



1117 Battlecreek Road
Jonesboro, GA 30236
p. 678-610-7258
f. 770-603-4872



Dr. Alpha Fowler Bryan

October 27, 2010

Dear stakeholder,

For the first time ever in the 70-year history of the Clayton County Board of Health (CCBOH), the board has released its State of Health Report for Clayton County. This comprehensive report was developed by the Board of Health to heighten the community's awareness of the most prevalent health issues impacting Clayton County.

The 17-page State of Health Report is meant to serve as a guide to individuals and policy makers about what factors are negatively impacting the life expectancy of Clayton County residents. The report also suggests what individual and collective actions can be done to improve those statistics.

Findings in the report include:

- Cardiovascular diseases (strokes and heart attacks) are the leading causes of death for Clayton County residents;
- Clayton County residents continue to use the emergency room for primary care services
- Between 2005 and 2006, there were 1,210 visits to the emergency room in Clayton County for uncontrolled diabetes, and 2,525 visits for uncontrolled hypertension.
- Between 1998 and 2007, 413 babies died before their first birthday in Clayton County and the county continues to have one of the state's highest rates of infant mortality.
- From 2003 to 2007 the overall birthrate of teens ages 15 to 19 has increased from 58.4 per 1,000 live births to 63.8 per 1,000 live births.
- Persons between the ages of 40 and 49 account for approximately 34.6 percent of all HIV/AIDS cases in the county.
- According to a recent survey of Clayton residents ages 18 and up, 26.8 percent of Clayton adults report they don't exercise, 82.1 percent report they eat few fruits and vegetables, 26 percent report being obese, 27 percent report to high blood pressure, 23.6 percent report they smoke, and 5.8 percent report having diabetes.

One of the key functions of public health is to monitor the community's health status and to mobilize partners and stakeholders into action to identify and solve health problems. This report can serve as an impetus for igniting a conversation among our residents, business owners, policy makers, and faith and community-based organizations about the importance of creating conditions that can lead to optimal health for everyone.

Please take time to read the information in this report and share it with your colleagues, co-workers, patients, friends, and family members. Information is power and with your cooperation, we hope to make Clayton County the healthiest county in one generation.

Sincerely,

Alpha Fowler Bryan, M.D.
District Health Director

2020

STATE *of* HEALTH REPORT

CLAYTON COUNTY BOARD OF HEALTH



P R E V E N T P R O M O T E P R O T E C T

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Alpha Fowler Bryan, M.D.
District Health Director, District 3-3

Executive Summary

It is a pleasure to present the first ever State of the Health Report for Clayton County. This report was developed by Clayton County Board of Health to heighten the community's awareness of the prevalent health issues impacting our County.

One of the key functions of public health is to monitor the community's health status and to mobilize partners and stakeholders into action to identify and solve health problems. I hope this report can serve as an impetus for igniting a conversation among our residents, business owners, policy makers, and faith and community-based organizations about the importance of creating conditions that can lead to optimal health for everyone.

Within this report, you will learn that:

- Cardiovascular Diseases (strokes and heart attacks) are the leading causes of death for Clayton County residents;
- Clayton County residents continue to use the Emergency Room for primary care services and during the period between 2005-2006, there were 1,210 visits to the emergency room for uncontrolled diabetes, and 2,525 for uncontrolled hypertension;

- Between the period 1998-2007, 413 babies died before their first birthday and Clayton County continues to have one of the state's highest rates of infant mortality
- Births to teens age 15-19 have steadily increased from 2003-2007. The overall birth rate was 58.4 per 1,000 live births among teens age 15-19. By 2007, the overall birth rate had increased to 63.8 among the same population.
- Persons age 40-49 years account for approximately 34.6% of all HIV/AIDS cases in the County (2008)
- Our lack of exercise, poor nutrition; and use of tobacco products are putting us at risk for premature death and chronic illnesses. According to a recent survey, 26.8% of Clayton adults, age 18 and older, report they don't exercise; 82.1% report they eat few fruits and vegetables; 26% state they are obese; 27% state they have high blood pressure; 23.6 report they smoke and 5.8% report having diabetes.

Some of the above statistics are startling! All must be addressed.

It is my hope you find this report helpful. The information in this report can: 1) serve as a useful tool for policy decisions; 2) serve as a guide when determining the need for services or enhancing existing services; and 3) assist the private and public sectors in increasing prevention and health promotion activities community-wide.

Please share this report with those you may come in contact with and feel free to use the report to make better health decisions for yourself.

Alpha Fowler Bryan, MD
District Health Director

Agency Vision

The Clayton County Board of Health's vision is to improve the overall health of the community. This is accomplished by health promotion and protection, preparedness planning and prevention activities that are evidence-based and data-driven.

Agency Mission

The mission of Clayton County Board of Health is to protect, promote, and improve the health of the community.

Board of Health Members



Honorable Eldrin Bell
Clayton County
Board of Health Chair



Honorable Corine Deyton,
Mayor of Forest Park, GA.



Edmond T. Heatley, Ed. D.
Superintendent of Clayton
County Public Schools



Jim Wood



Lloyd Joiner



Pamela Reynolds, RN

Overview of Agency

The Clayton County Board of Health (CCBOH) is one of 159 county boards of health established by Georgia Law in 1941. The CCBOH is governed by a seven-member board. As established in Georgia Law, the membership of the Board must include the CEO of the County (Chairman of County Commissioners) or designee; the County School Superintendent; the CEO of the largest city (currently the Mayor of Forest Park); a physician actively practicing in the county; one consumer advocate or licensed nurse appointed by the CEO of the largest city (currently the Mayor of Forest Park); and two additional consumer advocates appointed by the County Commissioners.

For the purposes of public health administration and planning, the Georgia Department of Community Health (DCH)/ Division of Public Health has designated Clayton County as Health District 3-3. The District Health Director is a physician as required by state law, and is appointed by the Director of the Division of Public Health with approval by the CCBOH.

Identification of local public health priorities and the agency's strategic direction is determined by the District Health Director (DHD) in collaboration with CCBOH board members, key stakeholders, and other engaged members of the community.

CCBOH employs 120 full-time; twenty (20) part-time; and five (5) contract employees representing an array of disciplines, including medicine; dentistry; nursing; health education; social work; nutrition; occupational, speech, and physical therapy; environmental health; medical records; and finance and accounting. These health care professionals serve in various capacities throughout the agency to address its mission to protect, promote, and improve the health of the community.

Many residents are familiar with CCBOH's long standing work of providing health services to mothers and their children, such as Women, Infants and Children (WIC) Supplemental Nutrition Program and Immunizations. Less understood are the routine and population-based activities of: 1) inspecting restaurants to assure food safety, 2) monitoring infectious diseases such as tuberculosis and sexually transmitted infections (STIs) to protect the community, 3) preparing our county for natural and/or man-made disasters through our Emergency Preparedness and Response Program, and 4) promoting healthy behaviors by educating residents about the importance of good nutrition and exercise. These activities are a few examples of the work performed by CCBOH staff and partner agencies on a daily basis and form the framework of quality public health practice. CCBOH provides the following essential services to assure the health and well-being of the Clayton County community.

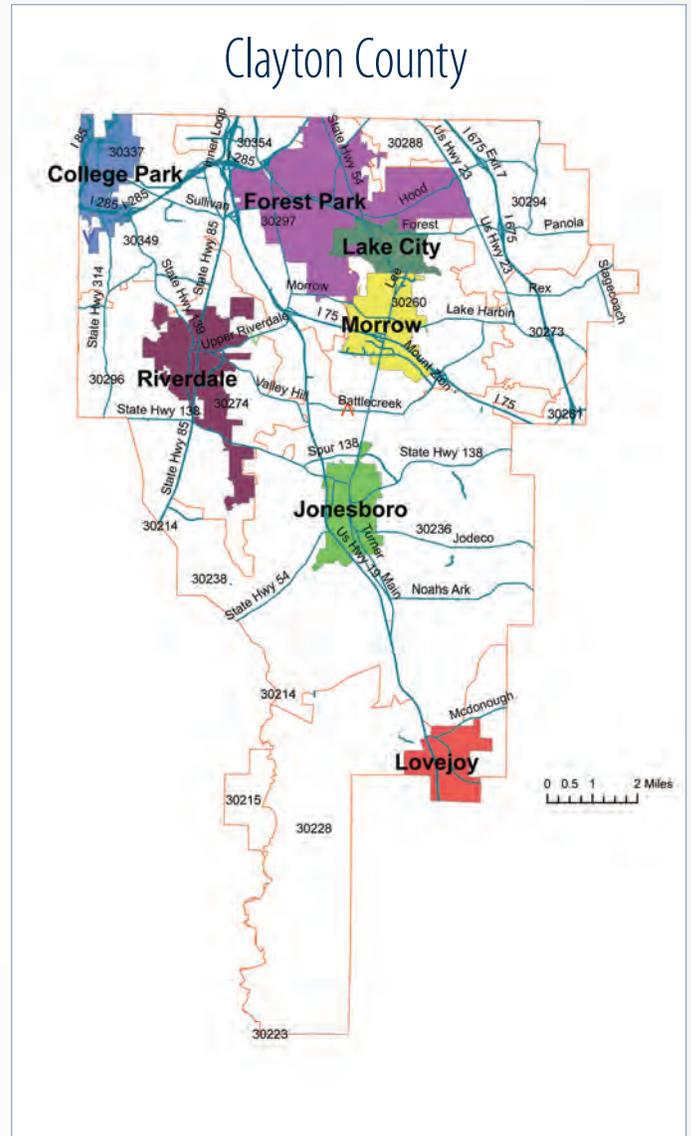
- Monitor health status to identify and solve community health problems
- Diagnose and investigate health problems and health hazards in the community
- Inform, educate, and empower people about health issues
- Mobilize community partnerships into action to identify and solve health problems
- Develop policies and plans that support individual and community health efforts
- Enforce laws and regulations that protect health and ensure safety
- Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable
- Assure a competent public and personal health care workforce
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- Research for new insights and innovative solutions to health problems

Clayton County History

Clayton County was formed out of Fayette (to the west) and Henry (to the east) in 1858 and was named after Judge Augustine S. Clayton, who served in the Georgia General Assembly. According to 2004 Census estimates, it is the fifth most populous county in the state as well as the fifth most populous in the 10-county Atlanta region. At 143 square miles, Clayton is the third smallest county in the state (out of 159) and the second smallest in the 10-county region, larger only than Rockdale.

Long before the county was officially formed, Creek Indians made this area their home. Remnants of their farming culture can still be found today along the Flint River. In 1823, Leaksville (later named Jonesboro) was founded and became an important stop on the railroad running from Macon to Terminus (later named Atlanta), that connected the southeast to the port city of Savannah. (Source: <http://www.claytoncountyga.gov/>)

There are seven municipalities located in Clayton County: Forest Park, Jonesboro, Lake City, Lovejoy, Morrow, College Park, and Riverdale. (The county's largest city is Forest Park)



Population Size and Characteristics

According to the most recent and available U.S. Census data (population estimates 2008), Clayton County's population has grown 14.6%, from 236,517 residents in 2000 to 271,098 residents in 2008. Population estimates for 2008 also indicate that residents age 18 – 64 years make up the largest proportion of county population, accounting for 171,801 (63%) of all county residents. In 2008, females made up 52% (140,084) of Clayton County residents and males made up 48% (131,014) of the resident population.

There has been a significant shift in the county's racial composition. Since 2000, the White population has decreased by 23.9% and the Black population has increased by 36.6%. The greatest shift has been in residents that identify themselves as Hispanic or Latino. In 2000 there were 17,728 Hispanic/Latino residents and by 2008 there were 30,471 which represents a 71.9% increase in the Hispanic/Latino population.

Our county is also becoming more diverse, with 13.6% foreign-born residents (2008), an increase of 24.8% since 2000 and 18.7% residents (2008) speaking a language other than English at home, an increase of 25.5% from 2000 - 2008.

Approximately 83% of Clayton County residents are high school graduates or higher (25 years and older). The median household income in 2008 was \$45,002. Quite disturbing is the increase in the percent of persons living below the poverty level. In 2000, 10.1% of Clayton residents lived below the poverty level. That percentage had increased by 37.6% in 2008, indicating that 13.9% were living below the poverty level.

Worth noting, are the numbers of grandparents raising grandchildren. U.S. Census Bureau population estimates for the period 2006-2008 indicate there were 3,348 grandparents living in the county who were raising their grandchildren under the age of 18.

Demographic Characteristics of Clayton County Residents from 2000 and 2008 Estimates			
	2000	2008	% Change†
General Characteristics			
Total Population	236,517	271,098	14.6%
Male	114,892	131,014	14.0%
Female	121,625	140,084	15.2%
Median age (years)	30.2	32.4	7.3%
Under 5 years	19,726	22,971	16.5%
5 to 17 years	51,195	57,728	12.8%
18 to 64 years	151,673	171,801	13.3%
65 years and over	13,923	18,598	33.6%
Race:			
White	89,741	68,314	-23.9%
Black or African American	121,927	166,601	36.6%
American Indian and Alaska Native	751	596	-20.6%
Asian	10,629	13,955	31.3%
Native Hawaiian and Other Pacific Islander	155	50	-67.7%
Other races	8,392	17,945	113.8%
Two or more races*	4,922	3,637	-26.1%
Hispanic or Latino (of any race)	17,728	30,471	71.9%
Social Characteristics			
Average Household size	2.84	2.97	4.6%
Average Family size	3.30	3.62	9.7%
% High school graduate or higher (25 years and older)	80.1%	83.2%	3.9%
% Bachelor's degree or higher (25 years and older)	16.6%	17.8%	7.2%
% Foreign Born	10.9%	13.6%	24.8%
% Speak a language other than English at home (5 years and older)	14.9%	18.7%	25.5%
% With a Disability (5 years and older)	18.3%	X	X
Economic Characteristics			
In labor force (16 years and older)	122,396	143,655	17.4%
Median household income (dollars)	42,697	45,002	5.4%
Median family income (dollars)	46,782	50,590	8.1%
Per capita income (dollars)	18,079	19,771	9.4%
% Persons living below poverty level	10.1%	13.9%	37.6%
† Calculated $[(\text{Most Current Year} - \text{Previous Comparison Year}) \div \text{Previous Comparison Year}] \times 100$			
* New to Census 2000			
X Value not applicable or not available			
Source: U.S. Census Bureau			

Health Care Providers and Facilities

A resident's ability to access adequate, affordable and appropriate health services can have a direct impact on the health status of an entire community. Clayton County has one hospital, Southern Regional Medical Center, a 406-bed, full service hospital located in Riverdale. The medical center provides comprehensive testing and treatment of cardiovascular diseases and recently received advanced stroke certification from the Joint Commission. Other facilities include four nursing homes with a total of 639 beds to provide long-term care services in the county.

The number of physicians practicing in the County increased from 233 in 1990 to 358 in 2006 resulting in a physician rate of 134.8 (see Figure 1). The physician rate is an indicator of the adequacy of health services available and is defined as the number of physicians per 100,000 residents. Clayton County ranks 48th in physician rate out of the 159 Georgia counties.

The breakdown by physician specialty is shown in Table 1. (Source: Georgia County Guide, 2006).

Specialty	Number of Physicians
Primary Care	
Family Practice	41
Internal Medicine	46
Pediatrics	36
General	
Obstetrics/Gynecology	23
Surgery	14
Other	198
Total	358

Source: Georgia County Guide 2006

Insurance Coverage

In 2008, the DCH in its Georgia Health Disparities Report gave Clayton County a grade of D for insurance coverage. According to the DCH, 17.5% of the county population is uninsured compared to 14.8% for other counties located within the Atlanta Metropolitan area (Atlanta-Gainesville MSA).

Leading Causes of Deaths and Hospitalizations

Leading Causes of Deaths

The leading causes of death in Clayton County from 2003–2007 is summarized in Table 2. Deaths due to cardiovascular diseases, which include strokes and heart attacks, is the leading cause of death, followed closely by deaths due to cancers. Many of the leading causes of death are due to chronic diseases that can be prevented or delayed by changes in lifestyle and/or decreasing risk factors associated with the disease. For example, increasing physical activity, consuming more fruits and vegetables, eliminating use of tobacco products, and receiving routine medical screenings from a medical provider can in many cases prevent or decrease the severity of chronic illnesses.

Figure 1: Number of Practicing Physicians in Clayton County, 1990-2006



Number of Physicians
Source: Georgia County Guide, 2000-2006

Table 2: Rates of the Leading Causes of Deaths in Clayton County, 2003-2007

Cause of Death	2003	2004	2005	2006	2007	Overall Rate*
Cardiovascular Diseases	170.6	167.2	167.6	157.4	148.0	162.2
Cancers	116.7	114.4	107.5	105.4	110.2	110.8
Respiratory System Diseases	49.7	41.9	44.0	38.0	37.5	42.2
Infectious and Parasitic Diseases	21.6	21.1	23.5	25.1	27.6	23.8
Diabetes	16.6	15.9	13.8	20.3	15.8	16.5
Nervous System Disorder	18.5	14.7	15.7	18.1	14.3	16.2
Kidney Diseases	13.5	9.4	13.4	17.7	21.3	15.1
Mental and Behavioral Disorders	10.0	14.0	12.7	19.5	15.4	14.3
Motor Vehicle Crashes	14.6	10.2	12.7	16.6	12.1	13.2
Suicide	12.3	11.3	10.4	15.1	16.5	13.1

*Overall Rate is the combined rate for the 5 years together and is per 100,000 population
Source: Georgia Department of Community Health, Division of Public Health, Office of Health Information and Policy, Online Analytical Statistical Information System (OASIS)

Leading Causes of Hospitalizations

The leading causes of hospitalizations (hospital discharge diagnoses) in Georgia for Clayton County residents from 2003 – 2007 is summarized in Table 3. Pregnancy and Child birth complications were responsible for the most hospitalizations followed by cardiovascular diseases and respiratory system diseases. Residents at an alarming rate are utilizing the emergency room for services that should be provided by a primary care physician. For example, for the period 2005-2006, the DCH reported that there were 1,210 visits to the emergency room for uncontrolled diabetes; 2,525 for uncontrolled hypertension; and 28,380 visits for preventable primary care services.

Table 3: Leading Causes of Hospitalizations for Clayton County Residents, 2003-2007

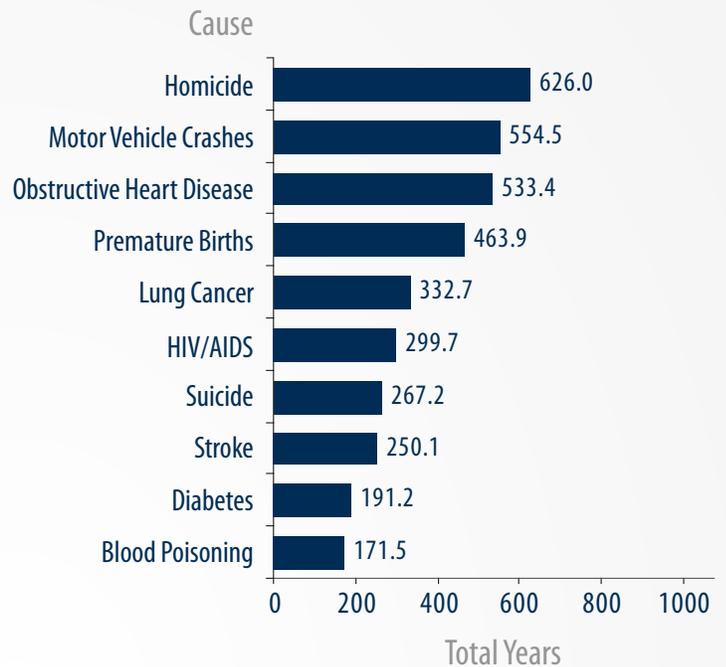
1. Pregnancy and Child Birth Complications
2. Cardiovascular Diseases
3. Respiratory System Diseases
4. Digestive System Diseases
5. Mental and Behavioral Disorders
6. Reproductive and Urinary System Diseases
7. Bone and Muscle Diseases
8. Infectious and Parasitic Diseases
9. Cancers
10. Diabetes

Source: Georgia Department of Community Health, Division of Public Health, Office of Health Information and Policy, Online Analytical Statistical Information System (OASIS).

Years of Premature Life Lost (YPLL)

Figure 2 shows the Years of Potential Life Lost (YPLL) by Cause of Death for Clayton County for the period 2003-2007. YPLL is defined as the potential life lost due to death before age 75 or premature death. The age of 75 years is used because in the United States healthy and accident-free individuals are expected to live at least to age 75. The leading cause of premature deaths in Clayton County, from 2003 to 2007, was homicide (626.0 years), followed by motor vehicle crashes (554.5 years), and obstructive heart disease (533.4 years). Deaths due to premature births (463.9 years) and lung cancer (332.7 years) were fourth and fifth, respectively.

Figure 2: Years of Potential Life Lost (YPLL) by Cause of Death for Clayton County, 2003-2007*

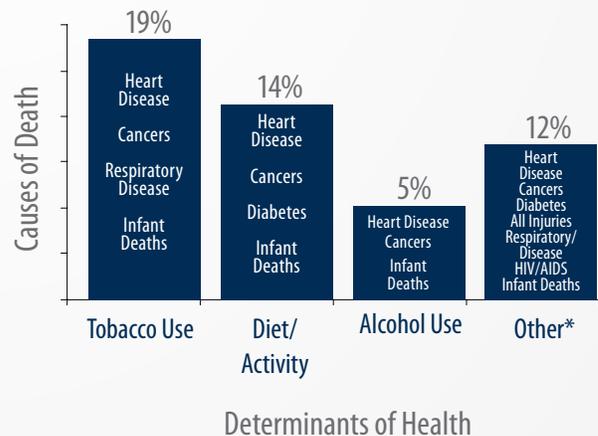


*YPLL Rate = Years of potential life lost before age 75 that occur per 100,000 population less than 75 years of age.

Source: Georgia Department of Community Health, Division of Public Health, Office of Health Information and Policy, Online Analytical Statistical Information System (OASIS).

Figure 3: What's Really Killing Us?

Half of all deaths can be attributed to these factors.



* Other lifestyle and personal behavior (nongenetic) risk factors include microbes, toxins, firearms, sexual behavior, motor vehicles, and drug use.

Source: McGinnis, J.M & Foege, W.H. (1993). Actual causes of death in the United States. JAMA., 270(18), 2207-2212

Community Health Status Report – Clayton County Georgia 2009

Environmental Health Services



Environmental Health is a cornerstone of the public health system with early accomplishments in "...preserving the purity of food and water, and ensuring basic sanitation".

CCBOH's Environmental Health Program is responsible for ensuring the health and safety of the public and manages this responsibility by providing the following services:

- Conducting plan reviews, permitting, inspecting, and investigating complaints of:
 - Food service establishments
 - Public Swimming Pools and Spas
 - Tourist Accommodations
 - On-site sewage management systems
- Investigating food borne, water borne, and vector (e.g., mosquito) borne diseases
- Investigating general nuisance complaints from residents due to insects, rodents, sewage wastage, and other environmental issues
- Partnering with other local agencies to improve adherence to environmental health regulations

In fiscal year 2009, CCBOH Environmentalists conducted a total 1,632 inspections of the 855 permitted food service establishments (includes the Hartsfield-Jackson Atlanta International Airport and Clayton County Public School System cafeterias) in the county. The Environmentalists also conducted 60 informal and follow-up inspections and complaint investigations of 71 permitted tourist accommodations; 514 inspections of 241 permitted public pools and spas. In addition, there were a total of 553 informal and follow-up inspections, existing evaluations, modification inspections, repair inspections and complaint investigations of individual on-site sewage management systems. The program collected 9 individual water supply (well) samples and performed 621 investigations related to specific health hazards.

In fiscal year 2010, the program partnered with the Clayton Co-operative Extension Services to provide ServSafe Training to 65 employees working in the food service industry.

Bed bugs are a recent emerging threat that Environmental Health is addressing. Bed bugs were once a common nuisance and are currently making a comeback worldwide. Bed bugs can be found in the cleanest of homes, hotels, and other buildings. Bed bugs can be found almost anywhere in the hotel room. They are most often found in fabric and wood, not metal or plastic.

What Can You Do to Protect Yourself and Home from Bed Bugs?

- **Launder bedding and dry** at the hottest dryer setting to kill all stages of bed bugs.
- **Thoroughly vacuum** infested areas. This includes the mattresses, box springs furniture, beds, head boards, and sofas. Do not forget the void area underneath box springs—tear away the cambic fabric and look for bed bugs there. After you are finished, bag the vacuum cleaner bag and take it to the outside trash dumpster. Vacuum every couple days until the infestation is gone.
- **Eliminate clutter** in infested areas to reduce bed bug hiding places and make treatments more effective.
- **Repair cracks and crevices.** Eliminate harborage areas by filling in cracks, removing torn wallpaper, and sealing joints and cracks.
- **Work with a reputable pesticide company.** Generally, pesticides will need to be applied along with nonchemical control to get rid of the bed bugs.

Source: Georgia Division of Public Health/Office of Environmental Health Services

For a partial list of companies, visit: <http://agr.georgia.gov/>

Emergency Preparedness and Response



In building our community's capacity to be prepared and able to respond to emergencies we have:

- Secured and identified eleven locations within Clayton County to dispense medications;
- Conducted multiple full scale exercises;
- Developed plans to protect the entire county from disease threats;
- Conducted two mass medication dispensing training exercises within the county.

What Can You Do?

The most important actions you can take on behalf of you and your family is to prepare a Family Disaster Plan; educate everyone on the plan; AND hold emergency simulation drills.

Your disaster plan should:

- 1) Address special issues surrounding animals, the elderly, and the disabled.
- 2) Specify a designated meeting location.
- 3) Include the name of an out-of-state family contact with verified current contact information, and
- 4) Identify locations where your family members spend a majority of time and have a copy of your disaster plans at those designated locations, e.g., your workplace, your children's school or day care center, friends' homes, and other places
- 5) Include assembled kits with disaster supplies. Keep one in the car and one at home. These kits should contain enough supplies to allow you to survive for three (3) days. (See Figure 4)

Emergency Preparedness and Response

Since September 11, 2001, our nation has become acutely aware of the need to be prepared to respond to disasters whether they are natural or man-made. In response to the September 11 attacks and the anthrax threats of 2001, public health agencies established local emergency preparedness and response programs to assure the safety and protection of all citizens.

In 2002, Clayton County Board of Health established its Office of Emergency Preparedness and Response (OEPR). If a natural or man-made disaster occurs, the OEPR is responsible for assuring residents get the health services they need to keep them well; the medical attention they need if they are sick or injured; and crisis counseling during and immediately after an event. These efforts are coordinated through planning, training and by establishing relationships with county government and local community partners. The OEPR responds to a variety of disasters, including bioterrorism, pandemics, and other natural or man-made disasters.

Since its establishment in 2002, OEPR has responded to ensure the health and safety of Clayton residents by:

- Opening a medical shelter for Hurricane Katrina evacuees; and
- Distributing H1N1 vaccine throughout the county and organizing mass H1N1 vaccination clinics

Under the State's City Readiness Initiative (CRI), OEPR is prepared to distribute medication to the entire county within 48 hours after becoming aware of a possible anthrax attack.



Focus on Chronic Diseases

Chronic diseases are long lasting or recurring illnesses that occur mostly later in life. They include such diseases as cardiovascular disease (stroke and heart attack), cancer, diabetes, and arthritis. Reducing risk factors such as smoking, physical inactivity, and poor nutrition; limiting exposure to the sun and second-hand smoke; knowing your family history and routine health screenings can play a major role in preventing the onset of these diseases.

Cardiovascular Diseases (CVD)

Cardiovascular diseases such as heart disease (hypertensive and obstructive), stroke, and high blood pressure affect the heart or blood vessels. Specific medical conditions and lifestyle factors can increase a person's risk of developing a cardiovascular disease. People can prevent cardiovascular diseases by making healthy behavior choices and managing their medical conditions.

Risk Factors for CVD include:

- Using tobacco products
- Consuming foods high in saturated fat and cholesterol
- Lack of Physical Activity
- Being Overweight or Obese

Diabetes

Diabetes is a disease in which blood sugar levels are above normal. Most of the food we eat is turned into glucose, or sugar for our bodies to use for energy. However, in persons with Diabetes, the body is not able to make enough insulin or not use up the body insulin as well as it should, causing sugar to build up in the blood. Diabetes can cause serious health problems including heart disease, blindness, and kidney failure. (<http://www.cdc.gov/diabetes/consumer/learn.htm>)

Diabetes is the fifth leading cause of death in Clayton County with 210 deaths occurring during the period from 2003-2007. Figure 5 shows that black residents make up 69% of morbidity associated with diabetes in the county for the period 2003-2007.

Risk factors for Diabetes include:

- Overweight or obese
- Family History
- High blood pressure
- Lack of physical activity

Reduce Your Risk

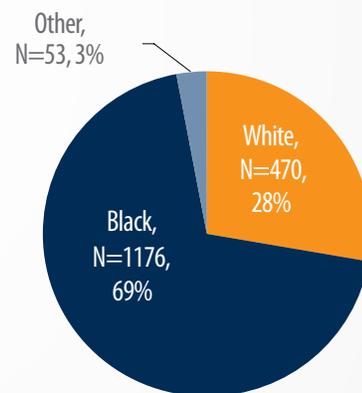
- If overweight or obese, lose weight
- Increase physical activity

Cancers

Cancer occurs when abnormal cells in a part of the body begin to grow out of control. Family history, age, and gender are uncontrollable risk factors that can put you at risk for certain cancers. The three most common cancers for Clayton residents during the period 2003-2007 were colon, lung and breast.



Figure 5: Clayton County Diabetes Morbidity by Race, 2003-2007



Other includes Asian, Native Hawaiian/Pacific Islander, American Indian/Alaska Native, multiracial, and other.

Source: Online Analytical Statistical Information System (OASIS) Georgia Department of Community Health. Division of Public Health. Office of Public Health Information and Policy.

Risk Factors for Cancer include:

- Smoking
- Excessive exposure to the sun

Reduce your Risk for Cancer:

- Maintain a healthy weight
- Quit smoking
- Limit sun exposure
- Get screened for prostate, breast, cervical, colon, and skin cancer as recommended

Focus on Maternal and Child Health



(infant mortality). An incredible number of our youth are parenting too early (teenage pregnancy/early fatherhood) and this sets off a chain reaction that leads to low educational attainment (low graduation rates) and perpetuation of a cycle of poverty (self-sufficiency).

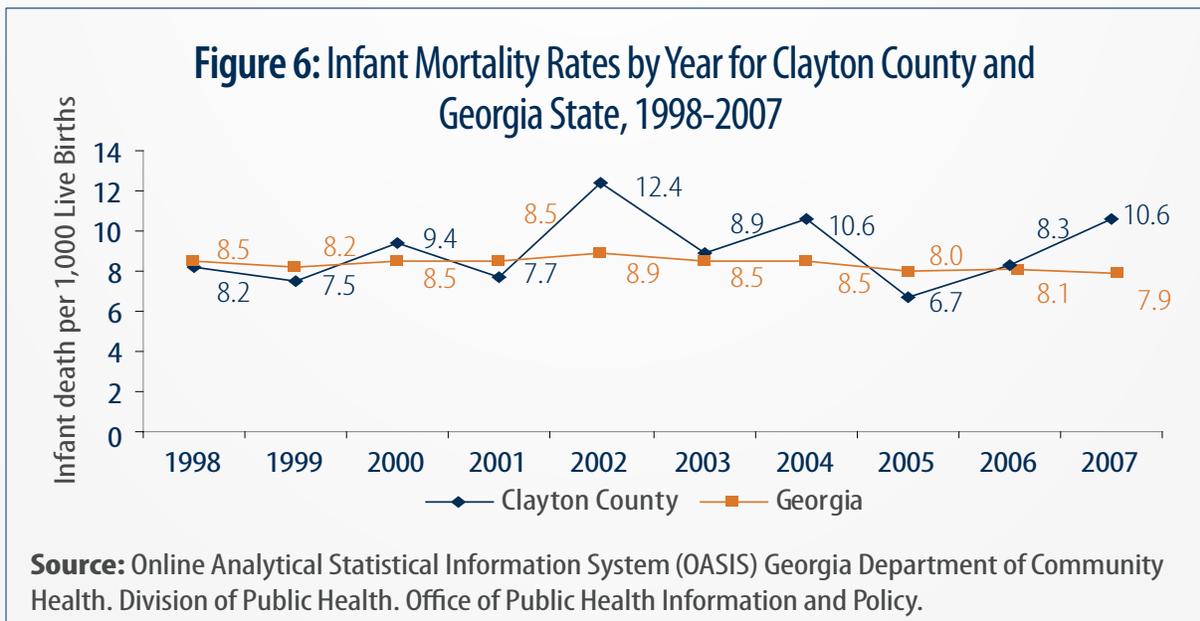
Births and Birth Outcomes

There were 5,107 births to Clayton County residents in 2008, a 17.4% increase from the 4,350 births in 2000. Eleven of these births were to females age 10-14; 670 to females age 15-19; 2,896 to females age 20-29; 1,417 to females age 30-39 and 113 to females age 40 and older.

Clayton County has one of the state's highest rates of infant mortality. Based on data available through Georgia's Division of Public Health's Online Analytical Statistical Information System (OASIS), Clayton County's overall infant mortality rate (IMR) was 9.0 per 1000 live births for the period 1998-2007 (See Figure 6). The White IMR and Black IMR were 6.3 and 11.3, respectively, for the same period. This indicates an almost two-fold disparity in rates of infant mortality based on race. Of the 413 infant deaths from 1998-2007, 68% (N=280) occurred during the neonatal period (0-28 days) and 32% (N=133) occurred during the post neonatal period (28 days to one year).

Maternal and Child Health

If Environmental Health is the cornerstone of public health practice, then Maternal and Child Health is its bedrock. Improving birth outcomes is an important health priority for our community to address. Today too many babies are born too soon (premature) and too small (low birth weight). Many of our youngest residents never live to see their first birthday



Clayton County has a higher percentage of premature births (13.8%) than the state as a whole (13.1%). Black Non Hispanics represent 15.6 percent of all premature births from 1999 through 2008 compared to Hispanics at 12.5%. Women 35 years and older were 1.2 times more likely to have a premature baby than those that were 20-24 year old. The percentage of premature births among the other age groups ranged from 12.8% for women 20-24 years to 14.0% for women less than 20 years old (See Figure 7).

Low birth weight (LBW) and very low birth weight (VLBW) rates have fluctuated in Clayton County over the ten year period from 1999 through 2008 and, as of 2008, both rates were higher than the state of Georgia's.

Black Non Hispanics have shown the highest rates of LBW (13.2%) and VLBW (3.3%) babies in 2008. Mothers less than 20 years old and those 35 years old are more likely to have LBW and VLBW babies based on their rates.

Figure 7: Premature Births (32 Weeks Gestation) by Maternal Age and Race/Ethnicity, Clayton County, 1999-2008



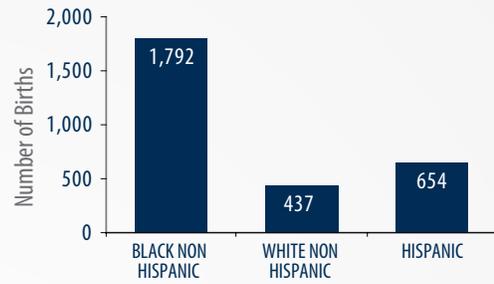
Source: Online Analytical Statistical Information System (OASIS) Georgia Department of Community Health, Division of Public Health, Office of Health Information and Policy.

Teenage Pregnancies/Teen Births

Teen pregnancy rates are increasing since record decreases in the 1990s. In Clayton County, the teenage pregnancy rate in 2007 for White teens, age 10-19 was 49.0 compared to 42.4 for Black teens. For teens age 15-17, the overall pregnancy rate was 43.9 during the same period. The distribution by race was 51.8 (White) and 43.4 (Blacks) and 118.7 (Hispanic/Latino), 2007.

Birth rates among Clayton County teens age 15-19 have steadily increased from 2003-2007. The overall birth rate for teens age 15-19 in 2003 was 58.4/1000 live births. By 2007, the rate had increased to 63.8. From 2003-2007, there were 3,014 live births to females age 15-19 (all races). Although the White,non-Hispanic/Latino teen birth rate for the same

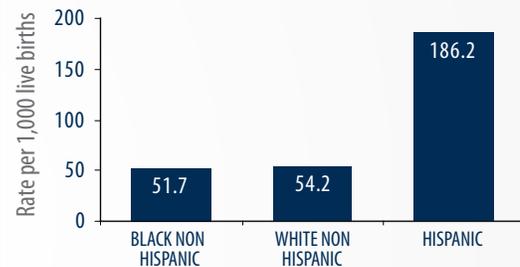
Figure 8: Teens (15-19) births by race/ethnicity, Clayton County 2003-2007*



*Other race and unknown race not included in calculation

Source: Online Analytical Statistical Information System (OASIS) Georgia Department of Community Health, Division of Public Health, Office of Public Health Information and Policy.

Figure 9: Teens (15-19) birthrate by race/ethnicity, Clayton County 2003-2007*



*Other race and unknown race not included in calculation

Source: Online Analytical Statistical Information System (OASIS) Georgia Department of Community Health, Division of Public Health, Office of Public Health Information and Policy.

period was higher than for Black,non-Hispanic/Latino teens (54.2 vs. 51.7, respectively) there were 1,792 births to Black teens (age 15-19) compared to 437 births for White, non-Hispanic teens (age 15-19). There have been 654 births to Hispanic/Latino youth (age 15-19) from 2003-2007 with an overall average birth rate of 186.2 per 1,000 live births (See Figures 8 and 9).

What Can You Do?

Remember, a healthy baby starts with a healthy woman. Women of reproductive age (age 15-44) should reduce their risk for diabetes and hypertension. This means maintaining a healthy weight; increasing physical activity; eating more fresh fruits and vegetables; reducing stress levels; and not smoking, drinking, or taking drugs (illegal substances).

Focus on Infectious Diseases



Infectious Diseases

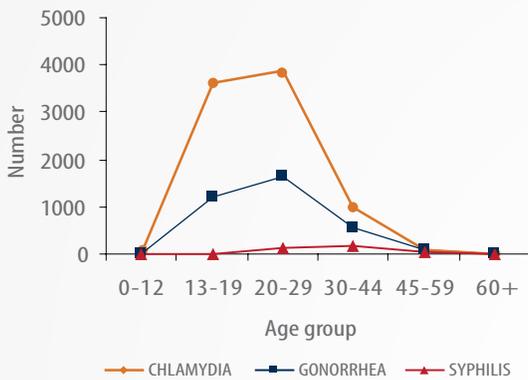
Protecting people from communicable or infectious diseases is a basic public health function. Physicians, labs and other health care providers are required by Georgia law to report certain communicable infections and conditions to their local health department. The Clayton County Board of Health is responsible for the investigation of all reportable infections and conditions including Tuberculosis and Sexually Transmitted Infections (STI) both confirmed and suspected. Some

of these infections have mild or absent symptoms but if left untreated may result in serious health complications. Follow up investigations can be as simple as a phone call to more complex contact investigation. The investigation process includes seeking the source of the infection, finding all of those who have been exposed, and ensuring that those who are exposed are provided/or referred to appropriate health care and given advice to prevent further spread of the disease or infection.

Chlamydia, Gonorrhea & Syphilis

Chlamydia, Gonorrhea, and syphilis remain a burden in the county especially among teens and young adults (See Figure 10). Blacks represent 42% of cases, however, 52% of cases have racial distribution listed as unknown. This is an indication that there is an underreporting of racial distribution and percentages will be different from those reflected if proper documentation of race is available.

Figure 10: Clayton County Chlamydia, Gonorrhea & Syphilis* Cases by Age, 2003-2007



Syphilis includes all stages: primary, secondary, early latent, congenital or other.
Source: Online Analytical Statistical Information System (OASIS) Georgia Department of Community Health, Division of Public Health, Office of Public Health Information and Policy.

HIV/AIDS

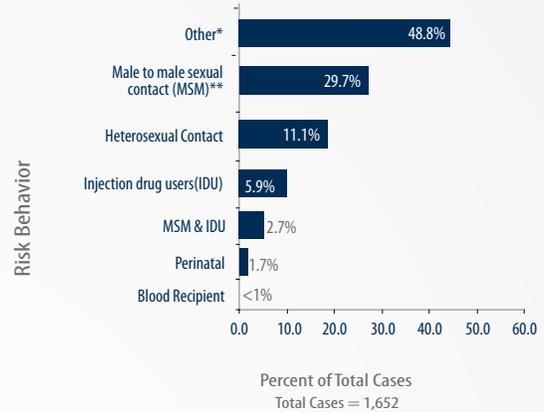
HIV (human immunodeficiency syndrome) and AIDS (acquired immunodeficiency syndrome) remains a persistent public health issue. HIV infection is the early stage while AIDS is the late stage of the infection with the virus. The time it takes from HIV infection to full-blown AIDS may be between 1-15 years or longer. The virus is transmitted from person to person through blood, sexual contact, or breast milk. Clayton County, by December 2008, had 1,652 reported cases of HIV/AIDS (See Table 4 and Figures 11 and 12).

Table 4: Clayton County HIV/AIDS Cases Sex Distribution, 2008

SEX	CASES	%
Female	483	29.2
Male	1169	70.8
Total	1652	100

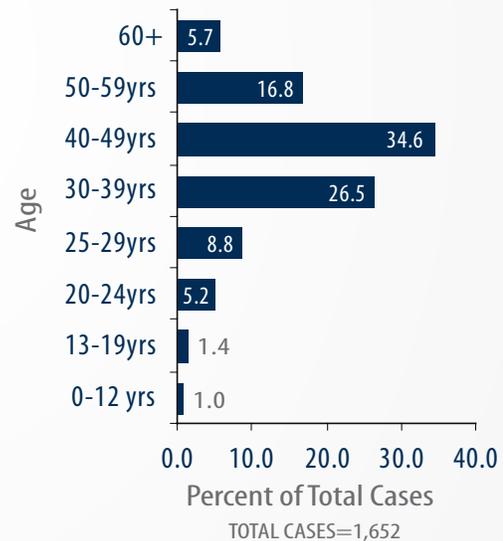
Source: Georgia Department of Community Health, Division of Public Health, Office of Health Information and Policy, Online Analytical Statistical Information System (OASIS).

Figure 11: Clayton County HIV/AIDS Cases by Risk Behavior, 2008



*Other are cases with no identified risk and those with no risk reported.
Source: Georgia Division of Public Health, Epidemiology Branch, HIV/AIDS Epidemiology Unit

Figure 12: Clayton County HIV/AIDS Cases by Age, 2008



Source: Georgia Division of Public Health, Epidemiology Branch, HIV/AIDS Epidemiology Unit

Tuberculosis

Tuberculosis, also called "TB", is an infectious disease transmitted from person to person through droplets in the air and usually affects the lungs. However, it sometimes affects other parts of the body such as the brain, the kidneys, or the spine. TB can cause death if untreated. Since we are all connected by the air we breathe, this makes TB everyone's problem.

According to the 2008 Georgia Tuberculosis Report, 478 tuberculosis (TB) cases were reported in Georgia, representing a 1% increase from 473 TB cases reported the previous year, but a 47% reduction in cases from the height of resurgence in TB that occurred in Georgia in the early 1990s. Despite the declining incidence of cases, Georgia's TB case rate of 4.9 cases per 100,000 people is still higher than the national average of 4.2 cases per 100,000, and Georgia has the ninth highest TB case rate in the nation. Clayton County's rate in 2008 was 5.1 cases per 100,000 people.

Hepatitis

Hepatitis means inflammation of the liver and refers to a group of viral infections that affect the liver. Common types are Hepatitis A, Hepatitis B, and Hepatitis C. The leading cause of liver cancer is viral hepatitis. An estimated 800,000 – 1.4 million persons are living with chronic Hepatitis B; 2.7-3.9 million persons are living with chronic Hepatitis C in the United States, and many do not know they are infected. Each year an estimated 25,000 persons become infected with Hepatitis A, 43,000 with Hepatitis B, and 17,000 with Hepatitis C (Source: Centers for Disease Control and Prevention, 2009). Exact numbers of those infected with hepatitis are unknown due to underreporting of cases.

Hepatitis Need to Know Facts

	Transmitted by	Incubation Period*	Population at Risk	Vaccine Available	Prevention
Hepatitis A	Fecal/Oral - consumption of virus from contact with objects, food or drinks contaminated with feces of infected persons	15-50 days	Living with someone with Hepatitis A Men having Sex with Men (MSM) Oral/Anal Sexual Contact with Infected Persons Injection Drug Users (IDU) Travel to Countries with High Rates	Yes	Get vaccinated Frequent hand washing Proper hygiene practices Consume properly cooked seafood
Hepatitis B	Sexual Contact From Blood Contaminated Needles Mother to Baby	45-180 days	Sex with infected persons Multiple sex partners MSM, IDU Living with persons who have chronic Hepatitis B Infants born to infected mothers Travel to countries with high rates Exposure to Blood	Yes	Get vaccinated Do not share razors or toothbrushes Avoid risky sexual behaviors Avoid IV drug use Seek early medical attention if pregnant
Hepatitis C	Same as Hepatitis B	14-180 days	Injection drug users HIV-infected persons Children born to mothers infected with Hepatitis C virus People who receive body piercing or tattoos with non-sterile instruments	No	Same as Hepatitis B but vaccination is not an option

*Incubation period is the time from exposure to virus to the time symptoms appear.

Source: Clayton County Board of Health, Epidemiology Unit; Centers for Disease Control and Prevention

Gastrointestinal Infections

Gastrointestinal infections are often transmitted by contact with contaminated food and /or water. Infection can be from ingesting the bacteria, its toxins or in some cases by certain viruses. Sources of infection include improperly cooked food, seafood, dairy and reheating food. The symptoms are nausea and vomiting, diarrhea, loss of appetite, fever, headaches, abdominal cramps, bloody stools (only in some cases depending on the organism one is infected with), fainting, and weakness. Risk factors include consuming improperly cooked food, drinking contaminated water, poor sanitation habits and swimming in a river contaminated by runoff water. Ways of prevention are practicing proper hygiene techniques and eating properly cooked food. Table 5 is a list of the common intestinal infections reported in Clayton County per year from 2003 through 2007.

Table 5: Number of Intestinal Diseases per Year in Clayton County, 2003-2007

	2003	2004	2005	2006	2007	Total
Campylobacteriosis	11	11	14	5	<5	<46
Cryptosporidiosis	6	6	6	8	<5	<31
E. coli O157:H7	<5	0	0	<5	0	<10
Giardiasis	23	20	8	5	16	72
Salmonellosis	31	25	33	26	20	135
Shigellosis	31	23	19	64	34	171

* Numbers from 1 to 4 are designated as <5

Source: Georgia Department of Human Resources, Division of Public Health, Epidemiology Branch, Notifiable Disease section, Notifiable Disease Query; Clayton County Board of Health, Epidemiology Unit.

West Nile Virus (WNV)

West Nile virus (WNV) is a serious illness, which seems to be a seasonal epidemic in North America that flares up in the summer and continues into the fall. WNV is often spread to humans and animals by the bite of an infected mosquito, which becomes infected when it feeds on infected dead animals. WNV can also be spread through blood transfusion, organ transplant, breastfeeding and from mother to baby during pregnancy. Symptoms develop between 3 and 14 days after being bitten by an infected mosquito. People over 50 years old are more susceptible to serious illness from the virus and the longer you stay outside the longer you are at risk of being bitten by an infected mosquito.

What Can You Do to Protect Yourself from West Nile Virus?

Residents should prevent water from standing in containers where mosquitoes thrive and observe the "Five Ds of WNV Prevention."

- Dusk - Mosquitoes carrying West Nile Virus usually bite at dusk and dawn.
- Dawn - Avoid outdoor activity at dusk and dawn if possible. If you must be outside, be sure to protect yourself from bites.
- Dress - Wear loose-fitting, long-sleeved shirts and pants to reduce the amount of exposed skin.
- DEET- Cover exposed skin with an insect repellent containing the chemical DEET - Which is the most effective repellent against mosquito bites.
- Drain - Empty any containers holding standing water because they can be excellent breeding grounds for virus-carrying mosquitoes.

Steps to Fight Infectious Diseases

- Wash your hands as frequently as you can, especially after going to the bathroom; changing diapers; helping a sick person; after handling food; and after coughing or sneezing. Use soap and warm water, and if this is not available, use an alcohol-based hand cleanser.
- Cough or sneeze into a tissue, and then throw it away. Wash your hands. If you do not have a tissue, cough or sneeze into your upper sleeve instead of your hands.
- Adhere to safe sex practices.
- Both children and adults should get timely and adequate routine immunizations. If traveling outside the United States, check the immunization requirements for your destination and get yourself immunized!
- Follow food safety precautions. For more information visit www.cdc.gov/foodsafety/.
- Follow water safety precautions. For more information visit www.cdc.gov/healthyswimming.
- Avoid mosquito transmitted diseases.
- Take your pets for timely veterinary check-ups and make sure they are properly vaccinated.

A young child with dark hair is looking intently at a price tag in a grocery store. The price tag is white with black text that reads "\$3.00". The child's hands are near their mouth, and they appear to be in a state of curiosity or concern. In the background, there are several bags of produce, including red tomatoes and yellow lemons, all wrapped in clear plastic bags. The scene is set in a grocery store aisle.

Embracing Health and Wellness

Embracing Health and Wellness

More than any other time in our history, we have both the means and the knowledge to improve our own health. The World Health Organization (WHO) in 1948 defined health "as a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity".

Virtually all diseases have risk factors associated with them. These risk factors increase the risk of premature death or chronic diseases (See Figure 13). Essentially, we need to move more, eat healthier food, and avoid tobacco products.

Mental Health

Healthy people are in control of their emotions and their behavior. They are able to handle life's challenges, build strong relationships, and lead productive, fulfilling lives. Being emotionally healthy does not mean never going through bad times or experiencing emotional problems.

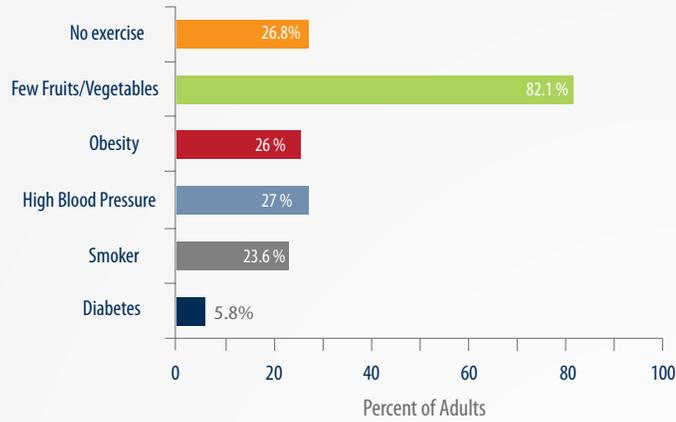
Disappointment, loss, and change are common. While these are normal parts of life, they can still cause sadness, anxiety, and stress. Mentally and emotionally healthy people have:

- A sense of contentment
- A zest for loving and the ability to laugh and have fun
- A balance between work and play

What May Put You at Risk

- Significant social transitions (graduating from high school or college, getting married or divorced or losing a job)
- A history of behavioral problems
- Depression and other serious emotional problem

Figure 13: Risk Factors for Premature Death, Clayton County, GA



Source: (2010) Community Health Status Report, Clayton County Profile

Routine Screenings

Children's health screenings normally include height, weight and blood pressure checks, together with possible hearing, vision or dental screens.

Other screenings might include tests to measure learning progress, a check to make sure the spine is straight and developing properly, and skin screenings to check for the presence of unusual moles or birthmarks. Tests normally are done to detect the possibility of diabetes, tuberculosis, and anemia.

For men and women, health care providers have established a set of recommended screening tests depending on the age of the patient. (In addition, the frequency of some health screenings depends on risk factors of the patient.) Eye (every three years) and dental exams (twice a year) and hearing checks are recommended for everyone.

Health screenings are important for early detection of diseases or other possible health problems. Any suspected problems should be reported to a health care provider immediately. Health screening exams have played a principal role in preventive health care for a wide range of common diseases and some that are not so common. Frequently data from health screenings give scientists a way of measuring disease trends and the success of early treatment.

Recommended Health Screenings for Men And Women At Different Life Stages

	Men	Women
Ages 20 - 39	Blood pressure: at least every two years Cholesterol: every five years	Pelvic exam: every year. Pap test: every year until three satisfactory tests have been completed, and then at the doctor's discretion. Breast: at least every three years.
Ages 40 - 49	Blood pressure: at least every two years Cholesterol: every five years Fasting plasma glucose test: to check for the possibility of diabetes, every three years after age 45	Blood pressure: at least every two years Cholesterol test: every five years Breast exam: every year Pelvic exam: every year Pap test: every year (or at the doctor's discretion) Mammography: every one to two years (depending on risk) Fasting plasma glucose test: to check for the possibility of diabetes, every three years after age 45
Age 50+	Blood pressure: at least every two years Cholesterol: every five years (or every three years starting at age 65) Digital rectal exam: (to check for the possibility of prostate cancer) every year Prostate specific antigen (PSA) test: every year Fasting plasma glucose test: (for diabetes) every three years Colorectal cancer test: every five to ten years	Blood pressure: at least every two years Cholesterol: every five years (or every three years starting at age 65) Breast exam: every year Mammogram: every year Fecal occult blood test: every year Pelvic exam: every year Pap test: yearly (or at the doctor's discretion) Bone mineral density test: once as a baseline Fasting plasma glucose test: for diabetes, every three years Thyroid-stimulating hormone test: every 3-5 years starting at age 65 Colorectal cancer test: every five to ten years

Source: Clayton County Board of Health, Epidemiology Unit; <http://www.faqs.org/health/topics/72/Health-screening>

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