2014 PRC Community Health Needs Assessment Report

Houston County, Georgia

Sponsored by

HOUSTON HEALTHCARE

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INTRODUCTION

Project Overview

Project Goals

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

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

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

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

Methodology

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

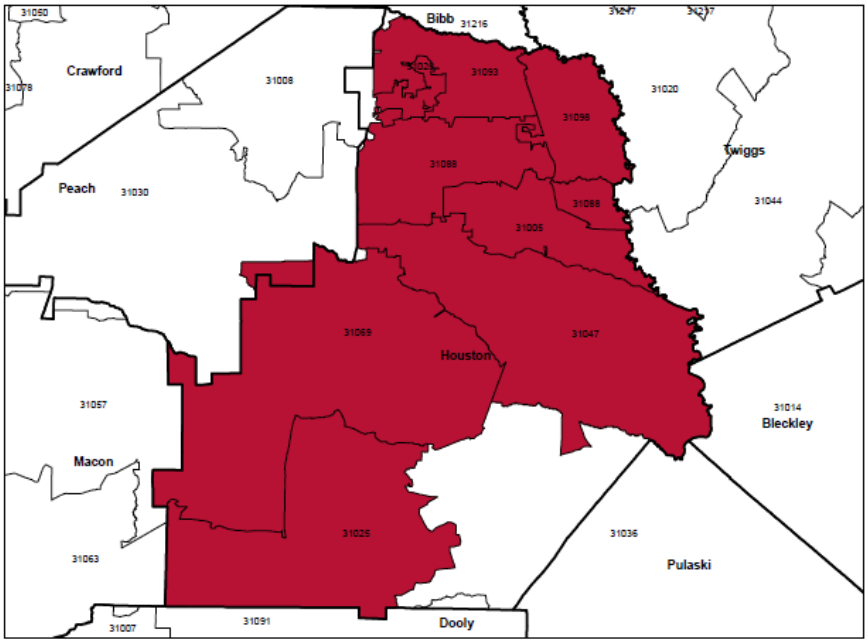
PRC Community Health Survey

Survey Instrument

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

Community Defined for This Assessment

The study area for the survey effort is Houston County, Georgia. This community definition, determined based on the ZIP Codes of residence of recent patients of Houston Healthcare, is illustrated in the following map.



Sample Approach & Design

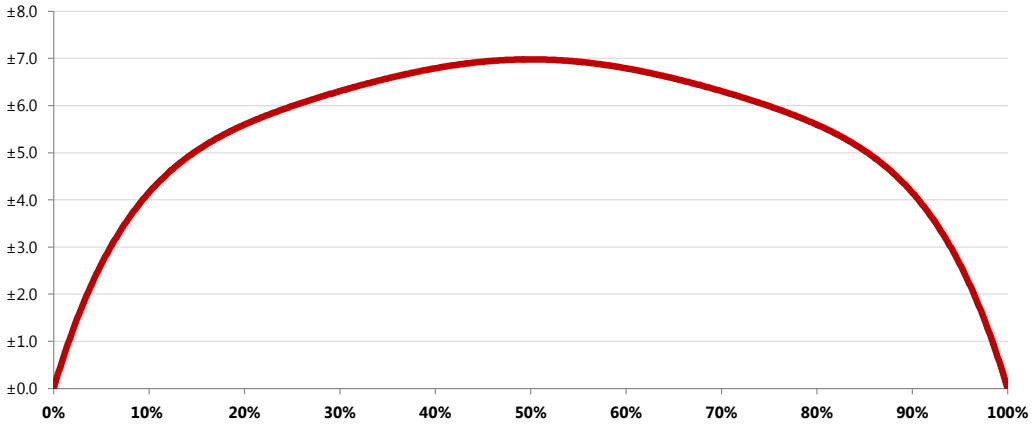
A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — 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. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Houston County as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

Sampling Error

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

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



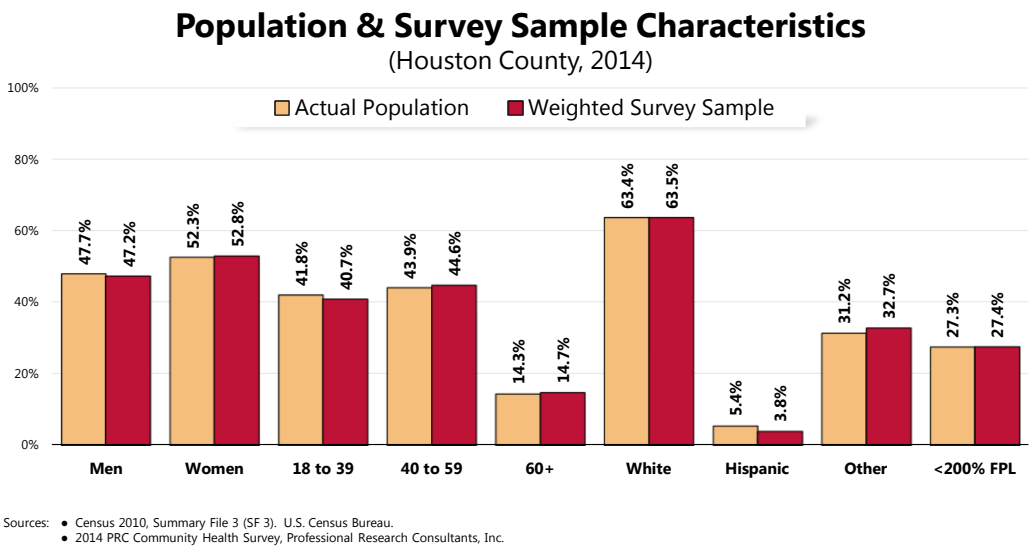
Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 200 respondents answered a certain question with a "yes," it can be asserted that between 7.8% and 14.2% (10% ± 4.2%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 43.1% and 56.9% (50% ± 6.9%) of the total population would respond "yes" if asked this question.

Sample Characteristics

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

The following chart outlines the characteristics of 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.]



Sources:
- Census 2010, Summary File 3 (SF 3). U.S. Census Bureau.
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2014 guidelines place the poverty threshold for a family of four at $23,850 annual household income or lower)*. In sample segmentation: "**low income**" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice the poverty threshold; "**mid/high income**" refers to those households living on incomes which are twice or more the federal poverty level.

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

Online Key Informant Survey

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

Key informants were first contacted by letter to request their participation; follow-up emails were then sent with a link to take a survey online. Final participation included 51 representatives from among the organizations outlined below.

Participating Organizations	Populations Served		
	Low-Income Residents	Minority Populations	Medically Underserved
21st Century Partnership			
78th Medical Group, RAFB			
Advanced OB/GYN Care of Warner Robins	X	X	X
American Heart Association			
CASA of Houston County, Inc.	X	X	
Celebrate Recovery - First Baptist Perry	X	X	X
Central Georgia Technical College	X	X	X
Chamber Executive Committee			
City of Centerville			
City of Perry			
City of Warner Robins			
Commissioner- Houston County	X	X	
Convention of Visitors Bureau, Warner Robins			
Cooperative Extension	X	X	X
Cornerstone Medical Associates	X	X	X
First Baptist Church of Garmon Street			
First Choice Primary Care	X	X	X
Flint Energies			
Georgia Military College - Warner Robins Campus	X	X	
Houston County			
Houston County Board of Education	X	X	X
Houston County Development Authority			
Houston County Development Authority			
Houston County DFACS			
Houston County Health Department	X	X	X
Houston County Sheriff's Office			
Houston County Volunteer Medical Clinic	X	X	X
Houston Health Systems	X	X	X
Houston Healthcare	X	X	X
Houston Healthcare Family Medicine Residency	X	X	X
Houston Lake Country Club			
Houston State Court	X	X	X
Juvenile Court of Houston County	X	X	X
Keep Warner Robins Beautiful	X	X	X
KEG, REALTORS	X	X	X
Kids' Journey	X	X	X
Mercer University College of Health Professions - Department of Public Health	X	X	X
Middle Georgia Community Action Agency	X		X
Museum of Aviation Foundation	X	X	X
National Bank Products & State Technical College Board of Directors			
North Central Health District, Georgia Department of Public Health	X	X	X
Private Physicians			
Rainbow House Children's Resource Center	X	X	
Rehoboth Life Care Ministries, Inc. Volunteer Dental Clinic	X	X	X

—continuation—	Populations Served		
Participating Organizations	Low-Income Residents	Minority Populations	Medically Underserved
Retired, State Legislator			
Robins Air Force Base			
Robins Federal Credit Union			
Sonny's BBQ & 21st Century Partnership			
State Government			X
Susan G. Komen for the Cure			
The Vine Medical Clinic	X	X	X
United Way of Central Georgia			
Warner Robins Police Department	X	X	X
Warner Robins Recreation Department	X	X	X

Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations (including African American, Hispanic, Asian, American Indian, Middle Eastern, Pacific Islander residents and residents of various faiths), or other medically underserved populations (including those who are young, old, veterans, and/or LGBT).

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

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are 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):

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles

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

Benchmark Data

Trending

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

Georgia Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data 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 *2013 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.

IRS Form 990, Schedule H Compliance

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

Summary of Findings

Significant Health Needs of the Community

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

Areas of Opportunity Identified Through This Assessment	
Access to Health Services	• Supply of Primary Care Doctors • Percent of Population Living in an HPSA
Arthritis, Osteoporosis & Chronic Back Conditions	• Arthritis/Rheumatism Prevalence
Cancer	• #1 Leading Cause of Death • Lung Cancer Deaths • Lung Cancer Incidence • Colorectal Cancer Incidence
Chronic Kidney Disease	• Kidney Disease Deaths
Dementias, Including Alzheimer's Disease	• Alzheimer's Disease Deaths

Diabetes	• *Diabetes ranked #1 as a perceived "major problem" in the Online Key Informant Survey; their concerns include:*
	  ○ *Poor Nutrition*
	  ○ *Lack of Disease Management*
	  ○ *Education*
	  ○ *Financial Barriers*

Family Planning	• Teen Birth Rate

Heart Disease & Stroke	• #2 and #3 Leading Causes of Death (Heart Disease and Stroke, Respectively)
	• Stroke Deaths
	• Cholesterol Screening
	• *Heart Disease & Stroke ranked #5 as a perceived "major problem" in the Online Key Informant Survey; their concerns include:*
	  ○ *Prevalence*
	  ○ *Stress*
	  ○ *Lifestyle Choices*
	  ○ *Access to Care*

Immunization & Infectious Diseases	• Pneumonia/Influenza Deaths • Flu Vaccination Among High-Risk Adults 18-64
Injury & Violence Prevention	• Motor Vehicle Crash Deaths • Firearm-Related Deaths ○ Firearms in Homes
Maternal, Infant & Child Health	• Infant Mortality • Low-Weight Births

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Areas of Opportunity (continued)	

Mental Health & Mental Disorders	• Suicides
	• *Mental Health & Mental Disorders ranked #2 as a perceived "major problem" in the Online Key Informant Survey; their concerns include:*
	  ○ *Lack of Resources*
	  ○ *Access Difficulties*

Nutrition, Physical Activity & Weight	• Fruit & Vegetable Consumption
	• Population With Low Food Access
	• Population With Park Access
	• Availability of Recreation/Fitness Facilities
	• *Nutrition, Physical Activity & Weight ranked #3 as a perceived "major problem" in the Online Key Informant Survey; their concerns include:*
	  ○ *Poor Nutrition/Access to Healthy Foods*
	  ○ *Lack of/Access to Physical Activity*
	  ○ *Environmental Barriers*
	  ○ *Health Implications*
	  ○ *Lack of Motivation*
	  ○ *Lack of Physical Activity in Schools*

Sexually Transmitted Diseases	• Gonorrhea Incidence • Chlamydia Incidence

Substance Abuse	• Drug-Induced Deaths
	• *Substance Abuse ranked #6 as a perceived "major problem" in the Online Key Informant Survey; their concerns include:*
	  ○ *Denial & Willingness to Get Help*
	  ○ *Insufficient Services/Facilities*
	  ○ *Financial Barriers*

Tobacco Use	• *Tobacco Use ranked #4 as a perceived "major problem" in the Online Key Informant Survey; their concerns include:*
	  ○ *Prevalence*
	  ○ *Health Consequences*

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in Houston County, Georgia. 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 Houston County column provide trending comparisons, as well as comparisons between local data and any available state and national findings and Healthy People 2020 targets. Symbols indicate whether Houston County compares favorably (☼), unfavorably (☁), or comparably (⛅) to these external data.

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

Social Determinants	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Population in Poverty (Percent)	**14.6**	17.4	14.9		
Population Below 200% FPL (Percent)	**31.9**	37.7	33.6		
Children Below 200% FPL (Percent)	**22.8**	24.1	20.8		
No High School Diploma (Age 25+, Percent)	**12.1**	15.6	14.3		
Unemployment Rate (Age 16+, Percent)	**6.7**	7.4	7.1		
Linguistically Isolated Population (Percent)	**2.1**	3.7	4.9		
		better	similar	worse	

General Health Status	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% "Fair/Poor" Physical Health	**13.7**		15.3		11.7
% Activity Limitations	**21.1**		21.5		16.0
		better	similar	worse	

Access to Health Services	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% [Age 18-64] Lack Health Insurance	**12.6**		15.1	0.0	13.2
% [Insured] Went Without Coverage in Past Year	**3.9**		8.1		6.2
% Difficulty Accessing Healthcare in Past Year (Composite)	**36.1**		39.9		35.2
% Inconvenient Hrs Prevented Dr Visit in Past Year	**12.1**		15.4		16.2
% Cost Prevented Getting Prescription in Past Year	**17.5**		15.8		13.0

Access to Health Services (continued)	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% Cost Prevented Physician Visit in Past Year	**13.1**		18.2		12.2
% Difficulty Getting Appointment in Past Year	**13.7**		17.0		10.8
% Difficulty Finding Physician in Past Year	**11.6**		11.0		9.4
% Transportation Hindered Dr Visit in Past Year	**4.0**		9.4		3.2
% Skipped Prescription Doses to Save Costs	**15.1**		15.3		13.8
% Difficulty Getting Child's Healthcare in Past Year	**4.6**		6.0		7.9
Primary Care Doctors per 100,000	**50.0**	70.1	85.8		
% [Age 18+] Have a Specific Source of Ongoing Care	**75.4**		76.3	95.0	75.0
% [Age 18-64] Have a Specific Source of Ongoing Care	**73.9**		75.6	89.4	
% Have Had Routine Checkup in Past Year	**75.8**		65.0		75.6
% Child Has Had Checkup in Past Year	**88.7**		84.1		91.6
% Two or More ER Visits in Past Year	**11.8**		8.9		12.9
Live in a Health Professional Shortage Area (Percent)	**65.9**	40.3	37.6		
% Rate Local Healthcare "Fair/Poor"	**8.3**		16.5		12.1
		better	similar	worse	

Arthritis, Osteoporosis & Chronic Back Conditions	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% [50+] Arthritis/Rheumatism	48.3		37.3		36.4
% [50+] Osteoporosis	9.5		13.5	5.3	12.2
% Sciatica/Chronic Back Pain	22.1		18.4		17.3
		better	similar	worse	

Cancer	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Cancer (Age-Adjusted Death Rate)	169.1	172.1	173.8	160.6	208.8
Lung Cancer (Age-Adjusted Death Rate)	55.6	52.2	47.6	45.5	
Prostate Cancer (Age-Adjusted Death Rate)	22.4	25.4	21.9	21.2	
Female Breast Cancer (Age-Adjusted Death Rate)	19.1	22.7	22.1	20.6	
Colorectal Cancer (Age-Adjusted Death Rate)	15.5	15.9	15.8	14.5	
Prostate Cancer Incidence per 100,000	127.7	165.7	143.7		
Female Breast Cancer Incidence per 100,000	107.3	121.5	119.7		
Lung Cancer Incidence per 100,000	75.5	70.9	64.9		
Colorectal Cancer Incidence per 100,000	46.7	44.3	43.9		
Cervical Cancer Incidence per 100,000	7.2	8.0	7.7		
% Skin Cancer	7.0		6.7		5.2
% Cancer (Other Than Skin)	4.5		6.1		4.0

Cancer (continued)	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% [Women 40+] Mammogram in Past 2 Years	79.8		80.1		80.8
% [Women 50-74] Mammogram in Past 2 Years	75.3		83.6	81.1	
% [Women 21-65] Pap Smear in Past 3 Years	81.9		83.9	93.0	82.8
% [Age 50+] Sigmoid/Colonoscopy Ever	89.7		75.2		71.5
% [Age 50+] Blood Stool Test in Past 2 Years	30.6		36.9		23.6
% [Age 50-75] Colorectal Cancer Screening	87.4		75.1	70.5	70.9
		better	similar	worse	

Chronic Kidney Disease	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Kidney Disease (Age-Adjusted Death Rate)	30.0	21.5	15.0		16.2
% Kidney Disease	5.0		3.0		
		better	similar	worse	

Diabetes	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Diabetes Mellitus (Age-Adjusted Death Rate)	20.1	18.0	21.2	20.5	29.2
% Diabetes/High Blood Sugar	11.7		11.7		14.0
% Borderline/Pre-Diabetes	6.7		5.1		
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	61.0		49.2		
		better	similar	worse	

Dementias, Including Alzheimer's Disease	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Alzheimer's Disease (Age-Adjusted Death Rate)	26.7	25.1	24.3		19.0
		better	similar	worse	

Family Planning	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Teen Births per 1,000 (Age 15-19)	42.8	45.3	36.6		
		better	similar	worse	

Hearing & Other Sensory or Communication Disorders	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% Deafness/Trouble Hearing	8.7		10.3		9.6
		better	similar	worse	

Heart Disease & Stroke	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Diseases of the Heart (Age-Adjusted Death Rate)	179.6	191.5	181.9	158.9	275.2
Stroke (Age-Adjusted Death Rate)	58.1	46.3	39.6	33.8	67.0
% Heart Disease (Heart Attack, Angina, Coronary Disease)	5.2		6.1		6.2
% Stroke	3.3		3.9		5.2
% Blood Pressure Checked in Past 2 Years	98.1		91.0	92.6	95.8
% Told Have High Blood Pressure (Ever)	38.3		34.1	26.9	41.7
% [HBP] Taking Action to Control High Blood Pressure	92.8		89.2		87.0

Heart Disease & Stroke (continued)	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% Cholesterol Checked in Past 5 Years	86.9		86.6	82.1	92.8
% Told Have High Cholesterol (Ever)	33.6		29.9	13.5	28.5
% [HBC] Taking Action to Control High Blood Cholesterol	93.5		81.4		89.1
% 1+ Cardiovascular Risk Factor	85.0		82.3		88.0
		better	similar	worse	

HIV	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
HIV/AIDS (Age-Adjusted Death Rate)	3.1	7.0	4.0	3.3	
HIV Prevalence per 100,000	150.3	428.8	340.4		
% [Age 18-44] HIV Test in the Past Year	40.0		19.3	18.9	28.0
		better	similar	worse	

Immunization & Infectious Diseases	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% Have Had a Flu Vaccination in the Past Year	43.5		41.0		49.0
% [High-Risk 18-64] Flu Vaccine in Past Year	40.8		45.9	90.0	63.9
% Have Ever Had a Pneumonia Vaccination	38.5		31.9		32.2
% [High-Risk 18-64] Pneumonia Vaccine Ever	30.9		41.9	60.0	48.3
% Have Completed Hepatitis B Vaccination Series	50.9		44.7		41.1
		better	similar	worse	

Injury & Violence Prevention	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Unintentional Injury (Age-Adjusted Death Rate)	**38.4**	41.0	38.0	36.0	37.0
Motor Vehicle Crashes (Age-Adjusted Death Rate)	**13.3**	14.9	11.8	12.4	15.9
% "Always" Wear Seat Belt	**93.0**		84.8	92.0	89.4
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	**97.0**		92.2		91.9
% Child [Age 5-17] "Always" Wears Bicycle Helmet	**60.1**		48.7		
Firearm-Related Deaths (Age-Adjusted Death Rate)	**13.7**	12.6	10.2	9.2	10.9
% Firearm in Home	**49.6**		34.7		46.7
% [Homes With Children] Firearm in Home	**47.6**		37.4		41.7
% [Homes With Firearms] Weapon(s) Unlocked & Loaded	**25.6**		16.8		24.5
Homicide (Age-Adjusted Death Rate)	**4.5**	7.4	6.0	5.5	
Violent Crime per 100,000	**335.3**	378.9	386.8		
% Victim of Violent Crime in Past 5 Years	**4.0**		2.8		3.1
% Victim of Domestic Violence (Ever)	**15.9**		15.0		13.9
		better	similar	worse	

Maternal, Infant & Child Health	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
No Prenatal Care in First Trimester (Percent)	16.7	13.8	17.3	21.1	
Low Birthweight Births (Percent)	8.9	9.5	8.2	7.8	
Infant Death Rate	8.9	7.5	6.3	6.0	10.0
		better	similar	worse	

Mental Health & Mental Disorders	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% "Fair/Poor" Mental Health	8.5		11.9		6.9
% Diagnosed Depression	15.5		20.4		
% Symptoms of Chronic Depression (2+ Years)	23.2		30.4		23.3
Suicide (Age-Adjusted Death Rate)	11.9	11.0	11.8	10.2	9.2
% Have Ever Sought Help for Mental Health	19.8		23.7		19.3
% Typical Day Is "Extremely/Very" Stressful	6.6		11.9		9.3
		better	similar	worse	

Nutrition & Weight Status	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% Eat 5+ Servings of Fruit or Vegetables per Day	32.7		39.5		44.1
% "Very/Somewhat" Difficult to Buy Fresh Produce	21.3		24.4		
Population With Low Food Access (Percent)	42.3	31.5	23.6		

Nutrition & Weight Status (continued)	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% Medical Advice on Nutrition in Past Year	**44.6**		39.2		47.9
% Healthy Weight (BMI 18.5-24.9)	**29.2**		34.4	33.9	30.4
% Overweight (BMI 25+)	**68.7**		63.1		68.9
% Obese (BMI 30+)	**30.3**		29.0	30.5	30.7
% Medical Advice on Weight in Past Year	**29.3**		23.7		29.3
% [Obese Adults] Counseled About Weight in Past Year	**56.8**		48.3		
% [Overweights] Trying to Lose Weight Both Diet/Exercise	**44.4**		39.5		35.2
% Children [Age 5-17] Overweight (85th Percentile)	**33.4**		31.5		22.6
% Children [Age 5-17] Obese (95th Percentile)	**23.1**		14.8	14.5	9.0
		better	similar	worse	

Oral Health	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% [Age 18+] Dental Visit in Past Year	**75.8**		65.9	49.0	67.8
% Child [Age 2-17] Dental Visit in Past Year	**87.0**		81.5	49.0	82.9
% Have Dental Insurance	**67.3**		65.6		70.1
		better	similar	worse	

Physical Activity	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% No Leisure-Time Physical Activity	**15.0**		20.7	32.6	24.9
% Meeting Physical Activity Guidelines	**51.0**		50.3		47.0
% Moderate Physical Activity	**25.8**		30.6		25.0
% Vigorous Physical Activity	**45.8**		38.0		38.9
Population With Park Access (Percent)	**3.3**	17.4	38.0		
Recreation/Fitness Facilities per 100,000	**7.2**	7.7	9.6		
% Medical Advice on Physical Activity in Past Year	**53.3**		44.0		47.3
% Child [Age 2-17] Physically Active 1+ Hours per Day	**53.1**		48.6		
		better	similar	worse	

Respiratory Diseases	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
CLRD (Age-Adjusted Death Rate)	**44.3**	44.9	42.8		52.1
Pneumonia/Influenza (Age-Adjusted Death Rate)	**25.2**	18.6	16.1		22.3
% COPD (Lung Disease)	**13.5**		8.6		7.7
% [Adult] Currently Has Asthma	**10.7**		9.4		8.0
% [Child 0-17] Currently Has Asthma	**2.4**		7.1		12.7
		better	similar	worse	

Sexually Transmitted Diseases	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Gonorrhea Incidence per 100,000	**159.8**		107.5		
Chlamydia Incidence per 100,000	**500.3**	534.1	456.7		
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	**19.5**		11.7		11.5
% [Unmarried 18-64] Using Condoms	**38.8**		33.6		40.7
		better	similar	worse	

Substance Abuse	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	**7.9**	7.1	9.3	8.2	10.5
% Current Drinker	**42.9**		56.5		40.8
% Chronic Drinker (Average 2+ Drinks/Day)	**2.4**		5.2		3.9
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	**12.2**		19.5	24.4	12.2
% Drinking & Driving in Past Month	**1.9**		5.0		4.1
Drug-Induced Deaths (Age-Adjusted Death Rate)	**10.4**	10.2	12.7	11.3	7.4
% Illicit Drug Use in Past Month	**3.6**		4.0	7.1	2.4
% Ever Sought Help for Alcohol or Drug Problem	**2.7**		4.9		3.6
		better	similar	worse	

Tobacco Use	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% Current Smoker	12.7		14.9	12.0	18.6
% Someone Smokes at Home	10.7		12.7		12.1
% [Non-Smokers] Someone Smokes in the Home	5.5		6.3		5.8
% [Household With Children] Someone Smokes in the Home	11.5		9.7		10.7
% Smoke Cigars	1.9		4.1	0.2	4.5
% Use Smokeless Tobacco	4.2		4.0	0.3	1.7
		better	similar	worse	

Vision	Houston County	Houston County vs. Benchmarks			
		vs. GA	vs. US	vs. HP2020	TREND
% Blindness/Trouble Seeing	8.0		8.5		4.7
% Eye Exam in Past 2 Years	61.0		56.8		69.0
		better	similar	worse	

Planning & Establishing Priorities

Establishing Priorities for the Community Benefit Plan

This Community Assessment serves as a major resource for the planning group. Also, contributing to the planning is the discussion with other community partners on community needs. Feedback from several coalitions was also considered important because often it was from people working directly with a certain population. It was noted that according to which coalition or group was providing information, the number-one priority was different, but overall the same concerns were shared. Resources from other organizations or coalitions were reviewed to prevent duplication of services and enhance resources. Other organizations' resources were also reviewed to ensure identified needs were met. Lastly, a review of past year community outreach activities also contributed to planning.

Identifying Priorities

The community served by Houston Healthcare has multiple health needs.

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

1. Magnitude of the problem or number of people impacted by the problem
2. Severity of the problem or the risk of associated morbidity/mortality
3. Historical trend
4. Alignment of the problem with the organization's strengths and priorities
5. Impact of the problem on vulnerable populations
6. Importance of the problem to the community
7. Existing resources to address the problem
8. Feasibility of change
9. Consequences of not addressing this problem

Process and Methods Utilized to Determine Priorities for the Community Benefit Plan

The process utilized for establishing priorities included ranking, as well as discussion with internal departments and external organizations. The final prioritization was made by the Community Benefit Work Group after reviewing the Community Health Needs Assessment, as well as the information from internal and community partners.

The following is a summary of information reviewed and discussed.

1. **PRC Assessment** — A Community Health Needs Assessment (this report) was completed by PRC in November 2014. This was a major source of information to review in setting priorities. The following items were identified through the PRC Community Assessment as "Areas of Opportunity".

Focus Area	Health Concern
Modifiable Risk Factors	• Tobacco and substance abuse • Nutrition, physical activity and weight status • Substance abuse, drug abuse • Pneumonia and influenza vaccination • Injury and violence prevention — motor vehicle crash deaths, firearm-related deaths • Sexually transmitted diseases — gonorrhea, chlamydia incidence
Access to Health Services	• Source of ongoing medical care, emergency room utilization, supply of primary care doctors, percent of population living in a HPSA
Chronic Disease Management	• Cancer — cancer death rates/# 1 leading cause of death, lung cancer deaths and incidence, colorectal cancer incidence • Heart disease and stroke — #2 and #3 leading causes of death, stroke death rate • Chronic kidney disease • Mental health — suicide rate • Respiratory diseases — pneumonia/ influenza death rate • Dementias — Alzheimer's disease deaths • Arthritis prevalence
Vulnerable Population	• Maternal, infant and child health — percentage or incidence of low birthweight newborns, infant death rate, teen birth rate

2. **Key Informant Survey** — As a part of the online key informant survey, participants were asked what they individually perceive as the top health priorities for the community. The informants included persons from Public Health, District Public Health along with representatives from numerous community organizations. The summary of collected responses, along with their ranking of concerns is listed below:

Focus Area	Top 5 Perceived Health Problems
Chronic Disease Management	• Diabetes ranked #1 as perceived major problem- concerns included poor nutrition, need for disease management, education, and financial barriers • Mental health and mental disorders ranked as #2 of perceived major problem- concerns included lack of resources and access difficulties • Heart Disease and Stroke- ranked as #5 of perceived major problems- concerns included prevalence, stress, lifestyle choices and access to care
Modifiable Risk Factors	• Nutrition, physical activity and weight – ranked as #3, concerns shared included poor nutrition and access to healthy foods, lack of access to physical activity, environmental barriers, lack of motivation, lack of physical activity in schools • Tobacco use ranked as #4, concerns included prevalence and health consequences

3. **Houston County Volunteer Medical Clinic —** The Houston County Volunteer **Medical** clinic is a free clinic for Houston County residents who are under 200% of the poverty level, are uninsured, but have a job. Their Director was asked to share the reasons clients are seen in the clinic. It was noted that this group of patients are of working age. The top diagnoses are below:

Chronic Disease Management	• Total Patients enrolled as of July 2014= 234 • Number of Patients re-enrolled in 2014= 178 • Percentage of visits by type: Gyn- 45 visits or 8.8%; Medical- 464 visits or 91.2 % • Top Diagnoses: ▪ Hypertension ▪ Hyperlipidemia ▪ Diabetes ▪ GERD
Modifiable Risk Factors	• Obesity

4. **Coalition Discussion** — Several coalitions were asked for their input in prioritizing needs. Below is a short summary of those discussions.

- **Perinatal Coalition** — The Perinatal Coalition is led by Houston Healthcare with the goal of providing optimal prenatal care and services for all women. Priorities discussed by this coalition included: (1)Infant Mortality, (2) Rates of low birth weight newborns, rates of premature delivery (3), Access to Care for lower income women (4) Additional education and assistance for women with a higher risk pregnancy, (5) The challenge of teen pregnancy (6) Increasing the number of women who breastfeed.

- **Leadership Robins Regional** — This program includes representatives from various organizations. The purpose of the group is to provide leadership development. This group stated priorities of 1) Nutrition, 2) Obesity, 3) Exercise. The group suggested a wellness center was needed for the community.

- **Kid's Journey Coalition** — This Coalition is made up of service providers for children. Their priorities include 1) Crimes committed by youth 2) exploring reason for increasing numbers of crimes, example: need for after school programs, 3) Prevention of child abuse and neglect, 4) Obesity, 5) Families who are homeless or who do not have adequate food. 6) Poverty 7) Youth who do not finish high school.

- **Safe Kids Coalition** — This Coalition includes Community Service organizations such Fire Department, Police Department, Rainbow House and others. Their goal is prevention of accidents and injury among kids. Their list of identified health needs included (1) appropriate usage of car seats and car beds, (2) booster seats, (3) poison prevention, (4) bike safety and (5) fire safety.

- **Worrall Foundation** — Concern expressed were lack of parks, and other opportunities for families to exercise, and obesity rates. The priority of this local community foundation is to create parks.

- **Faith Community Nurses** — The goal of this program is to address modifiable risk factors, early identification of illness, and to improve the access to care.

5. **Review of other community surveys or assessments examples include:**

   - 2013 Georgia Kid's Count Data snapshot Birth to 21 — Georgia Family Connection Partnership
   - System of Care — Comprehensive Teen Pregnancy Prevention for Houston County, May 2011
   - 2013 Georgia Department of Public Health, North Central Health District, Houston County — Health Status Report
   - 2013 Teen Health forum Data Analysis Report — Mercer University College of Health Professions, Master of Public Health Program, August 12, 2013
   - March of Dimes 2014 — Premature Birth Rate for Georgia
   - 2014 County Health Rankings and Roadmaps — Robert Wood Johnson Foundation/ University of Wisconsin Health Institute
   - Healthy People 2020
   - Senior Care Survey, November 2014
   - Community Education 2014 Surveys

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

   - **Children and Youth**: Kid's Journey Coalition, Houston County Schools, Rainbow House, Houston Hot Shots, Houston County Health Department, CASA, Houston County Safe Kids Coalition, Houston County Extension Service
   - **Socio-Economic Needs**: Middle Georgia Tech, Perry Volunteer Outreach, Local churches & Faith Based Organizations, Middle Georgia Community Action Agency, Housing Authority Partnership
   - **Access to Care**: Houston County Volunteer Medical Clinic, The Vine Clinic, Community Health Works, United Way 211 Call Center, Rehoboth Life Care Ministries Dental Clinic, Komen For the Cure, First Choice Primary Care
   - **Behavioral Health and Substance Abuse**: HODAC, Phoenix Center, Suicide Prevention Coalition, District Public Health, STARS, Robins Air Force Base Family Services
   - **Emergency Preparedness, community infections, or epidemics**: District Public Health, Houston County Health Department, Houston Healthcare Emergency Medical Services
   - **Persons with disabilities or persons unable to live alone**: Carter Institute Care Net Coalition, Houston County Aging Coalition, Area Agency on Aging
   - **Adequate Health Workforce**: Middle Georgia Tech College, Macon State College, Mercer University AHEC (Area Health Education Center), Georgia

Southern, Philadelphia College of Osteopathic Medicine, Middle Georgia College, University of Georgia, Georgia Southwestern University

Areas of Need Identified That Are Addressed By Other Community Agencies

Behavioral Health and Substance Abuse — Houston Healthcare assist with other agencies in addressing the behavioral health, and substance abuse needs in the community, however, agencies such as HODAC, Phoenix Behavioral Center, Suicide Prevention Coalition and others lead these efforts.

Sexually Transmitted Diseases — Treatment and prevention education is led by Houston County Health Department along with District Public Health.

Transportation to Health Care Services — Transportation to services is provided by private companies, as well as some churches providing assistance, along with LogistiCare available for Medicaid recipients. Perry Volunteer Outreach assists some patients with transportation. In addition the American Cancer Society has a transportation service for persons diagnosed with cancer. The City officials are also reviewing the need for public transportation.

Accident Prevention/Safety — Houston County Safe Kids leads the efforts on child safety. AARP provides Driving Safety Classes for adults.

Finalizing the Priority Areas for 2015- 2018

The Community Benefit Work Group reviewed and discussed all the information. Below are the final priorities for the implementation plan.

Priorities	Focus Area
Modifiable Risk Factors	• Nutrition, Obesity, Exercise, Tobacco Usage
Access to Health Services	• Financial Assistance Plan, Communication and assistance navigating health resources available, Increasing the number of physicians and health care staff available, Decreasing re-admissions, Maintaining resources available for lower income and uninsured residents
Chronic Disease Management	• Cancer • Cardiovascular disease — heart disease, heart failure, stroke, hypertension • Chronic Kidney Disease • COPD • Diabetes
Vulnerable Population	• Maternal, Infant — premature deliveries, women with higher socio-economic or medical risk , infant mortality • Elderly — due to higher risk of death, disease, disability, and due to increased need for health services

COMMUNITY DESCRIPTION

Population Characteristics

Total Population

Houston County, the focus of this Community Health Needs Assessment, encompasses 375.44 square miles and houses a total population of 140,699 residents, according to latest census estimates.

Total Population
(Estimated Population, 2008-2012)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Houston County	**140,699**	**375.44**	**374.76**
Georgia	9,714,569	57,498.67	168.95
United States	309,138,709	3,530,997.60	87.55

Sources: • Community Commons. Retrieved July 2014 from http://www.chna.org.
Notes: • Data are derived from the U.S. Census Bureau American Community Survey 5-year estimates (2008-2012).

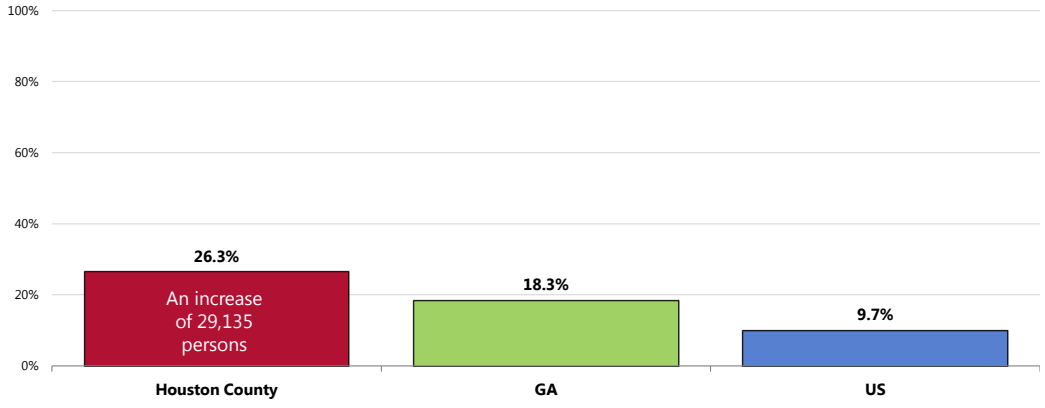
Population Change 2000-2010

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

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

- A greater proportional increase than seen across the state of Georgia.
- A much greater proportional increase than seen nationwide.

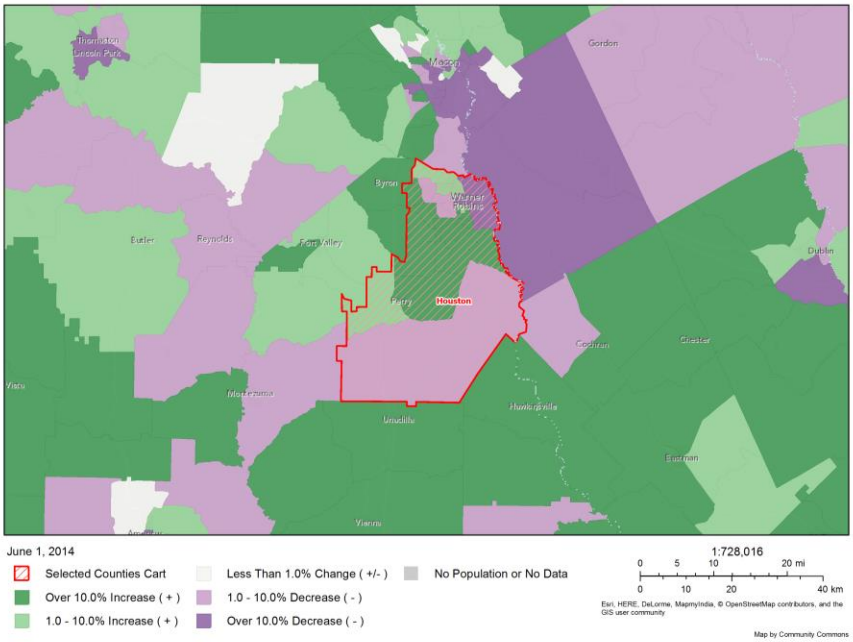
Change in Total Population
(Percentage Change Between 2000 and 2010)



Sources: • Community Commons. Retrieved July 2014 from http://www.chna.org.
Notes: • A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.
• Data are derived from the U.S. Census Bureau Decennial Census (2000-2010).

- Note that, while the population in central Houston County increased, certain census tracts in southern and northern parts of the county have seen decreases in population.

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



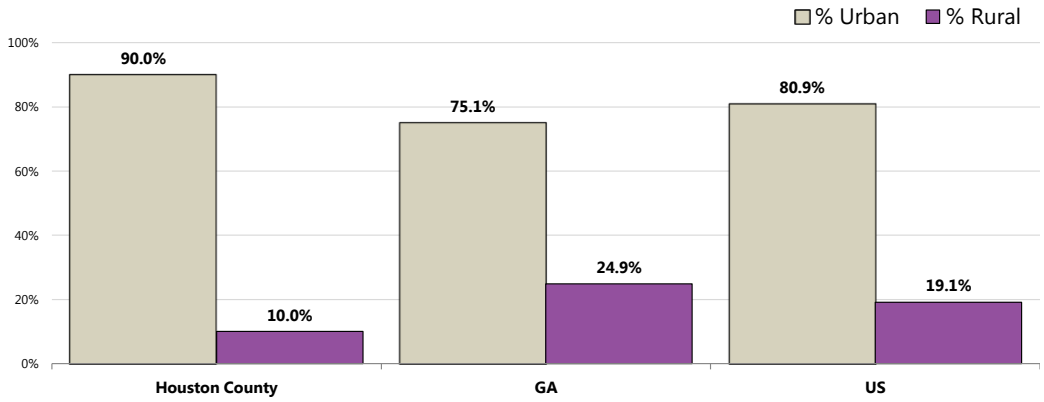
Urban/Rural Populations

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

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

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

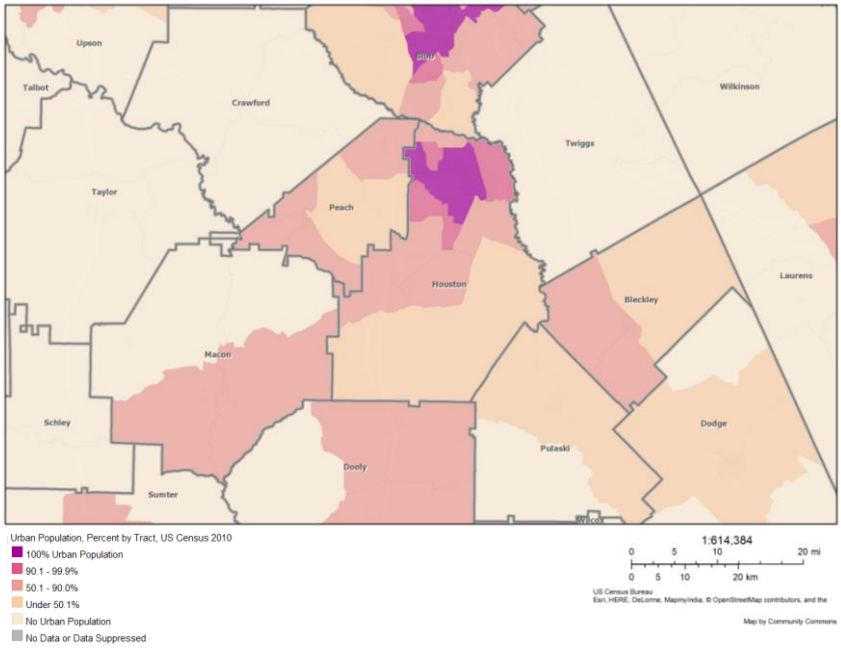
Urban and Rural Population
(2010)



Sources: • Community Commons. Retrieved July 2014 from http://www.cnha.org.
Notes: • This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.
• Data are derived from the U.S. Census Bureau Decennial Census (2010).

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

Urban Population, Percent by Tract, US Census 2010



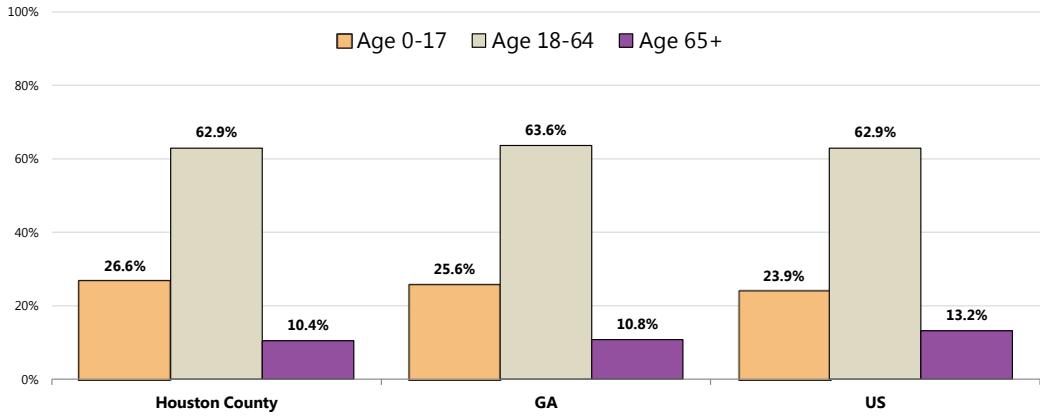
Age

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

In Houston County, 26.6% of the population are infants, children and adolescents (age 0-17); another 62.9% are age 18 to 64, while 10.4% are age 65 and older.

- The percentage of older adults (65+) is almost identical to that found statewide.
- The percentage of older adults (65+) is lower than the US figure.

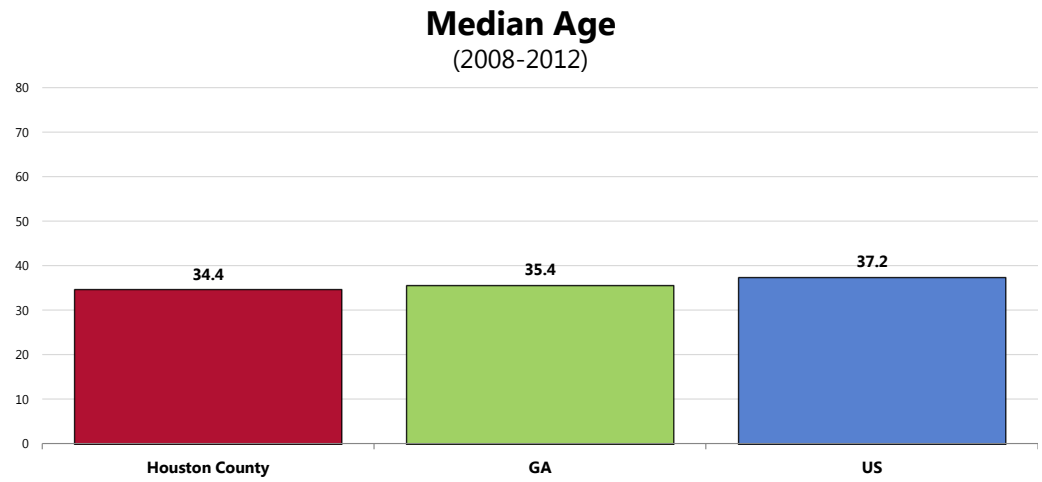
Total Population by Age Groups, Percent
(2008-2012)



Sources: • Community Commons. Retrieved July 2014 from http://www.chna.org.
Notes: • Data are derived from the U.S. Census Bureau American Community Survey 5-year estimates (2008-2012).

Median Age

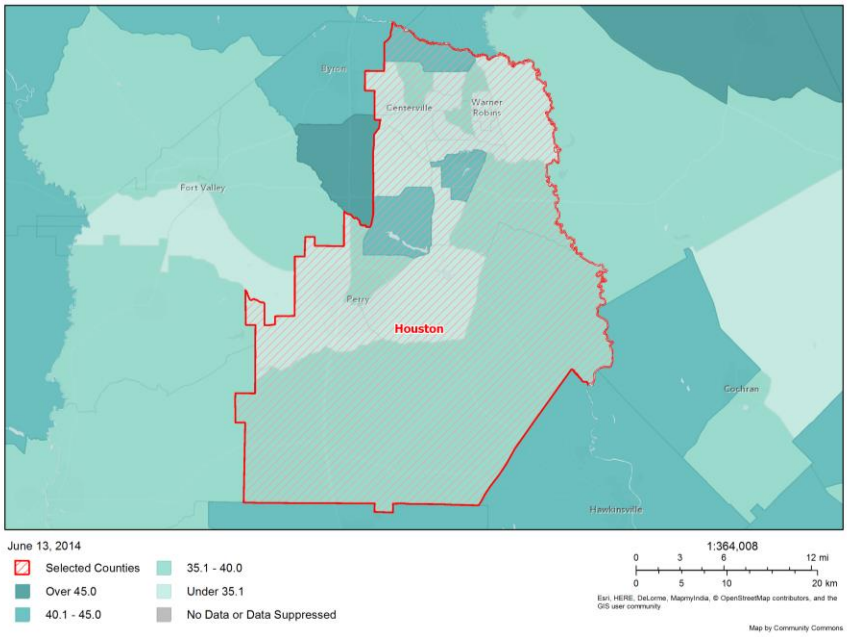
Houston County is "younger" than the state and the nation in that the median age is lower.



Sources: • Community Commons. Retrieved July 2014 from http://www.chna.org.
Notes: • Data are derived from the U.S. Census Bureau American Community Survey 5-year estimates (2008-2012).

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

Median Age, by Tract, ACS 2008-2012

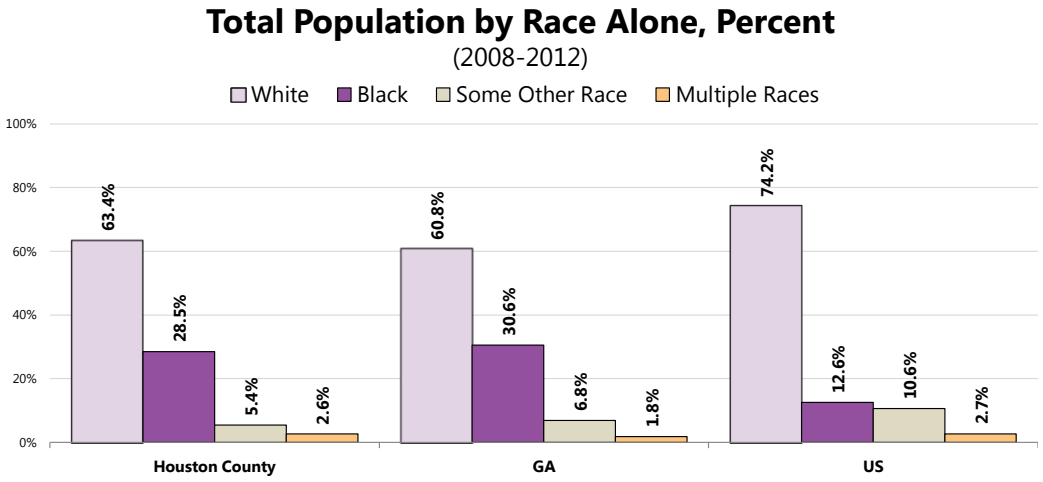


Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin)**, 63.4% of residents in Houston County are White and 28.5% are Black.**

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

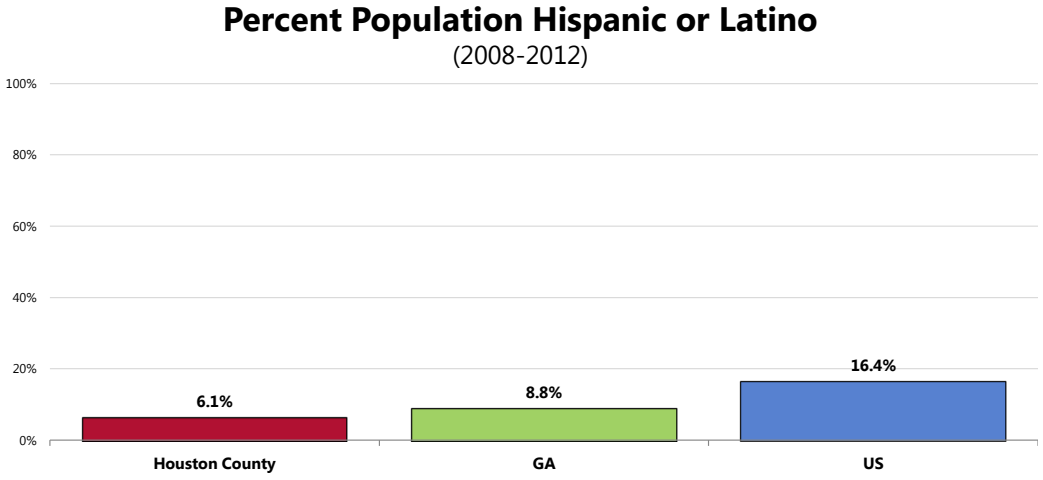


Sources: • Community Commons. Retrieved July 2014 from http://www.chna.org.
Notes: • Data are derived from the U.S. Census Bureau American Community Survey 5-year estimates (2008-2012).

Ethnicity

A total of 6.1% of Houston County residents are Hispanic or Latino.

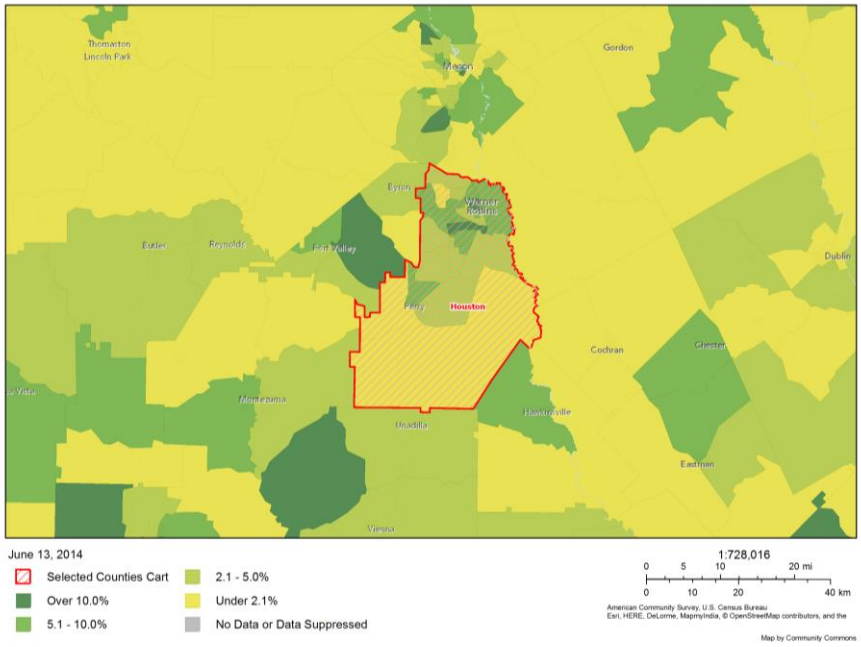
- Lower than found statewide.
- Lower than found nationally.



Sources: • Community Commons. Retrieved July 2014 from http://www.chna.org.
Notes: • Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.
• Data are derived from the U.S. Census Bureau American Community Survey 5-year estimates (2008-2012).

- The Hispanic population appears to be most concentrated in northern Houston County.

Population Hispanic or Latino, Percent by Tract, ACS 2008-2012

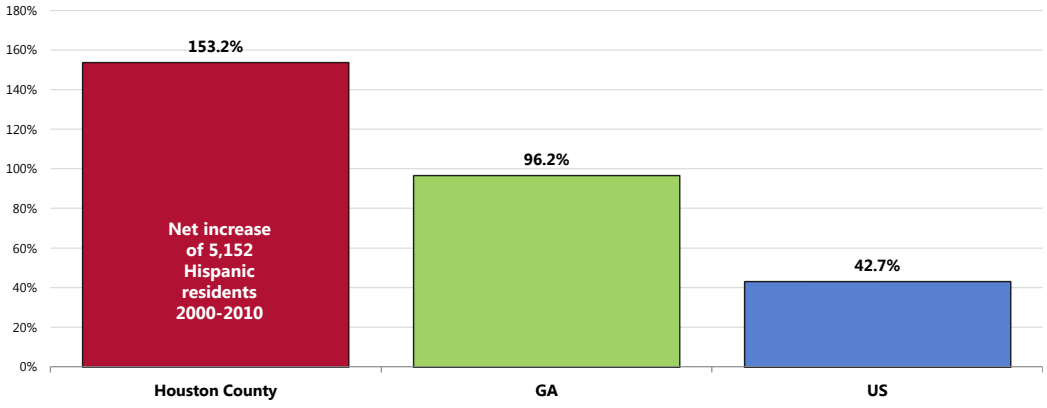


Between 2000 and 2010, the Hispanic population in Houston County increased by 5,152, or 153.2%.

- Proportionally much higher than found statewide.
- Proportionally much higher than found nationally.

Hispanic Population Change

(Percentage Change in Hispanic Population Between 2000 and 2010)

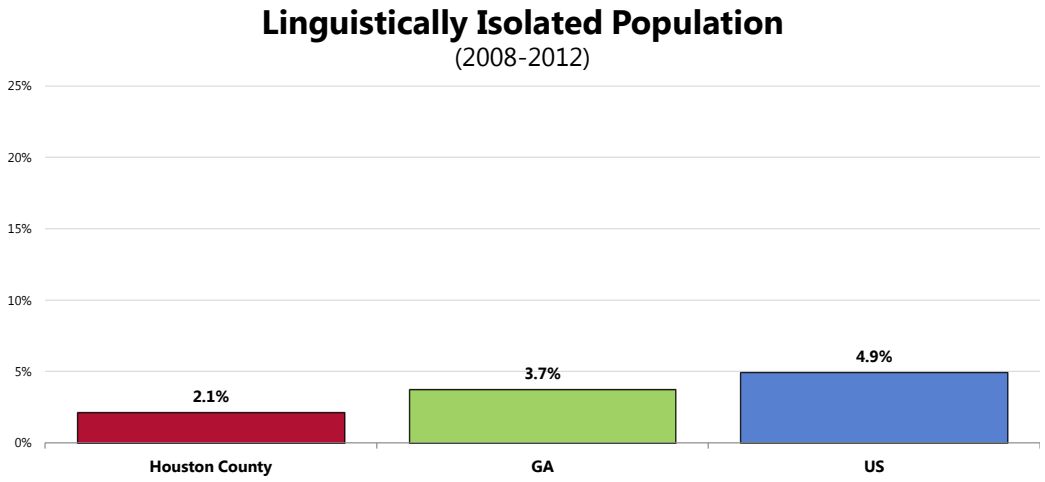


Sources: • Community Commons. Retrieved July 2014 from http://www.chna.org.
Notes: • Data are derived from the U.S. Census Bureau Decennial Census (2000-2010).

Linguistic Isolation

A total of 2.1% of Houston County population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English, or speaking English "very well")**.**

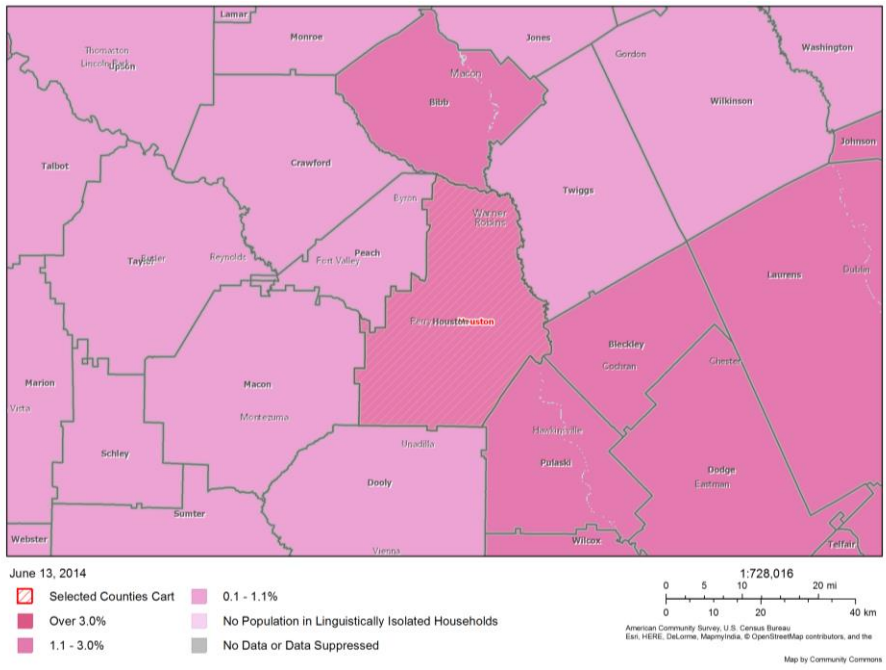
- Lower than found statewide.
- Lower than found nationally.



Sources: • Community Commons. Retrieved July 2014 from http://www.chna.org.
Notes: • This indicator reports the percentage of the population aged 5 and older who live in a home in which no person 14 years old and over speaks only English, or in which no person 14 years old and over speak a non-English language and speak English "very well."
• Data are derived from the U.S. Census Bureau American Community Survey 5-year estimates (2008-2012).

- Note the following illustration of linguistically isolated households in Houston County.

Population in Linguistically Isolated Households, Percent by Tract, ACS 2007-2011



Social Determinants of Health

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

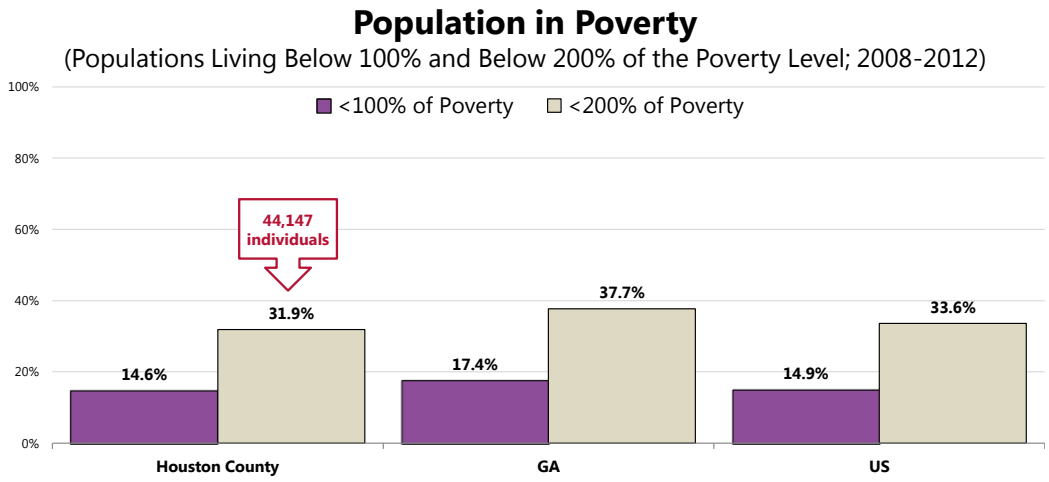
– Healthy People 2020 (www.healthypeople.gov)

Poverty

The latest census estimate shows 14.6% of Houston County population living below the federal poverty level.

In all, 31.9% (an estimated 44,147 individuals) **of Houston County residents live below 200% of the federal poverty level.**

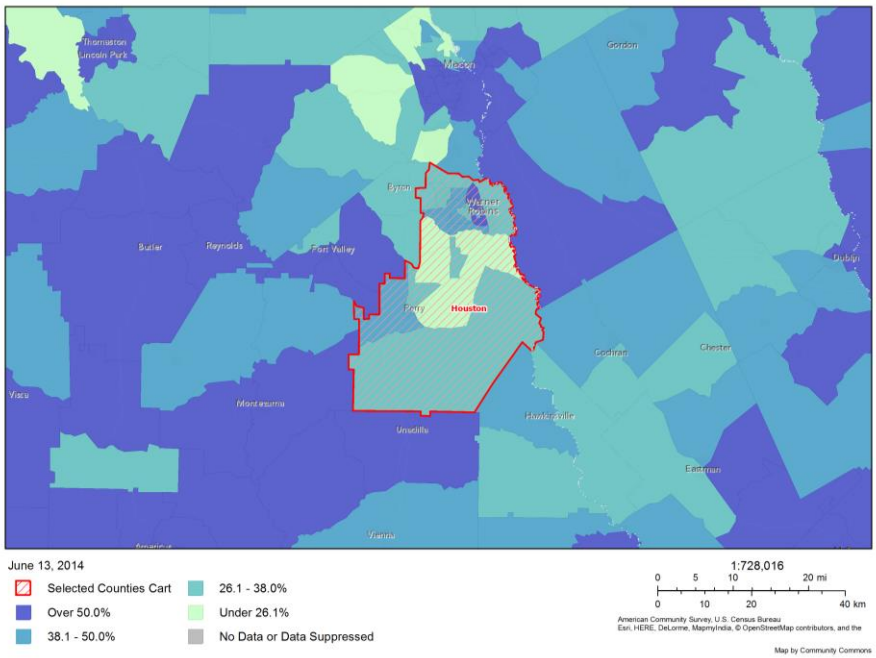
- Lower than the proportion reported statewide.
- Lower than found nationally.



Sources: • Community Commons. Retrieved July 2014 from http://www.chna.org.
Notes: • Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.
• Data are derived from the U.S. Census Bureau American Community Survey 5-year estimates (2008-2012).

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

Population Below 200% of Poverty, Percent by Tract, ACS 2008-2012



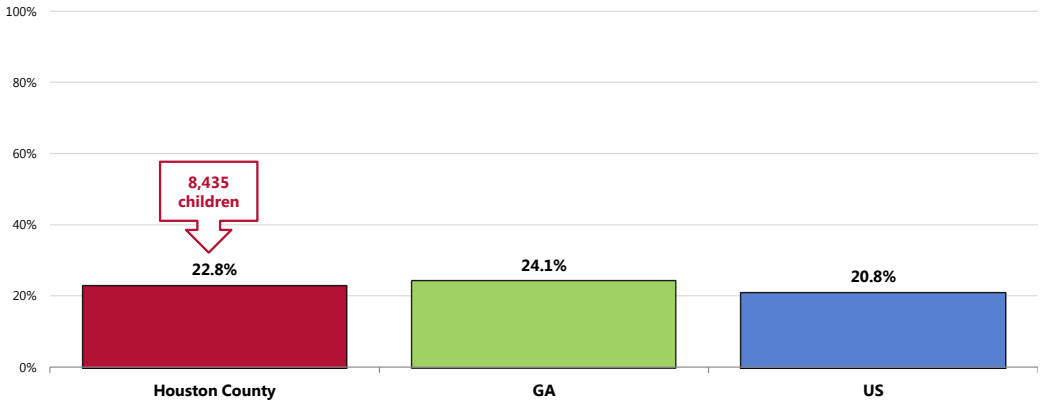
Children in Low-Income Households

Additionally, 22.8% of Houston County children age 0-17 (representing an estimated 8,435 children) **live below the 200% poverty threshold.**

- Below the proportion found statewide.
- Above the proportion found nationally.

Percent of Children in Low-Income Households

(Children 0-17 Living Below 200% of the Poverty Level, 2008-2012)

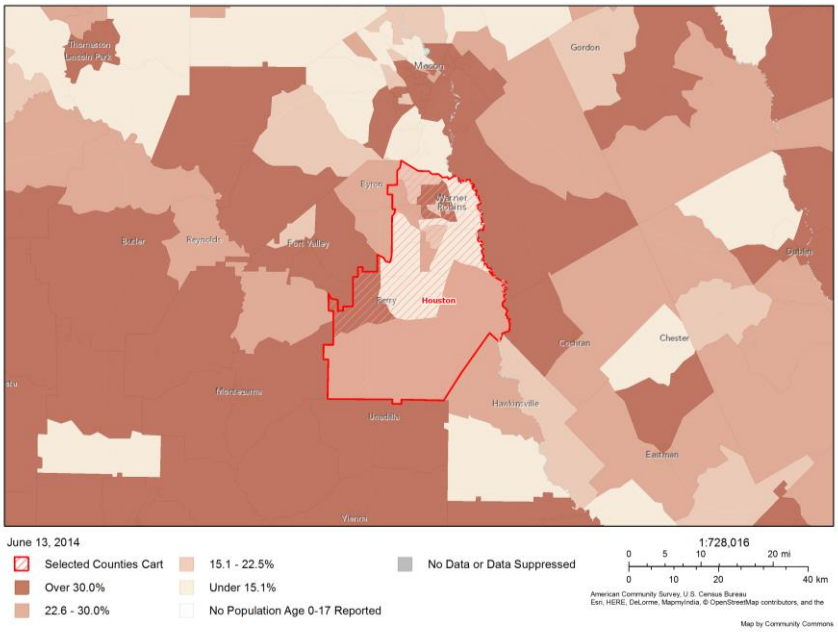


Sources: • Community Commons. Retrieved July 2014 from http://www.chna.org.

Notes: • This indicator reports the percentage of children aged 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.
• Data are derived from the U.S. Census Bureau American Community Survey 5-year estimates (2008-2012).

- Geographically, a notably higher concentration of children in lower-income households can be found in the Warner Robins area of Houston County.

Children (0-17) Living Below 200% of Poverty, Percent by Tract, ACS 2008-2012



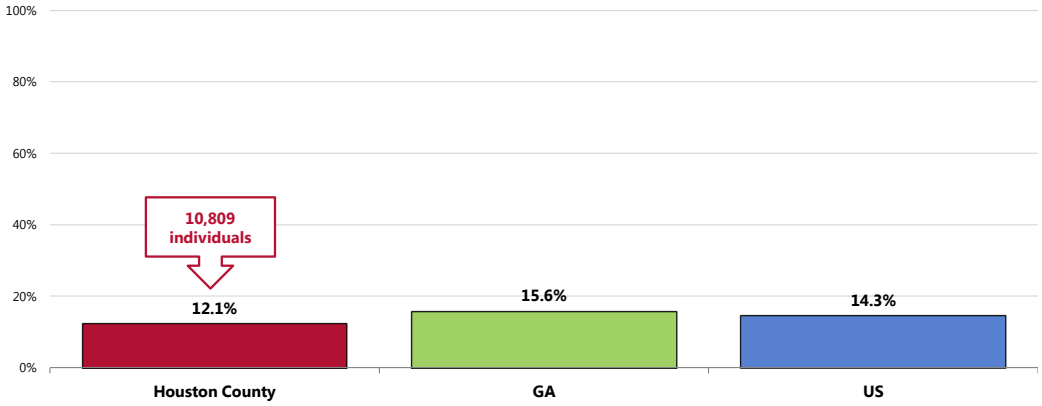
Education

Among the Houston County population age 25 and older, an estimated 12.1% (over 10,800 people) **do not have a high school education.**

- More favorable than found statewide.
- More favorable than found nationally.

Population With No High School Diploma

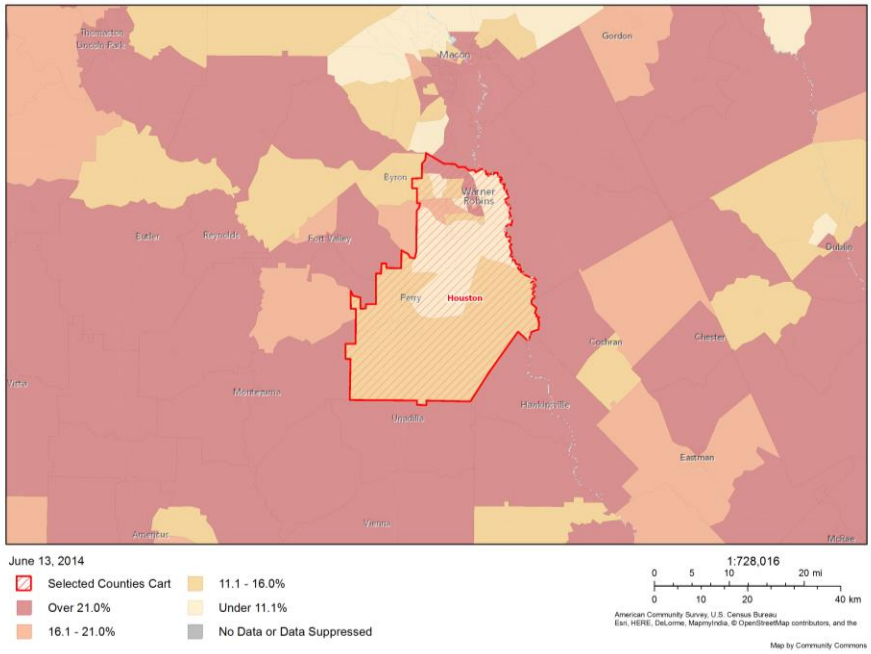
(Percent of Population Age 25+ Without a High School Diploma or Equivalent, 2008-2012)



Sources: • Community Commons. Retrieved July 2014 from http://www.chna.org.
Notes: • This indicator is relevant because educational attainment is linked to positive health outcomes.
• Data are derived from the U.S. Census Bureau American Community Survey 5-year estimates (2008-2012).

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

Population With No High School Diploma, Percent by Tract, ACS 2008-2012



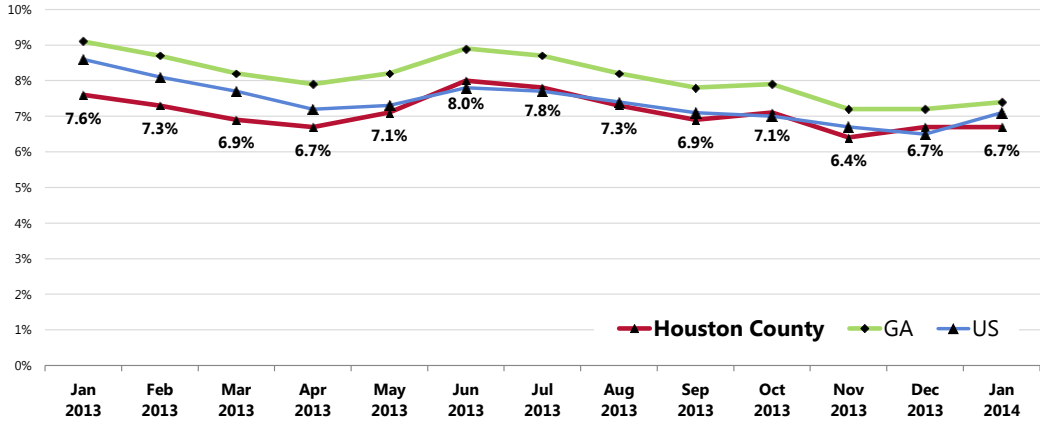
Employment

According to data derived from the US Department of Labor, the unemployment rate in Houston County in January 2014 was 6.7%.

- More favorable than the statewide unemployment rate.
- More favorable than the national unemployment rate.
- Unemployment for Houston County generally trended downward in the second half of the prior calendar year.

Unemployment Rate

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



Sources: • Community Commons. Retrieved July 2014 from http://www.chna.org.

Notes: • This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.
• Data are derived from the U.S. Department of Labor, Bureau of Labor Statistics.

GENERAL HEALTH STATUS

Overall Health Status

Self-Reported Health Status

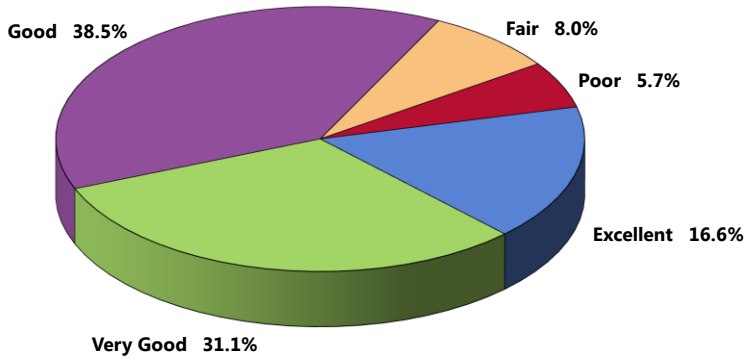
The initial inquiry of the PRC Community Health Survey asked respondents the following:

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

Nearly half of Houston County adults (47.7%) rate their overall health as "excellent" or "very good."

- Another 38.5% gave "good" ratings of their overall health.

Self-Reported Health Status
(Houston County, 2014)



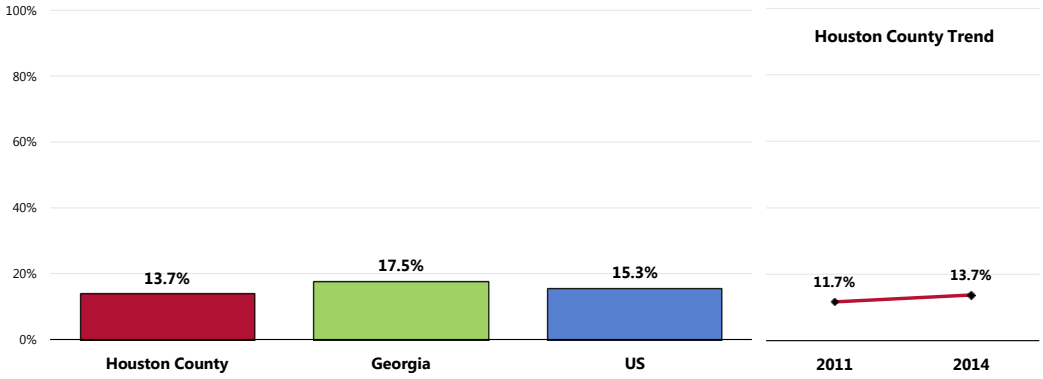
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 13.7% of Houston County adults believe that their overall health is "fair" or "poor."

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

- Statistically similar to statewide findings.
- Statistically similar to the national percentage.
- No statistically significant change has occurred when compared with 2011 survey results.

Experience "Fair" or "Poor" Overall Health



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 5]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Georgia data.
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

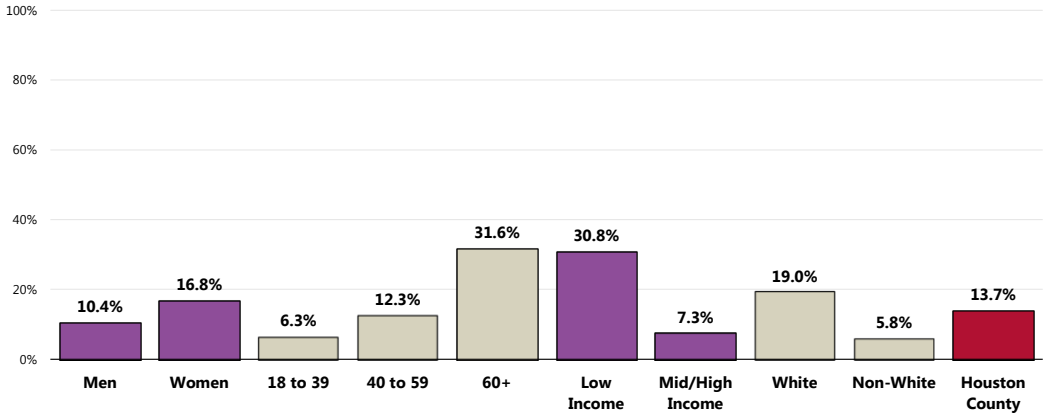
Adults more likely to report experiencing "fair" or "poor" overall health include:

- Seniors (note the positive correlation with age).
- Residents living at lower incomes.
- Non-Hispanic White residents, when compared with Non-Whites.
- 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, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

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 healthcare 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 healthcare 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 healthcare professionals.

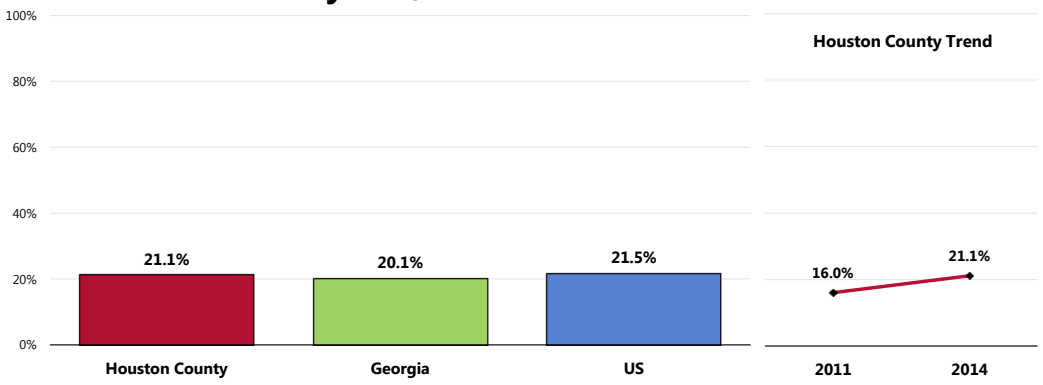
– Healthy People 2020 (www.healthypeople.gov)

A total of 21.1% of Houston County adults are limited in some way in some activities due to a physical, mental or emotional problem.

- Comparable to the prevalence statewide.
- Comparable to the national prevalence.
- Statistically unchanged since 2011.

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

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



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 105]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Georgia data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

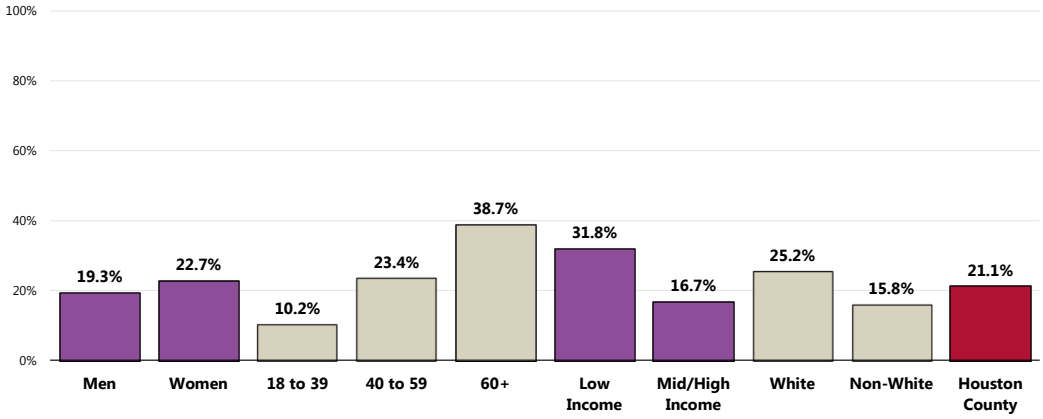
Notes:
- Asked of all respondents.

In looking at responses by key demographic characteristics, note the following:

- Adults age 40 and older are much more often limited in activities (positive correlation with age).
- Residents in households with lower incomes are more likely to report some type of activity limitation.

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

(Houston County, 2014)



Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]

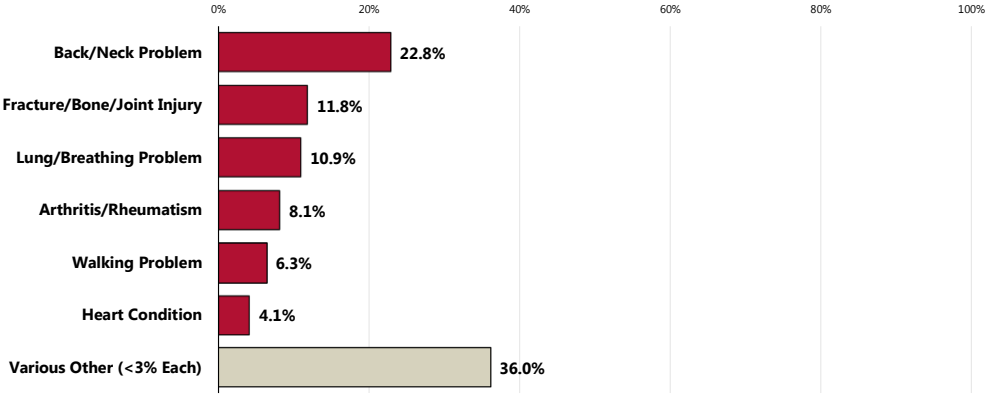
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

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

Other limitations frequently mentioned include lung/breathing problems and heart conditions.

Type of Problem That Limits Activities

(Among Those Reporting Activity Limitations; Houston County, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
Notes: • Asked of those respondents reporting activity limitations.

Mental Health & Mental Disorders

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

Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. 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

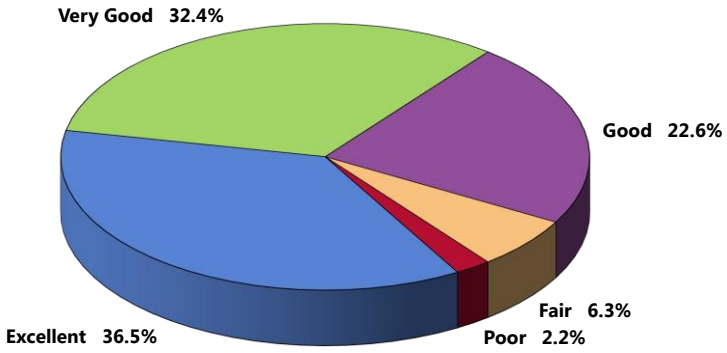
Self-Reported Mental Health Status

"Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?"

A total of 68.9% of Houston County adults rate their overall mental health as "excellent" or "very good."

- Another 22.6% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status
(Houston County, 2014)

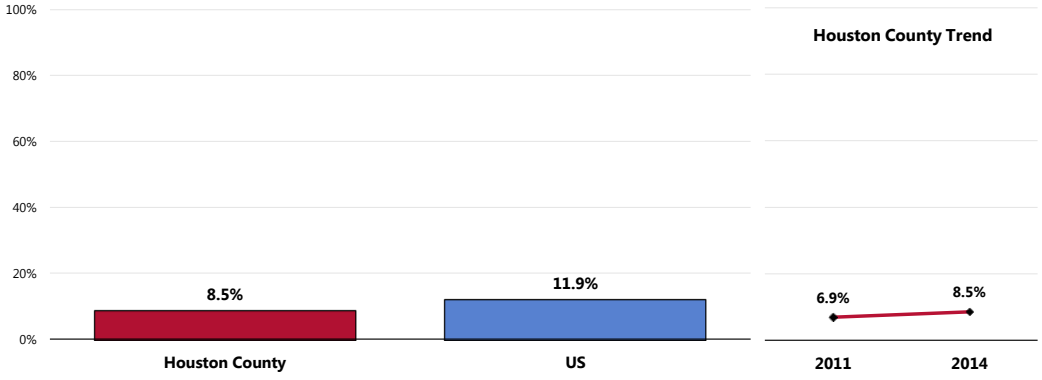


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
Notes: • Asked of all respondents.

A total of 8.5% of Houston County adults, however, believe that their overall mental health is "fair" or "poor."

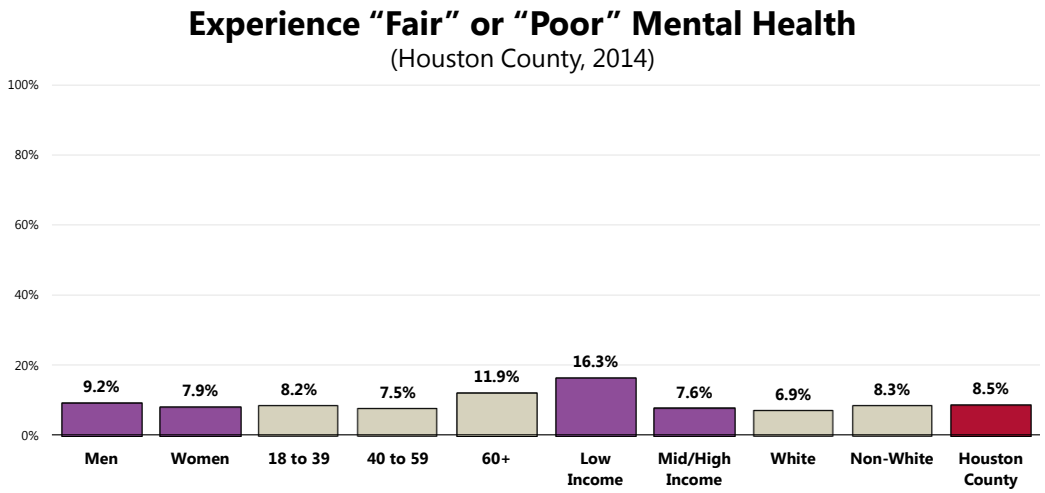
- Similar to the "fair/poor" response reported nationally.
- Similar to previous Houston County survey findings.

Experience "Fair" or "Poor" Mental Health



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 100]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Viewed by basic demographic characteristics, no statistically significant differences to report.



Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]

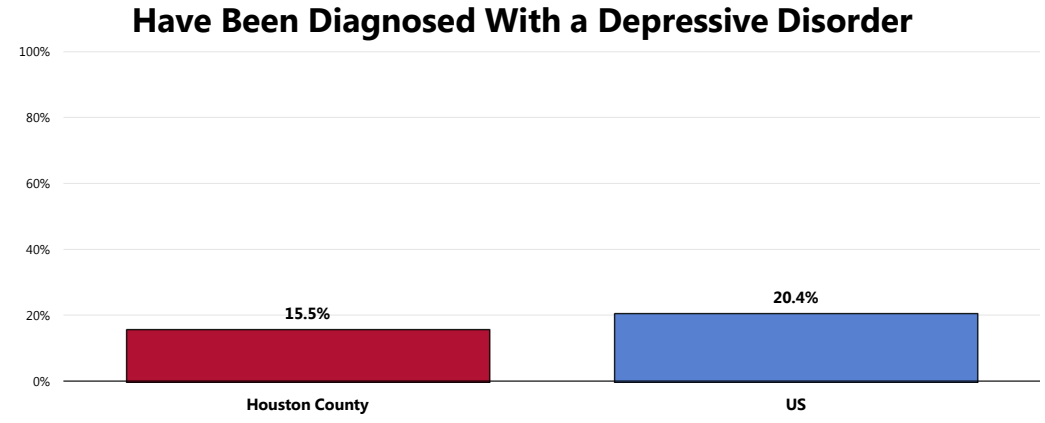
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Depression

Diagnosed Depression

A total of 15.5% of Houston County adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression)**.**

- Similar to the national finding.
- *The item was not addressed in 2011.*



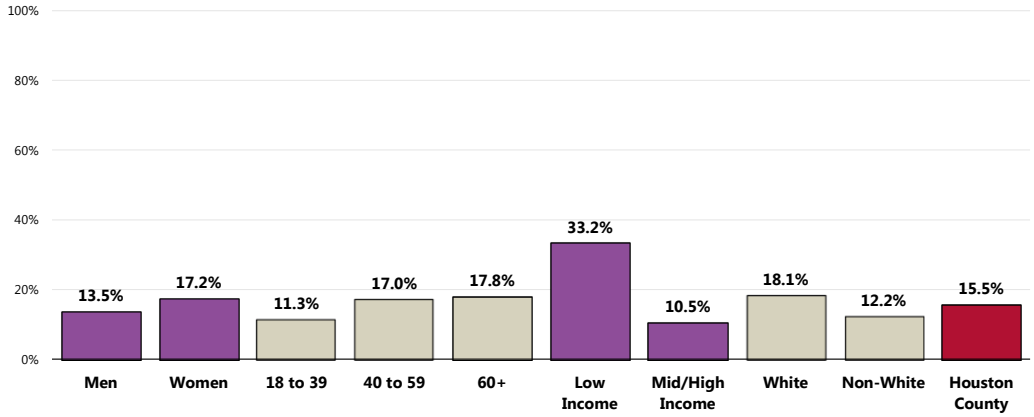
Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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

- The prevalence of diagnosed depression is notably higher in the lower-income segment.

Have Been Diagnosed With a Depressive Disorder

(Houston County, 2014)



Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]

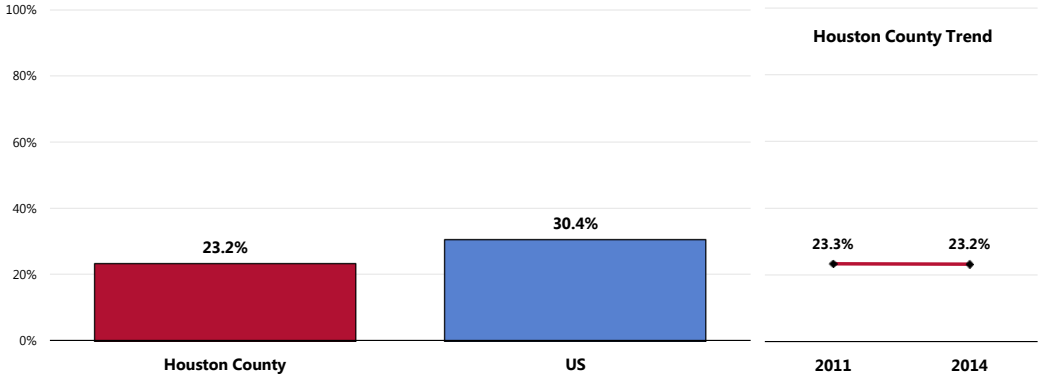
Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Symptoms of Chronic Depression

A total of 23.2% of Houston County adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression)**.**

- More favorable than national findings.
- Unchanged since 2011.

Have Experienced Symptoms of Chronic Depression



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 101]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

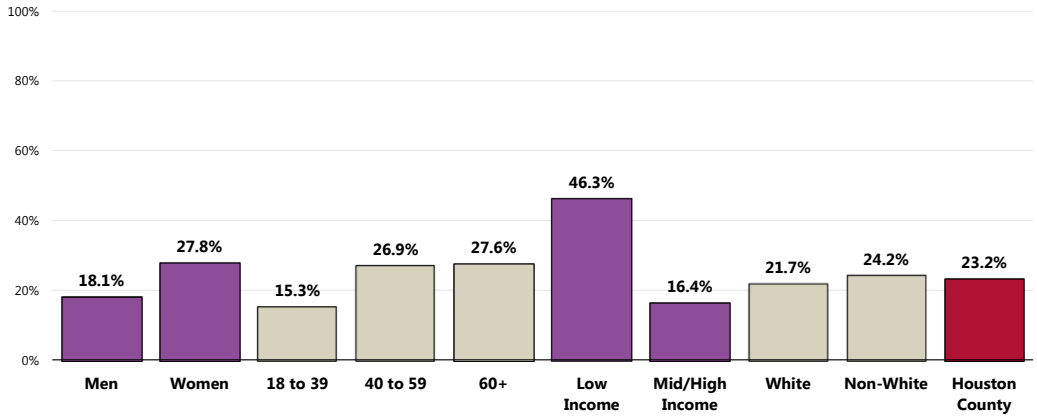
Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Note that the prevalence of chronic depression is notably higher among:

- Residents in households at the lower income level.
- The 40+ population.

Have Experienced Symptoms of Chronic Depression

(Houston County, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
Notes: • Asked of all respondents.
• Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
• 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 a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stress

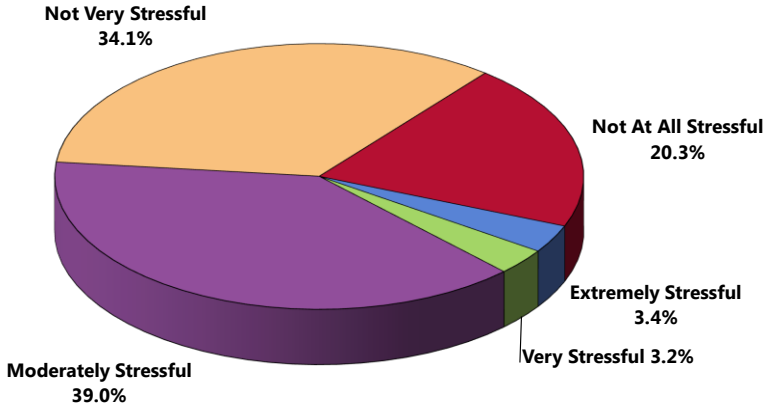
RELATED ISSUE: See also *Substance Abuse* in the **Modifiable Health Risks** section of this report.

More than one-half of Houston County adults considers a typical day to be "not very stressful" (34.1%) or "not at all stressful" (20.3%).

- Another 39.0% of survey respondents characterize their typical day as "moderately stressful."

Perceived Level of Stress On a Typical Day

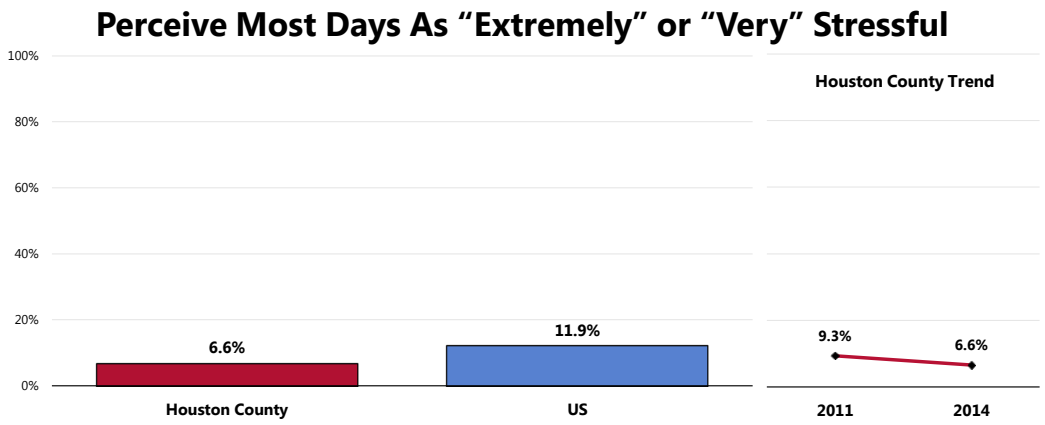
(Houston County, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
Notes: • Asked of all respondents.

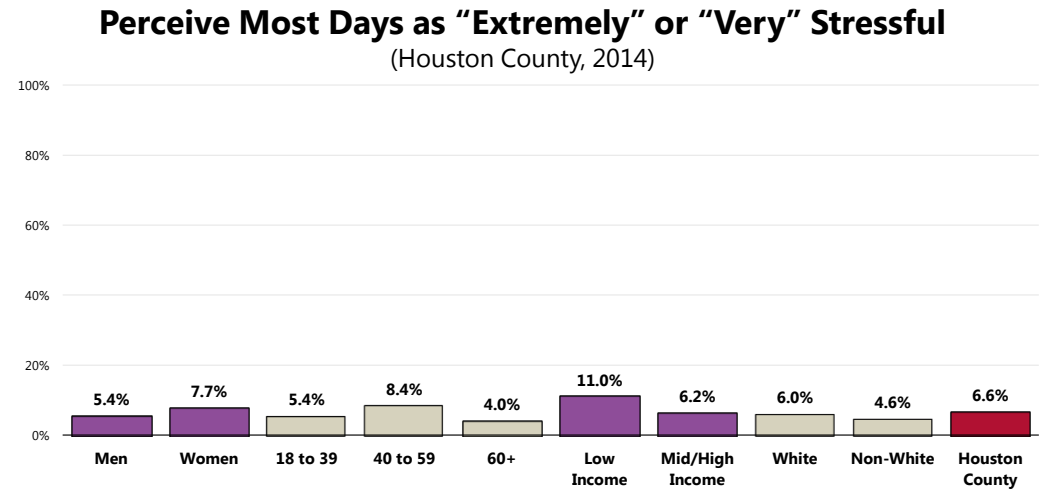
In contrast, 6.6% of Houston County adults experience "very" or "extremely" stressful days on a regular basis.

- Below the national findings.
- Statistically unchanged since 2011.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 102]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- No statistically significant differences to report when viewing high stress levels by basic demographic characteristics.



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
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 a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

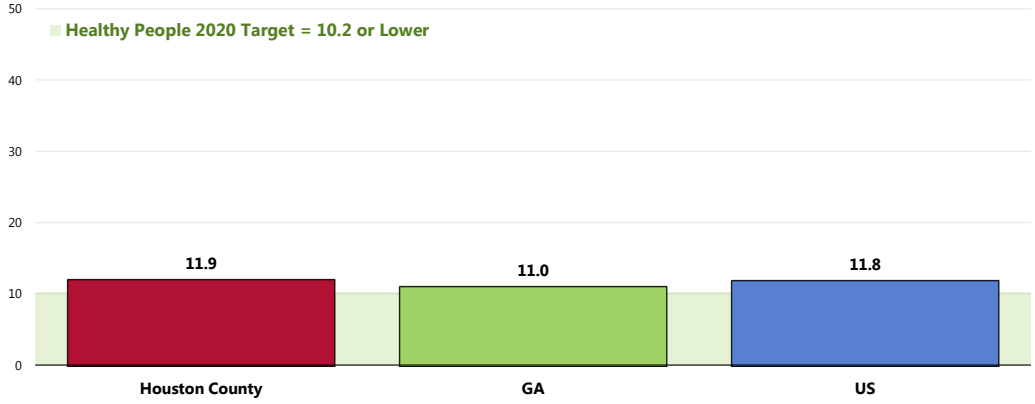
Suicide

Between 2008 and 2010, there was an annual average age-adjusted suicide rate of 11.9 deaths per 100,000 population in Houston County.

- Just above the statewide rate.
- Comparable to the national rate.
- Fails to satisfy the Healthy People 2020 target of 10.2 or lower.

Suicide: Age-Adjusted Mortality

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



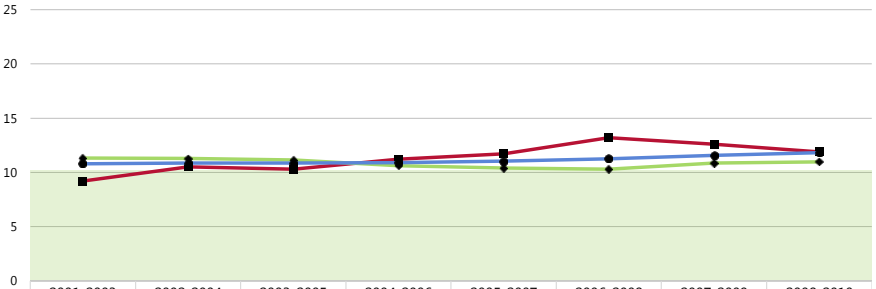
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2014.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

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

Over time, the Houston County suicide rate has increased, echoing the US trend. The state rate was stable over the past decade.

Suicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Healthy People 2020	10.2	10.2	10.2	10.2	10.2	10.2	10.2	10.2
Houston County	9.2	10.5	10.3	11.2	11.7	13.2	12.6	11.9
Georgia	11.3	11.3	11.1	10.6	10.4	10.3	10.9	11.0
US	10.8	10.9	10.9	10.9	11.0	11.3	11.6	11.8

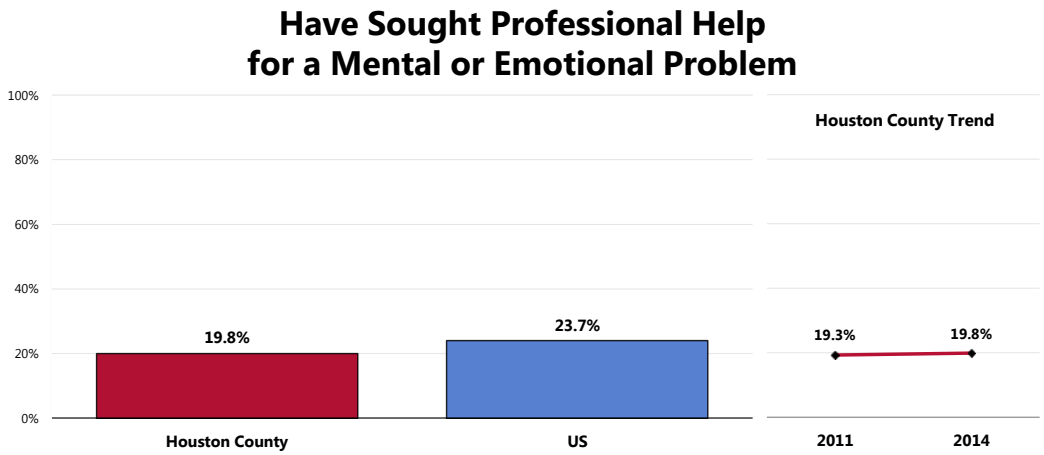
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2014.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

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

Mental Health Treatment

Among the total population, one in five adults (19.8%) has sought professional help for a mental or emotional problem.

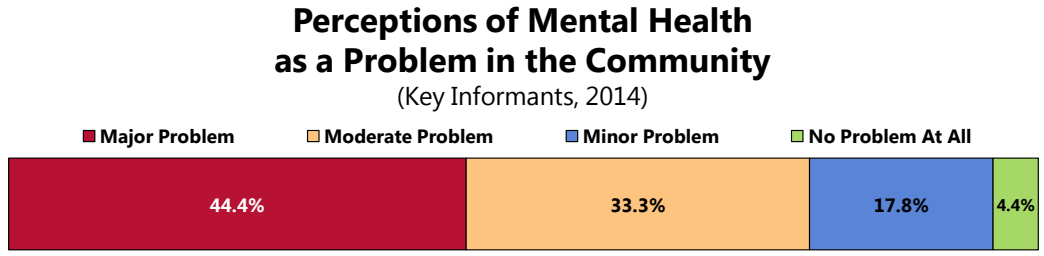
- Similar to national findings.
- Unchanged from 2011 survey results.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 104]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Reflects the total sample of respondents.

Key Informant Input: Mental Health & Mental Disorders

Just under one-half (44.4%) of key informants taking part in an online survey characterized *Mental Health & Mental Disorders* as a "major problem" in the community. This represents a plurality of respondents.



Sources: • 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

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

Lack of Resources

> *Mental health has become a joke. The state of Georgia has **done away with most treatment** leaving many mentally ill on the street to fend for themselves. Shameful! [Community Leader]*

*Insufficient **funding** of outpatient treatment facilities and of residential treatment facilities. The jails are now the repository for individuals that cannot find treatment centers. Also there is a **link between mental illness and substance abuse** which makes the problem more visible. [Social Service Provider]*

*Drug dependency, single-parent families, large Hispanic population, poverty, unemployment, **lack of available & routine counseling services**, **lack of inpatient and outpatient follow-up resources**. [Other Health Provider]*

***Treatment and treatment options**. Most mental health patients are medicated outpatients that lack opportunities for alternative medical treatments such as therapeutic rehabilitations. In a military town, I feel some cases can be rehabilitated, but who is willing to take the time to do this? Other towns may have mental health patients who are medicated for the purpose of insurance fraud, which means it would be a waste of time to medicate them and attempt rehabilitation. But for Houston County "Robins Air Force Base" town, more time can be spent with mental health patients. [Social Service Provider]*

***Not enough facilities** for mental health problems. The hospital can't or won't hold a person and there are insufficient community facilities. When the major mental hospitals were done away with, community facilities were supposed to be funded. This has not happened with sufficient facilities, much less doctors. Episodes with fights and shootings will continue until we pay the price to have facilities and doctors to take care of the mentally disturbed. Something like postpartum depression can play havoc with a family when it is not identified and treated quickly. A lot of the drug abuse and alcohol abuse are efforts of people with mental health problems to self-medicate. Please focus local resources in this area before we have a shooting or family slaughtered due to lack of treatment. [Community Leader]*

*Facilities and **lack of local and federal funding** to meet the needs of the individuals. Are there support groups for families affected and how to care for mentally ill family members? [Social Service Provider]*

***Not enough** private psychiatrists and limited psychologists in the area. The Phoenix Center acts as a net for those who cannot afford mental health care, but they have very **limited resources**. [Physician]*

*Our state and nation continue to avoid serious action on this issue. Families and sufferers (particularly adult patients) have **few resources**. Insurers fail to recognize mental illnesses as an illness. **Cost** of care is a challenge, even for the insured. **Resources seem limited**. [Community Leader]*

Access Difficulties

***Costs**. [Community Leader]*

***Lack of access** to services and medication. [Other Health Provider]*

***Transportation** limits access to Phoenix Center services, and their funding has been drastically cut. [Other Health Provider]*

*Behavioral health for children has suffered due to **managed care restrictions** on visits. [Other Health Provider]*

***Access** to mental health services, as well as inpatient services. [Social Service Provider]*

***No access** to mental health services especially for those with low income. [Social Service Provider]*

*Placement from the **ED**. [Other Health Provider]*

***Access to services**. The mental health system in our community/state/country is abysmal. These*

patients need closer supervision regarding medications, and regular visits with mental health professionals. [Physician]

***Stigma** associated with being diagnosed and treated for a mental health disorder. [Physician]*

Program, Service or Policy Recommendations

When asked what could be done to improve this problem in terms of programs, services or policies, key informants (who rated this as a "major problem") suggested the following:

More Services/Facilities

*Open Central State again. Have **some place where they can be treated and housed**. Have a facility in-house that does not take forever sitting and waiting to be evaluated! Mental health is a farce. [Community Leader]*

*Find ways to **provide more services**. [Other Health Provider]*

*Open **more clinics** in high-risk areas that have longer hours and based on ability to pay. Provide the necessary medications/control to monitor behavior modification programs. [Other Health Provider]*

*Hospitals need a **wing or designated area** to be able to keep someone at least for a few days until family and the local mental health structure (which there is none or very little now) can get them into a more permanent facility to provide longer-term help. [Community Leader]*

*Facilities need to be identified whether by existing **facilities being expanded or new ones built** to accommodate the needs of this community. [Community Leader]*

*Right now there seems to be such a weak to nonexistent structure that the families trying to get their loved ones help are on their own. Over all a **better structure and more facilities** must be allocated for mental health problems. [Community Leader]*

*Increase call for federal support. **More intensive treatment facilities** that also offer alternative treatments (nutrition, herbs, etc.). [Social Service Provider]*

***More providers**. [Social Service Provider]*

*It would be good if more of the private psychiatrists were members of the medical staff but I understand their reticence to be a staff member because of the burden of call coverage for unassigned patients. We need to **recruit more psychiatrists** for Houston County and we need those who specialize in **adolescent psychiatry and substance abuse**. [Physician]*

*Have **more services** for the uninsured. [Other Health Provider]*

*I believe programs and services exist to help this problems, but **funding is lacking** to allow adequate implementation. Also, more of a policy priority needs to be put on mental health. [Physician]*

Improve Access to Care

*More **free services**. [Community Leader]*

*Funding for treatment centers that are **accessible and affordable**. Diversion programs for patients experiencing episodes that can be treated so that the patient can resume some level of functioning life. [Social Service Provider]*

*Ways to obtain **affordable medications**. [Other Health Provider]*

*Public **transportation**, making behavioral health services more **available in primary care setting** (e.g. at First Choice and residency program). [Other Health Provider]*

*This is just a **huge problem** in the community, state and country. [Social Service Provider]*

***Transportation** for clients, **lower costs** for low-income clients. [Social Service Provider]*

Education

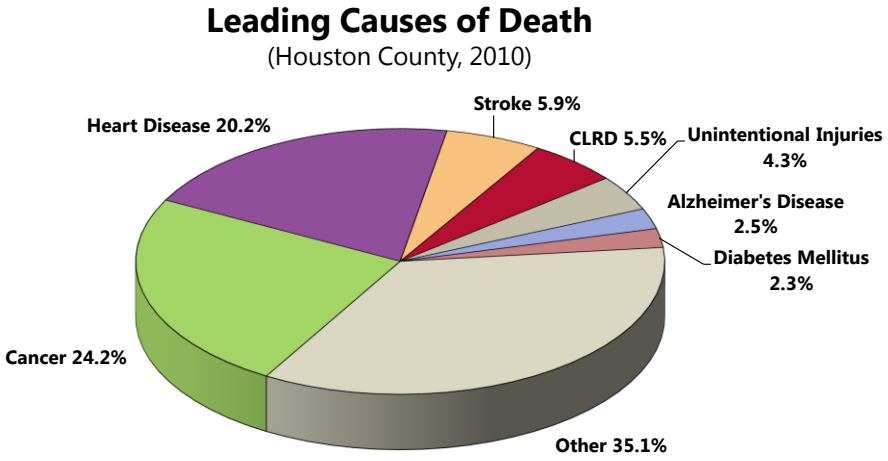
*Increasing **community acceptance, knowledge, and awareness** of prevalence of disease. [Physician]*

DEATH, DISEASE & CHRONIC CONDITIONS

Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for one-half of all deaths in Houston County in 2010.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2014.
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 2008-2010 annual average age-adjusted death rates per 100,000 population for selected causes of death in Houston County.

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

Age-adjusted mortality rates in Houston County are worse than national rates for stroke, pneumonia/influenza, motor vehicle accidents, firearm-related deaths, Alzheimer's disease, and kidney disease.

Of the causes outlined in the following chart for which Healthy People 2020 objectives have been established, Houston County rates fail to satisfy the related goals for suicide, heart disease, stroke, cancer, unintentional injuries (including motor vehicle accidents), and firearm-related deaths.

Age-Adjusted Death Rates for Selected Causes

(2008-2010 Deaths per 100,000)

	Houston County	Georgia	US	HP2020
Diseases of the Heart	**179.6**	**191.5**	**181.9**	**158.9***
Malignant Neoplasms (Cancers)	**169.1**	**172.1**	**173.8**	**160.6**
Cerebrovascular Disease (Stroke)	**58.1**	**46.3**	**39.6**	**33.8**
Chronic Lower Respiratory Disease (CLRD)	**44.3**	**44.9**	**42.8**	n/a
Unintentional Injuries	**38.4**	**41.0**	**38.0**	**36.0**
Kidney Disease	**30.0**	**21.5**	**15.0**	n/a
Alzheimer's Disease	**26.7**	**25.1**	**24.3**	**20.5***
Pneumonia/Influenza	**25.2**	**18.6**	**16.1**	n/a
Diabetes Mellitus	**20.1**	**18.0**	**21.2**	n/a
Firearm-Related	**13.7**	**12.6**	**10.2**	**9.2**
Motor Vehicle Deaths	**13.3**	**14.9**	**11.8**	**12.4**
Intentional Self-Harm (Suicide)	**11.9**	**11.0**	**11.8**	**10.2**
Drug-Induced	**10.4**	**10.2**	**12.7**	**11.3**
Cirrhosis/Liver Disease	**7.9**	**7.1**	**9.3**	**8.2**
Homicide/Legal Intervention**	**4.5**	**7.4**	**6.0**	**5.5**
HIV/AIDS**	**3.1**	**7.0**	**4.0**	**3.3**

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2014.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov.

Note:
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
- *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.
- **Rates represent 2001-2010 data.
- Local, state and national data are simple three-year averages.

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

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

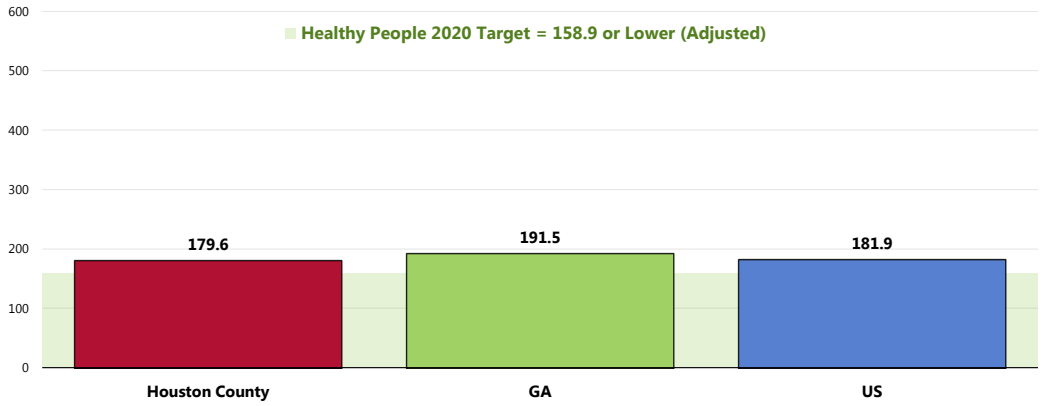
Heart Disease Deaths

Between 2008 and 2010 there was an annual average age-adjusted heart disease mortality rate of 179.6 deaths per 100,000 population in Houston County.

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

Heart Disease: Age-Adjusted Mortality

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



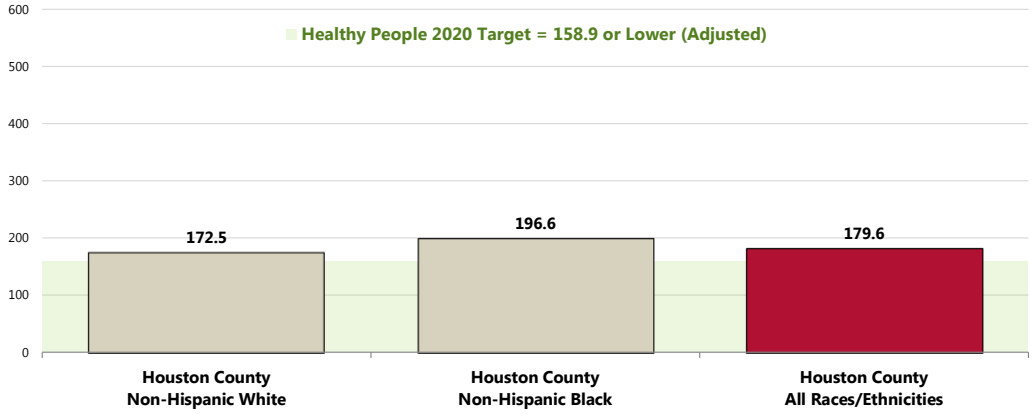
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2014.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 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 death rate is higher in the Houston County Black population.

Heart Disease: Age-Adjusted Mortality by Race

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



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

Notes:
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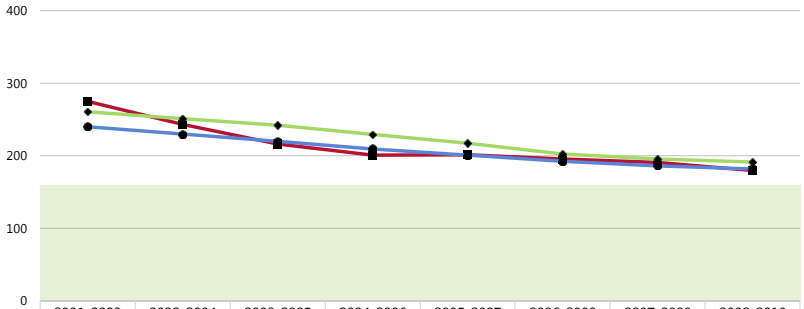
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

- Heart disease mortality decreased in Houston County over the past decade, in keeping with state and national trends.

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Healthy People 2020 (Adjusted)	158.9	158.9	158.9	158.9	158.9	158.9	158.9	158.9
Houston County	275.2	243.1	216.1	201.0	201.3	195.4	190.6	179.6
GA	260.5	251.1	242.1	229.2	217.0	202.2	195.3	191.5
US	240.0	230.0	220.1	209.4	200.7	192.5	185.8	181.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2014.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

Notes:
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- 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.

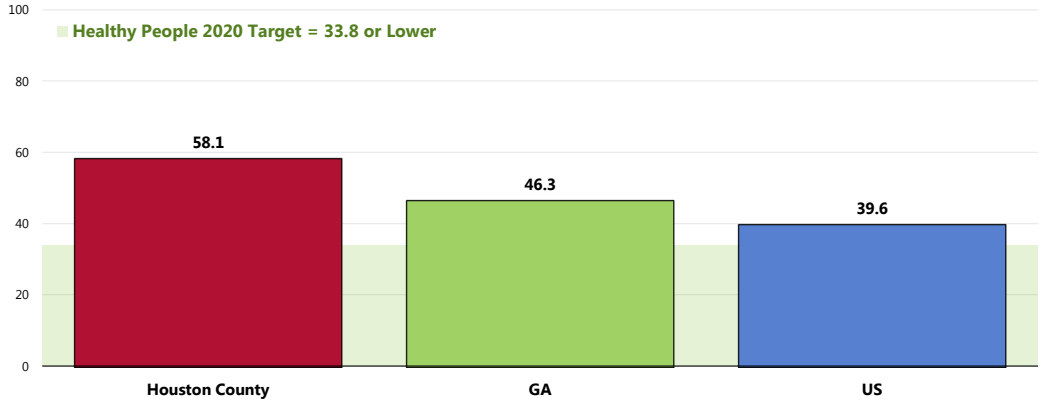
Stroke Deaths

Between 2008 and 2010, there was an annual average age-adjusted stroke mortality rate of 58.1 deaths per 100,000 population in Houston County.

- Less favorable than the Georgia rate.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 33.8 or lower.

Stroke: Age-Adjusted Mortality

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



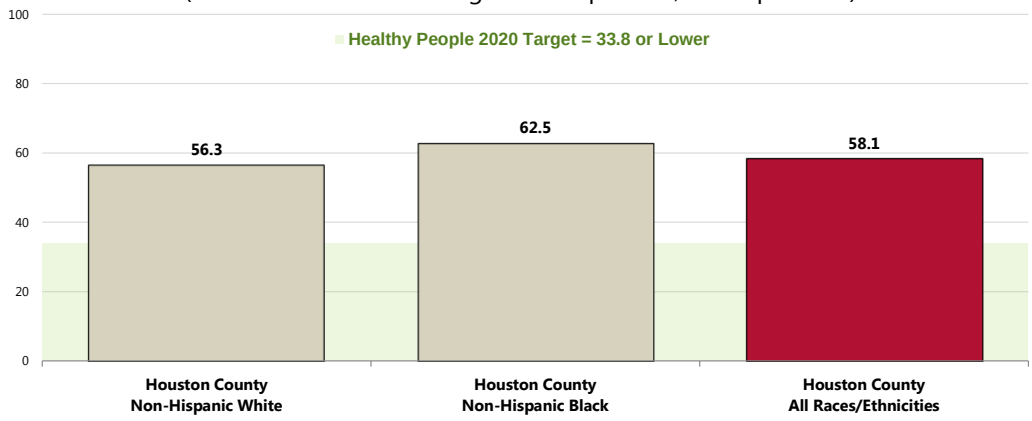
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2014.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

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

Viewed by race, the stroke death rate in Houston County is higher among Blacks.

Stroke: Age-Adjusted Mortality by Race

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



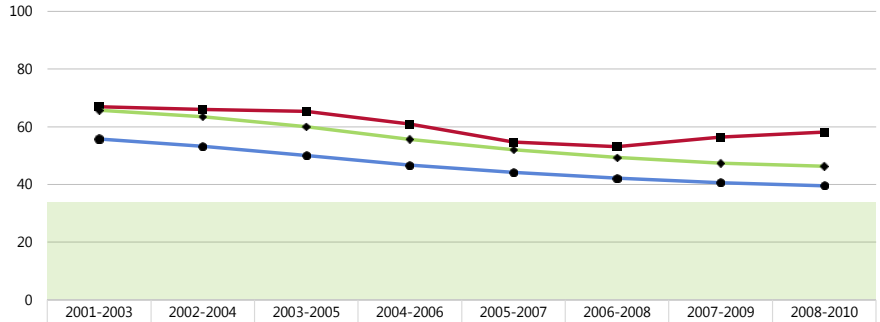
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2014.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

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

Overall, the stroke mortality rate has decreased in Houston County, echoing the Georgia and US trends.

Stroke: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Healthy People 2020	33.8	33.8	33.8	33.8	33.8	33.8	33.8	33.8
Houston County	67.0	66.0	65.3	61.0	54.7	53.1	56.4	58.1
GA	65.7	63.4	60.1	55.7	52.1	49.4	47.4	46.3
US	55.8	53.2	50.0	46.7	44.1	42.2	40.6	39.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2014.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

Notes:
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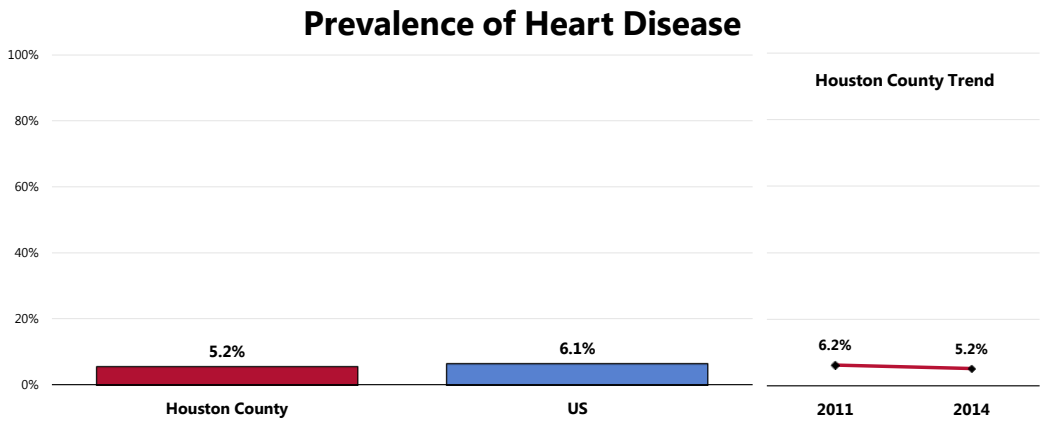
- Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
- Local, state and national data are simple three-year averages.

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 5.2% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

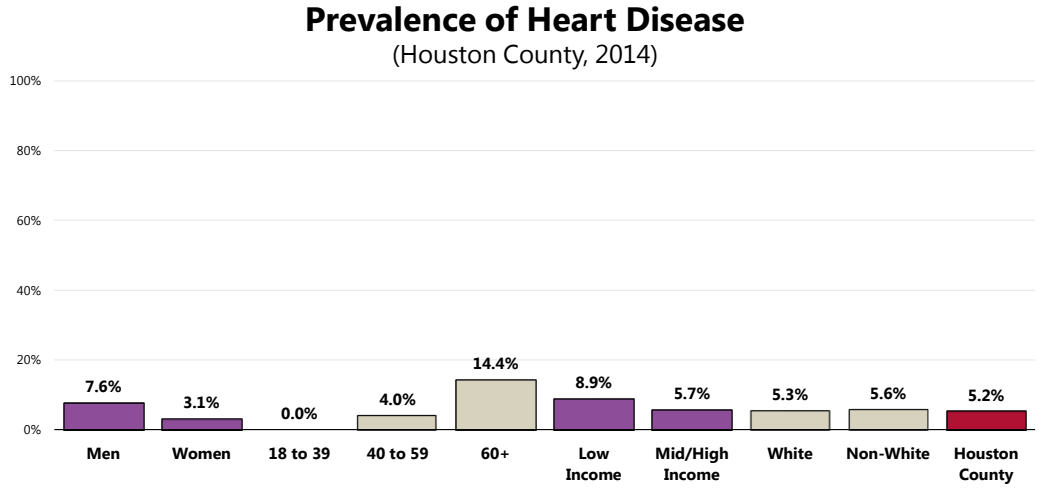
- Similar to the national prevalence.
- Statistically unchanged since 2011.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 124]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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

Note the positive correlation between age and heart disease in Houston County.



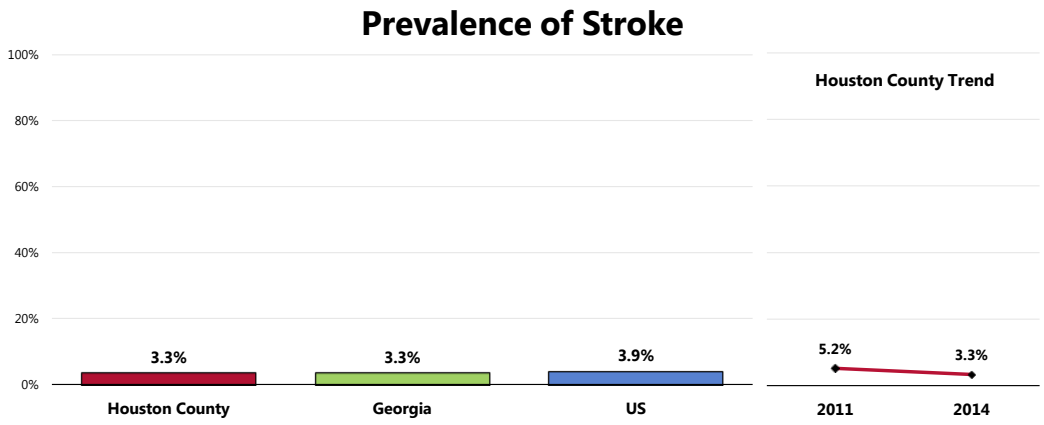
Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina or coronary heart disease.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prevalence of Stroke

A total of 3.3% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

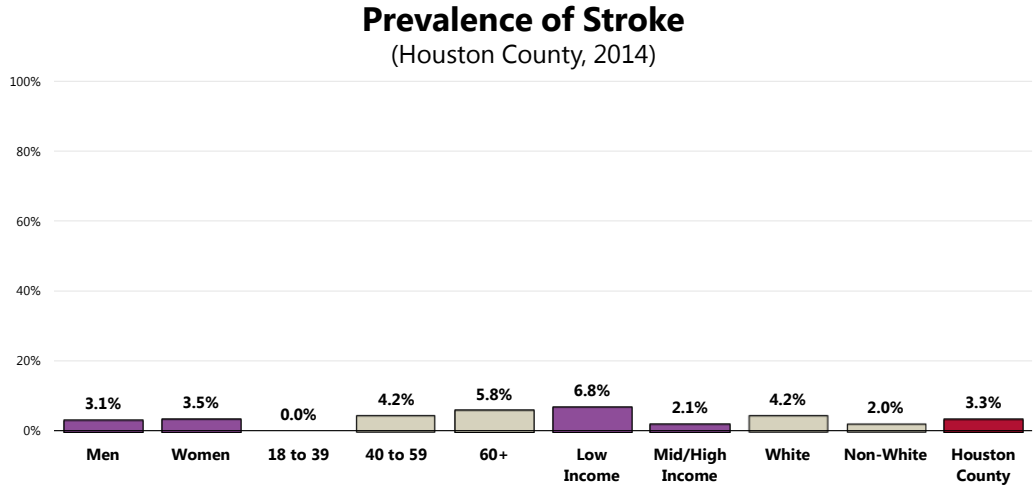
- Identical to statewide findings.
- Similar to national findings.
- No statistically significant change since 2011.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 36]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Georgia data.

Notes:
- Asked of all respondents.

Residents aged 40 and older in Houston County are more likely to have been diagnosed with stroke. (The difference noted by income is not statistically significant.)



Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]

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 a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

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)

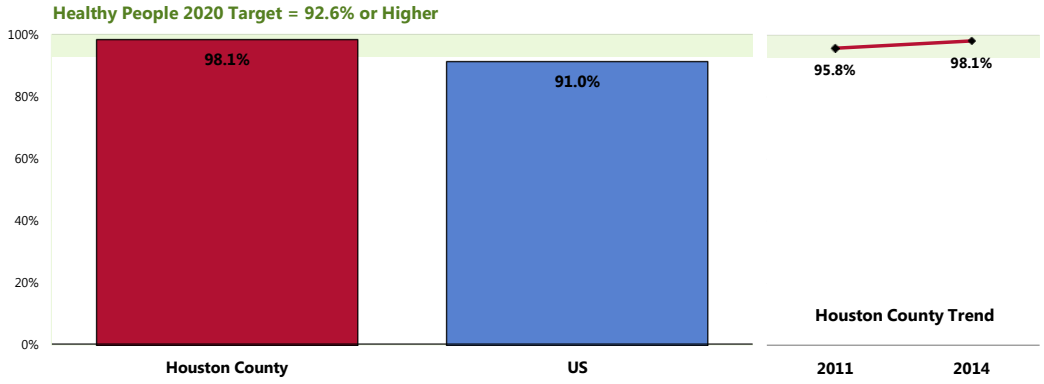
Hypertension (High Blood Pressure)

High Blood Pressure Testing

A total of 98.1% of Houston County adults have had their blood pressure tested within the past two years.

- Higher than national findings.
- Satisfies the Healthy People 2020 target (94.9% or higher).
- Statistically unchanged since 2011.

Have Had Blood Pressure Checked in the Past Two Years



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 45]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-4]

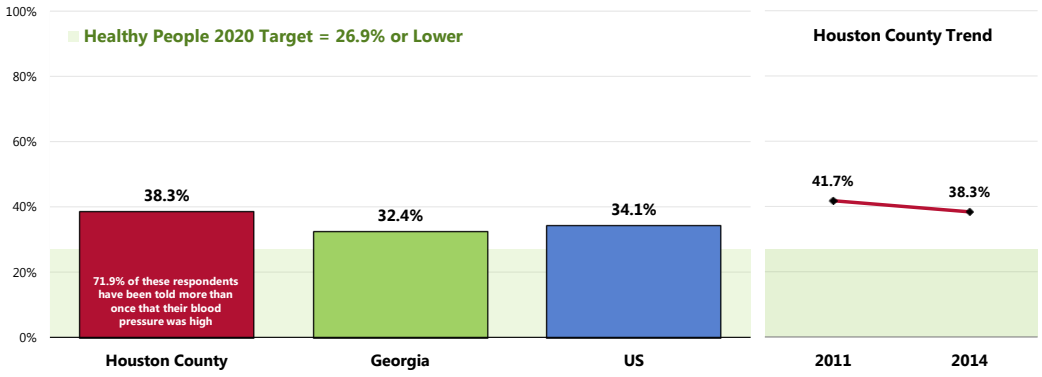
Notes:
- Asked of all respondents.

Prevalence of Hypertension

A total of 38.3% of adults have been told at some point that their blood pressure was high.

- Comparable to the Georgia prevalence.
- Comparable to the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).
- Comparable to the 2011 survey findings.
- Among hypertensive adults, 71.9% have been diagnosed with high blood pressure more than once.

Prevalence of High Blood Pressure



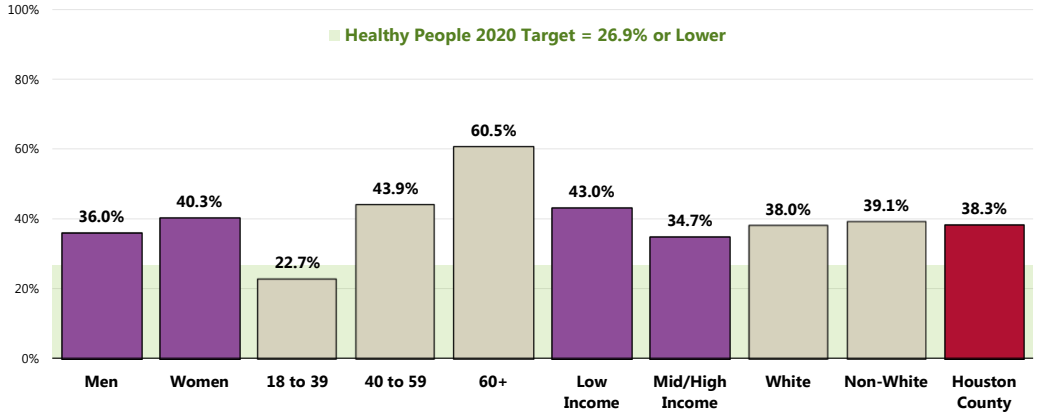
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 43, 125]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Georgia data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

Notes:
- Asked of all respondents.

Hypertension diagnoses are higher among adults age 40 and older, and especially those age 60+.

Prevalence of High Blood Pressure

(Houston County, 2014)



Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Respondents reporting high blood pressure were further asked:

"Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?"

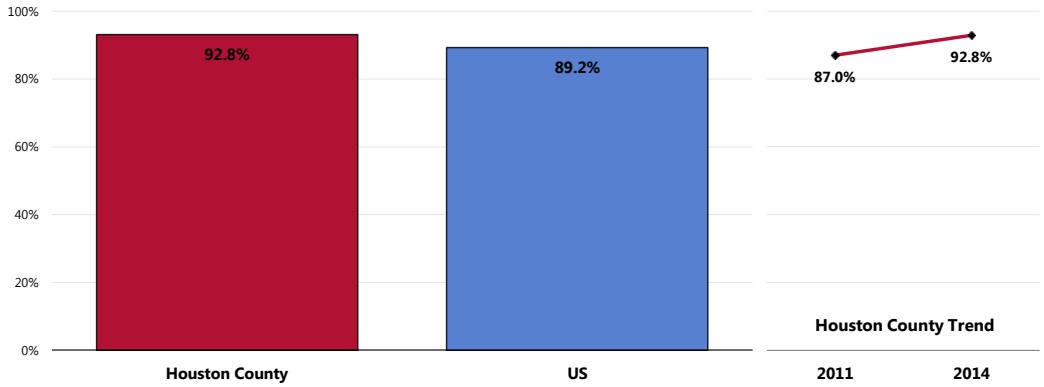
Hypertension Management

Among respondents who have been told that their blood pressure was high, 92.8% report that they are currently taking actions to control their condition.

- Statistically similar to national findings.
- Statistically similar to 2011 survey results.

Taking Action to Control Hypertension

(Among Adults With High Blood Pressure)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 44]
- 2013 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

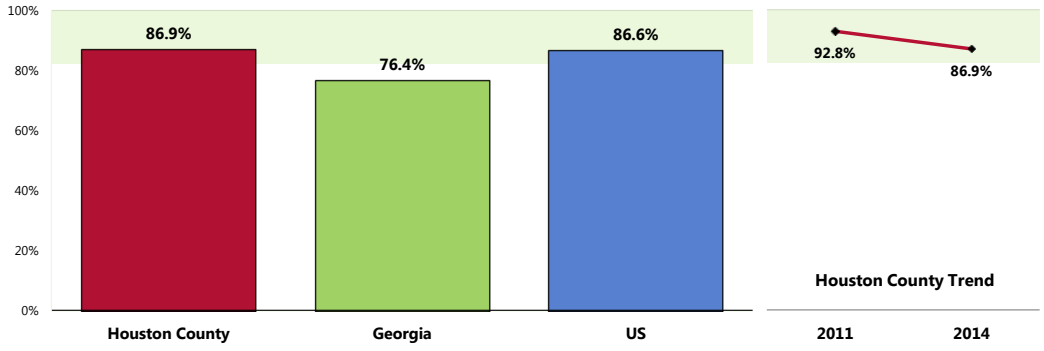
Blood Cholesterol Testing

A total of 86.9% of Houston County adults have had their blood cholesterol checked within the past five years.

- More favorable than Georgia findings.
- Almost identical to national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- Marks a statistically significant decrease since 2011.

Have Had Blood Cholesterol Levels Checked in the Past Five Years

Healthy People 2020 Target = 82.1% or Higher



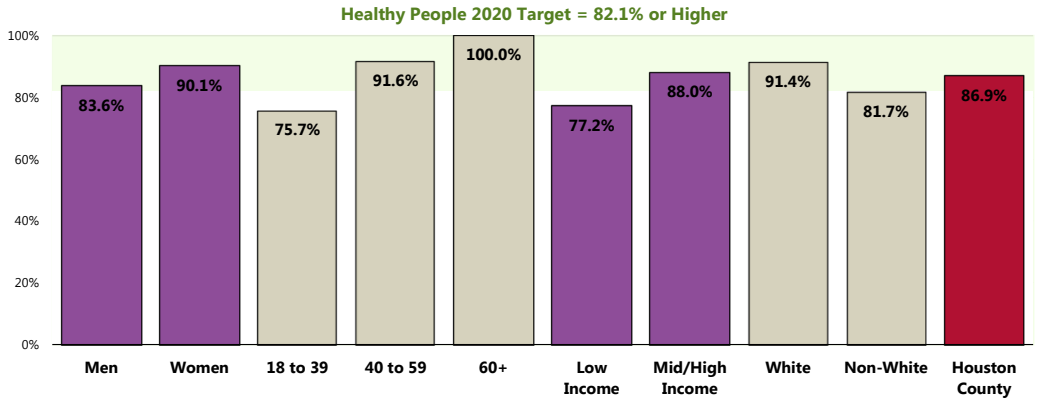
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 48]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Georgia data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-6]

Notes:
- Asked of all respondents.

Young adults (under age 40) report lower screenings levels.

Have Had Blood Cholesterol Levels Checked in the Past Five Years

(Houston County, 2014)



Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-6]

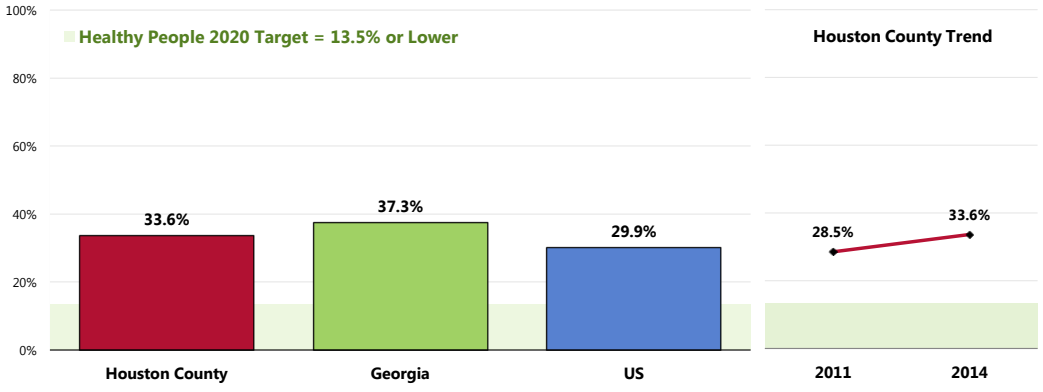
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Self-Reported High Blood Cholesterol

A total of 33.6% of adults have been told by a health professional that their cholesterol level was high.

- Similar to the Georgia findings.
- Similar to the national prevalence.
- Well above the Healthy People 2020 target (13.5% or lower).
- Statistically unchanged since 2011.

Prevalence of High Blood Cholesterol



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 126]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Georgia data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

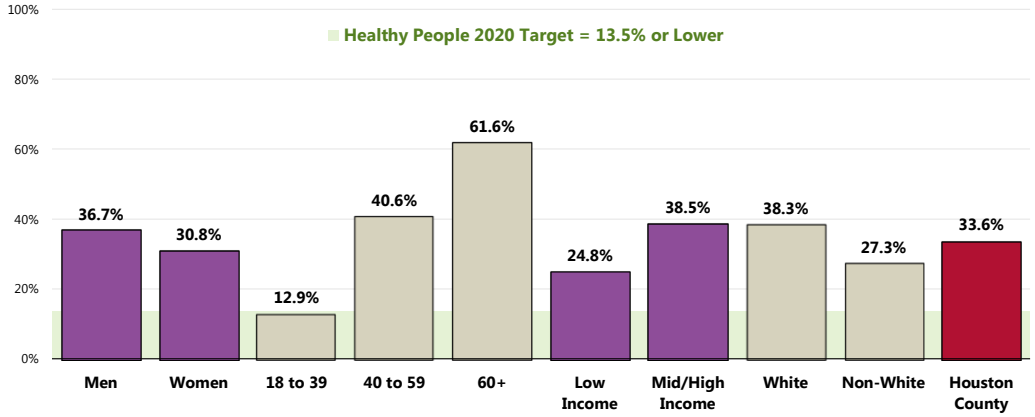
Notes:
- Asked of all respondents.
- *The Georgia data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.

Note that 17.3% 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.

- Adults age 40 and older are much more likely to report high blood cholesterol levels than younger adults.
- Keep in mind that "unknowns" are relatively high in young adults, lower-income residents, and Non-Whites.

Prevalence of High Blood Cholesterol

(Houston County, 2014)



Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

High Cholesterol Management

Respondents reporting high cholesterol were further asked:

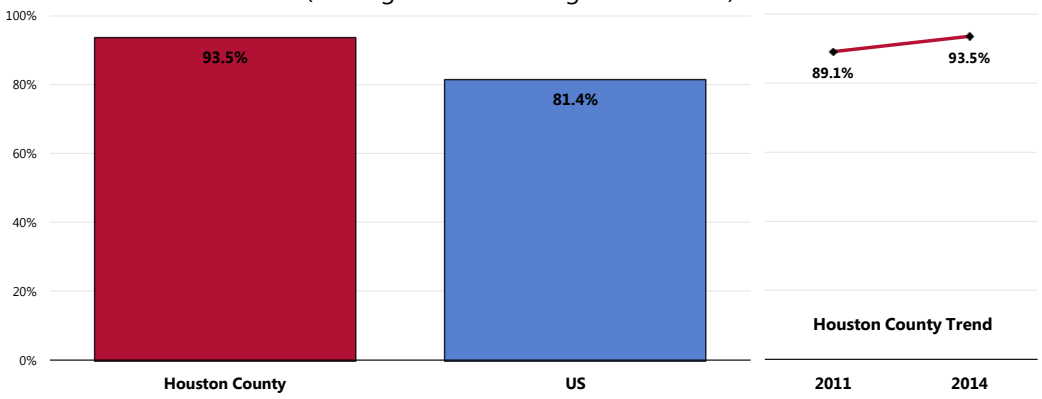
"Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising?"

Among adults who have been told that their blood cholesterol was high, 93.5% report that they are currently taking actions to control their cholesterol levels.

- More favorable than found nationwide.
- Statistically unchanged since 2011.

Taking Action to Control High Blood Cholesterol Levels

(Among Adults With High Cholesterol)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 47]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents who have been diagnosed with high blood cholesterol levels.
- In this case, the term "action" refers to medication, change in diet, and/or exercise.

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

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

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

Three health-related behaviors contribute markedly to cardiovascular disease:

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

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

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

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

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

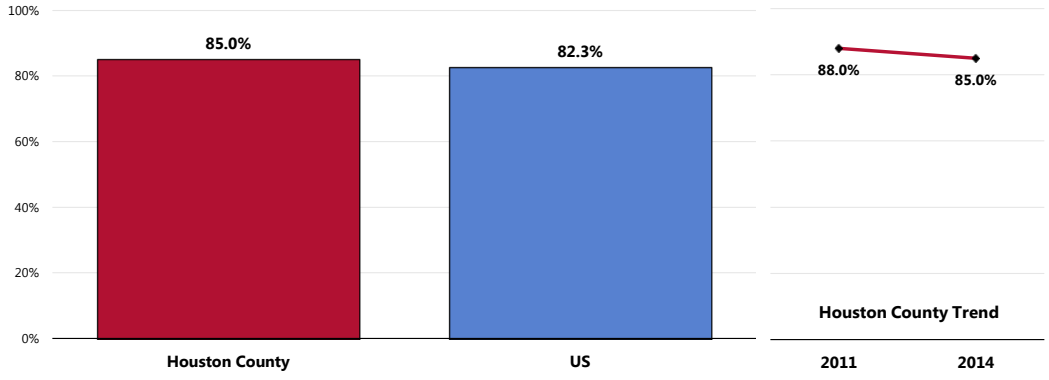
Total Cardiovascular Risk

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

A total of 85.0% 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.
- Comparable to 2011 survey findings.

Present One or More Cardiovascular Risks or Behaviors



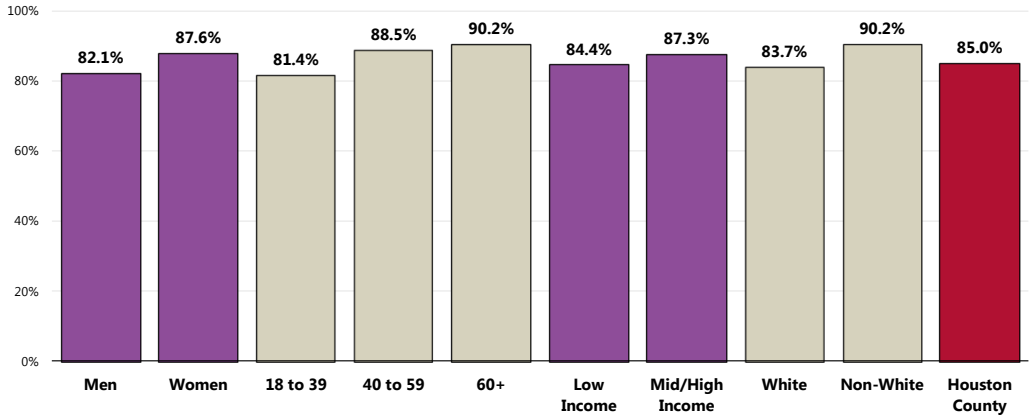
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 127]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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.

- No statistically significant differences when viewed by basic demographic characteristics.

Present One or More Cardiovascular Risks or Behaviors

(Houston County, 2014)



Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]

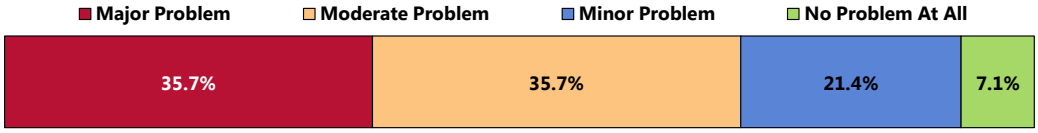
Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Heart Disease & Stroke

Over one-third (35.7%) of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a "major problem" in the community. This proportion is the same as that characterizing this as a "moderate problem."

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

(Key Informants, 2014)



Sources:
- 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

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

Prevalence

> ***High rate*** *of mortality and morbidity. [Social Service Provider]*
>
> *Heart disease and cancer are the* ***leading causes of death*** *in Houston County (Oasis) and the second leading cause of premature death between 2007-2011. Additionally, heart disease is the leading cause of hospitalization in Houston County as well as the leading cause of disability in*

the U.S. -2013 Health Status Report for Houston County. [Other Health Provider]

*The **stats** show that there is an increase of deaths in this area. [Other Health Provider]*

*Stroke is a major problem in our community. The **statistics** are obvious, and other factors (poverty, comorbidities like diabetes mellitus, unstable housing, poor education) complicate efforts to improve community health status and individual outcomes. [Other Health Provider]*

***Most people** over the age of 50 are already on meds for their heart or blood pressure. [Other Health Provider]*

Stress

*The number of people who suffer from heart disease and stroke continues to rise in Central Georgia. This is mainly due to the same issues related to diabetes in addition to **stress** and **lack of exercise**. [Other Health Provider]*

*Houston County includes the cities of Warner Robins, Centerville, and Perry. While the county is strongly driven by the Air Force Base, the military men and women, their children, as well as their extended families, have a greater risk of heart disease and stroke due to **stress**, combat-related injuries, etc. [Social Service Provider]*

Lifestyle Choices

***Overweight**, lack of exercise. [Other Health Provider]*

***Diet**, **exercise**, **early detection**. The cost of care in human and financial terms is very high. [Community Leader]*

***Lifestyle** choices and lack of education/compliance. [Physician]*

Access to Care

***Access to care** is also an issue in that people tend to wait until the disease is far advanced to go to the doctor because they do not have the resources they need. [Other Health Provider]*

***Lack of patient compliance** with medication recommendations and physician follow-up. [Physician]*

Program, Service or Policy Recommendations

When asked what could be done to improve this problem in terms of programs, services or policies, key informants (who rated this as a "major problem") suggested the following:

Improve Access to Preventive Care

*Increased **access to care**. [Other Health Provider]*

*Improved **access to healthcare**, viable healthcare options for low-income, uninsured or underinsured. Reduced healthcare costs for those who are insured but rarely meet deductibles or have difficulty paying monthly premiums. [Other Health Provider]*

*Increase access to and utilization of primary care and **preventive** and screening services;*

*Inappropriate ER or urgent care visits - link them with **primary care** and address barriers (money transportation, etc). [Other Health Provider]*

***VA benefits and services** can be improved drastically. A stronger communication between the base and community can bring more awareness to the base families regarding the available resources in the community. Houston County has one of the strongest community partnerships in*

the state. Houston County has also been recognized as one among the "100 Best Communities for Young People" 2 years consecutively. But there is always room for improvement. [Social Service Provider]

*Make available more places to get you **blood pressure** taken without having to go to your doctor. Do it at urgent care facilities, health fairs or in the lobby of the hospital. [Other Health Provider]*

*Increased knowledge, education, awareness of importance of **compliance**. [Physician]*

*Patients need to be able to follow up regularly with their physician, but often can't due to **financial restrictions/choices**. [Physician]*

Promote Healthy Living

*Focus on prevention; wellness; **diet and exercise** programs. [Community Leader]*

***Healthy living** programs centered around exercise, outdoor living, and clean eating habits. [Social Service Provider]*

*More programs/services that provide access to **healthy foods**. [Other Health Provider]*

*Improved community awareness, education, and **increased access to facilities** where exercise can be performed (safe public parks, swimming pools, walking trails, and public access gyms such as YMCA.). [Other Health Provider]*

***Education**, **exercise** and **access to health care**. [Other Health Provider]*

*They need more frequent and more focused **education** regarding **lifestyle changes**. [Physician]*

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)

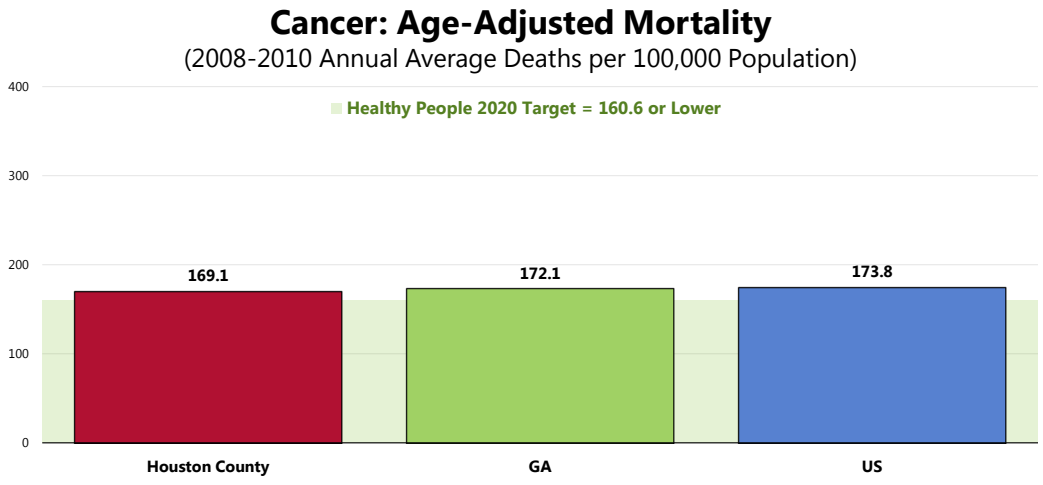
– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2008 and 2010, there was an annual average age-adjusted cancer mortality rate of 169.1 deaths per 100,000 population in Houston County.

- Comparable to the statewide rate.
- Comparable to the national rate.
- Fails to satisfy the Healthy People 2020 target of 160.6 or lower.



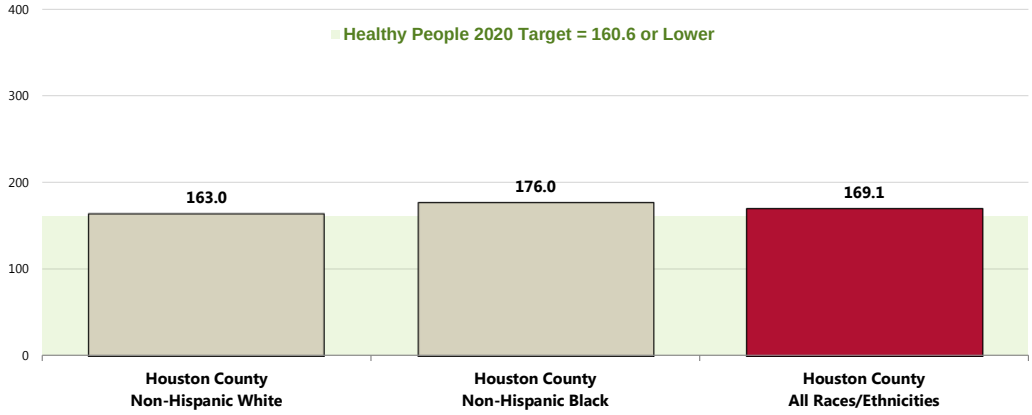
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2014.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

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

The cancer mortality rate is slightly higher among Blacks in Houston County.

Cancer: Age-Adjusted Mortality by Race

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



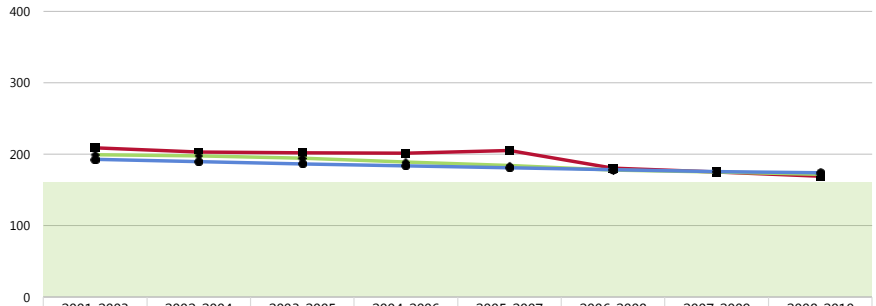
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2014.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

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

Cancer mortality has decreased over time in Houston County, echoing the downward trends reported statewide and nationally.

Cancer: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Healthy People 2020	160.6	160.6	160.6	160.6	160.6	160.6	160.6	160.6
Houston County	208.8	202.8	202.0	201.4	204.9	180.6	174.9	169.1
GA	199.4	197.5	194.4	189.0	184.2	177.9	175.3	172.1
US	193.1	189.8	186.6	183.4	181.0	178.1	175.6	173.8

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2014.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

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

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

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

As can be seen in the following chart (referencing 2008-2010 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 more favorable than the Georgia rate and similar to the national rate.
- The county's **female breast cancer** rate is more favorable than both the state and national rates.
- The Houston County **colorectal cancer** death rate is similar to both the state and national rates.

Note that while the Houston County female breast cancer death rate detailed below *satisfies* the related Healthy People 2020 target, the remaining rates (lung, prostate, and colorectal cancers) *fail to satisfy* their respective 2020 goals.

Age-Adjusted Cancer Death Rates by Site

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

	Houston County	Georgia	US	HP2020
Lung Cancer	**55.6**	**52.2**	**47.6**	**45.5**
Prostate Cancer	**22.4**	**25.4**	**21.9**	**21.2**
Female Breast Cancer	**19.1**	**22.7**	**22.1**	**20.6**
Colorectal Cancer	**15.5**	**15.9**	**15.8**	**14.5**

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2014.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov

Cancer Incidence

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

Between 2006 and 2010, Houston County had an annual average age-adjusted incidence rate of prostate cancer of 127.7 cases per 100,000 male population.

- Better than the statewide incidence rate.
- Better than the national incidence rate.

There was an annual average age-adjusted incidence rate of 107.3 female breast cancer cases per 100,000 female population in Houston County.

- Better than the statewide incidence rate.
- Better than the national incidence rate.

There was an annual average age-adjusted incidence rate of 75.5 lung cancer cases per 100,000 total population in Houston County.

- Worse than the statewide incidence rate.
- Worse than the national incidence rate.

There was an annual average age-adjusted incidence rate of colorectal cancer of 46.7 cases per 100,000 total population in Houston County.

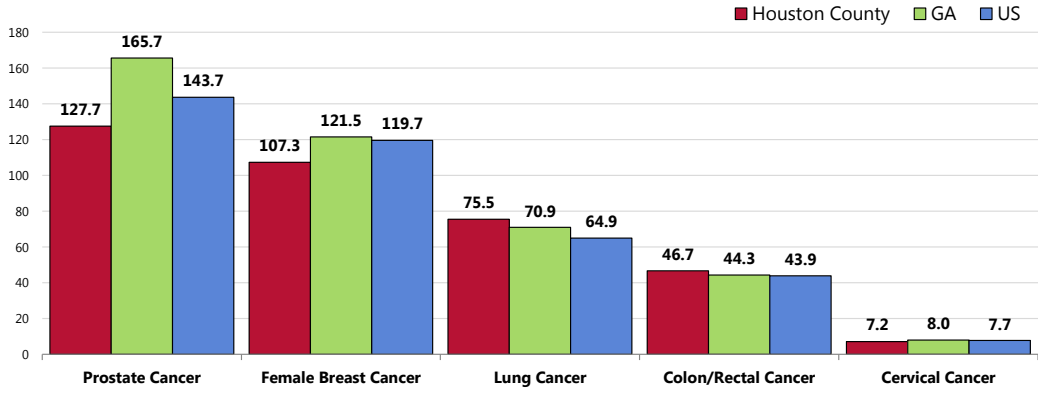
- Worse than the statewide incidence rate.
- Worse than the national incidence rate.

There was an annual average age-adjusted incidence rate of cervical cancer of 7.2 cases per 100,000 female population in Houston County.

- Better than the statewide incidence rate.
- Better than the national incidence rate.

Cancer Incidence Rates by Site

(Annual Average Age-Adjusted Incidence per 100,000 Population, 2006-2010)



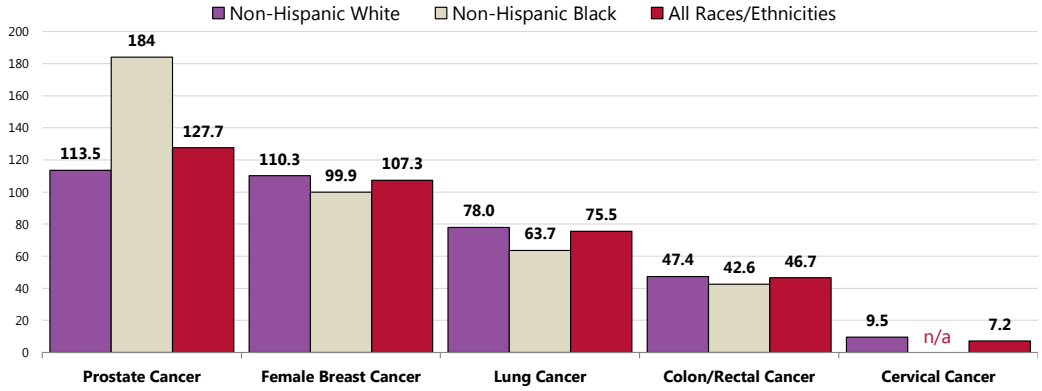
Sources:
- Community Commons. Retrieved July 2014 from http://www.chna.org.

Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 U.S. standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.
- Data are derived from State Cancer Profiles: 2006-10.

- By available race data, non-Hispanic Blacks experience a notably higher cancer incidence than Whites for prostate cancer, while incidence rates among Whites are slightly higher in Houston County for female breast, lung, and colorectal cancers.

Cancer Incidence Rates by Site and Race/Ethnicity

(Annual Average Age-Adjusted Incidence per 100,000 Population, Houston County 2006-2010)



Sources:
- Community Commons. Retrieved July 2014 from http://www.chna.org.

Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 U.S. standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.
- Data are derived from State Cancer Profiles: 2006-10.

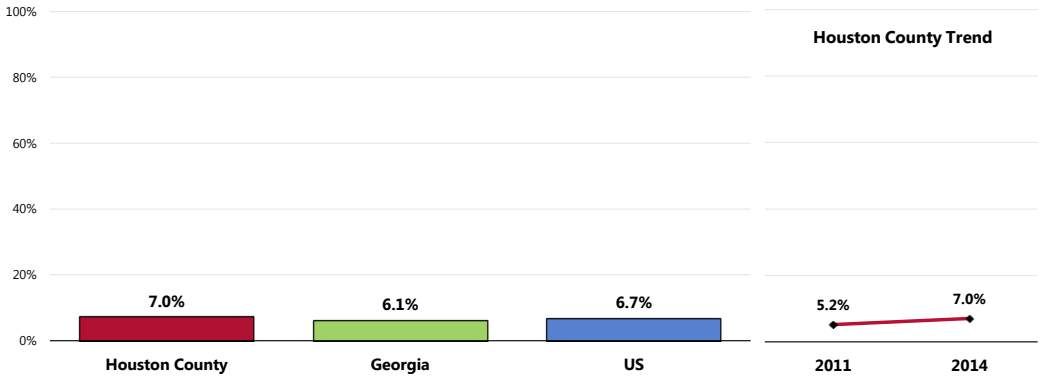
Prevalence of Cancer

Skin Cancer

A total of 7.0% of surveyed Houston County adults report having been diagnosed with skin cancer.

- Similar to what is found statewide.
- Similar to the national average.
- Similar to 2011 survey findings in the county.

Prevalence of Skin Cancer



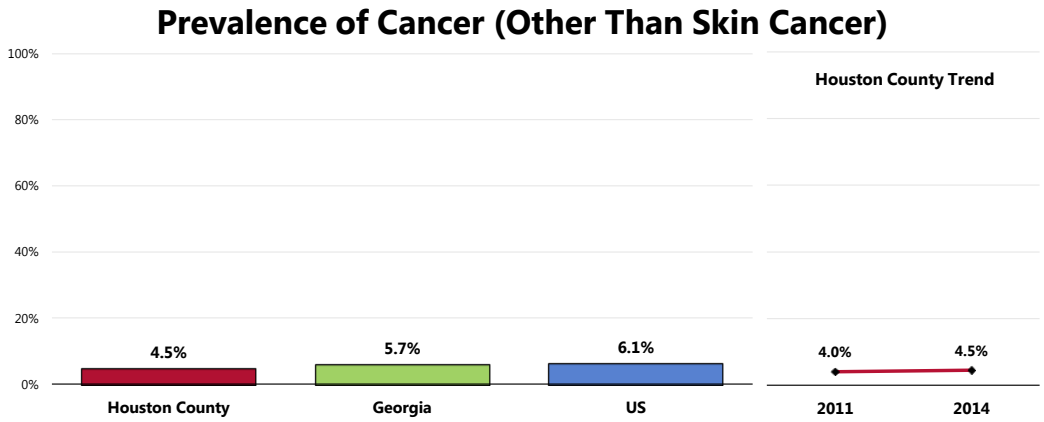
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 31]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Georgia data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Other Cancer

A total of 4.5% of respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the statewide prevalence.
- Similar to the national prevalence.
- Statistically similar to 2011 findings.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 30]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Georgia data.
- 2013 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

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

Cancer Screenings

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

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

Female Breast Cancer Screening

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

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

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

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

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

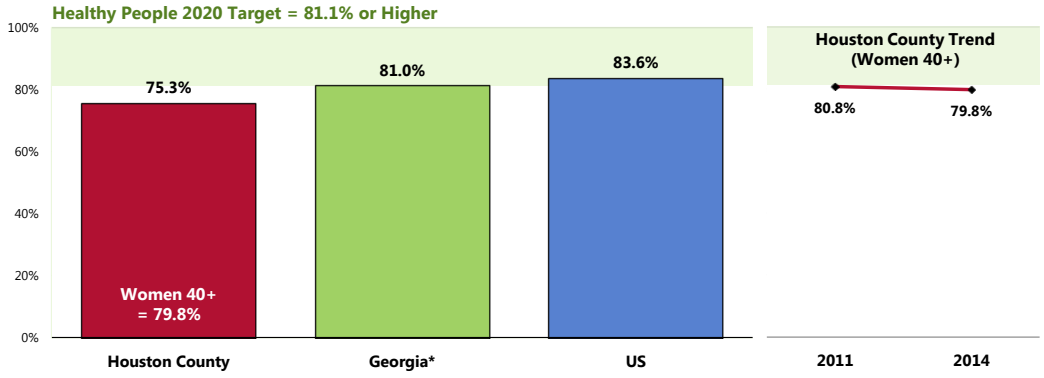
Mammography

Among women age 50-74, 75.3% have had a mammogram within the past two years.

- Statistically similar to the statewide findings (which represent all women 50+).
- Statistically similar to the national findings.
- Similar to the Healthy People 2020 target (81.1% or higher).
- Among women 40+, 79.8% had a mammogram in the past two years.
- The prevalence among women 40+ is unchanged from 2011 survey findings.

Have Had a Mammogram in the Past Two Years

(Among Women Ages 50-74)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 128-129]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Georgia data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-17]

Notes:
- Reflects female respondents 50-74.
- *Note that state data reflects all women 50 and older (vs. women 50-74 in local, US and Healthy People data).

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.

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

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

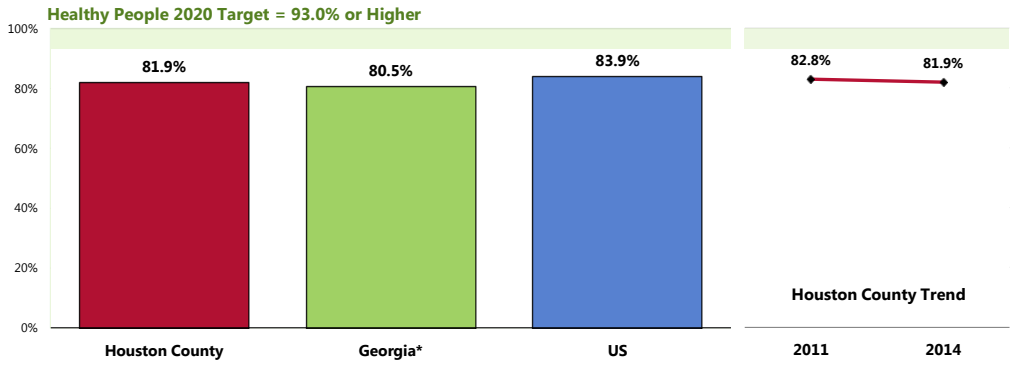
Pap Smear Testing

Among women age 21 to 65, 81.9% have had a Pap smear in 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).
- Comparable to the 2011 Houston County prevalence.

Have Had a Pap Smear in the Past Three Years

(Among Women Ages 21-65)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 130]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Georgia data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-15]

Notes:
- Reflects female respondents age 21 to 65.
- *Note that the Georgia percentage represents all women age 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.

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

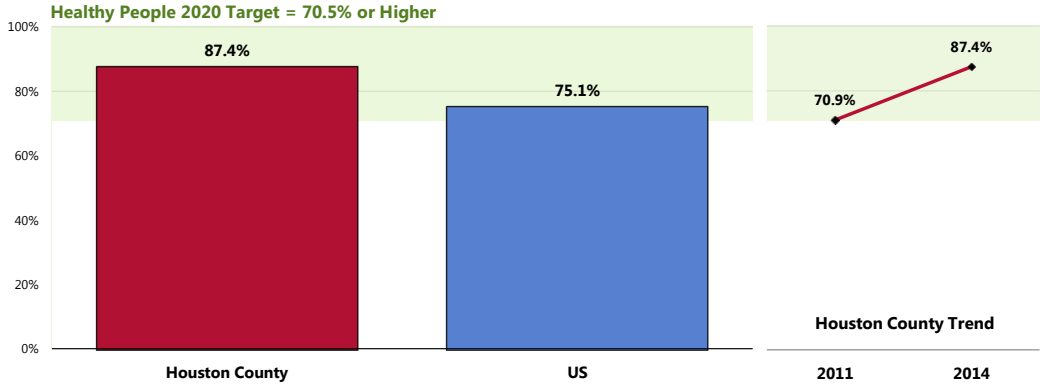
Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Colorectal Cancer Screening

Among adults age 50-75, 87.4% 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).

- Better than national findings.
- Satisfies the Healthy People 2020 target (70.5% or higher).
- Denotes a statistically significant increase since 2011.

Have Had a Colorectal Cancer Screening
(Among Adults Age 50-75)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 133]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-16]

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

Lower Endoscopy

Among adults age 50 and older, 89.7% have had lower endoscopy (sigmoidoscopy or colonoscopy) **at some point in their lives.**

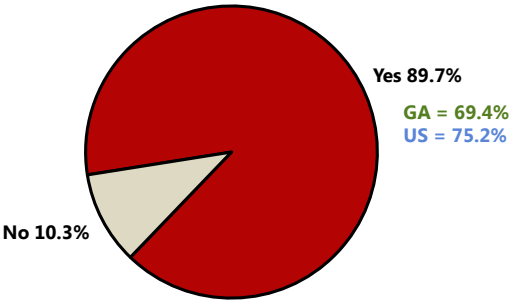
- More favorable than Georgia findings.
- More favorable than national findings.
- Marks a statistically significant increase since 2011 (not shown).

Among adults age 50 and older, 30.6% have had a blood stool test (aka "fecal occult blood test") within the past two years.

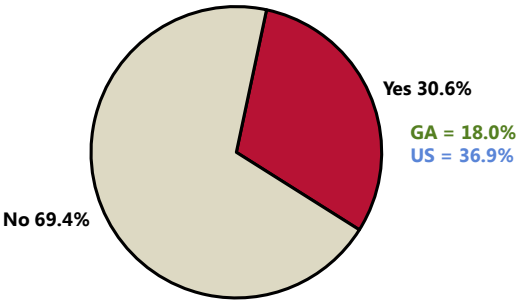
- More favorable than Georgia findings.
- Comparable to national findings.
- Comparable to previous survey findings (not shown).

Colorectal Cancer Screenings

(Among Houston County Adults Age 50 and Older, 2014)



Ever Had Lower Endoscopy Exam



Blood Stool Test in the Past Two Years

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 131-132]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Georgia data.

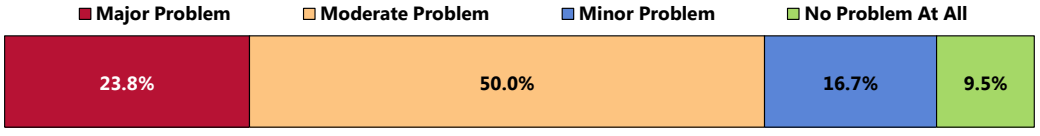
Notes:
- Asked of respondents age 50 and older.
- Lower endoscopy includes either sigmoidoscopy or colonoscopy.

Key Informant Input: Cancer

A total of 23.8% of key informants taking part in an online survey characterized *Cancer* as a "major problem" in the community. A plurality characterize this as a "moderate problem."

Perceptions of Cancer as a Problem in the Community

(Key Informants, 2014)



Sources:
- 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

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

Personal Observation

> *Too **many people I know** have cancer and we have a number of great facilities for cancer treatment. [Community Leader]*
>
> *Based on **personal experience** with friends, neighbors that have cancer situations within their families. I see more people that are obviously going through chemo out in the community. [Social Service Provider]*
>
> *I have **personally seen an increase** in the amount of people in my community that have been diagnosed with cancer recently. As a healthcare provider, it concerns me that there is such an increase. [Other Health Provider]*
>
> *Because of the **number of people that I hear** have cancer, had cancer, or have close family members with cancer. [Social Service Provider]*
>
> *The **numbers of people** with different types of cancer are increasing. [Community Leader]*
>
> *Cancer **affects so many** in the population. [Community Leader]*
>
> *I **know a lot of people** with cancer. [Physician]*

Lack of Preventive Care

> *Not eating healthy and **not getting checked regularly**. [Other Health Provider]*

Program, Service or Policy Recommendations

When asked what could be done to improve this problem in terms of programs, services or policies, key informants (who rated this as a "major problem") suggested the following:

Early Diagnosis

> ***Early diagnosis**. [Social Service Provider]*
>
> *I am concerned that we are not finding the cancer early enough. Although we have programs for low-income women for **early detection**, they are only for certain ones and not the most prevalent. Also, there aren't any programs for low-income men. We need to find a way to fund early detection, and definitely **education**. After we do find a person has cancer, again there are limited funds for certain cancer treatments. This is something else we must look for. [Other Health Provider]*
>
> ***Earlier screening**. This will help. With the new healthcare laws coming out some of these test will be delayed. [Community Leader]*
>
> *Prevention **education**; **early detection** education. [Community Leader]*

Environment

> *Work to get cancer-producing agents out of our living **environment**. [Community Leader]*

Outreach

> *Strengthen the **outreach programs**; many people will not go to a doctor but will express problems to an outreach person. [Other Health Provider]*

Insurance Assistance

> *Ensure that treatments are **affordable and available**, even to the uninsured. Continued prevention programs. [Social Service Provider]*

Respiratory Disease

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

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.

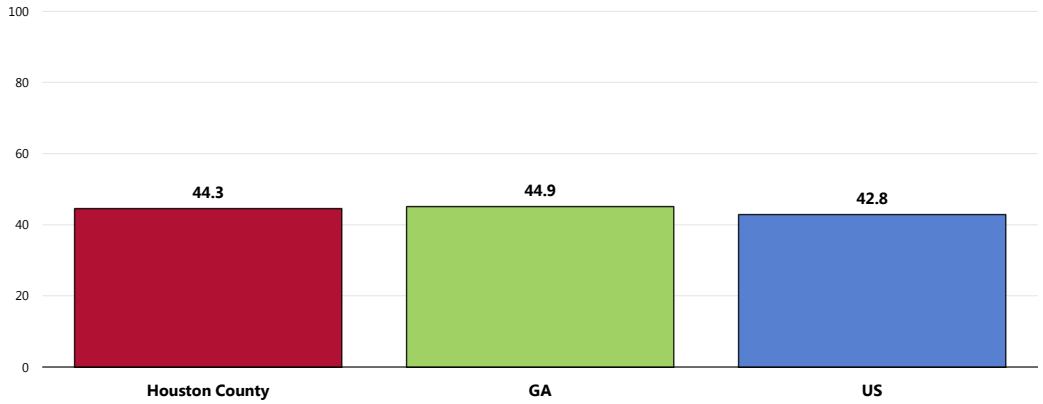
Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2008 and 2010, there was an annual average age-adjusted CLRD mortality rate of 44.3 deaths per 100,000 population in Houston County.

- Similar to that found statewide.
- Similar to the national rate.

CLRD: Age-Adjusted Mortality

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



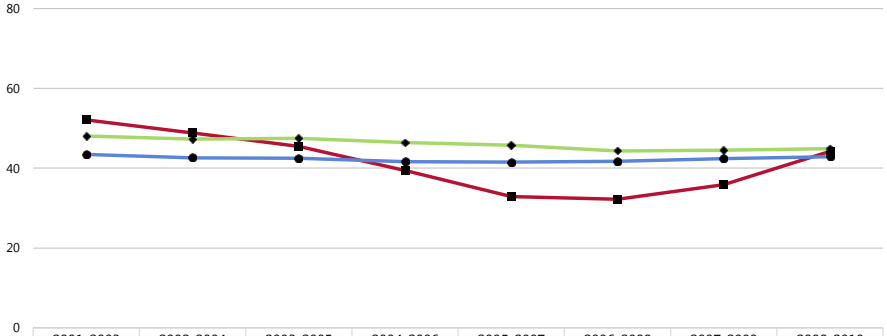
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2014.

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.
- CLRD is chronic lower respiratory disease.

Despite a recent uptick, the Houston County CLRD mortality rate has decreased overall, in keeping with the statewide trend (the national rate has been stable).

CLRD: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Houston County	52.1	48.9	45.4	39.4	32.9	32.2	35.9	44.3
GA	48.0	47.3	47.5	46.4	45.8	44.4	44.5	44.9
US	43.5	42.6	42.5	41.6	41.5	41.8	42.4	42.8

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2014.

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.

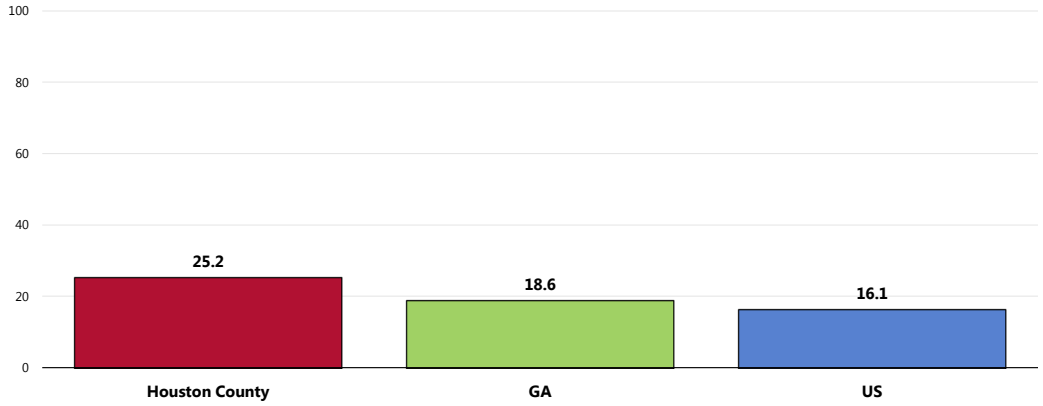
For prevalence of vaccinations for pneumonia and influenza, see also "Immunization & Infectious Disease."

Between 2008 and 2010, there was an annual average age-adjusted pneumonia influenza mortality rate of 25.2 deaths per 100,000 population in Houston County.

- Above the statewide rate.
- Above the national rate.

Pneumonia/Influenza: Age-Adjusted Mortality

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



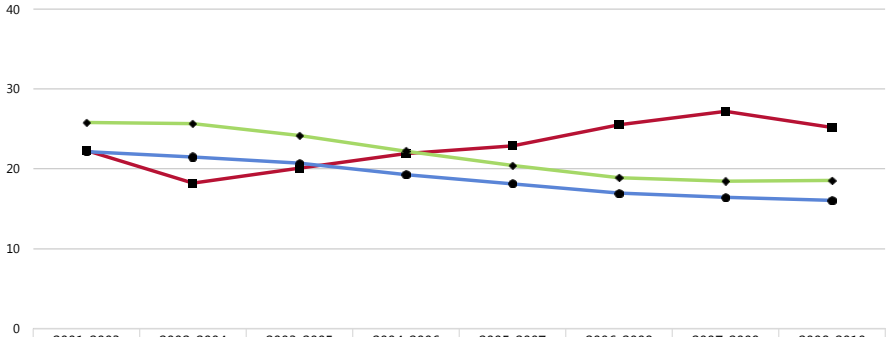
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2014.

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.

Pneumonia/influenza mortality has increased in Houston County, in contrast to the decreasing trends reported statewide and nationally.

Pneumonia/Influenza: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Houston County	22.3	18.2	20.1	21.9	22.9	25.5	27.2	25.2
GA	25.8	25.7	24.2	22.2	20.4	18.9	18.5	18.6
US	22.2	21.5	20.7	19.3	18.1	17.0	16.4	16.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2014.

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.

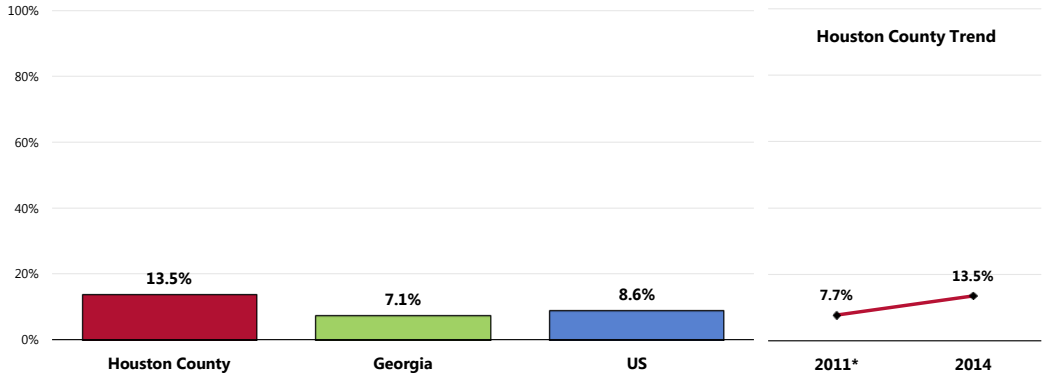
Chronic Obstructive Pulmonary Disease (COPD)

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

A total of 13.5% of Houston County adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis)**.**

- Less favorable than the statewide prevalence.
- Similar to the national prevalence.
- Statistically unchanged since 2011.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 25]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Georgia data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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

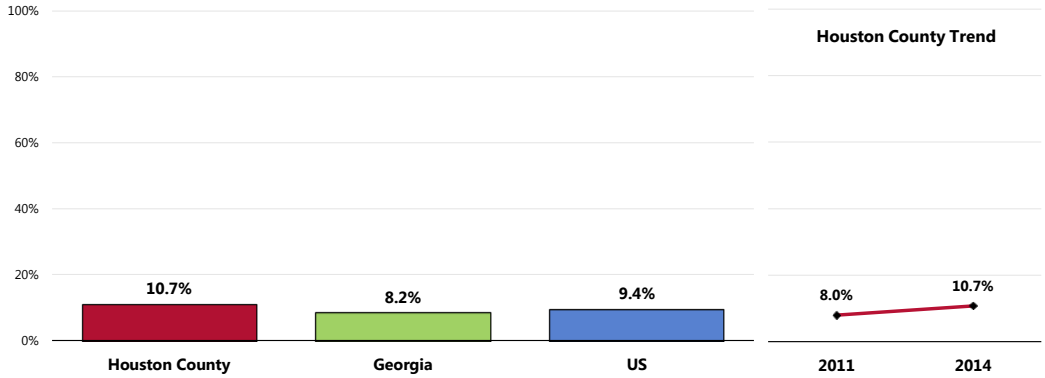
Asthma

Adults

A total of 10.7% of Houston County adults currently suffer from asthma.

- Similar to the statewide prevalence.
- Similar to the national prevalence.
- Similar to previous survey findings.

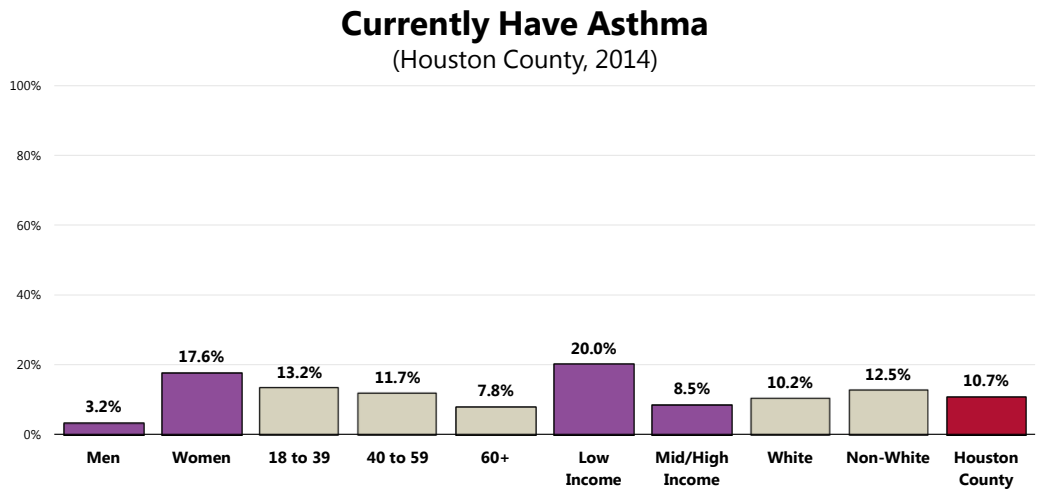
Adult Asthma: Current Prevalence



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 134]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Georgia data.

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

Women in Houston County are more likely to suffer from asthma.

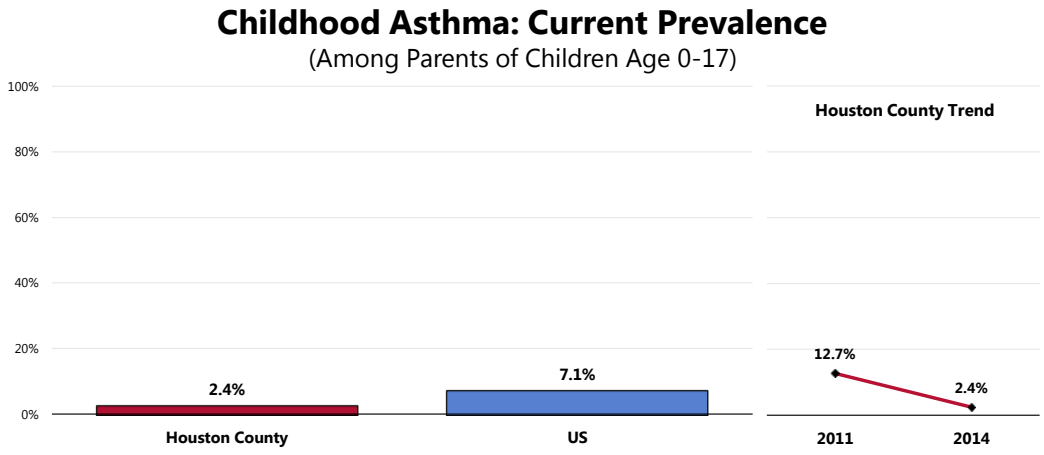


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among Houston County children under age 18, 2.4% currently have asthma.

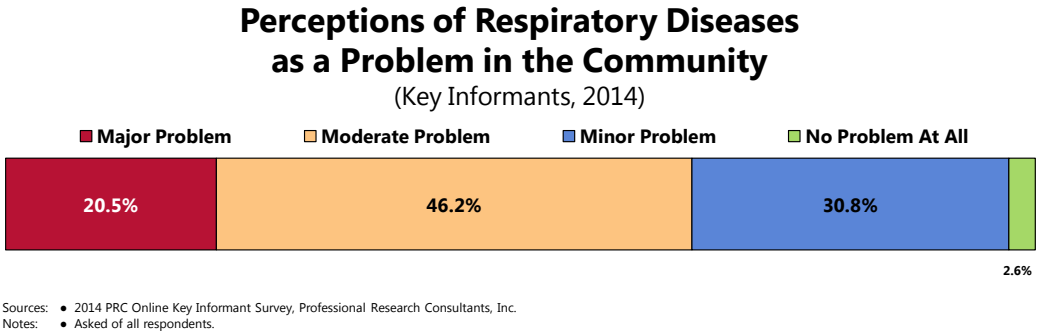
- Well below the national findings.
- Marks a statistically significant improvement in children's asthma prevalence since 2011.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 135]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.
• Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

Key Informant Input: Respiratory Diseases

A total of 20.5% of key informants taking part in an online survey characterized *Respiratory Diseases* as a "major problem" in the community. A plurality characterize this as a "moderate problem."



Sources: • 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

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

Smoking

> *COPD, asthma and emphysema are major problems, in part due to **smoking rates**. [Other Health Provider]*
>
> *We have a large elderly community. Many have **smoked** most of their lives. It leads to emphysema, COPD, etc. [Other Health Provider]*
>
> ***Smoking** is still very prevalent in the community. [Physician]*

Prevalence

> *As with most chronic illnesses, there is a **rise in these types of diseases** as opposed to a significant decrease. These respiratory diseases are due to lack of physical activity and poor nutrition which result in these types of chronic diseases. [Other Health Provider]*
>
> *COPD and asthma are **pervasive** and expensive conditions. [Community Leader]*

Health Consequences

> *Respiratory illness is **linked** to increased child/infant death rates and increased asthma rates. COPD is well **linked** to increased hospitalizations, mortality rates, and morbidity rates in Houston County. [Other Health Provider]*

Program, Service or Policy Recommendations

When asked what could be done to improve this problem in terms of programs, services or policies, key informants (who rated this as a "major problem") suggested the following:

Better Disease Management

> *Access to **affordable medications**, along with **care coordination** to prevent readmissions. [Other Health Provider]*

*Programs that improve the overall health of the population in terms of **cardiovascular fitness and weight control**. [Other Health Provider]*

*Incentivize **management of these conditions** as opposed to the treatment. [Community Leader]*

***Increased compliance** with treatments would help. [Physician]*

Smoking Cessation

***Smoking cessation** programs. [Other Health Provider]*

*More **smoking cessation** support should be available. [Physician]*

Better Air Quality

*Serious discussions about indoor and outdoor **air quality** on health. [Community Leader]*

*Better **air quality**. [Other Health Provider]*

Education

Programs to teach adolescents the dangers of smoking. [Other Health Provider]

*More **education**, more education, more education. [Physician]*

Improve Standard of Living

***Increased incomes/employment** rates which lead to improved living conditions. [Other Health Provider]*

Injury & Violence

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

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

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

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

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

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

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

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

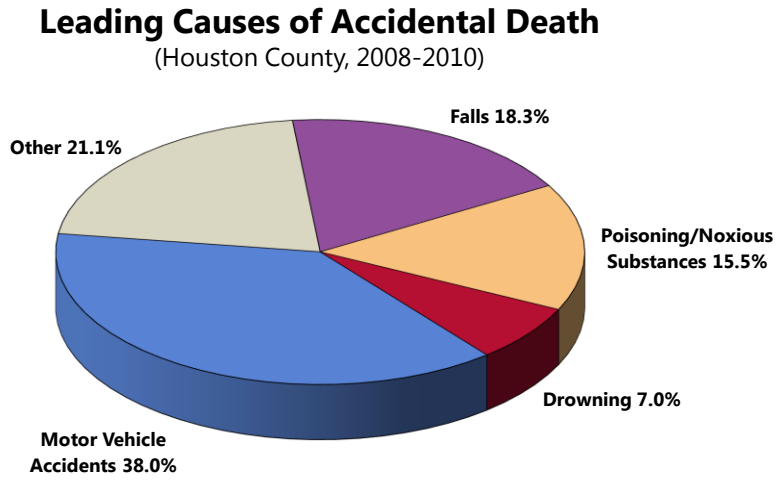
Efforts to prevent violence may focus on:

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

– Healthy People 2020 (www.healthypeople.gov)

Leading Causes of Accidental Death

Motor vehicle accidents, falls, poisoning, and drowning accounted for nearly 8 in 10 accidental deaths in Houston County between 2008 and 2010.



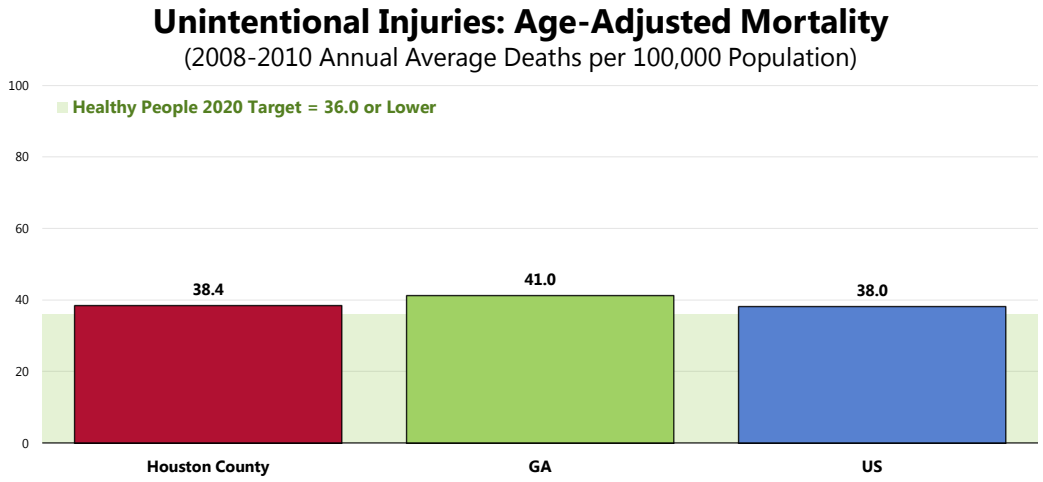
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2014.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2008 and 2010, there was an annual average age-adjusted unintentional injury mortality rate of 38.4 deaths per 100,000 population in Houston County.

- More favorable than the Georgia rate.
- Comparable to the national rate.
- Fails to satisfy the Healthy People 2020 target (36.0 or lower).

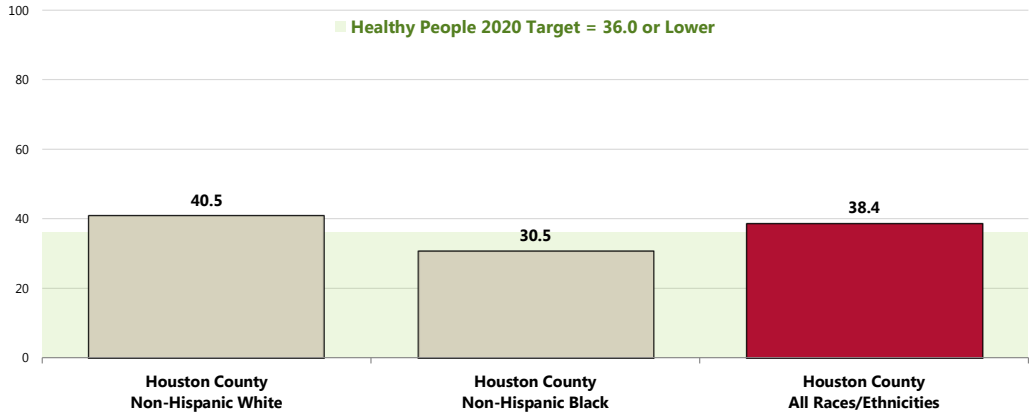


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2014.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 U.S. Standard Population.
• Local, state and national data are simple three-year averages.

The unintentional injury rate is higher among Houston County Whites than among Blacks.

Unintentional Injuries: Age-Adjusted Mortality by Race

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



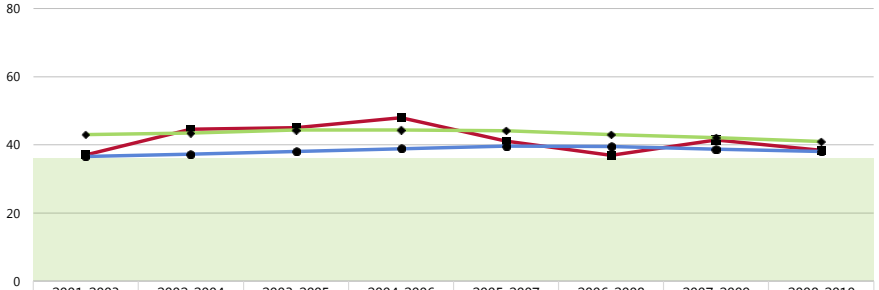
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2014.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

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

The mortality rate has fluctuated over the past decade in Houston County.

Unintentional Injuries: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Healthy People 2020	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0
Houston County	37.0	44.6	45.1	48.0	41.1	37.0	41.4	38.4
GA	43.1	43.5	44.3	44.3	44.1	43.0	42.1	41.0
US	36.6	37.3	38.0	38.9	39.6	39.5	38.7	38.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2014.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

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

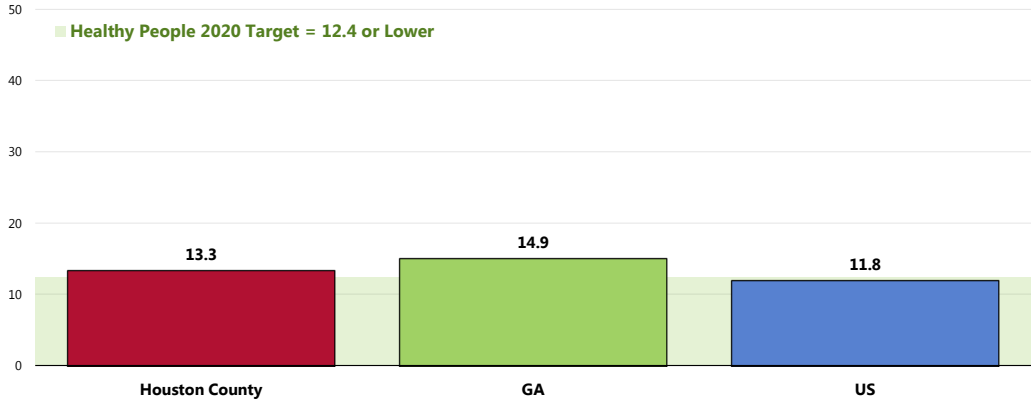
Age-Adjusted Motor-Vehicle Related Deaths

Between 2008 and 2010, there was an annual average age-adjusted motor vehicle crash mortality rate of 13.3 deaths per 100,000 population in Houston County.

- Lower than found statewide.
- Higher than found nationally.
- Fails to satisfy the Healthy People 2020 target (12.4 or lower).

Motor Vehicle Crashes: Age-Adjusted Mortality

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



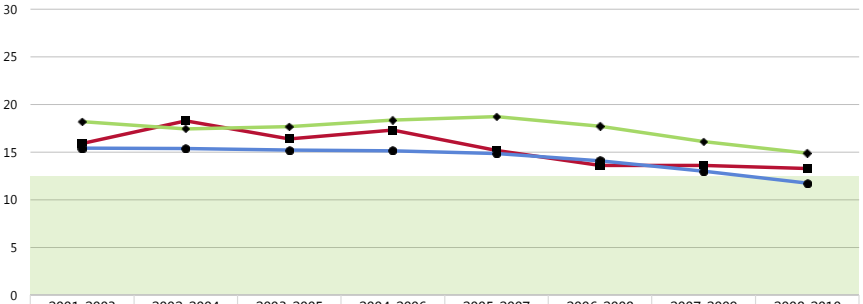
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2014.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-13.1]

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

Over the past decade, the motor vehicle crash mortality rate has decreased.

Motor Vehicle Crashes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Healthy People 2020	12.4	12.4	12.4	12.4	12.4	12.4	12.4	12.4
Houston County	15.9	18.3	16.4	17.3	15.2	13.6	13.6	13.3
GA	18.2	17.4	17.7	18.4	18.7	17.7	16.1	14.9
US	15.4	15.4	15.2	15.1	14.9	14.1	13.0	11.8

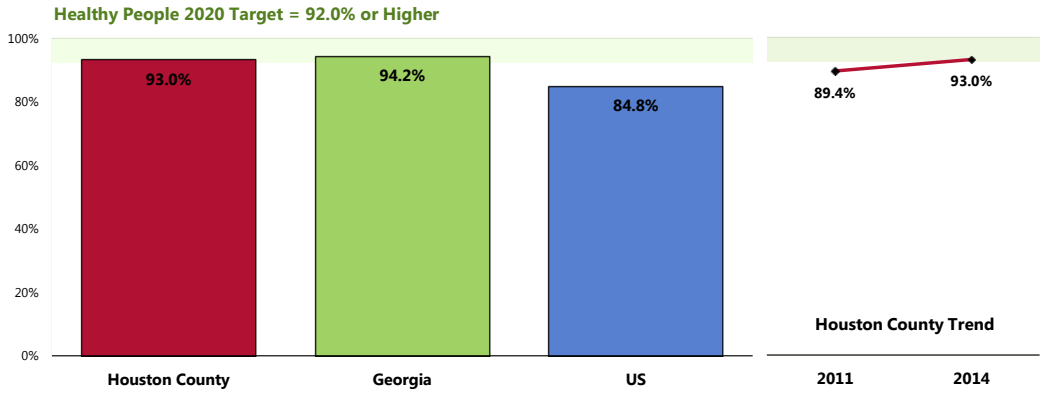
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2014.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-13.1]

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

Most Houston County adults (93.0%) report "always" wearing a seat belt when driving or riding in a vehicle.

- Comparable to the statewide proportion.
- More favorable than the percentage found nationally.
- Comparable to the Healthy People 2020 target of 92.4% or higher.
- Statistically unchanged since 2011.

"Always" Wear a Seat Belt When Driving or Riding in a Vehicle

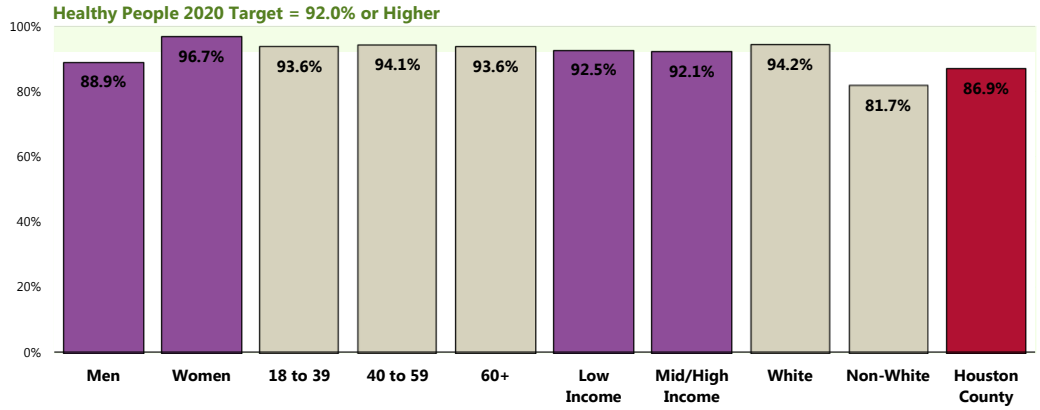


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 49]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Georgia data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IPV-15]

Notes:
- Asked of all respondents.

Non-White respondents are <u>less likely</u> to report consistent seat belt usage.

"Always" Wear a Seat Belt When Driving or Riding in a Vehicle
(Houston County, 2014)



Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IPV-15]

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 a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

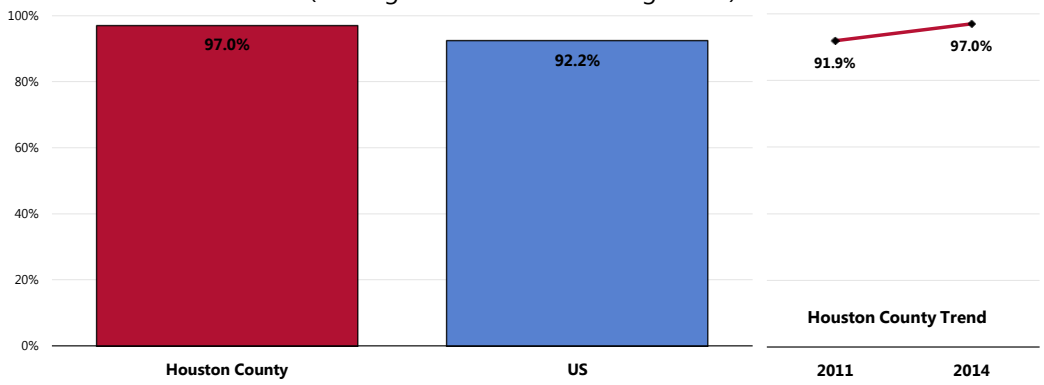
Seat Belt Usage - Children

A full 97.0% 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.

- Statistically similar to the national prevalence.
- Statistically unchanged since 2011.

Child "Always" Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle

(Among Parents of Children Age 0-17)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 122]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.

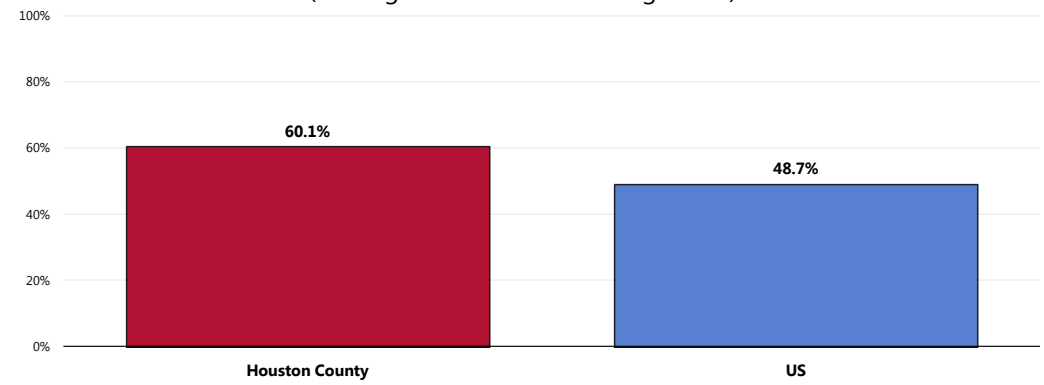
Bicycle Safety

A total of 6 in 10 Houston County children age 5 to 17 (60.1%) are reported to "always" wear a helmet when riding a bicycle.

- Statistically similar to the national prevalence.

Child "Always" Wears a Helmet When Riding a Bicycle

(Among Parents of Children Age 5-17)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 121]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children age 5 to 17 at home.

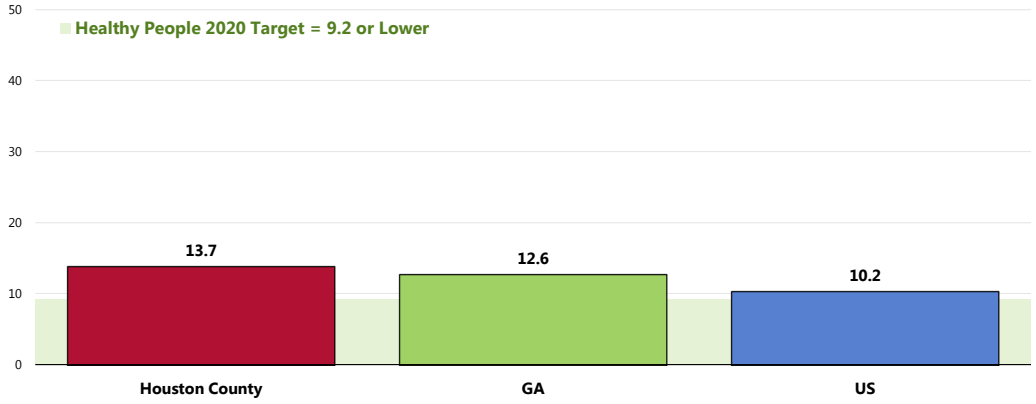
Age-Adjusted Firearm-Related Deaths

Between 2008 and 2010, there was an annual average age-adjusted rate of 13.7 deaths per 100,000 population due to firearms in Houston County.

- Worse than found statewide.
- Worse than found nationally.
- Fails to satisfy the Healthy People 2020 objective (9.2 or lower).

Firearms-Related Deaths: Age-Adjusted Mortality

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



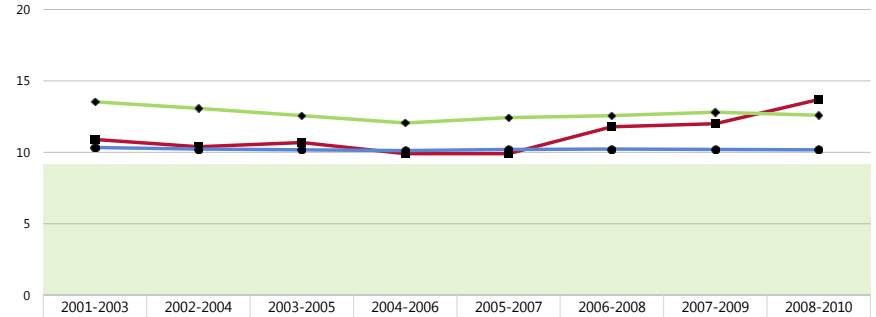
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2014.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-30]

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

Firearm deaths have increased in Houston County.

Firearms-Related Deaths: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Healthy People 2020	9.2	9.2	9.2	9.2	9.2	9.2	9.2	9.2
Houston County	10.9	10.4	10.7	9.9	9.9	11.8	12.0	13.7
GA	13.5	13.1	12.6	12.1	12.4	12.6	12.8	12.6
US	10.3	10.2	10.2	10.1	10.2	10.2	10.2	10.2

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2014.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-30]

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

Presence of Firearms in Homes

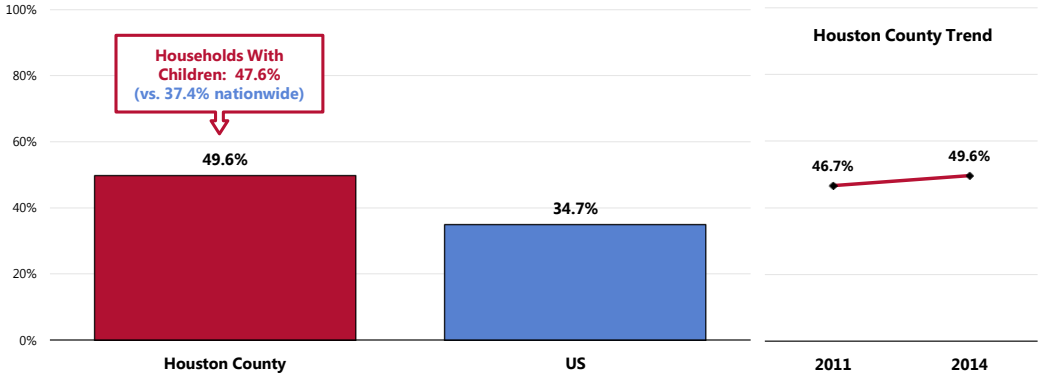
Survey respondents were further asked about the presence of weapons in the home:

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

Overall, half of Houston County adults (49.6%) have a firearm kept in or around their home.

- Much higher than the national prevalence.
- Unchanged since 2011.
- Among Houston County households with children, 47.6% have a firearm kept in or around the house.

Have a Firearm Kept in or Around the Home



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 52, 137]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

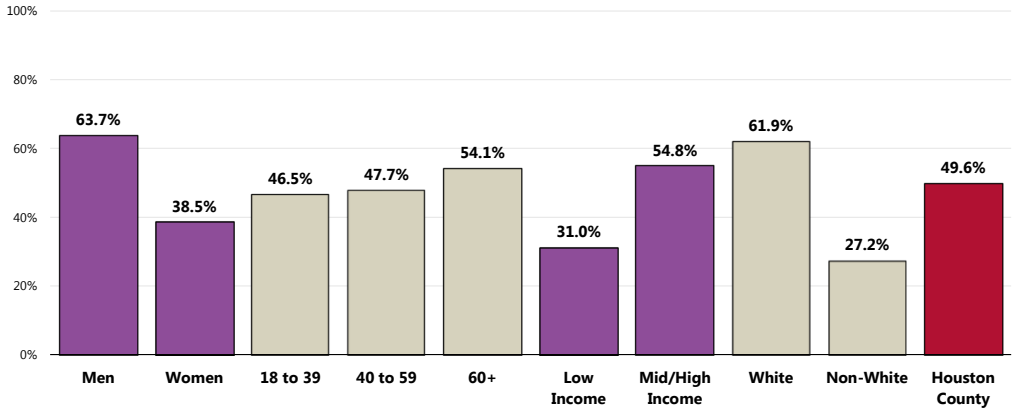
Notes:
- Asked of all respondents.
- In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Reports of firearms in or around the home are more prevalent among the following respondent groups:

- Men.
- Upper-income residents.
- White respondents.

Have a Firearm Kept in or Around the House

(Houston County, 2014)



Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]

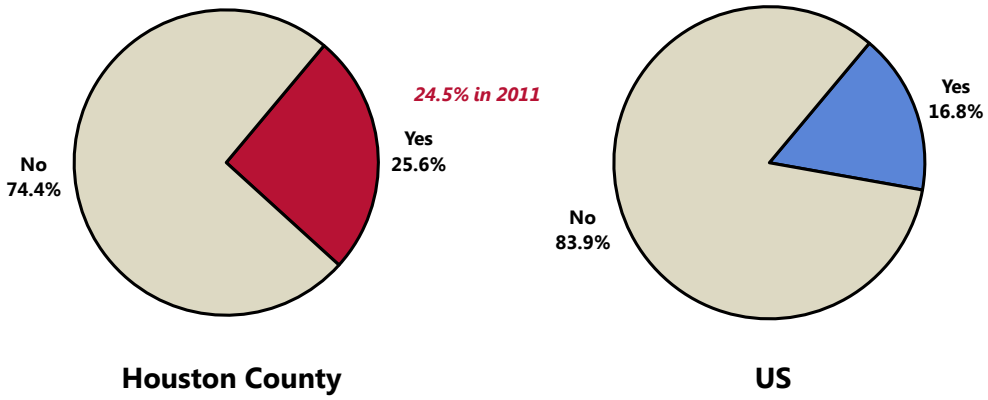
Notes:
- Asked of all respondents.
- In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among Houston County households with firearms, 25.6% report that there is at least one weapon that is kept unlocked and loaded.

- Statistically similar to that found nationally.
- Similar to the 2011 prevalence among Houston County respondents.

Household Has An Unlocked, Loaded Firearm

(Among Respondents Reporting a Firearm in or Around the Home)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 138]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with a firearm in or around the home.
- In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

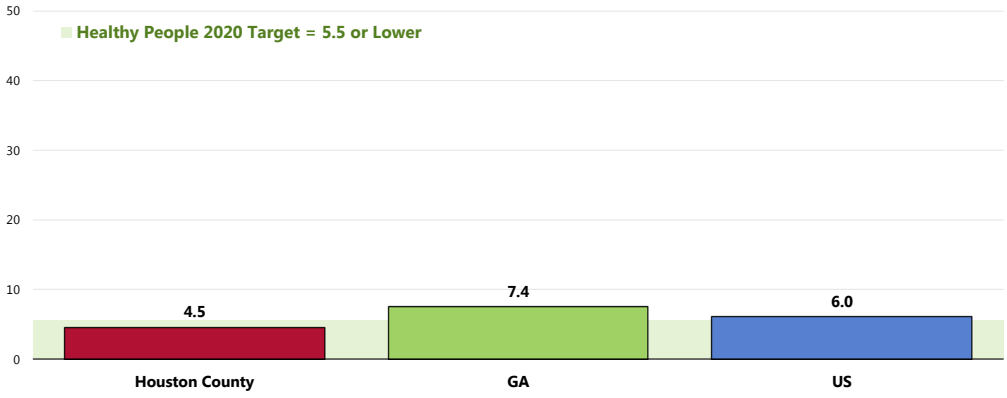
RELATED ISSUE:
See also *Suicide* in the **Mental Health & Mental Disorders** section of this report.

Between 2001 and 2010, there was an annual average age-adjusted homicide rate of 4.5 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.

Homicide: Age-Adjusted Mortality

(2001-2010 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 July 2014.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-29]

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

Intentional Injury (Violence)

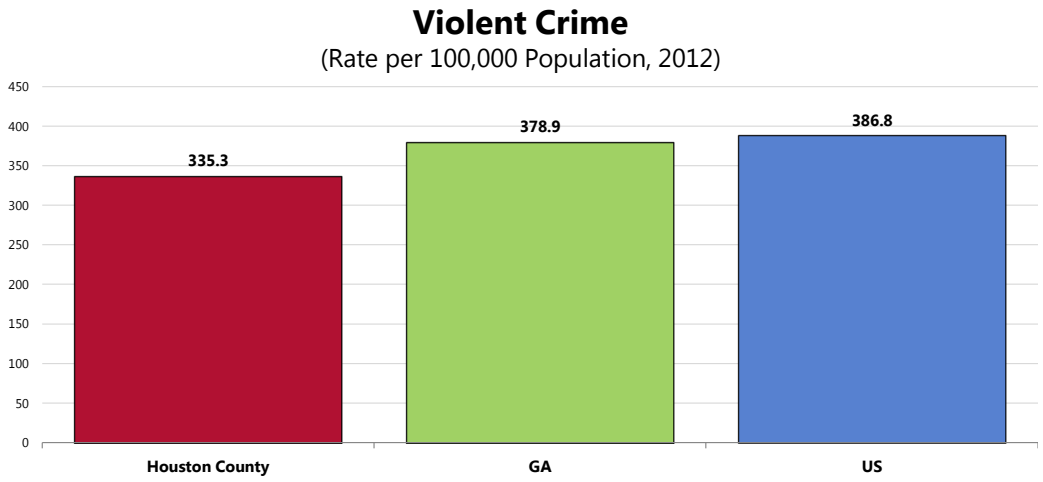
Violent Crime

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

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

In 2012, there were a reported 335.3 violent crimes per 100,000 population in Houston County.

- Below the statewide violent crime rate.
- Below the national rate.



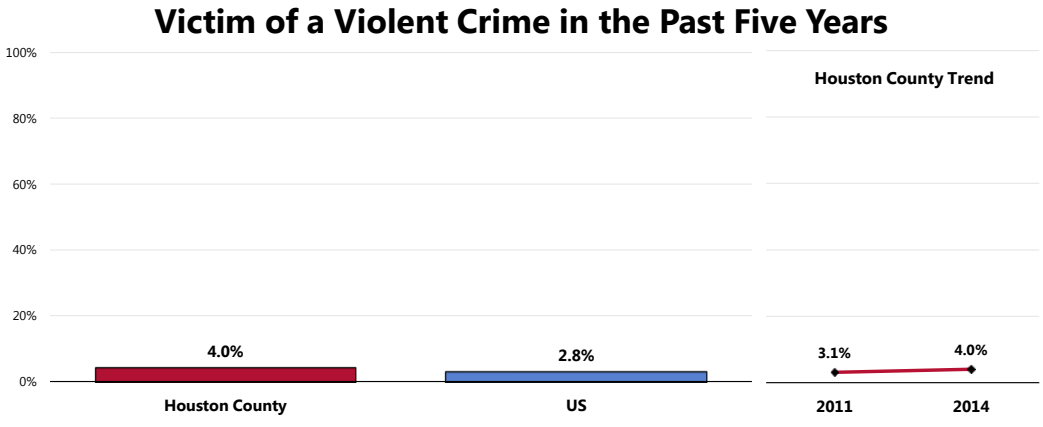
Sources:
- Community Commons. Retrieved July 2014 from http://www.chna.org.

Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.
- Data are derived from the Federal Bureau of Investigation, FBI Uniform Crime Reports: 2012.

Self-Reported Violence

A total of 4.0% of Houston County adults acknowledges being the victim of a violent crime in the past five years.

- Similar to the national findings.
- Statistically unchanged since 2011.



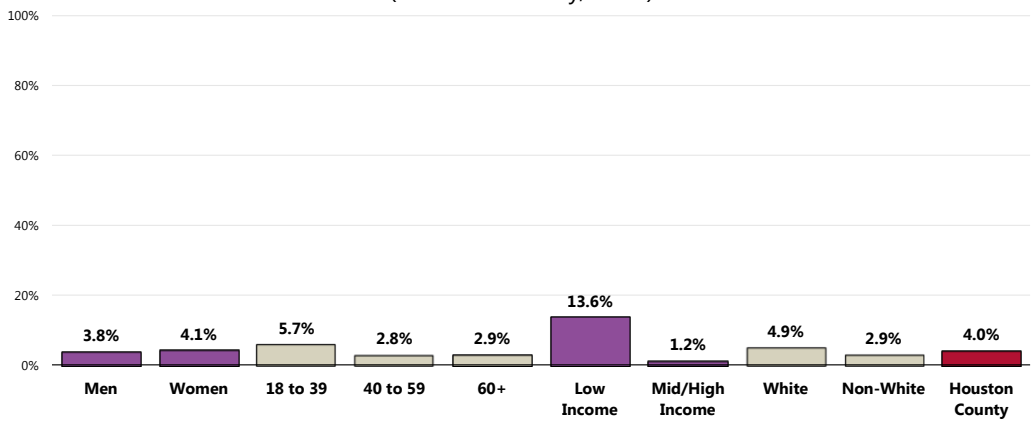
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 50]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Reports of violence are notably higher among residents living in lower-income households.

Victim of a Violent Crime in the Past Five Years

(Houston County, 2014)



Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]

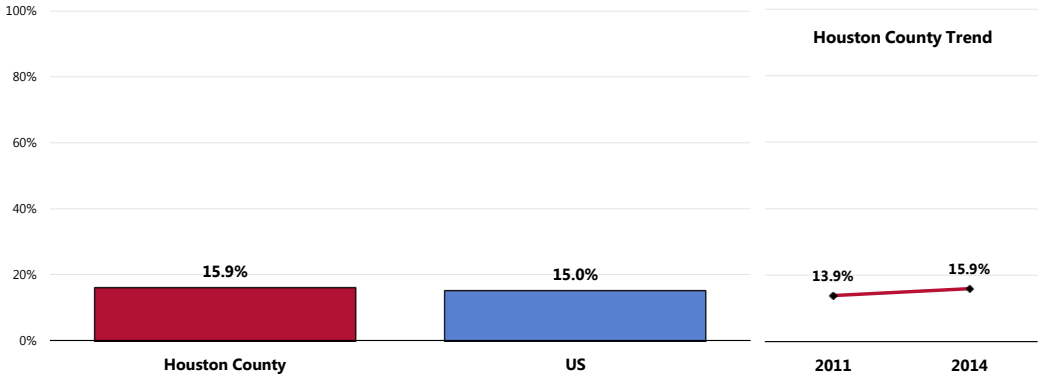
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Self-Reported Family Violence

A total of 15.9% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- Comparable to the national findings.
- Statistically unchanged since 2011.

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

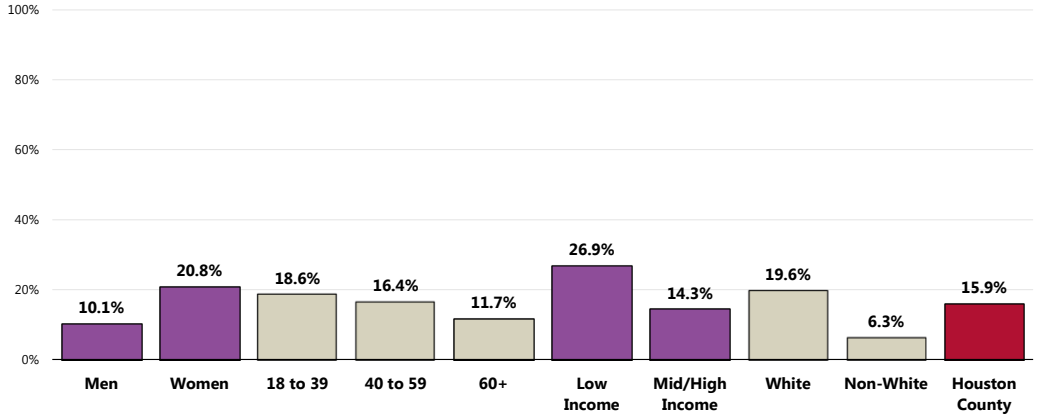


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 51]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Reports of domestic violence were notably higher among Houston County women and White residents.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner
(Houston County, 2014)

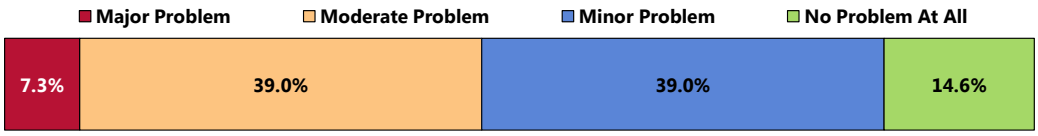


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Injury & Violence

A total of 7.3% of key informants taking part in an online survey characterized *Injury & Violence* as a "major problem" in the community. A plurality characterize this as a "moderate" or "minor problem" (equal responses)**.**

Perceptions of Injury and Violence as a Problem in the Community
(Key Informants, 2014)



Sources: • 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

None of those rating this issue as a "major problem" gave more specific reasons for their ratings.

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)

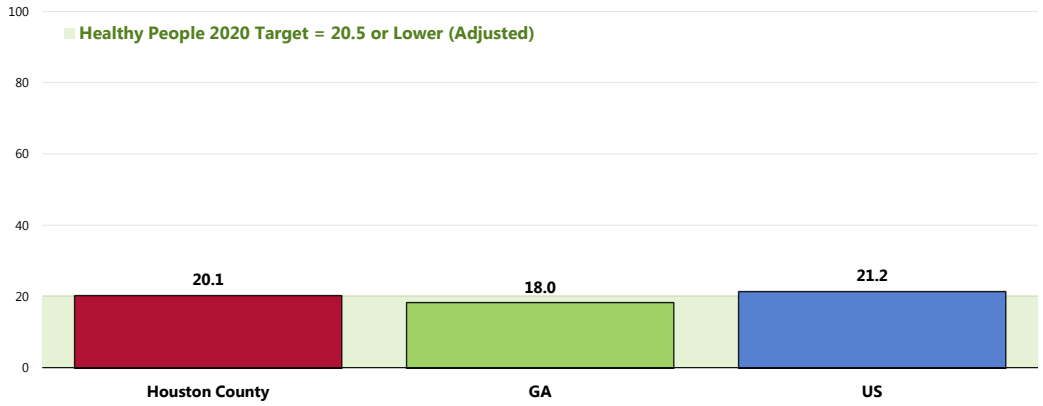
Age-Adjusted Diabetes Deaths

Between 2008 and 2010, there was an annual average age-adjusted diabetes mortality rate of 20.1 deaths per 100,000 population in Houston County.

- Less favorable than that found statewide.
- More favorable than the national rate.
- Similar to the Healthy People 2020 target (20.5 or lower).

Diabetes: Age-Adjusted Mortality

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



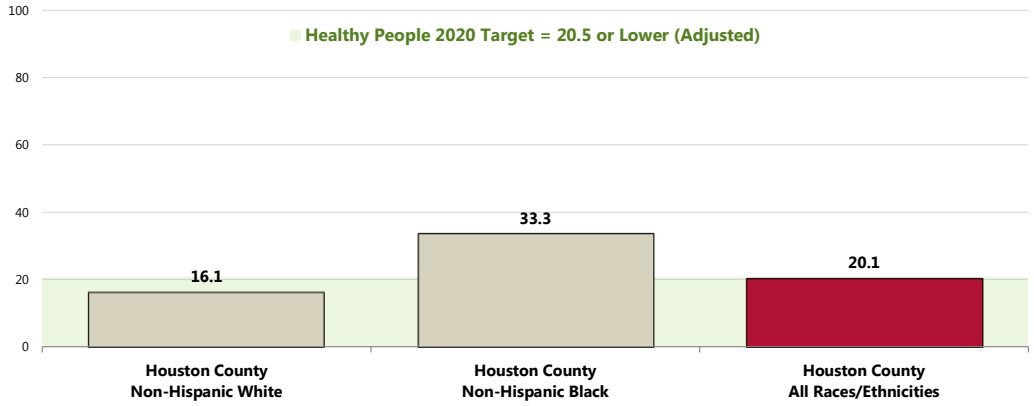
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2014.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

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

Diabetes mortality is much higher in the Houston County Black population when compared with Whites.

Diabetes: Age-Adjusted Mortality by Race

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



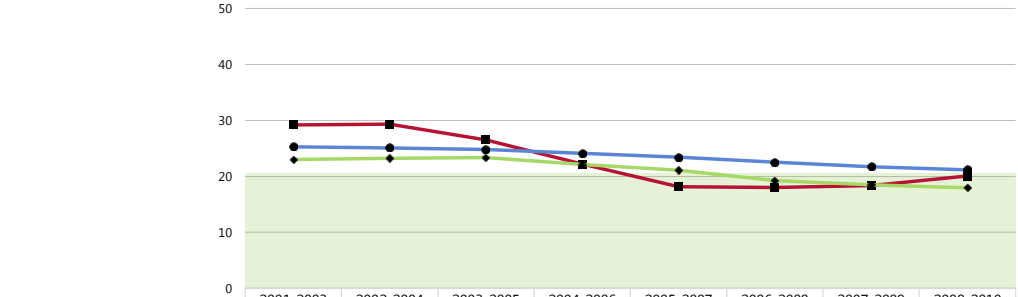
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2014.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

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

- Diabetes mortality has decreased over the past decade.

Diabetes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Healthy People 2020 (Adjusted)	20.5	20.5	20.5	20.5	20.5	20.5	20.5	20.5
Houston County	29.2	29.3	26.5	22.2	18.2	18.0	18.4	20.1
GA	23.0	23.2	23.4	22.1	21.1	19.2	18.5	18.0
US	25.3	25.1	24.8	24.1	23.5	22.5	21.7	21.2

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2014.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

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

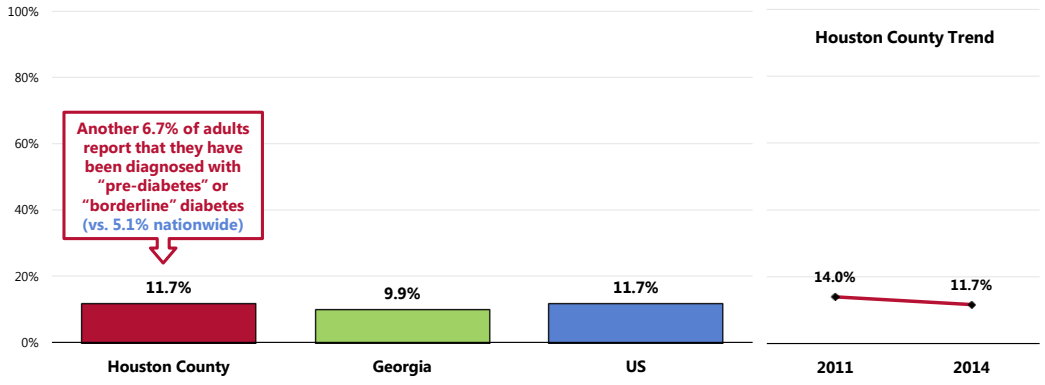
Prevalence of Diabetes

A total of 11.7% of Houston County adults report having been diagnosed with diabetes.

- Similar to the statewide proportion.
- Identical to the national proportion.
- Similar to the 2011 survey results.

In addition to the prevalence of diagnosed diabetes referenced above, another 6.7% of Houston County adults report that they have "pre-diabetes" or "borderline diabetes."

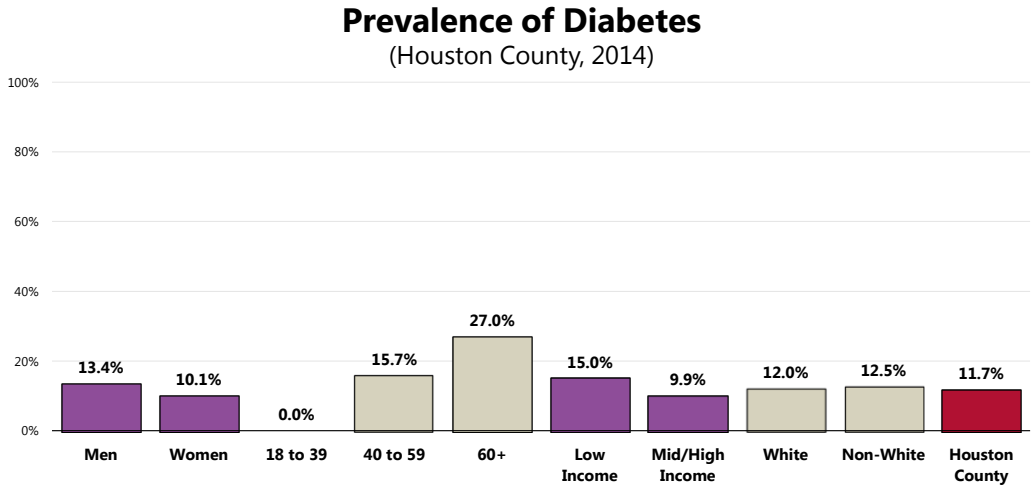
Prevalence of Diabetes



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 136]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Georgia data.

Notes:
- Asked of all respondents.
- Local and national data exclude gestation diabetes (occurring only during pregnancy).

- A higher prevalence of diagnosed diabetes (excluding pre-diabetes or borderline diabetes) is reported among older adults (note the strong positive correlation between diabetes and age, with 27.0% of seniors with diabetes).

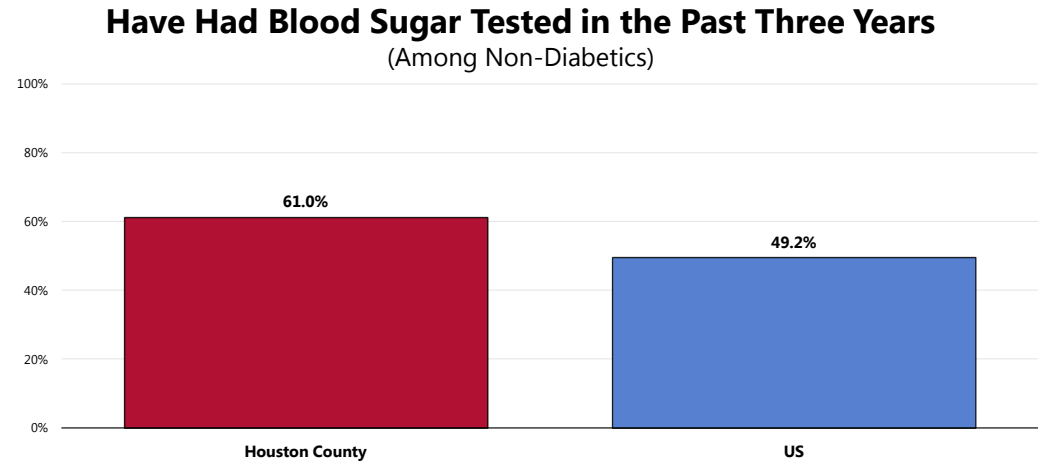


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 136]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
• Excludes gestation diabetes (occurring only during pregnancy).

Diabetes Testing

Of Houston County adults who have <u>not</u> been diagnosed with diabetes, 61.0% report having had their blood sugar level tested within the past three years.

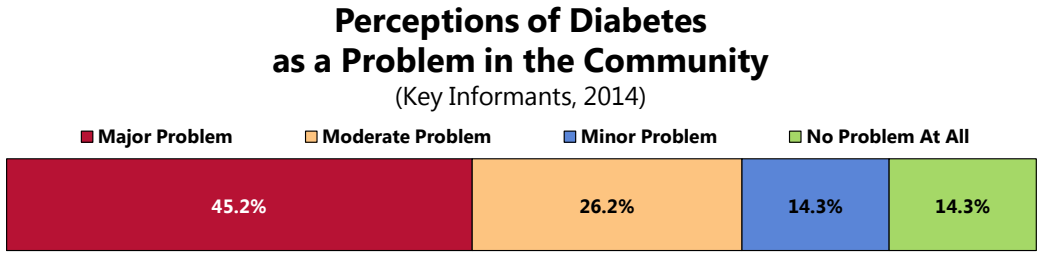
- Higher than the national proportion.



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of respondents who have not been diagnosed with diabetes.

Key Informant Input: Diabetes

Just under one-half (45.2%) of key informants taking part in an online survey characterized *Diabetes* as a "major problem" in the community. This represents a plurality of responses.



Sources: • 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Those rating this issue as a "major problem" frequently related following challenges facing diabetics:

Poor Nutrition

*Proper **nutrition** knowledge and access. [Social Service Provider]*

***Eating habits** of those all around - too many people are just willing to accept it and live with it. [Community Leader]*

*The biggest challenges for people with diabetes include poor **access to fresh fruits and vegetables** that are affordable. There are plenty of places to get exercise and Houston Health EduCare also offers exercise courses and classes. However, there are few resources other than government assistance to aid in being able to afford to buy healthy foods. [Other Health Provider]*

*Cultural ideologies about **food consumption** and type of food consumption, lack of affordable healthy options for prepared food within the communities. [Other Health Provider]*

*Lack of **exercise**, **difficulty eating right** with limited funds. [Other Health Provider]*

*People suffering this disease must invest and commit to the **lifestyle changes** that make the difference in long-term quality of life. Gaining this investment on the individual level is very difficult, because it means change of habit, and perhaps difficult choices in our modern American lifestyles. [Other Health Provider]*

*Managing **diet**. [Physician]*

Lack of Disease Management

*Tremendous number of persons being treated for diabetes. **Noncompliant** patients. [Community Leader]*

***Controlling** Type II Diabetes and its complications which include overweight/obesity, hypertension, hyperlipidemia, atherosclerosis. Accessibility to proper medications- especially insulin and supplies which can range from hundreds to thousands of dollars a month for insulin*

alone. [Other Health Provider]

***Not seeking** medical attention and **not utilizing** the programs available. [Other Health Provider]*

***Follow up** with endocrinologist. [Other Health Provider]*

*Failure to accept that it is a disease that they will have until they die. It does not go away. Following a **diet plan and taking their meds** as directed will reduce its impact on their lives. [Other Health Provider]*

***They don't try** to take care of the disease. [Physician]*

***Monitoring of blood sugar**, whether it be knowledge or lack of resources. [Physician]*

Education

***Education** that supports self-management goals and peer support. [Other Health Provider]*

***Education** about the disease and understanding the effects of the disease, heart problems, high blood pressure, etc. Many are in denial because they do not feel bad. Therefore, monitoring is poor. [Other Health Provider]*

*Access to **educational** programs. [Other Health Provider]*

*Lack of **education**. [Other Health Provider]*

***Education**; apathy; ignorance about prevention. [Community Leader]*

***Education**. [Physician]*

Financial Barriers

*Lack of **access to affordable care**, lack of transportation to care. [Other Health Provider]*

*Access to **medications**. **Affordable** diabetes supplies: even if insulin available through prescription assistance, the cost of strips and meters is a significant barrier for some. [Other Health Provider]*

*Help with **cost** of medications and testing supplies. [Other Health Provider]*

*Lack of access or **ability to afford medications**, testing materials, and overall lack of understanding of the disease and the role that lifestyle plays in development. [Physician]*

Program, Service or Policy Recommendations

When asked what could be done to improve this problem in terms of programs, services or policies, key informants (who rated this as a "major problem") suggested the following:

Promote Healthy Living

***Healthy food** alternatives. [Social Service Provider]*

*More services/programs should be established to help those who do not qualify for government assistance (EBT) and who are also not able to purchase these **types of food** with the income they do have. [Other Health Provider]*

*Promote/implement **healthy eating** and exercise initiatives. Work within community agencies or organizations to change our communities way of thinking about health, weight, exercise, and nutrition. Encourage eating establishments to offer healthy alternatives at a reasonable cost.*

Establish coordinated efforts to improve access to healthy food options such as improving farmer's markets and encouraging businesses that sell fresh fruits, vegetables, and meats. Encourage our businesses to implement healthy lifestyle practices at work and to establish employee health programs. [Other Health Provider]

*We need to have more places that people can go **exercise**, we need bike routes and walking trails. We need more sidewalks in our county.*

*Healthy, fresh, locally grown meats and vegetables are needed in this community to support the needed **lifestyle changes**. Measurable incremental goals that participants can measure and monitor themselves are needed with a system of "rewards" in place. Community involvement, walking clubs, cooking co-op: small groups that get together at schools, churches, hospitals to cook healthy food together in bulk quantities with each person making one dish in a quantity to feed their family and 4-5 others. Then all the members of the group would share their entrees with each individual leaving with a week's worth of entrees to be served through the week or frozen. [Other Health Provider]*

***Nutrition** programs. [Other Health Provider]*

*Nothing. They don't care to **stop eating bad foods**. [Physician]*

Better Education

*Early childhood **education** programs. [Social Service Provider]*

***Education** to improve job prospects which in turn increase income and the ability to afford better food choices. [Social Service Provider]*

*ATTEMPT to **increase awareness** and what it will do to one's body. [Community Leader]*

*We need to see about teaching people **how to cook and eat**. There needs to be away to make the **healthy foods more affordable** so people won't turn to the foods that are not as healthy because their budgets can't handle other things. [Other Health Provider]*

***Educational** programs suited to peoples' schedules to make incremental changes in diet and lifestyle gradually while providing positive feedback to participants. [Other Health Provider]*

*This county has a great program for diabetics; just **encourage more people to use it**. [Other Health Provider]*

***Educational** programs. [Other Health Provider]*

*We have a strong **educational** program for these patients. [Other Health Provider]*

*Physicians strongly encourage participation in the **educational** programs for their patients. [Other Health Provider]*

***Educate**. [Physician]*

*Better access to **education**. [Physician]*

*Making sure people that are pre-diabetic **understand the ramifications** of what is likely a preventable diagnosis. [Community Leader]*

Financial & Other Assistance

*Improve availability of **low-cost healthcare**, affordable health insurance, and establish a reliable method of public transportation so that healthcare can be accessed. [Other Health Provider]*

*Community specialists trained in **Pharmaceutical Patient Assistance Programs** (PPAP) in the*

community where those who need assistance live or obtain healthcare services.

*Coordinate access to **affordable supplies** along with PPAP and 340b drug programs; tie into current diabetes education through EduCare. Connect hospital discharge, EduCare and primary care providers to make transitions of care work e.g. patients discharged from hospital knowing where they will get medication and supplies, have a follow up appointment scheduled, care coordination between acute care and primary care. [Other Health Provider]*

*Increase physician understanding of **costs of medications** they are ordering and to have understanding of effective cost-saving substitutions. [Other Health Provider]*

*Insurance companies and health agencies should offer more personal services to **reach out to diabetic patients**. This would include calls at home, doctors asking for glucose readings on each visit. Many patients do better when they feel they have to answer to somebody. [Other Health Provider]*

*Community **transportation** that is a reasonable rate so patients can get to the doctor. [Other Health Provider]*

*Increased **access to medical coverage**, utilization of primary care services. [Physician]*

***Resources** to help patients acquire needed supplies. [Physician]*

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.

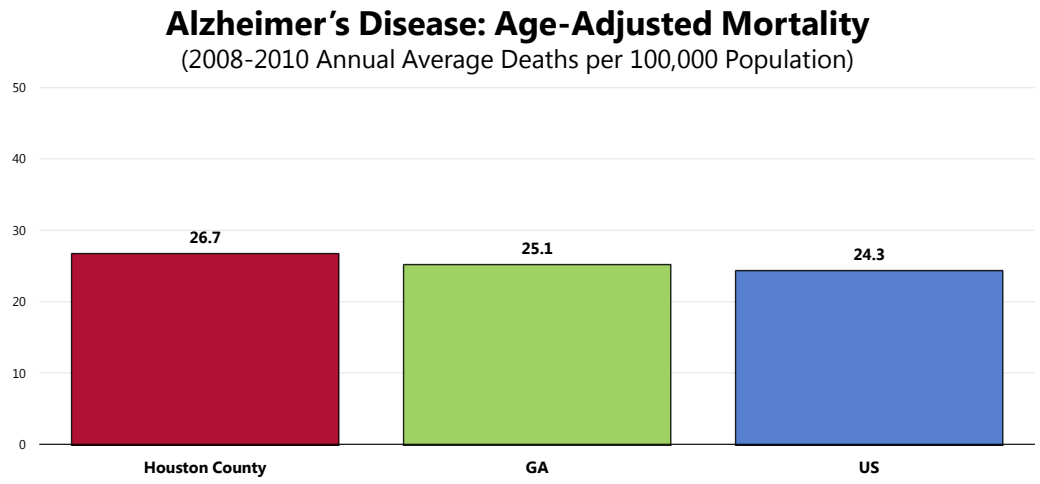
Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat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

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Between 2008 and 2010, there was an annual average age-adjusted Alzheimer's disease mortality rate of 26.7 deaths per 100,000 population in Houston County.

- Less favorable than the statewide rate.
- Less favorable than the national rate.

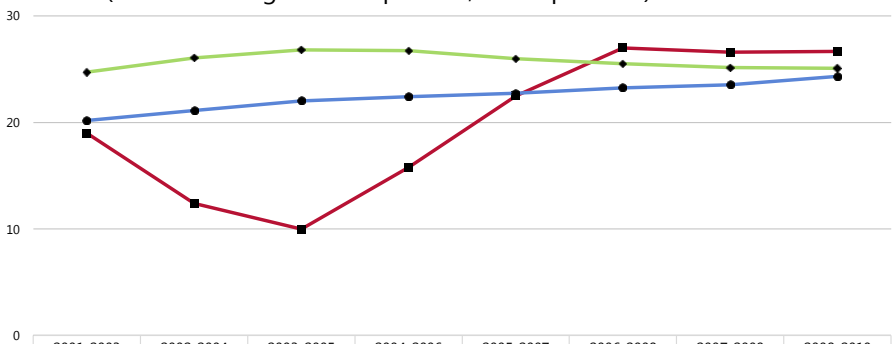


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2014.

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 mortality rate increased dramatically over the past decade.

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



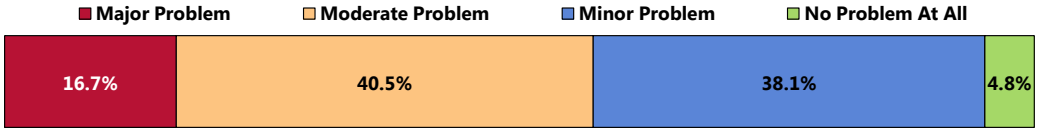
	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Houston County	19.0	12.4	10.0	15.8	22.5	27.0	26.6	26.7
GA	24.7	26.1	26.8	26.7	26.0	25.5	25.2	25.1
US	20.2	21.1	22.0	22.4	22.7	23.2	23.5	24.3

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2014.
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.

Key Informant Input: Dementias, Including Alzheimer's Disease

A total of 16.7% of key informants taking part in an online survey characterized *Dementias, Including Alzheimer's Disease* as a "major problem" in the community. A plurality characterize this as a "moderate problem."

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community
(Key Informants, 2014)



Sources: • 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

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

Personal Observation

> *Again, **I see more and more** people succumb to it every year - as we live longer. [Community Leader]*
>
> *Again, the prevalence of this disease **in my circle of friends and acquaintances**. When I visit people in nursing homes, I see more and more people with dementia - and some of the people are not very old. [Social Service Provider]*

*We **see and hear of more people** with this. It does not seem much is being done to help prevent it. [Other Health Provider]*

Aging Population

*The **elderly has become a larger population** that have become victims due to their dementia. More cases of Alzheimer's patients wandering off or family members not caring for them. [Community Leader]*

***Aging population**, lack of exercise, lack of challenges for the brain as people age. [Other Health Provider]*

Prevalence

*Increasing **numbers of diagnoses**, **limited resources/facilities** for them. [Physician & Other Health Provider]*

***Number impacted**; impact on families; financial impact. [Community Leader]*

Program, Service or Policy Recommendations

When asked what could be done to improve this problem in terms of programs, services or policies, key informants (who rated this as a "major problem") suggested the following:

Education

*More **education**. Resources for trackers. **Diagnosis quicker** and relieve of licenses. [Community Leader]*

*Programs to help **teach families** of these patients how to care for them. [Other Health Provider]*

***Education**; **early detection** and intervention; **respite** options for caregivers. [Community Leader]*

Early Detection

***Early diagnosis**, early drug intervention to slow the progression of the disease. [Social Service Provider]*

More Services/Research

***Expansion of behavioral health services** on both the private sector, as well as the public sector. [Physician & Other Health Provider]*

*Continued **research**. [Community Leader]*

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.

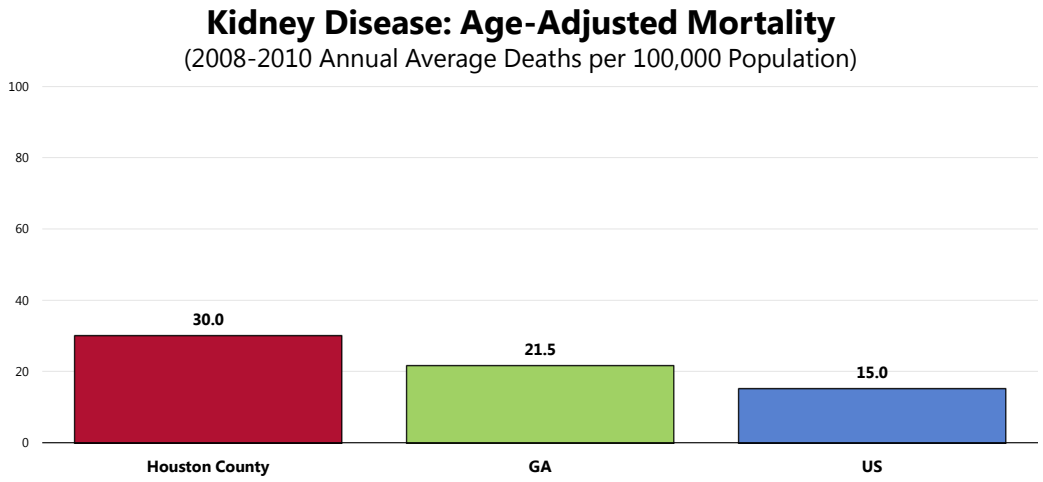
Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the national Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes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

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2008 and 2010 there was an annual average age-adjusted kidney disease mortality rate of 30.0 deaths per 100,000 population in Houston County.

- Less favorable than the rate found statewide.
- Less favorable than the national rate.



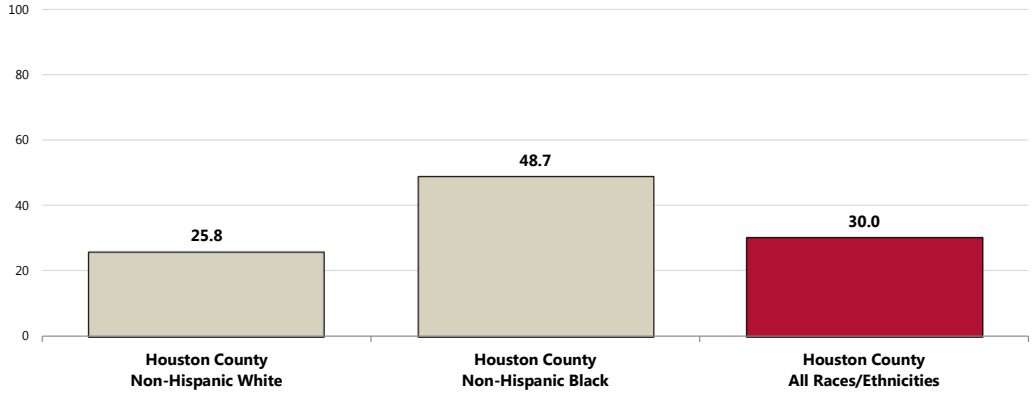
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2014.

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.

Mortality due to kidney disease is nearly twice as high in the Black population of Houston County as it is among White residents.

Kidney Disease: Age-Adjusted Mortality by Race

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



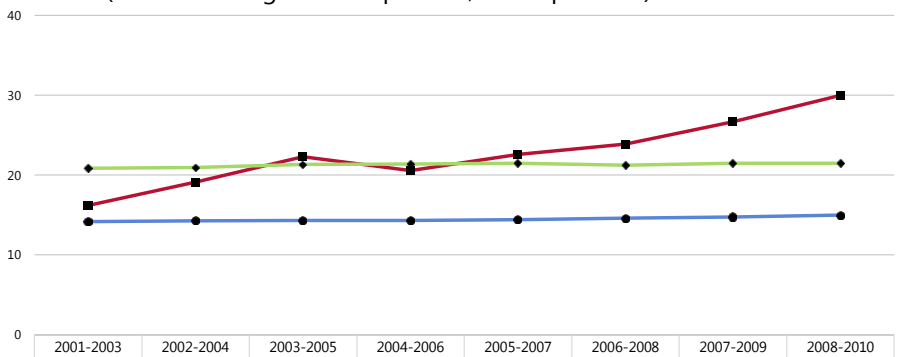
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2014.

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 death rate has increased over the past decade in Houston County.

Kidney Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Houston County	16.2	19.1	22.3	20.6	22.6	23.9	26.7	30.0
GA	20.9	21.0	21.3	21.4	21.5	21.2	21.5	21.5
US	14.2	14.3	14.3	14.3	14.4	14.6	14.7	15.0

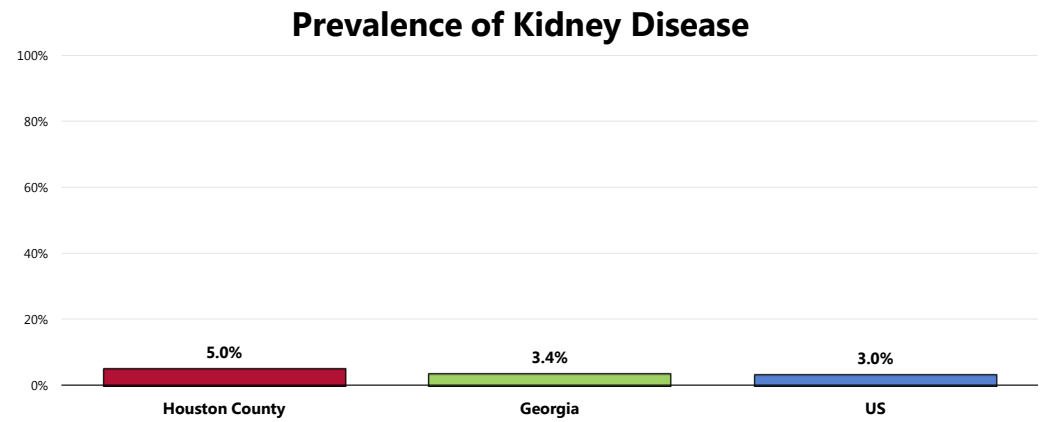
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2014.

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.

Prevalence of Kidney Disease

A total of 5.0% of Houston County adults report having been diagnosed with kidney disease.

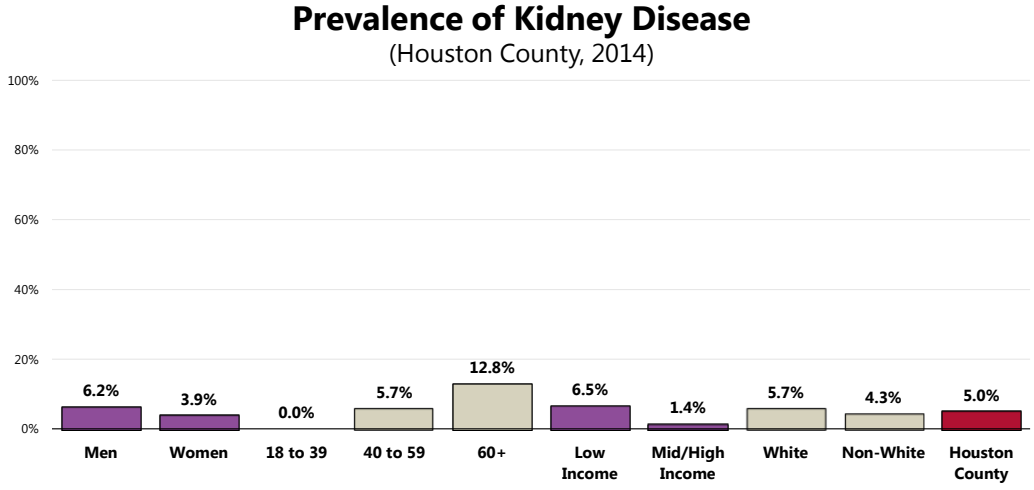
- Similar to the Georgia proportion.
- Similar to the US proportion.



Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Georgia data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Note the positive correlation between age and kidney disease in Houston County.

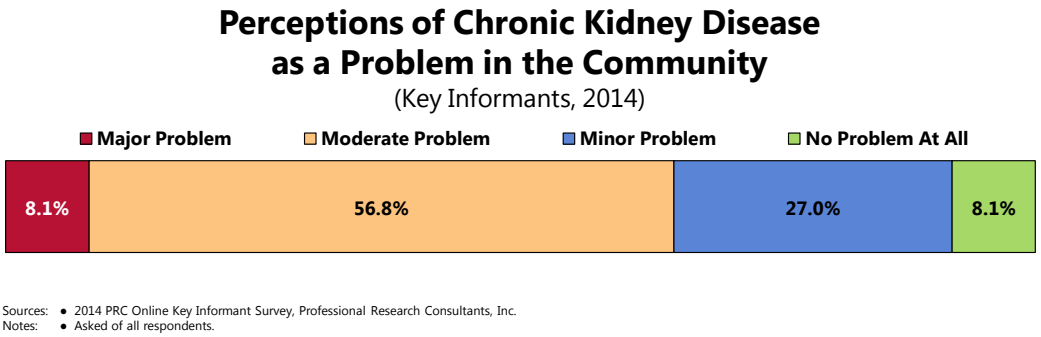


Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]

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 a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Chronic Kidney Disease

A total of 8.1% of key informants taking part in an online survey characterized *Chronic Kidney Disease* as a "major problem" in the community. A plurality characterize this as a "moderate problem."



Sources: • 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

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

> *Through contacts in my church and in the community, I **hear increasing concerns** about chronic kidney disease related to diabetes and hypertension. [Other Health Provider]*
>
> *There seems to be a **large number** of young individuals on dialysis, most due to untreated high blood pressure. [Physician]*

Program, Service or Policy Recommendations

When asked what could be done to improve this problem in terms of programs, services or policies, key informants (who rated this as a "major problem") suggested the following:

> *Increased community **education** about diabetes and hypertension. Access to church groups through parish nurse groups. [Other Health Provider]*
>
> *Increased interaction with **primary care** physician, **compliance** with medication recommendations and follow up. [Physician]*

Potentially Disabling Conditions

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

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

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

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

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

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

Arthritis, Osteoporosis, & Chronic Pain

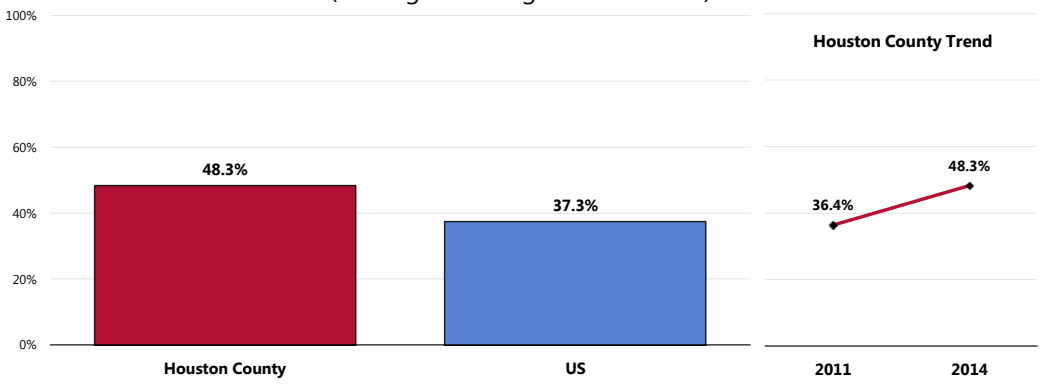
Prevalence of Arthritis/Rheumatism

Nearly one-half (48.3%) of Houston County adults age 50 and older report suffering from arthritis or rheumatism.

- Less favorable than that found nationwide.
- Statistically unchanged since 2011.

Prevalence of Arthritis/Rheumatism

(Among Adults Age 50 and Older)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 139]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents age 50 and older.

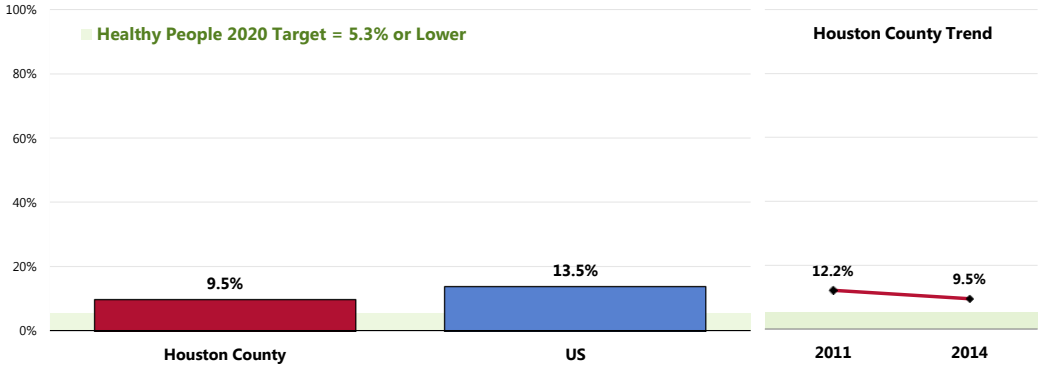
Prevalence of Osteoporosis

A total of 9.5% of survey respondents age 50 and older have osteoporosis.

- Statistically similar to that found nationwide.
- Statistically similar to the Healthy People 2020 target of 5.3% or lower.
- Statistically unchanged since 2011.

Prevalence of Osteoporosis

(Among Adults Age 50 and Older)



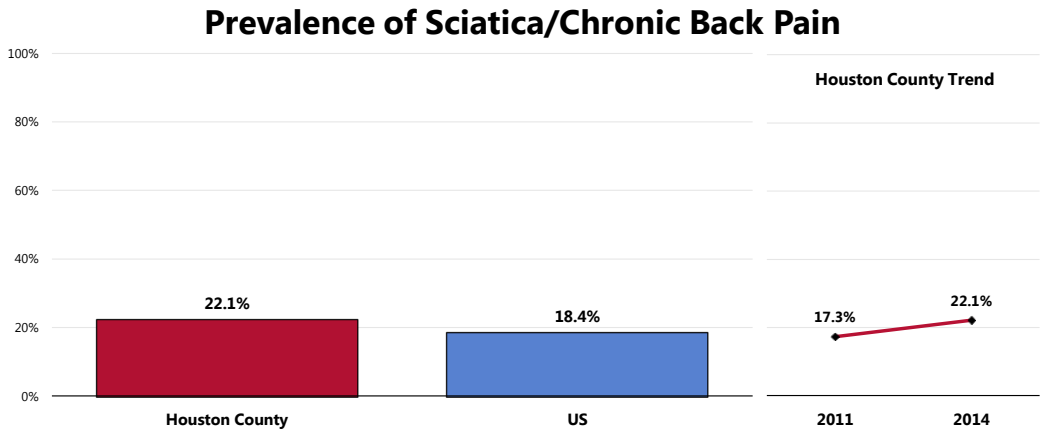
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 140]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AOCBC-10]

Notes:
- Reflects respondents age 50 and older.

Prevalence of Sciatica/Chronic Back Pain

A total of 22.1% of survey respondents suffer from chronic back pain or sciatica.

- Comparable to that found nationwide.
- Comparable to 2011 survey findings.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 29]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

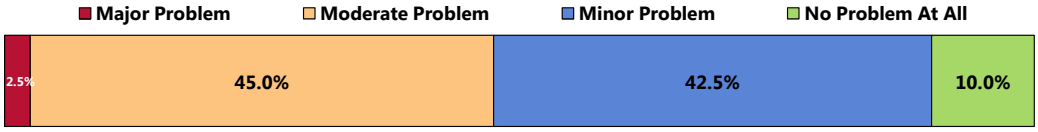
Notes:
- Asked of all respondents.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

A total of 2.5% of key informants taking part in an online survey characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a "major problem" in the community. A plurality characterize this as a "moderate problem."

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

(Key Informants, 2014)



Sources: • 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

The one person rating this issue as a "major problem" expressed the following:

> *Due to the **aging of baby boomers** and the **prevalence of worker's comp back injuries** - both real and perceived. [Social Service Provider]*

Program, Service or Policy Recommendations

This person suggested the following be done to improve this problem in terms of programs, services or policies:

> *Better **disease maintenance** by the physicians; more exercise programs targeted to older people with arthritis. [Social Service Provider]*

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.

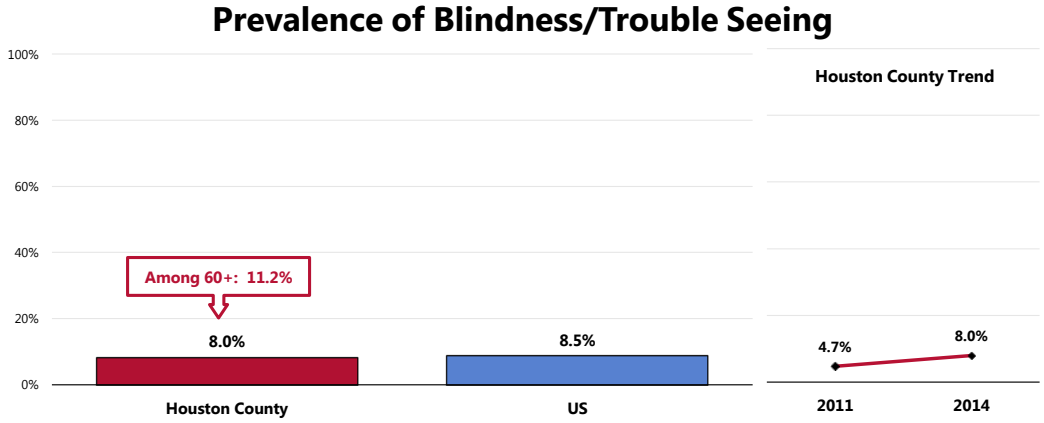
– Healthy People 2020 (www.healthypeople.gov)

Vision Trouble

A total of 8.0% of Houston County adults are blind, or have trouble seeing, even when wearing corrective lenses.

- Similar to that found nationwide.
- Statistically unchanged since 2011.
- Among Houston County adults age 60 and older, 11.2% have vision trouble.

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

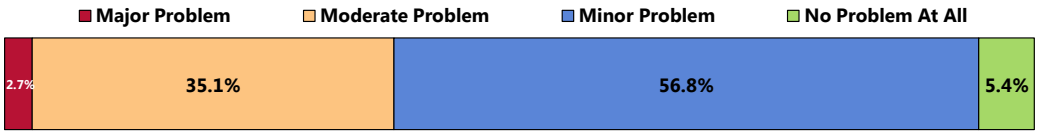


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 26]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Key Informant Input: Vision & Hearing

A total of 2.7% of key informants taking part in an online survey characterized *Vision & Hearing* as a "major problem" in the community. A plurality characterize this as a "minor problem."

Perceptions of Vision and Hearing as a Problem in the Community
(Key Informants, 2014)



Sources: • 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

The one person rating this issue as a "major problem," cited:

> *Access to dilated eye exams for **diabetic patients**. [Other Health Provider]*

Program, Service or Policy Recommendations

He/she suggested the following:

> *Develop a regularly scheduled **eye clinic** for diabetes patients, either with a local ophthalmologist or optometrist, or with Prevent Blindness Georgia. [Other Health Provider]*

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.

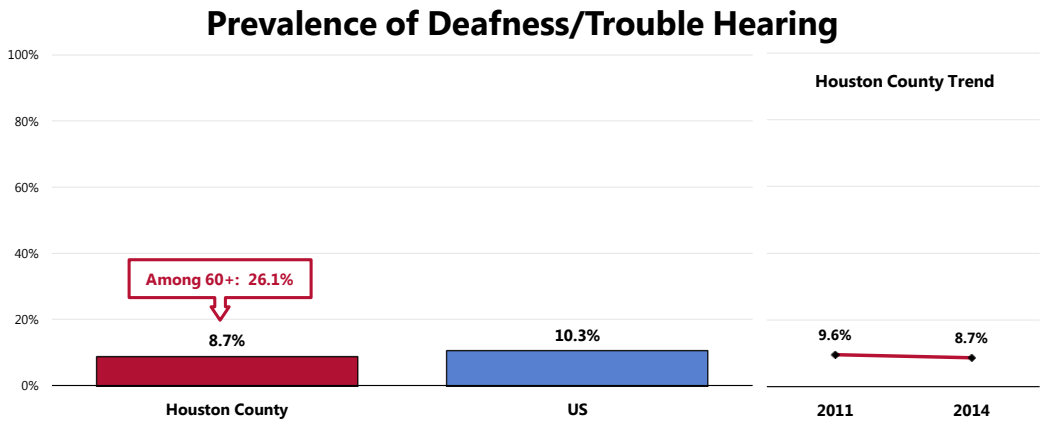
Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such a social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition,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

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

– Healthy People 2020 (www.healthypeople.gov)

In all, 8.7% of Houston County adults report being deaf or having difficulty hearing.

- Similar to that found nationwide.
- Similar to 2011 findings.
- Among Houston County adults age 60 and older, 26.1% have partial or complete hearing loss.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 27]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

INFECTIOUS DISEASE

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)

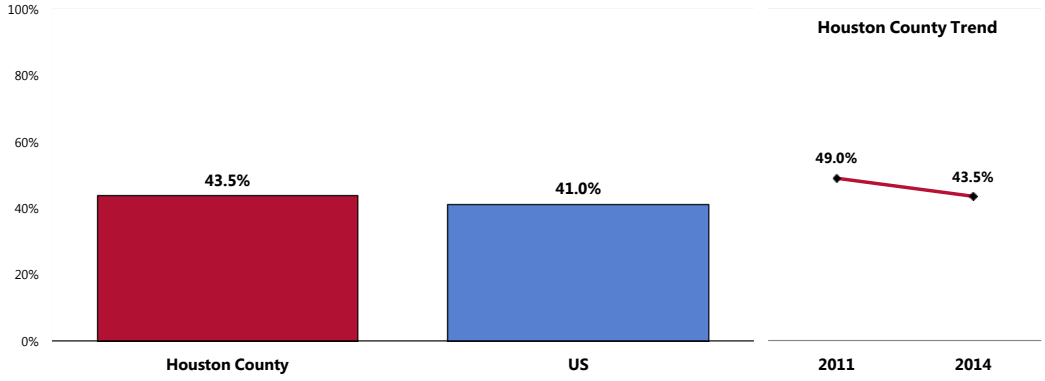
FluMist® is a vaccine that is sprayed into the nose to help protect against influenza; it is an alternative to traditional flu shots.

Flu Vaccinations

A total of 43.5% of Houston County adults received a flu vaccination (flu shot or FluMist®) within the past year.

- Similar to the national findings.
- Statistically unchanged since 2011.

Have Had a Flu Vaccination in the Past Year



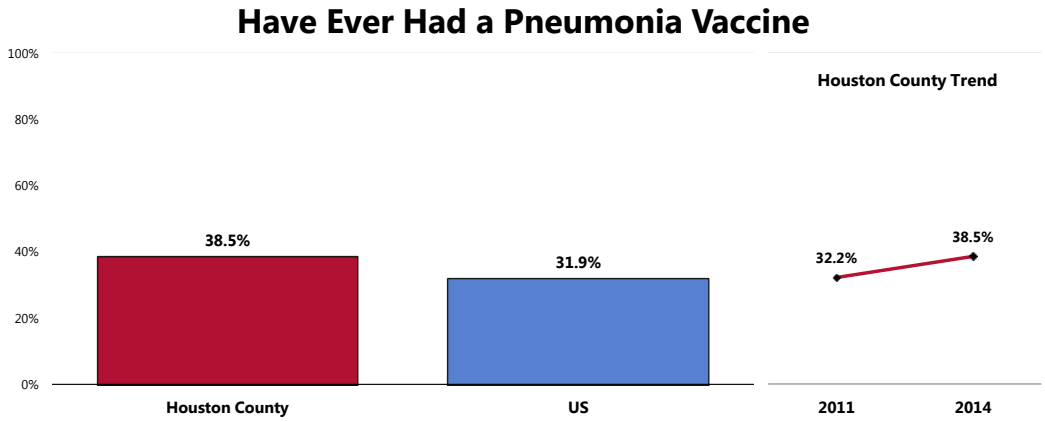
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 68]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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

Pneumonia Vaccination

A total of 38.5% of Houston County adults have ever received a pneumonia vaccination.

- Similar to national findings.
- Statistically unchanged since 2011.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 69]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all 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)

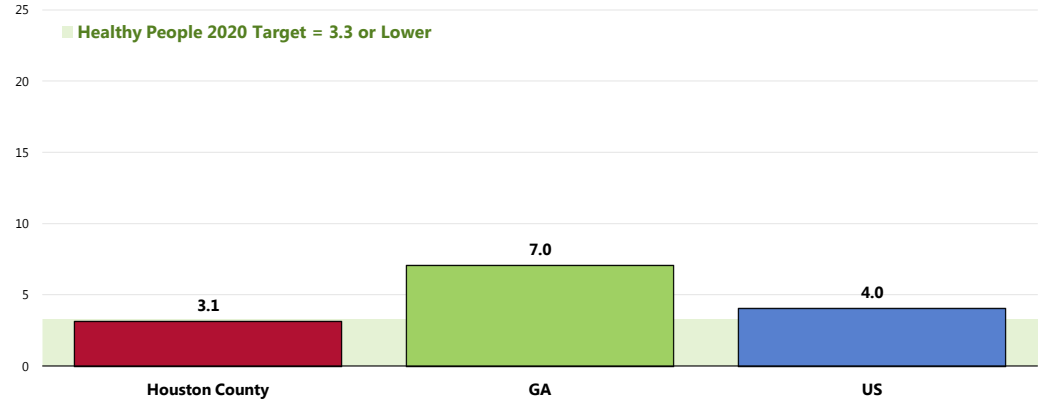
Age-Adjusted HIV/AIDS Deaths

Between 2001 and 2010, there was an annual average age-adjusted HIV/AIDS mortality rate of 3.1 deaths per 100,000 population in Houston County.

- Well below that found statewide.
- Just below the rate reported nationally.
- Satisfies the Healthy People 2020 target (3.3 or lower).

HIV/AIDS: Age-Adjusted Mortality

(2001-2010 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 July 2014.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-12]

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

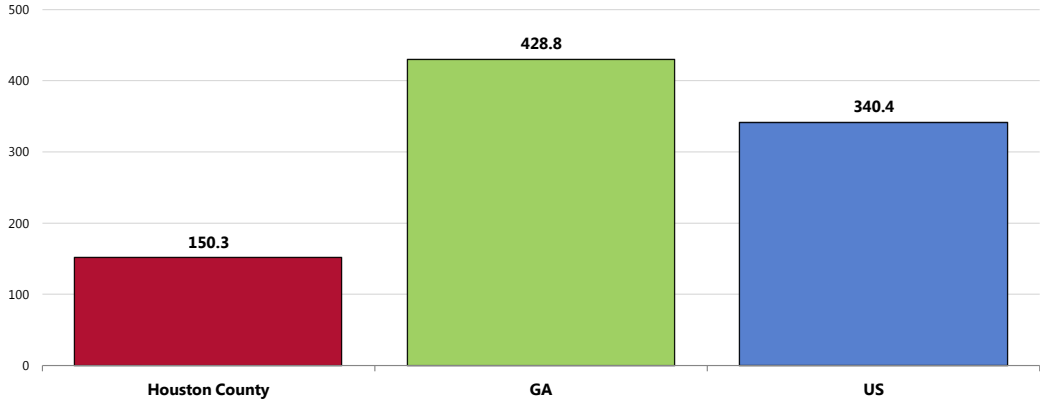
HIV Prevalence

In 2010, there were 150.3 HIV cases per 100,000 population living in Houston County.

- Much more favorable than the statewide rate.
- Much more favorable than the national rate.

HIV Prevalence

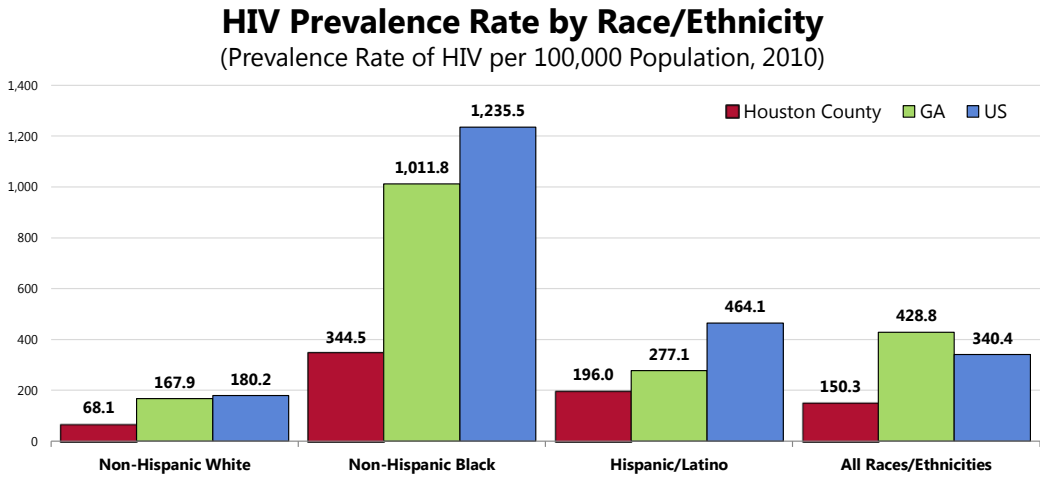
(Prevalence Rate of HIV per 100,000 Population, 2010)



Sources:
- Community Commons. Retrieved July 2014 from http://www.chna.org.

Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.
- Data are derived from the Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2010.

By race and ethnicity, HIV/AIDS incidence in Houston County is particularly high among non-Hispanic Blacks, although to a lesser degree than found statewide or nationally.



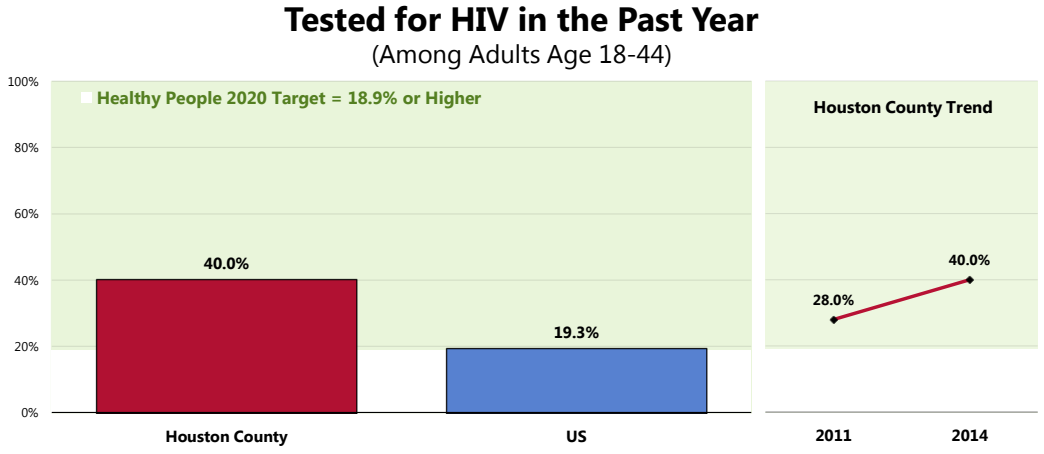
Sources:
- Community Commons. Retrieved July 2014 from http://www.chna.org.

Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.
- Data are derived from the Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2010.

HIV Testing

Among Houston County adults age 18-44, 40.0% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Twice the proportion found nationwide.
- Easily satisfies the Healthy People 2020 target of 18.9% or higher.
- Statistically comparable to previous survey findings.



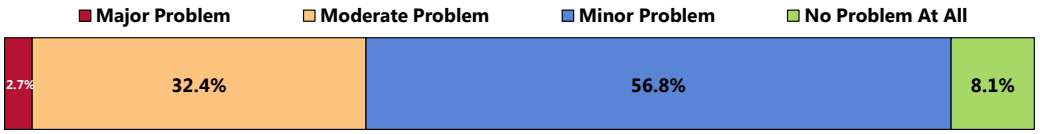
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 145]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-14.1]

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

Key Informant Input: HIV/AIDS

A total of 2.7% of key informants taking part in an online survey characterized *HIV/AIDS* as a "major problem" in the community. A plurality characterize this as a "minor problem."

Perceptions of HIV/AIDS as a Problem in the Community
(Key Informants, 2014)



Sources: • 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

The one person rating this issue as a "major problem" gave the following as his/her reason:

> *Because it **continues to exist**. [Other Health Provider]*

Program, Service or Policy Recommendations

He/she suggested:

> *Community **education**. [Other Health Provider]*

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 healthcare 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 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 access to care or health-seeking behavior is compromised.
- **Access to healthcare**. Access to high-quality healthcare 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, that person is at higher risk for STDs than an individual from a nonrisky network.

– Healthy People 2020 (www.healthypeople.gov)

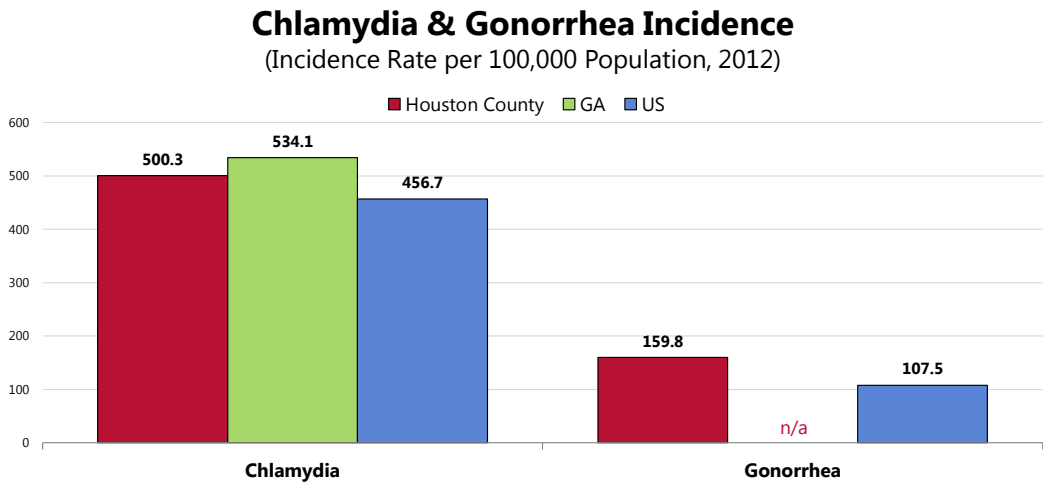
Chlamydia & Gonorrhea

In 2012, the chlamydia incidence rate in Houston County was 500.3 cases per 100,000 population.

- Lower than the Georgia incidence rate.
- Higher than the national incidence rate.

The gonorrhea incidence rate in Houston County was 159.8 cases per 100,000 population in 2012.

- Higher than the national incidence rate.



Sources: • Community Commons. Retrieved July 2014 from http://www.chna.org.
Notes: • This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.
• Data are derived from Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2011.

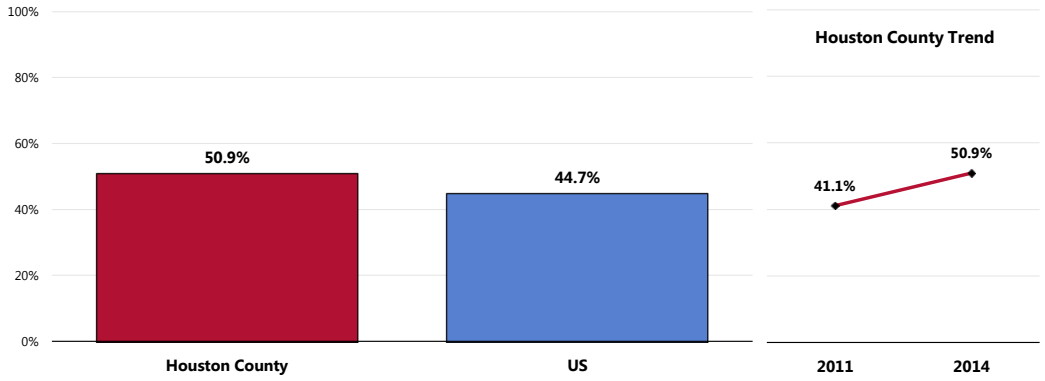
Hepatitis B Vaccination

Respondents were told that, to be vaccinated against hepatitis B, a series of three shots must be administered, usually at least one month between shots. They were then asked if they had completed this vaccination series.

Based on survey data, one-half (50.9%) of residents report having received the hepatitis B vaccination series.

- Comparable to what is reported nationwide.
- Marks a statistically significant increase since 2011.

Have Completed the Hepatitis B Vaccination Series



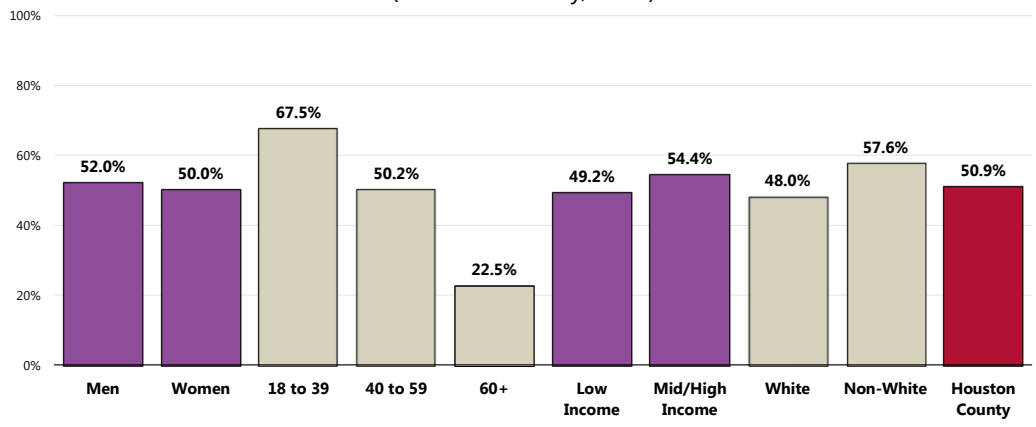
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 70]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes a series of three shots, usually administered at least one month between shots

Note the negative correlation between age and hepatitis B vaccination among Houston County residents.

Have Completed the Hepatitis B Vaccination Series

(Houston County, 2014)



Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 70]

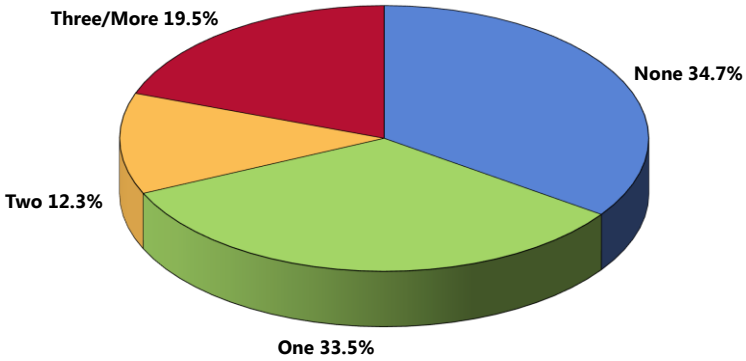
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Sexual Partners

Among unmarried Houston County adults under 65, the majority cites having one (33.5%) or no (34.7%) sexual partners in the past 12 months.

Number of Sexual Partners in Past 12 Months

(Among Unmarried Adults Age 18-64; Houston County, 2014)



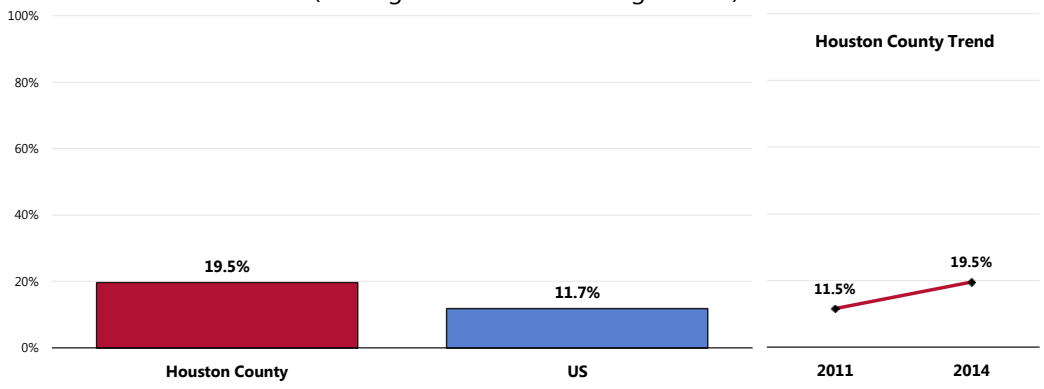
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
Notes: • Asked of all unmarried respondents under the age of 65.

However, 19.5% report three or more sexual partners in the past year.

- Statistically similar to the national prevalence.
- Statistically unchanged since 2011.

Had Three or More Sexual Partners in the Past Year

(Among Unmarried Adults Age 18-64)

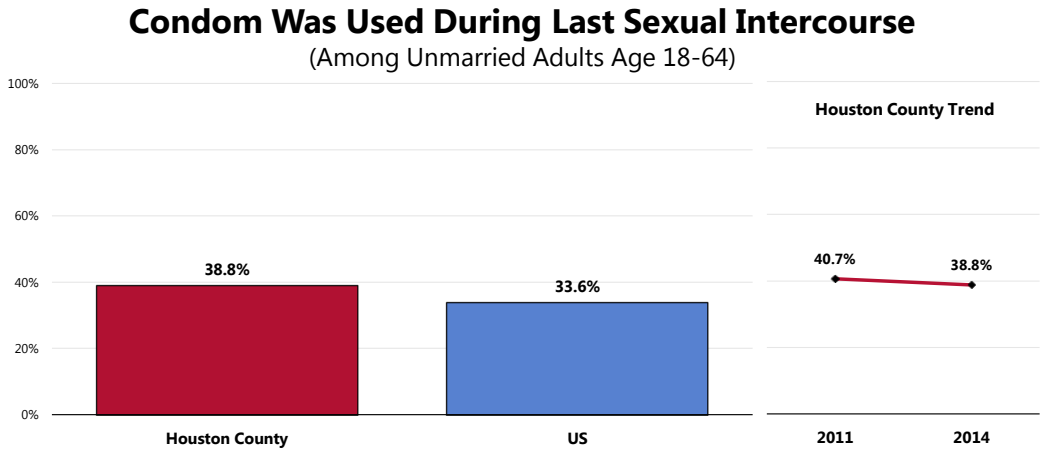


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 86]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all unmarried respondents under the age of 65.

Condom Use

Among Houston County adults who are under age 65 and unmarried, 38.8% report that a condom was used during their last sexual intercourse.

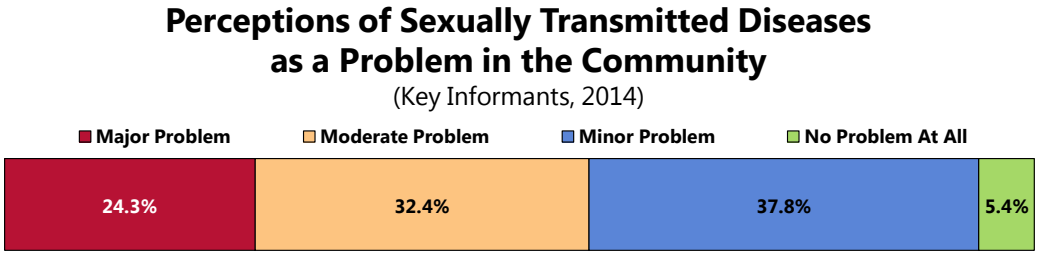
- Statistically similar to national findings.
- Similar to 2011 survey findings.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 87]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all unmarried respondents under the age of 65.

Key Informant Input: Sexually Transmitted Diseases

One out of four key informants taking part in an online survey (24.3%) characterized *Sexually Transmitted Diseases* as a "major problem" in the community. A plurality characterize this as a "minor problem."



Sources: • 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

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

Prevalence

> *The incidence and rates of STD's **continues to rise**. Lack of sexual education, particularly among*

youth, contributes as well. [Other Health Provider]

From 2007-2011, Houston County ranked 19th highest of 159 counties in Chlamydia infection and 15th highest for Gonorrhea infection per the 2013 North Central Health District, Houston County Health Status Report. STD infection poses a significant health threat to those who are infected, increases health care costs, opens the door to additional diseases such as HIV due to unsafe sex practices, places infected women at risk for preterm delivery, and increases the potential risk for fetal harm. STDs such as HPV infection increase healthcare costs due to the potential for cervical, rectal, throat precancer/cancer treatment and contributes to premature morbidity and mortality rates. [Other Health Provider]

*There is an **increase** in reportable STIs. [Other Health Provider]*

At-Risk Teens

*STD cases have **increased** in our area. Although teen pregnancy rates have declined, **teens** are engaging in more risky sexual "outercourse" activities, which eliminates conception and pregnancy. [Social Service Provider]*

*Sex among **teenagers** is now common. Until they have any symptoms they are never checked. [Other Health Provider]*

Other

*The **lack of commitment** to spouse. [Other Health Provider]*

Program, Service or Policy Recommendations

When asked what could be done to improve this problem in terms of programs, services or policies, key informants (who rated this as a "major problem") suggested the following:

Education

*Sexual **education** should be incorporated in the school curriculum. There is also a need for reinforcement among adults. [Other Health Provider]*

*Improved **education** for those in the greatest risk group. Improved access to affordable testing and treatment. Improved vaccination efforts. Providing education to remove the stigma associated with HIV testing and testing for other communicable diseases. Greater access to prophylaxis.*

***Reduced media glamorization** of unsafe sex practices. [Other Health Provider]*

***Education** and prevention. [Other Health Provider]*

*More STD & HIV/AIDS **awareness** is needed. One of the most effective means of reaching youth is via the public school system. However, the public school system restricts such language. While the school system promotes abstinence, some content of STDs & HIV/AIDS is neglected when discussions are limited to abstinence. [Social Service Provider]*

*Put **health classes** back in the high school. [Other Health Provider]*

Other

*Improvement cannot be made by an organization but by the **moral compass & values** of each individual person. [Other Health Provider]*

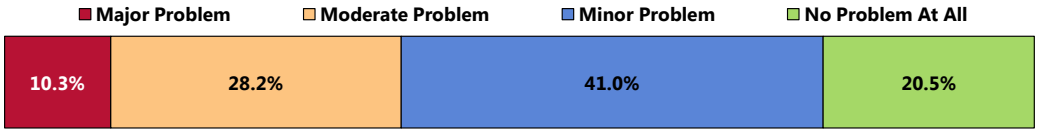
Immunization & Infectious Disease

Key Informant Input: Immunization & Infectious Disease

A total of 10.3% of key informants taking part in an online survey characterized *Immunization & Infectious Disease* as a "major problem" in the community. A plurality characterize this as a "minor problem."

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

(Key Informants, 2014)



Sources: • 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons included:

> *2011 data ranks Georgia the 7th highest in the U.S. for chlamydia infection, the 6th highest state for Gonorrhea cases, the 3rd highest for syphilis cases. HIV rates continue to increase in Georgia and Houston County, and the county averages 2 active TB cases at any given time. In 2011, there were 20 reported cases of Streptococcal pneumonia and 1 case of Neisseria meningitidis which were both vaccine-preventable diseases. (NCHD, Houston County Health Status Report).* ***Infectious diseases increase healthcare costs and compromise the health status of the county.*** *Preventing, controlling, and treating these diseases is an essential function of healthcare providers. [Other Health Provider]*
>
> ***Immunizations are a highly effective*** *and highly cost-effective way of reducing disease, improving health, and increasing the general well-being of the community. Immunization and disease prevention improves school success, business productivity, and longevity of residents. [Other Health Provider]*
>
> ***Multiple infectious diseases*** *that have been reported and investigated. [Other Health Provider]*

Program, Service or Policy Recommendations

When asked what could be done to improve this problem in terms of programs, services or policies, key informants (who rated this as a "major problem") suggested the following:

> *Increase* ***awareness*** *and testing efforts for infectious diseases among all healthcare providers in the county. Increase* ***vaccine accessibility*** *and* ***affordability****. Promote vaccine awareness among residents of the county. Promote safe sexual practices and provide* ***educational resources*** *to our youth. Provide this education in a format that is interesting and accessible to those who will benefit from the education. Teach more than abstinence only in our schools. Increase* ***HIV/STD testing availability****. Promote the importance of testing and provide*

education to remove the negative stigma associated with testing. [Other Health Provider]

*Continue to **require vaccinations** for school students and daycare providers. Make a collaborative effort among all Houston County healthcare providers to promote and teach the benefits of vaccination, while dispelling inaccurate information. [Other Health Provider]*

***Education**, education, education. [Other Health Provider]*

BIRTHS

Prenatal Care

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

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

– Healthy People 2020 (www.healthypeople.gov)

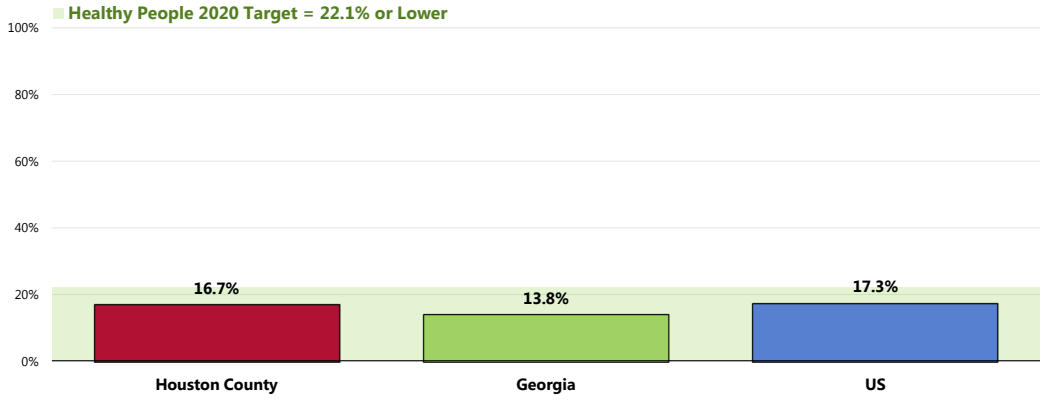
Early and continuous prenatal care is the best assurance of infant health.

Between 2007 and 2010, 16.7% of all Houston County births did not receive prenatal care in the first trimester of pregnancy.

- Higher than the Georgia proportion.
- Comparable to the national proportion.
- Similar to the Healthy People 2020 target (22.1% or lower).

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2007-2010)



Sources:
- Community Commons. Retrieved July 2014 from http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

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

Birth Outcomes & Risks

Low-Weight Births

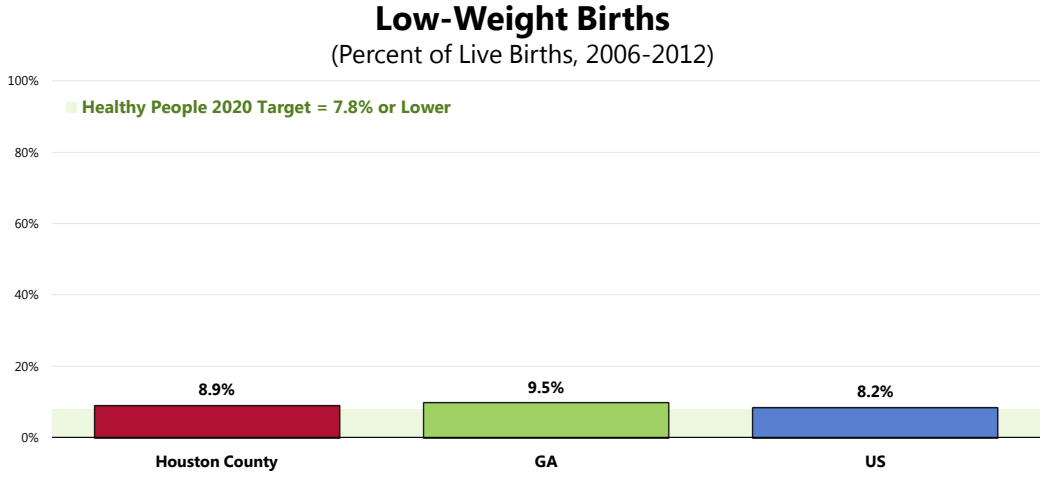
Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

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

These data are based on county of residence, not county of birth.

A total of 8.9% of 2006-2012 Houston County births were low-weight.

- Below the proportion statewide.
- Above the national proportion.
- Fails to satisfy the Healthy People 2020 target (7.8% or lower).



Sources:
- Community Commons. Retrieved July 2014 from http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.
- Data derived from Centers for Disease Control and Prevention, National Vital Statistics System: 2006-12. Accessed using CDC WONDER.

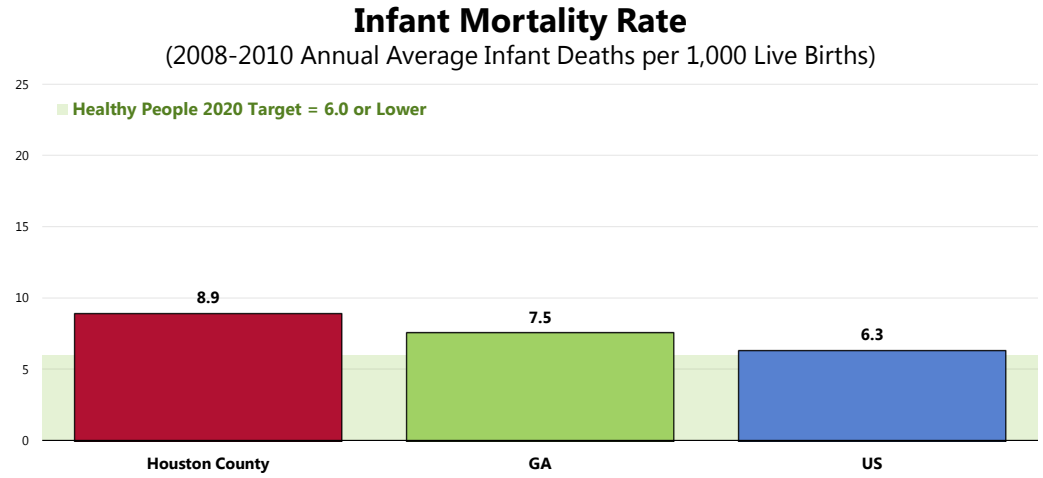
Infant Mortality

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

These data are based on county of residence, not county of birth.

Between 2008 and 2010, there was an annual average of 8.9 infant deaths per 1,000 live births in Houston County.

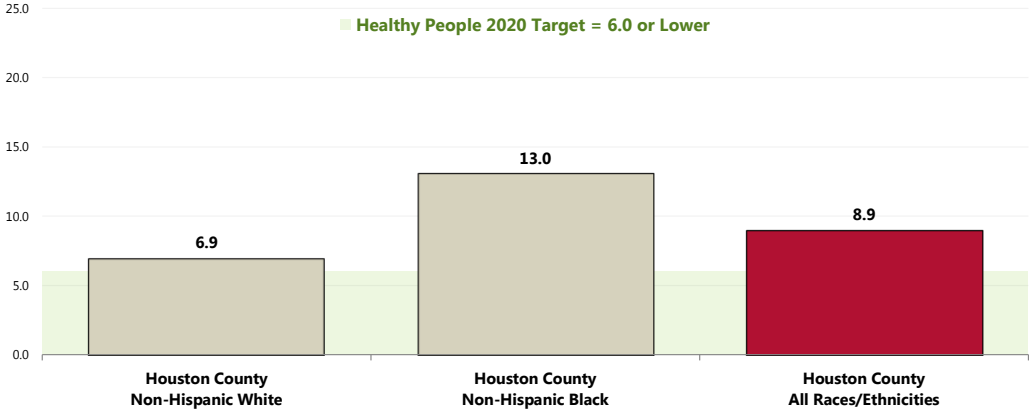
- Less favorable than the Georgia rate.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 6.0 per 1,000 live births.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

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

The infant mortality rate is particularly high among births to non-Hispanic Black mothers in Houston County.



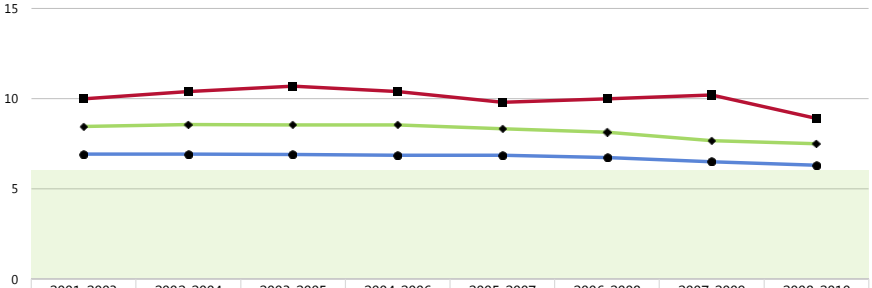
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

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

Infant mortality has historically been high in Houston County.

Infant Mortality Rate

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



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Healthy People 2020	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0
Houston County	10.0	10.4	10.7	10.4	9.8	10.0	10.2	8.9
GA	8.5	8.6	8.5	8.5	8.3	8.1	7.7	7.5
US	6.9	6.9	6.9	6.9	6.9	6.7	6.5	6.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

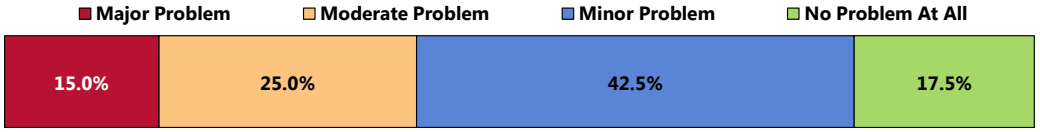
Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Key Informant Input: Infant & Child Health

A total of 15.0% of key informants taking part in an online survey characterized *Infant & Child Health* as a "major problem" in the community. A plurality characterize this as a "minor problem."

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

(Key Informants, 2014)



Sources:
- 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

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

> ***Poverty birth rate*** *is high. [Social Service Provider]*
>
> *Health services for the* ***poor*** *are limited. [Social Service Provider]*
>
> ***Healthy lifestyle resources*** *are limited. [Social Service Provider]*
>
> *Lack of access to* ***affordable healthcare***, ***teen pregnancies***, ***smoking***, *and* ***living conditions*** *that contribute to the development of asthma, and limited healthcare options for those with inadequate material resources and those who are undocumented residents contribute to the adverse health issues facing infants and children. These issues contribute to the infant mortality,*

ER visit rates, and low birth weight babies. See 2013 North Central Health District, Houston County , Health Status Report. [Other Health Provider]

***Low birth weights**, **teen pregnancies**, **access to healthcare**, failure to utilize **perinatal services** and awareness. [Social Service Provider]*

Program, Service or Policy Recommendations

When asked what could be done to improve this problem in terms of programs, services or policies, key informants (who rated this as a "major problem") suggested the following:

*Better **funding** for early intervention programs. [Social Service Provider]*

*Increased capacity for **before-school and after-school care**. [Social Service Provider]*

*Improved **access to healthcare**, increased emphasis on pregnancy spacing, improved access to Family Planning and affordable access to Family Planning methods that are long-acting. **Education** in schools that is more than abstinence-only based. Improved access to jobs and **meaningful wages** to improve socioeconomic status. Improved treatment/counseling options for **smoking and substance use cessation**. Public **transportation**. Continued **coordinated referral system** and care system within the county for infants and children such as C1st, Nurse Family Partnership, and First Steps. [Other Health Provider]*

*Houston County and Houston Healthcare have hosted an Annual Teen Health Forum for more than 22 years. This year 2014, the forum was modified and presented via webstream in the classroom with only one speaker that focused on the consequences of not practicing abstinence. When **youth awareness of abstinence and STDs is restricted and limited**, they are more likely to be a statistic and lack perinatal healthcare. Although funding may be limited, more Teen Forums, Teen Mazes, etc. should be implemented with use of available/pre-existing resources. [Social Service Provider]*

Family Planning

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.

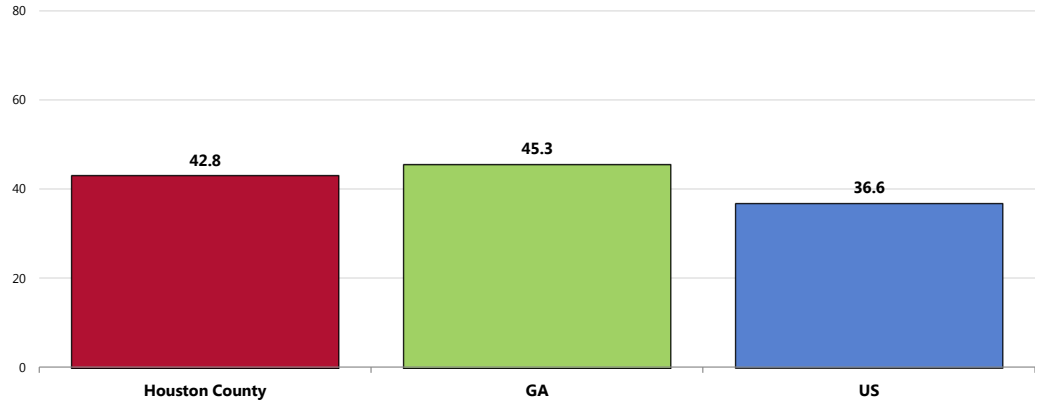
– Healthy People 2020 (www.healthypeople.gov)

Between 2006 and 2012, there was an annual average of 42.8 births to women age 15-19 per 1,000 population in that age group.

- Lower than the Georgia proportion.
- Higher than the national proportion.

Teen Birth Rate

(Births to Women Age 15-19 Per 1,000 Female Population Age 15-19, 2006-2012)



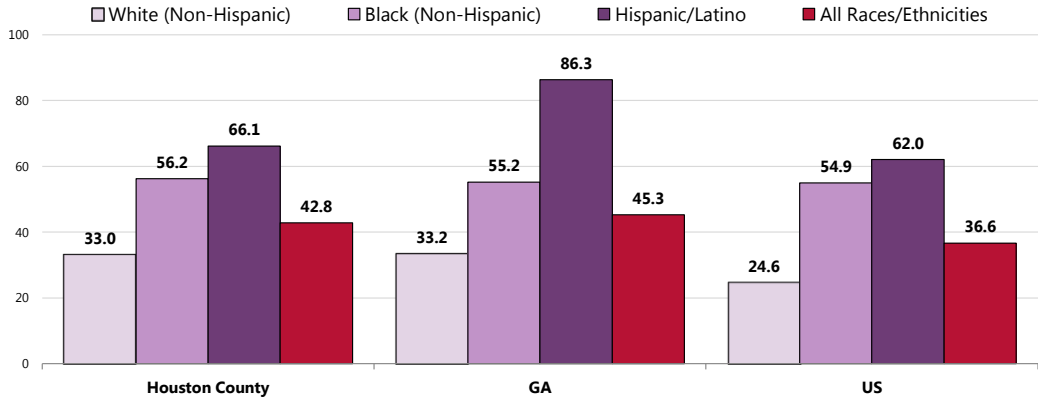
Sources: • Community Commons. Retrieved July 2014 from http://www.chna.org.

Notes: • This indicator reports the rate of total births to women under the age of 15 - 19 per 1,000 female population age 15 - 19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.
• Data are derived from Centers for Disease Control and Prevention, National Vital Statistics System: 2006-2012. Accessed using CDC WONDER.

- By race and ethnicity, Hispanics/Latinos exhibit the highest teen birth rate in Houston County (as is also found statewide and nationally), followed by non-Hispanic Blacks.

Teen Birth Rate

(Births to Women Age 15-19 Per 1,000 Female Population Age 15-19; Houston County by Race/Ethnicity, 2067-2012)



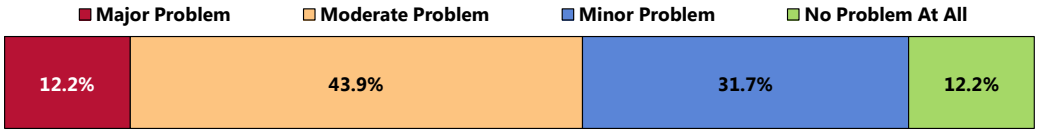
Sources: • Community Commons. Retrieved July 2014 from http://www.chna.org.
Notes: • This indicator reports the rate of total births to women under the age of 15-19 per 1,000 female population age 15-19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.
• Data are derived from Centers for Disease Control and Prevention, National Vital Statistics System: 2006-2012. Accessed using CDC WONDER.

Key Informant Input: Family Planning

A total of 12.2% of key informants taking part in an online survey characterized *Family Planning* as a "major problem" in the community. A plurality characterize this as a "moderate problem."

Perceptions of Family Planning as a Problem in the Community

(Key Informants, 2014)



Sources: • 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

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

Teen Pregnancy

> *Lots of **unwed mothers**. [Other Health Provider]*
>
> *We still have a **large number of unplanned pregnancies and teenage pregnancies**. We also have a high infant morbidity and mortality. [Other Health Provider]*
>
> *Teens and **young adults have increased their sexual activity** without contraceptives. Both*

males and females do not utilize resources due to embarrassment, poor access, or unawareness. Some grant-funded programs that assist in the home (i.e., Nurse Family Partnership) are limited to the number they can serve and have a limited grant duration. [Social Service Provider]

*Kids having kids … **teenage pregnancy**. [Community Leader]*

Program, Service or Policy Recommendations

When asked what could be done to improve this problem in terms of programs, services or policies, key informants (who rated this as a "major problem") suggested the following:

Better Education

*Family planning **classes**. [Other Health Provider]*

*We need more **education** for our teens and young adults. We need better access to birth control methods. We need to admit we have the problem and quit turning a blind eye to it. [Other Health Provider]*

*Provide more **awareness** of Great Start Houston County and engage more community partners in the resource referrals. [Social Service Provider]*

Address Cultural Norms

*Adjust assistance to **abstinence**. [Community Leader]*

*Houston County schools **too liberal** in their acceptance and condoning of teen pregnancy. Teachers celebrate teen pregnancy. [Community Leader]*

More Resources

*Provide more **grant-funded programs** for in-home visits, such as the Nurse Family Partnership Program through GOCF. Provide more funding for sliding-scale-fee health clinics. [Social Service Provider]*

MODIFIABLE HEALTH RISKS

Actual Causes Of Death

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

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

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

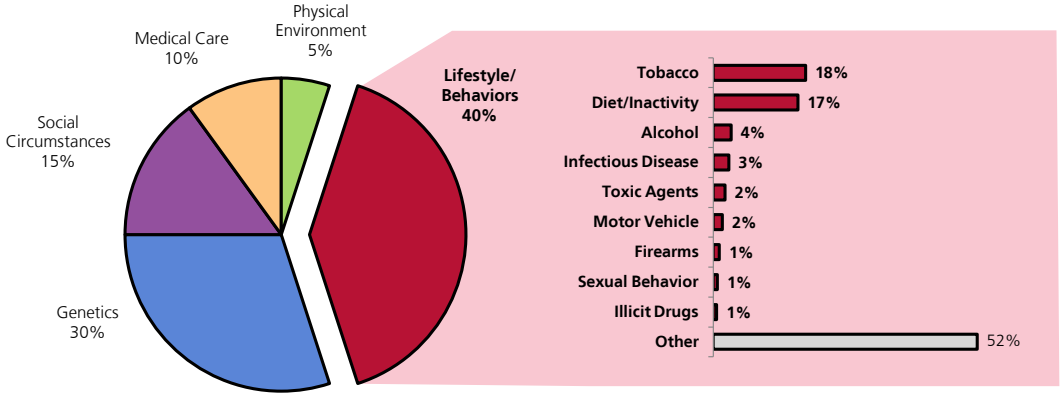
– Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

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

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

Source: National Center for Health Statistics/US Department of Health and Human Services, Health United States: 1987. DHHS Pub. No. (PHS) 88–1232.

Factors Contributing to Premature Deaths in the United States



Sources: "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs, Vol. 21, No. 2, March/April 2002. "Actual Causes of Death in the United States"; (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, Phd, MSc; Julie L. Gerberding, MD, MPH) JAMA, 291(2000):1238-1245.

Nutrition

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

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

Americans with a healthful diet:

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

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

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

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

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

Social factors thought to influence diet include:

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

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

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

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

– Healthy People 2020 (www.healthypeople.gov)

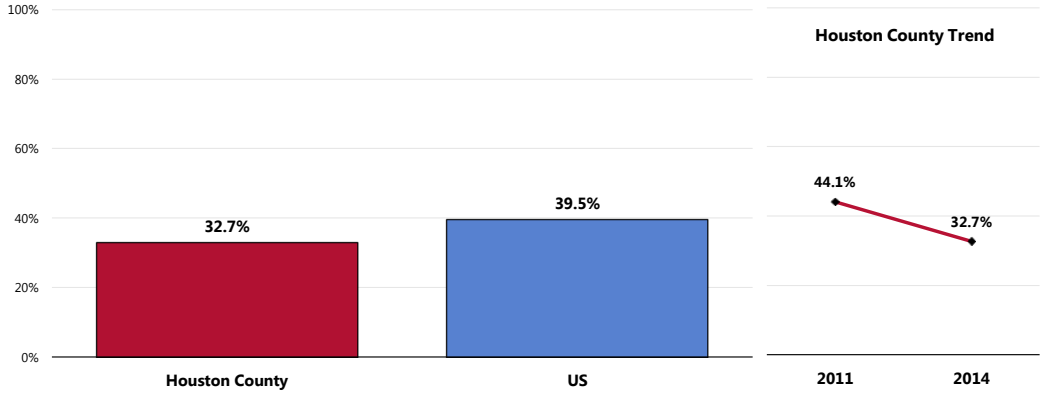
Daily Recommendation of Fruits/Vegetables

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

A total of 32.7% of Houston County adults report eating five or more servings of fruits and/or vegetables per day.

- Statistically similar to national findings.
- Marks a statistically significant decrease since 2011.

Consume Five or More Servings of Fruits/Vegetables Per Day



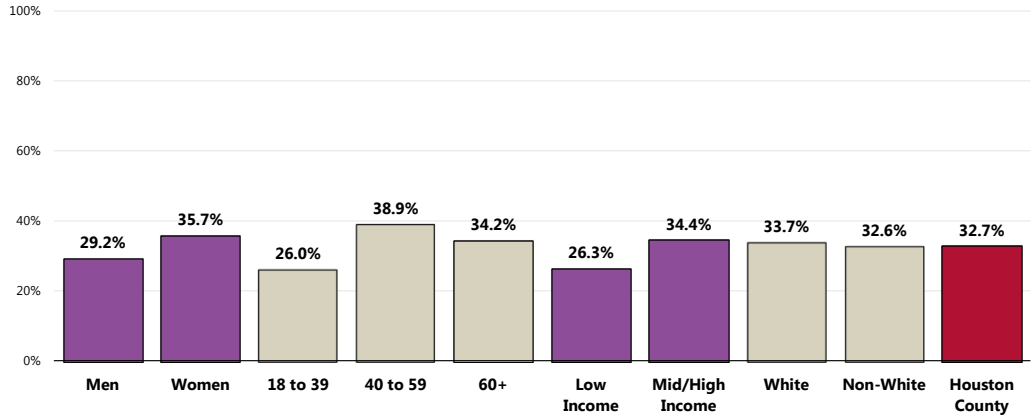
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 147]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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

- Viewed by basic demographics, no significant differences to report.

Consume Five or More Servings of Fruits/Vegetables Per Day

(Houston County, 2014)



Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]

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 a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- For this issue, respondents were asked to recall their food intake on the previous day.

Access to Fresh Produce

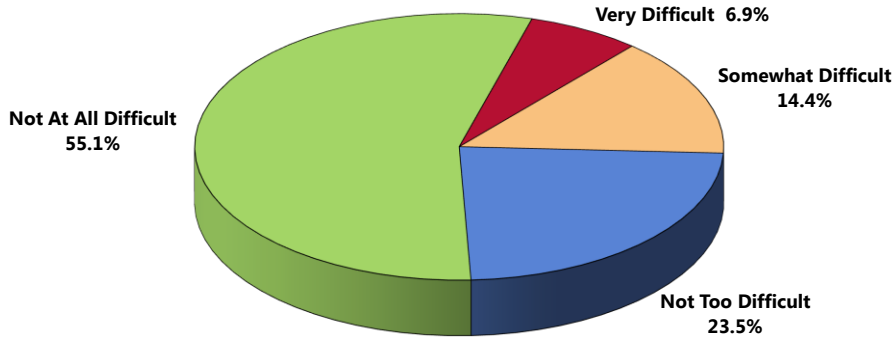
Respondents were asked:

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

While most report little or no difficulty, 21.3% of Houston County adults report that it is "very" or "somewhat" difficult for them to access affordable, fresh fruits and vegetables.

Level of Difficulty Finding Fresh Produce at an Affordable Price

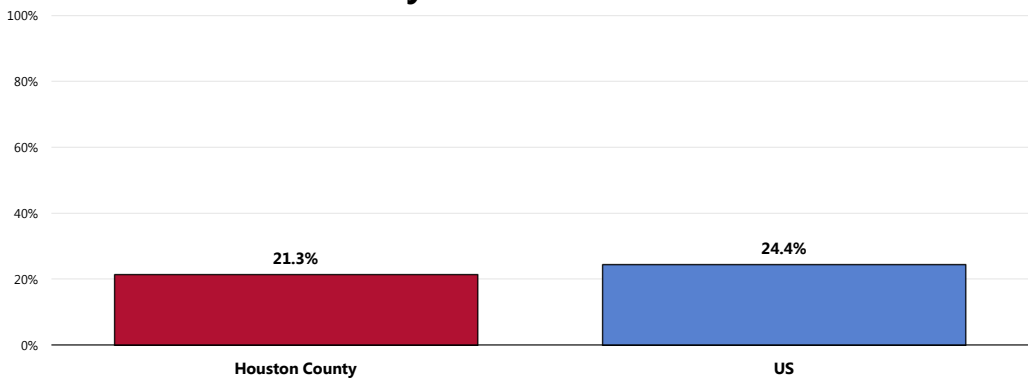
(Houston County, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
Notes: • Asked of all respondents.

- Similar to national findings.

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



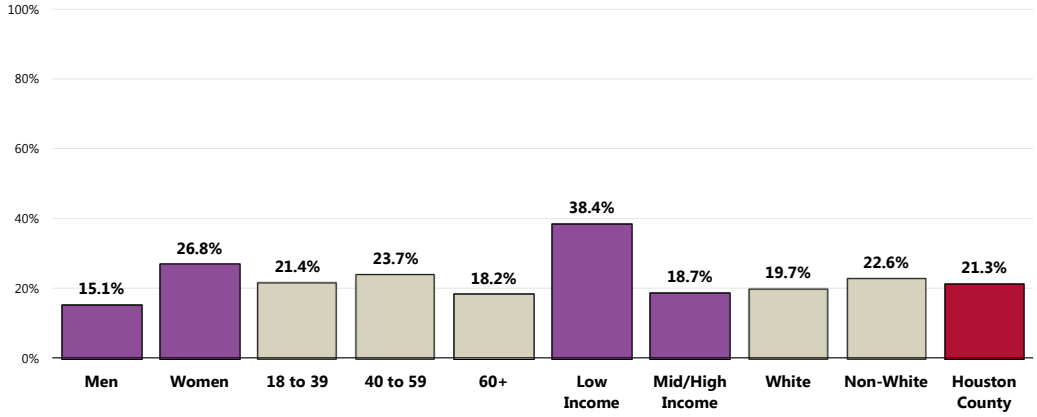
Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Those more likely to report difficulty getting fresh fruits and vegetables include:

- Women.
- Lower-income residents (especially).

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

(Houston County, 2014)



Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]

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 a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Food Deserts/Low Food Access

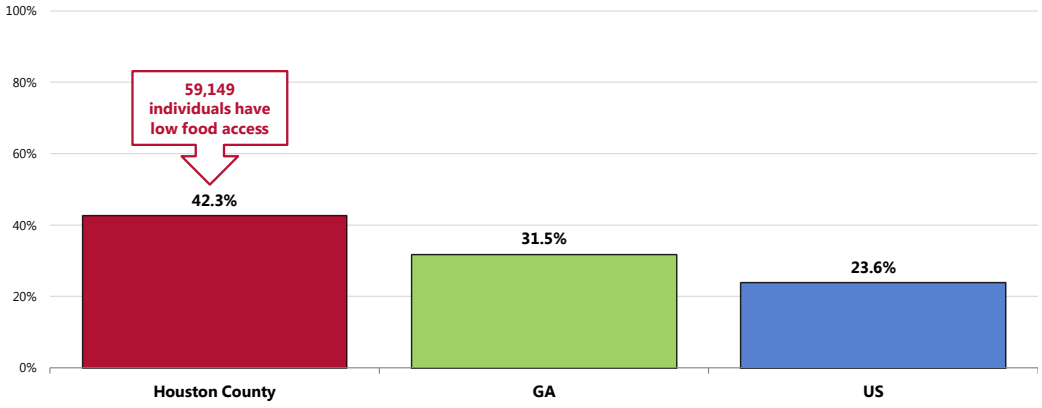
A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas.

US Department of Agriculture data show that 42.3% of Houston County population (representing over 59,000 residents) **have low food access or live in a "food desert," meaning that they do not live near a supermarket or large grocery store.**

- Less favorable than statewide findings.
- Less favorable than national findings.

Population With Low Food Access

(Percent of Population in Low-Income Areas Who Are Far From a Supermarket or Large Grocery Store, 2010)

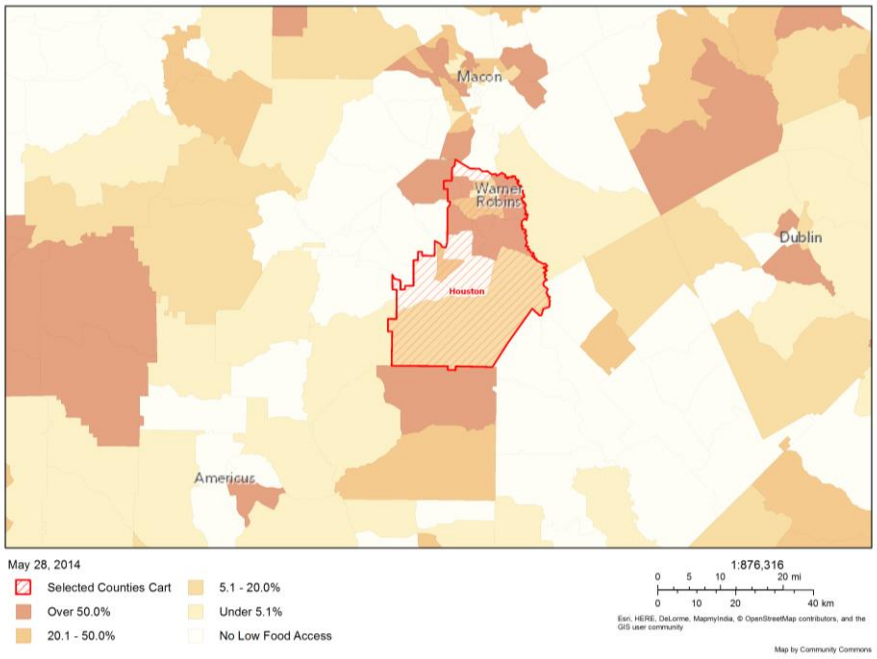


Sources:
- Community Commons. Retrieved July 2014 from http://www.chna.org.

Notes:
- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.
- Data are derived from the U.S. Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA): 2010.

- Geographically, food deserts are more prevalent in parts of northern Houston County (see map below).

Population With Limited Food Access, Percent by Tract, FARA 2010



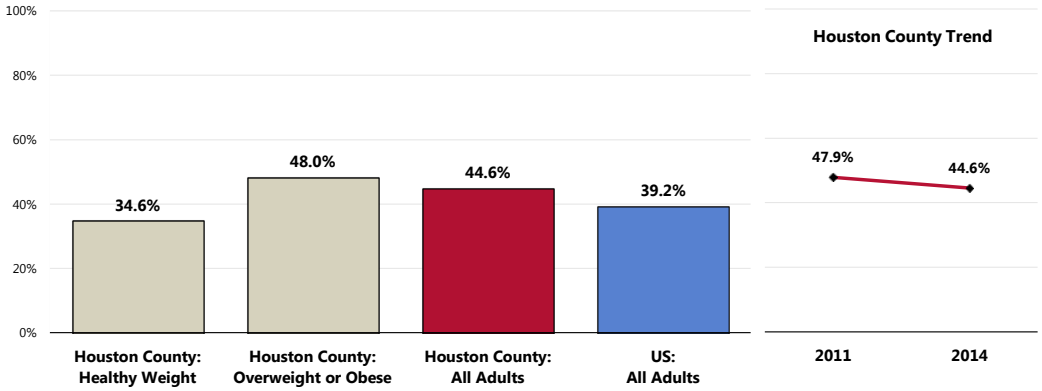
Health Advice About Diet & Nutrition

A total of 44.6% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Comparable to national findings.
- Statistically unchanged since 2011.
- Note: Among overweight/obese respondents, 48.0% report receiving diet/ nutrition advice (meaning that over one-half did not).

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

(By Weight Classification)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 18]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

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)

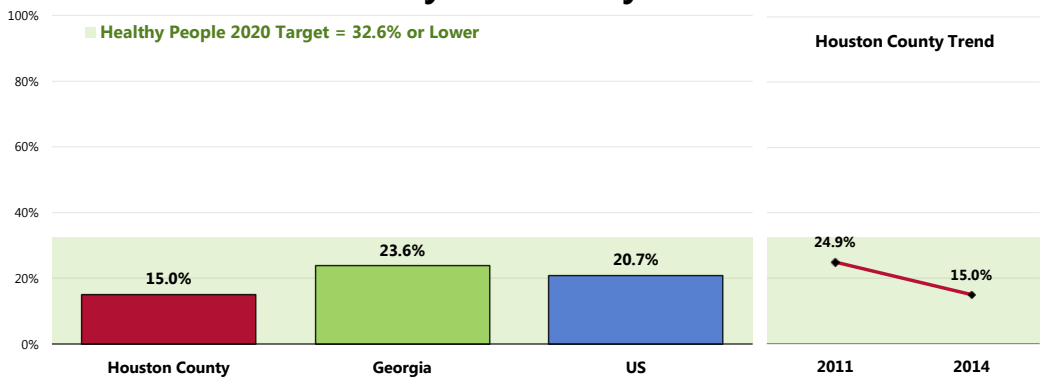
Leisure-Time Physical Activity

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

A total of 15.0% of Houston County adults report no leisure-time physical activity in the past month.

- More favorable than statewide findings.
- More favorable than national findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).
- Marks a statistically significant improvement since 2011.

No Leisure-Time Physical Activity in the Past Month



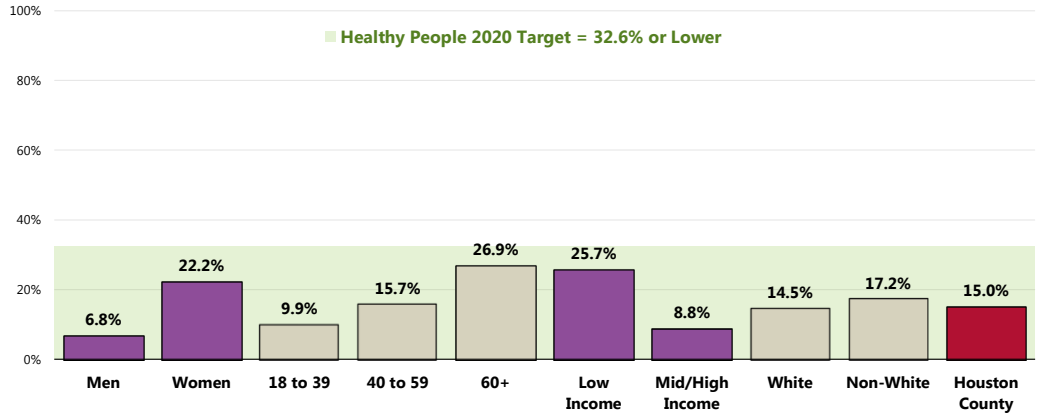
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 92]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Georgia data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.

Lack of leisure-time physical activity in the area is higher among women, seniors (positive correlation with age), and low-income residents.

No Leisure-Time Physical Activity in the Past Month

(Houston County, 2014)



Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

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.

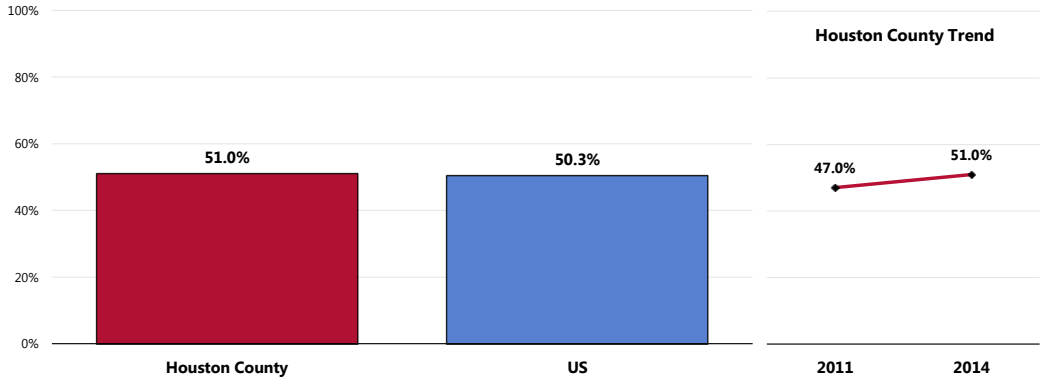
– 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. www.health.gov/PAGuidelines

Recommended Levels of Physical Activity

A total of 51.0% of Houston County adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Comparable to national findings.
- Comparable to 2011 survey results.

Meets Physical Activity Recommendations



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 148]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

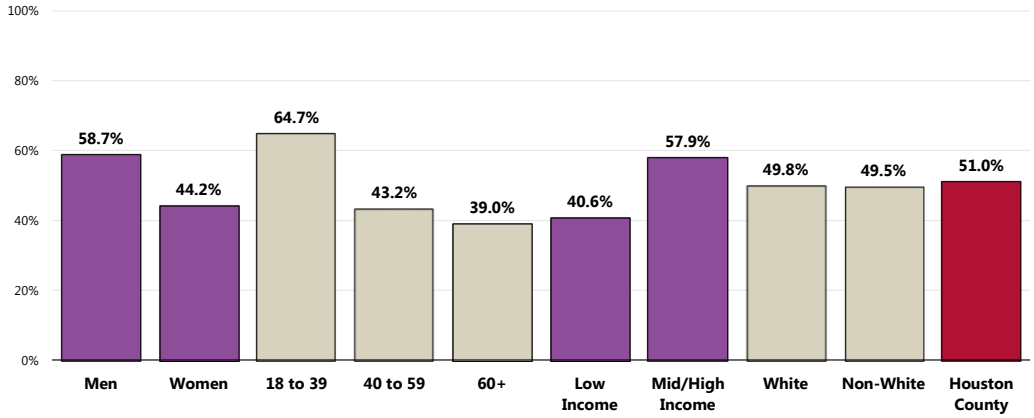
Notes:
- Asked of all respondents.
- In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

These population segments are <u>less likely</u> to meet physical activity recommendations:

- Women.
- Residents aged 40 and older.
- Those living in low-income households.

Meets Physical Activity Recommendations

(Houston County, 2014)



Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
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- In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Moderate & Vigorous Physical Activity

The individual indicators of moderate and vigorous physical activity are shown here.

In the past month:

A total of 25.8% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

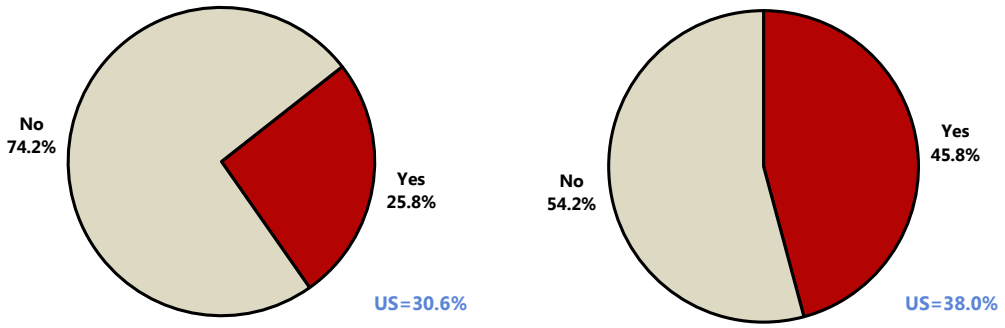
- Comparable to the national prevalence.

A total of 45.8% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

- More favorable than the nationwide figure.

Moderate & Vigorous Physical Activity

(Houston County, 2014)



Moderate Physical Activity **Vigorous Physical Activity**

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 149-150]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

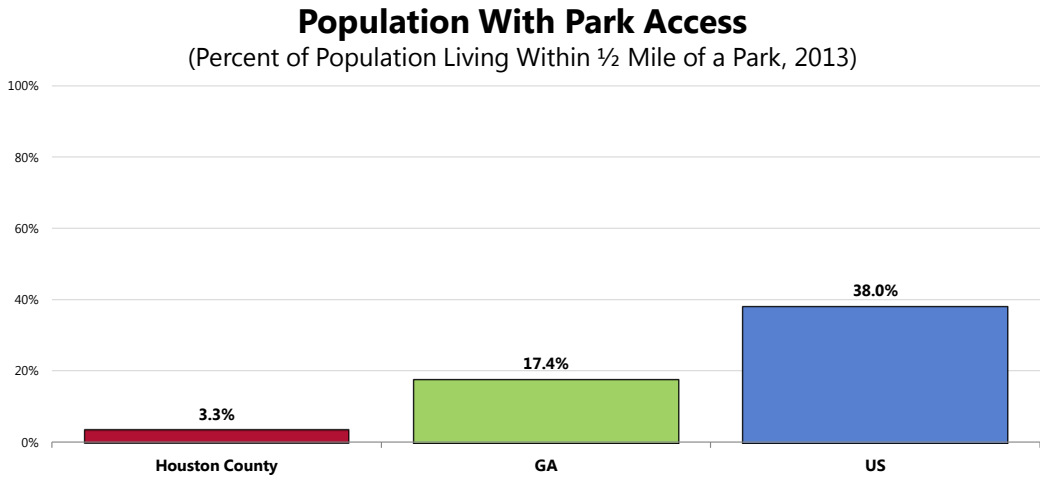
Notes:
- Asked of all respondents.
- Moderate Physical Activity: Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times per week for at least 30 minutes per time.
- Vigorous Physical Activity: Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for at least 20 minutes per time.

Access to Physical Activity

Park Access

Only 3.3% of Houston County adults live within ½ mile of a park.

- Much lower than the proportion across Georgia.
- Much lower than the national proportion.



Sources: • Community Commons. Retrieved July 2014 from http://www.chna.org.
Notes: • This indicator is relevant because access to outdoor recreation encourages physical activity and other healthy behaviors.
• Data are derived from ESRI Map Gallery: 2013 and OpenStreetMap (OSM): 2013. Additional analysis by CARES.

- Note that most land areas of Houston County have no park access.

Population With Park Access (Within ½ Mile of a Park), Percent by Tract, ESRI/OSM 2013

Access to Recreation & Fitness Facilities

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

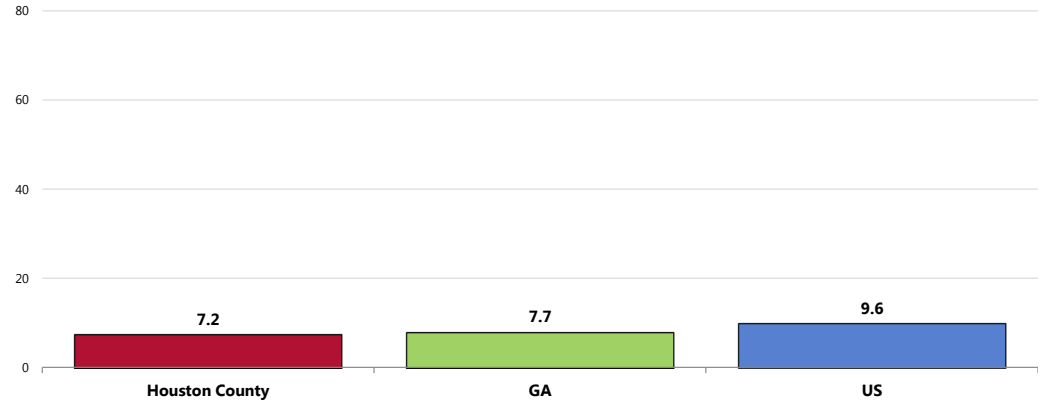
Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

In 2011, there were 7.2 recreation/fitness facilities for every 100,000 population in Houston County.

- Below what is found statewide.
- Below what is found nationally.

Population With Recreation & Fitness Facility Access

(Number of Recreation & Fitness Facilities per 100,000 Population, 2011)



Sources:
- Community Commons. Retrieved July 2014 from http://www.chna.org.

Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940 , which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities". Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.* This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.
- Data are derived from U.S. Census Bureau, County Business Patterns: 2011. Additional data analysis by CARES.

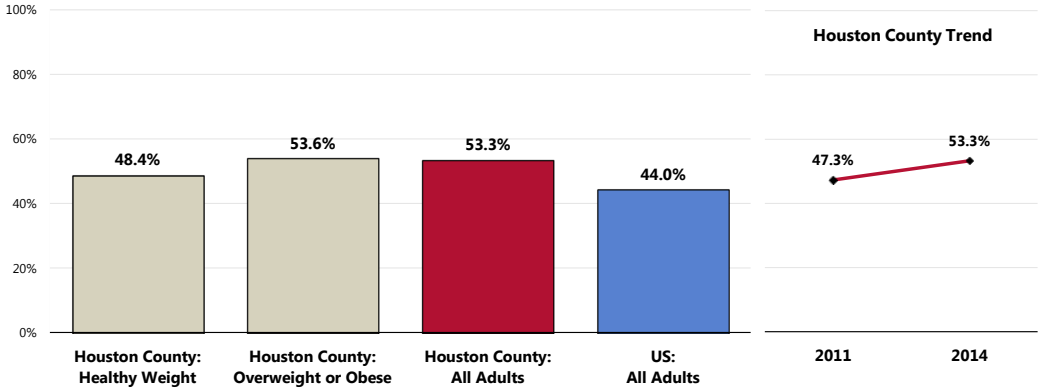
Health Advice About Physical Activity & Exercise

A total of 53.3% of Houston County adults report that their physician has asked about or given advice to them about physical activity in the past year.

- More favorable than the national average.
- Note: 53.6% of overweight/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:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 19]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

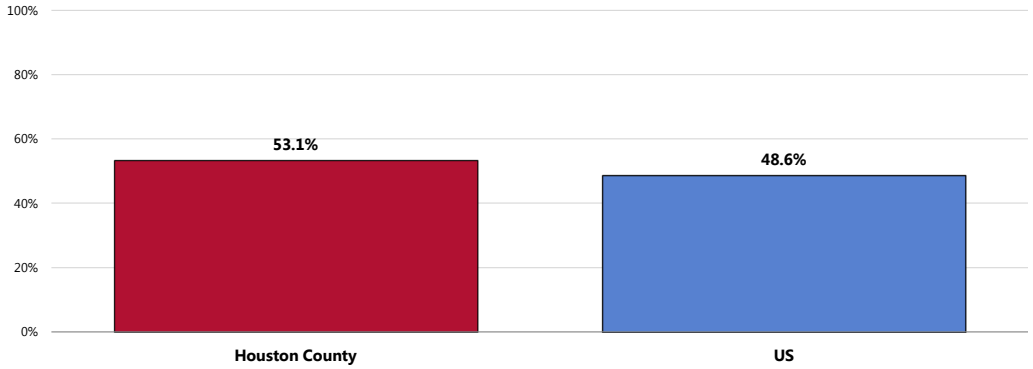
Children's Physical Activity

Among Houston County children age 2 to 17, 53.1% are reported to have had 60 minutes of physical activity on <u>each</u> of the seven days preceding the interview.

- Similar to that found nationally.

Child Is Physically Active for One or More Hours per Day

(Among Children Ages 2-17)



Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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

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 (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

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

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

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

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

Adult Weight Status

Healthy Weight

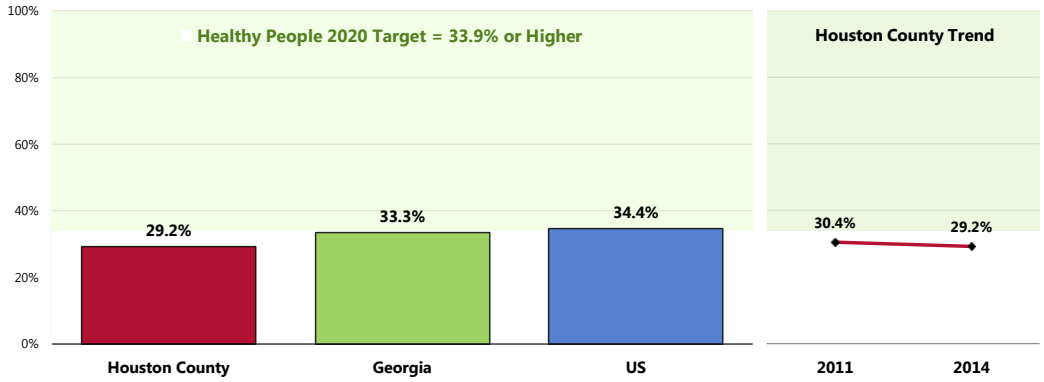
"Healthy weight "means neither underweight, nor overweight (BMI = 18.5-24.9).

Based on self-reported heights and weights, 29.2% of Houston County adults are at a healthy weight.

- Comparable to the state prevalence.
- Comparable to the national prevalence.
- Comparable to the Healthy People 2020 target (33.9% or higher).
- Comparable to 2011 survey results.

Healthy Weight

(Percent of Adults With a Body Mass Index Between 18.5 and 24.9)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Georgia data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-8]

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

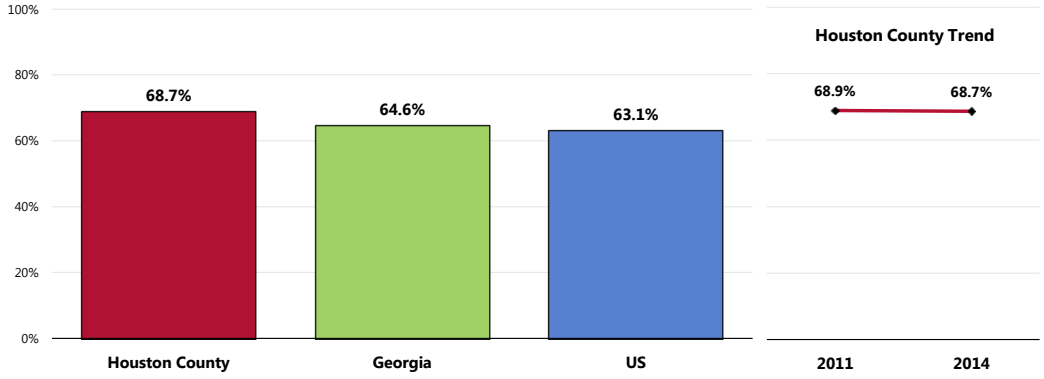
Here, "overweight" includes those respondents with a BMI value ≥25.

More than two-thirds of Houston County adults (68.7%) are overweight.

- Similar to the Georgia prevalence.
- Similar to the US overweight prevalence.
- Unchanged since 2011.

Prevalence of Total Overweight

(Percent of Adults With a Body Mass Index of 25.0 or Higher)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Georgia data.

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

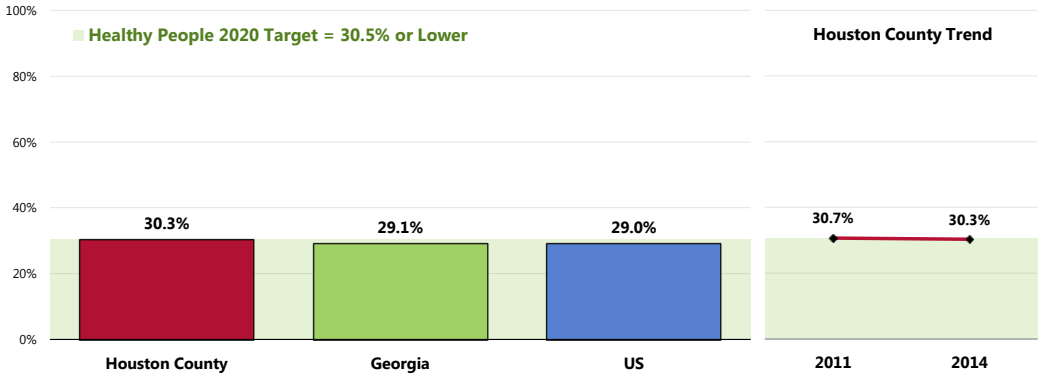
"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

Further, 30.3% of Houston County adults are obese.

- Comparable to Georgia findings.
- Comparable to US findings.
- Comparable to the Healthy People 2020 target (30.6% or lower).
- Comparable to 2011 survey results.

Prevalence of Obesity

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



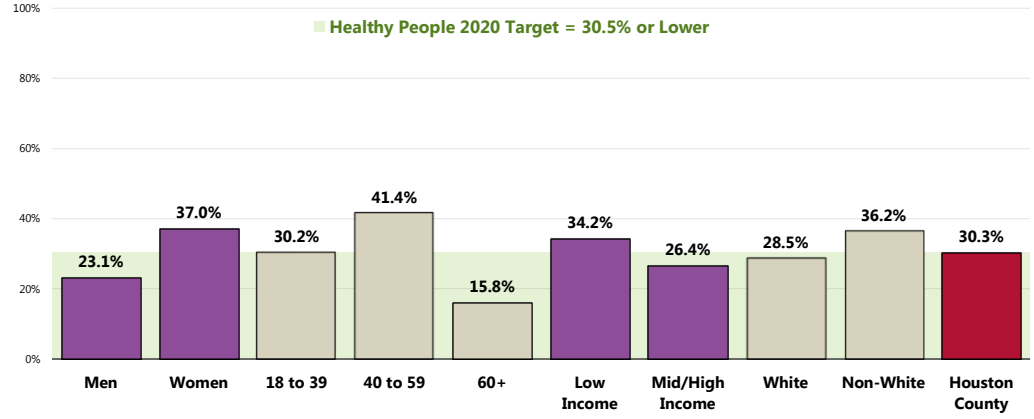
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Georgia data.

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

Obesity is notably more prevalent among women and those residents between the ages of 40 and 59.

Prevalence of Obesity

(Percent of Adults With a BMI of 30.0 or Higher; Houston County, 2014)



Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 155]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

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

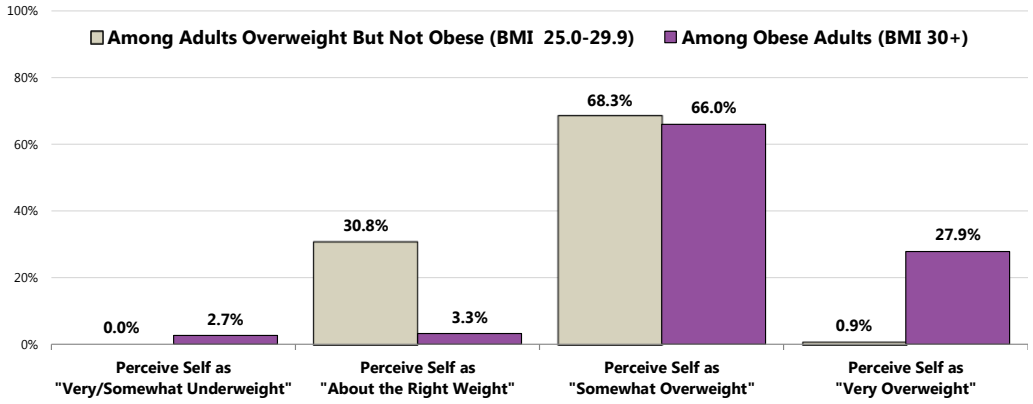
Actual vs. Perceived Body Weight

A total of 3.3% of obese adults and 30.8% of overweight (but not obese) adults feel that their current weight is "about right."

- 68.3% of overweight (but not obese) adults see themselves as "somewhat overweight."
- 27.9% of obese adults see themselves as "very overweight."

Actual vs. Perceived Weight Status

(Among Overweight/Obese Adults Based on BMI; Houston County, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
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.

Relationship of Overweight With Other Health Issues

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

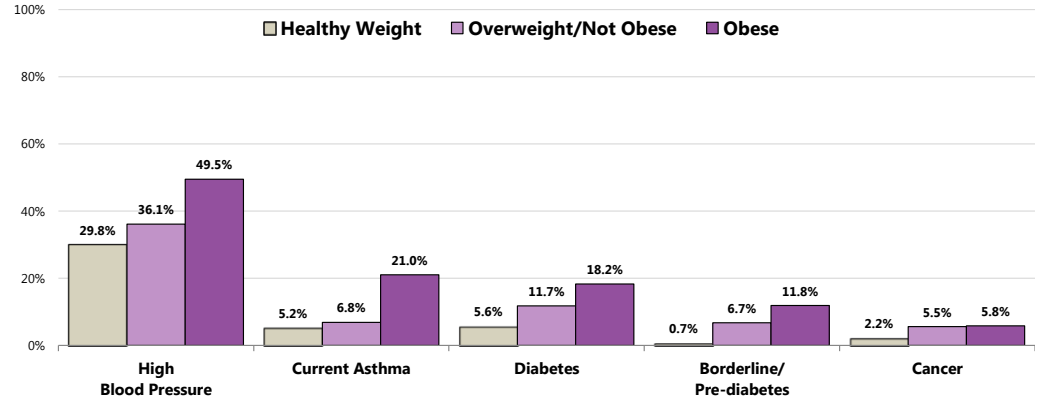
Overweight and obese adults are more likely to report a number of adverse health conditions.

Among these are:

- Hypertension (high blood pressure).
- Asthma.
- Diabetes.
- Borderline/pre-diabetes.
- Cancer.

Relationship of Overweight With Other Health Issues

(By Weight Classification; Houston County, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 30, 125, 134, 136]
Notes: • Based on reported heights and weights, asked of all respondents.

Weight Management

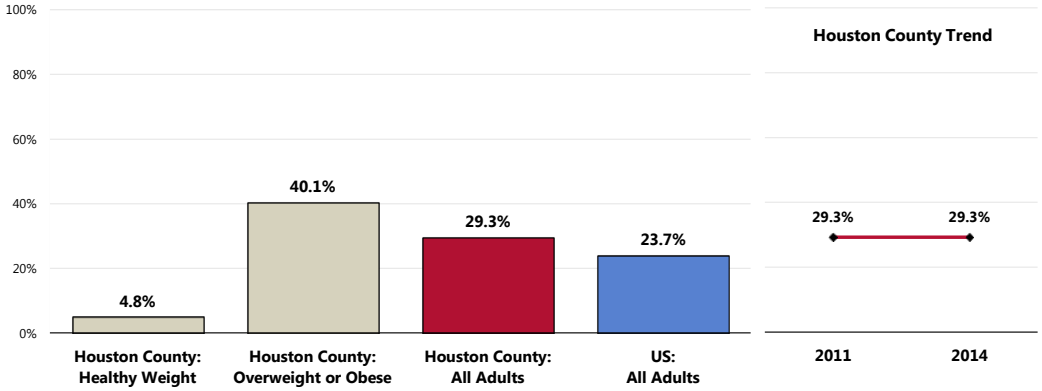
Health Advice

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.
- No change from 2011 survey results.
- Note that 40.1% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while 6 in 10 have not).

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 98, 157]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

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.

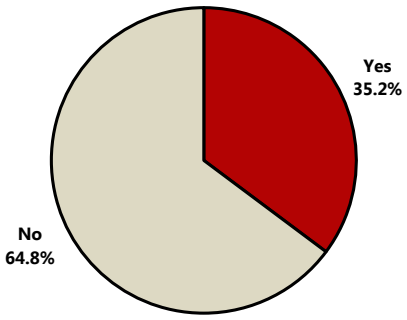
– Healthy People 2020 (www.healthypeople.gov)

A total of 44.4% 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.

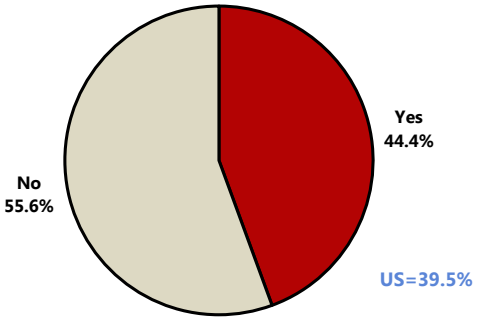
- ● Comparable to national findings.
- Comparable to 2011 survey results.

Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity

(Among Overweight or Obese Respondents)



Houston County 2011



Houston County 2014

Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 156]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Reflects respondents who are overweight or obese based on reported heights and weights.

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

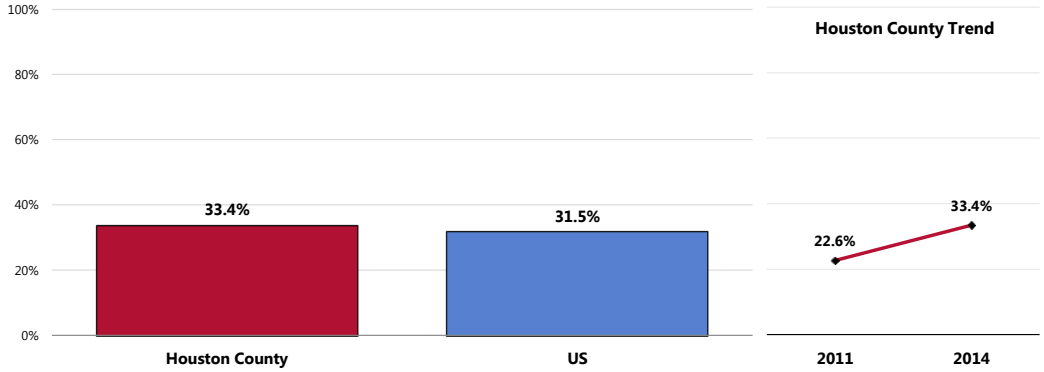
– Centers for Disease Control and Prevention.

Based on the heights/weights reported by surveyed parents, 33.4% of Houston County children age 5 to 17 are overweight or obese (≥85th percentile).

- Comparable to that found nationally.
- While the data suggest an increase in childhood overweight prevalence, the change is not statistically significant.

Child Total Overweight Prevalence

(Percent of Children 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 159]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

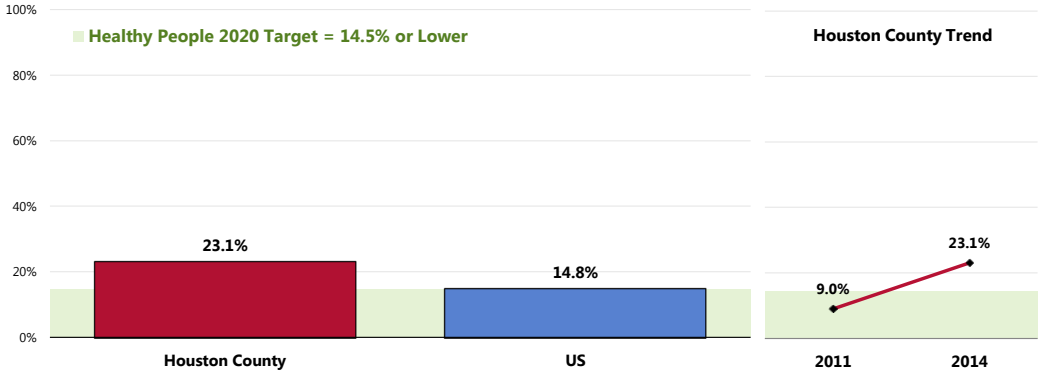
Notes:
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Further, 23.1% of Houston County children age 5 to 17 are obese (≥95th percentile).

- Similar to the national percentage.
- Similar to the Healthy People 2020 target (14.6% or lower for children age 2-19).
- Again, While the data suggest an increase in childhood obesity, the change is not statistically significant.

Child Obesity Prevalence

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



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 159]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]

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

Key Informant Input: Nutrition, Physical Activity & Weight

A total of 42.4% of key informants taking part in an online survey characterized *Nutrition, Physical Activity & Weight* as a "major problem" in the community. This represents a plurality of respondents.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community

(Key Informants, 2014)

Sources:
- 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

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

Poor Nutrition

> *Lack of **access to healthy foods** for nutrition and **lack of physical activity** in general which both lead to issues related to weight. [Other Health Provider]*
>
> *Cultural norms, media promotion of **unhealthy foods**, quick access to fast foods in busy lives. Influence of TV, video games, and other activities that promote a **sedentary lifestyle**. Food packaging, lack of access to reliable healthcare. Limited public venues for physical activity. Lack of adequate time and emphasis in school on physical activity. Lack of funding for interventions related to these activities. Everyone sees the need to address these issues but funding hasn't*

followed the need. [Other Health Provider]

*In Houston County there is a large number of restaurants compared to residents making availability of **"unhealthy" choices** very easy and convenient. Healthy foods, organic markets, vegetables, are pricey and sometimes unavailable. [Other Health Provider]*

*Eating portions that are too large, making **poor choices** when selecting foods. It is very difficult to convince someone weight is a problem until they are actually faced with a specific issue related to weight. [Other Health Provider]*

*There are **not many places where you can find "fast healthy food"** on the go either. [Social Service Provider]*

*High **cost of healthy food**, **lack of motivation** to exercise. [Social Service Provider]*

***No private nutritionist** available that I am aware. [Physician]*

***Fast food** is our downfall. No one eats well-rounded meals. It is MEGA burgers and giant colas. [Other Health Provider]*

*The **perceived costs of eating healthier**, fresher, non-process foods. Balancing the convenience of less-healthy foods with busy lives. Helping adults particularly find the time to engage in some form of healthy exercise. [Community Leader]*

Lack of Physical Activity

*Too many **non-active high-stress jobs** with little to no after-work or school physical activity. [Social Service Provider]*

***Lack of physical activity** in children, youth, young adults, adults community wide. Obesity is a major problem. Not enough physical activities for younger generation. Not a high priority with families. [Community Leader]*

*Starting with children..the **decrease in physical activity** in schools. [Social Service Provider]*

Environmental Barriers

*Very **poorly run recreational programs** for both cities and county. There are private programs (Little League, CGSA, Dixie Softball) available but they tend to be for competitive players and not for everyday kids (especially for the >12 years old group). Several churches run Upward programs that focus more on play and participation than winning, but still need better programs from the rec. depts. (the problem here has in part to do with cuts in funding to these departments - "non-essential services"). [Physician]*

***Lack of areas that children can safely play**, bike trails and walking trails. Pools are only in one part of the county and not very well maintained. Area is not considered a safe part of town for others to venture into. [Other Health Provider]*

*As for physical activity, recent addition of sidewalks along south Houston Lake Rd and Moody Rd has increased walking (individuals and groups) significantly. **More access to sidewalks** in this area would lead to more walking, biking, and running. **Green spaces** in the community where population centers are would increase outdoor physical activity all year long. [Other Health Provider]*

*No **major walking, biking parks** in our community. [Social Service Provider]*

Health Implications

***Obesity**. [Community Leader]*

***Obesity**. [Community Leader]*

*Obesity and obesity-related illnesses affect a significant number of individuals and serve as a contributing factor to some of the issues with **diabetes mellitus and heart disease**. [Physician]*

Lack of Motivation

***Getting people to actually care** about what happens to their physical person. [Community Leader]*

*Too **lazy**. [Physician]*

Barriers

When asked what are the things about your community that make it harder for residents to be healthy, key informants (who rated this as a "major problem") suggested the following:

Limited Access to Healthy Food Choices

*Too many cheap unhealthy **fast food restaurants**. [Social Service Provider]*

*Easily and plentifully accessible fast food. **Lack of access to fresh foods** on the north end of the county. [Other Health Provider]*

***Financial access to nutrition** is one of the biggest issues. [Other Health Provider]*

***High costs of healthy food.** [Social Service Provider]*

*Too many **fast food restaurants**. [Physician]*

*Some is the **nutritional culture** of the area and the accepted food available for consumption. [Physician]*

Limited Access to Physical Activity

***Not enough outside activities**. [Social Service Provider]*

***Lack of recreational facilities**. [Community Leader]*

***Not enough outdoor activities**; few walking trails, few community programs that promote physical activity. [Community Leader]*

*I personally believe there are plenty of opportunities and places for physical activity within the community. I do believe that more time allocated to **physical activity is necessary in the school setting**. [Other Health Provider]*

*Lack of accessible, safe, and economical **recreational facilities**. Limited time for exercise in schools. [Other Health Provider]*

*Difficulties for residents to attaining a healthy state include, **roads without shoulders** for bicycles or walkers, easy access to fat-laden, processed, **convenience foods**; and **sedentary lifestyles and work environments**. [Other Health Provider]*

*Very **few jogging or biking trails**. [Social Service Provider]*

*Too **few public facilities that promote exercise** and have staff to help the larger part of the population. [Physician]*

Time, ***apathy***, *perhaps* ***income***. *[Community Leader]*

Some is the ***heat and humidity*** *and the role that plays in being able to exercise. Some is the lack of being able to afford access to a gym or pool. [Physician]*

Lack of Education & Motivation

Residents do not take advantage of ***educational opportunities***. *[Other Health Provider]*

Lack of education, *people do not care about themselves. [Community Leader]*

There is no shame in being obese or even overweight. Many people joke about themselves all the time, but actually ***do nothing about it***. *[Community Leader]*

It is not the community. ***People have to take responsibility*** *for their own way to eat or exercise.* ***Cultural norms***. *[Other Health Provider]*

We are just too ***lazy***. *[Other Health Provider]*

They ***don't care*** *to be anything but fat. [Physician]*

Lack of resources. *[Other Health Provider]*

Stress

Job and family issues that cause ***stress***. *[Social Service Provider]*

Program, Service or Policy Recommendations

When asked what could be done to improve this problem in terms of programs, services or policies, key informants (who rated this as a "major problem") suggested the following:

Better Programs, Facilities & Infrastructure

Construction of ***rec center***. *[Community Leader]*

Sponsor ***more outdoor activities****; more emphasis in* ***school*** *systems; age-appropriate programs by* ***churches***. *[Community Leader]*

Safe, economic ***access to recreational facilities*** *(ex. YMCA). [Other Health Provider]*

Solutions to these problems could include ***widening popular thoroughfares*** *to include shoulders for alternate modes of transportation. Fitness leave time for employees to engages in physical activity. [Other Health Provider]*

We could look at making ***more parks, playgrounds, walking and biking trails***. *One or two public pools. [Other Health Provider]*

A ***walking/exercise park*** *in our community. [Social Service Provider]*

Hospital-run ***diet programs***. *[Other Health Provider]*

Improved Access to Healthy Foods

More programs that help provide ***access to healthy foods*** *is also necessary. [Other Health Provider]*

More ***grocery stores on the north and far south end of the county***. *[Other Health Provider]*

*Healthier **alternatives at fast food restaurants**. [Other Health Provider]*

*Nutrition awareness when it comes to **school meals**. [Social Service Provider]*

Physical Activity in Schools

*Policies that allow for more **physical activity in school**, particularly in the classroom setting outside of PE class would provide more physical activity for children and aid in reducing the childhood obesity rate. [Other Health Provider]*

*More time for **physical activity during the school day**. [Other Health Provider]*

*More **physical activities in school** plan, community outreach. [Community Leader]*

*More **physical education in school**. [Social Service Provider]*

Education

*Increased **funding for interventions and education**. [Other Health Provider]*

*Improved **public awareness** of the issue. [Other Health Provider]*

*Information campaigns and **education** programs on nutrition, exercise and current healthy weight standards. [Other Health Provider]*

*Presenting **information** in every possible avenue so they are bombarded with it. [Other Health Provider]*

*More **emphasis on healthy living**, more places to exercise. [Social Service Provider]*

*Continued **educational** emphasis, particularly at the youngest ages. [Community Leader]*

*Increase **community awareness** of need for patients to be proactive in weight reduction (many focus on what pill can help them loose weight). [Physician]*

*It starts in their **motivation** and they have no motivation. [Physician]*

Other

***Access to bariatric surgery** for those who qualify. [Physician]*

*It would help if the programs that are available were less territorial and helped each other more - i.e. a more **community approach** to providing quality recreation programs - attempts to focus and consolidate in the past have run into political snares that thwarted any global view of the problems. [Physician]*

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)

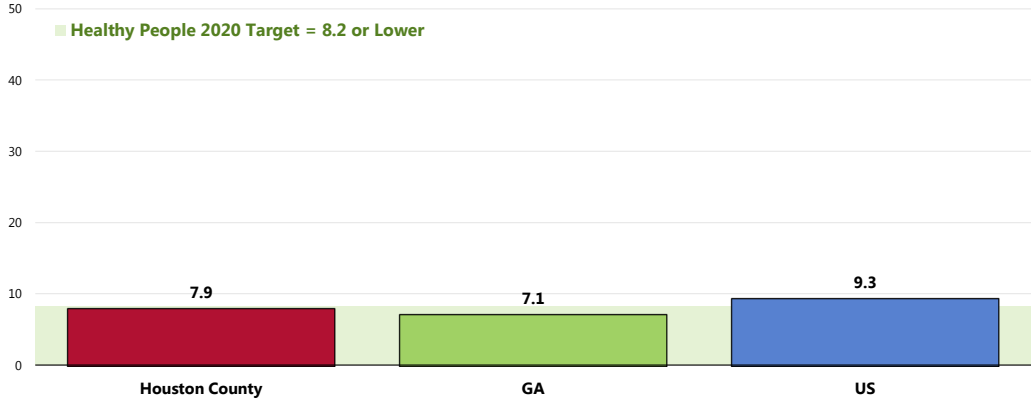
Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2008 and 2010, there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 7.9 deaths per 100,000 population in Houston County.

- Just above the statewide rate.
- Lower than the national rate.
- Similar to the Healthy People 2020 target (8.2 or lower).

Cirrhosis/Liver Disease: Age-Adjusted Mortality

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



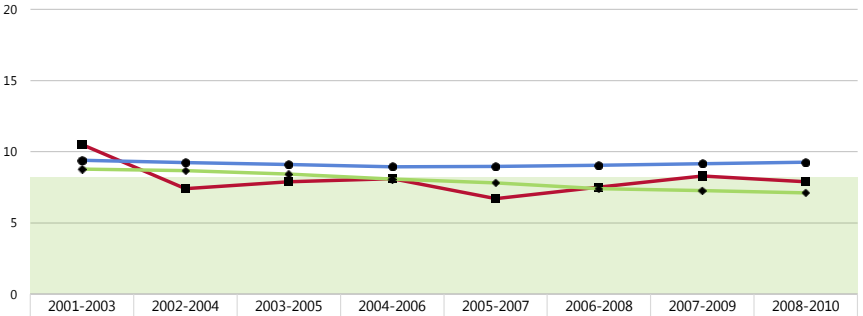
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

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

Cirrhosis mortality has not shown a clear trend, but is most recently below the rate in the 2001-2003 baseline year.

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Healthy People 2020	8.2	8.2	8.2	8.2	8.2	8.2	8.2	8.2
Houston County	10.5	7.4	7.9	8.1	6.7	7.5	8.3	7.9
GA	8.8	8.7	8.4	8.1	7.8	7.4	7.3	7.1
US	9.4	9.2	9.1	8.9	9.0	9.0	9.2	9.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

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

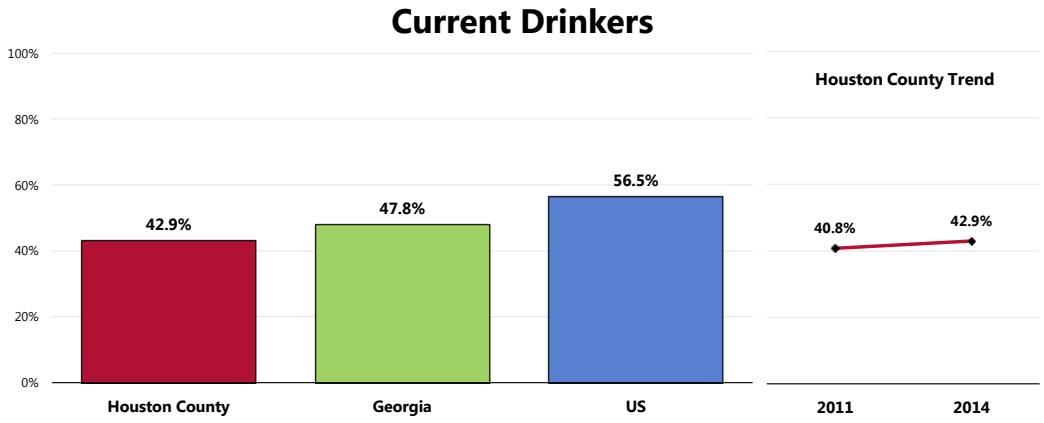
High-Risk Alcohol Use

Current Drinking

"Current drinkers" include survey respondents who had at least one drink of alcohol in the month preceding the interview. For the purposes of this study, a "drink" is considered one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor.

A total of 42.9% of area adults had at least one drink of alcohol in the past month (current drinkers).

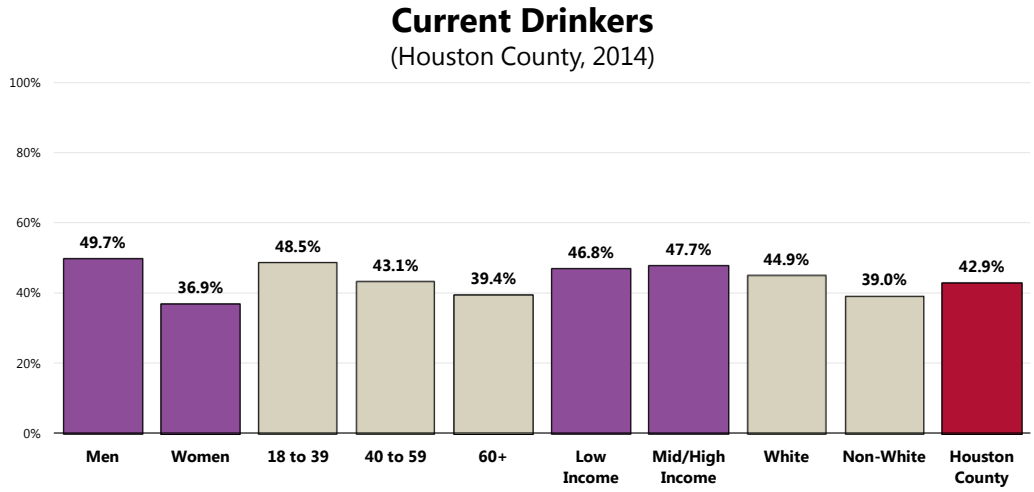
- Comparable to the statewide proportion.
- Below the national proportion.
- Statistically unchanged since 2011.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 164]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Georgia data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Current drinkers had at least one alcoholic drink in the past month.

No statistically significant difference in current drinking levels when viewed by demographic characteristics.



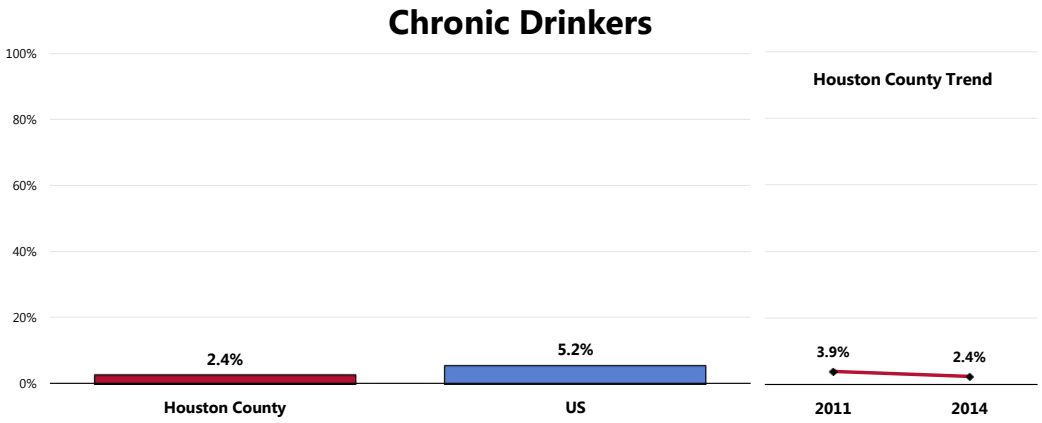
Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]

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 a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Current drinkers had at least one alcoholic drink in the past month.

"Chronic drinkers" include survey respondents reporting 60 or more drinks of alcohol in the month preceding the interview.

A total of 2.4% of area adults averaged two or more drinks of alcohol per day in the past month (chronic drinkers).

- Below the national proportion.
- Statistically unchanged since 2011.

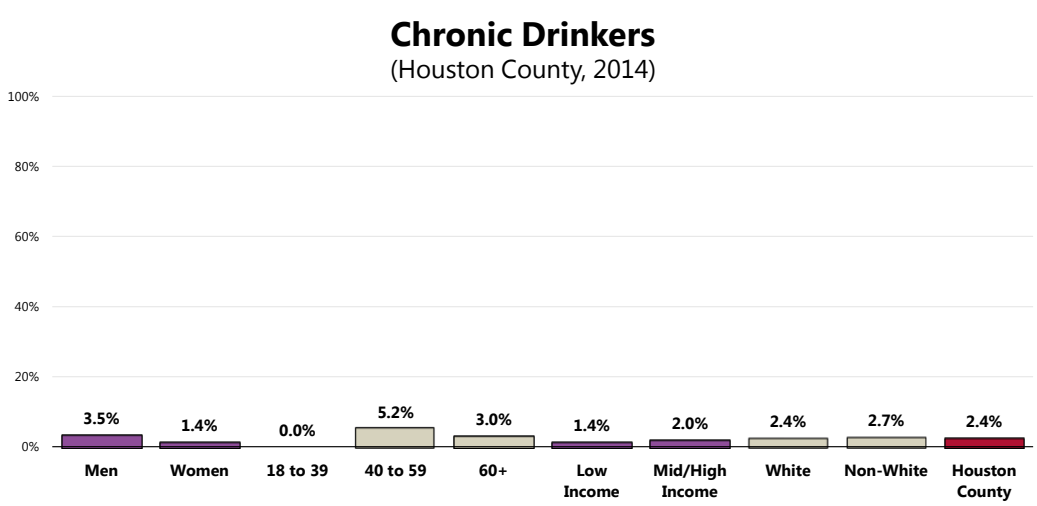


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 165]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Chronic drinkers are defined as having 60+ alcoholic drinks in the past month.

- The chronic drinking prevalence is higher in the 40 to 59 age breakout.

RELATED ISSUE: See also *Stress* in the **Mental Health & Mental Disorders** section of this report.



Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]

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 a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Chronic drinkers are defined as those having 60+ alcoholic drinks in the past month.

Binge Drinking

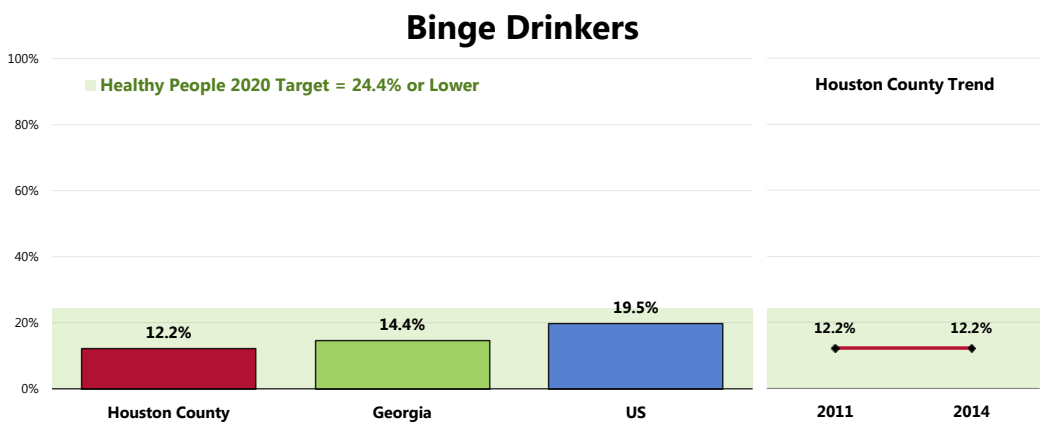
"Binge drinkers" include:

1) MEN who report drinking 5 or more alcoholic drinks on any single occasion during the past month; and

2) WOMEN who report drinking 4 or more alcoholic drinks on any single occasion during the past month.

A total of 12.2% of Houston County adults are binge drinkers.

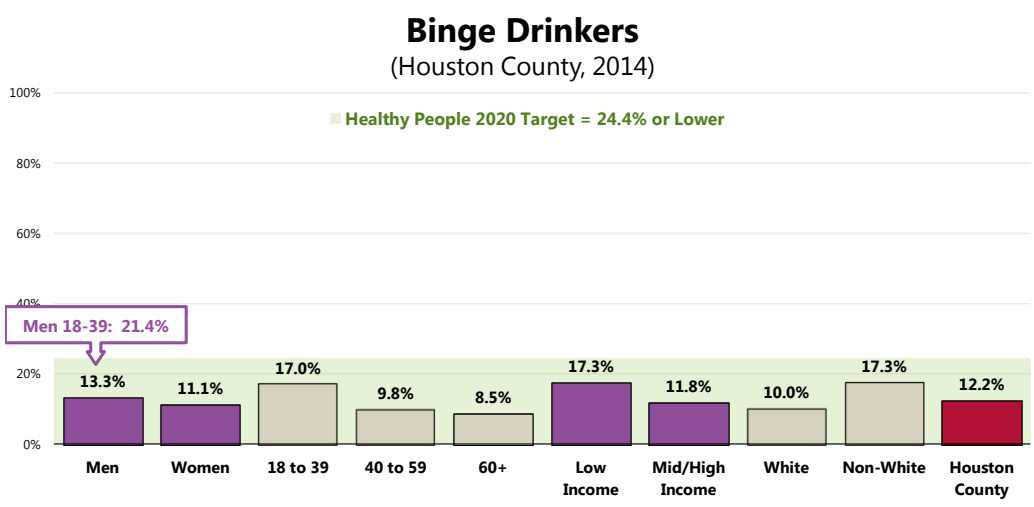
- Similar to Georgia findings.
- Well below national findings.
- Satisfies the Healthy People 2020 target (24.3% or lower).
- No change from 2011 survey results.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 166]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Georgia data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-14.3]

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.

Binge drinking is more prevalent among men (especially those under age 40).



Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 166-167]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-14.3]

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 a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Binge drinkers are defined as men having 5+ alcoholic drinks on any one occasion or women consuming 4+ drinks on any one occasion

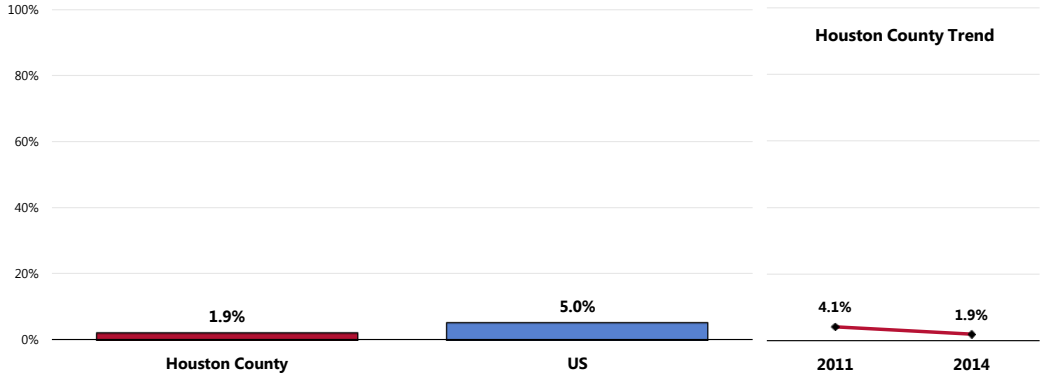
Drinking & Driving

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 1.9% of Houston County adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Well below the national findings.
- Statistically similar to 2011 survey findings.

Have Driven in the Past Month After Perhaps Having Too Much to Drink



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 65]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

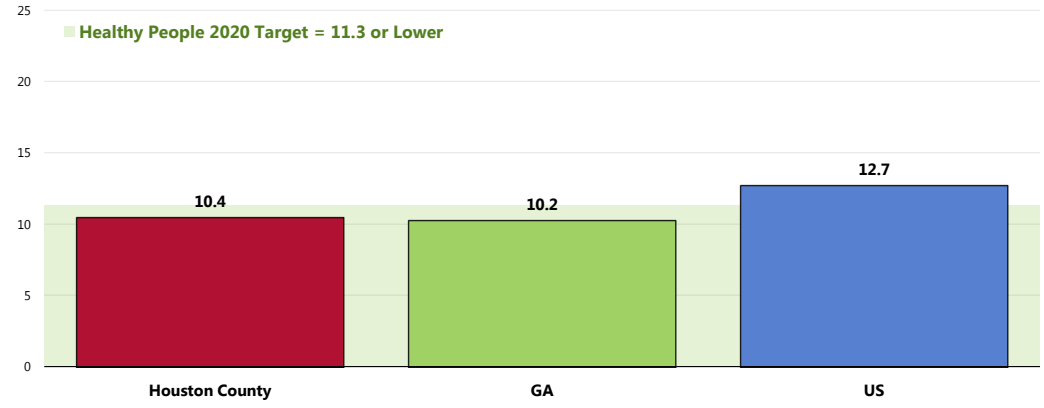
Age-Adjusted Drug-Induced Deaths

Between 2008 and 2010, there was an annual average age-adjusted drug-induced mortality rate of 10.4 deaths per 100,000 population in Houston County.

- Comparable to the statewide rate.
- Below the national rate.
- Satisfies the Healthy People 2020 target (11.3 or lower).

Drug-Induced Deaths: Age-Adjusted Mortality

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



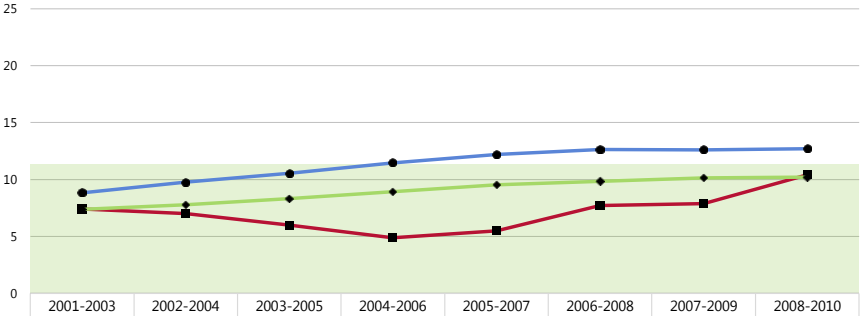
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

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

Drug-induced mortality has increased over the past decade.

Drug-Induced Deaths: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Healthy People 2020	11.3	11.3	11.3	11.3	11.3	11.3	11.3	11.3
Houston County	7.4	7.0	6.0	4.9	5.5	7.7	7.9	10.4
GA	7.4	7.8	8.3	8.9	9.5	9.8	10.1	10.2
US	8.8	9.8	10.5	11.5	12.2	12.6	12.6	12.7

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2014.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

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

Illicit Drug Use

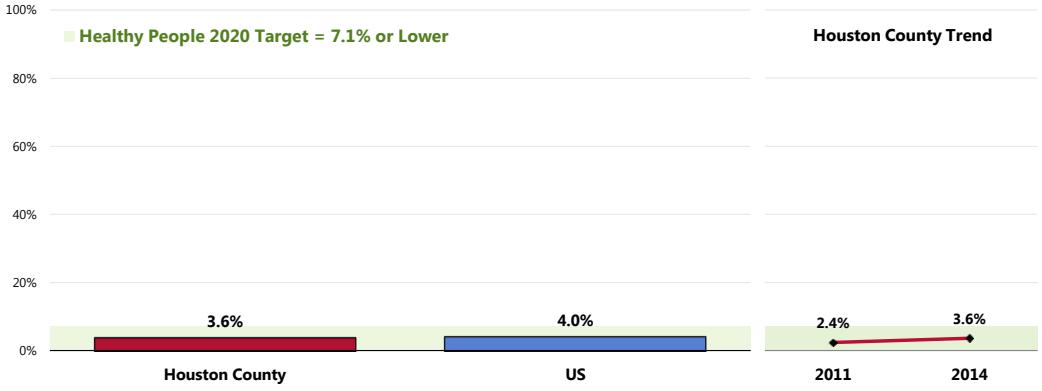
For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

A total of 3.6% 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.
- Statistically unchanged since 2011.

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

Illicit Drug Use in the Past Month



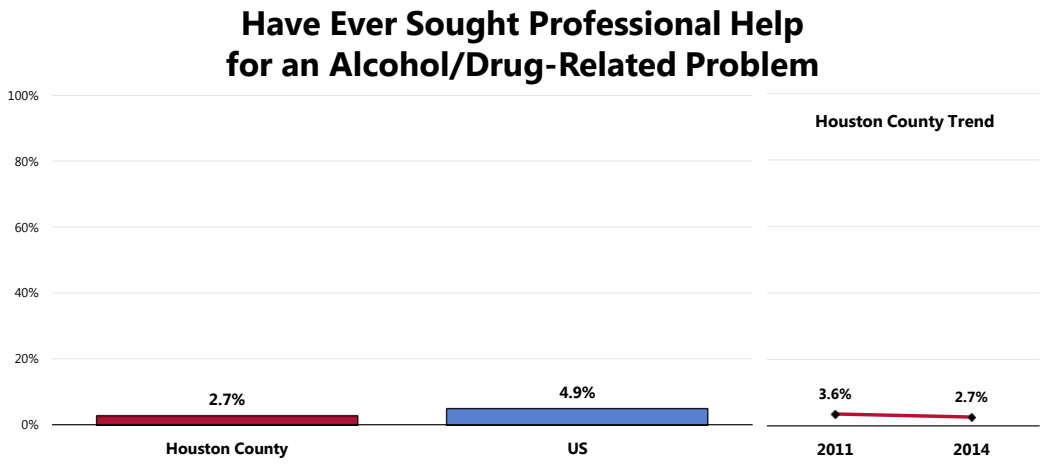
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 66]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

Notes:
- Asked of all respondents.

Alcohol & Drug Treatment

A total of 2.7% of Houston County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

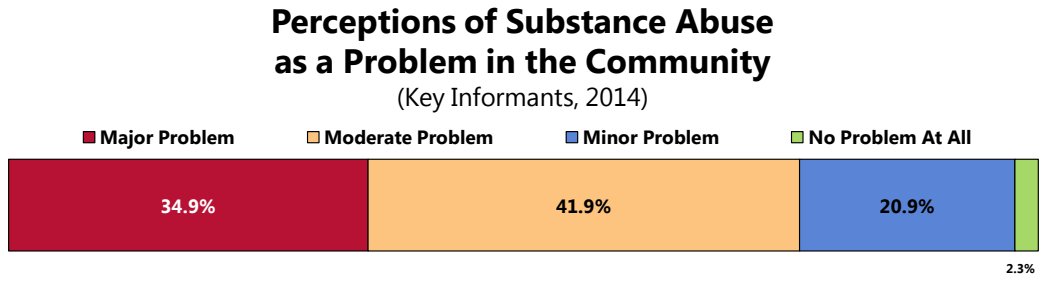
- Similar to national findings.
- Similar to 2011 survey results.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 67]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Key Informant Input: Substance Abuse

Over one-third (34.9%) of key informants taking part in an online survey characterized *Substance Abuse* as a "major problem" in the community. A plurality characterize this as a "moderate problem."



Sources: • 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

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

Denial & Willingness to Get Help

*The greatest barriers are in fact **themselves**. [Other Health Provider]*

*The people **themselves** are the problem. Denial that they have a drug problem. [Other Health Provider]*

*The patient must **recognize the problem** and request the help. So, the first problem with this illness is the patient's realization that there is a problem. [Community Leader]*

*Here the barriers lie with the individuals. Access is available, but the patients with addiction issues **need to be ready** to participate. [Physician]*

***Lack of motivation**. [Physician]*

Insufficient Services/Facilities

***Lack of funding** for treatment programs - both residential and outpatient. [Social Service Provider]*

***Not enough programs**, especially inpatient, as well as some people are just not ready to commit to the programs that are available. [Social Service Provider]*

***Transportation**, **motivation**, **availability of services**. [Social Service Provider]*

Financial Barriers

*Lack of area that offer treatment and the **cost** of the treatment. [Other Health Provider]*

***Money**. [Community Leader]*

***Cost**. [Physician]*

Other

*Meth, marijuana, alcohol is still a **mainstay** in the community. [Community Leader]*

*Read the **newspaper**. [Community Leader]*

*The **addictive** nature of the disease itself. [Physician]*

***Law enforcement** that pays attention to users rather than the providers of the substance. [Social Service Provider]*

***Fear of legal problems**. [Physician]*

Program, Service or Policy Recommendations

When asked what could be done to improve this problem in terms of programs, services or policies, key informants (who rated this as a "major problem") suggested the following:

Additional Services & Facilities

***More money for substance abuse and mental health treatment**. [Social Service Provider]*

***Funding**. [Social Service Provider]*

*County **transportation** system. [Social Service Provider]*

*Need **more inpatient detox. beds**, need facilities for **long-term rehab** after detox., need **more half-way homes and jobs** for those that would use these facilities. Also need **better***

coordination *between existing support groups and the legal community. [Physician]*

Financial Assistance

More low-cost programs*. [Community Leader]*

Develop a program that those that have ***low-income*** *have access to. [Other Health Provider]*

Other

Programs that are mandated *by law to attend. [Community Leader]*

Improving ***first ourselves*** *before believing that any given person & or program can improve us. [Other Health Provider]*

Policy actions *that make it easier for families of adults that are habitual abusers to have them declared incompetent and committed to treatment. [Community Leader]*

Drug screens *for people that receive federal or state support. If the drug screen is positive, they are cut off. [Physician]*

Most Problematic Substances

Key informants (who rated this as a "major problem") **most often identified *prescription medications*, *methamphetamine* and *alcohol* as the most problematic substances abused in the community.**

	Most Problematic	Second Most Problematic	Third Most Problematic	Total Mentions
Prescription Medications	38.5%	7.7%	23.1%	9
Methamphetamines or Other Amphetamines	30.8%	38.5%	0.0%	9
Alcohol	23.1%	23.1%	30.8%	10
Marijuana	7.7%	0.0%	7.7%	2
Cocaine or Crack	0.0%	15.4%	7.7%	3
Over-The-Counter Medications	0.0%	7.7%	7.7%	2
Steroids	0.0%	0.0%	7.7%	1
Heroin or Other Opioids	0.0%	0.0%	7.7%	1
Hallucinogens or Dissociative Drugs (e.g. Ketamine, PCP, LSD, DXM)	0.0%	0.0%	7.7%	1
Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)	0.0%	7.7%	0.0%	1
Synthetic Drugs (e.g. Bath Salts, K2/Spice)	0.0%	0.0%	0.0%	0
Inhalants	0.0%	0.0%	0.0%	0

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.

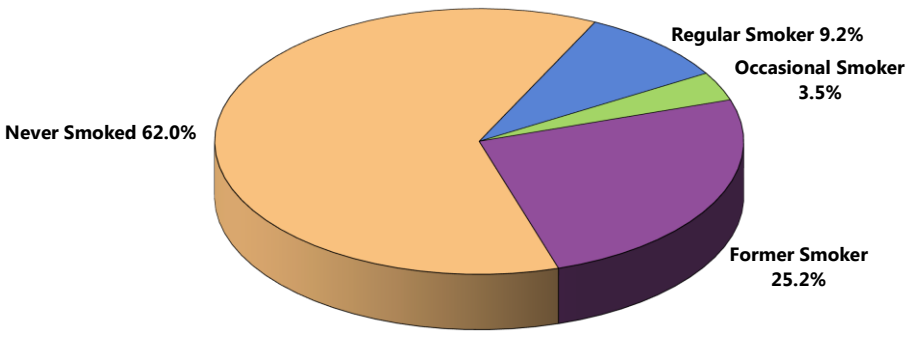
– Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 12.7% of Houston County adults currently smoke cigarettes, either regularly (9.2% every day) or occasionally (3.5% on some days).

Cigarette Smoking Prevalence
(Houston County, 2014)

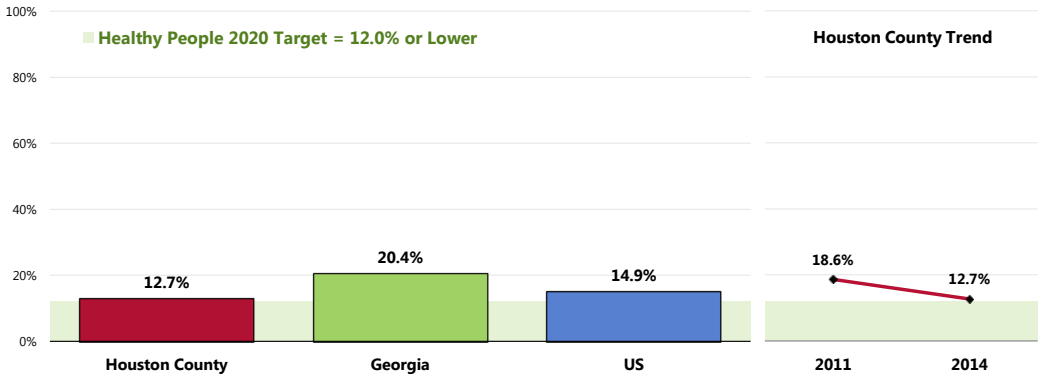


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 160]
Notes: • Asked of all respondents.

- Well below statewide findings.
- Similar to national findings.
- Similar to the Healthy People 2020 target (12% or lower).

Statistically unchanged since 2011.

Current Smokers



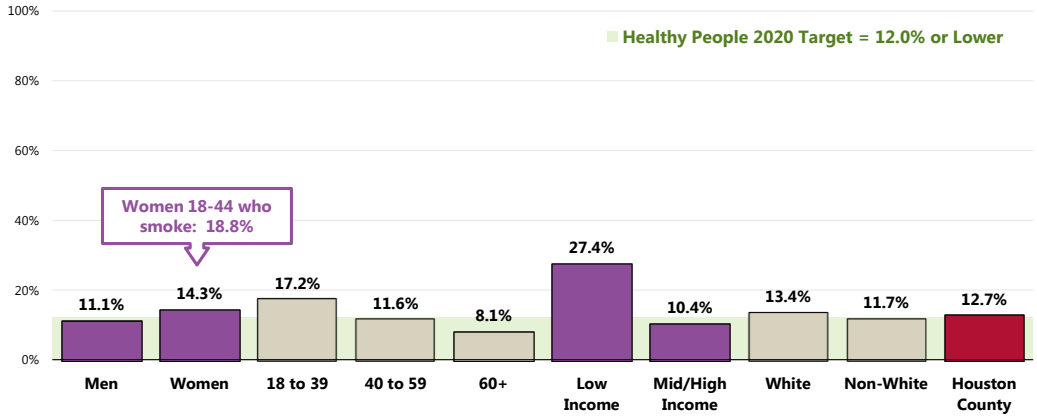
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 160]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Georgia data.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes everyday or on some days).

Cigarette smoking is notably high in the low-income population.

Note that 18.8% of women of child-bearing age (ages 18 to 44) currently smoke. This is notable given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy.

Current Smokers
(Houston County, 2014)



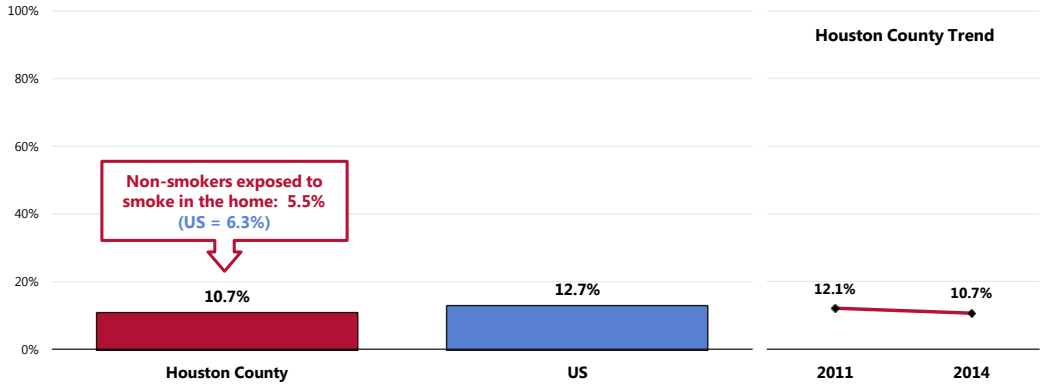
Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 160-161]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasion smokers (everyday and some days).

A total of 10.7% of Houston County adults (including smokers and non-smokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- Similar to national findings.
- No significant change from 2011 survey results.
- Note that 5.5% of Houston County non-smokers are exposed to cigarette smoke at home, similar to what is found nationally.

Member of Household Smokes at Home



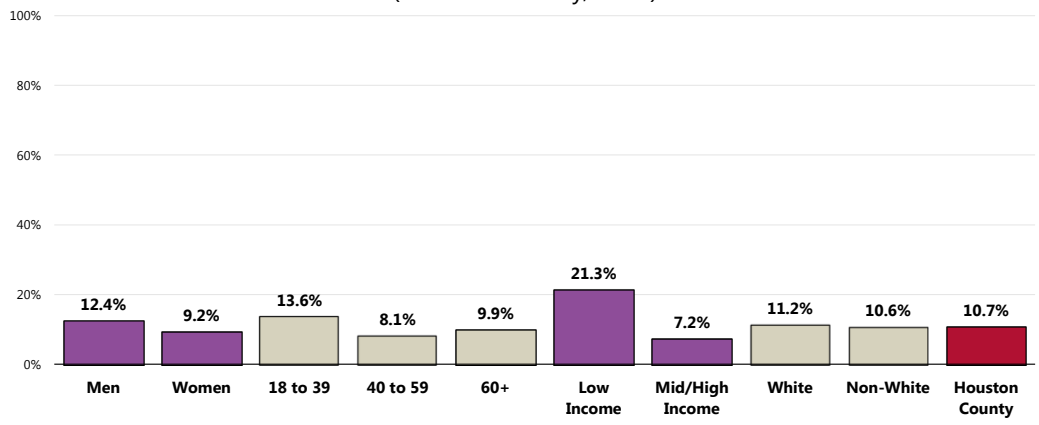
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 59, 162]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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

- Notably higher among residents living in low-income households.

Member of Household Smokes At Home

(Houston County, 2014)

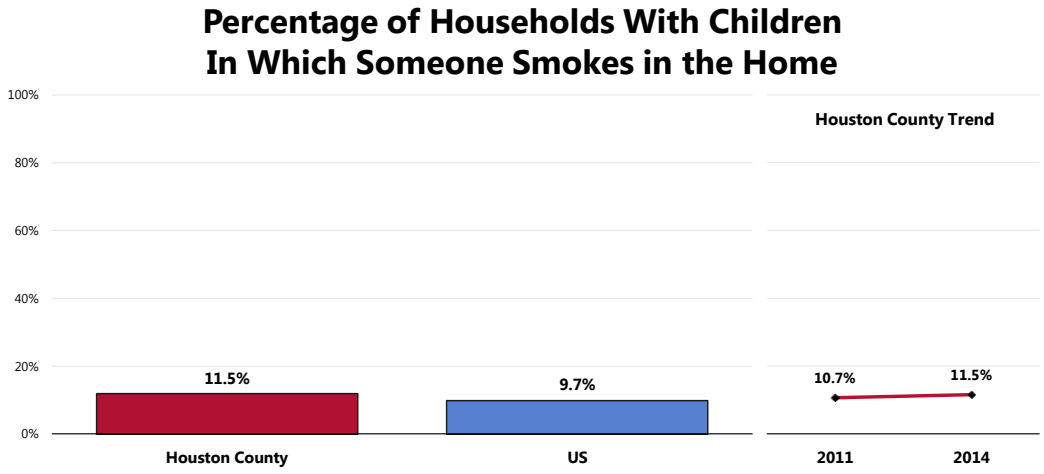


Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]

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 a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- "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, 11.5% have someone who smokes cigarettes in the home.

- Comparable to national findings.
- Similar to 2011 survey results.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 163]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

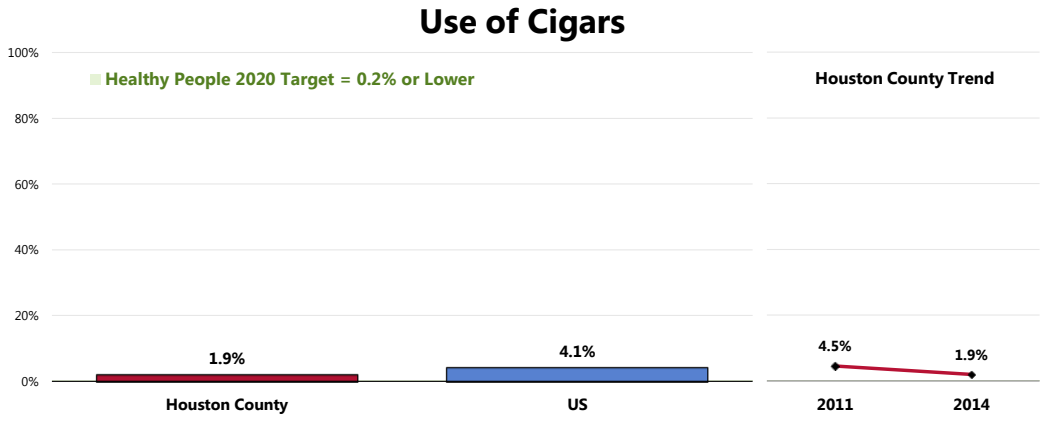
Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Other Tobacco Use

Cigars

A total of 1.9% of Houston County adults use cigars every day or on some days.

- Lower than the national percentage.
- Similar to the Healthy People 2020 target (0.2% or lower).
- Statistically unchanged since 2011.



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 61]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.3]

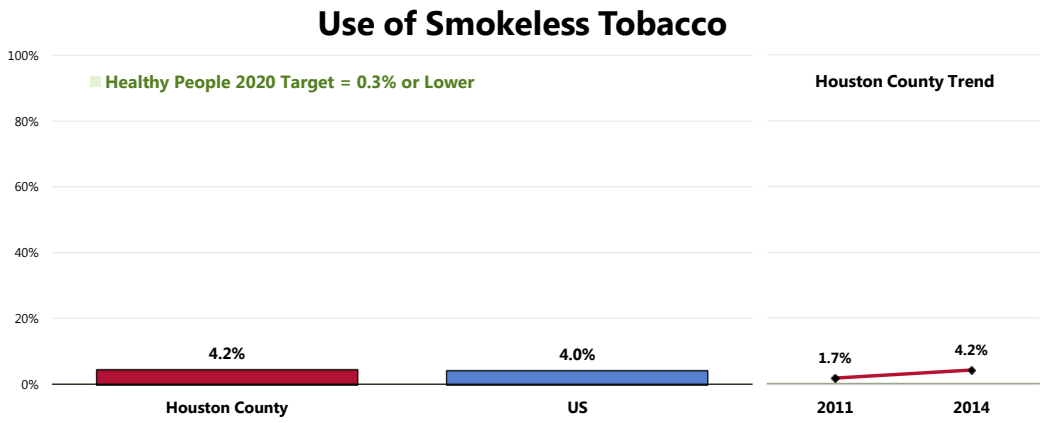
Notes:
- Asked of all respondents.

Smokeless Tobacco

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

A total of 4.2% of Houston County adults use some type of smokeless tobacco every day or on some days.

- Comparable to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).
- Statistically unchanged from 2011 survey results.

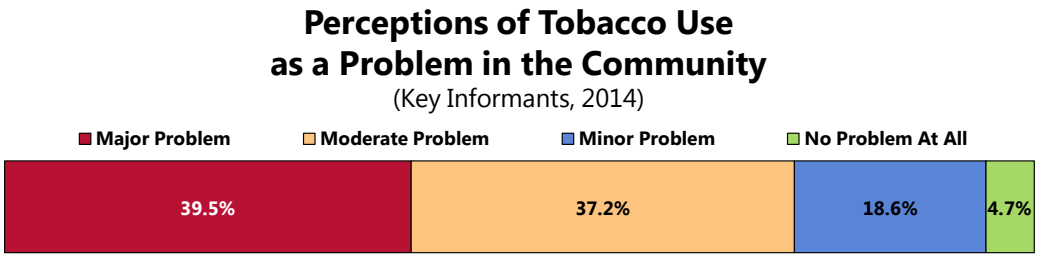


Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 60]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.2]

Notes:
- Asked of all respondents.
- Smokeless tobacco includes chewing tobacco or snuff.

Key Informant Input: Tobacco Use

Roughly four out of 10 key informants taking part in an online survey (39.5%) characterized *Tobacco Use* as a "major problem" in the community. This represents a plurality of respondents.



Sources:
- 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

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

Prevalence

*Tremendous number of **smokers and snuff users**. [Community Leader]*

*Although there are many places that forbid tobacco use, **smokers still gather** by the side of the road for smokes. The image of snuff/tobacco cans in the pockets of teens, athletes, and other people **indicate tobacco use**. [Social Service Provider]*

*I helped to conduct a study regarding the use of tobacco in Houston County. The findings suggested that the use of tobacco and tobacco-related illnesses **continues to increase**. The use of tobacco is highly prevalent among pregnant women as well, which in turn affects unborn and current children living with those who smoke. This also affects asthma rates, particularly among children. [Other Health Provider]*

*Even with tobacco-free facilities, smoking remains a **widely used substance** in this area. [Other Health Provider]*

*We **still have tobacco use**, we do not have a tobacco-free school or public building policy. [Other Health Provider]*

***High rates** of smoking. [Other Health Provider]*

***Too many young people** smoke and dip. [Community Leader]*

*Tobacco is **freely used** without consideration for the people in the surrounding area. [Other Health Provider]*

*Georgia continues to be a **leader in tobacco consumption** despite the prevalence of warnings. [Community Leader]*

*Seems to be a **large number of individuals** who smoke. [Physician]*

***High prevalence** of smoking in this community and lack of willingness to seek help. [Physician]*

Health Consequences

*Smoking harms most organs of the body and **causes diseases** such as stroke, lung disease, cancer, reproductive and childhood problems such as asthma, low birth weight, and preterm birth. Smoking affects the smoker as well as anyone who is affected by second-hand smoke. Smoking and exposure to second-hand smoke are risks associated with many of the other diseases or adverse health indicators within the community. [Other Health Provider]*

*The high number of people with **emphysema** and **COPD**. [Other Health Provider]*

Other

*The **increase in the Hispanic population** that lack English as a second language, and also for pregnant Hispanic women, as well as this county **being a military town, may increase the risk** of tobacco use. [Social Service Provider]*

Program, Service or Policy Recommendations

When asked what could be done to improve this problem in terms of programs, services or policies, key informants (who rated this as a "major problem") suggested the following:

Policy Changes

***Tax** it to oblivion! [Community Leader]*

The state receives money from the tobacco industry to discourage tobacco use and for cessation

*programs; however, **Georgia does not use this money in the way that it was intended**. This is an awareness problem among voters - or the disenfranchised people who no longer vote. [Social Service Provider]*

*I believe that the **legal age** for cigarette purchases should be raised such as that for alcohol. I believe more policies should be put into place that reprimand those who purchase tobacco products for minors and for those stores that sell to minors. I also believe that more programs related to tobacco prevention should be implemented among adults and youth. [Other Health Provider]*

*Make the schools and public buildings **tobacco free**. [Other Health Provider]*

*Enforcing tobacco sale and use regulations for minors, **tobacco-free facility** policies, and **incentives to quit smoking** with **penalties** for tobacco use. [Other Health Provider]*

*Tie **need-based assistance** to personal health choices. [Community Leader]*

***Raise the minimum age** to buy cigarettes to 21 would help. [Other Health Provider]*

*Significant **surcharges** on tobacco products, health insurance surcharges for tobacco users, and a significant health cost surcharge on tobacco growers, processors, manufacturers, distributors, and retailers. [Community Leader]*

Education & Cessation Programs

*Improved **education** and treatment options. Reducing media glamorization. [Other Health Provider]*

***Education** and help people obtain the medications and other things that will help those that smoke or chew stop. [Other Health Provider]*

***Education**, particularly among adolescents and pregnant women*

*More **awareness** as provided by the strength among community partners. [Social Service Provider]*

*Target **youth programs** to influence better habits. [Community Leader]*

*I have no suggestions. More than 50 years of **education** regarding the dangers of tobacco have only had minimal impact on use. [Physician]*

*Publicizing availability of the **Quit Line**. [Other Health Provider]*

*More **educational** opportunities and services to help with cessation. [Physician]*

Other

*The **improvement of oneself** as a individual. It starts with us. [Other Health Provider]*

ACCESS TO HEALTH SERVICES

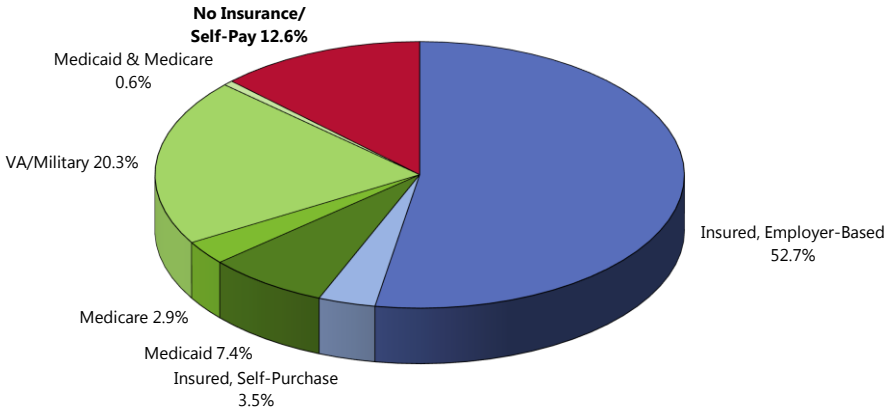
Health Insurance Coverage

Type of Healthcare Coverage

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

A total of 56.2% of Houston County adults age 18 to 64 report having healthcare coverage through private insurance; another 20.3% have coverage through VA/military benefits. A total of 10.9% report coverage through other government-sponsored programs (e.g., Medicaid, Medicare).

Healthcare Insurance Coverage
(Among Adults Age 18-64; Houston County, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
Notes: • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

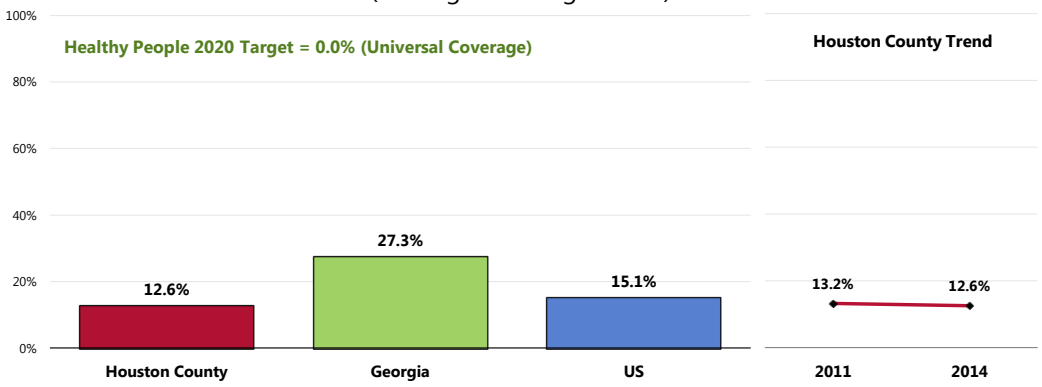
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 12.6% report having no insurance coverage for healthcare expenses.

- Well below the Georgia percentage.
- Similar to the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- No significant change from 2011 survey results.

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64)



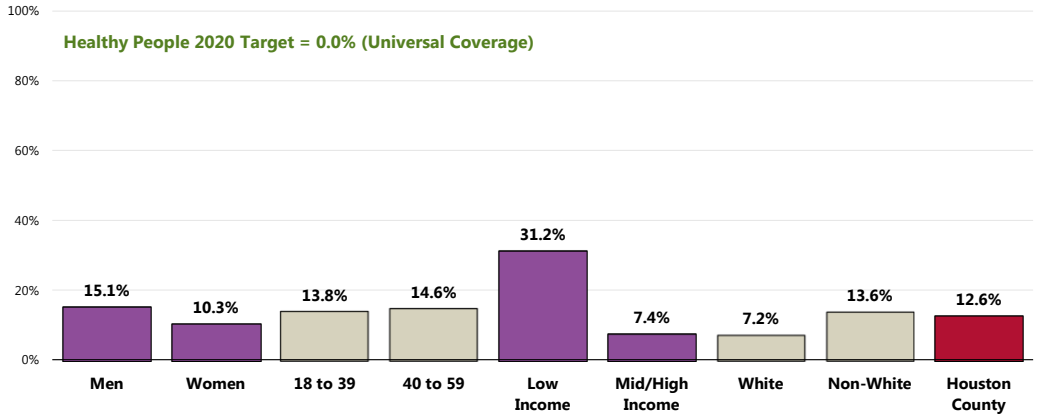
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 168]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Georgia data.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

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

Low-income residents are much more likely to be without healthcare insurance coverage (note the 31.2% uninsured prevalence).

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64; Houston County, 2014)



Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents under the age of 65.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

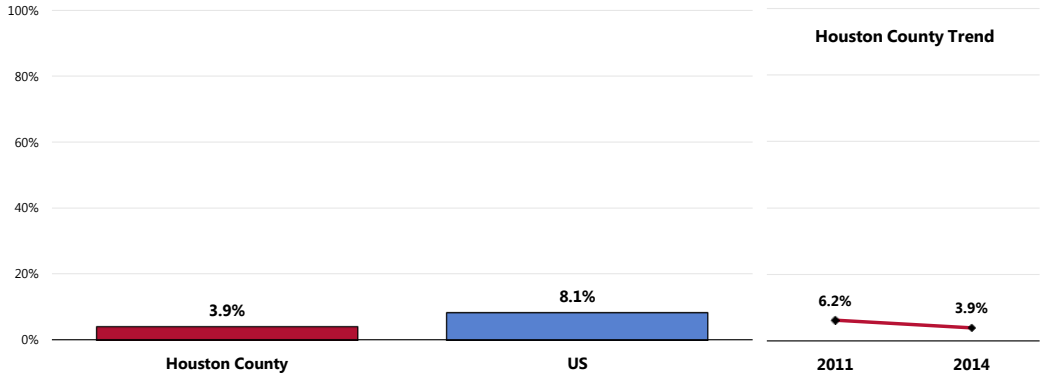
Recent Lack of Coverage (Insurance Instability)

Among currently insured adults in Houston County, 3.9% report that they were without healthcare coverage at some point in the past year.

- Half the US prevalence.
- Statistically unchanged since 2011.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year

(Among Insured Adults)



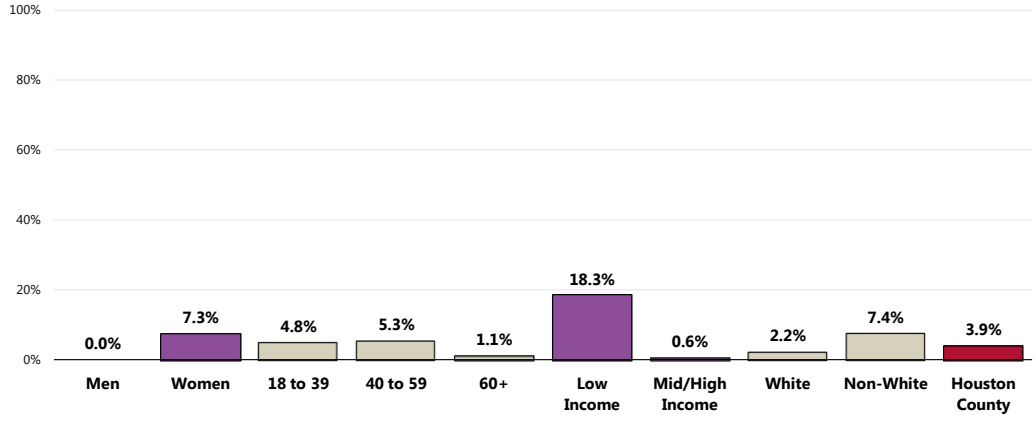
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 79]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all insured respondents.

Among insured adults, women 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, 2014)



Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 79]

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 a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

Access to comprehensive, quality healthcare 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 healthcare system; 2) Accessing a healthcare location where needed services are provided; and 3) Finding a healthcare provider with whom the patient can communicate and trust.

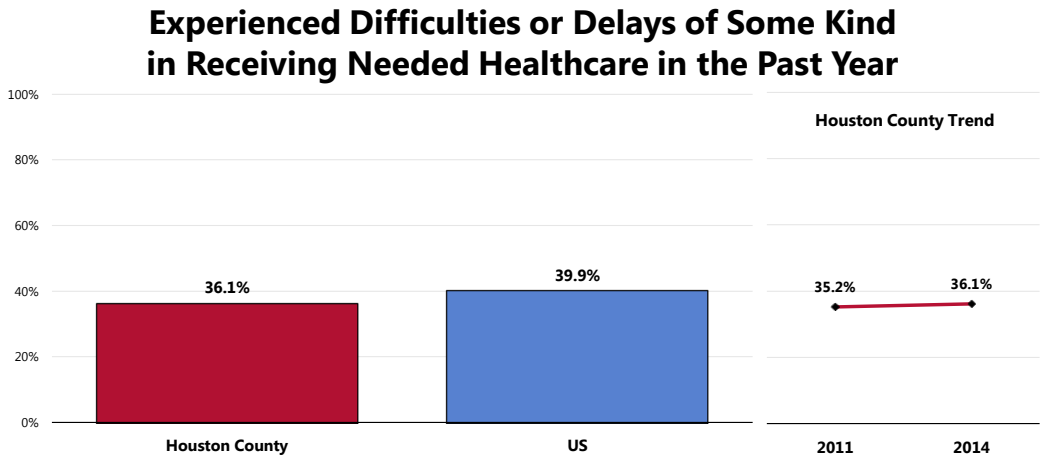
– Healthy People 2020 (www.healthypeople.gov)

Difficulties Accessing Services

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

A total of 36.1% of Houston County adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Comparable to than national findings.
- Comparable to previous survey results.



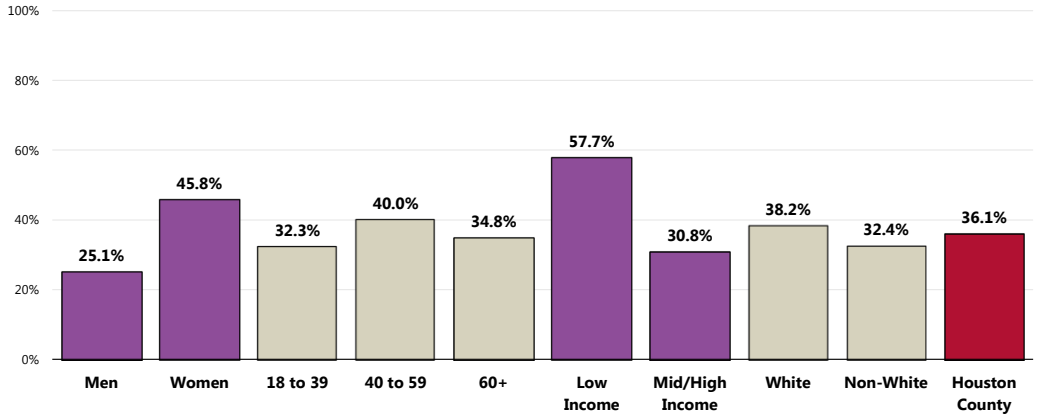
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 172]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

- As might be expected, lower-income residents more often report difficulties accessing healthcare services.
- Also, women in Houston County are more likely than men to report difficulties with access.

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

(Houston County, 2014)



Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]

Notes:
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

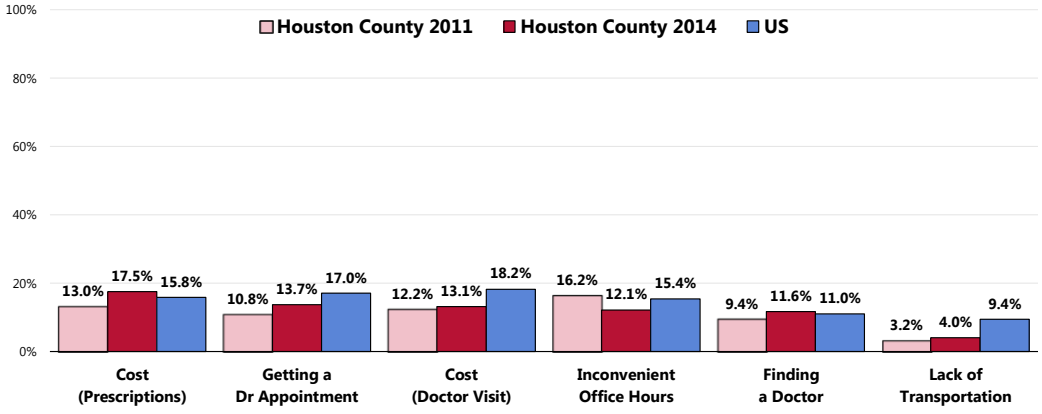
To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

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

Of the tested barriers, cost of prescription medication impacted the greatest share of Houston County adults (17.5% say that the prohibitive cost prevented a needed medication at some point 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.
- No change from 2011 survey results for any of the barriers tested.

Barriers to Access Have Prevented Medical Care in the Past Year



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 7-12]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

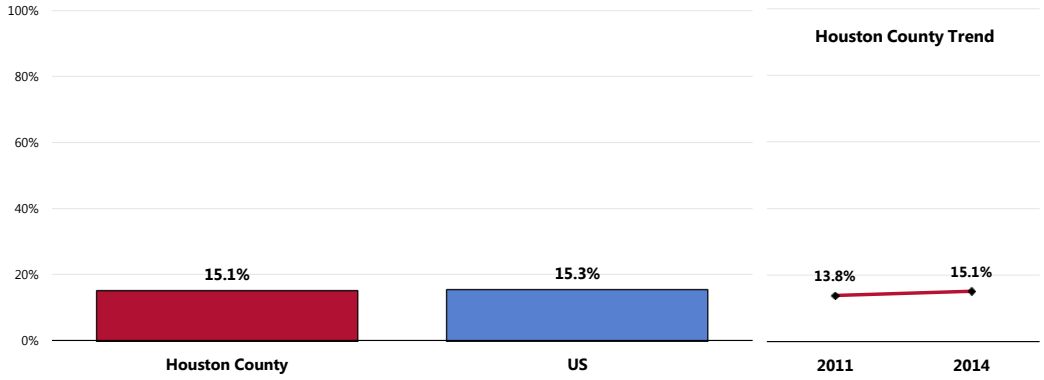
Notes:
- Asked of all respondents.

Prescriptions

Among all Houston County adults, 15.1% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Almost identical to national findings.
- Statistically unchanged since 2011.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 13]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

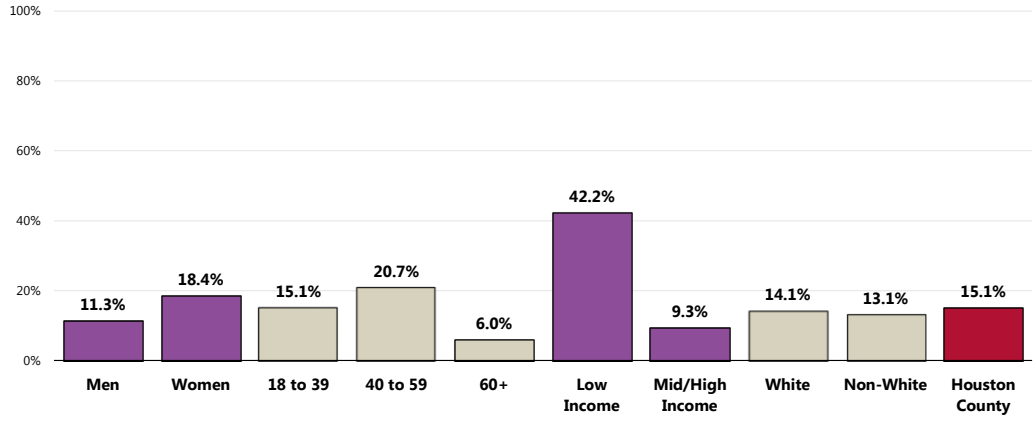
Notes:
- Asked of all respondents.

Adults more likely to have skipped or reduced their prescription doses include:

- Those under age 60.
- Respondents with lower incomes (especially).

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

(Houston County, 2014)



Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]

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 a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Accessing Healthcare for Children

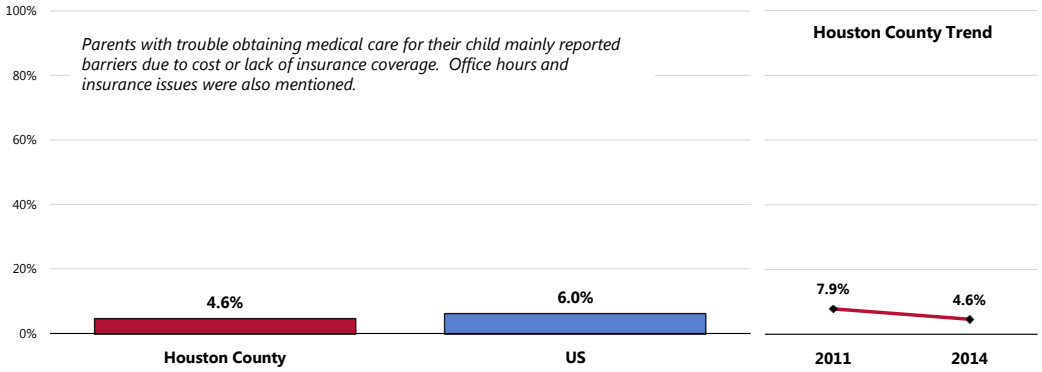
Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

A total of 4.6% 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.
- Statistically unchanged since 2011.

Had Trouble Obtaining Medical Care for Child in the Past Year

(Among Parents of Children 0-17)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 111-112]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.

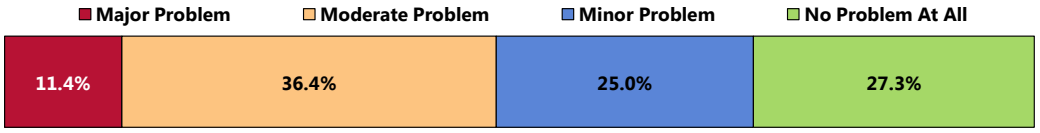
Among the parents experiencing difficulties, the majority cited **cost or a lack of insurance** as the primary reason; others cited office hours and insurance issues.

Key Informant Input: Access to Healthcare Services

A total of 11.4% of key informants taking part in an online survey characterized *Access to Healthcare Services* as a "major problem" in the community. A plurality characterize this as a "moderate problem."

Perceptions of Access to Healthcare Services as a Problem in the Community

(Key Informants, 2014)



Sources: • 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

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

Lack of Transportation

> *The health care facilities in Houston County are **not located neutrally**. The health department is*

located on the far southeast side of town where the majority of people who do not use or need it are located. Those who qualify to use it have no public transportation to get to it other than a taxi which also costs money. Health Provider]

*Ability to pay, **lack of insurance** for adults, **lack of transportation** to get to sources of medical care, **high cost of health care**. [Other Health Provider]*

***Transportation** for low to moderate income families. some families do not see the importance of a medical home or preventative care, they just go to the emergency room when they are sick. [Social Service Provider]*

Lack of Insurance

***Insurance access** is another issue. While many struggle to pay to obtain insurance, those who have it still struggle to pay deductibles and out-of-pocket expenses that are not covered by insurance. [Other Health Provider]*

***Lack of health insurance**: Georgia's failure to expand Medicaid leaves a big void, since the indigent care funds for hospitals are going away, the poor don't qualify for tax credits to subsidize private insurance, so they are left with no coverage options. [Other Health Provider]*

*In addition to the large number of **uninsured**, there is an overall **lack of understanding/ utilization of primary care**. Individuals seem to utilize ERs and urgent cares for episodic care, but lack the knowledge, and understanding the role of primary care physicians. Most primary providers also tend to over utilize specialist referrals which increased health care cost without improving health. [Physician]*

Program, Service or Policy Recommendations

When asked what could be done to improve this problem in terms of programs, services or policies, key informants (who rated this as a "major problem") suggested the following:

Insurance

*ACA is going to prove to be a large portion of the solution. However, there are still some for whom it will be more affordable to pay the penalty than to pay for insurance. **Insurance** programs should be more proactive in covering services, especially preventative services and medications. [Other Health Provider]*

*Increased number of facilities that **assist the uninsured** with payment or offer discounted payments, public transportation, opportunities for low-cost insurance. [Other Health Provider]*

Education

***Education**, not sure what kind, maybe a social media campaign to help people understand the importance of preventative care. Incentives for preventative services or stipends, easier and less expensive health care - free preventative services. [Social Service Provider]*

*Improved **knowledge within the community** of the importance of establishing a medical home and working with their family physician to improve their health, not just looking for specialist referrals. Expansion of access to medical assistance. [Physician]*

Transportation

*Coordination of current **programs serving the indigent**, and support of some subsidized **transportation** services. [Other Health Provider]*

*Reliable, inexpensive **transportation**. [Social Service Provider]*

Primary Care Services

Improving healthcare 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

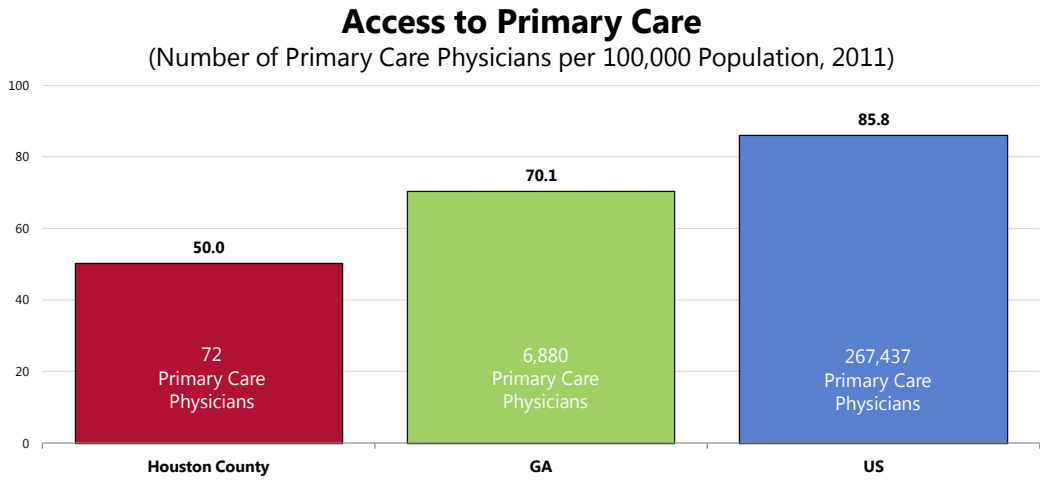
Improving healthcare services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease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

– Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

In Houston County in 2011, there were 72 primary care physicians, translating to a rate of 50.0 primary care physicians per 100,000 population.

- Well below the primary care physician-to-population ratio found statewide.
- Well below the ratio found nationally.

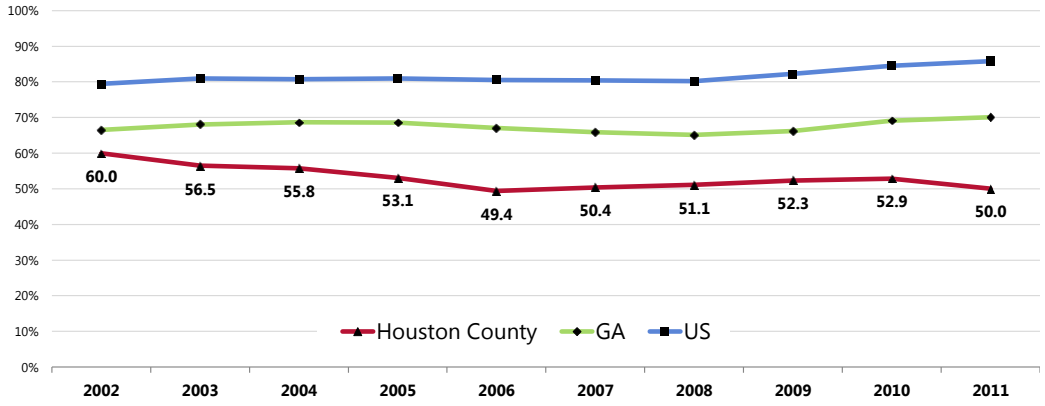


Sources: • Community Commons. Retrieved July 2014 from http://www.chna.org.
Notes: • This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
• Data are derived from U.S. Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2011.

- Access to primary care (in terms of the ratio of primary care physicians to population) has worsened over the past decade in Houston County, lagging further behind Georgia and the US.

Trends in Access to Primary Care

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



Sources:
- Community Commons. Retrieved July 2014 from http://www.chna.org.

Notes:
- This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.
- Data are derived from the U.S. Department of Labor, Bureau of Labor Statistics: 2013.

Specific Source of Ongoing Care

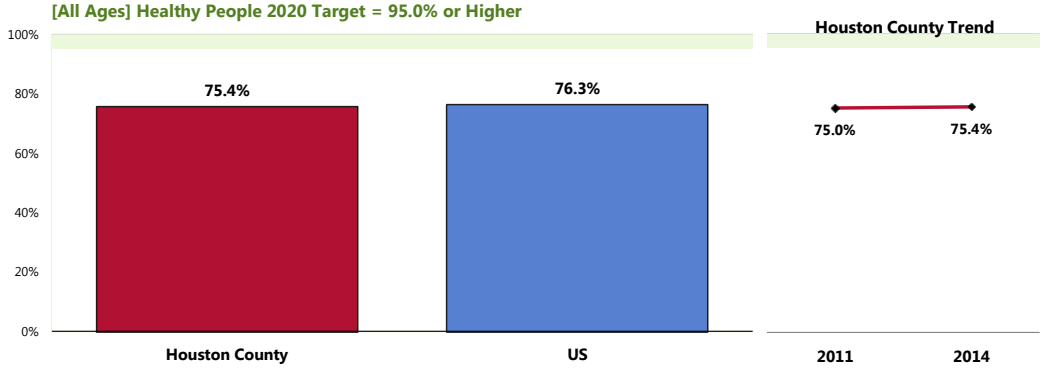
Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health.

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

A total of 75.4% 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).
- No change from 2011 survey results.

Have a Specific Source of Ongoing Medical Care



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 169]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

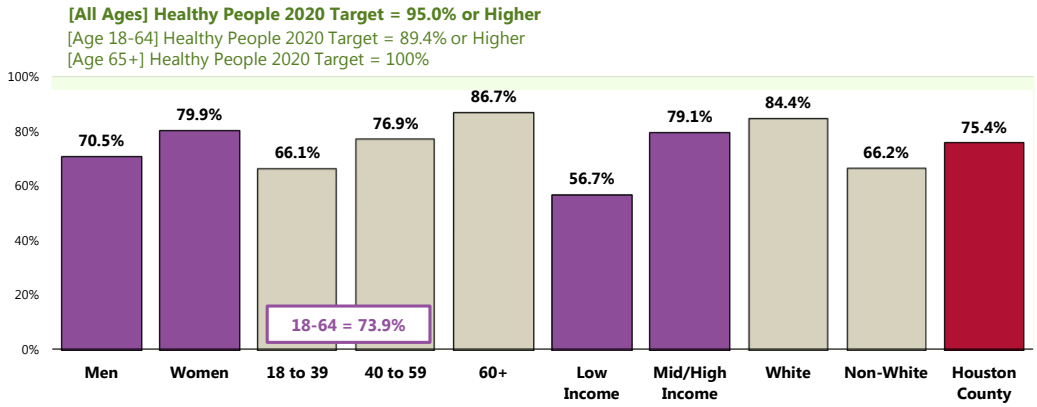
Notes:
- Asked of all respondents.

When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Adults under age 60.
- Residents in low-income households.
- Non-Whites.
- Among adults age 18-64, 73.9% have a specific source for ongoing medical care, similar to national findings.
  - Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).

Have a Specific Source of Ongoing Medical Care

(Houston County, 2014)



Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 169-171]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives AHS-5.1, 5.3, 5.4]

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 a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

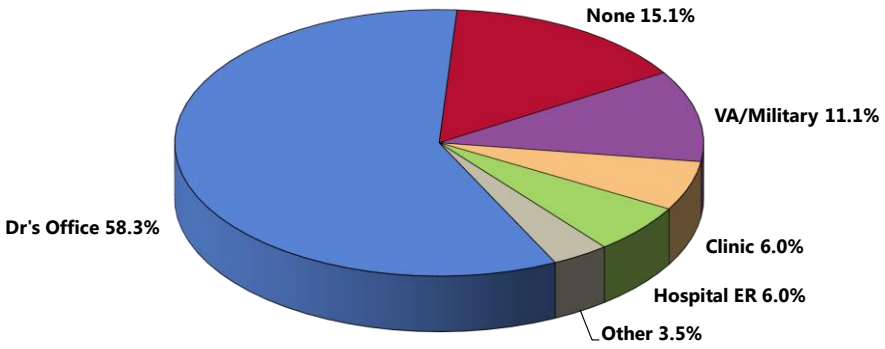
Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (58.3%) identified a particular doctor's office.

A total of 11.1% rely on some type of VA/military facility, while 6.0% say they usually go to some type of clinic, and 6.0% visit a hospital emergency room for their care.

Particular Place Utilized for Medical Care

(Houston County, 2014)



Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 15-16]
Notes: • Asked of all respondents.

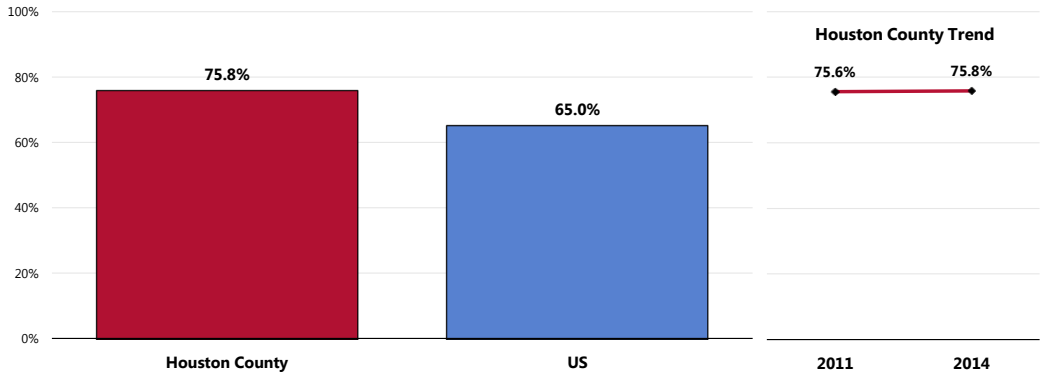
Utilization of Primary Care Services

Adults

Just over three-fourths (75.8%) of Houston County adults visited a physician for a routine checkup in the past year.

- More favorable than national findings.
- Unchanged since 2011.

Have Visited a Physician for a Checkup in the Past Year

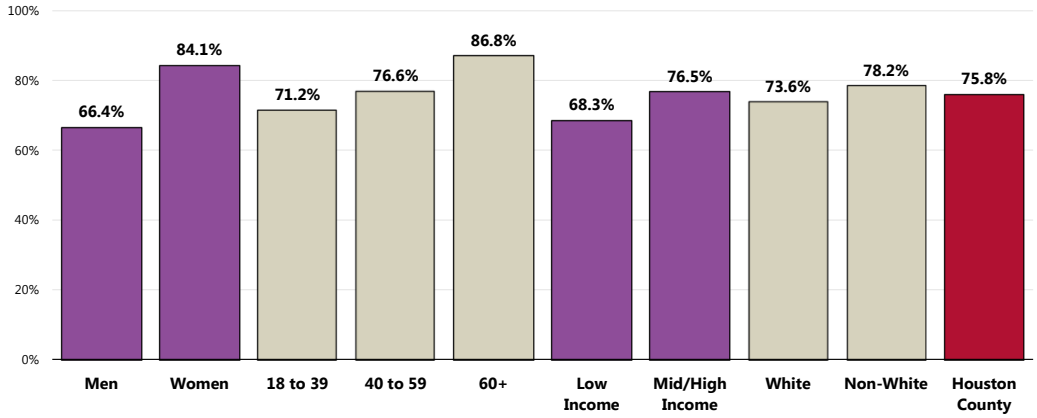


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 17]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Men and adults under age 60 are less likely to have received routine care in the past year.

Have Visited a Physician for a Checkup in the Past Year

(Houston County, 2014)



Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]

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 a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

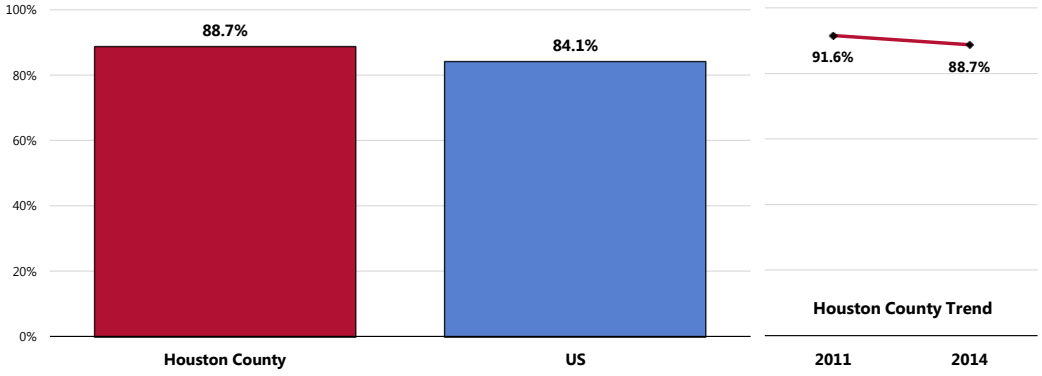
Children

Among surveyed parents, 88.7% report that their child has had a routine checkup in the past year.

- Similar to national findings.
- Statistically unchanged since 2011.

Child Has Visited a Physician for a Routine Checkup in the Past Year

(Among Parents of Children 0-17)



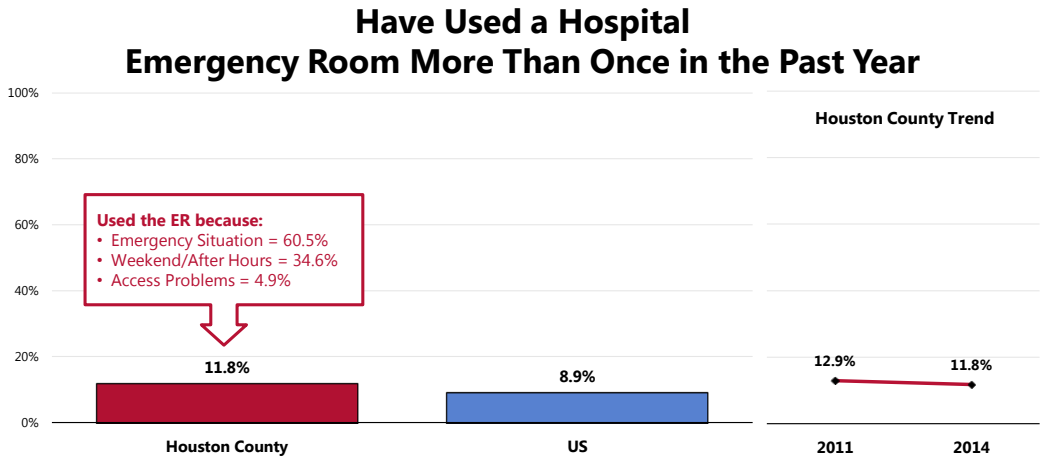
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 113]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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

Emergency Room Utilization

A total of 11.8% of Houston County adults have gone to a hospital emergency room more than once in the past year about their own health.

- Comparable to national findings.
- Comparable to 2011 survey results.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 23-24]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

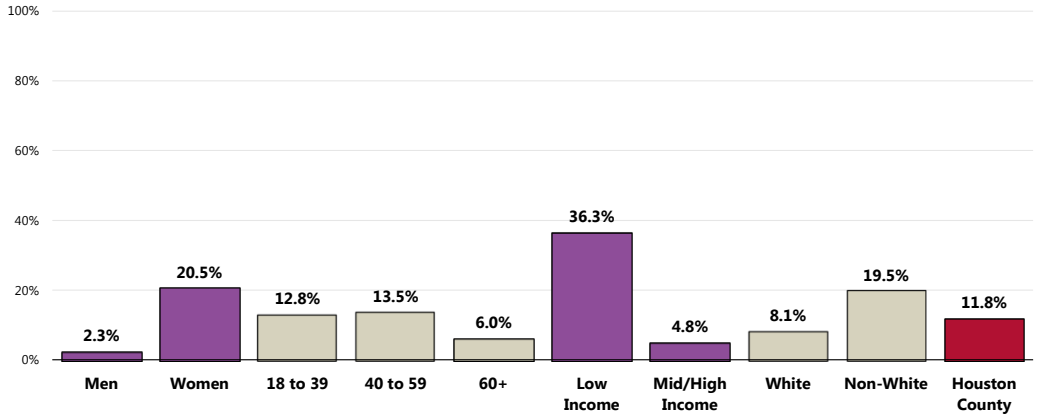
Of those using a hospital ER, 60.5% say this was due to an **emergency or life-threatening situation**, while 34.6% indicated that the visit was during **after-hours or on the weekend**. A total of 4.9% cited **difficulties accessing primary care** for various reasons.

These population segments are more likely to have sought care in an ER more than once in the past year:

- Women.
- Adults under age 60.
- Residents in low-income households (especially).
- Non-Whites.

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

(Houston County, 2014)



Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]

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 a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

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)

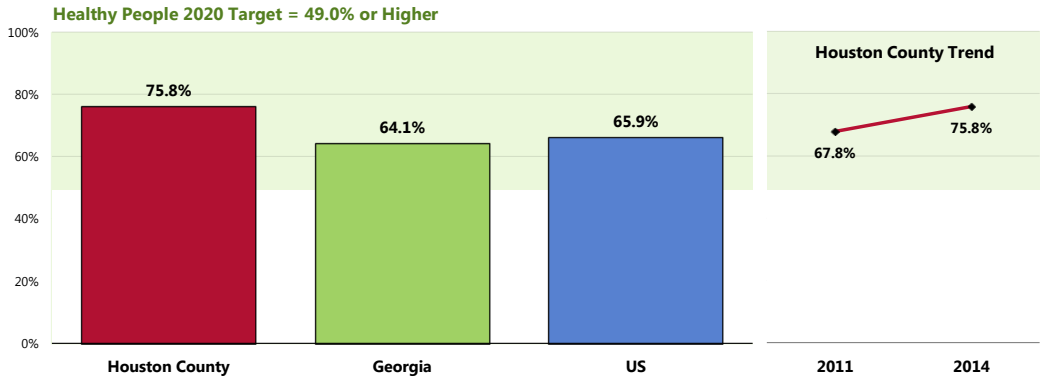
Dental Care

Adults

Three in four Houston County adults (75.8%) have visited a dentist or dental clinic (for any reason) in the past year.

- More favorable than statewide findings.
- More favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Statistically unchanged since 2011.

Have Visited a Dentist or Dental Clinic Within the Past Year



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 21]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Georgia data.

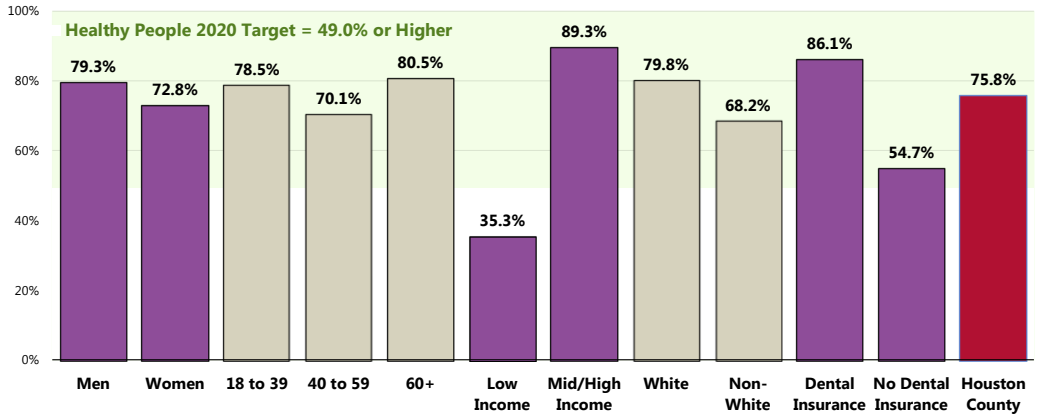
Notes:
- Asked of all respondents.

Note the following:

- Persons living in the higher income categories report much higher utilization of oral health services (low-income adults fail to satisfy the Healthy People 2020 target).
- 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, 2014)



Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents.
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- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

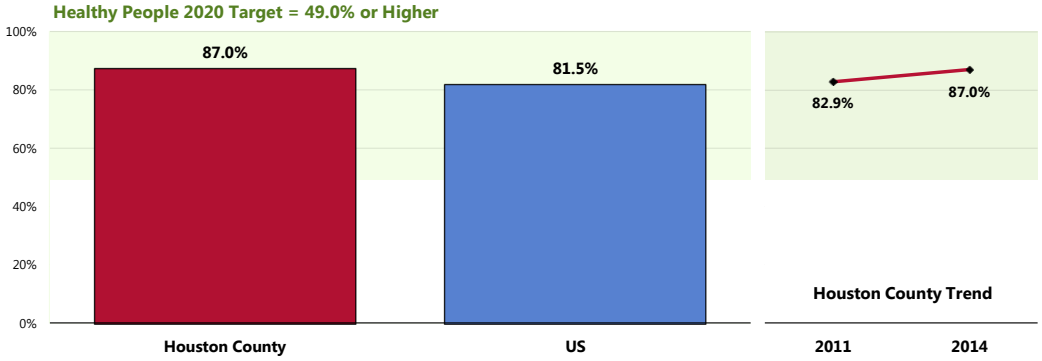
Children

A total of 87.0% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Comparable to national findings.
- Easily satisfies the Healthy People 2020 target (49% or higher).
- Comparable to 2011 survey results.

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Among Parents of Children 2-17)



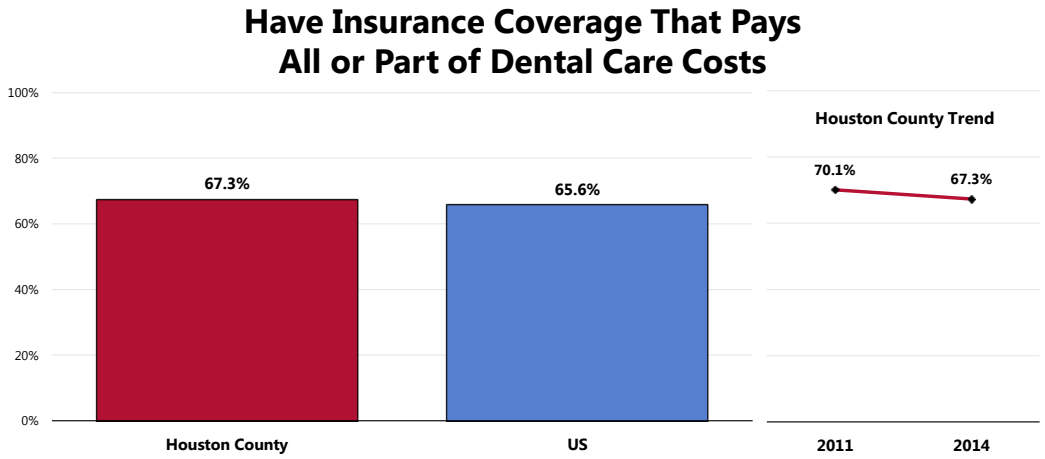
Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 116]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

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

Dental Insurance

Two-thirds (67.3%) of Houston County adults have dental insurance that covers all or part of their dental care costs.

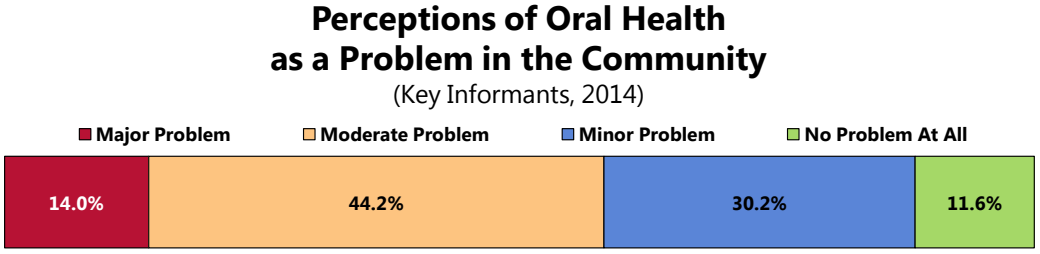
- Comparable to the national finding.
- Similar to 2011 survey results.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 22]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Key Informant Input: Oral Health

A total of 14.0% of key informants taking part in an online survey characterized *Oral Health* as a "major problem" in the community. A plurality characterize this as a "moderate problem."



Sources: • 2014 PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Top Concerns

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

Lack of Dental Insurance

> *Oral/dental health decline precedes a host of more expensive health challenges. While our community has a high percentage of citizens with access to health insurance, far **fewer have coverage** that helps with the cost of preventative dental care. [Community Leader]*

*Many patients have no access to a dentist if they have **no dental insurance**. [Physician]*

***Lack of dental benefits** in most health care plans. [Community Leader]*

Personal Observation

*Walk around and **look** at people. [Community Leader]*

***Many patients** seen in our facility have various degrees of dental disease. [Other Health Provider]*

Health Consequences

*Poor dentition leads to tooth abscess and pain which is a minor issue but the utilization of pain medications can contribute to some of the **drug issues** and poor dental health can increase the risk of developing **heart disease**. [Physician]*

Program, Service or Policy Recommendations

When asked what could be done to improve this problem in terms of programs, services or policies, key informants (who rated this as a "major problem") suggested the following:

Improve Access

*More **support for Volunteer Dental Services** in this community. Services available on a sliding scale or free basis. Cleanings are available through the Dental Hygiene program, although these services are not widely known. [Other Health Provider]*

*Increased **access to dentists**. [Physician]*

Education

*We must turn our focus to **public education** on preventative dental care re: things that can be done in the home — proper brushing, flossing, and early intervention. [Community Leader]*

Other

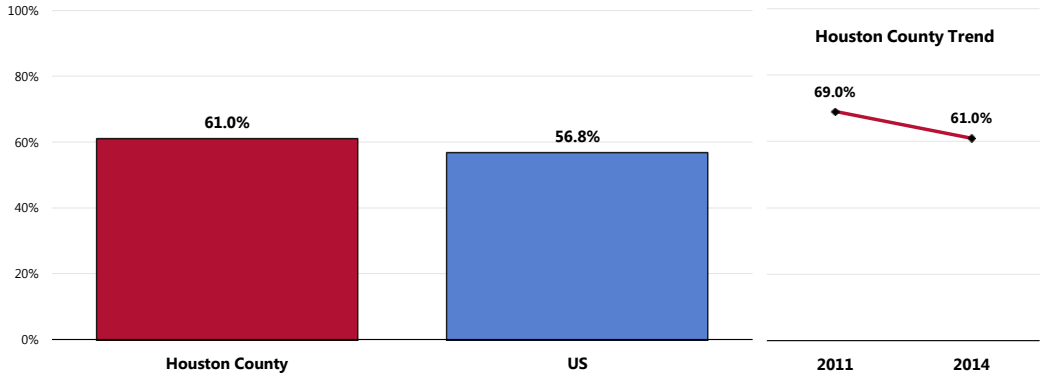
*Has to be done on a level that is **beyond hospital control**. [Community Leader]*

Vision Care

A total of 61.0% of residents had an eye exam in the past two years during which their pupils were dilated.

- Statistically comparable to national findings.
- Statistically similar to 2011 findings.

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



Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 20]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

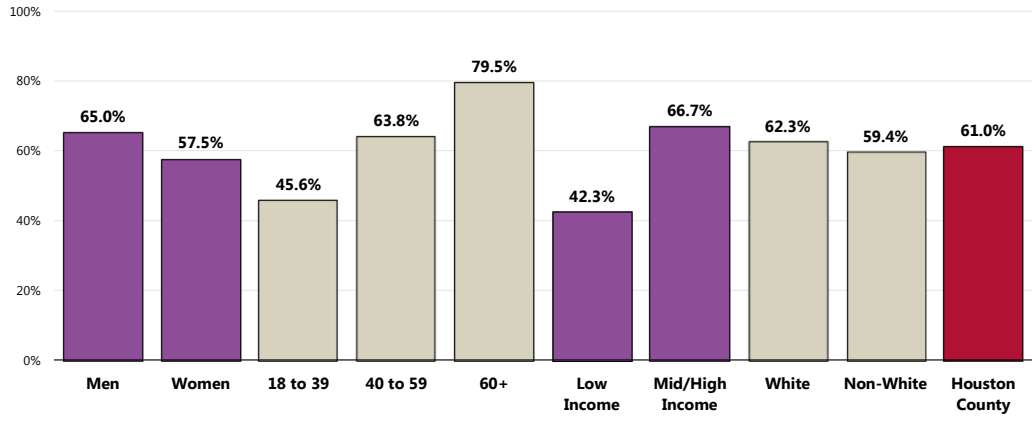
Notes:
- Asked of all respondents.

RELATED ISSUE:
See also *Vision & Hearing* in the **Deaths & Disease** section of this report.

- Note the positive correlation between age and recent eye exams.
- Adults in lower-income households are much less likely than those with higher incomes to report a recent dilated vision exam.

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

(Houston County, 2014)



Sources:
- 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]

Notes:
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- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
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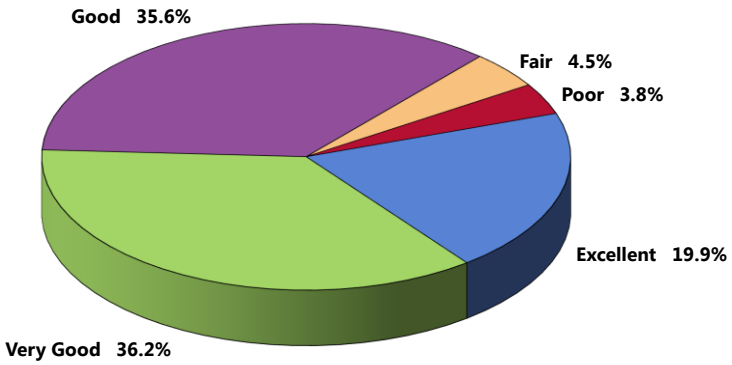
LOCAL RESOURCES

Perceptions of Local Healthcare Services

Over one-half of Houston County adults (56.1%) rate the overall healthcare services available in their community as "excellent" or "very good."

- Another 35.6% gave "good" ratings.

Rating of Overall Healthcare Services Available in the Community
(Houston County, 2014)

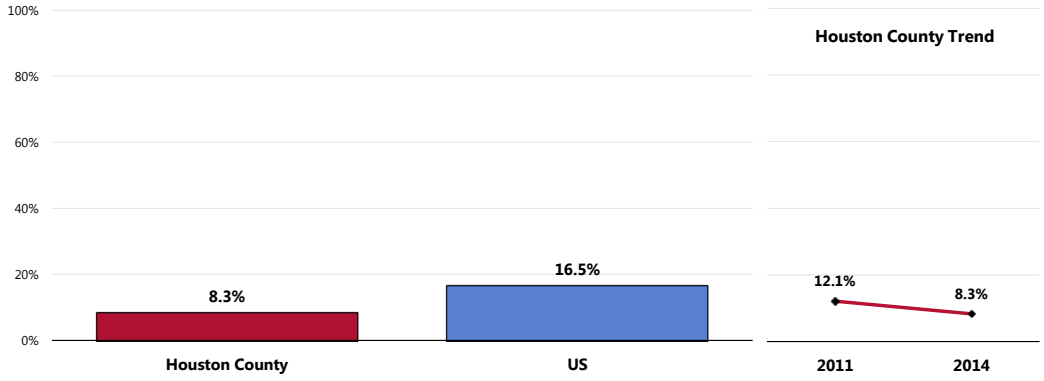


Sources: • 2014 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 8.3% of residents characterize local healthcare services as "fair" or "poor."

- Half the figure reported nationally.
- Statistically unchanged since 2011.

Perceive Local Healthcare Services as "Fair/Poor"

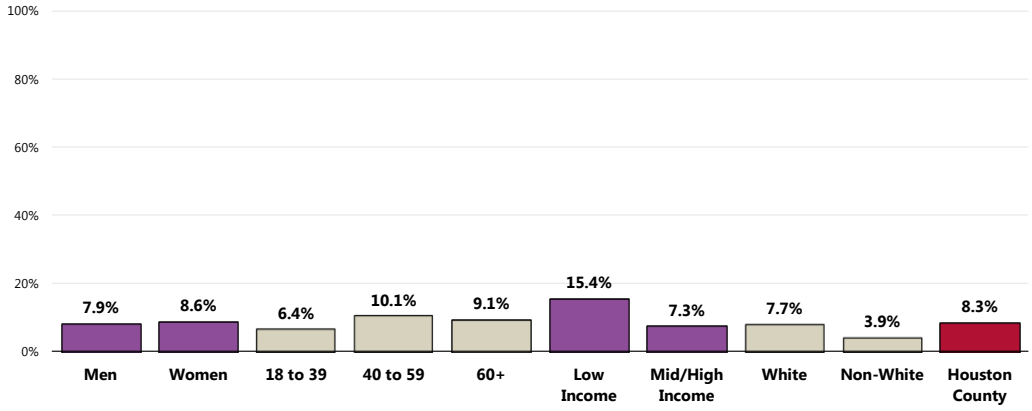


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 6]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Viewed by basic demographic characteristics, no statistically significant differences to report.

Perceive Local Healthcare Services as "Fair/Poor"

(Houston County, 2014)



Sources:
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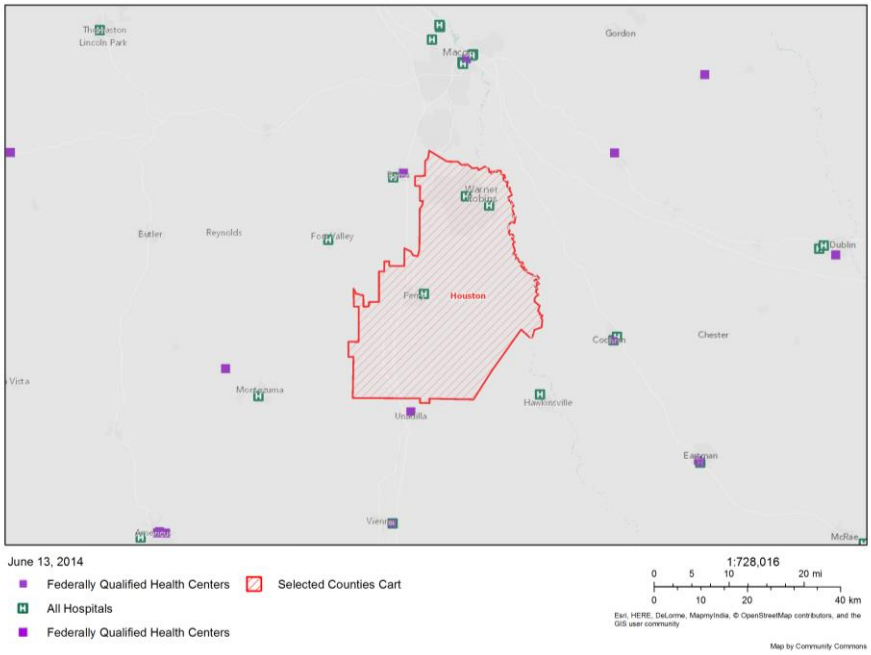
Healthcare Resources & Facilities

Hospitals & Federally Qualified Health Centers (FQHCs)

As of late 2012, there were three hospitals and no Federally Qualified Health Centers (FQHCs) within Houston County.

Hospitals & Federally Qualified Health Centers, POS 2012-Q4



Health Professional Shortage Areas (HPSAs)

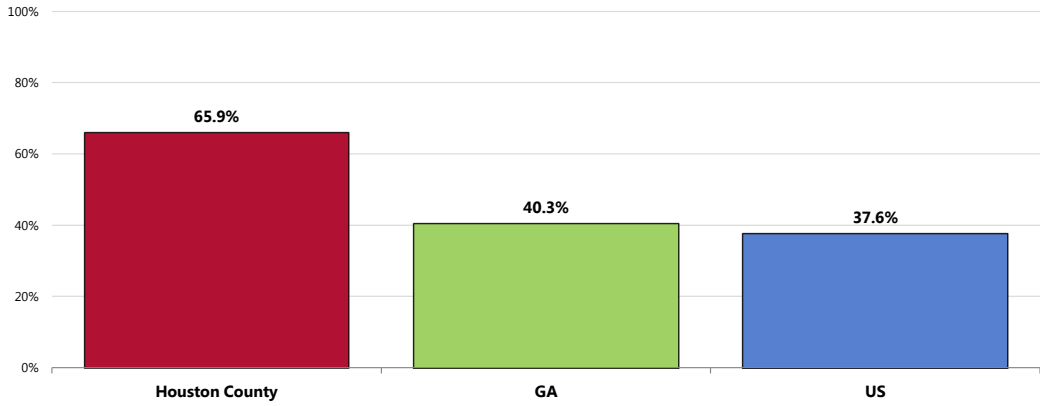
A "health professional shortage area" (HPSA) is defined as having a shortage of primary medical care, dental or mental health professionals.

In Houston County, 65.9% of residents live in an area designated by the US Department of Health and Human Services as a health professional shortage area (HPSA).

- Much higher than found statewide.
- Much higher than found nationally.

Population Living in a Health Professional Shortage Area (HPSA)

(Percent of Total Population Living in a Geographic Area Designated as Having a Shortage of Primary Medical Care, Dental or Mental Health Professionals, 2014)



Sources:
- Community Commons. Retrieved July 2014 from http://www.chna.org.

Notes:
- This indicator reports the percentage of the population that is living in a geographic area designated as a "Health Professional Shortage Area" (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
- Data are derived from the U.S. Department of Health & Human Services, Health Resources and Services Administration, Health Professional Shortage Areas: Oct. 2013.

Community Resources Available to Address the Significant Health Needs

Potential Measures & Resources Identified Through This CHNA

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified in the course of conducting this Community Health Needs Assessment.

- Alcoholics Anonymous (AA)/Narcotics Anonymous (NA)
- American Cancer Society
- American Heart Association
- Babies Can't Wait
- Breast Cancer Awareness Luncheon
- Celebrate Recovery
- Central Georgia Soccer Association
- Central Georgia Technical College
- Central Intake
- City Council Members
- City of Warner Robins
- Coliseum Substance Abuse Program
- Environmental Protection Agency
- Family Counseling Center of Central Georgia
- First Choice Primary Care FQHC
- Georgia Cancer Center
- Georgia Crisis Line
- Georgia Department of Health
- Grace Village - Perry
- Great Start Houston County
- Healthy Living for Life Program
- Hodac, Inc.
- Hope Center, Macon, Georgia
- Houston County Board of Education
- Houston County Commissioners
- Houston County Department of Family and Children's Services

- Houston County Extension Office
- Houston County Health Department
- Houston County Volunteer Medical Clinic
- Houston Healthcare
- Houston Healthcare EduCare
- Houston Healthcare Residency Program
- Houston Medical Center
- Jail
- Juanita June Foundation
- Kids' Journey
- Kids' Journey (Not Implemented)
- Lions Club
- Local Businesses
- Local Churches
- Local Farmers' Market- Warner Robins
- Local Fire Department
- Local Gyms
- Local Police Department
- Local Politicians
- Local Private Physicians
- Local Recreation Center
- Local Rehabilitation Centers
- Local School System
- Local Weight Loss Programs & Diet Centers
- Magnolia Transportation
- Master Gardeners
- Mi Casa
- Migrant Ministry Dental Clinic Fairs
- NAMI
- New Hope International Church
- Nurse Family Partnership
- Parish Nurse Program
- Peachbelt Mental Health
- Perinatal Coalition
- Perry Junior League
- Perry Recreation Department
- Phoenix Center

- Prevent Blindness Georgia (Atlanta)
- Rainbow House, First Steps Program
- Rehoboth Life Care Ministries Volunteer Dental Clinic
- Right from the Start Medicaid (RSM) Outreach Project
- River Edge Behavioral Health Center
- Robins Air Force Base
- Safe Kids Houston County
- Secure Health
- State Representatives
- Teen Health Webstream (former Teen Health Forum
- Teen Maze
- The Vine
- Tobacco Quitline
- True Light Transportation
- United Way 211
- Upward Sports Program
- Warner Robins American Little League
- Warner Robins Aquanauts
- Warner Robins National League
- Warner Robins Recreation Department
- Wellston Behavioral Medicine