

Communities Putting Prevention to Work Behavioral Risk Factor Surveillance System Report



DEKALB COUNTY 2011 CPPW BRESS REPORT

Survey that collects information about adults' health risk behaviors, health conditions, and use of health care services.

Help us create a Healthy DeKalb. Join the Live Healthy DeKalb Coalition at www.dekalbhealth.net/DPPW.



Blank Page

Acknowledgement

The DeKalb County Board of Health is grateful to the following for their support in the 2011 DeKalb County Community Putting Prevention to Work (CPPW):

- Centers for Disease Control and Prevention
- CPPW Staff
- Georgia Department of Public Health
- Abt SRBI Inc.
- The 1,608 DeKalb County residents who agreed to participate in the survey.

For more information or to request additional copies of this report, contact the Office of Health Assessment and Promotion, DeKalb County Board of Health, at (404) 508-7847 or info@dekalbhealth.net.

This report was made possible with funding from the Centers for Diseases Control and Prevention (CDC) through the American Recovery and Reinvestment Act and the Affordable Care Act. Its contents do not necessarily represent the official view of the CDC.

Table of Contents

Introduction	6
Methodology	7
Demographics Characteristics, DeKalb County	10
Perception of Neighborhood Safety	11
Health Status Indicators	12
General Health	14
No Health Insurance	16
No Doctor's Visit	18
Limited Health Care Access	19
Disability	20
Chronic Conditions	22
Diabetes	24
Obesity	26
Overweight	28
Heart Attack	30
Stroke	32
Angina	34
Serious Psychological Distress	36
Risk Behaviors	38
Physical Inactivity	40
Smoking	42
Smokeless Tobacco	44

Table of Contents (continued)

Risk Behaviors continued	
Secondhand Smoke	45
Fruit and Vegetable Consumption	46
Soda Consumption	47
Sugar Sweetened Beverage Consumption	48
Use of Calorie Information	49
Other Topics	
Smoking Cessation / Cessation Help	50
Tobacco-Related Cancers	51
Appendices	52
Table A1: Healthy People Summary	53
Table A2: Demographic Characteristics	54
Table A3: Limited Health Coverage	55
Table A4: Secondhand Smoke	56
Table A5: Smoking Cessation	57
Map A1: Regions in DeKalb County	58
Table A6: DeKalb County Region Demographics Characteristics	59
Questionnaire	60
Bibliography	63

Blank Page

Introduction

DeKalb County, Georgia is one of 50 communities nationwide that is working to prevent obesity and/or tobacco use—the two leading preventable causes of death and disability—through the Communities Putting Prevention to Work (CPPW) initiative. This initiative is making healthy choices easier by changing environments, policies and systems. The funding was made possible by the CDC through the American Recovery and Reinvestment Act and the Affordable Care Act [CDC Grant Number: 3U58DP002005-03W1]. CPPW funding was awarded in March and September 2011.

DeKalb County, Georgia, has a total population of almost 700,000 [1]. The majority of the population are non-Hispanic black. The top three causes of death in the county are chronic diseases. Cardiovascular diseases account for 29 percent of all deaths, while cancer and respiratory diseases account for 21 percent and 8 percent of all deaths respectively [2]. Preventing and controlling risk behaviors that can lead to chronic conditions will help ensure a healthy DeKalb. Results from the 2011 DeKalb CPPW Behavioral Risk Factor Surveillance Survey (BRFSS) are useful in identifying emerging health problems; establishing and tracking health objectives; developing, implementing, and evaluating a broad array of disease prevention activities; and supporting health-related legislative efforts.

Ultimately, the vision is to initiate community changes that will build a healthier DeKalb and create a more satisfying place to live, work, and play. DeKalb County aspires to have college campuses, parks, and other public spaces that residents can visit without being exposed to secondhand smoke. Students will walk to school safely and find more fresh fruits and vegetables in their school cafeterias. Low-income neighborhoods will have greater access to fresh produce. The community will use transportation options that will encourage physical activity; these include using bike paths and walking trails. Residents will be encouraged to lead healthy lifestyles through social media and traditional media outlets, helping to make the healthy choice the easy choice.

Baseline data were collected by the Georgia Department of Public Health on the prevalence of risk behaviors and chronic conditions. The data collected for this report will be the baseline to evaluate the CPPW initiative's success in the future. The protocol for collecting data was similar to that of 2011 Georgia Behavioral Risk Factor Surveillance System (BRFSS). The Georgia BRFSS is part of a national, annual telephone survey about health risk behaviors, health conditions, and use of health care services among adults in the United States [3]. The DeKalb County Board of Health conducted its own BRFSS in 2005, 2006, and 2007. ***However, due to changes in the weighting methodology in the 2011 CPPW BRFSS, the prevalence estimates must not be compared to the previous BRFSS prevalence estimates.***

Within each section, there is a description of major findings for specific sex, race/ethnicity, age, income, education and health insurance status. There are instances where data are not graphically represented if findings were not found to be statistically significant. For instance, a graph of obesity prevalence by sex is not shown because there was no statistically significant difference between males and females.

Methodology

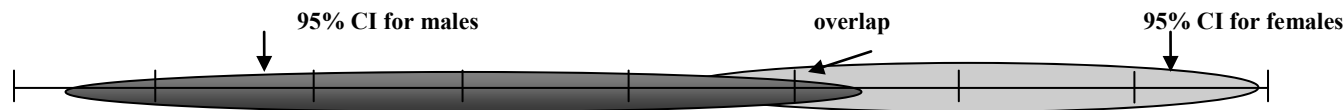
Sampling: The DeKalb County 2011 CPPW BRFSS survey sample was developed by the U.S. Centers for Disease Control and Prevention (CDC). DeKalb County residents were interviewed by telephone between January and April 2011. Telephone numbers were randomly dialed and respondents were randomly selected from the adult members aged 18 years and older of each household [3]. Participation was voluntary and anonymous. The sample did not include institutionalized individuals, households without telephones, and households that use only cellular telephones. The 2011 DeKalb County CPPW BRFSS survey included many questions from the CDC's core BRFSS and other questions that were added specifically for DeKalb County. Trained interviewers administered the questionnaire. A total of 1,608 interviews were conducted with 1,504 complete and 104 partial interviews.

Weighting: The prevalence rate of the various risk behaviors and health conditions in this report are weighted to adjust for the probability of selection and non-response. Therefore, the prevalence refers to the number of adults in DeKalb County that were engaging in a particular risk behavior or reported having a particular health condition at the time of the survey. Results from this data required stratification—a procedure where members of the population are first divided into subgroups with similar characteristics, such as age or sex distribution, before sampling. The distribution of demographic characteristics from the sample are compared to reliable existing population data. If distributions are close enough, there is no need to calculate post-stratification weights. However, if they differ by more than a few percentage points, then the sample data must be adjusted (this is called weighting) to conform to the population's parameter of the known *strata* (such as sex or age group distribution). This process is called post-stratification weighting.

After making this determination, the sample data were post-stratified using a method called raked weighting. Raked weighting is simply a repetitive post-stratification weighting to match the marginal distributions of the survey sample to a known population margins. An advantage of raked weighting is that it permits the use of information with multiple characteristics such as race, ethnicity, and sex. Raking also allows the use information at different levels of geography, so that adjustments to population totals at the community level and also at smaller areas can be made simultaneously. The goal of raking is to reduce under-coverage and non-response biases. Non-response biases arise in survey estimates when the characteristics of respondents differ from those of non-respondents. Under-coverage biases arise in survey estimates when the characteristics of individuals in households that do not have a chance to be selected differ from those in households that do have a chance to be selected. For this data, raked weighting was done using seven different dimensions: age group by sex, race/ethnicity, education, marital status, sex by race/ethnicity, age by race/ethnicity and sampling strata.

Methodology *continued*

Data Analysis: SAS-callable SUDAAN was used for all data analysis. The complex sampling design methodology for data collection was taken into consideration during data analysis. For sex, age, race/ethnicity, educational level, annual household income, and health insurance status comparisons, results were considered “not significantly different” if the 95% confidence intervals associated with each weighted percentage overlapped. In this report, a result is considered “statistically significant” (indicating a difference) if there was no overlap in the 95% confidence intervals (95% CI) of the percentages being compared. A confidence interval tells us how precise the results are. A 95% CI means that we can say with 95% confidence that any differences that result between two groups are not due to chance, but some other factor. For example, if we visually mapped the confidence intervals for males and females on frequency of disability, 14.5% of males (95% confidence interval = 8.5—23.8) and 12.1% of females (95% confidence interval = 9.2—15.8) reported being disabled. We see there is an overlap in the confidence intervals. This overlap in the 95% confidence intervals indicates that the results are not statistically significant; therefore we can say with 95% confidence that there is no difference between the two groups.



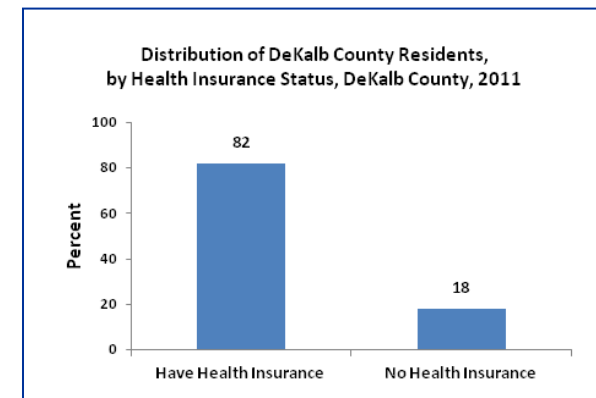
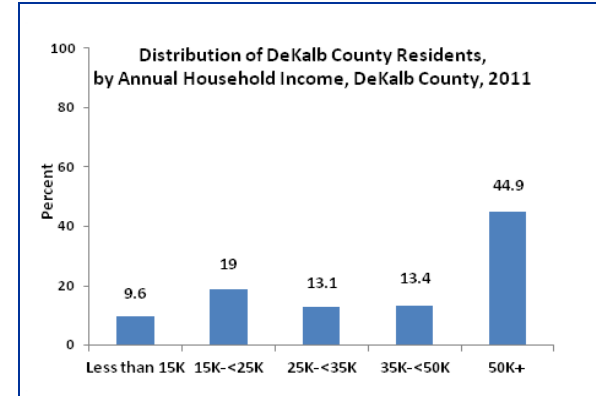
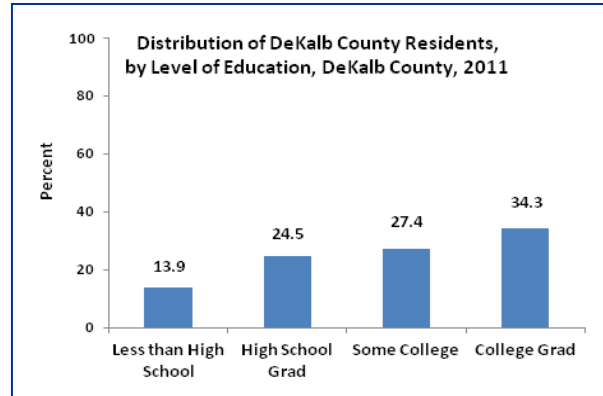
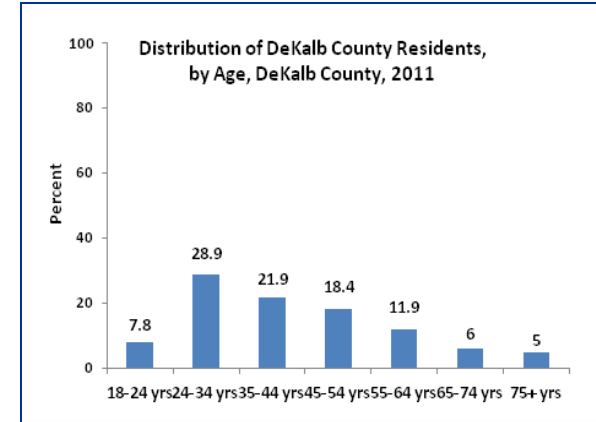
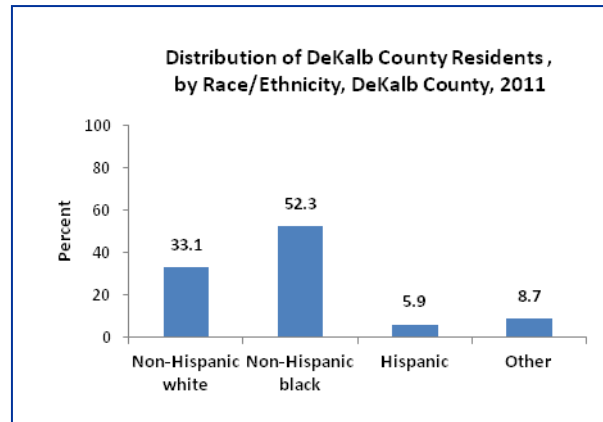
Region: DeKalb County was divided into five regions in a similar manner as the five DeKalb County commission districts. However, commission districts were created using voting districts, while regions for this report were created using zip code areas, so an exact overlap of the two maps could not be obtained, however, the two maps are similar to each other. Please refer to Map A1 titled *Division of DeKalb County into five regions* in the appendix to see both the maps of the current division by zip code and the commission districts. Also for information on the demographic characteristics of the five regions, please refer to Table A6 in the appendix section of this report.

Demographic Characteristics

The Demographic Distribution of DeKalb County Residents, 2011 CPPW BRFSS

In 2011, there were approximately 554,000 adults aged 18 and older, residing in DeKalb County, Georgia.

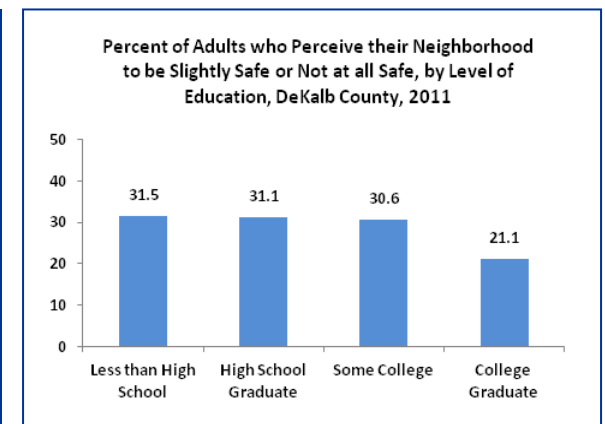
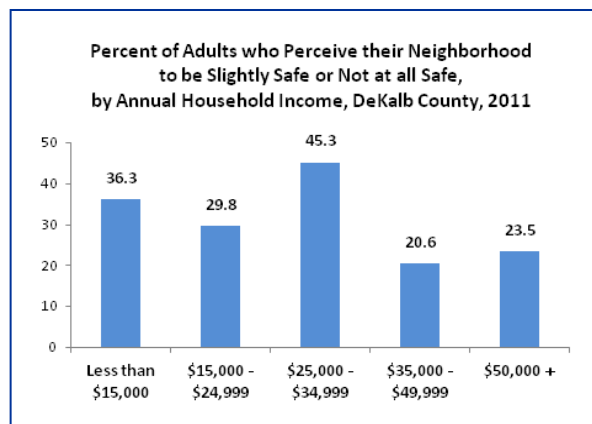
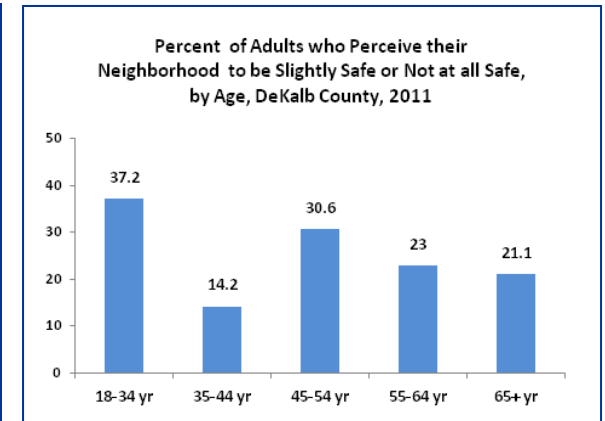
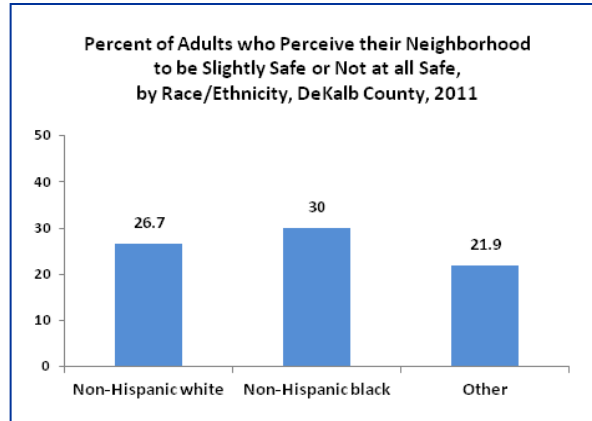
- ⇒ Fifty-two percent of DeKalb County residents are female while 48% are male.
- ⇒ Majority of the population is non-Hispanic black.
- ⇒ More than half of the population is under the age of 45 years.
- ⇒ About 86% of the population has at least high school diploma.
- ⇒ Approximately 45% of residents have an annual household income of \$50,000 or more.



Perception of Neighborhood Safety

Perception of neighborhood safety impacts whether people walk in their neighborhood or not. Research has found that the level of leisure time physical activity is lower among adults who perceive their neighborhood as unsafe compared to adults who perceive their neighborhood as safe [4].

- ⇒ Approximately 28% of adult residents in DeKalb County perceived their neighborhood to be slightly safe or not at all safe.
- ⇒ There was no significant difference in the perception of neighborhood safety between males and females.
- ⇒ Non-Hispanic blacks were more likely to perceive their neighborhood to be slightly safe or not at all safe than those of other racial/ethnic groups.
- ⇒ Adults 18 to 34 years old perceived their neighborhood to be slightly safe or not at all safe more than adults 35 years and older.
- ⇒ People without a college degree were more likely to perceive their neighborhood to be slightly safe or not at all safe than people with college degree.





The leading causes of hospitalizations and deaths among DeKalb County residents include cardiovascular and respiratory diseases. From 2002 to 2007, there was a six percent increase in the rate of hospitalization due to mental and behavioral disorders.



General Health

Health Status Indicators

General Health	14
No Health Insurance	16
No Doctor's Visit	18
Limited Health Access	19
Disability	20

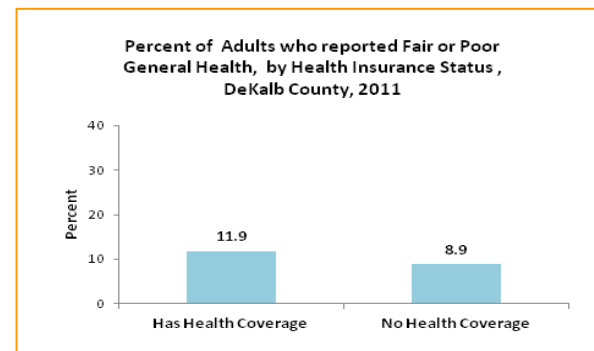
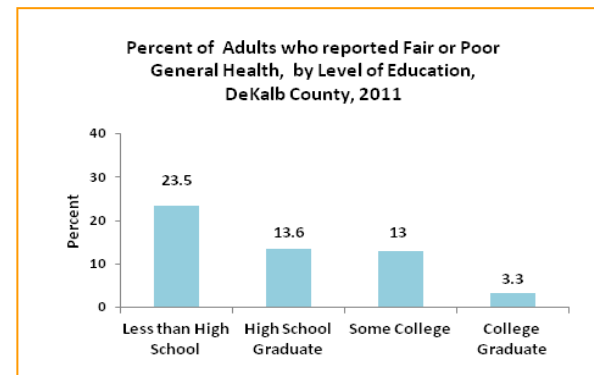
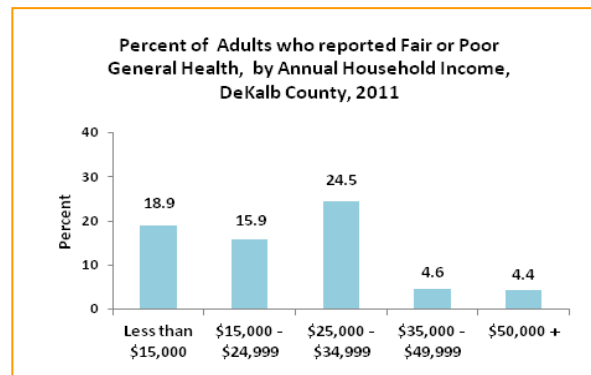
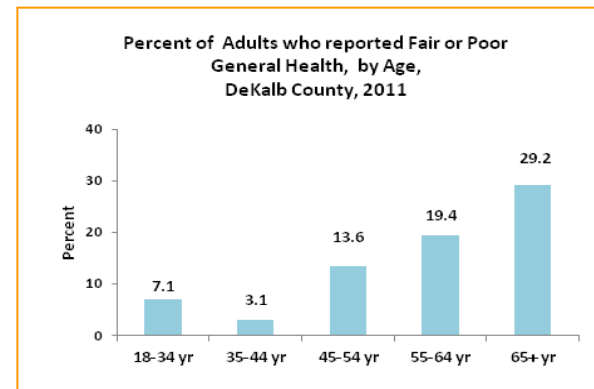
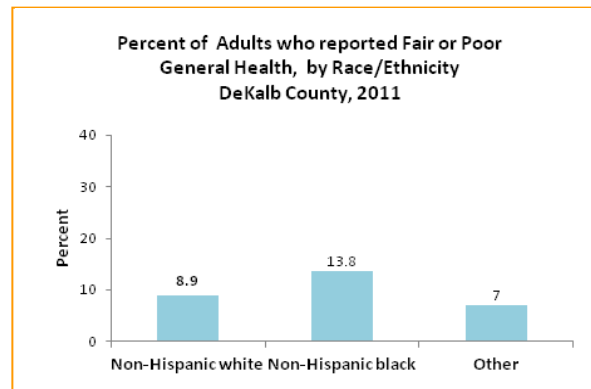
General Health (Fair/Poor)

Self-assessed health status is a measure of how individuals perceive their health rating it as excellent, very good, good, fair, or poor. Self-assessed health is a useful indicator of health for a variety of populations and allows for general comparisons. The prevalence of self-rated fair or poor health is significantly higher in older age groups and minorities and is associated with lower socio-economic status [5].

Adults who reported having fair or poor general health, DeKalb County, 2011: 11.3%

In 2011, approximately **62,200** DeKalb County adults reported having a fair or poor general health.

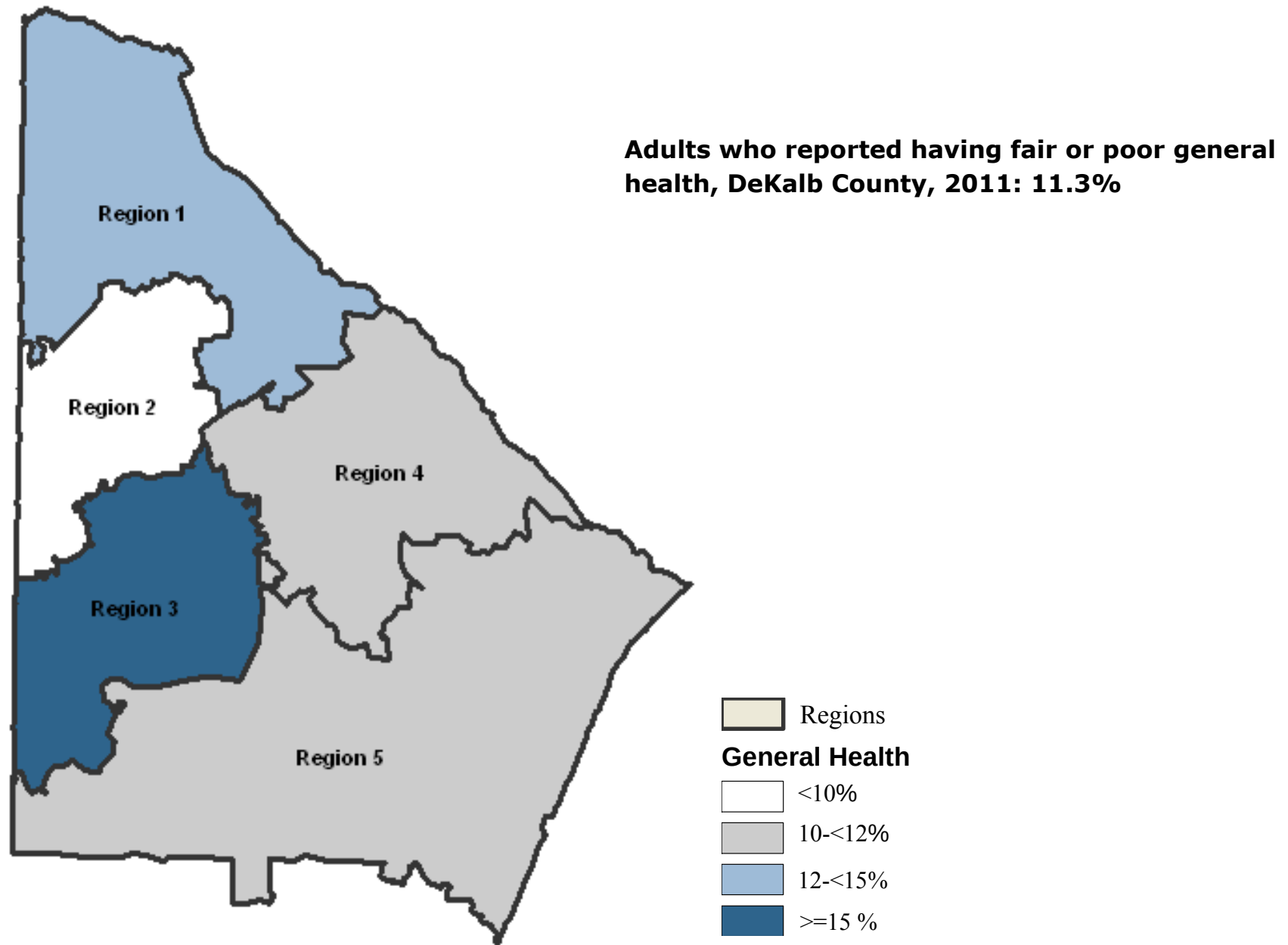
- ⇒ Adults aged 65 years and older were significantly more likely to have fair or poor general health than younger adults aged 18 to 44 years.
- ⇒ Fair/poor general health was nearly five times more common among adults whose annual household income was less than \$15,000 than among adults whose annual household income was \$50,000 or more.
- ⇒ Fair/poor general health was more common among adults with less than a high school education than was among college graduates.
- ⇒ Fair/poor general health was more common among DeKalb County adults with health insurance compared to those without health insurance.



Continued on next page

Prevalence: The number of existing cases of a disease or health condition in a population at a specific time.

General Health (Fair/Poor) *continued*



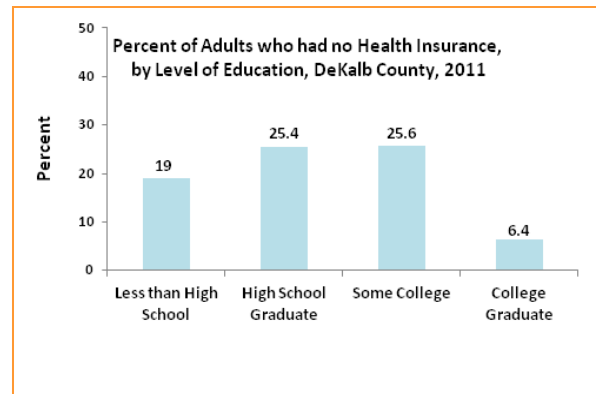
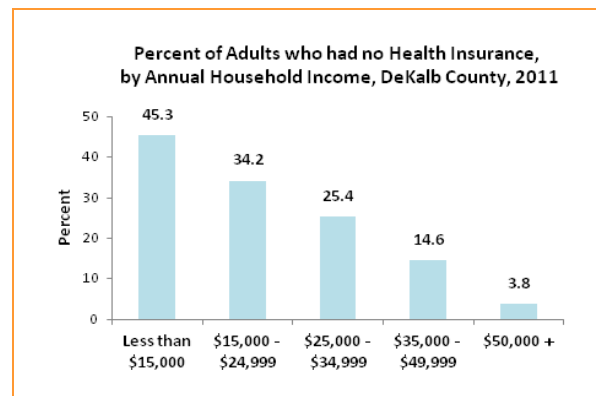
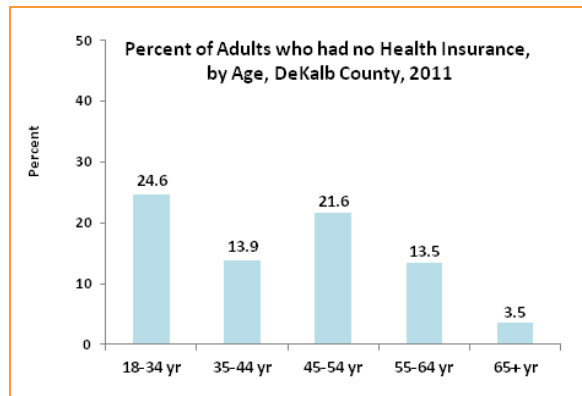
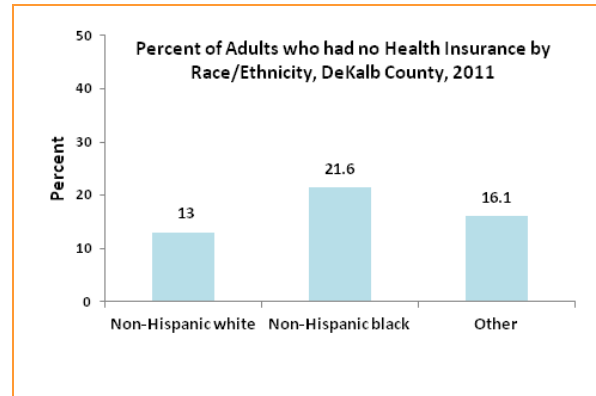
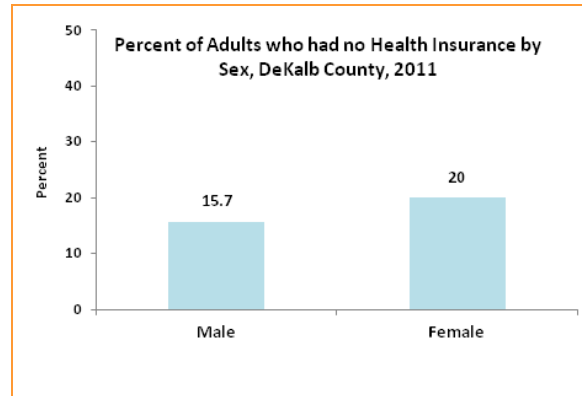
No Health Insurance

Access to preventive services and health care can prevent or improve the outcomes of many diseases. Insurance coverage is an important factor in determining whether people will have access to services like screenings, treatment, and health education [6]. Access to health care can be limited both by lack of health insurance and by insufficient coverage. People who cannot afford to see a doctor or a health care professional for either of these reasons are at risk for adverse health outcomes.

Adults with no health insurance, DeKalb County, 2011: 18.0%

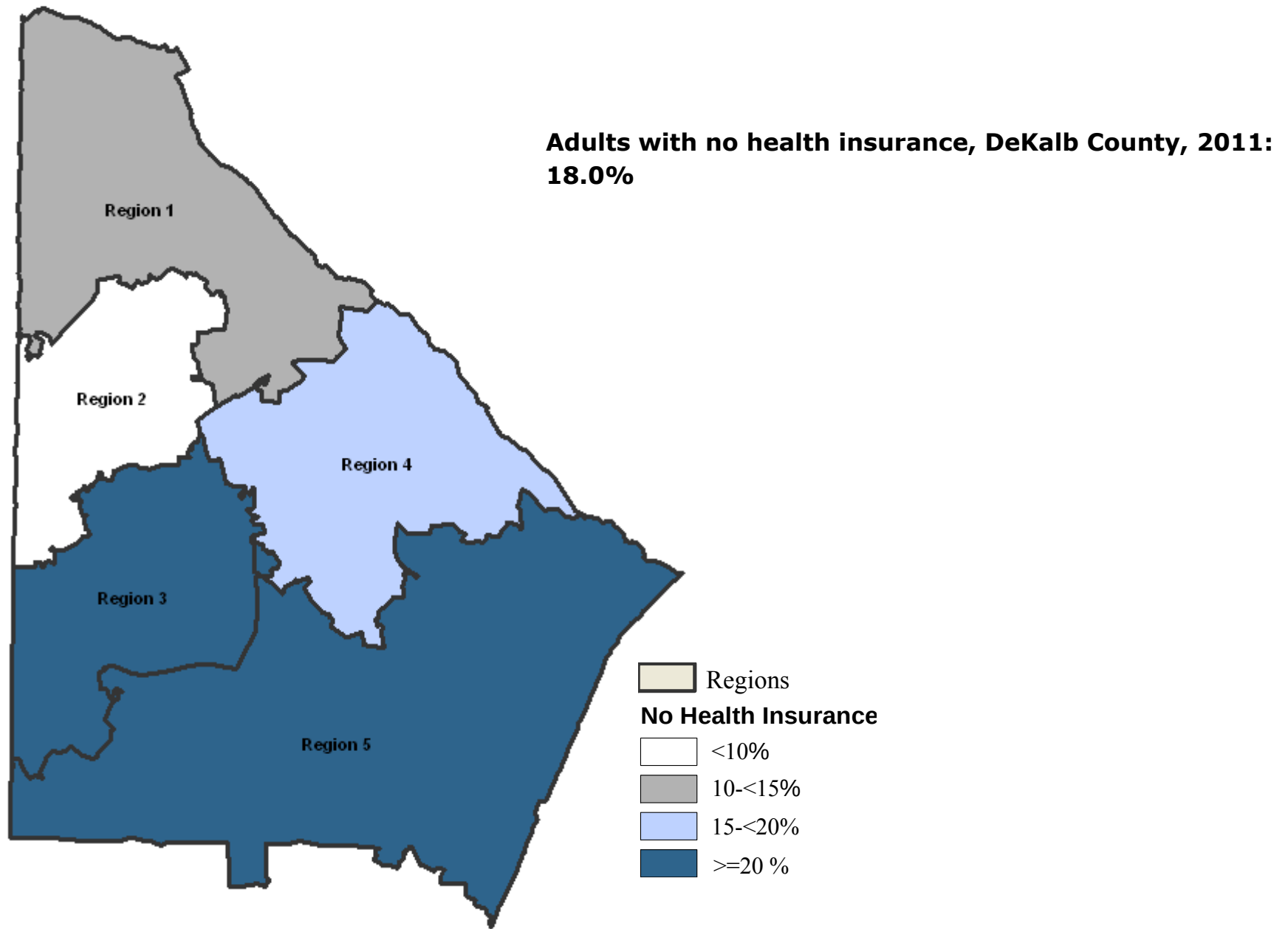
Approximately **100,000** DeKalb County adult residents had no health insurance in 2010.

- ⇒ Females were less likely to have health insurance compared to males.
- ⇒ Non-Hispanic blacks were significantly more likely not to have health insurance than non-Hispanic whites.
- ⇒ Adults ages 18 to 34 were significantly more likely to not have health insurance than adults of any age group.
- ⇒ Adults with an annual household income of less than \$50,000 were significantly more likely to not have health insurance than adults in households that earned an annual household income of \$50,000 or more.
- ⇒ Adults with a college degree were significantly more likely to have health insurance than adults without a college degree



Continued on next page

No Health Insurance *continued*



No Doctor's Visit

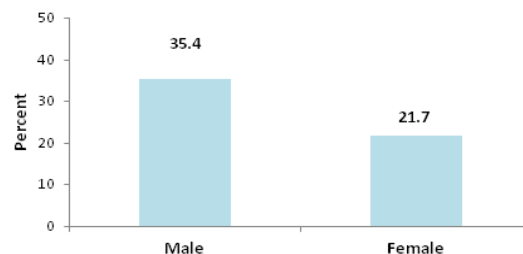
An annual doctor's visit serves as a preventive measure. By having a visit every year, certain problems can be detected at an early stage when treatment is more effective. Also, measures can be taken to reduce the risk factors for common chronic diseases based on findings from annual doctor visits.

Adults who did not have a doctor's visit in the previous year, DeKalb County, 2011: 28.3%

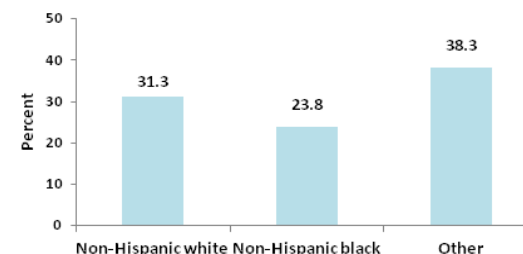
In 2011, over **150,000** DeKalb adult residents had not have a doctor's visit in the previous year.

- ⇒ Males were less likely to have visited the doctor in the previous year compared to females.
- ⇒ Adults aged 65 years and older were significantly more likely to have visited the doctor in the previous year compared to adults under age 65 years.
- ⇒ Adults with an annual household income of less than \$15,000 were more likely to have not seen the doctor in the previous year than adults with an annual household income greater than \$15,000.
- ⇒ Adults without health insurance were significantly more likely to not have visited the doctor in the past year than adults with health insurance.

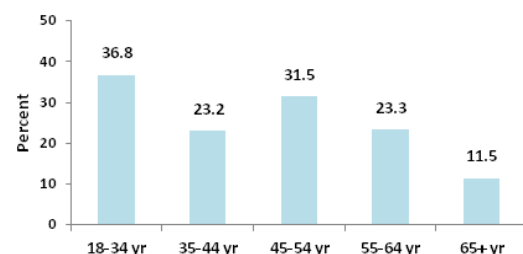
Percent of Adults who had no Doctors Visit Last Year, by Sex, DeKalb County, 2011



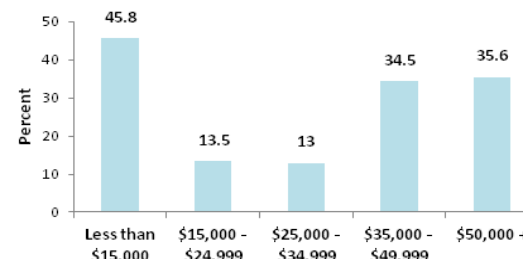
Percent of Adults who had no Doctors Visit Last Year, by Race/Ethnicity, DeKalb County, 2011



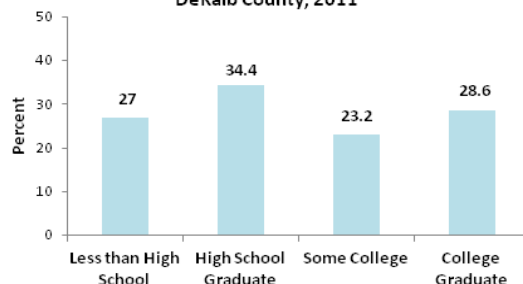
Percent of Adults who had no Doctors Visit Last Year, by Age, DeKalb County, 2011



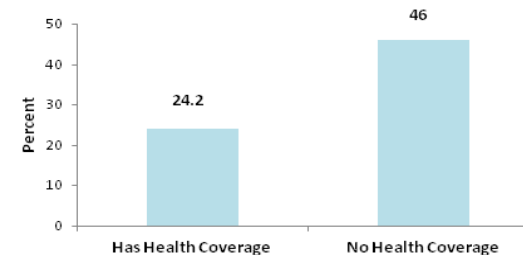
Percent of Adults who had no Doctors Visit Last Year, by Annual Household Income, DeKalb County, 2011



Percent of Adults who had no Doctors Visit Last Year, by Level of Education, DeKalb County, 2011



Percent of Adults who had no Doctors Visit Last Year, by Health Insurance Status, DeKalb County, 2011



Limited Health Care Access

Two other indicators related to access to health care are: (1) not having a personal doctor; and, (2) having had a time in the past year when one needed to see a doctor but could not due to cost [7]. Cost determines what health care services are covered by insurance providers.

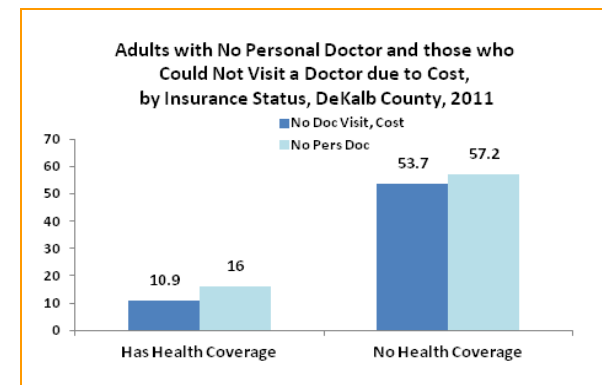
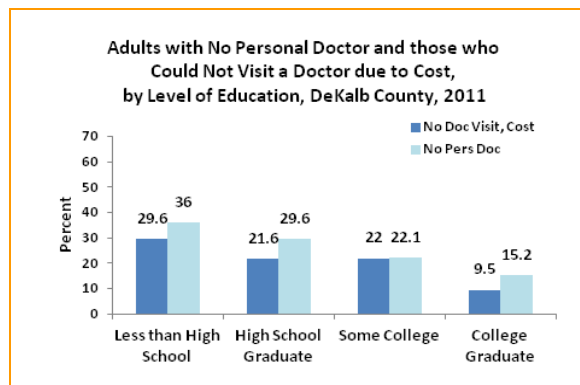
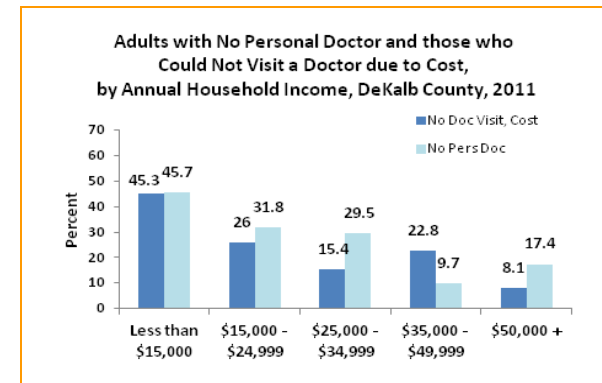
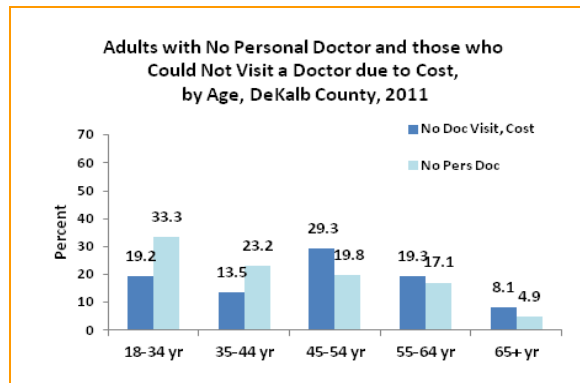
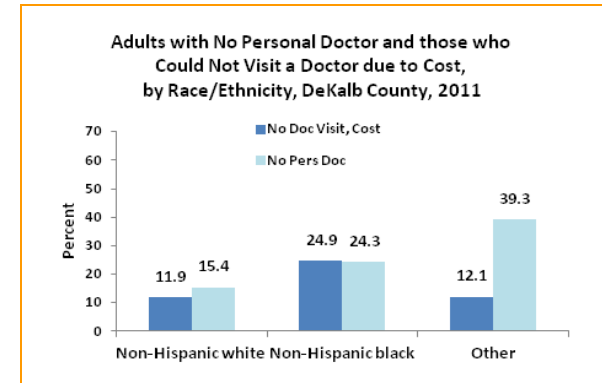
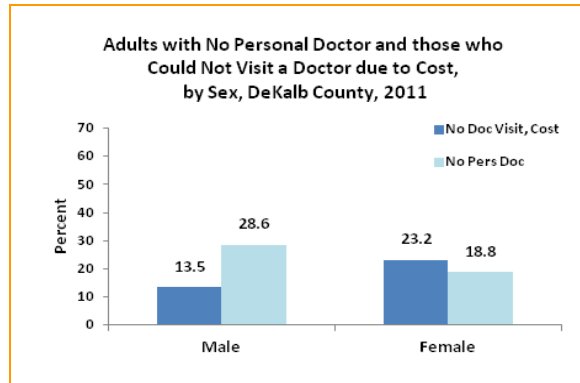
⇒ Approximately 19% of DeKalb adults did not have a personal doctor or a health care provider in the previous 12 months. The proportion of adult DeKalb residents who needed to see a doctor in the previous 12 months but could not because of cost was about 24%.

⇒ Males were more likely to not have a personal doctor than females, but females were more likely to not have visited a doctor in the past 12 months due to cost than males.

⇒ Non-Hispanic blacks were more likely than non-Hispanic whites to not have a personal doctor and to not have visited a doctor in the previous 12 months due to cost.

⇒ Adults with annual household income less than \$15,000 were significantly more likely to not have a personal doctor and to not have visited a doctor in the past 12 months due to cost than adults with annual household income of more than \$15,000.

⇒ A significantly higher proportion of people without health insurance had no personal doctor and had not visited the doctor in the past 12 months compared to those who had health insurance.



Disability

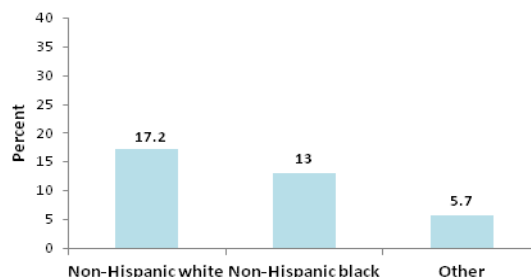
People living with physical disabilities may have trouble performing some activities of daily living. Disabilities may require the use of special equipment like a cane, crutches, or a walker. People with disabilities may lack access to health services and medical care and may be at increased risk for certain conditions. They also may have a limited access to healthy food choices [8].

Adults with a disability, DeKalb County, 2011: 13.3%

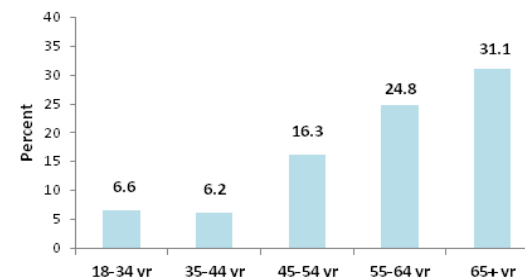
In 2011, more than **70,000** DeKalb County adults had a disability.

- ⇒ Approximately 15% of males and 12% of females reported being disabled.
- ⇒ Disability was more common among adults aged 65 years and older than among younger adults.
- ⇒ Disability was significantly more common among adults whose annual household income was less than \$15,000 than among adults in households with an annual income of \$50,000 or more.
- ⇒ Disability was more common among adults with less than a high school education than among college graduates.

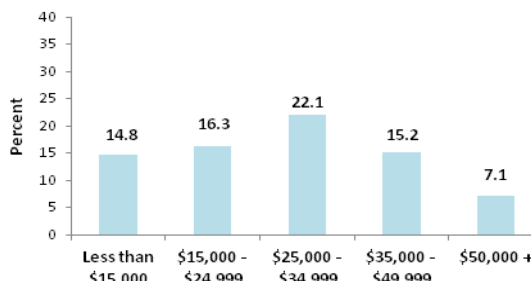
Percent of Adults with a Disability,
by Race/Ethnicity, DeKalb County, 2011



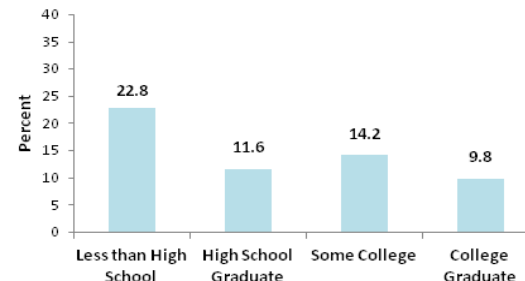
Percent of Adults with a Disability,
by Age, DeKalb County, 2011



Percent of Adults with a Disability,
by Annual Household Income, DeKalb County, 2011



Percent of Adults with a Disability,
by Level of Education, DeKalb County, 2011



Blank Page



Chronic diseases and conditions such as heart diseases, diabetes, and obesity are the leading causes of death and disability in the U.S. Although chronic diseases are among the most common and costly health problems, they are also among the most preventable. Adopting healthy behaviors such as eating nutritious foods, being physically active, and avoiding tobacco use can prevent or control the devastating effects of these chronic diseases.



Chronic Diseases

Chronic Conditions

Diabetes	24
Obesity	26
Overweight	28
Heart Attack	30
Stroke	32
Angina	34
Serious Psychological Distress	36

Diabetes

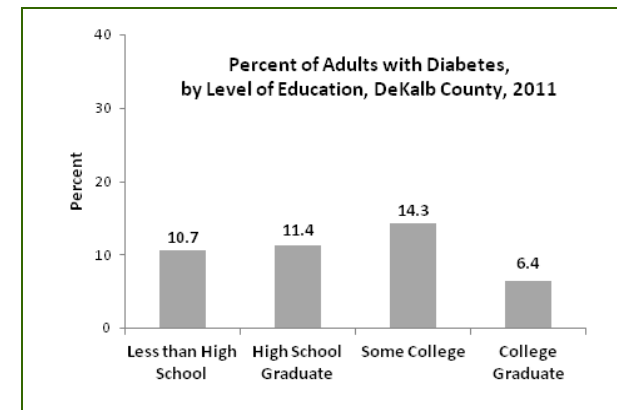
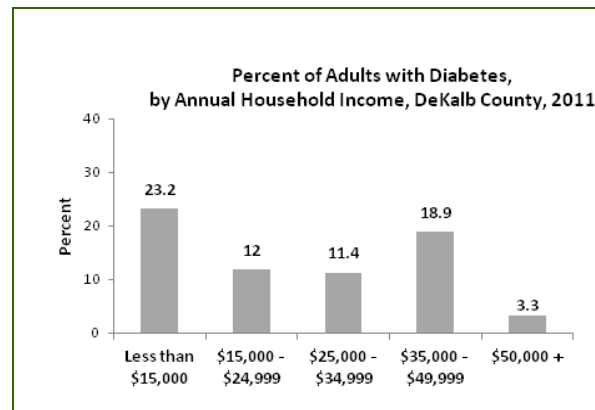
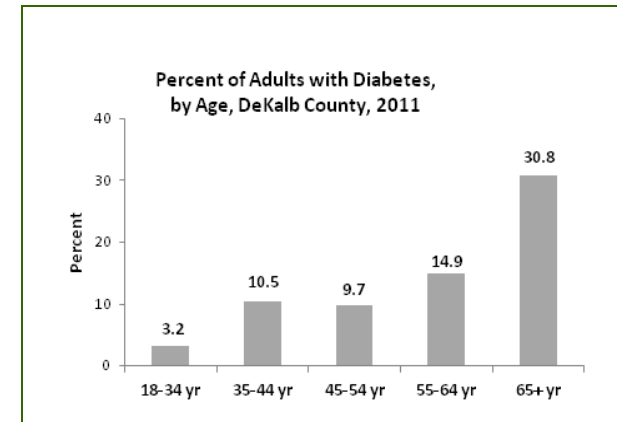
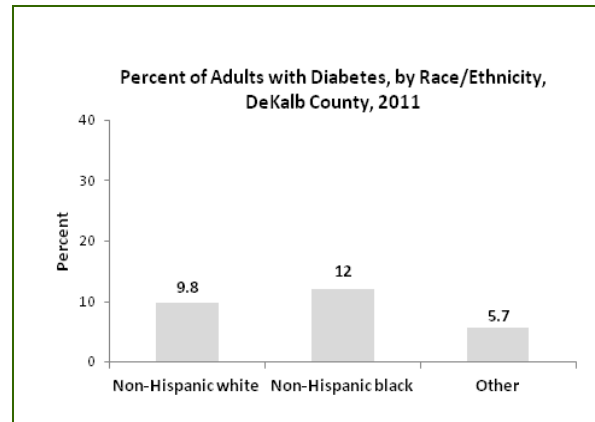
Diabetes is a disease in which blood glucose levels are above normal because of a defect in the body's ability to convert glucose to energy. Health consequences from diabetes include heart disease, stroke, high blood pressure, blindness, kidney disease, amputations, nerve problems, dental disease, and increased risk for infections.

Obesity and physical inactivity are two of the most important preventable risk factors for developing diabetes. Other risk factors for diabetes include high blood cholesterol, smoking, and poor diet. Management of diabetes involves controlling blood glucose levels through diet and insulin regulation, monitoring blood glucose levels, and regular foot and eye exams by health care professionals [9-11].

Adults with diabetes, DeKalb County, 2011: 10.4%

In 2011, approximately **57,500** adult DeKalb County residents had diabetes.

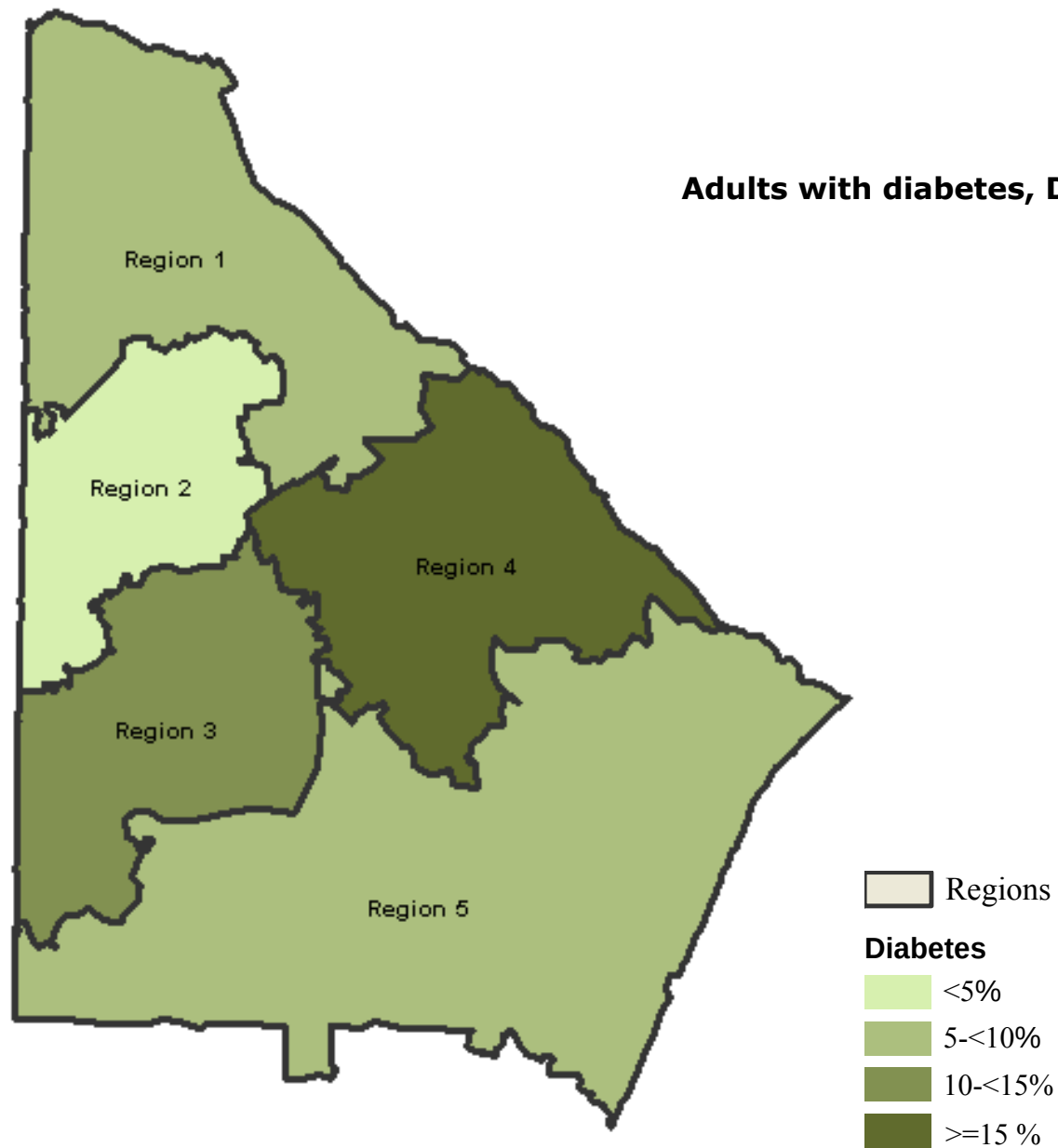
- ⇒ Diabetes was more common among adults aged 65 years and older than among younger adults.
- ⇒ Among adults whose annual household income was less than \$15,000, diabetes was significantly more common than adults whose annual household income was \$50,000 or more.
- ⇒ Diabetes was more common among adults who had less than a college degree than among college graduates.



Continued on next page

Diabetes *continued*

Adults with diabetes, DeKalb County, 2011: 10.4%



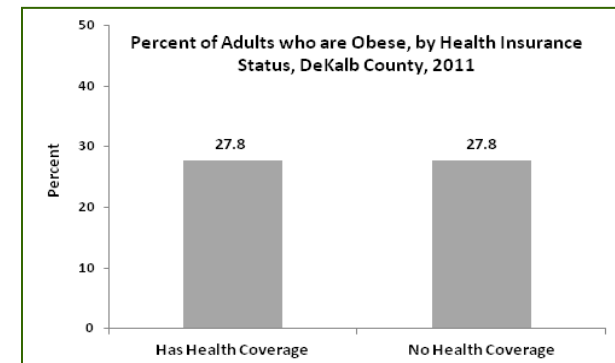
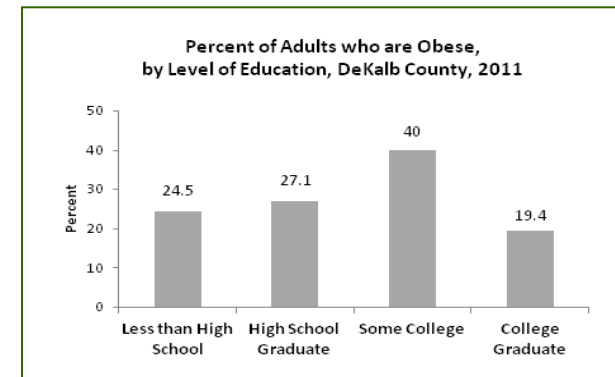
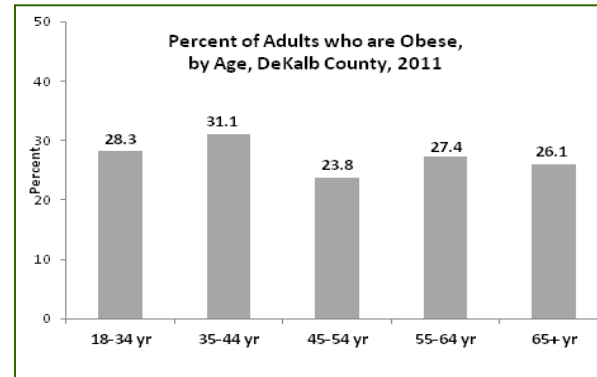
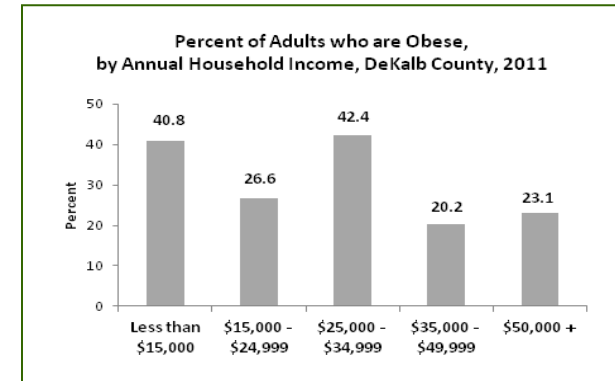
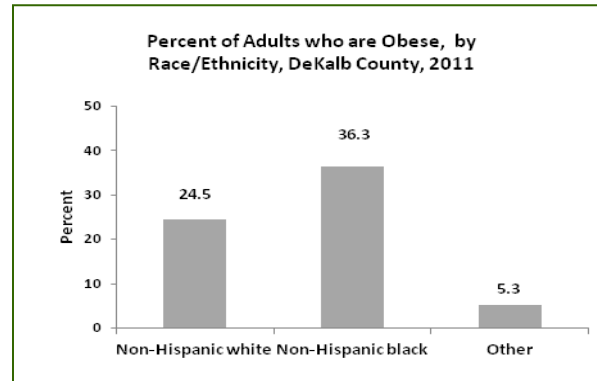
Obesity

Obesity is a risk factor for Type 2 diabetes, heart disease, gall bladder disease, arthritis, sleep apnea, respiratory problems, and some types of cancer. Obesity is also associated with high blood cholesterol and high blood pressure [12]. The risk for these conditions can be reduced by losing weight, reducing calorie intake, and increasing physical activity.

Obese adults, DeKalb County, 2011: 27.6%

In 2011, approximately **150,000** adults in DeKalb County were obese.

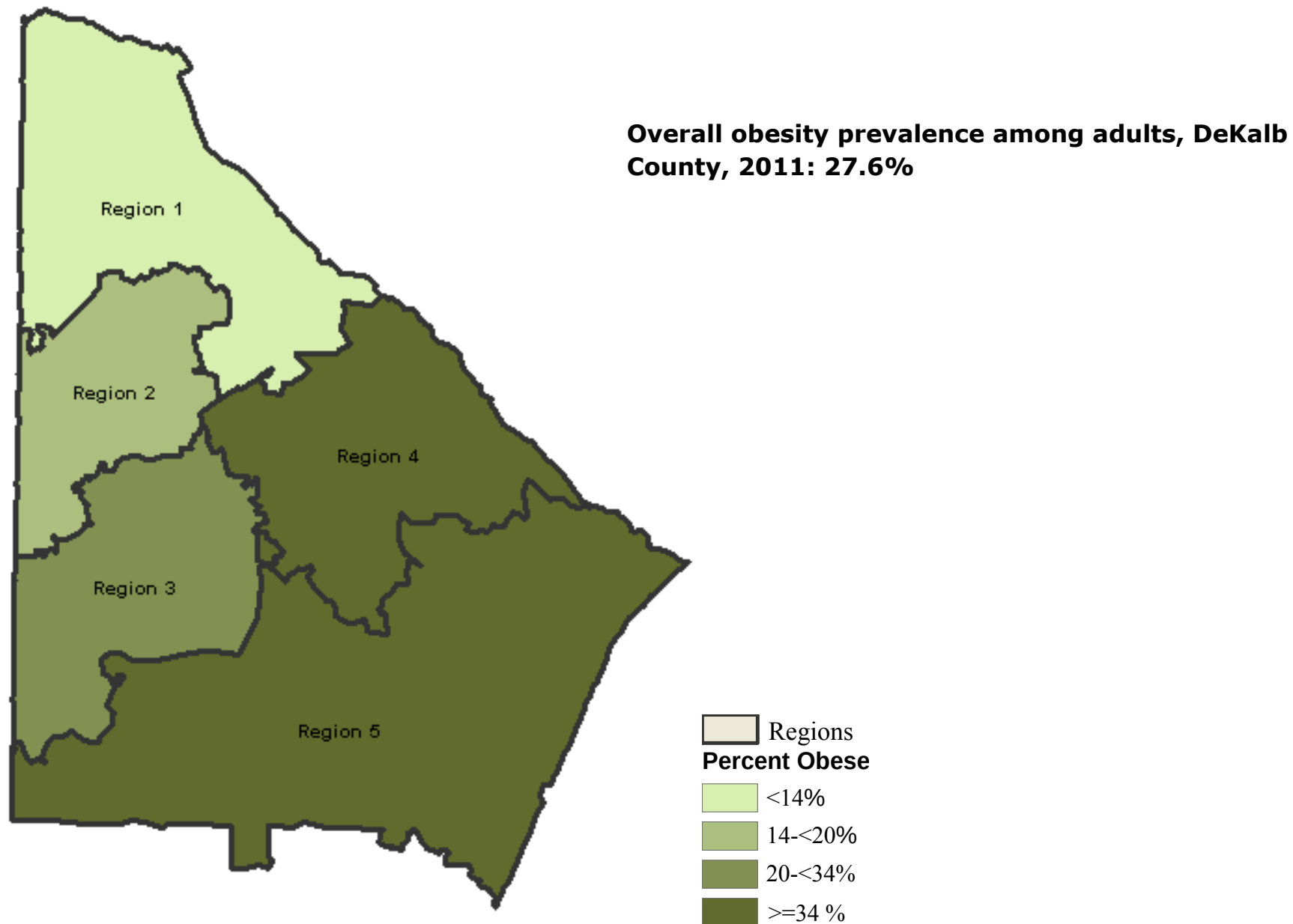
- ⇒ Obesity prevalence was approximately 27% among males and approximately 28% among females.
- ⇒ Non-Hispanic blacks were significantly more likely to be obese than non-Hispanic whites.
- ⇒ Obesity was less common among adults with an annual household income \$35,000 or more than among those with an annual household income of less than \$35,000.



Continued on next page

Obesity is defined as body mass index (BMI) of 30.0 or more.
 $BMI = \text{weight in kg} / (\text{height in m})^2$

Obesity *continued*



Overweight

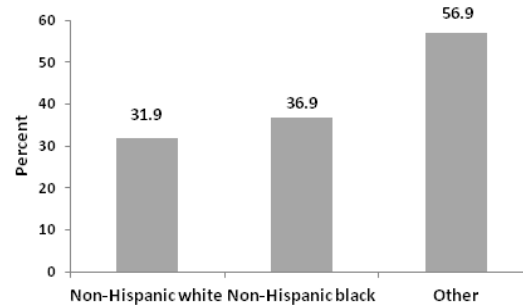
Adults who have a BMI between 25 and 29.9 are considered overweight. Being overweight usually progresses into obesity. **Overweight**, like obesity, also has poor health related consequences such as type 2 diabetes, high blood pressure, and heart diseases.

Overweight adults, DeKalb County, 2011: 38.3%

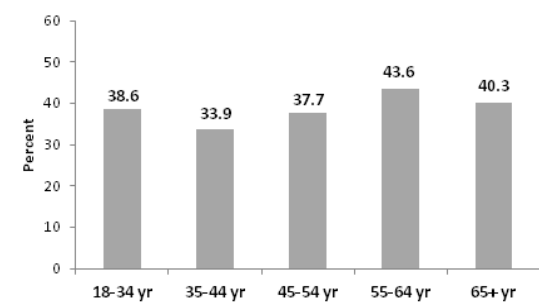
In DeKalb County, over **200,000** adults were overweight in 2011.

- ⇒ The prevalence of overweight among males was 37% and among females was 40%.
- ⇒ Overweight was more prevalent among non-Hispanic blacks than among non-Hispanic whites.
- ⇒ Overweight was more prevalent among adults that had no health insurance than their counterparts who had health insurance coverage.

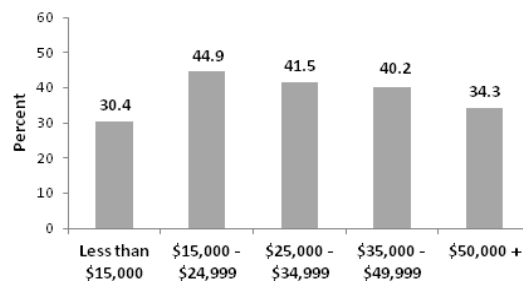
Percent of Adults who are Overweight, by Race/Ethnicity, DeKalb County, 2011



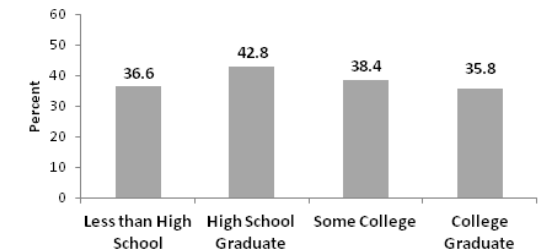
Percent of Adults who are Overweight, by age, DeKalb County, 2011



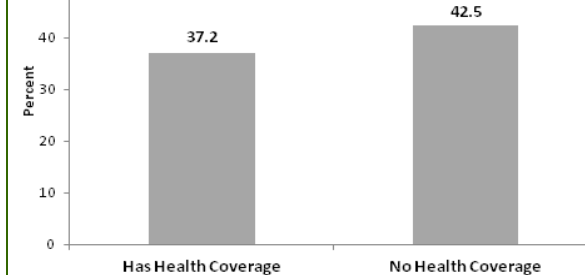
Percent of Adults who are Overweight, by Annual Household Income, DeKalb County, 2011



Percent of Adults who are Overweight, by Level of Education, DeKalb County, 2011



Percent of Adults who are Overweight, by Health Insurance Status, DeKalb County, 2011





Made possible with funding from the Centers for Disease Control and Prevention.

PICTURE DEKALB HEALTHY

Be Smoke-Free.

Help us create a smoke-free, healthy DeKalb.
Join the Live Healthy DeKalb Coalition at
www.dekalbhealth.net/DPPW



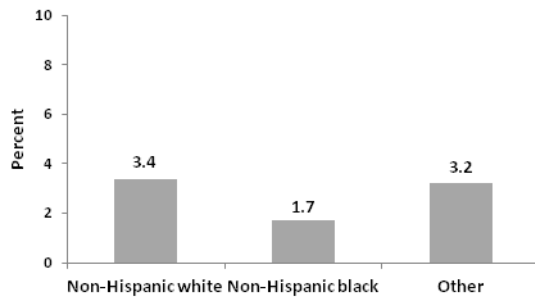
Follow us on



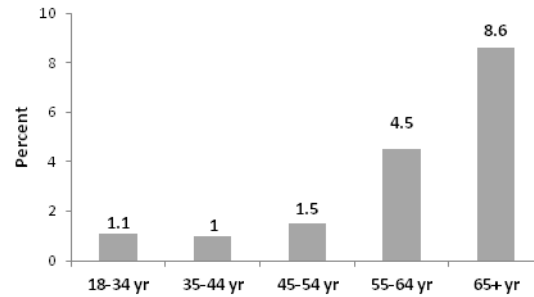
Heart Attack

A **heart attack** occurs when blood flow to a section of the heart muscle becomes blocked. Risk factors for heart attack include high blood cholesterol levels, high blood pressure, smoking, lack of physical activity and obesity [13].

Percent of Adults who have had a Heart Attack,
By Race/Ethnicity, DeKalb County, 2011



Percent of Adults who have had a Heart Attack,
By Age, DeKalb County, 2011

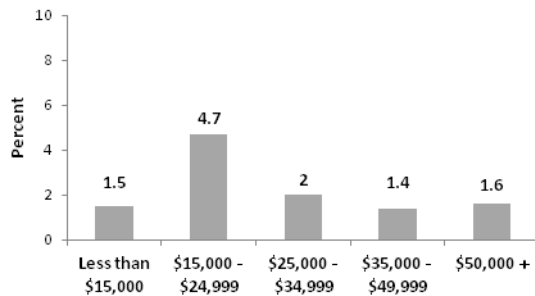


Adults who have ever been told that they have had a heart attack, DeKalb County, 2011: 2.5%

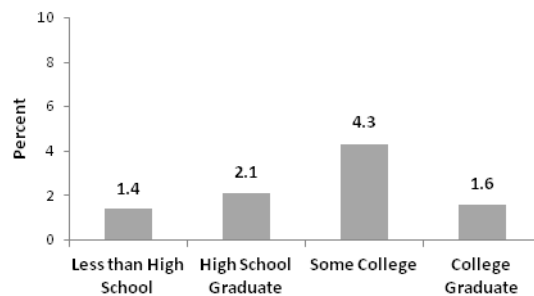
In 2011, approximately **13,500** DeKalb County adult residents had ever been told by a health professional that they have had a heart attack.

- ⇒ Approximately 2% of males and 3% of females have ever been told that they have had a heart attack.
- ⇒ Heart attack was more common among older adults (55 years and older).
- ⇒ Heart attack was less common among non-Hispanic blacks than among non-Hispanic whites.

Percent of Adults who have had a Heart Attack,
By Annual Household Income, DeKalb County, 2011

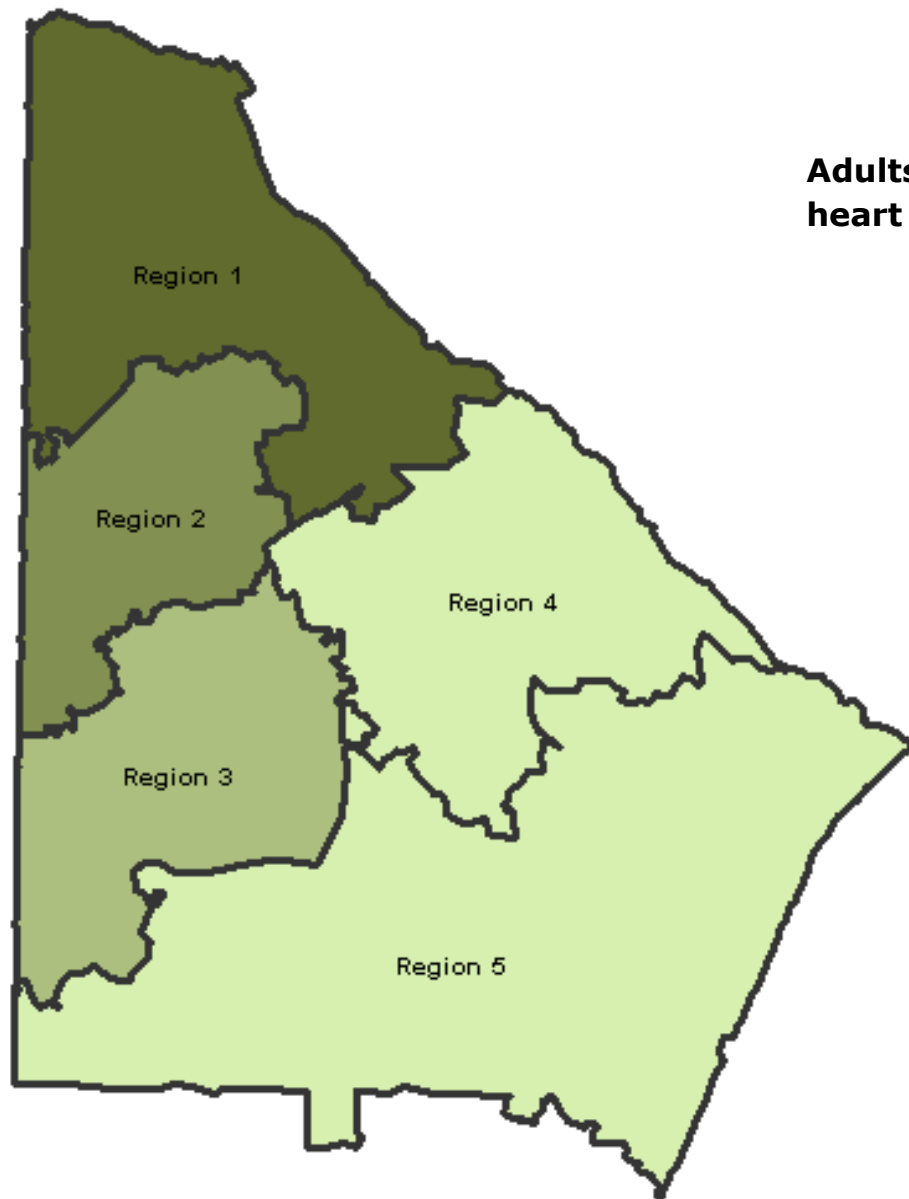


Percent of Adults who have had a Heart Attack,
By Level of Education, DeKalb County, 2011

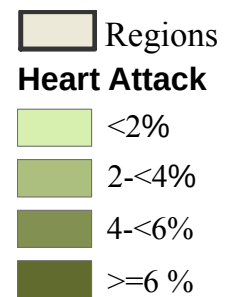


Continued on next page

Heart Attack *continued*



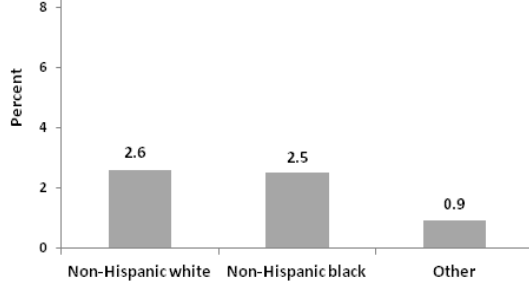
Adults who have ever been told that they have had a heart attack, DeKalb County, 2011: 2.5%



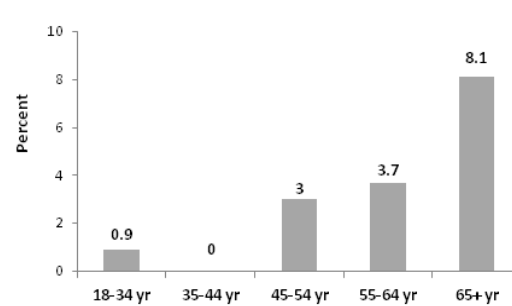
Stroke

Stroke is the result of a blocked artery or a ruptured artery that prevents blood flow to the brain.

Percent of Adults who have had a Stroke,
by Race/Ethnicity, DeKalb County 2011



Percent of Adults who have had a Stroke,
by Age, DeKalb County, 2011

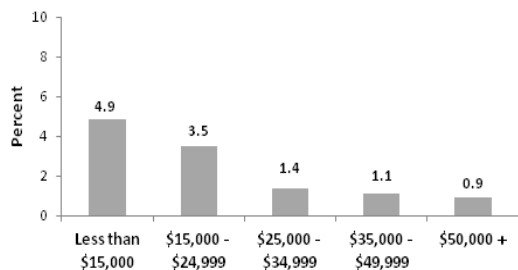


Adults who have ever been told that they have had a stroke, DeKalb County, 2011: 2.3%

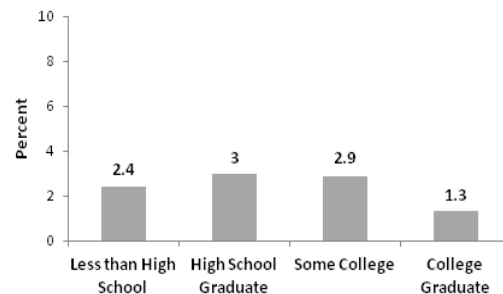
In 2011, approximately **13,000** DeKalb County adults had ever been told by a health professional that they have had a stroke.

- ⇒ Approximately 2% of males and 3% of females have ever been told they have had a stroke.
- ⇒ The prevalence of stroke among adults aged 65 years and older was higher than among adults younger than 65 years of age.
- ⇒ Stroke was more common among non-Hispanic whites than among any other race or ethnicity.
- ⇒ Stroke was almost five times more common among adults whose annual household income was less than \$15,000 than among adults in households with an income of \$50,000 or more per year.

Percent of Adults who have had a Stroke,
by Annual Household Income,
DeKalb County 2011

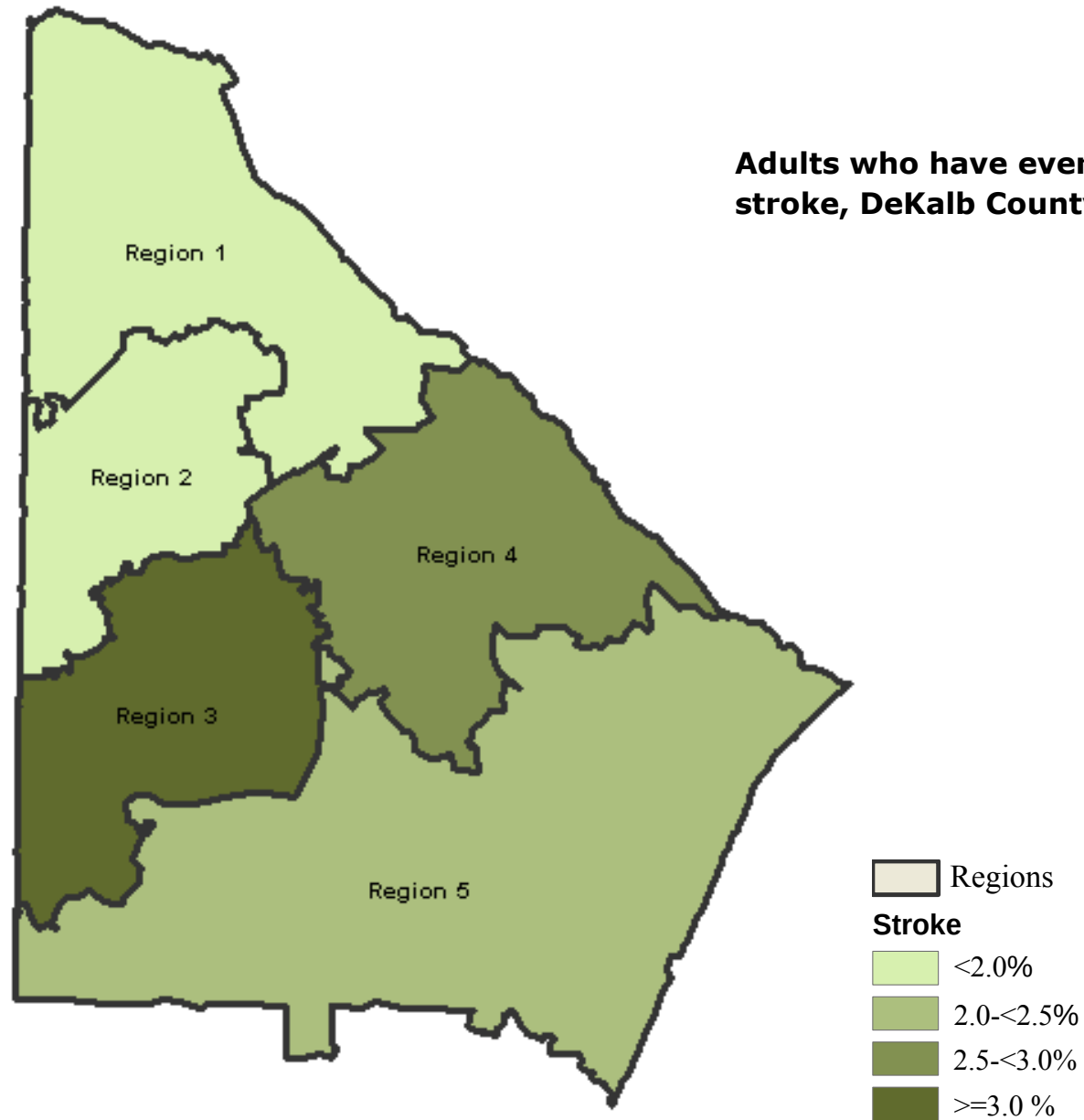


Percent of Adults who have had a Stroke,
by Level of Education, DeKalb County, 2011



Continued on next page

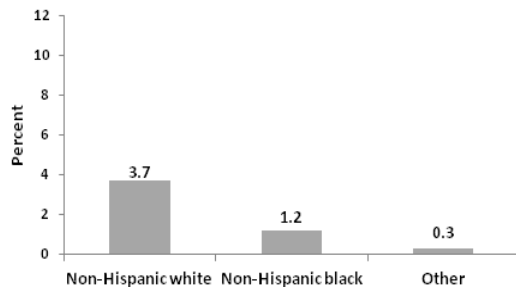
Stroke *continued*



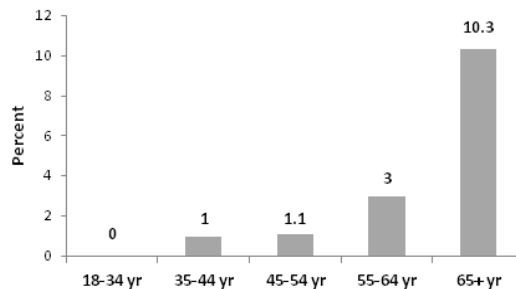
Angina

Angina occurs when the heart muscle is not getting enough oxygen. Angina may feel like a squeezing pain in the chest, but sometimes the pain may also occur in the shoulders, arms, neck, jaw, or back, and may feel like indigestion.

Percent of Adults who have had Angina,
by Race/Ethnicity, DeKalb County 2011



Percent of Adults who have had Angina,
by Age, DeKalb County, 2011

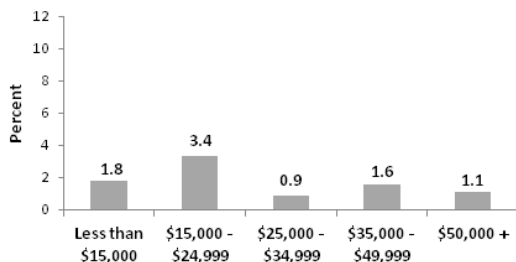


Adults who have ever been told that they have had angina, DeKalb County, 2011: 1.9%

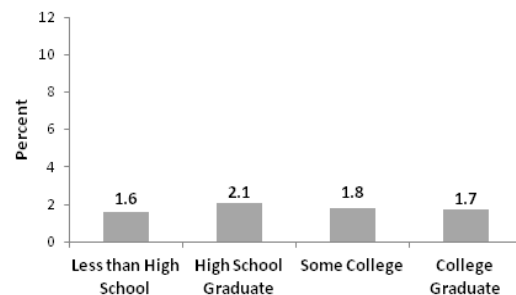
In 2011, approximately **10,000** adults in DeKalb County had ever been told they have had angina.

- ⇒ Approximately proportions (2%) of males and females have ever been told they have had angina.
- ⇒ The prevalence of angina among non-Hispanic whites was significantly higher than among non-Hispanic blacks.
- ⇒ Adults aged 65 years and older had a significantly higher prevalence of angina than adults younger than age 65 years.

Percent of Adults who have had Angina,
by Annual Household Income,
DeKalb County 2011

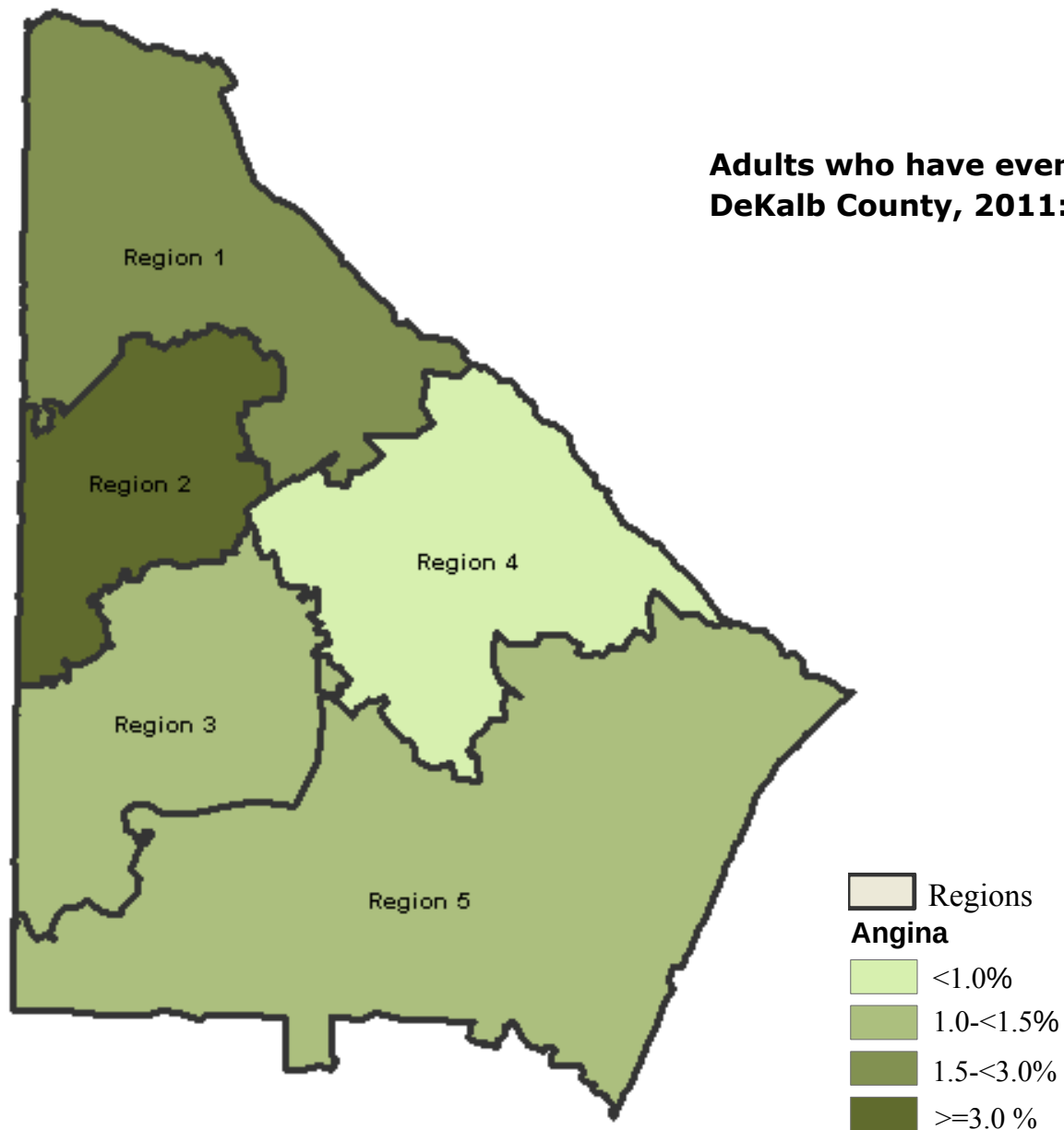


Percent of Adults who have had Angina,
by Level of Education, DeKalb County, 2011



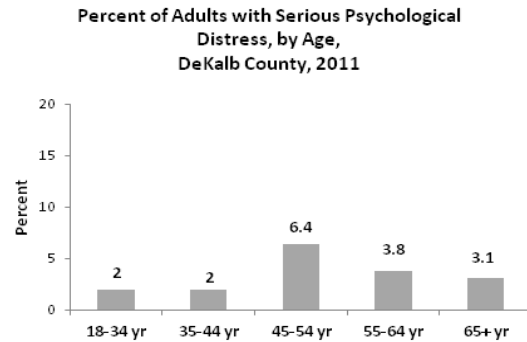
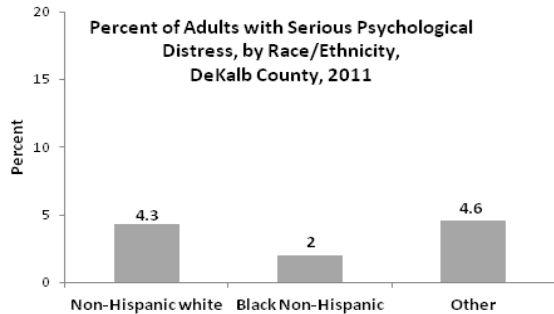
Continued on next page

Angina *continued*



Serious Psychological Distress (SPD)

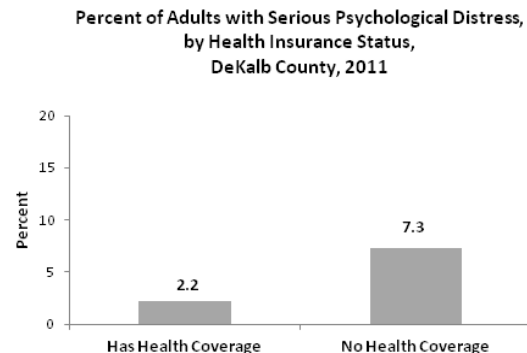
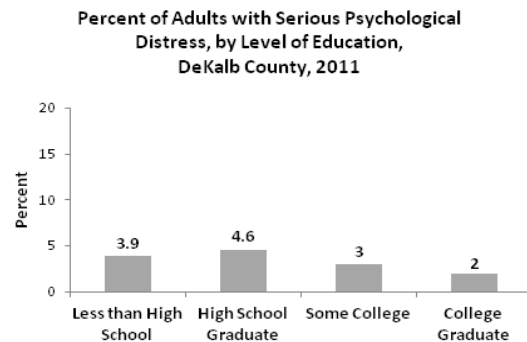
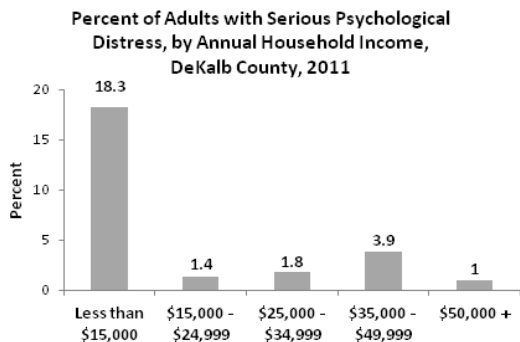
Serious psychological distress includes depression, anxiety, restlessness, and hopelessness. A test is used to determine the level of psychological stress a person feels. Scores can range from 0 to 25. A score of 13 or higher means a person is experiencing serious psychological distress[14].



Adults who have serious psychological distress, DeKalb County, 2011: 3.1%

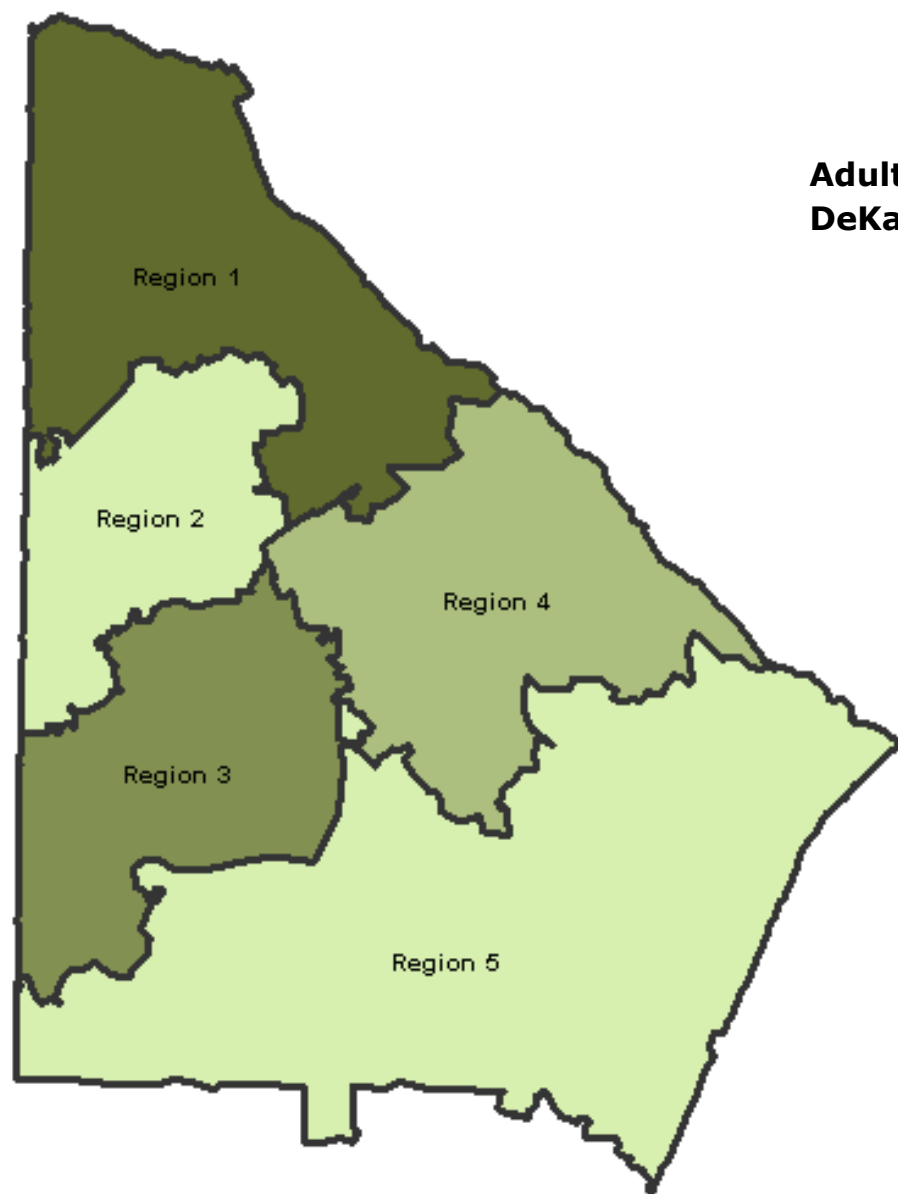
In 2011, approximately **16,000** adult residents in DeKalb County had serious psychological distress.

- ⇒ Approximately 2% of males and 4% of females had experienced serious psychological stress.
- ⇒ Non-Hispanic blacks were less likely to have experienced serious psychological distress than non-Hispanic whites.
- ⇒ Serious psychological distress was approximately five times more common among adults in households that have an annual household incomes of less than \$15,000 than among adults in households making more than \$15,000 per year.
- ⇒ Serious psychological distress was more common among adults without health insurance coverage than adults with health insurance coverage.

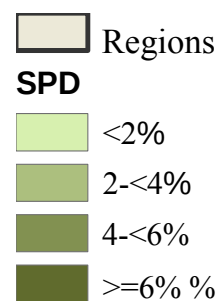


Continued on next page

Serious Psychological Distress *continued*



**Adults who have serious psychological distress,
DeKalb County, 2011: 3.1%**





Tobacco use is the leading cause of preventable deaths in the United States. Over 11,000 Georgia adults die every year from tobacco-related illnesses, which is one out of every six deaths among Georgians. There are an estimated 100,000 adult smokers in DeKalb County; this is almost 19% of all adults.



Risk Behaviors

Risk Behaviors	Physical Inactivity	40
	Smoking	42
	Smokeless Tobacco	44
	Secondhand Smoke	45
	Fruit & Vegetable Consumption	46
	Soda Consumption	47
	Sugar Sweetened Beverage Consumption	48
	Use of Calorie Information	49

Other Topics	Smoking Cessation	50
	Tobacco Related Cancers	51

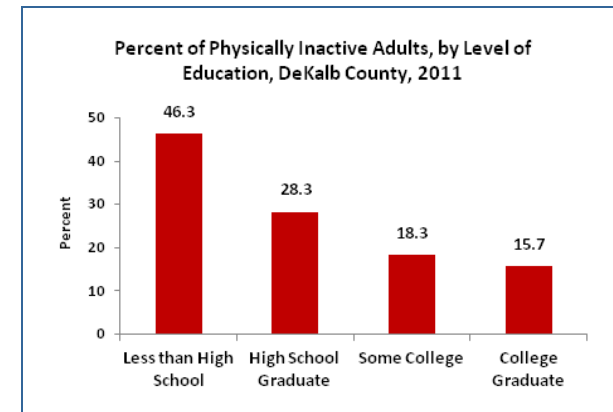
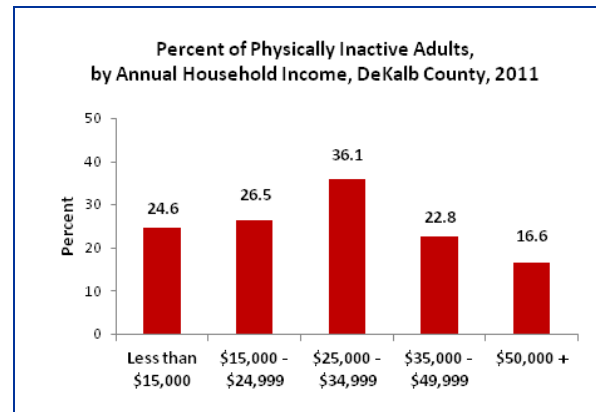
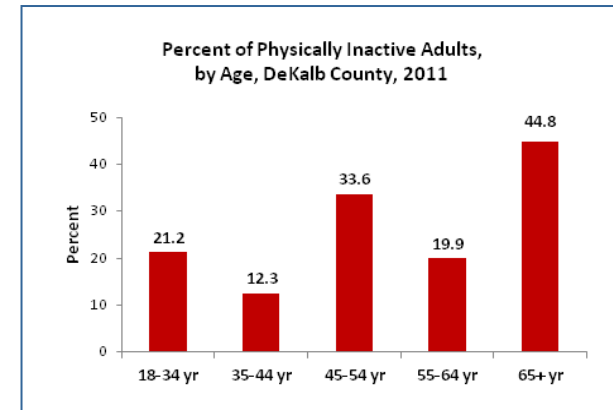
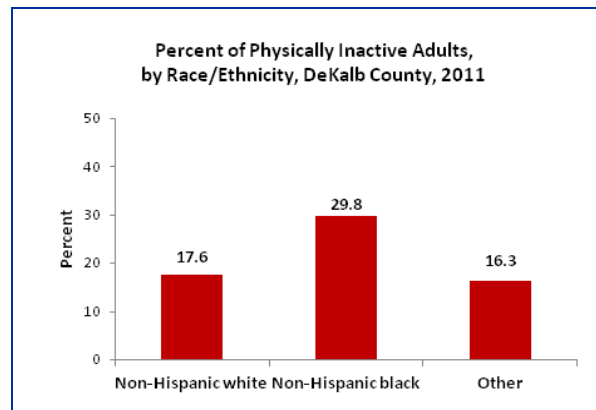
Physical Inactivity

Physical activity can lower the risk of heart disease, stroke, high blood pressure, diabetes, colon cancer and osteoporosis. Regular physical activity also helps maintain healthy body weight, reduces the risk of falls and fractures, helps prevent back pain, reduces symptoms of anxiety and depression, and enhances quality of life [15]. There are great benefits from regular moderate-intensity activities like walking, housework, and gardening as well as through traditional exercise programs. Inactive individuals who become more physically active improve their health significantly [16].

Adults who are physically inactive during leisure time, DeKalb County, 2011: 23.8%

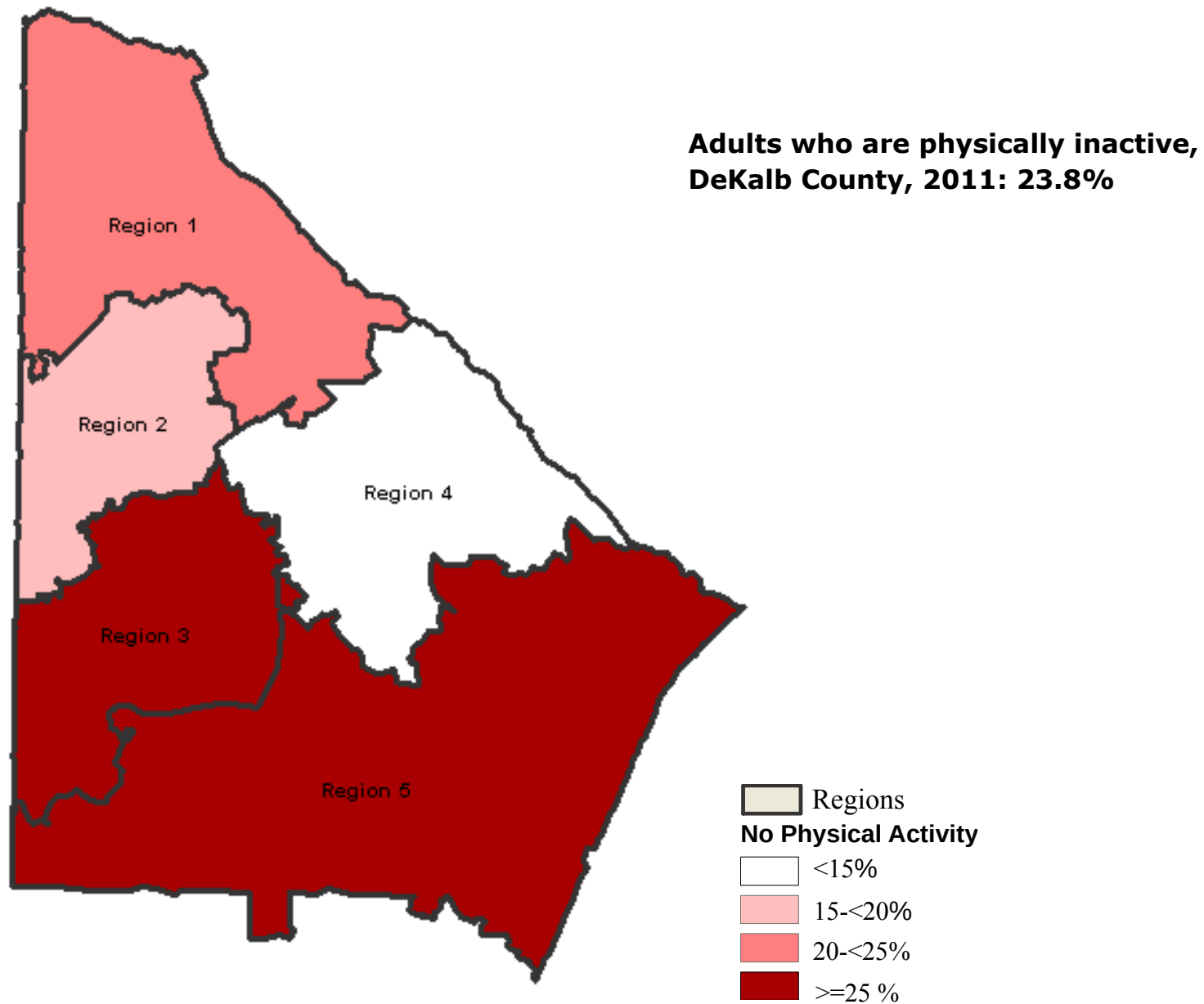
In 2011, more than **128,000** adult residents in DeKalb County were physically inactive during their leisure time.

- ⇒ Approximately equal proportions of males and females (24%) were physically inactive during their leisure time.
- ⇒ Physical inactivity during leisure time was more common among non-Hispanic black adults than among non-Hispanic white adults.
- ⇒ Physical inactivity during leisure time was significantly more common among adults whose annual household income was less than \$15,000 than among adults whose annual household income was \$50,000 or more.
- ⇒ Physical inactivity during leisure time was three times more common among adults with less than a high school education than among college graduates.



Continued on next page

Physical Inactivity *continued*



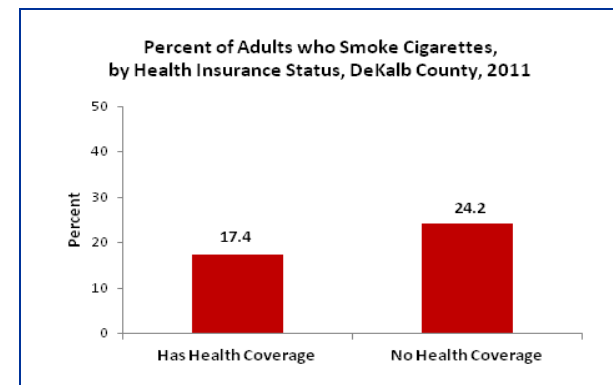
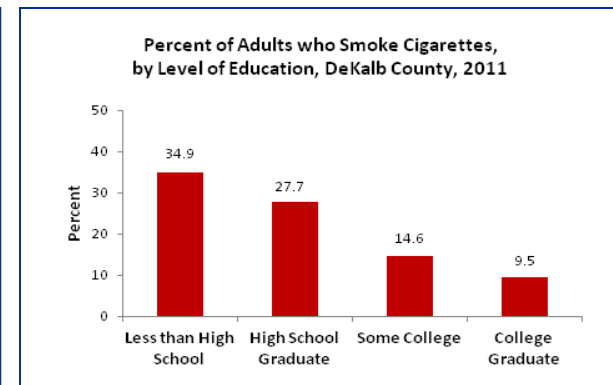
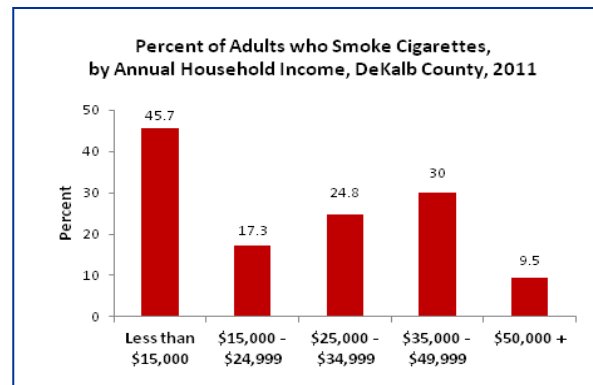
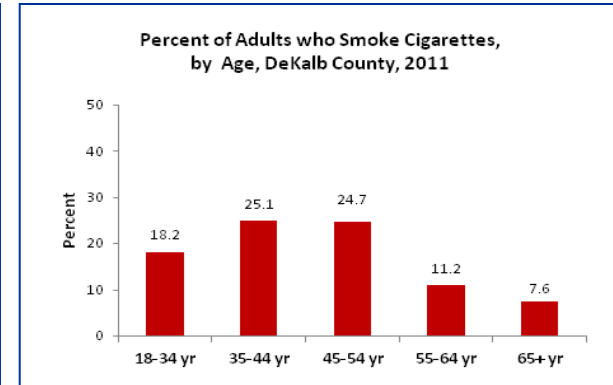
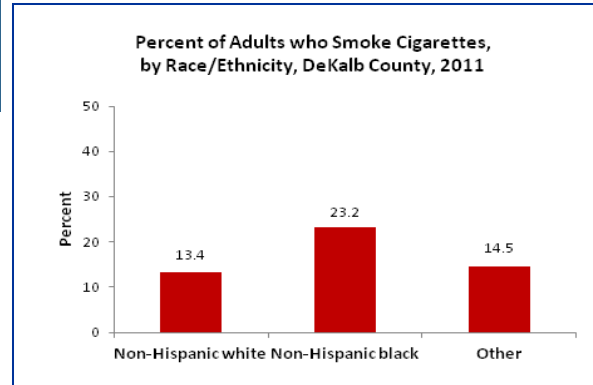
Smoking

Cigarette smoking is a leading cause of preventable deaths in the United States. Smoking harms nearly every organ of the body. In Georgia, about 16% of deaths among adults aged 35 years and older is attributable to smoking [17]. Smoking is also associated with illness and death related to heart disease, stroke, chronic obstructive pulmonary disease, low birth weight, sudden infant death syndrome, and household fire. For those who smoke, quitting is always beneficial. At any age, smokers who quit live longer than those who continue smoking [18].

Adults who smoke cigarettes, DeKalb County, 2011: 18.8%

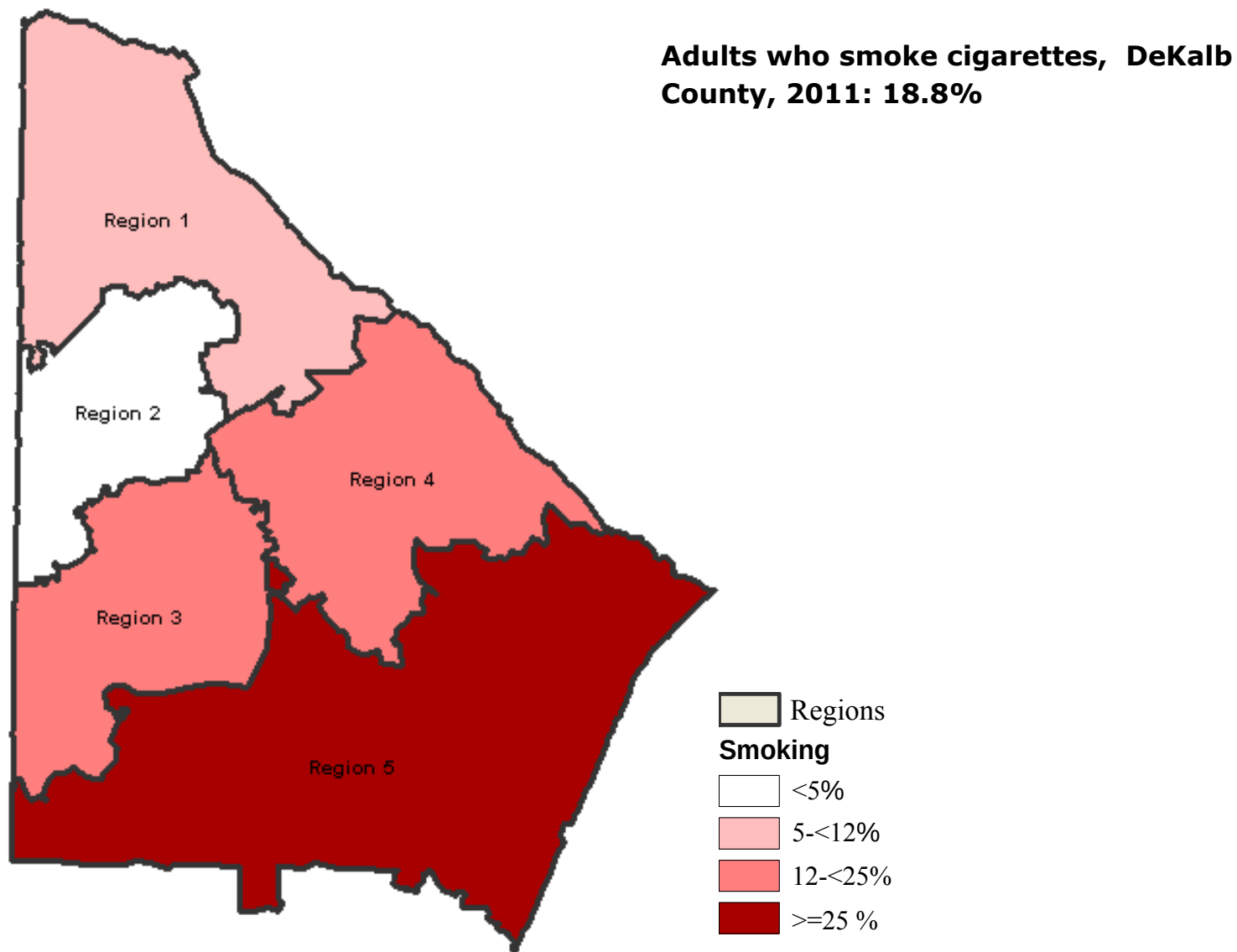
In 2011, over **100,000** adults in DeKalb County smoked cigarettes.

- ⇒ There was no significant difference in smoking among males and females.
- ⇒ The prevalence of smoking was significantly higher among adults whose annual household income was less than \$15,000 than among adults whose annual household income was \$50,000 or more.
- ⇒ Smoking cigarettes was three times more common among adults with less than a high school education than among college graduates.
- ⇒ The prevalence of smoking was higher among adults with no health insurance than among adults with health insurance.



Continued on next page

Smoking *continued*



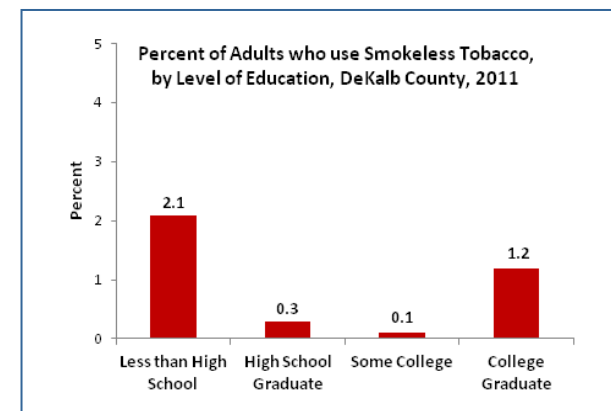
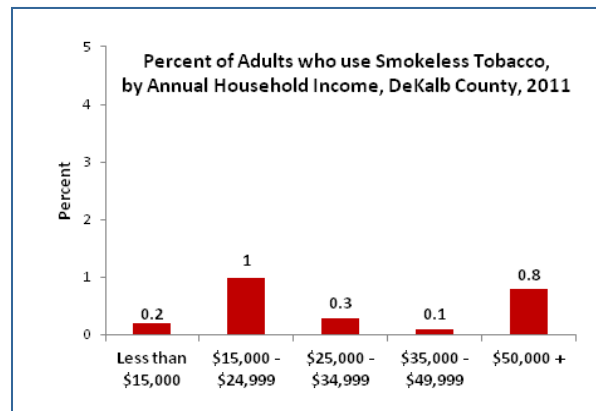
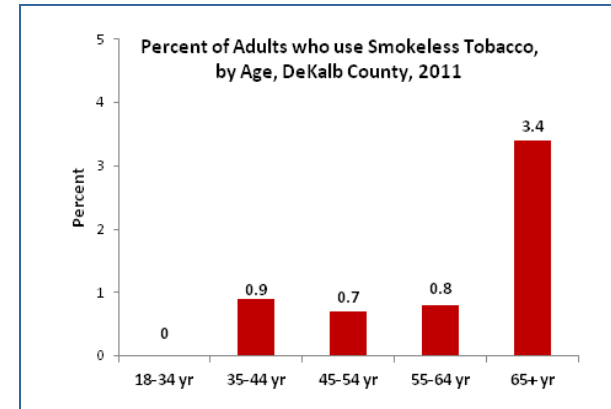
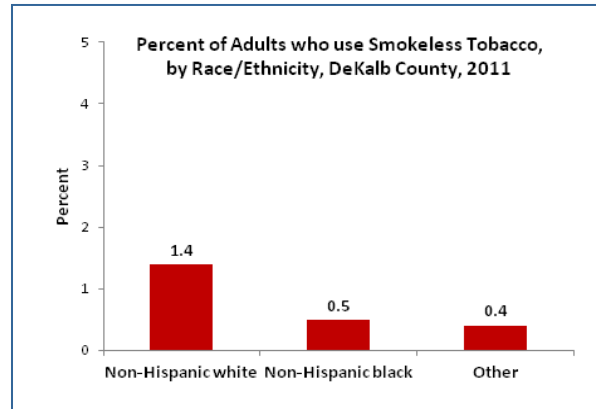
Smokeless Tobacco

Smokeless tobacco should not be considered as a safe substitute for smoking cigarette because it is known to cause cancer of the oral cavity and cancer of the pancreas [19].

Adults who use smokeless tobacco, DeKalb County, 2011: 0.8%

In 2011, more than **4,000** adult residents in DeKalb County used smokeless tobacco.

- ⇒ Smokeless tobacco use was twice as common among males as among females.
- ⇒ Smokeless tobacco use was almost three times more common among non-Hispanic whites than among non-Hispanic blacks.
- ⇒ Smokeless tobacco use was more common among adults 65 years and older than among adults younger than 65 years.
- ⇒ The prevalence of smokeless tobacco use was higher among adults with less than a high school education than among those with a high school diploma or higher level of education.



Secondhand Smoke

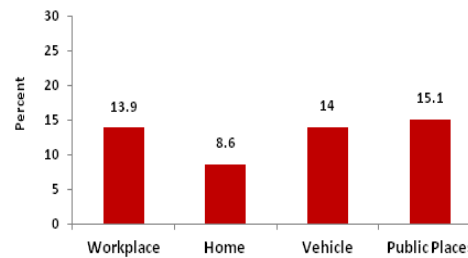
Secondhand smoke (SHS) is a mixture of smoke that comes from a burning end of a cigarette, cigar, or pipe and smoke exhaled by a smoker. Involuntary or passive smoking is when non-smokers are exposed to SHS. SHS has been linked to heart diseases and lung cancer.

Adults who were exposed to secondhand smoke, DeKalb County, 2011: 31%

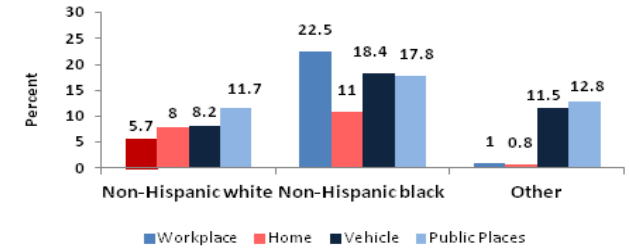
In 2011, 15.1% of DeKalb County residents were exposed to secondhand smoke at public places while 8.6% were exposed in their homes.

- ⇒ People were more commonly exposed to secondhand smoke in public places.
- ⇒ Secondhand smoke exposure was consistently higher among males than among females (except homes where more females were exposed to SHS).
- ⇒ Secondhand smoke at the workplace was more common among non-Hispanic blacks than among non-Hispanic whites.
- ⇒ Exposure to secondhand smoke at home, in vehicles, and in public places was consistently higher among non-Hispanic blacks than among non-Hispanic whites.
- ⇒ A higher prevalence of secondhand smoke exposure was found among young adults aged 18 to 34 at their workplace, in vehicles, and in public places than among adults in any other age category.
- ⇒ Exposure to secondhand smoke was also consistently higher among males than among females in all four places.

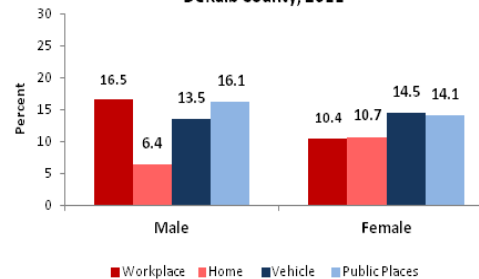
Percent of Adults who were Exposed to Secondhand Smoking, by Place of Exposure, DeKalb County 2010



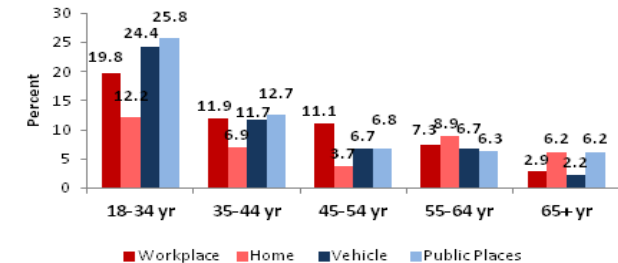
Percent of Adults who were Exposed to Secondhand Smoke by Place of Exposure, by Race/Ethnicity, DeKalb County, 2011



Percent of Adults who were Exposed to Secondhand Smoke, by Place of Exposure, by Sex, DeKalb County, 2011



Percent of Adults who were Exposed to Secondhand Smoke, by Place of Exposure, by Age, DeKalb County, 2011



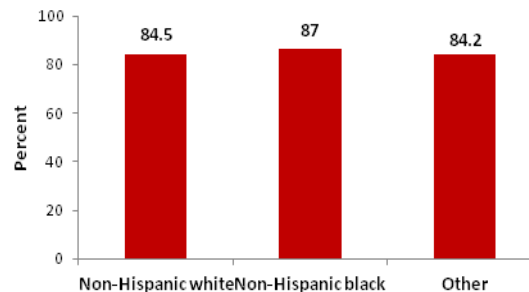
Fruit and Vegetable Consumption

Fruits and vegetables provide essential vitamins and minerals, fiber, and other substances that are important for good health. Healthy diets rich in fruits and vegetables may reduce the risk of cancer and other chronic diseases, including stroke and other heart diseases [20]. Most fruits and vegetables are naturally low in fat and calories, yet are filling.

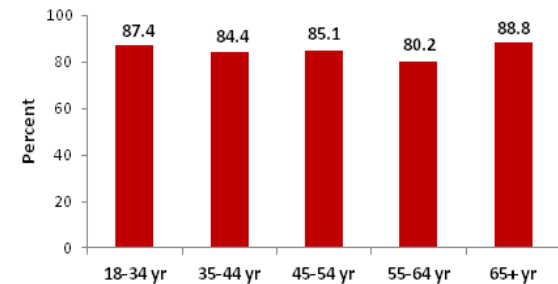
Adults who consumed less than five servings of fruits and vegetables daily, DeKalb County, 2011: 85.7%

- ⇒ In 2011, approximately eight out of ten adults in DeKalb County consumed less than five servings of fruits and vegetables per day.
- ⇒ There were no observed differences in daily fruit and vegetable consumption by sex, race/ethnicity, age, educational level and income.

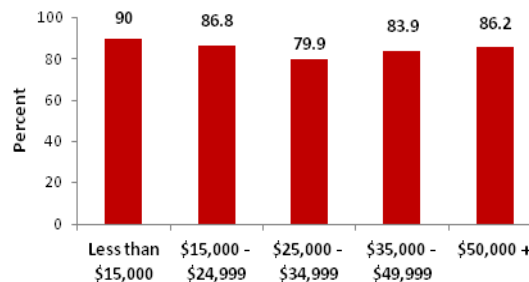
Percent of Adults who consumed less than 5 Servings of Fruits and Vegetables Daily, by Race/Ethnicity, DeKalb County, 2011



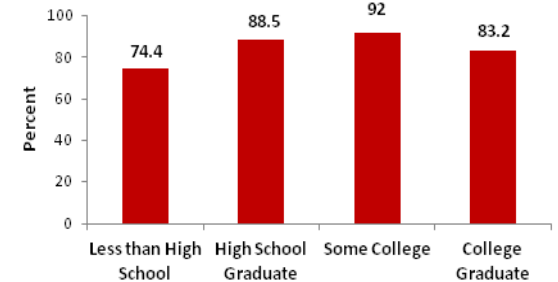
Percent of Adults who consumed less than 5 Servings of Fruits and Vegetables Daily, by Age, DeKalb County, 2011



Percent of Adults who consumed less than 5 Servings of Fruits and Vegetables Daily, by Annual Household Income, DeKalb County, 2011



Percent of Adults who consumed less than 5 Servings of Fruits and Vegetables Daily, by Level of Education, DeKalb County, 2011



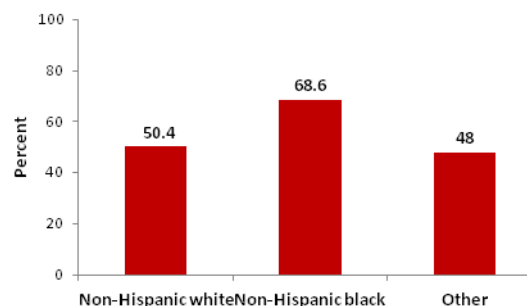
Soda Consumption

Soda includes regular soda or pop that contains sugar but excludes diet soda or diet pop.

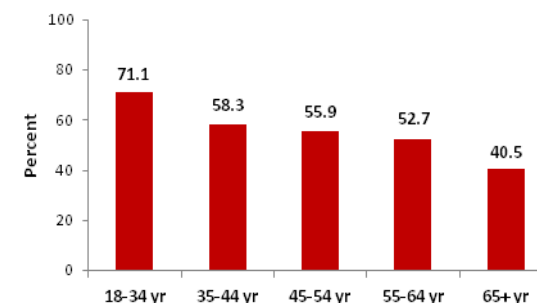
**Adults who consumed soda in the past 30 days in DeKalb County, 2011:
59.8%**

- ⇒ Approximately 63% of males and 57% of females reported consuming soda in the previous 30 days.
- ⇒ Adults below the age of 65 were significantly more likely to have consumed soda in the previous 30 days than adults 65 years and older.

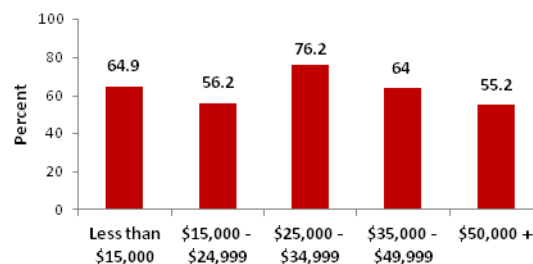
Percent of Adults who Consumed Soda in the Past Month, by Race/Ethnicity, DeKalb County, 2011



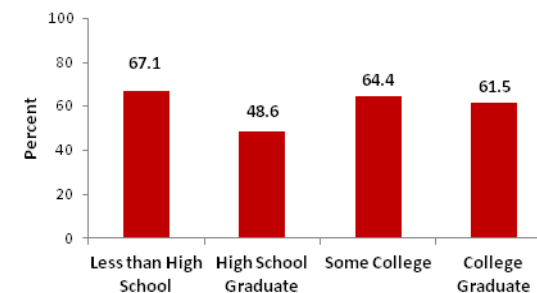
Percent of Adults who Consumed Soda in the Past Month, by Age, DeKalb County, 2011



Percent of Adults who Consumed Soda in the Past Month, by Annual Household Income, DeKalb County, 2011



Percent of Adults who Consumed Soda in the Past Month, by Level of Education, DeKalb County, 2011



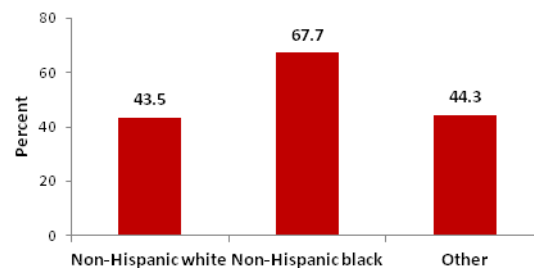
Sugar-Sweetened Beverage Consumption

Sugar-sweetened beverages include sugar-sweetened fruit drinks (such as Kool Aid and lemonade), sweet tea, and sports or energy drinks (such as Red Bull and Gatorade). They do not include drinks with 100% fruit juices, diet drinks, or artificially-sweetened drinks.

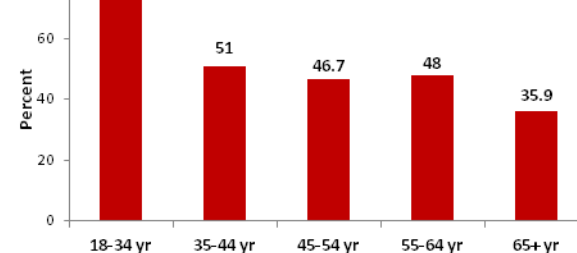
Adults who consumed sugar-sweetened drink in the past 30 days in DeKalb County, 2011: 56.3%

- ⇒ Approximately 60% of males and 53% of females reported consuming sugar-sweetened beverages in the previous 30 days.
- ⇒ Adults below the age of 65 were significantly more likely to have consumed sugar-sweetened beverage in the previous 30 days than adults 65 years and older.

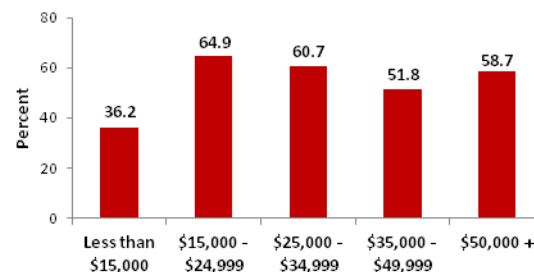
Percent of Adults who Consumed Sugar Sweetened Beverages in the Past Month, by Race/Ethnicity, DeKalb County, 2011



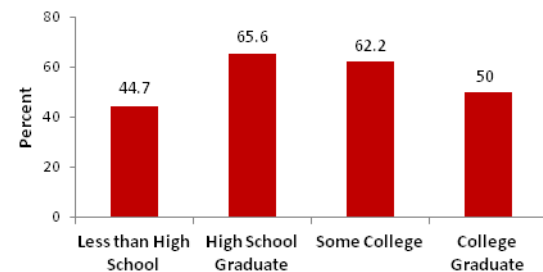
Percent of Adults who Consumed Sugar Sweetened Beverages in the Past Month, by Age, DeKalb County, 2011



Percent of Adults who Consumed Sugar Sweetened Beverages in the Past Month, by Annual Household Income, DeKalb County, 2011



Percent of Adults who Consumed Sugar Sweetened Beverages in the Past Month, by Level of Education, DeKalb County, 2011



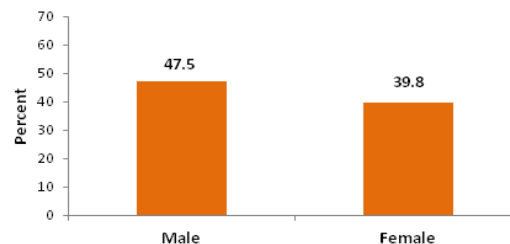
Use of Calorie Information

A key to controlling weight and improving health is eating right. Using caloric information helps ensure that good, nutritious foods meet your calorie needs. Foods that are high in caloric count should be avoided.

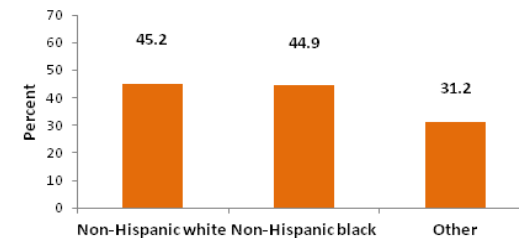
Adults that have never used or looked for calorie information if available in a restaurant, DeKalb County, 2011: 43.6%

- ⇒ Men were more likely than women to have never used calorie information when available in a restaurant.
- ⇒ There were no observed differences in the use of calorie information by race/ethnicity, age and annual household income.

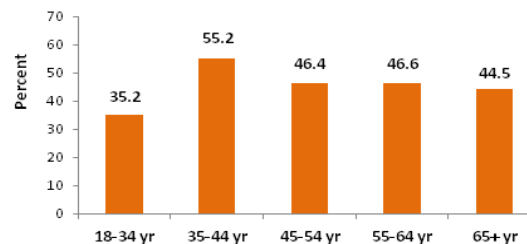
Adults who Never use Restaurant Calorie Information if Available, by Sex, DeKalb County, 2011



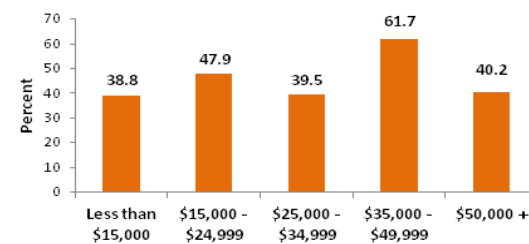
Adults who Never use Restaurant Calorie Information if Available, by Race/Ethnicity, DeKalb County, 2011



Adults who Never use Restaurant Calorie Information if Available, by Age, DeKalb County, 2011



Adults who Never use Restaurant Calorie Information if Available, by Annual Household Income, DeKalb County, 2011



Smoking Cessation / Cessation Help

Smoking Cessation

For those who smoke, quitting is always beneficial. At every age, smokers who quit live longer than those who continue smoking.

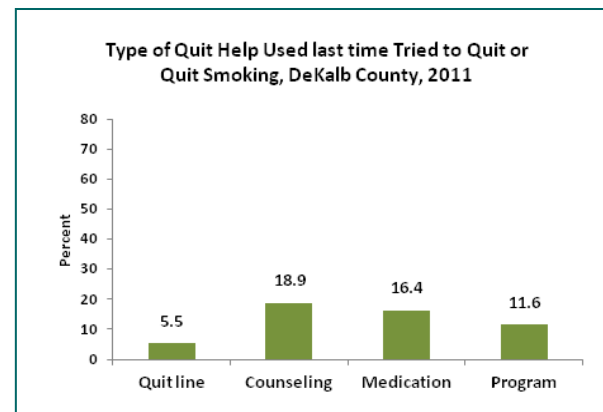
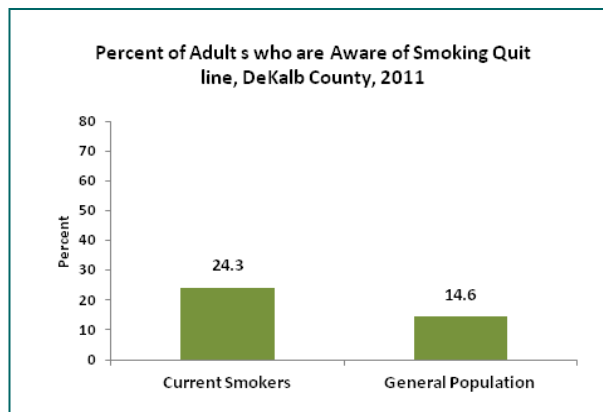
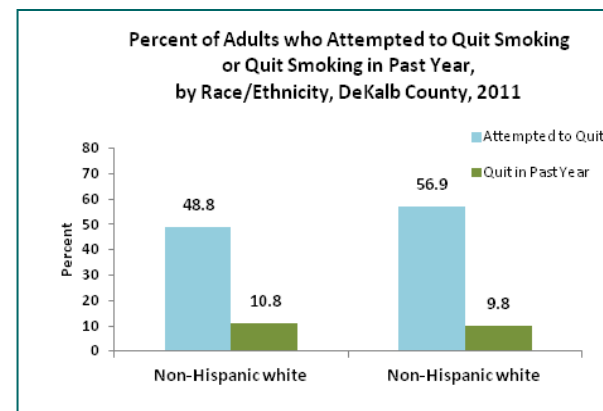
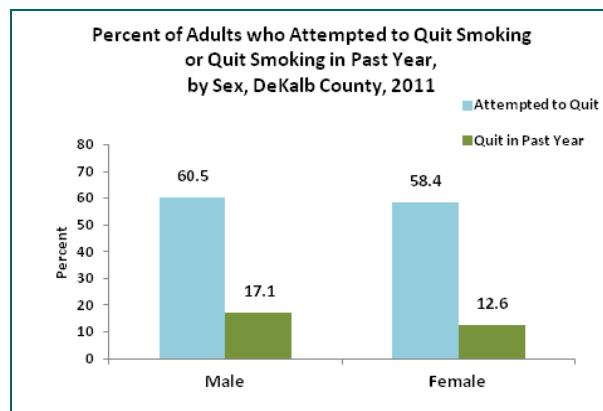
In 2011, 15% of former smokers in DeKalb County had quit smoking in the previous 12 months.

- ⇒ Of all current smokers in DeKalb County, more than half (59%) had made an attempt to quit smoking in the past 12 months.
- ⇒ More males had quit smoking in the previous 12 months than females.
- ⇒ More non-Hispanic blacks attempted to quit smoking in the previous 12 months than non-Hispanic whites.

Cessation Help

In 2011, only 14.6% of adults in DeKalb County were aware of the existence of a smoking quit line.

- ⇒ Among smokers, 24% were aware of the existence of smoking quit line.
- ⇒ Among former smokers or people who had attempted to quit smoking, about 6% had used a quit line, 19% had used counseling, 16% had used medication, and 12% had used a quit program.



Tobacco-Related Cancers

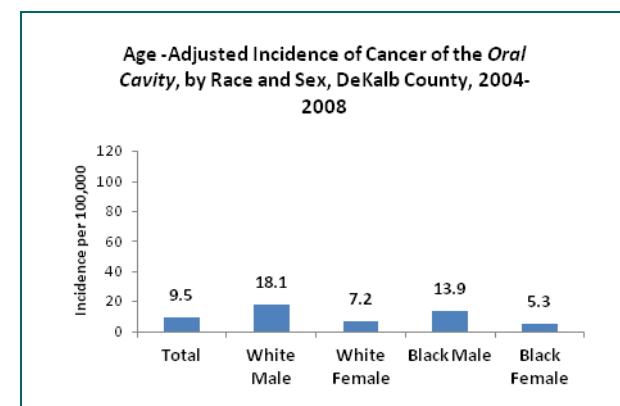
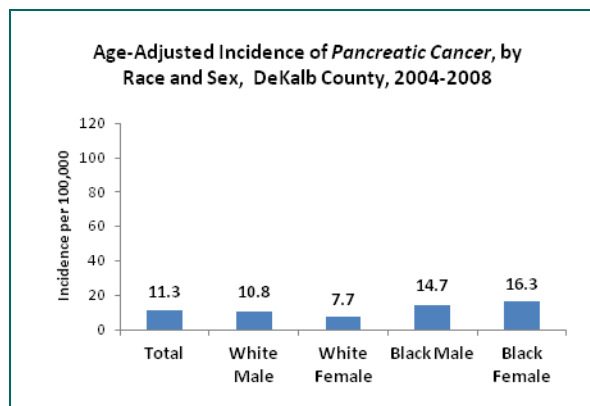
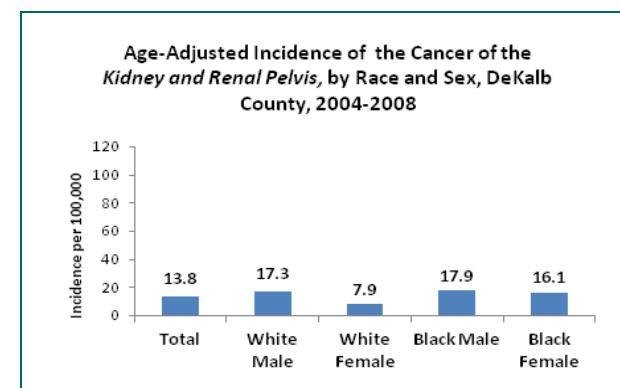
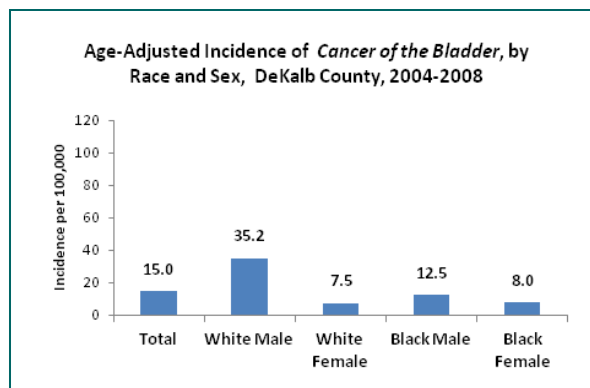
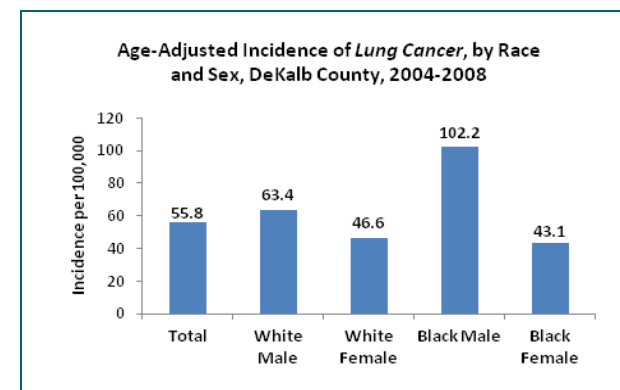
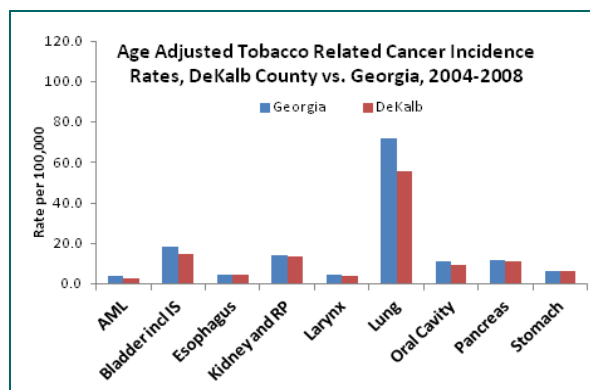
In Georgia, about 16% of deaths among adults aged 35 and older are attributable to smoking. More than 40% of all tobacco-related deaths in Georgia are from cancer. Tobacco use is the single most preventable cause of illness and death in Georgia. Besides lung cancer, tobacco use also increases the risk for cancers of the mouth, lips, nasal cavity and sinuses, larynx, pharynx (throat), esophagus, stomach, pancreas, kidney, bladder, uterus, cervix, colon/rectum, ovary, and acute myeloid leukemia (AML) [21, 22].

- ⇒ Lung cancer has the highest age-adjusted incidence among all tobacco-related cancers.
- ⇒ Black males have the highest age-adjusted incidence of lung cancer in DeKalb County.
- ⇒ White males have the highest age-adjusted incidence of cancer of the bladder and cancer of the oral cavity in DeKalb County.
- ⇒ Black females have the highest age-adjusted incidence rate of pancreatic cancer in DeKalb County.

Average annual rate per 100,000, age-adjusted to the 2000 US Standard Population.

Black, White, Black Males, White Males, Black Females, & White Females does not include the Hispanic population

Data Source: Georgia Comprehensive Cancer Registry, Georgia Department of Public Health, 2012 [23].



Age-adjustment is a statistical process applied to rates of disease, death, injuries or other health outcomes that allow communities or populations with different age structures to be comparable.

Appendices

Table A1: Healthy People Summary	53
Table A2: Demographic Characteristics	54
Table A3: Limited Health Access	55
Table A4: Secondhand Smoke	56
Table A5: Smoking Cessation	57
Map A1: Regions in DeKalb County	58
Table A6: DeKalb County Regions Demographic Characteristics	59
Questionnaire	60
Bibliography	63

Table A1: Healthy People Summary

Healthy People 2010 Objectives and Selected Data Summary, DeKalb County CPPW BRFSS, 2011

Healthy People 2010 Objectives	DeKalb County 2010	Healthy People 2010 Goal
Obese, BMI $\geq$ 30	27.60%	$\leq$ 15%
No Health Insurance	18.00%	0%
No Leisure Time Physical Activity	23.80%	$\leq$ 20%
Diabetes (Clinically diagnosed)	10.40%	$\leq$ 2.5%
Cigarette Smoking	18.80%	$\leq$ 12%

Table A2: Demographic Characteristics

Demographic Characteristics of DeKalb County Respondents, 2011 CPPW BRFSS

Parameter	Sample size	Weighted Percent	95% CI
Total	1,608	-	-
Sex			
Male	563	47.7	(42.5, 53.8)
Female	1,045	52.3	(46.2, 58.5)
Race/Ethnicity			
White non-Hispanic	836	33.1	(28.0, 38.1)
Black non-Hispanic	644	52.3	(46.2, 58.5)
Hispanic	42	5.9	(2.2, 9.5)
Other (Native Hawaiian, American Indian, Alaskan Native, Other Pacific Islander and Non-Hispanic Multiracial)	59	8.7	(4.0, 13.5)
Age			
18-24 yrs	20	7.8	(3.7, 11.9)
25-34 yrs	81	28.9	(22.0, 35.8)
35-44 yrs	193	21.9	(16.8, 27.0)
45-54 yrs	343	18.4	(14.7, 22.1)
55-64 yrs	421	11.9	(9.8, 14.1)
65-74 yrs	268	6	(4.6, 7.4)
75+ yrs	249	5	(4.0, 6.1)
Educational Level			
Less than High School	69	13.9	(8.5, 19.2)
High School Graduate	289	24.5	(18.8, 30.1)
Some College	369	27.4	(21.9, 32.8)
College Graduate	871	34.3	(29.0, 39.6)
Annual Household Income			
Less than \$15,000	90	9.6	(5.7, 13.6)
\$15,000-\$24,999	196	19	(13.4, 24.6)
\$25,000-\$34,999	138	13.1	(7.6, 18.5)
\$35,000-\$49,999	192	13.4	(9.2, 17.5)
\$50,000 and more	735	44.9	(38.4, 51.5)
Health Insurance Coverage			
Health Insurance	1,446	82	(77.0, 87.0)
No Health Insurance	154	18	(13.0, 23.0)

Note: Sample size for some of the parameters do not add up to 1,608 because some respondents did not answer some of the questions..

Table A3: Limited Health Coverage

Limited Health Coverage, DeKalb County, 2011

PARAMETER	No Doctors' Visit Due to Cost			Have No Personal Doctor		
	Total	% Yes	Yes 95% CI	Total	% Yes	Yes 95% CI
TOTAL	1,601	18.6	(14.3, 23.8)	1,599	23.5	(18.0, 30.0)
SEX						
Male	560	13.5	(8.5, 20.8)	560	28.6	(19.4, 40.0)
Female	1,041	23.2	(17.0, 30.8)	1,039	18.8	(13.6, 25.5)
RACE/ETHNICITY						
White non-Hispanic	833	11.9	(6.3, 21.1)	832	15.4	(10.4, 22.1)
Black non-Hispanic	641	24.9	(18.3, 33.0)	640	24.3	(16.8, 33.7)
Other	100	12.1	(5.2, 25.6)	101	39.3	(20.2, 62.2)
AGE						
18-34 yrs	101	19.2	(11.2, 30.7)	101	33.3	(21.4, 47.8)
35-44 yrs	193	13.5	(6.8, 25.2)	193	23.2	(13.7, 36.5)
45-54 yrs	343	29.3	(19.7, 41.3)	343	19.8	(11.9, 31.2)
55-64 yrs	417	19.3	(13.3, 27.1)	417	17.1	(11.9, 23.8)
65+ yrs	514	8.1	(3.4, 18.2)	512	4.9	(2.7, 8.9)
INCOME						
Less than \$15,000	88	45.3	(25.8, 66.3)	89	45.7	(26.3, 66.5)
\$15,000-\$24,999	194	26	(14.2, 42.7)	195	31.8	(17.5, 50.6)
\$25,000-\$34,999	138	15.4	(7.5, 29.1)	138	29.5	(12.7, 54.6)
\$35,000-\$49,999	192	22.8	(11.4, 40.5)	191	9.7	(4.1, 21.1)
\$50,000 and more	733	8.1	(4.2, 15.0)	731	17.4	(10.1, 28.4)
EDUCATION						
Less than High School	65	29.6	(14.7, 50.6)	67	36	(18.1, 58.8)
High School Graduate	288	21.6	(12.8, 34.2)	289	29.6	(17.0, 46.4)
Some College	369	22	(13.8, 33.3)	367	22.1	(13.6, 33.9)
College Graduate	870	9.5	(6.2, 14.3)	866	15.2	(10.5, 21.6)
HEALTH COVERAGE						
Health Insurance	1,441	10.9	(7.6, 15.5)	1,440	16	(10.5, 23.6)
No Health Insurance	153	53.7	(38.3, 68.5)	154	57.2	(41.3, 71.7)

Note: The column titled 'Total' refers to the sample size for that parameter.

Table A4: Secondhand Smoke

Secondhand Smoke, DeKalb County, 2011

	Workplace		Home		Vehicle		Public Places	
PARAMETER	% Yes	Yes 95% CI	% Yes	Yes 95% CI	% Yes	Yes 95% CI	% Yes	Yes 95% CI
TOTAL	13.9	(8.4, 22.0)	8.6	(5.2, 13.9)	14	(9.2, 20.7)	15.1	(10.3, 21.5)
SEX								
Male	16.5	(8.5, 29.7)	6.4	(2.4, 15.9)	13.5	(7.0, 24.4)	16.1	(9.1, 26.9)
Female	10.4	(5.4, 18.9)	10.7	(6.0, 18.2)	14.5	(8.4, 23.7)	14.1	(8.6, 22.3)
RACE/ETHNICITY								
White non-Hispanic	5.7	(1.8, 16.7)	8	(3.1, 19.1)	8.2	(3.2, 19.3)	11.7	(6.2, 21.1)
Black non-Hispanic	22.5	(12.9, 36.3)	11	(5.9, 19.6)	18.4	(11.2, 28.5)	17.8	(10.6, 28.4)
Other	1	(0.2, 5.4)	0.8	(0.2, 3.2)	11.5	(2.4, 40.4)	12.8	(4.2, 32.9)
AGE								
18-34 yrs	19.8	(8.6, 39.5)	12.2	(5.1, 26.3)	24.4	(13.6, 39.9)	25.8	(15.2, 40.4)
35-44 yrs	11.9	(5.2, 25.1)	6.9	(2.4, 18.5)	11.7	(5.6, 23.1)	12.7	(5.6, 26.4)
45-54 yrs	11.1	(3.9, 27.7)	3.7	(2.1, 6.7)	6.7	(3.5, 12.5)	6.8	(3.9, 11.5)
55-64 yrs	7.3	(3.6, 14.1)	8.9	(4.7, 16.4)	6.7	(4.0, 10.9)	6.3	(3.9, 10.0)
65+ yrs	2.9	(0.6, 11.9)	6.2	(3.2, 11.5)	2.2	(0.9, 5.1)	6.2	(3.7, 10.2)
INCOME								
Less than \$15,000	N/A	N/A	11.1	(3.5, 30.3)	16	(6.1, 35.8)	24.2	(7.9, 54.3)
\$15,000-\$24,999	N/A	N/A	17.7	(7.5, 36.5)	18.6	(8.0, 37.4)	16.3	(5.7, 38.7)
\$25,000-\$34,999	N/A	N/A	15.4	(3.2, 49.9)	42.6	(21.0, 67.5)	25.7	(9.4, 53.4)
\$35,000-\$49,999	21.8	(9.5, 42.4)	3.3	(1.4, 7.7)	7.9	(2.5, 22.5)	13.4	(5.0, 31.1)
\$50,000 and more	10.9	(5.1, 21.7)	1.7	(0.9, 3.0)	4.4	(1.6, 11.6)	12.3	(7.2, 20.4)
EDUCATION								
Less than High School	N/A	N/A	19.8	(6.3, 47.6)	28.8	(10.7, 57.8)	3.8	(1.3, 11.1)
High School Graduate	27.2	(10.4, 54.6)	10.7	(5.1, 21.0)	18.7	(9.6, 33.4)	24	(12.4, 41.3)
Some College	17.4	(7.7, 34.6)	9.7	(3.8, 22.6)	15.6	(7.7, 29.1)	17.8	(8.6, 33.4)
College Graduate	4.8	(1.9, 11.5)	2	(1.1, 3.8)	3.9	(1.6, 9.2)	10.9	(6.8, 17.0)
HEALTH COVERAGE								
Health Insurance	9.8	(5.4, 17.2)	5.7	(2.9, 10.9)	8.7	(4.7, 15.6)	14.3	(9.3, 21.4)
No Health Insurance	37.4	(16.5, 64.4)	21.6	(10.3, 39.8)	37.8	(22.9, 55.5)	18.7	(8.3, 36.8)

Table A5: Smoking Cessation

Adults who Made Attempt to Quit Smoking or Quit Smoking in Previous Year, DeKalb County, 2011

PARAMETER	Quit Smoking in Past Year			Attempted to Quit Smoking in Past Year		
	Total	% Yes	Yes 95% CI	Total	% Yes	Yes 95% CI
TOTAL	451	14.7	(9.1, 23.1)	153	59.4	(43.2, 73.8)
SEX						
Male	173	17.1	(8.0, 32.9)	53	60.5	(33.5, 82.3)
Female	278	12.6	(7.1, 21.4)	100	58.4	(39.8, 74.9)
RACE/ETHNICITY						
White non-Hispanic	290	10.8	(5.4, 20.5)	58	48.8	(20.6, 77.7)
Black non-Hispanic	133	9.8	(5.0, 18.2)	84	56.9	(36.2, 75.5)
Other	21	N/A	N/A	8	N/A	N/A
AGE						
18-34 yrs	10	N/A	N/A	16	N/A	N/A
35-44 yrs	33	N/A	N/A	19	N/A	N/A
45-54 yrs	67	9.9	(3.9, 23.3)	43	N/A	N/A
55-64 yrs	132	11.9	(5.1, 25.2)	39	N/A	N/A
65+ yrs	201	2.5	(0.8, 7.2)	33	N/A	N/A
INCOME						
Less than \$15,000	26	N/A	N/A	20	N/A	N/A
\$15,000-\$24,999	60	15.9	(5.2, 39.5)	28	N/A	N/A
\$25,000-\$34,999	39	N/A	N/A	18	N/A	N/A
\$35,000-\$49,999	60	4.1	(0.8, 17.9)	27	N/A	N/A
\$50,000 and more	205	18.7	(9.2, 34.3)	38	N/A	N/A
EDUCATION						
Less than High School	18	N/A	N/A	15	N/A	N/A
High School Graduate	67	12.7	(5.3, 27.6)	53	48.8	(29.4, 68.6)
Some College	126	19.6	(9.8, 35.3)	32	N/A	N/A
College Graduate	239	14.3	(5.8, 31.3)	53	36.9	(11.7, 72.1)
HEALTH COVERAGE						
Health Insurance	424	13.7	(8.1, 22.2)	122	61.4	(41.5, 78.1)
No Health Insurance	24	N/A	N/A	30	N/A	N/A

Note: The column titled 'Total' refers to the sample size for that parameter.

Map A1: Regions in DeKalb County

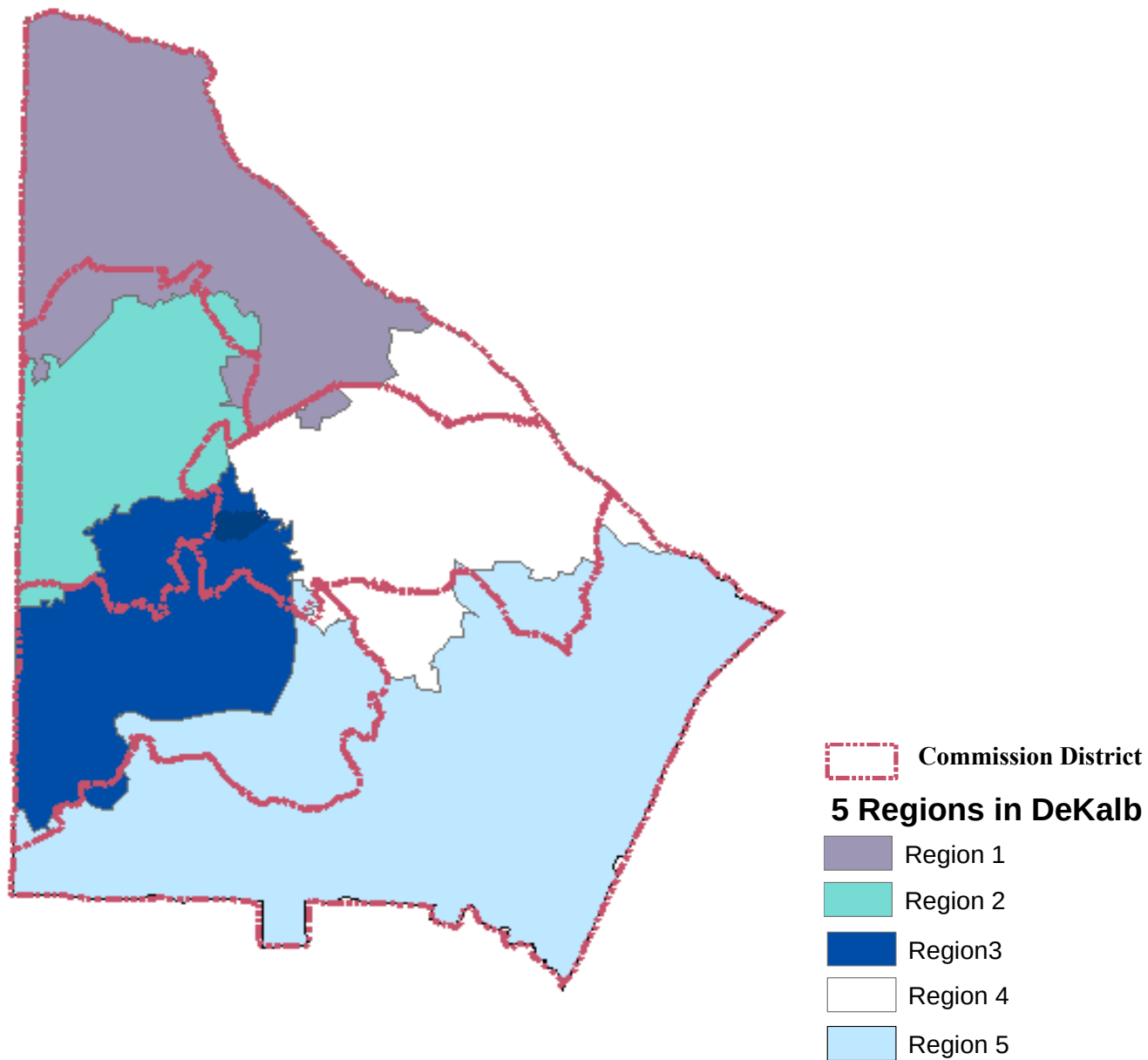


Table A6: DeKalb Regions Demographic Characteristics

Demographic Characteristics of the Five Created Regions in DeKalb County

	Total	Wtd % (95% CI)	Total	Wtd % (95% CI)	Total	Wtd% (95% CI)	Total	Wtd % (95% CI)	Total	Wtd % (95% CI)
SEX										
Male	143	54.7(43.9, 65.5)	92	44.2 (28.6, 59.5)	86	47.2 (34.1, 60.4)	77	45.8 (30.1, 61.5)	110	42.4 (30.4, 54.5)
Female	206	45.2 (34.4, 56.0)	171	56.0 (40.5, 71.4)	185	52.8 (39.6, 65.9)	158	54.2 (38.5, 69.9)	231	57.5 (45.5, 69.6)
RACE/ETHNICITY										
White non-Hispanic	303	79.8 (68.8, 90.7)	222	64.6 (45.3, 84.0)	121	28.7 (19.6, 37.8)	75	22.5 (9.7, 35.2)	33	10.6 (1.8, 19.4)
Black non-Hispanic	20	8.6(1.4, 15.8)	23	8.5 (2.3, 14.6)	123	57.4 (45.2, 69.6)	146	68.2 (53.7, 82.7)	285	81.2 (70.6, 91.9)
Other	23	11.7 (2.1, 21.2)	16	26.9 (5.8, 47.9)	22	14.0 (4.5, 23.4)	10	9.3 (0.0, 18.9)	16	8.2 (0.9, 15.5)
AGE										
18-34 yrs	14	25.4 (12.7, 38.2)	16	37.2 (18.0, 56.4)	16	27.1 (11.2, 43.0)	19	39.2 (22.9, 55.5)	25	44.5 (31.7, 57.3)
35-44 yrs	45	18.5 (10.7, 26.3)	27	19.3 (10.0, 28.7)	38	14.4 (8.0, 20.8)	26	29.8 (14.7, 45.0)	42	20.6 (12.0, 29.2)
45-54 yrs	78	26.7 (16.7, 36.6)	44	12.3 (6.7, 17.9)	62	24.2 (15.1, 33.4)	55	14.9 (8.1, 21.7)	72	16.6 (9.3, 23.8)
55-64 yrs	67	13.7 (8.0, 19.4)	77	15.7 (9.2, 22.1)	69	15.2 (9.0, 21.4)	62	9.8 (5.0, 14.7)	106	10.2 (6.5, 13.8)
65+ yrs	138	15.7 (10.8, 20.7)	96	15.4 (9.2, 21.7)	85	19.0 (11.4, 26.7)	69	6.2 (3.5, 8.9)	88	8.1 (5.3, 10.9)
EDUCATION										
Less than High School	7	9.3 (1.0, 17.6)	4	13.2 (0.0, 33.9)	21	18.0 (8.3, 27.7)	7	2.7 (0.0, 5.7)	18	17.0 (5.8, 28.1)
High School Graduate	44	14.8 (6.7, 22.8)	28	10.1 (4.2, 16.0)	62	32.6 (18.1, 47.2)	40	28.3 (13.4, 43.2)	86	28.0 (18.1, 37.9)
Some College	68	27.2(16.2, 38.1)	45	17.9 (9.4, 26.4)	56	22.1 (13.3, 30.9)	66	39.2 (24.1, 54.4)	112	34.2 (22.5, 45.9)
College Graduate	230	48.8 (37.7, 59.9)	185	58.7 (41.7, 75.7)	132	27.3 (18.6, 36.0)	121	29.7 (16.4, 43.1)	122	20.9 (12.8, 28.9)
INCOME										
Less than \$15,000	11	9.4 (1.2, 17.5)	10	1.3 (0.3, 2.3)	24	17.3 (6.9, 27.7)	15	12.5 (0.0, 25.8)	19	6.7 (1.5, 12.0)
\$15,000-\$24,999	30	12.9 (4.5, 21.2)	19	7.4 (2.0, 12.9)	52	23.1 (13.5, 32.7)	34	22.1 (6.5, 37.7)	48	21.9 (10.9, 33.0)
\$25,000-\$34,999	19	4.5 (1.6, 7.4)	19	18.0 (0.0, 39.6)	25	17.4 (0.1, 34.6)	20	7.7 (3.5, 13.9)	45	19.6 (7.7, 31.6)
\$35,000-\$49,999	43	14.4 (6.3, 22.4)	21	4.4 (1.4, 7.4)	28	9.8 (2.6, 17.0)	28	17.4 (3.5, 31.3)	52	17.9 (9.4, 26.4)
\$50,000 and more	187	58.9 (46.9, 70.9)	152	68.8 (49.3, 88.4)	106	32.5 (21.9, 43.0)	98	40.4 (24.9, 55.9)	140	33.8 (22.4, 45.2)

Note: The column titled 'Total' refers to the sample size for that parameter.

Questionnaire

General Health: Would you say that in general your health is:

- Excellent
- Very Good
- Good
- Fair
- Poor

Health Insurance: Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

No doctor's visit due to cost: Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

Personal Doctor: Do you have one person you think of as your personal doctor or health care provider? (If "No" ask "Is there more than one or is there no person who you think of as your personal doctor or health care provider?".)

Length of time since last visited a doctor for routine checkup: About how long has it been since you last visited a doctor for a routine checkup? [A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.]

- Within past year (anytime less than 12 months ago)
- Within past 2 years (1 year but less than 2 years ago)
- Within past 5 years (2 years but less than 5 years ago)
- 5 or more years ago

Disability: Are you limited in any way in any activities because of physical, mental, or emotional problems?

Diabetes: Have you ever been told by a doctor that you have diabetes (If "Yes" and respondent is female, ask "Was this only when you were pregnant?")

Obesity and Overweight - To determine Body Mass Index (BMI) two questions were asked:

About how much do you weigh without shoes?

About how tall are you without shoes?

Heart Attack: Has a doctor, nurse, or other health professional ever told you had a heart attack, also called a myocardial infarction?

Stroke: Has a doctor, nurse, or other health professional ever told you had a stroke?

Questionnaire *continued*

Angina: Has a doctor, nurse, or other health professional ever told you had angina or coronary heart disease?

Serious psychological distress – To determine serious psychological distress, six questions were asked:

- i. About how often during the past 30 days did you feel nervous? Would you say all of the time, most of the time, some of the time, a little of the time or none of the time?
- ii. During the past 30 days, about how often did you feel hopeless? All of the time, most of the time, some of the time, a little of the time or none of the time?
- iii. During the past 30 days, about how often did you feel restless or fidgety? (If necessary: all, most, some, a little, or none of the time.)
- iv. During the past 30 days, about how often did you feel so depressed that nothing could cheer you up? (If necessary: all, most, some, a little, or none of the time?)
- v. During the past 30 days, about how often did you feel that everything was an effort? (If necessary: all, most, some, a little, or none of the time.)
- vi. During the past 30 days, about how often did you feel worthless? (If necessary: all, most, some, a little, or none of the time.)

Physical inactivity - A series of questions were asked to obtain:

Adults that report doing no physical activity or exercise during the past 30 days other than their regular job

Smoking: Two questions were asked –

- i. Have you smoked at least 100 cigarettes in your entire life?
- ii. Do you now smoke cigarettes every day, some days, or not at all?

Smokeless tobacco use: Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? (Snus [Swedish for snuff] is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum)

Secondhand smoke: Four questions were asked about smoke people might have breathed because someone else was smoking indoors.

- i. During the past 7 days, that is, since last [TODAY'S DAY OF THE WEEK], on how many days did you breathe the smoke at your workplace from someone other than you who was smoking tobacco?
- ii. Not counting decks, porches, or garages, during the past 7 days, that is, since last [TODAY'S DAY OF THE WEEK], on how many days did someone other than you smoke tobacco inside your home while you were at home?
- iii. During the past 7 days, that is, since last [TODAY'S DAY OF WEEK], on how many days did you ride in a vehicle where someone other than you was smoking tobacco?
- iv. Not counting times while you were at work, during the past 7 days, that is, since last [TODAY'S DAY OF WEEK], on how many days did you breathe the smoke from someone else who was smoking in an indoor public place?

Questionnaire *continued*

Fruit and Vegetable Consumption: Several questions were asked to obtain adult that consumed five or more servings of fruits or vegetables per day

Soda Consumption: During the past month, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.

Sugar-Sweetened Beverage Consumption: During the past month, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid and lemonade), sweet tea, sports or energy drinks (such as Red Bull and Gatorade)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.

Use of Calorie Information: The next question is about eating out at fast food and chain restaurants. When calorie information is available in the restaurant, how often does this information help you decide what to order?

Always

Most of the time

About half the time

Sometimes

Never

Never noticed or never looked for calorie information

Usually cannot find calorie information

Never eats at fast food restaurant

Neighborhood Perception: Three questions pertaining to neighborhood perception were asked:

Overall, how would you rate your neighborhood as a place to walk? Would you say... Very pleasant, Somewhat pleasant, Not very pleasant, Not at all pleasant

During the past 30 days, for about how many days did you walk in your neighborhood for leisure or as a way to get to your destination?

How safe from crime do you consider your neighborhood to be? Extremely safe, Quite safe, Slightly safe, Not at all safe

Bibliography

1. U.S. Census Bureau. *Profile of General Population and Housing Characteristics: 2010 Demographic Profile*. 2011; Available from: <http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?ftp=table>
2. Georgia Online Analytical Statistical Information System (OASIS). *Mortality and Morbidity Statistics*. 2011; Available from: <http://oasis.state.ga.us/oasis/oasis/qryMorbMort.aspx>
3. Centers for Disease Control and Prevention. *BRFSS Publications, Research, and Methodology*. 2011; Available from: <http://www.cdc.gov/brfss/pubs/methodology.htm>
4. Tucker-Seeley, R.D., et al. *Neighborhood safety, socioeconomic status, and physical activity in older adults*. American Journal of Preventive Medicine. 2009;37(3):207-13.
5. Centers for Disease Control and Prevention. *Measuring Healthy Days; Population Assessment of Health-Related Quality of Life*. Atlanta, Georgia. 2000; Available from: <http://www.cdc.gov/hrqol/pdfs/mhd.pdf>
6. Healthy People 2020. *Access to Health Services*, 2011; Available from: <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=1>
7. Starfield B, Leiyu S, Macinko J. *Contribution of Primary Care to Health Systems and Health*. The Milbank Quarterly. 2005;83(3):457-502.
8. Bryan L, Pragle A. *Georgia Behavioral Risk Factor Surveillance System Report*. Georgia Department of Human Resources, Division of Public Health, Epidemiology Section, March 2009. Publication number 2007:DPH09.350.
9. Centers for Disease Control and Prevention. *Diabetes Public Health Resource*. 2011; Available from: <http://www.cdc.gov/diabetes/>
10. Newton KM, Wagner EH, Ramsey DS, McCulloch D, Evan R, Sandhu N, Davis C. *The Use of Automated Data to Identify Complications of Diabetes: A Validation Study*. J. Clinical Epidemiology. 1999;52(3):199-207.
11. Long AN, Dagoggo-Jack S. *Comorbidities of Diabetes and Hypertension: Mechanisms and Approach to Target Organ Protection*. J Clin Hypertension. 2011;13(4):244-51.
12. Centers for Disease Control and Prevention. *Overweight and Obesity*. 2011; Available from: <http://www.cdc.gov/obesity/>
13. Centers for Disease Control and Prevention. *Heart Attack*. 2011; Available from: http://www.cdc.gov/heartdisease/heart_attack.htm
14. Pratt LA. *Serious Psychological Distress, as Measured by the K6, and Mortality*. Annals of Epidemiology. 2008;19(3):202-209.
15. Warburton DER, Nicol CW, Bredin SSD. *Health Benefits of Physical Activity: the Evidence*. CMAJ. 2006;174(6):801-809.
16. Centers for Disease Control and Prevention. *Physical Activity*. 2011; Available from: <http://www.cdc.gov/physicalactivity/>
17. Georgia Tobacco Task Force. *Comprehensive Tobacco Control Funding for the State of Georgia*. 2008; Available from: <http://publichealth.gsu.edu/pdf/tobaccoreport.pdf>
18. U.S. Department of Health and Human Services. *How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General, Executive Summary*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. 2010; Available from: <http://www.surgeongeneral.gov/library/reports/tobaccosmoke/executivesummary.pdf>
19. World Health Organization. *Smokeless Tobacco and Some Tobacco-specific N-Nitrosamines*. International Agency for Research on Cancer Monographs on the Evaluation of Carcinogenic Risks to Humans, Vol. 89. 2007; Available from: <http://monographs.iarc.fr/ENG/Monographs/vol89/mono89.pdf>
20. Wang L, Manson JE, Gaziano JM, Buring JE, Sesso HD. *Fruit and Vegetable Intake and the Risk of Hypertension in Middle-Aged and Older Women*. Am J Hypertens 2011;186.
21. Centers for Disease Control and Prevention. *Lung Cancer*. 2011; Available from: <http://www.cdc.gov/features/lungcancer/>