

Community Health Assessment and Community Health Improvement Plan, 2019



About the Newton County Health Department

The Newton County Health Department continuously monitors the health status of the community to identify health problems, educate the public on ways to reduce health risks, and promote better health through individual contact and media interactions.

We regularly participate in and mobilize community groups to develop policies and action plans to improve the health of the people in the community. The health department enforces laws, regulations, and ordinances that protect health and ensure safety. Working together to provide these vitally important, essential public health services, we can improve the quality of life for everyone in the community and state.

Our Mission

To protect and improve the health of our community by monitoring and preventing disease; promoting health and well-being; and preparing for disasters.

Our Vision

A healthy, protected, and prepared community.

Our Values

Availability: We will be available to our clients through emergency preparedness services, disease and outbreak investigations, expanded hours and readily available services.

Affability: We will work to ensure our clients have a good experience at our clinics. We will treat clients, co-workers, partners and others in our community with respect. We will value our employees.

Ability: We will work toward a high level of competency in all areas of service.

Accountability: We will be good stewards of the funds and materials we receive.

Adaptability: We will always look forward to meet the current and future needs of our community.

Purpose of This Report

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

-World Health Organization (WHO)¹

This report describes a combined community health assessment (CHA) and community health improvement plan (CHIP) for Newton County, Georgia. By examining the county's health status, this combined CHA/CHIP will help our community focus our efforts on the most important health needs of county residents. This community-wide health assessment is intended to help shape coordinated community plans to improve health.

This report focuses not just on disease indicators like death rates and case counts, but also on the many factors that influence health, which include income, housing, education, and transportation. This focus is consistent with the WHO definition of health—stated above—and reflects the diversity of community efforts currently ongoing and needed in Newton County to improve health.

This report was done in collaboration with Piedmont Newton Hospital and the Newton County Community Partnership. Additional support was provided by Grand Canyon University and GNR Health Intern, Hillary Daniel.

¹ World Health Organization <http://www.who.int/about/definition/en/print.html>

Community Health Assessment and Community Health Improvement Plan Methods and Overview of Mobilizing for Action through Planning and Partnerships

GNR Health conducts a county Community Health Assessment and Community Health Improvement Plan every five years, per PHAB accreditation standards. This cycle of the CHA/CHIP began in December 2017 and continued until March 2019. GNR Health led the assessment process in collaboration with Piedmont Newton Hospital, Newton County Community Partnership (NCCP), Newton Interagency, and other community partners.

This CHA/CHIP was done based on a framework called Mobilizing for Action through Planning and Partnerships (MAPP), a community-driven strategic planning process that is used by “communities to move through the process of organizing partners, collecting comprehensive data, and implementing an action plan” (MAPP User’s Handbook, p. 3). The MAPP process involves six phases, outlined in the table below.

Six Phases of the MAPP Process	
Phase One: Organize for Success	Community members and agencies form a partnership and learn about the MAPP process.
Phase Two: Visioning	Those who work, learn, live and play in the MAPP community create a common understanding of what it would look like to achieve a healthier community.
Phase Three: Four MAPP Assessments	Qualitative and quantitative data are gathered to provide a comprehensive picture of health in the community.
Phase Four: Identify Strategic Issues	The data are analyzed to uncover underlying themes that need to be addressed in order for the community to achieve its vision.
Phase Five: Formulate Goals and Strategies	The community identifies goals it wants to achieve and strategies it wasn’t to implement related to strategic issues.
Phase Six: Action Cycle	The community implements and evaluates action plans to meet goals, address strategic issues, and achieve the community’s vision.

Four main assessments are included in Phase Three of the MAPP process, including the Community Health Status Assessment, Community Themes and Strengths Assessment, Local Public Health System Assessment, and Forces of Change Assessment.

The Community Health Status Assessment was utilized during focus groups we conducted with residents of Covington Public Housing, Covington Senior Center, Strive and More Than Conquerors, Inc. The survey used was adapted from an assessment done by the San Antonio Metropolitan Health District in San Antonio, Texas.

The Community Themes and Strengths Assessment was addressed through interviews with community members. The Community Health Manager at the Gwinnett, Newton, and Rockdale County Health Departments conducted Key Stakeholder Interviews with representatives from various community agencies to gather their insight on health, wellbeing, and quality of life in Newton County.

To conduct the Local Public Health System Assessment, we identified organizations and individuals to represent each of the 10 Essential Public Health Services. Each of these organizations and individuals was then invited to participate in a focus group to discuss these essential services in Newton County and complete the National Public Health Performance Standards Local Instrument.

In Sept of 2018, Newton Interagency individuals from several community agencies met at the Common Ground Church to conduct the Forces of Change assessment.

The processes and findings related to each of these four assessments are further detailed in the CHA/CHIP.

To supplement information gathered from the community, data from the U.S. Census Bureau, Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS), and County Health Rankings were included regarding demographics, poverty, transportation, and morbidity and mortality.

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Newton County Health Priorities—Identified in Community Meetings (needs to be updated)

Community participants identified **nine health priorities** for Newton County. The findings are listed in the order of priority as determined by the focus groups.²

1. Access to care—Providers and Prevention

- a. There is a need for free or low cost care for those in poverty, the uninsured, or the underinsured
- b. There is a need for a centralized resource directory to assist community residents in identifying the appropriate resources to meet their needs
- c. There is a shortage of providers/specialists in the community
 - i. Lack of mental health providers
 - ii. Lack of geriatric health providers
 - iii. Lack of rheumatology and cardiology providers
 - iv. Lack of mammography services
 - v. Lack of primary care providers
- d. There is a need for education and awareness on the prevention of diseases and the appropriate time and place to seek care for certain health conditions.
 - i. Oral health
 - ii. Health behaviors and habits
 - iii. Over-utilization of the ER

2. Obesity and Diabetes

- a. There is a need for education and awareness on the causes of obesity and diabetes
 - i. Education needs to exist in locations where people are—easily accessible
 - ii. There is lack of parenting education as it relates to proper diet and activity levels
 - iii. There is a lack of education and intervention for young people
 - iv. There is a lack of physical activity in schools
 - v. There is a lack of a wellness culture
- b. There are limited places for physical activity that are safe and cost-effective
 - i. There is a lack of after-school activities and facilities for young people
 - ii. The environment is not conducive to staying active—lack of sidewalks

3. Mental Health

² Newton Medical Center Community Health Needs Assessment
<http://www.newtonmedical.com/pdf/Newton%20Final%20Report2013.pdf>

- a. There is a shortage of mental health providers and rehabilitation facilities in the community
 - i. Lack of crisis facilities
 - ii. Lack of pediatric facilities
 - iii. Lack of housing facilities
 - iv. Lack of geriatric services
 - v. Lack of family support services
- b. There is a lack of affordable mental health services for uninsured or underinsured
- c. There is a need for education and awareness on mental health issues across the lifespan

4. Senior Health

- a. There is a need for education and awareness on Senior health issues
- b. There is a shortage of free and affordable providers for Seniors
 - i. Lack of specialists
- c. There is a lack of family support services like day care, etc.
- d. There is a need for transportation for Seniors

5. Access to Care—Transportation

- a. Transportation to providers is an issue for all population groups, especially the young, poor, and Senior residents

6. Respiratory

- a. There is a need for outreach education and community awareness regarding respiratory diseases.
- b. There is a need for more smoke-free establishments

7. Cancer

- a. There is a need for education and awareness regarding cancer treatment and prevention
 - i. Proper diet and exercise
- b. There is a need for more availability of mammograms to the underserved
- c. There is a shortage of providers and specialists for cancer treatments

8. Adolescent Lifestyle—Including Alcohol, Tobacco, and Drugs

- a. There is a need for early and accurate education to teens concerning sex education and contraceptive use
 - i. STD prevention
 - ii. Pregnancy prevention
- b. There is a need for education, awareness and prevention surrounding alcohol abuse as it relates to drinking and driving.
- c. There is a lack of after-school activities for teens and adolescents

9. Heart Disease and Stroke

- a. There is a need for community outreach and awareness in regarding prevention, screening, and nutrition

Tobacco Use—Health Priority Identified in CHA

After completing the CHA, including gathering data from a range of sources, we determined that tobacco use is a major health threat and health priority for Newton County. Several lines of evidence support tobacco use as a priority. First, in 2017, just under one in five residents (17%) smoke tobacco, which was one percent lower than the statewide percentage (18%) but much higher than the Healthy People 2020 goal of 13³%. Second, about one in thirteen (7.5%) pregnant women smoked cigarettes, which was over 40% higher than the statewide rate (4.7%), and puts infants at increased risk for many health problems with lifelong consequences.⁴ Third, tobacco use is a major risk factor for heart disease, chronic respiratory disease like emphysema, and many types of cancer; Newton County age-adjusted death rates for all these conditions were higher than those for the state as a whole.

Newton County has already taken action to reduce tobacco use and exposure to secondhand smoke through smoke-free policies and schools and parks (see section on Health Behaviors). The county also made progress through the work of the Breathe Coalition, which was active in the early 2000s. Past experiences in the county show that change is possible: the percentage of pregnant women who smoked dropped from 8.9% in 2014-2015 to 7.9% in 2016-2017.⁵ More work is needed to protect the county's children and families from the harmful effects of tobacco use.

³ County Health Rankings

<http://www.countyhealthrankings.org/app/georgia/2017/rankings/newton/county/outcomes/overall/snapshot>

¹⁵ Oasis <https://oasis.state.ga.us/oasis/webquery/qryBirth.aspx>

¹⁶ Oasis <https://oasis.state.ga.us/oasis/webquery/qryBirth.aspx>

Quick Stats about Newton County and the Health Priorities

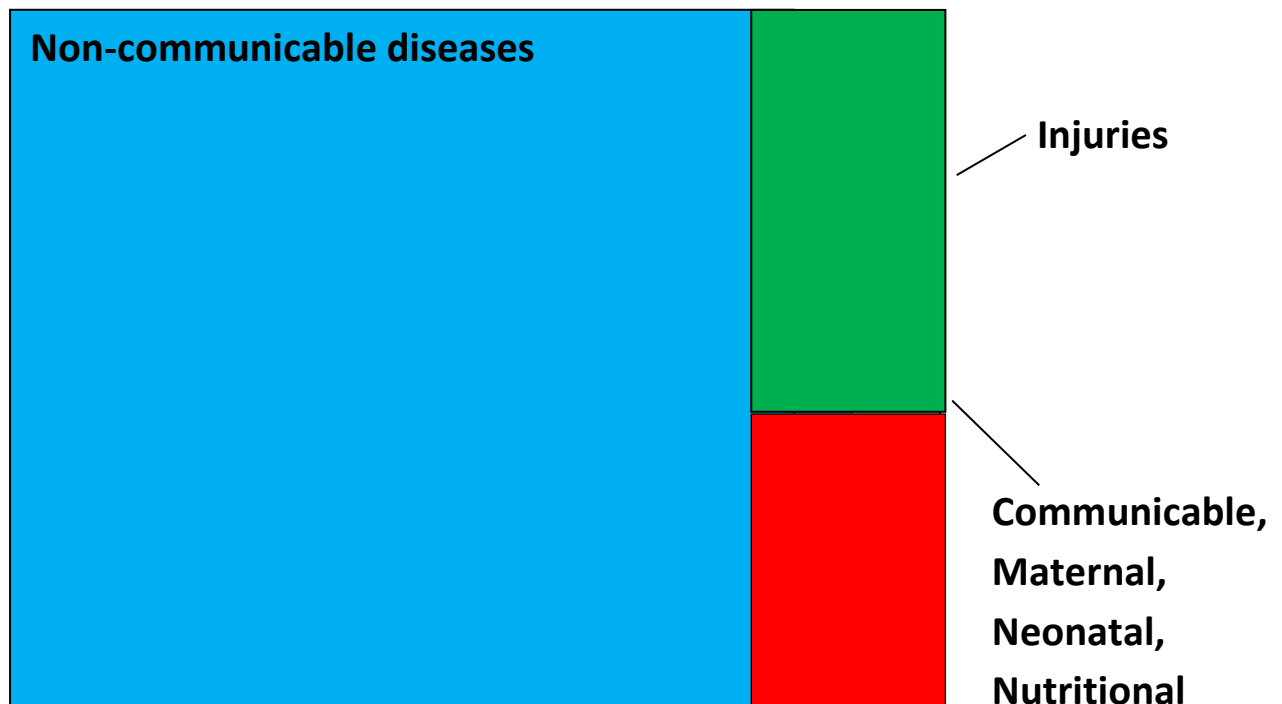
- The county's **population increased** dramatically through the 1990s and 2000s, but the rate of increased **slowed markedly** after 2008
- The proportion of residents **65 years and older is growing**
- The county **diversified** substantially between 2000 and 2010; the non-Hispanic White population declined from 74% to 52%. The non-Hispanic White population from 2010 to 2017 had continued to decrease to an estimated 46.6% in 2017.
- About **one in four children** live in **poverty**
- **Two-thirds** of students are **eligible for free and reduced-price** school meals
- **The county's rank has decrease to 52** in overall health among Georgia's 159 counties
- Nearly **one in seven** Newton County residents **lacked health insurance** in 2016, including 32% of adults 18-24 years
- There were about **2,880 residents per primary care physician**, which was almost double the statewide ratio of 1,530:1
- There were about **5,860 residents per dentist**, which was nearly three times the statewide ratio of 2,030:1; Newton County has been designated a **health provider shortage area** for dentists
- There were about **1,240 residents per mental health care provider**, which was nearly **1.5 times higher** than the statewide ratio of about 900:1
- Nearly **one in three** Newton County adults are **obese**, and **one in eight** low-income preschool **children** are obese
- **One in three** Newton county residents gets **no leisure-time physical activity**
- The number of Newton County residents with **diabetes increased by 68%** between 2004 and 2010
- The age-adjusted **death rate to suicide** in Newton County was higher than the statewide rate
- The county has **no transit system**
- **Half** of renters and **one third of** home mortgage holders are considered "**cost burdened**" when it comes to housing
- **One in four** residents has **low access to a grocery store**
- **Nearly one in five** residents smoke **tobacco**
- **One in thirteen pregnant women** smoke tobacco with rates highest among Whites (**one in seven**)
- Cancer caused more than one in five deaths; the **overall cancer death rate** and death rates (age-adjusted) for the **four most common cancers** (breast, colorectal, lung, and prostate) were **higher than Georgia rates**
- The **teen pregnancy rate has declined substantially** in the past decade and is now below the Healthy People 2020 goal, but the teen pregnancy rate for Hispanic girls is **higher** the rates for both White and Black girls
- The rate of **Chlamydia** cases has **more than doubled** in the past decade

Background: The National Health Context

When assessing a community's health, it is important to keep in mind which illnesses and conditions cause the most disability and early death. This burden of disability and early death is commonly measured with an indicator called disability-adjusted life years, or DALYs. DALYs measure both the years lost to early death and those worsened due to disease and disability. Although this measure is not available specifically for Newton County, recent estimates for the United States serve as a useful benchmark. Figure 1, which uses 2010 data from the Institute for Health Metrics and Evaluation,⁶ clearly shows that non-communicable diseases cause the vast majority (88%) of DALYs in the United States. These non-communicable diseases include heart and circulatory diseases (17% of DALYs), cancer (15%), mental health disorders (14%), musculoskeletal disorders (12%), and a range of other health problems like dementia, emphysema, and diabetes.

Injuries, shown in green, are the second largest category causing DALYs, representing 7% of total DALYs. This category includes transport injuries (including motor vehicle collisions; 3% of DALYs), self-harm and interpersonal violence (3%), and unintentional injuries (4%). The final category causing DALYs included communicable diseases (3%), diseases of the newborn (2%), maternal conditions (<1%), and nutritional deficiencies (<1%).

Figure 1. Distribution of Disability-Adjusted Life Years (DALYs) by Type of Condition or Illness, United States, 2017



⁶ Institute for Health Metrics and Evaluation (IHME): Global Burden of Disease <http://viz.healthmetricsandevaluation.org/gbd-compare/>

Source: Institute for Health Metrics and Evaluation (<http://viz.healthmetricsandevaluation.org/gbd-compare/>)

Clearly, to make the biggest impact on health, we must reduce the burden of non-communicable diseases like heart disease, cancer, and diabetes. However, the causes of these diseases are complex and long-term, are strongly influenced by the environment and community, and are tied to human behavior. They must be addressed from their very beginnings through environmental design, prevention efforts, community interventions, primary care, and at later stages through hospital care. Because of this complexity and the range of influences, we must work across a variety of disciplines and specialty areas to make the biggest impact on health. Areas that the public might consider unrelated to health, including income, housing, education, and transportation, must be part of the discussion.

The importance of non-communicable diseases is further evident in the top ten health risk factors for early death and disability in the United States in 2010:⁷

- Poor diet (dietary risks)
- Smoking
- Overweight and obesity
- High blood pressure
- Diabetes and pre-diabetes
- Physical inactivity
- Alcohol use
- High cholesterol
- Drug use
- Air pollution (specifically particulate matter)

Infectious diseases, injuries, and maternal and newborn health remain critical to the overall health of the population. These areas need continuous focus to prevent outbreaks, disease, and tragic outcomes.

Background: Premature Death in Newton County

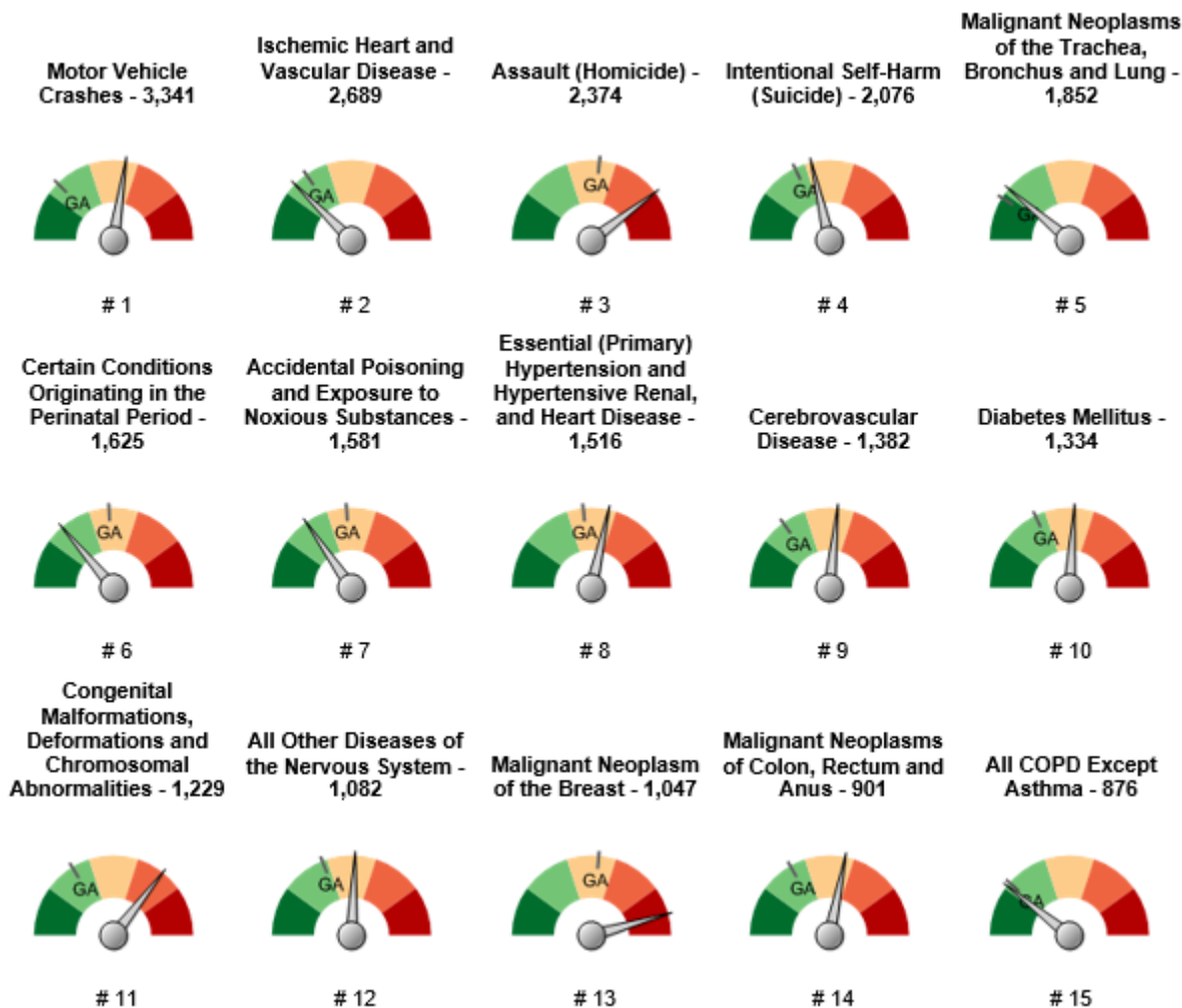
A combined measure of death *and* disability (like the DALY) in Newton County is not available, but data are available on leading causes of premature death in Newton County (Figure 2).⁸ This local information is similar to the data from the national level: chronic disease like heart disease and cancer dominate this list. Because this measure examines the number of potential years of life lost before age 75, conditions that cause death among children and adolescents are weighted heavily. Deaths from injuries and accidents (motor vehicle crashes, suicide, assault, poisoning) led to many years of potential life lost; many of these conditions are related to abuse of alcohol and drugs and to mental health conditions. Conditions that affect infants (conditions originating in the perinatal period and SIDS) were also major causes of premature death; tobacco use can increase the risk of these conditions. It is important to note

⁷ IMHE <http://www.healthmetricsandevaluation.org/gbd/visualizations/gbd-arrow-diagram>

⁸ Source: Georgia Online Analytical Statistical Information System (<http://oasis.state.ga.us/oasis/>)

that this measure does not adjust for age, as do many other measures cited in this report, and Newton County’s relatively younger population likely explains some of the high burden of conditions more common among younger people.

Figure 2. Top 15 Leading Causes of Premature Death in Newton County, Georgia, 2013-2017



Number indicates years of potential life lost due to death before the age of 75 per 100,000 population less than 75 years of age. The “GA” marker indicates the Georgia rate.

Source: Georgia Online Analytical Statistical Information System (<http://oasis.state.ga.us/oasis/>)

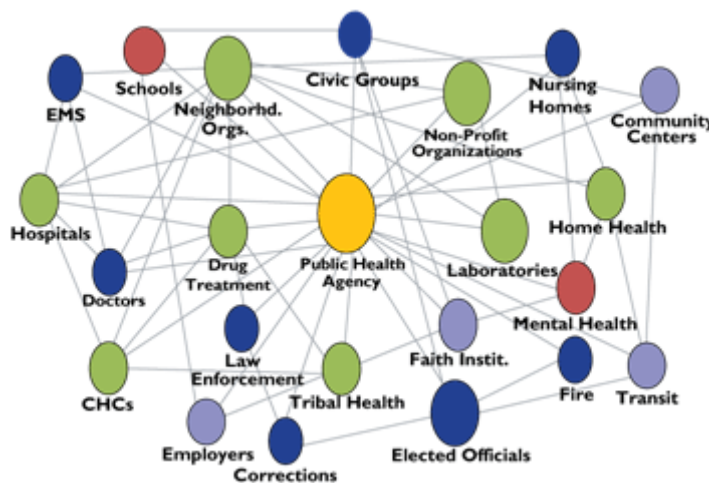
Background: The “Public Health System:” Far Beyond the Health Department

All communities have a public health system to prevent and treat illness, disability, and death. A public health system is composed not just of government agencies, but includes many other organizations and people.

According to the CDC’s National Public Health Performance Standards, public health systems are “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.”⁹

A community’s public health system includes:

- Public health agencies at state and local levels
- Healthcare providers
- Public safety agencies
- Human service and charity organizations
- Education and youth development organizations
- Recreation and arts-related organizations
- Economic and philanthropic organizations
- Environmental agencies and organizations



Organization of This Report

We know that much of what influences our health happens outside of the doctor’s office—in our schools, workplaces and neighborhoods.

-County Health Rankings & Roadmaps¹⁰

When we think about health, we often think first about medical care. As noted above, however, medical care is only part of the health picture. Section 1 describes many of the factors that strongly influence health.

Section 1: Factors that Influence Health

- (1) Demographics and Diversity
- (2) Economy and Basic Needs
- (3) Housing
- (4) Education and Child Activities
- (5) Transportation and Land Use
- (6) Community Engagement
- (7) Safety
- (8) Environment

⁹ Essential Public Health Services <http://www.cdc.gov/nphsp/essentialservices.html>

¹⁰ County Health Rankings & Roadmaps <http://www.countyhealthrankings.org/about-project>

The second section of this report focuses on the health indicators of Newton County residents and examines the critical role of the health care sector.

Section 2: Health Status

- (1) Overall Health Status
- (2) Access to Health Services
- (3) Health Behaviors
- (4) Chronic Diseases
- (5) Cancer
- (6) Injuries
- (7) Teen Pregnancy
- (8) Maternal and Infant Health
- (9) Infectious Diseases
- (10) Mental Health and Social Support
- (11) Emergency Preparedness

Section One: Determinants of Health

The social determinants of health are the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.

- World Health Organization¹¹

Demographics and Diversity

To understand and improve health—and health determinants—in Newton County, we must first consider the county and its residents.

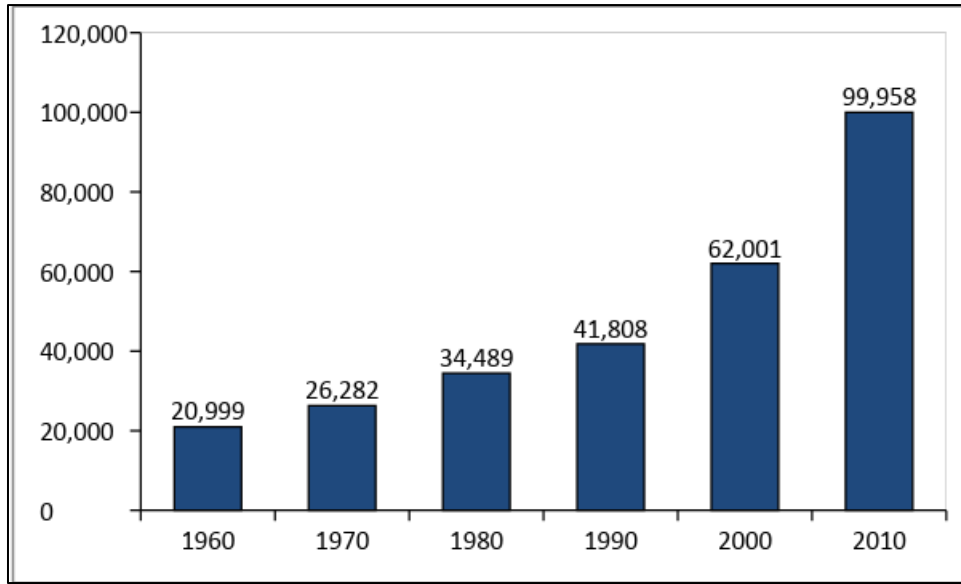
Newton County is located about 36 miles east of Atlanta at the edge of the metropolitan area’s eastern suburbs. According to the U.S. Census Bureau, the county’s land area is 25% urban and 75% rural, although more than two-thirds (69%) of the population lives in the urban areas. Newton County includes the cities of Covington (14,044 residents), Oxford (2,234 residents), Porterdale (1,481 residents), Newborn (749 residents), and Mansfield (427 residents).¹²

¹¹ WHO: Social Determinants of Health

http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/index.html

¹² U.S. Census Bureau <https://www.census.gov/quickfacts/fact/table/US/PST045218>

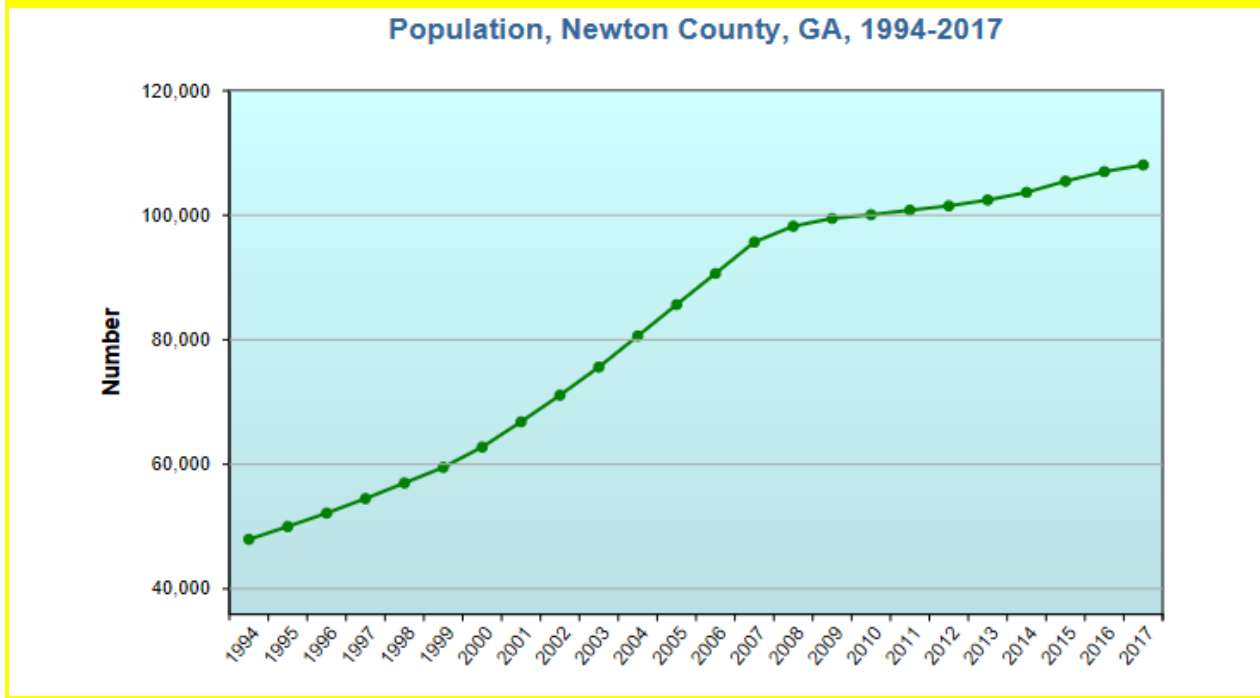
Figure 3. Population of Newton County, Georgia, 1960-2010



Source: U.S. Census Bureau, 2010

From 2013 to 2017, the population grew from an estimated 102,466 to 108,098 (Figure 4), or just above 1% (<1,400 people) per year.

Figure 4. Annual Population Estimates, Newton County, Georgia, 1994-2017



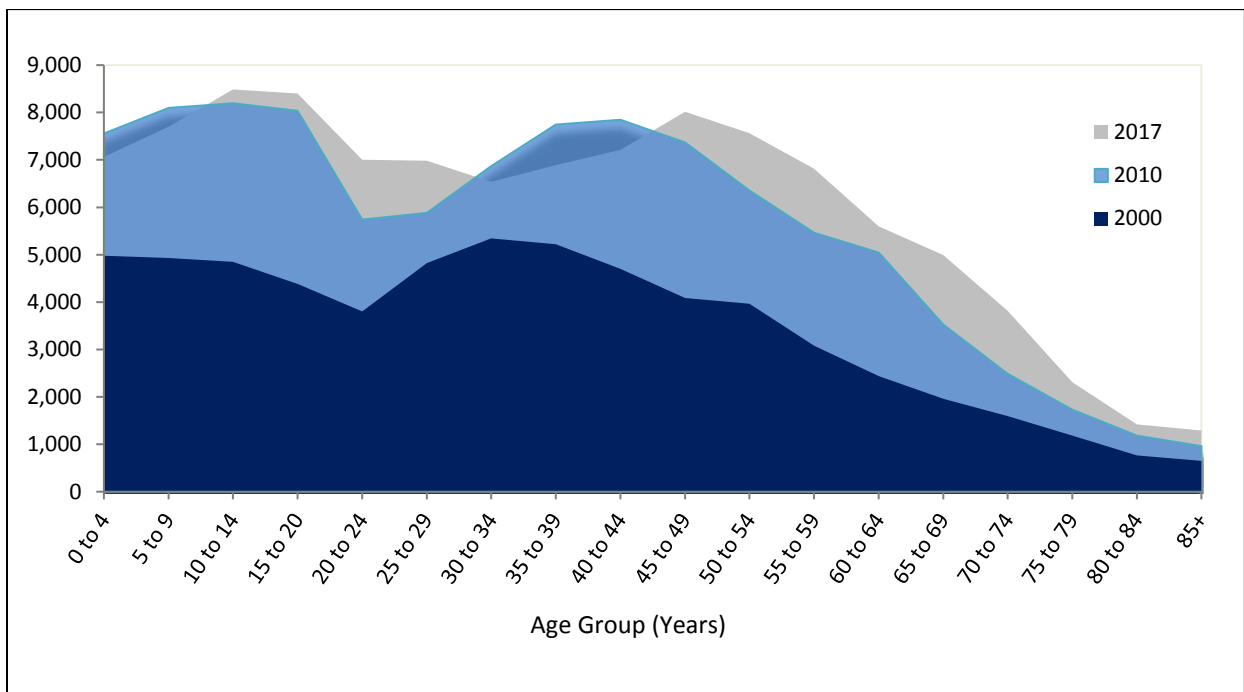
Georgia Department of Public Health (<https://dph.georgia.gov/>),
Office of Health Indicators for Planning
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<https://oasis.state.ga.us/>



Age Distribution

Newton County's population is relatively young (Figure 5); however, its senior population is projected to grow rapidly in the coming years.¹³ People in their sixties were the fastest growing population group from 2000 to 2017 (Figure 6), suggesting that the senior population is growing and will continue to grow. In 2017, just under one-third (29%) of the population was younger than 20 years and about one in 8 residents (13%) were 65 years or older (Figure 6).

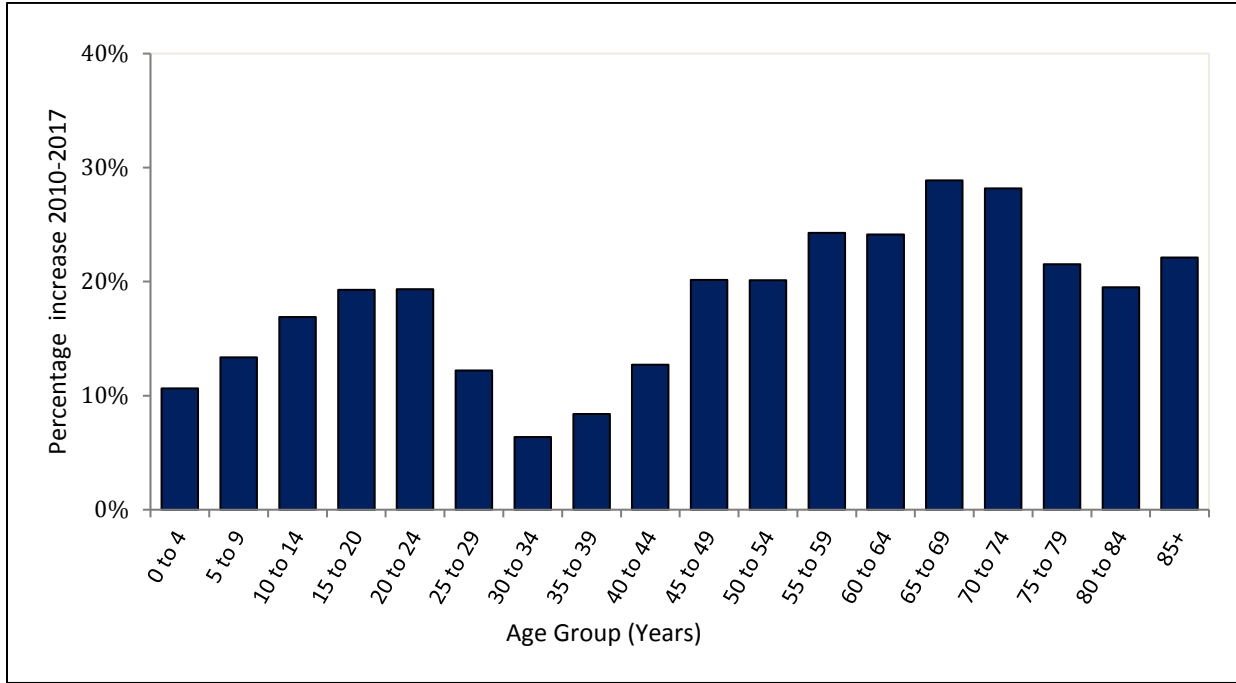
Figure 5. Population Distribution of Residents, Newton County, 2000, 2010, and 2017



Source: OASIS <http://oasis.state.ga.us/oasis/>

¹³ Newton County 2006-2028 Comprehensive Plan: Community Assessment
<http://www.dca.state.ga.us/development/PlanningQualityGrowth/programs/documents/NewtonCo.CAss.pdf>

Figure 6. Percentage Change in Population by Age Group, Newton County, 2010–2017



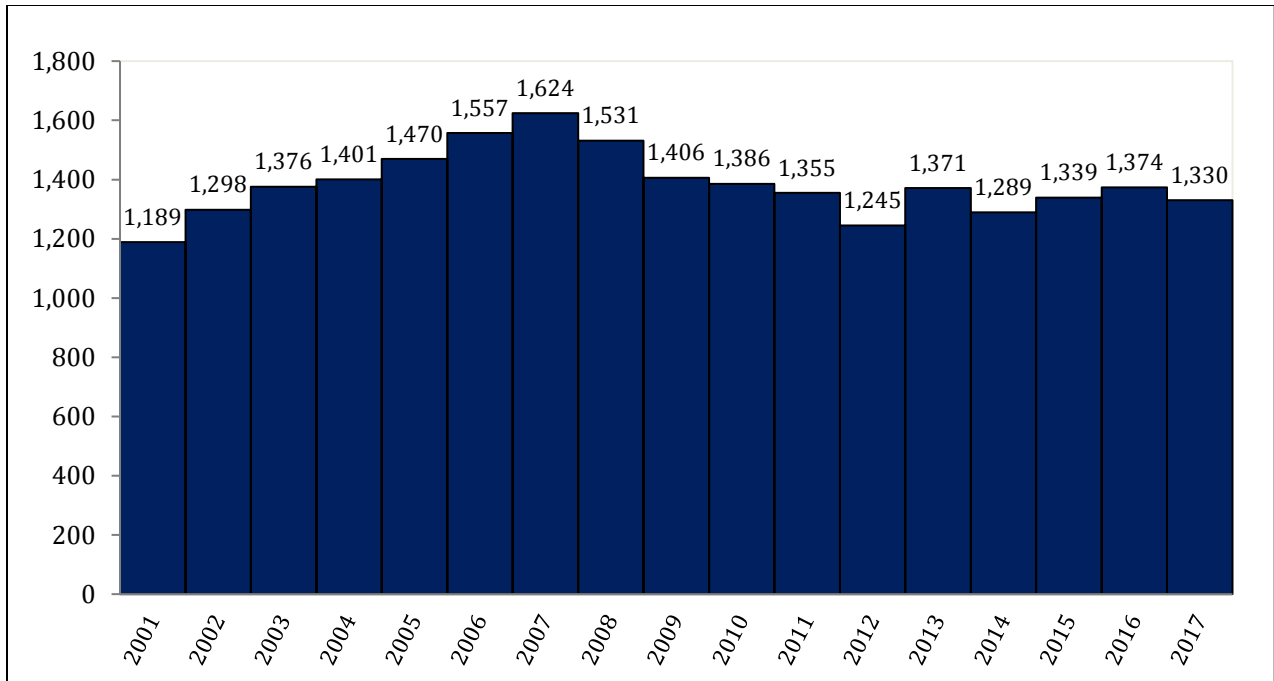
Source: OASIS <http://oasis.state.ga.us/oasis/>

Falling Birth Rate

The number of births to Newton County mothers in 2012 was at its lowest point since 2002 despite many more reproductive-age women in the county. The number of births peaked in 2007 at 1,624 and declined to 1,330 in 2017, representing a 18% decline over these ten years. The numbers of births to Newton County mothers showed a steady increase from 2014 to 2016(Figure 7). In 2017 (the most recent data available), the number of births had begun to decline.¹⁴

Figure 7. Number of Births to Newton County Mothers, 2001-2017

¹⁴ OASIS <http://oasis.state.ga.us/oasis/>



Source: OASIS (<http://oasis.state.ga.us/oasis/>)

Diversity

Newton County has continued to grow more diverse since 2000. According to the 2013-2017 American Community Survey 5-Year Estimates, just under half (48.7%) of the population was non-Hispanic White, 42.6% was non-Hispanic Black, 5.1% was Hispanic (of any race), 1.0% was Asian, and 2.1% was multiracial (Figure 8). According to the 2010 U.S. Census, about half (52%) of the population was non-Hispanic White, 40.4% was non-Hispanic Black, 4.6% was Hispanic (of any race), 0.9% was Asian, and 1.7% was multiracial (Figure 8). By comparison, the county's population in 2000 was about three-quarters (74.2%) non-Hispanic White, 22.2% Black, 1.9% Hispanic, 0.7% Asian, and 1.0% multiracial.¹⁵ Census data show that the population in both 1980 and 1990 was about three-quarters White and one-quarter Black, percentages that were very similar to those in 2000.

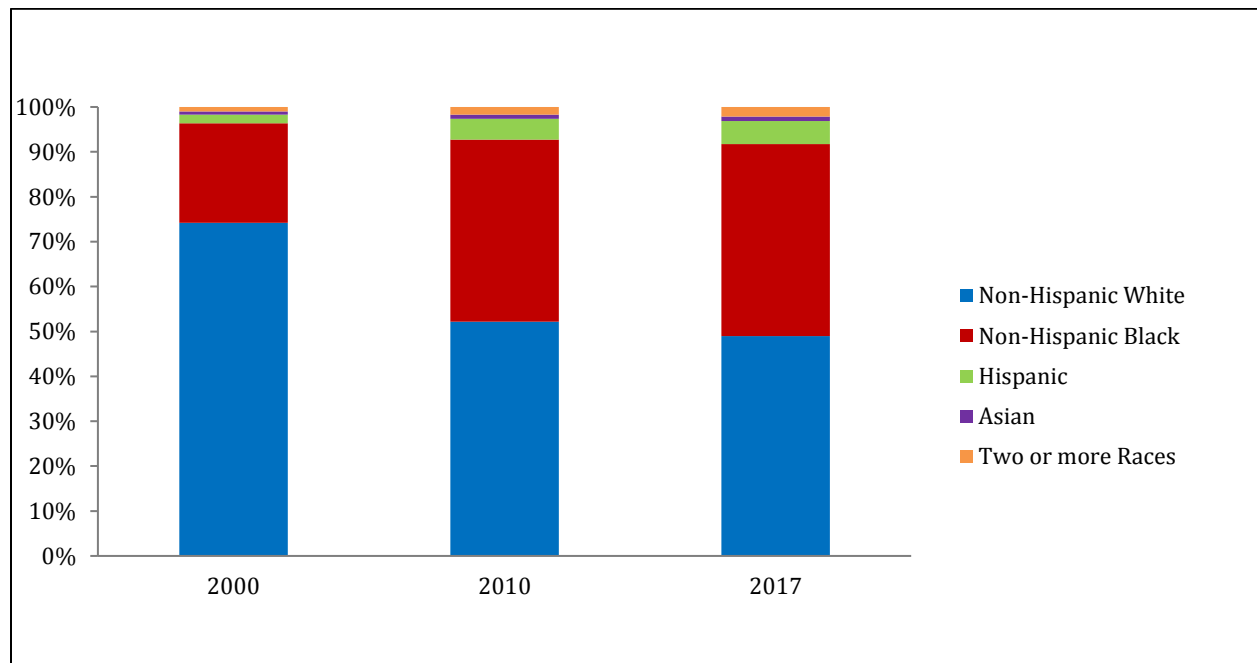
In the 2010 census, the Hispanic population of Newton County (4.6%) was majority Mexican (2.7% of the total population) and the remaining Hispanic population identified as Puerto Rican (0.7%), Cuban (0.3%), or other Hispanic or Latino (1.0%). Among the 0.9% of the population that reported being Asian, 0.2% were Asian Indian, 0.1% were Chinese, 0.1% were Filipino, 0.1% were Korean, 0.1% were Vietnamese, and 0.2% were other Asian. According to the 2013-2017 population estimates, the Hispanic population of Newton County (5.1%) was majority Mexican (3.1% of the total population) and the remaining Hispanic populations identified as Puerto Rican (0.9%), Cuban (.01%), or other Hispanic or Latino

²⁵ U.S. Census Bureau <https://www.census.gov/prod/cen2000/phc-1-12.pdf>

(1.0%).¹⁶ Among the 1.0% of the population that was estimated being Asian, 0.2% were Asian Indian, 0.3% were Chinese, 0.1% were Filipino, 0.4% were Vietnamese, and <.1% were other Asian.

Based off the American Community Survey, the U.S. Bureau estimates that about one in sixteen (5.9%) Newton County residents were foreign born in 2017. Among these estimated 6,376 foreign born residents, most (69%) were from Latin America, 9% were from Europe, 15% were from Asia, 4% were from Africa, 2% were from elsewhere in North America, and <1% were from the Oceania region.¹⁷ More than ninety percent (90.3%) of the foreign-born population during this period had entered the United States before 2010. The U.S. Census Bureau estimates that sixty-three percent of Newton County residents were born in Georgia and 29.4% were born in another U.S. state.

Figure 8. Race/Ethnicity Distribution of Newton County Residents, 2000, 2010, and 2017



Source: U.S. Census Bureau, American Community Survey¹⁸

Linguistic Isolation

People who do not speak English in Newton County may have difficulty accessing services that are available to fluent English speakers. The U.S. Bureau's American Community Survey estimates 21.3% of

¹⁶ U.S. Census Bureau <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

¹⁷ U.S. Census Bureau <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

¹⁸ U.S. Census Bureau <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

people age 5 years or older spoke a language other than English at home, and 8.5% spoke English less than “very well” (over 60% of whom spoke Spanish at home) in 2017.

Families and Households

In 2017, there were an estimated 35,823 households in Newton County, with an average of 2.89 people per household.¹⁹ Families—defined as a householder with at least one related person—made up just under three-quarters (72.4%) of households. Households with married-couple families made up 48.7% and 23.6% were families without a married couple. Just over twenty percent (22.6%) of households were composed of people living alone (over a third of whom were age 65 years or older) and 4.5% were households in which no one was related to the householder. Less than half of households (39.8%) included children younger than 18 years old.

Newton County’s population has been quite mobile. Approximately one in seven residents (13.3%) moved or changed residence in the previous year.²⁰ One in seven residents (12.9%) had moved to Newton from outside the county in the previous year, including one in forty (2.5%) who moved from another state.



Source: Newton County Community Partnership <http://newton.gafcp.org/>

¹⁹ U.S. Census Bureau <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

²⁰ U.S. Census Bureau <https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>

Economy and Basic Needs

Few people would deny that there are many advantages of having more income or wealth. Nevertheless, apart from the well-known link between economic resources and being able to afford health insurance and medical care, their influence on health has received relatively little attention from the general public or policy-makers, despite a large body of evidence from studies documenting strong and pervasive relationships between income, wealth and health

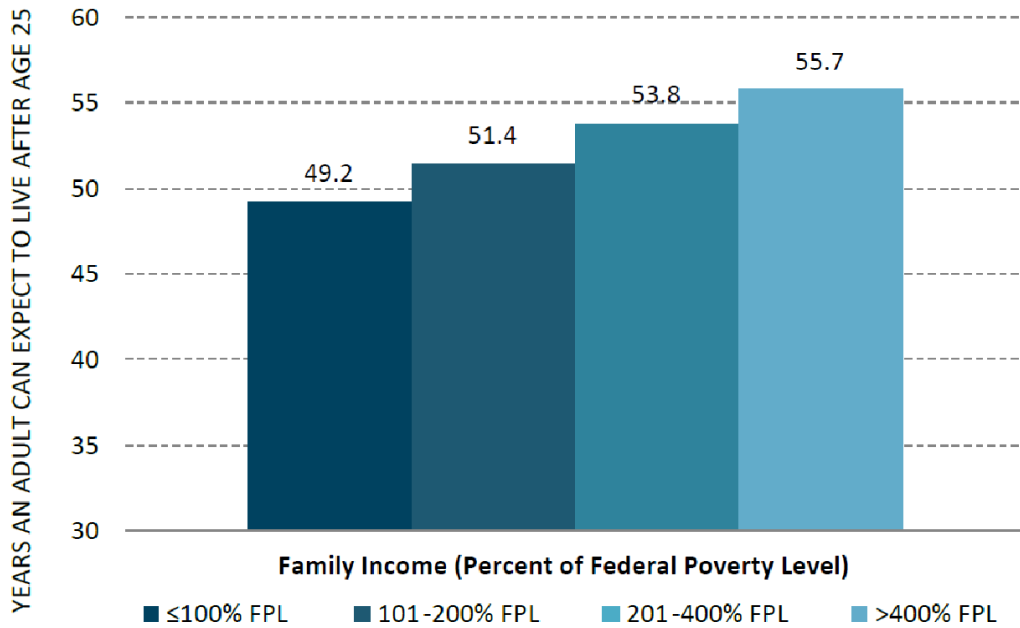
-Robert Wood Johnson Foundation (RWJF), Report on Income, Wealth, and Health²¹

As described by the Robert Wood Johnson Foundation above, there are strong links between income, wealth, and health, which is why any health assessment must include an examination of these factors. To give just one example of the connection between income and health, life expectancy at age 25 is closely correlated with income as a percentage of the federal poverty level (FPL) (Figure 8). Life expectancy at age 25 was more than six years longer for people earning more than four times the FPL compared with those earning less than or equal to the FPL.²²

Figure 8. Number of Years an Adult Can Expect to Live After Age 25 by Family Income, United States

²¹ Robert Wood Johnson Foundation
http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70448

²² Robert Wood Johnson Foundation
http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70448



Source: RWJF (http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70448)

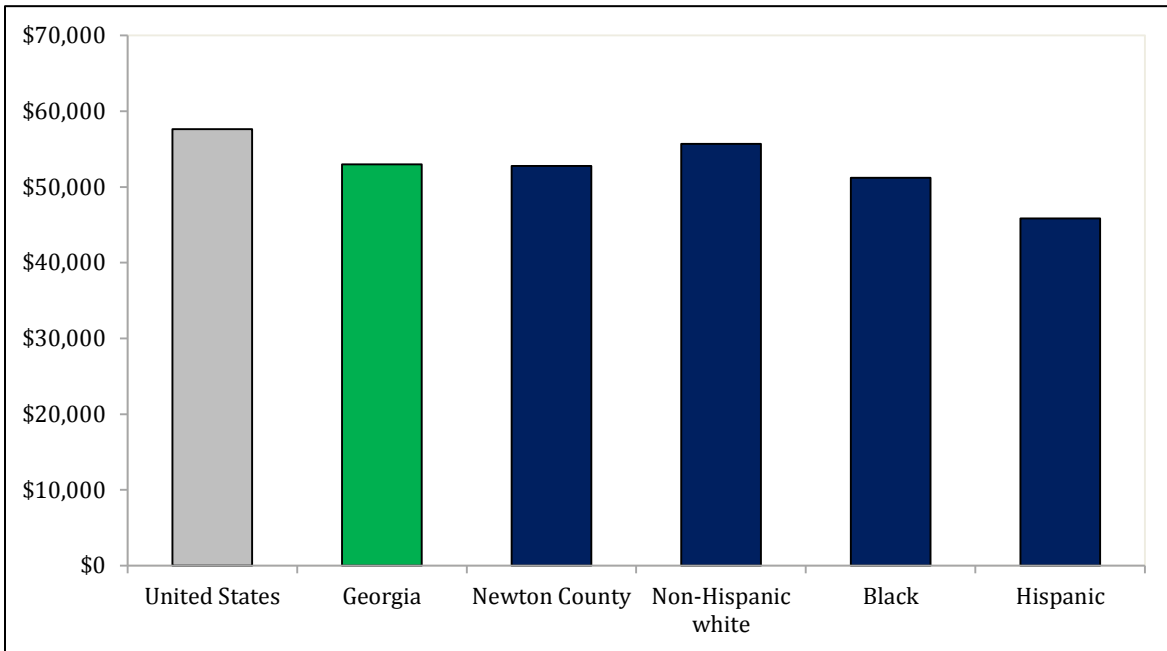
We will examine income indicators for Newton County first and then markers of poverty within the county.

Household Income

Newton County’s median household income was below the median household income for Georgia, as well as, below the national figure. From 2013-2017, the median household income in Newton County was estimated to be \$52,784. By comparison, the Georgia median was \$52,977 and the national median was \$57,652.²³ Non-Hispanic Whites had the highest median income in Newton County, estimated to be \$55,689. Among other race/ethnic groups, the estimates of median household income were \$51,219 for Black residents and \$45,828 for Hispanic residents. Married couples had an estimated median income of \$73,586, which exceeded the estimated median incomes for male householders without a wife present (\$45,143) and female householders without a husband present (\$37,093). People 65 years and older had an estimated median income of \$42,229.

²³ U.S. Census Bureau <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

Figure 9. Median Household Income in Newton County by Race/Ethnicity, 2013-2017



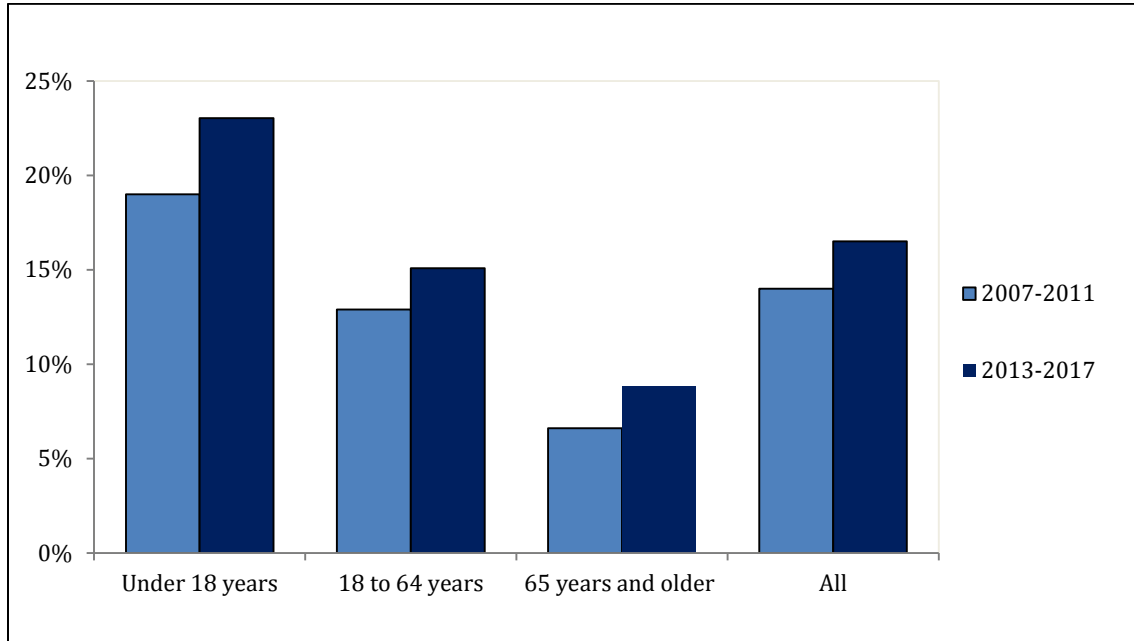
Source: U.S. Census Bureau, American Community Survey

Poverty

Although the county's median income was higher than the state's, large numbers of residents live in poverty. From 2013-2017, about one in eight (13.4%) of Newton County residents had household incomes below the federal poverty level. About one in four (23.9%) children lived in poverty, as did 14.8% of residents 18-64 years and one in ten (9.5%) residents age 65 years or older (Figure 10).

Compared with the estimates from 2007-2011, poverty rates increased in all age groups (Figure 10).

Figure 10. Percent of People Living in Poverty by Age Group, Newton County, 2007-2011 and 2013-2017



Source: U.S. Census Bureau, American Community Survey

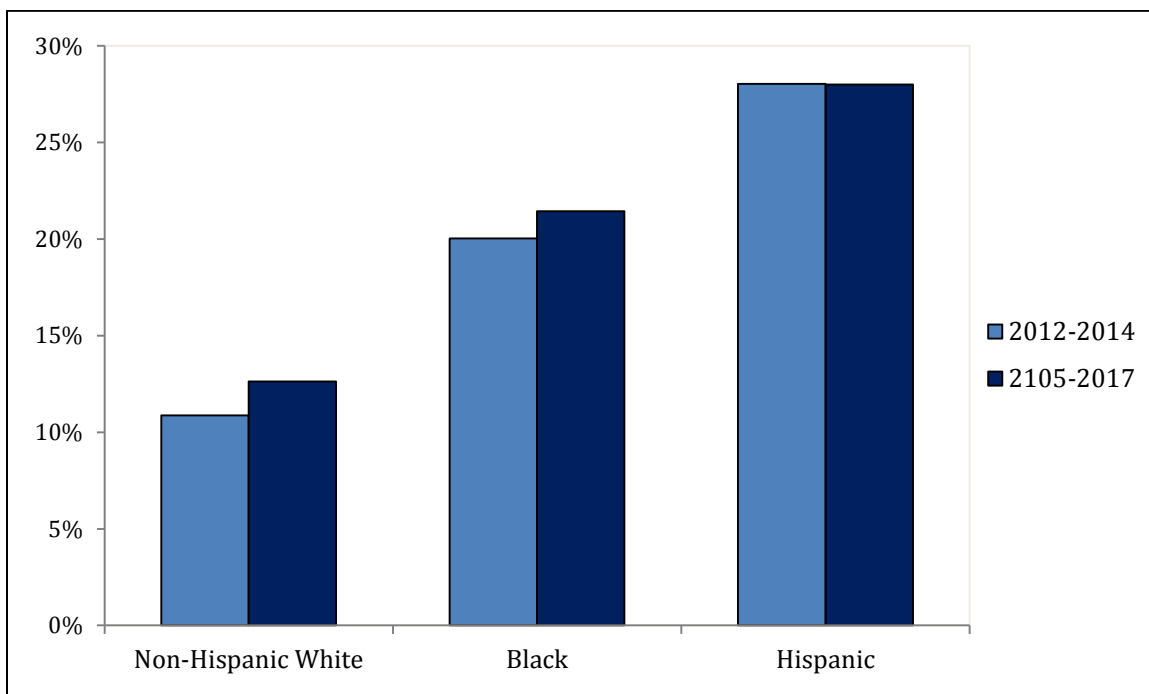
About one in twelve (12.6%) non-Hispanic Whites lived in poverty compared with about one in five (21.4%) Black residents, and nearly one in three (28%) Hispanic residents (Figure 11). Two-thirds (67%) of students in 2013 were eligible to receive free or reduced price school meals (Figure 12), which was higher than the statewide percentage of 60% and much higher than the 43% of Newton County students eligible ten years earlier.²⁴ Two-thirds (68.5%) of students in 2017 were eligible to receive free or reduced price school meals (Figure 13), which was higher than the statewide percentage of 60.58%.²⁵ In some schools, over 70% of children are eligible for free school lunch (not including those eligible for reduced-price lunch).²⁶

²⁴ Kids Count Data Center <http://datacenter.kidscount.org/data#GA/5/0>

²⁵ Georgia Department of Education https://oraapp.doe.k12.ga.us/ows-bin/owa/fte_pack_frl001_public.entry_form

²⁶ Children’s Issues In Newton Report <https://docs.google.com/file/d/0B3SuY1V9SSTUSFFLNDZKVjRIM1E/edit>

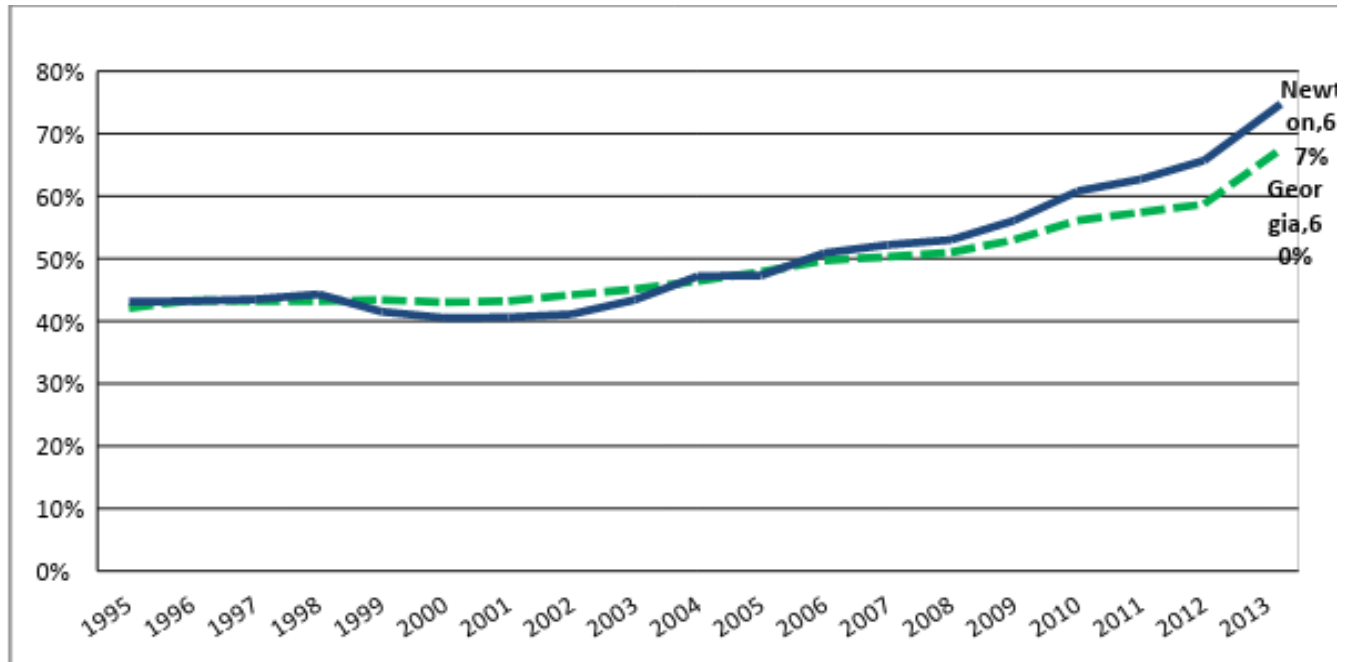
Figure 11. Percent of People in Each Race/Ethnicity Group Living in Poverty, Newton County, 2012-2014 and 2015-2017



Source: U.S. Census Bureau, American Community Survey²⁷

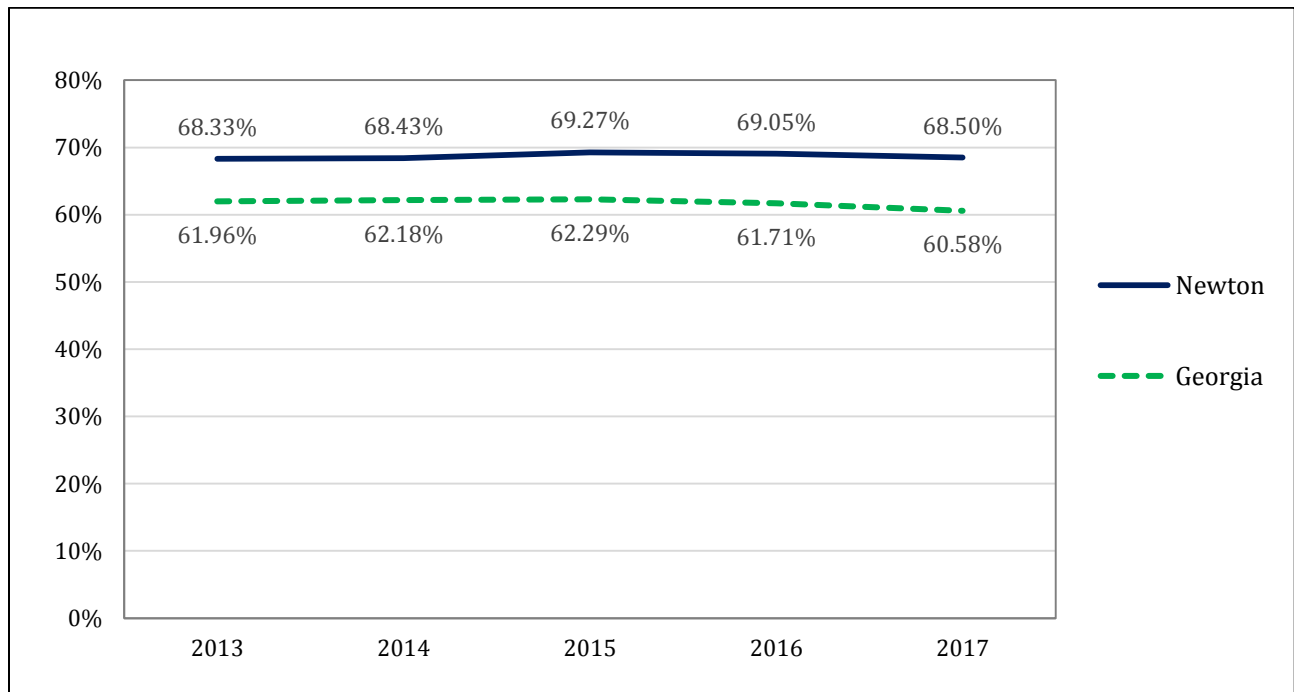
²⁷ U.S. Census Bureau, American Community Survey, Poverty Status in the Past Twelve Months
https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_1YR_S1701&prodType=table

Figure 12. Percent of School Children Eligible for Free or Reduced Price Lunch, Newton County and Georgia, 1995-2013



Source: Kids Count Data Center <http://datacenter.kidscount.org/data#GA/5/0>

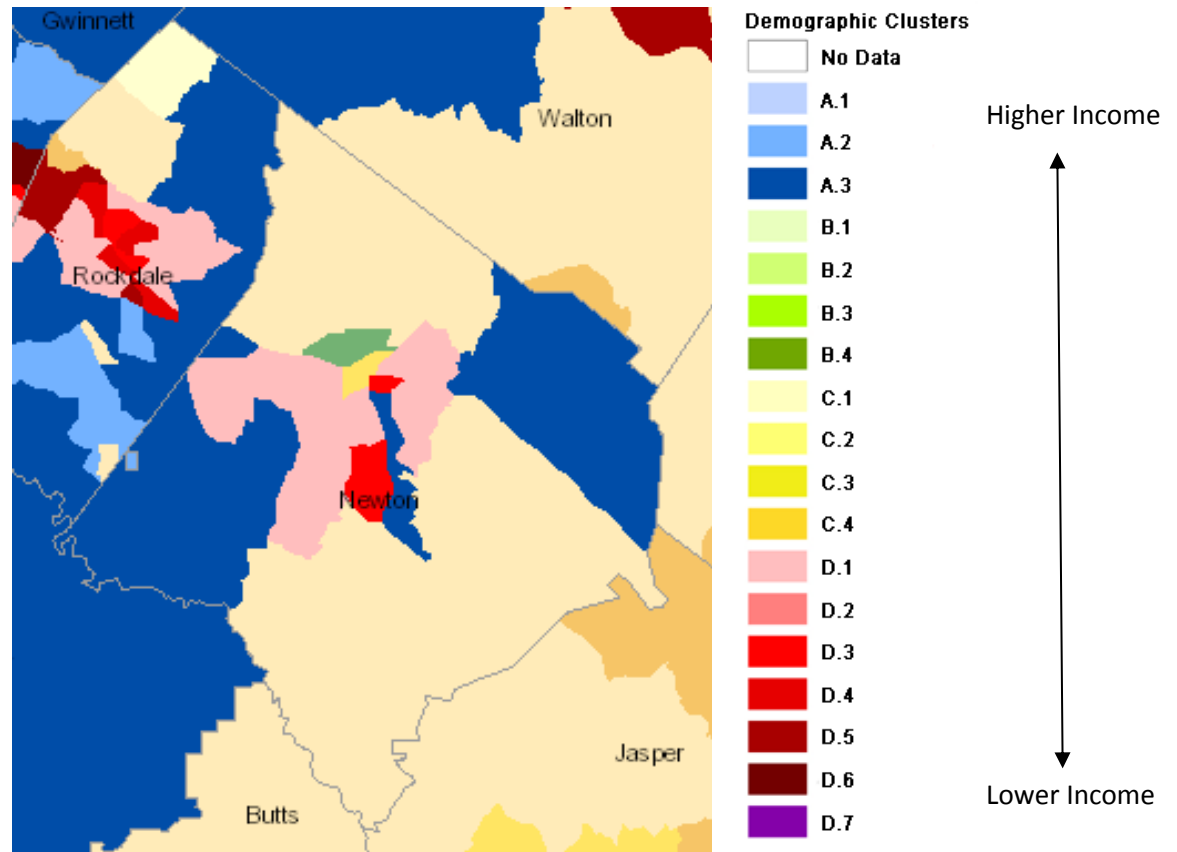
Figure 13. Percent of School Children Eligible for Free or Reduced Price Lunch, Newton County and Georgia, 2013 – 2017



Source: Georgia Department of Education
https://oraapp.doe.k12.ga.us/ows-bin/owa/fte_pack_frl001_public.entry_form

Demographic data suggest that some of the poverty in the county is clustered along the western and central areas of the county to the south of interstate 20, including part of the city of Covington (Figure 14).

Figure 14. Demographic clusters of Newton County, 2017



Source: <http://oasis.state.ga.us/GADemoProfile/DemoClusters2011.htm>

Detailed descriptions of demographic cluster groups are available at

<http://oasis.state.ga.us/GADemoProfile/documents/DemoClusters2011Description.pdf>.

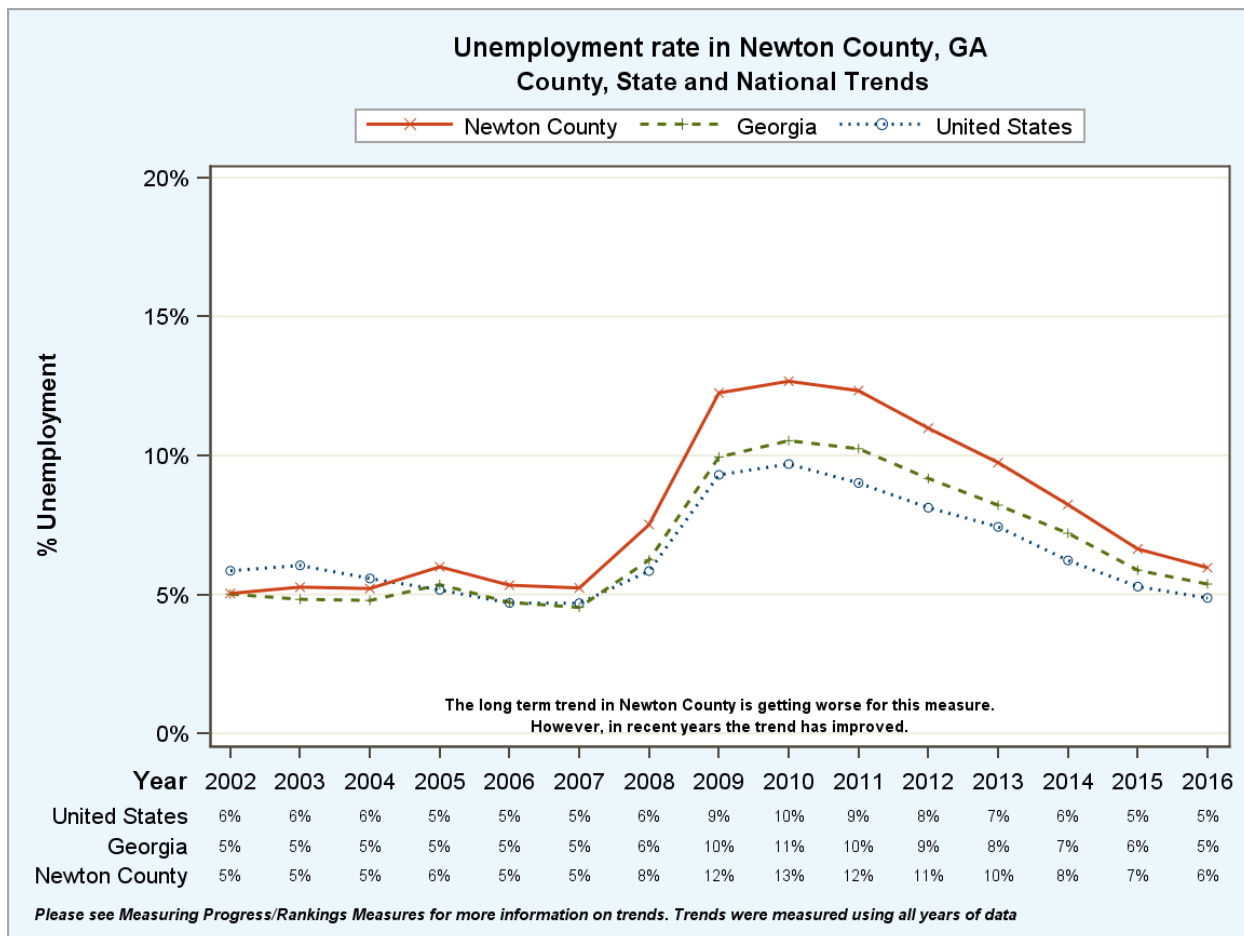
Blue colors represent higher income areas; yellow and red colors represent lower income areas.

According to the U.S Census American Community Survey, in 2017, an estimated 79.5% of Newton households received earnings, 18.1% received retirement income other than Social Security, and 29.8% received Social Security. Some households received income from more than one source. The average annual income from Social Security was \$18,719. An estimated 8% of households received Supplemental Security Income (SSI; average \$11,788 per year) and 19.3% received Food Stamp/SNAP benefits.

Since 2007, unemployment has become a major problem for Newton County, as it has for much of the nation. According to the Robert Wood Johnson Foundation, job loss and unemployment are linked to a

number of health problems, including stress-related conditions like stroke and heart disease.²⁸ In 2016, the unemployment rate was estimated to be 8.2%, which was improved from the 2010 peak of about 12.5%, but still one percent greater than rates seen in the early 2000s (Figure 15). Unemployment rates in Newton County are estimated to decrease to 6.6% in 2017.²⁹

Figure 15. Unemployment Rate in Newton County, Georgia, 2002-2016



Source: County Health Rankings

(<http://www.countyhealthrankings.org/app/georgia/2013/newton/county/outcomes/overall/snapshot/by-rank>)

²⁸ Robert Wood Johnson Foundation
http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf403360

²⁹ County Health Rankings
<http://www.countyhealthrankings.org/app/georgia/2017/rankings/newton/county/outcomes/overall/snapshot>

Housing

Where we live is at the very core of our daily lives. Housing is generally an American family's greatest single expenditure, and, for homeowners, their most significant source of wealth. Given its importance, it is not surprising that factors related to housing have the potential to help—or harm—our health in major ways.

-Robert Wood Johnson Foundation, Report on Housing and Health³⁰

As noted by the Robert Wood Johnson foundation, housing can strongly affect health.

According to the U.S. Census Bureau American Community Survey estimates, during 2013-2017, there were about 38,713 housing units in Newton County, 92.5% of which were occupied. Of the total number of housing units, about six in seven (83.5%) were single family houses. Multi-unit structures like apartment buildings were less common in Newton County than in Georgia or the United States. Almost one in ten (9.4%) Newton County housing units were in multi-unit structures compared with 20.6% of those in Georgia and 26.2% of those in the United States. Five percent of Newton County housing units were mobile homes.

Just under three-quarters (69%) of Newton County housing units were owned and the rest were rented. More than one-third (39%) of housing units were built since 2000 and nearly two-thirds (64%) were built since 1990. Nearly nine in ten residents (91.2%) moved into their current household since 1990.

A relatively high percentage of Newton County residents are considered “cost burdened” when it comes to housing. The Department of Housing and Urban Development defines cost burdened households as those that pay more than 30% of income for housing. People in these households may have difficulty affording necessities like food, transportation, and medical care. From 2013-2017, the median monthly housing cost in Newton County was \$1,215 for mortgage owners and \$390 for non-mortgage owners. Thirty-one percent of owners with mortgages and about one in eleven (9%) owners without a mortgage were considered cost burdened. The median monthly housing cost for renters was \$936, and over half (53%) spent 30% or more of their household income on rent, which was much higher than the national average of 50.6%.³¹

Housing foreclosures have been a major problem for many Newton County residents in recent years. According to data from the Federal Reserve Bank of Atlanta, Newton County had one of the top 5 highest foreclosure rates among the 159 Georgia counties in all four quarters of 2011.³² Related to the foreclosure trend, prices from home sales have increased substantially since 2012 (Figure 16).

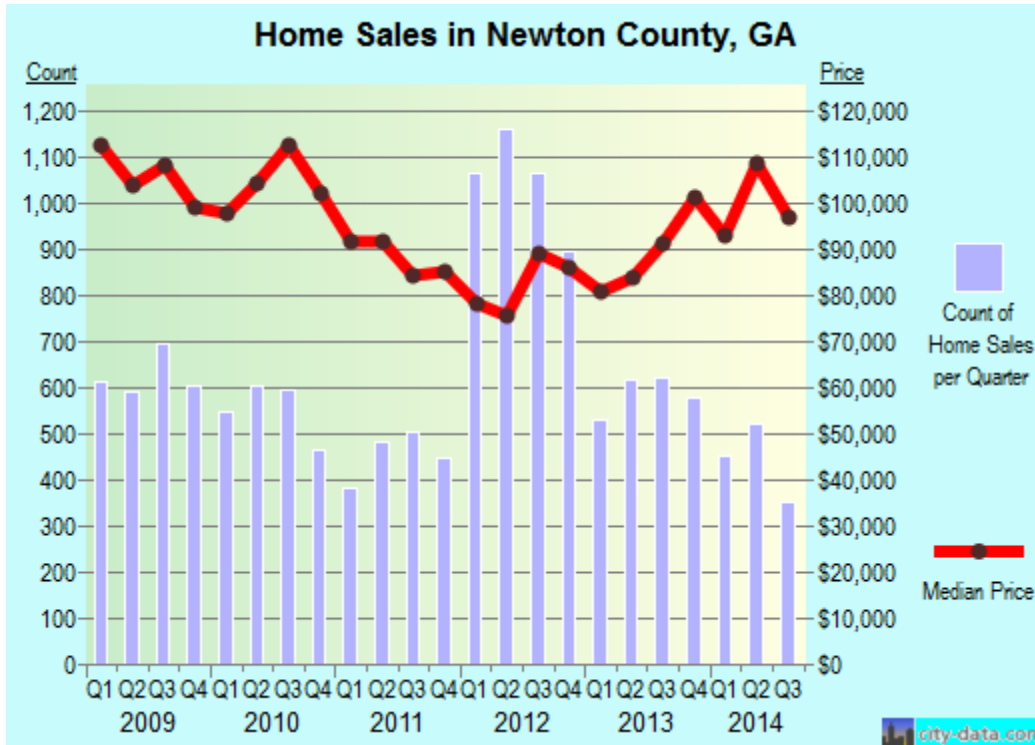
³⁰ Robert Wood Johnson Foundation, Report on Housing and Health
<http://www.rwjf.org/en/research-publications/find-rwjf-research/2011/05/housing-and-health.html>

³¹ U.S. Census Bureau <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

³² Federal Reserve Bank of Atlanta <http://www.frbatlanta.org/pubs/mdft/>

According to the American Community Survey, the median value of owner-occupied housing units from 2013-2017 was \$123,300, though values have likely declined since then.

Figure 16. Home Sales in Newton County, Georgia, 2009-2014



Source: http://www.city-data.com/county/Newton_County-GA.html

No estimates of Newton County’s homeless population are available.

The Newton County 2006-2028 Comprehensive Plan states, “county officials need to ensure that workforce housing continues to be available in the future.”³³ The plan encourages a specific type of development: “traditional neighborhood developments,” which “offer a variety of housing types in a dynamic mixed-use environment that helps to reduce auto trips and create a strong sense of place that can help make Newton unique.” This type of neighborhood development yields positive health benefits by making walking part of the daily routine and facilitating interpersonal interactions.³⁴ It is discussed more in the Transportation and Land Use section.

³³ Newton County 2006-2028 Comprehensive Plan: Community Assessment
<http://www.dca.state.ga.us/development/PlanningQualityGrowth/programs/documents/NewtonCo.CAss.pdf>

³⁴ Does the Built Environment Influence Physical Activity? Transportation Research Board, Institute of Medicine
<http://onlinepubs.trb.org/onlinepubs/sr/sr282.pdf>

Education and Child Activities

Everyone knows that without a good education, prospects for a good job with good earnings are slim. Few people think of education as a crucial path to health, however. Yet a large body of evidence strongly—and, with very rare exceptions, consistently—links education with health, even when other factors like income are taken into account.

-Robert Wood Johnson Foundation, Report on Education and Health³⁵

Newton County residents have education levels similar to those across the state and the nation with about 6 in 7 adult residents having completed high school.³⁶ Newton County residents were less likely to have completed a bachelor's degree (less than one in five) than were people statewide or nationwide (more than one in four). The county has a large public school system and several institutions of higher learning.

From 2013-2017, an estimated 32.6% of Newton County residents 25 years and older were identified as high school graduates.³⁷ This is higher than the percentage for Georgia (28%) and the national rate (27.3%) which implies that Newton County graduates are less likely to pursue further education after high school when compared to the state or national level. About one in eight (12.6%) residents age 25 years and older had a bachelor's degree or higher. This rate is substantially lower than the state rate of 18.6% for Georgia and national rate of 19.1%.

The Newton County School System serves the entire county including five municipalities and includes 13 elementary schools, 5 middle schools, 3 high schools, 1 theme school (grades K-6), 2 charter schools, and the Ombudsman Alternative Education Program. All are fully accredited by the Southern Association of Colleges and Schools.³⁸ Their mission is to “provide educational excellence for all students.” The school system is supported by the Newton Educational Foundation, a non-profit foundation that “is working to create a culture of support for education in Newton County, and who’s vision is to “create a better community.”³⁹

The 2017 four-year cohort graduation rate for Newton County high school students was 84.8%, which was higher than the Georgia rate of 80.6%, and higher than the national rate of 84% in 2016, the most recent year for which data are available. Alcovy High School had a four-year graduation rate of 81.8%, Newton High School had a rate of 82.3%, and Eastside High School had a rate of 90.3%.

³⁵ Robert Wood Johnson Foundation
http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70447

³⁶ U.S. Census Bureau
<https://www.census.gov/quickfacts/fact/table/newtoncountygeorgia/POP645217#POP645217>

³⁷ U.S. Census Bureau, American Community Survey

³⁸ Newton County Schools <http://www.newtoncountyschools.org/about.aspx>

³⁹ The Newton Educational Foundation <http://reimagineNewton.org/>

The county has several schools of higher education: Oxford College of Emory University,⁴⁰ the Newton Campus of the Georgia Piedmont Technical College,⁴¹ the Newton Campus of Georgia State University,⁴² and the Covington Campus of Troy University.⁴³

Transportation and Land Use

Transportation decisions affect our individual lives, economy and health. Everyone needs to use various modes of transportation to get to work or school, to get medical attention, to access healthy foods at grocery stores and markets, and to participate in countless other activities every day.

-American Public Health Association⁴⁴

Transportation

In a community assessment done as part of the Newton County Community Agenda in 2008, “a large percentage of those that took the survey stated that the top issue was mitigating increasing traffic congestion.”⁴⁵

The average travel time to work in Newton County from 2013-2017 was estimated to be 31.5 minutes, which was longer than the Georgia average of 28.0 and higher than the national average of 26.4 minutes.⁴⁶ According to the Healthy Communities Institute, these lengthy commutes cut into workers’ free time and can contribute to health problems like headaches, anxiety, and increased blood pressure. Longer commute times also require workers to consume more fuel, which is both expensive to workers and damaging to the environment.

Five percent of Newton County households did not have access to a car, truck or van for private use. Twenty-seven percent of households had one vehicle.⁴⁷

⁴⁰ Oxford College <http://oxford.emory.edu/a-distinctive-place/>

⁴¹ Georgia Piedmont Technical College <http://www.gptc.edu/content.cfm?PageCode=campusdirectory>

⁴² Georgia State University: Perimeter College <https://perimeter.gsu.edu/about-perimeter-college/newton/>

⁶⁰ Troy University <http://trojan.troy.edu/globalcampus/sites/covington/>

⁴⁴ American Public Health Association <http://www.apha.org/advocacy/priorities/issues/transportation>)

⁴⁵ Newton County Community Agenda

<http://www.dca.state.ga.us/development/PlanningQualityGrowth/programs/documents/NewtonCo.CAg.pdf>

⁴⁶ U.S. Census <https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>

⁴⁷ U.S. Census <https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>

The Newton County 2006-2028 Comprehensive Plan identified several key transportation issues.⁴⁸

1. **No County Transit System.** There is not a public transit system in Newton County. The community should study the opportunities for express bus routes and vanpooling.
2. **Lack of adequate traffic signals.** There are many all-way stops in the community that need to be signalized and existing signals should be synchronized; this would help to reduce queuing.
3. **Mitigating increasing traffic congestion.** Traffic congestion is going to get worse as the county grows. Steps need to be emplaced to slow the increase in congestion including requiring street connectivity and conducting traffic studies.
4. **Poorly connected or incomplete pedestrian network.** There are ordinances in place to promote sidewalk construction as a part of new development, but the network is disconnected. The County should identify future collector streets to be built as development occurs.

The Newton County Medical Center CHNA reported that many people in the community cited transportation as a major issue preventing access to care, particularly the lack of a public transportation system.⁴⁹ One community member reported that EMS receives inappropriate calls for transportation to doctor appointments because there is no public transit.

Seniors who are unable to drive have few transportation options. However, Newton County Senior Services provides some transportation services for a small fee and meal-delivery for homebound seniors.⁵⁰

Land Use

Future land development, which is tightly connected to transportation, is of great interest to many Newton County residents. While most development halted during the Great Recession beginning in 2007-2008, development is likely to resume and the mode of development going forward will greatly impact health. Several community plans have examined these issues and a brief summary is presented here.

The Newton County 2006-2028 Comprehensive Plan, released in 2006, found that the following issues contribute to traffic congestion in the county.

⁴⁸ Newton County 2006-2028 Comprehensive Plan: Community Assessment

<http://www.dca.state.ga.us/development/PlanningQualityGrowth/programs/documents/NewtonCo.CAss.pdf>

⁴⁹ Newton County Medical Center CHNA

<http://www.newtonmedical.com/pdf/Newton%20Final%20Report2013.pdf>

⁵⁰ Newton County Senior Services <http://co.newton.ga.us/content/view/31/31/>, phone 770 787-0038

1. **Suburban Sprawl.** Most of the recent development in the County over the past 10 years has occurred in a typical suburban land use pattern. Most of the new development associated with this pattern is single-family residential spread out in a leap-frog fashion. Retail and employment opportunities are primarily relegated to Covington, and surrounding counties, such as Rockdale, forcing more and more residents to drive longer distances.
2. **Strip Commercial Development.** The land uses along some highway corridors form stereotypical commercial strips that detract from the rural character and regional identity.

Environment

According to the County Health Rankings, Newton's physical environment ranking decreased to 121th of the 159 Georgia counties. The Healthy Communities Institute defines the physical environment as all places where we live and work (e.g., homes, buildings, streets, and parks) and includes infrastructure described in the Transportation and Land Use section. The environment influences a person's level of physical activity and ability to have healthy lifestyle behaviors. For example, inaccessible or nonexistent sidewalks or walking paths increase sedentary habits. These habits contribute to obesity, cardiovascular disease, and diabetes. Other factors that contribute to healthy lifestyle behaviors are access to grocery stores and recreation facilities.

Access to Healthy Foods

In 2015, the county had 19 grocery stores (20 grocery stores per 100,000 population), which was similar to the nationwide county average of 21 per 100,000.⁵¹ There are strong correlations between the density of grocery stores in a neighborhood and the nutrition and diet of its residents. According to the U.S. Department of Agriculture, an estimated 25,322 Newton County residents (including 7,462 children and 2,107 seniors) had low access to a grocery store in 2015 and an estimated 784 households had no car and low access to a grocery store. About 11% of low-income residents had low access to a grocery store compared with 6% nationwide.

People who live in certain areas of Newton County have less access to fresh foods than others. The U.S. Department of Agriculture defines a food desert as a census tract with a substantial share of residents who live in low-income areas and have low levels of access to a grocery store or a healthy, affordable food retail outlet.⁵² Two areas within the central part of the county, including part of Oxford and Covington, are considered to be food deserts (Figure 17). In an internet posting, the Newton

⁵¹ U.S. Department of Agriculture Economic Research Service <http://www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atlas.aspx#.Um68NnC-qtE>

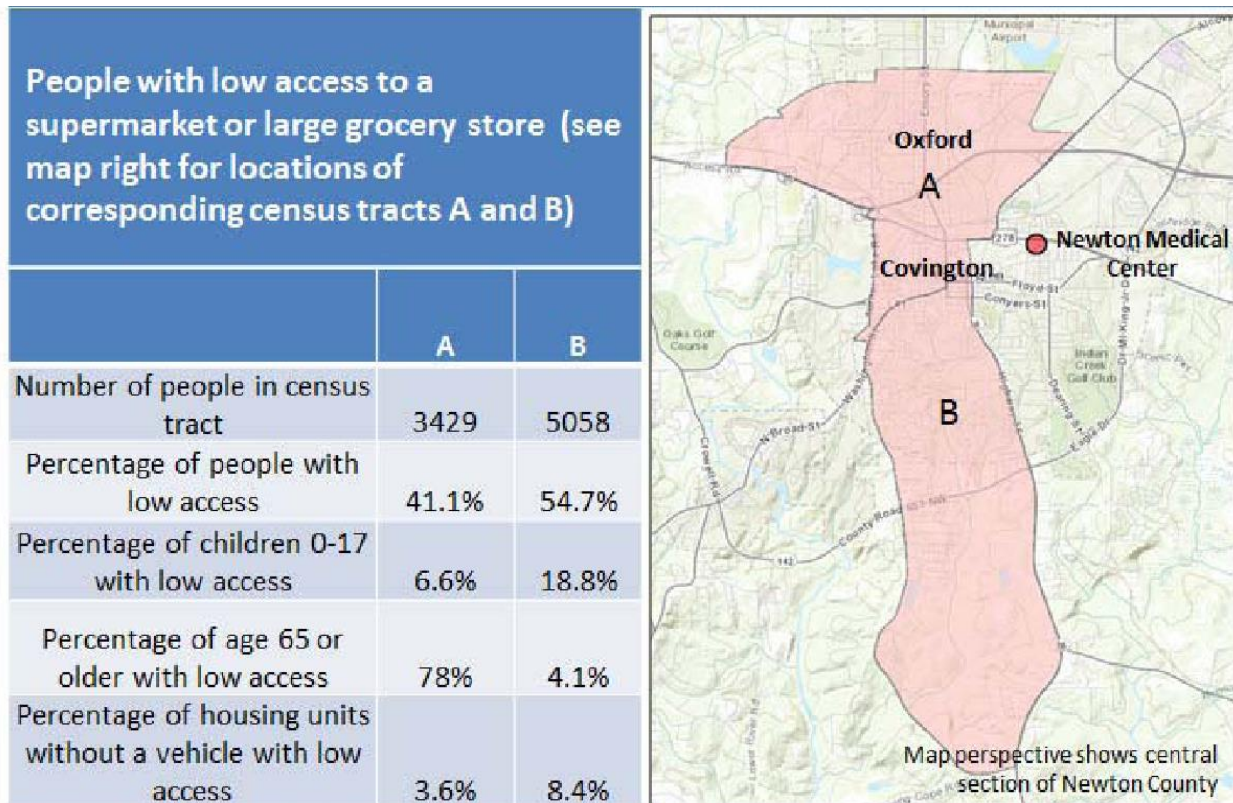
⁵² U.S. Department of Agriculture <http://apps.ams.usda.gov/fooddeserts/>

Partnership describes how an area with several grocery stores becomes designated a “food desert” and how food insecurity, or hunger, is related to obesity and poor health.⁵³

According to the Newton Partnership, the county has a few community gardens, including one in Porterdale that was initiated by HANDS-ON NEWTON and was embraced by the mayor and other citizens.⁵⁴

Food pantries like Second Harvest negotiate arrangements with local farmers to distribute fresh produce. One such pantry said over 40% of their food distribution was fresh produce. Local food pantries in downtown Covington and on Brown Bridge Road serve thousands of local citizens, but even these are inaccessible to many more residents. An expansion in the county’s food pantry capacity would greatly benefit many county residents who struggle to get enough to eat.

Figure 17. Food Deserts in Newton County, Georgia



Above data is based on the 2000 census and the compilation of a 2006 supermarket survey
 Data Source: United States Department of Agriculture, Food Desert Locator

Reproduced from Newton Medical Center Community Health Needs Assessment
<http://www.newtonmedical.com/pdf/Newton%20Final%20Report2013.pdf>

⁵³ Newton Partnership—Food Desert <http://www.newtonpartnership-gafcp.org/hunger-obesity-in-food-desert/>

⁵⁴ Newton Partnership—Food Desert <http://www.newtonpartnership-gafcp.org/hunger-obesity-in-food-desert/>

Fast Food

In 2014, Newton County had a density of fast food restaurants that was slightly lower than the national average (59 vs. 57 per 100,000).⁵⁵ According to the Healthy Communities Institute, “fast food is often high in fat and calories and lacking in recommended nutrients.... studies suggest that fast food outlets strongly contribute to the high incidence of obesity and obesity-related health problems.”⁵⁶ Although the density of fast food restaurants was low,

Liquor Stores

In 2006, Newton County had a liquor store density of about 7 per 100,000 population, which was lower than the national average of 11 per 100,000. Studies have shown that neighborhoods with a high density of alcohol outlets are associated with higher rates of violence, regardless of other community characteristics like poverty and age of residents. High alcohol outlet density has been shown to be related to increased rates of drinking and driving, motor vehicle-related pedestrian injuries, and child abuse and neglect.

Parks and Recreation

Newton had an estimated 5 recreation or fitness facilities per 100,000 residents in 2010, which was lower than the Georgia average of 8 per 100,000 and the national benchmark of 16 per 100,000.⁵⁷

Water Safety

According to the Safe Drinking Water Information System cited in the County Health Rankings, drinking water safety in Newton County was good. In fiscal year 2017, no residents were reported to have been exposed to water exceeding a violation limit.⁵⁸

The county’s rivers and streams, however, are less healthy. According to the Newton County 2006-2028 Comprehensive Plan,⁵⁹ written in 2006, surface water quality was in decline:

Four of the county’s significant streams and rivers do not meet federal water quality standards. Lake Jackson in south Newton County is also in violation of clean water standards, in large part due to these

⁵⁵ U.S. Department of Agriculture Economic Research Service <http://www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atlas.aspx#.Um68NnC-qtE>

⁵⁶ Healthy Communities Institute <http://www.healthypasodelnorte.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=1122582>

⁵⁷ County Health Rankings <http://www.countyhealthrankings.org/app/georgia/2013/measure/factors/68/map>

⁵⁸ County Health Rankings <http://www.countyhealthrankings.org/app/georgia/2017/rankings/newton/county/outcomes/overall/snapshot>

⁵⁹ Newton County 2006-2028 Comprehensive Plan: Community Assessment <http://www.dca.state.ga.us/development/PlanningQualityGrowth/programs/documents/NewtonCo.CAss.pdf>

impaired streams and rivers. None of these streams originate in Newton County, and all are impaired by the time they reach the County. Several large urban areas are upstream of Newton County, as are a number of active agricultural areas. Much of the pollution generated is due to urban and rural non-point source runoff, but wastewater from industrial and municipal uses also contribute to substandard water quality.



Lake Jackson

Source: Newton County 2006-2028 Comprehensive Plan: Community Assessment

<http://www.dca.state.ga.us/development/PlanningQualityGrowth/programs/documents/NewtonCo.CAss.pdf>

Participants in surveys for the 2008 Newton County Community Agenda “identified air and water quality as very important and put both as a top priority for the County.”⁶⁰

Air Quality

According to the County Health Rankings, the average daily measure of fine particulate matter (10.7 micrograms per cubic meter) in Newton County exceeded the state average and national benchmark.⁶¹ The Newton County 2006-2028 Comprehensive Plan also noted that the county was one of 21 metropolitan Atlanta counties with poor air quality. “The County along with the region does not meet federal clean air standards for particulate matter or ground-level ozone. Regionally, the bulk of the problem originates with high traffic volumes, often traveling relatively long distances in congested operating conditions.”⁶² The report further identified several ongoing trends that would likely exacerbate the county’s air quality problem:

- Increased development – commercial and residential
- New developments continue to focus on travel by motor vehicle
- Segregation of land uses
- Poor street connectivity/cul-de-sac and dead-end streets
- Lack of pedestrian or bicycle facilities
- Lack of adequate job opportunities in the County
- Loss of tree canopy

⁶⁰ Newton County Community Agenda

<http://www.dca.state.ga.us/development/PlanningQualityGrowth/programs/documents/NewtonCo.CAg.pdf>

⁶¹ County Health Rankings

<http://www.countyhealthrankings.org/app/georgia/2017/rankings/newton/county/outcomes/overall/snapshot>

⁸⁹ Newton County 2006-2028 Comprehensive Plan: Community Assessment

<http://www.dca.state.ga.us/development/PlanningQualityGrowth/programs/documents/NewtonCo.CAss.pdf>

The Comprehensive Plan states, “stemming these trends will require a multi-faceted campaign of zoning and land development regulation reform, public education, and intergovernmental coordination between all government entities in the region.”

Violent Crime Rate

The Newton County violent crime rate of 382 per 100,000 residents in 2017 was higher than the Georgia rate (374 per 100,000).⁶³ From 2015-2017, violent crime was the second leading cause of premature death in the county, as noted in the Background section. The property crime rate of 3,213 per 100,000 in Newton County was lower than the statewide rate of 3,556 per 100,000.⁶⁴

Motor Vehicle Collisions

Motor vehicle-related injuries kill more children and young adults than any other single cause in the United States and they were the leading cause of years of potential life lost (i.e., premature death) in Newton County from 2015-2017. Newton County had an age-adjusted death rate due to motor vehicle collisions in 2015-2017 that was higher than the Georgia rate (20.4 vs. 14.5 per 100,000) and the Healthy People 2020 goal of 12 per 100,000 (Figure 18). For the years 2012-2014, the Newton County rate had been much lower at 17.2 per 100,000.⁶⁵ As noted in the Transportation and Land Use section, new modes of development can improve (or worsen) traffic safety depending on the mode of development. According to the Centers for Disease Control and Prevention (CDC), one in three crash deaths involves a drunk driver, suggesting that alcohol is likely involved in many Newton County motor vehicle-related deaths as well.⁶⁶

⁶³ County Health Rankings

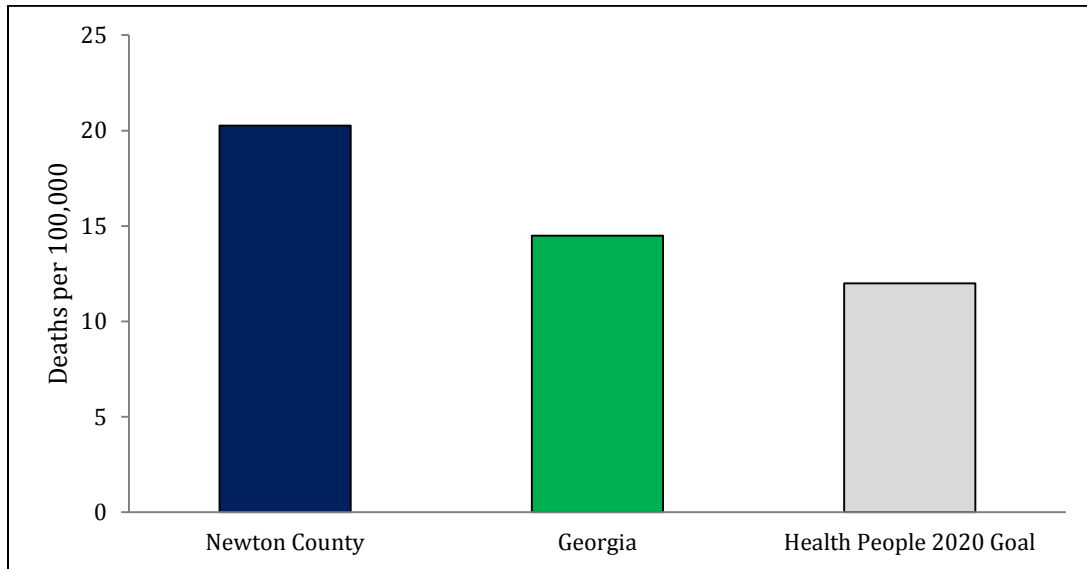
<http://www.countyhealthrankings.org/app/georgia/2017/rankings/newton/county/outcomes/overall/snapshot>

⁶³ Centers for Disease Control and Prevention http://www.cdc.gov/vitalsigns/drinkinganddriving/?s_cid=vitalsigns-093-bb

⁶⁴ City-Data <http://www.city-data.com/city/Georgia3.html>

⁶⁵ Oasis <http://oasis.state.ga.us/oasis/oasis/qryMorbMort.aspx>

Figure 18. Age-Adjusted Death Rate Due to Motor Vehicle Collisions per 100,000 residents, 2015-2017



Source: OASIS <http://oasis.state.ga.us/oasis/oasis/qryMorbMort.aspx>

Poisoning

According to Poison Prevention.org, more than 2 million poisonings are reported each year in the United States and the majority of non-fatal poisonings occur in children younger than six years old. Poisonings are a leading cause of death nationwide and were the sixth leading cause of premature death in Newton County. From 2015-2017, 40 deaths in Newton County were caused by poisoning.⁶⁷

Safety Community Improvement Plan

Available data suggest that violent crime and motor vehicle safety could be improved in Newton County. The Newton County Sheriff's Office is "dedicated and committed to enforcing the laws enacted for the Protection of the Lives', Person's, Property, Health, and Morals of all citizens in Newton County." The office is "committed to improving the quality of life in [the] community."⁶⁸

The fact that Newton County's age-adjusted death rate from motor vehicle collisions is higher than the Georgia average suggests that significant room for improvement exists. Changes in road design and community development may help reduce the number of deaths. Because drinking is involved with about one-third of deaths from car crashes, interventions to reduce drinking and driving would help protect the health of Newton County residents.⁶⁹ These evidenced-based interventions include

⁶⁷ OASIS <http://oasis.state.ga.us/oasis/oasis/qryMorbMort.aspx>

⁶⁸ Newton County Sheriff's Office www.newtonsheriffga.org

⁶⁹ The Guide to Community Preventive Services: Motor Vehicle-Related Injury Prevention <http://www.thecommunityguide.org/mvoi/AID/index.html>

publicized sobriety checkpoint programs, mass media campaigns, multi-component interventions with and community mobilization, and school-based intervention programs. Programs that increase use of child safety seats like community-wide information and enhanced enforcement campaigns, can help protect young children.⁷⁰

The American Association of Poison Control Centers provides information about poisoning prevention on their website.⁷¹ The National Georgia Poison Control operates a 24-hour emergency treatment information service (www.georgiapoisoncenter.org, 800-222-1222).



Section Two: Health Status

Overall Health

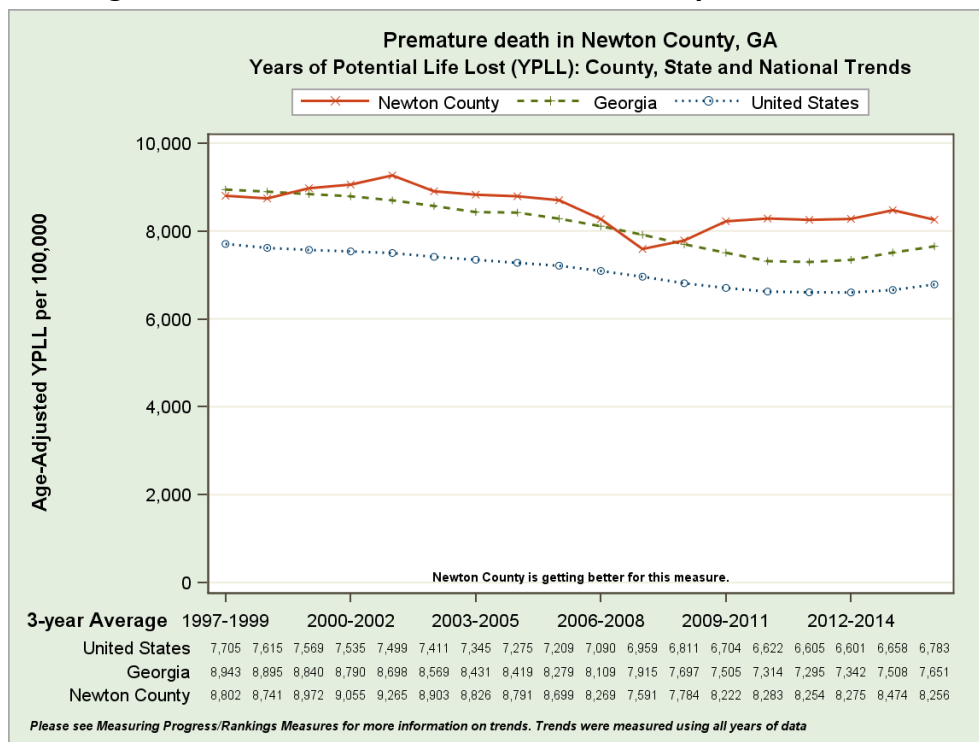
Newton County is relatively healthy compared with other counties in Georgia, but still has a great deal of room for improvement, particularly when compared to the national level. According to the 2017 County Health Rankings, Newton County ranked 52nd among the 159 Georgia counties in terms of overall health outcomes.⁷² This is a significant drop from the 2013 County Health Ranking of 33rd. Where Newton County ranked 34th by measures of illness and disability (morbidity) and 40th by a measure of premature death (mortality) in 2013, in 2017, the county had dropped to 62nd by measures of illness and disability (morbidity) and 59th by a measure of premature death (mortality). In 2014, Newton County had 8,256 age-adjusted years of potential life lost per 100,000 residents, which was greater than the state rate of 7,651 per 100,000 (Figure 19).

⁷⁰ The Guide to Community Preventive Services: Use of Child Safety Seats
<http://www.thecommunityguide.org/mvoi/childsafetyseats/index.html>

⁷¹ American Association of Poison Control Centers www.aapcc.org

⁷² County Health Rankings for Newton County, Georgia
<http://www.countyhealthrankings.org/app/georgia/2018/rankings/newton/county/outcomes/overall/snapshot>

Figure 19. Premature Death in Newton County, GA, 1997-2014



Source: County Health Rankings

<http://www.countyhealthrankings.org/app/georgia/2018/rankings/newton/county/outcomes/overall/snapshot>

An estimated 18% of Newton County residents reported their health to be poor or fair, which was similar to the statewide rate of 17%.⁷³ Similarly, Newton County residents reported an average of 3.9 days of poor physical health per month—about the same as the Georgia figure (3.7 days). Newton County residents reported the same number of poor mental health days (3.8 per month) as statewide residents.

Access to Health Services

Clinical care is an important part of maintaining good health. The County Health Rankings estimates that about 20% of a community’s health status can be attributed to clinical care. This organization ranks Newton County’s clinical care as 64th out of the 159 Georgia counties, suggesting that room for improvement exists.⁷⁴

⁷³ County Health Rankings for Newton County, Georgia

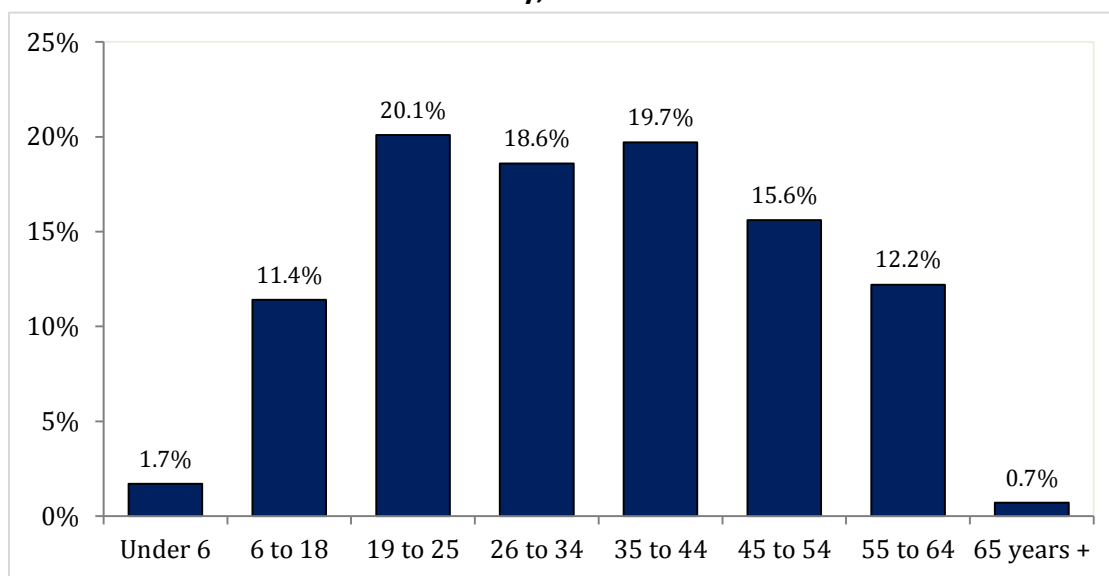
<http://www.countyhealthrankings.org/app/georgia/2017/rankings/newton/county/outcomes/overall/snapshot>

¹⁰⁸ County Health Rankings for Newton County, Georgia

<http://www.countyhealthrankings.org/app/georgia/2017/rankings/newton/county/outcomes/overall/snapshot>

Whether a person has health insurance is a major factor in whether they have access to health services. In 2017, an estimated one in five (18%) Newton County residents lacked health insurance.⁷⁵ Just under six percent (5.9) of children under 19 years were uninsured compared with a national average of 5.7%. Almost twenty percent (19.9) of adults age 18-65 years were estimated to be uninsured, which was slightly above the national average of 16.7%. Of those uninsured, an estimated 48.4% were Non-Hispanic White residents, 36.1% were Black residents, and 12.8% were Hispanic residents. Over one-fifth (20.1%) of uninsured residents were age 18 to 24 years compared with less than 1% of residents 65 years and older (Figure 20).

Figure 20. Percentage of Residents that Are Uninsured (Estimated) by Age Group, Newton County, 2013-2017



Source: U.S. Census Bureau, 2017 American Community Survey 5-Year Estimates⁷⁶

The ratio of residents to primary care physicians was 2,880:1, which was nearly twice as high as the statewide ratio of 1,530:1, suggesting that primary care services might be less accessible in the county than in other areas of the state. Similarly, there was an estimated 1 dentist per 5,860 residents, which meant that there were nearly three times fewer dentists per capita than the statewide ratio of 1 dentist

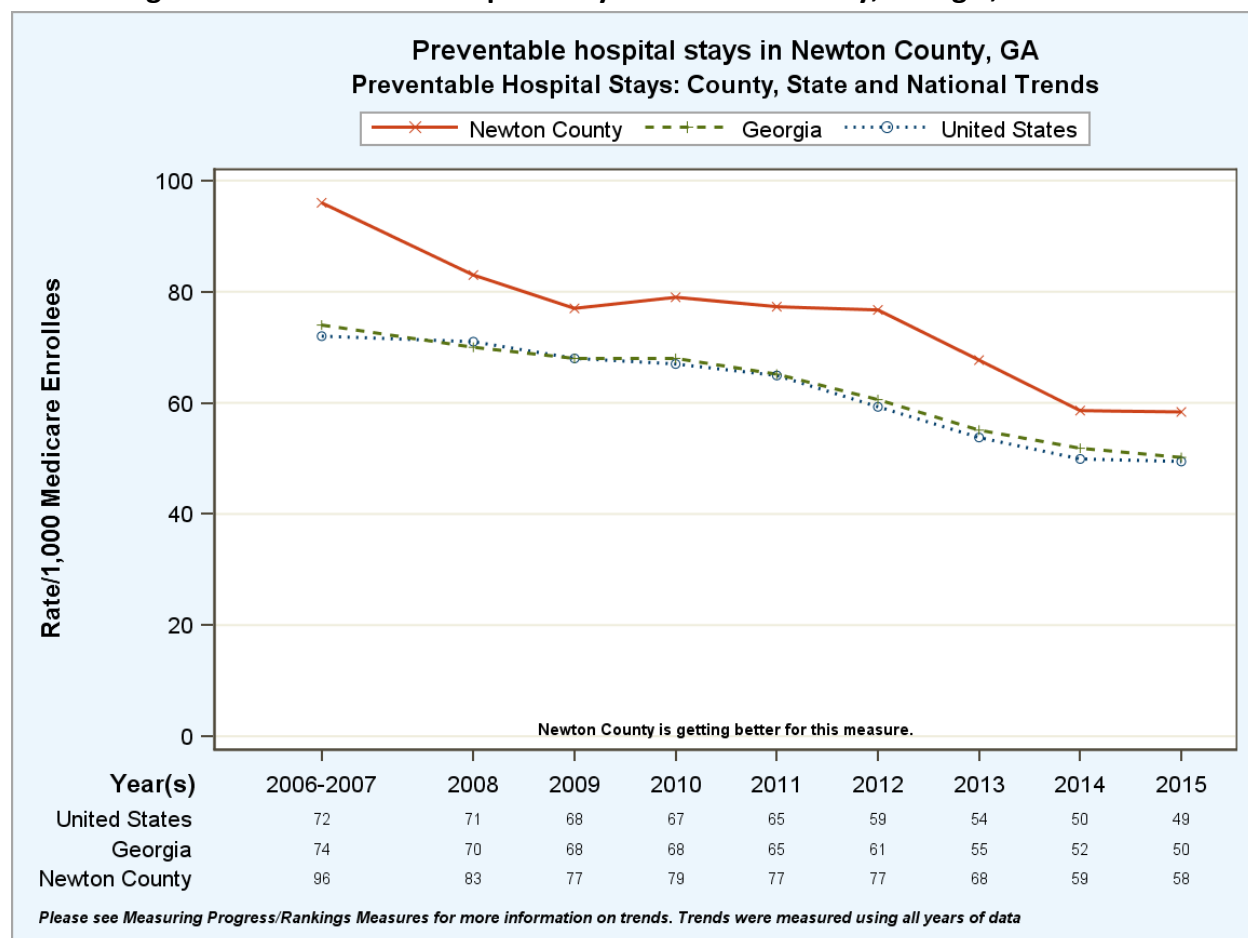
⁷⁵ County Health Rankings County Health Rankings County Health Rankings
<http://www.countyhealthrankings.org/app/georgia/2017/rankings/newton/county/outcomes/overall/snapshot>

⁷⁶ U.S. Census
https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_S2702&prodType=table

per 2,030 residents.⁷⁷ The federal Health Resources and Services Administration (HRSA) designated Newton County as a health provider shortage area for dentists.⁷⁸

Beyond insurance, available data offer a conflicting picture about clinical care in the county. Newton County had a higher rate of preventable hospital stays than the state and the nation (Figure 21). On the other hand, one indicators suggest that Medicare enrollees (who are mostly people age 65 years or older) receive above average care. A higher percentage of diabetic Medicare enrollees in the county (86%) were screened with an HBA1c test—which is important for monitoring blood sugar control—than diabetic Medicare enrollees throughout Georgia (86%).⁷⁹

Figure 21. Preventable Hospital Stays in Newton County, Georgia, 2006-2015



Source: County Health Rankings

<http://www.countyhealthrankings.org/app/georgia/2018/rankings/newton/county/outcomes/overall/snapshot>

⁷⁷ County Health Rankings for Newton County, Georgia

<http://www.countyhealthrankings.org/app/georgia/2013/newton/county/outcomes/overall/snapshot/by-rank>

⁷⁸ Health Resources and Services Administration <http://hpsafind.hrsa.gov/HPSASearch.aspx>

⁷⁹ County Health Rankings for Newton County, Georgia

<http://www.countyhealthrankings.org/app/georgia/2013/newton/county/outcomes/overall/snapshot/by-rank>

Access to Care Resources and Improvement Plan

A sizeable proportion of Newton County residents are uninsured, limiting their access to health care. It is unclear to what extent changes in the health insurance system will affect Newton County residents at this time. For residents with health insurance, a variety of medical providers exist within the county, though available data suggest that the county has a lower than average density of health care providers. Several organizations are working to address these issues.

Newton County has one major hospital: Piedmont Newton Hospital.⁸⁰ The county also has many outpatient health care providers, urgent care centers, and several nursing homes.⁸¹ To increase the number of health care providers in the county, Newton Medical Center “will continue its recruitment efforts for physicians and mid-level practitioners who will serve the uninsured and underinsured population of the community. The hospital will continue recruitment of specialty providers.”

The county has one free or sliding scale clinic. Willing Helpers Medical Clinic is located in Covington and offers basic primary care services.⁸² The clinic only sees uninsured Newton County residents and appointments are required.

The Health Department provides a range of health care services, including immunizations, family planning, child health exams, treatment of sexually transmitted diseases, and breast and cervical cancer screening.⁸³

School-based health centers (SBHC), which deliver medical care to children at schools, have been successful elsewhere in the state and country and could be a useful way to expand health care access in Newton County. The Newton County SBHC Initiative is a collaboration of community partners, including Newton County Schools, Newton Medical Center, the Health Department, the Newton County Community Partnership, Emory University, and the Health Department, and the national parent organization.⁸⁴ They are currently assessing the need for SBHCs in Newton County.

⁸⁰ Piedmont Newton Hospital <https://www.piedmont.org/locations/piedmont-newton/newton-home>

⁸¹ Available in Resource Listing section <http://www.newtonmedical.com/pdf/Newton%20Final%20Report2013.pdf>

⁸² Willing Helpers Medical Clinic <http://www.solidrockbaptist.com/479779>

⁸³ Gwinnett Newton Rockdale County Health Departments <http://www.gnrhealth.com/services>

⁸⁴ SBHC Report for Newton County <https://docs.google.com/file/d/0B3SuY1V9SSTUbmFjWGgzZnhDaWs/edit?pli=1>

Health Behaviors

As noted in the background section, most of the top ten risk factors for premature death, disease, and disability in the United States are health behaviors—or are closely linked to health behaviors—that lead to chronic diseases.⁸⁵ For this reason, we must focus attention on health behaviors to make the biggest improvements in health in Newton County. We must also recognize that people’s health behaviors are strongly influenced by biological factors like addiction, as well as the environment and public policy.⁸⁶

Newton County has a great deal of room for improvement when it comes to health behaviors. The county’s health behavior ranking (60th of 159 counties) places it in the top half of Georgia counties.

Tobacco Use

According to CDC, smoking harms nearly every organ in the body and it accounts for nearly one of every five deaths each year in the United States.⁸⁷ A lower percentage of Newton County adults smoke cigarettes (17%) than do adults statewide (18%, Figure 22).⁸⁸ This percentage is well-above the Healthy People 2020 target of 12% and puts many Newton County residents at increased risk of illness, worsened quality of life, and premature death. In addition, about one in thirteen (7.9%) pregnant women in the county from 2016-2017 smoked cigarettes (see Maternal and Infant Health section), putting infants at increased risk for several health problems including prematurity and low birth weight.

Top 10 Risk Factors for Illness and Premature Death

- Poor diet (dietary risks)
- Smoking (tobacco)
- Overweight and obesity
- High blood pressure
- Diabetes and pre-diabetes
- Physical inactivity
- Alcohol use
- High cholesterol
- Drug use
- Air pollution (specifically particulate matter)

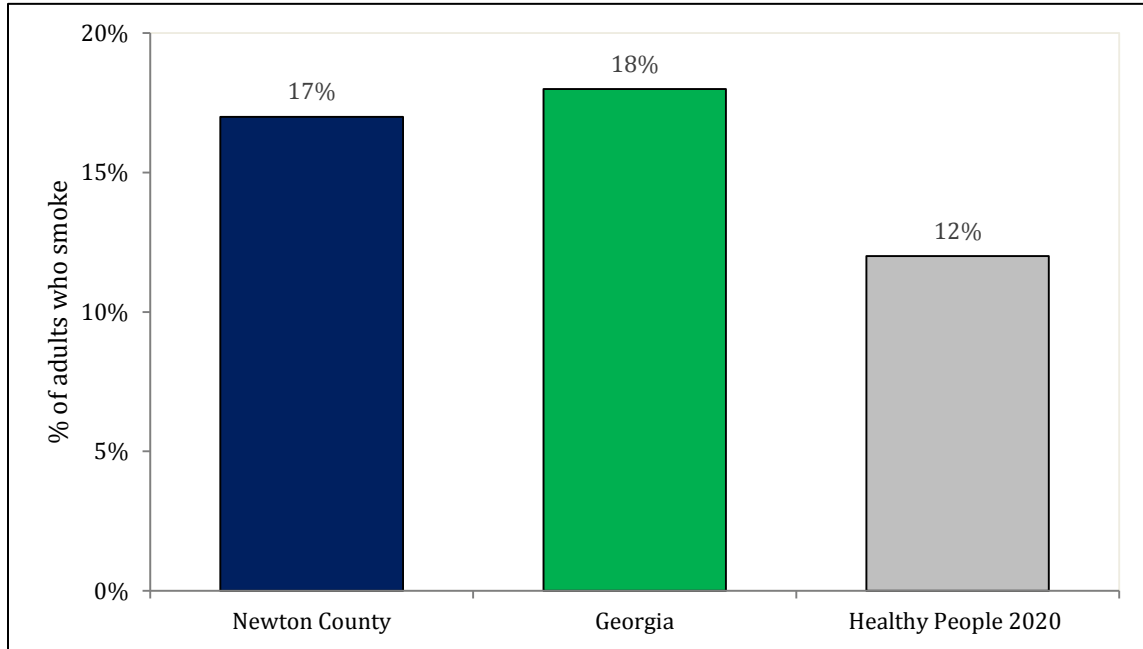
⁸⁵ IMHE <http://www.healthmetricsandevaluation.org/gbd/visualizations/gbd-arrow-diagram>

⁸⁶ Health and Behavior: The Interplay of Biological, Behavioral, and Societal Influences. National Academy of Sciences http://www.nap.edu/catalog.php?record_id=9838

⁸⁷ CDC http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm

⁸⁸ County Health Rankings for Newton County, Georgia <http://www.countyhealthrankings.org/app/georgia/2017/rankings/newton/county/outcomes/overall/snapshot>

Figure 22. Percent Adults Who Smoke Cigarettes in Newton County and Georgia Compared with Healthy People 2020 Target, 2012-2017



Source: County Health Rankings (<http://www.countyhealthrankings.org/app/home>)

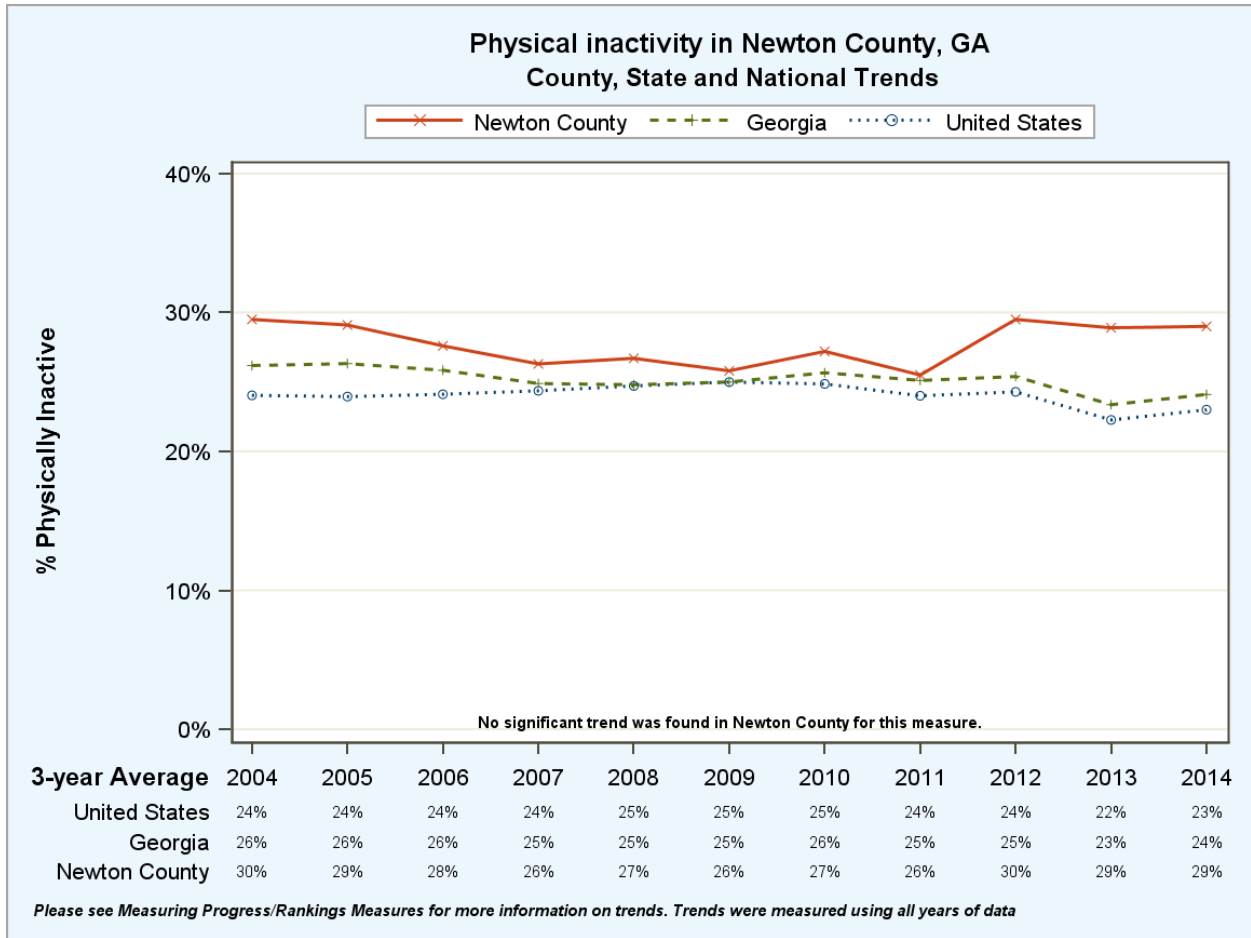
Physical Activity

An estimated 29% of Newton residents get no leisure-time physical activity compared with a state average of 23%.⁸⁹ Since 2011, Newton County's rate of no leisure-time physical activity has remained greater than the state and nation (Figure 23). Lack of physical activity is a major risk factor for premature death and can contribute to an unhealthy body weight.

Resources to improve physical activity are discussed further in the Transportation and Land Use section and the Chronic Diseases section.

⁸⁹ County Health Rankings
<http://www.countyhealthrankings.org/app/georgia/2017/rankings/newton/county/outcomes/overall/snapshot>

Figure 23. Physical Inactivity in Newton County, Georgia, 2004-2014



Source: County Health Rankings

<http://www.countyhealthrankings.org/app/georgia/2018/rankings/newton/county/outcomes/overall/snapshot>

Excessive Drinking and Drug Abuse

According to the Guide to Community Preventive Services, excessive alcohol consumption is the third leading cause of preventable death in the United States. In 2006, the estimated economic cost of excessive drinking in the U.S. was nearly a quarter of a trillion dollars.⁹⁰

An estimated 13% of Newton residents drank alcohol excessively during the time period 2012-2017 compared with a statewide average of 14.8%.⁹¹ According to the Community Guide, evidence-based interventions that can further reduce the level of excessive drinking include increasing alcohol taxes, maintaining limits on the days and hours of alcohol sales, and enhanced enforcement of laws prohibiting alcohol sales to minors.

⁹⁰ Guide to Community Preventive Services <http://www.thecommunityguide.org/alcohol/index.html>

⁹¹ County Health Rankings for Newton County, Georgia
<http://www.countyhealthrankings.org/app/georgia/2017/rankings/newton/county/outcomes/overall/snapshot>

Data are not available specific to Newton County, but prescription drug abuse is a growing epidemic in the United States.

Adolescent Health Behaviors

According to the Youth Risk Behavioral Survey, rates of substance abuse were lower among Newton County high school students than statewide and national rates (Figure 24). The percentages of Newton County high school students who reported binge drinking, tobacco use, marijuana use, and methamphetamine use were 25-60% lower than students statewide. However, these data are based on a limited sample of Newton County students and may not reflect the true prevalence of these behaviors.

Importantly, community members were concerned about the level of after-school supervision and the lack of after-school activities, which some thought led to high rates of drug use. Some thought that drug use was underreported. Another community member was concerned that alcohol and drug treatment was not available for children and teens in the county.

Teen pregnancy and teen births have declined over the past decade (Teen Pregnancy section), despite a perception by some in the community that rates have remained elevated. However, the rate of sexually transmitted diseases in this group has increased (see STD section). Some community members perceived that few resources exist in the county to prevent teen pregnancy. According to community input in Newton Medical Center's CHNA, community members stated that "there is no family planning in schools" and "we do not have preventive programs for teen pregnancy."⁹²

⁹² Newton Medical Center CHNA <http://www.newtonmedical.com/pdf/Newton%20Final%20Report2013.pdf>

Figure 24. Drug and Substance Abuse Behaviors Among Adolescents in Newton County, Georgia, and the U.S., 2011
(used or participated in a substance abuse behaviors in the past 30 days)

	Newton County Schools (grades 6-12) 2011-2012	Newton County High Schools (3 total) 2011-2012	Georgia High Schools 2011	U.S. High Schools 2011
Binge Drinking	6.6%	10.7%	17.5%	21.9%
Drinking and Driving	1.7%	2.7%	6.7%	8.2%
Tobacco Use	9.1%	14.0%	22.7%	23.4%
Cigarette Use	8.5%	12.1%	16.9%	18.1%
Marijuana Use	11.6%	16.0%	21.2%	23.1%
Meth Use	.72%	1.6%	6%	3.8%

Data Source: Centers for Disease Control and Prevention. 2011 Georgia Youth Risk Behavior Survey (YRBS). Available at: www.cdc.gov/yrbs, Georgia Department of Education. Georgia Student Health Survey.

Reproduced from Newton Medical Center Community Health Needs Assessment
<http://www.newtonmedical.com/pdf/Newton%20Final%20Report2013.pdf>

Physical Activity

Because over one-quarter of Newton County residents get no leisure-time exercise, community resources are needed to encourage physical activity. Changes in the built environment, described in the Transportation and Land Use section, can play a key role in making physical activity part of residents' everyday routines. Resources like sidewalks and trails make it easier (and even fun) for residents to walk, run, and cycle, and they allow residents to get physical activity when travelling to work, school, or the store.

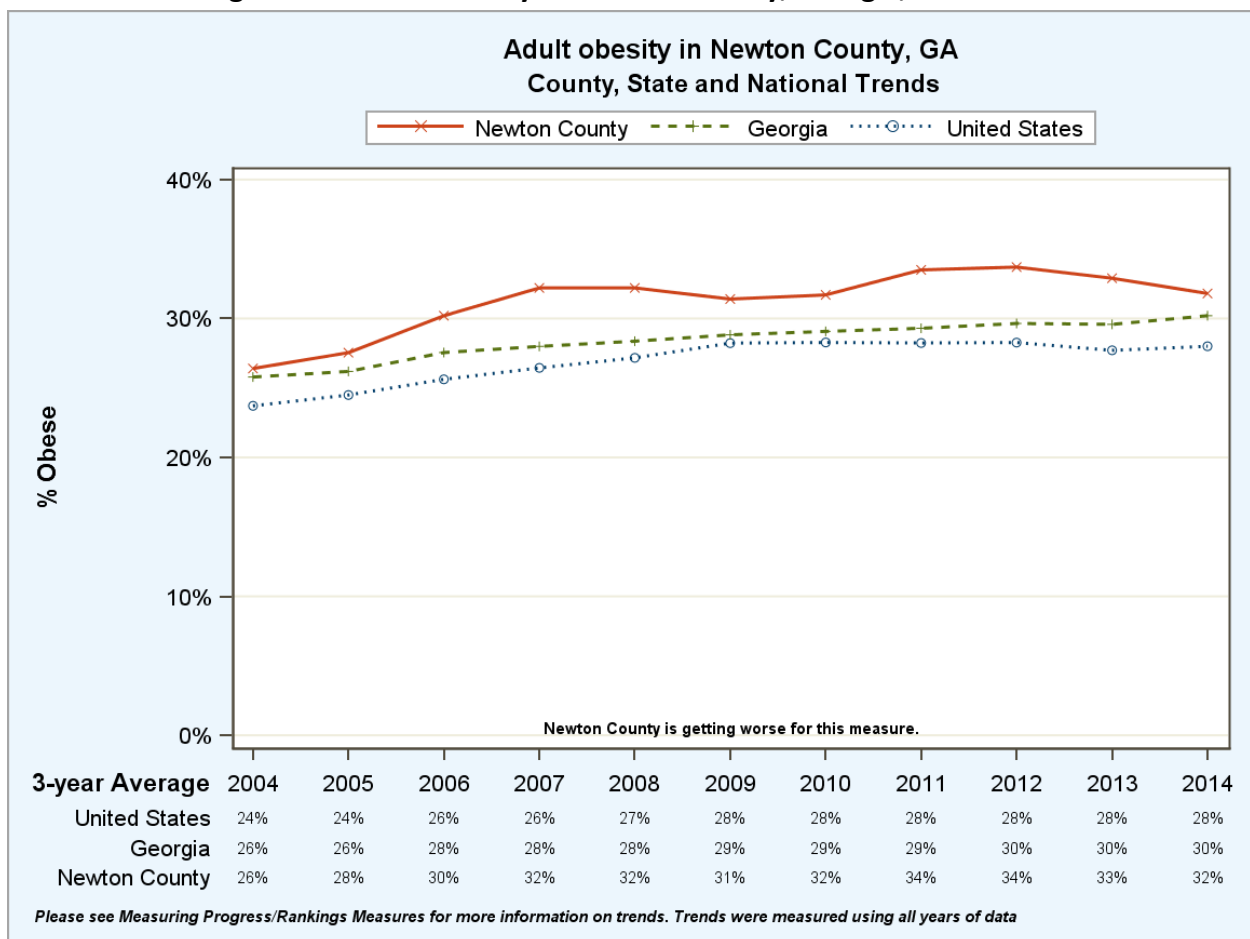
Chronic Diseases

Newton County faces a growing burden of chronic disease. As noted in the Background section, interventions to foster healthy behaviors, prevent chronic disease, and treat these diseases in their early stages have a huge potential impact on health.

Adult Obesity

An estimated 32% of Newton County adults are obese (defined as a body mass index [BMI] of 30 or higher) compared with a statewide percentage of 30% (Figure 25). This level of obesity puts nearly one-third of adult residents at higher risk for serious conditions like diabetes, heart disease, cancer, osteoarthritis, respiratory problems, and stroke. It is important to note that this degree of obesity is a relatively new for both Newton County and Georgia.

Figure 25. Adult Obesity in Newton County, Georgia, 2004-2014

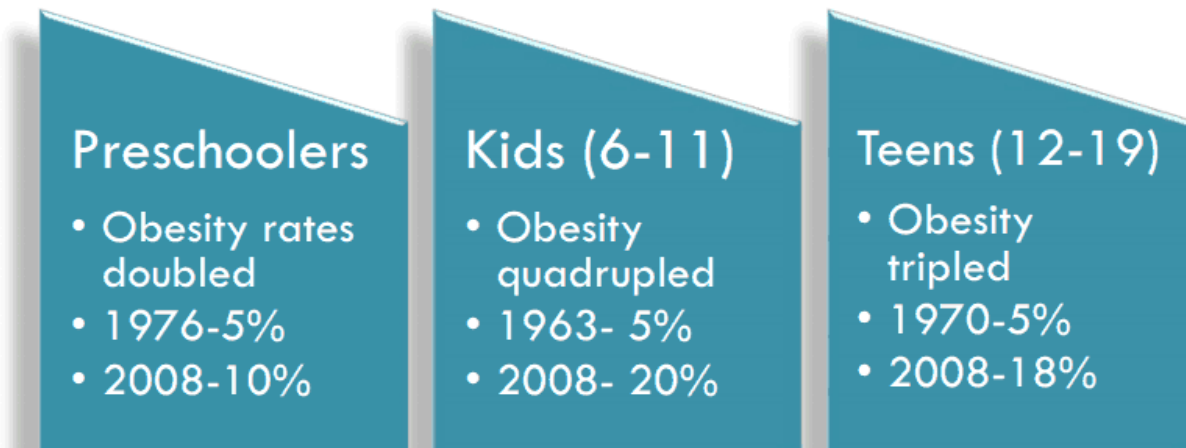


Source: County Health Rankings

<http://www.countyhealthrankings.org/app/georgia/2018/rankings/newton/county/outcomes/overall/snapshot>

From 2009-2011, an estimated one in eight (12%) Newton low-income children in preschool (ages 2-4) were obese compared with a nationwide county average of 14%.⁹³ Obesity this early in life carries both immediate and potentially severe long-term risks. Nationwide, childhood obesity has increased dramatically in recent decades (Figure 26), raising concern that many of today's children might live shorter lives than their parents. In Georgia, obesity-related hospitalizations of children cost \$2.1 million a year and continue to rise. The CDC estimates that 34.4% of children aged 2 to 17 years in Newton County are obese or overweight and 19.1% are obese only.⁹⁴

Figure 26. Rising Obesity Rates in the United States



Graphic Source: Newton Partnership—Children's Issues in Newton Report 2013

<https://docs.google.com/file/d/0B3SuY1V9SSTUSFFLNDZKVjRIM1E/edit>

Data Source: GA SHAPE & COC/NCHS National Examination Surveys

Diabetes

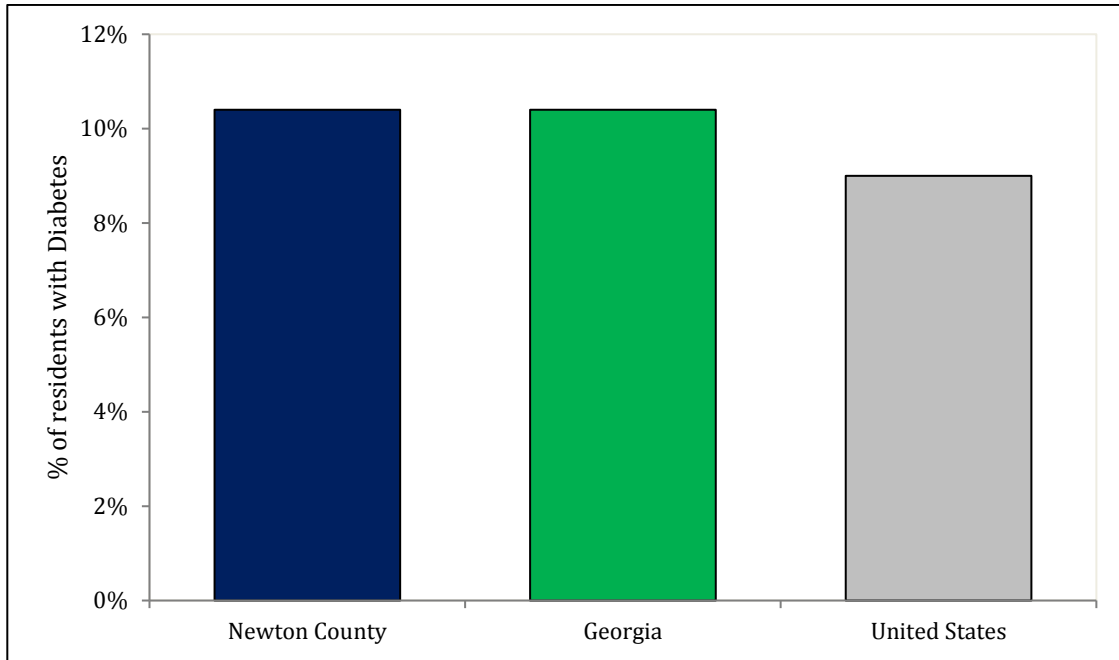
Diabetes affects nearly all of the body's organ systems and can lead to disability and early death. In 2013, an estimated 10.4% of Newton adults (7,360 residents) had diabetes, which was higher than the Georgia estimate of 10% (Figure 27).⁹⁵ In Newton County, from 2004 to 2013, the number of diabetic residents grew by 28% (Figure 28).

⁹³ U.S. Department of Agriculture Economic Research Service <http://www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atlas.aspx#.Um68NnC-qtE>

⁹⁴ CDC https://www.cdc.gov/pcd/issues/2015/14_0229.htm

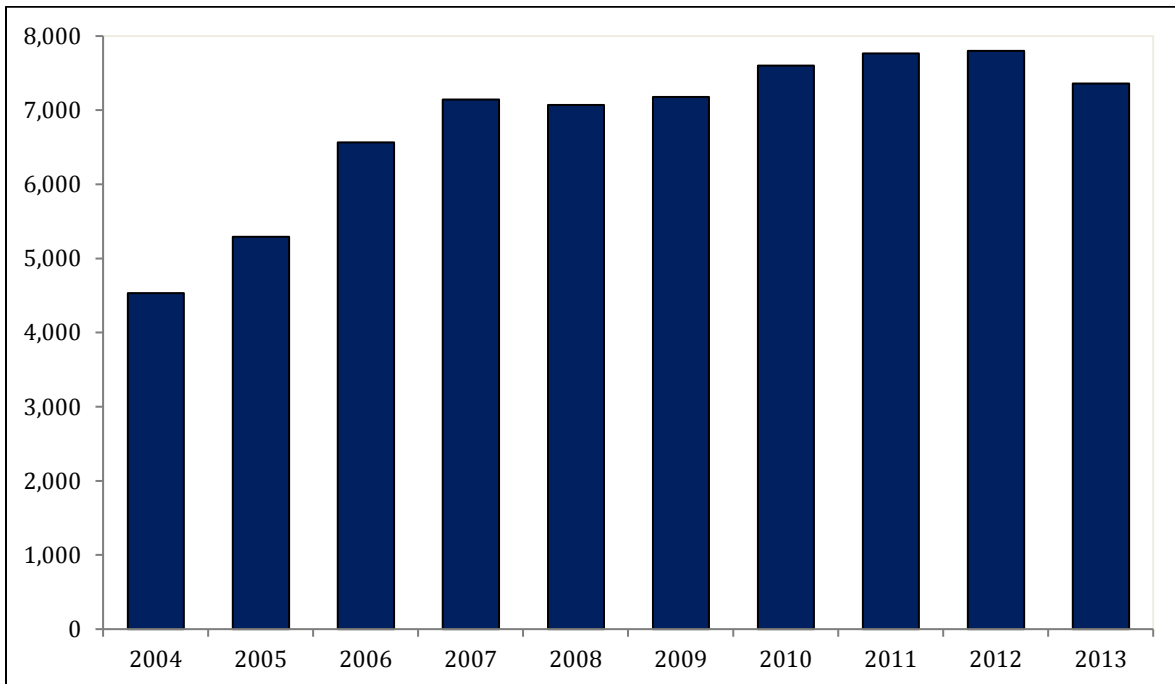
⁹⁵ CDC <http://www.cdc.gov/diabetes/atlas/>

Figure 27. Percent of Residents with Diabetes, Newton County, Georgia, 2013



Source: CDC <http://www.cdc.gov/diabetes/atlas/>

Figure 28. Total Number of Adults (age 18 years and older) with Diagnosed Diabetes, Newton County, Georgia, 2004-2013



Source: CDC <http://www.cdc.gov/diabetes/atlas/>

Eating habits and physical activity play a major role in most cases of diabetes. The age-adjusted death rate from 2015-2017 due to diabetes in Newton County was 26.2 per 100,000 population compared

with a statewide average of 21.1 per 100,000.⁹⁶ Men died from diabetes at almost the same rate of women (26.7 per 100,000 vs. 26 per 100,000). African-Americans had a higher age-adjusted death rate from diabetes (39.3 per 100,000) compared with non-Hispanic White residents (20.2 per 100,000). These data suggest that diabetes prevention through environmental changes that promote physical activity and better eating habits and early treatment are needed.

Why Age-Adjusted?

Death rates due to many diseases are adjusted for age to make it possible to compare counties or population groups. For example, two counties might have the same death rate due to diabetes after age is taken into account. But if age had not been adjusted for, the county with the older population would likely have a higher death rate because older people are more likely to die from diabetes.

Cardiovascular Disease and Stroke

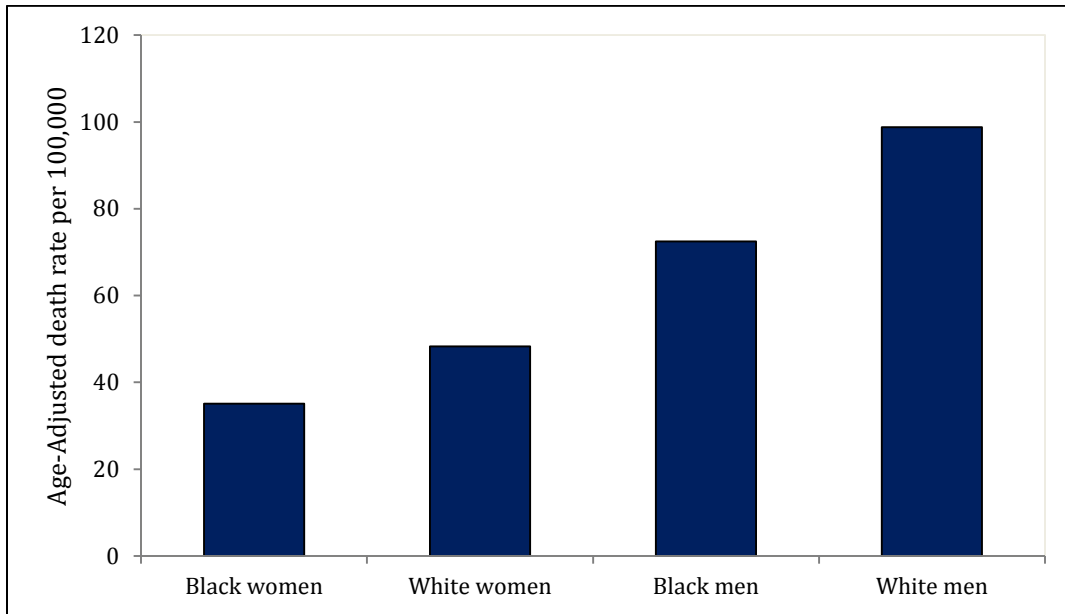
Cardiovascular disease and stroke caused over one-fourth of the deaths in Newton County from 2015-2017.⁹⁷ These diseases are strongly related to obesity, diabetes, high blood pressure, and tobacco use. Newton's age-adjusted rates of heart disease and stroke are above the statewide average, and they are important health threats in the county, just as they are nationwide. Smoking, lack of physical activity, poor diet, high cholesterol, diabetes, and high blood pressure are all risk factors for heart disease and stroke.

The age-adjusted death rate due to "obstructive" heart disease (which includes heart attacks) in Newton was 230.8 per 100,000 from 2015-2017, which was lower than the statewide rate of 237.5 per 100,000.

⁹⁶ Oasis <https://oasis.state.ga.us/oasis/webquery/gryMortality.aspx>

⁹⁷ Oasis <https://oasis.state.ga.us/oasis/webquery/gryMortality.aspx>

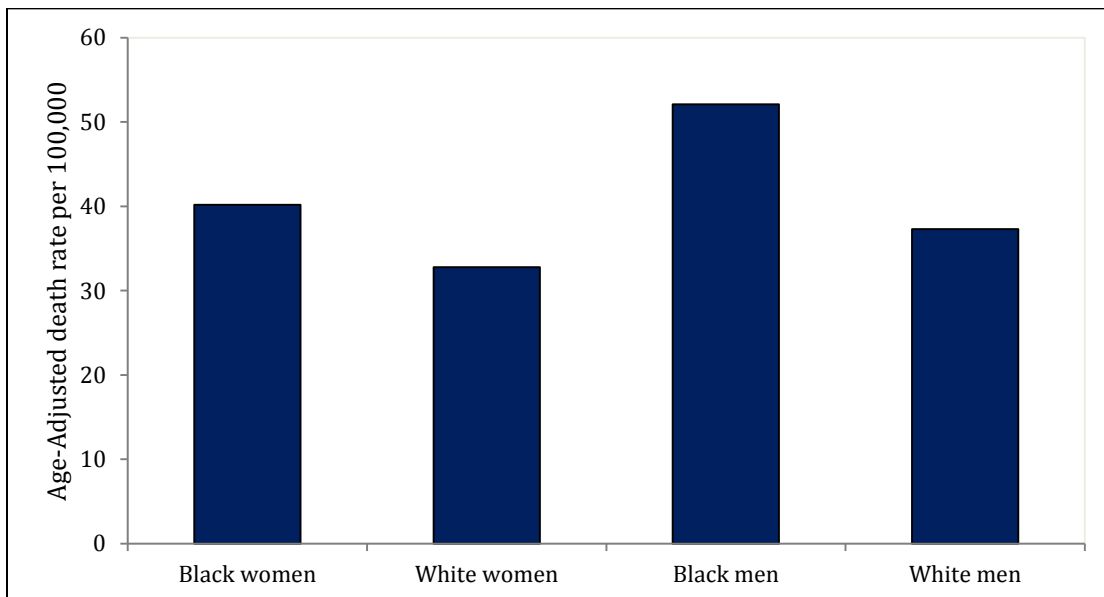
Figure 29. Age-Adjusted Death Rate Due to “Obstructive” Heart Disease among Non-Hispanic Residents, Newton County, Georgia, 2015-2017



Source: OASIS <http://oasis.state.ga.us/oasis/oasis/qryMorbMort.aspx>

Strokes, sometimes referred to as “brain attacks,” are one of the leading causes of death in the United States. The age-adjusted death rate due to stroke in Newton County from 2015-2017 was 37.8 per 100,000, which was lower than the Georgia rate of 43.8 per 100,000.

Figure 30. Age-Adjusted Death Rate Due to Stroke Among Non-Hispanic Residents, Newton County, 2015-2017



Source: OASIS <http://oasis.state.ga.us/oasis/oasis/qryMorbMort.aspx>

Chronic Lower Respiratory Diseases

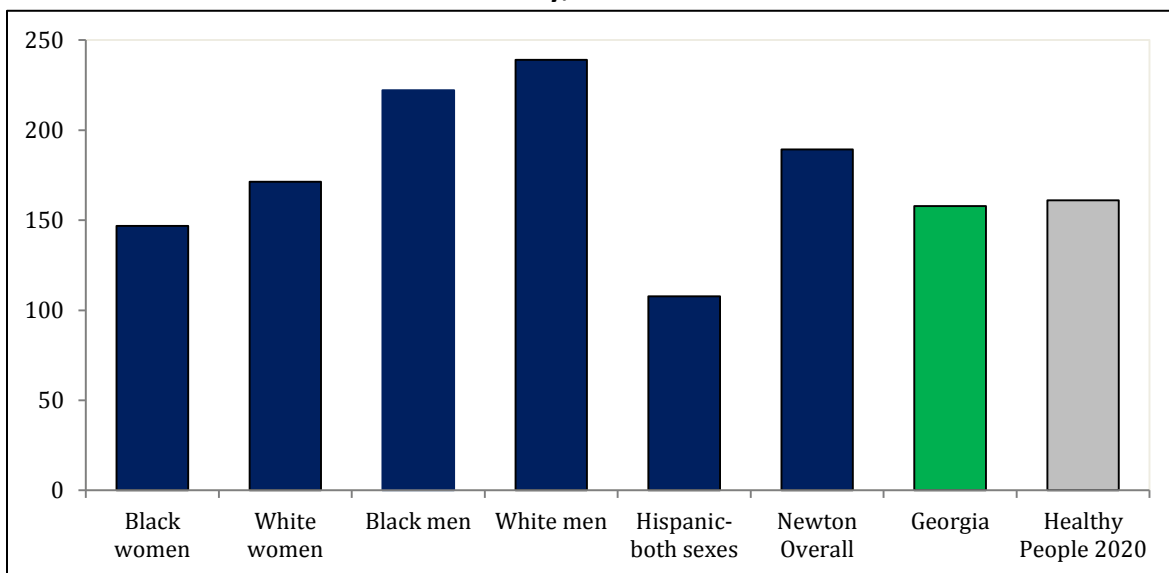
Chronic lower respiratory diseases are the fourth leading cause of death in the United States.⁹⁸ Tobacco smoke is a key factor in the development and progression of these diseases. The age-adjusted death rate from emphysema from 2015-2017 in Newton County was 11.5 per 100,000, which was higher than the Georgia rate of 2.3 per 100,000.⁹⁹ Avoiding tobacco smoke is the key way to prevent both emphysema.

Cancer

Cancer caused more than one in five deaths in Newton County from 2015-2017. Rates of cancer in the county were higher than statewide rates.

The overall age-adjusted death rate due to cancer in Newton County was 189.3 deaths per 100,000 population from 2015-2017, which was above the Georgia average of 157.8 per 100,000 and the Healthy People 2020 target of 161 per 100,000. Men had substantially higher rates than women and non-Hispanic Black residents had a higher rate than non-Hispanic Whites (Figure 31). Hispanic residents had a substantially lower age-adjusted death rate than non-Hispanic residents, though this figure is based on limited data because of the relatively small number of Hispanic residents.

Figure 31. Age-Adjusted Death Rate Due to Cancer by Race/Ethnicity and Sex, Newton County, 2015-2017



Source: OASIS <http://oasis.state.ga.us/oasis/oasis/qryMorbMort.aspx>

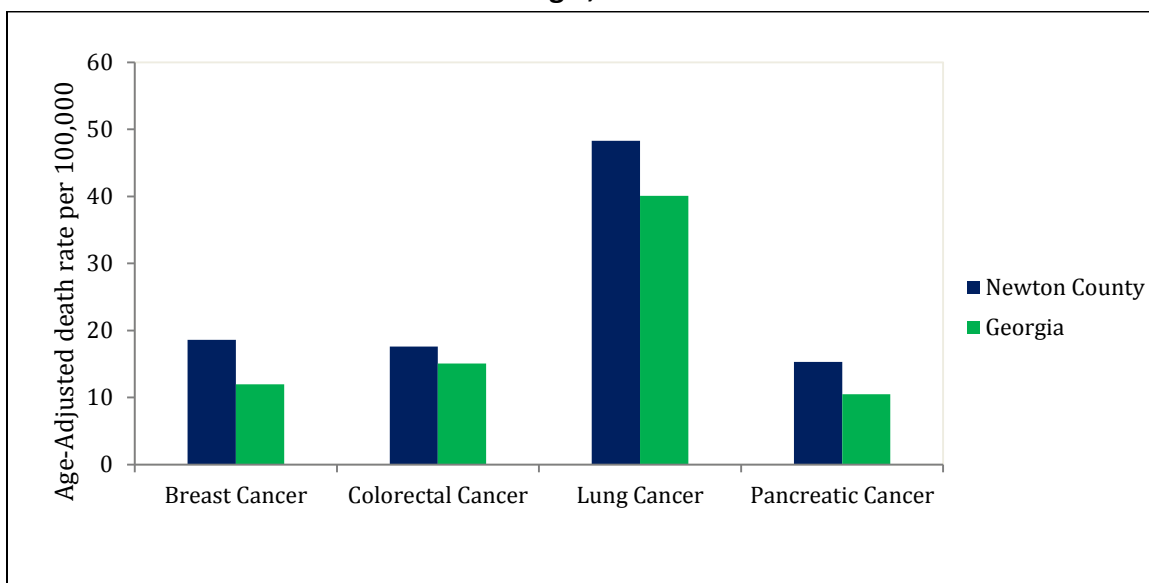
White and Black categories include only non-Hispanic residents; insufficient data were available to report Hispanic rates by sex

⁹⁸ CDC <https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>

⁹⁹ OASIS <http://oasis.state.ga.us/oasis/oasis/qryMorbMort.aspx>

Breast cancer, colorectal cancer, lung cancer, and pancreatic cancer are the four most common types of cancer in Newton County and statewide. Newton County age-adjusted death rates due to each of these four cancers exceeded the statewide rate (Figure 32) and Healthy People 2020 targets.

Figure 32. Age-Adjusted Death Rate Due to Four Most Common Cancers in Newton County and Georgia, 2015-2017



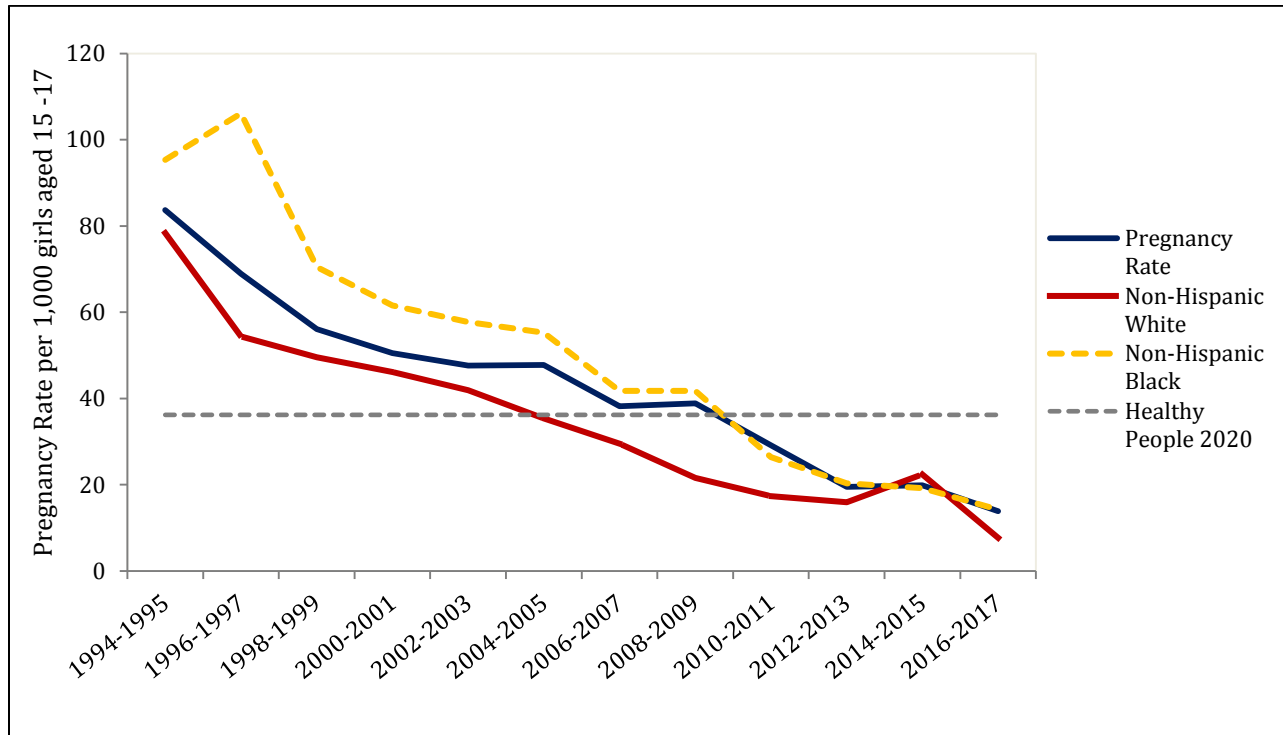
Source: OASIS <http://oasis.state.ga.us/oasis/oasis/qryMorbMort.aspx>

Teen Pregnancy

According to the Healthy Communities Institute, teen pregnancy and childbearing have substantial social and economic impacts for communities, contributing to high school dropout and increased health care and foster care costs. In 2017, the teen pregnancy rate in Newton County was 10.4 per 1,000 girls age 3315-17, which was slightly lower than the Georgia statewide rate of 12.3 per 1,000, and well below the Healthy People 2020 target of 36.2 per 1,000.¹⁰⁰ There is insufficient data available for teen pregnancy rates among Hispanic girls from 2012-2107.

¹⁰⁰ OASIS <https://oasis.state.ga.us/oasis/webquery/qryPregnancy.aspx>

Figure 33. Teen Pregnancy Rate (per 1,000 girls age 15-17) for Newton County Residents, 1994-2017



Source: OASIS <https://oasis.state.ga.us/oasis/webquery/qryPregnancy.aspx>

Maternal and Infant Health

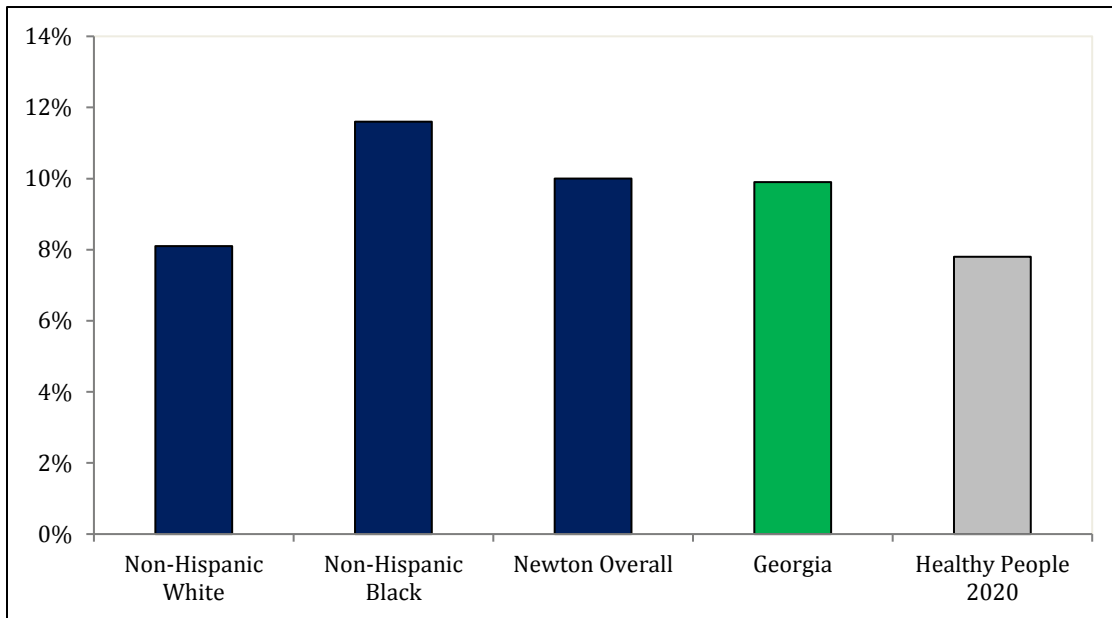
Of the 1,774 births to Newton County mothers in 2017, 12.5% of infants were born premature or preterm (defined as birth before the end of the 37th week of pregnancy).¹⁰¹ This percentage was slightly higher than the statewide average of 11.4%. Preterm birth is a leading cause of infant death and disability and can be influenced by smoking, alcohol use, stress, and lack of prenatal care and vitamins. Girls 20-24 years old and women in their late 30s had the highest rates of preterm delivery.

Low birth weight is closely related to preterm birth, but may be caused by other factors. About 10% of babies born in Newton County in 2017 had low birth weight (less than 5 pounds, 8 ounces), which was about the same as the statewide average of 9.9%, but higher than the Healthy People 2020 target of 7.8%.¹⁰² Low birth weight was most common among women in their thirties, and African-American women (Figure 34).

¹⁰¹ OASIS <https://oasis.state.ga.us/oasis/webquery/qryBirth.aspx>

¹⁰² OASIS <https://oasis.state.ga.us/oasis/webquery/qryBirth.aspx>

Figure 34. Percent of Newborns with Low Birth Weight born to Newton County Mothers, 2017



Source: OASIS <https://oasis.state.ga.us/oasis/webquery/qryBirth.aspx>

Babies born at very low birth weight (less than 3 pounds, 5 ounces) are at high risk of complications like infection, sudden infant death syndrome (SIDS), breathing problems, and bleeding inside the brain. About 2.3% of babies born in Newton County in 2017 had very low birth weight.¹⁰³ This percentage was higher than the state average of 1.8% and the Healthy People 2020 target of 1.4%. The rate among African-American women was 2.6%. Risk factors for very low birth weight are similar to those for low birth weight.

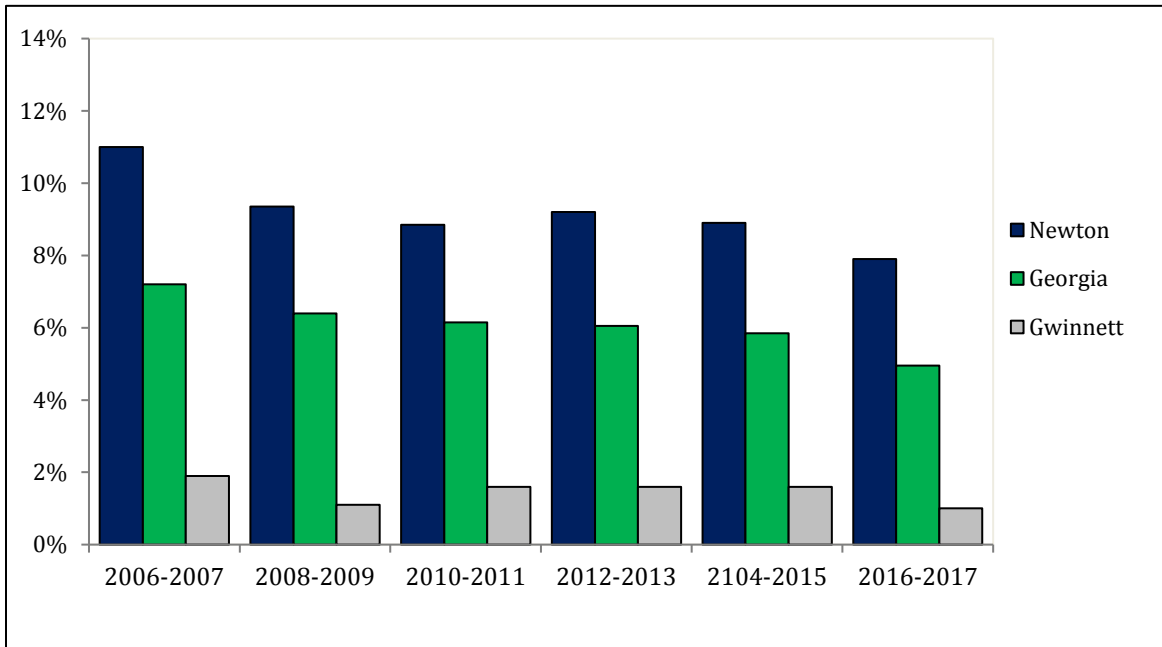
Mothers who Smoked During Pregnancy

Smoking during pregnancy poses significant risks to both the mother and the fetus, including an increased risk for preterm birth and low birth weight. From 2015-2017, 8% of pregnant women in Newton County smoked (Figure 35).¹⁰⁴ This percentage was higher than the statewide percentage of 5.2% and more than seven times the percentage in nearby Gwinnett County (1.1%). Smoking during pregnancy was most common among non-Hispanic White women (14.5%) and women 20-24 years (9.9%) (Figures 36 and 37).

¹⁰³ OASIS <https://oasis.state.ga.us/trendingtool/index.html?redirectto=Birth>

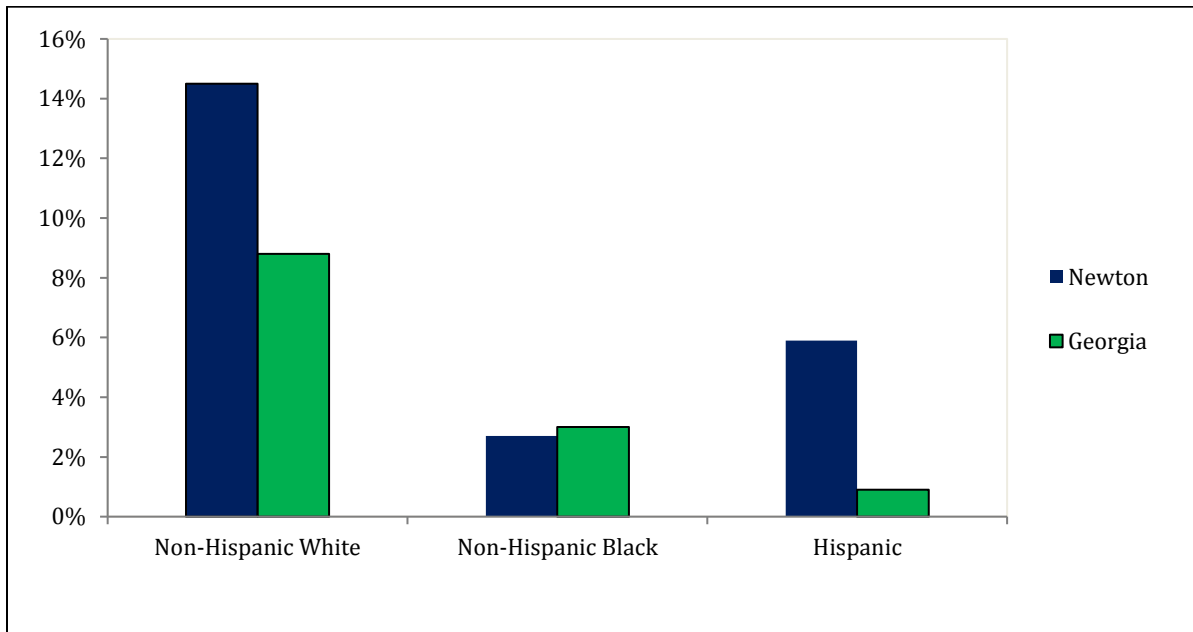
¹⁰⁴ OASIS <https://oasis.state.ga.us/trendingtool/index.html?redirectto=Birth>

Figure 35. Percentage of Mothers Who Smoked During Pregnancy, Newton County, Gwinnett County, and Georgia, 2006-2017



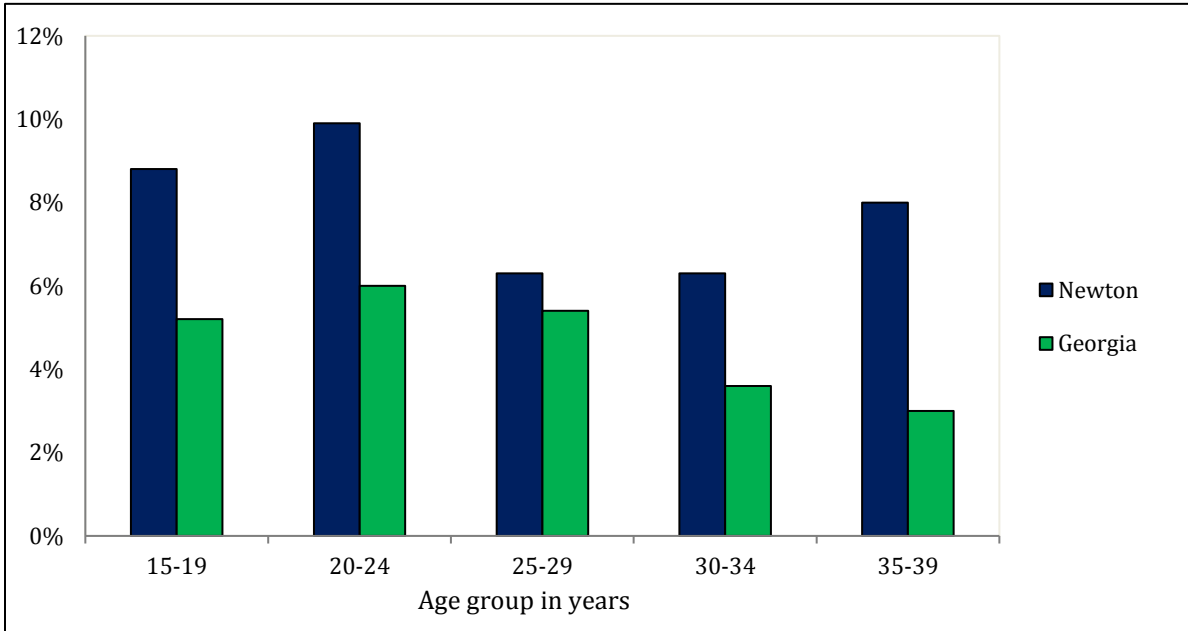
Source: OASIS <https://oasis.state.ga.us/trendingtool/index.html?redirectto=Birth>

Figure 36. Percentage of Mothers Who Smoked During Pregnancy by Race/Ethnicity, Newton County, Georgia, 2015-2017



Source: OASIS <https://oasis.state.ga.us/trendingtool/index.html?redirectto=Birth>

Figure 37. Percentage of Mothers Who Smoked During Pregnancy by Age Group, Newton County, Georgia, 2015-2107



Source: OASIS <http://oasis.state.ga.us/oasis/oasis/qryMorbMort.aspx>

Infectious Diseases

Infectious diseases, including influenza, pneumonia, tuberculosis, HIV, hepatitis, and sexually transmitted infections, remain a threat to Newton County’s health. Ongoing vigilance is critical in our increasingly interconnected world. Infectious diseases do not respect national—or county—borders.

According to the National Foundation for Infectious Disease, each year, on average, in the U.S. more than 50,000 adults die from vaccine-preventable diseases. A number of diseases and infections are easily prevented in both children and adults through adequate immunizations including diphtheria*, *Haemphilus influenzae* type B* (Hib), hepatitis A, hepatitis B*, measles*, mumps*, pertussis* (whooping cough), polio*, rubella* (German measles), *Streptococcus pneumonia*, tetanus* (lockjaw) and varicella* (chickenpox). Georgia law requires vaccination for the diseases marked with an asterisk (*) for children who attend daycare and prior to entry into school.

Influenza and Pneumonia

In Newton County, the 2015-2017 age-adjusted death rate due to influenza and pneumonia was 9.9 per 100,000 population. By comparison, the statewide rate was 13.8 per 100,000, but the rate in nearby Gwinnett County was 9.3 per 100,000.

HIV/AIDS

HIV/AIDS affects people in Newton County. In 2015, there were approximately 288 people living with HIV in Newton County, which yielded a prevalence of 336 per 100,000 residents.¹⁰⁵ This figure was lower than the statewide prevalence of 588 per 100,000. Of the 137 people living with HIV/AIDS in the county in 2010, 74% were Black, 18% were White, and 5% were Hispanic; 89% were male. A majority of these residents were age 45 years or older; 8% were 13-24 years, 18% were 25-34 years, 20% were 35-44 years, 30% were 45-54 years, and 24% were age 55 years or older.¹⁰⁶ From 2013 to 2015, 45 Newton County residents were diagnosed with HIV.¹⁰⁷

Hepatitis

Hepatitis is a viral disease that causes inflammation of the liver. Transmission and/or treatment differ depending on which virus causes the illness. There are five possible viruses named hepatitis: A, B, C, D and E viruses. Other viruses may cause hepatitis but are very rare. In Georgia, hepatitis A, B and C are reportable diseases; hepatitis D is not reportable as it only occurs among individuals already infected with hepatitis B; hepatitis E is not monitored as it is not found in the U.S. Vaccines are available for both hepatitis A and B; however, no vaccine is available for hepatitis C.

Each type of hepatitis can be spread in different ways. Hepatitis A virus is spread from person to person by putting something in the mouth that has been contaminated with the stool of a person with hepatitis A. Casual contact, as in the usual office, factory or school settings, does not spread the virus. Hepatitis B virus is spread when blood from an infected person enters the body of a person who is not infected. For example, hepatitis B is spread through having unprotected sex with an infected person, by sharing drugs, needles or other paraphernalia, through needle sticks or sharps exposures on the job, or from mother to her baby during birth. Hepatitis C virus is also spread when blood from an infected person enters the body of a person who is not infected. However, it is rare for hepatitis C to be spread through unprotected sexual activities.

Perinatal Hepatitis B

According to CDC, Hepatitis B virus (HBV) infection in a pregnant woman poses a serious risk to her infant at birth.¹⁰⁸ Without appropriate treatment, about 40% of infants born to HBV-infected mothers in the United States will develop chronic HBV infection, about one-fourth of whom will eventually die from chronic liver disease.

Sexually Transmitted Diseases

¹⁰⁵ AIDSVu www.aidsvu.org

¹⁰⁶ AIDSVu www.aidsvu.org

¹⁰⁷ AIDSVu www.aidsvu.org

¹⁰⁸ CDC <http://www.cdc.gov/hepatitis/HBV/PerinatalXmtn.htm>

Georgia's rates of sexually transmitted diseases (STDs) like chlamydia, gonorrhea, and syphilis, are among the highest in the country (Table 1).

Table 1. States with the 10 Highest Rates of Syphilis, Gonorrhea, and Chlamydia, United States, 2017

Rank	Syphilis		Gonorrhea		Chlamydia	
	State	Rate *	State	Rate *	State	Rate *
1	Nevada	20	Mississippi	309.8	Alaska	799.8
2	California	17.1	Alaska	295.1	Louisiana	742.4
3	Louisiana	14.5	Louisiana	256.7	Mississippi	707.6
4	Georgia	14.4	South Carolina	254.4	New Mexico	651.6
5	Arizona	13.6	Alabama	245.7	South Carolina	649.8
6	New York	11.9	Oklahoma	231.4	Georgia	631.4
7	Florida	11.6	North Carolina	225.4	North Carolina	619.7
8	North Carolina	11.2	Arkansas	224.5	Alabama	615.5
9	Mississippi	10.4	Georgia	219.8	New York	591.6
10	Illinois	9.6	New Mexico	215.7	Illinois	589.9

Source: CDC <http://www.cdc.gov/std/default.htm>

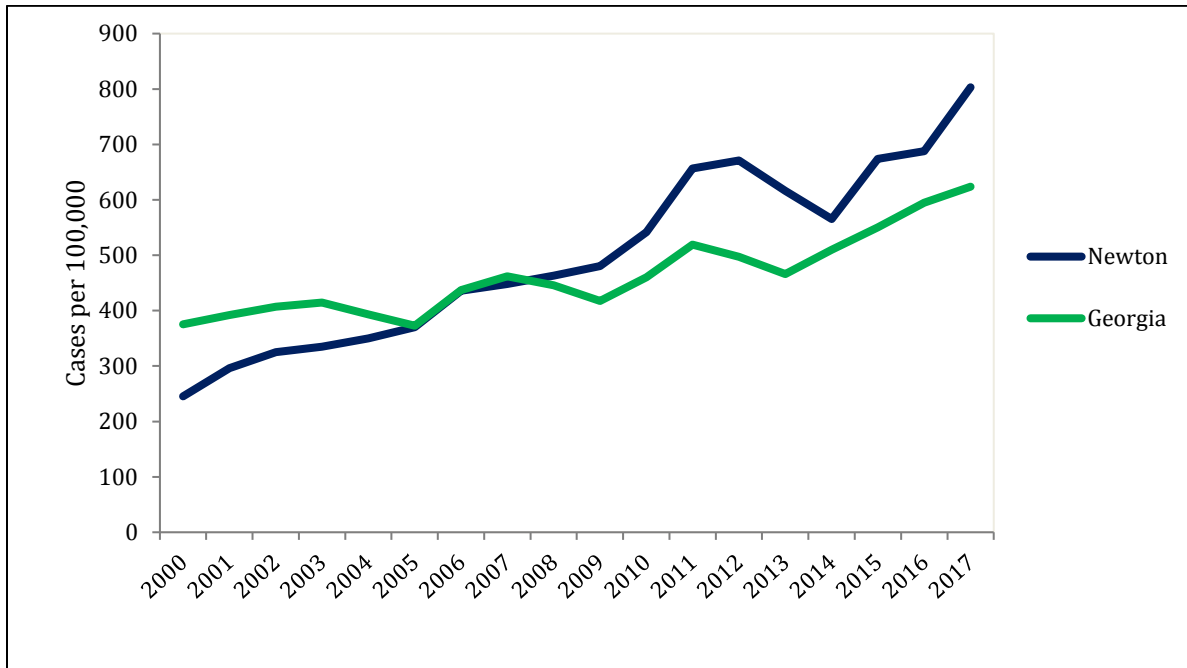
*Rate per 100,000 residents

Chlamydia

Like elsewhere in Georgia, sexually transmitted diseases (STDs) are a health problem in Newton County. In 2017, there were 803 cases of chlamydia per 100,000 population in Newton County, representing a more than 40% increase from 2009, when the rate was 480 per 100,000 (Figure 38).¹⁰⁹ The statewide rate was 623 per 100,000 in 2017. The incidence in Newton County was highest among non-Hispanic Black residents and women (Figures 39 and 40).

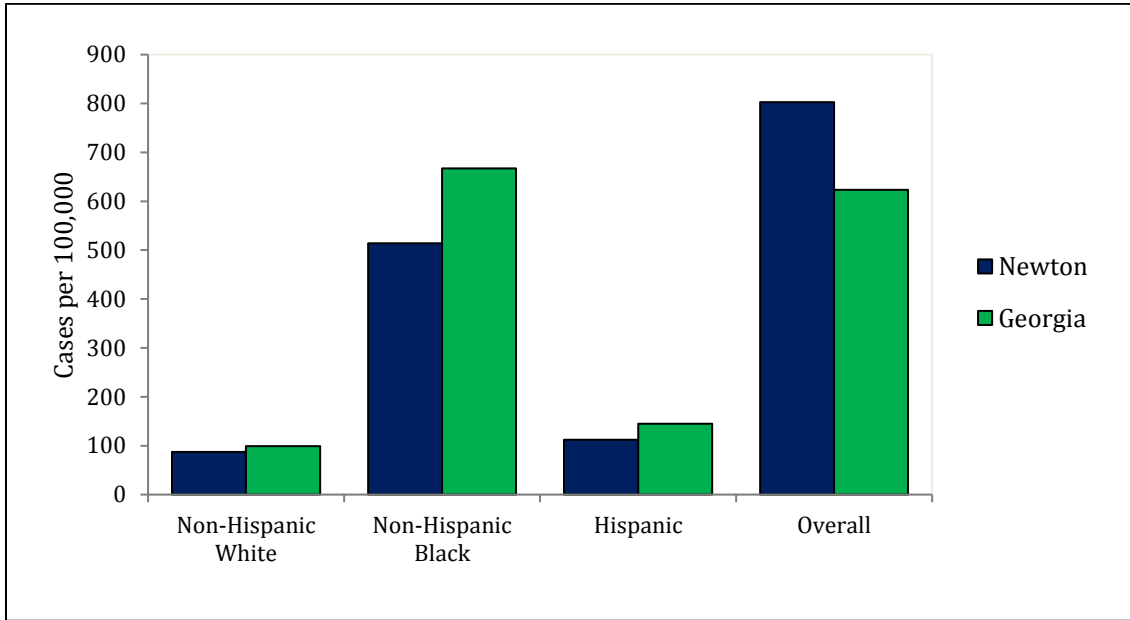
¹⁰⁹ OASIS <https://oasis.state.ga.us/oasis/webquery/qrySTD.aspx>

Figure 38. Chlamydia Cases per 100,000 in Newton County and Georgia, 2000-2017



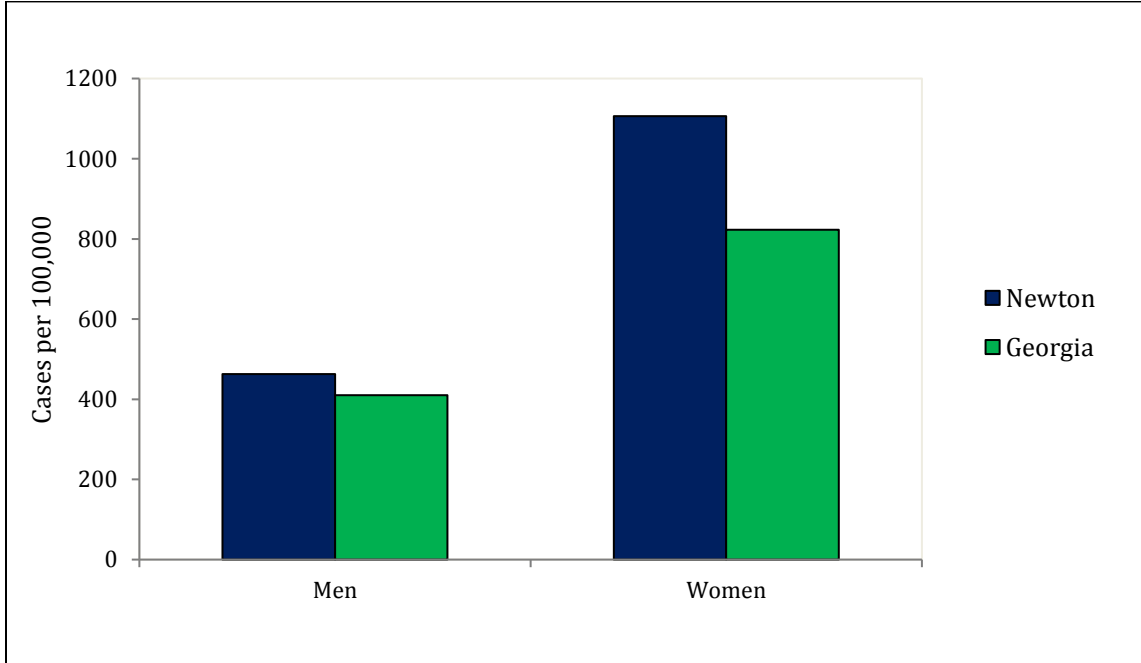
Source: OASIS <https://oasis.state.ga.us/oasis/webquery/qrySTD.aspx>

Figure 39. Chlamydia Cases per 100,000 by Race/Ethnicity in Newton County and Georgia, 2017



Source: OASIS <https://oasis.state.ga.us/oasis/webquery/qrySTD.aspx>

Figure 40. Chlamydia Cases per 100,000 by Sex in Newton County and Georgia, 2017

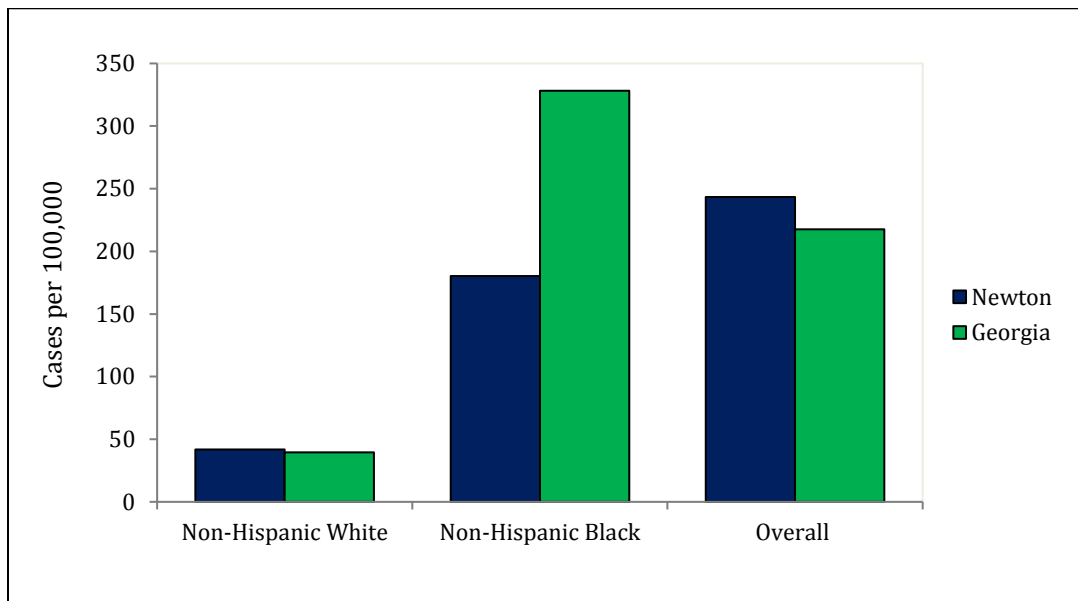


Source: OASIS <https://oasis.state.ga.us/oasis/webquery/qrySTD.aspx>

Gonorrhea

Like chlamydia, gonorrhea can cause serious and permanent health problems in women and men. The 2017 gonorrhea rate for Newton County was 252 per 100,000 compared with a statewide rate of 217 per 100,000.¹¹⁰ The gonorrhea rate for black residents (180 per 100,000) was four times the rate for Whites (42 per 100,000) (Figure 41) and the rate for women (233 per 100,000) was lower than the rate for men (252 per 100,000) (Figure 42).

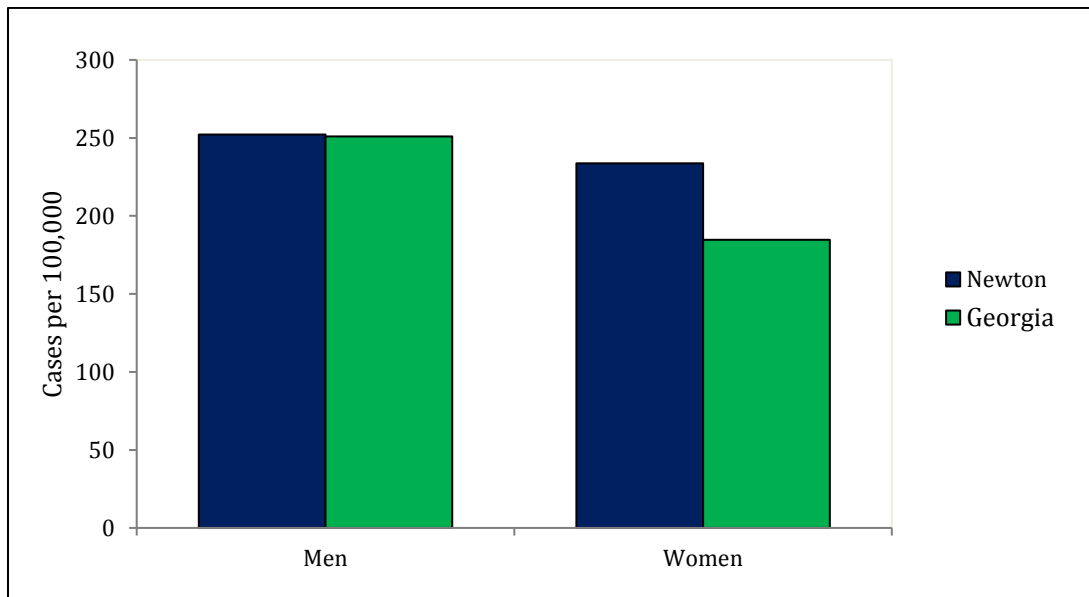
Figure 41. Gonorrhea Cases per 100,000 by Race/Ethnicity in Newton County and Georgia, 2017



Source: OASIS <https://oasis.state.ga.us/oasis/webquery/qrySTD.aspx>

¹¹⁰ OASIS <https://oasis.state.ga.us/oasis/webquery/qrySTD.aspx>

Figure 42. Gonorrhea Cases per 100,000 by Sex in Newton County and Georgia, 2017



Source: OASIS <https://oasis.state.ga.us/oasis/webquery/qrySTD.aspx>

Syphilis

The 2017 rate for syphilis, another STD, was 66 per 100,000 in Newton County compared with a statewide rate of 74 per 100,000.¹¹¹ All 15 cases reported in 2017 were among African-Americans.

Mental Health and Social Support

In 2015, Newton County residents reported an estimated 3.8 days of poor mental health in the 30 days before interview equal to the Georgia average days.¹¹² This indicator is important for overall health because research has shown that people with social and emotional support experience better health outcomes (including recovery from cardiac surgery, coping with cancer pain, and overall longevity) compared with people who lack such support.

¹¹¹ OASIS <https://oasis.state.ga.us/oasis/webquery/qrySTD.aspx>

¹¹² County Health Rankings <http://www.countyhealthrankings.org/app/georgia/2013/newton/county/outcomes/overall/snapshot/by-rank>

Mental Health Care Providers

In 2017, there was an estimated 1 mental health care provider per 1,240 residents in Newton County, suggesting that there was a severe shortage of mental health care providers in the county.¹¹³ By comparison, the Georgia ratio was 900:1.

Suicide

Suicide is a major, preventable public health problem, and was the tenth leading cause of death in the United States in 2010. In Newton County, it was the fifth leading cause of premature death in terms of years of potential life lost. The 2015-2017 age-adjusted death rate due to suicide in Newton was 14.5 per 100,000, which is higher than the statewide rate of 13.0 per 100,000 and the Healthy People 2020 target of 10.2 per 100,000. The age-adjusted rate for males (24.1 per 100,000) was nearly four times the rate for women (6.5 per 100,000). Men in their forties had the highest rate of suicide (28.4 per 100,000).¹¹⁴

People 65+ Living Alone

People over age 65 years who live alone may be at risk for social isolation, limited access to support, and institutionalization. In Newton County, 27.7% of people over age 65 years live alone compared with the U.S. rate of 30.9%.¹¹⁵

Alzheimer's Disease

Alzheimer's disease is the fifth leading cause of death in the United States among adults 65 and older. In Newton County, the age-adjusted death rate due to Alzheimer's in 2015-2017 was 34.3 per 100,000, which was lower than the statewide rate of 44.0 per 100,000. No specific actions have been clearly shown to reduce the risk of Alzheimer's disease. However, diabetes, smoking, and depression have been associated with cognitive decline (or worsening mental function), and cognitive engagement and physical activity have been associated with a *lower* risk of cognitive decline. Since smoking cessation, physical activity, social and cognitive engagement, and prevention of diabetes have many other positive health benefits, promoting these activities is clearly worthwhile and might help prevent Alzheimer's Disease.

¹¹³ County Health Rankings

<http://www.countyhealthrankings.org/app/georgia/2013/newton/county/outcomes/overall/snapshot/by-rank>

¹¹⁴ County Health Ranking <https://oasis.state.ga.us/oasis/webquery/qryMortality.aspx>

¹¹⁵ U.S. Census Bureau <http://factfinder2.census.gov/>

Emergency Preparedness

Newton County has several agencies and organizations that plan for and respond to emergencies, which include natural disasters (e.g., floods), man-made accidents (e.g., a train wreck involving a chemical spill), disease epidemics or pandemics, and intentional acts of terrorism involving chemical, biological, or radiological devices. These groups include the Emergency Preparedness Department of the Health Department,¹¹⁶ the Covington-Newton County Emergency Management Agency, the Newton County Sheriff's Office,¹¹⁷ the Newton County Fire Service,¹¹⁸ hospitals, emergency medical services (EMS), and volunteer groups, such as the Medical Reserve Corps.¹¹⁹ Other partners include the Georgia Department of Public Health, the Georgia Emergency Management Agency, CDC, and the Federal Emergency Management Agency (FEMA).

The Strategic National Stockpile (SNS) is a national storehouse of medical supplies and pharmaceuticals maintained by CDC and local health departments, including the Newton County Health Department. It is deployed during an emergency situation in which a chemical or biological agent, such as anthrax or plague, is released into our community, which might happen by accident or as part of a terrorist attack.¹²⁰ For the past two years, the Health Department's Emergency Preparedness Department has received the top score (100%) from the CDC on a review of SNS emergency preparedness levels.

Information for Newton County residents on preparing themselves and their families for emergencies, including specific situations like floods, tornadoes, and hurricanes, as well as links to other organizations, is available through the Health Department¹²¹ and other community sources.

¹¹⁶ Newton County Health Department <http://www.gnrhealth.com/services/emergency-preparedness>

¹¹⁷ Newton County Sheriff's Office <http://www.newtonsheriffga.org/index.html>

¹¹⁸ Newton County Fire Service <http://www.newtoncountyfireservice.org/index.php>

¹¹⁹ Medical Reserve Corps <https://www.medicalreservecorps.gov/MrcUnits/UnitDetails/71>

¹²⁰ Partners in Preparedness <http://www.gnrhealth.com/services/emergency-preparedness/pip-vol2-2#secret>

¹²¹ Local Preparedness and Safety Information <http://www.gnrhealth.com/services/emergency-preparedness/local-preparedness-safety>