

Executive Report

2015 Community Health Needs Assessment

Putnam County, Georgia

Prepared for:
Putnam General Hospital

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Introduction



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Project Overview

Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in Putnam County, Georgia, the service area of Putnam General Hospital. 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 Putnam General 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 comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

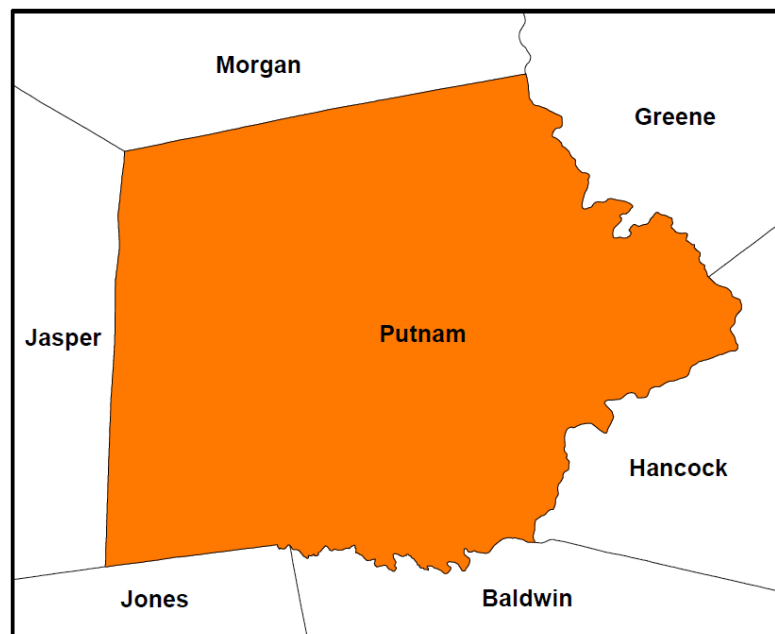
PRC Community Health Survey

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 Putnam General Hospital and PRC.

Community Defined for This Assessment

The study area for the survey effort is defined as the FIPS Code of Putnam County, Georgia (13237). This community definition, determined based on the primary area served by Putnam General Hospital, is illustrated in the following map.



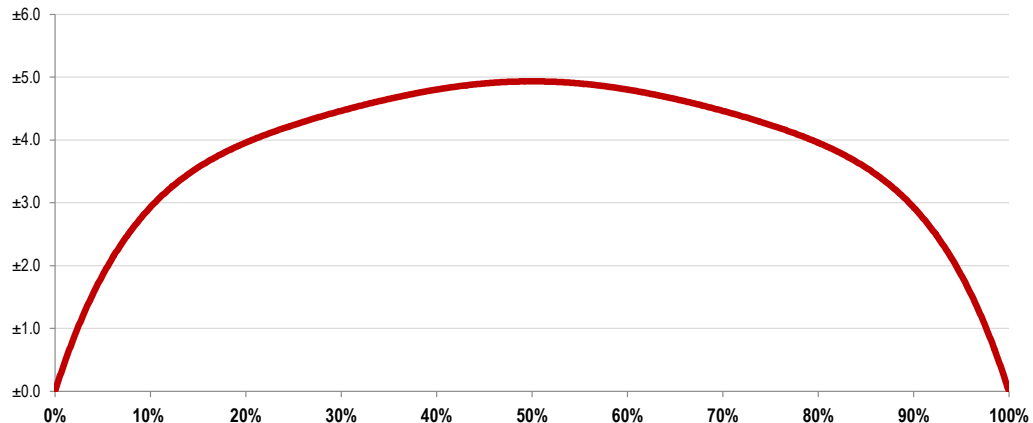
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.

The sample design used for this effort consisted of a random sample of 400 individuals age 18 and older in Putnam County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the county as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

For statistical purposes, the maximum rate of error associated with a sample size of 400 respondents is $\pm 4.9\%$ at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 400 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 400 respondents answered a certain question with a "yes," it can be asserted that between 7.1% and 12.9% ($10\% \pm 2.9\%$) 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 45.1% and 54.9% ($50\% \pm 4.9\%$) of the total population would respond "yes" if asked this question.

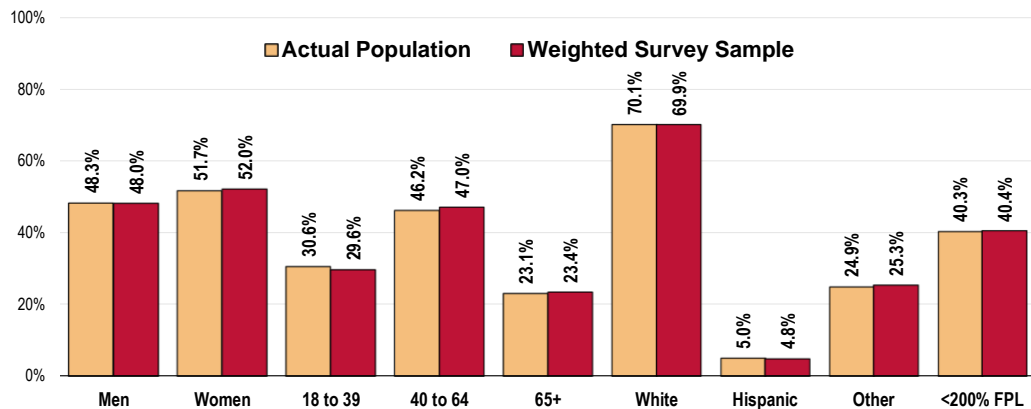
Sample Characteristics

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

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

The following chart outlines the characteristics of the Putnam 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 (Putnam 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: “**low income**” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice the poverty threshold; “**mid/high income**” refers to those households living on incomes which are twice or more the federal poverty level.

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

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was also implemented as part of this process. A list of recommended participants was provided by Putnam General 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, 88 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 Leader	162	65
Other Health Professional	15	7
Physician	22	10
Public Health Representative	2	2
Social Services Provider	6	4

Final participation included representatives of the organizations outlined below.

- Aesthetic Specialty Centre
- Atlanta Hearing Associates
- Board of Commissioners
- CareSouth an Encompass Company
- Central GA Technical College
- Circle of Love Center, Inc.
- City of Eatonton
- Eatonton Chiropractic Center
- Eatonton-Putnam Chamber of Commerce
- Educational Consultants
- Farmers and Merchants Bank
- First Baptist Church
- Gatewood School
- Harmony Hospice
- Hospital Auxiliary
- Lake Oconee Urgent and Primary Care Center
- Lakepoint Community Church
- Lynn Haven Health and Rehabilitation
- Navicent Women's Health
- Oconee Springs
- Private Provider
- Putnam County
- Putnam County Animal Services
- Putnam County Board of Commissioners
- Putnam County Board of

- | | |
|--|---|
| <ul style="list-style-type: none"> Elections and Registration • Putnam County Charter School System • Putnam County Health Department • Putnam County Planning and Development • Putnam County Primary School • Putnam County Recreation | <ul style="list-style-type: none"> Department • Putnam Development Authority • Putnam EMS • Putnam General Hospital • Putnam General Hospital Auxiliary • The Reid Center for Community Development |
|--|---|

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

Minority populations represented:

African-American, American Indian, Asian, Caucasian, disabled, Hispanic, mentally ill, multi-racial, undocumented, uninsured/underinsured.

Medically underserved populations represented:

African-American, children, diabetic, disabled, elderly, homeless, low income, Medicaid/Medicare, mentally ill, pregnant teens, undocumented, unemployed, uninsured/underinsured, veterans, victims of domestic violence and war, 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 Putnam County were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services,

Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)

- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Data

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.

IRS Form 990, Schedule H	See Report Page(s)
Part V Section B Line 1a <i>A definition of the community served by the hospital facility</i>	8
Part V Section B Line 1b <i>Demographics of the community</i>	35
Part V Section B Line 1c <i>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</i>	227
Part V Section B Line 1d <i>How data was obtained</i>	8
Part V Section B Line 1f <i>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</i>	Addressed Throughout
Part V Section B Line 1g <i>The process for identifying and prioritizing community health needs and services to meet the community health needs</i>	17
Part V Section B Line 1h <i>The process for consulting with persons representing the community's interests</i>	11
Part V Section B Line 1i <i>Information gaps that limit the hospital facility's ability to assess the community's health needs</i>	14

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"> • Lack of Health Insurance • Primary Care Physician Ratio • Health Professional Shortage Area Designation
Cancer	<ul style="list-style-type: none"> • Cancer Deaths <ul style="list-style-type: none"> ◦ Including Lung Cancer, Prostate Cancer, Female Breast Cancer Deaths • Cancer Incidence <ul style="list-style-type: none"> ◦ Lung Cancer • Skin Cancer Prevalence • Cancer (Non-Skin) Prevalence • <i>Cancer ranked as a top concern in the Online Key Informant Survey.</i>
Chronic Kidney Disease	<ul style="list-style-type: none"> • Kidney Disease Deaths
Diabetes	<ul style="list-style-type: none"> • Prevalence of Borderline/Pre-Diabetes • <i>Diabetes ranked as a top concern in the Online Key Informant Survey.</i>
Heart Disease & Stroke	<ul style="list-style-type: none"> • Heart Disease Deaths • Heart Disease Prevalence • Stroke Prevalence • High Blood Pressure Prevalence • High Blood Cholesterol Prevalence • Overall Cardiovascular Risk
Injury & Violence	<ul style="list-style-type: none"> • Unintentional Injury Deaths <ul style="list-style-type: none"> ◦ Including Motor Vehicle Crash Deaths, Fall-Related Deaths • Bicycle Helmet Usage [Children] • Firearm-Related Deaths • Firearm Prevalence <ul style="list-style-type: none"> ◦ Including in Homes With Children • Firearm Storage/Safety • Violent Crime Rate
Mental Health	<ul style="list-style-type: none"> • Suicide Deaths • Seeking Help for Mental Health

— continued on next page —

Areas of Opportunity (continued)	
Nutrition, Physical Activity & Weight	<ul style="list-style-type: none"> • Fruit/Vegetable Consumption • Overweight & Obesity [Adults] • Perceptions of Personal Weight Status • Medical Advice on Weight [Overweight & Obese Adults] • Leisure-Time Physical Activity
Oral Health	<ul style="list-style-type: none"> • Dental Insurance Coverage
Potentially Disabling Conditions	<ul style="list-style-type: none"> • Arthritis Prevalence • Sciatica/Back Pain Prevalence • Deafness/Hearing Trouble
Respiratory Diseases	<ul style="list-style-type: none"> • Pneumonia/Influenza Deaths • Pneumonia Vaccination [High-Risk 18-64] • Chronic Obstructive Pulmonary Disease (COPD) Prevalence
Substance Abuse	<ul style="list-style-type: none"> • Seeking Help for Alcohol/Drug Issues

Prioritization of Health Needs

On February 2, 2016, Putnam General Hospital convened a group of community stakeholders (17 individuals in attendance, representing a cross-section of community-based agencies and organizations) to evaluate, discuss and prioritize health issues for Putnam County, 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. Participants were also 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?

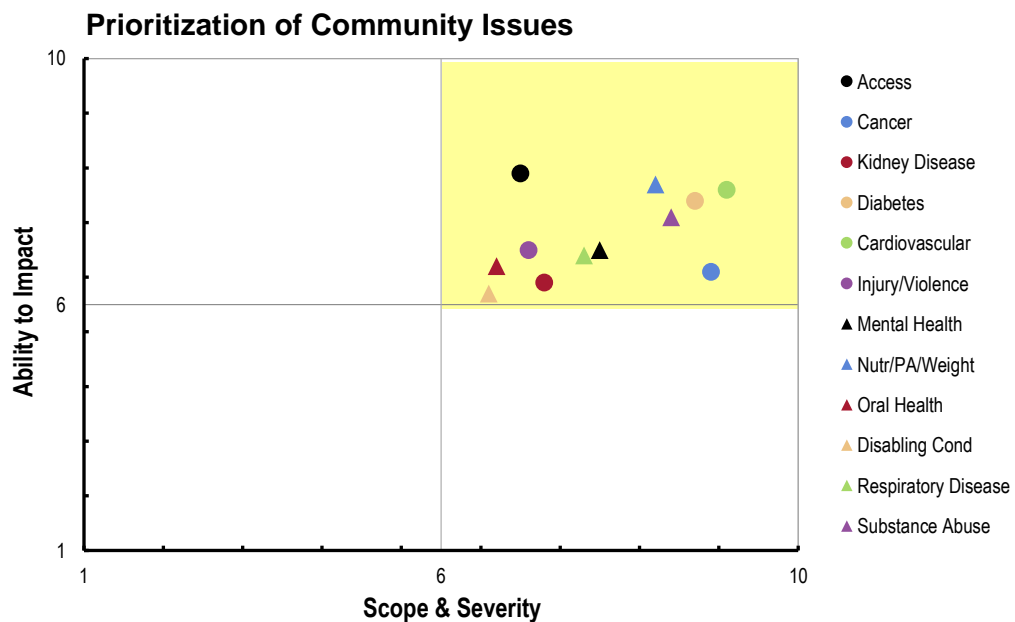
Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

- **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 criterion 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:

1. Heart Disease & Stroke
2. Diabetes
3. Nutrition, Physical Activity & Weight
4. Substance Abuse
5. Cancer
6. Access to Healthcare
7. Mental Health
8. Respiratory Diseases
9. Injury & Violence
10. Chronic Kidney Disease
11. Oral Health
12. Potentially Disabling Conditions

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



While the hospital 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 Putnam General Hospital's Implementation Strategy 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 Putnam County. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.








Reading the Summary Tables














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





Secondary Data Indicators: Trends for non-survey 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 county-level data for the service area.







Social Determinants	Putnam County	Putnam County vs. Benchmarks		
		vs. GA	vs. US	vs. HP2020
Linguistically Isolated Population (Percent)	4.0	☔️ 3.6	☀️ 4.8	
Population in Poverty (Percent)	14.0	☀️ 18.2	☀️ 15.4	
Population Below 200% FPL (Percent)	40.3	☁️ 38.7	☔️ 34.2	
Children Below 200% FPL (Percent)	53.8	☔️ 48.7	☔️ 43.8	
No High School Diploma (Age 25+, Percent)	15.5	☁️ 15.3	☔️ 14.0	
Unemployment Rate (Age 16+, Percent)	7.4	☔️ 5.7	☔️ 4.8	
		☀️ better	☁️ similar	☔️ worse
























Overall Health	Putnam County	Putnam County vs. Benchmarks		
		vs. GA	vs. US	vs. HP2020
% "Fair/Poor" Physical Health	19.7	 19.1	 15.3	
% Activity Limitations	22.8	 18.7	 21.5	
		 better	 similar	 worse
















Access to Health Services	Putnam County	Putnam County vs. Benchmarks		
		vs. GA	vs. US	vs. HP2020
% [Age 18-64] Lack Health Insurance	25.9	 27.3	 15.1	 0.0
% [Insured] Went Without Coverage in Past Year	10.0		 8.1	
% Difficulty Accessing Healthcare in Past Year (Composite)	40.2		 39.9	
% Inconvenient Hrs Prevented Dr Visit in Past Year	12.7		 15.4	
% Cost Prevented Getting Prescription in Past Year	17.8		 15.8	
% Cost Prevented Physician Visit in Past Year	19.3	 19.8	 18.2	
% Difficulty Getting Appointment in Past Year	19.8		 17.0	
% Difficulty Finding Physician in Past Year	11.9		 11.0	
% Transportation Hindered Dr Visit in Past Year	8.8		 9.4	
% Skipped Prescription Doses to Save Costs	12.9		 15.3	








Access to Health Services (continued)	Putnam County	Putnam County vs. Benchmarks		
		vs. GA	vs. US	vs. HP2020
% Difficulty Getting Child's Healthcare in Past Year	4.4		 6.0	
Primary Care Doctors per 100,000	23.6	 63.6	 74.5	
% [Age 18+] Have a Specific Source of Ongoing Care	74.8		 76.3	 95.0
% [Age 18-64] Have a Specific Source of Ongoing Care	72.2		 75.6	 89.4
% [Age 65+] Have a Specific Source of Ongoing Care	80.6		 80.0	 100.0
% Have Had Routine Checkup in Past Year	77.7	 71.7	 65.0	
% Child Has Had Checkup in Past Year	91.3		 84.1	
% Two or More ER Visits in Past Year	11.1		 8.9	
% Rate Local Healthcare "Fair/Poor"	18.5		 16.5	
		 better	 similar	 worse






Arthritis, Osteoporosis & Chronic Back Conditions	Putnam County	Putnam County vs. Benchmarks		
		vs. GA	vs. US	vs. HP2020
% Arthritis/Rheumatism	32.2	 24.2	 20.1	
% Osteoporosis	5.2		 6.7	
% [50+] Arthritis/Rheumatism	45.5		 37.3	











Arthritis, Osteoporosis & Chronic Back Conditions (continued)	Putnam County	Putnam County vs. Benchmarks		
		vs. GA	vs. US	vs. HP2020
% [50+] Osteoporosis	9.2		 13.5	 5.3
% Sciatica/Chronic Back Pain	29.4		 18.4	
		 better	 similar	 worse





Cancer	Putnam County	Putnam County vs. Benchmarks		
		vs. GA	vs. US	vs. HP2020
Cancer (Age-Adjusted Death Rate)	181.2	 167.4	 163.6	 161.4
Lung Cancer (Age-Adjusted Death Rate)	54.1	 50.6	 47.4	 45.5
Prostate Cancer (Age-Adjusted Death Rate)	27.8	 25.2	 21.7	 21.8
Female Breast Cancer (Age-Adjusted Death Rate)	23.7	 23.0	 22.2	 20.7
Colorectal Cancer (Age-Adjusted Death Rate)	15.2	 13.7	 15.9	 14.5
Prostate Cancer Incidence per 100,000	136.5	 150.1	 131.7	
Female Breast Cancer Incidence per 100,000	108.1	 123.5	 123.0	
Lung Cancer Incidence per 100,000	76.0	 68.8	 63.7	
Colorectal Cancer Incidence per 100,000	37.3	 42.3	 41.9	
% Skin Cancer	11.2	 5.7	 6.7	










Cancer (continued)	Putnam County	Putnam County vs. Benchmarks		
		vs. GA	vs. US	vs. HP2020
% Cancer (Other Than Skin)	9.5	 5.4	 6.1	
% [Women 40+] Mammogram in Past 2 Years	79.1	 76.0	 80.1	
% [Women 50-74] Mammogram in Past 2 Years	80.4	 81.0	 83.6	 81.1
% [Women 21-65] Pap Smear in Past 3 Years	79.5	 80.5	 83.9	 93.0
% [Age 50-75] Colorectal Cancer Screening	70.7		 75.1	 70.5
		 better	 similar	 worse

















Chronic Kidney Disease	Putnam County	Putnam County vs. Benchmarks		
		vs. GA	vs. US	vs. HP2020
Kidney Disease (Age-Adjusted Death Rate)	21.3	 20.4	 14.2	
% Kidney Disease	3.0	 2.7	 3.0	
		 better	 similar	 worse







Dementias, Including Alzheimer's Disease	Putnam County	Putnam County vs. Benchmarks		
		vs. GA	vs. US	vs. HP2020
Alzheimer's Disease (Age-Adjusted Death Rate)	14.5	 27.6	 24.4	
		 better	 similar	 worse















Diabetes	Putnam County	Putnam County vs. Benchmarks		
		vs. GA	vs. US	vs. HP2020
Diabetes Mellitus (Age-Adjusted Death Rate)	12.7	 21.6	 21.9	 20.5
% Diabetes/High Blood Sugar	13.8	 10.8	 11.7	
% Borderline/Pre-Diabetes	8.6		 5.1	
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	53.6		 49.2	
		 better	 similar	 worse


















Hearing & Other Sensory or Communication Disorders	Putnam County	Putnam County vs. Benchmarks		
		vs. GA	vs. US	vs. HP2020
% Deafness/Trouble Hearing	14.6		 10.3	
		 better	 similar	 worse











Heart Disease & Stroke	Putnam County	Putnam County vs. Benchmarks		
		vs. GA	vs. US	vs. HP2020
Diseases of the Heart (Age-Adjusted Death Rate)	213.3	 178.7	 169.1	 156.9
Stroke (Age-Adjusted Death Rate)	25.9	 41.9	 36.5	 34.8
% Heart Disease (Heart Attack, Angina, Coronary Disease)	13.2		 6.1	
% Stroke	8.3	 2.8	 3.9	










Heart Disease & Stroke (continued)	Putnam County	Putnam County vs. Benchmarks		
		vs. GA	vs. US	vs. HP2020
% Blood Pressure Checked in Past 2 Years	96.1		 91.0	 92.6
% Told Have High Blood Pressure (Ever)	44.0	 35.1	 34.1	 26.9
% [HBP] Taking Action to Control High Blood Pressure	92.7		 89.2	
% Cholesterol Checked in Past 5 Years	92.6	 77.5	 86.6	 82.1
% Told Have High Cholesterol (Ever)	46.7		 29.9	 13.5
% [HBC] Taking Action to Control High Blood Cholesterol	90.6		 81.4	
% 1+ Cardiovascular Risk Factor	90.9		 82.3	
		 better	 similar	 worse





HIV	Putnam County	Putnam County vs. Benchmarks		
		vs. GA	vs. US	vs. HP2020
HIV Prevalence per 100,000	42.4	 428.8	 340.4	
% [Age 18-64] Ever Tested for HIV	49.7		 50.6	
		 better	 similar	 worse


















Immunization & Infectious Diseases	Putnam County	Putnam County vs. Benchmarks		
		vs. GA	vs. US	vs. HP2020
% [Age 65+] Flu Vaccine in Past Year	53.9	 54.6	 57.5	 70.0
% [High-Risk 18-64] Flu Vaccine in Past Year	39.7		 45.9	 70.0
% [Age 65+] Pneumonia Vaccine Ever	70.9	 66.5	 68.4	 90.0
% [High-Risk 18-64] Pneumonia Vaccine Ever	24.5		 41.9	 60.0
% Have Completed Hepatitis B Vaccination Series	36.9		 44.7	
		 better	 similar	 worse



















Injury & Violence Prevention	Putnam County	Putnam County vs. Benchmarks		
		vs. GA	vs. US	vs. HP2020
Unintentional Injury (Age-Adjusted Death Rate)	53.1	 39.1	 39.7	 36.4
Fall-Related Deaths (Age-Adjusted Death Rate)	8.6	 8.1	 8.1	 7.2
Motor Vehicle Crashes (Age-Adjusted Death Rate)	22.0	 14.6	 11.9	 12.4
% "Always" Wear Seat Belt	85.0	 87.4	 84.8	 92.0
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	93.1		 92.2	
% Child [Age 5-17] "Always" Wears Bicycle Helmet	28.3		 48.7	
Firearm-Related Deaths (Age-Adjusted Death Rate)	14.4	 12.8	 10.3	 9.3










Injury & Violence Prevention (continued)	Putnam County	Putnam County vs. Benchmarks		
		vs. GA	vs. US	vs. HP2020
% Firearm in Home	62.0		 34.7	
% [Homes With Children] Firearm in Home	55.0		 37.4	
% [Homes With Firearms] Weapon(s) Unlocked & Loaded	29.3		 16.8	
Violent Crime per 100,000	504.0	 386.2	 395.5	
% Victim of Violent Crime in Past 5 Years	1.4		 2.8	
% Victim of Domestic Violence (Ever)	8.2		 15.0	
		 better	 similar	 worse
















Mental Health & Mental Disorders	Putnam County	Putnam County vs. Benchmarks		
		vs. GA	vs. US	vs. HP2020
% "Fair/Poor" Mental Health	12.2		 11.9	
% Diagnosed Depression	20.7	 17.3	 20.4	
% Symptoms of Chronic Depression (2+ Years)	30.4		 30.4	
Suicide (Age-Adjusted Death Rate)	16.5	 11.4	 11.9	 10.2
% Have Ever Sought Help for Mental Health	15.8		 23.7	
% [Those With Diagnosed Depression] Seeking Help	47.8		 76.6	










Mental Health & Mental Disorders (continued)	Putnam County	Putnam County vs. Benchmarks		
		vs. GA	vs. US	vs. HP2020
% Typical Day Is "Extremely/Very" Stressful	10.7		 11.9	
		 better	 similar	 worse



















Nutrition, Physical Activity & Weight	Putnam County	Putnam County vs. Benchmarks		
		vs. GA	vs. US	vs. HP2020
% Eat 5+ Servings of Fruit or Vegetables per Day	26.3		 39.5	
% "Very/Somewhat" Difficult to Buy Fresh Produce	21.7		 24.4	
Population With Low Food Access (Percent)	15.6	 31.5	 23.6	
% Medical Advice on Nutrition in Past Year	41.1		 39.2	
% Healthy Weight (BMI 18.5-24.9)	27.2	 32.4	 34.4	 33.9
% Overweight (BMI 25+)	71.0	 65.7	 63.1	
% Obese (BMI 30+)	36.3	 30.3	 29.0	 30.5
% [Overweights] Perceive Self "About the Right Weight"	29.3		 22.1	
% Medical Advice on Weight in Past Year	21.1		 23.7	
% [Overweights] Counseled About Weight in Past Year	23.8		 31.8	
% [Obese Adults] Counseled About Weight in Past Year	35.5		 48.3	





Nutrition, Physical Activity & Weight (continued)	Putnam County	Putnam County vs. Benchmarks		
		vs. GA	vs. US	vs. HP2020
% [Overweights] Trying to Lose Weight Both Diet/Exercise	35.1		 39.5	
% Child [Age 5-17] Healthy Weight	42.7		 56.7	
% Children [Age 5-17] Overweight (85th Percentile)	41.7		 31.5	
% Children [Age 5-17] Obese (95th Percentile)	25.4		 14.8	 14.5
% No Leisure-Time Physical Activity	28.3	 27.2	 20.7	 32.6
% Meeting Physical Activity Guidelines	48.0		 50.3	
% Moderate Physical Activity	35.4		 30.6	
% Vigorous Physical Activity	35.8		 38.0	
Recreation/Fitness Facilities per 100,000	9.4	 7.9	 9.7	
% Medical Advice on Physical Activity in Past Year	40.6		 44.0	
% Child [Age 2-17] Physically Active 1+ Hours per Day	47.6		 48.6	
		 better	 similar	 worse


















Oral Health	Putnam County	Putnam County vs. Benchmarks		
		vs. GA	vs. US	vs. HP2020
% [Age 18+] Dental Visit in Past Year	65.4	 64.1	 65.9	 49.0
% Child [Age 2-17] Dental Visit in Past Year	96.8		 81.5	 49.0
% Have Dental Insurance	47.7		 65.6	
		 better	 similar	 worse







Respiratory Diseases	Putnam County	Putnam County vs. Benchmarks		
		vs. GA	vs. US	vs. HP2020
CLRD (Age-Adjusted Death Rate)	36.6	 45.3	 41.4	
Pneumonia/Influenza (Age-Adjusted Death Rate)	32.7	 18.6	 16.6	
% COPD (Lung Disease)	13.8	 6.5	 8.6	
% Adults Asthma (Ever Diagnosed)	14.3	 14.0	 16.4	
% [Adult] Currently Has Asthma	7.6	 8.4	 9.4	
% Child [Age 0-17] Asthma (Ever Diagnosed)	14.7		 12.5	
% [Child 0-17] Currently Has Asthma	6.0		 7.1	
		 better	 similar	 worse

Sexually Transmitted Diseases	Putnam County	Putnam County vs. Benchmarks		
		vs. GA	vs. US	vs. HP2020
Gonorrhea Incidence per 100,000	98.4	 152.1	 107.5	
Chlamydia Incidence per 100,000	477.9	 534.0	 456.7	
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	13.2		 11.7	
% [Unmarried 18-64] Using Condoms	46.1		 33.6	
		 better	 similar	 worse

Substance Abuse	Putnam County	Putnam County vs. Benchmarks		
		vs. GA	vs. US	vs. HP2020
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	8.3	 7.9	 9.5	 8.2
% Current Drinker	44.5	 47.1	 56.5	
% Excessive Drinker (Heavy or Binge Drinking)	21.0		 23.2	 25.4
% Heavy Drinker (2+ Drinks/Day Men, 1+ Drinks/Day Women)	11.8	 4.7		 25.4
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	17.5	 13.1	 19.5	 24.4
% Drinking & Driving in Past Month	4.0		 5.0	
Drug-Induced Deaths (Age-Adjusted Death Rate)	12.1	 10.8	 13.3	 11.3
% Illicit Drug Use in Past Month	0.9		 4.0	 7.1

Substance Abuse (continued)	Putnam County	Putnam County vs. Benchmarks		
		vs. GA	vs. US	vs. HP2020
% Ever Sought Help for Alcohol or Drug Problem	1.9		 4.9	
		 better	 similar	 worse

Tobacco Use	Putnam County	Putnam County vs. Benchmarks		
		vs. GA	vs. US	vs. HP2020
% Current Smoker	17.5	 18.8	 14.9	 12.0
% Someone Smokes at Home	13.0		 12.7	
% [Nonsmokers] Someone Smokes in the Home	5.9		 6.3	
% [Household With Children] Someone Smokes in the Home	17.9		 9.7	
% [Smokers] Received Advice to Quit Smoking	76.2		 67.8	
% [Smokers] Have Quit Smoking 1+ Days in Past Year	54.9		 55.9	 80.0
% Smoke Cigars	2.9		 4.1	 0.2
% Use Smokeless Tobacco	4.8	 5.0	 4.0	 0.3
		 better	 similar	 worse

Vision	Putnam County	Putnam County vs. Benchmarks		
		vs. GA	vs. US	vs. HP2020
% Blindness/Trouble Seeing	9.7	 5.2	 8.5	
% Eye Exam in Past 2 Years	63.2		 56.8	
		 better	 similar	 worse

Community Description



Professional Research Consultants, Inc.

Population Characteristics

Total Population

Putnam County, the focus of this Community Health Needs Assessment, encompasses 344.55 square miles and houses a total population of 21,241 residents, according to latest census estimates.

Total Population
(Estimated Population, 2009-2013)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Putnam County	21,241	344.55	61.65
Georgia	9,810,417	57,498.67	170.62
United States	311,536,591	3,530,997.6	88.23

Sources:

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

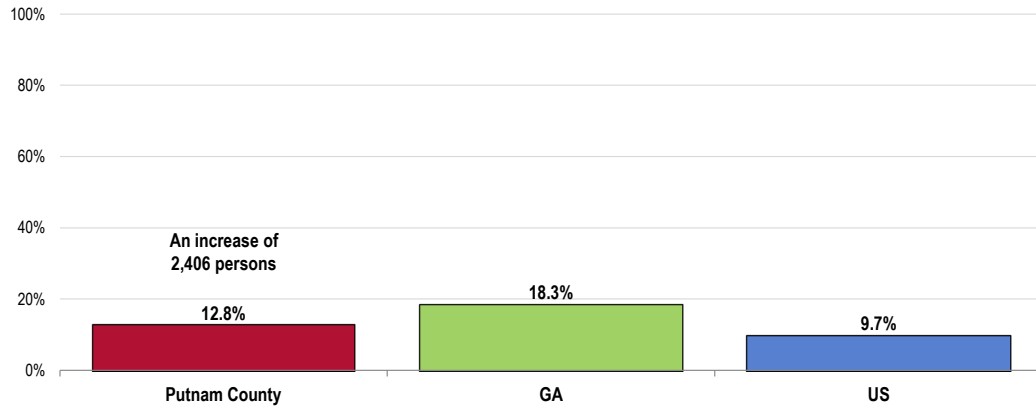
Population Change 2000-2010

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 Putnam County increased by 2,406 persons, or 12.8%.

- A smaller proportional increase than seen across the state.
- A greater proportional increase than seen nationwide.

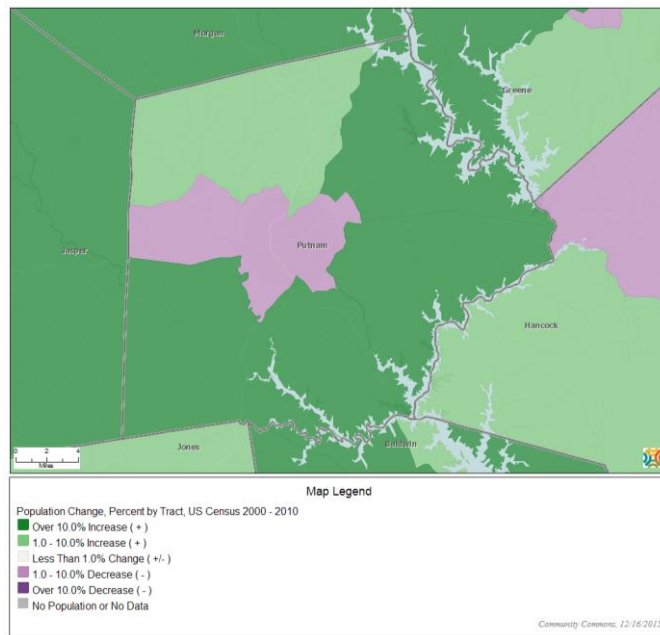
Change in Total Population (Percentage Change Between 2000 and 2010)



Sources: • Retrieved December 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 much of Putnam County experienced population increases, note the area in purple in which the population decreased over time.

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



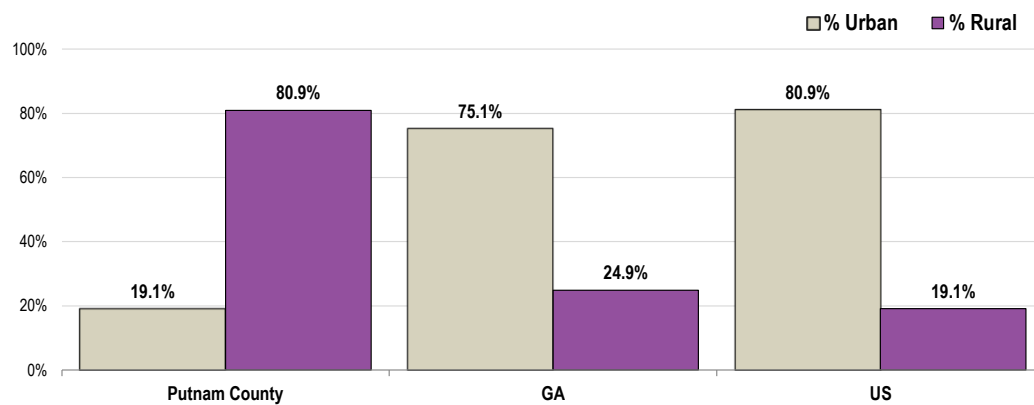
Urban/Rural Population

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

Putnam County is predominantly rural, with 80.9% of the population living in areas not designated as urban.

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

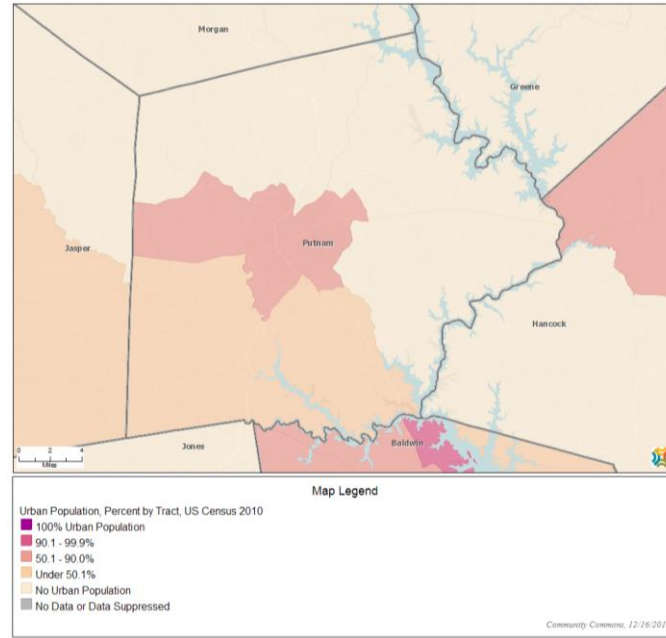
Urban and Rural Population (2010)



- Sources:
- US Census Bureau Decennial Census (2010).
 - Retrieved December 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 Putnam County segmented by census tracts as of 2010.

Urban Population, Percent by Tract, US Census 2010



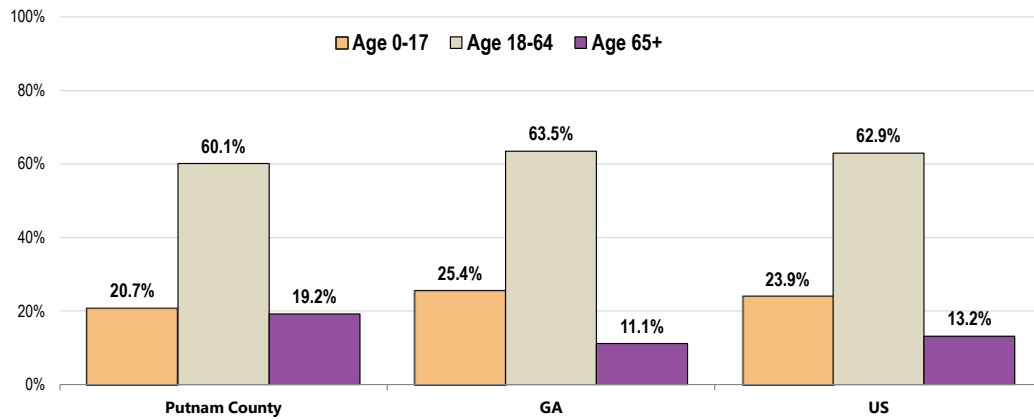
Age

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 Putnam County, 20.7% of the population are infants, children or adolescents (age 0-17); another 60.1% are age 18 to 64, while 19.2% are age 65 and older.

- The percentage of older adults (65+) is higher than that found statewide.
- The percentage of older adults (65+) is higher 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 December 2015 from Community Commons at <http://www.chna.org>.

Median Age

Putnam County is “older” than the state and the nation in that the median age is higher.

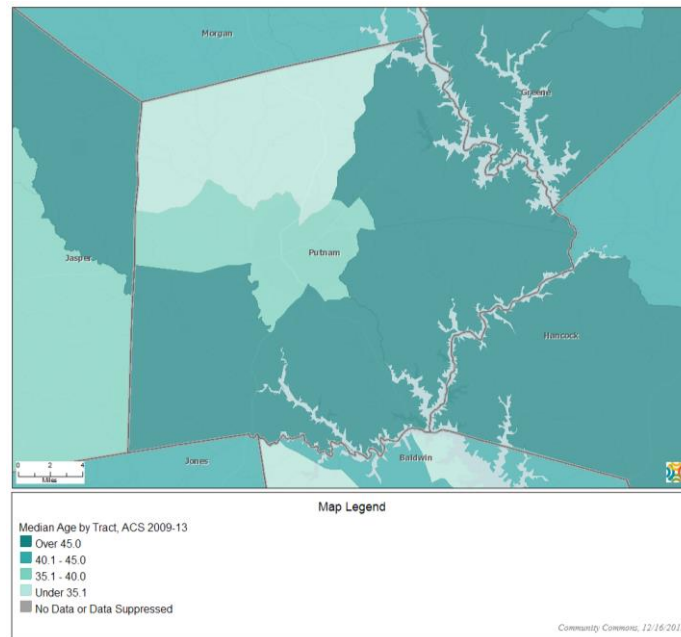
Median Age (2009-2013)



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

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

Median Age, by Tract, ACS 2009-2013



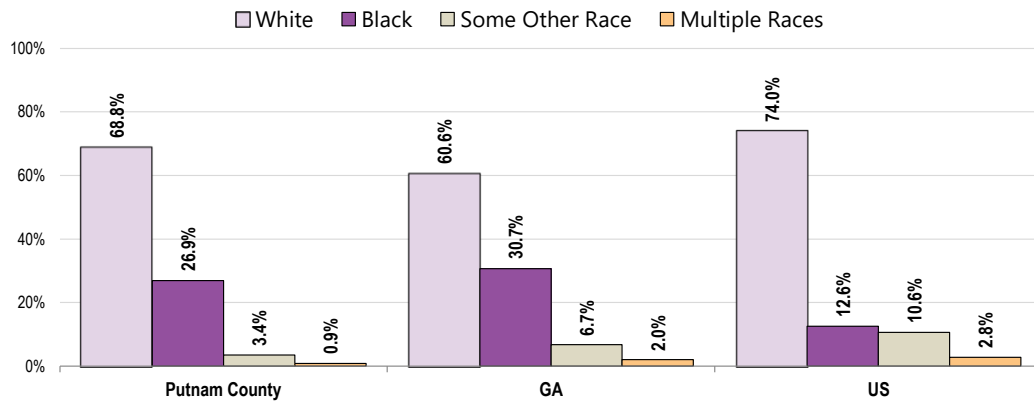
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 68.8% of residents of Putnam County are White and 26.9% are Black.

- The state racial distribution is less White, more Black, more “other” race, and more multiple race.
- Nationally, the US population is more White, much less Black, more “other” race, and more multiple race.

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



Sources:

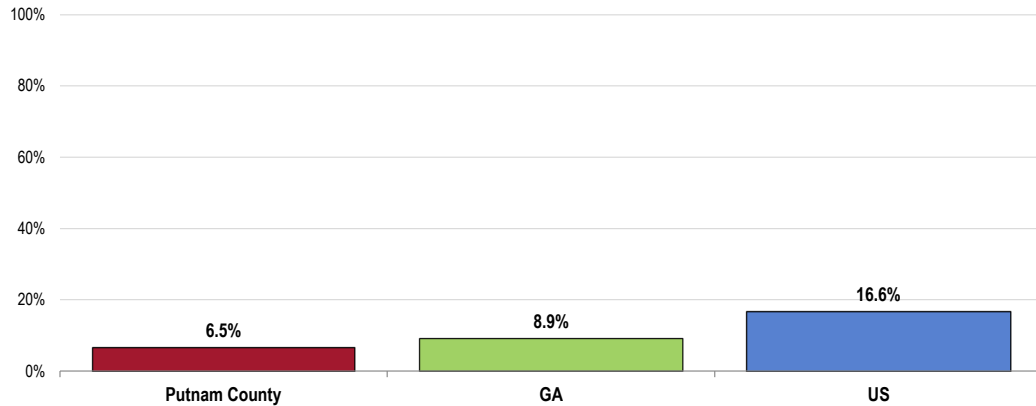
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved December 2015 from Community Commons at <http://www.chna.org>.

Ethnicity

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

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

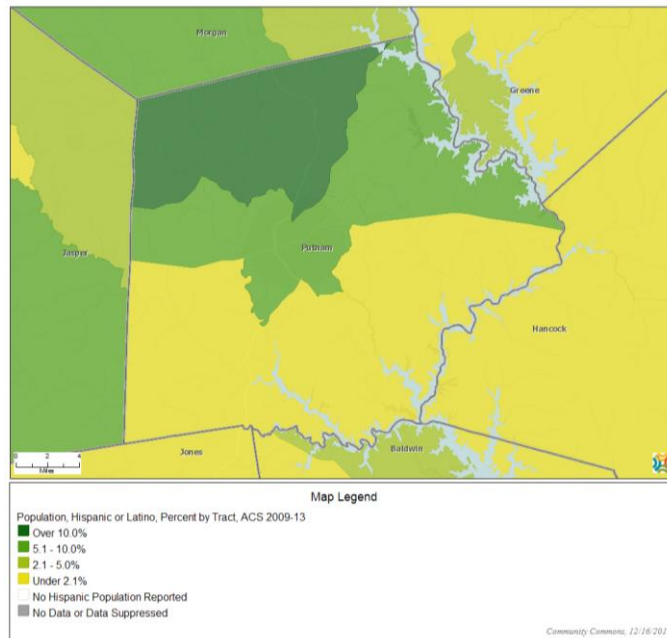
Percent Population Hispanic or Latino (2009-2013)



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

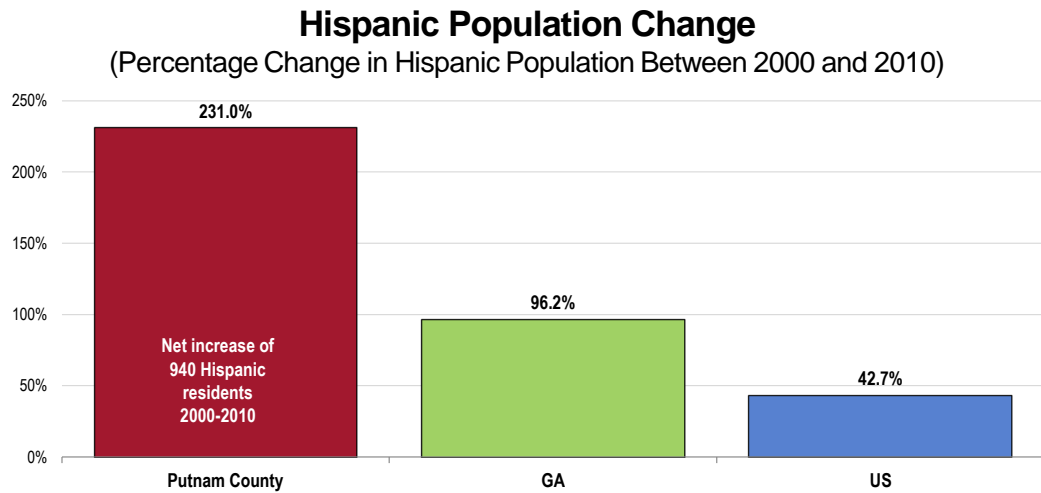
- The Hispanic population appears to be most concentrated in the northwestern portion of Putnam County.

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



Between 2000 and 2010, the Hispanic population in Putnam County increased by 940 or 231.0%.

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



Sources:

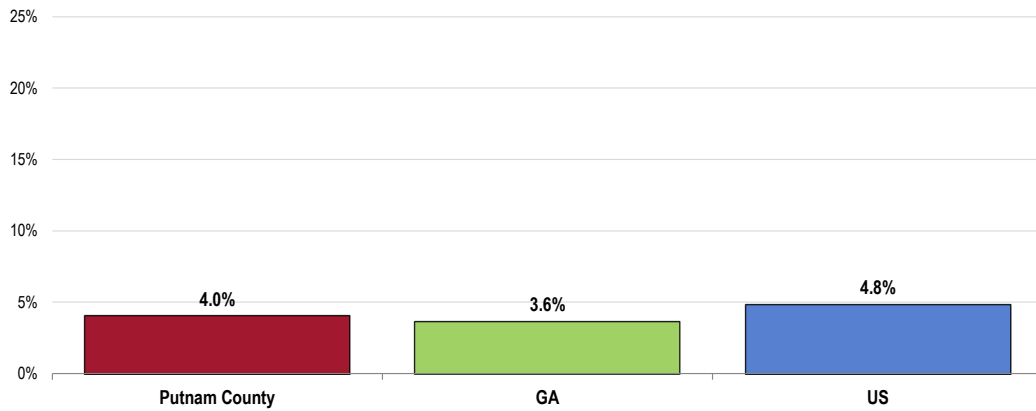
- US Census Bureau Decennial Census (2000-2010).
- Retrieved December 2015 from Community Commons at <http://www.chna.org>.

Linguistic Isolation

A total of 4.0% of the Putnam 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”).

- Statistically higher than found statewide.
- Statistically lower than found nationally.

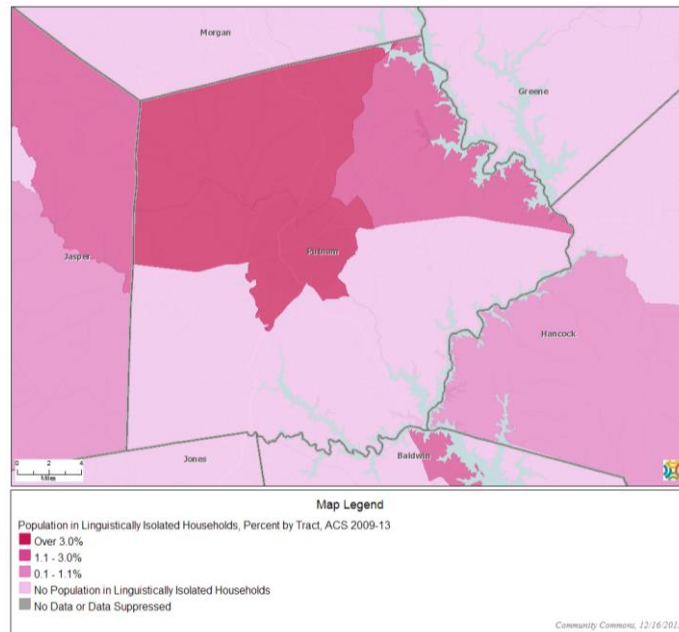
Linguistically Isolated Population (2009-2013)



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

Poverty

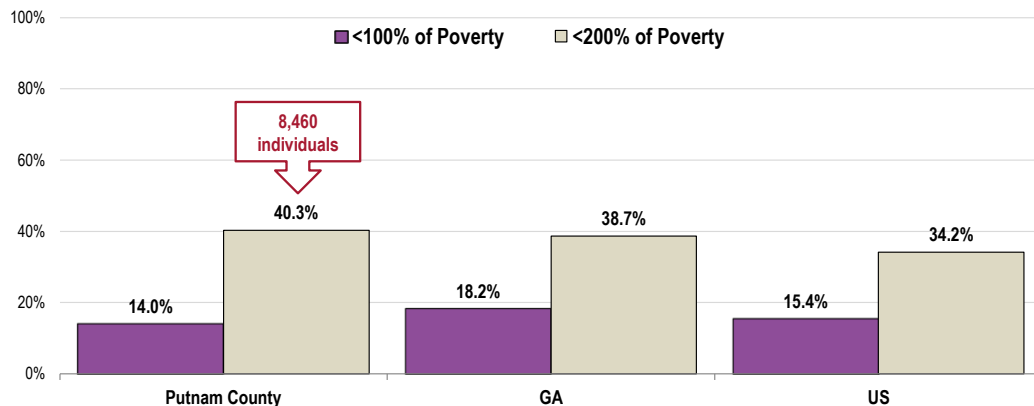
The latest census estimate shows **14.0%** of Putnam County population living below the federal poverty level.

In all, **40.3%** of Putnam County residents (an estimated **8,460 individuals**) live below 200% of the federal poverty level.

- Comparable to the low income proportion reported statewide.
- Higher than found nationally.

Population in Poverty

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



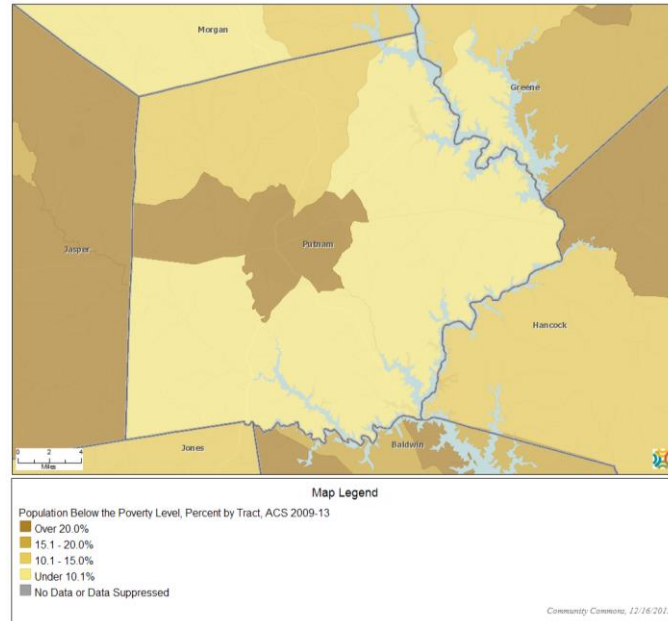
Sources: • US Census Bureau American Community Survey 5-year estimates (2009-2013).

• Retrieved December 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.

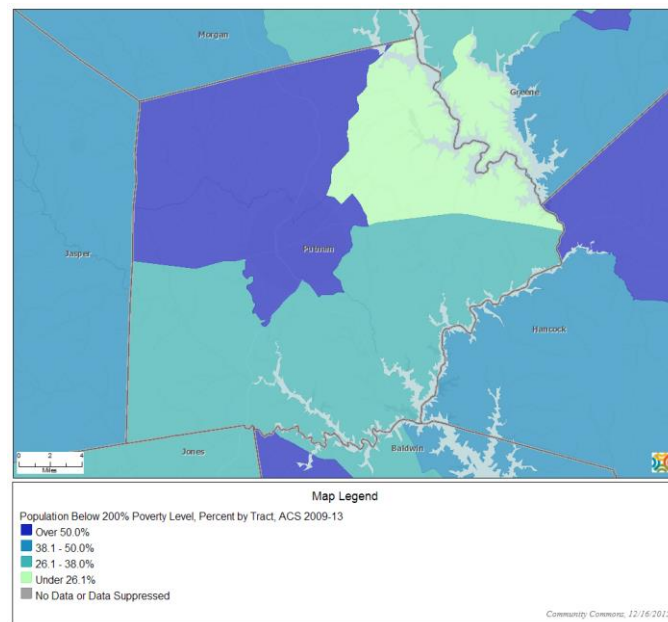
- A higher concentration of persons living below the poverty threshold is found in the central portion of the county and further west.

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



- A higher concentration of persons living below the 200% poverty threshold is found in central and northwestern portions Putnam County.

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

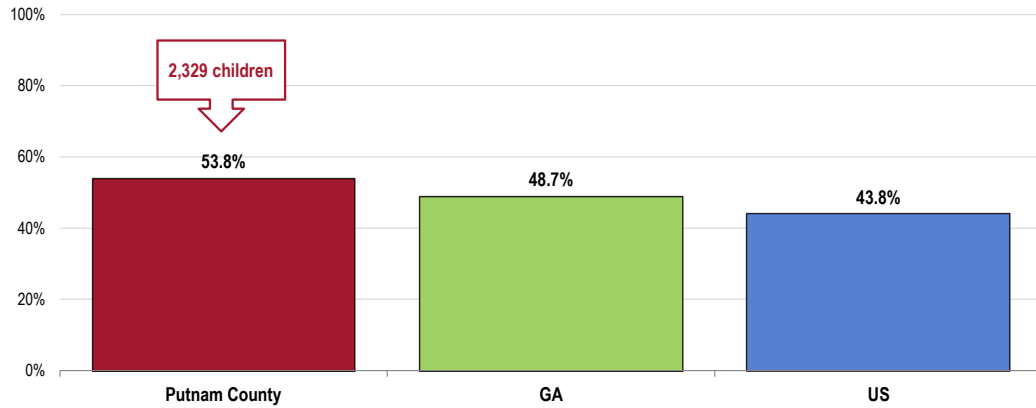


Children in Low-Income Households

Additionally, 53.8% of Putnam County children age 0-17 (representing an estimated 2,329 children) live below the 200% poverty threshold.

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

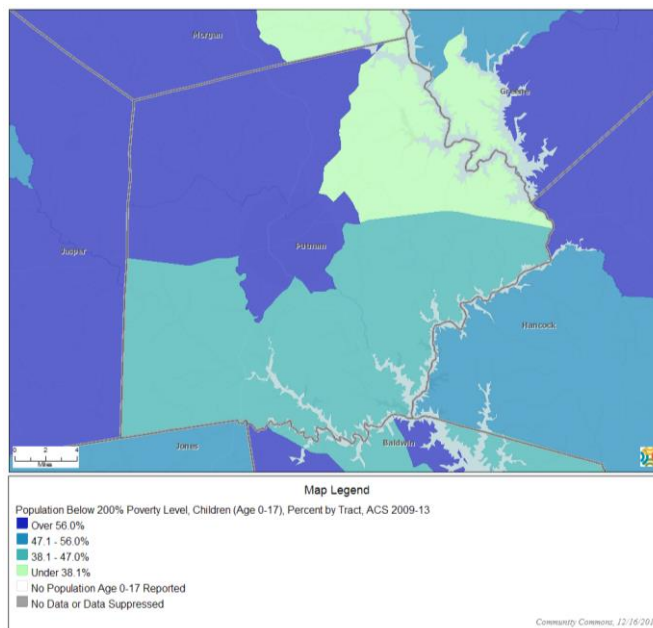
Percent of Children in Low-Income Households (Children 0-17 Living Below 200% of the Poverty Level, 2009-2013)



- Sources:
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
 - Retrieved December 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 central and northwestern Putnam County.

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



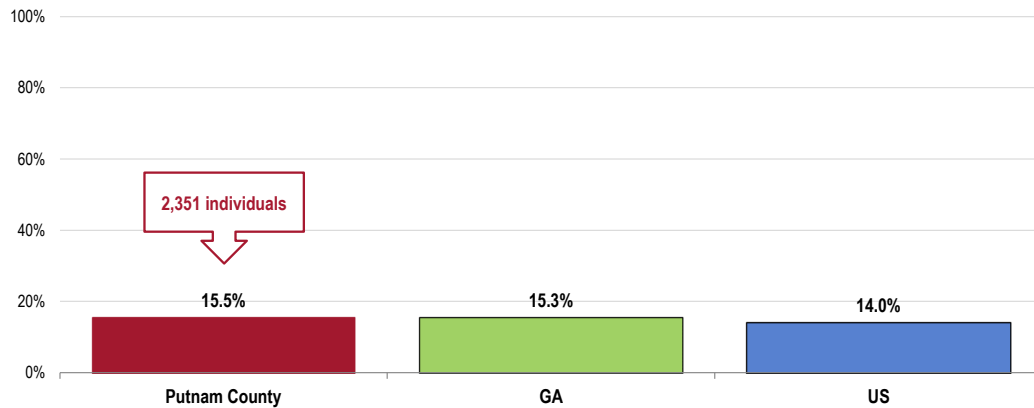
Education

Among the Putnam County population age 25 and older, an estimated 15.5% (over 2,300 people) do not have a high school education.

- Nearly identical to the proportion found statewide.
- Statistically less favorable than found nationally.

Population With No High School Diploma

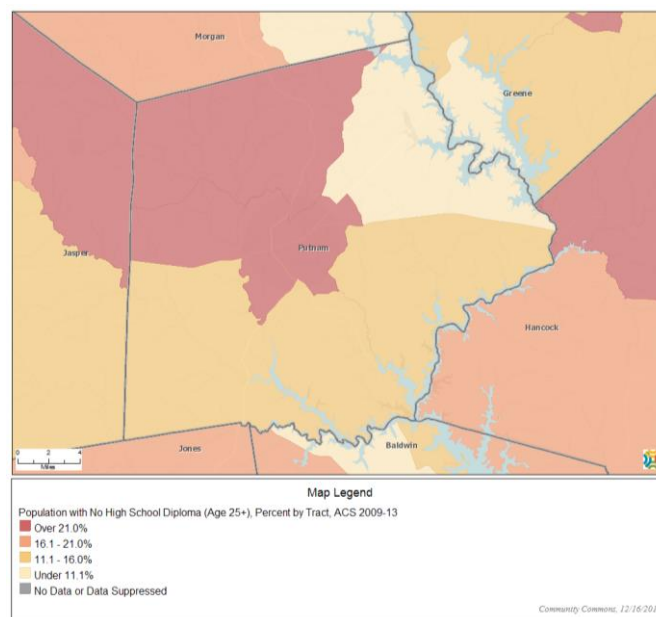
(Population Age 25+ Without a High School Diploma or Equivalent, 2009-2013)



Sources: • US Census Bureau American Community Survey 5-year estimates (2009-2013).
 • Retrieved December 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 northwestern quadrant of the county.

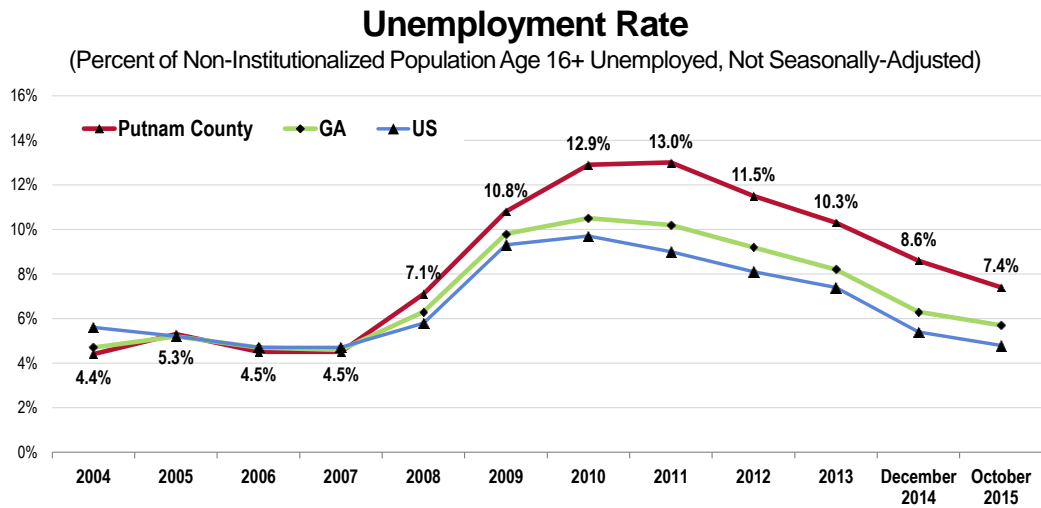
Population With No High School Diploma, Percent by Tract, ACS 2009-2013



Employment

According to data derived from the US Department of Labor, the unemployment rate in Putnam County as of October 2015 was 7.4%.

- Less favorable than the statewide unemployment rate.
- Less favorable than the national unemployment rate.
- TREND: Unemployment in Putnam County has trended downward since 2011, echoing the state and national trends; but continues to display higher rates than the other two areas.



Sources:

- US Department of Labor, Bureau of Labor Statistics.
- Retrieved December 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

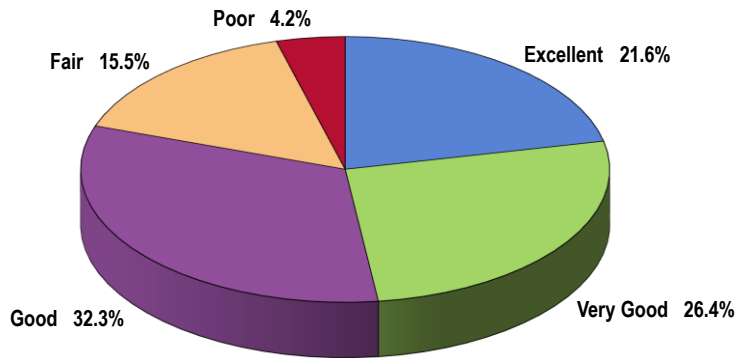
A total of 48.0% of Putnam County adults rate their overall health as “excellent” or “very good.”

- Another 32.3% 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
(Putnam County, 2015)



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

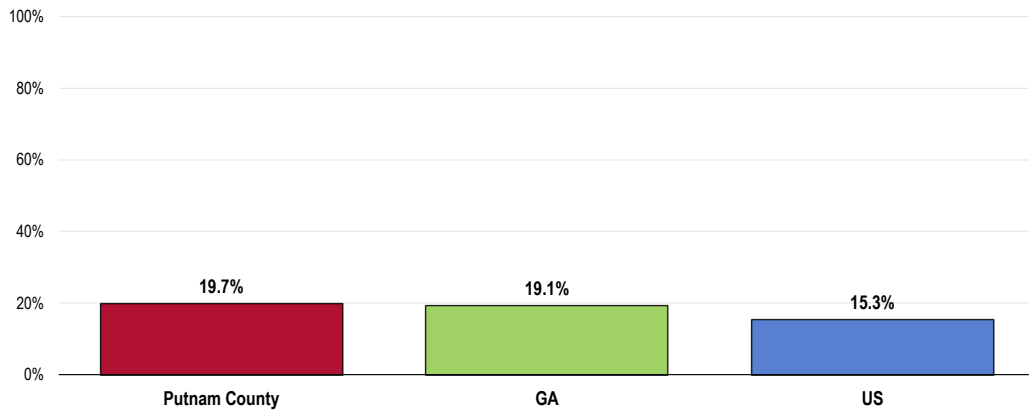
However, 19.7% of service area adults believe that their overall health is “fair” or “poor.”

- Similar to statewide findings.
- Worse than the national percentage.

NOTE:

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

Experience “Fair” or “Poor” Overall Health

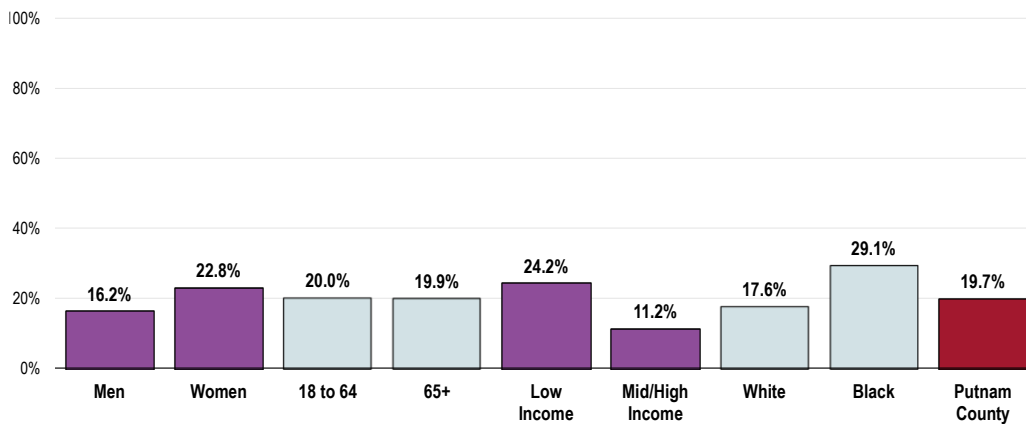


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Georgia data.
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Low income adults are more likely to report experiencing “fair” or “poor” overall health than those with mid/high incomes.
- 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 (Putnam 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. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

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.

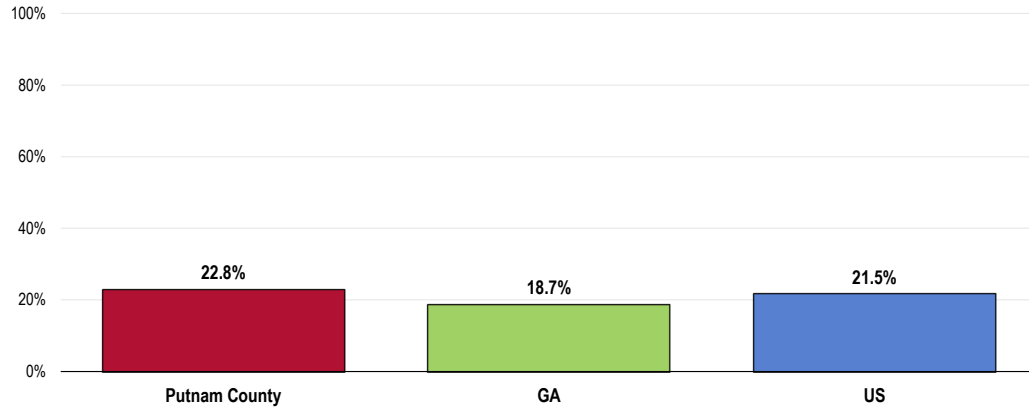
- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.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

A total of 22.8% of Putnam County adults are limited in some way in some activities due to a physical, mental or emotional problem.

- Statistically comparable to the prevalence statewide.
- Comparable to the national prevalence.

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

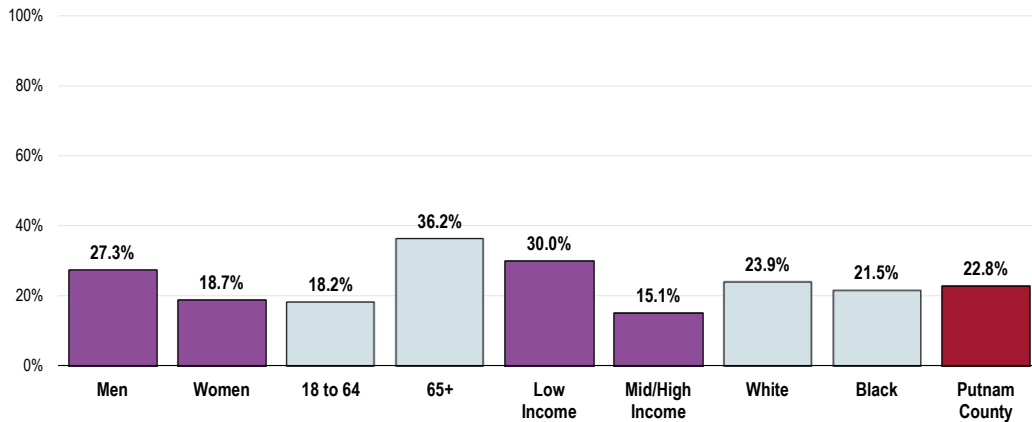


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Georgia data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

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

- Adults age 65 and older are much more often limited in activities.
- Residents with low incomes are more likely than those with higher incomes to report activity limitations.

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

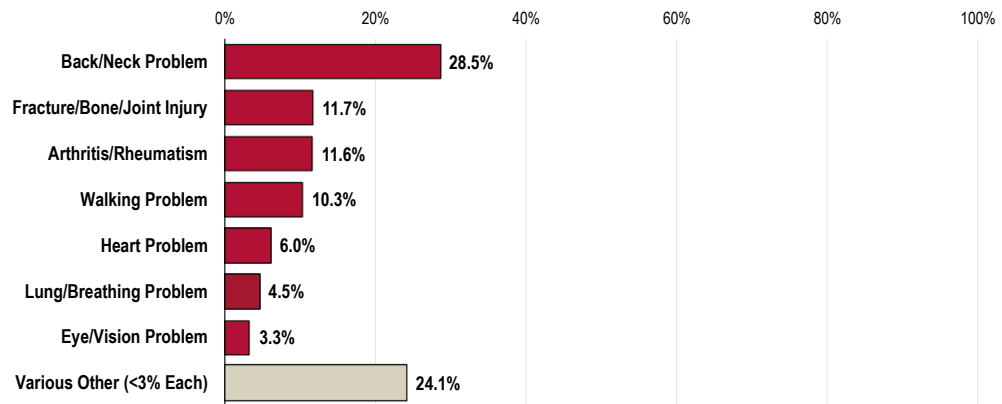


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

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

Other limitations noted with some frequency include those related to heart conditions, lung/breathing problems, and eye/vision trouble.

Type of Problem That Limits Activities
 (Among Those Reporting Activity Limitations; Putnam 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)

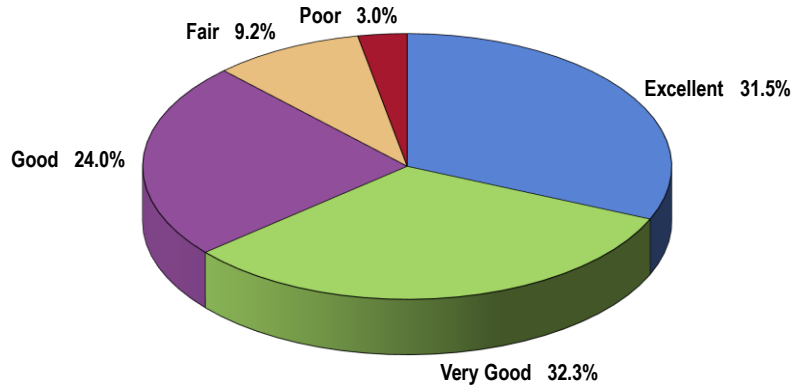
Self-Reported Mental Health Status

A total of 63.8% of Putnam 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 24.0% gave “good” ratings of their own mental health status.

Self-Reported Mental Health Status
(Putnam County, 2015)

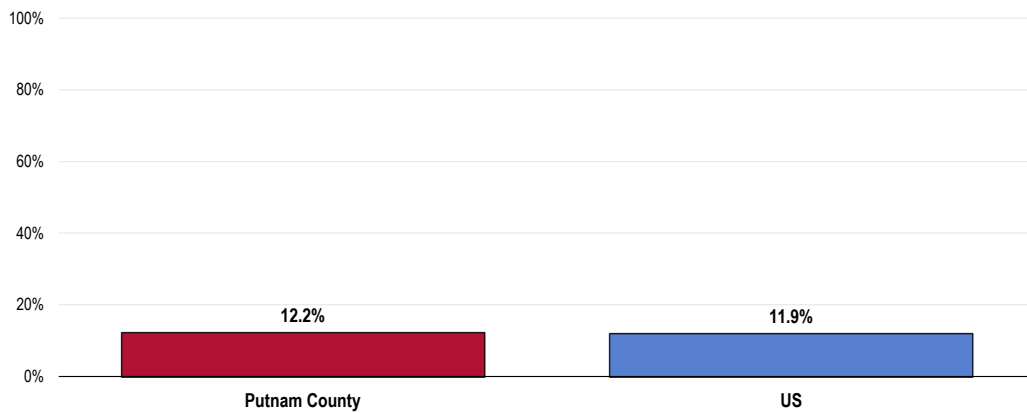


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
Notes: • Asked of all respondents.

A total of 12.2% of service area adults, however, believe that their overall mental health is “fair” or “poor.”

- Similar to the “fair/poor” response reported nationally.

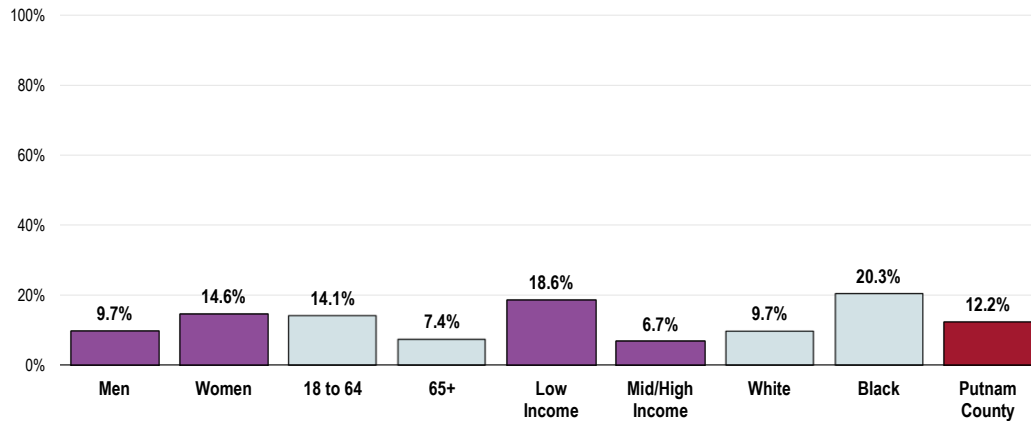
Experience “Fair” or “Poor” Mental Health



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Adults age 18-64, those with low incomes, and Blacks are much more likely to report experiencing “fair/poor” mental health than their demographic counterparts.

Experience “Fair” or “Poor” Mental Health (Putnam 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. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

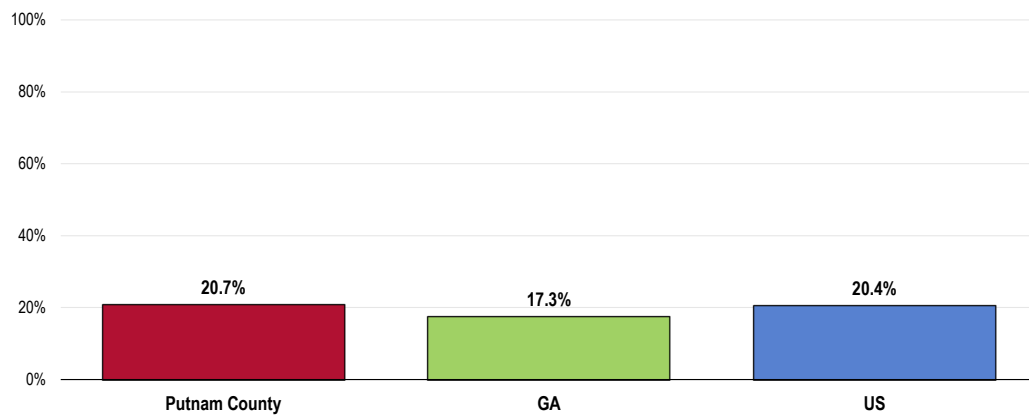
Depression

Diagnosed Depression

A total of 20.7% of Putnam County adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Statistically similar to the proportion statewide.
- Similar to the national finding.

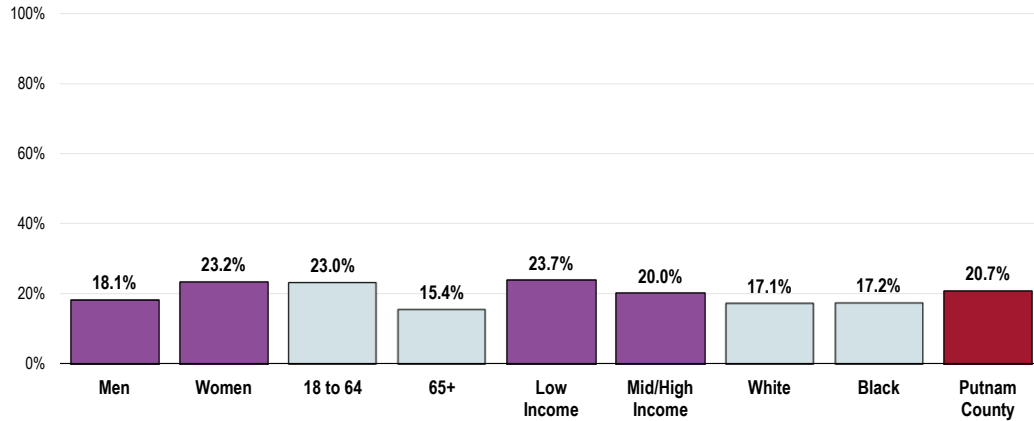
Have Been Diagnosed With a Depressive Disorder



- Sources:
- 2015 PRC Community Health Survey, 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 Georgia 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.

- The prevalence of diagnosed depression is statistically similar across key demographic segments.

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



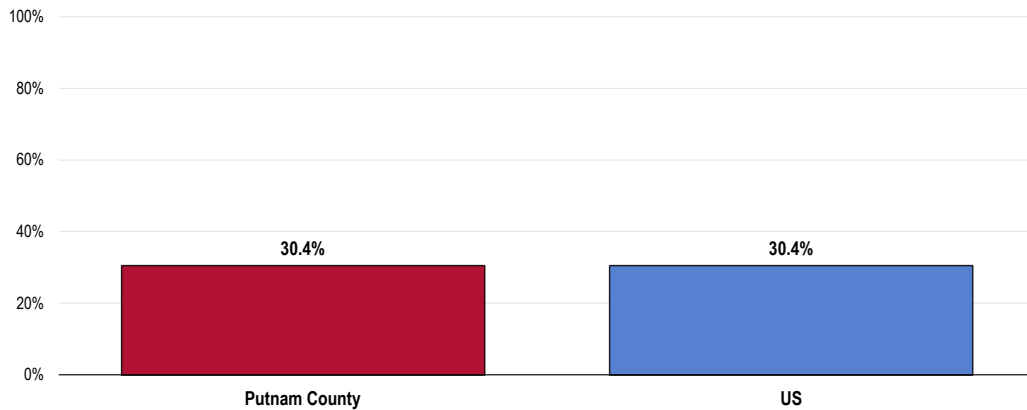
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
 Notes: • Asked of all respondents.
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Symptoms of Chronic Depression

A total of 30.4% of Putnam 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).

- Identical to national findings.

Have Experienced Symptoms of Chronic Depression

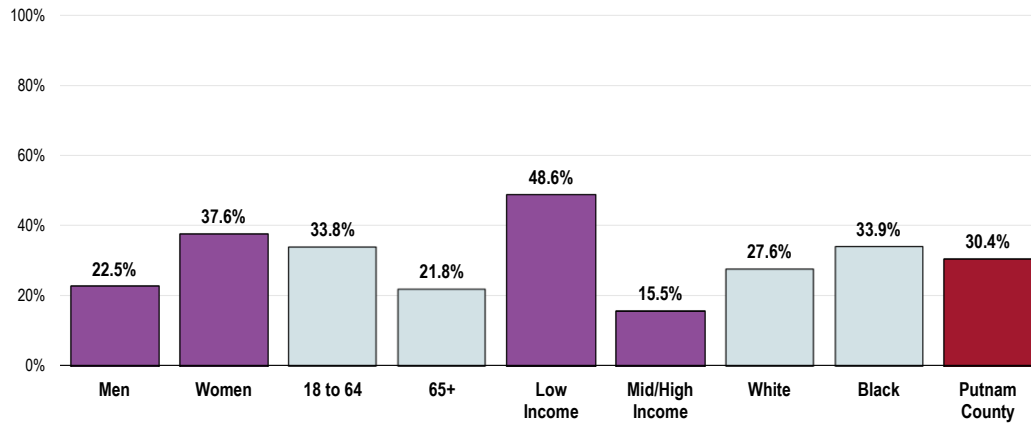


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

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

- Women.
- Adults under age 65.
- Adults with lower incomes.

Have Experienced Symptoms of Chronic Depression (Putnam 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stress

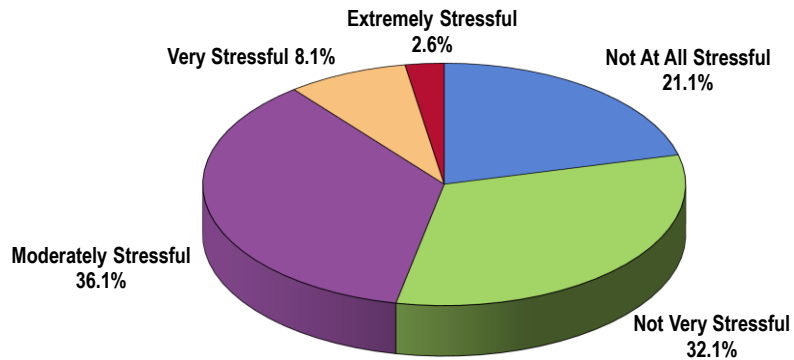
More than one-half of Putnam County adults consider their typical day to be “not very stressful” (32.1%) or “not at all stressful” (21.1%).

RELATED ISSUE:

- Another 36.1% 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
(Putnam County, 2015)

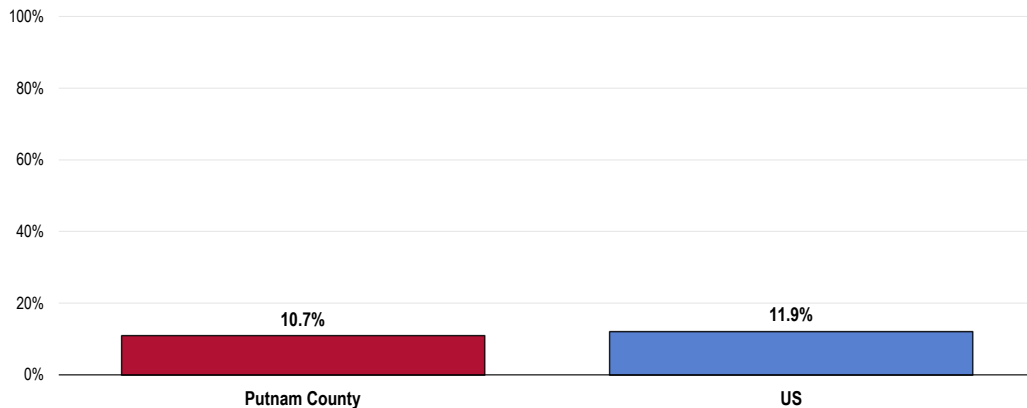


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
Notes: • Asked of all respondents.

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

- Similar to the proportion reported nationally.

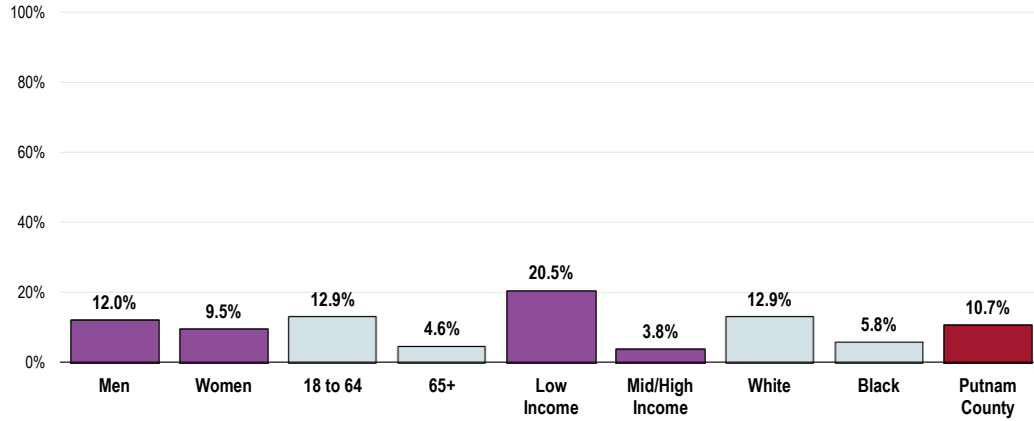
Perceive Most Days As “Extremely” or “Very” Stressful



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Note that high stress levels are more prevalent among adults under 65, low income residents, and Whites.

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



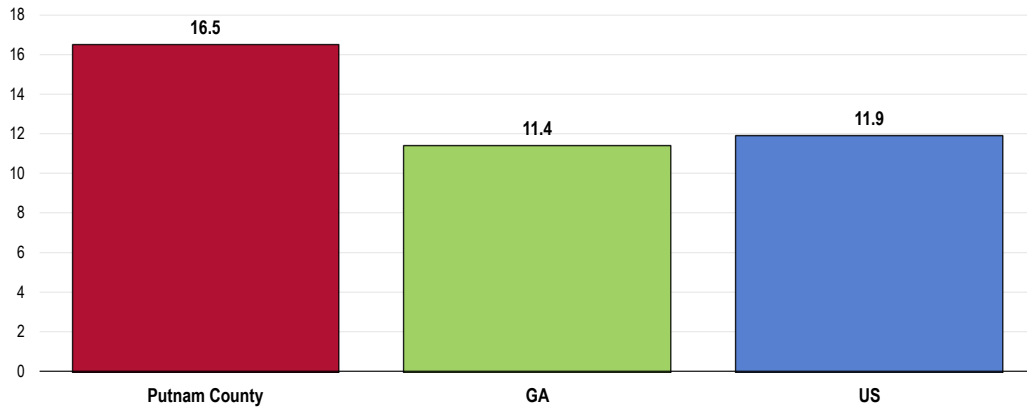
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Suicide

Between 2005 and 2014, there was an annual average age-adjusted suicide rate of 16.5 deaths per 100,000 population in Putnam County.

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

Suicide: Age-Adjusted Mortality (2005-2014 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 December 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.

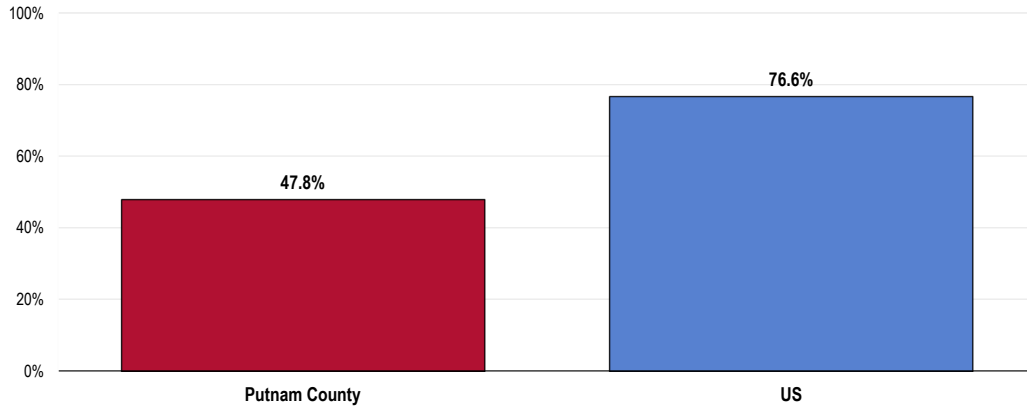
Mental Health Treatment

Among service area adults with a diagnosed depressive disorder, 47.8% acknowledge that they have sought professional help for a mental or emotional problem.

- Far below national findings.

“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).

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



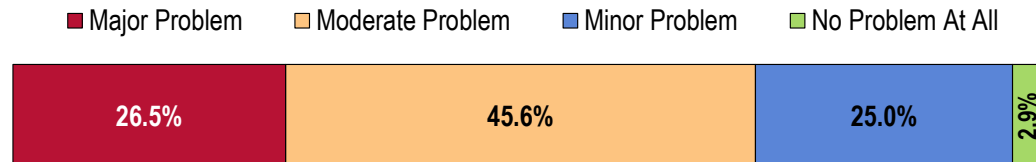
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Reflects those respondents with a depressive disorder diagnosed by a physician (such as depression, major depression, dysthymia, or minor depression).

Key Informant Input: Mental Health

Key informants taking part in an online survey largely characterized *Mental Health* as a “moderate 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.

Challenges

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

Limited Resources

No facility to take care of them. - Other Health Provider

I believe that our community has limited access to cancer treatment centers. This causes additional stresses and restraints on members of our community that are seeking treatment and assistance in this area. Resources for mental health issues are not only lacking in our community, but also across our state. In my opinion, we are currently failing members of our community suffering from mental health issues. This is due to lack of funding, resources and care for these individuals. - Community/Business Leader

Virtually no support organizations. Stigma attached. Closing of various state facilities. - Community/Business Leader

Lack of affordable care. - Physician

Limited resources and limited money for programs to help people with mental health issues. - Community/Business Leader

Minimal resources. - Other Health Provider

Lack of Proper Diagnosis/Treatment

Mental health issues spawn into various areas that become a problem for anyone in contact with those who may or may not be identified as having problems. People who have mental health issues, but do not receive treatment due to lack of health insurance or lack of substantial assistance, many times end up in domestic violence situations, workplace violence situations, homelessness and crime in general. Too many times, people are diagnosed, given pills and then sent on their way. There is no follow up available. We have seen those with issues go from doctor to doctor, just getting more meds. The meds they were prescribed to help them, become the meds they abuse. Then you have mentally ill people with a substance abuse problem, which exacerbates the initial problem. - Other Health Provider

People are not properly diagnosed and if so, they do not have the means for treatment. - Community/Business Leader

Not receiving an accurate diagnosis or proper treatment. - Community/Business Leader

Lack of Providers

I have to send my patients to Atlanta for behavioral cognitive therapy, the most effective for mental disorders. - Putnam County – Physician

Lack of access to therapists and psychologist. Education on proper treatment. Crisis Center. - Physician

Prevalence/Incidence

Required to treat mentally challenged patients on a regular basis. - Physician

The need for quality mental health care is an issue in every community across the country. - Other Health Provider

Death, Disease & Chronic Conditions



Professional Research Consultants, Inc.

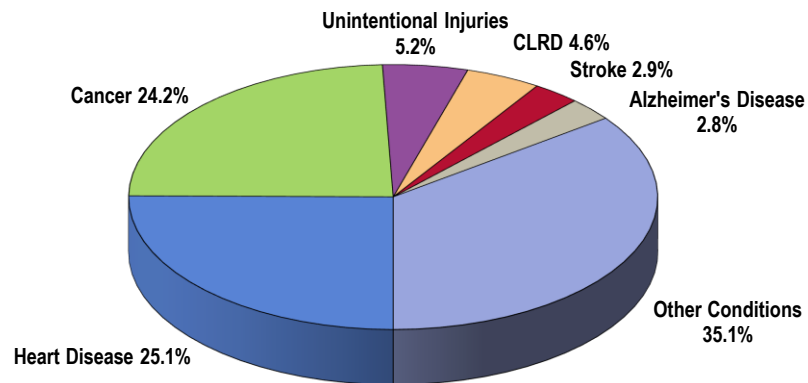
Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for more than one-half of all deaths in Putnam County between 2012 and 2014.

Leading Causes of Death

(Putnam County, 2012-2014)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 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 2005-2014 annual average age-adjusted death rates per 100,000 population for selected causes of death in Putnam County.

Note that age-adjusted mortality rates in Putnam County are worse than national rates for heart disease, cancers, unintentional injury, pneumonia/influenza, motor vehicle crashes, kidney disease, suicide, fire-arm-related deaths, and fall-related deaths.

Of the causes outlined in the following chart for which Healthy People 2020 objectives have been established, Putnam County rates fail to satisfy each of the related goals except for stroke, diabetes-mellitus, and cirrhosis/liver disease.

Age-Adjusted Death Rates for Selected Causes (2005-2014 Deaths per 100,000 Population)

	Putnam County	Georgia	US	HP2020
Diseases of the Heart **	213.3	178.7	169.1	156.9*
Malignant Neoplasms (Cancers) **	181.2	167.4	163.6	161.4
Unintentional Injuries **	53.1	39.1	39.7	36.4
Chronic Lower Respiratory Disease (CLRD) **	36.6	45.3	41.4	n/a
Pneumonia/Influenza	32.7	18.6	16.6	n/a
Cerebrovascular Disease (Stroke) **	25.9	41.9	36.5	34.8
Motor Vehicle Deaths	22.0	14.6	11.9	12.4
Kidney Disease	21.3	20.4	14.2	n/a
Intentional Self-Harm (Suicide)	16.5	11.4	11.9	10.2
Alzheimer's Disease	14.5	27.6	24.4	n/a
Firearm-Related	14.4	12.8	10.3	9.3
Diabetes Mellitus	12.7	21.6	21.9	20.5*
Drug-Induced	12.1	10.8	13.3	11.3
Fall-Related	8.6	8.1	8.1	7.2
Cirrhosis/Liver Disease	8.3	7.9	9.5	8.2

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

● **Mortality rates are based on years 2012-2014.

Cardiovascular Disease

About Heart Disease & Stroke

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

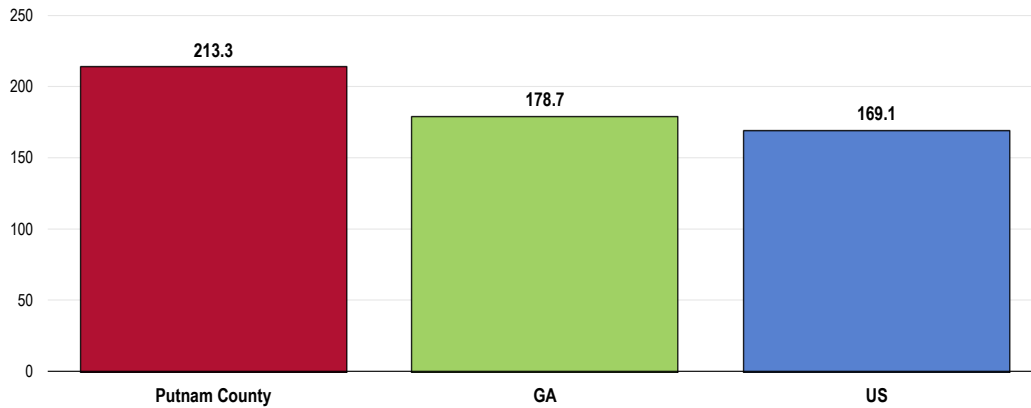
Heart Disease Deaths

Between 2012 and 2014 there was an annual average age-adjusted heart disease mortality rate of 213.3 deaths per 100,000 population in Putnam County.

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

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

Heart Disease: Age-Adjusted Mortality
 (2012-2014 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 December 2015.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]

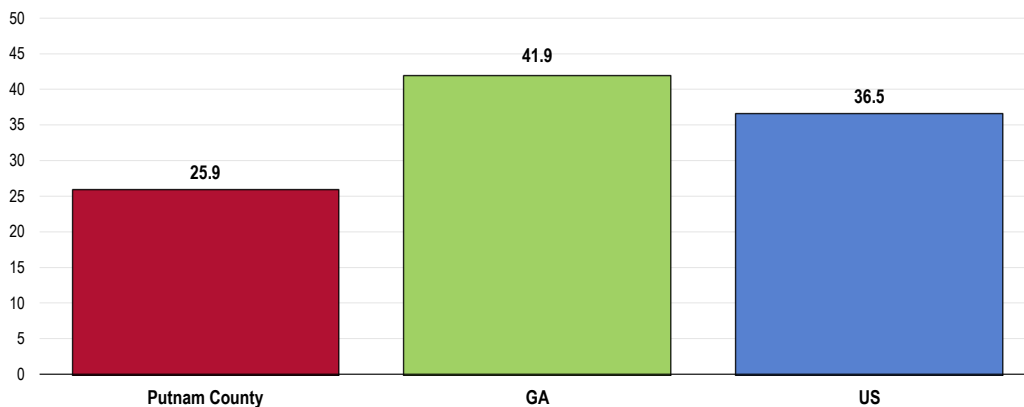
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 ● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 ● The Healthy People 2020 Heart Disease target is adjusted to account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

Stroke Deaths

Between 2012 and 2014, there was an annual average age-adjusted stroke mortality rate of 25.9 deaths per 100,000 population in Putnam County.

- Considerably more favorable than the Georgia rate.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target of 34.8 or lower.

Stroke: Age-Adjusted Mortality
 (2012-2014 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 December 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.

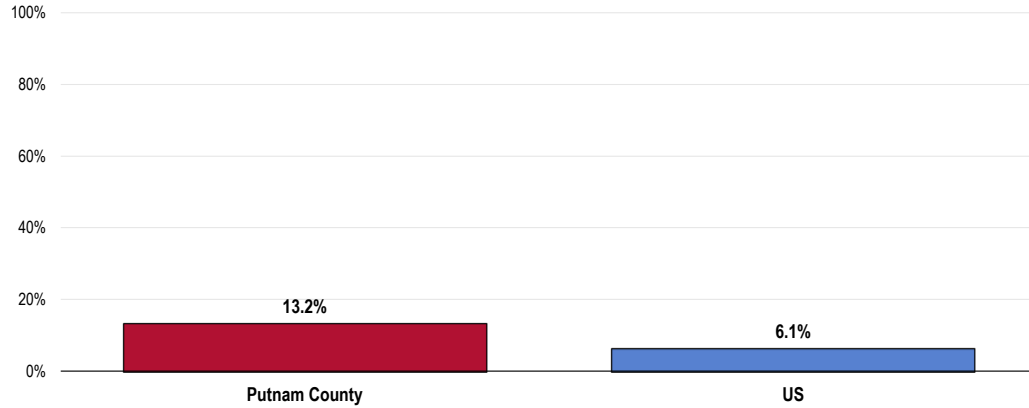
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 13.2% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Twice the national prevalence.

Prevalence of Heart Disease



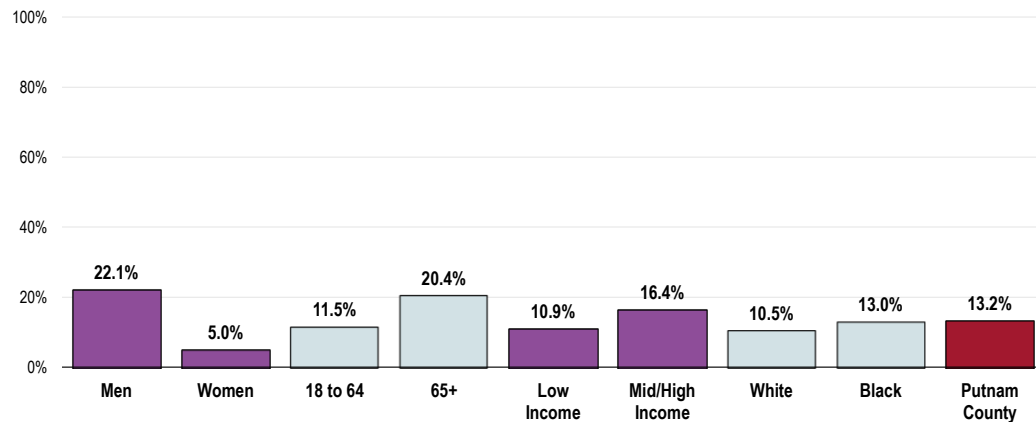
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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

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

- Men.
- Seniors (age 65+).

Prevalence of Heart Disease (Putnam County, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]

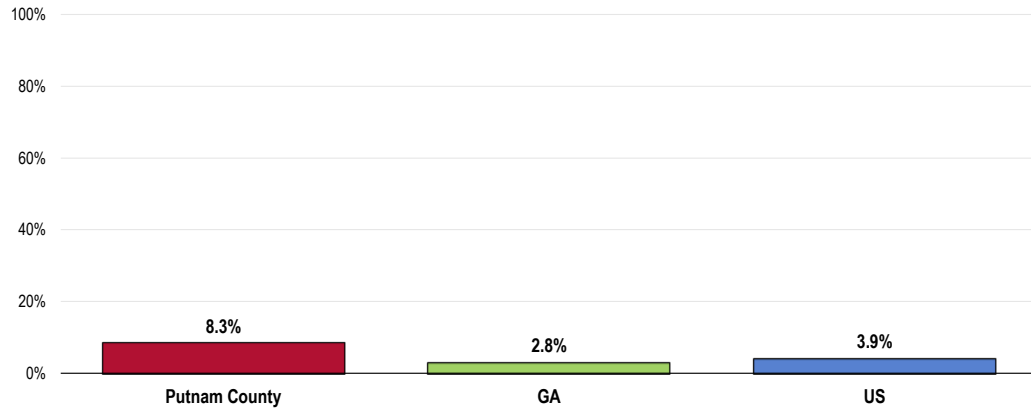
Notes: • Asked of all respondents.
 • Includes diagnoses of heart attack, angina or coronary heart disease.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household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

Prevalence of Stroke

A total of 8.3% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Higher than statewide findings.
- Higher than national findings.

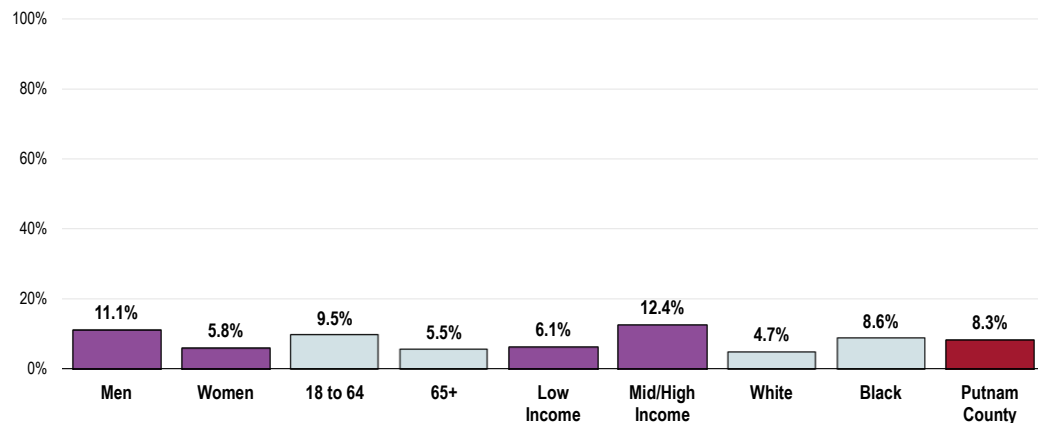
Prevalence of Stroke



Sources: • 2015 PRC Community Health Survey, 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 Georgia data.
 Notes: • Asked of all respondents.

- Among demographic segments, there are no significant differences in the prevalence of stroke diagnosis.

Prevalence of Stroke (Putnam 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cardiovascular Risk Factors

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)

Hypertension (High Blood Pressure)

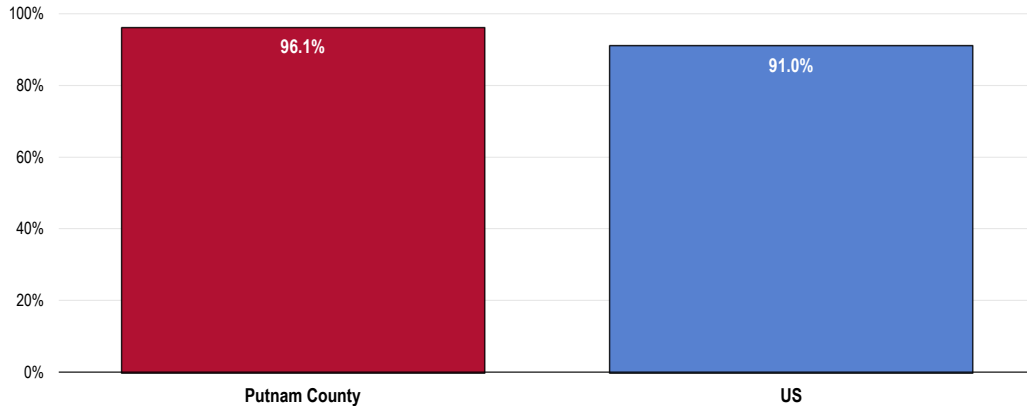
High Blood Pressure Testing

A total of 96.1% of Putnam County adults have had their blood pressure tested within the past two years.

- Higher than national findings.
- Satisfies the Healthy People 2020 target (92.6% or higher).

Have Had Blood Pressure Checked in the Past Two Years

Healthy People 2020 Target = 92.6% or Higher



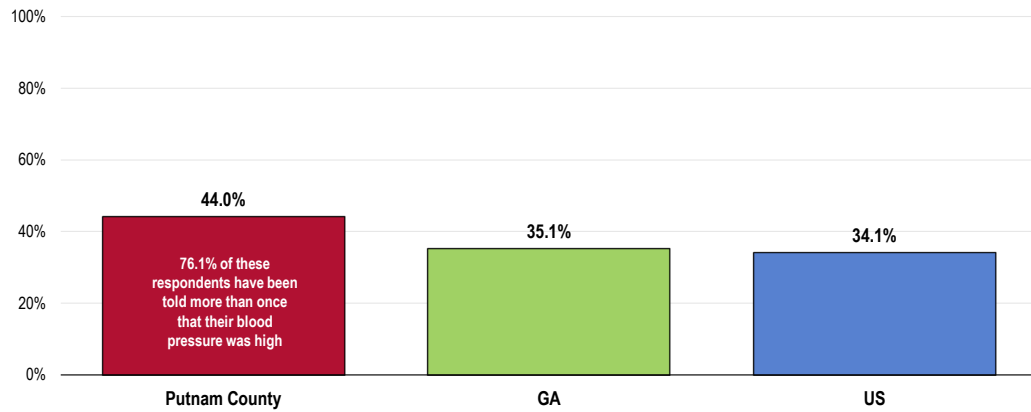
- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-4]
- Notes:
- Asked of all respondents.

Prevalence of Hypertension

A total of 44.0% of service area adults have been told at some point that their blood pressure was high.

- Less favorable than the Georgia prevalence.
- Less favorable than the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).
- Among hypertensive adults, 76.1% have been diagnosed with high blood pressure more than once.

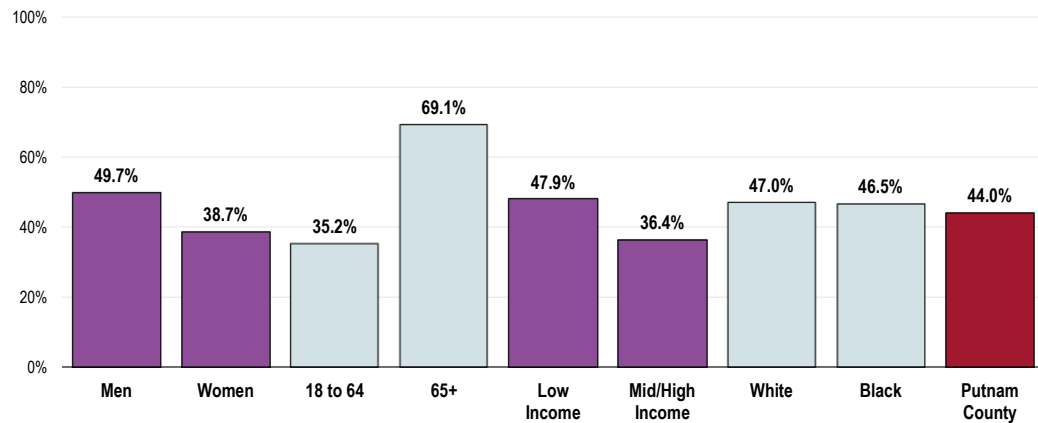
Prevalence of High Blood Pressure Healthy People 2020 Target = 26.9% or Lower



Sources: • 2015 PRC Community Health Survey, 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 Georgia data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]
 Notes: • Asked of all respondents.

- Hypertension diagnoses are higher among men and especially older adults (65+).

Prevalence of High Blood Pressure (Putnam 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Hypertension Management

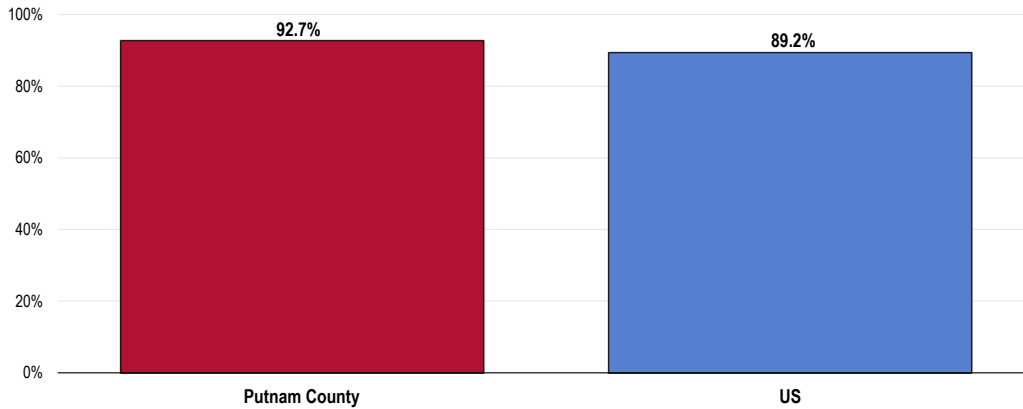
Among service area respondents who have been told that their blood pressure was high, 92.7% report that they are currently taking actions to control their condition.

- Similar to national findings.

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:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 44]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents who have been diagnosed with high blood pressure.
 - In this case, the term "action" refers to medication, change in diet, and/or exercise.

High Blood Cholesterol

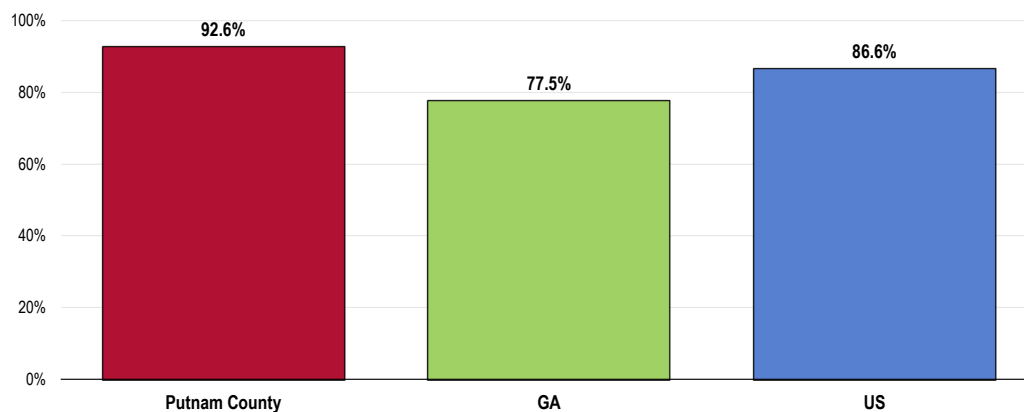
Blood Cholesterol Testing

A total of 92.6% of Putnam County adults have had their blood cholesterol checked within the past five years.

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

Have Had Blood Cholesterol Levels Checked in the Past Five Years

Healthy People 2020 Target = 82.1% or Higher



Sources: • 2015 PRC Community Health Survey, 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 Georgia data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]

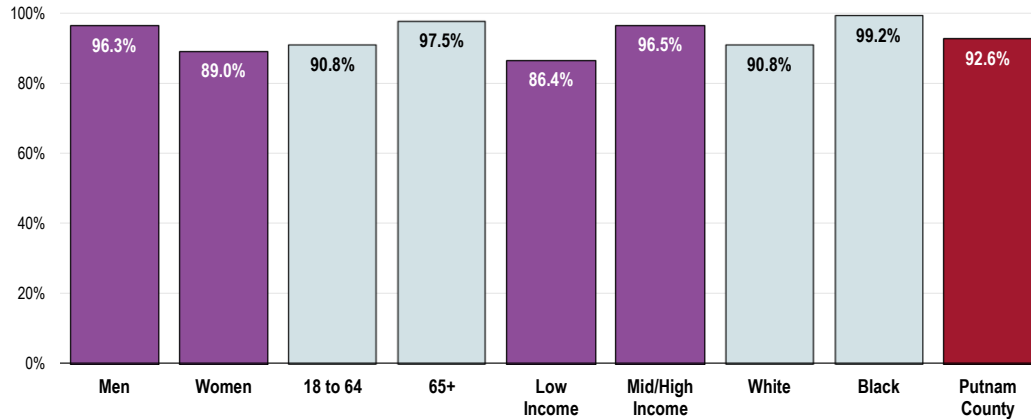
Notes: • Asked of all respondents.

The following demographic segments report lower screening levels:

- Women.
- Adults under age 65.
- Residents with low incomes.
- Whites.

Have Had Blood Cholesterol Levels Checked in the Past Five Years (Putnam 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

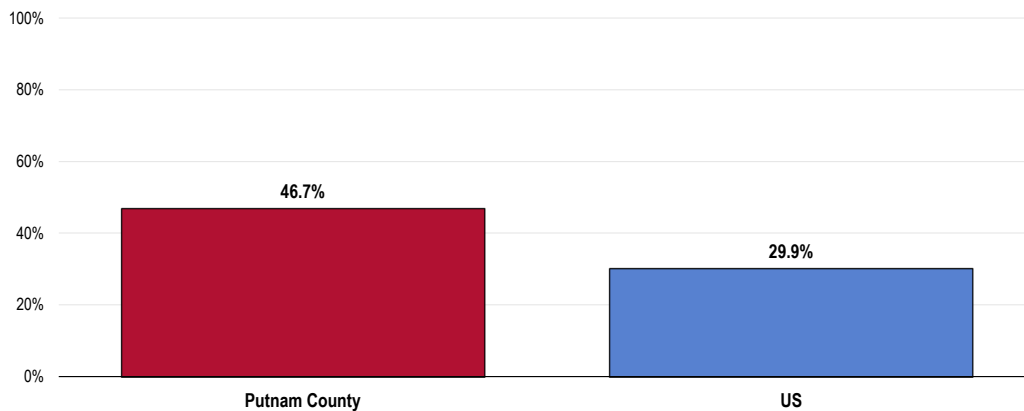
Self-Reported High Blood Cholesterol

A total of 46.7% of adults have been told by a health professional that their cholesterol level was high.

- Much higher than the national prevalence.
- More than three times the Healthy People 2020 target (13.5% or lower).

Prevalence of High Blood Cholesterol

Healthy People 2020 Target = 13.5% or Lower



- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]
 - 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.

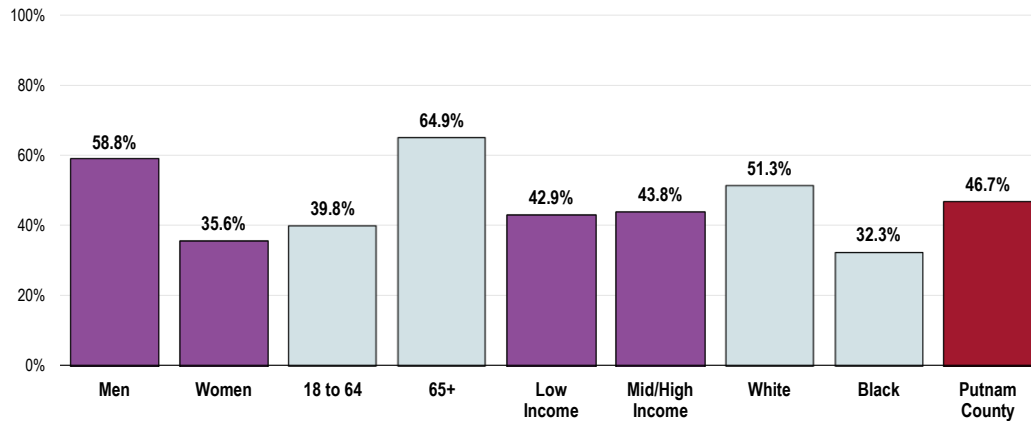
Note that 12.5% of service area adults report not having high blood cholesterol, but: 1) have never had their blood cholesterol levels tested; 2) have not been screened in the past 5 years; or 3) do not recall when their last screening was. For these individuals, current prevalence is unknown.

Further note the following:

- There is a higher prevalence among men and seniors (65+).
- Whites report a higher prevalence than Blacks.
- Keep in mind that “unknowns” are relatively high in women, adults under age 65, and low income residents.

Prevalence of High Blood Cholesterol (Putnam 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. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

High Cholesterol Management

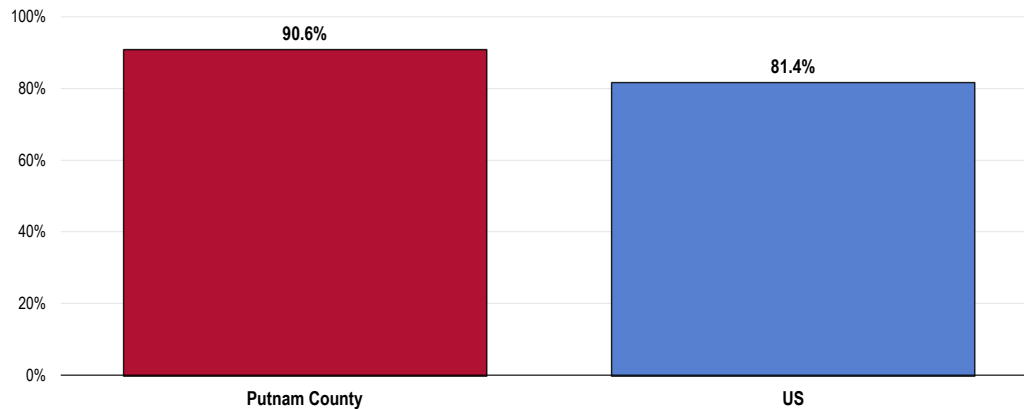
Among adults who have been told that their blood cholesterol was high, 90.6% report that they are currently taking actions to control their cholesterol levels.

- Better than found nationwide.

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?”

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



- Sources:
- 2015 PRC Community Health Survey, 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.

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

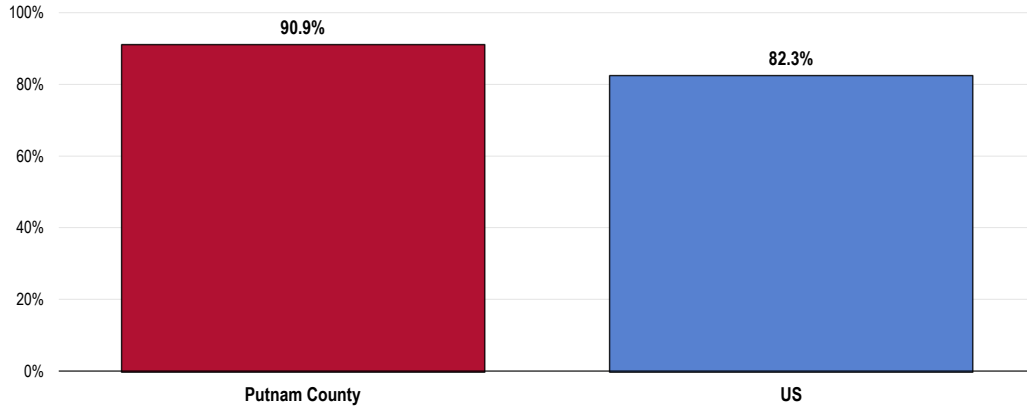
Total Cardiovascular Risk

A total of 90.9% of Putnam 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.

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



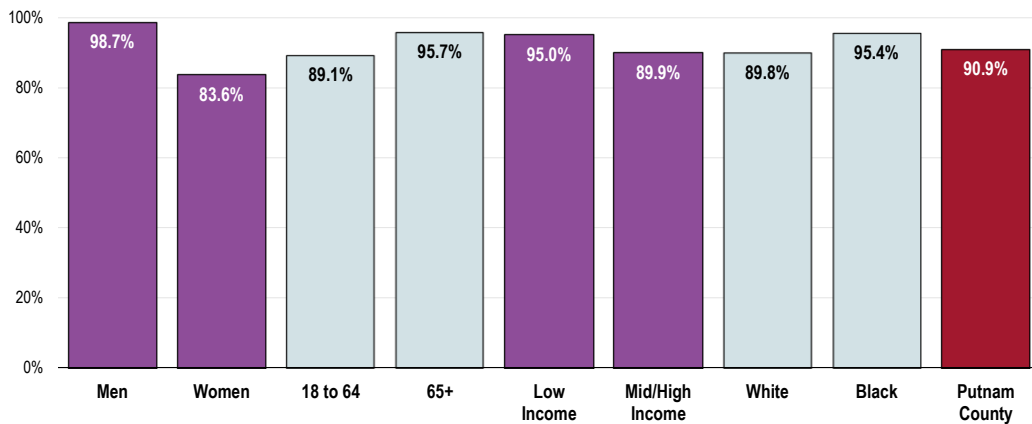
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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.

Adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Seniors (65+).

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



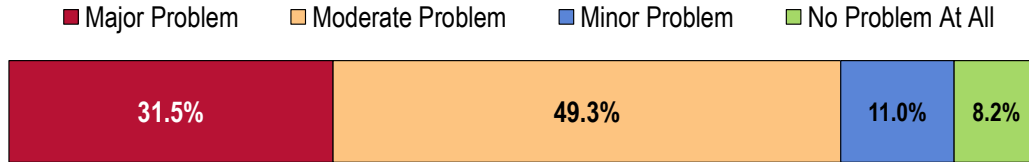
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
Notes: • Asked of all respondents.
• Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Heart Disease & Stroke

Nearly one-half of all key informants taking part in an online survey characterized *Heart Disease & Stroke* as a “moderate problem” in the community.

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

(Key Informants, 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

- Due to the aging population. - Community/Business Leader
- Aging population. - Community/Business Leader
- Community of older population and retired community. - Community/Business Leader
- The aging population. - Physician
- An aging population with high risk factors make this a major problem. - Community/Business Leader

Prevalence/Incidence

- It is a major problem among people I know. There are a lot of people in this community with this problem. - Community/Business Leader
- It is in most communities. - Physician
- Again most people have themselves or love ones that are dealing with one or the other. - Community/Business Leader
- Very common here and everywhere. Folks have a long way to Macon or Athens to get help after a heart attack or a stroke. - Other Health Provider

Lack of Routine Medical Care

- My father in-law died at the hospital of a heart attack. We believe his death should have been prevented. - Social Services Provider
- Patients do not go to their doctor on a regular basis. - Other Health Provider
- Acute CVA and MI management is incomplete. - Physician

Lack of Education

- It affects a lot of people and there should be more education on prevention of heart disease and stroke. - Community/Business Leader
- Lack of information on preventative care. - Social Services Provider

Lifestyle

Lifestyle habits. Cost of healthcare keeping people from regular check-ups and follow-up on existing conditions. - Other Health Provider

People eat high fat foods and avoid doctor's visits due to costs. - Public Health Representative

Access to Affordable Care/Services

Again, people who are diagnosed with this do not have the means for proper treatment. - Community/Business Leader

Leading Cause of Death

Heart disease is the leading cause of death for most population groups in most communities. Need greater commitment to exercise and diet. - Community/Business Leader

Cancer

About Cancer

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

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

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

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

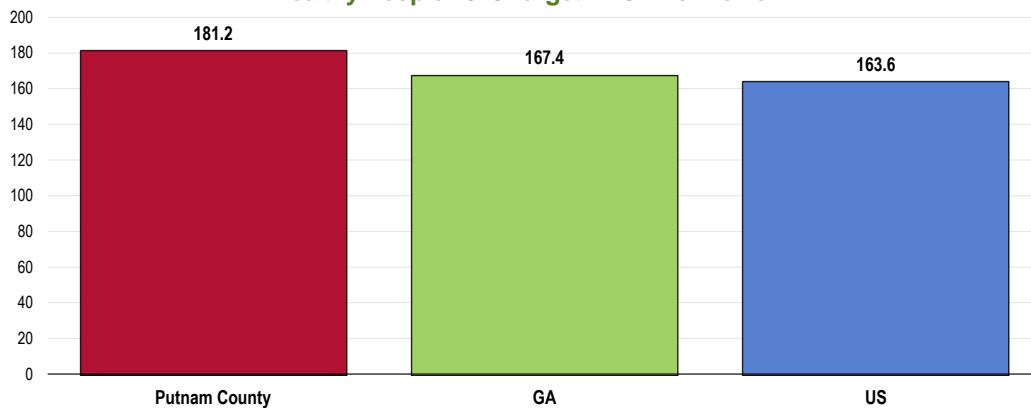
Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2012 and 2014, there was an annual average age-adjusted cancer mortality rate of 181.2 deaths per 100,000 population in Putnam County.

- Less favorable than the statewide rate.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 161.4 or lower.

Cancer: Age-Adjusted Mortality
 (2012-2014 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 December 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 Putnam 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 2005-2014 annual average age-adjusted death rates):

- The Putnam County **lung cancer** death rate is higher than both the state and national rates.
- The Putnam County **prostate cancer** death rate is higher than both the state and national rates.
- The Putnam County **female breast cancer** death rate is similar to the Georgia rate, but higher than the US rate.
- The Putnam County **colorectal cancer** death rate is higher than the state rate, but similar to the national rate.

Note that each of the Putnam County cancer death rates detailed below fails to satisfy the related Healthy People 2020 target except for colorectal cancer which has a rate that is similar to the target.

Age-Adjusted Cancer Death Rates by Site (2005-2014 Annual Average Deaths per 100,000 Population)

	Putnam County	Georgia	US	HP2020
Lung Cancer	54.1	50.6	47.4	45.5
Prostate Cancer	27.8	25.2	21.7	21.8
Female Breast Cancer	23.7	23.0	22.2	20.7
Colorectal Cancer	15.2	13.7	15.9	14.5

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 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 2008 and 2012, Putnam County had an annual average age-adjusted prostate cancer incidence rate of 136.5 cases per 100,000 population.

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

There was an annual average age-adjusted incidence rate of 108.1 female breast cancer cases per 100,000 residents in Putnam County.

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

The service area reported an age-adjusted lung cancer incidence rate of 76.0 cases per 100,000 population.

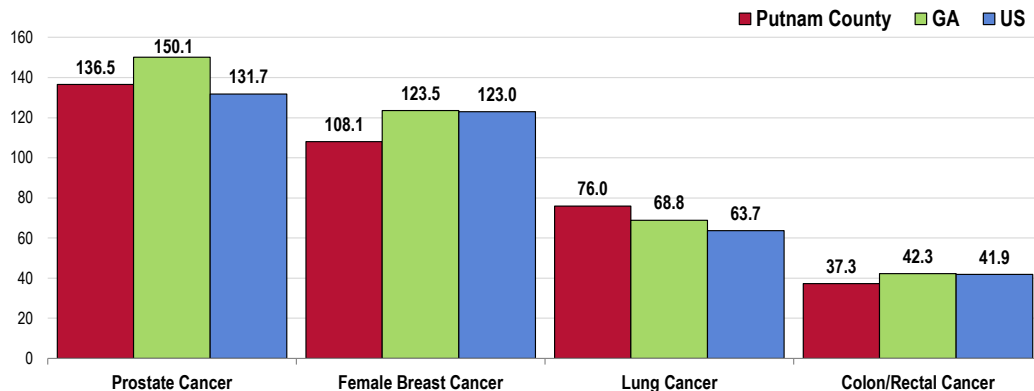
- Worse than the statewide incidence rate.
- Worse than the national incidence rate.

The 2008 and 2012 Putnam County age-adjusted incidence rate of colorectal cancer was 37.3 cases per 100,000 residents.

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

Cancer Incidence Rates by Site

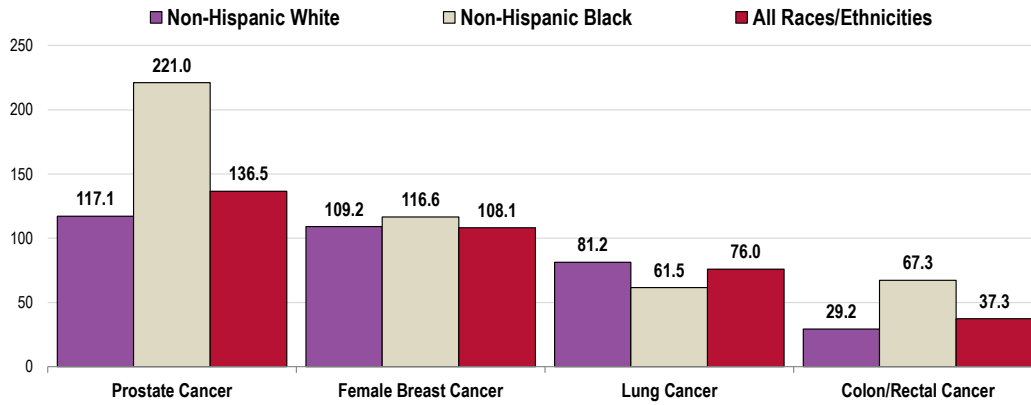
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2008-2012)



Sources: • State Cancer Profiles: 2008-12.
 • Retrieved December 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, Non-Hispanic Blacks have notably higher incidence of prostate and colon/rectal cancers than Non-Hispanic Whites in Putnam County.
- Blacks also report a slightly higher female breast cancer incidence rate, while Whites experience a higher incidence of lung cancer in Putnam County.

Cancer Incidence Rates by Site and Race/Ethnicity
 (Annual Average Age-Adjusted Incidence per 100,000 Population,
 Putnam County 2008-2012)



Sources: • State Cancer Profiles: 2008-12.
 • Retrieved December 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.

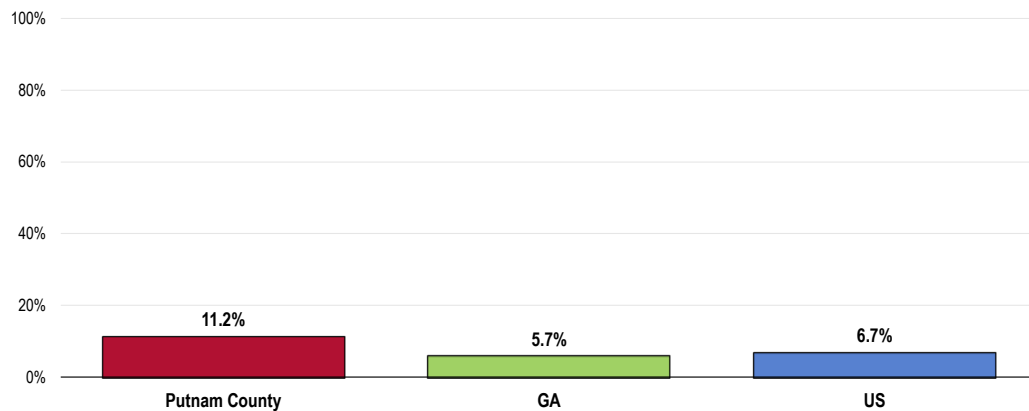
Prevalence of Cancer

Skin Cancer

A total of 11.2% of surveyed Putnam County adults report having been diagnosed with skin cancer.

- Nearly twice what is found statewide.
- Less favorable than the national average.

Prevalence of Skin Cancer



Sources: • 2015 PRC Community Health Survey, 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 Georgia data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

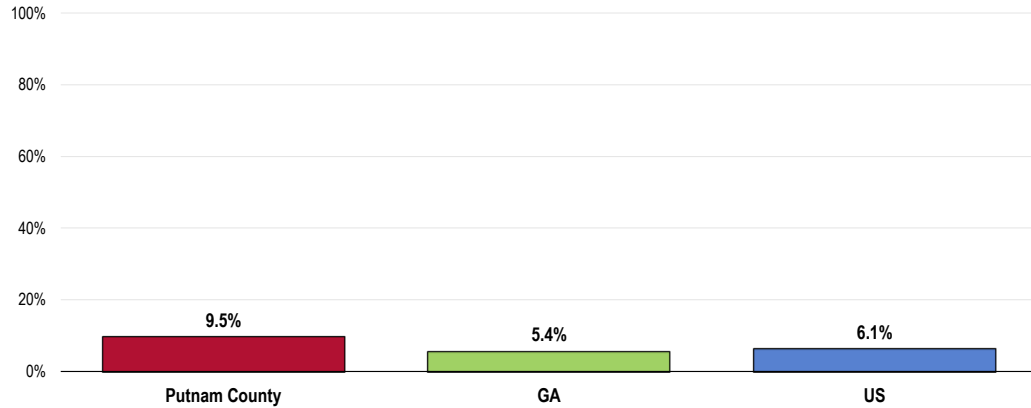
Notes: • Asked of all respondents.

Other Cancer

A total of 9.5% of survey respondents have been diagnosed with some type of (non-skin) cancer.

- Higher than the statewide prevalence.
- Higher than the national prevalence.

Prevalence of Cancer (Other Than Skin Cancer)



Sources: • 2015 PRC Community Health Survey, 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 Georgia data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

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.

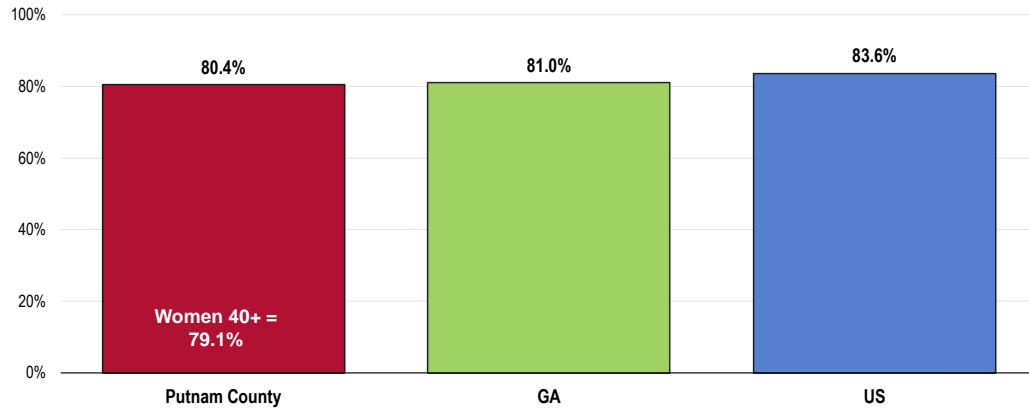
Mammography

Among women age 50-74, 80.4% have had a mammogram within the past 2 years.

- Similar to statewide findings (which represent all women 50+).
- Statistically similar to national findings.
- Close to the Healthy People 2020 target (81.1% or higher).
- Among women 40+, 79.1% have had a mammogram in the past two years.

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

Healthy People 2020 Target = 81.1% or Higher



- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 128-129]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 Georgia data.
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-17]
- Notes:
- Reflects female respondents 50-74.
 - *Note that state data reflects all women 50 and older (vs. women 50-74 in local, US and Healthy People data).

Cervical Cancer Screenings

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.

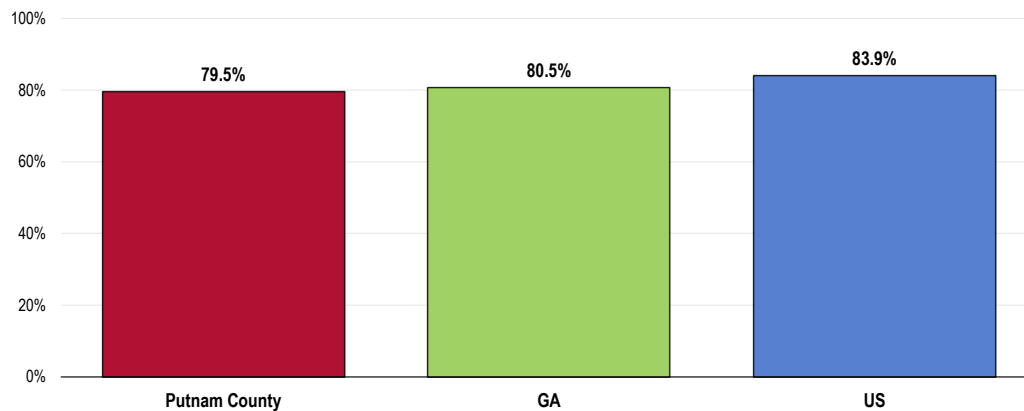
Pap Smear Testing

Among service area women age 21 to 65, 79.5% have had a Pap smear within the past 3 years.

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

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

Healthy People 2020 Target = 93.0% or Higher



- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Georgia data.
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-15]
- Notes:
- Reflects female respondents age 21 to 65.
 - *Note that the Georgia percentage represents all women age 18 and older.

Colorectal Cancer Screenings

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.

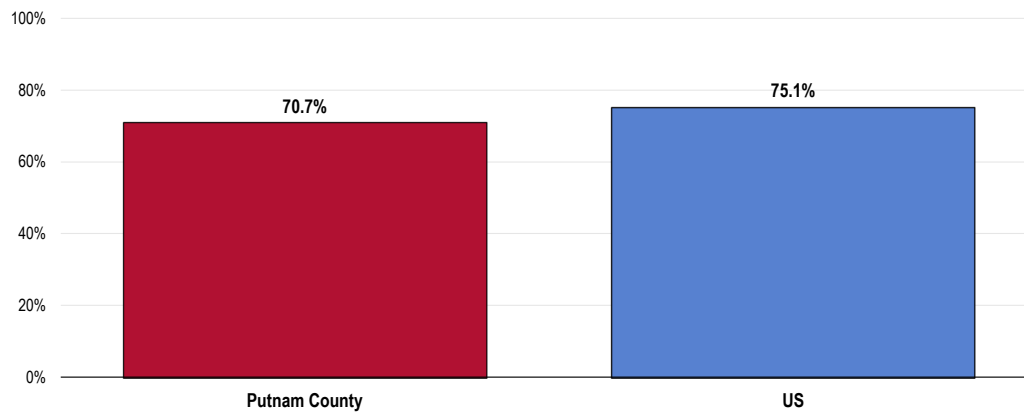
Colorectal Cancer Screening

Among adults age 50-75, 70.7% 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).

- Statistically similar to national findings.
- Just above the Healthy People 2020 target (70.5% or higher).

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

Healthy People 2020 Target = 70.5% or Higher



- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-16]
- Notes:
- Asked of all respondents age 50 through 75.
 - In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

Lower Endoscopy

Among adults age 50 and older, nearly three-fourths (73.5%) have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.

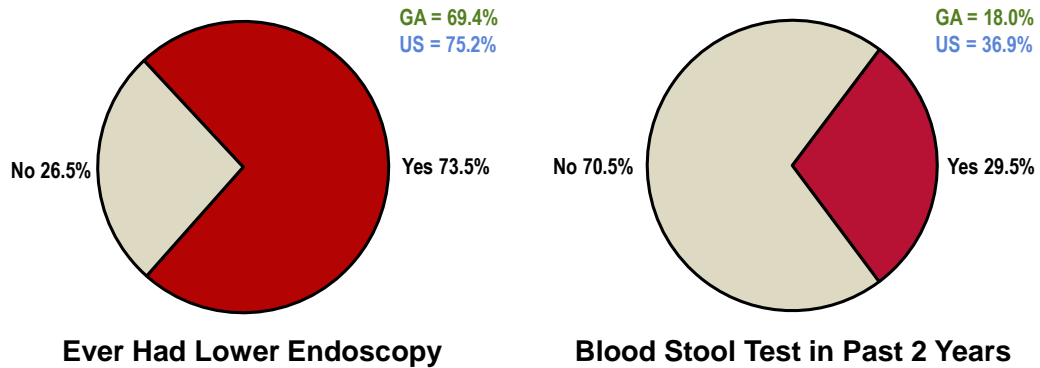
- Statistically similar to Georgia findings.
- Statistically similar to national findings.

Blood Stool Testing

Among adults age 50 and older, 29.5% have had a blood stool test (aka "fecal occult blood test") within the past two years.

- More favorable than Georgia findings.
- Less favorable than national findings.

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



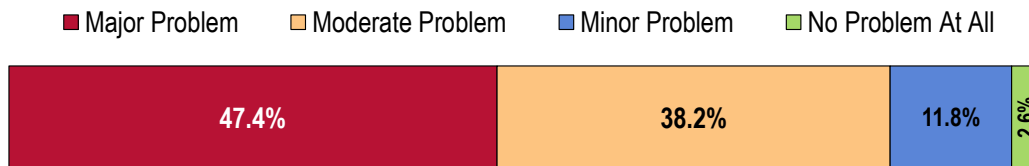
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 131-132]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2012 Georgia data.

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

Key Informant Input: Cancer

Nearly half of key informants taking part in an online survey characterized **Cancer** as a “major 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:

Prevalence/Incidence

This disease is one that I know many people have. Just in my Sunday school class, over 25% have had or do have cancer. Once again, it is by learning about people's health from hearing them talk about the treatments they must take and the physicians and hospitals they have to visit. - Community/Business Leader

More and more cancer appears daily. Almost 3 out of 4 men over 60 will get prostate cancer. Breast cancer in women continues to be a problem. Skin cancer is growing because of the level of outdoor activity. - Community/Business Leader

Most families have a loved one dealing with this. - Community/Business Leader

In the community many women and men die from cancer or complications from cancer. My response is based on congregation members who say death was due to cancer. - Community/Business Leader

People die from all types of cancers every day. At least someone or someone's family member will be affected by cancer during their lifetime. - Community/Business Leader

Not sure of stats but does seem to be a lot of cancer related deaths in our county. No ideas as to why unless we just hear about more with instant access to news. - Community/Business Leader

Because lately there has been a high number of people suffering and dying from this disease. - Community/Business Leader

Incidence is high and options for treatment within the county are, as far as I know, 100% unavailable. - Other Health Provider

I know many people in my community who have cancer now or are in remission. The numbers are actually alarming. - Community/Business Leader

After asking someone what was the cause of death, most would say their sickness or death was related to cancer of some source. - Community/Business Leader

From the number of friends who have been diagnosed with cancer in this community, including myself. - Community/Business Leader

Being in touch with the public daily, we hear of many, either battling cancer or recently diagnosed. All types, all ages. We have noticed an increase in childhood cancers within the past five years. Unfortunately, the conversations are frequent and more common. - Community/Business Leader

There seems to be a large number of individuals in our area who are going through cancer treatments or have died from cancer and age doesn't seem to matter. It makes you wonder if there is an environmental issue. - Community/Business Leader

In my past 8 years living in the community, I have seen more people die from cancer than in any of the 23 places I have lived. Many have died shortly after being diagnosed. Others have received treatment and been deemed cancer free, only to have a recurrence several years later and die. - Social Services Provider

Chronic and growing condition among most communities. Requires travel to Greene County, Bibb County or beyond for treatment. - Community/Business Leader

I think the number of children in our community with cancer who have died of cancer in the last five years is too high for a community this size. - Community/Business Leader

Cancer is a major problem everywhere. - Community/Business Leader

History of breast cancer of black woman and populations, general smoking habits in lower income families. - Community/Business Leader

Access to Care/Services

Treatment not available locally. Need to travel some distance. - Community/Business Leader

No services within the county. Available in Baldwin and Greene. - Community/Business Leader

Treatment and identification availability. - Community/Business Leader

Need specialists like Oncology and General Surgery. - Physician

I don't think there are adequate treatment facilities. - Social Services Provider

I believe that our community has limited access to cancer treatment centers. This causes additional stresses and restraints on members of our community that are seeking treatment and assistance in this area. I believe that most members of our community seeking cancer treatments travel to Athens, Milledgeville or Augusta for treatment. - Community/Business Leader

Dialysis Center not available locally. - Community/Business Leader

Limited Screening Activities

Population of citizens that don't get regular medical care and it's not detected. - Public Health Representative

The lack of early detection because of inconsistent access to comprehensive annual examinations. - Social Services Provider

Aging Population

This is a problem because of the aging population that we serve. - Physician

Environment

Due to our environment, food sources and chemicals, cancer seems to affect everyone. Cancer patients now go to Greensboro or Milledgeville for their treatment, but surgeries and experts are usually in Atlanta, like everything else. - Public Health Representative

Lack of Education

Lack of education about cancer causes, poor self-control. - 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)

[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

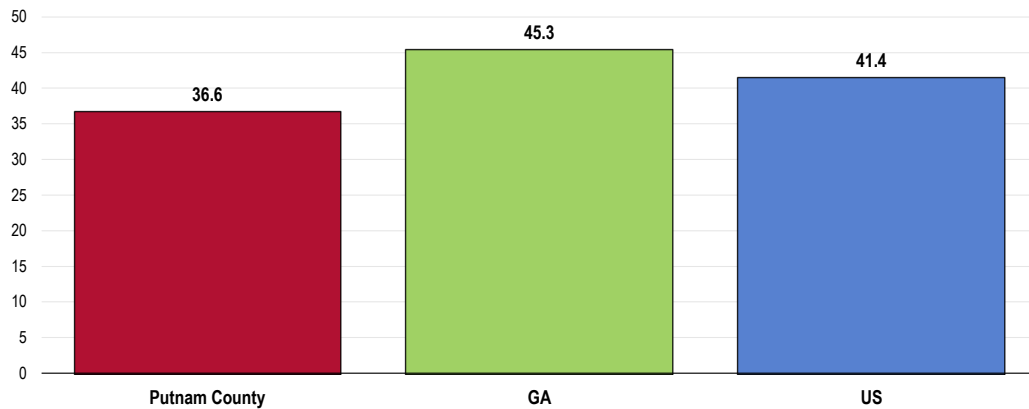
Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2012 and 2014, there was an annual average age-adjusted CLRD mortality rate of 36.6 deaths per 100,000 population in Putnam County.

- Lower than found statewide.
- Lower 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
(2012-2014 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 December 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.

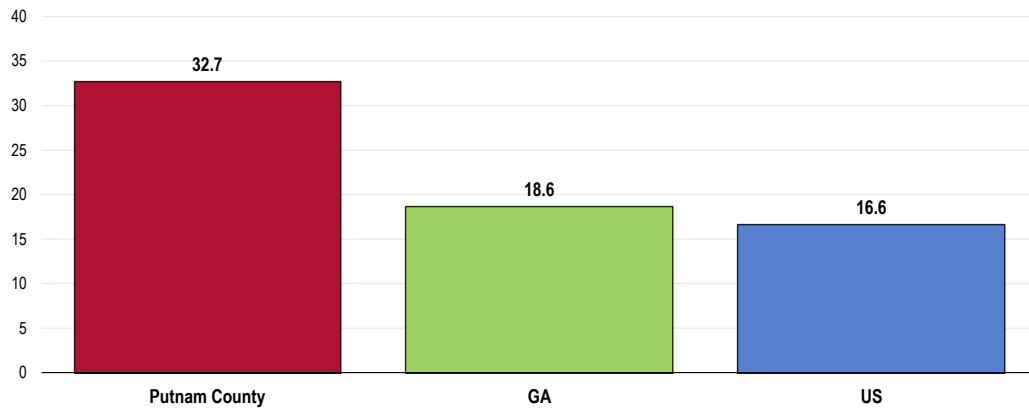
Pneumonia/Influenza Deaths

Between 2005 and 2014, Putnam County reported an annual average age-adjusted pneumonia influenza mortality rate of 32.7 deaths per 100,000 population.

- Much higher than found statewide.
- Much higher than the national rate.

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

Pneumonia/Influenza: Age-Adjusted Mortality (2005-2014 Annual Average Deaths per 100,000 Population)



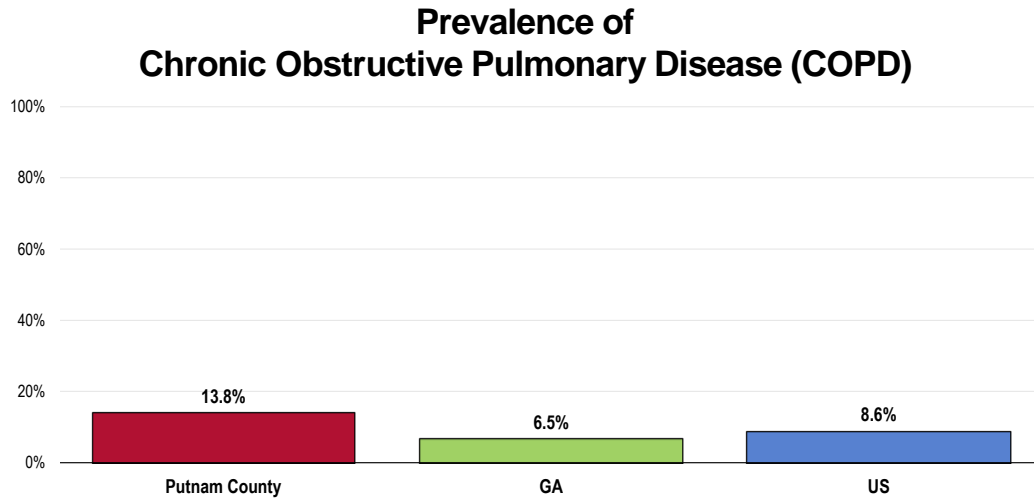
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2015.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification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

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

A total of 13.8% of Putnam County adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- More than twice the state prevalence.
- Less favorable than the national prevalence.



- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 25]
 - 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 Georgia data.
- 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.

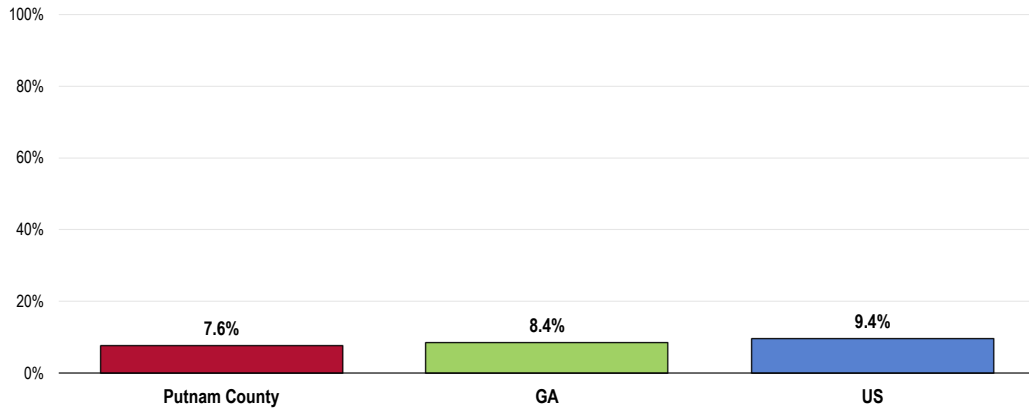
Asthma

Adults

A total of 7.6% of Putnam County adults currently suffer from asthma.

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

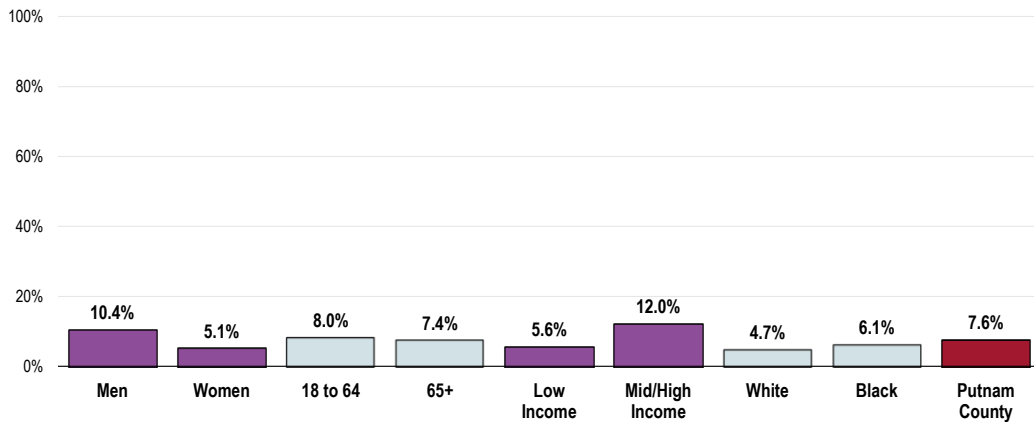
Adult Asthma: Current Prevalence



- Sources:
- 2015 PRC Community Health Survey, 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 Georgia data.
- Notes:
- Asked of all respondents.
 - Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

- None of the following demographic groups are more likely than their counterparts to suffer from asthma.

Currently Have Asthma (Putnam County, 2015)



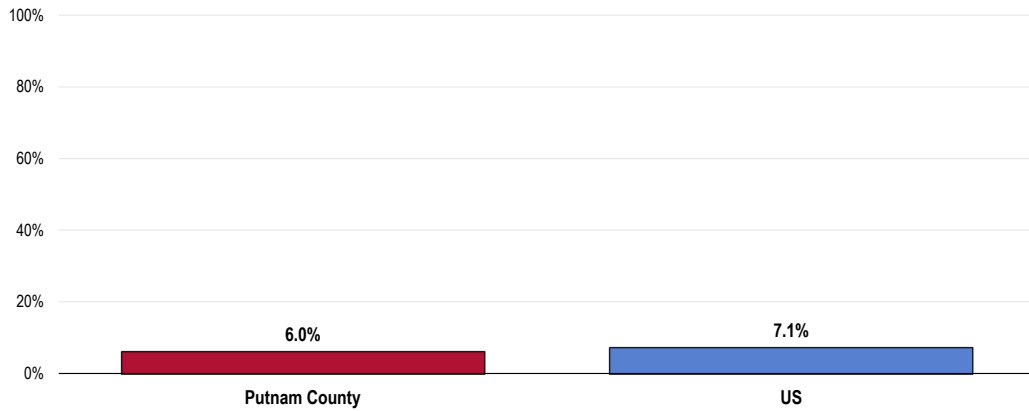
- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among service area children under age 18, 6.0% currently have asthma.

- Comparable to national findings.

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

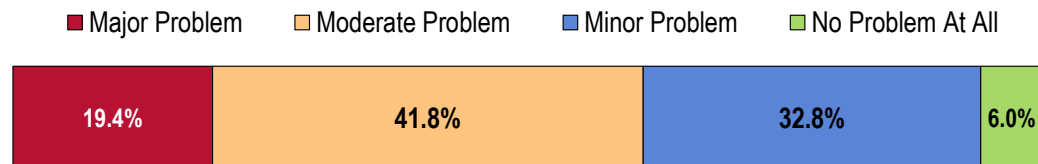


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 135]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.
 • Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

Key Informant Input: Respiratory Disease

Key informants taking part in an online survey most often 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:

Prevalence/Incidence

Respiratory problems may result from smoking cigarettes or from general health conditions not being as good as they should be. - Community/Business Leader

Increased population of smokers. - Other Health Provider

Many people in the community smoke. Lots of COPD. Also, seems as if there is a high incidence of asthma in children in Putnam. - Other Health Provider

Before moving here I had never met anyone with COPD. It seems that one out of four people have COPD in our community. - Community/Business Leader

Too many people on oxygen. - Community/Business Leader

Aging Population

Again, an aging population with asthma and COPD. - Community/Business Leader

Due to the aging population and tobacco usage. - Community/Business Leader

Environmental Issues

Environmental issues. - Public Health Representative

Limited Resources

Lack of resources readily available for people who need it. People don't have the financial means to get medical attention. - Community/Business Leader

Injury & Violence

About Injury & Violence

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

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

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

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

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

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

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

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

Efforts to prevent violence may focus on:

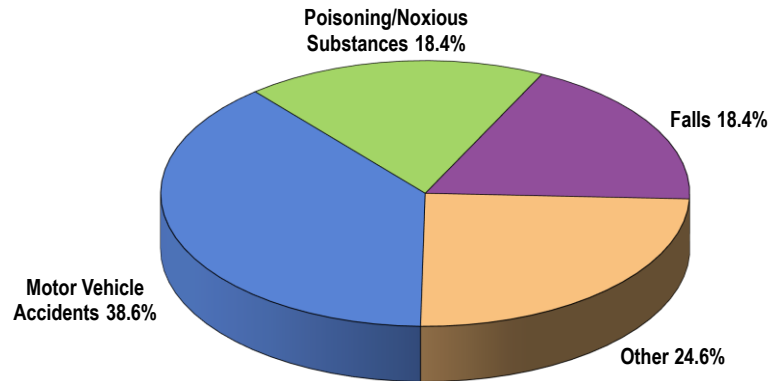
- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

- Healthy People 2020 (www.healthypeople.gov)

Leading Causes of Accidental Death

Motor vehicle accidents, poisoning (including accidental drug overdose), and falls accounted for three-fourths (75.4%) of accidental deaths in Putnam County between 2005 and 2014.

Leading Causes of Accidental Death (Putnam County, 2005-2014)



- Sources:
 - CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 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 2012 and 2014, there was an annual average age-adjusted unintentional injury mortality rate of 53.1 deaths per 100,000 population in Putnam County.

- Considerably less favorable than the Georgia rate.
- Considerably less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target (36.4 or lower).

Unintentional Injuries: Age-Adjusted Mortality (2012-2014 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 36.4 or Lower



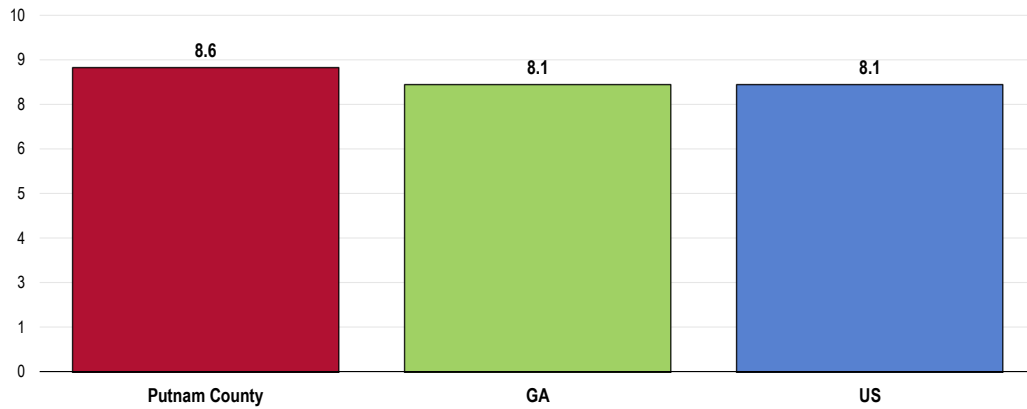
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>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

Age-Adjusted Fall-Related Deaths

In Putnam County, the annual average age-adjusted fall-related mortality rate between 2005 and 2014 was 8.6 deaths per 100,000 population.

- Statistically higher than Georgia findings.
- Statistically higher than the national figure.
- Fails to satisfy the Healthy People 2020 target (7.2 or lower).

Fall-Related Deaths : Age-Adjusted Mortality (2005-2014 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 7.2 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 December 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-23]

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.

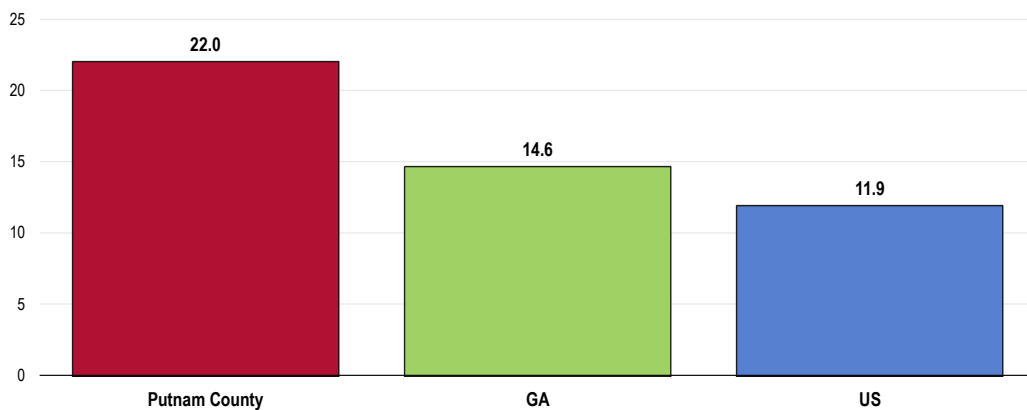
Motor Vehicle Safety

Age-Adjusted Motor-Vehicle Related Deaths

Putnam County reported an annual average age-adjusted motor vehicle crash mortality rate of 22.0 deaths per 100,000 population between 2005 and 2014.

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

Motor Vehicle Crashes: Age-Adjusted Mortality (2005-2014 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 December 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1]

Notes:

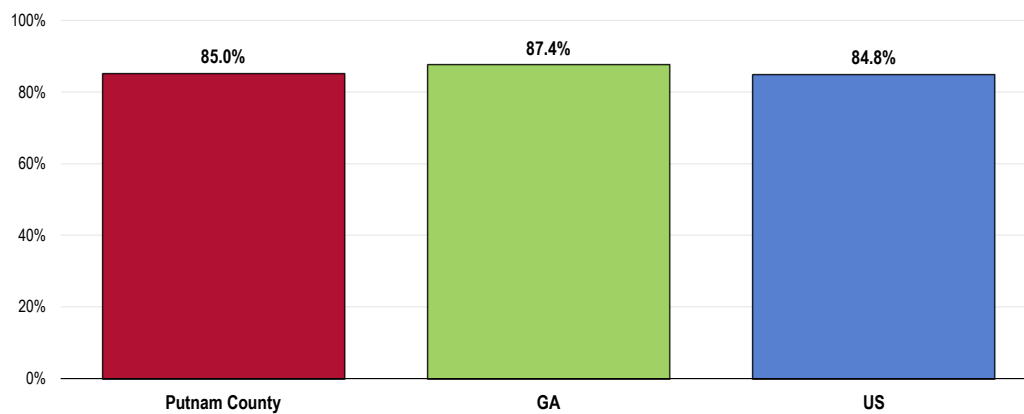
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Seat Belt Usage - Adults

Most Putnam County adults (85.0%) report “always” wearing a seat belt when driving or riding in a vehicle.

- Comparable to the percentage reported in Georgia.
- Nearly identical to the percentage found nationally.
- Fails to satisfy the Healthy People 2020 target (92.0% or higher).

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

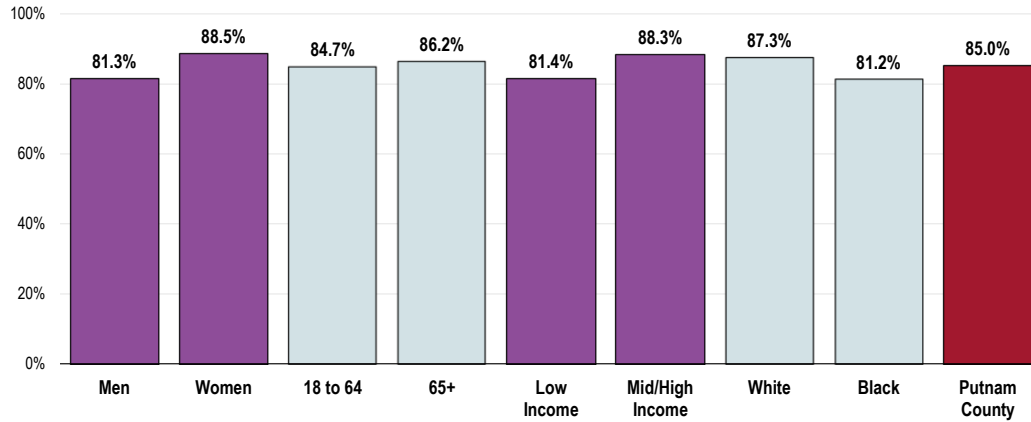


- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Georgia data.
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-15]
- Notes:
- Asked of all respondents.

- Statistically, the following population segments are equally likely to report consistent seat belt usage.

**“Always” Wear a Seat Belt
When Driving or Riding in a Vehicle**
(Putnam County, 2015)

Healthy People 2020 Target = 92.0% or Higher



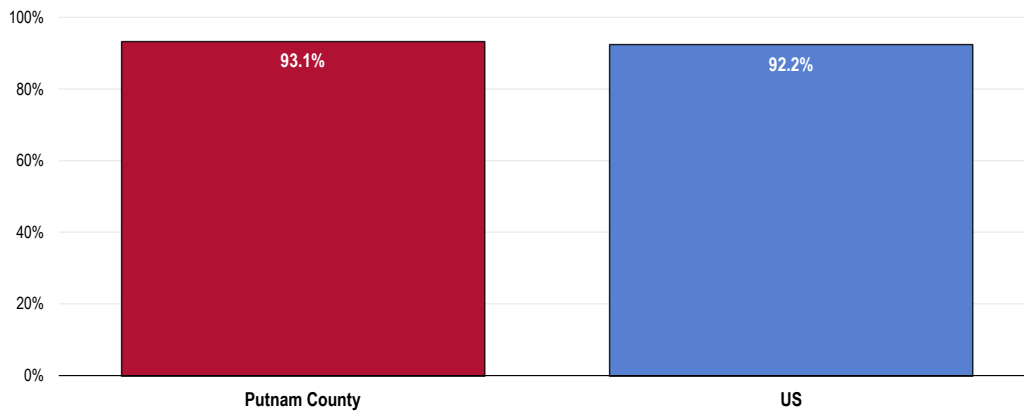
- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-15]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Seat Belt Usage - Children

A full 93.1% of Putnam 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.

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



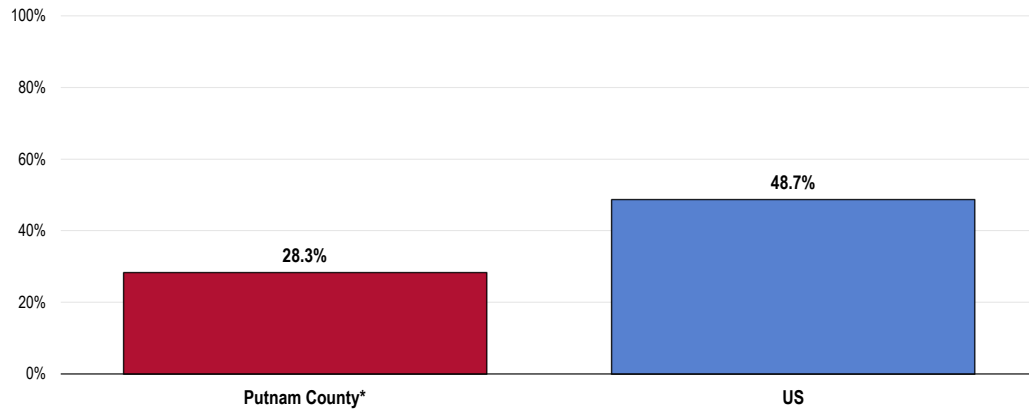
- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 122]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents with children 0 to 17 in the household.

Bicycle Safety

According to their parents, 28.3% of service area children age 5 to 17 are reported to “always” wear a helmet when riding a bicycle.

- Notably lower than the national prevalence.

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



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 121]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children age 5 to 17 at home.
 • *Interpret with caution as the sample size <50.

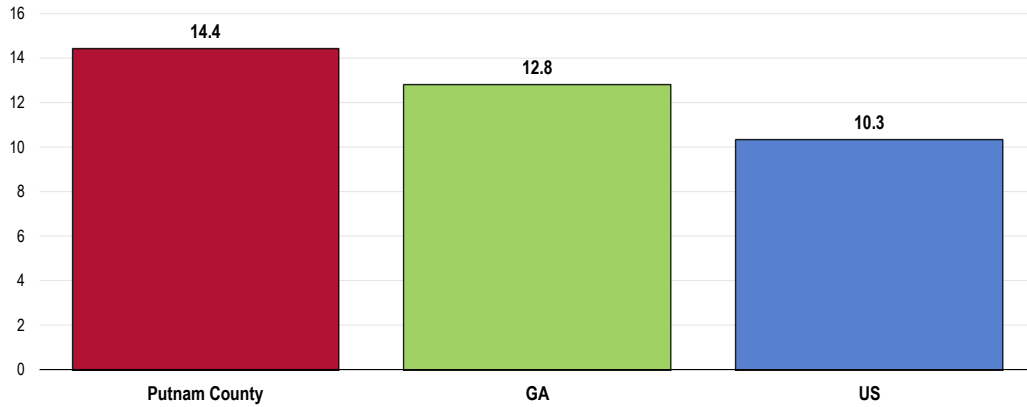
Firearm Safety

Age-Adjusted Firearm-Related Deaths

Between 2005 and 2014, there was an annual average age-adjusted rate of 14.4 deaths per 100,000 population due to firearms in Putnam County.

- Higher than found statewide.
- Much higher than found nationally.
- Fails to satisfy the Healthy People 2020 objective (9.3 or lower).

Firearms-Related Deaths: Age-Adjusted Mortality (2005-2014 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 December 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

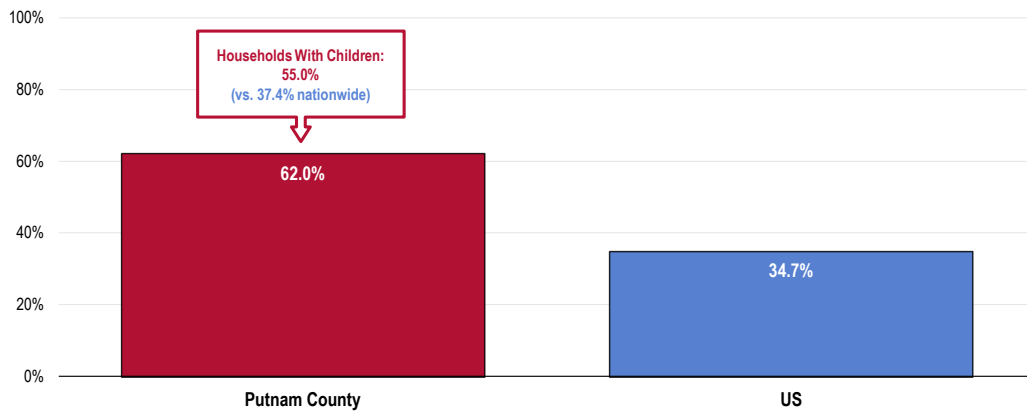
Survey respondents were further asked about the presence of weapons in the home:

“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.”

Overall, 62.0% of Putnam County adults have a firearm kept in or around their home.

- Much higher than the national prevalence.
- Among Putnam County households with children, 55.0% have a firearm kept in or around the house (higher than reported nationally).

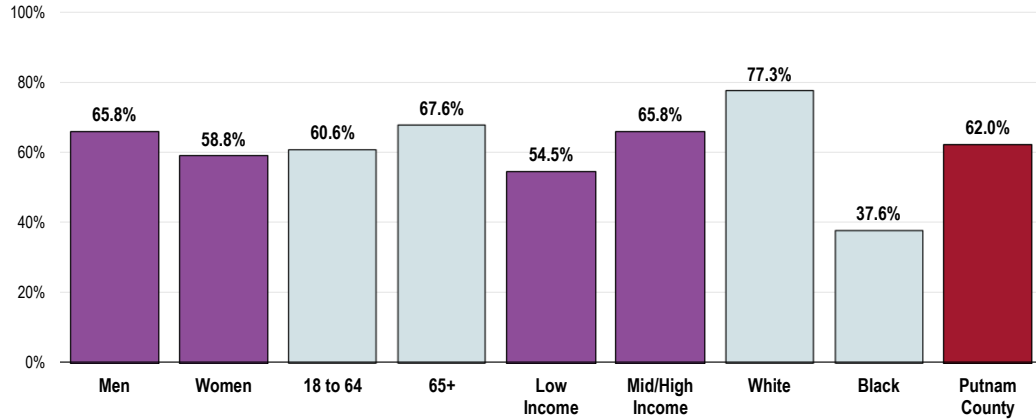
Have a Firearm Kept in or Around the Home



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 52, 137]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

- Reports of firearms in or around the home are over two times more prevalent among Whites than Blacks.

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

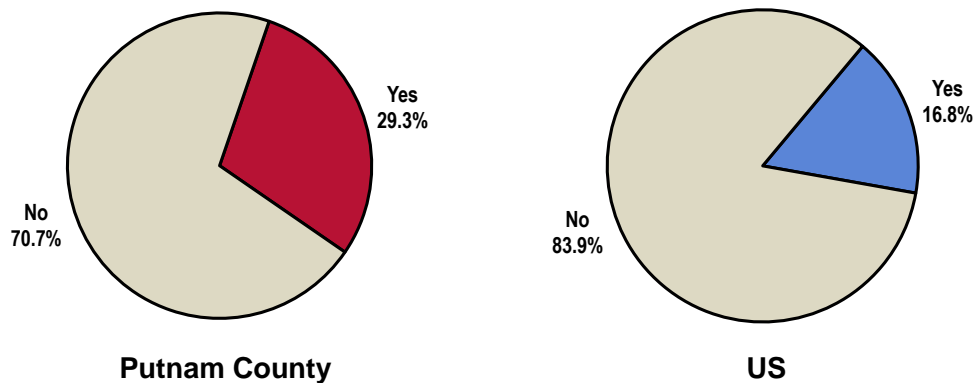


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
 Notes: • Asked of all respondents.
 • In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.
 • Hispanics 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among Putnam County households with firearms, 29.3% report that there is at least one weapon that is kept unlocked and loaded.

- Notably higher than found nationally.

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



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with a firearm in or around the home.
 • In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Intentional Injury (Violence)

Violent Crime

Violent Crime Rates

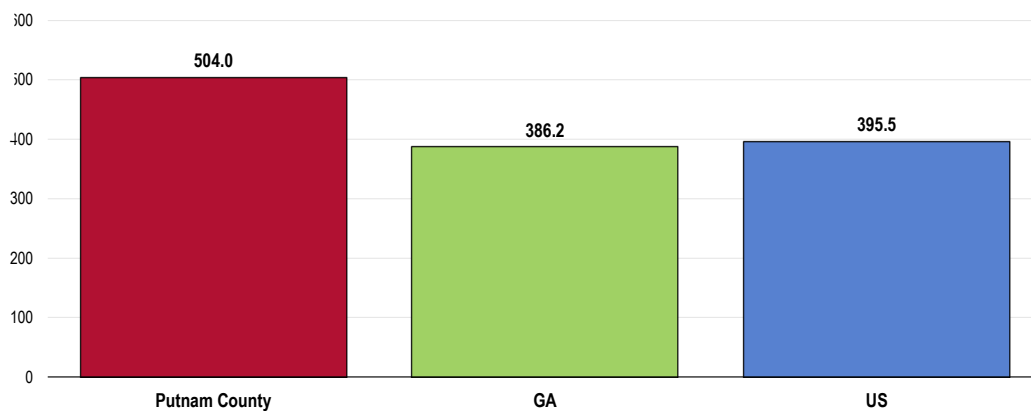
Between 2010 and 2012, there were a reported 504.0 violent crimes per 100,000 population in Putnam County.

- Far less favorable than the Georgia rate for the same period.
- Far less favorable than the national rate.

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.

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



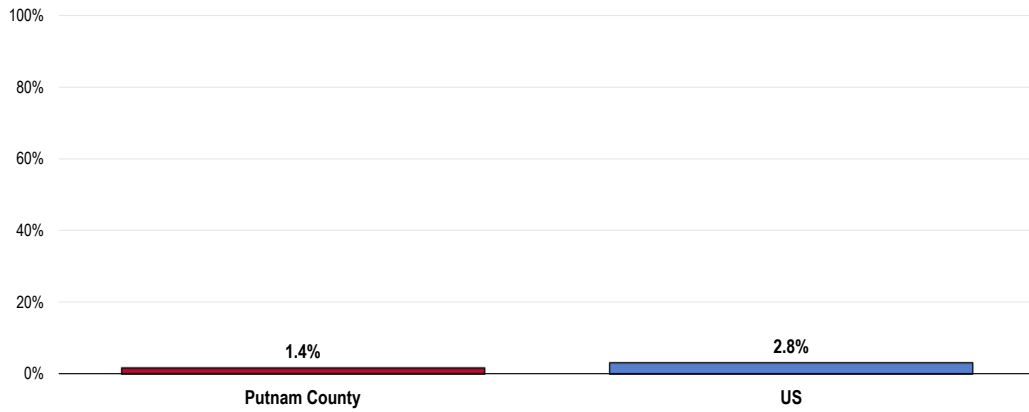
- Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports: 2010-2012.
 - Retrieved December 2015 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 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 1.4% of Putnam County adults acknowledge being the victim of a violent crime in the past five years.

- Similar to national findings.

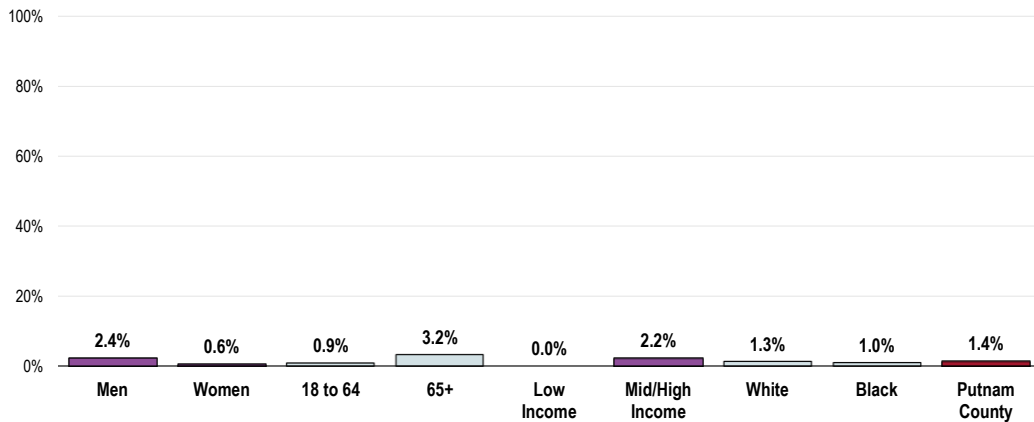
Victim of a Violent Crime in the Past Five Years



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- Reports of violence are statistically similar across basic demographic characteristics.

**Victim of a Violent Crime in the Past Five Years
(Putnam 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

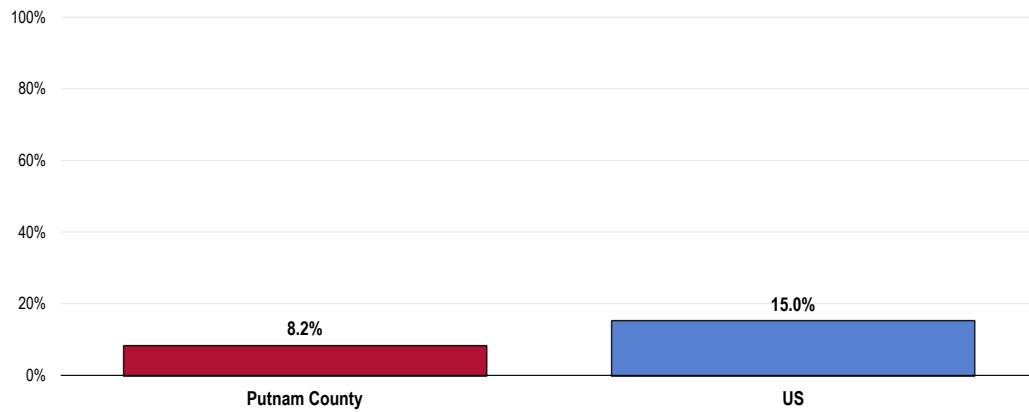
A total of 8.2% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- More favorable than national findings.

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.”

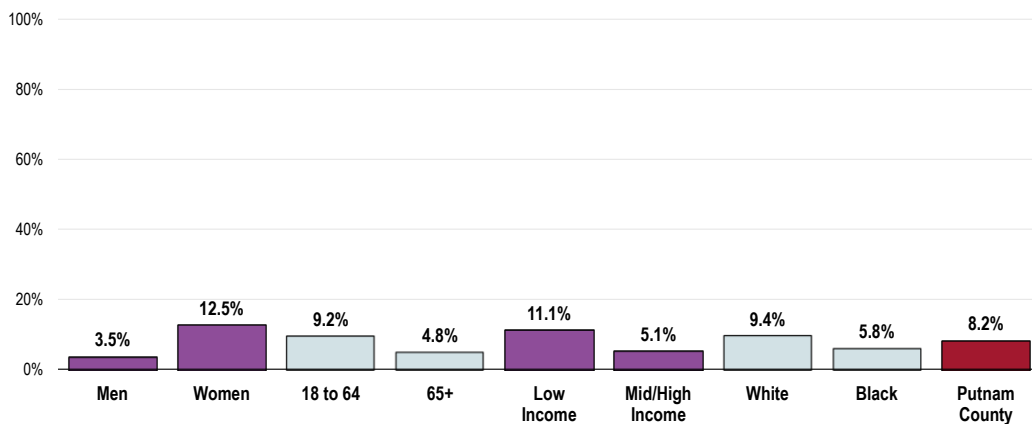
Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- Reports of domestic violence are notably higher among women.

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

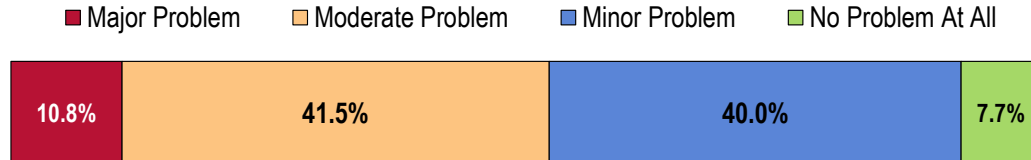


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Injury & Violence

Key informants taking part in an online survey characterized *Injury & Violence* as a “moderate problem” slightly more often than a “minor 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:

Prevalence/Incidence

- *From reading the newspaper and the requests from the domestic violence shelter located in Greensboro. - Community/Business Leader*
- *Report from local paper. Firsthand knowledge of domestic violence and other violent acts. - Physician*
- *Injury from violence is a problem in many towns in Georgia. However in Putnam County, a domestic violence support group is needed and a safe house is needed. - Community/Business Leader*

Teen Violence

- *Minority teenage violence is a major problem. We need an intervention for those at high risk of a life of crime. - Physician*

Diabetes

About Diabetes

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

Diabetes mellitus:

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

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

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

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

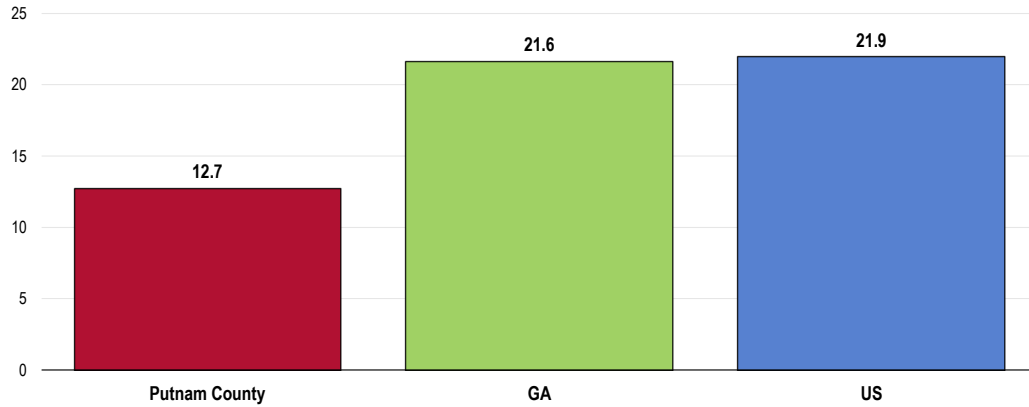
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

Between 2005 and 2014, there was an annual average age-adjusted diabetes mortality rate of 12.7 deaths per 100,000 population in Putnam County.

- Considerably more favorable than that found statewide.
- Considerably more favorable than the national rate.
- Satisfies the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).

Diabetes: Age-Adjusted Mortality (2005-2014 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 December 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

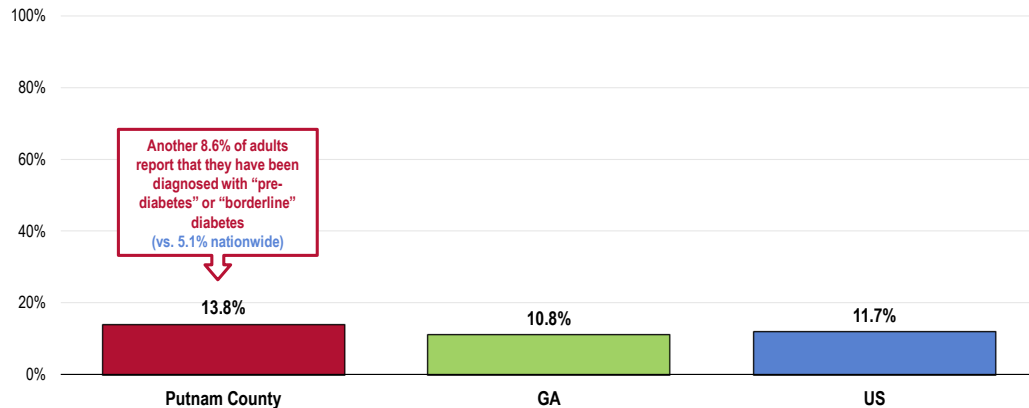
A total of 13.8% of Putnam County adults report having been diagnosed with diabetes.

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

In addition to the prevalence of diagnosed diabetes referenced above, another 8.6% of service area adults report that they have “pre-diabetes” or “borderline diabetes.”

- Less favorable than the US prevalence.

Prevalence of Diabetes

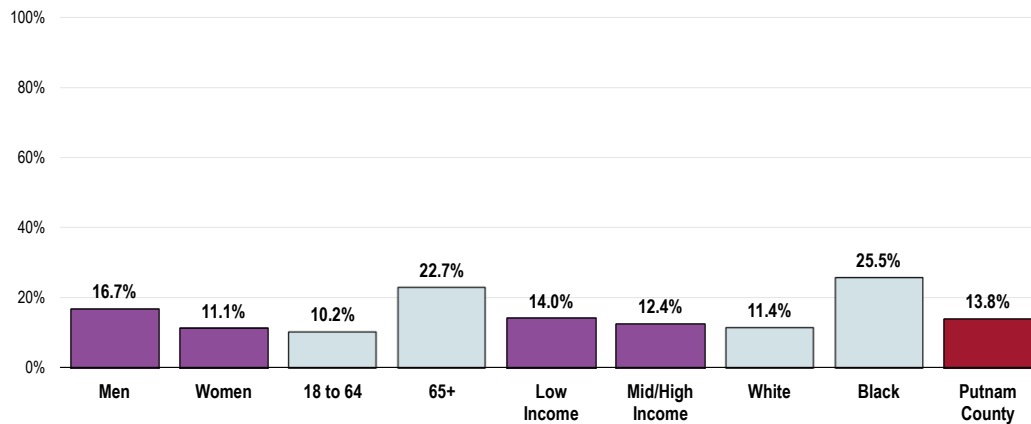


- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 136]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Georgia data.
- Notes:
- Asked of all respondents.
 - Local and national data exclude gestation diabetes (occurring only during pregnancy).

A higher prevalence of diagnosed diabetes (excluding pre-diabetes or borderline diabetes) is reported among:

- Adults age 65 and older.
- Blacks.

Prevalence of Diabetes (Putnam County, 2015)



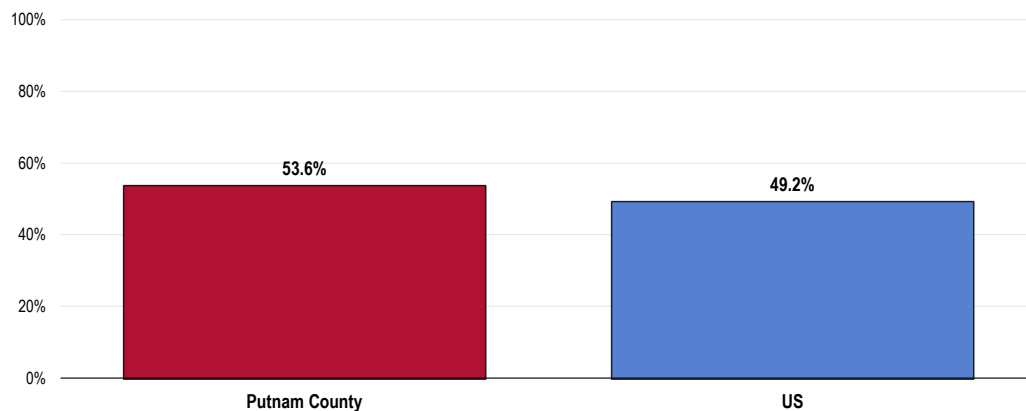
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 136]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Excludes gestation diabetes (occurring only during pregnancy).

Diabetes Testing

Of area adults who have not been diagnosed with diabetes, 53.6% report having had their blood sugar level tested within the past three years.

- Statistically comparable to 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

Key informants taking part in an online survey generally characterized *Diabetes* as a “major problem” in the community.

Perceptions of Diabetes 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.

Challenges

Among those rating this issue as a “major problem,” the biggest challenges for people with diabetes are seen as:

Lack of Education

Education about preventing diabetes and managing the disease with diet. - Social Services Provider
Lack of knowledge on how to control it. - Community/Business Leader
Access to health information about proper treatment and diet. - Social Services Provider
They don't understand the food they eat has an impact on their health. - Community/Business Leader
Ignorance, lack of primary care and poverty. - Physician
Education and weight. - Community/Business Leader
Being educated on proper diet and having more healthy eating options with local restaurants. Having local exercise establishments located in town, not fifteen or more miles away. - Community/Business Leader
Nutrition counselling. - Physician
Adequate knowledge of nutrition. - Community/Business Leader
Poor diet and education about diabetes. – Physician
Not enough awareness. - Community/Business Leader

Lifestyle

It seems type two has become more prevalent with the US diet and lifestyle. More educational programs could be helpful in understanding the diet that diabetics need to follow. - Community/Business Leader
Lack of proper nutrition and/or understanding of proper nutrition. Overweight and lack of proper exercise. - Community/Business Leader
Inactivity and obesity are prevalent. Not many inexpensive options for activities like water aerobics. - Community/Business Leader
One of the challenges is exercise. - Community/Business Leader

Treatment Compliance

Non-compliance with instructions. - Physician
General passivity and inattention. - Community/Business Leader
Non-compliance and the need for education. - Other Health Provider

Diagnosis and following treatment. - Public Health Representative

Weight Status

Weight and leg problems. - Community/Business Leader

Being overweight is becoming a national problem. Weight problems are a result of eating the wrong foods, little physical exercise, and eating too much. This contributes to diabetes especially when we get older. - Community/Business Leader

Being overweight. - Community/Business Leader

Lack of Providers

Lack of doctors. - Community/Business Leader

No one specializing in this disease, which leads to so many other physical disabilities. - Community/Business Leader

Cost

Financial issues, paying for supplies. - Public Health Representative

Lack of Facilities/Treatment Centers

Lack of treatment of adequate control. Also education on long-term risks of uncontrolled diabetes. - Physician

Prevalence/Incidence

Almost all my friends have some form of diabetes from mild to severe. A lot of this is due to poor nutrition and obesity. - 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.

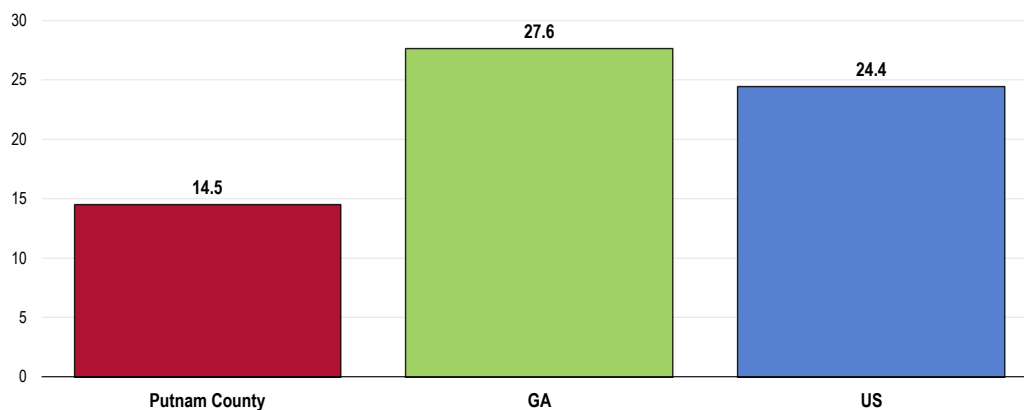
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Between 2005 and 2014, there was an annual average age-adjusted Alzheimer's disease mortality rate of 14.5 deaths per 100,000 population in Putnam County.

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

Alzheimer's Disease: Age-Adjusted Mortality (2005-2014 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 December 2015.

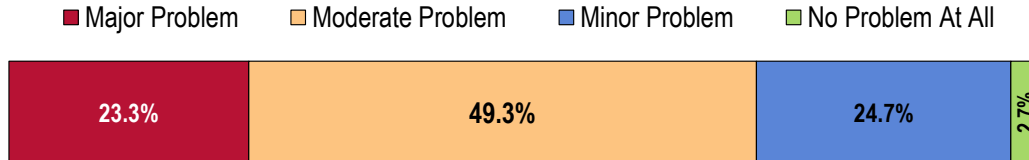
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Key Informant Input: Dementias, Including Alzheimer’s Disease

Nearly one-half of key informants taking part in an online survey consider *Dementias, Including Alzheimer’s Disease* 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

- We have an aging population with many retirees so it is not unusual to have a high number of Dementia and Alzheimer’s patients. - Community/Business Leader*
- Due to the increase of our aging population. - Community/Business Leader*
- Due to baby boomers aging, so everyone has family with this issue. - Public Health Representative*
- The aging population in the area. - Physician*
- Again, dealing with the public daily, listening. Our aging, retired population, as well as citizens coping with aging parents and loved ones. These diseases are known as the "silent struggle", a norm in our community. - Community/Business Leader*
- Elderly population is large in the community. - Community/Business Leader*

Lack of Cure

- No cure. - Public Health Representative*

Lack of Early Detection

- Alzheimer’s has a 10-15 year prodromal period before it is diagnosed by the medical practitioner. It is during the prodromal period that rehabilitation is most effective and our efforts must be directed to helping the patient during this period to prevent the progression. - Physician*

Lack of Facilities/Treatment Centers

- I believe that our community has limited access to cancer treatment centers. This causes additional stresses and restraints on members of our community that are seeking treatment and assistance in this area. I believe that members of our community suffering from Alzheimer’s and Dementia are not currently being provided the assistance needed to cope with this problem, both medically and socially. - Community/Business Leader*

Prevalence/Incidence

- Growing number of people I know that are either affected by this or have family members that are affected by it. - Community/Business Leader*

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.

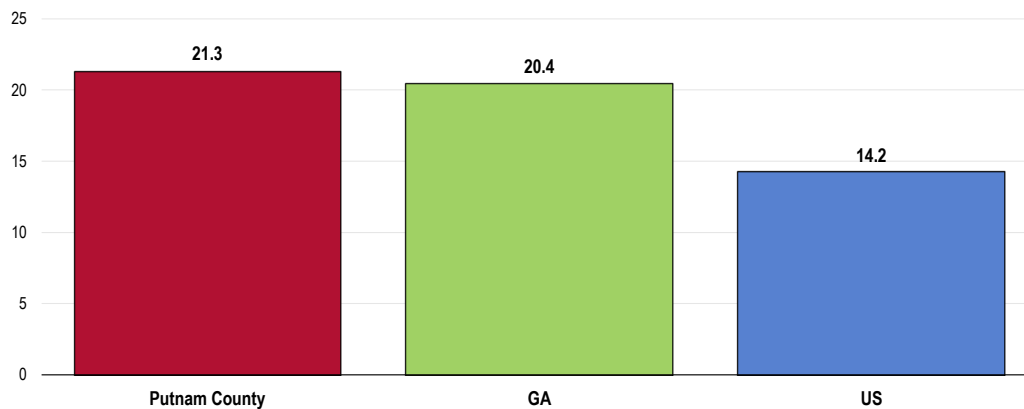
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2005 and 2014 there was an annual average age-adjusted kidney disease mortality rate of 21.3 deaths per 100,000 population in Putnam County.

- Close to the rate found statewide.
- Higher than the national rate.

Kidney Disease: Age-Adjusted Mortality (2005-2014 Annual Average Deaths per 100,000 Population)



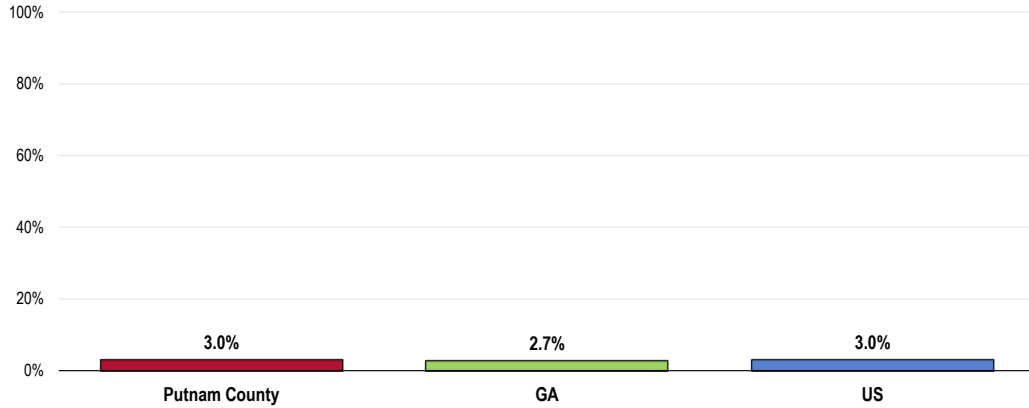
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2015.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification 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 Putnam County adults report having been diagnosed with kidney disease.

- Similar to the state proportion.
- Identical to the national proportion.

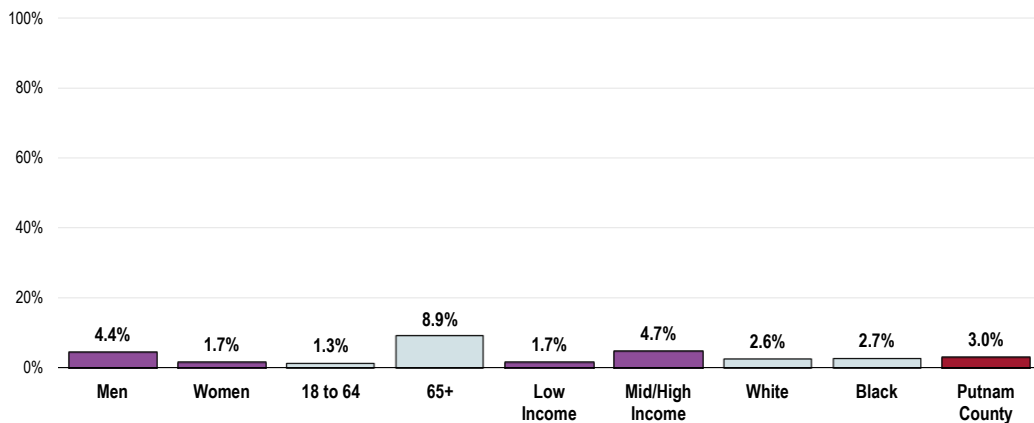
Prevalence of Kidney Disease



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
 • 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 Georgia data.
 Notes: • Asked of all respondents.

- A higher prevalence of kidney disease is reported among seniors (age 65+) in Putnam County.

Prevalence of Kidney Disease (Putnam County, 2015)

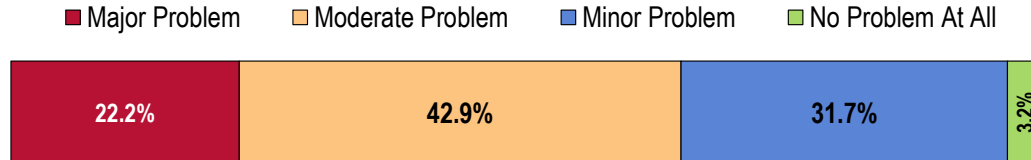


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Chronic Kidney Disease

The largest share of key informants taking part in an online survey characterized *Chronic Kidney Disease* as a “moderate 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:

Prevalence/Incidence

- Kidney disease is very prevalent, as is diabetes. - Other Health Provider*
- It's a problem because people who have been diagnosed with it do not have the means to get treatment. - Community/Business Leader*
- Due to the increase in diabetes. - Community/Business Leader*
- Due to diabetes and lower income patients who haven't gotten proper medical attention until too late.*
- Dialysis usually has to be done in another town 20 or more miles away. - Public Health Representative*

Lack of Local Providers

- Doctors in adjacent counties. - Community/Business Leader*
- Limited access to Nephrologists. - Physician*
- People have this issue but have to go to Baldwin County or to Macon or to Morgan County. - Community/Business Leader*

Lack of Facilities/Treatment Centers

- Because of a lack of treatment facilities. - Social Services Provider*
- We have a lot of people on dialysis in Eatonton, Putnam County. A good dialysis clinic will soon locate in Eatonton. - Community/Business Leader*

Potentially Disabling Conditions

About Arthritis, Osteoporosis & Chronic Back Conditions

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Arthritis, Osteoporosis, & Chronic Back Conditions

Prevalence of Arthritis/Rheumatism

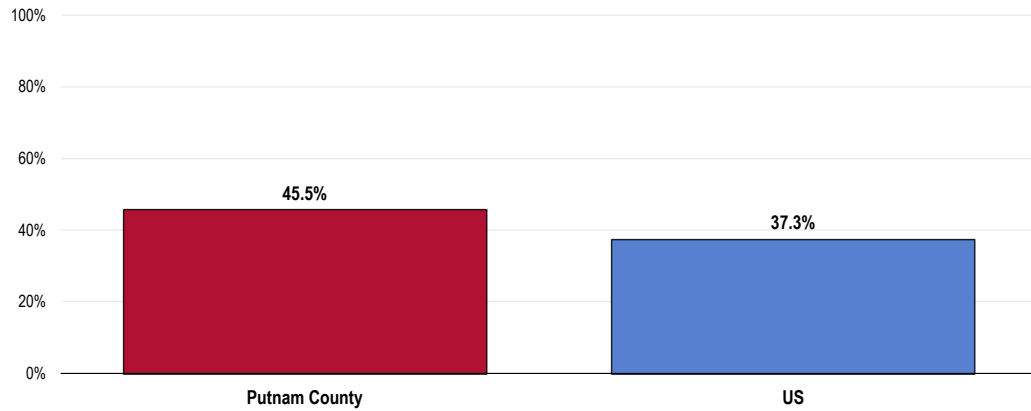
A total of 45.5% of Putnam County adults age 50 and older report suffering from arthritis or rheumatism.

- Above the proportion found nationwide.

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)



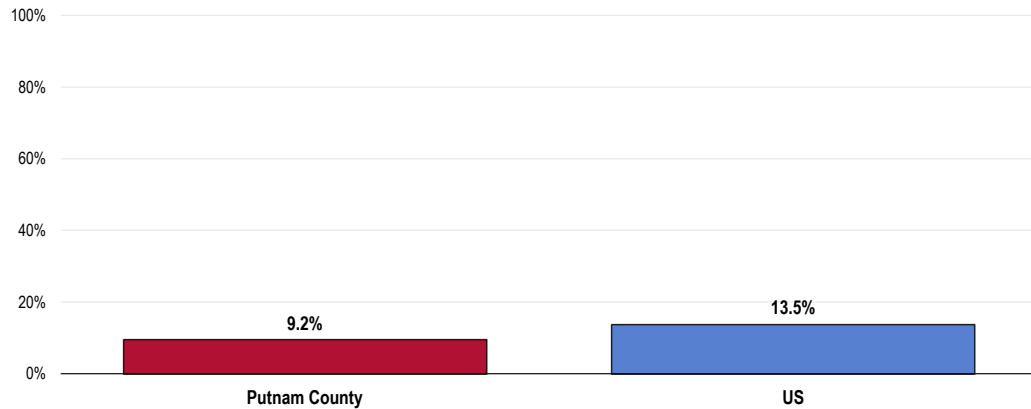
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 139]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects respondents age 50 and older.

Prevalence of Osteoporosis

A total of 9.2% of survey respondents age 50 and older have osteoporosis.

- Below the proportion found nationwide.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.

Prevalence of Osteoporosis (Among Adults Age 50 and Older) Healthy People 2020 Target = 5.3% or Lower



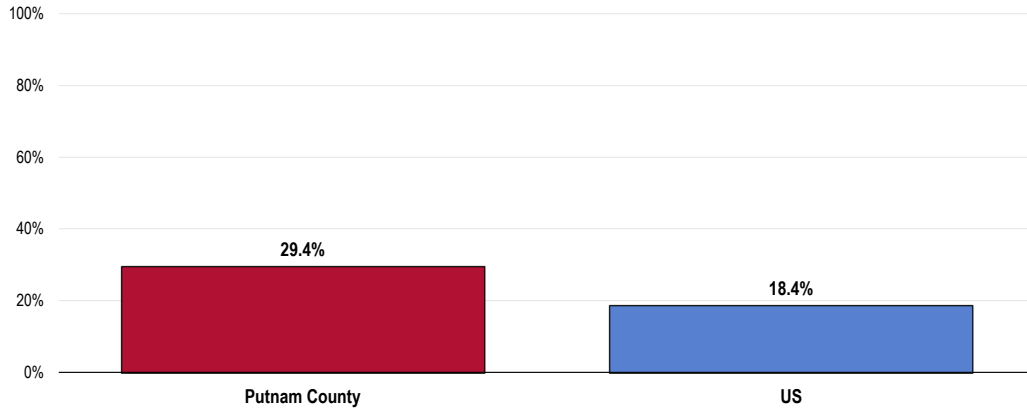
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AOCBC-10]
 Notes: • Reflects respondents age 50 and older.

Prevalence of Sciatica/Chronic Back Pain

Nearly 3 in 10 service area residents (29.4%) suffer from chronic back pain or sciatica.

- Less favorable than that found nationwide.

Prevalence of Sciatica/Chronic Back Pain

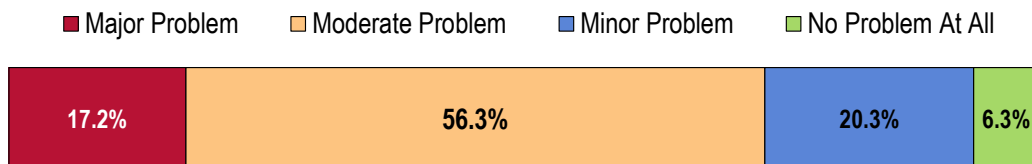


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 29]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

A majority 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:

Aging Population

Due to the aging population. - Community/Business Leader

Our community has a large population of retirement age who suffer from these ailments. Also, there is a large population of moderately to very obese who suffer from these conditions as a result of their general health. I just hear people complain of these ailments frequently. - Community/Business Leader

The population of adults 62 and above need this issue addressed at Putnam General. This is the closest hospital. - Community/Business Leader

Many people suffer from these conditions and as our population ages it becomes more prevalent. - Physician

Lack of Resources

No facility within 50 miles deals with this issue. - Public Health Representative

Don't believe any services are available. - Community/Business Leader

Prevalence/Incidence

Most people are affected by a bad back or low back pain at some point in their life. Arthritis on facet joints can be very painful. - Community/Business Leader

While talking to people, 9 out of 10 are always discussing these issues. - Community/Business Leader

Vision & Hearing Impairment

About Vision

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Vision Trouble

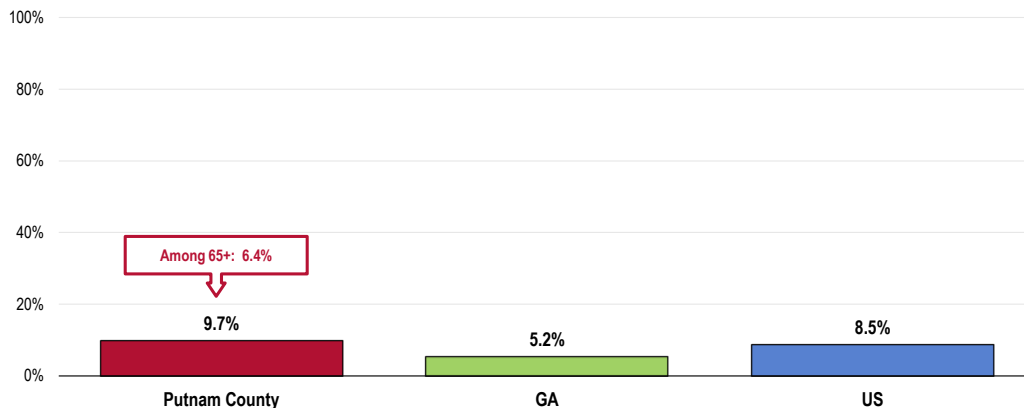
A total of 9.7% of Putnam County adults are blind or have trouble seeing even when wearing corrective lenses.

- Higher than the statewide prevalence.
- Similar to the nationwide prevalence.
- Among service area adults age 65 and older, 6.4% 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:
- 2015 PRC Community Health Survey, 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 Georgia data.
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Hearing Trouble

About Hearing & Other Sensory or Communication Disorders

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

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

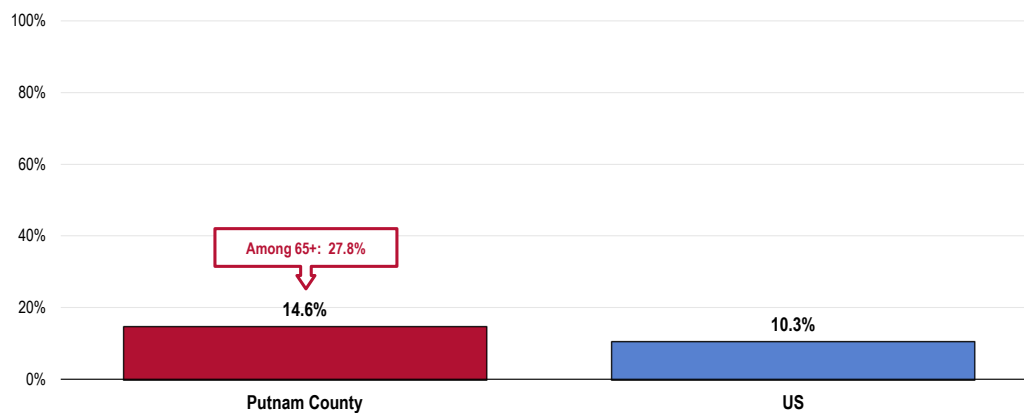
As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

- Healthy People 2020 (www.healthypeople.gov)

In all, 14.6% of Putnam County adults report being deaf or having difficulty hearing.

- Less favorable than that found nationwide.
- Among service area adults age 65 and older, 27.8% have partial or complete hearing loss.

Prevalence of Deafness/Trouble Hearing

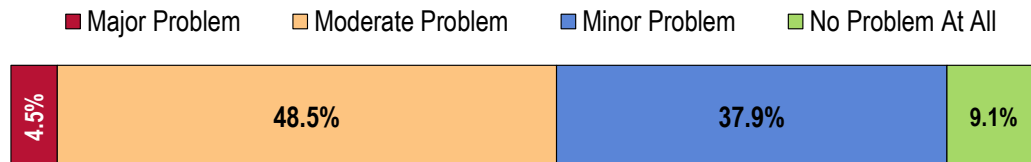


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 27]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Key Informant Input: Vision & Hearing

A high percentage of key informants taking part in an online survey characterized *Vision & Hearing Conditions* as a “moderate problem” in the community.

Perceptions of Vision and Hearing 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

- *Due to the aging population. - Community/Business Leader*
- *The population of senior citizens over the age of 70 indicates hearing and vision is an issue. The congregation I serve have to go to other cities around Putnam County to get service. - 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)

Flu Vaccinations

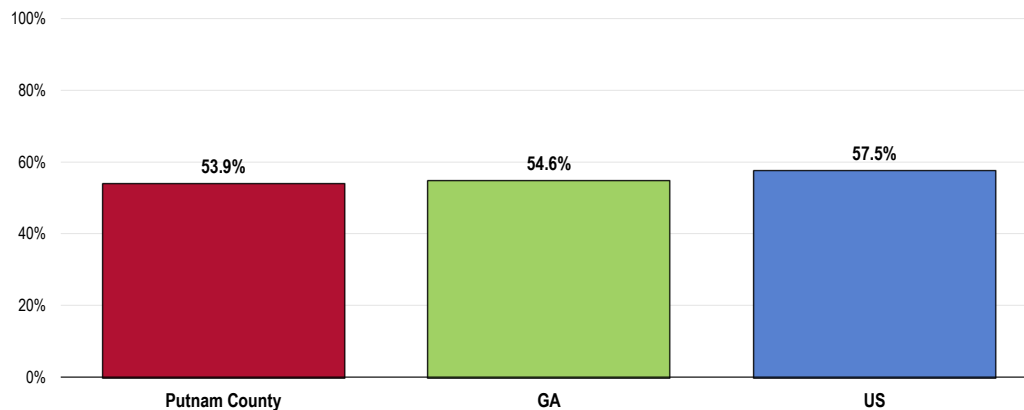
FluMist® is a vaccine that is sprayed into the nose to help protect against influenza; it is an alternative to traditional flu shots.

Among Putnam County seniors, 53.9% received a flu shot (or FluMist®) within the past year.

- Comparable to the Georgia finding.
- Statistically comparable to the national finding.
- Fails to satisfy the Healthy People 2020 target (70% or higher).

Older Adults: Have Had a Flu Vaccination in the Past Year (Among Adults Age 65+)

Healthy People 2020 Target = 70.0% or Higher



- Sources:
- 2015 PRC Community Health Survey, 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 Georgia 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.

High-Risk Adults

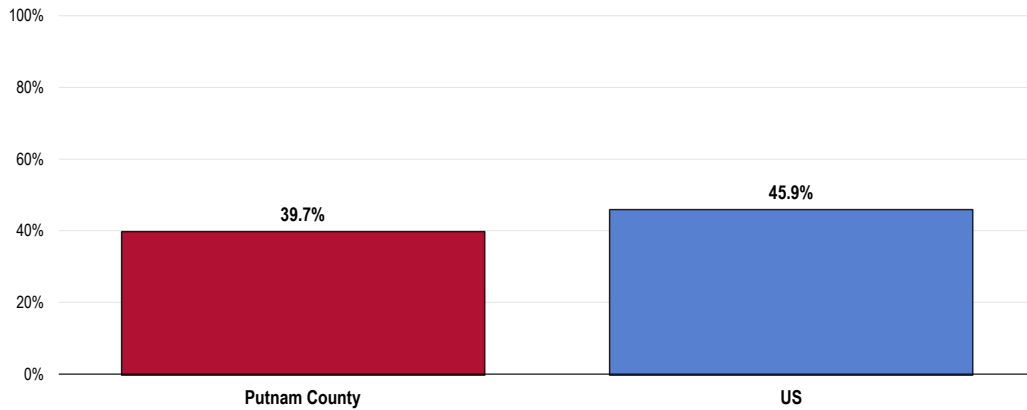
"High-risk" includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

Two-fifths (39.7%) 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.
- Fails to satisfy the Healthy People 2020 target (70% or higher).

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:
- 2015 PRC Community Health Survey, 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.

Pneumonia Vaccination

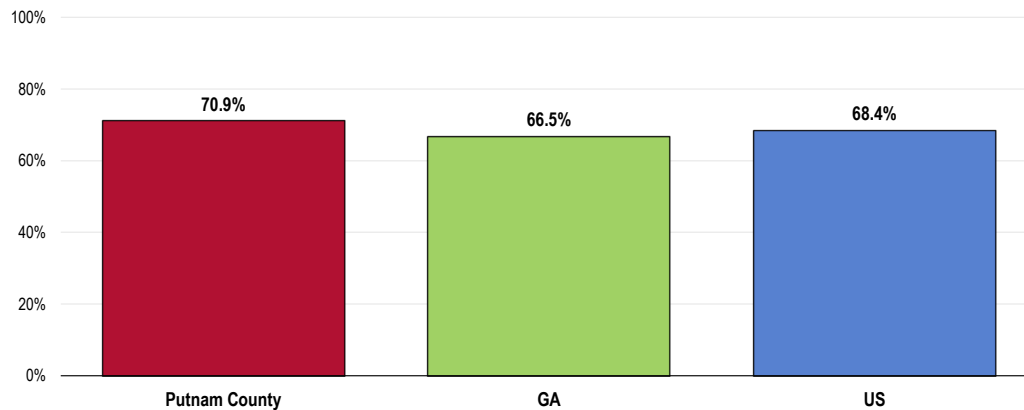
Among service area adults age 65 and older, 70.9% have received a pneumonia vaccination at some point in their lives.

- Statistically similar to the Georgia finding.
- Statistically similar to the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.

Older Adults: Have Ever Had a Pneumonia Vaccine

(Among Adults Age 65+)

Healthy People 2020 Target = 90.0% or Higher



- Sources:
- 2015 PRC Community Health Survey, 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 Georgia 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.

High-Risk Adults

“High-risk” includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

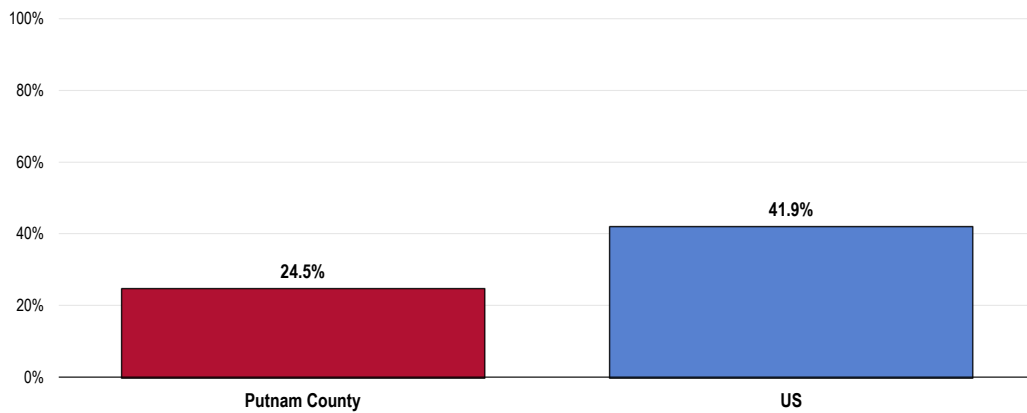
Almost one-fourth (24.5%) of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

- Notably less favorable than national findings.
- Fails to satisfy the Healthy People 2020 target (60% or higher).

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:
- 2015 PRC Community Health Survey, 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.

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.

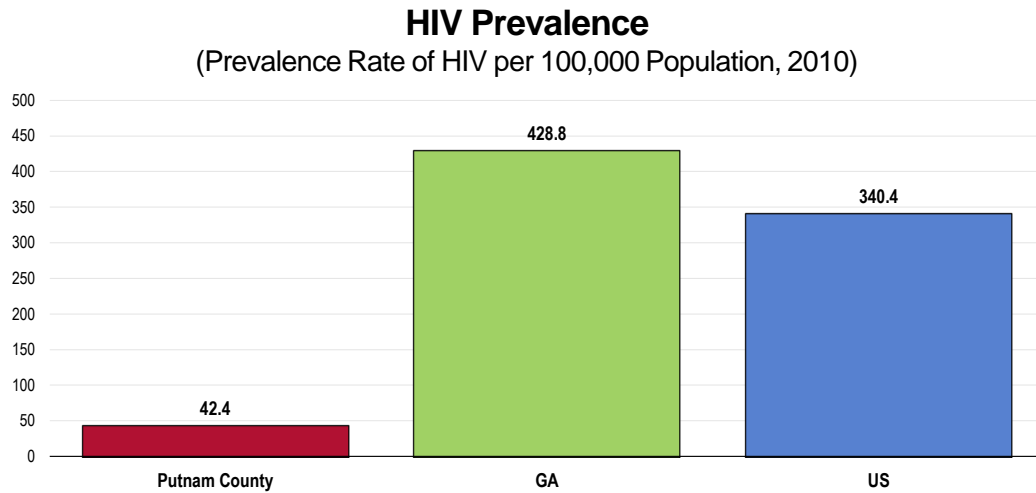
Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions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

- Healthy People 2020 (www.healthypeople.gov)

HIV Prevalence

In 2010, there was a prevalence of 42.4 HIV cases per 100,000 population in Putnam County.

- Notably lower than the statewide prevalence.
- Notably lower than the national prevalence.



Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2010.
• Retrieved December 2015 from Community Commons at <http://www.chna.org>.

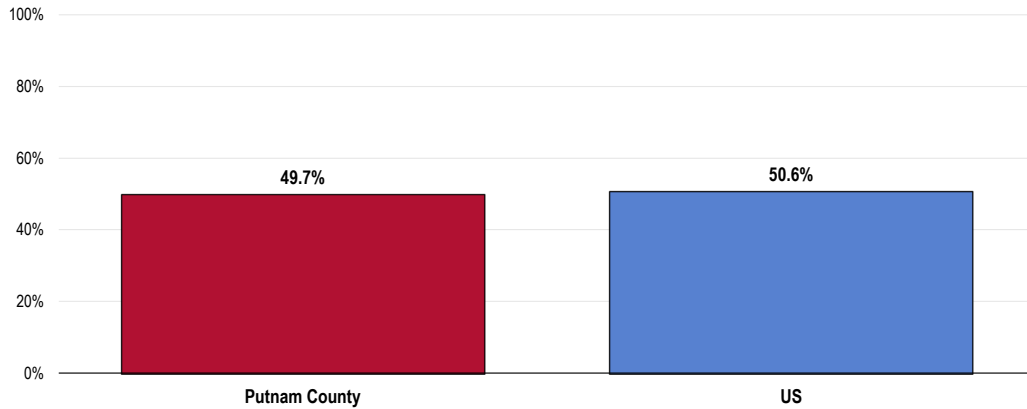
Notes: • This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

HIV Testing

Among Putnam County adults age 18-64, nearly one-half (49.7%) report that they have ever been tested for human immunodeficiency virus (HIV).

- Similar to the proportion found nationwide.

Ever Tested for HIV
(Among Adults Age 18-64)

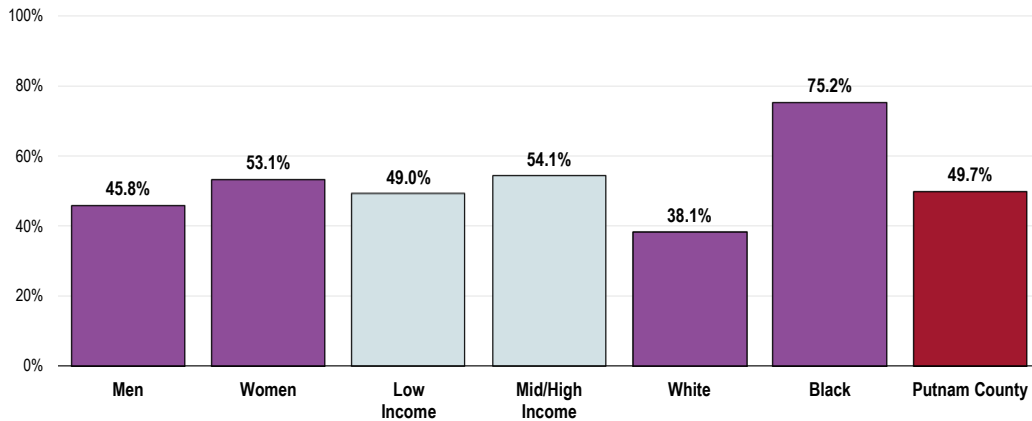


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 88]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects respondents age 18 to 64.

By demographic characteristics:

- Blacks are much more likely than their counterparts to report having been tested for HIV.

Ever Tested for HIV
(Among Adults Age 18-64)

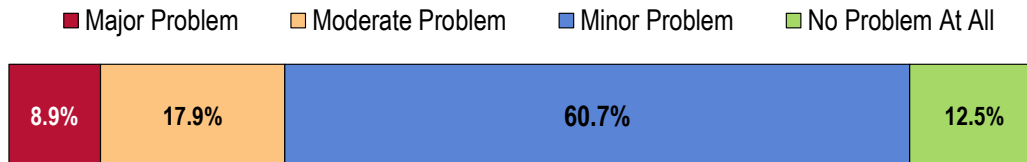


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 88]
 Notes: • Reflects respondents age 18 to 64.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: HIV/AIDS

Most key informants taking part in an online survey characterized *HIV/AIDS* as a “minor problem” in the community.

Perceptions of HIV/AIDS as a Problem in the Community (Key Informants, 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 Facilities/Treatment Centers

Not sure that it is, because most people go to Atlanta for help and emotional support. Have not heard of any services offered in Putnam County. - Community/Business Leader
Treatment. - Community/Business Leader

Lack of Awareness

People don't get tested, and have unprotected sexual encounters. - Public Health Representative

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

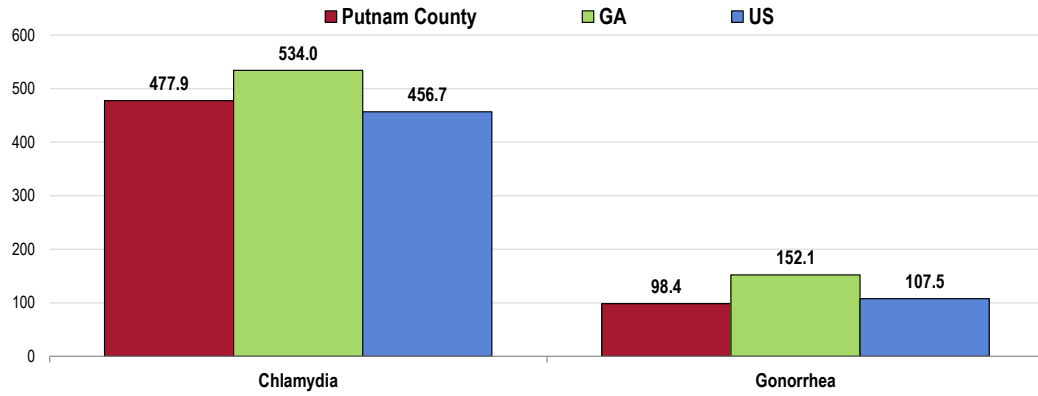
In 2012, the chlamydia incidence rate in Putnam County was 477.9 cases per 100,000 population.

- More favorable than the Georgia incidence rate.
- Comparable to the national incidence rate.

The Putnam County gonorrhea incidence rate in 2012 was 98.4 cases per 100,000 population.

- More favorable than the Georgia incidence rate.
- More favorable 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 December 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.

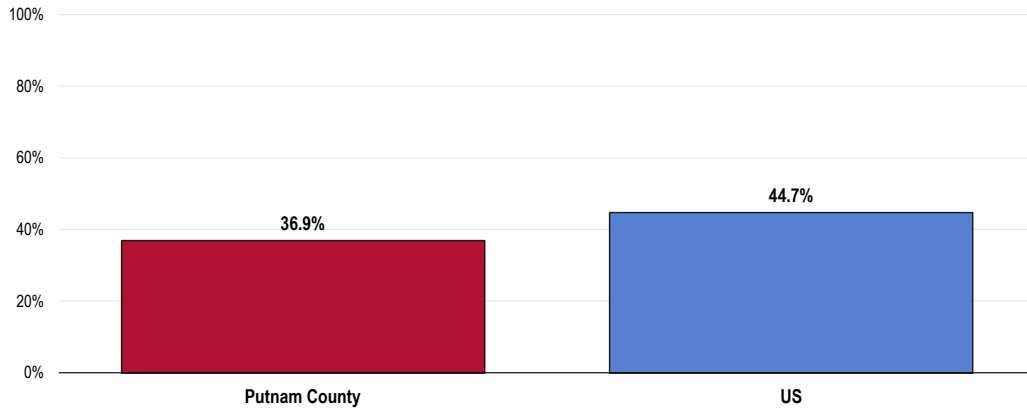
Hepatitis B Vaccination

Based on survey data, 36.9% of Putnam County adults 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.

- Lower than what is reported nationwide.

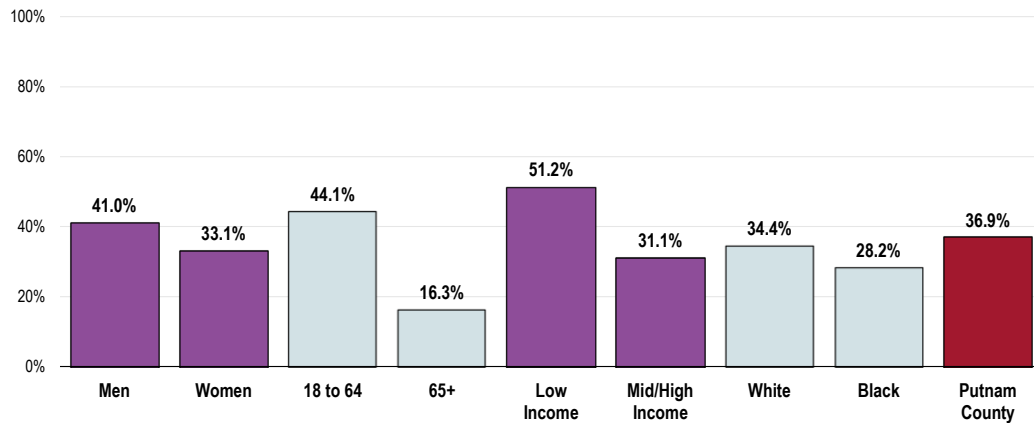
Have Completed the Hepatitis B Vaccination Series



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 70]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Includes a series of three shots, usually administered at least one month between shots

- Note that adults under age 65 and residents living at low incomes are much more likely than their counterparts to have received the hepatitis B vaccine.

Have Completed the Hepatitis B Vaccination Series (Putnam County, 2015)



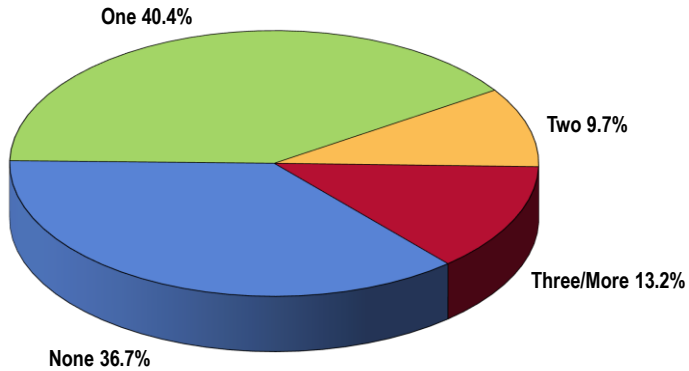
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 70]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Safe Sexual Practices

Sexual Partners

Among unmarried Putnam County adults under 65, the vast majority cites having one (40.4%) or no (36.7%) sexual partners in the past 12 months.

Number of Sexual Partners in Past 12 Months
(Among Unmarried Adults Age 18-64; Putnam County, 2015)

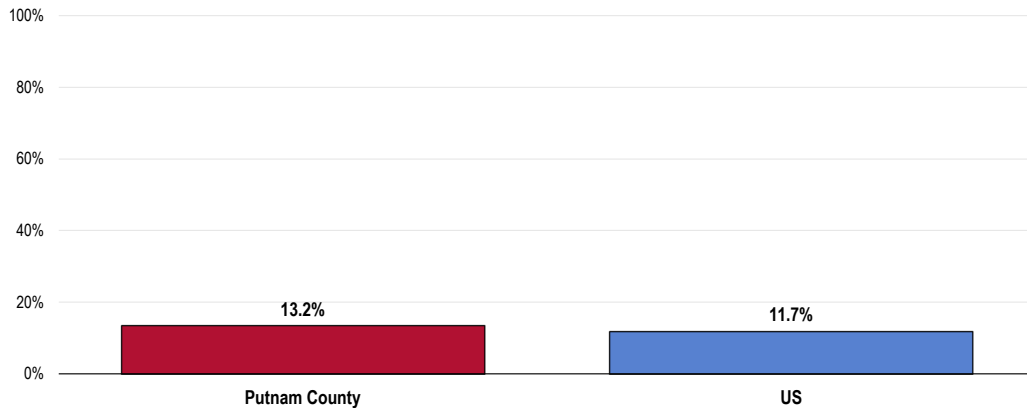


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
Notes: • Asked of all unmarried respondents under the age of 65.

However, 13.2% report three or more sexual partners in the past year.

- Comparable to that reported nationally.

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



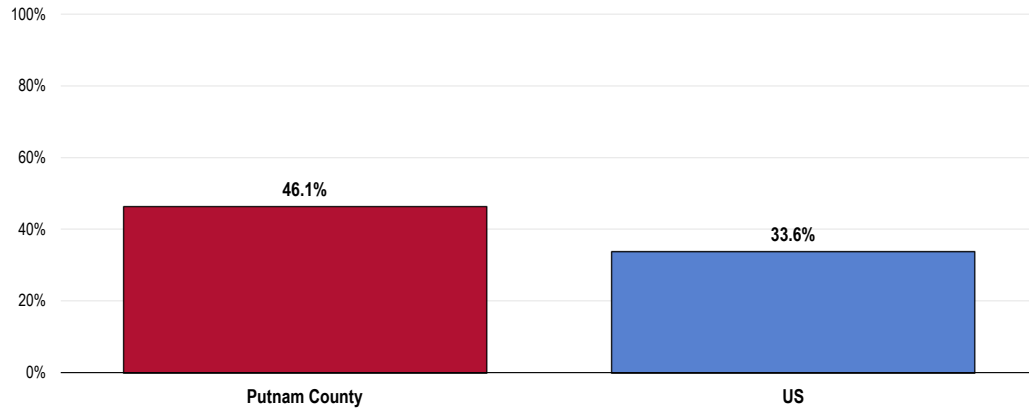
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all unmarried respondents under the age of 65.

Condom Use

Among service area adults who are under age 65 and unmarried, 46.1% report that a condom was used during their last sexual intercourse.

- Statistically similar to national findings.

Condom Was Used During Last Sexual Intercourse (Among Unmarried Adults Age 18-64)

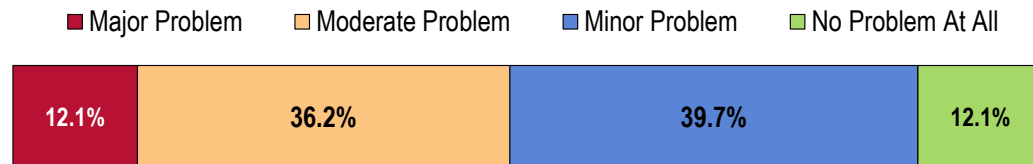


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all unmarried respondents under the age of 65.

Key Informant Input: Sexually Transmitted Diseases

Key informants taking part in an online survey most often characterized *Sexually Transmitted Diseases* as a “minor 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:

Prevalence/Incidence

Children having children. - Physician

Unprotected sexual encounters. - Public Health Representative

Lack of Education

Lack of education. Poor self-esteem, lack of access to condoms. - Physician

Lack of Routine Care

It's a problem because although one may think they have an STD, they fail to get medical attention because they don't want others to know and they have multiple sex partners. - Community/Business Leader

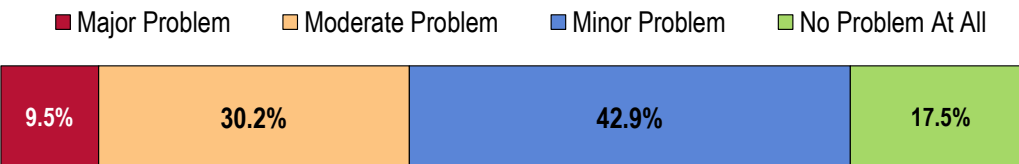
Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

Key informants taking part in an online survey generally 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)



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

Lack of knowledge of appropriate vaccines. - Physician

Lack of Specialists

No one who specializes in this disease. - Community/Business Leader

Births



Professional Research Consultants, Inc.

Infant & Child Health

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)

Key Informant Input: Infant & Child Health

The greatest share of key informants taking part in an online survey characterized *Infant & Child Health* as a “moderate problem” in the community.

Perceptions of Infant & Child Health

(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 Providers

- *One part-time Pediatrician in Putnam County. - Physician*
- *We have limited access to full-time health care providers that specialize in Pediatric health. - Community/Business Leader*
- *Limited providers. - Public Health Representative*

Access to Affordable Care/Services

Not affordable especially with young, single kids having them with no transportation to go where Peach Care or other programs are available. - Community/Business Leader

Due to low family incomes and unavailability of jobs there is a problem. - Community/Business Leader

Lack of Education

Lack of good education and financial resources for programs. - Community/Business Leader

Limited Resources

We have very limited resources for infants and toddlers who are identified at risk for developmental and communication delays. - Physician

Autism Prevalence

When first starting my practice 38 years ago, autism was rarely diagnosed. Now each week we see several children with autism. Although statistically autism is more common throughout the United States, the risk of autism increases when there is poverty, drug abuse and lack of parental stability. - Physician

Family Planning

About Family Planning

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

Unintended pregnancies (those reported by women as being mistimed or unwanted) are associated with many negative health and economic outcomes. For women, negative outcomes associated with unintended pregnancy include:

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

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

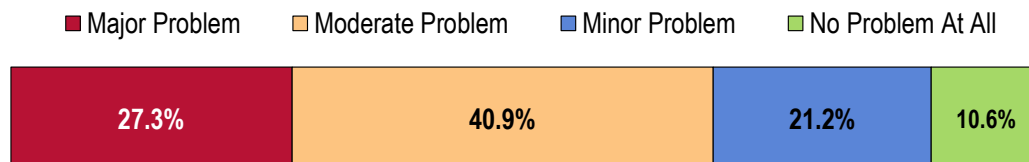
- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Family Planning

Just over two-fifths of key informants taking part in an online survey characterized **Family Planning** as a “moderate 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:

Prevalence/Incidence

Teenage girls becoming pregnant multiple times and depend on others to support their well-being. - Community/Business Leader

High teen pregnancy rate. - Community/Business Leader

Unwanted pregnancy with median household income that cannot support the addition of children continues to be an issue with teen pregnancy. Still a major concern. - Physician

There are too many unplanned, very young, single mothers. - Community/Business Leader

Growing number of people I know that are either affected by this or have family members that are affected by it. - Community/Business Leader

Single Parents

I see many single moms in our schools and in our community. They are often seeking financial assistance. - Community/Business Leader

Many single parent homes and getting public assistance. Poor environment for children. - Community/Business Leader

A lot of our deliveries in Putnam County are to single women. - Community/Business Leader

Family Structure

Complete disregard for appropriate role of father. Massive breakdown in traditional family. Parents without interest in children. - Physician

As a practitioner that works with developmental disorders in children I see firsthand the consequences of multiple generations of children born to children. - Physician

Access to Affordable Care/Services

Financial issues. - Public Health Representative

For pregnant women, there is not a local hospital for Obstetrics. - Community/Business Leader

Lack of Facilities/Treatment Centers

Members of our community do not have access to family planning centers. This is evident in the number of teen and unexpected pregnancies in our community. We do not have adequate assistance for women that become pregnant and do not have the resources needed to provide and care for their own bodies, and their unborn children. - Community/Business Leader

Lack of Education

Lack of education, lack of funds. - Physician

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.

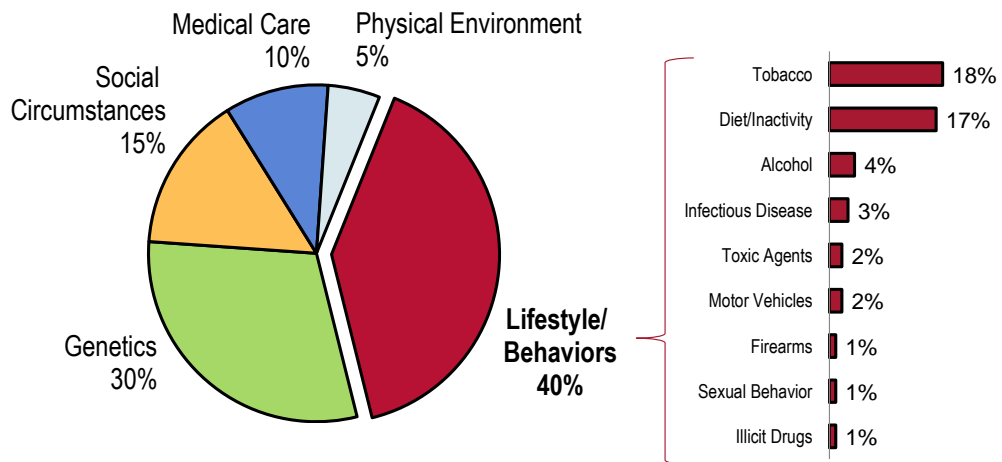
The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), **diet and activity** patterns (400,000), **alcohol** (85,000), **microbial agents** (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), **firearms** (29,000), **sexual 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)	
Cardiovascular Disease	Tobacco use Elevated serum cholesterol High blood pressure	Obesity Diabetes Sedentary lifestyle
Cancer	Tobacco use Improper diet	Alcohol Occupational/environmental exposures
Cerebrovascular Disease	High blood pressure Tobacco use	Elevated serum cholesterol
Accidental Injuries	Safety belt noncompliance Alcohol/substance abuse Reckless driving	Occupational hazards Stress/fatigue
Chronic Lung Disease	Tobacco use	Occupational/environmental exposures

Source: National Center for Health Statistics/US Department of Health and Human Services, Health United States: 1987. DHHS Pub. No. (PHS) 88-1232.

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

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

Americans with a healthful diet:

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

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

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

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

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

Social factors thought to influence diet include:

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

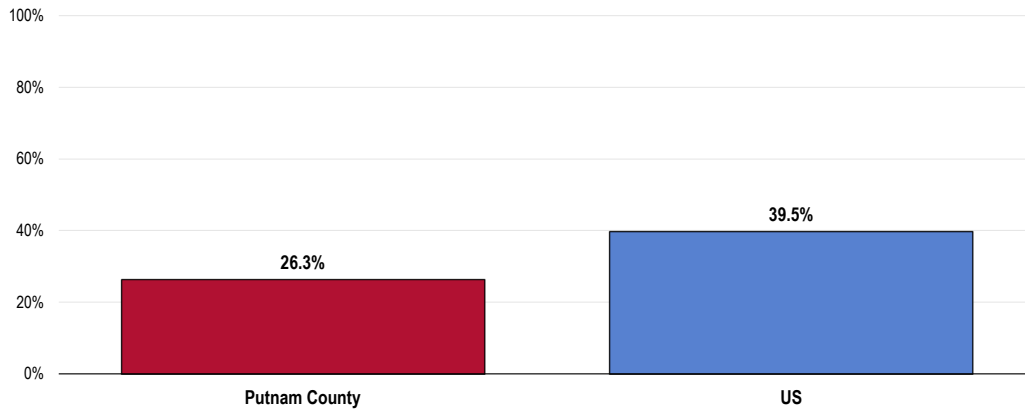
Daily Recommendation of Fruits/Vegetables

Slightly more than one-fourth (26.3%) of Putnam County adults report eating five or more servings of fruits and/or vegetables per day.

- Less favorable than national findings.

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.

Consume Five or More Servings of Fruits/Vegetables Per Day



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

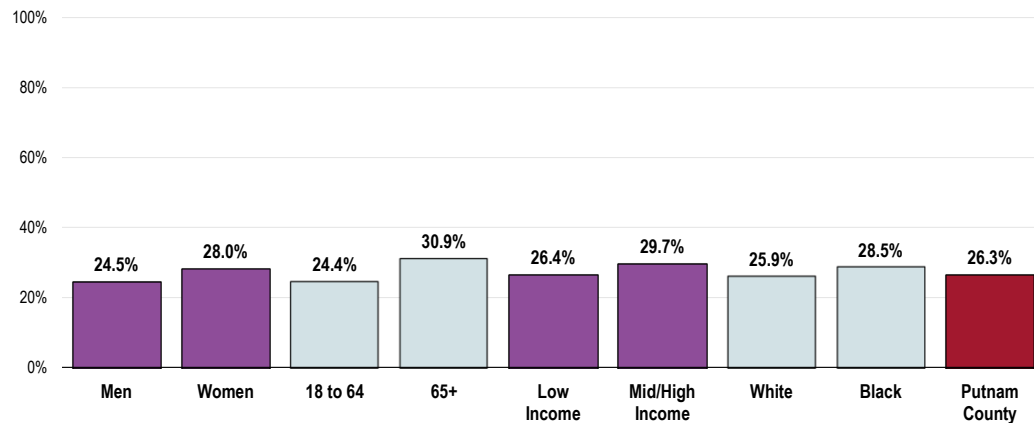
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

• For this issue, respondents were asked to recall their food intake on the previous day.

- The following demographic segments consume statistically similar servings of fruits and vegetables per day.

Consume Five or More Servings of Fruits/Vegetables Per Day (Putnam 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

• For this issue, respondents were asked to recall their food intake on the previous day.

Access to Fresh Produce

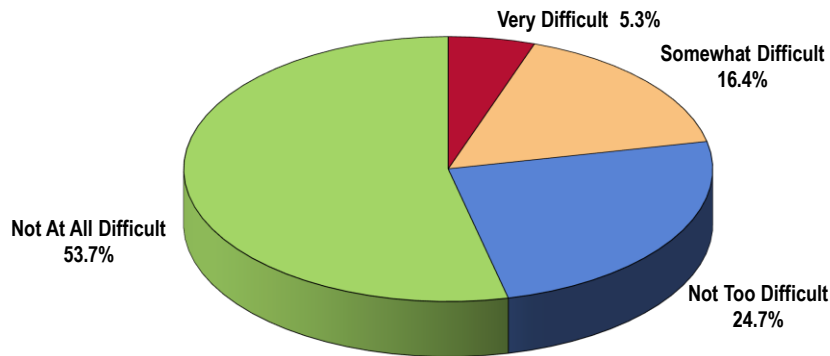
Difficulty Accessing Fresh Produce

While most report little or no difficulty, 21.7% of Putnam 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?”

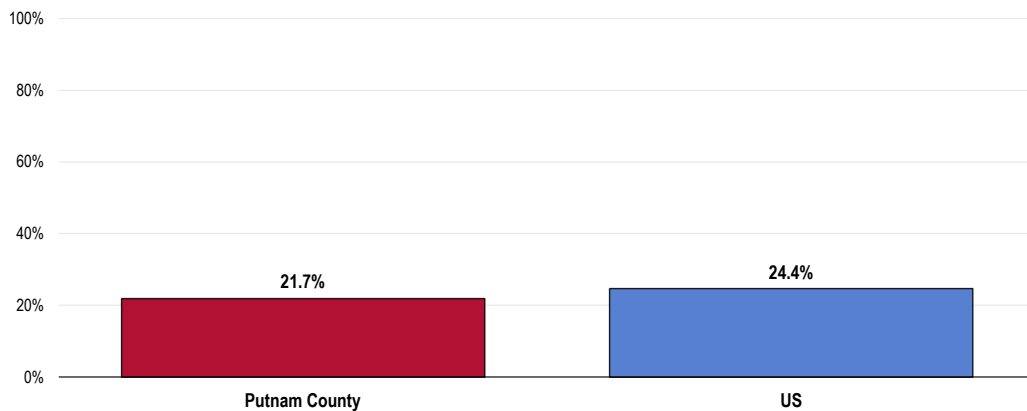
Level of Difficulty Finding Fresh Produce at an Affordable Price (Putnam County, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
 Notes: • Asked of all respondents.

- Statistically similar to national findings.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce

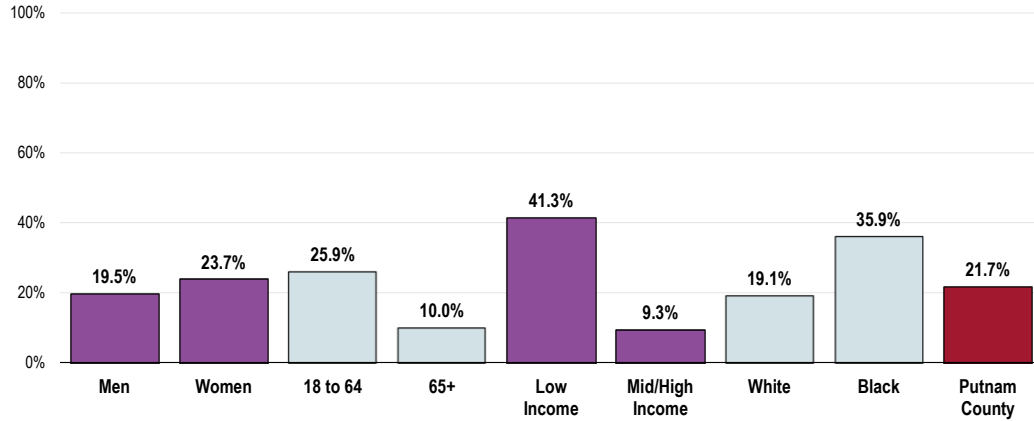


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Those more likely to report difficulty accessing fresh fruits and vegetables include:

- Adults age 18 to 64.
- Low income residents.
- Blacks.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Putnam 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Low Food Access (Food Deserts)

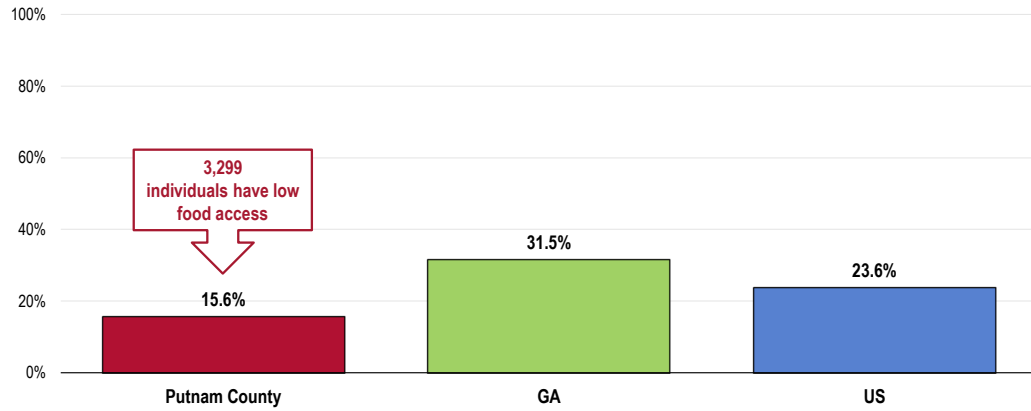
A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas.

US Department of Agriculture data show that 15.6% of the Putnam County population (representing nearly 3,300 residents) have low food access or live in a “food desert,” meaning that they do not live near a supermarket or large grocery store.

- More favorable than Georgia findings.
- More favorable than national findings.

Population With Low Food Access

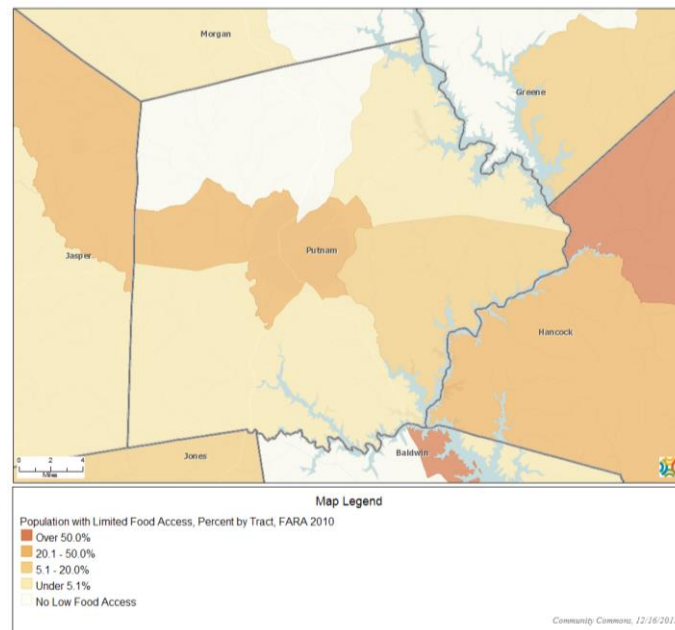
(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2010)



- Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA): 2010.
 - Retrieved December 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 share of residents with limited food access in the western portion of Putnam County.

Population With Limited Food Access, Percent by Tract, FARA 2010

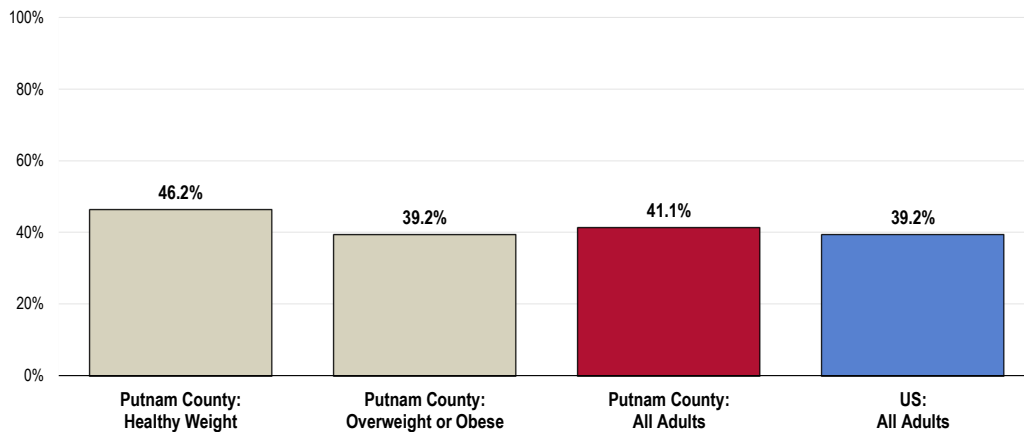


Health Advice About Diet & Nutrition

A total of 41.1% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Comparable to national findings.
- Note: Among overweight/obese respondents, 39.2% report receiving diet/nutrition advice (meaning that most 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: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Physical Activity

About Physical Activity

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

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

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

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

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Leisure-Time Physical Activity

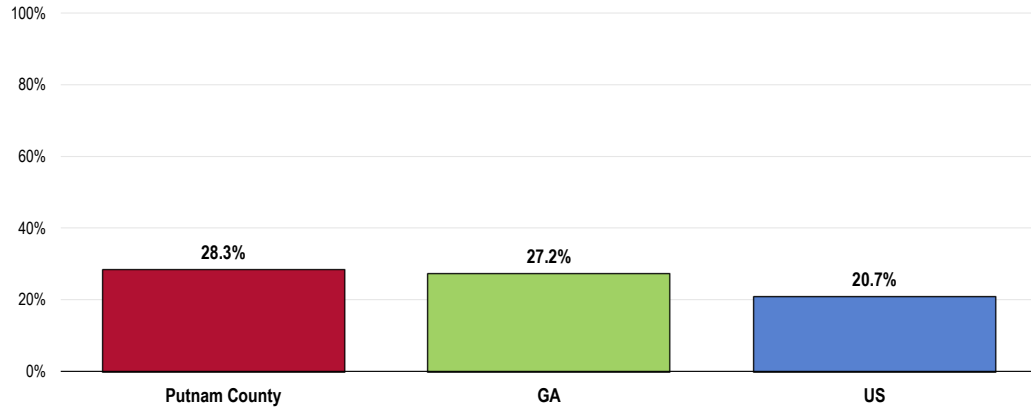
A total of 28.3% of Putnam County adults report no leisure-time physical activity in the past month.

- Statistically similar to statewide findings.
- Less favorable than national findings.
- Statistically similar to the Healthy People 2020 target (32.6% or lower).

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.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower



Sources: • 2015 PRC Community Health Survey, 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 Georgia data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

Notes: • Asked of all respondents.

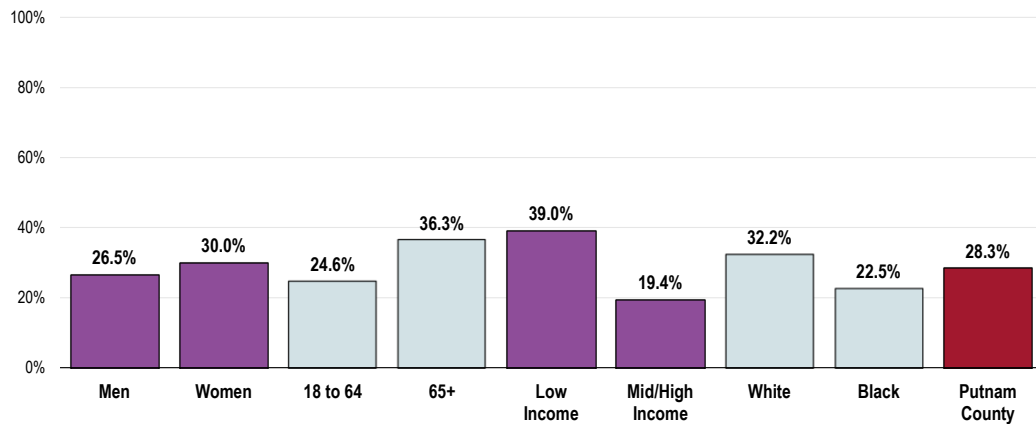
Lack of leisure-time physical activity in the area is higher among:

- Seniors (65+).
- Low income residents.

No Leisure-Time Physical Activity in the Past Month

(Putnam 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Levels

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.

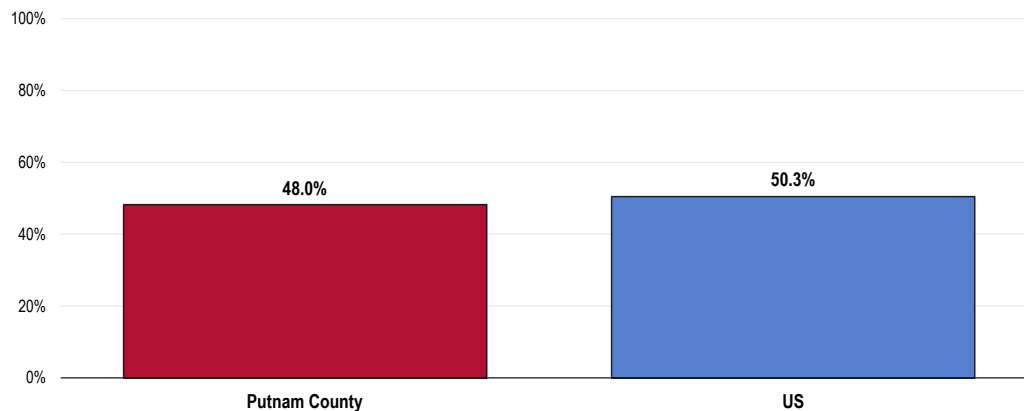
- 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. www.health.gov/PAGuidelines

Recommended Levels of Physical Activity

A total of 48.0% of Putnam County adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Similar to national findings.

Meets Physical Activity Recommendations



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

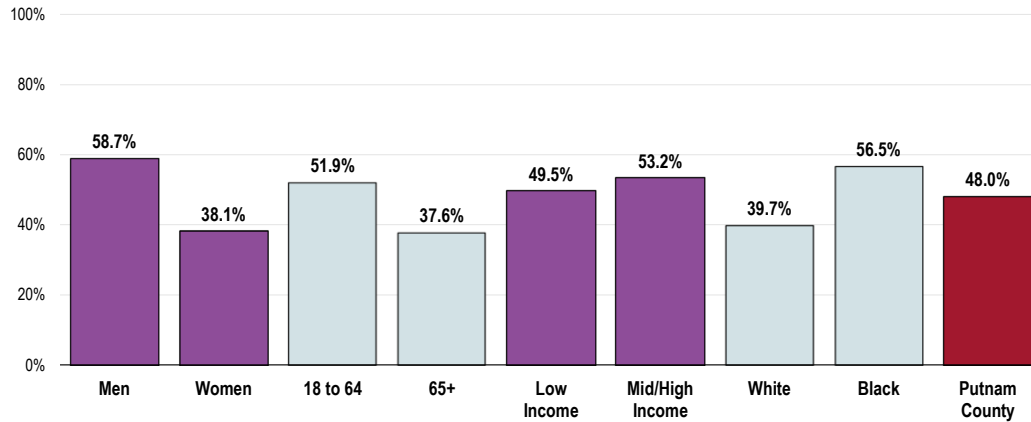
Notes: • Asked of all respondents.

• 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.

Those less likely to meet physical activity requirements include:

- Women.
- Seniors (65+).
- Whites.

Meets Physical Activity Recommendations (Putnam 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - 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:

A total of 35.4% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

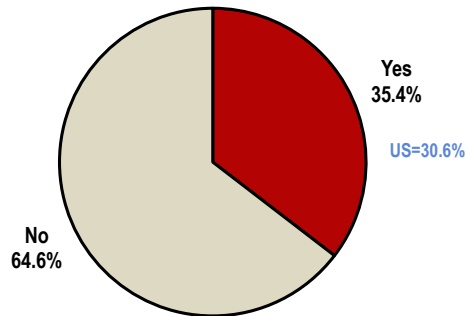
- Statistically comparable to the national percentage.

Similarly, a total of 35.8% of adults participated in vigorous physical activity (3 times a week, 20 minutes at a time).

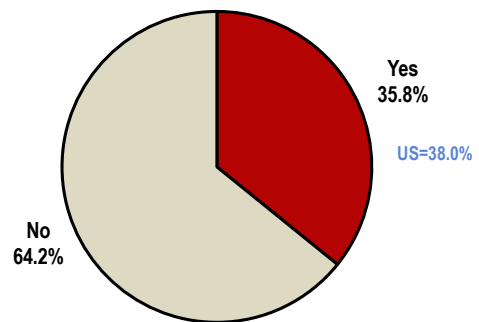
- Comparable to the nationwide figure.

The individual indicators of moderate and vigorous physical activity are shown here.

Moderate & Vigorous Physical Activity (Putnam County, 2015)



Moderate Physical Activity



Vigorous Physical Activity

- Sources:
- 2015 PRC Community Health Survey, 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.

Access to Physical Activity

Access to Recreation & Fitness Facilities

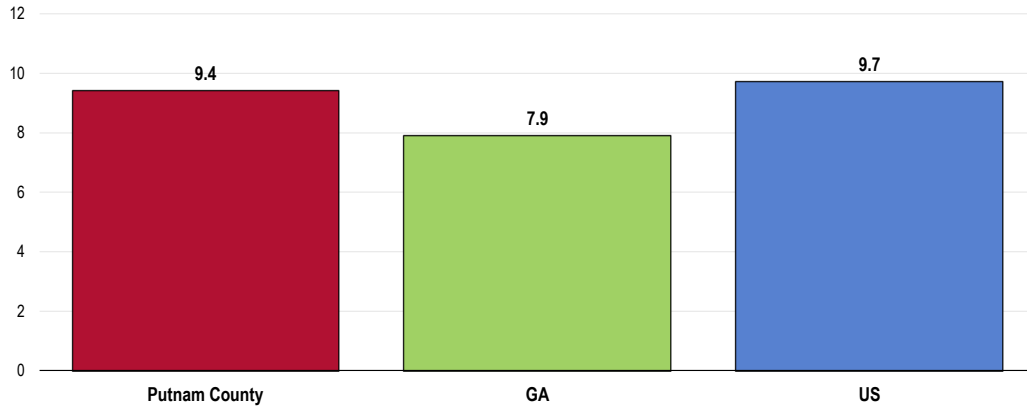
In 2013, there were 9.4 recreation/fitness facilities for every 100,000 population in Putnam County.

- Above what is found statewide.
- Not significantly different from 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)



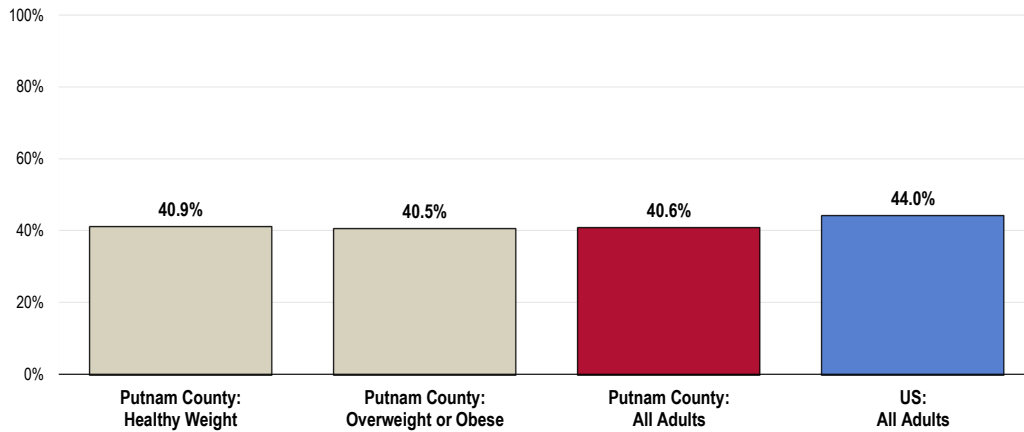
- Sources:
- US Census Bureau, County Business Patterns: 2013. Additional data analysis by CARES.
 - Retrieved December 2015 from Community Commons at <http://www.chna.org>.
- Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, 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 40.6% of Putnam County adults report that their physician has asked about or given advice to them about physical activity in the past year.

- Statistically similar to the proportion reported nationally.
- Note: Only 40.5% of overweight/obese 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)



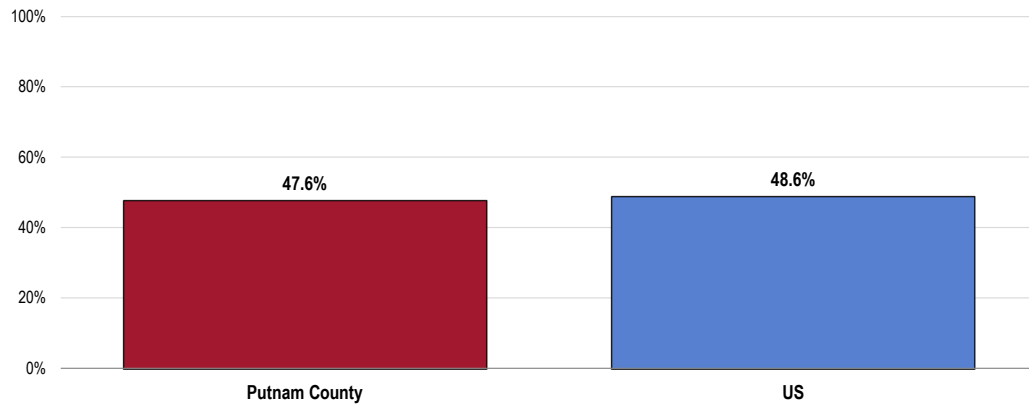
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Children's Physical Activity

Among service area children age 2 to 17, 47.6% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- Similar to national findings.

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)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI $\geq 30 kg/m^2$. 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	≥ 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, 27.2% of Putnam County adults are at a healthy weight.

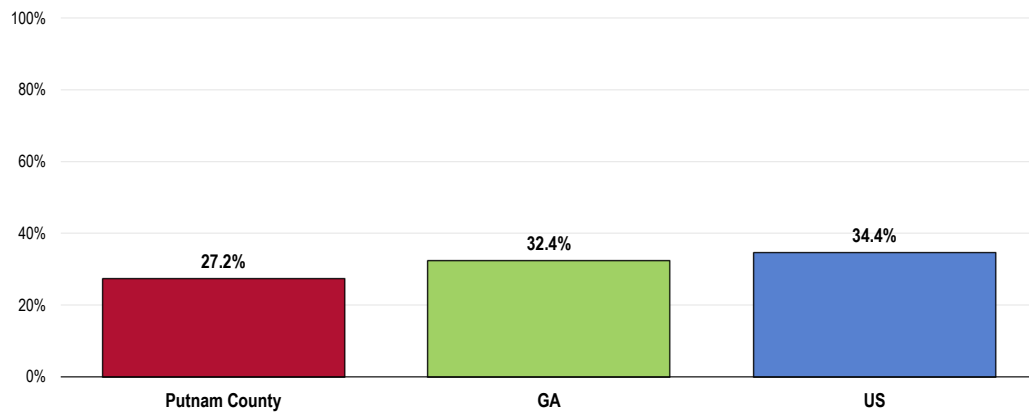
“Healthy weight” means neither underweight, nor overweight (BMI = 18.5-24.9).

- Less favorable than state findings.
- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 target (33.9% or higher).

Healthy Weight

(Percent of Adults With a Body Mass Index Between 18.5 and 24.9)

Healthy People 2020 Target = 33.9% or Higher



- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Georgia data.
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-8]
- Notes:
- Based on reported heights and weights, asked of all respondents.
 - The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

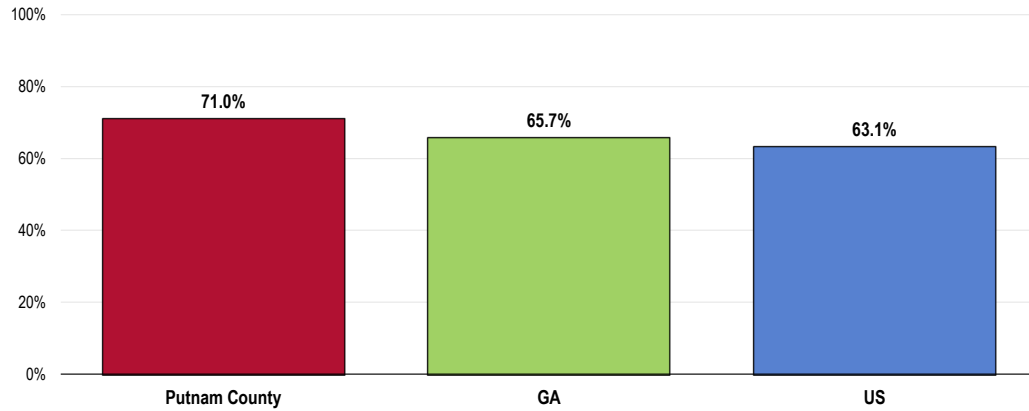
Overweight Status

Approximately 7 in 10 Putnam County adults (71.0%) are overweight.

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

- Less favorable than the proportion noted statewide.
- Less favorable than the US overweight prevalence.

Prevalence of Total Overweight (Percent of Adults With a Body Mass Index of 25.0 or Higher)



Sources: • 2015 PRC Community Health Survey, 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 Georgia data.

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

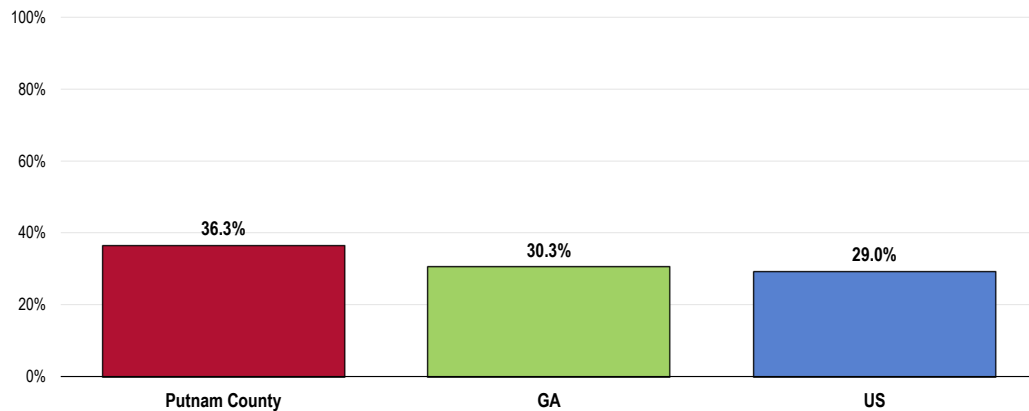
Further, 36.3% of service area adults are obese.

“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).

Prevalence of Obesity (Percent of Adults With a Body Mass Index of 30.0 or Higher)

Healthy People 2020 Target = 30.5% or Lower

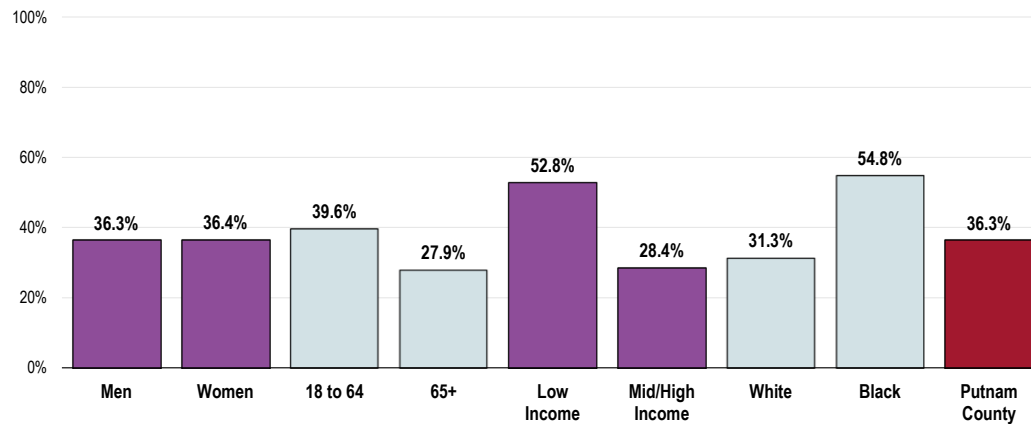


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
 • 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 Georgia data.

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

- Obesity is more prevalent among adults age 18 to 64.
- Low income residents and Blacks have a much higher prevalence of obesity (>50%) compared to their demographic counterparts.

Prevalence of Obesity (Percent of Adults With a BMI of 30.0 or Higher; Putnam County, 2015) Healthy People 2020 Target = 30.5% or Lower



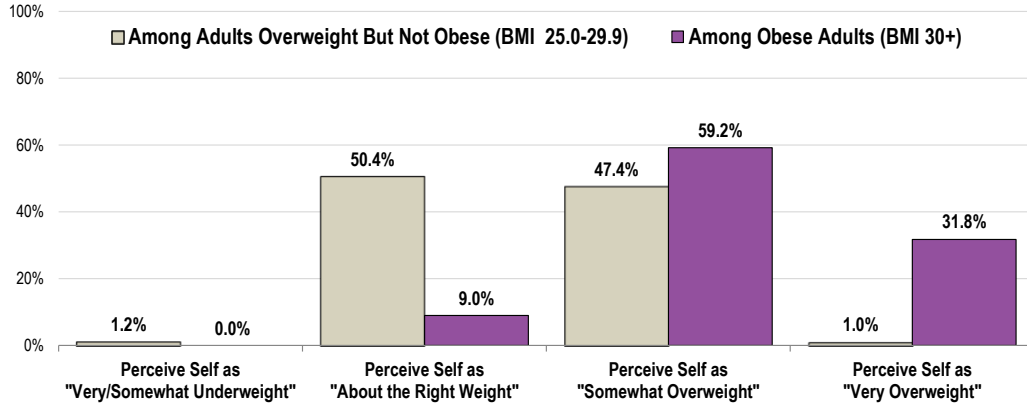
- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
- Notes:
- Based on reported heights and weights, asked of all respondents.
 - 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Actual vs. Perceived Body Weight

A total of 9.0% of obese adults and 50.4% of overweight (but not obese) adults feel that their current weight is "about right."

- 47.4% of overweight (but not obese) adults see themselves as "somewhat overweight."
- 31.8% of obese adults see themselves as "very overweight."

Actual vs. Perceived Weight Status (Among Overweight/Obese Adults Based on BMI; Putnam 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

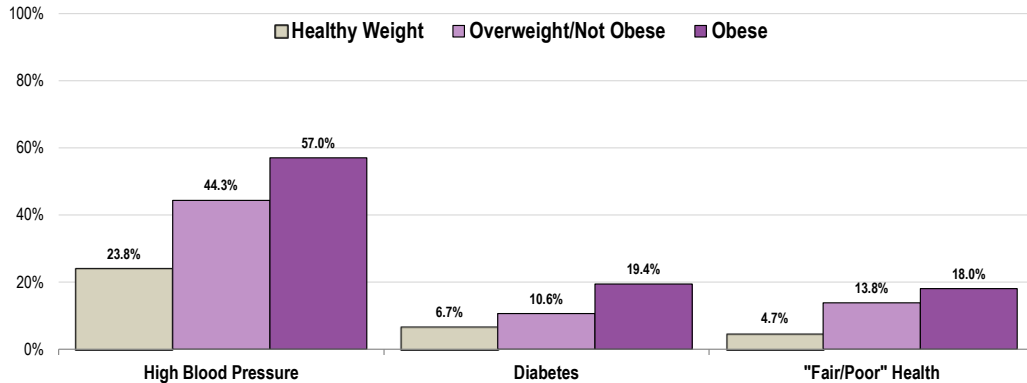
Overweight and obese adults are more likely to report a number of adverse health conditions.

Among these are:

- Hypertension (high blood pressure).
- Diabetes.
- "Fair" or "poor" physical health.

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

Relationship of Overweight With Other Health Issues (By Weight Classification; Putnam County, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 5, 125, 136, 151]
 Notes: • Based on reported heights and weights, asked of all respondents.

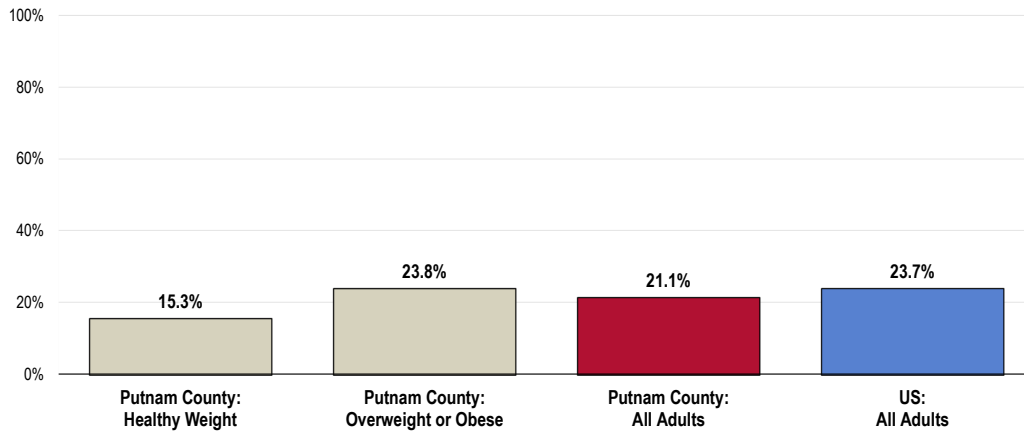
Weight Management

Health Advice

A total of 21.1% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Statistically similar to the national findings.
- Note that 23.8% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while over three-fourths have not).

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



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 98]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

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.

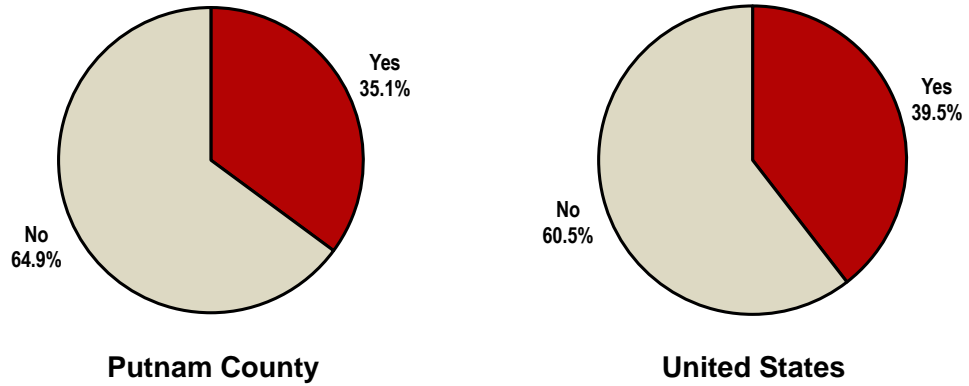
All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

- Healthy People 2020 (www.healthypeople.gov)

A total of 35.1% of Putnam County adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- Statistically similar to national findings.

**Trying to Lose Weight by Both
Modifying Diet and Increasing Physical Activity**
(Among Overweight or Obese Respondents)



Sources: • 2015 PRC Community Health Survey, 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.

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

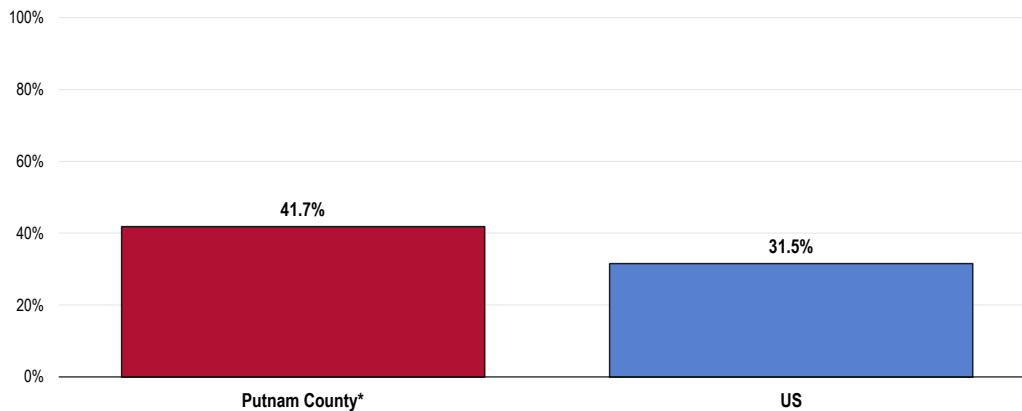
• Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 41.7% of Putnam County children age 5 to 17 are overweight or obese (≥85th percentile).

- Statistically comparable to the prevalence found nationally.

Child Total Overweight Prevalence

(Percent of Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



Sources: • 2015 PRC Community Health Survey, 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 85th percentile of US growth charts by gender and age.

• *Interpret with caution as the sample size <50.

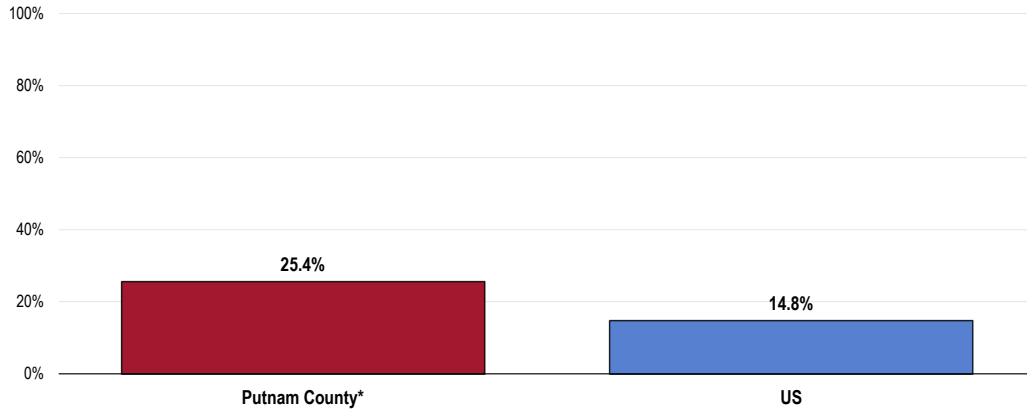
Further, one-fourth 25.4% of area children age 5 to 17 are obese (≥95th percentile).

- Statistically similar to the national percentage.
- Statistically similar to the Healthy People 2020 target (14.5% or lower for children age 2-19).

Child Obesity Prevalence

(Percent of Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)

Healthy People 2020 Target = 14.5% or Lower



- Sources:
- 2015 PRC Community Health Survey, 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 95th percentile of US growth charts by gender and age.
 - *Interpret with caution as the sample size <50.

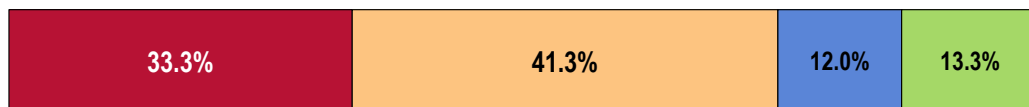
Key Informant Input: Nutrition, Physical Activity & Weight

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

Perceptions of Nutrition, Physical Activity, and Weight 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 Nutrition Education

People do not understand how these factors are related to diabetes and heart problems and do not do well at trying to manage these factors by themselves. - Community/Business Leader

Lack of education, money, support, guide in changing, support groups. - Physician

Education about nutrition, opportunities for exercise and fitness that are inexpensive, and involvement in exercise programs supervised by professionals. - Community/Business Leader

Understanding the importance of eating healthy and participating in some sort of exercise every day. - Community/Business Leader

The school system in Putnam County should address this year along with family and children services. - Community/Business Leader

People want to do what they want to do without regard to consequences. – Physician

Ignorance and poverty. – Physician

Economic conditions, education. - Other Health Provider

Education and awareness. - Community/Business Leader

Lifestyle

Too many poor choices, large portion sizes, not enough exercise. - Community/Business Leader

People simply do not understand good eating habits. They need help if they will participate. - Community/Business Leader

Obesity is a function of poor nutritional education and choices in general. The most affordable choices often lead to poor nutrition with high caloric intake. A culture of healthy lifestyle is not fostered in the community. - Physician

Most people do not exercise nearly enough because they do not have the time or they are too unconcerned with their physical condition. People eat too much fast food and usually these are not as nutritional as food cooked from scratch at home. - Community/Business Leader

Sedentary lifestyle and improper nutrition. - Community/Business Leader

Prevalence/Incidence

Go to Wal-Mart and observe. Obesity reigns. - Community/Business Leader

Large population of obese individuals in the community. – Physician

Observation as I drive through the community. - Community/Business Leader

Access to Affordable Healthy Foods

People have to eat what they can afford. Most "specialty" foods for diets are expensive. - Community/Business Leader

Cheap food is unhealthy. - Physician

Infrastructure

Safe exercise environment. - Public Health Representative

There is nowhere for families to hike, ride bikes or walk in a safe environment. Our local restaurants are mainly fast food. Many of the residents including children are overweight. - Community/Business Leader

Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

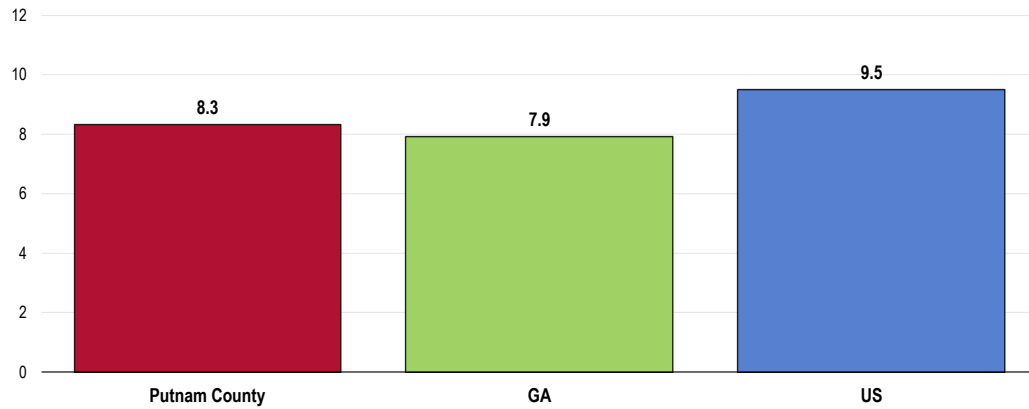
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2005 and 2014, Putnam County reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 8.3 deaths per 100,000 population.

- Similar to the statewide rate.
- Lower than the national rate.
- Nearly identical to the Healthy People 2020 target (8.2 or lower).

Cirrhosis/Liver Disease: Age-Adjusted Mortality (2005-2014 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 December 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

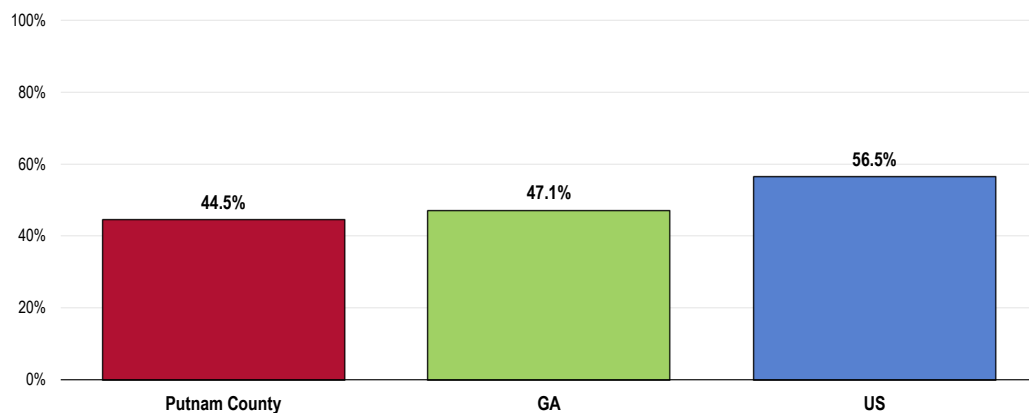
Current Drinking

A total of 44.5% 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.

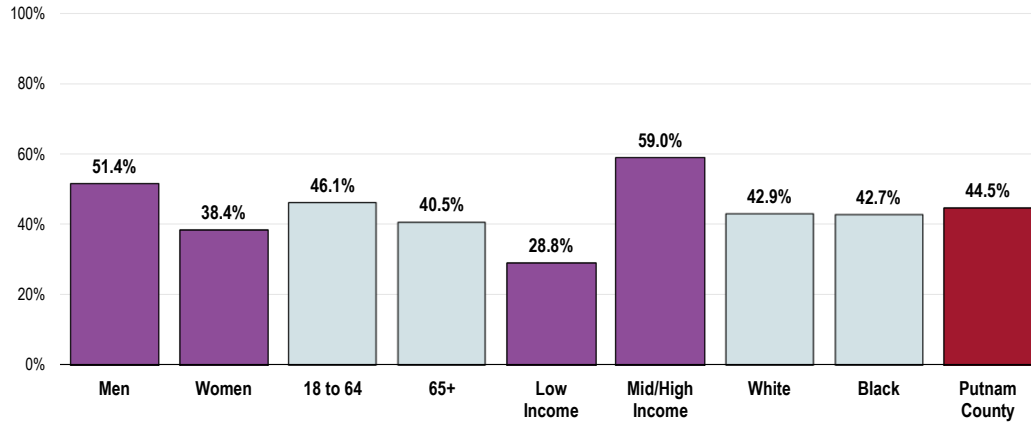
Current Drinkers



Sources: ● 2015 PRC Community Health Survey, 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 Georgia data.
● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● Current drinkers had at least one alcoholic drink in the past month.

- Current drinking is more prevalent among men and residents with mid/high incomes.

Current Drinkers (Putnam 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Current drinkers had at least one alcoholic drink in the past month.

Excessive Drinking

"Excessive drinking" includes heavy and/or binge drinkers:

Heavy drinkers include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview; and

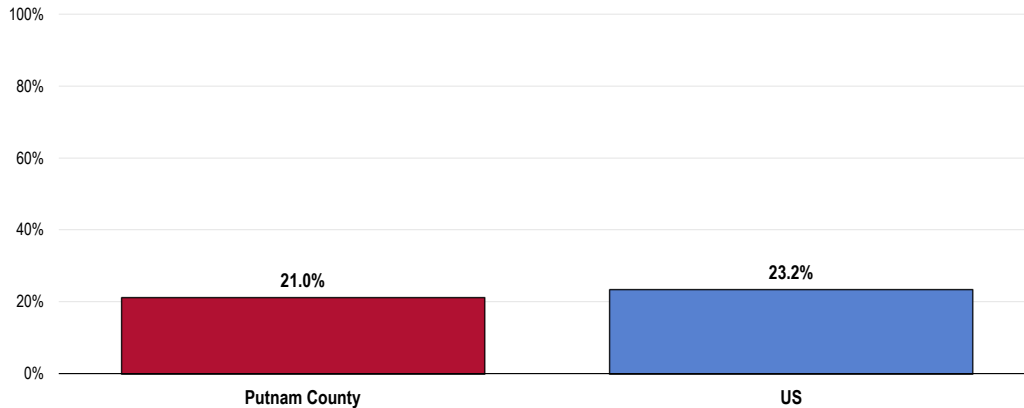
Binge drinkers include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

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

Approximately one-fifth (21.0%) of area adults are excessive drinkers (heavy and/or binge drinkers).

- Comparable to the national proportion.
- Satisfies 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.

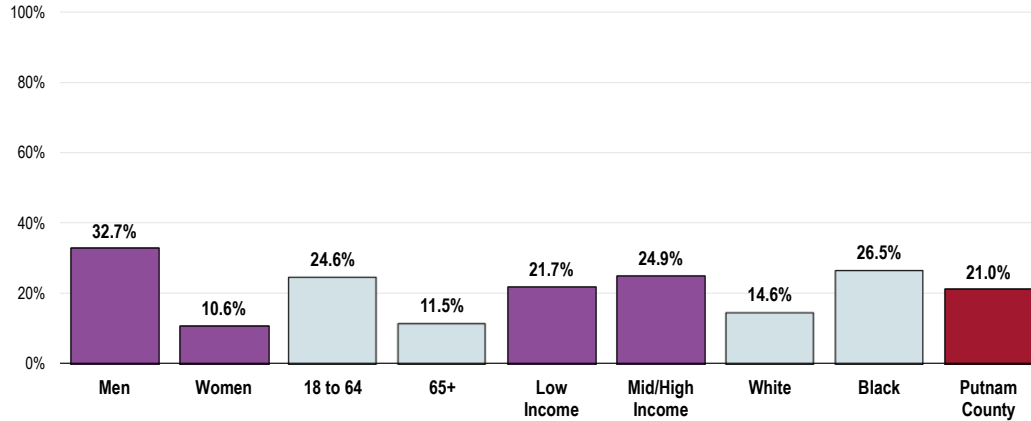
Those more likely to report excessive drinking include:

- Men.
- Adults age 18-64.
- Blacks.

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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - 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.

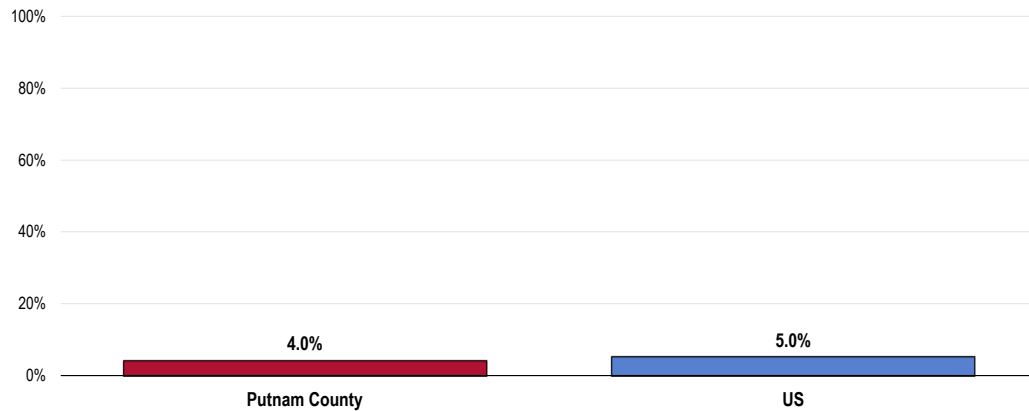
Drinking & Driving

A total of 4.0% of Putnam County adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Similar to national findings.

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: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 65]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

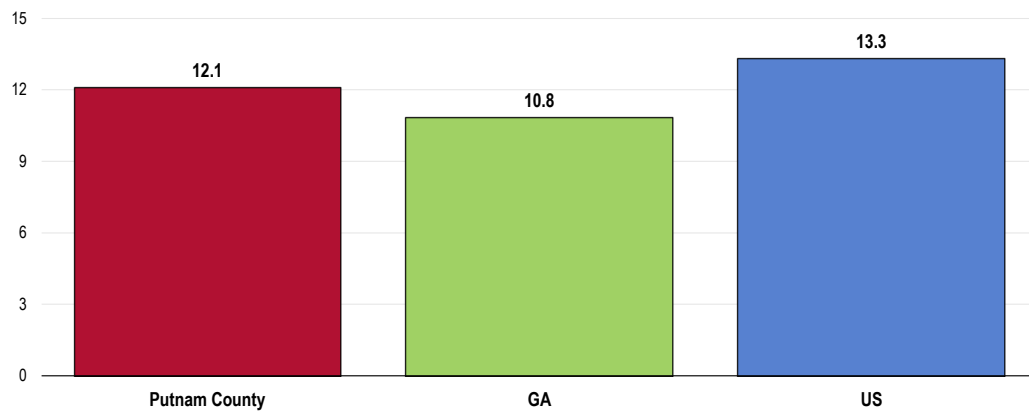
Age-Adjusted Drug-Induced Deaths

Between 2005 and 2014, there was an annual average age-adjusted drug-induced mortality rate of 12.1 deaths per 100,000 population in Putnam County.

- Statistically less favorable than the statewide rate.
- Statistically more favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target (11.3 or lower).

Drug-Induced Deaths: Age-Adjusted Mortality (2005-2014 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 December 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.

Illicit Drug Use

Less than one percent (0.9%) of service area adults acknowledges using an illicit drug in the past month.

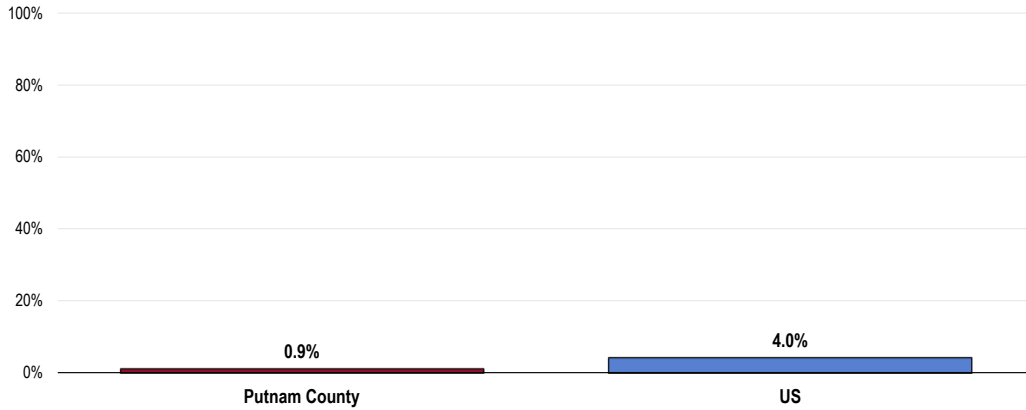
For the purposes of this survey, “illicit drug use” includes use of illegal substances or of prescription drugs taken without a physician’s order.

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.

- More favorable than found nationally.
- Satisfies the Healthy People 2020 target of 7.1% or lower.

Illicit Drug Use in the Past Month

Healthy People 2020 Target = 7.1% or Lower



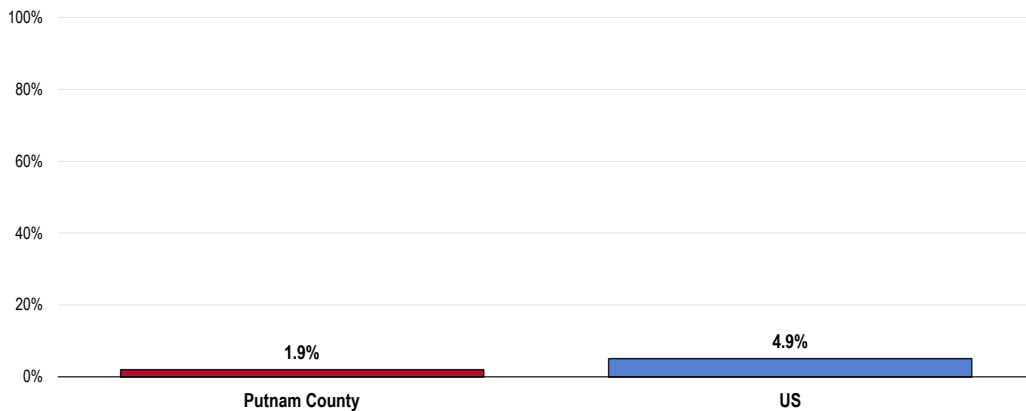
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 66]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]
 Notes: • Asked of all respondents.

Alcohol & Drug Treatment

A total of 1.9% of Putnam County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Lower than national findings.

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



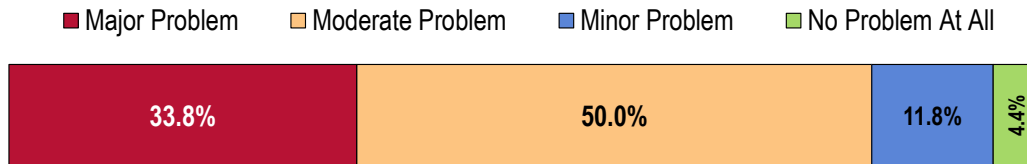
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 67]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Key Informant Input: Substance Abuse

Half of all key informants taking part in an online survey characterized **Substance Abuse** as a “moderate problem” in the community.

Perceptions of Substance Abuse as a Problem in the Community

(Key Informants, 2015)



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

Barriers to Treatment

Among those rating this issue as a “major problem,” the greatest barriers to accessing substance abuse treatment are viewed as:

Lack of Facilities/Treatment Centers

In place treatment and money. - Community/Business Leader

One treatment place in Milledgeville to help filter patients to facilities that are not always the best fit. Epidemic levels of substance abuse. Cost of treatment and too easy to acquire drugs. Generational issue with no support in lower economic areas. Quality treatment that won't break the bank. - Public Health Representative

None available. This may be the most critical issue facing our community due to the crime and negative impact on the whole community. - Community/Business Leader

No local counseling or treatment facilities. - Public Health Representative

Acknowledging a Problem

Admitting to the fact, lack of intervention, money, lack of funding, ongoing treatment or support. - Community/Business Leader

Admitting they have a problem. - Community/Business Leader

Themselves. You cannot address a problem when you refuse to accept that there is a problem to begin with. - Community/Business Leader

They have no interest. - Physician

Prevalence/Incidence

There seems to be a problem in this community with prescription drug abuse. I know there is also a problem with meth and there is certainly a problem with alcohol abuse and driving while intoxicated. - Other Health Provider

Treat alcohol casualties regularly. - Physician

Alcohol abuse. - Community/Business Leader

Access to Affordable Care/Services

Cost of treatment, uninsured and underinsured. Availability of treatment centers. Time demands. - Community/Business Leader

No available resources in Putnam County. Insurance is a factor. - Community/Business Leader

Privacy

Protecting their privacy. - Community/Business Leader

Stigma

Stigma, fear and general distrust of people living in poverty. - Community/Business Leader

Most Problematic Substances

Key informants (who rated this as a “major problem”) most often identified alcohol, cocaine or crack, 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	52.9%	25.0%	12.5%	15
Cocaine or Crack	11.8%	43.8%	12.5%	11
Methamphetamines or Other Amphetamines	23.5%	12.5%	18.8%	9
Prescription Medications	11.8%	12.5%	6.3%	5
Marijuana	0.0%	6.3%	18.8%	4
Heroin or Other Opioids	0.0%	0.0%	12.5%	2
Over-The-Counter Medications	0.0%	0.0%	12.5%	2
Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)	0.0%	0.0%	6.3%	1

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

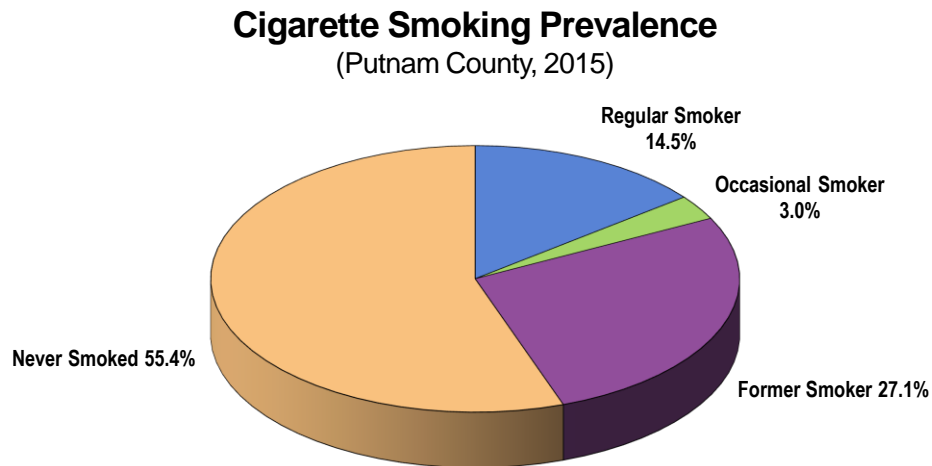
Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 17.5% of Putnam County adults currently smoke cigarettes, either regularly (14.5% every day) or occasionally (3.0% on some days).

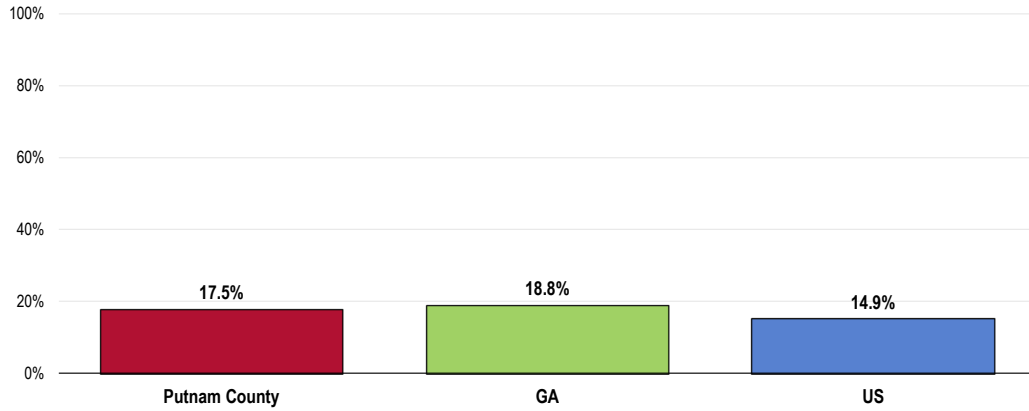


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
Notes: • Asked of all respondents.

- Comparable to statewide findings.
- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (12% or lower).

Current Smokers

Healthy People 2020 Target = 12.0% or Lower



- Sources:
- 2015 PRC Community Health Survey, 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 Georgia data.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]
- Notes:
- Asked of all respondents.
 - Includes regular and occasional smokers (those who smoke cigarettes everyday or on some days).

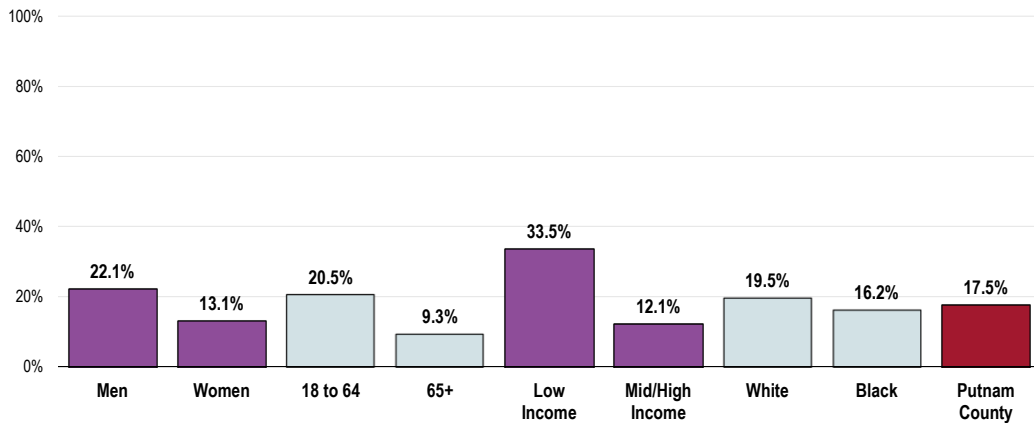
Cigarette smoking is more prevalent among:

- Men.
- Adults age 18 to 64.
- Low income residents.

Current Smokers

(Putnam County, 2015)

Healthy People 2020 Target = 12.0% or Lower



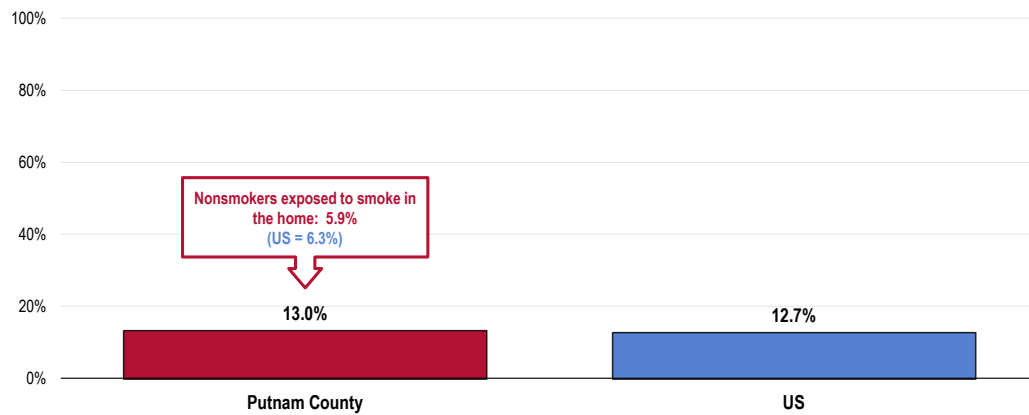
- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Includes regular and occasion smokers (everyday and some days).

Environmental Tobacco Smoke

A total of 13.0% of Putnam County adults (including smokers and nonsmokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- Similar to national findings.
- Note that 5.9% of service area nonsmokers are exposed to cigarette smoke at home; similar to what is found nationally.

Member of Household Smokes at Home



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 59, 158]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

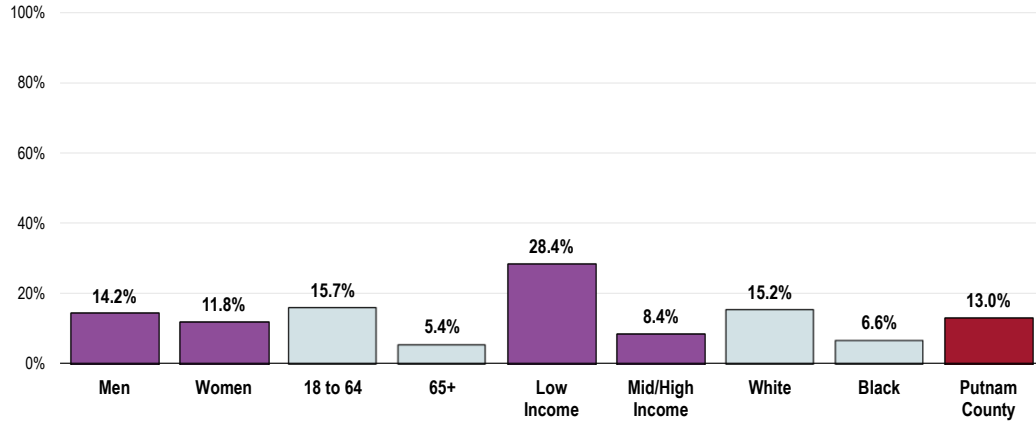
Notes: • Asked of all respondents.

• "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.

In Putnam County, someone smoking in the home is higher among:

- Adults under age 65.
- Low income residents.
- Whites.

Member of Household Smokes At Home (Putnam County, 2015)

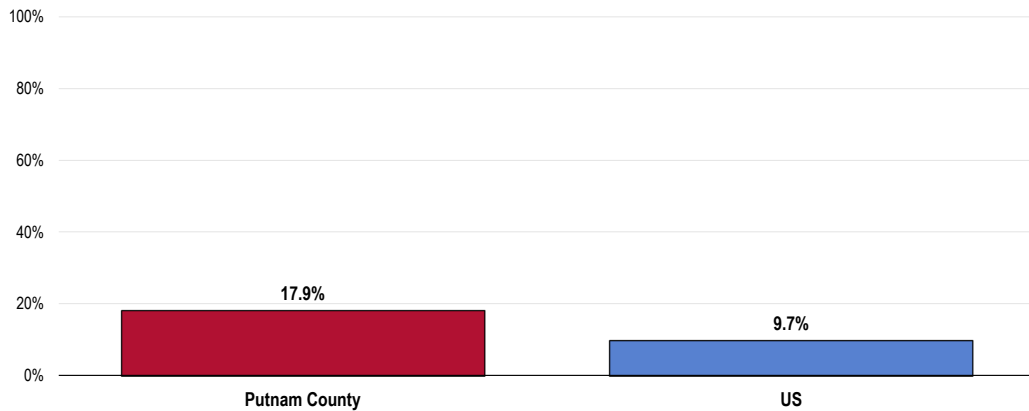


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Among households with children, 17.9% have someone who smokes cigarettes in the home.

- Statistically similar to national findings.

Percentage of Households With Children In Which Someone Smokes in the Home (Among Households With Children)



Sources: • 2015 PRC Community Health Survey, 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.

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.

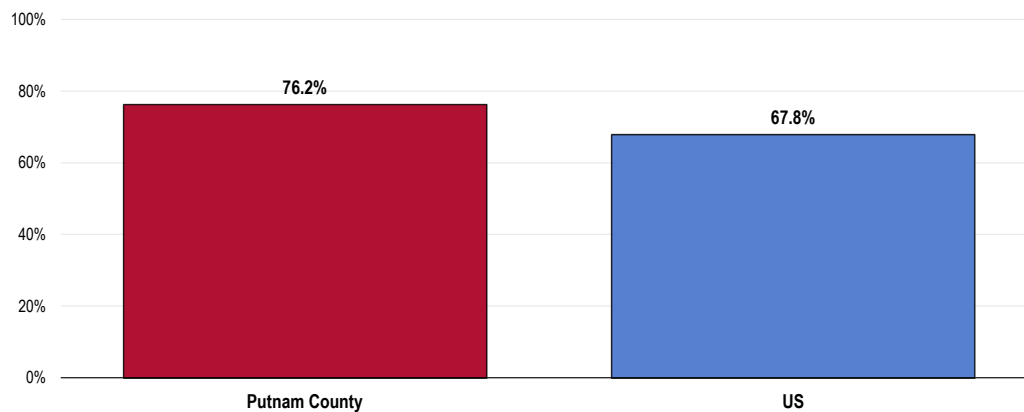
- Healthy People 2020 (www.healthypeople.gov)

Health Advice About Smoking Cessation

A total of 3 out of 4 smokers (76.2%) say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- Statistically similar to the national percentage.

Advised by a Healthcare Professional in the Past Year to Quit Smoking (Among Current Smokers)



- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all current smokers.

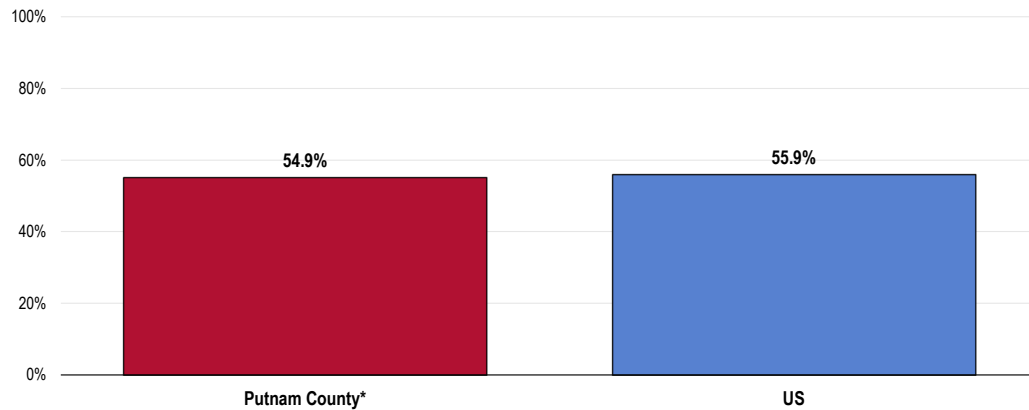
Smoking Cessation Attempts

A majority of regular smokers (54.9%) went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Close to the national percentage.
- Fails to satisfy the Healthy People 2020 target (80% or higher).

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



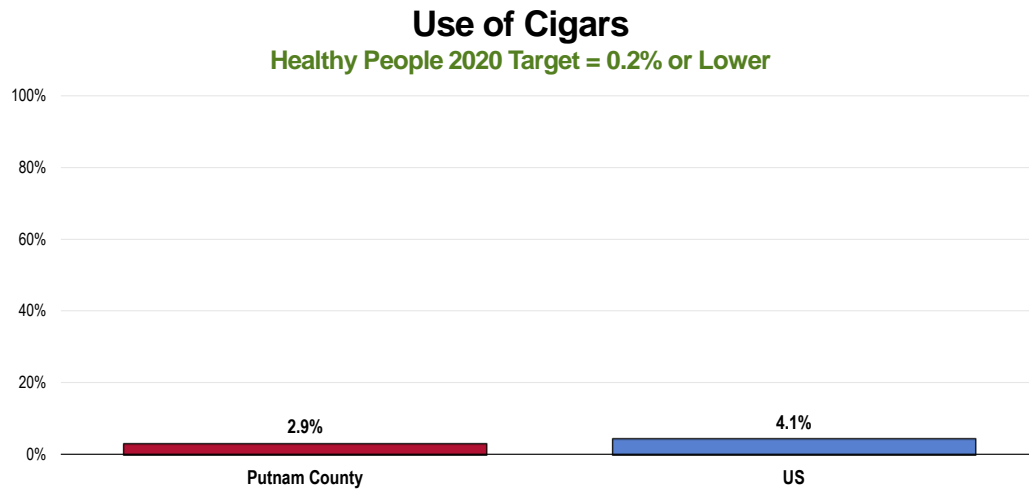
- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 57]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-4.1]
- Notes:
- Asked of respondents who smoke cigarettes every day.
 - *Interpret with caution as the sample size <50.

Other Tobacco Use

Cigars

A total of 2.9% of Putnam County adults use cigars every day or on some days.

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.2% or lower).



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.3]

Notes: • Asked of all respondents.

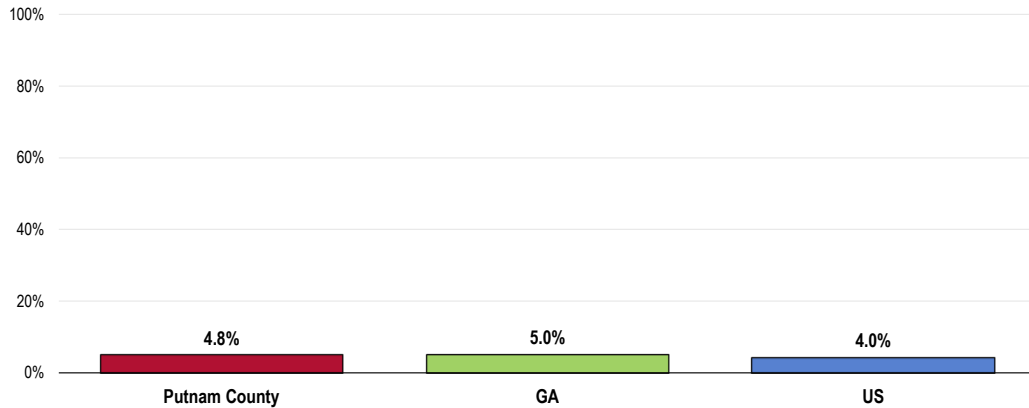
Smokeless Tobacco

A total of 4.8% of Putnam County adults use some type of smokeless tobacco every day or on some days.

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

- Nearly identical to the state percentage.
- Comparable to the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).

Use of Smokeless Tobacco Healthy People 2020 Target = 0.3% or Lower

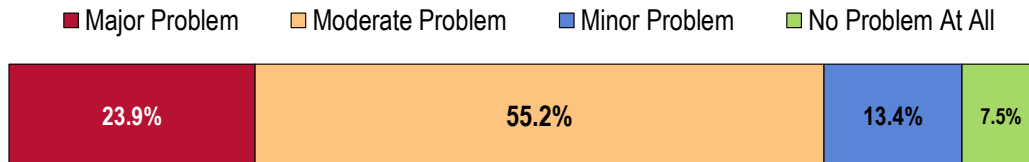


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 60]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Georgia 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.

Key Informant Input: Tobacco Use

A majority of key informants taking part in an online survey characterized *Tobacco Use* as a “moderate problem” in the community.

Perceptions of Tobacco Use as a Problem in the Community (Key Informants, 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:

Prevalence/Incidence

Utilization is still high. - Physician

There is a lot of tobacco use in the community and not many resources to help people quit. - Community/Business Leader

You constantly see people smoking. - Community/Business Leader

Lots of folks smoke and dip in the area. Middle school kids dip and chew. I think the school system should do an educational series on the dangers of chewing tobacco with graphic pictures. - Other Health Provider

Addictive

Very addictive. People buy tobacco products before other needs in their lives. - Public Health Representative

People in older generations cannot break their smoking habit. Also young people may think that it is cool to smoke in front of their peers. - Community/Business Leader

People are still smoking when they know that it causes various types of cancer and other heart and respiratory diseases. - Community/Business Leader

Rural Population

Former tobacco user, highly rural population. Tobacco, particularly smokeless, is part of that. - Community/Business Leader

Lack of Education

Education level. - Physician

Lack Coping Mechanisms

No stress management, following example, lack of resources to quit. - Physician

Poverty

Socio-economic conditions. - Other Health Provider

Access to Health Services



Professional Research Consultants, Inc.

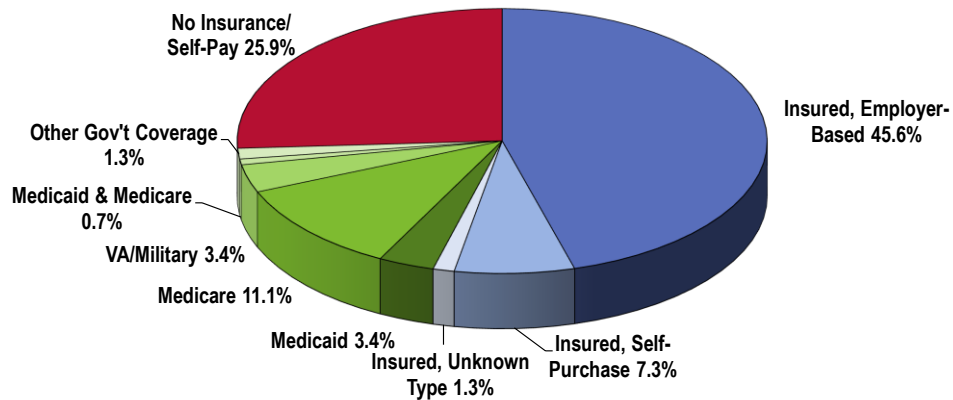
Health Insurance Coverage

Type of Healthcare Coverage

A total of 54.2% of Putnam County adults age 18 to 64 report having healthcare coverage through private insurance. Another 19.9% 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; Putnam County, 2015)



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
Notes: • Reflects respondents age 18 to 64.

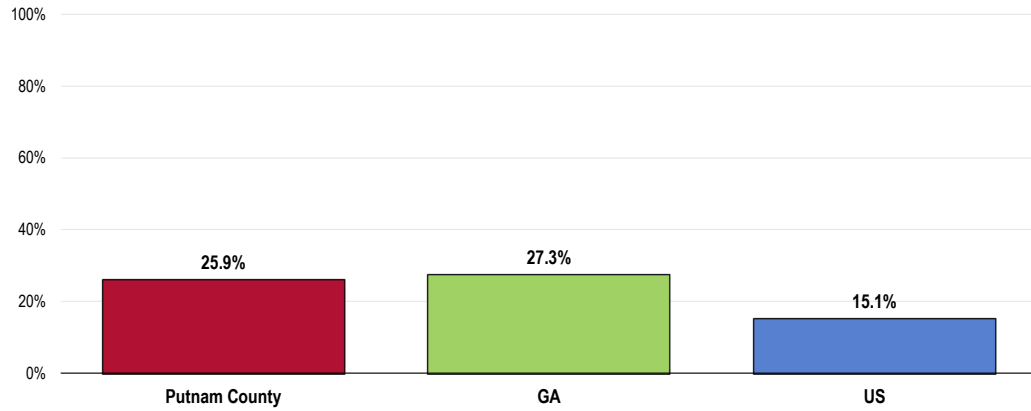
Lack of Health Insurance Coverage

Among adults age 18 to 64, 25.9% 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).

- Similar to the state finding.
- Less favorable than the national finding.
- The Healthy People 2020 target is universal coverage (0% uninsured).

Lack of Healthcare Insurance Coverage (Among Adults Age 18-64) Healthy People 2020 Target = 0.0% (Universal Coverage)

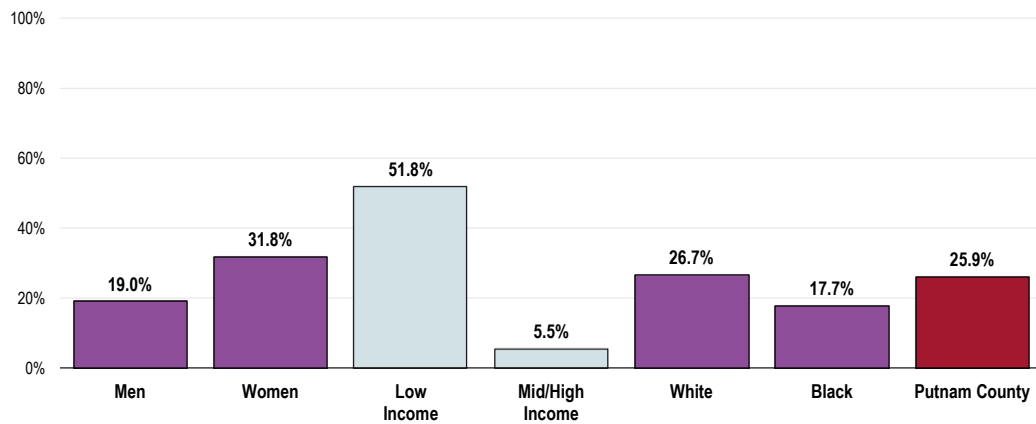


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 Georgia data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

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

- Low income residents are far more likely to be without healthcare insurance coverage than those with mid/high incomes (note the 51.8% uninsured prevalence among low-income adults).

Lack of Healthcare Insurance Coverage (Among Adults Age 18-64; Putnam 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]

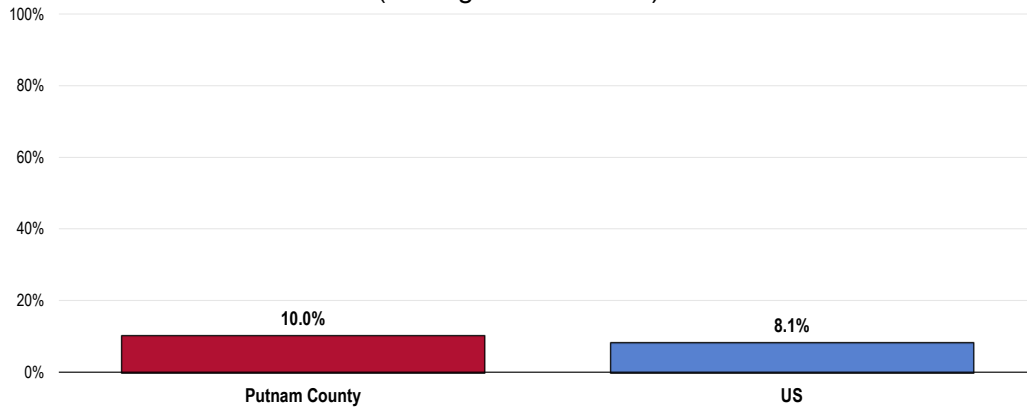
Notes: • Asked of all respondents under the age of 65.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Recent Lack of Coverage

Among currently insured adults in Putnam County, 10.0% report that they were without healthcare coverage at some point in the past year.

- Similar to US findings.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year (Among Insured Adults)

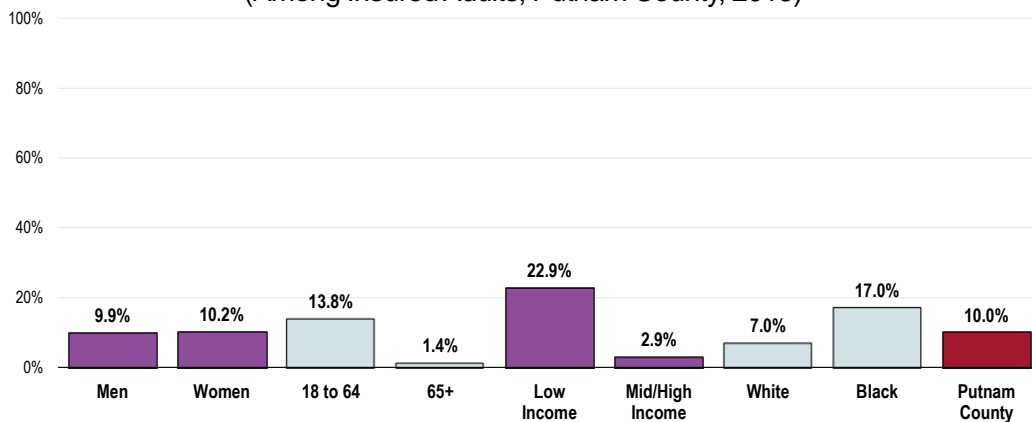


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 79]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all insured respondents.

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.
- Low income residents.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year (Among Insured Adults; Putnam 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

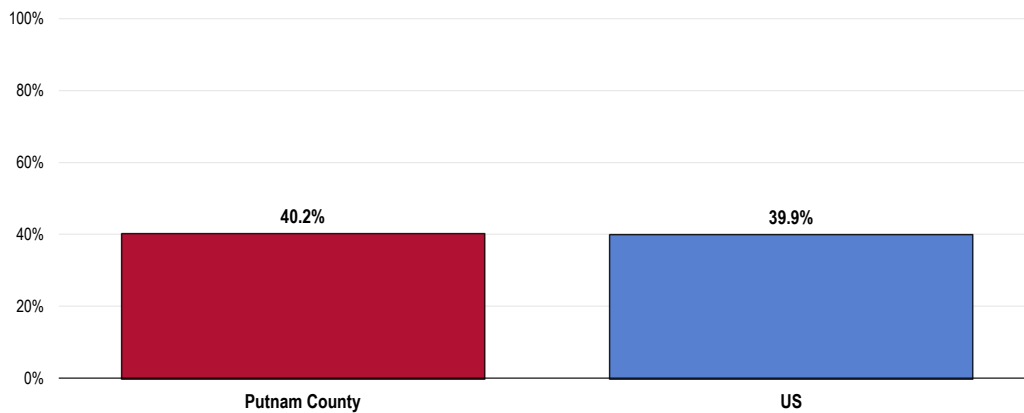
Difficulties Accessing Services

A total of 40.2% of Putnam County adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Statistically no different from national findings.

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.

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

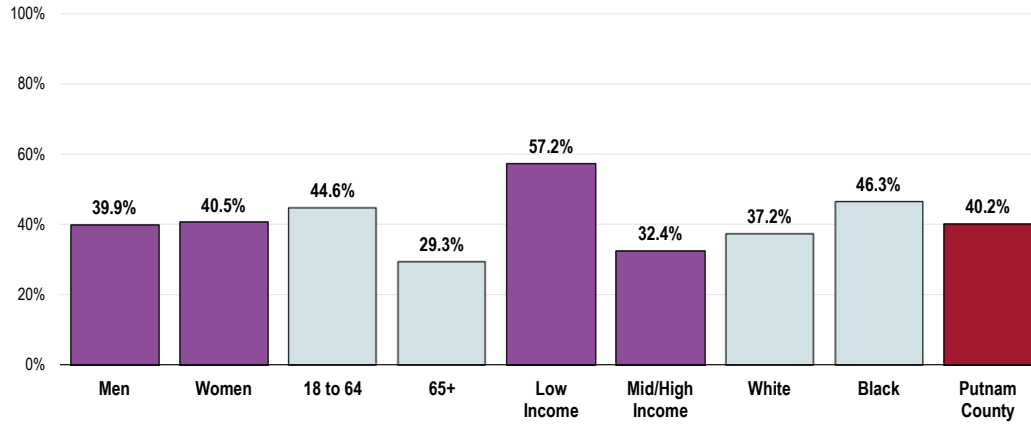


- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.

- Notes:
- Asked of all respondents.
 - Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

- Note that adults under age 65 and low income residents more often report difficulties accessing healthcare services.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year (Putnam 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

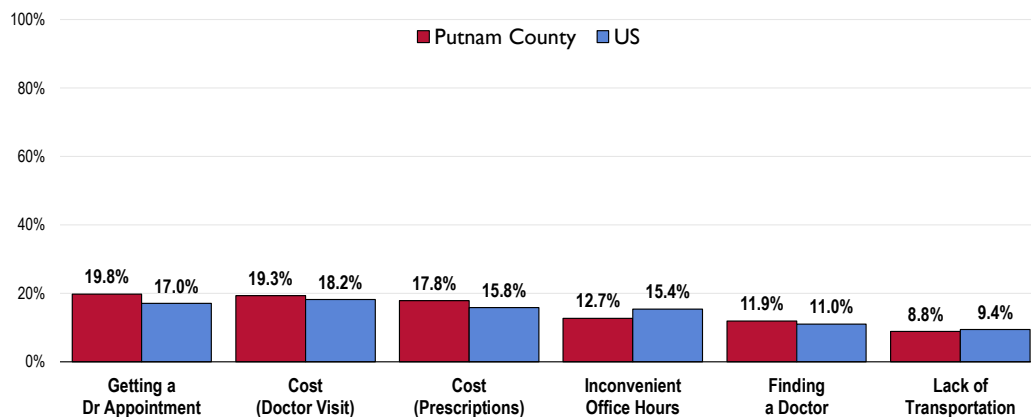
Of the tested barriers, **getting a doctor's appointment** impacted the greatest share of Putnam County adults (19.8% say that lack of appointment availability prevented them from obtaining a visit to a physician in the past year).

- The proportion of Putnam County adults impacted was statistically comparable to that found nationwide for each of the tested barriers.

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.

Barriers to Access Have Prevented Medical Care in the Past Year



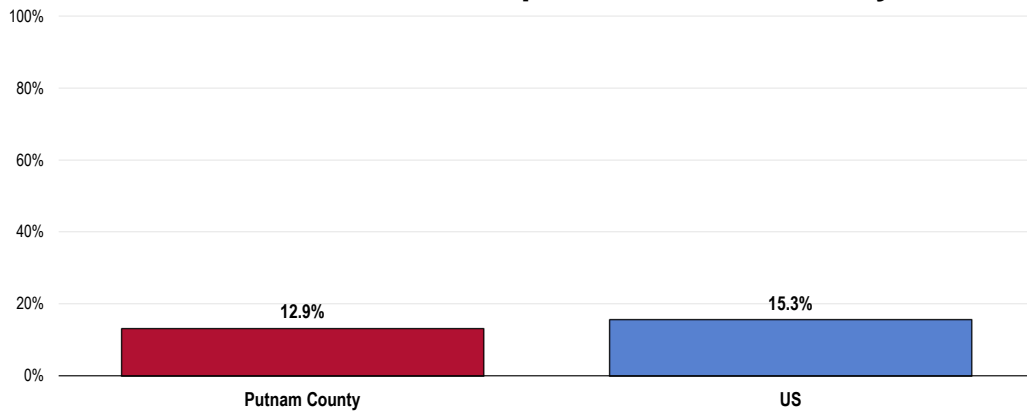
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-12]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Prescriptions

Among all Putnam County adults, 12.9% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- Comparable to national findings.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

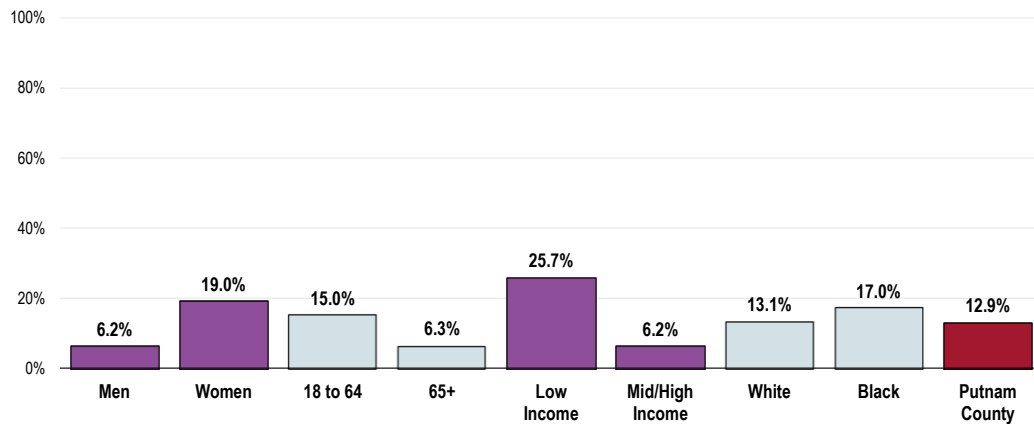


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Adults more likely to have skipped or reduced their prescription doses include:

- Women.
- Adults age 18 to 64.
- Respondents with low incomes.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money (Putnam 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

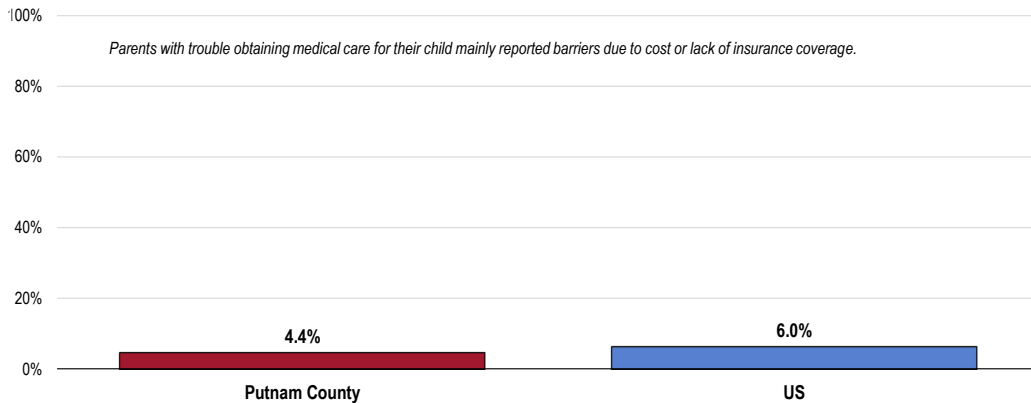
Accessing Healthcare for Children

A total of 4.4% 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.

- Similar to what is reported nationwide.

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.

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



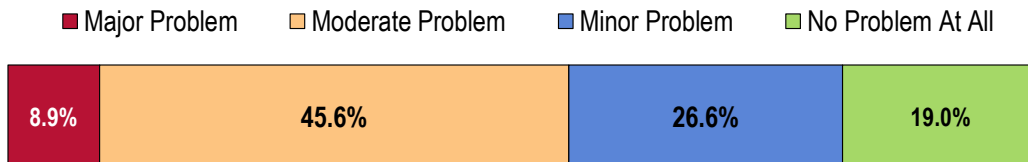
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 111-112]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.

Among the parents experiencing difficulties, the majority cited **cost or a lack of insurance** as the primary reason.

Key Informant Input: Access to Healthcare Services

Key informants taking part in an online survey largely 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:

Cost/Insurance

Affordable preventive care and effective treatment for cancers and heart disease. - Social Services Provider

Insurance issues, lack of doctors at the hospital and lack of resources at the hospital. - Community/Business Leader

Uninsured patients at our local hospital. I am aware it is a problem for every hospital. - Community/Business Leader

Patients say they cannot afford health insurance but seem to be fully capable of purchasing cable TV, alcohol, cocaine, expensive wheels for their cars. It is not that they cannot, but that they choose to spend their money on other things. - Physician

Senior citizens getting Medicare and abusing the service. Many say Medicare pays it, creating problems for younger people when they will need it. - Community/Business Leader

Lack of Providers

There is a lack of providers in the area. - Physician

Limited number of providers because of small town. - Community/Business Leader

Lack of primary care specialists and poverty and underinsured, plus ignorance. - Physician

Need reliable access to General Surgery and specialists. - Physician

Distance to Care

People in the community have to travel significant distances for major illnesses or injuries. - Social Services Provider

With serious illnesses, a patient has to be transported at least to Athens and possibly to Atlanta. Our area is pretty rural. - Community/Business Leader

Limited Resources

There is not enough help for special needs kids and families. - Community/Business Leader

Type of Care Most Difficult to Access

Key informants (who rated this as a “major problem”) most often identified primary care and specialty care as the most difficult to access in the community.

	Most Difficult to Access	Second-Most Difficult to Access	Third-Most Difficult to Access	Total Mentions
Primary Care	14.3%	14.3%	28.6%	4
Specialty Care	0.0%	14.3%	42.9%	4
Mental Health Care	28.6%	14.3%	0.0%	3
Urgent Care	14.3%	28.6%	0.0%	3
Chronic Disease Care	14.3%	14.3%	0.0%	2
Elder Care	14.3%	0.0%	14.3%	2
Prenatal Care	14.3%	0.0%	0.0%	1
Substance Abuse Treatment	0.0%	14.3%	0.0%	1
Dialysis	0.0%	0.0%	14.3%	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

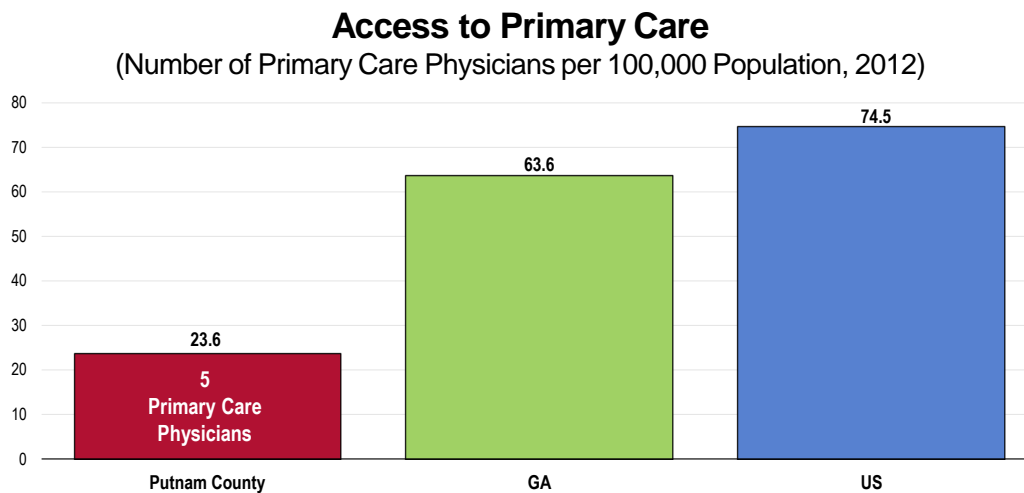
Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease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

- Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

In Putnam County in 2012, there were 5 primary care physicians, translating to a rate of 23.6 primary care physicians per 100,000 population.

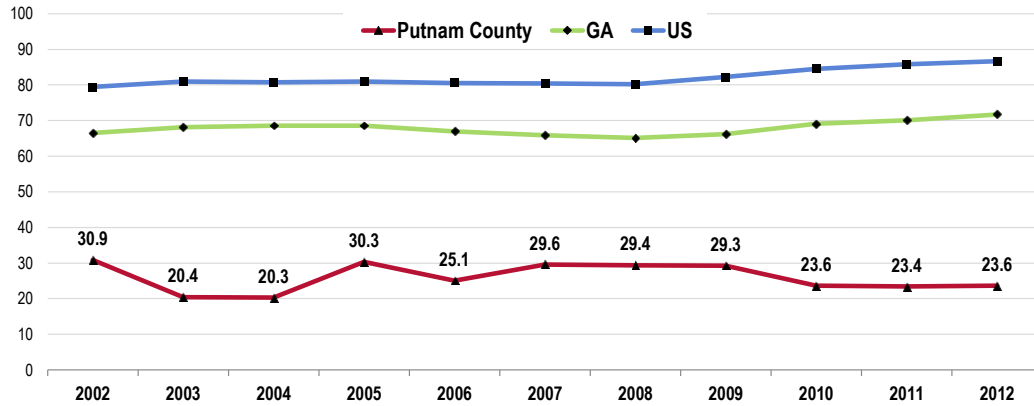
- Well below the primary care physician-to-population ratio found statewide.
- Well below the ratio found nationally.



- Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2012.
 - Retrieved December 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: Access to primary care (in terms of the ratio of primary care physicians to population) has not changed greatly over the past decade in Putnam County.

Trends in Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population)



- Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2012.
 - Retrieved December 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 three-fourths (74.8%) of Putnam County adults were determined to have a specific source of ongoing medical care.

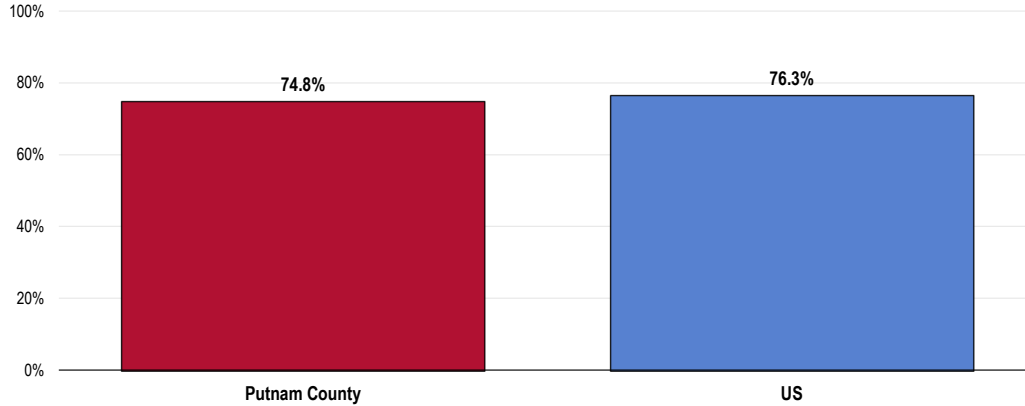
- Similar to national findings.
- Fails to satisfy the Healthy People 2020 objective (95% or higher).

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]

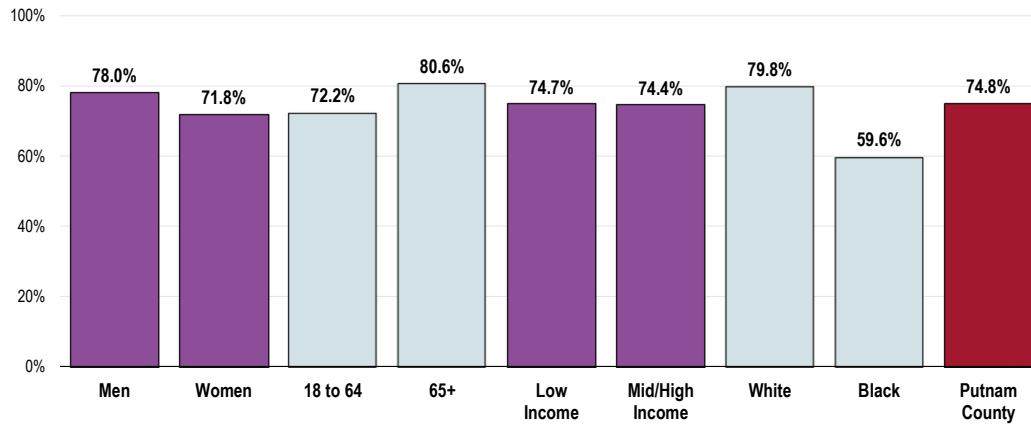


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 166]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]
 Notes: • Asked of all respondents.

- When viewed by demographic characteristics, Blacks are notably less likely to have a specific source of care.
- Among adults age 18-64, 72.2% have a specific source for ongoing medical care, statistically similar to national findings (not shown).
 - Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).
- Among adults 65+, 80.6% have a specific source for care, very close to 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 (Putnam County, 2015)

Healthy People 2020 Target = 95.0% or Higher [All Ages]; ≥89.4% [18-64]; 100% [65+]



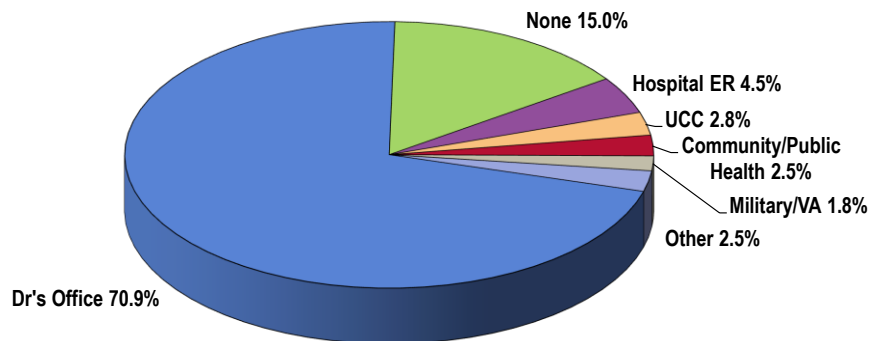
- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 166-168]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives AHS-5.1, 5.3, 5.4]
- Notes:
- Asked of all respondents.
 - Hispanics can 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (70.9%) identified a particular doctor's office, followed by references to a hospital emergency room (mentioned by 4.5%) and urgent care centers (2.8%).

Note that 2.5% of respondents rely on a public or community health center, and 1.8% uses some type of military/VA facility.

Particular Place Utilized for Medical Care (Putnam County, 2015)



- Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 15-16]
- Notes:
- Asked of all respondents.

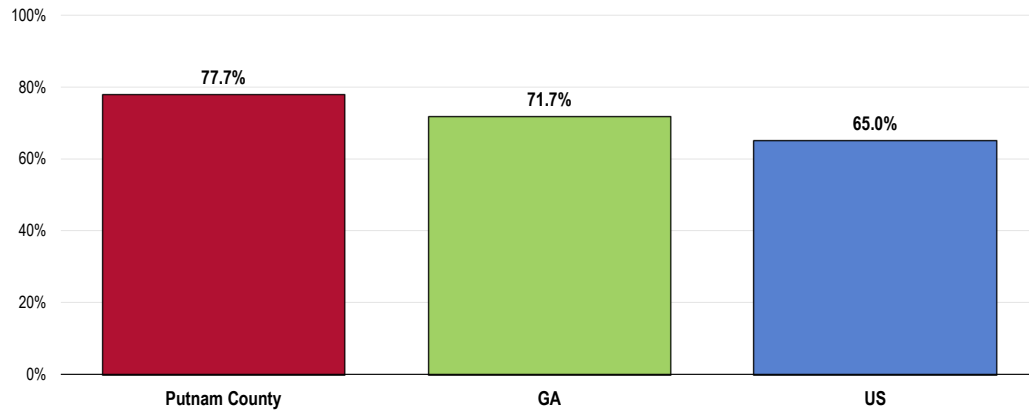
Utilization of Primary Care Services

Adults

Most area adults (77.7%) visited a physician for a routine checkup in the past year.

- More favorable than Georgia findings.
- More favorable than national findings.

Have Visited a Physician for a Checkup in the Past Year



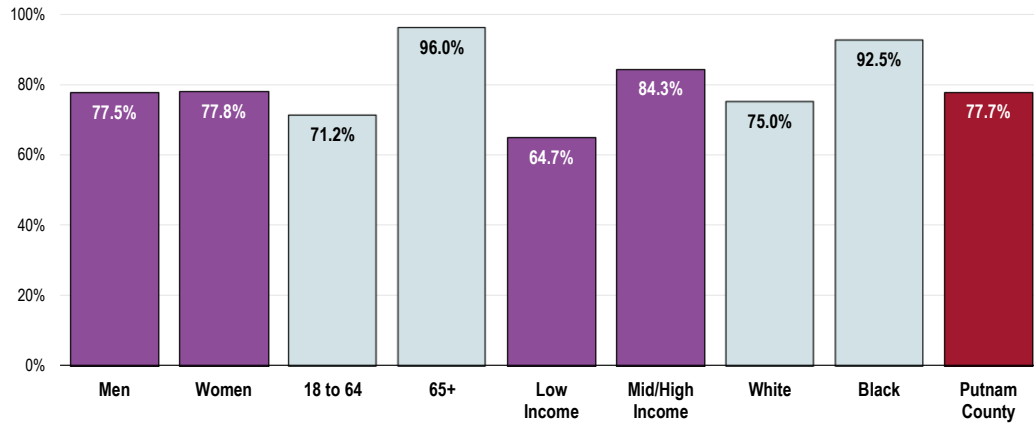
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 Georgia data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

The following demographic segments are less likely to have received routine care in the past year:

- Adults under age 65.
- Low income residents.
- Whites.

Have Visited a Physician for a Checkup in the Past Year (Putnam County, 2015)



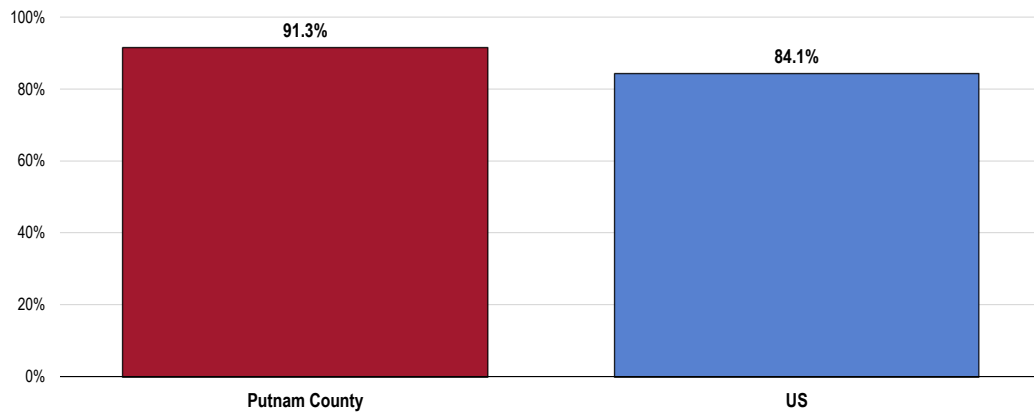
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among surveyed parents, 91.3% report that their child has had a routine checkup in the past year.

- Statistically comparable to national findings.

Child Has Visited a Physician for a Routine Checkup in the Past Year (Among Parents of Children 0-17)

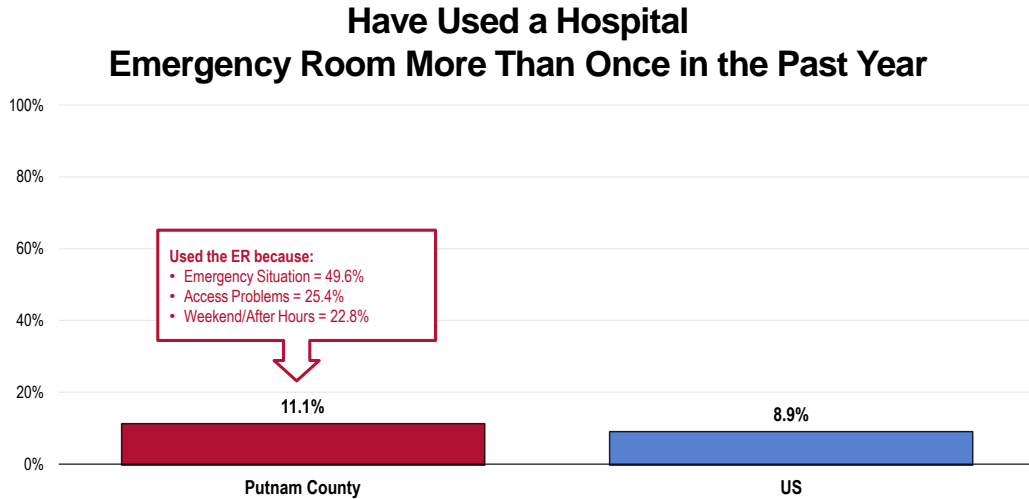


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 113]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.

Emergency Room Utilization

A total of 11.1% of Putnam County adults have gone to a hospital emergency room more than once in the past year about their own health.

- Similar to national findings.



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 23-24]

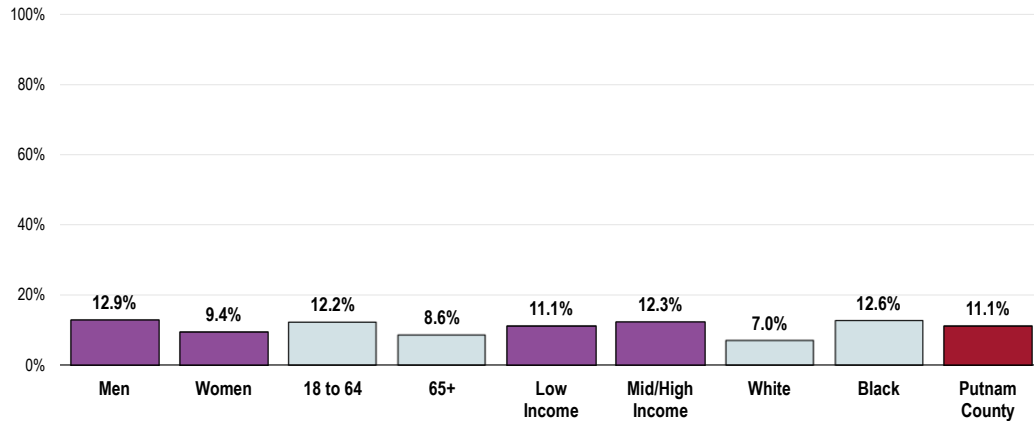
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Of those using a hospital ER, 49.6% say this was due to an **emergency or life-threatening situation**, while 25.4% cited **difficulties accessing primary care** for various reasons. A total of 22.8% indicated that the visit was during **after-hours or on the weekend**.

- The proportion of adults using an ER for medical care more than once in the past year is not statistically different by demographic characteristics.

Have Used a Hospital Emergency Room More Than Once in the Past Year (Putnam 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use**; **excessive alcohol use**; and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

- Healthy People 2020 (www.healthypeople.gov)

Dental Care

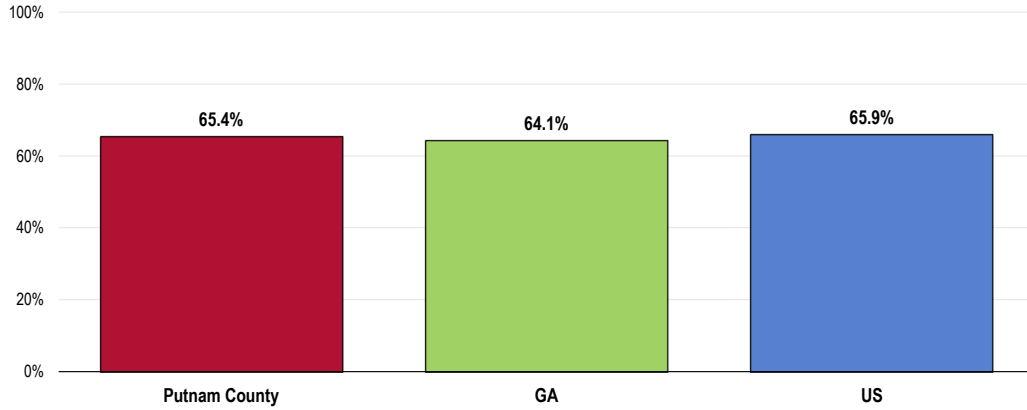
Adults

Nearly two-thirds (65.4%) of Putnam County adults have visited a dentist or dental clinic (for any reason) in the past year.

- Similar to statewide findings.
- Similar to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2012 Georgia data.

Notes: • Asked of all respondents.

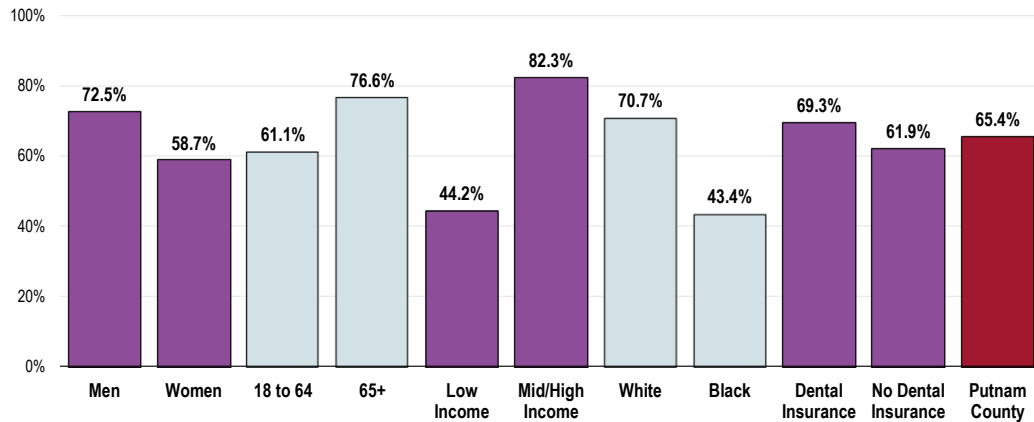
Note the following:

- Men, seniors (65+), persons living in the mid/high income category, and Whites report much higher utilization of oral health services than their demographic counterparts.
- There is no statistical difference between those with and without dental insurance coverage.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Putnam 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]

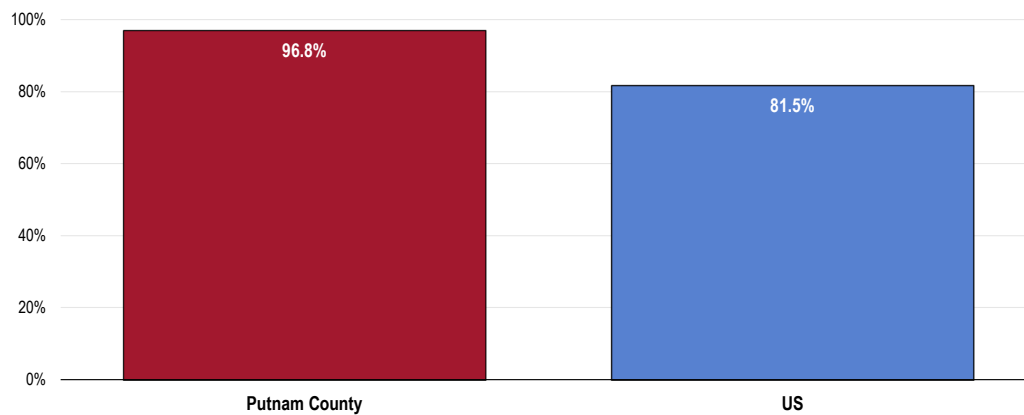
Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household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

Children

A total of 96.8% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Notably more favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).

Child Has Visited a Dentist or Dental Clinic Within the Past Year (Among Parents of Children Age 2-17) Healthy People 2020 Target = 49.0% or Higher



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 116]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]

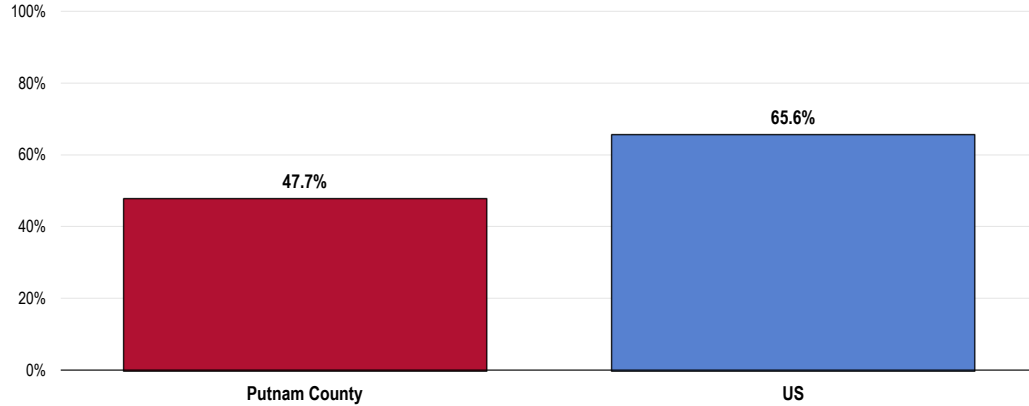
Notes: • Asked of all respondents with children age 2 through 17.

Dental Insurance

A total of 47.7% of Putnam County adults have dental insurance that covers all or part of their dental care costs.

- Notably lower than the national finding.

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

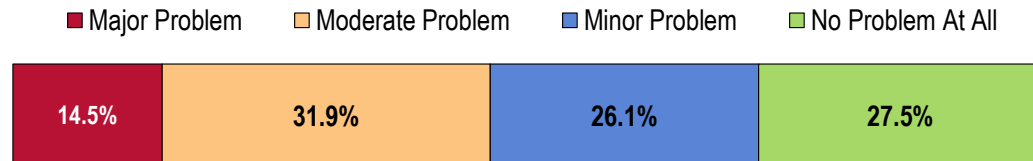


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Key Informant Input: Oral Health

The largest share of key informants taking part in an online survey 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 to Services

Again low income and lack of immediacy. Fear of dentists. - Community/Business Leader

A lot of low income people do not have access to this care. - Community/Business Leader

Decreased access to care. - Physician

Lack of Insurance

It is a problem because of lack of dental insurance. - Community/Business Leader

Lack of insurance. - Physician

Lifestyle

Lack of interest in personal hygiene. Parents use the threat of needle when going to the doctor and don't teach appropriate dental care. People would rather spend money on irresponsible but pleasurable activities than responsible, but expensive activities. - Physician

The first thing I noticed upon moving to this community was the poor dental work and lack of dental hygiene. - Community/Business Leader

Prevalence/Incidence

Contact that I have with people, I see it firsthand. - Community/Business Leader

Vision Care

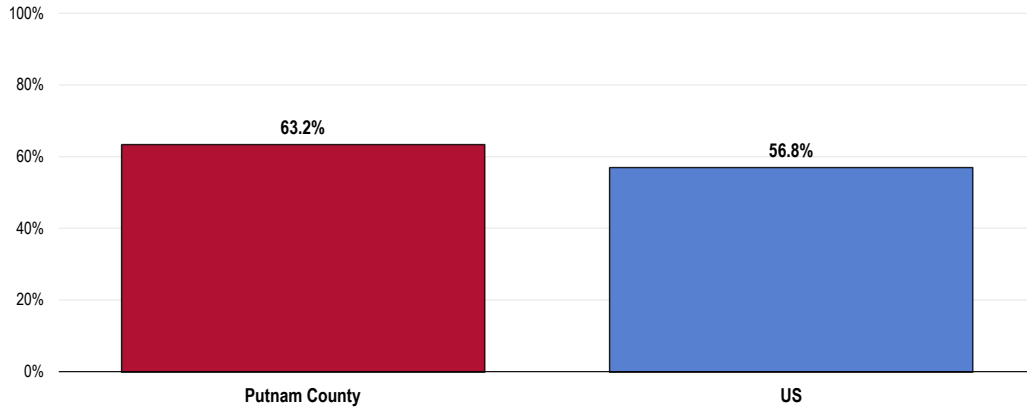
A total of 63.2% of service area residents had an eye exam in the past two years during which their pupils were dilated.

RELATED ISSUE:

See also [Vision & Hearing](#) in the [Death, Disease & Chronic Conditions](#) section of this report.

- More favorable than national findings.

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



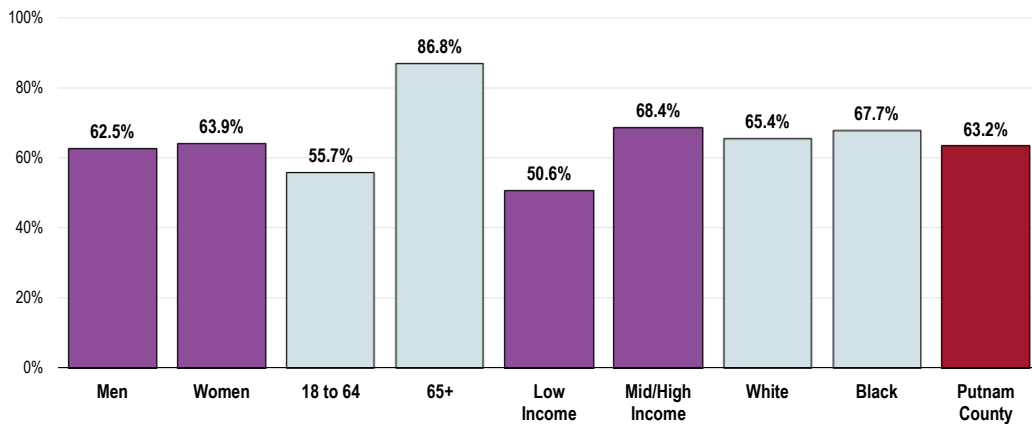
Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Recent vision care in Putnam County is more often reported among:

- Seniors (65+).
- Those with mid/high incomes.

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



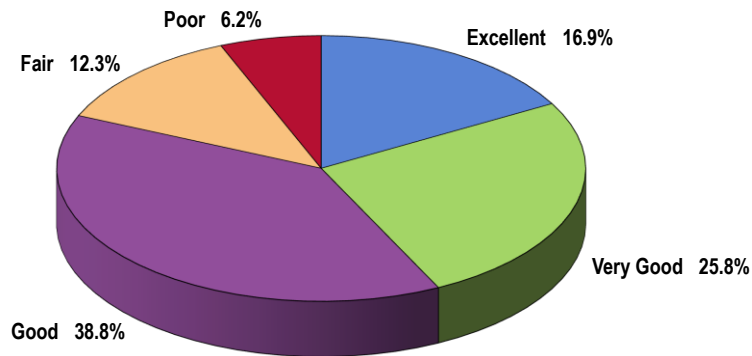
Professional Research Consultants, Inc.

Perceptions of Local Healthcare Services

A total of 42.7% of Putnam County adults rate the overall healthcare services available in their community as “excellent” or “very good.”

- Another 38.8% gave “good” ratings.

Rating of Overall Healthcare Services Available in the Community
(Putnam County, 2015)

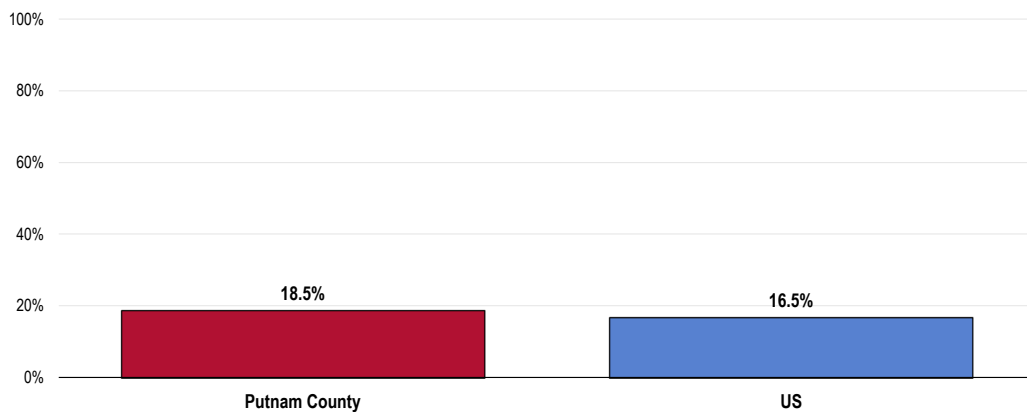


Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 18.5% of residents characterize local healthcare services as “fair” or “poor.”

- Similar to the “fair/poor” rating reported nationally.

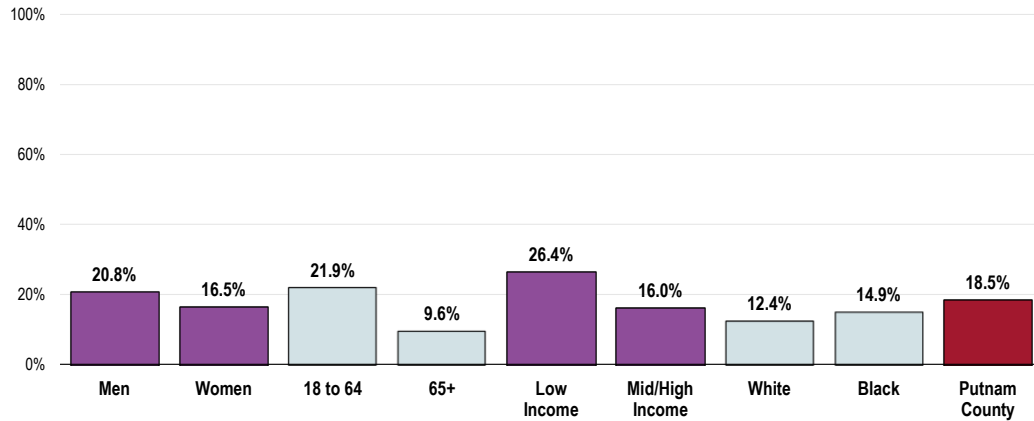
Perceive Local Healthcare Services as “Fair/Poor”



Sources: • 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Putnam County adults age 18 to 64 and those with low incomes are more critical of local healthcare services.

Perceive Local Healthcare Services as “Fair/Poor” (Putnam County, 2015)



Sources: ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

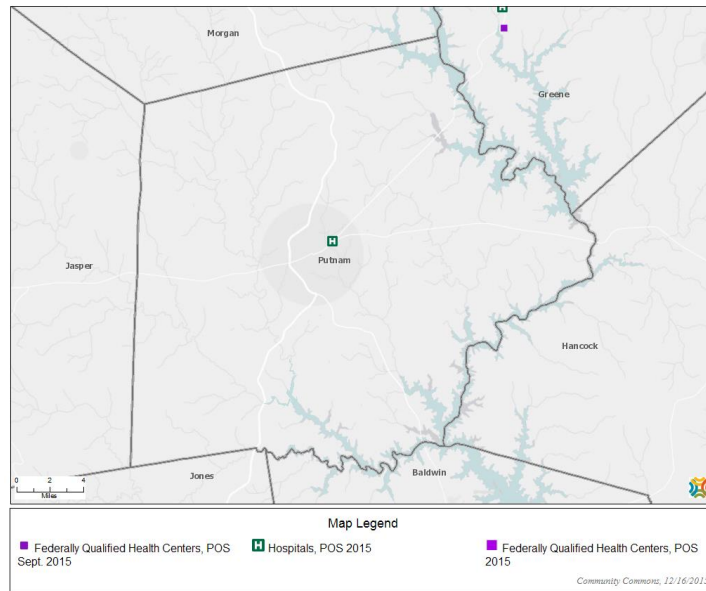
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household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

Healthcare Resources & Facilities

Hospitals & Federally Qualified Health Centers (FQHCs)

The following map details that one hospital is located within Putnam County as of September 2015.

Hospitals & Federally Qualified Health Centers, POS Sept. 2015



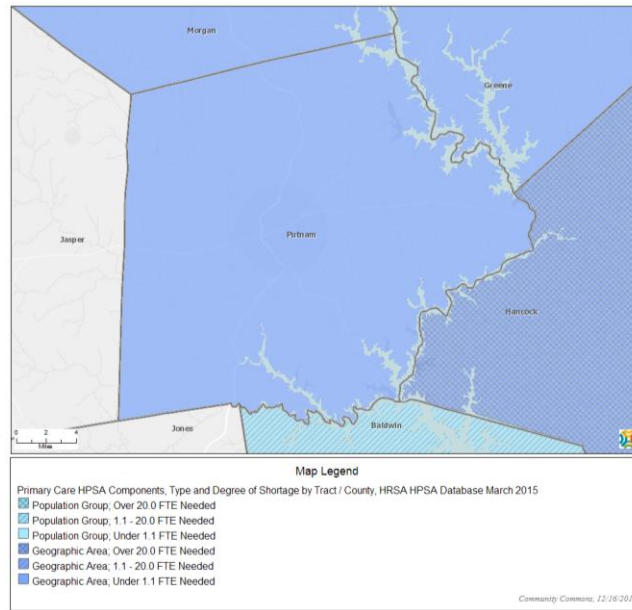
Source: US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services (POS) File: Sept. 2015.

Health Professional Shortage Areas (HPSAs)

The following map illustrates that Putnam County has been designated by the US Department of Health and Human Services as a health professional shortage area (HPSA).

A "health professional shortage area" (HPSA) is defined as having a shortage of primary medical care, dental or mental health professionals.

Population Living in a HPSA, Percent, HRSA HPSA Database March 2015



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

- Cancer Center
- Cowles Clinic
- Health Department
- Pharmacy
- Primary Care Providers
- Private Provider
- Putnam General Hospital
- St. Mary's Hospital
- Tender Care Clinic
- Transit
- Urgent Care Center
- Paint Eatonton Gold
- Physical Therapy
- Private Provider
- Putnam County Health Department
- Putnam General Hospital
- Radiation Oncology
- St. Mary's Hospital
- Tender Care Clinic
- Women's Organizations

Arthritis, Osteoporosis & Chronic Back Conditions

- Health Department
- Hospital
- Physical Therapy
- Private Provider
- Putnam General Hospital
- St. Mary's Hospital

Cancer

- Cancer Center
- Churches
- County Health Services
- Cowles Clinic
- Diabetes Education
- Good Samaritan at St. Mary's
- Heart Disease Rehabilitation
- Hospital
- Mobile Imaging

Chronic Kidney Disease

- Cowles Clinic
- Dialysis Clinic
- Health Department
- Private Provider
- Transit

Dementias, Including Alzheimer's Disease

- Alzheimer's Association
- Elder Care Programs
- First Baptist Church
- Nursing Home
- Private Provider
- Putnam General Hospital
- Senior Citizen's Program
- Support Groups

Diabetes

- American Diabetic Association
- Cardiology Care Clinic
- Community Group

- Diabetes Education
- Emergency Room
- Home Health
- Hospital
- Lake Oconee Nutritionist
- Primary Care Providers
- Private Provider
- Putnam County Health Department
- Putnam General Hospital
- School System
- Tender Care Clinic
- Urgent Care Center

Family Planning

- Atlas Ministries
- County Health Organization
- Gynecology
- Library
- Primary Care Providers
- Private Provider
- Putnam County Health Department
- Putnam General Hospital
- School System

Heart Disease & Stroke

- American Heart Association
- Cardiology Rehab
- Eatonton Health and Rehab
- Emergency Room
- Home Health
- Hospital
- Insurance Programs
- Navicent Cardiology Care
- Piedmont Hospital
- Primary Care Providers
- Private Provider
- Putnam County Health Department

- Putnam General Hospital
- Tender Care Clinic

HIV/AIDS

- Health Department
- Hospital

Immunization & Infectious Diseases

- Health Department
- Pharmacy
- Primary Care Providers

Infant & Child Health

- Churches
- Hospital
- Private Provider
- Program for Pregnant Mothers
- Putnam County Health Department
- School System

Injury & Violence

- Domestic Violence Shelter
- Fire Department
- Law Enforcement
- Mothers Against Crime

Mental Health

- Advantage Behavioral Health
- Churches
- County Health Officials
- Department of Family Services
- Emergency Room
- Health Department
- Hospital
- Inpatient Referral Base
- Local Organizations
- Outpatient Mental Health
- PCCSS
- Primary Care Providers
- Private Provider

- River's Edge

Nutrition, Physical Activity & Weight

- Chamber Programs
- Churches
- City of Eatonton Walking Trail
- Civic Organizations
- Dietitian
- Emergency Room
- Family Connection
- Fitness Center/Gym
- Grocery Store
- Parks and Recreation
- Primary Care Providers
- Private Provider
- Putnam County Recreation Department
- Putnam General Hospital
- School System
- The Plaza Arts Center
- The Rec Center
- YMCA

Oral Health

- Dental Clinic
- Dental Mobiles
- Free Clinics
- Primary Care Providers
- School System
- Tender Care Clinic

Respiratory Diseases

- Home Health
- Private Provider
- Putnam General Hospital
- Support Groups

Sexually Transmitted Diseases

- Private Provider
- Putnam County Health Department

Substance Abuse

- AA/NA
- Churches
- Emergency Room
- Judicial System
- Oconee Center
- Putnam General Hospital
- River's Edge
- School System

Tobacco Use

- GA Tobacco Quit Line
- Health Department
- Private Provider
- Putnam General Hospital