Our Community Health – *how are we doing?*

The vision of the Coastal Health District is to “be a healthy community with healthy people.” Our health assessment is designed to give a snapshot of health status, based on important health problems and behaviors that influence them. It is our hope that the information presented will provide community leaders and organizations with statistics for problem awareness and benchmarks for monitoring change.

The Savannah and Brunswick Health Districts have merged to form the new “Coastal Health District 9-1”. It covers eight counties: Chatham and Effingham (formerly comprising the East Health District 9-1) and Bryan, Camden, Glynn, Liberty, Long and McIntosh (originally comprising the Coastal Health District 9-3). The majority of the data presented in this report reflect the merged Coastal Health District 9-1 and is presented at the District-level.

Data sets and resources for this report include the Healthy People 2010 (HP 2010) document, 2003 data from both the Behavioral Risk Factor Surveillance System (BRFSS) and the Georgia Division of Public Health Online Analytical Statistical Information System (OASIS).

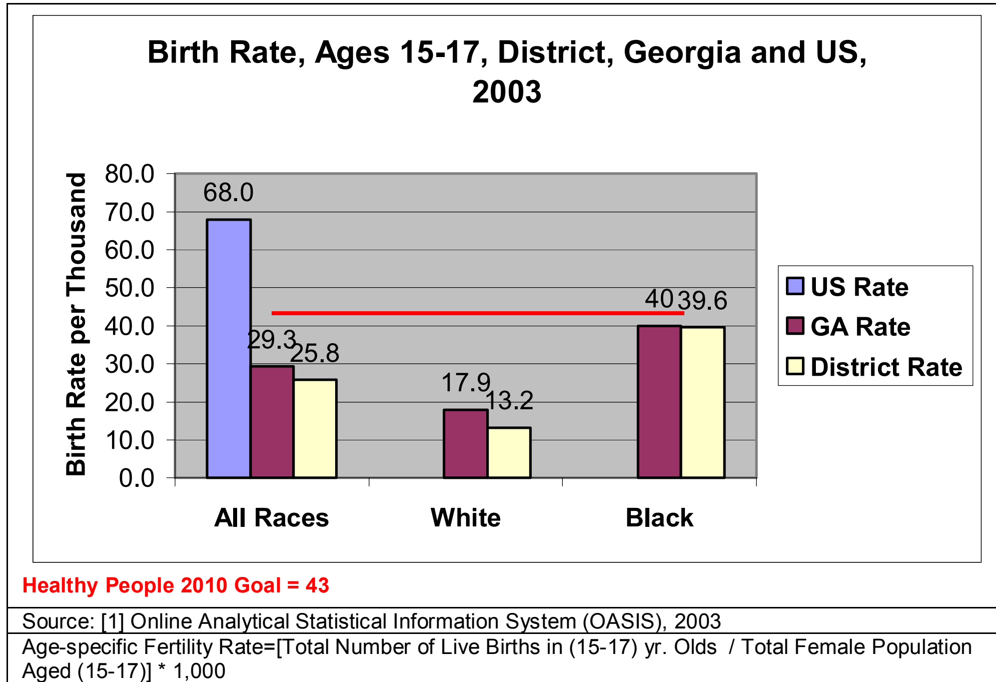
HP 2010 is a national set of health goals created by the US Department of Health and Human Services’ Office of Disease Prevention and Health Promotion. It identifies a wide range of public health priorities and specific, measurable objectives. Among the leading health indicators identified by HP2010, physical activity, obesity, tobacco use, injury & violence, immunization and access to health care are addressed in this report.

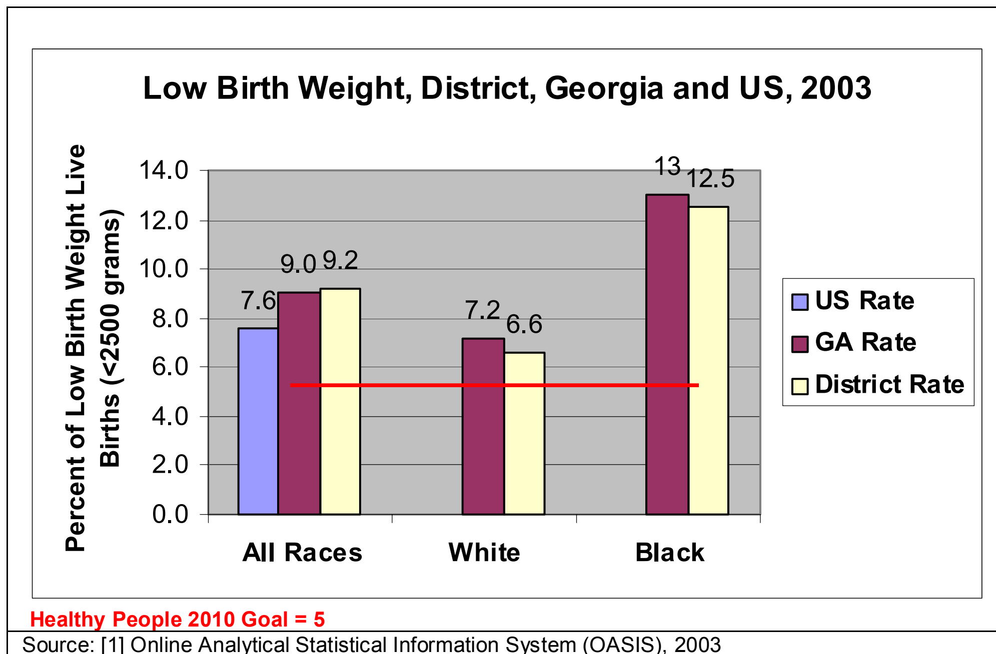
The BRFSS is a Centers for Disease Control and Prevention (CDC) initiative that tracks personal health behaviors through monthly state-based telephone surveys, as certain risk behaviors contribute to the development of premature disease/disability and death. BRFSS sample selection and data collection for this report was conducted prior to the Coastal Health District merger. Obtaining a combined Coastal Health District 9-1 value for the BRFSS data was not possible for 2004. BRFSS data presentation in this report reflects this as Coast and East are used in their tables and graphs. OASIS is a suite of tools used to access the Georgia Department of Human Resources, Division of Public Health's standardized health data repository. OASIS maintains health data related to vital statistics, cancer diagnoses, hospitalization information and causes of death.

The community health assessment is divided into five categories: family health, lifestyle, chronic disease, injury & violence and access to care. National, state and local rates are given in addition to a related HP 2010 Goal. Local rates are labeled as “District,” “East” or “Coast” (where applicable).

This report demonstrates that while the Coastal Health District is performing well with regard to some health indicators, improvement is necessary in others. We encourage its use as a tool to establish community health priorities and inspire health promotion/disease prevention initiatives. Through community commitment and individual attention to overall health, we can improve health status and reverse adverse disease and behavioral trends.

Coastal Health District - Family Health



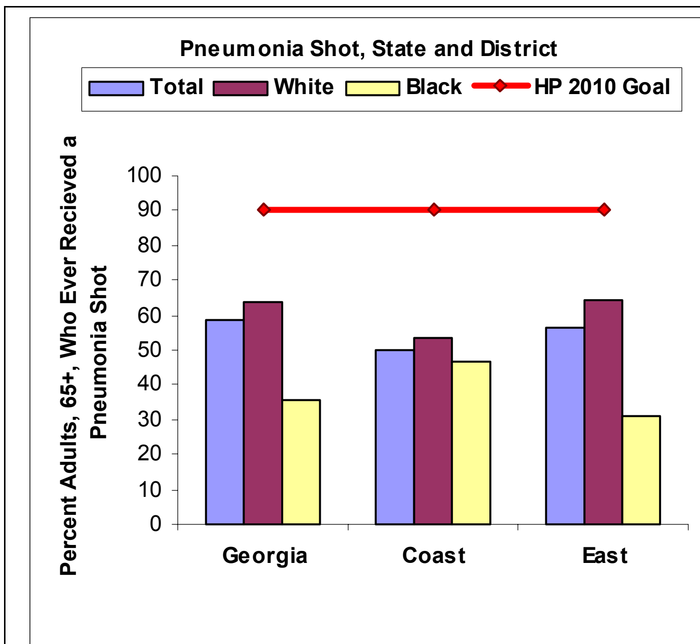


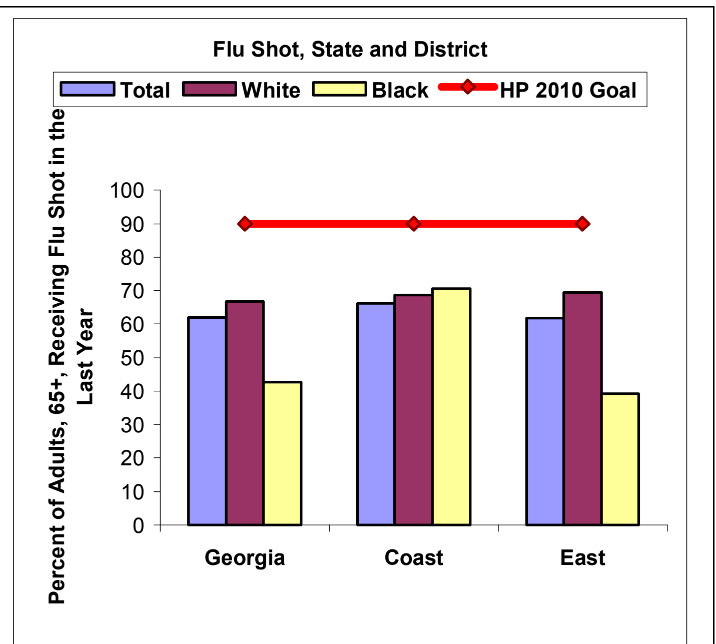
Infant Mortality Rates				
	HP 2010 Goal	US Rate 2003	GA Rate 2003	Coastal District Rate
Total	4.5	7.2	8.5	9.4
			1,153	74
White	4.5		6.1	7.3
			407	31
Black	4.5		13.9	13.9
			579	40

Infant Mortality Rate = [Number of Deaths Before Age 1 / Total Live Births] * 1,000

Source: [1] Online Analytical Statistical Information System (OASIS), 2003

(shaded)	Rate per 1,000 population
(unshaded)	Number of events





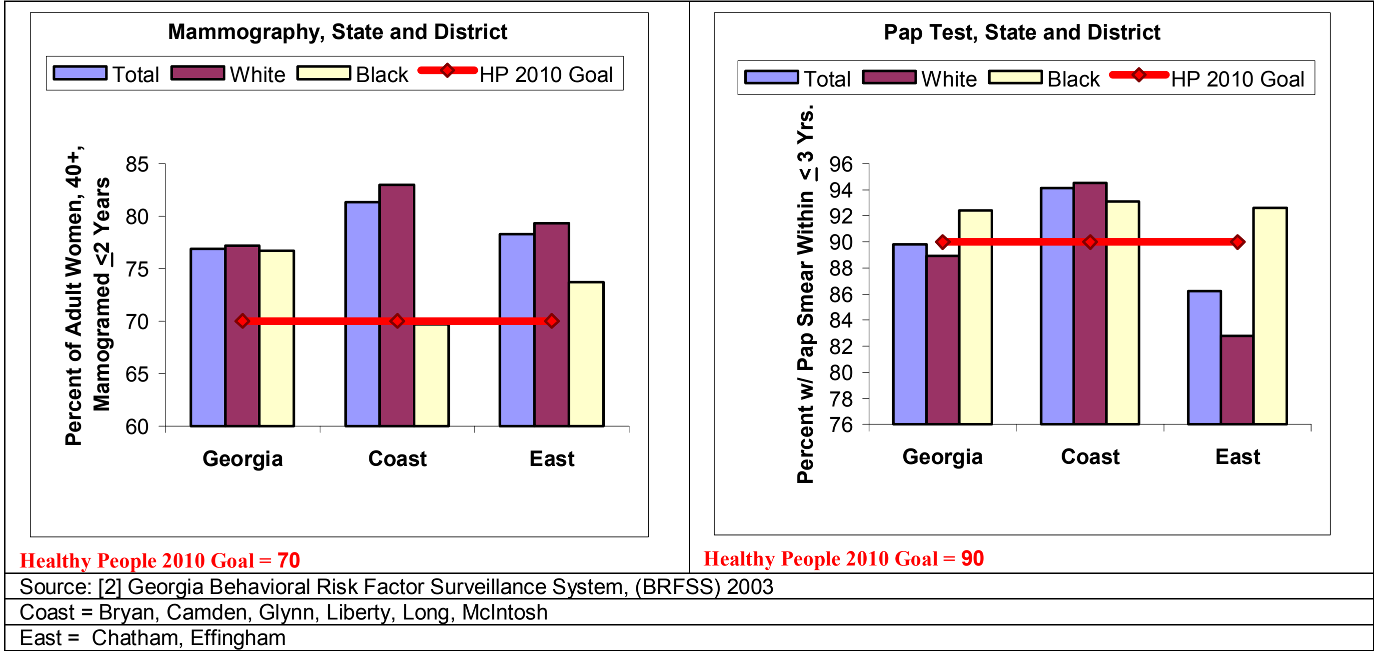
Healthy People 2010 Goal for Pneumonia and Flu= 90

Source: [2] Georgia Behavioral Risk Factor Surveillance System, (BRFSS) 2003

Coast = Bryan, Camden, Glynn, Liberty, Long, McIntosh

East = Chatham, Effingham

Screening



Healthy People 2010 Goal = 70

Healthy People 2010 Goal = 90

Source: [2] Georgia Behavioral Risk Factor Surveillance System, (BRFSS) 2003

Coast = Bryan, Camden, Glynn, Liberty, Long, McIntosh

East = Chatham, Effingham

Family Health

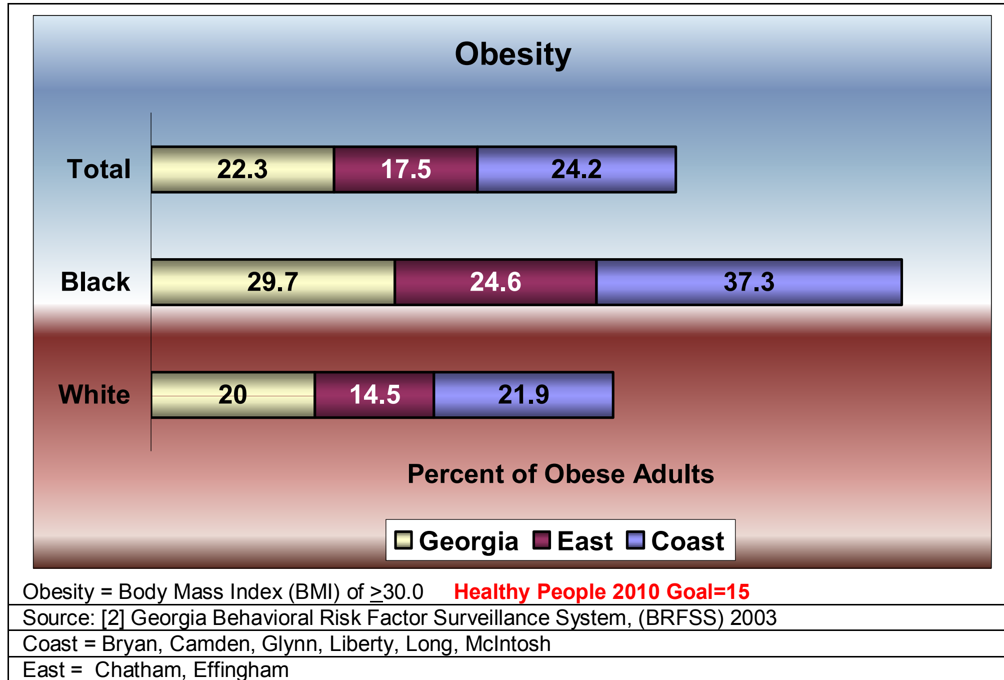
Community health is dependent on the well being of its individual residents. In this section, teen births, low birth weight (LBW), infant mortality, vaccinations, and preventive health screenings are addressed. These health indicators can be helpful in examining a community's placement of health as a priority, particularly with regard to prenatal care and preventive health measures.

The District's teen birthrate is lower than the HP 2010 Goal of fewer than 45 births per 1,000 teens aged 15-17. The rates for LBW and infant mortality demonstrate a need for improvement, as our total numbers are higher than both the GA and national rates and that of the HP 2010 Goals for each. The statistics also show a racial disparity for all three of these heath indicators.

Vaccination data reflect the District pre-merge. For the pneumococcal pneumonia vaccine, the local rates were lower than that of the State. Local influenza vaccination rates were better; however, for both vaccinations, there are marked racial disparities seen in the former East District. In general, it is evident that there may be a need for more targeted educational and awareness initiatives focusing on vaccination importance.

In the area of preventive health screening, particularly mammography and Pap screens, the District fared well compared to the State and the related HP 2010 Goals. The only exception was for Pap tests in the former East District, where the rates were lower than both State and HP 2010 rates and there was associated racial disparity.

Lifestyle

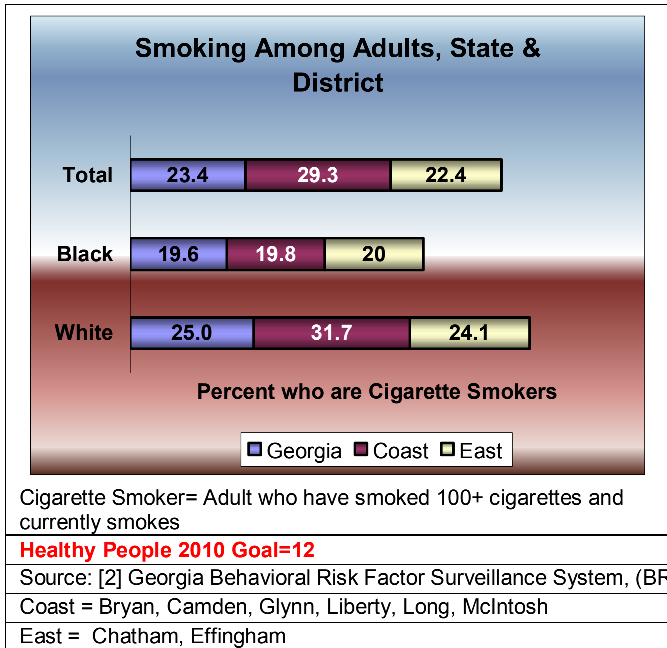


Obesity = Body Mass Index (BMI) of ≥30.0 **Healthy People 2010 Goal=15**

Source: [2] Georgia Behavioral Risk Factor Surveillance System, (BRFSS) 2003

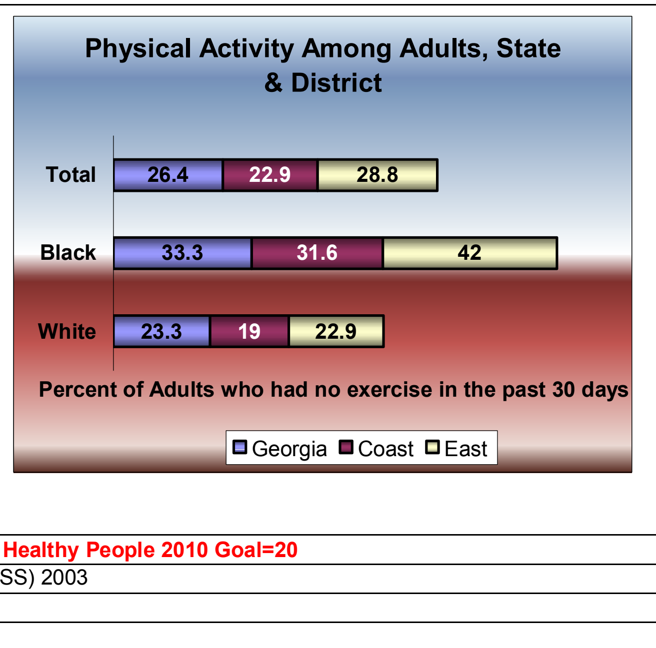
Coast = Bryan, Camden, Glynn, Liberty, Long, McIntosh

East = Chatham, Effingham



Cigarette Smoker= Adult who have smoked 100+ cigarettes and currently smokes

Healthy People 2010 Goal=12



Healthy People 2010 Goal=20

Source: [2] Georgia Behavioral Risk Factor Surveillance System, (BRFSS) 2003

Coast = Bryan, Camden, Glynn, Liberty, Long, McIntosh

East = Chatham, Effingham

Lifestyle

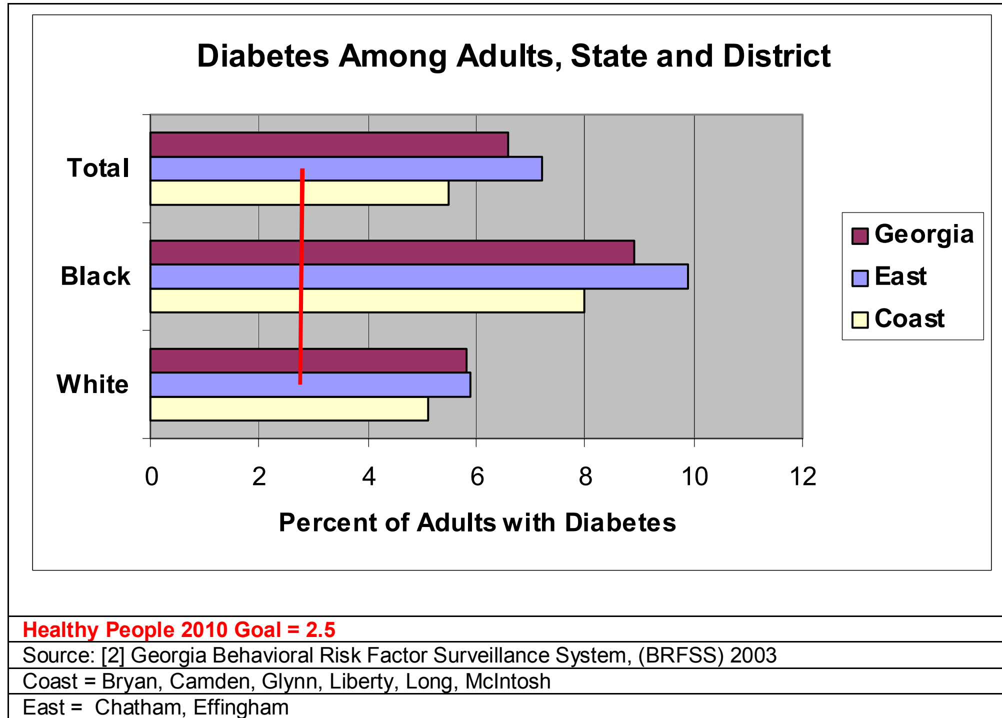
Lifestyle and health behaviors are directly related to the health status of an individual and development of adverse health effects. Health conditions and behaviors examined in this section include obesity among adults, smoking and physical activity.

Obesity is a national epidemic that is often associated with the development of a number of chronic diseases. It is a complex problem that involves genetic, metabolic, behavioral, environmental and cultural factors. Our local data suggest that improvement is in order, particularly in the Coast area and among blacks. Our tobacco use and physical inactivity rates are probable contributing factors.

According to CDC's document, Targeting Tobacco Use, 2003, an estimated 46.2 million adults in the US smoke cigarettes even though this behavior results in death or disability in over half of all regular smokers. The District's percentage of adult smokers is markedly higher than the HP 2010 of 12%. In the former Coastal District, there is a racial disparity among whites.

Regular physical activity reduces risk for development of coronary heart disease (the leading cause of death in the US), cancer, stroke and diabetes. Among blacks in our District, there is a higher percentage of physical inactivity versus that among whites.

Chronic Disease

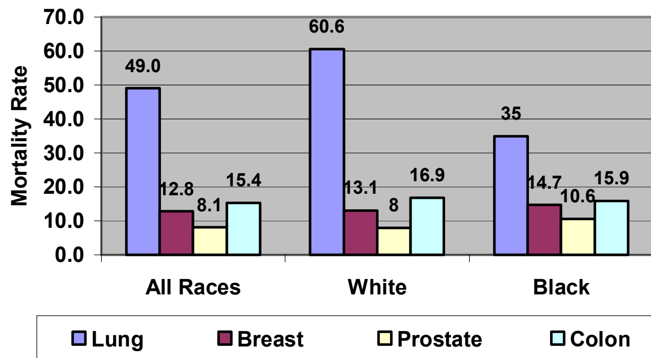


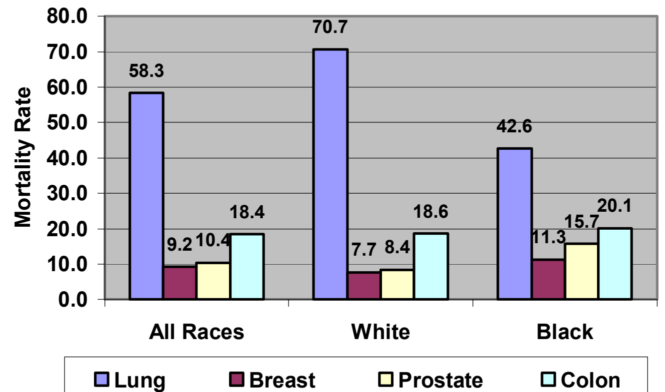
Healthy People 2010 Goal = 2.5
Source: [2] Georgia Behavioral Risk Factor Surveillance System, (BRFSS) 2003
Coast = Bryan, Camden, Glynn, Liberty, Long, McIntosh
East = Chatham, Effingham

Healthy People 2010 Goals for Mortality Rates: CVD =166 & Stroke=48.			
How do we measure up?			
CVD	**Overall Mortality Rate**	**White Rate**	**Black Rate**
US Rate	208		
GA Rate	268.2	302.5	247.6
District Rate	294.9	292.6	312.8
Stroke	**Overall Mortality Rate**	**White Rate**	**Black Rate**
US Rate	60		
GA Rate	49.3	53.4	49.9
District Rate	51.3	49.5	57

Mortality Rate = [Total Number of Deaths Due to a Specific Cause / Total Population] * 100,000

Cancer



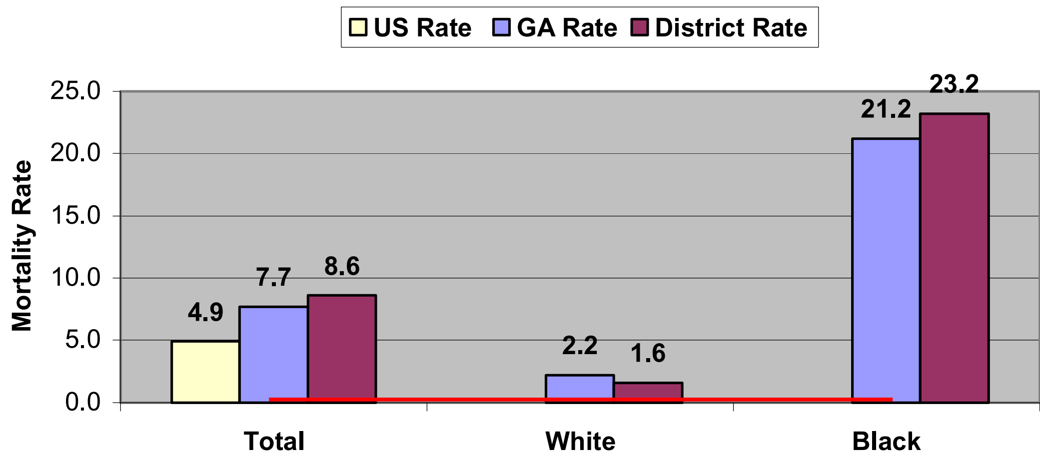


Source: [1] Online Analytical Statistical Information System (OASIS), 2003

Healthy People 2010 Goals for Cancer Mortality Rates: Lung=44.9 Breast=22.3 Prostate=28.8 Colon=13.9

Mortality Rate = [Total Number of Cancer Deaths / Total Population] * 100,000

HIV/AIDS



Mortality Rate = [Total Number of Deaths Due to HIV/AIDS / Total Population] * 100,000

Healthy People 2010 Goal = 0.7

Source: [1] Online Analytical Statistical Information System (OASIS), 2003

Chronic Disease

Chronic diseases are a community problem, particularly with regard to prevalence, culture and financial burden. The good news is that most of them are preventable. They constitute five out of the six leading causes of death – cardiovascular disease (CVD), cancer, stroke, chronic respiratory disease and diabetes. With the exception of chronic respiratory disease, prevalence information and death rates associated with these diseases are addressed in this section. HIV/AIDS is also addressed.

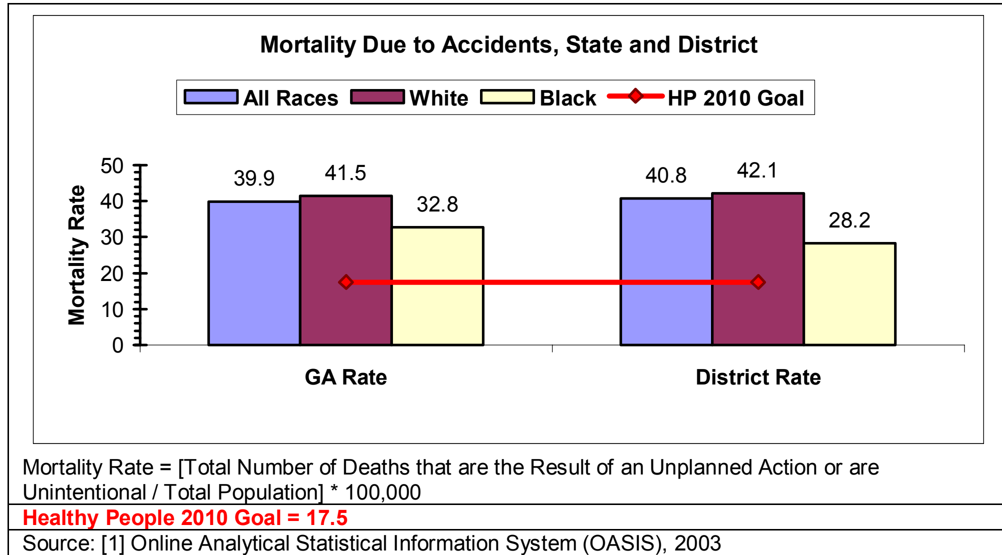
The percentage of adults living with diabetes in the District was highest in the East area, and is more prevalent among blacks. The overall District death rates due to CVD were higher than both the State and National rates, much higher than the target HP 2010 rate of 166 and highest among blacks. Stroke demonstrated the same pattern as CVD except that the District rate was lower than the National rate.

Cancer (all types) is the second leading cause of death in the US. Deaths from or development of certain types of cancer can be prevented by healthy changes to diet, sun protection behavior, tobacco prevention and early detection. We have included information regarding deaths from lung, breast, prostate and colon cancer.

In the areas of breast and prostate cancer, the District has met the related HP 2010 Goals. In the areas of lung and colon cancer, though, we exceed the State death rate as well as the related HP 2010 Goals. The most evident racial disparity is that demonstrated in deaths associated with lung cancer – for the District, the 70.7 death rate in whites versus 42.6 in blacks.

According to the National Institutes of Health, nearly one million people are living with HIV in the US, 25% of them unaware of their infection. The epidemic is spreading more quickly among our Nation’s minority populations. Our rates for deaths associated with HIV/AIDS are higher than both the State and National rates. There is a marked racial disparity demonstrated among blacks with a 23.2 death rate versus 1.6 in whites.

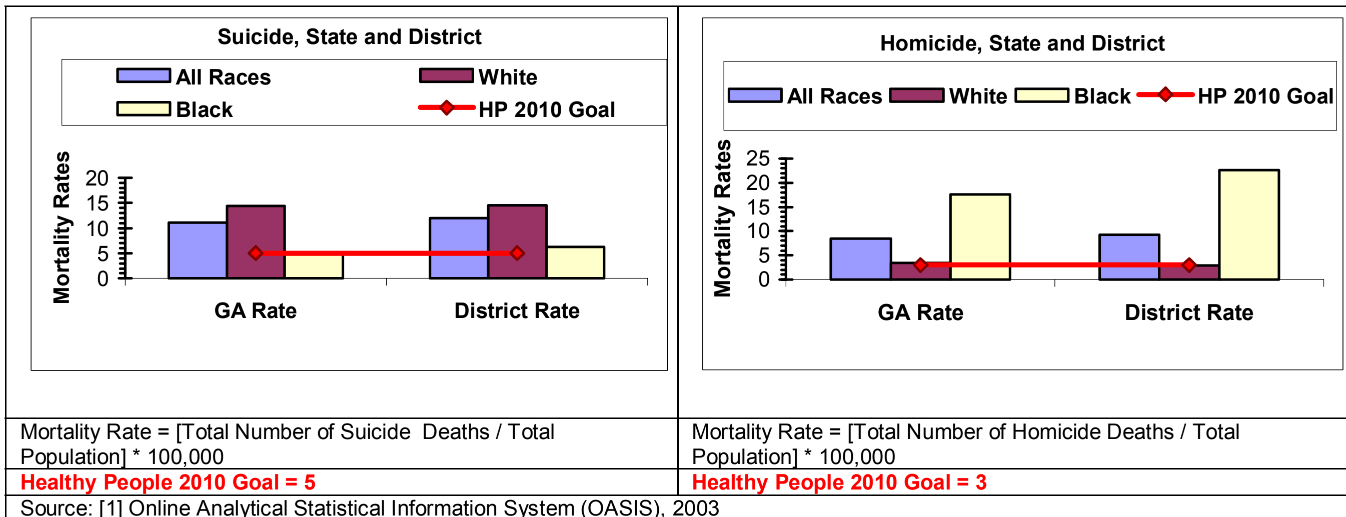
Injury and Violence



Mortality Rate = [Total Number of Deaths that are the Result of an Unplanned Action or are Unintentional / Total Population] * 100,000

Healthy People 2010 Goal = 17.5

Source: [1] Online Analytical Statistical Information System (OASIS), 2003



Mortality Rate = [Total Number of Suicide Deaths / Total Population] * 100,000	Mortality Rate = [Total Number of Homicide Deaths / Total Population] * 100,000
Healthy People 2010 Goal = 5	**Healthy People 2010 Goal = 3**

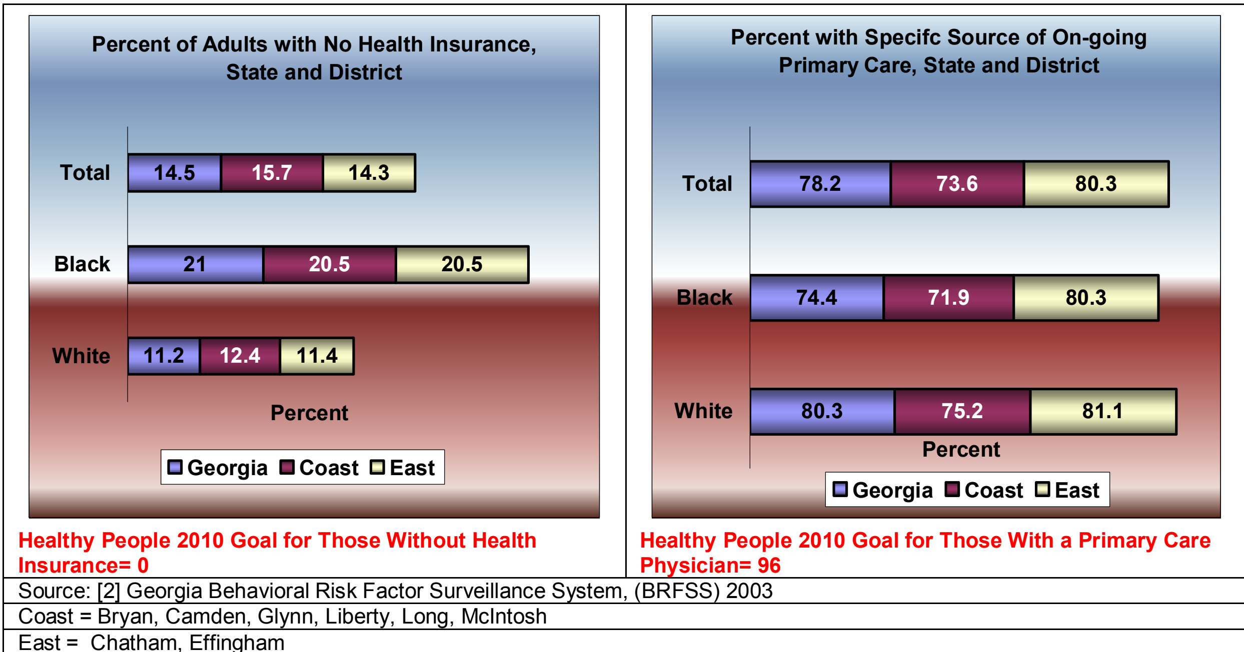
Source: [1] Online Analytical Statistical Information System (OASIS), 2003

Injury and Violence

Accidents or unintentional injuries are the 5th leading cause of death in the US. They include incidents including motor vehicle accidents, drowning, falls, fire and smoke exposure and poisoning. The District is on par with the State rate regarding deaths associated with accidents; however, there is a noticeable disparity among whites versus blacks, whites demonstrating a higher mortality rate of 42.1 versus 28.2.

With regard to violence, the District suicide and homicide rates exceed those of the State. Racial disparity exists in both health indicators: whites demonstrate a higher suicide rate with 14.5 (versus 6.3) and blacks demonstrate a higher homicide rate with 22.6 (versus 2.9).

Access to Care



Healthy People 2010 Goal for Those Without Health Insurance= 0

Healthy People 2010 Goal for Those With a Primary Care Physician= 96

Source: [2] Georgia Behavioral Risk Factor Surveillance System, (BRFSS) 2003

Coast = Bryan, Camden, Glynn, Liberty, Long, McIntosh

East = Chatham, Effingham

Access to Care

Access to healthcare is greatly dependent on insurance coverage, expense and income. Lack of insurance results in delayed healthcare, increase in deaths or disabilities and financial burden to the community. Currently, there are many adults in the District who are uninsured – 15.7% for the former Coast District and 14.3% for the former East District. Racial disparity exists among blacks in our community, as their percentage of uninsured adults is higher than that of whites.

Community-wise, residents having a regular primary care physician can lower the number of emergency room visits and reduce healthcare costs. Local data suggest that the percentage of adults who report having a primary physician is approaching the HP 2010 Goal of 96% - 73.6% for the Coast and 80.3% for the East.