Ensuring access to care and encouraging active lifestyles.

Contents

Health Status 40
Child Safety 44
Assistance Programs 48
Insurance 50
Physician Access 52
Mental Health Services in Communities 54
Vaccinations 55
Birth Statistics 57
Diseases 59
Trauma Network 69
Georgia’s weaknesses include:
- high percentage of population without health insurance
- high rate of children in poverty
- high mortality rate for infants

Georgia’s strengths include:
- low occurrence of binge drinking
- low percentage of drug deaths
- high percentage of meningococcal immunization among adolescents

Source: United Health Foundation, America’s Health Rankings

Health Status

Georgia Index of Health Compared to Nationally Ranked States, 2007 - 2017

- America’s Health Rankings® combine measures on personal behaviors, clinical care, community and environment, and health policy into a composite score of a state’s health.
- The composite score indicates the percentage a state is above or below the national norm in overall health. For example, a score of -0.2 means the state is 20% below the national average.
- Georgia continues to rank below the national average on health factors; in 2017, Georgia ranked 41st in the nation.
- Georgia’s strengths include:
  - low occurrence of binge drinking
  - low percentage of drug deaths
  - high percentage of meningococcal immunization among adolescents
- Georgia’s weaknesses include:
  - high percentage of population without health insurance
  - high rate of children in poverty
  - high mortality rate for infants
According to the Centers for Disease Control and Prevention (CDC), the proportion of adults in the United States who rate their health as good or better was 90.1% in 2017.

Environmental factors impacting health include housing, access to food, income distribution, transportation means, racial disparities, and physical conditions such as air quality.

Lifestyle factors include smoking, obesity, stress, nutrition, blood pressure, and alcohol and drug use.

Health care factors include insurance status, prenatal care, immunizations, and dental care.

According to the CDC, lifestyle choices have the greatest impact on a person’s health.
Since 2011, the number of dentists in Georgia per 10,000 residents has remained constant at 4.7 dentists per 10,000 residents. The state of Georgia continues to fall below the national average of 6.0 to 6.1 dentists per 10,000 residents.

The Dental College of Georgia at Augusta University is the only dental school in Georgia. In 2016, 74 students graduated from Georgia's dental school.

Georgia is among 21 states receiving CDC funding to enhance the infrastructure and capacity of the state’s oral health programs.

CDC funding through the State Oral Disease Prevention Program and the State Chronic Disease and Oral Health Programs ended September 2018.
In 2017, there were 4,693 dentists practicing in Georgia. As indicated in the map above, there were 23 counties in Georgia that had no dentists: Atkinson, Baker, Banks, Brooks, Chattahoochee, Clay, Crawford, Echols, Hancock, Heard, Jenkins, Long, Marion, Montgomery, Oglethorpe, Pulaski, Quitman, Randolph, Schley, Taliaferro, Twiggs, Warren, and Webster.

36% of counties in Georgia have 2 or less dentists.
In Georgia, people who work with children and families are required to report suspected abuse to the Division of Family and Children Services (DFCS). Some of the mandated reporters include physicians, hospital personnel, dentists, psychologists, podiatrists, nurses, professional counselors, school teachers, and child welfare staff.

The largest number of child abuse and neglect reports are received from Georgia's schools followed by law enforcement.

Between FY 2012 and FY 2016, the number of child abuse and neglect reports has increased by 63.5%, from 70,512 to 115,311.
Child Protective Cases Investigated by Determination: Georgia, 2017

- Less than one-fourth of the 35,593 reports of suspected child abuse and neglect in Georgia investigated by DFCS in 2017 were substantiated (22.5%).
- There were 6,738 Family Preservation cases opened in 2017. Of these, only 2,734 were preceded by a substantial investigation.
- The maltreatment rate per 1,000 children in Georgia increased from 7.4 in 2011 to 9.1 in 2016.
- Neglect is the most frequent type of maltreatment identified in Georgia. In 2017, 63% of Georgia's substantiated cases involved this type of maltreatment.
- Almost 2 out of 5 of Georgia's maltreatment victims (38.5%) are under the age of 4 years.
- In 2017, nearly 8 out of 10 (78%) perpetrators of substantiated abuse and neglect were parents, followed by non-biological parents (8%) and relatives (5%).

Source: Georgia Department of Human Services, Division of Family and Children Services
• Active Child Protective Services (CPS) cases include the number of CPS investigations and Family Preservation cases being handled by DFCS.

• Substantiated Family Preservation cases of abuse and neglect are opened by DFCS for ongoing CPS action when the level of risk for recurring maltreatment is high or moderate.

• The monthly number of CPS cases in Georgia has fluctuated considerably with a low of 7,357 in July 2011 and a high of 17,237 in March 2016.

Source: Georgia Department of Human Services, Division of Family and Children Services
The monthly number of children that were in DFCS custody in Georgia increased by 70.5% from 7,953 in July 2012 to 13,561 in June 2017.

During FY 2017, there was an average of 13,162 children in DFCS legal custody.

One-third of children in DFCS custody (33.3%) in FY 2017 were under the age of 4 years.

In 2017, approximately half (53%) of children placed in foster care were placed with their siblings, and 13% of these children were placed in institutions.
Temporary Assistance for Needy Families: Georgia, Monthly Caseload
FY 2012 - FY 2016

Temporary Assistance for Needy Families (TANF) is a monthly cash and work opportunities assistance program for low income families.

The TANF Program has four purposes:
- Help needy families so children can be nurtured in their home
- Reduce reliance of needy parents by encouraging marriage, work, and job preparation
- Prevent out-of-wedlock pregnancies
- Promote the preservation and formation of two-parent families

The number of TANF cases decreased by 36% from 19,256 at the beginning of FY 2012 to 12,408 at the end of FY 2016.

At $280, Georgia's monthly TANF benefit ranked 9th lowest among states for a single-parent family of three in July 2017.

Source: Georgia Department of Human Services, Division of Family and Children's Services
The Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program, provides food and nutrition assistance to eligible families. Households are eligible if total resources, such as checking accounts, savings accounts, and saving bonds are less than $2,250 and they meet the income limits for their household size. In addition, households with a member 60 years or older or disabled have a higher resource limit of $3,500.

Between FY 2012 and FY 2016, the number of SNAP cases fluctuated between a high of 918,712 cases in FY 2013 to a low of 778,913 in FY 2014. There was an overall decrease of 5% during this time period.

According to the U.S. Department of Agriculture, the average amount a Georgia family received in SNAP assistance in FY 2016 was $277 per month, while the national average was $255 per month.
Employers are the primary sponsor of health insurance in the state of Georgia and the United States. In 2016, the state and national percentage of employer-sponsored health insurance was 49%.

The average family premium per enrolled employee for employer-based health insurance in Georgia has grown at a faster rate than the national average. Between 2013 and 2016, the average family premium in Georgia went from $14,762 to $18,252, while the national average family premium went from $16,029 to $17,710.

In 2016, approximately 1.3 million (12.3%) Georgians were uninsured, with Georgia ranking 4th highest in the nation for the percentage of total population uninsured.

Source: Kaiser Family Foundation, State Health Facts
Insurance

Average Monthly Medicaid and PeachCare Enrollment: Georgia
FY 2011 - FY 2017

- Medicaid is a joint state and federal partnership that provides medical assistance to persons who are aged, blind, disabled, or low-income. Nationally, Medicaid accounted for 17% of health care spending in 2016.
- Average monthly Medicaid enrollment in Georgia increased 18.7% between FY 2011 and FY 2017, from 1,509,951 to 1,792,439.
- PeachCare is Georgia’s State Children’s Health Insurance Program (S-CHIP) and provides medical and dental coverage for qualified low-income Georgia children.
- PeachCare average monthly enrollment decreased by 9.7% between FY 2011 and FY 2017, from 199,345 to 180,083.
- PeachCare enrollment includes S-CHIP as well as Patient Protection and Affordable Care Act Grant Extension Aid Categories.

Source: Center for Medicare and Medicaid Services, National Health Expenditures Data, Department of Community Health
Physician Access

Physicians per 100,000 Population: Georgia, 2000 - 2015

Source: Georgia Board for Physician Workforce

- Georgia ranked 39th in the nation with respect to the number of physicians per capita in 2015, an increase from 40th in 2008, according to the American Medical Association.
- The number of physicians per 100,000 residents increased by 9.4% from 192 in 2000 to 210 in 2015, and the number of primary care physicians increased by about 6.0%, from 83 to 88.
- Health Professional Shortage Areas are designated by the U.S. Health Resources and Services Administration as having a shortage of primary medical care. There are 241 primary care health professional shortage areas in Georgia.
- The state dedicated $3.2 million in funding to the Georgia Undergraduate Medical Education program and $17.2 million to the Georgia Graduate Medical Education program in FY 2018.
In 2016, there were 3,952,553 visits to emergency rooms across the state of Georgia. Medicaid paid for more than a quarter (27.7%) of these visits. Other major sources of payment for emergency room visits include self-pay (23.7%), private insurance (23.5%), and Medicare (17.3%). The other 7.8% comes from all other payors.
Between 2012 and 2017, the hospital and community utilization rates declined. The total utilization rate decreased by 25%, from 17.75 to 13.29.

The Department of Behavioral Health and Developmental Disabilities provided housing vouchers for 2,471 people with mental illness in FY 2017.

In FY 2017, 119,857 adult mental health individuals were served in the community.
Children attending day care or school are required to be vaccinated against diphtheria, tetanus, polio, measles, mumps, and rubella, *Haemophilus influenzae* type B, hepatitis A, hepatitis B, varicella, pneumonia, pertussis, and meningococcal disease.

To overcome barriers to vaccination, Georgia’s public health departments:
- Remind parents when their children’s vaccinations are due
- Offer extended clinic hours, including the Georgia School-Based Flu Program
- Provide vaccinations on a walk-in basis
- Distribute educational materials on immunization

In 2016, Georgia ranked 7th (tied with Alabama) nationally for the percentage of children 19-35 months of age who received the Combined 7-vaccine series. The seven vaccines include DTaP, Polio, MMR, Hib. full series, Hep. B, Varicella, and PCV.

Georgia ranks 2nd (tied with Alabama) among the six southeastern states for the percentage of children who received the 7-vaccine series.
Vaccinations

Adults 65 Years and Older Who Have Had a Flu Shot in the Past Year:
United States and Georgia, 2006 - 2016

- Infections caused by pneumococci are a major cause of death and disease globally.
- Some adults with weakened immune systems may receive more than one dose over their lifetime.
- Pneumonia and meningitis are the most common manifestations of invasive pneumococcal disease. Bacteria spread in the respiratory tract can cause ear infection, sinusitis, or recurrent bronchitis.
- The highest rate of pneumococcal disease occurs in the elderly and young children. It also affects those suffering from chronic conditions and weakened immune systems.
- 58.3% of elderly Georgians were vaccinated against pneumococcal disease in 2016.
- In 2016, Georgia ranked 27th nationally for percentage of adults 65 years and older who had a flu shot in the past year.

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, Prevalence and Trends Data
Birth Statistics

Teen Birth Rate: United States and Georgia, 2007 - 2016

- In 2016, Georgia tied for 17th in the nation for the rate of teen births per 1,000 females aged 15-19 years.
- Georgia's teen birth rate is consistently higher than the national rate. In 2016, Georgia's rate was 23.6 compared to the national rate of 20.3.
- The teen birth rate steadily declined both nationally and in Georgia between 2007 and 2016.
- Children born to teen mothers are more likely to have increased health and behavioral problems as well as poor school performance (Child Trends 2012).

Source: Centers for Disease Control and Prevention, National Center for Health Statistics
Birth Statistics

Percentage of Babies Born with Low Birth Weight:
United States and Georgia, 2008 - 2016

- Low birth weight babies weigh less than 5 pounds, 8 ounces, and very low birth weight infants weigh less than 3 pounds, 5 ounces.
- In 2016, the leading cause of death among infants was birth defects followed by low birth weight and preterm birth. Babies born at low birth weight face an increased risk of physical and developmental health problems.
- Between 2008 and 2016, Georgia's low birth weight rate fluctuated between 9.4% and 9.8%. During that time, the state's rate remained above the national rate.
- The following counties in Georgia had the highest percentage of babies born with low birth weight in 2016: Dooly (19.5%), Clay (18.9%), Macon (18.9%), Miller (18.5%), Stewart (18.2%), and Talbot (17.8%). Counties with the lowest rates were Oconee (3.7%), Oglethorpe (4.5%), Atkinson (5.0%), Gilmer (5.3%), Pike (5.3%), and Rabun (5.9%).
- In 2011, Georgia implemented a Planning for Healthy Babies Medicaid waiver which is intended to improve birth outcomes.
- Educating expectant mothers about smoking cessation during pregnancy, prenatal care, health nutrition, and appropriate weight gain can help deter low birth weight.
The Department of Public Health (DPH) defines obesity as having a body mass index (BMI) of 30.0 or greater. Being overweight is characterized as having a BMI of 25.0 to 29.9.

Many factors, including poor diet and physical inactivity, have contributed to the rise in both adult and youth obesity.

Between 2011 and 2016, the percentage of Georgia's adults who were obese increased by 11.7%, from 28.1% to 31.4%.

The percentage of obese adults in Georgia continues to remain above the national average. In 2016, 31.4% of adults in Georgia were obese compared to the national average of 29.9%.

Obesity increases the risk of many diseases and health conditions, including hypertension, type 2 diabetes, coronary heart disease, stroke, osteoarthritis, dyslipidemia, and some cancers.

In 2016, Georgia ranked 20\textsuperscript{th} (tied with Alaska) in the nation for the prevalence of obesity among adults.
Approximately 1.35 million adults in Georgia smoke cigarettes.

The percentages of smokers have fluctuated over the past decade. Georgia's percentages ranged from a high of 21.2% in 2011 to a low of 17.4% in 2014. The national percentages ranged from a high of 22.1% in 2005 to a low of 17.1% in 2016.

DPH estimates that smoking accounts for $1.8 billion in yearly healthcare costs in Georgia.

Adult smokers lose an average of 17.6 years of life compared to adult non-smokers, and 1 out of 6 Georgians die annually from smoking-related illnesses.

Tobacco use during pregnancy can cause premature births, sudden infant death, stillbirths, fetal brain changes, and nervous system development issues.
Diseases

Percentage of Adults Diagnosed with Diabetes:
United States and Georgia, 2006 - 2015

Source: Centers for Disease Control and Prevention, United States Diabetes Surveillance System

- Diabetes is a disease with serious complications and can lead to premature death; however, those living with the disease can control the disease and reduce its negative impacts through proper nutrition, regular physical activity, and well-managed treatment plans. It is also the leading cause of blindness and kidney failure.
- In 2015, 11.3% of Georgia adults were diabetic compared to 10.0% nationwide.
- From 2006 to 2015, the percentage of adult Georgians with diabetes increased from 7.5% to 11.3%.
- The Medical Expenditure Panel Survey estimates the national expenditures for the treatment of diabetes exceeded $91.3 billion in 2014; 15.8% of the cost was paid for by Medicaid.
Diseases

Five year, Age-Adjusted Major Cardiovascular Disease Death Rate:
Georgia, 2012-2016

Cardiovascular disease includes all diseases of the heart and blood vessels, including ischemic heart disease, stroke, congestive heart failure, hypertensive disease, and atherosclerosis.

Like diabetes, cardiovascular disease can be moderated by living a healthier life and understanding what risk factors influence an individual's likelihood of developing the disease.

In 2016, 29.8% of deaths (24,241) were caused by a major cardiovascular disease in 2016.

From 2012 to 2016, the three counties with the highest rates of cardiovascular deaths were Jeff Davis at 439.3, Clinch at 375.2, and Macon at 370.2.
Breast cancer is the most common cancer among women and one of the leading causes of cancer deaths among women of all races.

Mammograms screen for breast cancer and allow for early detection. It is estimated that such screenings increase the breast cancer survival rate by approximately 20%.

Mammograms are recommended annually for women ages 45-54 and biennially for women ages 55 and older.

The percentage of women 40 years and older who have had a mammogram in the previous two years in Georgia declined between 2006 and 2016, from 78.6% to 73.9%. However, in 2016, Georgia women were screened at a slightly higher rate (73.9%) compared to the nation as a whole (72.5%).
Pap tests primarily detect cervical cancer, and like mammograms, early detection improves survival rates.

Nationwide, in 2014, 75.2% of women 18 years and older had a Pap test within the last three years.

Georgia ranked 6th among the 50 states with respect to the percentage of women having a Pap test within three years in 2014 (79.2%).

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, Prevalence and Trends
In Georgia, cancer is the second leading cause of all deaths; heart disease is the leading cause.

Colorectal cancer screenings are recommended for both men and women over the age of 50.

Colon cancer is detected through colonoscopy, flexible sigmoidoscopy, and fecal occult blood test. Polyps in the colon detected by these tests can be removed, which prevents the onset of cancer or allow for earlier, aggressive treatment.

In men, colorectal cancer is the third most common type of cancer death after lung and prostate cancers.

Between 2006 and 2016, the percentage of adults 50 years and older who had a sigmoidoscopy or colonoscopy in Georgia increased from 57.0% to 61.0% and nationally, from 57.1% to 65.6%.

Among cancers that affect men and women, colorectal cancer is the second leading cause of cancer-related death in the United States (CDC).

* In 2016, the data criteria changed for percentage of adults who have a had a sigmoidoscopy or colonoscopy

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, Prevalence and Trends
Cancer mortality rates in Georgia mostly declined between 2006 and 2014, from 184.9 to 166.2 per 100,000 residents. Men in Georgia have a higher cancer mortality rate population (205.9 per 100,000) than women (138.5 per 100,000).

Lung cancer is the leading cause of cancer death among Georgians (45.4 per 100,000 population), followed by female breast cancer (22.6 per 100,000) and male prostate cancer (22.1 per 100,000).

The Medical Expenditure Panel Survey estimates the medical expenses for cancer nationwide in 2014 at $87.8 billion.

Source: Centers for Disease Control and Prevention, National Health Statistics, CDC WONDER
• The human immunodeficiency virus (HIV) affects the immune system, and the acquired immunodeficiency syndrome (AIDS) is the advanced stage of HIV.

• In 2015, there were 25,843 known Georgians living with AIDS. Of individuals with AIDS, 75% were male and 25% were female. The majority of people living with the disease were between the ages of 45-54.

• The age-adjusted mortality rates for individuals with HIV/AIDS has declined during the last decade nationally and in Georgia. In Georgia, the rate declined from 7.2 to 3.2 per 100,000 residents and nationally, the rate declined from 4.0 to 1.8 per 100,000.

• Effective drug treatments and therapies are prolonging the lives of those living with AIDS.

• Early screening helps detect HIV earlier, can prevent the transmission of HIV, and allows for the initiation of treatment to slow the onset of AIDS.

Source: Centers for Disease Control and Prevention, National Health Statistics, CDC WONDER
• Pneumonia-related deaths most often occur among the elderly population, the very young (under the age of 2 years), or in patients with diseases that weaken the immune system, such as AIDS.

• Between 2006 and 2016, the age-adjusted pneumonia death rate per 100,000 residents in Georgia declined 29.2%, from 19.5 to 13.8. Nationally, the percentage of pneumonia deaths declined 26.9%, from 17.5 to 12.8.

• Between 2012 and 2016, 5,896 Georgia residents aged 60 and older died of pneumonia. The highest death rates for this condition were recorded in Stewart, Clinch, Upson, Miller, and Spalding counties.

• Flu and pneumonia together are the 8th leading cause of death in the United States.
• Trauma continues to be a public health concern, resulting in national expenditures of over $400 billion to cover costs associated with trauma care.

• The Georgia Trauma Care Network Commission uses super speeder fines to maintain a trauma center network, coordinate the efficient use of existing trauma center facilities, and direct patients to the best available facility for treatment of traumatic injury.

• From 2008 through 2017, the number of designated trauma centers across the state of Georgia grew from 13 to 29, and the number of designated Level I trauma centers increased from four to six, to include a specialty pediatric Level I trauma center, located at Children’s Healthcare of Atlanta-Egleston hospital.

• A Level I trauma facility is the highest level of trauma center designation and offers the most comprehensive trauma care, from prevention through rehabilitation. Level I facilities also have the major responsibility of leading trauma education, research, and planning.