Georgia Department of Public Health

North Central Health District

DATA REQUEST

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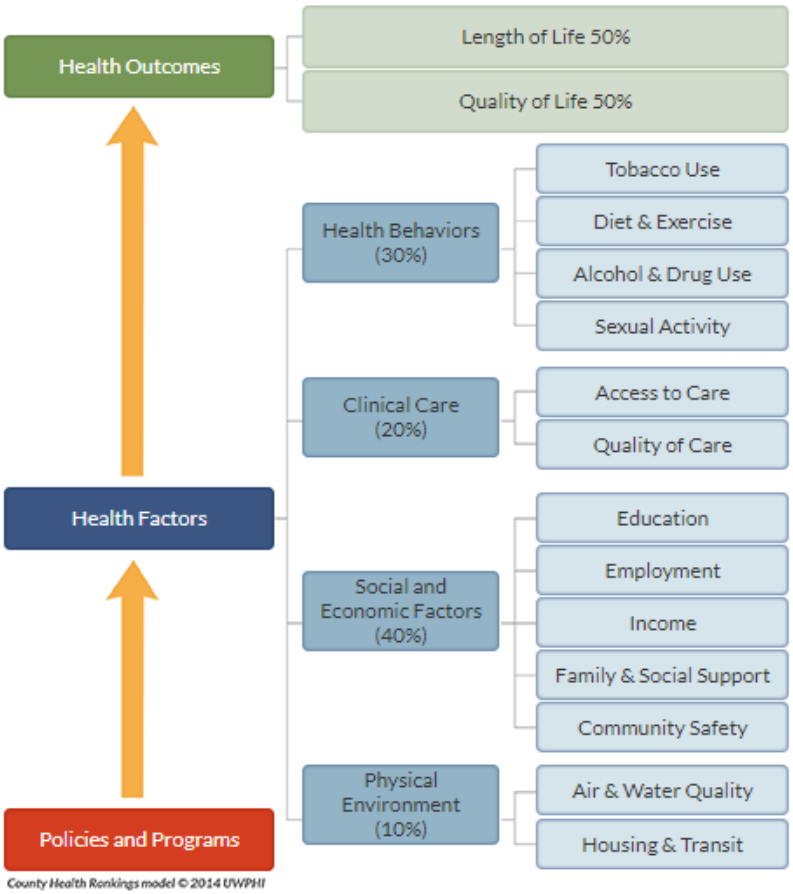
Overview of County Health Rankings

Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the County Health Rankings rank the health of nearly every county in the nation and illustrate what we know about what is keeping people healthy, making them sick, and what we can do to create healthier communities by using the model to right. The information is compiled for the Rankings by using county-level measures from a variety of national data sources. These measures are standardized and combined using scientifically informed weights and are then rank counties by state, providing two overall ranks:



1. Health outcomes: how healthy a county is now.
2. Health factors: how healthy a county will be in the future.

The information provided by this report explores the size and nature of health differences by place and race/ethnicity in Georgia and how state and community leaders can take action to create environments where all residents have the opportunity to live their healthiest lives (CHR&R, 2018). Specifically, this report will help illuminate:

1. Overview of the Rankings for Counties within the North Central Health District.
2. Snapshot of the areas of strength and areas to explores within each district county.
3. Description of how the county health department and district office are working to close identified gaps.
4. What communities can do to create opportunity and health for all.

Overview of North Central Health District Rankings

The overall rankings in health outcomes represent how healthy counties are within the state. The healthiest county in the state is ranked #1. Ranks for health outcomes are based on an equal weighting of length and quality of life. Ranks for health factors are based on weighted scores for health behaviors, clinical care, social and economic factors, and the physical environment. Overall health outcomes and health factor ranks have been compared to 2017 ranks. A red number indicates a negative move in rank and a green number indicates a positive move in rank.

North Central Health District Rankings				
	Health Outcomes		Health Factors	
	2017	2018	2017	2018
Baldwin	104	109	134	134
Crawford	70	51	58	75
Hancock	128	147	154	150
Houston	27	21	41	38
Jasper	55	43	70	77
Jones	28	19	33	28
Macon-Bibb	142	143	97	98
Monroe	51	65	30	33
Peach	101	105	116	112
Putnam	78	64	71	81
Twiggs	106	135	141	148
Washington	59	83	81	94
Wilkinson	107	139	94	82

Crawford County

The following information is a snapshot of the Crawford County Health Rankings Data with focus on measures that are suggested by County Health Rankings as an area of strength or an area to explore. A description of Crawford County health department (CCHD) and health district activities within both areas are provided to show how gaps are being addressed locally.

Demographics

CRAWFORD COUNTY DEMOGRAPHICS

	County		Georgia	
	Population	**Percent**	**Population**	**Percent**
Population	**12,322**		**10,310,371**	
Below 18 Years of Age	2,563	20.8%	2,515,731	24.4%
65 and Older	2,243	18.2%	1,350,659	13.1%
Non-Hispanic African American	2,526	20.5%	3,206,525	31.1%
American Indian and Alaskan Native	86	0.7%	51,552	0.5%
Asian	99	0.8%	422,725	4.1%
Native Hawaiian/Pacific Islander	12	0.1%	10,310	0.1%
Hispanic	382	3.1%	969,175	9.4%
Non-Hispanic White	9,118	74%	5,505,738	53.4%
Not English Proficient	0	0%	309,311	3.0%
Female	6,773	49.7%	5,289,220	51.3%
Rural	12,322	100%	2,567,282	24.9%
MEDIAN INCOME (DOLLARS)	$40,459		$51,037	
POVERTY				
TOTAL POPULATION	19.1%		17.8%	
CHILDREN UNDER 18	24.7%		25.4%	
MARRIED-COUPLE FAMILIES	10.7%		9.2%	
SINGLE FEMALE HOUSEHOLDER FAMILIES	44.2%		42.9%	
EDUCATIONAL ATTAINMENT (25 YEARS AND OVER)				
LESS THAN 9TH GRADE	5.7%		5.2%	
9TH TO 12TH GRADE, NO DIPLOMA	13.7%		8.9%	
HIGH SCHOOL GRADUATE (INCLUDES EQUIVALENCY)	37.6%		28.1%	
SOME COLLEGE, NO DEGREE	23.7%		21.0%	
ASSOCIATE'S DEGREE	6.2%		7.4%	
BACHELOR'S DEGREE	7.1%		18.3%	
GRADUATE OR PROFESSIONAL DEGREE	6%		11.1%	

AREA: Strength

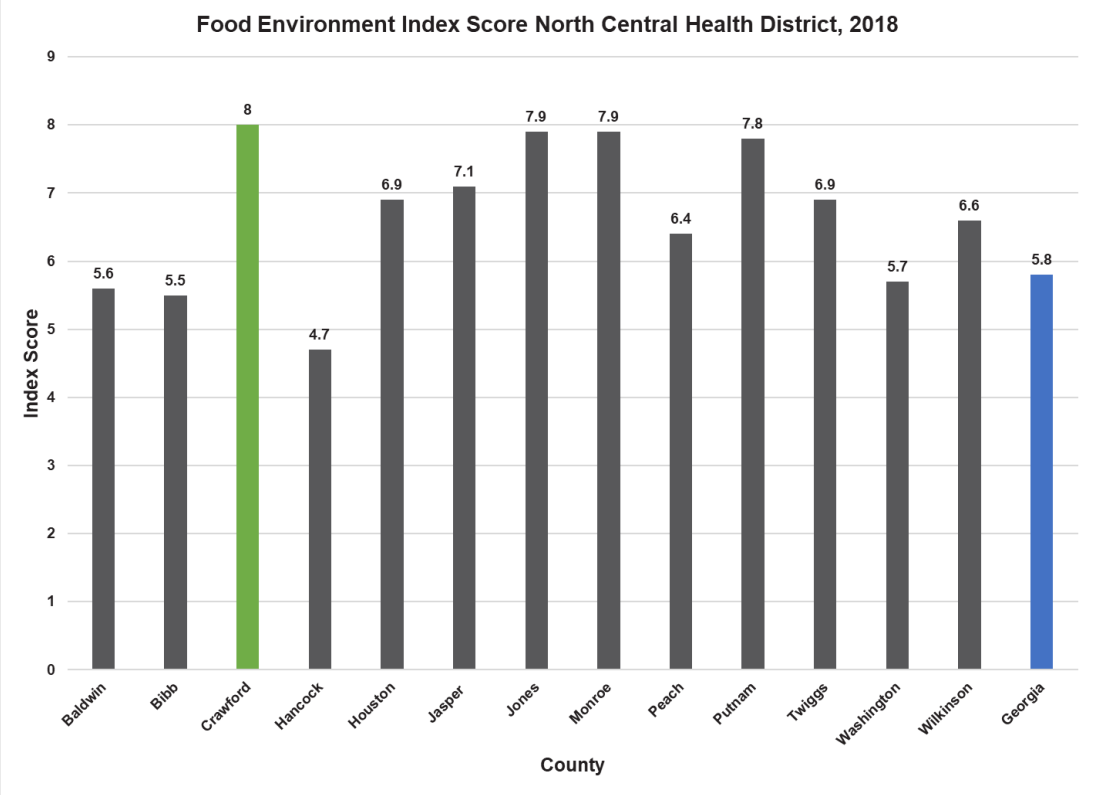
Food Environment Index

Data Definition: The Food Environment Index ranges from 0 (worst) to 10 (best) and equally weights two indicators of the food environment:

1) Limited access to healthy foods estimates the percentage of the population that is low income and does not live close to a grocery store. Living close to a grocery store is defined differently in rural and nonrural areas; in rural areas, it means living less than 10 miles from a grocery store whereas in nonrural areas, it means less than 1 mile. "Low income" is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size.

2) Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year. A two-stage fixed effects model was created using information from the Community Population Survey, Bureau of Labor Statistics, and American Community Survey.

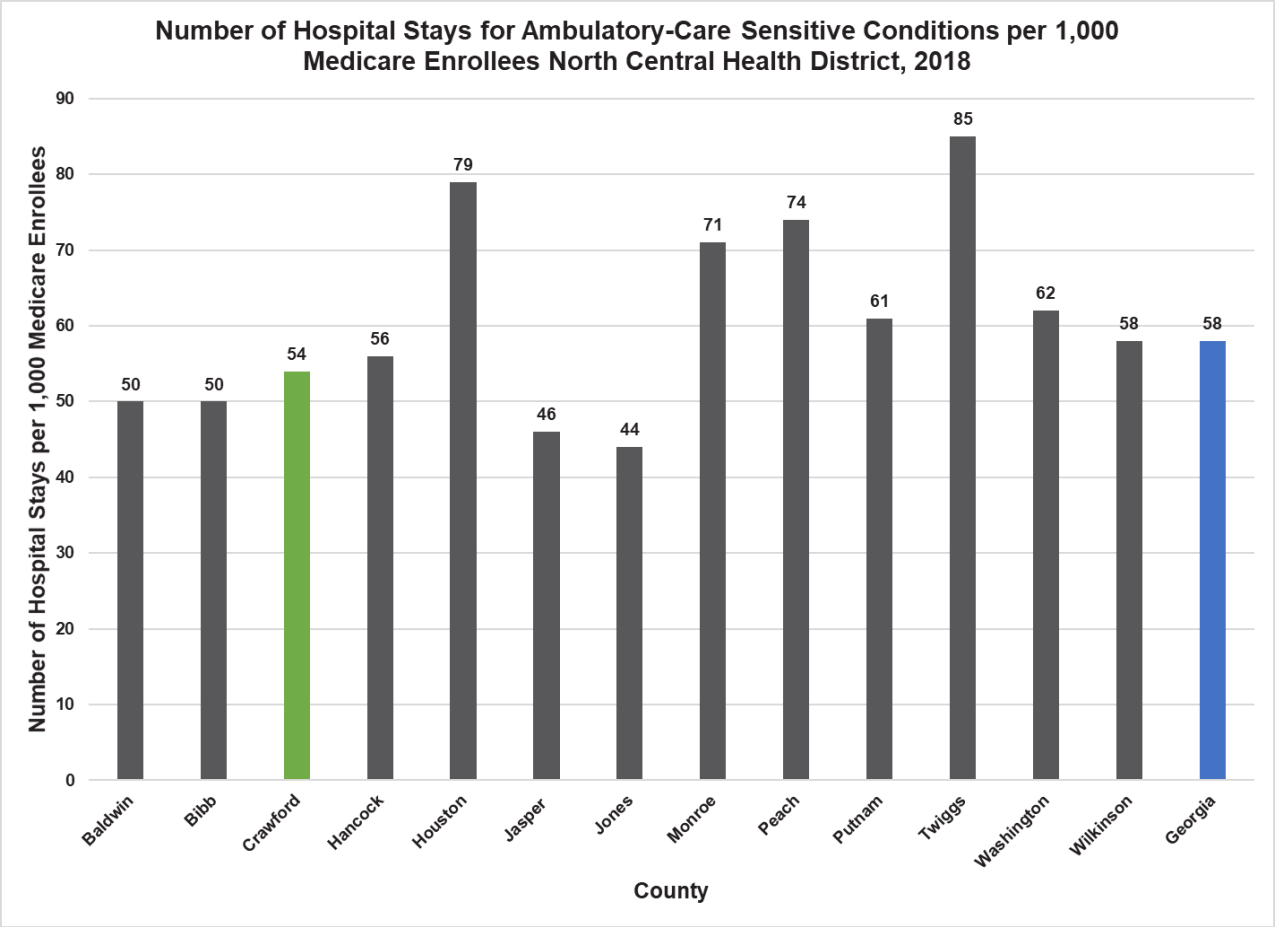
Source: Using the annual USDA Food Security Survey, Feeding America models the relationship between food insecurity and other variables at the state level.



Ambulatory Care Sensitive Conditions

Data Definition: Preventable Hospital Stays is the hospital discharge rate for ambulatory care-sensitive conditions per 1,000 fee-for-service Medicare enrollees. Ambulatory care-sensitive conditions include: convulsions, chronic obstructive pulmonary disease, bacterial pneumonia, asthma, congestive heart failure, hypertension, angina, cellulitis, diabetes, gastroenteritis, kidney/urinary infection, and dehydration. This measure is age-adjusted.

Source: The very large claims databases used in the Dartmouth Atlas Project come from the Centers for Medicare and Medicaid Services (CMS), the federal agency that collects data for every person and provider using Medicare health insurance.

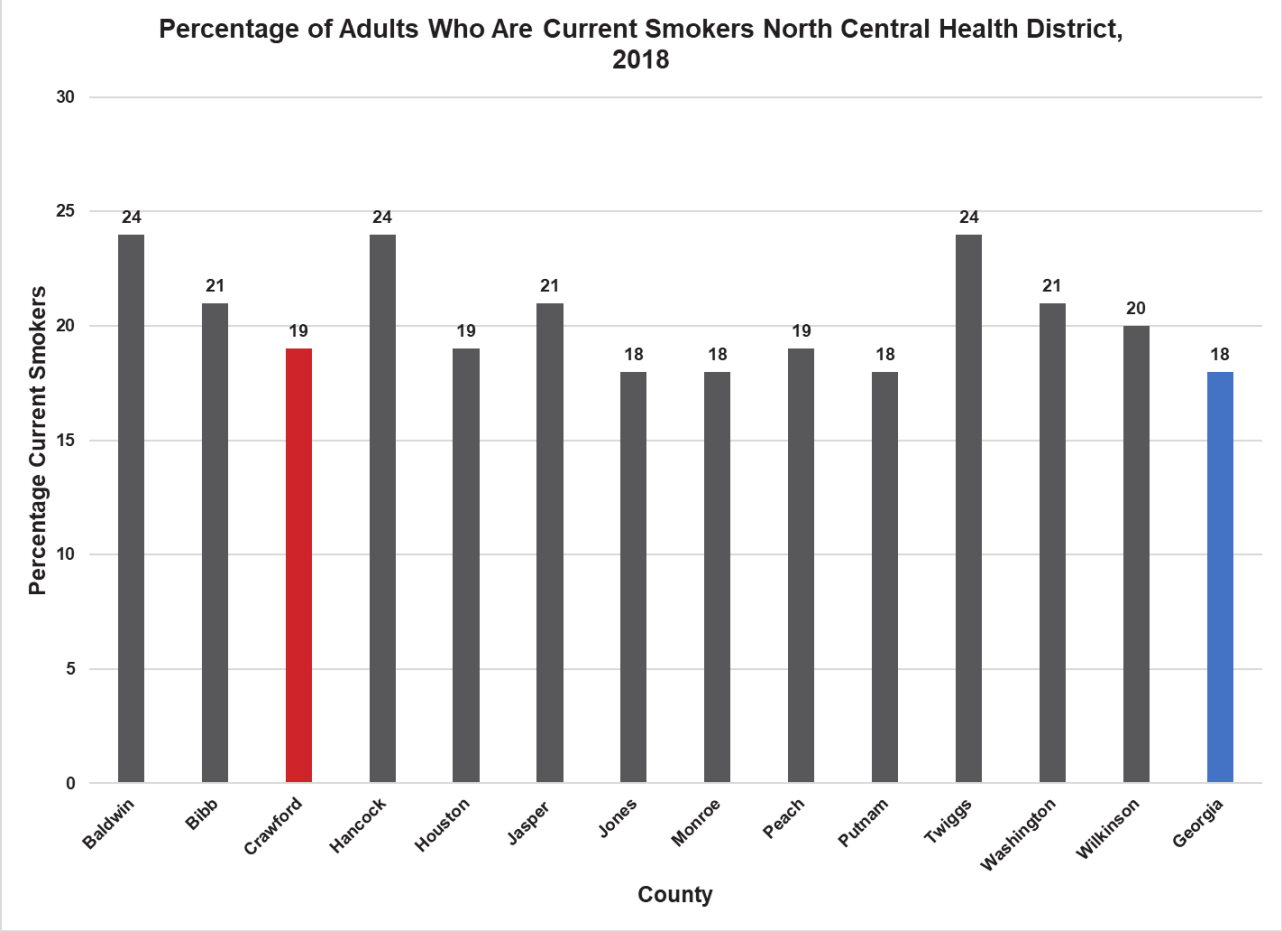


AREA: Explore

Smoking

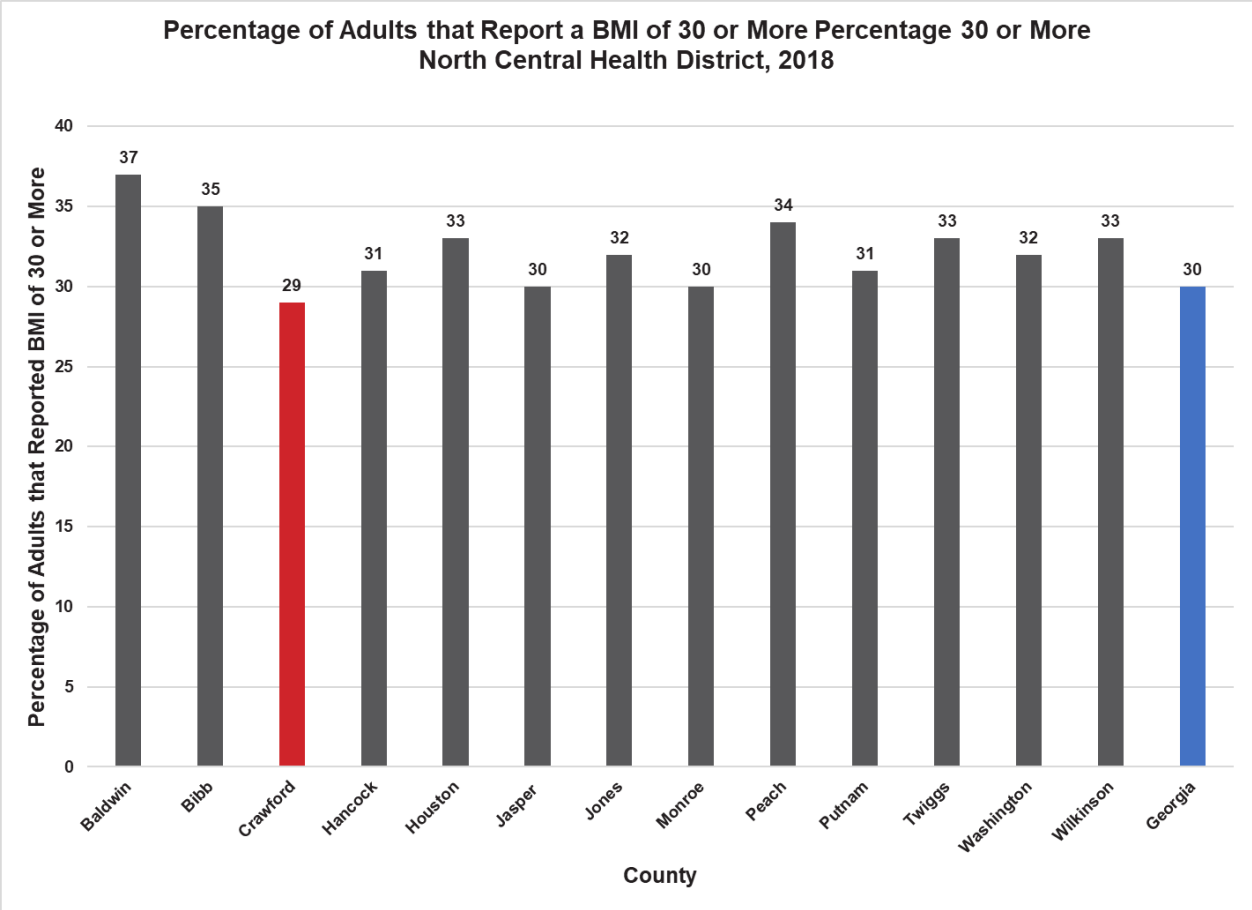
Data Definition: Adult Smoking is the percentage of the adult population that currently smokes every day or most days and has smoked at least 100 cigarettes in their lifetime. Source: The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based random digit dial (RDD) telephone survey that is conducted annually in all states, the District of Columbia, and U.S. territories. Data obtained from the BRFSS are representative of each state's total non-institutionalized population over 18 years of age and have included more than 400,000 annual respondents with landline telephones or

cellphones since 2011. Data are weighted using iterative proportional fitting (also called "raking") methods to reflect population distributions.



Obesity

Data Definition: Adult Obesity is the percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2.
Source: The National Diabetes Surveillance System provides county-level estimates of obesity, physical inactivity, and diabetes using three years of data from CDC's Behavioral Risk Factor Surveillance System (BRFSS) and data from the U.S. Census Bureau's Population Estimates Program. The county-level estimates are based on indirect model-dependent estimates. Bayesian multilevel modeling techniques are used to obtain estimates.



Physical Inactivity

Data Definition: Physical Inactivity is the percentage of adults age 20 and over reporting no leisure-time physical activity. Examples of physical activities provided include running, calisthenics, golf, gardening, or walking for exercise.

Source: The National Diabetes Surveillance System provides county-level estimates of obesity, physical inactivity, and diabetes using three years of data from CDC's Behavioral Risk Factor Surveillance System (BRFSS) and data from the U.S. Census Bureau's Population Estimates Program. The county-level estimates are based on

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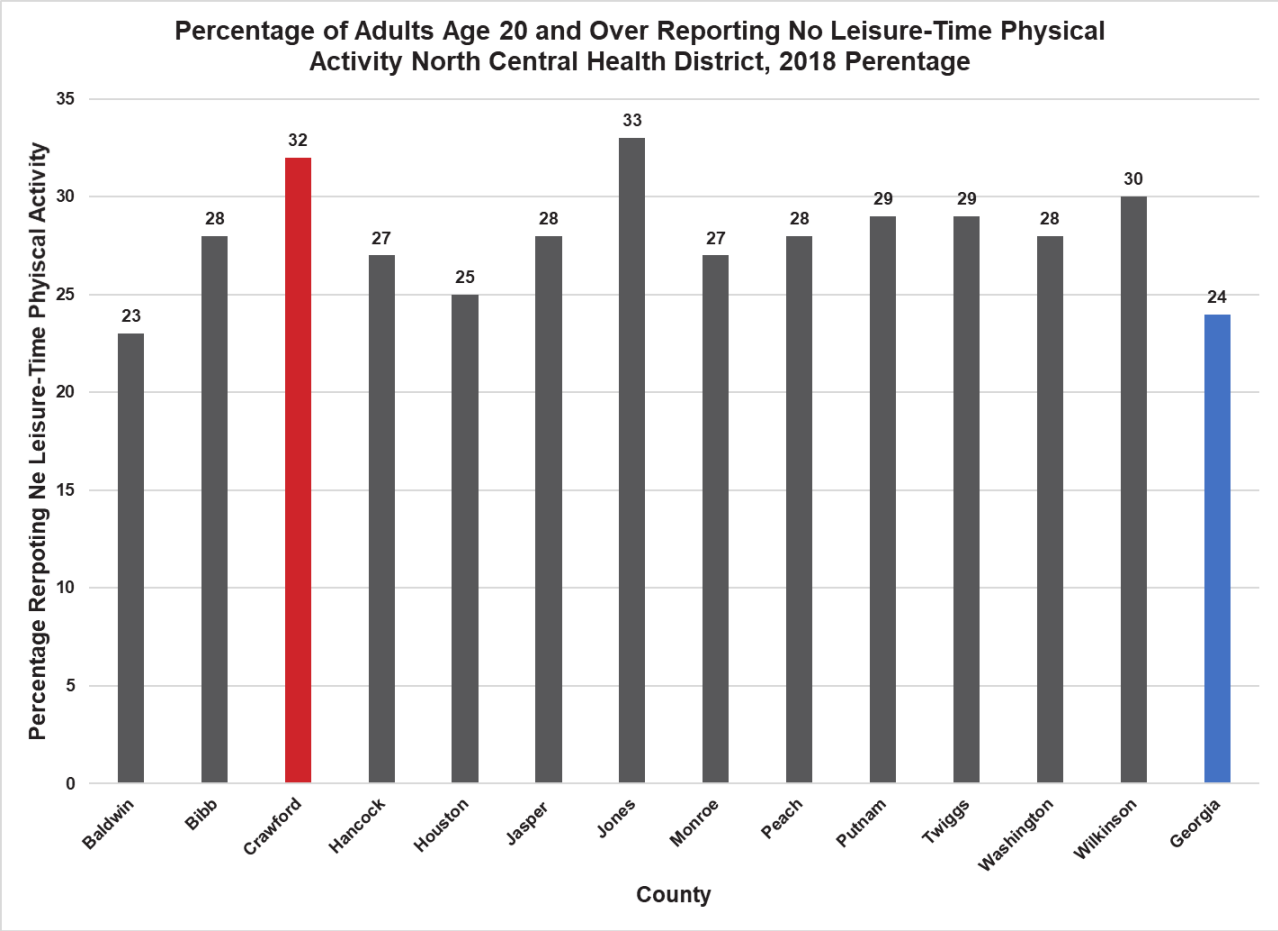
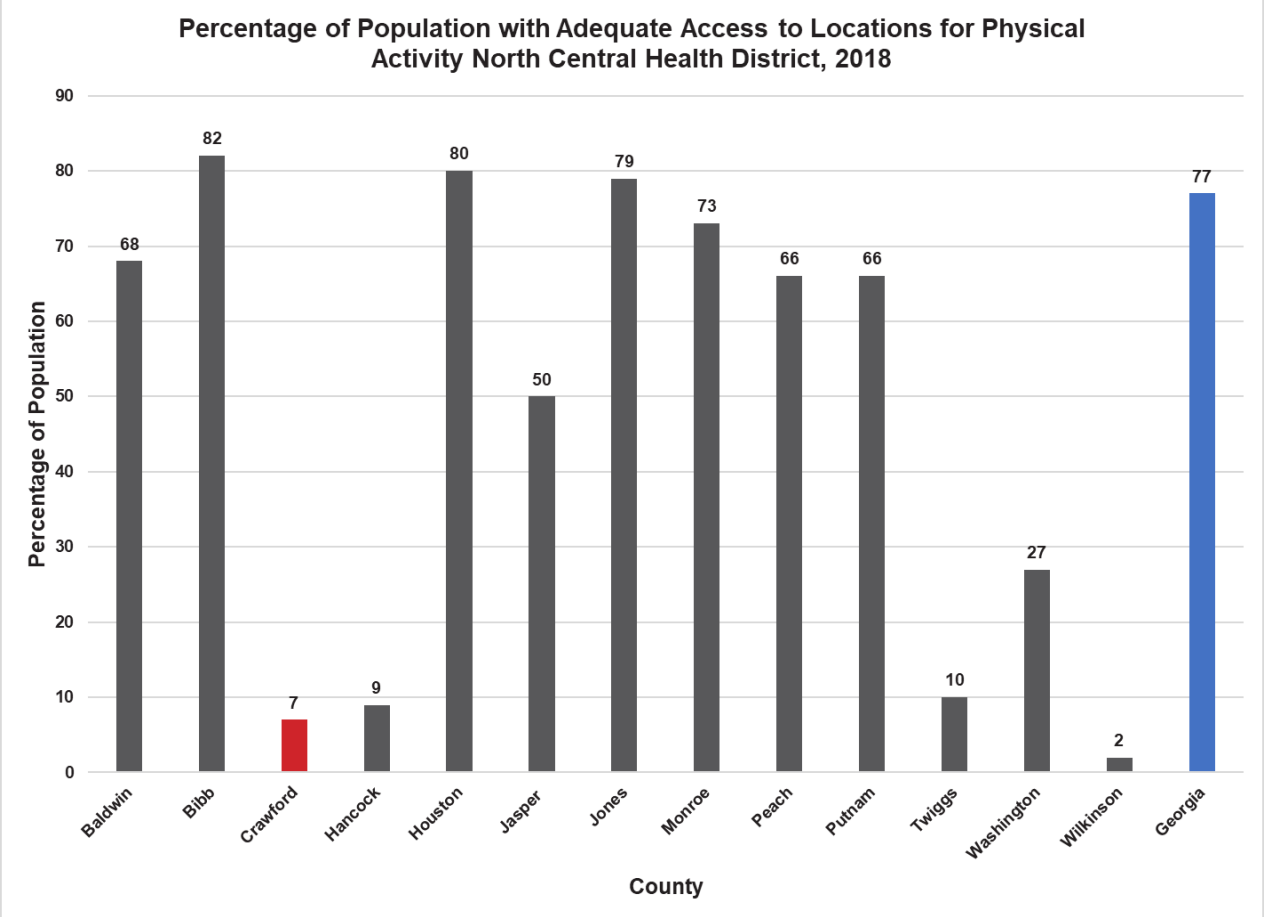


Access to Exercise Opportunities

Data Definition: Access to Exercise Opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities.
Source: The ArcGIS Business Analyst, for a fee (University of Wisconsin license), provides access to robust, integrated business intelligence, including corporate families, industries, key executives and financial data. The DeLorme Map Mart and ESRI public use GIS data provide geocoded, projected data on parks at the local, state and national

level across the US. US Census Tigerline files are spatial extracts from the Census Bureau's MAF/TIGER database, containing features such as roads, railroads, rivers, as well as legal and statistical geographic areas.

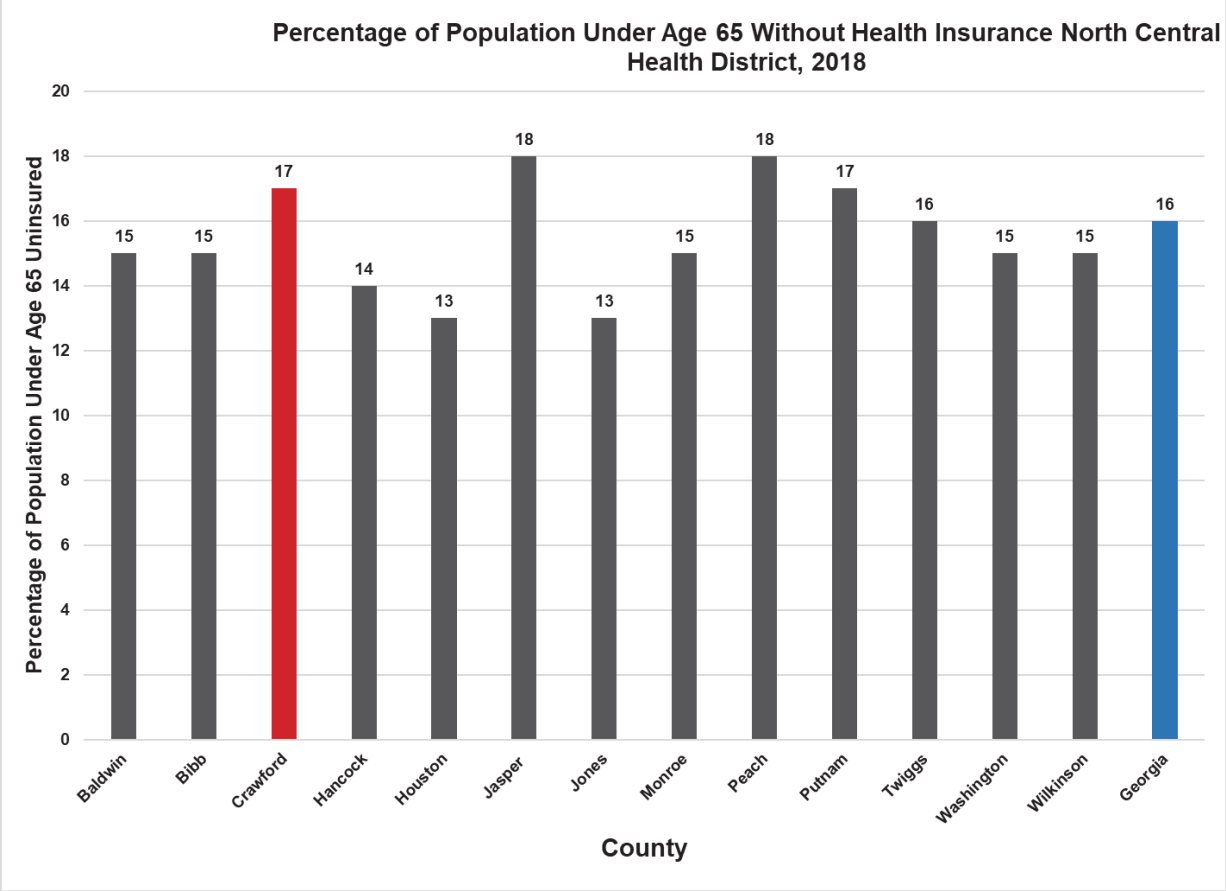


Uninsured

Data Definition: Uninsured is the percentage of the population under age 65 that has no health insurance coverage.

Source: The Small Area Health Insurance Estimates uses the American Community Survey (ACS) definition of insured: Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans: Insurance through a current or former employer or union, insurance purchased directly from an insurance company, Medicare, Medicaid, Medical Assistance, or any kind of government-

assistance plan for those with low incomes or a disability, TRICARE or other military health care, Indian Health Services, VA or any other type of health insurance or health coverage plan?



Primary Care Physicians

Data Definition: Primary Care Physicians is the ratio of the population to total primary care physicians. Primary care physicians include non-federal, practicing physicians (M.D.'s and D.O.'s) under age 75 specializing in general practice medicine, family medicine, internal medicine, and pediatrics.

Source: The Area Health Resource File is a collection of data from more than 50 sources, including: the American Medical Association, American Hospital Association,

US Census Bureau, Centers for Medicare & Medicaid Services, Bureau of Labor Statistics, and National Center for Health Statistics.

RATIO OF POPULATION TO PRIMARY CARE PHYSICIANS

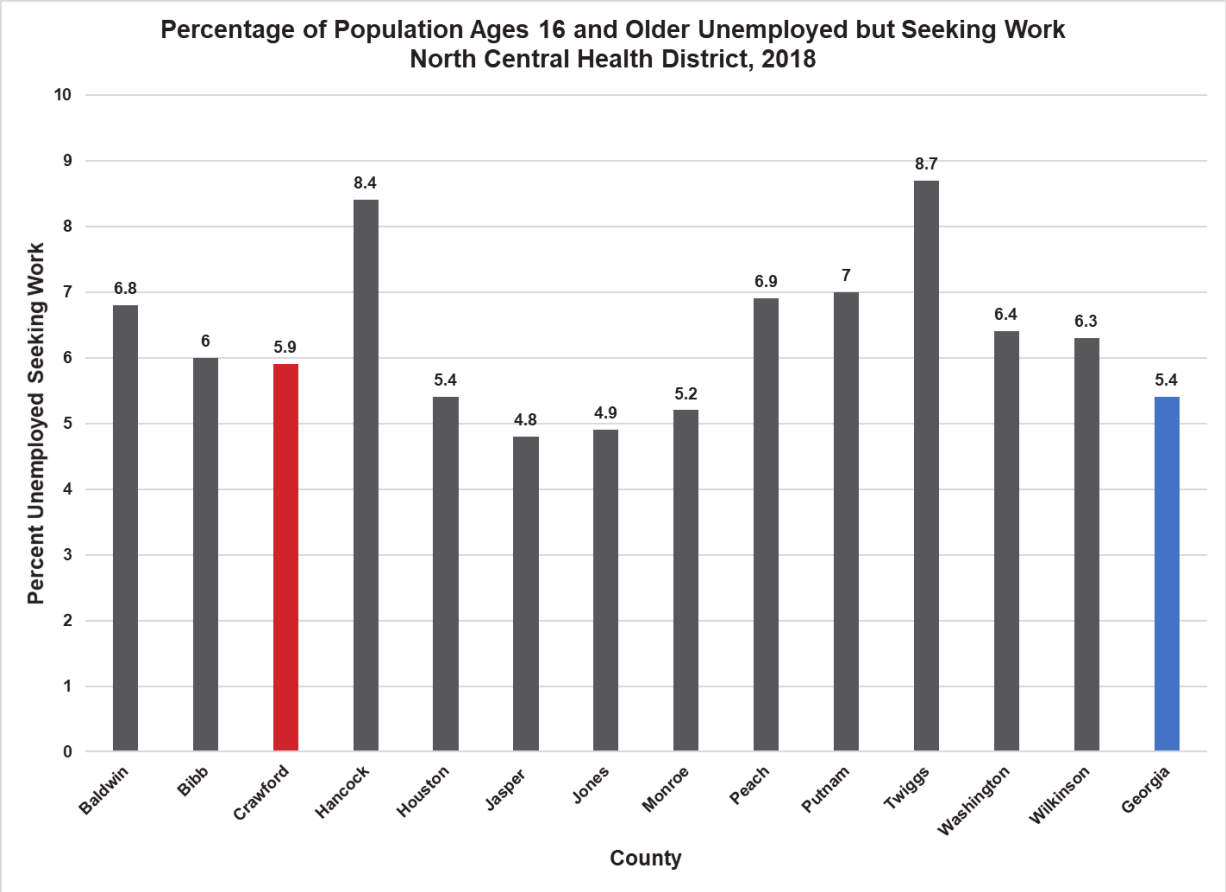
COUNTY	Ratio
BALDWIN	1890:1
BIBB	800:1
CRAWFORD	12390:1
HANCOCK	4280:1
HOUSTON	2000:1
JASPER	3410:1
JONES	4750:1
MONROE	1690:1
PEACH	3820:1
PUTNAM	3050:1
TWIGGS	
WASHINGTON	1390:1
WILKINSON	4580:1
GEORGIA	1520:1

Unemployment

Data Definition: Unemployment is the percentage of the civilian labor force, age 16 and older, that is unemployed but seeking work.

Source: The Local Area Unemployment Statistics (LAUS) program of the Bureau of Labor Statistics produces monthly and annual employment, unemployment, and labor force data for Census regions and divisions, states, counties, metropolitan areas, and many cities by place of residence. The LAUS estimates are consistent with the national

labor force and unemployment measures from the Current Population Survey. A number of different methods are used to produce these estimates, including: (1) a signal-plus-noise time-series model for states, the District of Columbia, and some substate areas; (2) a building block approach referred to as the Handbook procedure for labor market areas; and (3) disaggregation procedures for many counties and virtually all cities.



Summary

The CCHD and NCHD currently provide health programs and support health improvement policies that provide services that are scientifically supported. Examples of these programs are affordable pricing at clinics that include a sliding pay-scale, health insurance enrollment assistance, partnership with schools and businesses to provide vaccinations to staff and students, provision of coordinated care in the home, text

message-based health interventions, partnerships with other community healthcare providers and agencies, and community health workers.

Programs to prevent injury related deaths are also being implemented by the CCHD and NCHD. These programs include car seat education and distribution campaigns. Tobacco Cessation campaigns using multiple media outlets and tobacco free policies are utilized throughout the district to curb tobacco related health issues. Recently the agency has hired an additional nutritionist outside of Women, Infant, and Children (WIC) to assist with programs related to obesity and chronic disease prevention. WIC provides nutritional services to pregnant and nursing women and children under 5 and are currently working with preschools on a project to provide WIC services to families in need through the school system. WIC is also an essential community partner to promote breastfeeding and support to women. A worksite wellness committee also provides programs to staff that promotes obesity and chronic disease prevention.

To reduce the ambulatory care sensitive condition burden in Crawford County, new chronic disease management programs for diabetes and hypertension have been introduced and improvement to insurance billing practices have been implemented. Additionally, training on culturally competent health care and customer service has become a priority and evaluation of programs to ensure the quality and consistency of services and programs is being conducted throughout NCHD.

New initiatives are also being investigated that include telemedicine and additional outreach and prevention interventions that will hopefully assist in decreasing existing health gaps. The CCHD and NCHD are also implementing the Health and Human Services supported public health 3.0 model and are focusing resources on workforce development, partnerships, funding, infrastructure, and utilization of local data metrics to inform program improvement and evaluation (HHS, 2016). The adoption of this model and utilization of the information in this report will assist CCHD and NCHD achieve its mission of “preventing disease, promoting health, and protecting Central Georgia communities against health threats through education, service, advocacy, and collaboration.”

References

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US Census Bureau. (2018). *American Fact Finder: Community Facts*. Retrieved from https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml