

Differences in Health Status

DeKalb County residents are diverse in race, ethnicity and income. Due to this diversity, the county is particularly vulnerable to health differences among its residents. Such differences are due to one group within a population having noticeably better or worse health than other groups. In particular, people who differ by sex, race/ethnicity, education, income, disability, location or sexual orientation often experience different levels of wellness throughout their life.

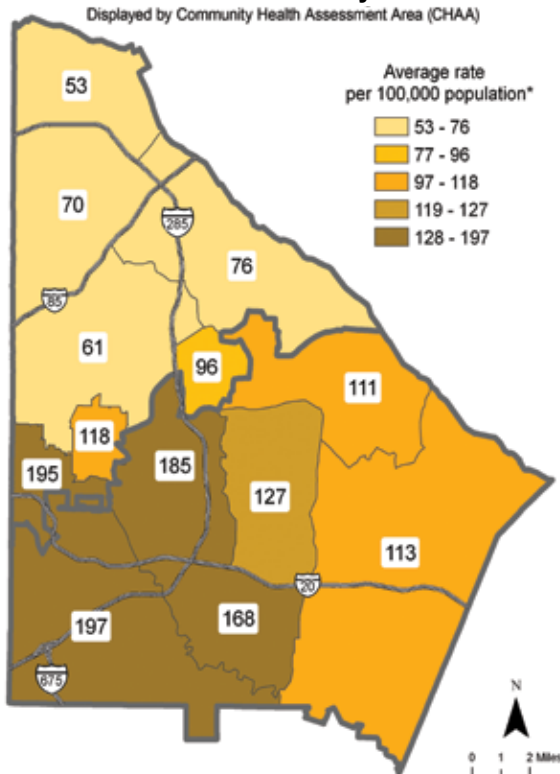
DeKalb County has startling health gaps between racial/ethnic groups and between income groups, for example. These differences can be found in residents' health status, their access to health care and the features of their environment that can affect their health. Eliminating differences in health status is a main goal of the U.S. Department of Health and Human Services' Healthy People 2010 initiative (refer to Appendices). "Health disparities," "health equity" and "social determinants of health" are other terms used when discussing health differences between groups.

GEOGRAPHIC DIFFERENCES

Differences in health status often occur by geographic region. Figures 51 through 53 below were divided into community health assessment areas (CHAAs) and illustrate the boundary between north and south DeKalb. These regions were used in other maps and tables throughout this report to display differences in the health of DeKalb County residents. (See Methodology for more information.)

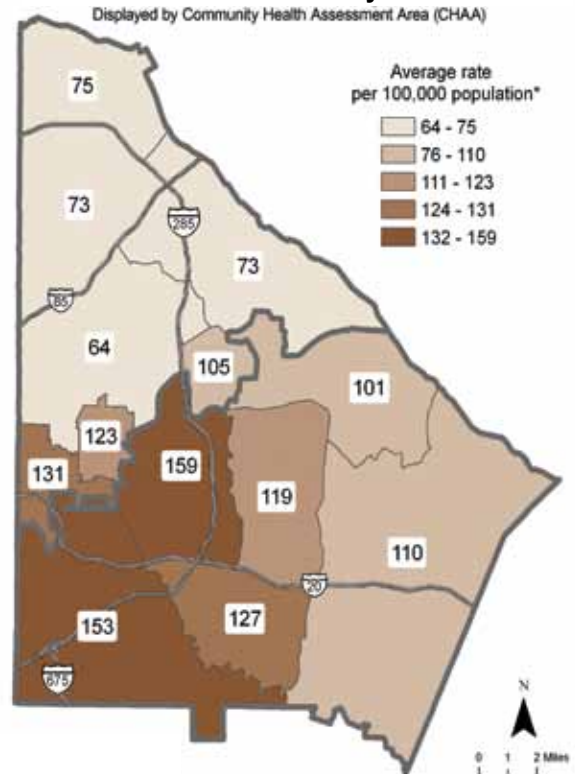


**Figure 51: Diabetes morbidity, 2002-2007
DeKalb County**



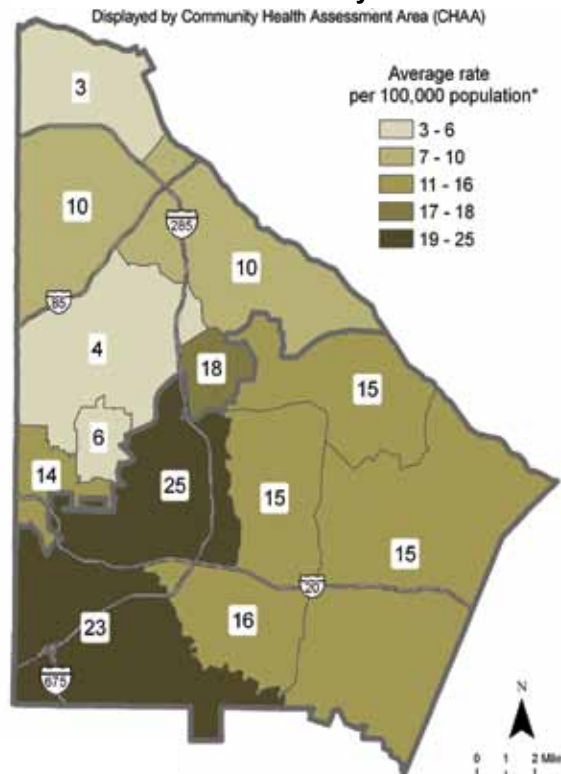
Source: Online Analytical Statistical Information System (OASIS), Georgia Department of Community Health, Division of Public Health; Atlanta Regional Commission.

**Figure 52: Asthma morbidity, 2002-2007
DeKalb County**



Source: Online Analytical Statistical Information System (OASIS), Georgia Department of Community Health, Division of Public Health; Atlanta Regional Commission.

**Figure 53: Homicide mortality, 2002-2007
DeKalb County**



Source: Online Analytical Statistical Information System (OASIS), Georgia Department of Community Health, Division of Public Health; Atlanta Regional Commission.

There are notable differences in racial, ethnic and social backgrounds between south and north DeKalb. The following tables break down the demographic differences between the two regions.

Table 53. Demographic characteristics of south versus north DeKalb County residents, 2000		
General Characteristics	South DeKalb*	North DeKalb**
Total population	327,155	338,710
White	10.5%	60.3%
Black or African-American	85.7%	23.9%
American Indian and Alaska Native	0.2%	0.3%
Asian and Pacific Islander	0.9%	7.0%
Other race	1.1%	5.9%
Two or more races	1.6%	2.6%
Hispanic or Latino (of any race)	2.3%	13.3%
Average household size	2.91	2.43
Average family size	3.35	3.01
Number of family households (with ≥1 own children <18yrs)	52,169	35,796
Married couple family	27,192	23,259
Single parent (male)	3,779	2,934
Single parent (female)	21,198	9,603
Social Characteristics		
% High school graduate or higher (25 years and older)	67.5%	84.9%
% Bachelor's degree or higher (25 years and older)	14.8%	46.2%
% Foreign-born	14.7%	22.8%
% Speak a language other than English at home (5 years and older)	8.2%	26.2%
Number of non-English speaking households (5 years and older)	1,837	10,836
Economic Characteristics		
In labor force (16 years and older)	170,103	197,983
Median household income 1999	\$40,935	\$51,619
Median family income 1999	\$41,513	\$58,788
Median per capita income 1999	\$18,099	\$30,486
Number of households with public assistance income	3,310	2,133

*Includes Community Health Assessment Areas of Avondale/Towers/Columbia, Lithonia, McNair/Cedar Grove, Redan, Southwest DeKalb/MLK Jr. and Stone Mountain/Stephenson.

**Includes Community Health Assessment Areas of Atlanta, Decatur, Druid Hills/Lakeside, Clarkston, Dunwoody, Chamblee/Cross Keys and Tucker.

Source: U.S. Census, 2000.

DIFFERENCES IN HEALTH STATUS

Differences in health status exist between people of different racial/ethnic groups and between people with different household incomes.

Significant findings about health status differences include:

- Blacks reported receiving a diabetes diagnosis significantly more often than whites and were significantly more likely to be overweight or obese than whites, even when controlling for income differences (Table 54).
- Individuals from a multi-racial (2 or more races) heritage also were more likely to be diagnosed with diabetes and more likely to be overweight or obese than whites. However, this finding should be interpreted with caution due to a very small sample of multi-racial participants (24 participants) (Table 54).
- Individuals in households with an income under \$50,000 were significantly more likely to have diabetes than those in households with higher incomes (Table 55).

Table 54 presents differences in individuals' health status based on race/ethnicity.

Table 54: Health status differences by race and ethnicity, 2007 DeKalb County					
	White	Black or African American	2 or More Races	Other Race	Hispanic (of any race)
Health Status					
Diagnosed with diabetes	5%	10% *, **	16% *	4%	9%
Diagnosed with asthma	9%	15% *, **	22%	10%	12%
Overweight or obese	52%	68% *, **	75% **	42%	60%
Are a current cigarette smoker	11%	14%	23%	1%	8%

Note: Percentage captures persons answering *Yes* to the above statements.
 Note: The following numbers represent the number of people who agreed to participate in phone survey; calls were made using random digit dialing; white (n=1,227), black (n=896), 2 or more races (n=24), other race (n=88), and Hispanic of any race (n=76).

*Indicates a statistically significant ($p < .05$) difference exists between that particular race or ethnicity and whites in the sample.

**Indicates a statistically significant ($p < .05$) difference exists between that particular race or ethnicity and whites in the sample even when controlling for household income.

Source: DeKalb Behavioral Risk Factor Surveillance System Survey.

Table 55 presents differences in health status based on income.

Table 55: Health status differences by annual household income, 2007 DeKalb County					
	Income less than \$15,000	\$15,000-\$25,000	\$25,000-\$35,000	\$35,000-\$50,000	Income over \$50,000
Health Status					
Diagnosed with diabetes	14%*	13%*	11%*	8%*	5%
Diagnosed with asthma	21%	14%	15%	11%	12%
Overweight or obese	62%	61%	58%	55%	59%
Are a current cigarette smoker	32%*	23%*	11%	14%*	8%

Note: Percentage captures persons answering *Yes* to the above statements.
 Note: The following numbers represent the number of people who agreed to participate in phone survey; calls were made using random digit dialing; income less than \$15,000 (n=137), \$15,000-\$25,000 (n=254), \$25,000-\$35,000 (n=217), \$35,000-\$50,000 (n=315), and income over \$50,000 (n=1064).

*Indicates a statistically significant ($p < .05$) difference exists between that particular income group and those in the sample making over \$50,000 a year.

Source: DeKalb Behavioral Risk Factor Surveillance System Survey.

DIFFERENCES IN ACCESS TO HEALTH CARE

The concept “access to health care” refers to how easily someone can obtain high quality health care. The factors that affect one’s access to health care include:

- Health insurance coverage.
- Affordability of health care.
- Locations and hours of health care providers.
- Quality of care.
- Transportation to and from providers.
- Providers that understand your particular cultural practices.

As with health status, there are differences in access to health care between people of different racial/ethnic groups, as well as between people in different income groups.

Significant differences in access to health care in 2007 include:

- Black and Hispanic populations were significantly less likely to have health insurance than whites, even when controlling for household income differences (Table 56).
- Despite this gap, black and Hispanic populations were more likely than whites to have seen a health care provider in the past year. However, they were less likely than whites to have seen a dentist in the past year (Table 56).
- Individuals in households with an income under \$50,000 were significantly less likely to have health insurance and to have seen a dentist recently than those in households with an income over \$50,000 (Table 57).

Table 56 presents differences in individuals' access to health care services based on race/ethnicity.

Table 56: Access to health care differences by race and ethnicity, 2007 DeKalb County					
	White	Black or African American	2 or More Races	Other Race	Hispanic (of any race)
Access to Health Care					
Currently have health insurance	94%	78%*, **	93%	85%	70%*, **
Check-up by a health care provider within the year	69%	76%*, **	81%	61%	85%*, **
Had an appointment with a dentist within the year	81%	64%*, **	53%*, **	71%	62%*, **

Note: Percentage captures persons answering Yes to the above statements.

*Indicates a statistically significant ($p < .05$) difference exists between that particular race or ethnicity and whites in the sample.

**Indicates a statistically significant ($p < .05$) difference exists between that particular race or ethnicity and whites in the sample even when controlling for household income.

Source: DeKalb Behavioral Risk Factor Surveillance System Survey.

Table 57 presents differences in individuals' access to health care services based on income.

Table 57: Access to health care by annual household income, 2007 DeKalb County					
	Income less than \$15,000	\$15,000-\$25,000	\$25,000-\$35,000	\$35,000-\$50,000	Income over \$50,000
Access to Health Care Services					
Currently have health care coverage	64%*	58%*	77%*	90%*	95%
Check-up by a health care provider within the year	69%	69%	80%	70%	72%
Had an appointment with a dentist within the year	51%*	56%*	60%*	64%*	83%

Note: Percentage captures persons answering Yes to the above statements.

*Indicates a statistically significant ($p < .05$) difference exists between that particular income group and those in the sample making over \$50,000 a year.

Source: DeKalb Behavioral Risk Factor Surveillance System Survey.

Access to health care is a complex issue. However, there are some actions both individuals and communities can take to ensure that everyone receives high quality health care.

What you can do

- Invest in health insurance through your job or locate other resources for health insurance coverage.
- When looking for a place to live, consider the distance to medical care facilities and how you will get to them.
- Find a provider that understands your cultural practices.

What your community can do

- Create a team of volunteers to transport neighbors to health care appointments.
- Encourage a health care provider to offer services in your neighborhood through health fairs or a mobile clinic.
- Create a list of area health care providers for newcomers to the community.

DIFFERENCES IN SOCIAL AND PHYSICAL ENVIRONMENTS

One's health can be affected by one's environment. There are social (that is, people-related) aspects of the environment that relate to health. The social environment includes all of the human factors that can affect community members' health.

Consider these aspects of the social environment that can influence health:

- Interaction and communication between neighbors.
- Community norms and values.
- Fear of being a victim of crime.
- Intolerance of others.

In addition, and perhaps more obviously, there are many elements of the physical environment that can affect health. These include both natural and man-made features. Consider these factors:

- Homes, schools, businesses and community facilities free from mold, mildew, asbestos and lead paint.
- Access to sidewalks, parks and greenspace.
- Access to grocery stores that have fresh foods.
- Number of fast food restaurants and convenience stores.
- Air and water quality.

In DeKalb County, significant environmental differences include:

- Compared to whites, blacks and other racial groups were significantly less likely to see neighbors walking or biking in their community (Table 58).
- Individuals with a multi-racial heritage were significantly less likely to believe their neighborhood has enough sidewalks (Table 58).
- Individuals in households with an income under \$35,000 were significantly less likely to believe it is safe to walk in their community than were people in households with higher incomes (Table 59).
- Individuals in households with an income under \$25,000 were significantly less likely to see people walking or biking in their community than were people in households with higher incomes (Table 59).

Table 58 below addresses environmental differences between racial/ethnic groups.

Table 58: Environmental differences by race and ethnicity, 2007 DeKalb County					
	White	Black or African American	2 or More Races	Other Race	Hispanic (of any race)
Believe it is safe to walk in their community	91%	87%	89%	89%	80%
See people walking or biking in their community	93%	87%*	86%	84%*, **	88%
Believe their neighborhood has enough sidewalks	44%	41%	10%*, **	47%	58%

Note: Percentage captures persons answering *Yes* to the above statements.

*Indicates a statistically significant ($p < .05$) difference exists between that particular race or ethnicity and whites in the sample.

**Indicates a statistically significant ($p < .05$) difference exists between that particular race or ethnicity and whites in the sample even when controlling for household income.

Source: DeKalb Behavioral Risk Factor Surveillance System Survey.



Table 59 below addresses environmental differences based on income.

Table 59: Environmental differences by annual household income					
	Income less than \$15,000	\$15,000-\$25,000	\$25,000-\$35,000	\$35,000-\$50,000	Income over \$50,000
Believe it is safe to walk in their community	76%*	77%*	84%*	91%	93%
See people walking or biking in their community	83%*	81%*	90%	93%	93%
Believe their neighborhood has enough sidewalks	38%	40%	41%	47%	43%

Note: Percentage captures persons answering *Yes* to the above statements.

*Indicates a statistically significant ($p < .05$) difference exists between that particular income group and those in the sample making over \$50,000 a year.

Source: DeKalb Behavioral Risk Factor Surveillance System Survey.

What you can do about your social environment

- Get to know your neighbors. Appreciate the cultural, racial and ethnic differences among your neighbors.
- Share with your neighbors your efforts to become healthier and offer to support their efforts.
- Make your neighborhood safer by paying attention to your surroundings and reporting anything of concern.

What you can do about your physical environment

- Ensure that your home is a safe environment. Make sure it has safety equipment (like smoke detectors and fire extinguishers) and is free from health hazards (like lead paint, asbestos and mold).
- Choose a place to live with sidewalks, parks and places to get fresh food.
- Make healthy choices every time you buy food, whether at a grocery store or convenience store, or a full service or fast food restaurant.
- Support/encourage smoke-free environments.

What your community can do about your social environment

- Hold a block party to help neighbors get to know each other.
- Plan a potluck dinner where each household brings a dish from their culture.
- Encourage residents to work for a common goal (such as a walking or exercise group).
- Start a Neighborhood Watch program to make sure your community is a safe environment.

What your community can do about your physical environment

- Advocate for sidewalks and parks in your neighborhood.
- Encourage convenience stores to carry healthy products, such as fresh fruits and vegetables.
- Create a community vegetable garden.

GOOD HEALTH FOR ALL

The goal is for each person in DeKalb County to enjoy the best possible health, regardless of sex, race/ethnicity, income, neighborhood and all of the other factors that make each of us unique. Strategies to reach this goal of “good health for all” include improving access to health care and enriching both the social and physical environments so people can make choices that are easy and healthy for them.

There are many ways individuals and communities can work to improve the health status of DeKalb County residents. Individuals can adopt healthy behaviors, seek medical care when necessary and join with others to improve the environment. Community members can encourage one another and advocate for changes that will result in improved health.

Differences in behaviors, access to health care, and social and physical environments all contribute to health disparities. However, actions by individuals and communities can reduce gaps in health status and ensure that everyone enjoys good health.

For more information

- Centers for Disease Control and Prevention, Office of Minority Health and Health Disparities: www.cdc.gov/omhd.
- Centers for Disease Control and Prevention, Division of Adult and Community Health: www.cdc.gov/nccdphp/dach/chaps/.
- Substance Abuse & Mental Health Services Administration, Center for Substance Abuse Prevention, <http://prevention.samhsa.gov>.
- U.S. Department of Health and Human Services, Office of Minority Health: www.omhrc.gov.
- DeKalb County Community Development Department: 404-286-3308, <http://www.co.dekalb.ga.us/commdev/>.
- DeKalb County Board of Health, Division of Environmental Health: 404-508-7900, www.dekalbhealth.net/EnvironmentalHealth.

