What The Data Tell Us

2023 Georgia Cancer Summit January 31, 2023

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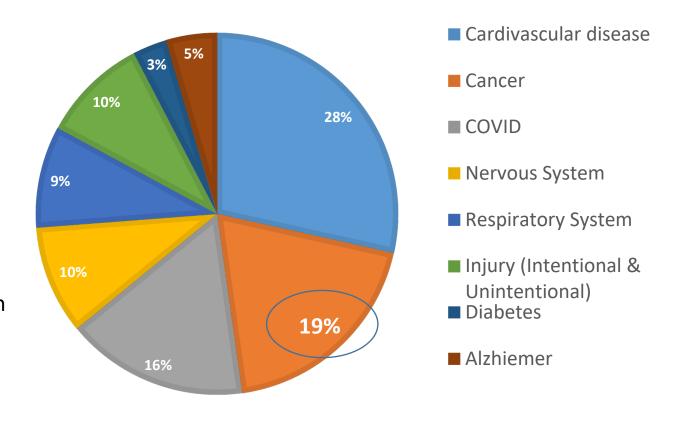
2021 Death in Georgia

<u>Cancer was the second</u> leading cause of death in Georgia, contributing to 19.5% of all deaths.

More than 18,600 Georgian died of cancer in 2021. (age-adjusted rate 155.7 (CI: 153.5 - 158.0) 51.1% (9,509/18,614) of cancer deaths were among men (age-adjusted rate 180.2/100,000). 46.4% (8,629/18,614) of cancer deaths were among women (age-adjusted rate of 130.8/100,000).

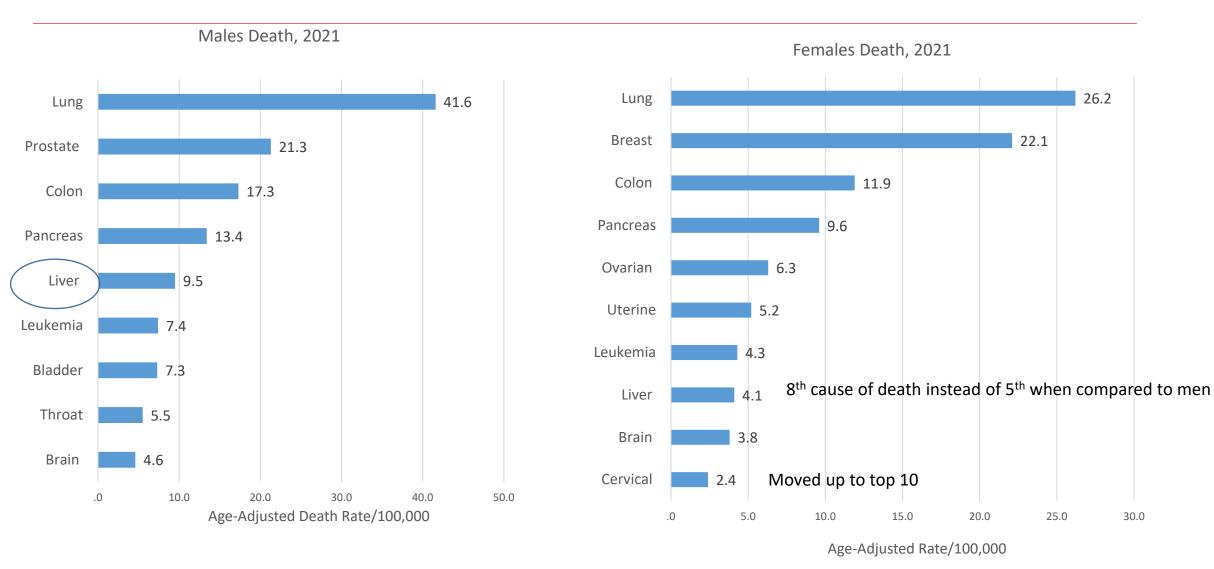
Georgia's Cancer Death Rate is significantly higher than the US 150.6 (CI:150.2 - 151.0)

<u>COVID</u> was the third leading cause of death in 2021. Contributing to 16.5% of all death, a total of 15,790 deaths.



Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2021 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 2018-2021, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

Leading Causes of Cancer Death, Georgia, 2021



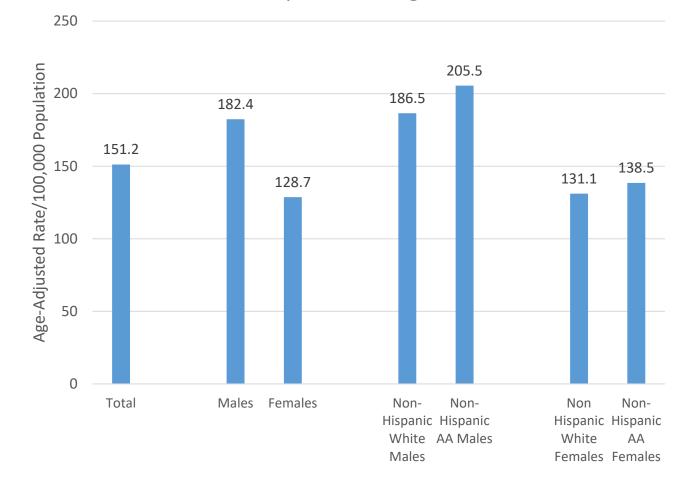
Data Source: OASIS

Quick Facts (Georgia Mortality 2017-2021)

Race/Ethnicity

- NH-AA Georgia men were 10% more likely to die of cancer than NH-White men.
- NH-AA women were 5.6% more likely to die of cancer than NH-White women.

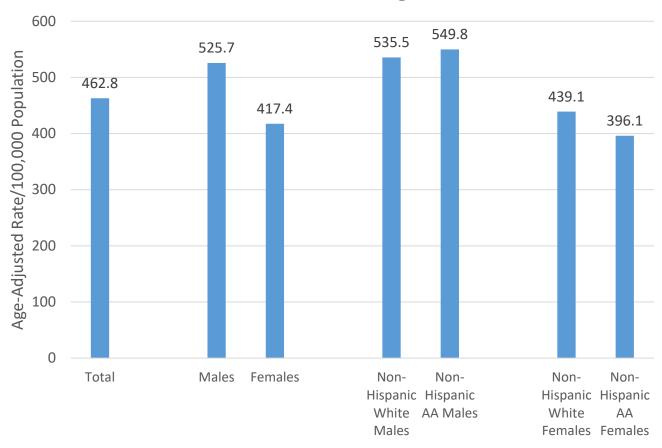
Cancer Mortality Rate, Georgia, 2017-2021



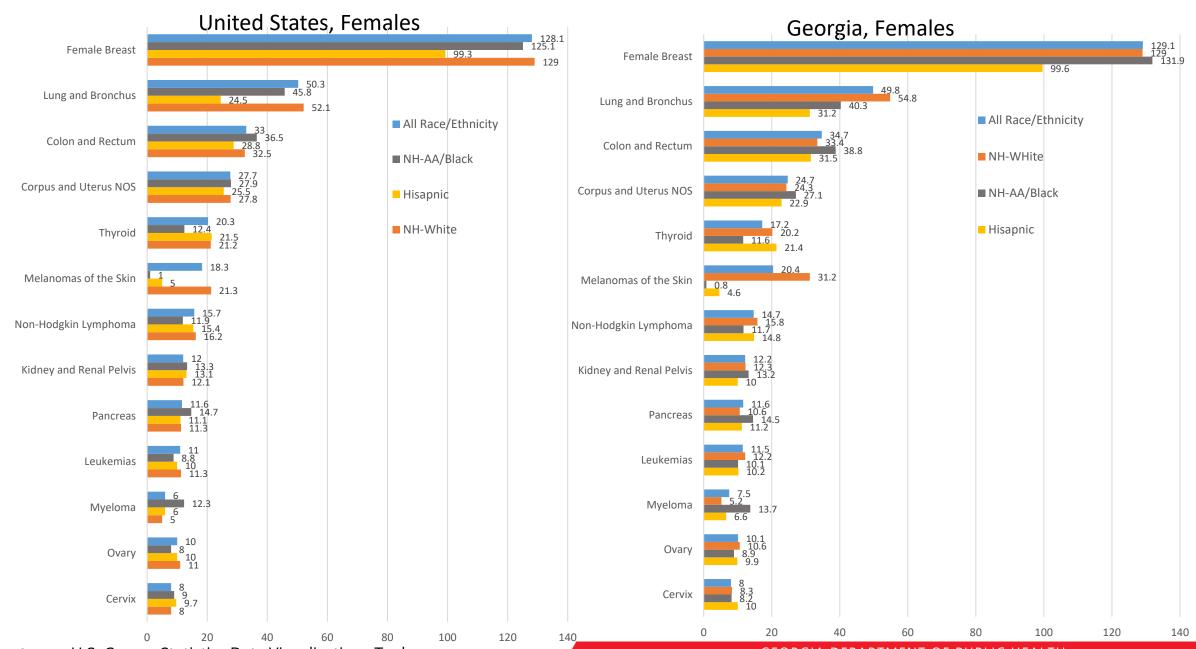
Quick Facts (Georgia Incidence 2016-2020)

- 54,240 Georgians are newly diagnosed with cancer each year.
 - Men were 25.9% more likely to be diagnosed with cancer than women.
- 28,120 (52%) men are newly diagnosed each year
 - NH-AA men were 2.7% more likely to be newly diagnosed with cancer than NH-white men
- 26,110 (48%) women are newly diagnosed each year
 - NH-white women were 10.9% more likely to be newly diagnosed with cancer than NH-AA women.

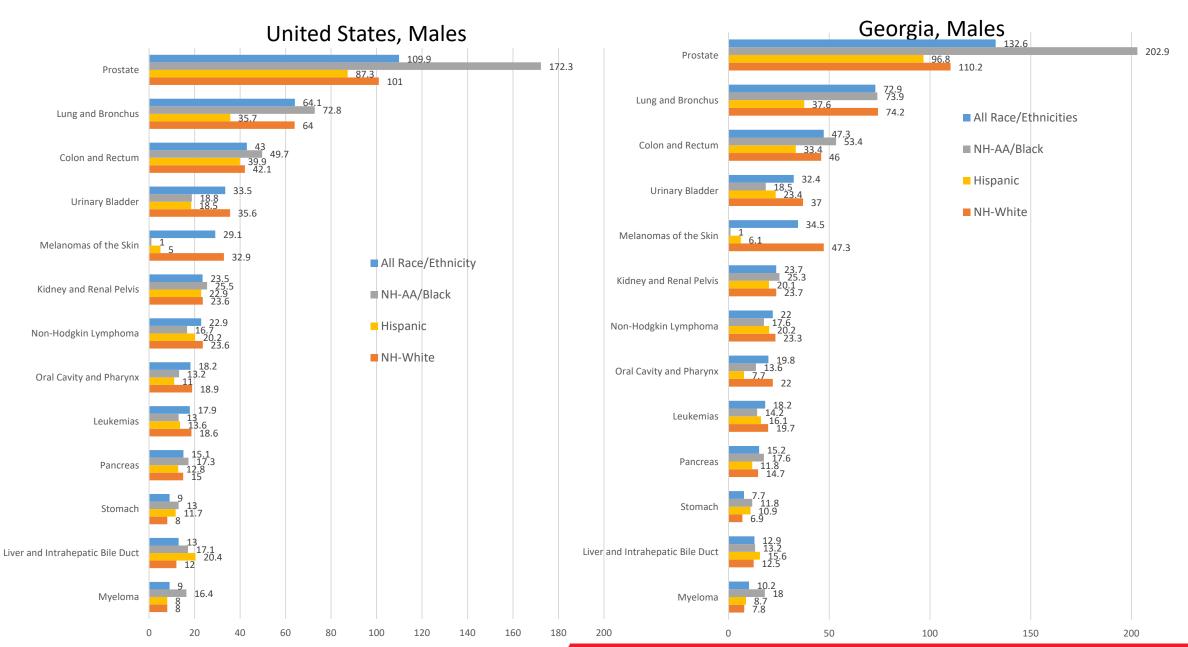




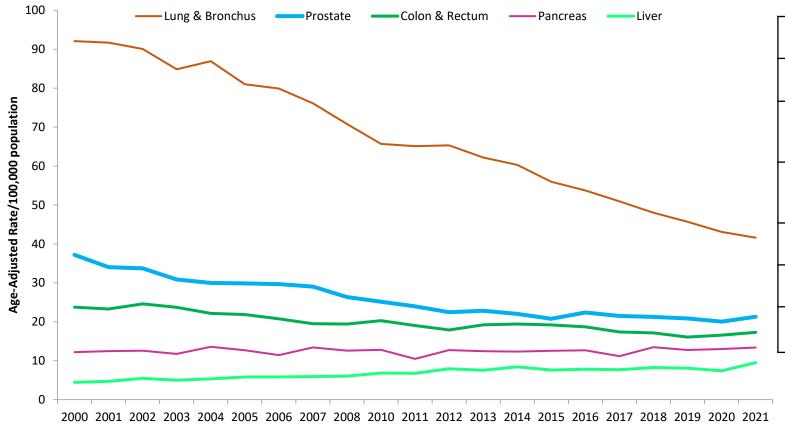
Leading Causes of Cancer Incidence US vs GA, 2015-2019



Leading Causes of Cancer Incidence US vs GA, 2015-2019



Age-Adjusted Cancer Mortality Rate, Males, Georgia, 2000-2021

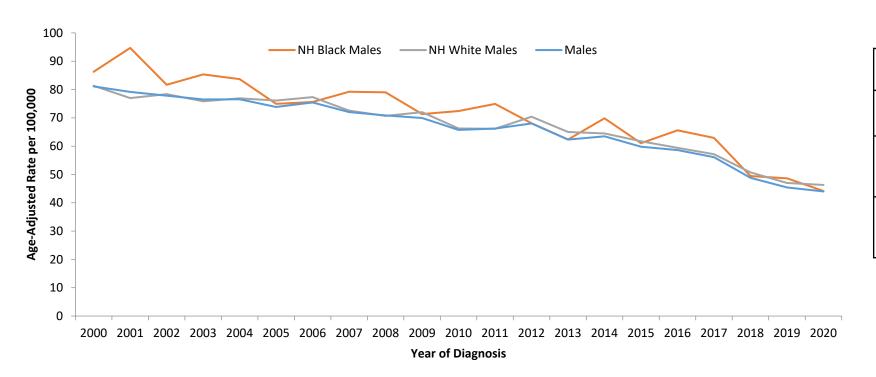


Average Annual Percent Change			
All Cancers	2000-2021 -2.04* Decrease		
Lung & Bronchus	2000-2014 -3.25* Decrease 2014-2021 -5.29* Decrease		
Prostate	2000-2012 -3.70* Decrease 2012-2021 -1.49* Decrease		
Colon & Rectum	2000-2021 -1.83* Decrease		
Pancreatic	2000-2021 0.11 Increase		
Liver	2000-2014 4.14* Increase 2014-2021 -0.68 Decrease		

^{*} Significant

Late-Stage Lung Cancer Incidence Trend, Males, Georgia, 2000-2020

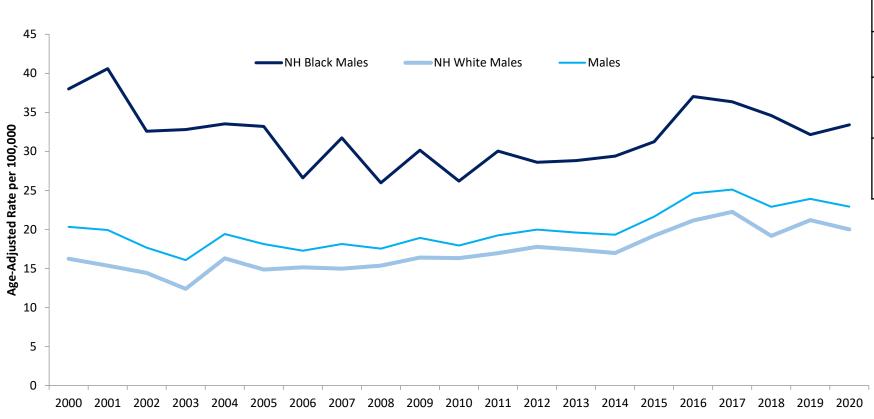
Late Stage Lung and Bronchus Cancer Incidence Rates by Race/Ethnicity, Males, Georgia, 2000-2020



Average Annual Percent Change			
All Males	2000-2015 -1.79* Decrease 2015-2020 -6.84* Decrease		
NH AA/Black	2000-2017 -2.17* Decrease 2017-2020 -11.77* Decrease		
NH-White	2000-2009 -1.48* Decrease 2009-2020 -5.70* Decrease		

Late-Stage Prostate Cancer Incidence Trend, Males, Georgia, 2000-2020

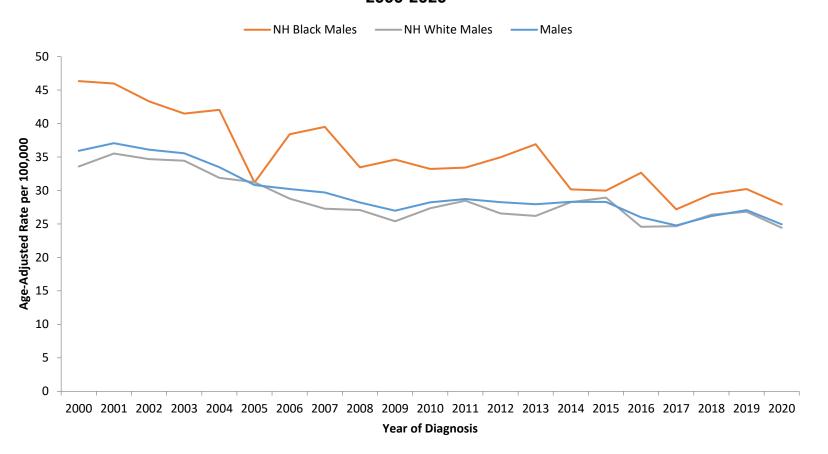
Late Stage Prostate Cancer Incidence Rates by Race/Ethnicity, Males, Georgia, 2000-2020



Average Annual Percent Change				
All Males	2000-2006 -2.34 2Decrease 2006-2020 2.62* Increase			
NH AA/Black	2000-2008 -4.07* Decrease 2008-2020 1.99* Increase			
NH-White	2000-2020 2.14* Increase			

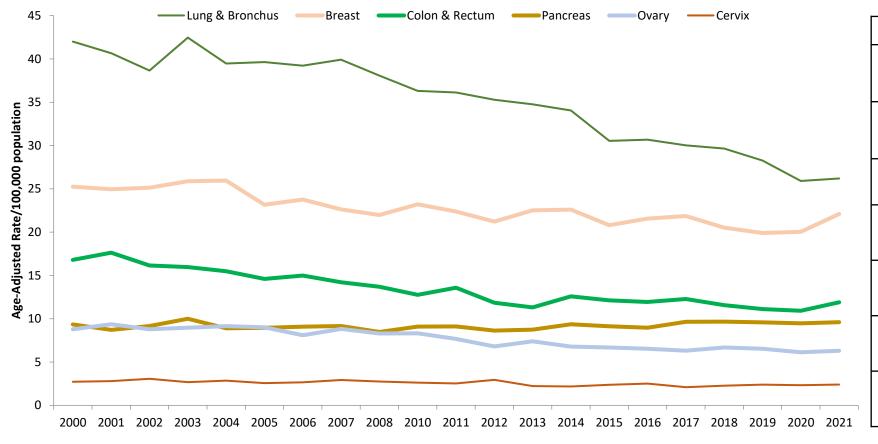
Late-Stage Colon & Rectum Cancer Incidence Trend, Males, Georgia, 2000-2020

Late Stage Colorectal Cancer Incidence Rates by Sex and Race/Ethnicity, Georgia, 2000-2020



Average Annual Percent Change			
All Males	2000-2008 2008-2020		Decrease Decrease
NH AA/Black	2000-2020	-2.35*	Decrease
NH-White	2000-2008 2009-2020		Decrease

Age-Adjusted Cancer Mortality Rate, Females, Georgia, 2000-2021

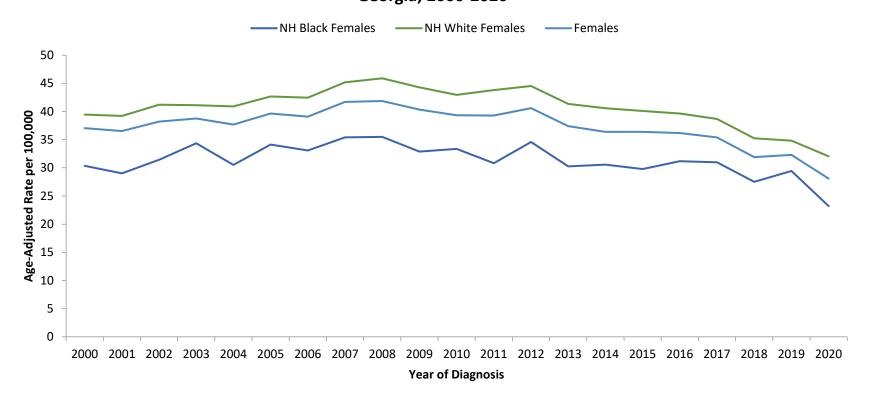


Average Annual Percent Change				
All Cancers	2000-2021	-1.42*	Decrease	
Lung & Bronchus	2000-2011 2011-2021		Decrease Decrease	
Breast	2000-2021	-1.18*	Decrease	
Colon & Rectum	2000-2021 2013-2020		Decrease	
Pancreatic	2000-2012 2012-2021		Decrease Increase	
Ovary	2000-2004 2004-2021		Increase Decrease	
Cervical	2000-2021	-0.56	Decrease	

^{*} Significant

Late-Stage Lung Cancer Incidence Trend, Females, Georgia, 2000-2020

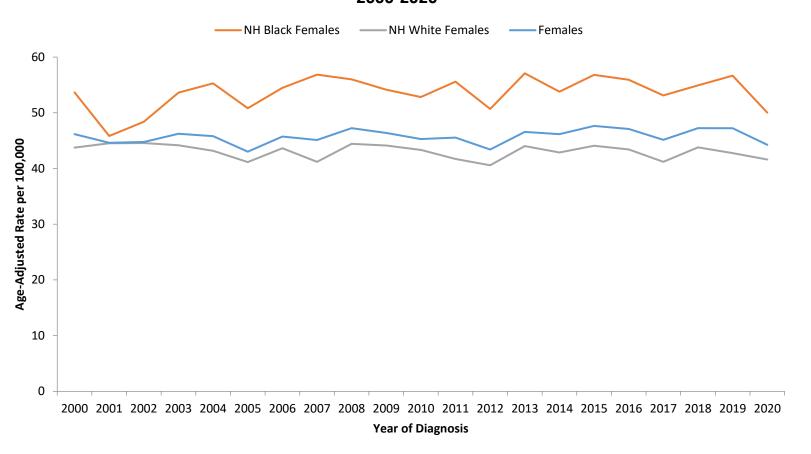
Late Stage Lung and Bronchus Cancer Incidence Rates by Race/Ethnicity, Females, Georgia, 2000-2020



Average Annual Percent Change					
All Females	2000-2009	1.49* Increase			
All rellidies	2009-2020	-2.62* Decrease			
NH AA/Black	2000-2007 2007-2020	2.42 Increase -1.89* Decrease			
NH-White	2000-2011 2011-2020	1.18* Increase -3.26* Decrease			

Late-Stage Breast Cancer Incidence Trend, Females, Georgia, 2000-2020

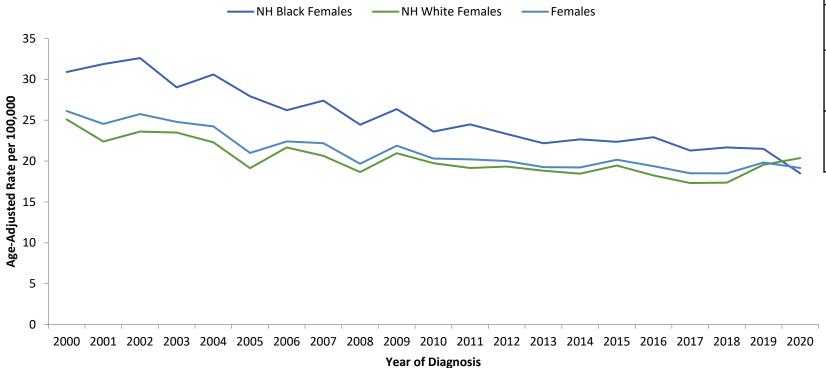
Late Stage Breast Cancer Incidence Rates by Race/Ethnicity, Females, Georgia, 2000-2020



Average Annual Percent Change				
All Females	2000-2020 0.13 Increase			
NH AA/Black	2000-2020 0.22 Increase			
NH-White	2000-2020 -0.16 Decrease			

Late-Stage Colorectal Cancer Incidence Trend, Females, Georgia, 2000-2020

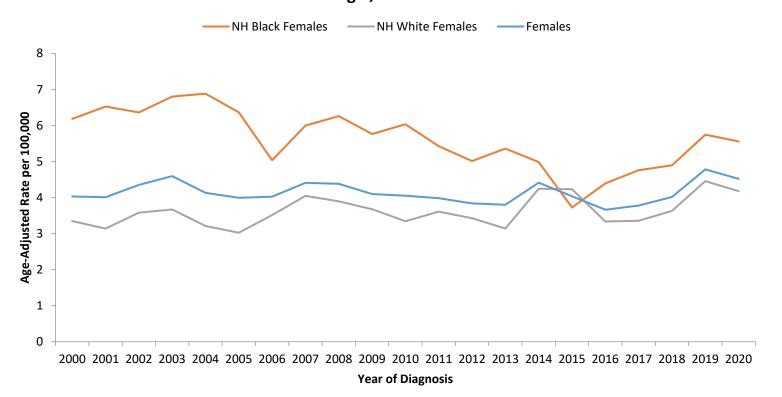
Late Stage Colorectal Cancer Incidence Rates by Race/Ethnicity, Females, Georgia, 2000-2020



Average Annual Percent Change				
All Females	2000-2011 2011-2020			
NH AA/Black	2000-2007	-2.38*	Decrease	
NH-White	2000-2018 2018-2020			

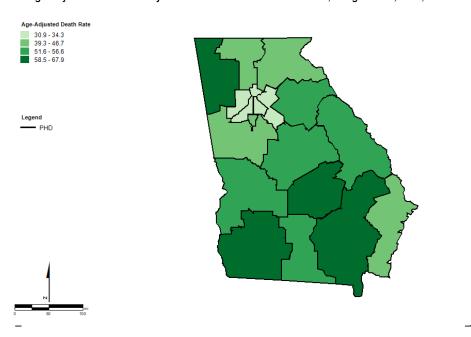
Late-Stage Cervical Cancer Incidence Trend, Females, Georgia, 2000-2020

Late Stage Cervical Cancer Incidence Rates by Race/Ethnicity, Females, Georgia, 2000-2020

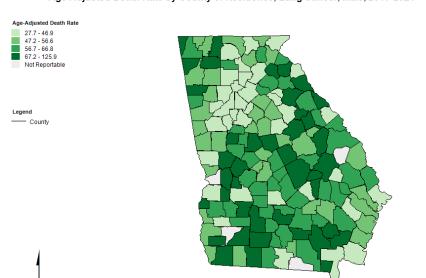


Average Annual Percent Change				
All Females	2000-2017 2017-2020			
NH AA/Black	2000-2017 2017-2020			
NH-White	2000-2020	0.98*	Increase	

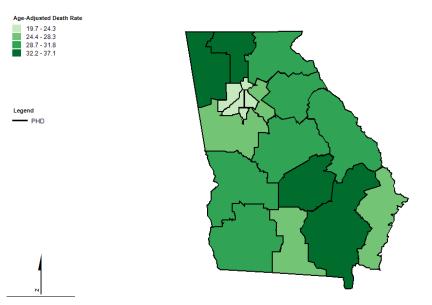
Age-Adjusted Death Rate by Public Health District of Residence, Lung Cancer, Male, 2017-2021



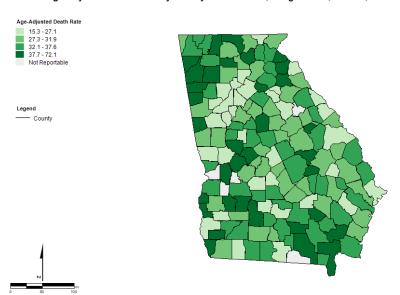
Age-Adjusted Death Rate by County of Residence, Lung Cancer, Male, 2017-2021



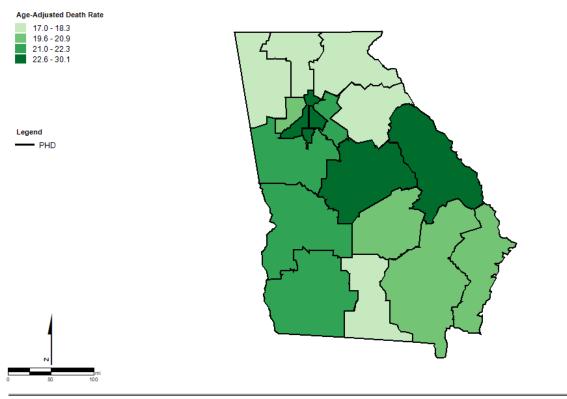
Age-Adjusted Death Rate by Public Health District of Residence, Lung Cancer, Female, 2017-2021



Age-Adjusted Death Rate by County of Residence, Lung Cancer, Female, 2017-2021



Age-Adjusted Death Rate by Public Health District of Residence, Prostate Cancer, Male, 2017-2021

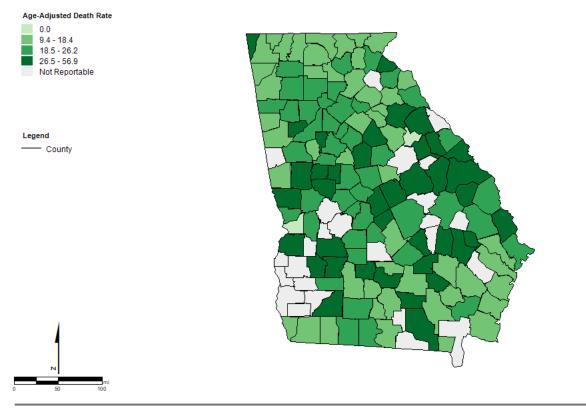


Georgia Department of Public Health Office of Health Indicators for Planning (OHIP)

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Data Classification Method: Quantile

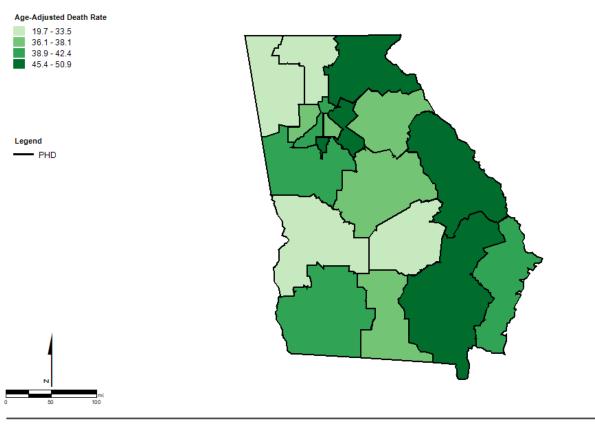
Age-Adjusted Death Rate by County of Residence, Not Hispanic or Latino, Prostate Cancer, Male, 2017-2021



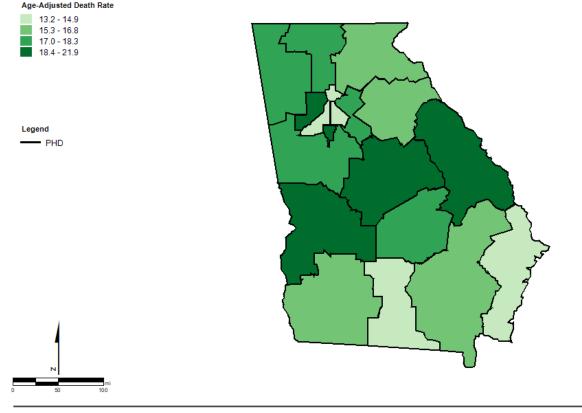


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Age-Adjusted Death Rate by Public Health District of Residence, Black or African-American, Not Hispanic or Latino, Prostate Cancer, Male, 2017-2021



Age-Adjusted Death Rate by Public Health District of Residence, White, Not Hispanic or Latino, Prostate Cancer, Male, 2017-2021



Georgia Department of Public Health
Office of Health Indicators for Planning (OHIP)

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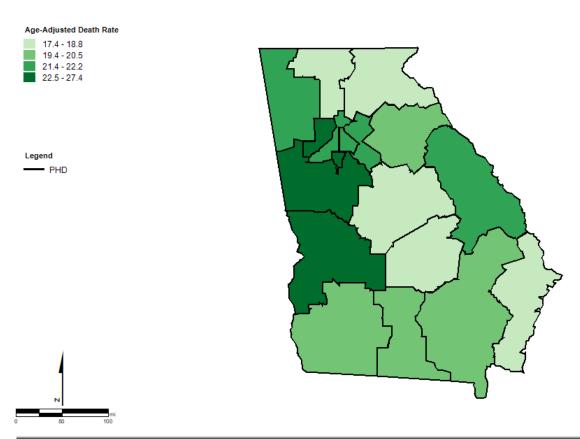
Data Classification Method: Quantile



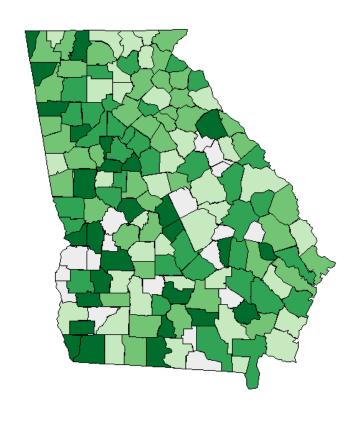
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Age-Adjusted Death Rate by Public Health District of Residence, Breast Cancer, Female, 201 2021

Age-Adjusted Death Rate by County of Residence, Breast Cancer, Female, 2017-2021









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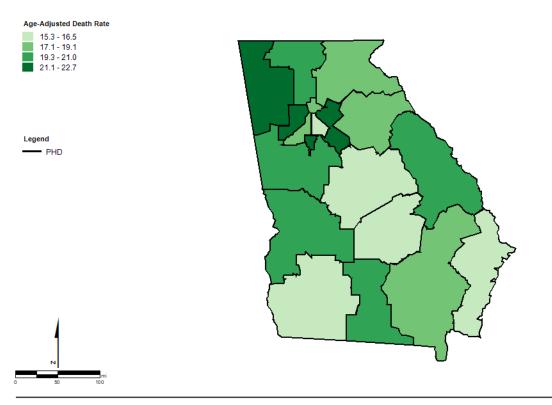
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Georgia Department of Public Health
Office of Health Indicators for Planning (OHIP)

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Age-Adjusted Death Rate by Public Health District of Residence, White, Not Hispanic or Latino, Breast Cancer, Female, 2017-2021

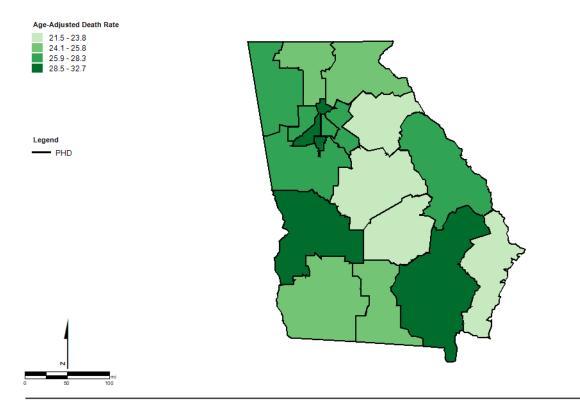


DPH

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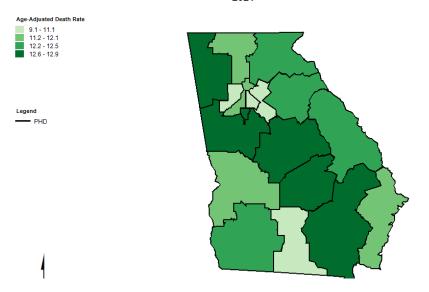
Age-Adjusted Death Rate by Public Health District of Residence, Black or African-American, Not Hispanic or Latino, Breast Cancer, Female, 2017-2021



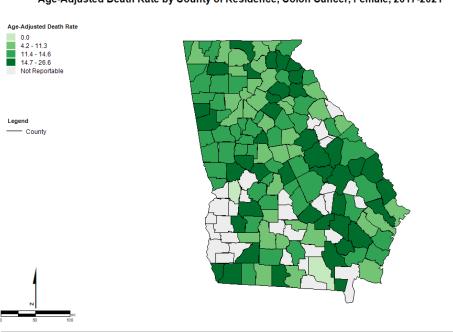


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Age-Adjusted Death Rate by Public Health District of Residence, Colon Cancer, Female, 2017-2021



Age-Adjusted Death Rate by County of Residence, Colon Cancer, Female, 2017-2021



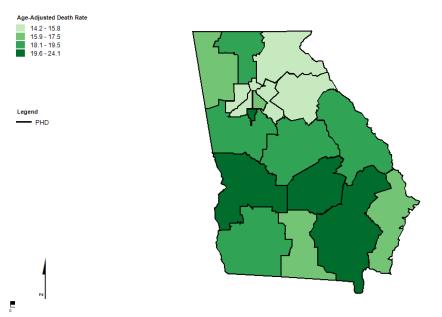
Georgia Department of Public Health

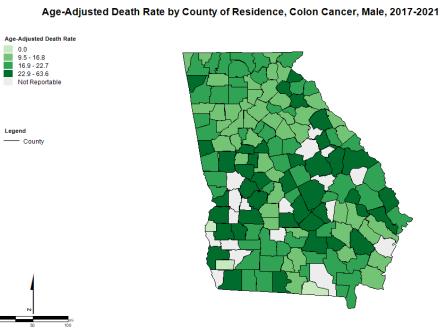
Office of Health Indicators for Planning (OHIP)

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Data Classification Method: Quantile

Age-Adjusted Death Rate by Public Health District of Residence, Colon Cancer, Male, 2017-2021





https://www.atsdr.cdc.gov/placeandhealth/svi/index.html

Vulnerability Overall

Socioeconomic Status

Below 150% Poverty

Unemployed

Housing Cost Burden

No High School Diploma

No Health Insurance

Household Characteristics Aged 65 & Older

Aged 17 & Younger

Civilian with a Disability

Single-Parent Households

English Language Proficiency

Racial & Ethnic **Minority Status**

Hispanic or Latino (of any race) Black or African American, Not Hispanic or Latino Asian, Not Hispanic or Latino American Indian or Alaska Native, Not Hispanic or Latino Native Hawaiian or Pacific Islander, Not Hispanic or Latino Two or More Races, Not Hispanic or Latino

Other Races, Not Hispanic or Latino

Housing Type & Transportation

Multi-Unit Structures

Mobile Homes

Crowding

No Vehicle

Group Quarters

CDC/ATSDR Social Vulnerability Index (SVI)

A tool to identify socially vulnerable communities GRASP



CDC/ATSDR SVI

What is social vulnerability?

Every community must prepare for and respond to hazardous events, whether a natural disaster like a tornado or disease outbreak, or a human-made event such as a harmful chemical spill. A number of factors, including poverty, lack of access to transportation, and crowded housing may weaken a community's ability to prevent human suffering and financial loss in a disaster. These factors are known as social vulnerability.

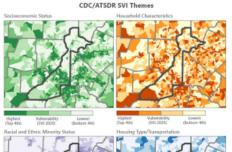
What is the CDC/ATSDR Social Vulnerability

ATSDR's Geospatial Research, Analysis & Services Program (GRASP) created databases to help emergency response planners and public health officials identify and map communities that will most likely need support before, during, and after a hazardous



as an overall ranking.

The CDC/ATSDR SVI uses U.S. Census data to determine the social vulnerability of every census tract. Census tracts are subdivisions of counties for which the Census collects statistical data. The SVI ranks each tract on 16 social factors, including poverty, lack of vehicle access, and crowded housing, and groups them into four related themes. Maps of the four themes are



How can the CDC/ATSDR SVI help communities be better prepared?

shown in the figure below. Each tract receives a

separate ranking for each of the four themes, as well

The SVI can help public health officials and local planners better prepare for and respond to emergency events like hurricanes, disease outbreaks. or exposure to dangerous chemicals.

CDC/ATSDR SVI databases and maps can be used to:

- Estimate the amount of needed supplies like food, water, medicine, and bedding.
- Help decide how many emergency personnel are required to assist people.
- Identify areas in need of emergency shelters.
- Plan the best way to evacuate people, accounting for those who have special needs, such as people without vehicles, the elderly, or people who do not understand English well.
- Identify communities that will need extra funding and support before, during, and after a

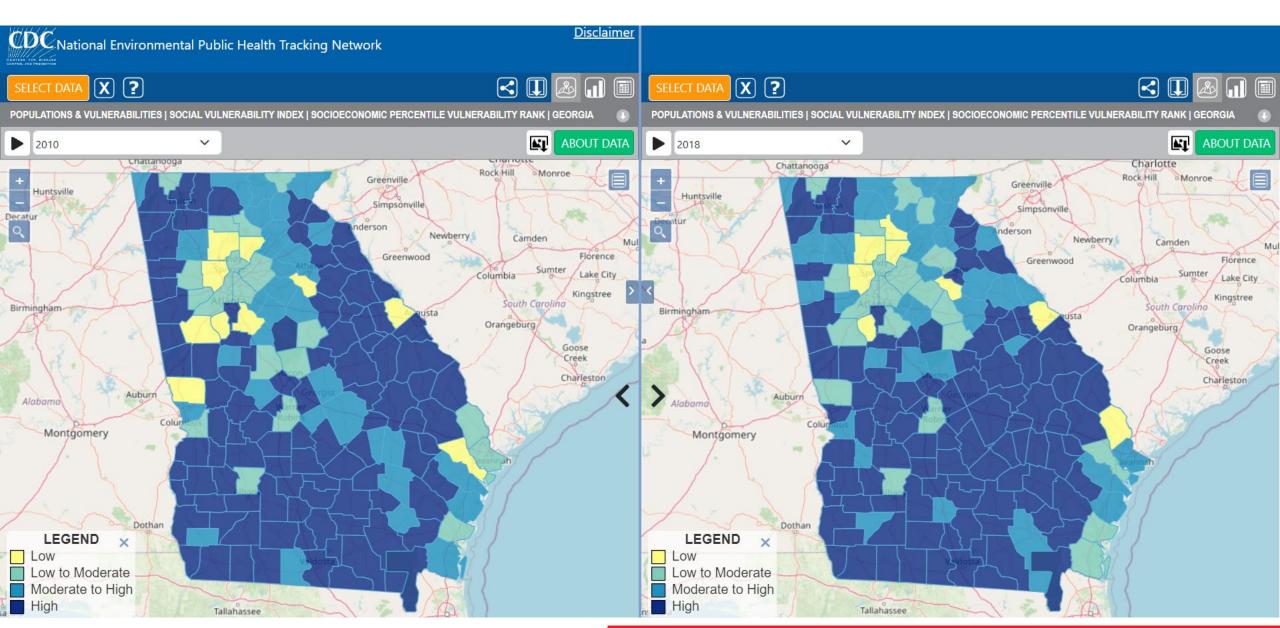
Maps show the range of vulnerability in Fulton County, Georgia

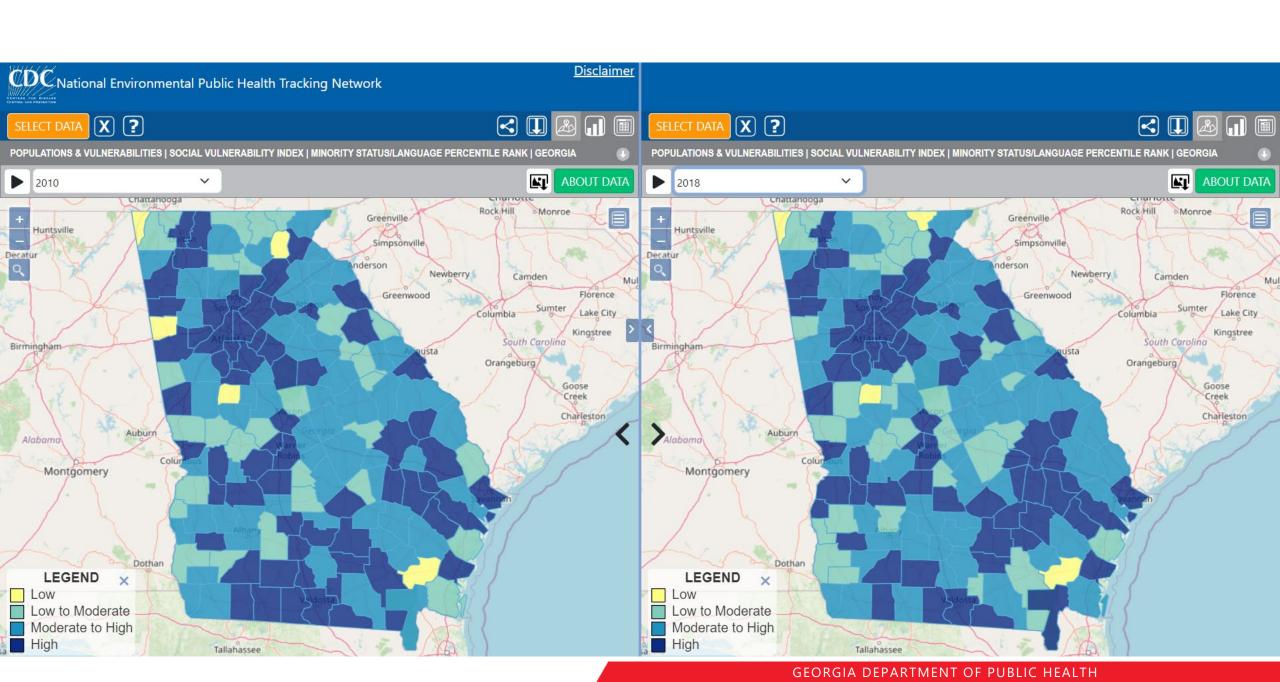
For more information, please visit http://svi.cdc.gov or contact the CDC/ATSDR SVI Coordinator (svi_coordinator@cdc.gov).

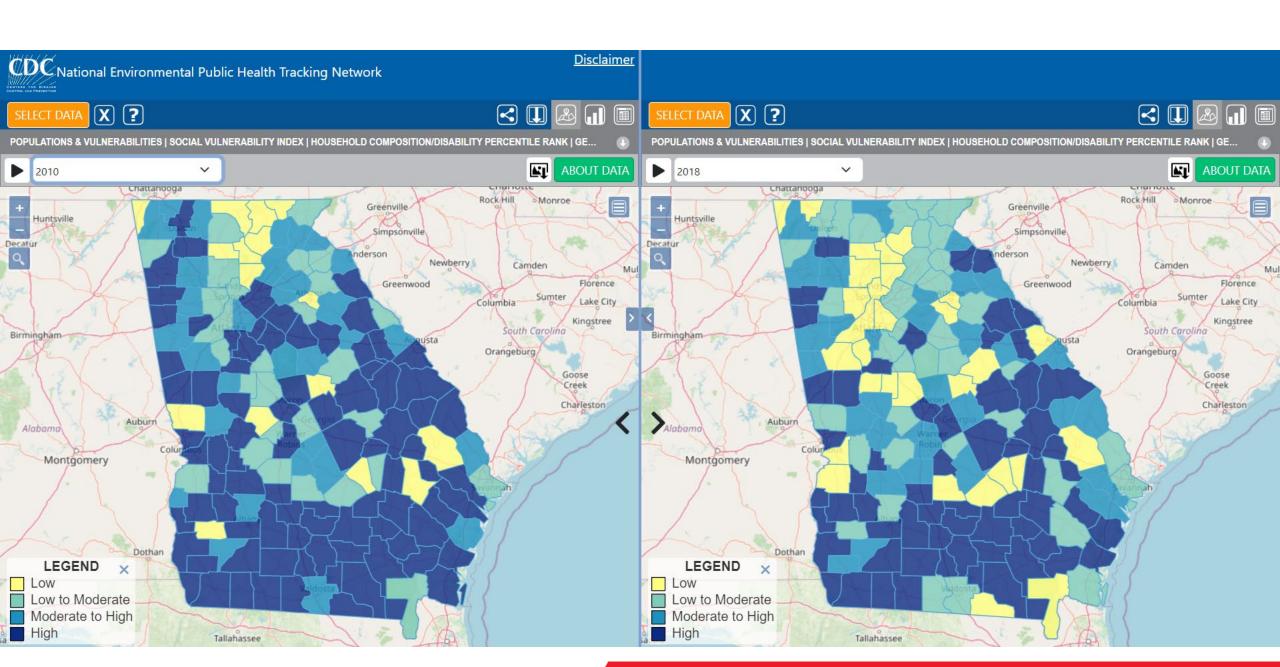


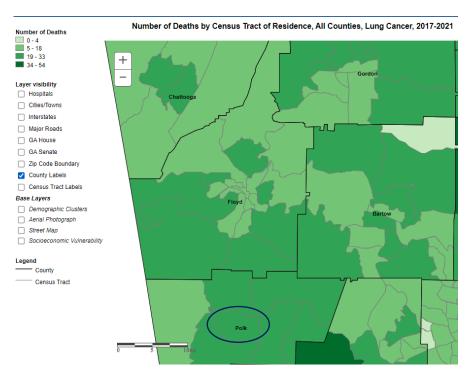
Centers for Disease Control and Prevention

https://ephtracking.cdc.gov/DataExplorer/

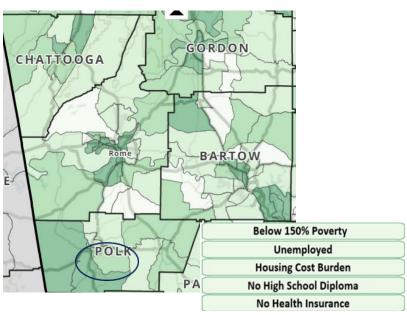




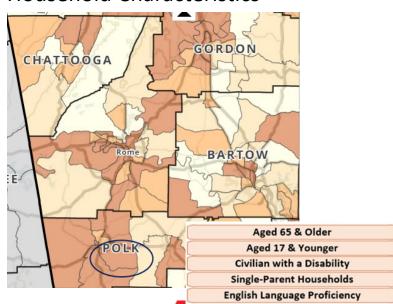


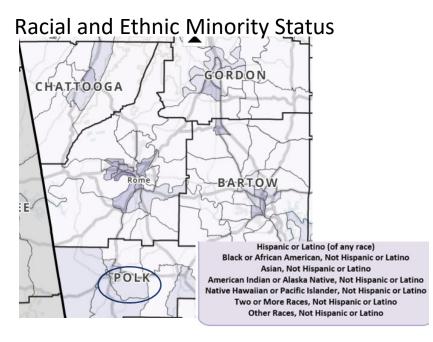


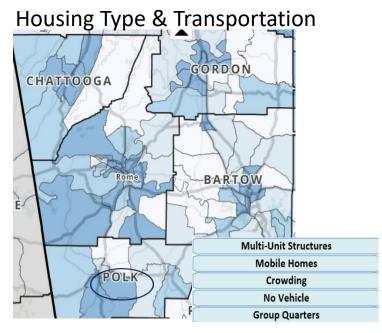
Socioeconomic status

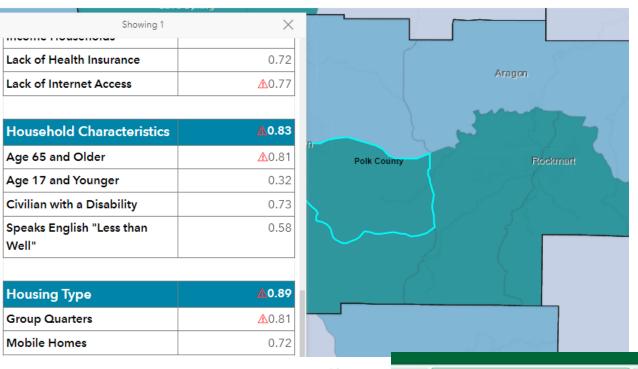


Household Characteristics





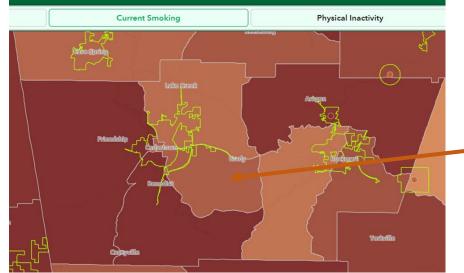




Census tract	2020
Census tract	2020
Total Population in Group Quarters	260
Institutionalized Population	243
Correctional Facilities for Adults	131
Juvenile Facilities	62
Nursing Facilities/Skilled-nursing Facilities	50
Other Institutional Facilities	0
Noninstitutionalized Population	17
College/University Student Housing	0
Military Quarters	0
Other Noninstitutional Facilities	17

Total Population: 5,993; 64.6% White; AA/Black 17.4%; 17.2% Hispanics

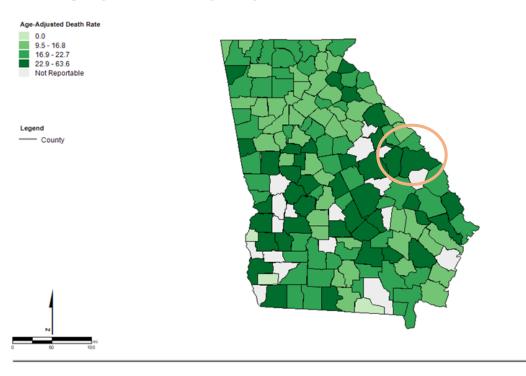
Socioeconomic Status	<u></u> 40.75
Poverty	0.66
No High School Diploma	∆ 0.85
Unemployment	0.52
Housing Tenure	0.62
Housing Burdened, Lower- Income Households	0.56
Lack of Health Insurance	0.72
Lack of Internet Access	∆ 0.77

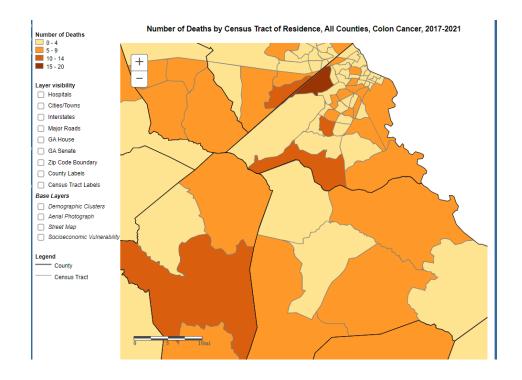


In this area, the estimated prevalence of current smoking among adults aged 18 years and older (%) was **20.6** with 95% CI (18.8, 22.3) in 2020.

https://onemap.cdc.gov/portal/apps/sites/#/eji-explorer

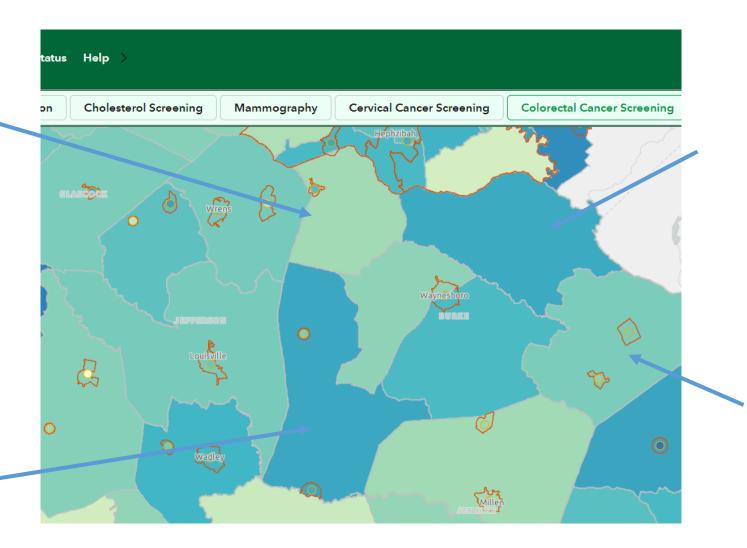
Age-Adjusted Death Rate by County of Residence, Colon Cancer, Male, 2017-2021





Estimated colorectal cancer screening prevalence, adults aged 50-75 years (%) was **65.0** with 95% CI (63.1, 66.7) in 2020

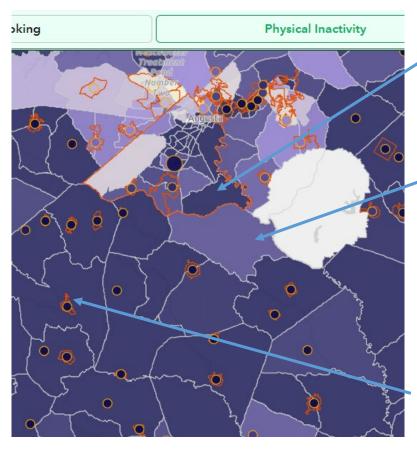
Estimated colorectal cancer screening prevalence, adults aged 50-75 years (%) was **69.5** with 95% CI (68.2, 70.6) in 2020.



Estimated colorectal cancer screening prevalence, adults aged 50-75 years (%) was **69.3** (95% CI:**67.2**, **71.3**) in 2020.

Estimated colorectal cancer screening prevalence, adults aged 50-75 years (%) was **66.4** (95% CI:64.8, 68.0) in 2020.

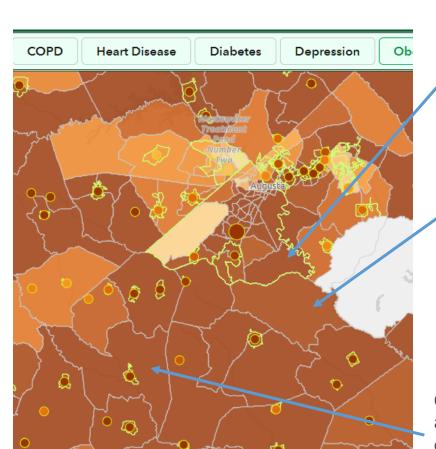
PLACES: Local Data for Better Health (arcgis.com)



Physical Inactivity prevalence adults aged 18 years & older was **34.5%** in 2020.

Physical Inactivity prevalence adults aged 18 years & older was 28.9% in 2020.

Physical Inactivity prevalence adults aged 18 years & older was **37.1** % in 2020.



Obesity prevalence adults aged 18 years & older (%) was **41.5** (95% CI: 40.5, 42.4) in 2020.

Obesity prevalence adults aged 18 years & older (%) was **39.5** (95% CI:38.5, 40.5) in 2020.

Obesity prevalence adults aged 18 years & older (%) was 42.2 (95% CI:40.9, 43.3) in 2020.

