



Georgia Department of Human Resources Division of Public Health Office of Prevention Services & Programs



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Social Indicator Study to Assess Substance Use Prevention Needs in Metropolitan Statistical Areas in Georgia

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1. Introduction

1.1 Substance Abuse in Georgia: The Critical Need for Effective Prevention Strategies

The use and abuse of alcohol, tobacco, and illicit drugs constitute an important public health problem across the country. Given the high prevalence and devastating impacts, drug and alcohol use and abuse are high priorities for federal, state, and local governments. According to the 2005 National Survey on Drug Use and Health (NSDUH), 17 percent of American youth ages 12 to 17 drank alcohol in the month before the survey, 10 percent binged on alcohol, and 2 percent drank alcohol heavily. In addition, 11 percent of youth smoked cigarettes and 10 percent used an illicit drug. Among adults aged 18 or older, more than half drank alcohol in the past month, 24 percent binged on alcohol, and 7 percent drank alcohol heavily. More than a quarter of adults smoked cigarettes in the past month and 8 percent used an illicit drug (Substance Abuse and Mental Health Services Administration [SAMHSA], 2006)

Based on 2004 and 2005 NSDUH data, approximately 15 percent of Georgia youth drank alcohol in the past month and 8 percent engaged in binge drinking. In addition, 13 percent of Georgia youth used a tobacco product, mostly cigarettes (11 percent), and 9 percent used an illicit drug in the past month. Among adults in Georgia

- 52% aged 18 to 25 and 47% aged 26 or older drank alcohol in the past month; 33 percent aged 18 to 25 and 19 percent aged 26 or older engaged in binge drinking;
- 35 percent aged 18 to 25 and 25 percent aged 26 or older smoked cigarettes in the past month; and
- 17 percent aged 18 to 25 and 6 percent aged 26 or older used an illicit drug in the past month (Wright, Sathe, and Spagnola, 2007).

Although applying prevention principles and approaches to the task of reducing substance use and abuse makes good sense, challenges remain to develop a systematic planning approach that will maximize the benefits of prevention efforts in Georgia. Not all prevention strategies (i.e., programs, practices, and policies) are equally effective or appropriate for the full range of populations and geographic areas in need. Tools that can be used at the state and local levels (i.e., county, Metropolitan Statistical Area (MSA), such as social indicator studies that would inform selecting of useful and appropriate prevention strategies are vital.

1.2 Georgia's Prevention Planning and Services

The Georgia Department of Human Resources, Division of Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD) is the single state authority designated in Georgia to administer U.S. Department of Health and Human Services (DHHS) Substance Abuse Prevention and Treatment (SAPT) block grant funds. MHDDAD provides treatment and support services to people with mental illnesses and addictive diseases, and support to people with mental retardation and related developmental disabilities. The division also funds evidenced-based prevention services aimed at reducing substance abuse, violence, and preventable disabilities (e.g., fetal alcohol syndrome), while promoting mental health to address suicide and related consequences. However, during 2007, the Office of Prevention Services and Programs (OPSP) transitioned from MHDDAD to the Division of Public Health (DPH).

In keeping with the directive from SAMHSA, a major goal in Georgia is to promote the implementation of evidence-based prevention strategies throughout the state. Evidence-based strategies (also referred to as "science-based" and "research-based") are scientific approaches that have demonstrated effective methods in reducing risk factors; increased protective factors; and reduced actual substance use. OPSP currently has several statewide prevention strategies funded with federal substance abuse block grant funds:

- Drug Free Workplace Program is operated by the Georgia Drugs Don't Work Program, Inc., of the Council on Alcohol and Drugs, an affiliate of the Georgia Chamber of Commerce. It is designed to help employers become certified drug-free workplaces by establishing employee assistance programs and drug-free workplace policies.
- Helpline Georgia provides confidential, round-the-clock, crisis intervention, information, and referral through a toll-free line. Callers can request help for substance abuse, gambling, family violence and sexual assault problems; report drug selling and child abuse; gain information on support and self-help groups; and obtain information on the Crime Victims Compensation Program.
- Maternal Substance Abuse and Child Development Project focuses on prevention of negative consequences of a maternal drug use through a variety of services.
- The Red Ribbon Campaign is an annual week-long substance abuse awareness and prevention campaign that celebrates drug-free living and promotes ongoing prevention activities in local communities.
- The Georgia Substance Abuse Prevention in Higher Education at the University of Georgia addresses collegiate alcohol and other drug use and abuse. Under contract to the Georgia Board of Regents, the University of Georgia in this initiative is assessing ongoing needs of college communities across the state for prevention and intervention services and programs. Services and programs are developed under the six CSAP strategies, recommendations from the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the Higher Education Center's Statewide Initiatives, and Georgia Network of Colleges and Universities Standards.
- The Georgia Alliance for Drug Endangered Children (GADEC) was launched with the support of the Office of Prevention Services and Programs and managed by the Administrative Office of the Courts. Patterned after the National Alliance for Drug Endangered Children, GADEC promotes the multidisciplinary team approach to addressing the multiplicity of problems faced by children victimized by the production, sale, or use of alcohol and illicit substances. Protocols for medical and psychosocial assessment of children, child protective services and child abuse investigations, clandestine methamphetamine lab disposal, law enforcement and prosecution, and public education and awareness are included in this effort.

Georgia's 159 counties are divided into five regional planning and service delivery areas (see Exhibit 1), which are used for planning, administrating block grant and Safe and Drug-Free Schools funds, and service delivery. Each regional planning area has a full-time federally funded regional prevention specialist responsible for planning, coordinating, and contracting for direct services regionally. Over 170 prevention service providers are contracted to provide prevention services.

1.3 Georgia's County-Level Social Indicator Study

In 2004, through a cooperative agreement between the governor and SAMHSA, the State of Georgia was awarded a 1-year State Incentive Planning Grant (SIPG). The grant supported the development of an infrastructure to provide comprehensive prevention services. One of Georgia's goals for the SIPG was to help enhance the state's capacity for acquiring a Strategic Prevention Framework State Incentive Grant (SPF-SIG). Another more important goal was to develop standardized monitoring and dissemination of substance abuse-related data. The Strategic Prevention Framework (discussed in detail later) is CSAP's flagship, the Targeted Prevention Capacity Program, designed to address prevention service capacity needs within states and communities.

As part of the SIPG, states were required to carry out the following three goals and their attending objectives:

- Ensure that the governor's office established a state-level committee with a substance abuse prevention and early intervention focus that would (a) build consensus about program goals and strategic planning with diverse state agencies, and (b) provide overall coordination of the state's SIPG.
- 2. Develop a comprehensive statewide substance abuse and early intervention plan that would identify prevention and technical assistance needs, gaps in services, prevention funding streams and resources, ways to improve collaboration and coordination among agencies.
- 3. Develop capacity and readiness to promote and support future implementation of science-based prevention and intervention services in local communities.

To meet the first objective, the governor's Cooperative Agreement Advisory Committee (CAAC) for Youth Substance Abuse Prevention was created as part of the planning grant proposal. Nine subcommittees were formed to address the goals and objectives of the SIPG and prepare to apply for a SPF-SIG. The CAAC Needs Assessment Subcommittee was charged with preparing for and conducting a county-level social indicator study to (1) facilitate prevention planning at the local level, and (2) serve as a core component of the comprehensive statewide prevention plan. It was determined that this effort would serve as Phase I in an ongoing assessment of need. The second phase focused on sub-county-level data that would inform community-level planning at the lowest level possible (e.g., city, town). However, because data at the county-level were already available, MSA analyses were conducted first. A city-level social indicator study will be completed later in the year. Georgia's county-level social indicator study was completed in March 2006, and has been widely distributed for use by prevention planners and program implementers (see Weimer & Graham, 2006).



Exhibit 1. Georgia MHDDAD Planning or Service Delivery Regions, by County

Source: Georgia Cross-site Evaluation: MSA Social Indicator Study, 2007.

1.4 Georgia State Epidemiological Outcomes Workgroup (GA-SEOW)

In addition to the SIPG, MHDDAD was awarded a special contract to establish an epidemiological and outcomes focused effort to inform planning for services and programs to prevent substance abuse and its consequences. While within MHDDAD, OPSP was charged with establishing and conducting the Georgia State Epidemiological Outcomes Workgroup (GA-SEOW). After the award, OPSP was transferred to DPH and maintained responsibility for the conduct of the GA-SEOW.

The GA-SEOW allows for the continued collection, analysis, and reporting of substance abuse consumption patterns and related consequences that began as part of the SIPG, as well as the collection of national and state performance measures. The overarching goal of the GA-SEOW is to build a comprehensive statewide mechanism for sharing data elements that enable the state to make culturally appropriate, data-driven decisions to use effectively prevention resources, and to ascertain whether the use of resources have accomplished goals and objectives that meet the identified need. The GA-SEOW is a centerpiece of the Strategic Prevention Framework (SPF) which calls for establishing data driven priorities and performance measurements. Given the overall goal, responsibilities of the GA-SEOW include:

- reviewing existing secondary or archival data sources to develop a statewide epidemiological profile of substance abuse consumption patterns and related consequences;
- 2. identifying gaps in existing data;
- 3. investigating emerging data sources;
- 4. developing methods of collecting and analyzing primary data to identifying risks, needs, service gaps and for measuring performance based on national and state outcome measures; and
- 5. serving as the state expert panel on National Outcome Measures (NOMs).

The GA-SEOW will join a network of State SEOWs to share information, inform and codify national data collection strategies and methods. Moreover, the GA-SEOW will develop high quality, state-of-the-science surveillance and outcome data gathering technologies while communicating findings to a wide range of stakeholders including, but not limited to, state agencies, prevention service and program providers, community coalitions, policy makers, and the public.

The GA-SEOW is made up of a multi-disciplinary group of professionals representing state agencies, higher education, and community-based organizations. Currently, individuals from the following agencies and organizations serve on the GA-SEOW:

- Division of Mental Health, Developmental Disabilities and Addictive Diseases
- Division of Public Health
- Department of Education
- Division of Aging
- Division of Juvenile Justice
- Emory University
- Department of Revenue
- Clinic for Education, Treatment and Prevention of Addiction (CETPA)

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- Medical College of Georgia
- Southeast Center for the Application of Prevention Technologies (SECAPT)
- Council on Alcohol and Drugs
- DeKalb Prevention Alliance
- Enforcement Administration
- Georgia Hospital Association
- HODĂC
- Governor's Office of Highway Safety
- Centers for Disease Control and Prevention
- University of Georgia
- Drug Enforcement Administration
- RTI International

In March 2007, the GA-SEOW released the *Georgia Epidemiological Profile for Substance Abuse Prevention: Addressing Alcohol, Tobacco, and Other Drugs.* This report illustrates the status of substance abuse consumption patterns and substance abuse-related consequences across the life span. The existence of the Georgia Epidemiological Profile and County-level Social Indicator Reports represent a transformative effort to assemble data to facilitate outcomes-based prevention planning. The Office of Prevention Services is now presented with envious tasks of determining how best to integrate its Epidemiological Profile Report findings and findings included in its family of Social Indicator Studies (i.e., county-level, MSA-level, and major cities).

1.5 The Strategic Prevention Framework State Incentive Grant (SPF-SIG)

The SPF-SIG program is one of SAMHSA's infrastructure grant programs. Through preparatory work conducted as part of the GA SIPG, OPSP received a SPF-SIG award in September 2006. The SPF-SIG will support an extensive state and local collaboration to build and implement a data-driven prevention system that provides tools and support to promote substance abuse prevention and health promotion. The GA SPF-SIG will create unified structures for local planning and programming, and provide guided funding for local delivery of evidence-based prevention strategies statewide.

The primary goals of the SPF-SIG are to:

- Prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking;
- Reduce substance-abuse-related consequences in communities;
- Build prevention capacity and infrastructure at the state or tribal and community levels.

The SPF is built on a community-based risk and protective factors approach to prevention and a series of guiding principles that can be operationalized at the federal, state, tribal, or community levels. The SPF is grounded in the public health approach and includes five steps. Each step must be completed by both the grantee (i.e., Georgia) and the subrecipient communities receiving funds to implement prevention policies, programs, and services. These five steps include the following:

- Step 1: Profile population needs, resources, and readiness to address needs and gaps. The first step is to profile population needs, resources, and readiness to address the consequences and gaps in service delivery. This step is to be accomplished by conducting a needs assessment by establishing a SEOW or by working with an existing epidemiological workgroup.
- Step 2: Mobilize and build capacity to address needs. To accomplish this step, key stakeholders will be meet, train, establish coalitions, and provide other resources.
- Step 3: Develop a comprehensive strategic plan. Using data from the needs assessment, states, tribes and subrecipient communities will develop comprehensive strategic plans. The strategic plans must be data driven and focused on addressing the most critical needs.
- Step 4: Implement evidence-based prevention policies, programs, and policies and infrastructure development activities. Findings of the needs assessments will guide selection and implementation of policies, programs, and practices shown to be effective in research settings and communities. Implementers must ensure that the policies, programs, and practices are culturally competent.
- Step 5: Monitor process, evaluate effectiveness, sustain effective programs or activities, and improve or replace those that fail. Grantees will provide ongoing monitoring and evaluation and performance measurements of all activities, and training and technical assistance to local communities. Grantees will assess program effectiveness, ensure service delivery quality, identify successes, encourage needed improvement, and promote sustainability of effective policies, programs, and practices in consideration of performance data provided by subrecipient communities. Grantees are required to provide performance data to SAMHSA regularly.

Because of the work conducted as part of the SIPG and SEOW, Georgia is well prepared to conduct an SPF-SIG. The MSA-level social indicator study will further the state's needs assessment efforts and complement the work of the SEOW. The following section describes the MSA level social indicator study and its value to prevention planning.

1.6 Georgia's MSA-Level Social Indicator Study

The conduct of the MSA-level (Phase II) social indicator study was implemented following the conclusion of the SIPG, but during the SEOW implementation and award of the

Strategic Prevention Framework – State Incentive Grant. The purpose of the MSA social indicator study was to help assess prevention needs at the MSA level using data already available from archival sources, commonly referred to as "social indicators." The underlying premise of the social indicator study is that social, demographic, economic, and other characteristics of geographic areas are associated with substance abuse and that these characteristics (or indicators) are available through extant data sources. Some of these characteristics may be direct indicators of substance use and substance-use-related

Available information about counties can help characterize their particular substance abuse consequences, consumption patterns and risk factors, thus can also suggest appropriate prevention strategies.

consequences, whereas others may be indicators of risk and protective factors that, in turn, are

believed to increase or decrease the likelihood of substance use behaviors and related consequences. Data on these characteristics, when considered collectively, help to characterize geographic areas with respect to the nature and extent of their substance use consequences and risk and protective factors that may be associated with substance use. Geographic areas (e.g., communities) are expected to have different types or varying levels of substance use, related consequences, and risk and protective factors. When systematically assessed, this information can provide useful insights regarding the nature of substance use consequences and prevention needs in specific areas and help identify appropriate prevention strategies (program, policies, and practices). However, these data should be examined within CSAP's strategic prevention framework make the Epi Profile Report and the Social Indicator Studies complementary.

The MSA social indicator study will serve as an additional resource for characterizing substance use and prevention needs, and in conjunction with the SIPG county social indicator study. State and regional level prevention staff and state-level policy makers can use this resource to provide data-driven information to make decisions or to develop goals and objectives. The study will help provide a context in which local archival data are interpreted and used to document prevention needs, planning or targeting prevention services. As Georgia moves toward a system in which regional and local prevention service providers must empirically demonstrate their needs and justify their programs, the study data will be a valuable resource to state-level prevention staff who must examine how local community needs align with larger geographic catchment areas (i.e., MSA). These requirements are commensurate with SAMHSA's SPF.

1.7 Overview of Report Contents

This report describes the methods and results of the MSA-level social indicator study. Chapter 2 introduces the concept and purpose of social indicator approaches to substance

abuse prevention needs assessment. Chapter 3 describes the data collection and analysis methodologies used for this study.

The focus of this report is a prevention needs

The focus of this report is the risk profile for each of Georgia's 15 MSAs.

assessment and planning profile for each of Georgia's 15 MSAs, including the display of 29 risk constructs composed of one or more social indicators derived from archival sources. These data, as presented in Chapter 4, reflect various dimensions of **substance use and substance use-related consequences** that may exist in communities, as well as sociodemographic characteristics and vital statistics believed to be associated with substance use and the risk for and protection from substance use. The profiles were designed to provide planners and service providers with a concise, visual summary of each MSA's pattern of substance-use-related indicators.

The final chapter is devoted to issues applying social indicator data to prevention planning. It recommends data dissemination solutions to facilitate effective strategies, and use of social indicator data into the state's prevention planning system and the Strategic Prevention Framework.

The appendixes provide detailed information on the sources of the indicator data, tables that contain indicator values at the MSA level, and other supporting information.

2. Purpose and Rationale for the Study

2.1 Using Data to Inform and Enhance Planning Decisions

Federal agencies have made a strong and concerted effort to encourage, or even require, recipients of Federal funds to use empirical data to document their needs, justify their planning decisions, guide their resource allocation, and assess their performance in achieving measurable objectives. Fortunately, and contrary to conventional thought, there have been simultaneous advances in conceptualization and measurement within the field of prevention. These advances provide some useful approaches to assessing prevention services and needs and to evaluating the effectiveness of prevention services. The development and widespread use of the risk and protective factor framework for understanding and preventing substance abuse has been particularly useful and important because it has identified risk and protective factors as key elements to include in data-driven prevention planning and evaluation.

Good planning entails developing reasonable and appropriate models that specify the problems to address and the approaches used to affect them. These are sometimes referred to as "logic models." They are a fundamental component of successful preventive interventions. Although logic models can be based solely on assumptions, they are immeasurably strengthened when their assumptions are

The risk and protective factor framework has been particularly important for developing data-driven approaches to prevention

supported directly by objective data and credible findings from scientific research. Data on substance use problems help (1) prioritize goals and objectives for prevention programs and (2) justify and garner public support for prevention activities. Data on risk factors also can help identify characteristics of the target populations to consider in selecting the most appropriate types of prevention services. Services may either (1) directly target risk factors that are especially high in a certain area or among a population or (2) seek to enhance factors that serve to protect against elevated risk factors.

2.2 Understanding the Risk and Protective Factor Framework

Since the 1990s, the risk and protective factor framework has assumed a prominent role in substance abuse prevention research and practice. Decades of research have shown that certain risk factors, or characteristics of individuals or their environments, are associated with the increased likelihood of health risk behaviors or disorders. Research has also shown that protective factors, or characteristics that reduce susceptibility to risk, act as a positive influence against risk factors (e.g., Garmezy, 1983; Hawkins, Catalano, & Miller, et al., 1992; Coie et al., 1993; Institute of Medicine, 1994; National Institute on Drug Abuse, 1997). Because risk factors are precursors of substance abuse behaviors, **reducing risk factors or protecting against them can prevent the occurrence of such behaviors**. Therefore, risk-focused approaches to substance abuse prevention seek to reduce risk factors for substance abuse and enhance protective factors.

A few aspects of the risk and protective factor framework are especially noteworthy and relevant to prevention needs assessment and planning. First, risk and protective factors include attributes of individuals and their social environments. Environmental influences can exist at the

family, school, workplace, neighborhood, community, and societal levels. Persons exposed to multiple risk factors, and across multiple levels (or domains), are more likely to engage in substance use than those with fewer risk factors. This finding suggests that interventions to prevent substance use should focus on reducing multiple risk factors across all domains of influence. Persons with multiple risk factors, and thus at highest risk, should be priority targets for prevention efforts (Hawkins, Arthur, & Catalano, 1995).

Second, many undesirable behavioral outcomes, such as substance use, delinquency, teen pregnancy, and dropping out of school, share common risk factors. Successful interventions to reduce these common risk factors, or provide protection against them, may have benefits to society that go far beyond preventing drug use. This concept is illustrated in CSAP's web of influence model (Exhibit 2).



Exhibit 2. Web of Influence¹

Third, some risk factors are not likely to change as a result of preventive interventions (e.g., socioeconomic deprivation); others definitely cannot be changed (e.g., gender, genetic predisposition). Such risk factors can, however, help to identify high-risk groups. Preventive interventions then can focus on enhancing protective factors to buffer individuals in these high-risk subgroups from the negative influence of risk factors.

Consistent with the risk and protective factor framework, this study has attempted to collect and present data that reflect the levels and the types of various risk and protective factors at the MSA level. The risk and protective framework suggests that elevated risk factors and suppressed

Elevated risk factors are promising targets for preventive interventions.

protective factors merit special attention and are promising targets for preventive interventions.

2.3 Rationale for a Social Indicator Approach to Prevention Needs Assessment

Application of the risk and protective factor framework to prevention planning relies on information regarding the levels of risk and protection in the areas or populations to be served. Social indicators provide a significant source of data that can be used for this purpose. Social indicator studies are particularly valuable because they bypass the high cost and time commitments, as well as many of the methodological weaknesses and impracticalities, associated with primary data collection. As an alternative or complementary approach, social indicators can help characterize prevention needs for geographic areas by using epidemiological and other data regularly collected for other purposes by government agencies and other organizations. As new archival data become available, these characterizations can be updated without incurring the costs of new primary data collection efforts and, thus, can form an important component of an ongoing **data-driven approach** to assessing prevention needs at the state, regional, and local levels.

Social indicator data gathered from archival sources have been used for decades to study and help characterize local areas such as states, counties, cities or metropolitan areas, and even neighborhoods, with respect to health and social issues and related attributes. In the 1940s, researchers from the University of Chicago demonstrated compelling

Social indicators have been used for many years for both research and planning purposes.

linkages between social and economic characteristics of neighborhoods within Chicago and their rates of crime and violence (Shaw & McKay, 1942). Since then, social indicators also have been widely used to assess quality-of-life issues for local entities across the country. One of the most notable examples is the Annie E. Casey Foundation's *KIDS COUNT Data Books* (e.g., the Annie E. Casey Foundation, 2006). Even more relevant to substance abuse are publications of studies from the National Institute on Drug Abuse's (NIDA) Community Epidemiology Work Group (CEWG) (NIDA, 1998, 2005).

Many of the early applications of the social indicator approach to needs assessment were in the mental health area (Cagle & Banks, 1986; Ciarlo, Tweed, Shem, Kirkpatrick, & Sachs-Ericsson, 1992; Warheit, Bell, & Schwab, 1977) and subsequently were applied to substance use treatment needs assessment (McAuliffe et al., 1993; Simeone, Frank, & Aryan, 1993). The underlying rationale of these efforts was to make use of existing data to indirectly gauge treatment needs in the absence of direct estimates (e.g., as might be obtained from surveys of the resident population). The primary objective of these studies has been to combine social indicators into an overall estimate of the treatment needs for specific geographic units. Several approaches have been employed in these efforts, although they generally have shared common features such as the use of data-reduction techniques (e.g., factor analysis). Most also have used some external criterion, such as simply ordering the indicators by importance or believed impact, and differentially weighting and combining the indicators into a single-point estimate of substance abuse prevalence or substance abuse treatment needs. For assessing prevention needs, the specific information about each risk or protective factor is viewed as being even more important than the overall estimate of prevention need. From the perspective of the risk and protective factor framework, the specific constellation of substance use behaviors and risk and protective factors is valuable information toward determining the nature of substance use problems. Once the nature of a problem has been determined, the risk and protective factors that need to be addressed to reduce and prevent the

problem can be identified. This focus on each risk and protective factor does not mean, however, that the overall risk of the specified geographic area (e.g., county, MSA, region) is of no use. A single, overall risk estimate can serve other purposes, such as enhancing community awareness and mobilization efforts and informing decisions about resource allocation.

Consideration of the entire constellation of risk constructs is useful for determining an area's prevention need.

Upon completion of the county-level social indicator study in 2006, Georgia joined several other states already applying a social indicator approach to substance use prevention planning (e.g., Peterson, 2004; Flewelling & Weimer, 2000; Minnesota Department of Public Health, 1994; New York State Office of Alcoholism and Substance Abuse Services, 1996; Spencer, Kuo, & Flewelling, 2001; Sanchez & Weimer, 2002; Calkins, Banks, & Weimer, 2002; Harris, McGorray, & Gray, 2003; Stein-Seroussi, 1998; Zechmann, Flewelling, & Van Eenwyk, 1995). As in other states, the county social indicator study provided useful information for community planners, including a compendium of archival data and summaries of risk at the county-level which inform and provide a data-driven approach to implementing substance abuse prevention programs, policies, and practices. This MSA-level social indicator study provides another tool for examining prevention need at yet another geographic level.

Details regarding the collection of the social indicator data and the State's approach to creating MSA profiles based on these data are provided in Chapter 3.

3. Data Collection and Analysis

3.1 Selection of Social Indicators

The archival indicators selected for this study were based on data and constructs used in Georgia's county-level social indicator study. A total of 53 indicators were collected and organized into 10 categories and the general concepts that they appeared to reflect. The 10 categories, the specific indicators within each category, and the years for which archival data were collected are displayed in Exhibit 3.

3.2 Data Sources and Collection Procedures

The indicator data were identified and collected by the Georgia SIPG Advisory Council Needs Assessment Subcommittee members for the county-level social indicator study and obtained from a variety of state and federal agencies. The same data were used to conduct MSA-level analyses. State data sources included the following:

- Department of Human Resources
- Department of Revenue, Alcohol and Tobacco Division
- Office of the Secretary of State
- Department of Education
- Georgia Bureau of Investigation
- Department of Juvenile Justice
- Georgia Hospital Association
- Governor's Office of Highway Safety

Federal data sources included the U.S. Census Bureau, the U.S. Department of Labor, and the Drug Enforcement Administration. Data were also provided by the Family Connection Partnership.

Most indicators selected for this study were obtained from standard administrative and reporting databases generated by the source agencies. As a result, we expect the data collection procedures used to collect these indicators are valid and reliable. The frequency distribution of each indicator was examined, and indicators with unusual distributions or extreme values were noted and adjusted or dropped as necessary. Source agencies provided data as text files, Excel spreadsheets, or in hard-copy form. Data also were copied or downloaded from the Internet. Details about the data sources and indicator definitions are provided in Appendix A.

Indicators were abstracted from standard administrative and reporting data generated by the source agencies or downloaded from the Internet.

Arc	hival Indicators	Data Years ¹		
Α.	Alcohol and Drug Abuse			
1.	Juvenile arrest rate for alcohol violations	FY 2001-2005		
2.	Juvenile arrest rate for narcotics violations	FY 2001-2005		
3.	Adult arrest rate for narcotic violations	CY 2000-2004		
4.	Adult arrest rate for driving while impaired (DUI)	CY 2000-2004		
5.	Percent of alcohol related vehicle crashes with drivers aged 10-17	CY 2004		
6.	Percent of vehicle crashes in which alcohol and/or drugs were a factor	CY 2002		
7.	Adult alcohol treatment admission rate	FY 2001-2005		
8.	Adult drug treatment admission rate	FY 2001-2005		
9.	Juvenile alcohol treatment admission rate	FY 2001-2005		
10.	Juvenile drug treatment admission rate	FY 2001-2005		
11.	Alcohol-related hospital discharge rate	CY 2000-2004		
12.	Drug-related hospital discharge rate	CY 2000-2004		
13.	Alcohol-related death rate	CY 2000-2004		
14.	Drug-related death rate	CY 2000-2004		
<u>B.</u>	Community Disorganization and Transition			
1.	Percentage of residential properties that are renter-occupied	CY 2000		
2.	Percentage of residential properties that are unoccupied	CY 2000		
3.	Percentage adult population not registered to vote	June 2005		
4.	Percentage adult population not voting in presidential elections	CY 2000 & 2004		
5.	Percentage of total population moving into the county	CY 2000		
6.	Percentage of total population moving out of the county	CY 2000		
<u>C.</u>	Community Crime			
1.	Juvenile arrest rate for violent index crimes	FY 2001-2005		
2.	Juvenile arrest rate for property index crimes	FY 2001-2005		
3.	Juvenile arrest rate for other crimes	FY 2001-2005		
<u>D.</u>	Urban Environment			
1.	Percentage of total population living in urban areas	CY 2000		
2.	Population density	CY 2000		
<u>E.</u>	Poverty/Increased Risk for Socioeconomic Deprivation			
1.	Percentage of persons living below poverty level	CY 1999		
2.	Percentage of children living below poverty level	CY 1999		
3.	Percentage of adults in the labor force who are unemployed	CY 2000-2004		
4.	Percentage of population participating in the Temporary Assistance for Needy Families	FY 2000-2004		
5.	Percentage of population receiving Food Stamps	FY 2000-2004		
6.	Percentage of students receiving free or reduced lunches	FY 2005		
7.	Percentage of households headed by a single parent	CY 2000		
<u>F.</u>	Alcohol and Tobacco Availability			
1.	Alcohol licenses capita	August 2005		
2.	Tobacco retail outlets per capita	FY 2005		
3.	Marijuana, cocaine, and heroin items reported	CY 2002-2004		
4.	Methamphetamine items reported	CY 2002-2004		
<u>G.</u>	Lack of Commitment to School			
1.	High school dropout rate	SY 1999-2001		
2.	Percent of students not graduating	SY 2000-2002		
3.	Percent of 4th grade students not meeting expectations on achievement tests	SY 1999-2002		
4.	Percent of 6th grade students not meeting expectations on achievement tests	SY 1999-2002		
5.	Percent of 8th grade students not meeting expectations on achievement tests	SY 1999-2002		
6.	Percentage of adults without a high school diploma	CY 2000		

Exhibit 3. Archival Indicator Categories, Variables, and Data Years

(continued)

Are	chival Indicators	Data Years ¹
Н.	Family Conflict and Management Problems	
1.	Substantiated child abuse and neglect rate	FY 2000-2004
2.	Percentage of investigated child maltreatment cases involving alcohol or drugs	CY 2003
3.	Rate of children living in foster care	FY 2000-2004
Ι.	Sexual Behavior	
1.	Teen birth rate	CY 2000-2003
2.	Teen pregnancy rate	CY 2000-2003
3.	Rate of repeat births to teen mothers	CY 2000-2003
4.	Juvenile sexually transmitted disease rate	CY 2000-2004
5.	Adult sexually transmitted disease rate	CY 2000-2004
6.	AIDS rate	CY 2000-2004
<u>J.</u>	Suicide	
1.	Teen suicide rate	CY 2002
2.	Rate of hospitalizations due to self-inflicted injuries	CY 1999-2002
	V Colondar Vaar: EV Eigaal Vaar: SV School Vaar	

Exhibit 3. Archival Indicator Categories, Variables, and Data Years (continued)

CY=Calendar Year; FY=Fiscal Year; SY=School Year.

Source: Georgia Cross-Site Evaluation: MSA Social Indicator Study, 2007.

3.3 **Analysis Procedures**

The following section outlines the analytical steps for creating the risk constructs and the MSA prevention needs assessment and planning profiles.

Step 1: Aggregating Data to the MSA Level

As summarized in Exhibit 3, data were collected for the years 2000 through 2005 when available. Otherwise, the most recent available years of data were collected for each indicator. Most data collected for this study were counts of events (e.g., arrests) or persons (e.g., high school dropouts) for each available year. Data were then aggregated from the county-level to the MSA-level by summing the data across the counties comprising each MSA. See Exhibit 4 for a map that identifies the counties comprising each MSA. It is important to note that several MSAs, as defined by the U.S. Census Bureau, cross state boundaries and include counties outside of Georgia. However, for this study, only data for Georgia are included in the analyses.

Step 2: Calculating Rates or Percentages

To make the data comparable across MSAs with different population sizes, a rate (e.g., the number of reported crimes per 1,000 persons) or percentage (e.g., percentage of high school students who dropped out) was calculated. Each rate or percentage was based on a numerator that reflected the number of events or persons interest for a given year and a denominator that reflected the base on which the rate or percentage was calculated. A multiyear rate or percentage was calculated for indicators in which multivear data were available. Multiyear rates and percentages were calculated by summing the years of numerator data and dividing by the sum of the years of denominator data, multiplied by the rate factor (e.g., per 1,000). Indicator rates and percentages by MSA are provided in Appendix B.



Exhibit 4. Georgia Metropolitan Statistical Areas (MSA), by County*

*The Augusta-Richmond County, Chattanooga, and Columbus MSAs include counties outside of Georgia. However, only counties in Georgia were included in the analyses.

Source: Georgia Cross-site Evaluation: MSA Social Indicator Study, 2007.

Step 3: Reducing the Number of Indicators by Defining Risk Constructs

Characterizations of MSAs based on the entire set of 53 indicators tend to be unwieldy and difficult to interpret. Many sets of indicators, especially within the initial 10 groups, also are expected to be moderately, if not highly, correlated and thus somewhat redundant. To reduce the number of social indicators to a more meaningful and manageable number, a factor analysis procedure was used. Factor analysis is a statistical tool used to determine the number of relatively independent dimensions, or factors, that

To make the data more comparable across MSAs, either a rate or percentage was calculated for each indicator. A factor analysis procedure was used to reduce the entire set of 53 indicators to a more meaningful and manageable number.

exist within a set of measures. In the process, the analysis identifies groups of variables that are highly correlated and, thus, can be viewed as multiple indicators of a single underlying construct.

As shown in Exhibit 5, indicators were grouped into 10 conceptual categories before factor analysis was conducted. A separate principal factor analysis was conducted on the MSA-level indicators within each of the 10 categories. Ideally, the factor analysis results would indicate that each category contained only one underlying factor (i.e., that all the indicators in that category would be moderately, if not highly, correlated), although it was anticipated that the analysis would actually reveal several factors for at least some of the categories. This was, in fact, the case. Exhibit 5 also shows the component indicators of each risk construct measure within each of the 10 initial groupings. For example, the lack of civic involvement construct is primarily a reflection of two indicators—the percentage of unregistered voters and the percentage of adults who did not vote in presidential elections. As the remainder of the table indicates, the number of factors that emerged from each original grouping ranged from 1 to 7, yielding 29 constructs overall.

Exhibit 5 presents a description of the factors, or risk constructs, that were identified in each of the 10 original categories. Each risk construct (i.e., factor) is characterized, or labeled, according to the types of indicators that loaded (i.e., were correlated) highly on that particular factor. In addition to using the factor analysis, in a few instances indicators that loaded in a particular factor were pulled and used to create another factor. This was done when an indicator did not fit intuitively with the other indicators in the factor.

Exhibit 5 shows, for example, that seven distinct factors were identified from the group of indicators representing alcohol and drug abuse. This is an interesting finding because it suggests that many types (or measures) of substance abuse problems in counties are not highly interrelated. In other words, **substance abuse appears to be a multidimensional problem** because certain types of substance abuse problem indicators (e.g., arrests for drug law violations) are not highly related to other indicators (e.g., arrests for liquor law violations). This lack of correlation between some indicators also could reflect different measurement and reporting practices or priorities across counties, as opposed to a true lack of association between underlying constructs (e.g., illicit drug use and alcohol abuse).

Social Indicator Study to Assess Substance Use Prevention Needs in Metropolitan Statistical Areas

Exhibit 5. Risk Constructs

Risk Construct	Construct Label	Component Indicators
A. Alcohol and Drug Abuse		
1. Juvenile liquor and drug law violations	STLIQDRG	A1. Juvenile arrest rate alcohol violations
		A2. Juvenile arrest rate for narcotics violations
2. Adult liquor and drug law violations	ADLIQDRG	A3. Adult arrest rate for narcotic violations
		A4. Adult DUI arrest rate
3. Alcohol-related vehicle crashes with drivers	STUNDRAGE	A5. Percentage of alcohol-related vehicle
aged 10-17		crashes with drivers aged 10-17
4. Alcohol and drug-related vehicle crashes	STCRASH	A6. Percentage of vehicle crashes in which
		alcohol and/or drugs were a factor
5. Substance abuse treatment admissions	STTREAT	A7. Adult alcohol treatment admission rate
		A8. Adult drug treatment admission rate
		A9. Juvenile alcohol treatment admission rate
		A10. Juvenile drug treatment admission rate
6. Alcohol and drug-related hospital discharges	STDISCH	A11. Alcohol-related hospital discharge rate
		A12. Drug-related hospital discharge rate
7. Alcohol and drug-related deaths	STDEATH	A13. Alcohol-related death rate
		A14. Drug-related death rate
B. Community Disorganization and Transition		
1. Lack of civic involvement	STCIVIC	B3. Percentage unregistered voters
		B4. Percentage of adults who did not vote in
		presidential elections
2. Community transition and mobility	STMOBILE	B1. Percentage renter occupied housing
		B2. Percentage of vacant housing units
		B5. Percentage of population moving into
		County DC Dereastance of nonvelotion moving out of
		Bo. Percentage of population moving out of
C. Community Crime		county
1 Juvenile crime	ST.IVCRIM	C1 Juvenile arrest rate for violent crime
		C2 Juvenile arrest rate for property crime
		C3 Juvenile arrest rate for other crime
D. Urban Environment		
1. Urbanicity	STURBAN	D1. Percentage of population living in urban
		areas
		D2. Population density
E. Poverty/Increased Risk for Socioeconomic		
<u>Deprivation</u>		
1. Poverty	STPOV	E1. Percentage of population living below
		poverty level
		E2. Percentage of children living below
		E4 Percentage of population participating in
		E5. Percentage of population receiving Food
		Stamps
		E6. Percentage of students receiving free or
		reduced lunches
2. Unemployment	STUNEMP	E3. Unemployment rate
3. Single parent households	STSINGLE	E7. Percentage of households with children
		headed by a single parent

(continued)

Exhibit 5. Risk Constructs (continued)

Risk Construct	Construct Label	Component Indicators			
F. Alcohol and Tobacco Availability					
1. Alcohol licenses	STALCLIC	F1. Alcohol licenses per 1,000 persons			
2. Tobacco licenses	STTOBPER	F2. Tobacco licenses per 1,000 persons			
3. Marijuana, cocaine, & heroin items	STITEMS	F3. Marijuana, cocaine, and heroin items			
		reported per 100,000 persons			
4. Methamphetamine items	STMETH	F4. Methamphetamine items reported per			
C. Look of Commitment to School					
<u>G. Lack of Communent to School</u>		C2 C5 Derceptors of 4^{th} 6^{th} and 8^{th} arade			
	STFAILUR	students not meeting expectations on			
		achievement tests			
2. Lack of commitment to school	STCOMMIT	G1. Dropout rate			
		G2. Percentage of students not graduating			
		from high school			
3. Educational attainment	STEDUC	G6. Percentage of adults without a high school			
		education			
<u>H. Family Conflict/Management Problems</u>					
1. Substantiated child abuse	STABUSE	H1. Substantiated child abuse and neglect			
2. Child abuse involving substance abuse		cases per 1,000 children			
2. Unite abuse involving substance abuse	SISUBAB	H2. Percentage of investigate child			
		abuse			
3. Foster care	STFOSTER	H3. Rate of children in foster care			
I. Sexual Behavior					
1. Teen pregnancy and births	STBIRPRG	I1. Teen birth rate			
		I2. Teen pregnancy rate			
		I3. Teen repeat birth rate			
2. Juvenile sexually transmitted diseases	STJVSTD	I4. Juvenile STD rate			
3. Adult sexually transmitted diseases	STADSTD	I5. Adult STD rate			
		I6. AIDS rate			
<u>J. Suicide</u>					
1. Teen suicide	STSUICID	J1. Percentage of all suicides committed by			
		teens ages 10-19			
2. Hospitalizations due to self-inflicted injuries	STINJURY	J2. Rate of hospitalizations due to self- inflicted injuries			

Source: Georgia Cross-Site Evaluation: MSA Social Indicator Study, 2007.

Because the purpose of the factor analysis was to identify subsets or risk constructs that were not highly correlated with one another, but that were each composed of highly intercorrelated indicators, it is important to examine the success of the factor analysis in accomplishing this. As a result, Exhibit 6 provides several statistics that are useful in

Based on the factor analysis, 29 risk constructs composed of 1 or more indicators were identified.

assessing the success of the factor analysis procedure in regrouping indicators into more meaningful subsets.

The first column of Exhibit 6 shows the average correlation for all possible pairs of indicators within each of the 10 categories. For example, the indicators within the community crime and socioeconomic deprivation group were found to be highly correlated with one another (0.92 and 0.73). The second column shows the average correlation for all possible pairs of indicators comprising each risk construct. Most groups were moderately or highly correlated with one another with one another. For example, the indicators comprising the lack of commitment to school

construct were highly correlated with one another (0.96) and the indicators comprising the alcohol and drug-related deaths construct were moderately correlated (0.66).

Exhibit 6. Mean Pairwise Correlations of Indicators within Risk Constructs and Groupings

Risk Construct	Mean Inter- Correlation of Indicators within Each Grouping	Mean Inter- Correlation of Indicators Comprising Each Risk Construct	Mean Inter- Correlation of Risk Constructs within Each Grouping
A. Alcohol and Drug Abuse	0.29		.29
1. Juvenile liquor and drug law violations (2)		0.82	
2. Adult liquor and drug law violations (2)		0.38	
3. Underage alcohol-related vehicle crashes (1)			
4. Alcohol and drug-related vehicle crashes (1)			
5. Substance abuse treatment admissions (2)		0.39	
6. Alcohol and drug-related hospital discharge (2)		0.88	
7. Alcohol and drug-related deaths (2)		0.66	
B. Community Disorganization and Transition	0.31		0.37
1. Lack of civic involvement (2)		0.92	
2. Community transition and mobility (4)		0.41	
<u>C. Community Crime</u>	0.92		
1. Juvenile crime (3)		0.92	
<u>D. Urban Environment</u>	0.74		
1. Urbanicity (2)		0.74	
E. Poverty/Increased Risk for Socioeconomic Deprivation	0.73		0.74
1. Poverty (5)		0.82	
2. Unemployment (1)			
3. Single parent households (1)			
F. Alcohol and Tobacco Availability	0.35		0.42
1. Alcohol licenses (1)			
2. Tobacco licenses (1)			
2. Marijuana, cocaine, & heroin items (3)		0.22	
3. Methamphetamine items (1)	0.50		
<u>G. Lack of Commitment to School</u>	0.59	0.70	0.36
1. Academic failure (3)		0.78	
2. Lack of commitment to school (2)		0.96	
3. Educational attainment (1)	0.07		0.40
<u>H. Family Conflict/Management Problems</u>	0.37		0.42
Child abuse involving substance abuse (1)			
2. Critic abuse involving substance abuse (1)			
5. Fostel Cale (1)	0.42		0.44
1 Teen program and hirths (3)	0.43	0.01	0.44
2 luvenile sexually transmitted disease (1)			
3 Adult sexually transmitted disease (2)		0 70	
	0.42	0.70	0.42
1 Teen suicide (1)	0.72		0.72
2. Hospitalization due to self-inflicted iniuries (1)			

Source: Georgia Cross-Site Evaluation: MSA Social Indicator Study, 2007.

As expected, Exhibit 6 indicates that the correlations among indicators comprising the risk constructs were usually and often substantially higher than the correlations among indicators within the original groupings.

The last column of Exhibit 6 presents the correlation between the standardized risk constructs within each of the original 10 groupings. Most constructs within each grouping were not highly correlated with one another. Although the risk constructs for the poverty and increased risk for socioeconomic deprivation (poverty, unemployment, and single-parent households) showed a high correlation, they were considered to be sufficiently distinct, for both conceptual and political reasons, to be retained as separate constructs.

Because each of the 10 categories was factor-analyzed separately, strong associations still could have existed between constructs from different categories (e.g., constructs from Category A could be correlated with constructs from Category I). Examination of the intercorrelations among constructs confirmed that further consolidation of the constructs was possible (not shown). However, further consolidation appeared to detract from significant conceptual distinctions between the constructs that were important to maintain. For example, the poverty construct had a high correlation with the tobacco licenses and academic failure constructs. Retaining these constructs as distinct measures, however, was viewed as a useful feature of the study and consistent with its objectives.

Two alternative ways of measuring each risk construct were considered. One approach would have used a factor score for each factor rather than a composite of the most highly loading individual indicators. The factor score is a weighed combination of all indicators, with the weights roughly proportional to the factor loadings. We believe that our approach of using factor analysis to combine indicators that loaded highly on a particular factor into risk constructs simplifies the interpretation of the risk construct scores. The second alternative approach would have been to select a single indicator, based on the factor analysis results, to represent each construct. Selection of a single indicator to represent each construct has great conceptual appeal because it simplifies interpretation and significantly reduces the volume of data needed for subsequent analysis and future updates to the social indicator database. Because the data for all the indicators were already available for this study, however, we made maximum use of them by incorporating all the indicators that loaded highly on each factor into the risk construct definitions.

Step 4: Computing Risk Construct Scores

A main feature of the risk profiles is that they provide for each MSA a graphic display of its levels of risk factors and problems related to substance misuse, relative to the average across the 15 MSAs (or state average). A statistical procedure termed "standardization" was performed to create these relative measures. Standardized values for each indicator comprising a risk construct were calculated for each MSA by subtracting the State average value from the MSA value and dividing by the standard deviation. This procedure produced new values of the indicators that have a mean of zero and a standard deviation of 1.0, regardless of the original units of measurement. Most indicators were defined such that higher values reflected greater levels of substance use, substance-use-related problems, and risk for substance use. For example, indicators based on voter registration were defined as the percentage of unregistered voters. This was done to ensure that higher profile scores always indicate greater risk and lower values always indicate less risk, thus facilitating interpretation of the profiles. The indicator for median income was the only exception. The general assumption was that the lower the income, the greater the risk for drug use. Therefore, it was necessary to reverse-code standardized

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scores for median income so that higher values were indicative of higher expected risk and lower standardized values were indicative of lower risk.

Construct scores then were computed by averaging the standardized values of each indicator comprising the risk construct (i.e., summing across the standardized values and dividing by the number of indicators comprising the construct). For example, the standardized values for the juvenile violent crime arrest rate, juvenile property crime arrest rate, and juvenile arrest rate for other nonviolent and non-alcohol- or drug-related crimes were added together and divided by three to get the risk construct score for juvenile crime. Thus, each risk construct measure represents the number of standard deviation units a MSA's value lies away from the mean value across all MSAs, which is zero. By defining the construct values in this manner, each risk construct measure implicitly provides a comparison between the MSA and the mean value across all MSAs or the state average. In addition, because all of the standardized indicators and risk constructs to identify those that are unusually high or low is facilitated. Because standardized scores of less than -3.0 or greater than 3.0 were uncommon, those values were rounded to -3.0 and 3.0.

In addition to computing the 29 individual risk construct scores by MSA, an *overall* risk index for each MSA was created. Because the measures for the 29 constructs are in standardized form, they could be combined directly without concern for differences in their original units of measurement. The overall risk index, therefore, was defined as the mean value of the 29 risk constructs. It provides a measure of the overall level of substance abuse problems and risks in each MSA, relative to other MSAs in the state. One limitation of the index, however, is that each risk construct contributes equally to the calculation of the overall risk index value (i.e., each construct implicitly receives a weight of 1). Because there is overlap among the constructs, and some

Indicator rates and percentages were standardized and construct scores were computed by averaging the standardized values of each indicator comprising the risk construct. Each risk construct represents the number of standard deviation units a MSA's value lies away from the State average.

might be stronger or more significant indicators of risk than others, differentially weighting the constructs might produce a more accurate overall score. However, there doesn't appear to be a consensus about how these differential weights should be developed. A second limitation is that a number of other indicators of substance abuse problems were not included in this analysis. Incorporating other indicators could have major effects on relative rankings across counties.

Step 5: Ranking Individual Risk Constructs and Overall Risk Index

To allow for further comparisons by the risk construct scores and overall risk index, each construct score and the overall risk index were ordered from lowest to highest and ranked from 1 to 15. MSAs with *high rankings* by risk constructs were at *highest risk* for that particular construct, whereas MSAs with low rankings were at lower risk. Similarly, MSAs with high rankings on the overall risk index are viewed as having higher overall levels of substance use problems and risk factors for substance use than MSAs with lower rankings. Rankings by risk construct and overall risk index are included on the MSA profiles.

3.4 Data Limitations

As with any study, there are several limitations with the archival data used in this report. These limitations are noted below.

- Archival data are primarily indicative of risk factors. The categories of archival indicators that were used in this study stem from individual-level research pertaining to risk and protective factors predictive of substance abuse. Because archival data generally focus on problems and services, archival-based measures of protective factors are less prevalent. For example, a direct archival measure does not seem to exist for attachment or bonding of children to their parents (a protective factor), although this concept is presumably reflected to some extent by indicators such as the percentage of children living in foster care (a risk factor). Thus, the archival indicators collected for this study, as in most social indicator studies, are indicative of risk factors rather than protective factors.
- Community archival data cannot address the full range of risk factors. Some of the risk factor constructs originally identified in the individual-level research (e.g., self-esteem, association with deviant peers) do not have directly analogous measures available at the aggregate level (e.g., MSA), especially in the form of archival data. However, some archival data may serve as proxy measures. For example, alcohol licenses per capita was identified as a proxy measure for the perception of the availability of alcohol because alcohol logically should be more plentiful in areas with a higher number of alcohol permits.
- Archival data do not always capture the full meaning of what they are intended to measure. An important feature of archival data is that official statistics do not always capture the full extent or meaning of the underlying construct for which they are being used as proxy measures. Many events that define the indicators either go unreported or are classified as something else. For example, heightened awareness or sensitivity to a problem may lead to higher rates of reporting, even though the underlying incidence of the problem has not changed. Some indicators, such as crimes, may be influenced as much by the capacity and resources of the agencies involved as by the extent of the problem being addressed by these agencies. Other reasons for inconsistencies may be more technical in nature, such as changes or differences in definitions and reporting practices, missing data due to failure to submit reports, or coding errors.
- Research regarding the correspondence between social indicators and actual levels of substance use and related problems in a community is still sparse. Although there was clear conceptual justification for the choice of indicators included in this report, and most have received some level of empirical support, some connections are more tenuous than others. It is certain that indicators will vary in their degree of association with actual levels of substance use or abuse, and some may even have no association or an inverse association with adolescent substance use when analyzed at the MSA level. For example, many of the available archival indicators pertain to the entire population (not adolescents specifically) and, therefore, may be limited in the extent that they reflect substance use and risk for substance use by youth.
- <u>Data have been collected for other purposes</u>. The data for this study were obtained from a wide variety of sources. The source agencies often collect these data for their

own purposes and for purposes unrelated to prevention needs assessment. The indicators derived from these data sometimes are subject to biases or distortions, changes in definitions or data collection procedures, and other nuances that affect their interpretation. Problems or inconsistencies in the measures can hamper comparisons across counties, as well as across years. Such problems are not always readily apparent or resolvable.

Diversity within MSAs may be masked by aggregated data. It is important to remember that the indicators presented in this report represent average, or overall, values for each MSA and that the population and levels and types of substance abuse and risk factors for substance abuse typically are diverse, even within the smallest geographic units. Thus, prevention approaches that appear to be consistent with a MSA's social indicator profile will not be equally pertinent to all communities or various other types of population subgroups within the MSA, such as at the county or city levels.

This chapter provides guidelines for interpreting the Prevention Needs Assessment and Planning Profiles. A standardized value is plotted for each risk construct to facilitate comparison across the indicators and between the MSA and the average observed for all MSAs. The indicators that comprise each risk construct are also presented, as well as the MSA rank by risk construct and overall risk—the higher the rank, the higher the risk (a rank of 1 indicates *lowest risk*).

4.1 Guidelines for Interpreting the Profiles

The profiles may be used to characterize MSAs in Georgia with respect to their levels of alcohol- and drug-related problems and various suspected risk and protective factors for these problems. The profiles can also serve to stimulate discussion and focus community attention on local substance use issues and the reasons for the patterns observed in the profiles. In addition, the information contained in the profiles also can assist prevention planners in determining appropriate prevention strategies and target groups. As the data for any particular MSA are reviewed, it is important to consider the following:

- <u>Actual values of all indicators for the MSA should first be examined</u>. Many of the risk constructs are composite measures based on two or more indicators, making examination of the individual indicator data important. It also may be useful to examine the values for adjacent MSAs to determine if regional patterns to the findings exist.
- Indicators for which an MSA has extremely high or low values relative to the average across all MSAs should be examined. As described in Chapter 3, the risk constructs (based on archival indicators) were converted to standardized values, so that zero for any risk construct represents the mean value of all MSAs in the state. The scores represent the number of standard deviation units an MSA's value lies away from the mean for the indicator. As a general rule, most (about 68 percent) of the standardized scores for any given indicator are positioned between -1.0 and 1.0, and these scores, therefore, are considered typical. Scores between -1.0 and -2.0, or between 1.0 and 2.0, constitute about 27 percent of all scores, and thus are somewhat uncommon. Scores lower than -2.0 or higher than 2.0 make up the final 5 percent, and, therefore, are rare. Although the actual percentages vary somewhat, depending on the shape of the distribution for each indicator, this general distribution suggests that indicators with a score less than -1.0 or greater than 1.0 may merit particular attention.

All indicators are presented so that the higher standardized values (i.e., values to the right of the center line) reflect greater substance use, substance-use-related problems, and risk for substance use relative to other MSAs. For example, a positive standardized score less than 1.0 for juvenile liquor and drug law violations would indicate that an MSA had a *slightly* higher rate of this type of crime, compared with the average of all MSAs in the state. A standardized score between -1.0 and -2.0 for the same indicator would show that an MSA had a *noticeably* lower rate of liquor law violations, compared with the overall average. A standardized score between 2.0 and

3.0 would indicate that an MSA had an *unusually* high rate, compared with the average of all MSAs.

As with the actual values, it also may be useful to examine the standardized values observed for adjacent MSAs to determine if regional patterns exist. Although standardized scores are useful, keep in mind that they are relative measures and provide only partial information about the potential prevention needs of an MSA. An indicator that is not highly problematic relative to the overall MSA average should not be discounted necessarily when considering the prevention needs of a given MSA. For example, even though the high school dropout rate in a certain MSA is no higher than the average, it may still warrant interventions designed to reduce it further.

Profile data should be used to inform the identification of appropriate and effective prevention programs and strategies in conjunction with other sources of information. The profiles may provide some important clues about the types of approaches that are most needed and most appropriate in a given MSA. However, no proven or exact formula exists to identify the most appropriate and effective prevention programs and strategies based on an area's profile. In general, we recommend that problems, elevated risk factors, and suppressed protective factors be given extra attention in determining which types of prevention strategies are most needed for a given area. High levels of specific substance abuse problems (e.g., driving while impaired) or problems related to substance use (e.g., teen pregnancy) may suggest that strategies aimed directly at reducing those outcomes are warranted. The same logic applies to elevated risk factors or suppressed protective factors. For example, in MSAs where lack of commitment to school is low, giving priority to school-based programs and policies may be warranted. Other indicators may be less directly

suggestive of any particular prevention strategies (e.g., high levels of socioeconomic deprivation), but help to describe the target population, identify prominent high-risk subgroups, and stimulate consideration of appropriate approaches that are most effective with that population.

Careful consideration of multiple data sources is needed to effectively assess prevention needs.

Decisions about which indicators are more important and need attention should consider not only whether the MSA's scores are high or low relative to other MSAs in the state, but also the number of individuals affected by the factors and the changes observed in the factors across years. Although not available for this study, the strength of the risk and protective factors as predictors of substance use prevalence should also be considered (i.e., the correlation between the risk factors or constructs and substance use prevalence rates). These types of information relate to describing the nature and extent of the substance use problem in a community, along with characteristics of the community's population and various risk and protective factors that may influence substance use levels in that community. Georgia plans to address and include risk and protective factors in updates of this study through the work of the Georgia SEOW.

In addition, however, even when the indicator data are helpful in suggesting appropriate approaches or foci for prevention efforts, the choice of which specific prevention programs and strategies to implement will likely require additional consideration based on other information. In particular, prevention planners will want to consider what prevention programs or strategies are known to be effective for the type of application or population they have in mind. They also may need to examine the prevention resources and capabilities in the community, or nearby communities, to make equitable and effective use of the limited prevention resources that may be available. These additional considerations go beyond the specific focus of this initial study and report, but they are important components in an overall framework for prevention planning at the state and local levels.

4.2 Overview of Profile Findings

The following MSA profiles present risk scores and rankings for each risk construct by MSA. Each MSA's overall risk score and rank are also presented. In addition to the 15 MSA profiles, a second profile for the Atlanta area was created using a subset of counties comprising the Atlanta-Sandy Springs-Marietta MSA. This second Atlanta profile is comprised of 10 counties that make up the Atlanta Regional Commission Planning Region, as well as MHDDAD's Region 3. This subset may be more useful to community planners than the profile that includes all 28 counties that comprise the Atlanta-Sandy Springs-Marietta MSA. Additional planning information, including indicator rates and percentages and risk construct scores by Public Health District (PHD) and MHDDAD Planning Region, is included in Appendices C through G.

The MSA profiles reveal a wide distribution of risk across the 15 MSAs by each of the risk constructs. In addition, there is also a wide range of risk found **within** individual MSAs. For example, the Brunswick MSA has the lowest risk score for the constructs of lack of civic involvement (-1.15) and teen suicide (-1.35), and it also exhibits the highest risk scores for the constructs of academic failure (1.38), alcohol licenses (2.29), and tobacco licenses (2.42).

Chapter 5 presents suggestions for applying and sustaining a social indicator approach to planning in Georgia.



(continued)

Prevention Needs Assessment Profile for Albany MSA

	•	—Lower Ris	k Score	Average Across MSAs ²	Higher	Risk Scor	re →	MCA
Risk Constructs (indicators comprising construct) ¹	-3	-2	-1	o	1	2	3	Rank ³
Lack of School Commitment				1				
Academic failure (percent of students not meeting expectations on achievement tests for grades 4, 6, and 8)						1.08	1	13
Lack of commitment to school (dropout rate, percent of eligi students not graduating from high school)	ble					.82		12
Educational attainment (percent of population over age 25 without a high school education)						.54		11
Family Conflict/Management Problems								
Substantiated child abuse (substantiated child abuse case ra	te)			21				6
Child abuse involving alcohol or drugs (percent of child abu cases involving alcohol or drugs)	ise			55				5
Foster care (number of children in foster care per 1,000 childr ages 17 or younger)	en				.33	3		11
Alcohol, Tobacco, and Drug Availability								
Alcohol licenses (active alcohol licenses per 1,000 persons)					.34	4		11
Tobacco licenses (active tobacco licenses per 1,000 persons)					.4	11		12
Marijuana, cocaine, and heroin items (marijuana, cocaine and heroin items reported per 100,000 persons)	,			74				5
Methamphetamine items (methamphetamine items reported per 100,000 persons)				93				3
Sexual Behavior								
Teen pregnancy and births (rate of pregnancies, births, and repeat births among females ages 15–19)					.06			10
Juvenile sexually-transmitted disease (juvenile STD rat	e)					.94		12
Adult sexually-transmitted disease (adult STD rate, adult AIDS rate)						1.09)	13
Suicide								
Teen suicide (percent of all suicides committed by teens ages 10–19)					.08			7
Hospitalizations due to self-inflicted injuries (rate of hospitalization due to self-inflicted injuries per 100,000 persons)					.02			10
Overall								
Overall Risk ⁵						.51		11
	L			1				
	-3	-2	-1	0	1	2	3	

¹In parentheses beside each construct name is a list of the indicators comprising that construct. For the actual values of each indicator comprising the construct, please see Appendix B in the full study report.
 ²The corresponding value plotted in the profile represents the number of standard deviation units that the MSA is above or below the average across all MSAs for that construct. For more information on how the standardized values were calculated, see Chapter 3 in the full study report.
 ³Each risk score is ranked: 1=lowest risk: 15=highest risk.
 ⁴The risk score for alcohol-related vehicle crashes with drivers ages 18–21 is -.91 (MSA rank=3). The risk score for alcohol-related vehicle crashes with drivers ages 22 or older is 1.23 (MSA rank=14).
 ⁵Overall MSA risk score and rank are based on the average of all 29 risk scores, equally weighted. Each score is ranked: 1=lowest risk; 15=highest risk.

Created by: Georgia Department of Human Resources Division of Public Health Office of Prevention Services and Programs



(continued)

Prevention Needs Assessment Profile for Athens-Clark County MSA Average Across MSAs² Lower Risk Score Higher Risk Score MSA **Risk Constructs** (indicators comprising construct)¹ -3 -2 0 2 3 -1 1 Rank³ Lack of School Commitment Academic failure (percent of students not meeting 0 6 expectations on achievement tests for grades 4, 6, and 8) Lack of commitment to school (dropout rate, percent of eligible .69 9 students not graduating from high school) Educational attainment (percent of population over age 25 -.45 6 without a high school education) Family Conflict/Management Problems Substantiated child abuse (substantiated child abuse case rate) .51 12 Child abuse involving alcohol or drugs (percent of child abuse .13 9 cases involving alcohol or drugs) Foster care (number of children in foster care per 1,000 children .20 9 ages 17 or younger) Alcohol, Tobacco, and Drug Availability Alcohol licenses (active alcohol licenses per 1,000 persons) -.04 8 Tobacco licenses (active tobacco licenses per 1,000 persons) -.35 7 Marijuana, cocaine, and heroin items (marijuana, cocaine, .20 9 and heroin items reported per 100,000 persons) Methamphetamine items (methamphetamine items reported -.75 6 per 100,000 persons) Sexual Behavior Teen pregnancy and births (rate of pregnancies, births, -1.91 1 and repeat births among females ages 15-19) Juvenile sexually-transmitted disease (juvenile STD rate) -.13 9 Adult sexually-transmitted disease (adult STD rate, -.45 6 adult AIDS rate) Suicide Teen suicide (percent of all suicides committed by teens ages .29 11 10 - 19Hospitalizations due to self-inflicted injuries (rate of hospitalization due to self-inflicted injuries per 100,000 -.05 8 persons) **Overall Overall Risk⁵** -.03 6 -3 -2 -1 0 2 3 1

¹In parentheses beside each construct name is a list of the indicators comprising that construct. For the actual values of each indicator comprising the construct, please see Appendix B in the full study report. ²The corresponding value plotted in the profile represents the number of standard deviation units that the MSA is above or below the average across all MSAs for that construct. For more information on

how the standardized values were calculated, see Chapter 3 in the full study report. ³ Each risk score is ranked: 1=10west risk; 15=highest risk. ⁴ The risk score for alcohol-related vehicle crashes with drivers ages 18–21 is -.49 (MSA rank=6).The risk score for alcohol-related vehicle crashes with drivers ages 22 or older is .09 (MSA rank=8). ⁵ Overall MSA risk score and rank are based on the average of all 29 risk scores, equally weighted. Each score is ranked: 1=10west risk; 15=highest risk.

Created by: Georgia Department of Human Resources Division of Public Health Office of Prevention Services and Programs
Prevention Needs Assessment Profile for Atlanta-Sandy Springs-Marietta MSA

MSA Demographic Characteristics*	KAPA	Z		MSA C	County Com	position		
2005 Total Population: 4,917,717 2005 Population Age 17 and Younger: 1,299,684 2005 Racial/Ethnic Composition: White 55.7% Other 5.3% Black 30.4% Hispanic/Latino 8.6% 1999 Median Family Income: \$53,106 *Based on county-level data averaged or summed to the MSA.			Barrow Coun Bartow Coun Butts County Carroll Count Cherokee Coi Clayton Cour Cobb County Coweta Coun Dawson Coun Dekalb Coun	ty Do ty Fay Fo ty Fu unty Gw nty Ha ty He nty Jas ty La	uglas County yette County rsyth County ton County vinnett County ralson County ard County nry County per County mar County	Meriwa Newtoi Pauldir Picken: Pike Ca Rockda Spaldir Walton	ether County n County ng County s County ounty ale County ng County County	
Sources: Annual Population Estimates, U.S. Census Bureau, 2006. Census 2000, U.S. Census Bureau.	←	Lower Risk Sc	Avei ore	rage Acros: MSAs ²	s Higher F	Risk Score	\rightarrow	
Risk Constructs (indicators comprising construct) ¹	-3	-2	-1	0	1	2	3	MSA Rank ³
Alcohol and Drug Abuse								
Juvenile liquor and drug law arrests (juvenile arrest rates for liquor law and narcotic violations)		-1.	09					3
Adult liquor and drug law arrests (adult arrest rates for DUI and narcotic violations)		-1.35						2
Underage alcohol-related vehicle crashes (percent of all alcohol-related vehicle crashes with drivers ages $10-17$) ⁴			46					7
Alcohol and drug-related vehicle crashes (percent of crashes in which alcohol or drugs were a factor)	vehicle	-1.22	2					1
Substance abuse treatment admissions (adult and ju treatment admission rates)	venile	-1.1	8					4
Alcohol and drug-related hospital discharges (alco drug-related hospital discharge rates)	hol and		36					5
Alcohol and drug-related deaths (alcohol and drug-redeath rates)	elated		35					5
Community Disorganization and Transition								
Lack of civic involvement (percent of unregistered vote percent population who did not vote in presidential election	ers, ons)		94					3
Community transition and mobility (percent of all res units that are renter occupied, percent of all residential un are vacant, percent of population moving into county, per of population moving out of the county)	idential its that cent			.01				10
Community Crime								
Juvenile crime (juvenile arrest rates for violent crime, pr crime, and other non-violent and non-drug-related crime)	operty	-1.1	7					2
Urban Environment								
Urbanicity (percent of population living in urban areas, population density)						2.08		15
Poverty/Increased Risk for Socioeconomic Depriv	vation							
Poverty (total and child poverty rates, percent of population receiving TANF, percent of population receiving food star percent of students receiving free or reduced lunches)	on mps,	-1.40						1
Unemployment (unemployment rate)				.22				9
Single parent households (percent of households with or headed by a single parent)	children		43					5
	⊢ -3	-2	-1	0	1	2	 3	

Prevention Needs Assessment Profile for Atlanta-Sandy Springs-Marietta MSA Average Across MSAs² Lower Risk Score **Higher Risk Score** MSA **Risk Constructs** (indicators comprising construct)¹ -3 -2 0 2 3 1 Rank³ Lack of School Commitment Academic failure (percent of students not meeting -1.33 3 expectations on achievement tests for grades 4, 6, and 8) Lack of commitment to school (dropout rate, percent of eligible -1.12 4 students not graduating from high school) Educational attainment (percent of population over age 25 3 -1.11 without a high school education) Family Conflict/Management Problems Substantiated child abuse (substantiated child abuse case rate) 2 -1.40 Child abuse involving alcohol or drugs (percent of child abuse -.18 7 cases involving alcohol or drugs) Foster care (number of children in foster care per 1,000 children 5 -.66 ages 17 or younger) Alcohol, Tobacco, and Drug Availability Alcohol licenses (active alcohol licenses per 1,000 persons) -.34 6 Tobacco licenses (active tobacco licenses per 1,000 persons) 4 -.66 Marijuana, cocaine, and heroin items (marijuana, cocaine, 1.06 13 and heroin items reported per 100,000 persons) Methamphetamine items (methamphetamine items reported 9 .02 per 100,000 persons) Sexual Behavior Teen pregnancy and births (rate of pregnancies, births, 3 -.89 and repeat births among females ages 15-19) Juvenile sexually-transmitted disease (juvenile STD rate) 8 -.23 🗖 Adult sexually-transmitted disease (adult STD rate, 10 .76 adult AIDS rate) Suicide Teen suicide (percent of all suicides committed by teens ages 5 -.36 10 - 19Hospitalizations due to self-inflicted injuries (rate of hospitalization due to self-inflicted injuries per 100,000 5 -.52 persons) **Overall Overall Risk⁵** -1.75 1 -3 -2 -1 0 1 2 3

¹In parentheses beside each construct name is a list of the indicators comprising that construct. For the actual values of each indicator comprising the construct, please see Appendix B in the full study report. ²The corresponding value plotted in the profile represents the number of standard deviation units that the MSA is above or below the average across all MSAs for that construct. For more information on how the standardized values were calculated, see Chapter 3 in the full study report. ³Each risk score is ranked: 1=lowest risk; 15=highest risk.

⁴ The risk score for alcohol-related vehicle crashes with drivers ages 18–21 is .64 (MSA rank=11). The risk score for alcohol-related vehicle crashes with drivers ages 22 or older is –2.13 (MSA rank=1). ⁵ Overall MSA risk score and rank are based on the average of all 29 risk scores, equally weighted. Each score is ranked: 1=10west risk; 15=highest risk.

Prevention Needs Assessment Profile for Atlanta MSA (Atlanta Regional Commission Planning Region)

			7		ſ	MC	Carret	Com		
2005 Total Population: 3,899,251 2005 Population Age 17 and Younger: 1,027,633 2005 Racial/Ethnic Composition: White 49.8% Other 6.0%				Z	-	Cherokee Clayton C Cobb Cou Dekalb Co Douglas C	County County County inty county County	Fayet Fulto Gwin Henry Rock	te County n County nett Coun y County dale Cour	nty nty
Black 34.4% Hispanic/Latino 9.8% 1999 Median Family Income: \$61,431				7						
*Based on county-level data averaged or summed to the MSA. Sources: Annual Population Estimates, U.S. Census Bureau, 2006. Census 2000, U.S. Census Bureau.	•	– Lower Risk S	CCT/~	Aver Across	age MSAs ²	Highe	r Risk S	icore –	→	
Risk Constructs (indicators comprising construct) ¹	-3	-2	-1	C)	1	2		3	MSA Rank ³
Alcohol and Drug Abuse	H									
Juvenile liquor and drug law arrests (juvenile arrest rates for liquor law and narcotic violations)		-1.3	6							3
Adult liquor and drug law arrests (adult arrest rates for DUI and narcotic violations)		-1.43								2
Underage alcohol-related vehicle crashes (percent of all alcohol-related vehicle crashes with drivers ages $10-17$) ⁴			5	53						6
Alcohol and drug-related vehicle crashes (percent of vehicle crashes in which alcohol or drugs were a factor)	e	-1.49								1
Substance abuse treatment admissions (adult and juvenile treatment admission rates)		-1.:	27							3
Alcohol and drug-related hospital discharges (alcohol and drug-related hospital discharge rates)	ł		-	.39						5
Alcohol and drug-related deaths (alcohol and drug-related death rates)				.41						5
Community Disorganization and Transition										
Lack of civic involvement (percent of unregistered voters, percent population who did not vote in presidential elections)			97							2
Community transition and mobility (percent of all residentia units that are renter occupied, percent of all residential units that are vacant, percent of population moving into county, percent of population moving out of the county)	1				.21					11
Community Crime										
Juvenile crime (juvenile arrest rates for violent crime, property crime, and other non-violent and non-drug-related crime)		-1.3	31							2
Urban Environment										
Urbanicity (percent of population living in urban areas, population density)									3.0	15
Poverty/Increased Risk for Socioeconomic Deprivation										
Poverty (total and child poverty rates, percent of population receiving TANF, percent of population receiving food stamps, percent of students receiving free or reduced lunches)		-1.3	9							1
Unemployment (unemployment rate)					.23					9
Single parent households (percent of households with children headed by a single parent)	n			23						6
	⊢									
	-3	-2	-1	C)	1	2		3	

Prevention Needs Assessment Profile for Atlanta MSA (Atlanta Regional Commission Planning Region)

	*	—Lower Risk S	Score Ad	Average cross MSAs	s ² Higher	Risk Sco	re →	MOA
Risk Constructs (indicators comprising construct) ¹	-3	-2	-1	0	1	2	3	MSA Rank ³
Lack of School Commitment	H							
Academic failure (percent of students not meeting expectations on achievement tests for grades 4, 6, and 8)		-1.44						2
Lack of commitment to school (dropout rate, percent of eligit students not graduating from high school)	ole	-1.	29					2
Educational attainment (percent of population over age 25 without a high school education)		-1.3	9					1
Family Conflict/Management Problems								
Substantiated child abuse (substantiated child abuse case rat	te)	-1.53						2
Child abuse involving alcohol or drugs (percent of child abu cases involving alcohol or drugs)	ise		74					4
Foster care (number of children in foster care per 1,000 children ages 17 or younger)	en		67					5
Alcohol, Tobacco, and Drug Availability								
Alcohol licenses (active alcohol licenses per 1,000 persons)				16				7
Tobacco licenses (active tobacco licenses per 1,000 persons)			70					4
Marijuana, cocaine, and heroin items (marijuana, cocaine, and heroin items reported per 100,000 persons)					1.27			14
Methamphetamine items (methamphetamine items reported per 100,000 persons)				17				9
Sexual Behavior								
Teen pregnancy and births (rate of pregnancies, births, and repeat births among females ages 15–19)			98					3
Juvenile sexually-transmitted disease (juvenile STD rate	e)			05				9
Adult sexually-transmitted disease (adult STD rate, adult AIDS rate)					1.13			13
Suicide								
Teen suicide (percent of all suicides committed by teens ages 10–19)			-	.29				6
Hospitalizations due to self-inflicted injuries (rate of hospitalization due to self-inflicted injuries per 100,000 persons)			59					5
Overall								
Overall Risk ⁵		-1.79						1
	Ļ							
	-3	-2	-1	ò	1	2	3	

¹In parentheses beside each construct name is a list of the indicators comprising that construct. For the actual values of each indicator comprising the construct, please see Appendix B in the full study report.
 ²The corresponding value plotted in the profile represents the number of standard deviation units that the MSA is above or below the average across all MSAs for that construct. For more information on how the standardized values were calculated, see Chapter 3 in the full study report.
 ³Each risk score is ranked: 1=lowest risk; 15=highest risk.
 ⁴The risk score for alcohol-related vehicle crashes with drivers ages 18–21 is -.53 (MSA rank=5). The risk score for alcohol-related vehicle crashes with drivers ages 22 or older is 1.65 (MSA rank=15).
 ⁵Overall MSA risk score and rank are based on the average of all 29 risk scores, equally weighted. Each score is ranked: 1=lowest risk; 15=highest risk.



Prevention Needs Assessment Profile for Augusta-Richmond County MSA Average Across MSAs² Lower Risk Score Higher Risk Score MSA **Risk Constructs** (indicators comprising construct)¹ -3 -2 2 3 -1 0 1 Rank³ Lack of School Commitment Academic failure (percent of students not meeting .09 7 expectations on achievement tests for grades 4, 6, and 8) Lack of commitment to school (dropout rate, percent of eligible -.66 6 students not graduating from high school) Educational attainment (percent of population over age 25 -.40 7 without a high school education) Family Conflict/Management Problems Substantiated child abuse (substantiated child abuse case rate) -.88 4 Child abuse involving alcohol or drugs (percent of child abuse .85 11 cases involving alcohol or drugs) Foster care (number of children in foster care per 1,000 children -1.22 2 ages 17 or younger) Alcohol, Tobacco, and Drug Availability Alcohol licenses (active alcohol licenses per 1,000 persons) .15 9 Tobacco licenses (active tobacco licenses per 1,000 persons) -.07 9 Marijuana, cocaine, and heroin items (marijuana, cocaine, .80 11 and heroin items reported per 100,000 persons) Methamphetamine items (methamphetamine items reported 7 -.69 per 100,000 persons) Sexual Behavior Teen pregnancy and births (rate of pregnancies, births, 8 -.04 and repeat births among females ages 15-19) Juvenile sexually-transmitted disease (juvenile STD rate) .75 11 Adult sexually-transmitted disease (adult STD rate, 1.03 12 adult AIDS rate) Suicide Teen suicide (percent of all suicides committed by teens ages .13 8 10 - 19Hospitalizations due to self-inflicted injuries (rate of hospitalization due to self-inflicted injuries per 100,000 .77 11 persons) **Overall Overall Risk⁵** .28 9 -3 -2 -1 0 2 3 1

¹In parentheses beside each construct name is a list of the indicators comprising that construct. For the actual values of each indicator comprising the construct, please see Appendix B in the full study report. ²The corresponding value plotted in the profile represents the number of standard deviation units that the MSA is above or below the average across all MSAs for that construct. For more information on how the standardized values were calculated, see Chapter 3 in the full study report. ³Each risk score is ranked: 1=lowest risk; 15=highest risk.

⁴ The risk score for alcohol-related vehicle crashes with drivers ages 18–21 is –.46 (MSA rank=7). The risk score for alcohol-related vehicle crashes with drivers ages 22 or older is 1.53 (MSA rank=15). ⁵ Overall MSA risk score and rank are based on the average of all 29 risk scores, equally weighted. Each score is ranked: 1=lowest risk; 15=highest risk.



Prevention Needs Assessment Profile for Brunswick MSA Average Across MSAs² Lower Risk Score **Higher Risk Score** MSA **Risk Constructs (indicators comprising construct)**¹ -3 -2 3 -1 0 2 1 Rank³ Lack of School Commitment Academic failure (percent of students not meeting 1.38 15 expectations on achievement tests for grades 4, 6, and 8) Lack of commitment to school (dropout rate, percent of eligible 1.23 14 students not graduating from high school) Educational attainment (percent of population over age 25 -.46 5 without a high school education) Family Conflict/Management Problems Substantiated child abuse (substantiated child abuse case rate) .27 10 Child abuse involving alcohol or drugs (percent of child abuse .93 13 cases involving alcohol or drugs) Foster care (number of children in foster care per 1,000 children 94 14 ages 17 or younger) Alcohol, Tobacco, and Drug Availability Alcohol licenses (active alcohol licenses per 1,000 persons) 15 2.29 Tobacco licenses (active tobacco licenses per 1,000 persons) 2.42 15 Marijuana, cocaine, and heroin items (marijuana, cocaine, -.24 7 and heroin items reported per 100,000 persons) Methamphetamine items (methamphetamine items reported 2 -.99 per 100,000 persons) Sexual Behavior Teen pregnancy and births (rate of pregnancies, births, .03 9 and repeat births among females ages 15-19) Juvenile sexually-transmitted disease (juvenile STD rate) -.29 6 Adult sexually-transmitted disease (adult STD rate, -.20 8 adult AIDS rate) Suicide Teen suicide (percent of all suicides committed by teens ages -1.35 1 10 - 19Hospitalizations due to self-inflicted injuries (rate of hospitalization due to self-inflicted injuries per 100,000 -.20 6 persons) **Overall Overall Risk⁵** .43 10 -3 -2 -1 0 2 3 1

¹In parentheses beside each construct name is a list of the indicators comprising that construct. For the actual values of each indicator comprising the construct, please see Appendix B in the full study report. ²The corresponding value plotted in the profile represents the number of standard deviation units that the MSA is above or below the average across all MSAs for that construct. For more information on

how the standardized values were calculated, see Chapter 3 in the full study report. ³ Each risk score is ranked: 1=1owest risk; 15=highest risk. ⁴ The risk score for alcohol-related vehicle crashes with drivers ages 18–21 is .90 (MSA rank=12). The risk score for alcohol-related vehicle crashes with drivers ages 22 or older is –.36 (MSA rank=6). ⁵ Overall MSA risk score and rank are based on the average of all 29 risk scores, equally weighted. Each score is ranked: 1=1owest risk; 15=highest risk.





¹In parentheses beside each construct name is a list of the indicators comprising that construct. For the actual values of each indicator comprising the construct, please see Appendix B in the full study report. ²The corresponding value plotted in the profile represents the number of standard deviation units that the MSA is above or below the average across all MSAs for that construct. For more information on how the standardized values were calculated, see Chapter 3 in the full study report. ³Each risk score is ranked: 1=lowest risk; 15=highest risk.

⁴ The risk score for alcohol-related vehicle crashes with drivers ages 18–21 is .42 (MSA rank=10). The risk score for alcohol-related vehicle crashes with drivers ages 22 or older is –.72 (MSA rank=4). ⁵ Overall MSA risk score and rank are based on the average of all 29 risk scores, equally weighted. Each score is ranked: 1=lowest risk; 15=highest risk.



Prevention Needs Assessment Profile for Columbus MSA Average Across MSAs² Higher Risk Score Lower Risk Score MSA **Risk Constructs (indicators comprising construct)**¹ -3 -2 2 3 -1 0 1 Rank³ Lack of School Commitment Academic failure (percent of students not meeting .36 10 expectations on achievement tests for grades 4, 6, and 8) Lack of commitment to school (dropout rate, percent of eligible -.50 7 students not graduating from high school) Educational attainment (percent of population over age 25 -.38 8 without a high school education) Family Conflict/Management Problems Substantiated child abuse (substantiated child abuse case rate) -1.05 3 Child abuse involving alcohol or drugs (percent of child abuse -1.95 1 cases involving alcohol or drugs) Foster care (number of children in foster care per 1,000 children -.18 7 ages 17 or younger) Alcohol, Tobacco, and Drug Availability Alcohol licenses (active alcohol licenses per 1,000 persons) .16 10 Tobacco licenses (active tobacco licenses per 1,000 persons) -.39 6 Marijuana, cocaine, and heroin items (marijuana, cocaine, 14 1.08 and heroin items reported per 100,000 persons) Methamphetamine items (methamphetamine items reported 5 -.83 per 100,000 persons) Sexual Behavior Teen pregnancy and births (rate of pregnancies, births, .66 12 and repeat births among females ages 15-19) Juvenile sexually-transmitted disease (juvenile STD rate) 1.97 15 Adult sexually-transmitted disease (adult STD rate, 1.45 15 adult AIDS rate) Suicide Teen suicide (percent of all suicides committed by teens ages 15 1.52 10 - 19Hospitalizations due to self-inflicted injuries (rate of hospitalization due to self-inflicted injuries per 100,000 1.12 12 persons) **Overall Overall Risk⁵** .61 12 -3 -2 -1 0 2 3 1

¹In parentheses beside each construct name is a list of the indicators comprising that construct. For the actual values of each indicator comprising the construct, please see Appendix B in the full study report. ²The corresponding value plotted in the profile represents the number of standard deviation units that the MSA is above or below the average across all MSAs for that construct. For more information on

how the standardized values were calculated, see Chapter 3 in the full study report. ³ Each risk score is ranked: 1=1owest risk; 15=highest risk. ⁴ The risk score for alcohol-related vehicle crashes with drivers ages 18–21 is –.32 (MSA rank=8). The risk score for alcohol-related vehicle crashes with drivers ages 22 or older is –.04 (MSA rank=7). ⁵ Overall MSA risk score and rank are based on the average of all 29 risk scores, equally weighted. Each score is ranked: 1=1owest risk; 15=highest risk.



Prevention Needs Assessment Profile for Dalton MSA Average Across MSAs² Higher Risk Score -Lower Risk Score MSA **Risk Constructs (indicators comprising construct)**¹ -3 -2 2 3 -1 0 1 Rank³ Lack of School Commitment Academic failure (percent of students not meeting 1.21 14 expectations on achievement tests for grades 4, 6, and 8) Lack of commitment to school (dropout rate, percent of eligible 1.05 13 students not graduating from high school) Educational attainment (percent of population over age 25 2.27 15 without a high school education) Family Conflict/Management Problems Substantiated child abuse (substantiated child abuse case rate) 1.10 9 Child abuse involving alcohol or drugs (percent of child abuse .57 10 cases involving alcohol or drugs) Foster care (number of children in foster care per 1,000 children .35 12 ages 17 or younger) Alcohol, Tobacco, and Drug Availability Alcohol licenses (active alcohol licenses per 1,000 persons) -.97 3 Tobacco licenses (active tobacco licenses per 1,000 persons) 8 -.23 Marijuana, cocaine, and heroin items (marijuana, cocaine, -1.23 3 and heroin items reported per 100,000 persons) Methamphetamine items (methamphetamine items reported 1.96 14 per 100,000 persons) Sexual Behavior Teen pregnancy and births (rate of pregnancies, births, 15 2.46 and repeat births among females ages 15-19) Juvenile sexually-transmitted disease (juvenile STD rate) -1.11 3 Adult sexually-transmitted disease (adult STD rate, -1.09 3 adult AIDS rate) Suicide Teen suicide (percent of all suicides committed by teens ages 1.35 13 10 - 19Hospitalizations due to self-inflicted injuries (rate of hospitalization due to self-inflicted injuries per 100,000 14 1.33 persons) **Overall Overall Risk⁵** .91 13 -3 -2 -1 0 2 3 1

¹In parentheses beside each construct name is a list of the indicators comprising that construct. For the actual values of each indicator comprising the construct, please see Appendix B in the full study report. ²The corresponding value plotted in the profile represents the number of standard deviation units that the MSA is above or below the average across all MSAs for that construct. For more information on

how the standardized values were calculated, see Chapter 3 in the full study report. ³ Each risk score is ranked: 1=lowest risk; 15=highest risk. ⁴ The risk score for alcohol-related vehicle crashes with drivers ages 18–21 is 1.21 (MSA rank=14). The risk score for alcohol-related vehicle crashes with drivers ages 22 or older is .57 (MSA rank=11). ⁵ Overall MSA risk score and rank are based on the average of all 29 risk scores, equally weighted. Each score is ranked: 1=lowest risk; 15=highest risk.



Prevention Needs Assessment Profile for Gainesville MSA Average Across MSAs² Higher Risk Score -Lower Risk Score MSA **Risk Constructs** (indicators comprising construct)¹ -3 -2 2 3 -1 0 1 Rank³ Lack of School Commitment Academic failure (percent of students not meeting .91 12 expectations on achievement tests for grades 4, 6, and 8) Lack of commitment to school (dropout rate, percent of eligible - 94 5 students not graduating from high school) Educational attainment (percent of population over age 25 .97 14 without a high school education) Family Conflict/Management Problems Substantiated child abuse (substantiated child abuse case rate) .75 13 Child abuse involving alcohol or drugs (percent of child abuse .89 12 cases involving alcohol or drugs) Foster care (number of children in foster care per 1,000 children -1.40 1 ages 17 or younger) Alcohol, Tobacco, and Drug Availability Alcohol licenses (active alcohol licenses per 1,000 persons) -.73 4 Tobacco licenses (active tobacco licenses per 1,000 persons) -.63 5 Marijuana, cocaine, and heroin items (marijuana, cocaine, -.18 8 and heroin items reported per 100,000 persons) Methamphetamine items (methamphetamine items reported 2.01 15 per 100,000 persons) Sexual Behavior Teen pregnancy and births (rate of pregnancies, births, 13 .73 and repeat births among females ages 15-19) Juvenile sexually-transmitted disease (juvenile STD rate) -1.33 2 Adult sexually-transmitted disease (adult STD rate, -1.29 2 adult AIDS rate) Suicide Teen suicide (percent of all suicides committed by teens ages -1.35 1 10 - 19Hospitalizations due to self-inflicted injuries (rate of hospitalization due to self-inflicted injuries per 100,000 -1.73 2 persons) **Overall Overall Risk⁵** -1.17 4 -3 -2 -1 0 2 3 1

¹In parentheses beside each construct name is a list of the indicators comprising that construct. For the actual values of each indicator comprising the construct, please see Appendix B in the full study report. ²The corresponding value plotted in the profile represents the number of standard deviation units that the MSA is above or below the average across all MSAs for that construct. For more information on how the standardized values were calculated, see Chapter 3 in the full study report. Each risk score is ranked: 1=10west risk; 15=highest risk.

⁴ The risk score for alcohol-related vehicle crashes with drivers ages 18–21 is 1.00 (MSA rank=13). The risk score for alcohol-related vehicle crashes with drivers ages 22 or older is .42 (MSA rank=9). ⁵ Overall MSA risk score and rank are based on the average of all 29 risk scores, equally weighted. Each score is ranked: 1=lowest risk; 15=highest risk.





¹In parentheses beside each construct name is a list of the indicators comprising that construct. For the actual values of each indicator comprising the construct, please see Appendix B in the full study report. ²The corresponding value plotted in the profile represents the number of standard deviation units that the MSA is above or below the average across all MSAs for that construct. For more information on how the standardized values were calculated, see Chapter 3 in the full study report. Each risk score is ranked: 1=10west risk; 15=highest risk.

⁴ The risk score for alcohol-related vehicle crashes with drivers ages 18–21 is –.97 (MSA rank=2). The risk score for alcohol-related vehicle crashes with drivers ages 22 or older is –.80 (MSA rank=3). ⁵ Overall MSA risk score and rank are based on the average of all 29 risk scores, equally weighted. Each score is ranked: 1=lowest risk; 15=highest risk.



Prevention Needs Assessment Profile for Macon MSA Average Across MSAs² Higher Risk Score Lower Risk Score MSA **Risk Constructs** (indicators comprising construct)¹ -3 -2 2 3 -1 0 1 Rank³ Lack of School Commitment Academic failure (percent of students not meeting .23 8 expectations on achievement tests for grades 4, 6, and 8) Lack of commitment to school (dropout rate, percent of eligible .80 11 students not graduating from high school) Educational attainment (percent of population over age 25 .08 9 without a high school education) Family Conflict/Management Problems Substantiated child abuse (substantiated child abuse case rate) -.05 7 Child abuse involving alcohol or drugs (percent of child abuse -.29 6 cases involving alcohol or drugs) Foster care (number of children in foster care per 1,000 children .87 13 ages 17 or younger) Alcohol, Tobacco, and Drug Availability Alcohol licenses (active alcohol licenses per 1,000 persons) 12 .37 Tobacco licenses (active tobacco licenses per 1,000 persons) 11 .30 Marijuana, cocaine, and heroin items (marijuana, cocaine, 10 .45 and heroin items reported per 100,000 persons) Methamphetamine items (methamphetamine items reported .44 11 per 100,000 persons) Sexual Behavior Teen pregnancy and births (rate of pregnancies, births, -.32 5 and repeat births among females ages 15-19) Juvenile sexually-transmitted disease (juvenile STD rate) 1.38 14 Adult sexually-transmitted disease (adult STD rate, 14 1.32 adult AIDS rate) Suicide Teen suicide (percent of all suicides committed by teens ages -.31 6 10 - 19Hospitalizations due to self-inflicted injuries (rate of hospitalization due to self-inflicted injuries per 100,000 1.38 15 persons) **Overall Overall Risk⁵** 1.34 14 -3 -2 -1 0 2 3 1

¹In parentheses beside each construct name is a list of the indicators comprising that construct. For the actual values of each indicator comprising the construct, please see Appendix B in the full study report. ²The corresponding value plotted in the profile represents the number of standard deviation units that the MSA is above or below the average across all MSAs for that construct. For more information on how the standardized values were calculated, see Chapter 3 in the full study report. ³Each risk score is ranked: 1=lowest risk; 15=highest risk.

⁴ The risk score for alcohol-related vehicle crashes with drivers ages 18–21 is 1.91 (MSA rank=15). The risk score for alcohol-related vehicle crashes with drivers ages 22 or older is .83 (MSA rank=12). ⁵ Overall MSA risk score and rank are based on the average of all 29 risk scores, equally weighted. Each score is ranked: 1=lowest risk; 15=highest risk.



Prevention Needs Assessment Profile for Rome MSA Average Across MSAs² Higher Risk Score -Lower Risk Score MSA **Risk Constructs** (indicators comprising construct)¹ -3 -2 2 3 0 1 -1 Rank³ Lack of School Commitment Academic failure (percent of students not meeting -1.07 4 expectations on achievement tests for grades 4, 6, and 8) Lack of commitment to school (dropout rate, percent of eligible -1.22 3 students not graduating from high school) Educational attainment (percent of population over age 25 .82 12 without a high school education) Family Conflict/Management Problems Substantiated child abuse (substantiated child abuse case rate) 2.27 15 Child abuse involving alcohol or drugs (percent of child abuse 1.31 14 cases involving alcohol or drugs) Foster care (number of children in foster care per 1,000 children 2.67 15 ages 17 or younger) Alcohol, Tobacco, and Drug Availability 7 Alcohol licenses (active alcohol licenses per 1,000 persons) -.20 Tobacco licenses (active tobacco licenses per 1,000 persons) .65 13 Marijuana, cocaine, and heroin items (marijuana, cocaine, -1.34 2 and heroin items reported per 100,000 persons) Methamphetamine items (methamphetamine items reported .95 13 per 100,000 persons) Sexual Behavior Teen pregnancy and births (rate of pregnancies, births, .25 11 and repeat births among females ages 15-19) Juvenile sexually-transmitted disease (juvenile STD rate) -.32 5 Adult sexually-transmitted disease (adult STD rate, -.93 4 adult AIDS rate) Suicide Teen suicide (percent of all suicides committed by teens ages .95 12 10 - 19Hospitalizations due to self-inflicted injuries (rate of hospitalization due to self-inflicted injuries per 100,000 .02 9 persons) **Overall Overall Risk⁵** .22 8 -3 -2 -1 0 2 3 1

¹In parentheses beside each construct name is a list of the indicators comprising that construct. For the actual values of each indicator comprising the construct, please see Appendix B in the full study report. ²The corresponding value plotted in the profile represents the number of standard deviation units that the MSA is above or below the average across all MSAs for that construct. For more information on how the standardized values were calculated, see Chapter 3 in the full study report. Each risk score is ranked: 1=10west risk; 15=highest risk.

⁴ The risk score for alcohol-related vehicle crashes with drivers ages 18–21 is –1.95 (MSA rank=1). The risk score for alcohol-related vehicle crashes with drivers ages 22 or older is .93 (MSA rank=13). ⁵ Overall MSA risk score and rank are based on the average of all 29 risk scores, equally weighted. Each score is ranked: 1=10west risk; 15=highest risk.



Prevention Needs Assessment Profile for Savannah MSA

•	<i>←L</i> o	wer Risk	Score	Average MS	e Across SAs ²	Higher	r Risk Score	e →	МСА
Risk Constructs (indicators comprising construct) ¹ -3	3	-2	-1		0	1	2	3	Rank ³
Lack of School Commitment						-1			-
Academic failure (percent of students not meeting expectations on achievement tests for grades 4, 6, and 8)					.25				9
Lack of commitment to school (dropout rate, percent of eligible students not graduating from high school)						1	1.42		15
Educational attainment (percent of population over age 25 without a high school education)				53					4
Family Conflict/Management Problems									
Substantiated child abuse (substantiated child abuse case rate)		-1.61							1
Child abuse involving alcohol or drugs (percent of child abuse cases involving alcohol or drugs)			7	3					4
Foster care (number of children in foster care per 1,000 children ages 17 or younger)				28					6
Alcohol, Tobacco, and Drug Availability									
Alcohol licenses (active alcohol licenses per 1,000 persons)							1.86		14
Tobacco licenses (active tobacco licenses per 1,000 persons)					.17				10
Marijuana, cocaine, and heroin items (marijuana, cocaine, and heroin items reported per 100,000 persons)							1.98		15
Methamphetamine items (methamphetamine items reported per 100,000 persons)			87						4
Sexual Behavior									5.
Teen pregnancy and births (rate of pregnancies, births, and repeat births among females ages 15–19)				25					7
Juvenile sexually-transmitted disease (juvenile STD rate)					.14				10
Adult sexually-transmitted disease (adult STD rate, adult AIDS rate)					.35				9
Suicide									
Teen suicide (percent of all suicides committed by teens ages 10–19)						1	1.41		14
Hospitalizations due to self-inflicted injuries (rate of hospitalization due to self-inflicted injuries per 100,000 persons)				13					7
Overall									
Overall Risk ⁵					.10				7
H	3	-2			0 0	1	2		

¹In parentheses beside each construct name is a list of the indicators comprising that construct. For the actual values of each indicator comprising the construct, please see Appendix B in the full study report.
 ²The corresponding value plotted in the profile represents the number of standard deviation units that the MSA is above or below the average across all MSAs for that construct. For more information on how the standardized values were calculated, see Chapter 3 in the full study report.
 ³Each risk score is ranked: 1=lowest risk; 15=highest risk.
 ⁴The risk score for alcohol-related vehicle crashes with drivers ages 18–21 is -.54 (MSA rank=5). The risk score for alcohol-related vehicle crashes with drivers ages 22 or older is .42 (MSA rank=10).
 ⁵Overall MSA risk score and rank are based on the average of all 29 risk scores, equally weighted. Each score is ranked: 1=lowest risk; 15=highest risk.



Prevention Needs Assessment Profile for Valdosta MSA Average Across MSAs² Higher Risk Score -Lower Risk Score MSA **Risk Constructs** (indicators comprising construct)¹ -3 -2 2 3 -1 0 1 Rank³ Lack of School Commitment Academic failure (percent of students not meeting -.61 5 expectations on achievement tests for grades 4, 6, and 8) Lack of commitment to school (dropout rate, percent of eligible .77 10 students not graduating from high school) Educational attainment (percent of population over age 25 .26 10 without a high school education) Family Conflict/Management Problems Substantiated child abuse (substantiated child abuse case rate) 1.32 14 Child abuse involving alcohol or drugs (percent of child abuse .09 8 cases involving alcohol or drugs) Foster care (number of children in foster care per 1,000 children .22 10 ages 17 or younger) Alcohol, Tobacco, and Drug Availability Alcohol licenses (active alcohol licenses per 1,000 persons) 13 .39 Tobacco licenses (active tobacco licenses per 1,000 persons) 14 1.29 Marijuana, cocaine, and heroin items (marijuana, cocaine, .90 12 and heroin items reported per 100,000 persons) Methamphetamine items (methamphetamine items reported 8 -.21 per 100,000 persons) Sexual Behavior Teen pregnancy and births (rate of pregnancies, births, 6 -.28 and repeat births among females ages 15-19) Juvenile sexually-transmitted disease (juvenile STD rate) 1.00 13 Adult sexually-transmitted disease (adult STD rate, .77 11 adult AIDS rate) Suicide Teen suicide (percent of all suicides committed by teens ages .18 9 10 - 19Hospitalizations due to self-inflicted injuries (rate of hospitalization due to self-inflicted injuries per 100,000 -.60 4 persons) **Overall Overall Risk⁵** 1.57 15 -3 -2 -1 0 2 3 1

¹In parentheses beside each construct name is a list of the indicators comprising that construct. For the actual values of each indicator comprising the construct, please see Appendix B in the full study report. ²The corresponding value plotted in the profile represents the number of standard deviation units that the MSA is above or below the average across all MSAs for that construct. For more information on how the standardized values were calculated, see Chapter 3 in the full study report. Each risk score is ranked: 1=10west risk; 15=highest risk.

⁴ The risk score for alcohol-related vehicle crashes with drivers ages 18–21 is –.79 (MSA rank=4). The risk score for alcohol-related vehicle crashes with drivers ages 22 or older is –1.60 (MSA rank=2). ⁵ Overall MSA risk score and rank are based on the average of all 29 risk scores, equally weighted. Each score is ranked: 1=10west risk; 15=highest risk.





¹In parentheses beside each construct name is a list of the indicators comprising that construct. For the actual values of each indicator comprising the construct, please see Appendix B in the full study report. ²The corresponding value plotted in the profile represents the number of standard deviation units that the MSA is above or below the average across all MSAs for that construct. For more information on how the standardized values were calculated, see Chapter 3 in the full study report. Each risk score is ranked: 1=10west risk; 15=highest risk.

⁴ The risk score for alcohol-related vehicle crashes with drivers ages 18–21 is .36 (MSA rank=9). The risk score for alcohol-related vehicle crashes with drivers ages 22 or older is –.38 (MSA rank=5). ⁵ Overall MSA risk score and rank are based on the average of all 29 risk scores, equally weighted. Each score is ranked: 1=1owest risk; 15=highest risk.

5. Applying and Sustaining a Social Indicator Approach to Prevention Planning in Georgia

Guidelines for interpreting the social indicator profiles, and for making prevention planning decisions based on the profiles, were provided in Chapter 4. Those guidelines emphasized that there are no rigid rules or formulas for how profile data should be translated into program planning decisions. Rather, some general principles, along with some cautions, were presented with respect to how the data might best be used for this purpose. Different planners may focus on different aspects of the data and interpret them in ways that seem most useful and appropriate. State-level planners are encouraged to combine the profile data with local knowledge and other available information to form a more comprehensive assessment of substance use-related consequences, associated consumption patterns, and prevention needs

5.1 Suggestions for Data Dissemination

By design, the greatest potential value of the data in this report will be achieved when in the hands of state and regional providers, planners, and policy makers. Although the data could serve several important functions at the local level, the planning and provision of prevention services in Georgia at the MSA level is largely orchestrated at the state and to some degree regional levels. Therefore, the primary objective of this report is to provide information that can support this process.

The primary objective of this report is to provide information that informs the planning and provision of prevention services at the MSA level.

State and regional prevention staff and directors all are potential users of these data. In addition to informing the planning process, the data can be useful for focusing public attention on substance use consequences, risk factors, and potential solutions; at the same time, they may stimulate a greater interest in and understanding of data-driven approaches to assessing prevention needs in communities. The data also can be helpful in applications for prevention resources for which statements of need are a required component. Because of the breadth of indicators assembled in this report and their relevance to many facets of social well-being, the potential audience may extend beyond the substance use prevention community and include other social services agencies and community-based organizations, public officials, businesses, and the general public.

The Georgia SPF-SIG and the GA-SEOW should serve as the vehicles for disseminating this report. The key stakeholders serving on the SEOW will be fully informed about this work and will share the report with new members as the SEOW grows and diversifies. In addition, as the SEOW builds on this work by identifying new data sources, adding new data elements, and creating updated MSA profiles, the SEOW will disseminate the new findings and associated products at the needed level.

5.2 Using and Sustaining Social Indicators as a Component of the State's Prevention Planning Infrastructure

The number of states that systematically compile and use social indicator data to inform prevention planning efforts has increased over the past several years. How helpful this approach can be in Georgia's substance use prevention planning process has yet to be determined. Some preliminary feedback from other states is very encouraging, especially with respect to the ability of local data to focus attention on prevention-related issues in the community.

It seems likely that social indicators in some form (e.g., epidemiological profiles) will continue to occupy an important niche in Georgia's efforts to support a data driven approach to outcomes-based needs assessment and planning efforts. SAMHSA/CSAP has adopted this perspective; it now requires the completion of a needs assessment as a core component and the initial step in the Strategic Prevention Framework. Georgia's SEOW will continue to expand the state's data-driven approach to prevention planning to guide the selection and implementation of evidence-based prevention strategies. The goal is that this report will be helpful in further establishing the credibility and utility of social indicator approaches to prevention needs assessment, thus providing support for continued development and maintenance of a social indicator component in state planning systems.

Exhibit 7 provides several recommendations for supporting and sustaining the use of social indicators for prevention planning.

Recommendation	Comments
Review the report for its utility to the state.	It is recommended that the report be reviewed by DPH's decision makers and key prevention staff for its relevance to the state's prevention planning process and for possible adaptations for continued use. Representatives from other state agencies also may be interested in reviewing the report and providing comments.
Incorporate a social indicator approach in the work of the Georgia SEOW and build on methodology for future prevalence and epidemiologic work.	The Georgia SEOW should identity the complementary components of the epidemiological profile and SI studies and determine if these documents should be integrated or continue to exist as separate, non- duplicative, complementary products. The SEOW may also use this report as a baseline for identifying additional prevalence and epidemiological studies that will further a data-driven approach to prevention planning.
Disseminate the report to state and regional planner and gauge their interest in and use of the report.	These individuals are the ultimate users of the information. Their buy- in is essential to the effective use of social indicator data for local planning purposes. These users can provide insights regarding ways to improve the data and the manner in which they are presented. Future possibilities might include online access to the report.
Provide training to potential data users on the interpretation and use of the profiles.	It may be helpful to provide further guidance on the meaning and interpretation of the prevention needs assessment and planning profiles, as well as their design and use. Ideally, this training also would include the consideration of other data sources and how they can be integrated into the planning process.

Exhibit 7. Use and Maintenance of the Social Indicator Study in Georgia

Exhibit 7. Use and Maintenance of the Social Indicator Stud	ly in	n Georg	ia (continued)	
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Recommendation	Comments
Consider modifications to the list of indicators and the manner in which indicators are defined and displayed, based on both user input and further research regarding their validity.	It is likely that additional useful indicators will be identified, and some current indicators will be determined to be of relatively little relevance. A number of other methodological features might merit consideration, including comparisons among subgroups of demographically similar counties and the inclusion of regional or national comparison data.
Define the role for social indicators in the State planning process.	The manner in which social indicator data can be formally incorporated into the state planning process will need to be considered. This could vary from simply suggesting that state and regional planners and providers use the data to requiring use of the data in justifying service plans and as a basis for making resource allocation decisions. Ultimately, the use of the social indicator data should be incorporated within a broader planning framework (e.g., SPF) that includes other types of needs assessment data as well.
Commit to a permanent and sustainable infrastructure and support system.	To sustain the social indicator study as a core component in the state's prevention planning process, an appropriate infrastructure and means of support will need to be established. The Georgia SEOW is the most logical mechanism to guide the development of a coordinated social indicator system that would meet the needs of multiple units in the state's health and social service agencies and local communities

Source: Georgia Cross-Site Evaluation: MSA Social Indicator Study, 2007.

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Appendix A. Data Sources and Documentation

The information summarized in *Exhibit A-1* describes the indicator definitions, data years, and data sources used in the analyses conducted to create the MSA-level profiles. In some instances, a source agency provided data for more than one indicator. Data were collected by SIPG Needs Assessment Subcommittee members and RTI. Data not collected by RTI were sent to RTI for cleaning, management, and analysis. Data were collected for the year 2000 to the most recent year available. The data used for the analyses described in this report were obtained from a variety of sources in August and September 2005. Originally, the data were collected for the SIPG county social indicator study. The same data were used to conduct the MSA level analyses.

Exhibit A-2 summarizes the population data used in calculating rates and percentages and providing county population characteristics on the profiles. All population counts were obtained from the U.S. Census Bureau.

Indicator	Definition and Data Years	Source
Juvenile arrest rate for liquor law violations	Definition : Number of arrests for alcohol or liquor law violation (DUI, liquor law violations, drunkenness), per 1,000 juveniles ages 10 to 17.	Agency: Christy Johnson, Georgia Department of Juvenile Justice Data set/document/web link: Special Data Run: <i>Number of Youth by</i>
	Data Years: FY 2001-2005	Offense Type and County (WO # 78566OffenseCounty 07272005.xls)
Juvenile arrest rate for narcotics violations	Definition : Number of arrests for narcotic violations (possession, sale, use, growing, and	Agency : Christy Johnson, Georgia Department of Juvenile Justice
	manufacturing), per 1,000 juveniles ages 10 to 17. Data Years: FY 2001-2005	Data set/document/web link: Special Data Run: Number of Youth by Offense Type and County (WO # 785660ffenseCounty 07272005.xls)
Adult arrest rate for narcotic violations	Definition : Number of arrests for narcotic violations (possession, sale, use, growing, and	Agency : Willeen White-Smith, GBI, Georgia Crime Information Center
	manufacturing), per 1,000 adults ages 18 or older. Data Years: 2000-2005	Data set/document/web link: Special Data Run: <i>Drug Arrest Totals for</i> <i>Counties in Georgia</i>
Adult arrest rate for driving while under the influence (DUI)	Definition : Number of arrests for driving under the influence, per 1,000 adults ages 18 or older.	Agency : Willeen White-Smith, GBI, Georgia Crime Information Center
	Data Years: 2001-2005	Data set/document/web link: Special Data Run: DUI Arrest Totals for Counties in Georgia

Exhibit A-1. Indicator	Definitions, Data	a Years, and	Sources
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Indicator	Definition and Data Years	Source
Percentage of alcohol- related vehicle crashes with drivers ages 10 or older	Definition: Percentage of alcohol- related motor vehicle crashes with drivers ages 10-17, 18-21, and 22 or older. Data Year: 2004	Agency: Jack Carver, Office of Traffic Safety and Design Data set/document/web link: Special Data Run: Alcohol Drugs Crash Drivers 2004.xls
Percentage of vehicle crashes in which alcohol or drugs were a factor	 Definition: Percentage of all motor vehicle crashes in which alcohol and/or drugs were a contributing factor. Data Year: 2002 	Agency: Georgia Department of Motor Vehicles Data set/document/web link: The Georgia County Guide, 23 rd Edition. (2004). ISSN#1044-0976
Adult alcohol treatment admission rate	Definition: Unduplicated number of admissions to state-supported treatment services for alcohol, per 1,000 adults ages 18 or older. Data Years: FY 2001-2005	Agency: Caron Hopkins, Information Management Unit, Georgia Division of Mental Health, Developmental Disabilities and Addictive Diseases Data Set/Document: Special Data Run: Unduplicated Admissions for Substance Abuse Problems to DMHDDAD Community Services by County of Residence by Substance Type and Age of Admission Fiscal Years 2001-2005
Adult drug treatment admission rate	 Definition: Unduplicated number of admissions to state-supported drug treatment services, per 1,000 adults ages 18 or older. Data Years: FY 2001-2005 	Agency: Caron Hopkins, Information Management Unit, Georgia Division of Mental Health, Developmental Disabilities and Addictive Diseases Data Set/Document: Special Data Run: Unduplicated Admissions for Substance Abuse Problems to DMHDDAD Community Services by County of Residence by Substance Type and Age of Admission Fiscal Years 2001-2005
Juvenile alcohol treatment admission rate	 Definition: Unduplicated number of admissions to state-supported treatment services for alcohol, per 1,000 youth ages 17 or younger. Data Years: FY 2001-2005 	Agency: Caron Hopkins, Information Management Unit, Georgia Division of Mental Health, Developmental Disabilities and Addictive Diseases Data Set/Document : Special Data Run: Unduplicated Admissions for Substance Abuse Problems to DMHDDAD Community Services by County of Residence by Substance Type and Age of Admission Fiscal Years 2001-2005

Exhibit A-1. Indicator Definitions, Data Years, and Sources (continued)
Indicator	Definition and Data Years	Source
Juvenile drug treatment admission rate	Definition : Unduplicated number of admissions to state-supported drug treatment services, per 1,000 youth ages 17 or younger.	Agency : Caron Hopkins, Information Management Unit, Georgia Division of Mental Health, Developmental Disabilities and Addictive Diseases
	Data Years : FY 2001-2005	Data Set/Document : Special Data Run: Unduplicated Admissions for Substance Abuse Problems to DMHDDAD Community Services by County of Residence by Substance Type and Age of Admission Fiscal Years 2001-2005
Alcohol-related death rate	Definition : Number of alcohol- related deaths, as defined by ICD codes, per 100,000 persons.	Agency : Danielle Bell, Georgia Hospital Association
	Data Years: 2000-2004	Data Set/Document: Special Data Run
Drug-related death rate	Definition : Number of drug-related deaths as, defined by ICD codes, per 100,000 persons.	Agency: Danielle Bell, Georgia Hospital Association
	Data Years: 2000-2004	Data Set/Document: Special Data Run
Alcohol-related hospital discharge rate	Definition : Unduplicated number of hospital discharges, as defined by ICD codes, involving diagnoses related to alcohol abuse, per 100.000 persons.	Agency: Danielle Bell, Georgia Hospital Association Data Set/Document: Special Data Run
	Data Years: 2000-2004	
Drug-related hospital discharge rate	Definition : Unduplicated number of hospital discharges, as defined by ICD codes involving diagnoses related to drug abuse, per 100,000	Agency: Danielle Bell, Georgia Hospital Association Data Set/Document: Special Data Run
	Data Years: 2000-2004	
Percentage of residential properties that are renter occupied	Definition: Percentage of all residential units that are renter - occupied units. Data Years: 2000	Agency: U.S. Census Bureau Data set/document/web link: Census 2000 Summary File 1 (SF 1) 100 Percent Data <u>http://factfinder.census.gov/servlet/DatasetMai</u> <u>nPageservlet?_ds_name=DEC_2000_SF1_U</u> & program=DEC& lang=en

Exhibit A-1. Indicator Definitions, Data Years, and Sources (continued)

Indicator	Definition and Data Years	Source
Percentage of residential properties that are vacant	Definition: Percentage of all residential units that are vacant. Data Years: 2000	Agency: U.S. Census Bureau Data set/document/web link: Census 2000 Summary File 1 (SF 1) 100 Percent Data <u>http://factfinder.census.gov/servlet/DatasetMai</u> <u>nPageservlet? ds name=DEC 2000 SF1 U</u> <u>& program=DEC& lang=en</u>
Percentage of adult population not registered to vote	Definition: Percentage of the adult population (ages 18 or older) who are not registered to vote. Data Years: June 2005	Agency: Office of the Secretary of State Data set/document/web link: Georgia Voter Registration Statistics – Active Voters by Race and Gender as o 6/01/05 <u>http://www.sos.state.ga.us</u>
Percentage of adult population not voting in presidential elections	 Definition: Percentage of the adult population (age 18 or older) who did not vote in the 2000 Presidential election. Data Years: November 2000 and 2004 	Agency: Office of the Secretary of State Data set/document/web link: Voter Turnout and reg.xls http://www.sos.state.ga.us
Percentage of in-migration	Definition: Percentage of the population who moved into the county. Data Years: 2000	Agency: U.S. Census Bureau Data set/document/web link: Census 2000, special tabulation – Table 2. Net Migration for the Population 5 Years and Over for the United States, Regions, States, Counties, New England Minor Civil Divisions, and Metropolitan Areas: 2000. http://www.census.gov/population/www/cen20 00/migration.html
Percentage of out- Migration	Definition: Percentage of the population who moved out of the county. Data Years: 2000	Agency: U.S. Census Bureau Data set/document/web link: Census 2000, special tabulation – Table 2. Net Migration for the Population 5 Years and Over for the United States, Regions, States, Counties, New England Minor Civil Divisions, and Metropolitan Areas: 2000. <u>http://www.census.gov/population/www/cen20</u> <u>00/migration.html</u>
Juvenile arrest rate for violent crimes	Definition: Number of arrests for homicide, aggravated assault, robbery, and rape per 1,000 juveniles ages 10 to 17. Data Years: FY 2001-2005	Agency: Christy Johnson, GeorgiaDepartment of Juvenile JusticeData set/document/web link:Special Data Run: Number of Youth byOffense Type and County (WO #78566OffenseCounty 07272005.xls)

Exhibit A-1. Indicator Definitions, Data Years, and Sources (continued)

Indicator	Definition and Data Years	Source
Juvenile arrest rate for property crimes	Definition: Number of arrests for burglary, larceny theft, arson, and motor vehicle theft per 1,000 juveniles ages 10 to 17. Data Years: FY 2001-2005	Agency: Christy Johnson, GeorgiaDepartment of Juvenile JusticeData set/document/web link:Special Data Run: Number of Youth byOffense Type and County (WO #78566OffenseCounty 07272005.xls)
Juvenile arrest rate for other crimes	Definition: Number of arrests for other crimes per 1,000 juveniles ages 10 to 17. Other crimes include nonaggravated assault, forgery and counterfeiting, fraud, embezzlement, stolen property, vandalism, weapons, prostitution and common vice laws, sex offenses, gambling, crimes against the family, disorderly conduct, curfew and loitering, and runaways. Data Years: FY 2001-2005	Agency: Christy Johnson, Georgia Department of Juvenile Justice Data set/document/web link: Special Data Run: <i>Number of Youth by</i> <i>Offense Type and County (WO #</i> 78566OffenseCounty 07272005.xls)
Population density	Definition: Population per square mile of land area. Data Years : 2000	Agency: U.S. Census Bureau Data set/document/web link: Census 2000 Summary File 1 (SF 1) 100 Percent Data http://factfinder.census.gov
Percentage of population living in urban areas	Definition: Percentage of the total population living in areas defined as urban. Data Years : 2000	Agency: U.S. Census Bureau Data set/document/web link: Census 2000 Summary File 1 (SF 1) 100 Percent Data <u>http://factfinder.census.gov/servlet/DatasetMai</u> <u>nPageservlet?_ds_name=DEC_2000_SF1_U</u> <u>& program=DEC& lang=en</u>
Percentage of population below poverty level	Definition: Percentage of the total population living below the federal poverty level.Data Years: 1999	Agency: U.S. Census Bureau Data set/document/web link: Census 2000 Summary File 3 (SF 3) Sample Data, Poverty Status in 1999 by Sex by Age <u>http://factfinder.census.gov/servlet/DatasetMai</u> <u>nPageservlet?</u> program=DEC& lang=en
Percentage of children below poverty level	 Definition: Percentage of children ages 17 or younger living below the federal poverty level. Data Years: 1999 	Agency: U.S. Census Bureau Data set/document/web link: Census 2000 Summary File 3 (SF 3) Sample Data, Poverty Status in 1999 by Sex by Age <u>http://factfinder.census.gov/servlet/DatasetMai</u> <u>nPageservlet?</u> program=DEC& lang=en

Indicator	Definition and Data Years	Source
Unemployment rate	Definition : Percentage of the labor force who are not employed.	Agency: US Department of Labor, Bureau of Labor Statistics
	Data Years: 2000-2004	Data set/document/web link: http://www.bls.gov/lau/home.htm
Percentage of population receiving Temporary Assistance for Needy Families (TANF)	Definition : Percentage of the total population participating in the Temporary Assistance for Needy Families (TANF) program	Agency : Georgia Department of Human Resources, Division of Family and Children Services
	(reported as the average monthly number of TANF recipients).	Data set/document/web link: http://dfcsdata.state.ga.us
	Data Years: FY 2000-2004	
Percentage of population receiving Food Stamps	Definition : Percentage of the total population receiving food stamps (reported as the average monthly pumber of food stamp recipients)	Agency : Georgia Department of Human Resources, Division of Family and Children Services
	Data Years: FY 2000-2004	Data set/document/web link: http://dfcsdata.state.ga.us
Percentage of students	Definition : Percentage of students	Agency: Georgia Department of Education
priced lunches	through 12) whose applications	Data set/document/web link:
	have been approved for the federal Free and Reduced Lunch Program.	http://www.doe.k12.ga.us/ dbs/system guides _all.asp
	Data Years: FY 2005	
Percentage of households	Definition: Families with a single	Agency: U.S. Census Bureau
headed by a single parent	present and children ages 17 or younger, as a percentage of all families with children ages 17 or younger.	Data set/document/web link : Census 2000 Summary File 1 (SF 1) 100 Percent Data, <i>own Children Under 18 Years, by Family Type</i> <i>and Age</i>
	Data Years: 2000	http://factfinder.census.gov/servlet/DatasetMai nPageservlet? program=DEC& lang=en
Alcohol license rate (per capita)	Definition : Number of alcohol licenses per 1,000 persons.	Agency : Ronald Johnson, Georgia Department of Revenue, Alcohol and Tobacco Division
	Data Years: As of August 24, 2005	Data set/document/web link: Data prepared
		as part of SYNAR project (AWR # 1650 – DHRS Total Active Alcohol Data)
Tobacco license rate (per capita)	Definition : Number of tobacco licenses per 1,000 persons.	Agency : Ronald Johnson, Georgia Department of Revenue, Alcohol and Tobacco Division
	Data Years: FY 2005	Data set/document/web link: Special data run (TOB_092005_EX_RETAIL.xls)

Exhibit A-1. Indicator Definitions, Data Years, and Sources (continued)

Indicator	Definition and Data Years	Source		
High school dropout rate	Definition: Percentage of enrolled students in grades 9 through 12 who drop out of school in a single year without completing high school. Data Years: School Years 1999- 2000 and 2000-2001	Agency: Georgia Department of Education Data set/document/web link: Georgia Public Education Report Card (1999-2000 and 2000- 2001) <u>http://techservices.doe.k12.ga.us/reportcard/d</u> <u>efault.htm</u> Note: Data for noncounty school districts were aggregated to the county level.		
Percentage of high school seniors not graduating	Definition: Percentage of high school seniors/eligible students not meeting graduation requirements. Data Years: School Year 2000- 2001 and 2001-2002	Agency: Georgia Department of Education Data set/document/web link: Georgia Public Education Report Card (2000-2001 and 2001- 2002) http://techservices.doe.k12.ga.us/reportcard/default.htm Note: Data for noncounty school districts were aggregated to the county level		
Percentage of students with achievement test not meeting expectations	 Definition: Percentage of students in grades 4, 6, and 8 not meeting expectations on statewide achievement tests. Data Years: School Year 1999-2000, 2000-2001, 2001-2002 	Agency: Georgia Department of Education Data set/document/web link: Georgia Public Education Report Card (1999-2000, 2000-2001 and 2001-2002) http://techservices.doe.k12.ga.us/reportcard/de fault.htm Note: Data for noncounty school districts were aggregated to the county level.		
Percentage of adults who completed less than 12 years of school (without a high school diploma)	Definition: Percentage of adults ages 25 or older who completed less than 12 years of school (no high school diploma or equivalent). Data Years : 2000	Agency: U.S. Census Bureau Data set/document/web link: Census 2000 Summary File 3 (SF 3) Sample Data, Sex by Educational Attainment for the Population 25 Years and Over <u>http://factfinder.census.gov/servlet/DatasetMai</u> <u>nPageservlet?_program=DEC&_lang=en</u>		
Rate of substantiated child abuse and neglect referrals	Definition: Unduplicated number of substantiated child abuse and neglect reports per 1,000 children ages 17 or younger. Data Years: FY 2000-2004	Agency: Georgia Department of Human Resources, Division of Family and Children Services Data set/document/web link: http://dfcsdata.state.ga.us		

Exhibit A-1. Indicator Definitions, Data Years, and Sources (continued)

Indicator	Definition and Data Years	Source
Percentage of child maltreatment cases involving substance abuse	Definition : Percentage of investigated child maltreatment cases involving alcohol or drugs.	Agency : Georgia Department of Human Resources, Division of Family and Children Services
	Data Year: 2003	Data set/document/web link: Special data run: Child Protective Services, Cases of Maltreatment Involving Substance Abuse, January 1, 2003-December 21, 2003
Rate of children living in foster care	Definition : Number of children ages 17 or younger in state- supervised foster care per 1,000 children ages 17 or younger.	Agency : Georgia Department of Human Resources, Division of Family and Children Services
	Data Years: FY 2000-2004	Data set/document/web link: http://dfcsdata.state.ga.us
Teen birth rate	Definition : Number of live births per 1,000 females ages 15 to 19.	Agency : Georgia Department of Human Resources, Division of Public Health, Office of Health Information and Policy
	Data Years: 2000-2003	Data set/document/web link: http://oasis.state.ga.us
Teen pregnancy rate	Definition : Number of pregnancies per 1,000 females ages 15 to 19.	Agency : Georgia Department of Human Resources, Division of Public Health, Office of Health Information and Policy
	Data Years: 2000-2003	Data set/document/web link: http://oasis.state.ga.us
Repeat birth rate among teens	Definition : Number of mothers ages 15 to 19 who gave birth and already had a child, per 1,000 females ages 15 to 19.	Agency: Family Connection Partnership Data set/document/web link: <u>http://www.aecf.org/cgi-</u> <u>bin/cliks.cgi?action=rawdata_results⊂=</u>
Adult sexually transmitted	Definition: Number of cases of	GA Agency: Department of Human Resources.
disease rate	chlamydia, syphilis, and gonorrhea, per 1,000 adults ages 20 or older.	Division of Public Health Data set/document/web link:
	Data Years: 2000-2004	http://www.health.state.ga.us/epi/disease/stats .asp
AIDS rate	Definition : Number of AIDS cases per 1,000 persons.	Agency : Department of Human Resources, Division of Public Health
	Data Years: 2000-2004	Data set/document/web link: http://www.health.state.ga.us/epi/disease/stats. asp

Exhibit A-1. Indicator Definitions	s, Data Years,	and Sources	(continued)
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Indicator	Definition and Data Years	Source
Juvenile sexually transmitted disease rate	Definition : Number of cases of chlamydia, syphilis, and gonorrhea per 1,000 persons ages 19 or	Agency: Department of Human Resources, Division of Public Health
	younger.	Data set/document/web link:
	Data Years: 2000-2004	asp
Teen suicide percentage	Definition : Percentage of all suicides committed by teens ages 10 to 19.	Agency : Georgia Department of Human Resources, Division of Public Health, Center for Health Information
	Data Year: 2002	Data set/document/web link : The Georgia County Guide, 23 rd Edition. (2004). ISSN#1044-0976
Rate of hospitalization due to self-inflicted injuries	Definition : Number of inflicted hospitalizations due to self-injuries per 100,000 persons.	Agency : Georgia Department of Human Resources, Division of Public Health
	Data Years: 1999-2002	Data set/document/web link: Suicide in Georgia: 2005
Rate of drug items reported by crime laboratories	Definition : Number of marijuana, cocaine, heroin, and methamphetamine items reported	Agency : Liqun Wong, Drug Enforcement Administration, Office of Diversion Control
	by crime laboratories per 100,000 persons.	Data set/document/web link:
	Data Years: 2002-2004	Laboratory Information System

Exhibit A-1. Indicator Definitions, Data Years, and Sources (continued)

Source: Georgia Cross-Site Evaluation: MSA Social Indicator Study, 2007.

Exhibit A-2. Population Data Sources

Indicator	Definition and Data Years	Source
Population data (for use in calculating rates and percentages and providing	Definition: Total population, population ages 18 or older, population ages 17 or younger,	Agency: U.S. Census Bureau, Population Estimates Program
county population characteristics on county profiles)	population ages 10 to 17, population ages 0 to 19, population ages 20 or older, population ages 25 or older, females ages 15 to 19.	Data set/document/web link: Data sets: (1) <i>County Estimates by Demographic Characteristics–Age, Sex, Race, and Hispanic Origin</i> (2) <i>Selected Age Groups and Sex</i>
	Data Years: 1999-2004	http://www.census.gov/popest/estimates.php
Race/ethnicity data (for providing county population characteristics	Definition: Percentage of the population who is White, Black, Hispanic/Latino, and of an	Agency: U.S. Census Bureau, Population Estimates Program
on county profiles)	"Other" racial or ethnic category.	Data set/document/web link:
Data Year: 2005		Data set: County Estimates by Demographic Characteristics–Age, Sex, Race, and Hispanic Origin
		http://www.census.gov/popest/estimates.php

Appendix B. Social Indicator Rates and Percentages, by MSA

Alcohol and Drug Abuse Indicators, by MSA¹

MSA	Juvenile Arrest Rate of Liquor Law Violations	Juvenile Arrest Rate for Narcotics Violations	Adult Arrest Rate for Narcotics Violations	Adult Arrest Rate for DUI	Percentage of Vehicle Accidents in which Alcohol and/or Drugs or Factor	Adult Alcohol Treatment Admission Rate	Adult Drug Treatment Admission Rate	Percentage of Alcohol- Related Vehicle Crashes with Drivers Ages 10–17
Albany	1.79	2.92	3.53	5.15	3.76	2.33	2.87	0.93
Augusta–Richmond County ²	1.54	3.83	7.16	9.05	3.92	0.85	1.68	1.30
Athens–Clarke County	2.16	4.56	2.21	9.10	4.19	3.01	2.87	2.31
Atlanta–Sandy Springs– Marietta	0.82	2.64	3.77	6.52	2.74	1.37	1.90	1.32
Brunswick	1.25	3.94	6.56	10.24	3.74	2.77	4.32	2.55
Chattanooga ²	3.78	5.34	4.70	6.38	5.89	2.33	2.85	2.11
Columbus ²	1.24	3.94	6.16	5.26	3.26	1.28	1.99	1.45
Dalton	2.99	5.34	7.67	12.67	4.29	5.30	3.83	2.82
Gainesville	0.42	1.87	3.07	8.80	4.23	1.57	1.60	2.63
Hinesville–Fort Stewart	2.47	4.53	7.36	10.77	5.68	0.98	1.26	0.87
Macon	1.09	3.85	9.14	6.92	2.87	4.26	7.20	3.45
Rome	1.08	1.61	5.06	9.34	3.18	3.82	5.88	0.00
Savannah	0.92	3.43	8.03	8.73	3.29	2.07	3.50	1.25
Valdosta	2.24	4.33	10.41	6.36	5.72	2.91	2.26	1.04
Warner Robins	2.23	4.61	9.35	9.77	3.69	2.36	3.86	2.06

Alcohol and Drug Abuse Indicators, by MSA¹ (continued)

MSA	Percentage of Alcohol-Related Vehicle Crashes with Drivers Ages 18–21	Percentage of Alcohol-Related Vehicle Crashes with Drivers Ages 22 or Older	Juvenile Alcohol Treatment Admission Rate	Juvenile Drug Treatment Admission Rate	Adult Alcohol- Related Death Rate	Adult Drug- Related Death Rate
Albany	12.04	87.04	0.16	0.45	2.24	1.12
Augusta–Richmond County ²	15.62	83.08	0.04	0.18	2.02	0.77
Athens–Clarke County	22.31	75.38	0.62	1.28	2.12	0.94
Atlanta–Sandy Springs– Marietta	10.62	88.06	0.12	0.41	1.84	0.72
Brunswick	15.92	81.53	0.40	0.74	2.51	0.63
Chattanooga ²	17.61	80.28	0.36	1.08	0.89	0.30
Columbus ²	15.94	82.61	0.30	1.13	2.41	1.29
Dalton	12.43	84.75	0.15	0.40	1.59	0.32
Gainesville	13.16	84.21	0.11	0.37	2.38	0.79
Hinesville–Fort Stewart	19.13	80.00	0.08	0.37	1.40	0.00
Macon	10.92	85.63	0.04	0.28	2.84	1.33
Rome	14.02	85.98	0.15	1.12	5.19	1.30
Savannah	14.54	84.21	0.22	1.01	2.45	0.66
Valdosta	21.76	77.20	0.70	1.26	2.14	0.99
Warner Robins	16.49	81.44	0.58	1.72	2.05	0.51

Social Indicator Study to Assess Substance Use Prevention Needs in Metropolitan Statistical Areas

Alcohol and Drug Abuse Indicators, by MSA¹ (continued)

MSA	Alcohol- Related Hospital Discharge Rate	Drug- Related Hospital Discharge Rate	Juvenile Alcohol Treatment Admission Rate	Juvenile Drug Treatment Admission Rate	Adult Alcohol- Related Death Rate	Adult Drug- Related Death Rate	Alcohol- Related Hospital Discharge Rate	Drug- Related Hospital Discharge Rate
Albany	135.99	83.39	0.16	0.45	2.24	1.12	135.99	83.39
Augusta–Richmond County ²	118.57	94.54	0.04	0.18	2.02	0.77	118.57	94.54
Athens–Clarke County	113.58	88.63	0.62	1.28	2.12	0.94	113.58	88.63
Atlanta–Sandy Springs–Marietta	89.53	79.74	0.12	0.41	1.84	0.72	89.53	79.74
Brunswick	77.58	69.01	0.40	0.74	2.51	0.63	77.58	69.01
Chattanooga ²	28.69	48.90	0.36	1.08	0.89	0.30	28.69	48.90
Columbus ²	73.68	66.62	0.30	1.13	2.41	1.29	73.68	66.62
Dalton	89.12	96.77	0.15	0.40	1.59	0.32	89.12	96.77
Gainesville	136.08	98.56	0.11	0.37	2.38	0.79	136.08	98.56
Hinesville–Fort Stewart	31.68	18.22	0.08	0.37	1.40	0.00	31.68	18.22
Macon	128.65	132.30	0.04	0.28	2.84	1.33	128.65	132.30
Rome	133.48	131.10	0.15	1.12	5.19	1.30	133.48	131.10
Savannah	107.05	66.66	0.22	1.01	2.45	0.66	107.05	66.66
Valdosta	232.32	192.55	0.70	1.26	2.14	0.99	232.32	192.55
Warner Robins	110.13	121.08	0.58	1.72	2.05	0.51	110.13	121.08

¹See Appendix A for indicator definitions, sources, and data years.

²MSA includes counties outside of Georgia. However, only counties in Georgia are included in the analyses.

Community Disorganization and Transition Indicator, by MSA¹

MSA	Percentage of Residential Properties Renter Occupied	Percentage of Residential Properties Vacant	Percentage of Adult Population Not Voting in Presidential Elections	Percentage of Adult Population Not Registered to Vote	Percentage of In-Migration	Percentage of Out-Migration
Albany	34.40	9.96	53.54	35.61	18.67	20.18
Augusta–Richmond County ²	30.61	9.33	49.53	32.53	22.51	23.39
Athens–Clarke County	40.86	6.12	54.63	38.94	34.65	27.88
Atlanta–Sandy Springs–Marietta	31.42	5.50	49.70	32.65	30.40	24.18
Brunswick	24.05	17.87	49.97	29.81	20.73	17.31
Chattanooga ²	20.97	7.34	53.97	33.71	22.43	17.36
Columbus ²	37.04	9.34	55.96	33.35	26.20	25.37
Dalton	28.91	5.26	61.25	45.11	17.54	17.20
Gainesville	26.85	7.18	59.39	47.33	20.78	13.60
Hinesville–Fort Stewart	41.08	12.41	70.17	52.20	44.36	42.89
Macon	30.55	10.33	50.61	33.11	18.33	19.43
Rome	30.85	7.07	57.18	40.04	16.56	13.07
Savannah	32.35	9.32	51.83	33.41	22.34	22.22
Valdosta	31.43	11.41	58.66	43.05	26.13	21.95
Warner Robins	28.98	8.08	50.96	36.90	26.06	21.23

¹See Appendix A for indicator definitions, sources, and data years.

²MSA includes counties outside of Georgia. However, only counties in Georgia are included in the analyses.

Community Crime Indicators, by MSA¹

MSA	Juvenile Arrest Rate for Violent Crimes	Juvenile Arrest Rate for Property Crimes	Juvenile Arrest Rate for Other Crimes ¹
Albany	8.17	27.93	32.04
Augusta–Richmond County ²	17.99	49.04	63.46
Athens–Clarke County	11.30	43.96	53.43
Atlanta–Sandy Springs–Marietta	5.59	20.34	23.29
Brunswick	7.30	27.84	32.34
Chattanooga ²	10.24	60.85	68.16
Columbus ²	13.38	56.29	69.94
Dalton	6.02	31.92	35.39
Gainesville	3.17	15.52	17.26
Hinesville–Fort Stewart	16.19	68.04	77.34
Macon	10.60	39.29	48.25
Rome	5.56	24.45	25.68
Savannah	8.36	30.97	34.94
Valdosta	12.36	55.76	67.75
Warner Robins	8.74	32.35	36.33

¹See Appendix A for indicator definitions, sources, and data years.

²MSA includes counties outside of Georgia. However, only counties in Georgia are included in the analyses.

ත් **Urban Indicators, by MSA**¹

MSA	Population Density	Percentage of Population Living in Urban Areas
Albany	81.62	67.79
Augusta–Richmond County ²	195.12	79.32
Athens–Clarke County	161.01	64.07
Atlanta–Sandy Springs–Marietta	507.13	86.11
Brunswick	71.56	58.75
Chattanooga ²	165.42	58.15
Columbus ²	179.06	83.67
Dalton	189.20	55.91
Gainesville	353.80	66.82
Hinesville–Fort Stewart	78.17	70.03
Macon	128.94	63.28
Rome	176.50	64.36
Savannah	215.56	81.14
Valdosta	75.25	56.80
Warner Robins	294.00	85.09

¹See Appendix A for indicator definitions, sources, and data years.

²MSA includes counties outside of Georgia. However, only counties in Georgia are included in the analyses.

MSA	Percentage of Children Below Poverty Level	Percentage of Total Population Below Poverty Level	Unemployment Rate	Percentage of Population Receiving TANF	Percentage of Population Receiving Food Stamps	Percentage of Students Receiving Free or Reduced- Price Lunches	Percentage of Households Headed by a Single Parent
Albany	8.54	20.91	5.29	4.48	15.67	61.42	37.97
Augusta–Richmond County ²	6.11	15.66	4.87	3.04	11.95	54.18	33.37
Athens–Clarke County	3.91	19.66	3.20	1.21	5.88	48.39	24.85
Atlanta–Sandy Springs–Marietta	3.22	9.35	4.24	1.14	4.99	38.95	24.54
Brunswick	5.91	15.45	3.86	1.38	9.41	51.65	26.11
Chattanooga ²	3.55	10.69	3.33	0.53	5.72	44.78	17.45
Columbus ²	5.47	13.92	4.76	2.79	10.47	53.85	33.03
Dalton	3.85	11.73	3.83	0.61	4.50	52.85	18.20
Gainesville	4.17	12.19	3.38	0.74	4.55	46.20	18.49
Hinesville–Fort Stewart	6.42	14.53	5.10	1.93	9.30	59.06	31.20
Macon	6.38	16.54	4.45	2.59	12.32	61.79	33.64
Rome	4.81	13.84	4.29	1.47	8.13	45.11	21.62
Savannah	5.14	14.07	3.71	1.54	8.60	49.50	29.78
Valdosta	6.50	18.19	3.65	1.87	10.94	49.60	31.32
Warner Robins	4.10	9.98	3.26	1.56	7.05	41.01	26.15

Poverty or Increased Risk for Socioeconomic Deprivation Indicators, by MSA¹

¹See Appendix A for indicator definitions, sources, and data years.

²MSA includes counties outside of Georgia. However, only counties in Georgia are included in the analyses.

Lack of School Commitment Indicators, by MSA¹

MSA	High School Dropout Rate	Percentage of High School Seniors Not Graduating	Percentage of 4 th Grade Students Not Meeting Expectations in Reading, Math, and/or Language	Percentage of 6 th Grade Students Not Meeting Expectations in Reading, Math, and/or Language	Percentage of 8 th Grade Students Not Meeting Expectations in Reading, Math, and/or Language	Percentage of Population Ages 25 or Older Without a High School Diploma
Albany	9.11	34.73	32.00	39.03	36.29	26.77
Augusta–Richmond County ²	6.41	27.78	31.08	34.49	30.84	20.90
Athens–Clarke County	8.45	35.36	30.88	31.64	32.75	20.62
Atlanta–Sandy Springs–Marietta	6.01	24.20	25.53	28.61	27.83	16.49
Brunswick	9.50	37.78	36.32	39.08	34.08	20.52
Chattanooga ²	8.37	31.73	28.37	25.89	26.01	29.36
Columbus ²	6.82	28.12	31.79	35.02	32.38	21.05
Dalton	9.19	36.81	34.60	35.24	37.72	37.60
Gainesville	6.01	26.17	33.26	35.24	36.35	29.49
Hinesville–Fort Stewart	5.25	23.12	32.60	36.03	33.88	15.13
Macon	9.50	33.24	33.05	28.80	35.07	23.90
Rome	5.90	23.57	27.12	27.34	29.73	28.53
Savannah	10.39	36.89	28.58	35.53	34.78	20.07
Valdosta	9.11	34.22	27.39	30.31	31.66	25.03
Warner Robins	5.71	23.80	26.44	26.33	23.56	15.70

¹See Appendix A for indicator definitions, sources, and data years.

²MSA includes counties outside of Georgia. However, only counties in Georgia are included in the analyses.

Source: Georgia Cross-site Evaluation: MSA Social Indicator Study, 2007.

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MSA	Number of Substantiated Child Abuse Cases Per 1,000 Children Ages 17 or Younger	Percentage of Investigated Child Maltreatment Cases Involving Alcohol or Drugs	Number of Children in Foster Care Per 1,000 Children Ages 17 or Younger
Albany	12.54	20.14	5.84
Augusta–Richmond County ²	9.79	27.47	2.80
Athens–Clarke County	15.48	23.72	5.59
Atlanta–Sandy Springs–Marietta	7.67	22.06	3.90
Brunswick	14.50	27.87	7.04
Chattanooga ²	13.77	30.56	3.46
Columbus ²	9.10	12.81	4.84
Dalton	13.80	26.00	5.88
Gainesville	16.44	27.69	2.44
Hinesville–Fort Stewart	15.02	15.00	5.25
Macon	13.17	21.49	6.91
Rome	22.64	29.90	10.46
Savannah	6.81	19.19	4.64
Valdosta	18.77	23.48	5.63
Warner Robins	11.18	17.91	3.28

¹See Appendix A for indicator definitions, sources, and data years.

²MSA includes counties outside of Georgia. However, only counties in Georgia are included in the analyses.

Alcohol, Tobacco, and Drug Availability Indicators, by MSA¹

MSA	Number of Tobacco Licenses Per 1,000 Persons	Number of Alcohol Licenses Per 1,000 Persons	Number of Marijuana Items Reported per 100,000 Persons	Number of Cocaine Items Secured by Law Enforcement per 100,000 Persons	Number of Heroin Items Secured by Law Enforcement 100,000 Persons	Number of Metham- phetamine Items Secured by Law Enforcement per 100,000 Persons
Albany	1.49	2.19	41.67	247.36	0.00	15.89
Augusta–Richmond County ²	1.37	2.10	257.27	244.78	1.28	31.36
Athens–Clarke County	1.30	2.00	207.63	187.43	9.70	27.77
Atlanta–Sandy Springs–Marietta	1.22	1.85	113.08	162.83	4.41	76.44
Brunswick	2.00	3.14	84.02	215.55	1.03	12.40
Chattanooga ²	1.19	1.22	29.23	28.74	0.73	111.32
Columbus ²	1.29	2.10	265.20	231.27	2.01	22.57
Dalton	1.33	1.55	33.95	83.84	0.52	199.28
Gainesville	1.23	1.67	164.57	176.29	0.64	202.30
Hinesville–Fort Stewart	1.14	1.47	4.66	217.89	1.40	6.98
Macon	1.46	2.20	204.01	244.61	1.03	102.82
Rome	1.55	1.93	17.14	129.26	0.00	135.33
Savannah	1.43	2.94	278.79	363.07	2.73	20.28
Valdosta	1.71	2.21	83.68	515.14	0.82	61.87
Warner Robins	1.10	1.76	45.24	178.47	0.28	99.92

¹See Appendix A for indicator definitions, sources, and data years.

²MSA includes counties outside of Georgia. However, only counties in Georgia are included in the analyses.

Sexual Behavior Indicators, by MSA¹

MSA	Teen Birth Rate	Teen Pregnancy Rate	Repeat Birth Rate Among Teens	Juvenile Sexually Transmitted Disease Rate	AIDS Rate	Adult Sexually Transmitted Disease Rate
Albany	64.14	76.53	15.98	10.86	16.95	8.40
Augusta–Richmond County ²	61.66	84.17	13.47	10.19	17.92	7.72
Athens–Clarke County	35.43	48.63	7.53	7.08	6.24	4.95
Atlanta–Sandy Springs–Marietta	48.99	70.94	10.23	6.72	19.35	5.82
Brunswick	66.76	68.74	16.96	6.50	12.34	3.77
Chattanooga ²	60.87	66.64	12.44	2.01	1.19	0.88
Columbus ²	69.25	95.14	16.86	14.51	16.78	10.27
Dalton	102.70	112.83	24.68	3.61	3.67	2.77
Gainesville	76.32	92.17	16.67	2.83	2.51	2.27
Hinesville–Fort Stewart	81.32	101.05	18.41	4.09	4.20	4.57
Macon	58.45	74.10	13.62	12.41	16.97	9.57
Rome	69.10	82.80	15.31	6.39	1.08	4.60
Savannah	58.92	78.69	13.13	8.03	12.80	6.39
Valdosta	64.14	67.99	14.10	11.08	14.85	7.67
Warner Robins	47.10	64.96	9.01	6.62	6.16	5.07

¹See Appendix A for indicator definitions, sources, and data years.

²MSA includes counties outside of Georgia. However, only counties in Georgia are included in the analyses.

Suicide Indicators, by MSA¹

MSA	Percentage of Total Suicides Committed by Teens Ages 10 to 19	Rate of Hospitalizations Due to Self- Inflicted Injuries
Albany	6.25	32.58
Augusta–Richmond County ²	6.45	40.80
Athens–Clarke County	7.14	31.71
Atlanta–Sandy Springs–Marietta	4.32	26.52
Brunswick	0.00	30.11
Chattanooga ²	6.67	22.96
Columbus ²	12.50	44.79
Dalton	11.76	47.02
Gainesville	0.00	13.15
Hinesville–Fort Stewart	0.00	11.71
Macon	4.55	47.64
Rome	10.00	32.47
Savannah	12.00	30.84
Valdosta	6.67	25.68
Warner Robins	0.00	46.59

¹See Appendix A for indicator definitions, sources, and data years.

²MSA includes counties outside of Georgia. However, only counties in Georgia are included in the analyses.

2005 Population Counts, by MSA¹

MSA	2005 Total Population	2005 Population Ages 17 or	2004 Population Ages 10 to 17	2005 Population Male Ages 15 to	2005 Population Female Ages 15
Albany	162.842	43.896	20.634	23.810	6.672
Augusta–Richmond County ²	344,623	91,114	43,307	50,238	13,027
Athens–Clarke County	175,085	35,032	16,621	36,845	8,340
Atlanta–Sandy Springs–Marietta	4,917,717	1,299,684	547,279	752,533	163,192
Brunswick	98,433	28,342	11,680	13,324	3,426
Chattanooga ²	14,073	33,207	15,799	20,269	4,765
Columbus ²	234,973	63,838	28,718	39,815	8,154
Dalton	131,701	37,403	15,409	19,408	4,091
Gainesville	165,771	45,511	17,953	27,652	5,233
Hinesville–Fort Stewart	68,627	23,458	9,611	13,705	2,622
Macon	228,712	59,558	27,170	29,911	9,017
Rome	94,198	23,266	10,424	13,863	3,298
Savannah	313,883	80,153	36,263	47,381	11,402
Valdosta	124,838	32,030	14,436	21,635	4,751
Warner Robins	126,163	33,634	15,835	18,527	4,829

¹See Appendix A for indicator definitions, sources, and data years.

²MSA includes counties outside of Georgia. However, only counties in Georgia are included in the analyses.

2005 Racial/Ethnic Composition, by MSA¹

MSA	2005 Percentage of Population White	2005 Percentage of Population Black	2005 Percentage of Population Hispanic	2005 Percentage of Population Other ²
Albany	47.41	49.43	1.46	1.71
Augusta–Richmond County ³	51.94	39.52	2.65	3.57
Athens–Clarke County	64.88	22.50	5.96	3.50
Atlanta–Sandy Springs–Marietta	55.74	30.39	8.61	5.25
Brunswick	88.85	21.84	3.82	1.97
Chattanooga ³	94.05	2.88	1.41	1.66
Columbus ³	52.31	41.40	4.17	3.74
Dalton	72.10	2.71	23.30	1.89
Gainesville	66.15	6.68	24.95	2.22
Hinesville–Fort Stewart	47.73	39.71	7.48	5.07
Macon	54.23	42.27	1.57	1.92
Rome	77.12	13.55	6.95	2.37
Savannah	59.91	34.37	2.53	3.19
Valdosta	60.78	32.92	3.90	2.40
Warner Robins	65.99	26.50	3.72	3.79

¹See Appendix A for indicator definitions, sources, and data years.

²Includes individuals reporting their race as American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander.

³MSA includes counties outside of Georgia. However, only counties in Georgia are included in the analyses.

Appendix C. Social Indicator Rates and Percentages, by Public Health District (PHD)

Alcohol and Drug Abuse Indicators, by PHD¹

PHD	Juvenile Arrest Rate of Liquor Law Violations	Juvenile Arrest Rate for Narcotics Violations	Adult Arrest Rate for Narcotics Violations	Adult Arrest Rate for DUI	Percentage of Vehicle Accidents in which Alcohol and/or Drugs or Factor	Percentage of Alcohol-Related Vehicle Crashes with Drivers Ages 10–17	Percentage of Alcohol- Related Vehicle Crashes with Drivers Ages 18–21
Northwest (Rome)	2.40	4.37	5.61	7.38	5.13	0.87	14.86
North Georgia (Dalton)	2.84	4.33	4.37	8.86	4.57	2.13	12.77
North (Gainesville)	1.82	3.43	3.74	8.47	4.69	2.96	10.02
Cobb-Douglas	0.73	3.39	5.50	6.94	2.95	1.85	11.74
Fulton	0.18	2.13	2.53	5.73	2.08	1.11	6.40
Clayton (Jonesboro)	0.21	1.26	6.80	8.39	3.26	0.00	7.14
East Metro (Lawrenceville)	0.55	1.41	2.12	7.76	2.71	1.12	13.33
DeKalb	0.17	1.93	2.13	4.51	1.84	0.83	6.44
LaGrange	1.43	3.35	6.39	6.47	3.70	1.29	12.34
South Central (Dublin)	1.63	5.29	8.64	8.18	5.89	0.88	8.85
North Central (Macon)	1.51	4.02	8.13	8.35	3.43	2.68	12.90
East Central (Augusta)	1.57	3.80	6.93	8.91	4.24	1.27	14.10
West Central (Columbus)	1.52	3.84	6.50	6.23	3.98	1.47	15.65
South (Valdosta)	2.62	4.88	7.74	7.80	5.64	1.92	20.19
Southwest (Albany)	2.13	3.77	4.18	6.52	4.82	2.80	10.59
Coastal (Savannah)	1.45	3.89	7.70	9.54	3.57	1.53	15.76
Southeast (Waycross)	2.38	6.12	8.27	9.91	5.85	2.76	19.05
Northeast (Athens)	2.37	4.42	5.45	9.00	4.61	2.57	18.84

Alcohol and Drug Abuse Indicators, by PHD¹ (continued)

PHD	Percentage of Alcohol-Related Vehicle Crashes with Drivers Ages 22 or Older	Juvenile Alcohol Treatment Admission Rate	Juvenile Drug Treatment Admission Rate	Adult Alcohol Treatment Admission Rate	Adult Drug Treatment Admission Rate	Alcohol- Related Hospital Discharge Rate
Northwest (Rome)	84.27	0.15	0.64	2.73	3.85	83.78
North Georgia (Dalton)	85.11	0.24	0.55	2.94	2.46	86.51
North (Gainesville)	87.03	0.35	0.72	2.00	1.86	124.38
Cobb-Douglas	86.41	0.06	0.29	0.70	0.71	99.11
Fulton	92.50	0.06	0.31	1.48	2.48	114.64
Clayton (Jonesboro)	92.86	0.34	0.58	1.68	2.96	61.28
East Metro (Lawrenceville)	85.55	0.22	0.48	1.53	1.74	67.79
DeKalb	92.72	0.04	0.42	1.19	2.20	86.84
LaGrange	86.37	0.12	0.50	1.46	1.79	84.11
South Central (Dublin)	90.27	0.20	0.95	2.81	3.57	77.21
North Central (Macon)	84.43	0.21	0.70	3.27	5.14	109.75
East Central (Augusta)	84.63	0.06	0.19	1.11	1.85	118.39
West Central (Columbus)	82.89	0.23	0.83	1.73	2.84	80.18
South (Valdosta)	77.88	0.48	1.19	3.16	3.04	223.27
Southwest (Albany)	86.60	0.17	0.62	2.80	3.25	123.55
Coastal (Savannah)	82.71	0.19	0.77	2.02	3.25	84.34
Southeast (Waycross)	78.20	0.64	1.11	3.54	4.28	71.56
Northeast (Athens)	78.59	0.38	0.97	2.97	2.98	110.44

PHD	Drug-Related Hospital Discharge Rate	Alcohol- Related Hospital Discharge Rate	Drug- Related Hospital Discharge Rate
Northwest (Rome)	101.40	2.32	0.74
North Georgia (Dalton)	87.29	1.91	0.67
North (Gainesville)	99.75	2.18	0.69
Cobb-Douglas	82.67	1.55	0.68
Fulton	107.32	2.35	0.86
Clayton (Jonesboro)	50.68	1.58	0.79
East Metro (Lawrenceville)	56.92	1.36	0.53
DeKalb	69.93	1.81	0.80
LaGrange	78.02	2.38	0.75
South Central (Dublin)	107.32	2.16	0.72
North Central (Macon)	112.68	2.40	0.83
East Central (Augusta)	90.20	2.42	0.74
West Central (Columbus)	70.16	2.26	1.41
South (Valdosta)	210.65	2.26	0.70
Southwest (Albany)	85.39	1.96	0.73
Coastal (Savannah)	57.31	2.17	0.48
Southeast (Waycross)	72.23	2.70	0.55
Northeast (Athens)	96.49	2.28	0.73

Alcohol and Drug Abuse Indicators, by PHD¹ (continued)

¹See Appendix A for indicator definitions, sources, and data years.

Community Disorganization and Transition Indicator, by PHD¹

PHD	Percentage of Residential Properties Renter Occupied	Percentage of Residential Properties Vacant	Percentage of Adult Population Not Voting in Presidential Elections	Percentage of Adult Population Not Registered to Vote	Percentage of In-Migration	Percentage of Out-Migration
Northwest (Rome)	22.97	6.59	55.21	36.34	22.93	14.70
North Georgia (Dalton)	19.94	9.30	51.52	35.00	26.49	16.85
North (Gainesville)	18.85	13.14	52.37	37.51	27.98	14.39
Cobb-Douglas	29.63	4.42	45.23	30.29	30.42	24.50
Fulton	44.21	7.86	49.50	26.61	28.87	32.82
Clayton (Jonesboro)	37.47	4.88	59.34	45.19	33.99	29.52
East Metro (Lawrenceville)	25.92	3.66	52.64	39.17	31.64	20.71
DeKalb	39.63	4.55	49.87	31.84	27.87	28.28
LaGrange	22.50	6.25	48.91	31.23	27.37	16.61
South Central (Dublin)	21.79	14.05	54.59	34.79	17.14	14.10
North Central (Macon)	27.93	11.42	52.03	35.49	21.21	18.72
East Central (Augusta)	28.33	10.92	49.71	31.30	20.46	21.41
West Central (Columbus)	33.16	11.28	55.02	33.17	22.61	23.08
South (Valdosta)	28.79	11.23	58.64	42.48	21.54	19.73
Southwest (Albany)	29.23	11.28	56.18	37.84	17.33	18.12
Coastal (Savannah)	32.29	11.71	54.55	35.32	26.80	25.20
Southeast (Waycross)	24.67	13.41	57.88	39.25	22.24	17.67
Northeast (Athens)	30.83	7.10	54.23	38.10	30.68	21.56

¹See Appendix A for indicator definitions, sources, and data years.

Community Crime Indicators, by PHD¹

PHD	Juvenile Arrest Rate for Violent Crimes	Juvenile Arrest Rate for Property Crimes	Juvenile Arrest Rate for Other Crimes ¹
Northwest (Rome)	8.63	43.85	48.96
North Georgia (Dalton)	6.84	32.98	36.55
North (Gainesville)	6.09	28.75	32.66
Cobb-Douglas	5.18	17.63	19.75
Fulton	5.42	13.99	15.84
Clayton (Jonesboro)	6.45	16.94	19.75
East Metro (Lawrenceville)	3.02	11.99	13.70
DeKalb	5.44	14.91	17.75
LaGrange	6.97	29.61	34.49
South Central (Dublin)	9.47	57.73	65.90
North Central (Macon)	10.30	37.27	44.44
East Central (Augusta)	16.40	47.48	60.67
West Central (Columbus)	13.07	54.71	67.48
South (Valdosta)	14.92	60.43	71.90
Southwest (Albany)	10.68	41.70	48.93
Coastal (Savannah)	10.10	38.21	43.66
Southeast (Waycross)	13.75	52.88	61.75
Northeast (Athens)	11.10	45.97	53.20

¹See Appendix A for indicator definitions, sources, and data years.

Urban Indicators, by PHD¹

PHD	Population Density	Percentage of Population Living in Urban Areas
Northwest (Rome)	153.45	54.08
North Georgia (Dalton)	156.08	55.26
North (Gainesville)	133.79	42.11
Cobb-Douglas	1297.48	96.88
Fulton	1543.54	97.86
Clayton (Jonesboro)	1658.37	98.66
East Metro (Lawrenceville)	858.02	92.65
DeKalb	2482.63	99.56
LaGrange	162.25	56.26
South Central (Dublin)	37.17	31.55
North Central (Macon)	98.05	62.38
East Central (Augusta)	81.48	66.45
West Central (Columbus)	67.50	67.76
South (Valdosta)	66.15	52.65
Southwest (Albany)	59.67	51.92
Coastal (Savannah)	129.35	76.14
Southeast (Waycross)	40.13	38.92
Northeast (Athens)	122.78	46.78

¹See Appendix A for indicator definitions, sources, and data years.

PHD	Percentage of Children Below Poverty Level	Percentage of Total Population Below Poverty Level	Unemploy- ment Rate	Percentage of Population Receiving TANF	Percentage of Population Receiving Food Stamps	Percentage of Students Receiving Free or Reduced- Price Lunches	Percentage of Households Headed by a Single Parent
Northwest (Rome)	3.54	10.68	4.08	0.72	5.86	40.59	18.63
North Georgia (Dalton)	2.73	8.82	3.59	0.44	3.33	35.31	15.39
North (Gainesville)	3.27	10.70	3.50	0.58	4.36	35.47	15.18
Cobb-Douglas	2.03	6.57	3.76	0.44	2.65	32.69	19.54
Fulton	5.51	15.23	4.99	2.95	9.42	33.15	35.83
Clayton (Jonesboro)	4.02	9.93	4.98	1.29	6.98	67.20	39.66
East Metro (Lawrenceville)	2.08	6.22	3.71	0.51	2.74	35.84	17.98
DeKalb	3.50	10.59	4.86	1.25	4.78	61.19	32.43
LaGrange	3.38	9.49	4.35	1.05	6.25	37.07	21.33
South Central (Dublin)	6.37	17.84	5.58	2.20	12.63	62.24	29.61
North Central (Macon)	5.78	15.17	4.23	2.27	10.70	56.85	31.39
East Central (Augusta)	6.50	17.14	5.35	3.06	12.63	58.40	33.09
West Central (Columbus)	6.87	17.21	5.18	3.21	13.07	61.44	35.04
South (Valdosta)	7.18	19.03	4.19	2.16	11.88	56.20	30.72
Southwest (Albany)	8.27	20.78	5.10	3.69	15.35	63.45	35.27
Coastal (Savannah)	5.33	13.96	3.90	1.48	8.52	50.08	29.16
Southeast (Waycross)	6.89	20.20	5.16	1.76	11.35	61.57	26.29
Northeast (Athens)	3.93	15.20	3.85	1.08	6.55	46.36	22.99

Poverty or Increased Risk for Socioeconomic Deprivation Indicators, by PHD¹

¹See Appendix A for indicator definitions, sources, and data years.

Source: Georgia Cross-site Evaluation: MSA Social Indicator Study, 2007.

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Lack of School Commitment Indicators, by PHD¹

PHD	High School Dropout Rate	Percentage of High School Seniors Not Graduating	Percentage of 4 th Grade Students Not Meeting Expectations in Reading, Math, and/or Language	Percentage of 6 th Grade Students Not Meeting Expectations in Reading, Math, and/or Language	Percentage of 8 th Grade Students Not Meeting Expectations in Reading, Math, and/or Language	Percentage of Population Ages 25 or Older Without a High School Diploma
Northwest (Rome)	8.04	31.94	27.85	28.61	29.14	29.36
North Georgia (Dalton)	6.87	27.77	27.65	27.20	29.86	26.72
North (Gainesville)	6.44	27.89	25.68	28.35	30.10	25.33
Cobb-Douglas	4.29	17.80	23.18	24.13	22.32	12.20
Fulton	8.40	30.25	27.74	33.74	31.78	15.99
Clayton (Jonesboro)	9.10	36.80	37.44	40.33	36.67	19.94
East Metro (Lawrenceville)	3.05	15.41	18.89	26.62	24.17	14.27
DeKalb	7.52	27.51	30.17	30.91	30.80	14.94
LaGrange	6.11	25.58	28.63	29.04	30.13	22.20
South Central (Dublin)	8.13	27.93	31.80	34.15	33.15	31.60
North Central (Macon)	7.66	31.19	32.00	30.69	31.85	23.44
East Central (Augusta)	6.50	27.45	32.77	35.71	33.09	24.52
West Central (Columbus)	8.57	33.33	35.23	37.72	35.18	25.56
South (Valdosta)	8.18	34.26	29.84	33.21	33.31	29.00
Southwest (Albany)	8.04	32.53	32.96	38.15	37.25	29.35
Coastal (Savannah)	8.99	34.62	29.59	35.03	32.98	19.05
Southeast (Waycross)	8.64	33.25	33.42	34.36	34.77	31.55
Northeast (Athens)	7.55	31.14	28.72	28.29	32.06	25.21

¹See Appendix A for indicator definitions, sources, and data years.

Source: Georgia Cross-site Evaluation: MSA Social Indicator Study, 2007.

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PHD	Number of Substantiated Child Abuse Cases Per 1,000 Children Ages 17 or Younger	Percentage of Investigated Child Maltreatment Cases Involving Alcohol or Drugs	Number of Children in Foster Care Per 1,000 Children Ages 17 or Younger
Northwest (Rome)	14.38	30.46	5.07
North Georgia (Dalton)	11.66	30.35	4.79
North (Gainesville)	12.89	30.26	4.30
Cobb-Douglas	5.88	23.92	2.70
Fulton	9.90	14.85	6.65
Clayton (Jonesboro)	8.80	17.99	4.66
East Metro (Lawrenceville)	4.64	17.69	1.78
DeKalb	4.97	13.67	4.41
LaGrange	11.60	28.98	4.90
South Central (Dublin)	19.82	26.48	6.10
North Central (Macon)	12.58	21.91	5.55
East Central (Augusta)	10.95	25.67	3.23
West Central (Columbus)	11.86	17.78	5.46
South (Valdosta)	18.42	21.31	5.26
Southwest (Albany)	14.80	22.11	6.25
Coastal (Savannah)	8.98	20.19	4.98
Southeast (Waycross)	16.54	26.70	6.09
Northeast (Athens)	13.81	24.63	4.58

Family Conflict/Management Problems Indicators, by PHD¹

¹See Appendix A for indicator definitions, sources, and data years.

Source: Georgia Cross-site Evaluation: MSA Social Indicator Study, 2007.

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Alcohol, Tobacco, and Drug Availability Indicators, by \mbox{PHD}^1

PHD	Number of Tobacco Licenses Per 1,000 Persons	Number of Alcohol Licenses Per 1,000 Persons	Number of Marijuana Items Reported per 100,000 Persons	Number of Cocaine Items Secured by Law Enforcement per 100,000 Persons	Number of Heroin Items Secured by Law Enforcement 100,000 Persons	Number of Metham- phetamine Items Secured by Law Enforcement per 100,000 Persons
Northwest (Rome)	1.36	1.42	27.42	64.41	0.30	145.76
North Georgia (Dalton)	1.17	1.42	61.65	53.61	1.08	181.16
North (Gainesville)	1.29	1.55	76.59	71.39	0.58	126.17
Cobb-Douglas	1.02	1.61	47.68	159.56	2.85	90.29
Fulton	1.74	3.07	348.64	383.04	18.63	38.81
Clayton (Jonesboro)	1.48	1.21	113.61	117.98	1.67	72.74
East Metro (Lawrenceville)	1.00	1.67	48.10	83.65	0.97	56.21
DeKalb	1.17	1.84	95.08	122.07	0.89	10.73
LaGrange	1.32	1.77	97.80	195.99	0.88	129.33
South Central (Dublin)	1.90	1.83	109.41	134.10	0.00	21.36
North Central (Macon)	1.45	2.12	164.94	225.96	0.54	92.62
East Central (Augusta)	1.52	2.16	242.77	264.30	1.08	28.55
West Central (Columbus)	1.56	2.23	199.28	259.28	1.51	24.19
South (Valdosta)	1.89	2.30	118.58	427.49	0.58	48.84
Southwest (Albany)	1.55	2.13	79.89	232.62	0.00	50.54
Coastal (Savannah)	1.51	2.76	194.75	301.89	2.12	15.35
Southeast (Waycross)	1.98	1.94	111.34	240.88	0.20	25.08
Northeast (Athens)	1.28	1.97	131.76	170.05	0.84	88.82

¹See Appendix A for indicator definitions, sources, and data years.

Sexual Behavior Indicators, by PHD¹

PHD	Teen Birth Rate	Teen Pregnancy Rate	Repeat Birth Rate Among Teens	Juvenile Sexually Transmitted Disease Rate	AIDS Rate	Adult Sexually Transmitted Disease Rate
Northwest (Rome)	71.27	82.33	14.66	3.36	1.36	2.10
North Georgia (Dalton)	68.95	81.08	15.74	2.22	2.41	1.53
North (Gainesville)	58.37	70.72	12.45	2.19	1.73	1.45
Cobb-Douglas	38.87	58.31	7.14	3.74	8.57	3.38
Fulton	56.83	87.31	14.62	13.98	61.17	12.60
Clayton (Jonesboro)	63.14	88.45	12.48	9.43	16.68	7.96
East Metro (Lawrenceville)	41.01	59.90	7.37	3.59	6.67	3.44
DeKalb	51.39	81.66	10.57	10.63	26.97	8.54
LaGrange	52.07	67.44	11.21	5.62	3.56	3.46
South Central (Dublin)	71.70	83.53	15.04	8.53	8.07	4.49
North Central (Macon)	54.98	72.07	12.48	10.29	12.23	7.49
East Central (Augusta)	63.35	84.50	13.84	10.06	15.63	7.17
West Central (Columbus)	71.20	94.47	17.72	13.86	15.33	9.47
South (Valdosta)	72.27	77.36	16.92	10.22	12.71	6.87
Southwest (Albany)	73.01	82.46	18.13	10.18	13.95	6.83
Coastal (Savannah)	64.29	79.50	14.42	6.73	10.80	5.47
Southeast (Waycross)	72.76	84.00	17.87	8.73	8.58	4.96
Northeast (Athens)	48.44	62.54	10.55	5.95	4.51	3.86

¹See Appendix A for indicator definitions, sources, and data years.

Suicide Indicators, by PHD¹

PHD	Percentage of Total Suicides Committed by Teens Ages 10 to 19	Rate of Hospitalizations Due to Self-Inflicted Injuries		
Northwest (Rome)	4.41	33.60		
North Georgia (Dalton)	7.14	31.66		
North (Gainesville)	4.62	24.31		
Cobb-Douglas	4.05	31.07		
Fulton	4.05	27.19		
Clayton (Jonesboro)	3.13	21.18		
East Metro (Lawrenceville)	2.53	23.06		
DeKalb	9.23	25.47		
LaGrange	0.00	29.22		
South Central (Dublin)	0.00	43.26		
North Central (Macon)	7.14	41.67		
East Central (Augusta)	5.13	39.27		
West Central (Columbus)	9.76	41.65		
South (Valdosta)	3.85	29.69		
Southwest (Albany)	6.82	27.95		
Coastal (Savannah)	9.76	26.94		
Southeast (Waycross)	3.03	29.36		
Northeast (Athens)	2.63	30.91		

¹See Appendix A for indicator definitions, sources, and data years.

2005 Population Counts, by PHD¹

PHD	2005 Total Population	2005 Population Ages 17 or Younger	2004 Population Ages 10 to 17	2005 Population Male Ages 15 to 34	2005 Population Female Ages 15 to 19
Northwest (Rome)	582247	150456	66430	88480	18987
North Georgia (Dalton)	393576	104570	44100	58678	12316
North (Gainesville)	546802	137755	57474	83820	17131
Cobb-Douglas	776578	203708	87779	115690	25143
Fulton	915623	228319	87490	140253	29947
Clayton (Jonesboro)	267966	79988	34880	41695	9856
East Metro (Lawrenceville)	891531	247749	103709	140845	30049
DeKalb	677959	169656	70896	103055	21736
LaGrange	726251	190186	88130	109217	26079
South Central (Dublin)	142180	34152	16298	23608	4718
North Central (Macon)	497779	126031	58770	71847	19231
East Central (Augusta)	437112	114697	54817	63109	16402
West Central (Columbus)	355304	93817	43450	56724	12487
South (Valdosta)	235588	61727	27942	38407	8902
Southwest (Albany)	361806	95769	44702	52790	13592
Coastal (Savannah)	511211	142291	62132	79653	18770
Southeast (Waycross)	336101	84333	38256	56554	12953
Northeast (Athens)	416962	97518	44119	73296	15921

¹See Appendix A for indicator definitions, sources, and data years.

2005 Racial/Ethnic Composition, by PHD¹

PHD	2005 Percentage of Population White	2005 Percentage of Population Black	2005 Percentage of Population Hispanic	2005 Percentage of Population Other ²
Northwest (Rome)	84.52	8.66	5.01	1.81
North Georgia (Dalton)	82.04	3.30	12.40	2.26
North (Gainesville)	81.37	4.89	11.28	2.47
Cobb-Douglas	61.99	23.42	9.63	4.97
Fulton	44.96	42.43	7.36	5.25
Clayton (Jonesboro)	21.75	61.18	10.60	6.47
East Metro (Lawrenceville)	55.36	21.35	14.19	9.10
DeKalb	30.77	55.02	9.05	5.16
LaGrange	70.62	23.30	3.44	2.64
South Central (Dublin)	63.46	33.40	2.21	0.93
North Central (Macon)	57.12	38.38	2.34	2.16
East Central (Augusta)	52.47	40.07	2.68	2.95
West Central (Columbus)	50.12	42.58	3.74	2.80
South (Valdosta)	62.97	30.07	5.08	1.88
Southwest (Albany)	52.89	41.93	3.84	1.34
Coastal (Savannah)	63.97	32.33	3.55	3.32
Southeast (Waycross)	69.41	23.42	5.98	1.19
Northeast (Athens)	72.67	18.49	4.72	2.79

¹See Appendix A for indicator definitions, sources, and data years.

²Includes individuals reporting their race as American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander.

Appendix D. Risk Construct Scores, by Public Health District (PHD)

Alcohol and Drug Abuse Risk Construct Scores, by PHD¹

PHD	Juvenile Liquor and Drug Law Arrests	Adult Liquor and Drug Law Arrests	Underage Alcohol- Related Vehicle Crashes	Alcohol and Drug- Related Vehicle Crashes	Substance Abuse Treatment Admissions	Alcohol and Drug- Related Hospital Discharges	Alcohol and Drug- Related Deaths
Northwest (Rome)	0.82	-0.16	-0.95	0.89	0.05	-0.08	1.38
North Georgia (Dalton)	1.07	0.10	0.55	0.42	-0.20	-0.25	0.39
North (Gainesville)	0.09	-0.22	1.53	0.52	-0.30	0.47	0.93
Cobb-Douglas	-0.59	-0.36	0.21	-0.91	-2.02	-0.14	-0.25
Fulton	-1.43	-1.64	-0.67	-1.62	-1.25	0.44	1.84
Clayton (Jonesboro)	-1.77	0.56	-1.99	-0.65	-0.27	-1.14	0.17
East Metro (Lawrenceville)	-1.50	-0.94	-0.65	-1.11	-0.98	-0.96	-1.13
DeKalb	-1.52	-2.23	-1.00	-1.82	-1.35	-0.50	0.65
LaGrange	-0.18	-0.32	-0.45	-0.29	-1.14	-0.42	1.55
South Central (Dublin)	0.73	0.96	-0.93	1.51	0.40	-0.09	1.02
North Central (Macon)	0.14	0.90	1.20	-0.52	0.74	0.45	1.82
East Central (Augusta)	0.09	0.80	-0.48	0.15	-1.67	0.24	1.59
West Central (Columbus)	0.07	-0.38	-0.24	-0.06	-0.24	-0.59	3.56
South (Valdosta)	1.16	0.57	0.30	1.31	1.12	3.49	1.14
Southwest (Albany)	0.41	-0.88	1.35	0.63	-0.09	0.25	0.68
Coastal (Savannah)	0.05	1.26	-0.16	-0.40	-0.14	-0.72	0.23
Southeast (Waycross)	1.52	1.55	1.30	1.48	1.79	-0.68	1.46
Northeast (Athens)	0.83	0.44	1.07	0.46	0.63	0.22	1.27

¹See Chapter 3 for information on the indicators comprising each risk construct and the methods for calculating each score.
Community Disorganization and Transition Risk Construct Scores, by PHD¹

PHD	Lack of Civic Involvement	Community Transition and Mobility
Northwest (Rome)	0.37	-1.53
North Georgia (Dalton)	-0.31	-0.84
North (Gainesville)	0.10	-0.46
Cobb-Douglas	-1.73	0.20
Fulton	-1.56	2.27
Clayton (Jonesboro)	1.97	1.59
East Metro (Lawrenceville)	0.33	-0.37
DeKalb	-0.90	1.00
LaGrange	-1.11	-1.02
South Central (Dublin)	0.10	-1.19
North Central (Macon)	-0.18	-0.34
East Central (Augusta)	-0.99	-0.21
West Central (Columbus)	-0.02	0.52
South (Valdosta)	1.56	-0.18
Southwest (Albany)	0.68	-0.69
Coastal (Savannah)	0.16	1.11
Southeast (Waycross)	1.08	-0.28
Northeast (Athens)	0.43	0.42

¹See Chapter 3 for information on the indicators comprising each risk construct and the methods for calculating each score.

Community Crime Risk Construct Scores, by PHD¹

PHD	Juvenile Crime
Northwest (Rome)	0.25
North Georgia (Dalton)	-0.37
North (Gainesville)	-0.60
Cobb-Douglas	-1.15
Fulton	-1.27
Clayton (Jonesboro)	-1.05
East Metro (Lawrenceville)	-1.57
DeKalb	-1.22
LaGrange	-0.46
South Central (Dublin)	0.92
North Central (Macon)	0.18
East Central (Augusta)	1.24
West Central (Columbus)	1.22
South (Valdosta)	1.59
Southwest (Albany)	0.39
Coastal (Savannah)	0.17
Southeast (Waycross)	1.14
Northeast (Athens)	0.59

¹See Chapter 3 for information on the indicators comprising each risk construct and the methods for calculating each score.

Urban Environment Risk Construct Scores, by PHD¹

PHD	Urbanicity
Northwest (Rome)	-0.53
North Georgia (Dalton)	-0.50
North (Gainesville)	-0.82
Cobb-Douglas	1.28
Fulton	1.47
Clayton (Jonesboro)	1.57
East Metro (Lawrenceville)	0.87
DeKalb	2.18
LaGrange	-0.47
South Central (Dublin)	-1.13
North Central (Macon)	-0.37
East Central (Augusta)	-0.29
West Central (Columbus)	-0.27
South (Valdosta)	-0.62
Southwest (Albany)	-0.64
Coastal (Savannah)	-0.03
Southeast (Waycross)	-0.96
Northeast (Athens)	-0.72

¹See Chapter 3 for information on the indicators comprising each risk construct and the methods for calculating each score.

PHD	Poverty	Unemployment	Single Parent Households
Northwest (Rome)	-0.77	-0.57	-1.11
North Georgia (Dalton)	-1.24	-1.29	-1.53
North (Gainesville)	-1.00	-1.42	-1.56
Cobb-Douglas	-1.51	-1.03	-0.99
Fulton	0.19	0.77	1.12
Clayton (Jonesboro)	-0.11	0.76	1.62
East Metro (Lawrenceville)	-1.45	-1.10	-1.19
DeKalb	-0.37	0.58	0.68
LaGrange	-0.82	-0.17	-0.76
South Central (Dublin)	0.94	1.64	0.31
North Central (Macon)	0.56	-0.35	0.54
East Central (Augusta)	1.03	1.30	0.76
West Central (Columbus)	1.18	1.04	1.02
South (Valdosta)	0.93	-0.41	0.46
Southwest (Albany)	1.77	0.93	1.05
Coastal (Savannah)	0.05	-0.83	0.25
Southeast (Waycross)	0.93	1.03	-0.12
Northeast (Athens)	-0.30	-0.90	-0.55

Poverty or Increased Risk for Socioeconomic Deprivation Risk Construct Scores, by PHD¹

¹See Chapter 3 for information on the indicators comprising each risk construct and the methods for calculating each score.

Lack of School Commitment Risk Construct Scores, by PHD¹

PHD	Academic Failure	Lack of Commitment to School	Educational Attainment
Northwest (Rome)	-0.63	0.47	0.99
North Georgia (Dalton)	-0.69	-0.29	0.56
North (Gainesville)	-0.74	-0.41	0.33
Cobb-Douglas	-1.98	-2.01	-1.84
Fulton	0.00	0.43	-1.21
Clayton (Jonesboro)	1.73	1.25	-0.56
East Metro (Lawrenceville)	-1.95	-2.62	-1.49
DeKalb	-0.12	-0.10	-1.38
LaGrange	-0.44	-0.72	-0.19
South Central (Dublin)	0.48	0.13	1.36
North Central (Macon)	0.11	0.28	0.02
East Central (Augusta)	0.67	-0.43	0.19
West Central (Columbus)	1.22	0.76	0.36
South (Valdosta)	0.27	0.72	0.93
Southwest (Albany)	1.26	0.52	0.99
Coastal (Savannah)	0.36	1.01	-0.71
Southeast (Waycross)	0.77	0.78	1.35
Northeast (Athens)	-0.32	0.24	0.31

¹See Chapter 3 for information on the indicators comprising each risk construct and the methods for calculating each score.

PHD	Substantiated Child Abuse	Child Abuse Involving Alcohol or Drugs	Foster Care
Northwest (Rome)	0.61	1.39	0.20
North Georgia (Dalton)	-0.03	1.37	-0.02
North (Gainesville)	0.26	1.36	-0.42
Cobb-Douglas	-1.40	0.16	-1.69
Fulton	-0.45	-1.54	1.46
Clayton (Jonesboro)	-0.71	-0.95	-0.13
East Metro (Lawrenceville)	-1.69	-1.01	-2.43
DeKalb	-1.61	-1.76	-0.33
LaGrange	-0.05	1.11	0.06
South Central (Dublin)	1.89	0.64	1.02
North Central (Macon)	0.18	-0.21	0.59
East Central (Augusta)	-0.20	0.49	-1.27
West Central (Columbus)	0.01	-0.99	0.52
South (Valdosta)	1.56	-0.33	0.35
Southwest (Albany)	0.71	-0.18	1.14
Coastal (Savannah)	-0.67	-0.54	0.13
Southeast (Waycross)	1.12	0.69	1.02
Northeast (Athens)	0.47	0.30	-0.19

Family Conflict/Management Problems Risk Construct Scores, by PHD¹

¹See Chapter 3 for information on the indicators comprising each risk construct and the methods for calculating each score.

Alcohol, Tobacco, and Drug Availability Risk Construct Scores, by PHD¹

PHD	Alcohol Licenses	Tobacco Licenses	Marijuana, Cocaine, and Heroin Items	Methamphetamine Items
Northwest (Rome)	-1.12	-0.32	-1.10	1.53
North Georgia (Dalton)	-1.12	-0.98	-0.90	2.23
North (Gainesville)	-0.83	-0.58	-0.81	1.14
Cobb-Douglas	-0.72	-1.51	-0.42	0.42
Fulton	2.40	0.99	3.28	-0.61
Clayton (Jonesboro)	-1.56	0.08	-0.36	0.07
East Metro (Lawrenceville)	-0.58	-1.57	-0.87	-0.26
DeKalb	-0.21	-0.99	-0.51	-1.17
LaGrange	-0.37	-0.48	-0.23	1.20
South Central (Dublin)	-0.25	1.55	-0.48	-0.96
North Central (Macon)	0.37	-0.02	0.17	0.47
East Central (Augusta)	0.47	0.21	0.74	-0.81
West Central (Columbus)	0.60	0.36	0.55	-0.90
South (Valdosta)	0.75	1.50	0.68	-0.41
Southwest (Albany)	0.39	0.33	-0.26	-0.37
Coastal (Savannah)	1.75	0.20	0.74	-1.08
Southeast (Waycross)	-0.01	1.81	-0.06	-0.88
Northeast (Athens)	0.05	-0.61	-0.16	0.39

¹See Chapter 3 for information on the indicators comprising each risk construct and the methods for calculating each score.

Sexual Behavior Ris	sk Construct Scor	res, by PHD ¹
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PHD	Teen Pregnancy and Births	Juvenile Sexually Transmitted Disease	Adult Sexually Transmitted Disease
Northwest (Rome)	0.62	-1.18	-1.04
North Georgia (Dalton)	0.62	-1.48	-1.10
North (Gainesville)	-0.43	-1.49	-1.14
Cobb-Douglas	-2.04	-1.07	-0.55
Fulton	0.33	1.68	3.04
Clayton (Jonesboro)	0.34	0.45	0.55
East Metro (Lawrenceville)	-1.90	-1.12	-0.61
DeKalb	-0.48	0.78	1.04
LaGrange	-0.87	-0.57	-0.72
South Central (Dublin)	0.71	0.21	-0.38
North Central (Macon)	-0.49	0.68	0.30
East Central (Augusta)	0.35	0.62	0.38
West Central (Columbus)	1.36	1.65	0.76
South (Valdosta)	0.72	0.67	0.21
Southwest (Albany)	1.05	0.66	0.25
Coastal (Savannah)	0.27	-0.27	-0.10
Southeast (Waycross)	1.07	0.27	-0.27
Northeast (Athens)	-1.23	-0.48	-0.62

¹See Chapter 3 for information on the indicators comprising each risk construct and the methods for calculating each score. Source: Georgia Cross-site Evaluation: MSA Social Indicator Study, 2007.

Suicide Risk Construct Scores, by $\ensuremath{\mathsf{PHD}}^1$

PHD	Teen Suicide	Hospitalizations Due to Self-Inflicted Injuries
Northwest (Rome)	-0.15	0.40
North Georgia (Dalton)	0.78	0.11
North (Gainesville)	-0.08	-1.01
Cobb-Douglas	-0.27	0.01
Fulton	-0.27	-0.57
Clayton (Jonesboro)	-0.58	-1.49
East Metro (Lawrenceville)	-0.79	-1.20
DeKalb	1.49	-0.84
LaGrange	-1.64	-0.27
South Central (Dublin)	-1.64	1.87
North Central (Macon)	0.78	1.63
East Central (Augusta)	0.09	1.26
West Central (Columbus)	1.66	1.62
South (Valdosta)	-0.34	-0.19
Southwest (Albany)	0.67	-0.46
Coastal (Savannah)	1.66	-0.61
Southeast (Waycross)	-0.62	-0.25
Northeast (Athens)	-0.75	-0.01

¹See Chapter 3 for information on the indicators comprising each risk construct and the methods for calculating each score.

PHD	Overall Risk Score
Northwest (Rome)	-0.09
North Georgia (Dalton)	-0.35
North (Gainesville)	-0.54
Cobb-Douglas	-1.70
Fulton	0.54
Clayton (Jonesboro)	-0.04
East Metro (Lawrenceville)	-2.26
DeKalb	-0.85
LaGrange	-0.73
South Central (Dublin)	0.81
North Central (Macon)	0.69
East Central (Augusta)	0.45
West Central (Columbus)	1.16
South (Valdosta)	1.38
Southwest (Albany)	0.89
Coastal (Savannah)	0.22
Southeast (Waycross)	1.28
Northeast (Athens)	0.09

Overall Risk Construct Score, by PHD¹

¹See Chapter 3 for information on the indicators comprising each risk construct and the methods for calculating each score.

Appendix E. Social Indicator Rates and Percentages, by MHDDAD Planning Region

Alcohol and Drug Abuse Indicators, by MHDDAD Planning Region

MHDDAD Planning Region	Juvenile Arrest Rate of Liquor Law Violations	Juvenile Arrest Rate for Narcotics Violations	Adult Arrest Rate for Narcotics Violations	Adult Arrest Rate for DUI	Percentage of Vehicle Accidents in which Alcohol and/or Drugs or Factor	Percentage of Alcohol- Related Vehicle Crashes with Drivers Ages 10–17	Percentage of Alcohol- Related Vehicle Crashes with Drivers Ages 18–21	Percentage of Alcohol- Related Vehicle Crashes with Drivers Ages 22 or Older
Region 1	2.07	4.09	6.51	7.72	4.81	1.15	13.50	85.35
Region 2	1.85	3.93	5.41	8.61	4.52	2.19	13.80	84.00
Region 3	0.59	2.21	3.21	6.40	2.46	1.25	9.98	88.77
Region 4	1.70	3.92	6.55	7.24	3.89	2.40	13.16	84.44
Region 5	1.95	4.80	7.93	9.08	4.59	1.86	16.78	81.36

(continued)

Alcohol and Drug Abuse Indicators, by MHDDAD Planning Region¹ (continued)

MHDDAD Planning Region	Adult Alcohol Treatment Admission Rate	Adult Drug Treatment Admission Rate	Juvenile Alcohol Treatment Admission Rate	Juvenile Drug Treatment Admission Rate	Adult Alcohol- Related Death Rate	Adult Drug- Related Death Rate	Alcohol- Related Hospital Discharge Rate	Drug- Related Hospital Discharge Rate
Region 1	2.66	3.15	0.19	0.62	2.61	0.72	86.37	93.38
Region 2	2.09	2.28	0.28	0.67	2.26	0.75	115.60	93.72
Region 3	1.19	1.76	0.10	0.36	1.69	0.72	88.48	76.83
Region 4	2.70	3.96	0.21	0.73	2.21	0.98	106.52	93.58
Region 5	2.76	3.55	0.37	0.95	2.37	0.55	107.45	96.74

¹See Appendix A for indicator definitions, sources, and data years.

MHDDAD Planning Region	Percentage of Residential Properties Renter Occupied	Percentage of Residential Properties Vacant	Percentage of Adult Population Not Voting in Presidential Elections	Percentage of Adult Population Not Registered to Vote	Percentage of In-Migration	Percentage of Out-Migration
Region 1	24.32	7.89	54.68	36.31	22.49	15.35
Region 2	25.17	10.47	52.08	35.79	26.34	18.63
Region 3	33.88	5.21	49.23	32.25	30.59	26.24
Region 4	30.16	11.23	54.19	35.68	20.58	20.06
Region 5	28.27	12.39	56.30	37.54	23.17	20.72

Community Disorganization and Transition Indicator, by MHDDAD Planning Region¹

¹See Appendix A for indicator definitions, sources, and data years.

Community Crime Indicators, by MHDDAD Planning Region¹

MHDDAD Planning Region	Juvenile Arrest Rate for Violent Crimes	Juvenile Arrest Rate for Property Crimes	Juvenile Arrest Rate for Other Crimes ¹
Region 1	7.66	36.41	41.00
Region 2	11.12	40.00	47.95
Region 3	5.06	16.48	18.91
Region 4	11.11	43.71	52.61
Region 5	11.93	48.64	56.52

¹See Appendix A for indicator definitions, sources, and data years.

Urban Indicators, by MHDDAD Planning Region¹

MHDDAD Planning Region	Population Density	Percentage of Population Living in Urban Areas
Region 1	133.05	48.99
Region 2	104.51	51.52
Region 3	1148.59	95.34
Region 4	78.00	61.99
Region 5	61.40	55.90

¹See Appendix A for indicator definitions, sources, and data years.

Poverty or Increased Risk for Socioeconomic Deprivation Indicators, by MHDDAD Planning Region¹

MHDDAD Planning Region	Percentage of Children Below Poverty Level	Percentage of Total Population Below Poverty Level	Unemployment Rate	Percentage of Population Receiving TANF	Percentage of Population Receiving Food Stamps	Percentage of Students Receiving Free or Reduced- Price Lunches	Percentage of Households Headed by a Single Parent
Region 1	3.89	11.46	4.38	0.92	6.57	45.28	20.56
Region 2	4.57	14.01	4.19	1.55	7.78	46.97	23.63
Region 3	3.19	9.29	4.24	1.21	4.75	39.35	25.83
Region 4	6.79	17.33	4.73	2.97	12.73	59.80	33.56
Region 5	6.32	17.30	4.51	1.79	10.53	56.01	28.81

¹See Appendix A for indicator definitions, sources, and data years.

Lack of School Commitment Indicators, by MHDDAD Planning Region¹

MHDDAD Planning Region	High School Dropout Rate	Percentage of High School Seniors Not Graduating	Percentage of 4 th Grade Students Not Meeting Expectations in Reading, Math, and/or Language	Percentage of 6 th Grade Students Not Meeting Expectations in Reading, Math, and/or Language	Percentage of 8 th Grade Students Not Meeting Expectations in Reading, Math, and/or Language	Percentage of Population Ages 25 or Older Without a High School Diploma
Region 1	8.04	32.63	31.10	32.08	32.86	29.66
Region 2	6.68	28.65	29.26	31.21	31.79	25.07
Region 3	5.70	22.58	24.97	28.27	26.82	14.48
Region 4	8.09	32.14	33.16	35.13	34.46	25.57
Region 5	8.65	33.43	31.06	34.45	33.79	26.13

¹See Appendix A for indicator definitions, sources, and data years.

Family Conflict/Management Problems Indicators, by MHDDAD Planning Region¹

MHDDAD Planning Region	Number of Substantiated Child Abuse Cases Per 1,000 Children Ages 17 or Younger	Percentage of Investigated Child Maltreatment Cases Involving Alcohol or Drugs	Number of Children in Foster Care Per 1,000 Children Ages 17 or Younger
Region 1	13.91	30.18	5.56
Region 2	12.26	27.37	3.90
Region 3	6.78	18.76	3.84
Region 4	13.07	20.73	5.78
Region 5	14.03	23.45	5.46

¹See Appendix A for indicator definitions, sources, and data years.

MHDDAD Planning Region	Number of Tobacco Licenses Per 1,000 Persons	Number of Alcohol Licenses Per 1,000 Persons	Number of Marijuana Items Reported per 100,000 Persons	Number of Cocaine Items Secured by Law Enforcement per 100,000 Persons	Number of Heroin Items Secured by Law Enforcement 100,000 Persons	Number of Metham- phetamine Items Secured by Law Enforcement per 100,000 Persons
Region 1	1.41	1.59	63.69	132.91	0.42	144.18
Region 2	1.33	1.82	136.19	150.67	0.79	83.86
Region 3	1.22	1.95	131.02	172.79	5.40	62.75
Region 4	1.52	2.16	147.72	237.89	0.69	59.45
Region 5	1.78	2.36	154.06	304.23	1.04	25.22

Alcohol, Tobacco, and Drug Availability Indicators, by MHDDAD Planning Region¹

¹See Appendix A for indicator definitions, sources, and data years.

Sexual Behavior Indicators, by MHDDAD Planning Region¹

MHDDAD Planning Region	Teen Birth Rate	Teen Pregnancy Rate	Repeat Birth Rate Among Teens	Juvenile Sexually Transmitted Disease Rate	AIDS Rate	Adult Sexually Transmitted Disease Rate
Region 1	72.41	85.14	15.93	4.72	2.19	2.83
Region 2	57.19	73.21	12.41	5.96	7.06	3.98
Region 3	46.25	70.04	9.63	7.38	23.62	6.63
Region 4	65.09	81.53	15.66	11.46	13.89	7.98
Region 5	69.32	81.06	16.03	8.16	10.14	5.49

¹See Appendix A for indicator definitions, sources, and data years.

Suicide Indicators, by MHDDAD Planning Region¹

MHDDAD Planning Region	Percentage of Total Suicides Committed by Teens Ages 10 to 19	Rate of Hospitalizations Due to Self-Inflicted Injuries
Region 1	3.45	34.68
Region 2	4.40	31.43
Region 3	4.64	25.37
Region 4	7.30	38.06
Region 5	5.26	30.31

¹See Appendix A for indicator definitions, sources, and data years.

2005 Population Counts, by MHDDAD Planning Region¹

MHDDAD Planning Region	2005 Total Population	2005 Population Ages 17 or Younger	2004 Population Ages 10 to 17	2005 Population Male Ages 15 to 34	2005 Population Female Ages 15 to 19
Region 1	1,245,767	323,253	143,149	187,415	41,212
Region 2	1,508,389	378,579	168,785	236,798	53,132
Region 3	3,899,251	1,027,633	430,419	596,610	129,894
Region 4	1,181,718	307,105	142,614	176,265	44,149
Region 5	1,237,451	326,152	146,407	200,633	45,833

¹See Appendix A for indicator definitions, sources, and data years.

2005 Racial/Ethnic Composition, by MHDDAD Planning Region¹

MHDDAD Planning Region	2005 Percentage of Population White	2005 Percentage of Population Black	2005 Percentage of Population Hispanic	2005 Percentage of Population Other ²
Region 1	79.11	12.93	6.24	1.72
Region 2	68.91	21.24	6.30	2.65
Region 3	49.79	34.41	9.77	6.03
Region 4	54.05	40.30	3.28	2.15
Region 5	65.16	29.61	4.38	2.16

¹See Appendix A for indicator definitions, sources, and data years.

²Includes individuals reporting their race as American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander.

Appendix F. MHDDAD Planning Region Prevention Needs Assessment Profiles



Prevention Needs Assessment Profile for MHDDAD Region 1 Average Across Regions² -Lower Risk Score **Higher Risk Score Risk Constructs** (indicators comprising construct)¹ -3 -2 -1 0 1 2 3 Rank³ Lack of School Commitment Academic failure (percent of students not meeting .21 3 expectations on achievement tests for grades 4, 6, and 8) Lack of commitment to school (dropout rate, percent of eligible .56 4 students not graduating from high school) Educational attainment (percent of population over age 25 .96 5 without a high school education) Family Conflict/Management Problems Substantiated child abuse (substantiated child abuse case rate) .63 4 Child abuse involving alcohol or drugs (percent of child abuse 1.30 5 cases involving alcohol or drugs) Foster care (number of children in foster care per 1,000 children .68 4 ages 17 or younger) Alcohol, Tobacco, and Drug Availability Alcohol licenses (active alcohol licenses per 1,000 persons) -1.29 1 Tobacco licenses (active tobacco licenses per 1,000 persons) -.19 3 Marijuana, cocaine, and heroin items (marijuana, cocaine, -1.55 and heroin items reported per 100,000 persons) Methamphetamine items (methamphetamine items reported 1.57 5 per 100,000 persons) Sexual Behavior Teen pregnancy and births (rate of pregnancies, births, .94 5 and repeat births among females ages 15-19) Juvenile sexually-transmitted disease (juvenile STD rate) -1.10 Adult sexually-transmitted disease (adult STD rate, -1.27 1 adult AIDS rate) Suicide Teen suicide (percent of all suicides committed by teens ages -1.09 1 10 - 19Hospitalizations due to self-inflicted injuries (rate of hospitalization due to self-inflicted injuries per 100,000 .57 4 persons) **Overall Overall Risk⁵** -.14 3 -3 -2 0 1 2 3 -1

¹In parentheses beside each construct name is a list of the indicators comprising that construct. For the actual values of each indicator comprising the construct, please see Appendix B in the full study report. ²The corresponding value plotted in the profile represents the number of standard deviation units that the Region is above or below the average across all Regions for that construct. For more information on how the standardized values were calculated, see Chapter 3 in the full study report.

Created by: Georgia Department of Human Resources

Division of Public Health Office of Prevention Services and Programs

Prevention Needs Assessment Profile for MHDDAD Region 2 **County Composition Demographic Characteristics*** Banks County Greene County Lumpkin County Stephens County 2005 Total Population: 1,508,389 Barrow County Burke County Habersham County Hall County Hancock County Madison County McDuffie County Taliaferro County Towns County 2005 Population Age 17 and Younger: 378,579 Clarke County Morgan County Newton County Union County 2005 Racial/Ethnic Composition: Walton County Warren County Columbia County Hart County Dawson County Jackson County Oconee County White 68.9% Other 2.7% Oglethorpe County Rabun County Richmond County Washington County White County Wilkes County Elbert County Jasper County Jefferson County Forsyth County Black 21.2% Hispanic/Latino 6.3% Franklin County Jenkins County 1999 Median Family Income: \$41,717 Glascock Count Lincoln County Screven County *Based on county-level data averaged or summed to the region level. Average Sources: Annual Population Estimates, U.S. Census Bureau, 2006. Across Census 2000, U.S. Census Bureau. Regions² Lower Risk Score Higher Risk Score -**Risk Constructs** (indicators comprising construct)¹ -3 -2 0 2 3 Rank³ Alcohol and Drug Abuse Juvenile liquor and drug law arrests (juvenile arrest .26 3 rates for liquor law and narcotic violations) Adult liquor and drug law arrests (adult arrest .24 Δ rates for DUI and narcotic violations) Underage alcohol-related vehicle crashes (percent of all alcohol-related vehicle crashes with drivers .76 4 ages 10-17)4 Alcohol and drug-related vehicle crashes (percent of vehicle .49 3 crashes in which alcohol or drugs were a factor) Substance abuse treatment admissions (adult and juvenile 2 -0.14 treatment admission rates) Alcohol and drug-related hospital discharges (alcohol and 0.85 5 drug-related hospital discharge rates) Alcohol and drug-related deaths (alcohol and drug-related 0.13 3 death rates) **Community Disorganization and Transition** Lack of civic involvement (percent of unregistered voters, -0.15 2 percent population who did not vote in presidential elections) Community transition and mobility (percent of all residential units that are renter occupied, percent of all residential units that -0.19 2 are vacant, percent of population moving into county, percent of population moving out of the county) Community Crime Juvenile crime (juvenile arrest rates for violent crime, property .38 3 crime, and other non-violent and non-drug-related crime) Urban Environment Urbanicity (percent of population living in urban areas, -.52 2 population density) Poverty/Increased Risk for Socioeconomic Deprivation Poverty (total and child poverty rates, percent of population -.19 3 receiving TANF, percent of population receiving food stamps, percent of students receiving free or reduced lunches) -1.00 **Unemployment** (unemployment rate) 1 Single parent households (percent of households with children 3 - 57 headed by a single parent) -2 0 2 -3 -1 1 3

Prevention Needs Assessment Profile for MHDDAD Region 2 Average Across Regions² -Lower Risk Score Higher Risk Score **Risk Constructs** (indicators comprising construct)¹ -2 -3 -1 0 1 2 3 Rank³ Lack of School Commitment Academic failure (percent of students not meeting -.21 2 expectations on achievement tests for grades 4, 6, and 8) Lack of commitment to school (dropout rate, percent of eligible -.45 2 students not graduating from high school) Educational attainment (percent of population over age 25 .16 2 without a high school education) Family Conflict/Management Problems Substantiated child abuse (substantiated child abuse case rate) .08 2 Child abuse involving alcohol or drugs (percent of child abuse .70 4 cases involving alcohol or drugs) Foster care (number of children in foster care per 1,000 children 2 -1.06 ages 17 or younger) Alcohol, Tobacco, and Drug Availability Alcohol licenses (active alcohol licenses per 1,000 persons) -.53 2 Tobacco licenses (active tobacco licenses per 1,000 persons) - 59 2 Marijuana, cocaine, and heroin items (marijuana, cocaine, -.38 2 and heroin items reported per 100,000 persons) Methamphetamine items (methamphetamine items reported .20 4 per 100,000 persons) Sexual Behavior Teen pregnancy and births (rate of pregnancies, births, -.60 2 and repeat births among females ages 15-19) Juvenile sexually-transmitted disease (juvenile STD rate) 2 - 62 Adult sexually-transmitted disease (adult STD rate, -.65 2 adult AIDS rate) Suicide Teen suicide (percent of all suicides committed by teens ages 2 -.42 10 - 19Hospitalizations due to self-inflicted injuries (rate of hospitalization due to self-inflicted injuries per 100,000 3 -.11 persons) **Overall Overall Risk⁵** - 25 2 -3 -2 0 1 2 3 -1

¹In parentheses beside each construct name is a list of the indicators comprising that construct. For the actual values of each indicator comprising the construct, please see Appendix B in the full study report. ²The corresponding value plotted in the profile represents the number of standard deviation units that the Region is above or below the average across all Regions for that construct. For more information on how the standardized values were calculated, see Chapter 3 in the full study report.

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Division of Public Health Office of Prevention Services and Programs



Prevention Needs Assessment Profile for MHDDAD Region 3 (Atlanta Regional Commission Planning Region) Average Across Regions² -Lower Risk Score Higher Risk Score -Risk Constructs (indicators comprising construct)¹ -3 -2 0 2 3 1 Rank³ Lack of School Commitment Academic failure (percent of students not meeting -1.60 1 expectations on achievement tests for grades 4, 6, and 8) Lack of commitment to school (dropout rate, percent of eligible -154 1 students not graduating from high school) Educational attainment (percent of population over age 25 -1.70 1 without a high school education) Family Conflict/Management Problems Substantiated child abuse (substantiated child abuse case rate) -174 1 Child abuse involving alcohol or drugs (percent of child abuse -114 cases involving alcohol or drugs) Foster care (number of children in foster care per 1,000 children -1.12 1 ages 17 or younger) Alcohol, Tobacco, and Drug Availability Alcohol licenses (active alcohol licenses per 1,000 persons) -.10 3 **Tobacco licenses** (active tobacco licenses per 1,000 persons) -1 07 Marijuana, cocaine, and heroin items (marijuana, cocaine, .76 and heroin items reported per 100,000 persons) Methamphetamine items (methamphetamine items reported -.28 3 per 100,000 persons) Sexual Behavior Teen pregnancy and births (rate of pregnancies, births, -1.45 1 and repeat births among females ages 15-19) Juvenile sexually-transmitted disease (juvenile STD rate) 3 -.06 Adult sexually-transmitted disease (adult STD rate, 1.13 5 adult AIDS rate) Suicide Teen suicide (percent of all suicides committed by teens ages -.26 3 10 - 19Hospitalizations due to self-inflicted injuries (rate of hospitalization due to self-inflicted injuries per 100,000 -1.38 1 persons) **Overall Overall Risk⁵** -1 47 1 -2 2 3 -3 -1 0 1

¹In parentheses beside each construct name is a list of the indicators comprising that construct. For the actual values of each indicator comprising the construct, please see Appendix B in the full study report. ²The corresponding value plotted in the profile represents the number of standard deviation units that the Region is above or below the average across all Regions for that construct. For more information on how the standardized values were calculated, see Chapter 3 in the full study report. ³Each risk score is ranked: 1=10west risk; 5=highest risk.

Created by: Georgia Department of Human Resources Division of Public Health

Office of Prevention Services and Programs

Prevention Needs Assessment Profile for MHDDAD Region 4 **County Composition Demographic Characteristics*** Baker County Baldwin County Bibb County Calhoun County Chattahoochee County Clay County Colquitt County Comeford County Dougherty County Early County Grady County Harris County Houston County Jones County Lee County Monroe County Muscogee County Peach County Pulaski County Putnam County Quitman County Readolub County 2005 Total Population: 1,181,718 Talbot County Talbot County Taylor County Terrell County Thomas County Twiggs County Webster County 2005 Population Age 17 and Younger: 307,105 2005 Racial/Ethnic Composition: Randolph County Schley County Seminole County White 54.0% Other 2.2% Lee County Wilkinson County Crawford County Macon County Worth County Crawford County Crisp County Decatur County Black 40.3% Hispanic/Latino 3.3% Marion County Miller County Mitchell County Stewart County Sumter County 1999 Median Family Income: \$37,270 Dooly County *Based on county-level data averaged or summed to the region level. Average Sources: Annual Population Estimates, U.S. Census Bureau, 2006. Across Census 2000, U.S. Census Bureau. Regions² Lower Risk Score Higher Risk Score -**Risk Constructs** (indicators comprising construct)¹ -3 -2 2 3 0 Rank³ Alcohol and Drug Abuse Juvenile liquor and drug law arrests (juvenile arrest 2 .13 rates for liquor law and narcotic violations) Adult liquor and drug law arrests (adult arrest -.09 2 rates for DUI and narcotic violations) Underage alcohol-related vehicle crashes (percent of all alcohol-related vehicle crashes with drivers 1.31 5 ages 10-17)4 Alcohol and drug-related vehicle crashes (percent of vehicle -.17 2 crashes in which alcohol or drugs were a factor) Substance abuse treatment admissions (adult and juvenile .50 4 treatment admission rates) Alcohol and drug-related hospital discharges (alcohol and .44 3 drug-related hospital discharge rates) Alcohol and drug-related deaths (alcohol and drug-related 1 12 5 death rates) **Community Disorganization and Transition** Lack of civic involvement (percent of unregistered voters, .21 3 percent population who did not vote in presidential elections) Community transition and mobility (percent of all residential units that are renter occupied, percent of all residential units that .01 3 are vacant, percent of population moving into county, percent of population moving out of the county) Community Crime Juvenile crime (juvenile arrest rates for violent crime, property .59 4 crime, and other non-violent and non-drug-related crime) Urban Environment Urbanicity (percent of population living in urban areas, -.26 4 population density) Poverty/Increased Risk for Socioeconomic Deprivation Poverty (total and child poverty rates, percent of population 1.31 5 receiving TANF, percent of population receiving food stamps, percent of students receiving free or reduced lunches) 1.47 5 Unemployment (unemployment rate) Single parent households (percent of households with children 1.42 5 headed by a single parent) -2 -1 2 -3 0 1 3

Prevention Needs Assessment Profile for MHDDAD Region 4 Average Across Regions² -Lower Risk Score **Higher Risk Score Risk Constructs** (indicators comprising construct)¹ -3 -2 -1 0 1 2 3 Rank³ Lack of School Commitment Academic failure (percent of students not meeting .99 5 expectations on achievement tests for grades 4, 6, and 8) Lack of commitment to school (dropout rate, percent of eligible .53 3 students not graduating from high school) Educational attainment (percent of population over age 25 .24 3 without a high school education) Family Conflict/Management Problems Substantiated child abuse (substantiated child abuse case rate) .35 3 Child abuse involving alcohol or drugs (percent of child abuse -.72 2 cases involving alcohol or drugs) Foster care (number of children in foster care per 1,000 children 5 .92 ages 17 or younger) Alcohol, Tobacco, and Drug Availability Alcohol licenses (active alcohol licenses per 1,000 persons) .62 4 Tobacco licenses (active tobacco licenses per 1,000 persons) .30 Δ Marijuana, cocaine, and heroin items (marijuana, cocaine, .29 3 and heroin items reported per 100,000 persons) Methamphetamine items (methamphetamine items reported -.36 2 per 100,000 persons) Sexual Behavior Teen pregnancy and births (rate of pregnancies, births, .48 3 and repeat births among females ages 15-19) Juvenile sexually-transmitted disease (juvenile STD rate) 1.53 5 Adult sexually-transmitted disease (adult STD rate, 84 4 adult AIDS rate) Suicide Teen suicide (percent of all suicides committed by teens ages 5 1.59 10 - 19Hospitalizations due to self-inflicted injuries (rate of hospitalization due to self-inflicted injuries per 100,000 5 1.28 persons) **Overall Overall Risk⁵** 1.02 5 -3 -2 -1 0 2 3 1

¹In parentheses beside each construct name is a list of the indicators comprising that construct. For the actual values of each indicator comprising the construct, please see Appendix B in the full study report. ²The corresponding value plotted in the profile represents the number of standard deviation units that the Region is above or below the average across all Regions for that construct. For more information on the standardized values were calculated, see Chapter 3 in the full study report.

¹³ Each risk score is ranked: 1=lowest risk; 5=highest risk. ⁴ The risk score for alcohol-related vehicle crashes with drivers ages 18–21 is 1.13 (region rank=5). The risk score for alcohol-related vehicle crashes with drivers ages 22 or older is –.13 (region rank=3). ⁵ Overall risk score and rank are based on the average of all 29 risk scores, equally weighted. Each score is ranked: 1=lowest risk; 5=highest risk.

Created by: Georgia Department of Human Resources

Division of Public Health Office of Prevention Services and Programs

Prevention Needs Assessment Profile for MHDDAD Region 5 **County Composition Demographic Characteristics*** Appling County Atkinson County Bacon County Ben Hill County Berrien County Bleckley County Brantley County Brooks County Candler County Glynn County Tattnall County 2005 Total Population: 1,237,451 Candler County Charlton County Chatham County Clinch County Cook County Cook County Glynn County Irwin County Jeff Davis County Johnson County Lanier County Laurens County Tattnall County Telfair County Tift County Toombs County Treutlen County Turner County Warue County 2005 Population Age 17 and Younger: 326,152 2005 Racial/Ethnic Composition: Liberty County Long County Lowndes County White 65.2% Other 2.2% Dodge County Echols County Wayne County Effingham County Emanuel County Black 29.6% Hispanic/Latino 4.4% Brvan County Wheeler County Bulloch County Camden County McIntosh County Wilcox County 1999 Median Family Income: \$35,926 Evans County Montgomery County Pierce County *Based on county-level data averaged or summed to the region level. Average Sources: Annual Population Estimates, U.S. Census Bureau, 2006. Across Census 2000, U.S. Census Bureau. Regions² Lower Risk Score Higher Risk Score -**Risk Constructs** (indicators comprising construct)¹ -3 -2 2 3 0 Rank³ Alcohol and Drug Abuse Juvenile liquor and drug law arrests (juvenile arrest .81 5 rates for liquor law and narcotic violations) Adult liquor and drug law arrests (adult arrest 5 1.25 rates for DUI and narcotic violations) Underage alcohol-related vehicle crashes (percent of all alcohol-related vehicle crashes with drivers .16 3 ages 10-17)4 Alcohol and drug-related vehicle crashes (percent of vehicle .56 4 crashes in which alcohol or drugs were a factor) Substance abuse treatment admissions (adult and juvenile 5 1.14 treatment admission rates) Alcohol and drug-related hospital discharges (alcohol and .71 4 drug-related hospital discharge rates) Alcohol and drug-related deaths (alcohol and drug-related 2 -.63 death rates) **Community Disorganization and Transition** Lack of civic involvement (percent of unregistered voters, 1.08 5 percent population who did not vote in presidential elections) Community transition and mobility (percent of all residential units that are renter occupied, percent of all residential units that .33 4 are vacant, percent of population moving into county, percent of population moving out of the county) Community Crime Juvenile crime (juvenile arrest rates for violent crime, property .91 5 crime, and other non-violent and non-drug-related crime) Urban Environment Urbanicity (percent of population living in urban areas, -.44 3 population density) Poverty/Increased Risk for Socioeconomic Deprivation Poverty (total and child poverty rates, percent of population .70 receiving TANF, percent of population receiving food stamps, 4 percent of students receiving free or reduced lunches) .45 Unemployment (unemployment rate) Single parent households (percent of households with children .47 4 headed by a single parent) -2 -1 2 -3 0 1 3

Prevention Needs Assessment Profile for MHDDAD Region 5 Average Across Regions² **Higher Risk Score** Lower Risk Score -2 **Risk Constructs** (indicators comprising construct)¹ -3 0 1 2 3 Rank³ Lack of School Commitment Academic failure (percent of students not meeting .61 4 expectations on achievement tests for grades 4, 6, and 8) Lack of commitment to school (dropout rate, percent of eligible .91 5 students not graduating from high school) Educational attainment (percent of population over age 25 .34 4 without a high school education) Family Conflict/Management Problems Substantiated child abuse (substantiated child abuse case rate) .67 5 Child abuse involving alcohol or drugs (percent of child abuse -.14 3 cases involving alcohol or drugs) Foster care (number of children in foster care per 1,000 children .58 3 ages 17 or younger) Alcohol, Tobacco, and Drug Availability Alcohol licenses (active alcohol licenses per 1,000 persons) 1.29 5 **Tobacco licenses** (active tobacco licenses per 1,000 persons) 5 1.54 Marijuana, cocaine, and heroin items (marijuana, cocaine, .88 5 and heroin items reported per 100,000 persons) Methamphetamine items (methamphetamine items reported -1.13 1 per 100,000 persons) Sexual Behavior Teen pregnancy and births (rate of pregnancies, births, .64 and repeat births among females ages 15-19) Juvenile sexually-transmitted disease (juvenile STD rate) .24 4 Adult sexually-transmitted disease (adult STD rate, -.05 3 adult AIDS rate) Suicide Teen suicide (percent of all suicides committed by teens ages .18 4 10 - 19Hospitalizations due to self-inflicted injuries (rate of hospitalization due to self-inflicted injuries per 100,000 -.35 2 persons) **Overall Overall Risk⁵** .84 4 -3 -2 -1 0 2 3 1

In parentheses beside each construct name is a list of the indicators comprising that construct. For the actual values of each indicator comprising the construct, please see Appendix B in the full study report. The corresponding value plotted in the profile represents the number of standard deviation units that the Region is above or below the average across all Regions for that construct. For more information on how the standardized values were calculated, see Chapter 3 in the full study report.

¹⁶ Each risk score is ranked: 1=lowest risk; 5=highest risk. ⁴ The risk score for alcohol-related vehicle crashes with drivers ages 18–21 is .16 (region rank=3). The risk score for alcohol-related vehicle crashes with drivers ages 22 or older is -1.28 (region rank=1). ⁵ Overall risk score and rank are based on the average of all 29 risk scores, equally weighted. Each score is ranked: 1=lowest risk; 5=highest risk.

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