Methodology

The method of data analysis chosen for the 2010 Status of Health in DeKalb Report: Opportunities for Prevention and Community Action presents the latest available data from the Georgia Department of Community Health, the DeKalb County Board of Health (DCBOH), the U.S. Census Bureau and other reputable sources.

DEMOGRAPHICS

The whole county population estimates were obtained from the U.S. Census Bureau's American Community Survey or The 2009 Georgia County Guide. DeKalb County has large numbers of people who identify themselves as Asians or of Hispanic origin compared to other counties in Georgia. However, the populations of each of these groups are small for statistical purposes and, therefore, limited analyses of these groups are included in this report.

HEALTH DATA

Rates

Disease and mortality-related rates were calculated by dividing the number of people that have a disease or condition with the total number of people in the population and multiplying by 100,000. For example, if 500 people in a community of 200,000 people have a disease, the rate of disease among the community would be 500/200,000 x 100,000 or 250 per 100,000. Birth-related and infant mortality rates were calculated by dividing the number of those with the disease or condition by the number of females or number of live births, respectively, and multiplying by 1,000.

Years of Potential Life Lost (YPLL)

This rate is used to compare causes of premature death among specific populations. YPLL was calculated by subtracting the age of death from 75 years. For example, a person who dies at age 27 has 75-27=48 years of potential life lost, whereas a person who dies at age 72 has 75-72=3 years of potential life lost. Together these two people contribute 48+3=51 years of potential life lost. The age of 75 years is used as the cut-off as it is close to life expectancy (78 years) in the United States.

Youth Risk Behavior Survey (YRBS)

A sample of students from all 20 traditional DeKalb County public high schools completed a self-administered, 99-item questionnaire. The number of participating classes varied depending on the population size of the school. Classes were randomly chosen from among all second period classes (excluding English as a Second Language and special education). All students within a selected class were eligible to participate.

Passive consent forms were sent for parents to sign if they did not want their child to participate. All students without a signed form were encouraged to participate. Participation was anonymous and voluntary and data are reported only in aggregate form. DCBOH employees administered the survey. Results were weighted and are representative of all students in DeKalb County public high schools, and comparable to state and national YRBS data. Logistic regression analysis was used to analyze trends over time.

Behavioral Risk Factor Surveillance System Survey (BRFSS)

DeKalb County residents were interviewed by telephone from 2005 to 2007. Telephone numbers were randomly dialed and respondents were randomly selected from the adult members of each household. Participation was voluntary and anonymous, and the sample did not include institutionalized individuals, households without telephones, and households that use only cellular telephones. Trained telephone interviewers administered the questionnaire.

Data were weighted to represent the age, race/ethnicity and gender distributions of adults in DeKalb County. Logistic regression analyses were used to compare age groups and trends over time.

COMMUNITY HEALTH ASSESSMENT AREAS (CHAAs)

Information for geographic areas within the county were calculated by totaling data from census tracts, using the 1995-1996 senior high school districts as a guide to create 13 Community Health Assessment Areas (CHAAs). The boundaries of the CHAAs are not identical to the school district lines, but they conform to the census tract boundaries that are the "best fit" to the high school districts. Though the senior high districts have changed, the original CHAAs have been maintained to provide consistency in reporting and allow comparisons between Status of Health in DeKalb reports over time.

The CHAA maps were created using ArcGIS software. The illnesses and conditions selected were those that ranked among the top for health disparities. For the six-year time period the average morbidity or mortality rates were calculated per 100,000 persons using 2005 Atlanta Regional Commission census tract population estimates (with the exception of Figure 44 which uses Georgia vital statistics data). Finally, each CHAA was charted with a shade of color indicative of the value of its morbidity or mortality rate; CHAAs with lower morbidity or mortality rates have a lighter shade of color than those with higher rates.

The following map shows the individual CHAAs, as well as a boundary showing north and south DeKalb County. The north/south boundary is based on census tract demographics and conforms to a natural separation of the county.

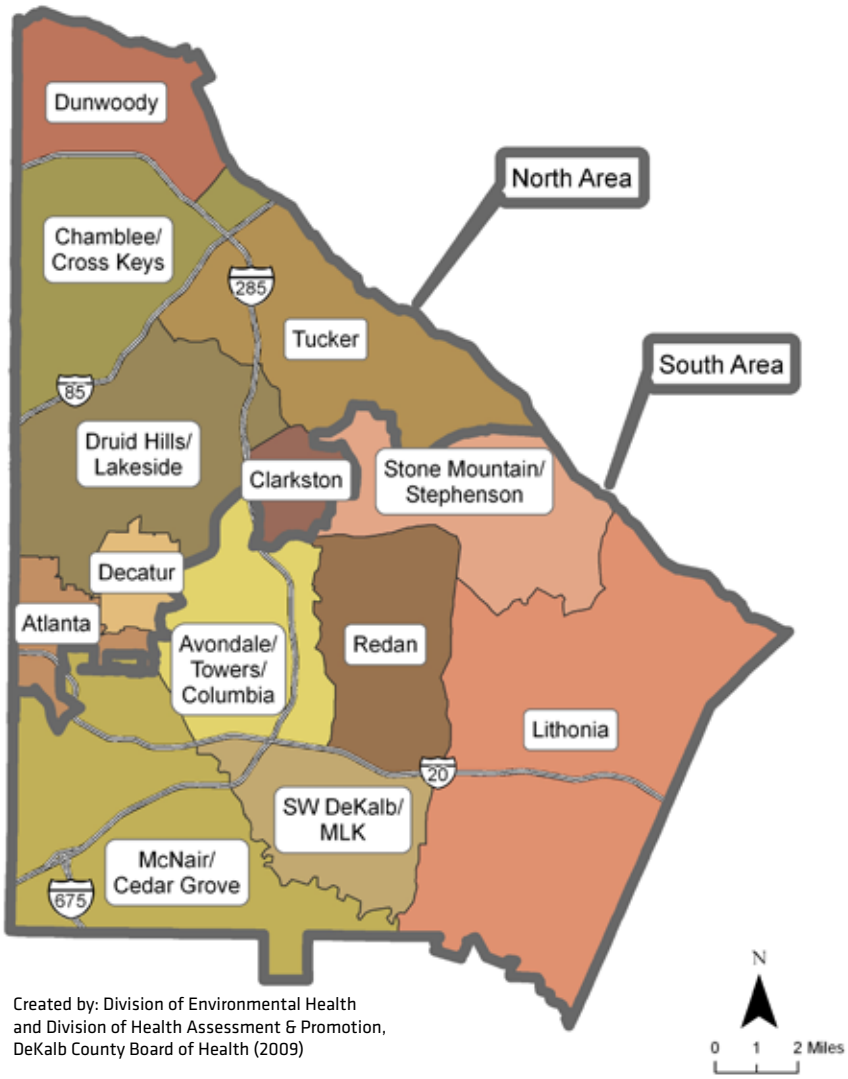
HEALTHY PEOPLE 2010

Healthy People 2010 is a set of measurable disease prevention and health promotion objectives that were created by scientists inside and outside of government. The national objectives were to be achieved over the first decade of the new century.

It was encouraged for individuals, groups and organizations to integrate Healthy People 2010 into community programs and lifestyles. The objectives can be used to monitor community health improvement over time. DeKalb County and Georgia results for 2007 were compared to each other and to the Healthy People 2010 objectives.

For more information, visit http://www.healthypeople.gov or see Table 60 on page 107.

Community Health Assessment Areas
DeKalb County, GA



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