

# **1999 Report on the Status of Women's Health in Georgia**

## **A Picture of Women's Health and Well-Being**

**Georgia Department of Human Resources  
Division of Public Health  
Family Health Branch**



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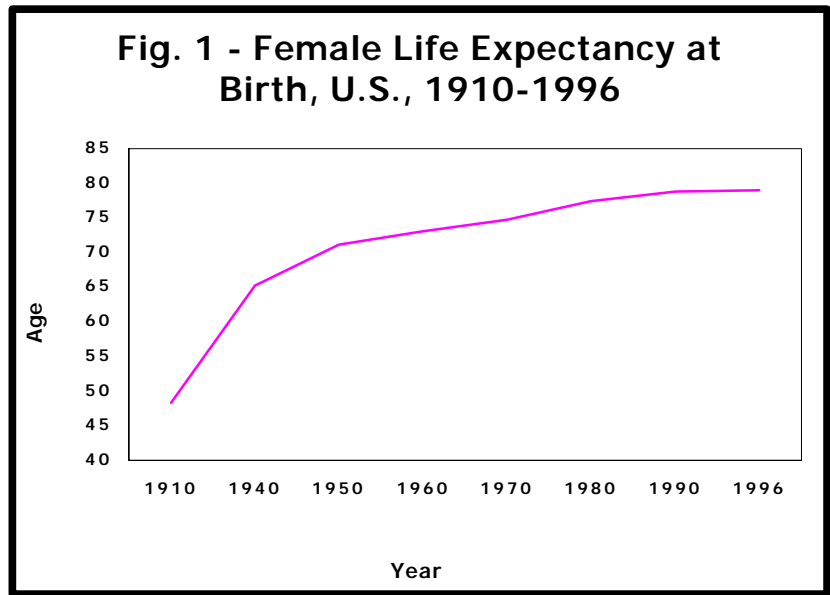
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## INTRODUCTION

American women are living longer and healthier than ever before. A woman's life expectancy has increased from 48 years in 1910 to 79 years in 1996 (Fig. 1). Advances in public health have played a major role in increasing the life expectancy of women by nearly two fold over the past century. The fact that women are living longer also creates new public health challenges to improve the quality of women's lives as they age.

This report highlights several health issues to provide a picture of the status of women's health in Georgia. The information comes primarily from the Division of Public Health (DPH), as well as from other Georgia Department of Human Resources (DHR) programs and national data sources.



### Highlights

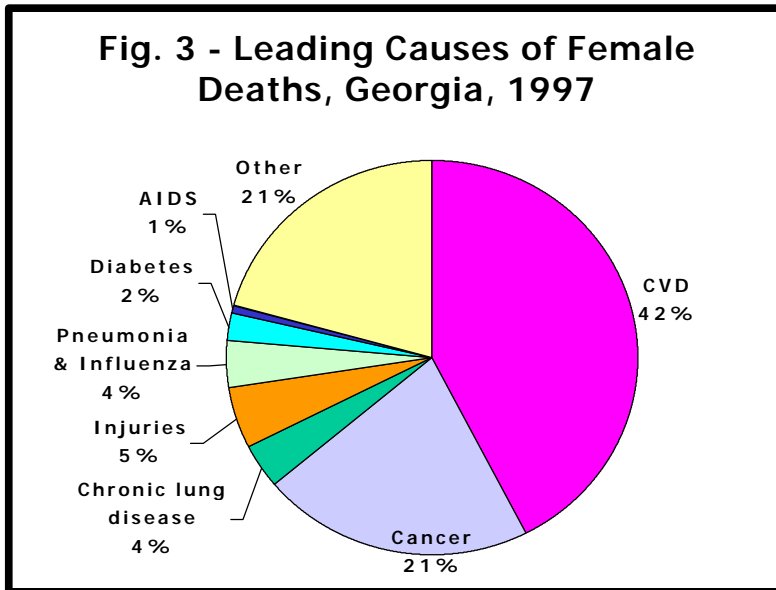
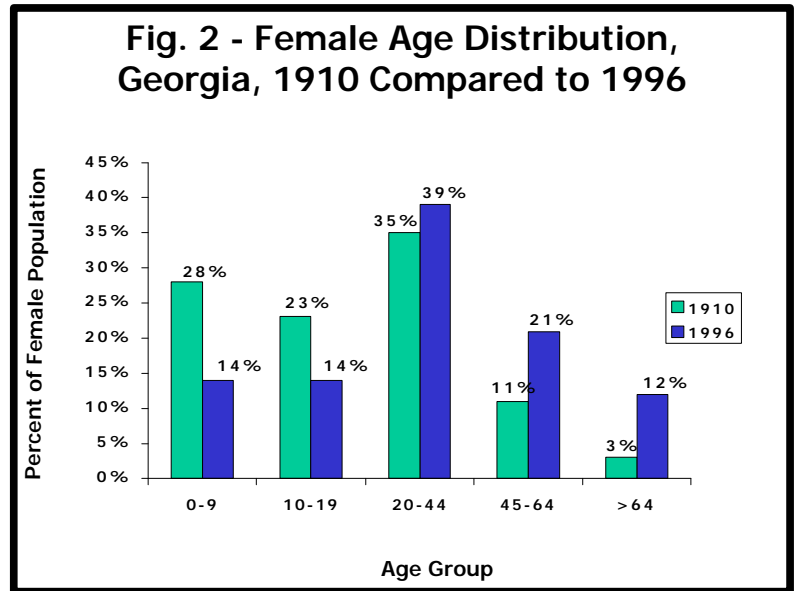
- **Chronic health conditions** such as cardiovascular disease, cancer, arthritis, and osteoporosis are affecting more Georgia women, particularly as the life span of women increases.
- **Health behaviors** such as smoking, conditions related to eating habits such as obesity, and physical inactivity are on the rise, increasing the risk among women of developing many chronic health conditions. On the positive side, there has been an increase in the percentage of Georgia women being screened for cancer, which reduces the risk of cancer death through early detection.
- **Infectious diseases** such as chlamydia and HIV are concerns for Georgia women. Chlamydia usually has no symptoms in women and can cause infertility and other serious health problems. HIV infection has become a heterosexual epidemic in Georgia, with women accounting for an increasingly larger proportion of cases. Furthermore, between 1992 and 1996, HIV was the leading cause of death among African American women aged 15 to 44 in Georgia.
- One-fifth of Georgia women aged 18 to 64 are without **health insurance coverage**.
- **Unintentional and intentional injuries** are the leading causes of death for young women aged 15 to 44.
- **Violence against women** is a serious problem that affects women throughout their life span.
- **Mental illnesses**, such as depression and anxiety disorders, affect more women than men. Studies indicate that there is an unmet need for **substance abuse** treatment and although the problem is greater among men, it remains a serious problem for Georgia women, particularly young women.
- Nearly one of every two births in Georgia occurs as a result of an **unplanned pregnancy**.

# CHRONIC DISEASE

## An Aging Female Population

The Georgia female population has been steadily aging (Fig. 2). In 1910, only three percent of Georgia females were over 64 years of age compared to 12 percent in 1996. The percentage of women over age 64 will increase as the "baby boomers" reach age 65 and as women live longer.

As the percentage of elderly Georgia women grows, chronic health conditions such as cardiovascular disease, cancer, arthritis, and osteoporosis will become a greater concern.



## Cardiovascular Disease

Cardiovascular Disease (CVD), which includes heart disease and stroke, is the leading cause of death among women in Georgia and the United States (Fig. 3). In 1997 12,591 women in Georgia died of CVD compared to 10,868 men. This difference exists because women live to older ages when CVD is more common.

CVD is not just a disease of old age. In 1997, ten percent of white females and 24 percent of African American females who died of CVD, died before the age of 65.

The burden of death and disability from CVD can be lowered by reducing tobacco use and obesity, by promoting physical activity and by choosing healthy foods.

## CHRONIC DISEASE (CONTINUED)

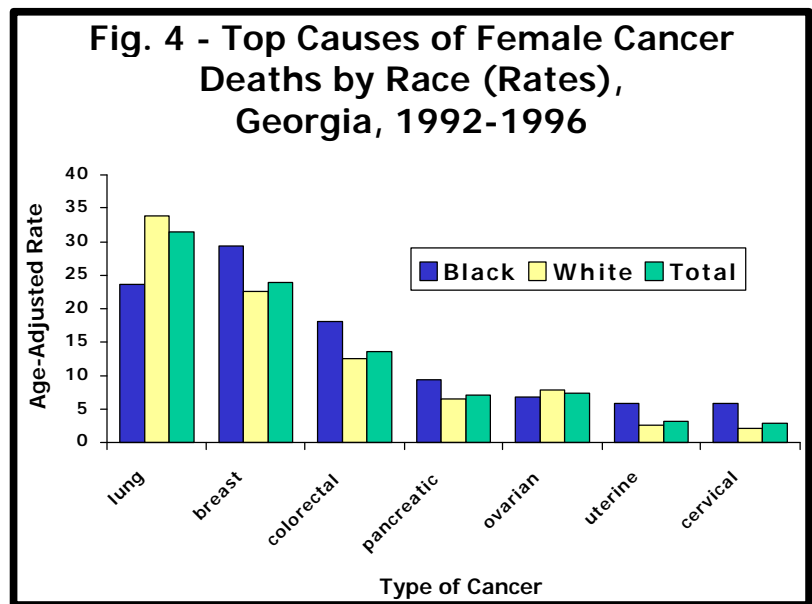
### Cancer

Cancer is the second leading cause of death among Georgia women. From 1981 to 1996, the female age-adjusted cancer death rate increased eight percent, from 122/100,000 females to 132/100,000 females.

Lung cancer kills more Georgia women than any other type of cancer, including breast cancer. Breast cancer is the leading cause of cancer death among African American women (Fig. 4).

The increase in lung cancer deaths among women is a result of increased smoking in the 1960s and 1970s.

Measures such as not using tobacco as well as protecting oneself against the sun and eating a healthier diet can reduce the risk of some cancers.



### Arthritis

Arthritis is the nation's leading cause of disability (difficulty in performing one or more activities of daily living), and the prevalence of the disease is likely to increase as the population ages. About one million Georgians have arthritis. Women are more likely to suffer from arthritis; seventeen percent of females and thirteen percent of males suffer from arthritis.

Arthritis is not just associated with aging. Health behaviors, including obesity, joint injuries, infections, and certain occupations are associated with an increased risk for developing some types of arthritis.

### Osteoporosis

In 1996, an estimated 13 percent of the Georgia population had low bone mass or osteoporosis; women were 80 percent of the cases. As the population ages, osteoporosis will likely affect increasing numbers of Georgia women. Osteoporosis often leads to fractures of the hip, spine, wrist and other bones. Hip fractures can be deadly in the elderly, who have a ten to twenty percent chance of death in the six months following a hip fracture.

Although osteoporosis is typically a disease of old age, the inception of the disease can be traced to childhood, and effective prevention must begin early, when girls are in their teens. The average woman attains 98 percent of her skeletal mass by age 20. The key to reducing the risk of this disease is to encourage bone-healthy behaviors, such as increased consumption of calcium, physical activity, and avoidance of alcohol and tobacco, beginning in adolescence.

# HEALTH BEHAVIORS

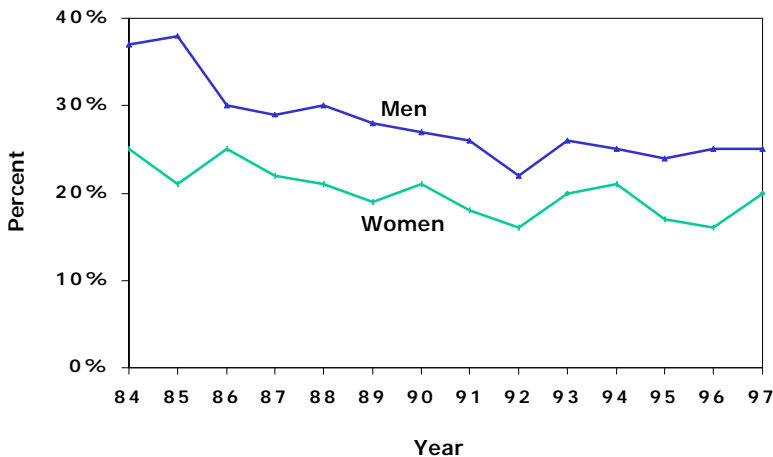
## Tobacco Use

In 1996, 11 percent of all female deaths were attributable to cigarette smoking. Smoking is the most important cause associated with cardiovascular disease and cancer.

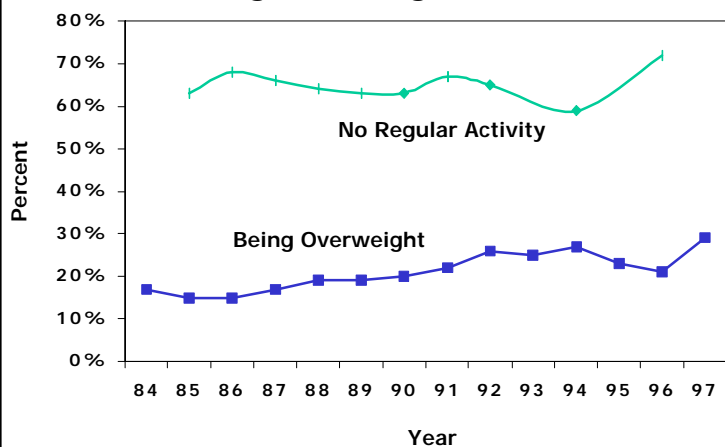
Although men are still more likely to smoke cigarettes than women, the gap between male and female smokers has been narrowing since 1984, according to the Behavioral Risk Factor Surveillance System (BRFSS) (Fig. 5).

Although between 1984 and 1992 the percentage of women who smoked in Georgia declined, smoking among teens, particularly teen girls, is now on the rise.

**Fig. 5 - Percent Cigarette Smokers by Gender, Georgia, 1984-1997**



**Fig. 6 - Percent of Women Reporting No Regular Activity and Being Overweight, Georgia, 1984-1997**



## Physical Activity and Weight

Physical inactivity and being overweight are also factors that can increase a person's risk for cardiovascular disease, diabetes, arthritis, and other chronic health conditions. According to the BRFSS, there has been a steady increase in the percentage of women who are overweight, from 17 percent in 1984 to 29 percent in 1997 (Fig. 6). Being overweight is defined as a body mass index (BMI), the ratio of a person's weight to their height, of 27.3 or above.

Increasingly, Georgia women are not involved in regular physical activity. According to BRFSS, between 1984 and 1996 the percentage of women who reported no regular physical activity rose from 63 percent to 72 percent (Fig. 6).

## HEALTH BEHAVIORS (CONTINUED)

### Cancer Screening

Some positive trends in health behaviors among Georgia women have occurred in the area of cancer screening. Georgia has reached or exceeded nearly all national Healthy People Year 2000 objectives for cancer screening (Fig. 7).

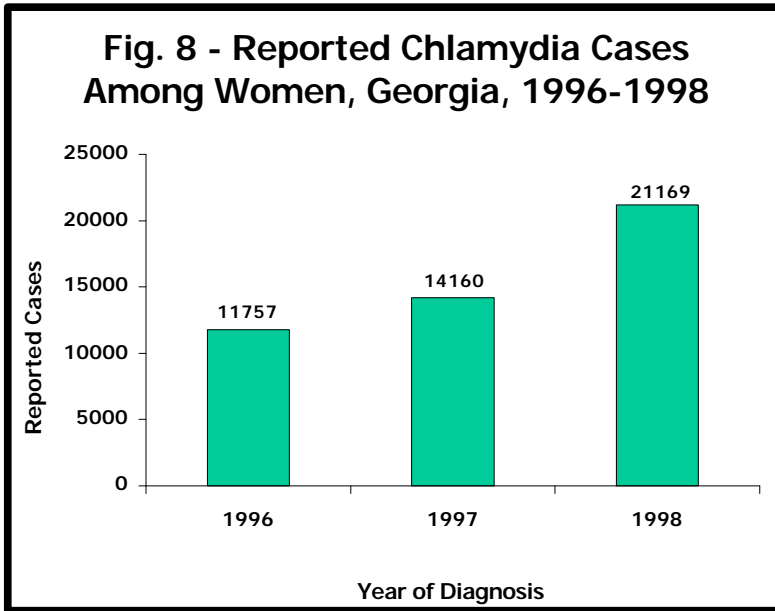
The National Cancer Institute (NCI) recommends that all women over age 50 have an annual clinical breast exam and mammogram. The percentage of women age 50 and older who have had a mammogram in the past two years increased from 61 percent in 1990 to 75 percent in 1997, according to BRFSS.

NCI and the American Cancer Society recommend that women begin having an annual Pap smear, a screening test for cervical cancer, by the age of 18 or once they become sexually active. According to BRFSS, in 1997, 92 percent of women had a Pap smear in the last three years, a level well above the national Healthy People 2000 goal of 85 percent (Fig. 7).

**Fig. 7 - Female Cancer Screening Behaviors in Georgia vs. Year 2000 U.S. Health Objectives**

	Yr. 2000 Target	Georgia, 1997
<b>Clinical Breast Exam &amp; Mammogram w/in 2 Yrs.</b>		
◆ Women aged $\geq 50$	$\geq 60\%$	68%
◆ Women aged $\geq 70$	$\geq 60\%$	60%
◆ Black Women aged $\geq 50$	$\geq 60\%$	60%
<b>Pap Smear w/in 3 Yrs.</b>		
◆ Aged $\geq 18$	$\geq 85\%$	92%
◆ Aged $\geq 70$	$\geq 70\%$	73%
◆ Low Income aged $\geq 18$	$\geq 80\%$	72%

**Fig. 8 - Reported Chlamydia Cases Among Women, Georgia, 1996-1998**



## Chlamydia

Chlamydia is the most common reportable sexually transmitted disease in Georgia and the United States.

Screening is essential for early identification and treatment of infections and to prevent complications. As many as 80 percent of women will have no signs or symptoms of the disease, yet if untreated, chlamydia can cause chronic pelvic pain, ectopic pregnancy, pelvic inflammatory disease and infertility, as well as an increased risk for HIV transmission.

In order to diagnose and treat asymptomatic women, DPH has been

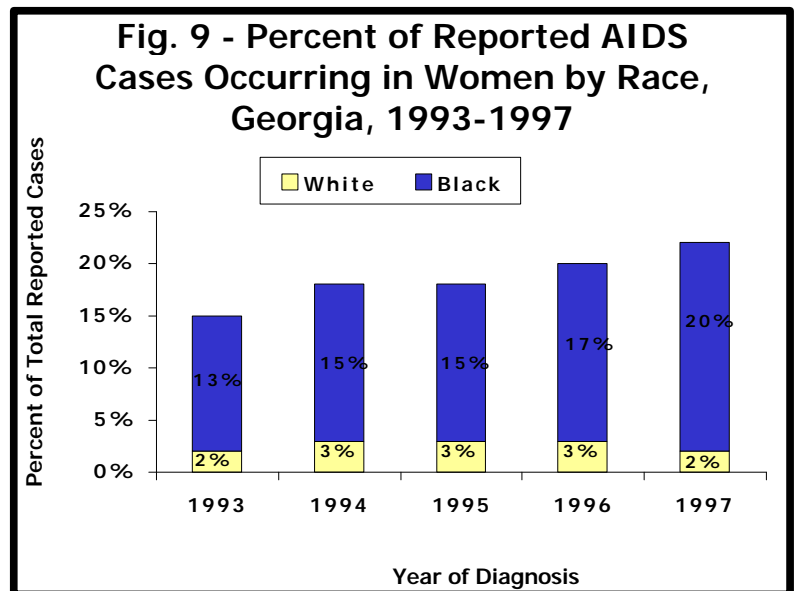
collaborating with public and private providers to increase chlamydia screening. The number of reported chlamydia cases rose between 1996 and 1998, reflecting this increased screening effort (Fig. 8). In addition, the Georgia legislature recently enacted legislation to require health insurance companies to cover the cost of annual chlamydia screening for women under age 30.

## HIV/AIDS

The percentage of reported cases of AIDS has been increasing among women (Fig. 9). In Georgia, from 1992 to 1996, AIDS was the leading cause of death among African American women aged 15 to 44.

Four out of five reported female AIDS cases are among women of childbearing age (15 to 44). In the absence of treatment, a baby born to a woman with HIV, the virus that causes AIDS, has a 20 to 25 percent chance of contracting the disease. Treatment during pregnancy can reduce the risk of mother-to-infant HIV transmission by two-thirds. HIV counseling and voluntary testing is the standard of care for women receiving prenatal care.

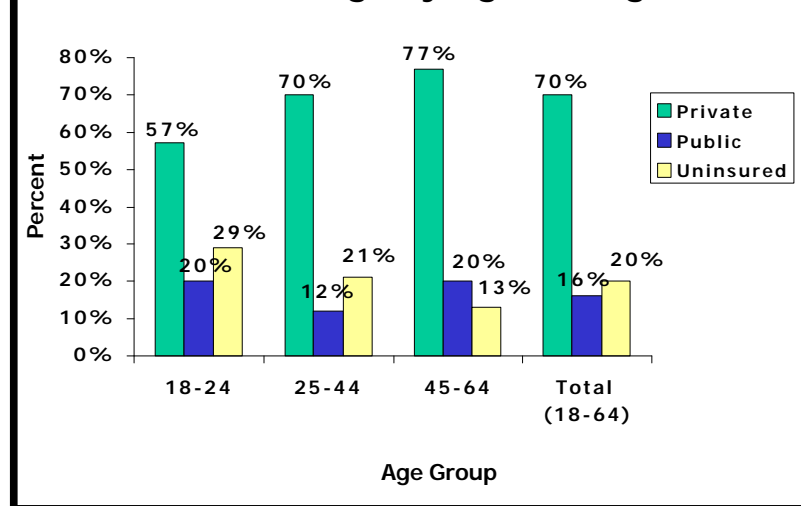
**Fig. 9 - Percent of Reported AIDS Cases Occurring in Women by Race, Georgia, 1993-1997**



AIDS is not just a disease of urban women in Georgia. Nearly one out of every two women with AIDS in Georgia lives in a rural area.

## HEALTH INSURANCE COVERAGE

**Fig. 10 - Percentage of Women by Health Insurance Coverage by Age, Georgia, 1997**



One-fifth of Georgia women aged 18 to 64 were without health insurance in 1997, according to the United States Census Bureau's *Current Population Survey* (Fig. 10). The percentage of Georgia women without health insurance remained relatively steady between 1995 and 1997 (21 percent in 1995, 18 percent in 1996).

Younger women are more likely to be without health insurance than older women. In 1997, 29 percent of women aged 18 to 24 were without health insurance compared to 21 percent of women aged 25 to 44 and 13 percent of women aged 45 to 64. (Fig. 10).

Compared to the United States, Georgia women are more likely to be without any health insurance. In 1997, 18 percent of United States women aged 18 to 64 had no insurance, compared to 20 percent of Georgia women.

## UNINTENTIONAL AND INTENTIONAL INJURIES

### Motor Vehicle Crashes

Motor vehicle crashes are the leading cause of death among Georgia women aged 15 to 44. From 1992 to 1996, motor vehicle crashes caused nearly 1,300 deaths for women of that age group. The risk of injury and death due to motor vehicle crashes can be significantly reduced through the use of seat belts. In 1996, 71 percent of female occupants of vehicle crashes reported wearing a seat belt compared to only 37 percent of females who were fatally injured.

### Homicide

From 1992 to 1996, homicide was the third leading cause of death among Georgia women aged 15 to 44. During the same period, homicide was the second leading cause of death among African American women aged 15 to 44 compared to the fifth leading cause of death among white women aged 15 to 44.

Women are more likely than men to be murdered by an intimate partner. In the United States in 1992 approximately 28 percent of female homicide victims were known to have been killed by their husbands, former husbands or boyfriends. Only three percent of male homicide victims were known to have been killed by their wives, former wives or girlfriends.

### Suicide

Suicide can be the end result of depression and other mental disorders. From 1992 to 1996, suicide was the seventh leading cause of death among Georgia women aged 15 to 44. Suicide affects far more white women than African American women and was the second leading cause of death among white Georgia women aged 15 to 44 between 1992 and 1996.

# VIOLENCE AGAINST WOMEN

## Intimate Partner Violence (IPV)

Results from the 1995 Georgia Women's Health Survey (GWHS), indicated that 30 percent of women aged 15 to 44 experience IPV during their lifetimes and about six percent experience IPV in a given year.

The study also found that women with low income were more likely to have experienced IPV (Fig. 11).

Sixty-three percent of the women who reported IPV during the previous year suffered physical injuries.

Pregnancy is an ideal time for health care providers to assess and identify victims of IPV because of the risk it poses to pregnancy and because pregnant women see health care providers more often. It is not clear whether or not women are at greater risk of abuse during pregnancy, but studies indicate that seven to 20 percent of women in the United States experience IPV during pregnancy. Studies also indicate that IPV during pregnancy is equal to or greater than other health complications of pregnancy such as gestational diabetes and preeclampsia. IPV during pregnancy has been linked to low-birthweight, increased risk of miscarriage, and maternal postpartum depression. In addition, abuse during pregnancy can be an indicator of future family violence also involving children.

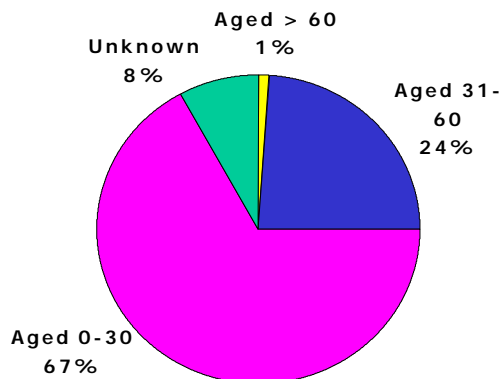
**Fig. 11 - Women (15-44) Who Reported Experiencing IPV During Previous Year By Income, Georgia, 1995**



## Sexual Abuse

Nearly 20 percent of women aged 15 to 44 reported they had been sexually assaulted by a man, according to the 1995 GWHS. Women were most likely to be raped by someone they knew such as a husband, boyfriend, date, or relative. Only 13 percent of women reported being raped by a stranger.

**Fig. 12 - Percent of Victims at GDPH Funded Rape Crisis Centers by Age Group, FFY 1998**



Most sexual assault happens to women below the age of 20. According to GWHS, two-thirds of women who reported experiencing sexual abuse, experienced it for the first time before age 20 (24 percent before age 15 and 42 percent aged 15 to 19).

The DPH funds 19 rape crisis centers to provide services to victims throughout Georgia. In Federal Fiscal Year 1998, the rape crisis centers served 3,594 victims of sexual abuse. Ninety-five percent of the clients served by the centers were female. Sixty-seven percent of the clients were under age 31 (Fig. 12) and 60 percent were

## VIOLENCE AGAINST WOMEN (CONTINUED)

assaulted by someone known to the victim. DPH also funds the rape crisis centers to provide prevention education to parents, civic organizations, and middle school, high school and college students to reduce the incidence of sexual assault and intimate partner violence.

### Elder Abuse

The majority of elder abuse victims are women, even after adjusting for the higher percentage of women in the elderly population. In 1996, 67 percent of reported cases were among women. In Georgia, approximately 12,000 abused, neglected, and exploited elderly people over age 60 were helped by the Division of Family and Children Services, Adult Protective Services (APS), in 1996. The number of cases reported to APS is probably far below the actual incidence of elder abuse. National data indicate that between two to nine times as many elders were abused and neglected than were reported to APS agencies.

## MENTAL ILLNESS AND SUBSTANCE ABUSE

### Mental Illness

Certain mental illnesses, such as depression, some anxiety disorders, and eating disorders, affect more women than men. According to the 1997 BRFSS, 30 percent of Georgia women reported their mental health as "not good" on one or more days of the previous month. For the purposes of the survey, mental health included stress, depression, and problems with emotions.

Depression affects about twice as many women as men in the United States. Approximately four percent of United States women have dysthymia (a less severe, more chronic form of depression) and eight percent will experience major depression in their lifetime. At least 90 percent of all cases of eating disorders in the United States occur in women. A high correlation appears to exist between eating disorders and depression.

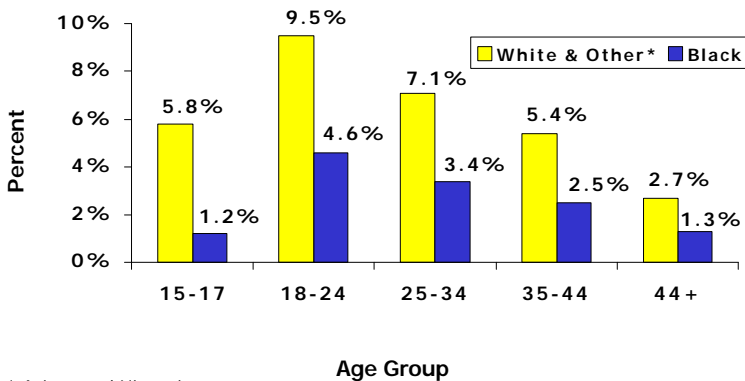
### Substance Abuse

Recent studies of substance abuse treatment needs show that a higher percentage of whites than African Americans reported having a substance abuse problem. The studies also indicate that the problem is greatest among young adults (aged 18 to 24) (Fig. 13).

DHR is addressing the problem of unmet need for substance abuse treatment among women. *Ready for Work*, a collaborative initiative between the Division of Mental Health, Mental Retardation and Substance Abuse (MHMRSA) and the Division of Family and Children Services, provides substance abuse treatment for recipients of Temporary Assistance for

Needy Families (TANF, formerly Aid to Families with Dependent Children) for whom substance abuse is a barrier to employment. In Fiscal Year (F.Y.) 1999, MHMRSA increased its outpatient treatment for women from 150 to 1261 slots. In F.Y. 2000, 160 residential treatment slots for women and their dependent children will be added.

**Fig. 13 - Prevalence Estimates of Substance Abuse Treatment Needs Among Women, Georgia**



## **MENTAL ILLNESS AND SUBSTANCE ABUSE (CONTINUED)**

According to BRFSS, in 1997 about 20 percent of Georgia women under age 35 who used alcohol reported at least one episode of binge drinking (five or more drinks on one occasion) during the previous month. The problem of binge drinking is more common among younger women.

Using tobacco, alcohol and other drugs during pregnancy increases the risk for low birthweight, fetal alcohol syndrome, developmental disabilities, and infant morbidity and mortality. Data from the Georgia Pregnancy Risk Assessment Survey indicates that smoking and alcohol use during pregnancy declined between 1993 and 1997. Smoking during pregnancy declined 42 percent from 16 percent in 1993 to 11 percent in 1997. Drinking (one or more alcoholic drinks per week) during the last three months of pregnancy declined steadily from 13 percent in 1994 to five percent in 1997.

## **UNPLANNED PREGNANCY**

An unplanned pregnancy is a pregnancy that happens to a woman who feels the pregnancy either should not have occurred at all or should have occurred at a different time. Unplanned pregnancy continues to be a problem for women in Georgia and the United States. In the past five years, women reported that one out of every two births occurred as the result of an unplanned pregnancy. Sixty-two percent of women whose births were covered by Medicaid and 28 percent of women whose births were covered by private insurance, reported that their pregnancy was unplanned.

## **CONCLUSION**

As Georgia women live longer, we face new challenges to improve the quality of women's lives. The health issues affecting older women typically begin at younger ages. In addition, many of the health issues affecting women are complex. Policy makers, women's health advocates, and health care providers must develop policies, programs, and services for women based on a continuum of care and in the broader context of families, communities, and society.

Public Health must continue to monitor women's health in Georgia and to identify important trends and problems. Public Health should also work in collaboration with health care providers, consumer groups, and other women's health organizations to advocate for policies that improve the lives of women. Finally, Public Health has a role in assuring that needed programs and services are accessible to all Georgia women. Through these key functions, the public health system will continue to play an important role in shaping the future of women's health in Georgia.

## **TECHNICAL NOTES & DEFINITIONS**

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**Age-adjusted:** A rate that is adjusted so that age is not a factor.

**AIDS reporting:** AIDS is a notifiable disease. The data in this document is based on year of diagnosis rather than year of report. Therefore, the case numbers may increase over time as cases from recent years are reported to DHR. HIV, the virus that causes AIDS, is not currently a notifiable disease.

**Behavioral Risk Factor Surveillance Survey (BRFSS):** A state-based surveillance system (survey) administered by the DPH in collaboration with the Centers for Disease Control and Prevention (CDC), to gather information about knowledge, attitudes and behaviors related to health. Every month, a random sample of about 200 adults in Georgia is selected for a telephone interview.

**Body mass index (BMI):** A measure of body weight, which is the ratio of weight (in kilograms) to height (in meters squared). In this report overweight is defined as a BMI greater than 27.3 for women, based on the National Health and Nutrition Examination Survey (NHANES).

**Mammogram:** A screening test that can identify early breast changes that may be indicative of breast cancer. Detection of breast cancer at an early stage can increase a person's chances of survival.

**Mortality rates:** Mortality (death) rates are calculated per 100,000 population. For example, a female mortality rate of 130 means that for every 100,000 females, 130 died.

**Notifiable diseases:** By law physicians, laboratories and other health care providers are required to report patients with certain conditions to the DHR. These conditions are called "notifiable diseases".

**Pap smear:** A screening test that can identify cervical cell changes that may be cancerous or precancerous. Detection of cancer at an early stage increases a person's chance for survival.

**Pregnancy Risk Assessment Monitoring System (PRAMS):** A statewide population-based surveillance system (survey) that provides data on women's attitudes, experiences, and behaviors before, during and after they deliver a live born infant.

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## CHRONIC DISEASE

### Figure 2:

U.S. Census Bureau. General Population Characteristics Age by Race and Sex: 1910 to 1980 – Georgia. DPH, DHR. 1996 Georgia Vital Statistics.

### Figure 3:

DPH, DHR. 1997 Georgia Vital Statistics. ICD9 codes for the disease categories are: 1) CVD: 390-448; 2) cancer: 140-239; 3) injuries: E800-E999; 4) chronic lung disease: 490-496; 6) pneumonia and influenza: 480-487; 7) diabetes: 250; 8) AIDS: 042-044; and 9) other: all other disease codes not already categorized.

### Figure 4:

DPH, DHR. 1992-1996 Georgia Vital Statistics. Rates were calculated per 100,000 female population and age-adjusted by direct method to the 1970 U.S. population. ICD9 codes for the disease categories are: 1) lung cancer: 162.2-162.9; 2) breast cancer: 174.0-174.9; 3) colorectal cancer: 153.0-153.9, 159.0; 4) pancreatic cancer: 157.0-157.9; 5) ovarian cancer: 183.0; 6) uterine cancer: 179; 7) cervical cancer: 180.0-180.9.

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### Figure 7:

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([http://www.ph.dhr.state.ga.us/epi/brfss/brfss\\_healthy2000.htm](http://www.ph.dhr.state.ga.us/epi/brfss/brfss_healthy2000.htm)).

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### **HEALTH INSURANCE COVERAGE**

#### Figure 10:

Center for Risk Management and Insurance Research, Georgia State University. The Center compiled the data from the Census Bureau's Current Population Survey, March, 1998. The totals for insurance coverage categories may exceed 100 percent because individuals may have multiple sources of coverage.

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### **VIOLENCE AGAINST WOMEN**

#### Figure 11:

CDC. Lifetime and Annual Incidence of Intimate Partner Violence and Resulting Injuries. Morbidity and Mortality Weekly Report (MMWR). October 16, 1998/Vol. 47/No. 40.

#### Figure 12:

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### **MENTAL ILLNESS AND SUBSTANCE ABUSE**

#### Figure 13:

Marsteller, Frederick A. Ph.D. 1998 Estimates of Georgia Adult and Juvenile Populations Needing Substance Abuse Treatment (Revised). Robert W. Woodruff Health Sciences Center: Emory University. December 21, 1998. The National Comorbidity Survey was used to estimate the point prevalence estimates for age groups 18 to 54 of alcohol and drug dependence. The Georgia Telephone Household Survey of Substance Abuse Treatment Need was used to estimate point prevalence of age groups 15 to 17. DSM-III-R was used to define substance abuse disorders.

#### Other Sources:

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National Institute of Mental Health, National Institutes of Health. Depression, What Every Woman Should Know. ([http://www.nimh.nih.gov/newdart/wom\\_dep.htm](http://www.nimh.nih.gov/newdart/wom_dep.htm)).

Office of Communications, DHR. Unmet need for addiction treatment widespread in Georgia, studies find. (<http://www2.state.ga.us/departments/dhr/newsfan.html>).

DPH, DHR. PRAMS, 1993-1997.

### **UNPLANNED PREGNANCY**

DPH, DHR. PRAMS, 1993-1997.

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