2018 COUNTY HEALTH RANKINGS HOUSTON COUNTY

DATA REQUEST

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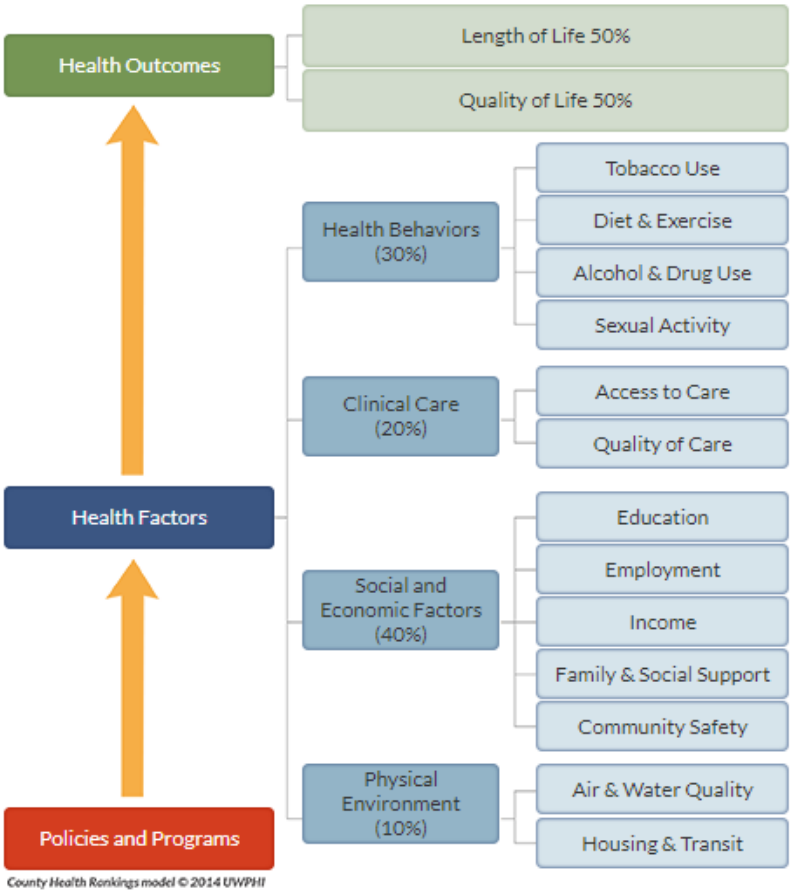
Overview of County Health Rankings

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 (NCHD).
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.

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

Houston County

The following information is a snapshot of the Houston 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 Houston county health department (HCHD) and health district activities within both areas are provided to show how gaps are being addressed locally.

Demographics

Areas of strength have been highlighted green and Areas to explore have been highlighted pink.

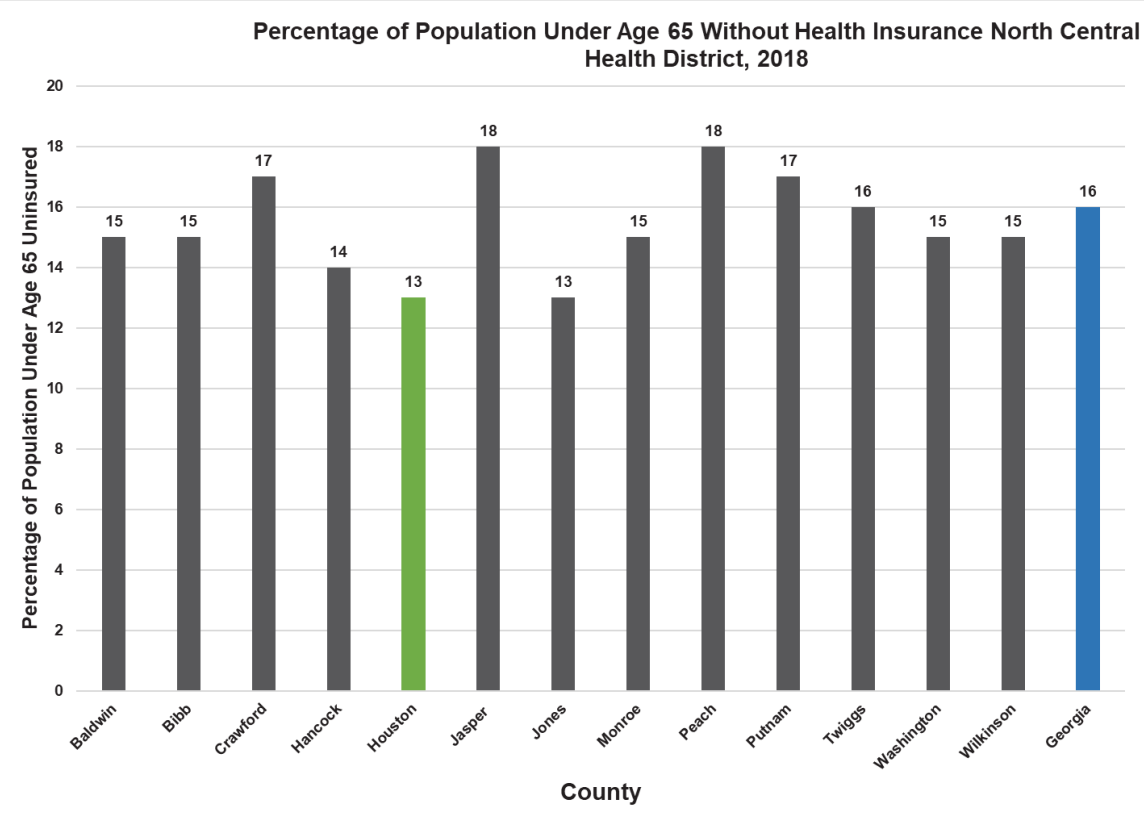
HOUSTON COUNTY DEMOGRAPHICS				
	County		Georgia	
	Population	Percent	Population	Percent
POPULATION	**152,122**		**10,310,371**	
BELOW 18 YEARS OF AGE	39,095	25.7%	2,515,731	24.4%
65 AND OLDER	18,863	12.4%	1,350,659	13.1%
RACE/ETHNICITY				
NON-HISPANIC AFRICAN AMERICAN	46,245	30.4%	3,206,525	31.1%
AMERICAN INDIAN AND ALASKAN NATIVE	761	0.5%	51,552	0.5%
ASIAN	4,412	2.9%	422,725	4.1%
NATIVE HAWAIIAN/PACIFIC ISLANDER	304	0.2%	10,310	0.1%
HISPANIC	10,040	6.6%	969,175	9.4%
NON-HISPANIC WHITE	87,014	57.2%	5,505,738	53.4%
NOT ENGLISH PROFICIENT	1,521	1.0%	309,311	3.0%
FEMALE	78,191	51.4%	5,289,220	51.3%
RURAL	15,212	10.0%	2,567,282	24.9%
MEDIAN INCOME (DOLLARS)	$55,480		$51,037	
POVERTY				
TOTAL POPULATION	18%		17.8%	
CHILDREN UNDER 18	26.3%		25.4%	
MARRIED-COUPLE FAMILIES	8.5%		9.2%	
SINGLE FEMALE HOUSEHOLDER FAMILIES	45.3%		42.9%	
EDUCATIONAL ATTAINMENT (25 YEARS AND OVER)				
LESS THAN 9TH GRADE	3.2%		5.2%	
9TH TO 12TH GRADE, NO DIPLOMA	7.0%		8.9%	
HIGH SCHOOL GRADUATE (INCLUDES EQUIVALENCY)	29.3%		28.1%	
SOME COLLEGE, NO DEGREE	26.1%		21.0%	
ASSOCIATE'S DEGREE	10.4%		7.4%	
BACHELOR'S DEGREE	14.5%		18.3%	
GRADUATE OR PROFESSIONAL DEGREE	9.6%		11.1%	

AREA: Strength

Uninsured

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

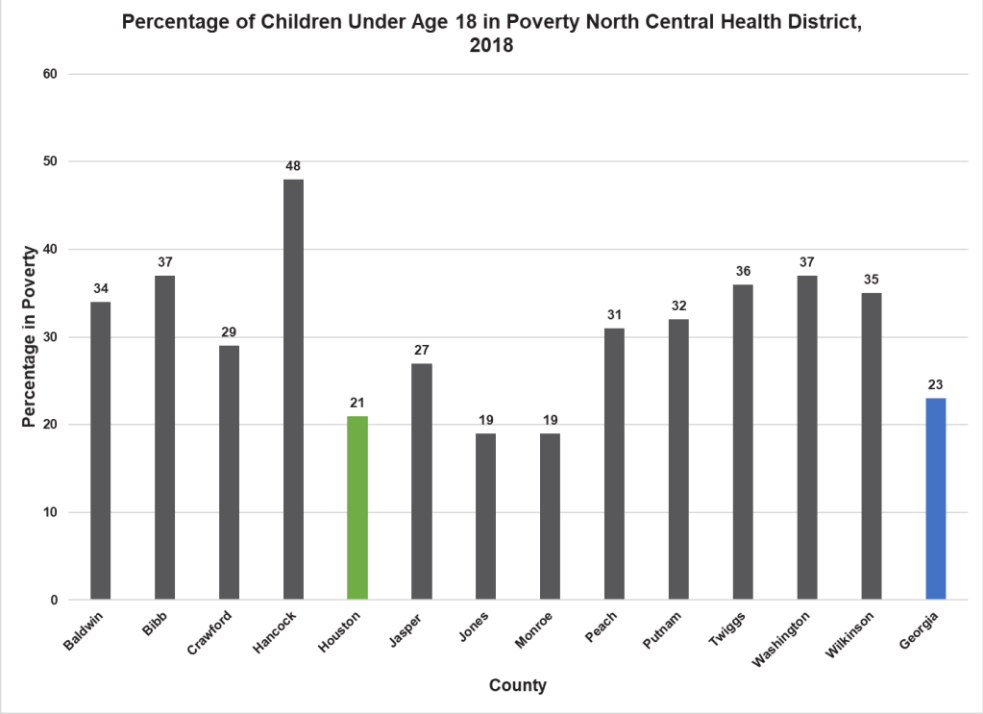
Source: The Small Area Health Insurance Estimates uses the American Community Survey (ACS) definition of insured: Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans: Insurance through a current or former employer or union, insurance purchased directly 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?



Poverty

Data Definition: Children in Poverty is the percentage of children under age 18 living in poverty. Poverty status is defined by family; either everyone in the family is in poverty or no one in the family is in poverty. The characteristics of the family used to determine the poverty threshold are: number of people, number of related children under 18, and whether or not the primary householder is over age 65. Family income is then compared to the poverty threshold; if that family's income is below that threshold, the family is in poverty.

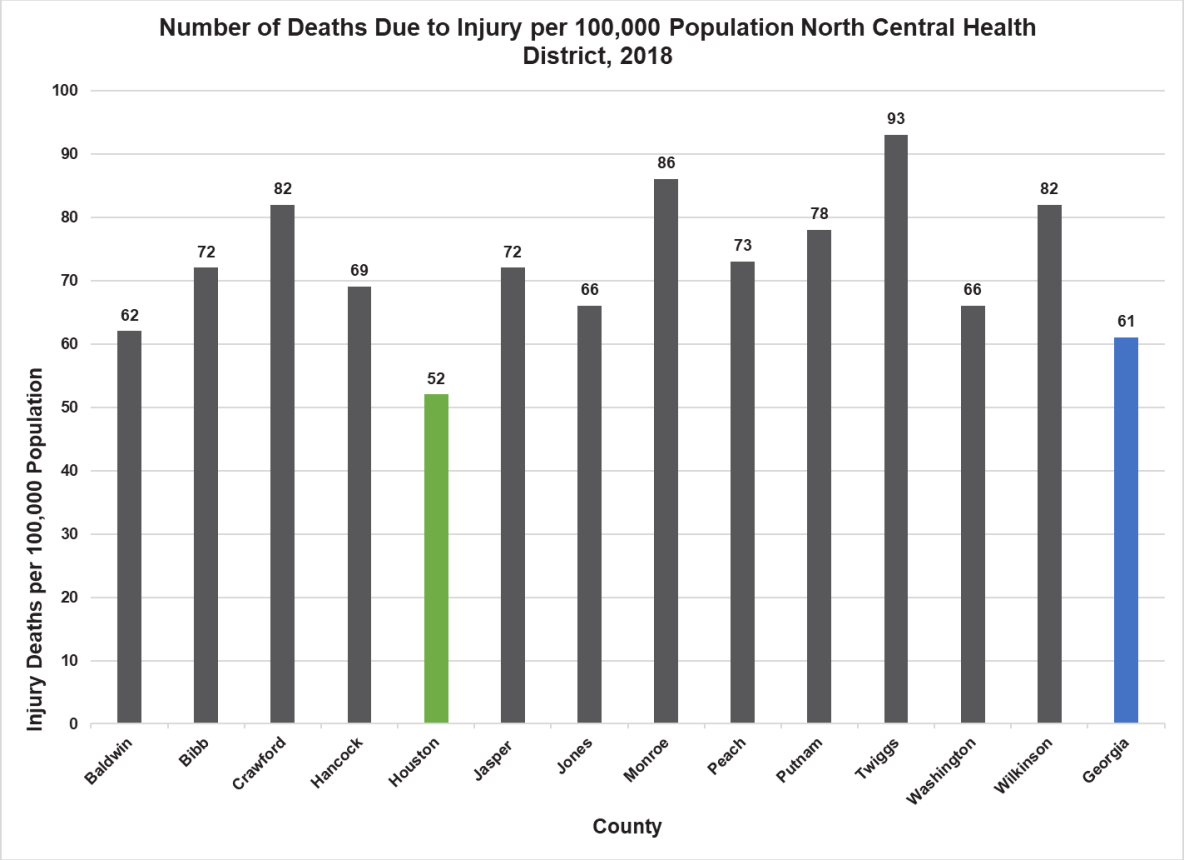
Source: The US Census Bureau, with support from other federal agencies, created the Small Area Income and Poverty Estimates (SAIPE) program to provide more current estimates of selected income and poverty statistics than those from the most recent decennial census. These estimates combine data from administrative records, intercensal population estimates, and the decennial census, along with direct estimates from the American Community Survey, to provide consistent and reliable single-year estimates. These model-based single-year estimates are more reflective of current conditions than multi-year survey estimates. At the county level, SAIPE provides estimates on children ages 5-17 in families in poverty, children under age 18 in poverty, all people in poverty, and median household income.



Injury Deaths

Data Definition: Injury Deaths is the number of deaths from intentional and unintentional injuries per 100,000 population.

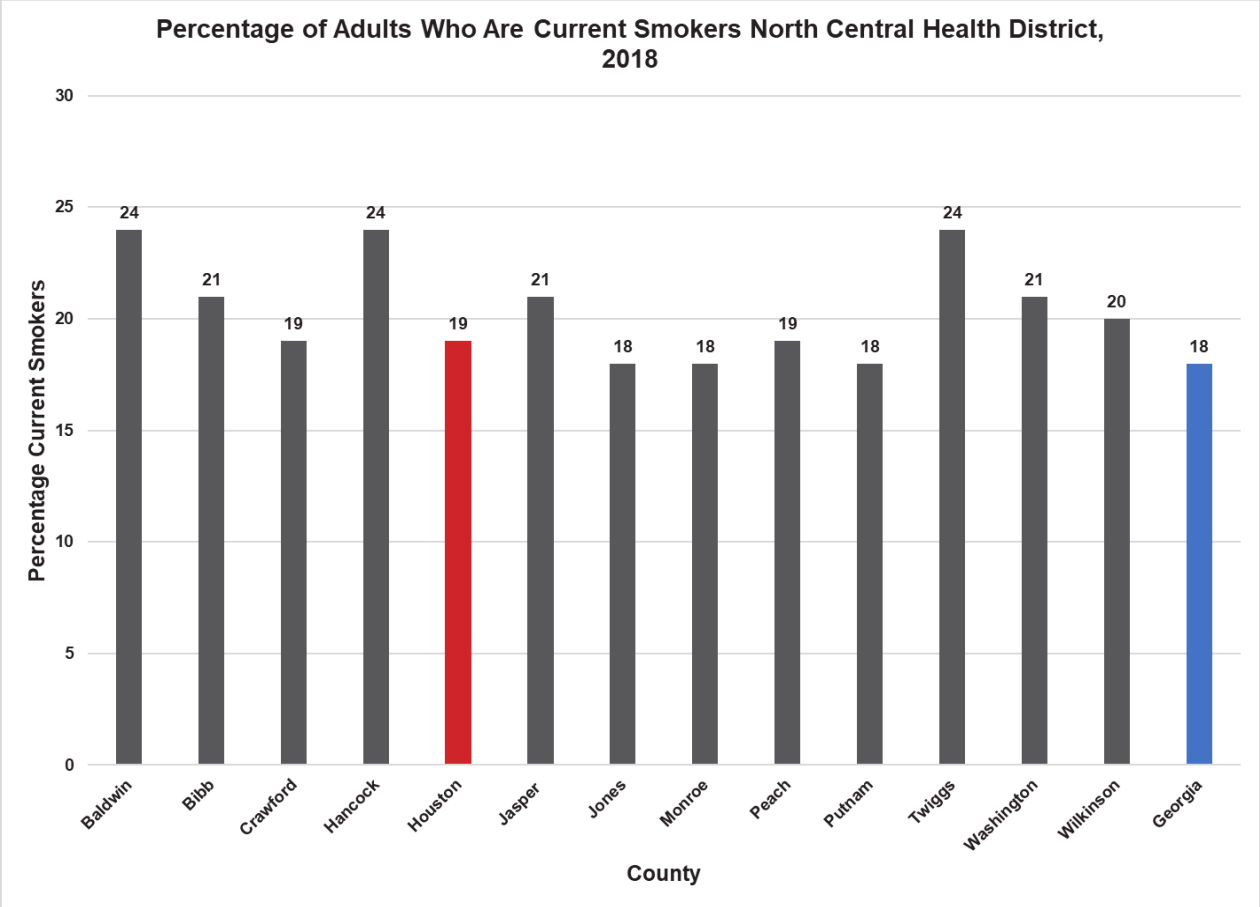
Source: The Compressed Mortality File (CMF) is a county-level national mortality and population database spanning the years 1968-2014. Compressed Mortality data are updated annually.



AREA: Explore

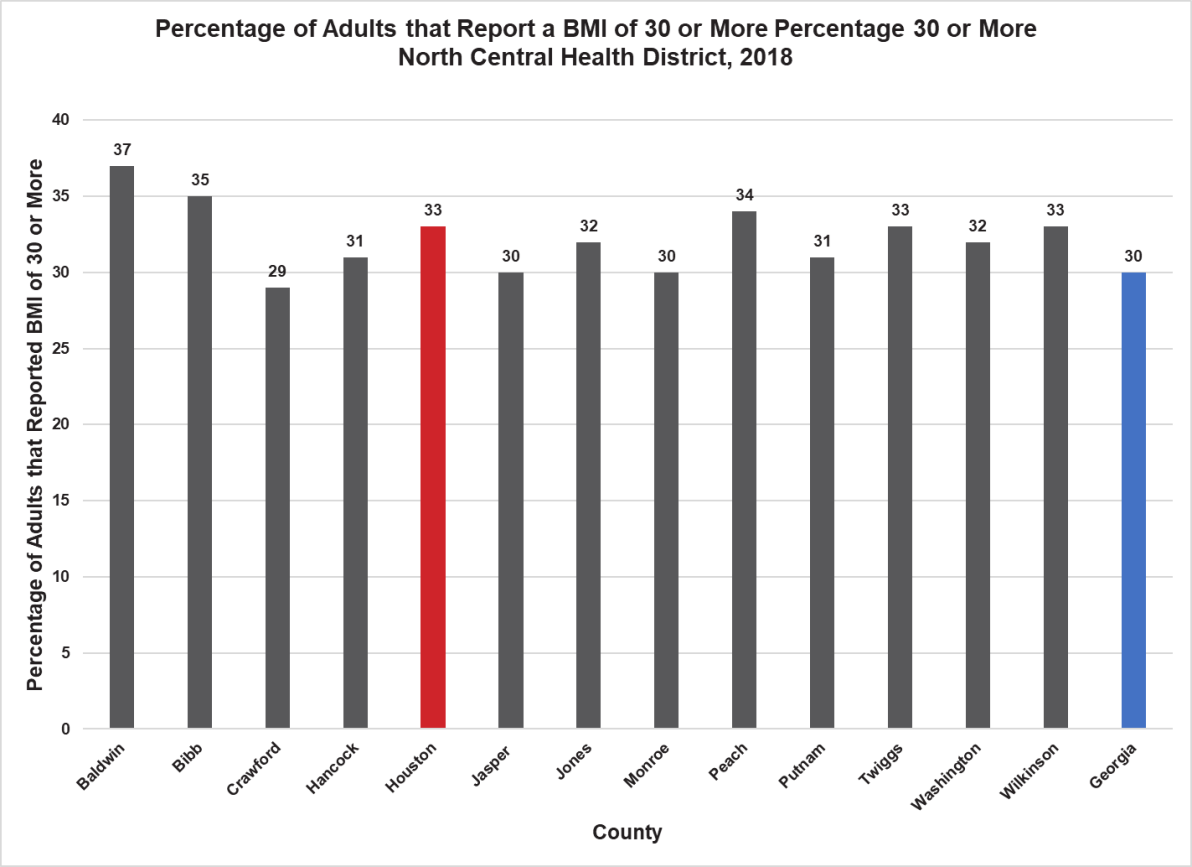
Smoking

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

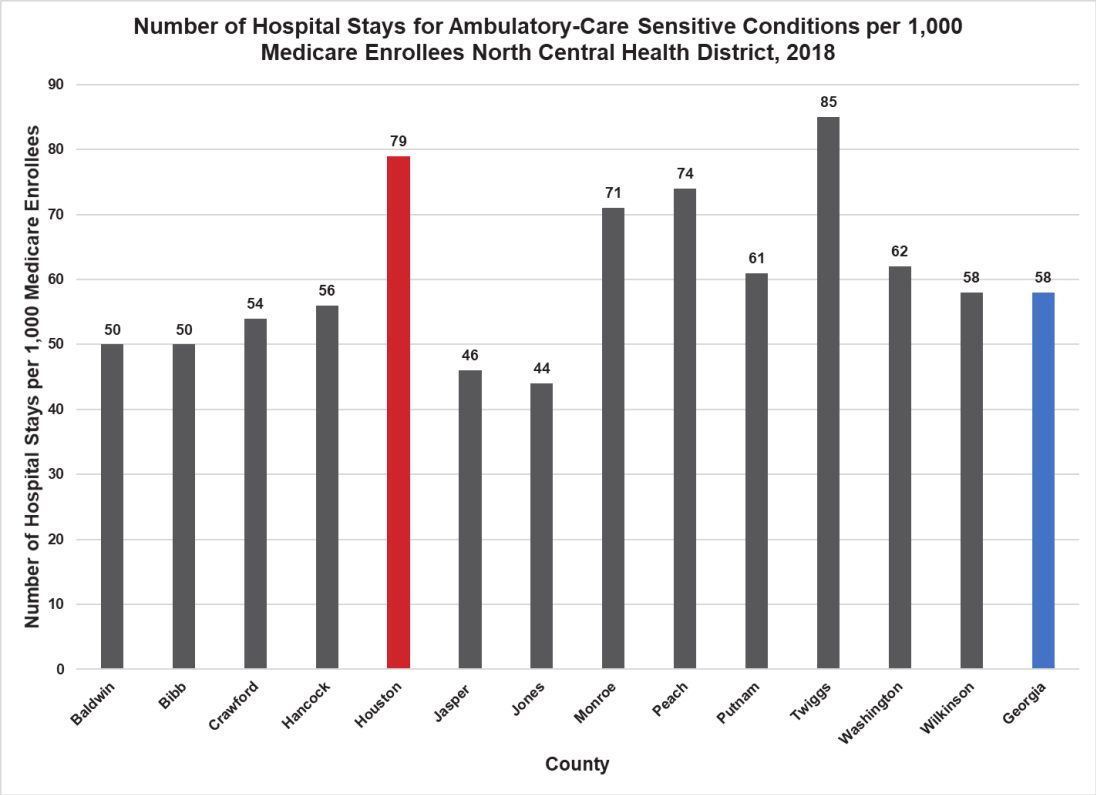
Data Definition: Adult Obesity is the percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2.
Source: The National Diabetes Surveillance System provides county-level estimates of obesity, physical inactivity, and diabetes using three 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.



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.



Summary

The HCHD 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 HCHD 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 Houston 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 HCHD 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 HCHD 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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