Taking the Pulse of Public Health in the Atlanta Region:
Exploring Disparities by Race and Age

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In Sum...

- Overall, the age-adjusted death rates for the three leading causes (Cardiovascular, Cancers and Respiratory diseases) of death are declining for both Whites and Blacks since 1997.

- Blacks still have higher age-adjusted death rates than Whites for Cardiovascular (i.e. Hypertension, Stroke, Heart Attacks) and Cancers, but the gap has narrowed significantly.

- Whites have higher age-adjusted death rates than Blacks for Respiratory diseases (i.e. Flu, Bronchitis, Pneumonia), and that gap has widened.

- In looking at the 40-54 age cohort specifically, the death rate for Blacks of this age has declined significantly since 1997, but the death rate for Whites remains essentially unchanged in the 20-County Atlanta region since 1997. Thus the gap between the groups has narrowed dramatically.

- In 1999, the death rate for drug overdoses for Blacks age 40-54 were three times as high as the death rate for White drug overdoses. Today (2014), the death rate for White drug overdoses is higher than the death rate for Black drug overdoses.
According to this chart, displaying data from the CDC, the four leading causes of death in the U.S. are Heart Disease, Malignant Neoplasms (Cancer), Chronic Lower Respiratory Disease, and Unintentional Injury. For this snapshot, we will delve into the causes of death in metro Atlanta, assess death rates have improved or worsened over time, and explore disparities by race and age.
Cardiovascular Mortality Rates in Georgia and 20-County Area

First, we will explore trends in the leading cause of death - Cardiovascular disease (i.e. Hypertension, Heart Attacks, Stroke, etc.). These charts show the age-adjusted death rates (deaths per 100,000 population) over time for the White and Black populations in Georgia and the 20-county area. The charts are remarkably similar. They show that cardiovascular rates are decreasing significantly for both races.

Note: By using age-adjusted rates, we account for the natural differences in age structures between the two races. See the OASIS definition here.

Source: Georgia Department of Public Health; Office of Health Indicators for Planning; retrieved from OASIS
Shifting to the 2nd leading cause of death, Cancers, the two graphs on the left display death rates for Blacks and Whites in Georgia, and on the right—the race-specific death rates for the 20-county Atlanta area. Green trend lines represent Blacks and orange trend lines represent Whites. In both areas, the age-adjusted death rates for both races have declined significantly since 1997, but the gap between the rates for the two races has narrowed.

Source: Georgia Department of Public Health; Office of Health Indicators for Planning; retrieved from OASIS
The 3rd leading cause of death is Respiratory disease (i.e. Flu, Pneumonia, Bronchitis, etc.). These two charts show a different story than the previous slides. Whites have a higher age-adjusted death rate from Respiratory-related diseases than do Blacks. Also, since 1997, respiratory disease related deaths has decreased at a greater clip for Blacks than for Whites.
Before getting into the 4th leading cause of death- Unintentional Injury- we first need to talk about mortality by age...
Here we look at the overall death rate (deaths per 100,000 population) in the 20-county area by race and age cohorts. We chose to focus on the 40+ age cohorts because of the relatively low death rates for the younger cohorts. Whites age 40-54 are the only age/race cohort that has not experienced a significant decline in overall death rates since 1999. In fact, for Blacks, the death rate for the 40-54 age cohort declined more than those for the 70+ age cohort and also has essentially the same level of decline as the 55-69 age cohort. We will look at this specific age cohort further in upcoming slides.
Nationally, there has been significant attention about the increase of the mortality rates for Whites in the 20-county area between the ages of 40 and 54. Because so many news outlets, like the NY Times and Newsweek (links may require subscriptions), have covered this topic nationally, we wanted to see if this mortality trend is also apparent in metro Atlanta. This graph compares the overall death rates of Whites (in orange) to the death rates of Blacks (in green) - all between the ages of 40-54. The graph does indeed reveal an alarming trend. While death rates for Blacks have decreased dramatically since 1997, those of Whites have remained essentially unchanged. The gap between races’ rates went from a difference of 370 deaths per 100,000 population in 1997 to 100 in 2014.
While mortality rates for Whites age 40-54 have essentially flatlined since the late 1990s (compared to death rates for Blacks the same age), death rates for both races in the 70-84 age cohort have dropped significantly, which mirrors the overall longevity increases observed nationally and globally. But in the older age cohort (70-84), the gap between Black and White death rates has also narrowed.
"Unintentional Injury": 4th Leading Cause of Death

Leading Cause of Injury Deaths by Age Group Highlighting Unintentional Injury Deaths, United States, 2013

<table>
<thead>
<tr>
<th>Rank</th>
<th>&lt;1</th>
<th>1-4</th>
<th>5-9</th>
<th>10-14</th>
<th>15-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Unintentional Suffocation</td>
<td>Unintentional Drowning</td>
<td>Unintentional MW Traffic</td>
<td>Unintentional MW Traffic</td>
<td>Unintentional Poisoning</td>
<td>Unintentional Poisoning</td>
<td>Unintentional Poisoning</td>
<td>Unintentional Poisoning</td>
<td>Unintentional Fall</td>
<td>Unintentional Poisoning</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Other Specifiable</td>
<td>Unintentional Suffocation</td>
<td>Unintentional Fire/Burn</td>
<td>Suicide Firearm</td>
<td>Unintentional Poisoning</td>
<td>Homicide Firearm</td>
<td>Homicide Firearm</td>
<td>Suicide Firearm</td>
<td>Suicide Firearm</td>
<td>Unintentional Fall</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Unintentional MW Traffic</td>
<td>Homicide Unspecified</td>
<td>Homicide Firearm</td>
<td>Homicide Firearm</td>
<td>Suicide Firearm</td>
<td>Suicide Firearm</td>
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<td>Suicide Suffocation</td>
<td>Suicide Suffocation</td>
<td>Unintentional Unspecified</td>
<td>Suicide Firearm</td>
</tr>
</tbody>
</table>

Looking deeper at Unintentional injury, this chart, recreated from CDC data, has unintentional poisoning listed as the first cause of Unintentional Injury Deaths. Since drug overdoses make up a majority of unintentional poisoning deaths, we will focus more on this cause of death.

Source: National Vital Statistics System, National Center for Health Statistics, CDC. Produced by National Center for Injury Prevention and Control, CDC using WISQARS.
In all the national attention to the increasing death rates for Whites of a certain age, one of the oft-mentioned culprits is drug overdoses. So, again, we localize that national angle and see if the trend holds. Firstly, the White death rate from drug overdoses surpassed the Black death rate for drug overdoses recently (as of mid-2011). Secondly, while the death rate for Black drug overdoses is lower today than in 1999, the death rate for White drug overdoses is higher.

Source: Georgia Department of Public Health; Office of Health Indicators for Planning; retrieved from OASIS
Now we’re taking a look at drug overdose death rates specifically for ages 40-55. Like the previous slide, Blacks had substantially higher death rates until recently, and drug overdose death rates have increased for White during the analysis period. Thus, overall, overdose death rates for Blacks are declining while overdose death rates for Whites are on a dangerous upswing.
In the five-year period between 2000 and 2004, in only five counties in the 20-county Atlanta region were overall death rates for Whites higher than overall death rates for Blacks. By the 2010-2014 period, Whites had a higher overall death rate in nine counties. So, racial disparities still exist, but those death rate gaps are closing.