

Georgia Health Equity Initiative



Health Disparities Report 2008: A County-Level
Look at Health Outcomes for Minorities in Georgia

First Edition



A report from the Georgia Department of Community Health's
Office of Health Improvement and the Minority Health Advisory Council



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

Health Disparities Report 2008: A County-Level Look at Health Outcomes for Minorities in Georgia





Fellow Georgians,

Thank you for taking time to review the *2008 Georgia Health Disparities Report*. This report is a critical first step in working together to eliminate health disparities in Georgia. By framing the critical issues and defining our opportunities, we can work collaboratively to develop strategies for eliminating disparities. Our intention is to leverage the data in this report to inspire advocacy and action that will result in measurable improvement in health status for all Georgians. Achieving health equity among minority populations is one strategic way that we can improve Georgia's overall health status.

At the Georgia Department of Community Health, we champion:

- Access to affordable, quality health care in our communities
- Responsible health planning and use of health care resources
- Healthy behaviors and improved health outcomes

Within each of these areas, we are considering the opportunities that exist to strengthen access, increase resource allocation and improve health outcomes. Our Office of Health Improvement is expected to bring attention and solutions to those health related issues that affect specific groups of people for whom disparities exist. Our strategic planning efforts are focused on areas and populations where health challenges are most significant.

I encourage you to use this report as a tool for policy development, programmatic planning and to educate others about the significant impact disparities have on the health of all of us. These gaps do not stand alone, they are a reflection of our health as a state. By closing the gaps we will improve our health status ranking and end the cycle of paying socially and economically for avoidable health problems. Together we can make a difference in Georgia's health status. Please join us in this effort.

Rhonda Medows, M.D.
Commissioner



Executive Summary

Is a Picture Really Worth a Thousand Words?

In December 2006, Dr. Rhonda Medows, Commissioner of the Georgia Department of Community Health, met with the newly appointed members of the Minority Health Advisory Council. During this meeting, she expressed her passion to reduce and eliminate health disparities among minority populations in Georgia. At the time, Georgia ranked 42nd nationally in health outcomes according to the United Health Foundation's *America's Health Rankings* report.

Armed with this charge, the 12-member council made a commitment to work with the Georgia Department of Community Health's Office of Health Improvement and Office of Minority Health to improve health outcomes for Georgia's minorities. The three areas that the council decided are critical to improving minority health outcomes are education, action and resource allocation.

Racial and ethnic minorities make up roughly one-third of Georgia's population, yet their disease burden is significantly higher. Georgia has well documented health disparities in cultural competence, cardiovascular disease, diabetes, kidney disease, cancer, stroke and HIV/AIDS. Improving health outcomes for minority and other underserved populations will result in reducing and eliminating adverse health outcomes.

The Georgia Health Disparities Report provides the necessary data and information that will enable the public to understand health disparities, identify gaps in health status, and target interventions in the areas of greatest need. This report is the first of its kind to focus solely on minority health outcomes for each of Georgia's 159 counties. By illustrating the realities of Georgia's health disparities, the report reveals the need for intensified collaborative efforts by the community, health policy makers, health care advocates, health systems, and practitioners, all of whom have a responsibility in improving Georgia's health status.

The picture of health disparities in Georgia does not have to be blurred by adverse health outcomes. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and catalyze action to achieve health equity for all Georgians. Readers of this report are encouraged to look at other counties, compare positive and negative contributing factors, identify models of best practice and determine how those practices may be adapted to their county.

Georgia's position in the United Health Foundation's *America's Health Rankings* report improved from 42nd in 2006 to 40th in 2007, but there is much work yet to be done. This report is meant to inspire us to action.

Below are some suggested action steps that Georgians can take to improve health outcomes and achieve health equity in their county:

1. **Review your county's detailed minority health and health disparities report available at www.dch.georgia.gov to find specific indicators of success and those needing improvement**
2. **Disseminate the report to all segments of the community. Convene meetings of all interested stakeholders from the health sector (hospitals, public health departments, community health centers, free clinics, private practice health professionals, etc.); and non-health sector (business, government, elected officials, faith communities, educators, consumer advocates, etc.)**
3. **Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community and together develop an action plan for intervention**
4. **Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific timeframe. Hold regular follow-up meetings and review frequent data updates on these indicators to assess progress and refine the interventions**

The Georgia Department of Community Health's Office of Health Improvement is available to offer technical assistance. You may reach us at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

There are several people, organizations and institutions to thank for without their assistance this report would not have been possible. Their expertise and knowledge, contributions, research, data collection and analysis conveys a story of Georgia's challenges in addressing health disparities and charges Georgians to paint a "picture of Georgia's improved health that speaks volumes."

Minority Health Advisory Council

Members

Co-Chairpersons



Dr. D. Ann Travis Honeycutt
Medical Director
Georgia Academy of Family
Physicians



Dr. George Rust, MPH, Director
National Center for Primary Care
Morehouse School of Medicine



Dr. Jaime Altamirano
Medical Epidemiologist
Centers for Disease Control and
Prevention



Mel Lindsey
President and Chief Executive
Officer
AMERIGROUP®



Sonia Alvarez-Robinson
Advisory Services
PricewaterhouseCoopers, LLP



Orlin Marquez
President
Medical Interpreter Network of
Georgia



Pamela Craft
Executive Director
Georgia Dental Society



Dr. Dan Salinas
Chief Medical Officer
Children's Healthcare of Atlanta



Katherine Cummings
Executive Director
Georgia Rural Health Association



Tish Towns
Vice President
Grady Memorial Hospital



Chaiwon Kim
Executive Director
Center for Pan Asian Services

Not Pictured:
Dr. Juanita Cone, MPH
Crescent Medical Center

MISSION

To improve the health of all Georgians by eliminating health disparities and achieving health quality and equity for all.

VISION

The Minority Health Advisory Council will excel in eliminating health disparities by leading, shaping and enhancing the overall health status of minorities in Georgia.

Acknowledgements

This report was developed through the leadership of the Minority Health Advisory Council in collaboration with the Georgia Department of Community Health's Office of Health Improvement and Office of Minority Health. The entire Office of Health Improvement staff is to be commended for all of their efforts in the research and development of the first iteration of the *Georgia Health Disparities Report*.

Debbie Hall

Chief Operating Officer
Georgia Department of Community Health

Office of Health Improvement Staff

James T. Peoples

Executive Director

Kristal L. Ammons, MPH

Program Consultant 2

C. Lynn Christian

Confidential Secretary

Edgar Angulo

Public Consultant 1

Paulette Poole

Public Health Planner

Mae Bowden

HIV/AIDS TAKE Project Public Health Planner

Harold Young

HIV/AIDS TAKE Project Coordinator

We also offer our sincere appreciation to others who made significant contributions:

Dr. George Rust, Director

National Center for Primary Care
Morehouse School of Medicine

Sonia Alvarez-Robinson

Advisory Services
PricewaterhouseCoopers, LLP

Peter Baltrus, Ph.D., Research Instructor

National Center for Primary Care
Morehouse School of Medicine

Gordon Freymann, Director

Office of Health Information and Policy
Division of Public Health
Georgia Department of Human Resources

Richard Gooden, Director of Communications

National Center for Primary Care
Morehouse School of Medicine

Colin Smith, Data and Policy Analyst

Office of Health Information and Policy
Division of Public Health
Georgia Department of Human Resources

Jiali Ye, Ph.D., Research Coordinator

National Center for Primary Care
Morehouse School of Medicine

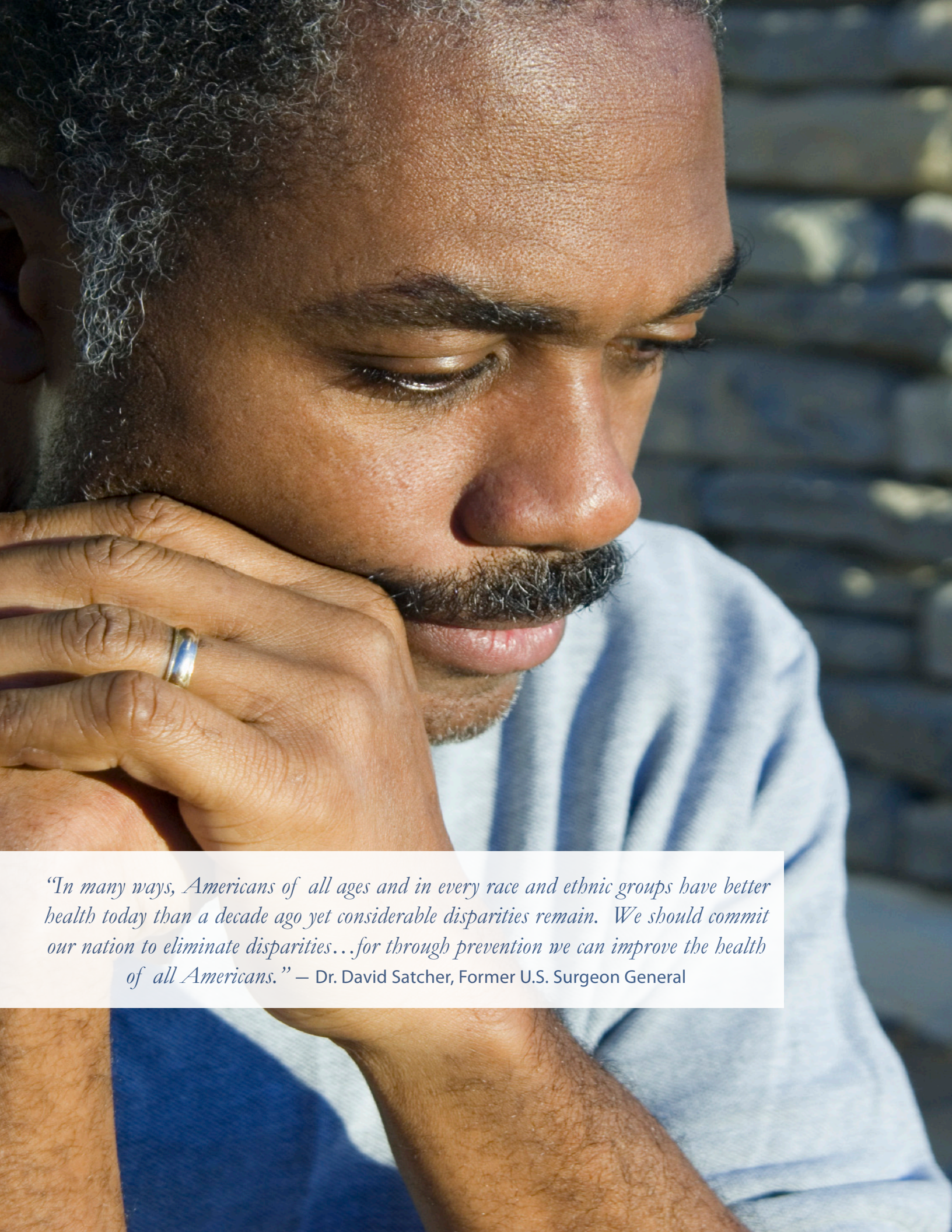
Kristal L. Ammons, Program Consultant

Office of Health Improvement
Office of Minority Health
Georgia Department of Community Health

Dena' Brummer

Ryan DeBaun

Office of Communications
Georgia Department of Community Health



“In many ways, Americans of all ages and in every race and ethnic groups have better health today than a decade ago yet considerable disparities remain. We should commit our nation to eliminate disparities...for through prevention we can improve the health of all Americans.” — Dr. David Satcher, Former U.S. Surgeon General

Table of Contents

I.	Introduction.....	7
II.	Health Disparities Defined	
	A. What are Health Disparities?.....	8
	B. What Causes Health Disparities?.....	8
	C. Terms You Should Know.....	9
	D. How Are Health Disparities Measured?.....	10
III.	Georgia's Health Disparities	
	A. Profile of Georgia's Diversity.....	12
	B. A Historical Context.....	13
	C. The Impact of Health Disparities On Our Communities.....	13
	D. The State of Health Disparities in Georgia.....	14
	E. Counties With the Best Health Outcomes and the Greatest Health Needs.....	15
	F. County Health Outcomes.....	16
	G. Hospital Admissions and ER Visits Summary Grades.....	17
	H. Mental Health Access Summary Grades.....	18
	I. Primary Care Safety New Access Summary Grades.....	19
	J. Prenatal Care and Birth Outcomes Summary Grades.....	20
	K. Socioeconomic Summary Grades.....	21
	L. Mortality Rates and Inequalities Summary Grades.....	22
IV.	Report Limitations	
	A. What is Missing?.....	24
V.	Health Disparities Reports	
	A. Data Sources and Methodology.....	26
	B. County Report Cards	
	i. Atlanta Metropolitan Statistical Areas.....	31 - 96
	ii. Non-Atlanta Metropolitan Statistical Areas.....	97 - 136
	iii. Rural Areas.....	137 - 354
IV.	Recommendations.....	356

Introduction

This report has been developed by the Minority Health Advisory Council for the Georgia Department of Community Health, Office of Health Improvement, Office of Minority Health with the intention of inspiring advocacy, action and program development that will contribute to the elimination of health disparities in Georgia.

The Minority Health Advisory Council believes that addressing policy issues to improve health outcomes for Georgia's minority populations is essential to the elimination of health disparities. The council actively participates in developing comprehensive policy initiatives and advocates for the implementation of sound public health policies, programs and initiatives that:

- serve to eliminate health disparities;
- remove barriers to access for minority populations;
- promote prevention and healthy lifestyle changes;
- enhance cultural awareness and sensitivity among caregiver, community groups and policy makers; and,
- foster collaborative partnerships.

In pursuing this effort, the council worked to identify, collect and report racial/ethnic specific data on the health status of Georgia's minority populations. The data may be utilized to link poor health status indicators to social conditions and other factors; thus, providing the necessary tools for the council to inform policy. The council's recommendations will become a part of the development of the Georgia Health Equity Initiative. It will provide information and guidance to health policy makers, health care advocates, health systems, and practitioners and communities to eliminate disparities in health care and improve health outcomes.

The council and the Office of Minority Health will conduct meetings and hold strategic planning sessions to determine how best to illustrate to the people of Georgia, the importance of understanding health disparities, and its relationship to the overall health status of our citizens. Their plan of action for the Georgia Health Equity Initiative begins with this report, and it entails a comprehensive long-term effort that will ultimately contribute to the reduction of racial/ethnic inequalities in health care across our state.

Shortly after the release of this report, several community conversations will be held throughout the state to explain the contents of this report to local and regional leaders, community advocates and the general public. The report's contents, grading and ranking system, and what this data shows about each Georgia county will also be discussed.

Engaging a broad network of partnerships is necessary to move our efforts forward to improve Georgia's overall health status. Conducting these community conversations will enable the council to not only explain the report, but will also provide an opportunity to listen to the leaders and people of Georgia for reactions to the report's findings.

In concert with the community conversations, the Georgia Department of Community Health is creating a grant opportunity to specifically address the elimination of health disparities. The grant program will fund community groups, health centers, clinics, etc., to enhance existing programs or develop new projects and initiatives that specifically address racial/ethnic health disparities throughout Georgia.

The council believes that in order to reduce and eliminate health disparities a coordinated effort is essential. The effort must be systematic and must consist of a sustained approach from all parties, including but not limited to, state and local government agencies, community and minority community based organizations, health care providers, and private and public sectors. One solution will not solve all of the problems that are inherent in addressing racial and ethnic health disparities and improving health outcomes. However, the collection, analysis and presentation of data for this report gives Georgia a solid foundation from which we may start. This foundation is measurable and is essential to the council's goal of making Georgia one of the healthiest states in the nation.



“Educating the community about the health issues impacting our minority populations is a critical step in creating change and improving the health of our citizens.” - Dr. Rhonda

Medows, Commissioner of the Georgia Department of Community Health

Health Disparities Defined

What Are Health Disparities?

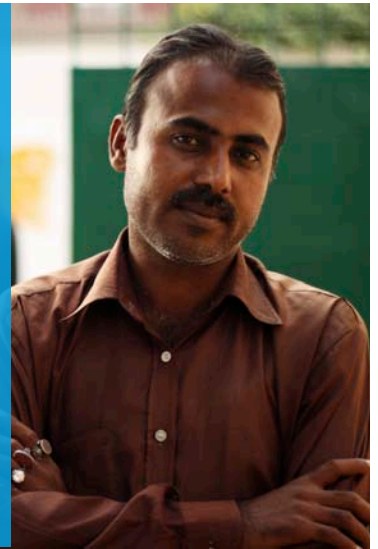
Health disparities can be defined as “differences in health status among distinct segments of the population including differences that occur by gender, race or ethnicity, education or income, disability, or living in various geographic localities.”¹

One way to look at health disparities is using this broad definition and analyzing population health trends based on all these variables combined. The Georgia Department of Human Resources’ Division of Public Health, Office of Health Information and Policy has conducted an analysis of Georgia’s populations and identified four distinct types of communities in Georgia characterized by age, income, family structure, housing value, housing type, education and employment type. These variables were further partitioned into a total of 18 distinct demographic clusters. Of the 18 demographic clusters, four experience much higher rates of lung cancer, HIV, homicide and heart attack. To close the gap in health status, focus can be given to address health issues in those specific communities.



In addition to looking broadly at health disparities, racial and ethnic minorities experience distinctly different health status than their white counterparts, even when socio-economic and geographic conditions are held constant. Additional focus must be given to racial and ethnic variables in order to eliminate health disparities in Georgia. Not coincidentally, there is a strong correlation between the demographic clusters described above and the racial/ethnic composition of those communities.

“Health is the state of complete physical, mental, and social well-being, and not merely the absence of disease.” - World Health Organization



What Causes Health Disparities?

There are multiple factors that influence health status and the presence of health disparities. Root causes include employment status and educational levels which influence income, poverty and other economic conditions. In turn, these factors influence safety and adequacy of housing, environmental conditions (air and water quality), crime rates, mental health (including depression), diet, physical activity, and drug and alcohol use. As a result, these factors influence access to preventive health care, healthy lifestyles, wellness resources and experiences with the health care system. Other factors that influence health disparities include diversity of the health workforce, effectiveness of care, language accessibility and cultural competency of health providers and appropriate health promotion information. These same issues are present in rural communities, and in many situations these challenges are greater than in urban settings.

¹Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, Rockville, Md.

Health Disparities Defined

Terms You Should Know

For the purposes of this publication, the council wishes to clarify the terms below as they are communicated in this report.

Cultural Competence² is a developmental process that evolves over an extended period of time. Individuals, organizations and systems are at various levels of awareness, knowledge and skills along the cultural competence continuum. It requires organizations to:

- have a defined set of values and principles, and demonstrate behaviors, attitudes, policies and structures that enable them to work effectively cross-culturally;
- have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to the diversity and cultural contexts of communities they serve; and
- incorporate the above into all aspects of policymaking, administration, practice and service delivery, and systematically involve consumers, key stakeholders and communities.

Health Disparities³ are differences in health status among distinct segments of the population including differences that occur by gender, race or ethnicity, education or income, disability, or living in various geographic localities.

Health Equity⁴ is 1) distribution of disease, disability and death in such a way as to not create a disproportionate burden on one population, and 2) the absence of persistent health differences over time, and between racial and ethnic groups. In this report, the single terms equity and inequality are often used.

Racial/Ethnic Classifications used by the U.S. Census Bureau

- **American Indian and Alaska Native** refers to people having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment
- **Asian** refers to people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, Bangladesh, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippines, Taiwan, Thailand and Vietnam. It includes Asian Indian, Chinese, Filipino, Korean, Japanese, Taiwanese, Vietnamese and other Asian. It also includes Afghani
- **Black or African American** refers to people having origins in any of the black racial groups of Africa. It includes people who indicate their race as black, African American, or Negro, or provide written entries such as African American, Afro American, Caribbean American, Haitian, Kenyan or Nigerian

- **Hispanic or Latino** refers to those who classify themselves in one of the specific Hispanic or Latino categories such as Mexican, Puerto Rican or Cuban. It also includes people who indicate that they are other Hispanic, Latino or Spanish. People who identify their origin as Hispanic, Latino or Spanish may be of any race
- **Multi-racial** people may have chosen to provide two or more races either by checking two or more race response check boxes, providing multiple write-in responses, or some combination of check boxes and write-in responses
- **Native Hawaiian and other Pacific Islander** refers to a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands. It includes people who indicate their race as Guamanian or Chamorro, Native Hawaiian, Samoan and other Pacific Islander. The U.S. Census counts indigenous Australians as part of the Pacific Islander race
- **White** refers to people having origins in any of the original peoples of Europe, the Middle East or North Africa. It includes people who indicate their race as white or report entries such as Arab, Assyrian, British, German, Iraqi, Irish, Italian, Near Easterner, Persian, Polish or Spanish

Race is an artificial social construct that characterizes and separates people on the basis of visibly identifiable characteristics such as skin color, facial features, hair and body types. It has often been used as the basis to perpetuate superiority/inferiority between groups of people. The term race is sometimes used interchangeably with ethnicity. Ethnicity is related to culture, language and geography, and can be, but is not necessarily, associated with race. While there is a difference, for the purposes of this report, our definitions and classifications are consistent with that of the U.S. Census.

Racism is a belief that one's race is superior to that of another. Institutionalized, this belief is systematically perpetuated into an almost unconscious mode of operation. Individualized, these biases are often manifested into behaviors that target groups who are perceived as inferior. Even when beliefs about inferiority have been suppressed, racism can also be expressed as persistent attitudinal and structural biases that provide enhanced treatment or favored status for one racial group over another, even if such outcomes are unconscious or unintended.



²Colorado Office of Health Disparities

³Healthy People 2010

⁴Colorado Office of Health Disparities

Health Disparities Defined

How Are Disparities Being Measured?

This report intends to look holistically at the major factors that influence differences in health status and their relationship to racial and ethnic characteristics. The factors that this report will describe include:

- social and economic well-being
- health status indicators (presence of disease and premature death)
- quality and access to care
- health professional workforce

The report provides a statewide and county-by-county assessment of disparities in each of the four or five categories using a variety of available data sets including: Georgia vital statistics (birth and death records), hospital discharge data and epidemiological data. Some of this information (specifically the behaviorally related data) is not yet available at the county level.

The health of a community is more than just the presence or absence of disease. This report aims to look at the health of Georgia's diverse populations. We have carefully selected data that will help us identify where we have the greatest opportunities to make a positive impact.

The specific data used in this report are:

Social and Economic Indicators

Poverty

- Percent of families living below the Federal Poverty Level (FPL)
- Percent unemployed
- Median family income
- Percent of homes owner occupied

Education

- Percent less than 9th grade education
- Percent linguistically isolated

Mortality (Deaths)

- Age adjusted death rate
- Years potential life lost (due to premature death) (YPLL)

Quality and Access to Care

Health professions diversity

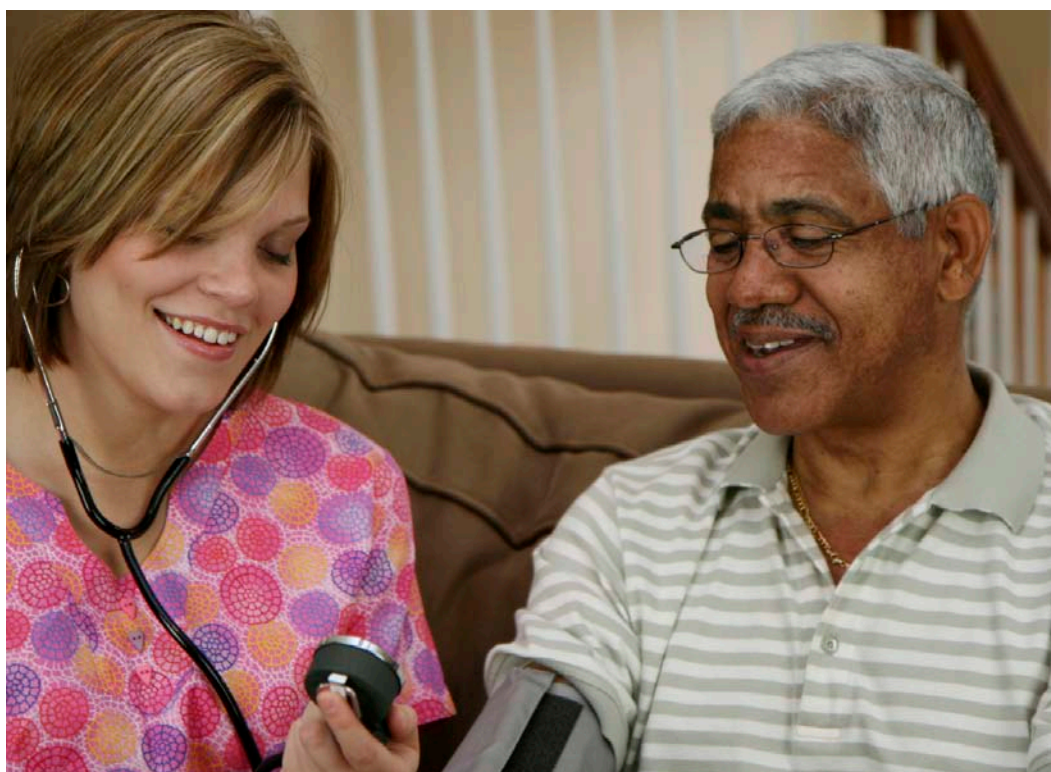
- Physicians
- Health professional shortage areas
 - Primary care
 - Mental health
 - Dental health

Access/insurance disparities

- Rate of uninsured
- Health care available for uninsured people (Safety Net Clinics)

Emergency room and hospitalization disparities

- Avoidable emergency room visits (based on conditions where preventive health services would make an emergency room visit unnecessary – such as diabetes or asthma)
- Avoidable hospitalizations



"Health is a basic human right. People should have the same opportunity to live their lives no matter what their race."

- Dr. Adewale Troutman,
Former Director of
the Fulton County
Department of Health
and Wellness



“When I moved to Georgia in 2007, I learned of the huge disparities in health outcomes between racial and socioeconomic groups. This report represents the beginning of a journey towards improving the health of all Georgians.” — Carladenise A. Edwards, Chief of Staff, Georgia Department of Community Health

Georgia's Health Disparities

A Profile of Georgia's Diversity

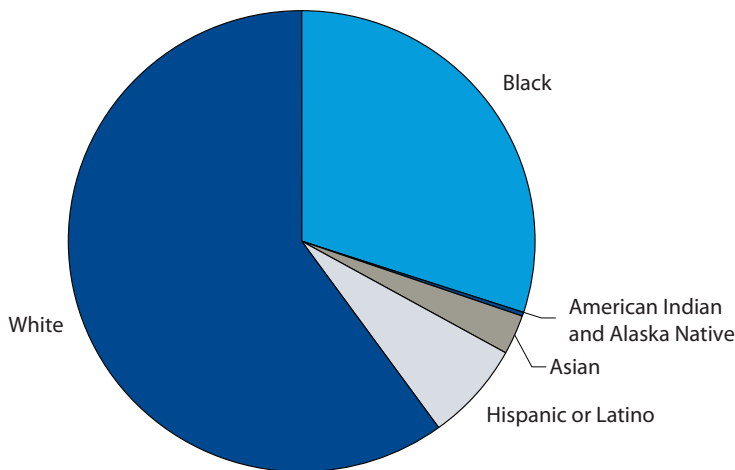
Georgia consists of 159 counties and more than nine million people (a more than 14 percent increase from 2000).

In the 2007 United Health Foundation's, *America's Health Rankings* report, Georgia ranked 40th in health status overall. Their report cited that in Georgia, African-American people experience 44 percent more premature deaths than their white counterparts. The health status of the state as a whole can be significantly improved if a focus is given to populations who are at the greatest risk and experience the worst health outcomes.⁵

Georgia's population today is diverse. Population estimates for 2005 indicate the number of people in each racial/ethnic category is:

- White (not Hispanic) – 5,411,373 (59.6 percent)
- Black/African American (not Hispanic) – 2,665,629 (29.4 percent)
- Hispanic/Latino (all races) – 646,568 (7.1 percent)
- Asian – 239,798 (2.6 percent)
- Native American/American Indian – 19,119 (.2 percent)
- Native Hawaiian or Pacific Islander – 4,487 (.05 percent)
- Multi-racial – 85,602 (.94 percent)

Georgia's Racial/Ethnic Composition (2005 data)



Source: U.S. Census Bureau

Top Nations of Origin for Foreign-Born Georgia Residents, 2004 ⁶		
Nation of Birth	Number	%
U.S. Born	7,803,486	91.0%
Foreign Born	767,595	9.0%
Total Georgia Pop.	8,571,081	100.0%

Nation of Birth	Number	%
Mexico	216,920	2.5%
Germany	44,751	0.5%
Korea/South Korea	42,151	0.5%
India	32,481	0.4%
Jamaica	28,215	0.3%
Philippines	26,265	0.3%
Nigeria	24,529	0.3%
China	23,883	0.3%
Colombia	22,900	0.3%
Brazil	21,575	0.3%
South America	20,630	0.2%
Puerto Rico	19,003	0.2%
Japan	13,835	0.2%
Panama	13,431	0.2%
Uruguay	12,110	0.1%
England	11,764	0.1%
Canada	11,386	0.1%
El Salvador	10,541	0.1%
Cuba	10,078	0.1%
Ethiopia	8,638	0.1%
Holland/Netherlands	7,574	0.1%
Slovakia/Slovak Republic	7,492	0.1%
Haiti	7,058	0.1%
France	6,384	0.1%
Honduras	6,298	0.1%
Russia	5,399	0.1%
Thailand	5,280	0.1%
Vietnam	4,872	0.1%
Hong Kong	4,842	0.1%

⁵2007 United Health Foundation, *America's Health Rankings* report

⁶U.S. Census Bureau: Current Population Survey Supplement, March 2004.

Georgia's Health Disparities

A Historical Context

As we examine disparities in health for Georgia, it is important to note historical trends in our population. Our state was once occupied almost exclusively by Native Americans and today they now constitute less than one percent. This change is a reflection of our painful history of the 1830 Indian Removal Act and the subsequent Trail of Tears which forced them out of Georgia. This history has an impact on the health and well being of that community today and its relationships with the dominant culture and institutions.

The African-American population in Georgia is higher than in the United States (30 percent versus 12.8 percent respectively). The migration patterns of Georgia's African-American population are rooted in the history of slavery where the transatlantic slave trade brought many people to Georgia by force. Northern migrations followed as people sought freedom in states where slavery and Jim Crow laws were not present or prominent. In the past two decades, many African Americans have returned to Georgia and other parts of the "new South." The tragic history of slavery in the United States has left residual effects that can be seen in health outcomes for African-American communities.

The growth of Georgia's Hispanic/Latino population is relatively new. According to U.S. Census demographics, the Hispanic/Latino population is three times the size it was in 1995. Recent immigrants from Spanish speaking countries have settled in Georgia communities where viable employment opportunities exist. In some Georgia counties, such as Hall and Whitfield for instance, the Hispanic/Latino population is as high as 25 percent and 28 percent respectively. This report reflects how these population changes have impacted Georgia's Hispanic/Latino population's uninsured rates and health outcomes.

According to the Asian American Justice Center in its report "A Community of Contrasts: Asian Americans and Pacific Islanders (AAPI)," the AAPI population has seen tremendous growth in 1980, 1990 and again in 2000. Monumental changes in demographics are taking place in Georgia, most specifically in the metro Atlanta area, where policy makers may not fully understand or government and other agencies may not have the infrastructure to serve the unique need of Asian Americans and Pacific Islanders. Georgia has experienced this growth spurt in five of its major counties - Gwinnett, Fulton, Cobb, Clayton, and DeKalb. Research is needed to better understand these communities and additional resources must be allocated to serve their needs. Where available, this report will attempt to describe disparate health outcomes experienced by this

Households by Language Spoken & Linguistic Isolation ⁷				
	Total Households by Language	Linguistically Isolated	Not Linguistically Isolated	% Linguistic Isolation
English	2,664,976	0	2,664,976	0.0%
Spanish	180,548	44,233	136,315	24.5%
Other Indo-European languages	96,410	10,384	86,026	10.8%
Asian and Pacific Island languages	46,926	13,986	32,940	29.8%
Other languages	18,818	2,501	16,317	13.3%
Total	3,007,678	71,104	2,936,574	2.4%

growing population that is faced with issues of poverty, limited English proficiency and linguistic isolation.

The Impact of Health Disparities in Our Communities

The obvious and tragic impact of health disparities in our communities is the disproportionate loss of life and suffering that certain populations experience. There is also a major economic impact of health disparities. The ability to be self-sufficient, earn a livable wage and be productive citizens relies on good health. When populations are disproportionately unhealthy, they are unable to maintain steady employment, contribute to society and are more likely to rely on others for support.

Health disparities impact Georgia's business community in the form of employee absences and lower productivity. The U.S. Bureau of Labor Statistics projects that over the next decade racial and ethnic minorities will account for 41.5 percent of the workforce. Large employers should have a vested interest in ensuring that health care treatments and services, for which they are paying, are of the highest quality and deliver the greatest value.

The costs to the health system are significant when care for Georgia's uninsured people are uncompensated and the costs are absorbed by the health institutions. The cost of treating unhealthy patients in Georgia's emergency rooms is much higher than the cost of preventing health problems. When populations have disproportionately higher illness rates and higher uninsured rates, it results in higher costs to the health system overall.

"Of all the inequalities, inequalities in health are the most inhumane of all."

-Dr. Martin Luther King, Jr.

⁷Georgia Minority Health and Health Disparities Report: The Melting Pot, Morehouse School of Medicine, National Center for Primary Care

Georgia's Health Disparities

The State of Health Disparities in Georgia

Social and Economic Well-Being

- The rate of poverty for Hispanics/Latinos is more than 21 percent; it is greater than 23 percent for African Americans compared to about eight percent for their white counterparts. According to the University of Georgia's Initiative on Poverty and Economics, more than one in five Hispanic/Latino (21 percent) and African-American (23 percent) persons have family incomes below the poverty level, compared to only one in 12 (about eight percent) of their white counterparts⁸
- Sixteen percent of rural Georgians (counties of 35,000 people or less) live in poverty in comparison to 12 percent of urban Georgians⁹
- Babies born to unmarried mothers were 23.4 percent for whites, 46.9 percent for Hispanic/Latino and 67.3 percent for African-American¹⁰
- The graduation rate in the 2006-2007 school year was only 60.3 percent for Hispanics and 65.5 percent for African Americans and 65.5 percent for Native Americans. This compares with 77.5 percent graduation rates for whites students¹¹

Health Status Indicators (presence of disease and premature death)

- African-American males were diagnosed with AIDS at a rate of 90.8 per 100,000 compared to a rate of 10.3 in white males in 2005. HIV/AIDS was the cause of death for African Americans at a rate of 18.4 per 100,000 compared to 2.5 for whites¹²
- African-American males in Georgia are 39 percent more likely than white males to die of cancer; African-American females are 13 percent more likely than white females to die of cancer
- Hispanics/Latinos are twice as likely to die from heart disease than whites
- The death rate from diabetes is two times higher for African-American women than for white women
- Homicide was the cause of in 33 percent of deaths among African-American males ages 13-29 compared to 3 percent of white males in the same age group¹³
- Suicide was the cause of 4.4 percent of deaths among Hispanic/Latino men compared to 1.3 percent of African American men and 2.6 percent of white men¹⁴
- The death rate of African-American babies in the first year of life is two times the rate of white babies¹⁵

- More than 9.2 percent of Hispanic/Latina women received less than five prenatal visits during their pregnancy versus 2.9 percent of white non-Hispanic women

Health Behaviors

- African-American middle school children were more likely to be obese (17 percent) than white children (11 percent)¹⁷
- African-American teens have a higher rate of teen pregnancy (85.3) than white teens (46.9). Hispanic/Latino teens have the highest teen pregnancy rate in Georgia and that rate has increased over the past decade while it has declined for other ethnic/racial groups¹⁸
- Hispanic/Latino and African-American children get less recommended physical activity than their white classmates

Quality and Access to Care

- Hispanic/Latino persons make up the largest group of uninsured Georgians at 20 percent and African Americans make up the second largest at 13 percent
- Georgia has 118 rural counties. Poverty rates for rural counties exceed those in urban counties by 58 percent. The rural counties have approximately half as many physicians and dramatic shortages of nurses, therapists, and nutritionists (per capita) as the metro counties¹⁹

"Rural Georgians have greater health disparities than their urban neighbors. Professional workforce shortages, income, education, transportation, insurance coverage, and access to care, create challenges which must be addressed by all Georgians to improve the health status of those living in rural communities."

-Katherine Cummings, Minority Health Advisory Council Member

⁸2005 Vital Statistics

⁹Georgia Rural Health Association and the Center for Rural Health and Research, Georgia Southern University

¹⁰2005 Vital Statistics

¹¹Governor's Office of Student Achievement

¹²OASIS

¹³2005 Vital Statistics

¹⁴2005 Vital Statistics

¹⁵OASIS

¹⁶2005 Oral Health Survey

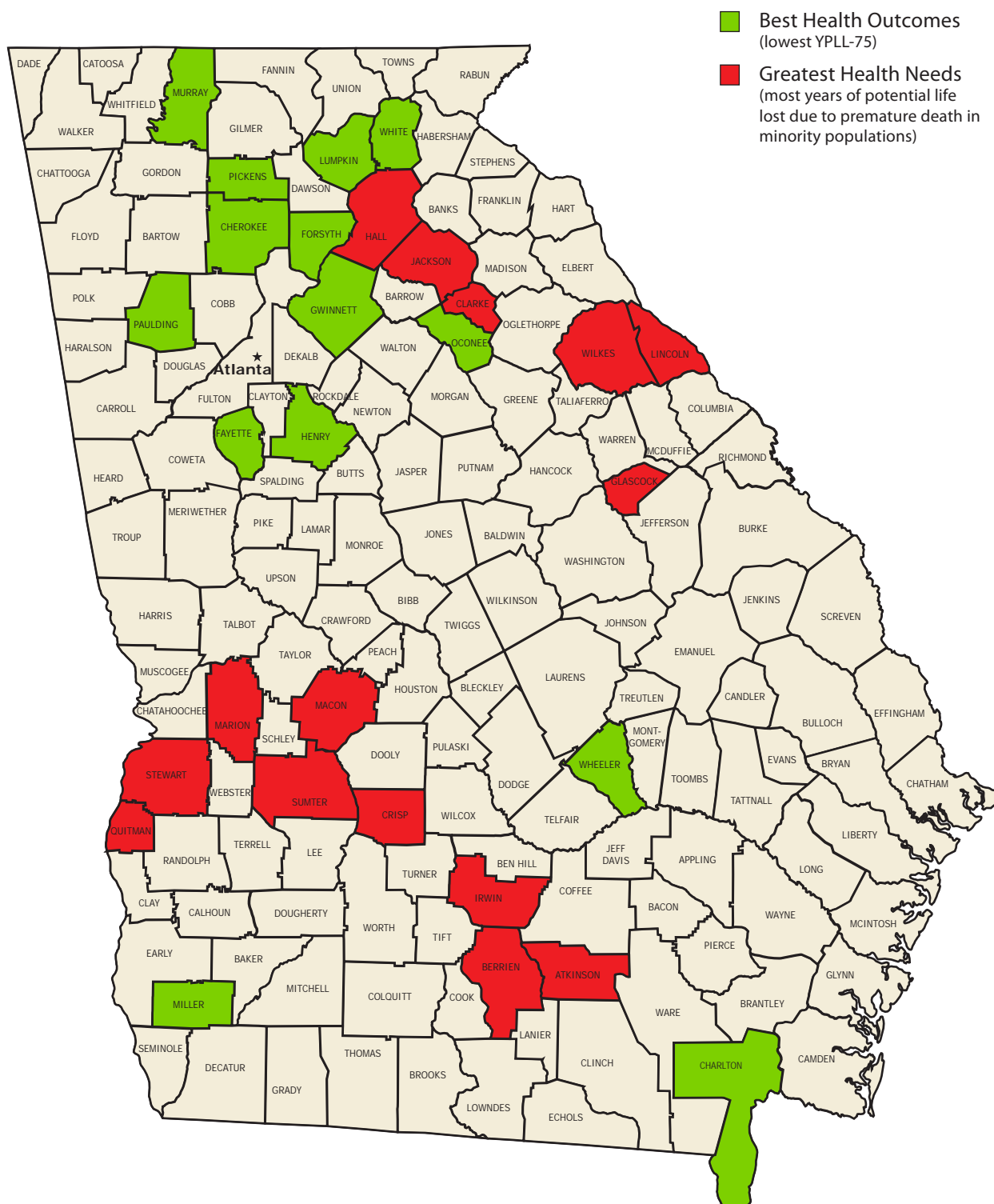
¹⁷Georgia Campaign for Adolescent Pregnancy Prevention

¹⁸Georgia Rural Health Association

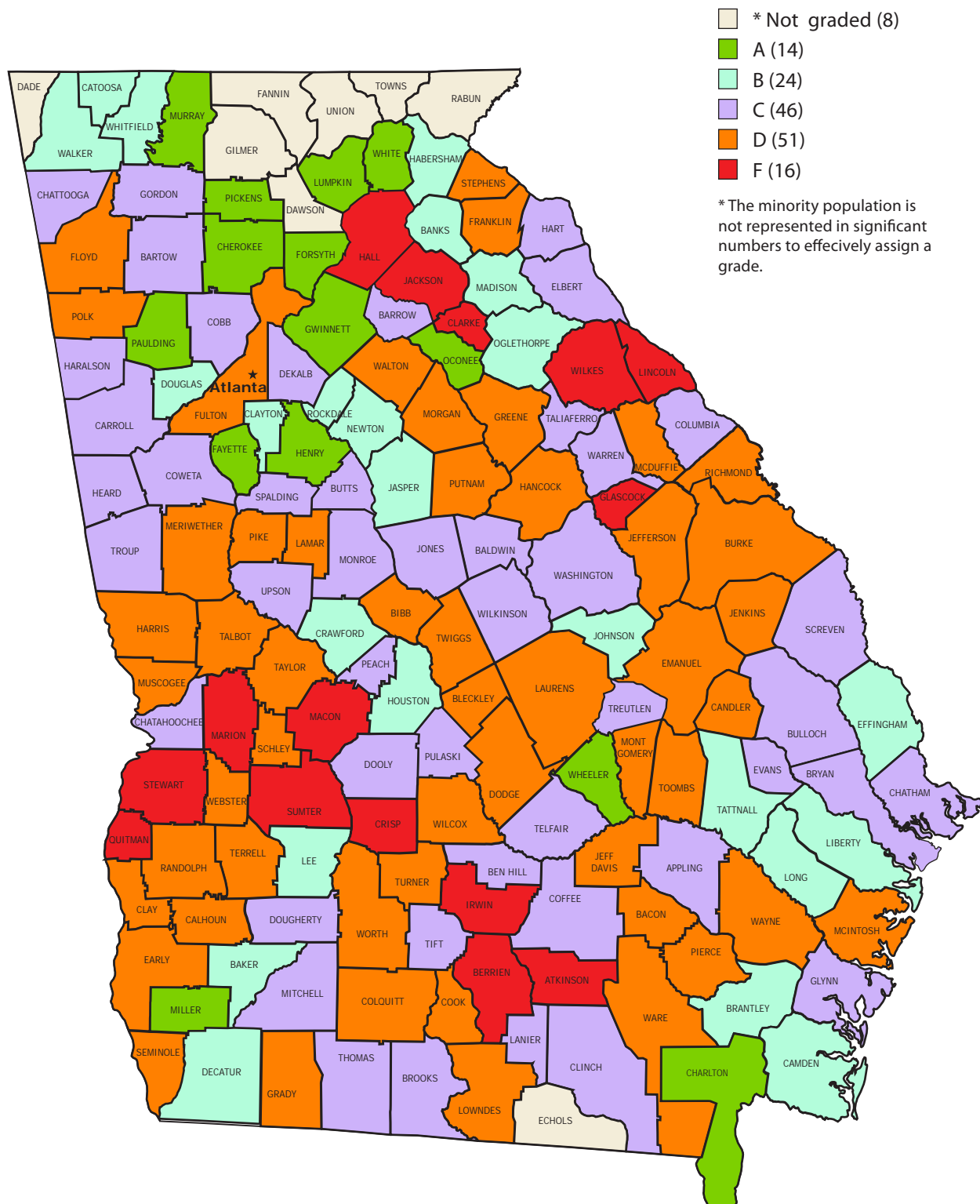
Georgia's Health Disparities

Counties With the Best Health Outcomes and the Greatest Health Needs

The counties highlighted in green have achieved the best minority health outcomes, and the counties in red have the greatest health challenges, as measured by years of potential life lost due to premature death before age 75 (YPLL-75).

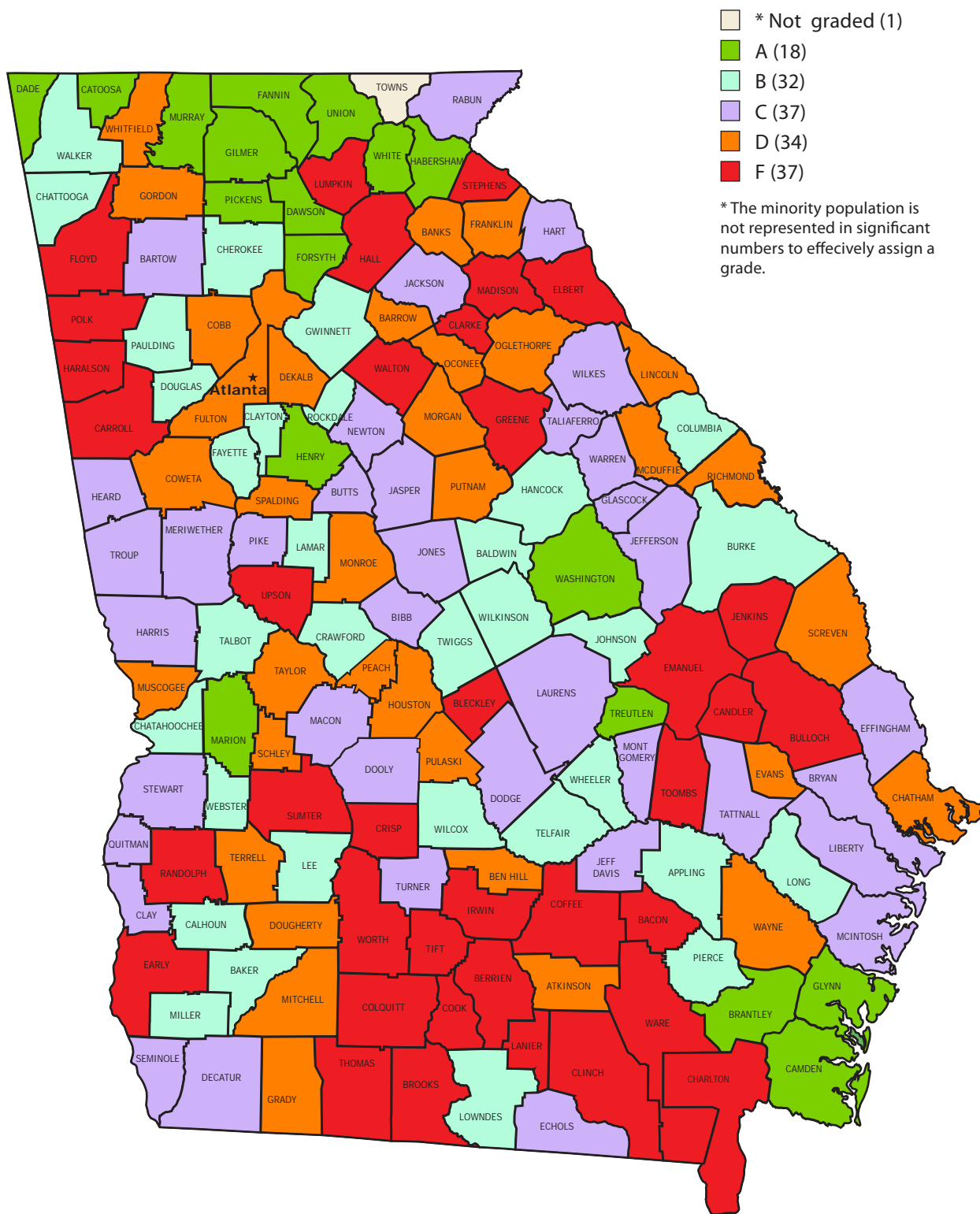


County Health Outcomes Based on Years of Potential Life Lost (YPL)



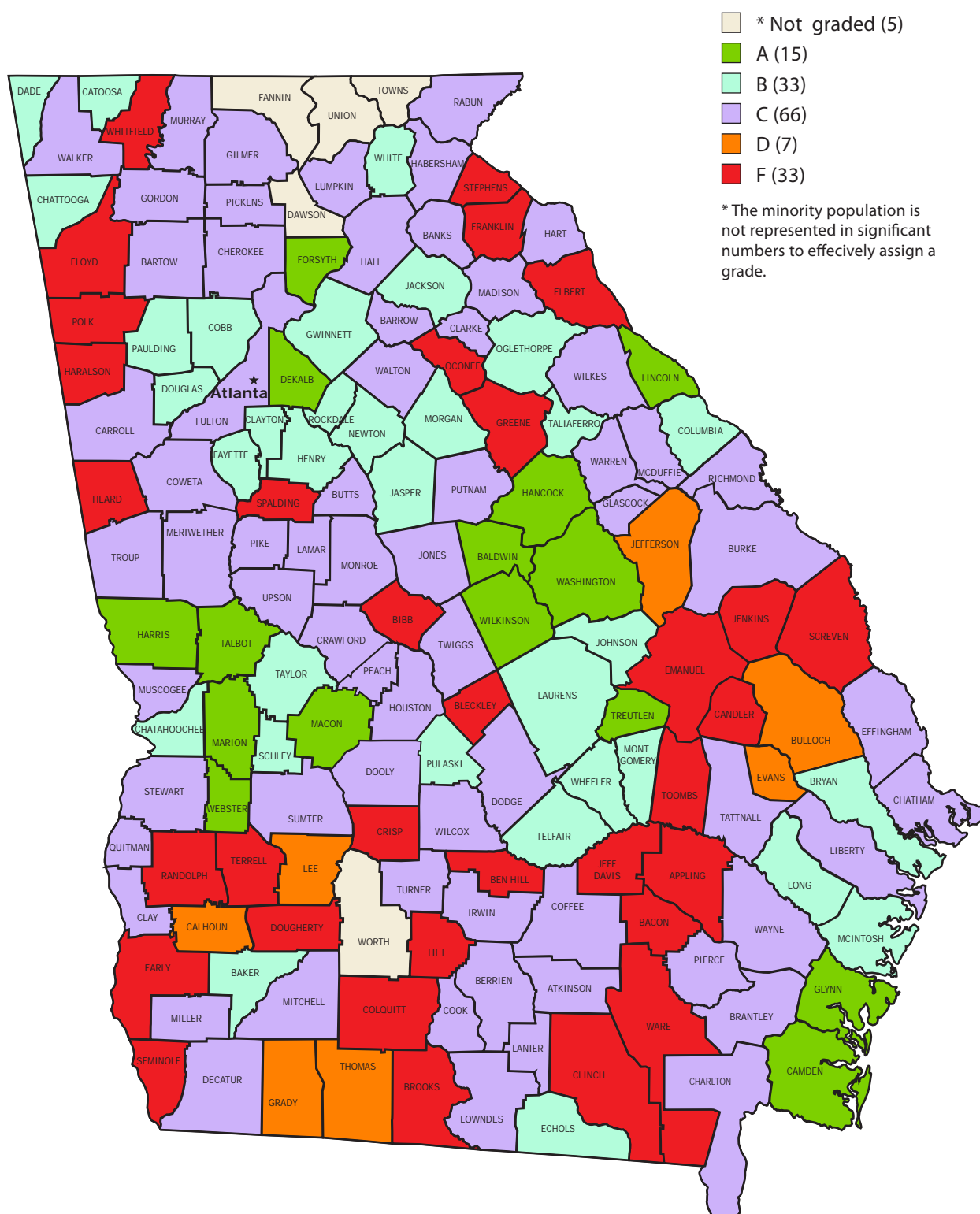
Georgia's Health Disparities

Hospital Admissions and ER Visits Summary Grades



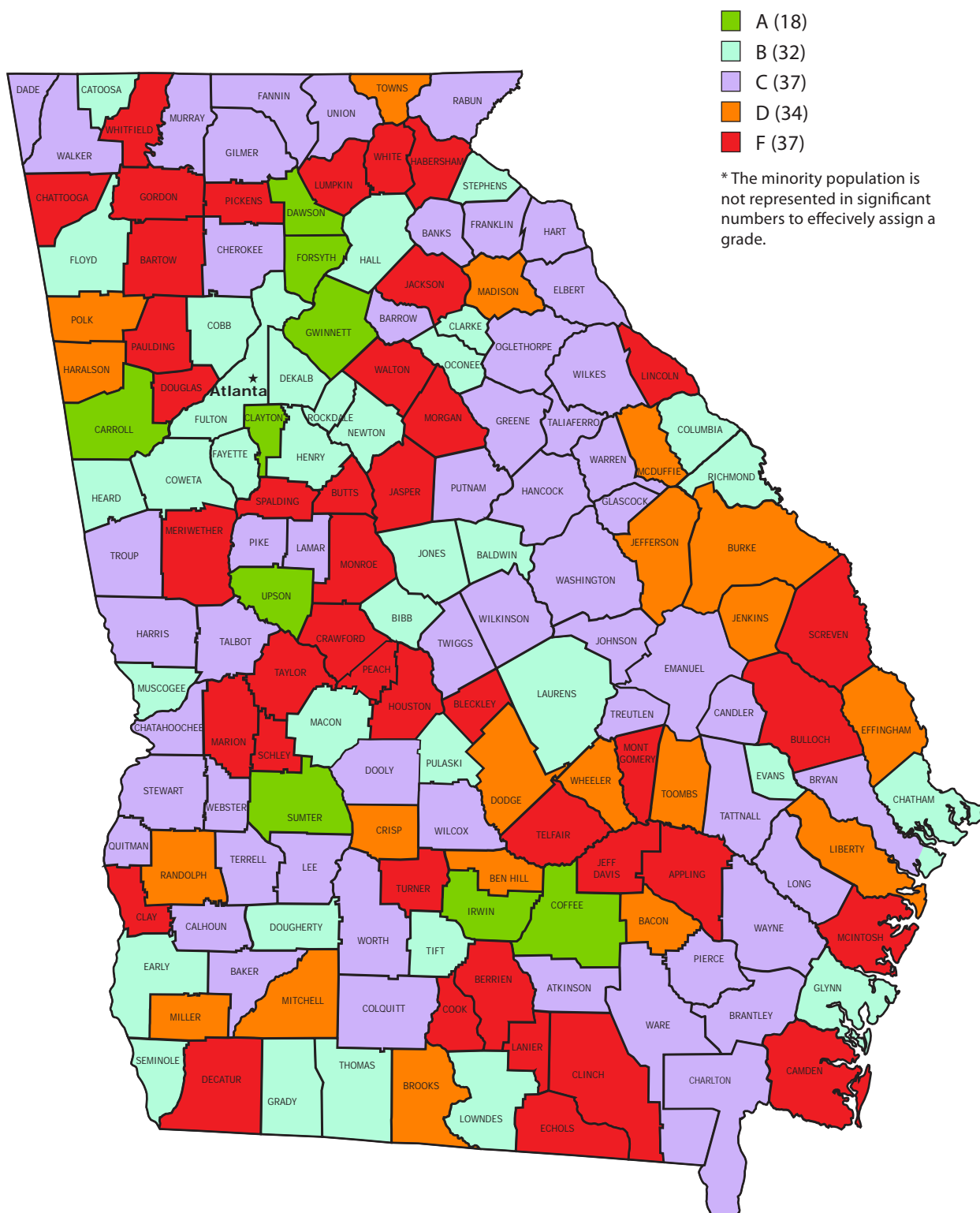
Georgia's Health Disparities

Mental Health Access Summary Grades



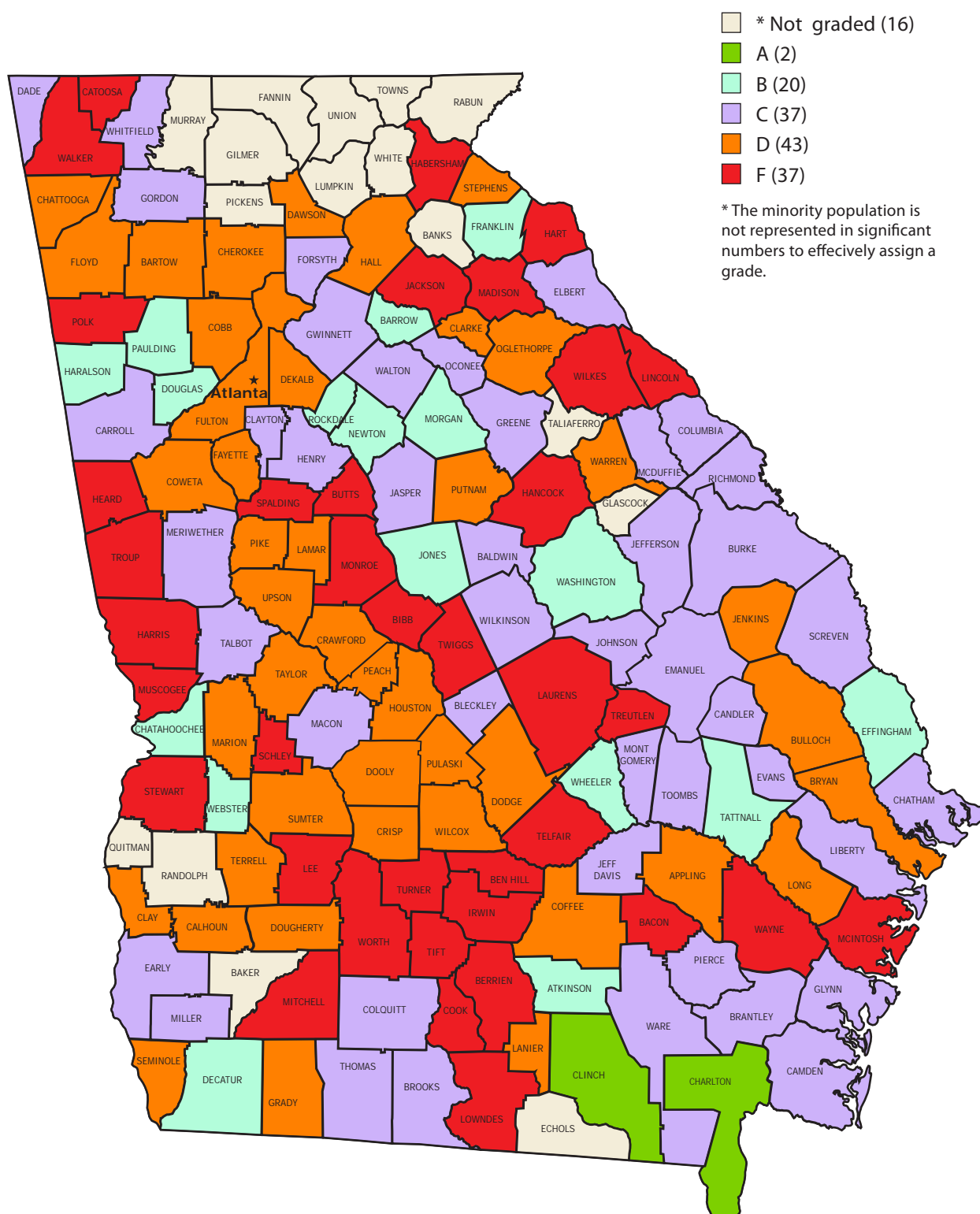
Georgia's Health Disparities

Primary Care Safety New Access Summary Grades



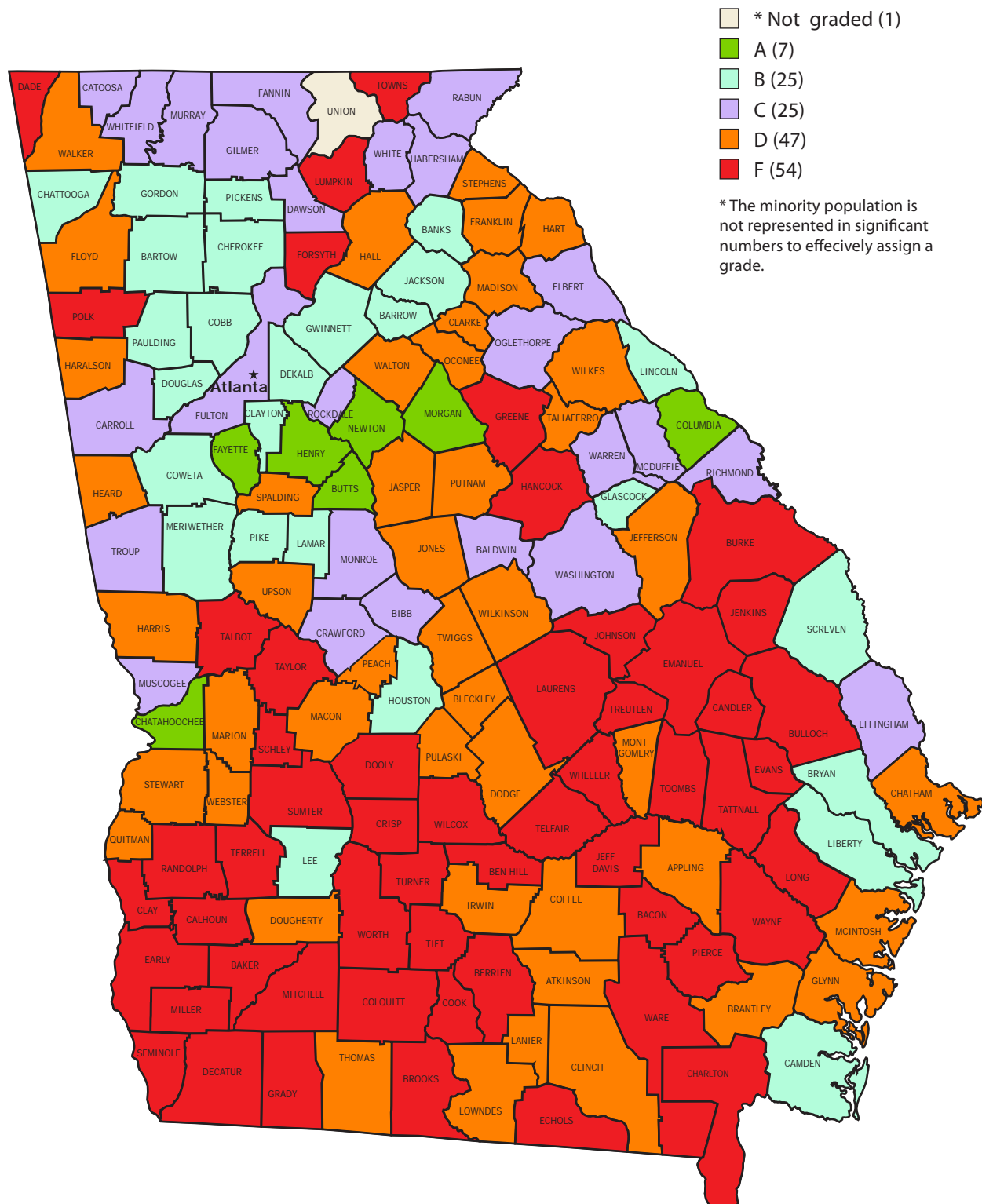
Georgia's Health Disparities

Prenatal Care and Birth Outcomes Summary Grades



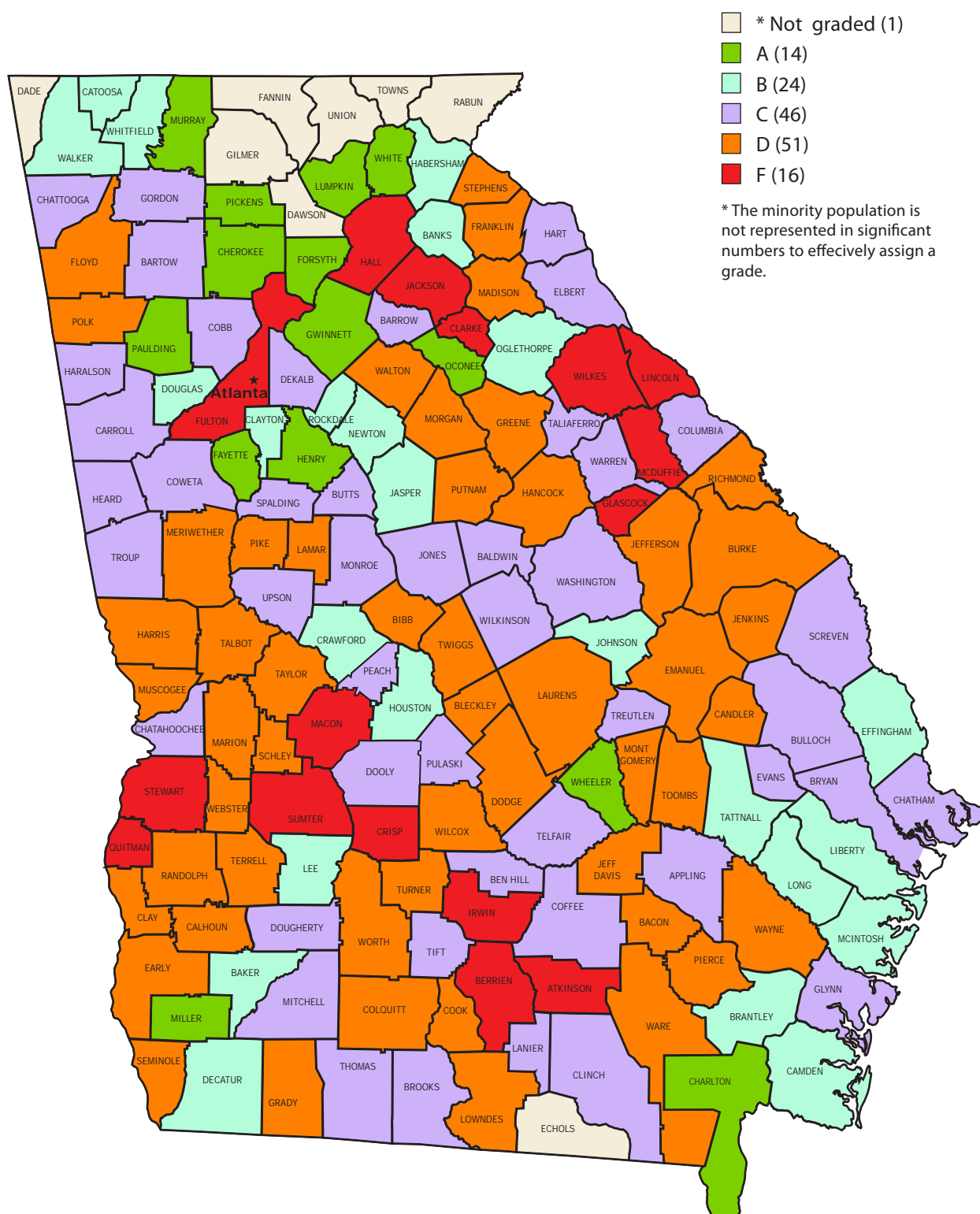
Georgia's Health Disparities

Socioeconomic Summary Grades



Georgia's Health Disparities

Mortality Rates and Inequalities Summary Grades





“It is critically important that we lessen the impact and burden of illness on all people in our communities, regardless of race, gender, or religion. Working together we can execute plans that are thoughtful, strategic and responsive to the needs of our communities.”

— Debbie Hall, Chief Operating Officer, Georgia Department of Community of Health

Report Limitations

What is Missing?

Significant gaps in data exist for the Hispanic/Latino, Asian/Pacific Islander and American Indian/Native American communities. Unfortunately, most data collected in Georgia is in a black/white context, notations exist where data is insufficient to draw any conclusions. We hope that this report will instigate improvements in the data collection and reporting systems so that future versions of this report will more accurately reflect the diversity of Georgia's population.

While the report touches upon the economic impact of health disparities, the council did not endeavor to fully explore or attempt to document the impact. Much work is needed so that there is a clear understanding on how poor health outcomes affect the economic well-being for individuals, their families, employers and Georgia as a whole.

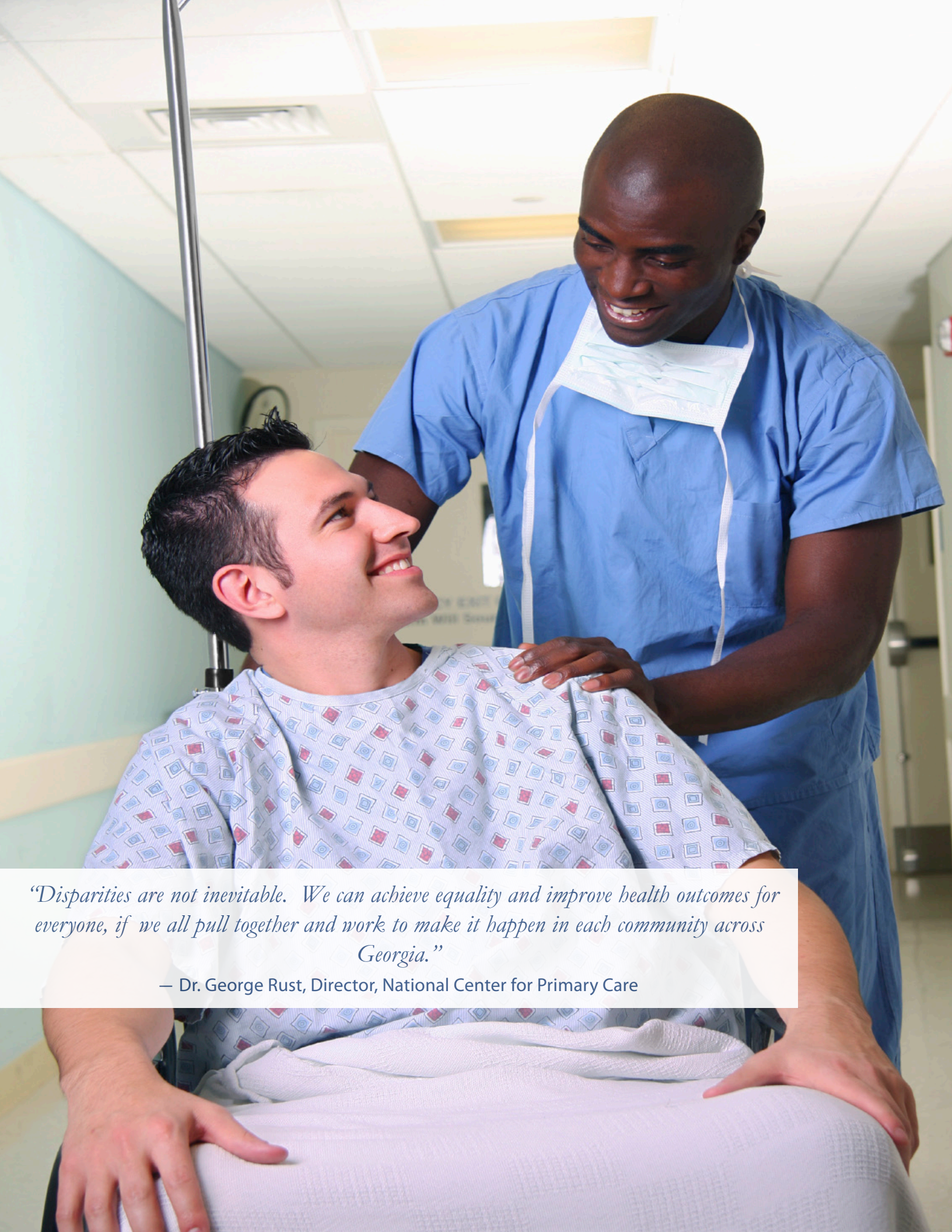
With regard to sample size and availability of data, existing data are inadequate for evaluating behavioral risk factors by racial-ethnic groups by counties. Data are also inadequate for breaking out most indicators by racial-ethnic groups other than African American and white, since the sample sizes become very small at the county level. We also have inadequate measures for the availability of interpreters and bilingual health professionals in each Georgia county. These inadequacies present us with a major gap in our ability to assess and develop local solutions.

"We must find more effective and far-reaching strategies if we are to succeed in reducing the toll health disparities take on our health, well-being and productivity." - Dr. Garth Graham,

Deputy Assistant Secretary for Minority Health, The U.S. Dept. of Health and Human Service's Office of Minority Health

This report is intended to serve as a catalyst for review and action by cities, counties and regional groups. While the data is limited in some respects due to small populations and reporting, the information available indicates that there is work to be done across our state. Health care professionals, elected officials, educators, business and community leaders are encouraged to use this report, along with others such as the *Georgia Primary Care Access Plan* and the *State Rural Health Plan*, to better understand the health care needs of their communities. The Georgia Department of Community Health is committed to helping communities understand the health status of their citizens and working with them to develop viable solutions to make effective change and improve health outcomes.





“Disparities are not inevitable. We can achieve equality and improve health outcomes for everyone, if we all pull together and work to make it happen in each community across Georgia.”

— Dr. George Rust, Director, National Center for Primary Care

Health Disparities Reports

Data Sources and Methodology

The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equity for all Georgians. The information is a compilation of data and analyses that may be used to provide a clearer picture of the health disparities in your county based upon social and economic well-being, pre-mature death, disease prevalence, quality and access to care, and health behavioral data, where available.

This section is meant to provide you with information and explanations of key terms that will help you to understand and interpret the data that is being presented. Such clarification will enable you to utilize the information to address the reduction and/or elimination of health disparities in your respective communities. This publication presents a summary grade and information about each county. Detailed information for each county may be obtained at the www.dch.ga.gov.

Understanding the Data

The report cards are presented in three sections: Atlanta Metropolitan Statistical Areas; non-Atlanta Metropolitan Statistical Areas; and, Rural non-Metropolitan Statistical Areas.

This report uses the U.S. Census Bureau figure of 50,000 people per county to classify a rural county. The state of Georgia defines rural counties as 35,000 people or less. This pertains to counties with a military base and civilian population of less than 35,000 people (e.g. Liberty county).

Years of Potential Life Lost (YPLL)-75 is the term used to describe the number of person-years of life lost due to deaths before age 75. Consider one African-American male dying at age 54 (YPLL = 21 person years) and one white male dying at age 73 (YPLL = 2 person years) and the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.

Health Professional Shortage Area (HPSA) is categorized by the Health Resources & Services Administration (HRSA) in three areas – primary care, mental health, and dental. This was the only oral health indicator available for this report.

Data Sources Used in Compiling Report

Data analysis was performed at the National Center for Primary Care, Morehouse School of Medicine, using various secondary data sources, and with assistance from various

state agencies, including the Division of Public Health. Unfortunately, existing data are inadequate for evaluating behavioral risk factors by racial-ethnic group (the one indicator we have shows that white women smoke at two-fold higher rates than African-American or Hispanic/Latino women during pregnancy). Data are also inadequate for breaking out most indicators by racial-ethnic groups other than African American and white, since the sample sizes become small at the county level. Therefore this report does not adequately reflect Georgia's diversity, or the extent of disparities that surely exist in these other groups. We also have inadequate measures for the availability of interpreters and bilingual health professionals in each Georgia county.

- The Online Analytical Statistical Information System (OASIS) is a suite of interactive tools used to access the Georgia Division of Public Health's standardized data repository. OASIS was designed and is maintained by the Georgia DHR Office of Health Information and Policy. It incorporates data from many of the sources that follow:
 - The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based surveillance system, administered by the Georgia Department of Human Resources, Division of Public Health, in collaboration with the CDC (Centers for Disease Control and Prevention). Information from this system is available on OASIS, but most data is not available at the county-level by race-ethnicity
 - The Vital Records Information System holds information about vital events which are defined as births, deaths, induced terminations of pregnancy, and fetal deaths. Statistics of vital events provide a unique source of information about the health, behavior, and wellness of a population. The monitoring of such major life events provides essential information to individuals, institutions and agencies involved in analyzing, planning, and evaluating health service delivery for Georgia residents. Information from this system is available on OASIS. Most mortality data is derived from CDC's Compressed Mortality File, which does not contain detailed ethnicity data. The Multiple-Cause of Death File includes more groups, including Asian and American Indian, but sample sizes are too small to create meaningful rates for these groups in smaller counties
 - Hospital discharge data is provided to the Division of Public Health by the Georgia Hospital Association and is an abridged data set of hospital discharge records for the state of Georgia. This data set is provided on an annual basis. Information from this system is available on OASIS. Data on emergency department visits is collected in a similar manner
- Georgia Board of Physician Workforce is a state agency responsible for advising the Governor and the General Assembly on physician workforce and medical education policy and issues. <http://gbpw.georgia.gov>
- *The Georgia County Guide*, published at the University of Georgia, provides detailed county-level and state data related to agriculture, crime, economics, education, government, health, housing, labor, natural resources, occupations, population, public assistance, transportation, and vital statistics
- The HRSA Area Resource File is a compilation of data on all U.S. counties from various secondary data sources, including Census data, AMA physician masterfile, CDC Vital Statistics data, etc. (www.arfsys.com)

Health Disparities Reports

County Health Disparities Indicators - Variables and Sources of Data

Population / Community Indicators (Social Determinants)				
Variable	Year(s)	Geographic Level of Data	Race/Ethnicity	Source of Data
Population (Decennial census (2000) is a hard-count; later years are only estimates)				
Total persons	2006 (est.)	County	All groups	Census population estimates for 2005
Population Density (persons per square mile)	2006 (est.)	County	All groups	Census population estimates for 2005
Total persons by racial-ethnic group	2006 (est.)	County	All groups	Census population estimates for 2005
Persons in linguistically-isolated households	2000	County	N/A	Decennial Census
Socioeconomics and Poverty (2004 updated projections do not show income by race-ethnicity)				
Persons below poverty	2000	County	All groups	Decennial Census
Median household income	2000	County	All groups	Decennial Census
% unemployed	2000	County	All groups	Decennial Census
Education / Youth				
% Adults (>25) Having Completed less than 9 th grade education	2000	County	All groups	Decennial Census
Environmental				
Rural Urban Continuum	2003	County	N/A	USDA

Health Behaviors and Health Outcome Indicators (Morbidity, Mortality, etc.)					
Variable	Year(s)	Geographic Level of Data	Race/Ethnicity	Source of Data	Caveats / Limitations
Health Behaviors (BRFSS behavioral risk data not available by racial-ethnic group at the county level.)					
Smoking during pregnancy	2000-2004	State & district	none	Oasis / BRFSS	
Maternal-Infant Health					
Very Low Birthweight (VLBW) Births	2004-2006	County	Blk-Wht-Hisp	DHR / OASIS	
Inadequate prenatal care (Kotelchuck index)	2004-2006	County	Blk-Wht-Hisp	DHR / OASIS	
Tobacco use in pregnancy	2004-2006	County	Blk-Wht-Hisp	DHR / OASIS	
Deaths (Consolidated rates for 3-years from 2003-05 in order to assure adequate sample size for smaller counties; Five-year aggregate (2001-2005) for infant mortality)					
Infant Deaths (0-1)	2003-05	County	All groups	DHR / OASIS	
Deaths (#)	2003-05	County	All groups	DHR / OASIS	
Age-adjusted death rates	2003-05	County	All groups	DHR / OASIS	
YPLL-75:Years of Life Lost by Premature Death	2003-05	County	All groups	DHR / OASIS	
Hospitalizations and Disability (Consolidated rates for 3-years (2003-05) to increase sample size)					
Hospitalization rates per 100,000 pop. for ambulatory care sensitive (ACS) conditions	2003-05	County	Blk-Wht	DHR / OASIS	Hispanic ethnicity not consistently recorded
Illness Events (Consolidated rates for 3-years (2003-05) to increase sample size)					
Emergency Dept Visits per 100,000 pop. for ambulatory care sensitive (ACS) conditions	2003-05	County	Blk-Wht	DHR / GHA	Hispanic ethnicity not consistently recorded

Health Disparities Reports

Health Behaviors and Health Care Access				
Variable	Year(s)	Geographic Level of Data	Race/Ethnicity	Source of Data
Health Care Access				
Uninsured persons	2000/2005	County (estimates)	Blk-Wht-Hisp 2000	
Uninsured children	2000/2005	County (estimates)	Blk-Wht-Hisp 2000	
Primary Care Physicians per 100,000 pop.	2004	County	All groups	Georgia Board of Physician Workforce
CHC/FQHC site (yes/no)	2005	County	N/A	DCH
Free Clinic or other Safety Net Primary Care Access registered with DCH	2005	County	N/A	Georgia Free Clinic Network & DCH
Culturally and Linguistically Appropriate (CLAS) Health Care (See CLAS standards at OMH and JCAHO websites)				
Physician Diversity per pop. by race and ethnicity	2004	County	All groups	Georgia Board of Physician Workforce
Bilingual (Spanish-speaking) physicians per 1,000 persons in Spanish-speaking households	2004	County	N/A	DATA NOT AVAILABLE
Full-time Medical Interpreters on Hospital Staff (if hospital in county)	2006	County	N/A	DATA NOT AVAILABLE
Oral Health				
Dental Health Professional Shortage Area (HPSA)	2004	County	All Groups	HRSA
Mental Health / Substance Abuse				
Licensed Psychologists, Counselors, and Clinical Social Workers per 100,000 population	2006	County	N/A	Georgia Licensing Board
Mental Health Emergency Department Visit rate	2003-05			DHR / GHA
Mental Health Professional Shortage Area (HPSA)	2004	County	All Groups	HRSA

Equivalent Data Sources listed by 2007 Georgia County Guide

ESTIMATES OF TOTAL POPULATION: 1990-2005

"Time Series of Georgia Intercensal Population Estimates by County: April 1, 1990 to April 1, 2000" (COEST2001-12-13) release date, 4/17/02; and, "Annual Estimates of the Population for Counties of Georgia: April 1, 2000 to July 1, 2005" (CO-EST2005-01-13) release date, 3/16/06. Population Division

RACE AND ETHNICITY; BLACK, WHITE, OTHER RACES, LATINO/HISPANIC: 2005

"Annual Estimates of the Population by Selected Age Groups and Sex: April 1, 2000 to July 1, 2005 (CCEST2005-agesex-13)," "Annual Estimates of the Population by Race Alone and Hispanic or Latino Origin for Counties: April 1, 2000 to July 1, 2005 (CC-EST2005-6RACE-13)," release date 8/4/2006; and, "County Population Estimates with Sex, 5 Race Groups and Hispanic Origin: April 1, 2000 to July 1, 2005 (CC-EST2005-5RACE-13); Population Division

HOUSEHOLD INCOME, POVERTY

CHARACTERISTICS BY AGE, RACE, HISPANIC ORIGIN: 1999

(1999) Census 2000 Summary File 3, <http://factfinder.census.gov/home/saff/main.html>

EDUCATIONAL ATTAINMENT BY RACE AND HISPANIC ORIGIN: 2000

Census 2000 Summary File 3

METROPOLITAN, MICROPOLITAN AND COMBINED STATISTICAL AREAS (maps): 2006

Maps graphics source: Center for Agribusiness and Economic Development, The University of Georgia, Athens, GA. 706-542-0760. <http://www.caed.uga.edu/>

RURAL-URBAN CONTINUUM CODES; URBAN INFLUENCE: 2003

Economic Research Service, USDA, Washington, DC. <http://www.ers.usda.gov/briefing/rurality/>

GEORGIA VITAL STATISTICS REPORTS, 1995-2004 and OASIS Web Query,

Georgia Dept. of Human Resources, Division of Public Health, Center for Health Information, Atlanta, GA. 404-657-6320. <http://health.state.ga.us/programs/ohip/birthdeath.asp> <http://oasis.state.ga.us/>

PHYSICIANS BY SPECIALTY: 2004

Georgia Board for Physician Workforce, Atlanta, GA, 404-206-5420. http://gbpw.georgia.gov/00/channel_title/0,2094,49259818_54218987,00.html

***US Census Bureau Regional office in Atlanta (AL, FL, GA)

Health Disparities Reports

Grading Methods

For this report our methods were to assign a grade first for the outcome (such as age-adjusted mortality) in a minority population, and then to assign a second grade for equality (based on the black-white rate ratio, for example). We did this because some counties appear to have no disparities (i.e., black-white equality), only because white outcomes are just as bad as the outcomes among African Americans. It would not have been appropriate to give such counties a grade of "A", the same grade as that given to counties which have achieved both equality and excellent health outcomes in both populations.

Outcome Grades

For most of the outcomes, such as death rates or poverty rates, we assigned grades according to county rankings for that indicator, according to Table A.

In some cases, we assigned grades to outcomes based either on national norms or obvious break-points in the data, i.e., groupings of outcomes that would not have matched a precise cut-off in rankings. For example, if the table above would have assigned a "B" to a county ranked 63rd and a "C" to a county ranked 64th, but the "B" and "C" counties had very similar outcomes (differing in rank only by decimal point differences), then we looked for natural break points or groupings of outcomes for which we could assign grades (see Tables "B" and "C").

Equality Grades

Equality grades were assigned based on the black-to-white rate ratio for any given indicator (some Hispanic/Latino to White non-Hispanic ratios also received a grade, although most indicators did not have sufficient data to do this). For some indicators, especially socioeconomic indicators such as poverty or unemployment, these ratios could be quite high, and grades were assigned accordingly (see Table D).

For other indicators, the rate ratios are narrower but still deeply troubling. For example, eliminating the black-white infant mortality gap in Georgia would save one more baby's life almost every day (see Table E).

TABLE A Outcome Grade based on county rankings	
Lookup Table Lower-bound Thresholds For Black Unemployment Rate By County Rankings	Corresponding Grades
0	*
1	A
32	B
64	C
96	D
128	F

TABLE B	
Lookup Table Lower-bound Thresholds For Black & Latino % Inadequate Prenatal Care Outcome	Corresponding Grades
0	*
0.1	A
10	B
14	C
18	D
23	F

TABLE C	
Lookup Table Thresholds For Black %vlbw Outcome	Corresponding Grades
0	*
0.1	A
1.5	B
2.5	C
3.5	D
4.5	F

TABLE D Equality Grade based on Wide-Range of Rate Ratios (0.4 to 15)	
Lookup Table Lower-bound Thresholds For Black-white Unemployment Rate Ratio	Corresponding Grades
0	*
0.1	A
1.5	B
3	C
5	D
9	F

TABLE E Equality Grade based on More Narrow Range of Rate Ratios (0.5 to 3.9)	
Lookup table thresholds for black-white infant mortality rate ratio	Corresponding Grades
0	*
0.1	A
1.5	B
2	C
2.5	D
3	F

Health Disparities Reports

Combined Grades (Outcome and Equality)

For each major indicator, we then took the assigned outcome grade and the combined equality grade to create consolidated grades (i.e., a “B” for infant mortality as an outcome and a “C” for infant mortality black-white equality would generate a “BC” combined grade, which would be translated into a “B-”) according to Table F.

Summary grades for broad categories such as socioeconomic status were assigned by combining grades for multiple variables and then assigning a combined grade reflecting essentially a grade average. Summary grades were assigned in the following categories:

- Summary Grade Socioeconomic
- Summary Grade Mortality
- Summary Grade Illness Events
- Summary Grade Birth Outcomes
- Summary Grade Primary Health Care Access
- Summary Grade Mental Health Access

Unfortunately, the only indicator we had available for the Summary Grade on Oral Health/ Dental Access was the designation of each county as a dental health professional shortage area (HPSA – whole county, partial county, or non-HPSA), and so we showed this designation rather than assigning a grade.

In future years, we hope additional data sources will allow us to better reflect disparities in health behaviors, as well as disparities experienced by sub-groups within larger racial-ethnic categories. We need better documentation of disparities within larger racial ethnic categories.

These data also do not allow us to accurately reflect the heterogeneity or “within-group” diversity of each racial-ethnic group, such as diversity in language and nations of origin for communities labeled “Asian” or “Hispanic” or “black,” or tribal diversity among American Indian communities.

Combined grades	Consolidated Grade	Combined Narrative
AA	A	Excellent Black Performance or Outcome combined with High Level of Equality
AB	A-	Excellent Black Performance or Outcome combined with some Racial Inequality
AC	B	Excellent Black Performance or Outcome but Moderately Racial Inequality
AD	B-	Excellent Black Performance or Outcome but Severe Racial Inequality
AF	C	Excellent Black Performance or Outcome but Very Severe Racial Inequality
BA	B+	Better than Average Black Performance or Outcome combined with High Level of Equality
BB	B	Better than Average Black Performance or Outcome combined with Some Racial Inequality
BC	C+	Better than Average Black Performance or Outcome but Moderately High Racial Inequality
BD	C	Better than Average Black Performance or Outcome but Severe Racial Inequality
BF	D	Better than Average Black Performance or Outcome but Very Severe Racial Inequality
CA	C+	Mediocre Black Performance or Outcome despite High Level of Equality
CB	C	Mediocre Black Performance or Outcome combined with Some Racial Inequality
CC	C	Mediocre Black Performance or Outcome combined with Moderately High Racial Inequality
CD	D	Mediocre Black Performance or Outcome combined with Severe Racial Inequality
CF	F	Mediocre Black Performance or Outcome combined with Very Severe Racial Inequality
DA	C	Poor Black Performance or Outcome despite High Level of Equality
DB	D+	Poor Black Performance or Outcome combined with Some Racial Inequality
DC	D	Poor Black Performance or Outcome made worse by Moderately High Racial Inequality
DD	D	Poor Black Performance or Outcome made worse by Severe Racial Inequality
DF	F	Poor Black Performance or Outcome made worse by Very Severe Racial Inequality
FA	D	Extremely Poor Black Performance or Outcome despite High Level of Equality
FB	F	Extremely Poor Black Performance or Outcome combined with Some Racial Inequality
FC	F	Extremely Poor Black Performance or Outcome made worse by Moderately High Racial Inequality
FD	F	Extremely Poor Black Performance or Outcome made worse by Severe Racial Inequality
FF	F	Extremely Poor Black Performance or Outcome made worse by Very Severe Racial Inequality

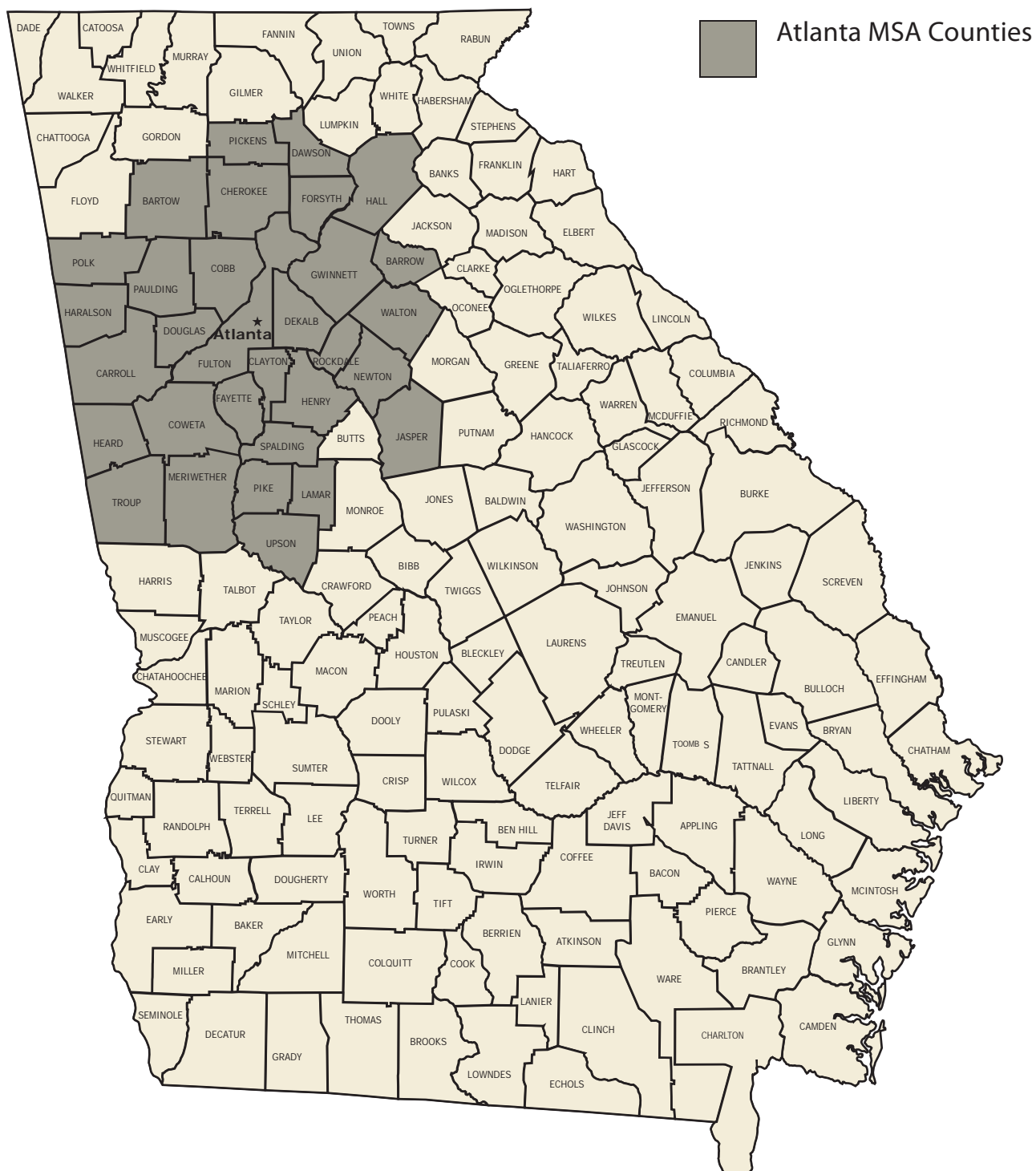
Health Disparities Reports

Atlanta Metropolitan Statistical Area (Pages 31-96)

The Atlanta MSA includes:

- Barrow County
- Bartow County
- Butts County
- Carroll County
- Cherokee County
- Clayton County
- Cobb County
- Coweta County
- Dawson County
- DeKalb County
- Douglas County
- Fayette County
- Forsyth County
- Fulton County
- Gwinnett County
- Hall County
- Haralson County
- Heard County
- Henry County
- Jasper County
- Lamar County
- Meriwether County
- Newton County
- Paulding County
- Pickens County
- Pike County
- Polk County
- Rockdale County
- Spalding County
- Troup County
- Upson County
- Walton County

Atlanta Metropolitan Statistical Areas



Health Disparities Reports



Barrow County Minority Health Report Card

Barrow County includes Auburn, Bethlehem, Carl, Statham and Winder.

Barrow County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	51,023	85.1%
African American or Black	6,461	10.8%
Hispanic or Latino	3,743	6.2%
Asian	1,647	<1%
American Indian	191	<1%
Other or Multi-Racial	2,470	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	B
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	D+
Prenatal Care & Birth Outcomes	B-
Primary Care Access	C
Physician Racial-Ethnic Diversity	D
Mental Health Care Access	C+
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	5.8%
% Estimated to Have No Health Insurance	12.6%

Black-White racial inequalities in health outcomes cost Barrow County 216 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	8.3%	12.1%	14.4%	1.6	9.8%	2.4	A-
Education (adults w/ <9 th grade education)	9.4%	11.8%	23.2%	1.4	8.4%	1.4	A-
Employment (adult unemployment)	4.2%	8	10.2%	2.3	4.0%	2.6	B
Mortality							
YPLL-75 Rate (Life-Years Lost)	8,201.50	11,440.50	2,042.90	1.43	5,828	1.2	C
Age-Adjusted Death Rate per 100,000	1,003.8	1,392.2	617.4	1.4	989.5	1.15	C
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	16,992.3	32,219.5	*	1.9	15,277.8	1.65	D+
Mental Health Emergency Dept Visits	2,139.3	2,768.1	*	1.3	1,994.5	1.1	C+
Birth Outcomes							
Low Birth Weight	7.6%	11.1	6.8	1.46	7%	1.9	B
Inadequate Prenatal Care	11.4%	21.1%	14	2.18	12.9%	1.6	C
Tobacco Use in Pregnancy	11.2%	3.9%	0%	0.31	12.0%	0.4	Not graded

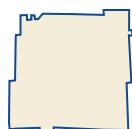
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.

*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.

Other Indicators Relevant to Health Disparities	Barrow County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	17 out of 32 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	16 out of 32 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	50.1	Median is 57.8 per 100,000, much lower than for white physicians.	D
Health Insurance Coverage (uninsured rate as % of population)	12.6%	14.8% (median uninsured rate)	B
Persons Living in Linguistically-Isolated Households	243 persons	225 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	11/32 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	16 out of 32 are whole or partial county Mental Health HPSAs	C+

HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration

Health Disparities Reports



Bartow County Minority Health Report Card

Bartow County includes Cartersville, Emerson, Euharlee, Kingston, and White.

Bartow County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	79,095	88.6%
African American or Black	8,270	9.3%
Hispanic or Latino	5,040	5.6%
Asian	696	<1%
American Indian	281	<1%
Other or Multi-Racial	1,864	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	B-
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	C-
Prenatal Care & Birth Outcomes	D
Primary Care Access	F
Physician Racial-Ethnic Diversity	C
Mental Health Care Access	C+
Oral Health Care Access	Whole County HPSA
% Speaking non-English Language at Home	5.5%
% Estimated to Have No Health Insurance	14.7%

Black-White racial inequalities in health outcomes cost Bartow County 270 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	8.6%	13.1%	16%	1.7	9.8%	2.4	A-
Education (adults w/ <9 th grade education)	9.5%	9.2%	22.7%	1	8.4%	1.4	A+
Employment (adult unemployment)	4%	9.4	6%	2.7	4.0%	2.6	C+
Mortality							
YPLL-75 Rate (Life-Years Lost)	8,969.20	12,224.90	3,031.40	1.38	5,828	1.2	C
Age-Adjusted Death Rate per 100,000	960.5	1,119.9	*	1.2	989.5	1.15	C
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	24,931.5	34,866.6	*	1.4	15,277.8	1.65	C-
Mental Health Emergency Dept Visits	3,613.3	3,293.6	*	.9	1,994.5	1.1	C
Birth Outcomes							
Low Birth Weight	7%	11.8	6.1	1.69	7%	1.9	B
Inadequate Prenatal Care	11%	19.4%	38.5	3.23	12.9%	1.6	F
Tobacco Use in Pregnancy	11.5%	7.7%	*	0.56	12.0%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Bartow County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	17 out of 32 are Whole County (4 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	16 out of 32 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	69.2	Median is 57.8 per 100,000, much lower than for white physicians.	C
Health Insurance Coverage (uninsured rate as % of population)	14.7%	14.8% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	325 persons	225 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	11/32 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	16 out of 32 are whole or partial county Mental Health HPSAs	C+
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Butts County Minority Health Report Card

Butts County includes Flovilla, Jackson and Jenkinsburg.

Butts County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	15,550	73.9%
African American or Black	5,166	24.5%
Hispanic or Latino	416	2%
Asian	83	<1%
American Indian	103	<1%
Other or Multi-Racial	329	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	A
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	C-
Prenatal Care & Birth Outcomes	F
Primary Care Access	F
Physician Racial-Ethnic Diversity	D
Mental Health Care Access	C-
Oral Health Care Access	Whole County HPSA
% Speaking non-English Language at Home	2.8%
% Estimated to Have No Health Insurance	14.5%

Black-White racial inequalities in health outcomes cost Butts County 87 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	11.5%	15.5%	0%	1.5	9.8%	2.4	A-
Education (adults w/ <9 th grade education)	10.1%	15.1%	4.2%	1.9	8.4%	1.4	C+
Employment (adult unemployment)	3.9%	8	14.5%	3.5	4.0%	2.6	B-
Mortality							
YPLL-75 Rate (Life-Years Lost)	9,068.30	10,277.70	*	1.18	5828	1.2	C
Age-Adjusted Death Rate per 100,000	947.2	1,334.1	*	1.4	989.5	1.15	C
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	13,942	30,780.1	*	2.2	15,277.8	1.65	C-
Mental Health Emergency Dept Visits	2,082.8	2,978.7	*	1.4	1,994.5	1.1	C
Birth Outcomes							
Low Birth Weight	9.3%	18.8	*	2.02	7%	1.9	F
Inadequate Prenatal Care	13.1%	9.1%	56	0.69	12.9%	1.6	F
Tobacco Use in Pregnancy	23.5%	9.1%	0%	0.37	12.0%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Butts County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	17 out of 32 are Whole County (4 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	16 out of 32 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	53.7	Median is 57.8 per 100,000, much lower than for white physicians.	D
Health Insurance Coverage (uninsured rate as % of population)	14.5%	14.8% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	26 persons	225 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	11/32 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	16 out of 32 are whole or partial county Mental Health HPSAs	C-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Carroll County Minority Health Report Card

Carroll County includes Bowdon, Carrollton, Mount Zion, Roopville, Temple, Villa Rica and Whitesburg.

Carroll County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	85,750	81.3%
African American or Black	17,558	16.7%
Hispanic or Latino	4,191	4%
Asian	843	<1%
American Indian	304	<1%
Other or Multi-Racial	2,145	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	C
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	C
Primary Care Access	A
Physician Racial-Ethnic Diversity	C
Mental Health Care Access	C
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	4.8%
% Estimated to Have No Health Insurance	15%

Black-White racial inequalities in health outcomes cost Carroll County 159 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

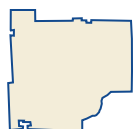
Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	13.7%	27%	19.9%	2.5	9.8%	2.4	C
Education (adults w/ <9 th grade education)	10.1%	14.5%	30.1%	1.6	8.4%	1.4	C+
Employment (adult unemployment)	4.8%	10.7	6.5%	2.8	4.0%	2.6	C+
Mortality							
YPLL-75 Rate (Life-Years Lost)	9,180.50	10,100.90	3,954.40	1.10	5,828	1.2	C
Age-Adjusted Death Rate per 100,000	1,076.4	950.6	0	0.8	989.5	1.15	C
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	22,261.8	39,801.8	*	1.8	15,277.8	1.65	F
Mental Health Emergency Dept Visits	2,408.5	2,229.6	*	.9	1,994.5	1.1	B+
Birth Outcomes							
Low Birth Weight	6.8%	11.8	5.2	1.74	7%	1.9	B
Inadequate Prenatal Care	5.6%	13.5%	*	3.46	12.9%	1.6	D
Tobacco Use in Pregnancy	19.8%	7.9%	0%	0.35	12.0%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Carroll County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	non-HPSA	17 out of 32 are Whole County (4 Partial County) Primary Care HPSAs	A
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	16 out of 32 are included in a community health center catchment area	A
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	72.0	Median is 57.8 per 100,000, much lower than for white physicians.	C
Health Insurance Coverage (uninsured rate as % of population)	15%	14.8% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	401 persons	225 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	11/32 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	16 out of 32 are whole or partial county Mental Health HPSAs	C
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Cherokee County Minority Health Report Card

Cherokee County includes Ball Ground, Canton, Holly Springs, Waleska, and Woodstock.

Cherokee County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	169,354	91.9%
African American or Black	9,001	4.9%
Hispanic or Latino	14,714	8%
Asian	2,819	<1%
American Indian	707	<1%
Other or Multi-Racial	5,856	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	B
Mortality (Deaths)	A
Illness Events (Hospital Admits & Emergency Visits)	B
Prenatal Care & Birth Outcomes	D
Primary Care Access	C
Physician Racial-Ethnic Diversity	C
Mental Health Care Access	C
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	8%
% Estimated to Have No Health Insurance	13%

Black-White racial inequalities in health outcomes cost Cherokee County 8 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	5.3%	10.2%	13.2%	2.1	9.8%	2.4	B
Education (adults w/ <9 th grade education)	5.8%	6.3%	35.1%	1.3	8.4%	1.4	A+
Employment (adult unemployment)	2.7%	6.9	4.3%	2.8	4.0%	2.6	A
Mortality							
YPLL-75 Rate (Life-Years Lost)	5,812.70	5,873.30	4,275.10	0.99	5,828	1.2	A
Age-Adjusted Death Rate per 100,000	1,024.9	988.8	*	0.9	989.5	1.15	A
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	10,822.2	17,061.9	*	1.6	15,277.8	1.65	B
Mental Health Emergency Dept Visits	1,557	1,600.2	*	1.0	1,994.5	1.1	B+
Birth Outcomes							
Low Birth Weight	7%	14.2	6.2	2.03	7%	1.9	C
Inadequate Prenatal Care	23.1%	23.7%	34.6	1.07	12.9%	1.6	F
Tobacco Use in Pregnancy	10.2%	6.5%	0%	0.46	12.0%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Cherokee County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	17 out of 32 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	16 out of 32 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	75.1	Median is 57.8 per 100,000, much lower than for white physicians.	C
Health Insurance Coverage (uninsured rate as % of population)	13%	14.8% (median uninsured rate)	B
Persons Living in Linguistically-Isolated Households	894 persons	225 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	11/32 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	16 out of 32 are whole or partial county Mental Health HPSAs	C
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Clayton County Minority Health Report Card

Clayton County includes Forest Park, Jonesboro, Lake City, Lovejoy, Morrow and Riverdale.

Clayton County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	82,790	30.9%
African American or Black	166,439	62.1%
Hispanic or Latino	28,411	10.6%
Asian	13,493	0.1%
American Indian	872	<1%
Other or Multi-Racial	18,737	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	B-
Mortality (Deaths)	B+
Illness Events (Hospital Admits & Emergency Visits)	B-
Prenatal Care & Birth Outcomes	C+
Primary Care Access	A
Physician Racial-Ethnic Diversity	D
Mental Health Care Access	B
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	14.9%
% Estimated to Have No Health Insurance	17.5%

Black-White racial inequalities in health outcomes cost Clayton County 3,861 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	10.1%	10.4%	19.1%	1.3	9.8%	2.4	A
Education (adults w/ <9 th grade education)	6.4%	2.2%	40.6%	0.3	8.4%	1.4	A+
Employment (adult unemployment)	5.5%	6.6	6.3%	1.6	4.0%	2.6	A
Mortality							
YPLL-75 Rate (Life-Years Lost)	8,238.80	7,876.50	4,211.90	0.77	5,828	1.2	B+
Age-Adjusted Death Rate per 100,000	980.5	1,107	*	1.2	989.5	1.15	B+
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	13,316	19,452.3	*	1.5	15,277.8	1.65	B-
Mental Health Emergency Dept Visits	1,989.5	1,566.5	*	.8	1,994.5	1.1	B+
Birth Outcomes							
Low Birth Weight	6.6%	13.1	5.7	1.98	7%	1.9	C
Inadequate Prenatal Care	12.5%	15%	13	1.33	12.9%	1.6	B-
Tobacco Use in Pregnancy	14.6%	10.1%	0%	0.58	12.0%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Clayton County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	non-HPSA	17 out of 32 are Whole County (4 Partial County) Primary Care HPSAs	A
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	16 out of 32 are included in a community health center catchment area	A
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	54.7	Median is 57.8 per 100,000, much lower than for white physicians.	D
Health Insurance Coverage (uninsured rate as % of population)	17.5%	14.8% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	3,135 persons	225 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	11/32 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	16 out of 32 are whole or partial county Mental Health HPSAs	B
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Cobb County Minority Health Report Card

Cobb County includes Acworth, Austell, Kennesaw, Mableton, Marietta, Powder Springs and Smyrna.

Cobb County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	477,300	71.9%
African American or Black	149,159	22.5%
Hispanic or Latino	69,274	10.4%
Asian	25,916	<1%
American Indian	2,012	<1%
Other or Multi-Racial	37,359	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	B-
Mortality (Deaths)	C+
Illness Events (Hospital Admits & Emergency Visits)	D
Prenatal Care & Birth Outcomes	D
Primary Care Access	B
Physician Racial-Ethnic Diversity	C
Mental Health Care Access	B-
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	14.7%
% Estimated to Have No Health Insurance	15.3%

Black-White racial inequalities in health outcomes cost Cobb County 2,520 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	6.5%	9.5%	17.7%	1.9	9.8%	2.4	A-
Education (adults w/ <9 th grade education)	3.9%	2.5%	25%	0.9	8.4%	1.4	A+
Employment (adult unemployment)	3.8%	6.4	6.2%	2.3	4.0%	2.6	A
Mortality							
YPLL-75 Rate (Life-Years Lost)	5,598.70	7,085.00	3,680.80	1.32	5,828	1.2	C+
Age-Adjusted Death Rate per 100,000	946.4	1,037.8	*	1.1	989.5	1.15	C+
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	7,887.2	20,280.5	*	2.6	15,277.8	1.65	D
Mental Health Emergency Dept Visits	1,304.4	2,014.1	*	1.5	1,994.5	1.1	B-
Birth Outcomes							
Low Birth Weight	6.5%	11.7	6	1.80	7%	1.9	B
Inadequate Prenatal Care	20.7%	26.2%	29.5	1.4	12.9%	1.6	F
Tobacco Use in Pregnancy	12.2%	7.7%	0%	0.57	12.0%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Cobb County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Partial-County HPSA	17 out of 32 are Whole County (4 Partial County) Primary Care HPSAs	B
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	16 out of 32 are included in a community health center catchment area	B
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	74.0	Median is 57.8 per 100,000, much lower than for white physicians.	C
Health Insurance Coverage (uninsured rate as % of population)	15.3%	14.8% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	7,726 persons	225 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	11/32 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Partial-County HPSA (Mental Health)	16 out of 32 are whole or partial county Mental Health HPSAs	B-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Coweta County Minority Health Report Card

Coweta County includes Grantville, Haralson, Moreland, Newnan, Senoia, Sharpsburg and Turin.

Coweta County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	88,695	80.7%
African American or Black	18,953	17.2%
Hispanic or Latino	5,603	5.1%
Asian	1,055	<1%
American Indian	233	<1%
Other or Multi-Racial	2,255	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	B-
Mortality (Deaths)	C+
Illness Events (Hospital Admits & Emergency Visits)	D
Prenatal Care & Birth Outcomes	D
Primary Care Access	B
Physician Racial-Ethnic Diversity	D
Mental Health Care Access	C-
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	5.6%
% Estimated to Have No Health Insurance	11.5%

Black-White racial inequalities in health outcomes cost Coweta County 526 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	7.8%	20.3%	20.3%	4.3	9.8%	2.4	C
Education (adults w/ <9 th grade education)	6.2%	12.2%	32.3%	2.8	8.4%	1.4	B
Employment (adult unemployment)	3.9%	9.4	2.2%	3.2	4.0%	2.6	B-
Mortality							
YPLL-75 Rate (Life-Years Lost)	7,468.20	9,950.70	5,149.20	1.40	5,828	1.2	C+
Age-Adjusted Death Rate per 100,000	1,013.4	1,138.6	284.2	1.2	989.5	1.15	C+
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	11,885	31,459.8	*	2.6	15,277.8	1.65	D
Mental Health Emergency Dept Visits	1,621.9	2,557.8	*	1.6	1,994.5	1.1	C
Birth Outcomes							
Low Birth Weight	6.4%	11.4	3.6	1.78	7%	1.9	B
Inadequate Prenatal Care	25.3%	17.4%	65.3	0.6	12.9%	1.6	F
Tobacco Use in Pregnancy	10.3%	6.3%	*	0.52	12.0%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Coweta County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	non-HPSA	17 out of 32 are Whole County (4 Partial County) Primary Care HPSAs	B
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	16 out of 32 are included in a community health center catchment area	B
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	43.6	Median is 57.8 per 100,000, much lower than for white physicians.	D
Health Insurance Coverage (uninsured rate as % of population)	11.5%	14.8% (median uninsured rate)	A
Persons Living in Linguistically-Isolated Households	328 persons	225 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	11/32 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	16 out of 32 are whole or partial county Mental Health HPSAs	C-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Dawson County Minority Health Report Card

Dawson County includes Dawsonville.

Dawson County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	19,297	97.8%
African American or Black	135	0.7%
Hispanic or Latino	543	2.8%
Asian	98	<1%
American Indian	47	<1%
Other or Multi-Racial	299	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	C
Mortality (Deaths)	*
Illness Events (Hospital Admits & Emergency Visits)	A
Prenatal Care & Birth Outcomes	D+
Primary Care Access	A
Physician Racial-Ethnic Diversity	B
Mental Health Care Access	*
Oral Health Care Access	Whole County HPSA
% Speaking non-English Language at Home	3.3%
% Estimated to Have No Health Insurance	12%

*Insufficient Data are available to calculate YPPL rates.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	7.6%	0%	10.3%	0	9.8%	2.4	*
Education (adults w/ <9 th grade education)	6%	0%	0%	0	8.4%	1.4	*
Employment (adult unemployment)	3.4%	0	0%	0	4.0%	2.6	*
Mortality							
YPLL-75 Rate (Life-Years Lost)	7,808.70	*	*	*	5,828	1.2	*
Age-Adjusted Death Rate per 100,000	846	979	*	1.1	989.5	1.15	*
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	12,494.6	8247.4	*	0.7	15,277.8	1.65	A
Mental Health Emergency Dept Visits	1,596.3	0	*	.0	1,994.5	1.1	*
Birth Outcomes							
Low Birth Weight	9%	0	*	0.00	7%	1.9	*
Inadequate Prenatal Care	14.6%	24.1%	21.7	1.91	12.9%	1.6	D+
Tobacco Use in Pregnancy	8.4%	*	*	*	12.0%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Dawson County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	non-HPSA	17 out of 32 are Whole County (4 Partial County) Primary Care HPSAs	A
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	16 out of 32 are included in a community health center catchment area	A
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	147.6	Median is 57.8 per 100,000, much lower than for white physicians.	B
Health Insurance Coverage (uninsured rate as % of population)	12%	14.8% (median uninsured rate)	B
Persons Living in Linguistically-Isolated Households	46 persons	225 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	11/32 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	16 out of 32 are whole or partial county Mental Health HPSAs	*
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



DeKalb County Minority Health Report Card

DeKalb County includes Avondale Estates, Chamblee, Clarkston, Decatur, Doraville, Lithonia, Pine Lake and Stone Mountain.

DeKalb County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	263,526	38.9%
African American or Black	377,038	55.6%
Hispanic or Latino	61,327	9%
Asian	26,983	<1%
American Indian	1,822	<1%
Other or Multi-Racial	37,395	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	B-
Mortality (Deaths)	C+
Illness Events (Hospital Admits & Emergency Visits)	D
Prenatal Care & Birth Outcomes	D
Primary Care Access	B
Physician Racial-Ethnic Diversity	C
Mental Health Care Access	A-
Oral Health Care Access	Partial-County HPSCA
% Speaking non-English Language at Home	17.4%
% Estimated to Have No Health Insurance	16.4%

Black-White racial inequalities in health outcomes cost DeKalb County 13,847 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	10.8%	11.8%	20.9%	1.6	9.8%	2.4	A-
Education (adults w/ <9 th grade education)	5.6%	3.9%	38%	0.9	8.4%	1.4	A+
Employment (adult unemployment)	5.5%	7.4	6%	2.6	4.0%	2.6	B
Mortality							
YPLL-75 Rate (Life-Years Lost)	7,759.40	9,537.30	3,845.70	1.62	5,828	1.2	C
Age-Adjusted Death Rate per 100,000	991	959.6	*	1	989.5	1.15	C+
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	6,662.3	19,024.6	*	2.9	15,277.8	1.65	D
Mental Health Emergency Dept Visits	986.7	1,311.7	*	1.3	1,994.5	1.1	A-
Birth Outcomes							
Low Birth Weight	6.5%	13	6.4	2.00	7%	1.9	C
Inadequate Prenatal Care	10.1%	23.9%	*	2.91	12.9%	1.6	F
Tobacco Use in Pregnancy	23.4%	*	0%	*	12.0%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	DeKalb County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Partial-County HPSA	17 out of 32 are Whole County (4 Partial County) Primary Care HPSAs	B
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	16 out of 32 are included in a community health center catchment area	B
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	91.4	Median is 57.8 per 100,000, much lower than for white physicians.	C
Health Insurance Coverage (uninsured rate as % of population)	16.4%	14.8% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	12,673 persons	225 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Partial-County HPSA (Dental)	11/32 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	16 out of 32 are whole or partial county Mental Health HPSAs	A-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Douglas County Minority Health Report Card

Douglas County includes Douglasville.

Douglas County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	73,549	65.2%
African American or Black	35,636	31.6%
Hispanic or Latino	5,496	4.9%
Asian	1,500	<1%
American Indian	412	<1%
Other or Multi-Racial	3,575	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	B
Mortality (Deaths)	B+
Illness Events (Hospital Admits & Emergency Visits)	B
Prenatal Care & Birth Outcomes	B+
Primary Care Access	F
Physician Racial-Ethnic Diversity	C
Mental Health Care Access	B
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	6.2%
% Estimated to Have No Health Insurance	12.8%

Black-White racial inequalities in health outcomes cost Douglas County 262 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	7.8%	11.6%	14.5%	1.8	9.8%	2.4	A-
Education (adults w/ <9 th grade education)	5.5%	3.4%	23.2%	0.6	8.4%	1.4	A+
Employment (adult unemployment)	3.8%	6.8	3.6%	2.1	4.0%	2.6	A
Mortality							
YPLL-75 Rate (Life-Years Lost)	8,025.90	7,672.10	2,869.50	0.91	5,828	1.2	B+
Age-Adjusted Death Rate per 100,000	1,042.3	1,172.3	*	1.3	989.5	1.15	B+
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	16,905	21,187.2	*	1.3	15,277.8	1.65	B
Mental Health Emergency Dept Visits	2,142	1,734.2	*	.8	1,994.5	1.1	B+
Birth Outcomes							
Low Birth Weight	7.3%	11.4	6.2	1.56	7%	1.9	B
Inadequate Prenatal Care	6%	6.5%	*	1.27	12.9%	1.6	A-
Tobacco Use in Pregnancy	5.6%	2.5%	0%	0.23	12.0%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Douglas County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	17 out of 32 are Whole County (4 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	16 out of 32 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	69.4	Median is 57.8 per 100,000, much lower than for white physicians.	C
Health Insurance Coverage (uninsured rate as % of population)	12.8%	14.8% (median uninsured rate)	B
Persons Living in Linguistically-Isolated Households	347 persons	225 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	11/32 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	16 out of 32 are whole or partial county Mental Health HPSAs	B
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Fayette County Minority Health Report Card

Fayette County includes Brooks, Fayetteville, Peachtree City, Tyrone and Woolsey.

Fayette County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	81,697	78.4%
African American or Black	17,742	17%
Hispanic or Latino	3,816	3.7%
Asian	3,361	<1%
American Indian	210	<1%
Other or Multi-Racial	4,809	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	A
Mortality (Deaths)	A
Illness Events (Hospital Admits & Emergency Visits)	B
Prenatal Care & Birth Outcomes	D
Primary Care Access	B
Physician Racial-Ethnic Diversity	B
Mental Health Care Access	B-
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	7%
% Estimated to Have No Health Insurance	11.3%

Black-White racial inequalities in health outcomes cost Fayette County 94 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	2.6%	4.2%	4.2%	1.7	9.8%	2.4	A-
Education (adults w/ <9 th grade education)	2.2%	2.6%	11.3%	1.2	8.4%	1.4	A+
Employment (adult unemployment)	2.6%	3.4	2.6%	1.4	4.0%	2.6	A+
Mortality							
YPLL-75 Rate (Life-Years Lost)	5,021.70	4,678.30	3,276.20	0.90	5,828	1.2	A
Age-Adjusted Death Rate per 100,000	899.2	744.5	*	0.8	989.5	1.15	A
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	8,620.2	13,419.5	*	1.6	15,277.8	1.65	B
Mental Health Emergency Dept Visits	1,022.4	1,227.6	*	1.2	1,994.5	1.1	A-
Birth Outcomes							
Low Birth Weight	5.2%	11	3.3	2.12	7%	1.9	B-
Inadequate Prenatal Care	16.3%	24.2%	26.8	1.83	12.9%	1.6	F
Tobacco Use in Pregnancy	21.1%	9.7%	*	0.38	12.0%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Fayette County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	non-HPSA	17 out of 32 are Whole County (4 Partial County) Primary Care HPSAs	B
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	16 out of 32 are included in a community health center catchment area	B
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	142.0	Median is 57.8 per 100,000, much lower than for white physicians.	B
Health Insurance Coverage (uninsured rate as % of population)	11.3%	14.8% (median uninsured rate)	A
Persons Living in Linguistically-Isolated Households	402 persons	225 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	11/32 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	16 out of 32 are whole or partial county Mental Health HPSAs	B-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Forsyth County Minority Health Report Card

Forsyth County includes Cumming.

Forsyth County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	131,259	93.5%
African American or Black	3,140	2.2%
Hispanic or Latino	10,640	7.6%
Asian	4,144	<1%
American Indian	402	<1%
Other or Multi-Racial	5,994	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	A
Illness Events (Hospital Admits & Emergency Visits)	A
Prenatal Care & Birth Outcomes	C
Primary Care Access	A
Physician Racial-Ethnic Diversity	B
Mental Health Care Access	A-
Oral Health Care Access	Partial-County HPSA
% Speaking non-English Language at Home	8.6%
% Estimated to Have No Health Insurance	11.8%

Black-White racial inequalities in health outcomes cost Forsyth County 76 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	5.5%	37.3%	22.9%	7.9	9.8%	2.4	F
Education (adults w/ <9 th grade education)	5.6%	38.6%	38.1%	8.2	8.4%	1.4	F
Employment (adult unemployment)	2.1%	4.2	3.3%	2.1	4.0%	2.6	A
Mortality							
YPLL-75 Rate (Life-Years Lost)	4,961.70	2,856.80	3,092.80	0.55	5,828	1.2	A
Age-Adjusted Death Rate per 100,000	1,119.9	1,325.4	*	1.3	989.5	1.15	A
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	8,984.9	8,114.2	*	0.9	15,277.8	1.65	A
Mental Health Emergency Dept Visits	1,291.2	895.4	*	.7	1,994.5	1.1	A
Birth Outcomes							
Low Birth Weight	6.9%	11.5	6.8	1.67	7%	1.9	B
Inadequate Prenatal Care	14%	21.3%	17.9	2.88	12.9%	1.6	D
Tobacco Use in Pregnancy	12.8%	7.6%	*	0.43	12.0%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Forsyth County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	non-HPSA	17 out of 32 are Whole County (4 Partial County) Primary Care HPSAs	A
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	16 out of 32 are included in a community health center catchment area	A
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	136.4	Median is 57.8 per 100,000, much lower than for white physicians.	B
Health Insurance Coverage (uninsured rate as % of population)	11.8%	14.8% (median uninsured rate)	A
Persons Living in Linguistically-Isolated Households	610 persons	225 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Partial-County HPSA (Dental)	11/32 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	16 out of 32 are whole or partial county Mental Health HPSAs	A-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Fulton County Minority Health Report Card

Fulton County includes Alpharetta, Atlanta, College Park, East Point, Fairburn, Hapeville, Johns Creek, Milton, Mountain Park, Palmetto, Roswell and Union City.

Fulton County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	472,593	51.6%
African American or Black	392,723	42.9%
Hispanic or Latino	67,345	7.4%
Asian	37,465	<1%
American Indian	2,237	<1%
Other or Multi-Racial	50,307	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	C
Mortality (Deaths)	F
Illness Events (Hospital Admits & Emergency Visits)	D
Prenatal Care & Birth Outcomes	D
Primary Care Access	B
Physician Racial-Ethnic Diversity	B
Mental Health Care Access	C
Oral Health Care Access	Partial-County HPSA
% Speaking non-English Language at Home	13.3%
% Estimated to Have No Health Insurance	15.5%

Black-White racial inequalities in health outcomes cost Fulton County 28,022 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	15.7%	26.5%	20.5%	4.6	9.8%	2.4	D
Education (adults w/ <9 th grade education)	5.1%	6.8%	26.6%	2.5	8.4%	1.4	A
Employment (adult unemployment)	8.9%	13.1	7.4%	2.4	4.0%	2.6	F
Mortality							
YPLL-75 Rate (Life-Years Lost)	7,716.90	12,157.70	3,237.00	2.61	5,828	1.2	F
Age-Adjusted Death Rate per 100,000	1,076.2	1,171.8	0	1.2	989.5	1.15	F
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	5,901.6	29,390.5	*	5	15,277.8	1.65	D
Mental Health Emergency Dept Visits	960.4	2,212.8	*	2.3	1,994.5	1.1	C
Birth Outcomes							
Low Birth Weight	7%	14.6	6	2.09	7%	1.9	D+
Inadequate Prenatal Care	15.2%	20.9%	23.5	2.61	12.9%	1.6	D
Tobacco Use in Pregnancy	7.3%	5.5%	0%	0.57	12.0%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Fulton County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Partial-County HPSA	17 out of 32 are Whole County (4 Partial County) Primary Care HPSAs	B
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	16 out of 32 are included in a community health center catchment area	B
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	157.6	Median is 57.8 per 100,000, much lower than for white physicians.	B
Health Insurance Coverage (uninsured rate as % of population)	15.5%	14.8% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	9,910 persons	225 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Partial-County HPSA (Dental)	11/32 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Partial-County HPSA (Mental Health)	16 out of 32 are whole or partial county Mental Health HPSAs	C
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Gwinnett County Minority Health Report Card

Gwinnett County includes Berkeley Lake, Buford, Dacula, Duluth, Grayson, Lawrenceville, Lilburn, Loganville, Norcross, Snellville, Sugar Hill and Suwanee.

Gwinnett County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	505,007	69.5%
African American or Black	140,179	19.3%
Hispanic or Latino	117,018	16.1%
Asian	66,268	0.1%
American Indian	3,073	<1%
Other or Multi-Racial	81,087	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	B-
Mortality (Deaths)	A-
Illness Events (Hospital Admits & Emergency Visits)	B-
Prenatal Care & Birth Outcomes	C
Primary Care Access	A
Physician Racial-Ethnic Diversity	C
Mental Health Care Access	B
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	21.2%
% Estimated to Have No Health Insurance	15.1%

Black-White racial inequalities in health outcomes cost Gwinnett County 1,015 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	5.7%	8.1%	17.2%	1.9	9.8%	2.4	A-
Education (adults w/ <9 th grade education)	4.6%	2%	26.6%	0.6	8.4%	1.4	A+
Employment (adult unemployment)	3.3%	5.3	5.4%	2.2	4.0%	2.6	A
Mortality							
YPLL-75 Rate (Life-Years Lost)	5,350.90	6,223.80	3,846.60	1.13	5,828	1.2	A-
Age-Adjusted Death Rate per 100,000	1,224.7	1,201.2	*	1	989.5	1.15	A-
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	7,430.3	15,483	*	2.1	15,277.8	1.65	B-
Mental Health Emergency Dept Visits	1,241.4	1,492.6	*	1.2	1,994.5	1.1	B
Birth Outcomes							
Low Birth Weight	6.2%	12.1	6	1.95	7%	1.9	B-
Inadequate Prenatal Care	11.1%	17.3%	20	1.9	12.9%	1.6	D+
Tobacco Use in Pregnancy	10.2%	6.2%	0%	0.53	12.0%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Gwinnett County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	non-HPSA	17 out of 32 are Whole County (4 Partial County) Primary Care HPSAs	A
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	16 out of 32 are included in a community health center catchment area	A
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	62.2	Median is 57.8 per 100,000, much lower than for white physicians.	C
Health Insurance Coverage (uninsured rate as % of population)	15.1%	14.8% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	11,450 persons	225 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	11/32 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	16 out of 32 are whole or partial county Mental Health HPSAs	B
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Hall County Minority Health Report Card

Hall County includes Clermont, Flowery Branch, Gainesville, Lula and Oakwood.

Hall County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	149,398	90.1%
African American or Black	11,615	7%
Hispanic or Latino	41,360	25%
Asian	2,438	0.1%
American Indian	618	<1%
Other or Multi-Racial	4,758	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	F
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	D+
Primary Care Access	B
Physician Racial-Ethnic Diversity	D
Mental Health Care Access	C+
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	20.7%
% Estimated to Have No Health Insurance	16.4%

Black-White racial inequalities in health outcomes cost Hall County 852 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	12.4%	21.6%	27.6%	2.2	9.8%	2.4	B-
Education (adults w/ <9 th grade education)	13.9%	10.9%	54.4%	1	8.4%	1.4	A-
Employment (adult unemployment)	3.8%	8.9	5.9%	2.9	4.0%	2.6	B
Mortality							
YPLL-75 Rate (Life-Years Lost)	6,963.40	14,060.50	2,917.40	2.16	5,828	1.2	F
Age-Adjusted Death Rate per 100,000	758.6	802	*	1	989.5	1.15	F
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	17,685	42,959.8	*	2.4	15,277.8	1.65	F
Mental Health Emergency Dept Visits	2,000.4	3,200.1	*	1.6	1,994.5	1.1	C
Birth Outcomes							
Low Birth Weight	5.8%	15.5	4.8	2.67	7%	1.9	D
Inadequate Prenatal Care	14.4%	22.4%	19.8	1.64	12.9%	1.6	C-
Tobacco Use in Pregnancy	6.3%	0%	0%	0	12.0%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Hall County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Partial-County HPSA	17 out of 32 are Whole County (4 Partial County) Primary Care HPSAs	B
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	16 out of 32 are included in a community health center catchment area	B
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	35.1	Median is 57.8 per 100,000, much lower than for white physicians.	D
Health Insurance Coverage (uninsured rate as % of population)	16.4%	14.8% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	3,094 persons	225 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	11/32 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	16 out of 32 are whole or partial county Mental Health HPSAs	C+
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Haralson County Minority Health Report Card

Haralson County includes Bremen, Buchanan, Tallapoosa and Waco.

Haralson County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	26,482	93.5%
African American or Black	1,548	5.5%
Hispanic or Latino	292	1%
Asian	106	0.1%
American Indian	28	<1%
Other or Multi-Racial	308	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	B
Primary Care Access	D
Physician Racial-Ethnic Diversity	C
Mental Health Care Access	F
Oral Health Care Access	Whole County HPSA
% Speaking non-English Language at Home	2.1%
% Estimated to Have No Health Insurance	14.8%

Black-White racial inequalities in health outcomes cost Haralson County 9 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	15.5%	25.6%	28%	1.8	9.8%	2.4	B
Education (adults w/ <9 th grade education)	13.7%	21.6%	0%	1.6	8.4%	1.4	F
Employment (adult unemployment)	4.1%	11.3	0%	3.1	4.0%	2.6	C
Mortality							
YPLL-75 Rate (Life-Years Lost)	10,917.00	10,489.20	*	0.95	5,828	1.2	C+
Age-Adjusted Death Rate per 100,000	987.9	1,218.3	*	1.4	989.5	1.15	C
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	29,926.9	40,252.2	*	1.3	15,277.8	1.65	F
Mental Health Emergency Dept Visits	4,131.8	4,849.7	*	1.2	1,994.5	1.1	F
Birth Outcomes							
Low Birth Weight	7.9%	11.2	*	1.42	7%	1.9	B
Inadequate Prenatal Care	10%	12.6%	12	1.59	12.9%	1.6	B
Tobacco Use in Pregnancy	12.8%	8.7%	*	0.55	12.0%	0.4	Not graded

Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.

*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.

Other Indicators Relevant to Health Disparities	Haralson County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	17 out of 32 are Whole County (4 Partial County) Primary Care HPSAs	D
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	16 out of 32 are included in a community health center catchment area	D
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	60.9	Median is 57.8 per 100,000, much lower than for white physicians.	C
Health Insurance Coverage (uninsured rate as % of population)	14.8%	14.8% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	27 persons	225 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	11/32 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	16 out of 32 are whole or partial county Mental Health HPSAs	F

HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration

Health Disparities Reports



Heard County Minority Health Report Card

Heard County includes Centralhatchee, Ephesus and Franklin.

Heard County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	10,094	89%
African American or Black	1,170	10.3%
Hispanic or Latino	156	1.4%
Asian	15	0.1%
American Indian	26	<1%
Other or Multi-Racial	82	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	C
Prenatal Care & Birth Outcomes	F
Primary Care Access	C
Physician Racial-Ethnic Diversity	*
Mental Health Care Access	F
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	2.3%
% Estimated to Have No Health Insurance	15.5%

Black-White racial inequalities in health outcomes cost Heard County 8 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	13.6%	23.3%	50%	2	9.8%	2.4	B-
Education (<i>adults w/ <9th grade education</i>)	12.5%	24.7%	5.7%	2.2	8.4%	1.4	F
Employment (<i>adult unemployment</i>)	5.7%	11.6	12%	2.4	4.0%	2.6	C-
Mortality							
YPLL-75 Rate (<i>Life-Years Lost</i>)	11,209.70	11,834.10	*	1.07	5,828	1.2	C
Age-Adjusted Death Rate per 100,000	934.8	1,069.5	0	1.2	989.5	1.15	C
<i>Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.</i>							
Illness Events							
Preventable Emergency Dept. Visits	21,062.3	30,295.6	*	1.4	15,277.8	1.65	C
Mental Health Emergency Dept Visits	2,053.8	4,187.2	*	2.0	1,994.5	1.1	F
Birth Outcomes							
Low Birth Weight	9.8%	23.7	0	2.42	7%	1.9	F
Inadequate Prenatal Care	7.6%	9.1%	*	1.21	12.9%	1.6	A
Tobacco Use in Pregnancy	15.6%	*	0%	*	12.0%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Heard County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	17 out of 32 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	16 out of 32 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	0.0	Median is 57.8 per 100,000, much lower than for white physicians.	*
Health Insurance Coverage (<i>uninsured rate as % of population</i>)	15.5%	14.8% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	13 persons	225 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	11/32 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	16 out of 32 are whole or partial county Mental Health HPSAs	F
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Henry County Minority Health Report Card

Henry County includes Hampton, Locust Grove, McDonough and Stockbridge.

Henry County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	114,918	68.5%
African American or Black	45,672	27.2%
Hispanic or Latino	6,733	4%
Asian	4,478	<1%
American Indian	494	<1%
Other or Multi-Racial	7,258	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	A
Mortality (Deaths)	A
Illness Events (Hospital Admits & Emergency Visits)	A
Prenatal Care & Birth Outcomes	C
Primary Care Access	B
Physician Racial-Ethnic Diversity	C
Mental Health Care Access	B-
Oral Health Care Access	Whole County HPSA
% Speaking non-English Language at Home	5.6%
% Estimated to Have No Health Insurance	10.9%

Black-White racial inequalities in health outcomes cost Henry County 7 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	4.9%	9.9%	1.3%	2.4	9.8%	2.4	B
Education (adults w/ <9 th grade education)	4.1%	6.2%	6.7%	1.7	8.4%	1.4	A
Employment (adult unemployment)	2.7%	4.9	3.5%	2.1	4.0%	2.6	A
Mortality							
YPLL-75 Rate (Life-Years Lost)	6,734.70	6,907.30	4,757.20	1.00	5,828	1.2	A
Age-Adjusted Death Rate per 100,000	1,066.4	1,208.9	0	1.2	989.5	1.15	A
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	6,478.8	5,819.5	*	0.9	15,277.8	1.65	A
Mental Health Emergency Dept Visits	909.6	611.4	*	.7	1,994.5	1.1	A
Birth Outcomes							
Low Birth Weight	6.4%	12	6.9	1.88	7%	1.9	B-
Inadequate Prenatal Care	13.8%	21.2%	*	2.06	12.9%	1.6	D+
Tobacco Use in Pregnancy	14.9%	*	0%	*	12.0%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Henry County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	non-HPSA	17 out of 32 are Whole County (4 Partial County) Primary Care HPSAs	B
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	16 out of 32 are included in a community health center catchment area	B
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	79.3	Median is 57.8 per 100,000, much lower than for white physicians.	C
Health Insurance Coverage (uninsured rate as % of population)	10.9%	14.8% (median uninsured rate)	A
Persons Living in Linguistically-Isolated Households	206 persons	225 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	11/32 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	16 out of 32 are whole or partial county Mental Health HPSAs	B-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Jasper County Minority Health Report Card

Jasper County includes Monticello and Shady Dale.

Jasper County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	10,075	76.6%
African American or Black	2,984	22.7%
Hispanic or Latino	359	2.7%
Asian	18	<1%
American Indian	16	<1%
Other or Multi-Racial	88	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	B
Illness Events (Hospital Admits & Emergency Visits)	C
Prenatal Care & Birth Outcomes	C
Primary Care Access	F
Physician Racial-Ethnic Diversity	F
Mental Health Care Access	B
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	2.4%
% Estimated to Have No Health Insurance	14.8%

Black-White racial inequalities in health outcomes cost Jasper County 52 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	14.2%	29.5%	29.3%	3.6	9.8%	2.4	D
Education (adults w/ <9 th grade education)	9.1%	16.1%	8.9%	2.4	8.4%	1.4	C+
Employment (adult unemployment)	4.7%	7.7	0%	2	4.0%	2.6	B
Mortality							
YPLL-75 Rate (Life-Years Lost)	8,021.90	9,473.40	*	1.23	5,828	1.2	B
Age-Adjusted Death Rate per 100,000	1,114.6	1,154.4	*	1.1	989.5	1.15	B
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	17,712.1	29,473.7	*	1.7	15,277.8	1.65	C
Mental Health Emergency Dept Visits	1,638.2	1,804.5	*	1.1	1,994.5	1.1	B
Birth Outcomes							
Low Birth Weight	7.1%	11.3	*	1.59	7%	1.9	B
Inadequate Prenatal Care	12.3%	14.5%	*	*	12.9%	1.6	D
Tobacco Use in Pregnancy	8.6%	5.6%	0%	0.3	12.0%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Jasper County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	17 out of 32 are Whole County (4 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	16 out of 32 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	29.9	Median is 57.8 per 100,000, much lower than for white physicians.	F
Health Insurance Coverage (uninsured rate as % of population)	14.8%	14.8% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	30 persons	225 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	11/32 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	16 out of 32 are whole or partial county Mental Health HPSAs	B
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Lamar County Minority Health Report Card

Lamar County includes Aldora, Barnesville and Milner.

Lamar County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	11,534	70.4%
African American or Black	4,649	28.4%
Hispanic or Latino	225	1.4%
Asian	85	<1%
American Indian	29	<1%
Other or Multi-Racial	195	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	B-
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	B-
Prenatal Care & Birth Outcomes	D
Primary Care Access	C
Physician Racial-Ethnic Diversity	F
Mental Health Care Access	C-
Oral Health Care Access	Whole County HPSA
% Speaking non-English Language at Home	2.8%
% Estimated to Have No Health Insurance	15.7%

Black-White racial inequalities in health outcomes cost Lamar County 128 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	11.2%	23.1%	11%	3.7	9.8%	2.4	D
Education (adults w/ <9 th grade education)	9.3%	11.3%	26.9%	1.3	8.4%	1.4	A-
Employment (adult unemployment)	5.5%	10.7	14.3%	3.2	4.0%	2.6	C
Mortality							
YPLL-75 Rate (Life-Years Lost)	12,420.30	14,486.70	0	1.25	5,828	1.2	D+
Age-Adjusted Death Rate per 100,000	1,000	1,232.6	*	1.5	989.5	1.15	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	16,085.9	25,255.3	*	1.6	15,277.8	1.65	B-
Mental Health Emergency Dept Visits	1,713	2,537.9	*	1.5	1,994.5	1.1	C
Birth Outcomes							
Low Birth Weight	9.2%	12.8	*	1.39	7%	1.9	C+
Inadequate Prenatal Care	15.1%	16.9%	31.8	1.35	12.9%	1.6	F
Tobacco Use in Pregnancy	8.5%	5.4%	*	0.4	12.0%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Lamar County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	17 out of 32 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	16 out of 32 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	20.5	Median is 57.8 per 100,000, much lower than for white physicians.	F
Health Insurance Coverage (uninsured rate as % of population)	15.7%	14.8% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	23 persons	225 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	11/32 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	16 out of 32 are whole or partial county Mental Health HPSAs	C-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Meriwether County Minority Health Report Card

Meriwether County includes Gay, Greenville, Lone Oak, Luthersville, Manchester, Warm Springs and Woodbury.

Meriwether County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	13,276	57.9%
African American or Black	9,399	41%
Hispanic or Latino	308	1.3%
Asian	51	<1%
American Indian	83	<1%
Other or Multi-Racial	244	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	B-
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	C
Prenatal Care & Birth Outcomes	C+
Primary Care Access	F
Physician Racial-Ethnic Diversity	F
Mental Health Care Access	C
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	2.2%
% Estimated to Have No Health Insurance	17.3%

Black-White racial inequalities in health outcomes cost Meriwether County 410 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	17.8%	27.5%	11.8%	2.7	9.8%	2.4	C
Education (<i>adults w/ <9th grade education</i>)	12%	18.3%	40.4%	2.3	8.4%	1.4	C-
Employment (<i>adult unemployment</i>)	7%	11.9	0%	3	4.0%	2.6	C-
Mortality							
YPLL-75 Rate (<i>Life-Years Lost</i>)	12,302.80	15,072.70	0	1.44	5,828	1.2	D
Age-Adjusted Death Rate per 100,000	1,082.6	1,136.3	0	1.1	989.5	1.15	D
<i>Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.</i>							
Illness Events							
Preventable Emergency Dept. Visits	16,946.4	27,144.9	*	1.6	15,277.8	1.65	C
Mental Health Emergency Dept Visits	1,941.4	1,933.2	*	1.0	1,994.5	1.1	B+
Birth Outcomes							
Low Birth Weight	7.1%	13	*	1.83	7%	1.9	C
Inadequate Prenatal Care	12%	12.5%	*	1.1	12.9%	1.6	B+
Tobacco Use in Pregnancy	6.9%	3.3%	0%	0.19	12.0%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Meriwether County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (<i>Health Professional Shortage Area—HPSA?</i>)	Whole County HPSA	17 out of 32 are Whole County (4 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	16 out of 32 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	20.6	Median is 57.8 per 100,000, much lower than for white physicians.	F
Health Insurance Coverage (<i>uninsured rate as % of population</i>)	17.3%	14.8% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	18 persons	225 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	11/32 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	16 out of 32 are whole or partial county Mental Health HPSAs	C
<i>HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration</i>			

Health Disparities Reports



Newton County Minority Health Report Card

Newton County includes Covington, Mansfield, Newborn, Oxford and Porterdale.

Newton County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	56,982	65.7%
African American or Black	27,770	32%
Hispanic or Latino	2,737	3.2%
Asian	1,018	<1%
American Indian	196	<1%
Other or Multi-Racial	1,961	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	A
Mortality (Deaths)	B
Illness Events (Hospital Admits & Emergency Visits)	C
Prenatal Care & Birth Outcomes	B-
Primary Care Access	B
Physician Racial-Ethnic Diversity	F
Mental Health Care Access	B
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	3.9%
% Estimated to Have No Health Insurance	12.7%

Black-White racial inequalities in health outcomes cost Newton County 375 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	10%	20.4%	3.4%	3	9.8%	2.4	C
Education (adults w/ <9 th grade education)	7.6%	14.3%	17.3%	2.4	8.4%	1.4	C+
Employment (adult unemployment)	5.2%	12.3	7.2%	3.6	4.0%	2.6	D+
Mortality							
YPLL-75 Rate (Life-Years Lost)	8,616.20	9,678.00	3,680.20	1.17	5,828	1.2	B
Age-Adjusted Death Rate per 100,000	906.5	949.3	0	1.1	989.5	1.15	B
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	15,843.1	27,242.1	*	1.7	15,277.8	1.65	C
Mental Health Emergency Dept Visits	2,094.7	2,249.9	*	1.1	1,994.5	1.1	B
Birth Outcomes							
Low Birth Weight	7%	13.3	5.3	1.90	7%	1.9	C
Inadequate Prenatal Care	7.5%	8.7%	*	1.38	12.9%	1.6	A-
Tobacco Use in Pregnancy	13.4%	2.3%	0%	0.1	12.0%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Newton County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	non-HPSA	17 out of 32 are Whole County (4 Partial County) Primary Care HPSAs	B
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	16 out of 32 are included in a community health center catchment area	B
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	27.3	Median is 57.8 per 100,000, much lower than for white physicians.	F
Health Insurance Coverage (uninsured rate as % of population)	12.7%	14.8% (median uninsured rate)	B
Persons Living in Linguistically-Isolated Households	140 persons	225 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	11/32 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	16 out of 32 are whole or partial county Mental Health HPSAs	B
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Paulding County Minority Health Report Card

Paulding County includes Braswell, Dallas and Hiram.

Paulding County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	95,322	84.8%
African American or Black	14,449	12.9%
Hispanic or Latino	4,112	3.7%
Asian	789	<1%
American Indian	375	<1%
Other or Multi-Racial	2,640	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	B
Mortality (Deaths)	A
Illness Events (Hospital Admits & Emergency Visits)	B
Prenatal Care & Birth Outcomes	B-
Primary Care Access	F
Physician Racial-Ethnic Diversity	F
Mental Health Care Access	B
Oral Health Care Access	Whole County HPSA
% Speaking non-English Language at Home	4.3%
% Estimated to Have No Health Insurance	10.8%

Black-White racial inequalities in health outcomes cost Paulding County 110 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

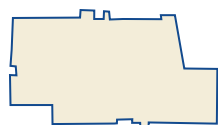
Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	5.5%	8.3%	12.2%	1.6	9.8%	2.4	A-
Education (adults w/ <9 th grade education)	5.1%	4.4%	12.3%	0.9	8.4%	1.4	A+
Employment (adult unemployment)	2.6%	5.6	2.6%	2.5	4.0%	2.6	A
Mortality							
YPLL-75 Rate (Life-Years Lost)	7,357.80	6,792.70	4,708.10	0.90	5,828	1.2	A
Age-Adjusted Death Rate per 100,000	929.1	957.9	184.9	1	989.5	1.15	A
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	18,212	20,772.4	*	1.1	15,277.8	1.65	B
Mental Health Emergency Dept Visits	2,186.9	1,774.8	*	.8	1,994.5	1.1	B+
Birth Outcomes							
Low Birth Weight	6.8%	11.2	6.9	1.65	7%	1.9	B
Inadequate Prenatal Care	12.7%	16.5%	24.7	1.36	12.9%	1.6	C-
Tobacco Use in Pregnancy	9%	2.4%	*	0.24	12.0%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Newton County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	17 out of 32 are Whole County (4 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	16 out of 32 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	11.7	Median is 57.8 per 100,000, much lower than for white physicians.	F
Health Insurance Coverage (uninsured rate as % of population)	10.8%	14.8% (median uninsured rate)	A
Persons Living in Linguistically-Isolated Households	88 persons	225 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	11/32 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	16 out of 32 are whole or partial county Mental Health HPSAs	B
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Pickens County Minority Health Report Card

Pickens County includes Jasper, Nelson and Talking Rock.

Pickens County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	27,580	97%
African American or Black	445	1.6%
Hispanic or Latino	765	2.7%
Asian	104	<1%
American Indian	119	<1%
Other or Multi-Racial	417	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	B-
Mortality (Deaths)	A
Illness Events (Hospital Admits & Emergency Visits)	A
Prenatal Care & Birth Outcomes	*
Primary Care Access	F
Physician Racial-Ethnic Diversity	B
Mental Health Care Access	C
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	3.6%
% Estimated to Have No Health Insurance	12.8%

Black-White racial inequalities in health outcomes cost Pickens County 16 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

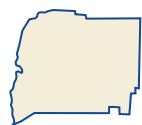
Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	9.2%	23.8%	11.4%	2.7	9.8%	2.4	C
Education (adults w/ <9 th grade education)	11.7%	12.9%	51.6%	1.1	8.4%	1.4	A-
Employment (adult unemployment)	2.3%	8.3	2.8%	3.8	4.0%	2.6	B-
Mortality							
YPLL-75 Rate (Life-Years Lost)	8,887.00	5,406.50	*	0.60	5,828	1.2	A
Age-Adjusted Death Rate per 100,000	1,008.3	1,156	197.2	1.3	989.5	1.15	A
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	18,554.9	16,339.9	*	0.9	15,277.8	1.65	A
Mental Health Emergency Dept Visits	2,639.5	1,634	*	.6	1,994.5	1.1	B+
Birth Outcomes							
Low Birth Weight	7.5%	*	5.7	*	7%	1.9	*
Inadequate Prenatal Care	4.3%	5%	3.3	1.52	12.9%	1.6	A-
Tobacco Use in Pregnancy	8%	6%	*	0.52	12.0%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Pickens County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	17 out of 32 are Whole County (4 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	16 out of 32 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	165.8	Median is 57.8 per 100,000, much lower than for white physicians.	B
Health Insurance Coverage (uninsured rate as % of population)	12.8%	14.8% (median uninsured rate)	B
Persons Living in Linguistically-Isolated Households	45 persons	225 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	11/32 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	16 out of 32 are whole or partial county Mental Health HPSAs	C
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Pike County Minority Health Report Card

Pike County includes Concord, Meansville, Molena, Williamson and Zebulon.

Pike County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	13,948	86.5%
African American or Black	2,024	12.5%
Hispanic or Latino	229	1.4%
Asian	80	<1%
American Indian	33	<1%
Other or Multi-Racial	156	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	B
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	C
Prenatal Care & Birth Outcomes	D
Primary Care Access	C
Physician Racial-Ethnic Diversity	*
Mental Health Care Access	C-
Oral Health Care Access	Whole County HPSA
% Speaking non-English Language at Home	2.9%
% Estimated to Have No Health Insurance	12.8%

Black-White racial inequalities in health outcomes cost Pike County 116 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	9.6%	22.1%	9.6%	3	9.8%	2.4	D
Education (adults w/ <9 th grade education)	8.4%	14.1%	27.4%	1.9	8.4%	1.4	B
Employment (adult unemployment)	3.4%	9.6	0%	3.6	4.0%	2.6	C
Mortality							
YPLL-75 Rate (Life-Years Lost)	8,804.80	13,973.40	0	1.72	5,828	1.2	D
Age-Adjusted Death Rate per 100,000	815	735	*	0.8	989.5	1.15	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	11,605.2	23,378.4	*	2	15,277.8	1.65	C
Mental Health Emergency Dept Visits	1,427.5	3,108.1	*	2.2	1,994.5	1.1	C-
Birth Outcomes							
Low Birth Weight	7.5%	13	0	1.73	7%	1.9	C+
Inadequate Prenatal Care	17.6%	22.1%	26.4	1.36	12.9%	1.6	F
Tobacco Use in Pregnancy	17.2%	7.8%	8.5%	0.4	12.0%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Pickens County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	17 out of 32 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	16 out of 32 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	0.0	Median is 57.8 per 100,000, much lower than for white physicians.	*
Health Insurance Coverage (uninsured rate as % of population)	12.8%	14.8% (median uninsured rate)	B
Persons Living in Linguistically-Isolated Households	19 persons	225 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	11/32 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	16 out of 32 are whole or partial county Mental Health HPSAs	C-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Polk County Minority Health Report Card

Polk County includes Aragon, Cedartown and Rockmart.

Polk County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	34,607	85.5%
African American or Black	5,287	13.1%
Hispanic or Latino	4,046	10%
Asian	161	<1%
American Indian	115	<1%
Other or Multi-Racial	585	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	F
Primary Care Access	D
Physician Racial-Ethnic Diversity	D
Mental Health Care Access	F
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	7.9%
% Estimated to Have No Health Insurance	17%

Black-White racial inequalities in health outcomes cost Polk County 216 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	15.5%	35%	28.5%	3.1	9.8%	2.4	F
Education (adults w/ <9 th grade education)	14.8%	12.5%	47.8%	0.9	8.4%	1.4	A-
Employment (adult unemployment)	6%	12.6	11.5%	2.8	4.0%	2.6	C-
Mortality							
YPLL-75 Rate (Life-Years Lost)	12,064.00	15,844.00	7,283.80	1.37	5,828	1.2	D
Age-Adjusted Death Rate per 100,000	978.4	1,056.4	340.9	1.1	989.5	1.15	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	37,116.9	52,837.8	*	1.4	15,277.8	1.65	F
Mental Health Emergency Dept Visits	4,774.2	5,185.8	*	1.1	1,994.5	1.1	F
Birth Outcomes							
Low Birth Weight	8.8%	17.2	7.4	1.95	7%	1.9	F
Inadequate Prenatal Care	14.7%	22.7%	34.2	1.73	12.9%	1.6	F
Tobacco Use in Pregnancy	14.4%	5.5%	*	0.33	12.0%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Polk County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	17 out of 32 are Whole County (4 Partial County) Primary Care HPSAs	D
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	16 out of 32 are included in a community health center catchment area	D
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	49.5	Median is 57.8 per 100,000, much lower than for white physicians.	D
Health Insurance Coverage (uninsured rate as % of population)	17%	14.8% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	369 persons	225 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	11/32 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	16 out of 32 are whole or partial county Mental Health HPSAs	F
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Rockdale County Minority Health Report Card

Rockdale County includes Conyers.

Rockdale County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	48,873	62.2%
African American or Black	26,993	34.4%
Hispanic or Latino	6,734	8.6%
Asian	1,584	<1%
American Indian	219	<1%
Other or Multi-Racial	2,679	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	C
Mortality (Deaths)	B+
Illness Events (Hospital Admits & Emergency Visits)	B-
Prenatal Care & Birth Outcomes	B-
Primary Care Access	B
Physician Racial-Ethnic Diversity	B
Mental Health Care Access	B
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	9.7%
% Estimated to Have No Health Insurance	13.3%

Black-White racial inequalities in health outcomes cost Rockdale County 60 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

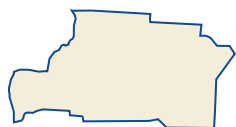
Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	8.2%	14.3%	27.7%	2.4	9.8%	2.4	B
Education (adults w/ <9 th grade education)	6.2%	6.2%	40.6%	1.2	8.4%	1.4	A+
Employment (adult unemployment)	4.2%	7.4	12.8%	2.4	4.0%	2.6	B
Mortality							
YPLL-75 Rate (Life-Years Lost)	7,517.00	7,884.10	2,915.60	1.03	5,828	1.2	B+
Age-Adjusted Death Rate per 100,000	995.1	1,102.5	404.3	1.1	989.5	1.15	B+
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	13,152.7	2,0767	*	1.6	15,277.8	1.65	B-
Mental Health Emergency Dept Visits	1,964.4	1,998.1	*	1.0	1,994.5	1.1	B+
Birth Outcomes							
Low Birth Weight	6.3%	12.4	4.8	1.97	7%	1.9	B-
Inadequate Prenatal Care	13.9%	18.8%	18.6	1.59	12.9%	1.6	C-
Tobacco Use in Pregnancy	15%	7.9%	3%	0.44	12.0%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Rockdale County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	non-HPSA	17 out of 32 are Whole County (4 Partial County) Primary Care HPSAs	B
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	16 out of 32 are included in a community health center catchment area	B
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	117.5	Median is 57.8 per 100,000, much lower than for white physicians.	B
Health Insurance Coverage (uninsured rate as % of population)	13.3%	14.8% (median uninsured rate)	B
Persons Living in Linguistically-Isolated Households	611 persons	225 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	11/32 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	16 out of 32 are whole or partial county Mental Health HPSAs	B
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Spalding County Minority Health Report Card

Spalding County includes Griffin, Orchard Hill and Sunny Side.

Spalding County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	40,351	65.8%
African American or Black	19,871	32.4%
Hispanic or Latino	1,431	2.3%
Asian	507	<1%
American Indian	134	<1%
Other or Multi-Racial	1,067	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	D
Prenatal Care & Birth Outcomes	F
Primary Care Access	F
Physician Racial-Ethnic Diversity	D
Mental Health Care Access	F
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	4.1%
% Estimated to Have No Health Insurance	15.9%

Black-White racial inequalities in health outcomes cost Spalding County 64 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

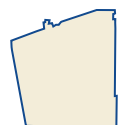
Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	15.5%	27.2%	32%	2.9	9.8%	2.4	C
Education (adults w/ <9 th grade education)	10.9%	13.6%	20.3%	1.4	8.4%	1.4	A-
Employment (adult unemployment)	6.2%	11	8.6%	2.6	4.0%	2.6	C+
Mortality							
YPLL-75 Rate (Life-Years Lost)	10,398.70	10,816.40	9,466.30	1.03	5,828	1.2	C+
Age-Adjusted Death Rate per 100,000	767.8	1,038.3	311.6	1.6	989.5	1.15	C
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	14,712.5	35,447.3	*	2.4	15,277.8	1.65	D
Mental Health Emergency Dept Visits	2,758.8	4,832.3	*	1.8	1,994.5	1.1	F
Birth Outcomes							
Low Birth Weight	9.7%	19.1	6.1	1.97	7%	1.9	F
Inadequate Prenatal Care	11.3%	11.6%	20.6	1.02	12.9%	1.6	C+
Tobacco Use in Pregnancy	1.7%	1.9%	0.3%	1.27	12.0%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Spalding County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	17 out of 32 are Whole County (4 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	16 out of 32 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	45.5	Median is 57.8 per 100,000, much lower than for white physicians.	D
Health Insurance Coverage (uninsured rate as % of population)	15.9%	14.8% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	159 persons	225 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	11/32 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	16 out of 32 are whole or partial county Mental Health HPSAs	F
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Troup County Minority Health Report Card

Troup County includes Hogansville, LaGrange and West Point.

Troup County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	40,625	65.5%
African American or Black	20,341	32.8%
Hispanic or Latino	1,428	2.3%
Asian	527	<1%
American Indian	77	<1%
Other or Multi-Racial	1,049	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	C-
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	C
Prenatal Care & Birth Outcomes	F
Primary Care Access	C
Physician Racial-Ethnic Diversity	D
Mental Health Care Access	C-
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	3.8%
% Estimated to Have No Health Insurance	15.3%

Black-White racial inequalities in health outcomes cost Troup County 289 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	14.8%	28.1%	19.5%	3.4	9.8%	2.4	D
Education (<i>adults w/ <9th grade education</i>)	9%	14.4%	21.1%	2.1	8.4%	1.4	C+
Employment (<i>adult unemployment</i>)	5.2%	8.3	1.1%	2	4.0%	2.6	B
Mortality							
YPLL-75 Rate (<i>Life-Years Lost</i>)	10,368.10	11,513.80	2,107.70	1.15	5,828	1.2	C
Age-Adjusted Death Rate per 100,000	942.3	1,095	111.5	1.2	989.5	1.15	C
<i>Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.</i>							
Illness Events							
Preventable Emergency Dept. Visits	17,773.4	31,647.2	*	1.8	15,277.8	1.65	C
Mental Health Emergency Dept Visits	2,398.3	3,039.6	*	1.3	1,994.5	1.1	C+
Birth Outcomes							
Low Birth Weight	7.6%	14.7	6.8	1.93	7%	1.9	D+
Inadequate Prenatal Care	14%	21.7%	27.2	1.62	12.9%	1.6	F
Tobacco Use in Pregnancy	12.4%	9%	*	0.7	12.0%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Troup County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (<i>Health Professional Shortage Area—HPSA?</i>)	Whole County HPSA	17 out of 32 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	16 out of 32 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	51.1	Median is 57.8 per 100,000, much lower than for white physicians.	D
Health Insurance Coverage (<i>uninsured rate as % of population</i>)	15.3%	14.8% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	159 persons	225 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	11/32 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	16 out of 32 are whole or partial county Mental Health HPSAs	C-
<i>HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration</i>			

Health Disparities Reports



Upson County Minority Health Report Card

Upson County includes Hogansville, LaGrange and West Point.

Upson County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	19,412	70.1%
African American or Black	7,971	28.8%
Hispanic or Latino	471	1.7%
Asian	109	<1%
American Indian	80	<1%
Other or Multi-Racial	296	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	D
Primary Care Access	A
Physician Racial-Ethnic Diversity	*
Mental Health Care Access	C-
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	3.3%
% Estimated to Have No Health Insurance	14.8%

Black-White racial inequalities in health outcomes cost Upson County 38 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	14.7%	28.6%	30.2%	3	9.8%	2.4	D
Education (adults w/ <9 th grade education)	12.4%	19.8%	21.1%	2	8.4%	1.4	C-
Employment (adult unemployment)	7%	14.8	5.3%	3.3	4.0%	2.6	F
Mortality							
YPLL-75 Rate (Life-Years Lost)	12,043.70	12,547.20	0	1.04	5,828	1.2	C
Age-Adjusted Death Rate per 100,000	1,029.6	1,636.9	115.6	1.6	989.5	1.15	C
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	24,921.6	42,046.7	*	1.7	15,277.8	1.65	F
Mental Health Emergency Dept Visits	2,938	3,262.9	*	1.1	1,994.5	1.1	C-
Birth Outcomes							
Low Birth Weight	9.2%	13.7	0	1.49	7%	1.9	C+
Inadequate Prenatal Care	16.7%	*	33.8	0	12.9%	1.6	F
Tobacco Use in Pregnancy	19.5%	0%	*	0	12.0%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Upson County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	non-HPSA	17 out of 32 are Whole County (4 Partial County) Primary Care HPSAs	A
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	16 out of 32 are included in a community health center catchment area	A
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	0.0	Median is 57.8 per 100,000, much lower than for white physicians.	*
Health Insurance Coverage (uninsured rate as % of population)	14.8%	14.8% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	58 persons	225 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	11/32 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	16 out of 32 are whole or partial county Mental Health HPSAs	C-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Walton County Minority Health Report Card

Walton County includes Good Hope, Loganville, Monroe, Social Circle and Walnut Grove.

Walton County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	63,187	83.5%
African American or Black	10,934	14.5%
Hispanic or Latino	1,918	2.5%
Asian	718	<1%
American Indian	195	<1%
Other or Multi-Racial	1,526	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	C
Primary Care Access	F
Physician Racial-Ethnic Diversity	C
Mental Health Care Access	C-
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	4.3%
% Estimated to Have No Health Insurance	11.6%

Black-White racial inequalities in health outcomes cost Walton County 471 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	9.7%	25.9%	31%	3.7	9.8%	2.4	D
Education (adults w/ <9 th grade education)	8.3%	15.4%	23.9%	2.2	8.4%	1.4	C+
Employment (adult unemployment)	3.4%	10.4	4.1%	4.3	4.0%	2.6	C
Mortality							
YPLL-75 Rate (Life-Years Lost)	8,736.30	12,726.70	5,053.60	1.54	5,828	1.2	D
Age-Adjusted Death Rate per 100,000	940.7	917.3	384.9	1	989.5	1.15	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	14,684.7	38,821.6	*	2.6	15,277.8	1.65	F
Mental Health Emergency Dept Visits	2,184.4	3,786.7	*	1.7	1,994.5	1.1	D+
Birth Outcomes							
Low Birth Weight	6.4%	12.6	3	1.97	7%	1.9	C
Inadequate Prenatal Care	9.2%	12.1%	16.9	1.68	12.9%	1.6	C
Tobacco Use in Pregnancy	11.7%	4.2%	1.8%	0.26	12.0%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Walton County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	17 out of 32 are Whole County (4 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	16 out of 32 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	65.0	Median is 57.8 per 100,000, much lower than for white physicians.	C
Health Insurance Coverage (uninsured rate as % of population)	11.6%	14.8% (median uninsured rate)	A
Persons Living in Linguistically-Isolated Households	128 persons	225 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	11/32 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	16 out of 32 are whole or partial county Mental Health HPSAs	C-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports

Non-Atlanta Metropolitan Statistical Area (Pages 97-136)

The Non-Atlanta MSA Area includes:

- Bibb County
- Bryan County
- Catoosa County
- Chatham County
- Chattahoochee County
- Crawford County
- Dade County
- Effingham County
- Harris County
- Houston County
- Jones County
- Liberty County
- Long County
- Marion County
- Monroe County
- Muscogee County
- Peach County
- Twiggs County
- Walker County

Non-Atlanta Metropolitan Statistical Areas



Health Disparities Reports



Bibb County Minority Health Report Card

Bibb County includes Macon.

Bibb County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	73,511	47.5%
African American or Black	77,866	50.3%
Hispanic or Latino	2,485	1.6%
Asian	2,187	<1%
American Indian	266	<1%
Other or Multi-Racial	3,541	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	C-
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	C-
Prenatal Care & Birth Outcomes	F
Primary Care Access	B
Physician Racial-Ethnic Diversity	B
Mental Health Care Access	F
Oral Health Care Access	Partial-County HPSCA*
% Speaking non-English Language at Home	4%
% Estimated to Have No Health Insurance	16.1%

Black-White racial inequalities in health outcomes cost Bibb County 3,092 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	19.1%	31.5%	20.2%	4.2	12.5%	3.3	D
Education (adults w/ <9 th grade education)	7%	10.7%	8%	2.5	7.3%	2.5	B
Employment (adult unemployment)	7.5%	11.5%	7.5%	2.6	4.9%	2.6	C-
Mortality							
YPLL-75 Rate (Life-Years Lost)	11,724.10	13,890.50	3,240.20	1.42	6,287	1.4	D
Age-Adjusted Death Rate per 100,000	1,108.2	1,218.1	*	1.1	983.5	1.2	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	13,342.5	27,649.4	*	2.1	14,345.6	1.9	C-
Mental Health Emergency Dept Visits	2,257.3	4,202.1	*	1.9	1,874.3	1.3	F
Birth Outcomes							
Low Birth Weight	8.2%	16.3	6	1.99	7.4%	2.0	D+
Inadequate Prenatal Care	14.3%	26.4%	22.6	2.15	13.8%	1.6	F
Tobacco Use in Pregnancy	10.5%	4.5%	*	0.38	12.2%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Bibb County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Partial-County HPSA	13 out of 19 are Whole County (2 Partial County) Primary Care HPSAs	B
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	9 out of 19 are included in a community health center catchment area	B
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	116.3	Median is 132.7 per 100,000, much lower than for white physicians.	B
Health Insurance Coverage (uninsured rate as % of population)	16.1%	15.7% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	383 persons	84 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Partial-County HPSA (Dental)	10/19 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	9 out of 19 are whole county Mental Health HPSAs	F
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Bryan County Minority Health Report Card

Bryan County includes Ellabelle, Groveland, Hardwicke, Keller, Lanier, Pembroke, and Richmond Hill.

Bryan County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	23,472	82.2%
African American or Black	4,276	15%
Hispanic or Latino	694	2.4%
Asian	297	<1%
American Indian	121	<1%
Other or Multi-Racial	801	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	B-
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	C
Prenatal Care & Birth Outcomes	D
Primary Care Access	C
Physician Racial-Ethnic Diversity	F
Mental Health Care Access	B-
Oral Health Care Access	Whole County HPSA*
% Speaking non-English Language at Home	4.2%
% Estimated to Have No Health Insurance	12.6%

Black-White racial inequalities in health outcomes cost Bryan County 129 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	11.7%	29.4%	1.4%	3.3	12.5%	3.3	D
Education (adults w/ <9 th grade education)	5.8%	11.3%	4.9%	2.3	7.3%	2.5	B
Employment (adult unemployment)	3.1%	11.6%	9.2%	6.6	4.9%	2.6	D
Mortality							
YPLL-75 Rate (Life-Years Lost)	7,561.10	10,398.50	*	1.44	6,287	1.4	C
Age-Adjusted Death Rate per 100,000	988.9	1,259.7	*	1.4	983.5	1.2	C
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	10,096.9	19,840.7	*	2	14,345.6	1.9	C
Mental Health Emergency Dept Visits	1,227.5	1,479.5	*	1.2	1,874.3	1.3	A-
Birth Outcomes							
Low Birth Weight	6.1%	13.3	11.9	2.18	7.4%	2.0	C
Inadequate Prenatal Care	22%	23.1%	38.6	1.08	13.8%	1.6	F
Tobacco Use in Pregnancy	14.2%	11.6%	*	0.77	12.2%	0.4	Not graded

Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.

*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.

Other Indicators Relevant to Health Disparities	Bryan County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Partial-County HPSA	13 out of 19 are Whole County (2 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	9 out of 19 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	20.0	Median is 132.7 per 100,000, much lower than for white physicians.	F
Health Insurance Coverage (uninsured rate as % of population)	12.6%	15.7% (median uninsured rate)	B
Persons Living in Linguistically-Isolated Households	47 persons	84 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	10/19 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	9 out of 19 are whole county Mental Health HPSAs	B-

HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration

Health Disparities Reports



Catoosa County Minority Health Report Card

Catoosa County includes Ringgold and Fort Oglethorpe.

Catoosa County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	58,167	95.6%
African American or Black	1,295	2.1%
Hispanic or Latino	1,005	1.7%
Asian	603	<1%
American Indian	191	<1%
Other or Multi-Racial	1,351	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	C-
Mortality (Deaths)	B+
Illness Events (Hospital Admits & Emergency Visits)	A-
Prenatal Care & Birth Outcomes	F
Primary Care Access	B
Physician Racial-Ethnic Diversity	B
Mental Health Care Access	B-
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	3.5%
% Estimated to Have No Health Insurance	11.3%

Black-White racial inequalities in health outcomes cost Catoosa County 3 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	9.4%	30.4%	20.9%	3.5	12.5%	3.3	D
Education (adults w/ <9 th grade education)	7.6%	9.2%	4.3%	1.2	7.3%	2.5	A+
Employment (adult unemployment)	3.3%	5.7%	4.2%	1.8	4.9%	2.6	A
Mortality							
YPLL-75 Rate (Life-Years Lost)	7,666.20	7,567.80	*	0.97	6,287	1.4	B+
Age-Adjusted Death Rate per 100,000	1,112.7	1,442.9	*	1.5	983.5	1.2	B+
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	10,450	12,837.8	*	1.2	14,345.6	1.9	A-
Mental Health Emergency Dept Visits	1,505.4	1,351.4	*	.9	1,874.3	1.3	A
Birth Outcomes							
Low Birth Weight	8.8%	18.9	*	2.15	7.4%	2.0	F
Inadequate Prenatal Care	20.8%	23.2%	46.7	1.44	13.8%	1.6	F
Tobacco Use in Pregnancy	14%	8.7%	*	0.36	12.2%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Catoosa County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	non-HPSA	13 out of 19 are Whole County (2 Partial County) Primary Care HPSAs	B
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	9 out of 19 are included in a community health center catchment area	B
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	375.7	Median is 132.7 per 100,000, much lower than for white physicians.	B
Health Insurance Coverage (uninsured rate as % of population)	11.3%	15.7% (median uninsured rate)	A
Persons Living in Linguistically-Isolated Households	129 persons	84 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	10/19 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	9 out of 19 are whole county Mental Health HPSAs	B-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Chatham County Minority Health Report Card

Chatham County includes Bloomingdale, Garden City, Georgtown, Isle of Hope-Dutch Island, Montgomery, Port Wentworth, Pooler, Savannah, Skidaway Island, Thunderbolt, Tybee Island, Whitmarsh Island, Wilmington Island, and Vernonburg.

Chatham County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	131,315	55.1%
African American or Black	98,376	41.3%
Hispanic or Latino	6,414	2.7%
Asian	5,083	<1%
American Indian	684	<1%
Other or Multi-Racial	8,719	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	D
Prenatal Care & Birth Outcomes	C
Primary Care Access	B
Physician Racial-Ethnic Diversity	C
Mental Health Care Access	C+
Oral Health Care Access	Partial-County HPSA*
% Speaking non-English Language at Home	6.7%
% Estimated to Have No Health Insurance	15.8%

Black-White racial inequalities in health outcomes cost Chatham County 3,604 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	15.6%	26%	27.9%	3.2	12.5%	3.3	D
Education (adults w/ <9 th grade education)	5.6%	9.1%	17%	3	7.3%	2.5	B
Employment (adult unemployment)	6.1%	10.2%	3.9%	2.8	4.9%	2.6	C+
Mortality							
YPLL-75 Rate (Life-Years Lost)	9,710.50	12,156.00	7,689.70	1.46	6,287	1.4	C
Age-Adjusted Death Rate per 100,000	951.8	*	*	*	983.5	1.2	C
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	11,649.9	30,500.9	*	2.6	14,345.6	1.9	D
Mental Health Emergency Dept Visits	1,846.9	3,085.8	*	1.7	1,874.3	1.3	C
Birth Outcomes							
Low Birth Weight	7.4%	13.9	8.1	1.88	7.4%	2.0	C
Inadequate Prenatal Care	6%	*	*	*	13.8%	1.6	*
Tobacco Use in Pregnancy	10.9%	0%	*	0	12.2%	0.4	Not graded

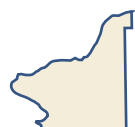
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.

*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.

Other Indicators Relevant to Health Disparities	Chatham County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Partial-County HPSA	13 out of 19 are Whole County (2 Partial County) Primary Care HPSAs	B
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	9 out of 19 are included in a community health center catchment area	B
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	64.0	Median is 132.7 per 100,000, much lower than for white physicians.	C
Health Insurance Coverage (uninsured rate as % of population)	15.8%	15.7% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	1,181 persons	84 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Partial-County HPSA (Dental)	10/19 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	9 out of 19 are whole county Mental Health HPSAs	C+

HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration

Health Disparities Reports



Chattahoochee County Minority Health Report Card

Chattahoochee County includes Cusseta.

Chattahoochee County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	9,591	65.3%
African American or Black	4,230	28.8%
Hispanic or Latino	1,577	10.7%
Asian	301	<1%
American Indian	124	<1%
Other or Multi-Racial	858	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	A-
Mortality (Deaths)	C+
Illness Events (Hospital Admits & Emergency Visits)	B-
Prenatal Care & Birth Outcomes	B-
Primary Care Access	C
Physician Racial-Ethnic Diversity	C
Mental Health Care Access	B
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	14.2%
% Estimated to Have No Health Insurance	19%

Black-White racial inequalities in health outcomes cost Chattahoochee County 103 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	10.6%	13.2%	9.6%	1.4	12.5%	3.3	A
Education (adults w/ <9 th grade education)	2.4%	4.5%	0.8%	3.8	7.3%	2.5	B
Employment (adult unemployment)	7.5%	8%	24.4%	1.6	4.9%	2.6	B
Mortality							
YPLL-75 Rate (Life-Years Lost)	5,090.60	7,051.70	1,619.80	1.55	6,287	1.4	C+
Age-Adjusted Death Rate per 100,000	983.5	1,006.1	331.3	1	983.5	1.2	C+
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	5,240.2	11,483.1	*	2.2	14,345.6	1.9	B-
Mental Health Emergency Dept Visits	544.2	770	*	1.4	1,874.3	1.3	B
Birth Outcomes							
Low Birth Weight	5.2%	8.7	*	1.67	7.4%	2.0	A-
Inadequate Prenatal Care	11.2%	12.4%	25.3	1.22	13.8%	1.6	D+
Tobacco Use in Pregnancy	10.2%	5.7%	*	0.39	12.2%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Chattahoochee County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	13 out of 19 are Whole County (2 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	9 out of 19 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	72.4	Median is 132.7 per 100,000, much lower than for white physicians.	C
Health Insurance Coverage (uninsured rate as % of population)	19%	15.7% (median)	D
Persons Living in Linguistically-Isolated Households	34 persons	84 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	10/19 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	9 out of 19 are whole county Mental Health HPSAs	B

HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration

Health Disparities Reports



Crawford County Minority Health Report Card

Crawford County includes Knoxville and Roberta.

Crawford County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	9,952	77.3%
African American or Black	2,781	21.6%
Hispanic or Latino	316	2.5%
Asian	22	<1%
American Indian	46	<1%
Other or Multi-Racial	141	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	C+
Mortality (Deaths)	B
Illness Events (Hospital Admits & Emergency Visits)	B-
Prenatal Care & Birth Outcomes	D
Primary Care Access	F
Physician Racial-Ethnic Diversity	D
Mental Health Care Access	C-
Oral Health Care Access	Whole County HPSA*
% Speaking non-English Language at Home	2%
% Estimated to Have No Health Insurance	15.7%

Black-White racial inequalities in health outcomes cost Crawford County 25 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

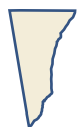
Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	15.4%	28.7%	5.7%	2.7	12.5%	3.3	C-
Education (adults w/ <9 th grade education)	7.3%	17.7%	0%	4.7	7.3%	2.5	D+
Employment (adult unemployment)	4.6%	6.7%	21.1%	1.8	4.9%	2.6	A
Mortality							
YPLL-75 Rate (Life-Years Lost)	8,847.80	9,521.50	0	1.11	6,287	1.4	B
Age-Adjusted Death Rate per 100,000	922.2	1095.7	*	1.3	983.5	1.2	B
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	10,063.2	18,889.4	*	1.9	14,345.6	1.9	B-
Mental Health Emergency Dept Visits	1,319.3	2,578.1	*	2.0	1,874.3	1.3	C-
Birth Outcomes							
Low Birth Weight	7.6%	11.7	*	1.54	7.4%	2.0	B
Inadequate Prenatal Care	20.9%	26.7%	34.7	1.89	13.8%	1.6	F
Tobacco Use in Pregnancy	11.5%	9.1%	*	0.63	12.2%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Crawford County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	13 out of 19 are Whole County (2 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	9 out of 19 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	32.3	Median is 132.7 per 100,000, much lower than for white physicians.	D
Health Insurance Coverage (uninsured rate as % of population)	15.7%	15.7% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	14 persons	84 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	10/19 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	9 out of 19 are whole county Mental Health HPSAs	C-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Dade County Minority Health Report Card

Dade County includes Trenton.

Dade County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	15,632	97.5%
African American or Black	194	1.2%
Hispanic or Latino	174	1.1%
Asian	63	<1%
American Indian	68	<1%
Other or Multi-Racial	214	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	*
Illness Events (Hospital Admits & Emergency Visits)	A
Prenatal Care & Birth Outcomes	C
Primary Care Access	C
Physician Racial-Ethnic Diversity	B
Mental Health Care Access	B-
Oral Health Care Access	Whole County HPSA*
% Speaking non-English Language at Home	3.3%
% Estimated to Have No Health Insurance	13.8%

*Insufficient Data are available to calculate YPPL rates.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	9.7%	50%	13.2%	5.3	12.5%	3.3	F
Education (adults w/ <9 th grade education)	12.6%	0%	52.1%	0	7.3%	2.5	*
Employment (adult unemployment)	5.4%	0%	7%	0	4.9%	2.6	*
Mortality							
YPLL-75 Rate (Life-Years Lost)	8,220.80	*	0	*	6,287	1.4	*
Age-Adjusted Death Rate per 100,000	976.8	856.6	*	0.9	983.5	1.2	*
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	5,552.1	1,219.5	*	0.2	14,345.6	1.9	A
Mental Health Emergency Dept Visits	937	609.8	*	.7	1,874.3	1.3	A
Birth Outcomes							
Low Birth Weight	10.1%	*	0	*	7.4%	2.0	*
Inadequate Prenatal Care	11.5%	15.8%	*	1.41	13.8%	1.6	C+
Tobacco Use in Pregnancy	25.6%	14%	*	0.53	12.2%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Dade County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	13 out of 19 are Whole County (2 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	9 out of 19 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	1,395.7	Median is 132.7 per 100,000, much lower than for white physicians.	B
Health Insurance Coverage (uninsured rate as % of population)	13.8%	15.7% (median uninsured rate)	B
Persons Living in Linguistically-Isolated Households	44 persons	84 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	10/19 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	9 out of 19 are whole county Mental Health HPSAs	B-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Effingham County Minority Health Report Card

Effingham County includes Clio, Ebenezer, Egypt, Guyton, Meldrim, Pineora, Rincon, Shawnee, Springfield, and Stillwell.

Effingham County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	39,876	85%
African American or Black	6,227	13.3%
Hispanic or Latino	833	1.8%
Asian	274	<1%
American Indian	139	<1%
Other or Multi-Racial	821	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	C
Mortality (Deaths)	B
Illness Events (Hospital Admits & Emergency Visits)	C-
Prenatal Care & Birth Outcomes	B
Primary Care Access	D
Physician Racial-Ethnic Diversity	F
Mental Health Care Access	C+
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	2.8%
% Estimated to Have No Health Insurance	12.7%

Black-White racial inequalities in health outcomes cost Effingham County 67 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	9.3%	23.6%	19%	3.5	12.5%	3.3	D
Education (adults w/ <9 th grade education)	5.8%	13.1%	11.6%	2.9	7.3%	2.5	B
Employment (adult unemployment)	4.2%	8.6%	14.8%	2.6	4.9%	2.6	B
Mortality							
YPLL-75 Rate (Life-Years Lost)	7,651.30	8,723.80	*	1.15	6,287	1.4	B
Age-Adjusted Death Rate per 100,000	893.9	1,164.7	0	1.4	983.5	1.2	B
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	15,041.4	31,702.2	*	2.1	14,345.6	1.9	C-
Mental Health Emergency Dept Visits	1,895.5	2,576.8	*	1.4	1,874.3	1.3	C+
Birth Outcomes							
Low Birth Weight	7.5%	12.3	9.8	1.64	7.4%	2.0	B
Inadequate Prenatal Care	3.4%	6.2%	*	2.48	13.8%	1.6	B-
Tobacco Use in Pregnancy	13.1%	3.9%	*	0.24	12.2%	0.4	Not graded

Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.

*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.

Other Indicators Relevant to Health Disparities	Effingham County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	13 out of 19 are Whole County (2 Partial County) Primary Care HPSAs	D
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	9 out of 19 are included in a community health center catchment area	D
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	29.5	Median is 132.7 per 100,000, much lower than for white physicians.	F
Health Insurance Coverage (uninsured rate as % of population)	12.7%	15.7% (median uninsured rate)	B
Persons Living in Linguistically-Isolated Households	85 persons	84 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	10/19 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	9 out of 19 are whole county Mental Health HPSAs	C+

HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration

Health Disparities Reports



Harris County Minority Health Report Card

Harris County includes Hamilton, Pine Mountain, Shiloh and Waverly Hall.

Harris County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	22,193	79.9%
African American or Black	5,098	18.4%
Hispanic or Latino	470	1.7%
Asian	184	<1%
American Indian	98	<1%
Other or Multi-Racial	488	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	C
Prenatal Care & Birth Outcomes	F
Primary Care Access	C
Physician Racial-Ethnic Diversity	F
Mental Health Care Access	A-
Oral Health Care Access	Whole County HPSA*
% Speaking non-English Language at Home	4.1%
% Estimated to Have No Health Insurance	11.8%

Black-White racial inequalities in health outcomes cost Harris County 250 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	8.2%	21.7%	35.1%	4.7	12.5%	3.3	D
Education (adults w/ <9 th grade education)	7.3%	21.2%	11%	5.3	7.3%	2.5	F
Employment (adult unemployment)	3.4%	8.1%	19.7%	3.3	4.9%	2.6	B-
Mortality							
YPLL-75 Rate (Life-Years Lost)	7,033.30	11,505.80	0	1.87	6,287	1.4	D
Age-Adjusted Death Rate per 100,000	856.4	776.4	*	0.9	983.5	1.2	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	8,879.7	20,140.4	*	2.3	14,345.6	1.9	C
Mental Health Emergency Dept Visits	1,133.4	1,067.4	*	.9	1,874.3	1.3	A
Birth Outcomes							
Low Birth Weight	7.4%	17.2	*	2.32	7.4%	2.0	F
Inadequate Prenatal Care	4.9%	*	*	*	13.8%	1.6	*
Tobacco Use in Pregnancy	19.4%	*	0%	*	12.2%	0.4	Not graded

Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.

*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.

Other Indicators Relevant to Health Disparities	Harris County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	13 out of 19 are Whole County (2 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	9 out of 19 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	19.9	Median is 132.7 per 100,000, much lower than for white physicians.	F
Health Insurance Coverage (uninsured rate as % of population)	11.8%	15.7% (median uninsured rate)	A
Persons Living in Linguistically-Isolated Households	15 persons	84 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	10/19 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	9 out of 19 are whole county Mental Health HPSAs	A-

HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration

Health Disparities Reports



Houston County Minority Health Report Card

Houston County includes Centerville, Perry and Warner Robins.

Houston County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	87,291	69.2%
African American or Black	33,894	26.9%
Hispanic or Latino	4,688	3.7%
Asian	2,409	<1%
American Indian	443	<1%
Other or Multi-Racial	4,978	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	B
Mortality (Deaths)	B
Illness Events (Hospital Admits & Emergency Visits)	D+
Prenatal Care & Birth Outcomes	D
Primary Care Access	F
Physician Racial-Ethnic Diversity	C
Mental Health Care Access	C-
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	6.1%
% Estimated to Have No Health Insurance	12.6%

Black-White racial inequalities in health outcomes cost Houston County 484 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	10.2%	24.3%	9.5%	4.5	12.5%	3.3	D
Education (adults w/ <9 th grade education)	4.9%	9.2%	15%	3	7.3%	2.5	A
Employment (adult unemployment)	4.9%	9%	10.1%	2.7	4.9%	2.6	B
Mortality							
YPLL-75 Rate (Life-Years Lost)	8,021.30	9,257.50	3,455.20	1.19	6,287	1.4	B
Age-Adjusted Death Rate per 100,000	865.5	1,122.2	*	1.4	983.5	1.2	B
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	17,747.6	33,060.6	*	1.9	14,345.6	1.9	D+
Mental Health Emergency Dept Visits	2,663.8	3,338.5	*	1.3	1,874.3	1.3	C-
Birth Outcomes							
Low Birth Weight	6.7%	13.5	7.6	2.01	7.4%	2.0	C
Inadequate Prenatal Care	15.4%	15.8%	35.1	1.1	13.8%	1.6	F
Tobacco Use in Pregnancy	14.5%	2%	*	0.1	12.2%	0.4	Not graded

Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.

*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.

Other Indicators Relevant to Health Disparities	Houston County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	13 out of 19 are Whole County (2 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	9 out of 19 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	85.4	Median is 132.7 per 100,000, much lower than for white physicians.	C
Health Insurance Coverage (uninsured rate as % of population)	12.6%	15.7% (median uninsured rate)	B
Persons Living in Linguistically-Isolated Households	404 persons	84 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	10/19 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	9 out of 19 are whole county Mental Health HPSAs	C-

HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration

Health Disparities Reports



Jones County Minority Health Report Card

Jones County includes Gray.

Jones County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	26,836	75.1%
African American or Black	6,249	23.3%
Hispanic or Latino	236	0.9%
Asian	241	<1%
American Indian	70	<1%
Other or Multi-Racial	440	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	C
Prenatal Care & Birth Outcomes	B-
Primary Care Access	B
Physician Racial-Ethnic Diversity	D
Mental Health Care Access	C-
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	3.3%
% Estimated to Have No Health Insurance	12.4%

Black-White racial inequalities in health outcomes cost Jones County 241 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	10.2%	21.6%	30.5%	3.4	12.5%	3.3	D
Education (adults w/ <9 th grade education)	8.1%	15.6%	28%	2.8	7.3%	2.5	C+
Employment (adult unemployment)	4.5%	6.5%	11.3%	1.7	4.9%	2.6	A
Mortality							
YPLL-75 Rate (Life-Years Lost)	9,179.10	12,402.90	0	1.50	6,287	1.4	C
Age-Adjusted Death Rate per 100,000	1,044.4	1,093.7	0	1.2	983.5	1.2	C
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	9,544.6	19,252	*	2	14,345.6	1.9	C
Mental Health Emergency Dept Visits	1,568.8	3,625.5	*	2.3	1,874.3	1.3	D
Birth Outcomes							
Low Birth Weight	6.9%	14	0	2.03	7.4%	2.0	C
Inadequate Prenatal Care	18.1%	19.3%	0	1.23	13.8%	1.6	A
Tobacco Use in Pregnancy	10.1%	7.4%	0%	0.42	12.2%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Jones County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	non-HPSA	13 out of 19 are Whole County (2 Partial County) Primary Care HPSAs	B
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	9 out of 19 are included in a community health center catchment area	B
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	30.8	Median is 132.7 per 100,000, much lower than for white physicians.	D
Health Insurance Coverage (uninsured rate as % of population)	12.4%	15.7% (median uninsured rate)	B
Persons Living in Linguistically-Isolated Households	52 persons	84 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	10/19 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	9 out of 19 are whole county Mental Health HPSAs	C-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Liberty County Minority Health Report Card

Liberty County includes Allenhurst, Flemington, Gumbranch, Hinesville, McIntosh, Midway, Retreat, Riceboro, Sunbury and Walthourville.

Liberty County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	28,452	49.4%
African American or Black	25,621	44.5%
Hispanic or Latino	4,124	7.2%
Asian	1,109	<1%
American Indian	315	<1%
Other or Multi-Racial	3,471	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	B
Mortality (Deaths)	B
Illness Events (Hospital Admits & Emergency Visits)	C
Prenatal Care & Birth Outcomes	C
Primary Care Access	D
Physician Racial-Ethnic Diversity	F
Mental Health Care Access	C-
Oral Health Care Access	Whole County HPSA*
% Speaking non-English Language at Home	12.9%
% Estimated to Have No Health Insurance	20.8%

Black-White racial inequalities in health outcomes cost Liberty County 439 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	15%	20.1%	11.7%	2	12.5%	3.3	B
Education (adults w/ <9 th grade education)	3.4%	4.8%	4.9%	2.4	7.3%	2.5	A
Employment (adult unemployment)	8.6%	11.3%	9.7%	2.1	4.9%	2.6	C+
Mortality							
YPLL-75 Rate (Life-Years Lost)	7,715.70	8,929.50	2,372.40	1.23	6,287	1.4	B
Age-Adjusted Death Rate per 100,000	1,059	1,314.6	0	1.4	983.5	1.2	B
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	19,349.5	30,756.2	*	1.6	14,345.6	1.9	C
Mental Health Emergency Dept Visits	2,065.5	2,503.9	*	1.2	1,874.3	1.3	C+
Birth Outcomes							
Low Birth Weight	6.8%	13.1	6.3	1.93	7.4%	2.0	C
Inadequate Prenatal Care	10.3%	15.1%	*	2.36	13.8%	1.6	C-
Tobacco Use in Pregnancy	12.2%	9.6%	0%	0.66	12.2%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Liberty County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	13 out of 19 are Whole County (2 Partial County) Primary Care HPSAs	D
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	9 out of 19 are included in a community health center catchment area	D
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	27.9	Median is 132.7 per 100,000, much lower than for white physicians.	F
Health Insurance Coverage (uninsured rate as % of population)	20.8%	15.7% (median	F
Persons Living in Linguistically-Isolated Households	271 persons	84 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	10/19 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	9 out of 19 are whole county Mental Health HPSAs	C-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Long County Minority Health Report Card

Long County includes Ludowici.

Long County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	8,047	72.6%
African American or Black	2,660	24%
Hispanic or Latino	1,012	9.1%
Asian	109	<1%
American Indian	80	<1%
Other or Multi-Racial	376	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	B+
Illness Events (Hospital Admits & Emergency Visits)	B
Prenatal Care & Birth Outcomes	D+
Primary Care Access	C
Physician Racial-Ethnic Diversity	*
Mental Health Care Access	B-
Oral Health Care Access	Whole County HPSA*
% Speaking non-English Language at Home	9.4%
% Estimated to Have No Health Insurance	22%

Black-White racial inequalities in health outcomes cost Long County 74 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	19.5%	34.6%	33%	2.6	12.5%	3.3	D
Education (adults w/ <9 th grade education)	10%	12.6%	42.2%	1.6	7.3%	2.5	B
Employment (adult unemployment)	8.8%	13.9%	12.1%	2.1	4.9%	2.6	F
Mortality							
YPLL-75 Rate (Life-Years Lost)	9,024.50	7,210.50	*	0.71	6,287	1.4	B+
Age-Adjusted Death Rate per 100,000	1,140.1	1,265.3	0	1.2	983.5	1.2	B+
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	16,633	21,090.9	*	1.3	14,345.6	1.9	B
Mental Health Emergency Dept Visits	1,672.5	1,212.1	*	.7	1,874.3	1.3	A
Birth Outcomes							
Low Birth Weight	6.5%	15.6	11.5	2.40	7.4%	2.0	D
Inadequate Prenatal Care	13.1%	15%	*	1.88	13.8%	1.6	C
Tobacco Use in Pregnancy	4.2%	2.8%	0%	0.35	12.2%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Long County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	13 out of 19 are Whole County (2 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	9 out of 19 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	0.0	Median is 132.7 per 100,000, much lower than for white physicians.	*
Health Insurance Coverage (uninsured rate as % of population)	22%	15.7% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	84 persons	84 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	10/19 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	9 out of 19 are whole county Mental Health HPSAs	B-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Marion County Minority Health Report Card

Marion County includes Buena Vista.

Marion County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	71,20	64.3%
African American or Black	3,801	34.3%
Hispanic or Latino	113	1%
Asian	40	<1%
American Indian	48	<1%
Other or Multi-Racial	147	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	A
Prenatal Care & Birth Outcomes	D
Primary Care Access	F
Physician Racial-Ethnic Diversity	F
Mental Health Care Access	A-
Oral Health Care Access	Whole County HPSA*
% Speaking non-English Language at Home	3.6%
% Estimated to Have No Health Insurance	20.9%

Black-White racial inequalities in health outcomes cost Marion County 104 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	22.4%	35.4%	20.2%	2.3	12.5%	3.3	D+
Education (adults w/ <9 th grade education)	11.9%	20.5%	21.3%	2.8	7.3%	2.5	F
Employment (adult unemployment)	3.6%	7.5%	0.9%	3.1	4.9%	2.6	B-
Mortality							
YPLL-75 Rate (Life-Years Lost)	13,566.20	21,501.80	*	2.17	6,287	1.4	F
Age-Adjusted Death Rate per 100,000	1,198.5	1,430.7	0	1.2	983.5	1.2	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	18,439.4	7,734.6	*	0.4	14,345.6	1.9	A
Mental Health Emergency Dept Visits	2,361.6	431.9	*	.2	1,874.3	1.3	A
Birth Outcomes							
Low Birth Weight	7.5%	15.8	*	2.11	7.4%	2.0	D+
Inadequate Prenatal Care	11.1%	19.3%	*	2.44	13.8%	1.6	D
Tobacco Use in Pregnancy	16.2%	6.3%	0%	0.31	12.2%	0.4	Not graded

Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.

*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.

Other Indicators Relevant to Health Disparities	Marion County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	13 out of 19 are Whole County (2 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	9 out of 19 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	25.5	Median is 132.7 per 100,000, much lower than for white physicians.	F
Health Insurance Coverage (uninsured rate as % of population)	20.9%	15.7% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	54 persons	84 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	10/19 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	9 out of 19 are whole county Mental Health HPSAs	A-

HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration

Health Disparities Reports



Monroe County Minority Health Report Card

Monroe County includes Forsyth and Culloden.

Monroe County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	17,369	73%
African American or Black	6,089	25.6%
Hispanic or Latino	422	1.8%
Asian	109	<1%
American Indian	87	<1%
Other or Multi-Racial	327	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	C
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	D+
Prenatal Care & Birth Outcomes	F
Primary Care Access	F
Physician Racial-Ethnic Diversity	C
Mental Health Care Access	C+
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	3%
% Estimated to Have No Health Insurance	14.3%

Black-White racial inequalities in health outcomes cost Monroe County 208 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	9.8%	21.3%	37.4%	4	12.5%	3.3	C
Education (adults w/ <9 th grade education)	7.9%	16.3%	20%	3.3	7.3%	2.5	C
Employment (adult unemployment)	3.4%	6.8%	0%	2.9	4.9%	2.6	A
Mortality							
YPLL-75 Rate (Life-Years Lost)	9,212.70	11,955.90	*	1.42	6,287	1.4	C
Age-Adjusted Death Rate per 100,000	892.5	1,000.3	*	1.2	983.5	1.2	C
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	20,932.1	39,114.1	*	1.9	14,345.6	1.9	D+
Mental Health Emergency Dept Visits	2,686.9	3,702.8	*	1.4	1,874.3	1.3	C-
Birth Outcomes							
Low Birth Weight	6.1%	17	0	2.79	7.4%	2.0	F
Inadequate Prenatal Care	11.1%	18.6%	*	*	13.8%	1.6	D
Tobacco Use in Pregnancy	12.3%	*	*	*	12.2%	0.4	Not graded

Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.

*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.

Other Indicators Relevant to Health Disparities	Monroe County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	13 out of 19 are Whole County (2 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	9 out of 19 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	81.3	Median is 132.7 per 100,000, much lower than for white physicians.	C
Health Insurance Coverage (uninsured rate as % of population)	14.3%	15.7% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	27 persons	84 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	10/19 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	9 out of 19 are whole county Mental Health HPSAs	C+

HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration

Health Disparities Reports



Muscogee County Minority Health Report Card

Muscogee County includes Columbus.

Muscogee County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	91,325	49.3%
African American or Black	85,904	46.4%
Hispanic or Latino	76,33	4.1%
Asian	3,774	<1%
American Indian	700	<1%
Other or Multi-Racial	8,042	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	C
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	D
Prenatal Care & Birth Outcomes	F
Primary Care Access	B
Physician Racial-Ethnic Diversity	C
Mental Health Care Access	C+
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	8.1%
% Estimated to Have No Health Insurance	16.6%

Black-White racial inequalities in health outcomes cost Muscogee County 3,249 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	15.7%	24.4%	17.9%	3.1	12.5%	3.3	D
Education (adults w/ <9 th grade education)	7%	9.1%	11.6%	1.8	7.3%	2.5	A
Employment (adult unemployment)	7%	11.3%	7.2%	3.2	4.9%	2.6	C
Mortality							
YPLL-75 Rate (Life-Years Lost)	10,660.80	12,960.30	5,774.70	1.43	6,287	1.4	D
Age-Adjusted Death Rate per 100,000	975.1	1,125.9	*	1.3	983.5	1.2	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	18,989.7	39,165.1	*	2.1	14,345.6	1.9	D
Mental Health Emergency Dept Visits	2,936.3	3,425.2	*	1.2	1,874.3	1.3	C-
Birth Outcomes							
Low Birth Weight	7.2%	14.8	7.1	2.06	7.4%	2.0	D+
Inadequate Prenatal Care	18.3%	25.1%	*	2.22	13.8%	1.6	F
Tobacco Use in Pregnancy	9%	10.1%	0%	1.23	12.2%	0.4	Not graded

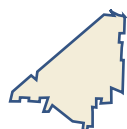
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.

*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.

Other Indicators Relevant to Health Disparities	Muscogee County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Partial-County HPSA	13 out of 19 are Whole County (2 Partial County) Primary Care HPSAs	B
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	9 out of 19 are included in a community health center catchment area	B
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	97.0	Median is 132.7 per 100,000, much lower than for white physicians.	C
Health Insurance Coverage (uninsured rate as % of population)	16.6%	15.7% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	958 persons	84 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	10/19 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	9 out of 19 are whole county Mental Health HPSAs	C+

HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration

Health Disparities Reports



Peach County Minority Health Report Card

Peach County includes Byron and Fort Valley.

Peach County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	13,769	55.5%
African American or Black	10,752	43.4%
Hispanic or Latino	1,185	4.8%
Asian	104	<1%
American Indian	68	<1%
Other or Multi-Racial	273	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	D
Prenatal Care & Birth Outcomes	D
Primary Care Access	F
Physician Racial-Ethnic Diversity	F
Mental Health Care Access	C-
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	6.9%
% Estimated to Have No Health Insurance	17.6%

Black-White racial inequalities in health outcomes cost Peach County 235 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	20.2%	35.8%	19.3%	4.8	12.5%	3.3	F
Education (adults w/ <9 th grade education)	9.2%	13.6%	55.8%	2.5	7.3%	2.5	B
Employment (adult unemployment)	12.9%	25%	2.1%	5.2	4.9%	2.6	F
Mortality							
YPLL-75 Rate (Life-Years Lost)	9,395.00	10,752.30	*	1.27	6,287	1.4	C
Age-Adjusted Death Rate per 100,000	979.4	950	294	1	983.5	1.2	C
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	18,654.4	36,163.3	*	1.9	14,345.6	1.9	D
Mental Health Emergency Dept Visits	2,399.3	3,265.3	*	1.4	1,874.3	1.3	C-
Birth Outcomes							
Low Birth Weight	7.1%	13.7	*	1.93	7.4%	2.0	C
Inadequate Prenatal Care	18%	25.1%	37.5	1.45	13.8%	1.6	F
Tobacco Use in Pregnancy	17.2%	9.7%	1.5%	0.53	12.2%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Peach County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	13 out of 19 are Whole County (2 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	9 out of 19 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	16.8	Median is 132.7 per 100,000, much lower than for white physicians.	F
Health Insurance Coverage (uninsured rate as % of population)	17.6%	15.7% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	129 persons	84 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	10/19 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	9 out of 19 are whole county Mental Health HPSAs	C-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Twiggs County Minority Health Report Card

Twiggs County includes Danville and Jeffersonville.

Twiggs County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	5,972	58%
African American or Black	4,259	41.4%
Hispanic or Latino	142	1.4%
Asian	23	<1%
American Indian	11	<1%
Other or Multi-Racial	68	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	B-
Prenatal Care & Birth Outcomes	F
Primary Care Access	C
Physician Racial-Ethnic Diversity	*
Mental Health Care Access	C-
Oral Health Care Access	Whole County HPSA*
% Speaking non-English Language at Home	2.2%
% Estimated to Have No Health Insurance	17.3%

Black-White racial inequalities in health outcomes cost Twiggs County 137 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	19.7%	31.5%	47.3%	3	12.5%	3.3	D
Education (adults w/ <9 th grade education)	13%	18.9%	4.3%	2.1	7.3%	2.5	C-
Employment (adult unemployment)	8.3%	12.5%	0%	2.6	4.9%	2.6	C-
Mortality							
YPLL-75 Rate (Life-Years Lost)	12,325.00	14,376.60	*	1.31	6,287	1.4	D
Age-Adjusted Death Rate per 100,000	1,012.9	1,155.2	296.1	1.2	983.5	1.2	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	14,818.1	21,940	*	1.5	14,345.6	1.9	B-
Mental Health Emergency Dept Visits	1,874.3	3,365.2	*	1.8	1,874.3	1.3	D+
Birth Outcomes							
Low Birth Weight	11.6%	19.7	0	1.70	7.4%	2.0	F
Inadequate Prenatal Care	13.8%	17.6%	11.6	1.64	13.8%	1.6	C+
Tobacco Use in Pregnancy	10.3%	5.7%	4.3%	0.42	12.2%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Twiggs County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	13 out of 19 are Whole County (2 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	9 out of 19 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	0.0	Median is 132.7 per 100,000, much lower than for white physicians.	*
Health Insurance Coverage (uninsured rate as % of population)	17.3%	15.7% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	0 persons	84 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	10/19 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	9 out of 19 are whole county Mental Health HPSAs	C-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Walker County Minority Health Report Card

Walker County includes Chickamauga, LaFayette, Lookout Mountain, and Rossville.

Walker County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	60,450	94.6%
African American or Black	2,589	41.4%
Hispanic or Latino	807	1.3%
Asian	274	<1%
American Indian	132	<1%
Other or Multi-Racial	851	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	B+
Illness Events (Hospital Admits & Emergency Visits)	B
Prenatal Care & Birth Outcomes	F
Primary Care Access	C
Physician Racial-Ethnic Diversity	F
Mental Health Care Access	C
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	3.2%
% Estimated to Have No Health Insurance	12.5%

Black-White racial inequalities in health outcomes cost Walker County 10 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	12.5%	26.2%	27.3%	2.2	12.5%	3.3	B-
Education (adults w/ <9 th grade education)	12.3%	9.2%	26.8%	0.7	7.3%	2.5	A+
Employment (adult unemployment)	4.3%	12.5%	12.6%	3.2	4.9%	2.6	D+
Mortality							
YPLL-75 Rate (Life-Years Lost)	10,219.10	9,845.00	*	0.96	6,287	1.4	B+
Age-Adjusted Death Rate per 100,000	1,005.1	1,144.9	440.5	1.2	983.5	1.2	B+
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	14,345.6	19,819.3	*	1.4	14,345.6	1.9	B
Mental Health Emergency Dept Visits	1,935.3	2,089.2	*	1.1	1,874.3	1.3	B
Birth Outcomes							
Low Birth Weight	10.6%	17.8	*	1.68	7.4%	2.0	F
Inadequate Prenatal Care	20.4%	24.2%	25.8	1.5	13.8%	1.6	F
Tobacco Use in Pregnancy	9.1%	6.2%	3.1%	0.49	12.2%	0.4	Not graded

Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.

*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.

Other Indicators Relevant to Health Disparities	Walker County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	13 out of 19 are Whole County (2 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	9 out of 19 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	29.7	Median is 132.7 per 100,000, much lower than for white physicians.	F
Health Insurance Coverage (uninsured rate as % of population)	12.5%	15.7% (median uninsured rate)	B
Persons Living in Linguistically-Isolated Households	102 persons	84 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	10/19 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	9 out of 19 are whole county Mental Health HPSAs	C

HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration

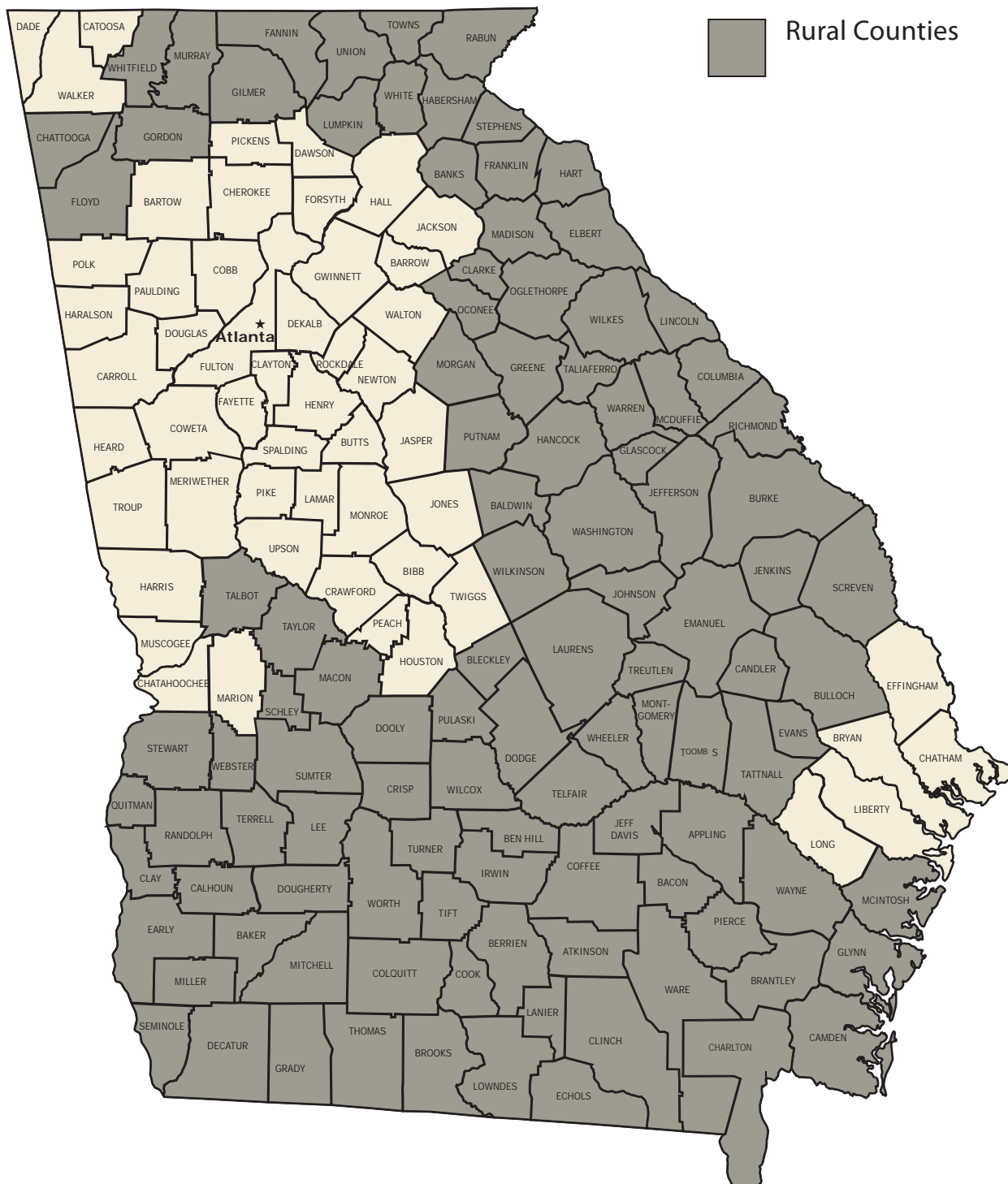
Health Disparities Reports

Rural Statistical Areas of Georgia (Pages 137-354)

The Non-metro Rural Area includes:

- Appling County
- Atkinson County
- Bacon County
- Baker County
- Baldwin County
- Banks County
- Ben Hill County
- Berrien County
- Bleckley County
- Brantley County
- Brooks County
- Bulloch County
- Burke County
- Calhoun County
- Camden County
- Candler County
- Charlton County
- Chattooga County
- Clarke County
- Clay County
- Clinch County
- Coffee County
- Colquitt County
- Columbia County
- Cook County
- Crisp County
- Decatur County
- Dodge County
- Dooly County
- Dougherty County
- Early County
- Echols County
- Elbert County
- Emanuel County
- Evans County
- Fannin County
- Floyd County
- Franklin County
- Gilmer County
- Glascock County
- Glynn County
- Gordon County
- Grady County
- Greene County
- Habersham County
- Hancock County
- Hart County
- Irwin County
- Jackson County
- Jeff Davis County
- Jefferson County
- Jenkins County
- Johnson County
- Lanier County
- Laurens County
- Lee County
- Lincoln County
- Lowndes County
- Lumpkin County
- McDuffie County
- McIntosh County
- Macon County
- Madison County
- Miller County
- Mitchell County
- Montgomery County
- Morgan County
- Murray County
- Oconee County
- Oglethorpe County
- Pierce County
- Pulaski County
- Putnam County
- Quitman County
- Rabun County
- Randolph County
- Richmond County
- Schley County
- Screven County
- Seminole County
- Stephens County
- Stewart County
- Sumter County
- Talbot County
- Taliaferro County
- Tattnall County
- Taylor County
- Telfair County
- Terrell County
- Thomas County
- Tift County
- Toombs County
- Towns County
- Treutlen County
- Turner County
- Union County
- Ware County
- Warren County
- Washington County
- Wayne County
- Webster County
- Wheeler County
- White County
- Whitfield County
- Wilcox County
- Wilkes County
- Wilkinson County
- Worth County

Rural Areas



Health Disparities Reports



Appling County Minority Health Report Card

Appling County includes Baxley, Graham and Surrency.

Appling County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	14,440	80.4%
African American or Black	3,325	18.5%
Hispanic or Latino	1,023	5.7%
Asian	70	<1%
American Indian	48	<1%
Other or Multi-Racial	189	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	B-
Prenatal Care & Birth Outcomes	D
Primary Care Access	F
Physician Racial-Ethnic Diversity	C
Mental Health Care Access	F
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	6.1%
% Estimated to Have No Health Insurance	20.6%

Black-White racial inequalities in health outcomes cost Appling County 2 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

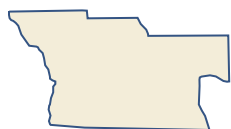
Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	18.6%	30.3%	34.6%	2	19.9%	2.8	C
Education (<i>adults w/ <9th grade education</i>)	11.6%	13.5%	51.7%	1.3	11.8%	1.9	A-
Employment (<i>adult unemployment</i>)	4.8%	11.9%	9.5%	4	5.8%	2.9	D+
Mortality							
YPLL-75 Rate (<i>Life-Years Lost</i>)	12,634.70	12,831.40	*	1.01	6,363	1.2	C
Age-Adjusted Death Rate per 100,000	1,099.4	965.2	*	0.9	971.8	1.1	C
<i>Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.</i>							
Illness Events							
Preventable Emergency Dept. Visits	17,323.7	25,578.2	*	1.5	17,803.4	1.8	B-
Mental Health Emergency Dept Visits	2,624.8	4,308.4	*	1.6	2,357.1	1.3	F
Birth Outcomes							
Low Birth Weight	9.5%	16	9.2	1.68	7.7%	1.9	C-
Inadequate Prenatal Care	19.2%	21.6%	35.1	1.19	11.6%	1.7	F
Tobacco Use in Pregnancy	16.9%	8.9%	*	0.46	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Appling County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (<i>Health Professional Shortage Area—HPSA?</i>)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	91.5	Median is 34.9 per 100,000, much lower than for white physicians.	C
Health Insurance Coverage (<i>uninsured rate as % of population</i>)	20.6%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	125 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	F

HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration

Health Disparities Reports



Atkinson County Minority Health Report Card

Atkinson County includes Axson, Kirkland, Pearson and Willacoochee.

Atkinson County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	6,433	80.1%
African American or Black	1,476	18.4%
Hispanic or Latino	1,731	21.6%
Asian	23	<1%
American Indian	60	<1%
Other or Multi-Racial	121	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	F
Illness Events (Hospital Admits & Emergency Visits)	D+
Prenatal Care & Birth Outcomes	B-
Primary Care Access	C
Physician Racial-Ethnic Diversity	*
Mental Health Care Access	C
Oral Health Care Access	Whole County HPSA
% Speaking non-English Language at Home	16.4%
% Estimated to Have No Health Insurance	25.1%

Black-White racial inequalities in health outcomes cost Atkinson County 84 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	23%	30.6%	34.8%	1.7	19.9%	2.8	C+
Education (adults w/ <9 th grade education)	22.1%	25.5%	68.3%	1.8	11.8%	1.9	F
Employment (adult unemployment)	5.2%	12.6%	9.4%	6.6	5.8%	2.9	D
Mortality							
YPLL-75 Rate (Life-Years Lost)	12,531.80	17,245.40	9,535.40	1.52	6,363	1.2	F
Age-Adjusted Death Rate per 100,000	1,117.6	1,174	494.2	1.1	971.8	1.1	F
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	23,351.2	34,737.9	*	1.5	17,803.4	1.8	D+
Mental Health Emergency Dept Visits	1,911	2,158.3	*	1.1	2,357.1	1.3	B
Birth Outcomes							
Low Birth Weight	7.4%	11.6	5.7	1.57	7.7%	1.9	B
Inadequate Prenatal Care	20.6%	16.4%	29	0.77	11.6%	1.7	C
Tobacco Use in Pregnancy	8.2%	*	0%	*	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Atkinson County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	0.0	Median is 34.9 per 100,000, much lower than for white physicians.	*
Health Insurance Coverage (uninsured rate as % of population)	25.1%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	207 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Bacon County Minority Health Report Card

Bacon County includes Alma, Rockingham, and Sessoms.

Bacon County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	8,540	82.3%
African American or Black	1,692	16.3%
Hispanic or Latino	424	4.1%
Asian	74	<1%
American Indian	14	<1%
Other or Multi-Racial	147	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	F
Primary Care Access	D
Physician Racial-Ethnic Diversity	B
Mental Health Care Access	F
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	3.5%
% Estimated to Have No Health Insurance	19.4%

Black-White racial inequalities in health outcomes cost Bacon County 61 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	23.7%	47.2%	27.5%	2.5	19.9%	2.8	F
Education (adults w/ <9 th grade education)	12%	18.5%	22.2%	1.7	11.8%	1.9	C-
Employment (adult unemployment)	4.5%	12.9%	0%	4	5.8%	2.9	D+
Mortality							
YPLL-75 Rate (Life-Years Lost)	12,852.90	16,065.30	0	1.29	6,363	1.2	D+
Age-Adjusted Death Rate per 100,000	1,071.3	1,028.3	0	1	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	30,031.3	72,495.1	*	2.4	17,803.4	1.8	F
Mental Health Emergency Dept Visits	3,975	6,090.4	*	1.5	2,357.1	1.3	F
Birth Outcomes							
Low Birth Weight	8.7%	16.8	*	1.93	7.7%	1.9	D+
Inadequate Prenatal Care	16.7%	30.8%	21.1	2.59	11.6%	1.7	F
Tobacco Use in Pregnancy	17.9%	10.3%	0%	0.5	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Bacon County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	D
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	D
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	250.3	Median is 34.9 per 100,000, much lower than for white physicians.	B
Health Insurance Coverage (uninsured rate as % of population)	19.4%	18.6% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	22 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	F
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Baker County Minority Health Report Card

Baker County includes Newton.

Baker County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	2,009	48.4%
African American or Black	2,127	51.2%
Hispanic or Latino	114	2.7%
Asian	0	<0%
American Indian	13	<1%
Other or Multi-Racial	18	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	B
Illness Events (Hospital Admits & Emergency Visits)	B
Prenatal Care & Birth Outcomes	*
Primary Care Access	C
Physician Racial-Ethnic Diversity	D
Mental Health Care Access	B-
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	4.9%
% Estimated to Have No Health Insurance	23.7%

Black-White racial inequalities in health outcomes cost Baker County 37 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	23.4%	36.1%	43.5%	4	19.9%	2.8	F
Education (adults w/ <9 th grade education)	15.7%	22.5%	78.7%	2.6	11.8%	1.9	F
Employment (adult unemployment)	8.3%	12.1%	0%	2	5.8%	2.9	C-
Mortality							
YPLL-75 Rate (Life-Years Lost)	7,371.40	8,259.00	0	1.28	6,363	1.2	B
Age-Adjusted Death Rate per 100,000	608.7	645.5	0	1.1	971.8	1.1	B
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	7,899.8	11,882.5	*	1.5	17,803.4	1.8	B
Mental Health Emergency Dept Visits	1,926.8	1,134.8	*	.6	2,357.1	1.3	A
Birth Outcomes							
Low Birth Weight	*	12.2	0	*	7.7%	1.9	*
Inadequate Prenatal Care	8.3%	9.8%	*	*	11.6%	1.7	*
Tobacco Use in Pregnancy	14.6%	9.8%	0%	0.49	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Baker County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	44.6	Median is 34.9 per 100,000, much lower than for white physicians.	D
Health Insurance Coverage (uninsured rate as % of population)	23.7%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	28 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	B-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Baldwin County Minority Health Report Card

Baldwin County includes Milledgeville.

Baldwin County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	24,539	54.3%
African American or Black	19,879	44%
Hispanic or Latino	687	1.5%
Asian	527	<1%
American Indian	93	<1%
Other or Multi-Racial	812	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	C
Mortality (Deaths)	C+
Illness Events (Hospital Admits & Emergency Visits)	B-
Prenatal Care & Birth Outcomes	C
Primary Care Access	B
Physician Racial-Ethnic Diversity	B
Mental Health Care Access	A-
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	5.3%
% Estimated to Have No Health Insurance	15.5%

Black-White racial inequalities in health outcomes cost Baldwin County 471 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	16.8%	25.2%	21.7%	2.4	19.9%	2.8	B-
Education (adults w/ <9 th grade education)	8.5%	12%	22.1%	2	11.8%	1.9	B
Employment (adult unemployment)	6.2%	10.7%	4.3%	3.2	5.8%	2.9	C
Mortality							
YPLL-75 Rate (Life-Years Lost)	8,128.10	9,554.30	14,648.80	1.34	6,363	1.2	C+
Age-Adjusted Death Rate per 100,000	954.6	987.7	0	1	971.8	1.1	C+
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	14,579.2	25,350.9	*	1.7	17,803.4	1.8	B-
Mental Health Emergency Dept Visits	1,147.1	1,281.9	*	1.1	2,357.1	1.3	A-
Birth Outcomes							
Low Birth Weight	6.1%	14.1	*	2.31	7.7%	1.9	C-
Inadequate Prenatal Care	12%	*	20.6	*	11.6%	1.7	C-
Tobacco Use in Pregnancy	12%	*	0%	*	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Baldwin County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	non-HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	B
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	B
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	171.3	Median is 34.9 per 100,000, much lower than for white physicians.	B
Health Insurance Coverage (uninsured rate as % of population)	15.5%	18.6% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	147 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	A-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Banks County Minority Health Report Card

Banks County includes Homer.

Banks County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	15,300	95.3%
African American or Black	551	3.4%
Hispanic or Latino	606	3.8%
Asian	94	<1%
American Indian	45	<1%
Other or Multi-Racial	204	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	B-
Mortality (Deaths)	B+
Illness Events (Hospital Admits & Emergency Visits)	D+
Prenatal Care & Birth Outcomes	*
Primary Care Access	C
Physician Racial-Ethnic Diversity	*
Mental Health Care Access	C+
Oral Health Care Access	Whole County HPSA
% Speaking non-English Language at Home	3.7%
% Estimated to Have No Health Insurance	17.3%

Black-White racial inequalities in health outcomes cost Banks County 7 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	12.5%	15%	19.2%	1.2	19.9%	2.8	A
Education (adults w/ <9 th grade education)	13.2%	20.2%	32.7%	1.6	11.8%	1.9	C-
Employment (adult unemployment)	3%	7.9%	10.6%	3.3	5.8%	2.9	B-
Mortality							
YPLL-75 Rate (Life-Years Lost)	9,384.40	8,036.30	0	0.85	6,363	1.2	B+
Age-Adjusted Death Rate per 100,000	1,154	949	*	0.8	971.8	1.1	B+
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	19,968.9	34,626	*	1.7	17,803.4	1.8	D+
Mental Health Emergency Dept Visits	2,395.5	2,770.1	*	1.2	2,357.1	1.3	C+
Birth Outcomes							
Low Birth Weight	8.2%	*	*	*	7.7%	1.9	*
Inadequate Prenatal Care	15.5%	20.1%	19.3	1.69	11.6%	1.7	C-
Tobacco Use in Pregnancy	14.3%	9.2%	0%	0.5	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Banks County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	0.0	Median is 34.9 per 100,000, much lower than for white physicians.	*
Health Insurance Coverage (uninsured rate as % of population)	17.3%	18.6% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	55 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C+

HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration

Health Disparities Reports



Ben Hill County Minority Health Report Card

Ben Hill County includes Bowens Hill, Fitzgerald, Queensland and Westwood.

Ben Hill County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	11,291	65.2%
African American or Black	5,831	33.7%
Hispanic or Latino	1,106	6.4%
Asian	64	<1%
American Indian	51	<1%
Other or Multi-Racial	194	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	D+
Prenatal Care & Birth Outcomes	F
Primary Care Access	D
Physician Racial-Ethnic Diversity	F
Mental Health Care Access	F
Oral Health Care Access	Whole County HPSA
% Speaking non-English Language at Home	5%
% Estimated to Have No Health Insurance	20.9%

Black-White racial inequalities in health outcomes cost Ben Hill County 64 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	22.3%	41%	54.9%	3.7	19.9%	2.8	F
Education (adults w/ <9 th grade education)	12.9%	16.5%	37.6%	1.6	11.8%	1.9	C+
Employment (adult unemployment)	6.3%	9.3%	7.2%	1.8	5.8%	2.9	B
Mortality							
YPLL-75 Rate (Life-Years Lost)	12,331.70	11,690.30	*	0.91	6,363	1.2	C+
Age-Adjusted Death Rate per 100,000	1,073.4	906.7	*	0.8	971.8	1.1	C
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	22,582.6	37,704	*	1.7	17,803.4	1.8	D+
Mental Health Emergency Dept Visits	3,915.9	6,500.7	*	1.7	2,357.1	1.3	F
Birth Outcomes							
Low Birth Weight	11.4%	25.9	3.4	2.27	7.7%	1.9	F
Inadequate Prenatal Care	7.6%	*	*	*	11.6%	1.7	*
Tobacco Use in Pregnancy	24.4%	*	*	*	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Ben Hill County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	D
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	D
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	28.8	Median is 34.9 per 100,000, much lower than for white physicians.	F
Health Insurance Coverage (uninsured rate as % of population)	20.9%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	110 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	F
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Berrien County Minority Health Report Card

Berrien County includes Alapaha, Bannockburn, Enigma, Glory, Nashville, Ray City and Weber.

Berrien County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	14,684	87.9%
African American or Black	1,840	11%
Hispanic or Latino	467	2.8%
Asian	61	<1%
American Indian	29	<1%
Other or Multi-Racial	184	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	F
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	F
Primary Care Access	F
Physician Racial-Ethnic Diversity	*
Mental Health Care Access	C-
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	4%
% Estimated to Have No Health Insurance	18.6%

Black-White racial inequalities in health outcomes cost Berrien County 184 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	17.7%	36.8%	38.2%	2.6	19.9%	2.8	D
Education (adults w/ <9 th grade education)	11.8%	18.8%	35.3%	1.8	11.8%	1.9	C-
Employment (adult unemployment)	4.5%	8.7%	0%	2.2	5.8%	2.9	B
Mortality							
YPLL-75 Rate (Life-Years Lost)	11,142.70	20,546.50	7,080.00	2.03	6,363	1.2	F
Age-Adjusted Death Rate per 100,000	1,025	1,045.2	*	1	971.8	1.1	F
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	28,543.1	48,423.8	*	1.7	17,803.4	1.8	F
Mental Health Emergency Dept Visits	3,231.3	3,327.5	*	1.0	2,357.1	1.3	C
Birth Outcomes							
Low Birth Weight	7.8%	20	*	2.56	7.7%	1.9	F
Inadequate Prenatal Care	14.3%	18.9%	28.9	1.77	11.6%	1.7	F
Tobacco Use in Pregnancy	6.5%	3.3%	*	0.36	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Berrien County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	0.0	Median is 34.9 per 100,000, much lower than for white physicians.	*
Health Insurance Coverage (uninsured rate as % of population)	18.6%	18.6% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	37 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Bleckley County Minority Health Report Card

Bleckley County includes Cochran.

Bleckley County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	8,968	73.9%
African American or Black	2,997	24.7%
Hispanic or Latino	167	1.4%
Asian	140	<1%
American Indian	2	<1%
Other or Multi-Racial	176	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	C
Primary Care Access	F
Physician Racial-Ethnic Diversity	D
Mental Health Care Access	F
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	2.7%
% Estimated to Have No Health Insurance	13.9%

Black-White racial inequalities in health outcomes cost Bleckley County 196 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	15.9%	31.1%	42.8%	2.8	19.9%	2.8	C-
Education (adults w/ <9 th grade education)	12.9%	26.5%	36.6%	2.8	11.8%	1.9	F
Employment (adult unemployment)	6%	13.9%	0%	3.4	5.8%	2.9	F
Mortality							
YPLL-75 Rate (Life-Years Lost)	9,200.90	14,297.10	*	1.88	6,363	1.2	D
Age-Adjusted Death Rate per 100,000	1,280.7	1,328.6	*	1	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	23,021.4	43,820.9	*	1.9	17,803.4	1.8	F
Mental Health Emergency Dept Visits	2,505	4,138.3	*	1.7	2,357.1	1.3	F
Birth Outcomes							
Low Birth Weight	9.9%	15.3	*	1.55	7.7%	1.9	C-
Inadequate Prenatal Care	11.9%	15%	*	2.17	11.6%	1.7	C
Tobacco Use in Pregnancy	10.2%	4.3%	0%	0.22	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Bleckley County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	31.6	Median is 34.9 per 100,000, much lower than for white physicians.	D
Health Insurance Coverage (uninsured rate as % of population)	13.9%	18.6% (median uninsured rate)	B
Persons Living in Linguistically-Isolated Households	23 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	F
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Brantley County Minority Health Report Card

Brantley County includes Atkinson, Hickox, Hoboken, Hortense, Lulaton, Nahunta, Trudie, and Waynesville.

Brantley County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	14,664	94.7%
African American or Black	666	4.3%
Hispanic or Latino	185	1.2%
Asian	15	<1%
American Indian	5	<1%
Other or Multi-Racial	161	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	B+
Illness Events (Hospital Admits & Emergency Visits)	A
Prenatal Care & Birth Outcomes	C-
Primary Care Access	C
Physician Racial-Ethnic Diversity	*
Mental Health Care Access	C-
Oral Health Care Access	Whole County HPSA
% Speaking non-English Language at Home	2.6%
% Estimated to Have No Health Insurance	16.4%

Black-White racial inequalities in health outcomes cost Brantley County 23 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	15.6%	31.2%	35.9%	2.1	19.9%	2.8	C
Education (adults w/ <9 th grade education)	9.6%	17.9%	9.6%	1.9	11.8%	1.9	C-
Employment (adult unemployment)	4.9%	4.8%	11.1%	1	5.8%	2.9	A+
Mortality							
YPLL-75 Rate (Life-Years Lost)	11,859.90	8,518.30	*	0.70	6,363	1.2	B+
Age-Adjusted Death Rate per 100,000	1,027.1	983.8	*	0.9	971.8	1.1	B+
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	18,297.9	17,197.5	*	0.9	17,803.4	1.8	A
Mental Health Emergency Dept Visits	1,995.3	3,184.7	*	1.6	2,357.1	1.3	C
Birth Outcomes							
Low Birth Weight	7.1%	*	28.6	*	7.7%	1.9	*
Inadequate Prenatal Care	9.2%	16.5%	*	2.7	11.6%	1.7	C-
Tobacco Use in Pregnancy	14.1%	4%	*	0.22	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Brantley County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	0.0	Median is 34.9 per 100,000, much lower than for white physicians.	*
Health Insurance Coverage (uninsured rate as % of population)	16.4%	18.6% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	26 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Brooks County Minority Health Report Card

Brooks County includes Baden, Barney, Barwick, Dixie, Grooverville, Morven, Nankin, New Rock Hill and Quitman.

Brooks County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	9,935	60.9%
African American or Black	6,219	38.1%
Hispanic or Latino	654	4%
Asian	57	<1%
American Indian	23	<1%
Other or Multi-Racial	173	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	C-
Primary Care Access	D
Physician Racial-Ethnic Diversity	F
Mental Health Care Access	F
Oral Health Care Access	Whole County HPSA
% Speaking non-English Language at Home	3.4%
% Estimated to Have No Health Insurance	22%

Black-White racial inequalities in health outcomes cost Brooks County 63 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	23.4%	40.6%	25.2%	3.6	19.9%	2.8	F
Education (adults w/ <9 th grade education)	12%	15.4%	30.4%	1.6	11.8%	1.9	C+
Employment (adult unemployment)	5.3%	9.5%	0%	2.9	5.8%	2.9	C+
Mortality							
YPLL-75 Rate (Life-Years Lost)	11,344.30	11,751.30	*	1.10	6,363	1.2	C
Age-Adjusted Death Rate per 100,000	1,255.4	1,395.2	*	1.3	971.8	1.1	C
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	20,631.4	44,221.6	*	2.1	17,803.4	1.8	F
Mental Health Emergency Dept Visits	2,567.5	5,540.2	*	2.2	2,357.1	1.3	F
Birth Outcomes							
Low Birth Weight	5.9%	15.7	*	2.66	7.7%	1.9	D
Inadequate Prenatal Care	11.5%	13.8%	*	2	11.6%	1.7	B-
Tobacco Use in Pregnancy	5.1%	*	0%	*	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Brooks County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	D
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	D
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	29.1	Median is 34.9 per 100,000, much lower than for white physicians.	F
Health Insurance Coverage (uninsured rate as % of population)	22%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	55 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	F
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Bulloch County Minority Health Report Card

Bulloch County includes Brooklet, Denmark, Hopeulikit, Leefield, Nevils, Portal, Register, Statesboro, and Stilson.

Bulloch County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	42,722	69.5%
African American or Black	17,547	28.6%
Hispanic or Latino	1,453	2.4%
Asian	697	<1%
American Indian	121	<1%
Other or Multi-Racial	1,185	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	C+
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	D
Primary Care Access	F
Physician Racial-Ethnic Diversity	D
Mental Health Care Access	D
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	5.5%
% Estimated to Have No Health Insurance	17.7%

Black-White racial inequalities in health outcomes cost Bulloch County 436 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	24.5%	36.7%	41.7%	1.9	19.9%	2.8	C-
Education (adults w/ <9 th grade education)	7.5%	14.2%	20.6%	2.6	11.8%	1.9	C+
Employment (adult unemployment)	10.2%	15.2%	10.7%	1.8	5.8%	2.9	F
Mortality							
YPLL-75 Rate (Life-Years Lost)	7,876.70	9,809.80	4,322.30	1.35	6,363	1.2	C+
Age-Adjusted Death Rate per 100,000	786.3	1,117.4	*	1.5	971.8	1.1	C+
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	16,231.6	39,814.8	*	2.5	17,803.4	1.8	F
Mental Health Emergency Dept Visits	2,109.1	3,520.4	*	1.7	2,357.1	1.3	D+
Birth Outcomes							
Low Birth Weight	7.1%	13.1	7.7	1.85	7.7%	1.9	C
Inadequate Prenatal Care	20%	27%	*	1.69	11.6%	1.7	F
Tobacco Use in Pregnancy	15.7%	4.3%	0%	0.19	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Bulloch County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	49.6	Median is 34.9 per 100,000, much lower than for white physicians.	D
Health Insurance Coverage (uninsured rate as % of population)	17.7%	18.6% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	195 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	D
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Burke County Minority Health Report Card

Burke County includes Girard, Keysville, Midville, Sardis and Waynesboro.

Burke County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	11,179	48%
African American or Black	11,856	50.9%
Hispanic or Latino	411	1.8%
Asian	89	<1%
American Indian	40	<1%
Other or Multi-Racial	264	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	B-
Prenatal Care & Birth Outcomes	C-
Primary Care Access	D
Physician Racial-Ethnic Diversity	F
Mental Health Care Access	C-
Oral Health Care Access	Whole County HPSA
% Speaking non-English Language at Home	3.5%
% Estimated to Have No Health Insurance	21.3%

Black-White racial inequalities in health outcomes cost Burke County 173 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	28.7%	42.1%	35.4%	3	19.9%	2.8	F
Education (adults w/ <9 th grade education)	13.3%	19.7%	13.8%	2.5	11.8%	1.9	C-
Employment (adult unemployment)	9.3%	13.4%	0%	2.4	5.8%	2.9	F
Mortality							
YPLL-75 Rate (Life-Years Lost)	12,465.30	13,371.10	*	1.13	6,363	1.2	D+
Age-Adjusted Death Rate per 100,000	801.4	1,034.5	1,333.4	1.4	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	13,497.9	23,724.3	*	1.8	17,803.4	1.8	B-
Mental Health Emergency Dept Visits	1,989.7	2,488.5	*	1.3	2,357.1	1.3	C+
Birth Outcomes							
Low Birth Weight	8.8%	16	*	1.82	7.7%	1.9	D+
Inadequate Prenatal Care	15%	17.8%	13.3	1.25	11.6%	1.7	B-
Tobacco Use in Pregnancy	4.9%	*	0%	*	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Burke County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	D
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	D
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	8.2	Median is 34.9 per 100,000, much lower than for white physicians.	F
Health Insurance Coverage (uninsured rate as % of population)	21.3%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	34 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Calhoun County Minority Health Report Card

Calhoun County includes Edison, Leary and Morgan.

Calhoun County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	2,185	36.6%
African American or Black	3,766	63.1%
Hispanic or Latino	211	3.5%
Asian	9	<1%
American Indian	8	<1%
Other or Multi-Racial	21	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	B
Prenatal Care & Birth Outcomes	D
Primary Care Access	C
Physician Racial-Ethnic Diversity	C
Mental Health Care Access	D
Oral Health Care Access	Whole County HPSA
% Speaking non-English Language at Home	2.1%
% Estimated to Have No Health Insurance	23.8%

Black-White racial inequalities in health outcomes cost Calhoun County 206 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	26.5%	37.1%	29.8%	3.4	19.9%	2.8	F
Education (adults w/ <9 th grade education)	13.4%	15.5%	11.1%	1.4	11.8%	1.9	B-
Employment (adult unemployment)	5.6%	10.5%	0%	26.8	5.8%	2.9	D
Mortality							
YPLL-75 Rate (Life-Years Lost)	13,356.80	15,495.40	*	1.58	6,363	1.2	D
Age-Adjusted Death Rate per 100,000	902.3	981.9	0	1.2	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	14,333.9	19,603.6	*	1.4	17,803.4	1.8	B
Mental Health Emergency Dept Visits	2,136	3,351.4	*	1.6	2,357.1	1.3	D+
Birth Outcomes							
Low Birth Weight	8.1%	16.8	19.2	2.07	7.7%	1.9	D+
Inadequate Prenatal Care	18.7%	21.2%	*	*	11.6%	1.7	D
Tobacco Use in Pregnancy	9%	*	0%	*	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Calhoun County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	61.4	Median is 34.9 per 100,000, much lower than for white physicians.	C
Health Insurance Coverage (uninsured rate as % of population)	23.8%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	0 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	D
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Camden County Minority Health Report Card

Camden County includes Colesburg, Dover Bluff, Harrietts Bluff, Kings Bay Base, Kingsland, St. Marys, Tarboro, Waverly, White Oak, and Woodbine.

Camden County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	34,574	75.6%
African American or Black	9,416	20.6%
Hispanic or Latino	1,491	3.3%
Asian	610	<1%
American Indian	306	<1%
Other or Multi-Racial	1,769	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	B
Mortality (Deaths)	B
Illness Events (Hospital Admits & Emergency Visits)	A
Prenatal Care & Birth Outcomes	C
Primary Care Access	F
Physician Racial-Ethnic Diversity	B
Mental Health Care Access	A-
Oral Health Care Access	Whole County HPSA
% Speaking non-English Language at Home	6.2%
% Estimated to Have No Health Insurance	13.7%

Black-White racial inequalities in health outcomes cost Camden County 48 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	10.1%	21.1%	10.3%	3.1	19.9%	2.8	C
Education (adults w/ <9 th grade education)	4.4%	10.3%	4.9%	3.8	11.8%	1.9	B
Employment (adult unemployment)	5.8%	7.9%	14.7%	1.6	5.8%	2.9	B
Mortality							
YPLL-75 Rate (Life-Years Lost)	7,203.70	7,905.50	*	1.07	6,363	1.2	B
Age-Adjusted Death Rate per 100,000	1,138.8	1,167.6	0	1	971.8	1.1	B
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	23,326.9	8,182.6	*	0.4	17,803.4	1.8	A
Mental Health Emergency Dept Visits	2,527.2	723.5	*	.3	2,357.1	1.3	A
Birth Outcomes							
Low Birth Weight	4.4%	10.2	4.5	2.32	7.7%	1.9	C
Inadequate Prenatal Care	16.5%	20.3%	*	1.53	11.6%	1.7	C-
Tobacco Use in Pregnancy	15.8%	11.3%	0%	0.61	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Camden County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	124.0	Median is 34.9 per 100,000, much lower than for white physicians.	B
Health Insurance Coverage (uninsured rate as % of population)	13.7%	18.6% (median uninsured rate)	B
Persons Living in Linguistically-Isolated Households	94 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	A-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Candler County Minority Health Report Card

Candler County includes Metter and Pulaski.

Candler County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	7,614	73.8%
African American or Black	2,596	25.2%
Hispanic or Latino	1,254	12.1%
Asian	32	<1%
American Indian	59	<1%
Other or Multi-Racial	111	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	C+
Primary Care Access	C
Physician Racial-Ethnic Diversity	D
Mental Health Care Access	F
Oral Health Care Access	Whole County HPSA
% Speaking non-English Language at Home	9.5%
% Estimated to Have No Health Insurance	21.1%

Black-White racial inequalities in health outcomes cost Candler County 93 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	26.1%	43.7%	54.6%	2.9	19.9%	2.8	F
Education (adults w/ <9 th grade education)	17.9%	21.8%	50.3%	1.7	11.8%	1.9	F
Employment (adult unemployment)	7.2%	14.7%	0%	2.7	5.8%	2.9	F
Mortality							
YPLL-75 Rate (Life-Years Lost)	11,525.20	14,338.30	*	1.36	6,363	1.2	D
Age-Adjusted Death Rate per 100,000	1,086.2	1,060	*	1	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	32,827.8	63,646.9	*	1.9	17,803.4	1.8	F
Mental Health Emergency Dept Visits	3,107.1	4,936.1	*	1.6	2,357.1	1.3	F
Birth Outcomes							
Low Birth Weight	5%	12	4.7	2.40	7.7%	1.9	C
Inadequate Prenatal Care	10.5%	14.9%	10	1.8	11.6%	1.7	B
Tobacco Use in Pregnancy	9.3%	3.8%	*	0.31	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Candler County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	54.2	Median is 34.9 per 100,000, much lower than for white physicians.	D
Health Insurance Coverage (uninsured rate as % of population)	21.1%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	124 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	F
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Charlton County Minority Health Report Card

Charlton County includes Folkston, Homeland, Moniac, Race Pond, Saint George, and Winokur.

Charlton County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	7,536	69.8%
African American or Black	3,089	28.6%
Hispanic or Latino	82	0.8%
Asian	47	<1%
American Indian	47	<1%
Other or Multi-Racial	165	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	A
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	A-
Primary Care Access	C
Physician Racial-Ethnic Diversity	C
Mental Health Care Access	C-
Oral Health Care Access	Whole County HPSA
% Speaking non-English Language at Home	2.2%
% Estimated to Have No Health Insurance	17.8%

Black-White racial inequalities in health outcomes cost Charlton County 24 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	20.9%	38.2%	40%	2.5	19.9%	2.8	F
Education (adults w/ <9 th grade education)	10.9%	16.2%	44.4%	1.8	11.8%	1.9	C+
Employment (adult unemployment)	5.2%	13.9%	0%	4.8	5.8%	2.9	F
Mortality							
YPLL-75 Rate (Life-Years Lost)	6,935.70	6,503.50	0	0.89	6,363	1.2	A
Age-Adjusted Death Rate per 100,000	928.5	*	0	*	971.8	1.1	A
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	32,750.7	46,504	*	1.4	17,803.4	1.8	F
Mental Health Emergency Dept Visits	2,410.3	3,050.2	*	1.3	2,357.1	1.3	C+
Birth Outcomes							
Low Birth Weight	7.7%	7.9	0	1.03	7.7%	1.9	A
Inadequate Prenatal Care	7.9%	*	*	*	11.6%	1.7	*
Tobacco Use in Pregnancy	15.7%	0%	*	0	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Charlton County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	71.0	Median is 34.9 per 100,000, much lower than for white physicians.	C
Health Insurance Coverage (uninsured rate as % of population)	17.8%	18.6% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	25 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Chattooga County Minority Health Report Card

Chattooga County includes Lyerly, Menlo, Summerville and Trion.

Chattooga County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	23,452	88.3%
African American or Black	2,844	10.7%
Hispanic or Latino	853	3.2%
Asian	68	<1%
American Indian	6	<1%
Other or Multi-Racial	274	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	B-
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	B+
Prenatal Care & Birth Outcomes	D
Primary Care Access	F
Physician Racial-Ethnic Diversity	*
Mental Health Care Access	B-
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	3.7%
% Estimated to Have No Health Insurance	13.6%

Black-White racial inequalities in health outcomes cost Chattooga County 7 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	14.3%	23.1%	10.6%	1.7	19.9%	2.8	B
Education (adults w/ <9 th grade education)	16.6%	15.5%	58.3%	0.9	11.8%	1.9	B-
Employment (adult unemployment)	5.6%	8.2%	8.2%	1.6	5.8%	2.9	B
Mortality							
YPLL-75 Rate (Life-Years Lost)	10,492.90	10,843.60	*	1.02	6,363	1.2	C+
Age-Adjusted Death Rate per 100,000	993.5	1,085.4	*	1.1	971.8	1.1	C
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	20,762.7	20,234.9	*	1	17,803.4	1.8	B+
Mental Health Emergency Dept Visits	2,934.3	1,219.5	*	.4	2,357.1	1.3	A
Birth Outcomes							
Low Birth Weight	8.4%	13.6	10.3	1.62	7.7%	1.9	C+
Inadequate Prenatal Care	11%	15.1%	31.6	1.66	11.6%	1.7	F
Tobacco Use in Pregnancy	12.5%	3.7%	*	0.22	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Chattooga County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	0.0	Median is 34.9 per 100,000, much lower than for white physicians.	*
Health Insurance Coverage (uninsured rate as % of population)	13.6%	18.6% (median uninsured rate)	B
Persons Living in Linguistically-Isolated Households	53 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	B-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Clarke County Minority Health Report Card

Clarke County includes Athens and Winterville.

Clarke County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	72,151	69.1%
African American or Black	27,135	26%
Hispanic or Latino	8,682	8.3%
Asian	3,576	<1%
American Indian	285	<1%
Other or Multi-Racial	5,153	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	F
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	D+
Primary Care Access	B
Physician Racial-Ethnic Diversity	C
Mental Health Care Access	C-
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	11.8%
% Estimated to Have No Health Insurance	18.3%

Black-White racial inequalities in health outcomes cost Clarke County 1,643 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	28.3%	28.5%	30%	1	19.9%	2.8	B-
Education (adults w/ <9 th grade education)	7.1%	10.6%	33.7%	2.2	11.8%	1.9	B
Employment (adult unemployment)	10.2%	13.2%	10.6%	1.5	5.8%	2.9	F
Mortality							
YPLL-75 Rate (Life-Years Lost)	5,756.30	10,337.80	3,518.70	2.39	6,363	1.2	F
Age-Adjusted Death Rate per 100,000	982.8	1,194.4	*	1.4	971.8	1.1	F
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	5,736.1	37,302.1	*	6.5	17,803.4	1.8	F
Mental Health Emergency Dept Visits	1,143.7	3,182.7	*	2.8	2,357.1	1.3	D
Birth Outcomes							
Low Birth Weight	6.3%	14.9	5.9	2.37	7.7%	1.9	D
Inadequate Prenatal Care	14%	17.8%	*	2.97	11.6%	1.7	C-
Tobacco Use in Pregnancy	10.1%	4%	*	0.18	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Clarke County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	non-HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	B
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	B
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	67.1	Median is 34.9 per 100,000, much lower than for white physicians.	C
Health Insurance Coverage (uninsured rate as % of population)	18.3%	18.6% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	1,344 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Clay County Minority Health Report Card

Clay County includes Bluffton and Fort Gaines.

Clay County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	1,270	39.2%
African American or Black	1,954	60.3%
Hispanic or Latino	29	0.9%
Asian	11	<1%
American Indian	0	0%
Other or Multi-Racial	18	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	C
Prenatal Care & Birth Outcomes	D
Primary Care Access	F
Physician Racial-Ethnic Diversity	*
Mental Health Care Access	C-
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	1.9%
% Estimated to Have No Health Insurance	24.3%

Black-White racial inequalities in health outcomes cost Clay County 79 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	31.3%	48.5%	0%	8.8	19.9%	2.8	F
Education (adults w/ <9 th grade education)	13.6%	23.1%	0%	7	11.8%	1.9	F
Employment (adult unemployment)	6.8%	11.3%	0%	4.6	5.8%	2.9	C
Mortality							
YPLL-75 Rate (Life-Years Lost)	10,991.00	12,735.20	0	1.52	6,363	1.2	D
Age-Adjusted Death Rate per 100,000	899.6	*	*	*	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	5,358.8	14,984.7	*	2.8	17,803.4	1.8	C
Mental Health Emergency Dept Visits	363.3	1,682	*	4.6	2,357.1	1.3	D
Birth Outcomes							
Low Birth Weight	*	17.1	0	*	7.7%	1.9	*
Inadequate Prenatal Care	16.5%	*	28.6	*	11.6%	1.7	F
Tobacco Use in Pregnancy	8.2%	0%	0%	0	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Clay County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	0.0	Median is 34.9 per 100,000, much lower than for white physicians.	*
Health Insurance Coverage (uninsured rate as % of population)	24.3%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	5 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Clinch County Minority Health Report Card

Clinch County includes Cogdell, Council, Dupont, Edith, Fargo, Homerville, Sirmans, Thelma and Withers.

Clinch County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	4,704	67.2%
African American or Black	2,166	31%
Hispanic or Latino	75	1.1%
Asian	39	<1%
American Indian	49	<1%
Other or Multi-Racial	126	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D+
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	A-
Primary Care Access	F
Physician Racial-Ethnic Diversity	C
Mental Health Care Access	F
Oral Health Care Access	Whole County HPSA
% Speaking non-English Language at Home	3.1%
% Estimated to Have No Health Insurance	18%

Black-White racial inequalities in health outcomes cost Clinch County 9 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	23.4%	35.4%	14.3%	1.9	19.9%	2.8	C-
Education (adults w/ <9 th grade education)	19.3%	21.5%	0%	1.1	11.8%	1.9	F
Employment (adult unemployment)	4.2%	7.9%	0%	2.8	5.8%	2.9	B
Mortality							
YPLL-75 Rate (Life-Years Lost)	11,167.20	11,562.20	0	1.04	6,363	1.2	C+
Age-Adjusted Death Rate per 100,000	1,124.1	1,292.6	362.5	1.2	971.8	1.1	C
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	32,226.8	51,854.5	*	1.6	17,803.4	1.8	F
Mental Health Emergency Dept Visits	3,025.9	5,381.8	*	1.8	2,357.1	1.3	F
Birth Outcomes							
Low Birth Weight	10.2%	9.7	*	0.95	7.7%	1.9	A
Inadequate Prenatal Care	6.3%	8%	13.2	1.57	11.6%	1.7	B-
Tobacco Use in Pregnancy	10.6%	5%	*	0.35	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Clinch County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	89.2	Median is 34.9 per 100,000, much lower than for white physicians.	C
Health Insurance Coverage (uninsured rate as % of population)	18%	18.6% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	9 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	F
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Coffee County Minority Health Report Card

Coffee County includes Ambrose, Broxton, Bushnell, Douglas, Lax, Mora, Nicholls, Pridgen, Upton and West Green.

Coffee County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	28,343	71.4%
African American or Black	10,716	27%
Hispanic or Latino	3,461	8.7%
Asian	296	<1%
American Indian	155	<1%
Other or Multi-Racial	615	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	D+
Primary Care Access	A
Physician Racial-Ethnic Diversity	C
Mental Health Care Access	C-
Oral Health Care Access	Whole County HPSA
% Speaking non-English Language at Home	7.8%
% Estimated to Have No Health Insurance	22.1%

Black-White racial inequalities in health outcomes cost Coffee County 135 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	19.1%	30.8%	22.8%	2.1	19.9%	2.8	C
Education (adults w/ <9 th grade education)	12.2%	11.9%	37.7%	1.1	11.8%	1.9	A-
Employment (adult unemployment)	6.4%	9.4%	11.3%	1.9	5.8%	2.9	B
Mortality							
YPLL-75 Rate (Life-Years Lost)	9,887.00	10,988.00	3,704.60	1.13	6,363	1.2	C
Age-Adjusted Death Rate per 100,000	895	*	*	*	971.8	1.1	C
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	25,779.3	45,644.3	*	1.8	17,803.4	1.8	F
Mental Health Emergency Dept Visits	2,476.9	3,058.4	*	1.2	2,357.1	1.3	C+
Birth Outcomes							
Low Birth Weight	7.3%	16.6	5.3	2.27	7.7%	1.9	D+
Inadequate Prenatal Care	7.3%	*	*	*	11.6%	1.7	*
Tobacco Use in Pregnancy	18.2%	*	0%	*	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Coffee County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	non-HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	A
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	A
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	67.5	Median is 34.9 per 100,000, much lower than for white physicians.	C
Health Insurance Coverage (uninsured rate as % of population)	22.1%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	342 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Colquitt County Minority Health Report Card

Colquitt County includes Berlin, Doerun, Ellenton, Funston, Moultrie, Norman Park and Riverside.

Colquitt County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	33,065	75.3%
African American or Black	10,280	23.4%
Hispanic or Latino	6,153	14%
Asian	180	<1%
American Indian	132	<1%
Other or Multi-Racial	570	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	C+
Primary Care Access	C
Physician Racial-Ethnic Diversity	F
Mental Health Care Access	F
Oral Health Care Access	Whole County HPSA
% Speaking non-English Language at Home	10.8%
% Estimated to Have No Health Insurance	22.1%

Black-White racial inequalities in health outcomes cost Colquitt County 580 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	19.8%	35.3%	34.3%	2.7	19.9%	2.8	D
Education (adults w/ <9 th grade education)	14.8%	16.9%	61.6%	1.6	11.8%	1.9	C-
Employment (adult unemployment)	6.3%	10.7%	14.7%	2.9	5.8%	2.9	C+
Mortality							
YPLL-75 Rate (Life-Years Lost)	10,708.10	15,352.30	5,520.50	1.62	6,363	1.2	D
Age-Adjusted Death Rate per 100,000	888.3	972.1	*	1.1	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	25,482.5	5,4511	*	2.1	17,803.4	1.8	F
Mental Health Emergency Dept Visits	3,901.9	5,387.9	*	1.4	2,357.1	1.3	F
Birth Outcomes							
Low Birth Weight	7.7%	13.2	5.9	1.71	7.7%	1.9	C+
Inadequate Prenatal Care	10%	18.3%	9	1.99	11.6%	1.7	B
Tobacco Use in Pregnancy	19.4%	14%	0%	0.69	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Colquitt County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Partial-County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	25.9	Median is 34.9 per 100,000, much lower than for white physicians.	F
Health Insurance Coverage (uninsured rate as % of population)	22.1%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	501 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	F
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Columbia County Minority Health Report Card

Columbia County includes Appling, Grovetown and Harlem.

Columbia County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	83,876	80.8%
African American or Black	14,576	14%
Hispanic or Latino	2,993	2.9%
Asian	3,565	<1%
American Indian	305	<1%
Other or Multi-Racial	5,360	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	A-
Mortality (Deaths)	C+
Illness Events (Hospital Admits & Emergency Visits)	B-
Prenatal Care & Birth Outcomes	C
Primary Care Access	B
Physician Racial-Ethnic Diversity	D
Mental Health Care Access	B
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	8.2%
% Estimated to Have No Health Insurance	10.7%

Black-White racial inequalities in health outcomes cost Columbia County 370 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	5.1%	12.8%	9.9%	3.1	19.9%	2.8	C
Education (adults w/ <9 th grade education)	3.9%	9.6%	10.8%	3.2	11.8%	1.9	B
Employment (adult unemployment)	3.7%	7.9%	6.7%	2.6	5.8%	2.9	B
Mortality							
YPLL-75 Rate (Life-Years Lost)	6,579.90	9,025.50	1,890.80	1.41	6,363	1.2	C+
Age-Adjusted Death Rate per 100,000	880.5	*	308.5	*	971.8	1.1	C+
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	8,947.4	17,845	*	2	17,803.4	1.8	B-
Mental Health Emergency Dept Visits	1,343	1,484.3	*	1.1	2,357.1	1.3	B
Birth Outcomes							
Low Birth Weight	6.3%	12.8	5.2	2.03	7.7%	1.9	C
Inadequate Prenatal Care	20.4%	0%	40.9	0	11.6%	1.7	C
Tobacco Use in Pregnancy	14.9%	0%	*	0	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Columbia County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	non-HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	B
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	B
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	46.1	Median is 34.9 per 100,000, much lower than for white physicians.	D
Health Insurance Coverage (uninsured rate as % of population)	10.7%	18.6% (median uninsured rate)	A
Persons Living in Linguistically-Isolated Households	276 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	B
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Cook County Minority Health Report Card

Cook County includes Adel, Cecil, Lenox, and Sparks.

Cook County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	11,599	70.9%
African American or Black	4,581	28%
Hispanic or Latino	806	4.9%
Asian	100	<1%
American Indian	34	<1%
Other or Multi-Racial	186	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	F
Primary Care Access	F
Physician Racial-Ethnic Diversity	*
Mental Health Care Access	C-
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	4.5%
% Estimated to Have No Health Insurance	20.7%

Black-White racial inequalities in health outcomes cost Cook County 120 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	20.7%	34.1%	47.5%	2.3	19.9%	2.8	D+
Education (adults w/ <9 th grade education)	12.9%	18.8%	38.3%	1.8	11.8%	1.9	C-
Employment (adult unemployment)	5.3%	10.2%	2%	3	5.8%	2.9	C+
Mortality							
YPLL-75 Rate (Life-Years Lost)	12,227.90	14,339.90	*	1.24	6,363	1.2	D+
Age-Adjusted Death Rate per 100,000	1,169.1	1,656.1	0	1.4	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	26,477.9	44,703.8	*	1.7	17,803.4	1.8	F
Mental Health Emergency Dept Visits	3,211.6	3,797.9	*	1.2	2,357.1	1.3	C-
Birth Outcomes							
Low Birth Weight	10.7%	18	6.7	1.68	7.7%	1.9	F
Inadequate Prenatal Care	7.3%	27.8%	0	*	11.6%	1.7	C
Tobacco Use in Pregnancy	13.8%	0%	0%	0	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Cook County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	0.0	Median is 34.9 per 100,000, much lower than for white physicians.	*
Health Insurance Coverage (uninsured rate as % of population)	20.7%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	59 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Crisp County Minority Health Report Card

Crisp County includes Arabi and Cordele.

Crisp County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	11,921	54.1%
African American or Black	9,718	44.1%
Hispanic or Latino	548	2.5%
Asian	255	<1%
American Indian	38	<1%
Other or Multi-Racial	378	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	F
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	D
Primary Care Access	D
Physician Racial-Ethnic Diversity	D
Mental Health Care Access	F
Oral Health Care Access	Whole County HPSA
% Speaking non-English Language at Home	4.6%
% Estimated to Have No Health Insurance	21.9%

Black-White racial inequalities in health outcomes cost Crisp County 812 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	29.3%	50.8%	39%	3.9	19.9%	2.8	F
Education (adults w/ <9 th grade education)	11.5%	17.2%	38.5%	2.3	11.8%	1.9	C-
Employment (adult unemployment)	7%	15.2%	0%	6.4	5.8%	2.9	F
Mortality							
YPLL-75 Rate (Life-Years Lost)	12,586.40	17,503.80	*	1.99	6,363	1.2	F
Age-Adjusted Death Rate per 100,000	1,099.7	1,189.2	*	1.3	971.8	1.1	F
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	19,991.3	46,857.2	*	2.3	17,803.4	1.8	F
Mental Health Emergency Dept Visits	2,784.7	4,890.6	*	1.8	2,357.1	1.3	F
Birth Outcomes							
Low Birth Weight	7.8%	16.2	8.5	2.08	7.7%	1.9	D+
Inadequate Prenatal Care	14.7%	16.6%	*	*	11.6%	1.7	D
Tobacco Use in Pregnancy	7.8%	6.9%	*	0.49	11.7%	0.4	Not graded

Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.

*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.

Other Indicators Relevant to Health Disparities	Crisp County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	D
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	D
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	51.8	Median is 34.9 per 100,000, much lower than for white physicians.	D
Health Insurance Coverage (uninsured rate as % of population)	21.9%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	71 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	F

HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration

Health Disparities Reports



Decatur County Minority Health Report Card

Decatur County includes Attapulgus, Bainbridge, Brinson and Climax.

Decatur County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	16,617	58.1%
African American or Black	11,607	40.6%
Hispanic or Latino	1,044	3.6%
Asian	140	<1%
American Indian	122	<1%
Other or Multi-Racial	394	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	B+
Illness Events (Hospital Admits & Emergency Visits)	C
Prenatal Care & Birth Outcomes	B-
Primary Care Access	F
Physician Racial-Ethnic Diversity	B
Mental Health Care Access	C-
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	4.7%
% Estimated to Have No Health Insurance	21.3%

Black-White racial inequalities in health outcomes cost Decatur County 16 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	22.7%	37.9%	35%	3.3	19.9%	2.8	F
Education (adults w/ <9 th grade education)	11.2%	16%	32.4%	2	11.8%	1.9	C+
Employment (adult unemployment)	6.5%	11.4%	9.9%	3.2	5.8%	2.9	C
Mortality							
YPLL-75 Rate (Life-Years Lost)	9,237.20	9,382.50	3,776.30	1.02	6,363	1.2	B+
Age-Adjusted Death Rate per 100,000	991.1	1,107.9	*	1.1	971.8	1.1	B+
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	17,778.3	30,783.9	*	1.7	17,803.4	1.8	C
Mental Health Emergency Dept Visits	2,975.2	3,469	*	1.2	2,357.1	1.3	C-
Birth Outcomes							
Low Birth Weight	7.7%	13.4	4	1.74	7.7%	1.9	C+
Inadequate Prenatal Care	7.8%	5.7%	9.1	0.69	11.6%	1.7	A
Tobacco Use in Pregnancy	15%	*	0%	*	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Decatur County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	275.7	Median is 34.9 per 100,000, much lower than for white physicians.	B
Health Insurance Coverage (uninsured rate as % of population)	21.3%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	122 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Dodge County Minority Health Report Card

Dodge County includes Chauncey, Chester, and Eastman.

Dodge County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	13,457	68.7%
African American or Black	5,980	30.6%
Hispanic or Latino	345	1.8%
Asian	67	<1%
American Indian	38	<1%
Other or Multi-Racial	137	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	C-
Prenatal Care & Birth Outcomes	D+
Primary Care Access	D
Physician Racial-Ethnic Diversity	C
Mental Health Care Access	C+
Oral Health Care Access	Partial-County HPSA
% Speaking non-English Language at Home	2.8%
% Estimated to Have No Health Insurance	18.1%

Black-White racial inequalities in health outcomes cost Dodge County 195 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	17.4%	28.4%	32.7%	2.1	19.9%	2.8	C
Education (adults w/ <9 th grade education)	12.6%	14.4%	53.6%	1.2	11.8%	1.9	B-
Employment (adult unemployment)	5.4%	7.7%	0%	1.6	5.8%	2.9	B
Mortality							
YPLL-75 Rate (Life-Years Lost)	10,742.70	13,151.00	*	1.35	6,363	1.2	D
Age-Adjusted Death Rate per 100,000	946.3	1,282.9	0	1.5	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	31,501.9	39,509	*	1.3	17,803.4	1.8	C-
Mental Health Emergency Dept Visits	4,031.1	3,897.7	*	1.0	2,357.1	1.3	C
Birth Outcomes							
Low Birth Weight	9%	16.8	*	1.87	7.7%	1.9	D+
Inadequate Prenatal Care	13.7%	16.5%	*	1.33	11.6%	1.7	C+
Tobacco Use in Pregnancy	7.9%	4.7%	0%	0.49	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Dodge County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	D
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	D
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	84.0	Median is 34.9 per 100,000, much lower than for white physicians.	C
Health Insurance Coverage (uninsured rate as % of population)	18.1%	18.6% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	33 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Partial-County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C+
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Dooly County Minority Health Report Card

Dooly County includes Byromville, Dooling, Lilly, Pinehurst, Unadilla and Vienna.

Dooly County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	5,754	49%
African American or Black	5,834	49.7%
Hispanic or Latino	535	4.6%
Asian	85	<1%
American Indian	16	<1%
Other or Multi-Racial	161	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	C
Prenatal Care & Birth Outcomes	D
Primary Care Access	C
Physician Racial-Ethnic Diversity	*
Mental Health Care Access	C-
Oral Health Care Access	Whole County HPSA
% Speaking non-English Language at Home	4.7%
% Estimated to Have No Health Insurance	23.5%

Black-White racial inequalities in health outcomes cost Dooly County 32 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	22.1%	32.3%	28.1%	2.9	19.9%	2.8	D
Education (adults w/ <9 th grade education)	11.5%	16.6%	33.1%	2.7	11.8%	1.9	C+
Employment (adult unemployment)	6.4%	10.7%	8.3%	4.1	5.8%	2.9	C
Mortality							
YPLL-75 Rate (Life-Years Lost)	11,398.40	11,293.60	*	0.95	6,363	1.2	C+
Age-Adjusted Death Rate per 100,000	956.4	1,058.1	*	1.1	971.8	1.1	C
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	16,069.8	27,147.1	*	1.7	17,803.4	1.8	C
Mental Health Emergency Dept Visits	1,069.8	3,158.9	*	3.0	2,357.1	1.3	D
Birth Outcomes							
Low Birth Weight	9%	16	8.1	1.78	7.7%	1.9	C-
Inadequate Prenatal Care	10.4%	14.8%	36.8	1.63	11.6%	1.7	F
Tobacco Use in Pregnancy	17.7%	6.3%	0%	0.29	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Dooly County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	0.0	Median is 34.9 per 100,000, much lower than for white physicians.	*
Health Insurance Coverage (uninsured rate as % of population)	23.5%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	34 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Dougherty County Minority Health Report Card

Dougherty County includes Albany.

Dougherty County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	32,478	34.2%
African American or Black	60,487	63.7%
Hispanic or Latino	1,417	1.5%
Asian	1,007	<1%
American Indian	213	<1%
Other or Multi-Racial	1,917	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D+
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	D
Prenatal Care & Birth Outcomes	D
Primary Care Access	B
Physician Racial-Ethnic Diversity	B
Mental Health Care Access	F
Oral Health Care Access	Whole County HPSA
% Speaking non-English Language at Home	4.4%
% Estimated to Have No Health Insurance	19.9%

Black-White racial inequalities in health outcomes cost Dougherty County 1,128 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	24.8%	34.2%	13.9%	3.3	19.9%	2.8	F
Education (adults w/ <9 th grade education)	8.6%	11.2%	15.8%	2.1	11.8%	1.9	B
Employment (adult unemployment)	10.1%	15%	9.6%	3.8	5.8%	2.9	F
Mortality							
YPLL-75 Rate (Life-Years Lost)	10,396.70	11,238.80	8,417.60	1.21	6,363	1.2	C
Age-Adjusted Death Rate per 100,000	1,215.6	1,185.6	*	1	971.8	1.1	C
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	15,802	33,499.5	*	2.1	17,803.4	1.8	D
Mental Health Emergency Dept Visits	2,973.2	4,757.7	*	1.6	2,357.1	1.3	F
Birth Outcomes							
Low Birth Weight	8.4%	14.1	7	1.68	7.7%	1.9	C+
Inadequate Prenatal Care	15.1%	19.4%	33.1	1.36	11.6%	1.7	F
Tobacco Use in Pregnancy	17.2%	9.3%	0%	0.49	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Dougherty County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Partial-County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	B
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	B
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	242.9	Median is 34.9 per 100,000, much lower than for white physicians.	B
Health Insurance Coverage (uninsured rate as % of population)	19.9%	18.6% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	166 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	F
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Early County Minority Health Report Card

Early County includes Arlington, Blakely, Damascus and Jakin.

Early County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	5,827	48.3%
African American or Black	6,133	50.9%
Hispanic or Latino	165	1.4%
Asian	28	<1%
American Indian	14	<1%
Other or Multi-Racial	96	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	C-
Primary Care Access	C
Physician Racial-Ethnic Diversity	F
Mental Health Care Access	F
Oral Health Care Access	Whole County HPSA
% Speaking non-English Language at Home	2.6%
% Estimated to Have No Health Insurance	23.7%

Black-White racial inequalities in health outcomes cost Early County 317 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

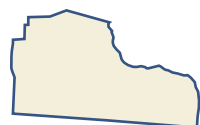
Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	25.7%	41.2%	33.5%	3.6	19.9%	2.8	F
Education (adults w/ <9 th grade education)	13.7%	20.6%	0%	2.3	11.8%	1.9	F
Employment (adult unemployment)	8.1%	14.7%	0%	4	5.8%	2.9	F
Mortality							
YPLL-75 Rate (Life-Years Lost)	10,250.60	12,956.10	*	1.74	6,363	1.2	D
Age-Adjusted Death Rate per 100,000	1,066.4	1,192.2	*	1.2	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	18,582.7	48,789.7	*	2.6	17,803.4	1.8	F
Mental Health Emergency Dept Visits	2,545	4,142	*	1.6	2,357.1	1.3	F
Birth Outcomes							
Low Birth Weight	8.8%	16.8	*	1.91	7.7%	1.9	D+
Inadequate Prenatal Care	10.1%	13.1%	*	1.9	11.6%	1.7	B-
Tobacco Use in Pregnancy	13.9%	4.4%	0%	0.18	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Early County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	15.9	Median is 34.9 per 100,000, much lower than for white physicians.	F
Health Insurance Coverage (uninsured rate as % of population)	23.7%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	15 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	F
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Echols County Minority Health Report Card

Echols County includes Fruitland, Haylon, Howell, Mayday, Needmore, Potter, Statenville and Tarver.

Echols County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	3,826	90%
African American or Black	374	8.8%
Hispanic or Latino	1,162	27.3%
Asian	5	<1%
American Indian	44	<1%
Other or Multi-Racial	53	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	*
Illness Events (Hospital Admits & Emergency Visits)	C
Prenatal Care & Birth Outcomes	*
Primary Care Access	F
Physician Racial-Ethnic Diversity	*
Mental Health Care Access	B-
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	22.4%
% Estimated to Have No Health Insurance	23.3%

*Insufficient Data are available to calculate YPPL rates.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	28.7%	41.7%	62.4%	1.9	19.9%	2.8	F
Education (adults w/ <9 th grade education)	17.9%	27.4%	60.8%	2	11.8%	1.9	F
Employment (adult unemployment)	3.7%	8.4%	5.2%	3	5.8%	2.9	B
Mortality							
YPLL-75 Rate (Life-Years Lost)	5,445.50	*	*	*	6,363	1.2	*
Age-Adjusted Death Rate per 100,000	1,005.3	1,048.7	0	1	971.8	1.1	*
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	9,594.2	23,144.1	*	2.4	17,803.4	1.8	C
Mental Health Emergency Dept Visits	1,099.7	436.7	*	.4	2,357.1	1.3	A
Birth Outcomes							
Low Birth Weight	5.9%	*	7.1	*	7.7%	1.9	*
Inadequate Prenatal Care	5.2%	9.2%	*	3.68	11.6%	1.7	C
Tobacco Use in Pregnancy	7%	*	0%	*	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Echols County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	0.0	Median is 34.9 per 100,000, much lower than for white physicians.	*
Health Insurance Coverage (uninsured rate as % of population)	23.3%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	59 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	B-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Elbert County Minority Health Report Card

Elbert County includes Bowman and Elberton.

Elbert County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	14,334	68.9%
African American or Black	6,290	30.2%
Hispanic or Latino	740	3.6%
Asian	63	<1%
American Indian	48	<1%
Other or Multi-Racial	175	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	C-
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	C
Primary Care Access	C
Physician Racial-Ethnic Diversity	D
Mental Health Care Access	F
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	3.4%
% Estimated to Have No Health Insurance	15.7%

Black-White racial inequalities in health outcomes cost Elbert County 63 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	17.3%	30.9%	21.2%	2.8	19.9%	2.8	C-
Education (adults w/ <9 th grade education)	11%	16.3%	42.4%	1.8	11.8%	1.9	C+
Employment (adult unemployment)	5.8%	9.1%	18.6%	2.1	5.8%	2.9	B
Mortality							
YPLL-75 Rate (Life-Years Lost)	10,530.30	11,288.50	*	1.10	6,363	1.2	C
Age-Adjusted Death Rate per 100,000	1,145.2	1,192	0	1.1	971.8	1.1	C
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	13,316.9	36,493.8	*	2.7	17,803.4	1.8	F
Mental Health Emergency Dept Visits	2,443.7	4,130.5	*	1.7	2,357.1	1.3	F
Birth Outcomes							
Low Birth Weight	8%	13.2	*	1.65	7.7%	1.9	C+
Inadequate Prenatal Care	10.6%	15.4%	*	1.86	11.6%	1.7	C
Tobacco Use in Pregnancy	17.6%	5.8%	*	0.25	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Elbert County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	57.0	Median is 34.9 per 100,000, much lower than for white physicians.	D
Health Insurance Coverage (uninsured rate as % of population)	15.7%	18.6% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	60 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	F
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Emanuel County Minority Health Report Card

Emanuel County includes Adrian, Garfield, Stillmore, Swainsboro and Twin City.

Emanuel County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	14,700	66.5%
African American or Black	7,218	32.6%
Hispanic or Latino	1,311	5.9%
Asian	87	<1%
American Indian	34	<1%
Other or Multi-Racial	190	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	C
Primary Care Access	C
Physician Racial-Ethnic Diversity	C
Mental Health Care Access	F
Oral Health Care Access	Whole County HPSA
% Speaking non-English Language at Home	5.9%
% Estimated to Have No Health Insurance	23.3%

Black-White racial inequalities in health outcomes cost Emanuel County 401 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	27.4%	43.2%	61.4%	2.4	19.9%	2.8	F
Education (adults w/ <9 th grade education)	15%	20.4%	43.9%	1.7	11.8%	1.9	F
Employment (adult unemployment)	4.4%	7.1%	0.4%	2	5.8%	2.9	A
Mortality							
YPLL-75 Rate (Life-Years Lost)	12,241.80	15,997.80	4,851.70	1.56	6,363	1.2	D
Age-Adjusted Death Rate per 100,000	982.5	714.4	0	0.7	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	23,512.1	40,467.8	*	1.7	17,803.4	1.8	F
Mental Health Emergency Dept Visits	3,058.4	4,148.3	*	1.4	2,357.1	1.3	F
Birth Outcomes							
Low Birth Weight	6.9%	14.2	4.5	2.06	7.7%	1.9	C
Inadequate Prenatal Care	10.8%	14.4%	*	1.48	11.6%	1.7	C+
Tobacco Use in Pregnancy	13.6%	*	0%	*	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Emanuel County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	76.6	Median is 34.9 per 100,000, much lower than for white physicians.	C
Health Insurance Coverage (uninsured rate as % of population)	23.3%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	90 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	F
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Evans County Minority Health Report Card

Evans County includes Bellville, Claxton, Daisy and Hagan.

Evans County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	7,654	66.9%
African American or Black	3,666	32%
Hispanic or Latino	1,000	8.7%
Asian	47	<1%
American Indian	55	<1%
Other or Multi-Racial	123	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	D+
Prenatal Care & Birth Outcomes	C
Primary Care Access	B
Physician Racial-Ethnic Diversity	*
Mental Health Care Access	D
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	7.1%
% Estimated to Have No Health Insurance	22.9%

Black-White racial inequalities in health outcomes cost Evans County 49 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	27%	41.4%	54.6%	2.3	19.9%	2.8	F
Education (adults w/ <9 th grade education)	14.3%	17.8%	55.7%	1.7	11.8%	1.9	C-
Employment (adult unemployment)	8.1%	10.8%	3.8%	1.4	5.8%	2.9	B-
Mortality							
YPLL-75 Rate (Life-Years Lost)	9,349.60	10,433.90	*	1.16	6,363	1.2	C
Age-Adjusted Death Rate per 100,000	812.9	665.2	*	0.8	971.8	1.1	C
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	19,438.4	35,153.3	*	1.8	17,803.4	1.8	D+
Mental Health Emergency Dept Visits	2,246.4	3,275.9	*	1.5	2,357.1	1.3	D+
Birth Outcomes							
Low Birth Weight	7%	10.1	3.5	1.44	7.7%	1.9	B
Inadequate Prenatal Care	5.1%	11.8%	*	3.19	11.6%	1.7	D
Tobacco Use in Pregnancy	7.3%	*	0%	*	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Evans County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	non-HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	B
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	B
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	0.0	Median is 34.9 per 100,000, much lower than for white physicians.	*
Health Insurance Coverage (uninsured rate as % of population)	22.9%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	128 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	D
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Fannin County Minority Health Report Card

Fannin County includes Blue Ridge, McCaysville and Morganton.

Fannin County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	21,411	97.8%
African American or Black	123	0.6%
Hispanic or Latino	260	1.2%
Asian	57	<1%
American Indian	79	<1%
Other or Multi-Racial	353	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	C
Mortality (Deaths)	*
Illness Events (Hospital Admits & Emergency Visits)	A
Prenatal Care & Birth Outcomes	*
Primary Care Access	C
Physician Racial-Ethnic Diversity	B
Mental Health Care Access	*
Oral Health Care Access	Whole County HPSA
% Speaking non-English Language at Home	2.3%
% Estimated to Have No Health Insurance	16.4%

*Insufficient Data are available to calculate YPPL rates.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	12.4%	0%	21.7%	0	19.9%	2.8	*
Education (adults w/ <9 th grade education)	12.7%	0%	28.4%	0	11.8%	1.9	*
Employment (adult unemployment)	3.9%	0%	0%	0	5.8%	2.9	*
Mortality							
YPLL-75 Rate (Life-Years Lost)	10,542.30	0	*	0.00	6,363	1.2	*
Age-Adjusted Death Rate per 100,000	1,063.4	1,138.8	*	1	971.8	1.1	*
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	13,100.4	5,154.6	*	0.4	17,803.4	1.8	A
Mental Health Emergency Dept Visits	2,031.8	0	*	.0	2,357.1	1.3	*
Birth Outcomes							
Low Birth Weight	8%	0	*	0.00	7.7%	1.9	*
Inadequate Prenatal Care	12.8%	16.4%	*	1.86	11.6%	1.7	C
Tobacco Use in Pregnancy	10.5%	8.6%	0%	0.69	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Fannin County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	524.8	Median is 34.9 per 100,000, much lower than for white physicians.	B
Health Insurance Coverage (uninsured rate as % of population)	16.4%	18.6% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	21 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	*
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Floyd County Minority Health Report Card

Floyd County includes Cave Spring and Rome.

Floyd County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	78,799	83.7%
African American or Black	12,878	13.7%
Hispanic or Latino	6,551	7%
Asian	1,257	<1%
American Indian	324	<1%
Other or Multi-Racial	2,521	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	D
Primary Care Access	B
Physician Racial-Ethnic Diversity	B
Mental Health Care Access	F
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	7.8%
% Estimated to Have No Health Insurance	15.1%

Black-White racial inequalities in health outcomes cost Floyd County 432 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	14.4%	31.2%	26.9%	2.8	19.9%	2.8	C-
Education (adults w/ <9 th grade education)	11.5%	13.2%	44.9%	1.3	11.8%	1.9	A-
Employment (adult unemployment)	6.7%	12.4%	6.4%	2.1	5.8%	2.9	C-
Mortality							
YPLL-75 Rate (Life-Years Lost)	10,105.00	13,298.90	5,237.50	1.36	6,363	1.2	D
Age-Adjusted Death Rate per 100,000	980.9	756.8	*	0.8	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	31,351	69,687.5	*	2.2	17,803.4	1.8	F
Mental Health Emergency Dept Visits	4,563.2	6,177.9	*	1.4	2,357.1	1.3	F
Birth Outcomes							
Low Birth Weight	7.7%	14.9	6.9	1.94	7.7%	1.9	D+
Inadequate Prenatal Care	10.4%	*	19	0	11.6%	1.7	D+
Tobacco Use in Pregnancy	12.3%	*	*	*	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Floyd County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	non-HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	B
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	B
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	132.1	Median is 34.9 per 100,000, much lower than for white physicians.	B
Health Insurance Coverage (uninsured rate as % of population)	15.1%	18.6% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	774 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	F
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Franklin County Minority Health Report Card

Franklin County includes Canon, Carnesville, Franklin Springs, Lavonia and Royston.

Franklin County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	19,426	90%
African American or Black	1,896	8.8%
Hispanic or Latino	322	1.5%
Asian	105	<1%
American Indian	46	<1%
Other or Multi-Racial	268	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	D+
Prenatal Care & Birth Outcomes	B+
Primary Care Access	C
Physician Racial-Ethnic Diversity	B
Mental Health Care Access	F
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	2.4%
% Estimated to Have No Health Insurance	14.9%

Black-White racial inequalities in health outcomes cost Franklin County 50 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	13.9%	28.8%	0%	2.3	19.9%	2.8	C
Education (adults w/ <9 th grade education)	11.1%	22.4%	7%	2.2	11.8%	1.9	F
Employment (adult unemployment)	4.2%	5.8%	50.8%	1.6	5.8%	2.9	A
Mortality							
YPLL-75 Rate (Life-Years Lost)	10,370.80	13,103.10	*	1.28	6,363	1.2	D+
Age-Adjusted Death Rate per 100,000	946.4	906.4	*	0.9	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	20,930.4	37,852.7	*	1.8	17,803.4	1.8	D+
Mental Health Emergency Dept Visits	3,431.8	4,780.6	*	1.4	2,357.1	1.3	F
Birth Outcomes							
Low Birth Weight	7.9%	10.2	*	1.29	7.7%	1.9	B
Inadequate Prenatal Care	5.6%	7%	*	1.43	11.6%	1.7	A-
Tobacco Use in Pregnancy	15.5%	5.1%	*	0.23	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Franklin County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	180.2	Median is 34.9 per 100,000, much lower than for white physicians.	B
Health Insurance Coverage (uninsured rate as % of population)	14.9%	18.6% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	11 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	F
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Gilmer County Minority Health Report Card

Gilmer County includes East Ellijay and Ellijay.

Gilmer County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	26,373	96.5%
African American or Black	212	0.8%
Hispanic or Latino	2,386	8.7%
Asian	60	<1%
American Indian	225	<1%
Other or Multi-Racial	750	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	C
Mortality (Deaths)	*
Illness Events (Hospital Admits & Emergency Visits)	A
Prenatal Care & Birth Outcomes	*
Primary Care Access	C
Physician Racial-Ethnic Diversity	C
Mental Health Care Access	C
Oral Health Care Access	Whole County HPSA*
% Speaking non-English Language at Home	8.1%
% Estimated to Have No Health Insurance	19%

*Insufficient Data are available to calculate YPPL rates.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	12.5%	9.5%	28.1%	0.8	19.9%	2.8	A
Education (<i>adults w/ <9th grade education</i>)	14.2%	0%	57.9%	0	11.8%	1.9	*
Employment (<i>adult unemployment</i>)	4.2%	0%	4.4%	0	5.8%	2.9	*
Mortality							
YPLL-75 Rate (<i>Life-Years Lost</i>)	10,213.30	*	8,317.90	*	6,363	1.2	*
Age-Adjusted Death Rate per 100,000	916.2	810.7	*	0.9	971.8	1.1	*
<i>Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.</i>							
Illness Events							
Preventable Emergency Dept. Visits	21,114.4	6,206.9	*	0.3	17,803.4	1.8	A
Mental Health Emergency Dept Visits	2,539.8	2,069	*	.8	2,357.1	1.3	B+
Birth Outcomes							
Low Birth Weight	9.3%	*	7.9	*	7.7%	1.9	*
Inadequate Prenatal Care	15.5%	26.8%	20	1.84	11.6%	1.7	F
Tobacco Use in Pregnancy	20.4%	8.5%	0%	0.4	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Gilmer County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (<i>Health Professional Shortage Area—HPSA?</i>)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	77.9	Median is 34.9 per 100,000, much lower than for white physicians.	C
Health Insurance Coverage (<i>uninsured rate as % of population</i>)	19%	18.6% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	243 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Glascock County Minority Health Report Card

Glascock County includes Edgehill, Gibson and Mitchell.

Glascock County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	2,428	89.8%
African American or Black	264	9.8%
Hispanic or Latino	12	0.4%
Asian	0	0%
American Indian	2	<1%
Other or Multi-Racial	13	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	F
Illness Events (Hospital Admits & Emergency Visits)	C-
Prenatal Care & Birth Outcomes	*
Primary Care Access	C
Physician Racial-Ethnic Diversity	*
Mental Health Care Access	C-
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	0.4%
% Estimated to Have No Health Insurance	13%

Black-White racial inequalities in health outcomes cost Glascock County 36 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	17.2%	37.7%	0%	2.5	19.9%	2.8	D
Education (adults w/ <9 th grade education)	15.9%	41.6%	42.9%	3.1	11.8%	1.9	F
Employment (adult unemployment)	12.3%	39.2%	42.9%	4	5.8%	2.9	F
Mortality							
YPLL-75 Rate (Life-Years Lost)	14,292.60	29,235.40	0	2.27	6,363	1.2	F
Age-Adjusted Death Rate per 100,000	1,130.1	1,506.4	*	1.5	971.8	1.1	F
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	12,513.8	30,964.5	*	2.5	17,803.4	1.8	C-
Mental Health Emergency Dept Visits	1,384.3	3,045.7	*	2.2	2,357.1	1.3	C-
Birth Outcomes							
Low Birth Weight	9.5%	*	0	*	7.7%	1.9	*
Inadequate Prenatal Care	18.8%	26.1%	33.3	1.83	11.6%	1.7	F
Tobacco Use in Pregnancy	13.6%	5.2%	0%	0.28	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Glascok County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	0.0	Median is 34.9 per 100,000, much lower than for white physicians.	*
Health Insurance Coverage (uninsured rate as % of population)	13%	18.6% (median uninsured rate)	B
Persons Living in Linguistically-Isolated Households	0 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Glynn County Minority Health Report Card

Glynn County includes Brunswick, Country Club Estate, Dock Junction, Everitt, Jekyll Island, Sea Island, Sterling, St. Simon's Island, and Thalman.

Glynn County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	51,750	72%
African American or Black	18,716	26%
Hispanic or Latino	2,920	4.1%
Asian	519	<1%
American Indian	227	<1%
Other or Multi-Racial	1,408	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	A
Prenatal Care & Birth Outcomes	C-
Primary Care Access	B
Physician Racial-Ethnic Diversity	D
Mental Health Care Access	A-
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	5.8%
% Estimated to Have No Health Insurance	16.3%

Black-White racial inequalities in health outcomes cost Glynn County 447 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	15.1%	29.7%	29.1%	3.1	19.9%	2.8	D
Education (adults w/ <9 th grade education)	5.9%	10.9%	25.1%	2.5	11.8%	1.9	B
Employment (adult unemployment)	5.6%	12.2%	3.9%	3.3	5.8%	2.9	D+
Mortality							
YPLL-75 Rate (Life-Years Lost)	10,185.00	12,171.20	3,739.30	1.26	6,363	1.2	C
Age-Adjusted Death Rate per 100,000	1,070.2	1,232.9	*	1.2	971.8	1.1	C
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	19,413.3	10,386.1	*	0.5	17,803.4	1.8	A
Mental Health Emergency Dept Visits	2,695.4	1,016.4	*	.4	2,357.1	1.3	A
Birth Outcomes							
Low Birth Weight	7.1%	14.3	7.2	2.01	7.7%	1.9	C
Inadequate Prenatal Care	13.9%	18.9%	*	2.17	11.6%	1.7	D+
Tobacco Use in Pregnancy	12.8%	6%	*	0.3	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Glynn County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	non-HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	B
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	B
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	57.8	Median is 34.9 per 100,000, much lower than for white physicians.	D
Health Insurance Coverage (uninsured rate as % of population)	16.3%	18.6% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	284 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	A-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Gordon County Minority Health Report Card

Gordon County includes Calhoun, Fairmont, Ranger, Resaca and Plainville.

Gordon County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	47,462	94.4%
African American or Black	1,758	3.5%
Hispanic or Latino	6,314	12.6%
Asian	397	<1%
American Indian	193	<1%
Other or Multi-Racial	1,059	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	B-
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	D+
Prenatal Care & Birth Outcomes	C
Primary Care Access	F
Physician Racial-Ethnic Diversity	F
Mental Health Care Access	C+
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	8.9%
% Estimated to Have No Health Insurance	16.1%

Black-White racial inequalities in health outcomes cost Gordon County 27 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	9.9%	17.6%	18.5%	2	19.9%	2.8	B
Education (adults w/ <9 th grade education)	13.5%	10.8%	45.9%	0.9	11.8%	1.9	A-
Employment (adult unemployment)	3.5%	9.6%	7.5%	3.3	5.8%	2.9	C
Mortality							
YPLL-75 Rate (Life-Years Lost)	9,772.70	11,338.10	3,513.00	1.16	6,363	1.2	C
Age-Adjusted Death Rate per 100,000	944.4	854.9	*	0.9	971.8	1.1	C
<i>Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.</i>							
Illness Events							
Preventable Emergency Dept. Visits	22,025.5	35,264.9	*	1.6	17,803.4	1.8	D+
Mental Health Emergency Dept Visits	3,899.2	3,228.5	*	.8	2,357.1	1.3	C
Birth Outcomes							
Low Birth Weight	7%	14	4	2.00	7.7%	1.9	C
Inadequate Prenatal Care	11%	15.2%	*	2.14	11.6%	1.7	C
Tobacco Use in Pregnancy	13.4%	*	*	*	11.7%	0.4	Not graded

Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.

*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.

Other Indicators Relevant to Health Disparities	Gordon County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	26.6	Median is 34.9 per 100,000, much lower than for white physicians.	F
Health Insurance Coverage (uninsured rate as % of population)	16.1%	18.6% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	481 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C+

HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration

Health Disparities Reports



Grady County Minority Health Report Card

Grady County includes Cairo and Whigham.

Grady County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	16,989	69.4%
African American or Black	7,064	28.9%
Hispanic or Latino	2,144	8.8%
Asian	109	<1%
American Indian	192	<1%
Other or Multi-Racial	413	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	D
Prenatal Care & Birth Outcomes	D
Primary Care Access	B
Physician Racial-Ethnic Diversity	D
Mental Health Care Access	D
Oral Health Care Access	Whole County HPSA
% Speaking non-English Language at Home	5.3%
% Estimated to Have No Health Insurance	21.3%

Black-White racial inequalities in health outcomes cost Grady County 263 excess years of potential life lost due to premature deaths

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	21.3%	34.5%	33.2%	2.3	19.9%	2.8	D+
Education (adults w/ <9 th grade education)	11.3%	16.6%	48.4%	2	11.8%	1.9	C+
Employment (adult unemployment)	7.4%	13.5%	6.6%	2.6	5.8%	2.9	F
Mortality							
YPLL-75 Rate (Life-Years Lost)	11,038.70	13,880.30	7,882.90	1.39	6,363	1.2	D
Age-Adjusted Death Rate per 100,000	999.6	1,134.5	*	1.2	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	13,910.1	33,430.4	*	2.4	17,803.4	1.8	D
Mental Health Emergency Dept Visits	2,283.5	3,828.9	*	1.7	2,357.1	1.3	D+
Birth Outcomes							
Low Birth Weight	7%	12.9	4.3	1.84	7.7%	1.9	C
Inadequate Prenatal Care	13.8%	15.1%	44.3	1.23	11.6%	1.7	F
Tobacco Use in Pregnancy	11.1%	7.4%	0%	0.48	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Grady County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	non-HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	B
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	B
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	34.9	Median is 34.9 per 100,000, much lower than for white physicians.	D
Health Insurance Coverage (uninsured rate as % of population)	21.3%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	155 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	D
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Greene County Minority Health Report Card

Greene County includes Greensboro, Siloam, Union Point, White Plains and Woodville.

Greene County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	9,228	58.8%
African American or Black	6,325	40.3%
Hispanic or Latino	548	3.5%
Asian	63	<1%
American Indian	43	<1%
Other or Multi-Racial	140	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	C-
Primary Care Access	C
Physician Racial-Ethnic Diversity	D
Mental Health Care Access	F
Oral Health Care Access	Whole County HPSA
% Speaking non-English Language at Home	3.6%
% Estimated to Have No Health Insurance	18.1%

Black-White racial inequalities in health outcomes cost Greene County 396 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	22.3%	36.9%	27.5%	3.7	19.9%	2.8	F
Education (adults w/ <9 th grade education)	10.3%	17.4%	33.3%	3.1	11.8%	1.9	D+
Employment (adult unemployment)	6.7%	12.6%	10.8%	4.8	5.8%	2.9	D+
Mortality							
YPLL-75 Rate (Life-Years Lost)	10,391.00	14,371.70	*	1.85	6,363	1.2	D
Age-Adjusted Death Rate per 100,000	1,071.8	1,116.1	*	1	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	11,421.5	38,202.8	*	3.3	17,803.4	1.8	F
Mental Health Emergency Dept Visits	1,596.3	4,060.5	*	2.5	2,357.1	1.3	F
Birth Outcomes							
Low Birth Weight	7.5%	14.1	7.9	1.88	7.7%	1.9	C
Inadequate Prenatal Care	5.4%	11.2%	*	3.39	11.6%	1.7	D
Tobacco Use in Pregnancy	14.6%	4.2%	0%	0.23	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Greene County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	32.3	Median is 34.9 per 100,000, much lower than for white physicians.	D
Health Insurance Coverage (uninsured rate as % of population)	18.1%	18.6% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	69 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	F
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Habersham County Minority Health Report Card

Habersham County includes Alto, Baldwin, Clarkesville, Cornelia and Mount Airy.

Habersham County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	36,654	92.6%
African American or Black	1,490	3.8%
Hispanic or Latino	4,241	10.7%
Asian	865	<1%
American Indian	221	<1%
Other or Multi-Racial	1,459	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	C
Mortality (Deaths)	B
Illness Events (Hospital Admits & Emergency Visits)	A
Prenatal Care & Birth Outcomes	F
Primary Care Access	F
Physician Racial-Ethnic Diversity	F
Mental Health Care Access	C+
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	11.7%
% Estimated to Have No Health Insurance	15.1%

Black-White racial inequalities in health outcomes cost Habersham County 18 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	12.2%	18.3%	32.9%	1.5	19.9%	2.8	A-
Education (adults w/ <9 th grade education)	13.2%	15.5%	57.8%	1.3	11.8%	1.9	B-
Employment (adult unemployment)	4.2%	12.2%	10.6%	3.4	5.8%	2.9	D+
Mortality							
YPLL-75 Rate (Life-Years Lost)	6,867.00	7,994.40	1,000.90	1.16	6,363	1.2	B
Age-Adjusted Death Rate per 100,000	884.3	1,217.4	*	1.5	971.8	1.1	B
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	17,233.7	14,240.3	*	0.8	17,803.4	1.8	A
Mental Health Emergency Dept Visits	2,730.1	2,943.5	*	1.1	2,357.1	1.3	C+
Birth Outcomes							
Low Birth Weight	6.6%	22	5.6	3.33	7.7%	1.9	F
Inadequate Prenatal Care	16.4%	22.3%	42.1	1.63	11.6%	1.7	F
Tobacco Use in Pregnancy	10.9%	6%	0%	0.45	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Habersham County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	18.6	Median is 34.9 per 100,000, much lower than for white physicians.	F
Health Insurance Coverage (uninsured rate as % of population)	15.1%	18.6% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	435 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C+
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Hancock County Minority Health Report Card

Hancock County includes Sparta.

Hancock County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	2,225	23.1%
African American or Black	7,383	76.6%
Hispanic or Latino	56	0.6%
Asian	16	<1%
American Indian	17	<1%
Other or Multi-Racial	35	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	B
Prenatal Care & Birth Outcomes	F
Primary Care Access	C
Physician Racial-Ethnic Diversity	D
Mental Health Care Access	A-
Oral Health Care Access	Whole County HPSA
% Speaking non-English Language at Home	1.4%
% Estimated to Have No Health Insurance	18.9%

Black-White racial inequalities in health outcomes cost Hancock County 175 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	29.4%	35.5%	25%	9.4	19.9%	2.8	F
Education (adults w/ <9 th grade education)	14.5%	17.9%	3.8%	3.4	11.8%	1.9	D+
Employment (adult unemployment)	13.7%	15.6%	0%	2.9	5.8%	2.9	F
Mortality							
YPLL-75 Rate (Life-Years Lost)	12,932.70	13,544.30	*	1.22	6,363	1.2	D+
Age-Adjusted Death Rate per 100,000	912.6	959.7	*	1.1	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	10,550.7	15,200.9	*	1.4	17,803.4	1.8	B
Mental Health Emergency Dept Visits	874.9	1,036.8	*	1.2	2,357.1	1.3	A-
Birth Outcomes							
Low Birth Weight	8.6%	16.1	*	1.87	7.7%	1.9	D+
Inadequate Prenatal Care	19.5%	22%	32	1.17	11.6%	1.7	F
Tobacco Use in Pregnancy	16.5%	8%	0%	0.43	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Hancock County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	40.3	Median is 34.9 per 100,000, much lower than for white physicians.	D
Health Insurance Coverage (uninsured rate as % of population)	18.9%	18.6% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	0 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	A-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Hart County Minority Health Report Card

Hart County includes Hartwell.

Hart County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	19,029	79.2%
African American or Black	4,701	19.6%
Hispanic or Latino	333	1.4%
Asian	177	<1%
American Indian	35	<1%
Other or Multi-Racial	306	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	C-
Prenatal Care & Birth Outcomes	F
Primary Care Access	C
Physician Racial-Ethnic Diversity	C
Mental Health Care Access	C+
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	2.6%
% Estimated to Have No Health Insurance	12.8%

Black-White racial inequalities in health outcomes cost Hart County 142 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

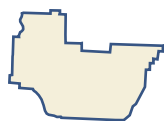
Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	14.8%	25.5%	30.7%	2.2	19.9%	2.8	B-
Education (adults w/ <9 th grade education)	9.5%	14.2%	16.7%	1.7	11.8%	1.9	C+
Employment (adult unemployment)	5.3%	11.8%	7.3%	2.9	5.8%	2.9	C-
Mortality							
YPLL-75 Rate (Life-Years Lost)	9,733.30	12,401.70	*	1.35	6,363	1.2	C
Age-Adjusted Death Rate per 100,000	1,022.3	1,001.9	*	1	971.8	1.1	C
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	13,418.6	25,584.3	*	1.9	17,803.4	1.8	C-
Mental Health Emergency Dept Visits	3,038.6	3,303.2	*	1.1	2,357.1	1.3	C-
Birth Outcomes							
Low Birth Weight	7.2%	14.9	*	2.07	7.7%	1.9	D+
Inadequate Prenatal Care	13.2%	36.1%	30	3.28	11.6%	1.7	F
Tobacco Use in Pregnancy	19.5%	15.3%	*	0.76	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Hart County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	62.6	Median is 34.9 per 100,000, much lower than for white physicians.	C
Health Insurance Coverage (uninsured rate as % of population)	12.8%	18.6% (median uninsured rate)	B
Persons Living in Linguistically-Isolated Households	13 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C+
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Irwin County Minority Health Report Card

Irwin County includes Abba, Holt, Irwinville, Mystic, Ocilla, Osterfield, Waterloo, and Wray.

Irwin County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	7,440	73.7%
African American or Black	2,579	25.6%
Hispanic or Latino	267	2.6%
Asian	53	<1%
American Indian	17	<1%
Other or Multi-Racial	74	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D+
Mortality (Deaths)	F
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	F
Primary Care Access	A
Physician Racial-Ethnic Diversity	D
Mental Health Care Access	C-
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	2.7%
% Estimated to Have No Health Insurance	19.6%

Black-White racial inequalities in health outcomes cost Irwin County 207 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	17.8%	37.3%	14.7%	3.4	19.9%	2.8	F
Education (adults w/ <9 th grade education)	12.6%	19.1%	11.5%	1.8	11.8%	1.9	C-
Employment (adult unemployment)	6%	11.7%	0%	2.5	5.8%	2.9	C-
Mortality							
YPLL-75 Rate (Life-Years Lost)	9,228.30	15,338.20	0	2.15	6,363	1.2	F
Age-Adjusted Death Rate per 100,000	1,107	1,381.4	0	1.4	971.8	1.1	F
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	19,404.4	41,121.5	*	2.1	17,803.4	1.8	F
Mental Health Emergency Dept Visits	2,959.4	3,738.3	*	1.3	2,357.1	1.3	C-
Birth Outcomes							
Low Birth Weight	8.1%	20.5	0	2.53	7.7%	1.9	F
Inadequate Prenatal Care	19.6%	24.1%	*	1.88	11.6%	1.7	F
Tobacco Use in Pregnancy	19.6%	10.3%	0%	0.31	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Irwin County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	non-HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	A
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	A
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	35.1	Median is 34.9 per 100,000, much lower than for white physicians.	D
Health Insurance Coverage (uninsured rate as % of population)	19.6%	18.6% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	14 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Jackson County Minority Health Report Card

Jackson County includes Arcade, Braselton, Commerce, Hoschton, Jefferson, Maysville, Nicholson, Pendergrass and Talmo.

Jackson County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	47,393	90.6%
African American or Black	3,736	7.1%
Hispanic or Latino	1,969	3.8%
Asian	709	<1%
American Indian	66	<1%
Other or Multi-Racial	1,163	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	B-
Mortality (Deaths)	F
Illness Events (Hospital Admits & Emergency Visits)	C
Prenatal Care & Birth Outcomes	F
Primary Care Access	F
Physician Racial-Ethnic Diversity	D
Mental Health Care Access	B
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	5%
% Estimated to Have No Health Insurance	14.6%

Black-White racial inequalities in health outcomes cost Jackson County 270 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	12%	19.7%	15.1%	1.8	19.9%	2.8	A-
Education (adults w/ <9 th grade education)	11.5%	13.7%	32%	1.3	11.8%	1.9	A-
Employment (adult unemployment)	3.4%	4.4%	7.8%	1.4	5.8%	2.9	A+
Mortality							
YPLL-75 Rate (Life-Years Lost)	10,262.20	17,241.10	3,151.80	1.75	6,363	1.2	F
Age-Adjusted Death Rate per 100,000	788.4	*	558.6	*	971.8	1.1	F
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	17,828.4	27,930	*	1.6	17,803.4	1.8	C
Mental Health Emergency Dept Visits	1,871.7	1,788.4	*	1.0	2,357.1	1.3	B+
Birth Outcomes							
Low Birth Weight	7.7%	17.5	5.7	2.27	7.7%	1.9	F
Inadequate Prenatal Care	16.5%	*	36.6	*	11.6%	1.7	F
Tobacco Use in Pregnancy	18.4%	0%	*	0	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Jackson County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	54.0	Median is 34.9 per 100,000, much lower than for white physicians.	D
Health Insurance Coverage (uninsured rate as % of population)	14.6%	18.6% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	137 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	B
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Jeff Davis County Minority Health Report Card

Jeff Davis County includes Hazlehurst.

Jeff Davis County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	10,977	83.9%
African American or Black	1,960	15%
Hispanic or Latino	955	7.3%
Asian	95	<1%
American Indian	36	<1%
Other or Multi-Racial	146	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	C-
Prenatal Care & Birth Outcomes	C
Primary Care Access	F
Physician Racial-Ethnic Diversity	B
Mental Health Care Access	F
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	5.7%
% Estimated to Have No Health Insurance	19.8%

Black-White racial inequalities in health outcomes cost Jeff Davis County 35 excess years of potential life lost due to premature deaths

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	19.4%	40.9%	29.2%	2.8	19.9%	2.8	F
Education (adults w/ <9 th grade education)	13.1%	14.3%	54.3%	1.2	11.8%	1.9	B-
Employment (adult unemployment)	5.6%	11.6%	6.6%	2.4	5.8%	2.9	C-
Mortality							
YPLL-75 Rate (Life-Years Lost)	12,996.70	14,742.70	*	1.15	6,363	1.2	D+
Age-Adjusted Death Rate per 100,000	1,182.5	1,747.1	*	1.7	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	30,225.6	32,434.6	*	1.1	17,803.4	1.8	C-
Mental Health Emergency Dept Visits	3,825.2	4,916.7	*	1.3	2,357.1	1.3	F
Birth Outcomes							
Low Birth Weight	7.1%	14.1	5.8	1.99	7.7%	1.9	C
Inadequate Prenatal Care	12.3%	14.5%	*	1.36	11.6%	1.7	C+
Tobacco Use in Pregnancy	12.3%	*	0%	*	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Jeff Davis County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	185.3	Median is 34.9 per 100,000, much lower than for white physicians.	B
Health Insurance Coverage (uninsured rate as % of population)	19.8%	18.6% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	39 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	F
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Jefferson County Minority Health Report Card

Jefferson County includes Avera, Bartow, Louisville, Stapleton, Wadley and Wrens.

Jefferson County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	7,344	43.4%
African American or Black	9,483	56%
Hispanic or Latino	301	1.8%
Asian	51	<1%
American Indian	19	<1%
Other or Multi-Racial	99	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	C-
Prenatal Care & Birth Outcomes	C
Primary Care Access	D
Physician Racial-Ethnic Diversity	*
Mental Health Care Access	D
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	1.9%
% Estimated to Have No Health Insurance	21.2%

Black-White racial inequalities in health outcomes cost Jefferson County 362 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	23%	31.9%	0%	2.9	19.9%	2.8	C-
Education (adults w/ <9 th grade education)	16.7%	21.2%	50%	1.8	11.8%	1.9	F
Employment (adult unemployment)	11.8%	18%	25%	3.9	5.8%	2.9	F
Mortality							
YPLL-75 Rate (Life-Years Lost)	12,918.70	14,734.70	*	1.38	6,363	1.2	D
Age-Adjusted Death Rate per 100,000	976.6	1,145.4	0	1.3	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	14,529.3	31,040.7	*	2.1	17,803.4	1.8	C-
Mental Health Emergency Dept Visits	2,042.6	3,923.2	*	1.9	2,357.1	1.3	D
Birth Outcomes							
Low Birth Weight	4.8%	13.8	*	2.88	7.7%	1.9	C-
Inadequate Prenatal Care	11.8%	15.9%	*	2.06	11.6%	1.7	C
Tobacco Use in Pregnancy	15%	6.8%	0%	0.28	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Jefferson County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	D
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	D
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	0.0	Median is 34.9 per 100,000, much lower than for white physicians.	*
Health Insurance Coverage (uninsured rate as % of population)	21.2%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	26 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	D
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Jenkins County Minority Health Report Card

Jenkins County includes Millen.

Jenkins County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	5,074	58.1%
African American or Black	3,585	41.1%
Hispanic or Latino	366	4.2%
Asian	23	<1%
American Indian	28	<1%
Other or Multi-Racial	70	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	D
Primary Care Access	D
Physician Racial-Ethnic Diversity	F
Mental Health Care Access	F
Oral Health Care Access	Whole County HPSA
% Speaking non-English Language at Home	4.2%
% Estimated to Have No Health Insurance	22.3%

Black-White racial inequalities in health outcomes cost Jenkins County 79 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	28.4%	48.7%	68.6%	3.7	19.9%	2.8	F
Education (<i>adults w/ <9th grade education</i>)	17.2%	26.6%	41.9%	2.2	11.8%	1.9	F
Employment (<i>adult unemployment</i>)	10.7%	18.5%	0%	2.8	5.8%	2.9	F
Mortality							
YPLL-75 Rate (<i>Life-Years Lost</i>)	12,922.80	14,402.90	*	1.19	6,363	1.2	D+
Age-Adjusted Death Rate per 100,000	965.7	1,093.6	*	1.2	971.8	1.1	D
<i>Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.</i>							
Illness Events							
Preventable Emergency Dept. Visits	24,109.5	47,619	*	2	17,803.4	1.8	F
Mental Health Emergency Dept Visits	2,684.7	4,629.6	*	1.7	2,357.1	1.3	F
Birth Outcomes							
Low Birth Weight	5.5%	13.9	0	2.53	7.7%	1.9	C-
Inadequate Prenatal Care	15.7%	13.7%	73.7	0.78	11.6%	1.7	F
Tobacco Use in Pregnancy	15.5%	*	0%	*	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Jenkins County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (<i>Health Professional Shortage Area—HPSA?</i>)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	D
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	D
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	25.3	Median is 34.9 per 100,000, much lower than for white physicians.	F
Health Insurance Coverage (<i>uninsured rate as % of population</i>)	22.3%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	44 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	F
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Johnson County Minority Health Report Card

Johnson County includes Kite and Wrightsville.

Johnson County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	5,726	60%
African American or Black	3,769	39.5%
Hispanic or Latino	114	1.2%
Asian	22	<1%
American Indian	4	<1%
Other or Multi-Racial	43	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	B+
Illness Events (Hospital Admits & Emergency Visits)	B
Prenatal Care & Birth Outcomes	C-
Primary Care Access	C
Physician Racial-Ethnic Diversity	C
Mental Health Care Access	B
Oral Health Care Access	non-HPSA
% Speaking non-English Language at Home	1.2%
% Estimated to Have No Health Insurance	19.5%

Black-White racial inequalities in health outcomes cost Johnson County 103 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	22.6%	44.1%	0%	3.9	19.9%	2.8	F
Education (adults w/ <9 th grade education)	15.8%	24.8%	0%	2	11.8%	1.9	F
Employment (adult unemployment)	5.5%	11.9%	0%	3.8	5.8%	2.9	D+
Mortality							
YPLL-75 Rate (Life-Years Lost)	8,971.30	7,328.90	0	0.72	6,363	1.2	B+
Age-Adjusted Death Rate per 100,000	967	1,233.7	*	1.3	971.8	1.1	B+
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	10,661.8	15,330.9	*	1.4	17,803.4	1.8	B
Mental Health Emergency Dept Visits	942.1	657.6	*	.7	2,357.1	1.3	A
Birth Outcomes							
Low Birth Weight	8%	13.1	*	1.64	7.7%	1.9	C+
Inadequate Prenatal Care	11.2%	15.4%	26.7	1.45	11.6%	1.7	D+
Tobacco Use in Pregnancy	23.5%	19.7%	0%	0.81	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Johnson County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	61.8	Median is 34.9 per 100,000, much lower than for white physicians.	C
Health Insurance Coverage (uninsured rate as % of population)	19.5%	18.6% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	0 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Partial-County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	B
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Lanier County Minority Health Report Card

Lanier County includes Lakeland and Stockton.

Lanier County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	5,506	72.9%
African American or Black	1,907	25.2%
Hispanic or Latino	180	2.4%
Asian	33	<1%
American Indian	51	<1%
Other or Multi-Racial	140	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	D
Primary Care Access	F
Physician Racial-Ethnic Diversity	*
Mental Health Care Access	C-
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	2.6%
% Estimated to Have No Health Insurance	19.6%

Black-White racial inequalities in health outcomes cost Lanier County 7 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	18.5%	31.6%	22.7%	2.2	19.9%	2.8	C
Education (adults w/ <9 th grade education)	10.7%	11.9%	26%	1.2	11.8%	1.9	A-
Employment (adult unemployment)	6.2%	12.7%	5.9%	2.9	5.8%	2.9	C-
Mortality							
YPLL-75 Rate (Life-Years Lost)	9,841.20	10,344.80	0	1.04	6,363	1.2	C+
Age-Adjusted Death Rate per 100,000	1,063.9	1,085.4	0	1	971.8	1.1	C
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	40,779.4	51,769.2	*	1.3	17,803.4	1.8	F
Mental Health Emergency Dept Visits	4,457.5	3,923.1	*	.9	2,357.1	1.3	C
Birth Outcomes							
Low Birth Weight	8.8%	14.1	*	1.60	7.7%	1.9	C+
Inadequate Prenatal Care	23.4%	31.6%	*	3.4	11.6%	1.7	F
Tobacco Use in Pregnancy	7.7%	*	0%	*	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Lanier County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	0.0	Median is 34.9 per 100,000, much lower than for white physicians.	*
Health Insurance Coverage (uninsured rate as % of population)	19.6%	18.6% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	15 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Laurens County Minority Health Report Card

Laurens County includes Dublin, Dudley, East Dublin, Montrose and Rentz.

Laurens County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	29,727	63.4%
African American or Black	16,471	35.1%
Hispanic or Latino	696	1.5%
Asian	403	<1%
American Indian	101	<1%
Other or Multi-Racial	698	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	C-
Prenatal Care & Birth Outcomes	F
Primary Care Access	B
Physician Racial-Ethnic Diversity	C
Mental Health Care Access	B
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	2.8%
% Estimated to Have No Health Insurance	17.4%

Black-White racial inequalities in health outcomes cost Laurens County 749 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	18.4%	35.9%	28.1%	4	19.9%	2.8	F
Education (adults w/ <9 th grade education)	10.6%	17%	22.6%	2.3	11.8%	1.9	C-
Employment (adult unemployment)	5.2%	9.2%	7%	2.7	5.8%	2.9	B
Mortality							
YPLL-75 Rate (Life-Years Lost)	10,993.70	14,253.90	*	1.51	6,363	1.2	D
Age-Adjusted Death Rate per 100,000	1,019.1	1,115.3	0	1.3	9,71.8	1.1	D
Illness Events			Extreme variation in rates & rate ratios across counties indicate racial disparities operating in two opposite directions – lack of access to primary /preventive care and increased illness increasing need for hospital admission, but bias against admitting uninsured or low-income clients working to decrease admit rates.				
Preventable Hospitalizations	Rates / 100,000	2.69					
Preventable Emergency Dept. Visits	14,456.1	30,405.7	*	2.1	17,803.4	1.8	C-
Mental Health Emergency Dept Visits	1,687.7	2,273.6	*	1.3	2,357.1	1.3	B
Birth Outcomes							
Low Birth Weight	7.6%	17.1	*	2.25	7.7%	1.9	F
Inadequate Prenatal Care	10.6%	13.6%	*	*	11.6%	1.7	C
Tobacco Use in Pregnancy	9.1%	11.4%	0%	*	11.7%	0.4	Not graded

Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.

*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.

Other Indicators Relevant to Health Disparities	Laurens County	Comparison Counties*	County Grade
Health Care Access	County	Comparison Counties*	County Grade
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	non-HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	B
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	B
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	87.7	Median is 34.9 per 100,000, much lower than for white physicians.	C
Health Insurance Coverage (uninsured rate as % of population)	17.4%	18.6% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	85 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	B

HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration

Health Disparities Reports



Lee County Minority Health Report Card

Lee County includes Leesburg and Smithville.

Lee County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	25,268	81.3%
African American or Black	5,201	16.7%
Hispanic or Latino	407	1.3%
Asian	389	<1%
American Indian	83	<1%
Other or Multi-Racial	630	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	B
Mortality (Deaths)	B
Illness Events (Hospital Admits & Emergency Visits)	B-
Prenatal Care & Birth Outcomes	F
Primary Care Access	C
Physician Racial-Ethnic Diversity	F
Mental Health Care Access	D
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	3.3%
% Estimated to Have No Health Insurance	12.7%

Black-White racial inequalities in health outcomes cost Lee County 82 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	8.2%	24.2%	9.1%	4.1	19.9%	2.8	D
Education (adults w/ <9 th grade education)	4.1%	13.2%	2.1%	5.3	11.8%	1.9	C
Employment (adult unemployment)	3.4%	12.5%	6.5%	5.6	5.8%	2.9	D
Mortality							
YPLL-75 Rate (Life-Years Lost)	6,180.40	7,638.10	0	1.27	6,363	1.2	B
Age-Adjusted Death Rate per 100,000	1,099.6	1,229.3	226	1.1	971.8	1.1	B
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	8,760.2	17,034.6	*	1.9	17,803.4	1.8	B-
Mental Health Emergency Dept Visits	1,588	3,251.8	*	2.0	2,357.1	1.3	D
Birth Outcomes							
Low Birth Weight	7%	14.7	*	2.10	7.7%	1.9	D+
Inadequate Prenatal Care	21.2%	27.2%	31.9	1.39	11.6%	1.7	F
Tobacco Use in Pregnancy	12.8%	7.8%	0%	0.55	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Lee County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	19.8	Median is 34.9 per 100,000, much lower than for white physicians.	F
Health Insurance Coverage (uninsured rate as % of population)	12.7%	18.6% (median uninsured rate)	B
Persons Living in Linguistically-Isolated Households	20 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	D
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Lincoln County Minority Health Report Card

Lincoln County includes Lincolnton.

Lincoln County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	5,492	66.9%
African American or Black	2,665	32.5%
Hispanic or Latino	76	0.9%
Asian	9	<1%
American Indian	30	<1%
Other or Multi-Racial	50	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	B
Mortality (Deaths)	F
Illness Events (Hospital Admits & Emergency Visits)	D
Prenatal Care & Birth Outcomes	F
Primary Care Access	F
Physician Racial-Ethnic Diversity	D
Mental Health Care Access	A-
Oral Health Care Access	Whole County HPSA*
% Speaking non-English Language at Home	1.9%
% Estimated to Have No Health Insurance	16.2%

Black-White racial inequalities in health outcomes cost Lincoln County 203 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	15.3%	26.6%	9.1%	2.8	19.9%	2.8	C
Education (adults w/ <9 th grade education)	9.6%	18.7%	10%	3.3	11.8%	1.9	D+
Employment (adult unemployment)	6%	14.1%	0%	5.5	5.8%	2.9	F
Mortality							
YPLL-75 Rate (Life-Years Lost)	10,620.40	15,964.50	*	1.97	6,363	1.2	F
Age-Adjusted Death Rate per 100,000	1,095.7	1,175.9	*	1.1	971.8	1.1	F
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	10,009.4	25,965.4	*	2.6	17,803.4	1.8	D
Mental Health Emergency Dept Visits	1,707.2	1,168.7	*	.7	2,357.1	1.3	A
Birth Outcomes							
Low Birth Weight	9.5%	20	0	2.11	7.7%	1.9	F
Inadequate Prenatal Care	12.8%	19.5%	19.2	2.27	11.6%	1.7	D+
Tobacco Use in Pregnancy	11.8%	10%	*	0.78	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Lincoln County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	36.5	Median is 34.9 per 100,000, much lower than for white physicians.	D
Health Insurance Coverage (uninsured rate as % of population)	16.2%	18.6% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	7 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	A-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Lowndes County Minority Health Report Card

Lowndes County includes Barretts, Bermiss, Clyattville, Dasher, Hahira, Kinderlou, Lake Park, Naylor, Ousley, Remerton, Twin Lakes and Valdosta.

Lowndes County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	60,947	63%
African American or Black	32,976	34.1%
Hispanic or Latino	2,876	3%
Asian	1,269	<1%
American Indian	369	<1%
Other or Multi-Racial	2782	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	B-
Prenatal Care & Birth Outcomes	F
Primary Care Access	B
Physician Racial-Ethnic Diversity	C
Mental Health Care Access	C-
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	4.9%
% Estimated to Have No Health Insurance	16.9%

Black-White racial inequalities in health outcomes cost Lowndes County 1,599 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	18.3%	32.2%	25.4%	3	19.9%	2.8	D
Education (adults w/ <9 th grade education)	6.6%	11.2%	19.2%	2.7	11.8%	1.9	B
Employment (adult unemployment)	5.8%	9.7%	4.8%	2.5	5.8%	2.9	C+
Mortality							
YPLL-75 Rate (Life-Years Lost)	9,036.80	12,451.80	6,228.20	1.67	6,363	1.2	D
Age-Adjusted Death Rate per 100,000	1,006.2	1,241.7	453.2	1.3	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	12,637.2	23,337	*	1.8	17,803.4	1.8	B-
Mental Health Emergency Dept Visits	2,004.4	2,933.2	*	1.5	2,357.1	1.3	C
Birth Outcomes							
Low Birth Weight	7.1%	15.1	5.7	2.13	7.7%	1.9	D+
Inadequate Prenatal Care	14.8%	19.4%	28.4	1.52	11.6%	1.7	F
Tobacco Use in Pregnancy	11.9%	7.7%	*	0.55	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Lowndes County	Comparison Counties*	County Grade
Health Care Access	County	Comparison Counties*	County Grade
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	non-HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	B
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	B
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	78.0	Median is 34.9 per 100,000, much lower than for white physicians.	C
Health Insurance Coverage (uninsured rate as % of population)	16.9%	18.6% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	230 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Lumpkin County Minority Health Report Card

Lumpkin County includes Dahlonega.

Lumpkin County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	23,350	96%
African American or Black	404	1.7%
Hispanic or Latino	1,167	4.8%
Asian	98	<1%
American Indian	173	<1%
Other or Multi-Racial	570	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	A
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	*
Primary Care Access	F
Physician Racial-Ethnic Diversity	B
Mental Health Care Access	C+
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	6.7%
% Estimated to Have No Health Insurance	14.9%

Black-White racial inequalities in health outcomes cost Lumpkin County 8 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	13.2%	37.3%	29.7%	2.9	19.9%	2.8	D
Education (adults w/ <9 th grade education)	11.2%	29.2%	31.9%	2.8	11.8%	1.9	F
Employment (adult unemployment)	4%	6.1%	0%	1.6	5.8%	2.9	A
Mortality							
YPLL-75 Rate (Life-Years Lost)	7,718.90	5,937.50	*	0.75	6,363	1.2	A
Age-Adjusted Death Rate per 100,000	799.9	*	*	*	971.8	1.1	A
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	21,680.5	39,607.8	*	1.8	17,803.4	1.8	F
Mental Health Emergency Dept Visits	3,026.6	3,529.4	*	1.2	2,357.1	1.3	C-
Birth Outcomes							
Low Birth Weight	6.8%	*	7.2	*	7.7%	1.9	*
Inadequate Prenatal Care	2.4%	*	*	0	11.6%	1.7	*
Tobacco Use in Pregnancy	21.9%	0%	0%	0	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Lumpkin County	Comparison Counties*	County Grade
Health Care Access	County	Comparison Counties*	County Grade
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	127.3	Median is 34.9 per 100,000, much lower than for white physicians.	B
Health Insurance Coverage (uninsured rate as % of population)	14.9%	18.6% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	84 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C+

HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration

Health Disparities Reports



Macon County Minority Health Report Card

Macon County includes Ideal, Marshallville, Montezuma and Oglethorpe.

Macon County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	4,639	64%
African American or Black	2,459	33.9%
Hispanic or Latino	500	6.9%
Asian	34	<1%
American Indian	22	<1%
Other or Multi-Racial	146	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	F
Illness Events (Hospital Admits & Emergency Visits)	C
Prenatal Care & Birth Outcomes	C
Primary Care Access	B
Physician Racial-Ethnic Diversity	C
Mental Health Care Access	A-
Oral Health Care Access	Whole County HPSA*
% Speaking non-English Language at Home	6.5%
% Estimated to Have No Health Insurance	21%

Black-White racial inequalities in health outcomes cost Macon County 268 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	25.8%	30.7%	57.8%	1.9	19.9%	2.8	C+
Education (adults w/ <9 th grade education)	16.2%	19.8%	52%	2	11.8%	1.9	C-
Employment (adult unemployment)	9.1%	13%	0%	3.1	5.8%	2.9	F
Mortality							
YPLL-75 Rate (Life-Years Lost)	11,595.80	14,673.30	0	2.04	6,363	1.2	F
Age-Adjusted Death Rate per 100,000	1,094.7	1,073.2	*	1	971.8	1.1	F
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	10,621.1	22,896	*	2.2	17,803.4	1.8	C
Mental Health Emergency Dept Visits	1,380.1	1,299.5	*	.9	2,357.1	1.3	A
Birth Outcomes							
Low Birth Weight	9.2%	15.7	*	1.71	7.7%	1.9	C-
Inadequate Prenatal Care	5%	8.3%	*	3.61	11.6%	1.7	C
Tobacco Use in Pregnancy	16.5%	3.6%	0%	0.13	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Macon County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	non-HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	B
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	B
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	70.0	Median is 34.9 per 100,000, much lower than for white physicians.	C
Health Insurance Coverage (uninsured rate as % of population)	21%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	35 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	A-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Madison County Minority Health Report Card

Madison County includes Carlton, Colbert, Comer, Danielsville, Hull and Ila.

Madison County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	13,245	60.9%
African American or Black	8,249	37.9%
Hispanic or Latino	383	1.8%
Asian	81	<1%
American Indian	79	<1%
Other or Multi-Racial	249	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	F
Primary Care Access	D
Physician Racial-Ethnic Diversity	D
Mental Health Care Access	C+
Oral Health Care Access	Whole County HPSA*
% Speaking non-English Language at Home	2.4%
% Estimated to Have No Health Insurance	16.9%

Black-White racial inequalities in health outcomes cost Madison County 546 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	11.6%	25.7%	24.7%	2.6	19.9%	2.8	C
Education (adults w/ <9 th grade education)	8.5%	15.3%	36.4%	2	11.8%	1.9	C+
Employment (adult unemployment)	2.7%	5.8%	10.3%	2.6	5.8%	2.9	A
Mortality							
YPLL-75 Rate (Life-Years Lost)	8,256.90	7,911.40	*	0.94	6,363	1.2	B+
Age-Adjusted Death Rate per 100,000	834.4	*	0	*	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	15,546.4	42,041.4	*	2.7	17,803.4	1.8	F
Mental Health Emergency Dept Visits	2,083.1	2,978.6	*	1.4	2,357.1	1.3	C
Birth Outcomes							
Low Birth Weight	7.5%	21	*	2.80	7.7%	1.9	F
Inadequate Prenatal Care	2.9%	*	*	0	11.6%	1.7	*
Tobacco Use in Pregnancy	23.8%	0%	*	0	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Madison County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	D
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	D
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	57.9	Median is 34.9 per 100,000, much lower than for white physicians.	D
Health Insurance Coverage (uninsured rate as % of population)	16.9%	18.6% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	71 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C+
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



McDuffie County Minority Health Report Card

McDuffie County includes Dearing and Thomson.

McDuffie County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	5,388	39.2%
African American or Black	8,178	59.5%
Hispanic or Latino	510	3.7%
Asian	93	<1%
American Indian	48	<1%
Other or Multi-Racial	179	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	C-
Mortality (Deaths)	F
Illness Events (Hospital Admits & Emergency Visits)	D+
Prenatal Care & Birth Outcomes	C-
Primary Care Access	D
Physician Racial-Ethnic Diversity	*
Mental Health Care Access	C-
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	4.4%
% Estimated to Have No Health Insurance	21%

Black-White racial inequalities in health outcomes cost McDuffie County 582 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	18.4%	35.2%	9.2%	4.4	19.9%	2.8	F
Education (adults w/ <9 th grade education)	11.3%	20.4%	0%	3	11.8%	1.9	F
Employment (adult unemployment)	7.7%	18.1%	2.2%	6.9	5.8%	2.9	F
Mortality							
YPLL-75 Rate (Life-Years Lost)	12,220.00	16,548.80	0	1.71	6,363	1.2	D
Age-Adjusted Death Rate per 100,000	954.5	1,034.5	*	1.1	971.8	1.1	F
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	17,739.2	32,872.6	*	1.9	17,803.4	1.8	D+
Mental Health Emergency Dept Visits	2,145.1	3,455.6	*	1.6	2,357.1	1.3	D+
Birth Outcomes							
Low Birth Weight	6.3%	15	*	2.38	7.7%	1.9	D
Inadequate Prenatal Care	6.3%	9.1%	*	2.22	11.6%	1.7	B
Tobacco Use in Pregnancy	10.7%	4.1%	0%	0.25	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	McDuffie County	Comparison Counties*	County Grade
Health Care Access	County	Comparison Counties*	County Grade
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	D
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	D
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	0.0	Median is 34.9 per 100,000, much lower than for white physicians.	*
Health Insurance Coverage (uninsured rate as % of population)	21%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	13 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



McIntosh County Minority Health Report Card

McIntosh County includes Cox, Crescent, Darien, Eulonia, Pine Harbour, Ridgeville, Shellman Bluff, South Newport, Townsend, and Valona.

McIntosh County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	24,490	89.7%
African American or Black	2,335	8.6%
Hispanic or Latino	655	2.4%
Asian	171	<1%
American Indian	59	<1%
Other or Multi-Racial	464	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	B+
Illness Events (Hospital Admits & Emergency Visits)	C
Prenatal Care & Birth Outcomes	F
Primary Care Access	F
Physician Racial-Ethnic Diversity	D
Mental Health Care Access	B-
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	3.7%
% Estimated to Have No Health Insurance	14.8%

Black-White racial inequalities in health outcomes cost McIntosh County 12 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	18.7%	26.7%	35%	1.9	19.9%	2.8	B
Education (adults w/ <9 th grade education)	10%	13.4%	0%	1.7	11.8%	1.9	B
Employment (adult unemployment)	5.7%	7.8%	0%	1.7	5.8%	2.9	B
Mortality							
YPLL-75 Rate (Life-Years Lost)	11,452.80	13,494.50	*	1.27	6,363	1.2	D+
Age-Adjusted Death Rate per 100,000	986.4	1051	*	1.1	971.8	1.1	B+
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	11,971.6	23,514.7	*	2	17,803.4	1.8	C
Mental Health Emergency Dept Visits	1,772.5	1,375.9	*	.8	2,357.1	1.3	A
Birth Outcomes							
Low Birth Weight	7.4%	14.5	0	1.96	7.7%	1.9	D+
Inadequate Prenatal Care	15.3%	18.8%	28	1.55	11.6%	1.7	F
Tobacco Use in Pregnancy	3.3%	*	*	*	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	McIntosh County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	33.4	Median is 34.9 per 100,000, much lower than for white physicians.	D
Health Insurance Coverage (uninsured rate as % of population)	14.8%	18.6% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	2 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	B-

HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration

Health Disparities Reports



Miller County Minority Health Report Card

Miller County includes Colquitt.

Miller County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	4,476	71.9%
African American or Black	1,727	27.7%
Hispanic or Latino	44	0.7%
Asian	1	<1%
American Indian	10	<1%
Other or Multi-Racial	25	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	A
Illness Events (Hospital Admits & Emergency Visits)	B-
Prenatal Care & Birth Outcomes	C+
Primary Care Access	D
Physician Racial-Ethnic Diversity	D
Mental Health Care Access	C
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	1.5%
% Estimated to Have No Health Insurance	17.8%

Black-White racial inequalities in health outcomes cost Miller County 98 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	21.2%	38.2%	0%	2.8	19.9%	2.8	F
Education (adults w/ <9 th grade education)	13.6%	24.6%	0%	2.5	11.8%	1.9	F
Employment (adult unemployment)	4%	11.6%	0%	8.4	5.8%	2.9	D
Mortality							
YPLL-75 Rate (Life-Years Lost)	10,471.30	6,371.10	*	0.52	6,363	1.2	A
Age-Adjusted Death Rate per 100,000	1,056.1	1,064.3	0	1	971.8	1.1	A
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	6,828.3	15,062.4	*	2.2	17,803.4	1.8	B-
Mental Health Emergency Dept Visits	1,182.4	1,871.7	*	1.6	2,357.1	1.3	B-
Birth Outcomes							
Low Birth Weight	4.8%	11.2	0	2.33	7.7%	1.9	C
Inadequate Prenatal Care	5.3%	7.2%	*	2.67	11.6%	1.7	B-
Tobacco Use in Pregnancy	8.1%	2.9%	*	0.2	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Miller County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	D
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	D
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	56.5	Median is 34.9 per 100,000, much lower than for white physicians.	D
Health Insurance Coverage (uninsured rate as % of population)	17.8%	18.6% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	5 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Mitchell County Minority Health Report Card

Mitchell County includes Baconton, Camilla, Pelham and Sale City.

Mitchell County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	12,293	51.7%
African American or Black	11,204	47.1%
Hispanic or Latino	620	2.6%
Asian	98	<1%
American Indian	69	<1%
Other or Multi-Racial	294	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	D
Prenatal Care & Birth Outcomes	F
Primary Care Access	D
Physician Racial-Ethnic Diversity	F
Mental Health Care Access	C-
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	4%
% Estimated to Have No Health Insurance	21.6%

Black-White racial inequalities in health outcomes cost Mitchell County 5 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	26.4%	42.1%	31.2%	3.7	19.9%	2.8	F
Education (adults w/ <9 th grade education)	12.1%	17.2%	54.2%	2.4	11.8%	1.9	C-
Employment (adult unemployment)	6.2%	11%	6.3%	3.5	5.8%	2.9	C
Mortality							
YPLL-75 Rate (Life-Years Lost)	9,888.00	10,049.00	*	1.00	6,363	1.2	C+
Age-Adjusted Death Rate per 100,000	1,044.2	1,461.9	*	1.5	971.8	1.1	C
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	17,654	35,851	*	2	17,803.4	1.8	D
Mental Health Emergency Dept Visits	2,268.6	3,120.9	*	1.4	2,357.1	1.3	C+
Birth Outcomes							
Low Birth Weight	8.8%	17.3	*	1.97	7.7%	1.9	F
Inadequate Prenatal Care	9.6%	13%	14.6	1.46	11.6%	1.7	B
Tobacco Use in Pregnancy	19.3%	9.6%	*	0.44	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Mitchell County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	D
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	D
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	16.9	Median is 34.9 per 100,000, much lower than for white physicians.	F
Health Insurance Coverage (uninsured rate as % of population)	21.6%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	60 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Montgomery County Minority Health Report Card

Montgomery County includes Ailey, Alston, Higgston, Mount Vernon, and Uvalda.

Montgomery County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	6,629	74.4%
African American or Black	2,230	25%
Hispanic or Latino	405	4.5%
Asian	31	<1%
American Indian	1	<1%
Other or Multi-Racial	50	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	C+
Prenatal Care & Birth Outcomes	C
Primary Care Access	F
Physician Racial-Ethnic Diversity	B
Mental Health Care Access	B
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	4.2%
% Estimated to Have No Health Insurance	20.3%

Black-White racial inequalities in health outcomes cost Montgomery County 70 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	19.9%	30.7%	71%	2	19.9%	2.8	C
Education (adults w/ <9 th grade education)	9.3%	12.2%	57.3%	1.6	11.8%	1.9	B
Employment (adult unemployment)	3.9%	5.6%	0%	1.7	5.8%	2.9	A
Mortality							
YPLL-75 Rate (Life-Years Lost)	10,573.20	12,947.60	*	1.32	6,363	1.2	D
Age-Adjusted Death Rate per 100,000	864.4	690.4	0	0.7	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	24,116.8	28,898.3	*	1.2	17,803.4	1.8	C+
Mental Health Emergency Dept Visits	3,046.3	2,287.8	*	.8	2,357.1	1.3	B+
Birth Outcomes							
Low Birth Weight	5.6%	16	*	2.86	7.7%	1.9	D
Inadequate Prenatal Care	8.3%	9.6%	*	1.25	11.6%	1.7	A
Tobacco Use in Pregnancy	6.9%	*	0%	*	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Montgomery County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	151.7	Median is 34.9 per 100,000, much lower than for white physicians.	B
Health Insurance Coverage (uninsured rate as % of population)	20.3%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	6 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	B
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Morgan County Minority Health Report Card

Morgan County includes Bostwick, Buckhead, Madison and Rutledge.

Morgan County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	12,851	73.5%
African American or Black	4,439	25.4%
Hispanic or Latino	350	2%
Asian	90	<1%
American Indian	12	<1%
Other or Multi-Racial	202	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	A
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	D
Prenatal Care & Birth Outcomes	B-
Primary Care Access	F
Physician Racial-Ethnic Diversity	F
Mental Health Care Access	B
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	2.4%
% Estimated to Have No Health Insurance	13.1%

Black-White racial inequalities in health outcomes cost Morgan County 228 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	10.9%	19.1%	1.5%	2.7	19.9%	2.8	B-
Education (adults w/ <9 th grade education)	8.2%	14.3%	29.8%	2.4	11.8%	1.9	C+
Employment (adult unemployment)	5.1%	10.3%	0%	3.3	5.8%	2.9	C
Mortality							
YPLL-75 Rate (Life-Years Lost)	7,919.40	11,996.20	*	1.81	6,363	1.2	D
Age-Adjusted Death Rate per 100,000	889.8	752.4	*	0.8	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	11,746.9	29,819.3	*	2.5	17,803.4	1.8	D
Mental Health Emergency Dept Visits	1,352.1	1,573	*	1.2	2,357.1	1.3	B
Birth Outcomes							
Low Birth Weight	6.5%	9.4	*	1.45	7.7%	1.9	A-
Inadequate Prenatal Care	10.1%	*	20	0	11.6%	1.7	D+
Tobacco Use in Pregnancy	10.5%	0%	*	0	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Morgan County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	20.9	Median is 34.9 per 100,000, much lower than for white physicians.	F
Health Insurance Coverage (uninsured rate as % of population)	13.1%	18.6% (median uninsured rate)	B
Persons Living in Linguistically-Isolated Households	0 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	B
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Murray County Minority Health Report Card

Murray County includes Chatsworth and Eton.

Murray County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	39,627	97.1%
African American or Black	532	1.3%
Hispanic or Latino	5,068	12.4%
Asian	118	<1%
American Indian	148	<1%
Other or Multi-Racial	653	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	C
Mortality (Deaths)	A
Illness Events (Hospital Admits & Emergency Visits)	A
Prenatal Care & Birth Outcomes	*
Primary Care Access	C
Physician Racial-Ethnic Diversity	F
Mental Health Care Access	C
Oral Health Care Access	Whole County HPSA*
% Speaking non-English Language at Home	6.5%
% Estimated to Have No Health Insurance	16.1%

Black-White racial inequalities in health outcomes cost Murray County 28 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	12.7%	21.1%	30.2%	1.8	19.9%	2.8	A-
Education (adults w/ <9 th grade education)	17.3%	23.8%	52.3%	1.5	11.8%	1.9	F
Employment (adult unemployment)	4%	5.1%	5.2%	1.3	5.8%	2.9	A+
Mortality							
YPLL-75 Rate (Life-Years Lost)	10,129.30	4,908.20	3,087.80	0.48	6,363	1.2	A
Age-Adjusted Death Rate per 100,000	1,112.2	1,244.2	*	1.2	971.8	1.1	A
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	23,702.2	6,542.1	*	0.3	17,803.4	1.8	A
Mental Health Emergency Dept Visits	3,450.1	1,869.2	*	.5	2,357.1	1.3	B+
Birth Outcomes							
Low Birth Weight	8%	0	4.5	0.00	7.7%	1.9	*
Inadequate Prenatal Care	14.8%	21.7%	50	2.13	11.6%	1.7	F
Tobacco Use in Pregnancy	11.6%	*	*	*	11.7%	0.4	Not graded
* Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. ** *Insufficient Data are available for groups other than Black & White at the County Level; In addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Murray County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	17.8	Median is 34.9 per 100,000, much lower than for white physicians.	F
Health Insurance Coverage (uninsured rate as % of population)	16.1%	18.6% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	275 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Oconee County Minority Health Report Card

Oconee County includes Bishop, Bogart, High Shoals and Watkinsville.

Oconee County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	26,990	90.7%
African American or Black	1869	6.3%
Hispanic or Latino	986	3.3%
Asian	633	<1%
American Indian	68	<1%
Other or Multi-Racial	889	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	A-
Illness Events (Hospital Admits & Emergency Visits)	D
Prenatal Care & Birth Outcomes	C
Primary Care Access	B
Physician Racial-Ethnic Diversity	*
Mental Health Care Access	F
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	6.4%
% Estimated to Have No Health Insurance	10.1%

Black-White racial inequalities in health outcomes cost Oconee County 5 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	6.5%	28.7%	22.7%	6.8	19.9%	2.8	D
Education (adults w/ <9 th grade education)	4.5%	13.3%	31.1%	3.9	11.8%	1.9	B-
Employment (adult unemployment)	3.7%	11.5%	12.4%	3.9	5.8%	2.9	D+
Mortality							
YPLL-75 Rate (Life-Years Lost)	4,924.90	5,278.40	*	1.06	6,363	1.2	A-
Age-Adjusted Death Rate per 100,000	981.1	1,148.8	0	1.2	971.8	1.1	A-
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	5,744.4	28,515.9	*	5	17,803.4	1.8	D
Mental Health Emergency Dept Visits	1,069.6	3,885	*	3.6	2,357.1	1.3	F
Birth Outcomes							
Low Birth Weight	6.6%	12.1	5.4	1.83	7.7%	1.9	B-
Inadequate Prenatal Care	12.6%	21.7%	*	2.86	11.6%	1.7	D
Tobacco Use in Pregnancy	11.6%	3.8%	0%	0.24	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Oconee County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	non-HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	B
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	B
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	0.0	Median is 34.9 per 100,000, much lower than for white physicians.	*
Health Insurance Coverage (uninsured rate as % of population)	10.1%	18.6% (median uninsured rate)	A
Persons Living in Linguistically-Isolated Households	88 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	F
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Oglethorpe County Minority Health Report Card

Oglethorpe County includes Chatsworth and Eton.

Oglethorpe County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	10,930	80.3%
African American or Black	2,558	18.8%
Hispanic or Latino	376	2.8%
Asian	33	<1%
American Indian	10	<1%
Other or Multi-Racial	121	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	C
Mortality (Deaths)	B+
Illness Events (Hospital Admits & Emergency Visits)	D
Prenatal Care & Birth Outcomes	D
Primary Care Access	C
Physician Racial-Ethnic Diversity	D
Mental Health Care Access	B
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	2.4%
% Estimated to Have No Health Insurance	13.3%

Black-White racial inequalities in health outcomes cost Oglethorpe County 3 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	13.2%	27.1%	0%	2.8	19.9%	2.8	C
Education (adults w/ <9 th grade education)	9.6%	22.6%	22.1%	3.4	11.8%	1.9	F
Employment (adult unemployment)	3%	7.4%	5.6%	3.6	5.8%	2.9	B-
Mortality							
YPLL-75 Rate (Life-Years Lost)	8,258.10	8,463.20	*	1.02	6,363	1.2	B+
Age-Adjusted Death Rate per 100,000	999.9	1,022	664.8	1	971.8	1.1	B+
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	7,931.6	24,596.5	*	3.1	17,803.4	1.8	D
Mental Health Emergency Dept Visits	1,324	1,947.7	*	1.5	2,357.1	1.3	B-
Birth Outcomes							
Low Birth Weight	7.6%	10.9	*	1.43	7.7%	1.9	B
Inadequate Prenatal Care	12.5%	15.4%	37.9	1.71	11.6%	1.7	F
Tobacco Use in Pregnancy	11.6%	6.8%	*	0.38	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Oglethorpe County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	34.1	Median is 34.9 per 100,000, much lower than for white physicians.	D
Health Insurance Coverage (uninsured rate as % of population)	13.3%	18.6% (median uninsured rate)	B
Persons Living in Linguistically-Isolated Households	20 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	B
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Pierce County Minority Health Report Card

Pierce County includes Blackshear, Bristol, Mershon, Offerman and Patterson.

Pierce County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	15,081	88.1%
African American or Black	1,839	10.7%
Hispanic or Latino	494	2.9%
Asian	41	<1%
American Indian	45	<1%
Other or Multi-Racial	199	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	B
Prenatal Care & Birth Outcomes	C-
Primary Care Access	C
Physician Racial-Ethnic Diversity	D
Mental Health Care Access	C-
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	3.6%
% Estimated to Have No Health Insurance	18.4%

Black-White racial inequalities in health outcomes cost Pierce County 29 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	18.4%	38.7%	48.3%	2.5	19.9%	2.8	F
Education (adults w/ <9 th grade education)	12%	20%	52.6%	1.9	11.8%	1.9	C-
Employment (adult unemployment)	4%	7.3%	3.4%	1.9	5.8%	2.9	B
Mortality							
YPLL-75 Rate (Life-Years Lost)	11,014.50	12,666.50	*	1.15	6,363	1.2	D+
Age-Adjusted Death Rate per 100,000	946.8	1,225.7	370	1.4	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	18,562.8	24,342.1	*	1.3	17,803.4	1.8	B
Mental Health Emergency Dept Visits	1,975	2,878.3	*	1.5	2,357.1	1.3	C
Birth Outcomes							
Low Birth Weight	8.4%	13.3	5.4	1.58	7.7%	1.9	C+
Inadequate Prenatal Care	11.6%	16.5%	26.3	1.92	11.6%	1.7	D
Tobacco Use in Pregnancy	13.4%	10.5%	*	0.68	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Pierce County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	50.1	Median is 34.9 per 100,000, much lower than for white physicians.	D
Health Insurance Coverage (uninsured rate as % of population)	18.4%	18.6% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	66 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Pulaski County Minority Health Report Card

Pulaski County includes Hawkinsville.

Pulaski County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	6,454	66.3%
African American or Black	3,158	32.4%
Hispanic or Latino	430	4.4%
Asian	52	<1%
American Indian	27	<1%
Other or Multi-Racial	125	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	D+
Prenatal Care & Birth Outcomes	D
Primary Care Access	B
Physician Racial-Ethnic Diversity	D
Mental Health Care Access	B
Oral Health Care Access	Whole County HPSA*
% Speaking non-English Language at Home	7.3%
% Estimated to Have No Health Insurance	18%

Black-White racial inequalities in health outcomes cost Pulaski County 45 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	16.4%	26.8%	35.5%	2.5	19.9%	2.8	C
Education (adults w/ <9 th grade education)	8.8%	15.6%	40.6%	2.8	11.8%	1.9	C+
Employment (adult unemployment)	5.5%	12.9%	0%	4.7	5.8%	2.9	D+
Mortality							
YPLL-75 Rate (Life-Years Lost)	9,702.40	10,815.80	0	1.16	6,363	1.2	C
Age-Adjusted Death Rate per 100,000	835.1	490.5	*	0.6	971.8	1.1	C
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	24,263.8	36,513.4	*	1.5	17,803.4	1.8	D+
Mental Health Emergency Dept Visits	2,642.2	2,645.3	*	1.0	2,357.1	1.3	B-
Birth Outcomes							
Low Birth Weight	7.5%	14	0	1.87	7.7%	1.9	C
Inadequate Prenatal Care	6.6%	12.5%	27.8	1.98	11.6%	1.7	F
Tobacco Use in Pregnancy	10.9%	*	0%	*	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Pulaski County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	non-HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	B
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	B
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	32.9	Median is 34.9 per 100,000, much lower than for white physicians.	D
Health Insurance Coverage (uninsured rate as % of population)	18%	18.6% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	45 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	B
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Putnam County Minority Health Report Card

Putnam County includes Eatonton.

Putnam County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	14,072	71%
African American or Black	5,512	27.8%
Hispanic or Latino	758	3.8%
Asian	131	<1%
American Indian	42	<1%
Other or Multi-Racial	245	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	D
Prenatal Care & Birth Outcomes	D
Primary Care Access	C
Physician Racial-Ethnic Diversity	F
Mental Health Care Access	C+
Oral Health Care Access	Whole County HPSA*
% Speaking non-English Language at Home	4.7%
% Estimated to Have No Health Insurance	16%

Black-White racial inequalities in health outcomes cost Putnam County 260 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	14.6%	28.6%	42.4%	3.6	19.9%	2.8	D
Education (adults w/ <9 th grade education)	7.9%	10.5%	56.4%	1.5	11.8%	1.9	A
Employment (adult unemployment)	3.8%	5.9%	15.9%	2.4	5.8%	2.9	A
Mortality							
YPLL-75 Rate (Life-Years Lost)	9,618.50	13,112.00	*	1.59	6,363	1.2	D
Age-Adjusted Death Rate per 100,000	900.8	1,068.1	348.5	1.3	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	18,199.1	35,153.5	*	1.9	17,803.4	1.8	D
Mental Health Emergency Dept Visits	2,072.4	2,771	*	1.3	2,357.1	1.3	C+
Birth Outcomes							
Low Birth Weight	6.8%	14.2	5	2.09	7.7%	1.9	C
Inadequate Prenatal Care	22%	25.5%	37.5	1.39	11.6%	1.7	F
Tobacco Use in Pregnancy	6.7%	3.4%	2.4%	0.33	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Putnam County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	18.2	Median is 34.9 per 100,000, much lower than for white physicians.	F
Health Insurance Coverage (uninsured rate as % of population)	16%	18.6% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	62 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C+

HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration

Health Disparities Reports



Quitman County Minority Health Report Card

Quitman County includes Georgetown.

Quitman County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	1,347	54.6%
African American or Black	1,112	45.1%
Hispanic or Latino	33	1.3%
Asian	1	<1%
American Indian	2	<1%
Other or Multi-Racial	8	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	F
Illness Events (Hospital Admits & Emergency Visits)	C
Prenatal Care & Birth Outcomes	*
Primary Care Access	C
Physician Racial-Ethnic Diversity	*
Mental Health Care Access	C-
Oral Health Care Access	Whole County HPSA*
% Speaking non-English Language at Home	2.3%
% Estimated to Have No Health Insurance	21.6%

Black-White racial inequalities in health outcomes cost Quitman County 118 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	21.9%	36.6%	0%	3.8	19.9%	2.8	F
Education (adults w/ <9 th grade education)	16.2%	24.1%	100%	2.2	11.8%	1.9	F
Employment (adult unemployment)	5.8%	10.2%	0%	3.3	5.8%	2.9	C
Mortality							
YPLL-75 Rate (Life-Years Lost)	19,311.00	25,227.50	0	1.78	6,363	1.2	F
Age-Adjusted Death Rate per 100,000	851.4	518.1	270.3	0.6	971.8	1.1	F
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	3,299.7	10,224.1	*	3.1	17,803.4	1.8	C
Mental Health Emergency Dept Visits	458.3	2,100.8	*	4.6	2,357.1	1.3	D
Birth Outcomes							
Low Birth Weight	*	14.2	0	*	7.7%	1.9	*
Inadequate Prenatal Care	7.1%	5.4%	28.3	0.74	11.6%	1.7	C-
Tobacco Use in Pregnancy	6.2%	3.1%	0.4%	0.48	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Quitman County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	0.0	Median is 34.9 per 100,000, much lower than for white physicians.	*
Health Insurance Coverage (uninsured rate as % of population)	21.6%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	0 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Rabun County Minority Health Report Card

Rabun County includes Clayton, Dillard, Mountain City, Sky Valley, Tiger and Tallulah Falls.

Rabun County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	15,636	97.2%
African American or Black	217	1.3%
Hispanic or Latino	1,152	7.2%
Asian	71	<1%
American Indian	67	<1%
Other or Multi-Racial	234	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	C
Mortality (Deaths)	*
Illness Events (Hospital Admits & Emergency Visits)	C+
Prenatal Care & Birth Outcomes	*
Primary Care Access	C
Physician Racial-Ethnic Diversity	C
Mental Health Care Access	C+
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	7.2%
% Estimated to Have No Health Insurance	15.1%

*Insufficient Data are available to calculate YPPL rates.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	11.1%	25.5%	17.2%	2.4	19.9%	2.8	B-
Education (adults w/ <9 th grade education)	8.5%	14.7%	38.9%	1.9	11.8%	1.9	C+
Employment (adult unemployment)	4.9%	0%	8.7%	0	5.8%	2.9	*
Mortality							
YPLL-75 Rate (Life-Years Lost)	8,505.50	*	4,186.30	*	6,363	1.2	*
Age-Adjusted Death Rate per 100,000	791.4	1,005.6	192.8	1.4	971.8	1.1	*
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	22,545.7	26,415.1	*	1.2	17,803.4	1.8	C+
Mental Health Emergency Dept Visits	3,264	3,773.6	*	1.2	2,357.1	1.3	C-
Birth Outcomes							
Low Birth Weight	8.1%	0	7.1	0.00	7.7%	1.9	*
Inadequate Prenatal Care	21.7%	28.1%	22.5	1.49	11.6%	1.7	F
Tobacco Use in Pregnancy	6.1%	8.5%	*	1.67	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Rabun County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	77.7	Median is 34.9 per 100,000, much lower than for white physicians.	C
Health Insurance Coverage (uninsured rate as % of population)	15.1%	18.6% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	117 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C+

HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration

Health Disparities Reports



Randolph County Minority Health Report Card

Randolph County includes Coleman, Cuthbert and Shellman.

Randolph County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	2,851	39%
African American or Black	4,396	60.1%
Hispanic or Latino	115	1.6%
Asian	13	<1%
American Indian	27	<1%
Other or Multi-Racial	63	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	*
Primary Care Access	D
Physician Racial-Ethnic Diversity	F
Mental Health Care Access	F
Oral Health Care Access	Whole County HPSA*
% Speaking non-English Language at Home	3.4%
% Estimated to Have No Health Insurance	23.4%

Black-White racial inequalities in health outcomes cost Randolph County 155 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	27.7%	39.5%	0%	4.1	19.9%	2.8	F
Education (adults w/ <9 th grade education)	16.8%	22.7%	18.8%	2.4	11.8%	1.9	F
Employment (adult unemployment)	7.9%	13.1%	33.3%	5.8	5.8%	2.9	F
Mortality							
YPLL-75 Rate (Life-Years Lost)	13,629.70	15,002.40	0	1.33	6,363	1.2	D
Age-Adjusted Death Rate per 100,000	809.7	867.8	340.1	1	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	18,678.3	61,799.3	*	3.3	17,803.4	1.8	F
Mental Health Emergency Dept Visits	2,019.3	5,640.1	*	2.8	2,357.1	1.3	F
Birth Outcomes							
Low Birth Weight	*	18.6	0	*	7.7%	1.9	*
Inadequate Prenatal Care	13.2%	11.6%	19.2	0.69	11.6%	1.7	B-
Tobacco Use in Pregnancy	3.3%	1.9%	0.6%	0.3	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Randolph County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	D
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	D
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	25.4	Median is 34.9 per 100,000, much lower than for white physicians.	F
Health Insurance Coverage (uninsured rate as % of population)	23.4%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	8 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	F
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Richmond County Minority Health Report Card

Richmond County includes Augusta, Blythe, and Hephzibah.

Richmond County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	85,511	43.7%
African American or Black	103,206	52.7%
Hispanic or Latino	5,203	2.7%
Asian	3,035	<1%
American Indian	542	<1%
Other or Multi-Racial	7,052	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	C
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	D
Prenatal Care & Birth Outcomes	C+
Primary Care Access	B
Physician Racial-Ethnic Diversity	B
Mental Health Care Access	C+
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	6.6%
% Estimated to Have No Health Insurance	18.1%

Black-White racial inequalities in health outcomes cost Richmond County 1,849 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	19.6%	26.3%	19.5%	2.2	19.9%	2.8	B-
Education (adults w/ <9 th grade education)	7.5%	8.9%	7.7%	1.5	11.8%	1.9	A+
Employment (adult unemployment)	9.2%	12.3%	11.5%	2	5.8%	2.9	C-
Mortality							
YPLL-75 Rate (Life-Years Lost)	11,392.80	15,568.30	3,668.10	1.17	6,363	1.2	D+
Age-Adjusted Death Rate per 100,000	724.4	771.9	319.6	1.1	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	17,609.7	38,990.1	*	2.2	17,803.4	1.8	D
Mental Health Emergency Dept Visits	2,785.2	3,270.3	*	1.2	2,357.1	1.3	C-
Birth Outcomes							
Low Birth Weight	7.4%	13.1	7	1.77	7.7%	1.9	C+
Inadequate Prenatal Care	6.5%	8.1%	13.8	1.31	11.6%	1.7	B
Tobacco Use in Pregnancy	3.3%	2.6%	0.3%	0.7	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Richmond County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Partial-County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	B
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	B
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	167.5	Median is 34.9 per 100,000, much lower than for white physicians.	B
Health Insurance Coverage (uninsured rate as % of population)	18.1%	18.6% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	657 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C+
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Schley County Minority Health Report Card

Schley County includes Ellaville.

Schley County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	2,999	72.8%
African American or Black	1,095	26.6%
Hispanic or Latino	98	2.4%
Asian	0	0%
American Indian	0	0%
Other or Multi-Racial	28	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	D
Prenatal Care & Birth Outcomes	F
Primary Care Access	F
Physician Racial-Ethnic Diversity	*
Mental Health Care Access	B
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	3.8%
% Estimated to Have No Health Insurance	19%

Black-White racial inequalities in health outcomes cost Schley County 48 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	19.9%	38.2%	24.5%	3.6	19.9%	2.8	F
Education (adults w/ <9 th grade education)	8.4%	19.4%	33.3%	5.4	11.8%	1.9	D
Employment (adult unemployment)	5.7%	14.3%	0%	4.8	5.8%	2.9	F
Mortality							
YPLL-75 Rate (Life-Years Lost)	11,284.00	14,751.00	*	1.45	6,363	1.2	D
Age-Adjusted Death Rate per 100,000	981.3	1,260.5	210.3	1.4	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	13,753.6	33,426.2	*	2.4	17,803.4	1.8	D
Mental Health Emergency Dept Visits	1,814.7	1,949.9	*	1.1	2,357.1	1.3	B
Birth Outcomes							
Low Birth Weight	6.2%	17.4	0	2.81	7.7%	1.9	F
Inadequate Prenatal Care	20.4%	26.5%	19.9	1.46	11.6%	1.7	F
Tobacco Use in Pregnancy	10.7%	8.8%	*	0.77	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Schley County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	0.0	Median is 34.9 per 100,000, much lower than for white physicians.	*
Health Insurance Coverage (uninsured rate as % of population)	19%	18.6% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	8 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	B

HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration

Health Disparities Reports



Screven County Minority Health Report Card

Screven County includes Newington, Oliver, Rocky Ford and Sylvania.

Screven County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	8,462	54.8%
African American or Black	6,849	44.4%
Hispanic or Latino	178	1.2%
Asian	66	<1%
American Indian	39	<1%
Other or Multi-Racial	119	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	B-
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	D+
Prenatal Care & Birth Outcomes	C
Primary Care Access	F
Physician Racial-Ethnic Diversity	*
Mental Health Care Access	F
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	3.7%
% Estimated to Have No Health Insurance	18.4%

Black-White racial inequalities in health outcomes cost Screven County 101 excess years of potential life lost due to premature deaths

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	20.1%	26.9%	11.5%	1.8	19.9%	2.8	B
Education (adults w/ <9 th grade education)	14.2%	23.7%	12.2%	3	11.8%	1.9	F
Employment (adult unemployment)	9.4%	12.9%	8%	1.9	5.8%	2.9	C-
Mortality							
YPLL-75 Rate (Life-Years Lost)	10,570.40	11,507.30	0	1.16	6,363	1.2	C
Age-Adjusted Death Rate per 100,000	817.2	901.2	245.8	1.1	971.8	1.1	C
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	22,883.9	36,949.7	*	1.6	17,803.4	1.8	D+
Mental Health Emergency Dept Visits	2,318.6	4,290.2	*	1.9	2,357.1	1.3	F
Birth Outcomes							
Low Birth Weight	6.9%	16	*	2.32	7.7%	1.9	D
Inadequate Prenatal Care	4.6%	7%	6	1.67	11.6%	1.7	A-
Tobacco Use in Pregnancy	7.2%	3.5%	4.3%	0.43	11.7%	0.4	Not graded
*Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Screven County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	0.0	Median is 34.9 per 100,000, much lower than for white physicians.	*
Health Insurance Coverage (uninsured rate as % of population)	18.4%	18.6% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	34 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	F
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Seminole County Minority Health Report Card

Seminole County includes Donalsonville and Iron City.

Seminole County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	6,109	66.2%
African American or Black	3,077	33.4%
Hispanic or Latino	313	3.4%
Asian	20	<1%
American Indian	17	<1%
Other or Multi-Racial	40	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	C-
Prenatal Care & Birth Outcomes	D+
Primary Care Access	B
Physician Racial-Ethnic Diversity	D
Mental Health Care Access	F
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	5%
% Estimated to Have No Health Insurance	21.4%

Black-White racial inequalities in health outcomes cost Seminole County 164 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	23.2%	38%	40.1%	2.8	19.9%	2.8	F
Education (adults w/ <9 th grade education)	13.4%	18%	59%	1.8	11.8%	1.9	C-
Employment (adult unemployment)	7%	13.6%	4.2%	3.1	5.8%	2.9	F
Mortality							
YPLL-75 Rate (Life-Years Lost)	11,396.10	15,110.60	*	1.59	6,363	1.2	D
Age-Adjusted Death Rate per 100,000	912.5	1,043.6	361.7	1.2	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	13,860.5	28,388.7	*	2	17,803.4	1.8	C-
Mental Health Emergency Dept Visits	2,508.5	4,143.2	*	1.7	2,357.1	1.3	F
Birth Outcomes							
Low Birth Weight	6.5%	16	*	2.46	7.7%	1.9	D
Inadequate Prenatal Care	7.5%	14.3%	16.4	2.38	11.6%	1.7	C-
Tobacco Use in Pregnancy	8.4%	6.2%	1.3%	0.68	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Seminole County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	non-HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	B
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	B
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	34.9	Median is 34.9 per 100,000, much lower than for white physicians.	D
Health Insurance Coverage (uninsured rate as % of population)	21.4%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	20 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	F
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Stephens County Minority Health Report Card

Stephens County includes Martin and Toccoa.

Stephens County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	21,594	86.2%
African American or Black	3,013	12%
Hispanic or Latino	382	1.5%
Asian	176	<1%
American Indian	69	<1%
Other or Multi-Racial	453	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	D
Primary Care Access	B
Physician Racial-Ethnic Diversity	*
Mental Health Care Access	F
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	3.5%
% Estimated to Have No Health Insurance	14.3%

Black-White racial inequalities in health outcomes cost Stephens County 119 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	15.1%	22.3%	26.7%	1.6	19.9%	2.8	B
Education (adults w/ <9 th grade education)	11.4%	14.1%	41.5%	1.3	11.8%	1.9	A-
Employment (adult unemployment)	4.2%	4.8%	0%	1.2	5.8%	2.9	A+
Mortality							
YPLL-75 Rate (Life-Years Lost)	10,918.70	14,815.90	*	1.40	6,363	1.2	D
Age-Adjusted Death Rate per 100,000	924.8	1,028.2	243.6	1.2	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	31,021.7	51,978.5	*	1.7	17,803.4	1.8	F
Mental Health Emergency Dept Visits	4,662.5	6,301.9	*	1.4	2,357.1	1.3	F
Birth Outcomes							
Low Birth Weight	8.1%	15.1	*	1.86	7.7%	1.9	D+
Inadequate Prenatal Care	9.2%	10.7%	24.8	2.02	11.6%	1.7	D
Tobacco Use in Pregnancy	6.4%	4.2%	0%	0.34	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Stephens County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	non-HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	B
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	B
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	0.0	Median is 34.9 per 100,000, much lower than for white physicians.	*
Health Insurance Coverage (uninsured rate as % of population)	14.3%	18.6% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	40 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	F
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Stewart County Minority Health Report Card

Stewart County includes Lumpkin and Richland.

Stewart County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	1,847	37.8%
African American or Black	3,007	61.6%
Hispanic or Latino	86	1.8%
Asian	13	<1%
American Indian	11	<1%
Other or Multi-Racial	28	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	F
Illness Events (Hospital Admits & Emergency Visits)	C
Prenatal Care & Birth Outcomes	F
Primary Care Access	C
Physician Racial-Ethnic Diversity	C
Mental Health Care Access	C+
Oral Health Care Access	Whole County HPSA*
% Speaking non-English Language at Home	2.6%
% Estimated to Have No Health Insurance	21%

Black-White racial inequalities in health outcomes cost Stewart County 250 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	22.2%	30.1%	0%	3.6	19.9%	2.8	D
Education (adults w/ <9 th grade education)	17.3%	23.5%	0%	2.6	11.8%	1.9	F
Employment (adult unemployment)	10.1%	15%	0%	4.1	5.8%	2.9	F
Mortality							
YPLL-75 Rate (Life-Years Lost)	13,673.20	17,232.10	0	2.15	6,363	1.2	F
Age-Adjusted Death Rate per 100,000	989.6	878.1	308.1	0.9	971.8	1.1	F
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	15,614.6	29,147.1	*	1.9	17,803.4	1.8	C
Mental Health Emergency Dept Visits	1,528.2	2,483.6	*	1.6	2,357.1	1.3	C
Birth Outcomes							
Low Birth Weight	7.5%	18.7	0	2.49	7.7%	1.9	F
Inadequate Prenatal Care	10%	12%	19.2	1.4	11.6%	1.7	C
Tobacco Use in Pregnancy	10.2%	3%	1%	0.2	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Stewart County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	77.6	Median is 34.9 per 100,000, much lower than for white physicians.	C
Health Insurance Coverage (uninsured rate as % of population)	21%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	9 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C+

HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration

Health Disparities Reports



Sumter County Minority Health Report Card

Sumter County includes Americus, Andersonville, Leslie and Plains.

Sumter County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	16,126	49%
African American or Black	16,402	49.8%
Hispanic or Latino	1,138	3.5%
Asian	205	<1%
American Indian	107	<1%
Other or Multi-Racial	384	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	F
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	D
Primary Care Access	A
Physician Racial-Ethnic Diversity	D
Mental Health Care Access	C-
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	5.4%
% Estimated to Have No Health Insurance	18.9%

Black-White racial inequalities in health outcomes cost Sumter County 1,105 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	21.4%	32.3%	45.1%	3.3	19.9%	2.8	F
Education (adults w/ <9 th grade education)	10.8%	16.3%	35.9%	2.5	11.8%	1.9	C+
Employment (adult unemployment)	6.8%	11.3%	2.6%	3.2	5.8%	2.9	C
Mortality							
YPLL-75 Rate (Life-Years Lost)	10,322.10	13,863.20	*	2.03	6,363	1.2	F
Age-Adjusted Death Rate per 100,000	841.3	817.3	*	1	971.8	1.1	F
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	18,992.3	44,695.2	*	2.4	17,803.4	1.8	F
Mental Health Emergency Dept Visits	1,950.4	3,800.2	*	1.9	2,357.1	1.3	D
Birth Outcomes							
Low Birth Weight	7.7%	14.4	8.5	1.87	7.7%	1.9	C
Inadequate Prenatal Care	14.1%	19.1%	29.2	1.47	11.6%	1.7	F
Tobacco Use in Pregnancy	12.7%	4.2%	*	0.3	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Sumter County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	non-HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	A
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	A
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	48.8	Median is 34.9 per 100,000, much lower than for white physicians.	D
Health Insurance Coverage (uninsured rate as % of population)	18.9%	18.6% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	121 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C-

HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration

Health Disparities Reports



Talbot County Minority Health Report Card

Talbot County includes Geneva, Junction City, Talbotton and Woodland.

Talbot County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	2,860	42.6%
African American or Black	3,806	56.7%
Hispanic or Latino	114	1.7%
Asian	22	<1%
American Indian	6	<1%
Other or Multi-Racial	43	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	B-
Prenatal Care & Birth Outcomes	C
Primary Care Access	C
Physician Racial-Ethnic Diversity	*
Mental Health Care Access	A-
Oral Health Care Access	Whole County HPSA*
% Speaking non-English Language at Home	1.9%
% Estimated to Have No Health Insurance	18%

Black-White racial inequalities in health outcomes cost Talbot County 93 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	24.2%	33.6%	57.1%	3.6	19.9%	2.8	F
Education (adults w/ <9 th grade education)	13%	19.2%	65.5%	4.8	11.8%	1.9	D+
Employment (adult unemployment)	8.7%	11.1%	0%	1.9	5.8%	2.9	C+
Mortality							
YPLL-75 Rate (Life-Years Lost)	15,054.40	16,269.30	0	1.19	6,363	1.2	D+
Age-Adjusted Death Rate per 100,000	715.4	766.9	296.4	1.1	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	12,885.2	23,315.1	*	1.8	17,803.4	1.8	B-
Mental Health Emergency Dept Visits	1,353.9	1,202.2	*	.9	2,357.1	1.3	A
Birth Outcomes							
Low Birth Weight	9.4%	15.7	0	1.67	7.7%	1.9	C-
Inadequate Prenatal Care	7.1%	10.1%	18.1	1.58	11.6%	1.7	C
Tobacco Use in Pregnancy	3.9%	*	*	*	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Talbot County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	25.5	Median is 34.9 per 100,000, much lower than for white physicians.	*
Health Insurance Coverage (uninsured rate as % of population)	18%	18.6% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	0 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	A-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Taliaferro County Minority Health Report Card

Taliaferro County includes Crawfordville and Sharon.

Taliaferro County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	705	38.6%
African American or Black	1,117	61.2%
Hispanic or Latino	19	1%
Asian	0	0%
American Indian	0	0%
Other or Multi-Racial	4	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	C-
Prenatal Care & Birth Outcomes	*
Primary Care Access	C
Physician Racial-Ethnic Diversity	*
Mental Health Care Access	B
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	1.7%
% Estimated to Have No Health Insurance	20.6%

Black-White racial inequalities in health outcomes cost Taliaferro County 27 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	23.4%	32%	0%	2.9	19.9%	2.8	C-
Education (adults w/ <9 th grade education)	21.4%	29.2%	0%	2.7	11.8%	1.9	F
Employment (adult unemployment)	9.8%	12%	0%	1.8	5.8%	2.9	C-
Mortality							
YPLL-75 Rate (Life-Years Lost)	11,122.20	12,149.20	0	1.27	6,363	1.2	C
Age-Adjusted Death Rate per 100,000	941.1	1,150.7	143.5	1.2	971.8	1.1	C
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	11,074.4	26,553	*	2.4	17,803.4	1.8	C-
Mental Health Emergency Dept Visits	1,652.9	2,192.4	*	1.3	2,357.1	1.3	B
Birth Outcomes							
Low Birth Weight	0%	12.5	0	*	7.7%	1.9	*
Inadequate Prenatal Care	13.7%	15.1%	38.1	1.12	11.6%	1.7	F
Tobacco Use in Pregnancy	15.1%	12.2%	*	0.76	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Taliaferro County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	0.0	Median is 34.9 per 100,000, much lower than for white physicians.	*
Health Insurance Coverage (uninsured rate as % of population)	20.6%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	0 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	B
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Tattall County Minority Health Report Card

Tattall County includes Cobbtown, Collins, Glennville, Manassas and Reidsville.

Tattall County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	16,071	69.2%
African American or Black	6,879	29.6%
Hispanic or Latino	2,744	11.8%
Asian	90	<1%
American Indian	61	<1%
Other or Multi-Racial	261	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	B+
Illness Events (Hospital Admits & Emergency Visits)	C+
Prenatal Care & Birth Outcomes	B-
Primary Care Access	C
Physician Racial-Ethnic Diversity	D
Mental Health Care Access	C
Oral Health Care Access	Whole County HPSA*
% Speaking non-English Language at Home	8.3%
% Estimated to Have No Health Insurance	20.9%

Black-White racial inequalities in health outcomes cost Tattall County 144 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	23.9%	44.6%	48%	3.5	19.9%	2.8	F
Education (adults w/ <9 th grade education)	11.7%	9.1%	64.3%	1	11.8%	1.9	A+
Employment (adult unemployment)	6.8%	15.7%	6.1%	3.2	5.8%	2.9	F
Mortality							
YPLL-75 Rate (Life-Years Lost)	11,256.80	9,701.00	4,355.70	0.82	6,363	1.2	B+
Age-Adjusted Death Rate per 100,000	796.2	459.7	295.9	0.6	971.8	1.1	B+
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	23,900.4	27,370.8	*	1.1	17,803.4	1.8	C+
Mental Health Emergency Dept Visits	3,209	2,990.7	*	.9	2,357.1	1.3	B-
Birth Outcomes							
Low Birth Weight	9.1%	11.9	9.2	1.31	7.7%	1.9	B
Inadequate Prenatal Care	4.2%	11.6%	8.6	2.83	11.6%	1.7	C
Tobacco Use in Pregnancy	4.2%	*	0.7%	*	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Tattnell County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	33.4	Median is 34.9 per 100,000, much lower than for white physicians.	D
Health Insurance Coverage (uninsured rate as % of population)	20.9%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	190 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Taylor County Minority Health Report Card

Taylor County includes Butler and Reynolds.

Taylor County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	5,214	58.7%
African American or Black	3,594	40.4%
Hispanic or Latino	214	2.4%
Asian	43	<1%
American Indian	14	<1%
Other or Multi-Racial	79	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	D
Prenatal Care & Birth Outcomes	D
Primary Care Access	F
Physician Racial-Ethnic Diversity	F
Mental Health Care Access	B
Oral Health Care Access	Whole County HPSA*
% Speaking non-English Language at Home	2.5%
% Estimated to Have No Health Insurance	19.3%

Black-White racial inequalities in health outcomes cost Taylor County 119 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	26%	40.1%	2.3%	2.6	19.9%	2.8	F
Education (adults w/ <9 th grade education)	15%	19.4%	73.3%	1.7	11.8%	1.9	C-
Employment (adult unemployment)	8%	15.6%	27.3%	3.9	5.8%	2.9	F
Mortality							
YPLL-75 Rate (Life-Years Lost)	11,390.60	13,527.20	0	1.34	6,363	1.2	D
Age-Adjusted Death Rate per 100,000	845.2	1,082.8	297	1.5	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	14,307.9	34,812.4	*	2.4	17,803.4	1.8	D
Mental Health Emergency Dept Visits	1,837	1,815.2	*	1.0	2,357.1	1.3	B+
Birth Outcomes							
Low Birth Weight	7.4%	15.7	*	2.12	7.7%	1.9	D+
Inadequate Prenatal Care	14.3%	21.2%	20.2	2.47	11.6%	1.7	D
Tobacco Use in Pregnancy	2.9%	4.4%	0.4%	2.59	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Taylor County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	26.3	Median is 34.9 per 100,000, much lower than for white physicians.	F
Health Insurance Coverage (uninsured rate as % of population)	19.3%	18.6% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	5 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	B

HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration

Health Disparities Reports



Telfair County Minority Health Report Card

Telfair County includes Helena, Lumber City, McRae, Milan and Scotland.

Telfair County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	7,580	57.4%
African American or Black	5,565	42.1%
Hispanic or Latino	430	3.3%
Asian	37	<1%
American Indian	1	<1%
Other or Multi-Racial	60	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	B+
Prenatal Care & Birth Outcomes	F
Primary Care Access	F
Physician Racial-Ethnic Diversity	*
Mental Health Care Access	B
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	3.2%
% Estimated to Have No Health Insurance	21.9%

Black-White racial inequalities in health outcomes cost Telfair County 37 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	21.2%	34.3%	27.7%	2.5	19.9%	2.8	D
Education (adults w/ <9 th grade education)	10.3%	13.7%	10.1%	1.6	11.8%	1.9	B
Employment (adult unemployment)	6.5%	10.2%	3.4%	2.1	5.8%	2.9	C+
Mortality							
YPLL-75 Rate (Life-Years Lost)	11,748.70	11,385.70	*	0.94	6,363	1.2	C+
Age-Adjusted Death Rate per 100,000	894.4	1,067.2	245.2	1.2	971.8	1.1	C
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	31,779.9	23,858.8	*	0.8	17,803.4	1.8	B+
Mental Health Emergency Dept Visits	2,768.7	2,235.3	*	.8	2,357.1	1.3	B+
Birth Outcomes							
Low Birth Weight	10.2%	17.4	10.5	1.71	7.7%	1.9	F
Inadequate Prenatal Care	7.2%	5.6%	25.8	0.72	11.6%	1.7	C
Tobacco Use in Pregnancy	12.8%	6.5%	*	0.41	11.7%	0.4	Not graded
* Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. ** *Insufficient Data are available for groups other than Black & White at the County Level; In addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Telfair County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	0.0	Median is 34.9 per 100,000, much lower than for white physicians.	*
Health Insurance Coverage (uninsured rate as % of population)	21.9%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	22 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	B

HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration

Health Disparities Reports



Terrell County Minority Health Report Card

Terrell County includes Bronwood, Dawson, Parrott and Sasser.

Terrell County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	4,066	38%
African American or Black	6,552	61.2%
Hispanic or Latino	159	1.5%
Asian	57	<1%
American Indian	22	<1%
Other or Multi-Racial	93	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	D
Prenatal Care & Birth Outcomes	D
Primary Care Access	C
Physician Racial-Ethnic Diversity	F
Mental Health Care Access	F
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	3.6%
% Estimated to Have No Health Insurance	22.4%

Black-White racial inequalities in health outcomes cost Terrell County 76 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	28.6%	40%	47.7%	3.7	19.9%	2.8	F
Education (adults w/ <9 th grade education)	11.8%	17.9%	8.6%	3.8	11.8%	1.9	D+
Employment (adult unemployment)	8.5%	13.1%	10.2%	4.6	5.8%	2.9	F
Mortality							
YPLL-75 Rate (Life-Years Lost)	12,835.30	13,336.70	0	1.10	6,363	1.2	D+
Age-Adjusted Death Rate per 100,000	983.1	1,138.3	438.5	1.2	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	10,665.9	29,487.8	*	2.8	17,803.4	1.8	D
Mental Health Emergency Dept Visits	1,265.4	3,500.9	*	2.8	2,357.1	1.3	F
Birth Outcomes							
Low Birth Weight	12.2%	16.7	*	1.37	7.7%	1.9	C-
Inadequate Prenatal Care	25.1%	21.3%	49.1	0.84	11.6%	1.7	F
Tobacco Use in Pregnancy	14.4%	18%	*	1.25	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Terrell County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	14.9	Median is 34.9 per 100,000, much lower than for white physicians.	F
Health Insurance Coverage (uninsured rate as % of population)	22.4%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	16 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	F
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Thomas County Minority Health Report Card

Thomas County includes Boston, Coolidge, Meigs, Ochlocknee and Thomasville.

Thomas County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	26,979	60.4%
African American or Black	17,080	38.2%
Hispanic or Latino	821	1.8%
Asian	224	<1%
American Indian	93	<1%
Other or Multi-Racial	633	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	C-
Primary Care Access	B
Physician Racial-Ethnic Diversity	C
Mental Health Care Access	D
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	3.8%
% Estimated to Have No Health Insurance	18.1%

Black-White racial inequalities in health outcomes cost Thomas County 433 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	17.4%	29.9%	30.7%	3.3	19.9%	2.8	D
Education (adults w/ <9 th grade education)	10%	14.4%	35.3%	1.9	11.8%	1.9	C+
Employment (adult unemployment)	6.5%	11.5%	9.3%	2.9	5.8%	2.9	C+
Mortality							
YPLL-75 Rate (Life-Years Lost)	10,244.40	11,972.90	*	1.29	6,363	1.2	C
Age-Adjusted Death Rate per 100,000	762.5	664.5	297.3	0.8	971.8	1.1	C
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	12,748.2	37,050.6	*	2.9	17,803.4	1.8	F
Mental Health Emergency Dept Visits	2,000.7	3,200.4	*	1.6	2,357.1	1.3	D+
Birth Outcomes							
Low Birth Weight	8.1%	16.3	6.7	2.01	7.7%	1.9	D+
Inadequate Prenatal Care	11.4%	11.1%	19	0.91	11.6%	1.7	B-
Tobacco Use in Pregnancy	2.3%	1.6%	0.3%	0.57	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Thomas County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	non-HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	B
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	B
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	68.4	Median is 34.9 per 100,000, much lower than for white physicians.	C
Health Insurance Coverage (uninsured rate as % of population)	18.1%	18.6% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	154 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	D
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Tift County Minority Health Report Card

Tift County includes Brookfield, Chula, Eldorado, Harding, Omega, Phillipsburg, Sunsweet, Tifton, Ty Ty and Unionville.

Tift County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	28,627	70.2%
African American or Black	11,335	27.8%
Hispanic or Latino	4,134	10.1%
Asian	575	<1%
American Indian	89	<1%
Other or Multi-Racial	831	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	F
Primary Care Access	B
Physician Racial-Ethnic Diversity	D
Mental Health Care Access	F
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	8.8%
% Estimated to Have No Health Insurance	20.2%

Black-White racial inequalities in health outcomes cost Tift County 448 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	19.9%	40.2%	30.2%	4	19.9%	2.8	F
Education (adults w/ <9 th grade education)	11.7%	14.8%	46%	1.8	11.8%	1.9	C+
Employment (adult unemployment)	6.8%	12.1%	7.5%	2.5	5.8%	2.9	C-
Mortality							
YPLL-75 Rate (Life-Years Lost)	8,955.00	12,021.20	6,513.40	1.52	6,363	1.2	C
Age-Adjusted Death Rate per 100,000	715.9	842.4	219.7	1.2	971.8	1.1	C
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	25,129.7	64,631.5	*	2.6	17,803.4	1.8	F
Mental Health Emergency Dept Visits	3,269.1	6,204.7	*	1.9	2,357.1	1.3	F
Birth Outcomes							
Low Birth Weight	9.3%	16.8	5.3	1.81	7.7%	1.9	D+
Inadequate Prenatal Care	11.6%	*	23.1	*	11.6%	1.7	F
Tobacco Use in Pregnancy	10.4%	26.1%	*	2.56	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Tift County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	non-HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	B
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	B
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	46.0	Median is 34.9 per 100,000, much lower than for white physicians.	D
Health Insurance Coverage (uninsured rate as % of population)	20.2%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	311 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	F
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Toombs County Minority Health Report Card

Toombs County includes Lyons and Vidalia.

Toombs County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	20,140	73.8%
African American or Black	6,837	25.1%
Hispanic or Latino	3,004	11%
Asian	164	<1%
American Indian	66	<1%
Other or Multi-Racial	297	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	C
Primary Care Access	D
Physician Racial-Ethnic Diversity	C
Mental Health Care Access	F
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	10.2%
% Estimated to Have No Health Insurance	23.2%

Black-White racial inequalities in health outcomes cost Toombs County 314 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	23.9%	38%	55.8%	2.4	19.9%	2.8	F
Education (adults w/ <9 th grade education)	11.4%	14.3%	46.4%	1.7	11.8%	1.9	C+
Employment (adult unemployment)	5.7%	9.7%	5.9%	2.1	5.8%	2.9	C+
Mortality							
YPLL-75 Rate (Life-Years Lost)	10,614.30	14,366.70	5,725.90	1.51	6,363	1.2	D
Age-Adjusted Death Rate per 100,000	863.5	1,223.2	263.6	1.4	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	26,655.5	61,227.5	*	2.3	17,803.4	1.8	F
Mental Health Emergency Dept Visits	3,387.6	8,084.8	*	2.4	2,357.1	1.3	F
Birth Outcomes							
Low Birth Weight	8.4%	16.7	6.4	1.99	7.7%	1.9	D+
Inadequate Prenatal Care	9.7%	7.6%	12.2	0.78	11.6%	1.7	A
Tobacco Use in Pregnancy	2.9%	3%	0.2%	1	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Toombs County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	D
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	D
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	93.3	Median is 34.9 per 100,000, much lower than for white physicians.	C
Health Insurance Coverage (uninsured rate as % of population)	23.2%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	198 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	F
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Towns County Minority Health Report Card

Towns County includes Hiawassee and Young Harris.

Towns County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	10,110	98%
African American or Black	126	1.2%
Hispanic or Latino	144	1.4%
Asian	46	<1%
American Indian	17	<1%
Other or Multi-Racial	79	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	*
Illness Events (Hospital Admits & Emergency Visits)	*
Prenatal Care & Birth Outcomes	*
Primary Care Access	D
Physician Racial-Ethnic Diversity	*
Mental Health Care Access	*
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	4.1%
% Estimated to Have No Health Insurance	12.2%

*Insufficient Data are available to calculate YPPL rates.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	11.8%	100%	47.9%	8.5	19.9%	2.8	F
Education (adults w/ <9 th grade education)	10.2%	0%	48%	0	11.8%	1.9	*
Employment (adult unemployment)	3.8%	0%	0%	0	5.8%	2.9	*
Mortality							
YPLL-75 Rate (Life-Years Lost)	9,339.60	0	0	0.00	6,363	1.2	*
Age-Adjusted Death Rate per 100,000	881.8	761.5	441.7	0.8	971.8	1.1	*
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	20,808.2	0	*	0	17,803.4	1.8	*
Mental Health Emergency Dept Visits	2,505	0	*	.0	2,357.1	1.3	*
Birth Outcomes							
Low Birth Weight	7.5%	0	0	0.00	7.7%	1.9	*
Inadequate Prenatal Care	10%	14%	19.8	1.79	11.6%	1.7	C
Tobacco Use in Pregnancy	6.7%	1.8%	2.3%	0.19	11.7%	0.4	Not graded

Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.

*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.

Other Indicators Relevant to Health Disparities	Towns County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	D
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	D
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	0.0	Median is 34.9 per 100,000, much lower than for white physicians.	*
Health Insurance Coverage (uninsured rate as % of population)	12.2%	18.6% (median uninsured rate)	B
Persons Living in Linguistically-Isolated Households	29 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	*

HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration

Health Disparities Reports



Treutlen County Minority Health Report Card

Treutlen County includes Soperton.

Treutlen County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	4,523	67%
African American or Black	2,187	32.4%
Hispanic or Latino	108	1.6%
Asian	36	<1%
American Indian	1	<1%
Other or Multi-Racial	43	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	A-
Prenatal Care & Birth Outcomes	F
Primary Care Access	C
Physician Racial-Ethnic Diversity	*
Mental Health Care Access	A-
Oral Health Care Access	Whole County HPSA*
% Speaking non-English Language at Home	4.5%
% Estimated to Have No Health Insurance	21%

Black-White racial inequalities in health outcomes cost Treutlen County 24 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	26.3%	35.2%	59.7%	1.7	19.9%	2.8	C-
Education (adults w/ <9 th grade education)	14.9%	16.2%	60%	1.1	11.8%	1.9	B-
Employment (adult unemployment)	9.4%	13%	0%	1.7	5.8%	2.9	F
Mortality							
YPLL-75 Rate (Life-Years Lost)	10,552.10	11,372.50	*	1.11	6,363	1.2	C
Age-Adjusted Death Rate per 100,000	853.4	847.3	273.8	1	971.8	1.1	C
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	15,397.9	18,317.2	*	1.2	17,803.4	1.8	A-
Mental Health Emergency Dept Visits	1,701.3	1,229.8	*	.7	2,357.1	1.3	A
Birth Outcomes							
Low Birth Weight	2.8%	17.7	*	6.32	7.7%	1.9	F
Inadequate Prenatal Care	10.3%	14.2%	19	1.69	11.6%	1.7	C
Tobacco Use in Pregnancy	11.8%	6.3%	2.9%	0.44	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Treutlen County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	0.0	Median is 34.9 per 100,000, much lower than for white physicians.	*
Health Insurance Coverage (uninsured rate as % of population)	21%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	18 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	A-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Turner County Minority Health Report Card

Turner County includes Ashburn, Ambroy, Coverdale, Dakota, Inaha, Rebecca, Sycamore and Worth.

Turner County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	5,517	58.2%
African American or Black	3,881	41%
Hispanic or Latino	306	3.2%
Asian	43	<1%
American Indian	22	<1%
Other or Multi-Racial	76	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	C
Prenatal Care & Birth Outcomes	F
Primary Care Access	F
Physician Racial-Ethnic Diversity	*
Mental Health Care Access	C-
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	6.2%
% Estimated to Have No Health Insurance	23.9%

Black-White racial inequalities in health outcomes cost Turner County 73 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	26.7%	46.1%	42.9%	4	19.9%	2.8	F
Education (adults w/ <9 th grade education)	10.5%	13.4%	37.3%	1.6	11.8%	1.9	B
Employment (adult unemployment)	8%	14%	11.9%	3.4	5.8%	2.9	F
Mortality							
YPLL-75 Rate (Life-Years Lost)	11,567.30	12,741.70	0	1.18	6,363	1.2	D+
Age-Adjusted Death Rate per 100,000	934.4	1,131.7	*	1.3	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	17,968.2	30,133	*	1.7	17,803.4	1.8	C
Mental Health Emergency Dept Visits	2,594.9	3,158.8	*	1.2	2,357.1	1.3	C+
Birth Outcomes							
Low Birth Weight	6.6%	18	0	2.73	7.7%	1.9	F
Inadequate Prenatal Care	3.1%	3.8%	8.3	1.46	11.6%	1.7	B-
Tobacco Use in Pregnancy	5.1%	2.7%	0%	0.39	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Turner County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	0.0	Median is 34.9 per 100,000, much lower than for white physicians.	*
Health Insurance Coverage (uninsured rate as % of population)	23.9%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	54 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Union County Minority Health Report Card

Union County includes Blairsville.

Union County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	19,384	98%
African American or Black	243	1.2%
Hispanic or Latino	194	1%
Asian	56	<1%
American Indian	31	<1%
Other or Multi-Racial	155	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	*
Mortality (Deaths)	*
Illness Events (Hospital Admits & Emergency Visits)	A
Prenatal Care & Birth Outcomes	*
Primary Care Access	C
Physician Racial-Ethnic Diversity	B
Mental Health Care Access	*
Oral Health Care Access	Whole County HPSA*
% Speaking non-English Language at Home	2%
% Estimated to Have No Health Insurance	14%

*Insufficient Data are available to calculate YPPL rates.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	12.5%	0%	15.4%	0	19.9%	2.8	*
Education (adults w/ <9 th grade education)	9.1%	0%	17.2%	0	11.8%	1.9	*
Employment (adult unemployment)	3.2%	0%	0%	0	5.8%	2.9	*
Mortality							
YPLL-75 Rate (Life-Years Lost)	9,264.70	*	0	*	6,363	1.2	*
Age-Adjusted Death Rate per 100,000	937.3	1,053.6	396.2	1.2	971.8	1.1	*
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	17,729.7	4,968.9	*	0.3	1,7803.4	1.8	A
Mental Health Emergency Dept Visits	2,811.3	0	*	.0	2,357.1	1.3	*
Birth Outcomes							
Low Birth Weight	7.2%	0	*	0.00	7.7%	1.9	*
Inadequate Prenatal Care	10.1%	12.7%	21.7	1.57	11.6%	1.7	C
Tobacco Use in Pregnancy	6.2%	3.1%	*	0.36	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Union County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	237.1	Median is 34.9 per 100,000, much lower than for white physicians.	B
Health Insurance Coverage (uninsured rate as % of population)	14%	18.6% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	9 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	*
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Ware County Minority Health Report Card

Ware County includes Waycross.

Ware County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	24,682	71.6%
African American or Black	9,405	27.3%
Hispanic or Latino	947	2.7%
Asian	189	<1%
American Indian	65	<1%
Other or Multi-Racial	405	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	C+
Primary Care Access	C
Physician Racial-Ethnic Diversity	B
Mental Health Care Access	F
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	4.1%
% Estimated to Have No Health Insurance	18.9%

Black-White racial inequalities in health outcomes cost Ware County 194 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	20.5%	39.6%	33.6%	3	19.9%	2.8	F
Education (adults w/ <9 th grade education)	10.2%	11.8%	20.3%	1.3	11.8%	1.9	A-
Employment (adult unemployment)	6.4%	10.9%	20.2%	2.4	5.8%	2.9	C+
Mortality							
YPLL-75 Rate (Life-Years Lost)	12,085.00	13,688.40	*	1.18	6,363	1.2	D+
Age-Adjusted Death Rate per 100,000	1,011.7	749.2	355.8	0.7	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	21,540.9	45,337.7	*	2.1	17,803.4	1.8	F
Mental Health Emergency Dept Visits	3,060.4	4,398.7	*	1.4	2,357.1	1.3	F
Birth Outcomes							
Low Birth Weight	6.2%	12.7	*	2.05	7.7%	1.9	C
Inadequate Prenatal Care	4.5%	7.4%	9.5	1.9	11.6%	1.7	B
Tobacco Use in Pregnancy	8.8%	1.7%	2.5%	0.17	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Ware County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	221.2	Median is 34.9 per 100,000, much lower than for white physicians.	B
Health Insurance Coverage (uninsured rate as % of population)	18.9%	18.6% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	108 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	F
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Warren County Minority Health Report Card

Warren County includes Camak, Norwood and Warrenton.

Warren County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	2,503	41%
African American or Black	3,571	58.5%
Hispanic or Latino	69	1.1%
Asian	13	<1%
American Indian	10	<1%
Other or Multi-Racial	27	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	C-
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	C-
Prenatal Care & Birth Outcomes	D
Primary Care Access	C
Physician Racial-Ethnic Diversity	F
Mental Health Care Access	C+
Oral Health Care Access	Whole County HPSA*
% Speaking non-English Language at Home	3.2%
% Estimated to Have No Health Insurance	19.1%

Black-White racial inequalities in health outcomes cost Warren County 61 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	27%	37.6%	5.6%	3.5	19.9%	2.8	F
Education (adults w/ <9 th grade education)	20%	29.5%	30%	3.2	11.8%	1.9	F
Employment (adult unemployment)	9.4%	13%	0%	2.6	5.8%	2.9	C-
Mortality							
YPLL-75 Rate (Life-Years Lost)	13,037.80	12,406.90	0	0.87	6,363	1.2	C+
Age-Adjusted Death Rate per 100,000	1,108.4	1,246.8	305.1	1.1	971.8	1.1	C
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	12,057.8	30,115.5	*	2.5	17,803.4	1.8	C-
Mental Health Emergency Dept Visits	1,644.2	2,764	*	1.7	2,357.1	1.3	C
Birth Outcomes							
Low Birth Weight	11.2%	14.1	0	1.26	7.7%	1.9	C+
Inadequate Prenatal Care	22.3%	20.8%	57.5	0.93	11.6%	1.7	F
Tobacco Use in Pregnancy	16.1%	10.6%	*	0.62	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Warren County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	27.5	Median is 34.9 per 100,000, much lower than for white physicians.	F
Health Insurance Coverage (uninsured rate as % of population)	19.1%	18.6% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	10 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C+
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Washington County Minority Health Report Card

Washington County includes Davisboro, Deepstep, Harrison, Oconee, Riddleville, Sandersville and Tennille.

Washington County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	9,268	46.1%
African American or Black	10,713	53.3%
Hispanic or Latino	137	0.7%
Asian	66	<1%
American Indian	35	<1%
Other or Multi-Racial	137	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	C-
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	A
Prenatal Care & Birth Outcomes	B+
Primary Care Access	C
Physician Racial-Ethnic Diversity	C
Mental Health Care Access	A-
Oral Health Care Access	Whole County HPSA*
% Speaking non-English Language at Home	2.4%
% Estimated to Have No Health Insurance	17.5%

Black-White racial inequalities in health outcomes cost Washington County 230 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	22.9%	35.8%	6.3%	4.3	19.9%	2.8	F
Education (adults w/ <9 th grade education)	11.8%	16.8%	13%	2.4	11.8%	1.9	C-
Employment (adult unemployment)	9.5%	14.6%	0%	2.9	5.8%	2.9	F
Mortality							
YPLL-75 Rate (Life-Years Lost)	11,030.60	12,121.50	0	1.22	6,363	1.2	C
Age-Adjusted Death Rate per 100,000	1,020.5	1132	383.5	1.2	971.8	1.1	C
<i>Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.</i>							
Illness Events							
Preventable Emergency Dept. Visits	4,145.7	4,154.3	*	1	17,803.4	1.8	A
Mental Health Emergency Dept Visits	462.1	245.1	*	.5	2,357.1	1.3	A
Birth Outcomes							
Low Birth Weight	11.9%	13.9	0	1.17	7.7%	1.9	B-
Inadequate Prenatal Care	10.1%	12.8%	6.7	2.03	11.6%	1.7	A-
Tobacco Use in Pregnancy	9.2%	5.9%	2.7%	0.42	11.7%	0.4	Not graded

Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.

*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.

Other Indicators Relevant to Health Disparities	Washington County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	86.8	Median is 34.9 per 100,000, much lower than for white physicians.	C
Health Insurance Coverage (uninsured rate as % of population)	17.5%	18.6% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	10 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	A-

HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration

Health Disparities Reports



Wayne County Minority Health Report Card

Wayne County includes Jesup, Odum and Screven.

Wayne County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	22,259	78.4%
African American or Black	5,726	20.2%
Hispanic or Latino	1,258	4.4%
Asian	169	<1%
American Indian	70	<1%
Other or Multi-Racial	405	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	D+
Prenatal Care & Birth Outcomes	F
Primary Care Access	C
Physician Racial-Ethnic Diversity	D
Mental Health Care Access	C-
Oral Health Care Access	Partial-County HPSCA*
% Speaking non-English Language at Home	5.6%
% Estimated to Have No Health Insurance	18.5%

Black-White racial inequalities in health outcomes cost Wayne County 132 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	16.7%	34.7%	40%	3	19.9%	2.8	F
Education (adults w/ <9 th grade education)	11.1%	15.9%	21.9%	1.7	11.8%	1.9	C+
Employment (adult unemployment)	5%	9.3%	5.6%	2.2	5.8%	2.9	B
Mortality							
YPLL-75 Rate (Life-Years Lost)	10,841.90	12,875.30	*	1.22	6,363	1.2	D+
Age-Adjusted Death Rate per 100,000	894.6	857.9	277	0.9	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	22,663.3	31,896.8	*	1.4	17,803.4	1.8	D+
Mental Health Emergency Dept Visits	3,926.6	3,357.6	*	.9	2,357.1	1.3	C
Birth Outcomes							
Low Birth Weight	8%	15.3	7.3	1.91	7.7%	1.9	D+
Inadequate Prenatal Care	17.9%	15.4%	30.7	0.78	11.6%	1.7	F
Tobacco Use in Pregnancy	8.4%	3.8%	1.2%	0.31	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Wayne County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Partial-County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	45.2	Median is 34.9 per 100,000, much lower than for white physicians.	D
Health Insurance Coverage (uninsured rate as % of population)	18.5%	18.6% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	120 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Partial-County HPSA (dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Webster County Minority Health Report Card

Webster County includes Preston.

Webster County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	1,211	52.9%
African American or Black	1,075	47%
Hispanic or Latino	99	4.3%
Asian	0	0%
American Indian	0	0%
Other or Multi-Racial	3	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	B-
Prenatal Care & Birth Outcomes	B
Primary Care Access	C
Physician Racial-Ethnic Diversity	*
Mental Health Care Access	A-
Oral Health Care Access	Whole County HPSA*
% Speaking non-English Language at Home	5.8%
% Estimated to Have No Health Insurance	18.4%

Black-White racial inequalities in health outcomes cost Webster County 60 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	19.3%	30.3%	30.5%	3.8	19.9%	2.8	D
Education (adults w/ <9 th grade education)	16.3%	25.6%	78.8%	3.8	11.8%	1.9	F
Employment (adult unemployment)	7.5%	10.9%	14.5%	2.6	5.8%	2.9	C+
Mortality							
YPLL-75 Rate (Life-Years Lost)	10,257.60	13,379.10	*	1.80	6,363	1.2	D
Age-Adjusted Death Rate per 100,000	1,044.4	1,131.3	168.9	1.1	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	13,551.9	23,707.4	*	1.7	17,803.4	1.8	B-
Mental Health Emergency Dept Visits	1,311.5	1,387.1	*	1.1	2,357.1	1.3	A-
Birth Outcomes							
Low Birth Weight	11.3%	13	*	1.15	7.7%	1.9	B-
Inadequate Prenatal Care	8.4%	11.3%	14.9	1.71	11.6%	1.7	B-
Tobacco Use in Pregnancy	12.5%	4.7%	*	0.26	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Webster County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	0.0	Median is 34.9 per 100,000, much lower than for white physicians.	*
Health Insurance Coverage (uninsured rate as % of population)	18.4%	18.6% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	2 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	A-

HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration

Health Disparities Reports



Wheeler County Minority Health Report Card

Wheeler County includes Alamo and Glenwood.

Wheeler County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	4,389	65.4%
African American or Black	2,254	33.6%
Hispanic or Latino	311	4.6%
Asian	5	<1%
American Indian	48	<1%
Other or Multi-Racial	63	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	A
Illness Events (Hospital Admits & Emergency Visits)	B+
Prenatal Care & Birth Outcomes	B-
Primary Care Access	D
Physician Racial-Ethnic Diversity	*
Mental Health Care Access	B
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	3.5%
% Estimated to Have No Health Insurance	23.3%

Black-White racial inequalities in health outcomes cost Wheeler County 91 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	25.3%	36.7%	59.5%	1.9	19.9%	2.8	C-
Education (adults w/ <9 th grade education)	15.4%	18.5%	73.1%	1.4	11.8%	1.9	C
Employment (adult unemployment)	5%	9.8%	0%	2.7	5.8%	2.9	C+
Mortality							
YPLL-75 Rate (Life-Years Lost)	8,808.50	6,236.80	0	0.60	6,363	1.2	A
Age-Adjusted Death Rate per 100,000	859.8	1,044.1	*	1.3	971.8	1.1	A
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	26,961.5	19,917.5	*	0.7	17,803.4	1.8	B+
Mental Health Emergency Dept Visits	2,999.1	1,708.9	*	.6	2,357.1	1.3	B+
Birth Outcomes							
Low Birth Weight	7.4%	8.9	*	1.20	7.7%	1.9	A
Inadequate Prenatal Care	11.5%	15.5%	20.7	1.94	11.6%	1.7	D+
Tobacco Use in Pregnancy	7.1%	2.6%	*	0.24	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Wheeler County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	D
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	D
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	0.0	Median is 34.9 per 100,000, much lower than for white physicians.	*
Health Insurance Coverage (uninsured rate as % of population)	23.3%	18.6% (median uninsured rate)	F
Persons Living in Linguistically-Isolated Households	23 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	B
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



White County Minority Health Report Card

White County includes Cleveland and Helen.

White County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	22,979	95.5%
African American or Black	533	2.2%
Hispanic or Latino	569	2.4%
Asian	172	<1%
American Indian	63	<1%
Other or Multi-Racial	543	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	C
Mortality (Deaths)	A
Illness Events (Hospital Admits & Emergency Visits)	A
Prenatal Care & Birth Outcomes	*
Primary Care Access	F
Physician Racial-Ethnic Diversity	*
Mental Health Care Access	B
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	4.4%
% Estimated to Have No Health Insurance	15.6%

Black-White racial inequalities in health outcomes cost White County 27 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	10.5%	22.3%	18.5%	2.2	19.9%	2.8	B-
Education (adults w/ <9 th grade education)	9%	19.1%	28.4%	2.2	11.8%	1.9	C-
Employment (adult unemployment)	2.8%	8.5%	12.5%	3.3	5.8%	2.9	B-
Mortality							
YPLL-75 Rate (Life-Years Lost)	9,466.90	4,591.80	*	0.47	6,363	1.2	A
Age-Adjusted Death Rate per 100,000	906.4	1,109.2	287.4	1.3	971.8	1.1	A
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	17,321.4	18,085.1	*	1	17,803.4	1.8	A
Mental Health Emergency Dept Visits	1,866.8	1,595.7	*	.9	2,357.1	1.3	B+
Birth Outcomes							
Low Birth Weight	7.4%	*	*	*	7.7%	1.9	*
Inadequate Prenatal Care	17.5%	19.7%	22.9	1.2	11.6%	1.7	C-
Tobacco Use in Pregnancy	1.9%	*	0%	*	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	White County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	0.0	Median is 34.9 per 100,000, much lower than for white physicians.	*
Health Insurance Coverage (uninsured rate as % of population)	15.6%	18.6% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	39 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	B
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Whitfield County Minority Health Report Card

Whitfield County includes Cohutta, Dalton, Tunnel Hill and Varnell.

Whitfield County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	84,807	93.3%
African American or Black	3,510	3.9%
Hispanic or Latino	25,614	28.2%
Asian	1,194	<1%
American Indian	440	<1%
Other or Multi-Racial	2,572	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	C
Mortality (Deaths)	B
Illness Events (Hospital Admits & Emergency Visits)	D+
Prenatal Care & Birth Outcomes	C-
Primary Care Access	F
Physician Racial-Ethnic Diversity	C
Mental Health Care Access	F
Oral Health Care Access	Whole County HPSA*
% Speaking non-English Language at Home	22.2%
% Estimated to Have No Health Insurance	17.9%

Black-White racial inequalities in health outcomes cost Whitfield County 23 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	11.5%	12.5%	23.6%	1.3	19.9%	2.8	A
Education (adults w/ <9 th grade education)	18.2%	9.8%	52.8%	0.7	11.8%	1.9	A+
Employment (adult unemployment)	3.6%	8.3%	6.7%	3.2	5.8%	2.9	B-
Mortality							
YPLL-75 Rate (Life-Years Lost)	8,195.20	8,969.70	3,558.20	1.08	6,363	1.2	B
Age-Adjusted Death Rate per 100,000	1,009.8	1,163	367.7	1.2	971.8	1.1	B
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	21,274.1	37,824.3	*	1.8	17,803.4	1.8	D+
Mental Health Emergency Dept Visits	3,347.3	4,016.7	*	1.2	2,357.1	1.3	F
Birth Outcomes							
Low Birth Weight	6.5%	13.6	4.6	2.09	7.7%	1.9	C
Inadequate Prenatal Care	11.7%	16.2%	27.1	1.84	11.6%	1.7	D
Tobacco Use in Pregnancy	11.5%	5.7%	*	0.37	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Whitfield County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	F
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	No	46 out of 108 are included in a community health center catchment area	F
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	81.0	Median is 34.9 per 100,000, much lower than for white physicians.	C
Health Insurance Coverage (uninsured rate as % of population)	17.9%	18.6% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	2,402 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	F
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Wilcox County Minority Health Report Card

Wilcox County includes Abbeville, Pineview, and Rochelle.

Wilcox County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	5,529	63.4%
African American or Black	3,163	36.3%
Hispanic or Latino	134	1.5%
Asian	16	<1%
American Indian	11	<1%
Other or Multi-Racial	29	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	B
Prenatal Care & Birth Outcomes	D+
Primary Care Access	C
Physician Racial-Ethnic Diversity	*
Mental Health Care Access	C+
Oral Health Care Access	Whole County HPSA*
% Speaking non-English Language at Home	2%
% Estimated to Have No Health Insurance	19.5%

Black-White racial inequalities in health outcomes cost Wilcox County 87 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	21%	41.9%	31.9%	3.7	19.9%	2.8	F
Education (adults w/ <9 th grade education)	14.3%	20.3%	70.8%	1.9	11.8%	1.9	C-
Employment (adult unemployment)	4.9%	11.7%	27.9%	5.4	5.8%	2.9	D
Mortality							
YPLL-75 Rate (Life-Years Lost)	11,887.50	13,730.00	*	1.27	6,363	1.2	D+
Age-Adjusted Death Rate per 100,000	980.8	988.2	*	1	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	22,501.2	25,492.7	*	1.1	17,803.4	1.8	B
Mental Health Emergency Dept Visits	2,440.7	3,102.7	*	1.3	2,357.1	1.3	C+
Birth Outcomes							
Low Birth Weight	7.8%	15.9	*	2.04	7.7%	1.9	D+
Inadequate Prenatal Care	8.3%	17.8%	*	2.25	11.6%	1.7	C
Tobacco Use in Pregnancy	19.7%	9.6%	*	0.48	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Wilcox County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	0.0	Median is 34.9 per 100,000, much lower than for white physicians.	*
Health Insurance Coverage (uninsured rate as % of population)	19.5%	18.6% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	3 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C+
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Wilkes County Minority Health Report Card

Wilkes County includes Rayle, Tignall and Washington.

Wilkes County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	5,942	56.8%
African American or Black	4,410	42.2%
Hispanic or Latino	259	2.5%
Asian	39	<1%
American Indian	21	<1%
Other or Multi-Racial	105	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	F
Illness Events (Hospital Admits & Emergency Visits)	C-
Prenatal Care & Birth Outcomes	F
Primary Care Access	C
Physician Racial-Ethnic Diversity	C
Mental Health Care Access	C+
Oral Health Care Access	non-HPSA*
% Speaking non-English Language at Home	2.6%
% Estimated to Have No Health Insurance	16.3%

Black-White racial inequalities in health outcomes cost Wilkes County 330 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	17.5%	29.2%	33.3%	3.5	19.9%	2.8	D
Education (adults w/ <9 th grade education)	12.7%	21.1%	10.6%	3.2	11.8%	1.9	F
Employment (adult unemployment)	4.4%	6.2%	12.3%	2	5.8%	2.9	A
Mortality							
YPLL-75 Rate (Life-Years Lost)	10,885.70	15,567.00	0	2.06	6,363	1.2	F
Age-Adjusted Death Rate per 100,000	907	963.1	311	1.1	971.8	1.1	F
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	12,565.8	30,505.4	*	2.4	17,803.4	1.8	C-
Mental Health Emergency Dept Visits	2,127.2	3,001.5	*	1.4	2,357.1	1.3	C
Birth Outcomes							
Low Birth Weight	4.3%	15.2	0	3.53	7.7%	1.9	F
Inadequate Prenatal Care	12.1%	20.6%	21.6	2.04	11.6%	1.7	D+
Tobacco Use in Pregnancy	12.8%	6.4%	*	0.45	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Wilkes County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	70.7	Median is 34.9 per 100,000, much lower than for white physicians.	C
Health Insurance Coverage (uninsured rate as % of population)	16.3%	18.6% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	23 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	non-HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	C+
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Wilkinson County Minority Health Report Card

Wilkinson County includes Allentown, Gordon, Irwinton, Ivey, McIntyre and Toombsboro.

Wilkinson County's Racial-Ethnic Diversity

Race	NumWilber of Persons	Percentage of Population
White	5,960	58.8%
African American or Black	4,128	40.7%
Hispanic or Latino	173	1.7%
Asian	10	<1%
American Indian	24	<1%
Other or Multi-Racial	55	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	D
Mortality (Deaths)	C
Illness Events (Hospital Admits & Emergency Visits)	B-
Prenatal Care & Birth Outcomes	C
Primary Care Access	C
Physician Racial-Ethnic Diversity	*
Mental Health Care Access	A-
Oral Health Care Access	Whole County HPSA*
% Speaking non-English Language at Home	2.8%
% Estimated to Have No Health Insurance	16.5%

Black-White racial inequalities in health outcomes cost Wilkinson County 11 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	17.9%	27.9%	22.1%	2.6	19.9%	2.8	C-
Education (adults w/ <9 th grade education)	9.7%	12%	11.6%	1.4	11.8%	1.9	A-
Employment (adult unemployment)	6.7%	11.8%	10.7%	3.1	5.8%	2.9	D+
Mortality							
YPLL-75 Rate (Life-Years Lost)	10,564.60	10,209.40	0	0.97	6,363	1.2	C+
Age-Adjusted Death Rate per 100,000	1,012.6	1,120.7	*	1.1	971.8	1.1	C
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	14,038.2	20,276	*	1.4	17,803.4	1.8	B-
Mental Health Emergency Dept Visits	1,057.4	1,061.6	*	1.0	2,357.1	1.3	A
Birth Outcomes							
Low Birth Weight	9.1%	13.6	0	1.49	7.7%	1.9	C+
Inadequate Prenatal Care	16.8%	22.7%	17.6	1.67	11.6%	1.7	C-
Tobacco Use in Pregnancy	16.5%	9.3%	0%	0.45	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Wilkinson County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	0.0	Median is 34.9 per 100,000, much lower than for white physicians.	*
Health Insurance Coverage (uninsured rate as % of population)	16.5%	18.6% (median uninsured rate)	C
Persons Living in Linguistically-Isolated Households	12 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	non-HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	A-
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			

Health Disparities Reports



Worth County Minority Health Report Card

Worth County includes Poulan, Sumner, Sylvester and Warwick.

Worth County's Racial-Ethnic Diversity

Race	Number of Persons	Percentage of Population
White	15,203	69.1%
African American or Black	6,576	29.9%
Hispanic or Latino	273	1.2%
Asian	61	<1%
American Indian	75	<1%
Other or Multi-Racial	217	<1%

Populations are estimated based on the 2005 Census data

This report card draws from detailed minority health data, from various sources. Unfortunately, data were insufficient to assess specific health behaviors in each county, or to reflect accurately the health barriers and inequities experienced by members of racial or ethnic sub-groups comprising less than 10% of Georgia's population, including Hispanic or Latino, Asian, and American Indian segments of our communities. The goal of the report and the county level report cards is not to stereotype or lump people in groups, but to identify pockets of inequality in health care and outcomes, and to catalyze action to achieve health equality for all Georgians.

What do the Grades Mean?

These grades are a composite grade based on both the minority health outcome (African-American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio).

- A** Excellent Outcomes with Good to Excellent Level of Equality
- A-** Excellent Outcomes but Some Racial Inequality
- B+** Above-Average Outcomes with Good to Excellent Level of Equality
- B** Above-Average Outcomes but Some Racial Inequality
- B-** Above-Average Outcomes but Moderately High Racial Inequality, or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
- C+** Below-Average Outcomes but Some Racial Inequality
- C** Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
- C-** Below-Average Outcomes made worse by Severe Racial Inequality
- D+** Poor Outcomes made worse by Moderately High Racial Inequality
- D** Poor Outcomes made worse by Extremely Severe Racial Inequality
- F** Extremely Poor Outcomes and/or Extremely Severe Racial Inequality

Health Report Card

Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	F
Primary Care Access	C
Physician Racial-Ethnic Diversity	C
Mental Health Care Access	*
Oral Health Care Access	Whole County HPSA*
% Speaking non-English Language at Home	1.8%
% Estimated to Have No Health Insurance	17%

Black-White racial inequalities in health outcomes cost Worth County 261 excess years of potential life lost due to premature deaths.

Action Steps:

- Review your county's detailed minority health and health disparities report available at www.dch.ga.gov to find specific indicators of success, and those needing improvement.
- Disseminate the report to all segments of the community; Convene meetings of all interested stakeholders from the health sector (hospital, emergency department, public health, community health center, free clinics, private practice health professionals, etc.) as well as from stakeholders outside the health sector (business, government, elected officials, faith communities, teachers and school leaders, consumer advocates, etc.).
- Develop a list of priorities for indicators needing improvement which might be amenable to specific interventions. Get buy-in from key stakeholders in the community, and together develop an action plan for intervention.
- Commit to specific, measurable goals for improving performance on key indicators to be achieved within a specific time-frame; Hold regular follow-up meetings, and review frequent data updates on these indicators to assess progress and re-tune the interventions.

Seek technical assistance from the Office of Health Improvement by contacting James Peoples at 404-656-6684 or by e-mail at gahealthequity@dch.ga.gov.

Health Disparities Reports

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	18.5%	35.7%	27.5%	3.3	19.9%	2.8	F
Education (adults w/ <9 th grade education)	10.8%	17%	53.7%	2	11.8%	1.9	C-
Employment (adult unemployment)	7.2%	14.8%	21.6%	3.3	5.8%	2.9	F
Mortality							
YPLL-75 Rate (Life-Years Lost)	10,258.80	13,280.40	0	1.46	6,363	1.2	D
Age-Adjusted Death Rate per 100,000	911.4	998.2	159.5	1.1	971.8	1.1	D
Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.							
Illness Events							
Preventable Emergency Dept. Visits	21,612	48,713	*	2.3	17,803.4	1.8	F
Mental Health Emergency Dept Visits	2,426	0	*	1.2	2,357.1	1.3	*
Birth Outcomes							
Low Birth Weight	7.9%	14.9	0	1.89	7.7%	1.9	D+
Inadequate Prenatal Care	21.1%	17.8%	31.2	0.83	11.6%	1.7	F
Tobacco Use in Pregnancy	9.2%	16.1%	0.4%	1.77	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro. *Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Other Indicators Relevant to Health Disparities	Worth County	Comparison Counties*	County Grade
Health Care Access			
Access to Primary Care Providers (Health Professional Shortage Area—HPSA?)	Whole County HPSA	85 out of 108 are Whole County (4 Partial County) Primary Care HPSAs	C
Primary Care Safety Net (Yes/No Is there a Federally-Qualified Community Health Center? grade based on HPSA plus FQHC)	Yes	46 out of 108 are included in a community health center catchment area	C
Health Professional Diversity (Black & Latino Physicians per 100,000 Black-Latino- pop.)	77.3	Median is 34.9 per 100,000, much lower than for white physicians.	C
Health Insurance Coverage (uninsured rate as % of population)	17%	18.6% (median uninsured rate)	D
Persons Living in Linguistically-Isolated Households	7 persons	39 persons	ungraded
Oral Health Access (Dental Health Professional Shortage Area)	Whole County HPSA (Dental)	47/108 are whole or partial county Dental HPSAs	ungraded
Mental Health Access (Mental Health Professional Shortage Area – HPSA; grade also based on mental health ED visits)	Whole County HPSA (Mental Health)	53 out of 108 are whole or partial county Mental Health HPSAs	*
HPSA = Health Professional Shortage Area as designated by the Health Resources and Services Administration			



Key Recommendations

Increased Awareness

Increase awareness of health disparities among the general public as well as key stakeholders by promoting, developing, and investing in programs and initiatives that work to eliminate racial and ethnic health disparities.

Data Collection and Documentation

Commit to and budget for measuring disparities at local levels for all racial and ethnic groups, ensuring that documentation of progress is monitored towards the elimination of health disparities.

Community Empowerment

Promote and increase community-level involvement by supporting leadership development and increasing the capacity within the community to more effectively address health disparities on the local levels. Additionally, funding must be provided for community organizations that represent and serve the target populations.

Public Policy

Public policies and practices that have implications for improving and/or impacting health outcomes must be developed, identified and/or explored to ensure that they include key health disparities issues. It is imperative that incorporate key health disparities issues and identify areas for improvement.

Best Practices

Identify, celebrate and highlight best practices that are dedicated to improving the health of disadvantaged and disenfranchised populations; and, recognize the programs that effectively demonstrate the link between health, poverty and improved health outcomes for Georgia's indigent and minority populations.

Workforce Diversity

Work to create a culturally competent and diverse healthcare workforce that is responsive to and reflects the reality of Georgia's ethnic and racial diversity. The area of workforce diversity must also consider preparing emerging healthcare professionals to work effectively as public health and health policy leaders.

Accountability and Ownership

Provide information to affected communities so that health disparities are known and increasing patient knowledge of how best to access care and participate in treatment decisions.

Collaboration and Partnerships

Include a diversity of traditional and non-traditional constituents i.e., foundations, civic planning organizations/agencies, indigenous community leaders; traditional providers of services to the population including physicians, community health centers, the faith community and elected officials (city, county and state) to address the elimination of health disparities.



Georgia Health Equity Initiative

Georgia Department of Community Health
2 Peachtree Street
Atlanta, GA 30303

www.dch.georgia.gov