

The 2012 Georgia Behavioral Risk Factor Surveillance System Report



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Georgia Public Health Districts

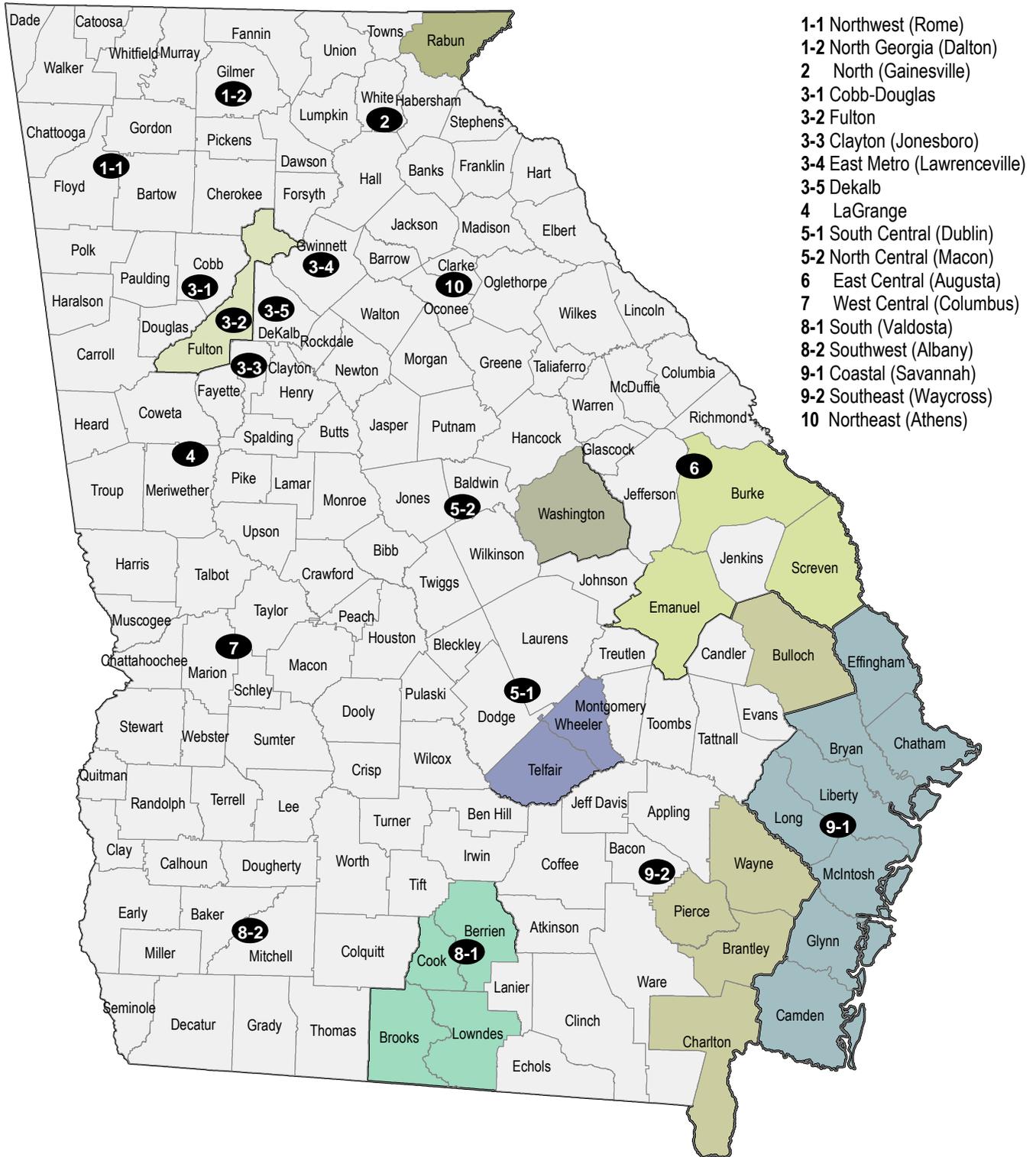


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BRFSS Methodology

The Georgia Behavioral Risk Factor Surveillance System (BRFSS) is a primary source of information on major chronic conditions, health risk behaviors, and the use of clinical preventive services among adult Georgians.

Sampling: Using list-assisted, random digit dialing, Georgia respondents were randomly selected from the non-institutionalized adult population aged 18 years and older from each household. Trained interviewers administered the questionnaire and participation was voluntary and anonymous. The sample excluded institutionalized individuals and households without telephones. Data came from both respondents who had landline telephones as well as those who mostly use cellular phones.¹

Weighting: Iterative proportional fitting, or raking, methodology was used for the 2012 Georgia BRFSS. Raking is a repetitive post-stratification weighting technique used to match the marginal distributions of the survey sample to known population margins. An advantage of raked weighting technique is that it allows for adjustment of probability selection, telephone source (landline or cellular phone), race, ethnicity, education level, marital status, age by gender, gender by race/ethnicity, age by race/ethnicity, and renter/owner status. The goal is to improve sample representation by reducing respondent under-coverage and non-response biases.¹

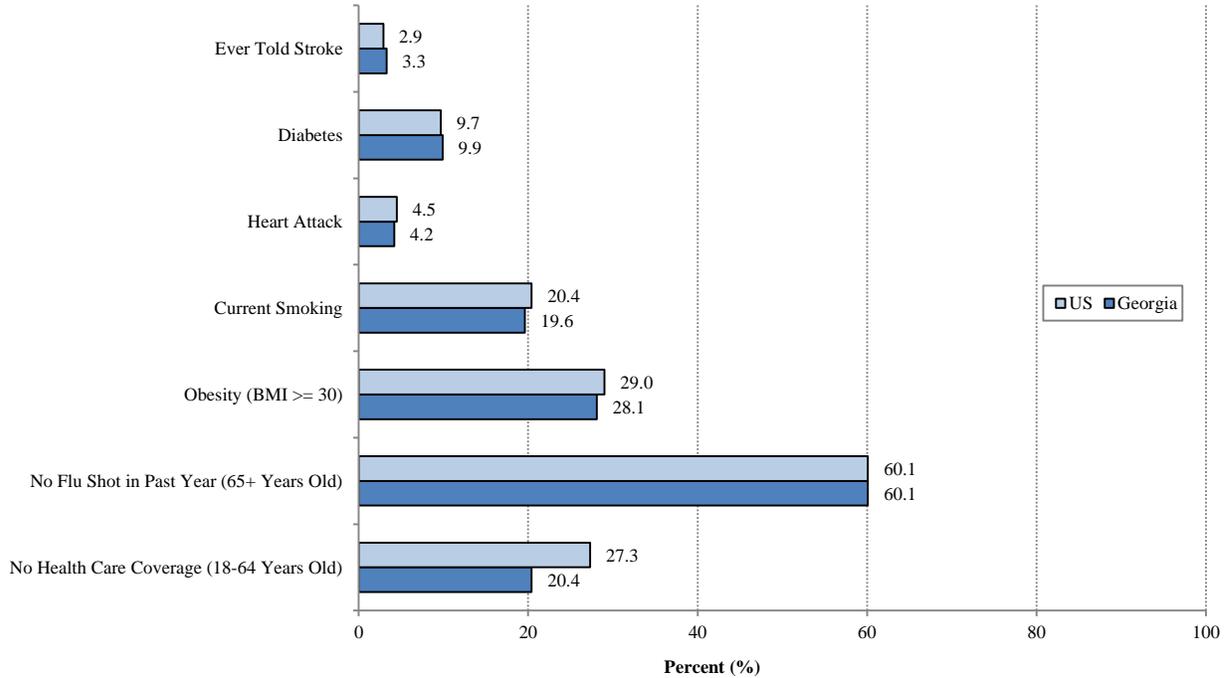
Data Analysis: SAS-callable SUDAAN was used for all data analysis to construct estimates and 95% confidence intervals (95% CI). Results were considered not “statistically different” if the 95% CI associated with the weighted percentages overlapped. A result was considered “statistically significant” (indicating a difference) if there was no overlap in the 95% CI of the percentages being compared. Prevalence estimates exclude those who either answered “don’t know/not sure” or refused.

Comparing 2012 BRFSS data to previous years: Comparison between 2012 BRFSS data and years prior to 2011 is not recommended due to the significant changes in methodology. Beginning in 2011, methodological changes have improved the accuracy, coverage, validity, and representativeness of the BRFSS.¹ Data from 2011, 2012, and subsequent BRFSS can be used in trend analyses.

Summary

Selected chronic conditions, risk behaviors, and clinical preventive services from the 2012 Georgia BRFSS are shown in the chart below in comparison with median prevalence from 2012 US national BRFSS data, which includes all 50 states, three territories, and Washington, D.C.

Selected Chronic Conditions and Risk Factors, US and GA BRFSS, 2012



- **Stroke**

In 2012, 3.3% of Georgia adults had ever been diagnosed with stroke. This estimate is slightly higher than the US median prevalence of 2.9%.

- **Diabetes**

In 2012, 9.9% of Georgia adults had physician diagnosed diabetes. This estimate is similar to the US median prevalence of 9.7%.

- **Heart Attack**

In 2012, 4.2% of Georgia adults had ever been told they have had a heart attack. This estimate is similar to the US median of 4.5%.

- **Tobacco Use**

In 2012, 20.4% of Georgia adults were current cigarette smokers. This estimate is slightly higher than the US median prevalence of 19.6%. **(HP 2020 Objective - Reduce tobacco use by adults to 12%)**

- **Obesity**

In 2012, 29% of Georgia adults were obese. This estimate is slightly higher than the US median prevalence of 28.1%. **(HP 2020 Objective - Reduce the proportion of adults who are obese to 30.5%)**

- **Flu Vaccine in Past Year**

In 2012, 60.1% of Georgia adults aged 65 years and older received a flu vaccine in the past year. This estimate is the similar to the US median estimate of 60.1%. **(HP 2020 Objective - Increase the percentage of non-institutionalized adults aged 65 years and older who are vaccinated annually against seasonal influenza to 90%)**

- **No Health Care Coverage**

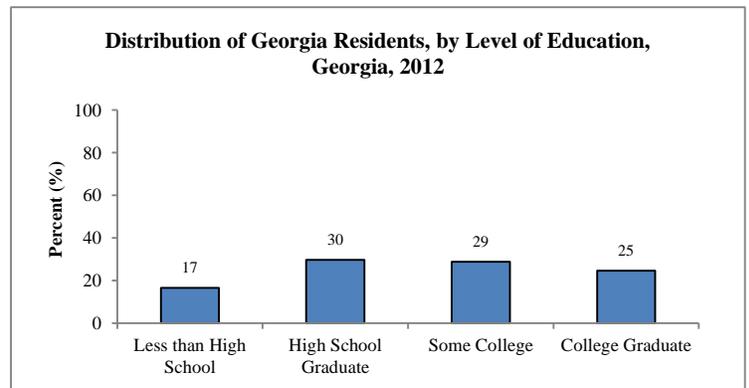
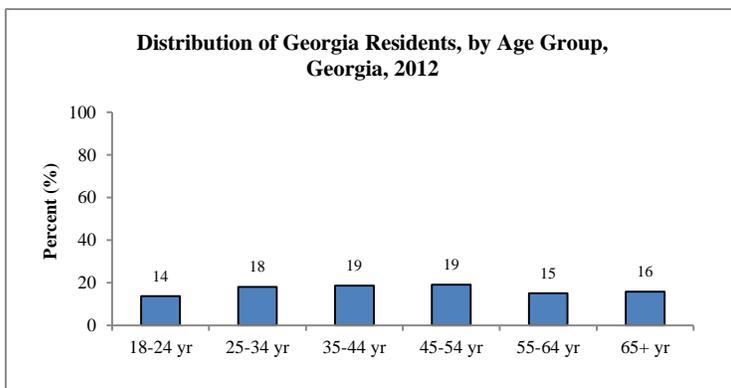
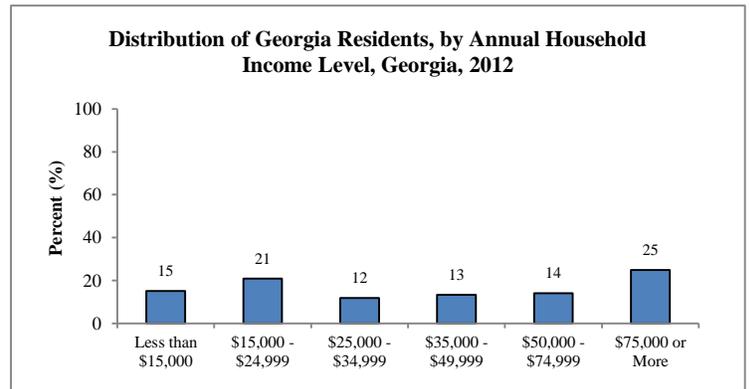
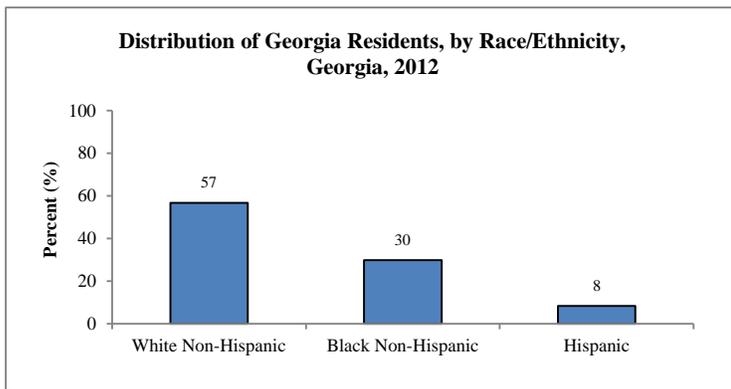
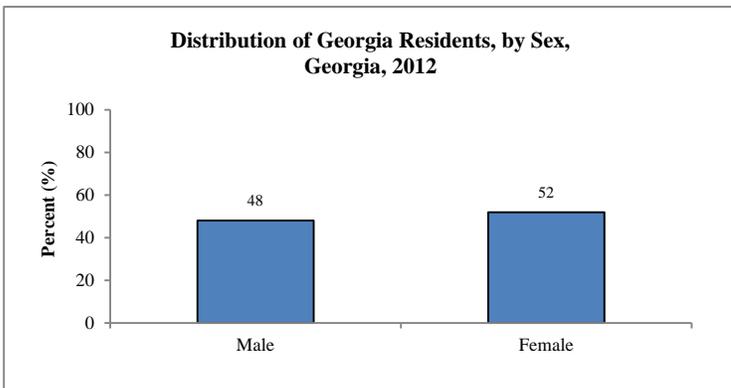
In 2012, 27.3% of Georgia adults did not have any form of health insurance coverage, which exceeds the US median estimate of 20.4%. **(HP 2020 Objective- Increase the proportion of persons with health insurance to 100%)**

Demographics

In 2012, there were approximately 7,400,000 adults aged 18 years and older residing in the state of Georgia.²

- Approximately 6,100 adults participated in the Georgia BRFSS survey statewide.
- Georgia BRFSS respondents were 51.9% female and 48.1% male.
- Georgians completing the survey were white non-Hispanic (56.6%), black non-Hispanic (29.8%), and 8.4% Hispanic. Distribution similar to Georgia population.
- Approximately 25% of Georgia residents had an annual household income of \$75,000 or more.
- About 83% of the population had at least a high school diploma and 24.7% had at least a college diploma.

Demographic Characteristics	State Total (N=6,100)	
	%	95% CI
Sex		
Male	48.1	(46.3, 49.9)
Female	51.9	(50.1, 53.7)
Race/Ethnicity		
White Non-Hispanic	56.6	(54.8, 58.4)
Black Non-Hispanic	29.8	(28.1, 31.5)
Hispanic	8.4	(7.1, 9.7)
Age		
18-24 yr	13.7	(12.2, 15.2)
25-34 yr	17.9	(16.4, 19.5)
35-44 yr	18.6	(17.1, 20.0)
45-54 yr	19.0	(17.7, 20.3)
55-64 yr	15.1	(14.1, 16.1)
65+ yr	15.7	(14.8, 16.6)
Income		
Less than \$15,000	15.1	(13.6, 16.5)
\$15,000-\$24,999	20.8	(19.2, 22.4)
\$25,000-\$34,999	11.9	(10.6, 13.1)
\$35,000-\$49,999	13.2	(11.9, 14.5)
\$50,000-\$74,999	14.0	(12.7, 15.3)
\$75,000 or More	25.0	(23.4, 26.5)
Education		
Less than High School	16.7	(15.1, 18.2)
High School Graduate	29.8	(28.1, 31.4)
Some College	28.8	(27.2, 30.5)
College Graduate	24.7	(23.3, 26.0)

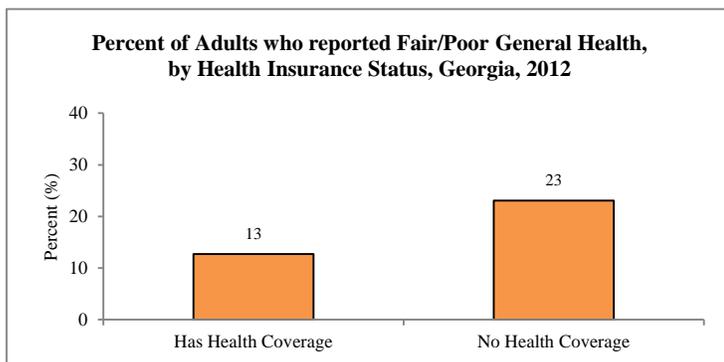
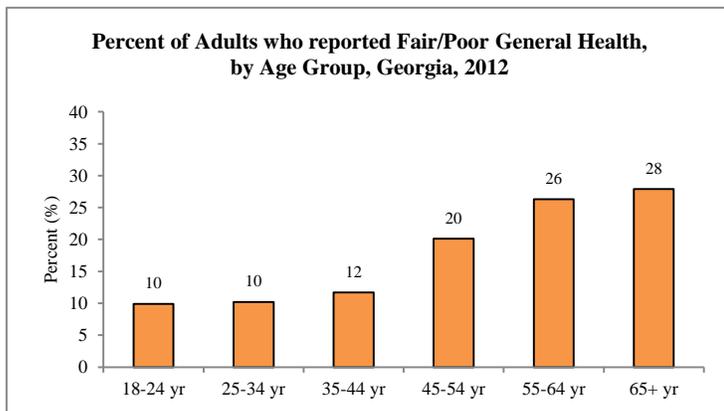
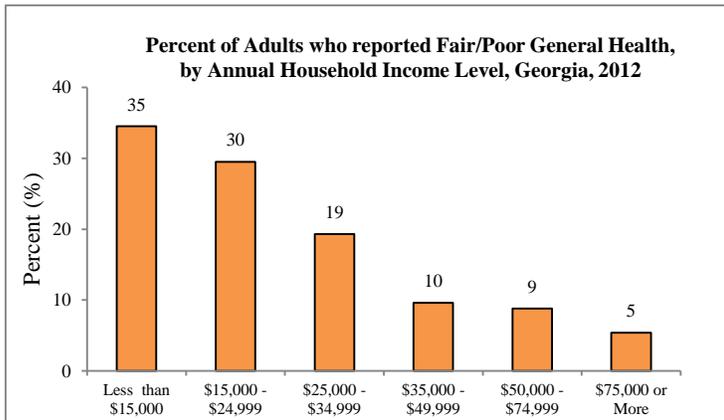


General Health

Self-assessed health status is a measure of how individuals perceive their health rating (excellent, very good, good, fair, or poor). It is a useful indicator of health for a variety of populations and allows for general comparisons.

In 2012, 17.5% of Georgia adults reported that they perceive their health rating as fair or poor.

- Adults aged 65 years and older (27.9%) were most likely to report fair or poor general health when compared to other age groups.
- Adults with an annual household income less than \$25,000 were significantly more likely to report fair or poor general health when compared to adults with an annual household income greater than or equal to \$25,000.
- Adults without health insurance (23.1%) were significantly more likely to report fair or poor general health when compared to adults with health insurance (12.7%)

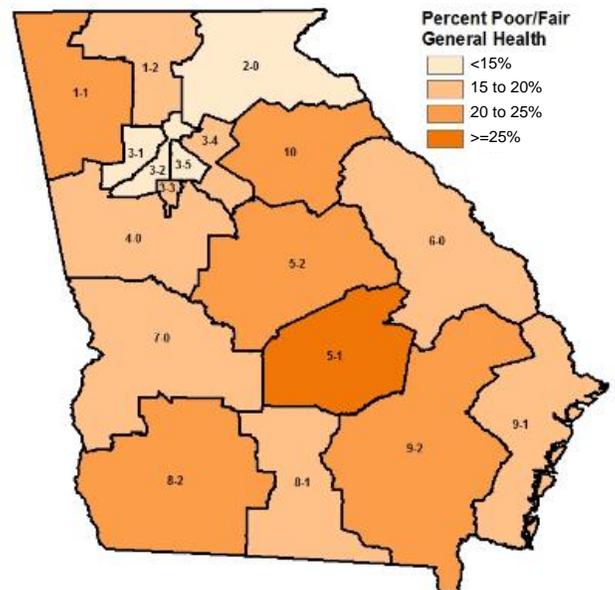


The HP 2020 target for self-reporting of fair or poor physical health is 21.2%.

Demographic Characteristics	General Health Fair/Poor ^a	
	%	95% CI
State Totals	17.5	(16.2, 18.8)
Sex		
Male	16.8	(14.8, 18.9)
Female	18.1	(16.5, 19.9)
Race/Ethnicity		
White Non-Hispanic	16.7	(15.2, 18.4)
Black Non-Hispanic	18.5	(16.1, 21.1)
Hispanic	20.5	(14.8, 27.7)
Age		
18-24 yr	9.9	(6.5, 14.6)
25-34 yr	10.2	(7.4, 13.7)
35-44 yr	11.7	(9.0, 15.1)
45-54 yr	20.1	(17.1, 23.4)
55-64 yr	26.3	(23.3, 29.6)
65+ yr	27.9	(25.3, 30.6)
Income		
Less than \$15,000	34.5	(29.8, 39.5)
\$15,000-\$24,999	29.5	(25.8, 33.6)
\$25,000-\$34,999	19.3	(15.3, 23.9)
\$35,000-\$49,999	9.6	(7.3, 12.5)
\$50,000-\$74,999	8.8	(6.5, 11.8)
\$75,000 or More	5.4	(4.0, 7.4)
Education		
Less than High School	38.2	(33.4, 43.3)
High School Graduate	18.8	(16.6, 21.2)
Some College	13.2	(11.2, 15.3)
College Graduate	7.0	(5.8, 8.5)
Health Insurance Coverage		
Has Health Insurance	12.7	(11.3, 14.3)
No Health Insurance	23.1	(19.6, 27.0)

^a The proportion of adults who reported that their health, in general, was fair or poor.

Percent of Adults who reported Fair/Poor General Health, by Public Health District, Georgia, 2012



No Health Care Coverage

Individuals without health care coverage have decreased access to health care services and usually delay getting needed medical attention.³ Insurance coverage is an important factor in determining whether people will have access to services like screenings, treatment, and health education.⁴ Access to health care can be limited both by lack of health insurance and by insufficient coverage.

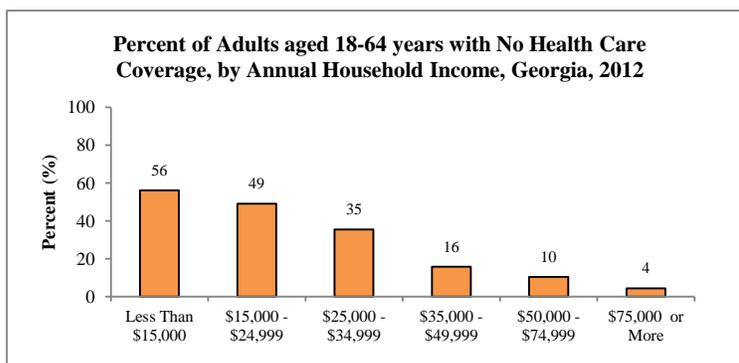
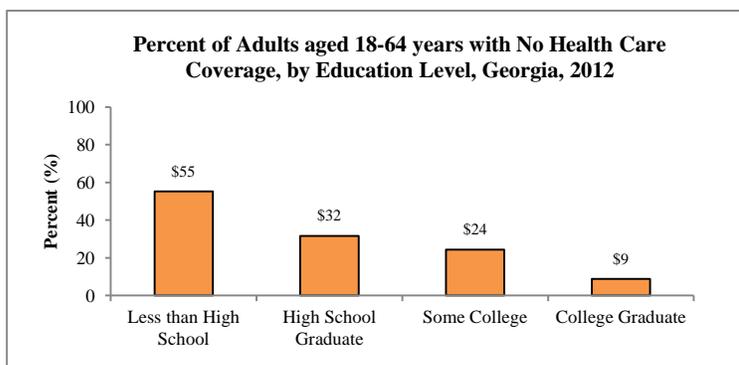
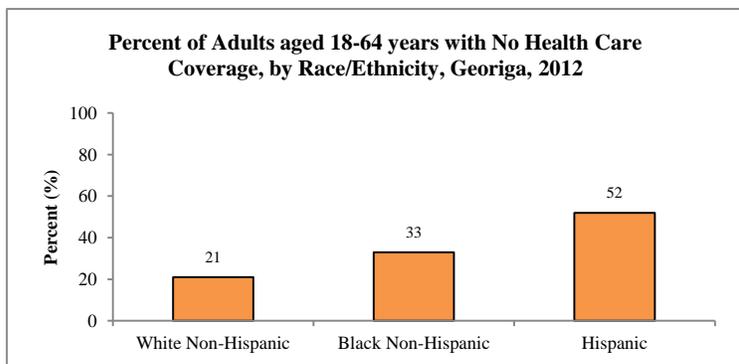
In 2012, 72.7% of Georgia adults aged 18-64 years reported that they had health care coverage.

- Hispanics (52.3%) were significantly more likely not to have health coverage than white non-Hispanics (20.6%) and black non-Hispanics (33%).
- Adults aged 55-64 years (16.8%) were significantly less likely not to have health insurance coverage when compared to other age groups.
- More than half of adults aged 18-64 years with an annual household income less than \$15,000 (56.1%) did not have any form of health care coverage.
- Adults with less than a high school education (55.3%) were significantly more likely not to have health care coverage when compared to high school graduates (31.7%), those with some college (24.3%), and college graduates (8.8%).

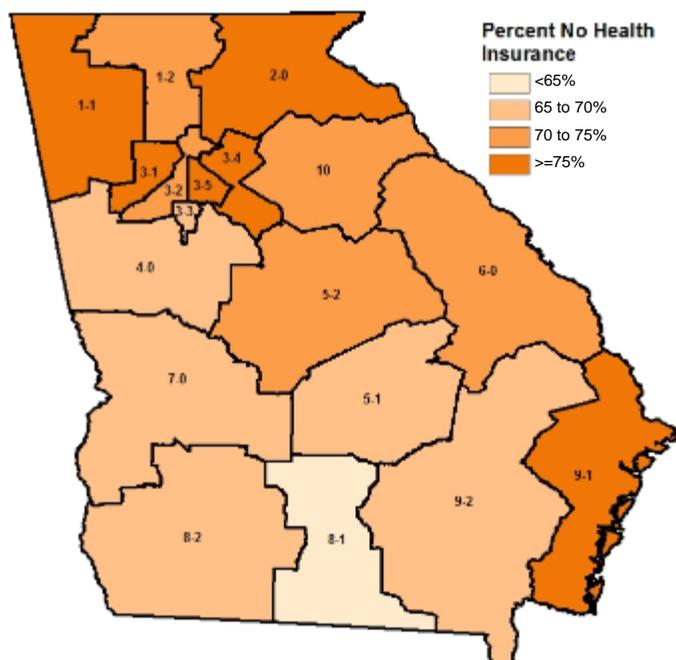
The HP 2020 target for health care coverage among adults is 100%.

Demographic Characteristics	No Health Care Coverage ^a	
	%	95% CI
State Totals	27.3	(25.4, 29.3)
Sex		
Male	27.8	(24.9, 30.9)
Female	26.9	(24.4, 29.5)
Race/Ethnicity		
White Non-Hispanic	20.6	(18.4, 23.1)
Black Non-Hispanic	33.0	(29.5, 36.8)
Hispanic	52.3	(43.8, 60.7)
Age		
18-24 yr	33.2	(27.4, 39.5)
25-34 yr	33.4	(28.7, 38.5)
35-44 yr	28.0	(23.9, 32.5)
45-54 yr	25.2	(21.8, 28.8)
55-64 yr	16.8	(14.3, 19.6)
Income		
Less than \$15,000	56.1	(50.1, 61.9)
\$15,000-\$24,999	49.0	(43.9, 54.1)
\$25,000-\$34,999	35.4	(29.0, 42.4)
\$35,000-\$49,999	15.7	(11.3, 21.3)
\$50,000-\$74,999	10.4	(6.8, 15.6)
\$75,000 or More	4.3	(3.0, 6.2)
Education		
Less than High School	55.3	(48.9, 61.6)
High School Graduate	31.7	(28.1, 35.6)
Some College	24.3	(21.1, 27.9)
College Graduate	8.8	(6.9, 11.1)

^a The proportion 18-64 years old who have no health care coverage..



Percent of Adults aged 18-64 years with Health Care Coverage, by Public Health District, Georgia, 2012



Limited Health Care Access

Limited health care coverage is indicated as: (1) not having a personal doctor or health care provider; and (2) having a time in the past year when one needed to see a doctor but could not due to cost. These indicators are very important to health care due to the fact that increases access to primary care provider have been shown to significantly improve health-related outcomes.

In 2012, 25.3% of Georgia adults did not have a personal doctor or a health care provider.

- Males (32.1%) were significantly more likely not to have a personal doctor when compared to females (18.9%).
- Hispanics (52.9%) were significantly more likely not to have a personal doctor when compared to black non-Hispanics (27.6%) and white non-Hispanics (19.7%).
- Adults without health insurance (59.9%) were significantly more likely not to have a personal doctor when compared to adults with health insurance (17.4%).

In 2012, 19.9% of Georgia adults could not visit a doctor due to costs within the past 12 months.

- Hispanics (27.1%) and black non-Hispanics (25.2%) had higher rates of forgoing medical care due to cost when compared to white non-Hispanics (16.1%).
- Adults with less than a high school education (33.1%) were about four times more likely to forgo medical care due to cost than college graduates (8.8%).
- Adults without health insurance (48.7%) were significantly more likely to forgo medical care due to cost when compared to adults with health insurance (12.7%).

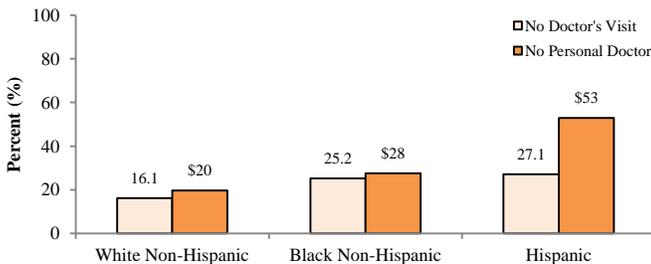
The HP 2020 target for those without a usual primary care provider among adults is 16.1%.

Demographic Characteristics	No Personal Health Care Provider ^a		No Health Care Due to Cost ^b	
	%	95% CI	%	95% CI
State Totals	25.3	(23.6, 27.0)	19.9	(18.5, 21.5)
Sex				
Male	32.1	(29.4, 35.0)	16.5	(14.4, 18.9)
Female	18.9	(17.1, 20.9)	23.1	(21.2, 25.2)
Race/Ethnicity				
White Non-Hispanic	19.7	(17.9, 21.8)	16.1	(14.4, 17.9)
Black Non-Hispanic	27.6	(24.4, 30.9)	25.2	(22.3, 28.4)
Hispanic	52.9	(44.8, 60.9)	27.1	(20.4, 35.0)
Age				
18-24 yr	44.0	(37.8, 50.3)	21.4	(16.8, 26.9)
25-34 yr	44.1	(39.1, 49.2)	24.0	(20.1, 28.5)
35-44 yr	26.6	(22.7, 31.0)	22.8	(19.0, 26.9)
45-54 yr	19.5	(16.5, 22.9)	24.4	(21.2, 28.0)
55-64 yr	13.0	(10.8, 15.5)	19.0	(16.3, 22.0)
65+ yr	5.0	(3.8, 6.5)	5.9	(4.6, 7.6)
Income				
Less than \$15,000	41.3	(36.1, 46.8)	44.0	(38.8, 49.3)
\$15,000-\$24,999	33.4	(29.2, 37.8)	29.1	(25.3, 33.2)
\$25,000-\$34,999	26.7	(21.6, 32.5)	25.0	(20.1, 30.7)
\$35,000-\$49,999	23.3	(18.7, 28.5)	14.5	(11.2, 18.6)
\$50,000-\$74,999	17.2	(13.3, 21.9)	11.8	(8.6, 15.9)
\$75,000 or More	13.6	(11.2, 16.4)	5.0	(3.6, 6.8)
Education				
Less than High School	38.5	(33.3, 43.9)	33.1	(28.4, 38.3)
High School Graduate	26.5	(23.5, 29.8)	21.9	(19.1, 24.9)
Some College	24.6	(21.6, 27.8)	19.9	(17.4, 22.7)
College Graduate	15.5	(13.3, 18.0)	8.8	(7.3, 10.6)
Health Insurance Coverage				
Has Health Insurance	17.4	(15.6, 19.4)	12.7	(11.3, 14.3)
No Health Insurance	59.9	(55.6, 64.1)	48.7	(44.3, 53.1)

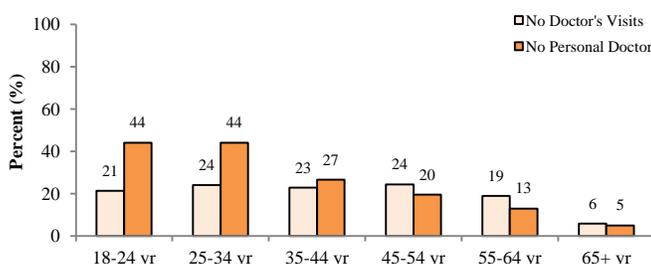
^a The proportion of adults who reported that they did not have anyone that they thought of as their personal doctor or health care provider

^b The proportion of adults who reported that they could not see a doctor when needed due to cost within the past 12 months.

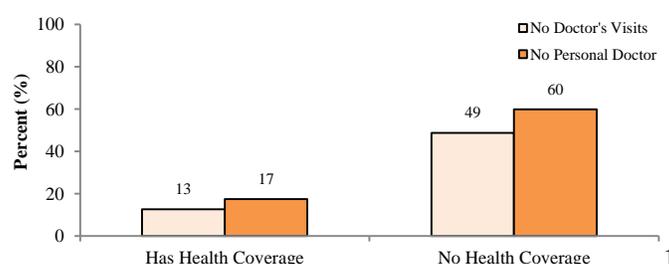
Percent of Adults who have Limited Health Care Access, by Race/Ethnicity, Georgia, 2012



Percent of Adults who have Limited Health Care Access, by Age Group, Georgia, 2012



Percent of Adults who have Limited Health Care Access, by Health Insurance Status, Georgia, 2012



No Annual Doctor's Visit

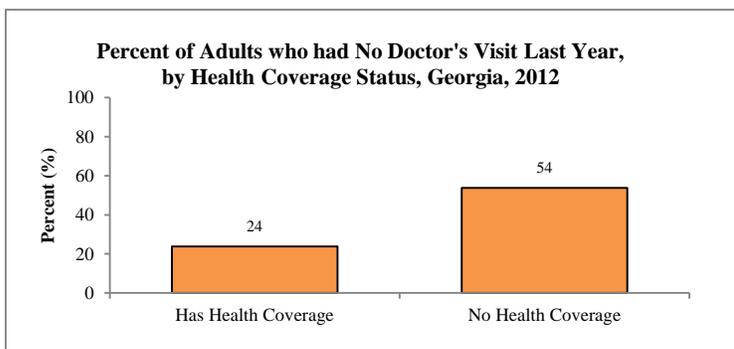
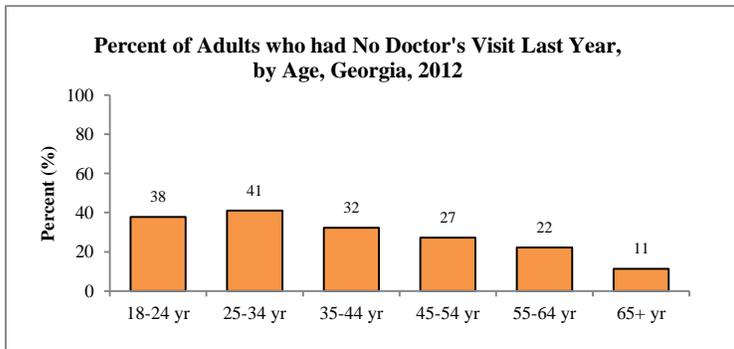
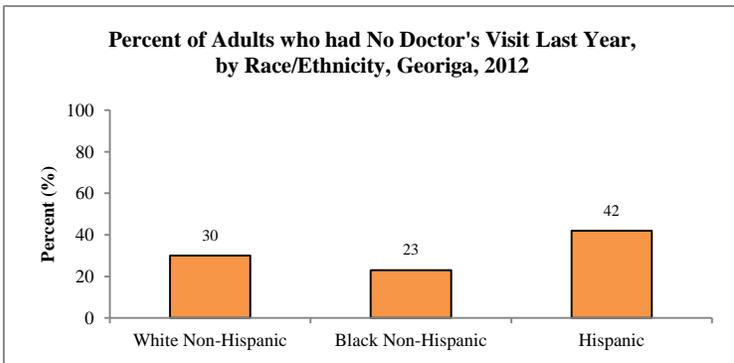
Annual doctor's visit serves as a preventive measure that can reduce risk factors for common chronic diseases. By having a visit every year, certain problems can be detected earlier when treatment might be more effective.

In 2012, 28.7% of Georgia adults reported that they have not visited a doctor for a routine checkup within the past 12 months.

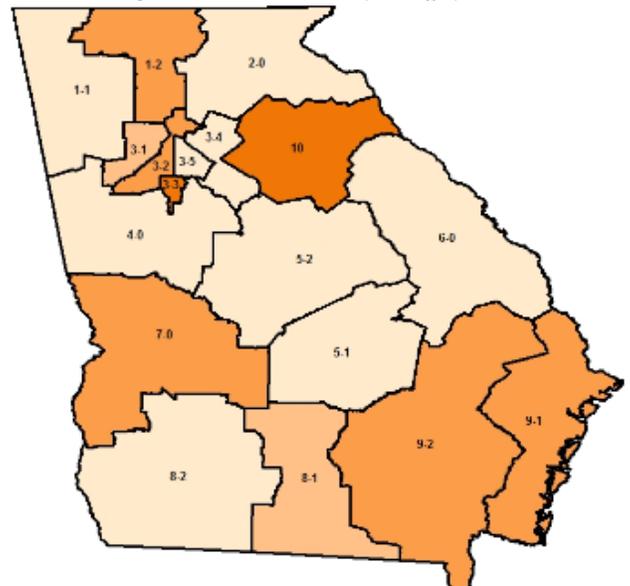
- Males (32.4%) were significantly more likely than females (25.4%) not to visit a doctor in the past year.
- Hispanics (42.4%) were significantly more likely not to visit a doctor in the past year when compared to white non-Hispanics (30.4%) and black non-Hispanics (22.5%).
- Adults aged 65 years and older (11.3%) were significantly least likely to have not visited a doctor in the past year.
- Adults with an income of \$15,000 - \$24,999 (35.6%) were the most likely to have not visited a doctor in the past year.
- More than half of adults who do not have health coverage (53.8%) did not visit a doctor in the past year.

Demographic Characteristics	No Doctor's Visit ^a	
	%	95% CI
State Totals	28.7	(27.0, 30.5)
Sex		
Male	32.4	(29.7, 35.2)
Female	25.4	(23.3, 27.5)
Race/Ethnicity		
White Non-Hispanic	30.4	(28.3, 32.6)
Black Non-Hispanic	22.5	(19.6, 25.6)
Hispanic	42.4	(34.3, 51.0)
Age		
18-24 yr	37.8	(31.9, 44.1)
25-34 yr	41.1	(36.2, 46.3)
35-44 yr	32.2	(28.1, 36.6)
45-54 yr	27.3	(24.0, 30.8)
55-64 yr	22.2	(19.5, 25.2)
65+ yr	11.3	(9.5, 13.4)
Income		
Less than \$15,000	34.8	(29.8, 40.2)
\$15,000-\$24,999	35.6	(31.3, 40.2)
\$25,000-\$34,999	32.0	(26.6, 37.9)
\$35,000-\$49,999	28.6	(23.9, 33.9)
\$50,000-\$74,999	22.8	(18.9, 27.3)
\$75,000 or More	22.8	(19.8, 26.1)
Education		
Less than High School	34.9	(29.8, 40.3)
High School Graduate	28.8	(25.7, 32.1)
Some College	30.1	(27.1, 33.4)
College Graduate	23.0	(20.6, 25.7)
Health Insurance Coverage		
Has Health Insurance	23.8	(21.9, 25.9)
No Health Insurance	53.8	(49.3, 58.3)

^aThe proportion of adults who reported that they did not have a personal doctor.



Percent of Adults who reported having No Annual Doctor's Visit, by Public Health District, Georgia, 2012



Disability

Disability refers to limitations in activities due to physical, mental, or emotional problems or having health problems that require the use of special equipment. People with disabilities may lack access to health services and medical care.⁵

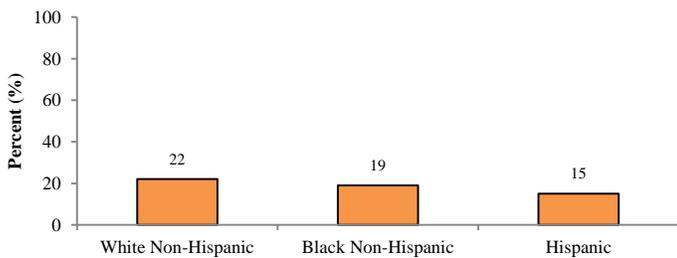
In 2012, 20.1% of Georgia adults reported being disabled in any way.

- Hispanics (12.7%) were significantly less likely to be disabled when compared to white non-Hispanics (21.8%).
- Adults aged 55-64 (31.1%) were most likely to be disabled when compared to adults in other age groups.
- Adults with an annual household income less than \$15,000 (33.8%) were the most likely to be disabled when compared to adults in other income levels.
- Adults with less than a high school education (30.4%) had a significantly higher prevalence of disability when compared to high school graduates (20.4%), adults with some college (19.8%), and college graduates (13.4%).

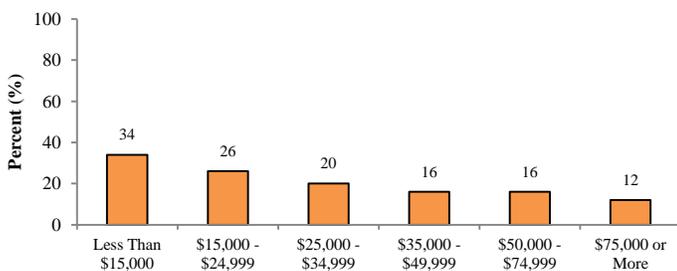
Demographic Characteristics	Disability ^a	
	%	95% CI
State Totals	20.1	(18.7, 21.5)
Sex		
Male	18.6	(16.7, 20.8)
Female	21.4	(19.6, 23.2)
Race/Ethnicity		
White Non-Hispanic	21.8	(20.1, 23.6)
Black Non-Hispanic	18.7	(16.2, 21.5)
Hispanic	12.7	(8.4, 18.7)
Age		
18-24 yr	8.8	(5.8, 13.2)
25-34 yr	12.7	(9.7, 16.5)
35-44 yr	13.8	(11.0, 17.2)
45-54 yr	25.8	(22.5, 29.5)
55-64 yr	31.1	(28.0, 34.5)
65+ yr	28.2	(25.8, 30.9)
Income		
Less than \$15,000	33.8	(29.1, 38.8)
\$15,000-\$24,999	26.0	(22.7, 29.7)
\$25,000-\$34,999	19.9	(16.1, 24.3)
\$35,000-\$49,999	15.6	(12.5, 19.3)
\$50,000-\$74,999	15.5	(12.0, 19.8)
\$75,000 or More	12.1	(9.9, 14.6)
Education		
Less than High School	30.4	(25.9, 35.3)
High School Graduate	20.4	(18.0, 22.9)
Some College	19.8	(17.4, 22.3)
College Graduate	13.4	(11.5, 15.4)
Health Insurance Coverage		
Has Health Insurance	18.2	(16.5, 20.0)
No Health Insurance	19.9	(16.8, 23.5)

^a The proportion of adults who reported being limited in any activities due to physical, mental, or emotional problems.

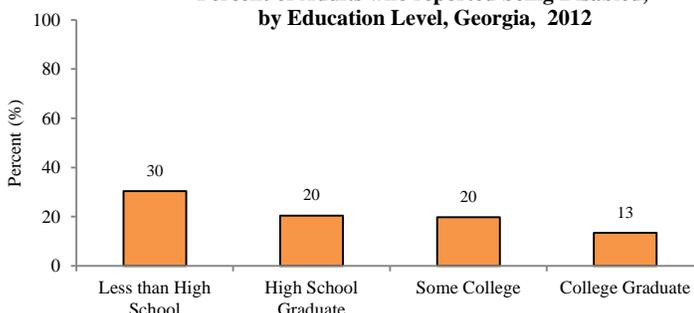
Percent of Adults who reported being Disabled, by Race/Ethnicity, Georgia, 2012



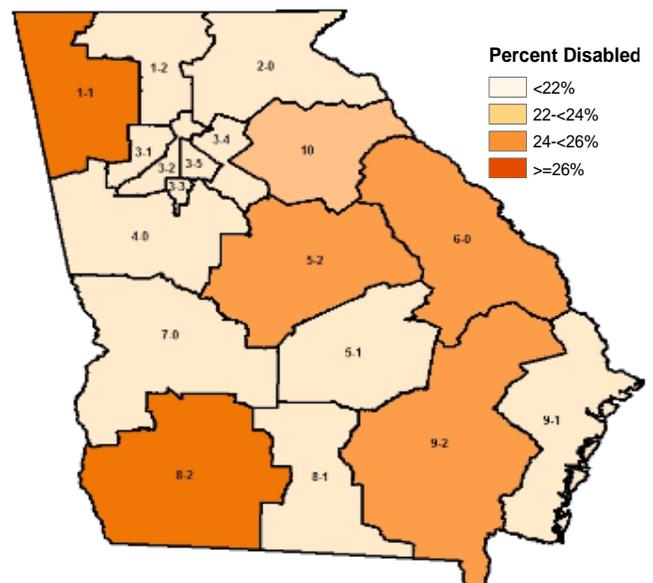
Percent of Adults who reported being Disabled, by Annual Household Income, Georgia, 2012



Percent of Adults who reported being Disabled, by Education Level, Georgia, 2012



Percent of Adults who reported Disabled, by Public Health District, Georgia, 2012



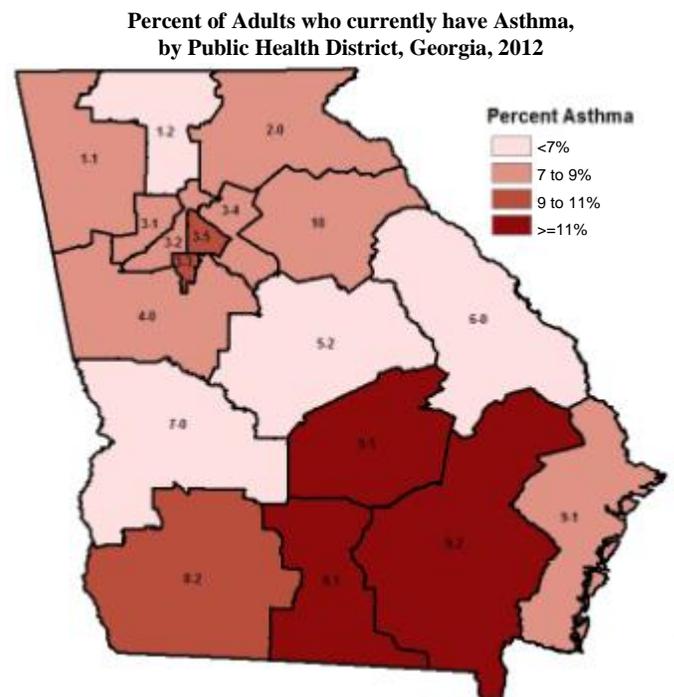
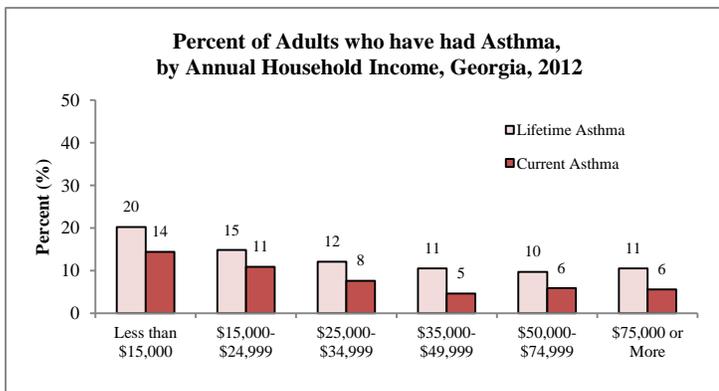
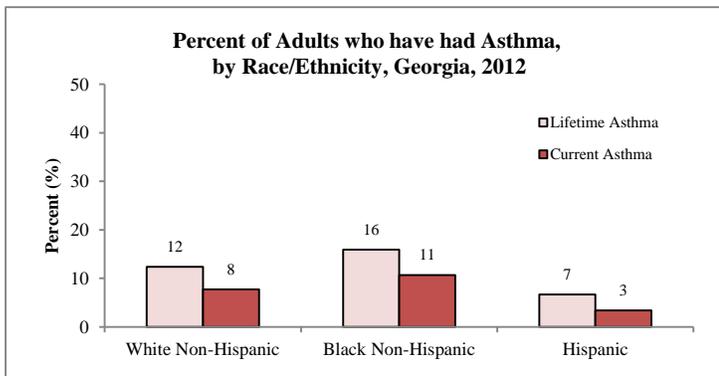
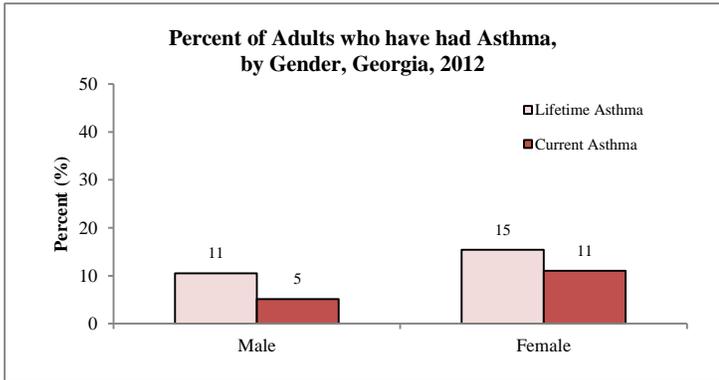
Asthma

Asthma is a lifelong disease that causes wheezing, breathlessness, chest tightness, and coughing.⁶ Most people with asthma can control their symptoms and prevent asthma attacks by avoiding asthma triggers and correctly using prescribed medication.

In 2012, 13% of Georgia adults reported ever having asthma and 8.2% currently have asthma.

- Adult females were significantly more likely than males to have ever had asthma (15.4% vs. 10.5%) and to currently have asthma (11% vs. 5.1%).
- White non-Hispanics (7.7%) and black non-Hispanics (10.7%) were more likely to currently have asthma when compared to Hispanics (3.4%).
- Adults with a household income of less than \$15,000 were the most likely to ever had asthma (20.2%) and to currently have asthma (14.4%).

Demographic Characteristics	Lifetime Asthma ^a		Current Asthma ^b	
	%	95% CI	%	95% CI
State Totals	13.0	(11.8, 14.3)	8.2	(7.3, 9.2)
Sex				
Male	10.5	(8.8, 12.4)	5.1	(4.1, 6.5)
Female	15.4	(13.7, 17.2)	11	(9.7, 12.6)
Race/Ethnicity				
White Non-Hispanic	12.4	(10.9, 14.0)	7.7	(6.6, 9.0)
Black Non-Hispanic	15.9	(13.4, 18.8)	10.7	(8.8, 13.1)
Hispanic	6.7	(3.8, 11.6)	3.4	(1.7, 6.6)
Age				
18-24 yr	20.2	(15.3, 26.0)	9.3	(6.3, 13.6)
25-34 yr	12.8	(9.8, 16.6)	7.8	(5.5, 10.9)
35-44 yr	9.7	(7.5, 12.6)	6.6	(4.8, 9.0)
45-54 yr	13.4	(11.2, 16.1)	9.0	(7.2, 11.3)
55-64 yr	12.8	(10.6, 15.3)	9.0	(7.2, 11.2)
65+ yr	10.6	(9.1, 12.5)	8.0	(6.6, 9.6)
Income				
Less than \$15,000	20.2	(16.1, 25.0)	14.4	(11.3, 18.3)
\$15,000-\$24,999	14.8	(12.0, 18.1)	10.9	(8.6, 13.8)
\$25,000-\$34,999	12.1	(9.0, 16.2)	7.6	(5.2, 10.9)
\$35,000-\$49,999	10.5	(7.5, 14.4)	4.6	(3.2, 6.6)
\$50,000-\$74,999	9.7	(6.9, 13.3)	5.9	(3.7, 9.4)
\$75,000 or More	10.5	(8.5, 12.9)	5.6	(4.2, 7.5)
Education				
Less than High School	17.9	(14.2, 22.3)	12.2	(9.4, 15.7)
High School Graduate	11.1	(9.3, 13.2)	7.4	(5.9, 9.1)
Some College	13.9	(11.6, 16.7)	8.9	(7.1, 11.0)
College Graduate	11.2	(9.3, 13.3)	5.8	(4.6, 7.3)
Health Insurance Coverage				
Has Health Insurance	12.5	(11.1, 14.1)	7.5	(6.5, 8.7)
No Health Insurance	16.3	(13.1, 20.0)	10.4	(8.0, 13.5)



Diabetes

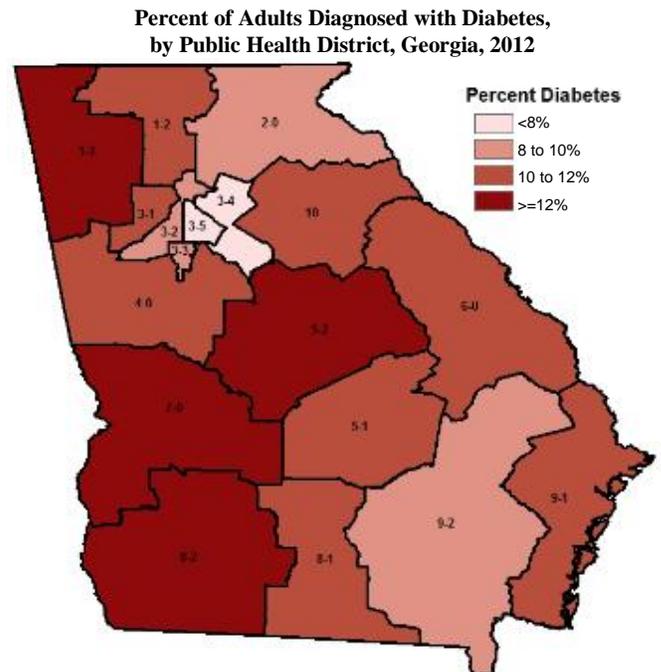
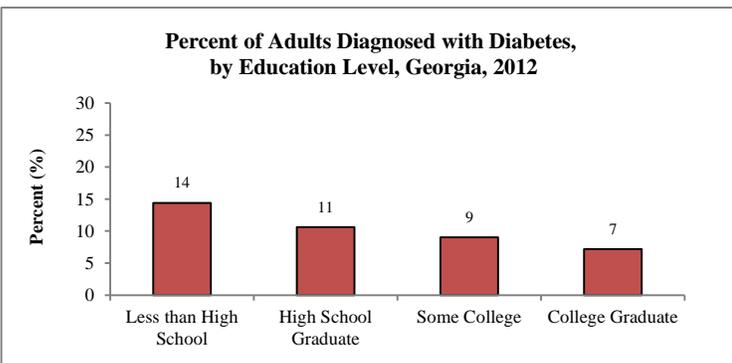
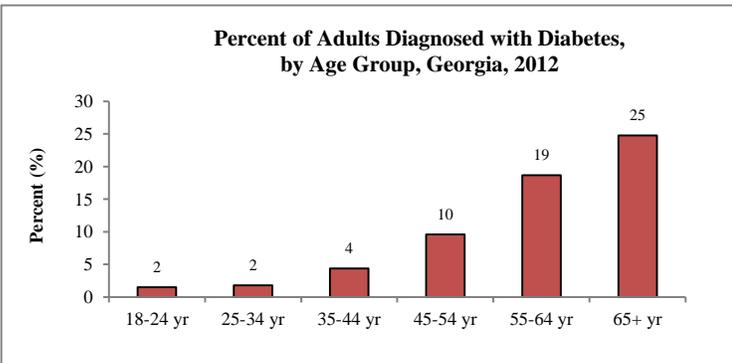
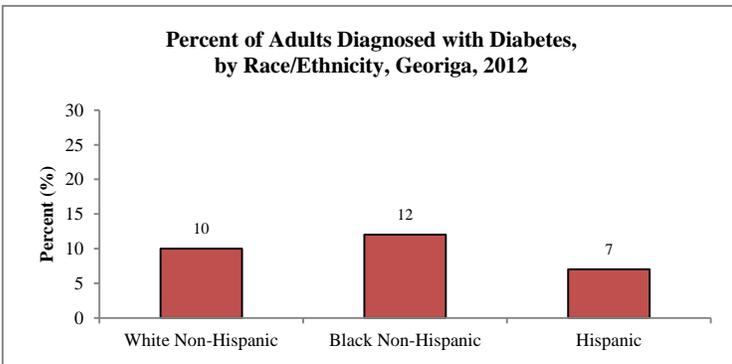
Diabetes is a chronic disease where the body is unable to process glucose, causing blood glucose levels to be higher than normal. Diabetes is the seventh leading cause of death in the United States and the sixth leading cause of death in Georgia, and increases the risk for heart disease, stroke, high blood pressure, blindness, kidney disease, amputations, nerve problems, dental disease, and infections.⁷

In 2012, 9.9% of Georgia adults reported ever being diagnosed with diabetes by a health care professional.

- Black non-Hispanics (11.5%) were more likely to have ever been diagnosed with diabetes than Hispanics (6.6%).
- The prevalence of diabetes was significantly higher among adults aged 65 years and older (24.8%).
- Adults with a household income of \$15,000-\$24,999 (12.5%) were more likely to ever have diabetes than adults with an income of \$75,000 or more (6%).
- Adults with less than a high school education (14.4%) were significantly more likely to ever have diabetes when compared to individuals with some college education (9%) and college graduates (7.2%).

Demographic Characteristics	Diabetes ^a	
	%	95% CI
State Totals	9.9	(9.1, 10.8)
Sex		
Male	9.8	(8.5, 11.2)
Female	10.0	(8.9, 11.2)
Race/Ethnicity		
White Non-Hispanic	9.8	(8.8, 10.9)
Black Non-Hispanic	11.5	(9.7, 13.5)
Hispanic	6.6	(4.0, 10.7)
Age		
18-24 yr	1.5	(0.5, 4.1)
25-34 yr	1.8	(0.9, 3.5)
35-44 yr	4.4	(2.8, 6.7)
45-54 yr	9.6	(7.8, 11.9)
55-64 yr	18.7	(16.1, 21.7)
65+ yr	24.8	(22.3, 27.5)
Income		
Less than \$15,000	11.3	(8.9, 14.2)
\$15,000-\$24,999	12.5	(10.4, 15.1)
\$25,000-\$34,999	14.0	(10.8, 17.8)
\$35,000-\$49,999	9.8	(7.5, 12.8)
\$50,000-\$74,999	7.6	(5.8, 9.9)
\$75,000 or More	6.0	(4.6, 7.6)
Education		
Less than High School	14.4	(11.7, 17.6)
High School Graduate	10.6	(9.0, 12.4)
Some College	9.0	(7.5, 10.7)
College Graduate	7.2	(6.0, 8.5)
Health Insurance Coverage		
Has Health Insurance	7.6	(6.6, 8.7)
No Health Insurance	5.9	(4.4, 7.8)

^a The proportion of adults who have physician-diagnosed diabetes. Adults with pre-diabetes or diabetes only during pregnancy are not considered to have diagnosis of diabetes.



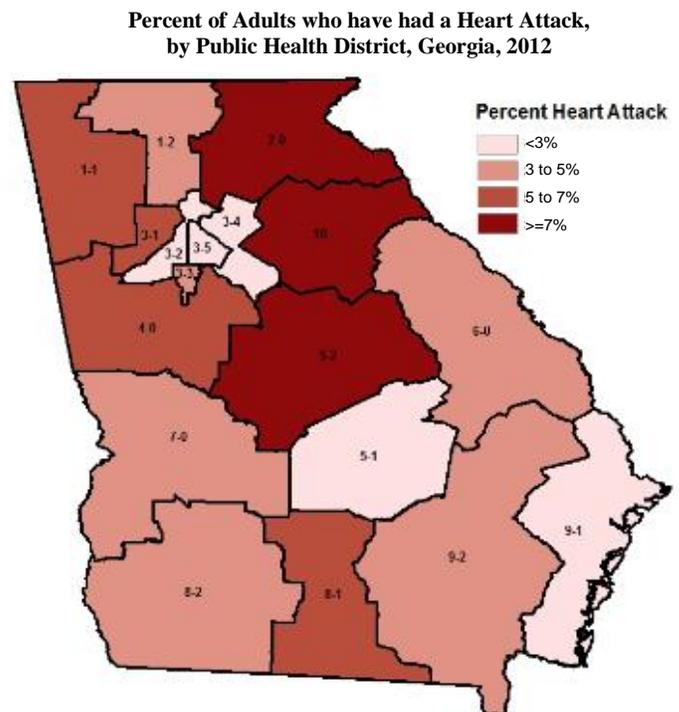
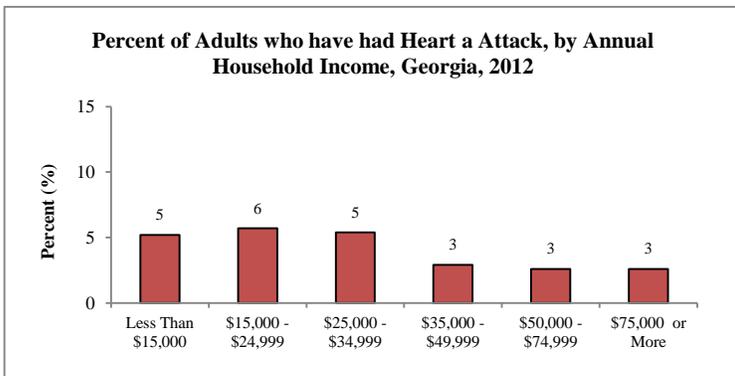
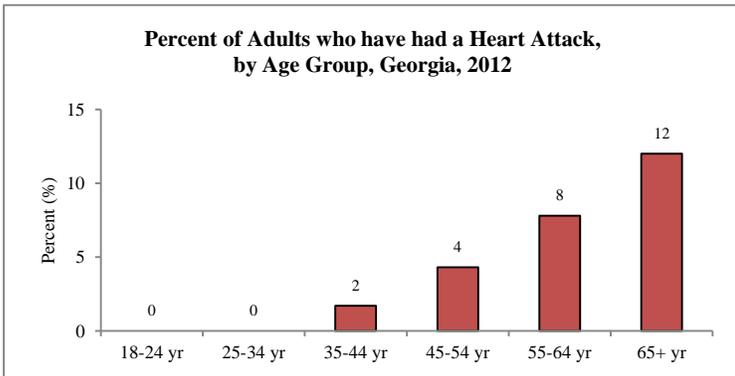
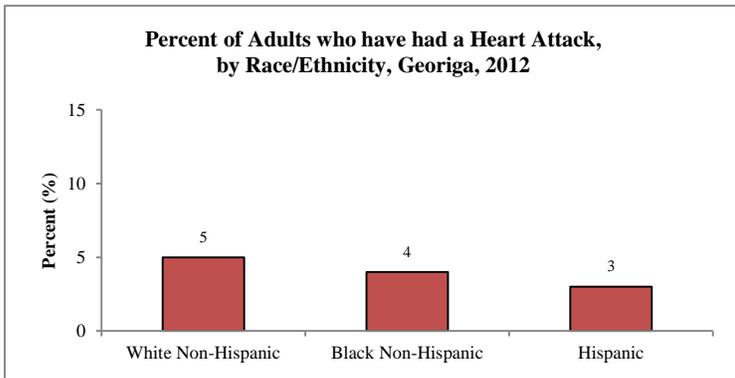
Heart Attack

Heart attack, also called myocardial infarction, occurs when blood flow to a section of the heart muscle becomes blocked. Risk factors for heart attack include high blood cholesterol levels, high blood pressure, smoking, lack of physical activity and obesity.⁸

In 2012, 4.2% of Georgia adults had ever been told that they have had a heart attack.

- Adult males (5.5%) were significantly more likely to have had a heart attack when compared to females (3%).
- Adults aged 65 years or older (12%) were significantly more likely to have had a heart attack when compared to other age groups.
- Adults with a household income of \$15,000-\$24,999 (5.7%) were most likely to have had a heart attack.

Demographic Characteristics	Heart Attack ^a	
	%	95% CI
State Totals	4.2	(3.6, 4.8)
Sex		
Male	5.5	(4.6, 6.6)
Female	3.0	(2.4, 3.6)
Race/Ethnicity		
White Non-Hispanic	4.7	(4.1, 5.5)
Black Non-Hispanic	3.5	(2.6, 4.7)
Hispanic	3.1	(1.3, 7.0)
Age		
25-34 yr	0.0	(0.0, 0.3)
35-44 yr	1.7	(0.8, 3.6)
45-54 yr	4.3	(2.9, 6.2)
55-64 yr	7.8	(6.2, 9.8)
65+ yr	12.0	(10.3, 13.9)
Income		
Less than \$15,000	5.2	(3.8, 7.2)
\$15,000-\$24,999	5.7	(4.4, 7.5)
\$25,000-\$34,999	5.4	(3.5, 8.5)
\$35,000-\$49,999	2.9	(1.8, 4.4)
\$50,000-\$74,999	2.6	(1.5, 4.2)
\$75,000 or More	2.6	(1.8, 3.6)
Education		
Less than High School	6.4	(4.8, 8.7)
High School Graduate	4.9	(3.9, 6.1)
Some College	3.8	(2.9, 5.0)
College Graduate	2.3	(1.7, 3.0)
Health Insurance Coverage		
Has Health Insurance	2.9	(2.3, 3.7)
No Health Insurance	2.3	(1.4, 3.8)



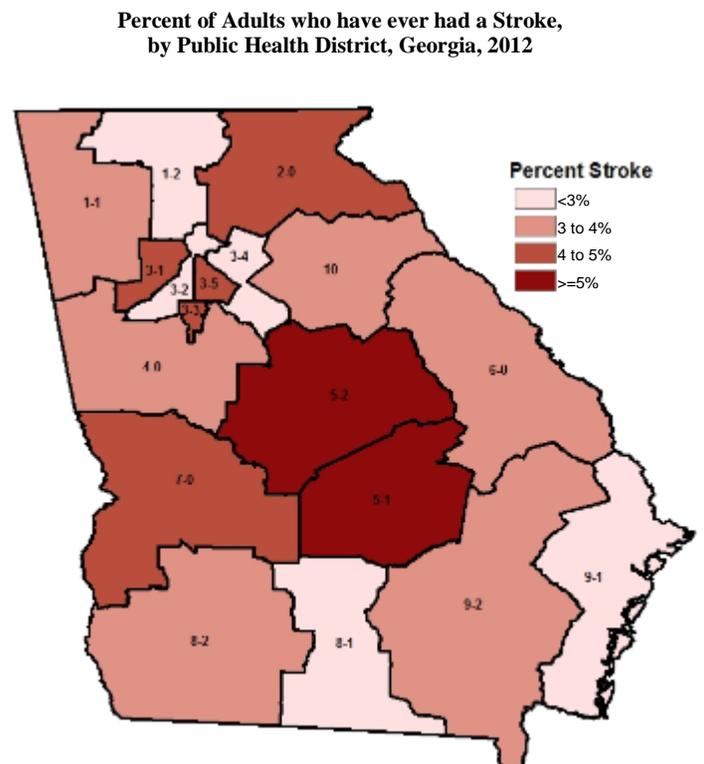
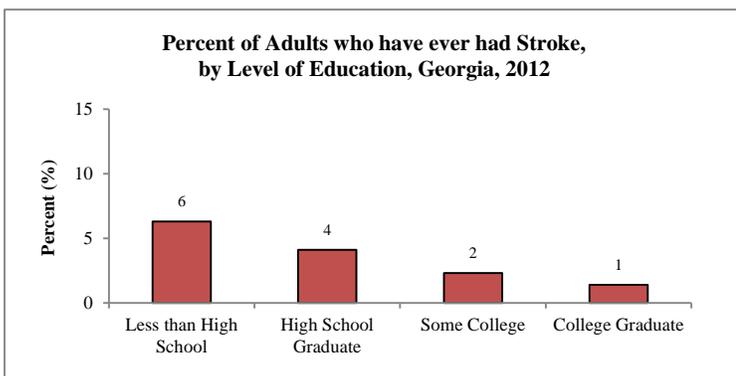
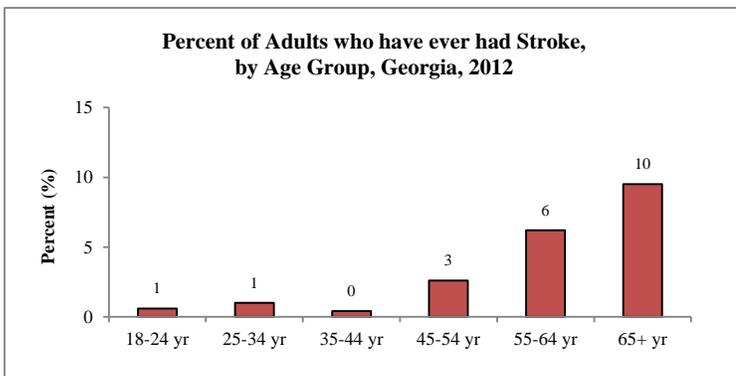
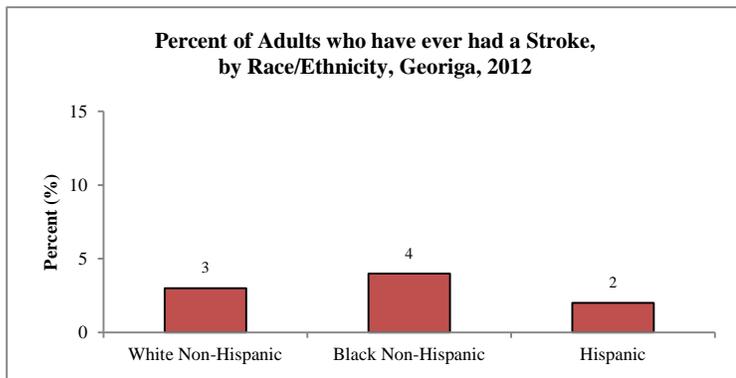
Stroke

Stroke is the result of a blocked artery or a ruptured artery that prevents blood flow to the brain. Stroke is the fourth leading cause of death in the United States and the fifth leading cause of death in Georgia and can cause significant disability, such as paralysis, speech difficulties, and emotional problems.⁹

In 2012, 3.3% of Georgia adults reported ever being told by a health professional that they had a stroke.

- Black non-Hispanics (4.3%) were more likely to have ever had a stroke when compared to white non-Hispanics (3%) and Hispanics (2.1%).
- Adults of age 65 years or older (9.5%) were most likely to have ever had a stroke.
- Adults with household income less than \$15,000 (6.3%) were most likely to have ever had a stroke.
- Adults with less than a high school education (6.3%) were most likely to have ever had a stroke when compared to high school graduates (4.1%), those with some college (2.3%), and college graduates (1.4%).

Demographic Characteristics	Stroke ^a	
	%	95% CI
State Totals	3.3	(2.8, 3.8)
Sex		
Male	3.2	(2.5, 4.2)
Female	3.3	(2.7, 4.0)
Race/Ethnicity		
White Non-Hispanic	3.0	(2.4, 3.6)
Black Non-Hispanic	4.3	(3.2, 5.9)
Hispanic	2.1	(0.9, 5.2)
Age		
18-24 yr	0.6	(0.1, 2.3)
25-34 yr	1.0	(0.4, 3.0)
35-44 yr	0.4	(0.1, 1.8)
45-54 yr	2.6	(1.6, 4.2)
55-64 yr	6.2	(4.6, 8.2)
65+ yr	9.5	(7.7, 11.5)
Income		
Less than \$15,000	6.3	(4.3, 9.2)
\$15,000-\$24,999	5.4	(4.0, 7.2)
\$25,000-\$34,999	2.8	(1.7, 4.4)
\$35,000-\$49,999	2.5	(1.3, 4.5)
\$50,000-\$74,999	0.7	(0.3, 1.3)
\$75,000 or More	1.4	(0.8, 2.3)
Education		
Less than High School	6.3	(4.5, 8.8)
High School Graduate	4.1	(3.1, 5.3)
Some College	2.3	(1.7, 3.0)
College Graduate	1.4	(0.9, 2.2)
Health Insurance Coverage		
Has Health Insurance	1.9	(1.4, 2.5)
No Health Insurance	2.8	(1.7, 4.4)



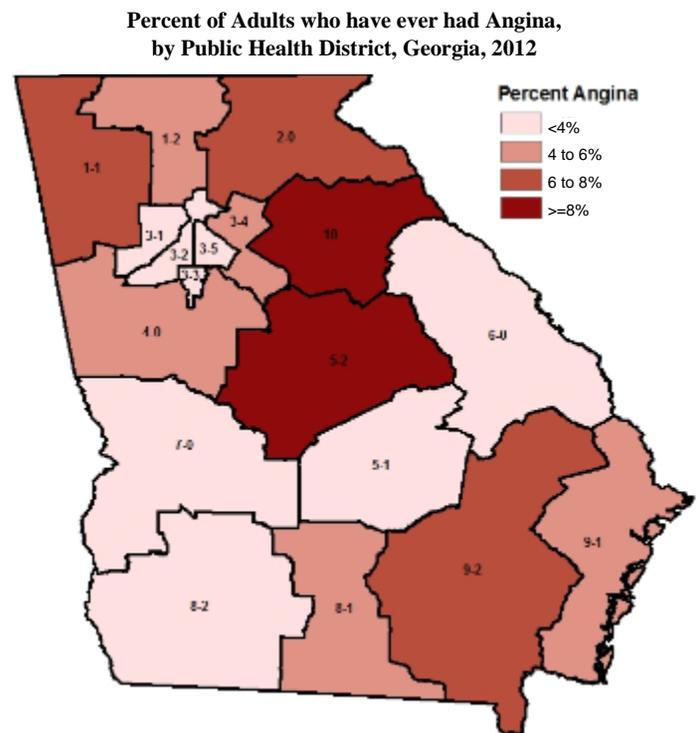
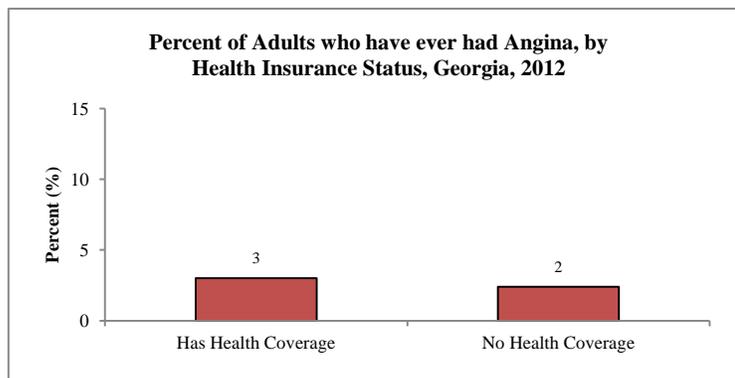
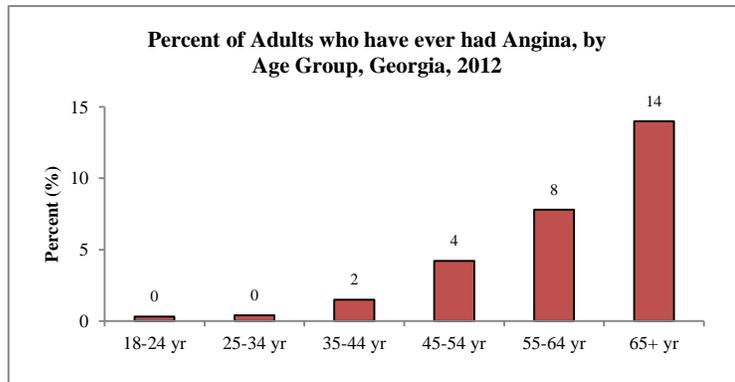
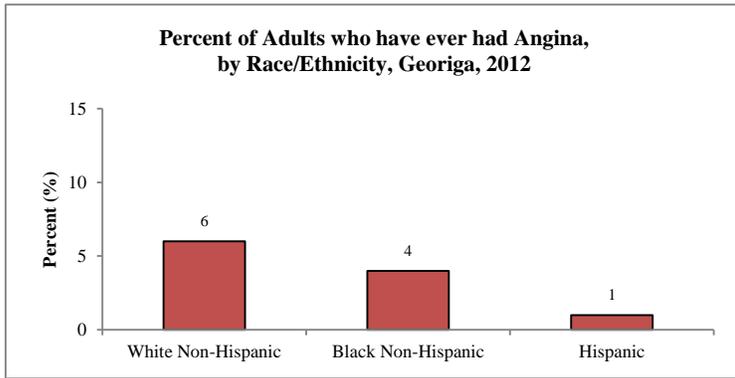
Angina

Angina is chest pain or discomfort that occurs when the heart muscle is not getting enough blood. Angina may feel like pressure or a squeezing pain in the chest. The pain may also occur in the shoulders, arms, neck, jaw, or back, and it may feel like indigestion.¹⁰

In 2012, 4.5% of Georgia adults reported ever being told by a health professional that they have angina or coronary heart disease.

- Adult males (5.6%) were significantly more likely to have had angina when compared to adult females (3.5%).
- Hispanics (1.0%) were significantly least likely to have had angina when compared to black non-Hispanics (4.0%) and white non-Hispanics (5.5%).
- Adults aged 65 years and older were significantly most likely to have had angina (14%) when compared to other age groups.

Demographic Characteristics	Angina ^a	
	%	95% CI
State Totals	4.5	(4.0, 5.2)
Sex		
Male	5.6	(4.7, 6.7)
Female	3.5	(2.9, 4.3)
Race/Ethnicity		
White Non-Hispanic	5.5	(4.7, 6.4)
Black Non-Hispanic	4.0	(2.9, 5.4)
Hispanic	1.0	(0.4, 2.6)
Age		
18-24 yr	0.3	(0.0, 2.0)
25-34 yr	0.4	(0.1, 1.3)
35-44 yr	1.5	(0.6, 3.5)
45-54 yr	4.2	(2.8, 6.3)
55-64 yr	7.8	(6.2, 9.9)
65+ yr	14	(12.0, 16.2)
Income		
Less than \$15,000	7.6	(5.4, 10.5)
\$15,000-\$24,999	5.2	(4.0, 6.8)
\$25,000-\$34,999	5.1	(3.4, 7.5)
\$35,000-\$49,999	4.0	(2.8, 5.9)
\$50,000-\$74,999	4.3	(2.7, 6.8)
\$75,000 or More	2.4	(1.6, 3.4)
Education		
Less than High School	7.3	(5.4, 9.9)
High School Graduate	4.2	(3.4, 5.3)
Some College	4.9	(3.8, 6.3)
College Graduate	2.6	(2.0, 3.3)
Health Insurance Coverage		
Has Health Insurance	3.0	(2.3, 3.8)
No Health Insurance	2.4	(1.5, 3.9)



Obesity

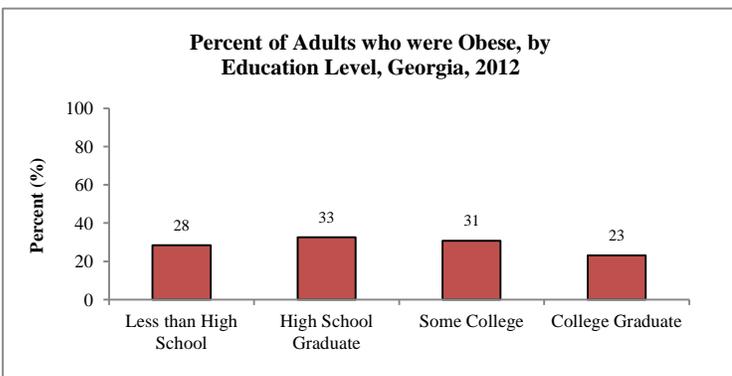
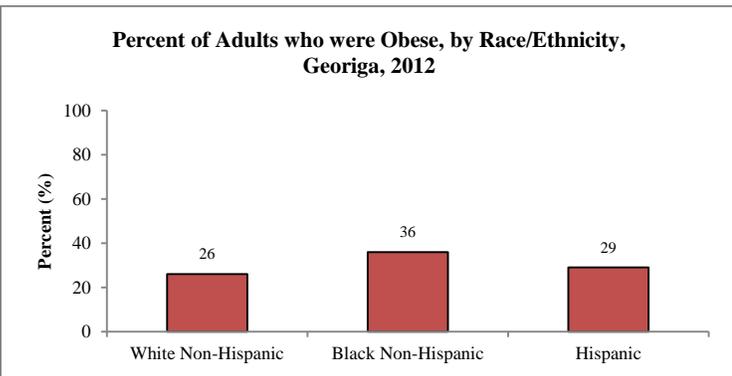
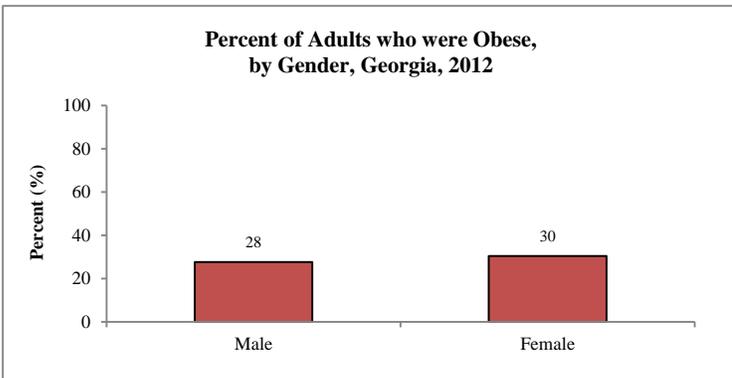
Obesity is defined as having a body mass index (BMI) greater than or equal to 30.0 kg/m². Obesity increases the risk of developing high blood pressure, diabetes, coronary heart disease, stroke, high cholesterol, gallbladder disease and some types of cancers.¹¹

In 2012, 29% of Georgia adults were obese.

- Adult females (30.4%) were more likely to be obese than males (27.6%).
- Black non-Hispanics (36.4%) were significantly more likely to be obese when compared to white non-Hispanics (26.2%).
- Adults with an age of 18-24 years (14.2%) were least likely to be obese when compared to adults of age 25 or older.
- Adults who are college graduates (23.1%) were least likely to be obese when compared to any other education category.

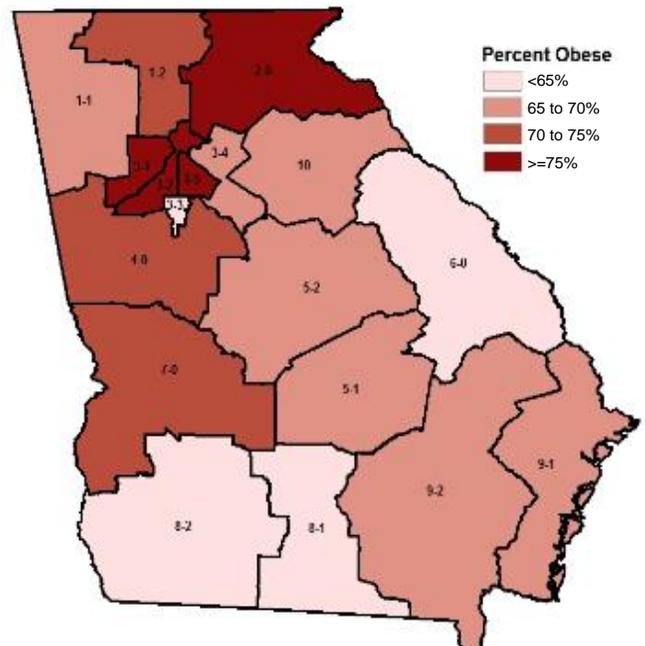
The HP 2020 target for obesity among adults is 30.5%. The current prevalence among Georgia adults meets this goal.

Demographic Characteristics	Obese ^a	
	%	95% CI
State Totals	29.0	(27.4, 30.7)
Sex		
Male	27.6	(25.1, 30.2)
Female	30.4	(28.3, 32.6)
Race/Ethnicity		
White Non-Hispanic	26.2	(24.3, 28.2)
Black Non-Hispanic	36.4	(33.1, 39.9)
Hispanic	29.1	(21.9, 37.4)
Age		
18-24 yr	14.2	(10.3, 19.2)
25-34 yr	30.4	(25.7, 35.4)
35-44 yr	31.9	(27.8, 36.4)
45-54 yr	33.5	(29.9, 37.3)
55-64 yr	36.0	(32.6, 39.5)
65+ yr	25.4	(23.0, 28.0)
Income		
Less than \$15,000	32.5	(27.8, 37.5)
\$15,000-\$24,999	33.0	(28.9, 37.3)
\$25,000-\$34,999	32.8	(27.8, 38.2)
\$35,000-\$49,999	27.6	(23.2, 32.6)
\$50,000-\$74,999	27.6	(23.5, 32.2)
\$75,000 or More	25.3	(22.3, 28.6)
Education		
Less than High School	28.4	(24.0, 33.4)
High School Graduate	32.6	(29.5, 35.9)
Some College	30.8	(27.7, 34.1)
College Graduate	23.1	(20.7, 25.7)
Health Insurance Coverage		
Has Health Insurance	29.7	(27.6, 31.8)
No Health Insurance	30.4	(26.4, 34.7)



^a The proportion of adults whose BMI was greater than or equal to 30.0 kg/m².
Note: Body mass index, BMI, is defined as weight (kg) divided by height (m) squared.

Percent of Adults who were Obese, by Public Health District, Georgia, 2012



Overweight

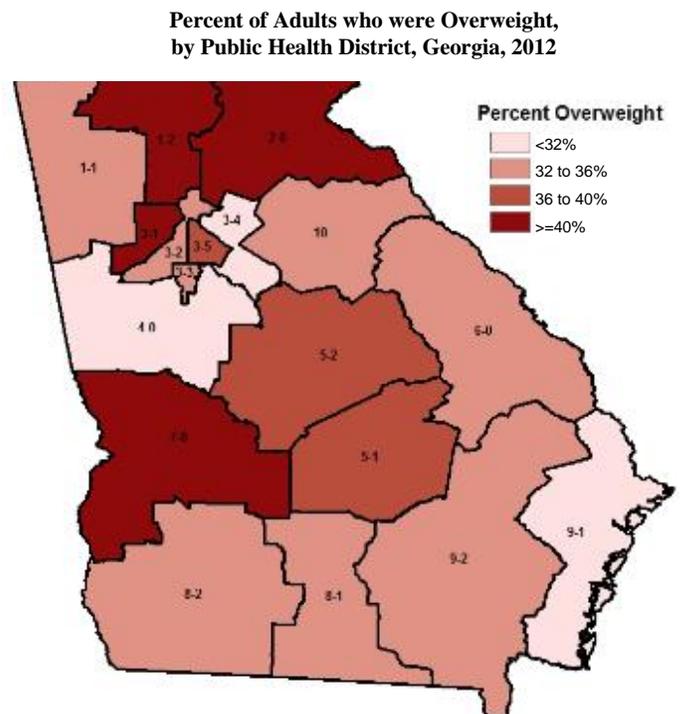
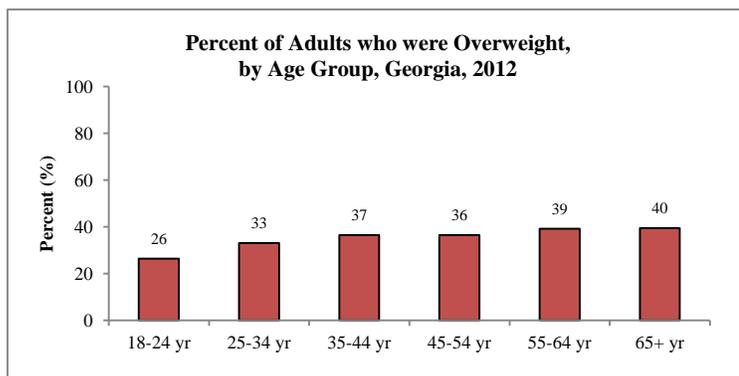
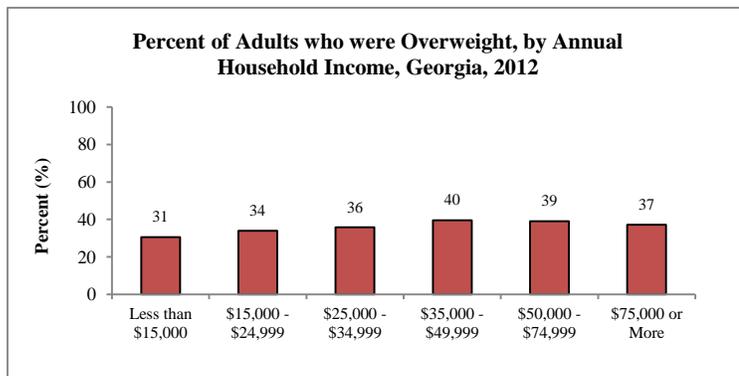
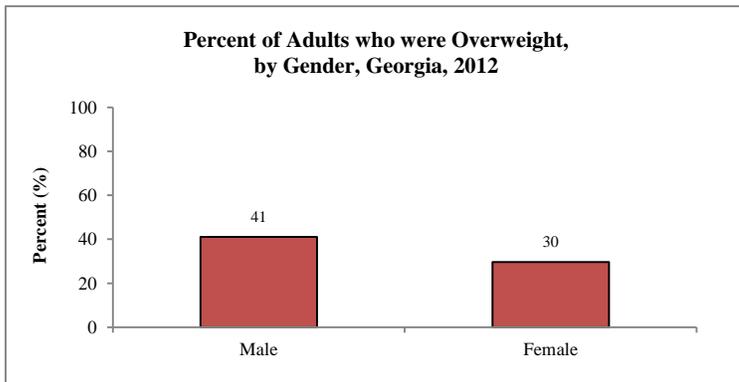
Overweight is defined as having a body mass index (BMI) between 25.0 and 29.9 kg/m². Being overweight increases poor health outcomes such as coronary heart disease, type 2 diabetes, high blood pressure, stroke, liver and gallbladder disease, and cancer.¹²

In 2012, 35.3% of Georgia adults were overweight.

- Adult males (41.1%) were significantly more likely to be overweight than females (29.7%).
- Hispanics (39.1%) were more likely to be overweight when compared to white non-Hispanics (36.3%) and black non-Hispanics (32.4%).
- Adults with an annual income of \$35,000-\$49,999 (39.6%) were most likely to be overweight when compared to adults from any other annual household income category.
- Adults with an age of 18-24 years (26.3%) were least likely to be overweight when compared to adults of age 25 or older.

Demographic Characteristics	Overweight ^a	
	%	95% CI
State Totals	35.3	(33.6, 37.1)
Sex		
Male	41.1	(38.3, 43.9)
Female	29.7	(27.6, 31.8)
Race/Ethnicity		
White Non-Hispanic	36.3	(34.2, 38.4)
Black Non-Hispanic	32.4	(29.2, 35.9)
Hispanic	39.1	(30.9, 48.0)
Age		
18-24 yr	26.3	(21.1, 32.3)
25-34 yr	33.1	(28.4, 38.1)
35-44 yr	36.5	(32.1, 41.1)
45-54 yr	36.4	(32.8, 40.2)
55-64 yr	39.1	(35.8, 42.6)
65+ yr	39.5	(36.6, 42.5)
Income		
Less than \$15,000	30.6	(25.9, 35.8)
\$15,000-\$24,999	33.9	(29.8, 38.1)
\$25,000-\$34,999	35.8	(30.5, 41.4)
\$35,000-\$49,999	39.6	(34.7, 44.8)
\$50,000-\$74,999	39.1	(34.5, 44.0)
\$75,000 or More	37.2	(33.7, 40.8)
Education		
Less than High School	35.0	(30.0, 40.3)
High School Graduate	37.5	(34.3, 40.9)
Some College	33.1	(30.0, 36.2)
College Graduate	35.4	(32.6, 38.4)
Health Insurance Coverage		
Has Health Insurance	34.4	(32.2, 36.7)
No Health Insurance	34.9	(30.7, 39.3)

^aThe proportion of adults whose BMI was between 25.0 and 29.9 kg/m². Note: Body mass index, BMI, is defined as weight (kg) divided by height (m) squared.



No Leisure-Time Physical Activity

Leisure-time physical activity helps improve overall health and fitness, and reduces the risk for many chronic diseases such as cardiovascular disease, diabetes, colon and breast cancers, and osteoporosis. Regular physical activity also helps to maintain body weight, healthy bones, muscles, and joints, reduce symptoms of anxiety and depression, and enhances quality of life.¹⁴

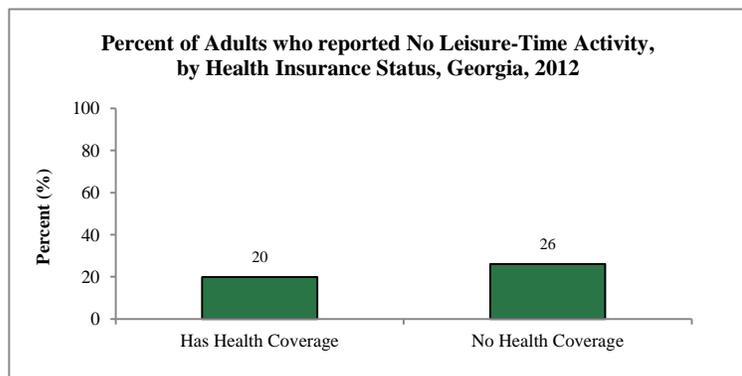
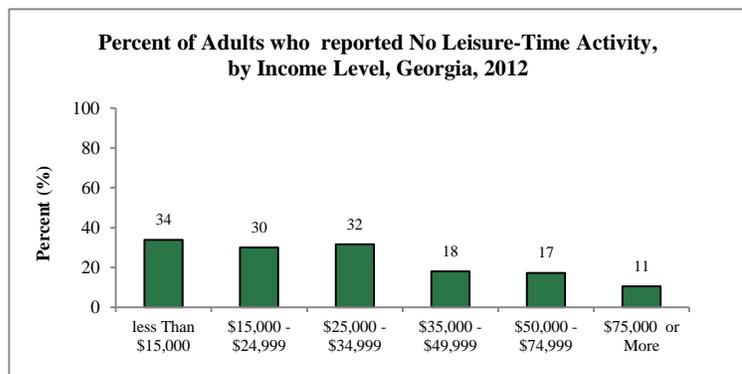
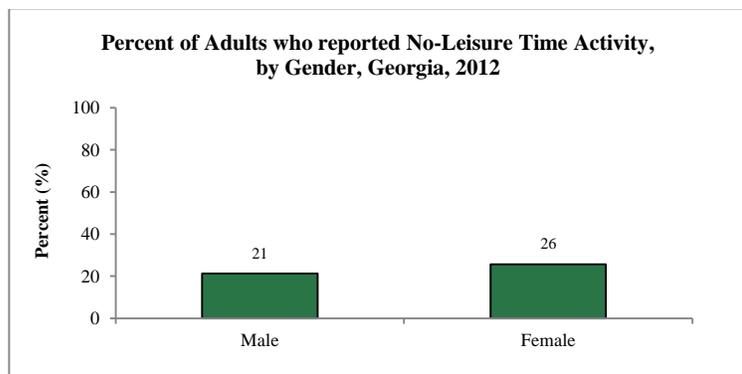
In 2012, 23.6% of Georgia adults were physically inactive during leisure time within the past month.

- Adult females (25.7%) were significantly more likely than males (21.3%) to be physically inactive.
- Adults with an income of \$75,000 or more (10.5%) were significantly least likely to be physically inactive.
- Adults with a less than high school education (39.9%) were significantly more likely to be physically inactive when compared to high school graduates (27.4%), adults with some college (20.4%), and college graduates (11.5%).
- Adults with health insurance (19.9%) were significantly less likely to be physically inactive when compared to adults without health insurance (26.1%).

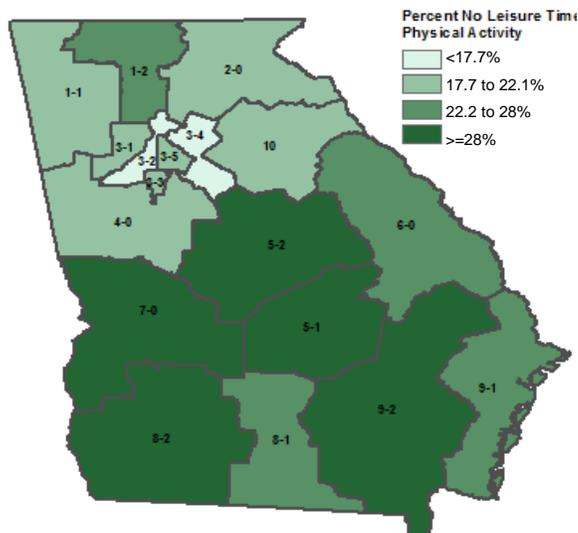
The HP 2020 target for adults who engage in no leisure-time physical activity is 32.6%. The current prevalence among Georgia adults meets this goal.

Demographic Characteristics	No Leisure-Time Physical Activity ^a	
	%	95% CI
State Totals	23.6	(22.2, 25.1)
Sex		
Male	21.3	(19.1, 23.6)
Female	25.7	(23.9, 27.6)
Race/Ethnicity		
White Non-Hispanic	22.7	(21.0, 24.5)
Black Non-Hispanic	24.4	(21.6, 27.3)
Hispanic	26.2	(19.8, 33.8)
Age		
18-24 yr	17.3	(13.2, 22.2)
25-34 yr	17.6	(13.9, 21.9)
35-44 yr	17.3	(14.2, 20.8)
45-54 yr	25.6	(22.4, 29.0)
55-64 yr	31.0	(27.8, 34.3)
65+ yr	34.4	(31.8, 37.2)
Income		
Less than \$15,000	33.8	(29.1, 38.8)
\$15,000-\$24,999	30.1	(26.5, 33.9)
\$25,000-\$34,999	31.6	(26.8, 36.8)
\$35,000-\$49,999	18.1	(14.8, 21.9)
\$50,000-\$74,999	17.3	(14.0, 21.1)
\$75,000 or More	10.5	(8.6, 12.8)
Education		
Less than High School	39.9	(35.1, 44.9)
High School Graduate	27.4	(24.7, 30.3)
Some College	20.4	(18.1, 23.1)
College Graduate	11.5	(9.8, 13.3)
Health Insurance Coverage		
Has Health Insurance	19.9	(18.2, 21.8)
No Health Insurance	26.1	(22.6, 30.0)

^a The proportion of adults who reported not participating in any leisure-time physical activities or exercises during the past month.



Percent of Adults who reported No Leisure-Time Physical Activity, by Public Health District, Georgia, 2012



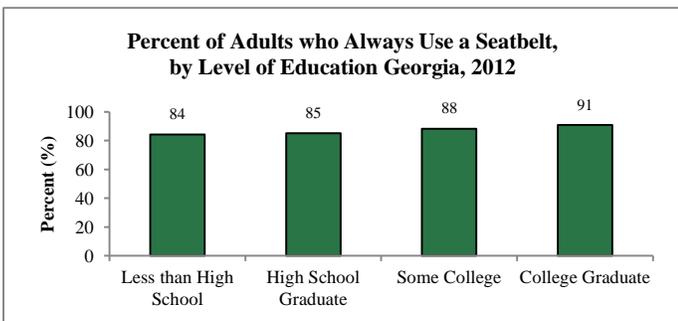
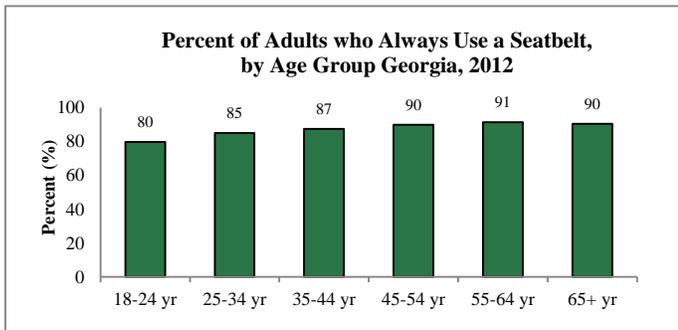
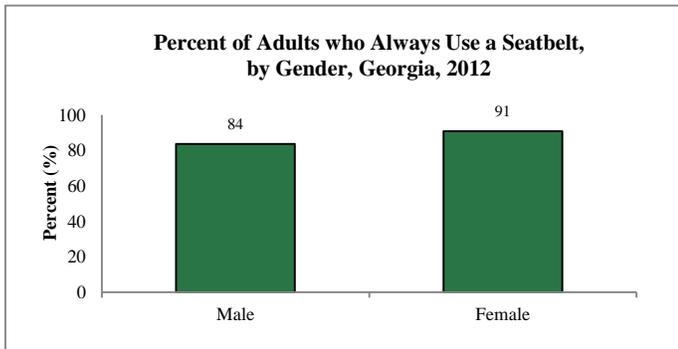
Seatbelt Use

Seatbelt use reduces serious injuries and deaths in motor vehicle crashes by 50%.¹⁵ In 2009, about 12,000 more injuries would have been prevented and about 450 more lives saved if all states had primary enforcement seat belt laws.¹⁵ Georgia’s seat belt law states that while the passenger vehicle is being operated on a public road, street or highway, each occupant in the front seat of a passenger vehicle should be restrained by a seat safety belt approved under federal motor vehicle safety standard 208.¹⁶

In 2012, 87.5% of Georgia adults reported always using a seatbelt when they are driving or riding in a car.

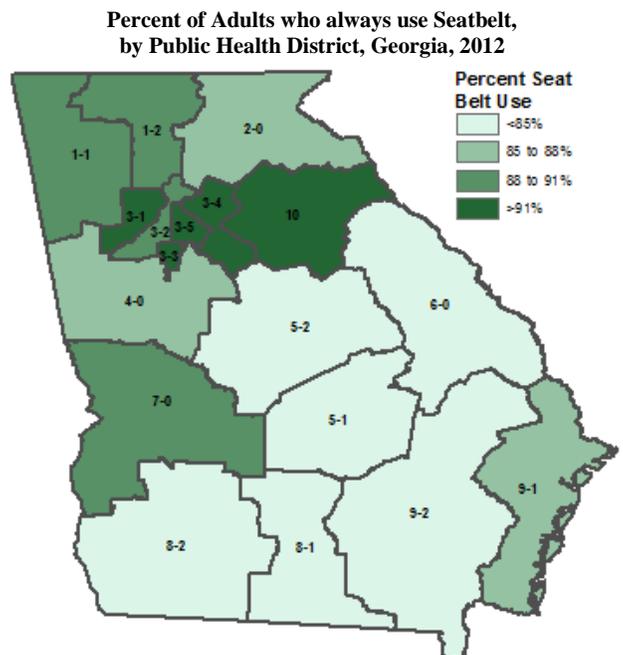
- Females (90.9%) were significantly more likely to always use a seatbelt when compared to males (83.7%).
- Adults aged 18-24 years (79.7%) were least likely to always use a seatbelt when compared to all other age groups.
- Adults identified as college graduates (91%) were more likely to always use a seatbelt when compared to adults with lower levels of education.
- Adults with health coverage (88.3%) were significantly more likely to always use a seatbelt when compared to those without health coverage (83.2%).

The HP 2020 target for seatbelt use is 92.4%.



Demographic Characteristics	Always use a Seatbelt ^a	
	%	95% CI
State Totals	87.5	(86.1, 88.7)
Sex		
Male	83.7	(81.4, 85.8)
Female	90.9	(89.3, 92.3)
Race/Ethnicity		
White Non-Hispanic	87.3	(85.6, 88.9)
Black Non-Hispanic	87.4	(84.6, 89.8)
Hispanic	87.4	(81.2, 91.7)
Age		
18-24 yr	79.7	(74.1, 84.4)
25-34 yr	85.0	(80.7, 88.4)
35-44 yr	87.4	(83.9, 90.2)
45-54 yr	89.8	(86.9, 92.1)
55-64 yr	91.3	(89.1, 93.1)
65+ yr	90.3	(88.2, 92.1)
Income		
Less than \$15,000	87.5	(83.4, 90.6)
\$15,000-\$24,999	83.9	(79.9, 87.3)
\$25,000-\$34,999	87.3	(82.4, 91.1)
\$35,000-\$49,999	84.5	(80.0, 88.2)
\$50,000-\$74,999	88.7	(84.8, 91.7)
\$75,000 or More	90.9	(88.4, 92.9)
Education		
Less than High School	84.3	(79.7, 88.0)
High School Graduate	85.3	(82.5, 87.7)
Some College	88.4	(85.9, 90.5)
College Graduate	91.0	(89.1, 92.6)
Health Insurance Coverage		
Has Health Insurance	88.3	(86.6, 89.8)
No Health Insurance	83.2	(79.3, 86.5)

^a The proportion of adults who always or nearly always use a seatbelt while driving or riding in a car.



Smoking

Cigarette smoking is one of the leading causes of preventable deaths in the United States.¹⁷ Smoking is associated with deaths related to cancer, respiratory diseases, and cardiovascular diseases.¹⁸ About 10.1% of deaths among Georgia adults are linked to smoking.¹⁸

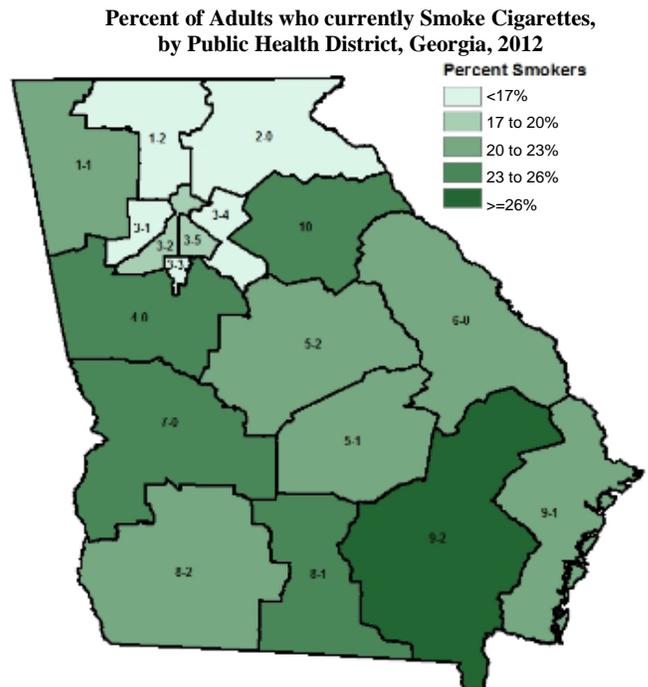
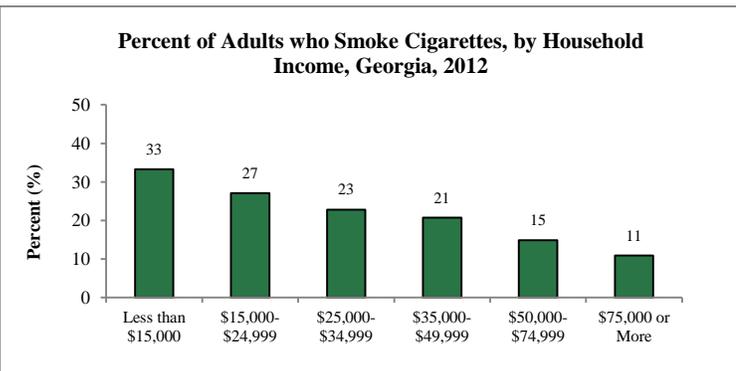
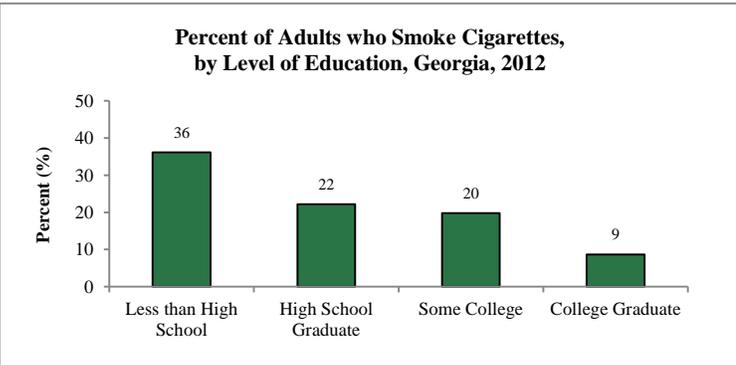
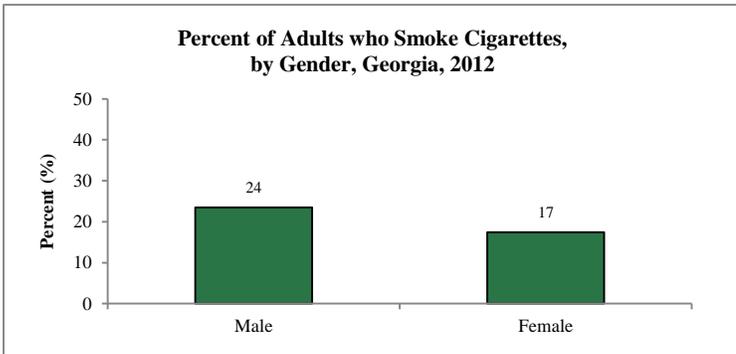
In 2012, 20.4% of Georgia adults were current cigarette smokers and 21.1% were former smokers.

- Adult males (23.5%) were significantly more likely to currently smoke cigarettes than females (17.4%).
- Adults with an annual income of less than \$15,000 (33.3%) were more likely to currently smoke cigarettes than those with an annual income of \$15,000 or greater.
- Adults with less than a high school education (36.1%) were significantly more likely to currently smoke cigarettes when compared to high school graduates (22.2%), those with some college (19.8%), and college graduates (8.7%).
- Adults with health insurance (17.5%) were significantly less likely to currently smoke when compared to adults without health insurance (35.9%).

The HP 2020 target for prevalence of current cigarette smokers is 12%.

Demographic Characteristics	Current Smoker ^a		Former Smoker ^b	
	%	95% CI	%	95% CI
State Totals	20.4	(18.9, 22.0)	21.1	(19.8, 22.5)
Sex				
Male	23.5	(21.1, 26.2)	25.8	(23.6, 28.1)
Female	17.4	(15.7, 19.3)	16.8	(15.4, 18.3)
Race/Ethnicity				
White Non-Hispanic	21.4	(19.5, 23.4)	25.7	(24.0, 27.6)
Black Non-Hispanic	19.3	(16.6, 22.5)	13.9	(11.7, 16.3)
Hispanic	19.4	(13.3, 27.4)	17.8	(12.7, 24.4)
Age				
18-24 yr	22.3	(17.5, 27.9)	5.8	(3.4, 9.7)
25-34 yr	24.9	(20.7, 29.7)	12.5	(9.4, 16.5)
35-44 yr	21.5	(17.8, 25.7)	15.3	(12.5, 18.7)
45-54 yr	23.2	(20.0, 26.7)	21.8	(18.9, 25.0)
55-64 yr	19.4	(16.6, 22.5)	30.3	(27.2, 33.7)
65+ yr	9.9	(8.0, 12.3)	41.6	(38.7, 44.5)
Income				
Less than \$15,000	33.3	(28.4, 38.7)	21.2	(17.3, 25.6)
\$15,000-\$24,999	27.1	(23.3, 31.3)	16.5	(14.0, 19.3)
\$25,000-\$34,999	22.8	(18.2, 28.2)	20.3	(16.7, 24.4)
\$35,000-\$49,999	20.7	(16.4, 25.7)	25.2	(21.1, 29.8)
\$50,000-\$74,999	14.9	(11.4, 19.4)	23.7	(20.2, 27.5)
\$75,000 or More	10.9	(8.7, 13.4)	24.0	(21.0, 27.1)
Education				
Less than High School	36.1	(31.1, 41.5)	21.9	(18.2, 26.0)
High School Graduate	22.2	(19.5, 25.1)	21.3	(18.9, 23.9)
Some College	19.8	(17.1, 22.8)	21.1	(18.8, 23.7)
College Graduate	8.7	(7.2, 10.5)	20.5	(18.3, 22.9)
Health Insurance Coverage				
Has Health Insurance	17.5	(15.7, 19.3)	18.9	(17.2, 20.6)
No Health Insurance	35.9	(31.7, 40.4)	13.5	(10.9, 16.6)

^a The proportion of adults who reported that they had smoked at least 100 cigarettes (5 packs) in their life and they currently smoke cigarettes, either every day or on some days.
^b The proportion of adults who reported that they had smoked at least 100 cigarettes (5 packs) in their life but do not currently smoke.



Smokeless Tobacco

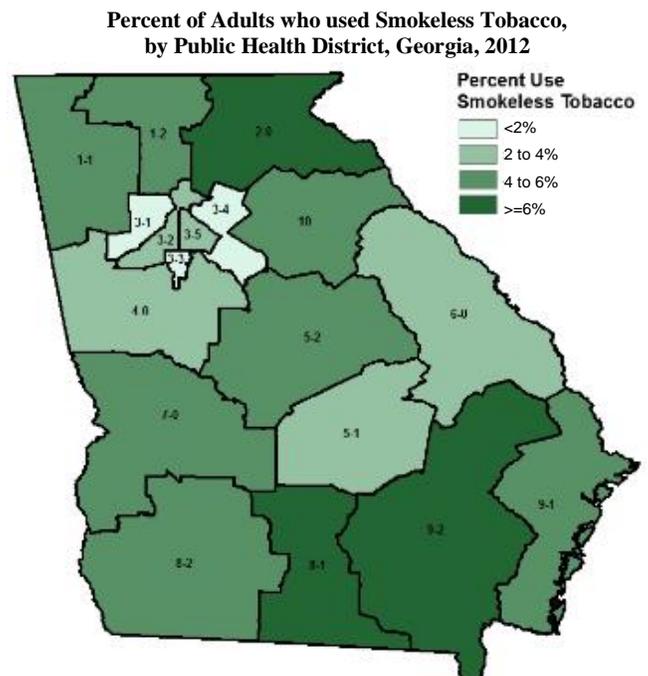
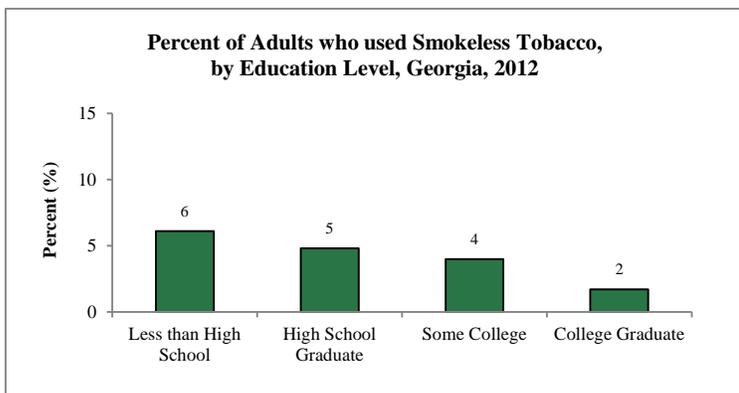
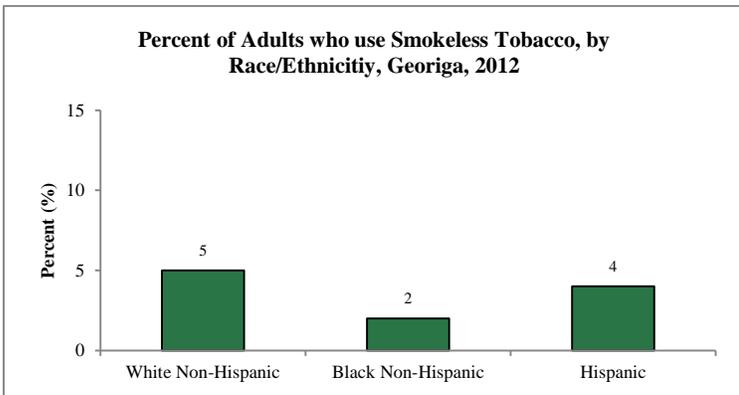
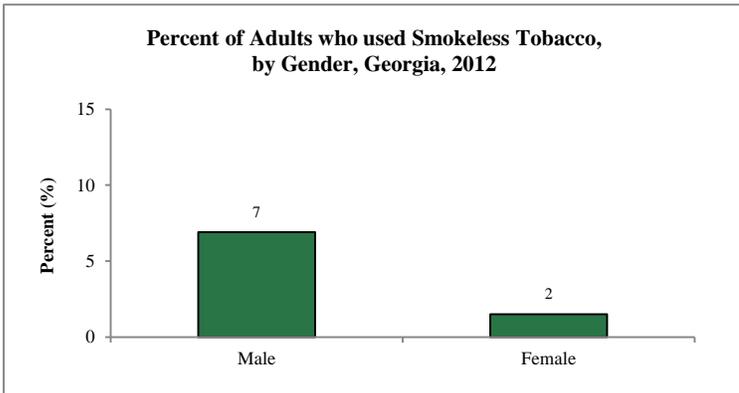
Smokeless tobacco is known to cause cancer of the oral cavity and pancreas, and should not be considered a safe substitute for smoking cigarettes.¹⁹ The two main types of smokeless tobacco sold in the United States are chewing tobacco and snuff.

In 2012, 4.1% of Georgia adults reported using smokeless tobacco.

- Adult males (6.9%) were significantly more likely to use smokeless tobacco compared to females (1.5%).
- White non-Hispanics (5.2%) were significantly more likely to use smokeless tobacco when compared to black non-Hispanics (2.3%).
- A higher proportion of adults with a household income of less than \$15,000 (5.3%) used smokeless tobacco.
- Adults with less than high school education (6.1%) were significantly more likely to use smokeless tobacco when compared to college graduates (1.7%).

The HP 2020 target for smokeless tobacco use is 0.3%.

Demographic Characteristics	Smokeless Tobacco Use ^a	
	%	95% CI
State Totals	4.1	(3.4, 4.9)
Sex		
Male	6.9	(5.6, 8.5)
Female	1.5	(1.0, 2.1)
Race/Ethnicity		
White Non-Hispanic	5.2	(4.2, 6.5)
Black Non-Hispanic	2.3	(1.6, 3.5)
Hispanic	3.7	(1.7, 8.0)
Age		
18-24 yr	5.0	(2.9, 8.7)
25-34 yr	4.4	(2.6, 7.2)
35-44 yr	4.4	(2.8, 6.8)
45-54 yr	3.9	(2.7, 5.7)
55-64 yr	3.2	(2.2, 4.6)
65+ yr	3.6	(2.6, 4.9)
Income		
Less than \$15,000	5.3	(3.2, 8.7)
\$15,000-\$24,999	3.9	(2.5, 5.9)
\$25,000-\$34,999	4.4	(2.7, 7.0)
\$35,000-\$49,999	4.8	(2.6, 8.5)
\$50,000-\$74,999	4.9	(3.0, 7.8)
\$75,000 or More	2.9	(1.9, 4.3)
Education		
Less than High School	6.1	(4.0, 9.3)
High School Graduate	4.8	(3.5, 6.6)
Some College	4.0	(2.9, 5.6)
College Graduate	1.7	(1.1, 2.7)
Health Insurance Coverage		
Has Health Insurance	4.0	(3.1, 5.0)
No Health Insurance	4.8	(3.2, 7.1)



Binge Drinking

Binge drinking is linked to unintentional injuries (falls, car crashes), intentional injuries (sexual assault, domestic violence), alcohol poisoning, liver disease, and neurological damage.²⁰ Binge drinking is defined as consuming five or more drinks per occasion for men or four or more drinks per occasion for women at least once in the previous month.

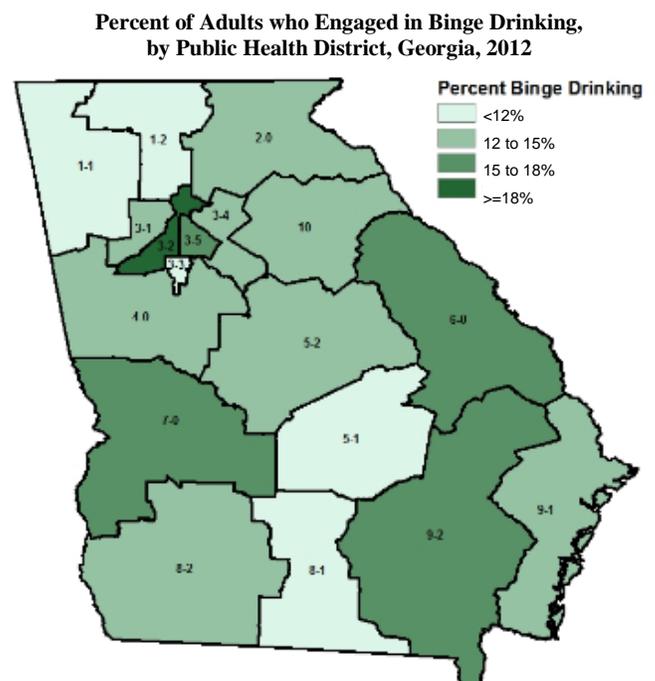
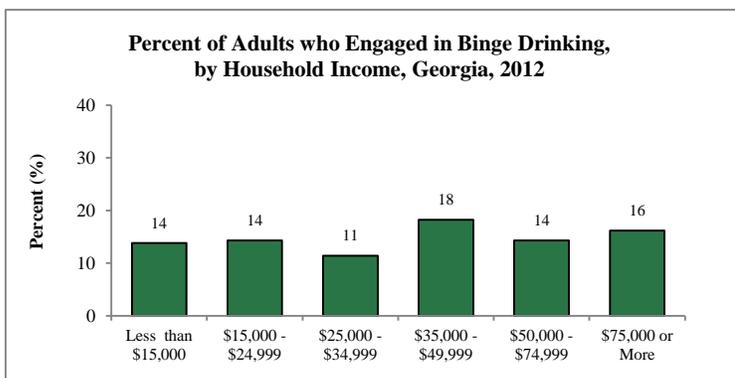
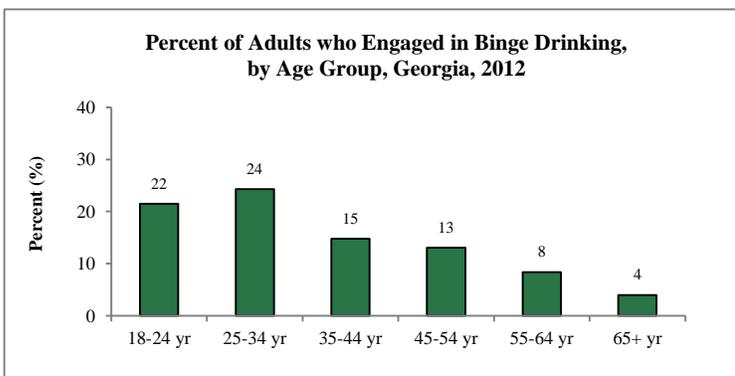
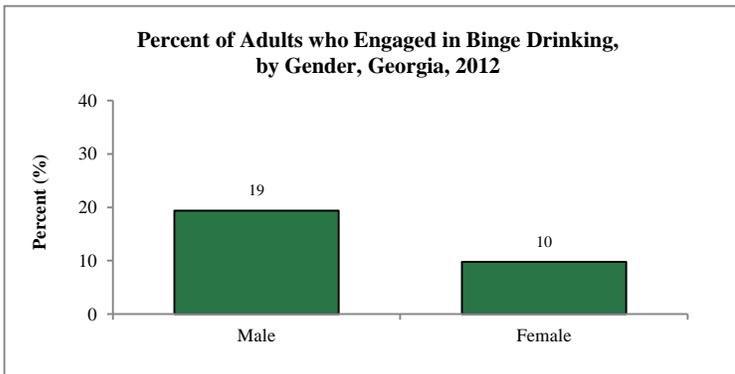
In 2012, 14.4% of Georgia adults engaged in binge drinking.

- Adult males (19.4%) were significantly more likely than females (9.8%) to engage in binge drinking.
- More young adults aged 18-24 (21.5%) and 25-34 (24.3%) reported binge drinking than any other age groups.
- Adults with an annual household income of \$35,000-\$49,999 (18.2%) were the most likely to engage in binge drinking.

The HP 2020 target for binge drinking is 24.4%. The current prevalence among Georgia adults meets this goal.

Demographic Characteristics	Binge Drinking ^a	
	%	95% CI
State Totals	14.4	(13.1, 15.8)
Sex		
Male	19.4	(17.1, 21.9)
Female	9.8	(8.4, 11.4)
Race/Ethnicity		
White Non-Hispanic	16.3	(14.5, 18.2)
Black Non-Hispanic	12.1	(9.7, 14.8)
Hispanic	11.3	(6.9, 18.0)
Age		
18-24 yr	21.5	(16.7, 27.1)
25-34 yr	24.3	(20.1, 28.9)
35-44 yr	14.8	(11.9, 18.3)
45-54 yr	13.1	(10.6, 16.2)
55-64 yr	8.4	(6.4, 10.9)
65+ yr	4.0	(3.0, 5.4)
Income		
Less than \$15,000	13.8	(10.4, 18.0)
\$15,000-\$24,999	14.3	(11.1, 18.1)
\$25,000-\$34,999	11.4	(7.9, 16.0)
\$35,000-\$49,999	18.2	(14.2, 23.2)
\$50,000-\$74,999	14.3	(10.8, 18.7)
\$75,000 or More	16.2	(13.5, 19.2)
Education		
Less than High School	13.9	(10.1, 18.8)
High School Graduate	13.9	(11.5, 16.7)
Some College	14.4	(12.0, 17.1)
College Graduate	15.4	(13.2, 17.9)
Health Insurance Coverage		
Has Health Insurance	16.3	(14.5, 18.1)
No Health Insurance	16.7	(13.3, 20.6)

^a The proportion of adults who reported drinking 5 or more drinks for men or 4 or more drinks for women per occasion at least once in the previous month.



Heavy Drinking

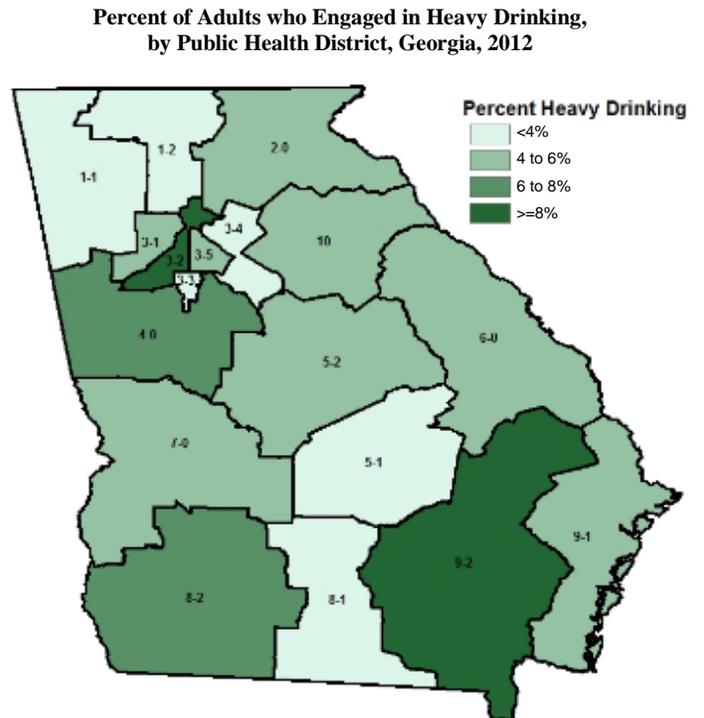
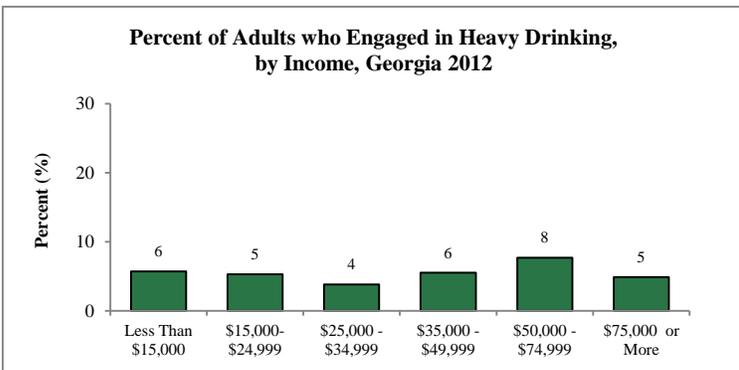
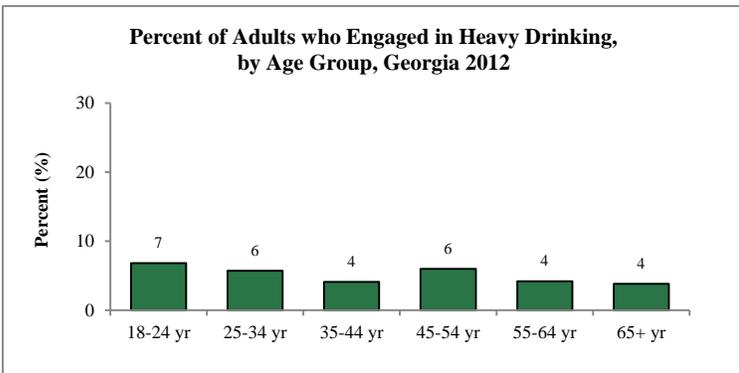
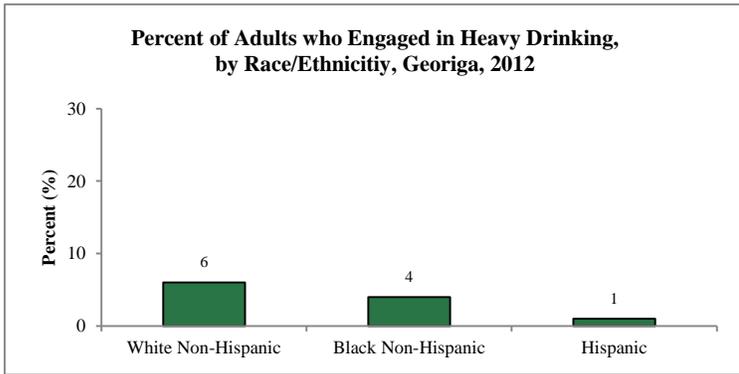
Heavy drinking is defined as consuming more than two drinks per day for males and more than one drink per day for females. Excessive alcohol use is the third leading lifestyle-related cause of death in the United States and has been associated with cirrhosis of the liver, high blood pressure, stroke, and can increase the risk for motor vehicle accidents, injuries, violence, and suicide.²¹

In 2012, 5.1% of Georgia adults engaged in heavy drinking.

- White non-Hispanics (6.4%) were significantly more likely to be engaged in heavy drinking when compared to Hispanics (1.1%).
- Adults aged 18 to 24 years of age (6.8%) were the most likely to engage in heavy drinking when compared to any other age groups.
- Heavy drinking is more prevalent among adults with an annual household income of \$50,000-\$74,000 (7.7%).

Demographic Characteristics	Heavy Drinking ^a	
	%	95% CI
State Totals	5.1	(4.3, 5.9)
Sex		
Male	5.7	(4.5, 7.2)
Female	4.4	(3.5, 5.6)
Race/Ethnicity		
White Non-Hispanic	6.4	(5.3, 7.7)
Black Non-Hispanic	3.8	(2.7, 5.5)
Hispanic	1.1	(0.3, 4.0)
Age		
18-24 yr	6.8	(4.4, 10.4)
25-34 yr	5.7	(3.7, 8.8)
35-44 yr	4.1	(2.8, 6.1)
45-54 yr	6.0	(4.2, 8.5)
55-64 yr	4.2	(3.0, 5.7)
65+ yr	3.8	(2.8, 5.2)
Income		
Less than \$15,000	5.7	(3.7, 8.6)
\$15,000-\$24,999	5.3	(3.4, 8.2)
\$25,000-\$34,999	3.8	(2.1, 6.7)
\$35,000-\$49,999	5.5	(3.6, 8.3)
\$50,000-\$74,999	7.7	(5.2, 11.4)
\$75,000 or More	4.9	(3.7, 6.4)
Education		
Less than High School	5.8	(3.5, 9.5)
High School Graduate	5.3	(4.0, 7.1)
Some College	4.6	(3.4, 6.2)
College Graduate	4.9	(3.8, 6.2)
Health Insurance Coverage		
Has Health Insurance	4.9	(4.0, 5.9)
No Health Insurance	6.7	(4.6, 9.7)

^aThe proportion of adults who reported drinking 2 or more drinks for males or 1 or more drinks for women per day.



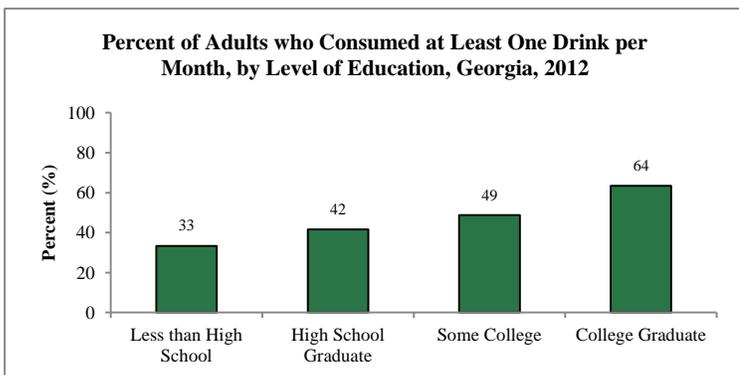
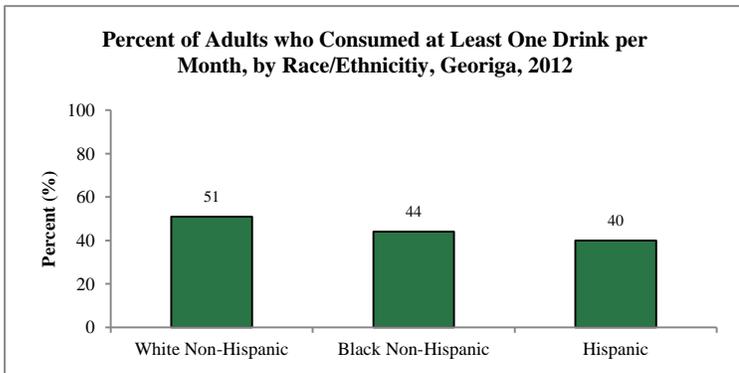
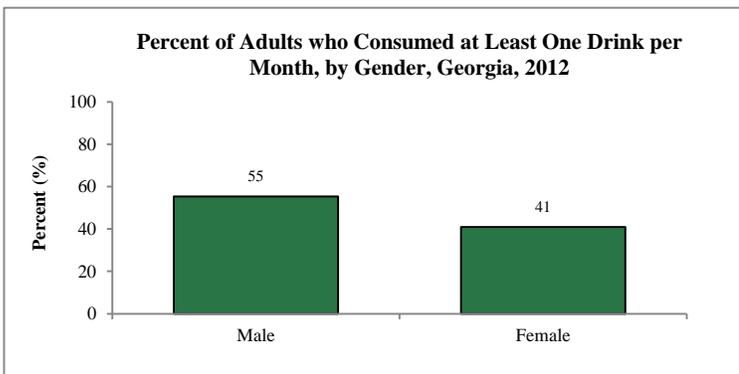
At Least One Drink per Month

Those categorized as having **at least one drink per month** have consumed either a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor within the past 30 days.

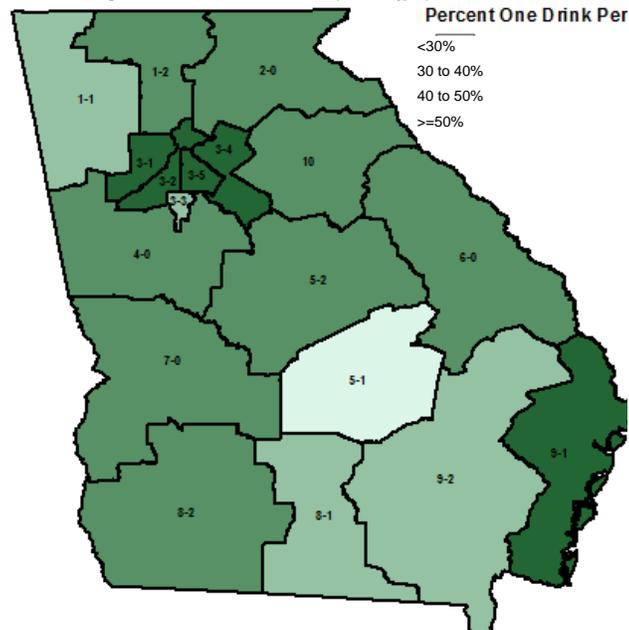
In 2012, 47.8% of Georgia adults consumed at least one alcoholic drink within the past month.

- Adult males (55.3%) were significantly more likely than females (40.9%) to consume at least one drink within 30 days.
- White non-Hispanics (50.9%) were significantly more likely than black non-Hispanics (44.2%) and Hispanics (39.6%) to consume at least one drink within 30 days.
- Adults with college degrees (63.5%) were significantly more likely to consume at least one drink per month when compared to adults of lower education levels.

Demographic Characteristics	At Least One Drink per Month	
	%	95% CI
State Totals	47.8	(46.0, 49.6)
Sex		
Male	55.3	(52.4, 58.1)
Female	40.9	(38.7, 43.2)
Race/Ethnicity		
White Non-Hispanic	50.9	(48.7, 53.1)
Black Non-Hispanic	44.2	(40.7, 47.8)
Hispanic	39.6	(31.8, 47.9)
Age		
18-24 yr	48.8	(42.5, 55.2)
25-34 yr	56.1	(51.0, 61.1)
35-44 yr	51.5	(47.0, 56.0)
45-54 yr	52.1	(48.3, 55.9)
55-64 yr	44.3	(40.9, 47.8)
65+ yr	31.7	(29.1, 34.5)
Income		
Less than \$15,000	37.7	(32.6, 43.1)
\$15,000-\$24,999	39.5	(35.3, 44.0)
\$25,000-\$34,999	41.2	(35.7, 46.8)
\$35,000-\$49,999	52.3	(47.1, 57.4)
\$50,000-\$74,999	51.4	(46.5, 56.3)
\$75,000 or More	65.5	(61.9, 68.9)
Education		
Less than High School	33.4	(28.4, 38.8)
High School Graduate	41.6	(38.3, 45.0)
Some College	48.7	(45.3, 52.1)
College Graduate	63.5	(60.7, 66.3)
Health Insurance Coverage		
Has Health Insurance	53.4	(51.1, 55.7)
No Health Insurance	44.0	(39.6, 48.6)



Percent of Adults who Consumed at Least One Drink per Month, by Public Health District, Georgia, 2012



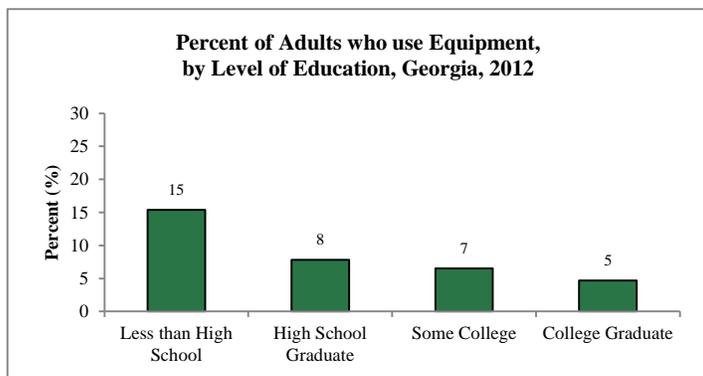
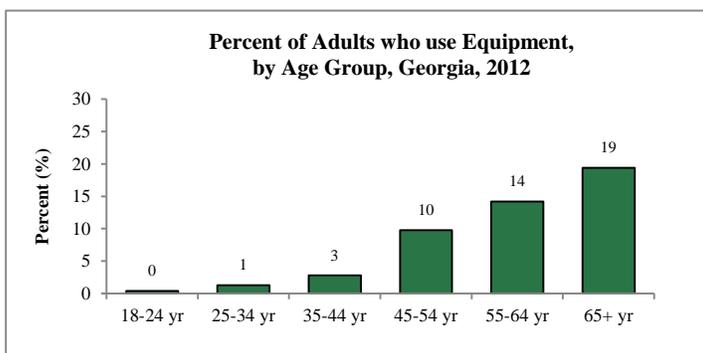
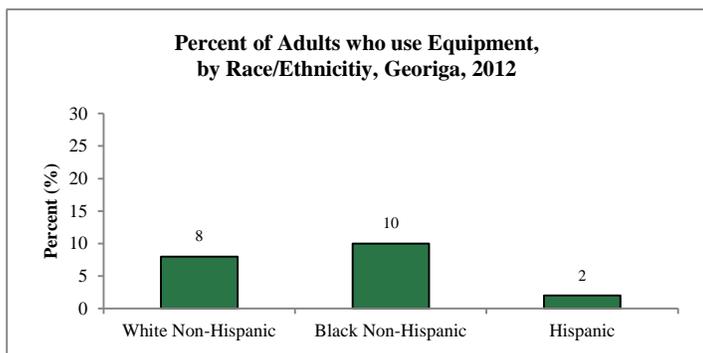
Use of Equipment

Use of equipment such as a cane, a wheelchair, a special bed, or a special telephone can make everyday tasks easier and improve the overall quality of life for those with health problems or disabilities.

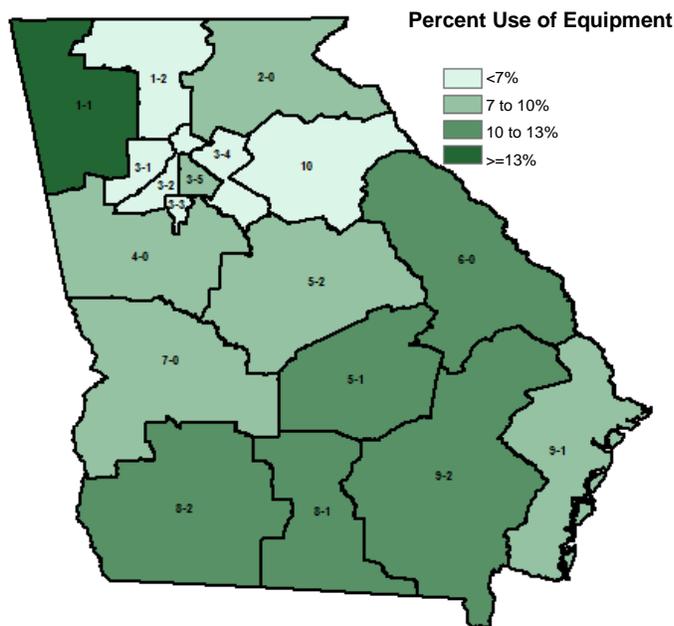
In 2012, 7.9% of Georgia adults reported using equipment due to a health problem or disability.

- Hispanic adults (2.3%) were significantly less likely than Black non-Hispanics (9.5%) or white non-Hispanics (8.1%) to use equipment.
- Use of equipment increases with age. Adults of age 65 or older (19.4%) are significantly more likely to use equipment than any younger age category.
- Adults with less than a high school education (15.4%) were significantly more likely to use equipment when compared to adults with higher levels of education.

Demographic Characteristics	Use of Equipment	
	%	95% CI
State Totals	7.9	(7.1, 8.7)
Sex		
Male	7.9	(6.7, 9.2)
Female	7.9	(6.9, 8.9)
Race/Ethnicity		
White Non-Hispanic	8.1	(7.1, 9.1)
Black Non-Hispanic	9.5	(7.8, 11.4)
Hispanic	2.3	(1.0, 5.2)
Age		
18-24 yr	0.4	(0.1, 2.8)
25-34 yr	1.3	(0.5, 3.1)
35-44 yr	2.8	(1.7, 4.6)
45-54 yr	9.8	(7.7, 12.3)
55-64 yr	14.2	(11.9, 16.9)
65+ yr	19.4	(17.2, 21.8)
Income		
Less than \$15,000	14.5	(11.6, 17.9)
\$15,000-\$24,999	10.8	(8.9, 13.1)
\$25,000-\$34,999	8.5	(6.3, 11.5)
\$35,000-\$49,999	4.5	(3.1, 6.4)
\$50,000-\$74,999	4.7	(3.1, 7.3)
\$75,000 or More	3.5	(2.6, 4.8)
Education		
Less than High School	15.4	(12.5, 18.7)
High School Graduate	7.8	(6.5, 9.2)
Some College	6.5	(5.3, 7.9)
College Graduate	4.7	(3.7, 6.0)
Health Insurance Coverage		
Has Health Insurance	6.3	(5.4, 7.4)
No Health Insurance	4.3	(3.1, 6.0)



Percent of Adults who reported Using Equipment, by Public Health District, Georgia, 2012



Adult Immunizations

Adult immunizations against influenza and pneumococcal disease are important preventative measures against morbidity and mortality for adults aged 65 years and older since they are at high risk of developing complications from the diseases.³⁰ From 1976 to 2007, there was an estimated annual average of 5,546 (87.9%) influenza-associated deaths among adults 65 years and older.³¹

In 2012, 60.1% of Georgia adults aged 65 and older had a seasonal flu vaccine within the past year.

- White non-Hispanics (64.1%) were significantly more likely to receive the seasonal flu vaccine when compared to black non-Hispanics (43.6%).

The HP 2020 target for influenza immunization in adults aged 65 years and older is 90%

In 2012, 66.2% of Georgia adults aged 65 and older have ever had the pneumonia vaccine.

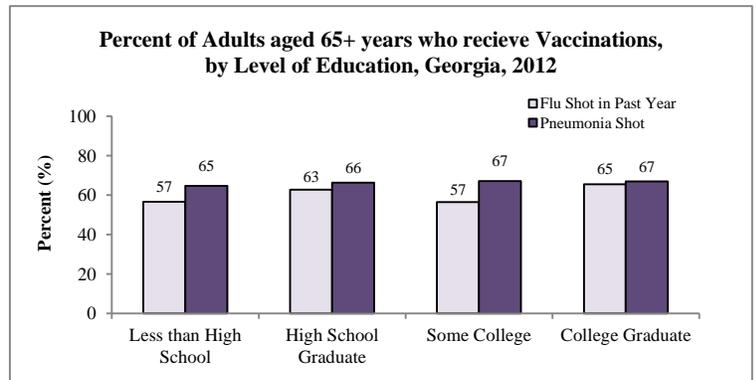
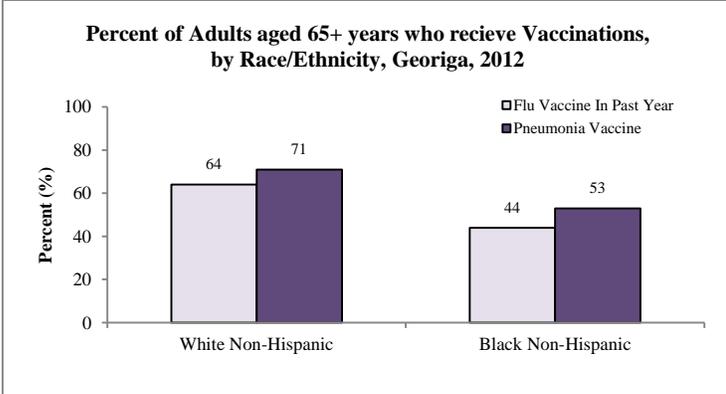
- Females (71.5%) were significantly more likely to receive the pneumonia vaccine when compared to males (58.9%).
- White non-Hispanics (70.6%) were significantly more likely to receive the pneumonia vaccine when compared to black non-Hispanics (52.8%).
- Adults with an annual household income of \$75,000 or more (58.8%) were the least likely to receive the pneumonia vaccine

The HP 2020 target for pneumonia immunization in adults aged 65 years and older is 90%

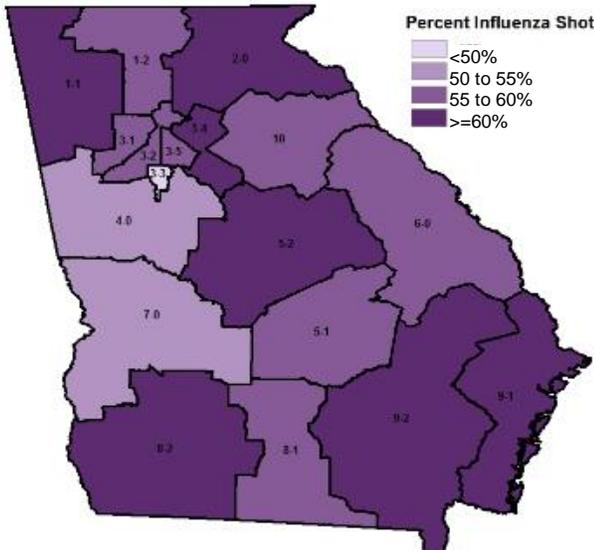
Demographic Characteristics	Influenza Vaccine ^a		Pneumonia Vaccine ^b	
	%	95% CI	%	95% CI
State Totals	60.1	(57.2, 62.9)	66.2	(63.2, 69.0)
Sex				
Male	57.8	(52.9, 62.6)	58.9	(53.7, 63.9)
Female	61.8	(58.3, 65.2)	71.5	(68.2, 74.6)
Race/Ethnicity				
White Non-Hispanic	64.1	(61.0, 67.1)	70.6	(67.5, 73.5)
Black Non-Hispanic	43.6	(36.0, 51.6)	52.8	(44.7, 60.7)
Hispanic	NA	NA	NA	NA
Income				
Less than \$15,000	59.7	(50.7, 68.1)	65.5	(56.3, 73.7)
\$15,000-\$24,999	54.7	(48.0, 61.3)	67.2	(60.7, 73.2)
\$25,000-\$34,999	55.5	(47.6, 63.1)	62.4	(54.4, 69.9)
\$35,000-\$49,999	64.4	(55.7, 72.2)	69.3	(59.1, 77.8)
\$50,000-\$74,999	65.3	(57.1, 72.7)	72.8	(64.5, 79.7)
\$75,000 or More	62.0	(53.9, 69.5)	58.8	(50.5, 66.7)
Education				
Less than High School	56.6	(49.6, 63.4)	64.6	(57.6, 71.1)
High School Graduate	62.8	(57.9, 67.6)	66.2	(60.8, 71.3)
Some College	56.5	(50.7, 62.0)	67.1	(61.3, 72.4)
College Graduate	65.4	(60.1, 70.4)	66.9	(61.6, 71.7)

^a The proportion of adults 65+ years that had a seasonal flu vaccine within the past year.

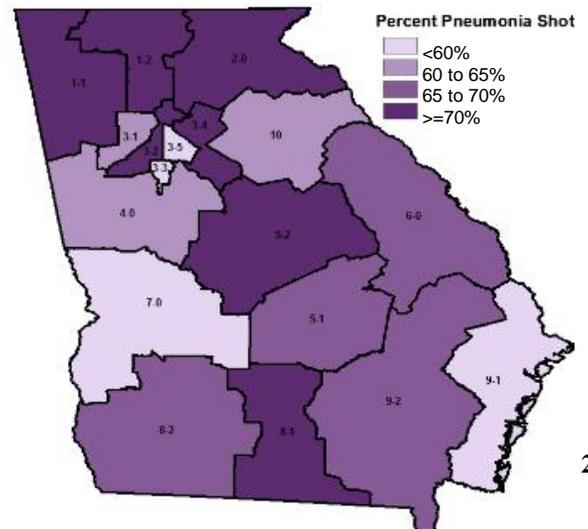
^b The proportion of adults 65+ years that have ever had a pneumonia vaccine



Percent of Adults aged 65+ years who had the Flu Vaccine, by Public Health District, Georgia, 2012



Percent of Adults aged 65+ years who had the Pneumonia Vaccine, by Public Health District, Georgia, 2012



Breast Cancer Screening

Breast cancer screening means checking a woman’s breast for cancer before there are signs or symptoms of the diseases. Mammograms help screen for breast cancer by detecting for tumors or lumps using X-rays imaging. Women between 50-74 years old should get mammograms once every 2 years.²² Breast cancer screening for women 40 to 49 years old should be determined by a doctor.²²

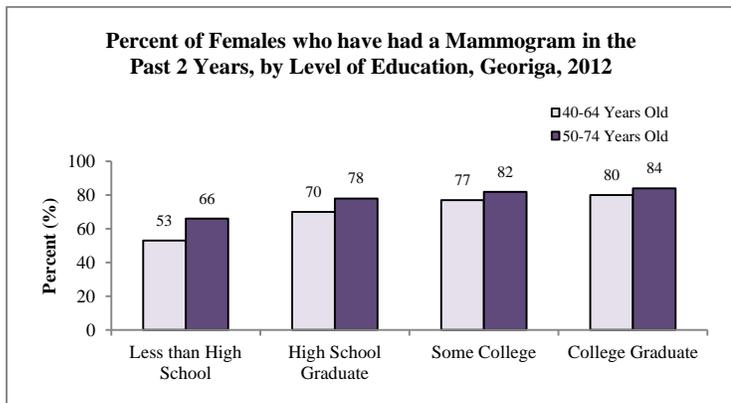
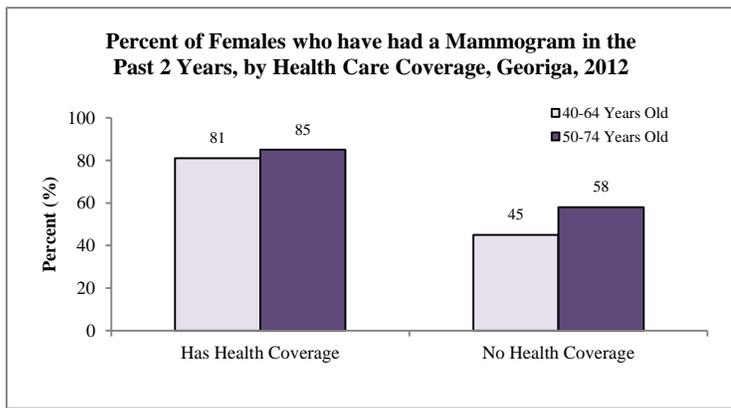
In 2012, 81.8% of Georgian women aged 50-74 years have had a mammogram in the past two years.

Among women 50 to 74 years of age:

- Black non-Hispanic women (88.6%) were significantly more likely than white non-Hispanic women (79.3%) to have had a mammogram in the past two years.
- Women with an annual household income of less than \$15,000 (71.7%) were least likely to have had a mammogram in the past two years.
- Women with less than high school education (73.1%) were the least likely to have had a mammogram in the past two years when compared to women with higher education levels.
- Women with health care coverage (84.5%) were significantly more likely to have had a mammogram in the past two years when compared to women without health care coverage (58.3%).

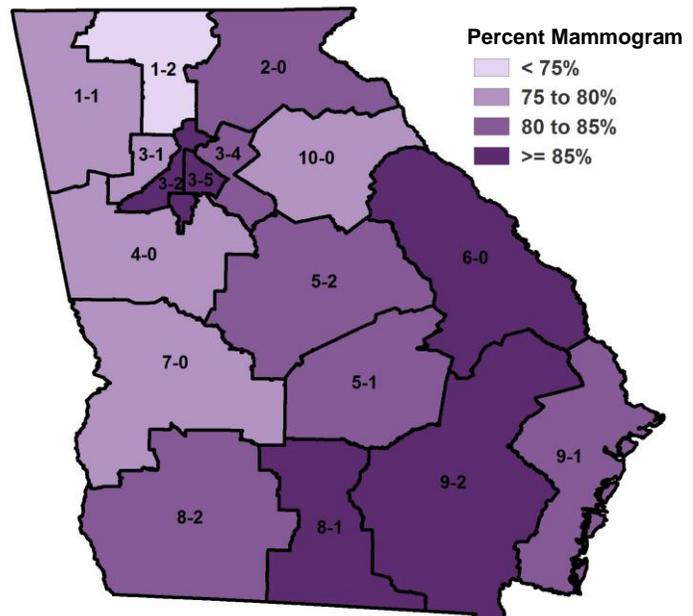
The HP 2020 target for breast cancer screening in adults aged 50 to 74 years old is 81.1%. in past two years.

Demographic Characteristics	Mammogram 50-74 in Past 2 Years ^a	
	%	95% CI
State Totals	81.8	(79.4, 84.0)
Race/Ethnicity		
White Non-Hispanic	79.3	(76.3, 82.0)
Black Non-Hispanic	88.6	(84.4, 91.8)
Hispanic	NA	NA
Age		
35-44 years	NA	NA
45-54 years	79.7	(73.9, 84.4)
55-64 years	79.3	(75.5, 82.6)
65-74 years	87.9	(84.7, 90.5)
Annual Income		
Less than \$15,000	71.7	(62.6, 79.3)
\$15,000-\$24,999	76.5	(70.3, 81.8)
\$25,000-\$34,999	86.2	(79.1, 91.2)
\$35,000-\$49,999	87.5	(81.6, 91.6)
\$50,000-\$74,999	80.4	(72.7, 86.3)
\$75,000 or More	85.9	(80.6, 90.0)
Education		
Less than High School	73.1	(64.6, 80.2)
High School Graduate	81.8	(77.5, 85.4)
Some College	84.2	(79.7, 87.9)
College Graduate	84.3	(80.0, 87.7)
Health Insurance Coverage		
Has Health Insurance	84.5	(81.4, 87.2)
No Health Insurance	58.3	(49.3, 66.8)



^a The proportion of women aged 50+ years who had a mammogram within the past 2 years.

Percent of Females aged 50-74 years who have had a Mammogram in the Past 2 years, by Public Health District, Georgia, 2012



Cervical Cancer Screening

Cervical cancer screening is one of the most effective ways to prevent cervical cancer. Current recommendations for cervical cancer screening states that Pap testing should begin at 21 years of age. Women aged 21-29 years should have a Pap test every 3 years and women aged 30-65 years can have Pap and HPV co-testing every 5 years or just a pap test alone every 3 years. Women aged 65 years or older with adequate screening history or women who had a total hysterectomy should not be screened.²⁴

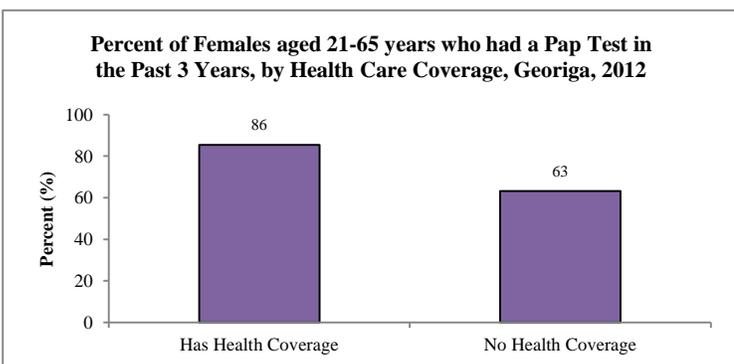
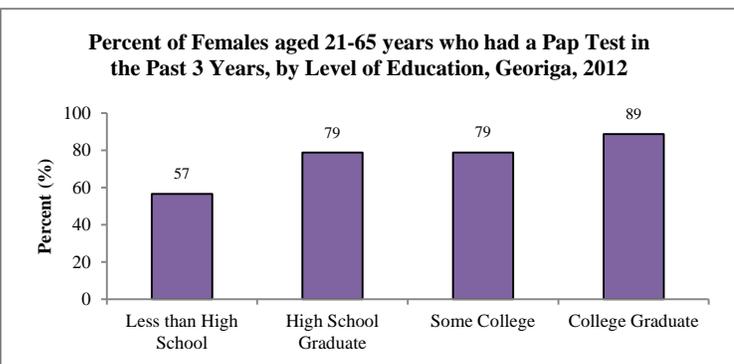
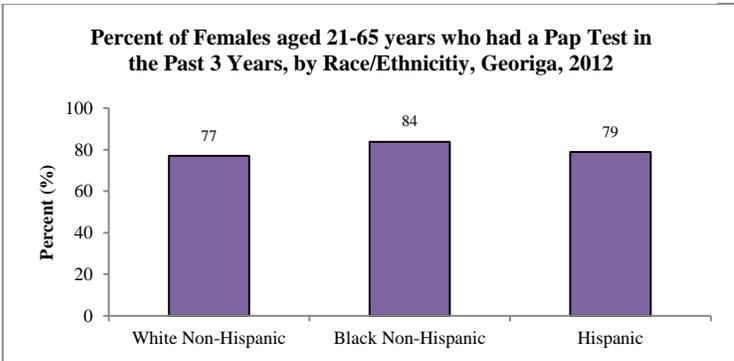
In 2012, 79.1% of Georgia women aged 21-65 years reported having a Pap test within the past 3 years.

- White non-Hispanic women (77.0%) were less likely to have had a Pap test in the past 3 years than other race/ethnicity groups.
- Woman with an annual household income of less than \$15,000 (60.7%) were the least likely to have had a Pap test in the past 3 years.
- Women with less than high school education (56.6%) were less likely to have had a Pap test in the past 3 years compared to college graduates (88.6%).
- Woman with health care coverage (85.5%) were significantly more likely to have had a Pap test in the past 3 years than women without health care coverage (63.2%).

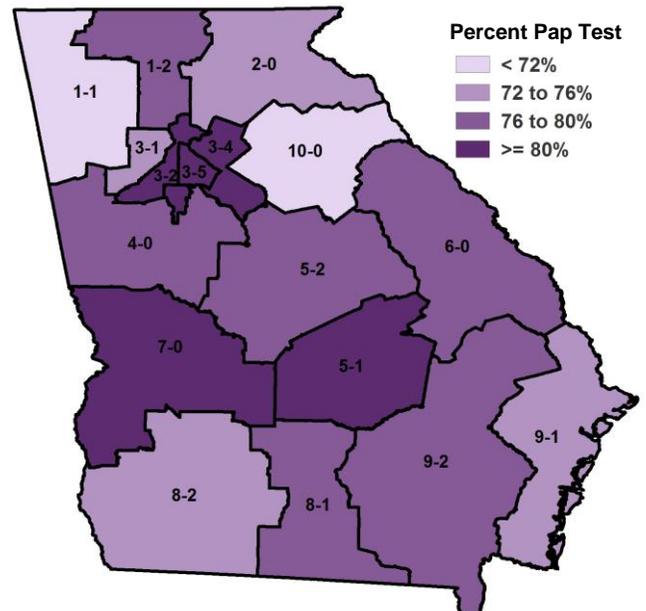
The HP 2020 target for cervical cancer screening in adults aged 18 to 65 years old is 93% in the past 3 years.

Demographic Characteristics	Pap Test in Past 3 Years ^a	
	%	95% CI
State Totals	79.1	(76.4, 81.7)
Race/Ethnicity		
White Non-Hispanic	77.0	(73.2, 80.4)
Black Non-Hispanic	83.8	(79.0, 87.7)
Hispanic	78.9	(67.2, 87.2)
Age		
21-24 years	83.4	(77.4, 88.1)
25-34 years	82.0	(76.5, 86.4)
35-44 years	78.0	(71.9, 83.1)
45-54 years	75.3	(70.1, 79.8)
55-65 years	64.8	(48.4, 78.3)
Annual Income		
Less than \$15,000	60.7	(52.3, 68.5)
\$15,000-\$24,999	72.5	(65.0, 78.9)
\$25,000-\$34,999	78.1	(68.3, 85.5)
\$35,000-\$49,999	87.7	(81.7, 91.9)
\$50,000-\$74,999	82.6	(72.6, 89.5)
\$75,000 or More	90.9	(87.0, 93.7)
Education		
Less than High School	56.6	(45.5, 67.1)
High School Graduate	78.7	(73.8, 83.0)
Some College	78.8	(73.2, 83.5)
College Graduate	88.6	(85.6, 91.1)
Health Insurance Coverage		
Has Health Insurance	85.5	(82.8, 87.9)
No Health Insurance	63.2	(56.5, 69.5)

^a The proportion of adult females aged 18-65 years who have had a Pap test within the past three years.



Percent of Females aged 21-65 years who have had a Pap Test in the Past 3 years, by Public Health District, Georgia, 2012



Colorectal Cancer Screening

Colorectal cancer affects both men and women, particularly those aged 50 years and older.²⁸ Screening can find precancerous polyps (abnormal growths in the colon or rectum) so they can be removed before turning cancerous. The U.S. Preventive Services Task Force recommends colorectal cancer screening for men and women aged 50–75 years using high-sensitivity fecal occult blood testing (FOBT) every year, sigmoidoscopy every five years, or colonoscopy every ten years.²⁹

In 2012, 68.6% of Georgia adults aged 50-75 years met the recommendations for colorectal cancer screening.

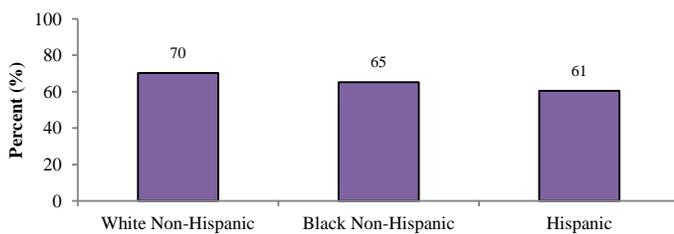
- Hispanics aged 50-75 years old (60.5%) were least likely to meet recommendations for colorectal cancer screening.
- Adults aged 65 years or older (81.3%) were significantly most likely to meet the recommendations for colorectal cancer screening.
- Adults aged 50-75 years old with an annual household income of \$50,000 to \$74,999 (77.8%) were more likely to meet recommendations for colorectal cancer screening.
- Adults aged 50-75 years old with less than a high school education (56.4%) were significantly less likely to meet colorectal cancer screening recommendations when compared to those who are high school graduates (65.3%), some college (72.8%) and college graduates (75.9%).
- Adults aged 50-75 years old without health care coverage (36.9%) were significantly less likely to meet colorectal cancer screening recommendations when compared to those with health care coverage (69.8%).

The HP 2020 target for colorectal cancer screening in adults aged 50 to 75 years old is 70.5%.

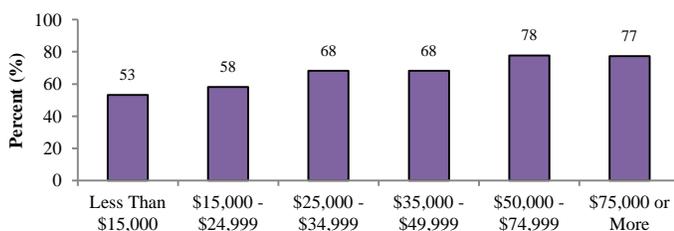
Demographic Characteristics	Colorectal Cancer Screening ^a	
	%	95% CI
State Totals	68.6	(66.3, 70.8)
Sex		
Males	69.0	(65.4, 72.4)
Females	68.3	(65.3, 71.1)
Race/Ethnicity		
White Non-Hispanic	70.2	(67.6, 72.6)
Black Non-Hispanic	65.2	(60.1, 70.0)
Hispanic	60.5	(43.3, 75.5)
Age		
50-54 years	51.8	(46.6, 57.1)
55-64 years	70.9	(67.6, 74.0)
65-75 years	81.3	(78.2, 84.0)
Annual Income		
Less than \$15,000	53.2	(45.8, 60.5)
\$15,000-\$24,999	58.1	(52.0, 64.0)
\$25,000-\$34,999	68.2	(60.8, 74.9)
\$35,000-\$49,999	68.2	(60.8, 74.7)
\$50,000-\$74,999	77.8	(72.3, 82.4)
\$75,000 or More	77.3	(72.9, 81.1)
Education		
Less than High School	56.4	(49.6, 63.0)
High School Graduate	65.3	(61.0, 69.4)
Some College	72.8	(68.5, 76.7)
College Graduate	75.9	(72.2, 79.3)
Health Insurance Coverage		
Has Health Insurance	69.8	(66.6, 72.7)
No Health Insurance	36.9	(30.0, 44.4)

^a The proportion of adults aged 50 to 75 years who have had a blood stool test ever year, sigmoidoscopy every five years, or colonoscopy every ten years.

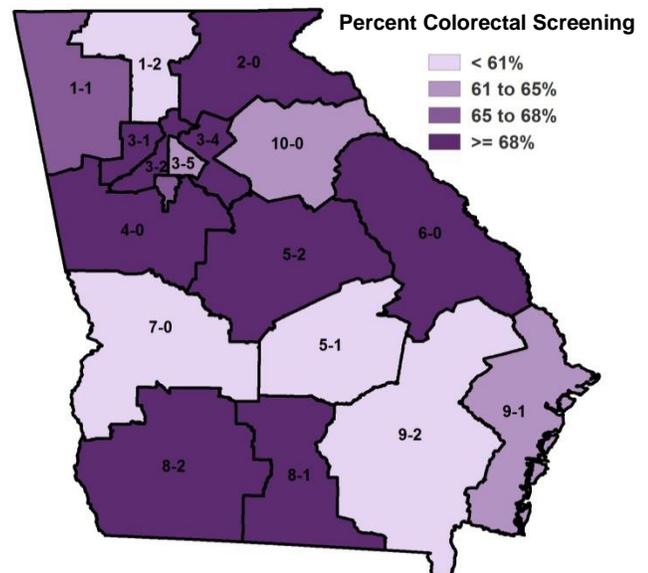
Percent of Adults aged 50-75 years who met Colorectal Cancer Screening Recommendations, by Race/Ethnicity, Georgia, 2012



Percent of Adults aged 50 to 75 years who met Colorectal Cancer Screening Recommendations, by Annual Household Income, Georgia, 2012



Adults aged 50-75 years who met the colorectal screening recommendations, by Public Health District, Georgia, 2012



Bibliography

1. CDC - Behavioral Risk Factor Surveillance System – Overview: BRFSS 2012 (2013, July 15). *Centers for Disease Control and Prevention*. Retrieved July, 16, 2014, from http://www.cdc.gov/brfss/annual_data/2012/pdf/Overview_2012.pdf
2. US Census Bureau (n.d.). Georgia QuickFacts. State and County QuickFacts. Retrieved November 29, 2012, from <http://quickfacts.census.gov/qfd/states/13000.html>
3. Access to Health Services - Healthy People. (2012). Healthy People 2020 - Improving the Health of Americans. Retrieved November 29, 2012, from <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=1>
4. Hoffman C, Paradise J. 2008. Health Insurance and Access to Health Care in the United States. *Ann N Y Acad Sci* 1136:149-160.
5. CDC - Disability and Health, Related Conditions - NCBDDD. (n.d.). Centers for Disease Control and Prevention. Retrieved November 29, 2012, from <http://www.cdc.gov/ncbddd/disabilityandhealth/relatedconditions.html>
6. Asthma's Impact on the Nation: Data from the CDC National Asthma Control Program. (n.d.). *Centers for Disease Control and Prevention*. Retrieved from http://www.cdc.gov/asthma/impacts_nation/AsthmaFactSheet.pdf
7. CDC - Basics about Diabetes - Diabetes & Me - Diabetes DDT. (n.d.). *Centers for Disease Control and Prevention*. Retrieved from <http://www.cdc.gov/diabetes/consumer/learn.htm>
8. CDC - DHDSP - Heart Disease - Heart Attack. (n.d.). *Centers for Disease Control and Prevention*. Retrieved from http://www.cdc.gov/heartdisease/heart_attack.htm
9. CDC - Stroke Home - DHDSP. (n.d.). *Centers for Disease Control and Prevention*. Retrieved from <http://www.cdc.gov/stroke/>
10. CDC - DHDSP - Heart Disease - Other Related Conditions. (n.d.). *Centers for Disease Control and Prevention*. Retrieved from http://www.cdc.gov/heartdisease/other_conditions.htm
11. CDC Vital Signs - Adult Obesity. Centers for Disease Control and Prevention. Retrieved from <http://www.cdc.gov/vitalsigns/AdultObesity/index.html>
12. Obesity and Overweight for Professionals: Adult: Causes - DNPAO - CDC. (n.d.). Centers for Disease Control and Prevention. Retrieved from <http://www.cdc.gov/obesity/adult/causes/index.html>
13. Physical Activity for Everyone: Guidelines: Adults. (n.d.). *Centers for Disease Control and Prevention*. Retrieved from <http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html>
14. Physical Activity for Everyone: The Benefits of Physical Activity. (n.d.). *Centers for Disease Control and Prevention*. Retrieved from <http://www.cdc.gov/physicalactivity/everyone/health/index.html>
15. CDC Vital Signs - Adult Seat Belt Use in the US. (n.d.). *Centers for Disease Control and Prevention*. Retrieved from <http://www.cdc.gov/vitalsigns/SeatBeltUse/LatestFindings.html>
16. Georgia's Seat Belt Law. (n.d.). *Governor's Office of Highway Safety in Georgia*. Retrieved from <http://www.goHS.state.ga.us/seatbeltlaw.html>
17. CDC - Health Effects - Smoking & Tobacco Use. (n.d.). *Centers for Disease Control and Prevention*. Retrieved from http://www.cdc.gov/tobacco/basic_information/health_effects/index.htm
18. Gvinianidze, K Tsereteli, D. (2012). Tobacco smoking attributable mortality and years of potential life lost in Georgia. *Georgian Med News*, (206):52-7.

Bibliography

19. CDC - Fact Sheet - Smokeless Tobacco Facts - Smoking & Tobacco Use. (n.d.). *Centers for Disease Control and Prevention*. Retrieved from http://www.cdc.gov/tobacco/data_statistics/fact_sheets/smokeless/smokeless_facts/index.htm
20. CDC Vital Signs - Binge Drinking. (n.d.). *Centers for Disease Control and Prevention*. Retrieved from <http://www.cdc.gov/vitalsigns/BingeDrinking/index.html>
21. CDC - Fact Sheets-Alcohol Use And Health - Alcohol. (n.d.). *Centers for Disease Control and Prevention*. Retrieved from <http://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>
22. CDC - Screening for Breast Cancer. (n.d.). *Centers for Disease Control and Prevention*. Retrieved from http://www.cdc.gov/cancer/breast/basic_info/screening.htm
23. American Cancer Society | Information and Resources for Cancer: Breast, Colon, Lung, Prostate, Skin. Breast Cancer Early Detection. Retrieved from <http://www.cancer.org/cancer/breastcancer/moreinformation/breastcancerearlydetection/breast-cancer-early-detection-toc>
24. Pap and HPV Testing - National Cancer Institute. (n.d.). Comprehensive Cancer Information - National Cancer Institute. Retrieved from <http://www.cancer.gov/cancertopics/factsheet/detection/Pap-HPV-testing>
25. CDC - Fast Facts About Prostate Cancer. (n.d.). *Centers for Disease Control and Prevention*. Retrieved from http://www.cdc.gov/cancer/prostate/basic_info/fast_facts.htm
26. CDC - Prostate Cancer Screening. (n.d.). *Centers for Disease Control and Prevention*. Retrieved from http://www.cdc.gov/cancer/prostate/basic_info/screening.htm
27. American Cancer Society | Information and Resources for Cancer: Breast, Colon, Lung, Prostate, Skin. Prostate Cancer Early Detection. Retrieved from <http://www.cancer.org/cancer/prostatecancer/moreinformation/prostatecancerearlydetection/prostate-cancer-early-detection-toc>
28. CDC - Colorectal Cancer Screening. (n.d.). *Centers for Disease Control and Prevention*. Retrieved from <http://www.cdc.gov/cancer/colorectal/screening/index.htm>
29. Screening for Colorectal Cancer. (n.d.). *U.S. Preventive Services Task Force*. Retrieved from <http://www.uspreventiveservicestaskforce.org/uspstf/uspcolo.htm>
30. CDC - Seasonal Influenza (Flu) - Key Facts About Seasonal Flu Vaccine. (n.d.). *Centers for Disease Control and Prevention*. Retrieved from <http://www.cdc.gov/flu/protect/keyfacts.htm>
31. Estimates of Deaths Associated with Seasonal Influenza --- United States, 1976--2007. (n.d.). *Centers for Disease Control and Prevention*. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5933a1.htm>