

## Executive Report

# 2015 Community Health Needs Assessment

## Muscogee County, Georgia

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*Prepared for:*

**Columbus Regional Healthcare System**

- Midtown Medical Center
- Northside Medical Center

**Columbus Specialty Hospital**

*By:*

Professional Research Consultants, Inc.  
11326 P Street Omaha, NE 68136-2316  
[www.PRCCustomResearch.com](http://www.PRCCustomResearch.com)

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# Introduction



**Professional Research Consultants, Inc.**

## Project Overview

### Project Goals

This Community Health Needs Assessment, a follow-up to a similar study conducted in 2012, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in Muscogee 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 Columbus Regional Healthcare System (including Midtown Medical Center and Northside Medical Center) and Columbus Specialty Hospital by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

## Methodology

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

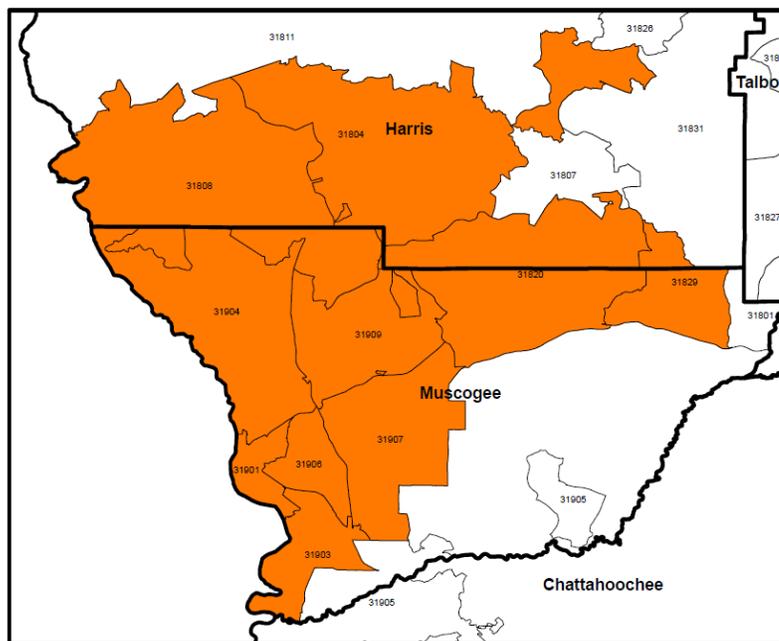
### PRC Community Health Survey

#### *Survey Instrument*

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

#### *Community Defined for This Assessment*

The study area for the survey effort is defined as the primary residential ZIP Codes comprising Muscogee County, Georgia including, 31804, 31808, 31820, 31829, 31901, 31903, 31904, 31906, 31907, and 31909. This community definition is illustrated in the following map.



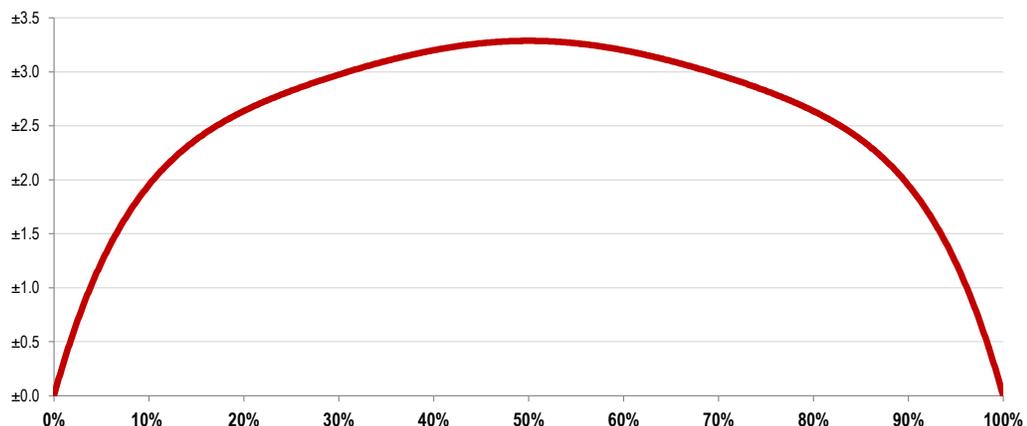
### Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a 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 stratified random sample of 900 individuals age 18 and older in Muscogee County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

For statistical purposes, the maximum rate of error associated with a sample size of 900 respondents is  $\pm 3.3\%$  at the 95 percent level of confidence.

### Expected Error Ranges for a Sample of 900 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 900 respondents answered a certain question with a "yes," it can be asserted that between 8.0% and 12.0% ( $10\% \pm 2.0\%$ ) 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 46.7% and 53.3% ( $50\% \pm 3.3\%$ ) of the total population would respond "yes" if asked this question.

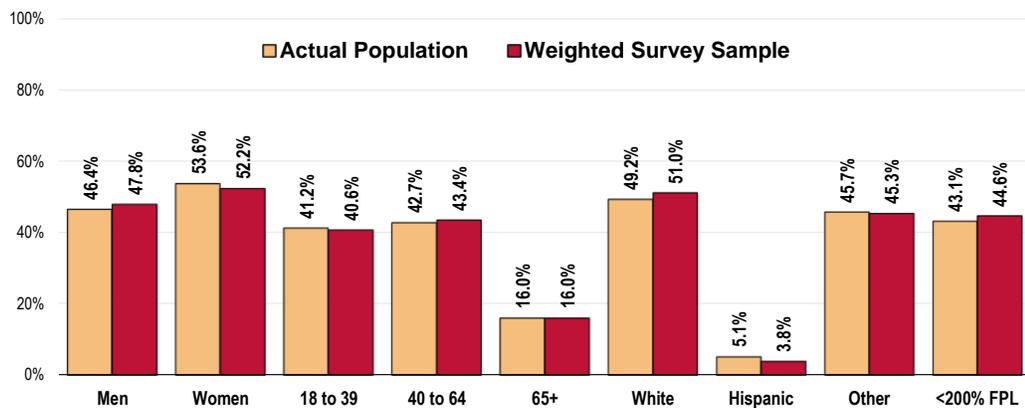
### Sample Characteristics

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

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

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

### Population & Survey Sample Characteristics (Muscogee County, 2015)



Sources: • Census 2010, Summary File 3 (SF 3). US Census Bureau.  
• 2015 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: “**very low income**” refers to community members living in a household with defined poverty status; “**low income**” refers to households with incomes just above the poverty level, earning up to twice the poverty threshold; and “**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 Columbus Regional Healthcare System and Columbus Specialty Hospital; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 104 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation		
Key Informant Type	Number Invited	Number Participating
Community/Business Leader	96	41
Other Health Provider	46	23
Physician	17	8
Public Health Representative	7	5
Social Services Provider	52	27

Final participation included representatives of the organizations outlined below.

- Alzheimer's Association
- Aspirion Health Resources, LLC
- Central Alabama Veterans Health Care System
- Chattahoochee Valley Jail Ministry
- City of Columbus
- Columbus Alliance for Battered Women, Hope Harbour
- Columbus Department of Public Health
- Columbus Muscogee/Russell Counties Continuum of Care
- Columbus Police Department
- Columbus Regional Health Mobile Unit
- Columbus Regional Health Volunteer
- Columbus Regional Healthcare System
- Columbus State University
- Communicorp, Inc.

- CRMG
- Department of Public Health, West Central Health District
- Disability Service Center
- District Clinical Services Ryan White Clinic
- Enrichment Services Program
- Genesis Healthcare
- Georgia Department of Labor
- Glory Hospice and Palliative Care
- GOODWILL Industries
- Government Employee
- Home for Good: The Alliance to End Homelessness
- Homeless Resource Network
- Liberty Dental Office
- Marion County Health Department
- MercyMed of Columbus
- Merrill Lynch/Bank of America
- Midtown Medical Center
- National Infantry Foundation
- New Horizons Behavioral Health
- Open Door Community House, Inc.
- PATH Program at New Horizons Behavioral Health
- Reach Kidney Care of the Chattahoochee Valley
- Retired/Community Volunteer
- Sexual Assault Support Center, Inc.
- Silver Service LLC
- Southeastern Home Oxygen
- St. Luke UMC Respite Care Ministry
- St. Mary's Road United Methodist Church
- The Columbus Ballet
- The Gardens at Calvary
- The Pastoral Institute
- The Salvation Army
- Todd Jarrell MD
- Townsend Wealth Management
- United Way of the Chattahoochee Valley
- University of Georgia Extension
- Valley Healthcare System, Inc.
- Valley Rescue Mission
- West Central Georgia Cancer Coalition
- West Central Health District

Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations (including African-Americans, American Indians, Asians, Caucasians, children, the disabled, educated residents, the elderly, Hispanics, HIV infected population, home visiting families, the homeless, ICP, immigrants, incarcerated individuals, Indians, the indigent, the Japanese, Koreans, LGBT individuals, low income residents, Medicaid beneficiaries, Medicare beneficiaries, the mentally ill, Muslims, Native Hawaiians, Non-White Indigenes, obese residents, Pacific Islanders, single women, substance abusers, teens, the terminally ill, undocumented individuals, uneducated individuals, the uninsured/underinsured, the Vietnamese, and women), or other medically underserved populations (including adults with children, children, the disabled, domestic violence victims, the elderly, Hispanics, HIV Infected population, the homeless, the indigent, LGBT individuals, low income residents, Medicaid beneficiaries, Medicare beneficiaries, Medicare/Medicaid beneficiaries, the mentally ill, Non-English speaking population, rural counties, sexually active population, single women, substance abusers, teens, the terminally ill, undocumented individuals, the uninsured/underinsured, veterans, and young adults).

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

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

Note that secondary data reflect Muscogee County data.

### **Benchmark Data**

#### *Trending*

A similar survey was administered in Muscogee County in 2012 by PRC on behalf of Columbus Regional Healthcare System and St. Francis Hospital. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Note that the assessment in 2012 did not include two Harris County ZIP Codes (31804, 31808) which are included in the current report area. 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.

### Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level) using question-specific samples and response rates. For secondary data indicators (which do not carry sampling error, but might be subject to reporting error), “significance,” for the purpose of this report, is determined by a 5% variation from the comparative measure.

### Information Gaps

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

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

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly 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.

<b>Part V Section B Line 1a</b> <i>A definition of the community served by the hospital facility</i>	8
<b>Part V Section B Line 1b</b> <i>Demographics of the community</i>	37
<b>Part V Section B Line 1c</b> <i>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</i>	275
<b>Part V Section B Line 1d</b> <i>How data was obtained</i>	8
<b>Part V Section B Line 1f</b> <i>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</i>	Addressed Throughout
<b>Part V Section B Line 1g</b> <i>The process for identifying and prioritizing community health needs and services to meet the community health needs</i>	18
<b>Part V Section B Line 1h</b> <i>The process for consulting with persons representing the community's interests</i>	11
<b>Part V Section B Line 1i</b> <i>Information gaps that limit the hospital facility's ability to assess the community's health needs</i>	15

## 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 Healthcare Services	<ul style="list-style-type: none"> <li>• Barriers to Access                             <ul style="list-style-type: none"> <li>○ Inconvenient Office Hours</li> <li>○ Cost of Prescriptions</li> <li>○ Cost of Physician Visits</li> <li>○ Finding a Physician</li> </ul> </li> <li>• Skipping/Stretching Prescriptions</li> <li>• Specific Source of Ongoing Medical Care</li> <li>• Ratings of Local Healthcare</li> </ul>
Cancer	<ul style="list-style-type: none"> <li>• Cancer Deaths                             <ul style="list-style-type: none"> <li>○ Including Lung Cancer, Female Breast Cancer, Colorectal Cancer Deaths</li> </ul> </li> <li>• Cancer Incidence                             <ul style="list-style-type: none"> <li>○ Including Lung Cancer, Prostate Cancer, Female Breast Cancer, Colorectal Cancer, Cervical Cancer Incidence</li> </ul> </li> <li>• Cervical Cancer Screening</li> </ul>
Dementia, Including Alzheimer's Disease	<ul style="list-style-type: none"> <li>• Alzheimer's Disease Deaths</li> </ul>
Diabetes	<ul style="list-style-type: none"> <li>• Diabetes Deaths</li> <li>• Prevalence of Borderline/Pre-Diabetes</li> <li>• <i>Diabetes ranked as a top concern in the Online Key Informant Survey.</i></li> </ul>
Heart Disease & Stroke	<ul style="list-style-type: none"> <li>• Heart Disease Deaths</li> <li>• Stroke Deaths</li> <li>• Blood Pressure Screening</li> <li>• High Blood Pressure Prevalence</li> <li>• High Blood Cholesterol Prevalence</li> <li>• Overall Cardiovascular Risk</li> </ul>
HIV/AIDS	<ul style="list-style-type: none"> <li>• HIV/AIDS Deaths</li> <li>• HIV Prevalence</li> </ul>
Infant Health & Family Planning	<ul style="list-style-type: none"> <li>• Low-Weight Births</li> <li>• Infant Mortality</li> <li>• Teen Births</li> </ul>
Injury & Violence	<ul style="list-style-type: none"> <li>• Unintentional Injury Deaths</li> <li>• Firearm-Related Deaths</li> <li>• Firearm Prevalence</li> <li>• Firearm Storage/Safety</li> <li>• Homicide Deaths</li> <li>• Violent Crime Rate</li> <li>• Violent Crime Experience</li> <li>• Domestic Violence Experience</li> </ul>

— continued on the next page —

Areas of Opportunity (continued)	
Mental Health	<ul style="list-style-type: none"> <li>• Diagnosed Depression</li> <li>• Suicide Deaths</li> <li>• Seeking Help for Mental Health</li> <li>• <i>Mental Health ranked as a top concern in the Online Key Informant Survey.</i></li> </ul>
Nutrition, Physical Activity & Weight	<ul style="list-style-type: none"> <li>• Low Food Access</li> <li>• Overweight &amp; Obesity [Adults]</li> <li>• Medical Advice on Weight [Overweights]</li> <li>• Leisure-Time Physical Activity</li> <li>• Meeting Physical Activity Guidelines               <ul style="list-style-type: none"> <li>○ Moderate Physical Activity</li> <li>○ Vigorous Physical Activity</li> </ul> </li> <li>• Access to Recreation/Fitness Facilities</li> <li>• <i>Nutrition, Physical Activity &amp; Weight ranked as a top concern in the Online Key Informant Survey.</i></li> </ul>
Oral Health	<ul style="list-style-type: none"> <li>• Regular Dental Care</li> </ul>
Potentially Disabling Conditions	<ul style="list-style-type: none"> <li>• Sciatica/Back Pain Prevalence</li> </ul>
Respiratory Diseases	<ul style="list-style-type: none"> <li>• Chronic Lower Respiratory Disease (CLRD) Deaths</li> <li>• Asthma Prevalence [Children]</li> <li>• Pneumonia/Influenza Deaths</li> <li>• Flu Vaccination [65+]</li> </ul>
Sexually Transmitted Diseases	<ul style="list-style-type: none"> <li>• Gonorrhea Incidence</li> <li>• Chlamydia Incidence</li> <li>• Condom Use</li> </ul>
Substance Abuse	<ul style="list-style-type: none"> <li>• Drug-Induced Deaths</li> <li>• <i>Substance Abuse ranked as a top concern in the Online Key Informant Survey.</i></li> </ul>
Tobacco Use	<ul style="list-style-type: none"> <li>• Cigarette Smoking Prevalence</li> <li>• Environmental Tobacco Smoke Exposure at Home               <ul style="list-style-type: none"> <li>○ Including Among Households With Children</li> </ul> </li> <li>• Cigar Smoking Prevalence</li> <li>• Professional Advice</li> <li>• <i>Tobacco Use ranked as a top concern in the Online Key Informant Survey.</i></li> </ul>

## Prioritization of Health Needs

On November 3, 2015, more than 60 community stakeholders met to evaluate, discuss and prioritize health issues for the community, based on findings of the 2015 PRC Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above).

Following the data review, PRC answered any questions and facilitated a group dialogue, allowing participants to advocate for any of the health issues discussed. Participants were then provided an overview of the prioritization exercise that followed.

In order to assign priority to the identified health needs (i.e., Areas of Opportunity), a wireless audience response system was used in which each participant was able to register his/her

ratings using a small remote keypad. The participants were asked to evaluate each health issue along two criteria:

- **Scope & Severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:

- How many people are affected?
- How does the local community data compare to state or national levels, or Healthy People 2020 targets?
- To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

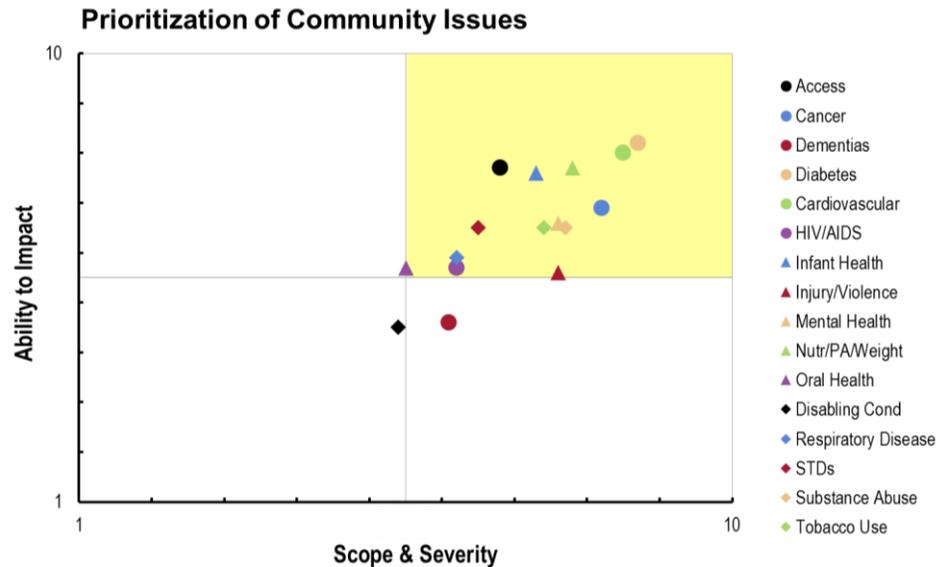
Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

- **Ability to Impact** — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

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

Priority	Health Issue	Scope & Severity Score	Ability to Impact Score	Combined Average Score
1	Diabetes	8.70	8.17	8.44
2	Heart Disease & Stroke	8.55	8.02	8.29
3	Nutrition, Physical Activity & Weight	7.83	7.65	7.74
4	Cancer	8.17	6.87	7.52
5	Infant Health & Family Planning	7.25	7.61	7.43
6	Access to Healthcare Services	6.78	7.68	7.23
7	Substance Abuse	7.70	6.52	7.11
8	Mental Health	7.57	6.63	7.10
9	Tobacco Use	7.42	6.45	6.94
10	Injury & Violence	7.63	5.58	6.61
11	Sexually Transmitted Diseases	6.54	6.52	6.53
12	Respiratory Diseases	6.19	5.92	6.06
13	HIV/AIDS	6.17	5.70	5.94
14	Oral Health	5.52	5.70	5.61
15	Dementias, Including Alzheimer's Disease	6.15	4.56	5.36
16	Potentially Disabling Conditions	5.40	4.48	4.94

Plotting these overall scores in a matrix illustrates the intersection of the Scope & Severity and the Ability to Impact scores. Below, those issues placing in the upper right (shaded) quadrant represent health needs rated as most severe, with the greatest ability to impact.



While the hospitals will likely not implement strategies for all of these health issues, the results of this prioritization exercise will be used to inform the development of Implementation Strategies to address the top health needs of the community in the coming years.

### Summary Tables: Comparisons With Benchmark Data

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

#### Reading the Summary Tables

- In the following charts, Muscogee County results are shown in the larger, blue column.
- The columns to the right of the Muscogee County column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Symbols indicate whether Muscogee 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.

#### TREND SUMMARY (Current vs. Baseline Data)

**Survey Data Indicators:** Trends for survey-derived indicators represent significant changes since 2012. Note that survey data from 2012 do not reflect two Harris County ZIP Codes (31804, 31808) that are included in the current report area.

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

Social Determinants	Muscogee County	Muscogee County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2020	
Linguistically Isolated Population (Percent)	2.0	 3.6	 4.8		
Population in Poverty (Percent)	19.6	 18.2	 15.4		
Population Below 200% FPL (Percent)	43.1	 38.7	 34.2		
Children Below 200% FPL (Percent)	55.0	 48.7	 43.8		
No High School Diploma (Age 25+, Percent)	14.6	 15.3	 14.0		
Unemployment Rate (Age 16+, Percent)	8.1	 6.5	 6.1	 5.5	
		 better	 similar	 worse	

Overall Health	Muscogee County	Muscogee County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2020	
% "Fair/Poor" Physical Health	22.5	 19.1	 15.3	 17.3	
% Activity Limitations	21.3	 18.7	 21.5	 23.1	
		 better	 similar	 worse	

Access to Health Services	Muscogee County	Muscogee County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2020	
% [Age 18-64] Lack Health Insurance	16.6	 27.3	 15.1	 0.0	 22.7
% [Insured] Went Without Coverage in Past Year	11.7		 8.1		 10.0
% Difficulty Accessing Healthcare in Past Year (Composite)	49.3		 39.9		 38.3
% Inconvenient Hrs Prevented Dr Visit in Past Year	18.3		 15.4		 11.5
% Cost Prevented Getting Prescription in Past Year	21.5		 15.8		 21.0
% Cost Prevented Physician Visit in Past Year	21.7	 19.8	 18.2		 20.2
% Difficulty Getting Appointment in Past Year	16.2		 17.0		 16.3
% Difficulty Finding Physician in Past Year	14.1		 11.0		 11.4
% Transportation Hindered Dr Visit in Past Year	10.7		 9.4		 9.7
% Skipped Prescription Doses to Save Costs	19.3		 15.3		 19.3
% Difficulty Getting Child's Healthcare in Past Year	7.7		 6.0		 6.0
Primary Care Doctors per 100,000	90.7	 63.6	 74.5		
% [Age 18+] Have a Specific Source of Ongoing Care	69.3		 76.3	 95.0	 71.2
% [Age 18-64] Have a Specific Source of Ongoing Care	68.2		 75.6	 89.4	 69.5

 better      similar      worse

Access to Health Services (continued)	Muscogee County	Muscogee County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2020	
% [Age 65+] Have a Specific Source of Ongoing Care	70.4		 80.0	 100.0	 78.0
% Have Had Routine Checkup in Past Year	78.2	 71.7	 65.0		 74.9
% Child Has Had Checkup in Past Year	87.6		 84.1		 87.8
% Two or More ER Visits in Past Year	10.3		 8.9		 9.6
% Rate Local Healthcare "Fair/Poor"	20.4		 16.5		 19.3
 better  similar  worse					

Arthritis, Osteoporosis & Chronic Back Conditions	Muscogee County	Muscogee County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2020	
% Arthritis/Rheumatism	21.7	 24.2	 20.1		
% Osteoporosis	4.8		 6.7		
% [50+] Arthritis/Rheumatism	42.2		 37.3		 44.2
% [50+] Osteoporosis	10.6		 13.5	 5.3	 10.8
% Sciatica/Chronic Back Pain	25.0		 18.4		 19.8
 better  similar  worse					

Cancer	Muscogee County	Muscogee County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2020	
Cancer (Age-Adjusted Death Rate)	<b>188.1</b>	 169.0	 166.2	 161.4	 210.9
Lung Cancer (Age-Adjusted Death Rate)	<b>50.2</b>	 47.8	 44.7	 45.5	
Prostate Cancer (Age-Adjusted Death Rate)	<b>19.3</b>	 22.9	 19.8	 21.8	
Female Breast Cancer (Age-Adjusted Death Rate)	<b>27.9</b>	 22.2	 21.3	 20.7	
Colorectal Cancer (Age-Adjusted Death Rate)	<b>19.7</b>	 15.3	 14.9	 14.5	
Prostate Cancer Incidence per 100,000	<b>195.7</b>	 161.0	 142.3		
Female Breast Cancer Incidence per 100,000	<b>141.1</b>	 123.8	 122.7		
Lung Cancer Incidence per 100,000	<b>74.5</b>	 69.9	 64.9		
Colorectal Cancer Incidence per 100,000	<b>51.8</b>	 43.3	 43.3		
Cervical Cancer Incidence per 100,000	<b>9.4</b>	 8.2	 7.8		
% Skin Cancer	<b>4.3</b>	 5.7	 6.7		 4.0
% Cancer (Other Than Skin)	<b>5.6</b>	 5.4	 6.1		 5.6
% [Women 40+] Mammogram in Past 2 Years	<b>84.0</b>	 76.0	 80.1		
% [Women 50-74] Mammogram in Past 2 Years	<b>84.0</b>	 81.0	 83.6	 81.1	 85.1

 better    
  similar    
  worse

Cancer (continued)	Muscogee County	Muscogee County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2020	
% [Women 21-65] Pap Smear in Past 3 Years	71.0	 80.5	 83.9	 93.0	 83.0
% [Age 50-75] Colorectal Cancer Screening	85.4		 75.1	 70.5	 78.5
		 better	 similar	 worse	

Chronic Kidney Disease	Muscogee County	Muscogee County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2020	
Kidney Disease (Age-Adjusted Death Rate)	11.5	 18.3	 13.2		 25.8
% Kidney Disease	3.0	 2.7	 3.0		
		 better	 similar	 worse	

Dementias, Including Alzheimer's Disease	Muscogee County	Muscogee County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2020	
Alzheimer's Disease (Age-Adjusted Death Rate)	42.5	 26.7	 24.0		 33.0
		 better	 similar	 worse	

Diabetes	Muscogee County	Muscogee County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2020	
Diabetes Mellitus (Age-Adjusted Death Rate)	53.6	 23.1	 21.3	 20.5	 30.9
% Diabetes/High Blood Sugar	12.3	 10.8	 11.7		 15.8
% Borderline/Pre-Diabetes	12.9		 5.1		
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	57.5		 49.2		
		 better	 similar	 worse	

Family Planning	Muscogee County	Muscogee County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2020	
Births to Mothers Under Age 20 (Percent)	10.7	 9.0	 7.8		 14.7
		 better	 similar	 worse	

Hearing & Other Sensory or Communication Disorders	Muscogee County	Muscogee County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2020	
% Deafness/Trouble Hearing	11.3		 10.3		 9.5
		 better	 similar	 worse	

Heart Disease & Stroke	Muscogee County	Muscogee County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2020	
Diseases of the Heart (Age-Adjusted Death Rate)	<b>232.0</b>	 179.6	 171.3	 156.9	 284.1
Stroke (Age-Adjusted Death Rate)	<b>44.1</b>	 41.9	 37.0	 34.8	 60.4
% Heart Disease (Heart Attack, Angina, Coronary Disease)	<b>5.1</b>	 6.1			 6.7
% Stroke	<b>4.8</b>	 2.8	 3.9		 4.0
% Blood Pressure Checked in Past 2 Years	<b>93.0</b>	 91.0		 92.6	 96.3
% Told Have High Blood Pressure (Ever)	<b>49.0</b>	 35.1	 34.1	 26.9	 42.1
% [HBP] Taking Action to Control High Blood Pressure	<b>93.1</b>	 89.2			 95.5
% Cholesterol Checked in Past 5 Years	<b>93.2</b>	 77.5	 86.6	 82.1	 93.4
% Told Have High Cholesterol (Ever)	<b>37.3</b>	 38.1	 29.9	 13.5	 32.5
% [HBC] Taking Action to Control High Blood Cholesterol	<b>93.6</b>	 81.4			 87.5
% 1+ Cardiovascular Risk Factor	<b>89.4</b>	 82.3			 86.6
		 better	 similar	 worse	

HIV	Muscogee County	Muscogee County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2020	
HIV/AIDS (Age-Adjusted Death Rate)	8.8	 5.8	 3.6	 3.3	
HIV Prevalence per 100,000	487.6	 428.8	 340.4		
% [Age 18-64] Ever Tested for HIV	74.2		 50.6		
% [Age 18-44] HIV Test in the Past Year	38.0		 19.3	 34.4	
		 better	 similar	 worse	

Immunization & Infectious Diseases	Muscogee County	Muscogee County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2020	
% [Age 65+] Flu Vaccine in Past Year	37.4	 54.6	 57.5	 70.0	 69.7
% [High-Risk 18-64] Flu Vaccine in Past Year	42.1		 45.9	 70.0	 42.9
% [Age 65+] Pneumonia Vaccine Ever	64.1	 66.5	 68.4	 90.0	 63.0
% [High-Risk 18-64] Pneumonia Vaccine Ever	47.1		 41.9	 60.0	 34.1
% Have Completed Hepatitis B Vaccination Series	44.9		 44.7		 34.9
		 better	 similar	 worse	

Injury & Violence Prevention	Muscogee County	Muscogee County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2020	
Unintentional Injury (Age-Adjusted Death Rate)	36.6	 39.2	 39.2	 36.4	 33.4
Motor Vehicle Crashes (Age-Adjusted Death Rate)	9.6	 12.5	 10.7	 12.4	 14.6
% "Always" Wear Seat Belt	86.8	 87.4	 84.8	 92.0	 86.7
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	93.6		 92.2		 96.2
% Child [Age 5-17] "Always" Wears Bicycle Helmet	45.9		 48.7		 43.9
Firearm-Related Deaths (Age-Adjusted Death Rate)	17.4	 12.7	 10.4	 9.3	 13.9
% Firearm in Home	40.6		 34.7		 38.1
% [Homes With Children] Firearm in Home	37.3		 37.4		 34.1
% [Homes With Firearms] Weapon(s) Unlocked & Loaded	36.0		 16.8		 29.5
Homicide (Age-Adjusted Death Rate)	8.9	 6.4	 5.3	 5.5	 11.6
Violent Crime per 100,000	507.6	 386.2	 395.5		
% Victim of Violent Crime in Past 5 Years	7.2		 2.8		 5.5
% Victim of Domestic Violence (Ever)	18.2		 15.0		 15.7
		 better	 similar	 worse	

Maternal, Infant & Child Health	Muscogee County	Muscogee County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2020	
No Prenatal Care in First Trimester (Percent)	29.8	 27.1		 22.1	 28.4
Low Birthweight Births (Percent)	11.1	 9.3	 8.0	 7.8	 10.6
Infant Death Rate	10.8	 6.6	 6.0	 6.0	 14.6
		 better	 similar	 worse	

Mental Health & Mental Disorders	Muscogee County	Muscogee County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2020	
% "Fair/Poor" Mental Health	12.4		 11.9		 9.9
% Diagnosed Depression	17.7	 17.3	 20.4		 13.3
% Symptoms of Chronic Depression (2+ Years)	31.0		 30.4		 32.5
Suicide (Age-Adjusted Death Rate)	13.8	 11.8	 12.5	 10.2	 10.1
% Have Ever Sought Help for Mental Health	20.0		 23.7		
% [Those With Diagnosed Depression] Seeking Help	65.2		 76.6		 76.3
% Typical Day Is "Extremely/Very" Stressful	10.7		 11.9		 10.2
		 better	 similar	 worse	

Nutrition, Physical Activity & Weight	Muscogee County	Muscogee County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2020	
% Eat 5+ Servings of Fruit or Vegetables per Day	39.9		39.5		42.0
% "Very/Somewhat" Difficult to Buy Fresh Produce	25.8		24.4		
Population With Low Food Access (Percent)	39.7		31.5		23.6
% Medical Advice on Nutrition in Past Year	45.0			39.2	
% Healthy Weight (BMI 18.5-24.9)	23.8		32.4		34.4
% Overweight (BMI 25+)	73.9		65.7		63.1
% Obese (BMI 30+)	35.6		30.3		29.0
% [Overweights] Perceive Self "About the Right Weight"	21.9			22.1	
% Medical Advice on Weight in Past Year	26.5			23.7	
% [Overweights] Counseled About Weight in Past Year	30.4			31.8	
% [Obese Adults] Counseled About Weight in Past Year	50.9			48.3	
% [Overweights] Trying to Lose Weight Both Diet/Exercise	38.8			39.5	
% Child [Age 5-17] Healthy Weight	69.6			56.7	
% Children [Age 5-17] Overweight (85th Percentile)	20.4			31.5	

 better    
  similar    
  worse

Nutrition, Physical Activity & Weight (continued)	Muscogee County	Muscogee County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2020	
% Children [Age 5-17] Obese (95th Percentile)	8.7		 14.8	 14.5	 15.7
% [Overweight Kids 5-17] Perceive Child "About the Right Weight"	57.7		 58.4		
% No Leisure-Time Physical Activity	31.3	 27.2	 20.7	 32.6	 25.1
% Meeting Physical Activity Guidelines	37.9		 50.3		 44.3
% Moderate Physical Activity	22.9		 30.6		 25.6
% Vigorous Physical Activity	29.7		 38.0		 35.6
Recreation/Fitness Facilities per 100,000	6.9	 7.9	 9.7		
% Medical Advice on Physical Activity in Past Year	53.0		 44.0		 48.7
% Child [Age 2-17] Physically Active 1+ Hours per Day	60.3		 48.6		
		 better	 similar	 worse	

Oral Health	Muscogee County	Muscogee County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2020	
% [Age 18+] Dental Visit in Past Year	60.1	 64.1	 65.9	 49.0	 61.2
% Child [Age 2-17] Dental Visit in Past Year	82.4		 81.5	 49.0	 82.6
		 better	 similar	 worse	

Oral Health (continued)	Muscogee County	Muscogee County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2020	
% Have Dental Insurance	65.0		 65.6	 58.4	
		 better	 similar	 worse	

Respiratory Diseases	Muscogee County	Muscogee County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2020	
CLRD (Age-Adjusted Death Rate)	49.6	 45.2	 42.0	 44.4	
Pneumonia/Influenza (Age-Adjusted Death Rate)	18.7	 16.9	 15.3	 25.2	
% COPD (Lung Disease)	9.2	 6.5	 8.6	 9.0	
% [Adult] Currently Has Asthma	9.2	 8.4	 9.4	 7.3	
% [Child 0-17] Currently Has Asthma	19.2		 7.1	 7.8	
		 better	 similar	 worse	

Sexually Transmitted Diseases	Muscogee County	Muscogee County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2020	
Gonorrhea Incidence per 100,000	333.8	 152.1	 107.5		
Chlamydia Incidence per 100,000	767.1	 534.1	 456.7		
		 better	 similar	 worse	

Sexually Transmitted Diseases (continued)	Muscogee County	Muscogee County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2020	
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	14.3		 11.7	 11.3	
% [Unmarried 18-64] Using Condoms	38.6		 33.6	 48.0	
		 better	 similar	 worse	

Substance Abuse	Muscogee County	Muscogee County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2020	
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	9.9	 8.1	 9.9	 8.2	 10.9
% Current Drinker	48.7	 47.1	 56.5		 48.1
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	15.2	 13.1	 19.5	 24.4	 15.8
% Heavy Drinker (Average 2+ Drinks/Day Men, 1+/Day Women)	12.0	 4.7			
% Excessive Drinker	22.7		 23.2	 25.4	
% Drinking & Driving in Past Month	1.3		 5.0		 1.6
Drug-Induced Deaths (Age-Adjusted Death Rate)	11.0	 11.2	 14.1	 11.3	 3.9
% Illicit Drug Use in Past Month	2.6		 4.0	 7.1	 2.3
% Ever Sought Help for Alcohol or Drug Problem	7.0		 4.9		 2.9
		 better	 similar	 worse	

Tobacco Use	Muscogee County	Muscogee County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2020	
% Current Smoker	21.9	 18.8	 14.9	 12.0	 18.0
% Someone Smokes at Home	16.6	 12.7			 17.7
% [Non-Smokers] Someone Smokes in the Home	8.5	 6.3			 10.9
% [Household With Children] Someone Smokes in the Home	18.2	 9.7			 18.4
% [Smokers] Received Advice to Quit Smoking	35.6	 67.8			 61.2
% [Smokers] Have Quit Smoking 1+ Days in Past Year	52.2	 55.9		 80.0	 41.2
% Smoke Cigars	7.0	 4.1		 0.2	 4.4
% Use Smokeless Tobacco	1.5	 5.0	 4.0	 0.3	 3.0
					
		better	similar	worse	

Vision	Muscogee County	Muscogee County vs. Benchmarks			TREND
		vs. GA	vs. US	vs. HP2020	
% Blindness/Trouble Seeing	7.7	 5.2	 8.5		 11.5
% Eye Exam in Past 2 Years	56.0	 56.8			 58.0
					
		better	similar	worse	

# Community Description



**Professional Research Consultants, Inc.**

## Population Characteristics

### Total Population

Muscogee County, Georgia, the focus of this Community Health Needs Assessment, encompasses 216.33 square miles and houses a total population of 1,944,949 residents, according to latest census estimates.

**Total Population**  
(Estimated Population, 2009-2013)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
<b>Muscogee County</b>	<b>1,944,949</b>	<b>216.33</b>	<b>901.17</b>
<b>Georgia</b>	9,810,417	57,498.67	170.62
<b>United States</b>	311,536,591	3,530,997.6	88.23

Sources: 

- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved September 2015 from Community Commons at <http://www.chna.org>.

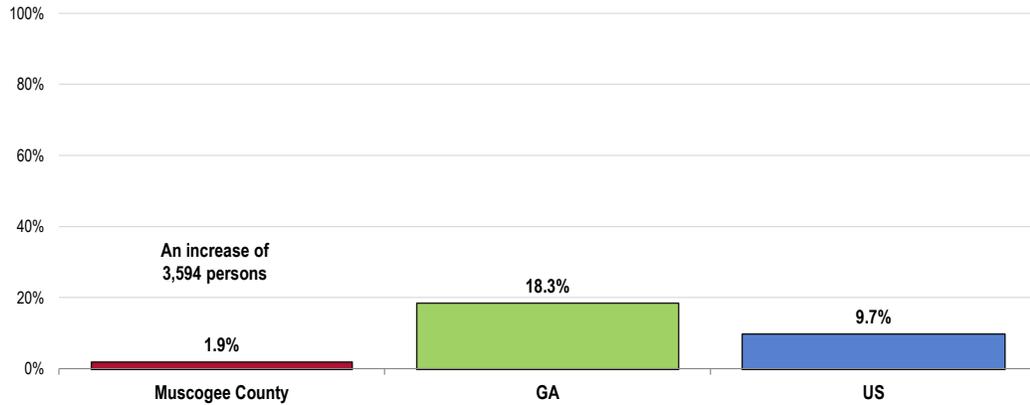
### Population Change 2000-2010

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

**Between the 2000 and 2010 US Censuses, the population of Muscogee County increased by 3,594 persons, or 1.9%.**

- A much lower proportional increase than seen across the state.
- A much lower proportional increase than seen nationwide.

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



Sources: 

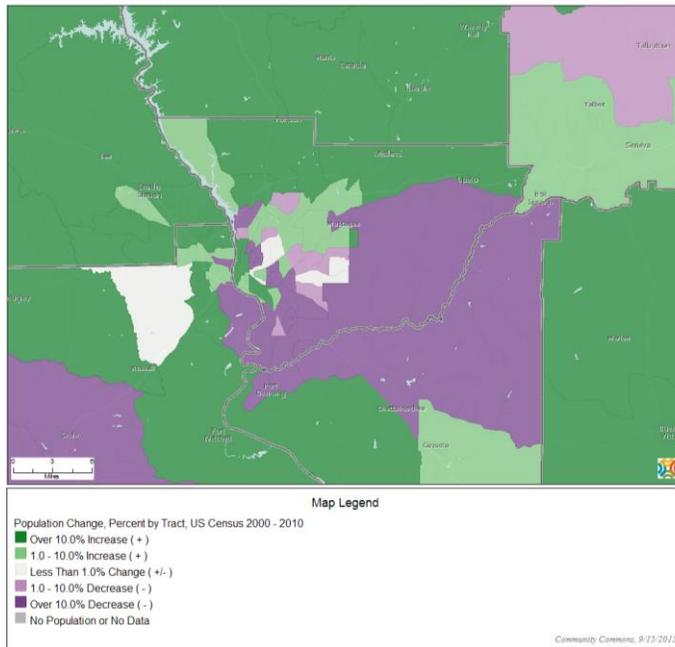
- Retrieved September 2015 from Community Commons at <http://www.chna.org>.
- US Census Bureau Decennial Census (2000-2010).

 Notes: 

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

While the northern portion of Muscogee County experienced an increase in population, note the areas in the south (in purple) in which the population decreased from 2000 to 2010.

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

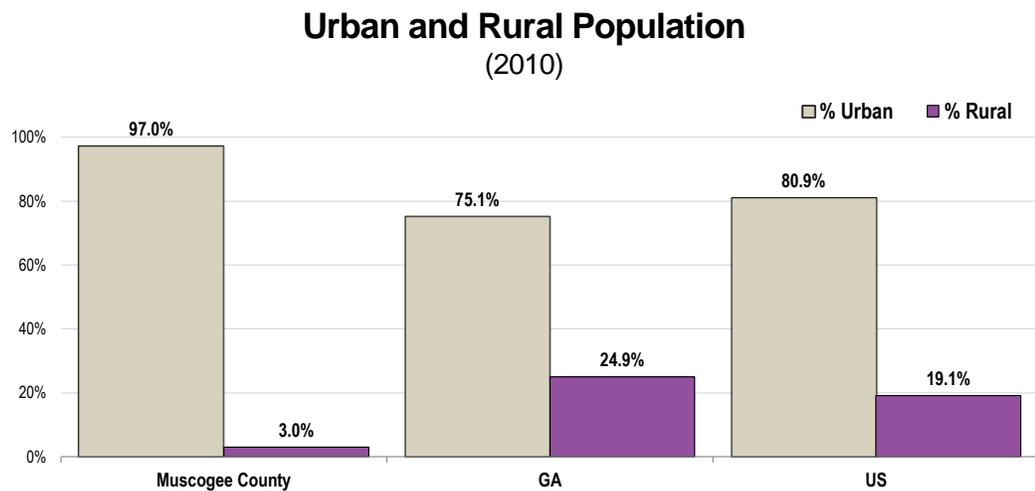


## Urban/Rural Population

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

**Muscogee County is predominantly urban, with 97.0% of the population living in areas designated as urban.**

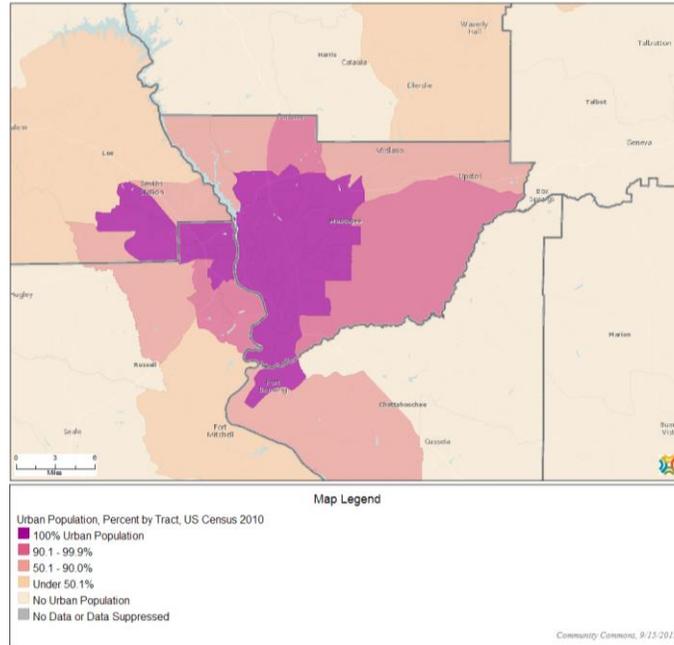
- Note that at least 75% of the state and national populations live in urban areas however; the Muscogee County population living in urban areas is substantially higher.



- Sources:
- US Census Bureau Decennial Census (2010).
  - Retrieved September 2015 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

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

### Urban Population, Percent by Tract, US Census 2010



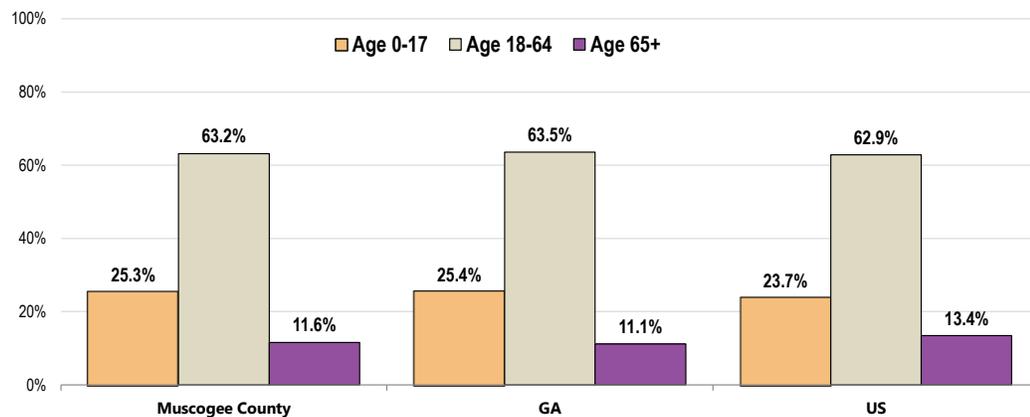
## Age

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 Muscogee County, 25.3% of the population are infants, children or adolescents (age 0-17); another 63.2% are age 18 to 64, while 11.6% are age 65 and older.**

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

### Total Population by Age Groups, Percent (2009-2013)



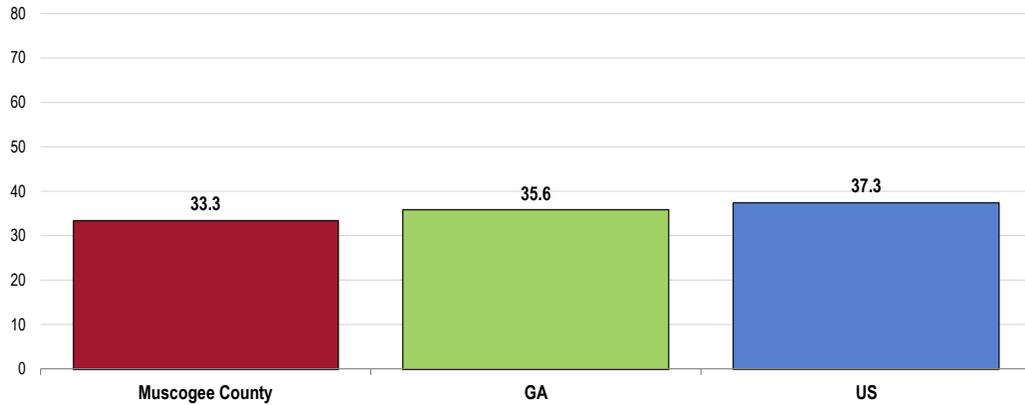
Sources:

- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved September 2015 from Community Commons at <http://www.chna.org>.

## Median Age

**Muscogee County is “younger” than the state and the nation in that the median age is lower.**

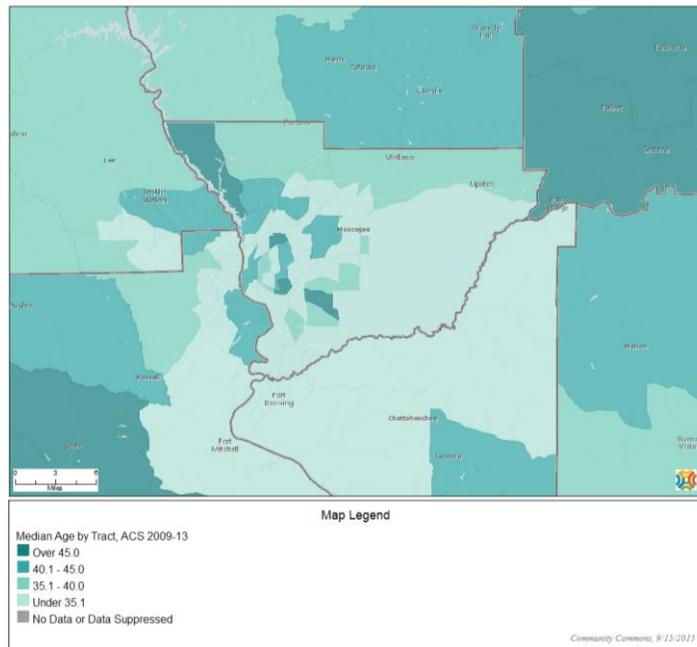
### Median Age (2009-2013)



Sources: • US Census Bureau American Community Survey 5-year estimates (2009-2013).  
 • Retrieved September 2015 from Community Commons at <http://www.chna.org>.

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

### Median Age, by Tract, ACS 2009-2013



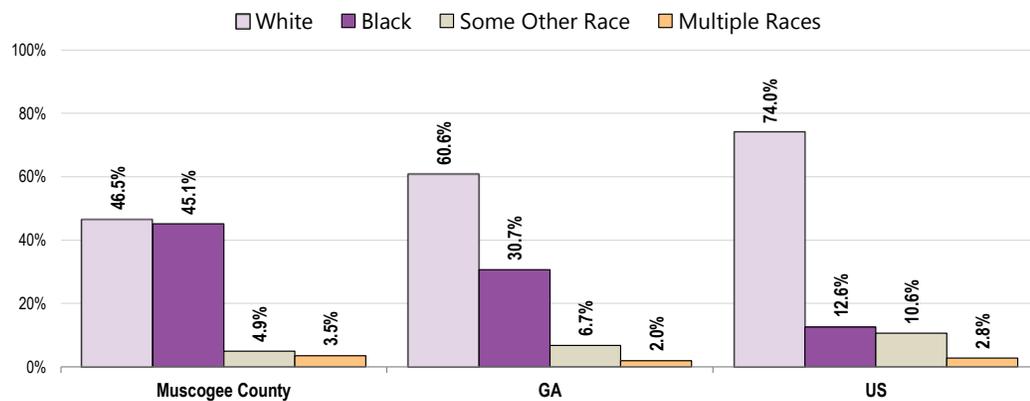
## Race & Ethnicity

### Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 46.5% of residents of Muscogee County are White and 45.1% are Black.

- The state population is more White, less Black, and consists of slightly more “Other” races.
- Nationally, the US population is considerably more White, much less Black, and more “Other” race.

### Total Population by Race Alone, Percent (2009-2013)



Sources:
 

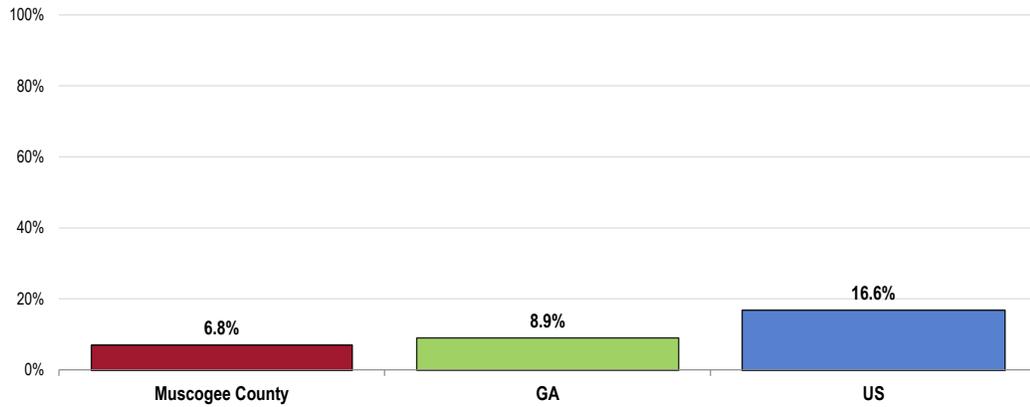
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved September 2015 from Community Commons at <http://www.chna.org>.

### Ethnicity

A total of 6.8% of Muscogee County residents are Hispanic or Latino.

- Lower than found statewide.
- Much lower than found nationally.

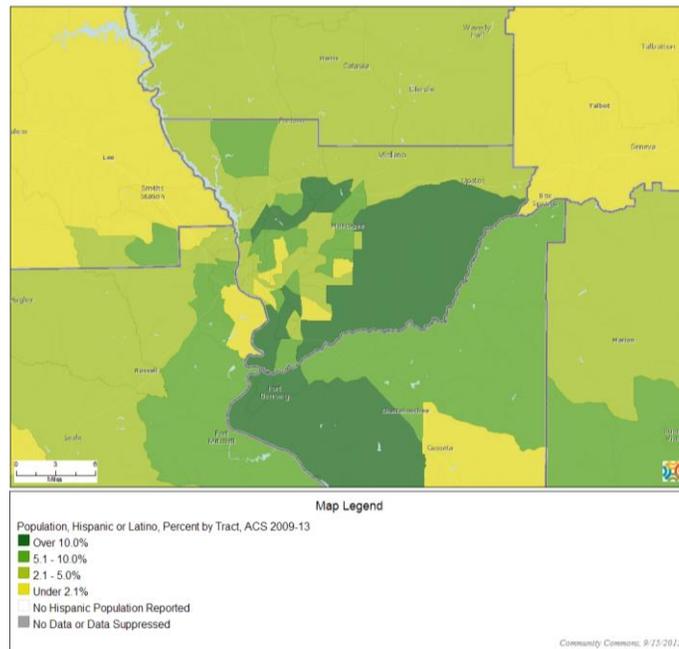
### Percent Population Hispanic or Latino (2009-2013)



- Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
  - Retrieved September 2015 from Community Commons at <http://www.chna.org>.
- Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

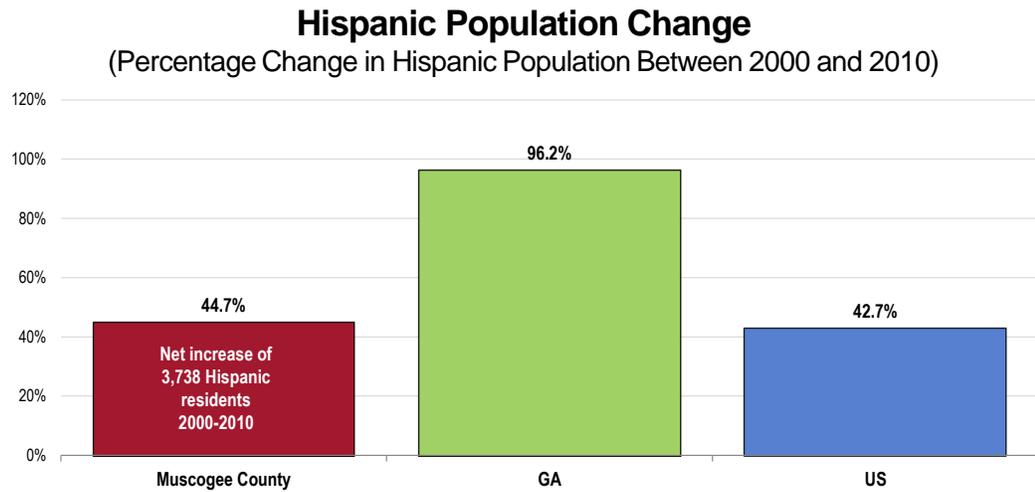
- The map below depicts the Hispanic Population in Muscogee County by census tract.

### Population Hispanic or Latino, Percent by Tract, ACS 2009-2013



Between 2000 and 2010, the Hispanic population in Muscogee County increased by 3,738, or 44.7%.

- Substantially lower (in terms of percentage growth) than found statewide.
- Slightly higher (in terms of percentage growth) than found nationally.



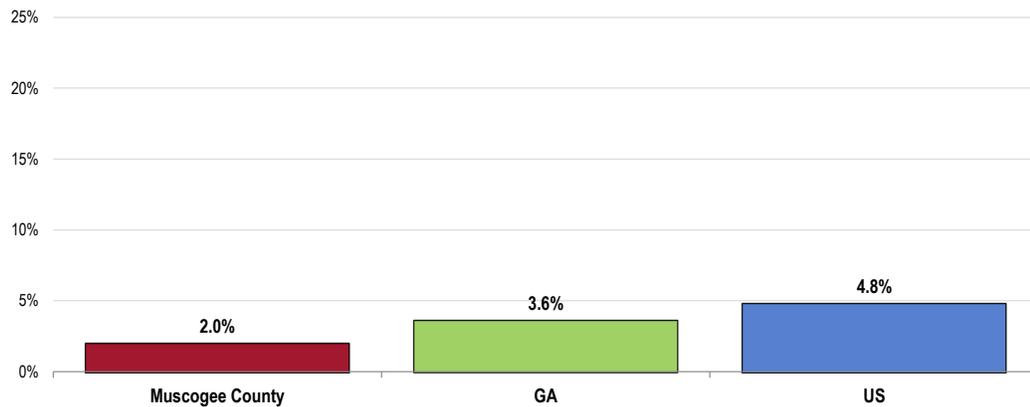
Sources: • US Census Bureau Decennial Census (2000-2010).  
• Retrieved September 2015 from Community Commons at <http://www.chna.org>.

## Linguistic Isolation

A total of 2.0% of the Muscogee County population age 5 and older live in a home in which no persons age 14 or older is proficient in English (speaking only English, or speaking English “very well”).

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

### Linguistically Isolated Population (2009-2013)



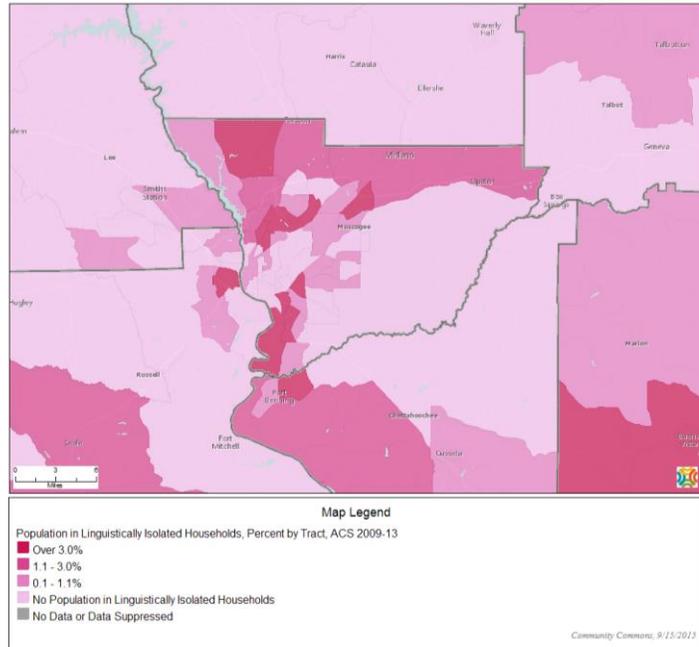
Sources: • US Census Bureau American Community Survey 5-year estimates (2009-2013).

• Retrieved September 2015 from Community Commons at <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.”

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

Population in Linguistically Isolated Households, Percent by Tract, ACS 2009-2013



## Social Determinants of Health

### About Social Determinants

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

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

### Poverty

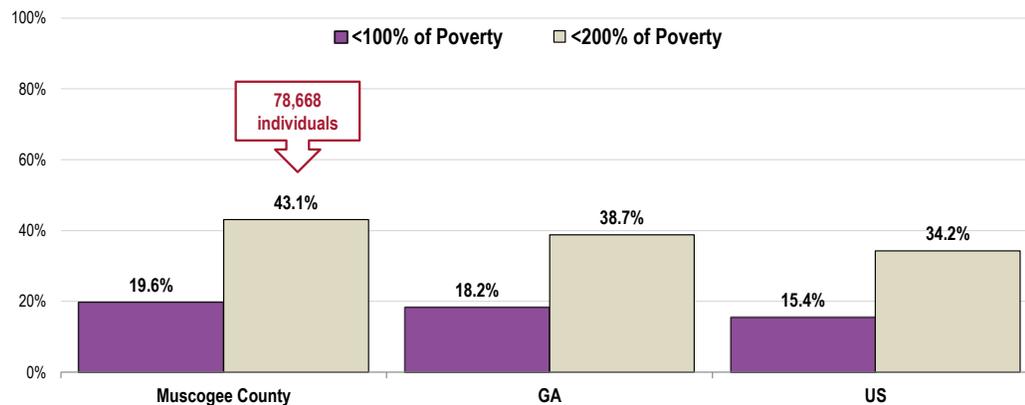
The latest census estimate shows **19.6% of Muscogee County population living below the federal poverty level.**

**In all, 43.1% of Muscogee County residents (an estimated 78,668 individuals) live below 200% of the federal poverty level.**

- Higher than the proportion reported statewide.
- Notably higher than found nationally.

### Population in Poverty

(Populations Living Below 100% and Below 200% of the Poverty Level; 2009-2013)



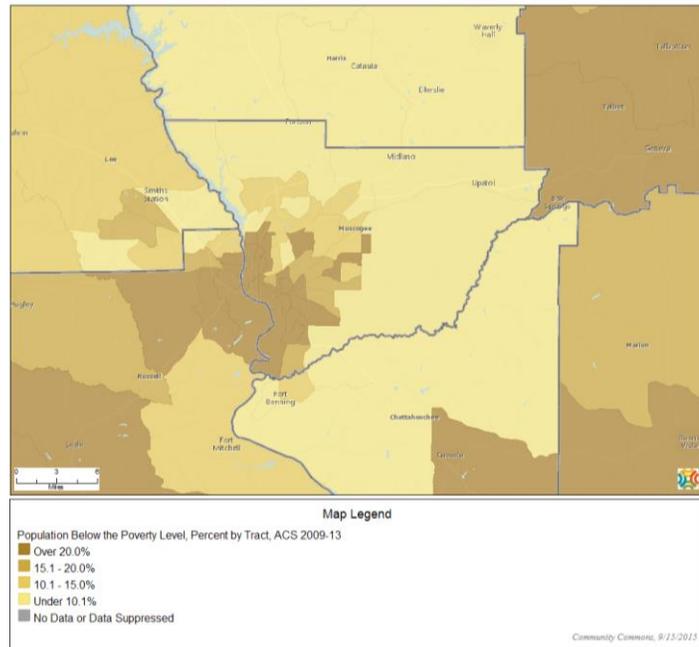
Sources: • US Census Bureau American Community Survey 5-year estimates (2009-2013).

• Retrieved September 2015 from Community Commons at <http://www.chna.org>.

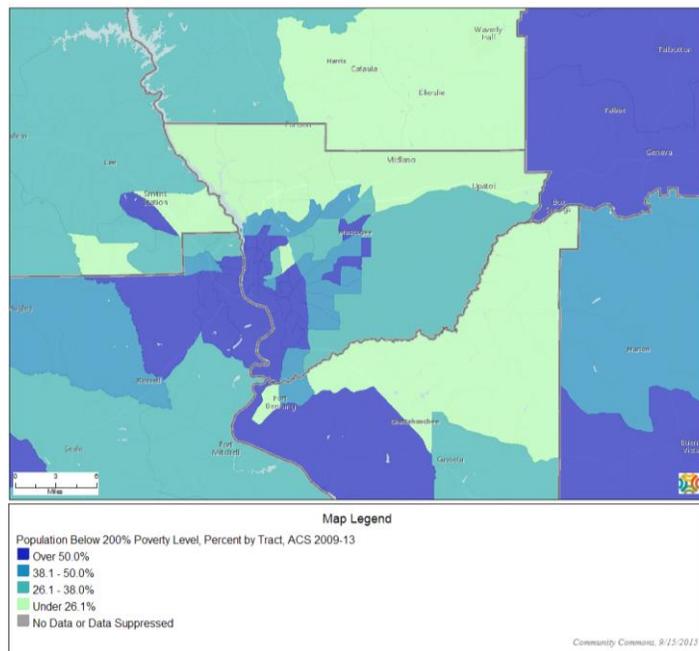
Notes: • Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- A higher concentration of persons living below the 200% poverty threshold is found in a few pockets in Central Muscogee County and the areas of Muscogee County which border Russell County.

**Population Below the Poverty Level, Percent by Tract, ACS 2009-2013**



**Population Below 200% of Poverty, Percent by Tract, ACS 2009-2013**

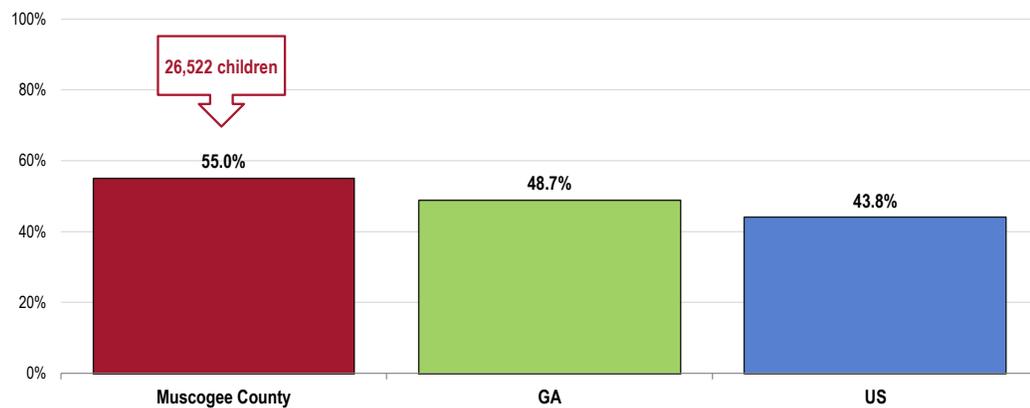


### Children in Low-Income Households

Additionally, **55.0% of Muscogee County children age 0-17 (representing an estimated 26,522 children) live below the 200% poverty threshold.**

- Above the proportion found statewide.
- Well above the proportion found nationally.

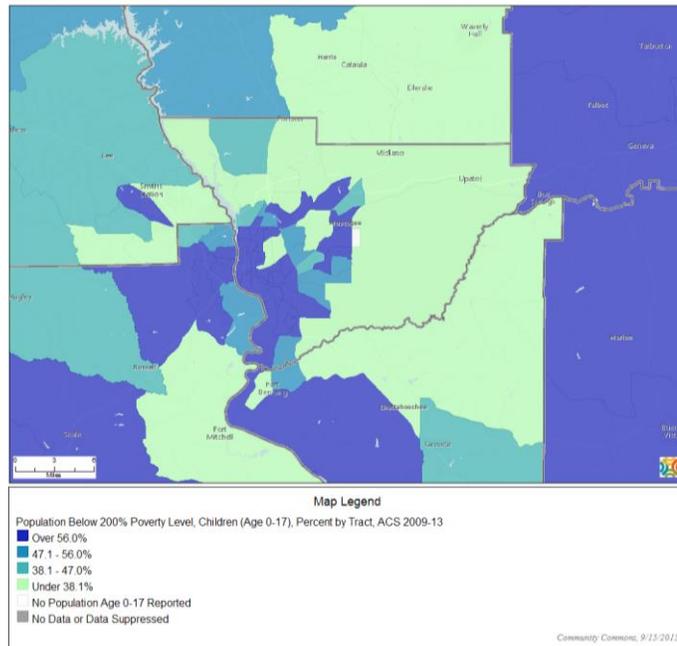
### Percent of Children in Low-Income Households (Children 0-17 Living Below 200% of the Poverty Level, 2009-2013)



- Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
  - Retrieved September 2015 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator reports the percentage of children aged 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- Geographically, a notably higher concentration of children in lower-income households is found in Southwestern Muscogee County.

**Children (0-17) Living Below 200% of Poverty, Percent by Tract, ACS 2009-2013**



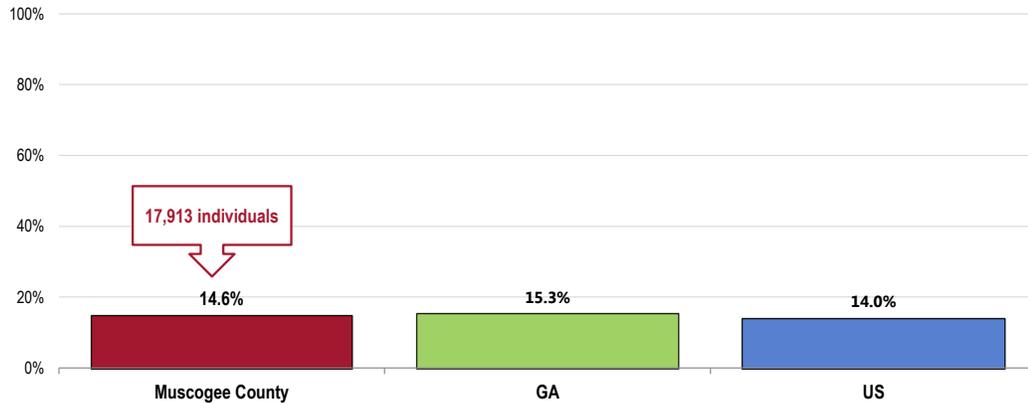
## Education

Among the Muscogee County population age 25 and older, an estimated 14.6% (nearly 18,000 people) do not have a high school education.

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

### Population With No High School Diploma

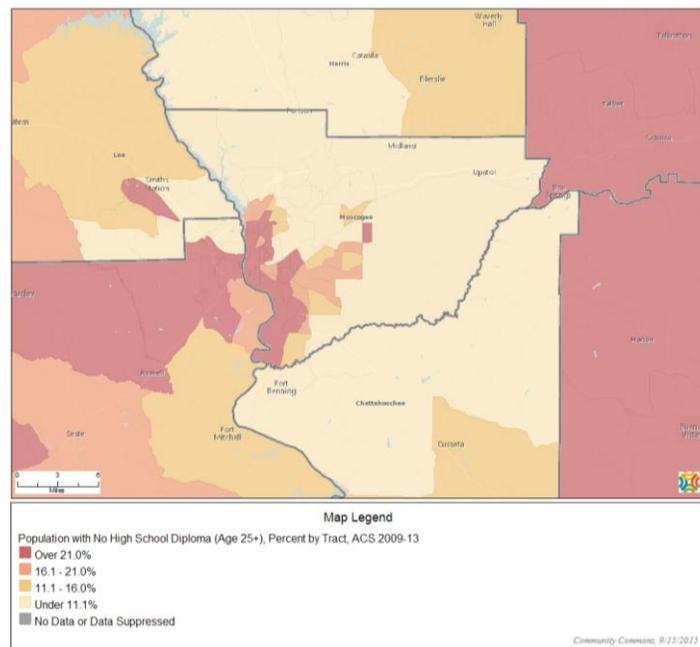
(Population Age 25+ Without a High School Diploma or Equivalent, 2009-2013)



Sources: • US Census Bureau American Community Survey 5-year estimates (2009-2013).  
 • Retrieved September 2015 from Community Commons at <http://www.chna.org>.  
 Notes: • This indicator is relevant because educational attainment is linked to positive health outcomes.

- Geographically, this indicator is more concentrated in the portions of Muscogee County which border Russell County.

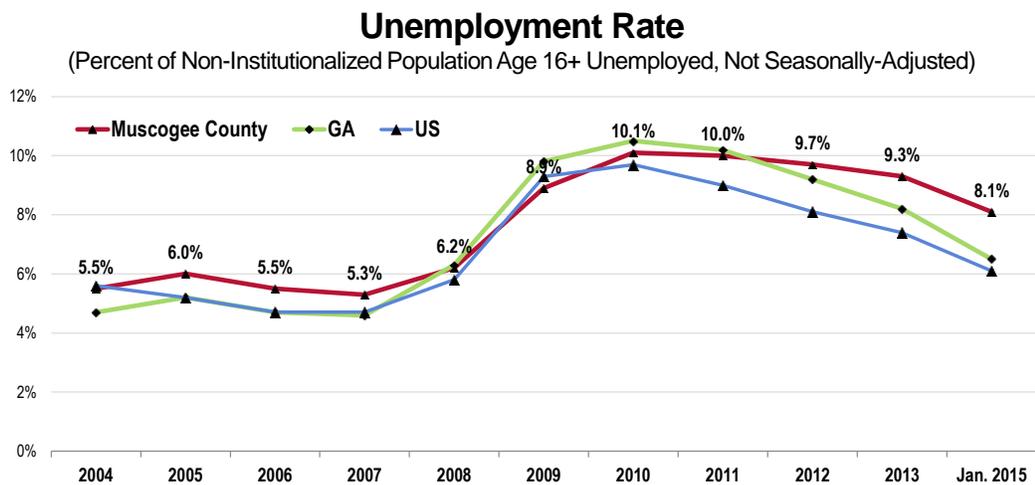
### Population With No High School Diploma, Percent by Tract, ACS 2009-2013



## Employment

According to data derived from the US Department of Labor, the unemployment rate in Muscogee County in January of 2015 was 8.1%.

- Less favorable than the statewide unemployment rate.
- Less favorable than the national unemployment rate.
- TREND: Unemployment for Muscogee County trended downward between 2010 and 2015, but at a slower rate than state and national unemployment; and currently remains statistically higher than it was in 2004.



- Sources:
- US Department of Labor, Bureau of Labor Statistics.
  - Retrieved September 2015 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

# General Health Status



**Professional Research Consultants, Inc.**

## Overall Health Status

### Self-Reported Health Status

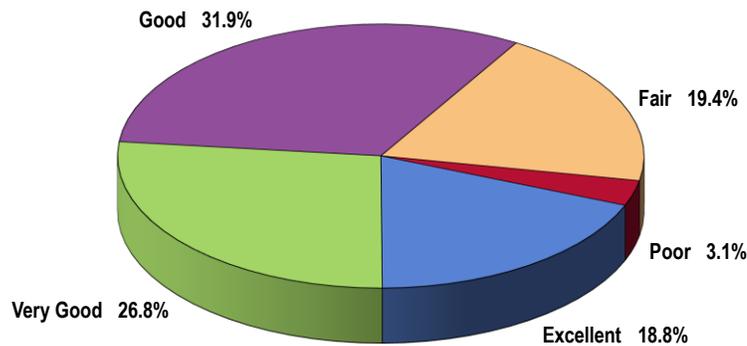
A total of 45.6% of Muscogee County adults rate their overall health as “excellent” or “very good.”

- Another 31.9% gave “good” ratings of their overall health.

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?”*

**Self-Reported Health Status**  
(Muscogee County, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]  
Notes: • Asked of all respondents.

However, 22.5% of Muscogee County adults believe that their overall health is “fair” or “poor.”

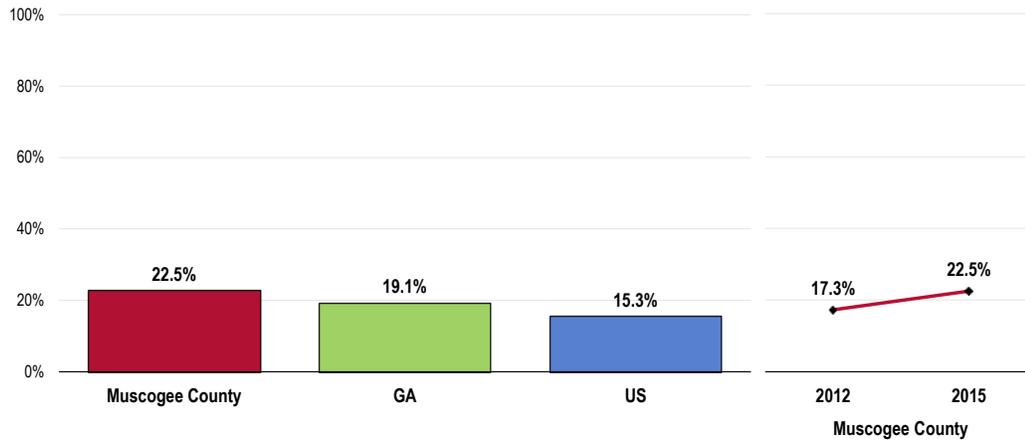
- Worse than statewide findings.
- Worse than the national percentage.
- TREND: When comparing “fair/poor” overall health reports to previous survey results, a statistically significant increase is apparent over the past three years.

#### NOTE:

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

Trends are measured against baseline data – i.e., the earliest year that data are available or that is presented in this report.

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



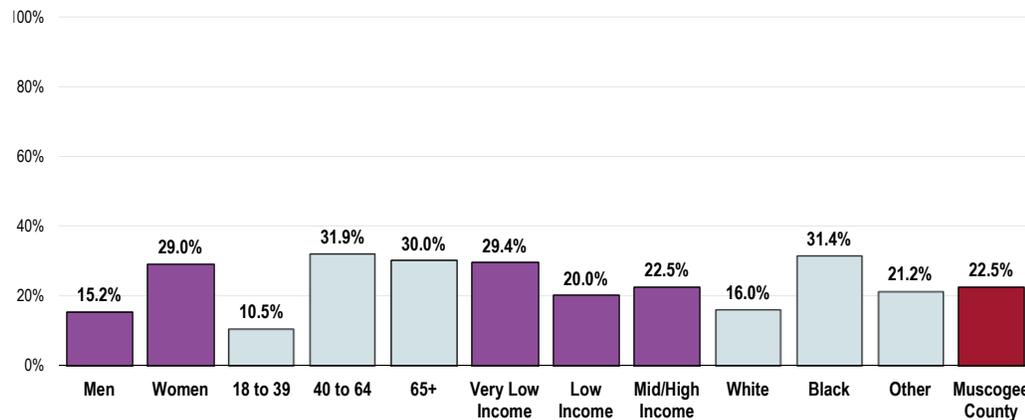
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 5]  
 • Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia, United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), 2013 GA data.  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

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

- Women.
- Adults age 40 and older.
- Non-Hispanic Blacks when compared with Non-Hispanic 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 (Muscogee County, 2015)



Sources: • 2015 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. “Very Low Income” includes households with incomes less than 100% of the federal poverty level; “Low Income” includes households with incomes from 100–199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

## Activity Limitations

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

### About Disability & Health

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

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

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

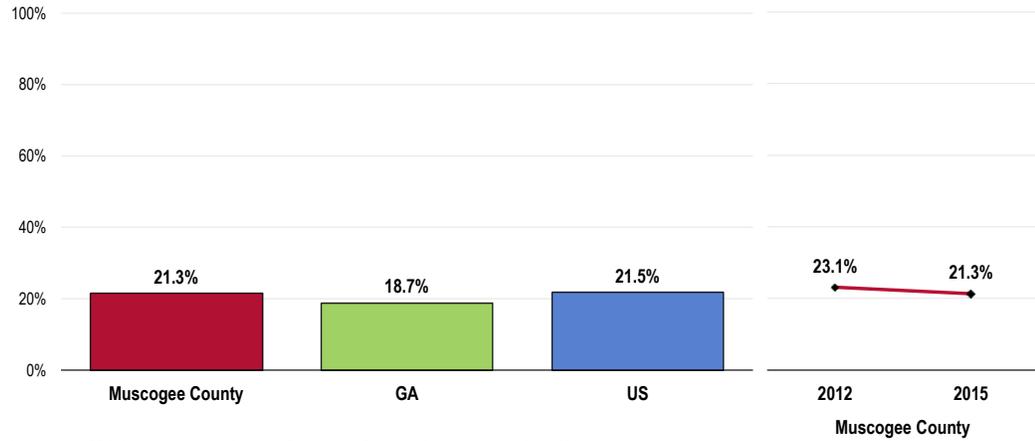
- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.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

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

**A total of 21.3% of Muscogee County adults are limited in some way in some activities due to a physical, mental or emotional problem.**

- Statistically similar to the prevalence statewide.
- Nearly identical to the national prevalence.
- **TREND:** No statistically significant change in activity limitations has occurred since 2012.

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



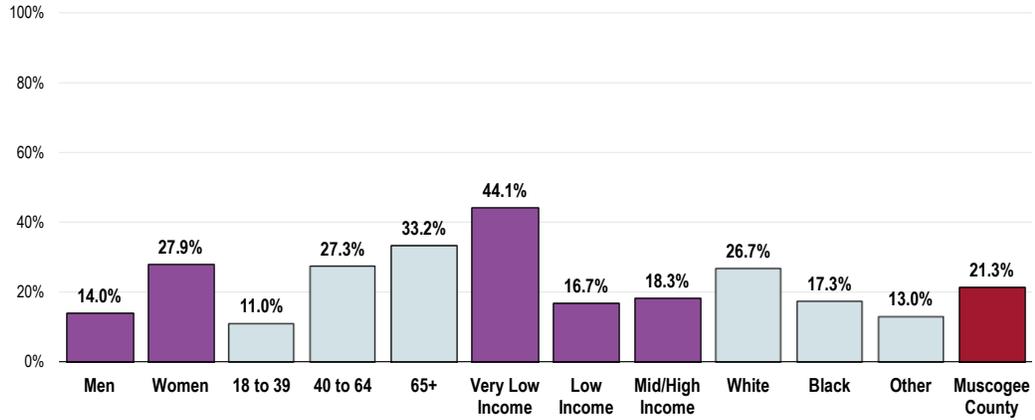
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 105]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 GA data.  
 • 2013 PRC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

Notes: • Asked of all respondents.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

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

- Adults age 40 and older are much more often limited in activities (note the positive correlation with age).
- Those with very low incomes are far more likely to experience activity limitations than higher income residents.
- More women and Whites report activity limitations than their demographic counterparts.

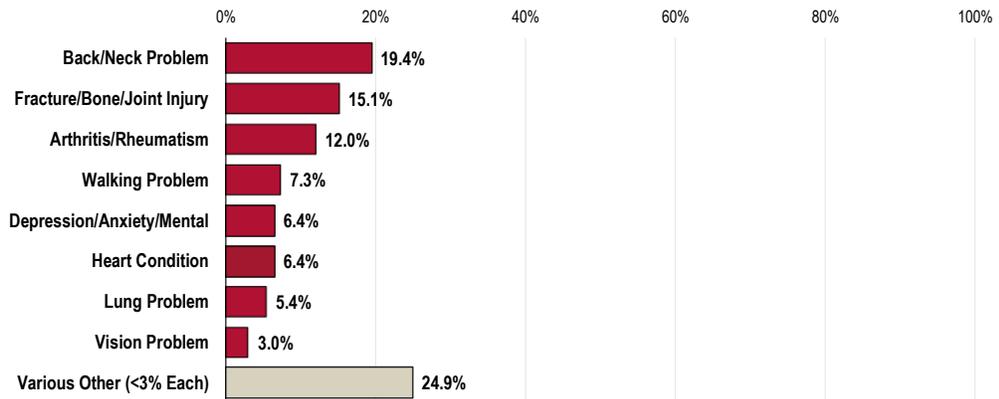
### Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Muscogee County, 2015)



Sources: • 2015 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. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% 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 issues that are connected with activity limitations include depression and anxiety, heart conditions, lung problems, and vision problems.

### Type of Problem That Limits Activities (Among Those Reporting Activity Limitations; Muscogee County, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]  
 Notes: • Asked of those respondents reporting activity limitations.

## Mental Health

### RELATED ISSUE:

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

### About Mental Health & Mental Disorders

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

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

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

- MEB disorders are common and begin early in life.
  - The greatest opportunity for prevention is among young people.
  - There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
  - The incidence of depression among pregnant women and adolescents can be reduced.
  - School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
  - There are potential indicated preventive interventions for schizophrenia.
  - Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
  - School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
  - Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
  - Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
  - Implementation is complex, it is important that interventions be relevant to the target audiences.
  - In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

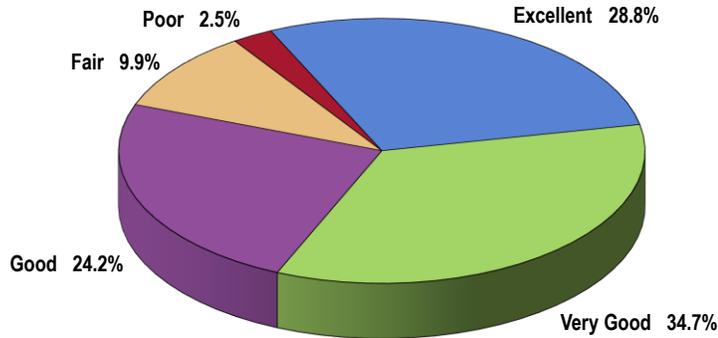
## Self-Reported Mental Health Status

A total of 63.5% of Muscogee County adults rate their overall mental health as “excellent” or “very good.”

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

- Another 24.2% gave “good” ratings of their own mental health status.

**Self-Reported Mental Health Status**  
(Muscogee County, 2015)

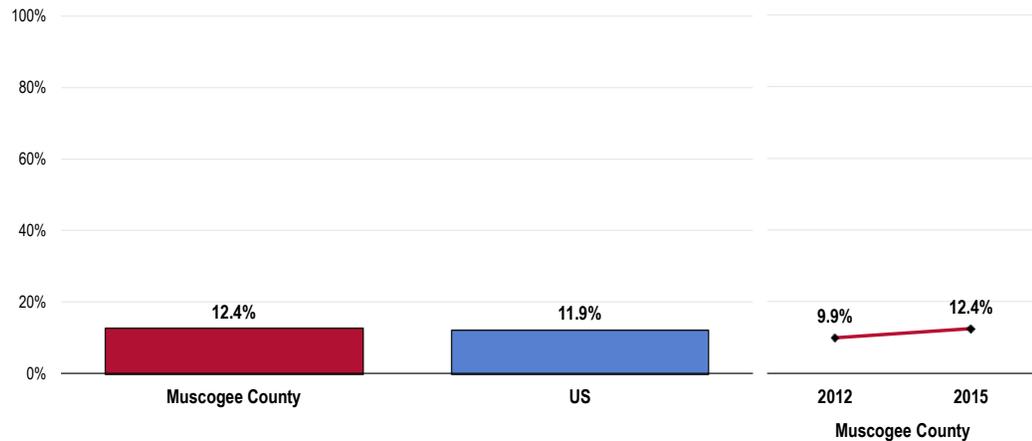


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]  
Notes: • Asked of all respondents.

A total of 12.4% of Muscogee County adults, however, believe that their overall mental health is “fair” or “poor.”

- Comparable to the “fair/poor” response reported nationally.
- TREND: Statistically unchanged since 2012.

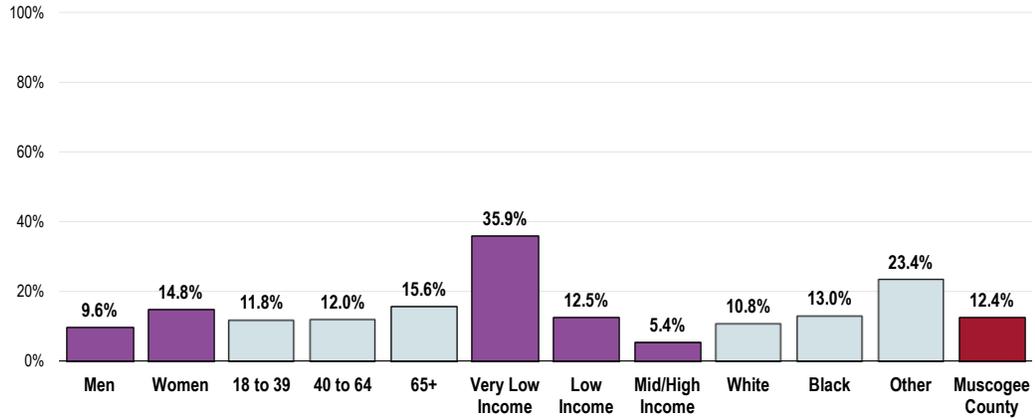
## Experience “Fair” or “Poor” Mental Health



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.  
• Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

- Note the strong negative correlation between poor mental health and income.
- Women and “Other” races are more likely to report experiencing “fair/poor” mental health than their demographic counterparts.

### Experience “Fair” or “Poor” Mental Health (Muscogee County, 2015)



Sources: • 2015 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. “Very Low Income” includes households with incomes less than 100% of the federal poverty level; “Low Income” includes households with incomes from 100–199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

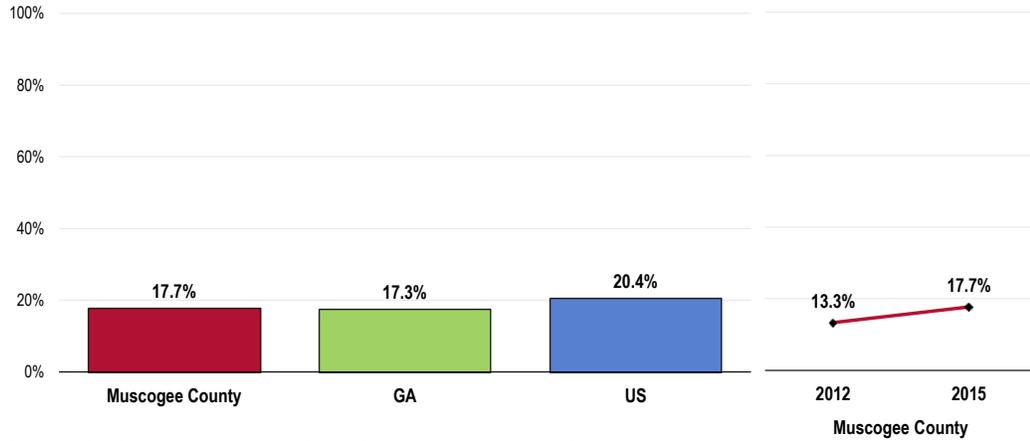
## Depression

### Diagnosed Depression

A total of 17.7% of Muscogee 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 Georgia rate.
- Statistically similar to the national finding.
- TREND: Since 2012, diagnosis of depressive disorders has shown a statistically significant increase in Muscogee County.

### Have Been Diagnosed With a Depressive Disorder

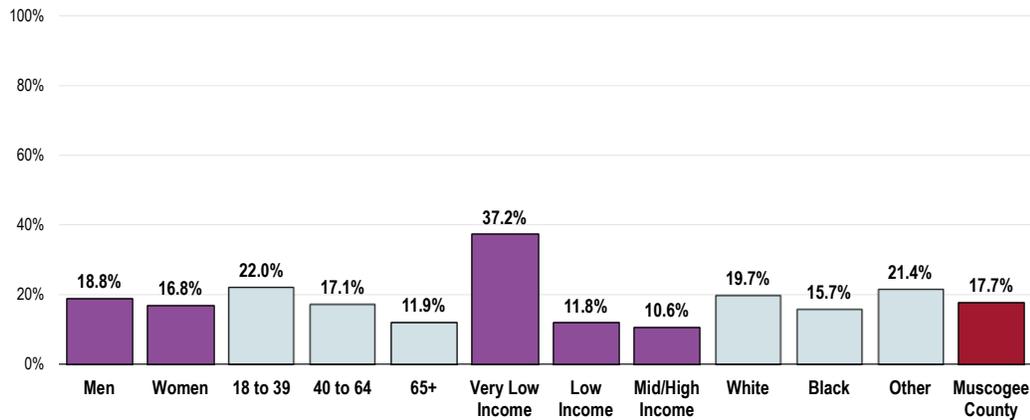


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 103]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 GA data.  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

The prevalence of diagnosed depression is notably higher among:

- Younger adults (note the negative correlation with age).
- Community members living at very low incomes.

### Have Been Diagnosed With a Depressive Disorder (Muscogee County, 2015)



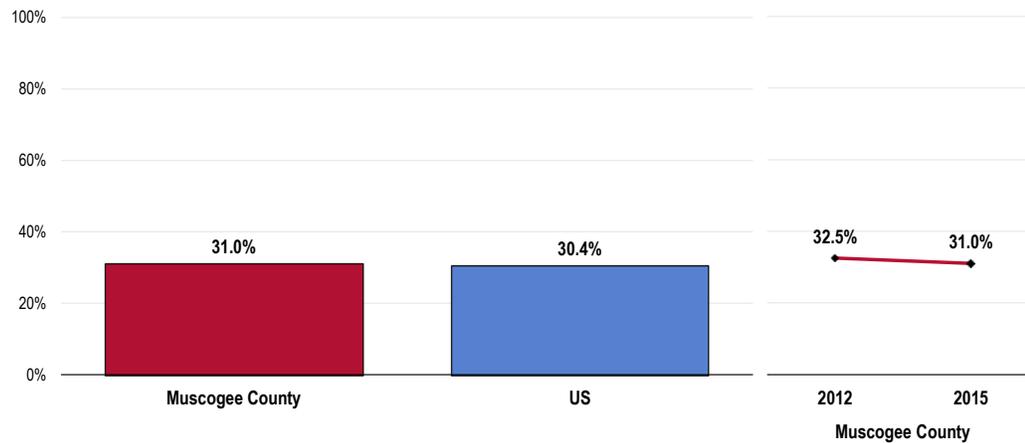
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]  
 Notes: • Asked of all respondents.  
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.  
 • Hispanics can be of any race. Other race categories are non-Hispanic 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. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% 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 31.0% of Muscogee 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).

- Similar to national findings.
- TREND: Similar to that reported in Muscogee County in 2012.

### Have Experienced Symptoms of Chronic Depression



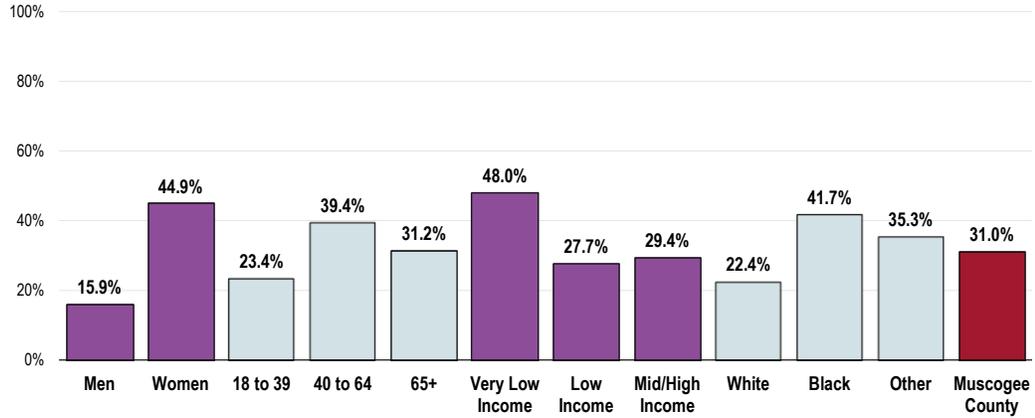
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 101]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

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

- Women.
- Adults age 40 to 64.
- Adults with very low incomes.
- Blacks when compared with Whites.

## Have Experienced Symptoms of Chronic Depression (Muscogee County, 2015)



Sources: • 2015 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. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Stress

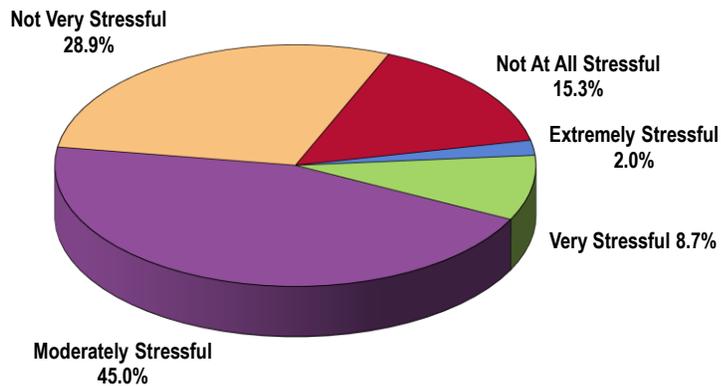
More than 4 in 10 Muscogee County adults consider their typical day to be “not very stressful” (28.9%) or “not at all stressful” (15.3%).

RELATED ISSUE:

- Another 45.0% of survey respondents characterize their typical day as “moderately stressful.”

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

## Perceived Level of Stress On a Typical Day (Muscogee County, 2015)

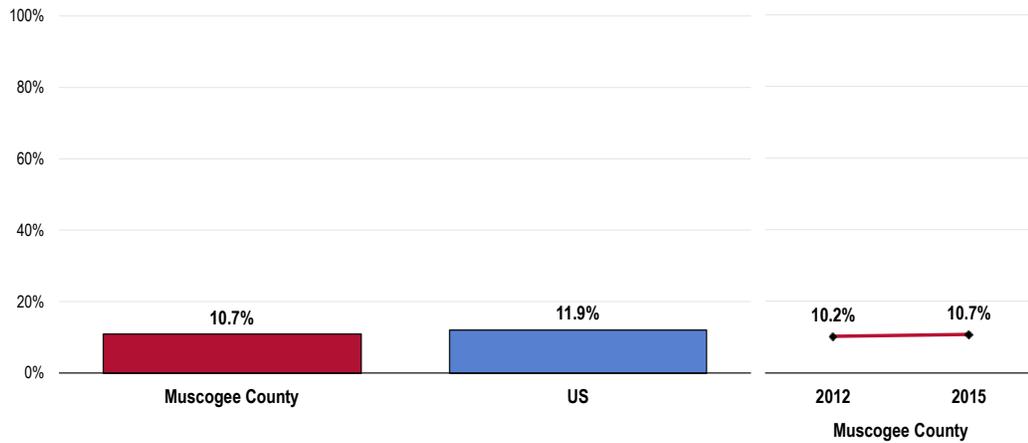


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]  
 Notes: • Asked of all respondents.

**In contrast, 10.7% of Muscogee County adults experience “very” or “extremely” stressful days on a regular basis.**

- Similar to national findings.
- TREND: Statistically similar to the 2012 findings.

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

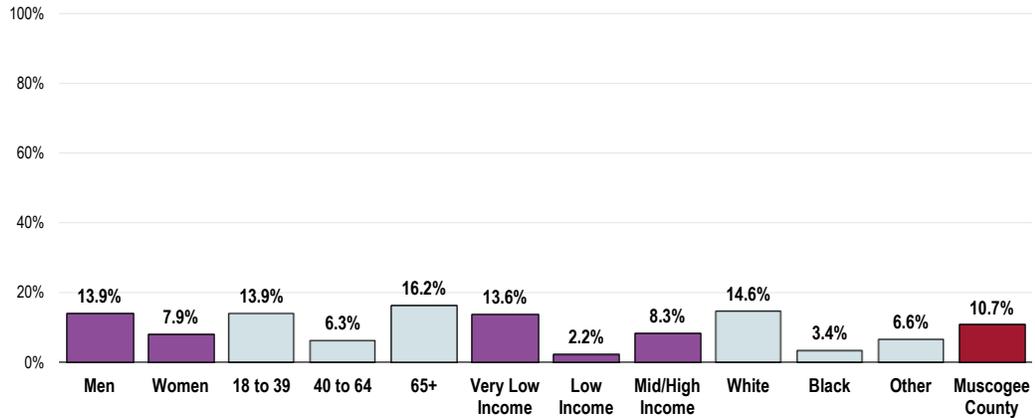


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 102]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

Note that high stress levels are more prevalent among:

- Men.
- Adults under age 40 or over age 64.
- Residents with very low incomes or with high incomes.
- Whites.

### Perceive Most Days as “Extremely” or “Very” Stressful (Muscogee County, 2015)



Sources: • 2015 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. “Very Low Income” includes households with incomes less than 100% of the federal poverty level; “Low Income” includes households with incomes from 100–199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

### Suicide

Between 2011 and 2013, there was an annual average age-adjusted suicide rate of 13.8 deaths per 100,000 population in Muscogee County.

- Higher than the statewide rate.
- Slightly higher than the national rate.
- Fails to satisfy the Healthy People 2020 target of 10.2 or lower.

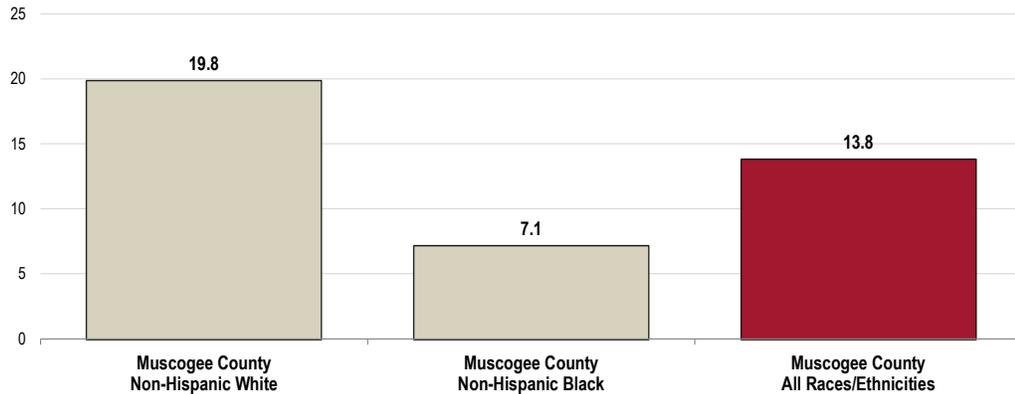
### Suicide: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 10.2 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]  
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The suicide rate in Muscogee County is dramatically higher among Non-Hispanic Whites than among Non-Hispanic Blacks.

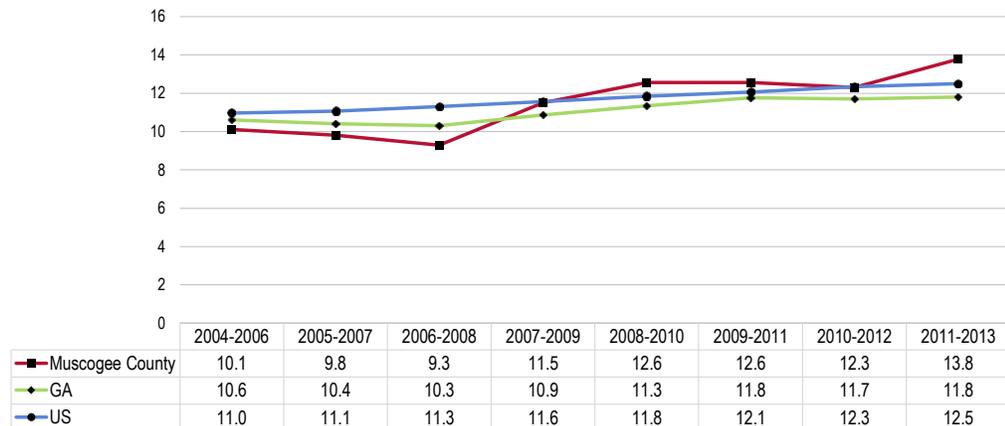
**Suicide: Age-Adjusted Mortality by Race**  
 (2011-2013 Annual Average Deaths per 100,000 Population)  
 Healthy People 2020 Target = 10.2 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The area suicide rate has overall trended upward along with the state and national rates.

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



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

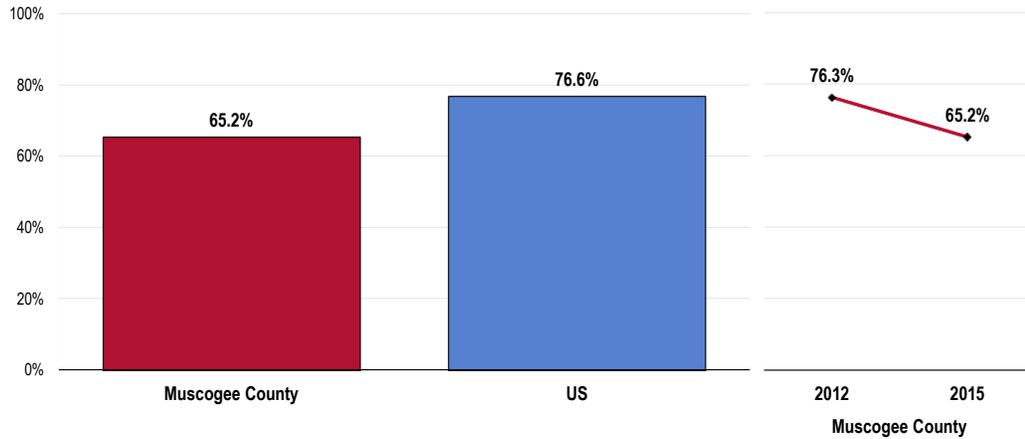
## Mental Health Treatment

Among adults with a diagnosed depressive disorder, 65.2% acknowledge that they have sought professional help for a mental or emotional problem.

“Diagnosed depressive disorder” includes respondents reporting a past diagnosis of a depressive disorder by a physician (such as depression, major depression, dysthymia, or minor depression).

- Well below national findings.
- TREND: Over time, the pursuit of treatment has decreased among adults with recognized depression.

### Adults With Diagnosed Depression Who Have Ever Sought Professional Help for a Mental or Emotional Problem (Among Adults With Diagnosed Depressive Disorder)

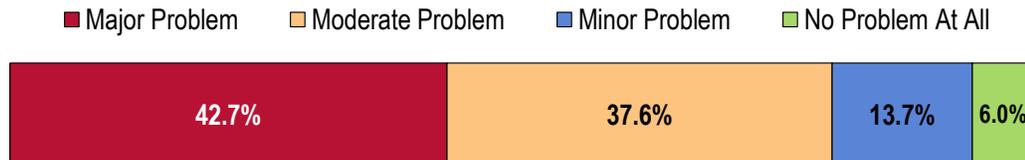


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 123]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Reflects those respondents with a depressive disorder diagnosed by a physician (such as depression, major depression, dysthymia, or minor depression).  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

### Key Informant Input: Mental Health

The greatest share of key informants taking part in an online survey characterized *Mental Health* as a “major problem” in the community

### Perceptions of Mental Health as a Problem in the Community (Key Informants, 2015)



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

## Top Concerns

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

### Lack of Resources

*There are limited resources in the community for person with mental health and it doesn't matter whether they are insured and or not. - Muscogee County - Other Health Provider*

*Lack of services. Time it takes to be seen by a doctor for mental health issues. - Muscogee County - Social Services Provider*

*There are not enough resources available for those with mental health issues. Also, the jails are crowded because those with mental health issues are in the incorrect type of facility. - Muscogee County - Social Services Provider*

*Lack of resources and funding. - Muscogee County - Other Health Provider*

*Difficulty connecting with resources and treatment, untreated mental health leads to other problems including crime and suicide. Long term treatment is often not available. Insurance does not pay for adequate mental health care. - Muscogee County - Community/Business Leader*

*Access to good mental health care in a timely and speedy manner particularly for the homeless community. The initial intake process is pretty simple and straight forward, however, the lag time between intake and appointment with the doctor can be one to two months. What do folks do when their prescriptions have expired or their medications need to be adjusted? - Muscogee County - Social Services Provider*

*Lack of access, lack of providers and underinsured population gets no MH services. - Muscogee County – Physician*

*Lack of services. Shelter, transportation, medications, etc. There are some great resources, but the funding is minimal and cannot handle the number of clients in the area. - Muscogee County - Social Services Provider*

*Getting timely access to a psychiatrist and mental health services. Mental Health services are severely underfunded and under staffed. - Muscogee County - Social Services Provider*

*Obtaining an appointment to see a psychiatrist and access to medicines with no insurance or income which leads to stays in crisis stabilization units but once released the cycle starts over. - Muscogee County - Social Services Provider*

*Ongoing treatment and access to affordable prescription drug services. - Muscogee County - Social Services Provider*

*There is a lack of effective, free, long-term treatment facilities for stabilizing major psychiatric episodes. It has been established that the longer a major episode goes untreated and the more major episodes one has the more difficult it is to bring the mentally ill individual back to a level where they can function normally and productively. Over the past few decades we have insisted (wrongly) that the needs of all mentally ill people should be served by outpatient, community based programs. The result seems to be a larger and larger number of people who are in need of long-term stabilization. - Muscogee County - Community/Business Leader*

*The mental health plague is the next major epidemic that will hit the US. Columbus does not lack in this regard. Access to care is slow at best and inconsistent. - Muscogee County - Other Health Provider*

*Mental illness contributes to disconnection of system, long time to wait for appointment often without medication end up in crisis. Bradley Center or hospital or jail and back on the street. Lack of case managers to help through process. Little to no education on coping skills and managing your illness. Lack support and counseling. Often not have identification or way to pay even small copays. - Muscogee County - Social Services Provider*

*Mentally ill population over filled jails and have no outpatient programs to provide them with medication to keep them out of jail. - Muscogee County – Physician*

*For one they are trying to close down the major mental facility. They have been trying for years; West Central Georgia. They let mental patients on the streets without their proper medicine. Mentally ill people roam the street of Columbus and Phoenix City. They just do not have the proper care. - Muscogee County - Social Services Provider*

*Our mental health population is underserved. Many people are homeless that also have mental health issues. - Muscogee County - Social Services Provider*

*People going undiagnosed and being jailed instead of treated for their illness. Stigma related to mental illness, more funding for primary care than mental health care. - Muscogee County - Social Services Provider*

### **Access for Underinsured/Uninsured**

*Access for all with limited insurance and financial resources. - Muscogee County - Community/Business Leader*

*Patients without sufficient insurance do not receive appropriate health care for their conditions. There are little to no resources for this population and these patients end up in the local Emergency Departments for care instead of being managed in an outpatient facility. - Muscogee County - Other Health Provider*

*Lack of access due to insurance deficits. - Muscogee County – Physician*

*Lack of providers who accept Medicare and Medicaid patients. - Muscogee County – Physician*

*Payment for treatment. - Muscogee County - Physician*

### **Stigma**

*There is still a big stigma about mental health in our society and people do not like talking about it. - Muscogee County - Other Health Provider*

*There is a huge stigma attached to mental health issues. In reality, 1 in 4 American adults can be classified as having symptoms of a mental illness, ranging from anxiety disorder, PTSD, depression, bipolar disorder, schizophrenia, etc. We can all benefit from having mental health resources in the community, because we all know someone who could benefit from it. - Muscogee County - Social Services Provider*

*Stigma associated with seeking help. - Muscogee County - Community/Business Leader*

*Mental health is not understood at all. People think people with mental illness are crazy that is not true. Mental illness is just like another chronic illness it needs constant treatment and education.*

*People are not able to get the help they need because of money or insurance. - Muscogee County - Community/Business Leader*

### **High Prevalence**

*Mental health and/or substance abuse is a major problem in our target population. - Muscogee County - Community/Business Leader*

*The number of mentally ill individual living in the community. - Muscogee County - Public Health Representative*

*Recent connection to shooting in Louisiana. - Muscogee County - Community/Business Leader*

### **Knowledge of Services**

*People don't know how to effectively cope with the strenuous situations of everyday life. They may not know where to get help. - Muscogee County – Physician*

*Confusion of where to seek help and what resources are available. - Muscogee County - Other Health Provider*

### **Approach to Treatment**

*Understanding that most mental health issues are a deficiency of something in the body, it can be cured. Prescriptions just mask symptoms. Are we looking for cures or band aids? - Muscogee County - Social Services Provider*

*Lack of a fuller understanding and failure to take medications as prescribed. - Muscogee County - Community/Business Leader*

# Death, Disease & Chronic Conditions

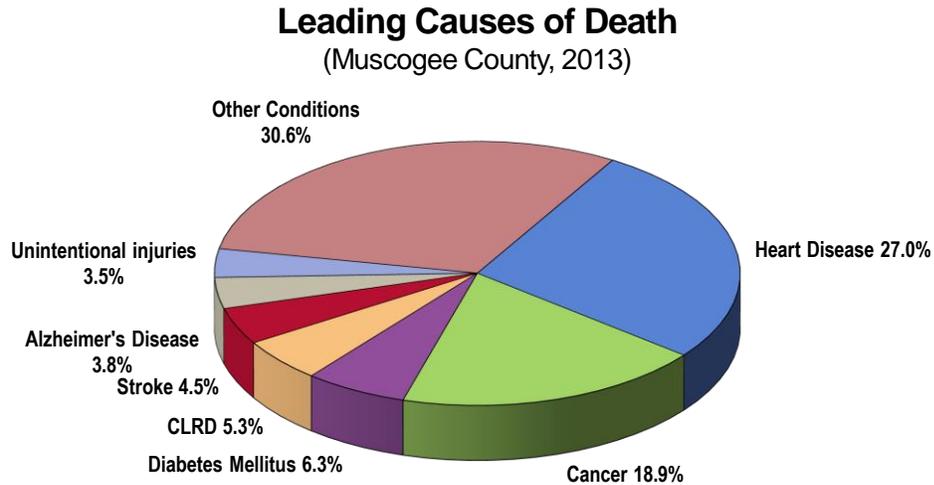


Professional Research Consultants, Inc.

## Leading Causes of Death

### Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for one-half of all deaths in Muscogee County in 2013.



- Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
- 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 2011-2013 annual average age-adjusted death rates per 100,000 population for selected causes of death in Muscogee County.

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

**Note that age-adjusted mortality rates in Muscogee County are worse than national rates for heart disease, cancers, diabetes mellitus, CLRD, stroke, Alzheimer’s disease, pneumonia/influenza, fire-arm related deaths, homicide, and HIV/AIDS.**

Of the causes outlined in the following chart for which Healthy People 2020 objectives have been established, Muscogee County rates fail to satisfy the related goals for heart disease, cancers, diabetes mellitus, stroke, firearm-related deaths, suicide, cirrhosis/liver disease, homicide, and HIV/AIDS.

## Age-Adjusted Death Rates for Selected Causes (2011-2013 Deaths per 100,000 Population)

	Muscogee County	GA	US	HP2020
Diseases of the Heart	232.0	179.6	171.3	156.9*
Malignant Neoplasms (Cancers)	188.1	169	166.2	161.4
Diabetes Mellitus	53.6	23.1	21.3	20.5*
Chronic Lower Respiratory Disease (CLRD)	49.6	45.2	42	n/a
Cerebrovascular Disease (Stroke)	44.1	41.9	37	34.8
Alzheimer's Disease	42.5	26.7	24	n/a
Unintentional Injuries	36.6	39.2	39.2	36.4
Pneumonia/Influenza	18.7	16.9	15.3	n/a
Firearm-Related	17.4	12.7	10.4	9.3
Intentional Self-Harm (Suicide)	13.8	11.8	12.5	10.2
Kidney Diseases	11.5	18.3	13.2	n/a
Drug-Induced	11.0	11.2	14.1	11.3
Cirrhosis/Liver Disease	9.9	8.1	9.9	8.2
Motor Vehicle Deaths	9.6	12.5	10.7	12.4
Homicide/Legal Intervention	8.9	6.4	5.3	5.5
HIV/AIDS (2004-2013)**	8.8	5.8	3.6	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 September 2015.
- 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.
- \*\*The HIV/AIDS age-adjusted mortality rate reflects deaths occurring in years 2004 to 2013.

## Cardiovascular Disease

### About Heart Disease & Stroke

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

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

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

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

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

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

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

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

## Age-Adjusted Heart Disease & Stroke Deaths

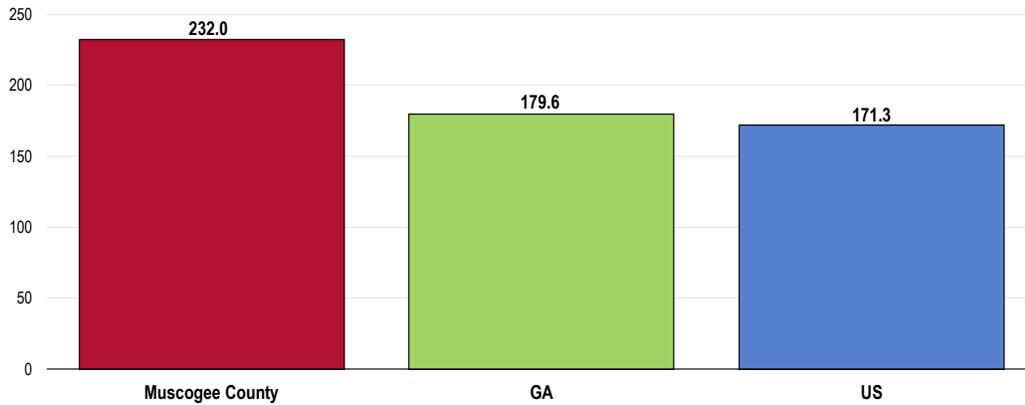
### Heart Disease Deaths

**Between 2011 and 2013 there was an annual average age-adjusted heart disease mortality rate of 232.0 deaths per 100,000 population in Muscogee County.**

- Much higher than the statewide rate.
- Much higher than the national rate.
- Far from satisfying the Healthy People 2020 target of 156.9 or lower (as adjusted to account for all diseases of the heart).

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

### Heart Disease: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 156.9 or Lower (Adjusted)



Sources: 

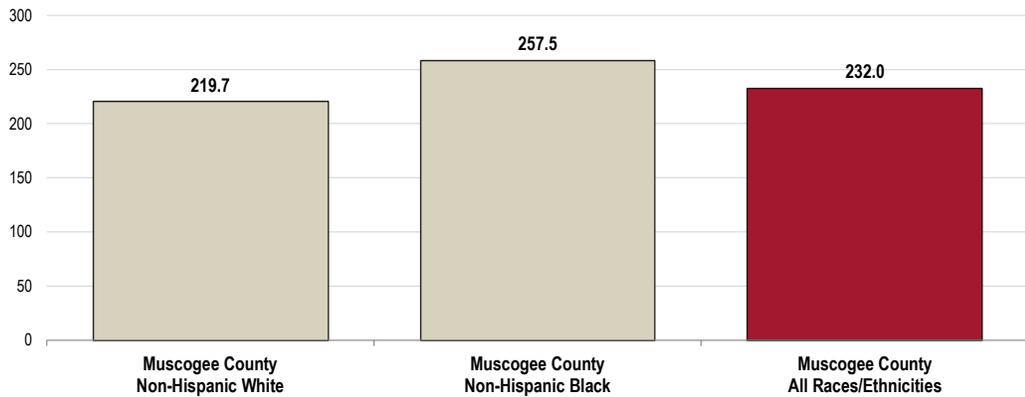
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]

Notes: 

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

- By race, the heart disease mortality rate is higher among Blacks than Whites in Muscogee County.

### Heart Disease: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 156.9 or Lower (Adjusted)



Sources: 

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]

Notes: 

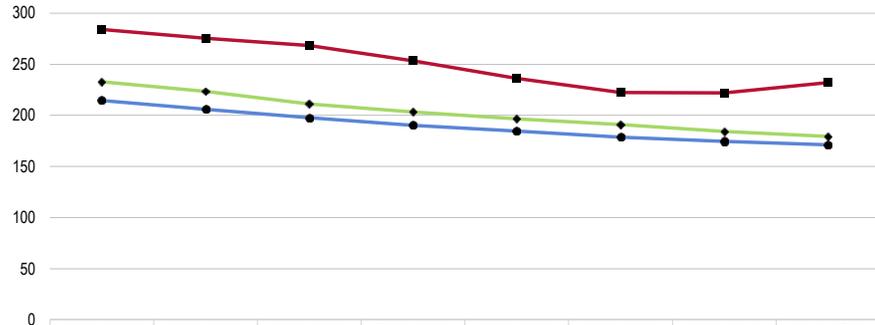
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for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

- **TREND:** Despite a slight increase in the past couple of years, overall, the heart disease mortality rate has decreased in Muscogee County, echoing the decreasing trends across Georgia and the US overall.

### Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

**Healthy People 2020 Target = 156.9 or Lower (Adjusted)**



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
■ Muscogee County	284.1	275.3	268.4	253.2	236.3	222.4	222.0	232.0
◆ GA	232.8	223.4	211.1	203.2	196.7	191.2	184.2	179.6
● US	214.6	206.1	197.9	190.3	184.7	178.5	174.4	171.3

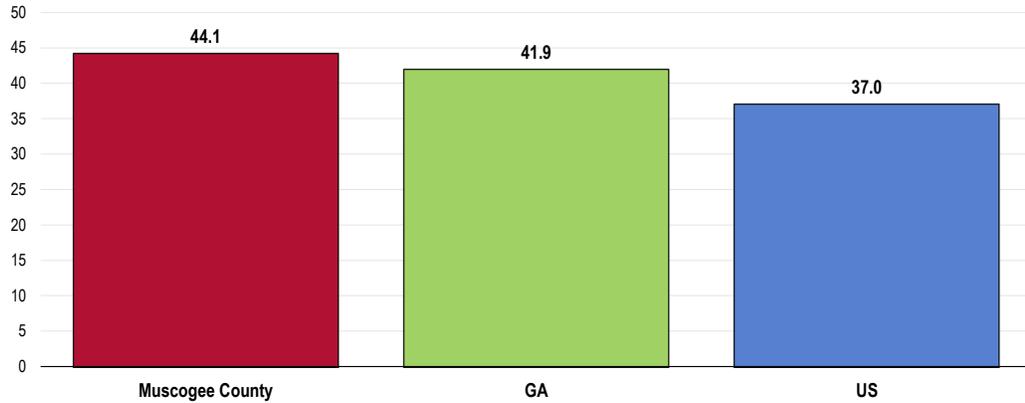
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
  - The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

### Stroke Deaths

**Between 2011 and 2013, there was an annual average age-adjusted stroke mortality rate of 44.1 deaths per 100,000 population in Muscogee County.**

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

**Stroke: Age-Adjusted Mortality**  
 (2011-2013 Annual Average Deaths per 100,000 Population)  
 Healthy People 2020 Target = 34.8 or Lower



Sources: 

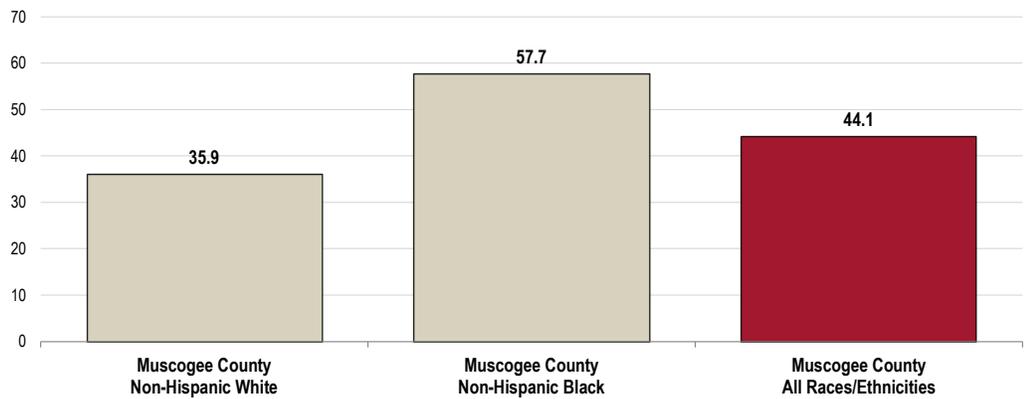
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]

Notes: 

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

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

**Stroke: Age-Adjusted Mortality by Race**  
 (2011-2013 Annual Average Deaths per 100,000 Population)  
 Healthy People 2020 Target = 34.8 or Lower



Sources: 

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]

Notes: 

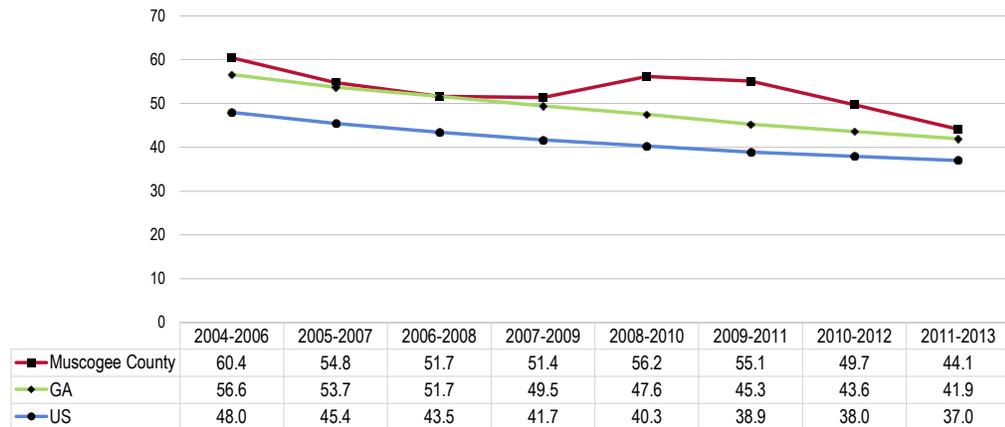
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Following a slight increase from 2008 to 2010, the stroke rate has declined in recent years, echoing the trends reported across Georgia and the US overall.

### Stroke: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

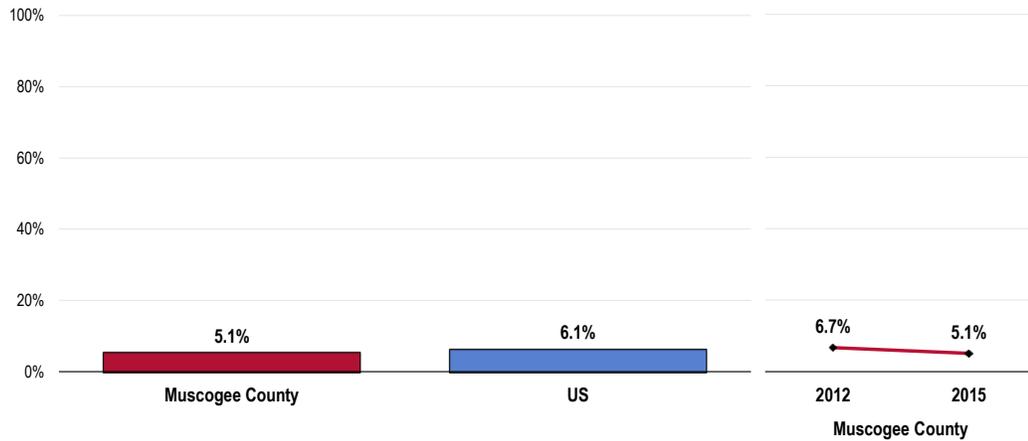
## Prevalence of Heart Disease & Stroke

### Prevalence of Heart Disease

A total of 5.1% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Similar to the national prevalence.
- TREND: Statistically unchanged since 2012.

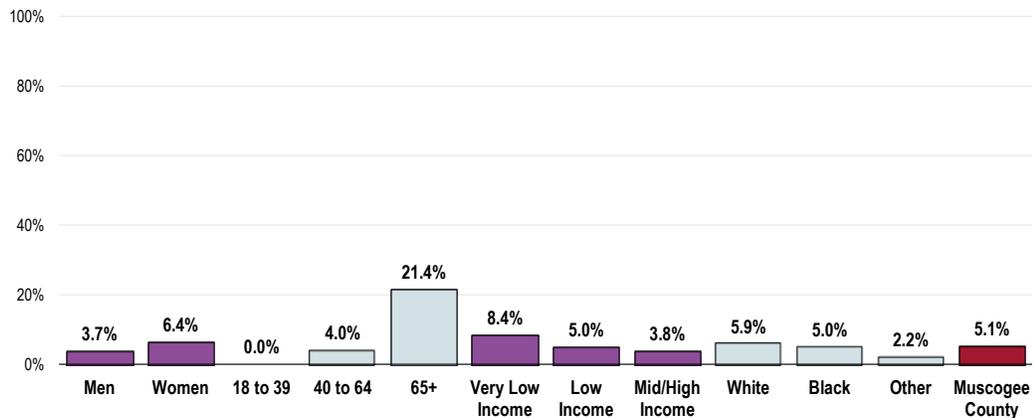
### Prevalence of Heart Disease



- 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.
  - Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

- Adults over age 39 and especially those over age 64 are more likely to have been diagnosed with chronic heart disease.

### Prevalence of Heart Disease (Muscogee County, 2015)



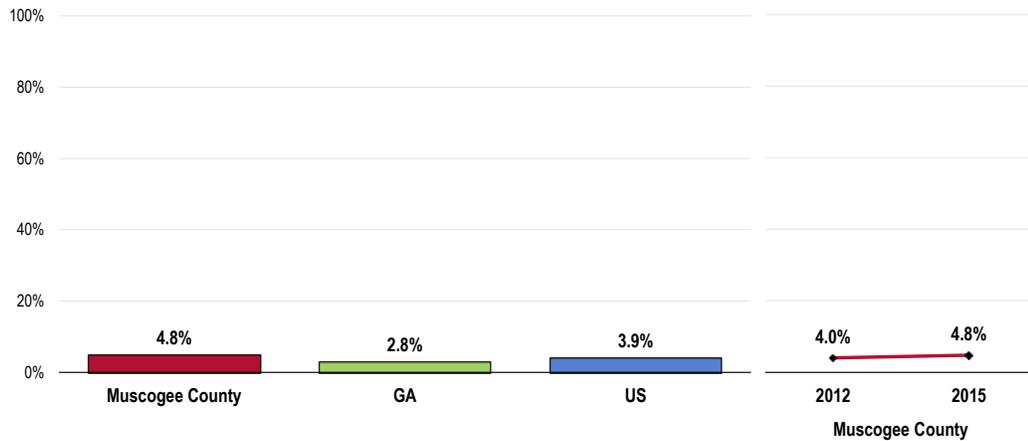
- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
- Notes:
- Asked of all respondents.
  - Includes diagnoses of heart attack, angina or coronary heart disease.
  - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "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. "Very Low Income" includes households with incomes less than 100% of the federal poverty level, "Low Income" includes households with incomes from 100–199% 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 4.8% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Higher than statewide findings.
- Similar to national findings.
- TREND: The stroke prevalence in Muscogee County has remained statistically unchanged over time.

### Prevalence of Stroke



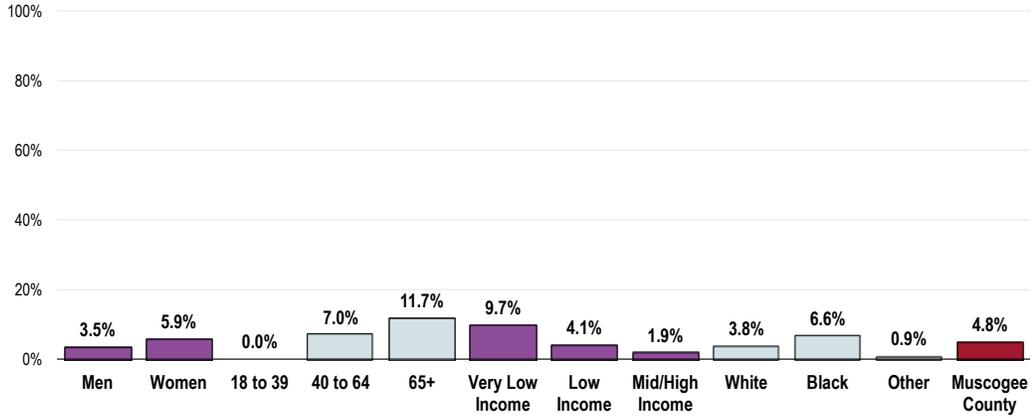
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 36]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services,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

Notes: • Asked of all respondents.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

Adults more likely to have been diagnosed with stroke include:

- Older adults (note the positive correlation of stroke diagnosis with age).
- Residents with very low incomes.
- Blacks when compared with “Other” races.

### Prevalence of Stroke (Muscogee County, 2015)



Sources: • 2015 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. “Very Low Income” includes households with incomes less than 100% of the federal poverty level; “Low Income” includes households with incomes from 100–199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

## Cardiovascular Risk Factors

### About Cardiovascular Risk

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

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

## Hypertension (High Blood Pressure)

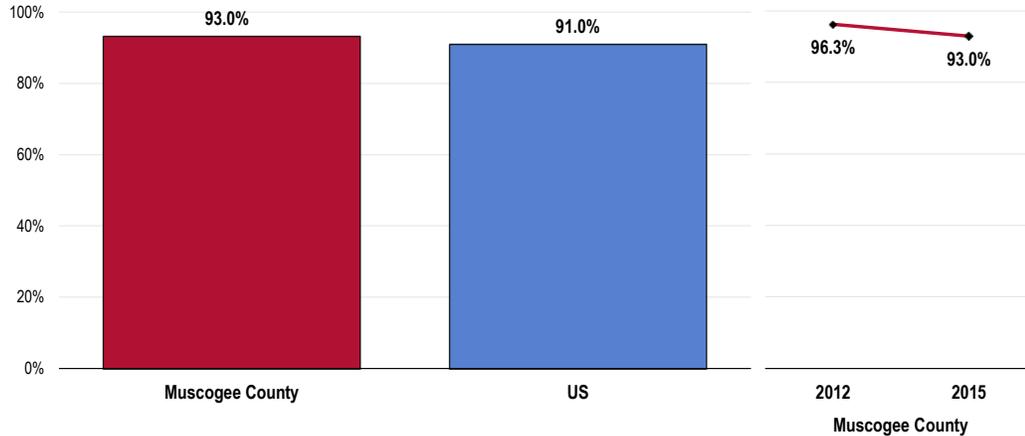
### High Blood Pressure Testing

**A total of 93.0% of Muscogee County adults have had their blood pressure tested within the past two years.**

- Similar to national findings.
- Similar to the Healthy People 2020 target (92.6% or higher).
- TREND: Blood pressure testing statistically decreased over the past three years.

### Have Had Blood Pressure Checked in the Past Two Years

Healthy People 2020 Target = 92.6% or Higher



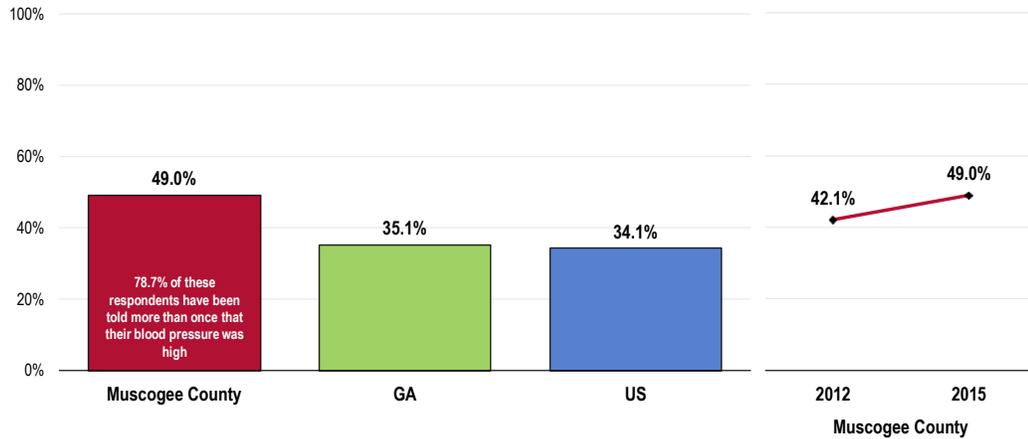
- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 45]
  - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-4]
- Notes:
- Asked of all respondents.
  - Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

**Prevalence of Hypertension**

**A total of 49.0% of adults have been told at some point that their blood pressure was high.**

- Notably less favorable than the Georgia prevalence.
- Far less favorable than the national prevalence.
- Far from satisfying the Healthy People 2020 target (26.9% or lower).
- TREND: Hypertension has significantly increased since 2012.
- Among hypertensive adults, over three-fourths (78.7%) have been diagnosed with high blood pressure more than once.

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



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); 2013 GA 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]

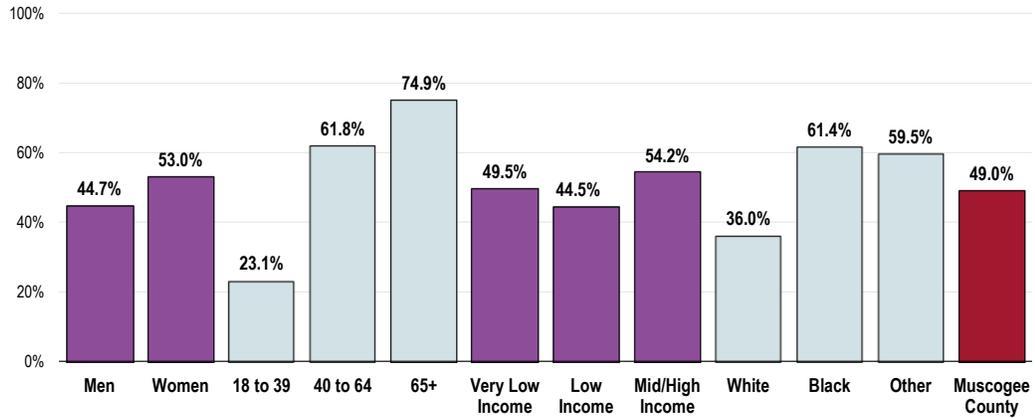
Notes: • Asked of all respondents.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

Hypertension diagnoses are higher among:

- Women.
- Adults age 40 and older, and especially those age 65+.
- High income adults when compared with those with low incomes.
- Blacks and “Other” races.

## Prevalence of High Blood Pressure (Muscogee County, 2015)

Healthy People 2020 Target = 26.9% or Lower



- Sources:
- 2015 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. "Very Low Income" includes households with incomes less than 100% of the federal poverty level, "Low Income" includes households with incomes from 100–199% of the federal poverty level, "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

### Hypertension Management

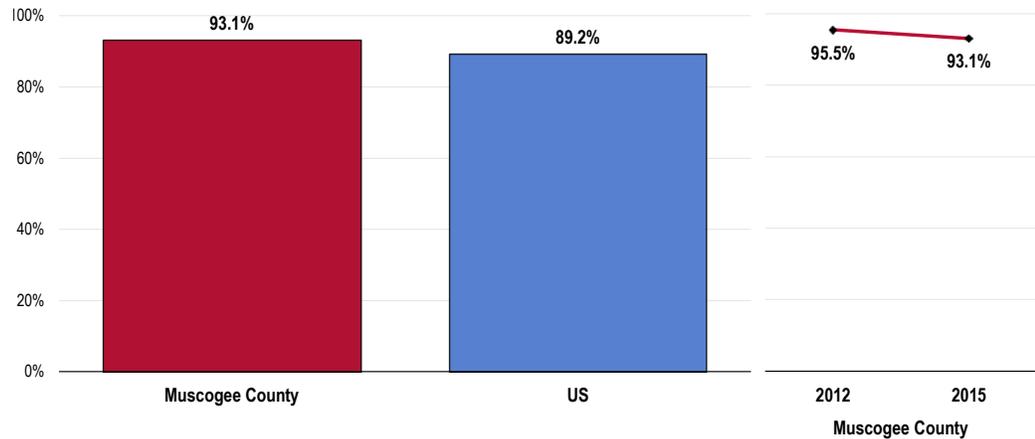
Among respondents who have been told that their blood pressure was high, 93.1% report that they are currently taking actions to control their condition.

- Statistically similar to national findings.
- TREND: Statistically similar to the 2012 survey finding.

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?"*

### 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.
  - Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

## High Blood Cholesterol

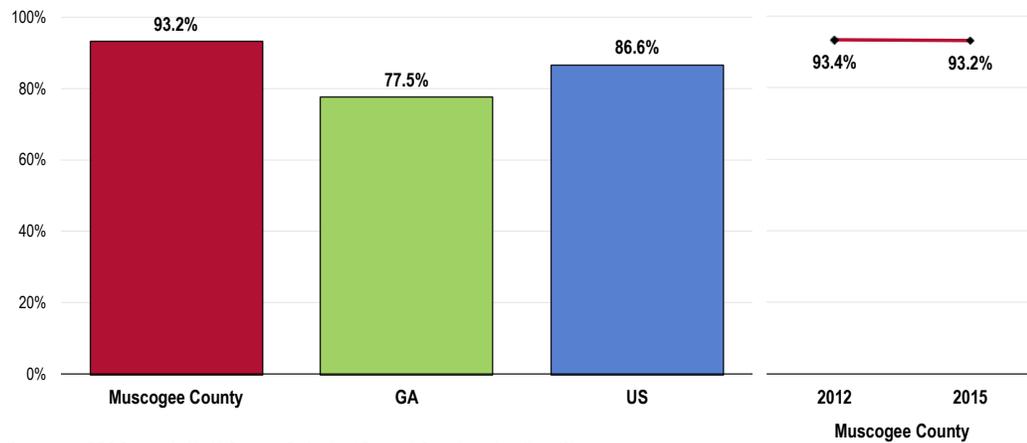
### Blood Cholesterol Testing

**A total of 93.2% of Muscogee County adults have had their blood cholesterol checked within the past five years.**

- Much more favorable than Georgia findings.
- More favorable than the national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- TREND: Nearly identical to the testing rate in 2012.

### Have Had Blood Cholesterol Levels Checked in the Past Five Years

Healthy People 2020 Target = 82.1% or Higher



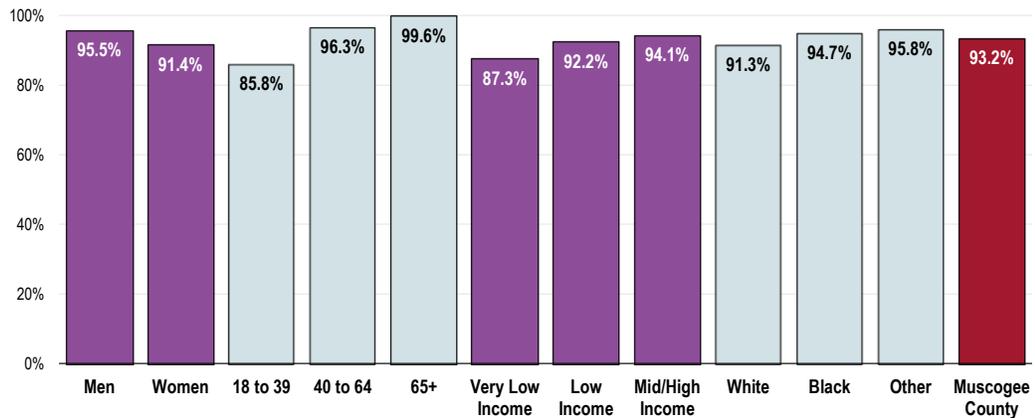
- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 48]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 GA data.
  - 2013 PRC 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.
  - Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

The following demographic segments report lower screening levels:

- Women.
- Adults under age 65, and especially those under 40 (note the positive correlation of testing with age).
- Residents with lower incomes (note the positive correlation with income).

### Have Had Blood Cholesterol Levels Checked in the Past Five Years (Muscogee County, 2015)

Healthy People 2020 Target = 82.1% or Higher



Sources: • 2015 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. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

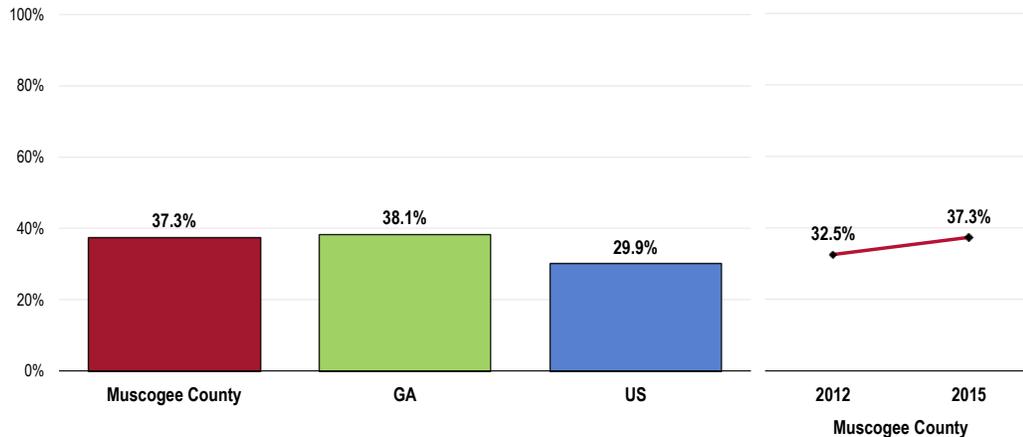
### Self-Reported High Blood Cholesterol

A total of 37.3% of adults have been told by a health professional that their cholesterol level was high.

- Similar to Georgia findings.
- Moderately less favorable than the national prevalence.
- Well over twice the Healthy People 2020 target (13.5% or lower).
- TREND: Marks a statistically significant increase over the past three years.

### Prevalence of High Blood Cholesterol

Healthy People 2020 Target = 13.5% or Lower



- 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). 2013 GA 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 GA data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.
  - Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

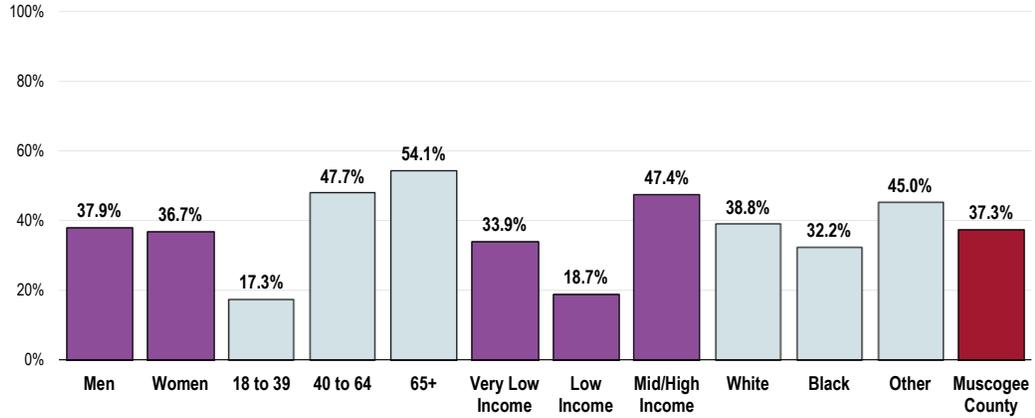
Note that 14.4% of Muscogee County adults report not having high blood cholesterol, but: 1) have never had their blood cholesterol levels tested; 2) have not been screened in the past 5 years; or 3) do not recall when their last screening was. For these individuals, current prevalence is unknown.

Further note the following:

- There is a positive correlation between age and high blood cholesterol.
- There is a higher prevalence among high income adults followed by very low income adults, whereas low income-adults show the lowest prevalence.
- Whites and “Other” races report a higher prevalence than Blacks.
- Keep in mind that “unknowns” are relatively high in young adults, very low-income residents, and Whites.

## Prevalence of High Blood Cholesterol (Muscogee County, 2015)

Healthy People 2020 Target = 13.5% or Lower



Sources: • 2015 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. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

### High Cholesterol Management

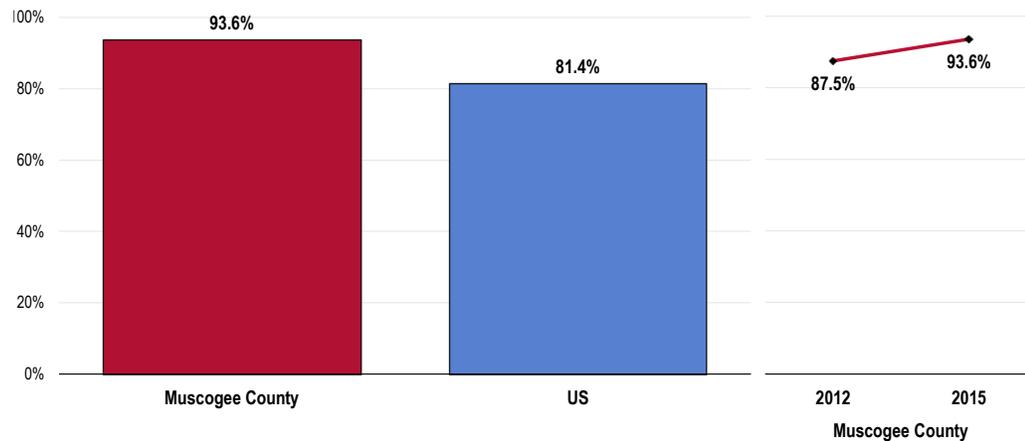
Respondents reporting high cholesterol were further asked:

*"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, 93.6% report that they are currently taking actions to control their cholesterol levels.

- Considerably more favorable than found nationwide.
- TREND: A significantly higher proportion of residents with high cholesterol are taking action to control their condition than were in 2012.

### 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.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

### About Cardiovascular Risk

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

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

Three health-related behaviors contribute markedly to cardiovascular disease:

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

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

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

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

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

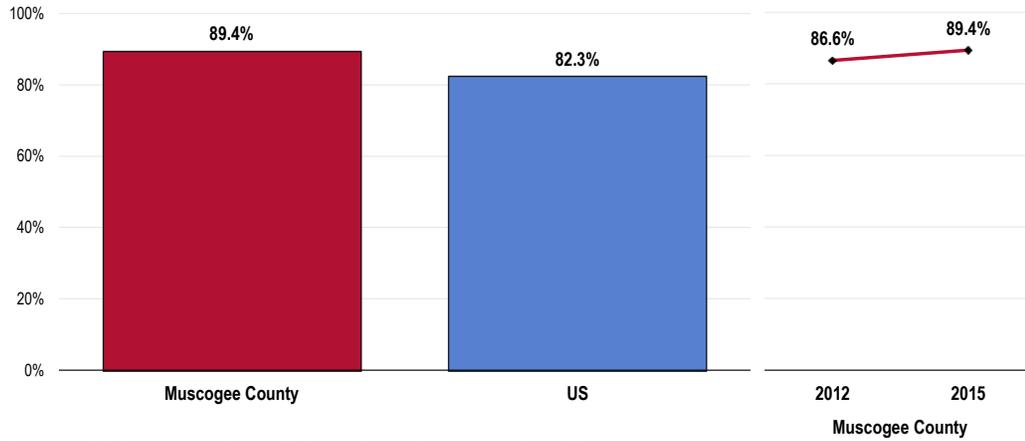
### Total Cardiovascular Risk

**A total of 89.4% of Muscogee 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.**

- Higher than national findings.
- TREND: Statistically unchanged from previous survey results.

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

### Present One or More Cardiovascular Risks or Behaviors

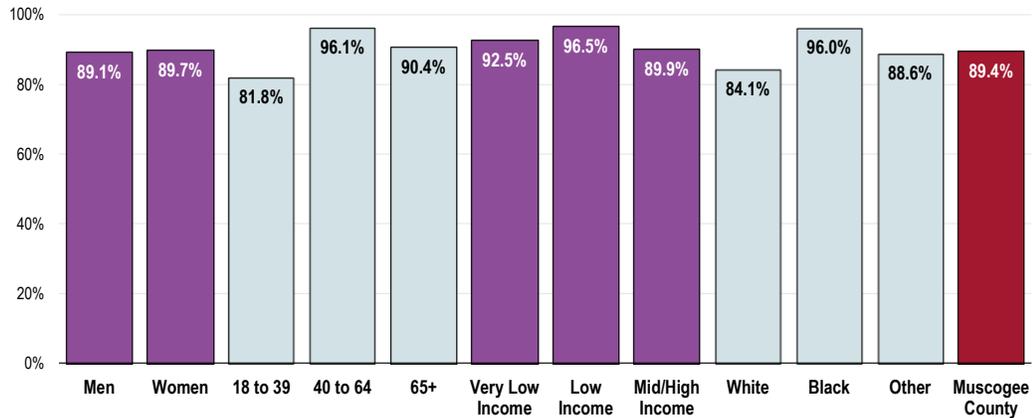


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 127]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

Adults more likely to exhibit cardiovascular risk factors include:

- Adults age 40 and older, especially those under age 65.
- Low-income adults when compared with those that have mid/high incomes.
- Blacks in comparison with Whites.

### Present One or More Cardiovascular Risks or Behaviors (Muscogee County, 2015)



Sources: • 2015 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. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% 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

The greatest share of key informants taking part in an online survey characterized **Heart Disease & Stroke** as a “major problem” in the community

### Perceptions of Heart Disease and Stroke as a Problem in the Community (Key Informants, 2015)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All



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

### Top Concerns

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

#### High Prevalence

*Anecdotal evidence only in addition to a recollection that Columbus Regional cited a study that our region has an above average problem with heart disease and stroke as part of its effort to expand care. - Muscogee County - Community/Business Leader*

*Frequency of occurrence among our peer group and the patient population observed. In addition, contributing factors are obesity and poor fitness as well as smoking. Patients lack access to preventative care. - Muscogee County - Community/Business Leader*

*High incidence in our community. - Muscogee County - Other Health Provider*

*Through my job I come in contact with a number of people suffering from these illnesses. Also, due to the number of obese people in our area. - Muscogee County - Community/Business Leader*

*Again, I know many people who are personally suffering with these issues. - Muscogee County - Social Services Provider*

*Just read an article on how heart disease and stroke incidences have risen. Many in the community I work in have high blood pressure and are on medication to lower their blood pressure. - Muscogee County - Social Services Provider*

*Almost every person I know above 45 is on some type of medication for heart disease or cholesterol. - Muscogee County - Social Services Provider*

*There is now a trend of younger people having heart attacks. Health education is key and focus on healthy lifestyles. - Muscogee County - Other Health Provider*

#### Lifestyle Choices

*Unhealthy lifestyles, poor diet and genetics. - Muscogee County - Other Health Provider*

*Lifestyle choices. - Muscogee County - Public Health Representative*

*Poor lifestyle choices and eating and drinking habits. Smoking and vaping are still a problem. - Muscogee County - Social Services Provider*

*There are a lot of unhealthy people in Columbus; lack of care for underinsured patients. - Muscogee County - Physician*

*Population is not aware of need for lifestyle changes which leads to heart disease and stroke. - Muscogee County - Other Health Provider*

*Poor diet and exercise, use of tobacco, weight, and irregular evaluation by healthcare professionals. - Muscogee County - Community/Business Leader*

**Major Cause of Death**

*Top cause of death. - Muscogee County - Community/Business Leader*

*I see commercials that say that heart disease and stroke are number one killers and I assume that our community is no different. - Muscogee County - Social Services Provider*

*Number one killer of women; education regarding prevention and warning signs. - Muscogee County - Community/Business Leader*

*Heart disease and stroke are number one cause of death for women. - Muscogee County - Community/Business Leader*

*There is a higher than average mortality rate for cardiovascular disease in Columbus. St. Francis does not pull their fair share of indigent, under and unfunded care in Columbus. - Muscogee County - Other Health Provider*

**Obesity**

*Obesity and lack of follow up as risk factors are identified. Physicians are not doing enough to help patients manage weight before they become obese. Physicians are providing appetite suppressants as opposed to sending patients to a resource for proper education regarding nutrition and exercise. Prevalence of food that is fast, easy, and cheap. Lack of access to affordable and healthy food. - Muscogee County - Community/Business Leader*

*Obesity, poor exercise and eating habits contribute to heart disease. - Muscogee County - Other Health Provider*

*Obesity, smoking, lack of exercise, hereditary and stress. - Muscogee County - Other Health Provider*

*So many people have weight issues. - Muscogee County - Community/Business Leader*

*Increasing levels of overweight and lack of exercise and poor diet. - Muscogee County - Community/Business Leader*

**Diabetes/Hypertension**

*High incidence of HTN and cardiovascular disease in community. - Muscogee County - Public Health Representative*

*There are health problems that are causing are contributing to heart disease and stroke such as diabetes, high blood pressure and obesity. There are a large number of people who have these health problems. - Muscogee County - Community/Business Leader*

*Heart disease and stroke is a major problem in our community due to the high prevalence of diabetes, hypertension and obesity. - Muscogee County - Other Health Provider*

*A large population of people with uncontrolled hypertension and diabetes, as well as inappropriate diets. - Muscogee County - Public Health Representative*

**Lack of Education**

*Not understanding disease process; education. Access to health care. - Muscogee County - Physician*

*Heart disease and stroke are problems because of limited accessibility to education, follow up care after hospital discharge, affordability of medicines. - Muscogee County - Other Health Provider*

*Lack of education on the true causes and how to change your lifestyle to prevent and even heal from it. It doesn't have to involve prescription medication for the rest of your life. Columbus isn't interested in healing and preventing. - Muscogee County - Social Services Provider*

**Cost**

*People live on fixed incomes and find it difficult to buy their medications and have money to go to the doctor. - Muscogee County - Other Health Provider*

**Specialization**

*We have one hospital that specializes in heart care; this is one indication of the need in our community. I also know many people who have high blood pressure or are being treated for heart disease. - Muscogee County - Social Services Provider*

## Cancer

### About Cancer

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

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

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

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

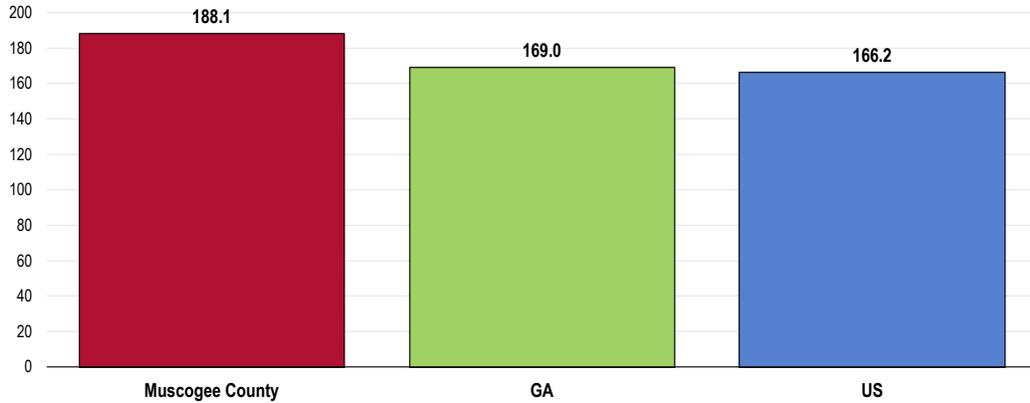
## Age-Adjusted Cancer Deaths

### All Cancer Deaths

**Between 2011 and 2013, there was an annual average age-adjusted cancer mortality rate of 188.1 deaths per 100,000 population in Muscogee County.**

- Much worse than the statewide rate.
- Much worse than the national rate.
- Far from satisfying the Healthy People 2020 target of 161.4 or lower.

### Cancer: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 161.4 or Lower



Sources: 

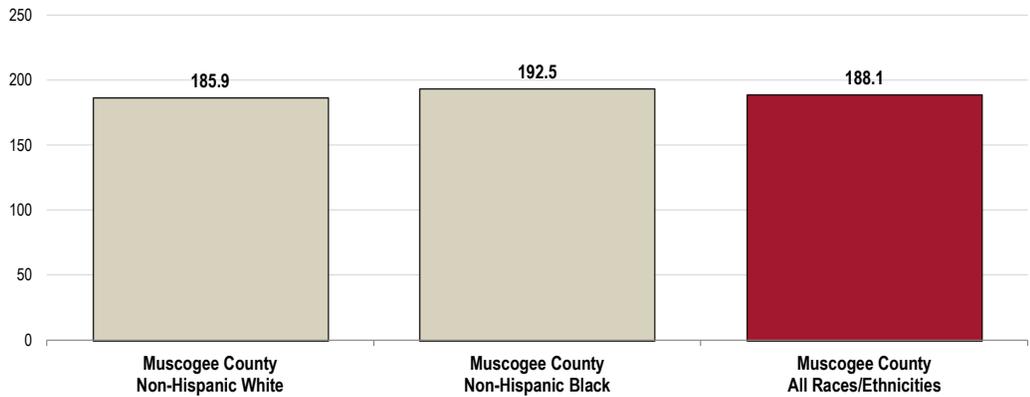
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]

Notes: 

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

- The cancer mortality rate is statistically similar among Whites and Blacks.

### Cancer: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 161.4 or Lower



Sources: 

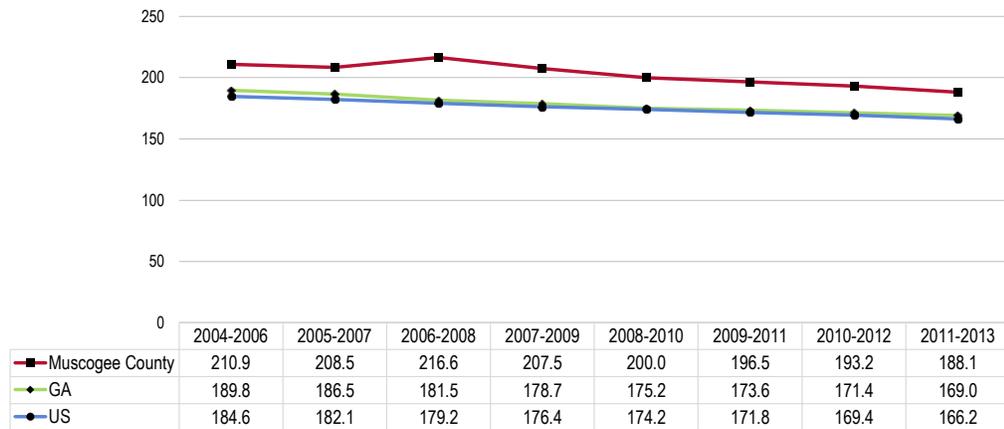
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]

Notes: 

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

- **TREND:** Mirroring the statewide and national trends, cancer mortality has decreased over the past decade in Muscogee County, but remains consistently above the Georgia and US rates.

**Cancer: Age-Adjusted Mortality Trends**  
 (Annual Average Deaths per 100,000 Population)  
 Healthy People 2020 Target = 161.4 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]  
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

**Cancer Deaths by Site**

**Lung cancer is by far the leading cause of cancer deaths in Muscogee 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 2011-2013 annual average age-adjusted death rates):

- The Muscogee County **lung cancer** death rate is similar to the state rate and less favorable than the national rate.
- The Muscogee County **female breast cancer** death rate is higher than both the Georgia and US rates.
- The Muscogee County **colorectal cancer** death rate is higher than both the state and national rates.
- The Muscogee County **prostate cancer** death rate is lower than state findings and similar to the national rate.

Note that of the Muscogee County cancer death rates detailed in the follow chart, only prostate cancer satisfies the related Healthy People 2020 target.

### Age-Adjusted Cancer Death Rates by Site (2011-2013 Annual Average Deaths per 100,000 Population)

	Muscogee County	GA	US	HP2020
<b>Lung Cancer</b>	50.2	47.8	44.7	45.5
<b>Female Breast Cancer</b>	27.9	22.2	21.3	20.7
<b>Colorectal Cancer</b>	19.7	15.3	14.9	14.5
<b>Prostate Cancer</b>	19.3	22.9	19.8	21.8

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>

## Cancer Incidence

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

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

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

**Between 2007 and 2011, Muscogee County had an annual average age-adjusted incidence rate of prostate cancer of 195.7 cases per 100,000 population.**

- Much worse than the statewide incidence rate.
- Vastly worse than the national incidence rate.

**There was an annual average age-adjusted incidence rate of 141.1 female breast cancer cases per 100,000 in Muscogee County.**

- Considerable worse than the statewide incidence rate.
- Considerably worse than the national incidence rate.

**There was an annual average age-adjusted incidence rate of 74.5 lung cancer cases per 100,000 in Muscogee County.**

- Somewhat 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 51.8 cases per 100,000 in Muscogee County.**

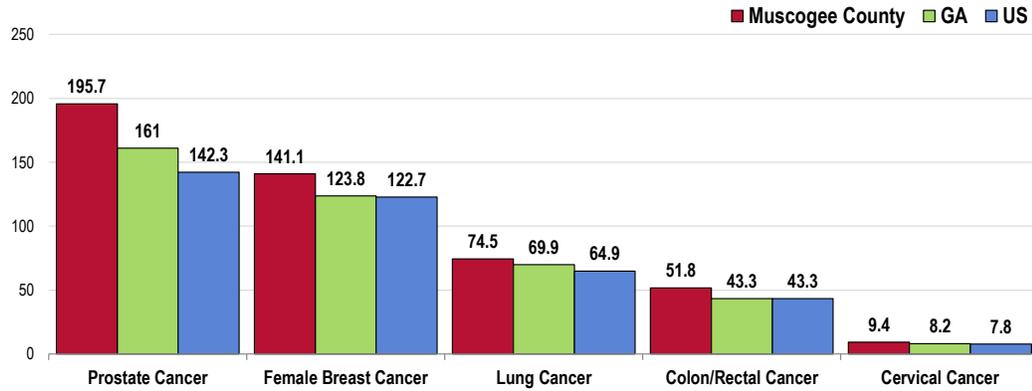
- Worse the statewide incidence rate.
- Worse than the national incidence rate.

**There was an annual average age-adjusted incidence rate of cervical cancer of 9.4 cases per 100,000 in Muscogee County.**

- Slightly worse than the statewide incidence rate.
- Slightly worse than the national incidence rate.

### Cancer Incidence Rates by Site

(Annual Average Age-Adjusted Incidence per 100,000 Population, 2007-2011)

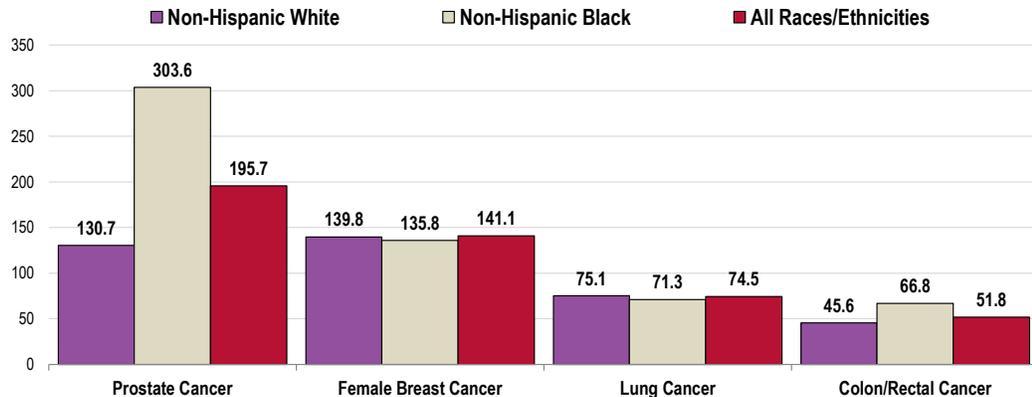


Sources: • State Cancer Profiles: 2007-11.  
 • Retrieved September 2015 from Community Commons at <http://www.chna.org>.  
 Notes: • This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

- By available race data, Blacks experience a notably higher prostate cancer incidence than Whites in Muscogee County.
- Blacks also report a higher colon/rectal cancer incidence rate, while Whites have a higher incidence of lung cancer in Muscogee County (the female breast cancer rates are similar by race)

### Cancer Incidence Rates by Site and Race/Ethnicity

(Annual Average Age-Adjusted Incidence per 100,000 Population, Muscogee County 2007-2011)



Sources: • State Cancer Profiles: 2007-11.  
 • Retrieved September 2015 from Community Commons at <http://www.chna.org>.  
 Notes: • This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

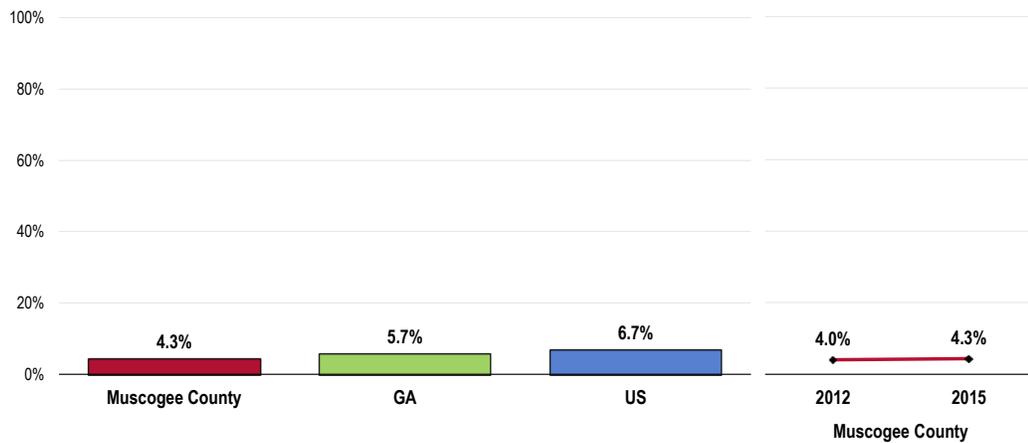
## Prevalence of Cancer

### Skin Cancer

A total of 4.3% of surveyed Muscogee County adults report having been diagnosed with skin cancer.

- Similar to what is found statewide.
- More favorable than the national average.
- TREND: The prevalence of skin cancer has remained statistically unchanged over time.

### Prevalence of Skin Cancer



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 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): 2013 GA data.  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

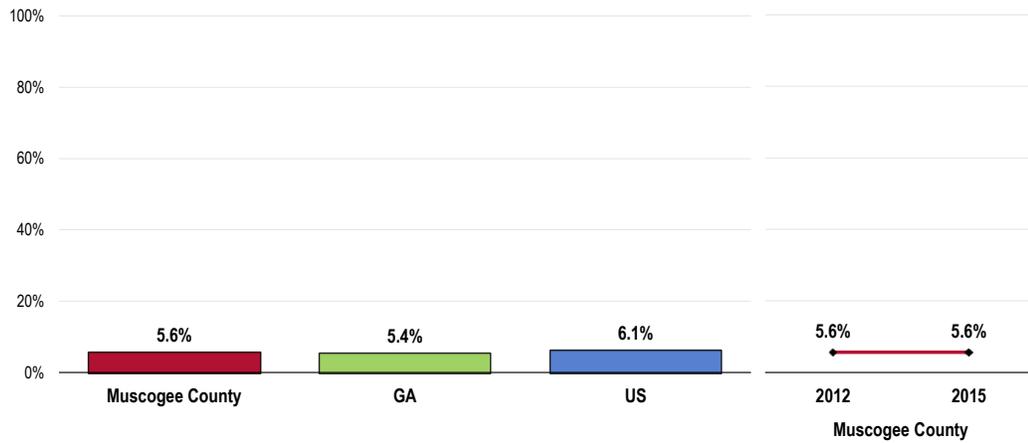
Notes: • Asked of all respondents.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

### Other Cancer

A total of 5.6% of respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the statewide prevalence.
- Similar to the national prevalence.
- TREND: The prevalence of cancer has not changed since 2012.

## Prevalence of Cancer (Other Than Skin Cancer)



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 30]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 GA data.
  - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
  - Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

### Cancer Risk

#### About Cancer Risk

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

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

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

#### About Screening for Breast Cancer

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

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

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

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

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

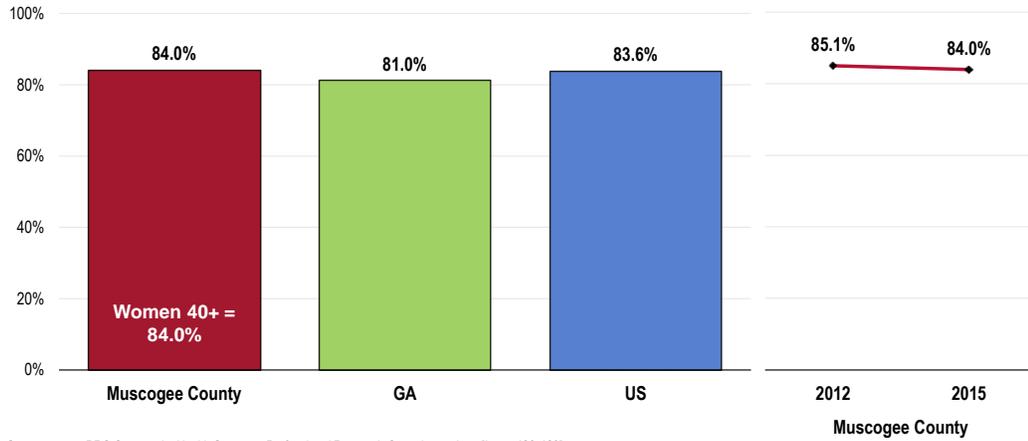
### *Mammography*

**Among women age 50-74, 84.0% have had a mammogram within the past two years.**

- Statistically similar to statewide findings (which represent all women 50+).
- Similar to national findings.
- Among women 40+, 84.0% have had a mammogram in the past two years.
- TREND: Statistically similar the 2012 findings.

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

Healthy People 2020 Target = 81.1% or Higher



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [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 GA 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).
  - Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

## Cervical Cancer Screenings

### About Screening for Cervical Cancer

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

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

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

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

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

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

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

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

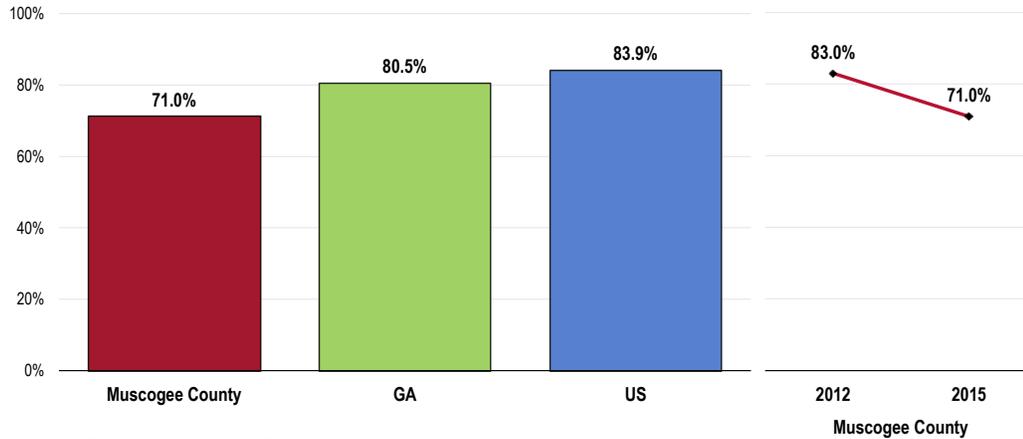
### *Pap Smear Testing*

**Among women age 21 to 65, 71.0% have had a Pap smear within the past three years.**

- Lower than the Georgia findings (which represent all women 18+).
- Notably lower than the national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- TREND: Shows a statistically significant decrease over time.

## Have Had a Pap Smear in the Past Three Years (Among Women Age 21-65)

Healthy People 2020 Target = 93.0% or Higher



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 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 GA 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 GA percentage represents all women age 18 and older.
  - Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

## Colorectal Cancer Screenings

### About Screening for Colorectal Cancer

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

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

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

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

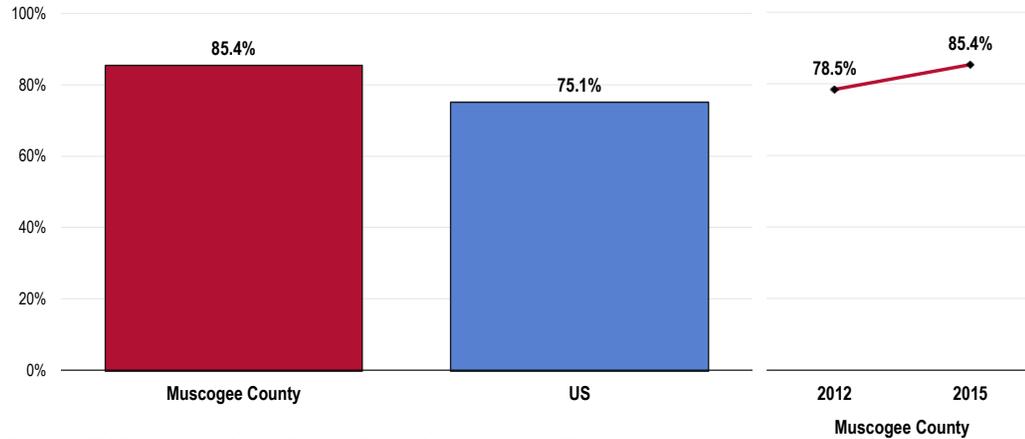
### Colorectal Cancer Screening

**Among adults age 50–75, 85.4% 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).**

- Notably higher than the national findings.
- Satisfies the Healthy People 2020 target (70.5% or higher).
- TREND: Over time, the proportion of Muscogee County adults 50-75 that has had an appropriate colorectal cancer screening has statistically increased.

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

Healthy People 2020 Target = 70.5% or Higher



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 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.
  - Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

### Lower Endoscopy

Among adults age 50 and older, over four-fifths (81.1%) have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.

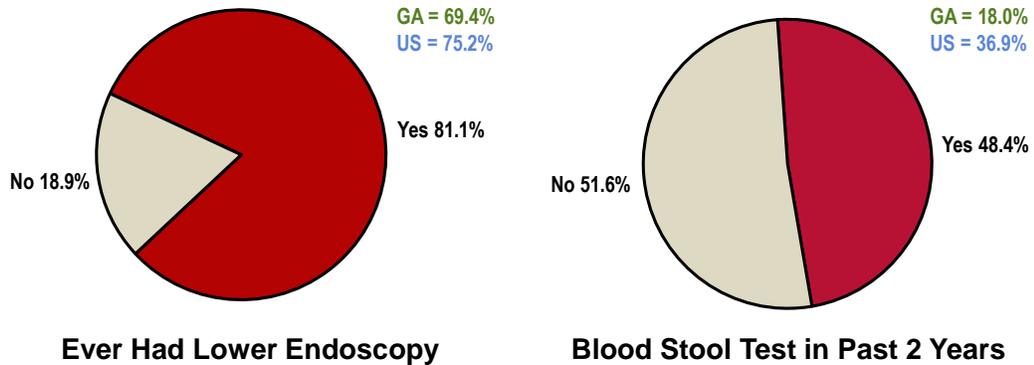
- Much more favorable than Georgia findings.
- More favorable than national findings.
- TREND: Statistically similar to the 2012 survey findings (not shown).

### Blood Stool Testing

Among adults age 50 and older, nearly half (48.4%) has had a blood stool test (aka "fecal occult blood test") within the past two years.

- A great deal higher than the Georgia findings.
- Notably higher than the national findings.
- TREND: Blood Stool testing has significantly increased in Muscogee County since 2012 (not shown).

### Colorectal Cancer Screenings (Among Muscogee County Adults Age 50 and Older, 2015)

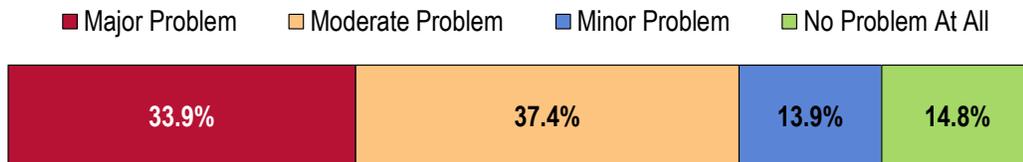


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 131-132]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 GA data.  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of respondents age 50 and older.  
 • Lower endoscopy includes either sigmoidoscopy or colonoscopy.

### Key Informant Input: Cancer

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

### Perceptions of Cancer as a Problem in the Community (Key Informants, 2015)



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

### Top Concerns

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

#### High Incidence

*It appears that cancer is a more frequent topic of conversation and is occurring more often among individuals of all age groups. Professionally, I have seen an increase with the majority of cases likely attributed to lifestyle and behavioral choices. - Muscogee County - Other Health Provider*

*The number of new cases reported in community. - Muscogee County - Other Health Provider*

*The prevalence of cancer in our area has increased over the past couple years. In regards to healthcare costs, patients are not seeking as many preventative and maintenance visits to their physicians. This includes necessary screening that would allow cancer to be detected in earlier stages. - Muscogee County - Other Health Provider*

*Cancer rates are rising. - Muscogee County - Other Health Provider*

*It just seems to me that I hear about someone getting diagnosed with cancer daily. - Muscogee County - Community/Business Leader*

*It is a common concern that seems to be growing. - Muscogee County - Public Health Representative*

*There seems to be a high prevalence rate in Columbus. - Muscogee County - Other Health Provider*

*Impact of this health risk is over 14,535 in Georgia. - Muscogee County - Community/Business Leader*

*It seems the country as a whole has had an increase in cancer diagnosis. I would only issue our county would also be greatly affected by this disease. - Muscogee County - Community/Business Leader*

*I remember hearing that 25% of the breast cancer cases in GA were in Muscogee County! I know too many people with cancer in our area! - Muscogee County - Social Services Provider*

*I personally know several people who have been diagnosed with cancer. We also have a cancer center in our community which is an indication that this is a major problem. - Muscogee County - Social Services Provider*

*It seems as if there is someone in every extended family that currently has or has had cancer in our community. - Muscogee County - Community/Business Leader*

*I see way too many people passing of this disease very young. - Muscogee County - Other Health Provider*

### **Lack of Resources**

*As the President/CEO of a non-profit who helps those persons that are uninsured and underinsured, there is a major problem with receiving financial resources once a person has been diagnosed with cancer. Finding additional local resources to assist with co-pays and daily living expenses is difficult. We receive calls on a daily basis requesting assistance for financial help. - Muscogee County - Social Services Provider*

*The wait times at Amos Center are well known to be excessive and out of control. If demand is so high, stop scheduling too many people at once of add on. I have never heard anything good about the 3-5 hour waits that people always seem to have; that is not good care. - Muscogee County - Social Services Provider*

*The JBACC is full to capacity and then some. - Muscogee County - Community/Business Leader*

*Columbus needs more cancer facilities to address the needs of people with cancer. Medical Insurance/Payment issues may be a major concern as well. - Muscogee County - Other Health Provider*

*Many cancer patients travel outside of this geographic area in pursuit of better cancer health services. - Muscogee County - Social Services Provider*

*Being aware of several people with a cancer diagnosis, the end result was they passed; none lived longer than 2 years. I know that you can't control the atmosphere of the Amos Cancer Treatment Center but it is a shame that people that ill have to sit like cattle waiting to be seen for 10 minutes by the doctor. Columbus needs addition resources in this area. - Muscogee County - Social Services Provider*

*Lack of adequate nutritional education, affordable choices that are fresh and don't come out of a bag, box or can. Lack of choices that are affordable, all natural and quick. As a community we have very few all natural, no hormones, antibiotics, etc. locations that are affordable and accessible for all. Lack of education on what causes cancer. If it isn't hormonal, then its sugar and stress. Lack of a rich oxygen environment in your body meaning you have to exercise as a child and as an adult. Lack of alternative treatment options. For a community our size, we have few options other than surgery, radiation and chemo. Look at what Montgomery offers, Athens and other communities that are a holistic approach with natural treatments that are proven alternatives. - Muscogee County - Social Services Provider*

### **Lifestyle Choices**

*Lifestyle. - Muscogee County - Other Health Provider*

*Diet, lifestyle and not getting yearly screenings and check-ups. - Muscogee County - Social Services Provider*

*Tobacco use and exposure to environmental irritants and carcinogens. - Muscogee County - Public Health Representative*

*High incidence of smoking and lack of interest in preventative care. - Muscogee County - Other Health Provider*

### **Lower Socio Economic Communities**

*A lot of low income people cannot get cancer treatment or get denied. There are so many people that have cancer nowadays that they cannot treat everyone. Cancer is becoming an epidemic in this economy. A lot of the clients I see now have or had cancer. - Muscogee County - Social Services Provider*

*I hear of the prevalence of cancer and I feel that the disenfranchised poor people who do not have insurance are going misdiagnosed. - Muscogee County - Social Services Provider*

*There are a disproportionate number of cancer cases specifically in lower socio-economic communities. Cancer screenings need to be increased and promoted on a larger scale. - Muscogee County - Community/Business Leader*

### **Late Detection**

*Individual not getting regular medical visits are more prone to have late entry to care when symptoms arise. Again, all due to lack of medical coverage or knowledge. - Muscogee County - Public Health Representative*

*Lack of community participation in early detection screenings. Lack of education concerning how to reduce risk of certain cancers. Lack of programs and/or program participation, i.e. proper nutrition, exercise, screenings, to reduce risk of reoccurrence of cancer. - Muscogee County - Community/Business Leader*

### **Demand for Services**

*Number of cardiologist in the area and the fact Cancer Centers of America is in our back yard. - Muscogee County - Community/Business Leader*

## Respiratory Disease

### About Asthma & COPD

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

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

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

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the 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](http://www.healthypeople.gov))

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

## Age-Adjusted Respiratory Disease Deaths

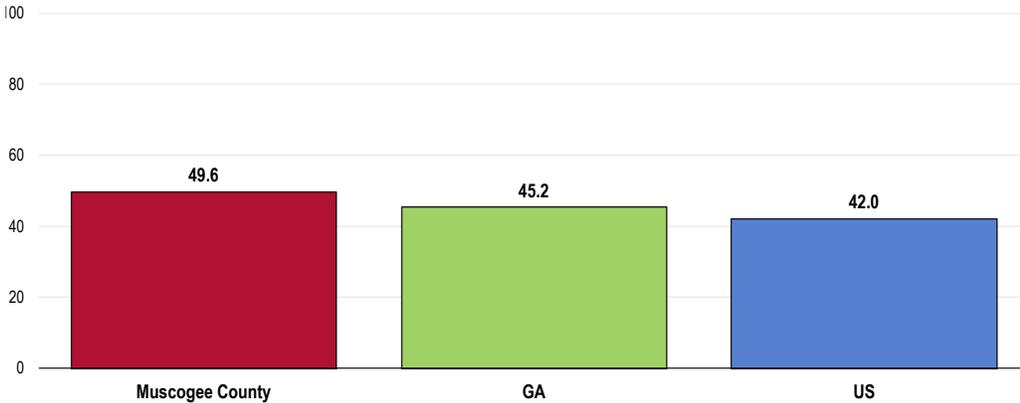
### Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2011 and 2013, there was an annual average age-adjusted CLRD mortality rate of 49.6 deaths per 100,000 population in Muscogee County.

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

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

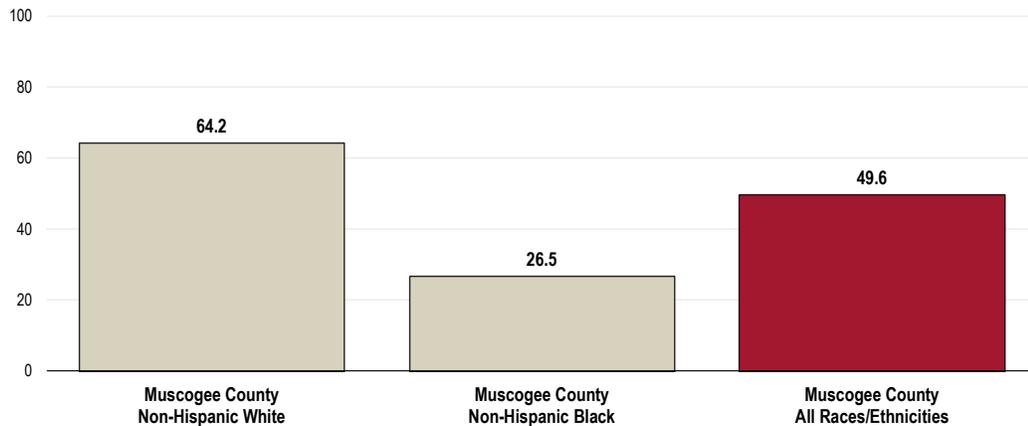
**CLRD: Age-Adjusted Mortality**  
(2011-2013 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
  - CLRD is chronic lower respiratory disease.

- CLRD mortality appears notably higher among Whites in Muscogee County.

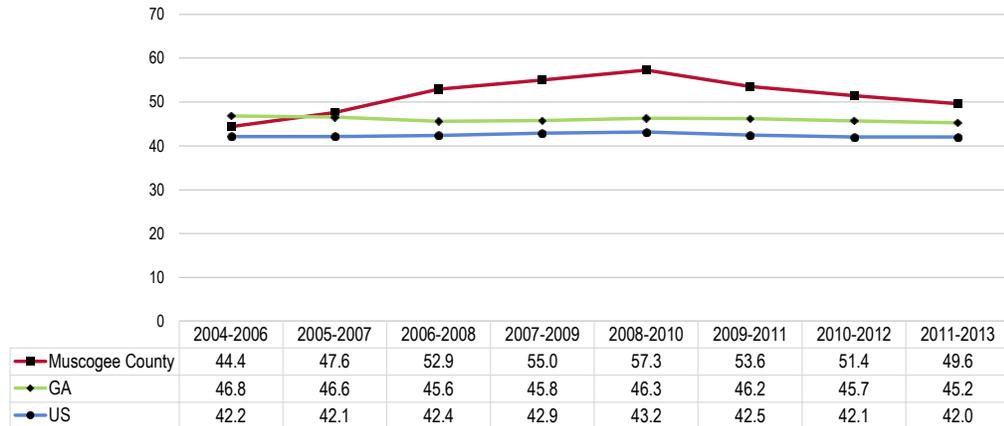
**CLRD: Age-Adjusted Mortality by Race**  
(2011-2013 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
  - CLRD is chronic lower respiratory disease.

- TREND: CLRD mortality rose in the late 2000s, but has since begun to decline.

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



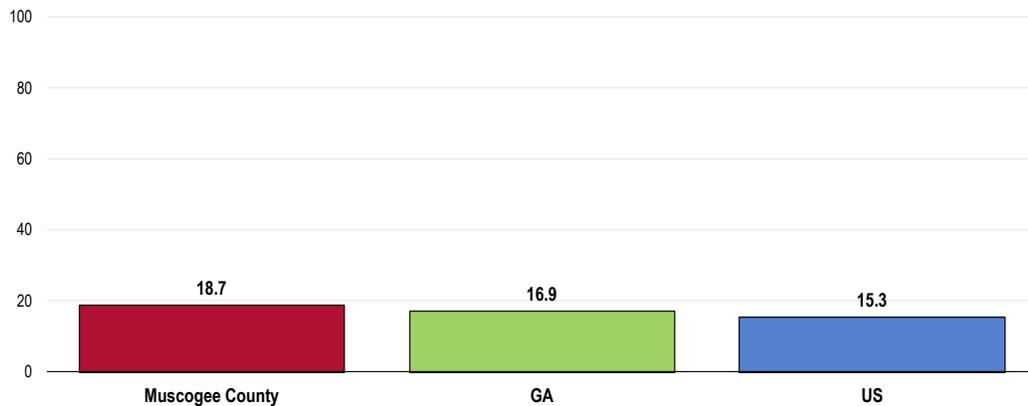
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
  - CLRD is chronic lower respiratory disease.

### Pneumonia/Influenza Deaths

Between 2011 and 2013, there was an annual average age-adjusted pneumonia influenza mortality rate of 18.7 deaths per 100,000 population in Muscogee County.

- Somewhat higher than found statewide.
- Higher than the national rate.

### Pneumonia/Influenza: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population)

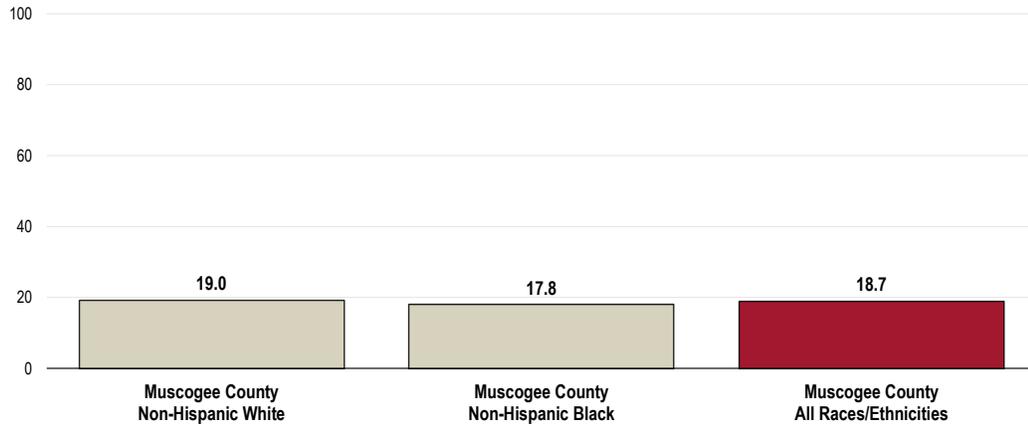


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

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

- The pneumonia/influenza mortality rate in Muscogee County is marginally higher among Whites.

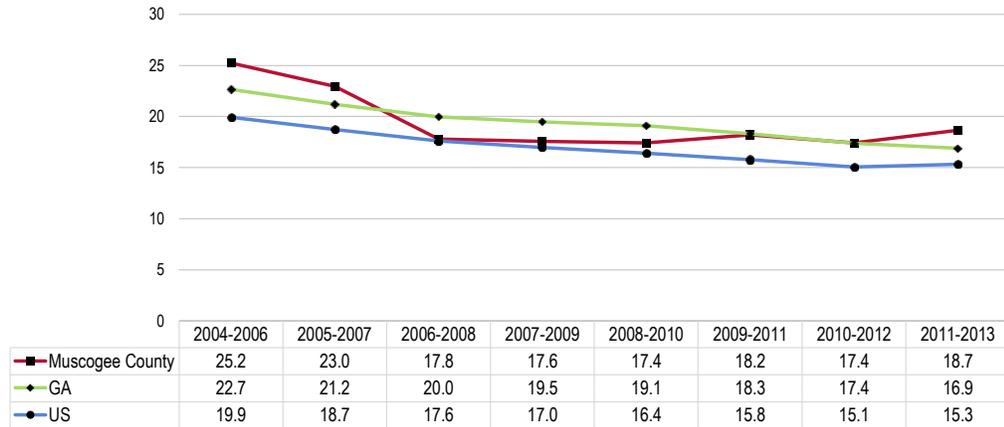
**Pneumonia/Influenza: Age-Adjusted Mortality by Race**  
 (2011-2013 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Despite recent fluctuations, Muscogee County pneumonia/influenza mortality has decreased overall since 2004.

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



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.  
 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.

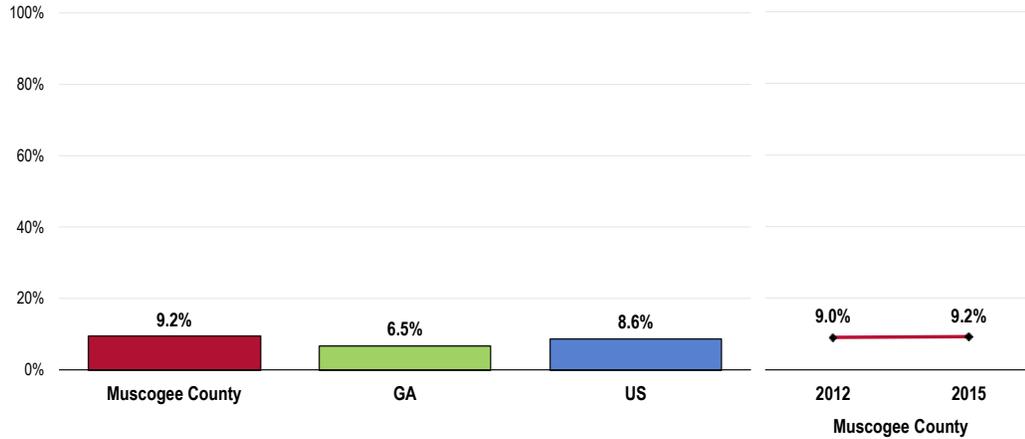
**Chronic Obstructive Pulmonary Disease (COPD)**

**A total of 9.2% of Muscogee County adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).**

- Higher than the state prevalence.
- Similar to the national prevalence.
- NOTE: in prior data, this question was asked slightly differently; respondents in 2012 were asked if they had ever been diagnosed with “chronic lung disease, including bronchitis or emphysema,” rather than “COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema” as is asked currently.
- TREND: In comparing to 2012 data, the change in prevalence is not statistically significant.

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

## 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): 2013 GA 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.
  - Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

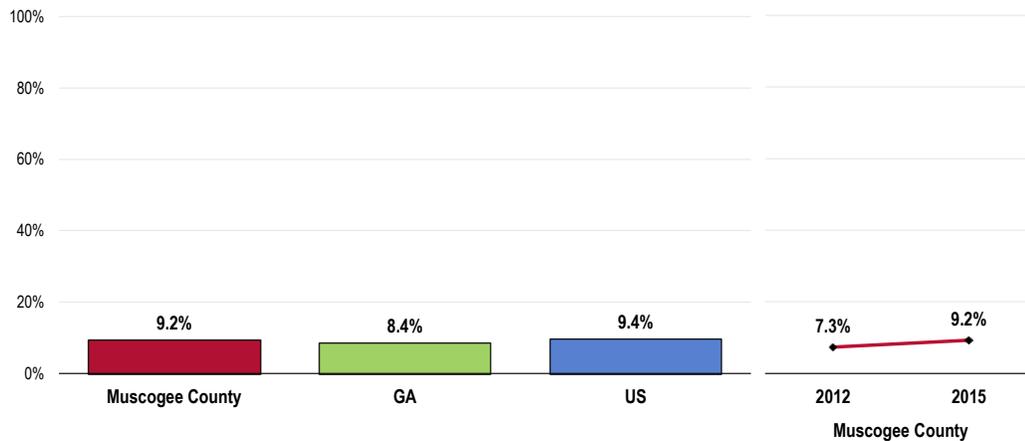
## Asthma

### Adults

A total of 9.2% of Muscogee County adults currently suffer from asthma.

- Similar to the statewide prevalence.
- Nearly identical to the national prevalence.
- TREND: The prevalence of adults who currently have asthma has not changed significantly since 2012.

## Adult Asthma: Current Prevalence

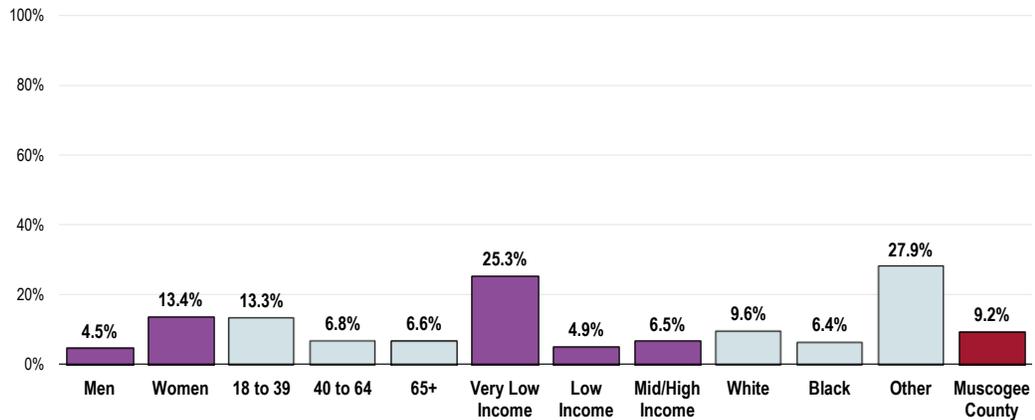


- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 134]
  - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 GA data.
- Notes:
- Asked of all respondents.
  - Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.
  - Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

The following adults are more likely to suffer from asthma:

- Women.
- Very low-income residents.
- “Other” races.

### Currently Have Asthma (Muscogee County, 2015)



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

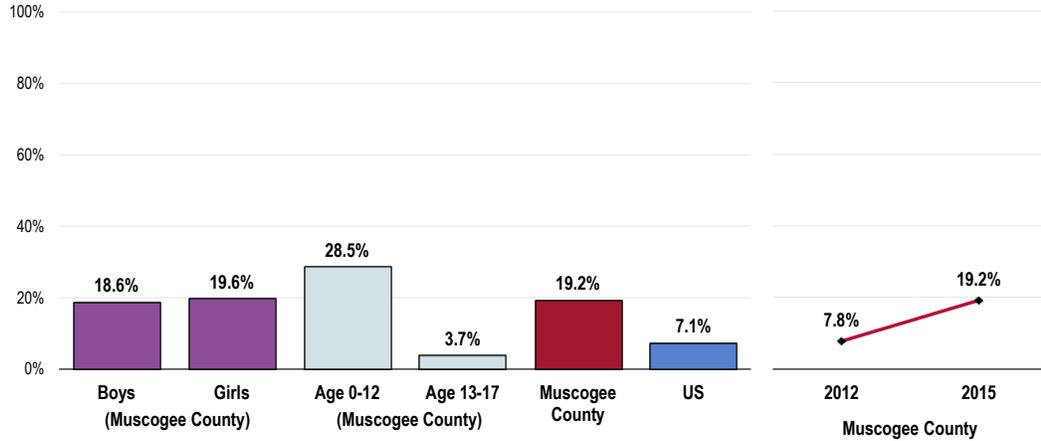
Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

### Children

Among Muscogee County children under age 18, 19.2% currently have asthma.

- Much higher than national findings.
- TREND: The prevalence of children who currently have asthma has increased over time.
- Viewed by gender, there is no statistical difference in asthma prevalence.
- Muscogee County children age 0 to 12 have a notably higher asthma prevalence than Muscogee County teenagers.

### Childhood Asthma: Current Prevalence (Among Parents of Children Age 0-17)

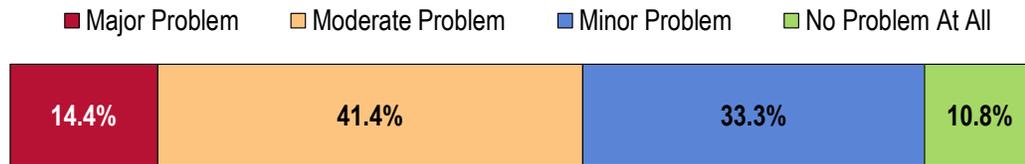


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 135]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents with children 0 to 17 in the household.  
 • Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

### Key Informant Input: Respiratory Disease

The greatest share of key informants taking part in an online survey characterized **Respiratory Disease** as a “moderate problem” in the community

### Perceptions of Respiratory Diseases as a Problem in the Community (Key Informants, 2015)



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

### Top Concerns

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

#### Tobacco Use

- Prevalence of cigarettes and chewing tobacco. - Muscogee County - Community/Business Leader
- High incidence of smoking. - Muscogee County - Other Health Provider
- People have smoked for years causing cancer and lung problems. People are sick everyday with breathing problems. - Muscogee County - Community/Business Leader
- Smoking cigarettes and drugs. - Muscogee County - Community/Business Leader

### **Prevalence of Respiratory Illnesses**

*Individuals in community with asthma, COPD, and other respiratory illnesses. - Muscogee County - Public Health Representative*

*COPD and asthma seem very common and growing in children. - Muscogee County - Community/Business Leader*

*Due to the target number of oxygen patients we help where I'm employed. - Muscogee County*

### **Environment**

*Climate. - Muscogee County - Community/Business Leader*

*Columbus is located in a valley with little air flow/breezes. The pollen count in the spring is unusually high and the air quality is poor/low. You can see the pollen in the air and it coats the inside of your mouth. I have personally observed individuals battling increased allergies in this region. - Muscogee County - Community/Business Leader*

*Due to living outdoors, sleeping on the ground, cigarette smoking, ect. The area homeless may have respiratory problems unreported and/or unattended. With homeless shelters, there is always the risk of communicable diseases being spread by virtue of proximity/numbers being housed in open dorms to include respiratory diseases like TB. - Muscogee County - Social Services Provider*

## Injury & Violence

### About Injury & Violence

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

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:

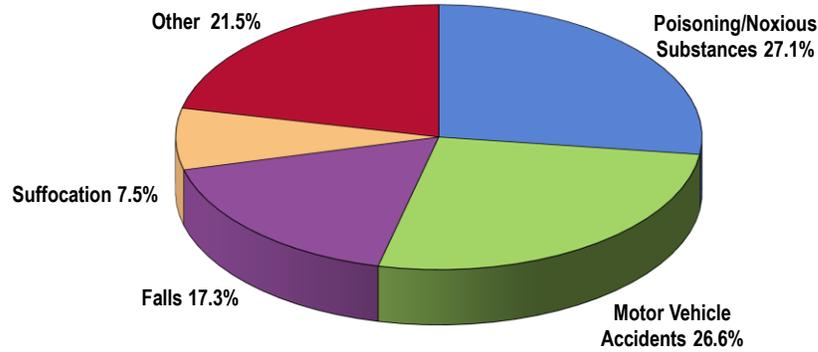
- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

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

### Leading Causes of Accidental Death

**Motor vehicle accidents, poisoning (including accidental drug overdose), falls, and suffocation accounted for most of the accidental deaths in Muscogee County between 2011 and 2013.**

### Leading Causes of Accidental Death (Muscogee County, 2011-2013)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.  
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

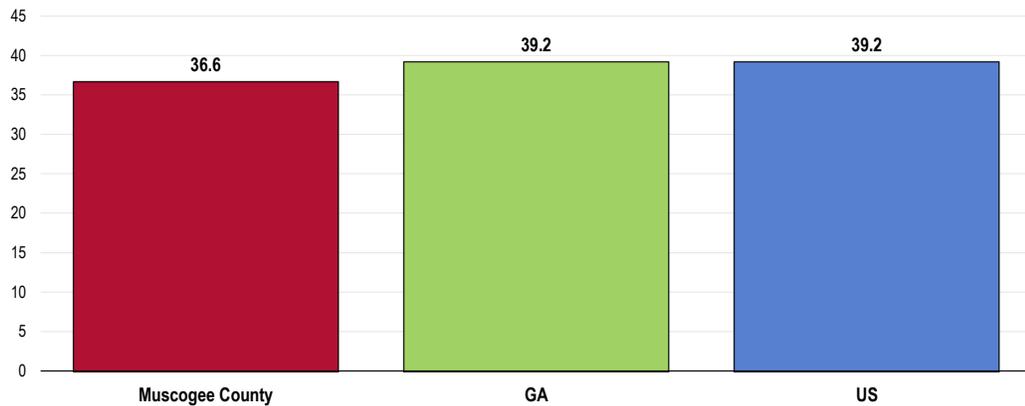
### Unintentional Injury

#### Age-Adjusted Unintentional Injury Deaths

Between 2011 and 2013, there was an annual average age-adjusted unintentional injury mortality rate of 36.6 deaths per 100,000 population in Muscogee County.

- More favorable than the Georgia rate.
- More favorable than the national rate.
- Very close to the Healthy People 2020 target (36.4 or lower).

#### Unintentional Injuries: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 36.4 or Lower



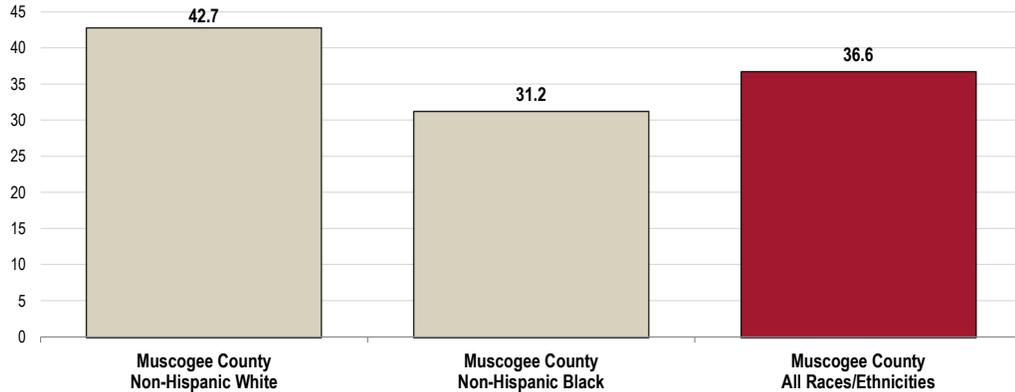
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]  
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The mortality rate is higher among Whites when compared with Blacks in Muscogee County.

### Unintentional Injuries: Age-Adjusted Mortality by Race

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower



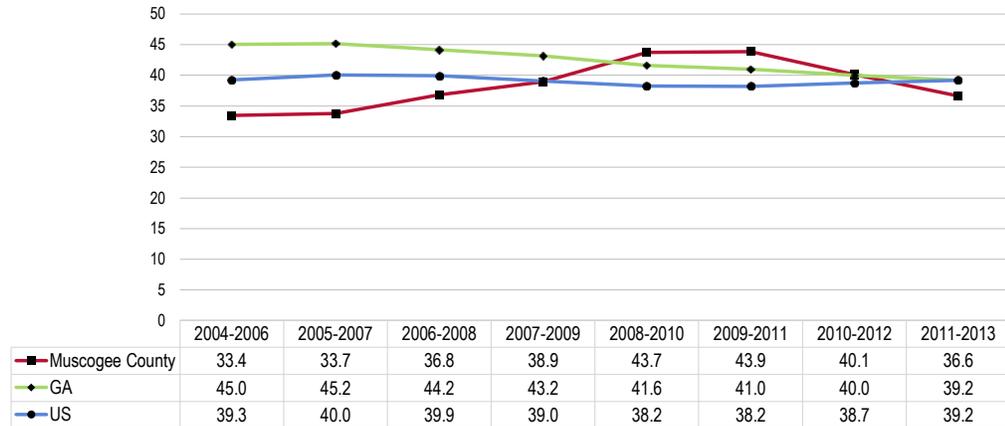
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Mortality rates rose in the late 2000s, but have since begun to decline.

### Unintentional Injuries: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Motor Vehicle Safety

### Age-Adjusted Motor-Vehicle Related Deaths

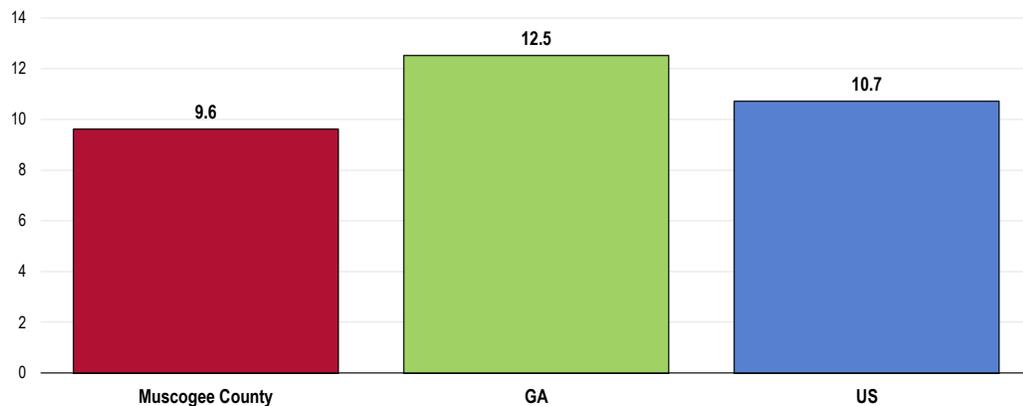
Between 2011 and 2013, there was an annual average age-adjusted motor vehicle crash mortality rate of 9.6 deaths per 100,000 population in Muscogee County.

- More favorable than found statewide.
- Relatively more favorable than found nationally.
- Satisfies the Healthy People 2020 target (12.4 or lower).

### Motor Vehicle Crashes: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 12.4 or Lower



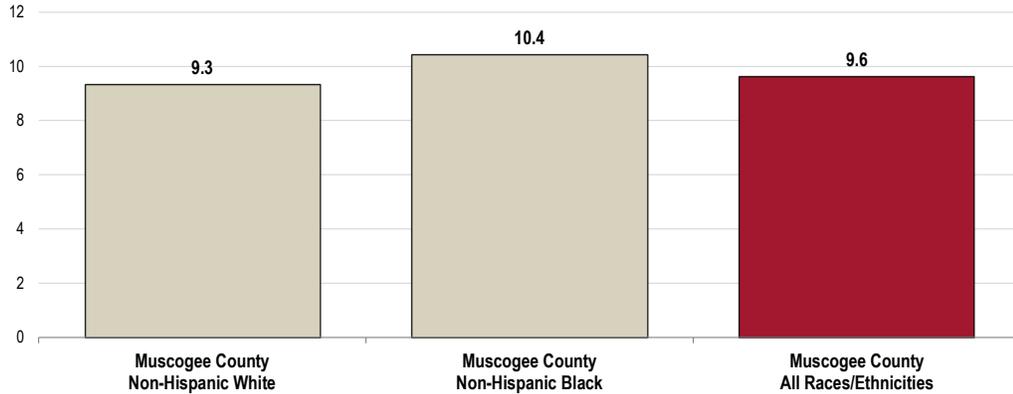
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [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 US Standard Population.

- The Muscogee County motor vehicle crash mortality rate is slightly higher among Blacks than among Whites.

### Motor Vehicle Crashes: Age-Adjusted Mortality by Race

(2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 12.4 or Lower



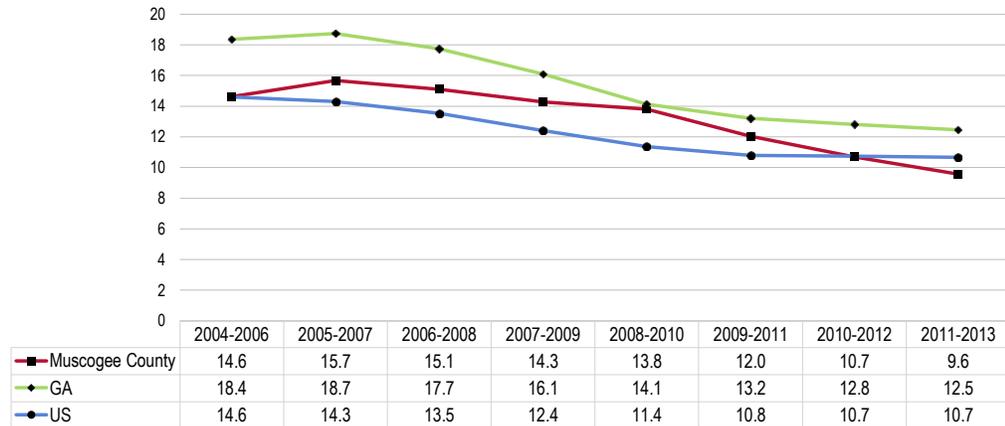
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [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 US Standard Population.

- TREND: The mortality rate in Muscogee County decreased significantly during the past decade, as did the state and national rates.

### Motor Vehicle Crashes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 12.4 or Lower



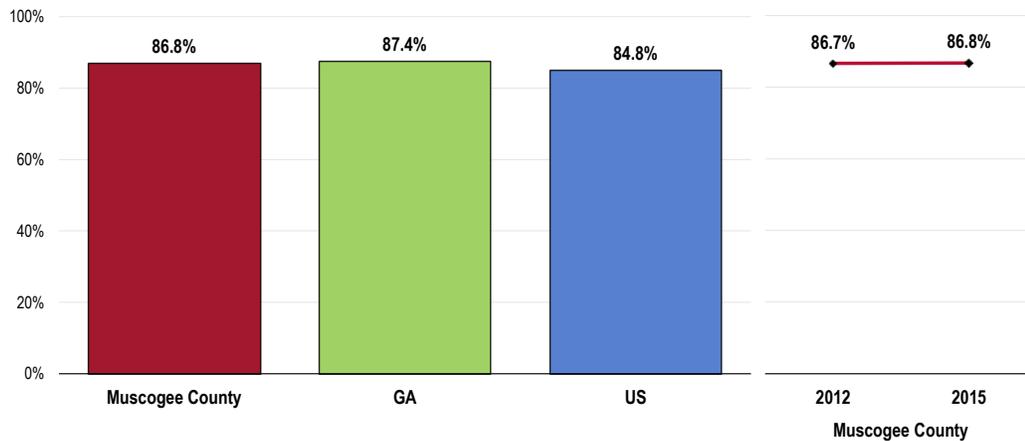
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [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 US Standard Population.

**Seat Belt Usage - Adults**

**Many Muscogee County adults (86.8%) report “always” wearing a seat belt when driving or riding in a vehicle.**

- Comparable to the Georgia proportion.
- Comparable to the percentage found nationally.
- Fails to satisfy the Healthy People 2020 target of 92.0% or higher.
- TREND: The proportion is statistically unchanged in the past three years.

**“Always” Wear a Seat Belt  
When Driving or Riding in a Vehicle**  
Healthy People 2020 Target = 92.0% or Higher



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 GA 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 IVP-15]

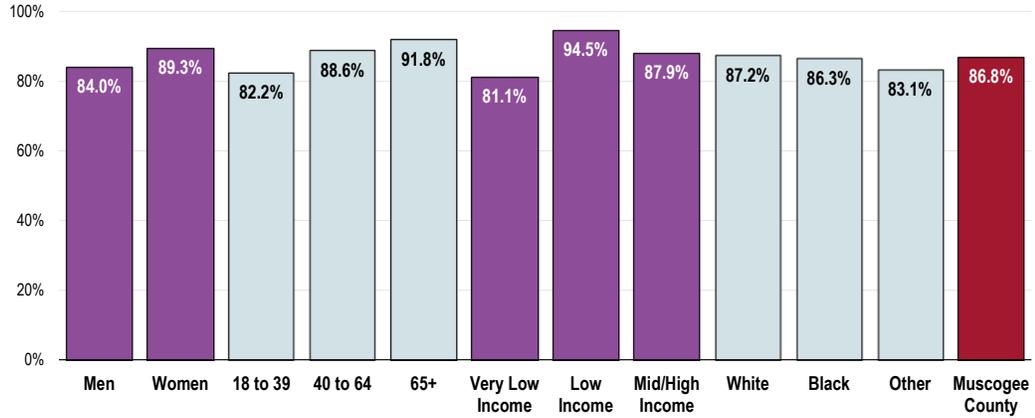
Notes: • Asked of all respondents.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

These population segments are less likely to report consistent seat belt usage:

- Men.
- Adults under age 65 (note the positive correlation with age).
- Residents at either end of the income spectrum.

## When Driving or Riding in a Vehicle (Muscogee County, 2015)

Healthy People 2020 Target = 92.0% or Higher



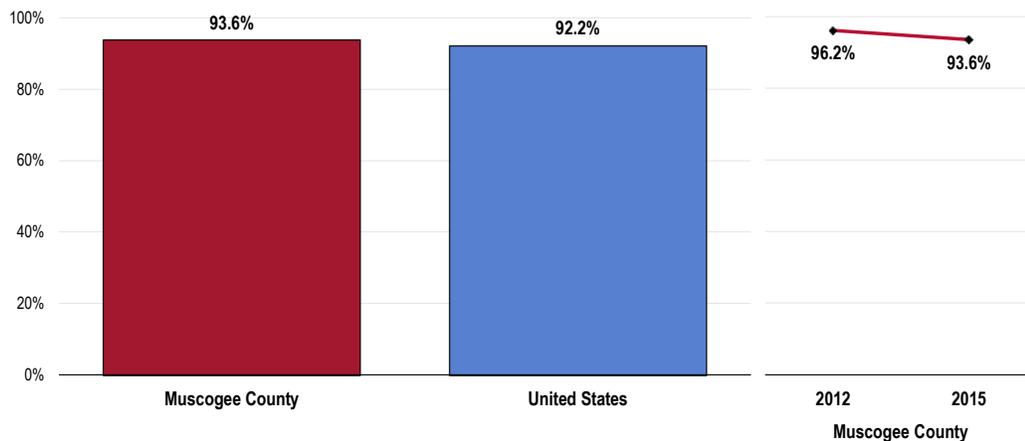
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-15]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. 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. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% 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 93.6% of Muscogee 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.**

- Similar to what is found nationally.
- TREND: Statistically unchanged since 2012.

## Child "Always" Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle (Among Parents of Children Age 0-17)



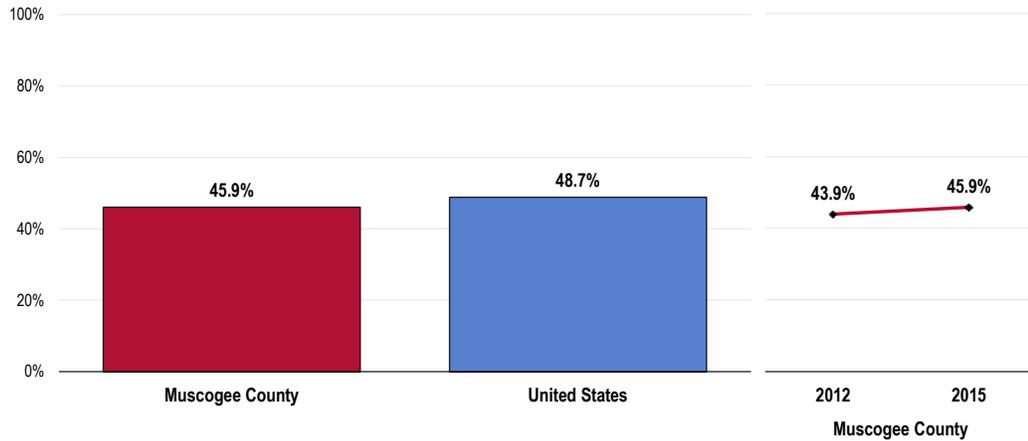
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 122]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents with children 0 to 17 in the household.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

### Bicycle Safety

Less than half (45.9%) of Muscogee County children age 5 to 17 are reported to “always” wear a helmet when riding a bicycle.

- Statistically similar to the national prevalence.
- TREND: Statistically similar to the 2012 findings.

#### Child “Always” Wears a Helmet When Riding a Bicycle (Among Parents of Children Age 5-17)



Sources: • PRC Community Health Surveys, 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.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

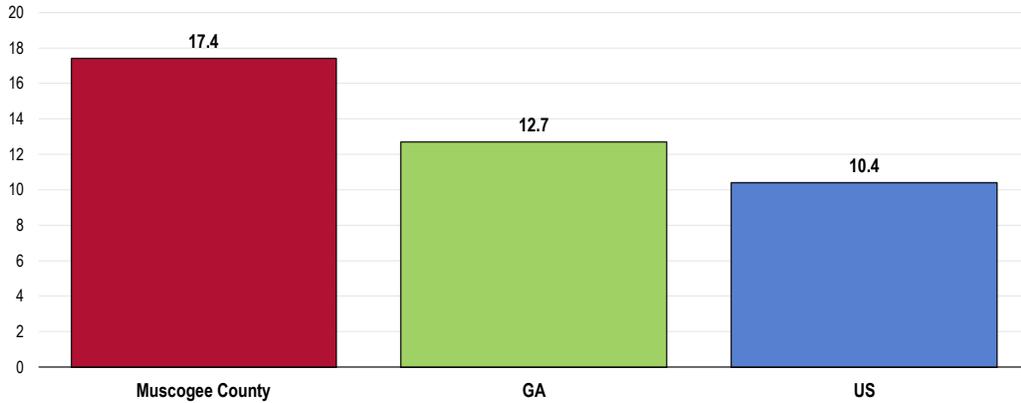
### Firearm Safety

#### Age-Adjusted Firearm-Related Deaths

Between 2011 and 2013, there was an annual average age-adjusted rate of 17.4 deaths per 100,000 population due to firearms in Muscogee County.

- Well above the statewide findings.
- Well above the national rate.
- Fails to satisfy the Healthy People 2020 objective (9.3 or lower).

### Firearms-Related Deaths: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 9.3 or Lower



Sources: 

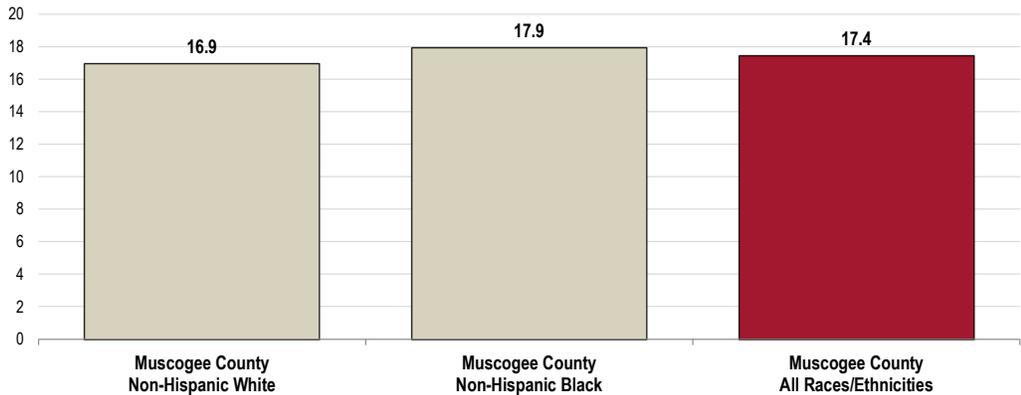
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [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.

- The Muscogee County firearm-related mortality rate is slightly higher among Blacks than among Whites.

### Firearms-Related Deaths: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 9.3 or Lower



Sources: 

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-30]

Notes: 

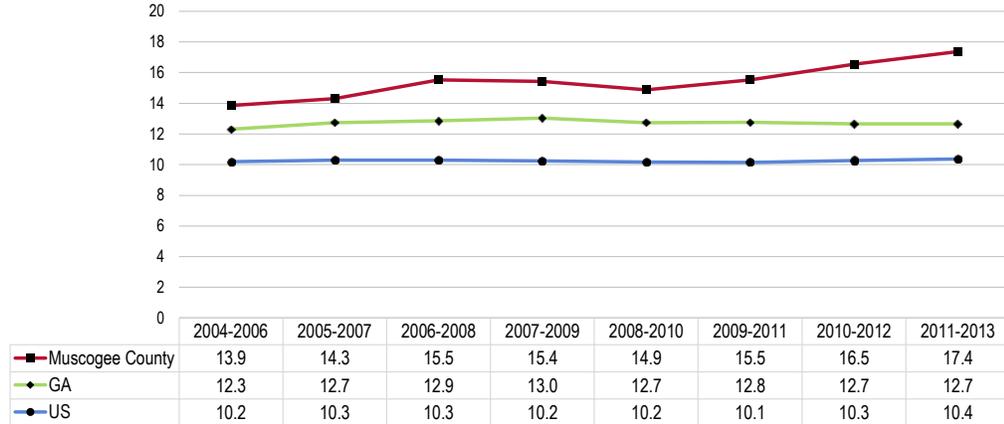
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** The mortality rate in Muscogee County has trended upward over the past decade.

### Firearms-Related Deaths: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 9.3 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-30]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

### Presence of Firearms in Homes

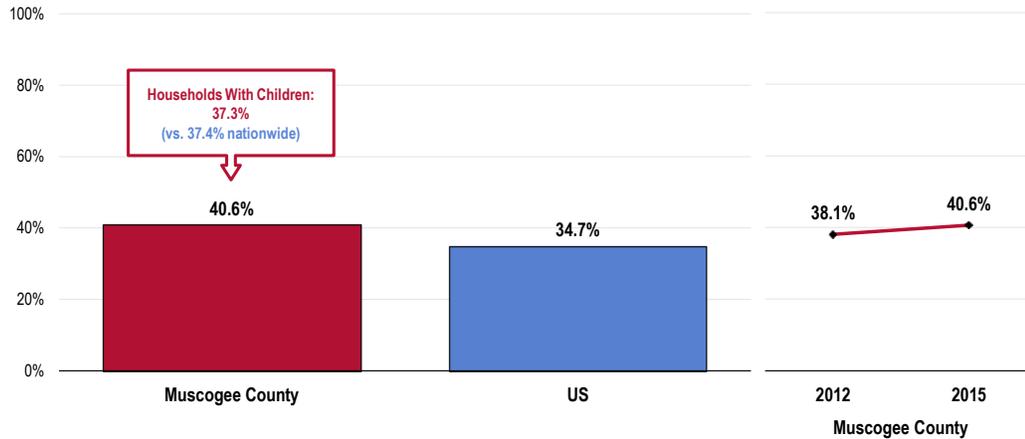
Survey respondents were further asked about the presence of weapons in the home:

*“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.”*

**Just over two-fifths (40.6%) of Muscogee County adults have a firearm kept in or around their home.**

- Higher than the national prevalence.
- Among Muscogee County households with children, 37.3% have a firearm kept in or around the house (nearly identical to what is reported nationally).
- **TREND:** Similar to that reported in 2012.
- **TREND:** The prevalence of firearms in households with children has not changed significantly over time (not shown).

## Have a Firearm Kept in or Around the Home



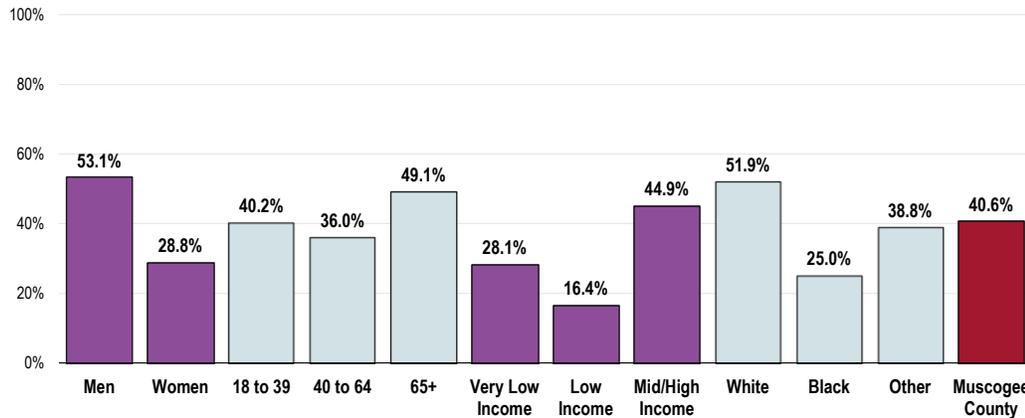
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 52, 137]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

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

- Men.
- Seniors (65+).
- Higher-income households, followed by very-low income household. Note that households with incomes 100-199% of the federal poverty level are most likely to not contain firearms.
- White and “Other” race respondents.

## Have a Firearm Kept in or Around the House (Muscogee County, 2015)



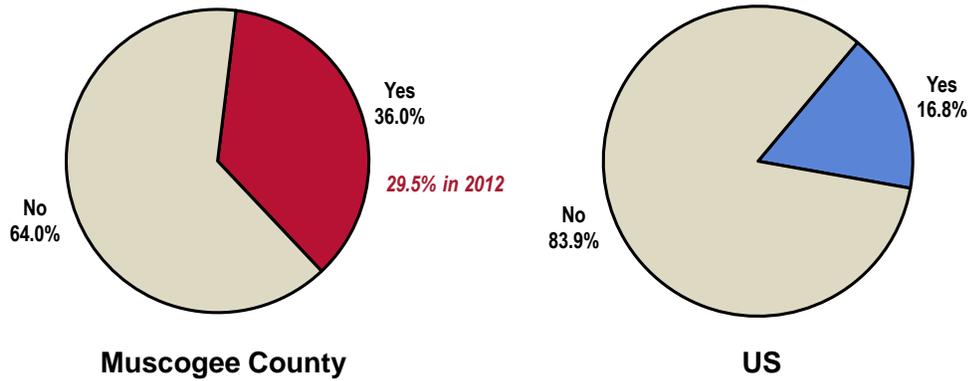
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]

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. “Very Low Income” includes households with incomes less than 100% of the federal poverty level; “Low Income” includes households with incomes from 100–199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

**Among Muscogee County households with firearms, 36.0% report that there is at least one weapon that is kept unlocked and loaded.**

- More than twice than what is found nationally.
- TREND: Statistically similar to what was reported in 2012.

**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.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

**Intentional Injury (Violence)**

**Age-Adjusted Homicide Deaths**

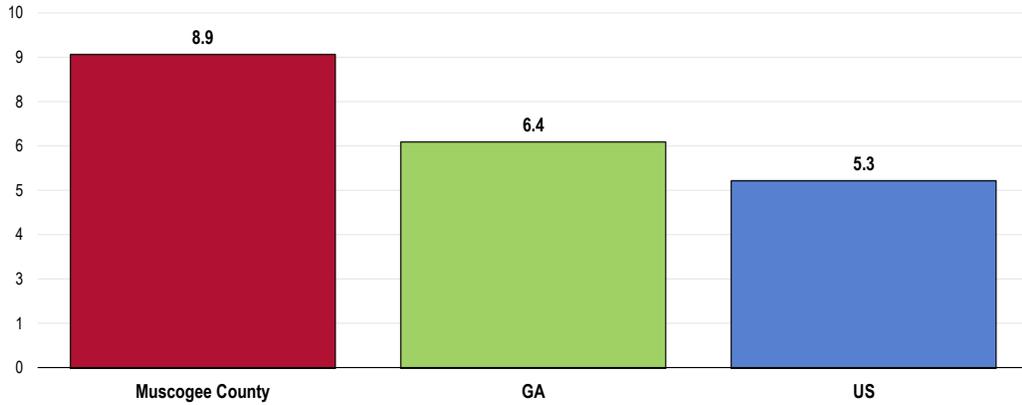
**Between 2011 and 2013, there was an annual average age-adjusted homicide rate of 8.9 deaths per 100,000 population in Muscogee County.**

- Much less favorable than the rate found statewide.
- Much less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 5.5 or lower.

RELATED ISSUE:

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

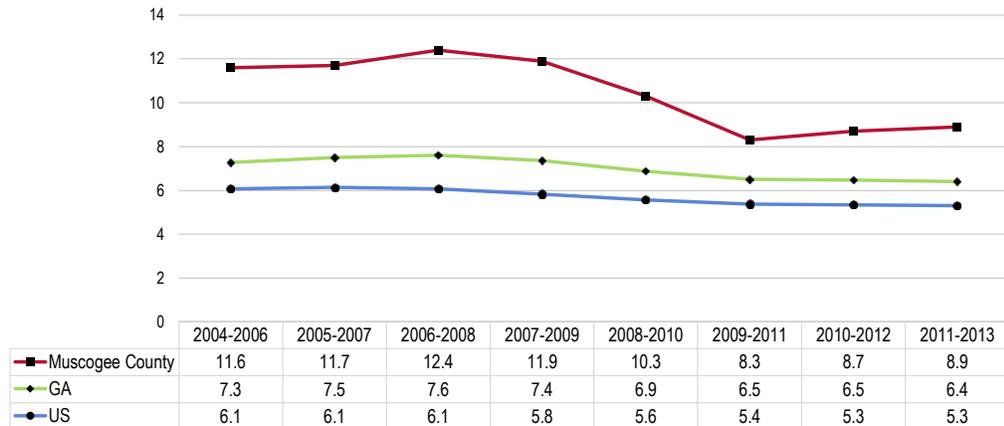
### Homicide: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 5.5 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-29]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** Despite a slight increase since 2010, the homicide rate in Muscogee County has overall trended downward in the past decade. The Georgia and US rates have trended downward as well, but to a lesser extent than seen in Muscogee County.

### Homicide: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 5.5 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-29]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Violent Crime

### Violent Crime Rates

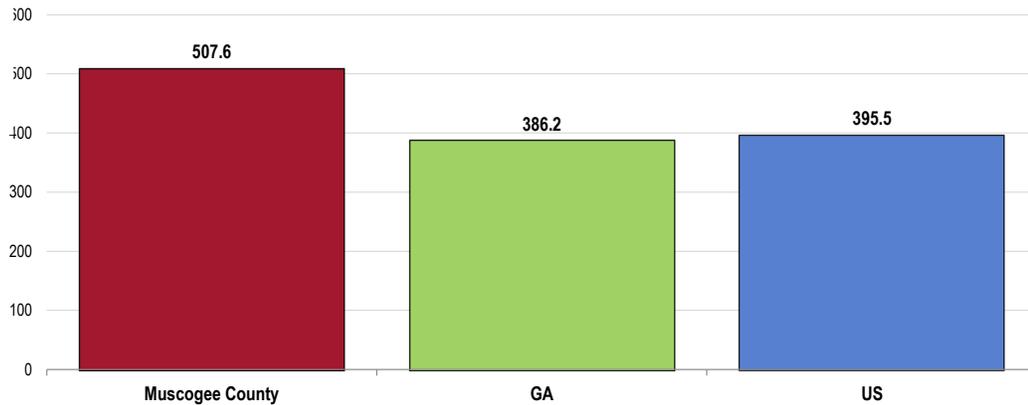
Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

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

**Between 2010 and 2012, there were a reported 507.6 violent crimes per 100,000 population in Muscogee County.**

- Considerably higher than the Georgia rate for the same period.
- Considerably higher than the national rate.

**Violent Crime**  
(Rate per 100,000 Population, 2010-2012)



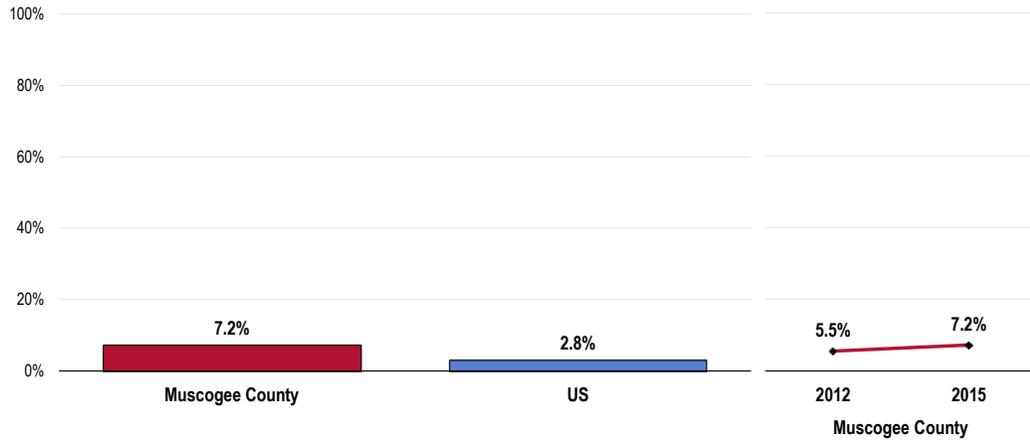
- Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports: 2010-2012.
  - Retrieved September 2015 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
  - Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

### Self-Reported Violence

**A total of 7.2% of Muscogee County adults acknowledge being the victim of a violent crime in the past five years.**

- Above the national findings.
- TREND: Statistically similar to what was reported in 2012.

### Victim of a Violent Crime in the Past Five Years

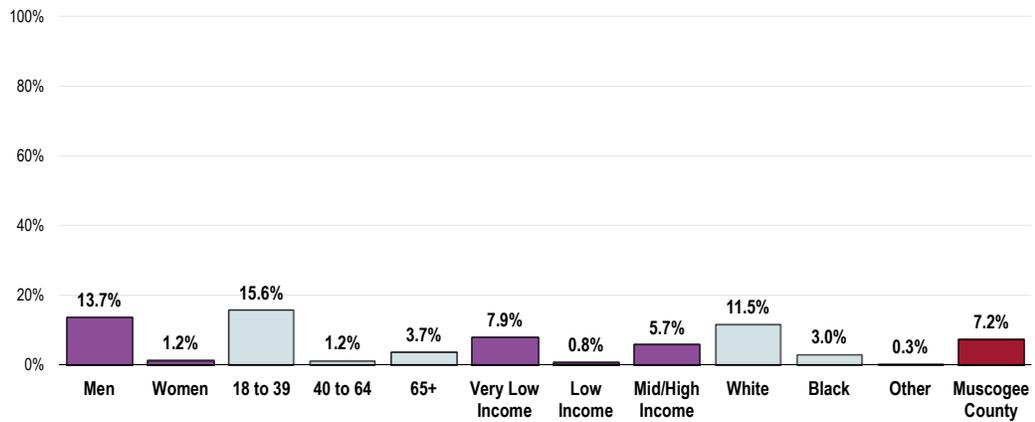


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 50]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

Reports of violence are notably higher among:

- Men.
- Adults age 18 to 39 followed by adults 65+.
- Adults at each end of the income spectrum.
- Whites followed by Blacks.

### Victim of a Violent Crime in the Past Five Years (Muscogee County, 2015)



Sources: • 2015 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. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% 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**

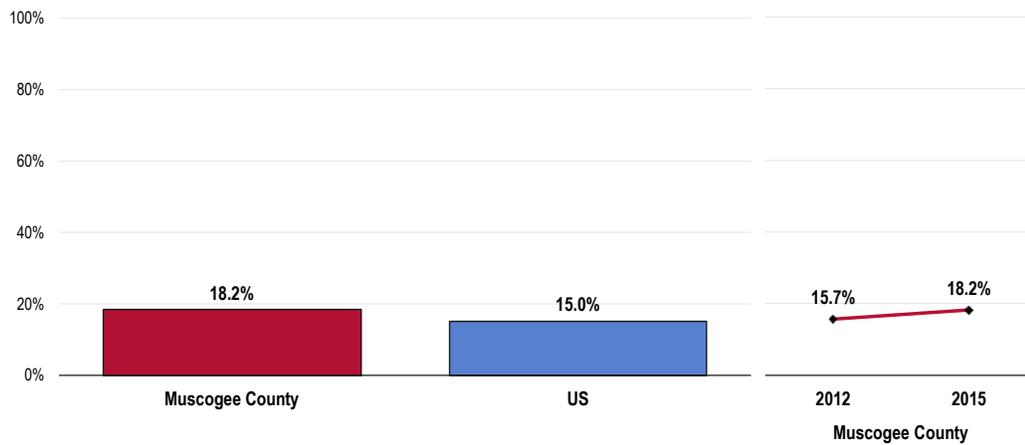
Respondents were told:

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

**A total of 18.2% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.**

- Less favorable than national findings.
- TREND: Over time, self-reported family violence has remained statistically unchanged.

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

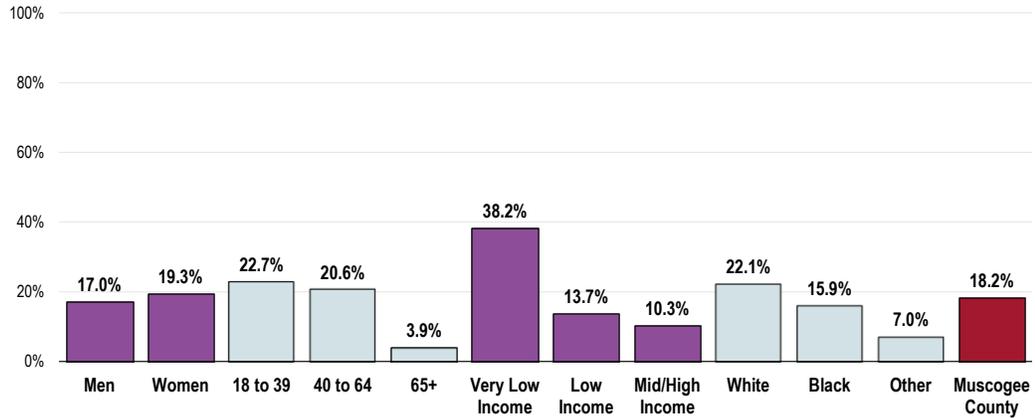


- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 51]
  - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
  - Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

Reports of domestic violence are also notably higher among:

- Adults under the age of 65.
- Those with very low incomes.
- Whites followed by Blacks.

### Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner (Muscogee County, 2015)

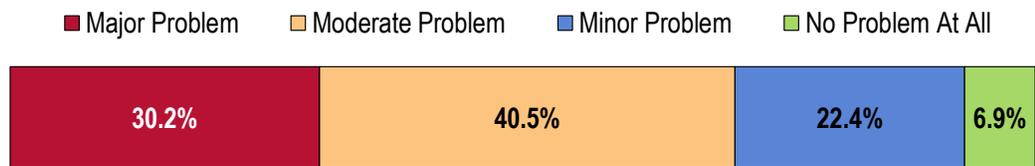


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% 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

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

### Perceptions of Injury and Violence as a Problem in the Community (Key Informants, 2015)



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

## Top Concerns

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

### High Crime and Violence in the Community

*Statistics show the increase in the amount of injury and violence in the MSA. - Muscogee County - Other Health Provider*

*The high rates of violent crime in the community stem from unemployment, drugs and gangs. - Muscogee County - Community/Business Leader*

*High reports of violence reported to the police. I see evidence of previous injury, particularly with the young adult black population when visiting the Mobile Unit. - Muscogee County - Other Health Provider*

*People are much more hot headed and will use violence as an answer to anything. Violence is on the raise since people are at home more, not working. - Muscogee County - Community/Business Leader*

*Violence is up in our target population. - Muscogee County - Community/Business Leader*

*A lot of violence with shooting. - Muscogee County - Physician*

*High crime and violence in our community. - Muscogee County - Other Health Provider*

*We have a report of a murder/shooting death at least once every few weeks. At one point, there was a report of a shooting like two or three days in a row. - Muscogee County - Social Services Provider*

*The number of injuries reported from motorized vehicles. The number of reported gunshot injuries and deaths. The number of violent incidence reported, as well as domestic violence's. - Muscogee County - Public Health Representative*

### High Rate of Domestic Violence

*I have seen an increase in clients seeking help for domestic violence and sexual assault services due to injuries and trauma. Crime rates are higher than reported in the media and local police department, as service agencies receive more clients. - Muscogee County - Social Services Provider*

*This area has a great deal of domestic violence that leads to serious injury. Many times victims of said violence and injury are afraid to speak out. Others may not know who to speak out to. If more education, advocacy and resources were available this may change. - Muscogee County - Community/Business Leader*

*Domestic violence/crime rate has risen in numbers in the past 5 years. We get calls all the time from domestic violence victims. - Muscogee County - Social Services Provider*

*We have a very high rate of domestic violence, violence in the community and child abuse. - Muscogee County - Social Services Provider*

*Emergency Room visits with domestic violence. - Muscogee County - Physician*

### Media

*Read newspaper. - Muscogee County - Physician*

*It seems to be much of what we see in the news outlets the violence part and why doesn't a city this size has a Level 1 ED? - Muscogee County - Social Services Provider*

*The newspaper has articles about violent crime almost every day. Last week my son looked at a survey online about Columbus and a score of 100 indicated the city didn't have a problem with violence. In the survey Columbus' score was 3. - Muscogee County - Community/Business Leader*

### Limited Remedies

*Violence and injury inflicted on others is a major problem in most cities. I am not aware of any measures that have led to a decrease in number of violence against others. - Muscogee County - Community/Business Leader*

*Violence is the issue and ignorance and intolerance are the reasons for it. I don't think there's a remedy for those reasons for the violence. - Muscogee County - Social Services Provider*

### Drugs, Gangs and Poverty

*Poverty, drugs and gangs seem to be the major reasons for the violent crime in our community. - Muscogee County - Other Health Provider*

**Task Force Formed**

*An issue/problem identified by mayor significant enough to form a task force and create a department to focus on this. - Muscogee County - Public Health Representative*

**Contributing Factors**

*Single parent households, substance abuse, broken homes and teenage pregnancy. - Muscogee County - Other Health Provider*

## Diabetes

### About Diabetes

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

Diabetes mellitus:

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

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

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

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

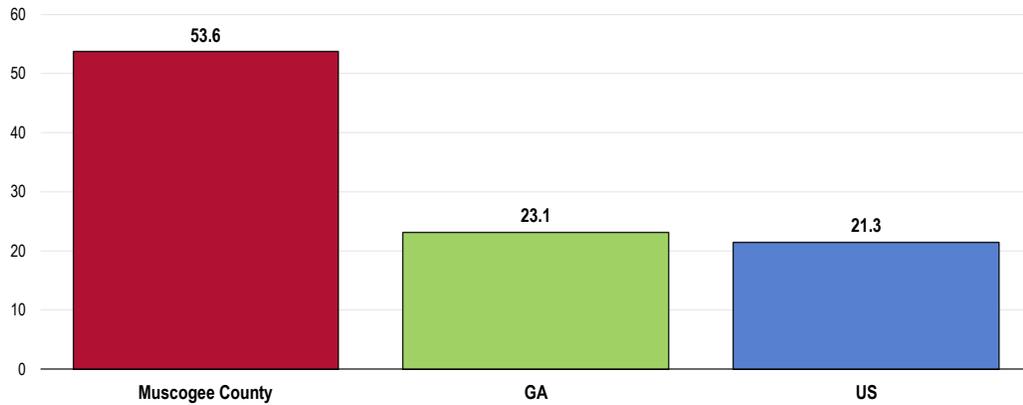
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Age-Adjusted Diabetes Deaths

**Between 2011 and 2013, there was an annual average age-adjusted diabetes mortality rate of 53.6 deaths per 100,000 population in Muscogee County.**

- Well over twice the statewide findings.
- Much less favorable than the national rate.
- Far from satisfying the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).

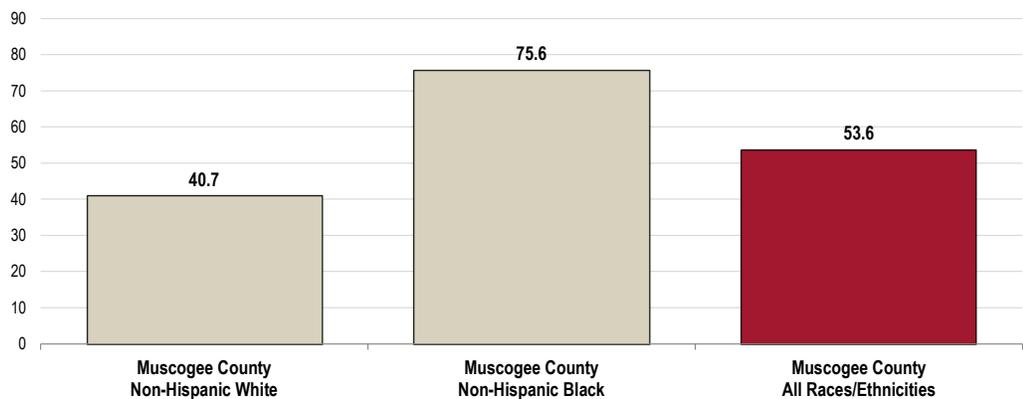
### Diabetes: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 20.5 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
  - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- The diabetes mortality rate in Muscogee County is notably higher among Blacks than among Whites.

### Diabetes: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 20.5 or Lower (Adjusted)



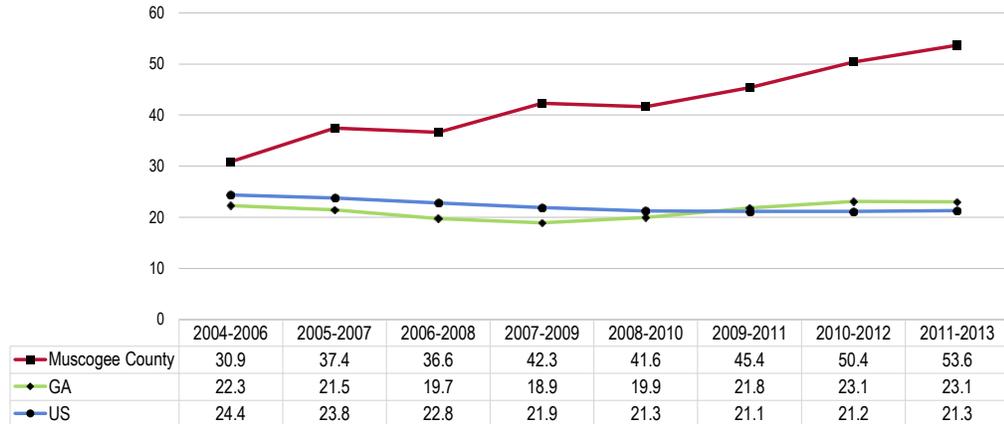
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
  - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- TREND: Diabetes mortality in Muscogee County has increased immensely since 2004. Statewide, the rate appears to be stable, while decreasing slightly in the US.

### Diabetes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 20.5 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
  - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

### Prevalence of Diabetes

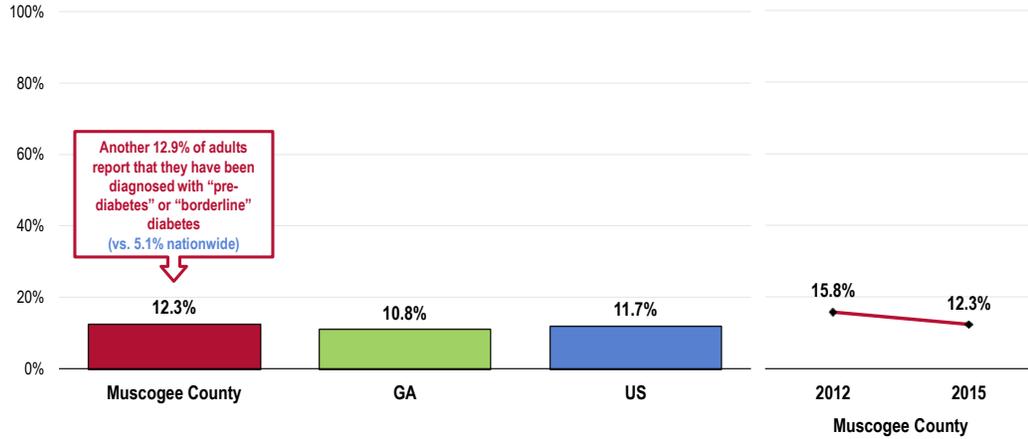
A total of 12.3% of Muscogee County adults report having been diagnosed with diabetes.

- Similar to the statewide proportion.
- Similar to the national proportion.
- TREND: Over the past three years, diabetes prevalence has statistically decreased.

In addition to the prevalence of diagnosed diabetes referenced above, another 12.9% of Muscogee County adults report that they have “pre-diabetes” or “borderline diabetes.”

- Considerably higher than the US prevalence.

### Prevalence of Diabetes



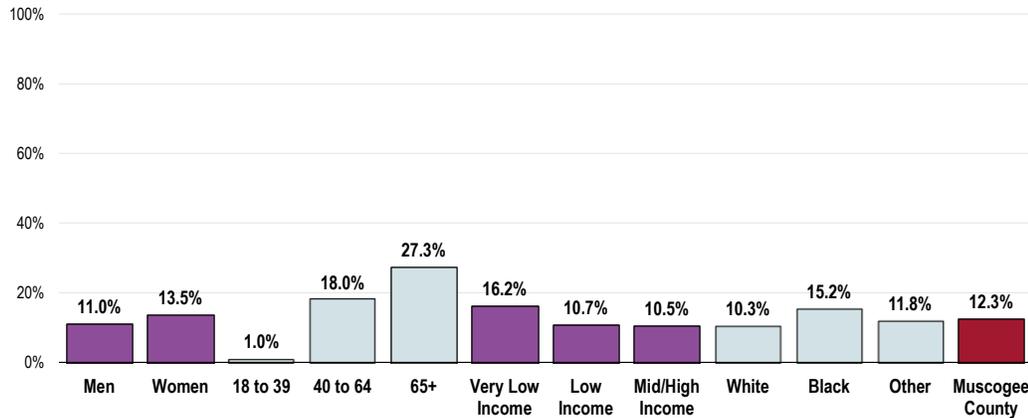
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 136]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services,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

Notes: • Asked of all respondents.  
 • Local and national data exclude gestation diabetes (occurring only during pregnancy).  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

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 27.3% of seniors having been diagnosed).
- Blacks when compared with Whites in Muscogee County.

### Prevalence of Diabetes (Muscogee County, 2015)



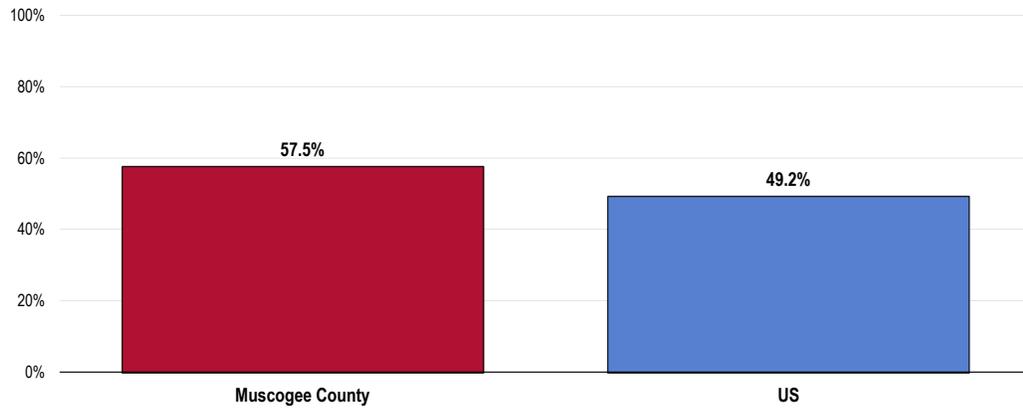
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 136]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
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 • Excludes gestation diabetes (occurring only during pregnancy).

### Diabetes Testing

Of Muscogee County adults who have not been diagnosed with diabetes, 57.5% report having had their blood sugar level tested within the past three years.

- More favorable than the national proportion.

#### Have Had Blood Sugar Tested in the Past Three Years (Among Non-Diabetics)

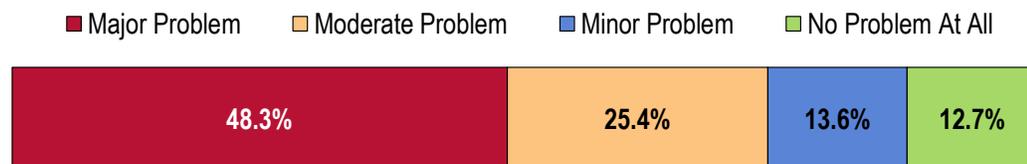


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of respondents who have not been diagnosed with diabetes.

### Key Informant Input: Diabetes

A high percentage of key informants taking part in an online survey characterized *Diabetes* as a “major problem” in the community.

#### Perceptions of Diabetes as a Problem in the Community (Key Informants, 2015)



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

## Top Concerns

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

### Lack of Education

*Understanding how not to become diabetic by good sound nutrition and exercise, we need to start education at an early age. - Muscogee County - Community/Business Leader*

*Lack of informed decisions about the disease. - Muscogee County - Other Health Provider*

*There is lack of education to avoid diabetes and pre-diabetes situation. Due to economic issues beyond the control of many, it is hard to eat healthy. That would be a great preventative measure, but many just can't afford it. - Muscogee County - Community/Business Leader*

*Lack of education on self-care of a chronic disease. - Muscogee County - Physician*

*Education, education, education reinforcement. Availability of alternative food choices. Healthy food deserts in many communities. There is poor public transportation for those without resources and support system. - Muscogee County - Community/Business Leader*

*I have been told that diabetes education is the biggest challenge particularly for those that do not have insurance. - Muscogee County - Other Health Provider*

*Education and lifestyle choices are the biggest challenges for patient with diabetes. - Muscogee County - Other Health Provider*

*Lack of education and appropriate follow up, problems with finding a PCP who will accept them, problems with transportation. - Muscogee County - Physician*

*Lack of education on what truly causes it and how to adjust your lifestyle to both cure and prevent. - Muscogee County - Social Services Provider*

*Increasing knowledge about the importance of health, nutrition and exercise as preventative measures to preventing Type II diabetes. Also, access to testing strips is a challenge. The cost remains very prohibitive for the working poor and low-income families. - Muscogee County - Social Services Provider*

*Understanding their disease and how to maintain their health. Understanding the importance of compliance, having the desire to manage their diabetes, purchasing equipment to test blood sugar if they are poor and education availability. - Muscogee County - Other Health Provider*

*Education. - Muscogee County - Community/Business Leader*

*Not enough education on the statistics. - Muscogee County - Other Health Provider*

*Referring to Type 2 Diabetes. Early education regarding the effects of poor nutrition and sedentary behaviors as they may increase risk of diabetes. Individuals having the mentality of managing diabetes only with medication and not wanting or not knowing how to incorporate healthy lifestyle changes. - Muscogee County - Community/Business Leader*

### Lack of Treatment Compliance

*Consistency with self-management messaging, instruction often presented in ways that are not understood, significance of poor control not realized, lack of provider time or expertise with management, clinical inertia by providers, limited access to therapy, limited knowledge of community resources, both providers and patients. - Muscogee County - Other Health Provider*

*Too many uncontrolled diabetics who do not take personal responsibility for the health and wellness decisions they make. - Muscogee County - Other Health Provider*

*Compliance. Patients with diabetes face many challenges that are compounded by lack of compliance to diet and other instructions from provider. - Muscogee County - Other Health Provider*

*Diet, exercise, health monitoring and following of recommended health practices. - Muscogee County - Community/Business Leader*

*Changing eating habits and lifestyle. Engaging in prevention and treatment programs/services. - Muscogee County - Social Services Provider*

*Lifestyle management. - Muscogee County - Community/Business Leader*

*Ability to keep to necessary diet and quality of life. - Muscogee County - Community/Business Leader*

*Controlling diabetes at optimal HgbA1c level as recommended. - Muscogee County - Public Health Representative*

### Poor Food Choices

*Eating food with too much sugar. Not enough education and awareness about the disease in the community. - Muscogee County - Other Health Provider*

*Poor diet which leads to diabetes. - Muscogee County - Public Health Representative*

*Diet awareness even as a child. - Muscogee County - Physician*

*Cheap and unhealthy fast food. - Muscogee County - Community/Business Leader*

*Poor food choices. - Muscogee County - Community/Business Leader*

*Overweight people, poor nutrition and diet. - Muscogee County - Community/Business Leader*

### Costs

*Access to an endocrinologist for indigent patients. Lack of education and an understanding of the disease process and treatment. - Muscogee County - Community/Business Leader*

*Obtaining needed supplies and medication, refrigerating insulin and eating appropriate diet while homeless. - Muscogee County - Social Services Provider*

*Lack of ability to continue with PCP for follow up and RX maintenance. Lack of Knowledge of reduced or free programs for medication. - Muscogee County - Other Health Provider*

*Access to quality foods to manage weight and blood sugar, particularly for low-income individuals and families, is an issue. Access to medication for low-income individuals is also a problem. - Muscogee County - Social Services Provider*

*They cannot access the medicine or keep proper diet going, because the healthier food is at higher cost and they cannot afford it. - Muscogee County - Social Services Provider*

### Access to Care/Programs

*Access to medical care on a regular basis. Knowledge about importance of taking medication as prescribed and the appropriate dietary modification. Lack of medical coverage. - Muscogee County - Public Health Representative*

*Access to care, medications and lack of support services. - Muscogee County - Physician*

*Getting seen and understanding disease process and how to manage it. - Muscogee County - Physician*

*Access to ongoing support groups for managing diabetes with a goal of limiting further health problems. These need to be widely available in communities where there is a high incidence of the disease. These need to be available in community centers, housing projects, senior centers, etc. rather than in medical settings. - Muscogee County - Community/Business Leader*

### High Rate of Occurrence

*High incidence in our community and costly if not managed. - Muscogee County - Other Health Provider*

*Statistics report areas has a significantly higher percentage of chronic disease conditions related to diabetes and that Muscogee county averages 40.2 deaths per 100,000 population worse than the state 18.5 percent. - Muscogee County - Community/Business Leader*

*We serve a number of people in our programs, both children and adults, who are diabetic. - Muscogee County - Social Services Provider*

*It appears that diabetes is on the rise. I'm amazed at the number of people who say they are diabetic. It seems that one out of three have problems with their blood sugar. - Muscogee County - Social Services Provider*

### African American Population

*The region has a large African American population. - Muscogee County - Community/Business Leader*

*Many African Americans are suffering the greatest in the community. - Muscogee County - Social Services Provider*

### Lack of Transportation

*Lack of transportation to get to classes about proper nutrition and exercise to combat the negative effects of diabetes. - Muscogee County - Social Services Provider*

***Limitations and Other Health Problems***

*Limits that are placed on people with diabetes that include other health problems, ongoing treatment needs and compromised overall quality of life. - Muscogee County - Community/Business Leader*

***Early Detection Screenings***

*The biggest challenge with diabetes is the screening for it and the management of the numbers. - Muscogee County - Community/Business Leader*

## Alzheimer's Disease

### About Dementia

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

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

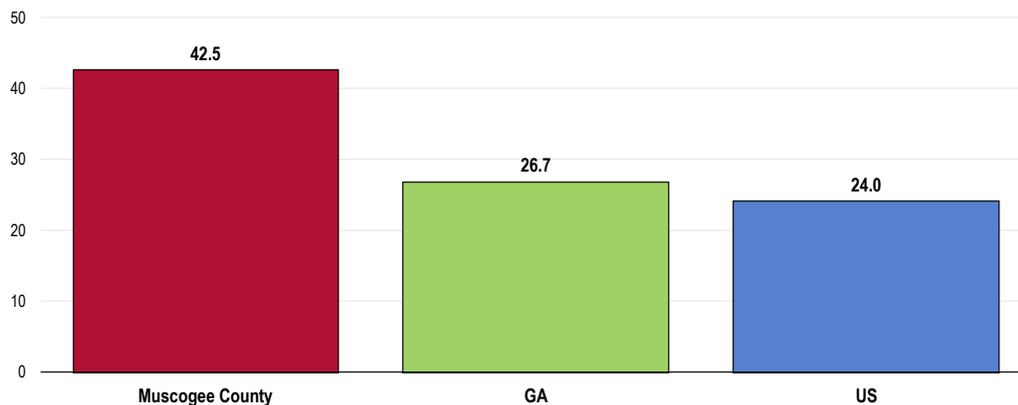
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Age-Adjusted Alzheimer's Disease Deaths

Between 2011 and 2013, there was an annual average age-adjusted Alzheimer's disease mortality rate of 42.5 deaths per 100,000 population in Muscogee County.

- Considerably worse than the statewide rate.
- Considerably worse than the national rate.

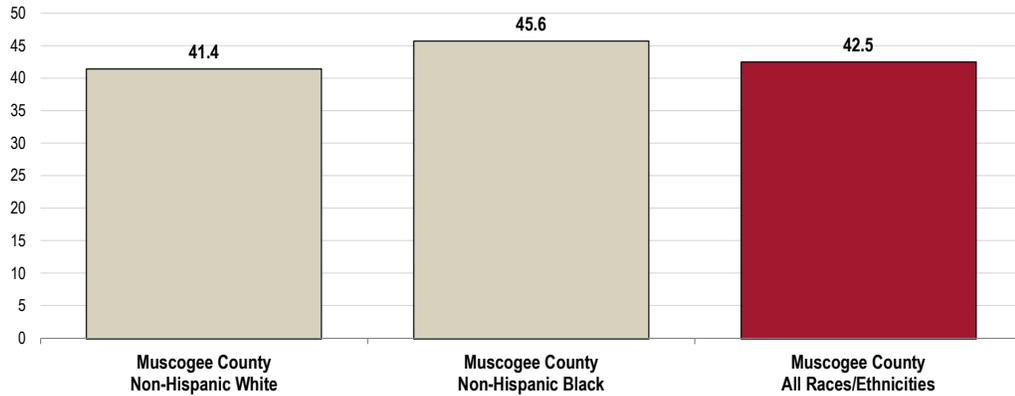
### Alzheimer's Disease: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The Alzheimer's disease mortality rate appears somewhat higher among Blacks.

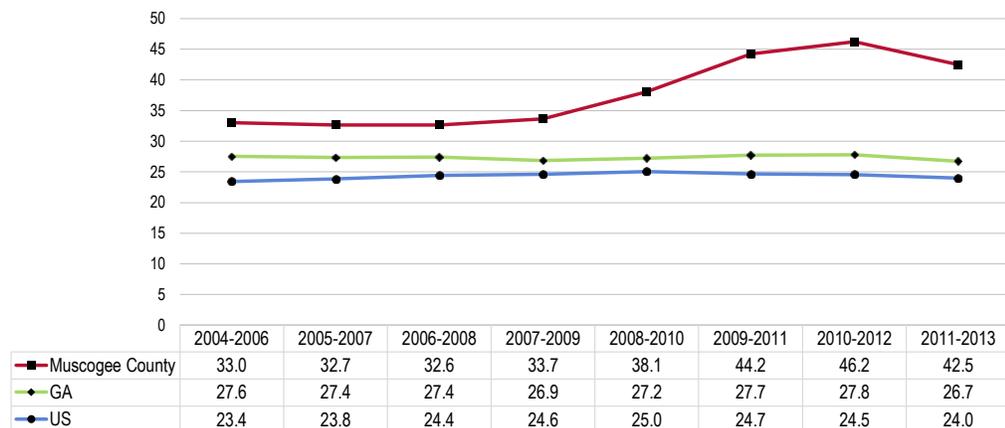
### Alzheimer's Disease: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** The slight decrease in the past couple of years has not countered the large rise in mortality that occurred between the 2007-2009 and 2010-2012 reporting periods. Across Georgia and the US, rates have remained stable over time.

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

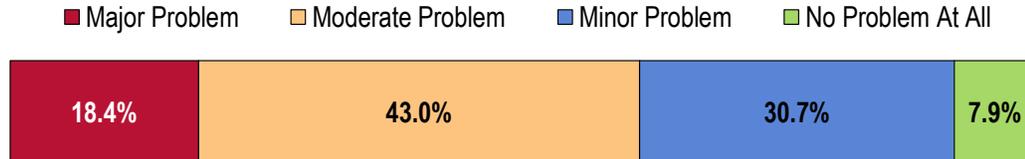


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

**Key Informant Input: Dementias, Including Alzheimer’s Disease**

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

**Perceptions of Dementia/Alzheimer's Disease  
as a Problem in the Community**  
(Key Informants, 2015)



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

**Top Concerns**

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

**Aging Population**

- The growing elderly population. - Muscogee County - Physician*
- With the American public living longer lives, many healthcare issues are becoming more prevalent. One of these is Alzheimer's and dementia. While this disease not only affects the patient, it also takes a hefty toll on the family. While programs do exist to aid these families, they can be costly and hard to find/fund. - Muscogee County - Community/Business Leader*
- Growing number of people in their 60's and above as Americans are living longer. Many do not have resources for care needed for this disease. - Muscogee County - Community/Business Leader*
- Number of blacks aged 65 and nearly half of these over 85 have memory issues. Number of AA aged 65 and over will more than double by 2030. - Muscogee County - Community/Business Leader*
- The number of aging population with dementia and Alzheimer disease. - Muscogee County - Public Health Representative*
- The aging population. - Muscogee County - Community/Business Leader*
- Alzheimer's disease has no cure. It is more prevalent as we age. People are living longer. The cost of care with people with Alzheimer's is very expensive. For this reason I feel it is a major factor. - Muscogee County - Community/Business Leader*
- This is a problem with no cure that is affecting more and more people as the population lives longer lives, and the average person cannot afford the necessary care, so it can and does destroy a care givers life as well as the person with dementia. - Muscogee County - Community/Business Leader*

**High Incidence**

- Increase in diagnosis. - Muscogee County - Other Health Provider*
- Alzheimer's/dementia seem to be on the rise among all the population especially 70 and older. There seems to be no way to catch up at this time until major breaks are made in prevention as well as maintenance. I am beginning to see a slow increase in agencies that provide care. - Muscogee County - Community/Business Leader*

**Late or No Medical Attention**

*Many elderly people live alone without any support and therefore do not seek medical attention. - Muscogee County – Physician*

*Many patients are diagnosed during advanced stages providing little hope for recovery. - Muscogee County - Social Services Provider*

**Lack of Facilities**

*We have several long term care facilities that provide services for individuals with dementia/Alzheimer's which is an indication of the need. I personally have family members and know of others who have family members affected by this disease. - Muscogee County - Social Services Provider*

## Kidney Disease

### About Chronic 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.

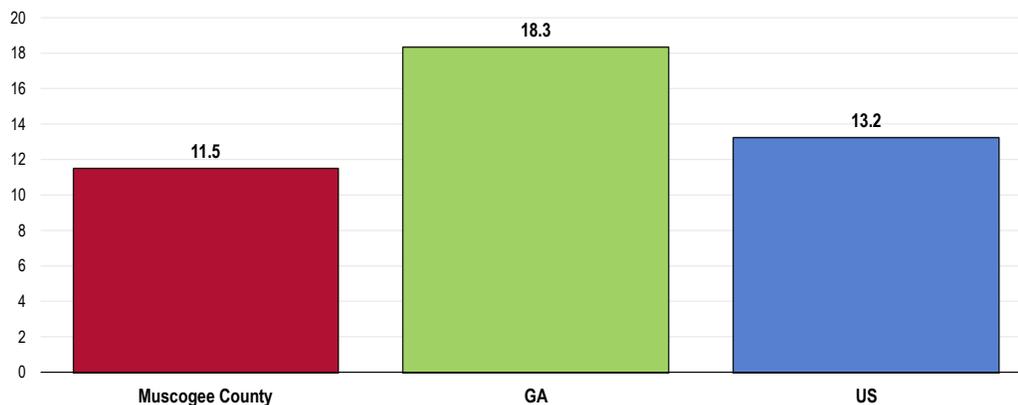
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Age-Adjusted Kidney Disease Deaths

Between 2011 and 2013 there was an annual average age-adjusted kidney disease mortality rate of 11.5 deaths per 100,000 population in Muscogee County.

- Notably lower than the rate found statewide.
- Lower than the national rate.

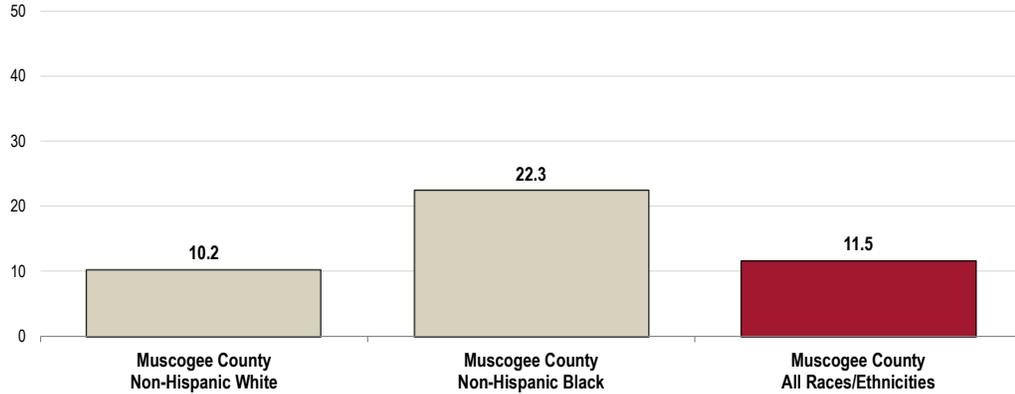
**Kidney Disease: Age-Adjusted Mortality**  
(2011-2013 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The kidney disease mortality rate in Muscogee County appears higher among Blacks.

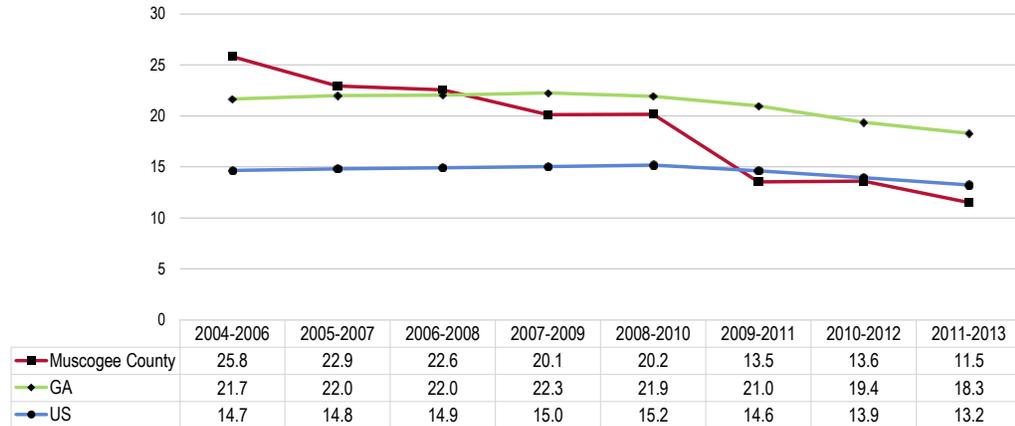
### Kidney Disease: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** In Muscogee County, the death rate has displayed a much greater downward trend over the past decade than experienced statewide and nationally.

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



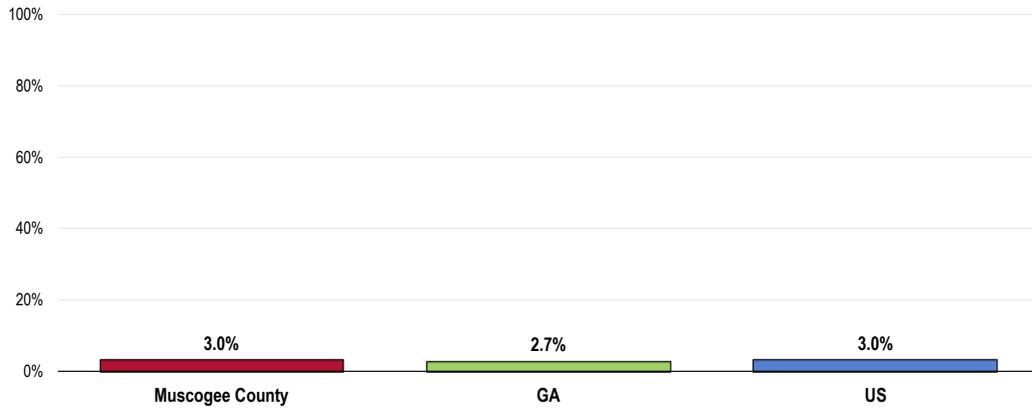
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## Prevalence of Kidney Disease

A total of 3.0% of Muscogee County adults report having been diagnosed with kidney disease.

- Similar to the national proportion.
- Identical to the state proportion.

### Prevalence of Kidney Disease

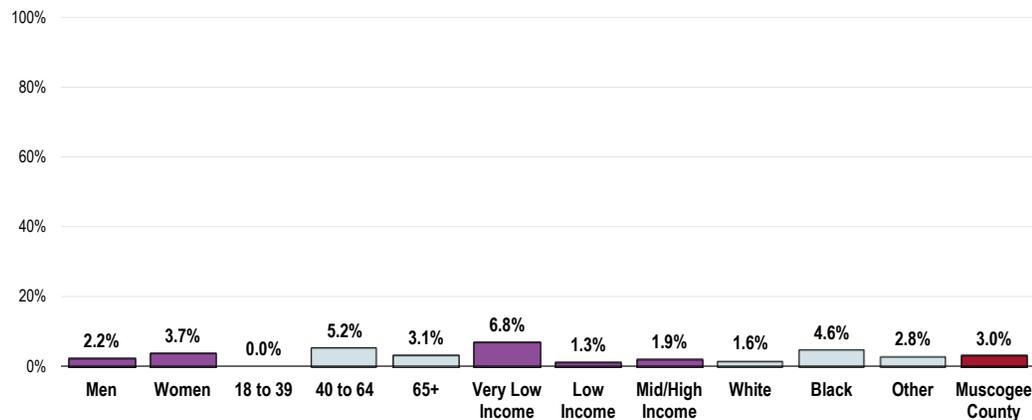


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 GA data.  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

A higher prevalence of kidney disease is reported among:

- Adults age 40 or older.
- Residents living below the federal poverty level.
- Blacks when compared with Whites.

### Prevalence of Kidney Disease (Muscogee County, 2015)



Sources: • 2015 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. "Very Low Income" includes households with incomes less than 100% of the federal poverty level, "Low Income" includes households with incomes from 100–199% 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

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

### Perceptions of Chronic Kidney Disease as a Problem in the Community (Key Informants, 2015)



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

### Top Concerns

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

#### High Prevalence

*Columbus seems to have an unusually high number of ESRD patients for our population size. Access to care for insured patients is available, but uninsured patients do not have sufficient access to necessary care. The uninsured patients rely on local Emergency Departments and hospitals for treatment and care. - Muscogee County - Other Health Provider*

*The patient population is high, current number of disease specific physicians is limited, funding for indigent care and no pay patients is little to none. - Muscogee County - Community/Business Leader*

*The number of individual with end stage renal disease and on dialysis. - Muscogee County - Public Health Representative*

*There are so many people who are receiving dialysis. - Muscogee County - Social Services Provider*

*Presence of midsize dialysis facilities in the area. - Muscogee County - Community/Business Leader*

*Dialysis patients. - Muscogee County - Other Health Provider*

#### Uncontrolled Risk Factors

*Chronic kidney disease is a major problem in our area because we have a high prevalence of uncontrolled diabetes and hypertension. - Muscogee County - Other Health Provider*

*High incidence of uncontrolled HTN and Diabetes. - Muscogee County - Public Health Representative*

*Too many uncontrolled risk factors. - Muscogee County - Physician*

*Chronic Kidney disease affects every community. It can be symptomless until very late stages occur. If people don't have access to healthcare or avoid physician checkups and screening it is often undetected. Diabetes and HTN are the number one and number two causes of kidney disease, again two diseases that can go undetected. Compliance with care of these diseases is often difficult for people as well. People need education about kidney disease, screening and an understanding of how to take care of themselves to slow progression of kidney disease. Check out information at the National Kidney foundation for statistics about kidney disease. Risk factors include many things but Diabetes, HTN, heart disease, family history, age greater than 60, and some nationalities are at increased risk. I work with Reach Kidney Care here in Columbus and our goal is to teach people about their kidney disease and about how they can take care of themselves better. - Muscogee County - Other Health Provider*

#### Lifestyle Choices

*Lifestyle choices that do not support healthy living. - Muscogee County - Social Services Provider*

## Potentially Disabling Conditions

### About Arthritis, Osteoporosis & Chronic Back Conditions

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

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

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

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

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

- 2<sup>nd</sup> leading cause of lost work time (after the common cold).
- 3<sup>rd</sup> most common reason to undergo a surgical procedure.
- 5<sup>th</sup> 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](http://www.healthypeople.gov))

## Arthritis, Osteoporosis, & Chronic Back Conditions

### Prevalence of Arthritis/Rheumatism

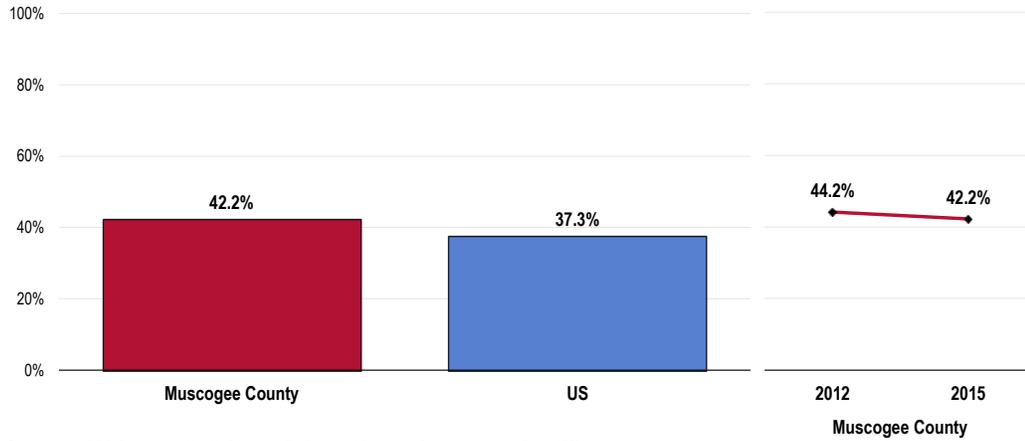
**Over two-fifths of Muscogee County adults age 50 and older (42.2%) report suffering from arthritis or rheumatism.**

- Statistically comparable to that found nationwide.
- TREND: The prevalence of arthritis/rheumatism is comparable to that reported in 2012.

#### RELATED ISSUE:

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

### Prevalence of Arthritis/Rheumatism (Among Adults Age 50 and Older)



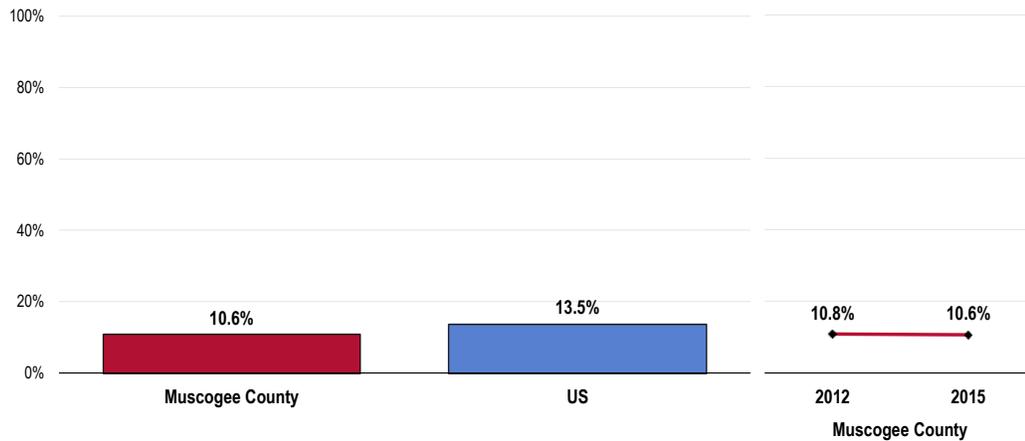
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 139]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Reflects respondents age 50 and older.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

### Prevalence of Osteoporosis

A total of 10.6% of survey respondents age 50 and older have osteoporosis.

- Statistically similar to that found nationwide.
- Double the Healthy People 2020 target of 5.3% or lower.
- TREND: Nearly identical to previous survey results.

### Prevalence of Osteoporosis (Among Adults Age 50 and Older) Healthy People 2020 Target = 5.3% or Lower



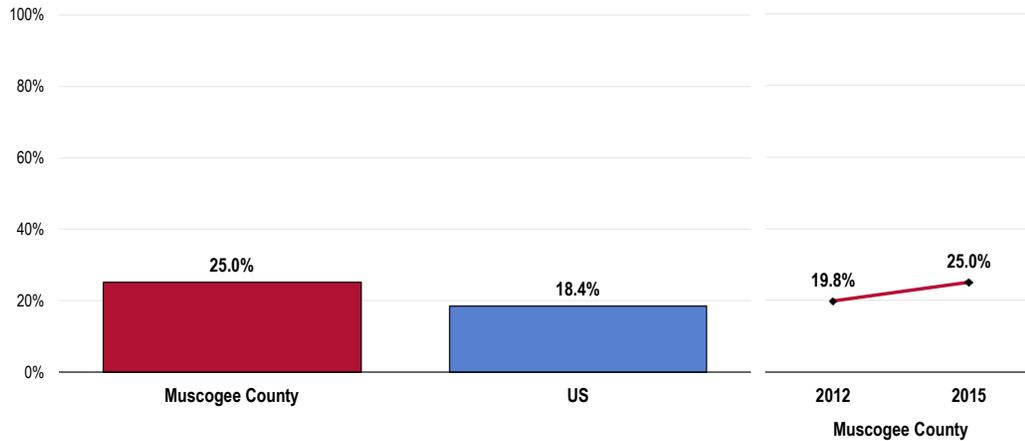
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 140]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AOCBC-10]  
 Notes: • Reflects respondents age 50 and older.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

### Prevalence of Sciatica/Chronic Back Pain

One-fourth of survey respondents (25.0%) suffers from chronic back pain or sciatica.

- Less favorable than that found nationwide.
- TREND: Denotes a statistically significant increase since 2012.

### Prevalence of Sciatica/Chronic Back Pain

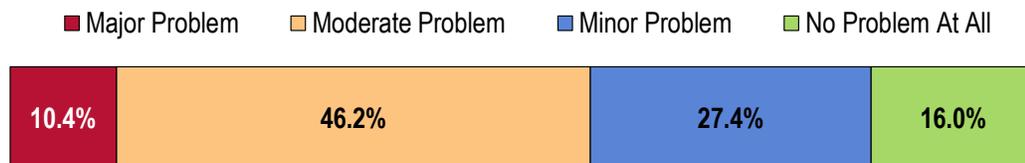


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 29]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

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

The largest share of key informants taking part in an online survey characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a “moderate problem” in the community.

### Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community (Key Informants, 2015)



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

## Top Concerns

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

### Living Chronic Pain

*Direct conversations with people discussing their diagnosis and how it affects their activities of daily living. Just today a woman related to me being in excruciating pain but has to wait for an appointment to get her intervertebral injection to relieve the pain. No other treatment other than the injection and oral medication has ever been prescribed, i.e. physical/pool/meditation therapy. - Muscogee County - Community/Business Leader*

*In talking with people, many express the need for treatment and pain management relating to arthritis and back pain. It seems that arthritis and back problems are looked upon by physicians as something you'll just have to live with rather than delving deeper into why you have back pain or ways to alleviate the pain. - Muscogee County - Social Services Provider*

*I think a lot of disability claims are made on this condition. - Muscogee County - Public Health Representative*

### Aging Population

*This is a condition that the large aging population suffers from. - Muscogee County - Other Health Provider*

*The population is aging overall and these conditions come with age. General health and wellness are problems in the community with sedentary lifestyles and poor nutrition contributing to poor health. - Muscogee County - Community/Business Leader*

### Cost of Care

*These conditions are all chronic and require long term access to medical. However, without Medicaid/Medicare, private insurance or other source of payment care is not received. - Muscogee County - Public Health Representative*

## Vision & Hearing Impairment

### About Vision

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

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

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

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

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

### Vision Trouble

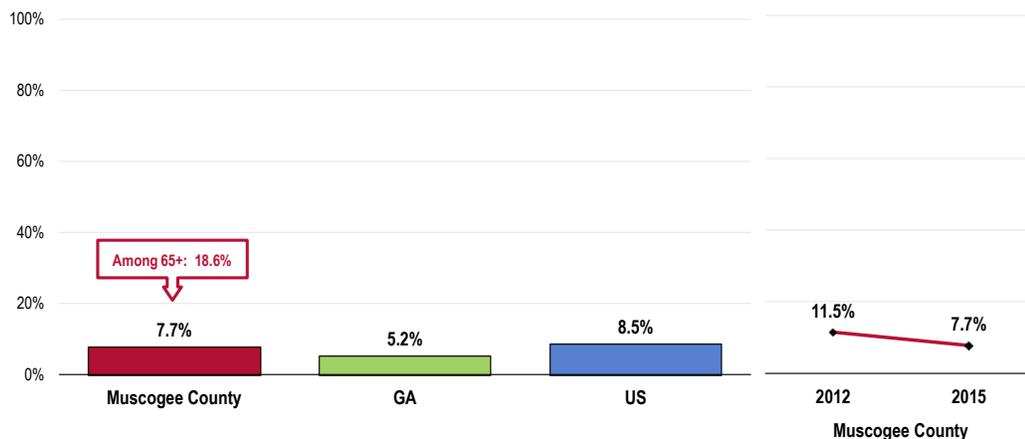
**A total of 7.7% of Muscogee County adults are blind or have trouble seeing even when wearing corrective lenses.**

- Slightly more favorable than the statewide prevalence.
- Similar to that found nationwide.
- TREND: Denotes a statistically significant decrease over time.
- Among Muscogee County adults age 65 and older, 18.6% have vision trouble.

RELATED ISSUE:

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

### Prevalence of Blindness/Trouble Seeing



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 26]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 GA data.
  - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
  - Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

## Hearing Trouble

### About Hearing & Other Sensory or Communication Disorders

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

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

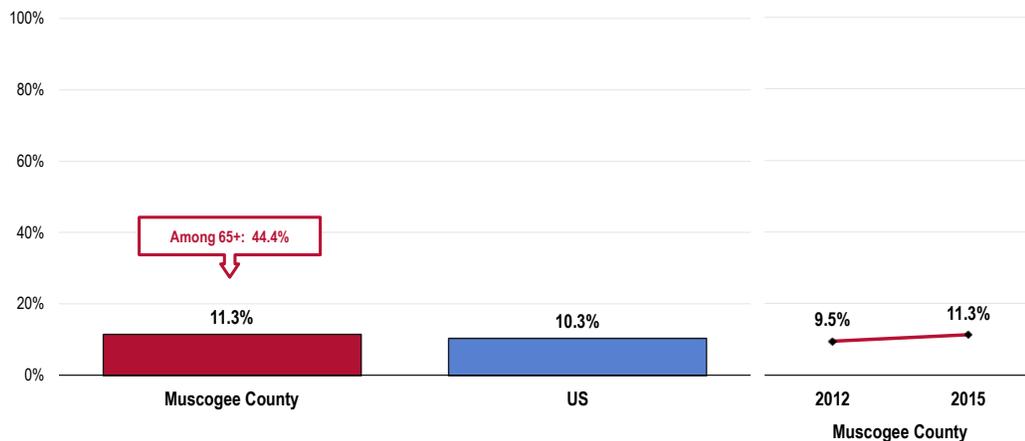
As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

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

**In all, 11.3% of Muscogee County adults report being deaf or having difficulty hearing.**

- Similar to that found nationwide.
- TREND: Statistically unchanged over time.
- Among Muscogee County adults age 65 and older, 44.4% have partial or complete hearing loss.

### Prevalence of Deafness/Trouble Hearing

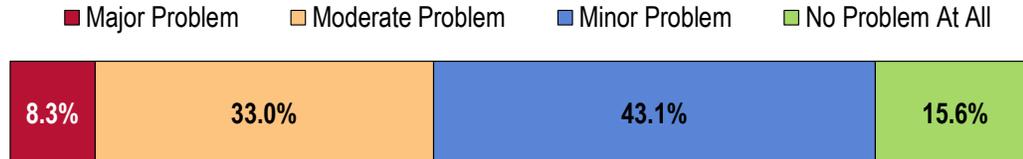


- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 27]
  - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
  - Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

## Key Informant Input: Vision & Hearing

A plurality of key informants taking part in an online survey characterized *Vision & Hearing* as a “minor problem” in the community.

### Perceptions of Hearing and Vision as a Problem in the Community (Key Informants, 2015)



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

## Top Concerns

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

### Access to Care

*Anything more than a basic eye exam is unavailable for those without insurance. - Muscogee County - Social Services Provider*

*Homeless community without insurance has no ability to pay; lots of hoops to jump through. Not all applications for free glasses are fulfilled. - Muscogee County - Social Services Provider*

*I have many people that call me every day that need dental/vision services, but do not have access to the care that they need. - Muscogee County - Social Services Provider*

*Speaking from the viewpoint of the population I serve, homeless women and men in long-term addiction recovery, there is limited funding for eye exams, eye-wear, hearing exams and hearing aids. By limited funding, I am referring to what is available for indigent care. - Muscogee County - Social Services Provider*

### Lack of Free Screenings

*Lack of resources for reduced free hearing and vision screening and eyeglass provision. - Muscogee County - Other Health Provider*

*Need more free testing in schools versus it being a requirement to attend school. - Muscogee County - Social Services Provider*

### Stigma

*I recently spoke to an individual with retinitis pigmentosa that just can't find employment. Yes, this individual is visually impaired, but he also has a PhD in Communication Studies. While he is highly educated, the world views his visual impairment as a set-back in the work place. Many individuals have the desire and ability to work, employers are just nervous of giving them the chance. This is just one example of a daily struggle that many individuals with visual and hearing impairment go through. - Muscogee County - Community/Business Leader*

# Infectious Disease



**Professional Research Consultants, Inc.**

## Influenza & Pneumonia Vaccination

### About Influenza & Pneumonia

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

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

### Flu Vaccinations

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

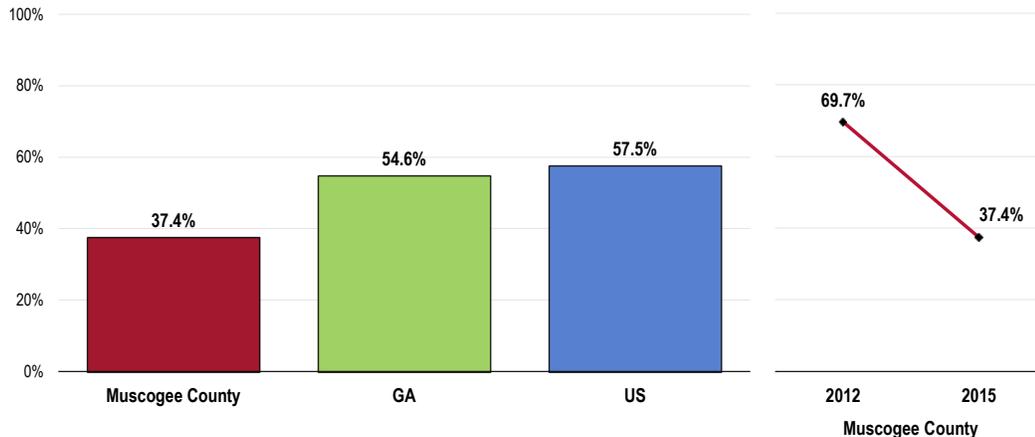
Among Muscogee County seniors, 37.4% received a flu shot (or FluMist®) within the past year.

- Much lower than the Georgia finding.
- Much lower than the national finding.
- Considerably far from satisfying the Healthy People 2020 target (70% or higher).
- TREND: Among adults 65+, flu vaccinations have declined significantly over the past three years.

### Older Adults: Have Had a Flu Vaccination in the Past Year

(Among Adults Age 65+)

Healthy People 2020 Target = 70.0% or Higher



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 141]
  - 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): 2013 GA data.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.12]
- Notes:
- Reflects respondents 65 and older.
  - Includes FluMist as a form of vaccination.
  - Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

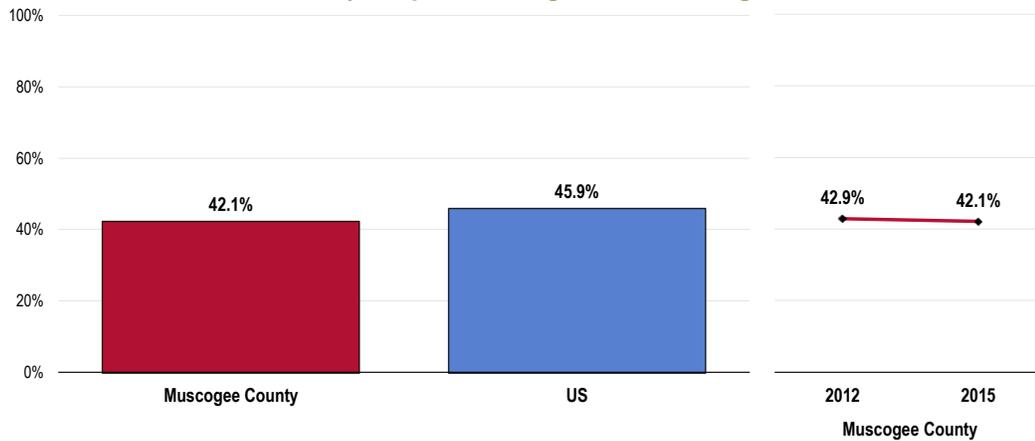
### High-Risk Adults

“High-risk” includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

**A total of 42.1% of high-risk adults age 18 to 64 received a flu vaccination (flu shot or FluMist®) within the past year.**

- Statistically similar to national findings.
- Well below the Healthy People 2020 target (70% or higher).
- TREND: Changes in flu vaccination among high-risk adults since 2012 are not statistically significant.

### High-Risk Adults: Have Had a Flu Vaccination in the Past Year (Among High-Risk Adults Age 18-64) Healthy People 2020 Target = 70.0% or Higher



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 142]
  - 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 IID-12.12]
- Notes:
- Reflects high-risk respondents age 18-64.
  - “High-Risk” includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
  - Includes FluMist as a form of vaccination.
  - Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

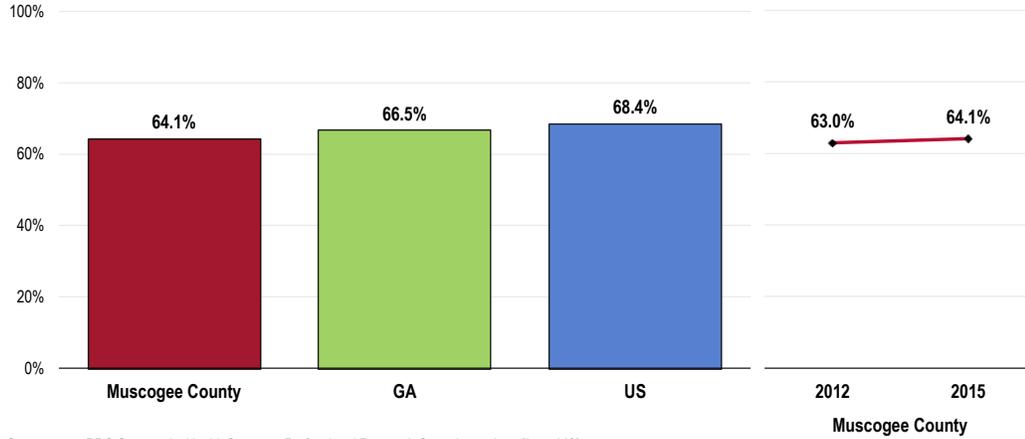
### Pneumonia Vaccination

**Among adults age 65 and older, 64.1% have received a pneumonia vaccination at some point in their lives.**

- Statistically similar to the Georgia finding.
- Similar to the national finding.
- Far from satisfying the Healthy People 2020 target of 90% or higher.
- TREND: Statistically unchanged since 2012.

## Older Adults: Have Ever Had a Pneumonia Vaccine (Among Adults Age 65+)

Healthy People 2020 Target = 90.0% or Higher



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 143]  
 ● 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); 2013 GA data.  
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-13.1]  
 Notes: ● Reflects respondents 65 and older.  
 ● Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

### High-Risk Adults

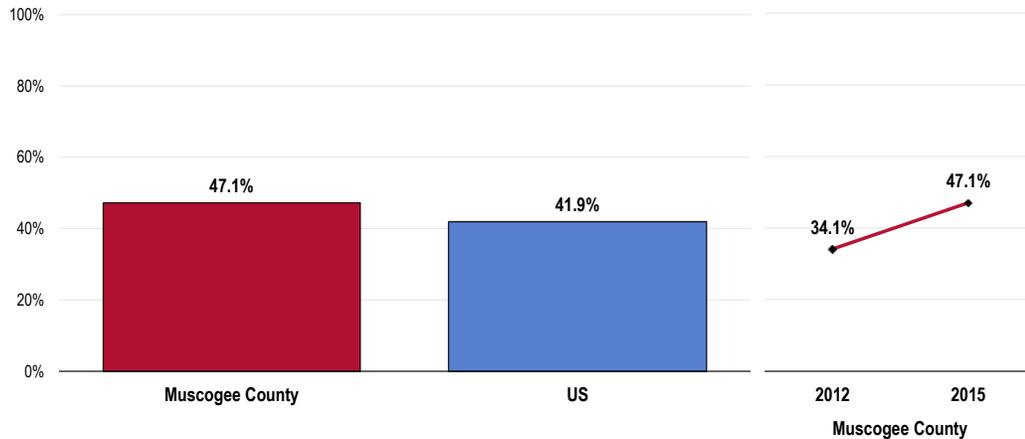
“High-risk” includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

A total of 47.1% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

- Statistically similar to national findings.
- Fails to satisfy the Healthy People 2020 target (60% or higher).
- TREND: Denotes a statistically significant increase since 2012.

## High-Risk Adults: Have Ever Had a Pneumonia Vaccine (Among High-Risk Adults Age 18-64)

Healthy People 2020 Target = 60.0% or Higher



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 144]  
 ● 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 IID-13.2]  
 Notes: ● Asked of all high-risk respondents under 65.  
 ● “High-Risk” includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.  
 ● Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

## HIV

### About HIV

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

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

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

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

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

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

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

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

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

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

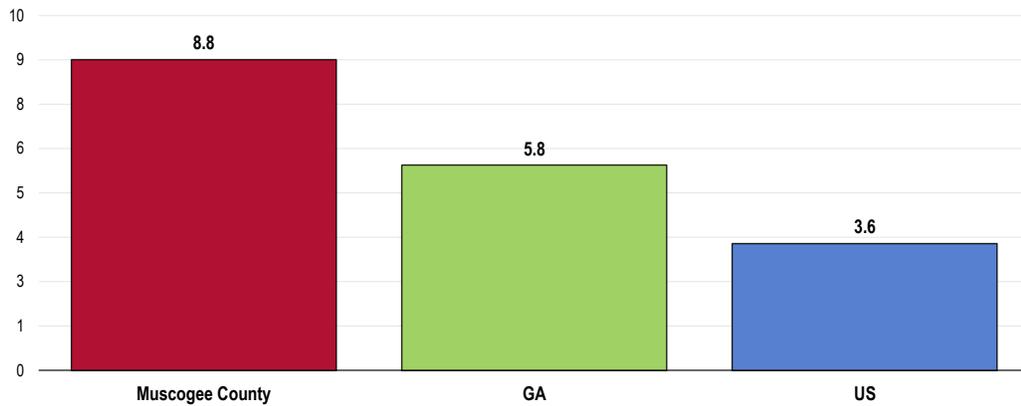
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Age-Adjusted HIV/AIDS Deaths

Between 2004 and 2013, there was an annual average age-adjusted HIV/AIDS mortality rate of 8.8 deaths per 100,000 population in Muscogee County.

- Notably higher than found statewide.
- More than twice the rate reported nationally.
- Fails to satisfy the Healthy People 2020 target (3.3 or lower).

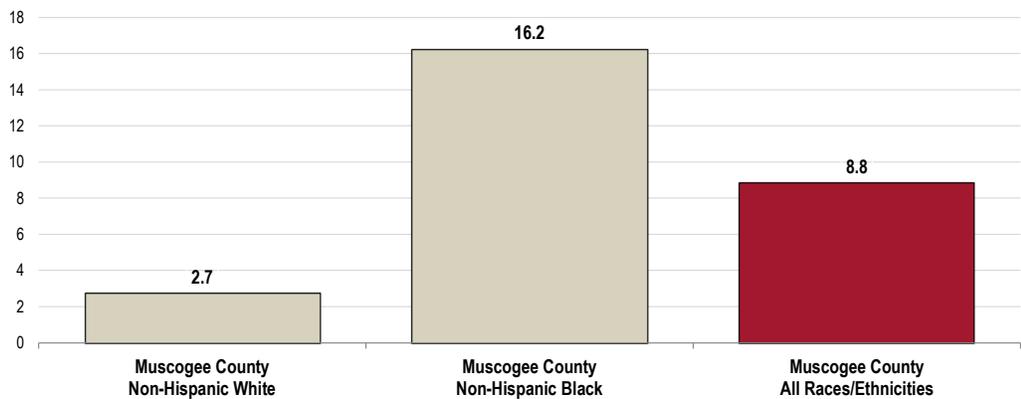
**HIV/AIDS: Age-Adjusted Mortality**  
(2004-2013 Annual Average Deaths per 100,000 Population)  
Healthy People 2020 Target = 3.3 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-12]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The HIV mortality rate among Whites is much lower than that reported among Blacks.

**HIV/AIDS: Age-Adjusted Mortality by Race**  
(2004-2013 Annual Average Deaths per 100,000 Population)  
Healthy People 2020 Target = 3.3 or Lower



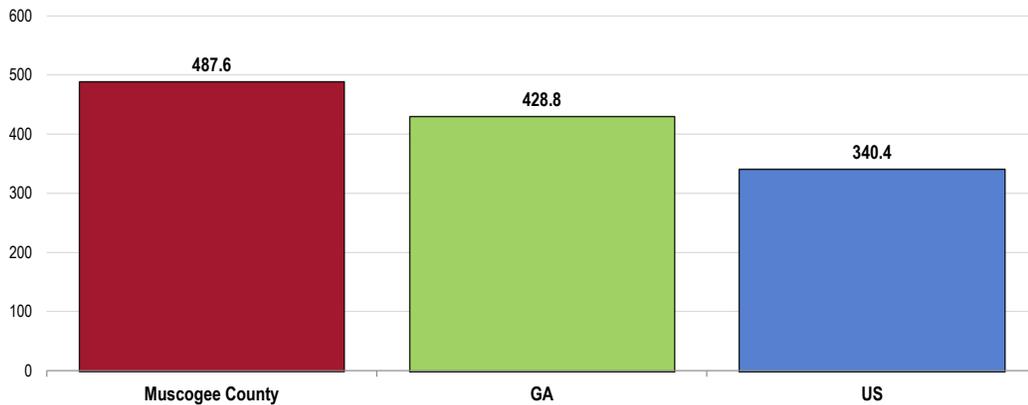
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-12]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
  - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

## HIV Prevalence

In 2010, there was a prevalence of 487.6 HIV cases per 100,000 population in Muscogee County.

- More favorable than the statewide prevalence.
- Much more favorable than the national prevalence.

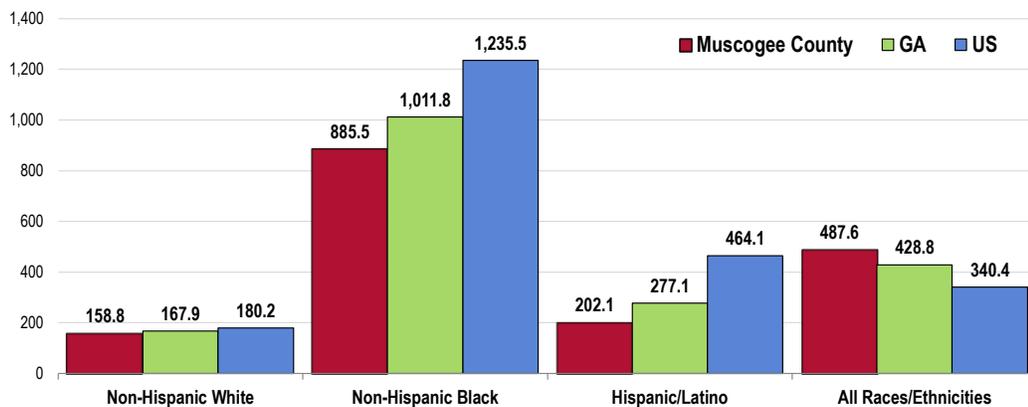
**HIV Prevalence**  
(Prevalence Rate of HIV per 100,000 Population, 2010)



Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2010.  
 • Retrieved September 2015 from Community Commons at <http://www.chna.org>.  
 Notes: • This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

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

**HIV Prevalence Rate by Race/Ethnicity**  
(Prevalence Rate of HIV per 100,000 Population, 2010)



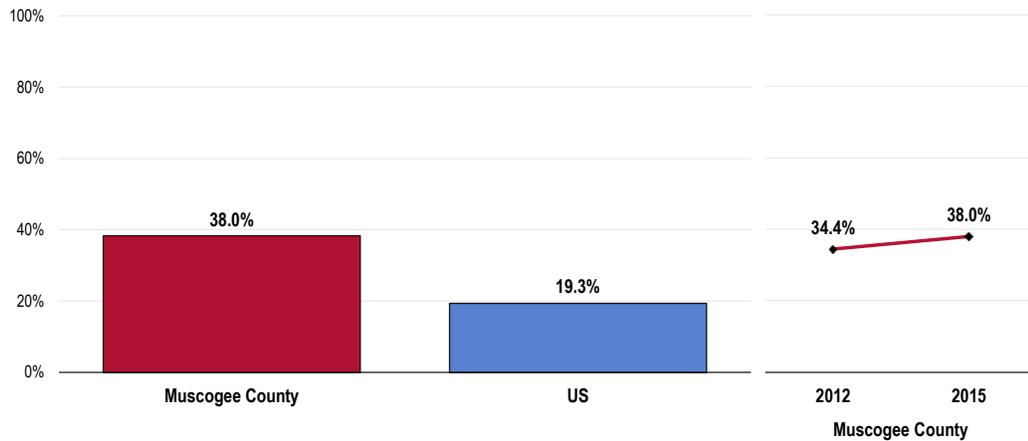
Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2010.  
 • Retrieved September 2015 from Community Commons at <http://www.chna.org>.  
 Notes: • This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

## HIV Testing

Among Muscogee County adults age 18-44, 38.0% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Notably more favorable than the proportion found nationwide.
- TREND: Testing has remained statistically constant since 2012.

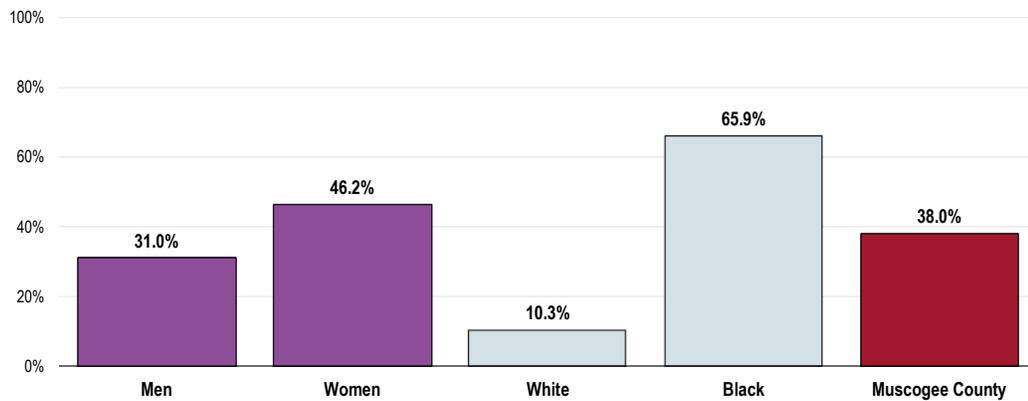
### Tested for HIV in the Past Year (Among Adults Age 18-44)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 145]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Reflects respondents age 18 to 44.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

- Women and Blacks more often report having been tested for HIV than their demographic counterparts.

### Tested for HIV in the Past Year (Among Adults Age 18-44)

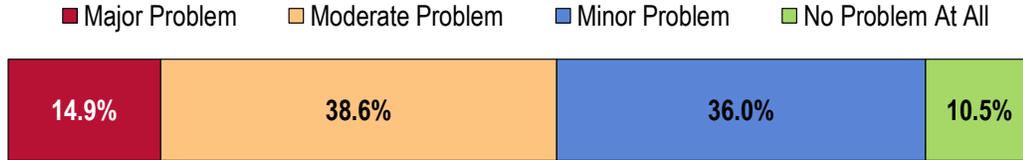


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 145]  
 Notes: • Reflects respondents age 18 to 44.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

### Key Informant Input: HIV/AIDS

The greatest share of key informants taking part in an online survey characterized HIV/AIDS as a “moderate problem” in the community.

### Perceptions of HIV/AIDS as a Problem in the Community (Key Informants, 2015)



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

### Top Concerns

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

#### High Prevalence

*I know that Muscogee County has an extremely high rate of STI's, including HIV and AIDS patients that are already seeking services. Imagine the ones that are not seeking help! With my clients alone, I have seen an increase in risky behaviors, including drugs and sexual activity. - Muscogee County - Social Services Provider*

*Based on a recent report, an alarming percentage of citizens in Columbus have STDs. I am guessing that we also have a high percentage of our population with HIV/AIDS since our STD number are so high. - Muscogee County - Social Services Provider*

*The number of individuals living with HIV/AIDS in the community, and number testing positive monthly. - Muscogee County - Public Health Representative*

*HIV Virus/AIDS is on the rise in Georgia and a lot of people are still not getting tested or taking precautions during sexual activity. - Muscogee County - Other Health Provider*

#### Behavioral Risk

*Sexually active population with various partners coupled with unprotected sex. - Muscogee County - Community/Business Leader*

#### Education & Stigma

*HIV and AIDS has a stigma attached, the public needs education of the disease for those living with the AIDS also need education on prevention. - Muscogee County - Community/Business Leader*

## Sexually Transmitted Diseases

### About Sexually Transmitted Diseases

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

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

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

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

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

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

### Chlamydia & Gonorrhea

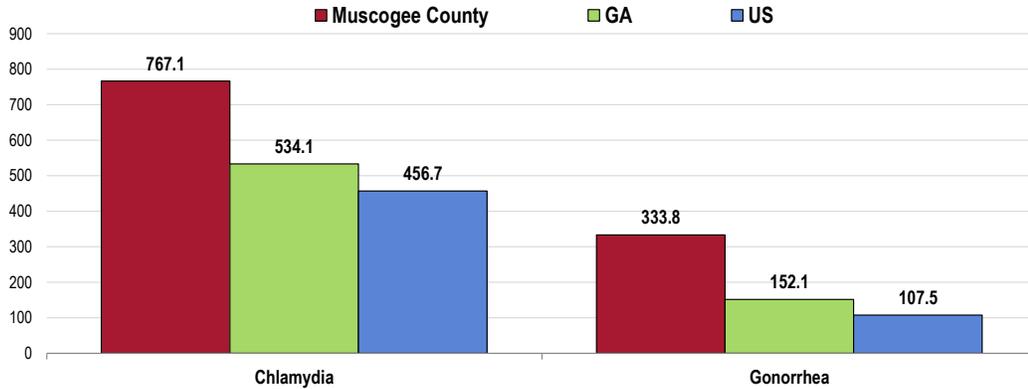
**In 2012, the chlamydia incidence rate in Muscogee County was 767.1 cases per 100,000 population.**

- Notably higher than the Georgia incidence rate.
- Notably higher than the national incidence rate.

**The gonorrhea incidence rate in Muscogee County was 333.8 cases per 100,000 population in 2012.**

- Notably higher than the Georgia incidence rate.
- Over three times higher than the national incidence rate.

### Chlamydia & Gonorrhea Incidence (Incidence Rate per 100,000 Population, 2012)



Sources: 

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2012.
- Retrieved September 2015 from Community Commons at <http://www.chna.org>.

  
 Notes: 

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

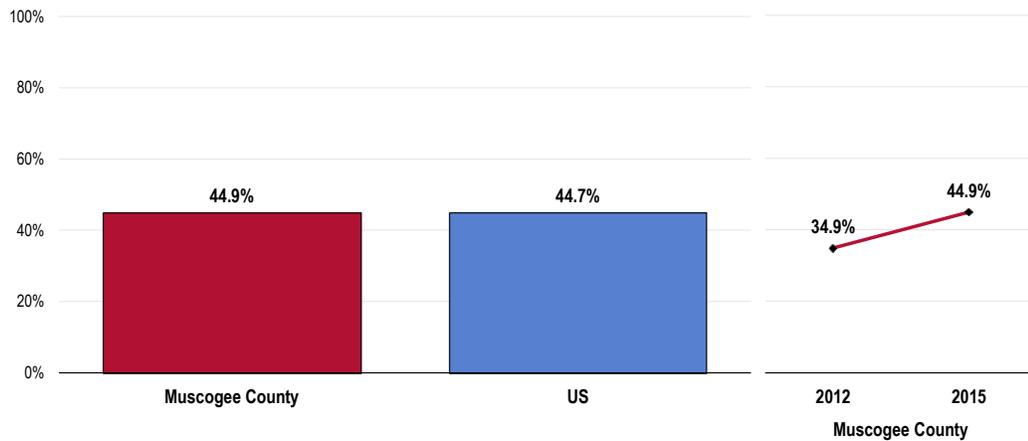
### Hepatitis B Vaccination

Based on survey data, more than 4 in 10 Muscogee County adults (44.9%) report having received the hepatitis B vaccination series.

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.

- Nearly identical to what is reported nationwide.
- TREND: Over time, there has been a significant increase in hepatitis B vaccinations in Muscogee County.

### Have Completed the Hepatitis B Vaccination Series



Sources: 

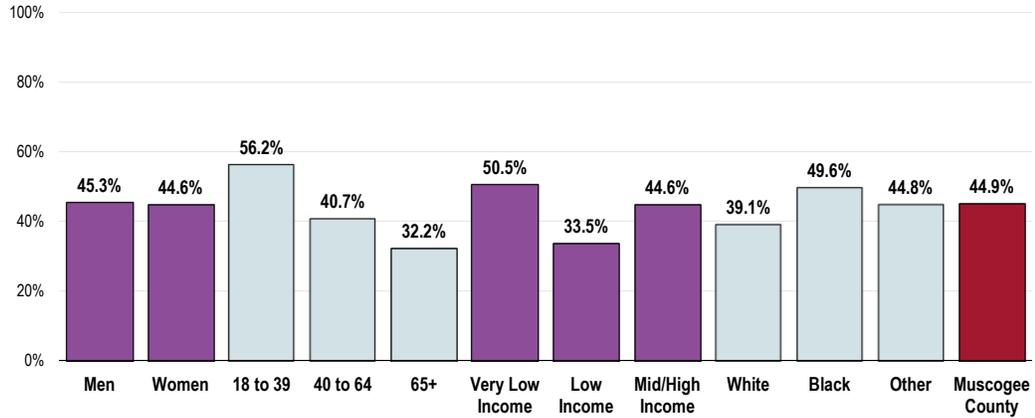
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 70]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

  
 Notes: 

- Asked of all respondents.
- Includes a series of three shots, usually administered at least one month between shots
- Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

- Note the negative correlation between age and hepatitis B vaccination.
- Those at either end of the income spectrum are much more likely than those with low incomes to have received the hepatitis B vaccine.
- In addition, a higher proportion of Blacks than Whites report that they have completed the vaccination series.

### Have Completed the Hepatitis B Vaccination Series (Muscogee County, 2015)



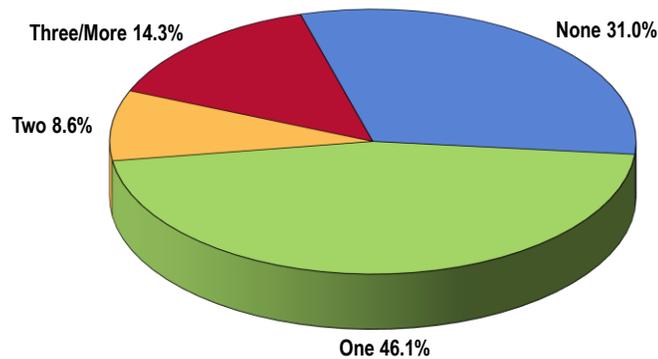
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 70]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Safe Sexual Practices

### Sexual Partners

Among unmarried Muscogee County adults under 65, the vast majority cites having one (46.1%) or no (31.0%) sexual partners in the past 12 months.

### Number of Sexual Partners in Past 12 Months (Among Unmarried Adults Age 18-64; Muscogee County, 2015)

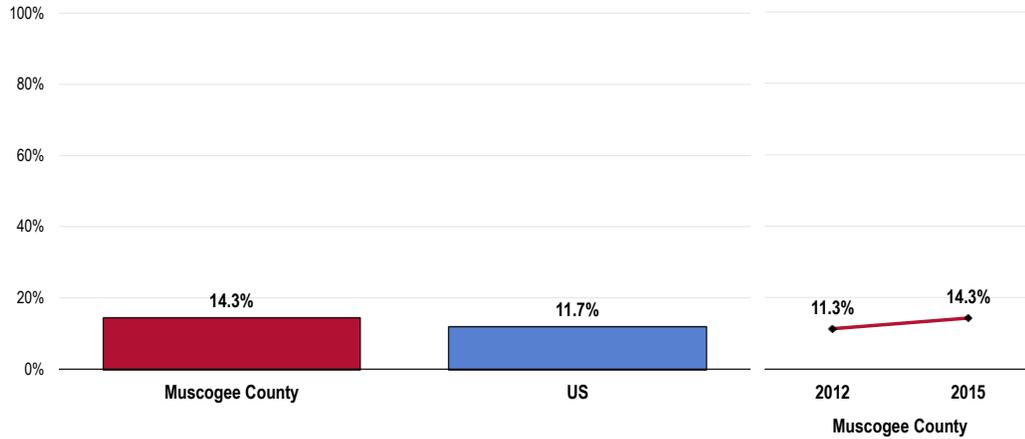


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]  
 Notes: • Asked of all unmarried respondents under the age of 65.

However, 14.3% report three or more sexual partners in the past year.

- Statistically comparable to that reported nationally.
- TREND: Statistically unchanged over the past three years.

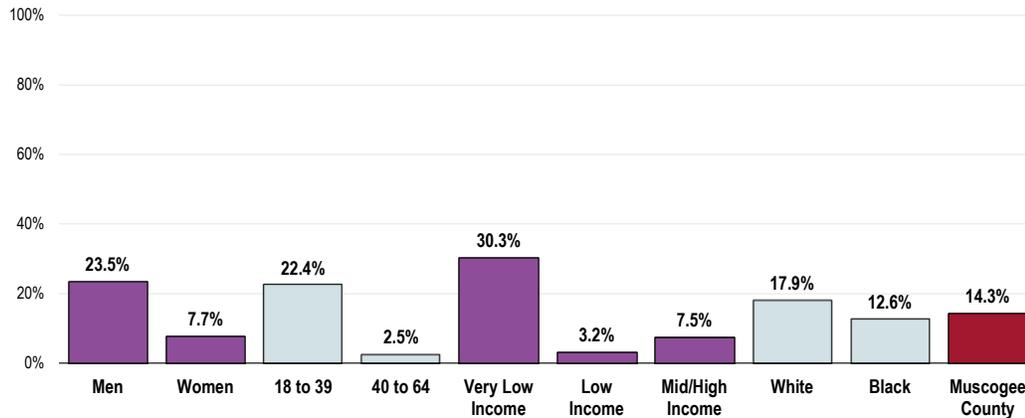
### Had Three or More Sexual Partners in the Past Year (Among Unmarried Adults Age 18-64)



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.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

- Unmarried respondents (age 18 to 64) more likely to report three or more sexual partners in the past year include men, residents age 18 to 39, and those living at very low incomes.

### Had Three or More Sexual Partners in the Past Year (Among Unmarried Adults Age 18-64; Muscogee County, 2015)



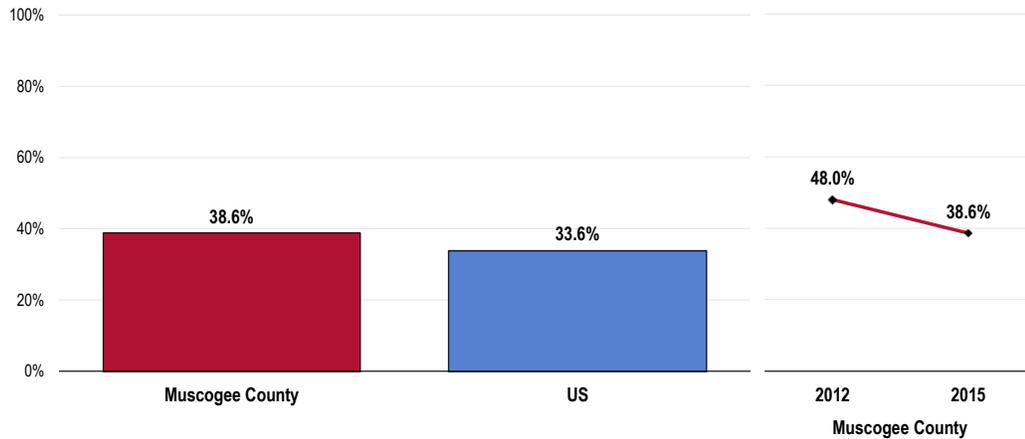
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]  
 Notes: • Asked of all unmarried respondents under the age of 65.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100-199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

### Condom Use

Among Muscogee County adults who are under age 65 and unmarried, 38.6% report that a condom was used during their last sexual intercourse.

- Statistically similar to national findings.
- TREND: Utilization of condoms has decreased since 2012.

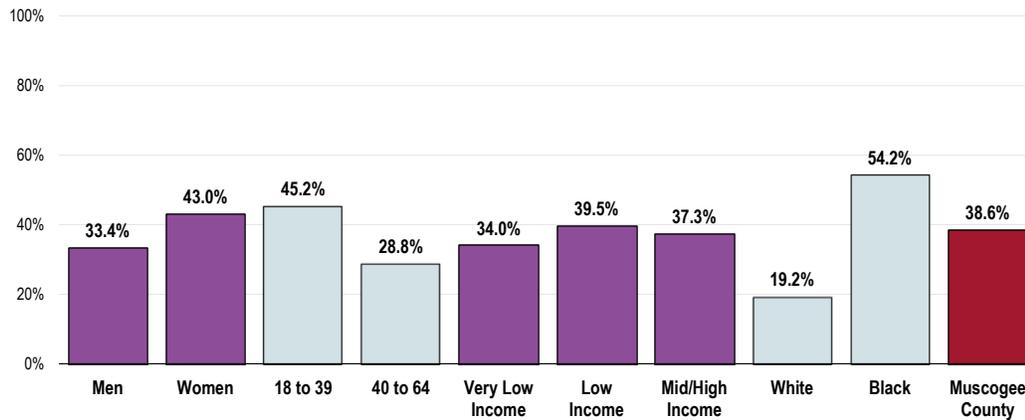
### Condom Was Used During Last Sexual Intercourse (Among Unmarried Adults Age 18-64)



- 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.
  - Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

- Residents age 40 through 64 and especially those who are White are less likely to report that a condom was used during their last sexual intercourse.

### Condom Was Used During Last Sexual Intercourse (Among Unmarried Adults Age 18-64; Muscogee County, 2015)

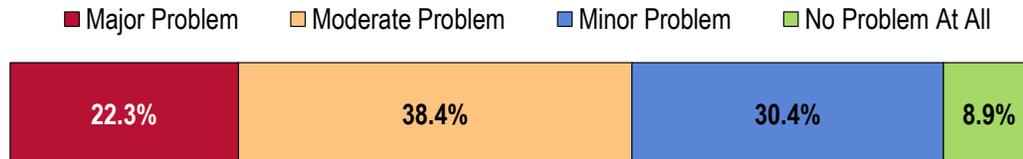


- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]
- Notes:
- Asked of all unmarried respondents under the age of 65.
  - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
  - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Key Informant Input: Sexually Transmitted Diseases

Key informants taking part in an online survey generally characterized *Sexually Transmitted Diseases* as a “moderate problem” in the community.

### Perceptions of Sexually Transmitted Diseases as a Problem in the Community (Key Informants, 2015)



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

### Top Concerns

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

#### High Prevalence

*STDs tend to be on the constant rise throughout the entire district. - Muscogee County - Public Health Representative*

*My son said that he read that STDs have started to become an issue again in Columbus. - Muscogee County - Community/Business Leader*

*The number of STDs reported. - Muscogee County - Public Health Representative*

*Columbus has one of the highest rates of sexually transmitted diseases in Georgia and the nation. - Muscogee County - Community/Business Leader*

*Recent television study that showed Columbus is number one in state of GA for STDs. - Muscogee County - Social Services Provider*

*Columbus was most recently identified as having the most reported STDs in the state. - Muscogee County - Other Health Provider*

*A recent report highlighted Columbus as having an alarming percentage of its population with STDs. - Muscogee County - Social Services Provider*

*Rates have continued to increase in Muscogee County while State and National rates decreased. I have also seen an increase in my clients having one or multiple STDs. - Muscogee County - Social Services Provider*

#### Lack of Education

*Lack of education regarding risk of activity. - Muscogee County - Other Health Provider*

*The statistics show that this is a major problem among the younger generation in our society.*

*Education about safe sex is essential. - Muscogee County - Other Health Provider*

*The mentality of the youth is that it won't happen to me. Education and accountability are the key. - Muscogee County - Community/Business Leader*

#### Behavioral Risk

*Sex between multiple people is on the rise. Teenagers are more curious and will try sex more than in years past. STDs and teen pregnancies are on the rise. - Muscogee County - Community/Business Leader*

*Lack of protection and multiple partners. - Muscogee County - Community/Business Leader*

**Undiagnosed Population**

*Many go undiagnosed; people unwilling to share information with sexual partners; people do not properly use contraceptives that help prevent STD transmission. - Muscogee County - Community/Business Leader*

**Lack of Funding**

*The Public Health Department is lacking in funds to help prevent occurrence. - Muscogee County - Physician*

## Immunization & Infectious Diseases

### Key Informant Input: Immunization & Infectious Diseases

A high percentage of key informants taking part in an online survey characterized *Immunization & Infectious Diseases* as a “minor problem” in the community.

### Perceptions of Immunization and Infectious Diseases as a Problem in the Community (Key Informants, 2015)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All



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

### Top Concerns

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

#### Lack of Immunizations

*The number of adults and children not immunized. The increase in cases of gonorrhea, chlamydia and syphilis. - Muscogee County - Public Health Representative*

*The trend now with some parents to not immunize their children. - Muscogee County - Physician*

*Immunization is important for all children and to prevent the spread of infectious diseases. The flu epidemic last year was unreal. - Muscogee County - Other Health Provider*

#### Preventive Checkups

*Timely preventive health checkup is also a problem with our member population and missing appointments for immunization for their children is a major problem. - Muscogee County - Other Health Provider*

# Births



Professional Research Consultants, Inc.

## Prenatal Care

### About Infant & Child Health

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

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

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

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

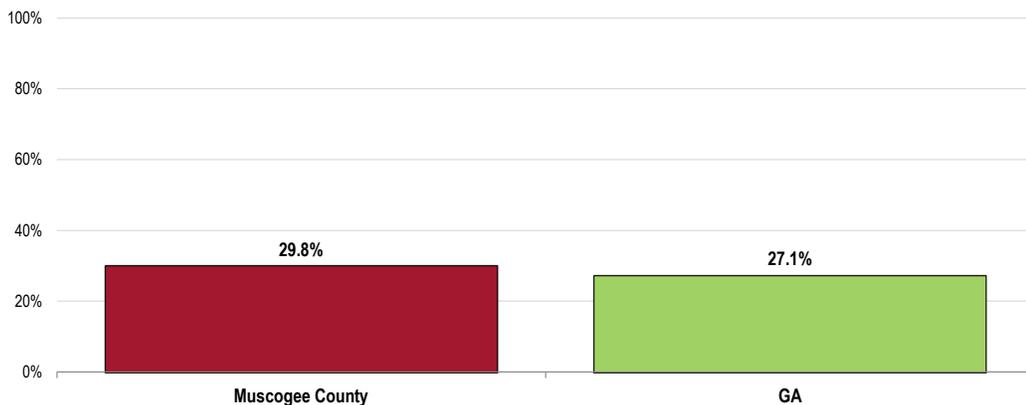
**Between 2011 and 2013, 29.8% of all Muscogee County births did not receive prenatal care in the first trimester of pregnancy.**

- Statistically less favorable than the Georgia proportion.
- Fails to satisfy the Healthy People 2020 target (22.1% or lower).

### Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2011-2013)

Healthy People 2020 Target = 22.1% 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 September 2015.

• 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-10.1]

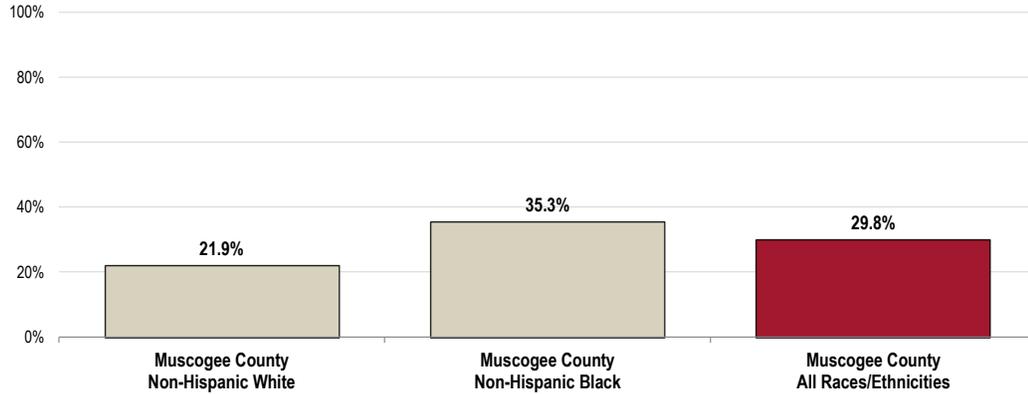
Note: • This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access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

- Lack of prenatal care is more prevalent among Blacks in Muscogee County.

### Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2011-2013)

Healthy People 2020 Target = 22.1% or Lower



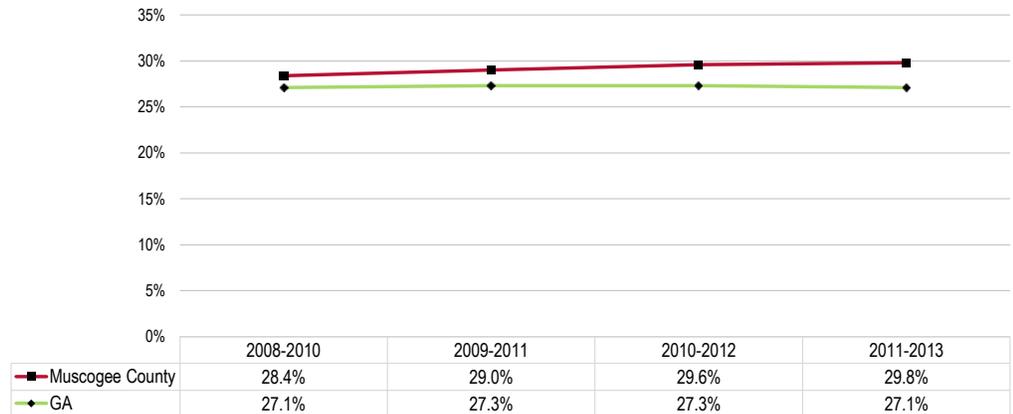
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
  - Centers for Disease Control and Prevention, National Center for Health Statistics.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-10.1]
- Note:
- Numbers are a percentage of all live births within each population.

- TREND: The prevalence of prenatal care in Muscogee County is unchanged over time; the same can be seen for Georgia.

### Lack of Prenatal Care in the First Trimester

(Percentage of Live Births)

Healthy People 2020 Target = 22.1% 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 September 2015.
  - 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-10.1]
- Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy

## Birth Outcomes & Risks

### Low-Weight Births

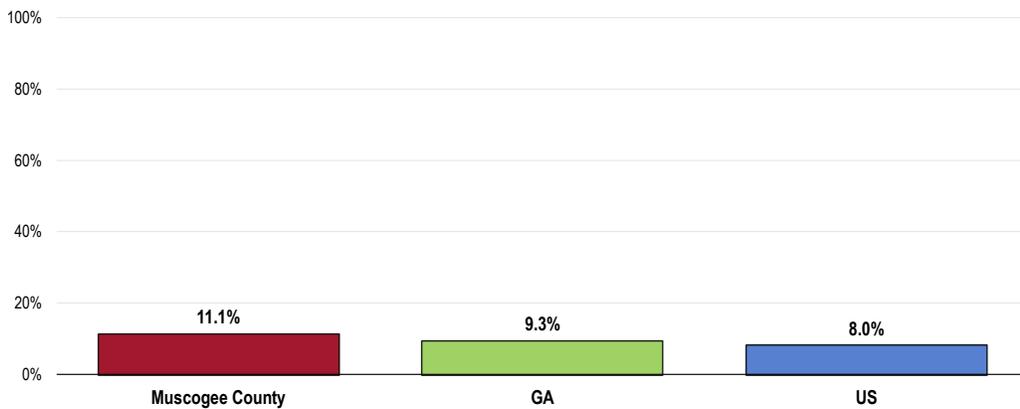
**A total of 11.1% of 2011-2013 Muscogee County births were low-weight.**

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

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

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

**Low-Weight Births**  
 (Percent of Live Births, 2011-2013)  
**Healthy People 2020 Target = 7.8% or Lower**



Sources:

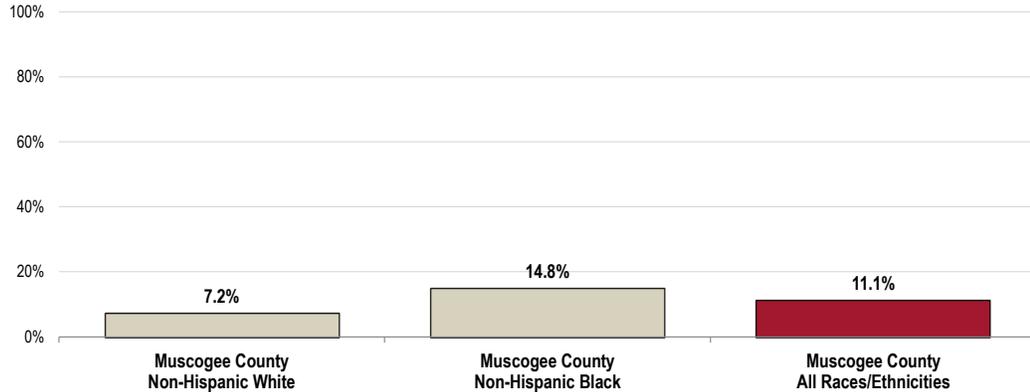
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-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.

- Low-weight births are more than twice as prevalent among Blacks in Muscogee County as Whites.

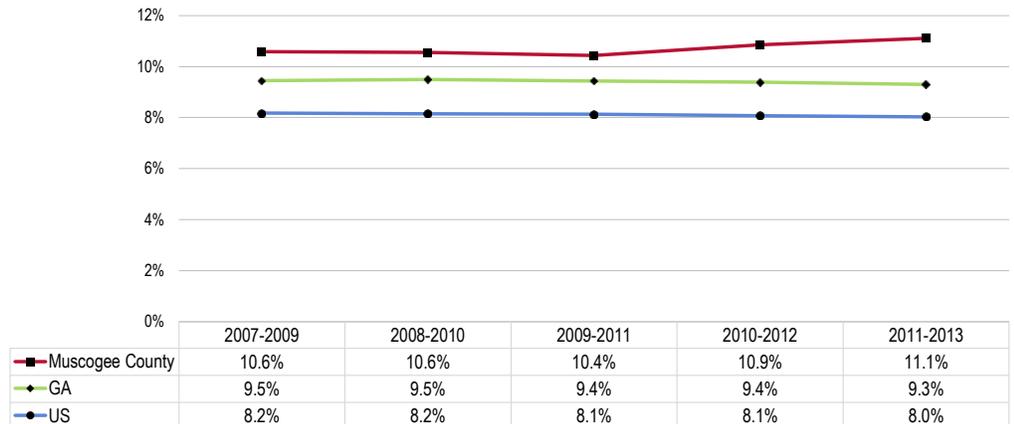
**Low-Weight Births**  
 (Percentage of Live Births, 2011-2013)  
 Healthy People 2020 Target = 7.8% or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.  
 • 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-8.1]  
 Note: • Numbers are a percentage of all live births within each population.  
 • Defined as an infant born weighing less than 5.5 pounds (2,500 grams) regardless of gestational age.

- TREND: The proportion of low-weight births has trended upward slightly in Muscogee County in recent years, but not enough to be statistically significant.

**Low-Weight Births**  
 (Percentage of Live Births)  
 Healthy People 2020 Target = 7.8% or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.  
 • 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-8.1]  
 Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g).

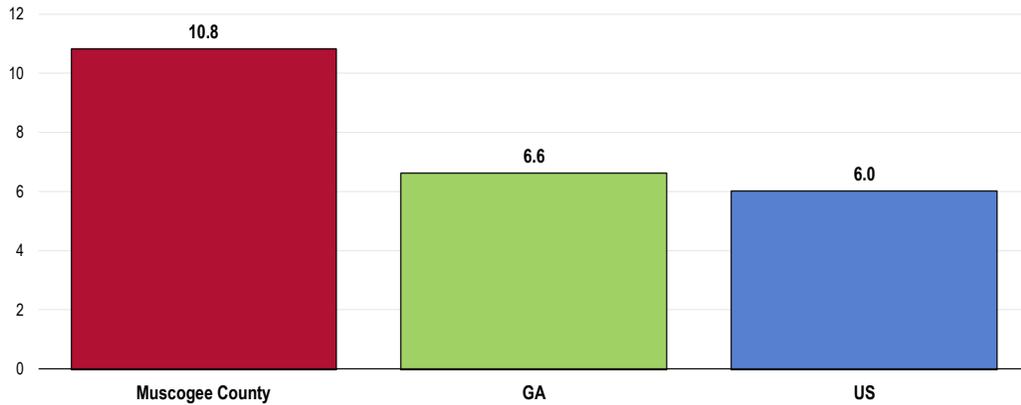
## Infant Mortality

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

Between 2011 and 2013, there was an annual average of 10.8 infant deaths per 1,000 live births.

- Much less favorable than the Georgia rate.
- Much less favorable than the national rate.
- Far from satisfying the Healthy People 2020 target of 6.0 per 1,000 live births.

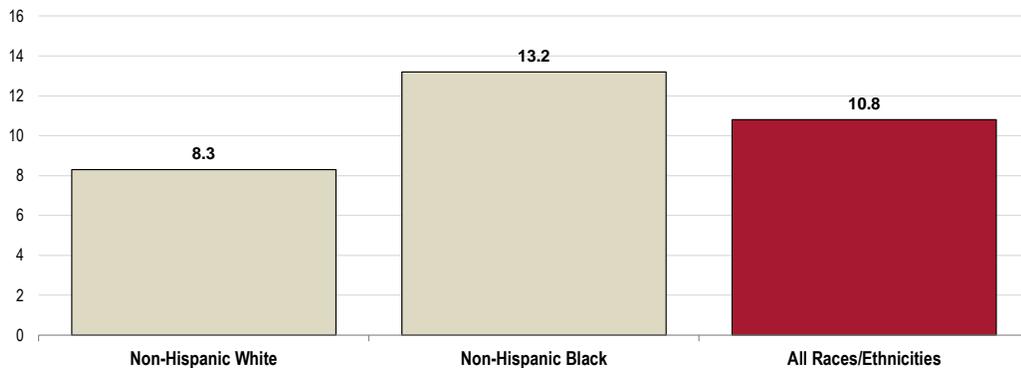
**Infant Mortality Rate**  
(2011-2013 Annual Average Infant Deaths per 1,000 Live Births)  
Healthy People 2020 Target = 6.0 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
  - 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.
  - This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

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

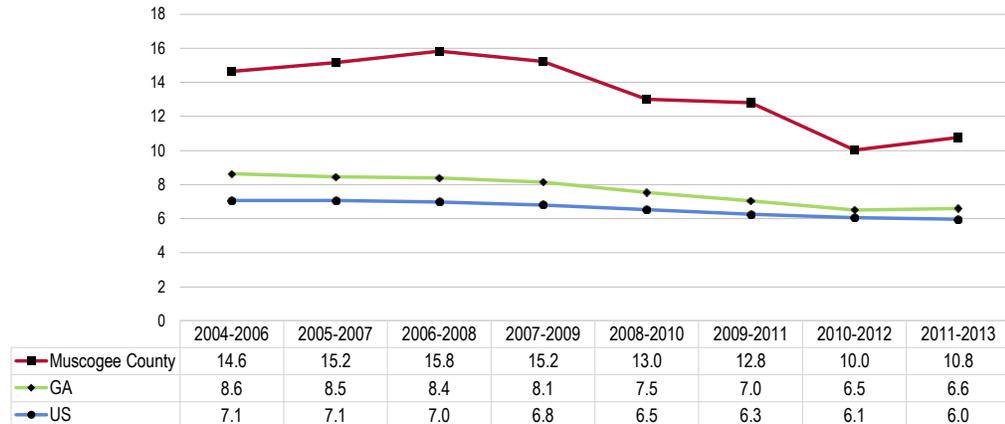
**Infant Mortality Rate by Race/Ethnicity**  
(2011-2013 Annual Average Infant Deaths per 1,000 Live Births)  
Healthy People 2020 Target = 6.0 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
  - 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.
  - This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- **TREND:** Although infant mortality in Muscogee County remains above the state and national levels, it has trended downward at a faster pace than the others since 2007.

### Infant Mortality Rate (Annual Average Infant Deaths per 1,000 Live Births) Healthy People 2020 Target = 6.0 or Lower



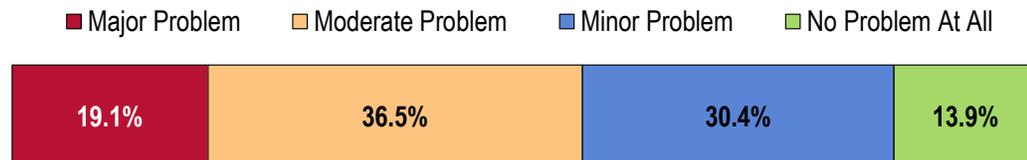
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.  
 • Centers for Disease Control and Prevention, National Center for Health Statistics.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]

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

### Key Informant Input: Infant & Child Health

Key informants taking part in an online survey generally characterized *Infant & Child Health* as a “moderate problem” in the community.

### Perceptions of Infant and Child Health as a Problem in the Community (Key Informants, 2015)



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

## Top Concerns

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

### **Nutrition and Preventive Care**

*Lack of proper nutrition and poor parenting choices. - Muscogee County - Social Services Provider*

*In my area, many infants and young children do not receive proper nutrition and/or appropriate "well" visits to the physician. - Muscogee County - Social Services Provider*

*Every day the Children's Emergency Room sees patients that could have avoided an Emergency Room visit if the child was seen consistently by a PCP or Pediatrician, education of parents. - Muscogee County - Community/Business Leader*

*It goes back to the parents that do not have the resources: such as the money for the doctor's appointment or transportation. Kids are not getting the proper exercise needed. Kids do not have access to a healthy meal. And it goes back to some parents are just not nurturing the kids like they should be cared for. - Muscogee County - Social Services Provider*

*The number of premature births and the number of infants and children not receiving adequate medical care. - Muscogee County - Public Health Representative*

### **High Cost of Healthcare**

*Many children are paying the price for high-priced healthcare. Others are paying the price for their parent's ignorance in proper healthcare. If there were more free community based pediatric healthcare programs available that would both offer treatment and education of treatment/prevention, this problem would drastically be reduced. - Muscogee County - Community/Business Leader*

*Because of the number of women living in poverty, infants and children are underserved. - Muscogee County - Community/Business Leader*

*Again, the low income demographics in the community limit access to proper prenatal planning and therefore a higher than normal infant mortality rate along with other factors that prevent kids from getting access to proper nutrition, medical and dental care. - Muscogee County - Community/Business Leader*

### **Lack of Education**

*If we start young with an attitude of preventing and healing and healthy lifestyles, we change the future. - Muscogee County - Social Services Provider*

*Preparation for a new infant and child health education is needed as preventive measures are not taken by the member population to meet the needs of the children. - Muscogee County - Other Health Provider*

### **Reluctance to Seek Help**

*High Hispanic population who are reluctant to seek help for children. - Muscogee County - Other Health Provider*

### **Insurance Issues**

*Acceptance by providers of public sponsored insurance programs. - Muscogee County - Other Health Provider*

### **Child Mortality**

*The rate of child mortality remains very high in our community at 12.4 per 1,000 compared to 7.2 for the state of Georgia. Too many children experience violence and neglect in their homes. - Muscogee County - Social Services Provider*

## Family Planning

### Births to Teen Mothers

#### About Teen Births

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

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

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

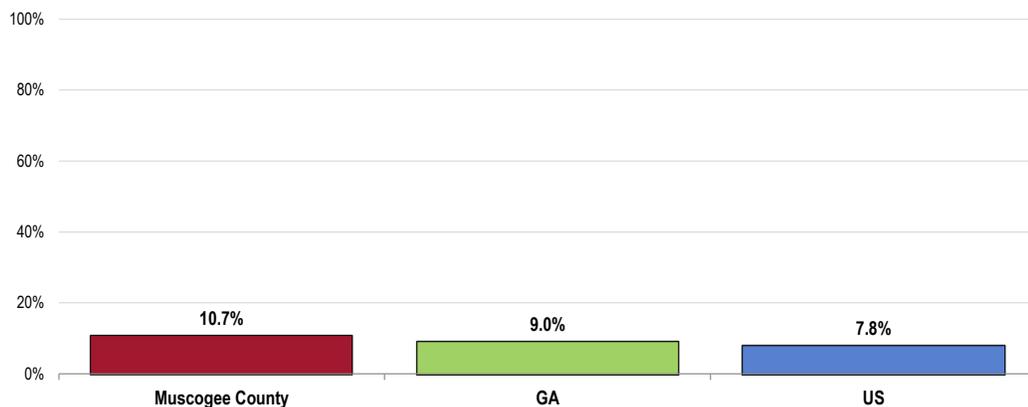
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

**Between 2011 and 2013, 10.7% of total live births were to mothers under the age of 20.**

- Statistically higher than the Georgia proportion.
- Higher than the national proportion.

### Young Mothers

(Percentage of Live Births to Women Under Age 20, 2011-2013)

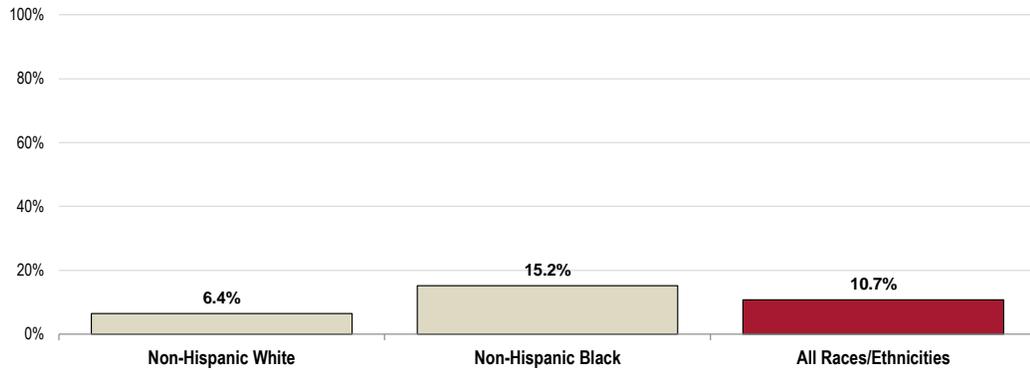


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.

Notes: • Centers for Disease Control and Prevention, National Center for Health Statistics.  
• This indicator reports the percentage of live births to women under the age of 20. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

- By race and ethnicity, Blacks exhibit a much higher percentage of teen births than Whites in Muscogee County.

### Young Mothers (Percentage of Live Births to Women Under Age 20; Muscogee County by Race/Ethnicity, 2011-2013)

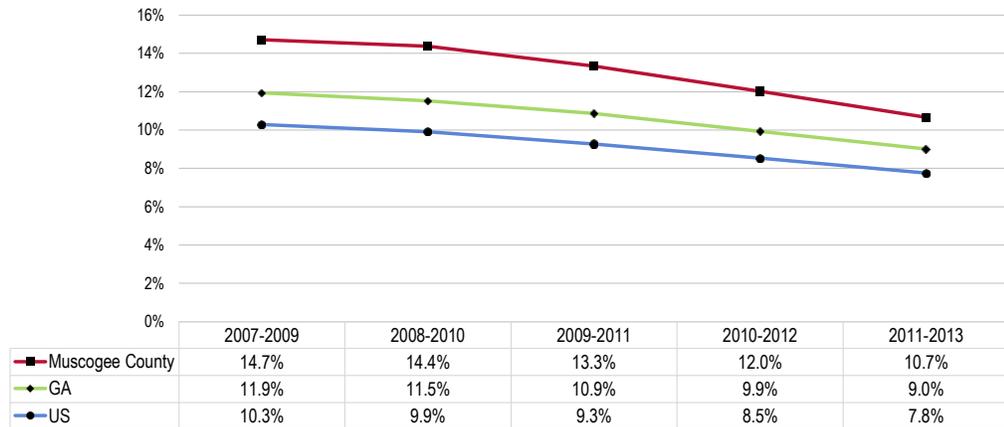


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.  
 • Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes: • This indicator reports the percentage of live births to women under the age of 20 for each population.

- TREND: This percentage has decreased in Muscogee County since 2007; the same can be said both statewide and nationwide.

### Young Mothers (Percentage of Live Births to Women Under Age 20, 2011-2013)



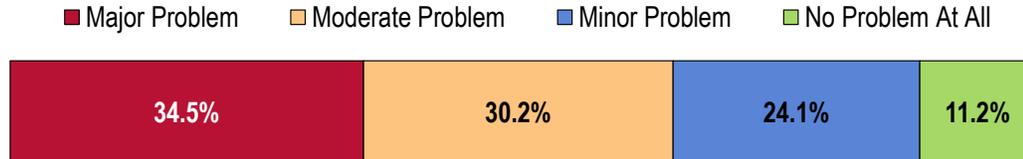
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.  
 • Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes: • This indicator reports the percentage of live births to women under the age of 20.

## Key Informant Input: Family Planning

Key informants taking part in an online survey largely characterized *Family Planning* as a “major problem” in the community.

### Perceptions of Family Planning as a Problem in the Community (Key Informants, 2015)



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

### Top Concerns

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

#### Number of Single Mothers

*There are a lot of single moms, most without support from the father. - Muscogee County - Social Services Provider*

*A lot of children being born end up in a single parent home. A good number of the pregnancies are not planned. There is lack of spacing and education for the younger population that are having children. - Muscogee County - Other Health Provider*

*There is a culture of absentee fathers. While this is not a generalization, there is a significant population of children who are raised without dads. Moreover, they are raised without the expectation that dads are needed or important. - Muscogee County - Other Health Provider*

*Births to unwed mothers. - Muscogee County - Other Health Provider*

*73% of all children are born out of wedlock. What activities do we provide to keep our young adults occupied? How can our churches play a bigger role? How can our doctors and nurses be bolder in their conversations with young adults? - Muscogee County - Social Services Provider*

*Broken homes. Too many teen moms. Single family homes. No proper supervision because both, or the single parent have to work to take care of the household, and has no one to look after the kids. Some families are living off of the system. - Muscogee County - Social Services Provider*

#### Access to Services

*Availability of affordability family planning services - Muscogee County - Other Health Provider*

*Because of the cost of LARC's and lack of insurance to cover insertion. - Muscogee County - Public Health Representative*

*It has been my experience, in working with families that getting this service provided is difficult. - Muscogee County - Social Services Provider*

*Not paid for in a lot of cases. Medicaid consent form is restrictive. - Muscogee County - Physician*

#### Lack of Education

*We do not seem to be providing family planning information to people, particularly girls, early enough to impact the cycle of poverty and other negatives outcomes associated with teen pregnancies and multiple children born to young mothers. - Muscogee County - Community/Business Leader*

GA no longer gets Title-X FP dollars from feds. FP also begins early with abstinence education for girls in middle school years which has very limited availability in our community. - Muscogee County - Other Health Provider

Education increase is needed for youth populations regarding risks of pregnancy and disease related to sex. - Muscogee County - Other Health Provider

Need to bring awareness in schools with education and in church's. - Muscogee County - Physician

### **Children Born into Poverty**

I encounter a variety of people in my work. Some people have upwards of four, five, and even up to eight children. When you have exceptional childcare costs, often the cost of childcare will outweigh the benefits of working and receiving wages. Whether this is a question of access to contraception/family planning methods, a lack of knowledge about family planning, contraception and abortion, or a cultural/socioeconomic/religious reason to not use these methods is still up for debate. - Muscogee County - Social Services Provider

People continually having children and not having the financial resources and necessary knowledge and skills to care for the children. It is a generational problem that spans the racial divide. - Muscogee County - Community/Business Leader

Many people in the community live in poverty, it is not unusual for a teen in poverty to have four children by the time she is 20. Family planning could help break the cycle of poverty. - Muscogee County - Community/Business Leader

### **Teenage Pregnancy**

Teenage pregnancy is at an all-time high, leading to early delivery and low birth rate; education and accountability are needed. - Muscogee County - Community/Business Leader

There are a great number of unplanned pregnancies to teen moms. - Muscogee County - Community/Business Leader

Too many unplanned and teenage deliveries. - Muscogee County - Physician

### **Government Assistance**

Low income population may use pregnancy and having children as a tool to increase household income versus fully understanding they are sustaining a long term, generational problem. - Muscogee County - Community/Business Leader

Based on my observation of babies admitted to the NICU, there are too many examples of babies born for the sole purpose of increasing government assistance. Because prenatal care is not particularly accessible to single moms, there is a lack of prenatal care. I believe this is partially due to the reality that it is more difficult for adults to qualify for Medicaid and indigent patients do not know where to obtain care. - Muscogee County - Community/Business Leader

### **Lack of Resources**

Family Planning can deal with many health/community issues ranging from education to community re-entry. Many families seek guidance and case management outside the hospital setting. What do they do next? What is the next phase for my child community involvement when dealing with special needs? What do I do when released from a hospital and I'm disabled and want to get re-engaged? Why was I not educated on my loved one's traumatic brain injury and re-entry into the work force? These types of questions can all be answered and families can be assisted in creating life-long strategies and plans. We just need someone to coordinate these efforts. - Muscogee County - Community/Business Leader

### **Unintended Pregnancies**

The number of unwanted pregnancies. - Muscogee County - Community/Business Leader

Lack of resources to assist with unintended pregnancies and lack of preventative education. - Muscogee County - Social Services Provider

### **Maternal and Infant Mortality**

Loss of Title X grant. High maternal mortality and infant mortality. High rate of births without prenatal care especially in the undocumented population. - Muscogee County - Public Health Representative

# Modifiable Health Risks



Professional Research Consultants, Inc.

## Actual Causes of Death

### About Contributors to Mortality

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

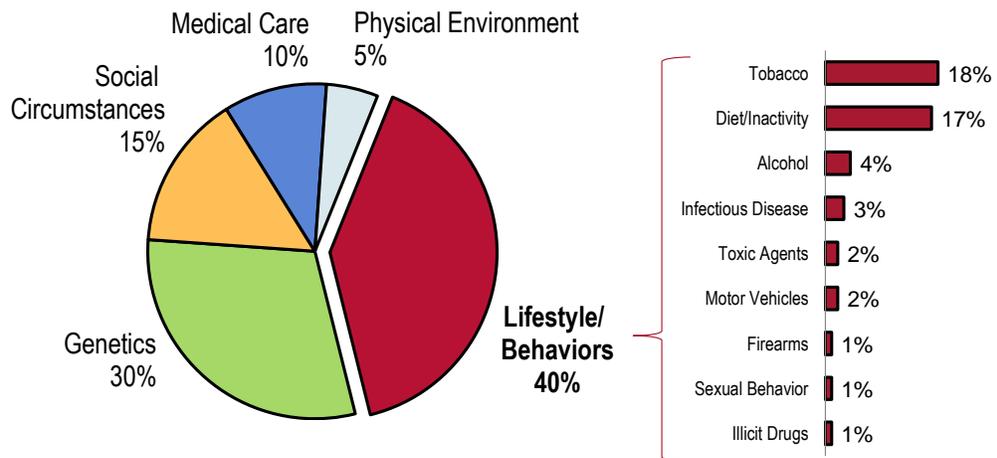
The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), **diet and activity** patterns (400,000), **alcohol** (85,000), **microbial agents** (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), **firearms** (29,000), **sexual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

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

- Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

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

### Factors Contributing to Premature Deaths in the United States



Sources: • "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs. Vol. 32. No. 2. March/April 2002.  
 "Actual Causes of Death in the United States"; (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH.) JAMA. 291 (2000) 1238-1245.

Leading Causes of Death	Underlying Risk Factors (Actual Causes of Death)	
<b>Cardiovascular Disease</b>	Tobacco use Elevated serum cholesterol High blood pressure	Obesity Diabetes Sedentary lifestyle
<b>Cancer</b>	Tobacco use Improper diet	Alcohol Occupational/environmental exposures
<b>Cerebrovascular Disease</b>	High blood pressure Tobacco use	Elevated serum cholesterol
<b>Accidental Injuries</b>	Safety belt noncompliance Alcohol/substance abuse Reckless driving	Occupational hazards Stress/fatigue
<b>Chronic Lung Disease</b>	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.

## Nutrition

### About Healthful Diet & Healthy Weight

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

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

Americans with a healthful diet:

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

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

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

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

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

Social factors thought to influence diet include:

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

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

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

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

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

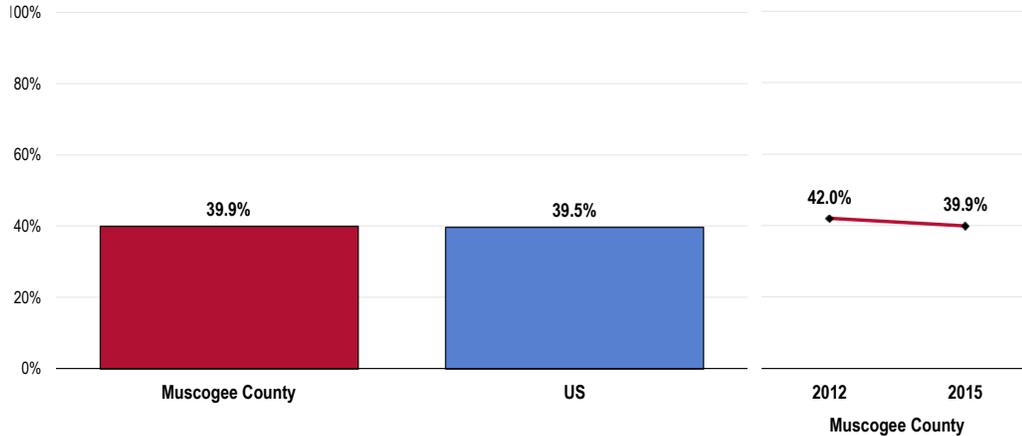
## Daily Recommendation of Fruits/Vegetables

A total of 39.9% of Muscogee County adults report eating five or more servings of fruits and/or vegetables per day.

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

- Close to the national findings.
- TREND: Fruit/vegetable consumption has not changed significantly since 2012.

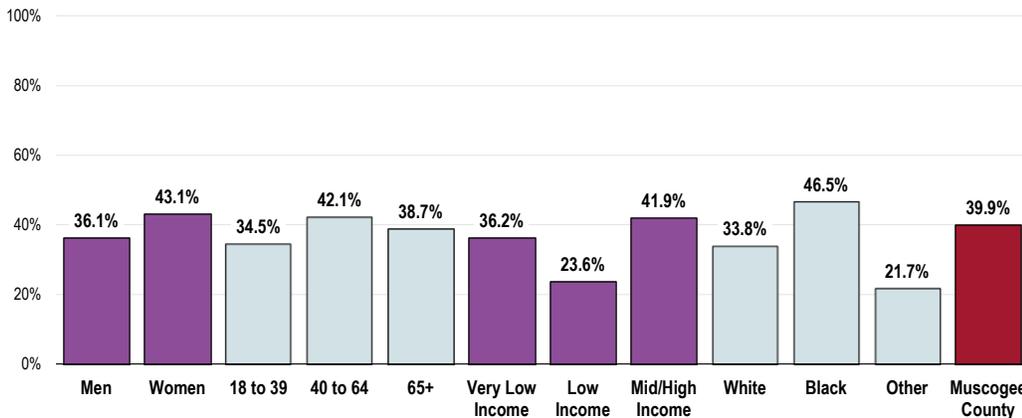
### Consume Five or More Servings of Fruits/Vegetables Per Day



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 146]
  - 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.
  - Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

- Area men and adults living just above poverty are less likely to get the recommended servings of daily fruits/vegetables, as are those of “Other” races followed by Whites.

### Consume Five or More Servings of Fruits/Vegetables Per Day (Muscogee County, 2015)



- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]
- 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. “Very Low Income” includes households with incomes less than 100% of the federal poverty level; “Low Income” includes households with incomes from 100–199% 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

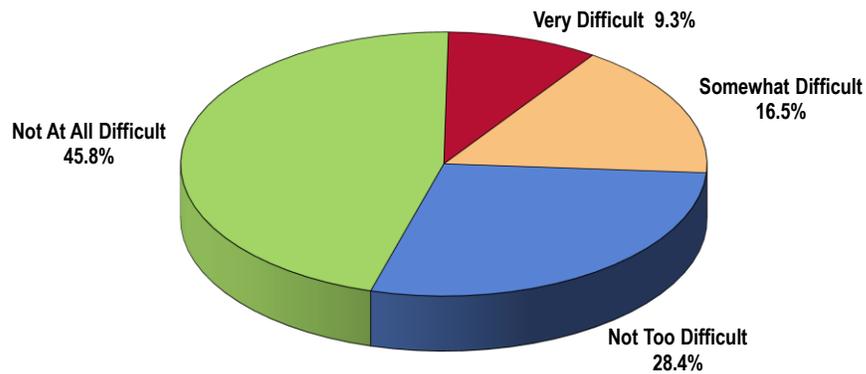
### Difficulty Accessing Fresh Produce

While most report little or no difficulty, 25.8% of Muscogee County adults report that it is “very” or “somewhat” difficult for them to access affordable, fresh fruits and vegetables.

Respondents were asked:

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

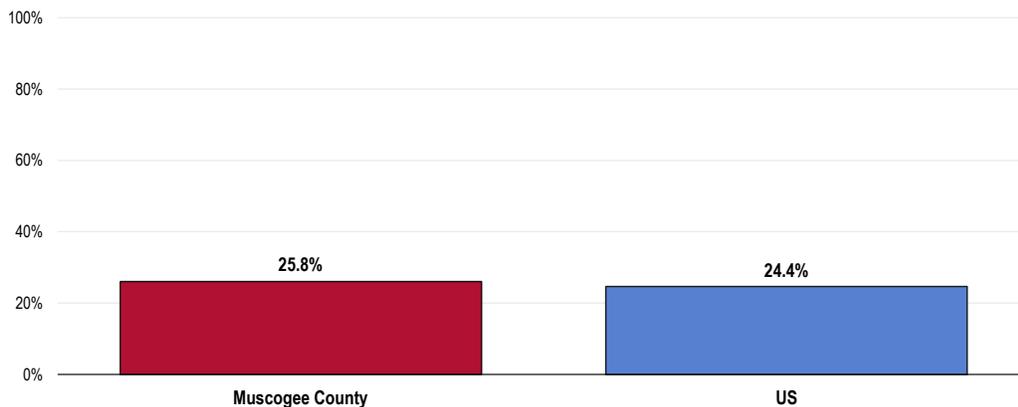
### Level of Difficulty Finding Fresh Produce at an Affordable Price (Muscogee County, 2015)



Sources: • 2015 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

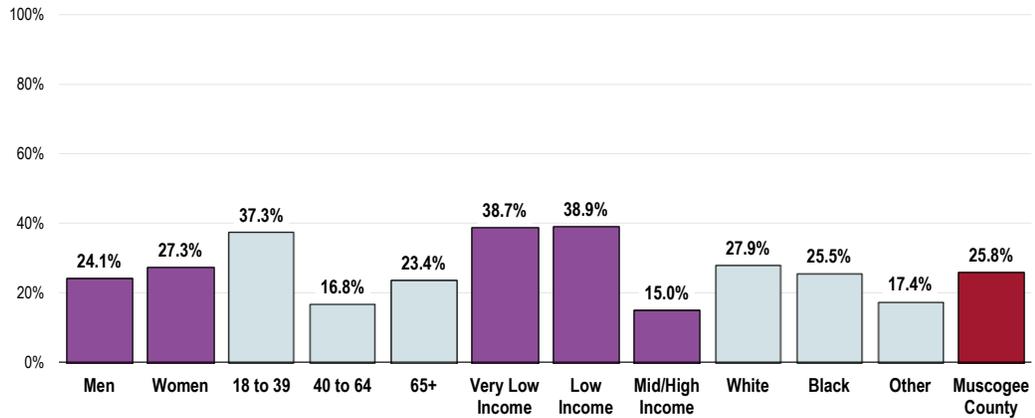


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

Those more likely to report difficulty getting fresh fruits and vegetables include:

- Young adults under age 40, followed by seniors (65+).
- Lower-income residents.

### Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Muscogee County, 2015)



Sources: • 2015 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. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

### Low Food Access (Food Deserts)

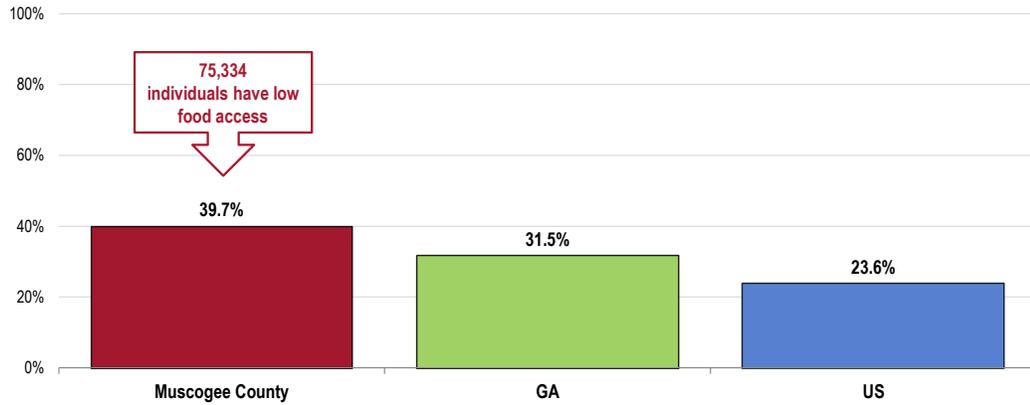
US Department of Agriculture data show that 39.7% of the Muscogee County population (representing over 75,000 residents) have low food access or live in a “food desert,” meaning that they do not live near a supermarket or large grocery store.

- Less favorable than statewide findings.
- Far less favorable than national findings.

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.

### Population With Low Food Access

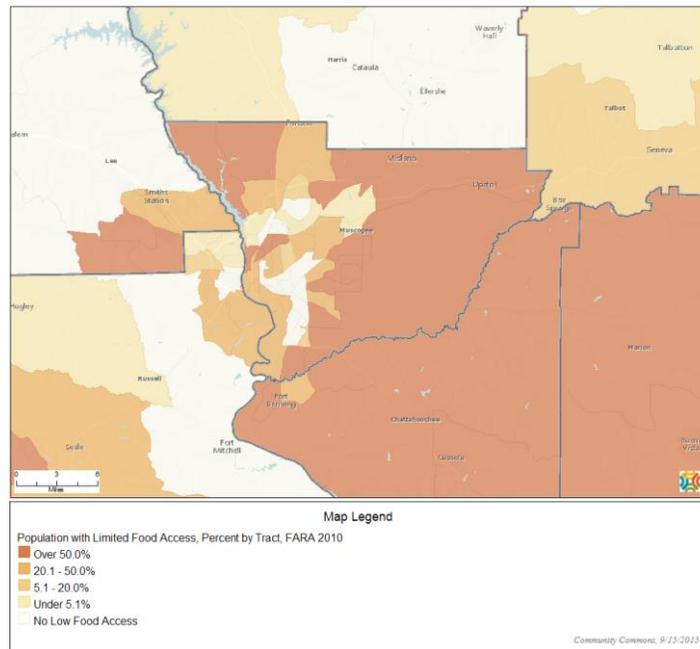
(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2010)



- Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA): 2010.
  - Retrieved September 2015 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.

- The following map provides an illustration of food deserts by census tract. Note the large areas (in dark orange) where over 50.0% of residents have limited food access.

### Population With Limited Food Access, Percent by Tract, FARA 2010

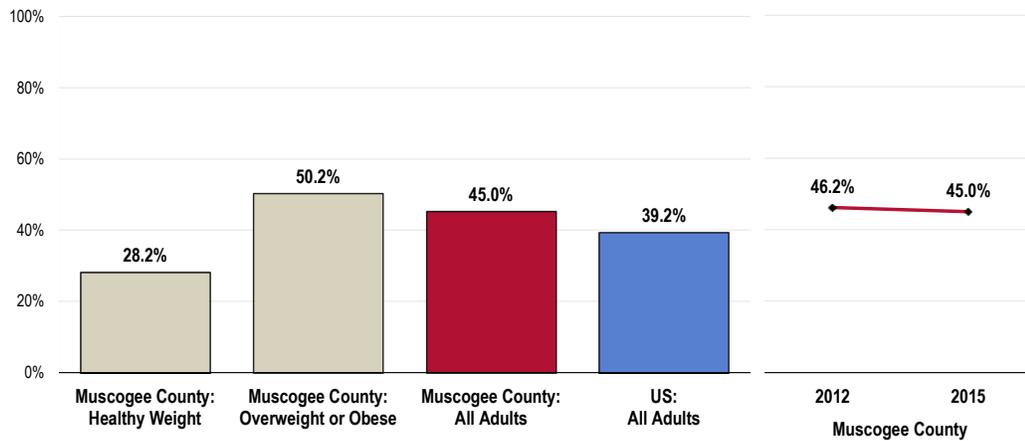


## Health Advice About Diet & Nutrition

A total of 45.0% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Higher than national findings.
- TREND: Statistically unchanged since 2012.
- Note: Among overweight/obese respondents, 50.2% report receiving diet/nutrition advice (meaning that nearly 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.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

## Physical Activity

### About Physical Activity

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

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

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

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

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

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

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

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

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

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

## Leisure-Time Physical Activity

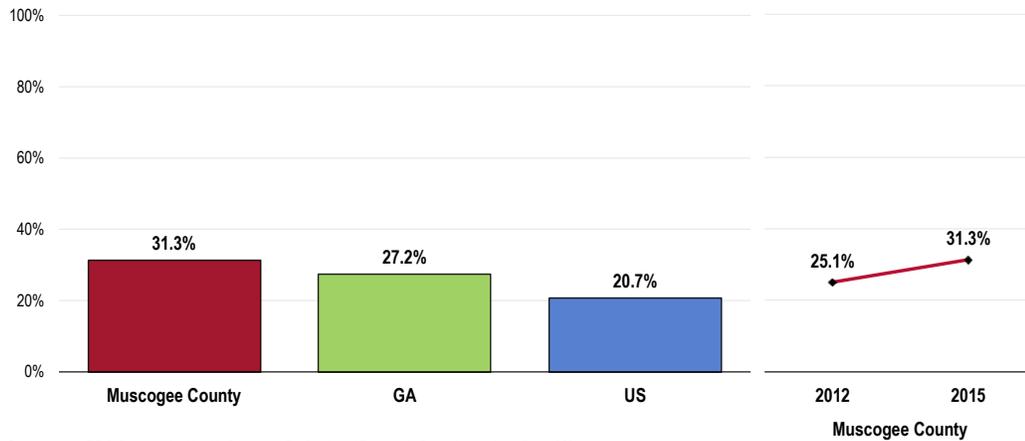
A total of 31.3% of Muscogee County adults report no leisure-time physical activity in the past month.

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

- Less favorable than statewide findings.
- Considerably less favorable than national findings.
- Similar to the Healthy People 2020 target (32.6% or lower).
- TREND: Marks a statistically significant increase in inactivity since 2012.

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

Healthy People 2020 Target = 32.6% or Lower



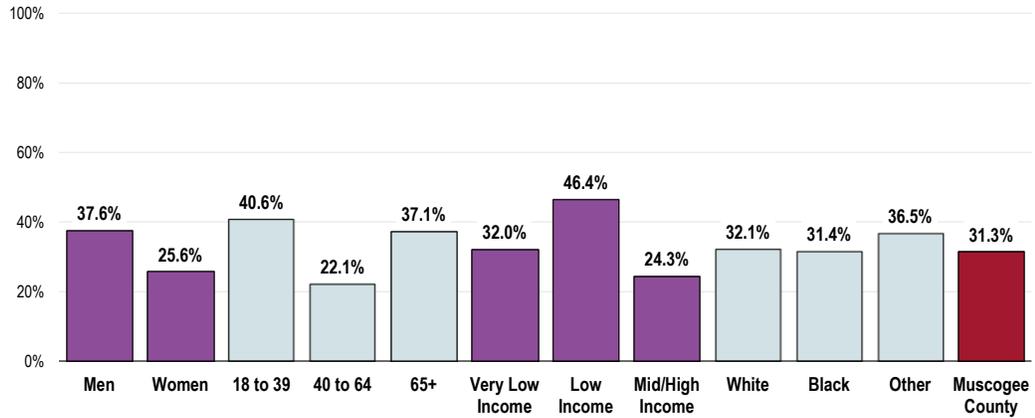
- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 92]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 GA data.
  - 2013 PRC 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.
  - Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

Lack of leisure-time physical activity in the area is higher among:

- Men.
- Adults under 40 or over 64.
- Residents living just above the federal poverty level

## No Leisure-Time Physical Activity in the Past Month (Muscogee County, 2015)

Healthy People 2020 Target = 32.6% or Lower



- Sources:
- 2015 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. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Activity Levels

### Recommended Levels of Physical Activity

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.

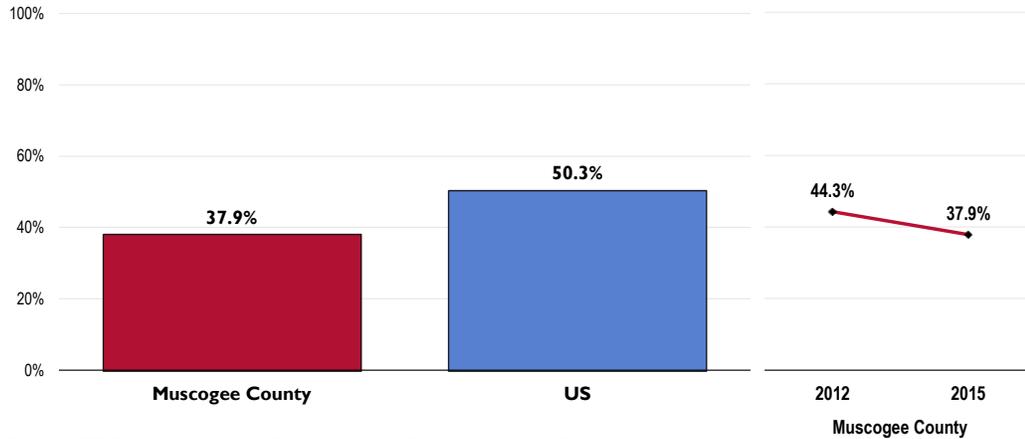
- 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. [www.health.gov/PAGuidelines](http://www.health.gov/PAGuidelines)

### Recommended Levels of Physical Activity

**A total of 37.9% of Muscogee County adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).**

- Much lower than national findings.
- TREND: Denotes a statistically significant decrease in the past three years.

### Meets Physical Activity Recommendations



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.

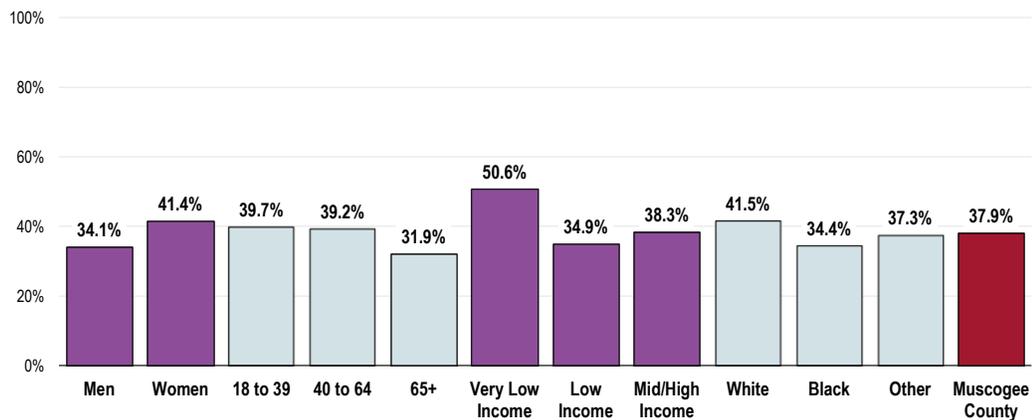
• In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate ) at least 5 times a week for 30 minutes at a time, and/or vigorous physical 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.

• Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

Those less likely to meet physical activity requirements include:

- Men.
- Seniors (65+).
- Residents living above the federal poverty level.
- Blacks when compared with Whites.

### Meets Physical Activity Recommendations (Muscogee County, 2015)



Sources: • 2015 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. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

• 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

In the past month:

The individual indicators of moderate and vigorous physical activity are shown here.

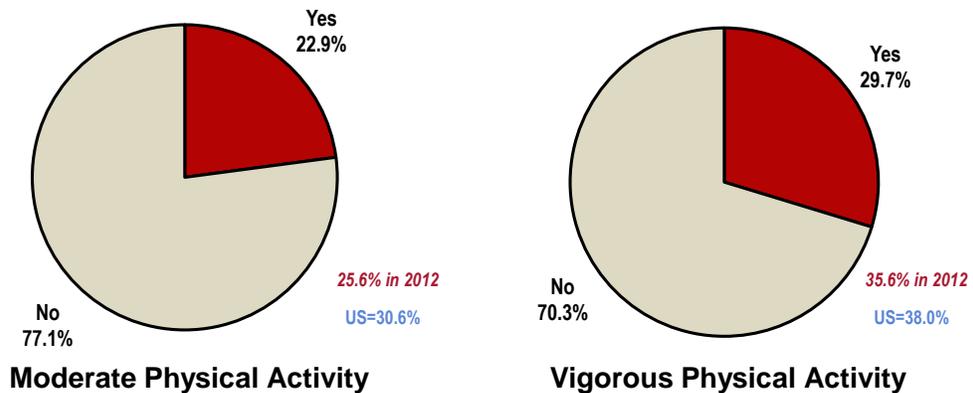
**A total of 22.9% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).**

- Less favorable than the national level.
- TREND: Statistically unchanged since 2012.

**A total of 29.7% participated in vigorous physical activity (3 times a week, 20 minutes at a time).**

- Less favorable than the nationwide figure.
- TREND: Vigorous physical activity has decreased significantly since 2012.

### Moderate & Vigorous Physical Activity (Muscogee County, 2015)



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 148-149]
  - 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.
  - Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

## Access to Physical Activity

### Access to Recreation & Fitness Facilities

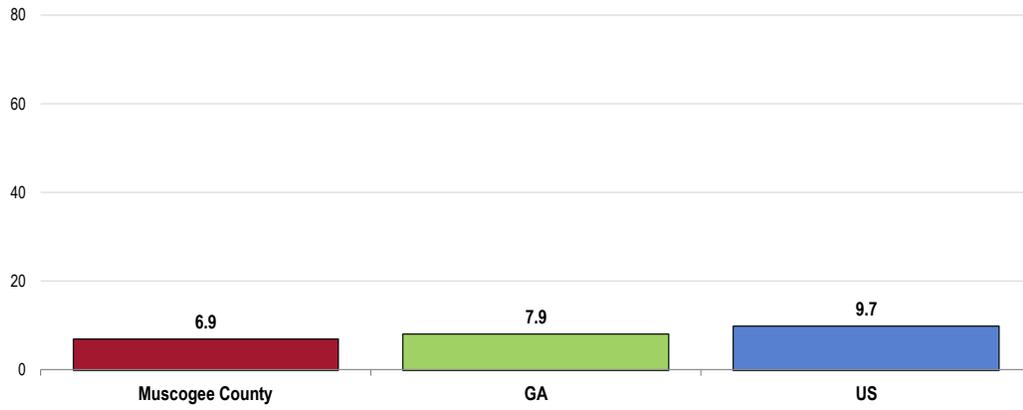
In 2013, there were 6.9 recreation/fitness facilities for every 100,000 population in Muscogee County.

- Slightly below what is found statewide.
- Below what is found nationally.

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

### Population With Recreation & Fitness Facility Access (Number of Recreation & Fitness Facilities per 100,000 Population, 2013)



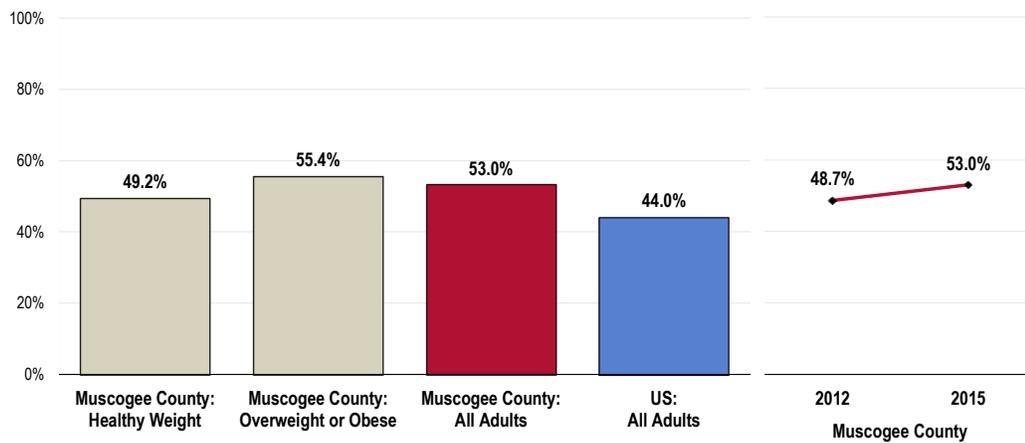
- Sources:
- US Census Bureau, County Business Patterns: 2013. Additional data analysis by CARES.
  - Retrieved September 2015 from Community Commons at <http://www.chna.org>.
- Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities". Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.* This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

## Health Advice About Physical Activity & Exercise

A total of 53.0% of Muscogee 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.
- TREND: Similar to 2012 survey findings.
- Note: 55.4% of overweight/obese Muscogee 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.

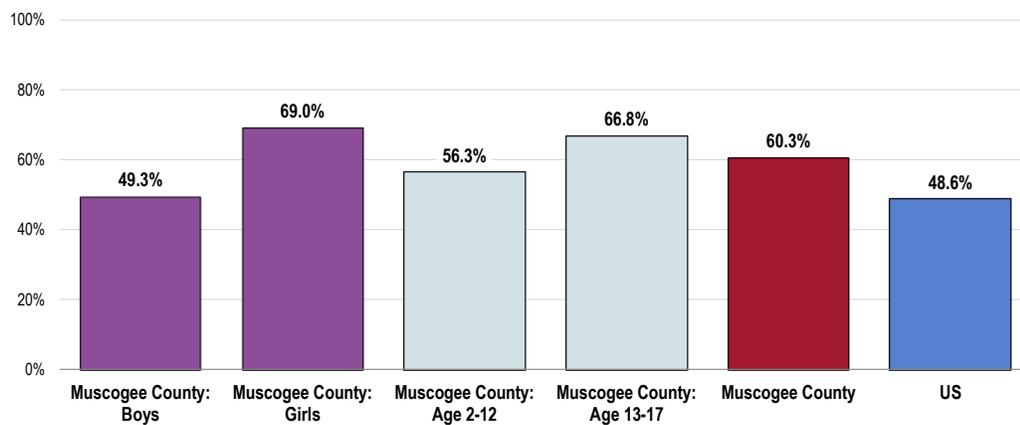
Notes: • Asked of all respondents.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

## Children’s Physical Activity

Among Muscogee County children age 2 to 17, 60.3% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- Considerably more favorable than found nationally.
- By age, girls are far more likely than boys to be physically active every day.
- There is no significant difference in physical activity by child’s age.

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



Sources: • 2015 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

### About Overweight & Obesity

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

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

- Healthy People 2020 ([www.healthypeople.gov](http://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:  $[\text{weight (pounds)}/\text{height squared (inches}^2)] \times 703$ .

In this report, overweight is defined as a BMI of 25.0 to 29.9  $kg/m^2$  and obesity as a BMI  $\geq 30 kg/m^2$ . 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  $\geq 30 kg/m^2$ , 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	$\geq 30.0$

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

Based on self-reported heights and weights, **23.8% of Muscogee County adults are at a healthy weight.**

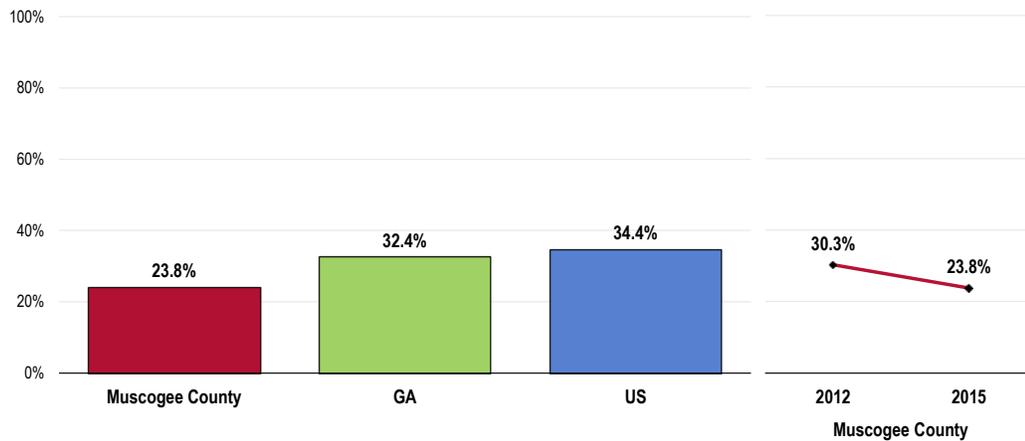
“Healthy weight” means neither underweight, nor overweight (BMI = 18.5-24.9).

- Notably less favorable than the Georgia proportion.
- Notably less favorable than national findings.
- Far from satisfying the Healthy People 2020 target (33.9% or higher).
- TREND: Since 2012, the proportion of Muscogee County adults with a healthy weight has significantly decreased.

### Healthy Weight

(Percent of Adults With a Body Mass Index Between 18.5 and 24.9)

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



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
  - 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); 2013 GA data.
  - 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.
  - Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

### Overweight Status

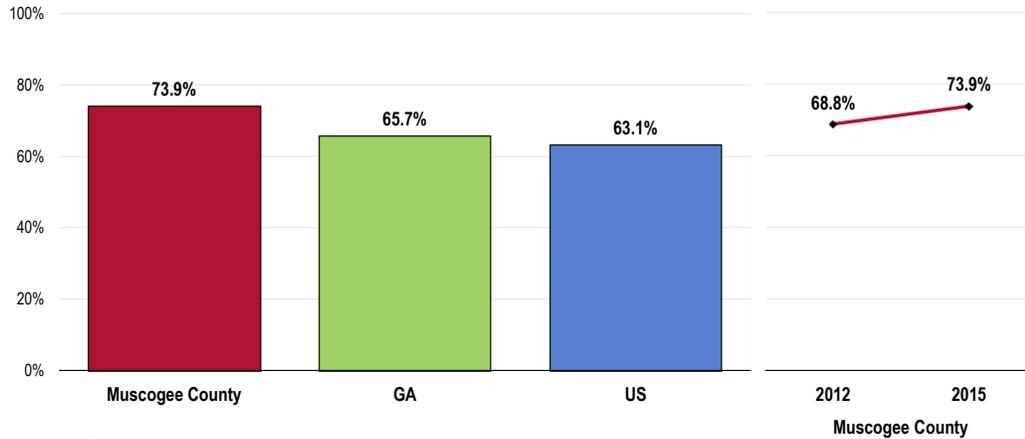
Nearly of 3 in 4 Muscogee County adults (73.9%) are overweight.

Here, “overweight” includes those respondents with a BMI value  $\geq 25$ .

- Less favorable than the Georgia prevalence.
- Considerably less favorable than the US overweight prevalence.
- TREND: Shows a statistically significant increase in overweight adults since 2012.

### 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 151]  
 • 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); 2013 GA data.

Notes: • Based on reported heights and weights, asked of all respondents.  
 • The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

**Further, 35.6% of Muscogee County adults are obese.**

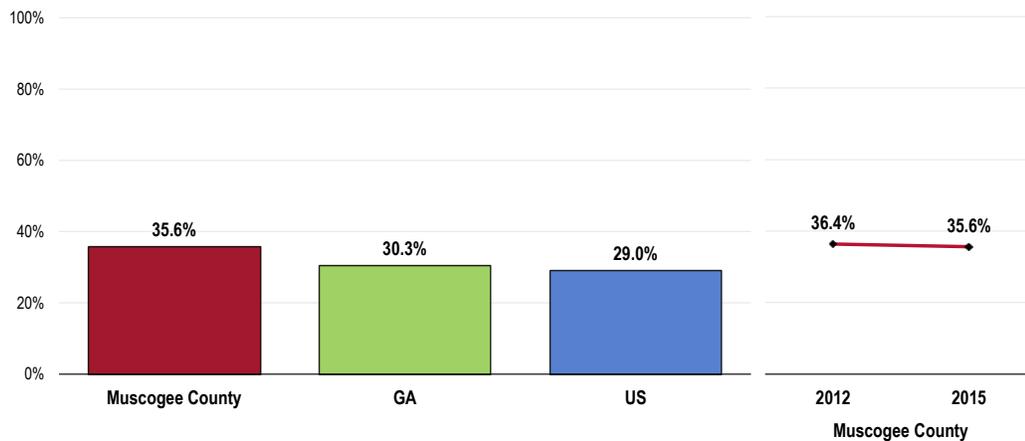
“Obese“ (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

- Less favorable than Georgia findings.
- Less favorable than US findings.
- Fails to satisfy the Healthy People 2020 target (30.5% or lower).
- TREND: Obesity in Muscogee County has not changed since 2012.

### Prevalence of Obesity

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

**Healthy People 2020 Target = 30.5% or Lower**



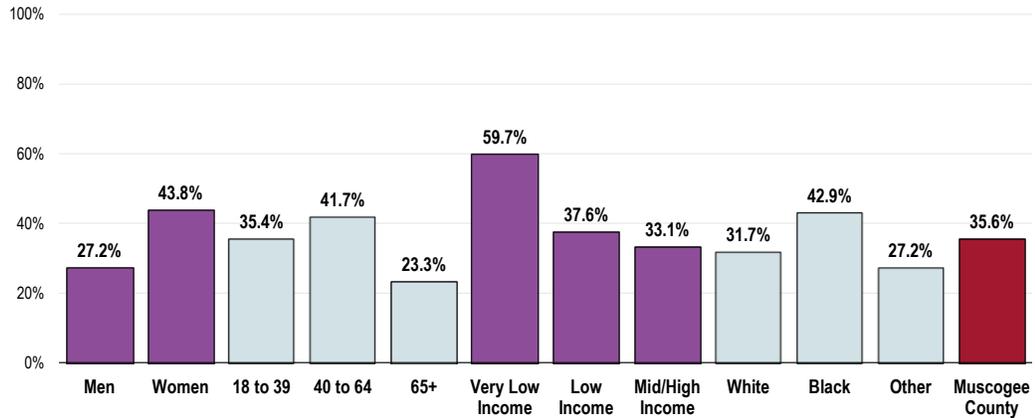
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 GA data.

Notes: • Based on reported heights and weights, asked of all respondents.  
 • The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

Obesity is notably more prevalent among:

- Women.
- Adults under age 65.
- Respondents with very low incomes.
- Blacks.

**Prevalence of Obesity**  
 (Percent of Adults With a BMI of 30.0 or Higher; Muscogee County, 2015)  
 Healthy People 2020 Target = 30.5% or Lower



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]  
 • 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. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% 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.

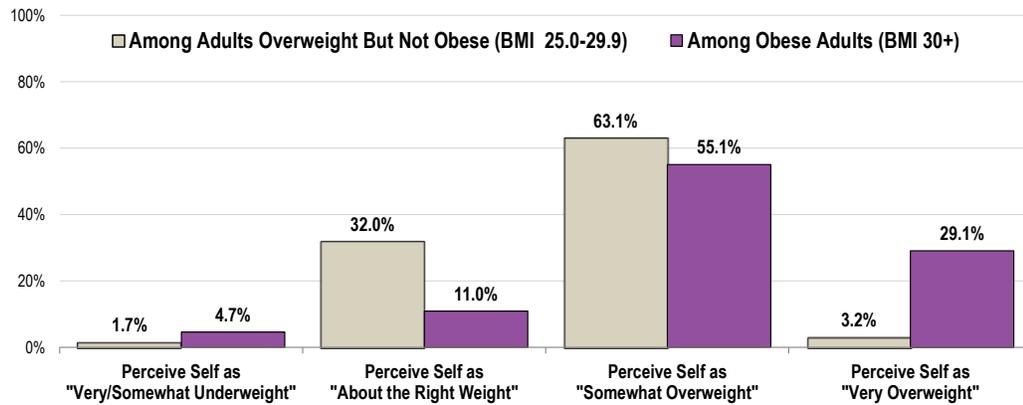
**Actual vs. Perceived Body Weight**

A total of 11.0% of obese adults and 32.0% of overweight (but not obese) adults feel that their current weight is “about right.”

- 63.1% of overweight (but not obese) adults see themselves as “somewhat overweight.”
- 29.1% of obese adults see themselves as “very overweight.”

### Actual vs. Perceived Weight Status

(Among Overweight/Obese Adults Based on BMI; Muscogee County, 2015)



Sources: • 2015 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

Overweight and obese adults are more likely to report a number of adverse health conditions.

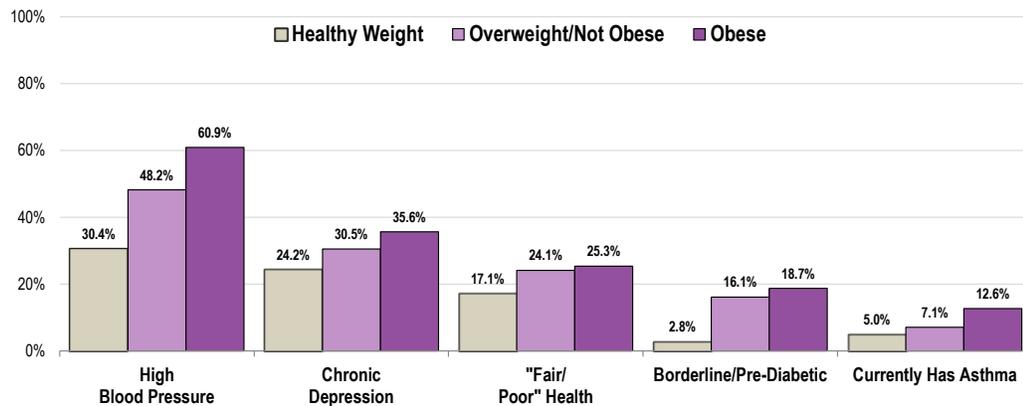
Among these are:

- Hypertension (high blood pressure).
- Chronic depression.
- "Fair" or "poor" physical health.
- Borderline/pre-diabetic.
- Asthma.

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

### Relationship of Overweight With Other Health Issues

(By Weight Classification; Muscogee County, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 5, 101, 125, 134, 136]  
 Notes: • Based on reported heights and weights, asked of all respondents.

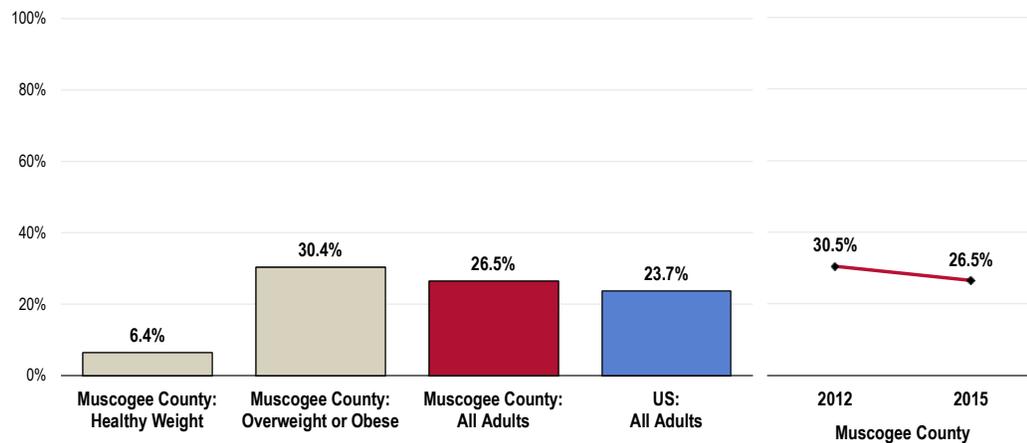
## Weight Management

### Health Advice

A total of 26.5% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Statistically similar to the national findings.
- TREND: Statistically unchanged from that reported in 2012.
- Note that 30.4% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while nearly 7 out of 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. [Item 98]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

## Weight Control

### About Maintaining a Healthy Weight

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.

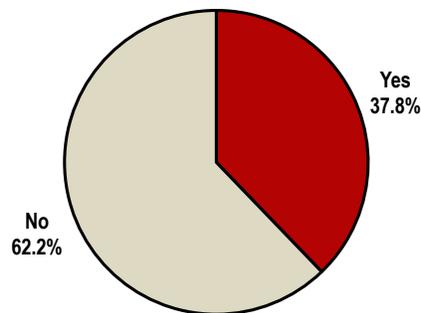
All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

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

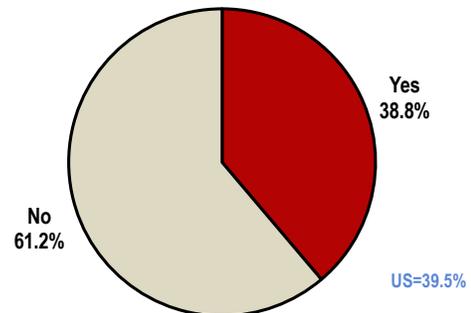
**A total of 38.8% of Muscogee County adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.**

- Similar to national findings.
- TREND: Statistically similar to that reported among overweight adults in 2012.

### Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity (Among Overweight or Obese Respondents)



**Muscogee County 2012**



**Muscogee County 2015**

- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 152]
  - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Reflects respondents who are overweight or obese based on reported heights and weights.
  - Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

## Childhood Overweight & Obesity

### About Weight Status in Children & Teens

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

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

- Underweight <5<sup>th</sup> percentile
- Healthy Weight ≥5<sup>th</sup> and <85<sup>th</sup> percentile
- Overweight ≥85<sup>th</sup> and <95<sup>th</sup> percentile
- Obese ≥95<sup>th</sup> percentile

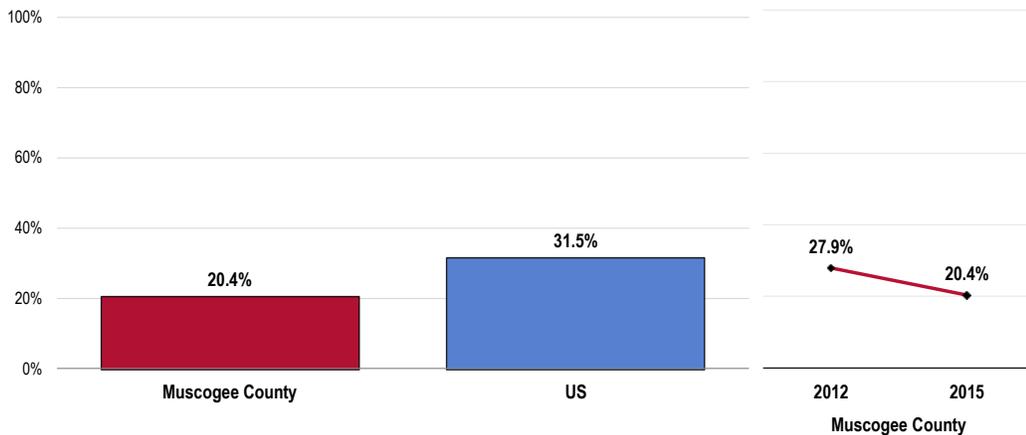
- Centers for Disease Control and Prevention

**Based on the heights/weights reported by surveyed parents, 20.4% of Muscogee County children age 5 to 17 are overweight or obese (≥85th percentile).**

- Much more favorable than found nationally.
- TREND: Statistically unchanged since 2012.

### Child Total Overweight Prevalence

(Percent of Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]

• 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 85<sup>th</sup> percentile of US growth charts by gender and age.

• Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

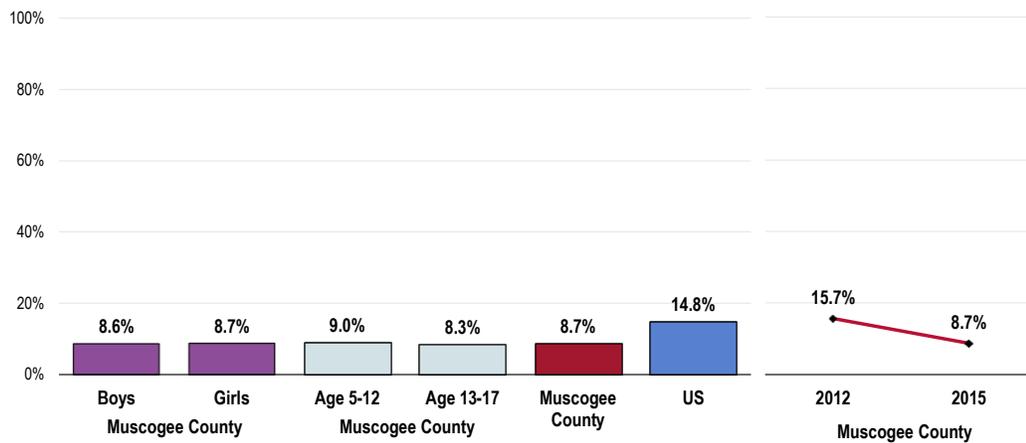
**Further, 8.7% of Muscogee County children age 5 to 17 are obese (≥95th percentile).**

- More favorable than the national percentage.
- Satisfy the Healthy People 2020 target (14.5% or lower for children age 2-19).
- TREND: Child obesity in Muscogee County has decreased since 2012.
- Statistically similar by child’s age and gender.

### Child Obesity Prevalence

(Percent of Children Age 5-17 Who Are Obese; BMI in the 95<sup>th</sup> Percentile or Higher)

**Healthy People 2020 Target = 14.5% or Lower**



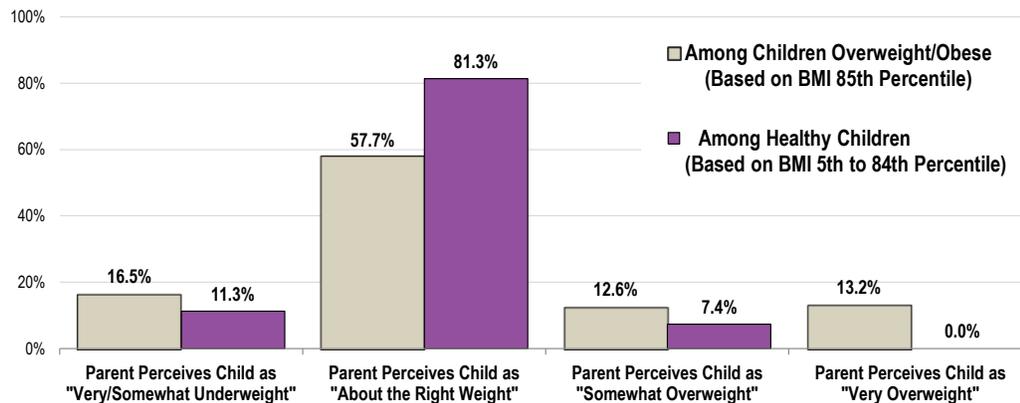
- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]
  - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]
- 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 95<sup>th</sup> percentile of US growth charts by gender and age.
  - Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

### Actual vs. Perceived Body Weight

Interestingly, among parents of children age 5-17 who are overweight or obese, most (57.7%) see their child as being at “about the right weight.”

- Only 25.8% perceive their overweight/obese child as “somewhat” or “very overweight.”

### Children’s Actual vs. Perceived Weight Status (By Weight Classification Muscogee County Children 5-17; 2015)

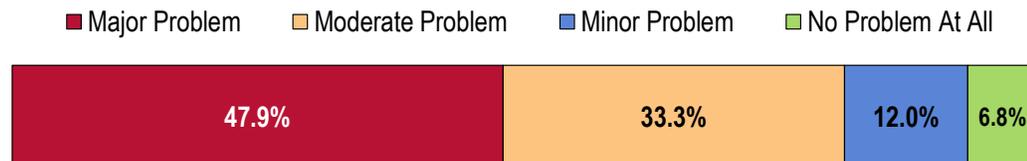


- Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 120]  
 Notes: • Asked of all respondents with children age 5-17 at home.  
 • Overweight in children is defined as a Body Mass Index (BMI) value at or above the 85<sup>th</sup> percentile of US growth charts by gender and age;  
 Healthy in children is defined as a BMI value between the 5<sup>th</sup> and 84<sup>th</sup> percentiles.

### Key Informant Input: Nutrition, Physical Activity & Weight

A plurality of key informants taking part in an online survey characterized *Nutrition, Physical Activity & Weight* as a “major problem” in the community.

### Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community (Key Informants, 2015)



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

## Top Concerns

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

### Lack of Nutritional Education

*Very few people understand the correlation between eating well, exercising and preventing disease. And even fewer understand how fast your body can repair itself and not be held hostage to long term care and prescriptions. Lack of knowledge and the right knowledge at an early age. - Muscogee County - Social Services Provider*

*Education on the risks of obesity, getting the public motivated and committed to weight reduction. - Muscogee County - Physician*

*Lack of knowledge about proper nutrition and lack of physical activity. Lack of a true understanding of the long lasting effects of prolonged weight gain. - Muscogee County - Social Services Provider*

*Strong education is needed to teach proper food, nutritional and exercise. High incidence of obesity and health related issues such as Diabetes and High BP as result. - Muscogee County - Other Health Provider*

*People are unaware of the effects of poor eating habits, lack of physical activities and little or no weight control. - Muscogee County - Physician*

*Nutrition education, lack of exercise and poor diets. - Muscogee County - Other Health Provider*

*Lack of education regarding self-care. - Muscogee County - Physician*

*Many people lack the education for maintaining a healthy lifestyle. - Muscogee County - Community/Business Leader*

*Need early education in school to prevent obesity. - Muscogee County – Physician*

*Education regarding healthy food choices and encouragement of exercise and healthy lifestyles is lacking. To some extent this is a cultural issue related to preferred foods and sedentary lifestyles and ability to afford healthy foods. - Muscogee County - Community/Business Leader*

### Obesity

*The amount of obese people in our county is alarming. This stems from the poor nutrition and lack of physical activity. - Muscogee County - Community/Business Leader*

*Obesity is a major problem throughout the US and Columbus is no exception. - Muscogee County - Other Health Provider*

*The number of individuals who are obese in the community. - Muscogee County - Public Health Representative*

*People are obese. They eat the wrong food and do not get enough exercise. Education is key for a cure. - Muscogee County - Social Services Provider*

*The obesity rate in our community is steadily rising and this impacts the rate of chronic diseases such as diabetes and heart disease. - Muscogee County - Other Health Provider*

*Too much obesity, lots of unhealthy choices being made. - Muscogee County - Physician*

*Obesity is a national problem, as a community we need to start early in a child's life teaching the health and wellness and access to healthy food selection. - Muscogee County - Community/Business Leader*

*Childhood obesity. - Muscogee County - Other Health Provider*

*Obesity and lack of physical activity. - Muscogee County - Other Health Provider*

### Access to Quality/Healthy Foods

*Lack of access to fresh food, southern diet is rich in salt and fat. Not enough good public transportation. - Muscogee County - Social Services Provider*

*Little access to nutritional foods. Nutritional foods are more expensive. Only gas stations near Poor communities. - Muscogee County - Physician*

*Access to fresh fruits, veggies, and sugar free food. Lack of education on the importance of exercise and proper eating habits. - Muscogee County - Social Services Provider*

*The biggest challenges are the lack of affordable fresh fruits and vegetables, limited access to safe, affordable and accessible recreational facilities, lack of affordable plans to help individuals with their weight. - Muscogee County - Social Services Provider*

*High cost of foods with high nutritional value. High number of vehicle owners and low use of taxis. - Muscogee County - Community/Business Leader*

*Poor nutritional choices are less expensive than healthy alternatives. Limited exercise opportunities for school aged children. There needs to be tighter restrictions on allowed purchases with Government Assistance Program dollars. Currently, voucher or card programs allow "cash back" that can be used for cigarettes and alcohol and other things for which the benefits are not intended. For those that are not on government assistance, healthy choices are not part of our lifestyle. - Muscogee County - Community/Business Leader*

*A lot of food is provided for indigent and/or homeless folks, from many agencies, but not always the most nutritious foods. Often times the food provided is fast-food or junk-food. As for exercise, local gyms and the YMCA's are not accessible to many, due to cost. Additionally, many are unaware of their own needs for proper nutrition and exercise. So, education and realistic options may be helpful. - Muscogee County - Social Services Provider*

*Physical activity is limited for those with limited resources. The food that is most nutritional is usually the most expensive. - Muscogee County - Other Health Provider*

### **Poor Lifestyle Choices**

*Poor diet habits. - Muscogee County - Community/Business Leader*

*Poor diet and lack of exercise at all age levels. - Muscogee County - Public Health Representative*

*Healthy eating and healthy lifestyle should be encouraged more. A lot of people in the medical field need to be prime example of nutrition and healthy living. More education is needed. - Muscogee County - Other Health Provider*

*The biggest challenge is eating right and exercising. - Muscogee County - Social Services Provider*

*Overeating, poor diet and the lack of physical exercise. - Muscogee County - Community/Business Leader*

*Healthy eating and moderate daily activity. - Muscogee County - Community/Business Leader*

*Exercise and weight management. - Muscogee County - Other Health Provider*

### **Unwilling to Change**

*Laziness, lack of motivation, acceptance or perception of the norm and excuses. - Muscogee County - Other Health Provider*

*Willingness and ability to implement necessary diet, willingness to make an effort at some amount of daily physical activity. This is a long-term problem that requires a lifestyle change and human nature is to think short-term. - Muscogee County - Community/Business Leader*

*Not making being healthy a priority. The mentality of thinking there is not time to prepare healthy food and incorporate physical activity into the day. Lack of awareness of the resources that are available. Resources seem to be "hidden" and difficult to find/afford. A lot of misinformation from self-proclaimed health professionals with no education or experience, wasting people's time, money and efforts. - Muscogee County - Community/Business Leader*

*The challenge is us. We all need discipline to live a healthy lifestyle. - Muscogee County - Physician*

### **Access to Resources**

*Nut, physical activity and weight control are behavior modification strategies that do not necessarily require programs. It's making the community aware of the infrastructure and facilities they already have available and/or safe and secure accessibility to those resources. Sometime the facilities already exist but safely using those facilities is an issue, i.e. lighting, protection (LE), etc. - Muscogee County - Other Health Provider*

## Substance Abuse

### About Substance Abuse

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

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

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

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

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

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

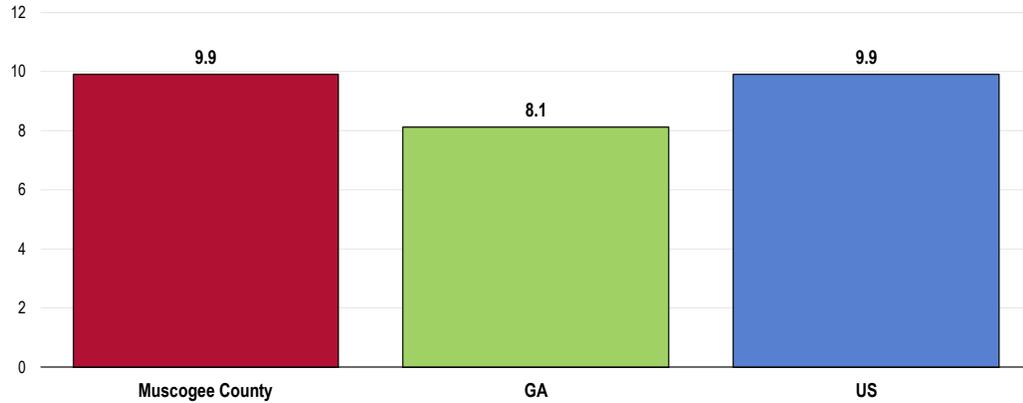
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Age-Adjusted Cirrhosis/Liver Disease Deaths

**Between 2011 and 2013, there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 9.9 deaths per 100,000 population in Muscogee County.**

- Higher than the statewide rate.
- Identical to the national rate.
- Fails to satisfy the Healthy People 2020 target (8.2 or lower).

### Cirrhosis/Liver Disease: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 8.2 or Lower



Sources: 

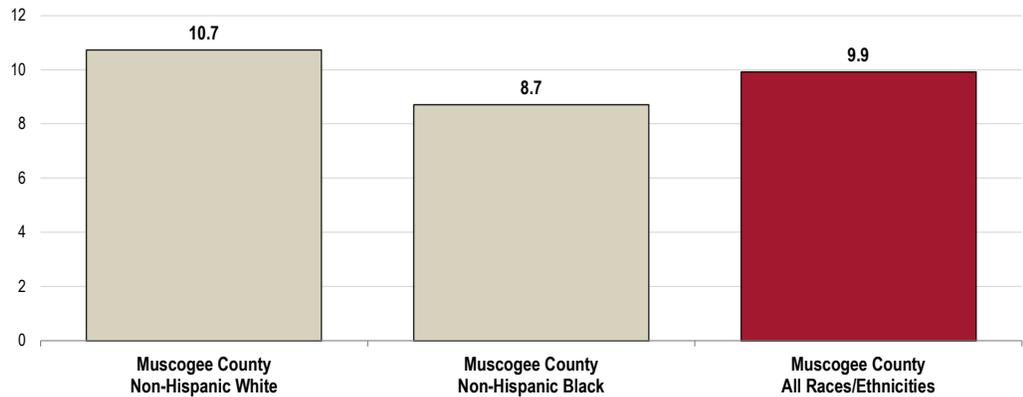
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]

Notes: 

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

- The cirrhosis mortality rate appears to be higher among Whites than Blacks.

### Cirrhosis/Liver Disease: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 8.2 or Lower



Sources: 

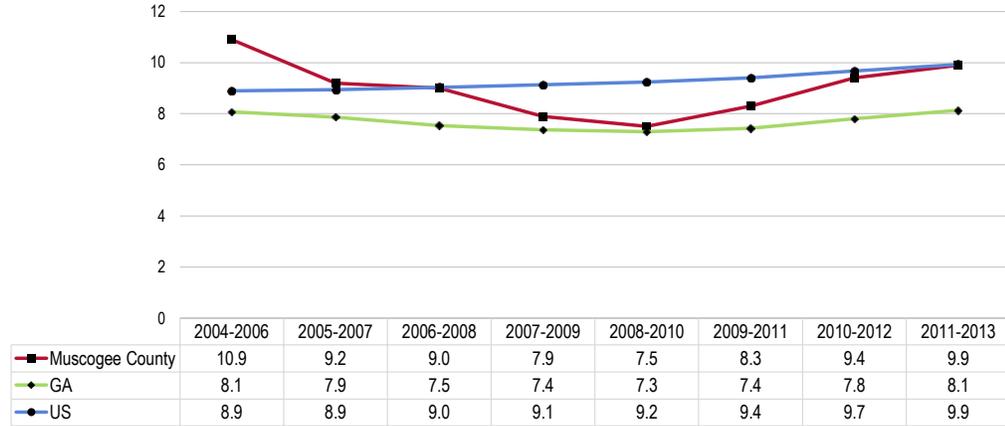
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]

Notes: 

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

- **TREND:** The mortality rate decreased between the 2004-2006 and 2008-2010 reporting periods in Muscogee County and has increased since, but remains lower than the 2004 rate. Georgia exhibited the same pattern, but with a smaller dip in rates, and the national rate has increased slightly.

**Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends**  
 (Annual Average Deaths per 100,000 Population)  
 Healthy People 2020 Target = 8.2 or Lower



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.  
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]

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

## High-Risk Alcohol Use

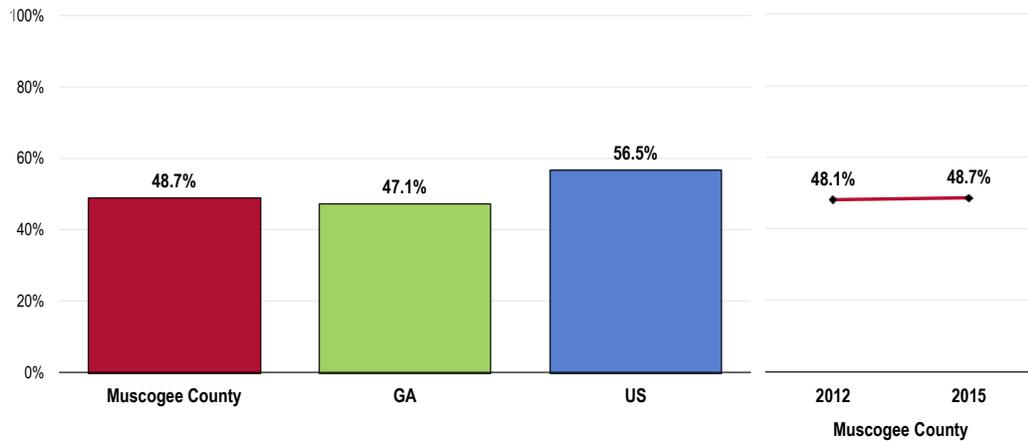
### Current Drinking

**A total of 48.7% of area adults had at least one drink of alcohol in the past month (current drinkers).**

“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.

- Similar to the statewide proportion.
- Lower than the national proportion.
- TREND: Statistically unchanged since 2012.

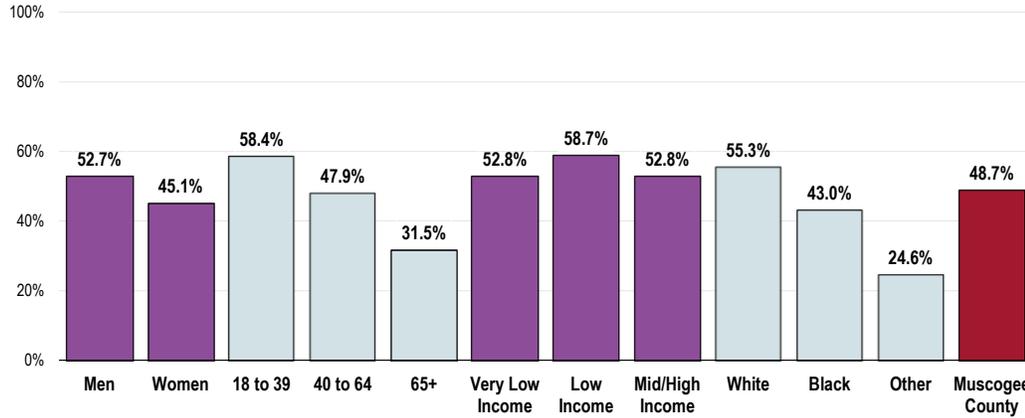
### Current Drinkers



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 160]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 GA 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.
  - Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

- Current drinking is more prevalent among men, younger adults (negative correlation with age), and Whites followed by Blacks.

### Current Drinkers (Muscogee County, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 160]  
 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. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% 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.

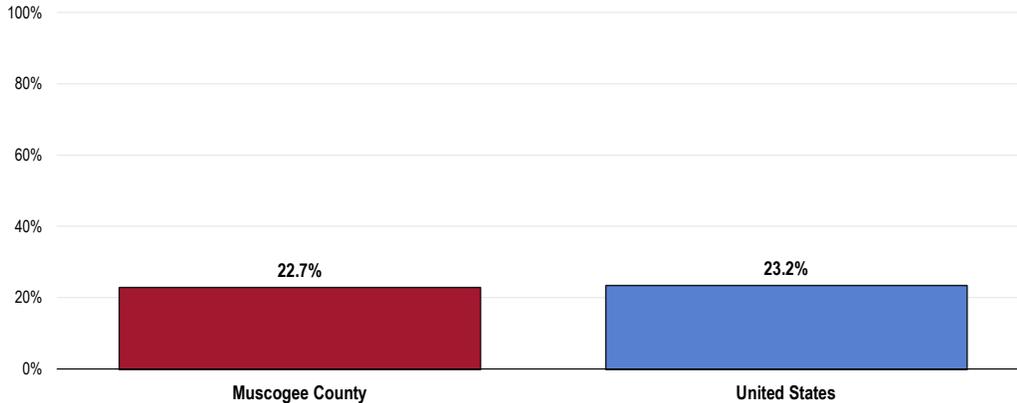
### Excessive Drinking

**A total of 22.7% of area adults are excessive drinkers (heavy and/or binge drinkers).**

- Comparable to the national proportion.
- Comparable to the Healthy People 2020 target (25.4% or lower).

### Excessive Drinkers

Healthy People 2020 Target = 25.4% or Lower



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]  
 • 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-15]  
 Notes: • Asked of all respondents.  
 • Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

"Excessive drinking" includes heavy and/or binge drinkers:

Heavy drinkers include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview; and

Binge drinkers include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

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

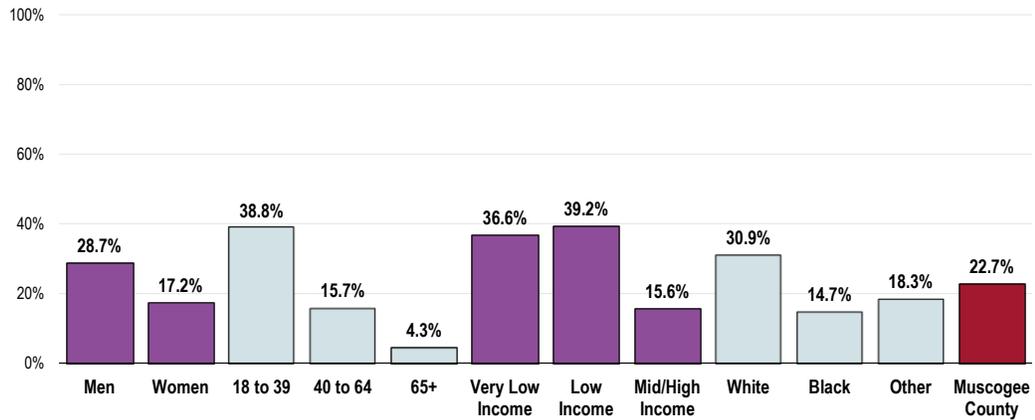
Excessive drinking is more prevalent among:

- Men.
- Younger adults (note the strong negative correlation with age).
- Residents with lower incomes.
- Whites.

### Excessive Drinkers

(Total Area, 2015)

Healthy People 2020 Target = 25.4% or Lower



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "NH White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.  
 • Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

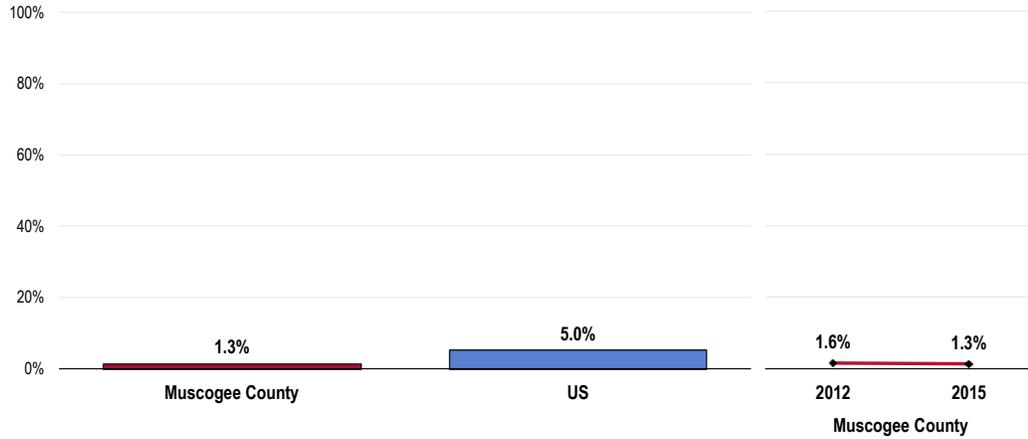
### Drinking & Driving

**A total of 1.3% of Muscogee County adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.**

- Better than the national findings.
- TREND: The drinking and driving prevalence has not changed significantly since 2012.

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.

## 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.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

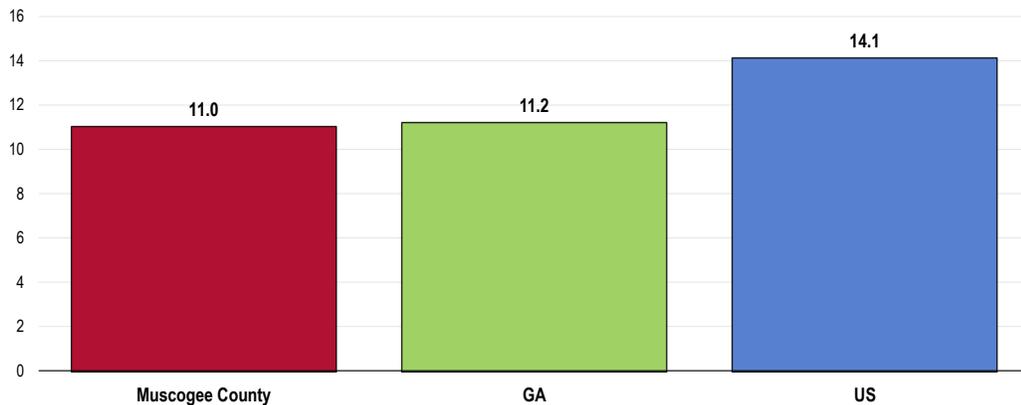
## Age-Adjusted Drug-Induced Deaths

Between 2011 and 2013, there was an annual average age-adjusted drug-induced mortality rate of 11.0 deaths per 100,000 population in Muscogee County.

- Nearly identical to the statewide rate.
- More favorable than the national rate.
- Very close to the Healthy People 2020 target (11.3 or lower).

## Drug-Induced Deaths: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population)

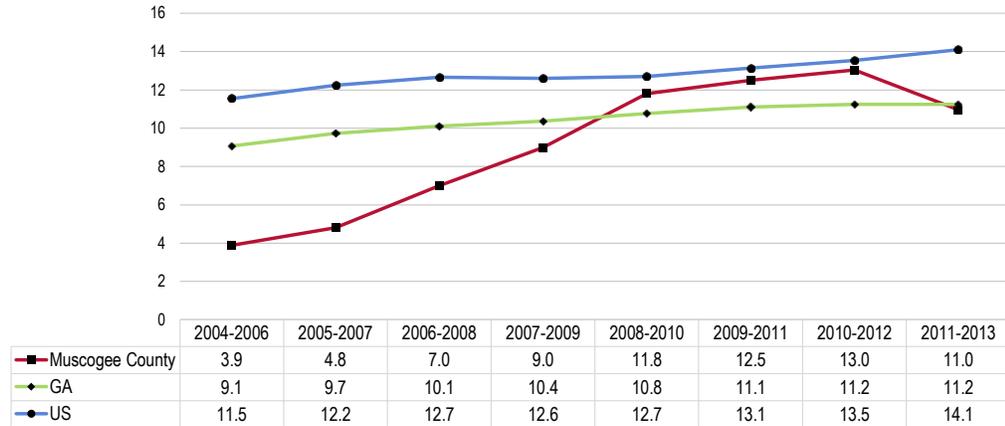
Healthy People 2020 Target = 11.3 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12]  
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).  
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** Despite a recent decrease, the mortality rate in Muscogee County has increased significantly over the past decade. The state and national rates increased slightly during this time.

**Drug-Induced Deaths: Age-Adjusted Mortality Trends**  
(Annual Average Deaths per 100,000 Population)  
**Healthy People 2020 Target = 11.3 or Lower**



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2015.  
• UD Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12].

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

**Illicit Drug Use**

**A total of 2.6% of Muscogee County adults acknowledge using an illicit drug in the past month.**

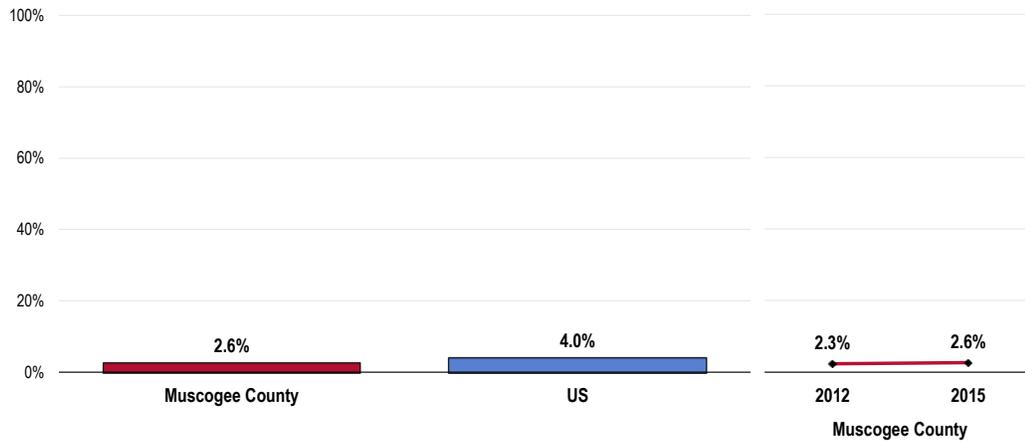
For the purposes of this survey, “illicit drug use” includes use of illegal substances or of prescription drugs taken without a physician’s order.

- Similar to the proportion found nationally.
- Satisfies the Healthy People 2020 target of 7.1% or lower.
- **TREND:** Illicit drug use has barely changed over time.

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

Healthy People 2020 Target = 7.1% or Lower



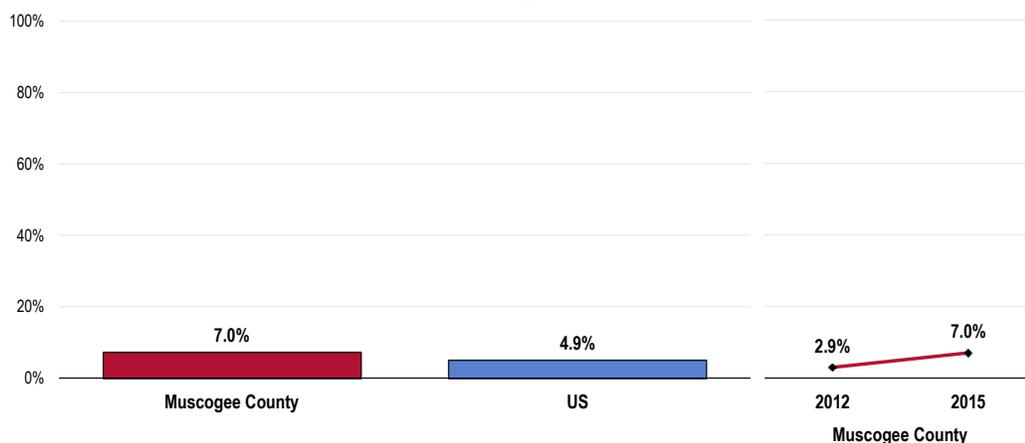
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 66]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]  
 Notes: • Asked of all respondents.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

## Alcohol & Drug Treatment

A total of 7.0% of Muscogee County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Higher than national findings.
- TREND: Has increased significantly since 2012.

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



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.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

## Key Informant Input: Substance Abuse

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

### Perceptions of Substance Abuse as a Problem in the Community (Key Informants, 2015)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All



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

### Top Concerns

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

#### Lack of Resources

*There are not many out there. If there are treatment centers all substance abuse users are not aware of it. And some clients are not ready to give up their bad habit. - Muscogee County - Social Services Provider*

*Lack of resources and treatment facilities in our community for the indigent and un insured, and YES education. - Muscogee County - Community/Business Leader*

*Lack of resources due to lack of money. - Muscogee County - Physician*

*Very few programs for treatment. - Muscogee County - Social Services Provider*

*Day treatment is challenging if you have nowhere to stay. - Muscogee County - Social Services Provider*

*Availability of short and long-term treatment options and affordability. - Muscogee County - Other Health Provider*

*There are quite a few day treatment agencies; there is a severe lack of residential programs available in our community. - Muscogee County - Social Services Provider*

*Safe drug free housing for outpatient programs. No income or insurance to pay for residential treatment. Lack of treatment for co-occurring mental health and/or physical health disorders. - Muscogee County - Social Services Provider*

*The greatest barriers are income, lack of long term treatment facilities and availability. We have a limited number of facilities. - Muscogee County - Social Services Provider*

*Funds. - Muscogee County - Public Health Representative*

*Funding. - Muscogee County - Other Health Provider*

#### Access to Services

*Lack of affordable access to substance abuse programs. - Muscogee County - Community/Business Leader*

*Cost. - Muscogee County - Physician*

*Financial, resources and lack of information. - Muscogee County - Community/Business Leader*

*Money for treatment, transportation, willingness, peer pressure and treatment facilities. - Muscogee County - Physician*

*Lack of a third party payer source to get inpatient treatment services. - Muscogee County - Social*

**Services Provider**

*Lack of insurance, lack of day treatment facilities, multiple issues with clients, shelter needs, etc. - Muscogee County - Social Services Provider*

*Lack of insurance. - Muscogee County – Physician*

*Appointment availability and scheduling, transportation, costs and insurance coverage for more "upscale" programs, different client base. - Muscogee County - Other Health Provider*

**Lack of Education**

*Ignorance. - Muscogee County - Social Services Provider*

*Physicians don't have time to counsel and educate as they should. Lack of treatment facilities that accept Medicare and Medicaid. - Muscogee County – Physician*

*Awareness of available programs. - Muscogee County - Social Services Provider*

*Not knowing where the resources are and lack of funds to pay. - Muscogee County - Other Health Provider*

*Again the low end demographics and low educational levels lead to drug dealers and pushers in the community to support the lifestyle they desire. They reach into communities to get kids hooked. - Muscogee County - Community/Business Leader*

**Stigma**

*Stigma, worry about losing employment, don't think they have a problem. - Muscogee County - Community/Business Leader*

*Feeling embarrassed; poorer people not aware of available programs. - Muscogee County - Community/Business Leader*

*Stigma associated with substance abuse. Lack of insurance, lack of transportation to treatment services and lack of family support systems. - Muscogee County - Social Services Provider*

*Stigma, cost and success of treatment is questionable. - Muscogee County - Social Services Provider*

**Desire to Seek Help**

*Desire. - Muscogee County - Community/Business Leader*

*Lack of incentive to stop, for many. Those who wish to get help often face the challenge of cost and/or bed-space available in area facilities, especially women. Men who are responsible financially, often cannot afford to take the time off of work long enough to properly address their addiction. - Muscogee County - Social Services Provider*

*Many people do not think they have a problem. They think they can stop if they wanted to stop at any time. Since people do not think they have a problem, then why go help. They think people are mean and making things up about their issues. Many people are embarrassed, do not have transportation and do not have the family support needed to help stop. - Muscogee County - Community/Business Leader*

*The greatest barrier is the people with the problem don't think they have a problem. - Muscogee County - Social Services Provider*

**Co-occurring Factors**

*See comments on mental health. I believe substance abuse and mental health are often times related. - Muscogee County - Other Health Provider*

*Consistent problem and may time linked to crime and mental health issues. - Muscogee County – Physician*

*Substance abuse is often a method of self-medication for mental illness. - Muscogee County - Community/Business Leader*

**High Prevalence**

*Very high in our target population. - Muscogee County - Community/Business Leader*

*Drug addiction and drug abuse is a problem in our community. - Muscogee County - Other Health Provider*

**Fear of Consequences**

*Fear of being arrested, addiction. - Muscogee County - Other Health Provider*

*Possible loss of employment and not accepting the fact has an addiction. - Muscogee County - Public*

Health Representative

**Media**

Local news. - Muscogee County - Community/Business Leader

**Most Problematic Substances**

**Key informants (who rated this as a “major problem”) most often identified alcohol and methamphetamines or other amphetamines as the most problematic substances abused in the community.**

	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Alcohol	66.7%	14.3%	8.3%	37
Methamphetamines or Other Amphetamines	11.9%	14.3%	11.1%	15
Cocaine or Crack	7.1%	26.2%	22.2%	22
Prescription Medications	7.1%	23.8%	16.7%	19
Marijuana	4.8%	14.3%	16.7%	14
Heroin or Other Opioids	0.0%	4.8%	13.9%	7
Over-The-Counter Medications	2.4%	0.0%	2.8%	2
Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)	0.0%	2.4%	2.8%	2
Hallucinogens or Dissociative Drugs (e.g. Ketamine, PCP, LSD, DXM)	0.0%	0.0%	2.8%	1
Inhalants	0.0%	0.0%	2.8%	1

## Tobacco Use

### About Tobacco Use

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

Tobacco use causes:

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

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

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

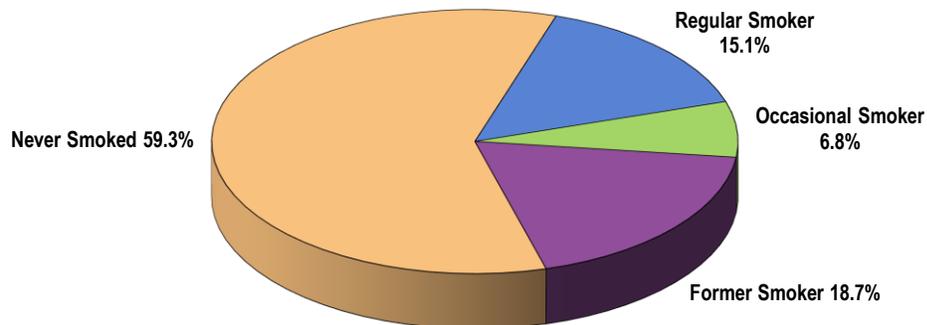
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Cigarette Smoking

### Cigarette Smoking Prevalence

A total of 21.9% of Muscogee County adults currently smoke cigarettes, either regularly (15.1% every day) or occasionally (6.8% on some days).

**Cigarette Smoking Prevalence**  
(Muscogee County, 2015)

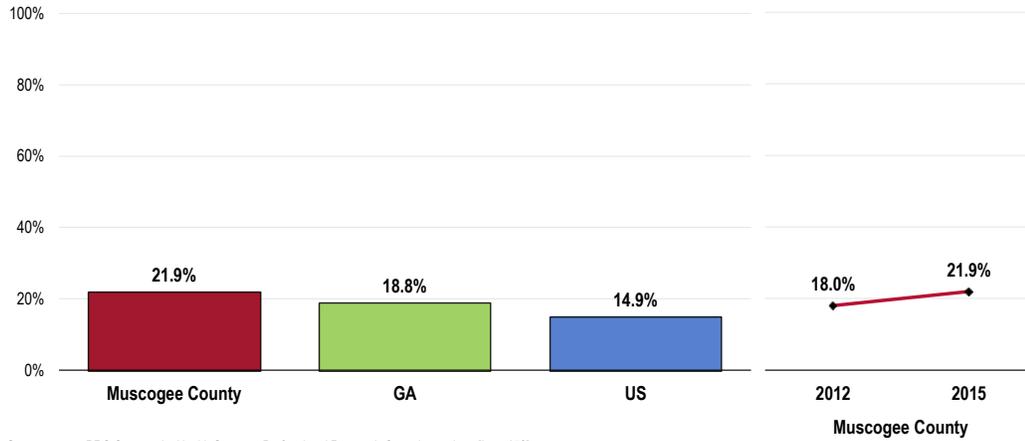


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]  
Notes: • Asked of all respondents.

- Less favorable than statewide findings.
- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 target (12% or lower).
- TREND: The current smoking percentage is statistically higher than the 2012 findings in Muscogee County.

### Current Smokers

Healthy People 2020 Target = 12.0% or Lower



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 156]  
 • 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); 2013 GA data.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]  
 Notes: • Asked of all respondents.  
 • Includes regular and occasional smokers (those who smoke cigarettes everyday or on some days).  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

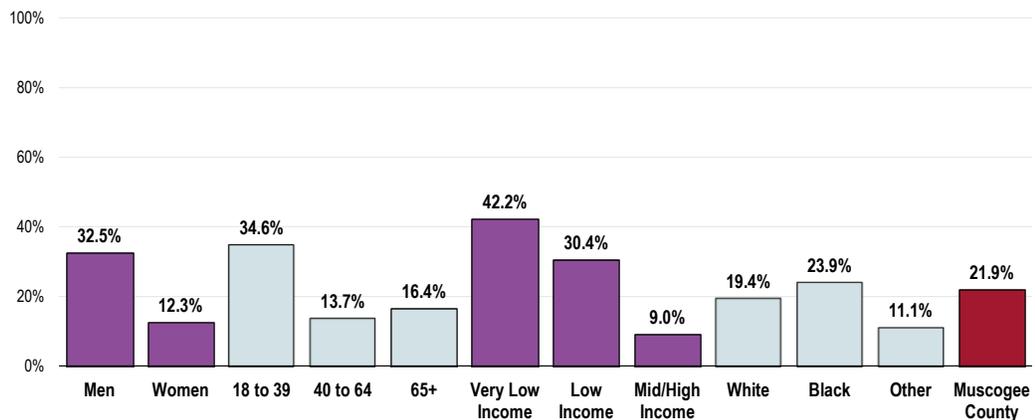
Cigarette smoking is more prevalent among:

- Men.
- Adults under 40.
- Lower-income residents (note the negative correlation of smoking with income).
- Blacks when compared with Whites.

### Current Smokers

(Muscogee County, 2015)

Healthy People 2020 Target = 12.0% or Lower



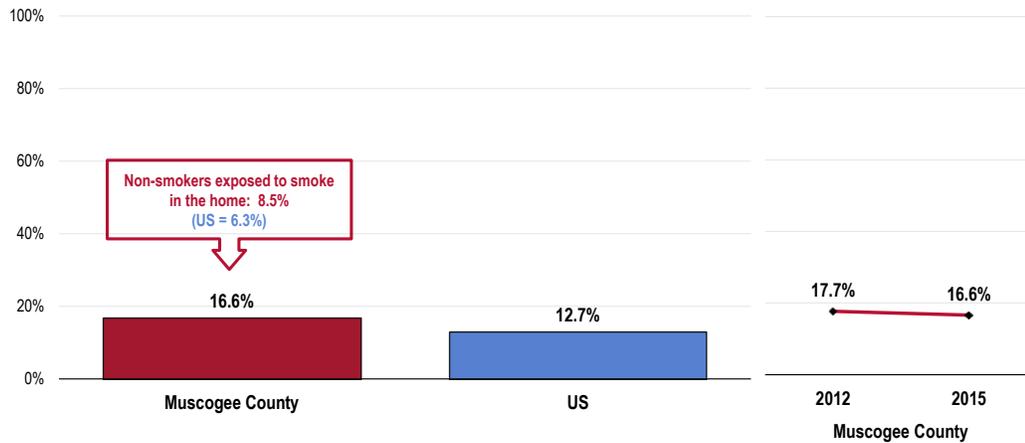
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. 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. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% 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).

### Environmental Tobacco Smoke

A total of 16.6% of Muscogee 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.

- Higher than national findings.
- TREND: Statistically unchanged since 2012.
- Note that 8.5% of Muscogee County non-smokers are exposed to cigarette smoke at home; similar to what is found nationally.

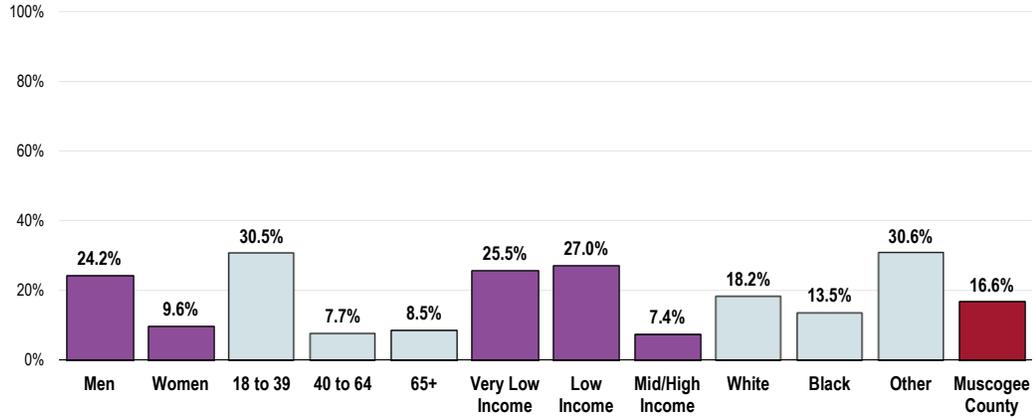
### Member of Household Smokes at Home



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 59, 158]  
 • 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.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

- Notably higher among men, adults under 40, residents with lower incomes, and "Other" races when compared with Blacks.

### Member of Household Smokes At Home (Muscogee County, 2015)

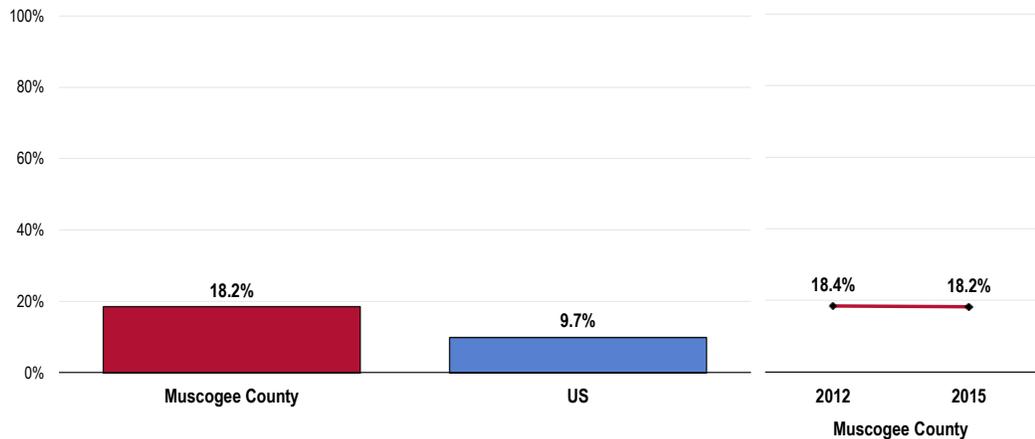


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% 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, 18.2% have someone who smokes cigarettes in the home.**

- Nearly twice the national findings.
- TREND: Statistically unchanged over time.

### Percentage of Households With Children In Which Someone Smokes in the Home (Among Households With Children)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 159]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Reflects respondents with children 0 to 17 in the household.  
 • "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.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

## Smoking Cessation

### About Reducing Tobacco Use

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

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

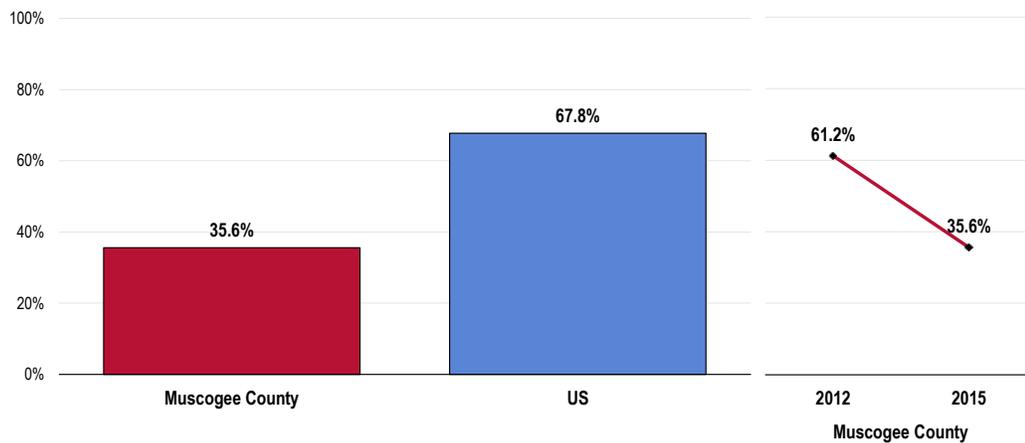
- Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### Health Advice About Smoking Cessation

**A total of 35.6% of smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.**

- Much lower than the national percentage.
- TREND: Denotes a statistically significant decrease over the past three years.

### Advised by a Healthcare Professional in the Past Year to Quit Smoking (Among Current Smokers)



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 58]
  - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all current smokers.
  - Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

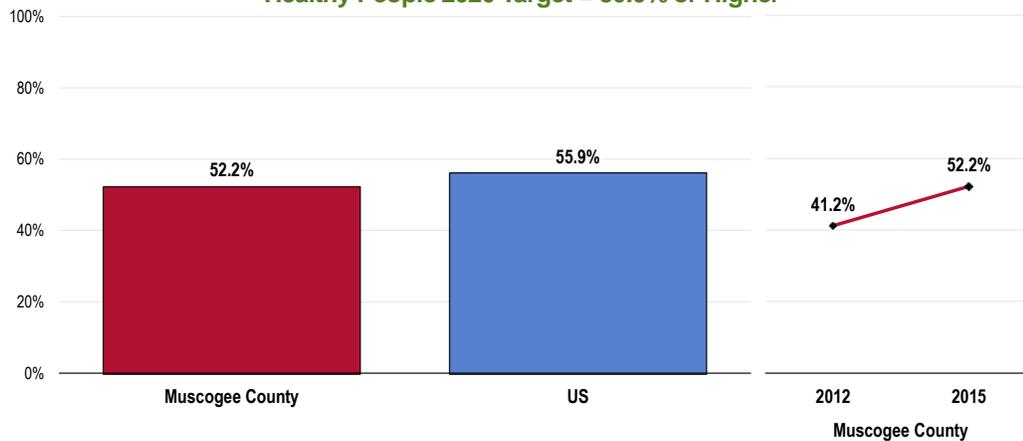
### Smoking Cessation Attempts

**Just over one-half of regular smokers (52.2%) went without smoking for one day or longer in the past year because they were trying to quit smoking.**

- Statistically similar to the national percentage.
- Far from satisfying the Healthy People 2020 target (80% or higher).
- TREND: No statistically significant change since 2012.

### Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking (Among Everyday Smokers)

Healthy People 2020 Target = 80.0% or Higher



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 57]
  - 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-4.1]
- Notes:
- Asked of respondents who smoke cigarettes every day.
  - Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

### Other Tobacco Use

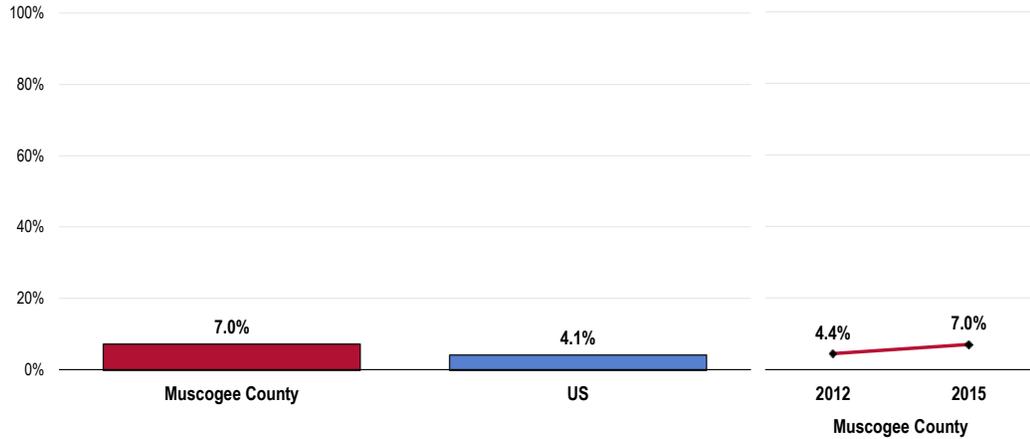
#### Cigars

**A total of 7.0% of Muscogee County adults use cigars every day or on some days.**

- Higher than the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.2% or lower).
- TREND: Cigar use has significantly increased since 2012.

## Use of Cigars

Healthy People 2020 Target = 0.2% or Lower



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.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

## Smokeless Tobacco

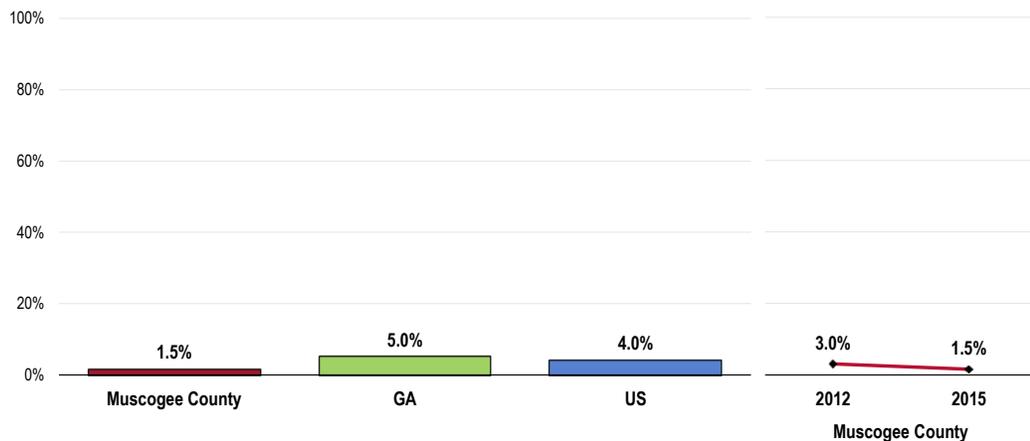
A total of 1.5% of Muscogee County adults use some type of smokeless tobacco every day or on some days.

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

- More favorable than the state percentage.
- More favorable than the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).
- TREND: In the past three years, use of smokeless tobacco has decreased by half.

## Use of Smokeless Tobacco

Healthy People 2020 Target = 0.3% or Lower



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 60]  
 • 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): 2013 GA data.  
 • 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.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

## Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a “major problem” in the community.

### Perceptions of Tobacco Use as a Problem in the Community (Key Informants, 2015)



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

## Top Concerns

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

### Smoking Prevalence

*In my experience 95% of the individuals I come in contact with will use tobacco. The major problem is awareness of agency or organizations that provide free help. - Muscogee County - Social Services Provider*

*Although it seems that less people are smoking, it seems that everywhere you go, the smoking areas have someone in them. Smoking causes breathing problems, cancer and other health problems. - Muscogee County - Social Services Provider*

*Too many smokers and resultant impacts on health. - Muscogee County - Physician*

*Large number of smokers in our area. - Muscogee County - Community/Business Leader*

*They are constantly using it. The client spends a lot of money on cigarettes and marijuana. I have had client ask me for money to buy cigarettes, or even asked did I have any to spare. I do not smoke and I did/ do not give the clients and type of money for any type of reason. Our clients walk in and out of the door to take a smoke break. And have even had clients come to their appointments like weed and strong, old, stale cigarettes smell. - Muscogee County - Social Services Provider*

*I see numerous people smoking in our community. - Muscogee County - Social Services Provider*

*People are smoking everywhere, yes it is outside, but people are still smoking. There are 9 parents out 10 of my patients will smoke. Many people like to deny it, but you can smell smoke. Teens think it is cool to smoke; they want to fit in and not be different. - Muscogee County - Community/Business Leader*

*Way too many in our target population smoke cigarettes or drugs. - Muscogee County - Community/Business Leader*

### Related Diseases

*Tobacco related cancers are increasing, the thought that "dip" is not tobacco, the vapor products are not the answer education is. - Muscogee County - Community/Business Leader*

*I believe that tobacco use is a major problem because of the health risks that are associated with prolonged use of tobacco products. - Muscogee County - Social Services Provider*

*Multiple disease states arise from smoking. - Muscogee County - Physician*

*The use of tobacco is widely known to cause lung cancer and oral cancer. It can also cause vascular issues. - Muscogee County - Physician*

*High rate of lung cancer. - Muscogee County - Social Services Provider*

*Tobacco related end stage disease. - Muscogee County - Physician*

### **Lack of Education**

*Education and peer pressure of the community. - Muscogee County – Physician*

*Lack of education. - Muscogee County - Other Health Provider*

*Tobacco use is prevalent in the young and also in people who are less educated. - Muscogee County - Community/Business Leader*

*More youth are returning to smoking under the illusion that vapor is safer. - Muscogee County - Other Health Provider*

*I see a lot of people in South Columbus smoking, the poorer section of the city and I see a lot of soldiers either dipping or chewing. I don't see many or any people smoking at civic events so I think education is the biggest factor. - Muscogee County - Community/Business Leader*

### **Disregard for Health Warnings**

*Use continues even with all the warnings out there. - Muscogee County - Public Health Representative*

*Despite anti-smoking campaigns, there are still a number of people who smoke or vape on a daily basis. Vaping is even permitted in a number of public places, which puts us all at risk of secondhand exposure. - Muscogee County - Social Services Provider*

*Trans-generational use/addiction among the vast majority of those we serve. Lack of incentive to quit for most of those using, although fully aware of the adverse effects on themselves and those around them. - Muscogee County - Social Services Provider*

*A "it won't happen to me" mentality when associated healthcare risks and use. Military town, with higher use of tobacco associated with former military personnel? - Muscogee County - Other Health Provider*

### **Low Cessation Rates**

*Lack of easily identified programs to assist with smoking cessation. - Muscogee County - Community/Business Leader*

*The cessation rate for females is 19% and for males is 27.4% in Muscogee County. - Muscogee County - Community/Business Leader*

*Its addictive qualities. - Muscogee County - Social Services Provider*

### **Easy Access**

*This is a long term issue in the South. Easy access to tobacco and tobacco products is not policed. - Muscogee County - Community/Business Leader*

*Poverty levels. Military installation and the number of Vape stores that are accessible. - Muscogee County - Social Services Provider*

### **Secondhand Smoke**

*Secondhand smoking is key here. The community has done well in a lot of areas but I think smoking in all government office should be banned. You can designate a smoking area if need be. More education is needed. - Muscogee County - Other Health Provider*

*We have not been declared a "smoke free" community. The Breathe-Easy Columbus has been working to get our city to pass this as an ordinance. - Muscogee County - Public Health Representative*

# Access to Health Services



Professional Research Consultants, Inc.

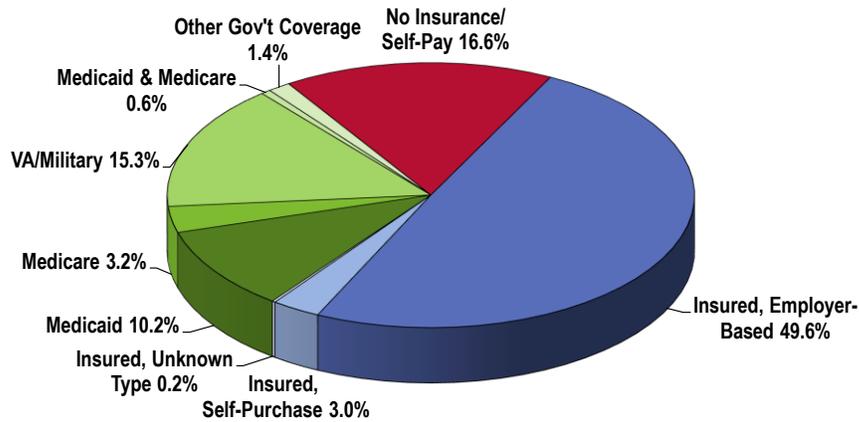
## Health Insurance Coverage

### Type of Healthcare Coverage

A total of 52.8% of Muscogee County adults age 18 to 64 report having healthcare coverage through private insurance. Another 30.7% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

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

**Healthcare Insurance Coverage**  
(Among Adults Age 18-64; Muscogee County, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]  
Notes: • Reflects respondents age 18 to 64.

### Lack of Health Insurance Coverage

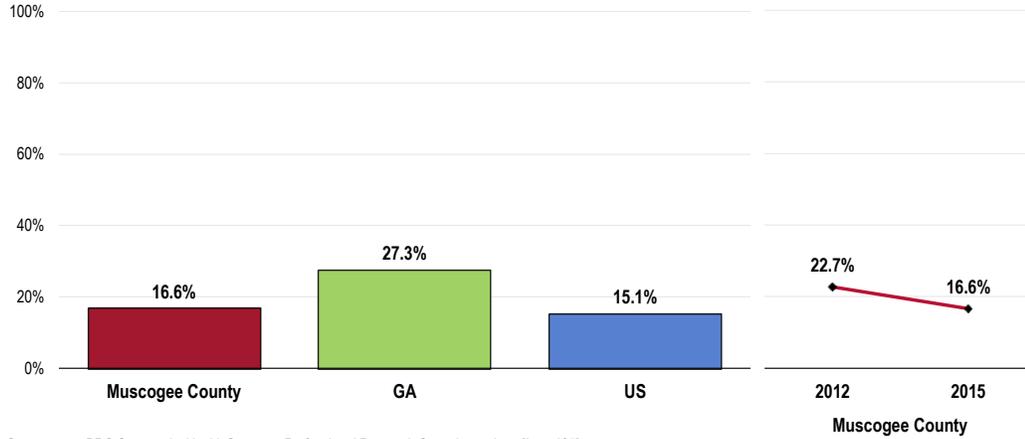
Among adults age 18 to 64, 16.6% report having no insurance coverage for healthcare expenses.

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

- Much more favorable than the state finding.
- Similar to the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- TREND: Muscogee County has seen a statistically significant increase in insurance coverage since 2012.

### Lack of Healthcare Insurance Coverage (Among Adults Age 18-64)

Healthy People 2020 Target = 0.0% (Universal Coverage)



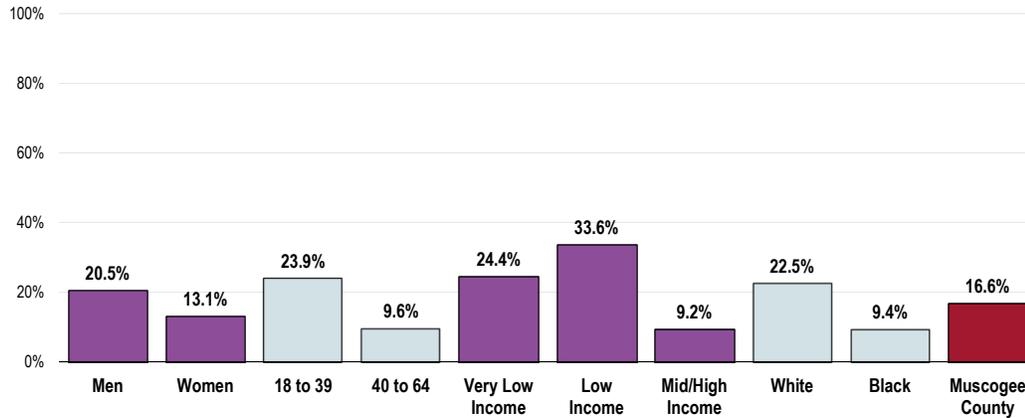
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 165]  
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 GA data.  
 ● 2013 PRC 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.  
 ● Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

The following population segments are more likely to be without healthcare insurance coverage:

- Men.
- Adults under age 40.
- Residents living at lower incomes (note the 33.6% uninsured prevalence among adults living just above poverty).
- Whites.

### Lack of Healthcare Insurance Coverage (Among Adults Age 18-64; Muscogee County, 2015)

Healthy People 2020 Target = 0.0% (Universal Coverage)

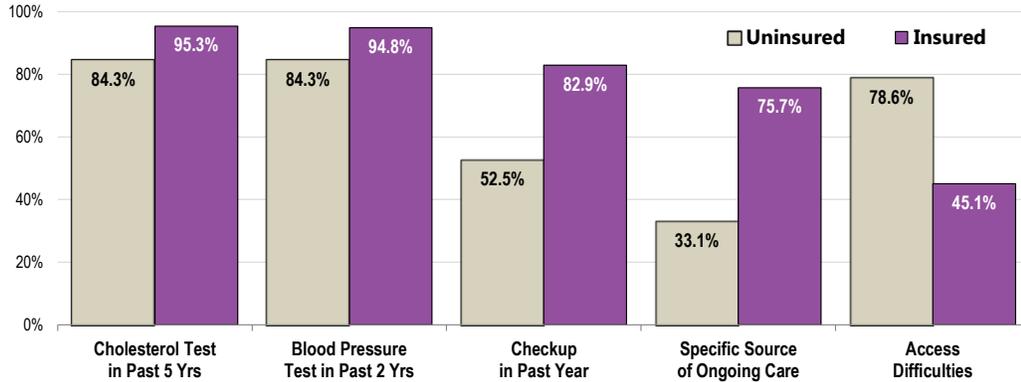


Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]  
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]  
 Notes: ● Asked of all respondents under the age of 65.  
 ● Hispanics 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. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100-199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

- As might be expected, uninsured adults in Muscogee County are less likely to receive routine care and preventive health screenings and are more likely to have experienced difficulties accessing healthcare.

### Preventive Healthcare

(By Insured Status; Muscogee County, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 17, 45, 48, 166, 169]  
 Notes: • Asked of all respondents.

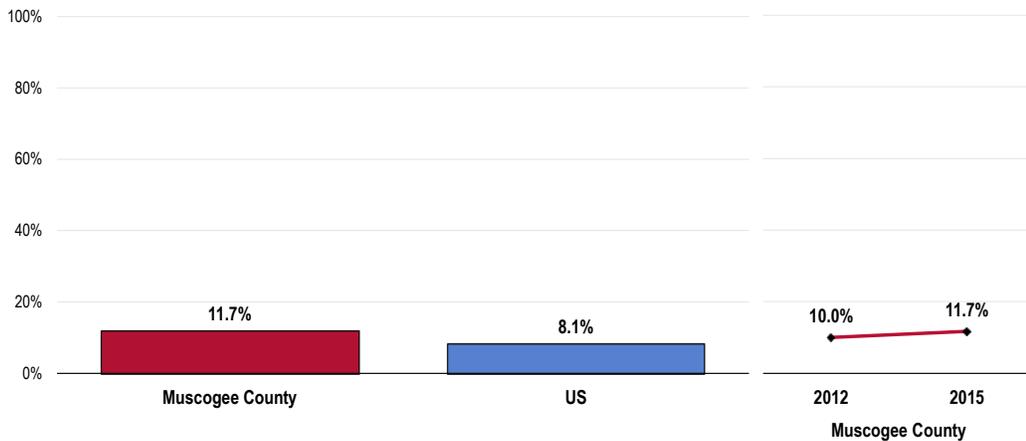
### Recent Lack of Coverage

Among currently insured adults in Muscogee County, 11.7% report that they were without healthcare coverage at some point in the past year.

- Less favorable than the US findings.
- TREND: Insurance stability is statistically unchanged since 2012.

### Went Without Healthcare Insurance Coverage At Some Point in the Past Year

(Among Insured Adults)

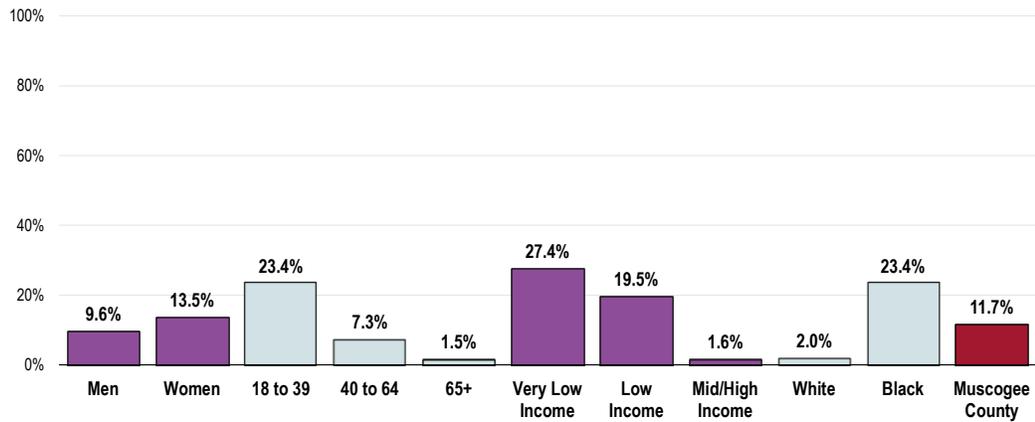


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 79]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all insured respondents.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

Among insured adults, the following segments are more likely to have gone without healthcare insurance coverage at some point in the past year:

- Adults under age 65, especially those age 18 to 39 (negative correlation with age).
- Lower-income residents (note the negative correlation with income).
- Blacks.

### Went Without Healthcare Insurance Coverage At Some Point in the Past Year (Among Insured Adults; Muscogee County, 2015)



Sources: • 2015 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. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Difficulties Accessing Healthcare

### About Access to Healthcare

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

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

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

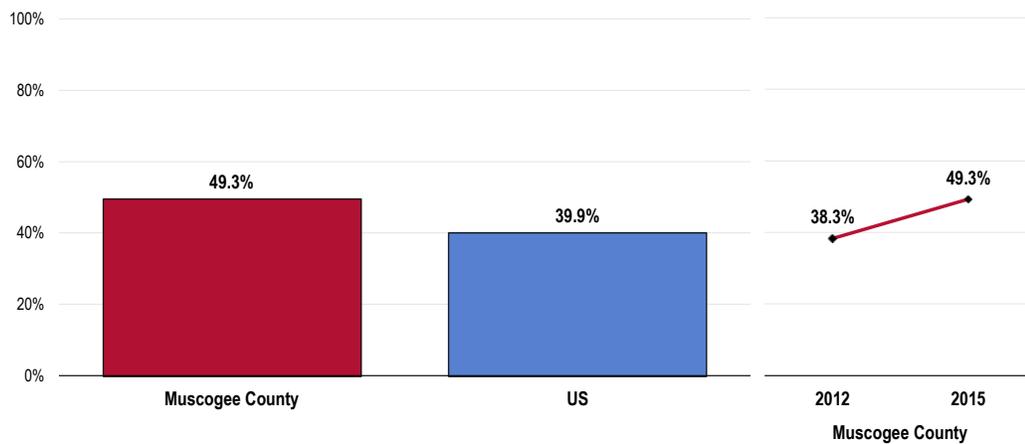
### Difficulties Accessing Services

A total of 49.3% of Muscogee County adults report some type of difficulty or delay in obtaining healthcare services in the past year.

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.

- Notably higher than national findings.
- TREND: A significantly higher proportion of adults had difficulties obtaining healthcare services in the past year than did in 2012.

### Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



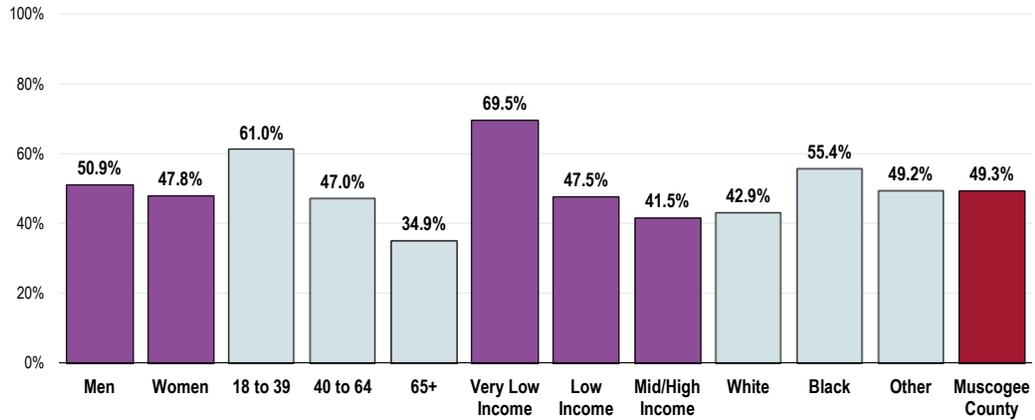
- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 169]
  - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
  - Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
  - Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

Note that the following demographic groups more often report difficulties accessing healthcare services:

- Adults under the age of 65 (note the negative correlation with age).
- Muscogee County residents living under the federal poverty level (negative correlation with income).
- Blacks when compared with Whites.

### Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

(Muscogee County, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]  
 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. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% 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

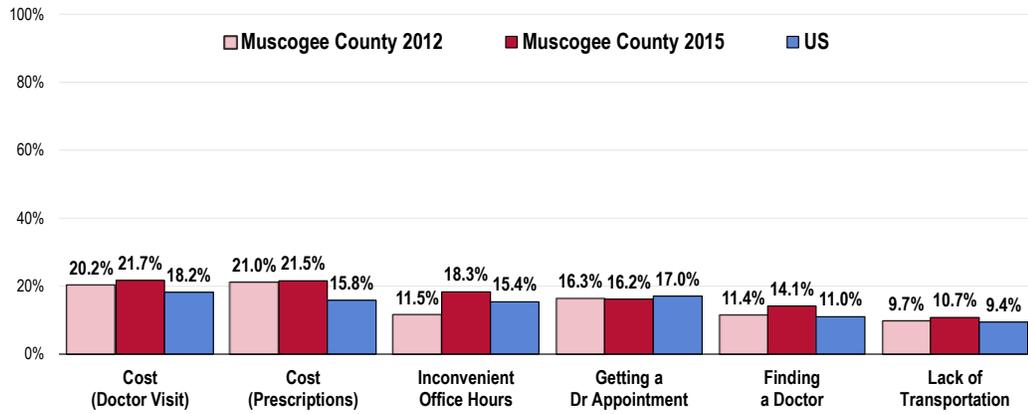
**Of the tested barriers, cost of a physician visit impacted the greatest share of Muscogee County adults (21.7% say that cost prevented them from obtaining a visit to a physician in the past year).**

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.

- The proportion of Muscogee County adults impacted was statistically comparable to that found nationwide for **inconvenient office hours, difficulty getting an appointment, and lack of transportation**, but worse than the national findings for **cost of doctor's visit, cost of prescription and difficulty finding a physician**.
- TREND: Compared to baseline 2012 data, Muscogee County has seen a significant increase with regard to the barrier of **inconvenient office hours**.

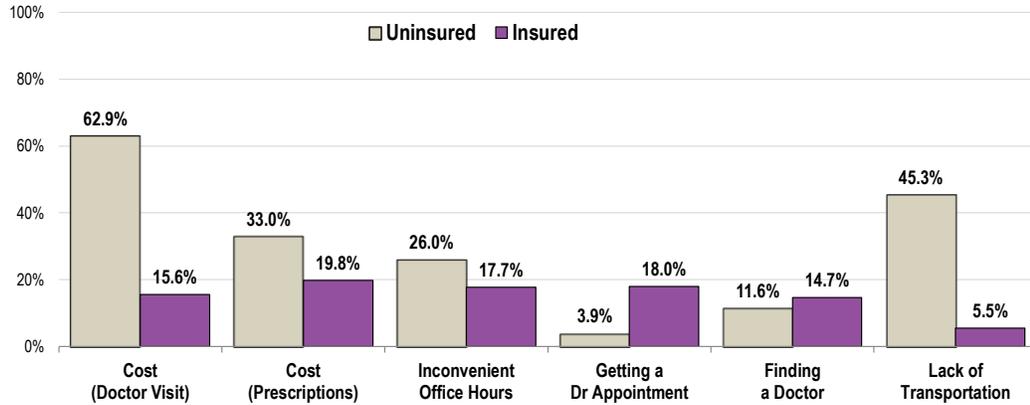
## Barriers to Access Have Prevented Medical Care in the Past Year



- 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.
  - Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

- As might be expected, Muscogee County adults without health insurance are much more likely than the insured population to report access barriers related to **cost**, **inconvenient office hours**, and **lack of transportation**. There is no significant difference in access for **getting an appointment** and **finding a doctor**.

### Barriers to Healthcare Access (By Insured Status; Muscogee County, 2015)



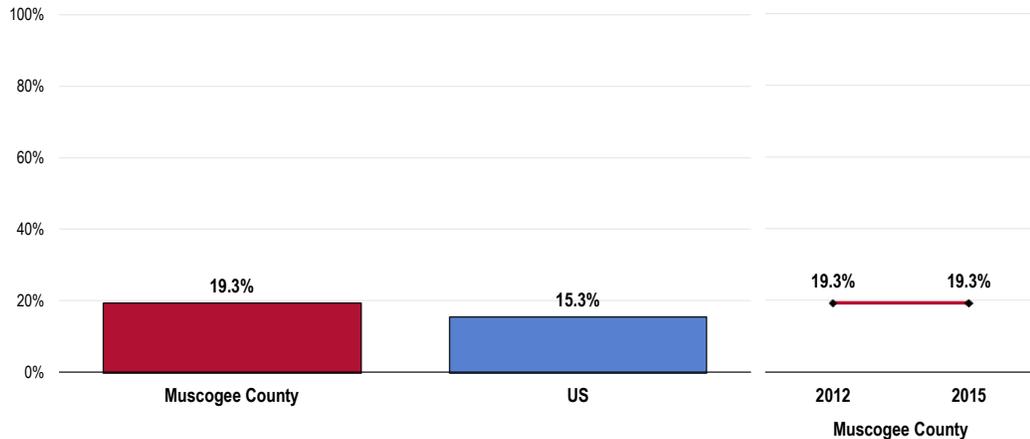
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-12]  
 Notes: • Asked of all respondents.

### Prescriptions

Among all Muscogee County adults, 19.3% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Less favorable than national findings.
- TREND: Identical to the 2012 findings.

### Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

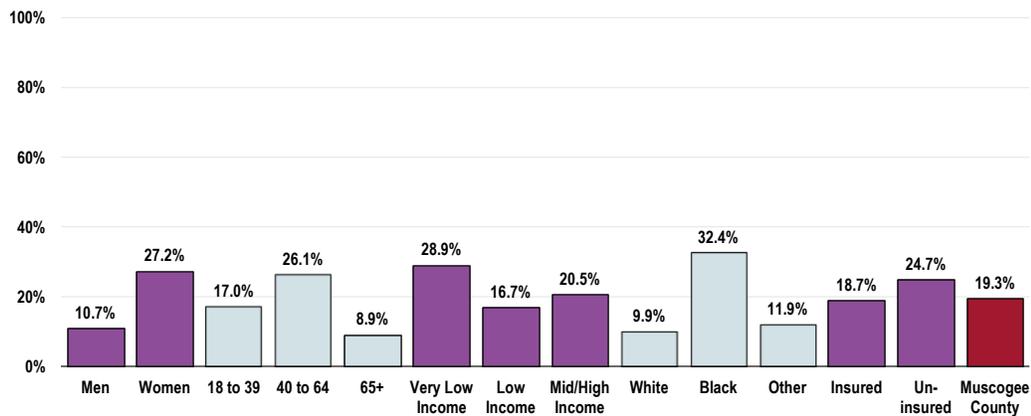


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 13]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

Adults more likely to have skipped or reduced their prescription doses include:

- Women.
- Adults under 65.
- Respondents with very low incomes.
- Blacks.

### Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money (Muscogee County, 2015)



Sources: • 2015 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. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

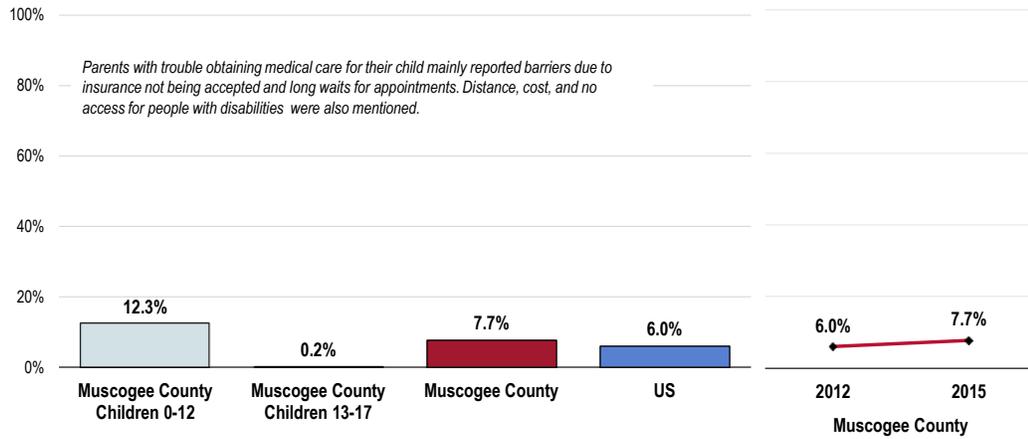
### Accessing Healthcare for Children

A total of 7.7% 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.

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.

- Similar to what is reported nationwide.
- TREND: Statistically unchanged since 2012.
- Lowest (0.2%) among parents of teenagers.

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



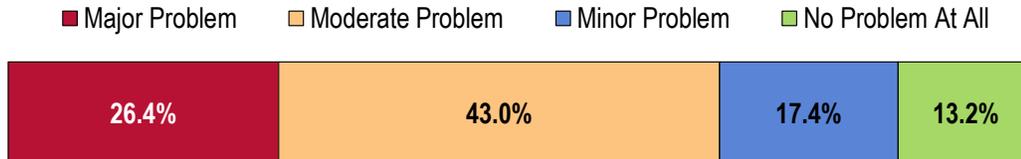
- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 111-112]
  - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents with children 0 to 17 in the household.
  - Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

Among the parents experiencing difficulties, the majority cited **insurance not being accepted** or **long waits for appointments** as the primary reason; others cited distance, cost, and no access for people with disabilities.

## Key Informant Input: Access to Healthcare Services

Key informants taking part in an online survey most often characterized **Access to Healthcare Services** as a “moderate problem” in the community.

### Perceptions of Access to Healthcare Services as a Problem in the Community (Key Informants, 2015)



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

### Top Concerns

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

#### *Underinsured/Uninsured*

*Systemically, healthcare services are limited due to the high rate of poverty and limited number of places available for uninsured people to go for primary care. In our area, one in five adults has no insurance. With only a handful of clinics that will take uninsured patients, the community overloads the Emergency Room with non-emergent situations. For many, they choose to ignore health concerns altogether. For others, they use the Emergency Room as a primary care provider which creates a burden on the hospital system. - Muscogee County - Other Health Provider*

*The biggest challenge is low cost/affordable health care for the uninsured and under-insured. It's not that the services aren't available, but rather that so many in our community go without simply because they can't afford the doctor, facility and/or treatment/prescriptions. - Muscogee County - Social Services Provider*

*Lack of insurance and or inability to pay for medical care, co-insurance and deductibles. Health care is not affordable. Another concern would be the length of time to see a physician or specialist; it can take weeks to months to get an appointment especially at a sliding fee clinic. Then you wait hours to see the doctor. - Muscogee County - Social Services Provider*

*The number of people without health care coverage and the number of people without transportation to health care services. - Muscogee County - Community/Business Leader*

*The access to healthcare by the under and uninsured population is a growing concern in our area. The cost of healthcare especially in the cancer care area has increased substantially in the past couple of years. This results in the patients being seen far less for healthcare needs. - Muscogee County - Other Health Provider*

*Insurance. More health centers are needed around the city. People need to have insurance. The only way to fix a lot of these problems is universal health care, and then place providers in areas where people can readily access that care. - Muscogee County – Physician*

*Although there are many physicians only a small amount are taking new Medicare and Medicaid patients and most do not accept uninsured patients at all which puts the burden of their care on the local Emergency Department. - Muscogee County - Physician*

### Affordable Services

*The biggest challenge I witness is access and affordability of specialty care for those individuals without health insurance and for those with high deductibles. Transportation to needed services is also an access issue. - Muscogee County - Other Health Provider*

*People are challenged with the cost additional costs of regular health care services, for many with low paying jobs that are afforded health care insurance, large deductibles are a challenge. - Muscogee County - Social Services Provider*

*The lack of funds to pay for services and lack of knowledge on other ways to access care. - Muscogee County - Public Health Representative*

*One of the biggest challenges remains access to affordable health care. Many of our community members are still utilizing the Emergency Room for non-emergent health care, particularly our homeless community. - Muscogee County - Social Services Provider*

*Many people have difficulty obtaining healthcare. Once they are able to get healthcare it is very expensive. Many people decide not to have healthcare because of the cost. Many people use the ER as a way to see their doctor and never pay for the visit. Yes, a small co-pay may be obtained at the time of the visit, but it may not be obtained. People in our community know they can go to MMC and be seen by a MD and never pay for the services. Healthcare regulations are increasing which makes it harder to see the MD that you need to care for your problems. Patients get tired of waiting to see the MD. People who actually have insurance have a hard time seeing the best MD for the issue. Those MD's want the money upfront or the service will not be done. How is that fair? By having insurance, you pay way too much. Without insurance you get free medications and free office visits. So really should anyone have insurance? - Muscogee County - Community/Business Leader*

*Healthcare is not accessible because of cost and there is not enough education. - Muscogee County - Other Health Provider*

### Transportation

*People do not have transportation to go to the health care services, or funds for public transportation. Services are not always available or free to the clients. A lot of the clients do not health insurance because they cannot afford it. And some are not knowledgeable about Medicaid or/and Medicare. - Muscogee County - Social Services Provider*

*Transportation is a huge issue here in this community. We do not have any public transportation. - Muscogee County - Other Health Provider*

*Transportation, convenient hours, employers allowing employees to miss work to care for themselves and dependents. - Muscogee County - Community/Business Leader*

*Lack of health care for those with limited resources including transportation, ability to navigate the system, doctors who will accept Medicaid. - Muscogee County - Community/Business Leader*

### Long Waits

*Getting to see a doctor in a timely manner and lack of health care coverage for individuals and families. - Muscogee County - Social Services Provider*

*In regards to accessing health care services, the wait time to get appointments as well as the number of experts in the area. - Muscogee County - Social Services Provider*

*The ability to be seen by providers. The cost of seeing a provider and the inability to follow up with doctor after going to Emergency Room and the hospital. The biggest issue is finances and the amount of providers. - Muscogee County - Physician*

### Indigent

*Providing proof of residency for the indigent care clinic for those staying long term with friends or family. Paying for prescriptions to include mental health medications, accessing specialty care for those without insurance, obtaining dentures and respite care for individuals experiencing homelessness, seeing a psychiatrist in a timely manner. - Muscogee County - Social Services Provider*

*Producing the correct information, people who are homeless have difficulty producing evidence of their residency, Muscogee County. Often people do not have complete documentation or identification, or phone service and rarely do they have the ability to pay. - Muscogee County - Social Services Provider*

**Access to Services**

*Too many people in our community do not have access to preventative health care services. Many people utilize emergency room services or urgent care providers to meet their health care needs. While this may address the symptom, it does not create a relationship between a patient and healthcare provider. There are several non-traditional providers, including clinics, the mobile van and others. Continued outreach is needed for these services to reach/be used by more people in need of regular health care screenings and services. - Muscogee County - Social Services Provider*

*Too many people in Columbus rely on the Emergency Room as their primary point of access for their Healthcare services. - Muscogee County - Other Health Provider*

*Mental health services are one of the biggest challenges for our community and access to medical services in a timely fashion for people without insurance or on Medicaid. - Muscogee County - Social Services Provider*

**Awareness of Available Resources**

*As a referral and resource center, we often see the issue of not knowing. Many individuals, especially those dealing with disabilities, are unaware of services in this area. This is often due to lack of knowledge or lack of knowledge being transferred. Often, agencies do not offer advice or referrals to other agencies. Sometimes, agencies themselves are unaware of community services. A great way to solve this issue would be to create a community wide list of agencies and services offered by said agencies. That may make it easier for consumer access. - Muscogee County - Community/Business Leader*

*Homeless populations do not know their resources. Resources are not organized to be able to move quickly and there are long waits for access. There are efforts for coordination of care, but it is moving slowly. - Muscogee County - Other Health Provider*

**Type of Care Most Difficult to Access**

**Key informants (who rated this as a “major problem”) most often identified mental health, specialty care, substance abuse treatment, primary care and dental care as the most difficult to access in the community.**

Mental Health Care	39.3%	19.2%	3.7%	17
Specialty Care	14.3%	11.5%	22.2%	13
Substance Abuse Treatment	7.1%	19.2%	18.5%	12
Primary Care	14.3%	15.4%	7.4%	10
Dental Care	7.1%	11.5%	14.8%	9
Elder Care	7.1%	7.7%	7.4%	6
Chronic Disease Care	7.1%	0.0%	7.4%	4
Urgent Care	0.0%	7.7%	7.4%	4
Palliative Care	3.6%	0.0%	7.4%	3
Prenatal Care	0.0%	3.8%	3.7%	2
Pain Management	0.0%	3.8%	0.0%	1

## Primary Care Services

### About Primary Care

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

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

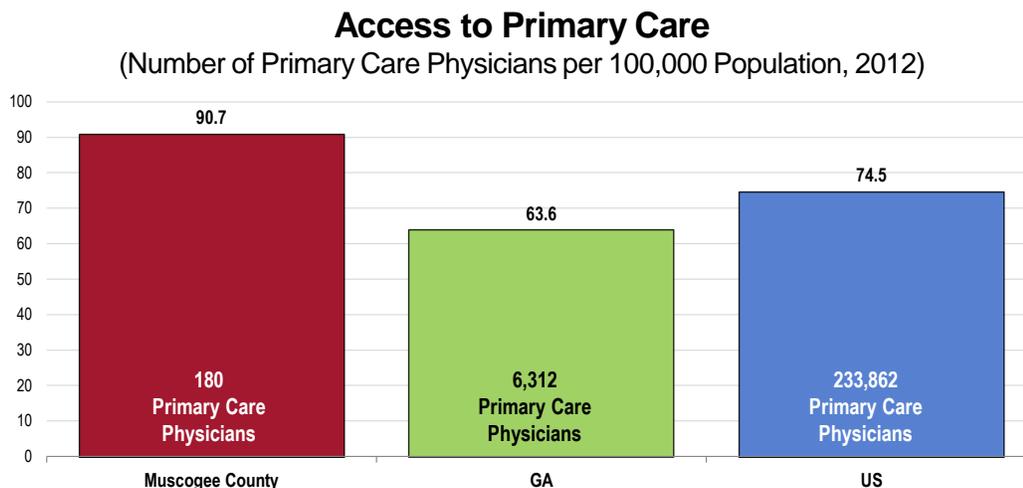
Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease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

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

### Access to Primary Care

In Muscogee County in 2012, there were 180 primary care physicians, translating to a rate of 90.7 primary care physicians per 100,000 population.

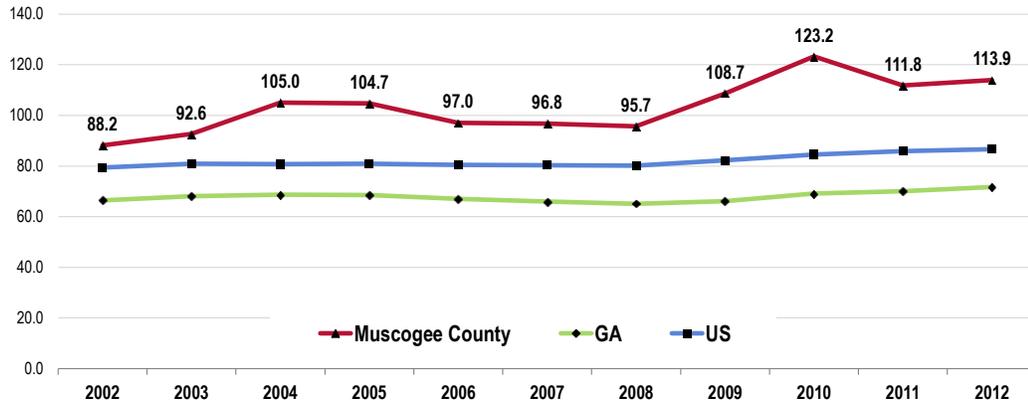
- Well above the primary care physician-to-population ratio found statewide.
- Well above the ratio found nationally.



- Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2012.
  - Retrieved September 2015 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

- **TREND:** Despite fluctuations, access to primary care has increased in the county over the past decade; access increased among Georgia and the US as well, although more steadily.

**Trends in Access to Primary Care**  
(Number of Primary Care Physicians per 100,000 Population)



Sources:
 

- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2012.
- Retrieved September 2015 from Community Commons at <http://www.chna.org>.

 Notes:
 

- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
- These figures represent all primary care physicians practicing patient care, including hospital residents. In counties with teaching hospitals, this figure may differ from the rate reported in the previous chart.

### Specific Source of Ongoing Care

**A total of 69.3% of Muscogee County adults were determined to have a specific source of ongoing medical care.**

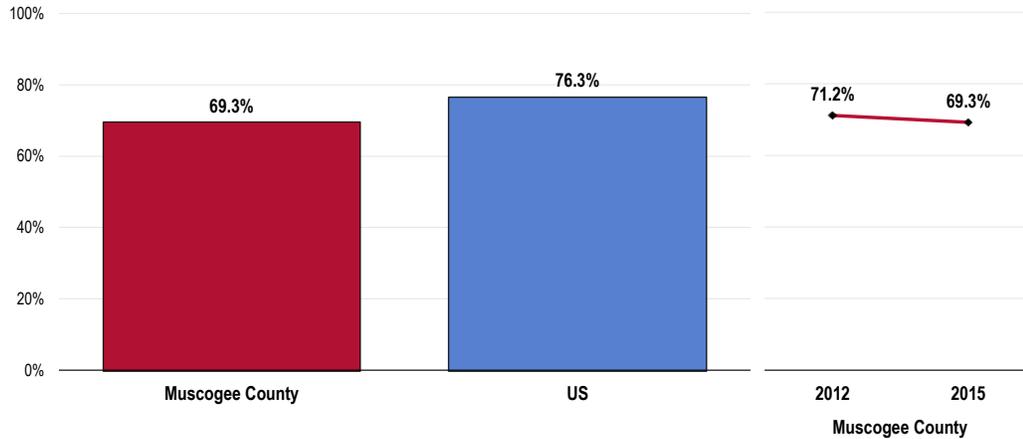
- Lower than national findings.
- Far from satisfying the Healthy People 2020 objective (95% or higher).
- **TREND:** Has not changed significantly since 2012.

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

A hospital emergency room is not considered a specific source of ongoing care in this instance.

## Have a Specific Source of Ongoing Medical Care

Healthy People 2020 Target = 95.0% or Higher [All Ages]



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 166]  
 • 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]

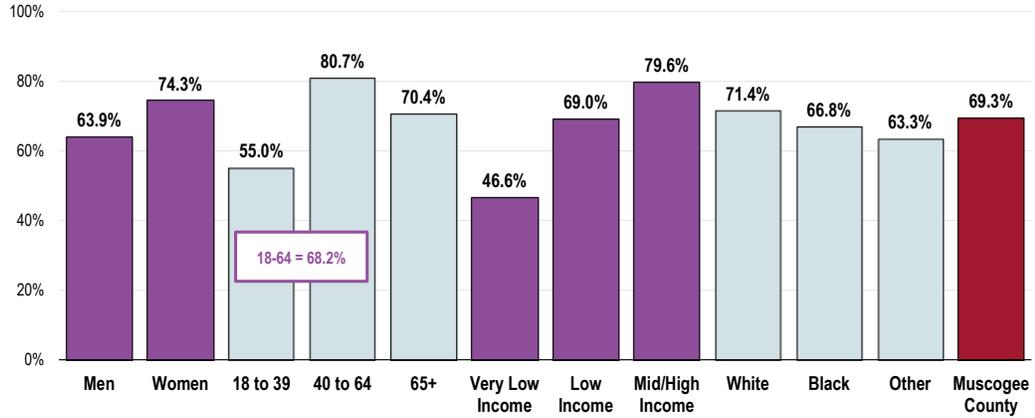
Notes: • Asked of all respondents.

When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Men.
- Adults under age 40, followed by seniors (65+).
- Lower-income adults (note the strong positive correlation with income showing that less than half county adults living in poverty have a specific source of care).
- Among adults age 18-64, 68.2% have a specific source for ongoing medical care, less favorable than national findings (not shown).
  - Far from satisfying the Healthy People 2020 target for this age group (89.4% or higher).
- Among adults 65+, 70.4% have a specific source for care, considerably less favorable than the percentage reported among seniors nationally (not shown).
  - Fails to satisfy the Healthy People 2020 target of 100% for seniors.

## Have a Specific Source of Ongoing Medical Care (Muscogee County, 2015)

Healthy People 2020 Target = 95.0% or Higher [All Ages]; ≥89.4% [18-64]; 100% [65+]



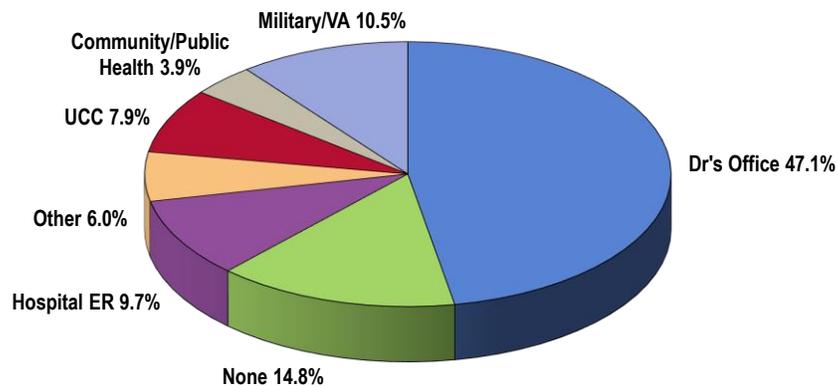
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 166-168]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives AHS-5.1, 5.3, 5.4]  
 Notes: • Asked of all respondents.  
 • Hispanics 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. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% 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 (47.1%) identified a particular doctor's office. A total of 10.5% use some type of military/VA facility, followed by urgent-care centers (7.9%) and public/community health centers (3.9%).

Note that 9.7% of respondents rely on a hospital emergency room.

### Particular Place Utilized for Medical Care (Muscogee County, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 15-16]  
 Notes: • Asked of all respondents.

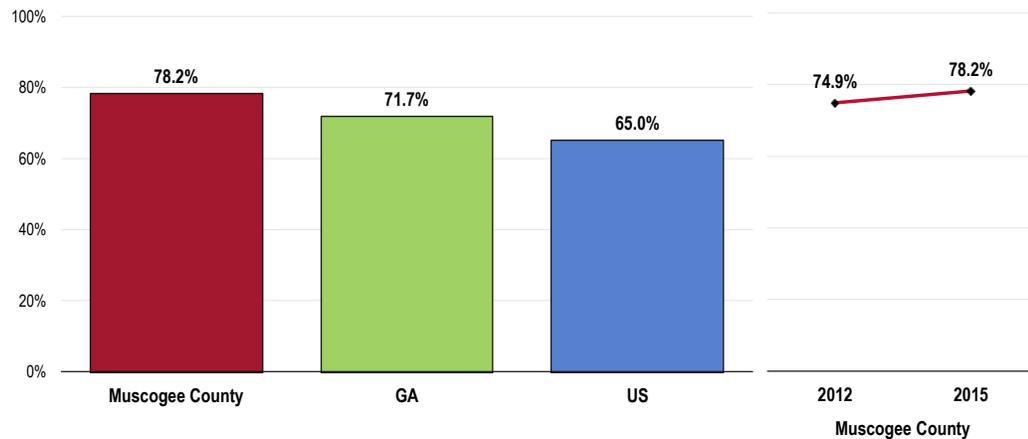
## Utilization of Primary Care Services

### Adults

Nearly 8 in 10 county adults (78.2%) visited a physician for a routine checkup in the past year.

- More favorable than state findings.
- Notably more favorable than national findings.
- TREND: Statistically similar to 2012 findings.

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



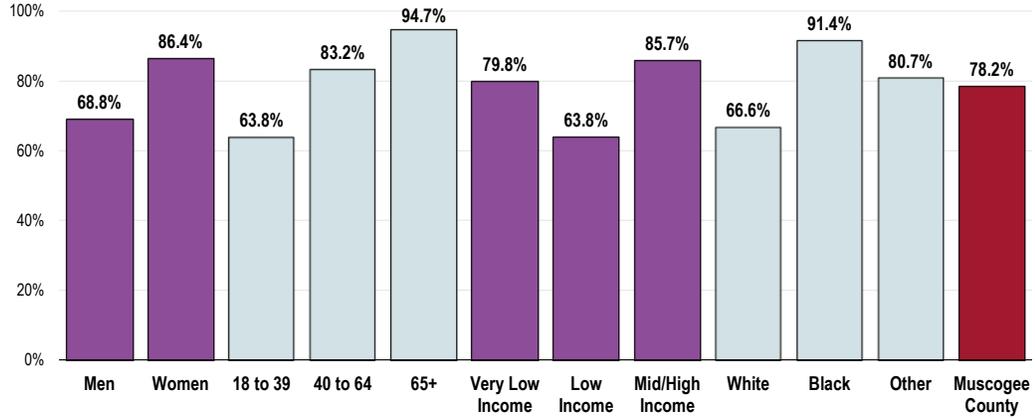
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 17]  
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 GA data.  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

Those less likely to have received routine care in the past year include:

- Men.
- Adults under age 40 (note the positive correlation with age).
- Adults with incomes that are 100-199% of the federal poverty level.
- Whites.

### Have Visited a Physician for a Checkup in the Past Year (Muscogee County, 2015)



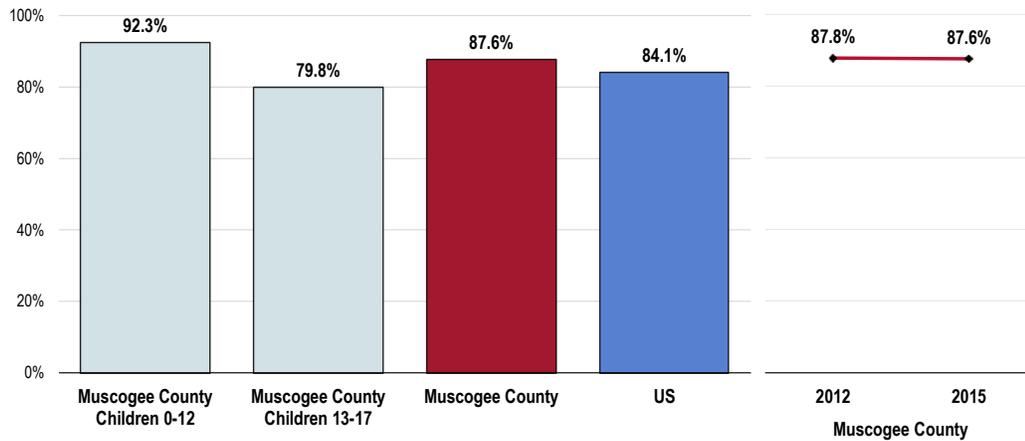
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% 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, 87.6% report that their child has had a routine checkup in the past year.

- Statistically similar to national findings.
- TREND: Nearly identical to prior survey findings.
- Note that routine checkups are highest in Muscogee County among children under age 12.

### Child Has Visited a Physician for a Routine Checkup in the Past Year (Among Parents of Children 0-17)



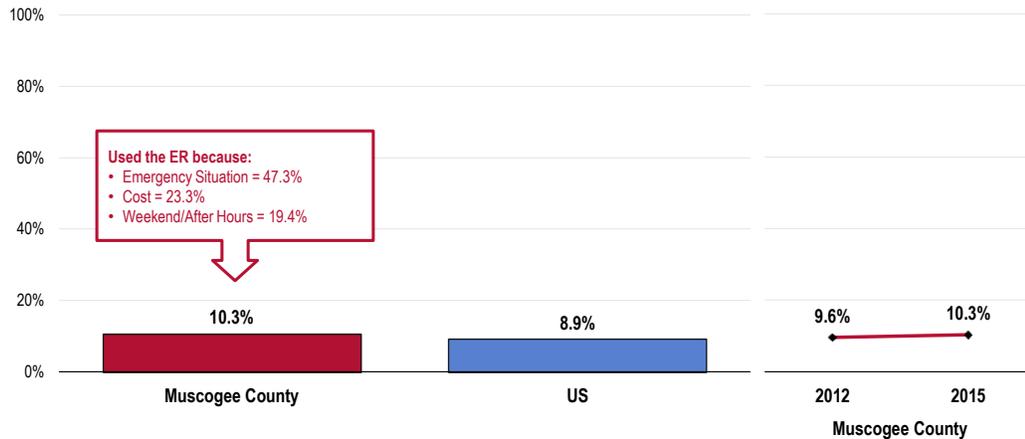
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 113]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents with children 0 to 17 in the household.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

## Emergency Room Utilization

A total of 10.3% of Muscogee County adults have gone to a hospital emergency room more than once in the past year about their own health.

- Similar to the national findings.
- TREND: Statistically unchanged over time.

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



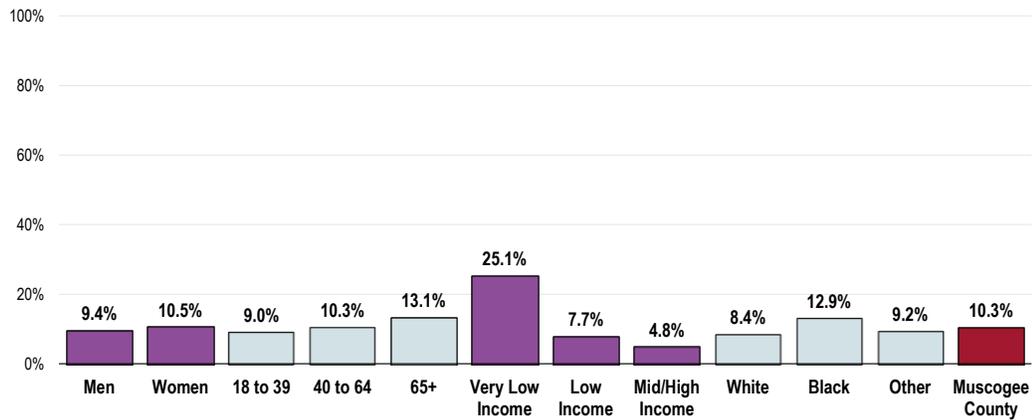
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 23-24]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

Of those using a hospital ER, 47.3% say this was due to an **emergency or life-threatening situation**, while 23.3% cited **cost** as a reason. A total of 19.4% indicated that the visit was **during after-hours or on the weekend**.

Note the following:

- One-fourth (25.1%) of very-low income adults have used a hospital emergency room two or more times in the past year.
- Blacks are more likely than Whites to have used an emergency room multiple times.

### Have Used a Hospital Emergency Room More Than Once in the Past Year (Muscogee County, 2015)



Sources: • 2015 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. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Oral Health

### About Oral Health

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

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

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

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

Potential strategies to address these issues include:

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

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

## Dental Care

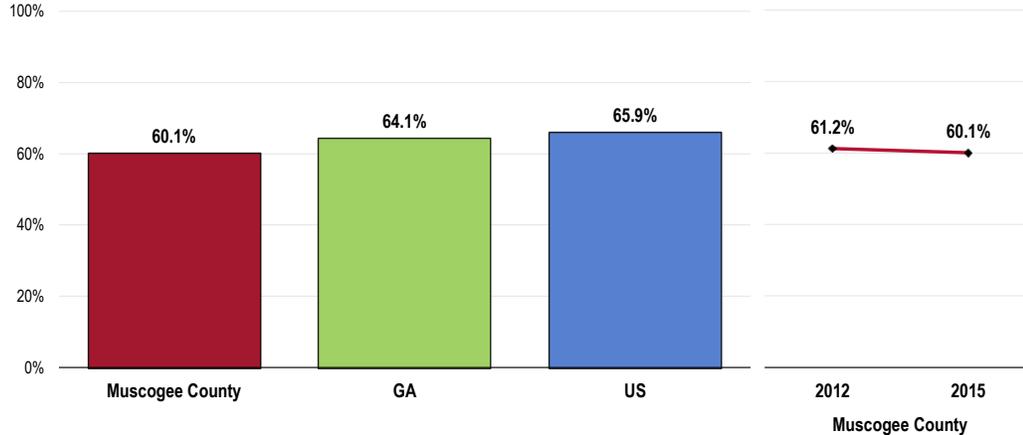
### Adults

A total of 60.1% of Muscogee County adults have visited a dentist or dental clinic (for any reason) in the past year.

- Lower (or less favorable) than statewide findings.
- Lower (or less favorable) than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- TREND: Statistically, dental care is utilized to the same extent as it was three years ago.

### Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher



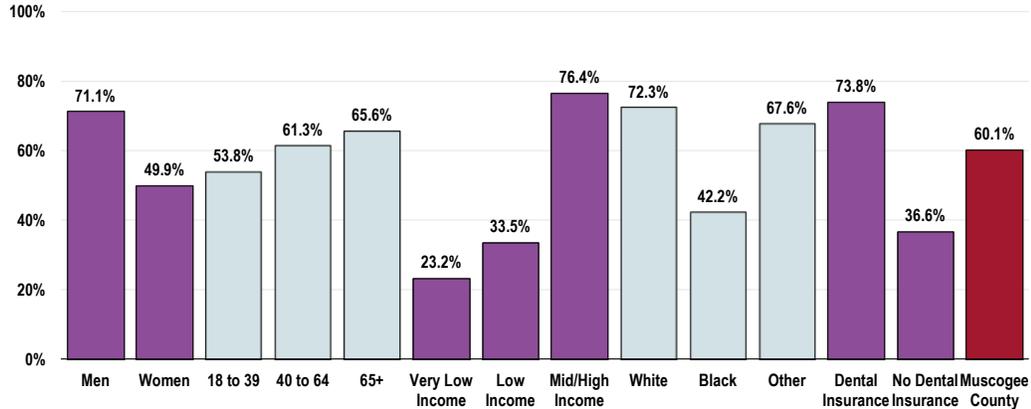
- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 21]
  - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
  - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 GA data.
- Notes:
- Asked of all respondents.
  - Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

Note the following:

- A notably higher proportion of men than women report a dental visit within the past year.
- There is a positive correlation between age and recent dental visits.
- Persons living in the higher income categories report much higher utilization of oral health services (very low-income and low-income adults are far from satisfying the Healthy People 2020 target).
- Whites and "Other" races are much more likely than Blacks to report recent dental care.
- As might be expected, persons without dental insurance report considerably lower utilization of oral health services than those with dental coverage.

## Have Visited a Dentist or Dental Clinic Within the Past Year (Muscogee County, 2015)

**Healthy People 2020 Target = 49.0% or Higher**



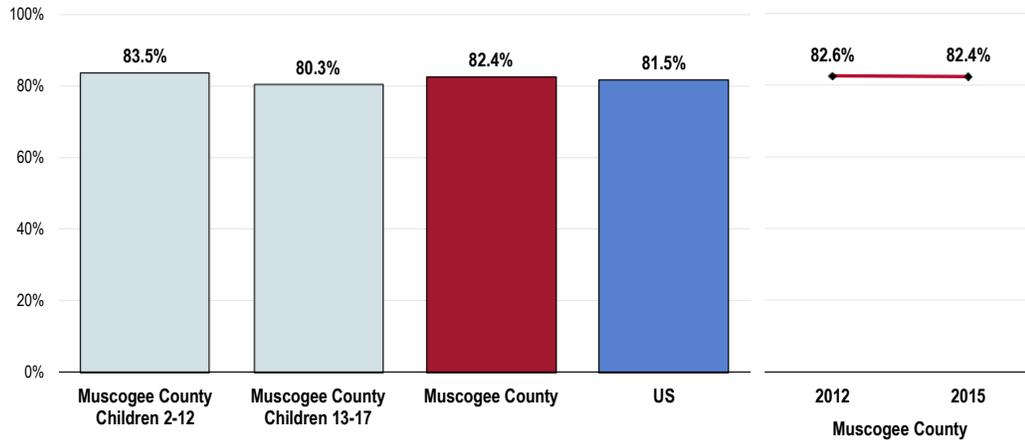
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. 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. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% 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 82.4% 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.
- Satisfies the Healthy People 2020 target (49% or higher).
- TREND: Children's dental care is statistically unchanged over time.
- Regular dental care is not significantly different between Muscogee County children age 2 to 12 and Muscogee County teenagers.

### Child Has Visited a Dentist or Dental Clinic Within the Past Year (Among Parents of Children Age 2-17) Healthy People 2020 Target = 49.0% or Higher



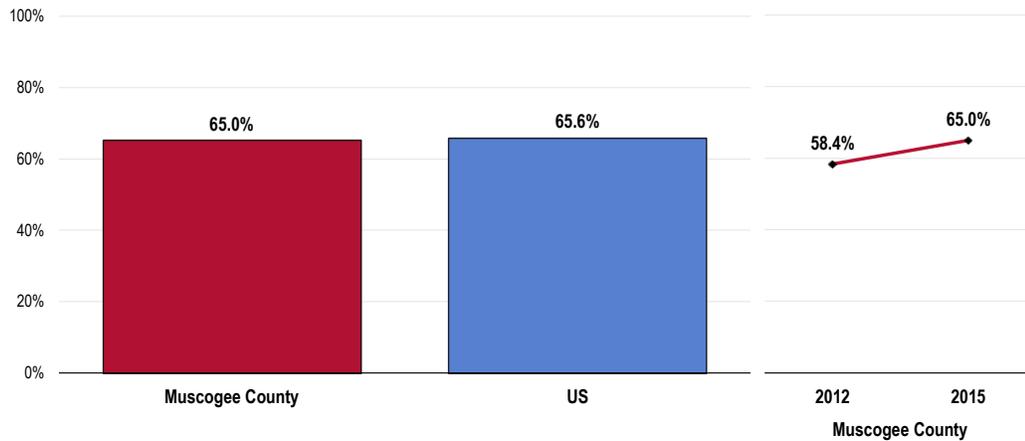
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 116]  
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]  
 Notes: ● Asked of all respondents with children age 2 through 17.  
 ● Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

## Dental Insurance

Nearly two-thirds of Muscogee County adults (65.0%) have dental insurance that covers all or part of their dental care costs.

- Similar to the national finding.
- TREND: Since 2012, there has been a statistically significant increase in the proportion of Muscogee County adults who have dental insurance.

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

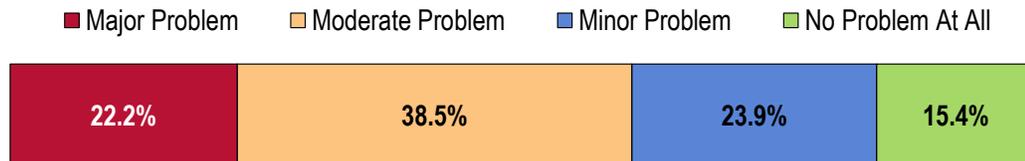


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 22]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

## Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a “moderate problem” in the community.

### Perceptions of Oral Health as a Problem in the Community (Key Informants, 2015)



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

## Top Concerns

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

### Access for Underinsured/Uninsured

*We have many uninsured and homeless individuals who do not have dental insurance and lack access to care. - Muscogee County - Other Health Provider*

*Lack of access for underinsured patients. - Muscogee County - Physician*

*Lack of services for clients that have no dental insurance and the availability of options for clients. - Muscogee County - Social Services Provider*

*I've seen oral health issues visually and heard about the number of people who still don't have health insurance. - Muscogee County - Physician*

*The number of individual with little or no dental coverage. Also, the number people with dental caries, missing teeth and dentures. - Muscogee County - Public Health Representative*

*No dental care if no funding by patient without Medicaid and only few dentists provide care to new Medicaid children. - Muscogee County - Physician*

*People who do not have dental insurance often neglect dental care. - Muscogee County - Community/Business Leader*

*Lack of providers who accept Medicare and Medicaid. Lack of education regarding the importance of oral health. - Muscogee County - Physician*

### Affordable Services

*Many have dental issues with no place to go to be seen that is reduced in price. - Muscogee County - Physician*

*Dentists are outrageously pricey. People can't afford to go to the dentist. I'm talking about people who work every day. The prices are exorbitant. - Muscogee County - Social Services Provider*

*No access and very expensive. - Muscogee County - Social Services Provider*

*The level of poverty in our MSA is higher than the rest of the state and in the top 10% in the nation, it's a problem. - Muscogee County - Social Services Provider*

### Preventive Dental Care

*Most people do not go to the dentist unless they want their teeth pulled. Preventive dental health-checkup should be push and embrace. - Muscogee County - Other Health Provider*

*Poor dental hygiene in our target population. - Muscogee County - Community/Business Leader*

### Lack of Resources

*I get clients that have gum diseases that causes gingivitis. A lot, with few to no teeth in their mouth. Some clients have halitosis. I get clients that ask about resources, but resources are limited to none. - Muscogee County - Social Services Provider*

*Lack of available resources for low income families. - Muscogee County - Other Health Provider*

*Lack of dental providers. - Muscogee County - Public Health Representative*

### Co-occurring Morbidities

*There are many needs for dental care for those recovering from drug addiction. There are few dentists in the area who address this problem pro-bono. Columbus Tech has vacillated through the years in providing dental care, as their volunteer Dentists and students change over quickly. - Muscogee County - Social Services Provider*

## Vision Care

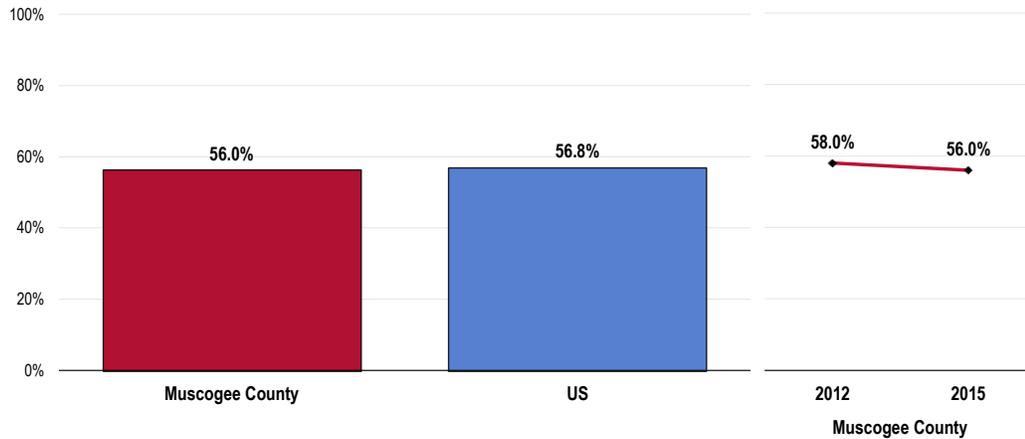
**RELATED ISSUE:**

See also [Vision & Hearing in the Death, Disease & Chronic Conditions](#) section of this report.

**A total of 56.0% of residents had an eye exam in the past two years during which their pupils were dilated.**

- Similar to the national findings.
- TREND: Similar to what was found in 2012.

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

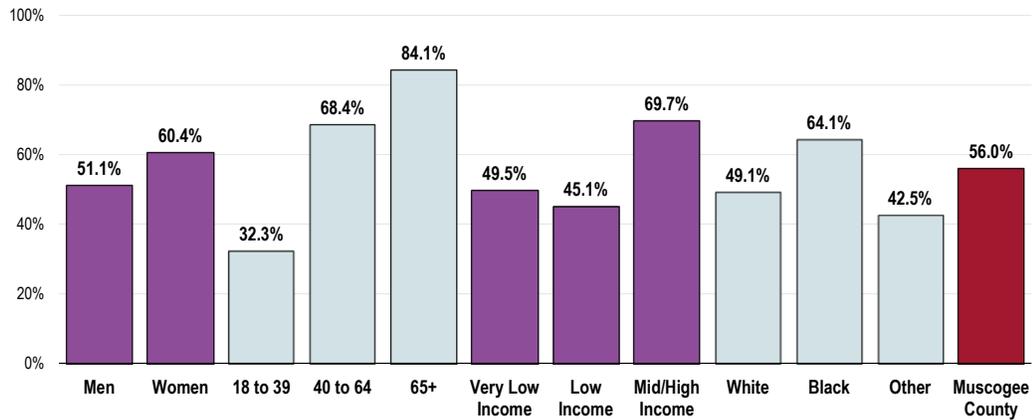


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 20]  
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

Recent vision care in Muscogee County is more often reported among:

- Women.
- Adults over age 39, especially seniors (note the strong, positive correlation with age).
- Residents with mid/high incomes.
- Blacks.

### Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated (Muscogee County, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
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# Local Resources



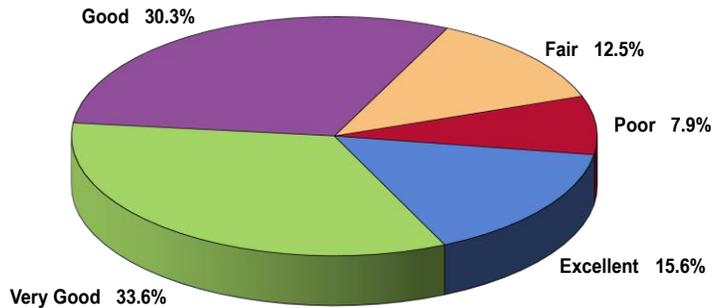
**Professional Research Consultants, Inc.**

## Perceptions of Local Healthcare Services

Nearly one-half of Muscogee County adults (49.2%) rates the overall healthcare services available in their community as “excellent” or “very good.”

- Another 30.3% gave “good” ratings.

**Rating of Overall Healthcare Services Available in the Community**  
(Muscogee County, 2015)

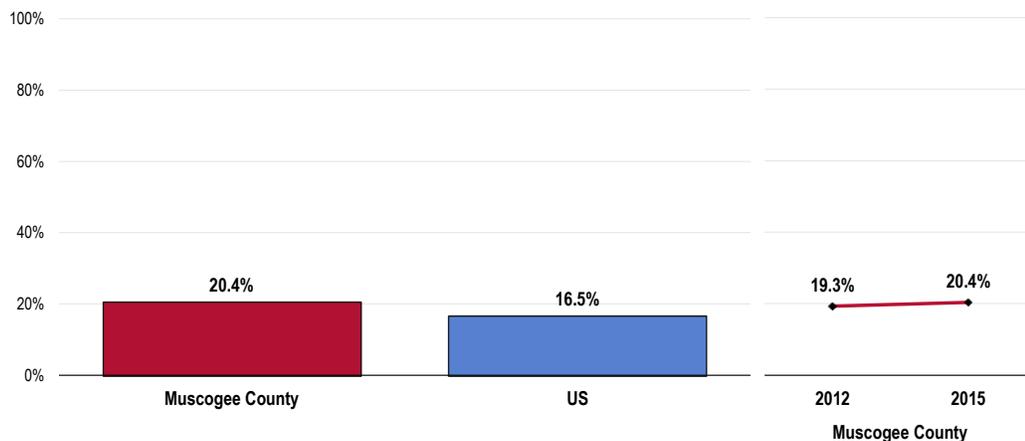


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]  
Notes: • Asked of all respondents.

However, 20.4% of residents characterize local healthcare services as “fair” or “poor.”

- Less favorable than reported nationally.
- TREND: Ratings have remained statistically unchanged over the past three years.

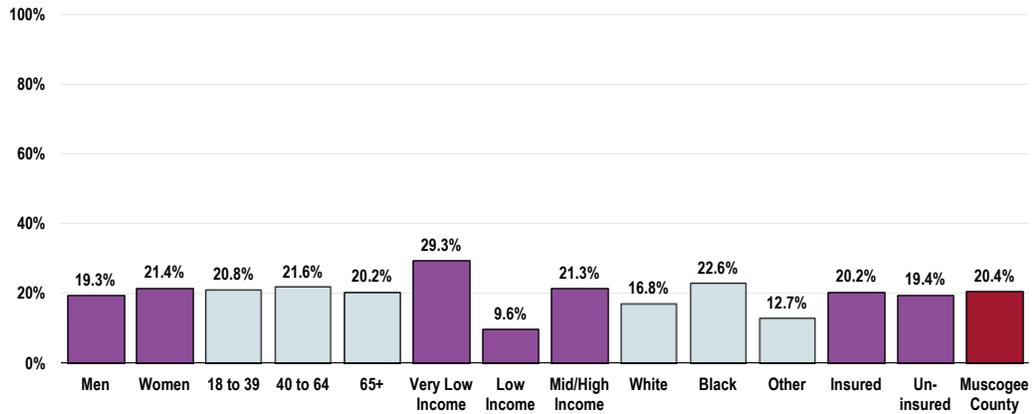
### Perceive Local Healthcare Services as “Fair/Poor”



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.  
• Trending: in 2012, the report area did not include two Harris County ZIP Codes (31804 and 31808).

- Blacks and those at either end of the income spectrum are more critical of local healthcare services.

### Perceive Local Healthcare Services as “Fair/Poor” (Muscogee County, 2015)



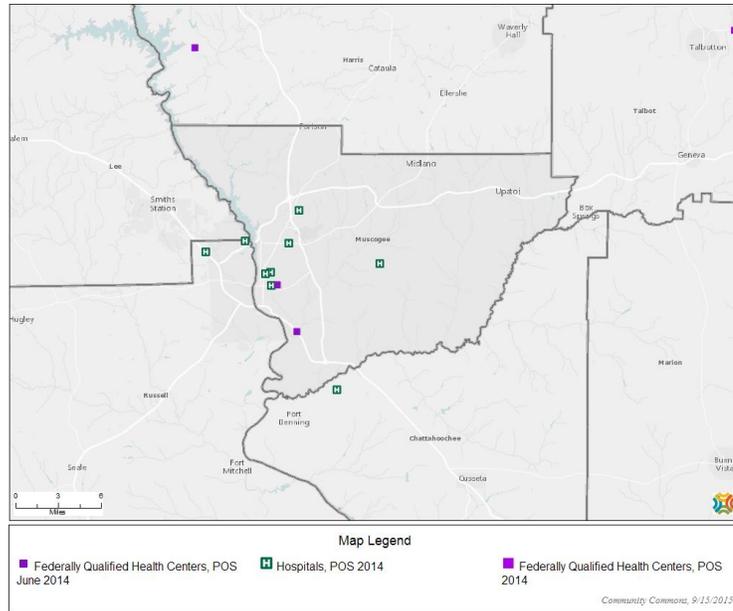
- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
- Notes:
- Asked of all respondents.
  - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
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## Healthcare Resources & Facilities

### Hospitals & Federally Qualified Health Centers (FQHCs)

As of June 2014, there were six hospitals and two Federally Qualified Health Centers (FQHCs) within Muscogee County.

Hospitals & Federally Qualified Health Centers, POS June 2014



Source: US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services (POS) File: 2012Q4.



## Resources Available to Address the Significant Health Needs

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.

### *Access to Healthcare Services*

- American Cancer Society
- American Works
- Bradley Center
- Columbus Baptist
- Columbus Department for Public Health
- Columbus Regional Hospital
- Columbus Regional Indigent Care Clinic
- Columbus Regional Mobile Van
- Columbus Regional Outpatient Clinic
- CRH Family Practice Program
- DFCS Office-Division of Family and Children Services
- Disability Service Center
- District Clinical Services
- Education Programs for Chronic Health Problems
- Emergency Room
- Family Connection
- Free/Sliding Scale Clinics
- Georgia Department of Labor
- Health Department
- Home Care
- Home for Good
- Homeless Resource Network
- John B. Amos Cancer Center
- Mayor's Commission on Disabilities
- MercyMed
- Midtown Medical Center
- Mobile Unit
- Muscogee County Indigent Care Program
- National Federation of the Blind
- New Horizons
- Outpatient Clinic

- Private Physicians
- Source Program
- South Columbus Health Site
- St. Francis Hospital
- Tree of Life
- United Way
- Urgent Care Centers
- Valley Healthcare System
- West Central District Health Department
- West Central Georgia Cancer Coalition

#### ***Arthritis, Osteoporosis & Chronic Back Conditions***

- Fitness Centers/Gyms
- Neurologic Specialists
- Orthopedic Specialists
- Pain Clinics
- Physical Therapists
- Primary Care Physicians
- Rheumatologist
- YMCA/YWCA

#### ***Cancer***

- American Cancer Association
- American Cancer Society
- Breast Care Center
- Cancer Center
- Cancer Coalition
- Cancer Support Groups
- Columbus Cardiology
- Columbus City Government
- Columbus Department of Public Health
- Columbus Radiation Oncology
- Columbus Regional Health
- Columbus Regional Hospital
- East Alabama Cancer Resource Center
- Education Classes/Groups
- Elements
- Glory Hospice & Palliative Center
- Health Department
- Hospice
- Hospitals
- Housing Authority

- John B. Amos Cancer Center
- Martin Army Hospital
- On-Call Nursing Staff
- Optimum Nutrition
- Physicians Office
- St. Francis Hospital
- Tidwell Cancer Center
- Valley Healthcare Systems
- West Central Georgia Cancer Coalition

#### ***Chronic Kidney Disease***

- American Diabetes Association
- Columbus Department of Public Health
- Columbus Regional Health
- Columbus Regional Hospital
- Dialysis Facility
- ESRD Medicaid
- Health Department
- National Kidney Association
- Physicians Office
- Primary Care Physicians
- Reach Kidney Care
- Specialists
- St. Francis Hospital
- Valley Healthcare Systems

#### ***Dementias, Including Alzheimer's Disease***

- Agency on Aging
- Alzheimers Association
- Brookdale Columbus Alzheimers/Dementia Care
- Columbus Office on Aging
- Comfort Keepers
- Department of Georgia Elder Care
- Disability Service Center
- Every Day People
- Franciscan Woods Assisted Living Community
- Franciscan Woods Personal Care
- Freedom Day Care
- Freedom Home Care
- Greater Columbus Personal Care
- Greenhouse of Calvary
- Hamilton House

- Home Instead
- Magnolia Manor
- Physicians Office
- Private Treatment Facilities/Programs
- River Valley River Commission
- Spring Cove Assisted Living
- Spring Harbor
- St. Luke Methodist
- St. Luke Respite Care Ministry

### *Diabetes*

- AARP
- American Diabetes Association
- Case Management
- Columbus Department of Public Health
- Columbus Metabolism Clinic
- Columbus Regional Family Practice and Outpatient Clinic
- Columbus Regional Health
- Columbus Regional Health Transitional Care Clinic
- Columbus Regional Mobile Unit
- Columbus Serenity House
- Columbus Walk to Cure Diabetes
- Cooperative Extension
- Education Classes/Groups
- Educational Support Group for Teens
- Endocrinologist
- Food Bank
- Free Clinics
- Health Department
- Hospitals
- ICT Program
- JDRF
- Library
- Live Healthy Columbus
- Medical Center Emergency Room
- MercyMed
- Midtown Medical Center
- Muscogee County School District
- Online Information
- Optimum Nutrition
- Outpatient Clinic

- Physicians Office
- Primary Care Physicians
- Schools
- Senior Centers
- St. Francis Hospital
- St. Luke
- Support Groups
- Tree of Life
- Valley Healthcare Systems

#### **Family Planning**

- Boys and Girls Club
- Church
- Columbus Department of Public Health
- Columbus Regional Health
- DFCS Office-Division of Family and Children Services
- Disability Service Center
- Family Planning Clinic at WCHD
- Girls, Inc.
- MercyMed
- Midtown Medical Center
- Mobile Unit
- Muscogee County Health Department
- Muscogee County School District
- New Horizons
- Open Door Community Center
- Pastoral Institute
- Physicians Office
- Planned Parenthood
- Right From the Start
- Schools
- United Way
- Valley Healthcare Systems
- West Central Georgia Cancer Coalition
- Women's Center

#### **Hearing & Vision**

- Direct Optical
- Disability Service Center
- Eyeglass World
- Homeless Resource Network
- MercyMed

- National Federation of the Blind
- New Eyes of the Needy
- Tree of Life
- Valley Healthcare Systems
- Valley Rescue Mission

#### **Heart Disease & Stroke**

- American Heart Association
- Cardiologists
- Chamber of Commerce
- City Government
- Clinics
- Columbus Department of Public Health
- Columbus Medical Center
- Columbus Regional Family Practice and Outpatient Clinic
- Columbus Regional Health
- Columbus Regional Health Transitional Care Clinic
- Columbus Regional Hospital
- Columbus Regional Mobile Unit
- Cooperative Extension
- CRH Source Program
- DFCS Office-Division of Family and Children Services
- Elements
- Georgia/National Stroke Association
- Health Department
- Hospitals
- Hughston Clinic Rehab
- John and Elena Amos Heart Center
- LifeLine Screening
- Live Healthy Columbus
- Midtown Medical Center
- Optimum Nutrition
- Pharmacies
- Physicians Office
- Primary Care Physicians
- St. Francis Hospital
- Support Groups
- Urgent Care
- Valley Healthcare Systems

#### **HIV/AIDS**

- Better Way Foundation

- Chamber of Commerce
- City Government
- Columbus Department of Public Health
- Columbus Wellness Center Outreach and Prevention Project
- District Clinical Services
- District Clinical Services Prevention Program
- District Clinical Services Ryan White Clinic
- Health Department
- Medical Center Emergency Room
- MercyMed
- Midtown Medical Center
- Muscogee County School District
- Physicians Office
- St. Francis Hospital
- State of Georgia HIV/AIDS Department
- Valley Healthcare Systems

#### ***Immunization & Infectious Diseases***

- Columbus Department of Public Health
- Employer-Funded Immunizations
- Hospitals
- Pharmacies
- Physicians Office
- Valley Healthcare Systems

#### ***Infant & Child Health***

- Children's Treehouse
- City Government
- Columbus Department of Public Health
- Columbus Regional Family Practice and Outpatient Clinic
- Cooperative Extension
- DFCS Office-Division of Family and Children Services
- District Health Department, Peach Care for Kids
- Georgia Extension Services
- Girls, Inc.
- Health Department
- Hospitals
- Kool Smiles
- MercyMed
- Muscogee County Board of Health
- Muscogee County School District
- Physicians Office

- Safe Kids
- Tree of Life
- Valley Healthcare Systems

#### ***Injury & Violence***

- 211 Information and Referral
- Church
- Columbus Alliance for Battered Women
- Columbus Crime Prevention
- Columbus Office on Aging
- Columbus Police Department
- Columbus Regional Mobile Unit
- Community Case Management for Women
- Crisis Center of Russell County
- DARE
- Department of Health and Human Services
- Drug Court
- Health Department
- Hope Harbour
- Juvenile Court
- Law Enforcement
- Medical Center Emergency Room
- MercyMed
- Muscogee County Sheriff's Department
- New Horizons
- Pastoral Institute
- Sexual Assault Support Center
- St. Francis Hospital
- State Solicitor's Office/Court System
- Support Groups
- Valley Healthcare Systems

#### ***Mental Health***

- American Work
- Bradley Center
- Church
- Columbus Psychological Associates
- CRH ETC
- DOJ
- Faith-Based Residential Program
- Family Center
- Georgia Crisis Hotline

- Home Visits by Counselors
- Mobile Unit
- NAMI
- New Horizons
- Outpatient Community Mental Health Programs
- Pastoral Institute
- PATH Program
- Physicians Office
- Private Treatment Facilities/Programs
- Short-Term Stabilization Program
- Support Groups
- VA Hospital
- Valley Healthcare Systems
- West Central Georgia Regional Hospital

***Nutrition, Physical Activity & Weight***

- Americare
- Amerigroup
- Aquatic Center
- Bariatric Surgery
- Bike and Walking Trails
- Bike Friendly Community
- Boys and Girls Club
- Children's Sports Programs
- Church
- City Facilities/Programs
- Clinics
- Columbus Department of Public Health
- Columbus Regional Hospital
- Columbus Regional Mobile Unit
- Community Outreach
- County Extension Program
- Dietitians
- Farmer's Market
- Fitness Centers/Gyms
- Free Clinics
- Georgia Bariatrics
- Georgia Extension Services
- Good Sheppard Health Care
- Health Care Provider Education
- Health Department

- Hospitals
- Live Healthy Columbus
- Meals on Wheels
- Medical Community
- Meta Life Weight Loss Center
- Metabolic Research Center
- Muscogee County School District
- Neighborhoods
- Online Information
- Optimum Nutrition
- Parks and Recreation Department
- Physicians Office
- Primary Care Physicians
- Rails to Trails
- River Walk
- Salvation Army
- Schools
- Senior Centers
- Sports Programs
- Valley Healthcare Systems
- Vita Stores
- Weight Watchers
- WIC
- Worksite Wellness Program
- YMCA/YWCA

#### **Oral Health**

- Chattahoochee Valley Community College
- Columbus Department of Public Health
- Columbus Tech
- Dentists
- Garcia, Dr.
- Health Department
- MercyMed
- Moeller, Dr.
- Tree of Life
- VA Hospital
- Valley Dental
- Valley Healthcare Systems

#### **Respiratory Diseases**

- American Lung Association

- Columbus Department of Public Health
- Columbus Regional Hospital
- Education Classes/Groups
- Good Sheppard Health Care
- John B. Amos Cancer Center
- Medical Center Emergency Room
- MercyMed
- Midtown Medical Center
- Outpatient Clinic
- Patel, Dr. Bipin
- Physicians Office
- St. Francis Hospital
- Support Groups
- Tidwell, Dr. Christopher
- Valley Healthcare Systems

#### ***Sexually Transmitted Diseases***

- Alzheimers Association
- Billboards and Television Advertising
- Church
- Columbus Department of Public Health
- Columbus Regional Mobile Unit
- Columbus Wellness Center Outreach and Prevention Project
- Community Outreach
- Education Classes/Groups
- Girls, Inc.
- Health Department
- Hospitals
- Housing Authority
- Muscogee County School District
- Organizations That Assist the Homeless
- Primary Care Physicians
- Schools
- Valley Healthcare Systems
- West Central Georgia Cancer Coalition

#### ***Substance Abuse***

- Alcoholic Anonymous
- American Work
- Bradford Health Services
- Bradley Center
- Church

- Doctor's Hospital
- Drug Court
- Education Classes/Groups
- Family Support Help Centers
- Health Department
- Horizons
- House of Time
- Journey to Recovery
- Law Enforcement
- Midtown Recovery
- Mobile Unit
- Muscogee County School District
- New Horizons
- Open Door Clinics
- Open Door Community Center
- Pastoral Institute
- Physicians Office
- Private Treatment Facilities/Programs
- St. Francis Hospital
- Talbott Recovery Center
- Teen Challenge
- Teen Tavern
- United Way
- Valley Healthcare Systems
- Valley Rescue Mission
- West Central Georgia Regional Hospital

#### ***Tobacco Use***

- Abuse Hotline
- American Cancer Society
- American Lung Association
- Billboards and Television Advertising
- Breathe Easy Columbus
- Church
- City Government
- Clinics
- Columbus Christian Counseling Center
- Community Outreach
- Dentists
- Georgia Tobacco Quit Line
- Health Care Provider Education

- Health Department
- Hospitals
- John B. Amos Cancer Center
- Muscogee County Health Department
- Online Information
- Outpatient Clinic
- Physicians Office
- Project Rebound
- Schools
- Smoking Cessation Classes
- Television
- Valley Healthcare Systems
- Victorious Living Chapel Prayer Line