Introduction

A large and diverse state such as Georgia, with eight million residents, faces complex health challenges. It is in this context that Healthcare Georgia Foundation pursues its commitment to advance the health of all Georgians and to expand access to affordable, quality healthcare for underserved individuals and communities.

The report, The Facts About Georgia: Our Health Depends On It, is an effort to compile notable data related to the health of Georgians. Data are grouped under six major areas: 1) demographics, 2) health status, 3) access to care, 4) preventive services, 5) health behaviors and 6) environmental factors. Snapshots of more than 50 health indicators are shown using graphics, maps and facts. This information can serve as a resource to assist the Foundation and its constituents in meeting their goals.

This summary highlights key health indicators from the report from two perspectives: 1) social factors and health behaviors and 2) population-specific health issues. The first are factors that appear to have a major impact on Georgians. Because the health of many Georgians is affected by more than one social factor or health behavior, we have also looked at health data by population groups. Population-specific issues are highlighted where data reveal disparities in gender, age, race/ethnicity or geography.
Education

Low educational attainment, a surrogate measure for low socioeconomic status, is associated with lower utilization of preventive services, greater risk of disease and increased death rate. Georgia has historically lagged behind the nation in educational status, and data suggest that the state still has much work to do in this arena.

- Georgia has the lowest high school graduation rates in the country. The graduation rate varies by race, with 44% of black, 32% of Hispanic and 61% of white students graduating from high school.

- On a daily basis, 74,000 students in Georgia’s public schools are absent. Absenteeism is a major indicator of the number of students at high risk for becoming future dropouts.

- In 2000, the overall dropout rate was 11%. Rates among counties varied from a low of 3% to as high as 28%.

- Nearly one-fourth of Georgia adults may be illiterate (Literacy Level 1).

Poverty

Georgians with lower incomes often can’t afford health care and health insurance, and frequently suffer poor health.

- Children, the elderly, and minority populations are more likely than others to live in poverty.

- In many Georgia counties, more than 20% of individuals of all ages are living in poverty.

- Families from minority populations in Georgia are more likely to have a lower income than others.

- In 2000, more than 77,000 Georgia households required energy assistance in the winter, costing approximately $10 million.

- While, as of May 2003, the unemployment rate in Georgia (4.8%) was considerably lower than the rate for the U.S. (6.1%), the opportunities for employment are uneven among regions in the state.
Obesity/Overweight and Physical Activity

The epidemic of obesity has hit Georgia particularly hard, with Georgians being among the heaviest Americans. Obesity increases the risk of heart disease, diabetes and cancer and aggravates other conditions such as arthritis. Nearly 80% of obese adults suffer with chronic diseases. The prevalence of low activity levels has been implicated as a root cause of increasing obesity rates in both children and adults.

- In 2002, nearly one in four Georgia adults was obese.
- Alarming, three in ten middle school students and one in four high school students in Georgia are at risk of being overweight, which has implications for the increasing rate of diabetes and potential chronic disease burden for the state.
- One in four adults in Georgia is inactive, which is similar to the overall U.S. rate.
- Inactivity is more common in those with lower income and among older adults.
- If all Georgians became regularly active, an estimated 5,500 lives per year would be saved.

Tobacco Use

Tobacco use remains the leading preventable cause of death in the United States. In Georgia, tobacco kills more than 10,000 people each year and drains $1.2 billion from our economy in health care expenditures.

- Tobacco use is common among Georgians, with nearly one in four Georgia adults smoking cigarettes.
- Almost one in ten high school students in Georgia uses smokeless tobacco.
- The average age of initiation for tobacco use is between 10 and 13. Easy access to cigarettes may increase underage smoking.

Percent of Students Who Currently Use Some Form of Tobacco, by Grade, 2001

Georgia Youth Tobacco Survey, Georgia Dept. of Human Resources

- More than half of middle school students and nearly two-thirds of high school students get their cigarettes from another person.
- Although Georgia’s tobacco tax recently increased to 37 cents per pack, Georgia continues to have one of the lowest tobacco taxes in the nation.
Aging Population
Hispanic Population
Population-Specific Issues
Geographic Disparities
Women’s Health
Men’s Health
Aging Population
Geographic Disparities

Where people live can influence their health. Problems are evident in both rural and urban areas; however, each face their own distinct challenges.

Rural Challenges

- The tendency of physicians to gravitate toward metropolitan areas has left most Georgians, especially those in rural areas, with limited access to primary care physicians.
- Use of preventive services, including cancer screenings, varies by geography, with lower utilization observed in rural health districts.

Urban Challenges

- Homelessness is a major concern for our urban cities. It is estimated that 40,000 to 50,000 people in the City of Atlanta experience at least one day of homelessness per year.
- Murders and other violent crimes are more prevalent in urban areas.
- Urban sprawl and dependence on car travel have contributed to Atlanta’s ranking for the poorest air quality in the Southeast.

Hispanic Population

Current and projected growth of Georgia’s Hispanic population raises concerns of potential barriers to health care services. Shortages of Spanish-speaking staff, cultural and attitudinal barriers, and immigration status are all factors that may limit the use of health services.

- Although just slightly more than 5% of Georgia’s population is of Hispanic ethnicity, it is expected to be the fastest growing minority in Georgia by 2025.
- Among the state’s Hispanic population, Spanish is often spoken at home.
- In Georgia, 21% of Hispanics live in poverty.
- During the last decade, teen pregnancy rates have been increasing for Hispanics.
- Fifteen percent of middle school and high school Hispanic students are at risk for being overweight.
- Approximately 27% of Hispanic Georgians are inactive.
- Compared to whites and blacks, Hispanics had the best rates of influenza and pneumococcal vaccinations in 2001, which may provide some insight as we seek to address other health-related issues among this population.
Men's Health

Statistically, men live seven fewer years than women and face major health risks that can be prevented and treated if detected early. Black men residing in Georgia are at increased risk for several diseases, compared to other races.

- Men die nearly two times more often from heart disease than women.
- In Georgia, stroke death rates for black men are 1.6 times higher than for white men.
- Mortality rates from both lung and prostate cancer are higher among Georgia’s black men than Georgia’s white men.
- Death rates from diabetes for black men in Georgia are two times higher than for white men.
- Men-who-have-sex-with-men represents the highest number of reported AIDS cases in Georgia. There are 22 cases of AIDS per 100,000 men in Georgia.

Women's Health

Historically, inequalities in research, health care services and education have placed the health of women at risk and resulted in gender disparities in health status.

- Nineteen percent of households in Georgia are maintained by a single person, of which 78% are female.
- In Georgia, 15% of women live in poverty, compared to 13% nationally.
- The Georgia Women, Infants and Children’s supplemental food program for low-income pregnant and breastfeeding women and children aged 5 and younger, experienced a 19% increase in participation in just four years.
- Racial disparities exist among women. Black women die three times more often from diabetes than white women.
- Women (36%) are more likely to have arthritis than men (30%).
- Females (38%) are more likely than males (29%) to report having poor mental health days.
- Women are more often the victims of domestic violence, as males initiate more than four in five incidences of family violence.
Aging Population

The prevalence of most chronic diseases increases with age. At least 80% of seniors have at least one chronic condition and 50% have at least two. There are great opportunities for intervention with this population, since poor health is not an inevitable consequence of aging.

- Currently, 10% of Georgians are aged 65 or older. As baby boomers reach retirement age, the over-65 population is expected to increase to 17%.
- In May 2003, fourteen counties did not have any nursing home facilities, and seven counties had neither nursing nor personal care facilities.
- In 2000, nearly half of Georgians 65 and older reported having some type of disability.

Considerations

As Healthcare Georgia Foundation and its partners seek to advance the health of all Georgians by improving access to affordable, quality healthcare for underserved individuals and communities, sufficient data are needed to determine priority areas for funding and to monitor and evaluate efforts.

The report, The Facts About Georgia: Our Health Depends On It, serves as an inventory of selected health indicators of Georgia that are relevant to the mission of the Foundation. While limited by space considerations and, in some cases, lack of available data, this report is designed to provide a snapshot of some of the health-related issues of greatest concern in the State of Georgia.

These health-related factors and trends have implications for Georgia far beyond the singular issues presented in this summary and in the more detailed report. The issues presented here are by no means exhaustive; however, it is hoped that they will provide a basis for discussion of priorities for use of resources and possible strategies for addressing pervasive public health problems that ultimately affect Georgians on a very personal level.

U.S. Census Bureau. Available at http://factfinder.gov

U.S. Census Bureau. Available at http://factfinder.gov

Detailed citations for data presented in this booklet can be found in:
Welch V, Gazmararian J, Schuessler L, Hawley J, Oster N. The Facts About Georgia: Our Health Depends On It. Emory Center on Health Outcomes and Quality, Emory University, Atlanta GA; September 2003.