District 4 Public Health
2018
Community Health Assessment
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District 4 Public Health Overview

District 4 Public Health is a 4,000-square mile regional health entity composed of 12 counties in west Georgia including Butts, Carroll, Coweta, Fayette, Heard, Henry, Lamar, Meriwether, Pike, Spalding, Troup, and Upson counties. District 4 serves a population of 844,116 people as of the 2016 census estimates, representing 8.2% of the state of Georgia’s total population. The county populations range from 11,487 (Heard County) to 221,768 (Henry County). The state of Georgia defines a rural population as any county with a population less than 35,000. In District 4, 14% of the population lives in areas defined as rural; these areas include following counties: Butts, Heard, Lamar, Meriwether, Pike, and Upson. Over the last decade, nine counties have seen an overall, 10% increase in the population; with Heard, Meriwether, and Upson Counties having experienced decreases in population size.

<table>
<thead>
<tr>
<th>2016 General Population Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
</tr>
<tr>
<td>% Under 18 years</td>
</tr>
<tr>
<td>% 18-64 years</td>
</tr>
<tr>
<td>% ≥ 65 years</td>
</tr>
<tr>
<td>% Male</td>
</tr>
<tr>
<td>% Female</td>
</tr>
<tr>
<td>% American Indian/ Alaska Native</td>
</tr>
<tr>
<td>% Asian</td>
</tr>
<tr>
<td>% Black/ African American</td>
</tr>
<tr>
<td>% Native Hawaiian/Other Pacific Islanders</td>
</tr>
<tr>
<td>% White</td>
</tr>
<tr>
<td>% Two or More Races</td>
</tr>
<tr>
<td>% Hispanic/Latino (of any race)</td>
</tr>
</tbody>
</table>
Community Health Assessment Methods

The Community Health Assessment (CHA) for District 4 Public Health involved a process of collecting, analyzing, and using data to educate and mobilize communities, develop priorities, garner resources, and plan actions to improve the public’s health. It involved the systematic collection and analysis of data to provide the health department and the community it serves with a sound basis for decision-making. This CHA was conducted in partnership with other organizations in the community and included collecting data on health status, health needs, community assets, resources, and other determinants of health status. The data collected from the following assessments will serve as the basis for developing a community health improvement plan and a strategic plan.

Our Community Health Assessment (CHA) uses the Mobilizing for Action through Planning and Partnerships (MAPP) framework, which is a validated, community-driven strategic framework developed by the National Association of County and City Health Officials (NACCHO) deployed to improve the health and quality of life of individual communities. MAPP advocates community involvement in each of its assessments. This framework is composed of the following four sections:

- **Community Strengths and Themes Assessment (CSTA)** -- Provides qualitative information on how communities perceive their health and quality of life concerns as well as their knowledge of community resources and assets.

- **Local Public Health System Assessment (LPHSA)** -- Measures the capacity and performance of the local public health system by surveying all organizations and entities that contribute to the public’s health.

- **Forces of Change Assessment (FCA)** -- Is aimed at identifying forces, such as trends factors, or events, that are or will be influencing the health and quality of life of the community and the work of the local public health system.

- **Health Status Report (HSR)** -- Provides quantitative data on a broad array of health indicators, including quality of life, behavioral risk factors, and other measures that reflect a broad definition of health.

- **Community Asset List** -- In each county, there are a number of resources that can be used to help counter some of our most pressing health concerns. This list was compiled with issues from the Community Health Assessments in mind, and will be updated annually.
Community Strengths and Themes Assessment

Overview

A comprehensive assessment process is critical to the success of the MAPP initiative. The Community Themes and Strengths Assessment (CTSA) was used to help provide an overall picture of the health of the community. The survey focused on identifying respondents’ perceptions of the community’s greatest strengths, important health-related issues and concerns, and areas for potential improvement.

A community health survey was distributed to residents of District 4 in Butts, Carroll, Coweta, Heard, Henry, Fayette, Lamar, Meriwether, Pike, Spalding, Troup, and Upson counties in Fall 2015. Population estimates from each county were determined using the US Census Data. Sample sizes were computed using the sample size calculator from the Creative Research Systems. For uniformity purposes, each county was asked to submit a minimum of 400 surveys, for a total of 4,800 surveys. We received 6,659 responses, exceeding our minimum amount by 1,859. Surveys were administered through Family Connections collaboratives, school systems, health departments, governmental agencies, and the District 4 website. Both paper and electronic surveys were available. The results from these surveys can only be considered the views of those who participated and do not necessarily represent the views of all who live in District 4.

Participants were asked to provide demographic information including zip code, gender, age, marital status, household income, education level, race/ethnicity, and how the respondent usually paid for health care costs. Graphs showing some of these responses can be found on pages 7-9.

Participants were also asked to make three selections from an extensive list of health-related issues to identify what they think are the three most important risky behaviors in their community, the results of which can be found on page 10.
“How would you rate your own personal health?”

A total of 6,659 surveys were completed throughout the district. Of these responses:

- **12%** felt that they were “VERY HEALTHY”
- **49%** felt that they were “HEALTHY”
- **33%** felt that they were “SOMewhat HEALTHY”
- **5%** felt that they were “UNHEALTHY”
- **1%** felt that they were “VERY UNHEALTHY”

When we try to solve a problem based on our own perception, we often fall short of the goal, because we are not connecting with our clients by meeting them where they are. By understanding that the vast majority of the survey respondents feel at least somewhat healthy, we know that prevention and self-care are not a foregone conclusion. But we also know what the data tells us, and that is: We are not as healthy as we think.
The age group with the most respondents was the 40-54-year-old age group, which is also the most populous age group in the district, making up approximately 21% of the entire population. Even though they make up 21% of the population, they made up 30% of the responses.

The next highest response rate was from the 26-39-year-old age group, with 28% of the responses, even though that age group only makes up 18% of our district’s population.

Third was the 25 and under age group with 21% of the responses, even though they only make up 10% of our population.

The entire group of 55 and older made up 21% of total responses, and makes up 26% of our district population.

What this participation, broken down by age group, tells us is who is willing to speak up and be a part of something. When developing our Community Health Improvement Plan, we are more likely to get feedback and participation from the younger members of our communities.
As previously stated, it is important to know and understand where people feel that they are, so that you know how to approach them.

Of the total responses:

- **6%** felt that their community was “VERY HEALTHY”
- **29%** felt that their community was “HEALTHY”
- **49%** felt that their community was “SOMewhat HEALTHY”
- **14%** felt that their community was “UNHEALTHY”
- **2%** felt that their community was “VERY UNHEALTHY”

When we examine the data for the district, we see that we are worse than the state average as it relates to COPD, hypertension, heart disease, Alzheimer’s, diabetes, and pneumonia. It may help residents to see the data to help them understand that there are issues in our district that must be addressed. This will be the basis for our Community Health Improvement Plan.
District 4 Public Health
Community Themes & Strengths Assessment Results 2015-2016

District 4 serves Butts, Carroll, Coweta, Fayette, Heard, Henry, Lamar, Meriwether, Pike, Spalding, Troup and Upson Counties in Georgia.

The following report is based on a community-wide health assessment given to a minimum of 400 participants per county. These participants ranged widely in different demographic classifications.

DISTRICT WIDE DATA RESULTS

Question 1.
What are the three most important things needed to be a healthy community?

1. Good Place to Raise Children
2. Parks and Recreation
3. Good Schools

Question 2.
What are the three most important health problems in our community?

1. HIV/AIDS
2. Child Abuse/Neglect
3. High Blood Pressure

Question 3.
What are the three most important risky behaviors in our community?

1. Alcohol Abuse
2. Dropping Out of School
3. Being Overweight
Local Public Health Assessment

Purpose and Background

The National Public Health Performance Standards Program (NPHPSP) assessments are a helpful tool in evaluating the current performance against a set of optimal standards. This is a partnership effort to improve the practice of public health and the performance of public health systems. This Local Public Health System Assessment (LPHSA) report is intended to help District 4 Public Health gain a good understanding of its performance and move on to the next step in strengthening the public system.

The 10 Essential Public Health Services (EPHS) describe the public health activities that all communities should undertake and serve as the framework for NPHPSP instruments. These include:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
10. Research for new insights and innovative solutions to health problems.
Methods

District 4 Public Health performed the LPHSA in March 2016. Twenty-three community partners from across the district participated in the assessment. Representatives included members from school systems, hospitals, medical professionals, emergency management, animal control, family connections, board of health members and governmental agencies.

A brief overview of the 10 Essentials of Public Health Services was presented. After the presentation, attendees were asked to rate each essential service on a scale of 1 – 10. Partners were asked to rate how important essential services are to their organizations and how well public health provides these services.

The rating system for the standards was as follows:

- No Activity – 0% or absolutely no activity
- Minimal Activity – 1% to 25% activity
- Moderate Activity – 26% to 50% activity
- Significant Activity – 51% to 75% activity
- Optimal Activity – 76% to 100% activity

Results

The table below provides an overview of District 4 Public Health’s performance in each of the 10 Essential Public Health Services (EPHS).

<table>
<thead>
<tr>
<th>EPHS</th>
<th>EPHS Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Monitor Health Status to Identify Community Health Problems</td>
<td>86</td>
</tr>
<tr>
<td>2</td>
<td>Diagnose and Investigate Health Problems and Health Hazards</td>
<td>94</td>
</tr>
<tr>
<td>3</td>
<td>Inform, Educate, and Empower People about Health Issues</td>
<td>66</td>
</tr>
<tr>
<td>4</td>
<td>Mobilize Community Partnerships to Identify and Solve Health Problems</td>
<td>87</td>
</tr>
<tr>
<td>5</td>
<td>Develop Policies and Plans that Support Individual and Community Health Efforts</td>
<td>91</td>
</tr>
<tr>
<td>6</td>
<td>Enforce Laws and Regulations that Protect Health and Ensure Safety</td>
<td>84</td>
</tr>
<tr>
<td>7</td>
<td>Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable</td>
<td>63</td>
</tr>
<tr>
<td>8</td>
<td>Assure a Competent Public and Personal Health Care Workforce</td>
<td>72</td>
</tr>
<tr>
<td>9</td>
<td>Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services</td>
<td>68</td>
</tr>
<tr>
<td>10</td>
<td>Research for New Insights and Innovative Solutions to Health Problems</td>
<td>52</td>
</tr>
</tbody>
</table>

**Overall Performance Score**

76
**Conclusion**

While the district-wide LPHS overall rating for the 10 Essential Public Health Services is categorized at “Optimal Activity”, it is important to note that this is a perceptual survey and that Essential Public Health Services Standards that were positively rated do not necessarily reflect a lack of need for improvement.

An overall score of 76 out of 100 possible points indicates that the perception of our community partners is that we are doing an exemplary job. Although, it should be noted that our lowest score, by far, is *Research for New Insights and Innovative Solutions to Health Problems* with a score of 52 out of 100 possible points. This significantly lower score lets us know where we need to focus in the future, and that when we do use research and innovation to solve health problems, we need to do a better job of relaying that information to our community partners.

Moving forward, it is critical that public health employees and community partners work together to look at each EPHS individually to determine where improvements can be made and what efforts and resources will be required to progress toward more positive outcomes.
Forces of Change

Introduction

The Forces of Change Assessment is one of four assessments in the MAPP process. It identifies external factors, trends, and events that will likely affect the health of residents in District 4 and its local public health structure. It is the most pro-active of the four MAPP assessments.

The West Central Georgia Community Transformation Collective (now known as A.C.T.) is a regional cross-sector collaborative of government and private entities, community organizations, and academic institutions. The UGA Public Health Leadership Academy (PHLA) was the catalyst that brought community readiness and accreditation preparation together. The regional Family Connection (FC) Peer-to-Peer network, representing ten counties, is the backbone of the collective. The leadership team is made up of the District Health Director, a Public Housing CEO (Co-champions of the Collective), FC coordinators from four counties, the district accreditation coordinator and one grassroots community member. An interactive, brainstorm session and two-way discussion was facilitated on October 9, 2015 to identify factors that may contribute to forces of change and review threats and opportunities associated with each force. Participants were divided into groups to encourage comprehensive discussions. Each group was asked to identify factors that could impact the health of District 4 residents in line with the pre-identified eight categories of forces. Responses were collected, summarized and incorporated in this assessment.

As indicated in NACCHO’s Forces of Change Assessment, eight categories of forces were thoroughly examined in order to respond to the following questions:

- What is occurring or might occur that affects the health of our community or local public health system?
- What specific threats and/or opportunities are generated by these (potential) occurrences?

The eight categories of forces are as follows: economic, environmental, ethical, legal, political, scientific, social and technological.
Economic
Most groups included rising burden of debt on society as a major economic force affecting individual families’ health. Other influential economic forces enumerated include: redistribution of funding, economic growth due to presence of automobile industry in Troup county (KIA motors) and domestic migration as a consequence of job loss. Cut back services, reduction on funding opportunities, underemployment, suppressed wages and seasonal immigration were also listed as possible economic forces. A major trend identified by all groups was global opportunity taking the place of local jobs. Few groups included the cliff effect; when monetary raise could negatively affect low-income families in the long-run.

Environmental
Failing infrastructure as an environmental nuisance and potential source of environment-related hazards was a major force identified by all groups. Some groups also listed the built environment, which included the creation of jogging paths, cycling lanes and community gardens which could enhance a built environment and encourage healthy lifestyles. An unreliable transportation system in over eighty percent of the district could potentially negatively affect response to disaster outbreaks. Other environmental forces listed included potential terrorism.

Ethical
Ethical forces considered at the meeting ranged from potential impact of stem cell research and bio-ethics, to daily racial discussions fueled by recent spate of activities such as Black Lives Matter. Identification and distribution of community resources with assistance from Family Connection Collaborative was emphasized. One group listed adjustments to each organization’s mission and vision to reflect the cultural diversity within the community. Overall, ethical forces were believed to act in consonance with other forces.
Legal
Legal forces are interconnected with political forces. A change in political leadership may lead to new laws, ordinances, statutes and regulations. These changes could result in sweeping changes in the community's health status. New laws may re-assess service delivery and resources. One group included reclassification of employment status based on changes in law as potential influencer of economic growth (or otherwise).

Political
Politics, at all levels (local, state or federal) pose a real force that could influence the community's health and local public health infrastructure. Across the board, groups had a thorough discussion about “political correctness”. In an ever-changing world, local communities are faced with choices that may include necessary compromise. The extent of such compromise in light of political acceptability may alter decisions pertaining to the community’s health. Recent extreme political division was equally identified and discussed. The political environment that encourages extreme polarities on ideals could present issues from different perspectives but it could also result in stagnation of positive growth within the community. Other political forces listed include: recent military deployment of the District Health Director, rise of special interest groups, changes in elected officers, unfunded mandates and access (or lack thereof) to federal funds.

Scientific
Although scientific advances and medical breakthroughs present opportunities to circumvent old health problems, they also lead to more ethical and moral issues. Another issue raised at the discussion was the social implications of ensuring equitable distribution of these scientific advances. One group listed data and facts resulting from research as drivers for further funding. As a result, communities that invest in research are likely to enhance their chances of more funding opportunities to meet other needs within the community. Local data collection and interpretation could highlight new trends and alter strategic plans.
Social
Social forces can have a great influence on the community’s health and its local public health entities. Overall, most groups agreed that it was the most influential force (with longer list of potential influencers). Several factors were incorporated as social forces. A drift away from “traditional” family dynamics (and its acceptance or otherwise) could lead to new health issues within each community. The presence of UGA extension services within some communities may offer more resources. Other social forces listed include partnership with larger entities (Morehouse and Emory University), Pre-K enrollment, quality rated childcare options, increasing career academics, access to mental health and healthcare benefit issues. The Uber Model was an interesting emerging social force identified by one group. The Uber Model interconnects social, economic and environmental forces. It provides a means for parents to augment their income, enhances local transportation and recruit unemployed members of the community. Generational differences in work ethics (traditional shifts vs. flexible schedules and working from home) may create more time for parents and their children. One group noted the connection between education and social forces. Without a literate society, most communities will struggle with social determinants that could negatively influence health. Local resources and programs such as TEEN MAZE and Stewards of Children (Darkness to Light) were listed as effective educational programs that meet specific needs.

Technology
Social media such as Facebook and Twitter have reinforced the notion that the world is a global village. Social media continues to change how people interact and share information. Through these platforms, messages could be sent in ‘real-time’ during disasters. Technology advances, such as broadband technology in all counties within the district, are important for sending public health information to community members. Technology equity portends a point of intersection between technology, social, and economic forces. Most groups emphasized equitable distribution of new technologies to the all members of the community. Tele-health provides an opportunity to link people in areas with a health professional shortage to healthcare. One group cited the intent & use of technology as the main influencer (negatively or positively). Hacking of patients’ records (HIPPA violations) or children’s exposure to 24-hour media are examples of negative utilization of available technologies.

Please see Appendix A (p. 55) for the handout/graphic version of this information.
Health Status Report

Introduction

This report provides quantitative data on a broad array of health indicators, including quality of life, behavioral risk factors, and other measures that reflect a broad definition of health. The Health Status Report provides the data for the Community Health Assessment. In conjunction with the first three assessments, which were all based on the perception of the community members and stakeholders, this report takes the data about each community and the district as a whole, and allows us to see where the overlap is. This gives us a much better idea of where to focus on our CHIP. The data used for this report was obtained from a number of sources including OASIS, Kids Count, County Health Rankings, CDC, U.S. Census, Georgia Bureau of Investigation and others (References can be found on page 52). A portion of the data was obtained in the fall of 2017, with the help of North Central Health District, while the remaining data was collected in January and February of 2018. In addition to the narrative report, please find the handout version of this report in Appendix B (p.64).

Topics Covered

- Overall Population Statistics
- Poverty
- Employment and Income
- Housing
- Education
- Social Factors
- Health and Healthcare
- Neighborhood Environment
- Health Behaviors
- Health Outcomes
- Mortality
  - Cardiovascular Disease
  - Cancer
  - Respiratory Disease
  - Diabetes
Overall Population Statistics

According to the US Census Bureau, District 4 is home to 844,116 people, which is an increase of 76,285 people (9%) since 2007. The following table shows the demographic breakdown for the district.

<table>
<thead>
<tr>
<th>2016 Population Characteristics</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>844,116</td>
</tr>
<tr>
<td>% Under 18 Years</td>
<td>25%</td>
</tr>
<tr>
<td>% 18-64 Years</td>
<td>61%</td>
</tr>
<tr>
<td>% 65+ Years</td>
<td>14%</td>
</tr>
<tr>
<td>% Male</td>
<td>48%</td>
</tr>
<tr>
<td>% Female</td>
<td>52%</td>
</tr>
<tr>
<td>% American Indian/Alaska Native</td>
<td>0%</td>
</tr>
<tr>
<td>% Asian</td>
<td>2%</td>
</tr>
<tr>
<td>% Black/African American</td>
<td>29%</td>
</tr>
<tr>
<td>% Native Hawaiian/Pacific Islander</td>
<td>0%</td>
</tr>
<tr>
<td>% White/Caucasian</td>
<td>61%</td>
</tr>
<tr>
<td>% Two or More Races</td>
<td>2%</td>
</tr>
<tr>
<td>% Hispanic/Latino (any race)</td>
<td>6%</td>
</tr>
</tbody>
</table>

(Source: US Census)
District 4 has a mixed urban and rural population, which is important to note, given the health disparities between the two. Although both demographics face their own challenges, it is widely noted that those living in a rural setting are more likely to suffer from chronic diseases, and less likely to have access to care. The following table shows the percentage of each county’s population that lives in a rural area.

<table>
<thead>
<tr>
<th>County</th>
<th>% Rural Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Butts</td>
<td>77.9%</td>
</tr>
<tr>
<td>Carroll</td>
<td>41.8%</td>
</tr>
<tr>
<td>Coweta</td>
<td>32.9%</td>
</tr>
<tr>
<td>Fayette</td>
<td>18.2%</td>
</tr>
<tr>
<td>Heard</td>
<td>100%</td>
</tr>
<tr>
<td>Henry</td>
<td>13.9%</td>
</tr>
<tr>
<td>Lamar</td>
<td>60.9%</td>
</tr>
<tr>
<td>Meriwether</td>
<td>83.3%</td>
</tr>
<tr>
<td>Pike</td>
<td>99.0%</td>
</tr>
<tr>
<td>Spalding</td>
<td>41.6%</td>
</tr>
<tr>
<td>Troup</td>
<td>44.3%</td>
</tr>
<tr>
<td>Upson</td>
<td>46.9%</td>
</tr>
</tbody>
</table>

(Source: County Health Rankings)

Counties with the highest rural population
- Heard (100%), Pike (99%), Meriwether (83.3%)

Counties with the lowest rural population
- Henry (13.9%), Fayette (18.2%), Coweta (32.9%)
Poverty

According to the Department of Health and Human Services, the Federal Poverty Line for a family of 4 is $25,100. A family falling below this line qualifies them for federal assistance for food, housing, medical care, and child care. According to the US Census Bureau, in District 4, 18.5% of our residents live below the Federal Poverty Line (for their given family size), with 26% of children in District 4 living below the Federal Poverty Line, as seen in the pie chart below ("Poverty Guidelines", 2018).

(Source: US Census)
Food Environment Index

Another measure of poverty is the Food Environment Index, which ranges from 0 (worst) to 10 (best) and equally weighs two indicators of the food environment: limited access to healthy foods and food insecurity.

Limited access to healthy foods estimates the percentage of the population that is low income and does not live close to a grocery store. Living close to a grocery store is defined differently in rural and non-rural areas; in rural areas, it means living less than 10 miles from a grocery store, whereas in non-rural areas, it means less than one mile. “Low income” is defined as having an annual family income of less than or equal to 200% of federal poverty threshold for the family size.

Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year. A two-stage fixed effects model was created using information from the Community Population Survey, Bureau of Labor Statistics, and American Community Survey. In District 4 the average Food Environment Index Score is 7. The county with the highest (best) score was Pike with a score of 8.4, the county with the worst score was Spalding with a score of 6 (“How Healthy is your County? | County Health Rankings”, 2017).

According to County Health Rankings, “There is strong evidence that residing in a food desert is correlated with a high prevalence of overweight, obesity, and premature death. Supermarkets traditionally provide healthier options than convenience stores or smaller grocery stores. Additionally, lack of access to fresh fruits and vegetables is a substantial barrier to consumption and is related to premature mortality. This measure is no longer ranked, it was replaced by a composite measure of the food environment which includes food insecurity and access to healthy foods” (“How Healthy is your County? | County Health Rankings”, 2017).

4.9% of low-income people living in District 4 have limited access to healthy food
Income

The median household income for all races in District 4 is $50,092, in comparison with $51,200 in Georgia (2015). According to County Health Rankings, “Income, defined as “Total income”, is the sum of the amounts reported separately for: wage or salary income; net self-employment income; interest, dividends, or net rental or royalty income or income from estates and trusts; Social Security or Railroad Retirement income; Supplemental Security Income (SSI); public assistance or welfare payments; retirement, survivor, or disability pensions; and all other income. Receipts from the following sources are not included as income: capital gains; money received from the sale of property (unless the recipient was engaged in the business of selling such property); the value of income “in kind” from food stamps, public housing subsidies, medical care, employer contributions for individuals, etc.; withdrawal of bank deposits; money borrowed; tax refunds; exchange of money between relatives living in the same household; gifts and lump-sum inheritances, insurance payments, and other types of lump-sum receipts” (“How Healthy is your County? | County Health Rankings”, 2017).

The median household income for African Americans in District 4 is $35,796, while the median household income for Hispanics is $45,254, and $52,520 for Caucasians. The difference of $16,724 a year between the African American average and the Caucasian average shows a correlation between income inequality and race.

Income inequality is the ratio of household income at the 80th percentile to that at the 20th percentile, i.e., when the incomes of all households in a country are listed from lowest to highest, the 80th percentile is the level of income at which only 20% of households have higher incomes, and the 20th percentile is the level of income at which only 20% of households have lower incomes. A higher inequality ratio indicates greater division between the top and bottom ends of the income spectrum. When it comes to income inequality, District 4 ranks in the middle of the state of Georgia's highest rate (8.0) and lowest rate (2.7), with a rate of 4.7.

Counties with the HIGHEST Income Inequality Ratio

- Lamar: 5.7
- Meriwether: 5.3
- Troup: 5.3

Counties with the LOWEST Income Inequality Ratio

- Pike: 4.0
- Coweta: 4.1
- Fayette: 4.1
This graph, obtained from the US Census Bureau, shows the growing income equality nation-wide. The top 5% of earners have nearly doubled their wealth in the past 47 years, while the bottom 10% have only increased their earnings by about $2,000. Even the middle 50% of earners have stayed nearly stagnant in the past half-century. It isn’t until you get to the 90th percentile, that you see real income growth.

When you consider the ever-increasing gap between the wealthiest members of our communities and the poorest, you must consider the repercussions that accompany that gap. According to County Health Rankings, “Income inequality within US communities can have broad health impacts, including increased risk of mortality, poor health, and increased cardiovascular disease risks. Inequalities in a community can accentuate differences in social class and status and serve as a social stressor. Communities with greater income inequality can experience a loss of social connectedness, as well as decreases in trust, social support, and a sense of community for all residents” (“How Healthy is your County? | County Health Rankings”, 2017).
Employment

District 4 has an average unemployment rate of 6.5%, compared with the state average of 5.9% and a national average of 4.4% (all rates are the averages from all of 2017). The counties with the highest unemployment rates were Spalding and Meriwether at 7.8% and Lamar at 7.6%. The counties with the lowest unemployment rates were Fayette at 5.1%, Coweta at 5.2% and Pike at 5.6%.

According to County Health Rankings, “The unemployed population experiences worse health and higher mortality rates than the employed population. Unemployment has been shown to lead to an increase in unhealthy behaviors related to alcohol and tobacco consumption, diet, exercise, and other health-related behaviors, which in turn can lead to increased risk for disease or mortality, especially suicide. Because employer-sponsored health insurance is the most common source of health insurance coverage, unemployment can also limit access to health care” ("How Healthy is your County? | County Health Rankings", 2017).

TOP INDUSTRIES IN DISTRICT 4:
• Service/Providing: Utilities, wholesale trade, retail trade, transportation, finance and insurance, real estate, healthcare and social assistance

61% of the district population is in the laborforce, or "blue collar" work.
Housing

Severe Housing Problems

Severe Housing Problems refers to the percentage of households with at least one (but maybe more) of the following problems:

- Housing unit lacks complete kitchen facilities
- Housing unit lacks complete plumbing
- Household is severely overcrowded
- Household is severely cost burdened

*Severe overcrowding is defined as more than 1.5 persons per room. Severe cost burden is defined as monthly housing costs (including utilities) that exceed 50% of monthly income.*

In District 4, 16.5% of our residents live with severe housing problems. The state average for Georgia is 18%. The counties with the highest percentage of severe housing problems are Troup and Spalding at 21% and the county with the lowest percent is Heard with 13%.

Being able to live in safe, reliable, affordable, and complete housing has a major impact on a person’s physical and mental health. Living in sub-standard housing can contribute to asthma, chronic lung infections, trips and falls, and poor hygiene. Those who live in homes that do not have a complete kitchen are less likely to be able to prepare healthy meals for themselves and their growing children, which contributes to obesity, type 2 diabetes, heart disease, high blood pressure, and depression ("How Healthy is your County? | County Health Rankings", 2017).

Owner-Occupied vs. Renter-Occupied

In District 4, 69.8% of homes are owner-occupied and 30.2% are renter-occupied. The median value of owner-occupied homes in the district was $130,942 from 2012-2016.
Education

“Education does not act on health in isolation from other factors. Income is another very important factor that interacts in many important ways with education as influences on health. This makes it hard to assess their independent effects. However, empirical investigations often find that the effect of education on health is at least as great as the effect of income” (Feinstein, Sabates, Anderson, Sorhaindo, & Hammond, 2006). Access to quality education from a young age does have an effect on the long-term health and wellbeing of children into their adulthood.

While graduation rates seem to be the most commonly discussed measure of how educated a community is, there are other measures to consider, such as Pre-K enrollment, and the percentage of the population with a 4-year degree (or higher).

In District 4, the average graduation rate is 83.4%, according to the GA Dept. of Education in a 2015 4-year cohort. The counties with the highest graduation rates are Fayette at 92%, Lamar at 91.2% and Heard at 90.9%. The counties with the lowest graduation rates are Spalding at 69.2%, Troup at 71.4%, and Pike at 83.7%.

According to Kids Count Data Center, between 2012 and 2016, approximately 49.8% of all 3 and 4-year-old children in the district did not attend a Pre-K or preschool program in District 4. The counties with the highest percentage of non-attendance were Lamar at 65.7%, Spalding at 57.5%, and Carroll at 55.6%. The counties with the highest percentage of attendance were Pike at 60%, Fayette at 57%, and Upson at 55% ("Kids Count Data Center", 2018)

In District 4, the percentage of the population over the age of 24 with a 4-year degree is 19.2%, compared with the Georgia state average of 29.4%. The county with the highest percentage of residents who are 24 years or older who have a 4-year degree is Fayette with 29.6%. The county with the lowest percentage of residents who are 24 years or older who have a 4-year degree is Meriwether at 5.9%. Unsurprisingly, the county with the highest percentage of residents over the age of 24 who have less than a 9th grade education is Meriwether with 8.5%, while the county with the lowest percentage of residents over the age of 24 who have less than a 9th grade education is Fayette with 2.4% (US Census, 2011-2015).
Social Factors

Much like education, social factors have a significant impact on a person’s physical and mental health. One measure of this is the Segregation Index. Racial or ethnic residential segregation refers to the degree to which two or more groups live separately from one another in a geographic area. The index of dissimilarity is a demographic measure of the evenness with which two groups (black and white residents, in this case) are distributed across the component geographic areas (census tracts, in this case) that make up a larger area (counties, in this case). The index score can be interpreted as the percentage of either black or white residents that would have to move to different geographic areas in order to produce a distribution that matches that of the larger area. A score of 0 would represent complete segregation, and a score of 100 would represent complete integration. The average score for the district is 30 compared to a score of 54 for the state of Georgia. The counties with the lowest scores (more segregated) are Meriwether – 11, Heard – 15, and Pike – 16. The counties with the highest scores (more integrated) are Spalding – 44, Coweta – 41, and Fayette – 41. “Although most overtly discriminatory policies and practices promoting segregation, such as separate schools or seating on public transportation or in restaurants based on race, have been illegal for decades, segregation caused by structural, institutional, and individual racism still exists in many parts of the country. Segregation continues to have lasting implications for both personal and community well-being. Residential segregation of blacks and whites is considered to be a fundamental cause of health disparities in the US and has been linked to poor health outcomes including infant and adult mortality, and a wide variety of reproductive, infectious, and chronic diseases” ("How Healthy is your County? | County Health Rankings", 2017).

In District 4, 22% of our teens and young adults (aged 16-24) are considered “disconnected youth”; these people are neither working nor in school. Our average is higher than the state of Georgia average, which is 17%.

35% of households in the district are single parent households, compared to 37% in Georgia. The county with the highest percentage of single parent households is Troup with 49%, and the county with the lowest percentage is Fayette with 21%.

According to the GA Secretary of State, Voter Registration Statistics, 65% of registered voters in the district voted in the 2016 General Election. The county with the highest voter turnout was Pike with 71% and the county with the lowest turnout was Troup with 60%.
Crime and Safety

Family violence - including injuries, homicide, and suicide - has an obvious negative effect on physical health, but also on mental health, and is in in the **top 10 causes of death** for every age group. In District 4, assault (homicide) is the number 8 cause of death in infants under 1 year old, and the number 5 cause of death for children ages 5-9. Once our population reaches 15-24 years of age, assault (homicide) is the number 2 cause of death, followed by suicide for the number 3 cause of death.

![Weapons Used in Family Violence in District 4 in 2016](image)

**In District 4:**

*According to the GBI, in 2016 there were:*

- **24 Murders**
- **188 Cases of Rape**
- **472 Robberies**
- **1510 Assaults**
- **4120 Burglaries**
- **15,095 Cases of Larceny**
- **1,423 Vehicle Thefts**
### Relationship of Offender to Victim, 2016

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present Spouse</td>
<td>1227</td>
</tr>
<tr>
<td>Former Spouse</td>
<td>188</td>
</tr>
<tr>
<td>Child</td>
<td>434</td>
</tr>
<tr>
<td>Parent</td>
<td>680</td>
</tr>
<tr>
<td>Step Parent</td>
<td>85</td>
</tr>
<tr>
<td>Step Child</td>
<td>54</td>
</tr>
<tr>
<td>Foster Parent</td>
<td>4</td>
</tr>
<tr>
<td>Foster Child</td>
<td>6</td>
</tr>
<tr>
<td>Lives in the Same Household (or did)</td>
<td>2490</td>
</tr>
<tr>
<td>None of the Above</td>
<td>307</td>
</tr>
</tbody>
</table>

(Source: GBI)

### Abuse Type by Gender, 2016

<table>
<thead>
<tr>
<th>Injury Type</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatal Injury</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Permanently Disabled</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Temporarily Disabled</td>
<td>32</td>
<td>10</td>
</tr>
<tr>
<td>Broken Bones</td>
<td>22</td>
<td>6</td>
</tr>
<tr>
<td>Gun/Knife Wounds</td>
<td>32</td>
<td>36</td>
</tr>
<tr>
<td>Superficial Wounds</td>
<td>1843</td>
<td>770</td>
</tr>
<tr>
<td>Property Damage</td>
<td>504</td>
<td>227</td>
</tr>
<tr>
<td>Threats</td>
<td>376</td>
<td>110</td>
</tr>
<tr>
<td>Abusive Language</td>
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<td>164</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>65</td>
<td>4</td>
</tr>
<tr>
<td>Other Abuse</td>
<td>595</td>
<td>236</td>
</tr>
</tbody>
</table>

(Source: GBI)

### Police Action Taken, 2016

<table>
<thead>
<tr>
<th>Action Type</th>
<th># of Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrested</td>
<td>1810</td>
</tr>
<tr>
<td>Citation</td>
<td>4</td>
</tr>
<tr>
<td>Separation</td>
<td>900</td>
</tr>
<tr>
<td>Mediation</td>
<td>418</td>
</tr>
<tr>
<td>Other</td>
<td>2004</td>
</tr>
<tr>
<td>None</td>
<td>339</td>
</tr>
</tbody>
</table>

(Source: GBI)
Health and Healthcare

Access to care is a crucial component of a healthy community. As previously mentioned, in rural areas, doctors, dentists, and mental health providers may be in short supply, thus causing people in that community to wait much longer than they should to seek medical care. This delay in treatment can be the difference between life and death.

According to County Health Rankings, in District 4, there are:

- 2,464 mental health patients for every 1 mental health provider (MHP)
- 2,945 healthcare patients for every 1 primary care provider (PCP)
- 4,160 dental patients for every 1 dentist (D)

The county with the highest ratio of patients to PCPs is Pike: 5928:1
The county with the lowest ration of patients to PCPs is Fayette: 877:1
*There are nearly 7x more patients per doctor in Pike as there are in Fayette

The county with the highest ratio of patients to dentists is Pike: 5980:1
The county with the lowest ratio of patients to dentists is Fayette 1065:1
*There are over 5x more patients per dentist in Pike as there are in Fayette

The county with the highest ratio of patients to MHPs is Pike: 5980:1
The county with the lowest ratio of patients to MHPs is Fayette: 683:1
*There are nearly 9x more patients per MHP in Pike as there are in Fayette

In District 4, 16% of the population under the age of 65 is without insurance.
(Source: County Health Rankings)
Neighborhood Environment

Living in a community that has clean air and drinking water is an often-overlooked luxury in the United States. According to the Environmental Protection Agency, the national average PM2.5 in 2016 was 7.77, while the average PM2.5 in Georgia is 10.1 and the District 4 average is 10.4.

PM2.5 is the *average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) in a county* (EPA, "National Trends of PM25 Concentrations in 2000-2016", 2011-2016).

### Air Pollution: Particulate Matter

2011-2016

<table>
<thead>
<tr>
<th></th>
<th>US AVG</th>
<th>GA AVG</th>
<th>D4 AVG</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>7.7</td>
<td>10.1</td>
<td>10.4</td>
</tr>
<tr>
<td>2016</td>
<td>7.5</td>
<td>10.3</td>
<td>10.6</td>
</tr>
</tbody>
</table>

(Source: EPA)

Drinking Water Violations is an indicator of the presence or absence of health-based drinking water violations in counties served by community water systems. Health-based violations include Maximum Contaminant Level, Maximum Residual Disinfectant Level and Treatment Technique violations. In this district, 3 out of 12 counties had drinking water violations, those counties were Coweta, Fayette, and Meriwether.

Recent studies estimate that contaminants in drinking water sicken 1.1 million people each year. Ensuring the safety of drinking water is important to prevent illness, birth defects, and death for those with compromised immune systems. A number of other health problems have been associated with contaminated water, including nausea, lung and skin irritation, cancer, kidney, liver, and nervous system damage ("How Healthy is your County? | County Health Rankings", 2017).

The following page contains a map of air pollution in the state.
Air Pollution:
Particulate Matter

County with the HIGHEST Particulate Matter:
HENRY - 10.8

County with the LOWEST Particulate Matter:
HEARD - 9.9

*GA Average – 10.1

Particulate Matter is the average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) in a county. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers. These particles can be directly emitted from sources such as forest fires, or they can form when gases emitted from power plants, industries and automobiles react in the air.

The relationship between elevated air pollution (especially fine particulate matter and ozone) and compromised health has been well documented. Negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma, and other adverse pulmonary effects.
Health Behaviors

Three of the most preventable behaviors that contribute to the most chronic diseases are smoking, obesity, and physical inactivity.

**Obesity is listed as a health behavior due to lack of data on poor diet as a measure**
Adult Smoking

Adult smoking is defined as the percentage of the adult population that currently smokes every day or most days and has smoked at least 100 cigarettes in their lifetime. Each year in the United States, approximately 443,000 premature deaths can be attributed to smoking. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes. Measuring the prevalence of tobacco use in the population can alert communities to potential adverse health outcomes and can be valuable for assessing the need for cessation programs or the effectiveness of existing programs. In District 4, approximately 17% of residents are self-reported smokers, compared with the state average of 18%. Within the district, the counties with the highest percentage of smokers are Meriwether, Spalding, Troup, and Upson with 19%. The counties with the lowest percentage of smokers are Fayette at 13%, and Coweta and Pike at 15% ("How Healthy is your County? | County Health Rankings", 2017).

Adult Obesity

Anyone with a Body Mass Index (BMI) over 30 is considered obese. The counties with the highest levels of adult obesity in District 4 are Meriwether at 35%, Henry at 33%, and Carroll, Spalding, and Upson all at 32%. The counties with the lowest levels of adult obesity are Pike at 26%, Coweta at 27%, and Butts at 29% ("How Healthy is your County? | County Health Rankings", 2017).

According to America’s Health Rankings, “Obesity is the leading cause of Years of Potential Life Lost (YPLL) among Americans – Surpassing tobacco use, high blood pressure, and high cholesterol. In 2015-2016, more than one-third (39.8 percent) of U.S. adults and nearly one in five (18.5 percent) youth are obese. Adults with obesity, compared with adults at a healthy weight, are at an increased risk for developing serious health conditions including: hypertension, type 2 diabetes, heart disease, stroke, osteoarthritis, sleep apnea (and other breathing problems), cancer, as well as anxiety and depression. Children and teens who have obesity are more likely to have obesity as adults and are at an increased risk for developing many chronic conditions, compared to youth who are not obese. The total estimated cost of obesity [in the United States] in 2010 was $315.8 billion” (America's Health Rankings, "Explore Obesity in Georgia", 2018). The annual cost of obesity in Georgia is estimated at $2.4 billion ($250 per Georgian each year), which includes direct health care costs and lost productivity from disease, disability, and death ("2010 Georgia Data Summary: Obesity in Children and Youth", 2010).
Physical Inactivity

Physical Inactivity is the percentage of adults age 20 and over reporting no leisure-time physical activity. Examples of physical activities provided include running, calisthenics, golf, gardening, or walking for exercise. Decreased physical activity has been related to several disease conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity. Inactivity causes 11% of premature mortality in the United States, and caused more than 5.3 million of the 57 million deaths that occurred worldwide in 2008. In addition, physical inactivity at the county level is related to health care expenditures for circulatory system diseases. The district average was 26% Physically Inactive, compared to the state average of 23%. The most physically inactive counties in the district are: Meriwether and Upson at 30%, and Spalding and Butts at 29%. The most physically active counties in the district are: Fayette at 80%, and Coweta and Henry at 77% active ("How Healthy is your County? | County Health Rankings", 2017).
Alcohol Abuse

According to County Health Rankings, Excessive Drinking is the percentage of adults that report either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or 2 (men) drinks per day on average. Excessive drinking is a risk factor for a number of adverse health outcomes, such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes. Approximately 80,000 deaths are attributed annually to excessive drinking. Excessive drinking is the third leading lifestyle-related cause of death in the United States.

In District 4, the average percentage of Excessive Drinkers is 16%. The counties with the highest percentage of residents who self-report as Excessive Drinkers are: Coweta at 19% and Pike at 18%, compared to the state average of 17%. The counties with the lowest percentage of self-reported Excessive Drinkers are: Meriwether and Upson at 14% and Lamar and Spalding at 15%. The counties with the highest percentage of Alcohol Impaired Driving Deaths are: Upson at 37% and Troup at 31%, compared to the state average at 23%. The counties with the lowest percentage of Alcohol Impaired Driving Deaths are: Spalding and Butts at 14% ("How Healthy is your County? | County Health Rankings", 2017).

ER visits due to alcoholic liver disease have more than doubled from 2002 to 2016, from 2.6 per 100,000 ER visits to 5.6 per 100,000 ER visits.
Drug Abuse

It is well-known that substance abuse and mental health issues are connected. What is interesting to note, is that two of the counties with the lowest number of drug overdoses, Fayette at 8.2 per 100,000 and Coweta at 9.4 per 100,000, also have the most Mental Health Providers (MHPs) per capita (p. 39), and have some of the lowest ER Visit Rates (due to mental health and behavioral disorders) in the district (p.50). These findings highlight the importance of access to care, as well as the correlation of mental health and substance abuse.

The rise of opioid use has caught the attention of the nation. District 4 has not come away from this epidemic unscathed.

Fayette, Spalding, and Troup counties are trending down, while all other counties are trending up. The county with the highest opioid related, age-adjusted death rate is Carroll with 11.4 per 100,000. The county with the lowest rate is Pike with 2.5 per 100,000.

(Source: OASIS)
Health Outcomes

Sexually Transmitted Infections

The age-adjusted STD rate for chlamydia in District 4 has risen over the past 2 decades. From 240.6 in 1999 to 484.9 in 2016. This could be a combination of better treatments, and thus less fear of disease, and lack of sexual education in schools in the district. The counties with the highest rate of chlamydia are Troup (550.7), Spalding (495.0), and Meriwether (491.7). The counties with the lowest rates are Fayette (195.8), Pike (215.0), and Heard (231.8). The average rate for Georgia is 428.9 (OASIS, 2018).

The age-adjusted STD rate for gonorrhea in District 4 has risen in some counties, and fallen in other counties. Spalding county has dropped from a rate of 412.2 per 100,000 in 1999 to 150.5 in 2016, while Troup county has dropped from 329.7 in 1999 to 170.6 in 2016. On the other hand, Fayette county has increased from 36.1 in 1999 to 93.2 in 2016. Overall, the average rates over a 2-decade timespan are much lower than the chlamydia rates. The county with the highest rate is Troup with an average rate of 239.1, and the county with the lowest rate is Fayette with an average rate of 48.0. The average rate for Georgia is 178.6 (OASIS, 2018).

Syphilis rates vary, depending on the stage. The county with the highest syphilis rates is Butts county. The average rate for secondary syphilis in Butts county is 1.4 per 100,000, which is still considerably lower than the Georgia average rate of 6.5. The average rate for early latent syphilis in Butts county is 11.1, while the Georgia average rate is 7.8, and the average rate for late latency syphilis in Butts county is 56.4, while the Georgia average rate is 8.4 (Source: OASIS, 2018).

The age-adjusted STD rate for all STDs except congenital syphilis for the state of Georgia in 2016 was 833.0, this is a dramatic increase from the rate of 572.4 in 1998. The rate for District 4 in 2016 was 648.3, which is an increase from 427.5 in 1998. The county in our district with the highest rate is Meriwether at 922.5, the county with the lowest rate is Pike at 322.1 (Source: OASIS, 2018).

The direct medical costs of managing sexually transmitted infections and their complications in the US was approximately 15.6 billion dollars in 2008 ("How Healthy is your County? | County Health Rankings", 2017).
HIV/AIDS

In 2017, there were 43 cases of HIV/AIDS in District 4, which is a rate of 5.16. The rate for the state of Georgia is 11.29.

The majority of Georgians living with HIV/AIDS are African Americans, who make up roughly 30% of Georgia’s population, but between 61%-75% of HIV cases.

The age-adjusted death rate for District 4 has fallen from 7.7 to 2.6 from 1994-2016.
Infectious Diseases

2107 Reportable Diseases: Number of Cases (District 4)

<table>
<thead>
<tr>
<th>Disease</th>
<th>No. of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aseptic Meningitis</td>
<td>10</td>
</tr>
<tr>
<td>Campylobacteriosis</td>
<td>59</td>
</tr>
<tr>
<td>Giardiasis</td>
<td>22</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>7</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>62</td>
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<tr>
<td>Hepatitis C</td>
<td>1356</td>
</tr>
<tr>
<td>Pertussis</td>
<td>50</td>
</tr>
<tr>
<td>Rocky Mountain Spotted Fever</td>
<td>24</td>
</tr>
<tr>
<td>Salmonellosis</td>
<td>178</td>
</tr>
<tr>
<td>Shiga Toxin-Producing E. coli</td>
<td>34</td>
</tr>
<tr>
<td>Streptococcus Pneumoniae</td>
<td>92</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>9</td>
</tr>
<tr>
<td>Zika</td>
<td>0</td>
</tr>
</tbody>
</table>

Georgia reported 301 new tuberculosis (TB) cases in 2016. This represents a 6% decrease from 321 TB cases reported in 2015. TB case numbers have decreased 67% since 1991 when the peak of a resurgent period of tuberculosis occurred in Georgia. The TB case rate in Georgia decreased from 3.1 cases per 100,000 persons during 2015 to 2.9 cases per 100,000 in 2016, which is equal to the U.S. case rate.

According to the CDC, Georgia ranked sixth in the United States for number of new TB cases and ranked 10th for TB case rate among the 50 reporting states in 2016.

TB cases in Georgia have decreased by 4% from 2016 to 2017.
Life Expectancy

The term "life expectancy" refers to the number of years a person can expect to live. By definition, life expectancy is based on an estimate of the average age that members of a particular population group will be when they die. Life expectancy is one of the key measures of a population’s health, and an indicator used widely by policymakers and researchers to complement economic measures of prosperity (Ortiz-Ospina, 2017).

The average life expectancy in the United States is 79.08, while the average for Georgia is 77.38, and the average for District 4 is 75.8. The county with the oldest life expectancy is Fayette at 81.22, while the youngest life expectancy is Upson at 73.71.

YPLL

Years of Potential Life Lost refers to the number of years that a person should have had left to live if he or she had lived to the life expectancy of his or her population. For example, if a person in Fayette county (life expectancy of 81.22) died in a car accident at the age of 15, the YPLL would be 66.22 (81.22 - 15 = 66.22).

The population within our district that has the highest YPLL is the male population (it varies between black males and white males, depending on the county). In District 4, between the years of 2012 and 2016, black males had a total of 10,369 years of potential life lost, while white males had a total of 10,180 years of potential life lost. Keeping track of YPLL is important, because counties with more years of YPLL have more health issues than counties with fewer YPLL, this is, therefore, a good indicator of the health of the population.

Mental Health

In 1948, the World Health Organization defined health as, “a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity”. A community with a high prevalence of depression, anxiety, or any other mental health issue is less likely to have good health in other areas, including physical health. The stigma of seeking help when dealing with a mental health issue is one barrier in our society, especially in rural communities. In more urban settings, it is less stigmatized, and therefore more common to seek help. When looking at those who are enrolled in Medicaid in District 4, you can see that only a small percentage of those people utilize the mental health services that are available to them. In Meriwether county, only 4% of adult Medicaid recipients utilize mental health services, even though 12% of the adult population struggles with depression.

In District 4, among those who receive Medicaid, 14% of adult residents live with depression. Among those same residents, approximately 6% utilize psychological services.
**Low Birthweight**

Low birthweight is considered under 5lbs, 8oz. Low birthweight (LBW) represents multiple factors: infant current and future morbidity, as well as premature mortality risk, and maternal exposure to health risks. The health associations and impacts of LBW are numerous.

In terms of the infant’s health outcomes, LBW serves as a predictor of premature mortality and/or morbidity over the life course. LBW children have greater developmental and growth problems, are at higher risk of cardiovascular disease later in life, and have a greater rate of respiratory conditions.

From the perspective of maternal health outcomes, LBW indicates maternal exposure to health risks in all categories of health factors, including her health behaviors, access to health care, the social and economic environment the mother inhabits, and environmental risks to which she is exposed. Authors have found that modifiable maternal health behaviors, including nutrition and weight gain, smoking, and alcohol and substance use or abuse can result in LBW ("How Healthy is your County? | County Health Rankings", 2017).

![Graph showing Low Birthweight Births, District 4 Public Health, GA, 1984-2016](image)

(Source: OASIS)

There were 871 LBW births in District 4 in 2016. The county with the highest prevalence of LBW births is Upson with 13.9% of all births being low birthweight. The county with the lowest prevalence is Pike with 5.3% of all births being low birthweight.
Teen Pregnancy

Evidence suggests teen pregnancy significantly increases the risk of repeat pregnancy and of contracting a sexually transmitted infection (STI), both of which can result in adverse health outcomes for mothers, children, families, and communities. A systematic review of the sexual risk among pregnant and mothering teens concludes that pregnancy is a marker for current and future sexual risk behavior and adverse outcomes. Pregnant teens are more likely than older women to receive late or no prenatal care, have eclampsia, puerperal endometritis, systemic infections, low birthweight, preterm delivery and severe neonatal conditions. Pre-term delivery and low birthweight babies, have increased risk of child developmental delay, illness, and mortality. Additionally, there are strong ties between teen birth and poor socioeconomic outcomes. Teenage women who bear a child are much less likely to achieve an education level at or beyond high school ("How Healthy is your County? | County Health Rankings", 2017).

Teen pregnancy (ages 10-19) rates in District 4 have fallen dramatically since 1994. The district average rate in 1994 was 47.2, in 2016 it was 15.2. The county with the highest teen pregnancy rate is Spalding at 47.9 and the county with the lowest rate is Fayette at 11.3. The county with the biggest drop in teen pregnancies from 1994 to 2016 is Butts county, who dropped their teen pregnancy rates from 65.8 in 1994 to 17.6 in 2016.

The teen pregnancy rate among African Americans in District 4 has dropped from 77.5 in 1994 to 18.1 in 2016. The teen pregnancy rate among Caucasians in District 4 has dropped from 37.2 in 1994 to 13.3 in 2016.

(Source: OASIS)

The pregnancy rate in District 4 has dropped from 47.2 to 15.2 from 1994 to 2016.
Mortality

Infant Mortality/Maternal Mortality

Infant mortality rate refers to the number of deaths prior to one year of age, per 1,000 live births. The infant mortality rate for District 4 in 2016 was 8.2, which is a drop from 10.5 in 2015. When an infant dies before his or her first birthday, that adds a significant amount of years to the YPLL of a community. It is important to find out if a lack of parental education or lack of prenatal care played a role in the death, or if an unavoidable genetic condition is to blame.

The highest infant mortality rate among white residents in the district is in Meriwether county, with a rate of 7.1 per 1,000 (1994-2016). The lowest rate among white residents in the district is Lamar county with a rate of 4.5 per 1,000.

The highest infant mortality rate among black residents in the district is in Upson with a rate of 19.7 per 1,000 (1994-2016). The lowest rate among black residents in the district is in Heard county, with 3 per 1,000.

Maternal mortality rate refers to the number of deaths that occur within 42 days of a birth, per 100,000 live births. The only deaths that go toward this number are those that are a direct result of pregnancy or the birth of the child. The United States has the highest maternal mortality rate of any developed nation. Every year in the U.S., between 700 and 900 women die from pregnancy or childbirth-related causes. American women are three times more likely to die within 42 days of childbirth than Canadian women. The demographics that include the most maternal deaths are African Americans, women from rural areas, and those who are poor, although this issue affects all demographics.

According to a study done by Pro Publica and NPR, “The reasons for higher maternal mortality in the U.S. are manifold. New mothers are older than they used to be, with more complex medical histories. Half of pregnancies in the U.S. are unplanned, so many women don't address chronic health issues beforehand. Greater prevalence of C-sections leads to more life-threatening complications. The fragmented health system makes it harder for new mothers, especially those without good insurance, to get the care they need. Confusion about how to recognize worrisome symptoms and treat obstetric emergencies makes caregivers more prone to error” (Martin & Montagne, 2017).

The following page shows the maternal deaths per county from 1994-2016
Maternal Deaths in District 4: 1994-2016

<table>
<thead>
<tr>
<th>County</th>
<th>Number of Maternal Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Butts</td>
<td>2</td>
</tr>
<tr>
<td>Carroll</td>
<td>10</td>
</tr>
<tr>
<td>Coweta</td>
<td>7</td>
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<tr>
<td>Fayette</td>
<td>5</td>
</tr>
<tr>
<td>Heard</td>
<td>2</td>
</tr>
<tr>
<td>Henry</td>
<td>18</td>
</tr>
<tr>
<td>Lamar</td>
<td>0</td>
</tr>
<tr>
<td>Meriwether</td>
<td>1</td>
</tr>
<tr>
<td>Pike</td>
<td>1</td>
</tr>
<tr>
<td>Spalding</td>
<td>5</td>
</tr>
<tr>
<td>Troup</td>
<td>6</td>
</tr>
<tr>
<td>Upson</td>
<td>2</td>
</tr>
</tbody>
</table>

(Source: OASIS)

Age-Adjusted Death Rate, Pregnancy, Childbirth and the Puerperium, District 4 Public Health, GA, 1994-2016

(Source: OASIS)

1994-2016 Total: 0.9
Cardiovascular Disease

Cardiovascular disease is the leading cause of death in Georgia, as well as District 4. Cardiovascular disease (CVD) includes all diseases of the heart and blood vessels, including ischemic heart disease, stroke, congestive heart failure, hypertension, and atherosclerosis.

(Source: OASIS)

Although CVD is the leading cause of death in the district, the death rates have dropped drastically since 1994. In District 4, the age-adjusted death rate (AADR) has dropped from 243.9 in 1994 to 82.1 in 2016. From 2012-2016, the county with the highest AADR was Upson at 361.8 per 100,000 deaths. The county with the lowest rate was Fayette at 176.4 per 100,000 deaths.

In Georgia, CVD death rates were 1.4 times higher for men than women in 2008 ("Program and Data Summary: Cardiovascular Disease", 2012). In District 4, the AADR for all males has dropped from 346.7 in 1994 to 112.2 in 2016. In 2016, white males had an AADR of 112.7, while black males had an AADR of 120.5.

The AADR in District 4 for all females has dropped from 181.0 in 1994 to 58.6 in 2016. White females had an AADR of 58.4 in 2016, while black females had an AADR of 65.3 in 2016.

The average age-adjusted ER visit rate due to CVD in District 4 was 137.8 per 100,000 in 2016, compared to 106.9 for the state of Georgia.
The overall age-adjusted death rate (AADR) for all cancers from 1994-2016 in District 4 is highest in Lamar county at 209.7 per 100,000 deaths, Butts county at 208.2 per 100,000, and Upson at 204.0 per 100,000. The map above illustrates the AADR for the last 5 years, which shows that recently some counties have gotten better, and others have gotten worse. The counties with the lowest overall AADR from 1994-2016 are Fayette at 152.7 per 100,000 deaths, Coweta at 176.9 per 100,000, and Henry at 177.6 per 100,000.

The top 4 deadliest cancers in the district are lung cancer with an average AADR from 1994-2016 of 53.4 per 100,000 deaths, prostate cancer at 27.5 per 100,000, breast cancer at 24.2 per 100,000, and colon cancer at 17.9 per 100,000.

Cancer can be caused by a number of factors, including environment, health behaviors (including smoking and poor diet), as well as genetics. Those who are seen by a doctor at the earliest stages of the cancer growth are the most likely to survive; this is important to note, because of the issue of access in some of the more rural counties. The counties that are more rural and have a higher incidence of smoking, overweight, and inactivity are some of the counties with the highest death rates from cancer.
Respiratory Disease

Respiratory diseases can originate from a combination of factors. There are environmental factors that come into play, such as living in an unmaintained house that may have black mold or asbestos (see page 34), second hand smoke exposure (see page 43), air pollution (see page 41), and genetic factors.

The average age-adjusted ER visit rate for the district for all respiratory diseases (including, asthma, pneumonia, influenza, bronchitis, and emphysema) from 1994-2016 was 4458.4 per 100,000. The county with the highest rate was Upson with a rate of 6634.6 per 100,000 ER visits. The county with the lowest rate was Fayette with a rate of 1841.7 per 100,000.

Asthma

The average age-adjusted death rate (AADR) for asthma in district from 1994-2016 is 1.0 per 100,000. The county with the highest average AADR was Butts county at 3.5 per 100,000; the other counties were between zero and 1 per 100,000.

The average age-adjusted ER visit rate for the district between 1994-2016 was 466.0 per 100,000 ER visits. The three highest age-adjusted ER visit rates were from Upson with 930.9 per 100,000, Spalding with 762.4 per 100,000 and Lamar with 609.3 per 100,000. The counties with the lowest age-adjusted ER visit rates were Fayette with 332.3, Coweta with 368.7, and Pike with 369.6. The African American populations in these counties had significantly higher rates than the Caucasian populations. See tables below.

<table>
<thead>
<tr>
<th>Highest ER Visit Rates:</th>
<th>Upson</th>
<th>Spalding</th>
<th>Lamar</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>African American</strong></td>
<td>1401.2</td>
<td>1274.2</td>
<td>1013.6</td>
</tr>
<tr>
<td><strong>Caucasian</strong></td>
<td>688.7</td>
<td>466.9</td>
<td>437.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lowest ER Visit Rates:</th>
<th>Fayette</th>
<th>Coweta</th>
<th>Pike</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>African American</strong></td>
<td>696</td>
<td>828.1</td>
<td>1051.8</td>
</tr>
<tr>
<td><strong>Caucasian</strong></td>
<td>239.3</td>
<td>258.8</td>
<td>281.1</td>
</tr>
</tbody>
</table>

Pneumonia

The counties with the highest age-adjusted ER visit rates for 2002-2016 for pneumonia were Heard with a rate of 394.0 per 100,000, Carroll with a rate of 391.9, and Troup with a rate of 338.7. The counties with the lowest rates were Fayette at 170.8. Henry with 175.0, and Pike with 211.5.

Age-adjusted death rates for pneumonia for the district averaged 24.0 per 100,000 deaths from 1994-2016. The counties with the highest AADR were Upson with 38.3, Spalding with 36.2, and Lamar with 35.3. The counties with the lowest AADR were Henry with 18.1, Fayette with 18.6, and Meriwether/Coweta with 22.0.
Diabetes

Diabetes is an important marker for a range of health behaviors. This can be a valuable source of data for communities in understanding the toll that risky health behaviors can take on their population and health care system.

ER visits due to diabetes have more than doubled in the district since 2002. The age-adjusted ER visit rates have gone from 165.8 in 2002 to 347.6 in 2016. This visual reiterates what we already know, chronic diseases are the biggest challenges that we face as a district. The age-adjusted death rate for diabetes for the district is 21.8 (from 1994-2016). The counties with the highest AADR are Lamar with a rate of 34.6 per 100,000, Butts with a rate of 30.9, and Upson with a rate of 28.4. The counties with the lowest rates are Fayette with a rate of 17.0, Henry county with a rate of 19.4, and Pike county with a rate of 20.3.

In 2013, adults over the age of 20 were asked if they had been diagnosed with diabetes. The county with the highest prevalence of diabetes is Meriwether county, with 15% of adults having been diagnosed with diabetes. The counties with the lowest prevalence are Coweta and Carroll with 11%. The average in Georgia is 11% ("How Healthy is your County? | County Health Rankings", 2017).
Community Asset List

Introduction

In each county, there are a number of resources that can be used to help counter some of our most pressing health concerns. This list was compiled with issues from the Community Health Assessments in mind. This list will be updated annually, and made available in handout format for our health departments and our external partners as well.

Topics Covered

- Obesity/Food Security
- Physical Activity
- Alcohol and Substance Abuse
- Smoking Cessation

The complete list can be found on the District 4 Public Health website (here).
References


Georgia Department of Public Health, 2016 Georgia Tuberculosis Report, Atlanta, Georgia, October 2017.


Contact Us

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District Office Phone Number: (706) 845-4035
District Website: http://www.district4health.org/
District Health Director: Olugbenga Obasanjo, MD, PhD, MBA, MPH

For Questions about the CHA, please contact:

Susie Hammock, Accreditation/QI Coordinator

Email: Susie.Hammock@dph.ga.gov

Office Phone: (706)298-7706
Appendix A

The following pages contain the Forces of Change Assessment results in graphic/handout format (p. 56-63) for convenient distribution to community members.
Economics

Force

- Demographic Changes

Threat

- Difficulty balancing allocation of resources and, inadvertently, contributing to health inequity

Opportunity

- Identify trends, better align and prioritize existing resources; Improve ability to advocate for better funding

Force

- Transportation (Access to jobs and services)

Threat

- Limited mobility will reduce opportunities to work or access to services

Opportunity

- Organized advocacy for additional transportation funding and resources
Environmental

Force
- Housing Revitalization

Threat
- Backlash from the community members if no "buy in" prior to implementing housing changes

Opportunity
- Changes in built environment to encourage safe and healthy living

Force
- Natural Disaster

Threat
- Damage to existing infrastructure, loss of lives/job resources, increased risk of disease and mental illness related to stress

Opportunity
- Opportunity to improve emergency management infrastructure; increase community coalition and encourage building bridges within the community
Ethical

- Technology Equity
- Unrealistic expectations; complacency
- Non-static movements toward advances

- Racial Discussions
- Lead to more tension and more negative issues, unhealthy community; civic health suffers
- Address rumors and bring everyone to a better level of understanding, improve civic health

2018 COMMUNITY HEALTH ASSESSMENT | District 4 Public Health
Legal

Force
- Law changes (1)

Threat
- Increase in crime and poverty, reduced quality education

Opportunity
- Help prevent diseases and protect persons with disabilities

Force
- Law changes (2)

Threat
- Not well-communicated could lead to a lack of understanding, community resistance, and loss of funding

Opportunity
- Well-communicated, could lead to improved fairness/equity, enhance community growth
Political

Force
- 2016 Election

Threat
- New leadership, new direction and reduced funding to healthcare

Opportunity
- New leadership, new direction and increased funding to healthcare

Force
- Federal money availability

Threat
- Dictated strictly on how money should be spent, not based on local community priorities

Opportunity
- Available at discretion of local community, used for priority items
Scientific

Force

• Scientific Breakthrough (1)

Threat

• May not be good for the environment (long-term), adverse long-term effect on individuals

Opportunity

• Early detection of disease, reduced burden of disease, improved quality of life

Force

• Scientific Breakthrough (2)

Threat

• High cost, high turn-over

Opportunity

• Job creation, control pollution
Social

Force
• Family Dynamics

Threat
• Clash in values and belief systems, morality issues, more children with emotional issues

Opportunity
• Tolerance and acceptance of others' values and belief systems, increased awareness of need for more NCP and mentorship programs

Force
• Social Media

Threat
• Lack of social skills, diminished critical thinking skills, reality vs. virtual reality

Opportunity
• Increased exposure for business community, educational opportunities, easy communication
Technological

Force
• New technology

Threat
• New requirements for training staff, and for more funding contribute to stress in areas with limited resources

Opportunity
• Post implementation, this could broaden the reach of the community, as well as facilitate networking opportunities and improve staff.

Force
• Broadband technology in all counties

Threat
• High cost

Opportunity
• Improve connectivity and access to information
Appendix B

The following pages contain the Health Status Report in graphic/handout format (p. 65-82) for convenient distribution to community members.
2016 POPULATION

- 844,116

Overall increase of

+ 76,285

since 2007

Percent Male vs. Female

- Males: 48%
- Females: 52%

Age Distribution

Race/Ethnicity

- American Indian/Alaska Native (0%)
- Asian (2%)
- Black/African American (25%)
- Native Hawaiian/Pacific Islander (0%)
- White/Caucasian (61%)
- 2+ Races (2%)
- Hispanic/Latino (0%)
The Food Environment Index ranges from 0 (worst) to 10 (best) and equally weights two indicators of the food environment:

1) Limited access to healthy foods estimates the percentage of the population that is low income and does not live close to a grocery store. Living close to a grocery store is defined differently in rural and non-rural areas; in rural areas, it means living less than 10 miles from a grocery store whereas in non-rural areas, it means less than 1 mile. "Low income" is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size.

2) Food Insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year. A two-stage fixed effects model was created using information from the Community Population Survey, Bureau of Labor Statistics, and American Community Survey.

County with the Highest Food Environment Index Score: Pike 8.4

Average Food Environment Index Score for District 4: 7

County with the Lowest Food Environment Index Score: Spalding 6

18.5% of District 4 residents live below the Federal Poverty Line

26.5% of District 4 children live below the Federal Poverty Line

Number of Households with Children Who Receive Food Stamps in District 4

25,764
Employment and Income

District 4

Percent of District Population in the Laborforce

61%

Average Travel Time to Work:

30 minutes

Income Inequality

Income inequality is the ratio of household income at the 80th percentile to that at the 20th percentile, i.e., when the incomes of all households in a county are listed from highest to lowest, the 80th percentile is the level of income at which only 20% of households have higher incomes, and the 20th percentile is the level of income at which only 20% of households have lower incomes.

A higher inequality ratio indicates greater division between the top and bottom ends of the income spectrum.

Percent Unemployed:

6.5%

(Highest Rate in GA - 8.0 // Lowest Rate in GA - 2.7)

District Average Rate: 4.7

Median Household Income (All households)

$50,092

Median Household Income (Black/African American)

$35,796

Median Household Income (White/Caucasian)

$52,520

Median Household Income (Hispanic)

$45,254
Severe Housing Problems

Severe Housing Problems refers to the percentage of households with at least one or more of the following housing problems:

1. housing unit lacks complete kitchen facilities;
2. housing unit lacks complete plumbing facilities;
3. household is severely overcrowded; or
4. household is severely cost burdened.

Severe overcrowding is defined as more than 1.5 persons per room. Severe cost burden is defined as monthly housing costs (including utilities) that exceed 50% of monthly income.

Counties with the HIGHEST Severe Housing Problem:
- Troup and Spalding with 21%

County with the LOWEST Severe Housing Problem:
- Heard with 13%

Percent of District 4 Residents with Severe Housing Problems: 16.5%

Percent Owner-Occupied Homes: 69.8%
Percent Renter-Occupied Homes: 30.2%

Median Value of Owner-Occupied Houses (2012-2016) DISTRICT AVERAGE: $130,942
High School Graduation Rate
(District Average)
83.4%
2012 - 2016

Percent of Population, over the age of 24, with a 4-year degree
(District Average)
19.2%
VS. 29.4% GA AVERAGE

Percent of Population, over the age of 24, with Graduate or Professional Degree
(District Average)
6.8%
2012 - 2016

Average Number of Public Schools per County:
17

Average percent of children from low-income families enrolled in the GA Pre-K Program
3 + 1 = 4
Social Factors

Segregation Index

Racial/ethnic residential segregation refers to the degree to which two or more groups live separately from one another in a geographic area. The index of dissimilarity is a demographic measure of the evenness with which two groups (black and white residents, in this case) are distributed across the component geographic areas (census tracts, in this case) that make up a larger area (counties, in this case). The index score can be interpreted as the percentage of either black or white residents that would have to move to different geographic areas in order to produce a distribution that matches that of the larger area.

Residential Segregation: Black/White

Disconnected Youth

Percentage of teens and young adults ages 16-24 who are neither working nor in school.

D4 Average: 22%
State Average: 17%

Single Parent Households: 35%

62.6%
Of children in District 4 qualify for free or reduced lunch

2018 COMMUNITY HEALTH ASSESSMENT | District 4 Public Health
HEALTH AND HEALTHCARE
District 4

Mental Health Provider Ratio
DISTRICT AVERAGE: 2464:1

PCP Ratio
DISTRICT AVERAGE: 2945:1

DENTIST RATIO:
DISTRICT AVERAGE: 4160:1

COMMUNITY HEALTH RESOURCE LOCATOR MAP

% Of Population Under the Age of 65 Without Insurance
District Average: 16%
**Neighborhood Environment**

- **District 4**

**Family Violence**

Abuse Type by Aggressor Gender

- Males
  - Gun/Knife Wounds: 1843
  - Superficial Wounds: 426
  - Property Damage: 32
  - Threats: 66
  - Abusive Language: 22
  - Other Abuse: 11
  - Sexual Abuse: 4

- Females
  - Gun/Knife Wounds: 5%
  - Superficial Wounds: 50%
  - Property Damage: 3
  - Threats: 36
  - Abusive Language: 27
  - Other Abuse: 10
  - Sexual Abuse: 6

**Police Action Taken**

**Type of Weapons Used**

- Firearm
- Knife
- Hand/Fist
- Other

- Arrest (33.06%)
- Citation (0.07%)
- Separation (16.44%)
- Mediation (7.63%)
- Other (36.60%)
- None (6.19%)
Neighborhood Environment
District 4

Air Pollution: Particulate Matter

County with the HIGHEST Particulate Matter:
HENRY
10.8

County with the LOWEST Particulate Matter:
HEARD
9.9

Georgia Average PM2.5
10.1

District 4 Average PM2.5
10.4

In 2013-2014
3 out of 12 counties in District 4 had drinking water violations:
Coweta, Fayette, and Meriwether

% Limited Access to Healthy Food:
District Average: 4.9%
(Georgia Average: 8%)
Percent of low-income population who do not live close to a grocery store
Percent of the population that is considered OBSE:

**District 4**  31%  

**Georgia**  30%  

Percent of the population that is physically inactive:

**District 4**  26%  

**Georgia**  23%
HEALTH BEHAVIORS

Percent of the population that participates in excessive drinking

Georgia: 17%
District 4: 16%

Alcohol-Impaired Driving Deaths

23%
In both Georgia and District 4

District 4 Age-Adjusted Death Rate for All Opioids

7.4-7.9

Drug Overdose Mortality Rate

Age-Adjusted Death Rate, Drug Overdoses, Selected Geographies, GA, 2010-2019
HEALTH OUTCOMES

District 4

AGE-ADJUSTED STD Rate

excluding congenital syphilis

2016

Georgia Average: 833/100,000

District Average: 648/100,000

Life Expectancy 2014

District 4 Average 76

Percentage of adults reporting 14 or more days of poor physical health per month.

YPLL 75

Years of Potential Life Lost Before the Age of 75 2012-2016

District Total: 7,730

District Average 12%
**Health Outcomes**

**District 4**

**Prevalence of Pediatric ADHD**

District Average: 10%

**Prevalence of Adult Depression**

District Average: 14%

**Child Mortality**

42 Deaths per 1,000 births

District Average

**Percentage of Live Births in Low Birth Weight**

<2500 grams: 9%

**That rate of teen pregnancies in District 4 has decreased dramatically from 2010-2016.**

From 1523 to 929
MORTALITY

District 4

Ranked Causes and State/County Comparison, Age-Adjusted Death Rate, Butts, Carroll, Coweta, Fayette, Heard, Henry, Lamar, Meriwether, Pike, Spalding, Troup, Upson Counties, 2012 - 2016

- Ischemic Heart and Vascular Disease - 3,382
- All COPD Except Asthma - 2,183
- Malignant Neoplasms of the Trachea, Bronchus and Lung - 2,002
- Cerebrovascular Disease - 1,757
- All Other Mental and Behavioral Disorders - 1,595

#1 Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease - 1,415
#2 Alzheimers Disease - 1,321
#3 Diabetes Mellitus - 1,077
#4 Nephritis, Nephrotic Syndrome and Nephrosis - 792
#5 Septicemia - 731

#6
#7
#8
#9
#10

To interpret the dials: The number next to the cause name is the total deaths for the 5 year period. Underneath each dial is the rank based on the number of events.

Each dial shows:

- Rank within the district
- Number of Total Deaths
- How the district compares against the state

The percent of deaths in District 4 separated by cause 2010-2016
MORTALITY
District 4

Cardiovascular Disease

Cardiovascular Disease is the number one killer in District 4 in both black and white males and females.

District-wide, 5% of all deaths were caused by STROKE.

2016 Death Rates
Black Females: 191.4
White Females: 282.8
Black Males: 225.9
White Males: 302.1

White males are the most likely to die from cardiovascular disease.

MERRIWEATHER COUNTY HAS THE HIGHEST DEATH RATE FROM CARDIOVASCULAR DISEASE
512.5

HENRY COUNTY HAS THE LOWEST DEATH RATE FROM CARDIOVASCULAR DISEASE
173.6
Mortality

District 4

Cancer

Percent of Deaths by Cause by Residence, Cancers

<table>
<thead>
<tr>
<th>2019</th>
<th>% of Deaths by Cause</th>
</tr>
</thead>
<tbody>
<tr>
<td>Butts</td>
<td>25.4</td>
</tr>
<tr>
<td>Carroll</td>
<td>21.2</td>
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<td>21.7</td>
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<td>McDuffie</td>
<td>19.0</td>
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<td>Pike</td>
<td>13.6</td>
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<td>Spalding</td>
<td>21.3</td>
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<tr>
<td>Troup</td>
<td>20.4</td>
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<tr>
<td>Upson</td>
<td>18.3</td>
</tr>
<tr>
<td>County Summary</td>
<td>21.5</td>
</tr>
</tbody>
</table>

Butts County has the highest percentage of deaths caused by cancer in the district.

Upson and Heard County have the lowest percentage of deaths caused by cancer in the district.

26.4

18.3

Most Prevalent Types of Cancer in District 4

Oral, Throat, Lung: 6.8%

Pancreatic: 1.4%

Stomach, Colon: 2.4%

Breast, Cervical, Uterine, Ovarian: 2.8%
MORTALITY
District 4

RESPIRATORY disease

DISTRICT-WIDE ER VISITS DUE TO THE FLU
2016
1,068

District-Wide ER Visits Due to Pneumonia
2016
2,476

District-Wide ER Visits Due to Asthma
2016
4,027

DEATH RATES
District Averages

Flu 0
Pneumonia 16.9
Asthma 0.9

District 4 Flu Shot Rate
2017-2018
35.69

Georgia Flu Shot Rate
2017-2018
43.54
MORTALITY
District 4

diabetes

Percent of deaths in District 4 caused by diabetes: 3.1%
2016

Emergency Room visits in District 4 due to diabetes in 2016:
3,069

County with the highest number of children ages 0-14 who were admitted to the ER due to diabetes:

Henry 21
This is nearly half of all diabetes related ER visits in the district (for children aged 0-14)
District Total: 59

2018 COMMUNITY HEALTH ASSESSMENT | District 4 Public Health