

POVERTY IN DISTRICT 4

COMMUNITY HEALTH ASSESSMENT



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Introduction

District 4 Public Health

The state of Georgia employs both a state public health department (DPH) and separate county Boards of Health, which are organized into eighteen health districts. District 4's work is connected to the DPH through their Interim District Health Director, Dr. Beverly A.

Townsend, who was appointed by the DPH commissioner to serve as the CEO of District 4's county Boards of Health. District 4 is comprised of 12 counties in the western region of Georgia, which include Butts, Carroll, Coweta, Fayette, Heard, Henry, Lamar, Meriwether, Pike, Spalding, Troup, and Upson (Figure 1).

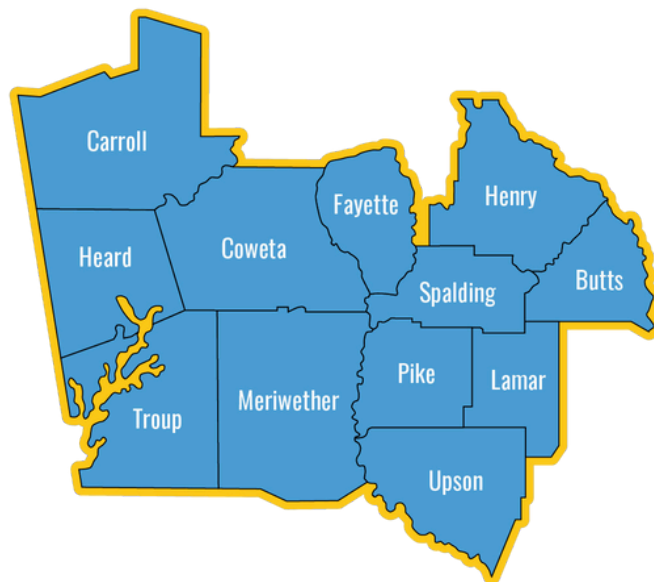


Fig. 1: Map of District 4 Counties

District 4 strives to protect and improve the health and safety of the communities it serves by coordinating with the public, healthcare providers, community partners, and local, state, and federal agencies. Additionally, District 4 works to promote health through education and counseling, health screenings and targeted health care services, performing inspections of public facilities, disease surveillance, and immunization programs.

Mission

Improve, maintain, and protect the health of our communities.

Vision

Through guidance, collaboration, and consistency, lead the way for our communities to live healthier and safer lives.

Public health represents a society's collective effort and action to support conditions for people to be healthy. Public health uses many of the same people and tools as the healthcare industry, including doctors, nurses, dentist, exam rooms, testing laboratories, and medicines. However, public health seeks to protect and promote the health of groups of people, whether it is the customers of a single restaurant or the residents of an entire county. District 4 Public Health aims to address different health and social issues through promoting collaboration and community partner engagement, embracing change and flexibility to adapt to the current environment, increasing health equity, and ensuring quality and consistency of all programs and services provided.

Introduction

Poverty and Health

The United States determines and measures poverty based on how an individual's or family's income compares to the set federal threshold. The current 2024 poverty guidelines for the United States declare that an individual with a salary of \$15,060 or lower qualifies as living below the poverty level. Figure 1 outlines the poverty level guidelines for other family sizes in the United States (U.S. Department of Health and Human Services, 2024).

2024 Poverty Guidelines for the United States	
Persons in family/household	Poverty Guideline
1	\$15,060
2	\$20,440
3	\$25,820
4	\$31,200
5	\$36,580
6	\$41,960
7	\$47,340
8	\$52,720
For families/households with more than 8 people, add \$5,380 for each additional person	

Fig 2: HHS Poverty Guidelines 2024

Individuals with incomes below the poverty level often lack economic resources, which results in social disadvantage, poor education, poor working conditions, housing insecurity, and residence in unsafe neighborhoods. These negative conditions have a detrimental impact on health including increased morbidity and mortality (CDC, 2023).

Poverty is one of the most important social determinants of health, as it impacts almost every other aspect of health. Poverty can limit access to educational and employment opportunities necessary to support health and quality of life. Individuals living below the poverty threshold often struggle to meet their basic needs on limited incomes, even with the presence of government assistance programs. Poverty often occurs in concentrated areas, endures for prolonged periods of time, and is a cyclical issue that is difficult to get out of.

Communities including certain racial and ethnic groups, people living in rural areas, and people with disabilities have a higher risk of poverty for factors beyond individual control. Residents of impoverished communities often have limited access to resources that are needed to support a healthy life like stable housing, healthy food, safe neighborhoods, and access to health care. Overall, residents of impoverished communities are at increased risk of suffering from mental illness, chronic diseases, lower life expectancy, and lower quality of life (U.S. Department of Health and Human Services, 2024).

Introduction

Poverty as a Social Determinant of Health

The social determinants of health are the conditions in the environments where people live, work, learn, and age that affect a range of quality of life and health outcomes and risks. The social determinants of health can be grouped into five domains, which are economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context. The social determinants contribute to a range of health disparities and inequities, and just promoting healthy choices does not eliminate these disparities. For example, an individual living in poverty may not have access to transportation, which makes tasks like obtaining healthy food and receiving healthcare services nearly impossible.

Economic stability is one of the most important social determinants of health, as it directly affects all other aspects of health and wellbeing. A lack of economic stability severely impacts other conditions that contribute to health, such as access to quality educational opportunities, access to quality healthcare, safe and stable housing and neighborhoods, access to healthy food, opportunities for physical activity, and many other conditions. These factors can build upon each other and create major health disparities among a community (U.S. Department of Health and Human Services, 2024).

Social Determinants of Health



Fig. 3: Social Determinants of Health

Poverty and the COVID-19 Pandemic

The COVID-19 pandemic led to severe economic fallout globally, which pushed many individuals and families into poverty. Low-income households were particularly likely to be negatively impacted by the pandemic. By March 2021, around 74.7 million Americans lost their jobs, around 24 million adults reported experiencing hunger, and more than six million adults were fearing being evicted or foreclosed on due to inability to make housing payments. The federal government implemented temporary relief programs, which did help many individuals, however, many of these programs have ended, which has allowed millions of Americans to continue to struggle with poverty due to the COVID-19 pandemic (Human Rights Watch, 2021).

Factors Contributing to Poverty

Lack of Education

Education is one of the most powerful tools to break the cycle of poverty. Individuals with access to quality education opportunities tend to live healthier lives than those who do not. Additionally, education increases the likelihood of obtaining a well-paying job with benefits. Poverty is both a cause and a result of poor education, meaning a lack of access to quality education perpetuates poverty, and poverty limits access to quality education. By increasing access to quality education, the negative impacts of poverty can be alleviated (Mihai, Titan, & Manea, 2015).

Barriers to Employment

There is a strong link between employment and poverty. People who have access to full-time and stable employment opportunities are less likely to be living in poverty. Typically, education and employment go hand in hand, so if a person does not have access to quality education, they are less likely to obtain stable and well-paying employment opportunities. Additionally, factors like lack of access to childcare or transportation can create barriers to employment, which increases the risk of poverty (Rodgers & Chalise, 2023).

Racial/Ethnic Discrimination

Racial/ethnic discrimination and poverty are closely connected. Historically, discrimination has influenced laws, policies, and practices that have led to high poverty rates, particularly among racial and ethnic minorities. This has placed racial/ethnic minorities in higher rates of poverty than other groups, however historical and continuing racial/ethnic discrimination have weakened labor market institutions that could reduce poverty levels. Additionally, racial/ethnic discrimination is proven to contribute to disparities in education and employment, which are factors that directly affect poverty (Parolin & Lee, 2022).

Poor Infrastructure

The United States economy is powered by the infrastructure in place. For the economy to thrive, the federal government must make investments that allow businesses and families to invest in their own economic futures. However, the United States is on the brink of an infrastructure crisis due to lack of funding over the last decade. Additionally, there has been a decline in the public housing stock since the 1990s, which has decreased the number of public housing units to only 1.1 million. Finally, lower income communities are less likely to have access to quality infrastructure and are more impacted by the failures in the existing systems like roads, bridges, sewer systems, or the internet (Beyer, 2017).

Climate Change

It is well-documented that economically disadvantaged are disproportionately impacted by the effects of climate change. Climate change hazards including heat waves, ice storms, flooding, and severe storms can disrupt employment, which is particularly difficult for low-income individuals to recover from. Additionally, these climate events can result in devastating damage to homes and property, which again, can be difficult to recover from financially. Finally, with the presence of hotter summers and colder winters, some households may face additional monthly expenses on utility bills to cope with the extreme temperatures (U.S. Department of the Treasury, 2023).

Effects of Poverty

Barriers to Healthcare Access

Those living in poverty likely lack access to health insurance, which may negatively impact health. Lack of health insurance coverage is one of the biggest barriers to access to care because out-of-pocket costs may lead individuals to delay or forgo needed care. Additionally, sometimes those living in poverty lack access to reliable transportation services, which may prevent them from accessing health care (U.S. Department of Health and Human Services, 2024).

Increased Risk of Mental Illness

Living in poverty increases the risk of suffering from poor mental health. Often, people living in poverty face high levels of stress, such as struggling to make ends meet, overcrowded or unsafe housing, poor physical health, lack of access to healthy foods, and other issues. Studies have linked poverty to multiple mental health issues including schizophrenia, depression, anxiety, and substance misuse (Watkins, 2022).

Chronic Disease

Since those living in poverty are less likely to have access to health insurance, they are less likely to receive preventive services and screenings for chronic conditions like diabetes, cancer, and cardiovascular diseases. Additionally, children living in poverty without health insurance are less likely to receive necessary treatment for conditions like asthma or preventative services like dental care, immunizations, and well-child visits that track developmental milestones. Overall, these issues increase the risk of poor health outcomes due to chronic diseases (U.S. Department of Health and Human Services, 2024).

Access to Nutritious Foods

Affordability and accessibility are two of the main factors that drive what people eat. Those living in poverty may not have the financial means or access to transportation that is needed to obtain healthy foods. This often forces individuals living in poverty to rely on foods that are cheap and convenient but low in nutrients, such as food from a convenience store. Healthy dietary patterns can help lower the risk of chronic disease; however, the cost of food and the accessibility of healthy food options are only making it more difficult for individuals to access nutrient dense food (U.S. Department of Health and Human Services, 2024).

Barriers to Safe Housing

Limited finances may result in a lack of housing maintenance which may cause poor housing conditions inside the home. Additionally, low-income individuals may be more likely to live in older homes that may have issues that could negatively impact health outcomes, such as under-insulation, lack of air conditioning, lead paint, etc. (U.S. Department of Health and Human Services, 2024).

High Mortality/Low Life Expectancy

Overall, those living in poverty are at increased risk for higher mortality rates and lower life expectancy. Individuals living in poverty may suffer from unmet social needs, environmental factors, and barriers to accessing healthcare that contribute to worse health outcomes (U.S. Department of Health and Human Services, 2024).

Increased High School Dropout Rates

Students from low-income families often have access to fewer resources and tend to live in communities with underperforming and underfunded schools. The number of 16- to 24-year-olds who did not complete high school is 3.7 times higher in low-income families compared to high-income families. Education is one of the most important factors that contributes to health and well-being because it allows individuals to access higher-paying employment opportunities, which leads to better health outcomes (U.S. Department of Health and Human Services, 2024).

Analysis Approach

The analyses in this report rely mainly on existing research and data that establish and determine the rates of poverty, the factors contributing to it, and its effects on each county in District 4. Also, this report uses existing data to determine health outcomes and quality of life associated with poverty, along with racial/ethnic disparities in poverty in the twelve District 4 counties. The results of this report describe how the effects of poverty in District 4 are negatively impacting the health of people in each of the twelve counties. Each detailed county poverty community health assessment follows two main steps:

- 1 Determine Factors Contributing to Poverty:**
Existing data was used to determine specific factors that both contribute to and push people into poverty, along with factors that lead to poverty disproportionately impacting certain populations in District 4.
- 2 Identify Negative Effects of Poverty:**
Existing research and data was used to identify the negative health and social implications of poverty in District 4.

Factors contributing to poverty and the effects of poverty are documented for all people living within the twelve counties in District 4, with additional consideration for effects at the local and regional level. The analyses discuss factors that contribute to poverty like not completing high school, unemployment, and severe housing problems, along with the effects of poverty including the average life expectancy and years of life lost, poor health, lack of health insurance, and lack of access to a vehicle. The analysis determines the level of poverty and the negative health and social impacts related to poverty in District 4.

Factors Contributing to Poverty Analyzed: High School Completion:

Education is one of the most powerful tools to both prevent poverty and break the cycle of poverty. Studies show that individuals who do not complete high school are more likely to live in poverty in the future (Mihai, Titan, & Manea, 2015). The rate of high school completion was analyzed for each county.

Unemployment:

Poverty and lack of employment are directly linked. Typically, people who have access to full-time and steady employment are less likely to live in poverty (Rogers & Chalise 2023). The unemployment rate was analyzed for each county.

Severe Housing Problems:

Low-income communities are less likely to have access to quality housing and infrastructure and are more impacted by the failures in the existing systems like roads, sewer systems, and safe housing protocols (Beyer, 2017).

Effects of Poverty Analyzed

Average Life Expectancy and Years of Life Lost (YLL):

The average life expectancy at birth in an area is a determinant of poverty, because the conditions of poverty are associated with chronic disease and premature death (U.S. Department of Health and Human Services, 2024). Additionally, the years of life lost (YLL) determine the number of years lost to deaths of individuals under the age of 75 (premature death) per 100,000 people.

Adults in Poor/Fair Health:

Those living in poverty are less likely to have access to reliable and quality health care, which leads to poor health outcomes (U.S. Department of Health and Human Services, 2024). The percentage of adults reporting being in poor/fair health was analyzed for each of the counties.

Lack of Access to Health Insurance:

People living in poverty may not have access to health insurance which makes accessing healthcare difficult (U.S. Department of Health and Human Services, 2024). The percentage of individuals without health insurance was analyzed for each of the counties.

Lack of Access to a Vehicle:

People living in poverty may not have the financial means to own and maintain a vehicle, which severely limits one's ability to access medical care and healthy food options (U.S. Census Bureau, 2022). The number of households lacking access to a vehicle was analyzed for each of the twelve counties.

District 4

Poverty Community Health Assessment

District 4 serves twelve counties, which are all different with some being urban while others are rural, along with differences among the counties in racial make-up, health outcomes, and poverty levels. District 4 has a total population of 887,712 people, with the majority (57.2%) being White, followed by Black/African American individuals (31%), then Hispanic individuals (6.5), and then Asian individuals (2.6%). The poverty rate in District 4 is 11.6%, which is the same as the national average (U.S. Census Bureau, 2022). The mean graduation rate in District 4 is 86.7%, which means that approximately 13% of residents have not completed high school, which can contribute heavily to the poverty rate since lack of education can lead to poverty (County Health Rankings, 2024).

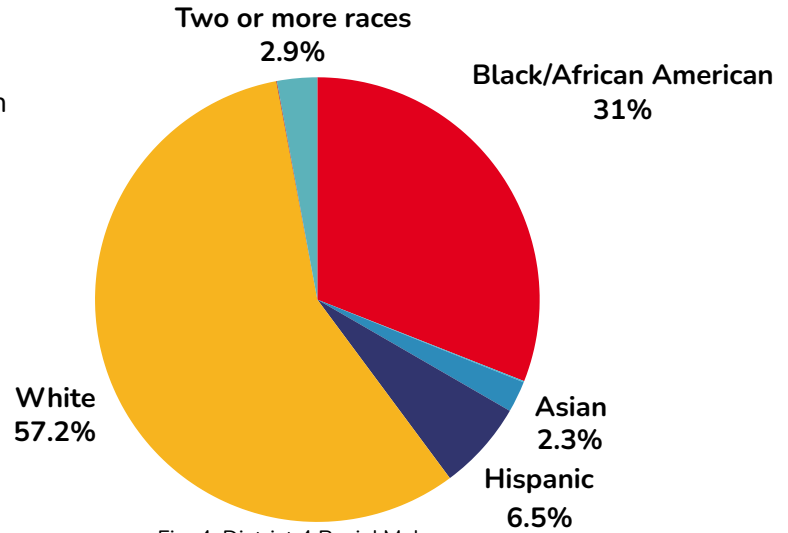








Fig. 4: District 4 Racial Makeup

The average life expectancy in District 4 is 77 years, which is above the Georgia average of 75.6 years (CDC, 2022). Additionally, approximately 12% of adults living in District 4 report being in poor health (CDC, 2021). There are many factors that can lead to poor health outcomes, but a major factor is access to health insurance. Overall, around 10.4% of residents do not have access to health insurance, which can make accessing necessary preventive screenings and other medical services difficult for these individuals and can lead to poor health outcomes. Accessing health care and other necessary services can be difficult enough for those living in poverty, but lacking access to a vehicle makes it nearly impossible. People living in poverty may not have the financial means to own and maintain a vehicle, which negatively impacts people’s ability to access necessary goods and services. Approximately 13,757 households in District 4 do not have access to a vehicle of any kind, which prevents these individuals from accessing medical care, healthy foods, and exercise opportunities (U.S. Census Bureau, 2022).

District Snapshot:

 <p>Poverty Rate: 11.6% of people</p>	 <p>Adults in Poor Health: 20% of adults</p>	 <p>Households Lacking Access to a Vehicle: 13,757 households</p>
 <p>High School Completion: 86.7% of people</p>	 <p>Life Expectancy: 77 years</p>	 <p>Individuals Lacking Health Insurance: 10.4% of population</p>

Butts County

Poverty Community Health Assessment

Butts County is a primarily rural area with a total population of 25,522 people. The majority of Butts County residents (66.2%) are White, followed by Black/African American individuals (28.5%), then Hispanic individuals (4.1%). Overall, the poverty rate in Butts County is approximately 14.2%, which is higher than the national average of 11.6% of people. Poverty and access to education are closely linked, and approximately 19% of Butts County residents have not completed high school.

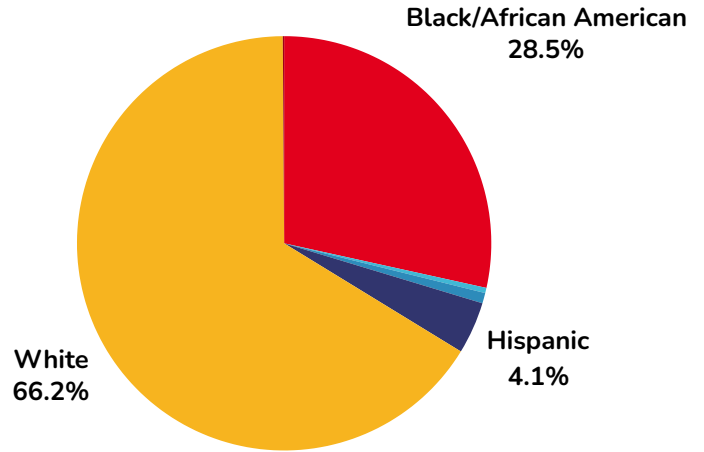









Fig. 5: Butts County Racial Makeup

Additionally, Butts County has an unemployment rate of 4%, which is close to the national average of 3.7%. Approximately 12% of occupied homes in this county have at least one severe housing problem, which can include overcrowding, high housing costs, and a lack of kitchen or plumbing facilities (County Health Rankings, 2024).

The life expectancy in Butts County is 76 years, which is close to the Georgia average of 75.6 years (CDC, 2022). However, in Butts County, approximately 10,200 years of life lost (YLL) to deaths of people under the age of 75 per 100,000 people. Approximately 20% of adults living in Butts County report being in fair or poor health, which indicates a need for health education and screening services in the area. Additionally, approximately 17% of Butts County residents do not have access to health insurance, which can deter individuals from seeking medical care (County Health Rankings, 2024). Meanwhile, approximately 301 housing units in this county do not have access to any vehicles, making accessing medical care and healthy foods nearly impossible for these individuals (U.S. Census Bureau, 2022). People living in poverty may not have the financial means to own and maintain a vehicle, which is yet another barrier to the health and wellbeing of residents living in poverty.

County Snapshot:

 <p>Poverty Rate: 17% of people</p>	 <p>Adults in Poor/Fair Health: 20% of adults</p>	 <p>Severe Housing Problems: 12% of occupied homes</p>
 <p>High School Completion: 81% of people</p>	 <p>Life Expectancy: 76 years</p>	 <p>Individuals Lacking Health Insurance: 17% of population</p>
 <p>Households Lacking Access to a Vehicle: 301 households</p>		

Carroll County

Poverty Community Health Assessment

Carroll County is a somewhat metropolitan area with a total population of 124,592 people. The majority of residents (70%) are White, followed by Black/African American individuals (20.1%), and then Hispanic individuals (8.0%). The overall poverty rate in Carroll County is 16.4% of people, which is substantially higher than the national average of 11.6%. Access to quality education and poverty are closely linked, and approximately 15% of Carroll County residents have not completed high school, which places these individuals at increased risk of living in poverty. Additionally, Carroll County has an unemployment rate of 3.1%, which is close to the Georgia average of 3.0%. Approximately 14% of occupied homes in this county have at least one severe housing problem, such as overcrowding, high housing costs, and a lack of kitchen or plumbing facilities (County Health Rankings, 2024). Overall, these factors contribute to poverty and can result in negative health outcomes for those living in poverty.

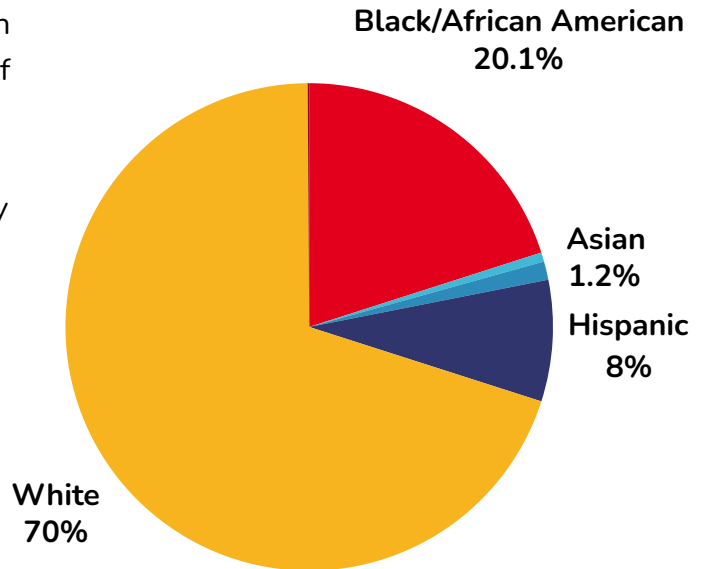









Fig. 6: Carroll County Racial Makeup

The life expectancy in Carroll County is 75 years, which is a little bit lower than the Georgia average of 75.6 years (CDC, 2022). Also, in Carroll County, about 11,200 years of life are lost (YLL) to deaths of people under 75 per 100,000 people. Approximately 17% of adults living in Carroll County report being in poor or fair health, which indicates a need for health education and screening services in this area. Additionally, around 17% of Carroll County residents do not have access to health insurance, which can deter individuals from seeking care and result in poor health outcomes (County Health Rankings, 2024). In Carroll County, approximately 1,844 households do not have access to any vehicle, which makes accessing healthy foods, exercise opportunities, and health care nearly impossible for those individuals (U.S. Census Bureau).

 <p>Poverty Rate: 16.4% of people</p>	 <p>Adults in Poor/Fair Health: 17% of adults</p>	 <p>Severe Housing Problems: 14% of occupied homes</p>
 <p>High School Completion: 85% of people</p>	 <p>Life Expectancy: 75 years</p>	 <p>Individuals Lacking Health Insurance: 17% of population</p>
 <p>Households Lacking Access to a Vehicle: 1,844 households</p>		

Coweta County

Poverty Community Health Assessment

Coweta County is a metropolitan area with a population of 152,882 people. Majority of residents (69.5%) are White, followed by Black/African American individuals (19.3%), then Hispanic individuals (8.1%). Overall, Coweta County is one of the healthiest counties in the district and has one of the lowest rates of poverty in district four (8.2% of residents). Access to quality education is one of the most important indicators of health and a major driver of poverty. Overall, Coweta County has one of the highest high school graduation rates in the district, with 10% of students not completing high school.

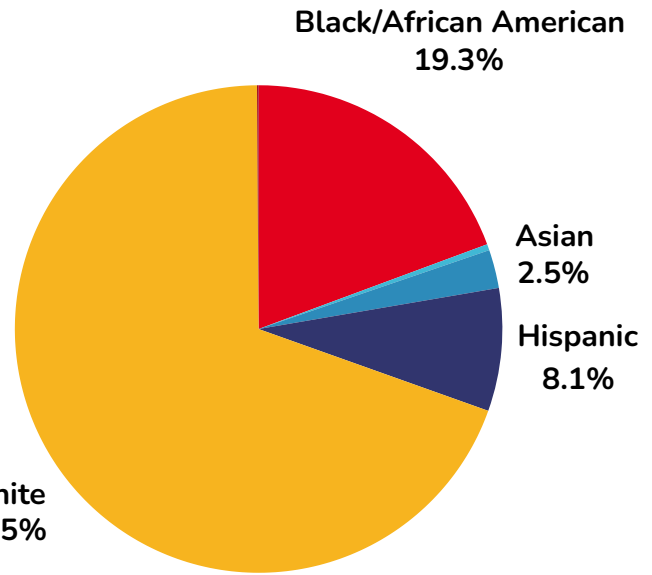


Fig. 7: Coweta County Racial Makeup

Additionally, Coweta County has an unemployment rate of 2.7%, which is lower than the Georgia average (3.0%), and the national average (3.7%). Approximately 12% of occupied homes in this county have at least one severe housing problem, which include overcrowding, high housing costs, and a lack of kitchen or plumbing facilities (County Health Rankings, 2024).

The life expectancy in Coweta County is 77 years, which is above the Georgia average of 75.6 years (CDC, 2022). Also, in Coweta County, about 8,000 years of life are lost (YLL) to deaths of individuals under 75 per 100,000 people. Approximately 13% of adults living in Coweta County report being in fair or poor health, which is a lower rate than most other counties, but this still indicates a need for health education and screening services in the area. Additionally, around 14% of Coweta County residents lack access to health insurance, which can deter these individuals seeking medical care (County Health Rankings, 2024). In addition, approximately 1,908 homes in this county do not have access to any vehicles, which can make accessing medical care, healthy foods, and exercise opportunities nearly impossible for these individuals (U.S. Census Bureau, 2022).

<p>Poverty Rate: 8.2% of people</p>	<p>Adults in Poor/Fair Health: 13% of adults</p>	<p>Severe Housing Problems: 12% of occupied homes</p>
<p>High School Completion: 90% of people</p>	<p>Life Expectancy: 77 years</p>	<p>Individuals Lacking Health Insurance: 14% of population</p>
<p>Households Lacking Access to a Vehicle: 1,908 households</p>		

Fayette County

Poverty Community Health Assessment

Fayette County is a metropolitan area with a total population of 122,030 people. The majority of the population (58.5%) are White, followed by Black/African American individuals (27.1%), and then Hispanic individuals (8.5%). Overall, Fayette County has a poverty rate of 5.2%, which is well below the national average of 11.6%, making it the lowest rate of poverty in the district. Poverty and access to quality education are closely linked, and approximately 5% of students in Fayette County do not complete high school, which is the lowest rate of high school dropout in the district. This county has an unemployment rate of 2.6%, which is also lower than the rates in other counties in District 4. Additionally, approximately 12% of occupied homes in Fayette County have at least one severe housing problem, which can include overcrowding, high housing costs, and a lack of kitchen or plumbing facilities (County Health Rankings, 2024).

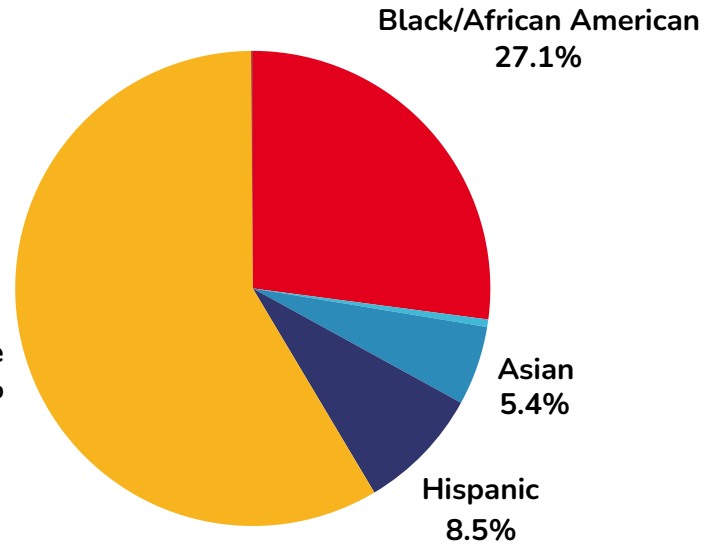









Fig. 8: Fayette County Racial Makeup

The life expectancy in Fayette County is 80 years, which is higher than the Georgia average of 75.6 years (CDC, 2022). This county has one of the lowest rates of premature death in the district, with approximately 6,600 years of life are lost (YLL) to deaths of people under the age of 75 per 100,000 people. Approximately 11% of adults living in Fayette County report being in poor or fair health, which is lower than most other rates in the county, however, this still indicates that there is a need for more health education and screening services in the community. Overall, approximately 12% of residents do not have access to health insurance, which can deter individuals from seeking medical care (County Health Rankings, 2024). Additionally, approximately 1,284 households in this county do not have access to a vehicle, which makes accessing necessary medical care, healthy foods, and exercise opportunities nearly impossible, which negatively impacts health outcomes (U.S. Census Bureau, 2022).

 <p>Poverty Rate: 5.2% of people</p>	 <p>Adults in Poor/Fair Health: 11% of adults</p>	 <p>Severe Housing Problems: 12% of occupied homes</p>
 <p>High School Completion: 95% of people</p>	 <p>Life Expectancy: 80 years</p>	 <p>Individuals Lacking Health Insurance: 12% of population</p>
 <p>Households Lacking Access to a Vehicle: 1,284 households</p>		

Heard County

Poverty Community Health Assessment

Heard County is a rural area with a total population of 11,725 people. The vast majority of the population (85.2%) identify themselves as White, followed by Black/African American individuals (9.8%), then Hispanic individuals making up 3.7% of the population. Overall, Heard County has a poverty rate of 16.4%, which is higher than the national average of 11.6%. Poverty and access to quality education are closely linked, and approximately 16% of students do not complete high school, which places these individuals at increased risk of living in poverty later in life. This county has an unemployment rate of 3.0%, which is the same as the Georgia average. Additionally, approximately 11% of occupied homes in this county have at least one severe housing problem, which can include issues like overcrowding, high housing costs, and a lack of kitchen or plumbing facilities (County Health Rankings, 2024).

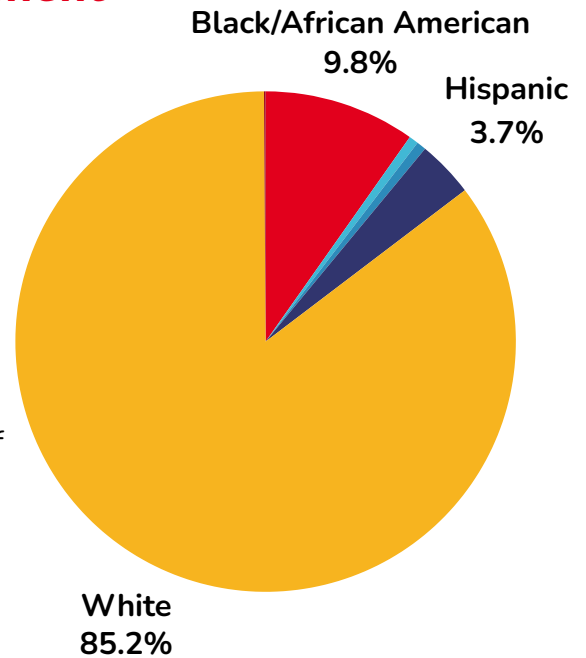









Fig. 9: Heard County Racial Makeup

The life expectancy in Heard County is 75 years, which is close to the Georgia average of 75.6 years (CDC, 2022). In Heard County, about 12,800 years of life are lost (YLL) to deaths of people under 75 per 100,000 people. Approximately 20% of adults living in Heard County report being in poor or fair health, which is a higher rate than most other counties in the district, and this indicates that there is a need for additional health education and screening services in the county. Additionally, around 17% of Heard County residents do not have access to health insurance, which makes accessing necessary medical care difficult for these individuals (County Health Rankings, 2024). Finally, approximately 216 homes do not have access to a vehicle, which makes accessing medical care, healthy foods, and exercise opportunities very difficult for these individuals (U.S. Census Bureau, 2022). Overall, these factors and effects of poverty negatively impact health, and until the root issue of poverty is addressed, these issues will continue to worsen.

 <p>Poverty Rate: 16.4% of people</p>	 <p>Adults in Poor/Fair Health: 20% of adults</p>	 <p>Severe Housing Problems: 11% of occupied homes</p>
 <p>High School Completion: 84% of people</p>	 <p>Life Expectancy: 75 years</p>	 <p>Individuals Lacking Health Insurance: 17% of population</p>
 <p>Households Lacking Access to a Vehicle: 216 households</p>		

Henry County

Poverty Community Health Assessment

Henry County is a metropolitan area with a total population of 248,364 people. The majority of the population (53.7%) are Black or African American, followed by White individuals (33.7%), then Hispanic individuals (8.4%). Overall, Henry County has a poverty rate of 8.4%, which is one of the lowest rates in District 4. Poverty and access to education are closely linked, and approximately 8% of Henry County residents have not completed high school, which is lower than most other rates in the district. This county has an unemployment rate of 3.2%, which is slightly higher than the Georgia average of 3.0%. Additionally, approximately 13% of occupied homes in this county have at least one severe housing problem, which may place residents at increased risk of negative health outcomes (County Health Rankings, 2024).

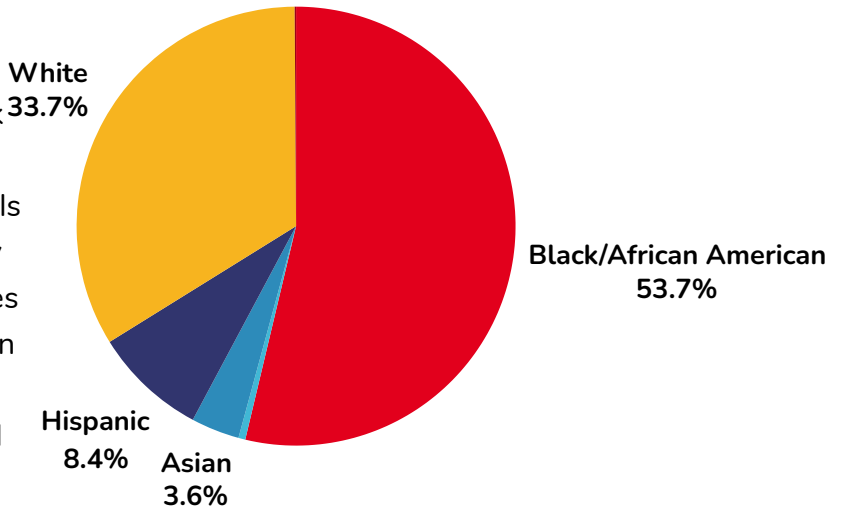









Fig. 10: Henry County Racial Makeup

The life expectancy in Henry County is 78 years, which is one of the highest life expectancies in the district and is higher than the Georgia average of 75.6 years (CDC, 2022). Overall, in Henry County, approximately 8,500 years of life are lost (YLL) to premature deaths (deaths of people under the age of 75) per 100,000 people. Around 15% of adults living in Henry County report being in poor or fair health, which indicates a need for more health education and screening services in the county. Additionally, approximately 13% of residents do not have access to health insurance, which can make accessing necessary medical care difficult for these individuals (County Health Rankings, 2024). Finally, approximately 1,725 households do not have access to a vehicle of any kind, which further deters individuals from accessing medical care, healthy foods, and exercise opportunities, which negatively impact health outcomes (U.S. Census Bureau, 2022).

 <p>Poverty Rate: 8.4% of people</p>	 <p>Adults in Poor/Fair Health: 15% of adults</p>	 <p>Severe Housing Problems: 13% of occupied homes</p>
 <p>High School Completion: 92% of people</p>	 <p>Life Expectancy: 78 years</p>	 <p>Individuals Lacking Health Insurance: 13% of population</p>
 <p>Households Lacking Access to a Vehicle: 1,725 households</p>		

Lamar County

Poverty Community Health Assessment

Lamar County is a rural area with a total population of 19,467 people. The majority of the population (65.7%) is White, followed by Black and African American individuals (26%), followed by Asian individuals (4.7%), and then Hispanic individuals (3.2%). The poverty rate in Lamar County is 10.5%, which is lower than the national average of 11.6% of people. Education access increases the likelihood of landing a stable job in life, and approximately 11% of Lamar County residents have not completed high school, which may place these individuals at increased risk of living in poverty. This county has an unemployment rate of 3.3%, which is slightly higher than the Georgia average of 3.0%. Additionally, approximately 15% of occupied homes have at least one severe housing problem, which may place residents at risk of negative health outcomes, and those living in poverty may not be able to afford to fix these issues (County Health Rankings, 2024).

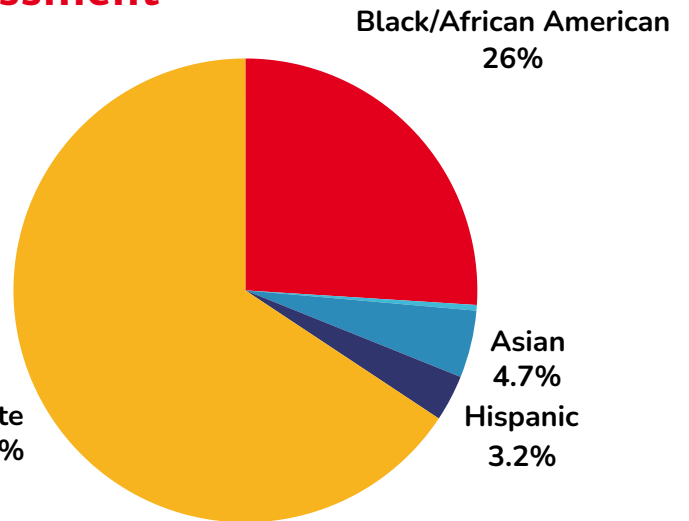


Fig. 11: Lamar County Racial Makeup

The life expectancy in Lamar County is 75 years, which is slightly lower than the Georgia average of 75.6 years (CDC, 2022). Overall, in Lamar County, approximately 12,300 years of life are lost (YLL) to premature deaths (deaths under the age of 75) per 100,000 people. In this county, around 18% of adults report being in poor or fair health, which indicates that there is a need for increased health education and medical service accessibility in the area. Approximately 15% of residents lack access to health insurance, which may deter these individuals from seeking necessary medical care (County Health Rankings, 2024). In Lamar County, around 205 households do not have access to any kind of vehicle, which negatively impacts one’s ability to access medical care, healthy foods, and exercise opportunities, which can be detrimental to health (U.S. Census Bureau, 2022).

Poverty Rate:
10.5%
of people

Adults in Poor/Fair Health:
18%
of adults

Severe Housing Problems:
15%
of occupied homes

High School Completion:
89%
of people

Life Expectancy:
75
years

Individuals Lacking Health Insurance:
15%
of population

Households Lacking Access to a Vehicle:
205
households

Meriwether County

Poverty Community Health Assessment

Meriwether County is a mainly rural area with a population of 20,845 people. The majority of the population (58.9%) is White, followed by Black and African American individuals (36.3%), and then Hispanic individuals (3.2%). The poverty rate in Meriwether County is 22% of individuals, which is much higher than the national average of 11.6%, which indicates a high level of poverty in this area. Education attainment and poverty are closely linked, and approximately 19% of people in this county have not completed high school, which contributes to the high poverty rate in Meriwether County. This county has an unemployment rate of 3.8%, which is higher than the Georgia average of 3.0%. Additionally, approximately 12% of occupied homes have at least one severe housing problem, which may place occupants at risk of adverse health outcomes, and those living in poverty may not be able to afford to fix these issues (County Health Rankings, 2024).

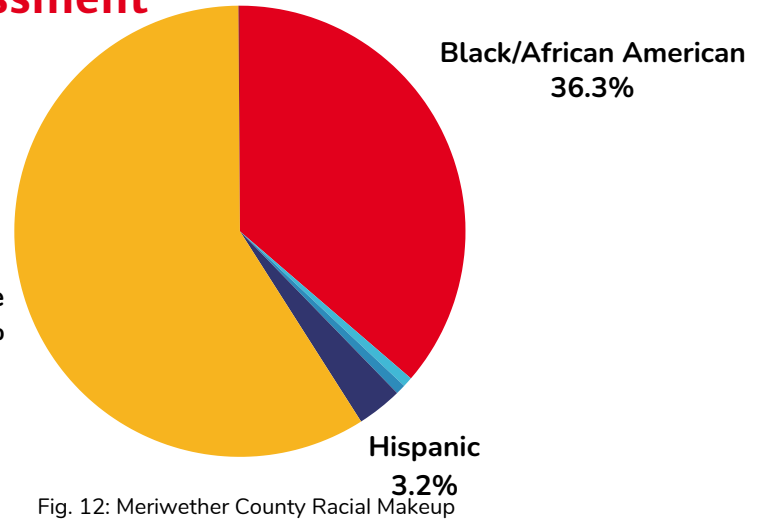









Fig. 12: Meriwether County Racial Makeup

The life expectancy in Meriwether County is 76 years, which is close to the Georgia average of 75.6 years (CDC, 2022). Meriwether County has one of the highest rates of premature death in the district, with approximately 14,700 years of life lost (YLL) to deaths of individuals under the age of 75 per 100,000 people. Additionally, approximately 23% of adults living in the county report being in poor or fair health, which is one of the highest rates in the district. This indicates that there is a need for increased availability of health education and screening services in this county. In Meriwether County, around 17% of residents do not have access to health insurance, which can deter individuals from seeking necessary medical services and can poorly impact health outcomes (County Health Rankings, 2024). Many people living in poverty cannot afford to own and maintain a vehicle. Approximately 590 households do not have access to any kind of vehicle, which makes accessing healthcare services, healthy foods, and exercise opportunities very difficult for these individuals (U.S. Census Bureau, 2022).

 <p>Poverty Rate: 22% of people</p>	 <p>Adults in Poor/Fair Health: 23% of adults</p>	 <p>Severe Housing Problems: 12% of occupied homes</p>
 <p>High School Completion: 81% of people</p>	 <p>Life Expectancy: 76 years</p>	 <p>Individuals Lacking Health Insurance: 17% of population</p>
 <p>Households Lacking Access to a Vehicle: 590 households</p>		

Pike County

Poverty Community Health Assessment

Pike County is a primarily rural area with a total population of 19,990 people. The vast majority of the population (88.3%) is White, followed by Black and African American individuals (8.6%), and then Hispanic individuals (2.2%). The poverty rate in Pike County is 8%, which is lower than the national average of 11.6%, which indicates a lower-than-average level of poverty in this area. Around 12% of Pike County residents have not completed high school, which may place those individuals at higher risk of living below the poverty level. Additionally, Pike County has an unemployment rate of 2.7%, which is lower than the Georgia average of 3.0%. Also, around 9% of occupied homes in Pike County have at least one severe housing problem, which can include overcrowding, high housing costs, and a lack of kitchen or plumbing facilities, which can have negative consequences on health outcomes (County Health Rankings, 2024).

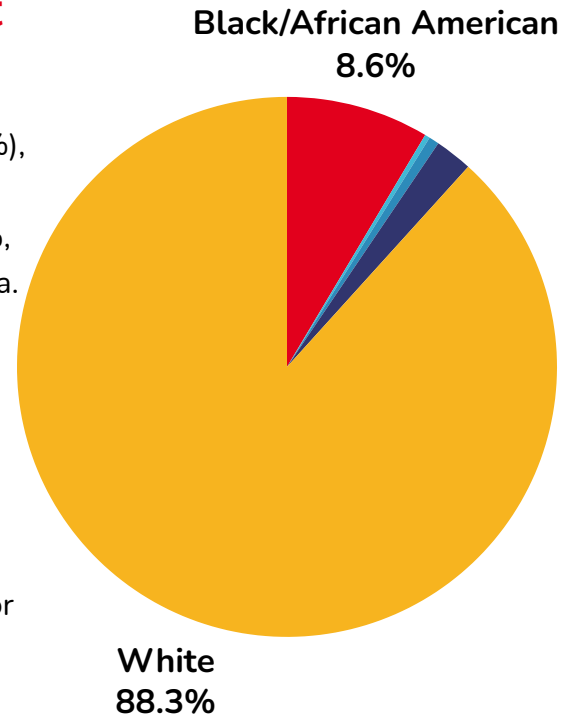









Fig. 13: Pike County Racial Makeup

The life expectancy in Pike County is 78 years, which is one of the highest life expectancies in the district and is higher than the Georgia average of 75.6 years (CDC, 2022). Overall, around 10,600 years of life are lost (YLL) to deaths of people under the age of 75. Pike County has a lower level of premature death than other counties in the district, however, it is still higher than the Georgia average of 8,900 YLL to premature deaths. In Pike County, around 15% of adults report being in poor or fair health, which indicates that this community could benefit from an increase in health education and screening services. In this county, around 16% of residents do not have access to health insurance, which may deter these individuals from accessing necessary medical care, and in turn lead to negative health outcomes (County Health Rankings, 2024). People living below the poverty level may not be able to afford to own and maintain a vehicle, and approximately 159 households do not have access to a vehicle of any kind, which makes accessing medical care, healthy foods, and exercise opportunities very difficult for these individuals (U.S. Census Bureau, 2022).

 <p>Poverty Rate: 8% of people</p>	 <p>Adults in Poor/Fair Health: 15% of adults</p>	 <p>Severe Housing Problems: 9% of occupied homes</p>
 <p>High School Completion: 88% of people</p>	 <p>Life Expectancy: 78 years</p>	 <p>Individuals Lacking Health Insurance: 16% of population</p>
 <p>Households Lacking Access to a Vehicle: 159 households</p>		

Spalding County

Poverty Community Health Assessment

Spalding County is a metropolitan area with a total population of 68,919 people. Over half of the population (55.6%) is White, followed by Black and African American individuals (37%), and then Hispanic individuals (5.8%). The poverty rate in Spalding County is around 18.4%, which is much higher than the national average of 11.6%, indicating that poverty is a large issue in this county. A lack of educational attainment and poverty are closely linked, and around 16% of Spalding County residents have not completed high school, which may contribute to the high rates of poverty in this county. Additionally, Spalding County has an unemployment rate of 3.3%, which is near the Georgia average of 3.0%. Around 15% of occupied homes in the county have at least one severe housing problem. Severe housing problems like overcrowding and a lack of kitchen or plumbing facilities can negatively impact health, and those living in poverty may not be able to afford to fix these issues (County Health Rankings, 2024).

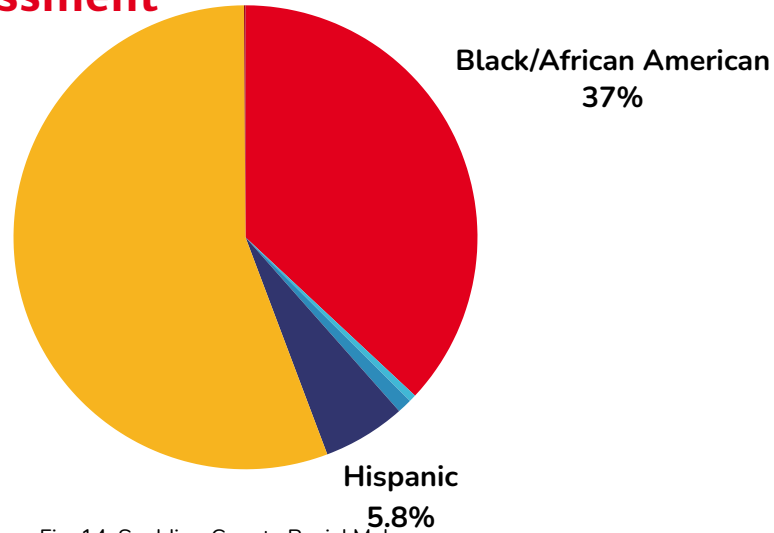


Fig. 14: Spalding County Racial Makeup

The life expectancy in Spalding County is 74 years, which is lower than the Georgia average of 75.6 years and is one of the lowest life expectancies in the district (CDC, 2022). Overall, around 12,900 years of life are lost (YLL) to premature deaths (deaths of individuals under the age of 75) per 100,000 people, which is much higher than the Georgia average of 8,900 YLL. In Spalding County, about 20% of adults report being in poor or fair health, which is one of the highest rates in the district and indicates that there is a need for an increase in the availability of health education and screening services in the area to improve health outcomes. Additionally, approximately 16% of residents do not have access to health insurance, which can deter these individuals from seeking necessary medical care and preventative services (County Health Rankings, 2024). Those living below the poverty level may not be able to afford a vehicle, and around 1,922 households do not have access to a vehicle of any kind, which severely limit one's ability to access healthcare, healthy foods, and exercise opportunities nearly impossible for these individuals (U.S. Census Bureau, 2022).

<p>Poverty Rate: 18.4% of people</p>	<p>Adults in Poor/Fair Health: 20% of adults</p>	<p>Severe Housing Problems: 15% of occupied homes</p>
<p>High School Completion: 84% of people</p>	<p>Life Expectancy: 74 years</p>	<p>Individuals Lacking Health Insurance: 16% of population</p>
<p>Households Lacking Access to a Vehicle: 1,922 households</p>		

Troup County

Poverty Community Health Assessment

Troup County is a micropolitan area with a total population of 70,191 people. The majority of the population (55.8%) are White, followed by Black and African American individuals (36.7%), then Hispanic individuals (4.3%), and finally Asian individuals (2.5%). The poverty rate in Troup County is 18.7%, which is much higher than the national average of 11.6% and is one of the highest rates of poverty in the district. This indicates that poverty is an issue in this area that must be addressed to improve the health and wellbeing of residents of this county.

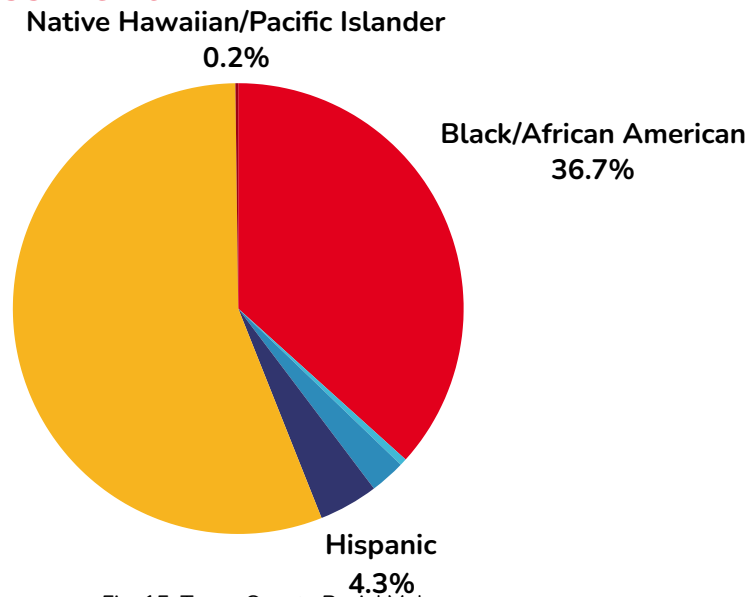









Fig. 15: Troup County Racial Makeup

Approximately 12% of Troup County residents have not completed high school, which increases these individuals' risk of living in poverty later in life. Additionally, Troup County has an unemployment rate of 3.0% which is the same as the Georgia average. Around 19% of occupied homes have at least one severe housing problem which can result in negative health outcomes, and those living in poverty may not have the financial means to fix these issues (County Health Rankings, 2024).

The life expectancy in Troup County is 76 years, which is close to the Georgia average of 75.6 years (CDC, 2022). In Troup County, around 11,700 years of life are lost (YLL) to premature death, however, the number of YLL is much higher among Black/African American individuals in this county (13,100 YLL), which indicates a large disparity. Around 20% of adults living in this county report being in poor or fair health, which is one of the highest rates in the district and indicates a need for more health education and screening services in the community. Additionally, around 16% of residents do not have access to health insurance, which can make obtaining medical services difficult (County Health Rankings, 2024). Individuals living below the poverty level may not have the financial means to own and maintain a vehicle, and approximately 2,360 households do not have access to any vehicles, which can make accessing healthcare, healthy foods, and exercise opportunities (U.S. Census Bureau, 2022).

 <p>Poverty Rate: 18.7% of people</p>	 <p>Adults in Poor/Fair Health: 20% of adults</p>	 <p>Severe Housing Problems: 19% of occupied homes</p>
 <p>High School Completion: 88% of people</p>	 <p>Life Expectancy: 76 years</p>	 <p>Individuals Lacking Health Insurance: 16% of population</p>
 <p>Households Lacking Access to a Vehicle: 2,360 households</p>		

Upson County

Poverty Community Health Assessment

Upson County is a micropolitan area with a total population of 28,086 people. Over two-thirds of the population (67.7%) are White, followed by Black and African American individuals (28.4%), and then Hispanic individuals (2.7%). The poverty rate in Upson County is 21.73%, which is the highest in the district, and almost double the national average of 11.6%. This indicates that poverty is a serious problem within Upson County that must be addressed to improve health outcomes in this county. Additionally, approximately 16% of residents have not completed high school, which

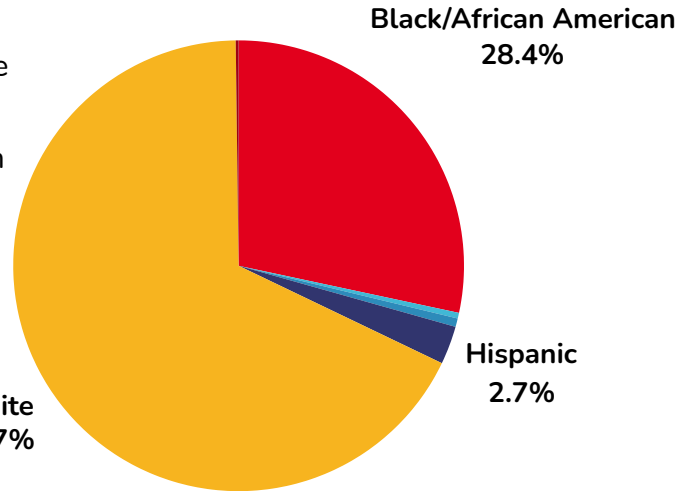









Fig. 16: Upson County Racial Makeup

places these individuals at increased risk of living in poverty. In Upson County, around 14% of occupied homes have at least one severe housing problem, which can result in poor health outcomes, and those living in poverty may not have the financial resources to fix these issues (County Health Rankings, 2024).

The life expectancy in Upson County is 73 years, which is the lowest life expectancy in District 4 (CDC, 2022). Consequently, Upson County has one of the highest rates of premature death (13,700 YLL) in the district, and it is even higher among Black/African American individuals (14,700 YLL), which indicates a large racial disparity in life expectancy in this county. Around 21% of adults in the county report being in poor or fair health which is one of the highest rates in the district and indicates there is a need for increased access to health education and screening services in the community to improve these health outcomes. Additionally, around 16% of residents do not have access to health insurance, which can deter these individuals from seeking necessary medical care and preventive services (County Health Rankings, 2024). In addition to a lack of health insurance being a barrier to health, some people living in poverty may not have access to a vehicle, and around 1,243 households do not have access to any vehicles, which can be detrimental to one’s ability to access medical care, healthy foods, and exercise opportunities (U.S. Census Bureau, 2022).

 <p>Poverty Rate: 21.7% of people</p>	 <p>Adults in Poor/Fair Health: 21% of adults</p>	 <p>Severe Housing Problems: 14% of occupied homes</p>
 <p>High School Completion: 84% of people</p>	 <p>Life Expectancy: 73 years</p>	 <p>Individuals Lacking Health Insurance: 16% of population</p>
 <p>Households Lacking Access to a Vehicle: 1,243 households</p>		

Recommendations

Becoming a Poverty Informed Community

Diversity education is a common personal and professional development tool, however, poverty is an issue that is not addressed enough. In general, people do not tend to understand poverty and usually generalize it based on stereotypes and judgement. Generalizations of poverty and the current societal understanding and attitudes towards those living in poverty are harmful to those individuals and are only perpetuating the cycle of poverty.

Becoming a poverty informed community means having a comprehensive understanding of the complexities of poverty and how to effectively help people out of poverty. Generally, people do not understand poverty and generalize it based on stereotypes and judgement. Providing organizations and the community with education on the complexities of poverty and how to help those living in poverty. The goal of becoming a poverty-informed community is to create a social climate where everyone belongs, has knowledge, and has opportunities to succeed (Abram, 2014). To do this, several areas need to be addressed:

Address Barriers to High School Diploma/GED Attainment

There are many factors that can contribute to students dropping out of high school including personal or family issues like financial hardship or family instability, mental health issues, academic difficulties, and a lack of engagement like a lack of connection to teachers or feeling left behind. By implementing an Early Warning System (EWS) to monitor students who may be at risk of dropping out. If these students can be identified early, intervention would keep them on track for graduation. Additionally, the expansion of poverty relief resources and programs in this district would allow students who are not in school due to needing to contribute financially to the family to continue their education (Georgia Department of Education, 2020).

Expand Supplemental Programs

Supplemental programs like the Supplemental Nutrition Assistance Program (SNAP), the American Rescue Plan, unemployment insurance (UI), and the Coronavirus Aid, Relief, and Economic Security (CARES) Act have provided assistance to those in poverty to help them break the cycle of poverty. However, many of these supplemental programs are not currently doing enough. For example, approximately 45% of SNAP recipients limit the food they ate or skip meals to make it through the month and close to a third of recipients had to visit food pantries to keep themselves and their families fed. Temporary expansions of these programs are not enough to help Americans who are struggling economically (Pathak & Ross, 2021).

Increase Availability of Healthcare Services

People living in poverty tend to have a higher burden of disease due to a lack of health insurance, transportation issues, and the incredibly high costs of medical care. Expanding Medicaid in Georgia will help to alleviate this issue and provide more people with access to health insurance (Whitting, 2023). Additionally, the implementation of interventions like pop-up clinics and mobile medical units (MMUs) could help to close the gaps in health care for individuals with limited access to transportation or a lack of health insurance. Studies have shown that MMUs are effective at providing specialized health care services in rural and underserved areas (Akhtar & Ramkumar, 2023).

Design Thoughtful Minimum Wage Policy

The current federal minimum wage is \$7.25 per hour, which equates to about \$15,000 annually for a full-time job. This is nowhere near enough money to keep one adult out of poverty, let alone those with children. In the 1960's, a full-time minimum wage worker earned around \$1.60 per hour, which is equivalent to more than \$12 per hour in today's dollar value. The minimum wage has not been raised in more than a decade, which does not reflect the need for increased wages due to inflation and the current value of the dollar. Raising the minimum wage to around \$15 per hour would help to bring many individuals working minimum wage jobs out of poverty (Pathak & Ross, 2021).

Conclusion

District 4 Poverty Community Health Assessment

This report summarizes the factors that are contributing to poverty in District 4 along with the effects these counties are experiencing from poverty. Additionally, this report outlines how some populations are disproportionately impacted by poverty, which leads to a perpetual cycle of poverty. In particular, racial/ethnic minorities and disabled individuals are disproportionately impacted by poverty, which results in poor health outcomes and lack of wellbeing for these communities. Poverty can result in poor health outcomes and social situations that can lead to premature death.

District 4 houses twelve counties which vary greatly in population size, demographics, health outcomes, population density, number of resources available, funding, and poverty level. These differences contribute greatly to levels of poverty in each county and create disparities in poverty rates among these counties. The data analyzed indicates clear inequities among the counties along with areas for targeted intervention beginning at the county level to address the poverty crisis in District 4.

Further research is needed to fully understand how the factors contributing to poverty and the effects of poverty impact health. Additionally, interventions and programs such as high school drop out early warning systems, health education, increasing access to healthcare, and expanding supplemental programs can begin to address the poverty crisis in District 4. There are many factors that can lead to and perpetuate poverty, however there is a lot that can be done to help those in need and to lower the poverty rate in the district.

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