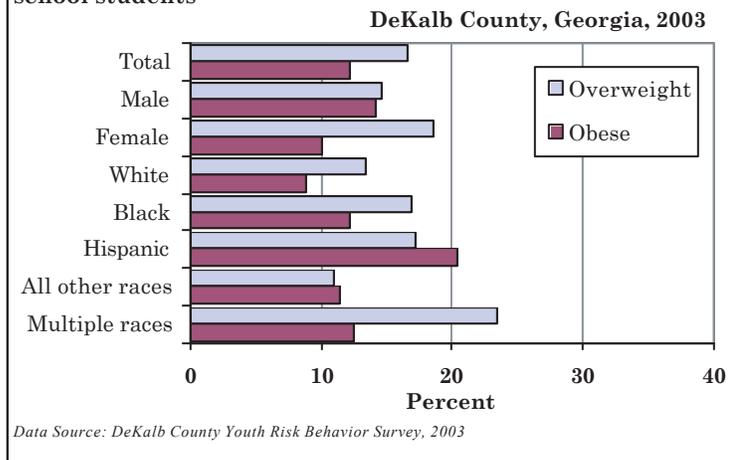


Nutrition and Physical Activity

Lifestyle choices made early in life have a significant impact on the patterns of chronic disease developed in adulthood. In the U.S., poor diet and physical inactivity lead to 300,000 deaths each year—second only to tobacco use (1). People who are overweight or obese increase their risk for cardiovascular disease, diabetes, high blood pressure, arthritis-related disabilities and some cancers. Chronic diseases are the leading causes of death among DeKalb residents. In 2002, cancer, cardiovascular disease, diabetes and liver disease accounted for 51% of premature deaths (death before age 65) and 10,043 years of potential life lost (1,642 years per 100,000 population).¹ Avoiding alcohol, tobacco and other drugs; choosing healthy diets (e.g., increasing fruit and vegetable consumption) and engaging in regular physical activity (30 minutes per day at least five days per week) substantially improves health.

Compared to national averages, DeKalb County high school students, grades 9-12, are overweight, have poorer dietary habits and are less physically active (2). In 2003, 17% were overweight, and 12% of students were obese (Figure 2).^{2,3} Hispanic students (21%) were more likely to be obese than other races/ethnicities. Eighty-three percent (83%) of high school students did not eat at least five fruits and vegetables per day (compared to the U.S. rate of 78%) (Figure 3). Female students were less likely to eat five or more fruits and vegetables per day compared to males. White and black students were less likely to eat five or more fruits and vegetables per day compared to other races/ethnicities.

Figure 2. Overweight and obesity among DeKalb County high school students



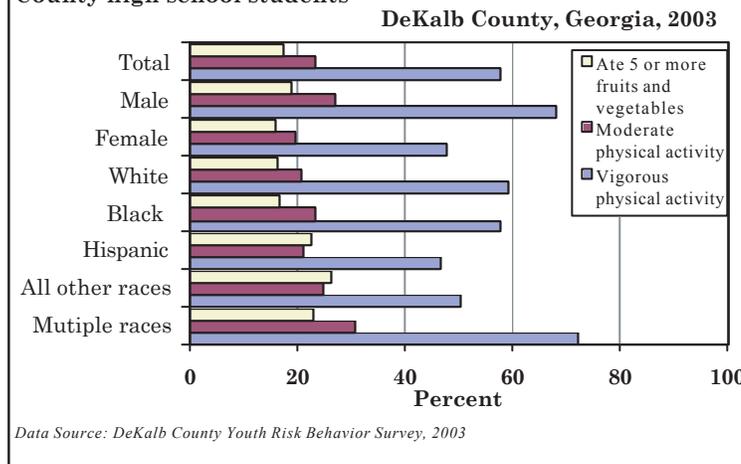
¹ Years of potential life lost (YPLL) is an index of premature death. It is calculated by subtracting the age of death from 65.

² Overweight is defined as at or above the 85th and below the 95th percentile for body mass index by age and sex.

³ Obese is defined as at or above the 95th percentile for body mass index by age and sex.

Only 23% of students engaged in moderate physical activity (compared to the U.S. rate of 25%), and 58% of students engaged in vigorous physical activity (compared to the U.S. rate of 63%).^{4,5} Sixty-six percent (66%) of students did not attend physical education class on a daily basis (compared to the U.S. rate of 56%). In addition, 56% of students watched more than three hours a day of television (compared to the U.S. rate of 38%). The nutrition and physical activity behaviors indicate that our DeKalb youth are at increased risk for cardiovascular disease and cancer-related problems later in life.

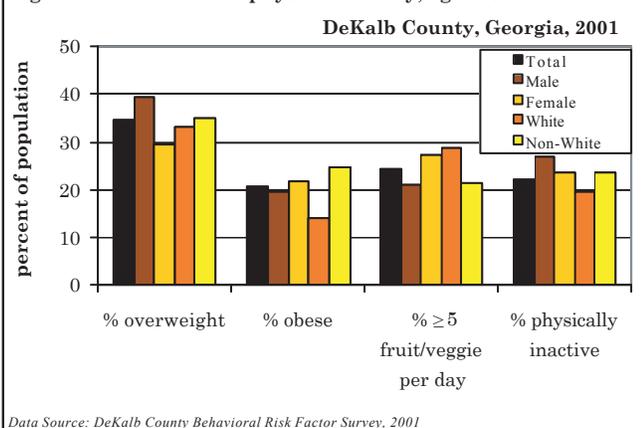
Figure 3. Nutrition and physical activity factors of DeKalb County high school students



Approximately 35% of DeKalb County adults are overweight and 21% are obese (Figure 4) (3).^{6,7} Thirty-six percent (36%) of adults reported trying to lose weight, and 60% were trying to maintain their current weight. Twenty-four percent (24%) of adults consumed five or more fruit and vegetable servings per day. Males and non-whites were least likely to consume five or more fruit and vegetable servings per day compared to females and whites.

Seventy-two percent (72%) of DeKalb County adults reported that their jobs involved mostly sitting or standing. Twenty-two percent (22%) of adults reported being physically inactive outside of work. Less than half of adults reported that they engaged in vigorous physical activities (e.g., running, aerobics). Of these, males (57%) were more likely than females (36%) to engage in vigorous physical activity.

Figure 4. Nutrition and physical activity, ages 18 and over



⁴ Moderate physical activity is defined as participation in physical activities that do not make individuals sweat or breathe hard for at least 30 minutes on five or more of the past seven days (e.g., fast walking, slow bicycling, skating, pushing a lawn mower or mopping floors).

⁵ Vigorous physical activity is defined as exercised or participated in physical activities for at least 20 minutes that made them sweat and breathe hard on three or more of the past seven days (e.g., basketball, soccer, running, swimming laps, fast bicycling, fast dancing or similar aerobic activities).

⁶ Overweight is defined as body mass index (BMI) greater than 25 kg/m² and less than 30 kg/m². To calculate your BMI, visit <http://www.cdc.gov/nccdphp/dnpa/bmi/>.

⁷ Obese is defined as body mass index 30 kg/m² and greater.

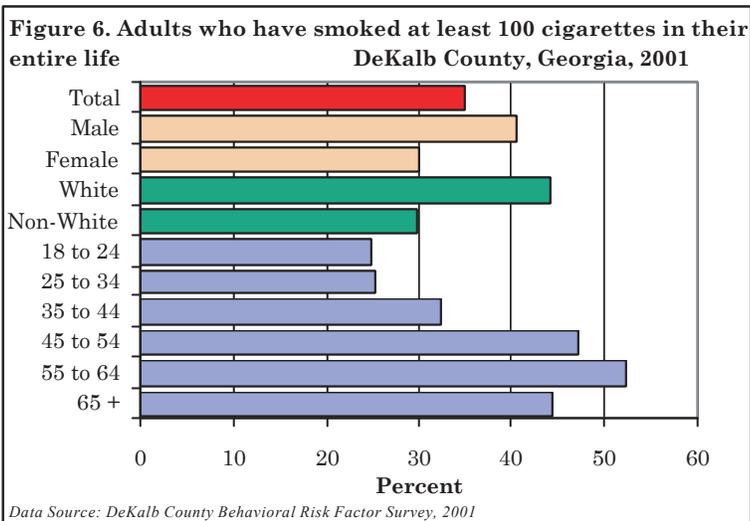
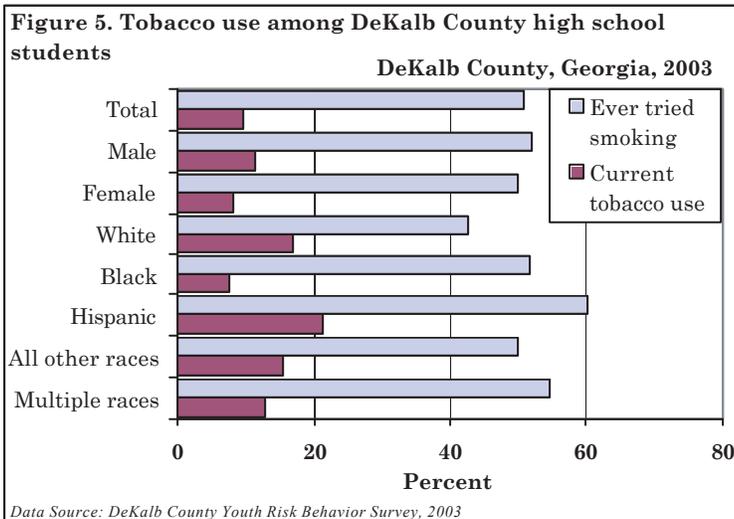
Tobacco Use Prevention⁸

Each year, tobacco kills more than 10,000 Georgians and results in \$2 billion in health care costs. Tobacco use has caused a tremendous burden of disease for DeKalb County residents. In 2002, tobacco-related diseases (cardiovascular disease; oral, throat and lung cancers; stroke; asthma and emphysema) caused 1,603 total deaths (40% of all deaths in DeKalb County) and nearly 5,500 years of potential life lost.

Fifty-one percent (51%) of DeKalb County high school students have tried smoking cigarettes, and 10% report current cigarette use (Figure 5) (2). Males were slightly more likely to try smoking compared to females, and Hispanic students were

significantly more likely to engage in cigarette smoking behavior compared to other races/ethnicities. Twenty percent (20%) of underage smokers (less than 18 years) purchase cigarettes at a store or gas station. Thirteen percent (13%) of DeKalb County high school students began smoking cigarettes before the age of 13 years.

Thirty-five percent (35%) of DeKalb County adults (18 years and older) have smoked at least 100 cigarettes in their lifetime (Figure 6) (3). Seventeen percent (17%) of all DeKalb County adults currently smoke either every day or some days. The average age of initiation of smoking is 16 years, and the average age of initiation of regular smoking is 19 years. Of those who have smoked, just over half have quit, and of those who currently smoke, 61% have tried to quit within the past year.



⁸ The Status of Tobacco Control in DeKalb County 2003 is available at www.dekalbhealth.net.

Injury Prevention

Injuries are a significant problem in DeKalb County. Unintentional injuries, suicide and homicide ranked in the top eight leading causes of premature death in DeKalb County from 1994 to 2002. Not only do injuries result in death, but injuries lead to disability, chronic pain, loss of normal functioning, and excessive medical and therapy costs. In 2002, injuries were the fourth leading cause of hospitalization. Fortunately, most injuries are preventable, and there are lifestyle and environmental changes that can reduce the chances of becoming injured (e.g., wearing seatbelts, using child safety seats, wearing a helmet, constructing pedestrian crosswalks, locking firearms).

The leading cause of unintentional injuries in DeKalb County is motor vehicle crashes. From 1994 to 2002, a total of 821 DeKalb residents were killed in motor vehicle crashes. Each year, approximately 350 pedestrians are hit by a motor vehicle in DeKalb County. Between 2001 and 2003, 28% of 678 pedestrian/motor vehicle crashes occurred on five state highways in DeKalb: Buford Highway, Memorial Drive, Glenwood Road, Candler Road and Covington Highway (4). These five roads combined were responsible for 47% of the 62 pedestrian fatalities in the county. Since state highways represent only 8% of all roads in DeKalb County, these five highways account for an overburden of motor vehicle crashes and fatalities.

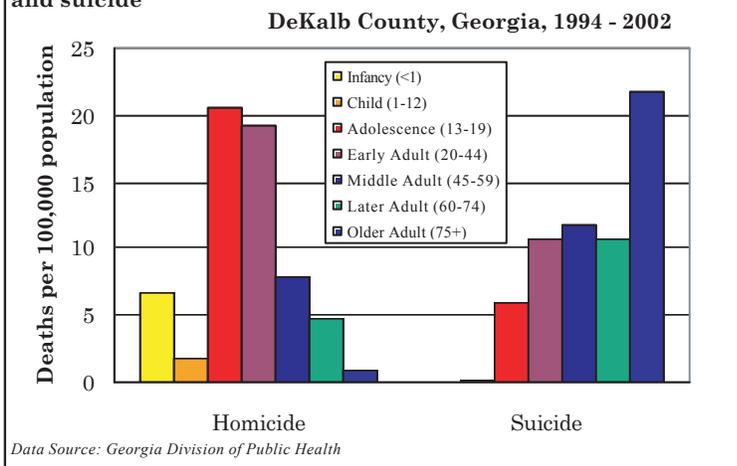
Motor vehicle crashes are caused by a number of factors, such as driver distraction, speeding or reckless driving, or being under the influence of alcohol or drugs. Among DeKalb County high school students, 5% of students drove a vehicle when they had been drinking alcohol, and 24% rode in a vehicle driven by someone who had been drinking alcohol (2). Safety behaviors that can reduce serious injuries in an accident include wearing a seat belt and wearing a helmet when bicycling. However, 5% of students rarely or never wore a seatbelt when riding in a car, and 87% of students rarely or never wore a helmet when bicycling.



Suicide claimed 1,384 years of potential life annually among DeKalb residents. A risk factor of suicide is feelings of depression. Twenty-nine percent (29%) of DeKalb high school students felt depressed, and 14% seriously considered attempting suicide in the past year. Though females were more likely to think about suicide and attempt suicide, males were more likely to die from suicide. Males lost 390 years of potential life compared to 85 years in females. Specifically, white males had the highest premature death rate compared to females and other races.

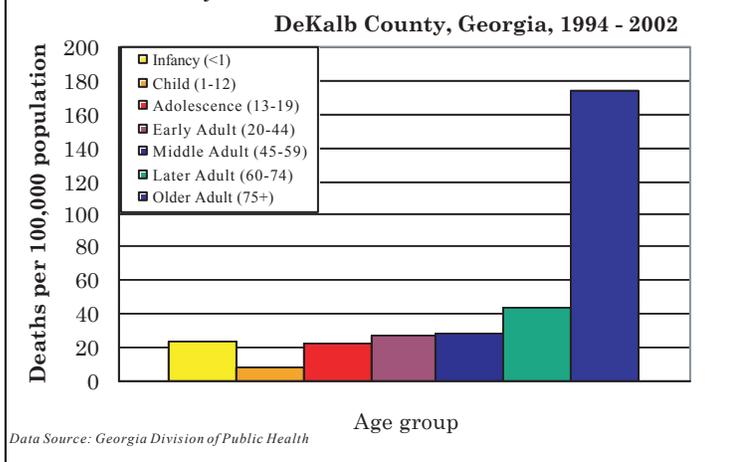
Homicide claimed 2,779 years of potential life annually among DeKalb residents. Adolescents aged 13 to 19 years had a higher homicide mortality rate than other age groups (Figure 7). Homicide premature death rates were four to five times higher for black males than for white males or black females. High levels of violence were reported in DeKalb County high schools. Thirty-seven percent (37%) of students had a physical fight in the last year (compared to the U.S. rate of 33%), and 3% of students in fights required medical treatment. Students who were male, Hispanic or black were more likely to be in a fight than other students. Fifteen percent (15%) of students carried a weapon to school, and 6% of students did not go to school in the 30 days preceding the survey because they felt unsafe.

Figure 7. Nine-year age-specific mortality rates for homicide and suicide



Injuries are also a significant problem among the elderly in DeKalb County. Suicide mortality rates were the highest among this age group compared to other age groups (Figure 7). From 1994 to 2002, adults aged 75 and over had the highest mortality rate due to unintentional injury; 174 deaths per 100,000 population, which was four times higher than the age group with the second highest rate (Figure 8).

Figure 8. Nine-year age-specific mortality rates for unintentional injuries



Health Disparities Elimination

A Healthy People 2010 goal is to eliminate health disparities among segments of the population (5).⁹ Health disparities are differences in health status based on certain characteristics (race/ethnicity, gender, education, income, disability, geographic location, sexual orientation, etc.). Because of DeKalb County's diverse population, health disparities are priorities of concern.

The following are examples of the notable health disparities in DeKalb County:

South DeKalb: Based on 2000 U.S. Census data, communities in south DeKalb County have a higher proportion of African Americans, persons with lower educational attainment and lower economic status than the northern part of the county (Table 4). Communities in south DeKalb have a higher rate of premature death due to chronic diseases such as cancer, diabetes and heart disease. Overall, premature death rates from cancer are higher in blacks than whites. The premature death rate of diabetes is 1.7 times greater in south DeKalb when compared to the remainder of the county. The premature death rate for heart disease is 2.3 times higher for black females than for white females.

North DeKalb: Communities in north DeKalb have a higher proportion of Hispanics and Asians than the southern part of the county. Residents in north DeKalb are more likely to be foreign-born, to speak a language other than English at home and to be linguistically isolated. Hispanic high school students are more likely to be overweight than other races/ethnicities and less likely to engage in vigorous physical activities. Hispanic students also report a higher percentage of current tobacco use. Hispanics and Asians face numerous challenges, such as language and cultural barriers and limited access to adequate health care. It is suspected that additional health disparities affect immigrants and refugees, but details are lacking because existing data sources do not record whether a person is an immigrant or refugee.

Gender: Among all Community Health Assessment Areas (CHAAs), injuries and homicide are the leading causes of premature death among males, while cancer is the leading cause of premature death among females. This pattern of mortality may reflect riskier behaviors among males than females.

Suicide: The rate of premature death from suicide is highest in the Chamblee/Cross Keys and Tucker CHAAs. Males had a premature death rate 4.6 times higher than females, and white males had the highest rate of suicide.

Infant Mortality: Infant mortality is higher among blacks than any other race/ethnicity. The black infant mortality rate was 2.5 times higher than the white infant mortality rate. Infant mortality rates are highest in south DeKalb.

⁹ Healthy People 2010 is the prevention agenda for the United States. It is a statement of national health objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats (www.healthypeople.gov).

HIV/AIDS: HIV/AIDS predominantly affects males and African Americans in DeKalb. From 1994 to 2002, the majority of AIDS cases were male (81%) and black (76%). From 1992 to 1999, males and blacks were more likely to test positive for HIV than females and other races.

Table 4. Demographic characteristics of south versus north DeKalb County residents, Census 2000

	South DeKalb *	North DeKalb **
General Characteristics	No.	No.
Total population	327,155	338,710
Race:		
White	34,380	204,141
Black or African American	280,252	80,859
American Indian and Alaska Native	551	997
Asian and Pacific Islander	3,073	23,874
Other race	3,511	20,106
Two or more races	5,388	8,733
Hispanic or Latino (of any race)	7,537	45,005
Average household size	2.91	2.43
Average family size	3.35	3.01
No. 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%
No. linguistically-isolated 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
No. 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.

Data Source: U.S. Census Bureau