
<td>2007-08</td>
<td>40.7%</td>
<td>43.8%</td>
<td>39.6%</td>
</tr>
<tr>
<td>2008-09</td>
<td>42.2%</td>
<td>44.8%</td>
<td>40.4%</td>
</tr>
</tbody>
</table>

**Sources:**
- Georgia Department of Public Health.
- Centers for Disease Control and Prevention, National Vital Statistics System.

**Note:** Numbers are a percentage of all live births within each population.
Births to Teen Mothers

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

A total of 3.3% of 2007-2009 Houston County births were to teenage mothers (age 15 to 17).

- Lower than the Georgia proportion.
- Lower than the national proportion.
- The Peach County prevalence was 5.1%.

Births to Teen Mothers (15-17)
(Percentage of Live Births, 2007-2009)

Sources:
- Georgia Department of Public Health.
- Centers for Disease Control and Prevention, National Vital Statistics System.

Note:
- Numbers are a percentage of all live births within each population.
This percentage has changed little in Houston County in recent years.

Births to Teen Mothers (15-17)
(Percentage of Live Births)

<table>
<thead>
<tr>
<th>Year</th>
<th>Houston County</th>
<th>GA</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000-02</td>
<td>4.4%</td>
<td>6.9%</td>
<td>3.6%</td>
</tr>
<tr>
<td>2001-03</td>
<td>3.8%</td>
<td>6.4%</td>
<td>3.4%</td>
</tr>
<tr>
<td>2002-04</td>
<td>3.4%</td>
<td>6.2%</td>
<td>3.3%</td>
</tr>
<tr>
<td>2003-05</td>
<td>3.4%</td>
<td>5.9%</td>
<td>3.3%</td>
</tr>
<tr>
<td>2004-06</td>
<td>3.7%</td>
<td>6.0%</td>
<td>3.3%</td>
</tr>
<tr>
<td>2005-07</td>
<td>3.7%</td>
<td>6.0%</td>
<td>3.3%</td>
</tr>
<tr>
<td>2006-08</td>
<td>3.5%</td>
<td>6.0%</td>
<td>3.3%</td>
</tr>
<tr>
<td>2007-09</td>
<td>3.3%</td>
<td>5.5%</td>
<td>3.2%</td>
</tr>
</tbody>
</table>

Source: ● Georgia Department of Public Health.
● Centers for Disease Control and Prevention, National Vital Statistics System.
Note: ● Numbers are a percentage of all live births within each population.
MODIFIABLE HEALTH RISKS
A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

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

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


<table>
<thead>
<tr>
<th>Leading Causes of Death</th>
<th>Underlying Risk Factors (Actual Causes of Death)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease</td>
<td>Tobacco use</td>
</tr>
<tr>
<td></td>
<td>Elevated serum cholesterol</td>
</tr>
<tr>
<td></td>
<td>High blood pressure</td>
</tr>
<tr>
<td></td>
<td>Obesity</td>
</tr>
<tr>
<td></td>
<td>Diabetes</td>
</tr>
<tr>
<td></td>
<td>Sedentary lifestyle</td>
</tr>
<tr>
<td>Cancer</td>
<td>Tobacco use</td>
</tr>
<tr>
<td></td>
<td>Improper diet</td>
</tr>
<tr>
<td></td>
<td>Alcohol</td>
</tr>
<tr>
<td></td>
<td>Occupational/environmental exposures</td>
</tr>
<tr>
<td>Cerebrovascular disease</td>
<td>High blood pressure</td>
</tr>
<tr>
<td></td>
<td>Elevated serum cholesterol</td>
</tr>
<tr>
<td></td>
<td>Tobacco use</td>
</tr>
<tr>
<td>Accidental injuries</td>
<td>Safety belt noncompliance</td>
</tr>
<tr>
<td></td>
<td>Alcohol/substance abuse</td>
</tr>
<tr>
<td></td>
<td>Reckless driving</td>
</tr>
<tr>
<td></td>
<td>Occupational hazards</td>
</tr>
<tr>
<td></td>
<td>Stress/fatigue</td>
</tr>
<tr>
<td>Chronic lung disease</td>
<td>Tobacco use</td>
</tr>
<tr>
<td></td>
<td>Occupational/environmental exposures</td>
</tr>
</tbody>
</table>


Factors Contributing to Premature Deaths in the United States

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.
Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

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

Americans with a healthful diet:

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

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

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

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

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

Social factors thought to influence diet include:

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

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

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

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

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

A total of 44.1% of Houston County adults report eating five or more servings of fruits and/or vegetables per day.

- Similar to national findings.

---

![Bar chart showing fruit and vegetable consumption](chart.png)

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

<table>
<thead>
<tr>
<th></th>
<th>Houston County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>44.1%</td>
<td>48.8%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 167]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

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

---

Lower-income adults are less likely to get the recommended servings of daily fruits/vegetables in Houston County.

---

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

(Houston County, 2011)

![Bar chart showing fruit and vegetable consumption by categories](chart2.png)

**Sources:**
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 167]

**Notes:**
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as follows: “Lower Income” includes households with annual incomes up to $44,999; “Upper Income” includes households with annual incomes of $45,000 or higher.
- For this issue, respondents were asked to recall their food intake on the previous day.
Health Advice About Diet & Nutrition

A total of 47.9% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Comparable to national findings.

- Note: Among obese respondents, 66.8% report receiving diet/nutrition advice (meaning that one-third did not).

Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional
(By Weight Classification)

[Bar chart showing percentages of advice received by weight classification]

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Related Focus Group Findings: Nutrition

Many focus group participants discussed nutrition and obesity. The main findings include:

- Fast food
- Food “deserts”

Focus group participants believe that poor nutrition habits stem from a variety of sources in the community. Focus group members note that fast food restaurants are abundant in the community and represent an easy choice for residents. One participant describes downtown Warner Robins as a “food desert”:

“Downtown Warner Robins is considered a food desert. Lots of restaurants, lots of fast food places, so Community Health Works has acquired a van and it is the vegetable van and it is going around downtown to service those folks and they can use their food vouchers.”
Physical Activity

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

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

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

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

Among children ages 4 to 12, the following factors have a positive association with physical activity:

- Gender (boys)
- Belief in ability to be active (self-efficacy)
- Parental support

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity:

- Parental education
- Gender (boys)
- Personal goals
- Physical education/school sports
- Belief in ability to be active (self-efficacy)
- Support of friends and family

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

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

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

– Healthy People 2020 (www.healthypeople.gov)
Level of Activity at Work

A majority of employed respondents reports low levels of physical activity at work.

- Just over 6 in 10 (61.8%) employed respondents report that their job entails mostly sitting or standing, similar to the US figure.
- 30.2% report that their job entails mostly walking (similar to that reported nationally).
- 8.0% report that their work is physically demanding (lower than reported nationally).

**Primary Level of Physical Activity At Work**
(Among Employed Respondents)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Houston County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sitting/Standing</td>
<td>61.8%</td>
<td>63.2%</td>
</tr>
<tr>
<td>Mostly Walking</td>
<td>30.2%</td>
<td>22.2%</td>
</tr>
<tr>
<td>Physically Demanding</td>
<td>8.0%</td>
<td>14.6%</td>
</tr>
</tbody>
</table>

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of those respondents who are employed for wages.

Leisure-Time Physical Activity

A total of 24.9% of Houston County adults report no leisure-time physical activity in the past month.

- Similar to statewide findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Active (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Houston County</td>
<td>24.9%</td>
</tr>
<tr>
<td>Georgia</td>
<td>25.1%</td>
</tr>
<tr>
<td>United States</td>
<td>28.7%</td>
</tr>
</tbody>
</table>

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
Lack of leisure-time physical activity in the area is higher among:

- Women.
- Lower-income residents.

### No Leisure-Time Physical Activity in the Past Month (Houston County, 2011)

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as follows: “Lower Income” includes households with annual incomes up to $44,999; “Upper Income” includes households with annual incomes of $45,000 or higher.

#### Activity Levels

Adults (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.

Older adults (age 65 and older) should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.

---

Recommended Levels of Physical Activity

A total of 47.0% of Houston County adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Comparable to statewide findings.
- Comparable to national findings.
Meets Physical Activity Recommendations

No statistical difference when viewed by demographic characteristics.

Moderate & Vigorous Physical Activity

In the past month:

A total of 25.0% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

- Similar to the national level.

A total of 38.9% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

- More favorable than statewide figure.
- Similar to the nationwide figure.
**Moderate & Vigorous Physical Activity**  
(Houston County, 2011)

Sources:  
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc.  
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Asked of all respondents.

- **Moderate Physical Activity**: Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times per week for at least 30 minutes per time.

- **Vigorous Physical Activity**: Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for at least 20 minutes per time.

---

**Health Advice About Physical Activity & Exercise**

A total of 47.3% of Houston County adults report that their physician has asked about or given advice to them about physical activity in the past year.

- Nearly identical to the national average.

Note: 61.1% of obese Houston County respondents say that they have talked with their doctor about physical activity/exercise in the past year.

---

**Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional**  
(By Weight Classification)

Sources:  
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc.  
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Asked of all respondents.
Children’s Screen Time

Television Watching & Other Screen Time

Among children aged 5 through 17, 16.1% are reported to watch three or more hours of television per day; 8.3% are reported to spend three or more hours on other types of screen time for entertainment (video games, Internet, etc.).

- Both percentages are comparable to national findings.

Children’s Screen Time

(Among Parents of Children Ages 5-17; Houston County, 2011)

- 3+ Hours: 16.1%
- 2 Hours: 30.5%
- 1 Hour: 31.4%
- <1 Hour: 14.4%
- None: 7.6%

Hours per Day of Television

- 3+ Hours: 8.3%
- 2 Hours: 18.2%
- 1 Hour: 26.1%
- <1 Hour: 27.0%
- None: 20.4%

Total Screen Time

When combined, 47.7% of Total Area children aged 5 to 17 spend three or more hours on screen time (whether television or computer, Internet, video games, etc.) per day.

- Similar to that found nationally.

Children With Three or More Hours per School Day of Total Screen Time [TV, Computer, Video Games, Etc. for Entertainment]

(Among Parents of Children 5-17)

- Houston County: 47.7%
- United States: 43.4%

Sources: 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 137-138, 174-175]
Notes: Asked of respondents with a child aged 5 to 17 in the household.

Professional Research Consultants, Inc.
Related Focus Group Findings: Physical Activity

Many focus group participants discussed physical activity in the community. The main discussion centered on:

- Park system
- Indoor recreation facilities

With year-round warm weather, focus group participants feel there are many opportunities for outdoor activities in Houston County. Respondents believe the county park system is geographically dispersed, which allows families easy access. However, respondents feel the park system needs updating and more facilities built to encourage families to be more active. Participants also think that putting in additional sidewalks will facilitate residents’ ability to exercise outside.

The participants have mixed emotions about the indoor recreation facilities available in the community. Several participants spoke about how the YMCA closed, so there is not any one facility with a variety of indoor recreational activities. In addition, the expense of private gyms may make them inaccessible for some community members. Participants believe community members would access these recreation facilities if they were of minimal cost. One respondent recalled:

“There are many activities at the Macon Health Club: aerobics and things of that nature. And yes, we have our private gyms that are here in the area, but they do not have -- everybody has a little bit. You know how one facility -- you have to either go here, or you have to go there. Next thing you know, you are spending all your time on the road just trying to get to those places, instead of one facility.”
Weight Status

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

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

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m²). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m² and obesity as a BMI of ≥30.0 kg/m². The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m². The increase in mortality, however, tends to be modest until a BMI of 30 kg/m² is reached. For persons with a BMI of ≥30 kg/m², 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/m².


<table>
<thead>
<tr>
<th>Classification of Overweight and Obesity by BMI</th>
<th>BMI (kg/m²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>&lt;18.5</td>
</tr>
<tr>
<td>Normal</td>
<td>18.5 – 24.9</td>
</tr>
<tr>
<td>Overweight</td>
<td>25.0 – 29.9</td>
</tr>
<tr>
<td>Obese</td>
<td>≥30.0</td>
</tr>
</tbody>
</table>


Adult Weight Status

Healthy Weight

Based on self-reported heights and weights, 30.4% of Houston County adults are at a healthy weight.

- Similar to national findings.
- Similar to the Healthy People 2020 target (33.9% or higher).
Healthy Weight
(Percent of Adults With a Body Mass Index Between 18.5 and 24.9)

**Healthy People 2020 Target = 33.9% or Higher**

<table>
<thead>
<tr>
<th></th>
<th>Houston County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>30.4%</td>
<td></td>
<td>31.7%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 178]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Based on reported heights and weights, asked of all respondents.
- The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Overweight Status

**More than 2 in 3 Houston County adults (68.9%) are overweight.**

- Comparable to the Georgia prevalence.
- Comparable to the US overweight prevalence.

Prevalence of Total Overweight
(Percent of Overweight or/Obese Adults; Body Mass Index of 25.0 or Higher)

<table>
<thead>
<tr>
<th></th>
<th>Houston County</th>
<th>Georgia</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>68.9%</td>
<td></td>
<td>65.7%</td>
<td>66.9%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 178]
- 2011 PRC National Health Survey, Professional Research Consultants, 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.

Here, “overweight” includes those respondents with a BMI value ≥25.
Further, 30.7% of Houston County adults are obese.

- Similar to Georgia findings.
- Similar to US findings.
- Nearly identical to the Healthy People 2020 target (30.6% or lower).

**Prevalence of Obesity**

(Percent of Obese Adults; Body Mass Index of 30.0 or Higher)

![Graph showing prevalence of obesity in Houston County, Georgia, and United States.](image)

**Sources:**
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 178]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**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.

Obesity is notably more prevalent among:

- Those aged 40 and older.
- Upper-income adults.

**Prevalence of Obesity**

(Percent of Obese Adults; Body Mass Index of 30.0 or Higher; Houston County, 2011)

![Graph showing prevalence of obesity by gender, age, income, and race in Houston County, 2011.](image)

**Sources:**
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 178]

**Notes:**
- Based on reported heights and weights, asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic racial categories (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as follows: "Lower Income" includes households with annual incomes up to $44,999; "Upper Income" includes households with annual incomes of $45,000 or higher.
- 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.
Actual vs. Perceived Body Weight

A total of 11.3% of obese adults and 49.5% of overweight (but not obese) adults feel that their current weight is “about right.”

- 47.7% of overweight (but not obese) adults see themselves as “somewhat overweight.”
- 38.7% of obese adults see themselves as “very overweight.”

**Actual vs. Perceived Weight Status**

(Among Adults Who Are Overweight/Obese Based on BMI; Houston County, 2011)

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 110]

Notes:
- BMI is 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.
A total of 29.3% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Statistically similar to the national findings.

*Note that 52.8% of obese adults have been given advice about their weight by a health professional in the past year (while nearly one-half have not).

- This satisfies the Healthy People 2020 target of 31.8% or higher.
Weight Control

Individuals who are at a healthy weight are less likely to:

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.
- Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.
- Experience complications during pregnancy.
- Die at an earlier age.

All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

– Healthy People 2020 (www.healthypeople.gov)

A total of 35.2% of Houston County adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- Similar to national findings.

Note: 48.6% of obese Houston County adults report that they are trying to lose weight through a combination of diet and exercise, similar to what is found nationally.

![Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity](chart-image)

Sources: • 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 179]
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Based on reported heights and weights, asked of all respondents.
Childhood Overweight & Obesity

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

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

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

Based on the heights/weights reported by surveyed parents, 22.6% of Houston County children age 5 to 17 are overweight or obese (≥85th percentile).

- Comparable to that found nationally.

Child Total Overweight Prevalence
(Percent of Children 5-17 Who Are Overweight/Obese; Body Mass Index in the 85th Percentile or Higher)

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 182]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is estimated based on children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.
Further, 9.0% of Houston County children age 5 to 17 are obese (≥95th percentile).

- More favorable than the national percentage.
- Similar to the Healthy People 2020 target (14.6% or lower for children age 2-19).

### Child Obesity Prevalence

(Percent of Children 5-17 Who Are Obese; Body Mass Index in the 95th Percentile or Higher)

<table>
<thead>
<tr>
<th>Percent</th>
<th>Houston County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.0%</td>
<td></td>
<td>18.9%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 182)
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

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

In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95% of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders.

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

The field has made progress in addressing substance abuse, particularly among youth. According to data from the national Institute of Drug Abuse (NIDA) Monitoring the Future (MTF) survey, which is an ongoing study of the behaviors and values of America’s youth between 2004 and 2009, a drop in drug use (including amphetamines, methamphetamine, cocaine, hallucinogens, and LSD) was reported among students in 8th, 10th, and 12th grades. Note that, despite a decreasing trend in marijuana use which began in the mid-1990s, the trend has stalled in recent years among these youth. Use of alcohol among students in these three grades also decreased during this time.

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 2005 and 2007, there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 6.7 deaths per 100,000 population in Houston County.

- More favorable than the statewide rate.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target (8.2 or lower).
- In Peach County, the death rate was 20.4 (although deemed unreliable due to small counts).

Cirrhosis/Liver Disease: Age-Adjusted Mortality
(2005-2007 Annual Average Deaths per 100,000 Population)

The Houston County cirrhosis mortality rate was 6.6 among Whites.

Cirrhosis/Liver Disease: Age-Adjusted Mortality by Race
(2005-2007 Annual Average Deaths per 100,000 Population)

The Houston County rate among Blacks is unavailable.
The Houston County mortality rate has decreased considerably over time. Statewide and nationwide, rates have decreased very slightly.

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

High-Risk Alcohol Use

Chronic Drinking

A total of 3.9% of area adults averaged two or more drinks of alcohol per day in the past month (chronic drinkers).

- Similar to the statewide proportion.
- Similar to the national proportion.

Chronic Drinkers
Chronic Drinkers
(Houston County, 2011)

No statistical difference to report when viewed by demographic characteristics.

Binge Drinking

A total of 12.2% of Houston County adults are binge drinkers.

- Similar to Georgia findings.
- Statistically similar to national findings.
- Satisfies the Healthy People 2020 target (24.3% or lower).

Sources: 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 188]
2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: Asked of all respondents.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.
Adults under 60 are more likely to be binge drinkers.

**Binge Drinkers**  
(Houston County, 2011)

<table>
<thead>
<tr>
<th>Gender</th>
<th>18 to 39</th>
<th>40 to 59</th>
<th>60+</th>
<th>Lower Income</th>
<th>Upper Income</th>
<th>White</th>
<th>Non-White</th>
<th>Houston County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>16.6%</td>
<td>14.9%</td>
<td>14.2%</td>
<td>12.2%</td>
<td>12.8%</td>
<td>12.1%</td>
<td>12.5%</td>
<td>12.2%</td>
</tr>
<tr>
<td>Women</td>
<td>8.1%</td>
<td>14.2%</td>
<td>5.0%</td>
<td>10.8%</td>
<td>12.1%</td>
<td>12.2%</td>
<td>12.2%</td>
<td>12.2%</td>
</tr>
</tbody>
</table>

**Healthy People 2020 Target = 24.3% or Lower**

**Drinking & Driving**

A total of 4.1% of Houston County adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Similar to the national findings.

---

**Have Driven in the Past Month**  
**After Perhaps Having Too Much to Drink**

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Houston County</td>
<td>4.1%</td>
</tr>
<tr>
<td>United States</td>
<td>3.5%</td>
</tr>
</tbody>
</table>

**Sources:**  
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc.  
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**  
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as follows: “Lower Income” includes households with annual incomes up to $44,999; “Upper Income” includes households with annual incomes of $45,000 or higher.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion.

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 the actual incidence of drinking and driving in the community is likely higher.
A total of 6.0% of Houston County adults acknowledge either drinking and driving or riding with a drunk driver in the past month.

- Similar to the national findings.

**Have Driven Drunk OR Ridden With a Driver in the Past Month Who Had Too Much to Drink**

<table>
<thead>
<tr>
<th></th>
<th>Houston County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have Driven Drunk OR Ridden With a Driver in the Past Month Who Had Too Much to Drink</td>
<td>6.0%</td>
<td>5.5%</td>
</tr>
</tbody>
</table>

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 190]  
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

Age-Adjusted Drug-Induced Deaths

Between 2005 and 2007, there was an annual average age-adjusted drug-induced mortality rate of 5.6 deaths per 100,000 population in Houston County.

- More favorable than the statewide rate.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target (11.3 or lower).
- No rate available for Peach County.

**Drug-Induced Deaths: Age-Adjusted Mortality**

(2005-2007 Annual Average Deaths per 100,000 Population)

- Healthy People 2020 Target = 11.3 or Lower

<table>
<thead>
<tr>
<th></th>
<th>Houston County</th>
<th>Peach County</th>
<th>Georgia</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug-Induced Deaths: Age-Adjusted Mortality</td>
<td>5.6</td>
<td>N/A</td>
<td>9.6</td>
<td>12.2</td>
</tr>
</tbody>
</table>

Sources: ● Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted November 2011.  

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.  
● Local, state and national data are simple three-year averages.  
● The Peach County rate is unavailable.
The Houston County drug-induced mortality rate was 7.3 among Whites.

**Drug-Induced Deaths: Age-Adjusted Mortality by Race**
(2005-2007 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 11.3 or Lower

<table>
<thead>
<tr>
<th></th>
<th>Houston County Non-Hispanic White</th>
<th>Houston County Non-Hispanic Black</th>
<th>Houston County All Races/Ethnicities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Target</td>
<td>11.3</td>
<td>11.3</td>
<td>11.3</td>
</tr>
<tr>
<td>Healthy People 2020</td>
<td>7.3</td>
<td>6.9</td>
<td>5.9</td>
</tr>
<tr>
<td>Healthy People 2020</td>
<td>7.3</td>
<td>7.7</td>
<td>8.1</td>
</tr>
<tr>
<td>Healthy People 2020</td>
<td>8.9</td>
<td>9.8</td>
<td>10.6</td>
</tr>
<tr>
<td>Healthy People 2020</td>
<td>11.5</td>
<td>11.5</td>
<td>12.2</td>
</tr>
</tbody>
</table>

Sources: ● Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted November 2011.

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

The mortality rate decreased in Houston County over the past decade; in contrast, state and national rates increased.

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020</td>
<td>11.3</td>
<td>11.3</td>
<td>11.3</td>
<td>11.3</td>
<td>11.3</td>
</tr>
<tr>
<td>Houston County</td>
<td>7.3</td>
<td>6.9</td>
<td>5.9</td>
<td>5.1</td>
<td>5.6</td>
</tr>
<tr>
<td>GA</td>
<td>7.3</td>
<td>7.7</td>
<td>8.1</td>
<td>8.9</td>
<td>9.6</td>
</tr>
<tr>
<td>US</td>
<td>8.9</td>
<td>9.8</td>
<td>10.6</td>
<td>11.5</td>
<td>12.2</td>
</tr>
</tbody>
</table>

Sources: ● Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. CDC WONDER Online Query System. Data extracted November 2011.

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

The Houston County rate among Blacks is unavailable.
Illicit Drug Use

A total of 2.4% of Houston County adults acknowledge using an illicit drug in the past month.

- Similar to the proportion found nationally.
- Satisfies the Healthy People 2020 target of 7.1% or lower.

Illicit Drug Use in the Past Month

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Houston County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.4%</td>
<td></td>
<td>1.7%</td>
</tr>
</tbody>
</table>

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.

Sources:  
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]  
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes:  
- Asked of all respondents.

Alcohol & Drug Treatment

A total of 3.6% of Houston County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to national findings.

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

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Houston County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.6%</td>
<td></td>
<td>3.9%</td>
</tr>
</tbody>
</table>

Sources:  
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 72]  
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.  
Notes:  
- Asked of all respondents.
Related Focus Group Findings: Substance Abuse

The focus group participants are concerned with substance abuse in the community. The main issues discussed surrounding substance abuse included:

- Methamphetamine
- Treatment accessibility
- Cost

A number of focus group participants are concerned with substance abuse in the community, specifically methamphetamine. Participants see treatment accessibility as a barrier to treatment. The respondents stress there is little available treatment locally. Within Houston County the respondents could only recall outpatient facilities and one inpatient facility for women. One focus group member described:

“Methamphetamine use in Houston County has been a problem for some time and law enforcement is doing a great job combating it, but our jails are filled with people who have major drug problems and drug treatment is hard to come by, so a lot of people have major drug problems and there is not a whole lot of treatment to go around.”

In addition to limited facilities, the cost associated with substance abuse treatment can become a barrier to access. Participants feel that insurance coverage is limited and out-of-pocket costs can be overwhelming. Private facilities are available in Atlanta, but patients must possess insurance coverage.

Although participants feel substance abuse is a serious problem in their community, the prevalence appears to be decreasing due to aggressive law enforcement and a zero-tolerance policy in the school system. A respondent noted:

“I think the drug problem has gotten better - I have seen over the years that the school system is getting real good at keeping drugs out of the schools. Even though I am sure there is some everywhere, you just do not see them as much as you used to. And we do have a problem, but the problem is being worked on.”
Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least one serious tobacco-related illness. In addition, tobacco use costs the US $193 billion annually in direct medical expenses and lost productivity.

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 Prevalence

A total of 18.6% of Houston County adults currently smoke cigarettes, either regularly (13.3% every day) or occasionally (5.3% on some days).

Cigarette Smoking Prevalence
(Houston County, 2011)

- Regular Smoker 13.3%
- Occasional Smoker 5.3%
- Former Smoker 21.2%
- Never Smoked 60.2%

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 183]
Notes: ● Asked of all respondents.
Similar to statewide findings.
Similar to national findings.
Fails to satisfy the Healthy People 2020 target (12% or lower).

Cigarette smoking is more prevalent among:

- Adults under 60.
- Lower-income residents.

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 183]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days).
A total of 12.1% of Houston County adults (including smokers and non-smokers) report that a member of their household has smoked cigarettes in the home in the past month an average of four or more times per week.

- Similar to national findings.

Note that 5.8% of Houston County non-smokers are exposed to cigarette smoke at home.

Notably higher among residents under 60.

### Member of Household Smokes at Home

#### Houston County

- Non-smokers exposed to smoke in the home: 5.8%

#### United States

12.1%

### Member of Household Smokes At Home

(Houston County, 2011)

- Men
- Women
- 18 to 39
- 40 to 59
- 60+
- Lower Income
- Upper Income
- White
- Non-White
- Houston County

12.3%
11.9%
12.2%

18.4%
3.5%
13.4%
10.1%
9.5%
17.1%
12.1%

Sources: 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 63, 185]
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.
Among households with children, 10.7% have someone who smokes cigarettes in the home.

- Similar to national findings.

### Percentage of Households With Children In Which Someone Smokes in the Home

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Houston County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.7%</td>
<td>12.1%</td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 186)
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked among parents of children age 0-17.
- “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

#### Cigars

A total of 4.5% of Houston County adults use cigars every day or on some days.

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.2% or lower).

**Use of Cigars**

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Houston County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.5%</td>
<td>4.2%</td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 65)
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

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

A total of 1.7% of Houston County adults use some type of smokeless tobacco every day or on some days.

- Comparable to the national percentage.
- Comparable to the Healthy People 2020 target (0.3% or lower).

Use of Smokeless Tobacco

![Graph showing use of smokeless tobacco in Houston County and the United States](image)

- Houston County: 1.7%
- United States: 2.8%

Healthy People 2020 Target = 0.3% or Lower

Related Focus Group Findings: Tobacco

Many focus group participants are concerned with tobacco use in the community. The main issues included:

- Commonly accepted habit
- Secondhand smoke
- Education

Focus group participants feel that cigarette smoking continues to be an issue in the community. The respondents view tobacco use as a **commonly accepted habit**. All socioeconomic groups are affected by tobacco use. Furthermore, the focus group respondents spoke at length about the addictive nature of tobacco. One participant described:

> "When I was in the DA’s office, I was shocked. About half the prosecutors in the office smoked and that shocked me. I mean, they did not get paid a whole lot, but I would not call them disadvantaged and certainly they are well-educated. They are addicted and I think the key is to make them pay for it. Charge them a whole lot more for their health insurance, charge them a whole lot more for any procedures that are directly linked to that smoking and when and if they continue to smoke, as long as they are not breathing the smoke into anybody else’s faces and we put them in a separate room and close the door, then knock themselves out because they are going to do it.”
Respondents also worry about the harmful effects of **secondhand smoke**. The focus group participants feel that smoking regulations are successful in curbing secondhand smoke inhalation and may decrease the total number of smokers. A respondent noted:

> “Secondhand smoke kills a ton of people. Thousands of people a year die. They never smoked, they just were in places where people smoked. We are probably going to be coming into Houston County next and dealing with that because it is the same population of people that go to bars, but if we can continue as a community and make it more difficult to expose other people to it, people have to go outside somewhere or go across the street, then maybe some smokers would be less likely to do it or as often as they used to anyway.”

Participants also feel there could be more **education** about the negative health effects of tobacco and that this education needed to begin in the home. Smoking cessation programs have also been successful in helping smokers quit.
ACCESS TO HEALTH SERVICES
Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

Health Insurance Coverage

Type of Healthcare Coverage

A total of 53.9% of Houston County adults age 18 to 64 report having healthcare coverage through private insurance. Another 32.9% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage
(Among Adults 18-64; Houston County, 2011)

Prescription Drug Coverage

Among insured adults, 94.8% report having prescription coverage as part of their insurance plan.

Similar to the national prevalence.
Among currently insured adults in Houston County, 6.2% report that they were without healthcare coverage at some point in the past year.

- Similar to US findings.

**Went Without Healthcare Insurance Coverage At Some Point in the Past Year**

(Among Insured Adults)

<table>
<thead>
<tr>
<th>Houston County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.2%</td>
<td>4.8%</td>
</tr>
</tbody>
</table>

Sources:  
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Asked of all insured respondents.

Young adults and lower-income residents are more likely to have gone without healthcare insurance coverage at some point in the past year.

**Went Without Healthcare Insurance Coverage At Some Point in the Past Year**

(Among Insured Adults; Houston County, 2011)

<table>
<thead>
<tr>
<th>Men 18 to 39</th>
<th>Women 18 to 39</th>
<th>Men 40 to 59</th>
<th>Women 40 to 59</th>
<th>Men 60+</th>
<th>Women 60+</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.7%</td>
<td>6.6%</td>
<td>3.0%</td>
<td>4.0%</td>
<td>14.9%</td>
<td>3.9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lower Income</th>
<th>Upper Income</th>
<th>White</th>
<th>Non-White</th>
<th>Houston County</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.0%</td>
<td>4.0%</td>
<td>6.4%</td>
<td>5.8%</td>
<td>6.2%</td>
</tr>
</tbody>
</table>

Sources:  
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]

Notes:  
- Asked of all insured respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as follows: “Lower Income” includes households up to $44,999; “Upper Income” includes households with annual incomes of $45,000 or higher.
Lack of Health Insurance Coverage

Among adults age 18 to 64, 13.2% report having no insurance coverage for healthcare expenses.

- More favorable than the state finding.
- Similar to the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).

The following population segments are more likely to be without healthcare insurance coverage:

- Men.
- Residents under 40.

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 191]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents under the age of 65.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
Difficulties Accessing Healthcare

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

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

– Healthy People 2020 (www.healthypeople.gov)

Difficulties Accessing Services

A total of 35.2% of Houston County adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Similar to national findings.

**Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year**

<table>
<thead>
<tr>
<th>Houston County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>35.2%</td>
<td>37.3%</td>
</tr>
</tbody>
</table>

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 195)

Notes: ● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
Note that the following demographic groups more often report difficulties accessing healthcare services:

- Young adults.
- Lower-income residents.

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

(Houston County, 2011)

Barriers to Healthcare Access

Of the tested barriers, inconvenient office hours impacted the greatest share of Houston County adults (16.2% say that inconvenient hours prevented them from obtaining a visit to a physician in the past year).

- The proportion of Houston County adults impacted was statistically comparable to or better than that found nationwide for each of the tested barriers.

Barriers to Access Have Prevented Medical Care in the Past Year

Sources: 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 6-11]

Notes: Asked of all respondents.
Among all Houston County adults, 13.8% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Similar to national findings.

### Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

**Sources:**
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 12]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

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

Adults more likely to have skipped or reduced their prescription doses include:

- Adults under 60.
- Respondents with lower incomes.

### Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

(Houston County, 2011)

**Sources:**
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 12]

**Notes:**
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as follows: “Lower Income” includes households with annual incomes up to $44,999; “Upper Income” includes households with annual incomes of $45,000 or higher.
Accessing Healthcare for Children

A total of 7.9% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- Statistically similar to what is reported nationwide.

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

Among the parents experiencing difficulties, the majority cited **cost or a lack of insurance** as the primary reason; others cited long waits for appointments.

Related Focus Group Findings: Access to Healthcare

Many focus group participants are concerned with access to healthcare. The main issues discussed include:

- Uninsured and underinsured populations
- Emergency room utilization
- Transportation

Participants spoke about the **uninsured and underinsured populations**. There is great concern for the underinsured individuals: those who may qualify for employer insurance but the deductibles are too high, or the monthly employee cost is too great, so they elect to go without. Both uninsured and underinsured populations may not receive regular healthcare services. There is one organization in Warner Robins which, with assistance from Houston Healthcare, operates a prescription assistance program for individuals without insurance coverage and can save patients up to $60,000. Two respondents recalled:

"We are seeing through the public system now more and more people with insurance who have such high deductibles they cannot, still cannot use their insurance and I mean these are some people [inaudible] we are trying to [inaudible]. When you got a $2,000 deductible and your monthly income is less than that, you are going to have a problem."

"I think that is one of the things we see at the Rainbow House too. It is the working poor. The people who have jobs, but do not have jobs that offer insurance or like Dr. Harvey said, someone
who has -- might have a major medical insurance, but not a policy that is going to cover preventative care or those kinds of things.”

Focus group participants feel the emergency room is over-utilized and uninsured patients utilize the ER as their sole healthcare facility. In addition, participants believe residents of neighboring counties travel to Houston County to access the Houston Healthcare emergency room. Several participants described:

“We were meeting earlier this week and I was talking to one of the doctors and I asked if they had been busy in the ER and he said, ‘Well, not really this week, but it will definitely pick up for the next two weeks.’ I said, ‘Why is that?’ He said, ‘The fair is in town.’ I said, ‘You mean, they have a lot of accidents and stuff?’ He said, ‘No, it is not that. It is the people who work at the fair.’”

“I don’t know if it’s my imagination, but it seems to me at least once a month at the Welcome Center, we have people from outside Houston County coming here to take advantage of what is available.”

Transportation is also viewed as a barrier to accessing healthcare and other services. There is no public transportation system within Warner Robins; however, there is a bus route that goes between Robins Air Force Base and Macon. A participant described the concern:

“Transportation is usually the issue with just about everything that happens in Houston County - the lack of public transportation. When you talk about clients who need to access services, one of the issues too is that when you talk about countywide services, those are in the center of the county, which is wonderful as long as you do not live on the outskirts of the county.”
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)

Specific Source of Ongoing Care

A total of 75.0% of Houston County adults were determined to have a specific source of ongoing medical care.

- Similar to national findings.
- Fails to satisfy the Healthy People 2010 objective (95% or higher).

**Have a Specific Source of Ongoing Medical Care**

![Graph showing comparison between Houston County and United States on having a specific source of ongoing medical care.]

- 75.0% in Houston County
- 76.3% in the United States

**Sources:**
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 192]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Adults under age 40.
- Lower-income adults.
- Non-Whites.

### Have a Specific Source of Ongoing Medical Care

(Houston County, 2011)

![Graph showing medical care by demographic and age groups.](image)

**Sources:**
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. ([Items 192-194])

**Notes:**
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as follows: “Lower Income” includes households with annual incomes up to $44,999; “Upper Income” includes households with annual incomes of $45,000 or higher.

### Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (53.5%) identified a particular doctor’s office.

A total of 13.5% say they usually go to some type of clinic, while 7.5% rely on some type of military/VA facility and 7.0% report using a hospital emergency room for their medical care.

**Particular Place Utilized for Medical Care**

(Houston County, 2011)

![Circle diagram showing medical care by type of place.](image)

**Sources:**
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. ([Items 14-15])

**Notes:**
- Asked of all respondents.
Utilization of Primary Care Services

Adults

Three-fourths (75.6%) of adults visited a physician for a routine checkup in the past year.
- Higher than national findings.

Have Visited a Physician for a Checkup in the Past Year

Adults under age 40 are less likely to have received routine care in the past year (note the positive correlation with age).

Have Visited a Physician for a Checkup in the Past Year (Houston County, 2011)

Sources: 2011 PRC Community Health Survey. Professional Research Consultants, Inc. [Item 16]
Notes: Asked of all respondents.
Children

Among surveyed parents, 91.6% report that their child has had a routine checkup in the past year.

- Similar to national findings.

Related Focus Group Findings: Specialties

Many focus group participants discussed medical specialties available in the community. The main discussion centered on:

- Limited number of specialists

Most of the focus group participants feel the community has a **limited number of specialists available**. Accessing specialist care represents the most likely reason someone may leave the county to access healthcare services.
Emergency Room Utilization

A total of 12.9% of Houston County adults have gone to a hospital emergency room more than once in the past year about their own health.

- Twice the national findings.

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

Of those using a hospital ER, 47.8% say this was due to an emergency or life-threatening situation, while 34.3% indicated that the visit was during after-hours or on the weekend. A total of 13.5% cited difficulties accessing primary care for various reasons.

Lower-income residents and Non-Whites are more likely to have used the ER for medical care more than once in the past year.

Have Used a Hospital Emergency Room More Than Once in the Past Year
(Houston County, 2011)
Oral Health

The health of the mouth and surrounding craniofacial (skull and face) structures is central to a person’s overall health and well-being. Oral and craniofacial diseases and conditions include: dental caries (tooth decay); periodontal (gum) diseases; cleft lip and palate; oral and facial pain; and oral and pharyngeal (mouth and throat) cancers.

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

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
- 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
- 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.

Community water fluoridation and school-based dental sealant programs are 2 leading evidence-based interventions to prevent tooth decay.

Major improvements have occurred in the nation’s oral health, but some challenges remain and new concerns have emerged. One important emerging oral health issue is the increase of tooth decay in preschool children. A recent CDC publication reported that, over the past decade, dental caries (tooth decay) in children ages 2 to 5 have increased.

Lack of access to dental care for all ages remains a public health challenge. This issue was highlighted in a 2008 Government Accountability Office (GAO) report that described difficulties in accessing dental care for low-income children. In addition, the Institute of Medicine (IOM) has convened an expert panel to evaluate factors that influence access to dental care.

Potential strategies to address these issues include:

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

Healthy People 2020 (www.healthypeople.gov)
Dental Care

Adults

Just over 2 in 3 Houston County adults (67.8%) have visited a dentist or dental clinic (for any reason) in the past year.

- Similar to statewide findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).

Have Visited a Dentist or Dental Clinic Within the Past Year

![Bar chart showing the percentage of people who have visited a dentist or dental clinic within the past year for Houston County, Georgia, and the United States. Houston County has 67.8%, Georgia has 70.2%, and the United States has 66.9%.]

Sources:
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Note the following:

- Men are much less likely than women to report recent dental care.
- Persons living in the lower income category report much lower utilization of oral health services (and fail to satisfy the Healthy People 2020 target).
- Non-Whites are much less likely than Whites to report recent dental care.
- As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.
Have Visited a Dentist or Dental Clinic Within the Past Year
(Houston County, 2011)

Sources:
● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]

Notes:
● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
● Income categories reflect respondent’s household income as follows: “Lower Income” includes households with annual incomes up to $44,999; “Upper Income” includes households with annual incomes of $45,000 or higher.

Children

A total of 82.9% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Similar to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).

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

Sources:
● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
● Asked of all respondents with children age 2 through 17.
Dental Insurance

A total of 7 in 10 Houston County adults (70.1%) have dental insurance that covers all or part of their dental care costs.

- Higher than the national finding.

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

Sources: • 2011 PRC Community Health Survey. Professional Research Consultants, Inc. [Item 21]
• 2011 PRC National Health Survey. Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
A total of 69.0% of residents had an eye exam in the past two years during which their pupils were dilated.

- More favorable than national findings.

Recent vision care in Houston County is more often reported among:

- Adults aged 40 and older.

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

(Houston County, 2011)

<table>
<thead>
<tr>
<th>Category</th>
<th>Houston County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>69.0%</td>
<td>57.5%</td>
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</table>

Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 19)  
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).

Income categories reflect respondent’s household income as follows: “Lower Income” includes households with annual incomes up to $44,999; “Upper Income” includes households with annual incomes of $45,000 or higher.
HEALTH EDUCATION & OUTREACH
Healthcare Information Sources

Family physicians and the Internet are residents’ primary sources of healthcare information.

- 51.4% of Houston County adults cited their **family physician** as their primary source of healthcare information.
- The **Internet** received the second-highest response, with 18.8%.
  - Other sources mentioned include friends and relatives (7.3%), work (7.1%), and hospital publications (4.2%).
- Just 1.6% of survey respondents say that they do not receive any healthcare information.

### Primary Source of Healthcare Information
(Houston County, 2011)

- **Family Doctor**: 51.4%
- **Internet**: 18.8%
- **Other**: 9.6%
- **Friends/Relatives**: 7.3%
- **Work**: 7.1%
- **Hospital Pub.**: 4.2%
- **Don’t Receive Any**: 1.6%

**Sources**: 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]

**Notes**: Asked of all respondents.
Participation in Health Promotion Events

A total of 29.2% of Houston County adults participated in some type of organized health promotion activity in the past year, such as health fairs, health screenings, or seminars.

- Higher than the national prevalence.

Note that 53.4% of adults who participated in a health promotion activity in the past year indicate that it was sponsored by their employer.

Educational and community-based programs play a key role in preventing disease and injury, improving health, and enhancing quality of life.

Health status and related-health behaviors are determined by influences at multiple levels: personal, organizational/institutional, environmental, and policy. Because significant and dynamic interrelationships exist among these different levels of health determinants, educational and community-based programs are most likely to succeed in improving health and wellness when they address influences at all levels and in a variety of environments/settings.

Education and community-based programs and strategies are designed to reach people outside of traditional healthcare settings. These settings may include schools, worksites, healthcare facilities, and/or communities.

Using nontraditional settings can help encourage informal information sharing within communities through peer social interaction. Reaching out to people in different settings also allows for greater tailoring of health information and education.

Educational and community-based programs encourage and enhance health and wellness by educating communities on topics such as: chronic diseases; injury and violence prevention; mental illness/behavioral health; unintended pregnancy; oral health; tobacco use; substance abuse; nutrition; and obesity prevention.

- Healthy People 2020 (www.healthypeople.gov)

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- Healthy People 2020 (www.healthypeople.gov)
The following chart outlines participation by various demographic characteristics.

Note that adults under 40, those 60+ and Whites less often report participation in health promotion activities.

**Participated in a Health Promotion Activity in the Past Year**
*(Houston County, 2011)*

![Chart showing participation rates by demographic characteristics.]

**Sources:**
- 2011 PRC Community Health Survey, Professional Research Consultants, Inc. (Item 118)

**Notes:**
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as follows: “Lower Income” includes households with annual incomes up to $44,999; “Upper Income” includes households with annual incomes of $45,000 or higher.

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**Related Focus Group Findings: Health Education**

Many focus group participants discussed preventative healthcare in the community. The main issues discussed include:

- Educational classes
- Health fairs and screenings

Health education efforts are viewed as critical to improving the overall well-being of the community. Focus group members spoke about how organizations in the community have created several preventative healthcare programs for residents. For example, faith-based organizations offer diabetes and hypertension educational classes for congregation members.

Other local organizations partner with Houston Healthcare to put on health fairs and disease screenings several times a year. In addition, the health department plays a large role in developing these programs and expanding existing services. One respondent described a health literacy program undertaken by Middle Georgia Technical College and Houston Healthcare:

“We get grant monies through Houston Healthcare that helps us do the health literacy program. Thirty percent of the people in the program were Hispanic, but that is a population of people who, with the language barrier and some of the other barriers, is much harder to serve. And we see high rates of diabetes and high blood pressure amongst our Hispanic neighbors. We have made some great gains in this community and educated people about some common health threats.”
Related Focus Group Findings: Collaboration

Participants spent time discussing the great history of collaboration occurring in the community. The main themes discussed were:

- Houston Healthcare
- Non-profit organizations
- Faith-based organizations
- History of collaboration
- Volunteerism

Several focus group participants feel there is excellent collaboration happening in the community between Houston Healthcare, health department, non-profit organizations and faith-based organizations. Organizations in Houston County are good at networking, with a minimal amount of territorialism. Specifically, the participants described the ways in which the hospital collaborates with several agencies throughout the year to provide vaccination coverage, ambulance services, athletic trainers and health fairs. A focus group member noted:

“When it is related to health, I think the hospital -- between the hospital and the health department -- that is part of what they do, but just to voice that one of the great things about Houston County in general is that we do work very collaboratively together throughout our community and it is a proud place for me to work because of that and our non-profit agencies succeed in this community because of that collaboration amongst each other and with our business associates.”

Participants note that the history of collaboration assists in the current coordination efforts. Organizations can approach both the health department and Houston Healthcare to create a partnership. Hot Shots, a program designed to increase school-age immunization rates, illustrates an example of a successful recent collaborative effort. A respondent described:

“As a result of Hot Shots, we developed a school-based clinic, an immunization clinic for flu and it has gotten better and better every year. So good that the state has adopted that model and last year, Georgia gave more school-based flu shots than any other nation in the state and Houston County gave more than any other county in Georgia.”

Community members can also become a part of these efforts through volunteerism. Community members can access opportunities through Volunteer Houston County or the community collaborative of non-profit agencies, Kids’ Journey.
Senior Care

Related Focus Group Findings: Elderly

Many focus group participants discussed elderly care in the community. The main issues included:

- Senior centers
- Preventive care

The focus group participants indicated as the population ages, there will be greater demand for services to meet the needs of both the elderly and their caregivers. Focus group members feel senior centers are available that provide opportunities for socialization, physical activity, and nutritious meals. Transportation is provided for the seniors through a private contract. One respondent described:

“One of the senior centers here in Warner Robins (Perry Senior Center) offers a variety of activities. They have crafts, they have speakers that come in monthly to talk about different topics that are of interest to them and they take them on field trips.”

While participants think the senior centers are well utilized they agree more support could be provided to family caregivers. Currently, Houston Healthcare sends out educational mailings and offers classes on senior-specific topics. In addition, respondents believe preventative healthcare needs to be a key part of senior’s healthcare services.
LOCAL HEALTHCARE
Perceptions of Local Healthcare Services

More than 6 in 10 Houston County adults (63.3%) rate the overall healthcare services available in their community as “excellent” or “very good.”

- Another 24.5% gave “good” ratings.

```
Rating of Overall Healthcare Services Available in the Community (Houston County, 2011)

<table>
<thead>
<tr>
<th>Rating</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Excellent</td>
<td>20.3%</td>
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<tr>
<td>Very Good</td>
<td>43.0%</td>
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<tr>
<td>Good</td>
<td>24.5%</td>
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<tr>
<td>Fair</td>
<td>7.5%</td>
</tr>
<tr>
<td>Poor</td>
<td>4.6%</td>
</tr>
</tbody>
</table>
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However, 12.1% of residents characterize local healthcare services as “fair” or “poor.”

- Similar to that reported nationally.

```
Perceive Local Healthcare Services as “Fair/Poor”

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Houston County</td>
<td>12.1%</td>
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<tr>
<td>United States</td>
<td>15.3%</td>
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</table>
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Sources: ● 2011 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: ● Asked of all respondents.
The following residents are more critical of local healthcare services:

- Adults under age 60.
- Residents with lower incomes.

**Perceive Local Healthcare Services as “Fair/Poor”**
(Houston County, 2011)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 59</th>
<th>60+</th>
<th>Lower Income</th>
<th>Upper Income</th>
<th>White</th>
<th>Non-White</th>
<th>Houston County</th>
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</thead>
<tbody>
<tr>
<td>18 to 39</td>
<td>14.1%</td>
<td>13.5%</td>
<td>16.4%</td>
<td>4.1%</td>
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<td>40 to 59</td>
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<td>Upper Income</td>
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**Related Focus Group Findings: Service Gaps**

The following issues were mentioned as service gap areas in Houston County:

- Community involvement
- Geriatric care
- Health literacy
- Recreation facilities
- Substance abuse treatment
- Transportation