A Message from the District Health Director

On behalf of the DeKalb County Board of Health, I am pleased to present the 2015 DeKalb County Status of Health Report. The report highlights health behaviors and identifies health trends. Positive trends indicate that more residents are practicing healthy habits, while negative trends suggest areas needing improvement. Creating a healthy community involves what residents do individually and collectively to promote healthy lifestyles and environments.

This 2015 report is one in a series of Status of Health reports. Compared to previous versions, this version contains expanded resource lists. Resources in DeKalb County, metropolitan Atlanta, Georgia and beyond are provided at the end of each section. This report also includes more graphics and tables than previous reports.

The DeKalb County Board of Health works to protect and improve the health of those who live, work and play in the county. Of the 159 counties in Georgia, DeKalb County ranks 19th best for overall health outcomes according to the 2015 County Health Rankings (University of Wisconsin Population Health Institute & The Robert Wood Johnson Foundation, 2015).

The county’s most striking characteristic is its diversity. Although the county is mostly suburban, it includes part of the city of Atlanta, as well as rural areas. Also, DeKalb’s more than 707,000 residents represent more nationalities and ethnic groups than any other county in the southeastern U.S. The DeKalb County Board of Health continually strives to meet the county’s unique health needs.

I trust that you will find the information in this report helpful. Please use it to learn about community strengths, opportunities for improvement and resources. In addition, I hope this report inspires you to mobilize partnerships to address our community’s health issues. Together, we can promote, protect and improve the health of those who work, live and play in DeKalb County.

Sincerely,

S. Elizabeth Ford, M.D., M.B.A., F.A.A.P.
District Health Director
DeKalb County Board of Health
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The purpose of the 2015 DeKalb County Status of Health Report is to give a comprehensive account of the health of DeKalb County’s residents. The report is based on 2008 through 2012 data, unless otherwise stated. Below are select highlights from the report.

**LEADING CAUSES**
- Cardiovascular diseases were the number one cause of death. ([Table 10](#))

**CHRONIC DISEASES**
- Women had higher rates of high blood pressure and stroke deaths than men, but lower rates of hypertensive and obstructive heart disease deaths than men. ([Figure 10](#))
- Black males had 15 percent higher rates of cancer than white males. ([Table 12](#))
- The diabetes morbidity rate increased by 23 percent and diabetes mortality increased by 70 percent. ([Figure 13](#))
- Black children ages one to four had the highest rates of asthma compared to any other group. ([Figure 16](#))
- The percentage of students who ever tried cigarette smoking, even one or two puffs, declined by 33 percent ([Table 19](#))

**INFECTIOUS DISEASES**
- The primary mode of transmission for new HIV and AIDS cases was male-to-male sexual contact, which accounted for 75 percent of transmissions. ([Figure 22](#))
- The number of pertussis cases increased dramatically from 1 to 23. ([Table 22](#))
- The number of hepatitis C cases increased by 120 percent. ([Figure 25](#))

**INJURIES**
- Homicide accounted for 27 percent of all deaths due to injury. ([Figure 33](#))
- The rate of homicide deaths among males was seven times the rate of females and highest among black males ages 20 to 29. ([Figure 34](#))
- The highest rate of suicide was among white males ages 60 to 74. ([Figure 37](#))
- Firearms were used in 38 percent of assault-related hospitalizations and 78 percent of homicides. ([Figure 39 & Figure 40](#))
- Pedestrians accounted for 29 percent of deaths due to motor vehicle crashes. ([Figure 47](#))

**MATERNAL AND CHILD HEALTH**
- Black women had the highest percentage of low birth weight babies compared to other races and ethnicities. ([Table 26](#))
- The infant mortality rate decreased by 30 percent. ([Figure 55](#))
- The rate of teen pregnancy declined by 31 percent. ([Figure 59](#))
Methodology

This section explains the data sources, statistical methods and limitations of the 2015 Status of Health in DeKalb Report. It also discusses Community Health Assessment Areas, which permit comparisons within the county, and the Healthy People 2020 initiative, which allows the county to gauge its progress toward meeting national health objectives.

DATA SOURCES

Demographic data
The county population estimates were obtained from the U.S. Census Bureau’s American Community Survey and the 2014 Georgia County Guide.

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

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

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

*Behavioral Risk Factor Surveillance System Survey*

The Behavioral Risk Factor Surveillance System Survey is an annual survey of adults about their health-related behaviors, conditions and use of preventive services. DeKalb County residents were interviewed by telephone. Telephone numbers were randomly dialed and respondents were randomly selected from the adult members of each household. Participation was voluntary and anonymous, and the sample did not include institutionalized individuals, households without telephones and households that use only cellular telephones. The U.S. Centers for Disease Control and Prevention administered the survey, using trained telephone interviewers.

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

*Youth Risk Behavior Survey*

The Youth Risk Behavior Survey is a national survey of teens’ health-related behaviors. It is conducted every two years. To collect the data presented in this report, a sample of students from all 20 traditional DeKalb County School District high schools completed a written questionnaire. The number of participating classes varied depending on the population size of the school. Classes were randomly chosen from among all second-period classes (excluding English as a Second Language and special education). All students within a selected class were eligible to participate.

Passive consent forms were sent for parents to sign if they did not want their child to participate. All students without a signed form were encouraged to participate. Participation was anonymous and voluntary and data are reported in aggregate form. Trained DeKalb County Board of Health employees administered the survey.

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

**STATISTICAL METHODS**

**Percentages**

For the most part, disease- and death-related data are analyzed using percentages. A percentage expresses the number of cases per 100. For example, in this report, Figure 1 uses percentages to show the breakdown of racial groups within the DeKalb County population.

**Rates**

Throughout this report, you will notice figures and tables that show rates, not the actual number of cases. A rate is calculated by dividing the number of people that have a disease or condition by the total number of people in the population and multiplying by 100,000. For example, Figure 4 shows the rates for the top five leading causes of emergency room visits per year.

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

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

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

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

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

For this report, DeKalb County residents who died before the age of 75 during the period of 2008 through 2012 were grouped by their cause of death. Then, each group’s Years of Potential Life Lost was calculated. Each total indicates the impact each cause of premature death had on the county’s residents.

COMMUNITY HEALTH ASSESSMENT AREAS

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

The CHAAA maps were created using ArcGIS software. The diseases and conditions selected were those that ranked among the top for health disparities. For the report’s five-year time period, the average morbidity and mortality rates were calculated per 100,000 persons using the 2010 census tract population estimates.
Throughout the report each CHAA is filled with a shade of color that indicates the value of its morbidity or mortality rate. CHAAs with lower rates have a lighter shade than those with higher rates.

**HEALTHY PEOPLE 2020**

Healthy People 2020 is a national set of measureable disease prevention and health promotion objectives. In this report, 2012 DeKalb County and Georgia data are compared to the Healthy People 2020 objectives (see Appendix II).

**LIMITATIONS**

The 2015 Status of Health in DeKalb Report has the following limitations:

- Most of the report uses the racial/ethnic categories of “white,” “black,” and “other.” Since the sizes of the Asian and Hispanic/Latino populations are too small for statistical purposes, these groups are included in the “other” category, unless indicated otherwise.
- The most recent data available are for 2012, with the exception of the 2013 Youth Risk Behavior Survey data. Data about environmental health and oral health are limited to data from services through the DeKalb County Board of Health.
- Behavioral health data are limited to data from the DeKalb Community Service Board.

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

*Maternal and child health data*

- Ethnicity data: For birth data for 2008 to present, use caution when looking at rates and numbers by Hispanic/Latino ethnicity. These may be inaccurate due to underreporting of Hispanics/Latinos in the census population denominator, over-reporting on birth certificates or a combination of both.
- Infant mortality rates for 2012: Infant mortality rates use total births in the denominator. In December 2014, Georgia’s total number of births for 2012 was updated to reflect an additional 153 births that were reported after final close-out. Therefore, reports created before December 2014 may have different 2012 infant mortality rates.
- Maternal mortality data: The 10th revision of the International Statistical Classification of Diseases and Related Health Problems (known as the ICD-10) led to the National Center for Health Statistics making a change. This change redefined maternal mortality and maternal mortality ratio by excluding maternal deaths between 43 days and one year after delivery. In December 2014, OASIS maternal mortality data for 1999 to 2012 were updated to reflect this change. However, no change in counts was observed for 1999 to 2002. The change primarily affected 2010 to 2012. As a result, reports created before December 2014 that use OASIS’s 2003 to 2012 maternal mortality data may have different counts and rates than later reports.
- Race data for 2008 through 2012: For many measures, there were a large number of cases where the race was unknown.
• Due to high percentages (>20 percent) of records having missing, unknown or invalid entries during a calendar year, some measures/indicators are not available to be reported on the OASIS web query tool. The following data are not available:
  o Births with Late or No Prenatal Care and Percent, 2007-2012.
  o Births with <5 Prenatal Care Visits and Percent, 2008–2012.
  o First Pregnancies. Due to high percentages of unknown values in the previous live births/previous termination fields in Fetal Death data, the First Pregnancies measure is slightly underreported in years 2008 through 2012.

Morbidity and mortality data
• Death data for all years: Hispanic/Latino ethnicity is most likely under-reported on death certificates. Studies in several states indicate that there may be under-reporting of Hispanic/Latino ethnicity on death certificates. A cursory review of Georgia data shows a 35 percent decrease from Hispanic/Latino at birth to non-Hispanic/Latino at death, and a 25 percent decrease from Hispanic/Latino mother during delivery to non-Hispanic/Latino mother at death.
• Death data for 2008: Due to collection and processing issues that were beyond the Georgia Department of Public Health’s control, there may be some mismatch between cause of death and demographics.
• Hospital discharge data for 2009: If querying all "external causes" or the subcategory "falls" within the external causes category, there is an undercount in these events in the discharge data for 2009 only. This undercount primarily affects residents of Cobb, DeKalb and Fulton counties, and is most pronounced in ages 0 to 19.
• Sexually transmitted disease (STD) data for 2005 to present: With the release of 2013 STD data, processing procedures were changed to include address-matching (geocoding) the data to more validly and reliably represent county of residence. In October 2014, this process was applied to prior years’ data back to 2005. (Data prior to 2005 did not contain quality addresses and therefore continue to reflect the stated, non-geocoded county of residence.) As a result, reports created before October 2014 that use OASIS’s 2005 to 2012 STD data may have different numbers and rates than later reports.
Profile of DeKalb County

POPULATION ESTIMATES

According to the 2008 and 2012 American Community Surveys, between 2008 and 2012:

- The population of DeKalb County decreased from 739,956 to 707,089.
- The population’s median age decreased from 36.4 to 34.6.
- There was a 14 percent decrease in the Hispanic/Latino population.

According to the 2012 American Community Survey:

- An estimated 60 percent of Hispanics/Latinos classified themselves as Mexican.
- Of the individuals who classified themselves as Asian, 27 percent were Indian, 19 percent were Chinese, 15 percent were Vietnamese and 12 percent were Korean.

Figure 1 and Table 1 below show select demographic characteristics of DeKalb County.

*American Indian and Alaskan Native.

Figure 1: Population by Race, DeKalb County, 2012 Estimate

![Pie chart showing racial distribution]

Table 1: DeKalb County Population Profile

<table>
<thead>
<tr>
<th>Description</th>
<th>Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population, 2012 estimate</td>
<td>707,089</td>
</tr>
<tr>
<td>Change in total population, 2008-2012</td>
<td>- 4.6%</td>
</tr>
<tr>
<td>Hispanic or Latino of any race, 2008-2012</td>
<td>9.5%</td>
</tr>
<tr>
<td>Foreign born, 2008-2012</td>
<td>16.4%</td>
</tr>
<tr>
<td>Speak language other than English at home, &gt;5 years old, 2008-2012</td>
<td>18.6%</td>
</tr>
<tr>
<td>Female population, 2012 estimate</td>
<td>52.1%</td>
</tr>
<tr>
<td>Ages 17 and under, 2012 estimate</td>
<td>23.9%</td>
</tr>
<tr>
<td>Ages 65 and over, 2012 estimate</td>
<td>9.5%</td>
</tr>
<tr>
<td>Median age, total population, 2012 estimate</td>
<td>34.6</td>
</tr>
</tbody>
</table>

Sources: 12012 American Community Survey, U.S. Census Bureau.  
22008-2012 American Community Survey, U.S. Census Bureau.
HEALTH CARE

According to the 2014 Georgia County Guide:
- In 2010, DeKalb County’s persons per physician ratio was 296 persons per physician, Fulton County’s ratio was 214 persons per physician and Gwinnett County’s ratio was 774 persons per physician.

According to the 2008-2012 American Community Survey:
- 78.1 percent of civilian, non-institutionalized DeKalb County residents had health insurance coverage, including 60.9 percent with private health insurance coverage.

Table 2 below shows select health care characteristics of DeKalb County.

<table>
<thead>
<tr>
<th>Table 2: DeKalb County Health Care Profile</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of general hospitals</td>
<td>7</td>
<td>7</td>
<td>-</td>
</tr>
<tr>
<td>Number of general nursing homes*§</td>
<td>16</td>
<td>16</td>
<td>-</td>
</tr>
<tr>
<td>Total number of practicing physicians</td>
<td>2,335</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Persons per physician ratio</td>
<td>296</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Average number of Medicaid recipients§+</td>
<td>-</td>
<td>44,051</td>
<td>47,229</td>
</tr>
<tr>
<td>Medicaid recipients as a percentage of population§</td>
<td>-</td>
<td>6.3%</td>
<td>6.7%</td>
</tr>
</tbody>
</table>

*Does not include federal, state-operated or private psychiatric or special hospitals or nursing homes.
§Data shown for state fiscal year (July-June). * Data shown is monthly average. Data shown where available.
Source: The 2014 Georgia County Guide, University of Georgia.

DISABILITY

According to the 2012 American Community Survey:
- Approximately 10 percent of people in DeKalb County lived with at least one disability.
- A larger percentage of females ages 65 or older had at least one disability compared to their male counterparts.

Figures 2 and 3 show select disability characteristics of DeKalb County.

ECONOMICS AND LABOR

According to 2008-2012 American Community Survey, nearly one in five DeKalb County residents was living in poverty.

According to the 2014 Georgia County Guide:
- From 2010 to 2012, bankruptcy filings decreased from 10.2 per 1,000 population to 8.5 per 1,000 population.
- Between 2008 and 2012, more than 72 percent of DeKalb County workers drove to work alone.
- Between 2008 and 2012, over half of all residents worked outside the county.
- Between 2008 and 2012, the average one-way commute time was nearly 31 minutes.

Table 3 below shows select economic and labor characteristics of DeKalb County.

<table>
<thead>
<tr>
<th>Table 3: DeKalb County Economic Profile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median household income, 2008-2012(^1)</td>
</tr>
<tr>
<td>Per capita income, 2008-2012(^1)</td>
</tr>
<tr>
<td>Families living below federal poverty level, 2008-2012(^1)</td>
</tr>
<tr>
<td>Persons living below federal poverty level, 2008-2012(^1)</td>
</tr>
<tr>
<td>Bankruptcy filings per 1,000 population, 2012(^2)</td>
</tr>
<tr>
<td>Unemployment rate, 2008-2012(^1)</td>
</tr>
<tr>
<td>Average travel time to work, 2008-2012 estimate(^2)</td>
</tr>
<tr>
<td>Residents who work outside of county, 2008-2012 estimate(^2)</td>
</tr>
</tbody>
</table>

Sources: \(^1\)2008-2012 American Community Survey, U.S. Census Bureau.  
\(^2\)The 2014 Georgia County Guide, University of Georgia.
EDUCATION

According to the 2014 Georgia County Guide:

- During the 2011-2012 school year, 71 percent of the over 103,000 public school students were considered economically disadvantaged.
- Of the public school students who entered ninth grade in 2008, only about 57 percent graduated from high school four years later.
- Approximately 37 percent of graduates were eligible for HOPE (Helping Outstanding Pupils Educationally) scholarships. HOPE is Georgia’s scholarship and grant program that rewards students with financial assistance in degree, diploma and certificate programs at eligible Georgia public and private colleges and universities, and public technical colleges.

Table 4 shows select education characteristics of DeKalb County.

<table>
<thead>
<tr>
<th>Table 4: DeKalb County Education Profile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of children enrolled in kindergarten through 12th grade, 2008-2012</td>
</tr>
<tr>
<td>Students enrolled in public school, 2008-2012</td>
</tr>
<tr>
<td>Students economically disadvantaged, 2011-2012</td>
</tr>
<tr>
<td>Students with disabilities, 2011-2012</td>
</tr>
<tr>
<td>HOPE-eligible graduates, 2010-2011</td>
</tr>
<tr>
<td>Four-year cohort graduation rate, 2011-2012</td>
</tr>
</tbody>
</table>

Sources: 12008-2012 American Community Survey, U.S. Census Bureau.
2The 2014 Georgia County Guide, University of Georgia.
HOUSING AND HOUSEHOLDS

Table 5 shows select housing and household characteristics of DeKalb County.

<table>
<thead>
<tr>
<th>Table 5: DeKalb County Housing and Households Profile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total housing units, 2008-2012 estimate</td>
</tr>
<tr>
<td>% vacant, 2008-2012 estimate</td>
</tr>
<tr>
<td>Total households, 2008-2012 estimate</td>
</tr>
<tr>
<td>% families</td>
</tr>
<tr>
<td>% with one or more people &lt;18 years old</td>
</tr>
<tr>
<td>% householders living alone</td>
</tr>
<tr>
<td>% reporting same house as residence 1 year ago</td>
</tr>
<tr>
<td>Average household size</td>
</tr>
<tr>
<td>Total families, 2008-2012 estimate</td>
</tr>
<tr>
<td>% of families with own children &lt;18</td>
</tr>
<tr>
<td>% of married couple families (with and without children)</td>
</tr>
<tr>
<td>% of families with female householder, no husband and children &lt;18</td>
</tr>
<tr>
<td>Average family size, 2008-2012 estimate</td>
</tr>
<tr>
<td>Number of grandparents living with own grandchildren under 18 years, 2008-2012 estimate</td>
</tr>
<tr>
<td>% responsible for grandchildren</td>
</tr>
</tbody>
</table>


CRIME

According to the 2014 Georgia County Guide, in DeKalb County:
- In 2012, 39,187 index crimes were reported, down almost 5,000 since 2007.
- In 2012, of the index crimes reported, 90 percent were property crimes (burglary, larceny and motor vehicle theft) and the rest were violent crimes (murder, rape, robbery and aggravated assault).
- Nearly 70 percent of the 3,401 persons in state prison in 2012 were incarcerated for violent/sex crimes.
- In 2011, a total of 6,820 individuals were arrested for 38,908 index crimes (murder, rape, robbery, aggravated assault, burglary, larceny, motor vehicle theft and arson). Of these, 21 percent were juveniles (ages 17 and under).
Leading Causes
Leading Causes

This section presents the leading causes of emergency room visits, hospitalizations, premature deaths and deaths among DeKalb County residents from 2008 through 2012.

LEADING CAUSES OF EMERGENCY ROOM VISITS

Emergency room (ER) visit rates can serve as an indicator of morbidity, which is the state of having a disease or condition. The causes of ER visits are typically less serious than those requiring hospitalization and the individuals are not admitted.

Figure 4 shows the leading causes of emergency room visits among DeKalb County residents. From 2008 through 2012:

- Injuries were the leading cause of emergency room visits.
- Respiratory diseases such as asthma, influenza and pneumonia were the second leading cause of emergency room visits.

Source: Emergency Room Visits, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2014.
Figures 5 and 6 present the leading causes of ER visits by sex. From 2008 through 2012 among DeKalb County males and females:

- Injuries were the leading cause of ER visits for both sexes.
- Respiratory diseases were the second leading cause of ER visits for both sexes.

Source: Emergency Room Visits, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2014.
Table 6 shows the top five causes of ER visits among DeKalb County residents from 2008 through 2012 by age:

- For children ages four and younger, the leading cause of emergency room visits was respiratory diseases.
- For the rest of the population, the leading cause was injuries.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1</td>
<td>Respiratory Diseases</td>
<td>Digestive System Diseases</td>
<td>Infectious and Parasitic Diseases</td>
<td>Injuries</td>
<td>Fetal and Infant Conditions</td>
</tr>
<tr>
<td>1-4</td>
<td>Respiratory Diseases</td>
<td>Injuries</td>
<td>Infectious and Parasitic Diseases</td>
<td>Digestive System Diseases</td>
<td>Reproductive and Urinary System Diseases</td>
</tr>
<tr>
<td>5-9</td>
<td>Injuries</td>
<td>Respiratory Diseases</td>
<td>Infectious and Parasitic Diseases</td>
<td>Digestive System Diseases</td>
<td>Bone and Muscle Diseases</td>
</tr>
<tr>
<td>10-14</td>
<td>Injuries</td>
<td>Respiratory Diseases</td>
<td>Infectious and Parasitic Diseases</td>
<td>Bone and Muscle Diseases</td>
<td>Digestive System Diseases</td>
</tr>
<tr>
<td>15-24</td>
<td>Injuries</td>
<td>Pregnancy and Childbirth Complications</td>
<td>Reproductive and Urinary System Diseases</td>
<td>Respiratory Diseases</td>
<td>Bone and Muscle Diseases</td>
</tr>
<tr>
<td>25-34</td>
<td>Injuries</td>
<td>Pregnancy and Childbirth Complications</td>
<td>Respiratory Diseases</td>
<td>Reproductive and Urinary System Diseases</td>
<td>Bone and Muscle Diseases</td>
</tr>
<tr>
<td>35-44</td>
<td>Injuries</td>
<td>Bone and Muscle Diseases</td>
<td>Respiratory Diseases</td>
<td>Reproductive and Urinary System Diseases</td>
<td>Digestive System Diseases</td>
</tr>
<tr>
<td>45-54</td>
<td>Injuries</td>
<td>Bone and Muscle Diseases</td>
<td>Respiratory Diseases</td>
<td>Digestive System Diseases</td>
<td>Reproductive and Urinary System Diseases</td>
</tr>
<tr>
<td>55-64</td>
<td>Injuries</td>
<td>Bone and Muscle Diseases</td>
<td>Respiratory Diseases</td>
<td>Cardiovascular Diseases</td>
<td>Digestive System Diseases</td>
</tr>
<tr>
<td>65+</td>
<td>Injuries</td>
<td>Bone and Muscle Diseases</td>
<td>Cardiovascular Diseases</td>
<td>Respiratory Diseases</td>
<td>Reproductive and Urinary System Diseases</td>
</tr>
</tbody>
</table>

Source: Emergency Room Visits, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2014.
LEADING CAUSES OF HOSPITALIZATIONS

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

Figure 7 below shows that, from 2008 through 2012, among DeKalb County residents:
- The leading cause of hospitalizations was complications related to pregnancy and childbirth.
- The second leading cause was cardiovascular diseases.

Figure 7: Leading Causes (by Rate) of Hospitalizations by Year, DeKalb County, 2008-2012

Source: Hospital Discharge, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2014.
Table 7 shows the top five causes of hospitalizations in DeKalb County from 2008 through 2012 by sex:

- After pregnancy and childbirth complications, the next leading cause for hospitalizations among both sexes was cardiovascular diseases, including heart disease and stroke.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause</th>
<th>Number of hospitalizations</th>
<th>Rate (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cardiovascular Diseases</td>
<td>16,163</td>
<td>970.3</td>
</tr>
<tr>
<td></td>
<td>Heart disease (incl. heart attack)</td>
<td>3,995</td>
<td>239.8</td>
</tr>
<tr>
<td></td>
<td>Stroke</td>
<td>2,736</td>
<td>164.2</td>
</tr>
<tr>
<td></td>
<td>Respiratory Diseases</td>
<td>9,718</td>
<td>583.4</td>
</tr>
<tr>
<td>2</td>
<td>Pneumonia</td>
<td>3,222</td>
<td>193.4</td>
</tr>
<tr>
<td></td>
<td>Asthma</td>
<td>1,585</td>
<td>95.1</td>
</tr>
<tr>
<td>3</td>
<td>Digestive System Diseases</td>
<td>9,318</td>
<td>559.4</td>
</tr>
<tr>
<td>4</td>
<td>Mental and Behavioral Disorders</td>
<td>7,339</td>
<td>440.6</td>
</tr>
<tr>
<td>5</td>
<td>Infectious and Parasitic Diseases</td>
<td>5,835</td>
<td>350.3</td>
</tr>
<tr>
<td></td>
<td>Pregnancy and Childbirth Complications</td>
<td>60,777</td>
<td>3,357.0</td>
</tr>
<tr>
<td></td>
<td>Cardiovascular Diseases</td>
<td>15,950</td>
<td>881.0</td>
</tr>
<tr>
<td></td>
<td>Heart disease (incl. heart attack)</td>
<td>2,843</td>
<td>157.0</td>
</tr>
<tr>
<td></td>
<td>Stroke</td>
<td>2,997</td>
<td>165.5</td>
</tr>
<tr>
<td>3</td>
<td>Digestive System Diseases</td>
<td>11,809</td>
<td>652.3</td>
</tr>
<tr>
<td></td>
<td>Respiratory Diseases</td>
<td>11,615</td>
<td>641.6</td>
</tr>
<tr>
<td>4</td>
<td>Pneumonia</td>
<td>3,891</td>
<td>214.9</td>
</tr>
<tr>
<td></td>
<td>Asthma</td>
<td>2,231</td>
<td>123.2</td>
</tr>
<tr>
<td>5</td>
<td>Reproductive and Urinary System Diseases</td>
<td>7,671</td>
<td>423.7</td>
</tr>
</tbody>
</table>

Source: Hospital Discharge, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2014.
Figure 8 shows the leading causes of hospitalizations among DeKalb County residents from 2008 through 2012 by race:

- The leading cause of hospitalizations for all races was pregnancy and childbirth complications.
- Cardiovascular diseases were the second leading cause of hospitalizations for blacks and whites, while digestive system diseases were the second leading cause of hospitalization for Asians.

**Figure 8: Percentages of Hospitalizations by Leading Causes and Race, DeKalb County, 2008-2012**

Source: Hospital Discharge, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2014.
In DeKalb County from 2008 through 2012, the leading cause of hospitalizations varied by age group, as shown in Table 8:

- From birth through age nine the leading cause was respiratory diseases.
- The leading cause of hospitalizations among those ages 45 and older was cardiovascular diseases.

### Table 8: Leading Causes of Hospitalizations by Rank and Age Group, DeKalb County, 2008-2012

<table>
<thead>
<tr>
<th>Age Group</th>
<th>1: Respiratory Diseases</th>
<th>2: Fetal and Infant Conditions</th>
<th>3: Birth Defects</th>
<th>4: Digestive System Disorders</th>
<th>5: Infectious and Parasitic Diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-4</td>
<td>Respiratory Diseases</td>
<td>Injuries</td>
<td>Digestive System Diseases</td>
<td>Endocrine, Nutritional and Metabolic Diseases</td>
<td>Nervous System Diseases</td>
</tr>
<tr>
<td>5-9</td>
<td>Respiratory Diseases</td>
<td>Digestive System Diseases</td>
<td>Injuries</td>
<td>Blood Diseases</td>
<td></td>
</tr>
<tr>
<td>10-14</td>
<td>Mental and Behavioral Disorders</td>
<td>Respiratory Diseases</td>
<td>Digestive System Diseases</td>
<td>Injuries</td>
<td>Endocrine, Nutritional and Metabolic Diseases</td>
</tr>
<tr>
<td>15-24</td>
<td>Pregnancy and Childbirth Complications</td>
<td>Mental and Behavioral Disorders</td>
<td>Injuries</td>
<td>Digestive System Disorders</td>
<td>Respiratory Diseases</td>
</tr>
<tr>
<td>25-34</td>
<td>Pregnancy and Childbirth Complications</td>
<td>Mental and Behavioral Disorders</td>
<td>Digestive System Diseases</td>
<td>Injuries</td>
<td>Infectious and Parasitic Diseases</td>
</tr>
<tr>
<td>35-44</td>
<td>Pregnancy and Childbirth Complications</td>
<td>Digestive System Diseases</td>
<td>Cardiovascular Diseases</td>
<td>Mental and Behavioral Disorders</td>
<td>Infectious and Parasitic Diseases</td>
</tr>
<tr>
<td>45-54</td>
<td>Cardiovascular Diseases</td>
<td>Digestive System Diseases</td>
<td>Mental and Behavioral Disorders</td>
<td>Respiratory Diseases</td>
<td>Bone and Muscle Diseases</td>
</tr>
<tr>
<td>55-64</td>
<td>Cardiovascular Diseases</td>
<td>Digestive System Diseases</td>
<td>Respiratory Diseases</td>
<td>Bone and Muscle Diseases</td>
<td>Cancers</td>
</tr>
<tr>
<td>65+</td>
<td>Cardiovascular Diseases</td>
<td>Respiratory Diseases</td>
<td>Digestive System Diseases</td>
<td>Reproductive and Urinary System Diseases</td>
<td>Injuries</td>
</tr>
</tbody>
</table>

*Source: Hospital Discharge, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2014.*
LEADING CAUSES OF MORTALITY

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

Table 9 ranks the leading causes of premature deaths among DeKalb County residents. From 2008 through 2012:
- The leading cause of premature deaths was injuries.
- The second leading cause of premature deaths was cardiovascular diseases.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause</th>
<th>YPLL</th>
<th>YPLL rate (per 100,000 population under age 75)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Injuries</td>
<td>50,689</td>
<td>1,517.0</td>
</tr>
<tr>
<td></td>
<td>Homicide</td>
<td>18,925</td>
<td>566.4</td>
</tr>
<tr>
<td></td>
<td>Motor vehicle crashes</td>
<td>10,564</td>
<td>316.2</td>
</tr>
<tr>
<td>2</td>
<td>Cardiovascular Diseases</td>
<td>47,186</td>
<td>1,412.1</td>
</tr>
<tr>
<td></td>
<td>Heart disease (incl. heart attack)</td>
<td>10,908</td>
<td>326.4</td>
</tr>
<tr>
<td></td>
<td>Hypertensive heart disease</td>
<td>10,094</td>
<td>302.1</td>
</tr>
<tr>
<td>3</td>
<td>Cancers</td>
<td>42,187</td>
<td>1,262.5</td>
</tr>
<tr>
<td></td>
<td>Lung</td>
<td>7,767</td>
<td>232.4</td>
</tr>
<tr>
<td></td>
<td>Breast</td>
<td>5,709</td>
<td>170.8</td>
</tr>
<tr>
<td>4</td>
<td>Fetal and Infant Conditions*</td>
<td>14,823</td>
<td>443.6</td>
</tr>
<tr>
<td></td>
<td>Prematurity</td>
<td>5,512</td>
<td>165.0</td>
</tr>
<tr>
<td>5</td>
<td>Infectious and Parasitic Diseases</td>
<td>14,251</td>
<td>426.5</td>
</tr>
<tr>
<td></td>
<td>HIV/AIDS</td>
<td>7,170</td>
<td>214.6</td>
</tr>
</tbody>
</table>

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

Source: Mortality, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2015.
Deaths
Table 10 shows the top five causes of deaths among DeKalb County residents of all ages from 2008 through 2012:

- The leading cause of deaths was cardiovascular diseases, including heart disease and stroke. However, DeKalb had a lower age-adjusted death rate from heart disease and stroke than the state of Georgia.
- Cancers were the second leading cause of deaths.
- The age-adjusted death rate from homicide in DeKalb County was close to double that of the state as a whole.

Table 10: Leading Causes of Death by Number and Age-Adjusted Death Rate, DeKalb County and Georgia, 2008-2012

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause</th>
<th>DeKalb County</th>
<th>Georgia</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Deaths</td>
<td>Age-Adjusted Death Rate (per 100,000)</td>
<td>Number of Deaths</td>
</tr>
<tr>
<td>1</td>
<td>Cardiovascular Diseases</td>
<td>5,937 214.7</td>
<td>104,678 251.1</td>
</tr>
<tr>
<td></td>
<td>Heart disease (incl. heart attack)</td>
<td>1,500 54.7</td>
<td>36,371 86.4</td>
</tr>
<tr>
<td></td>
<td>Stroke</td>
<td>1,109 41.0</td>
<td>18,165 44.5</td>
</tr>
<tr>
<td>2</td>
<td>Cancers</td>
<td>4,558 160.4</td>
<td>75,934 170.8</td>
</tr>
<tr>
<td></td>
<td>Lung</td>
<td>1,065 38.3</td>
<td>22,172 49.5</td>
</tr>
<tr>
<td></td>
<td>Colon</td>
<td>471 16.5</td>
<td>7,005 15.7</td>
</tr>
<tr>
<td></td>
<td>Breast</td>
<td>461 15.3</td>
<td>5,947 13.0</td>
</tr>
<tr>
<td>3</td>
<td>Injuries</td>
<td>1,623 48.1</td>
<td>27,044 57.6</td>
</tr>
<tr>
<td></td>
<td>Homicide</td>
<td>432 11.9</td>
<td>3,185 6.5</td>
</tr>
<tr>
<td></td>
<td>Motor vehicle crashes</td>
<td>311 8.9</td>
<td>6,357 13.2</td>
</tr>
<tr>
<td>4</td>
<td>Respiratory Diseases</td>
<td>1,526 58.5</td>
<td>34,452 84.1</td>
</tr>
<tr>
<td></td>
<td>Pneumonia</td>
<td>389 14.7</td>
<td>7,051 17.6</td>
</tr>
<tr>
<td>5</td>
<td>Mental and Behavioral Disorders</td>
<td>1,343 53.9</td>
<td>18,146 47.5</td>
</tr>
</tbody>
</table>

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

Source: Mortality, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2015.
Table 11 shows the top five leading causes of deaths by age group in DeKalb County.

- For those under age 35, the top causes of deaths included homicide, cancers and motor vehicle crashes.
- For those ages 35 and older, the top cause of deaths was cardiovascular diseases.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1</td>
<td>Fetal and Infant Conditions</td>
<td>Birth Defects</td>
<td>SIDS</td>
<td>Cardiovascular Diseases</td>
<td>Infectious and Parasitic Diseases</td>
</tr>
<tr>
<td>1-4</td>
<td>Homicide</td>
<td>Motor Vehicle Crashes</td>
<td>Cancers</td>
<td>Respiratory Diseases</td>
<td>Cardiovascular Diseases</td>
</tr>
<tr>
<td>5-9</td>
<td>Cancers</td>
<td>Motor Vehicle Crashes</td>
<td>Birth Defects</td>
<td>Nervous System Diseases</td>
<td>Endocrine, Nutritional and Metabolic Diseases</td>
</tr>
<tr>
<td>10-14</td>
<td>Motor Vehicle Crashes</td>
<td>Cancers</td>
<td>Homicide</td>
<td>Suicide</td>
<td>Cardiovascular Diseases</td>
</tr>
<tr>
<td>15-24</td>
<td>Homicide</td>
<td>Motor Vehicle Crashes</td>
<td>Suicide</td>
<td>Cardiovascular Diseases</td>
<td>Poisoning</td>
</tr>
<tr>
<td>25-34</td>
<td>Homicide</td>
<td>Cardiovascular Diseases</td>
<td>Motor Vehicle Crashes</td>
<td>Infectious and Parasitic Diseases</td>
<td>Suicide</td>
</tr>
<tr>
<td>35-44</td>
<td>Cardiovascular Diseases</td>
<td>Cancers</td>
<td>Infectious and Parasitic Diseases</td>
<td>Homicide</td>
<td>Motor Vehicle Crashes</td>
</tr>
<tr>
<td>45-54</td>
<td>Cardiovascular Diseases</td>
<td>Cancers</td>
<td>Infectious and Parasitic Diseases</td>
<td>Digestive System Diseases</td>
<td>Endocrine, Nutritional and Metabolic Diseases</td>
</tr>
<tr>
<td>55-64</td>
<td>Cardiovascular Diseases</td>
<td>Cancers</td>
<td>Respiratory Diseases</td>
<td>Digestive System Diseases</td>
<td>Endocrine, Nutritional and Metabolic Diseases</td>
</tr>
<tr>
<td>65+</td>
<td>Cardiovascular Diseases</td>
<td>Cancers</td>
<td>Mental and Behavioral Disorders</td>
<td>Respiratory Diseases</td>
<td>Nervous System Diseases</td>
</tr>
</tbody>
</table>

Source: Mortality, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2015.
Chronic Diseases

Chronic diseases are diseases of long duration and generally slow progression. They are often preventable and are frequently manageable through early detection, good nutrition, adequate exercise and treatment. Cardiovascular diseases, cancer, diabetes and asthma are among the most common chronic diseases.

In DeKalb County, cardiovascular diseases are the top leading cause of death, followed by cancer and injury. Respiratory diseases are the fourth leading cause of death.

A morbidity rate shows how many people have a particular disease or condition, while a mortality rate shows how many people die from the disease or condition.

CARDIOVASCULAR DISEASES

Cardiovascular diseases affect the heart and/or blood vessels. Common cardiovascular diseases are high blood pressure, hypertensive heart disease, obstructive heart disease and stroke. These are described below:

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

Figure 9 shows the cardiovascular diseases morbidity rates from 2008 through 2012 which reflect that:

- Obstructive heart disease was the most common cardiovascular disease in both black and white residents.
- Stroke was the second most common cardiovascular disease in both black and white residents, but the most common cardiovascular disease in Asian residents.
- Black residents had the highest morbidity rates of cardiovascular diseases.

Source: Hospital Discharge, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2014.
As shown in Figure 10, cardiovascular diseases mortality data for DeKalb County from 2008 through 2012 by sex reflect that:

- Both women and men had higher rates of death due to obstructive heart disease compared to other cardiovascular diseases.
- Women had higher rates of high blood pressure deaths and stroke deaths compared to men.

As shown in Figure 11, DeKalb County’s cardiovascular diseases mortality rates from 2008 through 2012 by type and race/ethnicity reflect that:

- White residents had the highest death rates from obstructive heart disease and stroke compared to other racial and ethnic groups.
- Asian, black and white residents had higher death rates from obstructive heart disease and stroke compared to Hispanic/Latino residents.
- Black residents had the highest death rates for high blood pressure and hypertensive heart disease compared to other racial and ethnic groups.

*Rates of high blood pressure and hypertensive heart disease among Hispanics are too small to report.

Source: Hospital Discharge, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2014.
Figure 12 displays the cardiovascular morbidity rates based on geographic location in DeKalb County. (See Methodology for more information.)

**Figure 12: Morbidity Rates for Cardiovascular Diseases by Geographic Location, DeKalb County, 2008-2012**

Displayed by Community Health Assessment Area (CHAA)

Created by: Division of Environmental Health and Division of Community Health and Prevention Services, DeKalb County Board of Health (2015).

*Rate per 100,000 population = Number of cases from 2008-2012 divided by five times the CHAA 2010 population multiplied by 100,000*

Created by: Division of Environmental Health and Division of Community Health and Prevention Services, DeKalb County Board of Health (2015).

Sources: Online Analytical Statistical Information System, Office of Health Indicators and Planning, Georgia Department of Public Health; 2010 Census, U.S. Census Bureau; Atlanta Regional Commission
CANCER

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

For DeKalb County, the most common cancer types are colon and lung cancers. Table 12 shows cancer rates for males and females by race.

- Males have higher rates of cancer in comparison to females, particularly colon and lung cancers.
- Among males, prostate cancer is the most common cancer.
- Black males have higher rates of cancer than white males, particularly colon, lung and prostate cancers.
- Among females, breast cancer is the most common cancer.
- White females have higher rates of cancer than black females, particularly lung and breast cancers.

Table 12: Cancer Rates by Type, Sex and Race, DeKalb County, 2008-2012

<table>
<thead>
<tr>
<th>Type of cancer</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All races</td>
<td>Black</td>
</tr>
<tr>
<td>All Cancers</td>
<td>559.0</td>
<td>623.1</td>
</tr>
<tr>
<td>Colon (incl. Rectal)</td>
<td>48.5</td>
<td>60.1</td>
</tr>
<tr>
<td>Lung (incl. Bronchial)</td>
<td>71.0</td>
<td>87.3</td>
</tr>
<tr>
<td>Prostate</td>
<td>179.7</td>
<td>236.7</td>
</tr>
<tr>
<td>Breast</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Uterine</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Source: Georgia Comprehensive Cancer Registry, Georgia Department of Public Health, 2015.

DIABETES

Diabetes is a disease in which one’s blood sugar level is above normal. In a healthy person, the hormone insulin helps blood sugar move in to the body’s cells that use it for energy. Someone with diabetes either does not make enough insulin or does not use their insulin well. This causes sugar to build up in the blood. Diabetes can cause serious complications, including heart disease, stroke, kidney problems, foot and leg problems, amputations, depression and blindness. Sometimes the cause of a person’s death is listed as one of the complications rather than the underlying diabetes, so diabetes deaths may be underreported.
There are several types of diabetes:

- **Type 1 diabetes** is typically diagnosed in children and young adults. It was previously called insulin-dependent diabetes mellitus and juvenile-onset diabetes.
- **Type 2 diabetes** is the most common form of diabetes. It was previously called non-insulin-dependent diabetes mellitus and adult-onset diabetes.
- **Gestational diabetes** is a type of diabetes that only pregnant women develop. If left untreated, it can cause problems for the mother and baby.
- **Other types of diabetes** result from genetic syndromes, surgery, drug use, malnutrition, and infections and other illnesses.

There were 4,888 hospitalizations and 461 deaths due to diabetes among DeKalb residents from 2008 through 2012. Figure 13 shows DeKalb County’s diabetes morbidity (illness) and mortality (death) rates. The 2008 through 2012 data indicate that:

- The diabetes morbidity rate increased by 23 percent.
- The diabetes mortality rate increased by 69.7 percent.

Source: Hospital Discharge, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2014.
Figure 14 shows diabetes morbidity rates by race, sex and year.

- From 2008 through 2011, diabetes rates increased steadily for all races except Asians.
- In 2012, diabetes rates for all races and both sexes decreased slightly.

Over 10 percent of DeKalb County adults have diabetes. Table 13 shows the percentage of diabetes among DeKalb County adults by race and age in 2011.

- Diabetes was more common among adults 65 years old and older than among younger adults.

Table 13: Percentages of Adults with Diabetes by Race and Age, DeKalb County, 2011

<table>
<thead>
<tr>
<th>Race</th>
<th>Age group (in years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18-34</td>
</tr>
<tr>
<td>White</td>
<td>9.8%</td>
</tr>
<tr>
<td>Black</td>
<td>12.0%</td>
</tr>
<tr>
<td>Other</td>
<td>5.7%</td>
</tr>
</tbody>
</table>

Source: Hospital Discharge, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2014.

Source: DeKalb County Communities Putting Prevention to Work: Behavioral Risk Factor Surveillance System Report, DeKalb County Board of Health, 2011.
Figure 15 displays the diabetes morbidity rates based on geographic location in DeKalb County. (See Methodology for more information.)

**Figure 15: Morbidity Rates for Diabetes by Geographic Location, DeKalb County, 2008-2012**
Displayed by Community Health Assessment Area (CHAA)

Rate per 100,000 population*

- 44 - 85
- 86 - 119
- 120 - 167
- 168 - 223
- 224 - 255

*Rate per 100,000 = Number of cases from 2008-2012 divided by five times the CHAA 2010 population multiplied by 100,000

**Created by:** Division of Environmental Health and Division of Community Health and Prevention Services, DeKalb County Board of Health (2015).
**Sources:** Online Analytical Statistical Information System, Office of Health Indicators and Planning, Georgia Department of Public Health; 2010 Census, U.S. Census Bureau; Atlanta Regional Commission.
ASTHMA

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

Figure 16 shows that in DeKalb County from 2008 through 2012:
- Those 12 and younger and those 60 and older were more likely than those of other ages to have asthma.
- Blacks had higher rates of asthma than whites, except among those less than one year of age.
- Asians 75 years old and older had higher rates of asthma than younger Asians and blacks and whites of any age.

Table 14 shows the percentages of DeKalb County youth who have had asthma and youth who currently have asthma. Between 2007 and 2013:
- The number of youth who had ever been told by a doctor or nurse that they had asthma increased by 5.9 percent.
- The number of youth who had been told by a doctor or nurse that they had asthma and who still have asthma decreased by 8.8 percent.

| Table 14: Percentages of High School Students with Self-Reported Asthma by Year, DeKalb County, 2007-2013 |
|--------------------------------------------------|-----|-----|-----|-----|
| Behavior                                         | 2007 | 2009 | 2011 | 2013 |
| Percentage of youth who had ever been told by a doctor or nurse that they had asthma | 25.3 | 25.6 | 26.4 | 26.8 |
| Percentage of youth who had been told by a doctor or nurse that they had asthma and who still have asthma | 12.5 | 12.0 | 11.8 | 11.4 |

Source: Hospital Discharge, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2014.

Source: DeKalb County Youth Risk Behavior Survey, DeKalb County Board of Health, 2013.
Figure 17 displays the asthma morbidity rates based on geographic location in DeKalb County. (See Methodology for more information.)

**Figure 17: Morbidity Rates for Asthma by Geographic Location, DeKalb County, 2008-2012**

Displayed by Community Health Assessment Area (CHAA)

*Rate per 100,000 population = Number of cases from 2008-2012 divided by five times the CHAA 2010 population multiplied by 100,000*
RISK FACTORS

Many chronic diseases share common risk factors. The most common are physical inactivity, being overweight or obese, and using tobacco. Eliminating these risk factors can lower the risk of developing a chronic disease.

Physical Inactivity

Adopting lifelong healthy behaviors, such as exercising, may reduce one’s chances of developing a chronic disease like cardiovascular disease, cancer or diabetes.

Table 15 describes the level of physical activity among DeKalb County youth from 2007 through 2013.

- The percentage of students who watched three or more hours of TV per day on an average school day decreased by 22.6 percent.
- The percentage of students who played video games or used a computer three or more hours per day increased by 7.65 percent.
- The percentage of students who attended physical education classes daily in an average week increased by 18.1 percent.

<table>
<thead>
<tr>
<th>Table 15: Percentages of High School Students Who Engaged in Physical Activity, DeKalb County, 2007-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Behavior</strong></td>
</tr>
<tr>
<td>Percentage of youth who met current recommendations for physical activity (at least 60 minutes on five or more days per week)</td>
</tr>
<tr>
<td>Percentage of youth who watched three or more hours of TV per day on an average school day</td>
</tr>
<tr>
<td>Percentage of youth who played video games or used a computer three or more hours per day</td>
</tr>
<tr>
<td>Percentage of youth who attended physical education classes daily in an average week</td>
</tr>
</tbody>
</table>

Source: DeKalb County Youth Risk Behavior Survey, DeKalb County Board of Health, 2013.

On average, in 2011, almost 24 percent of DeKalb County adults were physically inactive during leisure time. Table 16 describes physical inactivity among DeKalb County adults in 2011.

- Physical inactivity during leisure time was more common among blacks than among whites.
- Those 65 and older were less active than those of other age groups.

<table>
<thead>
<tr>
<th>Table 16: Percentages of Adults Who Were Physically Inactive by Race and Age Group, DeKalb County, 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Race</strong></td>
</tr>
<tr>
<td>WHITE</td>
</tr>
<tr>
<td>17.6%</td>
</tr>
</tbody>
</table>

Source: DeKalb County Communities Putting Prevention to Work: Behavioral Risk Factor Surveillance System Report, DeKalb County Board of Health, 2011.
**Overweight and obesity**
Keeping a healthy weight by staying active and eating healthy foods may reduce one’s risk of developing chronic diseases. It is important to start these healthy behaviors early in life.

Table 17 describes factors among DeKalb County youth that may affect their risk for developing chronic diseases. From 2007 through 2013:
- The percentage of youth who were overweight declined by 4.3 percent.

<table>
<thead>
<tr>
<th>Table 17: Percentages of High School Students who were Overweight, Obese or Ate Recommended Amount of Fruits and Vegetables by Year, DeKalb County, 2007-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Behavior</strong></td>
</tr>
<tr>
<td>Percentage of youth who were overweight</td>
</tr>
<tr>
<td>Percentage of youth who were obese</td>
</tr>
<tr>
<td>Percentage of youth who ate five or more servings of fruits and vegetables per day during the past seven days</td>
</tr>
</tbody>
</table>

*Source: DeKalb County Youth Risk Behavior Survey, DeKalb County Board of Health, 2013.*

In 2011, over 38 percent of DeKalb County adults were overweight and almost 28 percent were obese. Table 18 shows the prevalence of overweight and obesity among DeKalb County adults by race and age.
- Black residents were more likely to be overweight or obese than whites.
- Those 55 to 64 years old were the most likely to be overweight, while those 35 to 44 years old were the most likely to be obese.

<table>
<thead>
<tr>
<th>Table 18: Percentages of Adults who were Overweight and Obese by Race and Age Group, DeKalb County, 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Behavior</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Percentage overweight</td>
</tr>
<tr>
<td>Percentage obese</td>
</tr>
</tbody>
</table>

*Source: DeKalb County Communities Putting Prevention to Work: Behavioral Risk Factor Surveillance System Report, DeKalb County Board of Health, 2011.*

**Tobacco use**
Tobacco use is linked to several types of cancers and chronic diseases. Table 19 describes tobacco use among DeKalb youth from 2007 through 2013.
- The percentage of students who ever tried cigarette smoking, even one or two puffs, declined by 32.9 percent.

<table>
<thead>
<tr>
<th>Table 19: Percentages of High School Students who Smoked Cigarettes by Year, DeKalb County, 2007-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Behavior</strong></td>
</tr>
<tr>
<td>Percentage of students who ever tried cigarette smoking, even one or two puffs</td>
</tr>
<tr>
<td>Percentage of students who smoked cigarettes in the past 30 days</td>
</tr>
</tbody>
</table>

*Source: DeKalb County Youth Risk Behavior Survey, DeKalb County Board of Health, 2013.*
Table 20 describes tobacco use among DeKalb adults in 2011.  
- Smokeless tobacco use was almost three times more common among whites than blacks.  
- Smokeless tobacco use was more common among adults 65 years old and older than adults younger than 65 years old.

<table>
<thead>
<tr>
<th>Behavior</th>
<th>White</th>
<th>Black</th>
<th>Other</th>
<th>18-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoked cigarettes</td>
<td>13.4%</td>
<td>23.2%</td>
<td>14.5%</td>
<td>18.2%</td>
<td>25.1%</td>
<td>24.7%</td>
<td>11.2%</td>
<td>7.6%</td>
</tr>
<tr>
<td>Used smokeless tobacco</td>
<td>1.4%</td>
<td>0.5%</td>
<td>0.4%</td>
<td>0.0%</td>
<td>0.9%</td>
<td>0.7%</td>
<td>0.8%</td>
<td>3.4%</td>
</tr>
</tbody>
</table>

Source: DeKalb County Communities Putting Prevention to Work: Behavioral Risk Factor Surveillance System Report, DeKalb County Board of Health, 2011.

**What can you do to prevent:**

**Chronic diseases in general?**
- Stay physically active.  
- Aim for and keep a healthy weight.  
- Eat plenty of fruits and vegetables.  
- Avoid tobacco use and exposure to secondhand smoke.  
- Maintain regular doctor visits.

**Cardiovascular diseases?**
- Check your blood pressure and ask your doctor if it is too high or too low.  
- Get your cholesterol checked and ask your doctor what the results mean.  
- Maintain healthy blood pressure and cholesterol levels.

**Cancer?**
- Get screened for prostate, breast, cervical, ovarian, colon, skin and lung cancer as recommended.  
- Perform self-check exams periodically and consult your doctor if you find something abnormal.  
- Protect your skin from the sun by wearing sunscreen and avoiding tanning beds.

**Diabetes?**
- Get your blood sugar level checked and ask your doctor what the results mean.  
- Ask your doctor what to do when blood sugar gets too high or low.

**Asthma and asthma attacks?**
- Asthma is difficult to prevent since most of its causes are unknown.  
- If you have asthma, take these precautions to reduce the risk of attacks:  
  o Eliminate sources of mold and mildew.  
  o Don’t smoke and avoid secondhand smoke.  
  o Avoid perfumes, incense and air fresheners.  
  o Change your home’s air filter every two to three months.  
  o Wear a dust mask while cleaning.  
  o Stay indoors when the outdoor air has a high ozone level.
## FOR MORE INFORMATION ABOUT CHRONIC DISEASES

<table>
<thead>
<tr>
<th>DeKalb County</th>
<th>Metropolitan Atlanta</th>
<th>Georgia and Beyond</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cancer</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| American Cancer Society  
404.315.1123  
http://www.cancer.org | Atlanta Cancer Care  
Foundation  
770.740.9664  
http://www.atlantacancercare.com | Centers for Disease Control and Prevention, Division of Cancer Prevention and Control  
1.800.CDC.INFO or 1.800.232.4636  
http://www.cdc.gov/cancer/dcpc/about |
| DeKalb County Board of Health  
404.294.3700  
http://www.dekalbhealth.net | Emory Winship Cancer Institute  
1.888.WINSHIP or 404.778.1900  
https://winshipcancer.emory.edu | National Cancer Institute  
1.800.4.CANCER or 1.800.422.6237  
http://www.cancer.gov |
| DeKalb Medical, Cancer Support Groups  
404.501.5701  
http://www.dekalbmedical.org/our-services/cancer-care/support-services/support-groups | Susan G. Komen Foundation, Greater Atlanta  
404.814.0052  
http://komenatlanta.org | |
| DeKalb County Board of Health, Office of Chronic Disease Prevention  
404.508.7847  
http://www.dekalbhealth.net/hap | American Heart Association  
678.224.2000  
http://www.heart.org | The Brain Attack Coalition  
301.496.5751 or 301.468.5981  
http://www.stroke-site.org/index.html |
| **Cardiovascular Diseases** |                      |                    |
| DeKalb Medical, Heart and Vascular Institute  
404.501.9355  
http://www.dekalbmedical.org/our-services/heart-vascular/cardiac/treatments-and-procedures | The Brain Attack Coalition  
301.496.5751 or 301.468.5981  
http://www.stroke-site.org/index.html | |
| Boat People SOS-Atlanta  
770.458.6700  
301.592.8573  
http://www.nhlbi.nih.gov | |
| Emory Healthcare, Center for Heart Disease Prevention  
404.778.2746  
http://www.emoryhealthcare.org/heart-disease-prevention/location.html | | |

(continued)
### FOR MORE INFORMATION ABOUT CHRONIC DISEASES (CONTINUED)

<table>
<thead>
<tr>
<th>DeKalb County</th>
<th>Metropolitan Atlanta</th>
<th>Georgia and Beyond</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diabetes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Asthma</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DeKalb County Board of Health 404.294.3700 <a href="http://www.dekalbhealth.net">www.dekalbhealth.net</a> Asthma Management 404.508.7845 Division of Environmental Health 404.508.7900</td>
<td>Children’s Healthcare of Atlanta, Children’s Asthma Center 404.785.7240 <a href="http://www.choa.org/Childrens-Hospital-Services/Pulmonology/Asthma-Program/Outreach">http://www.choa.org/Childrens-Hospital-Services/Pulmonology/Asthma-Program/Outreach</a></td>
<td>Georgia Environmental Protection Division 404.656.4713 <a href="http://www.gaepd.org">http://www.gaepd.org</a></td>
</tr>
</tbody>
</table>

(continued)
<table>
<thead>
<tr>
<th>Smoking Cessation</th>
<th>DeKalb County</th>
<th>Metropolitan Atlanta</th>
<th>Georgia and Beyond</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Georgia Department of Public Health Tobacco <a href="http://dph.georgia.gov/tobacco">http://dph.georgia.gov/tobacco</a></td>
<td></td>
</tr>
</tbody>
</table>
Infectious Diseases

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

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

SEXUALLY TRANSMITTED DISEASES

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

In DeKalb County from 2008 through 2012, there were 24,147 cases of chlamydia, 9,709 cases of gonorrhea and 872 cases of primary and secondary syphilis. (An individual with primary syphilis has no or few symptoms, while an individual with secondary syphilis has more symptoms.)

As Figure 18 shows, in DeKalb County from 2008 through 2012:
• There were at least twice as many chlamydia cases as gonorrhea cases.
• The number of cases of syphilis remained consistent.

![Figure 18: Numbers of Sexually Transmitted Disease Cases by Type and Year, DeKalb County, 2008-2012](source: Sexually Transmitted Disease, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2014.)
As shown in Figure 19:

- The highest number of both chlamydia and gonorrhea cases occurred among individuals in the 20- to 29-year-old range.
- Individuals between the ages of 30 and 44 experienced the highest number of primary and secondary syphilis cases.

**Figure 19: Numbers of Sexually Transmitted Disease Cases by Type and Age Group, DeKalb County, 2008-2012**

**What can you do to prevent sexually transmitted diseases?**

- Educate yourself about sexually transmitted diseases and what you can do to protect yourself.
- Avoid having vaginal, anal or oral sex (abstinence). Encourage teens who are not sexually active to continue to wait.
- Use condoms. Latex condoms help reduce the chance of getting an STD, but must be used correctly and every time you have vaginal, anal or oral sex.
- Vaccinate yourself against Hepatitis B and HPV.
- Know your status. Get tested for STDs (including HIV).
- Know the status of your sexual partner.
- Limit your number of sexual partners.
- Parents: Talk to your teens.
- Teens: Talk to your parents, especially if you’re considering having sex for the first time.

Source: Sexually Transmitted Disease, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2014.
HUMAN IMMUNODEFICIENCY VIRUS (HIV)

Human immunodeficiency virus is the virus that can lead to acquired immunodeficiency syndrome, known as AIDS. Once a person has HIV, they have it for life.

As shown in Figure 20, in DeKalb County from 2008 through 2012:
- The number of newly diagnosed HIV cases fluctuated.
- The number of newly diagnosed AIDS cases declined by 34 percent.

Source: HIV/AIDS Epidemiology Section, Georgia Department of Public Health, 2014.

In DeKalb County from 2008 through 2012, as Figure 21 shows:
- The number of newly diagnosed HIV cases was highest among those ages 13 through 24.
- The number of newly diagnosed AIDS cases was highest among those 50 years and older.

Source: HIV/AIDS Epidemiology Section, Georgia Department of Public Health, 2014.
In DeKalb County from 2008 through 2012, males and blacks accounted for the highest percentages of HIV and AIDS cases. Among newly diagnosed cases of HIV:

- 79.3 percent were males.
- 56.9 percent were blacks.

Among newly diagnosed cases of AIDS:

- 77.9 percent were males.
- 73.2 percent were blacks.

Figure 22 illustrates newly diagnosed HIV/AIDS cases by method of transmission.

- In DeKalb County from 2008 through 2012, the primary mode of transmission of the newly diagnosed HIV and AIDS cases was male-to-male sexual contact.

**Figure 22: Percentages of Newly Diagnosed HIV and AIDS Cases by Method of Transmission, DeKalb County, 2008-2012**

n = 1,885

<table>
<thead>
<tr>
<th>Method of Transmission</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male-to-male sexual contact</td>
<td>75%</td>
</tr>
<tr>
<td>Injection drug use</td>
<td>6%</td>
</tr>
<tr>
<td>Male-to-male sexual contact and injection drug use</td>
<td>3%</td>
</tr>
<tr>
<td>Heterosexual contact</td>
<td>16%</td>
</tr>
</tbody>
</table>

Source: HIV/AIDS Epidemiology Section, Georgia Department of Public Health, 2014.

**What can you do to prevent HIV infection?**

- Abstinence (not having vaginal, anal or oral sex) is the best way to avoid infection. Encourage teens who are not sexually active to continue to wait.
- Choose less risky sexual behaviors. Oral sex is much less risky for HIV transmission than vaginal or anal sex.
- Get tested and treated for other STDs. Encourage your partner to do the same.
- Limit the number of sexual partners. Be open and honest with your partner.
- Use condoms. Latex condoms help reduce the chance of getting an STD and HIV, but must be used correctly and every time you have vaginal, anal or oral sex.
- Avoid using drugs.
- Avoid sharing needles.
- If you suspect you have been exposed to HIV/AIDS, talk to your health care provider about post-exposure prophylaxis (PEP) as soon as possible.
Infectious Diseases

TUBERCULOSIS

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

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

In DeKalb County from 2008 through 2012:
- There were a total of 384 cases of TB reported (Figure 23).

![Figure 23: Numbers and Rates of Tuberculosis Cases by Year, DeKalb County, 2008-2012](image)

Source: *Tuberculosis Prevention and Control, Georgia Department of Public Health, 2014.*

Table 21 shows populations who have known risk factors for TB. From 2008 through 2012, the foreign-born population accounted for the highest average percentage of TB cases in DeKalb County.

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreign-born individuals</td>
<td>61</td>
</tr>
<tr>
<td>HIV-positive individuals</td>
<td>13</td>
</tr>
<tr>
<td>Individuals with a substance use disorder</td>
<td>12</td>
</tr>
<tr>
<td>Homeless individuals</td>
<td>8</td>
</tr>
<tr>
<td>Correctional inmates</td>
<td>2</td>
</tr>
<tr>
<td>Long-term care residents</td>
<td>1</td>
</tr>
</tbody>
</table>

Source: *Tuberculosis Prevention and Control, Georgia Department of Public Health, 2014.*
**What can you do to prevent tuberculosis?**

- If you work in a health care setting, follow the designated infection control plan set by the institution in order to minimize the risk for transmission of TB.
- Individuals should avoid close contact and prolonged time with known TB patients in crowded, enclosed places such as jails/prisons, hospitals/clinics or homeless shelters.
- Travelers who anticipate possible, prolonged exposure to individuals with TB should have a TB skin test or blood test before leaving the United States and upon returning to the United States.
- Take all medications prescribed by a health care provider if diagnosed with latent TB infection (bacteria live in the body without causing illness) to prevent TB disease from developing.

**VACCINE-PREVENTABLE ILLNESSES**

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

Pertussis, also called “whooping cough,” is a vaccine-preventable disease that is particularly dangerous for infants. Immunity to pertussis fades among adults who were vaccinated as children.

As shown in Table 22, in DeKalb County from 2008 through 2012:

- The number of pertussis cases increased each year.
- There were more cases of *Haemophilus influenzae* disease than other vaccine-preventable diseases.

| Table 22: Numbers of Cases of Vaccine-Preventable Diseases by Type and Year, DeKalb County, 2008-2012 |
|----------------------------------------------------------|-------|-------|-------|-------|-------|       |
| Disease                                                  | 2008  | 2009  | 2010  | 2011  | 2012  |       |
| Measles                                                  | 0     | 0     | 1     | 0     | 0     |       |
| Mumps                                                    | 0     | 0     | 0     | 1     | 0     |       |
| Rubella                                                  | 0     | 0     | 0     | 0     | 0     |       |
| Pertussis                                                 | 1     | 5     | 8     | 11    | 23    |       |
| Varicella                                                | 0     | 0     | 0     | 1     | 0     |       |
| *Haemophilus influenzae* disease                         | 10    | 14    | 15    | 8     | 13    |       |
| Meningococcal disease                                    | 0     | 4     | 1     | 0     | 1     |       |

*Source: State Electronic Notifiable Disease Surveillance System, Georgia Department of Public Health, 2014.*
What can you do to prevent vaccine-preventable diseases?

- Get vaccinations according to the recommended schedule.
- Wash your hands with soap and water or use an alcohol-based hand sanitizer.
- Cover your coughs and sneezes with your elbow or sleeve. Dispose of used tissue in a garbage container.
- Avoid direct contact with others who are sick (includes not sharing eating utensils or drinking glasses).
- Stay home if you are sick to avoid infecting others.
- Before traveling, visit a travel medical clinic to discuss vaccines that may be needed before leaving.

HEPATITIS

Hepatitis means inflammation of the liver. A group of viruses can cause hepatitis. The three most common types are hepatitis A, B and C. Vaccines are recommended during childhood to prevent hepatitis A and B. There is not a vaccine to prevent hepatitis C.

Hepatitis A is spread by ingesting fecal material through contact with either food or drinks contaminated by the feces of an infected person. Hepatitis B is spread through infected blood, semen or other bodily fluid that is transmitted through sexual contact, sharing needles or transmission from an infected mother to her baby. Hepatitis C is spread through the blood of an infected individual. Today, most people become infected with Hepatitis C through sharing infected needles and other equipment that is used to inject drugs.

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

In DeKalb County from 2008 through 2012:

- There were 16 cases of acute hepatitis A, 65 cases of acute hepatitis B and 7 cases of acute hepatitis C (Figure 24).

![Figure 24: Numbers of Acute Cases of Hepatitis A, B and C by Year, DeKalb County, 2008-2012](image)

*Source: State Electronic Notifiable Disease Surveillance System, Georgia Department of Public Health, 2014.*
Figure 25 shows the number of infected and chronic cases of hepatitis B and C in DeKalb County from 2008 through 2012 and reflects that:

- Hepatitis B cases decreased by 23 percent.
- Hepatitis C cases increased by 120 percent.

**What can you do to prevent hepatitis?**

- Wash your hands with soap and water or use an alcohol-based hand sanitizer.
- Get vaccinations according to the recommended schedule.
- Correctly use latex condoms during vaginal, anal and oral sex.
- Avoid using personal items that may have come in contact with an infected person’s blood such as nail clippers, toothbrushes, razors and glucose monitors.
- Avoid injecting drugs, cosmetic products and steroids.
- Avoid sharing needles, syringes and other injection equipment.
- If you are pregnant, get tested for viral hepatitis and work with your doctor to make sure that your baby is protected from getting viral hepatitis from you.

**GASTROINTESTINAL ILLNESSES**

Gastrointestinal illnesses are caused by organisms that enter the body through the mouth and intestinal tract. They are usually spread through contaminated food or water or by contact with an infected person’s vomit or feces. In order for these illnesses to be confirmed and reported, a physician must collect a stool specimen to be laboratory tested. Since this is not done with every illness, many cases of gastrointestinal illness may go unreported.
Figure 26 shows the number of gastrointestinal illnesses in DeKalb County from 2008 through 2012:

- There were 464 cases of *Salmonella* infection, 275 cases of *Shigella* infection, 249 cases of *Campylobacter* infection, 39 cases of *Shiga Toxin-Producing Escherichia coli* (*E. coli*) infection and 13 cases of *Salmonella Typhi* infection (typhoid).

What can you do to prevent gastrointestinal diseases?

- Wash your hands with soap and water before and after preparing and eating food, swimming and caring for someone who is ill. Also, wash your hands after using the bathroom, changing diapers, handling animals and garbage, coughing, sneezing and blowing your nose.

- Shower and use the bathroom before swimming.

- Change soiled swim diapers as often as necessary.

- Avoid swallowing the water you swim in.

- Practice safe food preparation and avoid cross contamination.
INVASIVE BACTERIAL DISEASES

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

Invasive bacterial diseases include:

- *Streptococcus pneumoniae* is a bacterium that causes pneumococcal disease. Pneumococcal disease can cause many types of illnesses, including ear infections and meningitis.
- Group B *Streptococcus* is a bacterium that causes illness in people of all ages. The most common symptoms among adults are bloodstream infections, pneumonia, skin and soft-tissue infections, and bone and joint infections.
- Group A *Streptococcus* is a bacterium that is spread through contact with droplets from an infected person's cough or sneeze. Most infections cause relatively mild illnesses such as strep throat, scarlet fever and impetigo (a skin infection).

Figure 27 shows the number of cases of invasive bacterial diseases in DeKalb County from 2008 through 2012:

- Pneumococcal disease was the most common throughout the years.
- Streptococcal disease, group A, was the least common.

![Figure 27: Numbers of Invasive Bacterial Diseases Cases by Type and Year, DeKalb County, 2008-2012](image-url)

What can you do to prevent invasive bacterial diseases?

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

WEST NILE VIRUS

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

In DeKalb County from 2008 through 2012:

- There were no known human deaths due to WNV.
- There were 16 known human WNV cases, with 2012 being the worst year (seven cases).
- A total of 2,968 mosquito collections were tested, and 203 of them (6.8 percent) tested positive for WNV.

Figure 28 (next page) illustrates areas in DeKalb County that had WNV-positive birds and mosquitoes at least once between 2008 and 2012.
Figure 28: Locations of West Nile Virus (WNV) Positive Birds and Mosquito Collections, DeKalb County, 2008-2012

Created by: Division of Environmental Health, DeKalb County Board of Health (2014)
Sources: Division of Environmental Health, DeKalb County Board of Health; Atlanta Regional Commission
What can you do to prevent West Nile virus infection?

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

OUTBREAKS

Outbreaks are when two or more cases of illness are linked to a common exposure (e.g., same place and time).

Figure 29 shows that the DeKalb County Board of Health investigated a total of 84 outbreaks from 2008 through 2012.

Figure 29: Numbers of Outbreak Investigations by Year, DeKalb County, 2008-2012

Figure 30 shows the percentage of outbreak investigations by mode of transmission. In DeKalb County from 2008 through 2012:

- Person-to-person transmission was responsible for 41 percent of outbreaks.
- Food-borne transmission was responsible for 30 percent of outbreaks.

*Nosocomial infections are transmitted in a hospital.
**Vector-borne infections are transmitted by mosquitoes, ticks and fleas, known as “vectors.”

## FOR MORE INFORMATION ABOUT INFECTIOUS DISEASES

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<tr>
<th>DeKalb County</th>
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<th>Georgia and Beyond</th>
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<tbody>
<tr>
<td><strong>Sexually Transmitted Diseases</strong></td>
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<tr>
<td><strong>Center for Pan Asian Community Services</strong> 770.936.0969 <a href="https://www.icpacs.org">https://www.icpacs.org</a></td>
<td>AIDAtlanta 404.870.7700 <a href="https://www.aidatlanta.org/home">https://www.aidatlanta.org/home</a></td>
<td>AIDSinfo 1.800.HIV.0440 <a href="http://aidsinfo.nih.gov">http://aidsinfo.nih.gov</a></td>
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<td>Grady Health System’s Ponce de Leon Center 404.616.2440 <a href="http://www.gradyhealth.org/specialty/ponce-de-leon-center.html">http://www.gradyhealth.org/specialty/ponce-de-leon-center.html</a></td>
<td>Georgia AIDS/STD Information Line 1.800.551.2728 or 404.870.7775</td>
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<td><strong>American Lung Association, Tuberculosis</strong></td>
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<td>1.800.LUNGUSA</td>
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<td><strong>Georgia Department of Public Health, Health Protection, Tuberculosis Prevention and Control</strong></td>
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<td>404.657.3100</td>
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<td><strong>Centers for Disease Control and Prevention, Division of Tuberculosis Elimination</strong></td>
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<td>1.800.232.4636</td>
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<td><strong>Stop TB USA</strong></td>
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| **Vaccine-Preventable Diseases** |
| DeKalb County Board of Health |
| 404.294.3700 |
| [http://dekalbhealth.net/hs/immunizations](http://dekalbhealth.net/hs/immunizations) |
| **American Academy of Pediatrics** |
| 1.800.433.9016 or 847.434.4000 |
| [http://www.aap.org/immunization](http://www.aap.org/immunization) |
| **Georgia Department of Public Health, Immunization Section** |
| 404.657.3100 |
| **Georgia Immunize Coalition** |
| 678.923.4263 |
| [http://www.immunizeadultga.org](http://www.immunizeadultga.org) |
| **Centers for Disease Control and Prevention** |
| 1.800.232.4636 |
| [http://www.cdc.gov/vaccines](http://www.cdc.gov/vaccines) |
| **Every Child By Two** |
| 202.783.7034 |

<p>| <strong>Invasive Bacterial Diseases</strong> |
| DeKalb County Board of Health, Division of Environmental Health |
| 404.508.7900 |
| <a href="http://www.dekalbhealth.net/envhealth">http://www.dekalbhealth.net/envhealth</a> |
| <strong>Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases</strong> |
| 1.800.232.4636 |
| <a href="http://www.cdc.gov/ncird">http://www.cdc.gov/ncird</a> |
| <strong>Georgia Department of Public Health, Acute Disease Epidemiology</strong> |
| 404.657.2588 |</p>
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<td>DeKalb County Board of Health, Office of Epidemiology and Statistics</td>
<td>Atlanta Harm Reduction Center</td>
<td>American Liver Foundation</td>
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<td>404.508.7851</td>
<td>404.817.9994</td>
<td>212.668.1000</td>
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<td>Grady Health System’s Liver Clinic</td>
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<td>404.616.9355</td>
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<td>University of Georgia Extension Service, DeKalb County</td>
<td>Children’s Healthcare of Atlanta</td>
<td>Centers for Disease Control and Prevention</td>
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<td>404.298.4080 (Main Office) or 404.244.4881 (South DeKalb Office)</td>
<td><a href="http://www.cdc.gov/healthywater/swimming/rwi/">http://www.cdc.gov/healthywater/swimming/rwi/</a></td>
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<td>Georgia Mosquito Control Association 404.229.9889 <a href="http://www.gamosquito.org">http://www.gamosquito.org</a></td>
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<td>U.S. Environmental Protection Agency 1.800.241.1754 or 404.562.9900 <a href="http://www2.epa.gov/mosquitocontrol">http://www2.epa.gov/mosquitocontrol</a></td>
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Injuries

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

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

In DeKalb County from 2008 through 2012, injuries were responsible for 19 percent of all emergency room visits, five percent of all hospitalizations and eight percent of all deaths.

Figure 31 shows that in DeKalb County from 2008 through 2012, the rates of emergency room visits, hospitalizations and deaths due to injuries were lower than the rates for Georgia:
- DeKalb County’s rate of emergency room visits was 26 percent lower than Georgia’s rate.
- DeKalb County’s rate of hospitalizations was 13 percent lower than Georgia’s rate.
- DeKalb County’s rate of deaths was 16 percent lower than Georgia’s rate.

![Figure 31: Rates of Emergency Room Visits, Hospitalizations and Deaths due to Injuries, DeKalb County and Georgia, 2008-2012](source: Emergency Room Visits, Hospitalization Discharge and Mortality, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2015.)
As shown in Figure 32, in DeKalb County from 2008 through 2012:

- Falls were the main cause of injuries that resulted in emergency room visits and hospitalizations.
- Motor vehicle crashes were the second leading cause of injury-related emergency room visits and hospitalizations.

**Figure 32: Percentages of Emergency Room Visits and Hospitalizations by Cause of Injury, DeKalb County, 2008-2012**

![Emergency Room Visits and Hospitalizations Chart](image)

**Source:** Emergency Room Visits and Hospitalization Discharge, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2015.

Figure 33 shows that in DeKalb County from 2008 through 2012:

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

**Figure 33: Percentages of Deaths due to Injuries by Cause, DeKalb County, 2008-2012**

![Deaths by Injury Type Chart](image)

**Source:** Mortality, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2015.
INTENTIONAL INJURIES

Homicides
Homicide is defined as the intentional killing of a person by another person. In DeKalb County from 2008 through 2012:

- A total of 432 deaths were the result of homicide.
- The highest rate of homicide deaths was among black males (see Figure 34).
- The rate of homicide deaths among males was seven times the rate of homicide deaths among females.
- The rate of homicide deaths among blacks was five times the rate of homicide deaths among whites.

![Figure 34: Rates of Homicide Deaths by Age Group, Race and Sex, DeKalb County, 2008-2012](image)

*Note: Homicide death rates are shown by race and sex for age groups that included at least five deaths.*

*Source: Mortality, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2015.*
The map below (Figure 35) displays homicide death rates based on geographic location in DeKalb County.

**Figure 35: Rates of Homicide Deaths by Geographic Location, DeKalb County, 2008-2012**

Displayed by Community Health Assessment Area (CHAA)

*Rate per 100,000 population = Number of cases from 2008-2012 divided by five times the CHAA 2010 population multiplied by 100,000*
Assaults
An assault is when a person physically harms another person on purpose.

Figure 36 shows that in DeKalb County from 2008 through 2012:
- The rate of emergency room visits due to assaults was highest among black males ages 20 to 29 years old.
- The rate of emergency room visits due to assaults was higher among blacks than among whites.

![Figure 36: Rates of Emergency Room Visits due to Assaults by Age Group, Race and Sex, DeKalb County, 2008-2012](image)

Note: Rates of emergency room visits due to assault are shown by race and sex for age groups that included at least five emergency room visits. Source: Emergency Room Visits, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2015.

Violence-related behaviors and high school students
Certain behaviors among high school students may affect students’ safety. According to the 2013 DeKalb County Youth Risk Behavior Survey:
- The percentage of high school students who had carried a weapon on school property declined from 7.6 percent in 2009 to 6.4 percent in 2013.
- The percentage of students who were in a physical fight on school property in the past 12 months decreased from 19.0 percent in 2010 to 16.8 percent in 2013.
- The percentage of students who had been hit, slapped or physically hurt by their partner declined from 14.6 percent in 2009 to 13.1 percent in 2013.
**What can you do to prevent homicides and assaults?**

- Report suspicious persons and activities to authorities.
- Strengthen community involvement. For example, start a Neighborhood Watch program.
- Increase awareness about the use of gun locks and the safe storage of firearms.
- Reduce children’s and teens’ access to firearms.
- Increase the number of mental health programs that address anger management and bullying.

**Suicides**

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

In DeKalb County from 2008 through 2012:

- There were 275 suicide deaths.
- The highest rate of suicide was among white males ages 60 through 74 years old (see Figure 37).
- The suicide rate for males was four times higher than the rate for females.

![Figure 37: Rates of Suicide Deaths by Age Group, Race and Sex, DeKalb County, 2008-2012](image)

*Note: Suicide deaths are shown by race and sex for age categories that include at least five deaths. Source: Mortality, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2015.*
The map below (Figure 38) displays suicide death rates based on geographic location in DeKalb County.

**Figure 38: Rates of Suicide Deaths by Geographic Location, DeKalb County, 2008-2012**

*Displayed by Community Health Assessment Area (CHAA)*

---

**Rate per 100,000 population**

- 4
- 5 - 7
- 8
- 9 - 10
- 11

*Rate per 100,000 = Number of cases from 2008-2012 divided by five times the CHAA 2010 population multiplied by 100,000*

---

*Created by: Division of Environmental Health and Division of Community Health and Prevention Services, DeKalb County Board of Health (2015).*

*Sources: Online Analytical Statistical Information System, Office of Health Indicators and Planning, Georgia Department of Public Health; 2010 Census, U.S. Census Bureau; Atlanta Regional Commission*
Suicidal behaviors and high school students
Table 23 describes suicidal thoughts and attempts among DeKalb County high school students. Table 23 shows that between 2007 and 2013:
- The percentage of high school students who seriously considered attempting suicide increased by 29 percent.
- The percentage of students who actually attempted suicide in the past 12 months increased by 34.8 percent.
- The percentage of students whose suicide attempt in the past 12 months resulted in an injury that had to be treated by a health professional increased by 48.4 percent.

<table>
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<tr>
<th>Table 23: Percentages of High School Students Engaging in Suicidal Thoughts and Actions, DeKalb County, 2007-2013</th>
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<td>Risk behavior</td>
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<td>Percentage of students who seriously considered attempting suicide during the past 12 months</td>
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<td>Percentage of students who actually attempted suicide in the past 12 months</td>
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<tr>
<td>Percentage of students whose suicide attempt resulted in an injury that had to be treated by health professional in the past 12 months</td>
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Source: DeKalb County Youth Risk Behavior Survey, DeKalb County Board of Health, 2013.

What can you do to prevent suicide?
- Look for these warning signs:
  - Talking of desire to hurt or kill oneself.
  - Talking or writing about death, dying or suicide.
  - Increasing alcohol or drug use.
  - Feeling hopeless, anxious, agitated or angry.
  - Sleeping too much or too little.
  - Withdrawing from friends, family and society.
- Seek professional counseling.
- Securely store medications and firearms.

Methods used in intentional injuries
Figures 39 and 40 show the methods used in intentional injuries that resulted in emergency room visits, hospitalizations, homicides and suicides.

In DeKalb County from 2008 through 2012:
- Unarmed fights were the leading cause of injury-related emergency room visits.
- Firearms were the most commonly used method in intentional injuries that resulted in hospitalizations and deaths. Firearms were used in:
  - 38 percent of injury-related hospitalizations.
  - 78 percent of homicides.
  - 56 percent of suicides.
Figure 39: Percentages of Assaults that Resulted in Emergency Room Visits and Hospitalizations by Method, DeKalb County, 2008-2012

Emergency Room Visits  
$n = 11,435$

- Unarmed fight: 42%
- Striking by blunt or thrown object: 14%
- Cut/pierce: 8%
- Firearm: 4%
- Human bite: 4%
- Rape: 2%
- Child or adult abuse: 3%
- Other or unspecified: 23%

Hospitalizations  
$n = 1,434$

- Unarmed fight: 14%
- Striking by blunt or thrown object: 13%
- Cut/pierce: 16%
- Firearm: 38%
- Human bite: 1%
- Rape: <1%
- Child or adult abuse: 1%
- Other or unspecified: 17%

Source: Emergency Room Visits and Hospitalization Discharge, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2015.

Figure 40: Percentages of Homicides and Suicides by Method, DeKalb County, 2008-2012

Homicides  
$n = 432$

- Firearm: 78%
- Other or unspecified: 10%
- Bodily force: 1%
- Poisoning, drugs, medications: 1%
- Hanging, strangulation, suffocation: 2%
- Cut/pierce: 8%

Suicides  
$n = 275$

- Firearm: 56%
- Hanging, strangulation, suffocation: 26%
- Poisoning, drugs, medications: 8%
- Other or unspecified: 8%
- Cut/pierce: 2%

Source: Mortality, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2015.
UNINTENTIONAL INJURIES

Falls
In DeKalb County from 2008 through 2012, falls were a leading cause of injury-related emergency room visits, hospitalizations and deaths. They were the cause of:
- 51,675 injuries that resulted in emergency room visits.
- 5,043 injuries that resulted in hospitalizations.
- 194 injuries that resulted in deaths.

In DeKalb County from 2008 through 2012, the rate of hospitalizations due to falls increased with age. See Figure 41. Sixty-nine percent of hospitalizations due to falls occurred among people ages 60 years old and above.

As shown in Figure 42, the hospitalization rate due to falls was highest among whites compared to blacks and Asians. The rate among white women was more than twice the rate of white men.

Source: Hospitalization Discharge, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2015.
Figure 43 shows the percentages of falls that resulted in hospitalizations by type of fall. In DeKalb County from 2008 through 2012:

- 26 percent of falls were the result of slipping, tripping or stumbling.
- Seven percent of falls were the result of falling on or from stairs, steps or a sidewalk.

![Figure 43: Percentages of Hospitalizations by Type of Fall, DeKalb County, 2008-2012](n = 5,151)

- On/from stairs, steps or sidewalk 7%
- Resulting from striking against another object 2%
- Sports or play related 2%
- From ladder or scaffolding 4%
- From bed, wheelchair, or furniture 6%
- One level to another 6%
- Other 4%
- Unspecified 43%

Note: “Other” types of falls include falls from commodes, falls due to contact with another person, falls on or from escalators and falls in to holes or openings in surfaces (such as storm drains and manholes).

Source: Hospitalization Discharge, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2015.

**What can you do to prevent falls?**

- Use caution when wearing loose-fitting shoes and slippers.
- Inform your doctor(s) about all of your prescribed and over-the-counter medications and supplements to prevent or reduce side effects like dizziness.
- Keep working flashlights accessible in all rooms.
- Use caution with area rugs.
- Eliminate tripping hazards. Arrange furniture to create open paths.
- Properly install and use hand rails.
- Mop up standing water and grease on floors.
- Keep sidewalks and exterior steps in good repair. Install hand rails where necessary.

- Parents can:
  - Properly install infant gates at the top and bottom of stairwells.
  - Keep toys off steps and out of main paths.
  - Keep backyard play equipment in good working condition.

- Seniors can:
  - Get an annual eye exam.
  - Develop an exercise routine to improve balance and muscle control. Consult your doctor.
  - Install grab bars in showers and tubs and by toilets.
Motor vehicle crashes
In DeKalb County from 2008 through 2012:
- Motor vehicle crashes were responsible for:
  - 29,375 emergency room visits.
  - 2,099 hospitalizations.
  - 311 deaths.
- The emergency room visit and hospitalization rates due to motor vehicle crashes were highest for the 20 through 29 year old age group (see Figure 44).

As reflected in Figure 45, in DeKalb County from 2008 through 2012, the rates of motor vehicle crash deaths differed by race:
- There was an average of 11.3 deaths per 100,000 blacks.
- There was an average of 5.9 deaths per 100,000 whites.

Note: Rates were too small to report among Asians, Native Americans and Alaska Natives, Native Hawaiians and Pacific Islanders, and Hispanics. Source: Mortality, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2015.
In DeKalb County from 2008 through 2012:

- The highest rates of motor vehicle crash deaths were among males in the 20 through 29 year old age group and in the 45 through 59 year old age group (see Figure 46).
- The average rate of motor vehicle crash deaths among males of all ages was more than twice the average rate among females of all ages (12.7 deaths per 100,000 males and 5.5 deaths per 100,000 females).

![Figure 46: Rates of Deaths due to Motor Vehicle Crashes by Age and Sex, DeKalb County, 2008-2012](image)

Note: Rates for ages 0-12 were too low to report.
Source: Mortality, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2015.

As shown in Figure 47, in DeKalb County from 2008 through 2012:

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

![Figure 47: Percentages of Emergency Room Visits, Hospitalizations and Deaths due to Motor Vehicle Crashes by Person Injured, DeKalb County, 2008-2012](image)

Note: “Other or unspecified” person injured includes riders of animals and occupants of animal-driven vehicles.
Source: Emergency Room Visits, Hospitalization Discharge and Mortality, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2015.
Seatbelt use among adults
Using a seatbelt is associated with a lower risk of motor vehicle crash injuries. The 2011 Behavioral Risk Factor Surveillance System survey asked adult respondents about seatbelt use. Figure 48 shows seatbelt use among DeKalb County residents.

- Seatbelt use was lowest among males, blacks and people ages 18 through 44 years old.

![Figure 48: Percentages of Adults who Use Seatbelts by Sex, Race and Age Group, DeKalb County, 2011](image)

Source: DeKalb County Communities Putting Prevention to Work: Behavioral Risk Factor Surveillance System Report, DeKalb County Board of Health, 2011.

Vehicle safety and high school students
According to the 2013 DeKalb County Youth Risk Behavior Survey, the percentage of high school students who rarely or never wore a seatbelt when riding in a car driven by someone else increased by 38 percent between 2007 and 2013 (see Table 24).

<table>
<thead>
<tr>
<th>Table 24: Percentages of High School Students who Engaged in Unsafe Vehicle-Related Behaviors, DeKalb County, 2007-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk behavior</td>
</tr>
<tr>
<td>Percentage of students who rarely/never wore a seatbelt when riding in a car driven by someone else</td>
</tr>
<tr>
<td>Percentage of students who rode in a car with someone who had been drinking alcohol in past 30 days</td>
</tr>
<tr>
<td>Percentage of students who drove a car when they had been drinking alcohol in the past 30 days</td>
</tr>
<tr>
<td>Percentage of students who texted or emailed while driving a car in past 30 days</td>
</tr>
<tr>
<td>Percentage of students who talked on a cell phone while driving a car in past 30 days</td>
</tr>
<tr>
<td>Percentage of students who rarely/never wore a helmet when they rode a bicycle in the last 12 months</td>
</tr>
</tbody>
</table>

Source: DeKalb County Youth Risk Behavior Survey, DeKalb County Board of Health, 2013.
**What can you do to prevent motor vehicle crash injuries?**

- Always wear a seatbelt.
- Do not drive if tired.
- Do not text or use a cell phone while driving.
- Do not drive under the influence of drugs or alcohol.
- Designate a sober driver, call a cab or remain where you are if you have been drinking.
- Do not get in a car with a driver who has been drinking.
- Look out for motorcyclists, bicyclists and pedestrians.
- Do not exceed posted speed limits.
- Do not drive aggressively.
- Allow enough car lengths in front of you to stop safely.
- Reduce speed in bad weather.
- Properly restrain children up to six years old or recommended weight in an approved child safety seat or booster seat.
- Properly restrain children six to 17 years old in the vehicle’s seat belt.
## FOR MORE INFORMATION ABOUT INJURIES

<table>
<thead>
<tr>
<th>Intentional Injuries</th>
<th>Metropolitan Atlanta</th>
<th>Georgia and Beyond</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DeKalb County</strong></td>
<td><strong>Partnership Against Domestic Violence</strong></td>
<td><strong>Focus Adolescent Services</strong></td>
</tr>
<tr>
<td>Board of Health, Office of Injury Prevention</td>
<td>404.870.9600</td>
<td>443.358.4691</td>
</tr>
<tr>
<td>404.508.7847</td>
<td><strong><a href="http://padv.org">http://padv.org</a></strong></td>
<td><strong><a href="http://www.focusas.org">http://www.focusas.org</a></strong></td>
</tr>
<tr>
<td><a href="http://www.dekalbhealth.net/hap/hppu">http://www.dekalbhealth.net/hap/hppu</a></td>
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<td></td>
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<tr>
<td><strong>Men Stopping Violence</strong></td>
<td></td>
<td><strong>Georgia Coalition Against Domestic Violence</strong></td>
</tr>
<tr>
<td>1.866.717.9317 or 404.270.9894</td>
<td></td>
<td>1.800.33.HAVEN or 1.800.334.2836</td>
</tr>
<tr>
<td><a href="http://www.menstoppingviolence.org">http://www.menstoppingviolence.org</a></td>
<td><a href="http://gcadv.org">http://gcadv.org</a></td>
<td></td>
</tr>
<tr>
<td><strong>DeKalb Community Service Board, Crisis Access Line</strong></td>
<td><strong>National Center for Victims of Crime</strong></td>
<td><strong>National Teen Dating Abuse Hotline</strong></td>
</tr>
<tr>
<td>404.892.4646</td>
<td>202.467.8700</td>
<td>1.800.799.7233 or 1.800.787.3224 (TTY)</td>
</tr>
<tr>
<td><strong>Suicide</strong></td>
<td><strong>American Foundation for Suicide Prevention, Metropolitan Atlanta</strong></td>
<td><strong>American Association of Suicidology</strong></td>
</tr>
<tr>
<td><strong>DeKalb Community Service Board, Crisis Access Line</strong></td>
<td>770.843.3836</td>
<td>202.237.2280</td>
</tr>
<tr>
<td><strong>Suicide Prevention Resource Center</strong></td>
<td><strong>Centers for Disease Control and Prevention, Suicide Prevention</strong></td>
<td><strong>Georgia Department of Behavioral Health and Developmental Disabilities</strong></td>
</tr>
<tr>
<td>877.GET.SPRC or 877.438.7772</td>
<td>1.800.CDC.INFO or 1.800.232.4636</td>
<td>404.657.1686</td>
</tr>
<tr>
<td></td>
<td><strong>National Suicide Prevention Lifeline</strong></td>
<td><strong>National Suicide Prevention Lifeline</strong></td>
</tr>
<tr>
<td>1.800.273.TALK or 1.800.273.8255</td>
<td><a href="http://www.suicidepreventionlifeline.org">http://www.suicidepreventionlifeline.org</a></td>
<td><a href="http://www.suicidepreventionlifeline.org">http://www.suicidepreventionlifeline.org</a></td>
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(continued)
## FOR MORE INFORMATION ABOUT INJURIES (CONTINUED)

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<th>Georgia and Beyond</th>
</tr>
</thead>
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<td>CarFit <a href="http://www.car-fit.org">http://www.car-fit.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Governor’s Office of Highway Safety 1.888.420.0767 or 404.656.6996 <a href="http://www.gahighwaysafety.org">http://www.gahighwaysafety.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Mothers Against Drunk Driving 1.877.ASK.MADD or 1.877.275.6233 <a href="http://www.madd.org">http://www.madd.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Network of Employers for Traffic Safety 1.888.221.0045 <a href="http://trafficsafety.org">http://trafficsafety.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Safe Kids Georgia 404.785.7436 <a href="http://safekidsgeorgia.org">http://safekidsgeorgia.org</a></td>
</tr>
</tbody>
</table>
Behavioral Health

The topic of behavioral health includes mental illnesses, substance use disorders and intellectual disabilities. Unfortunately, the rates of these conditions among DeKalb County residents are unknown. There is not a survey or reporting system that captures this information. This section provides data from the DeKalb Community Service Board (CSB) to offer at least some insight into this facet of health. The CSB is the public, safety net provider of behavioral health services for the county. The data presented here are based on DeKalb CSB clients.

MENTAL ILLNESSES AND SUBSTANCE USE DISORDERS

Mental illnesses
Mental illnesses are characterized by alterations in thinking, mood or behavior (or a combination of these) that are associated with distress and/or impaired functioning. Mental illnesses include:

- Anxiety disorders, which are characterized by excessive stress and include panic disorders and obsessive-compulsive disorders.
- Mood disorders, which affect a person’s persistent emotional state and include depressive disorders and bipolar disorders.
- Psychotic disorders, which cause abnormal thinking and perceptions and include schizophrenia and delusional disorders.

Substance use disorders
Substance use disorders include both substance abuse and substance dependence. Examples of substance use disorder symptoms are craving, spending a lot of time to obtain the substance and failing to fulfill work and family obligations.

Mental illnesses with substance use disorders
Some people have both a mental illness and a substance use disorder. This is because: (a) a person with a mental illness may misuse a substance to lessen their symptoms, (b) certain substances can cause an addicted person to experience mental illness symptoms, and (c) mental illness and substance use disorders share some underlying causes. Of the DeKalb CSB’s new cases of substance use disorders, 26 percent also have a co-occurring mental illness.

What you can do to reduce the risk of mental illness?
- Take care of your mind, body and soul.
- Reduce or eliminate sources of stress that contribute to anxiety.
- Learn and practice coping mechanisms.
- Seek treatment when mental illness symptoms first appear.
- Call the DeKalb Community Service Board if you think someone needs help.

What can you do to reduce the risk of a substance use disorder?
- Address underage drinking and illegal drug use.
- Avoid binge drinking and experimenting with drugs.
- Safely store and dispose of prescription drugs.
- Carefully follow medication directions.
OUTPATIENT DIAGNOSES

The DeKalb CSB provides outpatient mental health services for children, adolescents and adults. The outpatient mental health centers see an average of 2,300 new individuals annually for assessment and treatment. The CSB also treats an average of 1,786 new adults with substance use disorders each year.

Figure 49 shows outpatient diagnoses among mentally ill and substance abuse clients. From 2008 through 2012:
- Mood disorders were the most common diagnoses.
- Psychotic disorders were the second most common diagnoses.

![Figure 49: Percentages of Outpatient Mental Health and Substance Abuse/Dependence Clients by Diagnosis, DeKalb County, 2008-2012](image)

Figure 50 shows outpatient diagnoses for mental illness, alcohol dependence (a substance use disorder) and co-occurring mental illness with alcohol dependence. From 2008 through 2012:
- The percentage of clients with alcohol dependence decreased over time.
- The percentage of clients with mental illness also decreased over time.

![Figure 50: Percentages of Outpatient Mental Health, Alcohol Dependence and Co-Occurring Mental Health/Alcohol Dependence Clients by Year, DeKalb County, 2008-2012](image)

Source: DeKalb Community Service Board, 2014.
DEKALB REGIONAL CRISIS CENTER DIAGNOSES

The DeKalb Regional Crisis Center is a short-term, residential facility. It serves individuals with mental illnesses and/or substance use disorders that require acute stabilization and/or detoxification. The center serves an average of 1,700 individuals per year.

Figure 51 shows the diagnoses of clients seen at the crisis center. From 2008 through 2012:

- Substance abuse/dependence disorders were the most common diagnoses.
- Mood disorders were the second most common diagnoses.

INTELLECTUAL DISABILITIES

Intellectual disabilities involve impairments of mental abilities that affect functioning. These abilities are divided into three groups: (a) conceptual, like language and math skills; (b) social, like empathy and interpersonal communication skills; and (c) practical, like personal care and money management skills.

The DeKalb CSB serves an average of 471 DeKalb residents per year who are challenged with mild to profound intellectual disabilities.

What can you do about intellectual disability?

- If pregnant, avoid smoking, drinking alcohol and using drugs.
- Eliminate lead from children’s environments.
- If concerned, schedule a developmental screening for your child.
- Be supportive of and patient with those with an intellectual disability.
## FOR MORE INFORMATION ABOUT BEHAVIORAL HEALTH

<table>
<thead>
<tr>
<th>DeKalb County</th>
<th>Metropolitan Atlanta</th>
<th>Georgia and Beyond</th>
</tr>
</thead>
<tbody>
<tr>
<td>Georgia Rehabilitation Outreach 404.892.0998 or 404.604.2258 or 678.545.2025 (TTY) <a href="http://www.garehaboutreach.org">http://www.garehaboutreach.org</a></td>
<td></td>
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<tr>
<td>CETPA (services in Spanish) 770.662.0249 <a href="http://www.cetpa.org">http://www.cetpa.org</a></td>
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<tr>
<td></td>
<td>Georgia Council on Substance Abuse 404.523.3440 <a href="http://www.gasubstanceabuse.org">http://www.gasubstanceabuse.org</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Georgia Regional Hospital of Atlanta 404.243.2100 <a href="http://dbhdd.georgia.gov/georgia-regional-hospital-atlanta">http://dbhdd.georgia.gov/georgia-regional-hospital-atlanta</a></td>
<td></td>
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<tr>
<td></td>
<td>Georgia Crisis &amp; Access Line 1.800.715.4225 or 404.730.1600</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Substance Abuse and Mental Health Services Administration 1.877.SAMHSA.7 or 1.877.726.4727 or 1.800.487.4889 <a href="http://www.samhsa.gov">http://www.samhsa.gov</a></td>
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### FOR MORE INFORMATION ABOUT BEHAVIORAL HEALTH (CONTINUED)

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<tr>
<td></td>
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<td>Parent to Parent of Georgia 1.800.229.2038 <a href="http://p2pga.org/">http://p2pga.org/</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>The Arc Georgia 1.888.401.1581 <a href="http://www.thearcofgeorgia.org">http://www.thearcofgeorgia.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>United Cerebral Palsy 1.800.872.5827 <a href="http://ucp.org">http://ucp.org</a></td>
</tr>
</tbody>
</table>
Maternal and Child Health

Safe motherhood begins before conception with good nutrition and a healthy lifestyle. It continues with appropriate prenatal care. The ideal is a healthy baby and a healthy infancy that result from a full-term pregnancy without unnecessary interventions. These are fostered by an environment that supports the physical and emotional needs of the mother, baby and family.

PREGNANCY AND BIRTH RATES

Pregnancy rate is the total number of pregnancies (including live births, abortions and fetal deaths) per 1,000 women of a population. Birth rate is the number of live births per 1,000 women of a population.

From 2008 through 2012 in DeKalb County, there were 79,419 pregnancies and an average pregnancy rate of 65.8. There were 56,119 births and an average birth rate of 46.5.

Figure 52 shows pregnancy and birth rates in DeKalb County from 2008 through 2012.

![Figure 52: Pregnancy and Birth Rates among Females 10-44 Years of Age by Year, DeKalb County, 2008-2012](source)

Source: Pregnanacies and Births, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2014.
Figure 53 shows the average pregnancy and birth rates in DeKalb County from 2008 through 2012 by age group for females 10 through 44 years of age.

The data reveal that:
- The highest pregnancy and birth rates were among females 20 through 29 years of age.
- The second highest pregnancy rate was among teens 18 through 19 years of age.

Source: Pregnancies and Births, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2014.

Figure 54 shows the average pregnancy and birth rates by race and ethnicity in DeKalb County from 2008 through 2012. The figure shows that:
- Hispanic/Latino women had the highest pregnancy rate, followed by Native Hawaiian/Pacific Islander, Asian, black and white women.
- Although Native Hawaiian/Pacific Islander females had the second highest pregnancy rate, they had the lowest birth rate of all racial and ethnic groups.

Source: Pregnancies and Births, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2014.
What can you do to have a healthy pregnancy?
- Begin seeing your doctor before conceiving or early during your pregnancy.
- Take folic acid every day, before and during pregnancy.
- Do not smoke cigarettes or use other tobacco-related products.
- Do not drink alcohol.
- Talk to your doctor or pharmacist about any medications you are taking.

LOW BIRTH WEIGHT BABIES

Babies delivered weighing less than 5.5 pounds are considered low birth weight. They are at an increased risk for illness and death compared to other babies. From 2008 through 2012, there were 5,658 low birth weight babies born in DeKalb County. Tables 25 and 26 show the numbers and percentages of low birth weight babies in DeKalb County by maternal age and race/ethnicity.

In DeKalb County from 2008 through 2012:
- Women ages 45 through 55 had the highest percentage of low birth weight babies compared to other maternal age groups, while women ages 30 through 39 had the lowest percentage of low birth weight babies (see Table 25).
- Black women had the highest percentage of low birth weight babies compared to other races and ethnicities (see Table 26).

Table 25: Numbers and Percentages of Low Birth Weight Births by Age Group, DeKalb County, 2008-2012

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-14</td>
<td>8</td>
<td>10.7</td>
</tr>
<tr>
<td>15-19</td>
<td>507</td>
<td>11.0</td>
</tr>
<tr>
<td>20-29</td>
<td>2,662</td>
<td>10.1</td>
</tr>
<tr>
<td>30-39</td>
<td>2,169</td>
<td>9.4</td>
</tr>
<tr>
<td>40-44</td>
<td>271</td>
<td>14.1</td>
</tr>
<tr>
<td>45-55</td>
<td>41</td>
<td>25.0</td>
</tr>
<tr>
<td>All ages</td>
<td>5,658</td>
<td>10.1</td>
</tr>
</tbody>
</table>

Table 26: Numbers and Percentages of Low Birth Weight Births by Race/Ethnicity, DeKalb County, 2008-2012

<table>
<thead>
<tr>
<th>Race</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>1,003</td>
<td>7.5</td>
</tr>
<tr>
<td>Black</td>
<td>3,526</td>
<td>13.0</td>
</tr>
<tr>
<td>Asian</td>
<td>258</td>
<td>8.3</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>461</td>
<td>5.8</td>
</tr>
<tr>
<td>All races</td>
<td>5,658</td>
<td>10.1</td>
</tr>
</tbody>
</table>

Note: Percentage for Native Hawaiians/Pacific Islanders is too small to report.
Source: Births, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2014.

What can you do to reduce your risk of having a low birth weight baby?
- Don’t smoke, drink or take illegal drugs during pregnancy.
- Eat more fruits and vegetables.
- Drink water.
- Reduce your stress level.
- Seek out social support.
- Maintain a healthy weight.
- Reduce your risk of infections by:
  o Washing your hands frequently.
  o Avoiding cat feces and rodents
  o Avoiding uncooked and mishandled food.
  o Avoiding exposure to toxic substances.
  o Avoiding others that are sick.
INFANT MORTALITY

The death of a baby immediately after birth or before his or her first birthday is an infant death. The infant mortality rate is the number of infant deaths per 1,000 live births. From 2008 through 2012, there were 394 infant deaths in DeKalb County.

When comparing infant mortality rates by race and ethnicity, Figure 55 shows that:

- Blacks have higher rates of infant mortality compared to the white and Hispanic/Latino populations.
- From 2008 through 2012, the infant mortality rate for all races/ethnicities decreased by 30 percent.

*Note: Rates for Asians and Native Hawaiians/Pacific Islanders are too small to report. All infant mortality rates are low in 2010 due to under-reporting. Source: Infant Mortality, Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2014.
Figure 56 displays the infant mortality rates based on geographic location in DeKalb County (see Methodology for more information).

**Figure 56: Infant Mortality Rates by Geographic Location, DeKalb County, 2008-2012**

Displayed by Community Health Assessment Area (CHAA)

*Infant Mortality Rate per 1,000 Live Births = Numbers of Infant deaths from 2008 to 2012 divided by the number of live births from 2008 to 2012 multiplied by 1,000*

*Created by: Division of Environmental Health and Division of Community Health and Prevention Services, DeKalb County Board of Health (2015).*

*Sources: Online Analytical Statistical Information System, Office of Health Indicators and Planning, Georgia Department of Public Health; 2010 Census, U.S. Census Bureau; Atlanta Regional Commission*
Some infant deaths are classified as Sudden Infant Death Syndrome (SIDS) deaths. A SIDS death is an unexplained death of an apparently healthy infant less than 12 months of age.

In DeKalb County from 2008 through 2012:
- DeKalb County’s average rate was 1.6 deaths per 1,000 live births compared to Georgia’s average rate of 1.2 deaths per 1,000 live births.

What can you do to reduce the risk of an infant death?
- Deliver at a special hospital if there is a risk of delivering a very small or very sick baby.
- Always place the baby on its back to sleep during naps and at nighttime.
- Don’t place a baby to sleep on an adult bed, a chair, a sofa, a waterbed or a cushion.
- Avoid letting the baby get too hot during sleep.
- Discuss with your baby’s caregivers how and where you want your baby placed for a nap and at nighttime.
- Don’t cover the baby’s head with a blanket or over-bundle them in clothing and blankets.
- Monitor a baby who is on its tummy while awake.
- Keep the crib and bassinet free of toys, soft bedding, blankets and pillows.
- Do not expose the baby to tobacco smoke.
BREASTFEEDING

Breastfeeding, also called nursing, is the process of feeding human breast milk to an infant, either directly from the breast or by expressing (pumping out) the milk from the breast and bottle-feeding it to the infant. Breast milk contains nutrients to help an infant grow and antibodies to help protect the infant from viruses and bacteria. It is recommended that women exclusively breastfeed their babies for the first six months of life.

Figure 58 shows breastfeeding initiation and duration rates among DeKalb County’s Special Supplemental Nutrition Program for Women, Infants and Children (WIC) clients. Initiation rate is the percentage of infants who initiate breastfeeding. Duration rate is the percentage of breastfeeding infants who breastfed for at least six months.

TEEN SEXUAL BEHAVIORS AND PREGNANCY

The teen pregnancy rate is the number of pregnancies occurring per 1,000 females 10 through 19 years old.

Figure 59 shows the average pregnancy rate by race and ethnicity in DeKalb County from 2008 through 2012. The figure shows that:

- The overall pregnancy rate among 10 through 19 years of age has decreased by 30.8 percent.
- Although Hispanic/Latino females had the highest rate of teen pregnancies at an average rate of 56.5 births per 1,000 females, the rate has decreased by 26.8 percent.
- Blacks had the second highest rate of teen pregnancies at an average rate of 36.7 births. Like Hispanic/Latino females, the rate of black teen pregnancies has decreased.
Figure 59: Pregnancy Rates among Females 10-19 Years of Age by Race/Ethnicity and Year, DeKalb County, 2008-2012

Note: Rates for Native Hawaiians/Pacific Islanders are too small to report.

Table 27 provides the percentages of students who engaged in sexual behaviors that can lead to an increased risk of sexually transmitted diseases and unintended pregnancy. According to the Youth Risk Behavior Survey, from 2007 to 2013 in the DeKalb County School District:

- The percentage of students who had sexual intercourse for the first time before age 13 decreased by 36.2 percent.
- The percentage of students who used a condom during their last sexual intercourse decreased by 9.2 percent.
- The percentage of students who used birth control pills before last sexual intercourse decreased by 27.8 percent.

<table>
<thead>
<tr>
<th>Risk Behavior</th>
<th>2007</th>
<th>2009</th>
<th>2010</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had sexual intercourse for the first time before age 13 years</td>
<td>14.1%</td>
<td>12.7%</td>
<td>11.9%</td>
<td>9.0%</td>
</tr>
<tr>
<td>Had sexual intercourse with four or more people during their life</td>
<td>21.9%</td>
<td>20.9%</td>
<td>17.5%</td>
<td>16.0%</td>
</tr>
<tr>
<td>Used a condom during last sexual intercourse</td>
<td>69.3%</td>
<td>64.8%</td>
<td>65.6%</td>
<td>62.9%</td>
</tr>
<tr>
<td>Used birth control pills before last sexual intercourse</td>
<td>9.0%</td>
<td>9.8%</td>
<td>7.4%</td>
<td>6.5%</td>
</tr>
<tr>
<td>Drank alcohol or used drugs before last sexual intercourse</td>
<td>14.6%</td>
<td>16.0%</td>
<td>15.1%</td>
<td>21.2%</td>
</tr>
<tr>
<td>Had ever been taught in school about AIDS or HIV infection</td>
<td>87.8%</td>
<td>90.0%</td>
<td>87.6%</td>
<td>85.0%</td>
</tr>
</tbody>
</table>

Source: DeKalb Youth Risk Behavior Survey, DeKalb County Board of Health, 2013.

What can you do to reduce the risk of sexually transmitted infections and unintended pregnancy?

- Talk to your parents.
- Practice abstinence.
- Always use a condom during sexual intercourse to prevent sexually transmitted diseases.
- Know whether your partner has a sexually transmitted disease or HIV.
- Use birth control correctly to prevent unintended pregnancy. Ask a doctor about the different methods.
## FOR MORE INFORMATION ABOUT MATERNAL AND CHILD HEALTH

<table>
<thead>
<tr>
<th>DeKalb County</th>
<th>Metropolitan Atlanta</th>
<th>Georgia and Beyond</th>
</tr>
</thead>
</table>
| DeKalb County Board of Health  
404.294.3700  
http://www.dekalbhealth.net | Babies Born Healthy, United Way of Greater Atlanta  
404.527.7200 or Dial 211  
https://www.unitedwayatlanta.org/the-challenge/health/babies-born-healthy/ | Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities  
1.800.CDC.INFO or  
1.800.232.2636  
http://www.cdc.gov/ncbddd |
| Adolescent Health and Youth Development  
404.370.7360 |  |  |
| Babies Can’t Wait  
404.508.7981 |  |  |
| Mothers Offering Resources and Education (MORE)  
404.508.3794 |  |  |
| Special Supplemental Nutrition Program for Women, Infants and Children (WIC)  
404.508.7777 |  |  |
| Great Start Georgia of DeKalb County  
1.855.707.8277  
https://www.greatstartgeorgia.org/learn-more/gsg-resources | Center for Black Women’s Wellness  
404.688.9202  
http://cbww.org | CJ Foundations for SIDS  
1.888.8CJ.SIDS or 551.996.5111  
http://www.cjsids.org |
|  | Teen Action Group  
404.567.8339  
http://www.plannedparenthood.org/planned-parfhhood-southeast/training-education/copy-programs/copy-teen-action-group | Healthy Mothers Healthy Babies Coalition of Georgia  
770.451.0020  
http://www.hmhbga.org |
|  |  | It’s Only Natural, Women’s Health  
1.800.994.9662  
http://www.womenshealth.gov/itsonatural/index.html |
|  |  | La Leche League of Georgia  
404.681.6342  
http://www.lllofga.org |
Refugee Health

A refugee, as defined by the Refugee Act of 1980, is a person who is outside of and unable or unwilling to avail himself/herself of the protection of their home country because of persecution or fear of persecution on account of race, religion, nationality, membership in a particular social group or political opinion. From 2008 through 2012, the United States admitted between 56,000 and 74,000 refugees per year (U.S. Department of Health and Human Services, 2012).

DeKalb County has the largest resettlement of refugees in Georgia. From 2008 through 2012, 12,164 refugees arrived in DeKalb County, in comparison to 441 refugees in Fulton County and 568 refugees in Gwinnett County.

From 2008 through 2012, the DeKalb County Board of Health’s Refugee Services screened people from four regions and at least 75 countries of origin. Most arriving refugees were in the 0 to 12 age group, with the exception of 2012. Fifty-three percent of arriving refugees were males while 47 percent were females (see Figures 60 and 61).

---

**Figure 60: Numbers of Refugee Arrivals and Screenings by Region of Origin, DeKalb County, 2008-2012**

Source: Refugee Health Program, Georgia Department of Public Health, 2014.

**Figure 61: Numbers of Arriving Refugees by Age Group and Year, DeKalb County, 2008-2012**

Source: Refugee Health Program, Georgia Department of Public Health, 2014.
HEALTH SERVICES

Of the new arrivals from 2008 through 2012, 10,974 refugees (90 percent) received health screenings at the Board of Health. Screening is strongly encouraged but not required by law. For those refugees who are seen, Georgia law mandates that they are screened for the following:

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

In addition to screening new arrivals, the Board of Health, Southeast Permanente Medical Group and Kaiser Permanente cosponsor a pediatric refugee primary care clinic. The clinic provides a full range of primary care services, including x-rays, laboratory testing and referrals to specialists. The pediatric clinic treats patients 19 and younger. Walk-ins and appointments are both welcomed. Transportation is available for those covered by Medicaid.

HEALTH ISSUES

Table 28 shows the screening results among DeKalb County refugees from 2008 through 2012.

<table>
<thead>
<tr>
<th>Type of Test</th>
<th>Percentage of abnormal results</th>
<th>Percentage of normal results</th>
<th>Percentage not tested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anemia</td>
<td>0.6</td>
<td>97.8</td>
<td>1.5</td>
</tr>
<tr>
<td>Dental issues</td>
<td>48.7</td>
<td>46.5</td>
<td>4.8</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1.4</td>
<td>97.0</td>
<td>1.6</td>
</tr>
<tr>
<td>Hearing</td>
<td>3.9</td>
<td>90.0</td>
<td>6.1</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>5.0</td>
<td>83.2</td>
<td>11.8</td>
</tr>
<tr>
<td>Hypertension</td>
<td>3.2</td>
<td>91.8</td>
<td>5.0</td>
</tr>
<tr>
<td>Malnutrition</td>
<td>0.1</td>
<td>98.3</td>
<td>1.6</td>
</tr>
<tr>
<td>Parasite ova</td>
<td>5.6</td>
<td>87.0</td>
<td>7.5</td>
</tr>
<tr>
<td>Parasites</td>
<td>18.7</td>
<td>75.1</td>
<td>6.2</td>
</tr>
<tr>
<td>Sexually transmitted disease (syphilis)</td>
<td>0.7</td>
<td>74.7</td>
<td>24.6</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>21.6</td>
<td>70.5</td>
<td>7.9</td>
</tr>
<tr>
<td>Visual acuity</td>
<td>10.3</td>
<td>83.6</td>
<td>6.1</td>
</tr>
</tbody>
</table>

Source: Refugee Health Program, Georgia Department of Public Health, 2014.
Figures 62 and 63 analyze the top five screening results among DeKalb County refugees for adults and youth by sex. The figures indicate the most common abnormal screening results.

Figure 62: Percentages of Most Common Abnormal Screening Results among Adult Refugees by Sex, DeKalb County, 2008-2012

Source: Refugee Health Program, Georgia Department of Public Health, 2014.

Figure 63: Percentages of Most Common Abnormal Screening Results among Youth Refugees by Sex, DeKalb County, 2008-2012

Source: Refugee Health Program, Georgia Department of Public Health, 2014.
What can you do?

- Increase your knowledge of those from other countries.
- Accept cross-cultural differences.
- Develop cross-cultural skills.
- Be empathetic and sensitive to the losses experienced by refugees:
  - Friends and relatives.
  - Professional and/or social status.
  - Language, music, foods and dress.
  - Weather, vegetation and landscape.
  - Personal support.
  - Economic security.
  - Possessions and housing.
  - Health, including emotional health.
## FOR MORE INFORMATION ABOUT REFUGEE HEALTH

<table>
<thead>
<tr>
<th>DeKalb County</th>
<th>Metropolitan Atlanta</th>
<th>Georgia and Beyond</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Center for Pan Asian Community Services</strong></td>
<td><strong>International Rescue Committee</strong></td>
<td><strong>Centers for Disease Control and Prevention</strong></td>
</tr>
<tr>
<td>770.936.0969</td>
<td>404.292.7731</td>
<td>1.800.232.4636</td>
</tr>
<tr>
<td><strong>Culture Connect</strong></td>
<td><strong>New American Pathways</strong></td>
<td><strong>Coalition of Refugee Service Agencies</strong></td>
</tr>
<tr>
<td>404.292.8457</td>
<td>404.299.6099</td>
<td>404.622.2235</td>
</tr>
<tr>
<td><strong>DeKalb Community Service Board</strong></td>
<td><strong>World Relief Atlanta</strong></td>
<td><strong>Georgia Department of Human Services, Division of Family and Children Services, Refugee Resettlement Program</strong></td>
</tr>
<tr>
<td>404.892.4646 or 404.377.9224 (hearing impaired)</td>
<td>404.294.4352</td>
<td>404.657.5118</td>
</tr>
<tr>
<td><strong>DeKalb County Board of Health, Refugee Services</strong></td>
<td></td>
<td><strong>Georgia Department of Public Health, Refugee Health Program</strong></td>
</tr>
<tr>
<td>404.294.3818</td>
<td></td>
<td>404.657.2700</td>
</tr>
<tr>
<td><strong>DeKalb County Department of Family and Children Services</strong></td>
<td></td>
<td><strong>Georgia Refugee Coalition</strong></td>
</tr>
<tr>
<td>404.370.5000</td>
<td></td>
<td><a href="http://garefugees.wordpress.com">http://garefugees.wordpress.com</a></td>
</tr>
<tr>
<td><a href="http://www.co.dekalb.ga.us/dfcs/refugees.htm">http://www.co.dekalb.ga.us/dfcs/refugees.htm</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Refugee Organizing in Action Collaborative</strong></td>
<td></td>
<td><strong>Health Reach</strong></td>
</tr>
<tr>
<td>404.299.6214</td>
<td></td>
<td>1.888.FINDNLM (toll free) or 301.496.1131</td>
</tr>
</tbody>
</table>
Oral Health

Oral health involves more than just teeth. It also includes the condition of the muscles, joints, ligaments, tissues and bones of the mouth, as well as the lips, tongue, salivary glands and throat. Good habits, such as regular brushing, flossing and dental check-ups, are important in preventing cavities, gum disease and other problems. Without proper prevention and treatment, oral health problems can lead to pain, suffering and disease.

Oral diseases can worsen other diseases and conditions or can become worse due to other diseases and conditions. Oral health can also serve as an early warning system for people suffering from certain conditions such as cardiovascular disease, diabetes, osteoporosis and obesity. Pregnant women who have gum disease are at a higher risk of having a premature birth or low birth weight baby than pregnant women without gum disease.

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

ORAL HEALTH AMONG CHILDREN

From 2008 through 2012, the DeKalb County Board of Health’s Dental Health Program evaluated 83,773 children. Among the children, three different levels of care were needed. Regular dental care was indicated when there were no obvious problems. Prompt care was indicated when the child had cavities or gum problems, but was not in pain. Urgent care was indicated when the child had pain, infection or swelling. Each year, between 15 and 19 percent of the children required prompt or urgent dental care (see Figure 64).

Figure 64: Percentages of Pre-K to Grade 12 Children who Received Oral Health Screenings by Type of Dental Care Needed, DeKalb County, 2008-2012

Source: Dental Health Program, DeKalb County Board of Health, 2014.
Figure 65 shows that:

- In DeKalb County public schools where 80 percent or more of the students received free or reduced price lunch, there was a notably higher percentage of students in need of urgent dental care compared to schools in which 50 to 80 percent of students qualified for free or reduced price lunch.

**ORAL HEALTH AMONG ADULTS**

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

**HOSPITALIZATIONS**

As shown in Figure 66, from 2008 through 2012, 252 DeKalb County residents were hospitalized because of dental conditions.
ORAL CANCER

Oral cancer refers to cancer of the mouth, lips, tongue, cheeks, floor of the mouth, hard and soft palates, sinuses or throat. The greatest risk factor for oral cancer is tobacco use, including smoking cigarettes and using smokeless (spit or chew) tobacco. People who both use tobacco and drink alcohol increase their risk even more. In DeKalb County from 2008 through 2012, oral cancer mortality (deaths) was higher among males compared to females.

COMMUNITY WATER FLUORIDATION

Fluoride is a chemical element that is naturally present in water. People who live in communities with higher levels of fluoride in the water tend to have fewer dental cavities compared to people who live in areas with lower fluoride levels. DeKalb County began fluoridating its public water system in 1954. Recently, the fluoride levels in DeKalb County were lowered to 0.7 parts per million following recent recommendations set by the U.S Department of Health and Human Services.

As of December 2012:
- 75 percent of Americans who use public water systems were benefiting from fluoridation.
- 96 percent of Georgians who use public water systems were benefiting from fluoridation.
- 100 percent of DeKalb County residents who use the county water system were benefiting from fluoridation.

What can you do to prevent oral health problems?
- Avoid smoking and using smokeless (spit or chew) tobacco.
- Limit consumption of alcohol and sugary foods and drinks.
- Brush teeth twice a day with fluoride toothpaste.
- Floss teeth daily.
- Replace toothbrush every three or four months.
- Visit dentist regularly for cleanings and exams.
- Avoid sharing toothbrushes, eating utensils, cups and glasses.
- Brush babies’ gums with a soft cloth and water.
- Take children for their first dental visit after the first tooth appears.
## FOR MORE INFORMATION ABOUT ORAL HEALTH

<table>
<thead>
<tr>
<th>DeKalb County</th>
<th>Metropolitan Atlanta</th>
<th>Georgia and Beyond</th>
</tr>
</thead>
</table>
| **DeKalb County Board of Health, Dental Health Program**  
404.294.3700  
[http://www.dekalbhealth.net/hs/dental-health](http://www.dekalbhealth.net/hs/dental-health) | **Ben Massell Dental Clinic**  
404.881.1858  
[https://benmasselldentalclinic.org](https://benmasselldentalclinic.org) | **American Academy of Pediatric Dentistry**  
312.337.2169  
[http://www.aapd.org](http://www.aapd.org) |
| **Clifton Springs Health Center**  
404.244.4410 | | |
| **East DeKalb Health Center**  
770.484.2623 | | |
| **Kirkwood Health Center**  
404.370.4640 | | |
| **North DeKalb Health Center**  
770.454.1144 x4341 | | |
| **Ryan White Early Care Clinic**  
404.508.7866 | | |
| **T. O. Vinson Health Center**  
404.508.7890 | | |
| **Ben Massell Dental Clinic**  
404.881.1858  
[https://benmasselldentalclinic.org](https://benmasselldentalclinic.org) | | |
| **American Academy of Pediatric Dentistry**  
312.337.2169  
[http://www.aapd.org](http://www.aapd.org) | **Centers for Disease Control and Prevention, Division of Oral Health**  
1.800.232.4636  
[http://www.cdc.gov/oralhealth](http://www.cdc.gov/oralhealth) | |
| **Georgia Department of Public Health, Oral Health Program**  
404.657.6639  
1.800.GEORGIA or 404.657.6639  
[http://www.gaohcoalition.org](http://www.gaohcoalition.org) | |
| **Mouth Healthy**  
[http://www.mouthhealthy.org](http://www.mouthhealthy.org) | **National Children’s Oral Health Foundation**  
1.877.233.9033  
[http://toothfairyisland.com](http://toothfairyisland.com) | |
Environmental Health

The field of environmental health, in the context of public health, addresses the impact the environment has on our health.

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

The Division of Environmental Health issues permits, conducts inspections, and responds to complaints and requests for service. The data in this chapter are derived from these activities.

PERMITS AND INSPECTIONS

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

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

The number of active annual permits varies by year. For each year from 2008 through 2012, there were approximately:

- 2,000 food service permits.
- 800 swimming pool and spa permits.
- 100 tourist accommodation permits.
- 30 body crafting studio permits and 100 body crafter permits.
- 100 septic system (new installation and repair) permits.
Figure 67 shows the number of environmental health inspections by type and year from 2008 through 2012:

- Inspections of food service establishments, swimming pools and spas account for 96 percent of all inspections.

![Figure 67: Numbers of Environmental Health Inspections by Type and Year, DeKalb County, 2008-2012](chart)

Source: Digital Health Department, 2015.

In routine inspections of food service establishments conducted from 2008 through 2012:

- 57 percent of establishments scored a 90 percent or higher.
- 85 percent of establishments scored an 80 percent or higher.
- The three most common violations were:
  - Improper cold holding temperatures.
  - Inadequately cleaned and sanitized food contact surfaces.
  - Improperly used and stored wiping cloths.

### COMPLAINTS AND REQUESTS FOR SERVICE

The Division of Environmental Health also receives and follows up on complaints and requests for service from the public. In addition to responding to concerns about regulated facilities, the staff addresses:

- Indoor air quality, like odors and spores from mold and mildew.
- Mosquitoes, since they can transmit West Nile virus.
- Nuisances, like overflowing dumpsters and conditions that can breed pests.
- Radon, a colorless, odorless gas that can cause cancer.
Figure 68 shows the number of complaints and requests received by type and year from 2008 through 2012:

- In 2009, the spike in indoor air quality complaints may have been due to flooding in much of the county and increased concern about mold and mildew.
- In 2012, the spike in mosquito control complaints may have been due to media coverage of a national increase in the number of human West Nile virus infections.

What can you do about environmental health issues?

- Learn more about the way the environment affects your health.
- Check the Board of Health’s website for the inspection scores of local restaurants, pools and spas.
- Report environmental health issues to the Board of Health.
FOR MORE INFORMATION ABOUT ENVIRONMENTAL HEALTH

<table>
<thead>
<tr>
<th>DeKalb County</th>
<th>Metropolitan Atlanta</th>
<th>Georgia and Beyond</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DeKalb County Animal Services and Enforcement</strong>&lt;br&gt;404.294.2996&lt;br&gt;<a href="http://web.co.dekalb.ga.us/DKAS/west_nile.htm">http://web.co.dekalb.ga.us/DKAS/west_nile.htm</a></td>
<td></td>
<td><strong>American Lung Association</strong>&lt;br&gt;1.800.LUNGUSA or 1.800.586.4872&lt;br&gt;<a href="http://www.lung.org/healthy-air/">http://www.lung.org/healthy-air/</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>U.S. Environmental Protection Agency</strong>&lt;br&gt;<a href="http://www.epa.gov/radon">http://www.epa.gov/radon</a></td>
</tr>
</tbody>
</table>
Appendices
Appendices

I. ACKNOWLEDGEMENTS

The DeKalb County Board of Health and the Status of Health in DeKalb Committee thank the following individuals for their time and expertise in the creation of this report. It was a team effort with many parties involved.

Elizabeth Burkhardt, MSPH
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   Vena R. Crichlow, MA
   Fabio Van Der Merwe, MA
Georgia Department of Public Health
II. HEALTHY PEOPLE 2020 OBJECTIVES

The table below compares goals set by Healthy People 2020 for selected indicators to the most current measures in DeKalb County and Georgia to gauge our performance. A cell with a green background signifies that the measure meets or exceeds the goal; a cell with a red background signifies that the goal has not been met.

<table>
<thead>
<tr>
<th>Selected indicator</th>
<th>Healthy People 2020 Goal</th>
<th>DeKalb County</th>
<th>Georgia</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Per 100,000 people</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer death rate</td>
<td>161.4</td>
<td>133.2</td>
<td>158.2</td>
</tr>
<tr>
<td>Diabetes death rate</td>
<td>66.6</td>
<td>16.8</td>
<td>20.8</td>
</tr>
<tr>
<td>HIV/AIDS death rate</td>
<td>3.3</td>
<td>5.9</td>
<td>4.2</td>
</tr>
<tr>
<td>Homicide death rate</td>
<td>5.5</td>
<td>11.9</td>
<td>6.5</td>
</tr>
<tr>
<td>Obstructive heart disease (incl. heart attack) death rate</td>
<td>103.4</td>
<td>44.7</td>
<td>70.8</td>
</tr>
<tr>
<td>Stroke death rate</td>
<td>34.8</td>
<td>31.4</td>
<td>35.4</td>
</tr>
<tr>
<td>Suicide death rate</td>
<td>10.2</td>
<td>8.5</td>
<td>11.3</td>
</tr>
<tr>
<td>Tuberculosis (TB) incidence rate</td>
<td>1.0</td>
<td>3.3</td>
<td>1.6</td>
</tr>
<tr>
<td>Unintentional injury death rate</td>
<td>36.4</td>
<td>18.1</td>
<td>23.8</td>
</tr>
<tr>
<td></td>
<td>Per 1,000 people</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teen pregnancy rate (15-17 years)</td>
<td>36.2</td>
<td>26.5</td>
<td>21.3</td>
</tr>
<tr>
<td>Teen pregnancy rate (18-19 years)</td>
<td>104.6</td>
<td>109.5</td>
<td>93.3</td>
</tr>
<tr>
<td></td>
<td>Per 1,000 live births</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant mortality rate</td>
<td>6.0</td>
<td>6.2</td>
<td>6.7</td>
</tr>
<tr>
<td>Sudden Infant Death Syndrome (SIDS) mortality rate</td>
<td>0.5</td>
<td>1.1</td>
<td>0.8</td>
</tr>
<tr>
<td></td>
<td>Per 100 live births</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of low birth weight babies</td>
<td>7.8</td>
<td>9.9</td>
<td>9.4</td>
</tr>
<tr>
<td></td>
<td>Percentage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of adults who are obese (BMI ≥ 30)</td>
<td>30.5</td>
<td>27.6</td>
<td>27.8</td>
</tr>
<tr>
<td>Proportion of adults who smoke cigarettes</td>
<td>12.0</td>
<td>18.8</td>
<td>21.2</td>
</tr>
<tr>
<td>Proportion of adolescents who are obese (BMI ≥ 95th percentile)*</td>
<td>16.1</td>
<td>13.0</td>
<td>12.7</td>
</tr>
<tr>
<td>Proportion of adolescents who participate in daily school physical education</td>
<td>36.6</td>
<td>33.3</td>
<td>33.6</td>
</tr>
<tr>
<td>Proportion of adolescents who smoked cigarettes in the past month</td>
<td>16.0</td>
<td>6.3</td>
<td>12.8</td>
</tr>
<tr>
<td>Proportion of adolescents involved in physical fighting in the past 12 months</td>
<td>28.4</td>
<td>16.8</td>
<td>10.3</td>
</tr>
</tbody>
</table>

*A child's weight status is determined using an age- and sex-specific percentile for BMI rather than the BMI categories used for adults. This is because children's body composition varies as they age and varies between boys and girls (Centers for Disease Control and Prevention, 2015).
## III. INDEX OF TABLES AND FIGURES

### Tables

<table>
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<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>DeKalb County Population Profile</td>
<td>12</td>
</tr>
<tr>
<td>2</td>
<td>DeKalb County Health Care Profile</td>
<td>13</td>
</tr>
<tr>
<td>3</td>
<td>DeKalb County Economic Profile</td>
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IV. GLOSSARY OF TERMS

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

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

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

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

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

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

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

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

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

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

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

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

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

Child: One to 12 years of age.

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

DEET (N,N-diethyl-meta-toluamide or diethyltoluamide): An insect repellent for the skin.

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

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

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

Early Adult: 20 to 44 years of age.

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

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

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

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

Highway: A roadway that is part of the Georgia Department of Transportation state road system.

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

Homicide: The intentional killing of a person by another person.
**Human immunodeficiency virus (HIV):** The virus that causes acquired immunodeficiency syndrome (AIDS).

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

**Incidence:** The frequency of an event or a condition in relation to the population under examination.

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

**Infancy:** Under one year of age.

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

**Infant Mortality Rate:** The total number of infant deaths per 1,000 live births.

**Initiation Rate:** The number of new infants who are breastfed.

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

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

**Later Adult:** 60 to 74 years of age.

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

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

**Middle Adult:** 45 to 59 years of age.

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

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

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

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

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

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

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

**Older Adult:** 75 years of age and older.

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

**Pedestrian Death:** A motor vehicle-related death to an individual who was not in a motorized vehicle.

**Pediatric:** Related to infants and children.

**Permethrin:** An insect repellent or insecticide for clothing, shoes, bed nets and camping gear. It is not for use on the skin.

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

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

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

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

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

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

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

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

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

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

Salmonella Typhi Infection (typhoid): An illness caused by the bacteria Salmonella Typhi. Symptoms include persistent high fever, headache, malaise, anorexia, relative bradycardia, constipation or diarrhea, and nonproductive cough.

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

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

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

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

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

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

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

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

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

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

Teenage: 13 to 19 years of age.

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

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

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

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

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


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VI. COMMUNITY ASSETS AND RESOURCES

Health Care Resources

DeKalb County Board of Health
The DeKalb County Board of Health is on the forefront of many public health efforts. Two examples are:

- Innovative community involvement initiatives. For instance, the Live Healthy DeKalb coalition is a group of individuals and community organizations that is working to create a healthier DeKalb County through health promotion and advocacy, reaching over 4,000 residents. Action groups focus on key health issues, such as physical activity, nutrition and health equity.
- An array of health services for refugees. DeKalb County receives more refugees than any other county in the southeastern United States. The Board of Health provides prompt, comprehensive screenings for these individuals and makes referrals when needed. The Board of Health, Southeast Permanente Medical Group and Kaiser Permanente also co-sponsor a refugee pediatric primary care clinic.

For a full description of DeKalb County Board of Health’s programs and services, see section VII. DeKalb County Board of Health.

Other Health Care Providers
In addition to the Board of Health, several major health systems serve DeKalb County residents, including:

- Children’s Healthcare of Atlanta
- DeKalb Regional Health System
- Emory Healthcare
- Grady Health System

The county is also home to the U.S. Centers for Disease Control and Prevention and three Federally Qualified Health Centers: the Center for Pan Asian Community Services, Oakhurst Medical Centers and Mercy Care. A number of academic institutions offer public health degrees, including Agnes Scott College, Emory University and Mercer University. There is a multitude of health care providers offering all levels and types of care as well.

Georgia Public Health Laboratory
The Georgia Public Health Laboratory supports the Georgia Department of Public Health’s programs, activities and initiatives, and performs tests for emergency preparedness. The laboratory consists of facilities in two locations: the Central Laboratory Facility in Decatur and the Waycross Public Health Laboratory.
Opportunities for Physical Activity

DeKalb County affords its residents many recreational opportunities. The DeKalb County Recreation, Parks and Cultural Affairs Department operates 114 parks, 92 ball fields, 82 playgrounds, 77 tennis courts, 11 recreational facilities and two golf courses. The department also provides unique programming for youth and senior citizens.

Walkability arose as a major issue during the Recreation, Parks and Cultural Affairs Department’s 2007 strategic planning process. Today, many trails encourage active lifestyles. For example, the nonprofit PATH Foundation has built over 120 miles of mixed-use trails in DeKalb County. The City of Decatur, the county seat, also has an Active Living Department that manages many facilities and offers a number of programs.

Opportunities for Good Nutrition

There is a wide variety of opportunities for good nutrition in DeKalb County. It is home to a number of grocery stores of all types. In addition, food pantries and meals-on-wheels programs help meet residents’ nutritional needs.

Several initiatives strive to increase residents’ healthy eating options. For example, one focus is improving access to fresh fruits and vegetables through efforts such as farmers markets and community gardens. In fact, residents can establish gardens in county parks.

Educational Assets

A number of institutions of higher education are located in DeKalb County; many offer degrees in various aspects of health. They include allied health programs, undergraduate and graduate programs in public health and nursing, and a medical school. The colleges and universities include Georgia Perimeter College (soon to become part of Georgia State University), Agnes Scott College, and Emory and Mercer universities.

Transportation Infrastructure

Three public transit providers serve DeKalb County: the Metropolitan Atlanta Rapid Transit Authority (MARTA), the Clifton Corridor Transportation Management Association and the Georgia Regional Transportation Authority. With an average distance of one-half mile between a resident’s home and public transit, most individuals have convenient access to health care providers, public health services and other community assets.

Public Safety Resources

DeKalb County Fire Rescue Department
DeKalb County Fire Rescue Department consists of over 900 staff. The department provides fire prevention, suppression and investigation; emergency medical services; community education; hazardous material mitigation; technical rescue (like rope rescue); canine search and rescue; building plan review and building inspections. There are 26 fire stations in the county.
DeKalb County Police Department
The DeKalb County Police Department operates with a staff of approximately 1,000 people. Units within the department are the executive command staff, special operations, criminal investigations, 911 communications, animal services and enforcement, central records and support. There are four police precincts.

DeKalb Emergency Management Agency
The DeKalb Emergency Management Agency coordinates the local response to natural and man-made disasters. It develops and updates programs and plans as required by the state and federal governments, maintains an Emergency Operations Center, conducts trainings and exercises, and coordinates resources for emergencies and disasters.

For more information on DeKalb County’s assets, please visit www.dekalbhealth.net/office-of-chronic-disease-prevention and see our Community Resources Guide.
VII. DEKALB COUNTY BOARD OF HEALTH

Vision and mission
The DeKalb County Board of Health’s vision is to promote, protect and improve the health of those who live, work and play in DeKalb County.

The agency’s mission is:
- To promote wellness through care, education and example.
- To empower communities to develop and implement their own wellness strategies.
- To collaborate with community partners to provide access to quality, affordable and culturally competent health care and education.
- To create centers of excellence to improve health outcomes.
- To build and maintain a committed and well-trained staff.

Organization
Under the leadership of the district health director, the DeKalb County Board of Health is organized into four divisions:

- Administration
- Community Health and Prevention Services
- Environmental Health
- Marketing and Business Development

In addition, the Office of Emergency Preparedness is part of the district health director’s office.

**Administration Division**
The Administration Division is the Board of Health’s central business, fiscal and administrative arm. It supports all divisions, departments and programs.

**Finance Department**
The Finance Department manages fiscal operations. This includes establishing, tracking and reporting all financial transactions. The main areas are budget, accounts payable, accounts receivable, billing, general accounting and payroll. A major function is reporting financial activity to the Georgia Department of Public Health.

**Human Resources Department**
The Human Resources Department is responsible for recruitment, selection review, transaction processing, staff development and training, employee and position record maintenance, and employee relations and mediation. The DeKalb County Board of Health consists of over 400 employees.

**Information Technology Department**
The Information Technology Department supports the Board of Health’s local area network; administrative, patient care management, and environmental health systems; connections to the state and county information technology systems; the vital records cash management application and other software applications. The department also supports hardware systems and the telecommunications system.

**Internal Services Department**
Internal Services manages support operations. It ensures that all purchasing transactions and contractual obligations are accomplished in compliance with Board of Health policies and local, state and federal laws. The department also oversees facilities management. These responsibilities require coordination with the DeKalb County government, the Georgia Department of Public Health, vendors, consultants and other organizations.

**Vital Records**
The Office of Vital Records prepares and maintains county-certified copies of birth and death certificates for births and deaths that occur in DeKalb County. The office also issues state-certified copies of birth and death certificates for all of Georgia.
Community Health and Prevention Services Division
The Community Health and Prevention Services Division includes the Board of Health’s clinical and related services, its health promotion programs and services for children with developmental delays or disabilities. The agency's health centers are part of this division.

Clinical Operations
Clinical Operations oversees the management of all of the Board of Health's clinical services. This involves the areas of medical records, nursing, patient billing, fiscal management and operations.

Dental Services
Dental Services provides clinical services and education throughout DeKalb County. Clinical services include exams, x-rays, cleanings, fluoride treatments, varnishes, sealants, fillings, extractions and limited oral surgery. In addition, the primary prevention program offers education, screenings and dental sealants at schools and other community sites.

District Pharmacy
The District Pharmacy provides current drug and disease information to the health programs, using up-to-date clinical pharmacy practice information. The pharmacy supports full regulatory compliance with current Georgia pharmacy law and provides support for the budgeting and purchasing of DeKalb County’s pharmaceutical supplies.

Health Assessment and Promotion
- Epidemiology and Statistics
  The Office of Epidemiology and Statistics provides health data support and analysis to prevent, detect, control and investigate potentially infectious diseases and clusters of illness.
- Health Promotion and Prevention
  The Office of Health Promotion and Prevention works to increase awareness among persons of all ages on ways they can reduce their risk of being injured.
  - Child Safety Seat Programs
    Child safety seat programs teach parents, grandparents and caregivers about car seats, booster seats, child passenger safety and Georgia’s child passenger safety law.
  - Minority Youth Violence Prevention Initiative
    The Minority Youth Violence Prevention Initiative builds partnerships and programs to prevent youth violence among at-risk minority males in distressed neighborhoods. The project combines community policing approaches with preventive public health measures.
  - Safe Communities of DeKalb
    Safe Communities of DeKalb provides information on pedestrian and traffic safety. Programs include child passenger safety and teenage safe driving initiatives and pedestrian safety surveys.
- Chronic Disease Prevention
  The Office of Chronic Disease Prevention coordinates programs that create social and physical environments that promote good health for all by encouraging collaboration across sectors, implementing evidence-based strategies and measuring the effects of prevention activities.
Health Promotion Initiative
The Health Promotion Initiative implements population-based efforts to reduce DeKalb County’s leading causes of death and disability. The initiative addresses chronic disease risk factors, promotes healthy youth development, targets unhealthy behaviors and improves the management of chronic diseases.

Population Health Initiative
The Population Health Initiative facilitates evidence-based policy, systems and environmental changes that aim to reduce health disparities for DeKalb County residents. It uses a multi-level approach (individual, family, community and society) to promote healthy living and prevent chronic diseases and related risk factors through training, collaboration and support of community-based interventions.

Men's Health Initiative
The Men's Health Initiative identifies and uses comprehensive, community-based strategies to address the physical, social and psychosocial issues that affect men’s health.

Live Healthy DeKalb
Live Healthy DeKalb is a coalition of community-based organizations, agencies, faith-based groups, businesses and residents whose vision is “healthy people living in healthy communities.” The coalition includes four action groups: health equity, tobacco use prevention, “go green,” and physical activity and nutrition.

Countywide Services
- Laboratory Services
  Laboratory Services supports all clinical programs and services. It provides phlebotomy (blood drawing) and testing. Testing includes: tuberculosis, hemoglobin, glucose, pregnancy, sexually transmitted diseases and HIV. The Georgia Public Health Laboratory and commercial laboratories perform additional tests for the Board of Health.
- Tuberculosis (TB) Program
  The TB Program offers testing, provides treatment for active tuberculosis cases, conducts contact investigations and surveillance, and provides targeted testing and treatment of high-risk populations with latent tuberculosis infection.
- HIV/Sexually Transmitted Diseases (STD) Prevention and Outreach Program
  The HIV/STD Prevention and Outreach Program provides clinical and community-based targeted HIV testing, HIV and sexually transmitted disease education and counseling, partner services and linkage to care for HIV-positive persons. The program works with community organizations and health care providers to increase access to HIV testing. It also distributes condoms in communities with high rates of HIV and STDs.
- HIV Program
  The HIV Program provides HIV testing, comprehensive medical care, dental care, nutrition, social work and case management, mental health support, dependency counseling, transportation, community outreach, and rent and utility assistance. This program is also known as the Ryan White Early Care Clinic.
- Refugee Services
  Refugee Services provides domestic health screenings for newly-arrived refugees. This includes eliminating health-related barriers that could impact the refugees’ successful resettlement and protecting the health of the general public.
Healthcare Programs

- Immunization Program
  The Immunization Program provides immunizations for infants, children and adults. It also audits schools’ student immunization records for compliance with state laws.

- Adolescent Health and Youth Development Program
  The Adolescent Health and Youth Development Program serves youth ages 10 to 19 years old. It offers both health education and youth development programs. In addition, it provides training and workshops for parents, guardians, youth-serving agencies and other community stakeholders.

- Babies Can’t Wait
  Babies Can’t Wait serves infants and toddlers from birth to age 3 with developmental delays or disabilities, as well as their families. Service coordinators work with families and professionals to create and implement a plan to enhance each child’s development. A plan may include technological device assistance; occupational, physical and speech-language therapy; psychological and social work services; and family training and counseling.

- Children 1st
  Children 1st works to identify children ages 0 to 5 years old with conditions that place them at risk for poor health or developmental outcomes. It links children to primary health care providers and links families to appropriate community resources and services.

- Children’s Medical Services
  Children’s Medical Services serves children from birth to 21 years of age who have chronic medical conditions through a community-based, comprehensive system of specialty health care.

- Mothers Offering Resources and Education (MORE)
  The MORE initiative collaborates with agencies to educate and support young, pregnant women who are at risk for a poor birth outcome. It serves women through their pregnancy and early parenthood.

- Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
  WIC serves women who are pregnant or breastfeeding or who have recently been pregnant, infants and children under age 5. It provides healthy foods, nutrition education and counseling, breastfeeding support and referrals to health care providers and community services.

Clinical Nursing
The Board of Health’s health centers offer the services described above, as well as those listed below.

- Family Planning Program
  The Family Planning Program offers physical exams, Pap tests, clinical breast exams, family planning counseling and education, birth control supplies, testing for sexually transmitted diseases and HIV, pregnancy testing, emergency contraception and preconception counseling.

- Travel Clinic
  The Travel Clinic offers recommended vaccinations and other preventatives to prevent illness during international travel.
• Breast and Cervical Cancer Program  
The Breast and Cervical Cancer Program provides free or low-cost services to low-income women with little or no health insurance who meet eligibility criteria. The services include clinical breast examinations, mammograms, Pap tests, pelvic examinations, diagnostic testing if results are abnormal and referrals to treatment.

**Environmental Health Division**  
The Environmental Health Division is responsible for reducing the risk of illness and injury related to interactions between people and their environment

**Restaurants and Tourist Accommodations**  
• Food Safety Program  
The Food Safety Program ensures food safety and prevents food-borne illness by working with food service facilities through inspections, education and risk assessments.  
• Tourist Accommodations Program  
The Tourist Accommodations Program inspects hotels, motels and campgrounds for sanitary conditions and compliance with regulations.

**Technical Services**  
• Body Crafting Program  
The Body Crafting Program ensures safety through the education, inspection and licensing of tattooing and body piercing establishments and practitioners.  
• Fatality Assessment and Control Evaluation Program  
The Fatality Assessment and Control Evaluation Program investigates accidental on-the-job deaths to identify contributing factors and recommend preventive measures.  
• Indoor Air Quality Program  
The Indoor Air Quality Program assesses homes, schools and commercial facilities for indoor air quality issues. The Tools for Schools program specifically helps schools develop and use indoor air quality management practices to reduce exposures to indoor contaminants.  
• Lead Poisoning Prevention Program  
The Lead Poisoning Prevention Program works to eliminate childhood lead poisoning through elevated blood lead level investigations, lead-based paint inspections, risk assessments and health education.  
• Public Health Hazards Program  
The Public Health Hazards Program assists homeowners with complaints such as raw sewage, garbage, scrap tire piles, pests and animal waste.  
• Radon Program  
The Radon Program identifies homes with radon concentrations that can increase the risk of developing lung cancer.  
• Rabies Control Program  
The Rabies Control Program enforces home quarantines for cats and dogs, locates persons exposed to rabid animals and alerts the public of rabies outbreaks.  
• Septic Systems Program  
The Septic Systems Program regulates residential and commercial on-site sewage management systems to minimize the risk of health problems related to sewage.
• Swimming Pools and Spas Program
  The Swimming Pools and Spas Program ensures safe and healthy public facilities to prevent
drownings, injuries and the spread of infectious diseases.

• West Nile virus Program
  The West Nile virus Program works to eliminate mosquito infestations and to reduce the risk
of infections of West Nile virus and other viruses carried by arthropods, like mosquitoes,
ticks and fleas.

Marketing and Business Development Division
The Marketing and Business Development Division is responsible for creating and managing
partnerships that highlight the Board of Health’s services. In addition, the division manages the
agency's external communications by working with the media, elected officials, community and
faith organizations, and the general public. Along with written and verbal communication, the
division manages the agency’s website, coordinates the release of reports and other
publications, and participates in special events.

Office of Emergency Preparedness
The Office of Emergency Preparedness protects the public’s health during intentional and natural
emergencies. These include terrorism attacks caused by the release of biological, chemical or
radiological agents, as well as natural disasters such as tornadoes and hurricanes. The office
also educates residents and businesses, educational institutions, and faith-based and other
organizations about emergency preparedness.