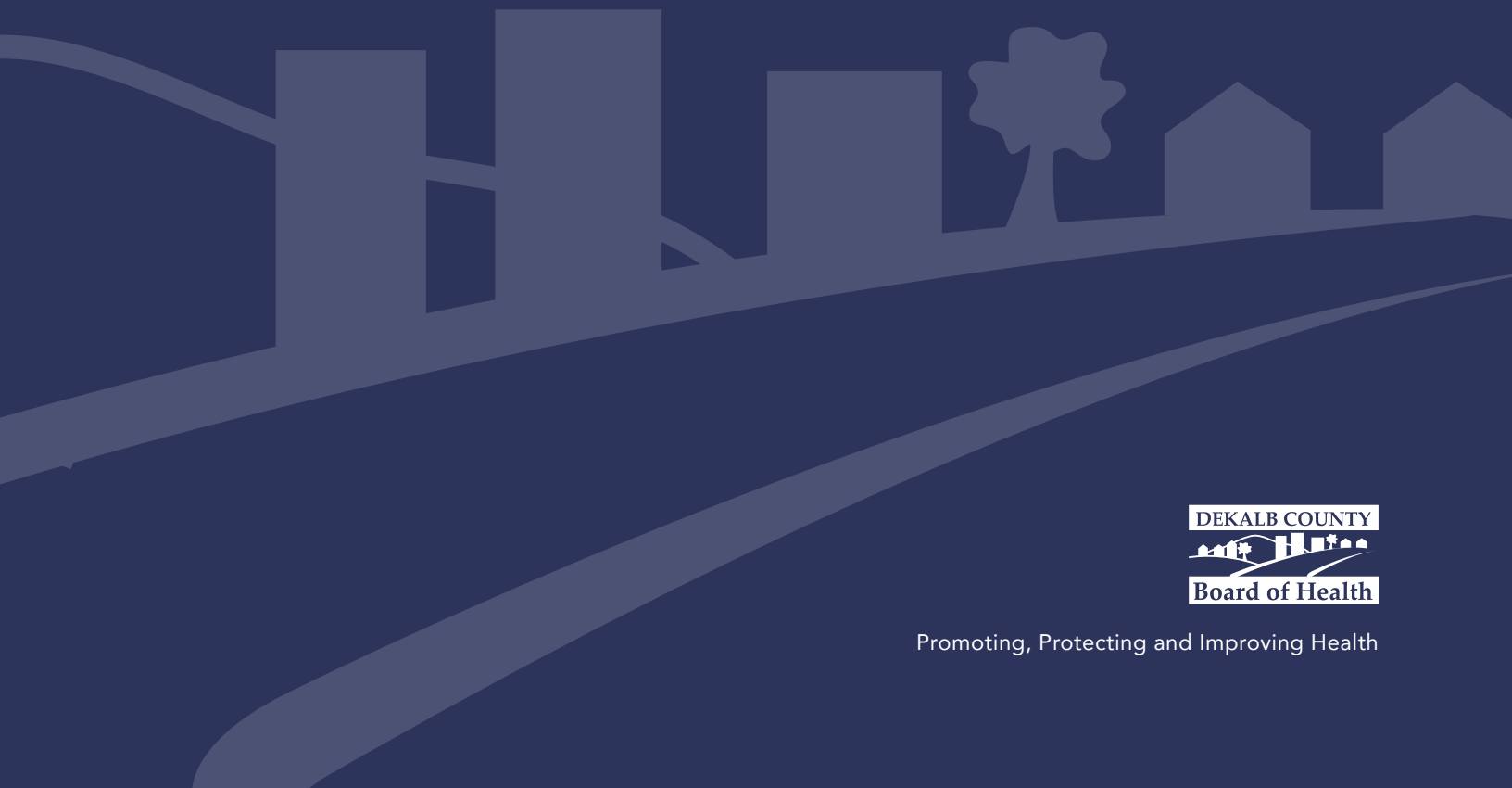




# 2020 DeKalb County **Status of Health Report**



Promoting, Protecting and Improving Health





# 2020 DeKalb County **Status of Health Report**

**DeKalb County Board of Health**  
Decatur, Georgia

September 2023



# A MESSAGE TO OUR COMMUNITY

We are pleased to share the 2020 DeKalb County Status of Health Report. This is part of a series of reports completed every five years to examine a snapshot of health in our community.

The DeKalb County Board of Health (DCBOH) has compiled and analyzed data for a wide array of health indicators across multiple categories, ranging from infectious diseases to chronic illnesses in DeKalb County. The findings within this report are used by the DCBOH to better identify issues and priorities as we work to better serve our community.

The COVID-19 pandemic has made it very clear that the health of each of us is linked to the health of all of us. This understanding is central to the field of public health. Creating a healthier community involves what we do both individually and collectively to promote healthy lifestyles and environments while challenging systemic issues that contribute to health inequity.

We hope you'll find the information in the 2020 Status of Health Report helpful and that it prompts you to adopt habits that contribute to your good health. We also hope the report inspires you to work with others to address our community's health issues. Public health is everyone's health. Together, we can protect, promote, and improve the health and well-being of all DeKalb County residents.

Sincerely,

*Sandra J. Valenciano*

Sandra J. Valenciano, MD, MPH  
District Health Director/CEO

*Calvin Patimeteeporn*

Calvin Patimeteeporn, MSPH  
Chief Epidemiologist





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# ABOUT THE DEKALB COUNTY BOARD OF HEALTH

**Our vision:** A healthier DeKalb where all residents have equitable access to public health resources and live healthy lives.

**Our programs and services include:**

**Health care:** breast and cervical cancer screening · dental care · family planning · hearing and vision screening · immunizations · Medicaid services · minor illness and injury care · new mother and infant services · physicals · perinatal case management · refugee health services · services for children with special needs · STD/HIV prevention, testing and care · travel services · tuberculosis screening and care · WIC supplemental food program for women, infants and young children

**Health promotion programs:** breastfeeding support · chronic disease prevention · injury prevention · tobacco use prevention · health equity initiatives · collaboration with residents, community organizations and research entities

**Epidemiology services:** prevention, detection and investigation of infectious diseases and clusters of illness · health surveys · data analysis and reporting · monitoring of health trends

**Environmental health services:** permitting and inspecting body crafting artists and businesses, food service establishments, hotels and motels, septic tanks, and swimming pools and spas · mosquito control · testing for lead and radon

**Vital records:** birth and death certificates

**Our health centers are ready to serve you:**

Clifton Springs Health Center  
3110 Clifton Springs Rd.  
Decatur, Ga. 30034

East DeKalb Health Center  
2277 S. Stone Mountain-Lithonia Rd.  
Stonecrest, Ga. 30058

North DeKalb Health Center  
3807 Clairmont Rd., NE  
Chamblee, Ga. 30341

Richardson Health Center  
445 Winn Way  
Decatur, Ga. 30030

T.O. Vinson Health Center  
440 Winn Way  
Decatur, Ga. 30030

Tucker WIC  
4394 Hugh Howell Rd.  
Tucker, Ga. 30084

**For more information:** Visit <https://dekalbhealth.net> or call (404) 294-3700.







## METHODOLOGY

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This section explains the data sources, statistical methods, and limitations of the 2020 Status of Health in DeKalb Report. It also discusses Community Health Assessment Areas, which permit comparisons within the county, and the Healthy People 2020 initiative, which allows the county to gauge its progress toward meeting national health objectives.

## Data Sources

### Demographic data

The county population estimates were obtained from the U.S. Census Bureau's American Community Survey and the 2018 Georgia County Guide. Compared to other Georgia counties, DeKalb County has a large number of people who identify themselves as Asian or Hispanic. However, due to the small size of each group in relation to the county's total population, limited analysis of them is included in this report.

### Health data

#### *DeKalb Community Service Board*

- The DeKalb Community Service Board provided all of the data for the Behavioral Health section.

#### *DeKalb County Board of Health*

- **Dental Services:** The Board of Health's Dental Services provided data on children's oral health for the Oral Health section.
- **Environmental Health Division:** The Board of Health's Environmental Health Division provided data on West Nile virus for the Infectious Diseases section and permit, inspection, complaint, and requests for service data for the Environmental Health section.

#### *Georgia Department of Public Health*

- **Georgia Comprehensive Cancer Registry:** The Georgia Comprehensive Cancer Registry collects information on all cancer cases diagnosed among Georgia residents. The registry staff provided cancer data for the Chronic Diseases section.
- **HIV/AIDS Epidemiology Section:** The HIV/AIDS Epidemiology Section provided HIV/AIDS data for the Infectious Diseases section.
- **Online Analytical Statistical Information System (OASIS):** OASIS is a set of web-based tools for analyzing Georgia's public health data. Data from OASIS are used throughout the report.
- **Refugee Program:** The Refugee Program provided all of the data for the Refugee Health section.
- **Tuberculosis Program:** The Tuberculosis Program provided all of the tuberculosis data for the Infectious Diseases section.
- **State Electronic Notifiable Disease Surveillance System (SendSS):** State law requires that health care providers notify the state's public health system of diagnosed cases of over 50 diseases and conditions. These are known as "notifiable diseases." SendSS is a web-based reporting system that collects information on notifiable diseases in Georgia. SendSS data are included in the Infectious Diseases section of the report.

## **Risk behavior data**

### ***Behavioral Risk Factor Surveillance System Survey***

The Behavioral Risk Factor Surveillance System Survey is an annual survey of adults about their health-related behaviors, conditions, and use of preventive services. DeKalb County residents were interviewed by telephone. 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. The U.S. Centers for Disease Control and Prevention administered the survey, using trained telephone interviewers.

Results were weighted to represent the age, race/ethnicity, and gender distributions of adults in DeKalb County.

### ***Youth Risk Behavior Survey***

The Youth Risk Behavior Survey is a national survey of teens' health-related behaviors. It is conducted every two years. To collect the data presented in this report, a sample of students from all 20 traditional DeKalb County School District high schools completed a written 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 to their child to participate. All students without a signed form were encouraged to participate. Participation was anonymous and voluntary and data are reported in aggregate form. Trained DeKalb County Board of Health employees administered the survey.

Results were weighted, are representative of all students in DeKalb County School District high schools, and can be compared to state and national data. Logistic regression analysis was used to analyze trends over time.

## **Statistical Methods**

### **Percentages**

For the most part, disease- and death-related data are analyzed using percentages. A percentage expresses the number of cases per 100.

### **Rates**

Throughout this report, you will notice figures and tables that show rates, not the actual number of cases. A rate is calculated by dividing the number of people that have a disease or condition by the total number of people in the population and multiplying by 100,000.

A morbidity rate is the rate of the occurrence of a particular disease or condition. A mortality rate is the rate of death caused by a particular disease or condition.

## **Years of Potential Life Lost**

Years of Potential Life Lost is used to compare causes of premature death. For this report, a premature death is a death before the age of 75. Years of Potential Life Lost (YPLL) is calculated by subtracting the age at death from 75 years.

Here is an example: Two people die in a motor vehicle crash, one is 27 years old and the other is 73 years old. Years of Potential Life Lost is calculated as follows:

- Since  $75 - 27 = 48$ , the person who died at age 27 lost 48 years of potential life.
- Since  $75 - 73 = 2$ , the person who died at age 73 lost 2 years of potential life.

Since  $48 + 2 = 50$ , these two people together lost a total of 50 years of potential life. This is expressed as 50 Years of Potential Life Lost or 50 YPLL.

For this report, DeKalb County residents who died before the age of 75 during the period of 2013 through 2017 were grouped by their cause of death. Then, each group's Years of Potential Life Lost was calculated. Each total indicates the impact each cause of premature death had on the county's residents.

## **Community Health Assessment Areas**

DeKalb County was divided into 13 Community Health Assessment Areas (CHAAs) by using the 1995-1996 high school districts as a guide. The areas' boundaries are not identical to the school district lines. Instead, they conform to the census tract boundaries that are the "best fit" to the districts. Although the high school districts have changed since 1995, the original CHAAs have been maintained to provide consistency in reporting and to compare Status of Health in DeKalb reports over time.

The CHAA maps were created using ArcGIS software. The diseases and conditions selected were those that ranked among the top for health disparities. For the report's five-year time period, the average morbidity and mortality rates were calculated per 100,000 persons using the 2020 census tract population estimates.

Finally, each CHAA is filled with a shade of color that indicates the value of its morbidity or mortality rate. CHAAs with lower rates have a lighter shade than those with higher rates.

## **Healthy People 2020**

Healthy People 2020 is a national set of measurable disease prevention and health promotion objectives. In this report, 2017 DeKalb County and Georgia data are compared to the Healthy People 2020 objectives.



## Limitations

The 2020 Status of Health in DeKalb Report has the following limitations:

- Most of the report uses the racial/ethnic categories of “White,” “Black,” and “other.” Since the sizes of the Asian and Hispanic populations are too small for statistical purposes, these groups are included in the “other” category, unless indicated otherwise.
- Data about oral health and environmental health are limited to data from services through the DeKalb County Board of Health.
- Behavioral health data are limited to data from the DeKalb Community Service Board.

Also, the following issues about data obtained from the Georgia Department of Public Health’s Online Analytical Statistical Information System (OASIS) are reported on the OASIS website:

- Infant Mortality Data
  - Since 2008, there has been a sharp increase in the number of births of unknown race, which has had the effect of lowering the number of White births. This effect has been seen nationwide and is associated with the U.S. Department of Health and Human Services’ 2003 revision of the U.S. Standard Certificate of Live Birth, which was implemented in Georgia in mid-2007.
- Morbidity and Mortality Data
  - All Years Death Data: Hispanic ethnicity is most likely under-reported on death certificates. Several studies conducted in a number of states indicate that there may be under-reporting of Hispanic ethnicity on death certificates. A cursory review of linked Georgia data shows a 35% decrease from Hispanic-at-birth to Non-Hispanic at death, and a 25% decrease from Hispanic-mother-during-delivery to Non-Hispanic at death.
  - 2016 and 2017 Emergency Room (ER) and Hospital Discharge Data: There is an undercount for ethnicity in ER visit/hospital discharge data for year 2016 and beyond due to several facilities not capturing ethnicity. Overall, ethnicity was not reported for about 9% of all ER visits.





# PROFILE OF DEKALB COUNTY

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DeKalb County is a diverse, vibrant community. While the county includes part of the city of Atlanta, DeKalb has its own unique character. This section provides an overview of a number of aspects of the county, including its residents and health care resources.

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## Population Estimates

According to the 2012 and 2017 American Community Survey 5-Year Estimates:

- The population of DeKalb County increased from 694,671 to 736,066.
- The population's median age increased from 34.3 to 35.5 years old.

According to the 2017 American Community Survey 5-Year Estimate:

- About 55% of Hispanics identified themselves as Mexican.
- Of the individuals who identified themselves as Asian, 31% identified as Indian, 15% identified as Chinese, 12% identified as Vietnamese and 8% identified as Korean.

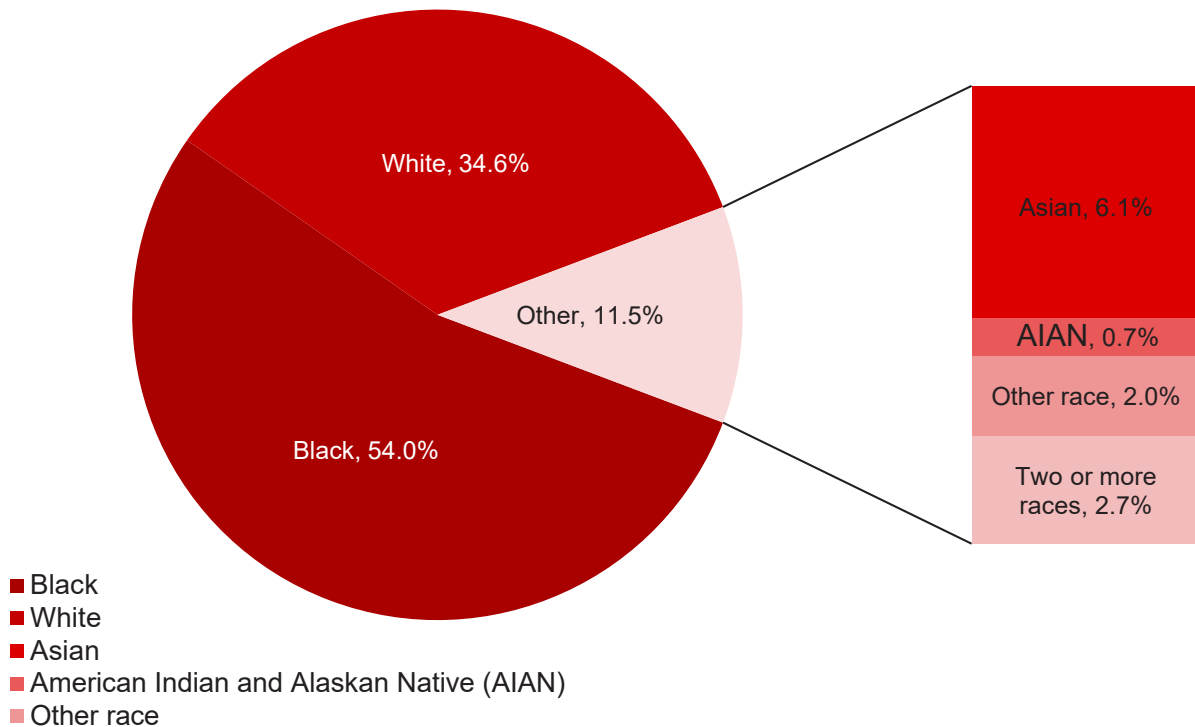
Table 2.1 and Figure 2.1 reflect select demographic characteristics of DeKalb County.

Table 2.1: Population Profile, DeKalb County, 2012 and 2017	
<b>Total population<sup>b</sup></b>	736,066
Percentage change in total population since 2012 <sup>a,b</sup>	+6.0
Percentage Hispanic or Latino of any race <sup>b</sup>	8.7
Percentage foreign born <sup>b</sup>	16.3
Percentage who speak language other than English at home, >5 years old <sup>b</sup>	19.0
Percentage female <sup>b</sup>	52.6
Percentage age 17 and under <sup>b</sup>	23.5
Percentage age 65 and over <sup>b</sup>	11.1
Median age (in years), total population <sup>b</sup>	35.5

Sources: <sup>a</sup>2008-2012 American Community Survey, U.S. Census Bureau. <sup>b</sup>2013-2017 American Community Survey, U.S. Census Bureau.



Figure 2.1: Population by Race, DeKalb County, 2013-2017 Estimate



Source: 2013-2017 American Community Survey, U.S. Census Bureau.

## Health Care

According to the 2018 Georgia County Guide:

- DeKalb County had a ratio of 269 persons per physician in 2015.
- Neighboring Fulton and Gwinnett counties had ratios of 224 persons and 769 persons per physician, respectively.

According to the 2013-2017 American Community Survey:

- Among DeKalb County's civilian, non-institutionalized residents, 84.0% had health insurance coverage, including 63.1% with private coverage. (Non-institutionalized persons are those not residing in institutional group quarters facilities such as correctional institutions, juvenile facilities, skilled nursing facilities and other long-term care living arrangements.)

Table 2.2 shows select health care characteristics of DeKalb County.

Table 2.2: Health Care Profile, DeKalb County, 2014 and 2015		
	2014	2015
General hospitals	-	6
General nursing homes <sup>a,b</sup>	-	13
Total practicing physicians	-	2,734
Persons per physician ratio	-	269
Medicare enrollment (hospital and/or medical)	82,732	-
Medicare enrollment (prescription drug)	56,859	-
Medicare enrollment (aged and disabled)	66,628	-

Note: Data shown where available.

<sup>a</sup>Does not include federal, state-operated, private psychiatric or special hospitals or nursing homes.

<sup>b</sup>Data shown for state fiscal year 2015 (July 2014-June 2015).

Source: 2018 Georgia County Guide, University of Georgia.

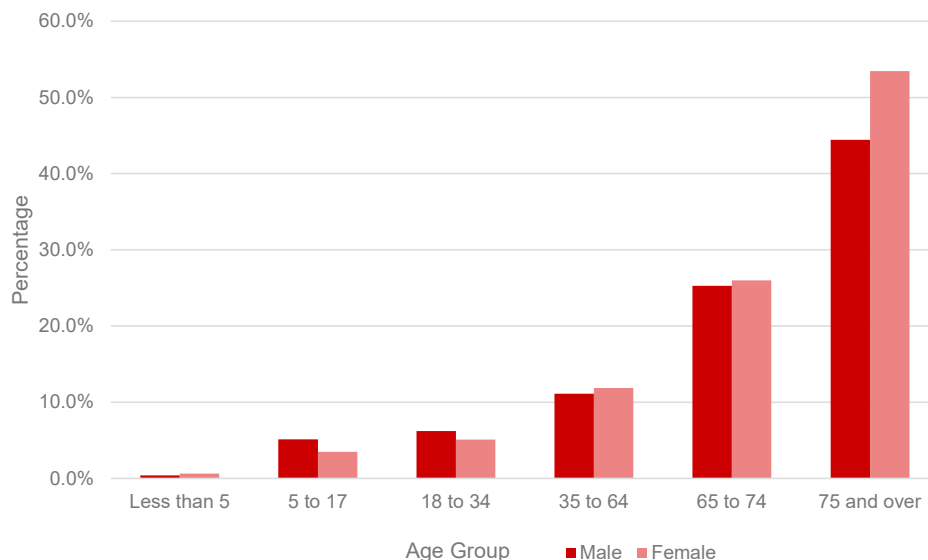
## Disability

According to the 2013-2017 American Community Survey 5-Year Estimate:

- Approximately 10.6% of people (77,187) in DeKalb County lived with at least one disability.
- The 35-64 age group represented the largest number of individuals (33,509) living with at least one disability.

Figures 2.2 and 2.3 illustrate select disability characteristics of DeKalb County.

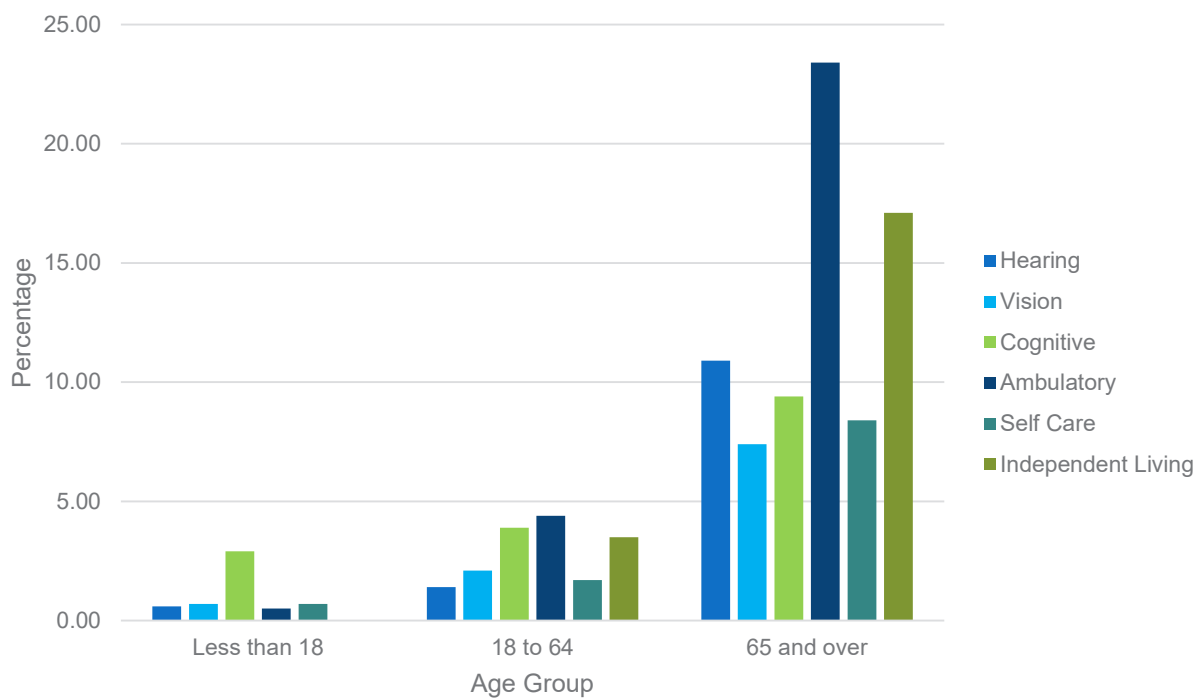
Figure 2.2: Persons with at Least One Disability by Sex and Age Group, DeKalb County, 2013-2017



Source: 2013-2017 American Community Survey, U.S. Census Bureau.



Figure 2.3: Disability Among Residents by Disability Type and Age Group, DeKalb County, 2013-2017



Source: 2013-2017 American Community Survey, U.S. Census Bureau.

## Economics and Labor

According to the 2013-2017 American Community Survey, approximately one in six DeKalb County residents was living in poverty.

According to the 2018 Georgia County Guide:

- Bankruptcy filings dropped from 8.5 per 1,000 population to 6.1 per 1,000 population from 2012 to 2016.
- Approximately 72.2% of DeKalb County workers drove to work alone between 2011 and 2015.
- Over half of all DeKalb County residents worked outside the county between 2011 and 2015.
- The average commute to work was 31.4 minutes between 2011 and 2015.

Table 2.3 reflects select economic and labor characteristics of DeKalb County.

Table 2.3: Economic Profile, DeKalb County, 2013-2017	
Median household income	\$55,876
Per capita income	\$32,110
Percentage of families living below federal poverty level	13.2
Percentage of persons living below federal poverty level	17.6
Percentage of persons unemployed	8.5

Source: 2013-2017 American Community Survey, U.S. Census Bureau.

## Education

According to the 2017-2018 Governor's Office of Student Achievement's Report Card, the DeKalb County School District graduated 5,306 students in 2018, indicating a graduation rate of 75%.

Table 2.4 shows select education characteristics of DeKalb County.

Table 2.4: Public Education Profile, DeKalb County, 2013-2017 and 2018	
Total enrolled in pre-kindergarten through 12 <sup>th</sup> grade <sup>a</sup>	121,939
Percentage of students enrolled in public school <sup>a</sup>	87.8
Percentage of students enrolled in gifted programs <sup>b</sup>	12.6
Percentage of 9-12 grade dropouts <sup>b</sup>	5.8

Sources: <sup>a</sup>2013-2017 American Community Survey, U.S. Census Bureau.

<sup>b</sup>2018 Georgia County Guide, University of Georgia.

## Housing and Households

According to the 2013-2017 5-year estimates, DeKalb County had 307,776 housing units.

Table 2.5 shows select housing and household characteristics of DeKalb County.

Table 2.5: Housing and Households Profile, DeKalb County, 2013-2017	
Total housing units <sup>a</sup>	307,776
Percentage vacant	11.1
Total households	273,614
Percentage of families <sup>b</sup>	58.7
Percentage of householders living alone	33.5
Average household size	2.64
Total families	160,589
Percentage of families with own children <18	47.2
Percentage of married couple families (with and without children)	62.7
Percentage of families with female householder, no husband present	29.6
Average family size	3.44
Number of grandparents living with own grandchildren under 18 years	12,290
Percentage responsible for grandchildren	45.8

<sup>a</sup>Housing unit: A house, an apartment, a mobile home or trailer, a group of rooms or a single room occupied as separate living quarters, or if vacant, intended for occupancy as separate living quarters.

<sup>b</sup>Family: A group of two or more people who reside together and who are related by birth, marriage or adoption.

Source: 2013-2017 American Community Survey, U.S. Census Bureau.

## Crime

In DeKalb County, according to the 2018 Georgia County Guide:

- In 2016:
  - A total of 35,967 index crimes were reported, an 8% decrease from 2012.
  - Of the index crimes reported, 88.4% were property crimes (burglary, larceny and motor vehicle theft), while 11.6% were violent/sex crimes (murder, rape, robbery and aggravated assault).
- In 2017:
  - There were 2,999 persons institutionalized in state prison.
  - Of the state prison inmates, 80% were incarcerated for violent/sex crimes.







## LEADING CAUSES

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This section presents information on the leading causes of emergency room visits, hospitalizations, premature deaths and deaths among DeKalb County residents from 2013 through 2017.

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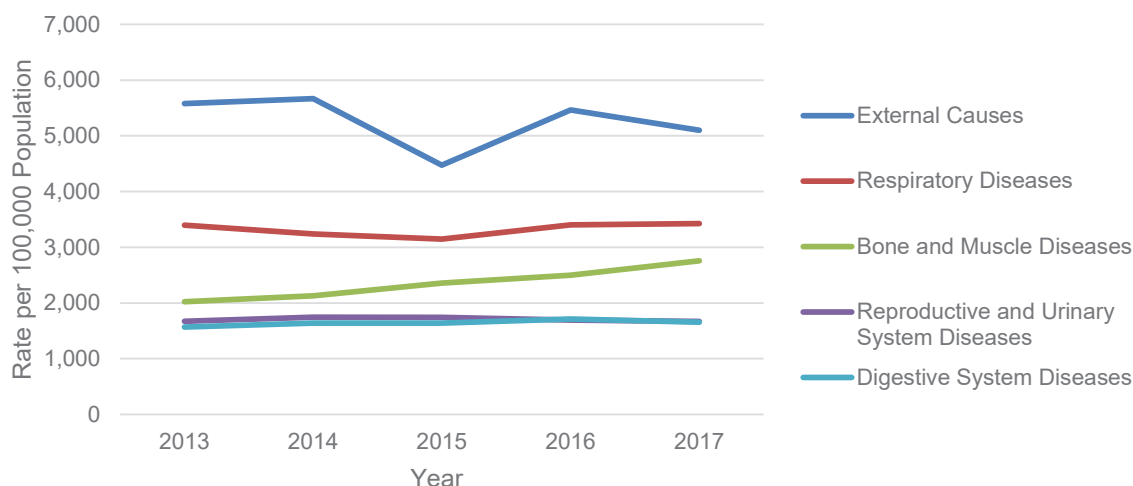
## Leading Causes of Emergency Room Visits

Emergency room (ER) visit rates can serve as an indicator of morbidity, which is the state of having a disease or condition.

Figure 3.1 shows the leading causes of ER visits among DeKalb County residents from 2013 through 2017:

- External causes were the leading cause for ER visits. These are causes that originate outside the body, such as homicide or injury.
- The second leading cause of ER visits was respiratory diseases.

Figure 3.1: Leading Causes (by Rate) of Emergency Room Visits by Year, DeKalb County, 2013-2017



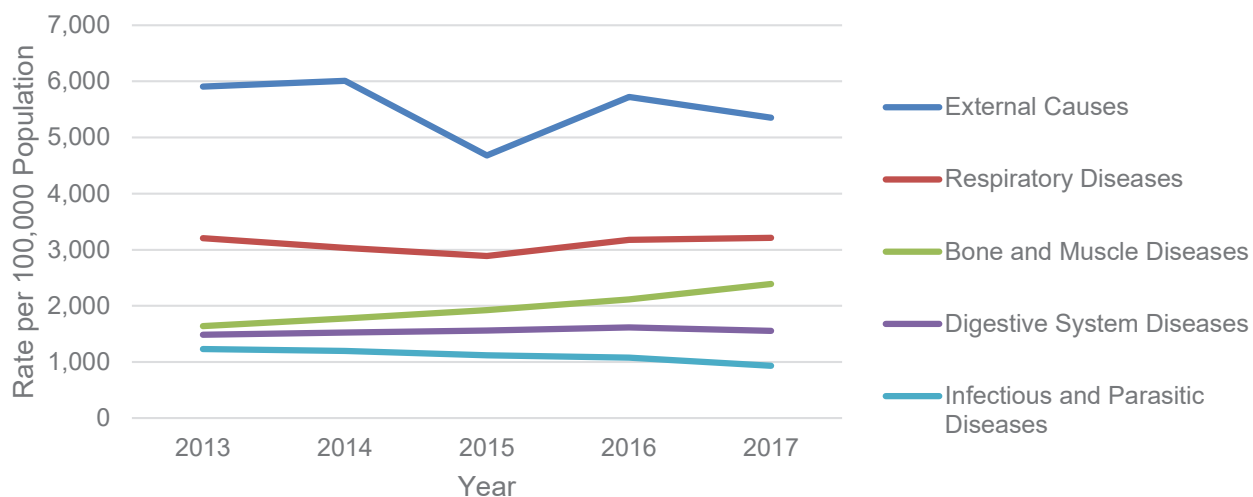
Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.



Figures 3.2 and 3.3 present the leading causes of ER visits by sex from 2013 through 2017:

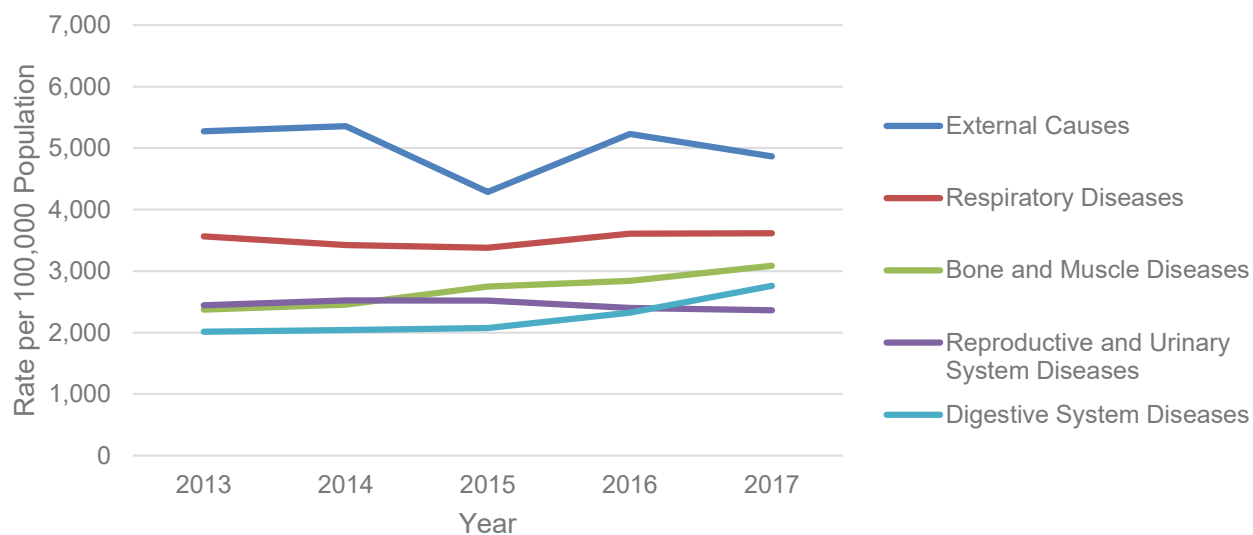
- Among both males and females, external causes were the leading cause of ER visits and respiratory diseases were the second leading cause.

Figure 3.2: Leading Causes (by Rate) of Emergency Room Visits Among Males by Year, DeKalb County, 2013-2017



Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

Figure 3.3: Leading Causes (by Rate) of Emergency Room Visits Among Females by Year, DeKalb County, 2013-2017



Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

Table 3.1 shows the top five causes of ER visits among DeKalb County residents from 2013 through 2017 by age group.

Table 3.1: Leading Causes (by Rate) of Emergency Room Visits by Age Group, DeKalb County, 2013-2017					
Age group (in years)	Rank (by number per 100,000 population)				
	1	2	3	4	5
<1	Respiratory Diseases	Infectious and Parasitic Diseases	Digestive System Diseases	Fetal and Infant Conditions	External Causes
1 to 4	Respiratory Diseases	External Causes	Infectious and Parasitic Diseases	Digestive System Diseases	Reproductive and Urinary System Diseases
5 to 9	Respiratory Diseases	External Causes	Infectious and Parasitic Diseases	Digestive System Diseases	Bone and Muscle Diseases
10 to 14	External Causes	Respiratory Diseases	Bone and Muscle Diseases	Infectious and Parasitic Diseases	Digestive System Diseases
15 to 24	External Causes	Reproductive and Urinary System Diseases	Respiratory Diseases	Bone and Muscle Diseases	Digestive System Diseases
25 to 34	External Causes	Reproductive and Urinary System Diseases	Respiratory Diseases	Bone and Muscle Diseases	Digestive System Diseases
35 to 44	External Causes	Bone and Muscle Diseases	Respiratory Diseases	Reproductive and Urinary System Diseases	Digestive System Diseases
45 to 54	External Causes	Bone and Muscle Diseases	Respiratory Diseases	Digestive System Diseases	Reproductive and Urinary System Diseases
55 to 64	External Causes	Bone and Muscle Diseases	Respiratory Diseases	Digestive System Diseases	Major Cardiovascular Diseases
≥65	External Causes	Bone and Muscle Diseases	Major Cardiovascular Diseases	Respiratory Diseases	Reproductive and Urinary System Diseases

Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

## Leading Causes of Hospitalizations

Hospitalization rates can also be used as an indicator of morbidity. Conditions requiring hospitalization may be considered more serious than those where individuals are discharged from the emergency room.

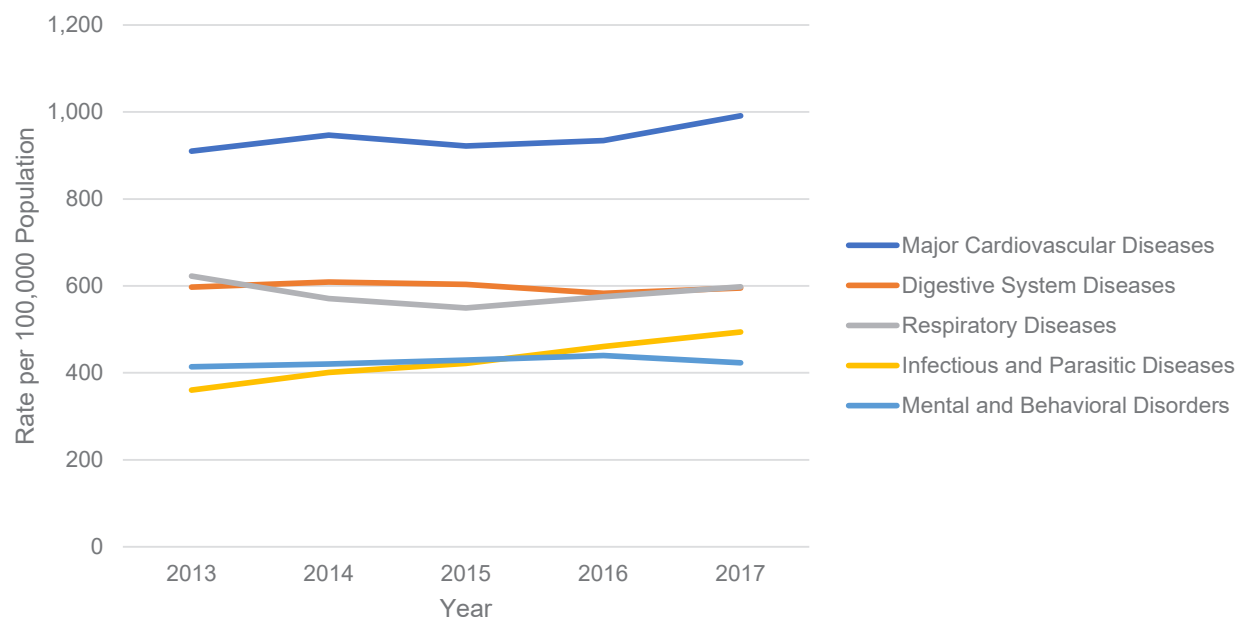


In this chapter, hospitalizations are defined as the number of persons discharged alive from healthcare facilities. Persons who were discharged and then readmitted for the same chronic condition during the same calendar year were counted only once.

Figure 3.4 shows that, from 2013 through 2017, among DeKalb County residents:

- The leading cause of hospitalizations was major cardiovascular diseases.
- The second leading cause was digestive system diseases.

Figure 3.4: Leading Causes (by Rate) of Hospitalizations by Year, DeKalb County, 2013-2017



Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

Table 3.2 shows the top five causes of hospitalizations in DeKalb County from 2013 through 2017 by sex:

- The leading cause of hospitalizations for males and females was major cardiovascular diseases.

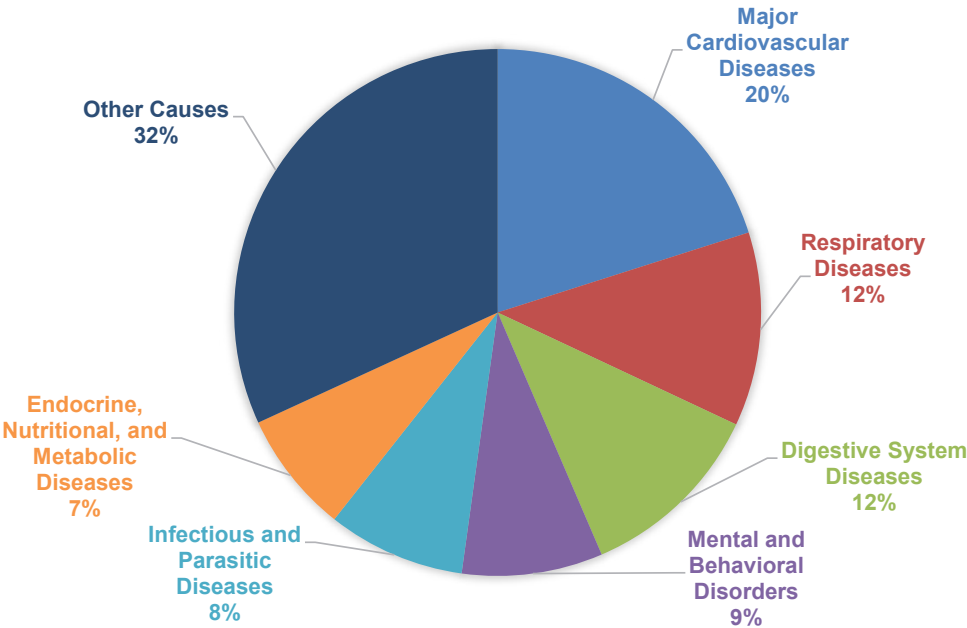
Table 3.2: Leading Causes (by Number and Rate) of Hospitalizations by Sex, DeKalb County, 2013-2017		
Cause	Number of Hospitalizations	Rate (per 100,000)
<b>Males</b>		
<b>1. Major Cardiovascular Diseases</b>	17,570	1,010.00
Heart Disease	7,054	405.5
Stroke	3,326	191.2
<b>2. Digestive System Diseases</b>	10,051	577.8
<b>3. Respiratory Diseases</b>	9,796	563.1
Pneumonia	2,575	148.0
Asthma	1,569	90.2
<b>4. External Causes</b>	8,161	469.1
<b>5. Mental and Behavioral Disorders</b>	8,063	463.5
<b>Females</b>		
<b>1. Major Cardiovascular Diseases</b>	16,912	878.9
Heart Disease	16,912	878.9
Stroke	3,361	174.7
<b>2. Digestive System Diseases</b>	11,840	615.3
<b>3. Respiratory Diseases</b>	11,569	601.2
Pneumonia	3,032	157.6
Asthma	2,207	114.7
<b>4. Bone and Muscle Diseases</b>	8,642	449.1
<b>5. Infectious and Parasitic Diseases</b>	7,778	404.2
Blood Poisoning	5,472	284.4
HIV/AIDS	290	15.1

Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

Figures 3.5 through 3.7 show the leading causes of hospitalizations among DeKalb County residents from 2013 through 2017 by race:

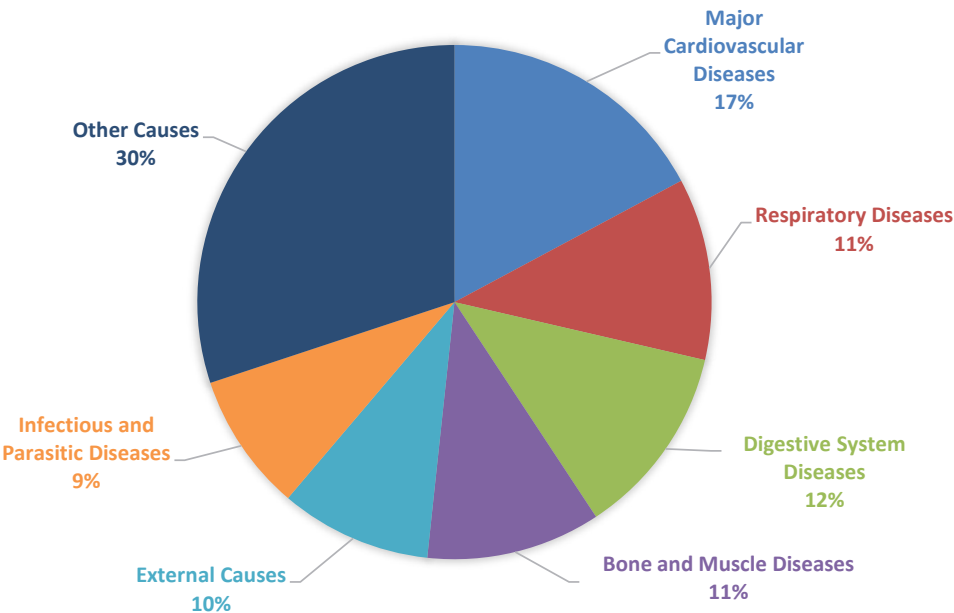
- The leading cause of hospitalizations for all races was major cardiovascular diseases, and the second leading cause was digestive system diseases.

Figure 3.5: Percentages of Hospitalizations by Leading Causes and Race, Black, DeKalb County, 2013-2017



Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

Figure 3.6: Percentages of Hospitalizations by Leading Causes and Race, White, DeKalb County, 2013-2017

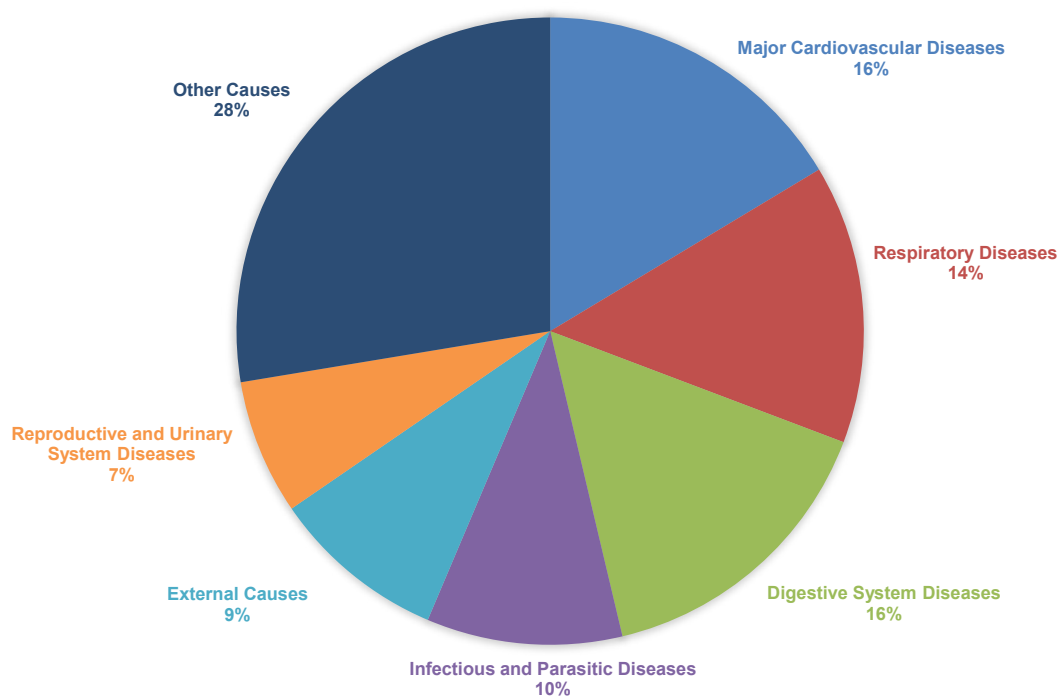


Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.





Figure 3.7: Percentages of Hospitalizations by Leading Causes and Race, Asian, DeKalb County, 2013-2017



Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

In DeKalb County from 2013 through 2017, the leading causes of hospitalizations varied by age group, as shown in Table 3.3.

**Table 3.3: Leading Causes (by Rate) of Hospitalizations by Age Group, DeKalb County, 2013-2017**

<b>Age group (in years)</b>	<b>Rank (by rate per 100,000 population)</b>				
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>&lt;1</b>	Respiratory Diseases	Fetal and Infant Conditions	Birth Defects	Digestive System Diseases	Infectious and Parasitic Diseases
<b>1 to 4</b>	Respiratory Diseases	External Causes	Endocrine, Nutritional and Metabolic Diseases	Digestive System Diseases	Nervous System Diseases
<b>5 to 9</b>	Respiratory Diseases	Digestive System Diseases	External Causes	Blood Diseases (Anemias)	Mental and Behavioral Disorders
<b>10 to 14</b>	Mental and Behavioral Disorders	Respiratory Diseases	Digestive System Diseases	External Causes	Endocrine, Nutritional and Metabolic Diseases
<b>15 to 24</b>	Mental and Behavioral Disorders	External Causes	Digestive System Diseases	Infectious and Parasitic Diseases	Respiratory Diseases
<b>25 to 34</b>	Mental and Behavioral Disorders	External Causes	Digestive System Diseases	Infectious and Parasitic Diseases	Respiratory Diseases
<b>35 to 44</b>	Major Cardiovascular Diseases	Digestive System Diseases	Mental and Behavioral Disorders	Infectious and Parasitic Diseases	External Causes
<b>45 to 54</b>	Major Cardiovascular Diseases	Digestive System Diseases	Mental and Behavioral Disorders	Respiratory Diseases	Infectious and Parasitic Diseases
<b>55 to 64</b>	Major Cardiovascular Diseases	Digestive System Diseases	Respiratory Diseases	Bone and Muscle Diseases	Infectious and Parasitic Diseases
<b>≥65</b>	Major Cardiovascular Diseases	Respiratory Diseases	Digestive System Diseases	Bone and Muscle Diseases	Infectious and Parasitic Diseases

Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.



## Leading Causes of Mortality

### Premature Deaths

A premature death is a death that occurs before a person reaches an expected age. For this report, that age is 75. Premature death is described by using Years of Potential Life Lost (YPLL). Each premature death, or death before age 75, contributes years of life lost to the YPLL. For example, a death at age 29 contributes 46 years to the YPLL ( $75 - 29 = 46$ ).

Table 3.4 ranks the leading causes of premature deaths among DeKalb County residents from 2013 through 2017:

- The leading cause was external causes.
- The second leading cause was major cardiovascular diseases.

**Table 3.4: Leading Causes of Premature Deaths by Years of Potential Life Lost (YPLL) and YPLL Rate, DeKalb County, 2013-2017**

Cause	YPLL	YPLL rate (per 100,00 under age 75)
<b>1. External Causes</b>	59,147.00	1,683.2
Homicide	19,740.50	561.8
Motor Vehicle Crashes	12,112.00	344.7
<b>2. Major Cardiovascular Diseases</b>	44,211.50	1,258.1
Obstructive Heart Disease (incl. Heart Attack)	12,538.00	356.8
Stroke	7,021.00	199.8
<b>3. Cancers</b>	42,372.50	1,205.8
Lung	7,014.50	199.6
Breast	5,554.50	158.1
<b>4. Fetal and Infant Conditions<sup>a</sup></b>	16,836.00	479.1
Prematurity	6,854.00	195.0
<b>5. Infectious and Parasitic Diseases</b>	11,928.00	339.4
HIV/AIDS	5,774.50	164.3

<sup>a</sup>Fetal and infant deaths occur before age 1 year. Therefore, each death contributes 74 years of potential life lost. When analyzed for all ages, fetal and infant conditions are not truly a leading cause of death.

Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.



## Deaths

Table 3.5 shows the top five causes of deaths among DeKalb County residents of all ages from 2013 through 2017.

Table 3.5: Leading Causes of Deaths by Number and Age-Adjusted Death Rate, DeKalb County, 2013-2017		
Cause	Number of Deaths	Age-Adjusted Death Rate (per 100,000)
<b>1. Major Cardiovascular Diseases</b>	6,262	198.1
Heart Disease (incl. Heart Attack)	1,705	53.2
Stroke	1,239	40.5
<b>2. Cancers</b>	4,980	150.1
Lung	1,038	31.5
Colon	513	15.3
Breast	465	13.5
<b>3. Nervous System Diseases</b>	1,626	55.3
<b>4. Respiratory Diseases</b>	1,624	53.0
Pneumonia	285	9.1
<b>5. External Causes</b>	1,861	51.6
Homicide	442	12.0
Motor Vehicle Crashes	366	9.9

Note: The causes are ranked from 1 to 5 based on the death rate. The death rate is “age-adjusted” to eliminate the effect of different age distributions in the population over time.

Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

Table 3.6 shows the leading causes of deaths by age group in DeKalb County from 2013 through 2017.

Table 3.6: Leading Causes of Deaths by Rank and Age Group, DeKalb County, 2013-2017					
Age group (in years)	Cause of Death (Ranked by number of deaths)				
	1	2	3	4	5
<1	Fetal and Infant Conditions	Birth Defects	SIDS <sup>a</sup>	External Causes	Respiratory Diseases
1 to 4	External Causes	Respiratory Diseases	Birth Defects	Nervous System Diseases	Infectious and Parasitic Diseases
5 to 9	External Causes	Cancers	Infectious and Parasitic Diseases	Nervous System Diseases	Major Cardiovascular Diseases
10 to 14	External Causes	Nervous System Diseases	Respiratory Diseases	Birth Defects	Cancers
15 to 24	External Causes	Cancers	Major Cardiovascular Diseases	Respiratory Diseases	Endocrine, Nutritional and Metabolic Diseases
25 to 34	External Causes	Major Cardiovascular Diseases	Cancers	Infectious and Parasitic Diseases	Endocrine, Nutritional and Metabolic Diseases
35 to 44	External Causes	Major Cardiovascular Diseases	Cancers	Infectious and Parasitic Diseases	Endocrine, Nutritional and Metabolic Diseases
45 to 54	Major Cardiovascular Diseases	Cancers	External Causes	Infectious and Parasitic Diseases	Endocrine, Nutritional and Metabolic Diseases
55 to 64	Cancers	Major Cardiovascular Diseases	Endocrine, Nutritional and Metabolic Diseases	External Causes	Infectious and Parasitic Diseases
≥65	Major Cardiovascular Diseases	Cancers	Nervous System Diseases	Respiratory Diseases	Mental and Behavioral Disorders

<sup>a</sup>Sudden Infant Death Syndrome.

Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.





## CHRONIC DISEASES

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Chronic diseases are defined broadly as conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both. They are often preventable and are frequently manageable through early detection, good nutrition, adequate exercise and treatment.

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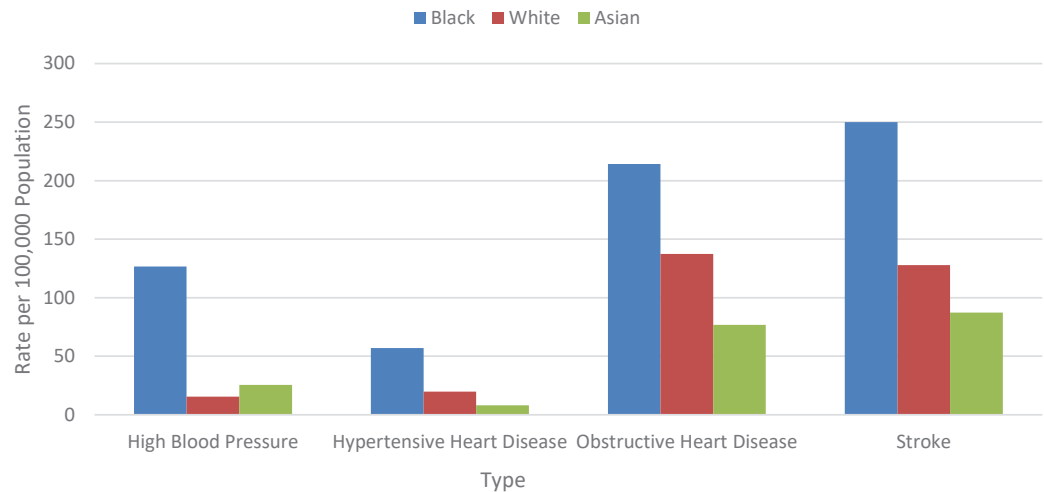
# Cardiovascular Diseases

Cardiovascular diseases affect the heart and/or blood vessels. Major cardiovascular diseases include high blood pressure, hypertensive heart disease, obstructive heart disease and stroke:

- High blood pressure (or hypertension) is defined as a systolic blood pressure consistently over 140 millimeters of mercury (mmHg) or a diastolic blood pressure consistently over 90 mmHg.
- Hypertensive heart disease is a late complication of high blood pressure that affects the heart.
- Obstructive heart disease causes weakened heart pumps due to previous heart attacks or current blockages of the vessels that carry blood to the heart.
- Stroke is the sudden, severe loss of muscular control and a reduced or complete loss of sensation and consciousness due to a rupture or blocking of a cerebral blood vessel.

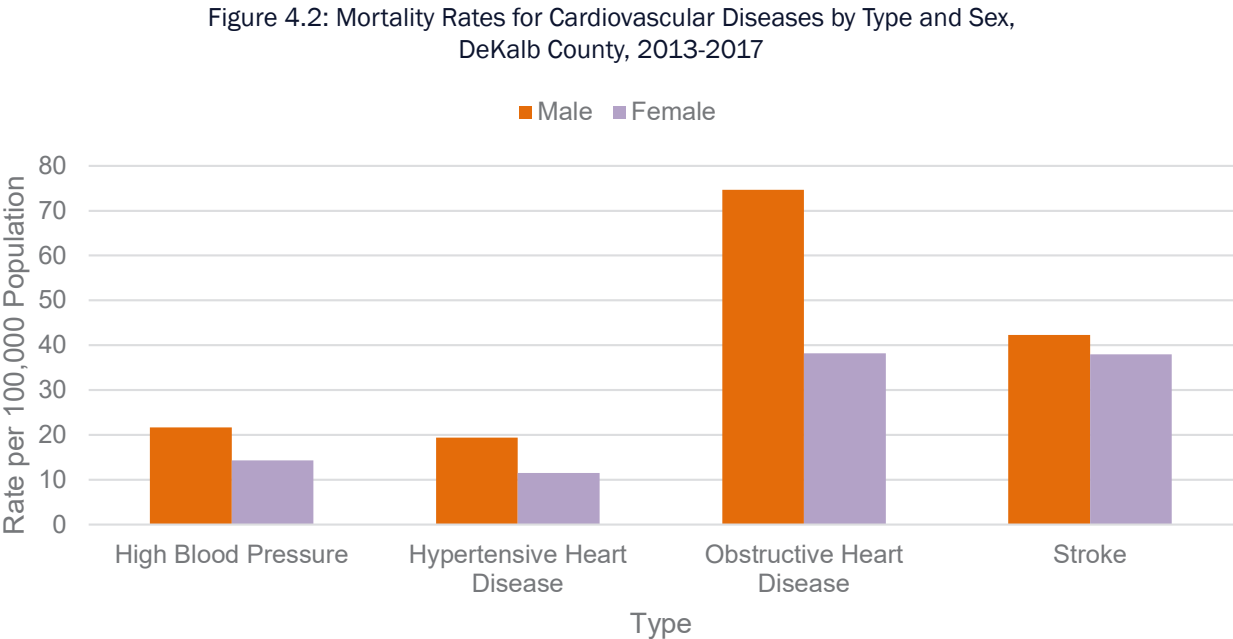
Figure 4.1 indicates that, from 2013 through 2017, Black residents had the highest morbidity rates for all types of cardiovascular diseases.

Figure 4.1: Morbidity Rates for Cardiovascular Diseases by Type and Race, DeKalb County, 2013-2017



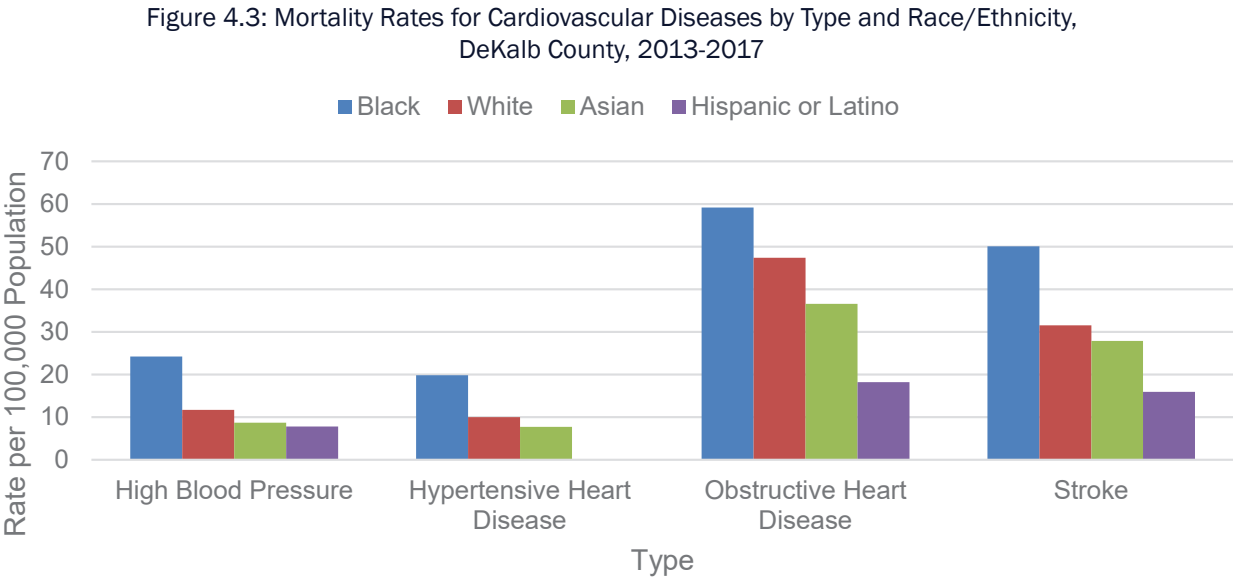
Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

Figure 4.2 reflects that, from 2013 through 2017, men had higher rates of mortality for all types of cardiovascular diseases than women.



Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

Figure 4.3 shows that, from 2013 to 2017, all races/ethnicities had higher mortality rates due to obstructive heart disease compared to other cardiovascular disease types. In addition, Black residents had higher mortality rates when compared to other races/ethnicities over all types of cardiovascular diseases.

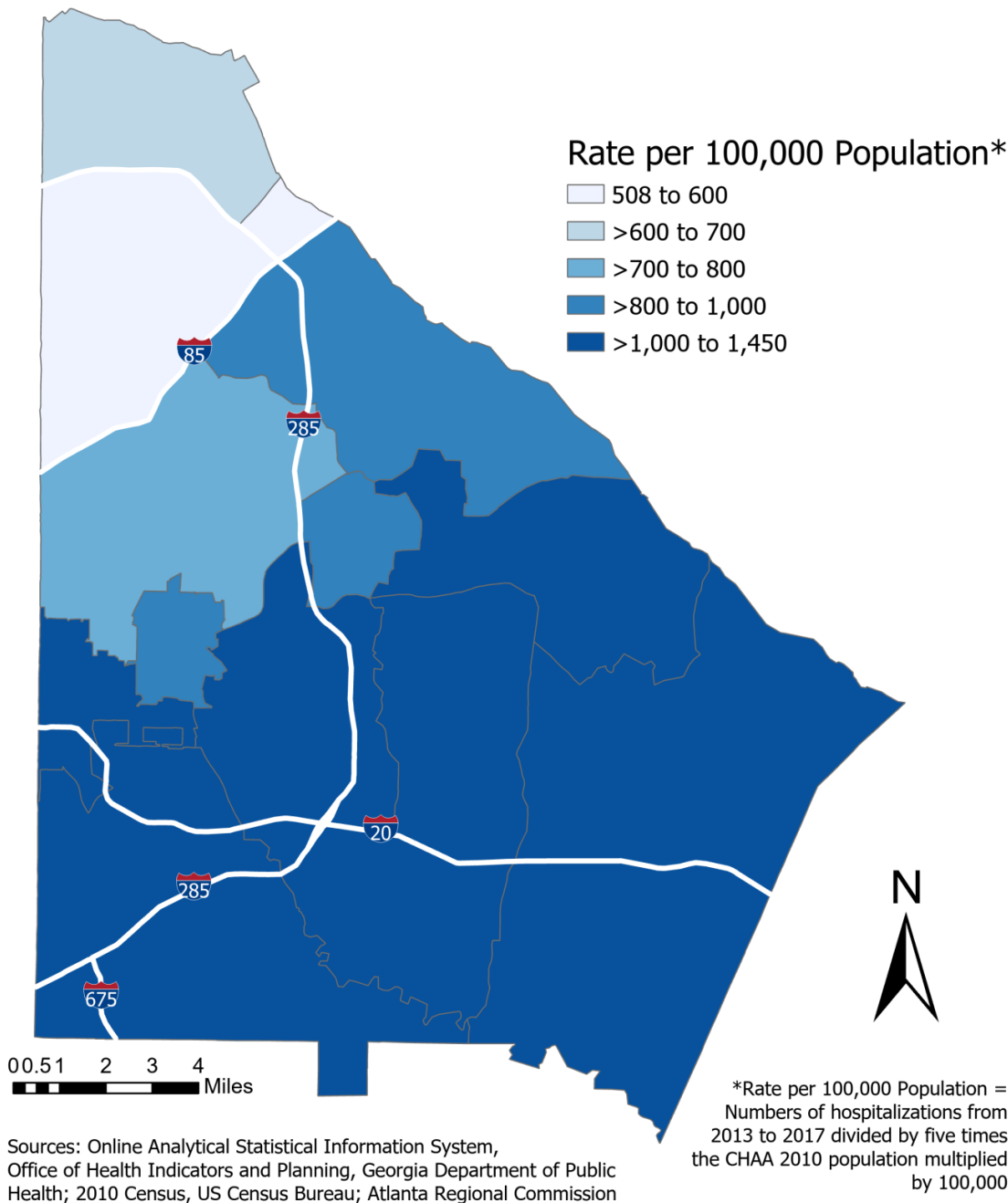


Note: Rate of hypertensive heart disease among Hispanics is too small to report.  
Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.



Figure 4.4 displays the cardiovascular hospitalization rates based on geographic location in DeKalb County.

Figure 4.4: Hospitalization Rates for Cardiovascular Diseases by Geographic Region, DeKalb County, 2013-2017  
Displayed by Community Health Assessment Area (CHAA)





## Cancers

Cancer is a term for diseases in which abnormal cells divide without control and can invade nearby tissues. There are many types of cancer and the risk for developing some cancers may be reduced through positive lifestyle changes, like giving up smoking and eating a healthy diet.

From 2013 to 2017 in DeKalb County, the most common cancer type for males was prostate cancer and for females it was breast cancer. Table 4.1 shows the cancer rates for males and females by race.

Table 4.1: Cancer Rates (per 100,000 persons) by Type, Sex and Race, DeKalb County, 2013-2017						
Type of cancer	Males			Females		
	All races	Black	White	All races	Black	White
<b>All Cancers</b>	525.5	542.6	530.1	415.3	401.5	457.9
<b>Colon (incl. Rectal)</b>	45.9	49.2	44.5	34.5	36.9	32.1
<b>Lung (incl. Bronchial)</b>	58.1	67.7	51.8	41.2	41.8	43.0
<b>Prostate</b>	142.6	182.3	108.6	--	--	--
<b>Breast</b>	--	--	--	137.3	134.6	148.1
<b>Uterine</b>	--	--	--	25.1	24.9	27.8

Source: Georgia Comprehensive Cancer Registry, Georgia Department of Public Health, 2019.

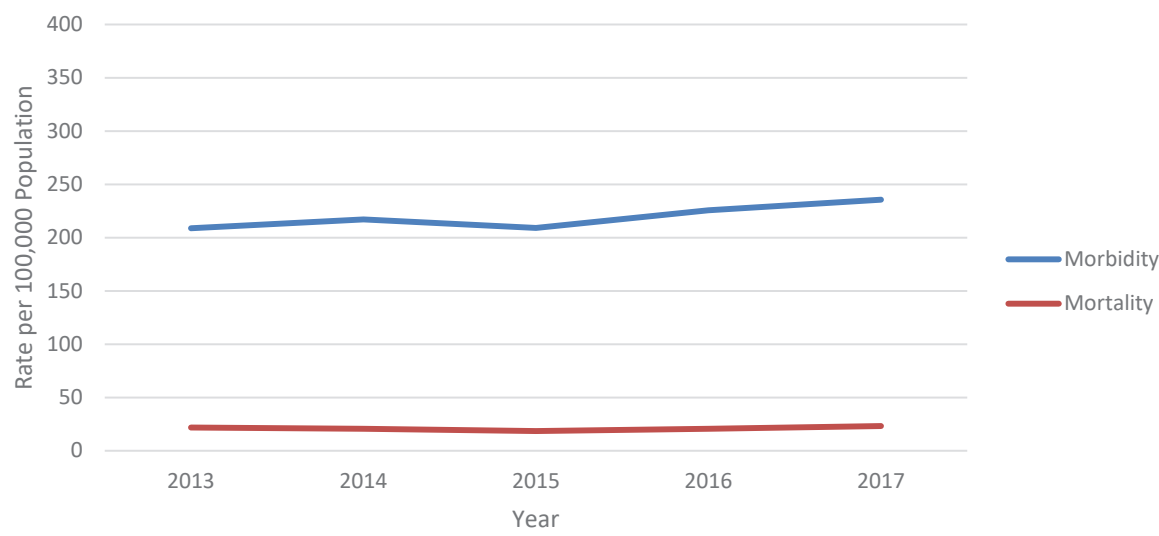
## Diabetes

Diabetes is a disease that occurs when your blood glucose (sugar) level is too high. This is also called hyperglycemia. In a healthy person, the hormone insulin helps blood sugar move into the body's cells that use it for energy. A person with diabetes either does not make enough insulin or does not respond well to the insulin their body makes. This causes sugar to build up in the blood.

Diabetes can cause serious complications, including heart disease, stroke, kidney problems, foot and leg problems, amputations, blindness and depression. Sometimes the cause of a person's death is listed as one of the complications rather than the underlying diabetes, so diabetes deaths may be under-reported.

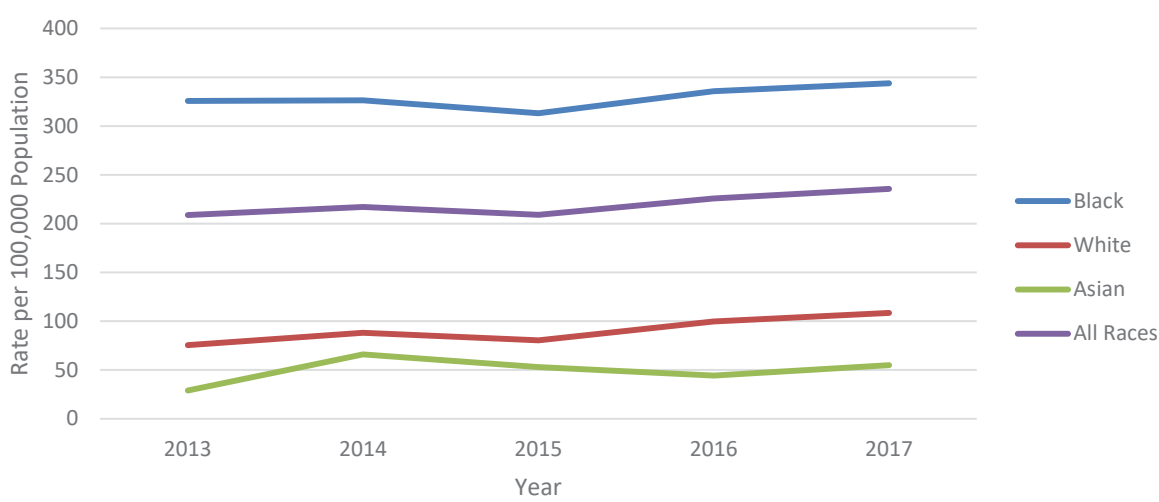
Figures 4.5 through 4.7 show DeKalb County’s diabetes morbidity and mortality rates. Both rates increased from 2013 to 2017.

Figure 4.5: Diabetes Morbidity and Mortality Rates by Year, DeKalb County, 2013-2017



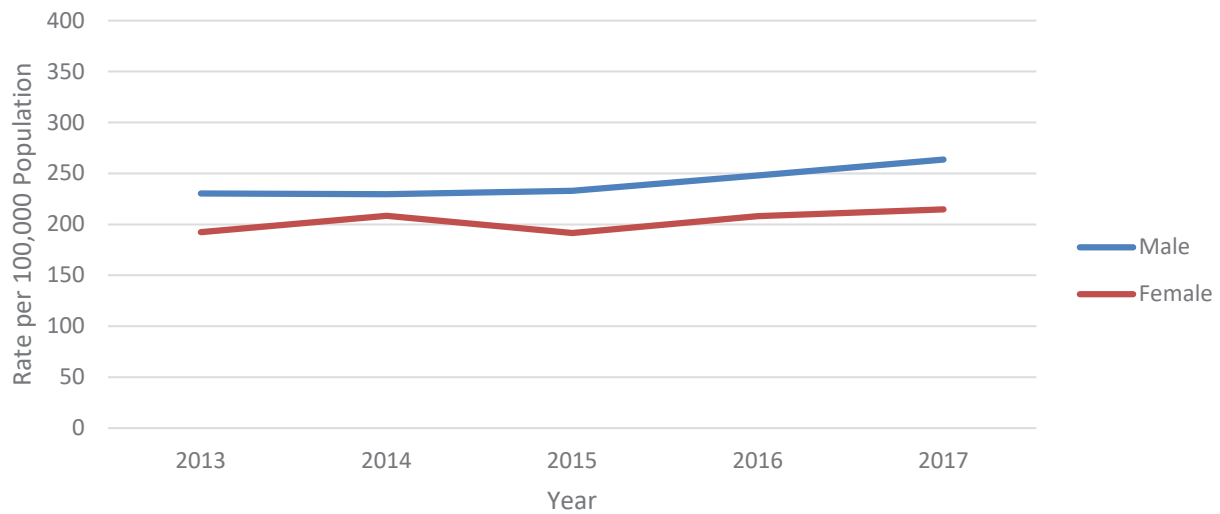
Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

Figure 4.6: Diabetes Morbidity Rates by Race and Year, DeKalb County, 2013-2017



Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

Figure 4.7: Diabetes Morbidity Rates by Sex and Year, DeKalb County, 2013-2017



Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

Approximately nine percent of DeKalb County adults have been told they have diabetes. Table 4.2 shows the percentage of adults who had been diagnosed with diabetes by race, age and sex as of 2014.

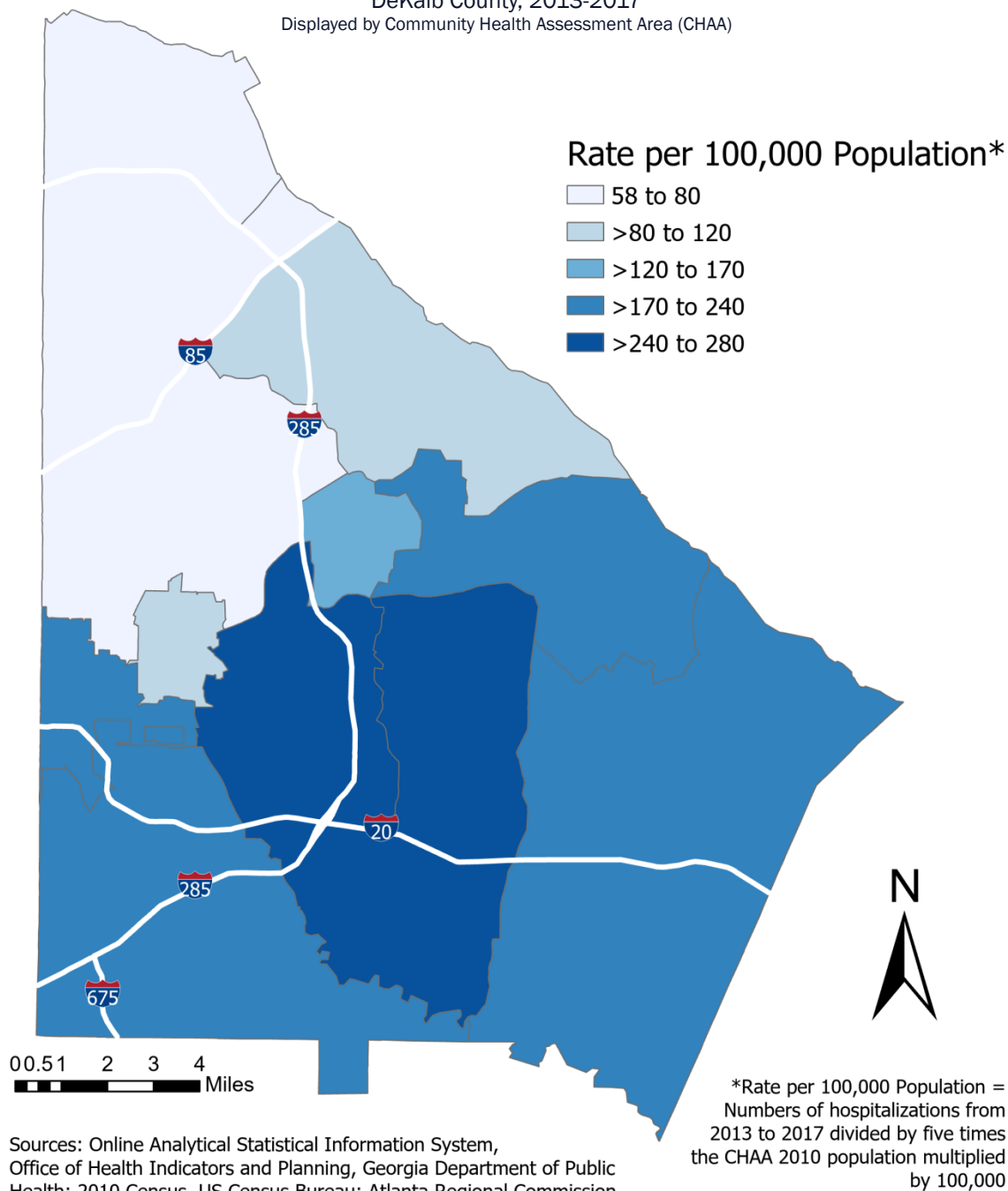
Table 4.2: Percentages of Adults with Diagnosed Diabetes by Race, Age and Sex, DeKalb County, 2014

	Race		Age group			Sex	
	White	Black	18 to 44	45 to 64	65 and over	Male	Female
All	4.9%	11.9%	1.4%	15.4%	20.3%	10.8%	7.1%

Source: Behavioral Risk Factor Surveillance Survey, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

Figure 4.8 displays the diabetes hospitalization rates (based on hospital discharge rates) by geographic location. (See Methodology for more information.)

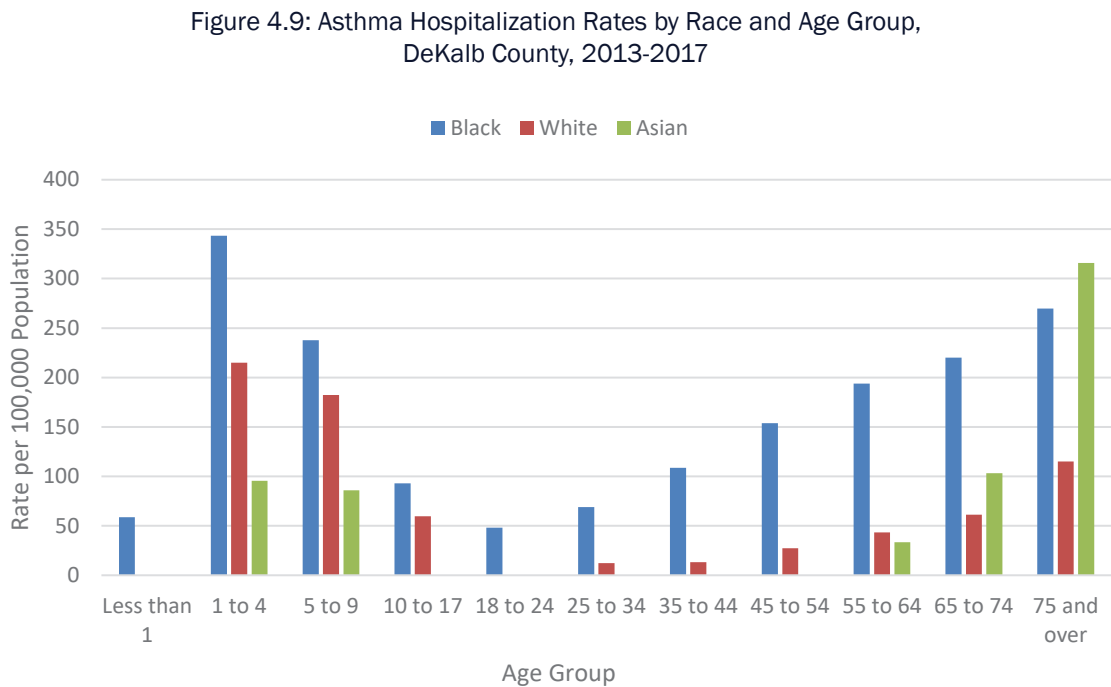
Figure 4.8: Hospitalization Rates for Diabetes by Geographic Region,  
DeKalb County, 2013-2017  
Displayed by Community Health Assessment Area (CHAA)



# Asthma

Asthma is a chronic lung disease that inflames and narrows the airways. It causes recurring periods of wheezing (a whistling sound when you breathe), chest tightness, shortness of breath and coughing. The coughing often occurs at night or early in the morning. Asthma can be controlled by removing or avoiding triggers that may cause an attack. It can also be controlled through medical intervention.

Figure 4.9 shows that in DeKalb County from 2013 to 2017, those between 1 and 9 years old and those 55 years old and over had the highest rates of hospitalizations due to asthma across all races.



Note: Rates for various demographic groups had too low numbers to calculate a rate.  
Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

According to the DeKalb County Youth Risk Behavior Survey:

- From 2015 to 2017, the percentage of high school students that had ever been told by a doctor or nurse that they had asthma stayed relatively the same. See Table 4.3.

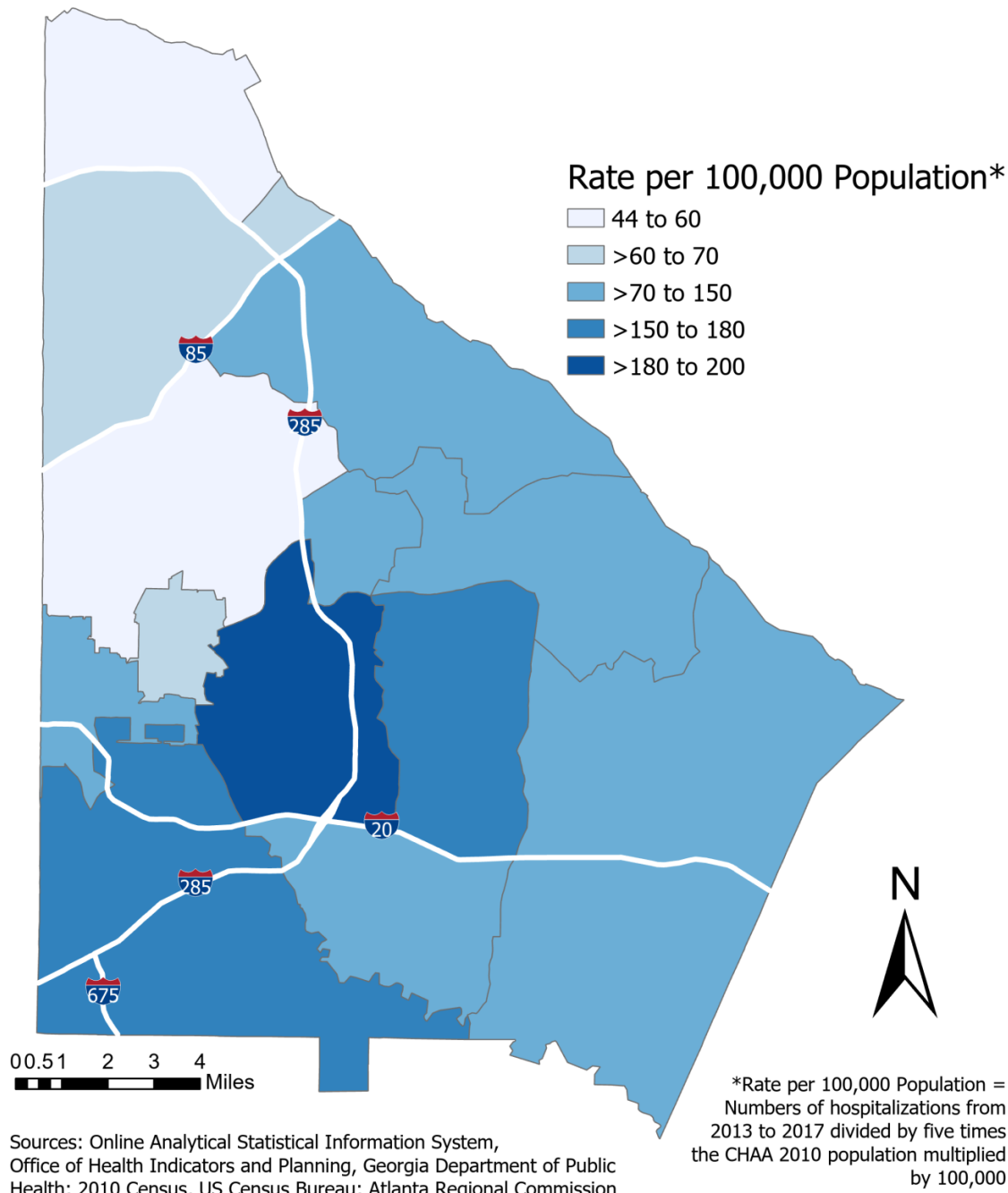
Table 4.3: Percentages of High School Students Who Had Ever Been Told by a Doctor or Nurse That They Had Asthma, DeKalb County, 2015 & 2017	
2015	2017
28.1%	28.5%

Source: DeKalb County Youth Risk Behavior Survey, DeKalb County Board of Health, 2019.



Figure 4.10 displays the asthma hospitalization rates based on geographic location in DeKalb County. (See Methodology for more information.)

Figure 4.10: Hospitalization Rates for Asthma by Geographic Region,  
DeKalb County, 2013-2017  
Displayed by Community Health Assessment Area (CHAA)



## Risk Factors

Many chronic diseases share the same risk factors. The most common factors are physical inactivity, being overweight or obese, and using tobacco. Eliminating these can lower one's risk of developing a chronic disease. Starting healthy behaviors early in life is important.

### Physical Inactivity

Adopting lifelong healthy behaviors, such as exercising, may reduce one's chance of developing a disease.

Table 4.4 describes the level of physical inactivity among DeKalb County high school students in 2015 and 2017.

Table 4.4: Percentages of High School Students Who Were Physically Inactive, DeKalb County, 2015 & 2017		
Behavior	2015	2017
Did not meet current recommendation for physical activity (at least 60 minutes on five or more days per week)	59.6%	62.9%
Had watched three or more hours of TV per day on an average school day	30.9%	24.9%
Had played video games or used a computer three or more hours per day	36.4%	40.2%
Did not go to physical education classes daily in an average week	73.9%	74.4%

Source: DeKalb County Youth Risk Behavior Survey, DeKalb County Board of Health, 2019.

On average, in 2014, almost 18% of DeKalb County adults were physically inactive during leisure time. Table 4.5 describes physical inactivity among DeKalb County adults.

Table 4.5: Percentages of Adults Who Were Physically Inactive by Race, Age and Sex, DeKalb County, 2014							
All	Race		Age group			Sex	
	White	Black	18 to 44	45 to 64	65 and over	Male	Female
17.6%	16.2%	17.9%	17.2%	15.0%	24.5%	18.4%	16.8%

Source: Behavioral Risk Factor Surveillance Survey, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

## Overweight and Obesity

Maintaining a healthy weight by staying active and eating healthy foods may reduce one's risk of developing chronic diseases.

Table 4.6 describes behaviors among DeKalb County teens that may affect their risk for developing chronic diseases.

Table 4.6: Percentages of High School Students who were Overweight, Obese or Had Unhealthy Diets by Year, DeKalb County, 2015 & 2017		
Behavior	2015	2017
Were overweight	14.7%	16.1%
Were obese	11.6%	14.2%
Did not eat fruit or drink 100% fruit juices in the past 7 days	5.4%	7.6%
Did not eat vegetables in the past 7 days	9.5%	10.1%
Drank soda or pop in the past 7 days	73.4%	70.0%

Source: DeKalb County Youth Risk Behavior Survey, DeKalb County Board of Health, 2019.

In 2014, approximately 38 percent of DeKalb County adults were overweight and approximately 26 percent were obese. Table 4.7 shows the prevalence of overweight and obesity among DeKalb County adults by race, age and sex.

Table 4.7: Percentages of Adults Who Were Overweight or Obese by Race, Age and Sex, DeKalb County, 2014								
Factor	All	Race		Age group			Sex	
		White	Black	18 to 44	45 to 64	65 and over	Male	Female
Overweight	38.0%	34.8%	39.8%	36.3%	40.7%	39.1%	49.9%	26.0%
Obese	26.3%	21.8%	31.1%	24.8%	30.0%	24.7%	24.4%	28.3%

Source: Behavioral Risk Factor Surveillance Survey, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

## Tobacco Use

Not beginning to use tobacco and, for those who have started, stopping tobacco use may reduce one's chances of developing chronic diseases and some types of cancers.

Table 4.8 describes tobacco use and vaping among DeKalb youth in 2015 and 2017.

Table 4.8: Percentages of High School Students who Smoked Tobacco or Used Electronic Vapor Products by Year, DeKalb County, 2015 & 2017		
Behavior	2015	2017
Had ever tried cigarette smoking, even one or two puffs	24.3%	17.5%
Had smoked cigarettes in the past 30 days	5.0%	3.8%
Had ever used an electronic vapor product	37.2%	32.1%
Had used an electronic vapor product in the past 30 days	17.4%	6.1%

Source: DeKalb County Youth Risk Behavior Survey, DeKalb County Board of Health, 2019.

Table 4.9 describes tobacco use among DeKalb adults in 2014.

Table 4.9: Percentages of Adults Who Used Tobacco by Race, Age and Sex, DeKalb County, 2014								
Behavior	All	Race		Age group			Sex	
		White	Black	18 to 44	45 to 64	65 and over	Male	Female
Smoked cigarettes	10.3%	7.5%	9.0%	10.2%	12.1%	4.9%	9.3%	11.3%
Used smokeless tobacco	1.9%	1.4%	1.3%	3.4%	0.0%	0.7%	1.5%	2.2%

Source: Behavioral Risk Factor Surveillance Survey, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.







# INFECTIOUS DISEASES

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Infectious diseases are caused by microorganisms, including bacteria, viruses and parasites. Some infectious diseases can spread easily on food or from person to person and can cause outbreaks that make many people ill.

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# Infectious Diseases

The Georgia Department of Public Health, under the legal authority of the Official Code of Georgia Annotated (section 31-12-2), requires that health care providers report cases of specific diseases to the local health department. This chapter covers some of these “notifiable diseases.” The DeKalb County Board of Health monitors and investigates notifiable disease reports to understand trends and to prevent and control outbreaks.

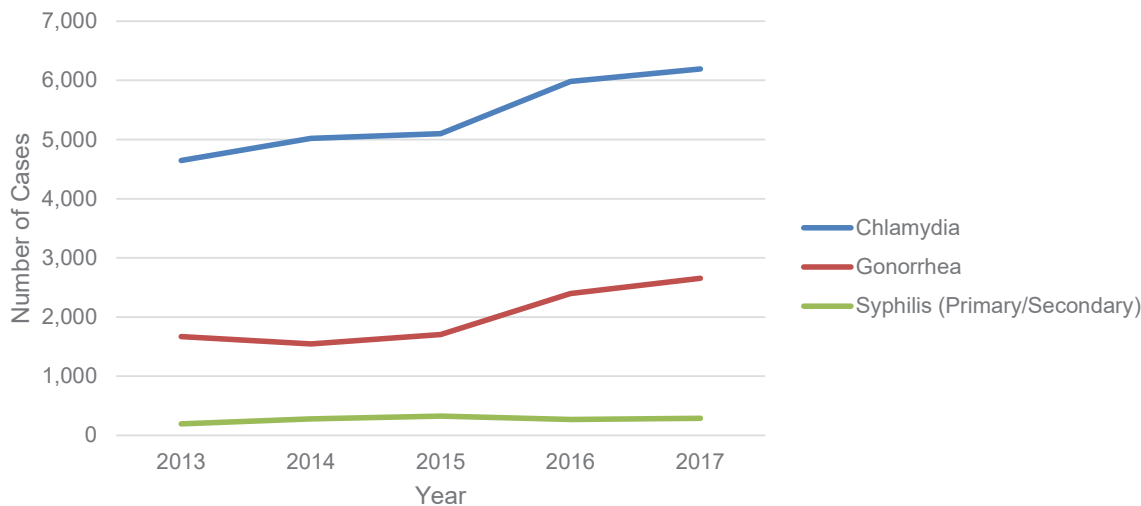
Coronavirus Disease 2019 (COVID-19) is a new infectious disease that was identified in 2019. Please see the COVID-19 section later in this chapter.

## Sexually Transmitted Diseases

Many infections are transmitted through sexual contact. These are commonly referred to as sexually transmitted diseases (STDs) or infections (STIs). Chlamydia, gonorrhea and syphilis are STDs that spread during unprotected vaginal, anal and oral sex. They can also pass from mother to baby in the womb or during vaginal childbirth.

As Figure 5.1 shows, in DeKalb County, from 2013 to 2017 the numbers of cases of chlamydia, gonorrhea and syphilis increased. Also, Figure 5.2 shows they were most common among individuals ages 18 to 34 years old.

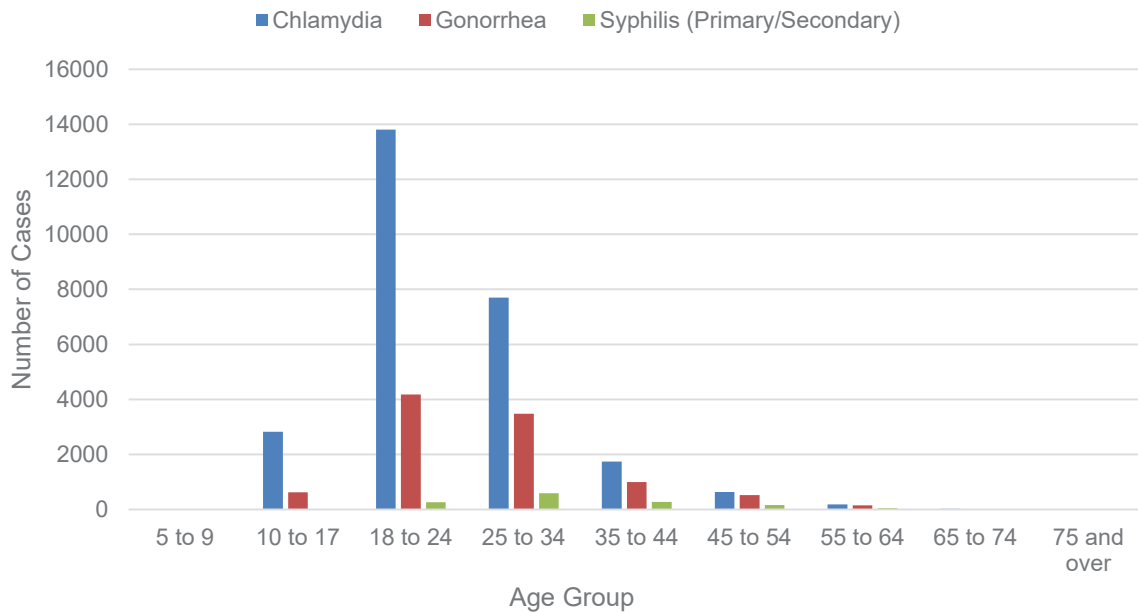
Figure 5.1: Numbers of Sexually Transmitted Disease Cases by Type and Year, DeKalb County, 2013-2017



*Note: Syphilis is divided into four stages. Primary syphilis is characterized by a sore or sores at the original infection site. Secondary syphilis is indicated by a skin rash, swollen lymph nodes and fever. The latent stage has no signs or symptoms, and tertiary syphilis is associated with severe medical problems.*

*Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.*

Figure 5.2: Numbers of Sexually Transmitted Disease Cases by Type and Age Group, DeKalb County, 2013-2017



Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

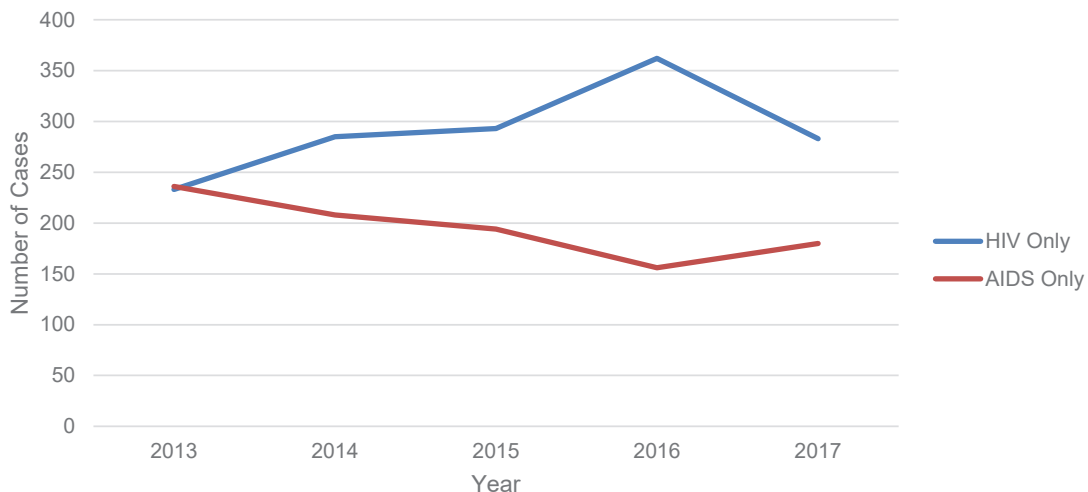
## Human Immunodeficiency Virus

The human immunodeficiency virus (HIV) can lead to acquired immunodeficiency syndrome, known as AIDS.

As shown in Figure 5.3, in DeKalb County from 2013 to 2017:

- The number of newly diagnosed HIV cases fluctuated.
- Overall, the number of newly diagnosed AIDS cases declined by 23.7 percent.

Figure 5.3: Numbers of Newly Diagnosed Cases of HIV and AIDS by Year, DeKalb County, 2013-2017

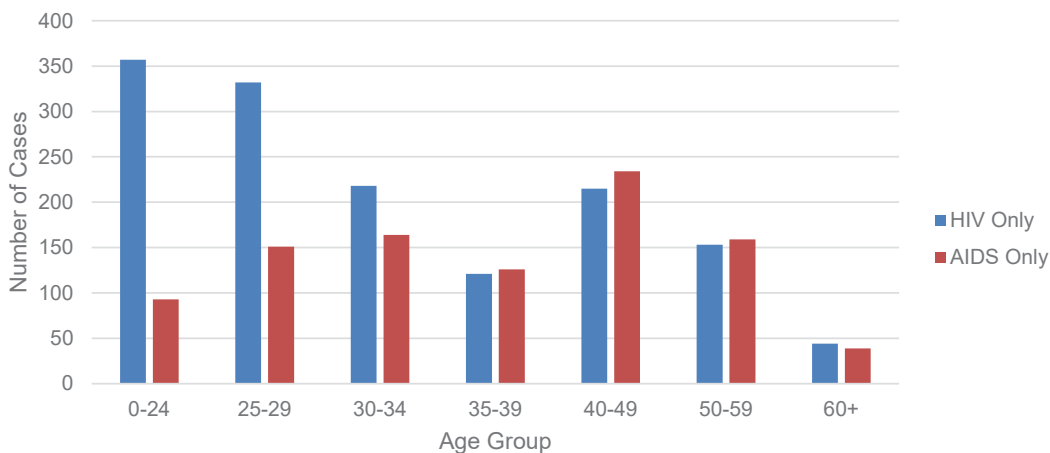


Source: HIV/AIDS Epidemiology Section, Georgia Department of Public Health, 2018.

In DeKalb County from 2013 to 2017, as Figure 5.4 shows:

- The number of newly diagnosed HIV cases was highest among those ages 0 to 24.
- The number of newly diagnosed AIDS cases was highest among those ages 40 to 49.

Figure 5.4: Numbers of Newly Diagnosed HIV and AIDS Cases by Age Group, DeKalb County, 2013-2017



Source: HIV/AIDS Epidemiology Section, Georgia Department of Public Health, 2018.

In DeKalb County from 2013 to 2017, Black males accounted for the highest percentages of newly diagnosed HIV and AIDS cases. Among newly diagnosed cases of HIV:

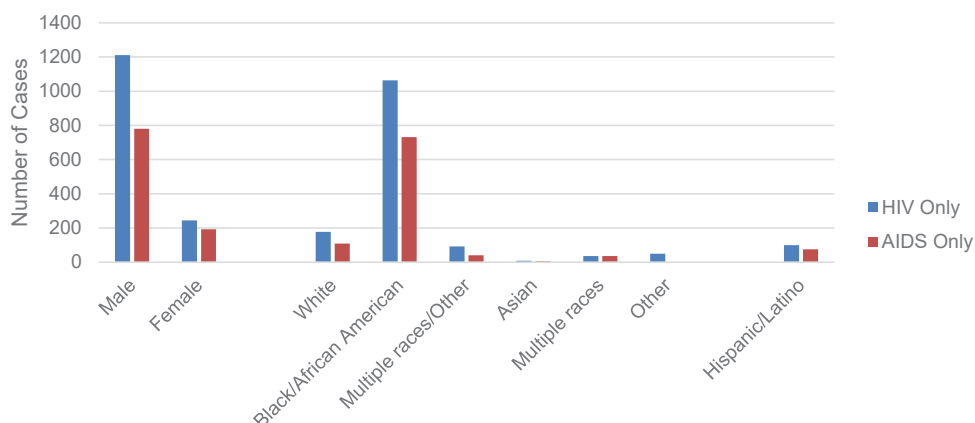
- 83.2 percent were male.
- 73.1 percent were Black.

Among newly diagnosed cases of AIDS:

- 80.2 percent were male.
- 75.1 percent were Black.

Black males also accounted for the highest numbers of newly diagnosed HIV and AIDS cases, as shown in Figure 5.5.

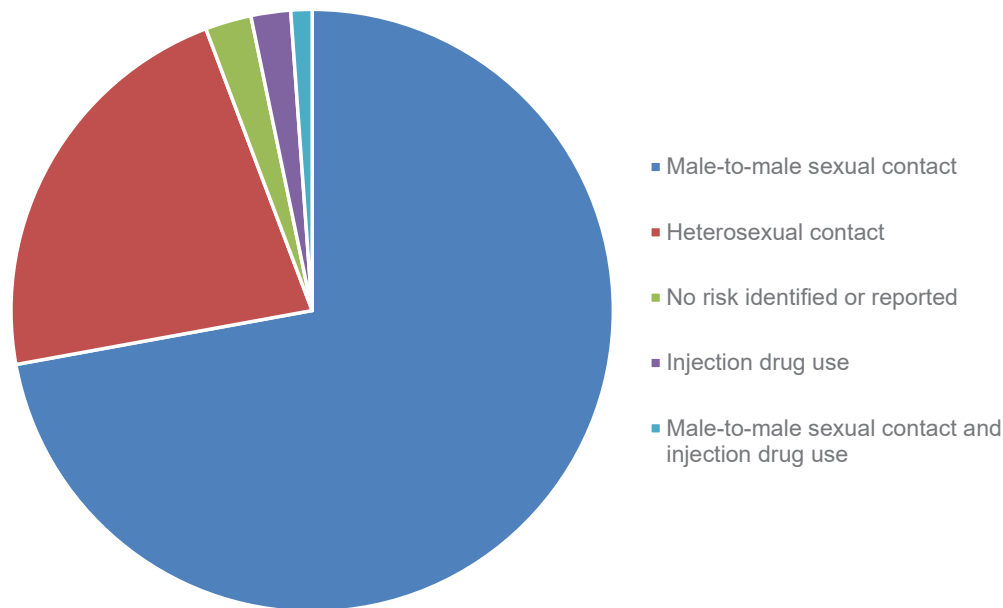
Figure 5.5: Numbers of Newly Diagnosed HIV and AIDS Cases by Sex and Race/Ethnicity, DeKalb County, 2013-2017



Source: HIV/AIDS Epidemiology Section, Georgia Department of Public Health, 2018.

Figure 5.6 illustrates the percentages of newly diagnosed HIV and AIDS cases in 2013 through 2017 by method of transmission.

Figure 5.6: Percentages of Newly Diagnosed HIV and AIDS Cases by Method of Transmission, DeKalb County, 2013-2017



Source: HIV/AIDS Epidemiology Section, Georgia Department of Public Health, 2018.

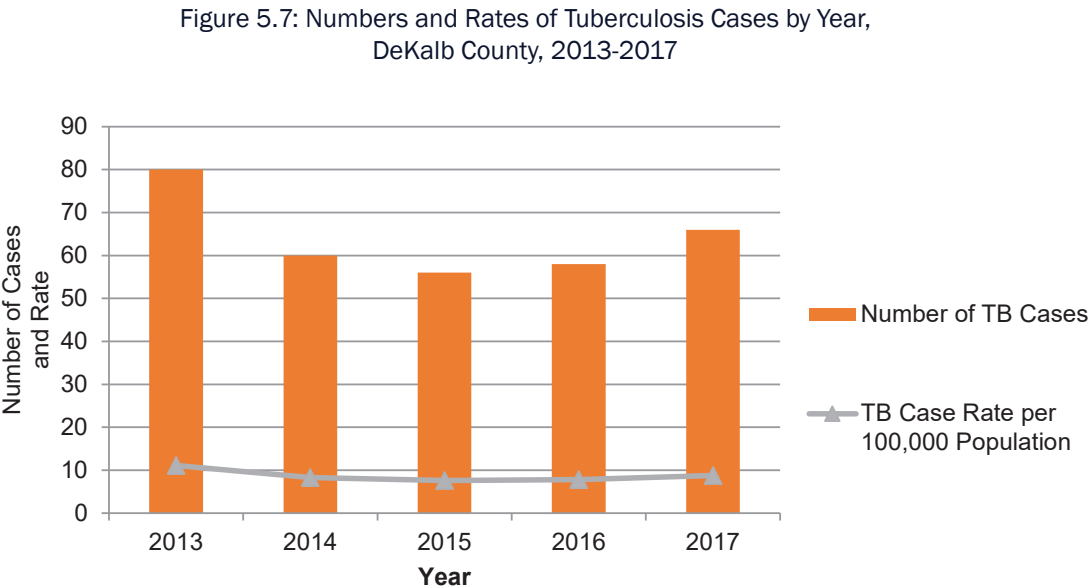
### Tuberculosis

Tuberculosis (TB) is a disease caused by the bacterium *Mycobacterium tuberculosis*. The most common site of disease is the lung (pulmonary TB), but any part of the body can become infected.

A person can have either latent TB infection or TB disease. In a latent infection, the bacteria are alive but inactive in the body. There are no symptoms and the individual cannot spread the bacteria to others. However, the individual may develop TB disease later in life if they do not receive appropriate treatment. With TB disease, the individual has symptoms and can spread the bacteria to others.



Figure 5.7 shows 320 cases of TB disease were reported in DeKalb County from 2013 to 2017.



Source: Tuberculosis Program, Georgia Department of Public Health, 2018.

Table 5.1 shows populations with known risk factors for TB. From 2013 to 2017, the foreign-born population accounted for the highest percentage of TB cases in DeKalb County.

Table 5.1: Percentages of TB Cases by Population, DeKalb County, 2013-2017	
Population	Percentage
Foreign-born individuals	68
HIV-positive individuals	10
Individuals with a substance use disorder	8
Individuals experiencing homelessness	6
Correctional inmates	2
Long-term care residents	1

Source: Tuberculosis Program, Georgia Department of Public Health, 2018.

Vaccine-Preventable Diseases

Vaccines are excellent tools in preventing certain infectious diseases. Many diseases that cause illness—and even death—are now largely preventable through vaccination. However, the viruses and bacteria that cause these diseases still exist in our environment, and the illnesses still occur in populations that are not fully immunized.

Table 5.2 shows the numbers of DeKalb County cases of vaccine-preventable diseases by type and year from 2013 to 2017.

Table 5.2: Numbers of Cases of Vaccine-Preventable Diseases by Type and Year, DeKalb County, 2013-2017					
Disease	2013	2014	2015	2016	2017
Measles	0	0	1	0	0
Mumps	0	0	0	0	10
Rubella	0	0	0	0	0
Pertussis	46	22	14	9	9
Varicella (Chickenpox)	4	3	4	9	6
<i>Haemophilus influenzae</i> type B (Hib Disease)	13	6	21	10	31
<i>Neisseria meningitidis</i> (Meningococcal disease)	1	1	0	0	0

Source: State Electronic Notifiable Disease Surveillance System, Georgia Department of Public Health, 2018.

## Hepatitis

Hepatitis is an inflammation of the liver. A group of viruses can cause hepatitis. The three most common types are hepatitis A, B and C. Vaccines are recommended during childhood to prevent hepatitis A and B. There is no vaccine to prevent hepatitis C.

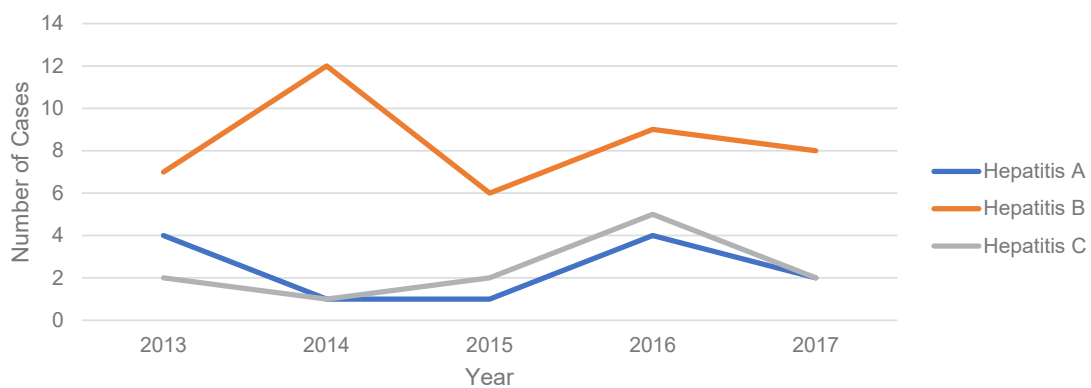
Hepatitis A is spread by ingesting fecal material through contact with either foods or drinks contaminated by the feces of an infected person. Hepatitis B and C are spread through infected blood, semen or other bodily fluid that is transmitted through sexual contact, by sharing needles or from an infected mother to her baby.

An acute case of hepatitis is a short-term illness that occurs within the first six months of exposure to the virus. Acute hepatitis A infection does not develop into chronic infection. Hepatitis B and C infections may become chronic.



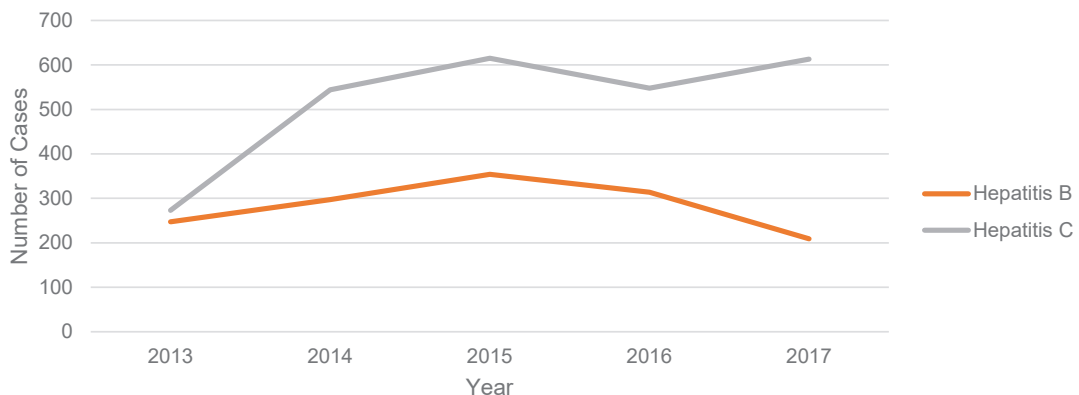
Figure 5.8 displays the numbers of acute hepatitis cases in DeKalb County by type and year from 2013 to 2017. Figure 5.9 displays data for infected and chronic cases.

Figure 5.8: Numbers of Acute Cases of Hepatitis A, B, and C by Year, DeKalb County, 2013-2017



Source: State Electronic Notifiable Disease Surveillance System, Georgia Department of Public Health, 2018

Figure 5.9: Numbers of Infected and Chronic Hepatitis B and C Cases by Year, DeKalb County, 2013-2017



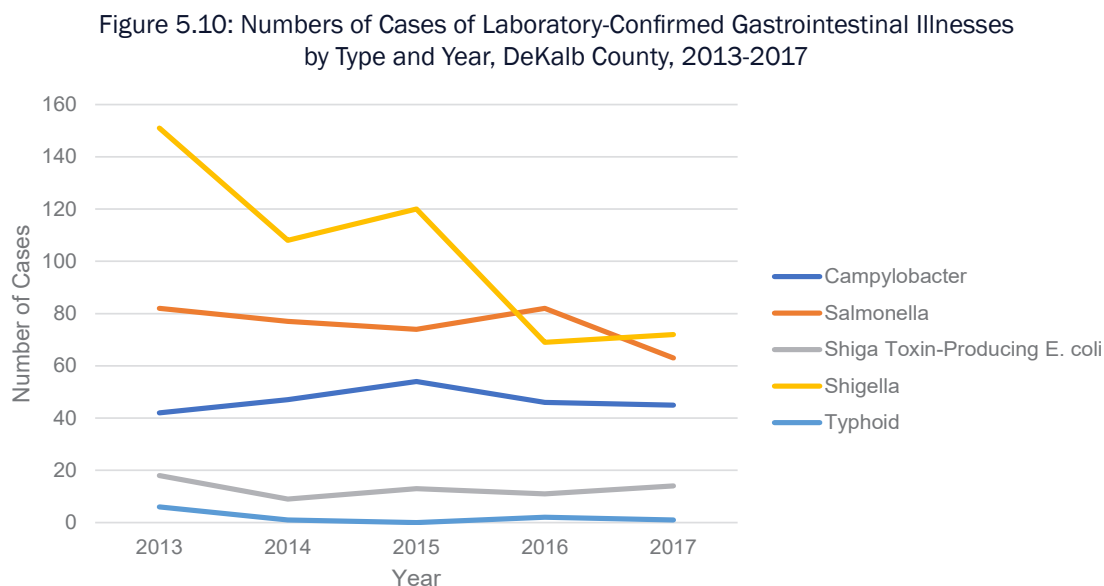
Note: Hepatitis B and C cases include cases that were considered infected. This means that there was not enough information to classify them as acute or chronic.

Source: State Electronic Notifiable Disease Surveillance System, Georgia Department of Public Health, 2018.

## Gastrointestinal Illnesses

Gastrointestinal illnesses are caused by organisms that enter the body through the mouth or intestinal tract. They are usually spread through contaminated food or water or by contact with an infected person's vomit or feces. In order for these illnesses to be confirmed and reported, a physician must collect a stool specimen to be laboratory tested. Since this is not done with every illness, many cases of gastrointestinal illness go unreported.

Figure 5.10 shows the numbers of gastrointestinal illnesses in DeKalb County by type and year from 2013 to 2017. Note that the number of cases of shigella decreased by 52% from 2013 to 2017.



Source: State Electronic Notifiable Disease Surveillance System, Georgia Department of Public Health, 2018.

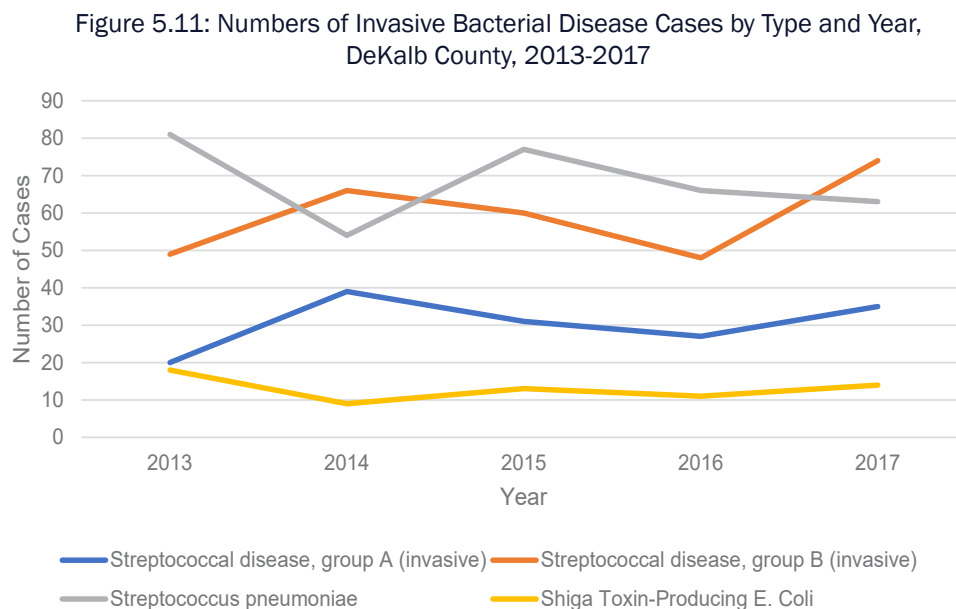
## Invasive Bacterial Diseases

Invasive bacterial diseases occur when bacteria get past a person's defenses. This may occur when an individual has a break in the skin that allows the bacteria to get into the tissue or when a person's ability to fight off infection is decreased because of an illness that affects their immune system.

Invasive bacterial diseases include:

- Pneumococcal diseases, which are infections caused by the *Streptococcus pneumoniae* bacterium. They include ear infections and meningitis.
- Streptococcal Group A diseases, which are caused by group A *Streptococcus* bacteria and are relatively mild. Examples are strep throat, scarlet fever and impetigo (a skin infection).
- Streptococcal Group B diseases, which are caused group B *Streptococcus* bacteria. They include bloodstream infections, skin and soft-tissue infections, and bone and joint infections.

Figure 5.11 illustrates the numbers of cases of invasive bacterial diseases in DeKalb County by type and year from 2013 to 2017.



Source: State Electronic Notifiable Disease Surveillance System, Georgia Department of Public Health, 2018.

## West Nile Virus

West Nile virus is a mosquito-borne virus that affects the central nervous system and can cause serious illness and even death. The virus usually infects birds, but it can be spread to humans by mosquitoes that feed on infected birds and then bite humans.

Table 5.3 shows data from DeKalb County's West Nile virus program in 2013 through 2017.

Table 5.3: West Nile Virus: Mosquito Testing, Human Cases, and Deaths by Year, DeKalb County, 2013-2017					
	2013	2014	2015	2016	2017
Number of mosquitoes submitted for testing <sup>1</sup>	7,983	4,748	14,073	9,847	13,719
Number of mosquito pools submitted for testing <sup>1</sup>	451	330	648	499	612
Number of mosquito pools testing positive <sup>1</sup>	16	15	86	31	155
Percentage of mosquito pools testing positive <sup>1</sup>	4%	5%	13%	6%	25%
Number of human cases <sup>2</sup>	0	1	3	1	6
Number of deaths <sup>2</sup>	0	0	0	1	0

Note: A mosquito pool is a group of mosquitoes that are collected and tested together.

Sources: <sup>1</sup>Division of Environmental Health, DeKalb County Board of Health, 2018.

<sup>2</sup>State Electronic Notifiable Disease Surveillance System, Georgia Department of Public Health, 2018.



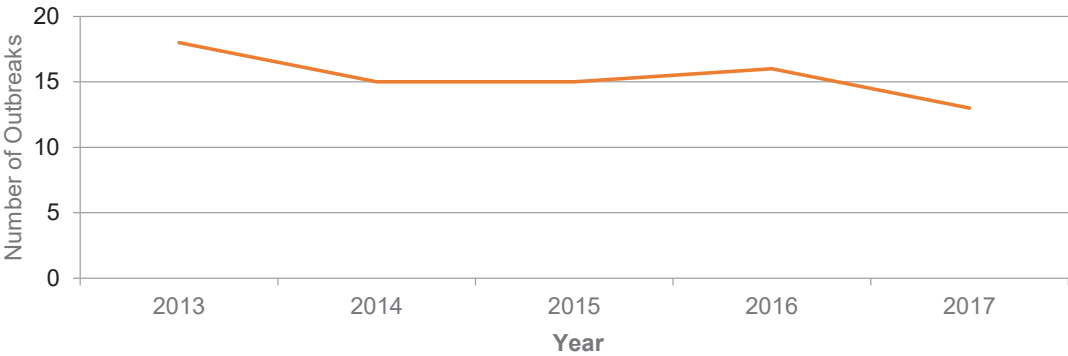


# Outbreaks

Outbreaks are when two or more cases of an illness are linked to a common exposure (such as at the same place and time).

Figure 5.12 illustrates, by year, the numbers of outbreaks of notifiable diseases that the Board of Health investigated from 2013 to 2017.

Figure 5.12: Numbers of Outbreaks Investigated by Year, DeKalb County, 2013-2017



Source: State Electronic Notifiable Disease Surveillance System, Georgia Department of Public Health, 2018.



## Coronavirus Disease 2019

Coronavirus Disease 2019 (known as COVID-19) is an infectious disease caused by the virus SARS-CoV-2. Coronaviruses are a large family of viruses that are common both in people and in many species of animals. In rare instances, an animal coronavirus can infect people, and then spread from person to person.

In December 2019, the first reported outbreak of COVID-19 occurred in Wuhan, China. The disease continued to spread across the globe, leading to the World Health Organization declaring a global pandemic on March 11, 2020.

### How COVID-19 Spreads

COVID-19 mainly spreads from person to person through respiratory droplets produced when an infected individual coughs, sneezes or talks. The individual may or may not have symptoms. The droplets can land in the eyes, mouths or noses of people who are nearby or can be inhaled into their lungs. The risk of spreading the virus increases the closer and longer an infected person interacts with others.

It may be possible that the virus can spread by a person touching a surface or object that has the virus on it and then touching their mouth, nose or eyes. However, this is not thought to be the main way the virus spreads. Washing hands often with soap and water (or using an alcohol-based hand rub) and regularly cleaning and disinfecting surfaces are useful in preventing the spread of COVID-19.

## Signs and Symptoms of COVID-19

Individuals who have COVID-19 report a wide range of symptoms that vary in severity. They can appear any time from two to 14 days after exposure to the virus. The U.S. Centers for Disease Control and Prevention reports that the symptoms include:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

## COVID-19 Cases In DeKalb County

For up-to-date information on COVID-19 case and vaccination data in DeKalb County each week, visit:

- <https://dekalbhealth.net/covid-19dekalb/>

## Board of Health's Response to the COVID-19 Pandemic

Since January 2020, the DeKalb County Board of Health has vigorously monitored and responded to the COVID-19 pandemic. The Epidemiology Team has conducted investigations and contact tracing for county residents with COVID-19. A case investigation involves interviewing an infected person to determine their possible source of exposure, medical history and close contacts. In addition, the Georgia Department of Public Health has worked with local health departments, including the DeKalb County Board of Health, to operate testing and vaccination sites. These services are also offered in nursing homes and other types of residential facilities, and vaccinations are provided in the private homes of the homebound.

For the latest information and guidance on COVID-19, visit:

- [www.dph.georgia.gov](http://www.dph.georgia.gov)
- [www.cdc.gov](http://www.cdc.gov)







# INJURIES

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Injuries cause suffering, disability and death, but they are often overlooked as a public health issue.

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

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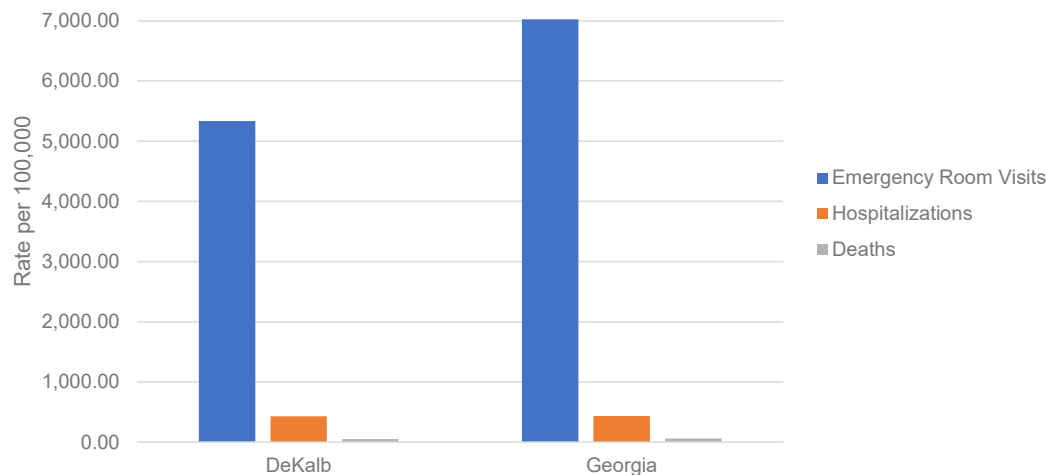


# Injuries

From 2013 through 2017, injuries were responsible for 17 percent of all emergency room visits, five percent of all hospitalizations and eight percent of all deaths. As shown in Figure 6.1, the rates of emergency room visits, hospitalizations and deaths due to injuries were lower in DeKalb County than the rates for Georgia:

- Emergency room visits were 24% lower than Georgia’s rate.
- Hospitalizations were 1% lower than Georgia’s rate.
- Deaths were 17% lower than Georgia’s rate.

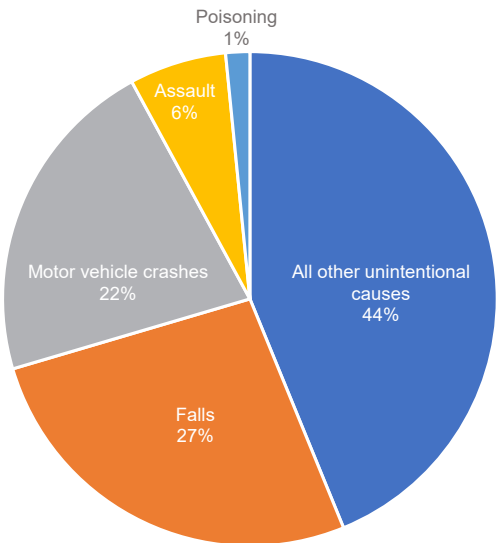
Figure 6.1: Rates of Emergency Room Visits, Hospitalizations and Deaths Due to Injuries, DeKalb County and Georgia, 2013-2017



Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

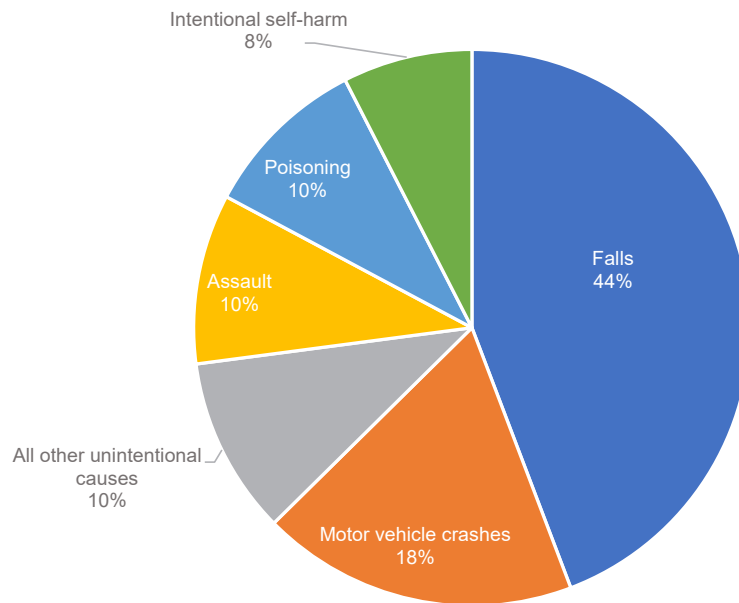
Falls were the leading cause of injury-related emergency room visits and hospitalizations. Motor vehicle crashes were the second leading cause. See Figures 6.2 and 6.3.

Figure 6.2: Percentages of Emergency Room Visits by Cause of Injury, DeKalb County, 2013-2017



Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

Figure 6.3: Percentages of Hospitalizations by Cause of Injury, DeKalb County, 2013-2017

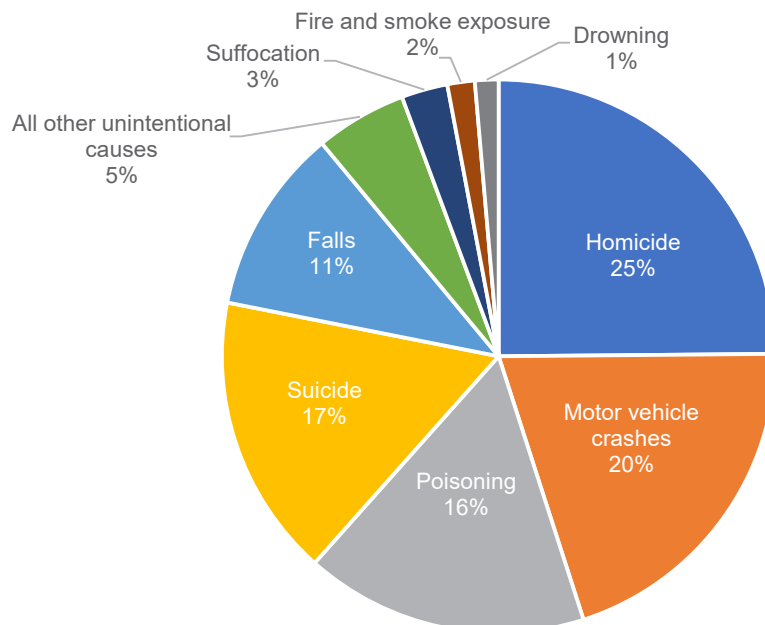


Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

As shown in Figure 6.4, from 2013 to 2017:

- Homicides were the leading cause of injury-related deaths and motor vehicle crashes were the second leading cause.
- Two of the top five injury types resulting in deaths were intentional: homicide and suicide.

Figure 6.4: Percentages of Deaths by Cause of Injury, DeKalb County, 2013-2017



Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.



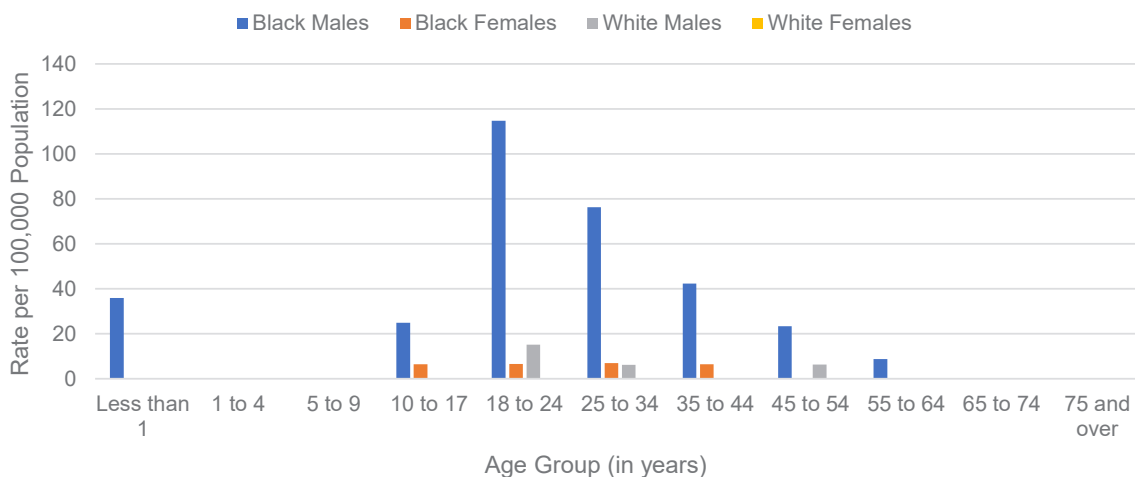
## Intentional Injuries

### Homicide

Homicide is defined as the intentional killing of a person by another person. In DeKalb County from 2013 through 2017, a total of 442 deaths were the result of homicide.

The highest rate of homicide deaths was among Black males (see Figure 6.5).

Figure 6.5: Rates of Homicide Deaths by Age Group, Race and Sex, DeKalb County, 2013-2017

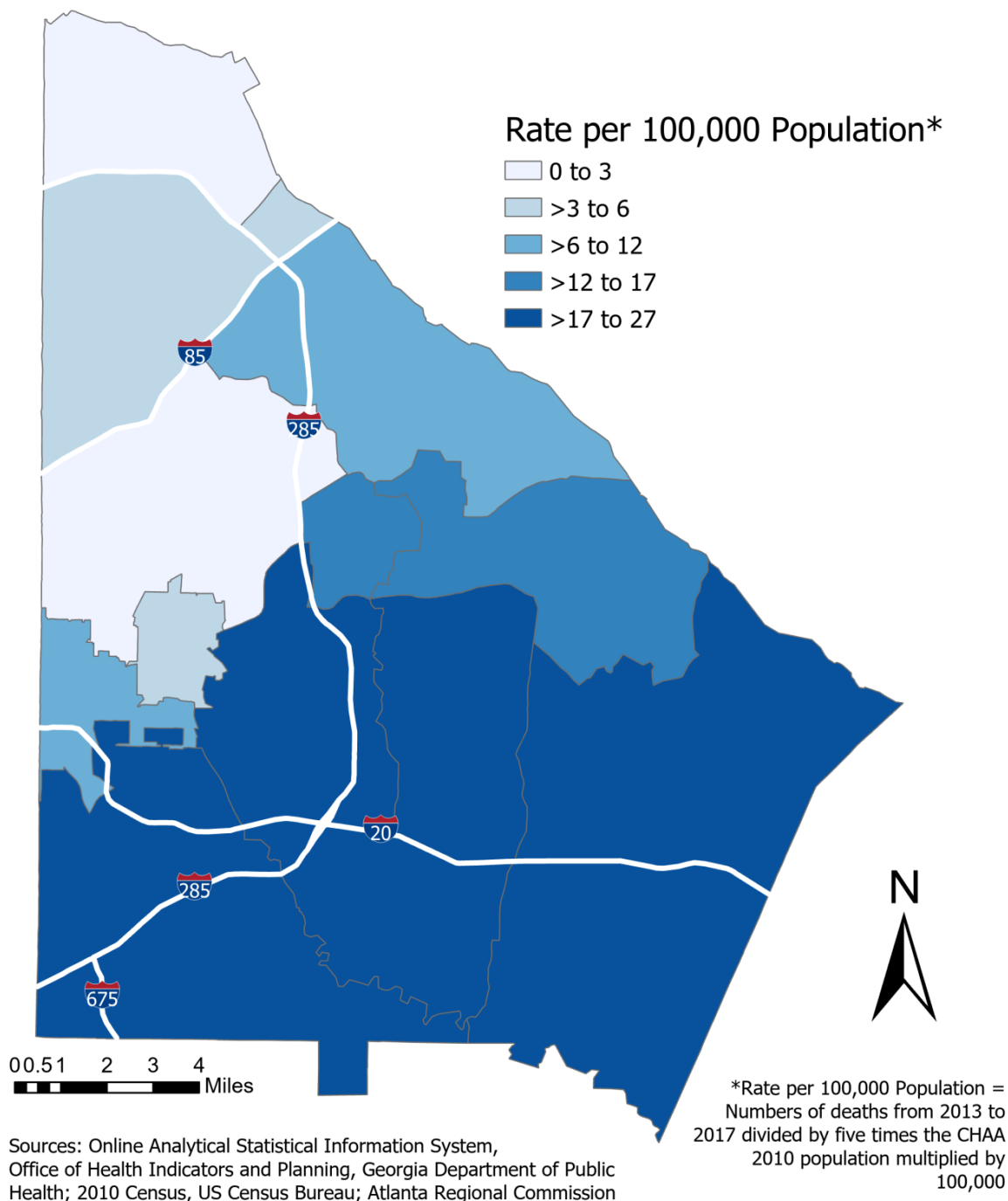


Note: Demographic groups with fewer than five deaths were not reported.

Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

The map below (Figure 6.6) displays homicide death rates based on geographic location in DeKalb County.

Figure 6.6: Rates of Homicide Deaths by Geographic Region,  
DeKalb County, 2013-2017  
Displayed by Community Health Assessment Area (CHAA)



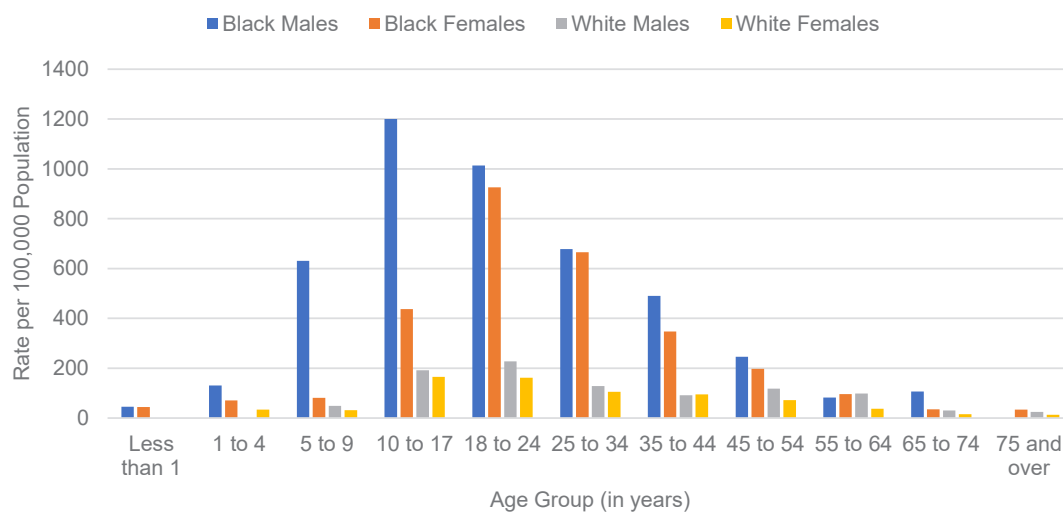
## Assault

An assault is when a person physically harms another person on purpose.

Figure 6.7 shows that in DeKalb County from 2013 to 2017:

- The rate of emergency room visits due to assaults was highest among Black males ages 10 to 17 years old.
- The rate of emergency room visits due to assaults was higher among Blacks than among Whites.

Figure 6.7: Rates of Emergency Room Visits Due to Assaults by Age Group, Race and Sex, DeKalb County, 2013-2017



Note: Demographic groups with fewer than five emergency room visits were not reported.

Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

## Violence-Related Behaviors and High School Students

Certain behaviors among high school students may affect students' safety. Table 6.1 reflects some of these behaviors among DeKalb County high school students.

Table 6.1: Percentages of High School Students Engaging in Violent Behaviors, DeKalb County, 2015 & 2017

Behavior	2015	2017
Percentage of students who carried a weapon on school property	3%	2.3%
Percentage of students who were in a physical fight in the past 12 months	25.7%	21%
Percentage of students who had been hit, slapped or physically hurt by their partner	9.4%	10.9%

Source: DeKalb County Youth Risk Behavior Survey, DeKalb County Board of Health, 2019.

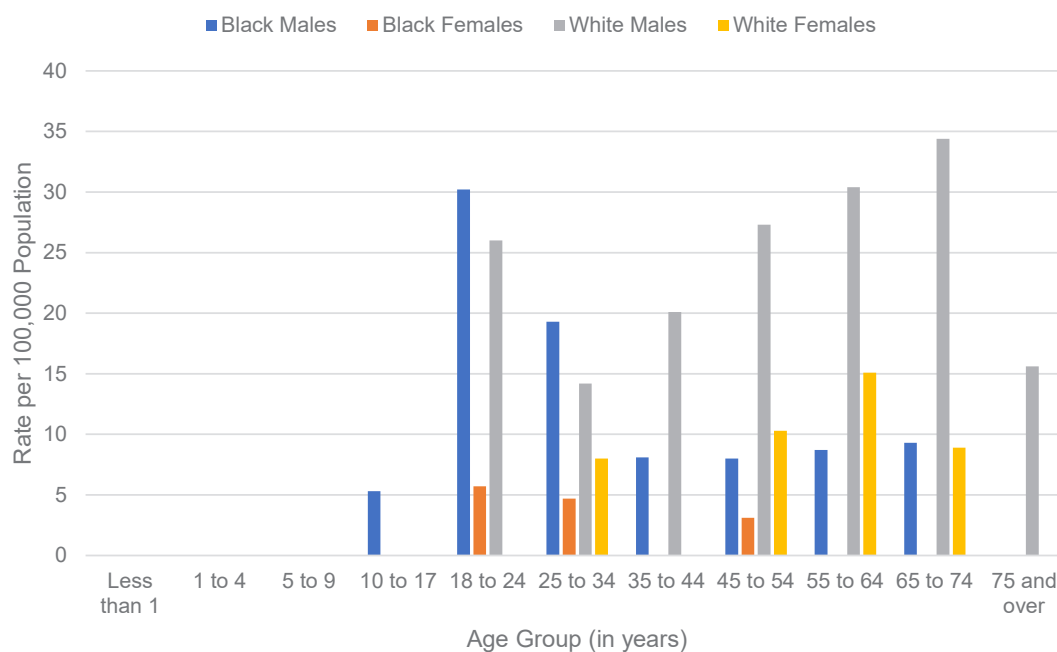
## Suicide

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

In DeKalb County from 2013 to 2017:

- There were 300 suicide deaths.
- As seen in Figure 6.8:
  - The highest rate of suicide was among White males ages 65 to 74 years old.
  - The suicide rate for males was approximately four times higher than the rate for females.

Figure 6.8: Rates of Suicide Deaths by Age Group, Race and Sex, DeKalb County, 2013-2017



Note: Demographic groups with fewer than five suicide deaths were not reported.

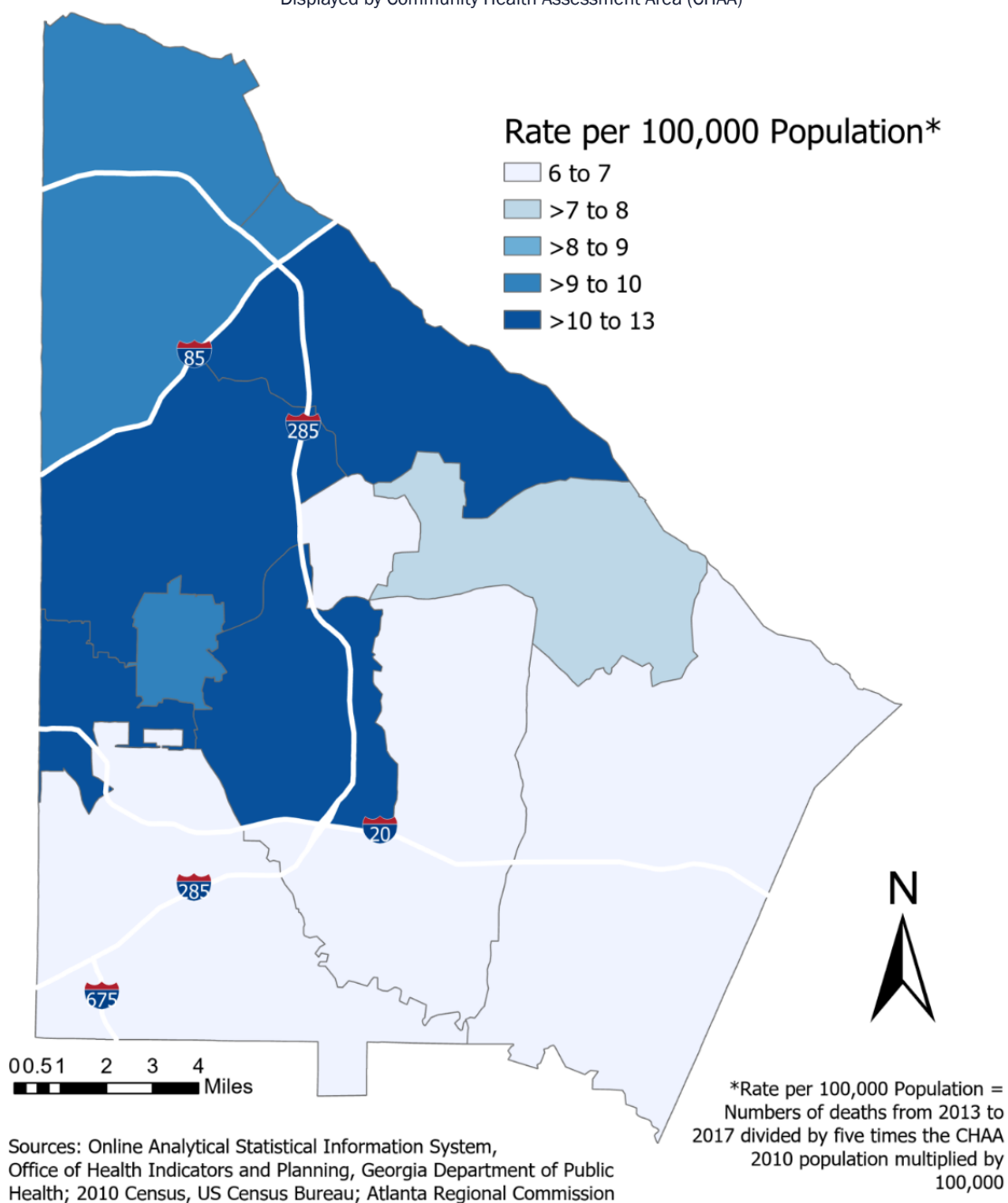
Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.



The map below, Figure 6.9, displays suicide death rates based on geographic location in DeKalb County.

Figure 6.9: Rates of Suicide Deaths by Geographic Region,  
DeKalb County, 2013-2017

Displayed by Community Health Assessment Area (CHAA)



## Suicidal Behaviors and High School Students

Table 6.2 describes suicidal thoughts and attempts among DeKalb County high school students.

Table 6.2: Percentages of High School Students Engaging in Suicidal Thoughts and Attempts, DeKalb County, 2015 & 2017		
Behavior	2015	2017
Had seriously considered attempting suicide during the past 12 months	16.3%	15.9%
Had actually attempted suicide in the past 12 months	9.9%	11.7%
Had made a suicide attempt that resulted in injury that had to be treated by a health professional in the past 12 months	4.6%	4.7%

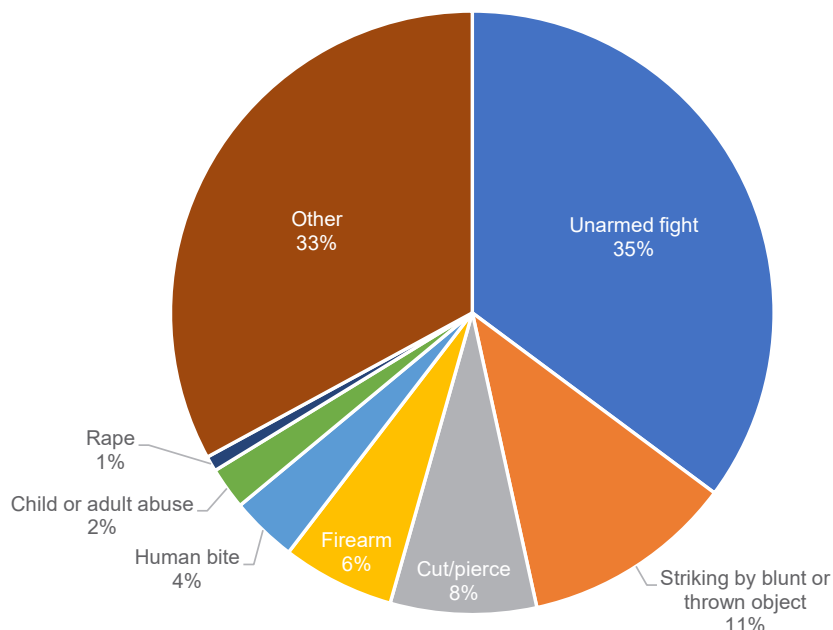
Source: DeKalb County Youth Risk Behavior Survey, DeKalb County Board of Health, 2019

## Methods Used In Intentional Injuries

The figures below show methods used in intentional injuries that resulted in emergency room visits, hospitalizations, homicides and suicides.

Figure 6.10 shows that unarmed fights were the leading cause of emergency room visits due to intentional injuries.

Figure 6.10: Percentages of Intentional Injuries that Resulted in Emergency Room Visits by Method, DeKalb County, 2013-2017

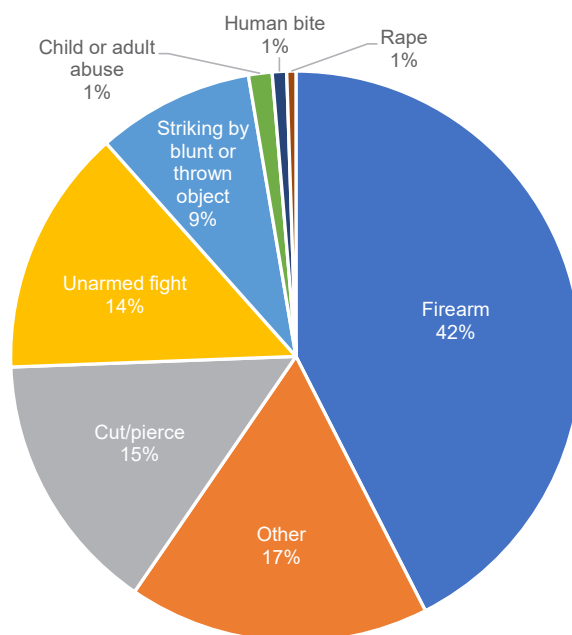


Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

Firearms were the most commonly used method in intentional injuries that resulted in hospitalizations, homicides and suicides. See Figures 6.11 to 6.13. Among intentional injuries, firearm-related injuries were the cause of:

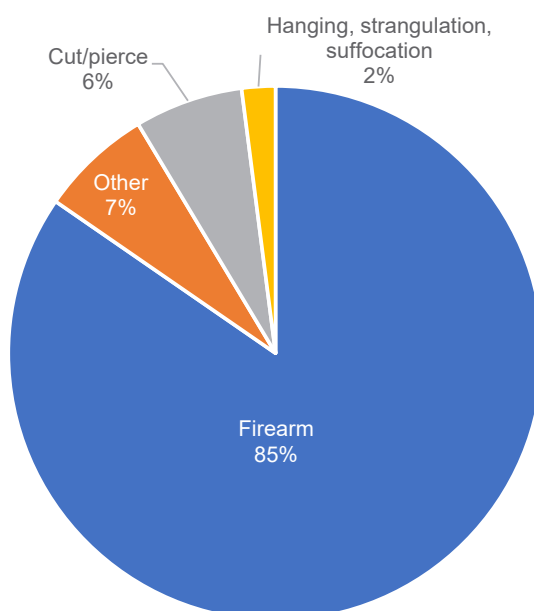
- 42.5 percent of hospitalizations.
- 84.6 percent of homicides.
- 55.3 percent of suicides.

Figure 6.11: Percentages of Intentional Injuries that Resulted in Hospitalizations by Method, DeKalb County, 2013-2017



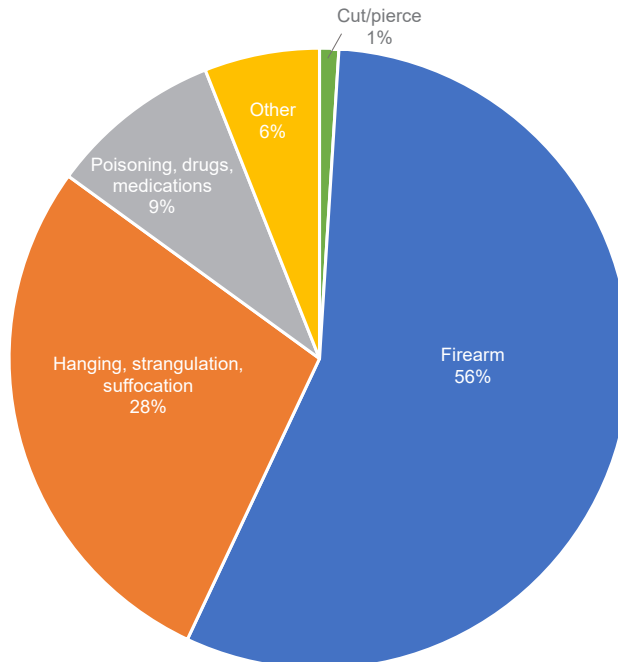
Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

Figure 6.12: Percentages of Homicides by Method, DeKalb County, 2013-2017



Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

Figure 6.13: Percentages of Suicides by Method, DeKalb County, 2013-2017



Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.



## Unintentional Injuries

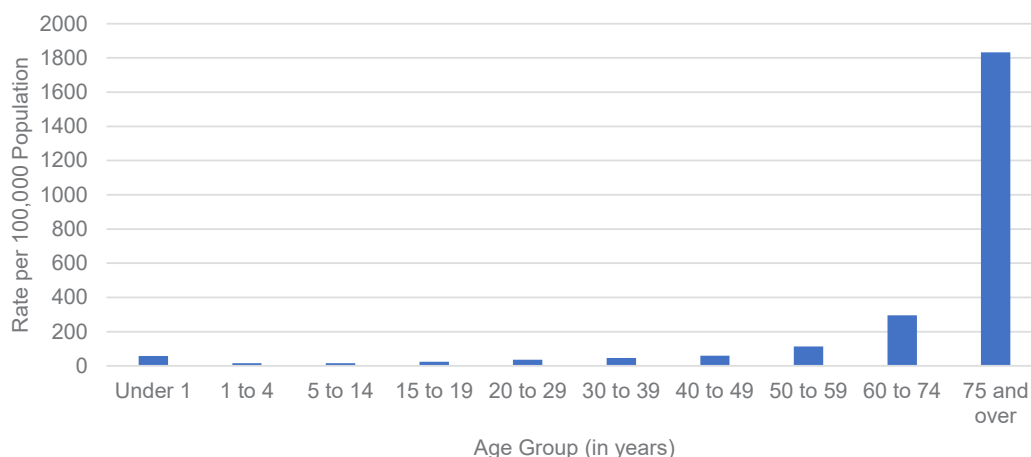
### Falls

In DeKalb County from 2013 through 2017, falls were a leading cause of injury-related emergency room visits, hospitalizations and deaths. They were the cause of:

- 46,420 injuries that resulted in emergency room visits.
- 5,541 injuries that resulted in hospitalizations.
- 197 injuries that resulted in deaths.

Also, the rate of hospitalizations due to falls increased with age (see Figure 6.14). Among the hospitalizations due to falls, 73.2 percent occurred among people ages 60 years old and above.

Figure 6.14: Rates of Hospitalizations Due to Falls by Age Group, DeKalb County, 2013-2017

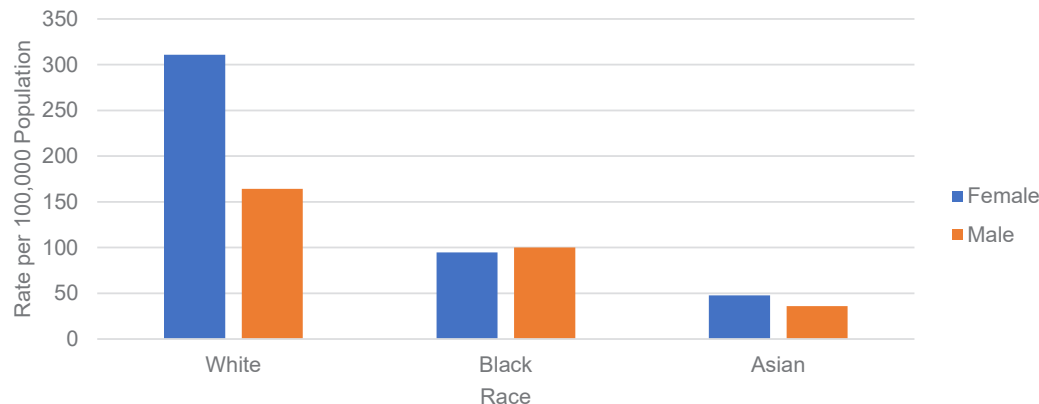


Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.



As shown in Figure 6.15, the hospitalization rate due to falls was highest among Whites.

Figure 6.15: Rates of Hospitalizations Due to Falls by Race and Sex, DeKalb County, 2013-2017

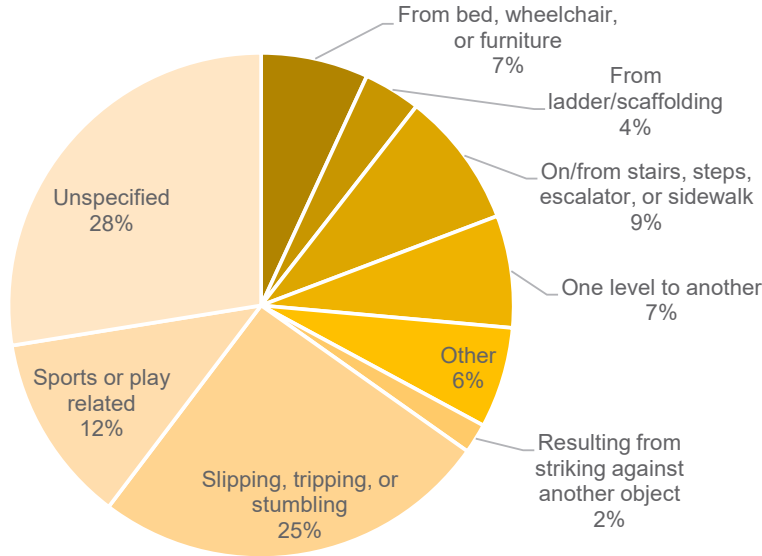


Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

Figure 6.16 shows the percentages of falls that resulted in hospitalizations by type of fall.

- Twenty-five percent were the result of slipping, tripping or stumbling.
- Nine percent were the result of falling on or from stairs, steps or a sidewalk.

Figure 6.16: Percentages of Hospitalizations by Type of Fall, DeKalb County, 2013-2017



Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

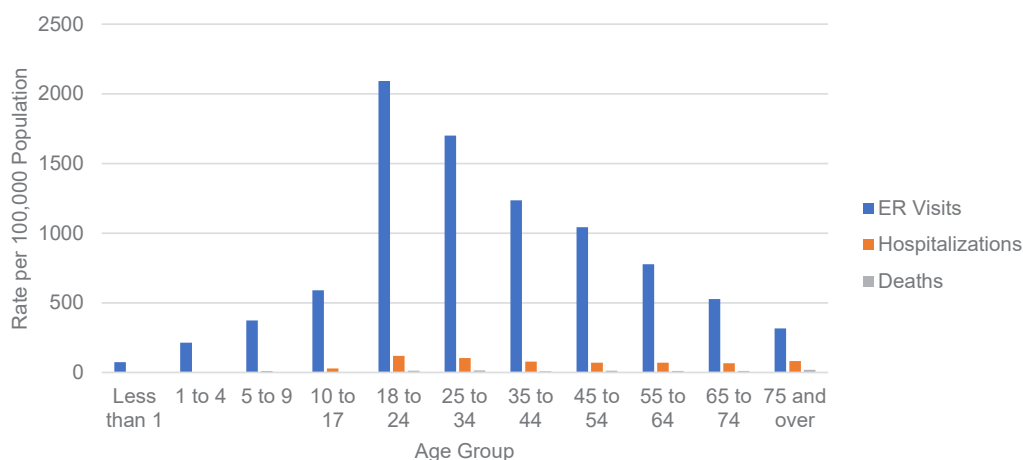
## Motor Vehicle Crashes

From 2013 through 2017 in DeKalb County:

- Motor vehicle crashes were responsible for:
  - 37,736 emergency room visits.
  - 2,508 hospitalizations.
  - 366 deaths.

The emergency room visit and hospitalization rates due to motor vehicle crashes were highest for persons ages 18 to 24. (See Figure 6.17.)

Figure 6.17: Rates of Emergency Room Visits, Hospitalizations and Deaths Due to Motor Vehicle Crashes by Age Group, DeKalb County, 2013-2017

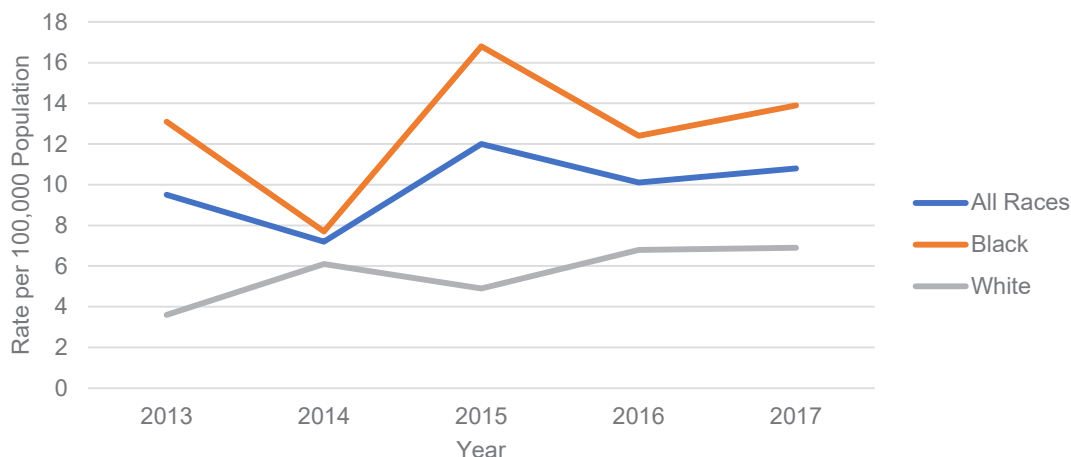


Note: Hospitalizations and deaths for age groups that reported fewer than five cases were not reported.

Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

From 2013 to 2017, Blacks had higher rates of deaths due to motor vehicle crashes than Whites. See Figure 6.18.

Figure 6.18: Rates of Deaths Due to Motor Vehicle Crashes by Race and Year, DeKalb County, 2013-2017

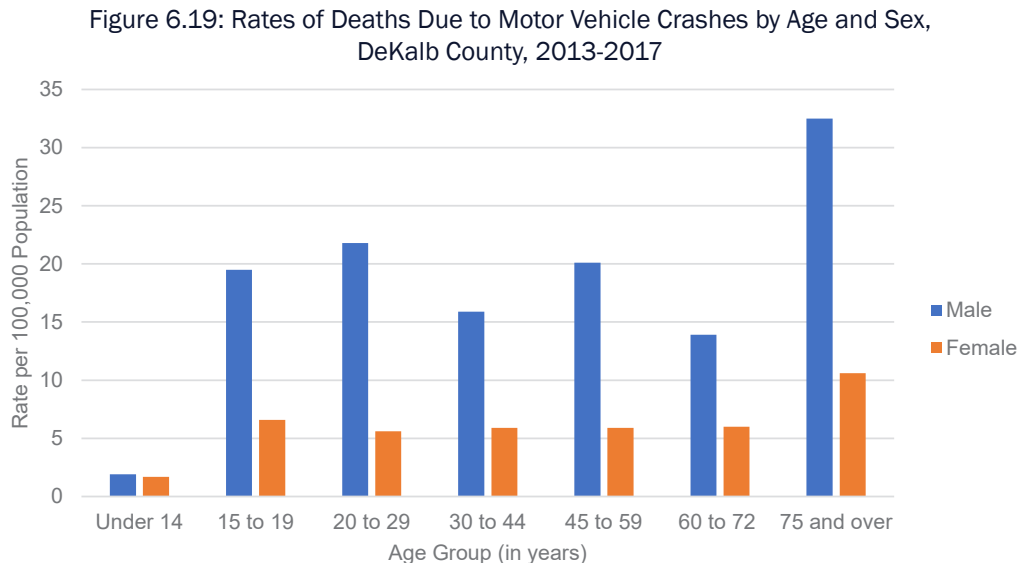


Note: Rates were too small to report among Asians, Native Americans and Alaska Natives, and Native Hawaiians and Pacific Islanders.

Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

Figure 6.19 shows the rates of motor vehicle crash deaths by age and sex. It reflects that:

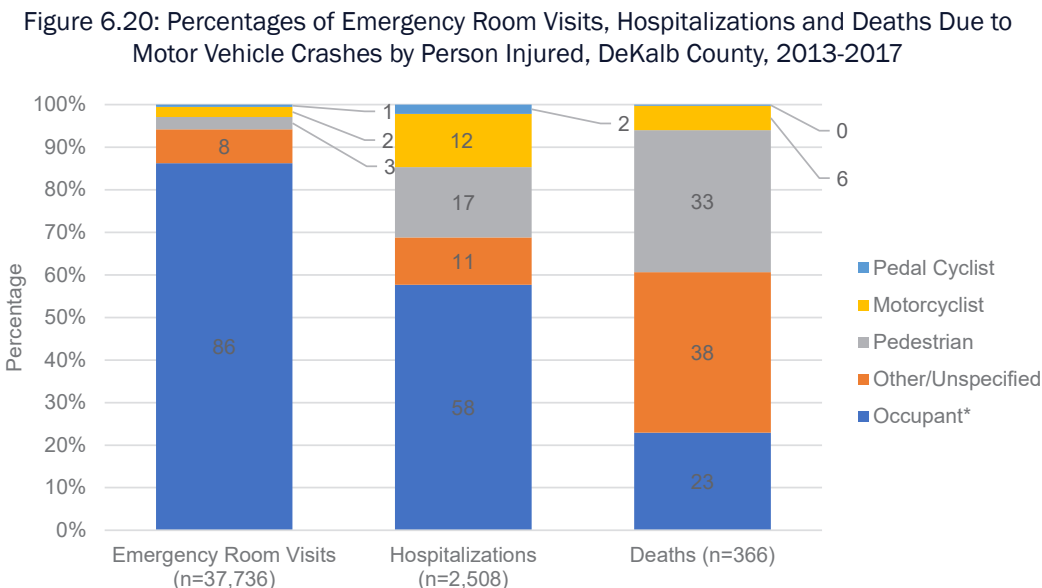
- Males ages 75 and older had the highest rates of crash-related deaths.
- Of all ages, the average rate of motor vehicle deaths among males was almost three times the average rate among females (15.4 deaths per 100,000 males versus 5.2 deaths per 100,000 females).



Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

Figure 6.20 depicts the percentages of emergency rooms, hospitalizations and deaths due to motor vehicle crashes by the person injured. It shows that:

- Occupants of vehicles other than motorcycles (for example, cars, vans and buses) were the most common motor vehicle crash victims to be treated in an emergency room or to be hospitalized.
- Pedestrians were the most common motor vehicle crash-related fatality victims.



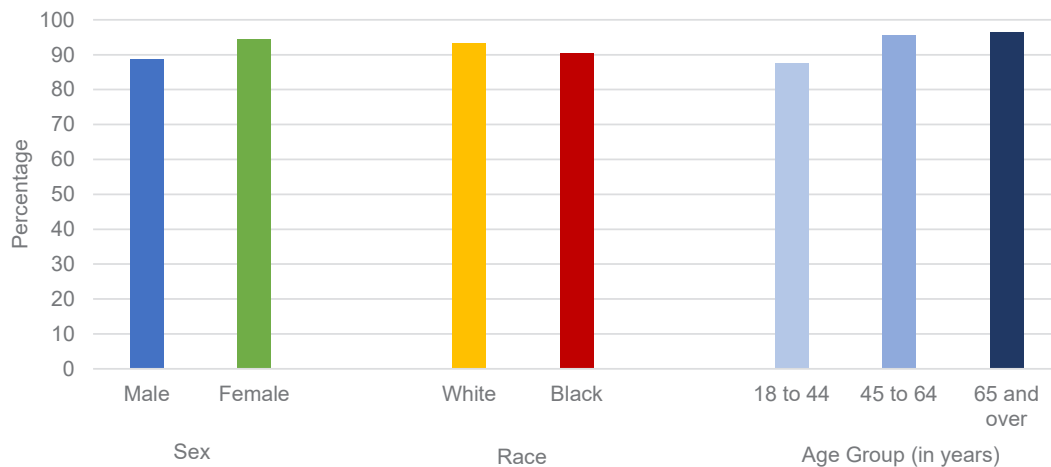
\*Occupant means the driver or passenger in a vehicle other than a motorcycle.

Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

## Seatbelt Use Among Adults

Using a seatbelt lowers the risk of injuries in motor vehicle crashes. The Behavioral Risk Factor Surveillance System survey asks adults about their seatbelt use. See Figure 6.21.

Figure 6.21: Percentages of Adults Who Use Seatbelts by Sex, Race and Age Group, DeKalb County, 2013-2017



Source: Behavioral Risk Factor Surveillance System Report, DeKalb County Board of Health, 2019.

## Vehicle Safety and High School Students

According to the DeKalb County Youth Risk Behavior Survey, the percentage of high school students who rarely or never wore a seatbelt when riding in a car driven by someone else remained about the same from 2015 to 2017. See Table 6.3.

Table 6.3: Percentages of High School Students Engaged in Unsafe Vehicle-Related Behaviors, DeKalb County, 2015 & 2017

Behavior	2015	2017
Had rarely/never wore a seatbelt when riding in car driven by someone else	7.6%	7.7%
Had ridden in a car with someone who had been drinking alcohol in the past 30 days	19.5%	16.6%
Had driven a car when they had been drinking alcohol in the past 30 days	5.2%	3.3%
Had texted or e-mailed while driving a car in the past 30 days	26.6%	27.6%

Source: DeKalb County Youth Risk Behavior Survey, DeKalb County Board of Health, 2019



# BEHAVIORAL HEALTH

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The field of behavioral health includes mental illnesses, substance use disorders, and intellectual and developmental disabilities. Unfortunately, no agency keeps statistics on these conditions' impact on DeKalb County residents. Due to this limitation, most of the data presented in this chapter are based on the DeKalb Community Service Board's clients. The DeKalb Community Service Board (DeKalb CSB) is the safety net provider of behavioral health services for DeKalb County. In some cases, data from other sources are also presented.

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# Mental Illnesses

Mental illnesses are characterized by alterations in thought, mood or behavior (or in combination). They are associated with distress and impaired function. Mental illnesses include:

- **Anxiety disorders**, which are marked by incapacitating anxiousness. This category includes panic disorder and obsessive-compulsive disorder.
- **Mood disorders**, which impact an individual’s functional and emotional states. They include depressive and bipolar disorders.
- **Psychotic disorders**, which disrupt normal functioning by causing abnormal thinking and perceptive distortions. These illnesses include schizophrenia and delusional disorders.

# Substance Use Disorders

Substance use disorders include acute substance use, such as alcohol, cocaine and opioid intoxication with altered mental state and craving. They also include substance dependence, such as addiction states characterized by social, family and work dysfunction with craving and relapses.

# Mental Illnesses with Substance Use Disorders

Some individuals may have both a mental illness and a substance use disorder at the same time.

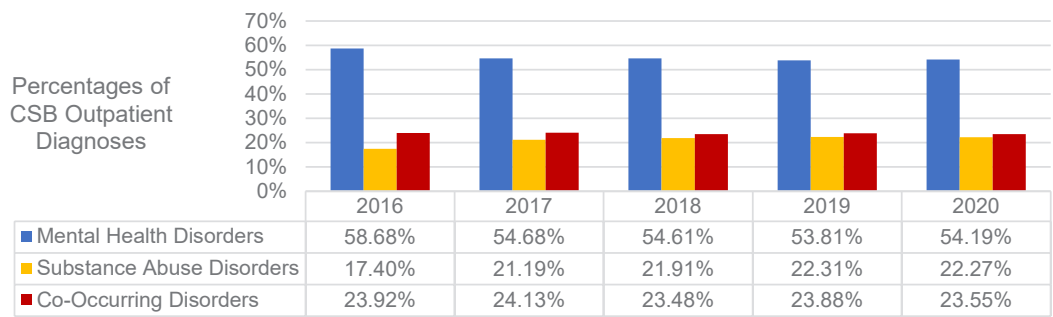
Some common reasons this occurs are:

- Substances are used to lessen the symptoms of a mental illness and over time an addiction develops.
- Substance use uncovers an underlying mental illness.
- Some mental illnesses share common vulnerability factors with substance use disorders.

# Outpatient Diagnoses

As shown in Figure 7.1, from 2016 through 2020, there was an increase in the proportion of DeKalb CSB clients with substance use disorders. This is due to an increase in opioid-related illnesses. The figure also shows that about 24% of the clients had both a mental illness and a substance use disorder.

Figure 7.1: Outpatient Mental Health, Substance Abuse and Co-Occurring Disorders by Year, DeKalb County, 2016-2020

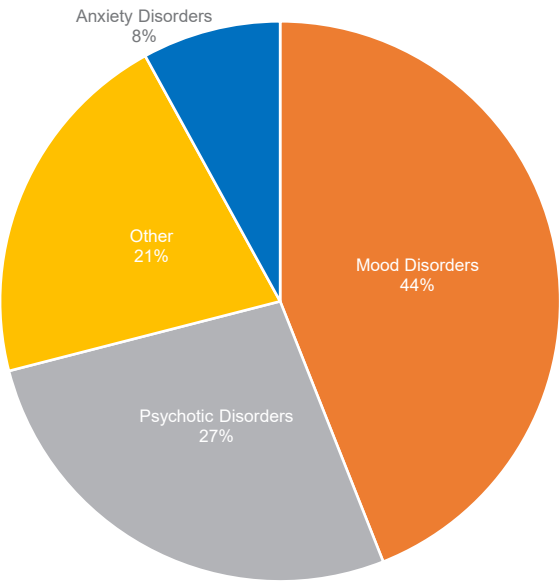


Source: DeKalb Community Service Board, 2022.

Focusing specifically on mental illnesses, the percentages of specific diagnoses among the DeKalb CSB’s outpatient clients in 2016 through 2020 are shown in Figure 7.2. Some important findings are:

- Mood disorders were the most prevalent diagnoses. This has been the case for the past 20 years both in DeKalb County and the U.S.
- Over a fourth of the individuals had a diagnosis consistent with psychotic disorders.

Figure 7.2: Percentages of Outpatient Mental Health Diagnoses, DeKalb County, 2016-2020

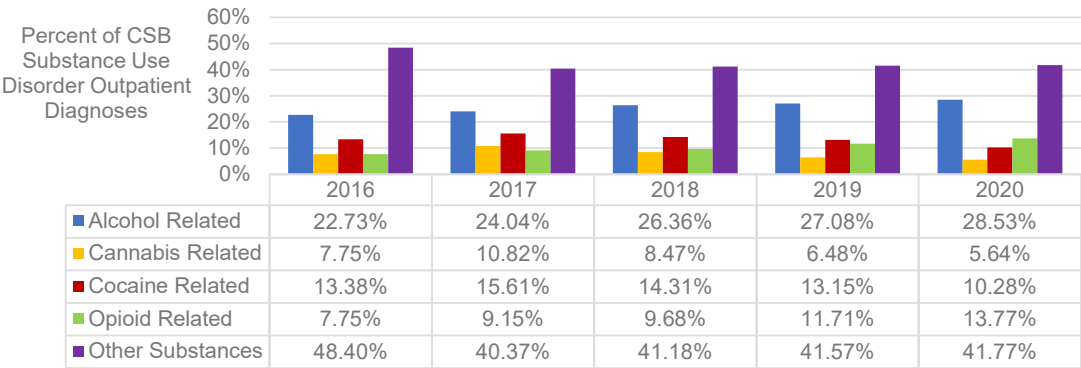


Source: DeKalb Community Service Board, 2022.

Regarding substance abuse disorders, the percentages by diagnosis for the DeKalb CSB outpatient clients for 2016 through 2020 are shown in Figure 7.3. Note that:

- Almost half of the diagnoses were in the “other substances” category. This includes individuals abusing more than one substance, mainly alcohol plus something else.
- Opioid-related substance use represented between 7.75% to 13.77% of the total patients treated, increasing yearly from 2016 to 2020.

Figure 7.3: Percentages of Substance Use Disorder Diagnoses Among DeKalb CSB Outpatient Clients by Year, DeKalb County, 2016-2020



Source: DeKalb Community Service Board, 2022.

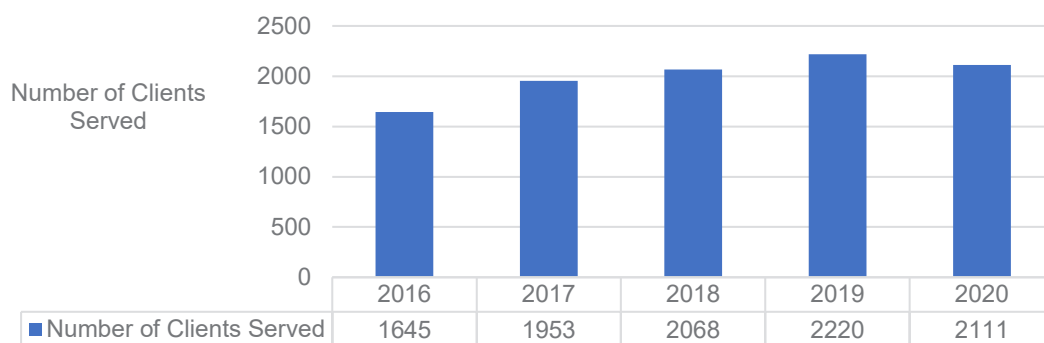
Opioid addiction and opioid-related deaths are important issues in both DeKalb County and Georgia as a whole. Please see the section on the opioid epidemic later in this chapter.

## DeKalb Regional Crisis Center

The DeKalb Regional Crisis Center is a 36-bed, short-term, residential treatment facility that operates 24 hours a day, 365 days a year. The staff treats individuals with mental health and substance use illnesses that require acute stabilization and/or detoxification. The center is an alternative to hospitalization and the first stop toward recovery.

The annual number of individuals served increased by 35% from 2016 to 2019. See Figure 7.4.

Figure 7.4: Annual Numbers of Clients Served at DeKalb Regional Crisis Center, DeKalb County, 2016-2020

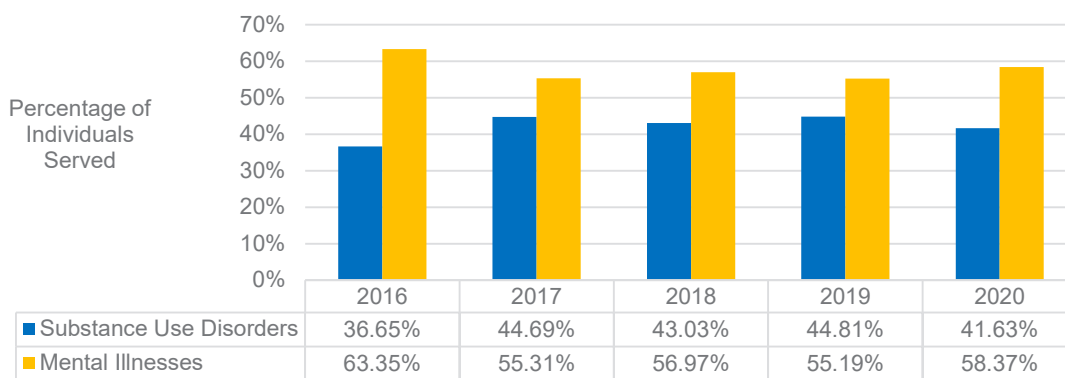


Note: Bed capacity was reduced in 2020 to comply with COVID-19 social distancing guidelines.

Source: DeKalb Community Service Board, 2022.

From 2016 through 2020, approximately 36% to 45% of crisis center clients had a substance abuse disorder. Multiple substance use was the most common diagnosis. Among the half who had a primary mental illness, mood disorders were the most common diagnosis. See Figure 7.5.

Figure 7.5: Annual Percentages of Individuals Served at DeKalb Regional Crisis Center by Diagnostic Category, DeKalb County, 2016-2020



Source: DeKalb Community Service Board, 2022.





## Intellectual and Developmental Disabilities

Intellectual and developmental disabilities involve impairments of mental abilities that affect several types of functions. These functions include:

- Conceptual: language and math skills.
- Social: interpersonal communications and empathy.
- Practical: personal care and daily living.
- Physical: mobility and bodily functions.

Each year, the DeKalb CSB serves an average of 450 adults who are challenged with moderate to profound intellectual and developmental disabilities. The agency provides supportive employment, a structured workshop, day habilitation and residential services.

## Opioid Epidemic

A nationwide opioid epidemic began in the 1990s due to physicians over-prescribing pain-relieving drugs. The epidemic has greatly impacted both DeKalb County and Georgia.

### Opioid Deaths in DeKalb County

Table 7.1 gives an overview of opioid deaths in DeKalb County in 2018. Notable findings include:

- Males experienced a higher death rate than females.
- Whites experienced the highest death rate compared to other races.
- Individuals from age 25 through 34 experienced the highest death rate compared to other age groups.

**Table 7.1: Numbers and Rates of Opioid-Involved Overdose Deaths, DeKalb County, 2018**

Characteristic	Number of DeKalb County Deaths	DeKalb County Rate per 100,000	Georgia Rate per 100,000
<b>Sex</b>			
Male	39	10.9	11.6
Female	14	3.5	6.1
<b>Race</b>			
White	28	10.3	12.1
African American	21	51	4
Other	3	NA	1.9
Missing	1	NA	NA
<b>Age</b>			
<1	NA	NA	NA
1 to 4	NA	NA	NA
4 to 14	NA	NA	NA
15 to 24	3	NA	4.8
25 to 34	19	14.9	16.4
35 to 44	10	9.3	17.1
45 to 54	12	12.1	12.5
55 to 64	7	7.9	11
65 to 74	1	NA	5.5
75 to 84	1	NA	NA
≥85	2	NA	NA
<b>Total</b>	<b>53</b>	<b>7</b>	<b>8.7</b>

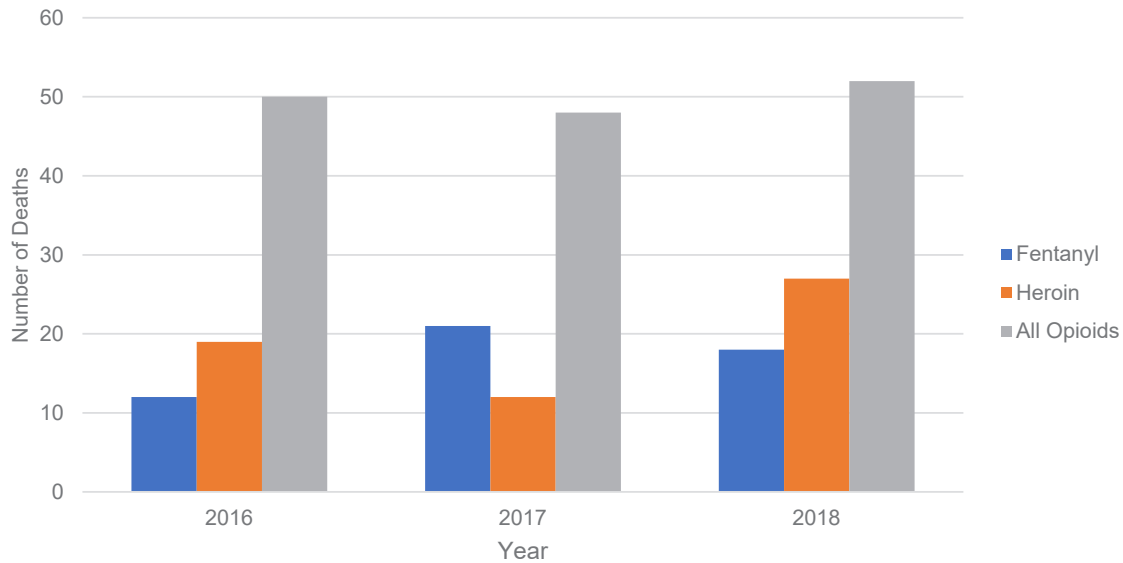
Source: Opioid Overdose Preliminary District Report, Drug Surveillance Unit, Georgia Department of Public Health, 2018.

Fentanyl and heroin are two opioids that are often involved in overdose deaths. Figure 7.6 displays that in DeKalb County from 2016 through 2018:

- The number of fentanyl deaths and heroin deaths varied over time.
- The number of all opioid overdose deaths remained about the same.



Figure 7.6: Numbers of Overdose Deaths by Drug Type, DeKalb County, 2016-2018



Source: Opioid Overdose Surveillance - Preliminary County-Level Data Tables, Drug Surveillance Unit, Georgia Department of Public Health, 2019.

## Opioid Deaths in Georgia

Table 7.2 shows that opioid overdose deaths in Georgia rose from 2010 to 2017 and decreased from 2018 to 2019.

Table 7.2: Numbers of Drug Overdose Deaths, Georgia, 2010-2019				
Year	Number of Deaths from Opioids			
	Fentanyl	Heroin	All Opioids	Number of Deaths from All Drugs*
2010	NA	4	514	1,059
2011	NA	29	519	1,042
2012	48	106	554	1,066
2013	52	131	556	1,113
2014	138	236	637	1,041
2015	255	252	901	1,364
2016	245	228	954	1,436
2017	381	284	1,051	1,591
2018	348	341	962	1,582
2019	392	333	913	1,490
<b>Total</b>	<b>1,859</b>	<b>1,270</b>	<b>5,686</b>	<b>9,712</b>

Source: Opioid Overdose Surveillance - Preliminary County-Level Data Tables, Drug Surveillance Unit, Georgia Department of Public Health, 2019.

\*Includes prescription and non-prescription drugs.

Table 7.3 shows that in Georgia between July 2017 and June 2018:

- Opioid involved, unintentional drug overdoses in Georgia were predominately males (62.5%).
- Individuals that identify as White accounted for 85.6% of unintentional opioid-related overdoses.
- Individuals between the ages of 25 and 34 were most affected, accounting for 27.6% of opioid-related deaths.

**Table 7.3: Numbers and Percentages of Unintentional Opioid-Involved Overdose Deaths by Selected Demographics, Georgia, July 2017-June 2018**

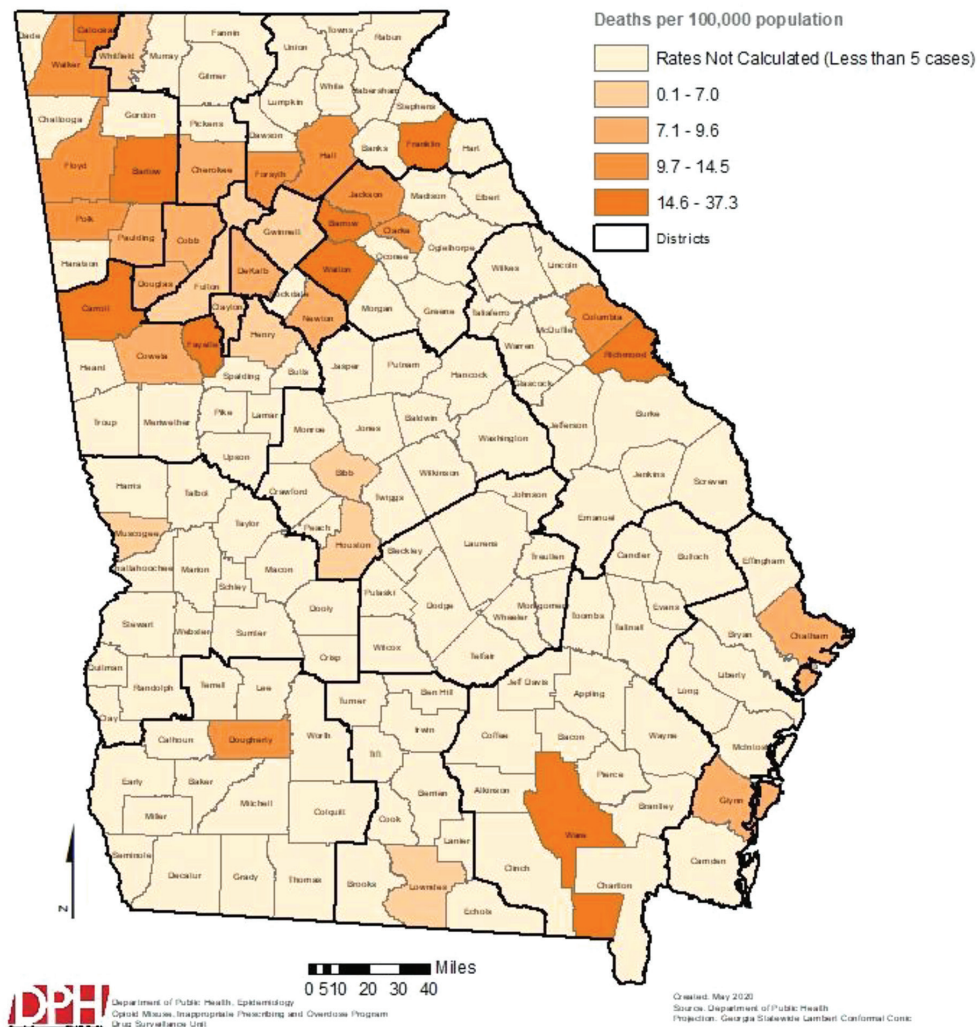
<b>Characteristic</b>	<b>Number</b>	<b>Percentage of Demographic Group</b>	<b>Rate per 100,000 population</b>
<b>Sex</b>			
Male	534	62.5%	10.44
Female	321	37.5%	5.94
<b>Race</b>			
White	732	85.6%	11.51
Black	109	12.7%	3.20
Other/Unknown	14	1.6%	1.87
<b>Age Group (years)</b>			
<15	1	0.1%	0.05
15-24	77	9.0%	5.33
25-34	236	27.6%	16.02
35-44	220	25.7%	16.03
45-54	167	19.5%	11.83
55-64	133	15.6%	10.34
65-74	18	2.1%	2.01
≥75	3	0.4%	0.53
<b>Total</b>	<b>855</b>	<b>100%</b>	<b>8.13</b>

Source: State Unintentional Drug Overdose Reporting System, Drug Surveillance Unit, Georgia Department of Public Health, 2019.

Figure 7.7 displays that in Georgia in 2019:

- DeKalb County had an opioid-involved overdose death rate between 7.1 and 9.6 deaths per 100,000 people.
- Counties in the metro Atlanta/north Georgia region generally had higher death rates than other counties.

Figure 7.7: Opioid-Involved Overdose Death Rates by County of Residence, Georgia, 2019



Source: Opioid Overdose Surveillance, Drug Surveillance Unit, Georgia Department of Public Health, 2019.





# MATERNAL AND CHILD HEALTH

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The field of maternal and child health includes the areas of pregnancy, birth, low birth weight, infant death and breastfeeding.

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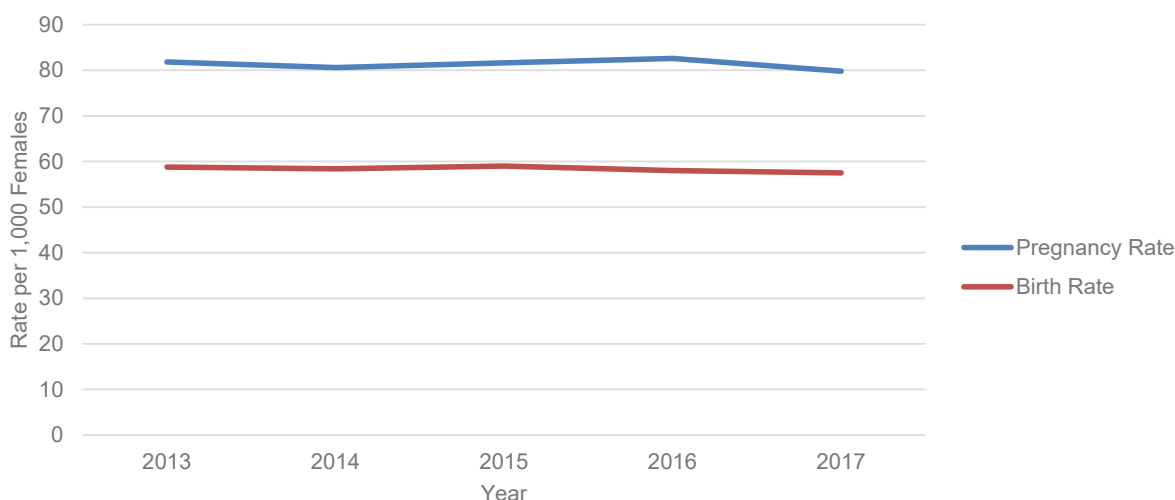
## Pregnancy and Birth Rates

The pregnancy rate is the total number of pregnancies (including live births, abortions and fetal deaths) per 1,000 females.

The birth rate is the number of live births per 1,000 females.

In 2013 to 2017, among DeKalb County females 10-44 years of age, there were 76,558 pregnancies and an average pregnancy rate of 81.3. Also, there were 54,950 live births and an average birth rate of 58.3. See Figure 8.1.

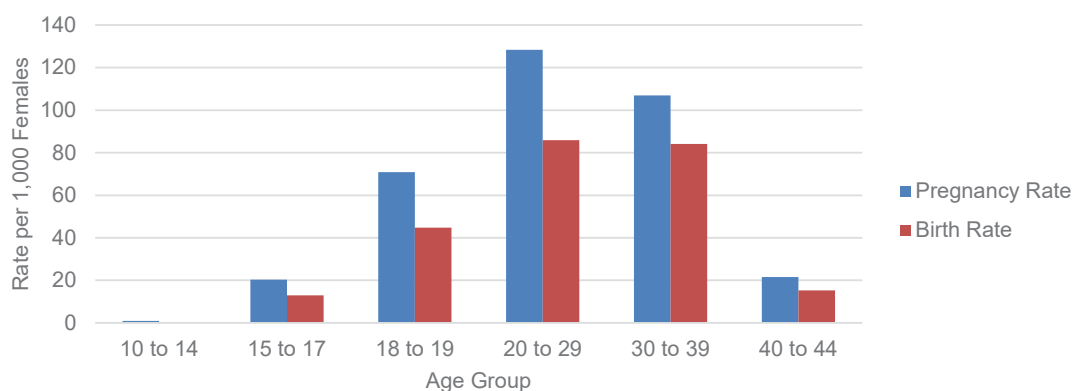
Figure 8.1: Pregnancy and Birth Rates Among Females 10-44 Years of Age by Year, DeKalb County, 2013-2017



Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

As shown in Figure 8.2, females 20-29 years of age had the highest pregnancy and birth rates, followed by females 30-39 years of age.

Figure 8.2: Pregnancy and Birth Rates Among Females 10-44 Years of Age by Age Group, DeKalb County, 2013-2017

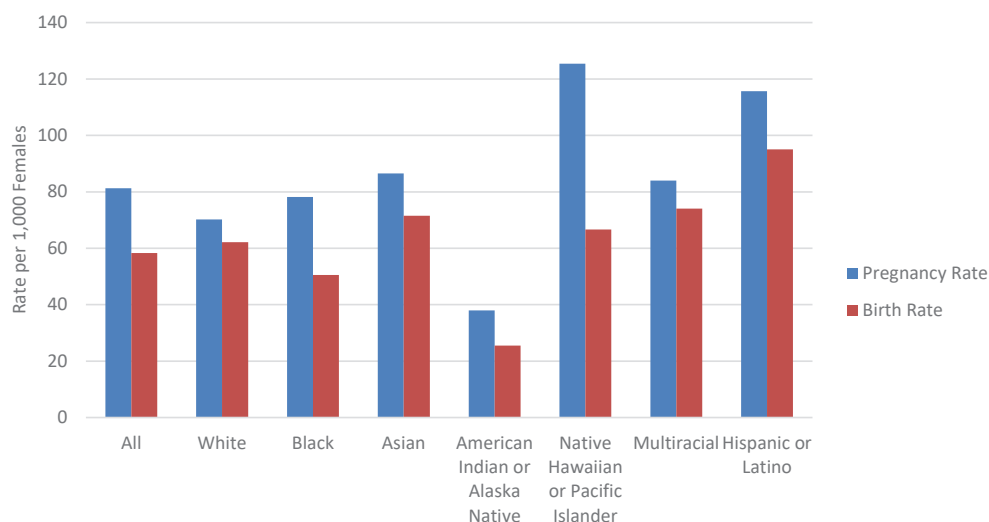


Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

Figure 8.3 shows pregnancy and birth rates by race and ethnicity. It also reveals that:

- The pregnancy rate was highest among females who identified their race as Native Hawaiian or Pacific Islander, followed closely by those who identified their ethnicity as Hispanic or Latino.
- The birth rate was highest among females who identified their ethnicity as Hispanic or Latino, followed by those who identified their ethnicity as multiracial.
- The largest gap identified between pregnancy rate and birth rate was noted in those who identified their ethnicity as Native Hawaiian or Pacific Islander, followed by those who identified their race as Black.

Figure 8.3: Pregnancy and Birth Rates Among Females 10-44 Years of Age by Race/Ethnicity, DeKalb County, 2013-2017



Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.



### Low Birth Weight Babies

Babies delivered weighing less than 5.5 pounds are considered low birth weight. They are at an increased risk for illness and death compared to other babies. From 2013 through 2017, 5,527 low birth weight babies were born in DeKalb County.

Table 8.1 reflects the numbers and percentages of low birth weight babies by the mother’s age among females 10 to 55 years of age, where Table 8.2 reflects the numbers and percentages of low birth weight babies by mother’s race and ethnicity for the same demographic group. These tables show that:

- Among all age groups, females ages 10-14 had the highest percentage of low birth weight babies.
- Among all races and ethnicities, Black females had the highest percentage of low birth weight babies.

Table 8.1: Numbers and Percentages of Low Birth Weight Babies Among Females 10-55 years of age by Mother’s Age, DeKalb County, 2013-2017		
Age (in years)	Number	Percentage
10 to 14	7	17.1
15 to 17	98	12.2
18 to 19	221	11.3
20 to 24	1,241	12.0
25 to 29	1,358	9.5
30 to 34	1,489	9.1
35 to 39	832	9.2
40 to 44	253	12.2
45 to 55	28	15.9
<b>All ages</b>	<b>5,527</b>	<b>10.0</b>

Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

**Table 8.2: Numbers and Percentages of Low Birth Weight Babies Among Females 10-55 years of age by Mother's Race/Ethnicity, DeKalb County, 2013-2017**

<b>Race</b>	<b>Number</b>	<b>Percentage</b>
White	1,226	6.3
Black or African American	3,537	13.0
Asian	429	9.0
American Indian or Alaskan Native	7	6.6
Native Hawaiian or Pacific Islander	8	11.9
Multiracial	153	8.1
Unknown	167	10.0
<b>All races</b>	<b>5,527</b>	<b>10.0</b>
<b>Ethnicity</b>		
Hispanic/Latino	563	7.2

Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

## Infant Mortality

The infant mortality rate is the number of deaths of infants less than one year of age per 1,000 live births. In DeKalb County from 2013 to 2017, there were 418 infant deaths.

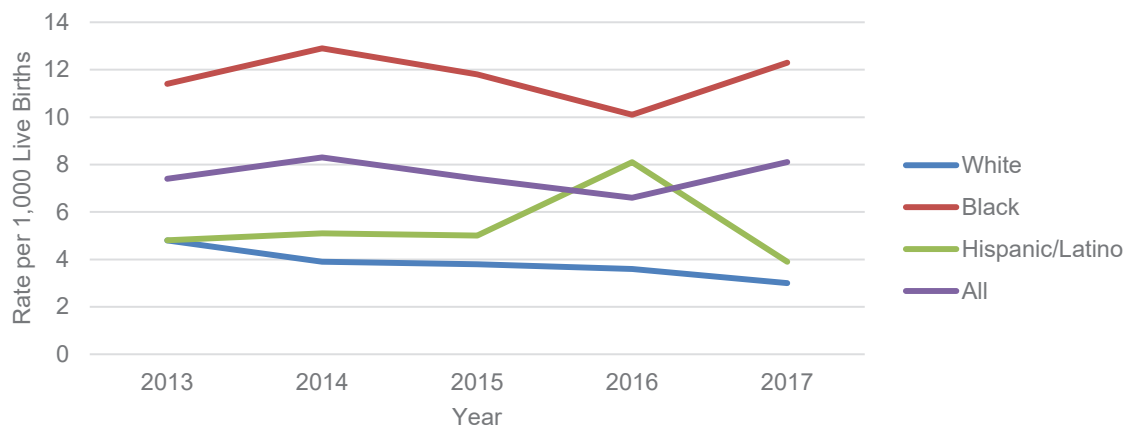
Figure 8.4 illustrates the infant mortality rate from 2013 to 2017 by race/ethnicity and year. The figure shows that:

- Black females had the highest rate across all five years.
- The infant mortality rate for all races/ethnicities increased by approximately 8%.
- The average mortality rate was 7.6 per 1,000 live births.





Figure 8.4: Infant Mortality Rates by Race/Ethnicity and Year, DeKalb County, 2013-2017

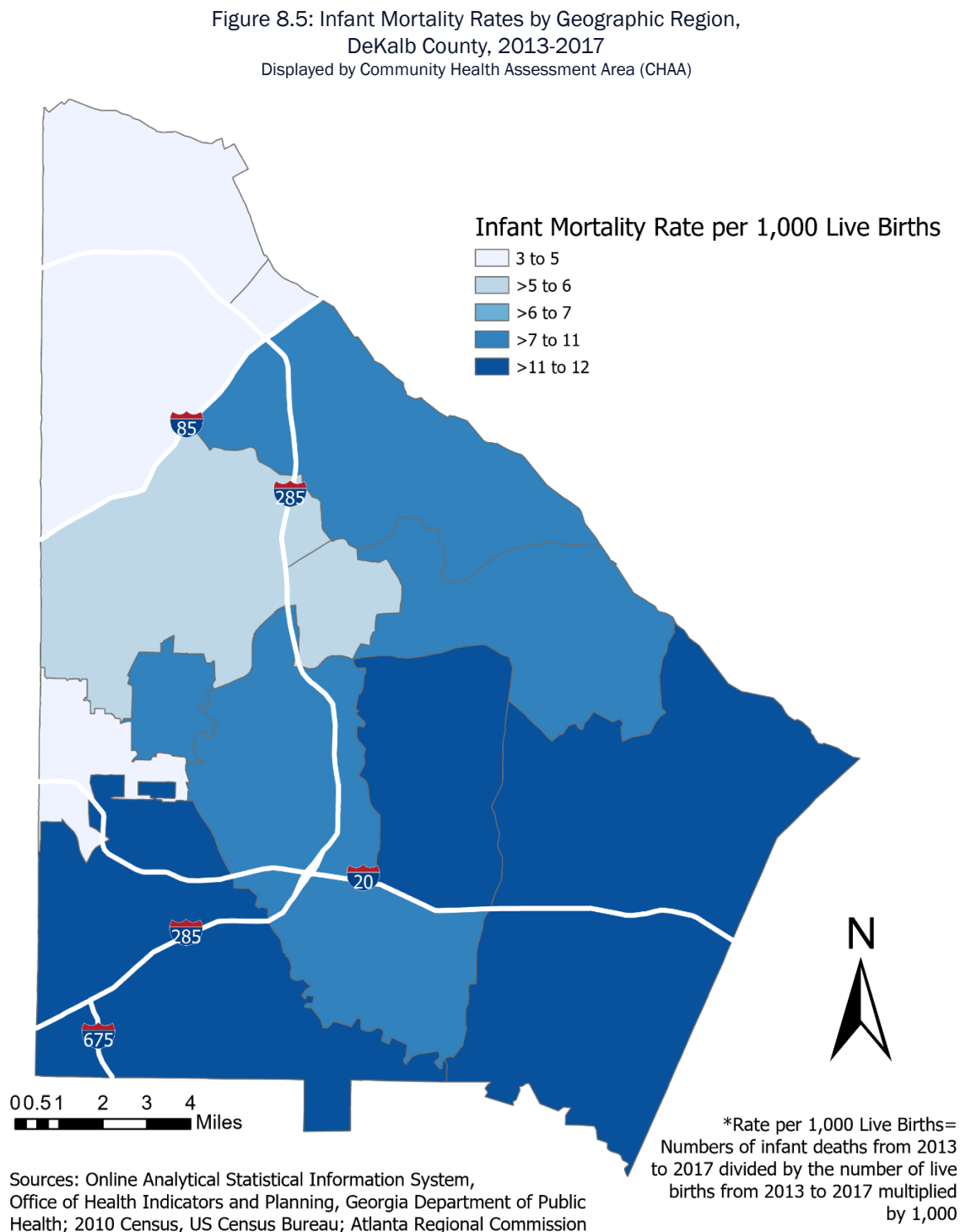


Note: The rates for Asians, Native Hawaiians/Pacific Islanders and American Indians/Alaskan Natives are too small to report.

Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.



Figure 8.5 displays infant mortality rates based on geographic location in DeKalb County (see Methodology for more information).

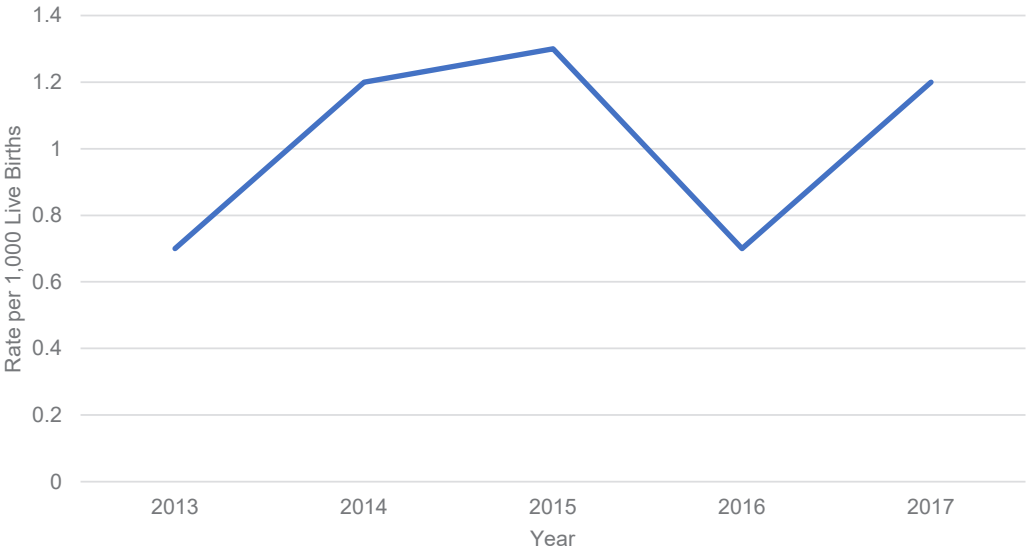




Some infant deaths are classified as Sudden Infant Death Syndrome (SIDS) deaths. SIDS is an unexplained death, usually during sleep, of an apparently healthy infant less than 12 months of age.

In DeKalb County, the SIDS rate varied greatly from 2013 to 2017, as shown in Figure 8.6. During this period, the county's average rate was 1.0 deaths of an infant less than one year of age per 1,000 live births, while Georgia's average was 0.8 deaths of an infant less than one year of age per 1,000 live births.

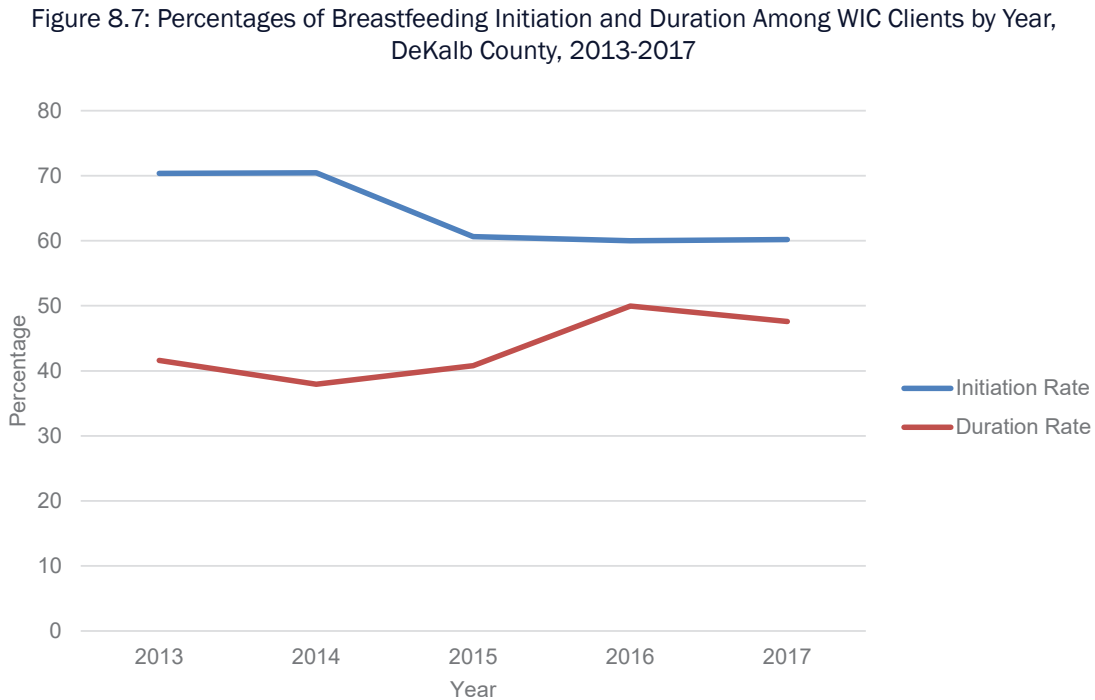
Figure 8.6: Rates of Sudden Infant Death Syndrome Deaths by Year, DeKalb County, 2013-2017



Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

## Breastfeeding

Figure 8.7 shows breastfeeding initiation and duration rates among DeKalb County's Special Supplemental Nutrition Program for Women, Infants and Children (WIC) clients. The initiation rate is the percentage of infants who begin breastfeeding. The duration rate is the percentage of breastfeeding infants who breastfeed for at least six months.



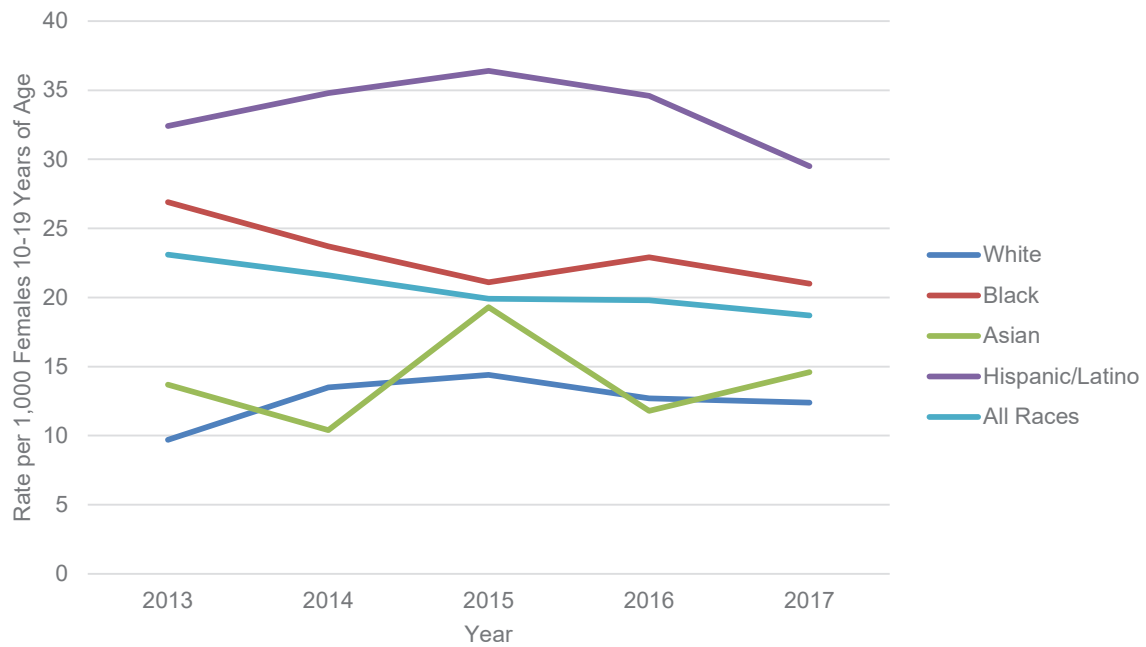
Source: Georgia WIC Information System, Georgia Department of Public Health, 2019.

## Teen Sexual Behaviors and Pregnancy

Figure 8.8 shows the rates of pregnancy among females aged 10-19 by race/ethnicity between 2013 and 2017. The graph shows that the pregnancy rate for this group, regardless of race/ethnicity, was 18.7 pregnancies (including live births, abortions and fetal deaths) per 1,000 females in 2017. Between 2013 and 2017, the average pregnancy rate for this group, regardless of race/ethnicity, was 20.6.

- Although Hispanic/Latino females had the highest teen pregnancy rate, with a 2013-2017 average rate of 33.5, there was a net decrease of nine percent during this period.
- The overall pregnancy rate among those aged 10-19 years decreased by 19 percent.

Figure 8.8: Pregnancy Rates Among Females 10-19 Years of Age by Race/Ethnicity and Year, DeKalb County, 2013-2017



Note: Rates for Native Hawaiians/Pacific Islanders and American Indians/Alaska Natives are too small to report.

Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.





# REFUGEE HEALTH

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A refugee, as defined by the Refugee Act of 1980, is a person who is outside of and unable or unwilling to avail himself/herself of the protection of their home country because of persecution or fear of persecution on account of race, religion, nationality, membership in a particular social group or political opinion. From 2013 through 2017, the U.S. admitted between 70,000 and 110,000 refugees per year (U.S. Department of State, 2020).

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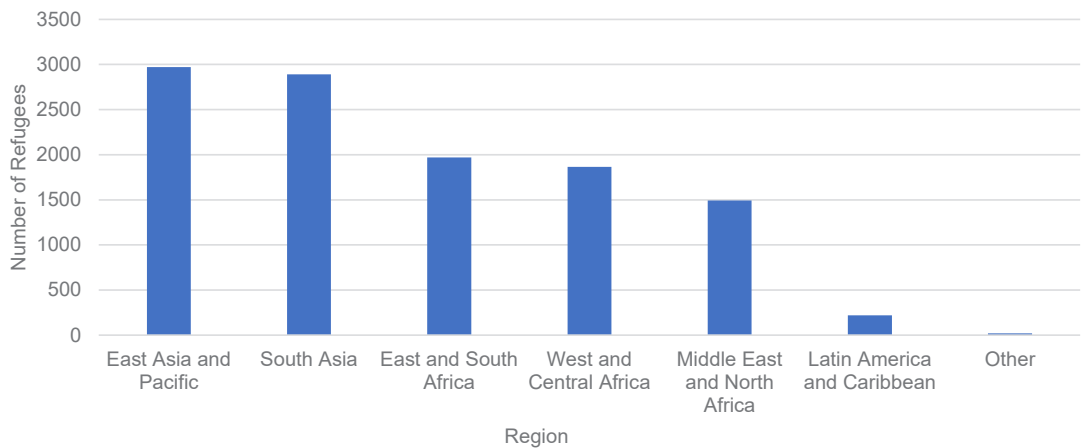


# Refugees

Between 2013 and 2017, the Board of Health’s Refugee Services screened people from at least 62 countries in regions throughout the world. See Figure 9.1 below.

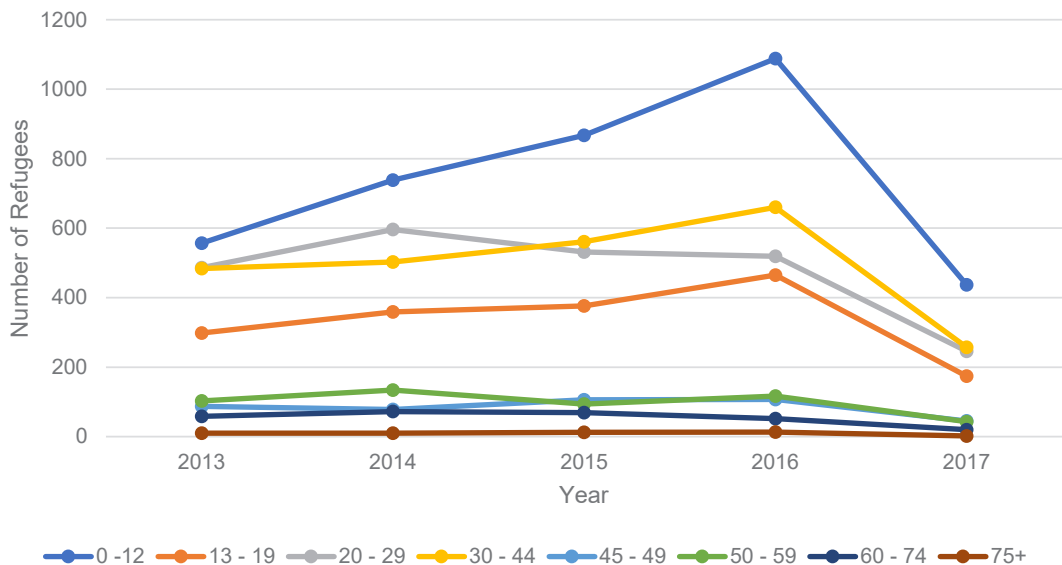
As shown in Figure 9.2, most refugees were 12 years of age and under.

Figure 9.1: Numbers of Refugee Arrivals by Region of Origin, DeKalb County, 2013-2017



Source: Refugee Health Program, Georgia Department of Public Health, 2020.

Figure 9.2: Numbers of Arriving Refugees by Age Group and Year, DeKalb County, 2013-2017



Source: Refugee Health Program, Georgia Department of Public Health, 2020.

## Health Services

Of the 11,434 refugees who arrived in DeKalb County in 2013 through 2017, 94% received health screenings at the Board of Health. Screening is strongly encouraged but not required by law. For those refugees who are seen, Georgia law mandates that the Board of Health screens for the following:

- Anemia
- Blood lead level
- Dental issues
- Diabetes
- Disability
- Hearing issues
- Hepatitis B
- Human Immunodeficiency Virus (HIV)
- Hypertension
- Immunization status
- Malnutrition
- Mental health issues
- Parasite ova (eggs)
- Parasites
- Pregnancy
- Sexually transmitted diseases
- Tuberculosis
- Visual acuity

## Health Issues

Table 9.1 shows the screening results among DeKalb County refugees seen from 2013 through 2017.

Table 9.1: Screening Results Among Refugees, DeKalb County, 2013-2017			
Type of Screening	% of Normal Results	% of Abnormal Results	% Not Screened
Anemia	99.6	0.1	0.1
Dental issues	47.7	52.0	0.2
Diabetes	98.1	1.6	0.1
Hearing	92.1	6.4	1.3
Hepatitis B			
HBsAg*	92.9	3.4	3.4
Anti-HBc**	77.1	20.7	1.7
Anti-HBs***	32.7	61.3	1.8
Hypertension	93.8	5.1	0.9
Malnutrition	99.7	0.0	0.1
Parasites****	81.9	11.2	0.2
Sexually transmitted disease (syphilis)	68.6	0.8	30.2
Tuberculosis****	10.5	9.4	10.6
Visual acuity	86.5	12.1	1.3

\*Hepatitis B surface antigen.

\*\*Hepatitis B core antibody.

\*\*\*Hepatitis B surface antibody.

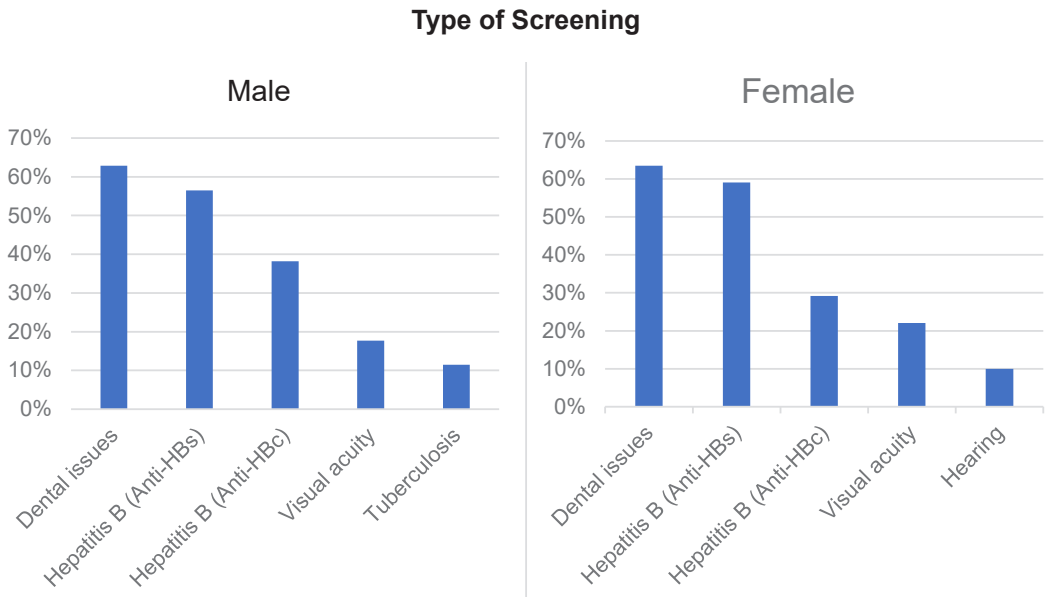
\*\*\*\*Data do not include intermediate/pending cases.

Note: Row percentages may not total 100% due to rounding.

Source: Refugee Health Program, Georgia Department of Public Health, 2020.

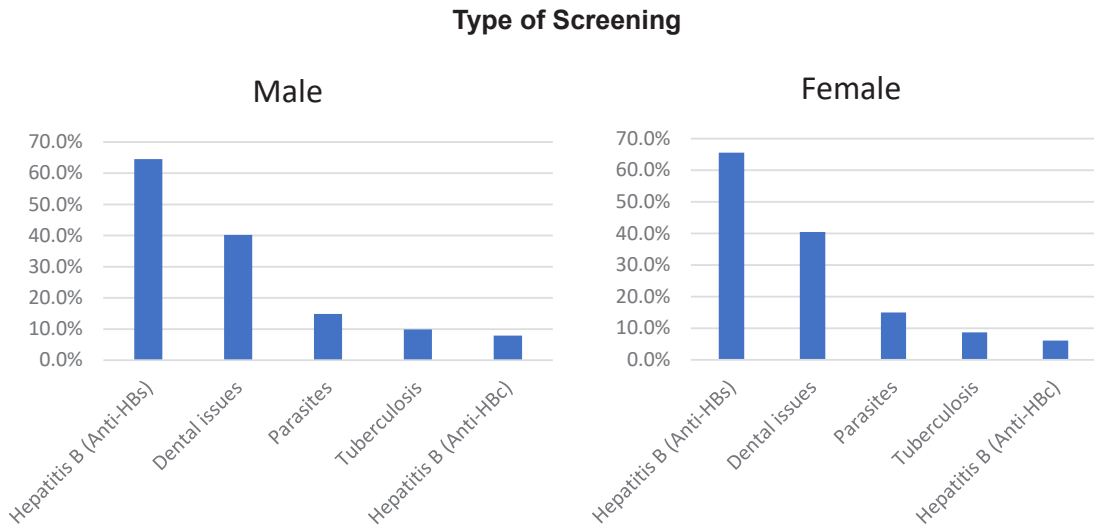
Figures 9.3 and 9.4 show common abnormal screening results among refugee adults and children by sex.

Figure 9.3: Percentages of Most Common Abnormal Screening Results Among Male and Female Refugees Ages 21 and Over, DeKalb County, 2013-2017



Source: Refugee Health Program, Georgia Department of Public Health, 2020.

Figure 9.4: Percentages of Most Common Abnormal Screening Results Among Male and Female Refugees Ages 20 and Younger, DeKalb County, 2013-2017



Source: Refugee Health Program, Georgia Department of Public Health, 2020.



# ORAL HEALTH

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Oral health includes not only the condition of the teeth and gums, but also of the lips, tongue, salivary glands and throat.

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## Oral Health

There are links between oral health and overall health. A person's oral health can affect their general health. For instance, gum disease is associated with an increased risk for cardiovascular disease, stroke and bacterial pneumonia. Also, a person's general health can affect their oral health. As an example, someone with diabetes has an increased risk for gum disease.

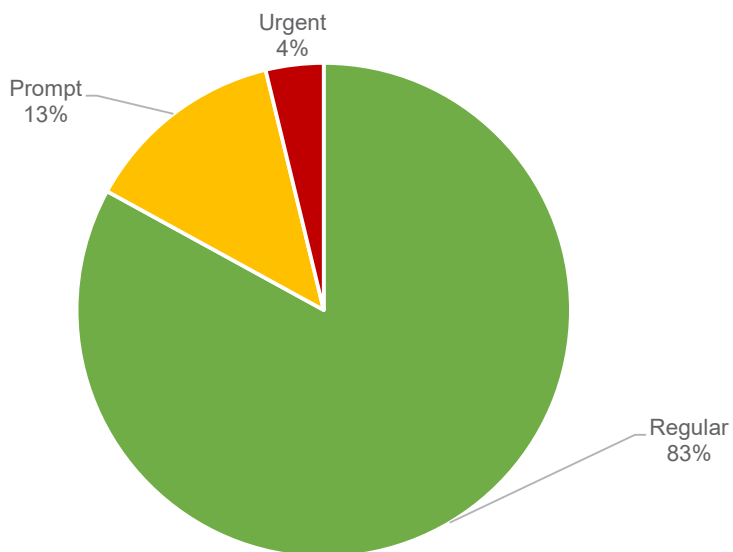
It is important to brush and floss one's teeth regularly and to get regular dental check-ups. These measures can help prevent cavities, gum disease and other health problems.

There is not a survey that captures the oral health status of DeKalb County residents. Consequently, this section provides data from several sources to offer at least some information on this important aspect of health.

### Oral Health Among Children

From 2013 through 2017, the Board of Health's Dental Health Program evaluated 64,378 children. Among them, three different levels of care were needed. Regular dental care was indicated when there were no obvious problems. Prompt care was indicated when the child had cavities or gum problems but was not in pain. Urgent care was indicated when the child had pain, infection or swelling. Each year, between 11 and 24 percent of the children required prompt or urgent dental care. See Figure 10.1 below.

Figure 10.1: Percentages of School-Aged Children  
Who Received Oral Health Screening by Type of Dental Care Needed,  
DeKalb County, 2013-2017

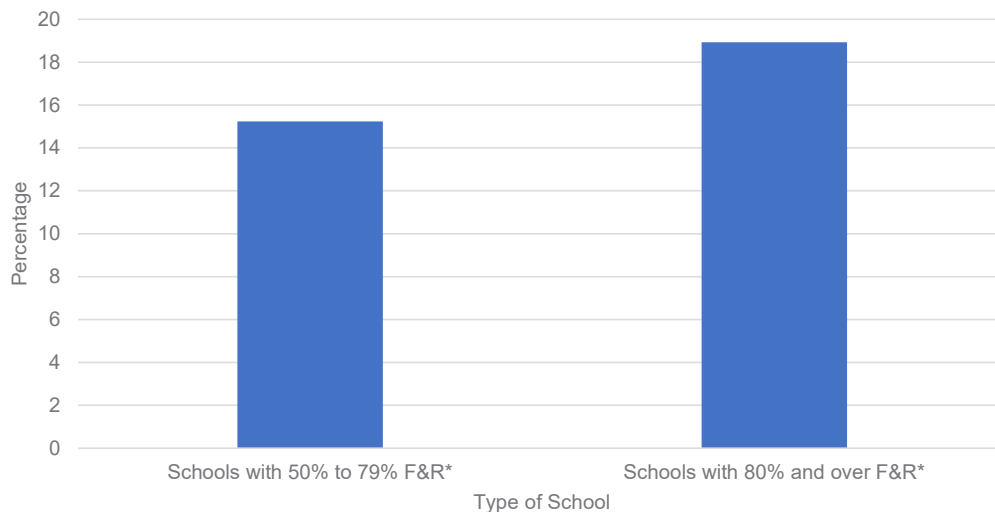


Source: DeKalb County Dental Health Program, DeKalb County Board of Health, 2019.



In DeKalb County School District schools where at least 80 percent of students received free or reduced price lunches, there was a higher percentage of children needing prompt or urgent dental care compared to schools where 50 to 79 percent of students received free or reduced price lunches. See Figure 10.2 below.

Figure 10.2: Percentages of Pre-K through Grade 12 Students in Need of Prompt or Urgent Dental Care by Type of School, DeKalb County, 2013-2017



\*Free and reduced price lunch recipients.

Sources: DeKalb County Dental Health Program, DeKalb County Board of Health; Free and Reduced Lunch - Fiscal Year 2019 Data Report, Georgia Department of Education, 2019.

## 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 can become exposed to bacteria and carbohydrates due to loss of gum tissue with age.

## Oral Health and Pregnancy

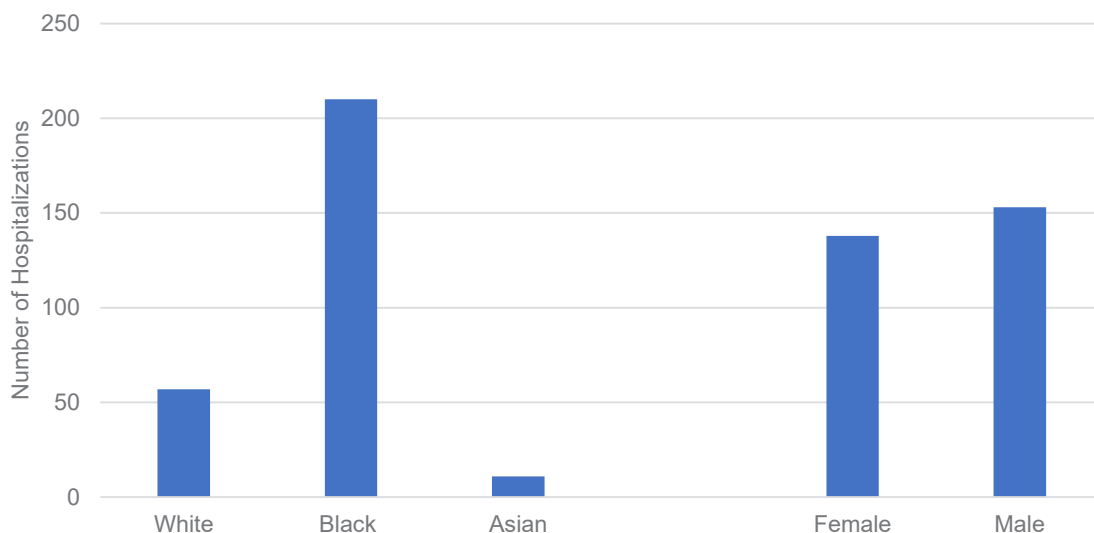
There is a strong two-way relationship between pregnancy and oral health. Being pregnant causes hormonal changes that can increase a woman's risk of gum disease. Having gum disease, in turn, can affect the health of the pregnant woman and her baby. For example, she is at higher risk for temporary high blood pressure and for having a preterm baby, a low birth weight baby or a cavity-prone child. For these reasons, it is vital for pregnant women to maintain good oral health.

## Hospitalizations

A total of 291 DeKalb County residents were hospitalized due to dental conditions from 2013 through 2017. Figure 10.3 below analyzes these hospitalizations by race and sex.



Figure 10.3: Numbers of Hospitalizations Due to Dental Conditions by Patients' Race and Sex, DeKalb County, 2013-2017



Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2019.

## Oral Cancer

Oral cancer refers to cancer of the mouth, lips, tongue, cheeks, floor of the mouth, hard and soft palates, sinuses and throat. The greatest risk factor for oral cancer is tobacco use, including smoking cigarettes and using smokeless (spit or chew) tobacco. People who both use tobacco and drink alcohol increase their risk even more. In DeKalb County from 2013 through 2017, the rate of oral cancer deaths was 2.2 deaths per 100,000 population, with the rate in males being higher than that of females.





# ENVIRONMENTAL HEALTH

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Within the scope of public health, the field of environmental health addresses the environment's impact on human health.

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## Environmental Health

The Board of Health's Division of Environmental Health works to reduce the risk of illness and injury due to interactions between people and their environment. The division informs the public about environmental health hazards; prevents illness through monitoring, assessment and education; and protects the public from environmental health risks.

The division issues permits, conducts inspections and responds to complaints and requests for service. This chapter's data are derived from these activities. Other chapters in this report address environmental health issues as well. For example, the Infectious Diseases chapter covers gastrointestinal illnesses (which can be caused by contaminated food) and West Nile virus (which is carried by mosquitoes).

### Permits and Inspections

The Division of Environmental Health issues annual permits to regulated facilities. These facilities are food service establishments, public swimming pools and spas, tourist accommodations (motels and hotels) and body crafting (tattooing and piercing) studios and crafters. It also conducts pre-opening, routine, follow-up and complaint-related inspections.

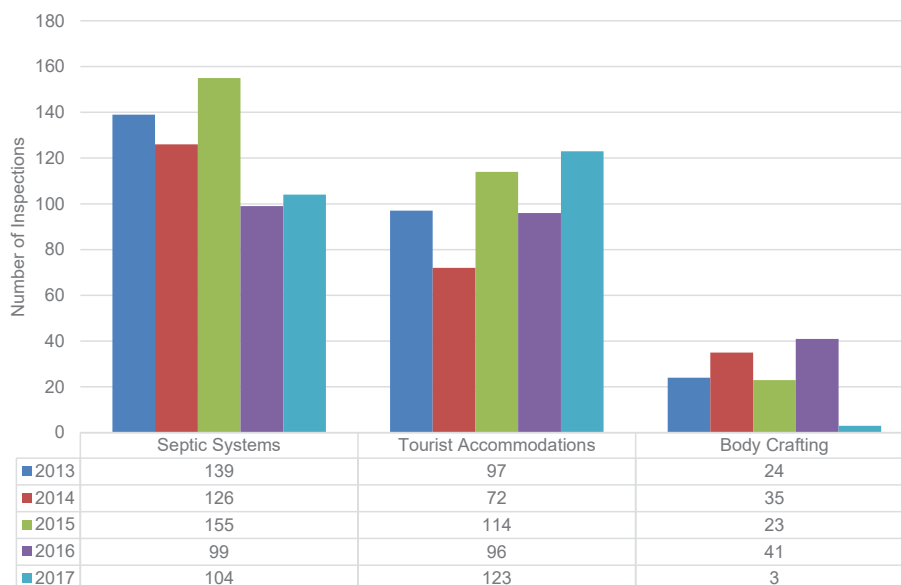
In addition, the division regulates septic systems through inspecting and permitting new, repaired and modified systems. Septic systems are not routinely inspected; they are inspected in response to complaints.

The number of active annual permits varies by year. For each year from 2013 through 2017, there were approximately:

- 2,000 food service permits.
- 800 swimming pool and spa permits.
- 100 tourist accommodation permits.
- 30 body crafting studio permits and 100 body crafter permits.
- 100 septic system (new installation and repair) permits.

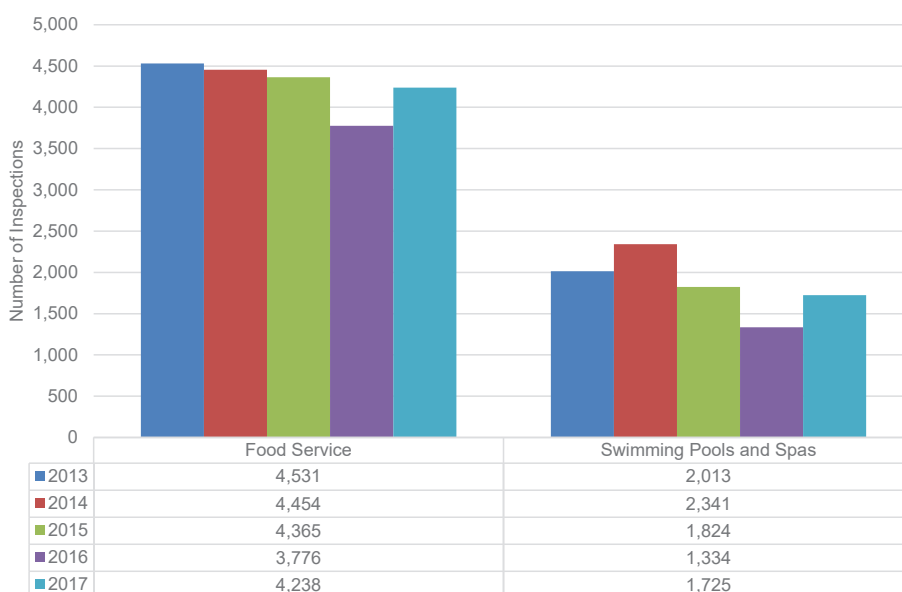
Figures 11.1 and 11.2 below show the numbers of environmental health inspections by type and year from 2013 through 2017. Inspections of food service establishments account for about two-thirds (67%) of all inspections.

Figure 11.1: Numbers of Environmental Health Inspections by Type and Year, DeKalb County, 2013-2017



Source: Digital Health Department, DeKalb County Board of Health, 2019.

Figure 11.2: Numbers of Environmental Health Inspections by Type and Year, DeKalb County, 2013-2017



Source: Digital Health Department, DeKalb County Board of Health, 2019.

In routine inspections of food service establishments conducted from 2013 through 2017:

- 50 percent of establishments scored 90 percent or higher.
- 84 percent of establishments scored 80 percent or higher.



- The three most common violations were:
  - Inadequate hand-washing facilities.
  - Inadequate ventilation and lighting.
  - Insects or rodents/other animals present.

For inspections of swimming pools and spas conducted from 2013 through 2017:

- 75 percent of the establishments scored 90 percent or higher.
- 94 percent of the establishments scored 80 percent or higher.

## Complaints and Requests for Service

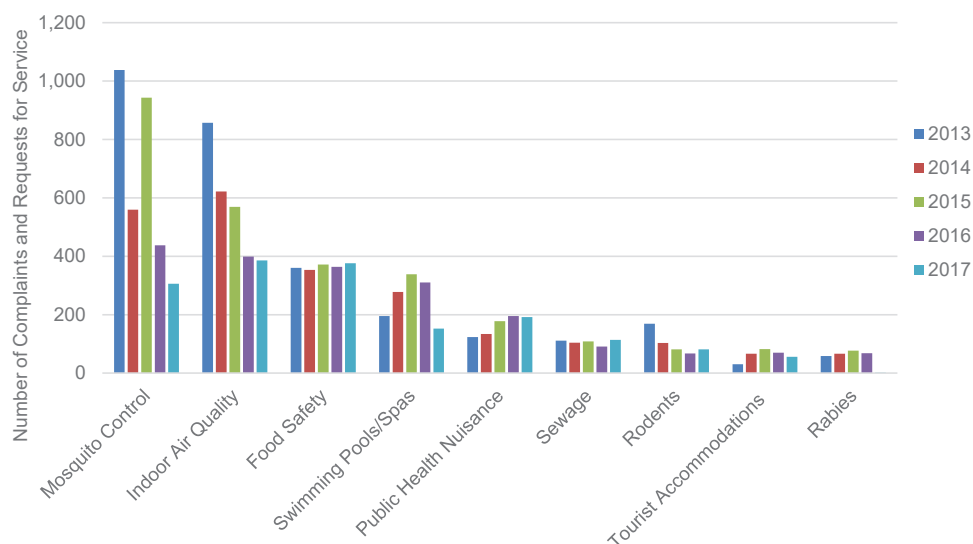
The Division of Environmental Health also receives and follows up on complaints and requests for service from the public.

In addition to responding to concerns about regulated facilities, the staff addresses:

- Indoor air quality concerns, like odors and spores from mold and mildew.
- Mosquitoes, which can transmit West Nile virus.
- Nuisances, like overflowing dumpsters and conditions that can attract pests.
- Exposure to radon, a colorless, odorless gas that can cause cancer.
- Failing septic systems.
- Lead poisoning prevention.

Figure 11.3 shows the numbers of complaints and requests received by type and year from 2013 through 2017.

Figure 11.3: Numbers of Environmental Health Complaints and Requests for Service by Type and Year, DeKalb County, 2013-2017



Source: Digital Health Department, DeKalb County Board of Health, 2019.

# APPENDICES

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## Healthy People 2020 Objectives

The table below compares DeKalb County's and Georgia's most recent measures for selected indicators to Healthy People 2020 objectives. A cell with a green background signifies that the measure meets or exceeds the objective; a cell with a red background signifies that the objective has not been met.

Better than Healthy People 2020 goal

Worse than Healthy People 2020 goal

Selected indicator	Healthy People 2020 Objective	DeKalb County	Georgia
<b>2017</b>			
<b>Per 1,000 people</b>			
Cancer death rate	161.4	138.2	164.3
Diabetes death rate	66.6	23.1	22.5
HIV/AIDS death rate	3.3	4.2	3.2
Homicide death rate	5.5	13.2	7.8
Obstructive heart disease (incl. heart attack) death rate	103.4	45.3	74.4
Stroke death rate	34.8	32.7	42.1
Suicide death rate	10.2	9.3	13.9
Tuberculosis (TB) incidence rate	1.0	8.8	2.8
Unintentional injury death rate	36.4	54.0	54.0
<b>Per 1,000 people</b>			
Teen pregnancy rate (15-17 years)	36.2	18.4	12.3
Teen pregnancy rate (18-19 years)	104.6	64.0	54.0
<b>Per 1,000 live births</b>			
Infant mortality rate	6.0	8.1	7.2
Sudden Infant Death Syndrome (SIDS) mortality rate	0.5	1.4	1.0
<b>Per 100 live births</b>			
Proportion of low birth weight babies	7.8	10.2	9.9
<b>Percentage</b>			
Proportion of adults who are obese (BMI $\geq$ 30)	30.5	29.5	31.6
Proportion of adults who smoke cigarettes	12.0	12.5	17.5
<b>2019</b>			
Proportion of adolescents who are obese (BMI $\geq$ 95th percentile)*	16.1	16.2	18.3
Proportion of adolescents who smoked cigarettes in the past month	16.0	2.3	4.0
Proportion of adolescents involved in physical fighting in the past 12 months	28.4	15.6	9.8

Note: An adolescent refers to a student in 9th through 12th grade.

\*An adolescent's weight status is determined using an age- and sex-specific percentile for Body Mass Index (BMI) rather than the BMI categories used for adults. This is because adolescents' body composition varies as they age and varies between boys and girls (Centers for Disease Control and Prevention, 2015).

## Glossary of Terms

**Acquired Immunodeficiency Syndrome (AIDS):** A weakening of the immune system caused by the human immunodeficiency virus (HIV).

**Age-Adjusted Rate:** A weighted average of the age-specific rate, where the weight is the proportion of persons in the corresponding age group of the population.

**Anxiety Disorder:** Any of a group of mental conditions that includes panic disorder.

**Assault:** When a person physically harms another person on purpose.

**Behavioral Risk Factor Surveillance System (BRFSS):** A survey among adults of their health-related behaviors, conditions and use of preventive services. (See the Methodology section for more information.)

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

**Body Mass Index (BMI):** A relationship between weight and height that is associated with body fat and health risks.

**Breastfeeding:** The process of feeding human breast milk to an infant, either directly from the breast or by expressing (pumping out) the milk from the breast and bottle-feeding it to the infant. Also called nursing.

**Campylobacter infection:** An enteric disease caused by bacteria of the genus *Campylobacter*. Typical symptoms include diarrhea, abdominal cramps, malaise, fever, nausea and vomiting, but infections without symptoms also occur.

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

**Centers for Disease Control and Prevention (CDC):** A federal agency in the U.S. Department of Health and Human Services.

**Child:** One to 12 years of age.

**Community Health Assessment Area (CHAA):** A group of adjacent census tracts used in geographic mapping based on senior high school district boundaries.

**COVID-19 (Coronavirus disease 2019):** A disease caused by a virus named SARS-CoV-2 and discovered in December 2019 in Wuhan, China. COVID-19 most often causes respiratory symptoms that can feel much like a cold, a flu, or pneumonia, and may attack more than the lungs and respiratory system.

**Diphtheria:** A serious disease of the upper respiratory tract that is caused by bacteria that release a toxin into a person's body. This toxin can lead to respiratory failure, paralysis, heart failure and death.

**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.

**Duration Rate:** The percentage of breastfeeding infants who breastfed for at least six months.

***Haemophilus influenza* (type B):** A serious bacterial disease that can cause meningitis, pneumonia and other serious infections in children under age five years.

**Heart Attack:** A condition caused by the partial or complete blockage 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 the arteries, veins and capillaries; hypertensive disease and ischemic heart disease.

**High Blood Pressure:** A systolic blood pressure consistently over 140 millimeters of mercury (mmHg) or a diastolic blood pressure consistently over 90 mmHg. Also known as hypertension.

**Hispanic/Latino(a):** An ethnicity that includes people of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.



**Homicide:** The intentional killing of a person by another person.

**Human immunodeficiency virus (HIV):** The virus that causes acquired immunodeficiency syndrome (AIDS).

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

**Incidence:** The frequency 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) designated 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:** The total number of infant deaths per 1,000 live births.

**Initiation Rate:** The percentage of infants who begin breastfeeding.

**Intellectual Disability:** An impairment of mental abilities that affects function.

**Intentional Injury:** An injury that is meant to cause harm to another person or to oneself. For example, assault, homicide, self-inflicted injury and suicide.

**Low Birth Weight Baby:** A baby that is delivered weighing less than 5.5 pounds.

**Meningococcal Disease:** A serious bacterial illness that affects the lining of the brain and spinal cord and may also cause blood stream infections.

**Mood Disorder:** Any mental disorder that has a disturbance of mood as the predominant feature. For example, major depression and bipolar disorder.

**Morbidity:** The occurrence of a particular disease or condition.

**Mortality:** Death caused by a particular disease or condition.

**Motor Vehicle Injury:** An injury where a motorized vehicle was involved.

**Mumps:** An acute viral illness that causes swelling of the parotid or other salivary glands, headache, loss of appetite and low-grade fever.

**Obese:** An excess of body fat. Defined as a Body Mass Index (BMI) of 30 or greater.

**Obstructive Heart Disease:** A condition characterized by weakened heart pumps, either due to previous heart attacks or current blockages of the arteries that supply blood to the heart.

**Overweight:** An excess of body fat. Defined as a Body Mass Index (BMI) higher than 25 but lower than 30.

**Pertussis (Whooping Cough):** A highly contagious respiratory disease caused by bacteria. The disease starts like a common cold then causes a series of coughing fits that can last for weeks.

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

**Premature Death:** Death before age 75.

**Prevalence:** The total number of cases of a disease or condition in a specified population at a specific time.

**Primary Syphilis:** The first stage of syphilis. Symptoms include one or more painless sores on the genitals or in the mouth, anus or rectum.

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

**Radon:** A colorless, odorless gas that can cause cancer.

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

**Refugee:** A person admitted to the United States who has been persecuted or has fear of persecution on account of race, religion, nationality, membership in a particular social group or political opinion.

**Rubella:** An acute viral illness that causes fever and rash. The disease causes birth defects if acquired by a pregnant woman.

**Salmonella Infection:** An illness caused by the bacteria Salmonella. Symptoms include diarrhea, abdominal pain, nausea, vomiting, fever and headache.

**Secondary Syphilis:** The second state of syphilis, characterized by eruption of the skin and mucous membrane.

**Shiga Toxin-Producing Escherichia coli (E. coli):** A bacterium that produces Shiga toxin. The bacterium causes infection of variable severity characterized by diarrhea (often bloody) and abdominal cramps.

**Shigella Infection:** A bacterial illness characterized by diarrhea, fever, nausea and abdominal cramps.

**Status of Health Report:** One in a series of comprehensive health reports for the community.

**Stroke:** The sudden, severe onset of the loss of muscular control with the reduction or loss of sensation and consciousness, caused by rupture or blocking of a cerebral blood vessel.

**Substance Dependence Disorder:** A maladaptive pattern of using alcohol, drugs or other substances to the detriment of social and work activities. Includes tolerance and/or withdrawal symptoms, drug-seeking behavior and failure to quit.

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

**Suicide:** The act of intentionally taking one's own life.

**Teen:** A person who is 10 to 19 years of age.

**Teen Pregnancy Rate:** The total number of pregnancies to females 10 to 19 years of age per 1,000 females 10 to 19 years of age.

**Unintentional Injury:** An injury that is the result of an unplanned action such as a motor vehicle crash, a fall or a poisoning.

**Varicella (Chickenpox):** A highly contagious rash illness caused by a virus. Can lead to secondary skin infections, pneumonia, brain damage and death.

**Years of Potential Life Lost (YPLL):** A measure of the number of potential years of life lost due to a specific cause of death. (See the Methodology section for more information.)

**Years of Potential Life Lost Rate (YPLL Rate):** The number of years of potential life lost after one year of age and prior to age 75 per 100,000 total population.

**Youth Risk Behavior Survey (YRBS):** A survey among high school students of their health-related behaviors. (See the Methodology section for more information.)

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