

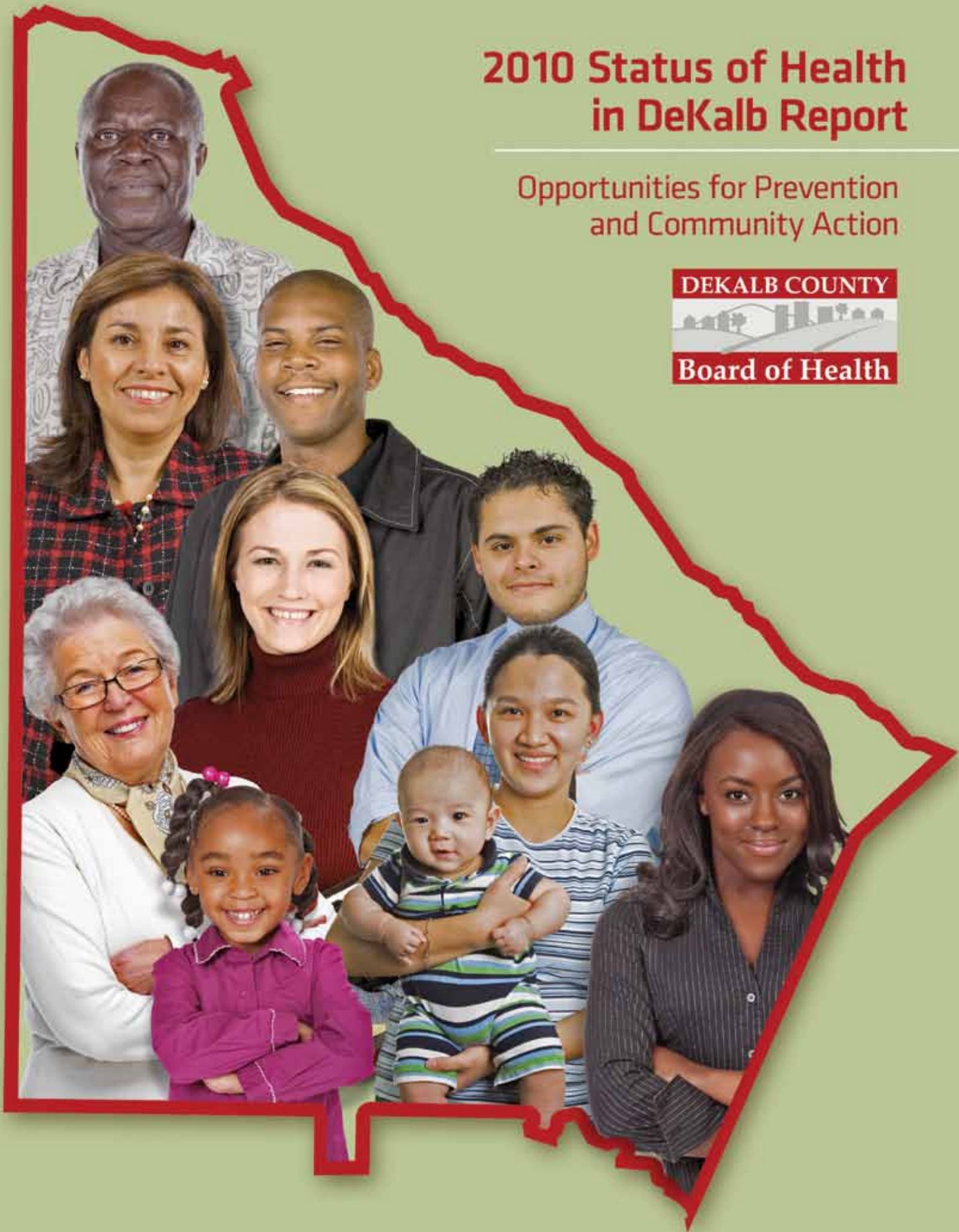
2010 Status of Health in DeKalb Report

Opportunities for Prevention
and Community Action

DEKALB COUNTY



Board of Health



A special message from...



S. Elizabeth Ford, M.D., M.B.A.
DeKalb County Board of Health

It is with great pride that I present the 2010 Status of Health in DeKalb Report. A tremendous amount of effort and expertise went in to producing this document. My goal is to convey the valuable information in these pages to as many residents, partners, legislators and advocates as possible. The report includes information on topics not presented in previous reports, including behavioral health, refugee health and oral health.

The report's purpose is two-fold: to inform you about recent trends in the health status of the residents of DeKalb County and to encourage individuals and communities to work toward living healthier and safer lives.

The county has made impressive strides in reducing the rates of tuberculosis, hepatitis and infant mortality. However, much work remains to reduce the rates of sexually transmitted diseases, HIV/AIDS, injuries, cancer and cardiovascular diseases. Additionally, there are striking differences between the health status of north DeKalb and south DeKalb residents. For example, suicide deaths are more common in north DeKalb, while cancer deaths are more common in south DeKalb. More work also needs to be done to determine why and how some diseases and conditions continue to affect DeKalb County residents at such high rates, and what we can do as both individuals and communities to further improve our health status.

I hope that individuals use this document to see the importance of healthy decisions. I recommend that communities use this report to promote wellness. Lastly, I urge health professionals to use this report to develop programs and services and to push for policy changes.

You will notice that the subtitle of the 2010 Status of Health in DeKalb Report is "Opportunities for Prevention and Community Action." With knowledge comes responsibility. We must each take ownership of the public health issues facing our county. Having the information is only the first step. We must now act on the report's findings and work together to make our families, neighborhoods, communities, and county the healthiest they can be. Please join the DeKalb County Board of Health in our efforts to improve the health of DeKalb County. Together, we can strive for good health for all.

Sincerely,

A handwritten signature in black ink that reads "S. Elizabeth Ford".

District Health Director

Table of Contents

METHODOLOGY

Methodology	5
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PROFILE OF DEKALB COUNTY

1. Population	8
2. Health.....	9
3. Economics.....	9
4. Education.....	9
5. Housing.....	10
6. Households.....	10
7. Labor.....	10
8. Crime.....	11
9. Disability.....	11

LEADING CAUSES

1. Leading Causes of Hospitalization	14
2. Leading Causes of Mortality	15
• Premature Death	15
• Death	17

CHRONIC DISEASES

1. Cancer	22
2. Cardiovascular Diseases	28
3. Diabetes.....	32
4. Asthma.....	35

INFECTIOUS DISEASES

1. Tuberculosis	38
2. Sexually Transmitted Diseases	40
3. Human Immunodeficiency Virus	42
4. Gastrointestinal Diseases	45
5. Vaccine-Preventable Diseases	46
6. Hepatitis	47
7. Invasive Bacterial Diseases	50
• <i>Streptococcus Pneumoniae</i>	50
• <i>Haemophilus Influenzae</i> type B.....	50
• Meningococcal Disease	51
• Methicillin-Resistant <i>Staphylococcus Aureus</i>	51
8. West Nile Virus.....	52

INJURIES

1. Overview	56
2. Intentional Injuries	59
• Homicide and Assault.....	59
• Suicide	61
3. Unintentional Injuries.....	65
• Falls.....	65
• Motor Vehicle Crashes.....	67

BEHAVIORAL HEALTH

1. Mental Illness	70
2. Addictive Disease	71
3. Mental Illness and Addictive Disease	73
4. Developmental Disability.....	74

MATERNAL AND CHILD HEALTH

1. Pregnancy Rates	76
2. Infant Mortality.....	77
• Sudden Infant Death Syndrome.....	78
• Low Birthweight Babies.....	79
3. Teen Sexual Behaviors	80
4. Teen Pregnancy	81

REFUGEE HEALTH

1. Refugee Health Screenings.....	84
2. Refugee Mental Health	86

ORAL HEALTH

1. Oral Health Among Children	90
2. Oral Health Among Adults.....	91
3. Oral Cancer.....	92

DIFFERENCES IN HEALTH STATUS

1. Geographic Differences	94
2. Differences in Health Status.....	97
3. Differences in Access to Health Care	98
4. Differences in Social and Physical Environments	100
5. Good Health for All	103

APPENDICES

• Acknowledgements	106
• Healthy People 2010 Objectives.....	107
• Index of Figures and Tables	108
• Glossary of Terms.....	111
• Sources	113
• Resources and Services	114

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 $500/200,000 \times 100,000$ 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.

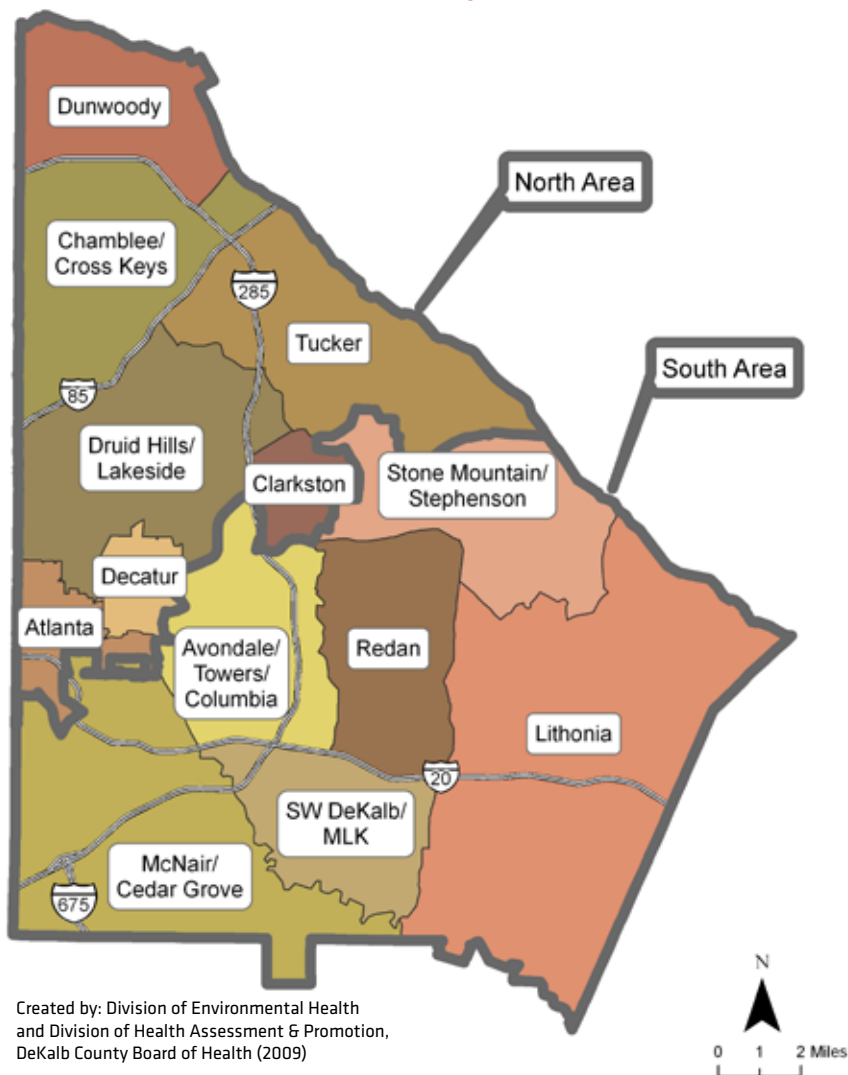
HEALTHY PEOPLE 2010

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



Created by: Division of Environmental Health
and Division of Health Assessment & Promotion,
DeKalb County Board of Health (2009)



Profile of DeKalb County

Profile of DeKalb County

The racial and ethnic diversity of DeKalb County has increased over the past years. The changing trends and growth have impacted population characteristics such as health care, income, education, culture, crime and other factors.

POPULATION

The following table shows select demographic characteristics for DeKalb County.

Table 1: DeKalb County population profile	
Total 2007 estimate	737,093
% change in total 2000-2007	+10.7
% Black alone, 2007 estimate	54.6
% White alone, 2007 estimate	34.2
% Asian alone, 2007 estimate	4.2
% American Indian and Alaska Native	0.4
% Native Hawaiian and Other Pacific Islander	0.1
% Hispanic/Latino, 2007 estimate	10.1
% Foreign born	16.6
% Speak language other than English at home (> 5 years old)	17.6
% Age 65 and over, 2007 estimate	8.4
Median age, Total, 2007 estimate	35.9

Source: U.S. Census Bureau, 2007 American Community Survey; The 2009 Georgia County Guide.

Between 2000 and 2007:

- DeKalb's population increased from 665,865 to 737,093.
- There was a 42 percent increase among the Hispanic population. In 2007 6.6 percent of Hispanics classified themselves as Mexican.
- The median age of the total population increased from 32.3 to 35.9 years.

In 2007:

- Fifty-one percent of DeKalb County residents were female and 49 percent were male.
- Twenty-four percent were under the age of 18.
- Blacks represented 54.6 percent of the population and highly populated the southern part of the county.
- Four percent of individuals identified themselves as Asian. In 2007 the highest percentages of Asians were Asian Indian (29%), Vietnamese (29%), Chinese (13%) and Korean (12%).

HEALTH

The following table shows select health characteristics of DeKalb County.

General hospital*, 2006	6
General nursing homes* (State Fiscal Year 2007)	16
Total practicing physicians, 2006	2,234
Persons per physician ratio, 2006	322
Medicaid average # of recipients (State Fiscal Year 2007)	161,101
Medicaid recipients % of population	21.9
Medicare payments, 2006	\$595,612,000

Source: The 2009 Georgia County Guide.

Note: State Fiscal Year refers to the 12-month period by which Georgia keeps its financial records (July-June).

*Does not include federal, state operated, private psychiatric or special hospitals or nursing homes.

- In 2006, there was one physician for every 322 residents compared to Gwinnett County (one per 789 residents) and Fulton County (one per 240 residents).

ECONOMICS

The following table shows select economic characteristics of DeKalb County.

Median household income, 2007	\$51,706
Per capita income, 2007 estimate	\$28,666
Families living below poverty level, % in 2007	10.5
Persons below poverty, 2007	103,193
Bankruptcy filings per 1,000 population, 2007	6.2

Source: U.S. Census Bureau, 2007 American Community Survey; The 2009 Georgia County Guide.

In 2007:

- Fourteen percent of people were living in poverty.
- About 10 percent of all DeKalb's families, and 22 percent of families with a female householder and no husband present, were living below the poverty level.
- Median household income increased from \$45,123 in 2003.
- Bankruptcy filings decreased from 10.8 per 1,000 in 2003.

EDUCATION

The following table shows select education characteristics of DeKalb County.

Total enrollment	101,079
% qualifying for free/reduced price lunch	63.7
% students with disabilities	9.4
High school dropout rate per 100 enrolled	1.7
Class of 2007 percent completion (freshman to senior)	72.5

Source: U.S. Census Bureau, 2007 American Community Survey, The 2009 Georgia County Guide.

- During the 2006-2007 school year, 63.7 percent of over 101,000 students enrolled in DeKalb's public schools qualified for free or reduced price lunch.
- Of the students who entered ninth grade in 2003, 72.5 percent were in the graduating class four years later.
- The high school dropout rate decreased from 6.3 in 2003 to 1.7 in 2007.
- The percent completion from freshman to senior increased from 60.3 in 2003 to 72.5 in 2007.

HOUSING

The following table shows select housing characteristics for DeKalb County.

Table 5: DeKalb County housing profile	
Total housing units, 2007 estimates	306,106
% change 2000-2007	+17.2
Total families, 2007 estimates	159,536
% with children < 18	29.0
% married couples	37.3
% female householder, no husband present	17.0
% female householder, no husband, w/children < 18	10.5
Total households, 2007 estimates	270,369
# persons per household	2.67

Source: U.S. Census Bureau, 2007 American Community Survey; The 2009 Georgia County Guide.

In 2007:

- There were over 270,000 households with an average of 2.67 persons per household.
- Of the 159,536 estimated families in DeKalb, 37.3 percent were married couples.

HOUSEHOLDS

The following table shows select household characteristics for DeKalb County.

Table 6: DeKalb County households profile	
Total households, 2007 estimate	270,369
Unmarried-partner households	15,710
Male householder and male partner	2,490
Male householder and female partner	6,140
Female householder and female partner	1,602
Female householder and male partner	5,478
All other households	254,659

Source: U.S. Census Bureau, 2007 American Community Survey.

Note: The U.S. Census Bureau defines an unmarried-partner household as a household in which the householder and his or her partner, a non-related person who holds a close personal relationship with householder, are not legally married or participating in a common law marriage.

From 2000 to 2007:

- DeKalb saw an 8 percent increase in the total number of unmarried-partner households.
- There was a 32 percent increase in male householders living with male partners and a three percent increase in female householders living with female partners.
- Male partners living with female householders decreased 15 percent.

LABOR

The following table shows select labor characteristics for DeKalb County.

Table 7: DeKalb County labor profile	
Residents' average travel time to work in minutes, 2007 estimate	31.4
% of residents working outside of county, 2000	56.0
% of workforce coming in to county from elsewhere, 2000	52.3

Source: The 2009 Georgia County Guide.

In 2007:

- 72 percent of DeKalb County workers drove to work alone.
- Over half of all residents worked outside the county.
- The average time to commute one-way was 31.4 minutes.

CRIME

The following table shows select crime characteristics for DeKalb County.

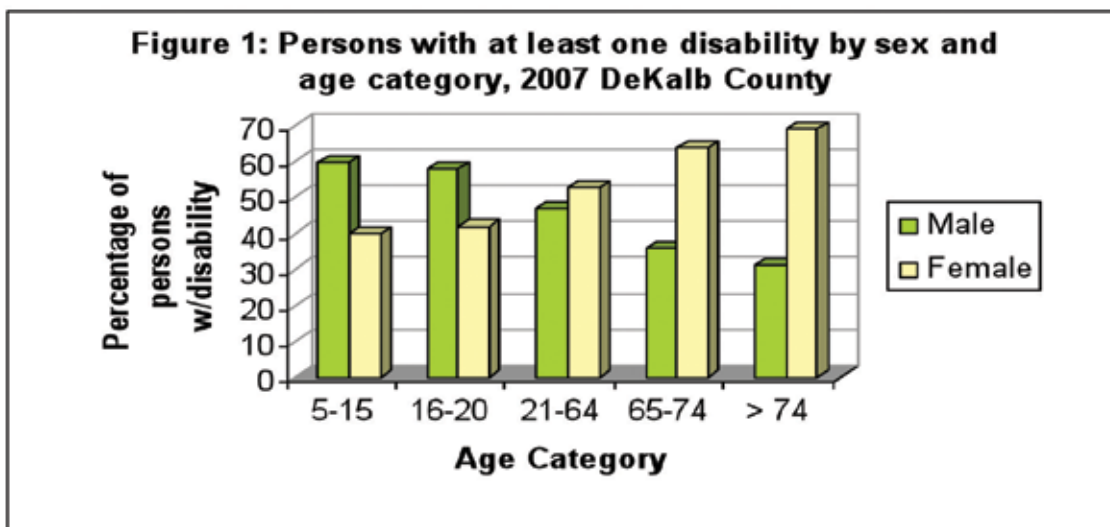
Table 8: DeKalb County crime profile	
Index Crimes reported, 2007	44,099
Arrests for Index Crimes, 2007	7,409
Percent juvenile arrests	28.7
% incarcerated for violent/sex crimes	70.7

Source: The 2009 Georgia County Guide.

In 2007:

- A total of 44,099 Index Crimes were reported, of which 5,345 were violent crimes (murder, rape, robbery and aggravated assault) and 38,754 were property crimes (burglary, larceny and motor vehicle theft).
- A total of 7,409 individuals were arrested for these Index Crimes and 28.7 percent of those arrested were juveniles (age 17 and under).
- Over 70 percent of persons in state prison (2,593 people) were incarcerated for violent/sex crimes.

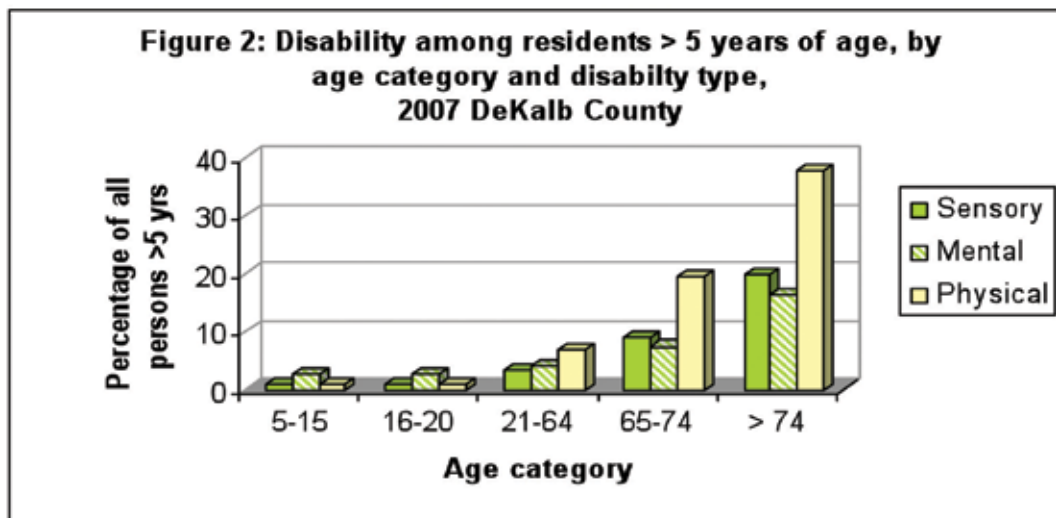
DISABILITY



Source: U.S. Census Bureau, 2007 American Community Survey.

In 2007:

- A total of 84,887 people in DeKalb lived with at least one disability.
- There were more males between the ages of 5 and 20 with disabilities than females (Figure 1).



Source: U.S. Census Bureau, 2007 American Community Survey.

Disabilities can be categorized as sensory, mental or physical.

Figure 2 above shows that in 2007:

- The percentage of sensory, mental and physical disabilities increased with age.
- A mental disability was more likely to occur in persons 5 to 20 years old than a sensory or physical disability.
- Physical disabilities were found in 57 percent of persons 65 years or older, while sensory and mental disabilities were found in over 20 percent of persons 65 years or older.





Leading Causes

Leading Causes

LEADING CAUSES OF HOSPITALIZATION

“Leading causes of hospitalization” reflects how many people were hospitalized due to a disease or condition. It can be used as an indicator for morbidity, which refers to how many people are affected by a disease or condition. In DeKalb County, from 2002 to 2007, the leading cause of hospitalization was pregnancy and childbirth complications (Table 9 and Figure 3). These complications were to the mother and associated with pregnancy, childbirth and the time period surrounding these.

Other leading causes of hospitalization include cardiovascular and respiratory diseases.

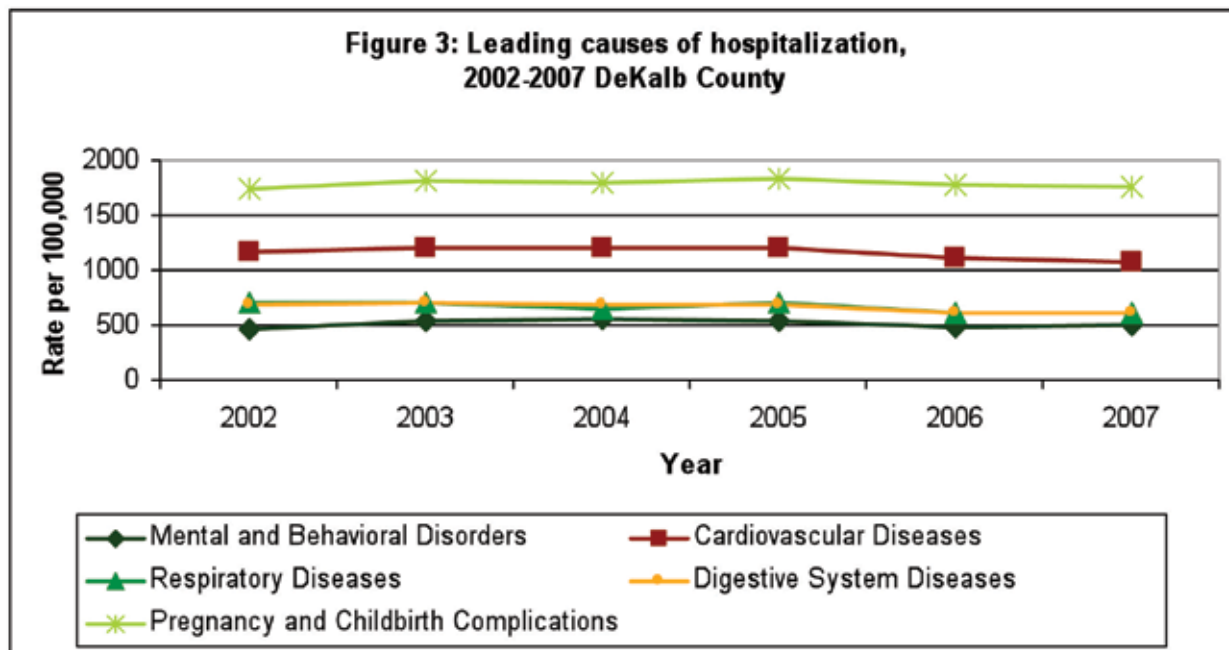
- Among residents with cardiovascular diseases, 30 percent suffered from heart disease and 15 percent from stroke.
- Flu and pneumonia were responsible for 35 percent of respiratory diseases and asthma was responsible for 19 percent.

From 2002 to 2007, there was a six percent increase in the rate of hospitalizations due to mental and behavioral disorders (Figure 3). Mental and behavioral disorders are disorders which may be developmental or brought on by external factors, such as drug overdoses.

Cause	Number of Hospitalizations	Average Hospitalization Rate (per 100,000)
1.Pregnancy and Childbirth Complications	74,479	1,787.9
2.Cardiovascular Diseases	48,180	1,156.6
Heart disease (incl. heart attack)	14,231	341.6
Stroke	7,449	178.8
3.Digestive System Diseases	27,500	660.2
4.Respiratory Diseases	27,488	659.9
Flu and pneumonia	9,490	227.8
Asthma	5,350	128.4
5.Mental and Behavioral Disorders	21,235	509.8

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





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

LEADING CAUSES OF MORTALITY

Mortality is another way to say death. A cause of death is defined by the World Health Organization as the underlying disease or injury that initiated a series of events leading directly to death.

Premature Death

A premature death is defined as when a person dies before the age of 75. Premature death is described using Years of Potential Life Lost (YPLL). Refer to the Methodology section for more specifics.

The causes of premature death are not always the same as the causes of death to persons of all ages.

- Between 2002 and 2007 in DeKalb County 54 percent of all deaths occurred among persons under the age of 75.

Injuries, which include intentional (e.g., homicide) and unintentional (e.g., motor vehicle crash) injuries, were the leading cause of premature death in DeKalb County between 2002 and 2007 (Table 10 and Figure 4).

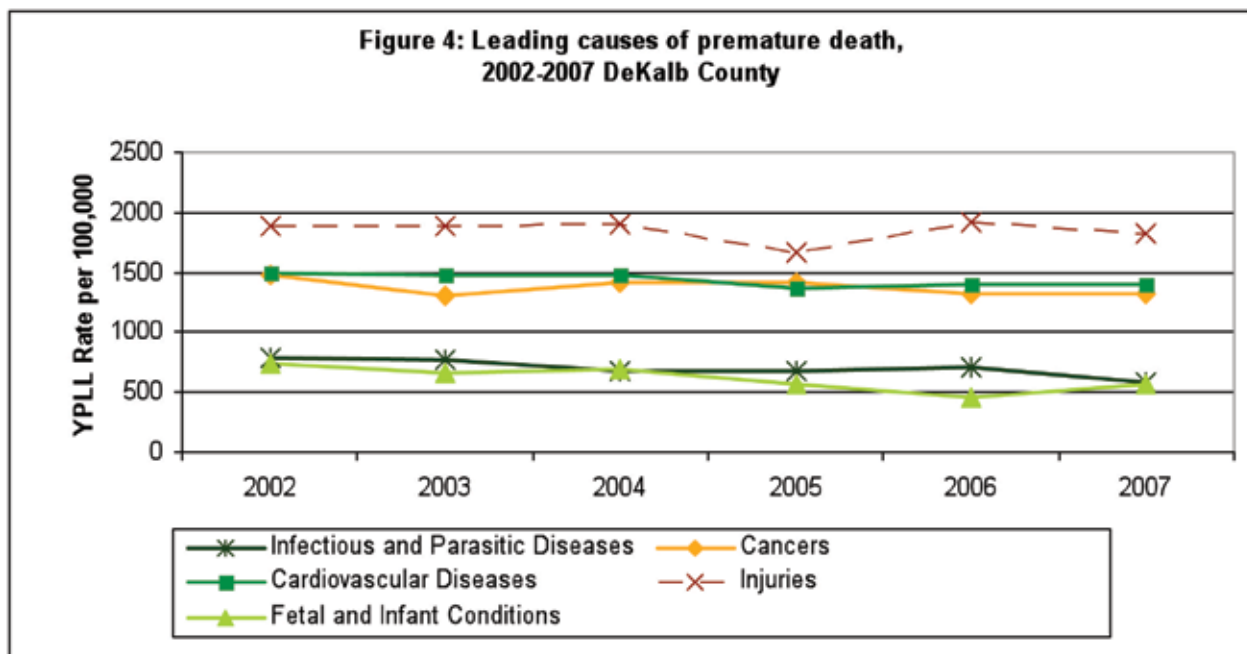
- Injuries were responsible for 24 percent of all YPLL between 2002 and 2007.

Cardiovascular diseases were the second leading cause of premature death, responsible for 18 percent of all YPLL. Cancers were also responsible for 18 percent and infectious and parasitic diseases were found to cause 9 percent of all YPLL. Fetal and infant conditions rounded out the top five causes of premature deaths at 8 percent of all YPLL.

Cause	YPLL	Average YPLL Rate (per 100,000)
1. Injuries	74,197	1849.8
Homicide	25,408	633.4
Motor vehicle crashes	19,545	485
2. Cardiovascular Diseases	57,424	1431.7
Heart disease (incl. heart attack)	17,423	434.4
Stroke	10,140	252.8
3. Cancers	55,157	1375.1
Lung	11,849	295.4
Breast	8,315	207.3
4. Infectious and Parasitic Diseases	28,095	700.4
HIV/AIDS	19,643	489.7
5. Fetal and Infant Conditions*	24,334	606.7
Prematurity	10,647	265.4

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

*NOTE: Fetal and infant deaths occur before the age of 1 year and therefore each death contributes 74 years of potential life lost. When analyzed for all ages, fetal and infant conditions are not a leading cause of death (there were 327 deaths related to fetal and infant conditions between 2002 and 2007).



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

Death

The leading causes of death reflect mortality trends among DeKalb County residents of all ages. Table 11 shows the top five leading causes of death between 2002 and 2007.

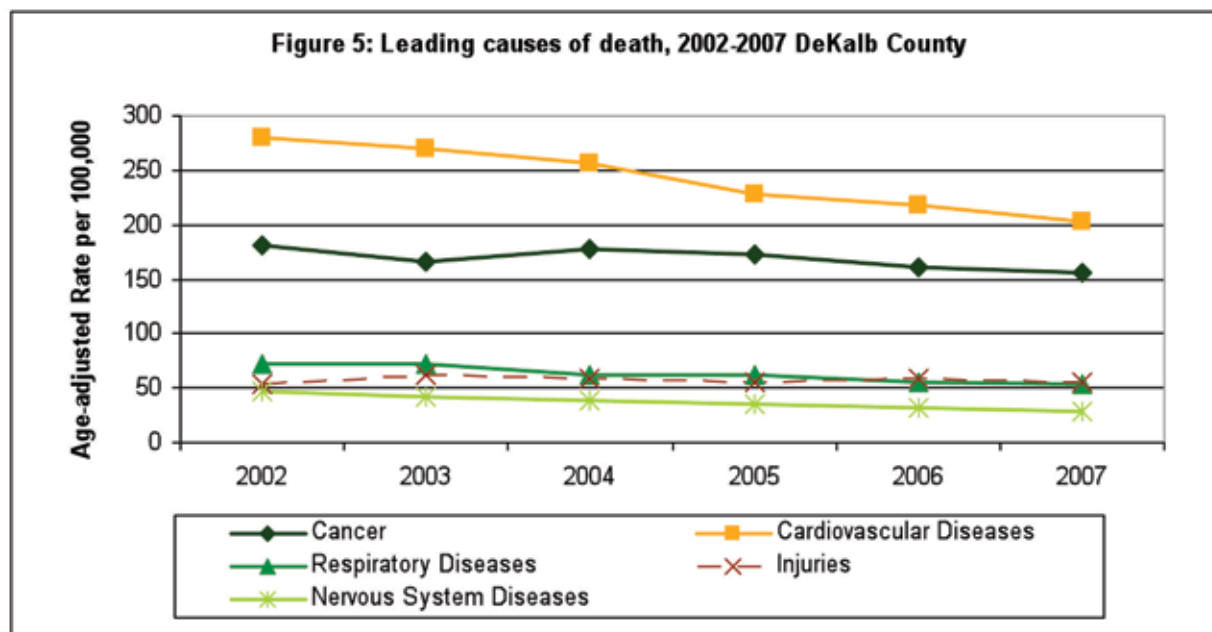
Between 2002 and 2007:

- Cardiovascular diseases were responsible for 30 percent of deaths.
- Cancers were responsible for 22 percent of deaths.
- Respiratory diseases were responsible for 7 percent of deaths.
- Injuries were responsible for 9 percent of deaths.
- Nervous system diseases were responsible for 4 percent of deaths.

Cause	Number of Deaths	Average Age-Adjusted Death Rate (per 100,000)
1. Cardiovascular Diseases	7,311	241.2
Heart disease (incl. heart attack)	2,460	81.8
Stroke	1,417	47.5
2. Cancers	5,308	168.2
Lung	1,357	43.9
Breast	571	16.6
Colon	545	17.1
3. Respiratory Diseases	1,796	62.1
Flu and pneumonia	495	17.1
4. Injuries	2,254	57.3
Homicide	579	13.1
Motor vehicle crashes	513	12.4
5. Nervous System Diseases	1,064	36.9
Alzheimer's disease	575	21.3

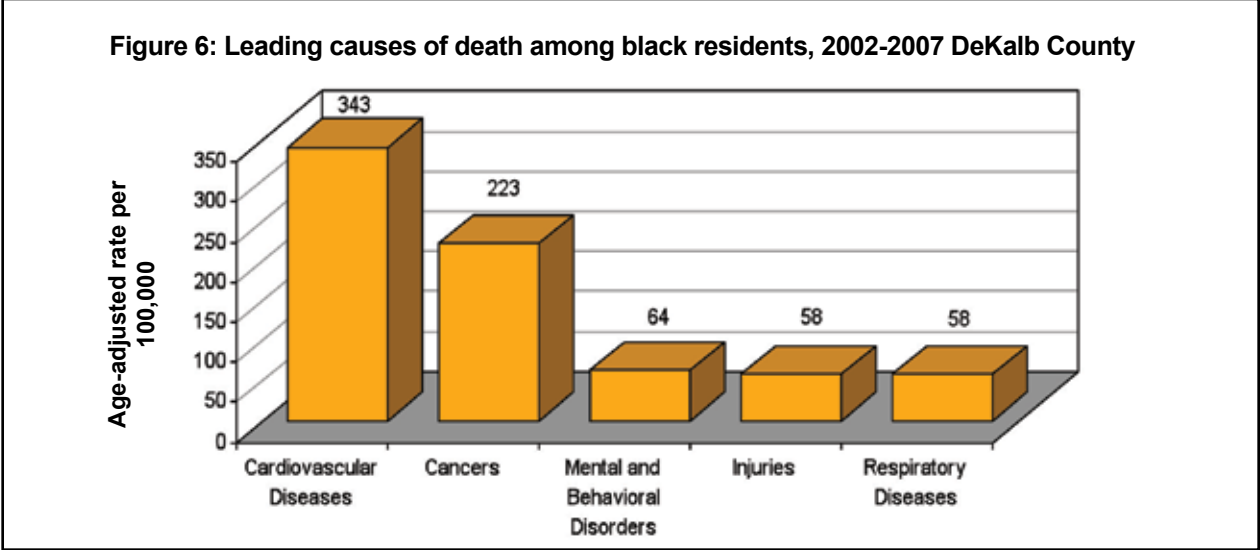
Source: Online Analytical Statistical Information System (OASIS), Georgia Department of Community Health, Division of Public Health.

Between 2002 and 2007 there was a 27 percent decrease in cardiovascular disease rates (Figure 5). There was also a 39 percent decrease in nervous system disease rates, which includes Alzheimer's and Parkinson's diseases.

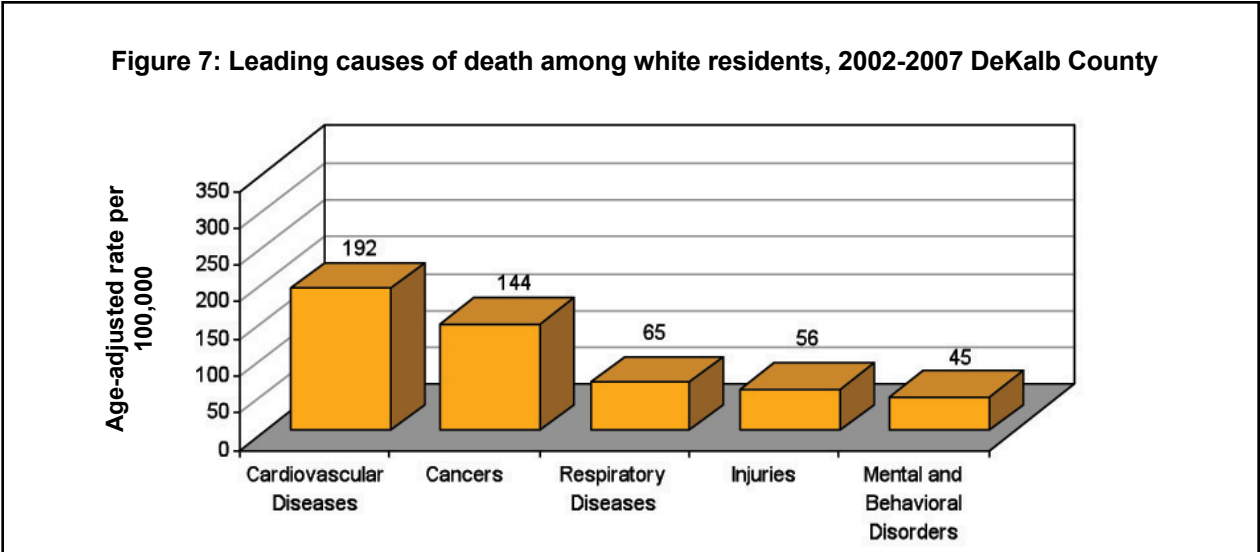


Source: Online Analytical Statistical Information System (OASIS), Georgia Department of Community Health, Division of Public Health.

Below are graphs that display the leading causes of death by race and ethnicity (Figures 6 through 9). Cardiovascular diseases and cancers were the first and second leading causes of death, respectively, for black, white, Asian and Hispanic populations in DeKalb County, with the highest rates occurring among black residents.

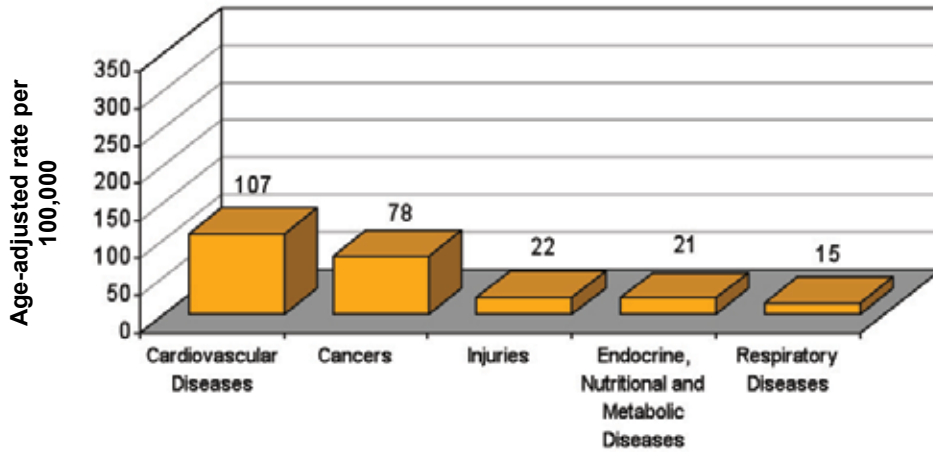


Source: Online Analytical Statistical Information System (OASIS) Georgia Department of Community Health, Division of Public Health.



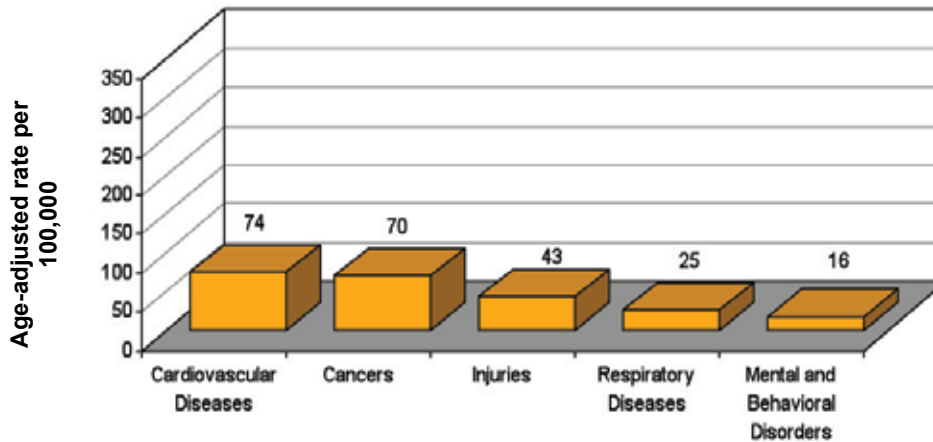
Source: Online Analytical Statistical Information System (OASIS) Georgia Department of Community Health, Division of Public Health.

Figure 8: Leading causes of death among Asian residents, 2002-2007 DeKalb County



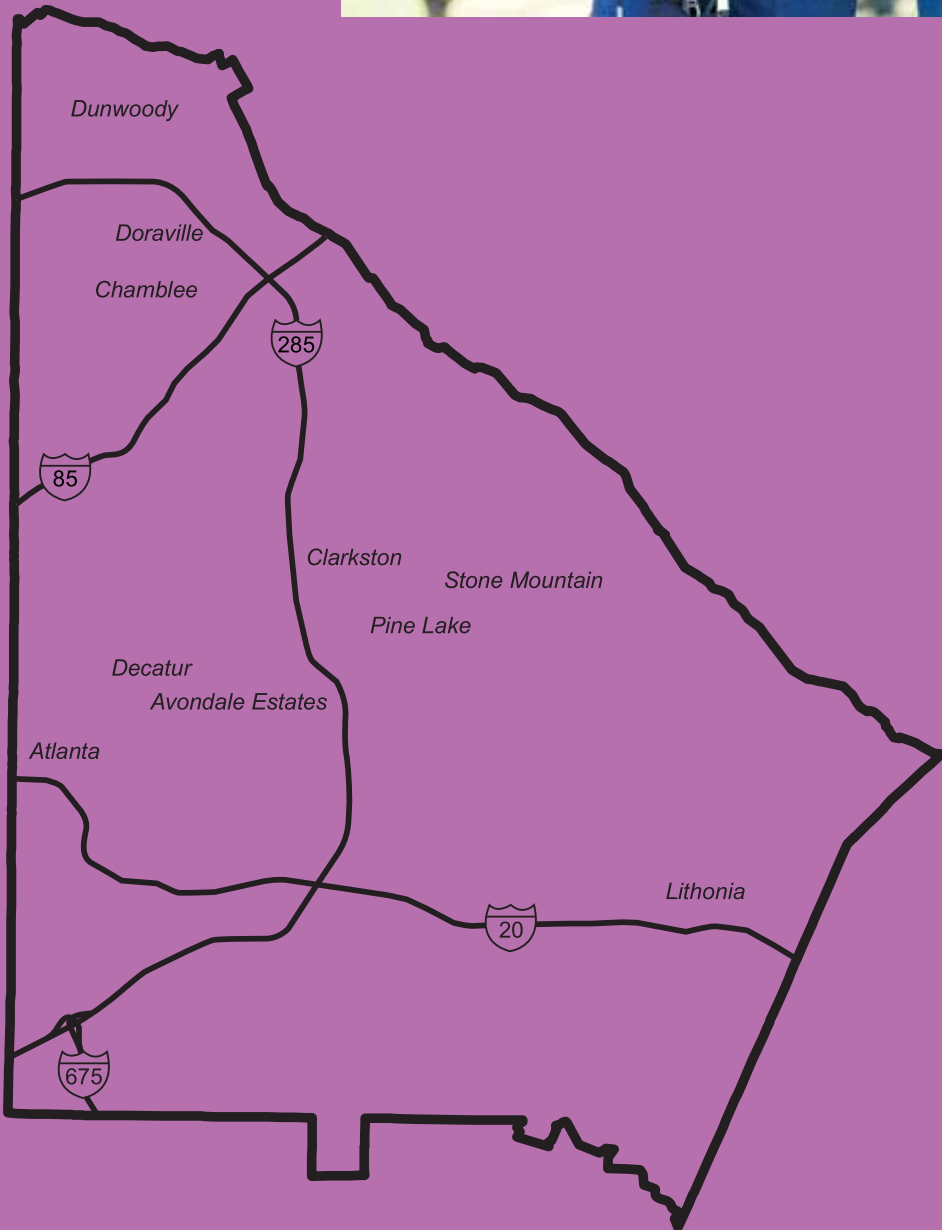
Source: Online Analytical Statistical Information System (OASIS) Georgia Department of Community Health, Division of Public Health.

Figure 9: Leading causes of death among Hispanic residents, 2002-2007 DeKalb County



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

NOTE: For specific risk factors and/or prevention tips for the above conditions, please see individual sections of this report.



Chronic Diseases

Chronic Diseases

Chronic diseases and conditions, such as heart disease, cancer, diabetes and obesity, are the leading causes of death and disability in the United States. Chronic diseases account for 70 percent of all deaths in the U.S., or 1.7 million deaths each year. In DeKalb County cancer, cardiovascular diseases and respiratory diseases are the top three leading causes of death. Refer to Leading Causes section for more information.

Although chronic diseases are among the most common and costly health problems, they are also among the most preventable. Adopting healthy behaviors such as eating nutritious foods, being physically active and avoiding tobacco can prevent or control the devastating effects of these diseases.

Healthy behavior changes in youth may help reduce the risk of developing chronic diseases later in life. The Youth Risk Behavior Survey describes the percentage of DeKalb County public high school students who are engaging in behaviors that could put them at risk for certain cancers, cardiovascular diseases, diabetes, asthma and other chronic diseases.

DeKalb County adults also engage in behaviors that put them at risk for developing chronic diseases or worsening symptoms of existing chronic diseases. The DeKalb County Behavioral Risk Factor Surveillance System (BRFSS) survey collects information about the behaviors of adults 18 years and older. According to the 2007 BRFSS survey among DeKalb County adults:

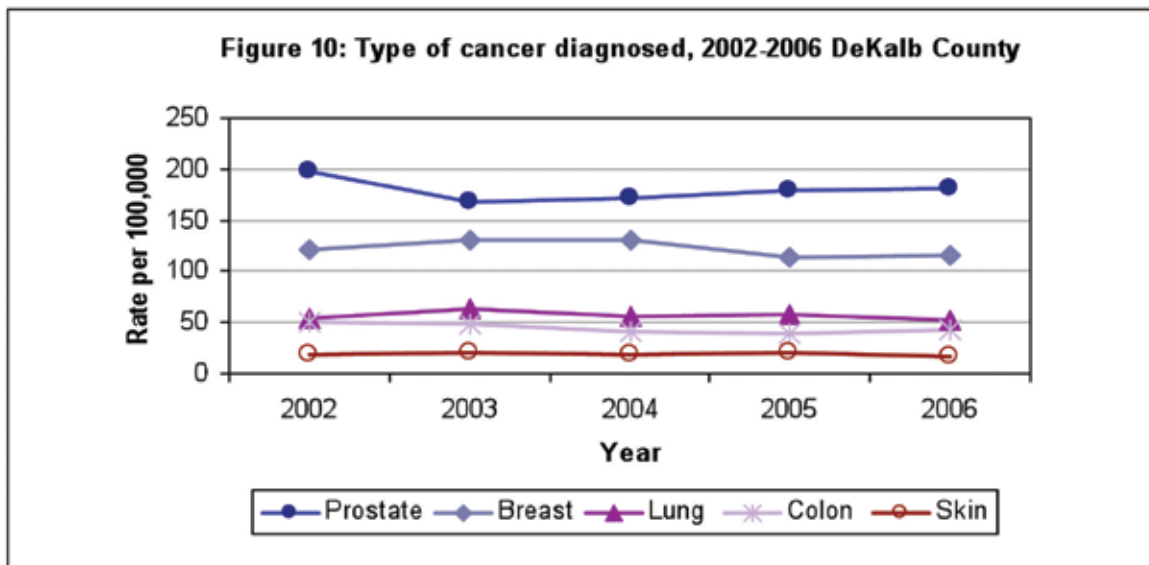
- 35 percent are overweight.
- 24 percent are obese.
- 29 percent eat the recommended number of fruits and vegetables per day.
- 47 percent get the recommended amount of physical activity per day.
- 12 percent currently smoke every day.
- 57 percent of current smokers have tried to stop smoking within the past year.
- 21 percent are former smokers.
- 12 percent have been told by a health professional that they have asthma.
- 7 percent have been told by a health professional that they have diabetes.

Between 2005 and 2007 there were no significant changes in any of the adult behaviors reported through the BRFSS.

CANCER

Cancer occurs when abnormal cells in a part of the body begin to grow out of control. There are many different kinds of cancer and the risk for developing most cancers can be reduced by simple lifestyle changes, like eating healthier or quitting smoking.

DeKalb County has five locations that participate in the Georgia Comprehensive Cancer Registry. This registry collects the number of cancer cases diagnosed throughout the state of Georgia. The top five cancers diagnosed in DeKalb, at the five locations captured by the registry, were prostate, breast, lung, colon and skin cancers (Figure 10).



Source: Georgia Comprehensive Cancer Registry, Georgia Department of Community Health, Division of Public Health.
 Note: Graph displays overall age-adjusted incidence rates.

Tables 12 and 13 show:

- Prostate cancer was the most common cancer among males and breast cancer was the most common cancer among females.
- Lung and colon cancer were ranked second and third respectively for both males and females.
- Males had higher total rates than females for both lung (77 compared to 43.1/100,000) and colon (52.4 compared to 38.6/100,000) cancer.

Site	Rate
Prostate	179.6
Lung (incl. Bronchial)	77.0
Colon (incl. Rectal)	52.4
Skin (Melanoma)	27.7
Bladder	26.5

Source: Georgia Comprehensive Cancer Registry, Georgia Department of Community Health, Division of Public Health.

Site	Rate
Breast	122.4
Lung (incl. Bronchial)	43.1
Colon (incl. Rectal)	38.6
Uterine	17.8
Non-Hodgkin Lymphoma	14.5

Source: Georgia Comprehensive Cancer Registry, Georgia Department of Community Health, Division of Public Health.

From 2002 to 2006:

- Prostate cancer decreased 14 percent among white males, while it decreased 13 percent among black males.
- Lung cancer increased 2 percent among white males, but decreased 18 percent among black males.
- Skin cancer decreased 18 percent among white males.
- Colon cancer decreased 21 percent among black males.

Tables 14 and 15 describe cancer rates among white and black males.

Table 14: Cancer rates among white males, 2002-2006 DeKalb County	
Site	Rate
Prostate	142.0
Lung (incl. Bronchial)	66.9
Skin (Melanoma)	50.3
Colon (incl. Rectal)	45.3
Bladder	34.3

Source: Georgia Comprehensive Cancer Registry, Georgia Department of Community Health, Division of Public Health.

Table 15: Cancer rates among black males, 2002-2006 DeKalb County	
Site	Rate
Prostate	264.8
Lung (incl. Bronchial)	105.7
Colon (incl. Rectal)	67.0
Non-Hodgkin Lymphoma	19.9
Kidney	16.5

Source: Georgia Comprehensive Cancer Registry, Georgia Department of Community Health, Division of Public Health.

From 2002 to 2006:

- Breast cancer decreased 13 percent among white females, but increased 1 percent among black females.
- Lung cancer decreased 1 percent among white females, while it decreased 18 percent among black females.
- Skin cancer increased 27 percent among white females.
- Colon cancer increased 37 percent among black females.

Tables 16 and 17 describe cancer rates among white and black females.

Table 16: Cancer rates among white females, 2002-2006 DeKalb County	
Site	Rate
Breast	126.4
Lung (incl. Bronchial)	45.5
Skin (Melanoma)	31.9
Colon (incl. Rectal)	30.3
Uterine	21.0

Source: Georgia Comprehensive Cancer Registry, Georgia Department of Community Health, Division of Public Health.

Table 17: Cancer rates among black females, 2002-2006 DeKalb County	
Site	Rate
Breast	131.1
Colon (incl. Rectal)	54.4
Lung (incl. Bronchial)	43.9
Uterine	15.0
Pancreas	14.1

Source: Georgia Comprehensive Cancer Registry, Georgia Department of Community Health, Division of Public Health.

Lung cancer was ranked second among the top five cancers among males and females. One cause of lung cancer is smoking, which can be a habit that is formed early in life. The following tables show the percentages of high school students and adults who use tobacco.

Table 18: Tobacco use among DeKalb County high school students, 2003-2009

Risk Behavior	2003	2005	2007	2009
Ever tried cigarette smoking, even one or two puffs*	51.0%	46.7%	45.6%	44.0%
Smoked cigarettes in the past 30 days	9.5%	8.8%	8.5%	8.8%
Current smoker who smoked more than 10 cigarettes per day in the past 30 days*	2.1%	4.6%	7.8%	6.3%
Smoked cigars, cigarillos, or little cigars in past 30 days*	8.8%	10.1%	11.4%	12.8%

*Trend is statistically significant.

Source: DeKalb Youth Risk Behavior Survey.

Table 19: Tobacco use among DeKalb County adults, 2005-2007

Risk Behavior	2005	2006	2007
Currently smoke	14%	13%	12%
Are former smokers	19%	18%	21%

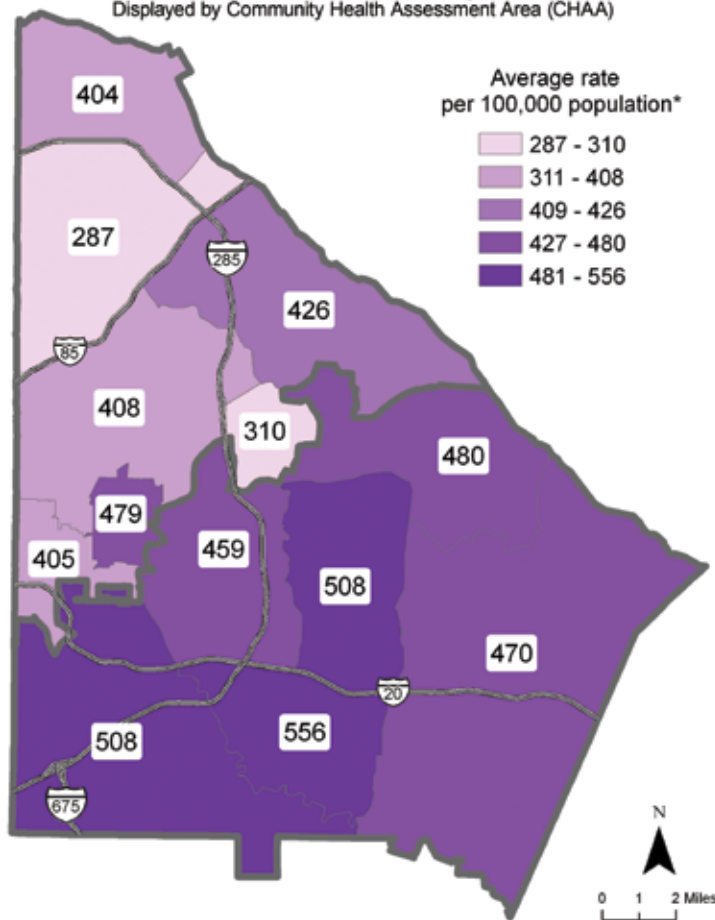
Source: DeKalb Behavioral Risk Factor Surveillance System Survey.



The map below displays cancer illness based on geographic location in DeKalb County. There are higher rates of cancer in the southern portion of the county. (See Methodology for more information.)

**Figure 11: Cancer morbidity, 2002-2007
DeKalb County**

Displayed by Community Health Assessment Area (CHAA)



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

What may put you at risk

- Family History – Some cancers may run in families.
- Age – Some cancers arise at certain stages of life.
- Gender – Some cancers are specific to males (prostate) or females (uterine) while others are not (breast cancer can affect both males and females).
- Risk Behaviors – Risk behaviors include smoking, alcohol use, sun exposure, environmental factors (e.g., chemicals, air pollution, radiation, and asbestos), being overweight or obese and/or not getting screened.

What you can do

- Get screened for prostate, breast, cervical, ovarian, colon, skin and lung cancer as recommended.
- Maintain regular doctor visits – once a year (Pap smears, mammograms, physicals).
- Perform self breast exams and call a doctor if a lump is felt.
- Ask your doctor questions about screening procedures and your risk for cancer.
- Aim for and keep a healthy weight.
- Avoid tobacco, smoking and secondhand smoke.
- Limit alcohol intake.
- Protect your skin from the sun (wear sunscreen) and avoid tanning beds.
- Stay physically active.
- Eat more fruits and vegetables.
- Reduce or avoid environmental factors.

For more information

- American Cancer Society: www.cancer.org.
- BreastCancer.org – The Five Steps of a Breast Self-Exam:
http://www.breastcancer.org/symptoms/testing/types/self_exam/bse_steps.jsp.
- Centers for Disease Control and Prevention, Division of Cancer Prevention and Control:
<http://www.cdc.gov/cancer/dcpc/about/index.htm>.
- National Cancer Institute: www.cancer.gov.

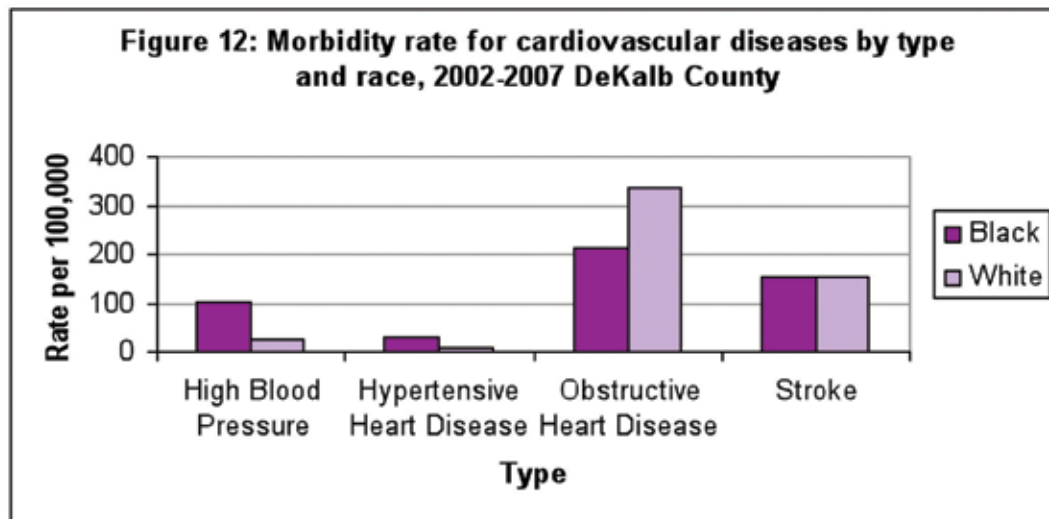


CARDIOVASCULAR DISEASES

Cardiovascular diseases affect the heart or blood vessels, like high blood pressure, heart disease (hypertensive and obstructive), heart attack and stroke. Morbidity rates show how many people are affected by cardiovascular disease and mortality rates show how many people die from cardiovascular disease.

As shown in Figure 12, the morbidity data by race for 2002 through 2007 reflect that:

- Blacks had higher rates than whites for high blood pressure (100.5 compared to 24/100,000) and hypertensive heart disease (28.9 compared to 9.2/100,000).
- Obstructive heart disease (includes heart attacks) was higher among whites than blacks (335.3 compared to 214.5/100,000).

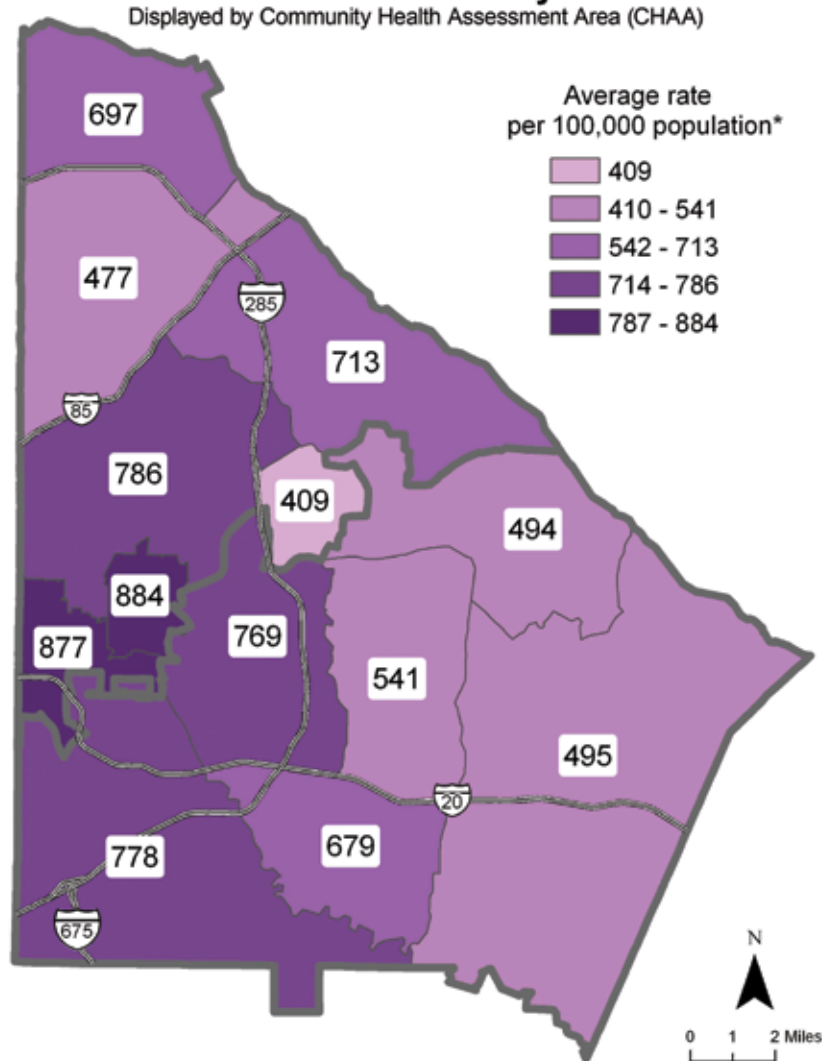


Source: Online Analytical Statistical Information System (OASIS), Georgia Department of Community Health, Division of Public Health.



The map below (Figure 13) displays the rate of heart disease based on geographic location in DeKalb County. (See Methodology for more information.)

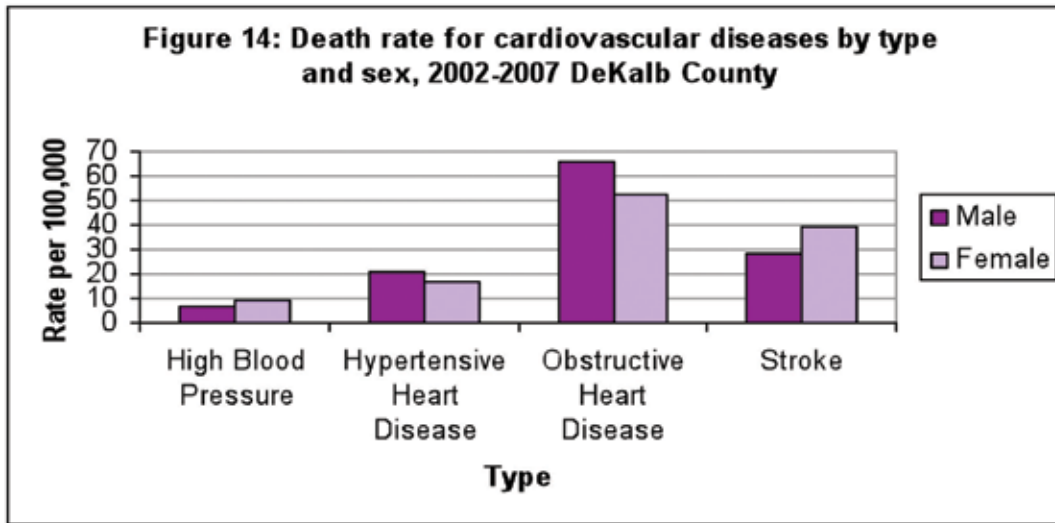
Figure 13: Heart disease morbidity, 2002-2007
DeKalb County



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

As shown in Figure 14, death data by sex for 2002 through 2007 reflect that:

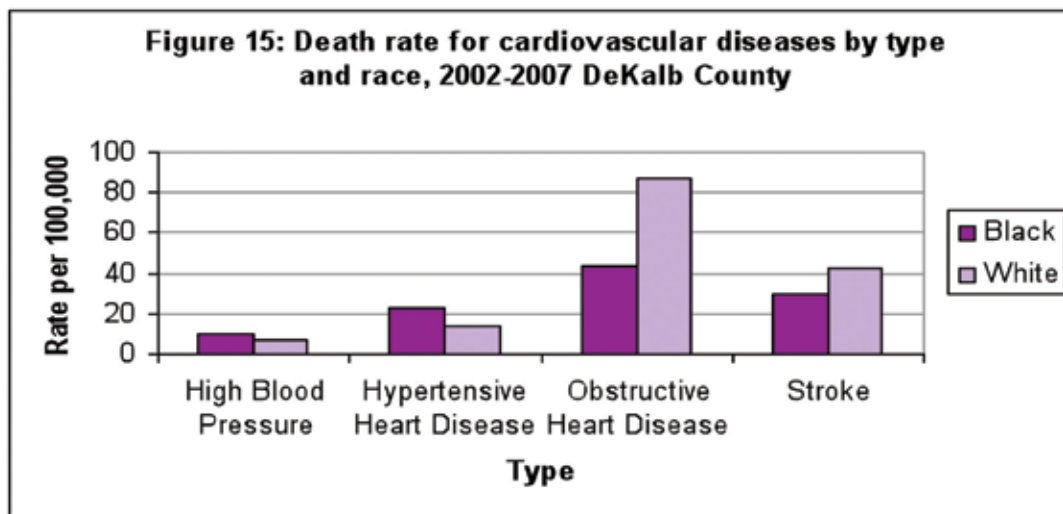
- More females died from high blood pressure than males (9.4 compared to 7/100,000).
- More males died from hypertensive heart disease (20.5 compared to 16.3/100,000) and obstructive heart disease (66.2 compared to 52.3/100,000) than females.
- More females died from stroke than males (39.3 compared to 28.5/100,000).



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

As shown in Figure 15, total death rates by type and race for 2002 through 2007 reflect that:

- Blacks had a higher rate of death from hypertensive heart disease than whites (23.2 compared to 13.6/100,000).
- Whites were two times more likely to die from obstructive heart disease (including heart attack) than blacks (87.2 compared to 43.3/100,000).
- Whites had a higher rate of death from stroke than blacks (42.2 compared to 30.1/100,000).



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

Heart disease and stroke were the leading cardiovascular diseases for both morbidity and mortality among blacks and whites and among males and females. Adopting healthy behaviors early in life, like exercising, may reduce the chance of getting a cardiovascular disease and/or dying from one. The following tables describe physical activity behaviors among DeKalb youth and adults.

Risk Behavior	2003	2005	2007	2009
Met current recommendations for physical activity (at least 60 minutes on five or more days per week)*	N/A	30.8%	35.7%	35.0%
Watched three or more hours of TV per day on an average school day*	55.8%	52.0%	52.3%	49.3%
Attended physical education classes daily in an average week	25.9%	30.9%	28.2%	27.1%

*Trend is statistically significant.

Source: DeKalb Youth Risk Behavior Survey.

Risk Behavior	2005	2006	2007
Met current recommendations for physical activity each week	45%	51%	47%

Source: DeKalb Behavioral Risk Factor Surveillance System Survey.

What may put you at risk

- Family History - Some cardiovascular diseases and conditions run in families.
- Diabetic - The risk of cardiovascular diseases increases if you have diabetes.
- Age - The risk of heart disease increases with age.
- Gender - Women and men are equally at risk. However, women are more at risk after the onset of menopause, while men are generally at risk earlier in life.

What you can do

- Avoid tobacco, smoking and secondhand smoke.
- Aim for and keep a healthy weight.
- Eat more fruits and vegetables.
- Stay physically active.
- Reduce your stress level.
- Ask your doctor about your risk for cardiovascular diseases.
- Get your cholesterol checked and ask your doctor what the results mean.
- Check your blood pressure and ask your doctor if it is too high or too low.
- Maintain healthy blood pressure and cholesterol levels.

For more information

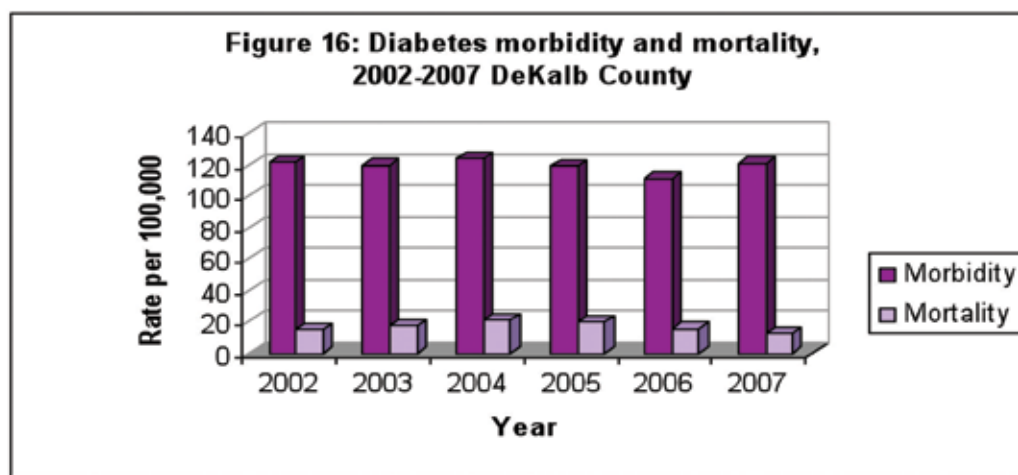
- American Heart Association: <http://www.americanheart.org>.
- Centers for Disease Control and Prevention: <http://www.cdc.gov/HeartDisease/index.htm>.
- National Heart, Lung, and Blood Institute: www.nhlbi.nih.gov/health/index.htm.
- The Brain Attack Coalition: <http://www.ninds.nih.gov/> and <http://stroke.nih.gov/>.

DIABETES

Diabetes is a disease in which blood glucose (sugar) levels are above normal. Most of the food we eat turns into glucose for our bodies to use for energy. When you have diabetes, your body either does not make enough insulin or cannot use its own insulin as well as it should. This causes sugar to build up in your blood.

- Diabetes is one of the top ten leading causes of morbidity in DeKalb County.
- There were 4,963 hospitalizations and 534 deaths due to diabetes between 2002 and 2007.
- Diabetes can cause serious health complications including heart disease, blindness, kidney failure, and foot and leg amputations.

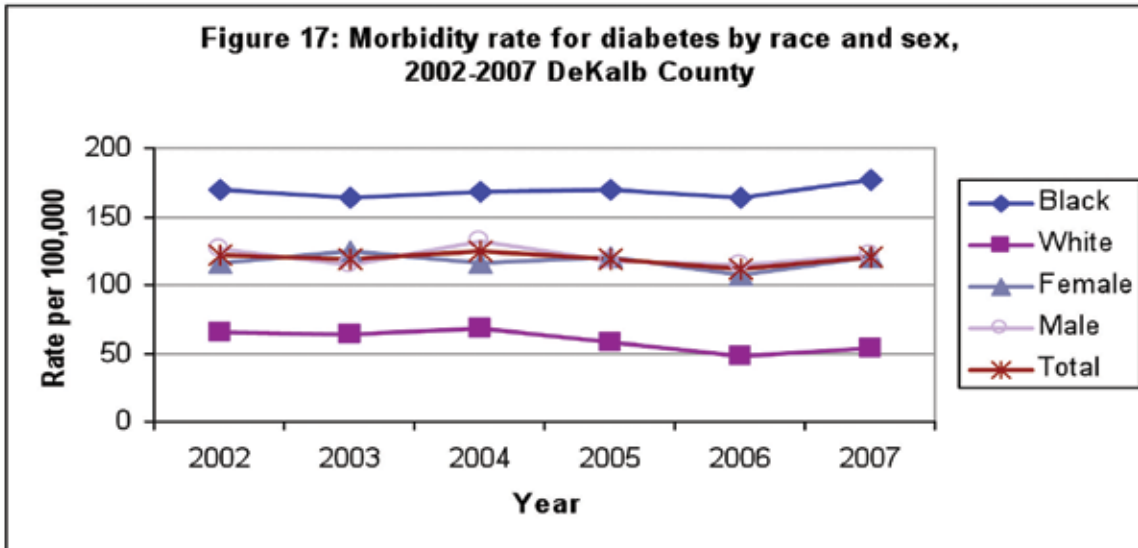
Sometimes the cause of a person's death is listed as one of the above complications rather than diabetes even though diabetes may have caused the complication. Therefore diabetes deaths may be underreported. The risk for severe diabetes-related complications can be reduced and controlled by simple lifestyle changes. Figure 16 below presents diabetes illness and death rates among DeKalb residents.



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

From 2002 to 2007, diabetes data (Figure 17) indicate that:

- Male and female diabetes rates were generally consistent with the total rate.
- Blacks were nearly three times more likely to develop diabetes than whites.
- The percentage difference between blacks' and whites' diabetes rates grew from 62 percent in 2004 to 70 percent in 2007.
- The diabetes rate increased 9.7 percent for black females (157.3 to 172.6/100,000).
- Diabetes rates decreased:
 - 17 percent for white females (64.2 to 53.1/100,000).
 - 17 percent for white males (65.2 to 54.3/100,000).
 - 2 percent for black males (183.3 to 180.1/100,000).



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

The following table describes self-reported diabetes and related tests among DeKalb County adults.

Table 22: Diabetes among DeKalb County adults, 2005-2007

Risk Behavior	2005	2006	2007
Ever been told by a doctor or nurse that they had diabetes	6%	8%	7%
Of those who have diabetes:			
-had a clinical foot exam within the past 12 months	73%	84%	81%
-received a hemoglobin A1C measurement at least twice in the last year	67%	67%	71%
-monitored their blood glucose at least twice daily	40%	37%	38%

Source: DeKalb Behavioral Risk Factor Surveillance System Survey.

A risk factor for diabetes is being overweight or obese. The Body Mass Index (BMI) calculates whether or not a person is at a healthy weight for their height. Keeping a healthy weight by staying active and eating healthy foods may reduce your risk of diabetes. It is important to start these healthy behaviors early in life. The following tables describe behaviors among DeKalb County youth and adults that may put them at risk for or protect them from developing diabetes.

Table 23: Weight and nutrition among DeKalb County high school students, 2003-2009

Risk Behavior	2003	2005	2007	2009
Are overweight	16.6%	17.3%	16.3%	18.9%
Are obese	12.1%	12.4%	13.1%	13.4%
Ate 5 or more servings of fruits and vegetables per day during the past 7 days*	17.2%	19.1%	21.0%	21.3%

*Trend is statistically significant.

Source: DeKalb Youth Risk Behavior Survey.

Table 24: Nutrition and weight among DeKalb County adults, 2005-2007			
Risk Behavior	2005	2006	2007
Consumed fruits and vegetables five or more times per day	28%	29%	29%
Overweight	36%	35%	35%
Obese	21%	26%	24%

Source: DeKalb Behavioral Risk Factor Surveillance System Survey.

For a map displaying diabetes rates based on geographic location in DeKalb County, refer to the Differences in Health Status section (Figure 51).

What may put you at risk

- Family History - Diabetes runs in families.
- Gender - Women and men are affected by diabetes differently.

What you can do

- Aim for and keep a healthy weight.
- Eat more fruits and vegetables.
- Stay physically active.
- Reduce your stress level.
- Ask your doctor about your risk for diabetes.
- Get your glucose checked and ask your doctor what the results mean.
- Maintain healthy glucose (sugar) levels.

For more information

- American Association of Diabetes Educators: www.diabeteseducator.org/.
- American Diabetes Association and BMI calculator: www.diabetes.org and <http://www.diabetes.org/diabetes-cholesterol/bmicalc.jsp>.
- Centers for Disease Control and Prevention: www.cdc.gov/diabetes/consumer/index.htm.
- National Institute of Diabetes and Digestive and Kidney Diseases: www.diabetes.niddk.nih.gov/dm/pubs/overview.



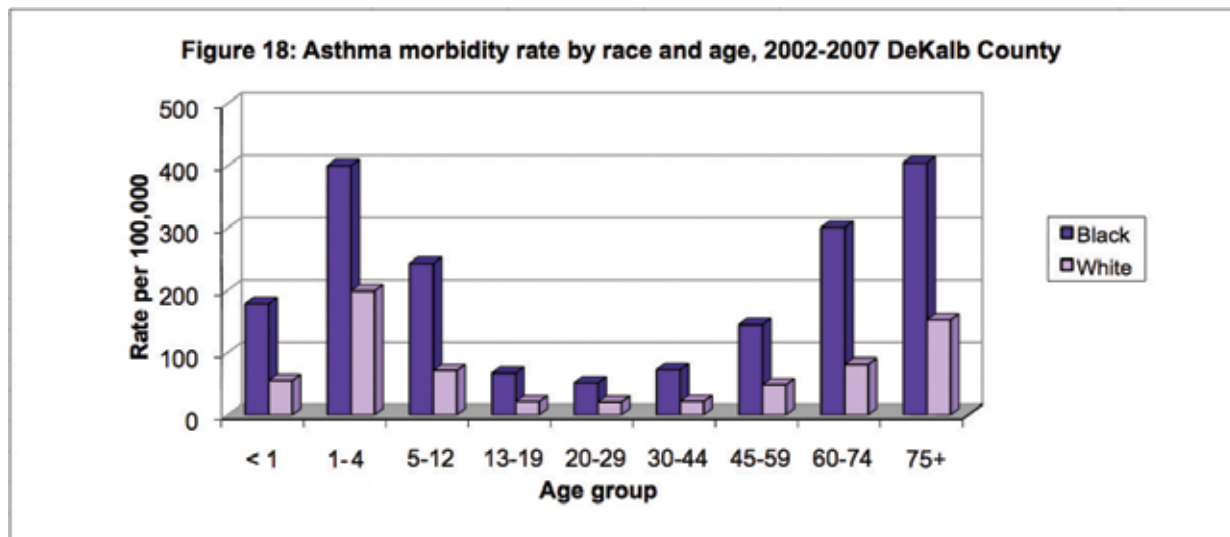
ASTHMA

Asthma is a respiratory disease that affects the lungs and can cause repeated episodes of wheezing, breathlessness, chest tightness, and nighttime or early morning coughing. Asthma can be controlled by avoiding or removing triggers that may cause an attack. It can also be controlled by taking medicine.

Asthma is a long-term disease that is most common among children. In DeKalb County, between 2002 and 2007, asthma affected those under 12 years and over 60 years more than other ages.

Between 2002 and 2007 (Figure 18):

- Asthma was more prominent among blacks than whites regardless of age.
- Blacks who were less than one year old, age five to 12 years and age 45 to 59 years were three times more likely to have asthma than whites the same age.
- Blacks 60 to 74 years old were four times more likely than whites to have asthma.



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

The following tables show the percentages of DeKalb County youth and adults who have ever had asthma.

Risk Behavior	2003	2005	2007	2009
Had ever been told by a doctor or nurse that they had asthma*	21.2%	22.9%	25.3%	25.6%
Had been told by a doctor or nurse that they had asthma and who still have asthma	N/A	N/A	12.5%	12.0%

*Trend is statistically significant.

Source: DeKalb Youth Risk Behavior Survey.

Risk Behavior	2005	2006	2007
Ever been told by a doctor or nurse that they had asthma.	12%	12%	12%
Currently have asthma.	7%	8%	7%

Source: DeKalb Behavioral Risk Factor Surveillance System Survey.

For a map displaying asthma rates based on geographical location in DeKalb County, refer to the Differences in Health Status section (Figure 52).

What may put you at risk

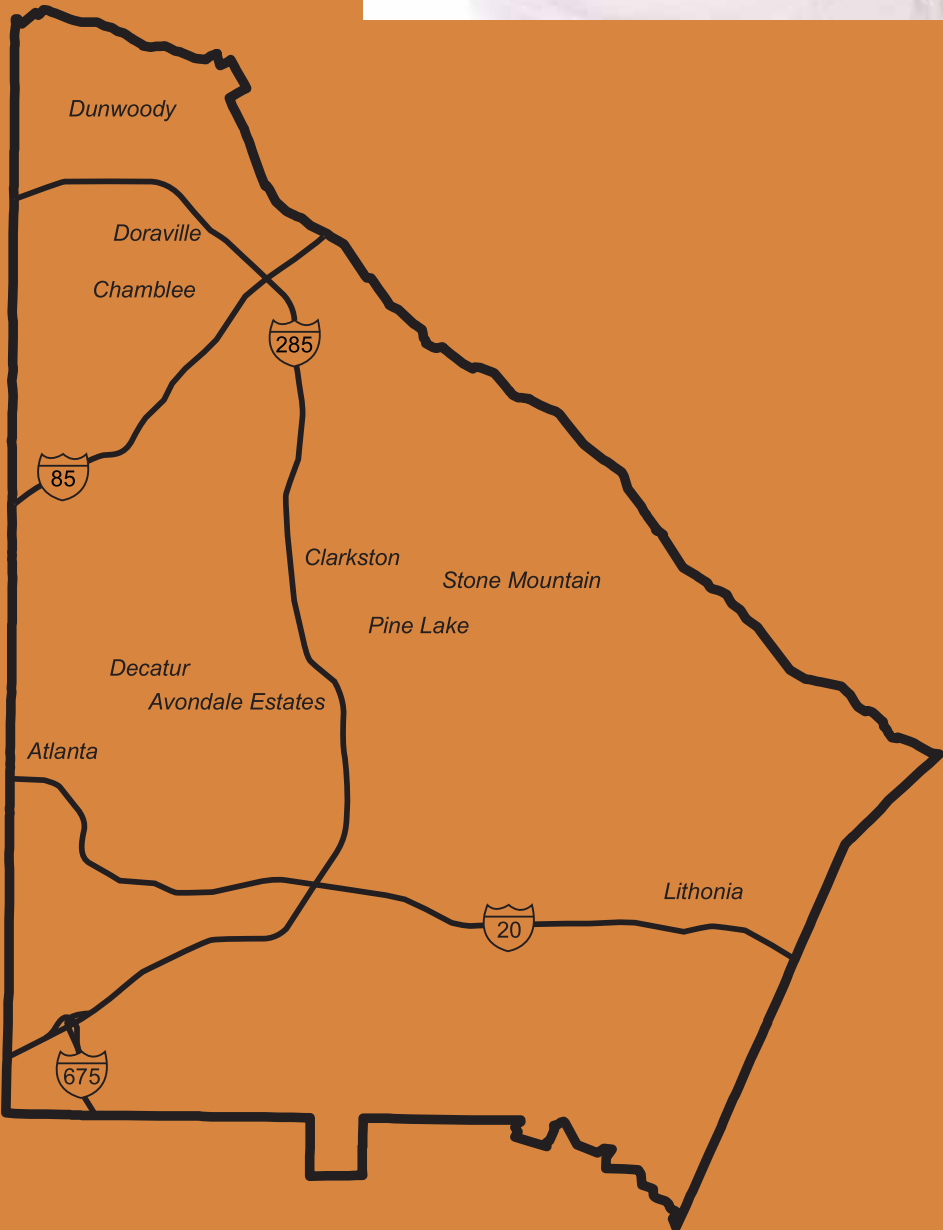
- Secondhand smoke.
- Outdoor air pollution (industrial emissions and automobile exhaust).
- Cockroaches and their droppings.
- Mildew and mold.
- Pet dander.
- Dust mites.
- Strenuous physical activity.
- Temperature and humidity.
- Some foods and food additives.
- Some medications.
- Poor air ventilation.

What you can do

- Identify asthma triggers and control or eliminate them.
- Eliminate plumbing and water leaks – stop each leak at its source first, then fix the damaged area.
- Avoid smoking and being around tobacco smoke.
- Endorse a “No Smoking” policy at home and/or work.
- Change your home’s air filter every two to three months and monitor its effectiveness.
- Be aware and considerate of the people around you (avoid perfumes, incense and air fresheners that could trigger asthma).
- Ask about the indoor air quality of your child’s school.
- Educate yourself on how climate change may impact your health.

For more information

- U.S. Environmental Protection Agency: www.epa.gov.
- Georgia Department of Community Health, Division of Public Health, Environmental Health: <http://health.state.ga.us/programs/envservices/index.asp>.
- DeKalb County Board of Health, Division of Environmental Health: 404-508-7900, www.dekalbhealth.net/EnvironmentalHealth.html.



Infectious Diseases

Infectious Diseases

There are certain infectious diseases that laboratories, physicians and other health care providers are required, by law, to report to their county, district or state health department. These diseases are referred to as “notifiable diseases.” This section provides data and prevention tips on specific notifiable diseases. DeKalb County Board of Health monitors and investigates notifiable diseases to understand trends and to prevent and control outbreaks in the county.

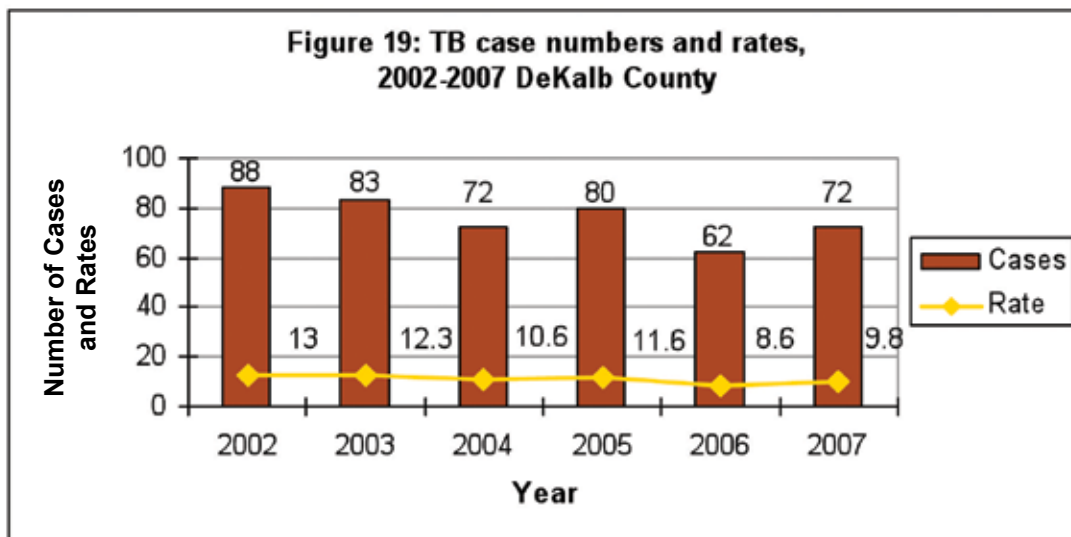
TUBERCULOSIS

Tuberculosis (TB) is caused by a bacterium called *Mycobacterium tuberculosis* that usually attacks the lungs. If not treated properly, TB can be fatal. Tuberculosis is spread through the air from one person to another.

From 2002 through 2007 in DeKalb County (Figure 19):

- There were 457 cases of TB reported.
- The number of cases per year decreased from 88 to 72.

In 2007, DeKalb County had the second highest number of TB cases out of Georgia’s 159 counties and the highest TB rate of Georgia’s 18 health districts.



Source: 2007 Georgia Tuberculosis Report, Georgia Department of Human Resources, Division of Public Health, Atlanta, Georgia, October 2008. Publication No: DPH08.327HW.

Like any other disease, there are specific risk factors for becoming ill with TB (Table 27). Certain risk factors may cause a person’s immune system to weaken and make it hard to fight TB.

Foreign born	60%
Human Immunodeficiency Virus (HIV)	12%
Substance abuse	12%
Homeless	11%
Inmate	3%
Nursing home	3%

Source: 2007 Georgia Tuberculosis Report, Georgia Department of Human Resources, Division of Public Health, Atlanta, Georgia, October 2008. Publication No: DPH08.327HW.

What may put you at risk

- If you were born in another country where tuberculosis is common.
- If you are HIV positive.
- If you are an injection drug user or other substance abuser.
- If you are a baby, a young child or elderly.
- If you have been infected with tuberculosis in the last two years.
- If you were not treated correctly for tuberculosis in the past.
- If you have certain medical conditions (e.g., diabetes, cancer or being underweight).

What you can do

- Protect your family and others. Get a skin or blood test for TB.
- Cover your mouth when you cough.
- If you have TB, take all medications prescribed by your doctor.

For more information

- Centers for Disease Control and Prevention, Division of Tuberculosis Elimination: www.cdc.gov/tb/.
- Georgia Department of Community Health, Division of Public Health, Georgia Tuberculosis Section: 404-657-2634, <http://health.state.ga.us/programs/tb/index.asp>.

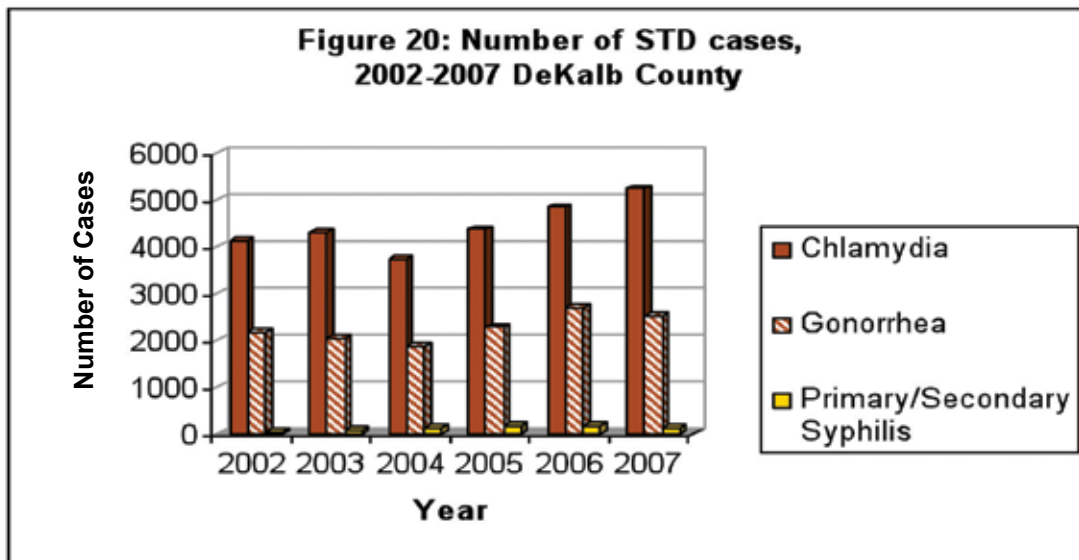


SEXUALLY TRANSMITTED DISEASES

Chlamydia, gonorrhea and syphilis are sexually transmitted diseases (STDs) spread during unprotected vaginal, anal or oral sex. They can also pass from mother to baby in the womb and during vaginal childbirth. Syphilis has many disease stages. This section will focus on primary and secondary syphilis.

From 2002 through 2007 in DeKalb County:

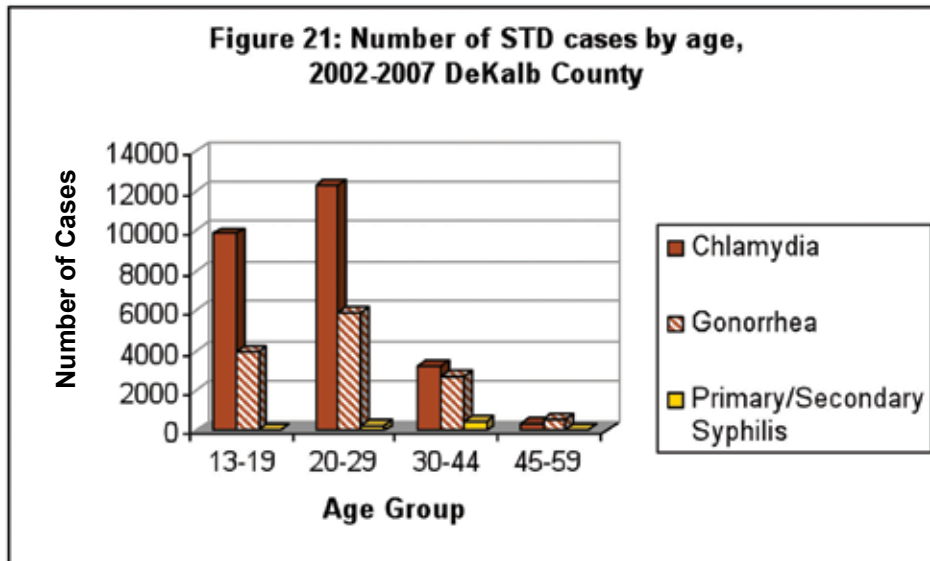
- Males were 21 times more likely to have primary or secondary syphilis than females.
- Females were three times more likely to have chlamydia than males.
- 26,594 cases of chlamydia, 13,592 cases of gonorrhea and 828 cases of primary and secondary syphilis were reported (Figure 20).
- The number of chlamydia cases increased 27 percent, gonorrhea cases increased 16 percent and primary and secondary syphilis cases increased 107 percent.



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

Between 2002 and 2007 (Figure 21):

- The highest numbers of chlamydia and gonorrhea cases occurred among persons 20 to 29 years of age.
- The highest numbers of primary and secondary syphilis cases occurred among persons 30 to 44 years old; this age group also had the highest rate of primary and secondary syphilis.
- 13 to 19 year olds had the highest rate for chlamydia and gonorrhea.



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

What you can do

- Practice abstinence.
- Use condoms each time to prevent sexually transmitted infections.
- Visit your doctor.
- Know your status. Get tested for STDs (including HIV).
- Know the status of your sexual partner.
- Parents: Talk to your teens.
- Teens: Talk to your parents.
- Be honest with your partner if you have an STD.

For more information

- Centers for Disease Control and Prevention, Division of STD Prevention: <http://www.cdc.gov/std/>.
- Georgia Department of Community Health, Division of Public Health, Sexually Transmitted Disease Section: <http://health.state.ga.us/programs/std/index.asp>.
- DeKalb County Board of Health, STD Program: 404-294-3762, www.dekalbhealth.net.



HUMAN IMMUNODEFICIENCY VIRUS

Human immunodeficiency virus (HIV) is the virus that causes Acquired Immunodeficiency Syndrome (AIDS). The virus weakens the immune system and leaves a person vulnerable to other potentially life-threatening infections. HIV is spread person to person by infected blood, semen, vaginal fluids and breast milk.

Prevention remains crucial to reducing the number of new HIV/AIDS cases. For those who are already infected with HIV, treatment options continue to improve. They allow HIV-positive individuals to live longer and healthier lives.

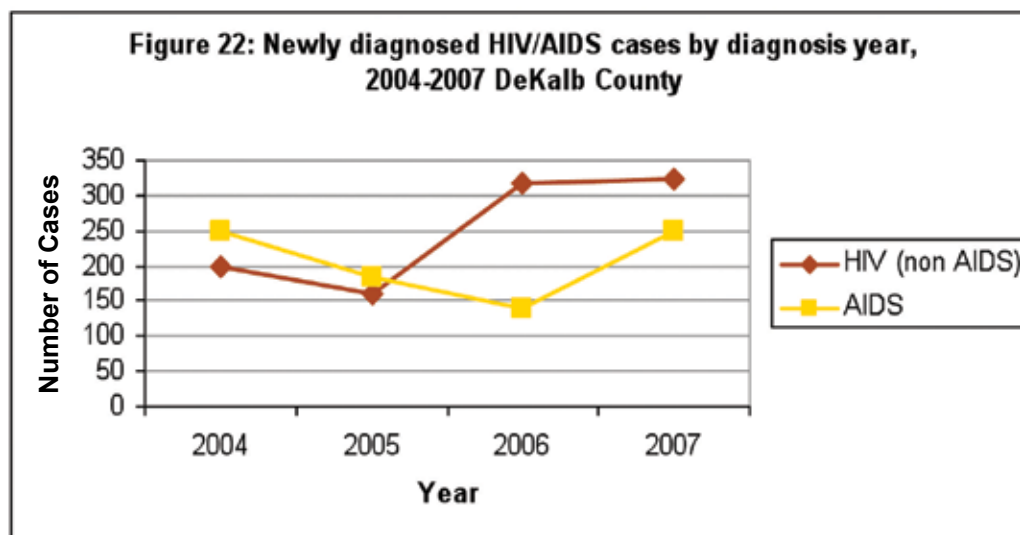
DeKalb County is greatly affected by HIV/AIDS. In fact, in 2007:

- The county had the second highest rate of persons living with HIV/AIDS of Georgia's 18 public health districts. Fulton County had the highest rate.
- The county's HIV rate was 312.2 cases/100,000 people, while its AIDS rate was 452.5 cases/100,000 people.
- A total of 5,845 of the county's residents were living with HIV/AIDS, of which 42 percent had HIV (non-AIDS) and 58 percent had AIDS.

Unfortunately, despite prevention efforts, DeKalb residents are still becoming infected with HIV and developing AIDS. See Figure 22.

From 2004 through 2007 in DeKalb County:

- A total of 1,821 newly diagnosed HIV/AIDS cases were reported.
- Newly diagnosed HIV (non-AIDS) cases increased 62 percent.

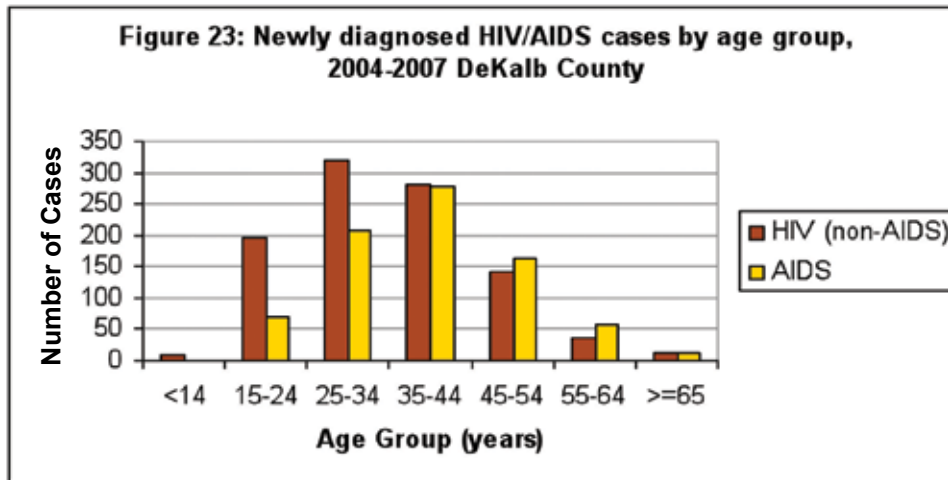


Source: Georgia Department of Community Health, Division of Public Health, HIV/AIDS Epidemiology Section.

Most of DeKalb County's newly diagnosed HIV and AIDS cases are among young adults. See Figure 23.

From 2004 through 2007 in DeKalb County:

- Persons age 25 to 34 years old were newly diagnosed with HIV (non-AIDS) more often than other age groups.
- Persons age 35 to 44 years old were newly diagnosed with AIDS more often than other age groups.

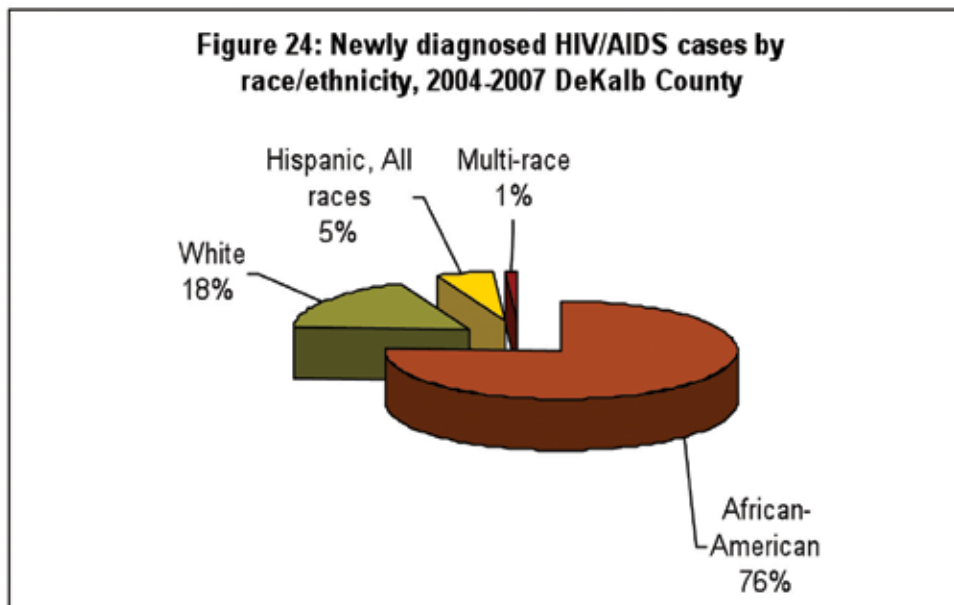


Source: Georgia Department of Community Health, Division of Public Health, HIV/AIDS Epidemiology Section.

DeKalb County's African Americans are overly burdened by HIV/AIDS. See Figure 24.

The data reveal that:

- 76 percent of the new HIV/AIDS cases diagnosed between 2004 and 2007 were in African Americans.
- Between 2004 and 2007, African Americans were four times more likely than whites to be newly diagnosed with HIV/AIDS.



Source: Georgia Department of Community Health, Division of Public Health, HIV/AIDS Epidemiology Section.

Both males and females become infected with HIV most often through sex with HIV-positive men. See Tables 28 and 29.

Table 28: Method of HIV/AIDS transmission among adult males newly diagnosed, 2004-2007 DeKalb County		
	HIV	AIDS
Male-to-male sexual contact	89%	86%
Heterosexual contact	5%	3%
Injection drug use	3%	7%
Male-to-male sexual contact and injection drug use	2%	4%

Source: Georgia Department of Community Health, Division of Public Health, HIV/AIDS Epidemiology Section.

Table 29: Method of HIV/AIDS transmission among adult females newly diagnosed, 2004-2007 DeKalb County		
	HIV	AIDS
Heterosexual contact	74%	77%
Injection drug use	26%	23%

Source: Georgia Department of Community Health, Division of Public Health, HIV/AIDS Epidemiology Section.

What you can do

- Practice abstinence.
- Know your status. Get tested for HIV.
- Know the HIV status of your sexual partner.
- Use condoms each time you have sex.
- Limit the number of sexual partners.
- Don't use drugs.
- Avoid needle sharing.
- Be honest with your sexual partner if you have an STD.

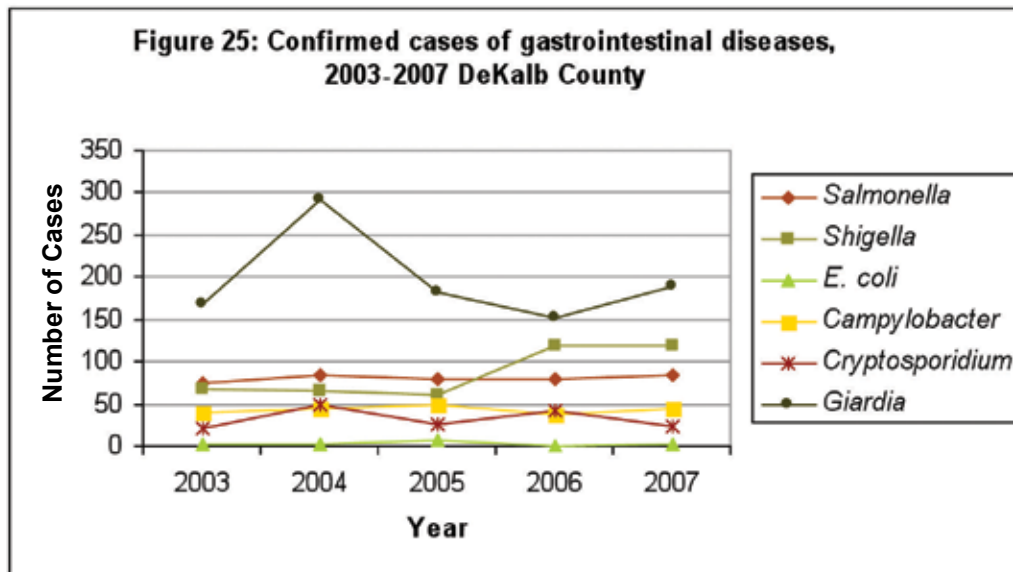
For more information

- Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention: <http://www.cdc.gov/hiv/>.
- Georgia Department of Community Health, Division of Public Health, HIV Unit: <http://health.state.ga.us/programs/stdhiv/index.asp>.
- DeKalb County Board of Health, Ryan White Early Care Clinic: 404-508-7866, http://www.dekalbhealth.net/HealthServices/HIV_AIDS.html.

GASTROINTESTINAL DISEASES

Gastrointestinal diseases, also called gastrointestinal infections or gastroenteritis, are caused when organisms such as a bacteria, viruses or parasites irritate or infect a person's stomach and intestines.

The graph below shows the six most commonly reported gastrointestinal diseases in DeKalb County. In order for a disease to be reported, a doctor needs to collect a stool specimen for laboratory testing. Since this does not happen with every illness, many cases of gastrointestinal disease go undetected. Therefore, the numbers below most likely represent a small percentage of all gastrointestinal diseases.



Source: Georgia Department of Community Health, Division of Public Health.

Giardia:

- Is a parasitic organism.
- Accounted for the largest increase in gastrointestinal disease between 2003 (168 cases) and 2007 (190 cases) (Figure 25).
- Is tested for among refugees from other countries who resettle in DeKalb County. For this reason, DeKalb has more reports of Giardia than other gastrointestinal diseases.
- Spiked to 291 cases in 2004, due to an increase in the number of refugees (Figure 25).

Shigella:

- Is a bacterium that causes the shigellosis illness.
- Is a very contagious diarrheal disease, which can be spread easily from person to person.
- Cases increased from 61 cases in 2005 to 118 cases in 2006 (Figure 25).
- This increase in reported cases may have been a result of an increase in household clusters (persons living in the same household who become ill) of disease. The cause of the increase in household clusters is unknown.

What may put you at risk

- If you are very young or elderly.
- If you have a weakened immune system:
 - Pregnant women.
 - Undergoing chemotherapy or radiation.
 - HIV positive.
- If you do not wash your hands regularly with soap and water or hand sanitizer.
- If you do not clean cooking surfaces after preparing meals with raw meats, dairy products and eggs.
- If you swallow untreated water (from creeks, lakes or streams).

What you can do

- Wash your hands regularly with soap and water or hand sanitizer.
- Avoid swallowing untreated water (from creeks, lakes or streams).
- Practice safe food preparation and avoid cross contamination.
- Go to the doctor if you have symptoms of gastrointestinal disease (nausea, diarrhea and/or vomiting).
- Ask your doctor to test a stool sample.

For more information

- DeKalb County Board of Health, Office of Infectious Diseases: 404-508-7847, <http://www.dekalbhealth.net/HAP/OID.html>.
- DeKalb County Board of Health, Division of Environmental Health: 404-508-7900, www.dekalbhealth.net/EnvironmentalHealth/foodsfty.html.

VACCINE-PREVENTABLE DISEASES

Vaccine-preventable diseases are illnesses caused by bacteria and viruses that can be prevented by routine immunizations. In 2008, over 90 percent of DeKalb County daycare, kindergarten and 6th grade students received all of their recommended vaccines. As shown in Table 30, very few vaccine-preventable diseases are reported in DeKalb County.

The vaccine-preventable diseases discussed in this section are spread from person to person by respiratory droplets. Respiratory droplets can be released when a person coughs, sneezes, spits, drools or has a runny nose.

	2003	2004	2005	2006	2007
Measles	1	0	0	0	0
Mumps	1	0	0	0	0
Rubella	0	1	0	0	0
Pertussis	8	4	6	5	1

Source: Georgia Department of Community Health, Division of Public Health.

Reports of pertussis, also known as whooping cough, decreased notably between 2003 and 2007 (Table 30). This may be in part because of a new pertussis booster vaccine for adolescents and adults that was licensed in 2005. The booster vaccine is not mandatory, but is now recommended for persons 10 to 64 years of age.

What you can do

- Get vaccinations according to the recommended schedule.
- Wash your hands regularly with soap and water or hand sanitizer.
- Cover your coughs and sneezes with your elbow or sleeve.
- Avoid direct contact with others who are sick (includes not sharing eating utensils or drinking glasses).
- If caring for someone who is sick, avoid face-to-face contact and wash hands frequently.

For more information

- Georgia Department of Community Health, Division of Public Health, Immunization Section: 404-657-3158, <http://health.state.ga.us/programs/immunization/>.
- DeKalb County Board of Health, Office of Infectious Diseases: 404-508-7847, www.dekalbhealth.net/HAP/OID.html.

HEPATITIS

Hepatitis is an inflammation of the liver and a major cause of liver disease in the United States. Infectious hepatitis can be caused by one of five viruses (named A through E). Hepatitis A, B and C are commonly seen in the United States and in Georgia.

Hepatitis A:

- Is spread through contact with the feces of an infected person via, for example, contaminated water, contaminated food and certain sexual practices.
- Can last from a few weeks to six months.
- Is preventable through vaccination.

Hepatitis B:

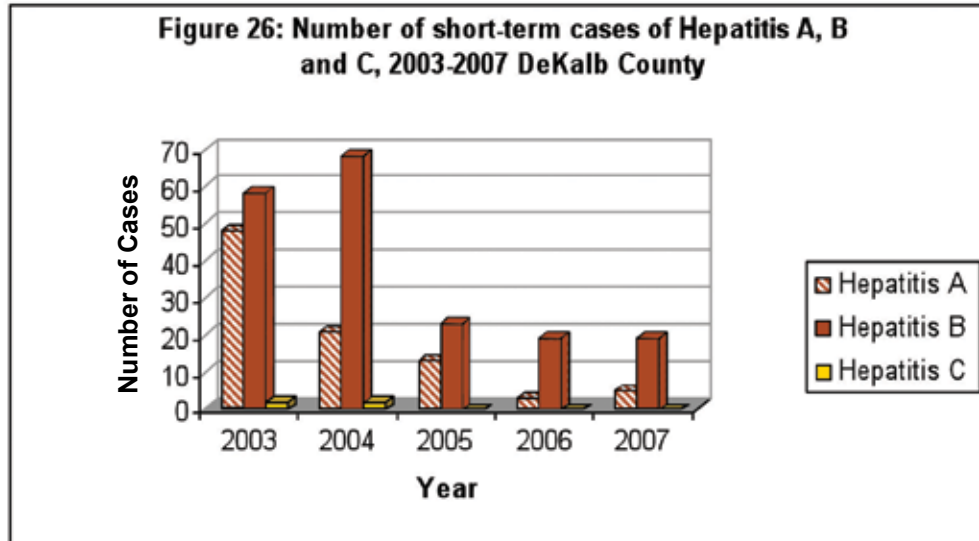
- Is spread through infected blood and other body fluids or from an infected mother to her newborn baby.
- Can last from a few weeks to a lifetime.
- Can result in liver cancer and cirrhosis (scarring of the liver).
- Is preventable through vaccination.

Hepatitis C:

- Is spread through exposure to the blood of an infected person or from an infected mother to her newborn baby.
- Is usually long term and can last a lifetime.
- Can result in liver cancer and cirrhosis.
- Is not preventable through vaccination.

As shown in Figure 26:

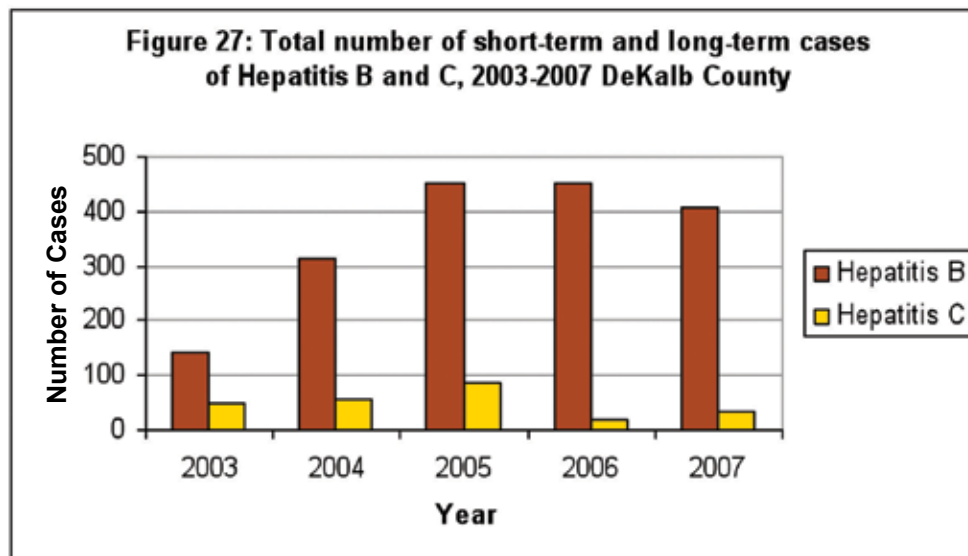
- After a 2003 outbreak, the number of short-term Hepatitis A cases (infections occurring within the previous four months) reported in DeKalb County decreased.
- The large drop from 2004 to 2005 in short-term Hepatitis B case is most likely from a change in the way cases were classified and reported.



Source: Georgia Department of Community Health, Division of Public Health.

The total burden (short-term and long-term cases) of Hepatitis B and C in DeKalb County can be seen in Figure 27:

- Hepatitis B cases increased 189 percent from 2003 to 2007.
- Hepatitis C cases decreased 32 percent from 2003 to 2007.



Source: Georgia Department of Community Health, Division of Public Health.

What may put you at risk

Hepatitis A:

- If an infected person does not wash his or her hands properly after going to the bathroom.
- If a parent or caregiver does not properly wash his or her hands after changing diapers or cleaning up the stool of an infected person.
- If engaging in certain sexual activities, such as oral-anal contact with an infected person.

Hepatitis B and C:

- If you are having unprotected sex with someone who has hepatitis.
- If you have shared or are sharing needles, razors or toothbrushes with someone who has hepatitis (or anything that might have blood on it).
- If you received a body piercing or tattoo from non-sterile instruments.

What you can do

- Wash your hands regularly with soap and water or hand sanitizer.
- Get vaccinations according to the recommended schedule.
- If you are pregnant, get tested for hepatitis and work with your doctor to make sure that your baby is protected from getting hepatitis from you.
- Practice safe sex (use a condom).
- Avoid sharing needles, razors or toothbrushes with others (or anything that might have blood on it).

For more information

- Centers for Disease Control and Prevention, Division of Viral Hepatitis: <http://www.cdc.gov/hepatitis/>.
- Georgia Department of Community Health, Division of Public Health: <http://health.state.ga.us/epi/disease/hepatitis/index.asp>.
- DeKalb County Board of Health, Office of Infectious Diseases: 404-508-7847, <http://www.dekalbhealth.net/HAP/OID.html>.



INVASIVE BACTERIAL DISEASES

Invasive bacterial diseases occur when bacteria cause an infection in a part of the body that is typically protected from them. Examples include blood, cerebrospinal fluid and fluid around the joints (elbow, wrist, knee, etc.). These diseases, presented in Table 31 below, can cause severe illness and death.

	2003	2004	2005	2006	2007
<i>Streptococcus pneumoniae</i>	59	79	82	99	96
<i>Haemophilus influenzae</i>	12	10	5	12	7
Meningococcal disease	1	2	0	0	3

Source: Georgia Department of Community Health, Georgia Division of Public Health.

***Streptococcus pneumoniae* (Pneumococcal Disease):**

- Is caused by the bacteria *Streptococcus pneumoniae*.
- Is the most common cause of ear infections in children.
- Can result in illnesses such as meningitis (infection of the lining of the brain and spinal cord) and bacteremia (infection of the blood).
- Is also a common cause of pneumonia (infection of the lungs).
- Has many strains that have become resistant to commonly used antibiotics.
- Elderly persons are at the highest risk for severe pneumonia illness. Fortunately there are vaccines for children and adults to help protect them from *Streptococcus pneumoniae* infections.
- The number of reported cases of invasive *Streptococcus pneumoniae* in DeKalb County increased by 63 percent from 2003 to 2007 (Table 31).
- The cause of this increase is unknown, but could be due in part to better disease reporting and diagnostic methods.

***Haemophilus influenzae* type b (Hib):**

- Usually strikes children under the age of five years old.
- Was once the most common cause of bacterial infection in infants and young children.
- Can cause meningitis, bacteremia and pneumonia.
- Is vaccine preventable, therefore due to widespread use of Hib vaccine in children, few cases are reported each year.
- Is spread from person to person by sneezing, coughing or speaking closely.



Meningococcal Disease (Meningitis or Bacteremia):

- Is a rare but serious illness caused by the bacteria *Neisseria meningitidis*.
- Is spread through contact with respiratory droplets.
- May be prevented by receiving the meningococcal vaccine, available for persons 11 through 18 years of age, and is often recommended for young people entering their first year of college.

Methicillin-resistant *Staphylococcus aureus* (MRSA):

- Is a type of *Staphylococcus aureus* (also called “Staph”) that has become resistant to some commonly used antibiotics and is therefore difficult to treat.
- Can cause many different types of illnesses, from skin infections (such as lesions, boils and abscesses) to respiratory illnesses (such as pneumonia) to more invasive, severe diseases (such as meningitis and bacteremia).

Is spread most commonly by skin-to-skin contact or by hands contaminated with fluid from a draining lesion. It also can be spread when an infected person uses and then shares an item like a towel, soap, razor or athletic equipment without first cleaning or sanitizing it.

MRSA was designated as a notifiable disease in Georgia beginning in 2005. Information is reported in Georgia only for severe cases of MRSA. A severe case is one resulting in hospitalization or death that occurs in the community, not infections that occur in a hospital or health care facility. Between 2005 and 2007, 39 cases of severe, community-associated MRSA infections were reported in DeKalb County.

What you can do

- Wash your hands regularly with soap and water or hand sanitizer.
- Cover your coughs and sneezes with your elbow or sleeve.
- Get vaccinations according to the recommended schedule.
- Avoid direct contact with others who are sick (this includes not sharing eating utensils or drinking glasses).
- If you are caring for someone who is sick, avoid face-to-face contact and wash your hands frequently.
- Cover draining lesions until they are scabbed over.
- Avoid sharing personal items such as towels, razors, soap and athletic equipment.

For more information

- Centers for Disease Control and Prevention, National Center for Immunizations and Respiratory Diseases: www.cdc.gov/vaccines/.
- Georgia Department of Community Health, Division of Public Health, Acute Disease Epidemiology Section: <http://health.state.ga.us/epi/bacterial/>.
- DeKalb County Board of Health, Office of Infectious Diseases: 404-508-7847, <http://www.dekalbhealth.net/HAP/OID.html>.

WEST NILE VIRUS

West Nile virus (WNV) is a mosquito-borne virus that affects the central nervous system and can cause serious, life-altering and even fatal disease. WNV usually infects birds, but it can be spread to humans by mosquitoes that feed on infected birds and then bite humans.

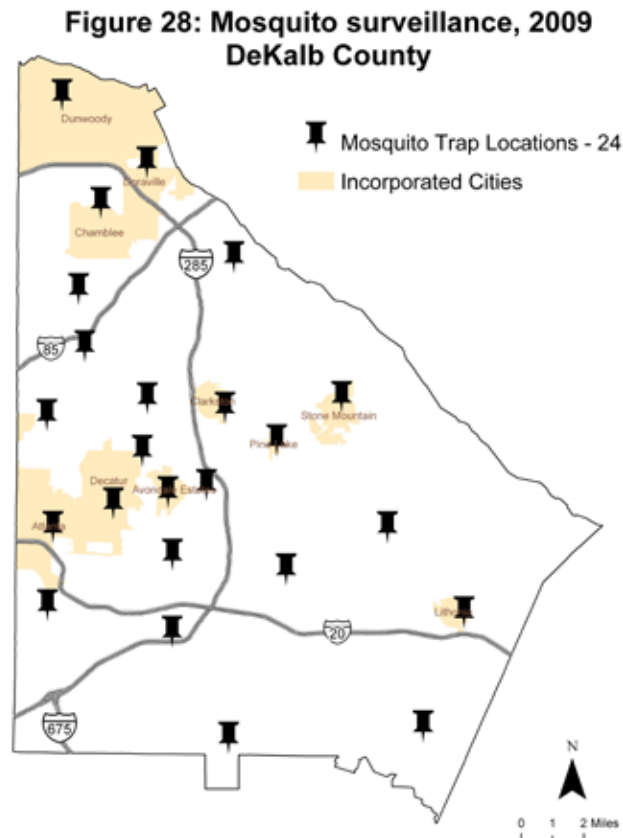
In DeKalb County:

- WNV was first confirmed in July 2001 in a Cooper’s hawk.
- Over 8,000 dead bird reports have been received and mapped for analysis.
- A total of 858 dead birds have been submitted for analysis and 310 (36%) have tested positive for WNV.
- Additionally, 3,983 collections of mosquitoes have been analyzed resulting in 160 (4%) WNV-positive results.

	2001	2002	2003	2004	2005	2006	2007	2008
Human Cases	0	5	0	1	3	0	4	0
Deaths	0	1	0	0	0	0	0	0

Source: DeKalb County Board of Health, Division of Environmental Health.

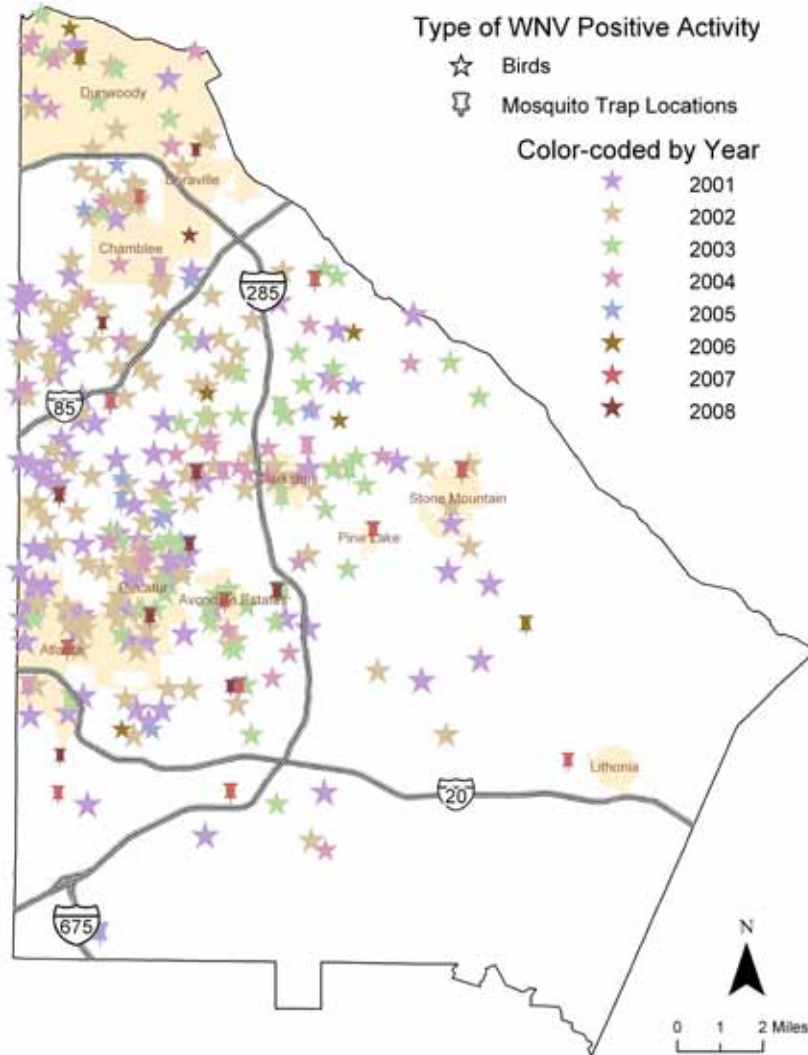
DeKalb County has managed to keep the number of human cases to 13 for the last eight years (Table 32), compared to 207 cases in Georgia. The following maps illustrate mosquito and West Nile virus activity.



Source: DeKalb County Board of Health, Division of Environmental Health; Atlanta Regional Commission.

Although surveillance takes place throughout the county, Figure 29 illustrates that some areas of the county have repeatedly had WNV activity. Although individuals in these areas may be at increased risk, anyone in the county is at risk for becoming infected with WNV.

Figure 29: West Nile virus positive activity, 2001-2008 DeKalb County



Source: DeKalb County Board of Health, Division of Environmental Health; Atlanta Regional Commission.

What may put you at risk

- Being outside at dawn and dusk.
- Not wearing mosquito repellent.
- Having standing water near your home (for example, in flower pots and pet dishes.)
- Being 50 years or older.

What you can do

- Use mosquito repellent. The most effective repellents contain DEET, picaridin or oil of lemon eucalyptus.
- Apply permethrin to clothing, shoes, bed nets and camping gear but not to skin.
- Always follow the manufacturer's instructions when using any type of repellent.
- Avoid mosquitoes, especially at dawn and dusk.
- Remove standing water where mosquitoes can lay eggs.

For more information

- Centers for Disease Control and Prevention, National Center for Zoonotic, Vector-Borne and Enteric Diseases, Division of Vector-Borne Diseases: 1-800-CDC-INFO (232-4636), <http://www.cdc.gov/ncidod/dvbid/westnile/index.htm>.
- Georgia Division of Public Health, Epidemiology Branch, Zoonotic and Vector-Borne Diseases: 404-657-2588, <http://health.state.ga.us/epi/vbd/mosquito.asp>.
- DeKalb County Board of Health, Division of Environmental Health: 404-508-7900, www.dekalbhealth.net/EnvironmentalHealth/wnv.html.





Injuries

Injuries

OVERVIEW

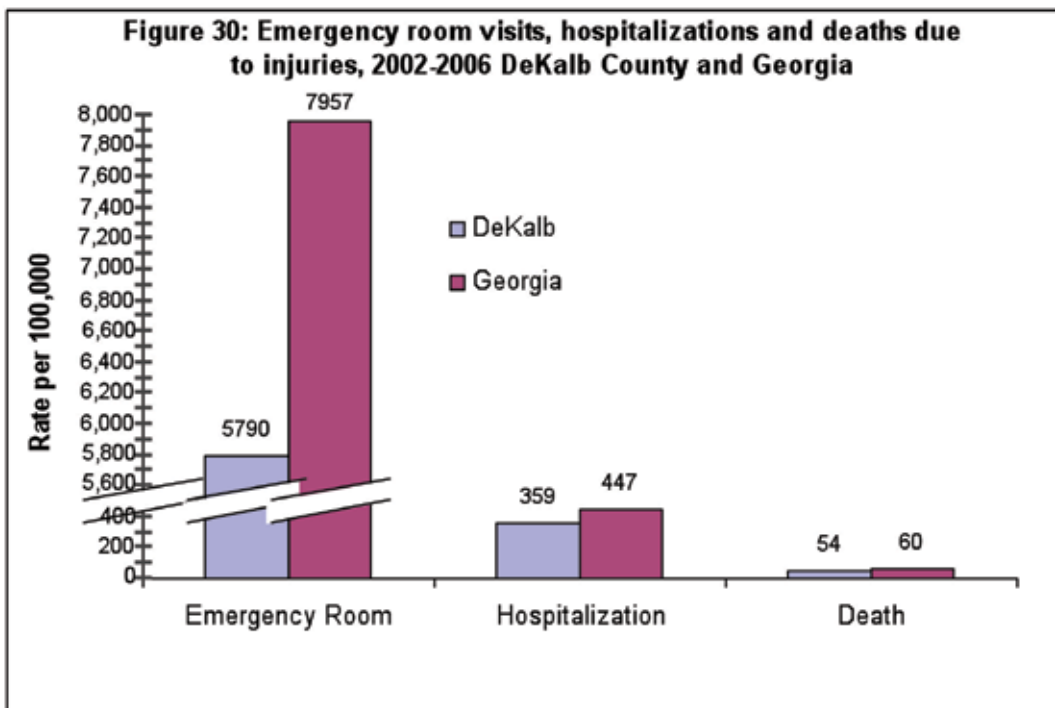
Injuries are a frequently overlooked public health issue. However, injuries cause suffering, disability and death.


Injuries are grouped as intentional or unintentional. Intentional injuries are injuries that are meant to cause harm to another person or to oneself, such as assault, homicide and suicide. Unintentional injuries are injuries that are unplanned, such as motor vehicle crashes, falls and drownings.

Between 2002 and 2006 in DeKalb County, intentional and unintentional injuries were responsible for 21 percent of emergency room visits, four percent of hospitalizations and nine percent of deaths.

Figure 30 shows that in DeKalb County:

- The rate of emergency room visits due to injuries was nearly 30 percent lower than in Georgia.

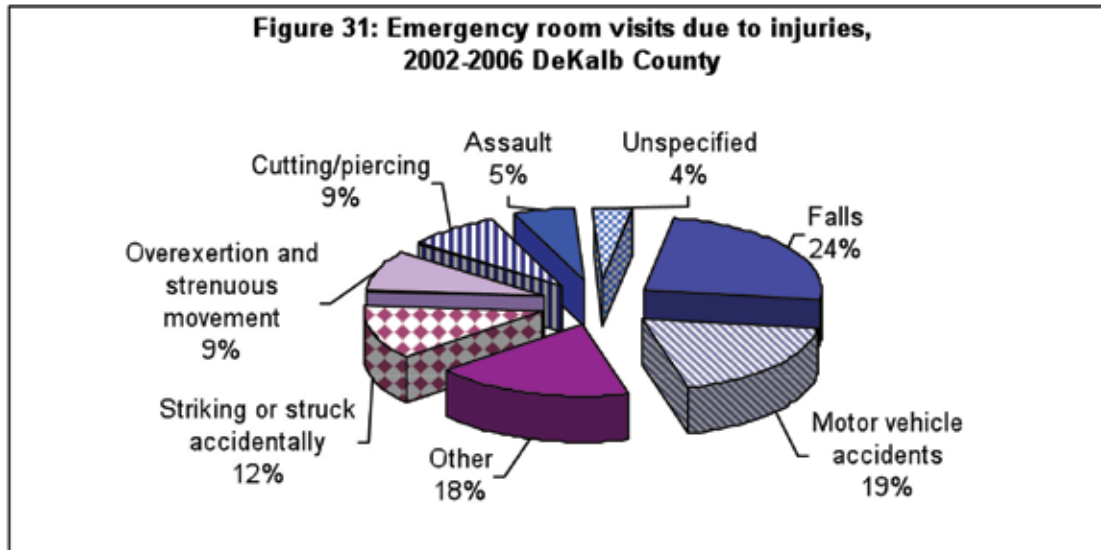


NOTE: The symbol  indicates a break or jump in the scale of the graph since emergency room visit rates are much higher than hospitalizations and death rates.

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

In DeKalb County, between 2002 and 2006:

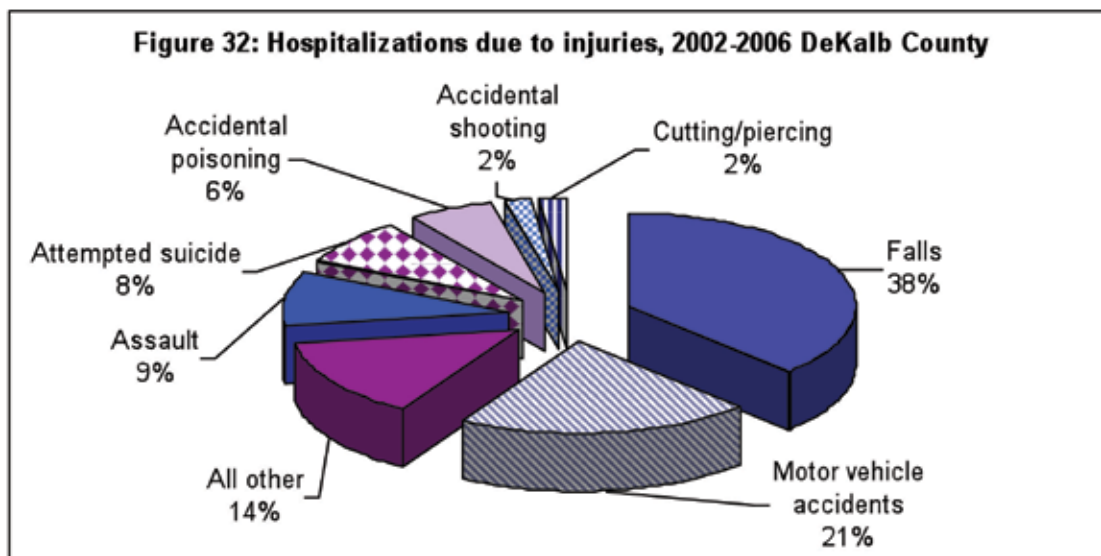
- There were 198,515 emergency room visits due to injuries.
- Falls were the number one cause of injury that resulted in emergency room visits or hospitalizations (Figures 31 and 32). However, they were the fifth leading cause of death (Figure 33).
- Motor vehicle accidents were the second leading cause of injury-related emergency room visits, hospitalizations and deaths (Figures 31 through 33).



Source: Georgia Department of Community Health, Division of Public Health.

In DeKalb County between 2002 and 2006:

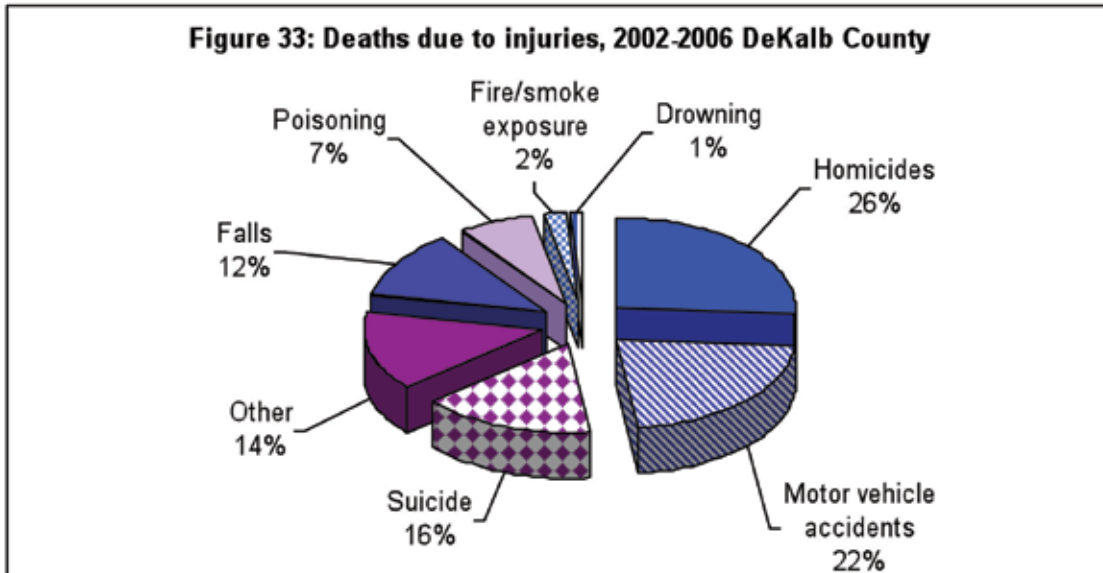
- There were 12,290 hospitalizations due to injuries.
- Forty percent of people who were hospitalized because of a fall-related injury were over 80 years of age.



Source: Georgia Department of Community Health, Division of Public Health.

In DeKalb County between 2002 and 2006:

- There were 1,861 deaths due to injuries.
- Two of the top three injuries resulting in death were intentional injuries: homicide and suicide (Figure 33). Homicide was the top injury-related cause of death, while suicide was the third leading injury-related cause of death.



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



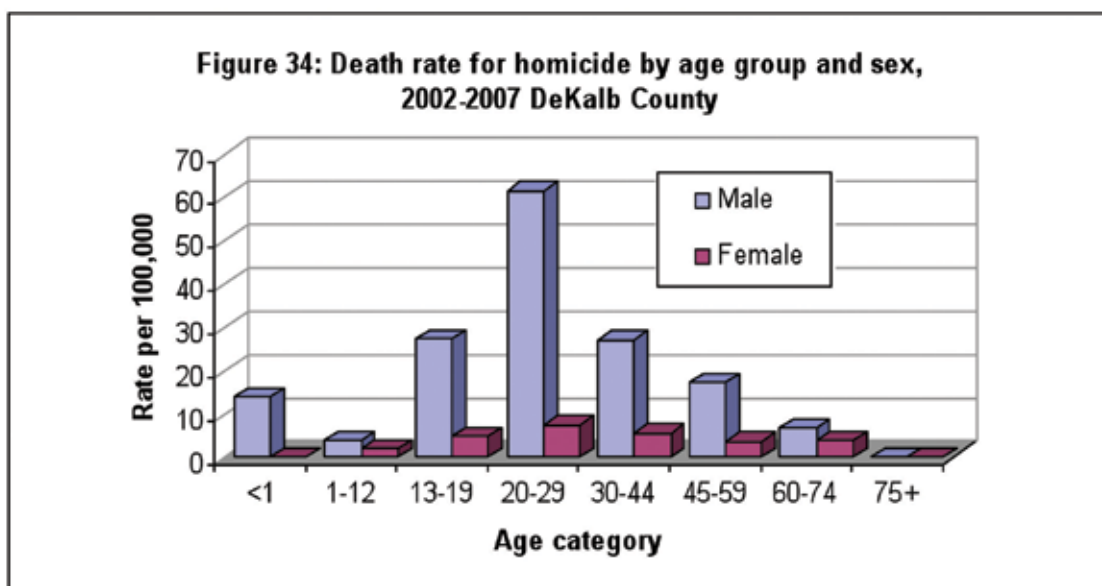
INTENTIONAL INJURIES

Homicide and Assault

Homicide is defined as the intentional killing of a person by another person.

Between 2002 and 2007:

- 579 deaths in DeKalb were the result of homicide.
- The highest rate of homicide in DeKalb County occurred among male victims between 20 and 29 years of age (62/100,000) (Figure 34).
- Males were five times more likely than females to be victims of homicide (Figure 34).
- African Americans were four times more likely than whites to be victims of homicide.
- Firearms were used in 73 percent of homicides (Table 33).



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

The table below shows the methods that were used to commit homicide.

Method of Homicide	Percent
Firearm	73
Unspecified/Other	14
Sharp Object	8
Strangulation or Suffocation	3
Child and Adult Abuse	1
Unarmed Fight	1

Source: Georgia Department of Community Health, Division of Public Health.

Assault occurs when a person physically harms another person on purpose. Assaults were reported among the top eight causes for emergency room visits and hospitalizations due to injuries from 2002 to 2006 (Figures 31 and 32). Below are the methods used for reported assaults resulting in emergency room visits and hospitalizations in DeKalb County.

Table 34: Emergency room visits due to assault, 2002-2006 DeKalb County

Method of Assault	Percent
Unarmed Fight	43
Other and Unspecified	17
Striking by Blunt or Thrown Object	15
Cut/Pierce	10
Human Bite	4
Child and Adult Abuse	4
Firearm	4
Rape	3

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

Table 35: Hospitalizations due to assault, 2002-2006 DeKalb County

Method of Assault	Percent
Firearm	29
Cut/Pierce	22
Unarmed Fight	18
Striking by Blunt or Thrown Object	12
Other and Unspecified	12
Child and Adult Abuse	4
Human Bite	2
Rape	1

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

According to the 2009 DeKalb County Youth Risk Behavior Survey, almost 8 percent of high school students carried a weapon on school property, which was a significant increase from five percent in 2003. Violence within boyfriend/girlfriend relationships has significantly increased since 2003 as well (Table 36).

Table 36: Violence among DeKalb County high school students, 2003-2009

Risk Behavior	2003	2005	2007	2009
Carried a weapon on school property*	5.0%	4.9%	7.5%	7.6%
Were threatened or injured with a weapon on school property	7.2%	8.6%	8.1%	9.0%
Were in a physical fight one or more times	37.4%	36.2%	37.0%	34.4%
Were intentionally physically hurt by boyfriend or girlfriend in past 12 months*	10.9%	13.3%	13.0%	14.6%

*Trend is statistically significant.
Source: DeKalb Youth Risk Behavior Survey.

What you can do

- Report suspicious activities and persons to proper authorities.
- Strengthen community involvement. Start a Neighborhood Watch program.
- Increase awareness about the use of gun locks and the proper, safe storage of firearms.
- Reduce the children and teens' access to firearms.
- Increase programs and services for victims of domestic violence.
- Increase mental health programs addressing anger management and bullying.

For more information

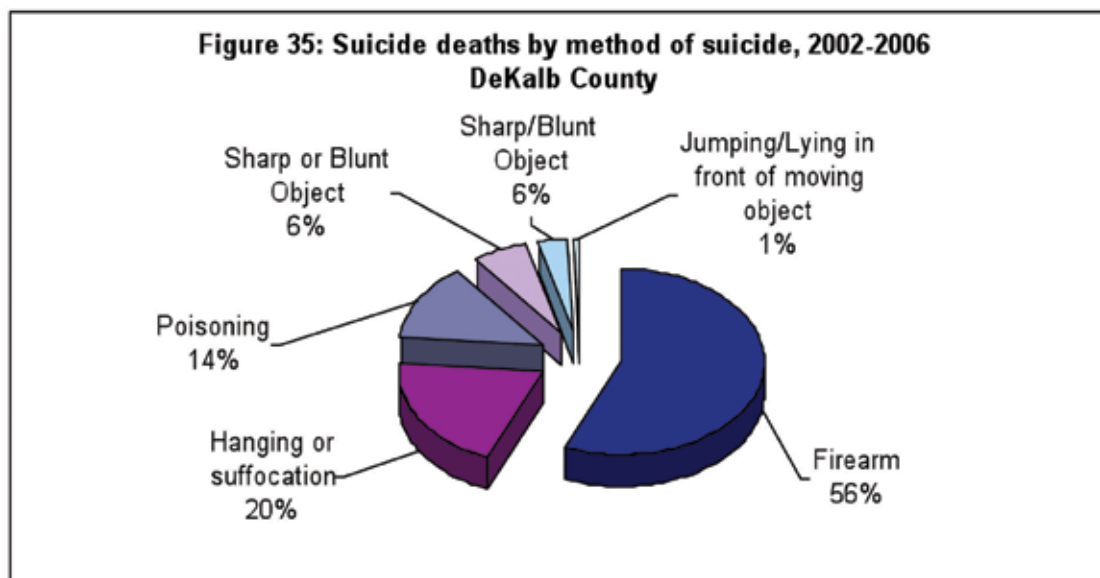
- National Center for Victims of Crime: 1-800-FYI-CALL, www.ncvc.org.
- National Teen Dating Abuse Hotline: 1-866-331-9474, www.loveisrespect.org.
- Focus Adolescent Services: 1-410-341-4216, www.focusas.com.
- An Abuse, Rape and Domestic Violence Aid and Resource Collection, Georgia Victim Assistance Resources: www.aardvarc.org/victim/states/gavic.shtml.
- Georgia Coalition Against Domestic Violence: 1-800-33-HAVEN, www.gcadv.org.
- International Women's House: 770-413-5557.

Suicide

Suicide is defined as the act of intentionally taking one's own life.

In DeKalb County:

- 16 percent of injury-related deaths from 2002 to 2006 were the result of suicide (Figure 33).
- 56 percent of deaths were by firearm (Figure 35).
- The rate of suicide for males was nearly five times the rate for females.
- Whites were two times more likely than blacks and four times more likely than Asians to commit suicide.

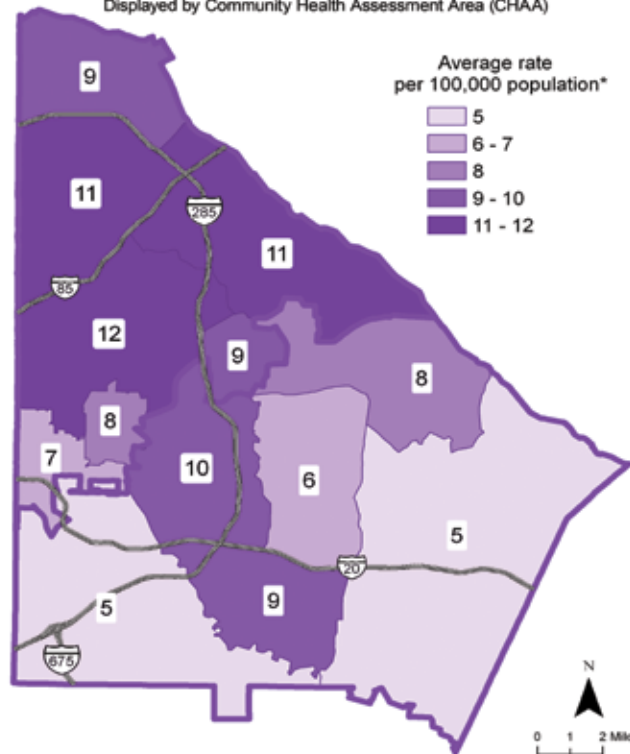


Source: Georgia Department of Community Health, Division of Public Health.

The map below (Figure 36) displays suicide deaths based on geographical location in DeKalb County. (See Methodology for more information.)

Figure 36: Suicide mortality, 2002-2007
DeKalb County

Displayed by Community Health Assessment Area (CHAA)



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

From 2002 through 2006:

- Of the teens who attempted suicide and were seen in an emergency room, 81 percent chose poisoning (Table 37). Also, 95 percent of teen hospitalizations for attempted suicide were due to poisoning (Table 38).
- 17 teens died by suicide. Poisoning was not a method for any of the completed acts of suicide.

Table 37: Emergency room visits due to attempted suicide by method among teens 13-19 years old, 2002-2006 DeKalb County	
Poisoning	81%
Sharp or blunt object	12%
Other and unspecified	4%
Firearm	1%
Hanging or suffocation	1%
Jumping or lying in front of a moving object	1%

Source: Georgia Department of Community Health, Division of Public Health.

Table 38: Hospitalizations due to attempted suicide by method among teens 13-19 years old, 2002-2006 DeKalb County	
Poisoning	95%
Sharp or blunt object	2%
Firearm	1%
Jumping or lying in front of a moving object	1%
Other and unspecified	1%

Source: Georgia Department of Community Health, Division of Public Health.

Below are three self-ingested poisoning substances used by teens that can be found in a medicine cabinet, bought over the counter or passed among friends:

- Analgesics (ibuprofen, Percocet, Vicodin) treat pain.
- Antipyretics (aspirin, acetaminophen) treat fever.
- Antirheumatics (naproxen) treat joint inflammation.

Of teens' emergency room visits due to attempted suicide by poisoning (Table 37), 41 percent used substances that could be found in a medicine cabinet, over the counter or passed among friends (Table 39).

Table 39: Poisoning drugs used to attempt suicide and resulted in emergency room visit among teens 13-19 years old, 2002-2006 DeKalb County	%
Analgesics, antipyretics, antirheumatics	41
Other drugs & medicinal substance	28
Tranquilizers & other psychotropic agents	17

Source: Georgia Department of Community Health, Division of Public Health.

Of teens' hospitalizations due to attempted suicide by poisoning (Table 38), 50 percent used substances that could be found in a medicine cabinet, over the counter or passed among friends (Table 40).

Table 40: Poisoning drugs used to attempt suicide and resulted in hospitalization among teens 13-19 years old, 2002-2006 DeKalb County	%
Analgesics, antipyretics, antirheumatics	50
Tranquilizers & other psychotropic agents	23
Other drugs & medicinal substances	20

Source: Georgia Department of Community Health, Division of Public Health.

Based on the Youth Risk Behavior Survey, DeKalb County high school students are increasingly thinking about and attempting suicide (Table 41). Although trends from 2003 to 2009 are not statistically significant, the increases over time may warrant further research, discussion and prevention education.

Risk Behavior	2003	2005	2007	2009
Felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months	28.5%	27.3%	26.5%	30.8%
Seriously considered attempting suicide during the past 12 months	13.7%	13.4%	13.3%	14.5%
Made a plan about how they would attempt suicide during the past 12 months	10.7%	11.7%	12.2%	11.9%
Actually attempted suicide one or more times during the past 12 months	7.4%	9.9%	8.9%	9.3%
Made a suicide attempt during the past 12 months that resulted in an injury, poisoning or overdose that had to be treated by a doctor or nurse	2.6%	2.8%	3.1%	3.6%

Source: DeKalb Youth Risk Behavior Survey.

Know the warning signs.

- If someone is threatening to hurt/kill oneself or talking of wanting to hurt/kill oneself.
- If someone is looking for ways to kill oneself by seeking access to firearms, pills or other means.
- If someone is talking/writing about death, dying or suicide, when these actions are out of the ordinary.
- If there is increased substance (alcohol or drug) use.
- If someone feels there is no reason for living, has no sense of purpose in life.
- If someone is anxious, agitated, unable to sleep or sleeping all the time.
- If someone has feelings of being trapped, like there is no way out.
- If someone feels hopeless or sad (depressed).
- If someone withdraws from friends, family and society.
- If someone shows rage or uncontrolled anger or is seeking revenge.
- If someone is acting reckless by engaging in risky activities, seemingly without thinking.
- If someone has dramatic mood changes.

What you can do

- Keep all medications securely locked away.
- If you or someone you know has any of the above warning signs, speak up. Confide in someone, listen and get help.

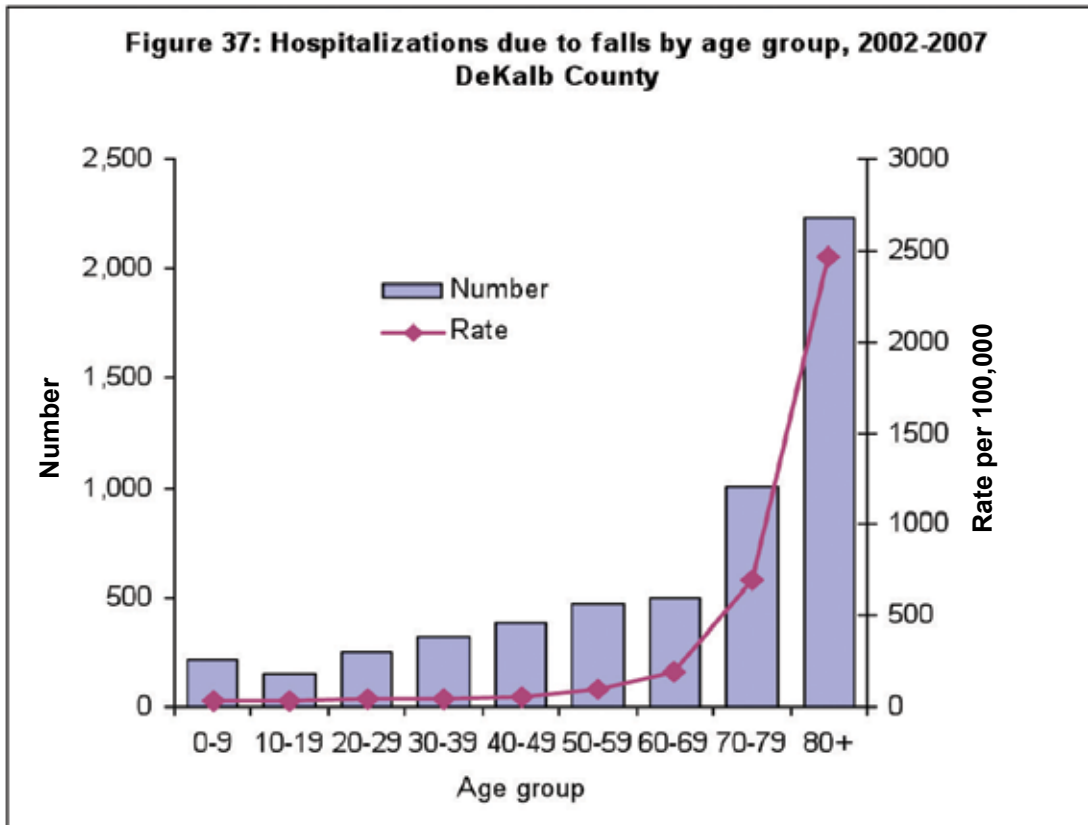
For more information

- American Association of Suicidology: www.suicidology.org.
- Centers for Disease Control and Prevention, National Center for Injury Prevention and Control: www.cdc.gov/injury.
- National Suicide Prevention Lifeline: 1-800-273-TALK (1-800-273-8255).
- Suicide Prevention Resource Center: www.sprc.org.

UNINTENTIONAL INJURIES

Falls

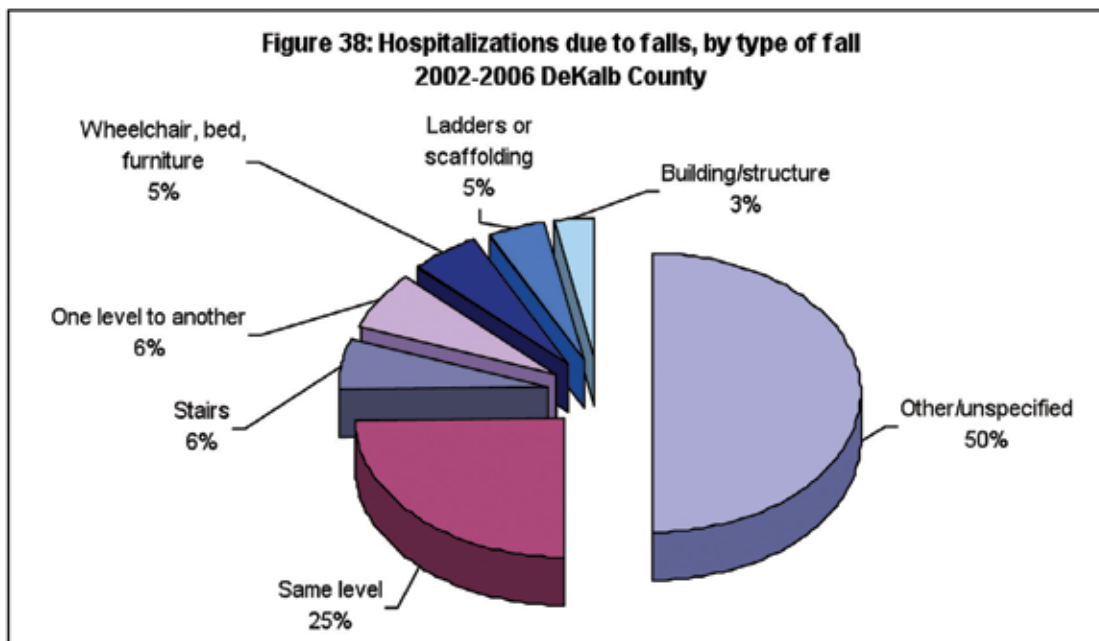
Injuries from falls resulted in over 10,000 emergency room visits and hospitalizations and nearly 45 deaths each year from 2002 through 2007. Figure 37 below shows the age groups in which most hospitalizations due to falls occur. Sixty-seven percent of hospitalizations and 80 percent of deaths from falls occurred among persons 60 years of age or older.



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

Of the falls in DeKalb County from 2002 through 2006 (Figure 38):

- Half of those that resulted in hospitalization were classified as having “other” or “unspecified” causes.
- Of the falls where the cause was specified, 25 percent were falls on the same level. Falls on the same level include slipping, tripping, stumbling, running into another person (for example, during a sports activity) or falling from a skateboard.



Source: Georgia Department of Community Health, Division of Public Health.

According to the 2007 Behavioral Risk Factor Surveillance System Survey, 13 percent of DeKalb County adults said they have fallen one to five times in the past year and 27 percent suffered injuries from the fall.

What you can do to prevent falls

- Properly install, secure and use hand rails.
- Use bright lights in halls and other rooms.
- Use caution with area rugs.
- Mop up standing water and grease on floors.
- Arrange furniture to provide an open path.
- Properly install infant gates at the top and bottom of stairwells.
- Install screens on all windows.
- Keep toys off steps and main paths in the home.
- Keep working flashlights easily accessible in all rooms.
- Keep exterior sidewalks and steps in good repair, free from cracks and breaks in the concrete. Install hand rails where necessary.

What you can do in recreational settings

- Keep backyard playground equipment in good working condition.
- Check all equipment prior to use to ensure none is damaged, worn, rusted or missing pieces.
- Check playground surfaces for damage, holes and dips.

What seniors can do

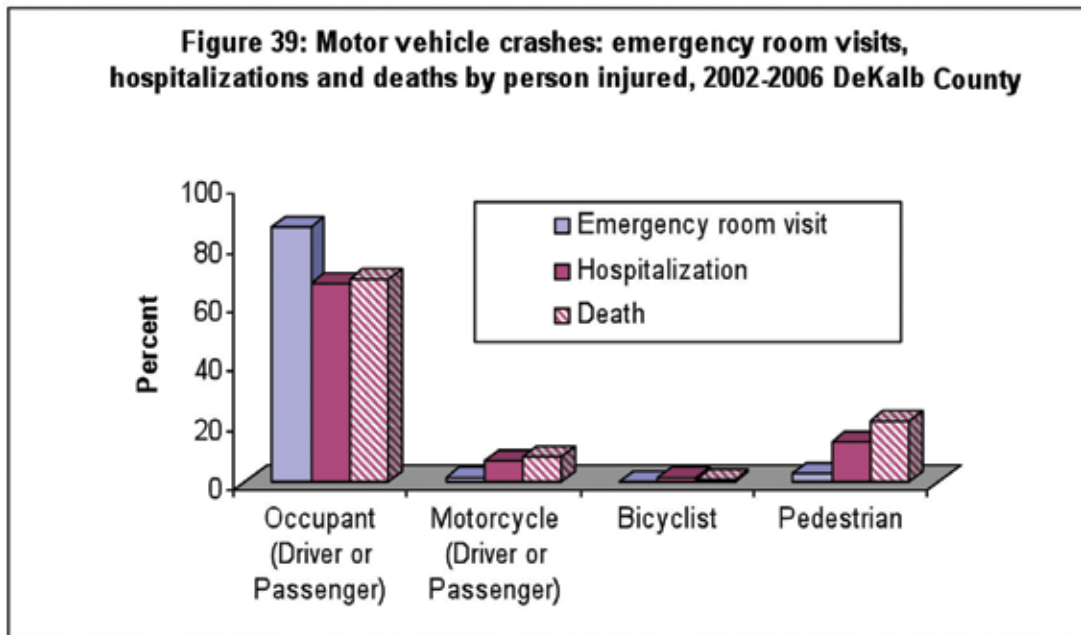
- Use caution with loose-fitting shoes and slippers.
- Keep rooms and hallways well lit when in use at night.
- Have an annual eye exam.
- Prevent drug interactions by alerting your doctor and pharmacist to all of your prescribed and over-the-counter medications and supplements.
- Discuss developing an exercise regime with your doctor that emphasizes balance and muscle control.
- Install grab bars in showers and tubs and by toilets.

Motor Vehicle Crashes

Between 2002 and 2006, motor vehicle crashes were:

- The leading cause of death for persons ages 1 to 34.
- Responsible for 37,038 emergency room visits, 2,577 hospitalizations and 418 deaths among DeKalb County residents.

Most often, the person injured was either the driver or passenger of a vehicle involved in an accident. Bicyclists (pedal cyclists) were least likely to be involved in motor vehicle crashes (Figure 39).



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

According to the 2009 DeKalb County Youth Risk Behavior Survey, 8.9 percent of high school students rarely or never wore a seatbelt when riding in a car driven by someone else, a significant increase since 2003 (Table 42).

Risk Behavior	2003	2005	2007	2009
Rarely or never wore a seat belt when riding in a car driven by someone else*	5.4%	6.6%	6.8%	8.9%
Rode one or more times during the past 30 days in a car or other vehicle driven by someone who had been drinking alcohol	24.4%	19.9%	21.0%	22.9%
Drove a car or other vehicle one or more times during the past 30 days when they had been drinking alcohol	4.9%	4.9%	4.6%	4.3%
Rarely or never wore a bicycle helmet while riding their bicycle during the past 12 months	86.7%	87.3%	87.3%	86.8%

* Trend is statistically significant.

Source: DeKalb Youth Risk Behavior Survey.

According to the 2007 Behavioral Risk Factor Surveillance System Survey, three percent of DeKalb County adults said they drove a car after drinking alcohol in the past 30 days. Ninety-two percent of adults said they always wear seatbelts in the car.

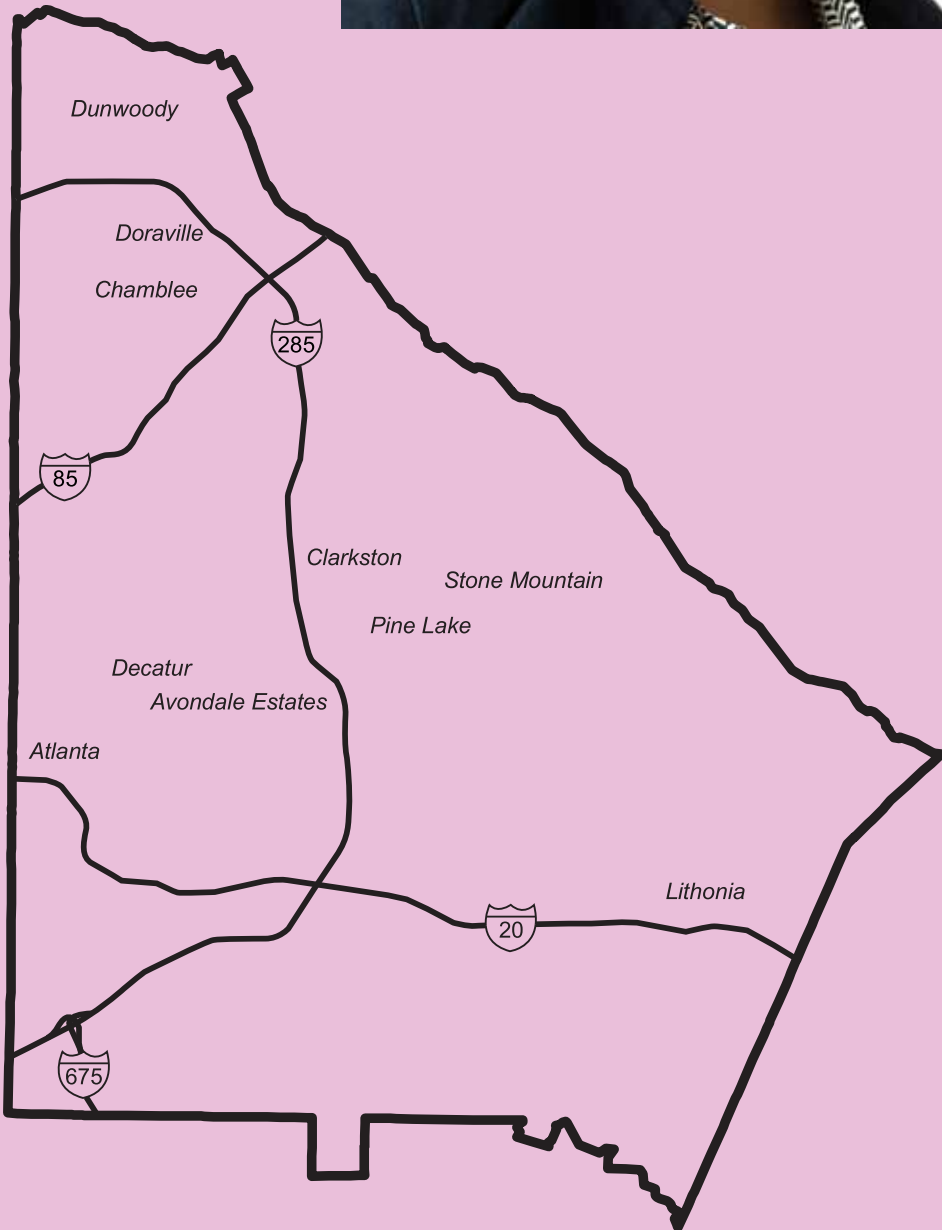
What you can do

- Never drive under the influence of drugs or alcohol.
- Drink responsibly. Designate a sober driver, call a cab or remain where you are if you have been drinking.
- Don't get in a car with a driver who has been drinking.
- Share the road. Look out for motorcyclists, bicyclists and pedestrians.
- Do not exceed posted speed limit.
- Never text or use a cell phone while driving.
- Allow enough car lengths in front of you to stop safely.
- Reduce speed in bad weather.
- Do not drive aggressively.
- Always buckle up. No exceptions.
- Do not drive if tired.
- Properly restrain children up to six years of age in an approved child safety seat or booster seat.
- Properly restrain children 6 to 17 years old in the vehicle's seat belt.

For more information

- Mothers Against Drunk Driving: www.madd.org.
- National Highway Traffic Safety Administration: www.nhtsa.gov.
- Network of Employers for Traffic Safety: www.trafficsafety.org.
- Students Against Destructive Decisions - Georgia: <http://www.gahighwaysafety.org/saddga/>.
- Governor's Office of Highway Safety: www.gahighwaysafety.org.
- DeKalb County Board of Health, Office of Injury Prevention: 404-508-7847, www.dekalbhealth.net/HAP/OIP.html.





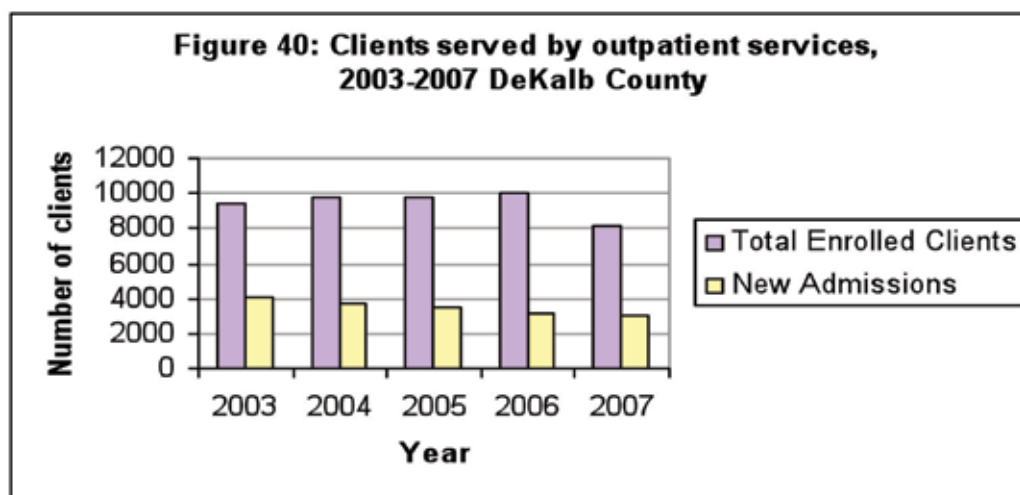
Behavioral Health

Behavioral Health

The concept “behavioral health” refers to how one’s mental well-being affects his or her actions and ability to function. Major areas within behavioral health are mental illness, addictive disease, mental illness coexisting with addictive disease, and developmental disabilities.

DeKalb County’s status of behavioral health is unknown. There is no survey that assesses behavioral health issues among DeKalb County residents. Therefore, it is not possible to report the impact of mental illnesses, addictive diseases and developmental disabilities for the entire county.

However, to provide some insight into this important aspect of health, this section presents data on clients of the DeKalb Community Service Board (CSB). The DeKalb Community Service Board is the public provider of behavioral health and developmental disability services for DeKalb County. Figure 40 describes the number of clients and new admissions to CSB.



*Note: Graph displays all clients receiving mental health and addictive disease services.
Source: DeKalb Community Service Board.*

MENTAL ILLNESS

Many of the individuals treated by the DeKalb CSB suffer from a severe mental illness. Severe mental illness is defined as a prolonged illness requiring long-term treatment, where the person has been mentally ill for at least two years and their daily functioning is significantly impaired.

According to a recent report by the National Association of State Mental Health Program Directors, individuals with a severe mental illness die 25 years earlier than the general population. The high rates of illness and early death in this population are due to preventable medical conditions caused by risk factors that are modifiable, like obesity, access to health care, smoking and substance abuse.

Some individuals treated by the DeKalb CSB suffer from the following types of disorders:

- Mood disorders, such as major depression and bipolar disorder. In fact:
 - 36 percent of all new adult outpatient admissions between 2003 and 2007 were due to mood disorders.
 - The CSB treats approximately 1,200 new cases of mood disorders per year.
 - 49 percent of all female admissions were diagnosed with a mood disorder compared to only 21 percent of all male admissions.
- Schizophrenic disorders, such as schizophrenia and schizoaffective disorder. These account for:
 - Approximately 12 percent of all adult admissions since 2003.
 - An average of 400 new cases per year.
 - 33 percent of the diagnoses among men and 21 percent among women.
- Child and adolescent disorders among clients age 5 to 17 years, which:
 - Include conduct disorder, oppositional defiant disorder, disruptive behavior disorder NOS (not otherwise specified) and separation anxiety disorder.

ADDICTIVE DISEASE

The DeKalb CSB:

- On average treats 1,900 new cases of substance abuse and other dependence disorders per year.
- Clients most commonly have cocaine dependence and alcohol dependence diagnoses. Cocaine dependence accounts for 38 percent and alcohol dependence accounts for 25 percent of all primary substance abuse diagnoses.

What may put you at risk

- Significant social transitions (graduating to high school or college, getting a driver's license, losing a job).
- A history of conduct problems.
- Depression and other serious emotional problems.
- A family history of alcoholism.
- Contact with peers involved in deviant activities.

Table 43 shows mental illness disorders by age category.

Table 43: Mental illness disorder category * by age group, 2003-2007 DeKalb Community Service Board		2003	2004	2005	2006	2007
All Ages	Attention Deficit Hyperactivity Disorder (ADHD)	8%	7%	8%	6%	5%
	Adjustment Disorder	9%	8%	7%	9%	6%
	Anxiety Disorder	5%	5%	5%	4%	5%
	Child and Adolescent Disorders	8%	6%	6%	7%	6%
	Mood Disorder	34%	36%	35%	37%	38%
	Schizophrenia	12%	11%	11%	14%	13%
	Substance Abuse and Dependence	20%	21%	18%	16%	21%
	Other	5%	6%	9%	8%	6%
5-17 Years	ADHD	26%	26%	31%	26%	28%
	Adjustment Disorder	18%	19%	15%	19%	14%
	Child and Adolescent Disorders	26%	24%	24%	27%	34%
	Mood Disorder	12%	11%	15%	11%	10%
	Substance Abuse and Dependence	10%	9%	6%	7%	2%
	Other	8%	11%	9%	10%	12%
18-34 Years	Adjustment Disorder	7%	7%	6%	8%	6%
	Anxiety Disorder	6%	6%	7%	4%	7%
	Mood Disorder	41%	44%	40%	43%	39%
	Psychotic Disorder	16%	12%	14%	17%	18%
	Substance Abuse and Dependence	22%	22%	19%	16%	21%
	Other	8%	9%	14%	12%	10%
35-54 Years	Adjustment Disorder	4%	4%	4%	5%	3%
	Anxiety Disorder	5%	4%	5%	4%	5%
	Mood Disorder	43%	41%	40%	43%	43%
	Psychotic Disorder	15%	14%	14%	17%	13%
	Substance Abuse and Dependence	27%	29%	26%	22%	30%
	Other	6%	7%	10%	9%	7%
55-64 Years	Anxiety Disorder	6%	8%	4%	5%	4%
	Mood Disorder	60%	53%	56%	53%	59%
	Psychotic Disorder	16%	15%	13%	20%	12%
	Substance Abuse and Dependence	13%	13%	11%	9%	13%
	Other	5%	10%	16%	14%	12%
65 years and older	Anxiety Disorder	4%	9%	10%	14%	5%
	Mood Disorder	43%	50%	46%	56%	44%
	Psychotic Disorder	31%	23%	17%	9%	23%
	Substance Abuse and Dependence	4%	7%	10%	9%	5%
	Other	12%	4%	7%	12%	12%

**Primary Diagnosis on Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) Axis I.
Source: DeKalb Community Service Board (new cases using outpatient services).*

MENTAL ILLNESS AND ADDICTIVE DISEASE

People with a mental illness are also likely to have an addictive disease. A co-occurring diagnosis is associated with increased health risks, medication noncompliance and poor treatment outcomes when compared to cases with only a mental illness.

These cases require extensive treatment to address both mental illness and substance abuse. Out of the total 1,900 new cases of substance abuse or other dependence disorders, 1,460 cases (77%) also have a mental illness.

The DeKalb Crisis Center provides crisis stabilization services to clients with severe mental illness and/or a substance abuse disorder. It is a 42-bed unit that handles approximately 1,200 admissions a year.

The center:

- Receives a majority of cases with a diagnosis of alcohol dependence, schizophrenia or cocaine dependence.
- Experienced an increase in the number of cases admitted with a substance abuse/dependence disorder, increasing from 18 percent of all admissions in 2003 to 48 percent in 2007 (Table 44).
- Found that in 2007, 38 percent of all admissions to the center had both a substance abuse disorder and a severe mental illness.

Table 44 below presents the categories of disorders seen at the DeKalb Crisis Center.

	2003	2004	2005	2006	2007
Adjustment Disorder	3%	5%	3%	2%	3%
Anxiety Disorder	1%	1%	1%	1%	1%
Mood Disorder	25%	34%	21%	21%	23%
Psychotic Disorder	53%	45%	26%	27%	23%
Substance Abuse/Dependence Disorder	18%	14%	47%	48%	48%
Other	0%	1%	1%	2%	3%

**Primary Diagnosis on DSM-IV Axis I.
Source: DeKalb Community Service Board.*

What you can do

- Seek treatment from a licensed professional.
- Maintain treatment. Continue treatment regimens.
- Find a support group.
- Take care of your mind, body and soul.
- Notice behavior changes in friends and loved ones. Talk to them, be empathetic and ask if they want help.

Experiencing symptoms of a mental health problem is not uncommon. Susceptibility to mental health problems is not specific to age, race or gender. Recovery is possible.

DEVELOPMENTAL DISABILITY

Developmental disabilities include mental retardation, autism and other disabilities caused naturally or from a genetic disorder.

Between 2003 and 2007 the DeKalb CSB served, on average, 490 DeKalb residents diagnosed with mild to profound mental retardation per year. See Table 45 for the percentages and types of developmental disabilities diagnosed by the CSB.

	2003	2004	2005	2006	2007
Mild Mental Retardation	25%	25%	24%	25%	25%
Moderate Mental Retardation	25%	26%	28%	28%	28%
Severe Mental Retardation	24%	23%	24%	24%	22%
Profound Mental Retardation	17%	17%	17%	16%	19%
Other	9%	10%	7%	7%	5%

**Primary Diagnosis on DSM-IV Axis II.*

Source: DeKalb Community Service Board (New cases using outpatient services).

Note: The degree of retardation is based partly on IQ score. An IQ score between 50 and 69 is considered mild, 35 to 49 moderate, 20 to 34 severe and below 20 profound. However, the mental retardation diagnosis is not based only on IQ scores. A person's adaptive functioning is also taken into account.

For more information

- American Association on Intellectual and Developmental Disabilities: www.aamr.org.
- Substance Abuse and Mental Health Services Administration: 1-877-726-4727, www.samhsa.gov.
- National Alliance on Mental Illness Georgia: 770-234-0855, www.namiga.org.
- Georgia Department of Behavioral Health and Developmental Disabilities: www.dbhdd.georgia.gov or 24-hour Crisis and Access Line 1-800-715-4225.
- DeKalb Community Service Board: 404-892-4646, www.dekcsb.org.

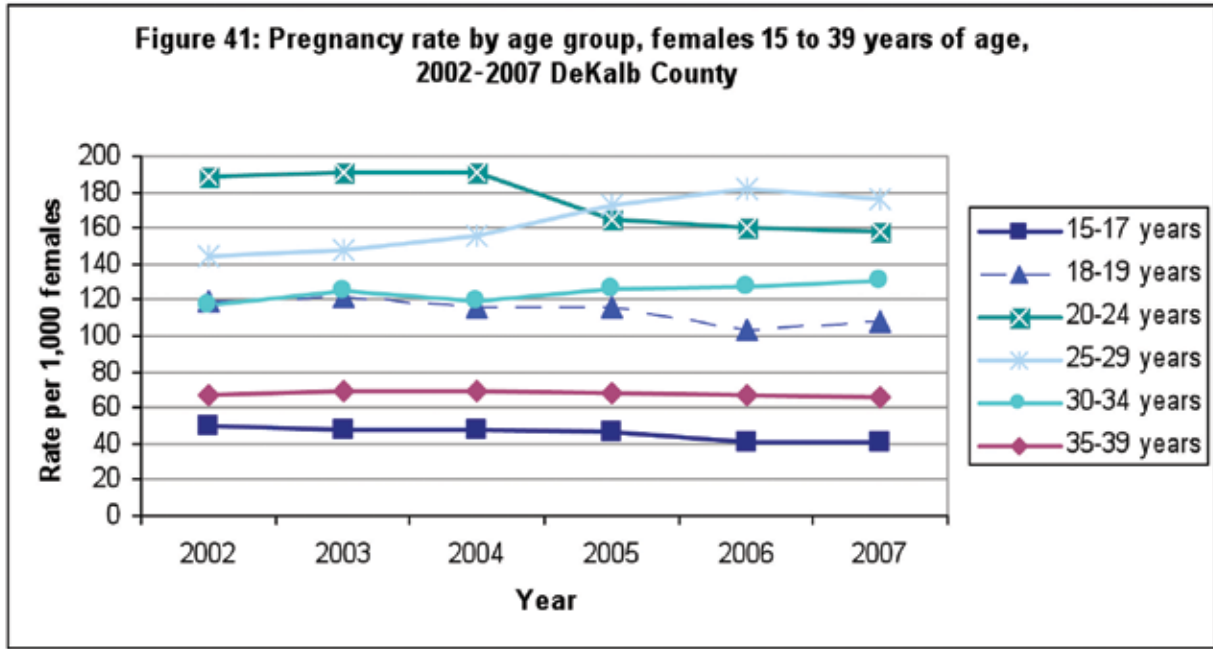


Maternal and Child Health

Maternal and Child Health

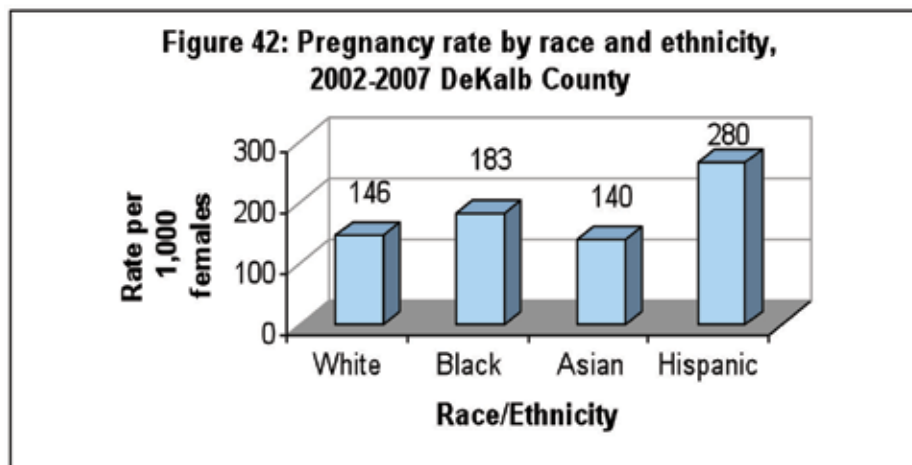
PREGNANCY RATES

From 2002 through 2007, most of the pregnant women in DeKalb County were in their twenties (Figure 41). During this period, there were a total of 97,756 pregnancies, at a rate of 67.1 per 1,000 population.



NOTE: Pregnancy rates for women age 10 to 14 and 40 to 55 years old were not included due to smaller rates than other age groups.
 Source: Online Analytical Statistical Information System (OASIS), Georgia Department of Community Health, Division of Public Health.

Hispanic women have consistently had the highest pregnancy rates since 2002, followed by black, white and then Asian women (Figure 42).

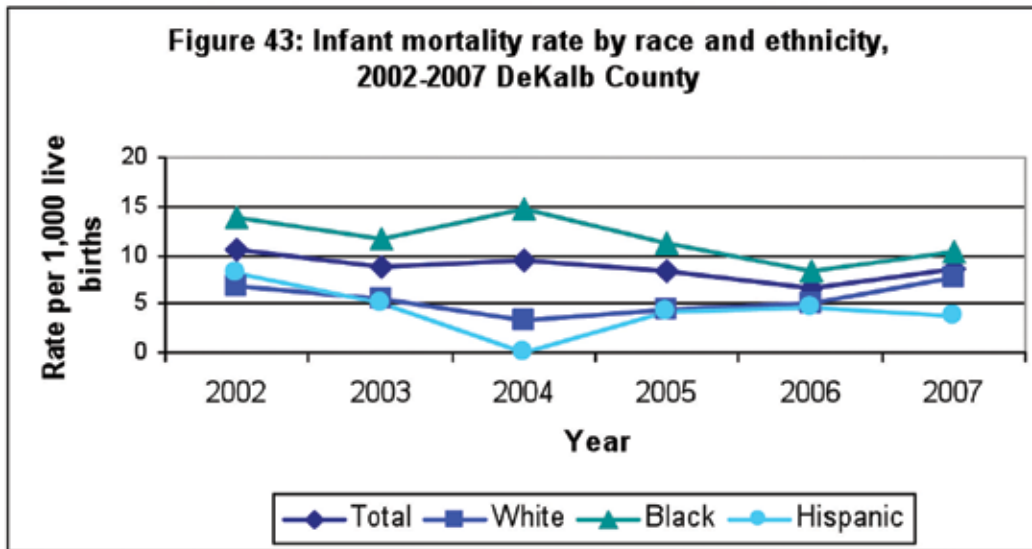


Source: Online Analytical Statistical Information System (OASIS), Georgia Department of Community Health, Division of Public Health.

INFANT MORTALITY

The infant mortality rate is the number of deaths among infants less than one year of age per 1,000 live births. As illustrated in Figure 43, in DeKalb County:

- The overall infant mortality rate decreased 18 percent between 2002 and 2007.
- Decreases in infant mortality were seen among all racial groups, except whites, and among the Hispanic population from 2002 to 2007.
- There was an unexplained increase among blacks (23.8%), whites (49%) and the overall total (28.3%) from 2006 to 2007.

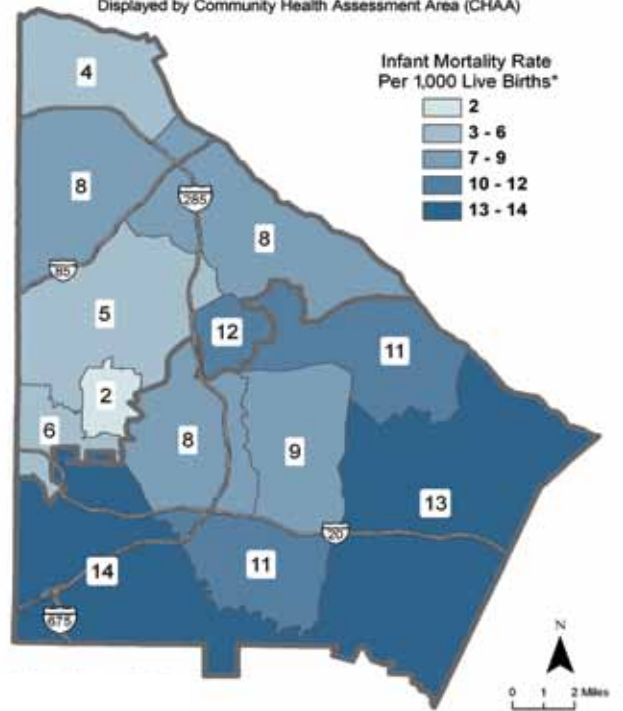


Source: Online Analytical Statistical Information System (OASIS), Georgia Department of Community Health, Division of Public Health.

Figure 44 displays the rate of infant mortality based on geographic location in DeKalb County. (See Methodology for more information.)

**Figure 44: Infant mortality, 2002-2007
DeKalb County**

Displayed by Community Health Assessment Area (CHAA)



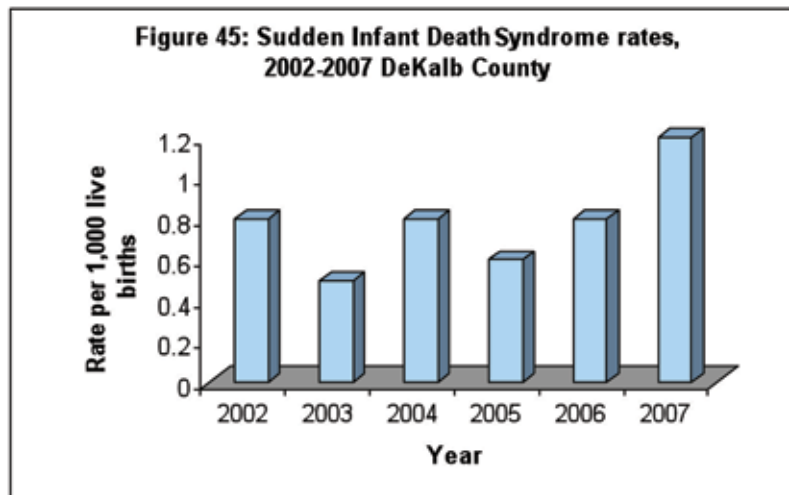
Source: Online Analytical Statistical Information System (OASIS), Georgia Department of Community Health, Division of Public Health; Atlanta Regional Commission.

Sudden Infant Death Syndrome (SIDS)

SIDS is an unexplained death of an apparently healthy infant less than 12 months of age.

In DeKalb County:

- Between 2002 and 2007, there were 54 cases of SIDS (see Figure 45 for rates), 90 percent of which were among black infants.
- The SIDS rate in DeKalb County was less than Georgia's rate every year from 2002 to 2006. In 2007, DeKalb County's rate was higher at 1.2/1,000 to Georgia's 1/1,000.



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

What you can do

- Always place babies on their backs to sleep during naps and at nighttime.
- Don't place babies to sleep on adult beds, chairs, sofas, waterbeds or cushions.
- Keep crib or bassinet free of toys, soft bedding, blankets and pillows.
- Do not expose the infant to tobacco smoke.
- Avoid letting the baby get too hot during sleep.
- Don't cover the heads of babies with a blanket or over bundle them in clothing and blankets.
- Monitor babies who are on their tummy while awake.
- Discuss with your caregiver how and where you want your baby placed for a nap or at nighttime.

Low Birthweight Babies

Babies delivered with low birthweight (<2500 grams) are at an increased risk for illness and death. Pregnant women can decrease that risk by taking steps to prevent having low birthweight infants.

- Black females continue to give birth to low birthweight babies at a higher percentage than any other race or ethnicity (Table 46).
- Women age ten to 19 and 40 to 55 years of age have a higher percentage of low birthweight babies than other maternal age groups (Table 47).

	Number	Percent
Black	4,850	13.1
White	1,749	6.6
Asian	296	8.4
Hispanic	733	6.4
Total	6,974	10.3

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

	Number	Percent
10-19	794	12.0
20-29	3,317	10.1
30-39	2,594	9.9
40-55	269	12.8
Total	6,974	10.3

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

What you can do

- See your doctor before and early during your pregnancy.
- Don't smoke, drink or take drugs (illegal substances) during pregnancy.
- Eat more fruits and vegetables.
- Drink water.
- Reduce your stress level.
- Seek out social support.
- Reduce your risk of infections:
 - Wash your hands frequently.
 - Avoid cat feces.
 - Avoid rodents.
 - Avoid uncooked or mishandled food.
 - Avoid exposure to toxic substances.
 - Avoid others that are sick.

For more information

- American Academy of Pediatrics: www.aap.org.
- Centers for Disease Control and Prevention, National Center for Birth Defects and Developmental Disabilities: www.cdc.gov/ncbddd.
- March of Dimes: www.marchofdimes.com.

TEEN SEXUAL BEHAVIORS

According to the Youth Risk Behavior Survey, trend analyses from 2003 to 2009 show:

- A decrease in the percentage of students who had sex for the first time before the age of 13 years.
- A significant decrease in the percentage of students who used a condom during the last time they had sex.
- A significant decrease in the percentage of students who reported learning about HIV/AIDS in school.

Table 48 below presents the percentages of students who engaged in risk behaviors that can lead to unintended pregnancy and sexually transmitted diseases. Refer to the Maternal and Child Health section for more information about pregnancy and the Infectious Diseases section for more information on sexually transmitted diseases.

Risk Behavior	2003	2005	2007	2009
Had sexual intercourse for the first time before age 13 years	14.5%	15.1%	14.1%	12.7%
Had sexual intercourse with four or more people during their life	20.8%	20.0%	21.9%	20.9%
Used a condom during last sexual intercourse*	71.9%	73.5%	69.3%	64.8%
Used birth control pills before last sexual intercourse	8.5%	9.1%	9.0%	9.8%
Drank alcohol or used drugs before last sexual intercourse	17.2%	14.2%	14.6%	16.0%
Had ever been taught in school about AIDS or HIV infection*	92.7%	90.0%	87.8%	90.0%

*Trend is statistically significant.

Source: DeKalb Youth Risk Behavior Survey.

What you can do

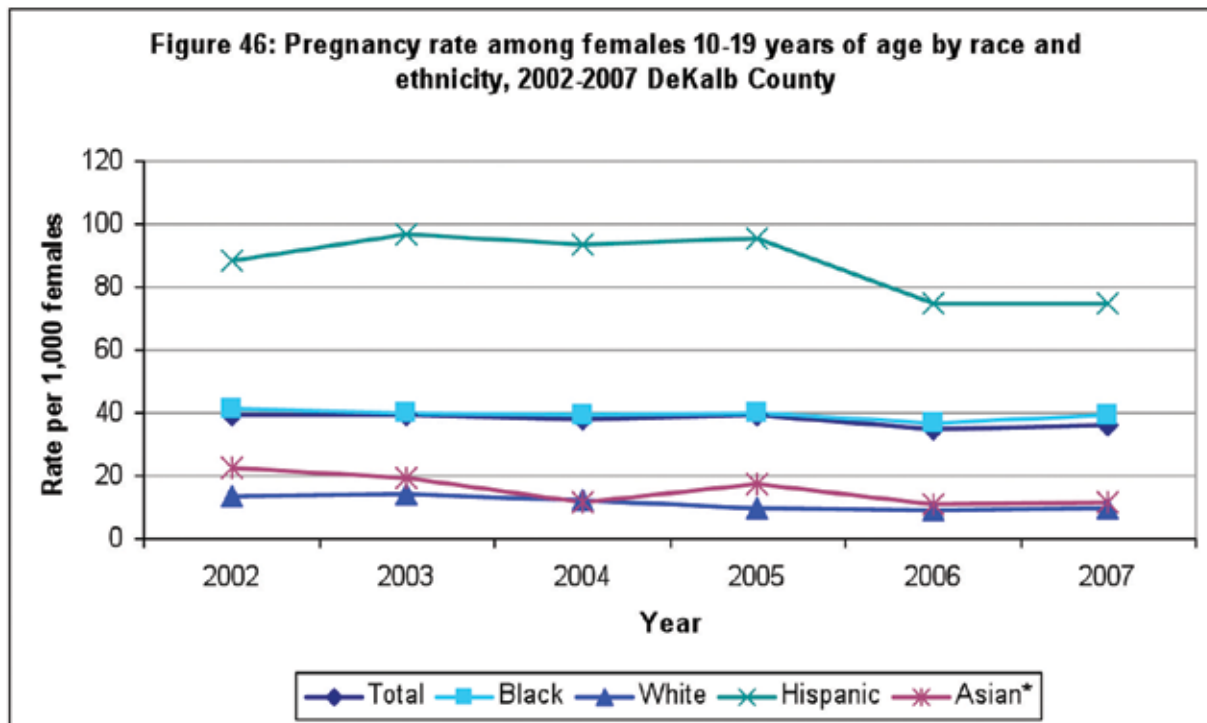
- Practice abstinence.
- Use condoms each time to prevent sexually transmitted infections.
- Use birth control to prevent unintended pregnancy, ask a doctor about different methods (e.g., birth control pill, diaphragm, Intra-Uterine Device [IUD], Depo-Provera shot and male and female condoms).
- Know your status. Get tested for STDs, HIV and pregnancy.
- Know your partner's status.
- Parents: Talk to your teens.
- Teens: Talk to your parents.

TEEN PREGNANCY

The pregnancy rate is the number of pregnancies occurring per 1,000 females in a specified age group, such as ten to 19 year olds.

Figure 46 shows that in DeKalb County:

- Overall, the total pregnancy rate of females aged ten to 19 years decreased by eight percent between 2002 and 2007, with a 12 percent decrease among ten to 17 year olds.
- There was a 15 percent rate decrease among Hispanic females.
- There was a 49 percent rate decrease among Asian females.



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

*Due to small numbers used for calculation, the rate for Asian females should be interpreted with caution.

For more information

- Centers for Disease Control and Prevention, Division of Adolescent and School Health: <http://www.cdc.gov/HealthyYouth/>.
- DeKalb County Board of Health, Adolescent Health and Youth Development: 404.370.7360, <http://www.dekalbhealth.net/HealthCenters/AHYD.html>.



Refugee Health

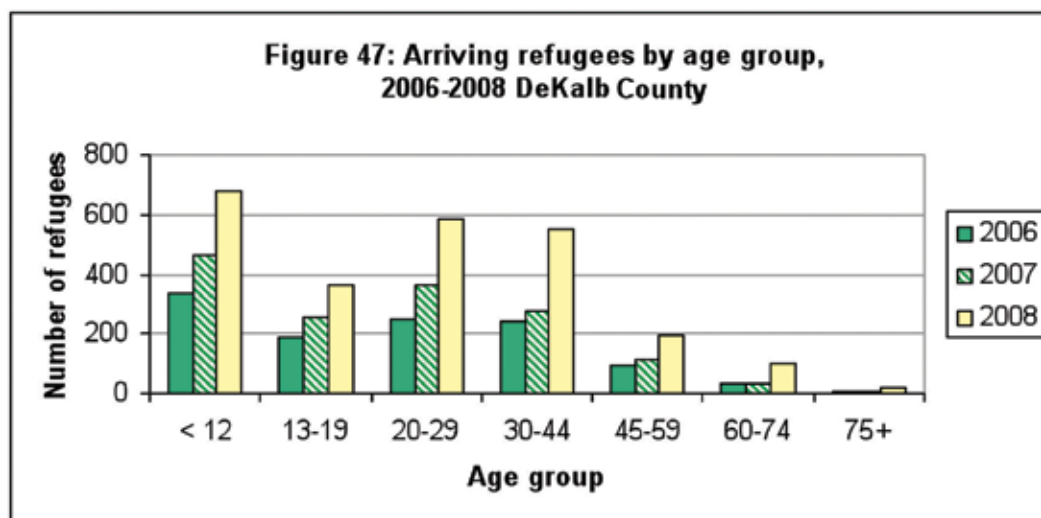
Refugee Health

The United Nations High Commissioner for Refugees (UNHCR) defines refugees as people who are outside their country and cannot return out of fear of persecution because of their race, religion, nationality, political opinion or membership in a particular social group. The United States admits 50,000 to 70,000 refugees each year.

DeKalb County has the largest resettlement of refugees in Georgia. Between 2006 and 2008, 5,365 refugees arrived in DeKalb County, in comparison to 243 refugees in Fulton County and 500 refugees in Gwinnett County.

Between 2006 and 2008 (Figure 47):

- The largest age group to arrive was those 12 years of age or younger.
- The second largest age group was 20 to 29 year olds.



Source: Georgia Department of Community Health, Division of Public Health, Refugee Program.

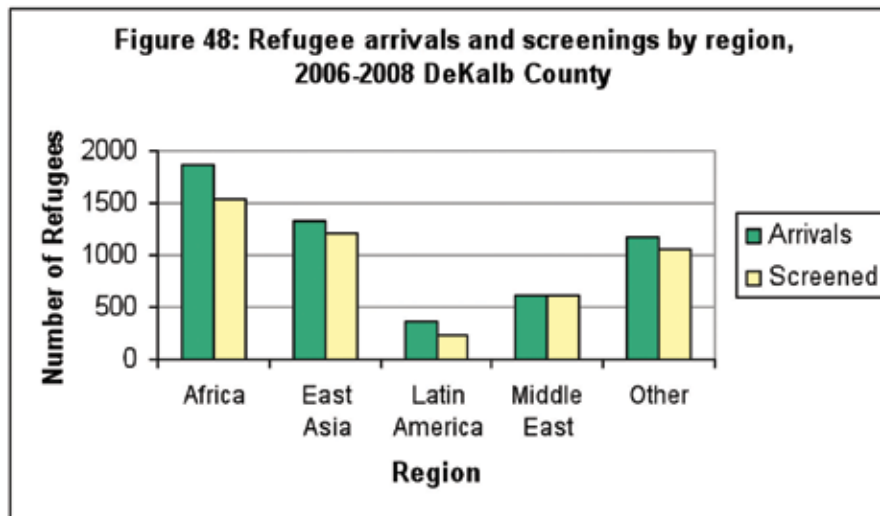
REFUGEE HEALTH SCREENINGS

Of the total number of arrivals from 2006 to 2008, 4,677 refugees received health screening. Georgia mandates the following conditions be screened domestically for arriving refugees:

- Anemia
- Dental issues
- Diabetes
- Disability-related issues
- Hearing
- Hepatitis B
- Hypertension
- Human Immunodeficiency Virus
- Immunizations
- Lead level
- Malnutrition
- Mental health issues
- Parasites
- Pregnancy
- Sexually transmitted diseases
- Tuberculosis
- Visual acuity

In 2006, 2007 and 2008, the most common findings were dental problems and tuberculosis.

Refugee Services serves people from over 30 countries of origin. The numbers of arrivals and those screened, by region, are represented in the graph below.



Source: Georgia Department of Community Health, Division of Public Health, Refugee Program.

What you can do

- Get your health screening early after arrival in the country.
- Increase knowledge of differences among self and others from different countries.
- Accept cross-cultural differences.
- Develop cross-cultural skills.
- Be empathetic and sensitive to the losses experienced by refugees:
 - Family separation.
 - Professional and/or social status.
 - Culture.
 - Language, music, foods, dress.
 - Faith, spiritual beliefs.
 - Traditional values.
 - Weather, vegetation, landscape.
 - Personal support.
 - Economic security.
 - Possessions, housing.
 - Overall health, including mental and emotional health.

For more information

- The United Nations High Commissioner for Refugees: www.unhcr.org.
- Women's Refugee Commission: www.womensrefugeecommission.org.
- Georgia Department of Community Health, Division of Public Health, Refugee Health Program: 404-679-4981, <http://health.state.ga.us/programs/refugeehealth/index.asp>.
- DeKalb County Board of Health, Refugee Services: 404-294-3818, www.dekalbhealth.net.

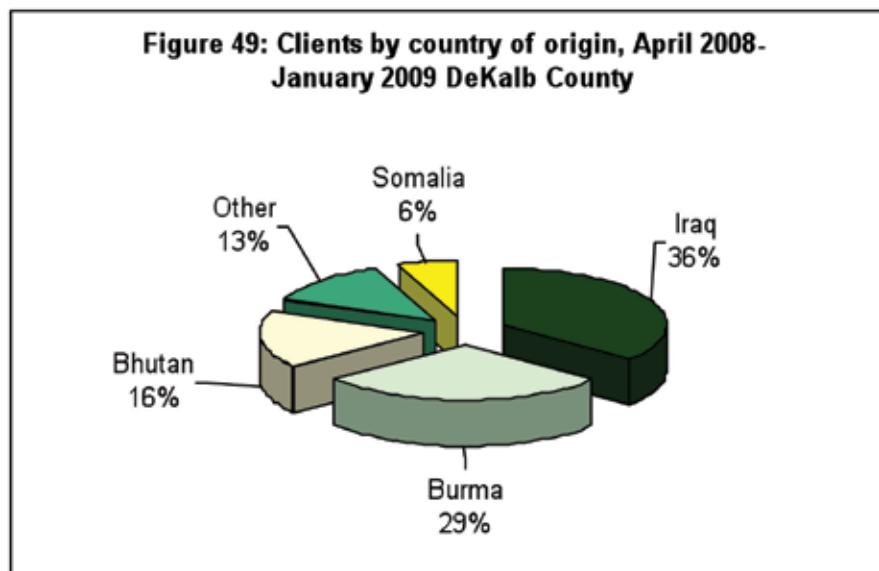
REFUGEE MENTAL HEALTH

The DeKalb County Board of Health offers mental health services to individuals who have survived trauma and/or torture. These services are provided by the Center for Torture and Trauma Survivors. The clients are mostly refugees, however other foreign-born individuals who have experienced trauma and/or torture either firsthand or indirectly, such as family members, also seek services.

Torture occurs in 150 countries. The United States government defines “torture” as an act committed by a person acting under the color of law specifically to inflict severe physical or mental pain or suffering (other than pain or suffering incidental to lawful sanctions) upon another person within his custody or physical control (Title 18 U.S.C.).

From April 2008 through January 2009, 201 torture survivors and their families sought treatment.

- Fifty-two percent were male and 48 percent were female. Survivors came from the following countries: Afghanistan, Bhutan, Burma, Chad, China, Eritrea, Ethiopia, India, Iraq, Liberia, Nigeria, Russia, Rwanda and Somali (Figure 49).
- The four major ethnic groups are Bhutanese, Burmese, Iraqi and Somali.



Source: DeKalb Center for Torture and Trauma Survivors.

Note: Other represents the following countries of origin: Afghanistan (2.5%), Chad (.5%), China (.5%), Eritrea (2.5%), Ethiopia (2%), India (.5%), Liberia (.5%), Nigeria (2%), Russia (.5%), and Rwanda (1.5%).

Analysis of mental health symptoms of Center for Torture and Trauma Survivors clients' shows that many torture and trauma survivors continue to suffer after they have left their country of origin, as illustrated in Table 49:

- On average, over 55 percent of clients experienced suicidal thoughts and actions.
- Seventy-five percent of individuals from Somalia experienced suicidal thoughts or attempts, which was higher than other ethnic groups.
- About a third of clients presented increased Post Traumatic Stress Disorder symptoms.
- Clients from Iraq reported the highest percentage for the majority of mental health symptoms.

Table 49: Percentage of mental health symptoms reported by major refugee ethnic groups, April 2008-January 2009

Mental Health Symptoms	Bhutanese (n=33)	Burmese (n=58)	Iraqi (n=72)	Somali (n=12)
Depression	43.3%	31.5%	59.1%	41.6%
Anxiety	43.3%	31.5%	60.0%	33.4%
Somatization	43.3%	31.9%	63.1%	58.3%
Dissociation	51.6%	41.8%	66.7%	83.4%
Post Traumatic Stress Disorder	33.3%	3.8%	54.7%	14.3%
Hearing voices and seeing things other people do not hear or see	64.5%	38.2%	65.2%	58.3%
Felt they have enemies follow him/her around	48.4%	40.0%	62.6%	50.0%
Decreased memory and concentration	61.3%	27.8%	69.7%	25.0%
Suicidal thoughts or attempts	63.3%	43.6%	66.7%	75.0%
Have felt like taking drugs or smoking	61.3%	40.0%	70.8%	66.7%

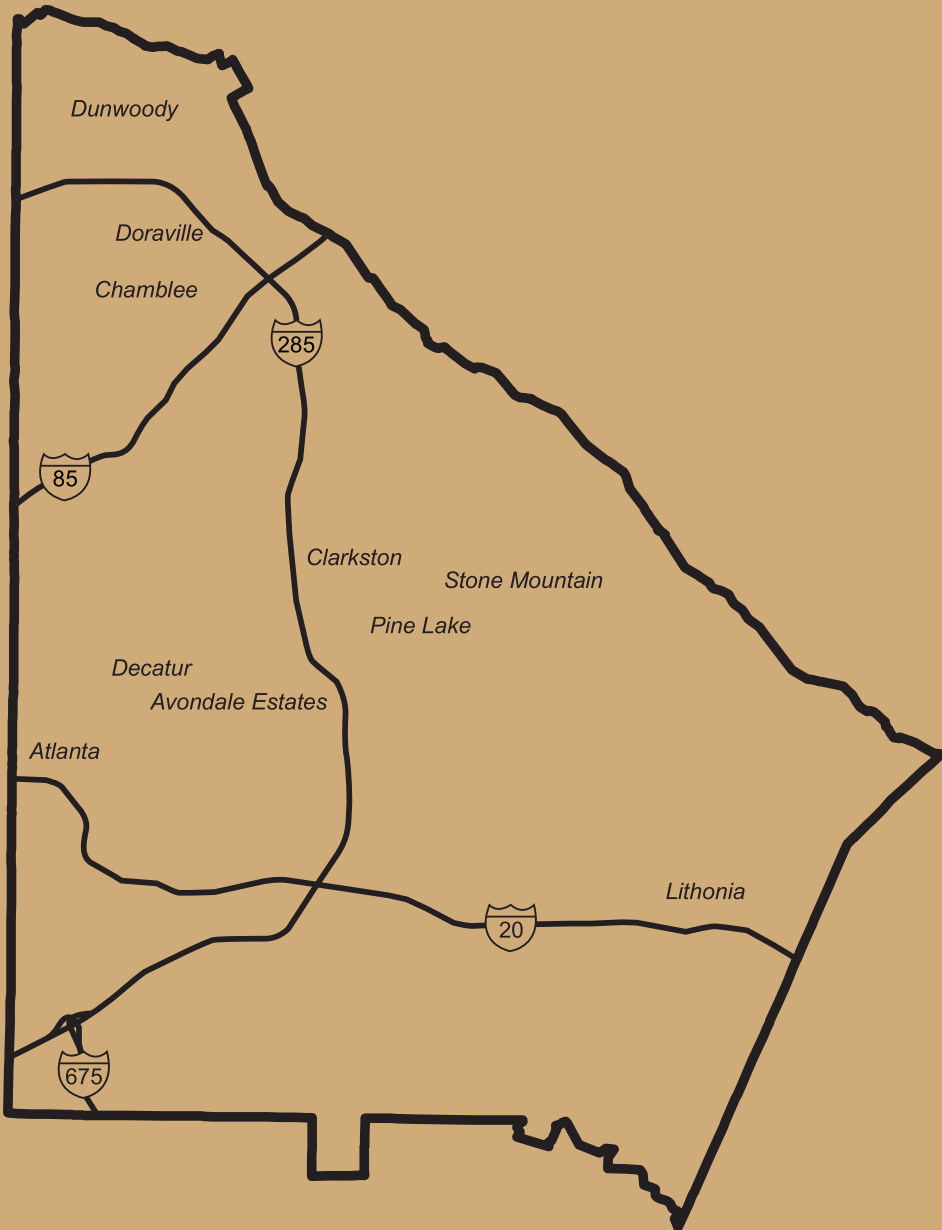
Source: DeKalb Center for Torture and Trauma Survivors.

What you can do

- Know that many individuals experience mental health symptoms.
- Seek treatment from a licensed professional.
- Find a support group.
- Take care of your mind, body and soul.

For more information

- International Rescue Committee: www.theirc.org.
- Refugee Family Services: <http://www.refugeefamilyservices.org/>.
- Georgia Department of Community Health Refugee Health Program: 404-679-4981, <http://health.state.ga.us/programs/refugeehealth/index.asp>.
- Refugee Resettlement and Immigration Services of Atlanta: <http://www.rrisa.org/>.



Oral Health

Oral Health

Oral health refers to the health of teeth, gums, tongue and other parts of the mouth and throat. Poor oral health and untreated oral infections can have a significant impact on overall health and quality of life. Good oral health habits, such as regular brushing, flossing and dental check-ups, are important in preventing cavities, gum disease and other problems. Oral diseases can worsen certain diseases and conditions, or become worse because of certain diseases and conditions. Oral health also can act as an early warning system for people suffering from certain conditions such as:

- Cardiovascular disease
- Diabetes
- Osteoporosis
- Obesity

Furthermore, pregnant women who have gum disease are at higher risk of having a premature birth or low birthweight baby than pregnant women without gum disease.

ORAL HEALTH AMONG CHILDREN

The DeKalb County dental program screens children to identify those who need dental care. Children are categorized in one of the following groups based on the type of care they need:

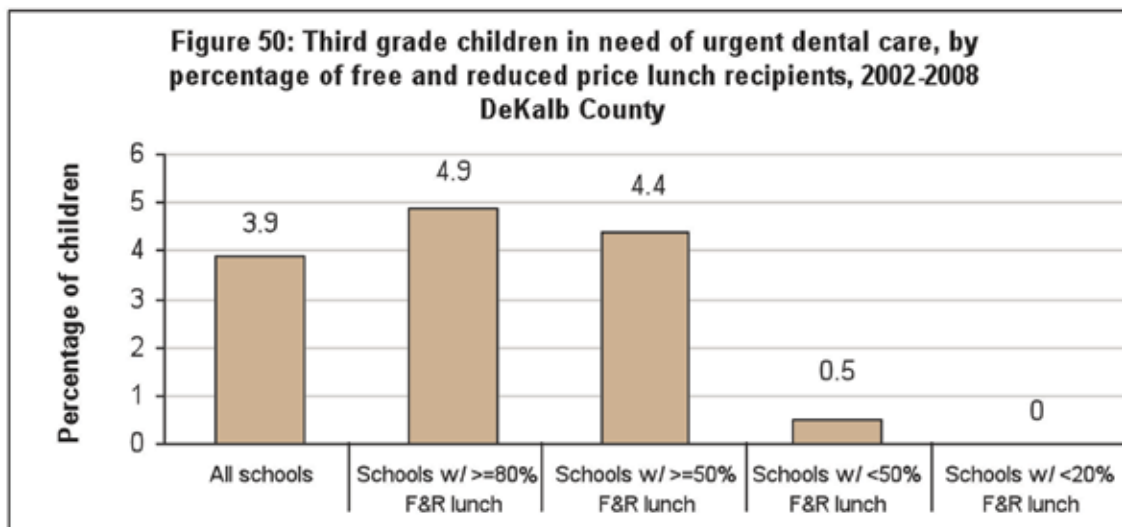
- Regular dental care: There are no obvious problems. The child should visit a dentist every six months for routine check-ups.
- Prompt dental care: The child has cavities or gum problems, but is not complaining of pain. The child should visit a dentist within three months.
- Urgent dental care: The child needs immediate care due to pain, infection or swelling.

Among DeKalb County children who were evaluated between 2002 and 2008:

- 10.8% of third graders needed prompt dental care.
- 3.9% of third graders needed urgent dental care.
- 1.5% of Head Start children aged 2 to 5 years needed urgent dental care.

Children from low-income families are more likely to need urgent dental care and have higher rates of untreated oral diseases than other children. Figure 50 shows that in DeKalb County elementary schools where at least 80 percent of students qualified for the free and reduced price lunch program there was a notably higher percentage of third grade students in need of urgent dental care (4.9%) than in schools with less than 50 percent of children qualifying for free and reduced price lunch (0.5%).





Source: DeKalb County Board of Health, Dental Health Program.

ORAL HEALTH AMONG ADULTS

Like children, adults can experience tooth decay, cavities and gum problems. In addition adults may develop cavities on root surfaces as these areas become exposed to bacteria and carbohydrates due to gum recession (loss of gum tissue).

In 2007:

- 73% of DeKalb County adults visited a dentist or dental clinic, compared to 69% of adults in Georgia in 2006.
- White adults were significantly more likely than black adults to visit a dentist or to have their teeth cleaned in the past year (Table 50).
- Black adults were significantly more likely than white adults to have had teeth removed because of tooth decay or gum disease (Table 50).

Table 50: Dental visits and tooth removal among DeKalb County adults, 2007

	Total	White	Black
Visited a dentist or dental clinic within the past year*	73%	81%	63%
Had their teeth cleaned by a dentist or hygienist in the past year*	71%	80%	61%
Have had one to five permanent teeth removed because of tooth decay or gum disease*	28%	18%	37%

*Difference is statistically significant.

Source: DeKalb Behavioral Risk Factor Surveillance System Survey.

ORAL CANCER

Oral cancer refers to cancer in the mouth, lips or the part of the throat at the back of the mouth. The biggest risk factor for oral cancer is tobacco use, including smoking and using smokeless (spit or chew) tobacco (see Tables 18 and 19 for information on smoking among DeKalb County youth and adults). People who both drink alcohol and use tobacco increase their risk even more.

Tables 51 and 52 show that between 2002 and 2006 in DeKalb County:

- 302 people were diagnosed with oral cancer.
- The oral cancer rate among DeKalb County males (14.3 per 100,000) was more than double the rate among females (6.7 per 100,000).

	Number	Rate
Total	191	14.3
White	97	15.6
Black	86	14.4

	Number	Rate
Total	111	6.7
White	56	7.1
Black	51	7.7

Source: Georgia Comprehensive Cancer Registry, Georgia Department of Community Health, Division of Public Health.

What may put you or your child at risk

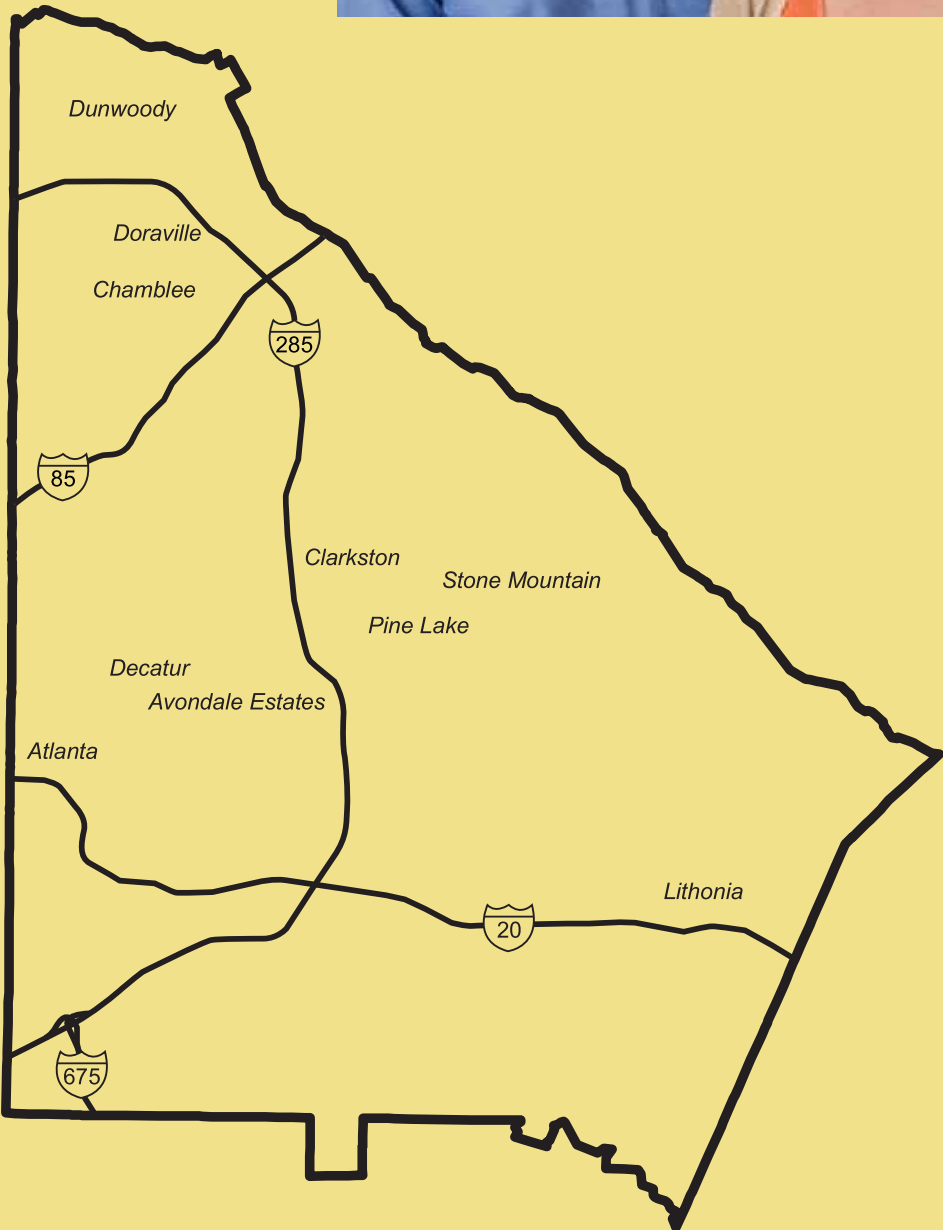
- Practicing poor oral hygiene (not brushing or flossing).
- Not having regular dental check-ups and screenings.
- Consuming sugary foods and drinks.
- Sharing toothbrushes, eating utensils, cups and glasses.
- Tobacco and alcohol use.
- Having a family history of oral health problems.

What you can do

- Avoid smoking and smokeless (spit or chew) tobacco.
- Brush your teeth twice a day with fluoride toothpaste.
- Floss your teeth daily.
- Replace your toothbrush every 3 or 4 months.
- Visit your dentist regularly for cleanings and exams.
- Drink fluoridated water (DeKalb County's public water is fluoridated).
- Brush your baby's gums with a soft cloth and water.
- Take your child for his/her first dental visit after the first tooth appears.

For more information

- American Dental Association: <http://www.ada.org>.
- American Academy of Pediatric Dentistry: <http://www.aapd.org>.
- Centers for Disease Control and Prevention: <http://www.cdc.gov/OralHealth>.
- DeKalb County Board of Health, Dental Health Program: <http://www.dekalbhealth.net/HealthServices/DentalHealth.html>.



Differences in Health Status

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.

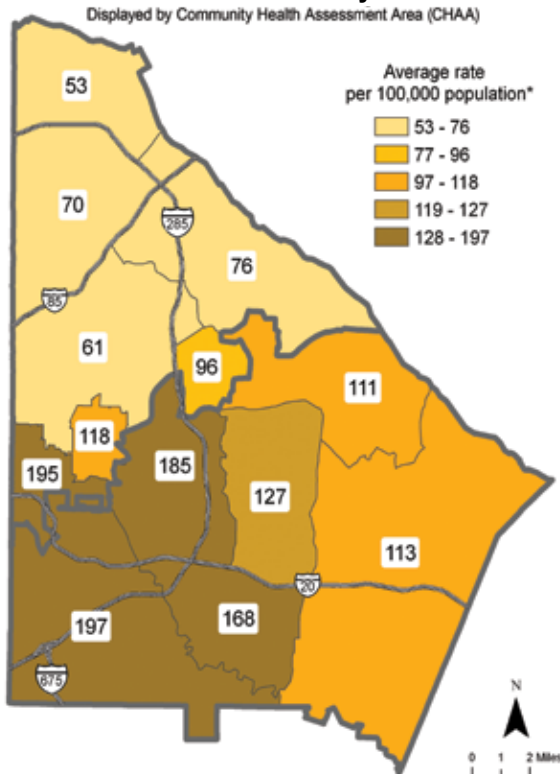
DeKalb County has startling health gaps between racial/ethnic groups and between income groups, for example. These differences can be found in residents' health status, their access to health care and the features of their environment that can affect their health. Eliminating differences in health status 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.)

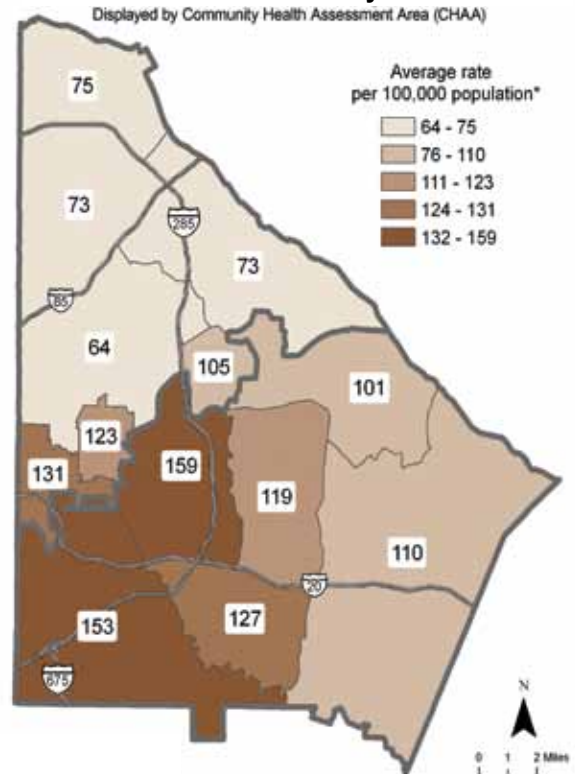


**Figure 51: Diabetes morbidity, 2002-2007
DeKalb County**



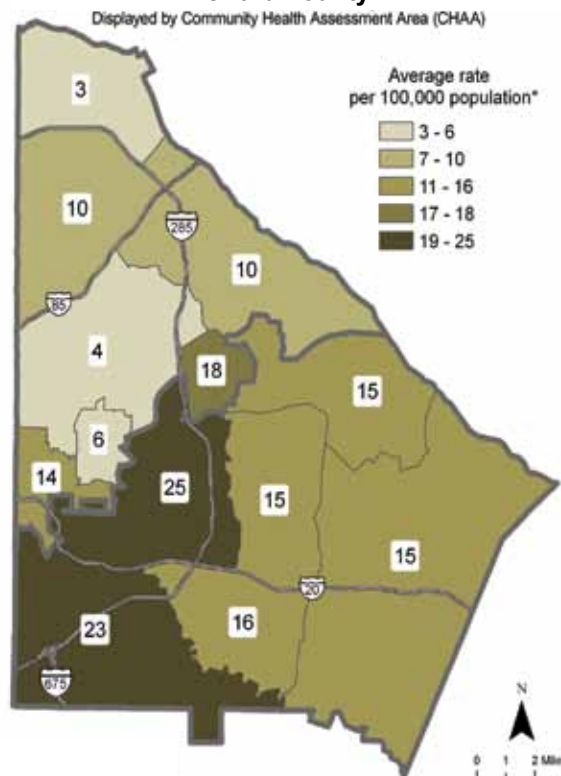
Source: Online Analytical Statistical Information System (OASIS), Georgia Department of Community Health, Division of Public Health; Atlanta Regional Commission.

**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.

	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.

	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.





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HEALTHY PEOPLE 2010 OBJECTIVES

Healthy People 2010 (HP 2010) is a national set of measurable disease prevention and health promotion objectives that were created and to be achieved over the first decade of the new century. In the table below, select indicators are compared with DeKalb and Georgia data from 2007 to measure progress toward achieving these objectives.

Table 60: Healthy People 2010 selected indicators, 2007	DeKalb, 2007 per 100,000	Georgia, 2007 per 100,000	HP 2010 per 100,000
Asthma deaths (children under 5)	0	*	≤ 0.1
Cancer death rate	123.6	155.5	≤ 159.9
Diabetes death rate	9.8	16.6	≤ 45
Stroke death rate	28.6	39.3	≤ 48
HIV/AIDS death rate	13	7.1	≤ 0.7
Tuberculosis (TB) incidence rate	5.3	2.4	≤ 1
Homicide death rate	16.3	7.8	≤ 3
Suicide death rate	7.2	10.1	≤ 5
Unintentional injury death rate	33	49	≤ 17.5
	per 1,000	per 1,000	per 1,000
Teen pregnancy rate (15 - 17 years)	41.3	38	≤ 46
Infant mortality rate (per 1,000 live births)	8.6	7.9	≤ 4.5
Sudden Infant Death Syndrome (SIDS) (per 1,000 live births)	1.2	1	≤ 0.25
	per 100 live births	per 100 live births	per 100 live births
Low birthweight babies	10.7	9.5	≤ 5
	DeKalb, 2007 BRFSS (%)	Georgia, 2007 BRFSS (%)	HP 2010 Goal (%)
Proportion of adults who are obese (BMI ≥30)	24	36	≤ 15
Proportion of adults who smoke cigarettes	12	16	≤ 12
Proportion of adults who have had a permanent tooth extracted because of cavities or gum disease	28	N/A	≤ 58
	DeKalb, 2007 YRBS (%)	Georgia, 2007 YRBS (%)	HP 2010 Goal (%)
Proportion of adolescents who are obese (BMI ≥95th percentile by age and sex)	13	14	≤ 5
Proportion of adolescents who participate in daily school physical education	28	34	≥ 50
Proportion of adolescents who smoked cigarettes in the past month	9	19	≤ 16
Physical fighting among adolescents (in past 12 months)	37	34	≤ 32

*Rate could not be calculated due to small number of deaths.

INDEX OF FIGURES AND TABLES

DEKALB DEMOGRAPHIC PROFILE

	Page
Table 1: DeKalb County population profile	8
Table 2: DeKalb County health profile	9
Table 3: DeKalb County economic profile.....	9
Table 4: DeKalb County education profile (public school systems 2006-2007)	9
Table 5: DeKalb County housing profile	10
Table 6: DeKalb County households profile	10
Table 7: DeKalb County labor profile.....	10
Table 8: DeKalb County crime profile	11
Figure 1: Persons with at least one disability by sex and age category, 2007 DeKalb County.....	11
Figure 2: Disability among residents >5 years of age, by age category and disability type, 2007 DeKalb County	12

LEADING CAUSES

Table 9: Leading causes of hospitalization, 2002-2007 DeKalb County	14
Figure 3: Leading causes of hospitalization, 2002-2007 DeKalb County	15
Table 10: Leading causes of premature death, 2002-2007 DeKalb County	16
Figure 4: Leading causes of premature death, 2002-2007 DeKalb County	16
Table 11: Leading causes of death, 2002-2007 DeKalb County	17
Figure 5: Leading causes of death, 2002-2007 DeKalb County	17
Figure 6: Leading causes of death among black residents, 2002-2007 DeKalb County	18
Figure 7: Leading causes of death among white residents, 2002-2007 DeKalb County	18
Figure 8: Leading causes of death among Asian residents, 2002-2007 DeKalb County	19
Figure 9: Leading causes of death among Hispanic residents, 2002-2007 DeKalb County.....	19

CHRONIC DISEASES

Figure 10: Type of cancer diagnosed, 2002-2006 DeKalb County.....	23
Table 12: Cancer rates among males, 2002-2006 DeKalb County	23
Table 13: Cancer rates among females, 2002-2006 DeKalb County	23
Table 14: Cancer rates among white males, 2002-2006 DeKalb County.....	24
Table 15: Cancer rates among black males, 2002-2006 DeKalb County	24
Table 16: Cancer rates among white females, 2002-2006 DeKalb County	24
Table 17: Cancer rates among black females, 2002-2006 DeKalb County	24
Table 18: Tobacco use among DeKalb County high school students, 2003-2009	25
Table 19: Tobacco use among DeKalb County adults, 2005-2007	25
Figure 11: Cancer morbidity, 2002-2007 DeKalb County	26
Figure 12: Morbidity rate for cardiovascular diseases by type and race, 2002-2007 DeKalb County.....	28
Figure 13: Heart disease morbidity, 2002-2007 DeKalb County	29
Figure 14: Death rate of cardiovascular diseases by type and sex, 2002-2007 DeKalb County	30
Figure 15: Death rate of cardiovascular diseases by type and race, 2002-2007 DeKalb County.....	30
Table 20: Physical activity among DeKalb County high school students, 2003-2009	31
Table 21: Physical activity among DeKalb County adults, 2005-2007	31
Figure 16: Diabetes morbidity and mortality, 2002-2007 DeKalb County	32
Figure 17: Morbidity rate for diabetes by race and sex, 2002-2007 DeKalb County	33
Table 22: Diabetes among DeKalb County adults, 2005-2007	33
Table 23: Weight and nutrition among DeKalb County high school students, 2003-2009.....	33
Table 24: Weight and nutrition among DeKalb County adults, 2005-2007	34
Figure 18: Asthma morbidity rate by race and age, 2002-2007 DeKalb County	35
Table 25: Self-reported asthma among DeKalb County high school students, 2003-2009	35
Table 26: Self-reported asthma among DeKalb County adults, 2005-2007	36

INFECTIOUS DISEASES

Figure 19:	TB case numbers and rates, 2002-2007 DeKalb County.....	38
Table 27:	Percentage of TB cases with known risk factors, 2007 DeKalb County	39
Figure 20:	Number of STD cases, 2002-2007 DeKalb County.....	40
Figure 21:	Number of STD cases by age, 2002-2007 DeKalb County.....	41
Figure 22:	Newly diagnosed HIV/AIDS cases by diagnosis year, 2004-2007 DeKalb County.....	42
Figure 23:	Newly diagnosed HIV/AIDS cases by age group, 2004-2007 DeKalb County.....	43
Figure 24:	Newly diagnosed HIV/AIDS cases by race/ethnicity, 2004-2007 DeKalb County	43
Table 28:	Method of HIV/AIDS transmission among adult males newly diagnosed, 2004-2007 DeKalb County	44
Table 29:	Method of HIV/AIDS transmission among adult females newly diagnosed, 2004-2007 DeKalb County ...	44
Figure 25:	Confirmed cases of gastrointestinal diseases, 2003-2007 DeKalb County	45
Table 30:	Cases of vaccine-preventable diseases, 2003-2007 DeKalb County.....	46
Figure 26:	Number of short-term cases of Hepatitis A, B, and C, 2003-2007 DeKalb County.....	48
Figure 27:	Total number of short-term and long-term cases of Hepatitis B and C, 2003-2007 DeKalb County .	48
Table 31:	Cases of invasive bacterial diseases, 2003-2007 DeKalb County	50
Table 32:	West Nile virus cases and deaths, 2001-2008 DeKalb County	52
Figure 28:	Mosquito surveillance, 2009 DeKalb County.....	52
Figure 29:	West Nile virus positive activity, 2001-2008 DeKalb County.....	52

INJURIES

Figure 30:	Emergency room visits, hospitalizations and deaths due to injuries, 2002-2006 DeKalb County and Georgia	56
Figure 31:	Emergency room visits due to injuries, 2002-2006 DeKalb County	57
Figure 32:	Hospitalizations due to injuries, 2002-2006 DeKalb County	57
Figure 33:	Deaths due to injuries, 2002-2006 DeKalb County.....	58
Figure 34:	Death rate for homicide by age group and sex, 2002-2007 DeKalb County.....	59
Table 33:	Deaths due to homicide, 2002-2006 DeKalb County.....	59
Table 34:	Emergency room visits due to assault, 2002-2006 DeKalb County.....	60
Table 35:	Hospitalizations due to assault, 2002-2006 DeKalb County.....	60
Table 36:	Violence among DeKalb County high school students, 2003-2009	60
Figure 35:	Suicide deaths by method of suicide, 2002-2006 DeKalb County.....	61
Figure 36:	Suicide mortality, 2002-2007 DeKalb County.....	62
Table 37:	Emergency room visits due to attempted suicide by method among teens 13-19 years old, 2002-2006 DeKalb County	62
Table 38:	Hospitalizations due to attempted suicide by method among teens 13-19 years old, 2002-2006 DeKalb County	63
Table 39:	Poisoning drugs used to attempt suicide and resulted in emergency room visit among teens 13-19 years old, 2002-2006 DeKalb County.....	63
Table 40:	Poisoning drugs used to attempt suicide and resulted in hospitalization among teens 13-19 years old, 2002-2006 DeKalb County	63
Table 41:	Depression and suicidal thoughts among DeKalb County high school students, 2003-2009	64
Figure 37:	Hospitalizations due to falls by age group, 2002-2007 DeKalb County	65
Figure 38:	Hospitalizations due to falls by type of fall, 2002-2006 DeKalb County	66
Figure 39:	Motor vehicle crashes: emergency room visits, hospitalizations and deaths by person injured, 2002-2006 DeKalb County	67
Table 42:	Vehicle safety among DeKalb County high school students, 2003-2009.....	67

BEHAVIORAL HEALTH

Figure 40:	Clients served by outpatient services, 2003-2007	70
Table 43:	Mental illness disorder category by age group, 2003-2007	72
Table 44:	Mental health disorder category for DeKalb Crisis Center admissions, 2003-2007.....	73
Table 45:	Developmental disability diagnosis, 2003-2007	74

MATERNAL AND CHILD HEALTH

Figure 41:	Pregnancy rate by age group, females 15 to 39 years of age, 2002-2007 DeKalb County	76
Figure 42:	Pregnancy rate by race and ethnicity, 2002-2007 DeKalb County	76
Figure 43:	Infant mortality rate by race and ethnicity, 2002-2007 DeKalb County	77
Figure 44:	Infant mortality, 2002-2007 DeKalb County	78
Figure 45:	Sudden Infant Death Syndrome rates, 2002-2007 DeKalb County	78
Table 46:	Low birthweight births by race and ethnicity, 2002-2007 DeKalb County.....	79
Table 47:	Low birthweight births by maternal age, 2002-2007 DeKalb County.....	79
Table 48:	Sexual behaviors among DeKalb County high school students, 2003-2009	80
Figure 46:	Pregnancy rate among females 10-19 years of age by race and ethnicity, 2002-2007 DeKalb County.....	81

REFUGEE HEALTH

Figure 47:	Arriving refugees by age group, 2006-2008 DeKalb County	84
Figure 48:	Refugee arrivals and screenings by region, 2006-2008 DeKalb County	85
Figure 49:	Clients by country of origin, April 2008-January 2009 DeKalb County	86
Table 49:	Percentage of mental health symptoms reported by major refugee ethnic groups, April 2008-January 2009.....	87

ORAL HEALTH

Figure 50:	Third grade children in need of urgent dental care by percentage of free and reduced price lunch recipients, 2002-2008 DeKalb County	90
Table 50:	Dental visits and tooth removal among DeKalb County adults, 2007	90
Table 51:	Oral cancer morbidity among males, 2002-2006 DeKalb County	91
Table 52:	Oral cancer morbidity among females, 2002-2006 DeKalb County	91

DIFFERENCES IN HEALTH STATUS

Figure 51:	Diabetes morbidity, 2002-2007 DeKalb County.....	95
Figure 52:	Asthma morbidity, 2002-2007 DeKalb County.....	95
Figure 53:	Homicide mortality, 2002-2007 DeKalb County	95
Table 53:	Demographic characteristics of south versus north DeKalb County residents, 2000	96
Table 54:	Health status differences by race and ethnicity, 2007 DeKalb County.....	97
Table 55:	Health status differences by annual household income, 2007 DeKalb County.....	98
Table 56:	Access to health care differences by race and ethnicity, 2007 DeKalb County.....	99
Table 57:	Access to health care differences by annual household income, 2007 DeKalb County	99
Table 58:	Environmental differences by race and ethnicity, 2007 DeKalb County	101
Table 59:	Environmental differences by annual household income, 2007 DeKalb County	102

APPENDICES

Table 60:	Healthy People 2010 selected indicators, 2007	107
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GLOSSARY OF TERMS

A1C: Average blood glucose level tested over the past two to three months for diabetes.

ADHD: See Attention Deficit Hyperactivity Disorder.

Adjustment Disorder: An individual who fails to adjust properly to new conditions of his or her life.

Adolescence: 13 to 19 years of age.

Age-Adjusted Rates: A weighted average of the age-specific mortality rates, where the weights are the proportions of persons in the corresponding age groups of a standard population.

Age-Specific Mortality Rate: Total deaths in a specified age group per 100,000 total population in that age group.

AIDS: Acquired Immunodeficiency Syndrome is a weakening of the immune system caused by HIV.

Analgesics: Medication for pain.

Antipyretics: Medication to reduce fever.

Antirheumatics: Medication to reduce joint inflammation.

Anxiety Disorder: Any of a group of mental conditions that include panic disorder with or without agoraphobia.

Attention Deficit Hyperactivity Disorder: A disorder characterized by hyperactivity, attention deficits and impulsivity.

Autism: An abnormal absorption with the self, marked by communication disorders, short attention span and inability to treat others as people.

Bipolar Disorder: A major mood disorder in which both manic and depressive episodes occur.

BMI: Body Mass Index is a relationship between weight and height that is associated with body fat and health risk.

BRFSS: Behavioral Risk Factor Surveillance System is a survey among adults (see Methodology section for more information).

Cause-Specific Mortality Rate: Total deaths from a specific cause per 100,000 total population.

Cancer: A class of diseases that begin when cells in part of the body grow out of control.

CDC: U.S. Centers for Disease Control and Prevention is a federal agency in the U.S. Department of Health and Human Services.

CHAA: See Community Health Assessment Area.

Child: One to 12 years of age.

Chronic Liver Disease: Examples include cirrhosis of the liver and chronic hepatitis.

Chronic Lung Disease: Examples include asthma, chronic bronchitis, emphysema and chronic obstructive pulmonary disease.

Community Health Assessment Area (CHAA):

A group of adjacent census tracts, used in geographic mapping based on senior high school district boundaries.

Conduct Disorder: A general psychiatric classification encompassing a variety of behavior patterns in which the person affected repetitively and persistently violates the rights, privileges and privacy of others.

Disability: A long-lasting physical, mental or emotional condition that can make it difficult for a person to engage in activities such as walking, dressing and working outside the home.

Disruptive Behavior Disorder: An umbrella term for a variety of psychiatric disorders that have disruptive behavior as a significant feature.

Early Adult: 20 to 44 years of age.

Heart Attack: A condition caused by partial or complete occlusion of one or more of the coronary arteries. Also called myocardial infarction.

Heart Disease: Includes acute myocardial infarction, atherosclerosis, chronic rheumatic heart disease, diseases of arteries/capillaries, diseases of veins, hypertensive disease, ischemic heart disease and other forms of heart disease.

High Blood Pressure: A repeatedly elevated blood pressure exceeding 140 over 90 mmHg (a systolic pressure above 140 with a diastolic pressure above 90).

Highway: Roadways that are part of the Georgia Department of Transportation state road system. Usually a four-lane divided highway, but can have fewer than four lanes.

HIV: The Human immunodeficiency virus that causes Acquired Immunodeficiency Syndrome (AIDS).

Hypertensive Heart Disease: Refers to coronary artery disease, heart failure, and enlargement of the heart that occur because of high blood pressure.

Incidence: Frequency of occurrence of an event or a condition in relation to the population under examination.

Index Crimes: Eight crimes (murder, rape, robbery, aggravated assault, burglary, larceny, motor vehicle theft and arson) that are used by the Federal Bureau of Investigation to create a standardized definition of crime classification across the country.

Infancy: Under one year of age.

Infant Mortality: A death occurring to a person less than one year of age.

Infant Mortality Rate: Total infant deaths per 1,000 live births.

Intentional Injuries: Injuries that are meant to cause harm to another person or to oneself (e.g., assault, homicide, self-inflicted injury and suicide).

Later Adult: 60 to 74 years of age.

Mental Retardation: Below-normal intellectual function that has its cause or onset during the developmental period and usually in the first years after birth.

Middle Adult: 45 to 59 years of age.

Mood Disorder: Any mental disorder that has a disturbance of mood as the predominant feature.

Morbidity: Illnesses or injuries.

Mortality: Deaths.

Motor Vehicle Injuries: Includes all injuries where a motor vehicle was involved.

Neurological Disease: Diseases related to the brain, such as meningitis, encephalitis and multiple sclerosis.

Obese: An excess of body fat. Defined as a Body Mass Index (BMI) of 30 or greater, or about 30 pounds or more over ideal body weight.

Obstructive Heart Disease: Patients with this condition have weakened heart pumps, either due to previous heart attacks or current blockages (a build-up of cholesterol or other substances) of the coronary arteries.

Older Adult: 75 years of age and older.

Overweight: The condition of weighing more than is normal or healthy for one's age or build. This is usually indicated as having a Body Mass Index higher than 25 but lower than 30.

Pedestrian Deaths: Motor vehicle-related deaths to individuals not in a motorized vehicle.

Pediatric: Related to infants and children.

Pregnancy and Childbirth Complications: Complications to the mother associated with pregnancy, childbirth and the time period surrounding these events.

Premature Mortality: Death before age 75.

Prevalence: The total number of cases of a disease or a disorder in a specified population at a point of time.

Primary Syphilis: The first stage of syphilis, characterized by a chancre at the site of infection.

Psychosocial Rehabilitation: The process of restoration of community functioning and well-being of an individual who has a psychiatric disability (been diagnosed with a mental disorder).

Psychotic Disorder: A general term for a number of severe mental disorders of organic or emotional origin.

Psychotropic Agents: A drug used to reduce stress or tension without reducing mental clarity.

Race/ethnicity: Racial/ethnic classifications are tabulated into mutually exclusive Asian, black, Native American and white racial groups and Hispanic ethnic group.

Rate: A ratio expressed as the number of occurrences or observations of some event within a specific period of time divided by either (a) the total number of possible occurrences of that event, or (b) a standardized number of units.

Refugee: Person admitted to the U.S. who has been persecuted or has fear of persecution on account of race, religion, nationality, membership in a particular social group or political opinion.

Schizophrenia: A general label for a number of psychotic disorders with various cognitive, emotional and behavioral manifestations.

Secondary Syphilis: The second stage of syphilis, characterized by eruptions of the skin and mucous membrane.

Separation Anxiety Disorder: Anxiety over the possible loss of any other person or object upon whom one has become dependent.

SIDS: See Sudden Infant Death Syndrome.

Somatization: When a person has mental or emotional pain that presents as physical pain.

SOH: Status of Health is a series of comprehensive health reports for the community.

Statistically Significant: A result or difference that is unlikely to have occurred by chance.

Stroke: Caused by blockage of blood flow to the brain or bleeding into the brain.

Substance Dependence Disorder: A maladaptive pattern of use of alcohol, drugs or other substances, with tolerance and/or withdrawal symptoms, drug-seeking behavior and lack of success in discontinuation of use, to the detriment of social, interpersonal and occupational activities.

Sudden Infant Death Syndrome (SIDS): The term used for any sudden and inexplicable death of an infant or a very young child.

Teenage: 10 to 19 years of age.

Teen Pregnancy Rate: Total pregnancies to females 10 to 19 years of age per 1,000 females 10 to 19 years of age.

Unintentional Injuries: Injuries that are a result of an unplanned action or are accidental (e.g., motor vehicle accidents, falls, drownings, fire/smoke exposures, poisonings). Excludes homicide and suicide.

YPLL: See Years of Potential Life Lost.

Years of Potential Life Lost (YPLL): An index used to determine the relative number of potential years lost for a specific cause of mortality (see Methodology for more information).

YPLL Rate: Years of potential life lost after one year of age and prior to age 75 per 100,000 population.

YRBS: Youth Risk Behavior Survey is a survey among high school students (see Methodology section for more information).

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RESOURCES AND SERVICES

DeKalb County Board of Health (www.dekalbhealth.net)

- 1 East DeKalb Health Center**
2277 S. St. Mtn-Lithonia Road
Lithonia, GA 30058
Phone: 770-484-2600
Services: Vision Screening, WIC, Women's Health, Children's Health, Immunizations, Adolescent Health and Youth Development
- 2 Eleanor L. Richardson Center**
445 Winn Way, Decatur, GA 30030
Phone: 404-294-3700
Services: STD/HIV Testing, HIV Treatment, Health Assessment and Promotion, Environmental Health, Refugee Health, Center for Torture and Trauma Survivors, Occupational Health, Vital Records
- 3 Kirkwood Health Center**
30 Warren Street, Atlanta, GA 30317
Phone: 404-370-7360
Services: STD/HIV Testing, TB, Dental, Vision Screening, WIC, Women's Health, Children's Health, Immunizations, Adolescent Health and Youth Development
- 4 North DeKalb Health Center**
3807 Clairmont Road, Chamblee, GA 30341
Phone: 770-454-1144
Services: STD/HIV Testing, TB, Dental, Vision Screening, WIC, Women's Health, Children's Health, Immunizations, Travel Medicine
- 5 South DeKalb Health Center**
3110 Clifton Springs Rd
Decatur, GA 30034
Phone: 404-244-2200
Services: STD/HIV Testing, TB, Dental, Vision Screening, WIC, Family Planning, Women's Health, Children's Health, Immunizations, Adolescent Health and Youth Development
- 6 T.O. Vinson Center**
440 Winn Way, Decatur, GA 30030
Phone: 404-294-3762
Services: STD/HIV Testing, TB, Dental, Vision Screening, WIC, Women's Health, Children's Health, Immunizations, Travel Medicine



Kaiser Permanente (www.kaiserpermanente.org)

- 7 Crescent Medical Center**
200 Crescent Centre Parkway
Tucker, GA 30084
Phone: 770-496-3414
Services: Adult Medicine, Behavioral Health, Dermatology, Endocrinology, Health Education, Laboratory, Nutrition, Obstetrics/Gynecology, Pediatrics/Adolescent Medicine, Pharmacy, Podiatry, Psychiatry, Rheumatology and X-ray
- 8 Panola Medical Center**
5440 Hillandale Drive
Lithonia, GA 30058
Phone: 770-322-2777
Services: Adult Medicine, Health Education, Nutrition, Obstetrics/Gynecology, Pediatrics/Adolescent Medicine, Pharmacy and Routine Mammography
- 9 Stonecrest Medical Center**
8011 Mall Parkway, Lithonia, GA 30038
Phone: 678-323-7510
Services: Adult medicine, Behavioral Health, Gynecology, Limited lab services, Pediatrics/adolescent medicine, Pharmacy and X-ray

DeKalb Medical (www.dekalbmedical.org)

- 10 DeKalb Medical at Downtown Decatur**
450 North Candler Street
Decatur, GA 30030
Phone: 404-501-6260
Services: Long Term Acute Care (additional recovery time for serious illnesses, rehabilitation, etc), Rehabilitation Services, Intensive nursing and respiratory care with therapeutic services, Wound Care Specialists

- 11 DeKalb Medical at Hillandale**
2801 DeKalb Medical Pkwy
Lithonia, GA 30058
Phone: 404-501-8000
Services: Inpatient Medical Care, Inpatient and Outpatient Surgery, Intensive Care Unit, Emergency Department, Diagnostic Imaging Technology, 100 private beds

- 12 DeKalb Medical at North Decatur**
2701 North Decatur Road
Decatur, GA 30033
Phone: 404-501-1000
Services: 24-hour Emergency Services, Commission on Cancer accredited Cancer Center, Health Promotion programs and Wellness Center, New Maternity Center, Surgical Weight Loss Center, New Joint Solutions Center, Surgical Services, Inpatient and Outpatient Rehabilitation Services, Sleep Disorder Center, Cardiovascular Services, Comprehensive Wound Care Center



Children's Healthcare of Atlanta (www.choa.org)

- 13 Children's Healthcare at North Druid Hills**
1605 Chantilly Drive NE, # 200
Atlanta, GA 30324
Phone: 404-785-8180
Services: Orthotics & Prosthetics, Rehabilitation Services, Sports Medicine

- 14 Children's Healthcare of Atlanta at Egleston**
1405 Clifton Road NE, Atlanta, GA 30322
Phone: 404-785-6000
Services: Cancer and Blood Disorders, Cystic Fibrosis, Emergency, Heart, Radiology, Sleep, Surgical, Transplant and Other

- 15 Children's Healthcare of Atlanta at Hughes Spalding**
35 Jesse Hill Jr. Drive SE, Atlanta, GA 30303
Phone: 404-785-9500
Services: Autism, Asthma, Cerebral Palsy, Child Protection, Emergency, Neurosciences, Primary Care, Sickle Cell and Specialty Care Outpatient Clinics

- 16 Children's Healthcare of Atlanta at Scottish Rite**
1001 Johnson Ferry Road NE
Atlanta, GA 30342
Phone: 404-785-5252
Services: Emergency, Radiology, Sleep Center, Surgical and Other

- 17 Emory - Children's Center**
2015 Upper Gate Drive, Atlanta, GA 30322
Phone: 404-778-2400
Services: Allergy/Immunology, Endocrinology/Diabetes, Gastroenterology/Hepatology/Nutrition, Hematology/Oncology, Infectious diseases, Medical genetics, Nephrology, Neurology and Rheumatology

- 18 Marcus Autism Center Main Campus - Atlanta**
1920 Briarcliff Road, Atlanta, GA 30329
Phone: 404-785-9400
Services: Autism Spectrum/Pervasive Developmental Disorders, Fetal Alcohol Syndrome and Drug Exposure, Behavior Disorders, Pediatric Feeding Disorders, Pediatric Neurodevelopmental, Student Therapeutic and Evaluation Project, Center for Academic Learning & Success

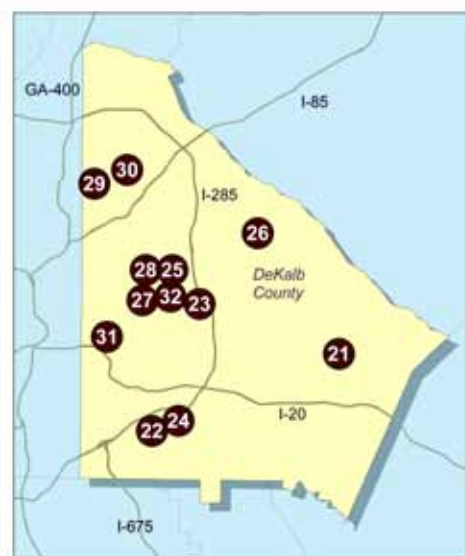
- 19 Primary Care Center - Chamblee**
4166 Buford Highway, Suite 1102
Atlanta, GA 30345
Phone: 404-785-8160
Services: Primary Care

- 20 The Children's Healthcare of Atlanta Office Park**
1600 Tullie Circle, Atlanta, GA 30329
Phone: 404-785-7000
Services: Administrative Services, Children's Foundation, Human Resources, Learning Center, Patient Accounts

DeKalb Community Service Board (www.dekcsb.org)

Central Access Phone Line for all locations: (404) 892-4646.

- 21 CHOICE Program**
2277 S. Stone Mountain-Lithonia Road
Lithonia, GA 30058
Services: Community based day habilitation program for individuals with developmental disabilities
- 22 Clifton Springs Center**
3102 Clifton Springs Road
Decatur, GA 30034
Services: Community support; Adult, adolescent and child outpatient mental health services
- 23 Criminal Justice Services**
4425 Memorial Drive
Decatur, GA 30032
Services: Clinical services and substance abuse treatment, Family Violence Intervention Program
- 24 Crossroads Program**
3100 Clifton Springs Road
Decatur, GA 30034
Services: Employment and peer support
- 25 DeKalb Addiction Clinic**
455 Winn Way
Decatur, GA 30030
Services: Substance abuse treatment, Post Traumatic Stress Disorder services
- 26 DeKalb Enterprises**
4781 Lewis Road
Stone Mountain, GA 30083
Services: Sheltered and community integrated work experience
- 27 DeKalb Evaluation Clinic**
440 Winn Way
Decatur, GA 30030
Services: Assessments, counseling and psychiatric services for individuals with developmental disabilities
- 28 DeKalb Regional Crisis Center**
450 Winn Way
Decatur, GA 30030
Services: 24 hour/ 7 day crisis service
- 29 DeKalb Services Center**
2660 Osborne Road, NE
Atlanta, GA 30319
Services: Day habilitation, day supports and work activity for individuals with developmental disabilities
- 30 North DeKalb Center**
3807 Clairmont Road
Chamblee, GA 30341
Services: Psychosocial rehabilitation, Adult mental health services
- 31 The Kirkwood Center**
23 Warren Street, SE
Atlanta, GA 30317
Services: Older adult psychosocial rehabilitation; Adult, adolescent and child outpatient mental health services
- 32 Winn Way Center**
445 Winn Way
Decatur, GA 30030
Services: Adult, adolescent and child outpatient mental health services; Mental health residential services



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