Georgia Department of Public Health

North Central Health District

2018 COUNTY HEALTH RANKINGS MONROE COUNTY

DATA REQUEST

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6/9/2018

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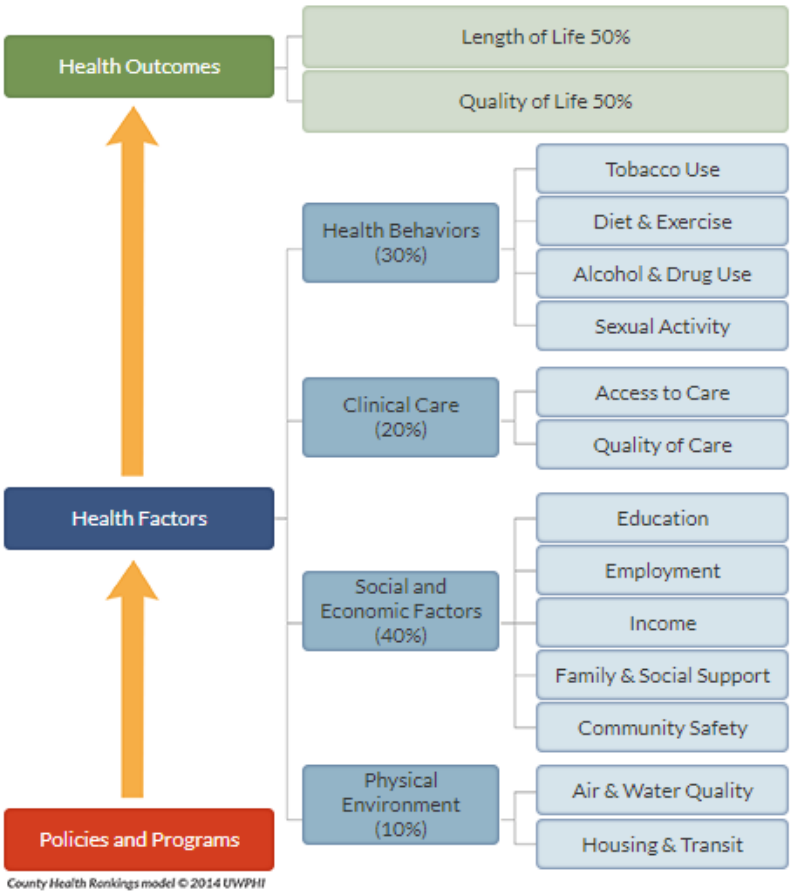
Overview of County Health Rankings

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

Monroe County

The following information is a snapshot of the Monroe 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 Monroe county health department (MCHD) 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.

MONROE COUNTY DEMOGRAPHICS

	County		Georgia	
	Population	**Percent**	**Population**	**Percent**
Population	**27,306**		**10,310,371**	
Below 18 Years of Age	5,625	20.6%	2,515,731	24.4%
65 and Older	4,888	17.9%	1,350,659	13.1%
Non-Hispanic African America	6,253	22.9%	3,206,525	31.1%
American Indian and Alaskan Native	82	0.3%	51,552	0.5%
Asian	273	1.0%	422,725	4.1%
Native Hawaiian/Pacific Islander	0	0%	10,310	0.1%
Hispanic	628	2.3%	969,175	9.4%
Non-Hispanic White	19,770	72.4%	5,505,738	53.4%
Not English Proficient	0	0%	309,311	3.0%
Female	13,735	50.3%	5,289,220	51.3%
Rural	21,899	80.2%	2,567,282	24.9%
MEDIAN INCOME (DOLLARS)	56,625		$51,037	
POVERTY				
TOTAL POPULATION	13.2%		17.8%	
CHILDREN UNDER 18	11.7%		25.4%	
MARRIED-COUPLE FAMILIES	2.5%		9.2%	
SINGLE FEMALE HOUSEHOLDER FAMILIES	33.6%		42.9%	
EDUCATIONAL ATTAINMENT (25 YEARS AND OVER)				
LESS THAN 9TH GRADE	3.6%		5.2%	
9TH TO 12TH GRADE, NO DIPLOMA	12.2%		8.9%	
HIGH SCHOOL GRADUATE (INCLUDES EQUIVALENCY)	35.4%		28.1%	
SOME COLLEGE, NO DEGREE	20.5%		21.0%	
ASSOCIATE'S DEGREE	6.1%		7.4%	
BACHELOR'S DEGREE	12%		18.3%	
GRADUATE OR PROFESSIONAL DEGREE	10.2%		11.1%	

AREA: Strength

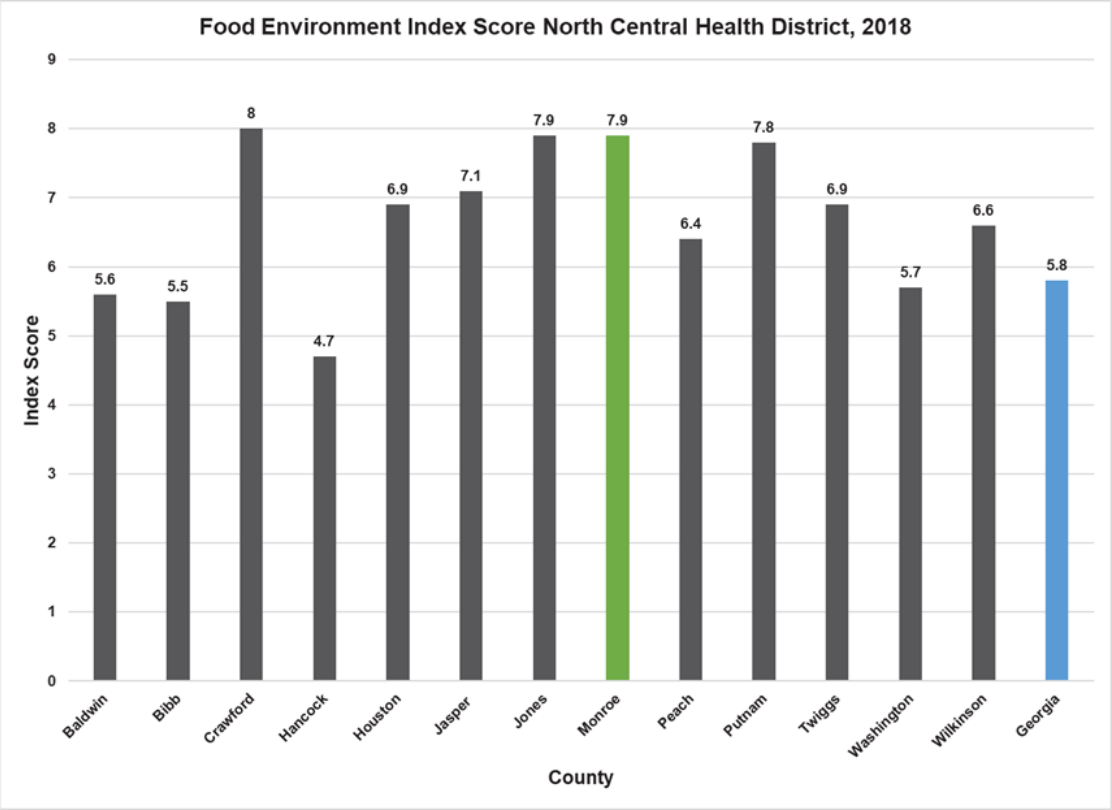
Food Environment Index

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.

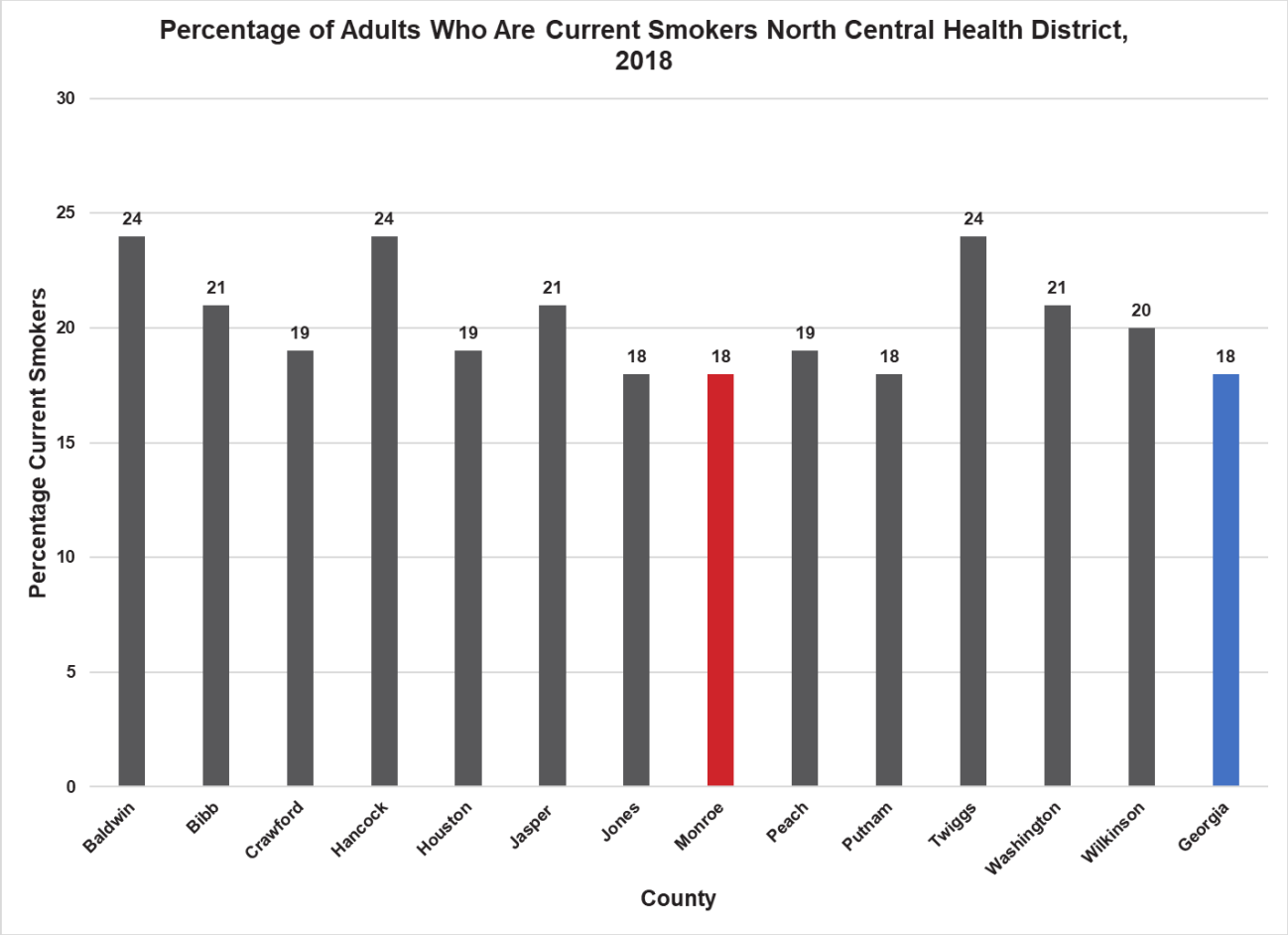
Source: Using the annual USDA Food Security Survey, Feeding America models the relationship between food insecurity and other variables at the state level.



AREA: Explore

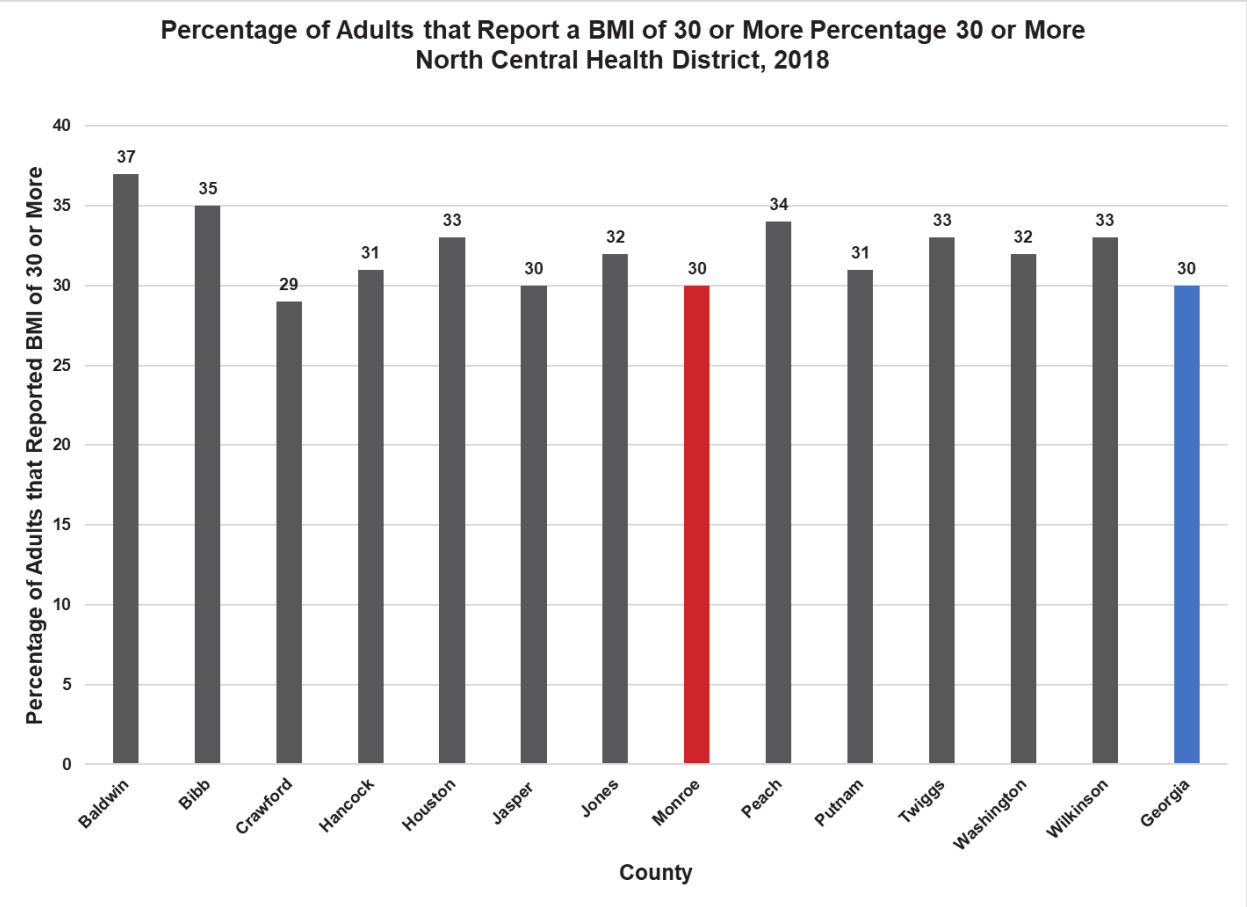
Smoking

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

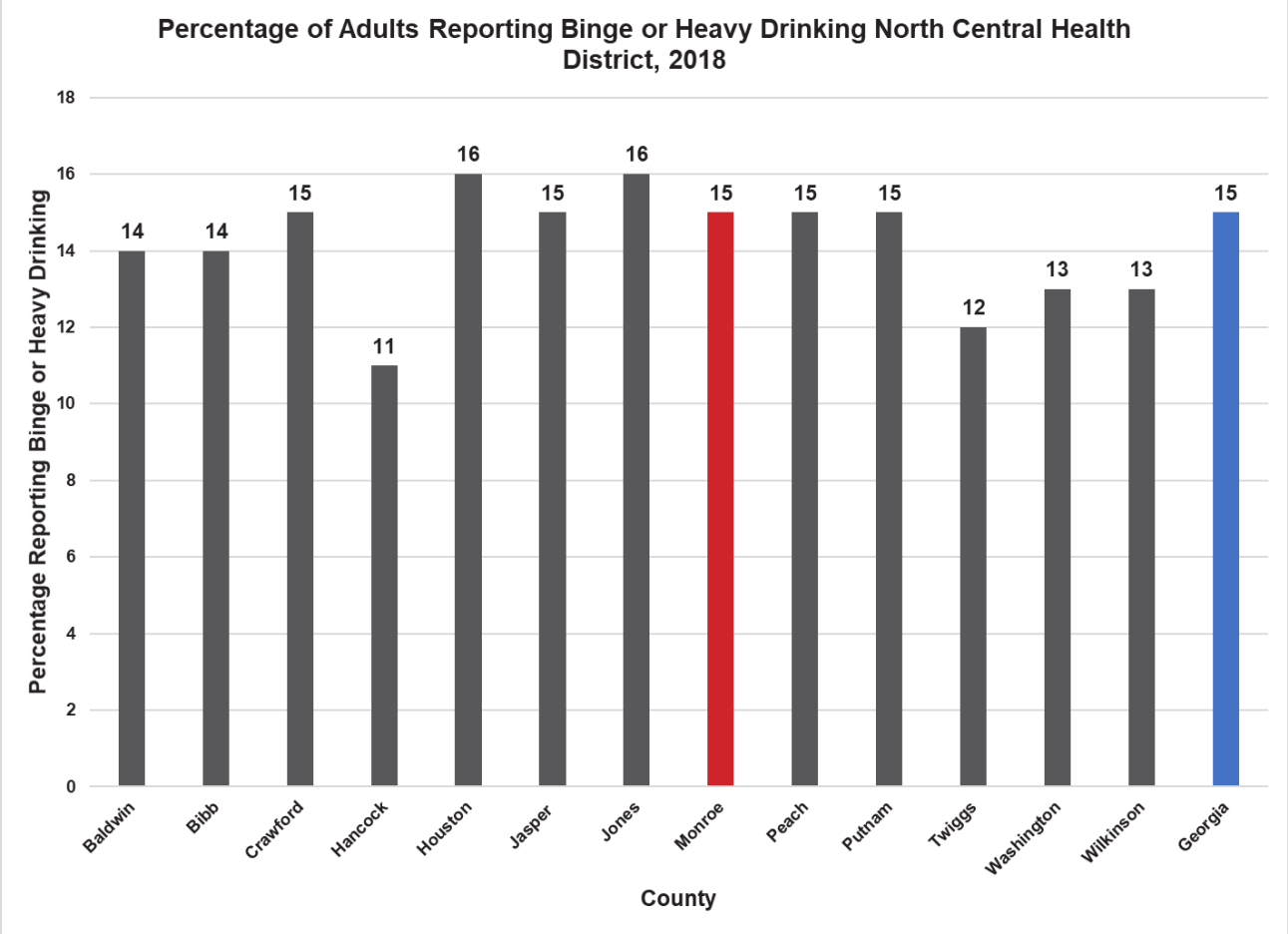
Data Definition: Adult Obesity is the percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2.
Source: The National Diabetes Surveillance System provides county-level estimates of obesity, physical inactivity, and diabetes using three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



Excessive Drinking

Data Definition: Excessive Drinking is the percentage of adults that report either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or 2 (men) drinks per day on average.

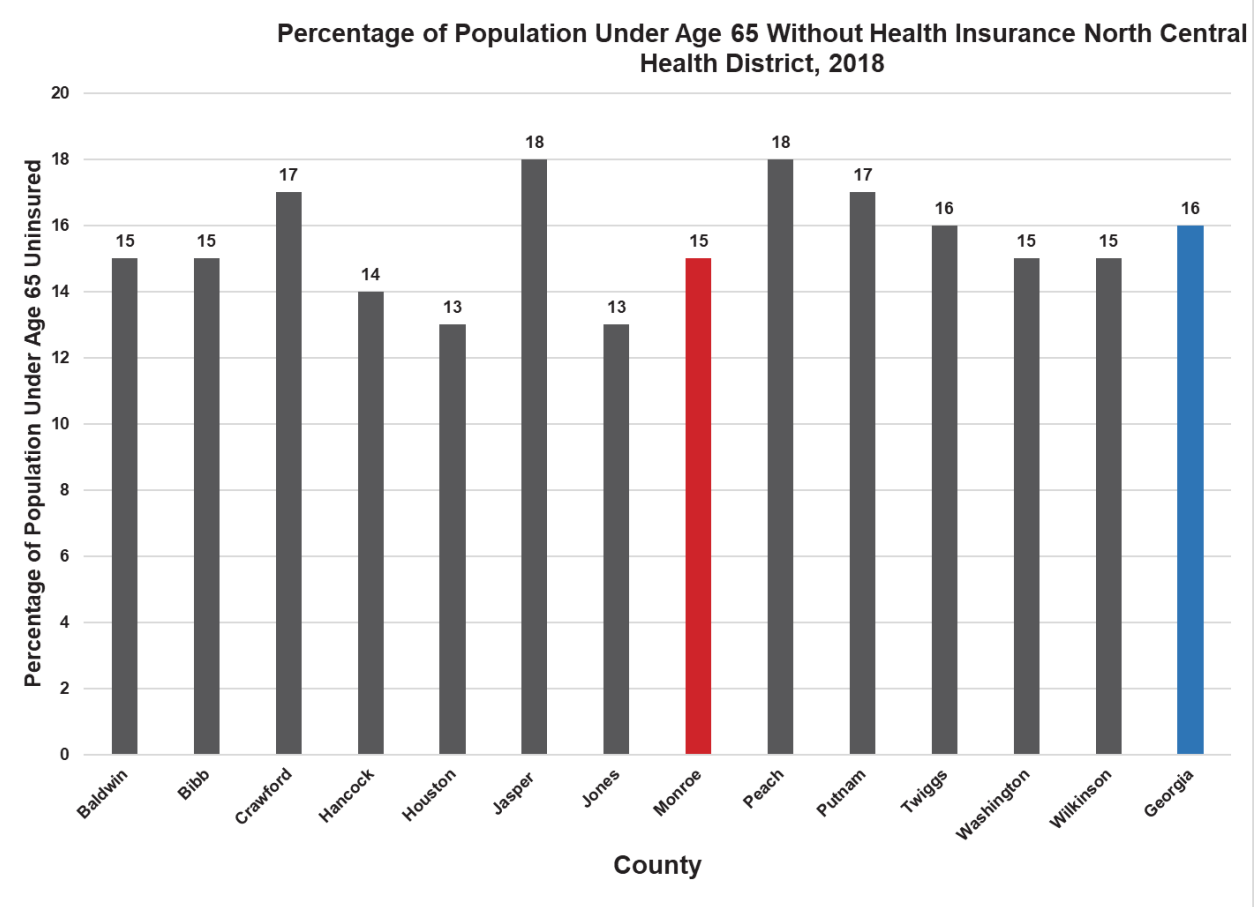
Source: The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based random digit dial (RDD) telephone survey that is conducted annually in all states, the District of Columbia, and U.S. territories. Data obtained from the BRFSS are representative of each state's total non-institutionalized 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.



Uninsured

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

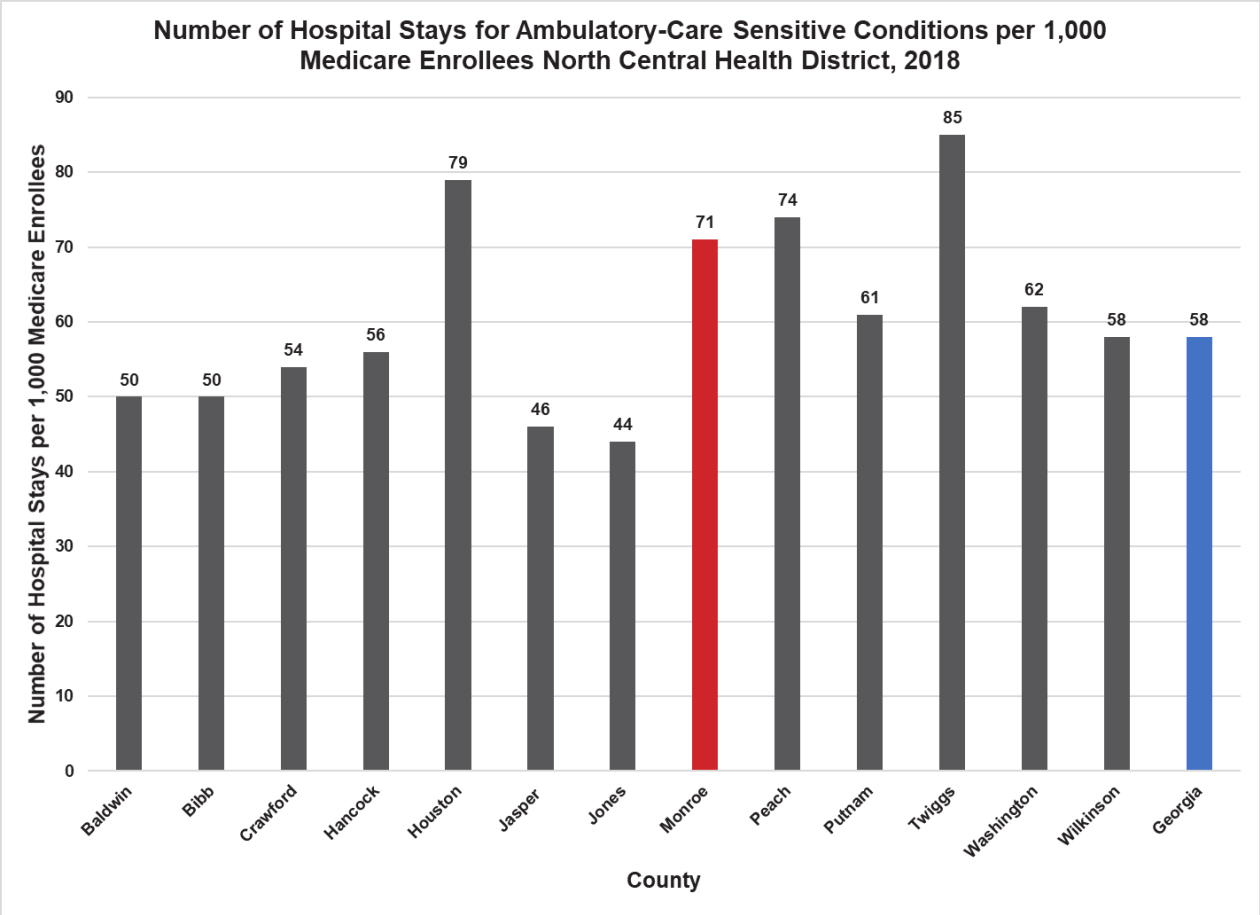
Source: The Small Area Health Insurance Estimates uses the American Community Survey (ACS) definition of insured: Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans: Insurance through a current or former employer or union, insurance purchased directly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



Preventable Hospital Stays

Data Definition: Number of hospital stays for ambulatory-care sensitive conditions per 1,000 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.

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 MCHD and NCHD currently provide health programs and support health improvement policies that provide services that are scientifically supported. Programs currently supported 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. Additional examples are free condom distribution programs throughout the community, long-acting reversible contraception access at low cost, and teen pregnancy prevention programs.

Programs to prevent injury related deaths are also being implemented by the MCHD and NCHD. These programs include pedestrian safety, 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. 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.

To reduce the ambulatory care sensitive condition burden in Monroe County, new chronic disease management programs for diabetes and hypertension have been introduced and improvement to insurance billing practices have been implemented. 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 MCHD 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 MCHD 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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