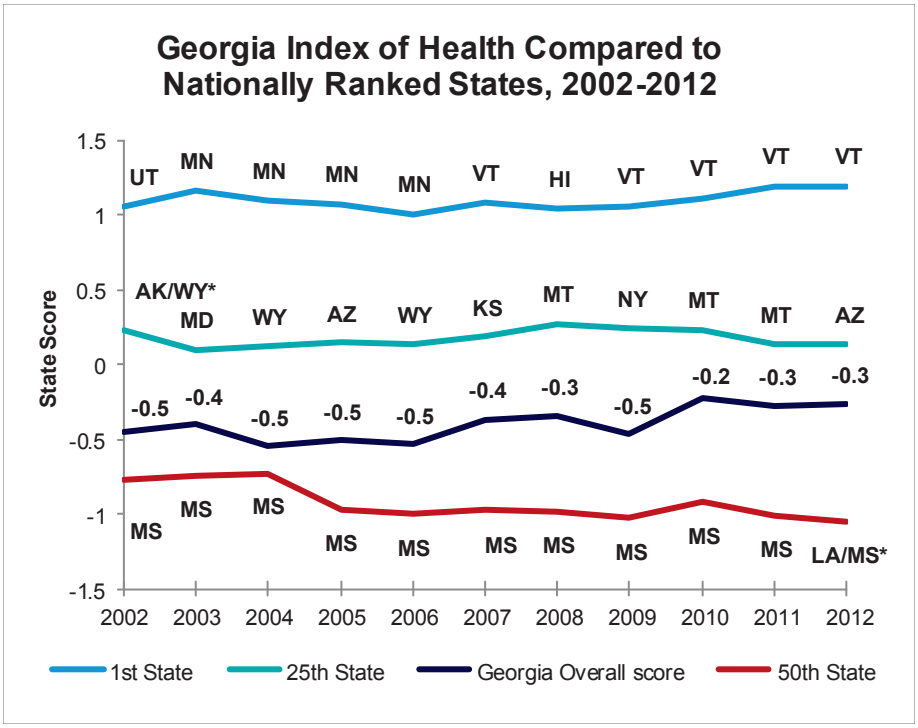
HEALTHY GEORGIA 2013

LEADING INDICATORS

Ensuring access to care and encouraging active lifestyles.

INDICATORS

Health Status of Georgians



Source: United Health Foundation, America's Health Rankings

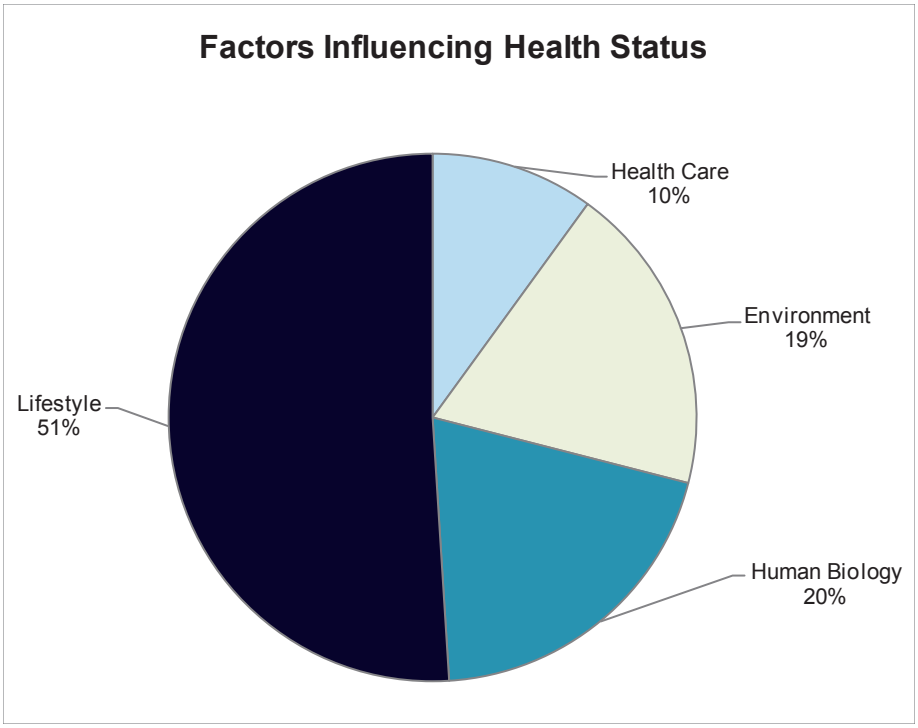
❖*America's Health Rankings*™ combine measures on personal behaviors, clinical care, community environment and health policy into a composite score* of a state's health. The composite score indicates the percentage a state is above or below the national norm in overall health. A score of -0.2 is 20% below the national average.

❖Over the past decade, Georgia has ranked below the national average on health factors, and in 2012 ranked 36th among all states.

❖Georgia's strengths include:
-Low prevalence of binge drinking
-High immunization coverage

❖Georgia's challenges include:
-Low high school graduation rate,
-High levels of air pollution,
-High infant mortality rate, and
-High prevalence of low birthweight.

**Note*: In 2002 Arkansas and Wyoming tied for 25th state ranking. In 2012, Louisiana and Mississippi tied for 49th.



Source: Georgia Health Policy Center, Georgia State University, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention & Health Promotion

❖According to the Centers for Disease Control and Prevention (CDC), over the past decade the percentage of adults in Georgia rating their health as good or better has remained stable at 84%. Nationwide, the proportion of adults rating their health as good or better is similar (85%).

❖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.

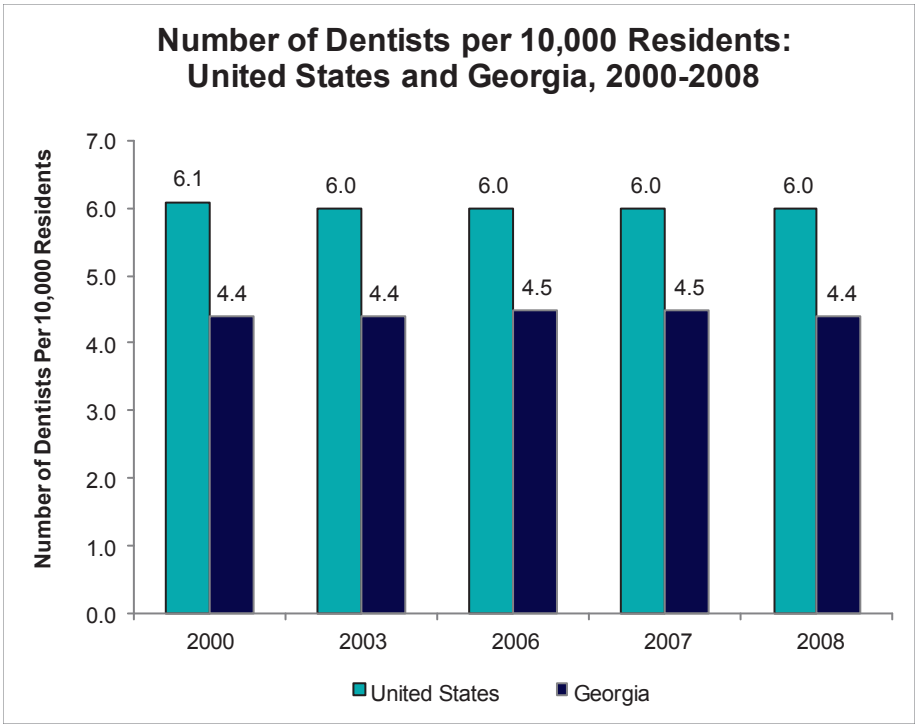
A Healthier Georgia

❖Since 2000, the number of dentists in Georgia per 10,000 residents has remained stable, at 4.4 to 4.5 per 10,000 Georgians, lower than the national average of 6.0.

❖The Georgia Health Sciences University is the only dental school in Georgia. In 2010, Georgia's dental school graduated 63 students. Over the last 30 years, 85% of graduates from Georgia's dental program have remained in Georgia to practice.

❖According to the Center for Health Workforce Planning and Analysis at the University System of Georgia, nearly 1 in 7 counties in the state have no dentists and 6.9% of counties have only one dentist. There are 104 dental health professional shortage areas in Georgia.

❖Georgia is among 20 states receiving CDC funding to enhance the infrastructure and capacity of the state's oral health programs.



Source: Centers for Disease Control and Prevention, Health, United States

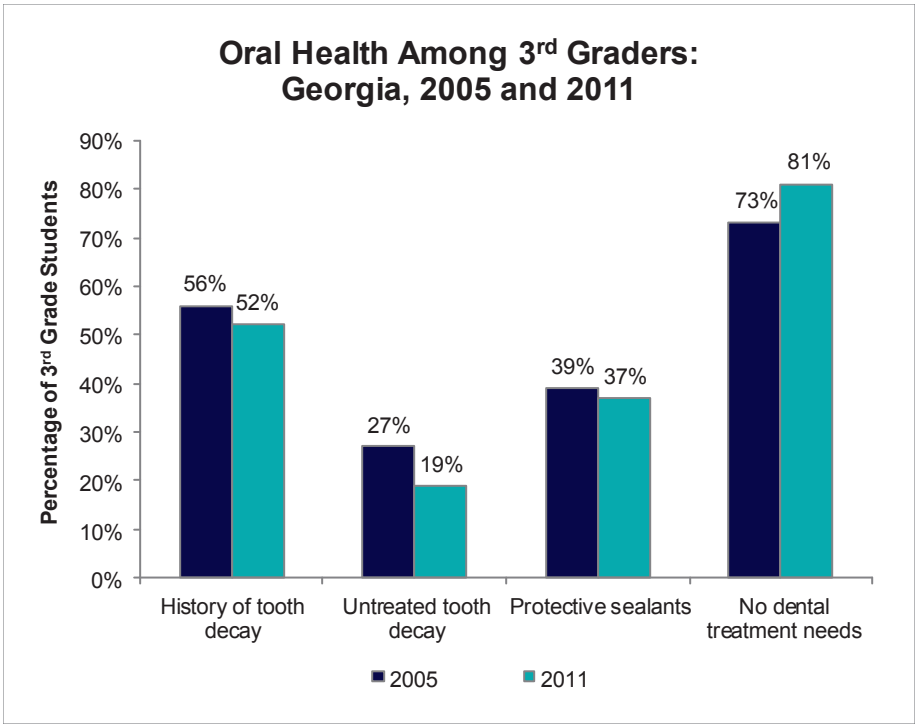
❖Articles in the American Journal of Public Health (2011) and the Journal of Pediatrics (2012), indicate that childhood dental problems are linked to school absenteeism and poorer academic performance.

❖Tooth decay is the most prevalent chronic disease among children, according to the CDC.

❖The Georgia Department of Public Health reports that there was a small decline in the percentage of 3rd grade children with a history of dental decay between 2005 and 2011, from 56% to 52%.

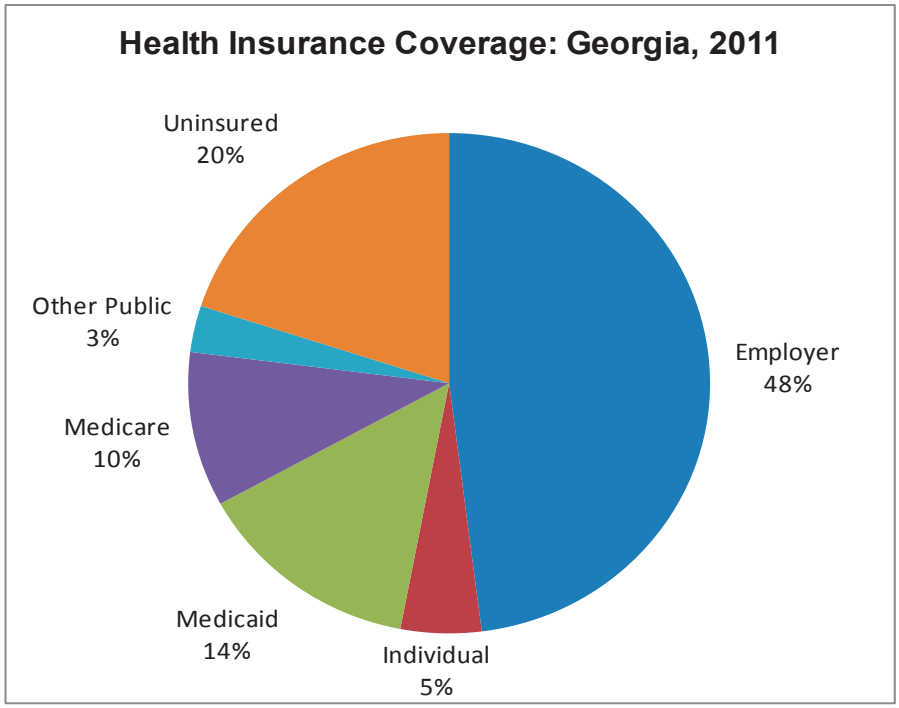
❖The percentage of 3rd grade children with untreated tooth decay also declined, from 27% to 19% between 2005 and 2011.

❖3rd grade children in rural areas are more likely to have a history of tooth decay (60%) compared to urban children (48%) but in both areas, children have the same likelihood of having untreated dental problems (19%).



Source: Georgia Department of Public Health

Insurance Status

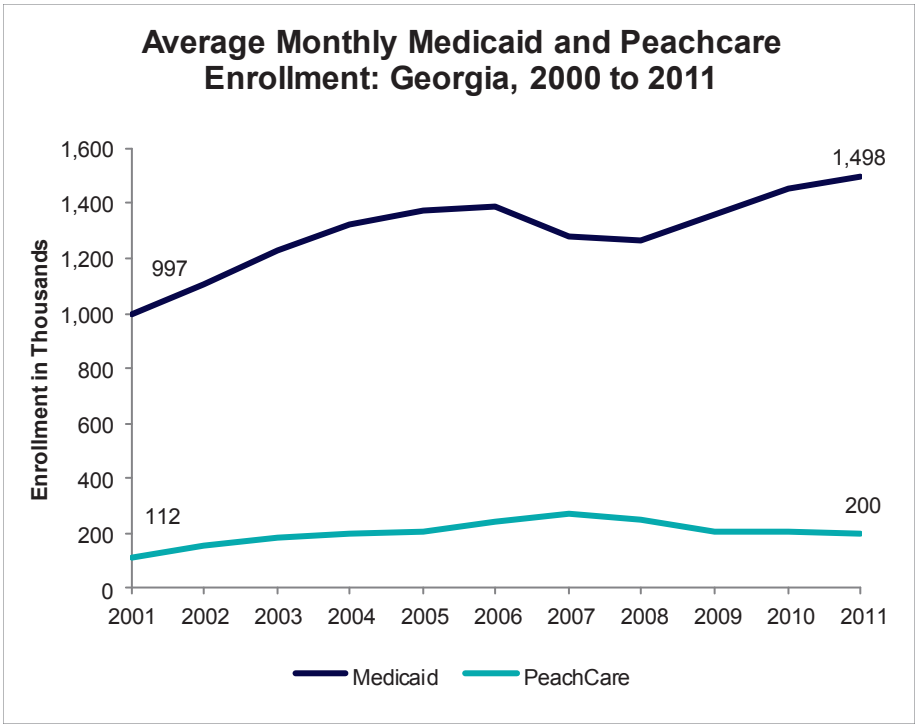


Source: Kaiser Family Foundation, State Health Facts

❖Employers are the primary sponsor of health insurance in the United States and Georgia. In Georgia, the proportion of residents with employer sponsored health insurance declined from 55% to 48% between 2008 and 2011. Nationally, a similar percentage of the population (49%) was covered by employer sponsored health insurance in 2011.

❖The average family premium for private sector employer based health insurance in Georgia more than doubled (110%) between 2000 and 2011, from $6,637 to $13,963. However, the national average family coverage premium ($15,022) was significantly higher than the cost in Georgia in 2011.

❖Approximately 1.8 million (20%) Georgians are uninsured, ranking Georgia 6th highest among the states for the percentage of total population uninsured.



Source: Georgia Department of Community Health

❖Medicaid is a joint state and federal partnership providing health care coverage. Nationally, Medicaid accounts for 16% of health care spending and is the largest source of payment for nursing home care and childbirth.

❖Average monthly Medicaid enrollment in Georgia increased 50.2% between FY 2001 and FY 2011, from 996,901 to 1,498,405.

❖PeachCare is Georgia's State Children's Health Insurance Program (SCHIP), providing low cost health insurance for children in families who are not eligible for Medicaid and cannot afford private health insurance.

❖PeachCare enrollment increased by 77.7% between 2001 and 2011, from 112,261 to 199,505.

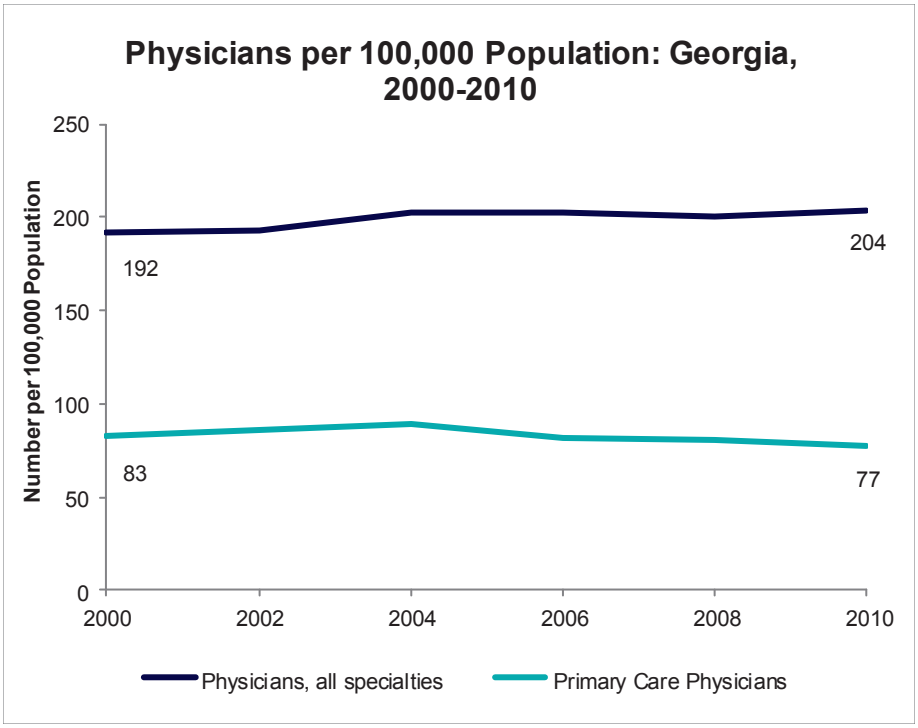
❖In 2009, Georgia ranked 40th among the states with respect to the percentage of eligible children enrolled in the SCHIP.

❖Georgia ranked 39th in the nation with respect to the number of physicians per capita in 2010, an increase from 40th in 2008, according the American Medical Association.

❖The number of physicians per 100,000 residents increased from 192 in 2000 to 204 in 2010, and the number of primary care physicians declined during the same period from 83 to 77.

❖Health Professional Shortage Areas are designated by the federal Health Resources and Services Administration as having shortage of primary medical care. There are 143 primary health professional shortage areas in Georgia.

❖The state dedicated $2 million in funding to the Georgia Board for Physician Workforce and the Board of Regents for resident development in FY 2013.



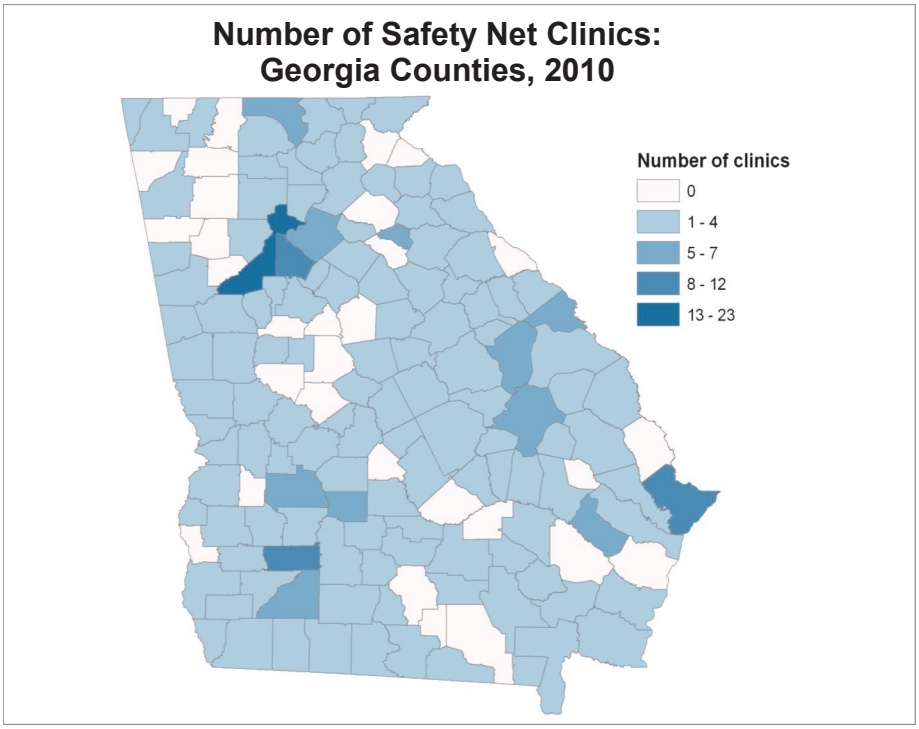
Source: Georgia Board for Physician Workforce

❖Safety net clinics include the following in Georgia: Federally Qualified Health Centers, Georgia Farm Worker Health Programs, Georgia Volunteer Health Care Program, and Rural Health Clinics.

❖128 of Georgia's 159 counties have some type of safety net clinic; however, 31 counties do not have this type of resource available to serve its residents.

❖The counties with the greatest number of safety net clinics include Fulton (23), Chatham (12), DeKalb (10), and Dougherty (9).

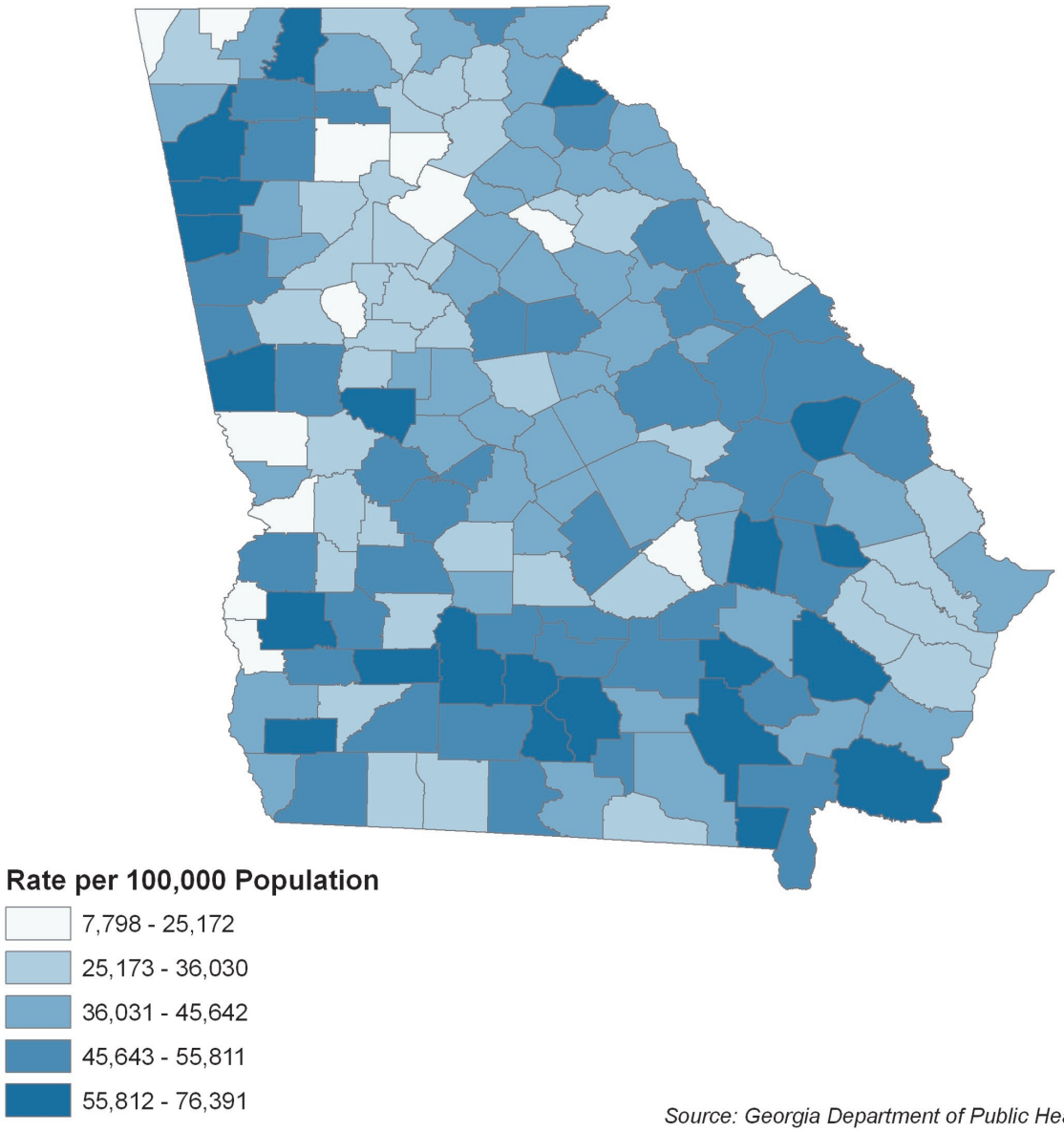
❖8 of the counties without safety net clinics are located in the northwestern portion of the state and 6 of these counties are located in the central portion of the state.



Source: Georgia Department of Community Health

Emergency Room Utilization

**Emergency Room visits Per 100,000 Population:
Georgia Counties, 2010**



Source: Georgia Department of Public Health

❖Data from the American Hospital Association's 2010 Annual Survey indicates that there were 422 emergency room visits per 1,000 residents in Georgia, ranking 27th among the states. The emergency room visit rate in Georgia increased 11% between 2000 and 2010. In comparison, the national rate increased 13%, from 366 to 412 visits per 1,000 residents.

❖Data from the Georgia Department of Public Health indicates that there were 3.5 million visits to the state's emergency rooms. Medicaid paid for more than a quarter (27.8%) of these visits. Other major sources of payers from emergency room visits include self-pay (27.1%), private insurance (24.1%), and Medicare (14.1%). Nationally, the collection rate for self pay patients ranges between 5% and 10%.

❖According to the Agency for Healthcare Research and Quality's Medical Expenditure Panel Survey, in 2009, the average cost for an emergency room visit in the United States was $1,318.

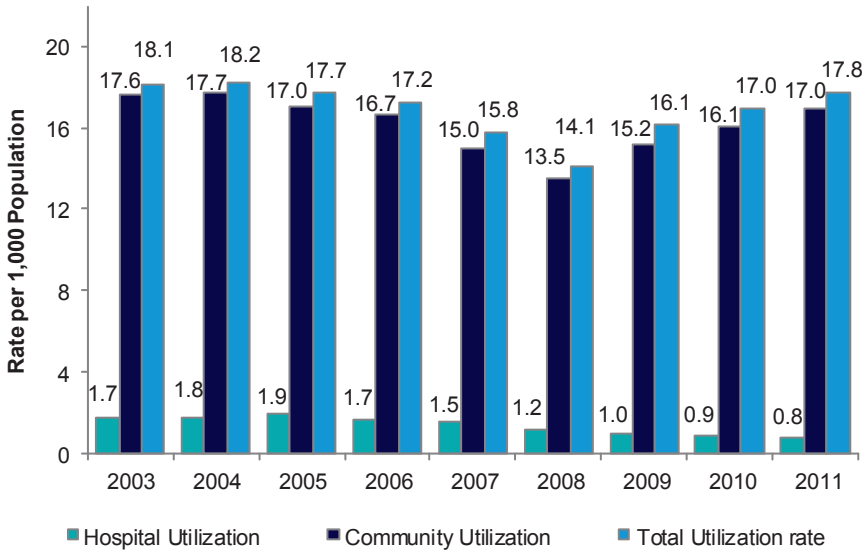
Mental Health and Children with Special Health Care Needs

❖Utilization of public community mental health services declined during the early portion of the last decade. However, since 2009 utilization has increased from 15.2 per 1,000 residents in 2009 to 17.0 in 2010.

❖The state of Georgia settled a law suit with the U.S. Department of Justice in 2010 that included provisions to increase access to community services for mental health patients. Since then, the rate at which mental health consumers used hospital services has declined.

❖Department of Behavioral Health and Developmental Disabilities provided housing vouchers for 648 people with mental illness in FY 2012.

❖More than 3 out of 4 (76.2%) Georgia's adult mental health consumers in 2011 reported being positive about services received, higher than the national average of 70.5%.



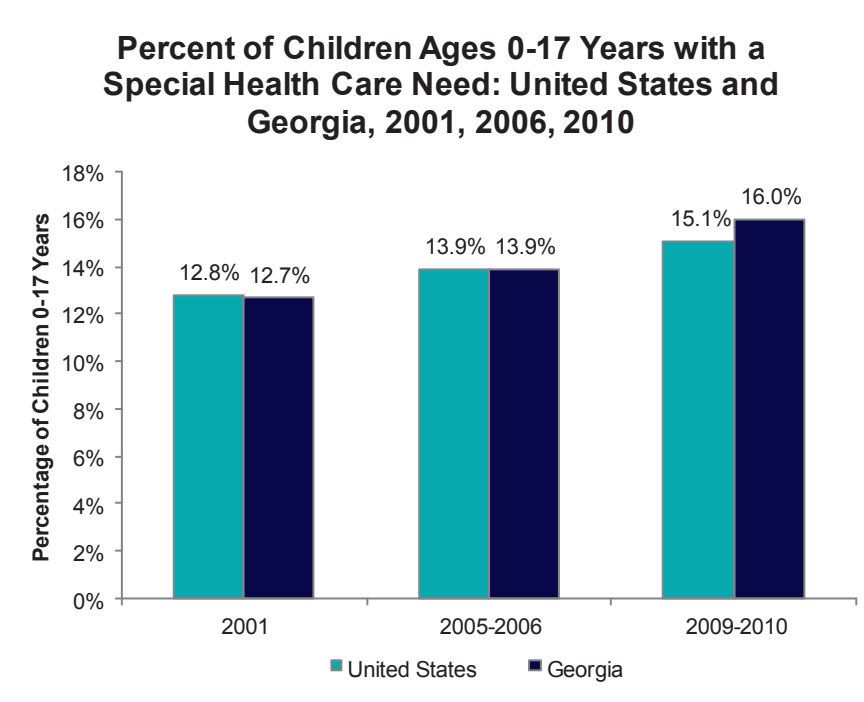
Source: SAMSHA Center for Mental Health Services, Uniform Reporting System, Mental Health National Outcome Measures

❖Children with special health care needs have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and require health and related services of a type or amount beyond that required by children generally.

❖The percentage of children with special health care needs has increased both nationally and in Georgia over the past decade. In 2001, 12.7% of children under the age of 18 years had some type of special need, and by 2010 that proportion had increased to 16.0%.

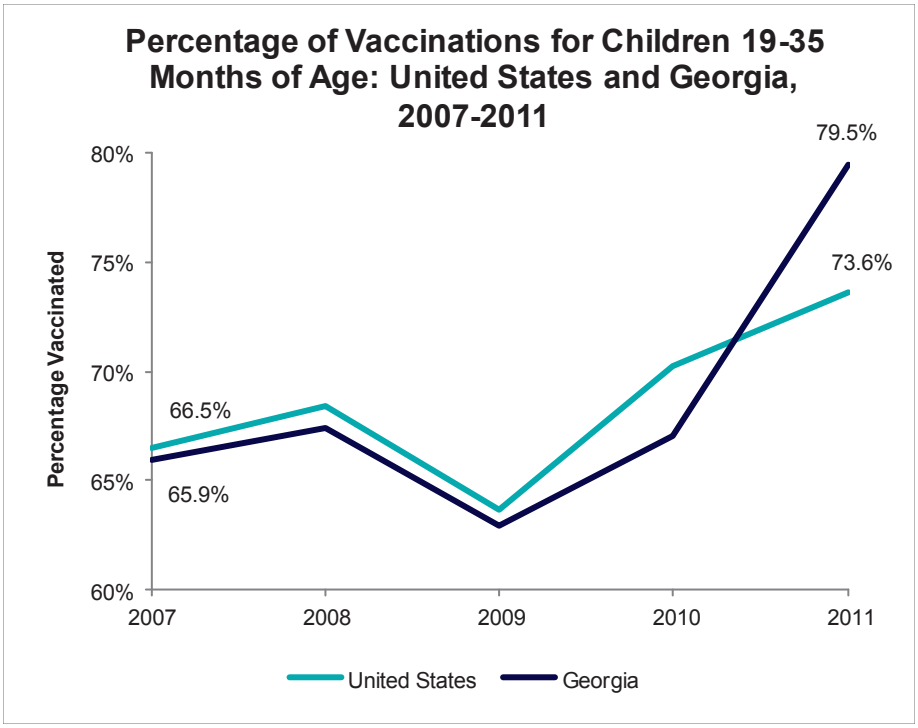
❖Nearly 1 out of 4 (23.7%) children with special health care needs have a condition that affects their activities and 13.2% miss 11 or more days of school.

❖Approximately 1 out of 5 (19%) of Georgia's families with special health care needs children pay $1,000 or more out of pocket for medical expenses annually.



Source: Centers for Disease Control and Prevention, National Survey of Children With Special Health Care Needs

Vaccinations: Children and Adults



Source: Centers for Disease Control and Prevention, National Immunization Survey

❖All children attending day care or school are required to be vaccinated against: diphtheria, polio, measles, mumps and rubella, Haemophilus influenzae type b, Hepatitis B, varicella, as well as pneumonia and pertussis.

❖To overcome barriers to vaccination, Georgia's public health departments:

-Remind parents when their children's vaccinations are due

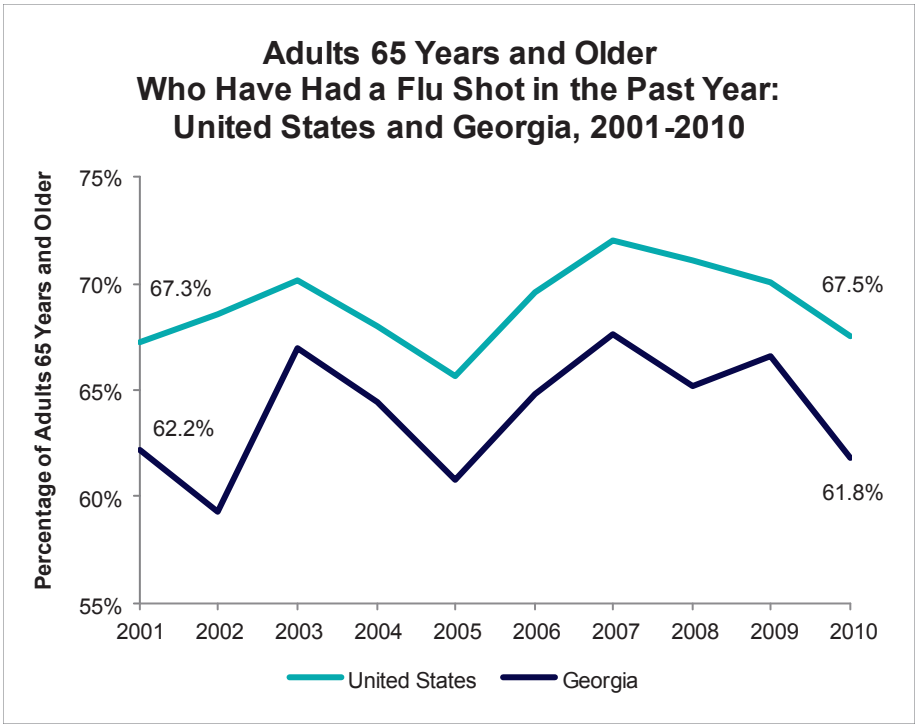
-Offer extended clinic hours

-Provide vaccinations on a walk-in basis

-Distribute educational materials on immunization.

❖In 2011, Georgia ranked 5th nationally for the percentage of children 19-35 months of age who were vaccinated.

❖Georgia ranks 1st among the six southeast states for the percentage of children vaccinated.



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

❖Infections caused by pneumococci are a major cause of death and disease globally. Pneumococcal vaccinations in Georgia are given year round and are administered only once after the age of 65 years. 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 to cause ear infection, sinusitis or recurrent bronchitis.

❖The highest rate of pneumococcal disease occurs in the elderly and young children and affects those suffering from chronic conditions and weakened immune systems.

❖61.8% of elderly Georgians were vaccinated against pneumococcal disease in 2010, the 3rd lowest rate among the states.

Teen Birth Rate and Low Birthweight Babies

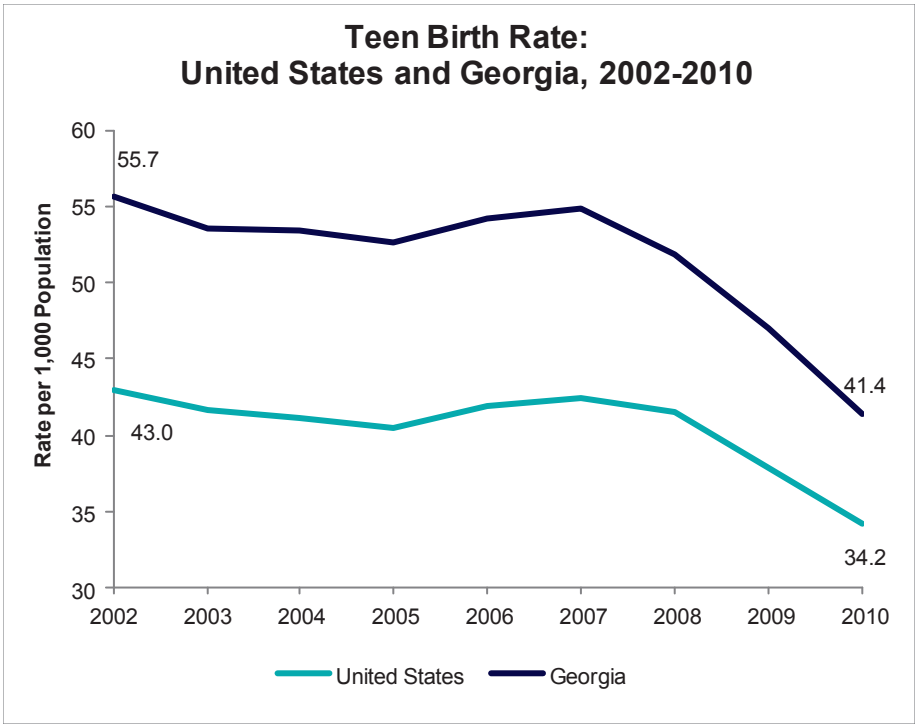
❖In 2010, Georgia ranked 13th nationally for the rate of teen births per 1,000 females aged 15-19 years, and ranked 4th highest among its southeast neighbors.

❖Georgia's teen birth rate is consistently higher than the national rate. In 2010, Georgia's rate was 41.4 compared to the national rate of 34.2.

❖The teen birth rate has steadily declined both nationally and in Georgia since 2007.

❖Children born to teen mothers are more likely to have increased health and behavioral problems and poor school performance (Child Trends 2012).

❖Educating expectant mothers about smoking cessation during pregnancy, prenatal care, eating right and appropriate weight gain can help deter low birthweight. Socioeconomic factors must also be considered; low birthweight babies and teen mothers are more likely to use Medicaid and state services.



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

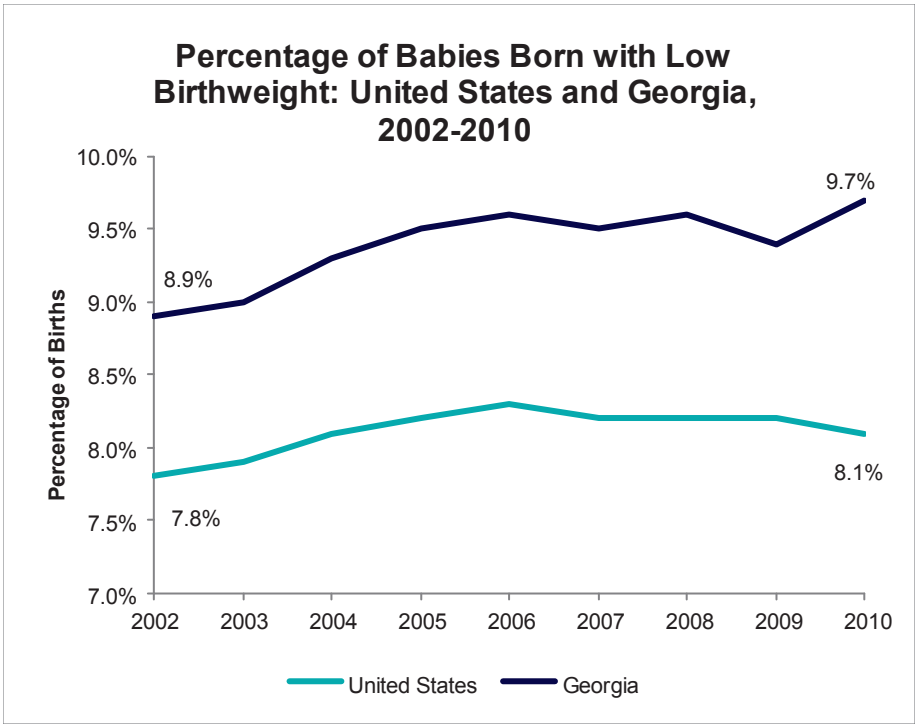
❖Low birthweight babies weigh less than 5 pounds, 8 ounces and very low birthweight infants weigh less than 3 pounds, 5 ounces.

❖Low birthweight is the leading cause of death within the first months of life for infants. Babies born at low birthweight face an increased risk of physical and developmental health problems.

❖Georgia's low birthweight rate has increased over the last decade, from 8.9% in 2002 to 9.7% in 2010. During that time, the state's rate remained above the national rate.

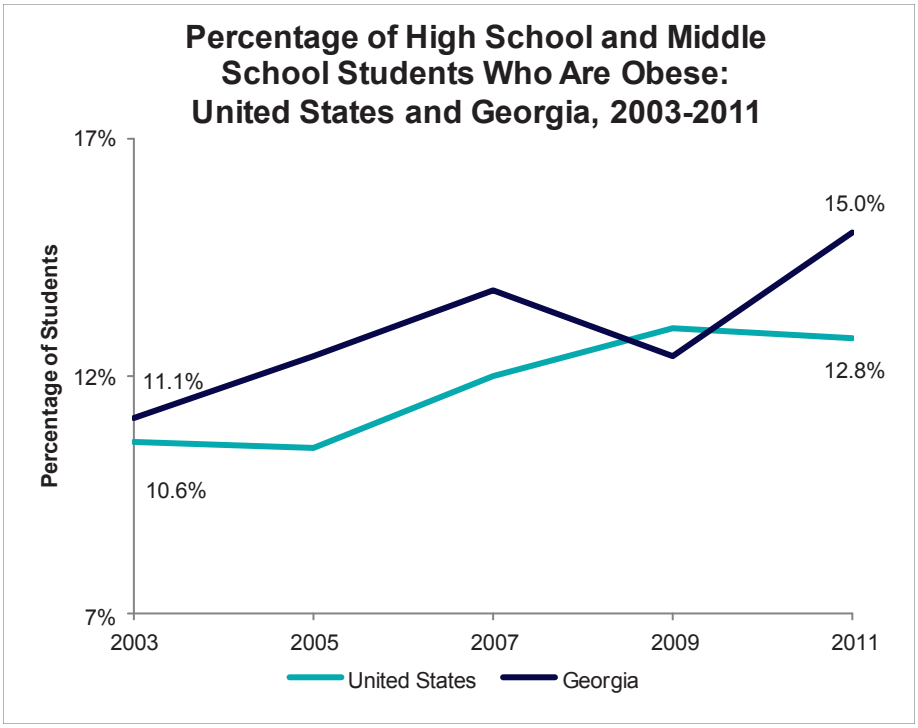
❖Five of Georgia's counties had high percentages of babies born at lowest birthweight between 2006 and 2010: Taliaferro, Quitman, Terrell, Randolph, and Ben Hill. Counties with the lowest rates were Echols, White, Dawson, Brantley, and Fayette.

❖Beginning in 2011, Georgia implemented a Medicaid waiver, Planning for Healthy Babies, intended to improve birth outcomes.



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

Obesity: Youth and Adults



Source: CDC Youth Risk Behavior Surveillance System

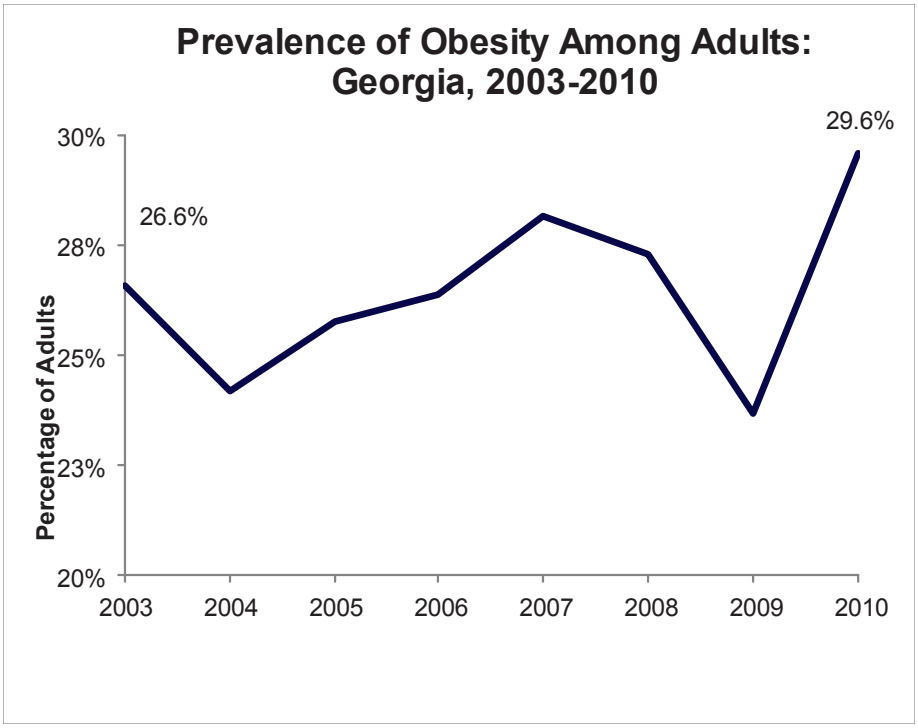
❖A child who is classified as obese has a body mass index (BMI) for age and sex that is greater than or equal to the 95th percentile.

❖In 2011, 15% of Georgia's high school students were obese, compared to 13% nationally. Georgia ranked 9th with respect to the percentage of high school students who were obese in 2011.

❖The percentage of Georgia's high school students who are obese increased from 11% in 2003 to 15% in 2011.

❖Georgia's SHAPE Initiative has provided 21 schools with a total of $87,000 for projects to reduce obesity among the state's children.

❖In 2013, the Georgia State Health Benefit Program coverage was expanded to include primary care and dietitian services for children age 3-18 years with a diagnosis of obesity.



Source: Georgia Behavioral Risk Factor Surveillance System

❖Georgia's Department of Public Health (DPH) defines obesity as having a body mass index (BMI) of 24.9 or greater.

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

❖Georgia's DPH estimates the annual cost of obesity in the state at $2 billion annually.

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

❖Despite fluctuating over the past decade, the percentage of Georgia's adults who are obese increased 11.3%, from 26.6% in 2003 to 29.6% in 2010.

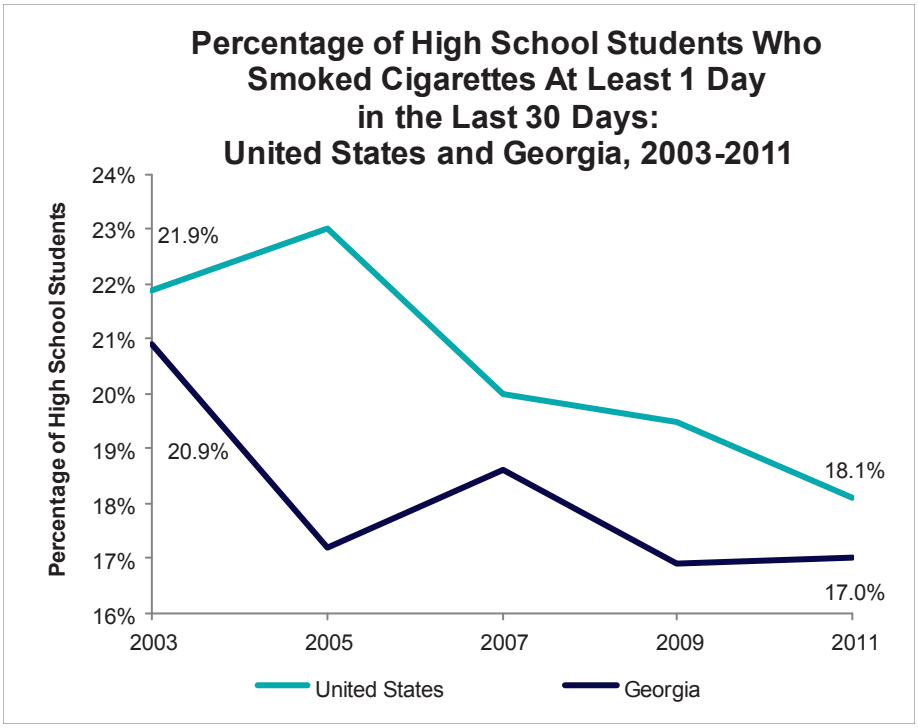
❖Georgia was ranked as the 24th most obese state in the nation in 2010.

❖Approximately 19,000 (5%) middle school students and 72,000 (17%) high school students in Georgia smoke cigarettes. Georgia's high school students rank 20th among their peers nationally on the percentage who smoke.

❖The percentage of Georgia students who have tried smoking declined between 2003 and 2011, 28% among middle school students and 22% among high school students.

❖Tobacco use in adolescence is associated with other risky behaviors including sexual behavior and alcohol and drug use.

❖In 2005, Georgia banned smoking in all public places, except bars or restaurants that do not serve children, mandated separate hotel rooms for smokers, and required workplaces to have separate ventilation for smokers.



Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System

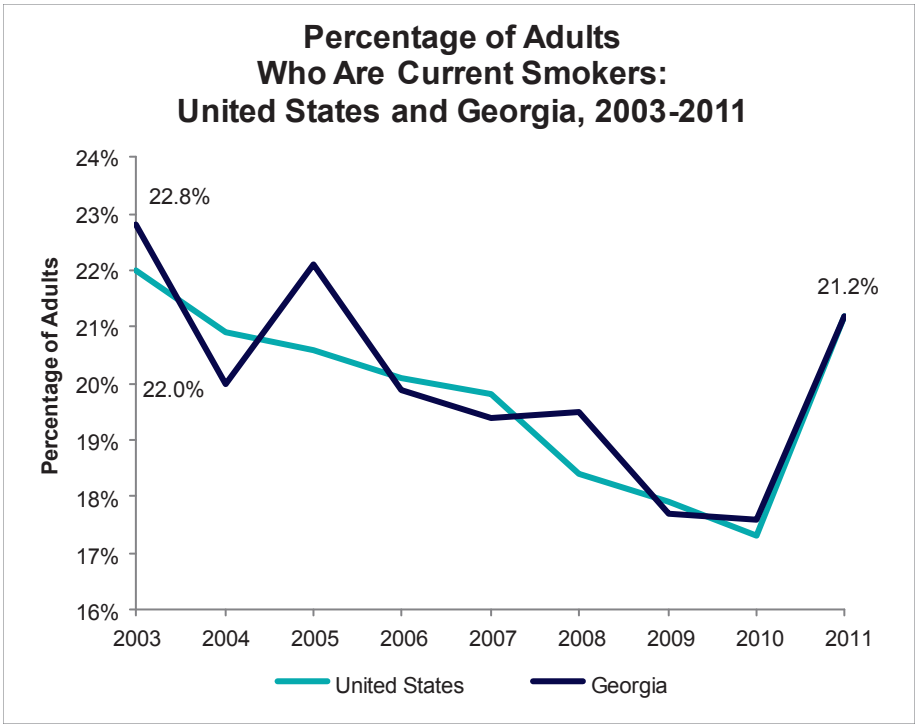
❖Approximately 1.3 million adults in Georgia smoke cigarettes.

❖The percentages of smokers fluctuated over the past decade. Georgia saw a reduction in the proportion of adults that smoke from 22.8% in 2003 to 17.6% in 2010. However, rates in Georgia and nationally increased in 2011 to 21.2%.

❖A 2010 study prepared by the Pennsylvania State University College of Medicine estimated that smoking accounted for $2.9 billion in direct medical expenditures in Georgia.

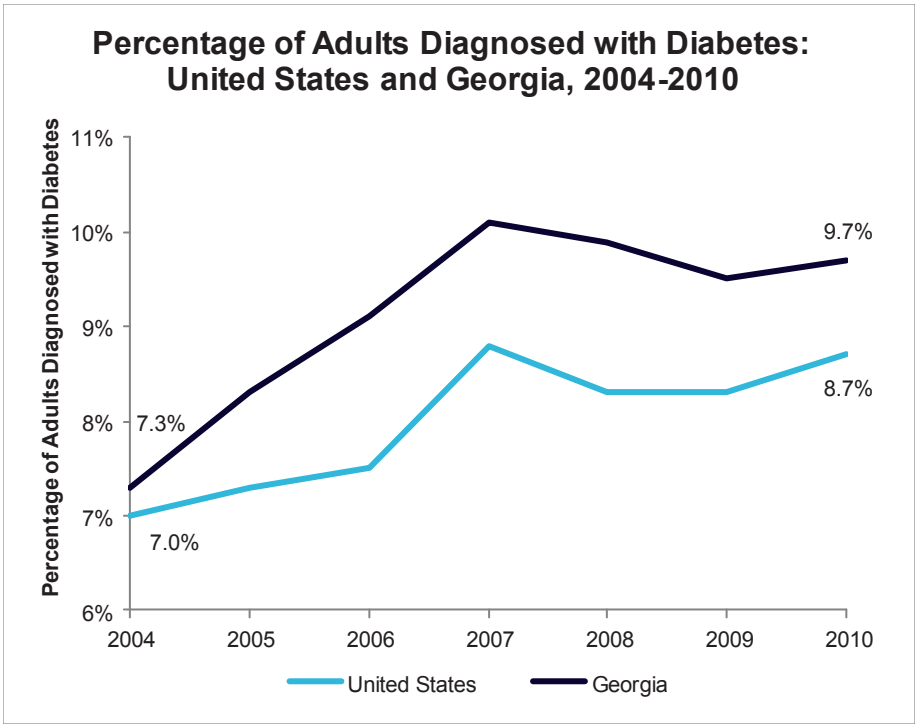
❖Adult smokers lose an average of 16 years of life compared to adult non-smokers, and 1 out of 6 Georgians die annually from smoking related illnesses.

❖Tobacco use during pregnancy can cause premature births, sudden infant death, and stillbirths, in addition to changes in fetal brain and nervous system development.



Source: Centers for Disease Control and Prevention, Behavioral Risk Surveillance System

Diabetes and Cardiovascular Disease



Source: Centers for Disease Control and Prevention, Behavioral Risk Surveillance System

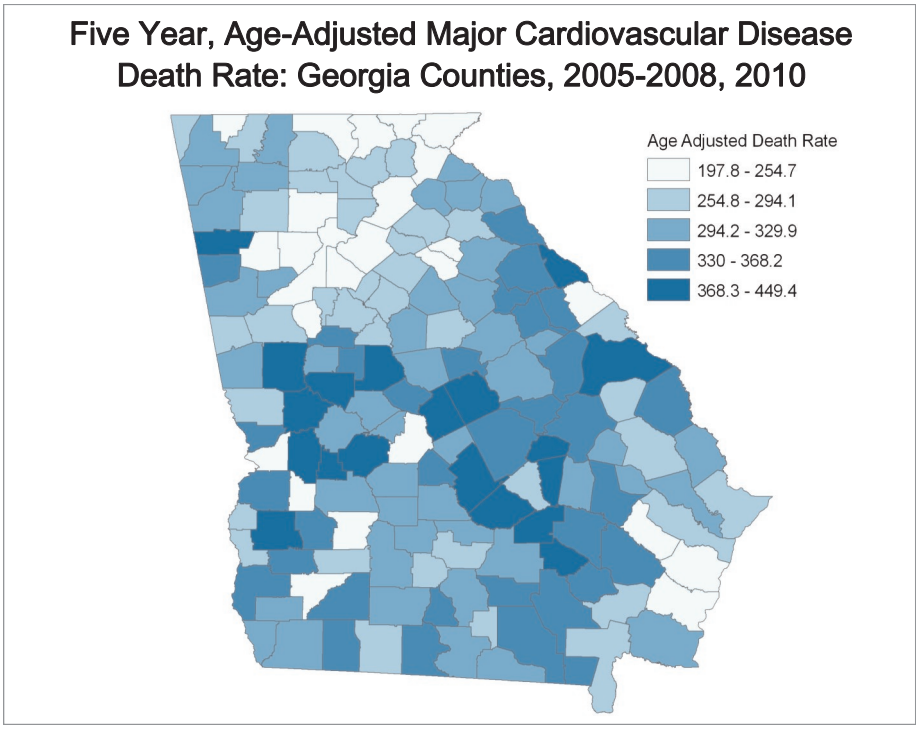
❖In 2010, 9.7% of Georgia adults were diabetic compared to 8.7% nationwide.

❖The percentage of adult Georgians with diabetes declined slightly from a high of 10.1% in 2007 to 9.7% in 2010.

❖The Centers for Disease Control and Prevention estimates that 25.8 million people have diabetes, the leading cause of blindness and kidney failure.

❖The Medical Expenditure Panel Survey estimates the national expenditures for the treatment of diabetes exceeded $51 billion in 2010; 10% of the cost was paid for by Medicaid.

❖Diabetes is a disease with serious complications and can lead to premature death. However, those living with the disease can control the disease and reverse the course of the disease through proper nutrition, regular physical activity and well-managed treatment plans.



Source: Georgia Department of Public Health, OASIS

❖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.

❖Total expenditures for heart conditions nationally exceeded $107 billion in 2010 and hypertension accounted for an additional $42 billion.

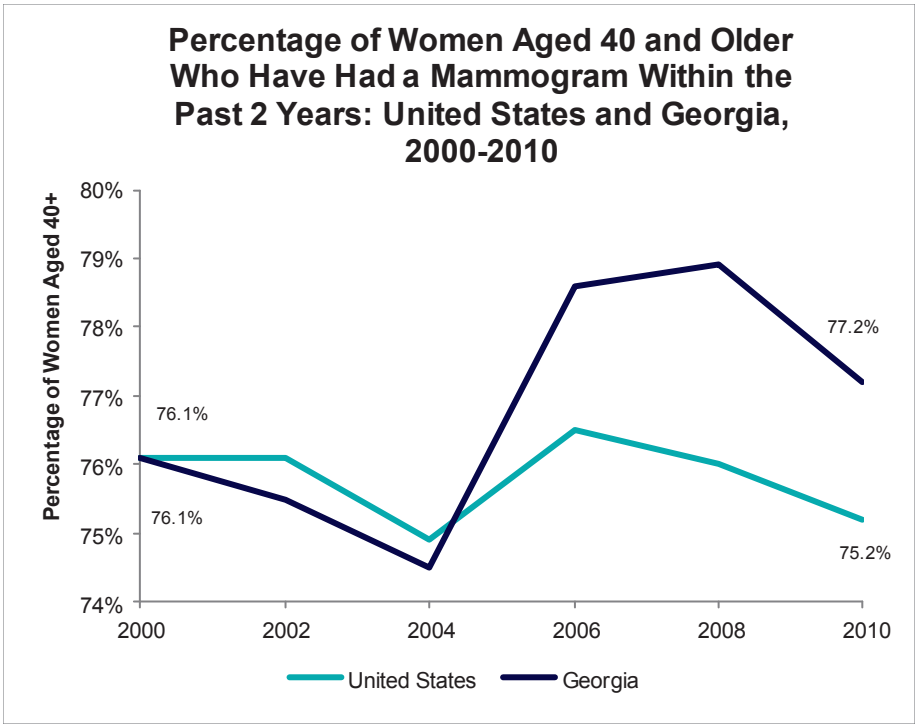
❖Nearly 21,000 Georgians died of cardiovascular disease in 2010, representing 30% of all deaths during that year. The lowest rates were registered in Towns, Fayette, Rabun, DeKalb, and Gwinnett counties. The highest cardiovascular disease death rates were reported for Montgomery, Jeff Davis, Wilkinson, Treutlen, and Upson counties.

❖Breast cancer is the most common cancer among women and one of the leading causes of cancer deaths among women of all races and Hispanic origin.

❖Mammograms screen for breast cancer and allow for early detection. When detected early, especially when the woman exhibits no other signs or symptoms of the cancer, her survival rate increases by as much as 30%.

❖Mammograms are recommended biennially for women over 40 years of age and annually for those over the age of 50.

❖The percentage of women 40 years and older who have had a mammogram in the previous two years in Georgia fluctuated within a narrow range between 2000 and 2010, ranging from a high of 78.9% to a low of 74.5%. Georgia women were screened at a slightly higher rate in 2010, (77.2%) compared to the nation as a whole (75.2%).



Source: Centers for Disease Control and Prevention, Behavioral Risk Surveillance System

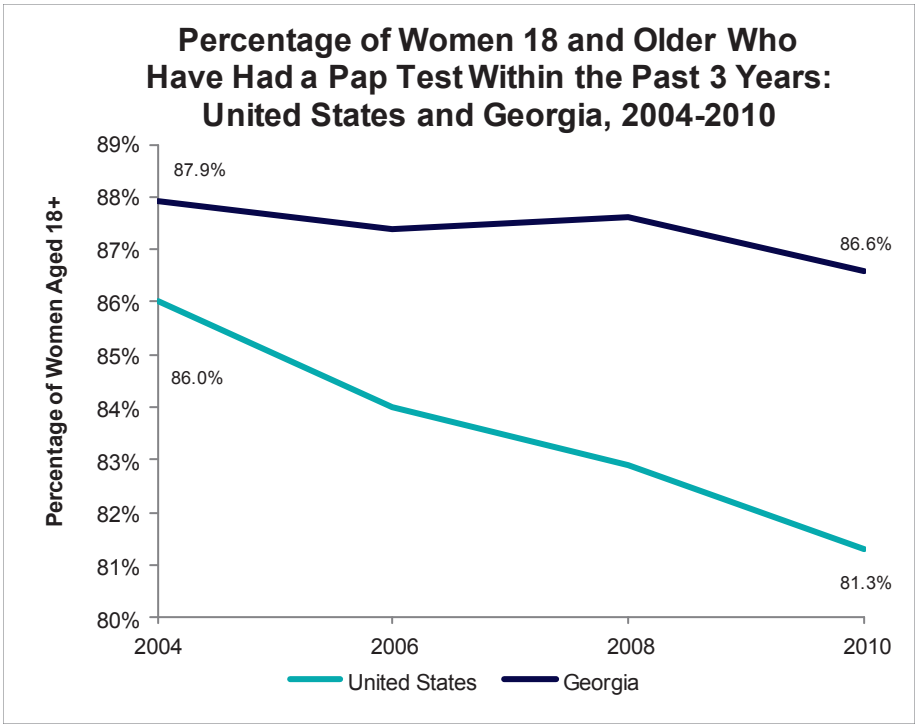
❖Pap tests primarily detect cervical cancer; and like mammograms, early detection improves survival rates.

❖Nationwide, in 2010, 81.3% of women 18 years and older had a pap test within the last three years.

❖Georgia ranked 4th among the 50 states with respect to the percentage of women having a pap test within three years in 2010 (86.6%).

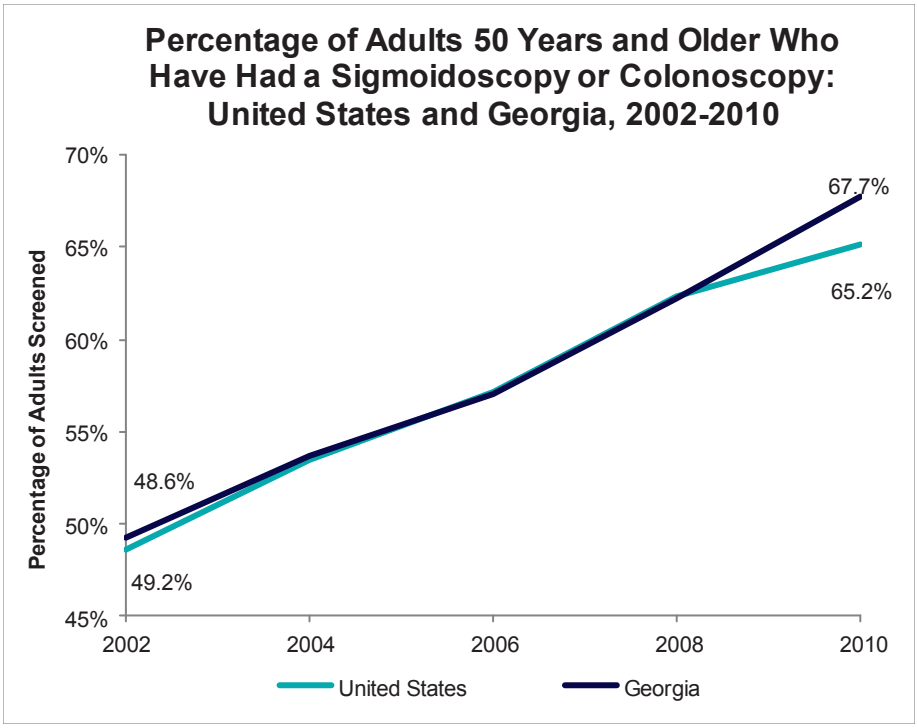
❖The Human Papillomavirus (HPV) is the primary risk factor for cervical cancer, however, a woman's age and genetic factors also play a role.

❖According to the Centers for Disease Control, in 2011, 53.0% of females 13-17 year olds in the United States and 48.4% in Georgia had received at least one shot in the three series HPV vaccination.



Source: Centers for Disease Control and Prevention, Behavioral Risk Surveillance System

Colorectal Cancer Screening and Cancer Mortality



Source: Centers for Disease Control and Prevention, Behavioral Risk Surveillance System

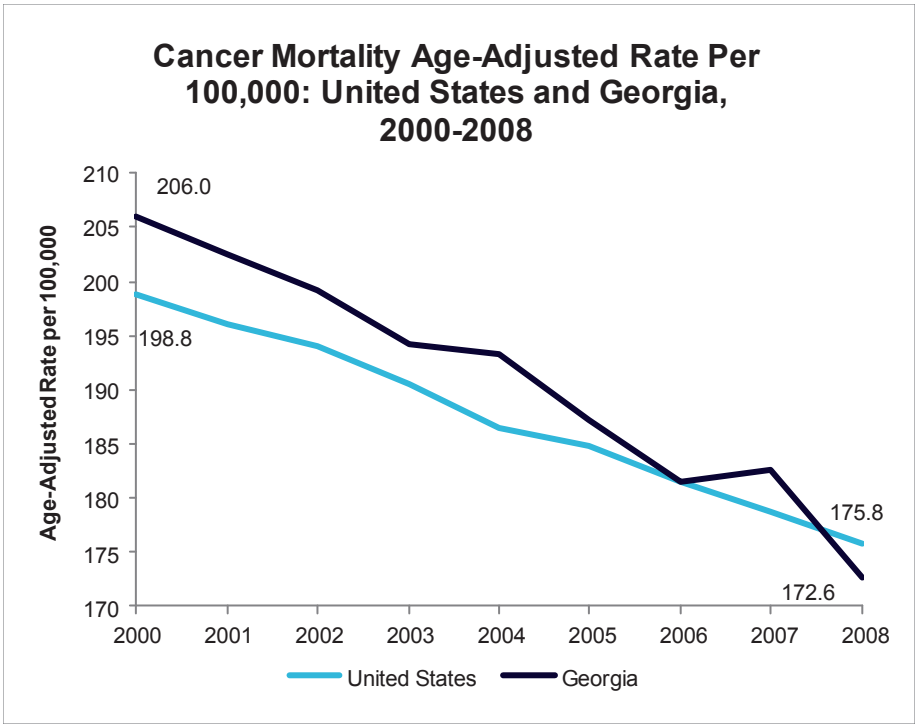
❖Colorectal cancer screenings are recommended for both men and women over the age of 50.

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

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

❖ It is estimated that as many as 60% of deaths from colorectal cancer could be prevented if all men and women over the age of 50 years were screened routinely for colorectal cancer (CDC).

❖Among cancers that affect men and women, colorectal cancer is the second leading cause of cancer-related death in the United States (CDC). In Georgia, cancer is the second leading cause of all deaths; cardiovascular disease is the leading cause.



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

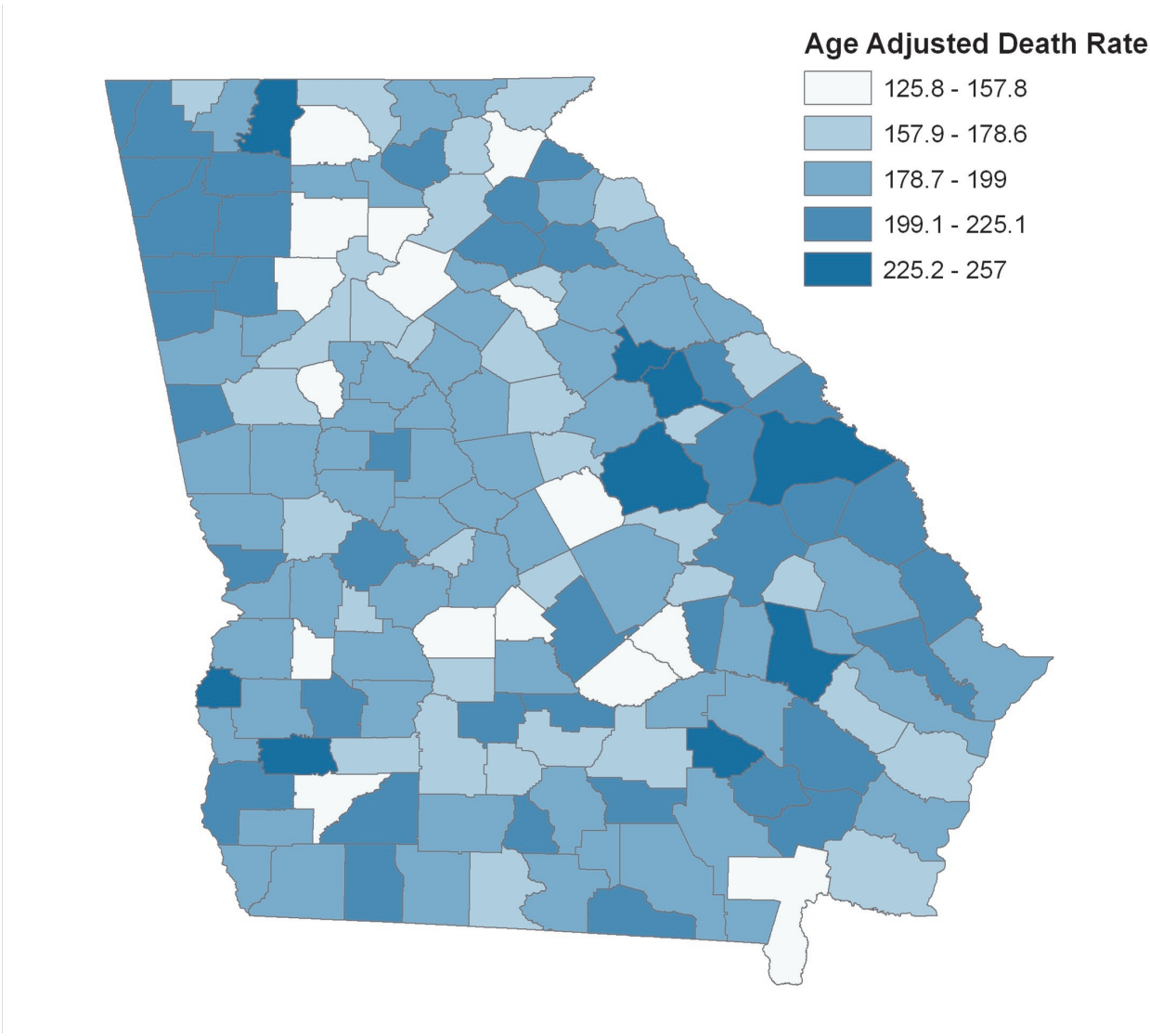
❖Cancer mortality rates in Georgia declined all but one year between 2000 and 2008, from 206.0 to 172.6 per 100,000 residents. Men in Georgia have a higher cancer mortality rate (219.8 per 100,000 population) than women (142.9 per 100,000).

❖Lung cancer is the leading cause of cancer death among Georgians (51.1 per 100,000 population), followed by male prostate cancer (25.8 per 100,000) and female breast cancer (21.8 per 100,000).

❖The Medical Expenditures Panel Survey estimates that medical expenses for cancer in 2010 nationwide at $81.7 billion.

❖A significant public-private investment resulted in Winship Cancer Institute at Emory University becoming Georgia's first cancer center designated by the National Cancer Institute.

Five Year, Age-Adjusted Cancer Death Rate: Georgia Counties, 2005-2008, 2010



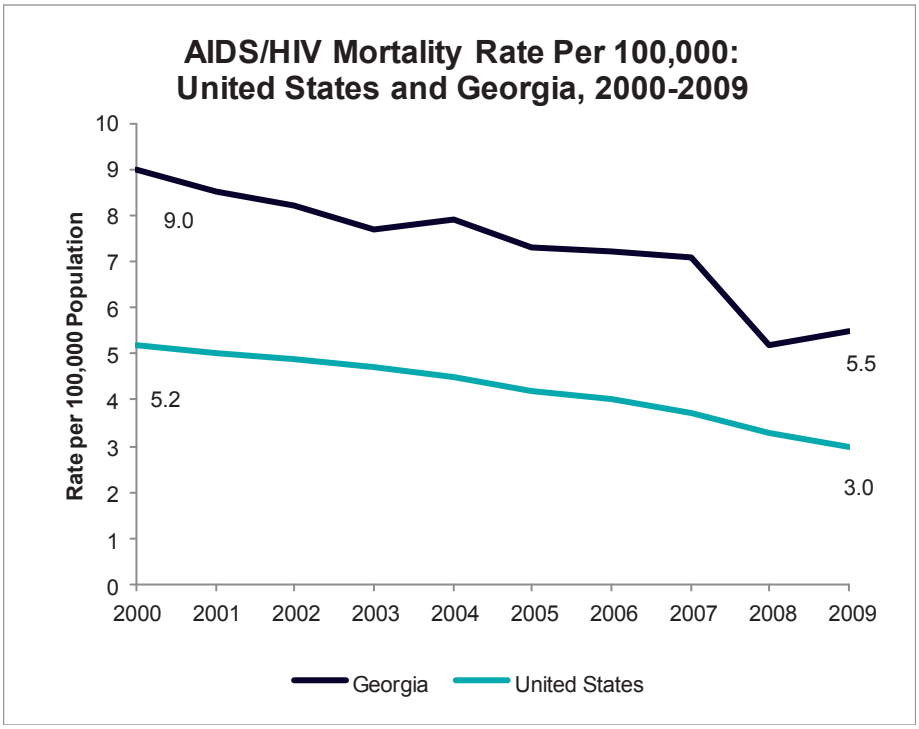
Source: Georgia Department of Public Health, OASIS

❖During the period between 2005-2008 and 2010, 72,950 Georgians died of cancer. The cancer mortality rate during this period declined 8%, from 186.1 to 171.2 per 100,000 residents (OASIS).

❖The highest cancer mortality rates for cancer during this period were recorded in the following counties: Taliaferro, Quitman, Calhoun, Tattnall, Warren. Three of the five counties with the highest cancer mortality rates are small communities with fewer than 5,000 residents.

Note: Data are unavailable for 2009.

HIV/AIDS and Pneumonia Mortality



Source: CDC National Center for Health Statistics, CDC WONDER

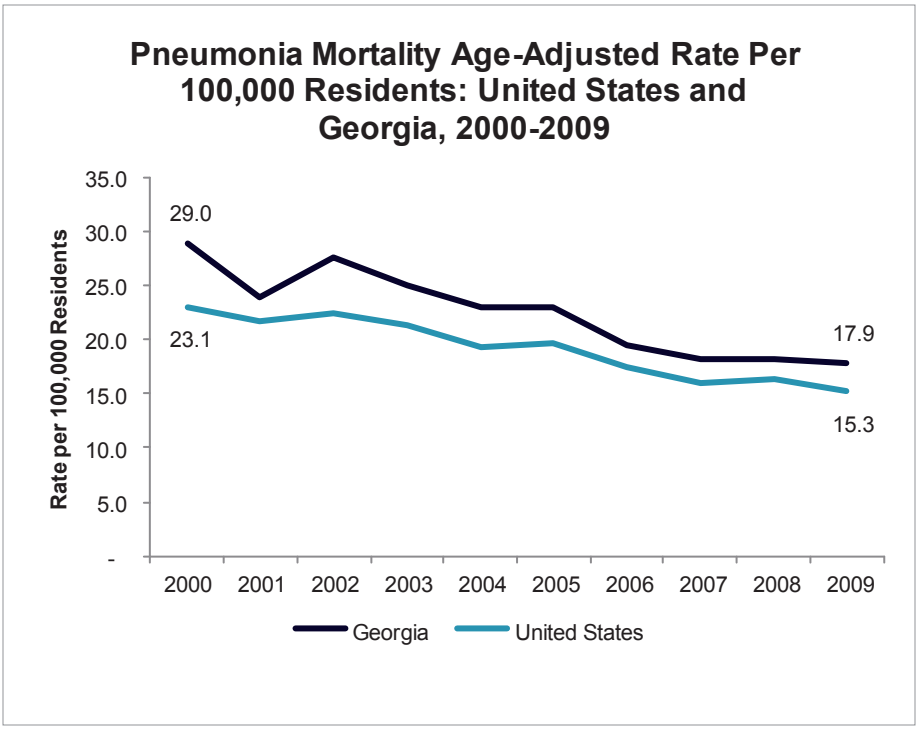
❖The human immunodeficiency virus (HIV) affects the immune system, and the acquired immunodeficiency syndrome (AIDS) is the advanced stage of HIV.

❖In 2010, there were 23,451 known Georgians living with AIDS. Of individuals with AIDS, 77% were male and 23% were female. The largest number of persons (39%) were 40-49 years of age.

❖The age-adjusted mortality rates for individuals with AIDS/HIV declined during the last decade nationally and in Georgia. In Georgia the rate declined from 9.0 to 5.5 per 100,000 residents and nationally the rate declined from 5.2 per 100,000 to 3.0.

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

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



Source: CDC National Center for Health Statistics, CDC WONDER

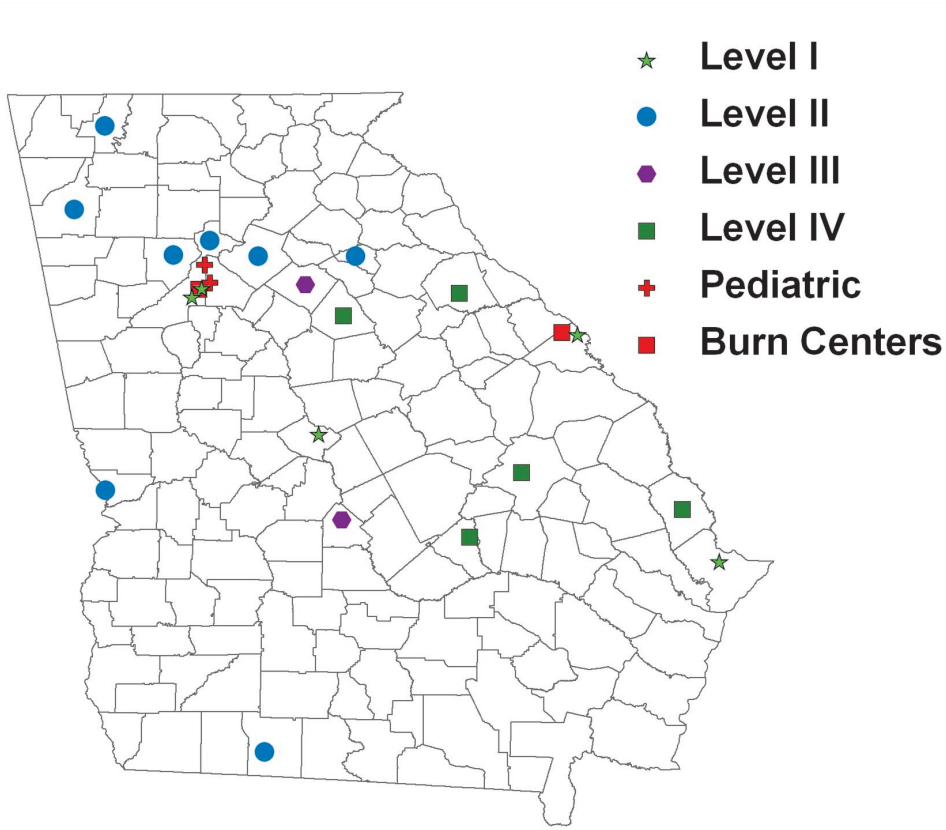
❖Pneumonia related deaths most often occur among the elderly population, the very young (under the age of 2 years) or in patients with diseases that weaken the immune system, such as AIDS.

❖During the period between 2000 and 2009 the age-adjusted pneumonia death rate per 100,000 residents in Georgia declined 38.3%, from 29.0 to 17.9. Nationally the pneumonia death rate declined 33.8%, from 23.1 to 15.3.

❖During the period between 2005 and 2010, more than 6,000 Georgia residents aged 60 and older died of pneumonia. The highest death rates for this condition were recorded in Stewart, Miller, Bacon, Washington, and Wilcox counties.

❖Flu and pneumonia together are the 8th leading cause of death in the United States.

Georgia Trauma Centers 2012



Level I
- Atlanta Medical Center
- Georgia Health Sciences Medical Center
- Grady Memorial Hospital
- Medical Center of Central Georgia
- Memorial University Medical Center

Level II
- Athens Regional Center
- Floyd Medical Center
- Gwinnett Medical Center
- Hamilton Medical Center
- John D. Archbold Memorial Hospital
- Medial Center-Columbus
- North Fulton Hospital
- Wellstar Kennestone

Level III
- Clearview Medical Center
- Taylor Regional Hospital

Level IV
- Effingham Health Center
- Emanuel Medical Center
- Lower Oconee Community Hospital
- Morgan Memorial Hospital
- Wills Memorial Hospital

Pediatric
- Children's Healthcare of Atlanta-Egleston
- Children's Healthcare of Atlanta-Scottish Rite

Burn Centers
- Grady Burn Center
- Joseph M. Still Burn Center

Source: Georgia Trauma Care Network Commission

Trauma Levels	Designation Criteria
I	• Full range of clinical services • Specialists on-site 24/7 • Trauma education and research • Community outreach • Attached to medical schools
II	• Full range of clinical services • Specialists on-site 24/7
III	• Limited range of clinical services • Specialists on call 24/7; available within 20 minutes
IV	• Ability to stabilize and transfer patients as appropriate

❖The leading causes of unintentional injury deaths in Georgia are motor vehicle accidents, falls, poisoning, fire and drowning. Traumatic injuries include multiple fractures, paralysis, punctured lungs, stab wounds and brain injuries. These types of injuries must be treated at a trauma center as death or the inability to recover may result if not treated within the first hour of injury.

❖Each year, an estimated 700 Georgians lose their lives to traumatic injuries. Georgia's trauma mortality rate is 20% higher than the national average.