



Georgia Department of Public Health

North Central Health District

**2018 COUNTY
HEALTH RANKINGS
PEACH COUNTY**

DATA REQUEST

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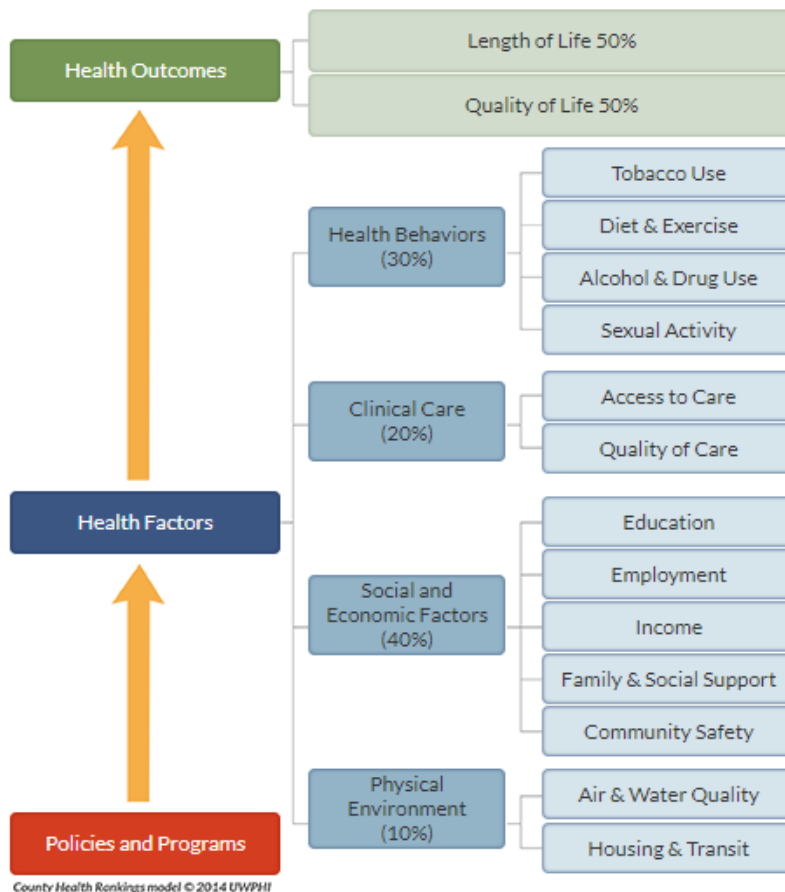
Table of Contents

Overview of North Central Health District Rankings	3
Peach County	4
<i>Demographics</i>	4
<i>AREA: Strength</i>	5
Teen Pregnancy	5
Mammography Screening	6
<i>AREA: Explore</i>	7
Smoking	7
Obesity	8
Alcohol-Impaired Driving Deaths	9
Sexually Transmitted Diseases	10
Uninsured.....	11
Primary Care Physicians	12
Ambulatory Care Sensitive Conditions	13
Violent Crime.....	14
<i>Summary</i>	15

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 explore 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

Peach County

The following information is a snapshot of the Peach 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 Peach county health department (PCHD) 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.

PEACH COUNTY DEMOGRAPHICS

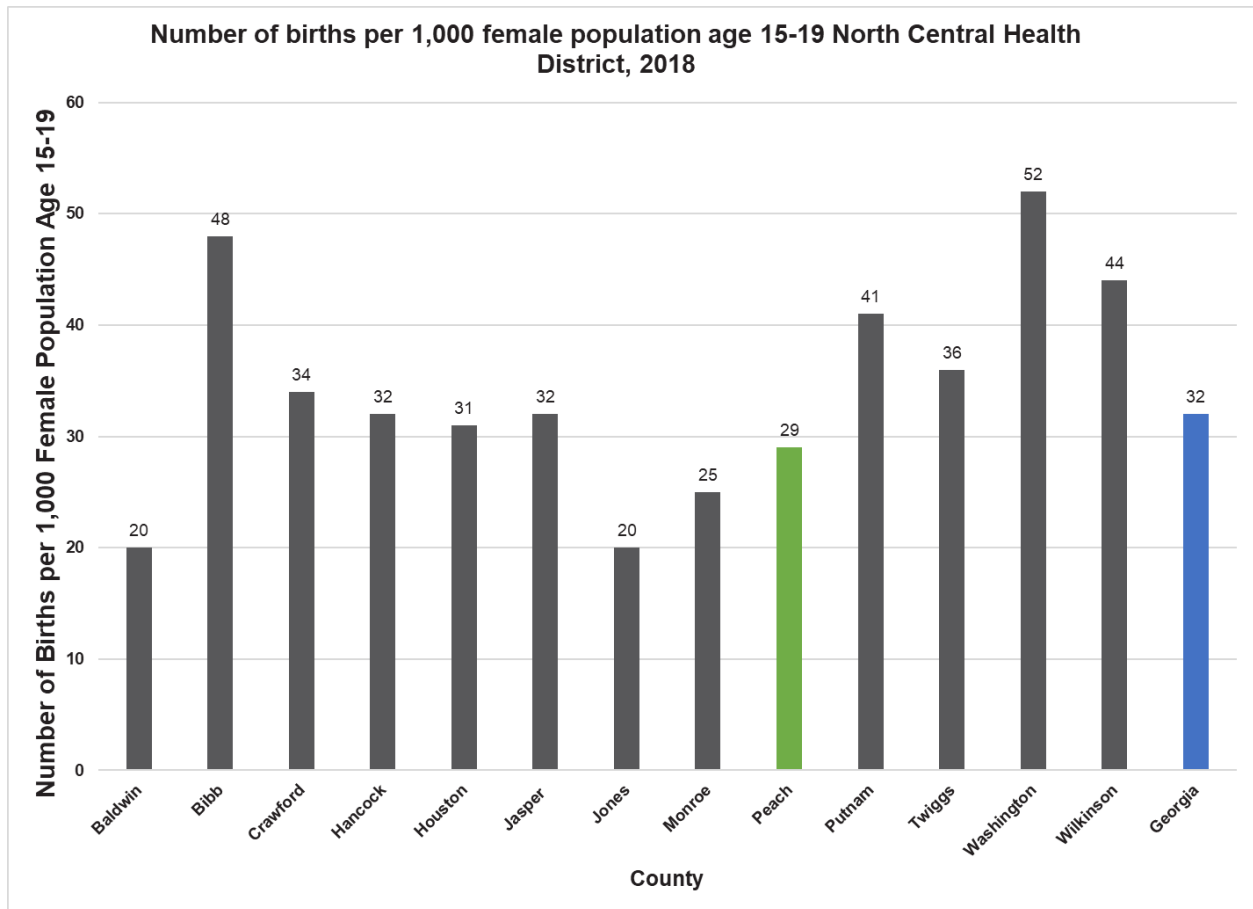
	County		Georgia	
	Population	Percent	Population	Percent
Population	26,655		10,310,371	
Below 18 Years of Age	5,864	22.0%	2,515,731	24.4%
65 and Older	3,838	14.4%	1,350,659	13.1%
Non-Hispanic African America	11,702	43.9%	3,206,525	31.1%
American Indian and Alaskan Native	133	0.5%	51,552	0.5%
Asian	320	1.2%	422,725	4.1%
Native Hawaiian/Pacific Islander	267	0.1%	10,310	0.1%
Hispanic	1,919	7.2%	969,175	9.4%
Non-Hispanic White	12,235	45.9%	5,505,738	53.4%
Not English Proficient	533	2%	309,311	3.0%
Female	13,887	52.1%	5,289,220	51.3%
Rural	10,182	38.2%	2,567,282	24.9%
MEDIAN INCOME (DOLLARS)	\$41,128		\$51,037	
POVERTY				
TOTAL POPULATION	21%		17.8%	
CHILDREN UNDER 18	30.4%		25.4%	
MARRIED-COUPLE FAMILIES	9.5%		9.2%	
SINGLE FEMALE HOUSEHOLDER FAMILIES	51.3%		42.9%	
EDUCATIONAL ATTAINMENT (25 YEARS AND OVER)				
LESS THAN 9 TH GRADE	5.6%		5.2%	
9 TH TO 12 TH GRADE, NO DIPLOMA	9.3%		8.9%	
HIGH SCHOOL GRADUATE (INCLUDES EQUIVALENCY)	30.9%		28.1%	
SOME COLLEGE, NO DEGREE	27%		21.0%	
ASSOCIATE'S DEGREE	7%		7.4%	
BACHELOR'S DEGREE	12%		18.3%	
GRADUATE OR PROFESSIONAL DEGREE	8.2%		11.1%	

AREA: Strength

Teen Pregnancy

Data Definition: Teen Births are the number of births per 1,000 female population, ages 15-19.

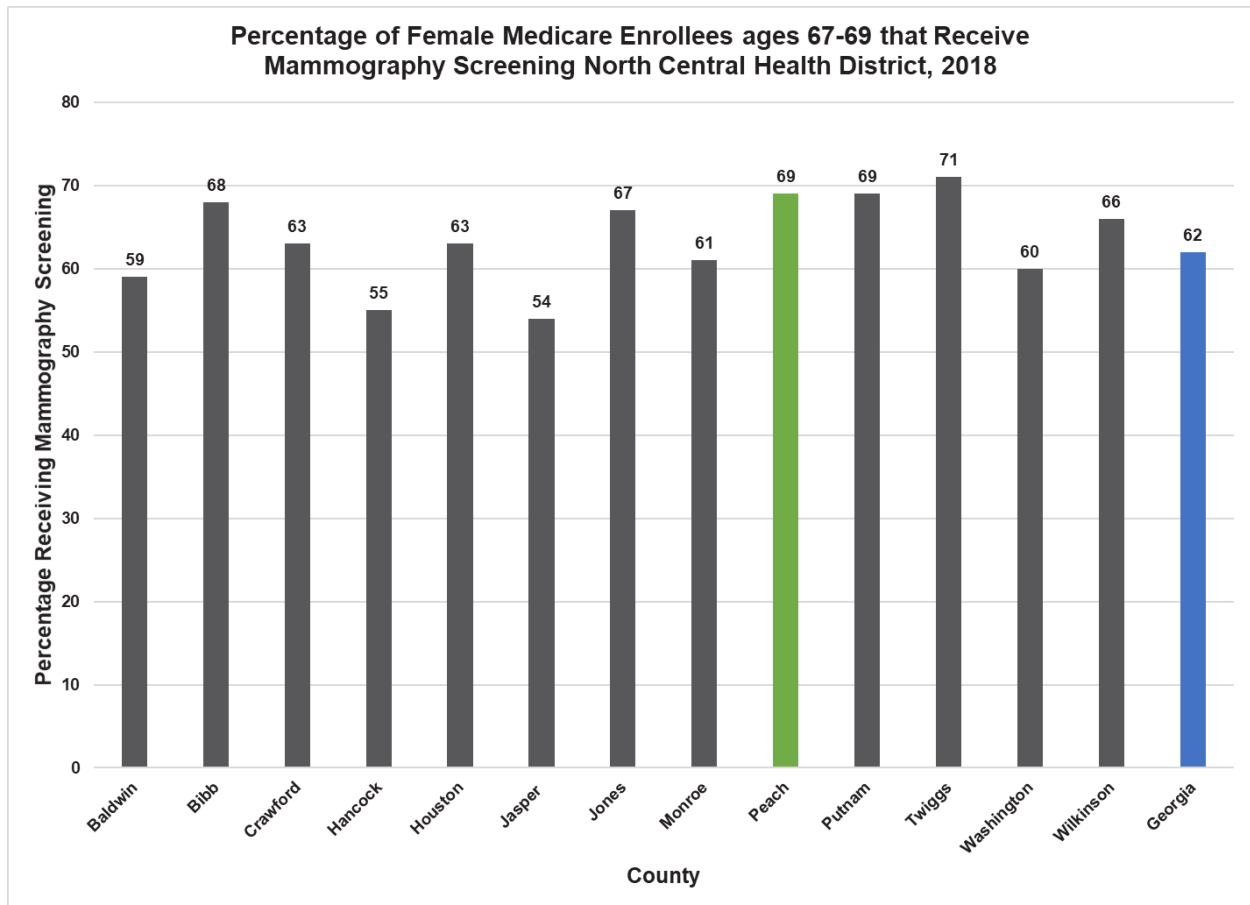
Source: Data on deaths and births were provided by NCHS and drawn from the National Vital Statistics System (NVSS). These data are submitted to the NVSS by the vital registration systems operated in the jurisdictions legally responsible for registering vital events (i.e., births, deaths, marriages, divorces, and fetal deaths).



Mammography Screening

Data Definition: Mammography Screening is the percentage of female fee-for-service Medicare enrollees age 67-69 that had at least one mammogram over a two-year period.

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.

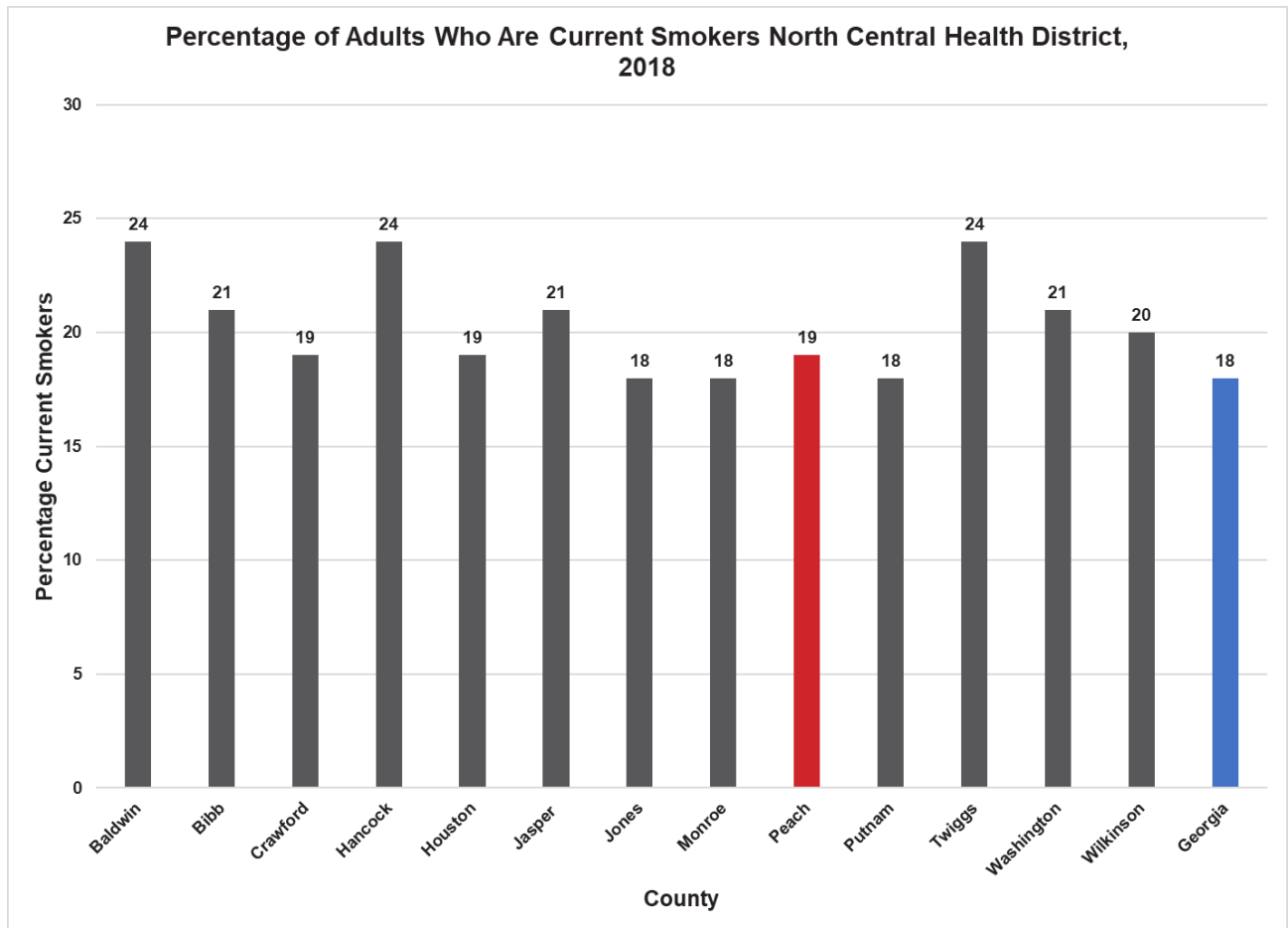


AREA: Explore

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.

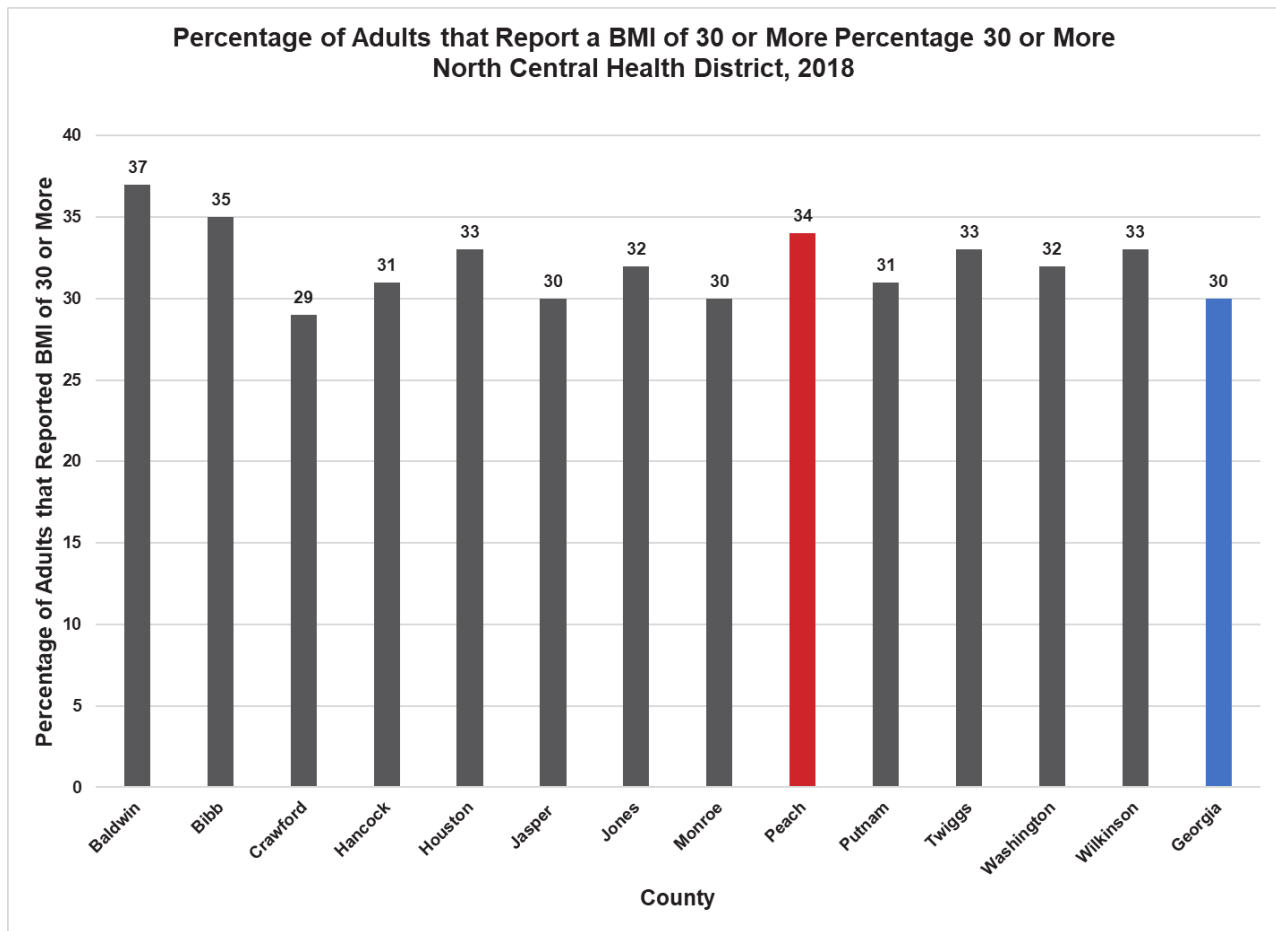
Source: The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based random digit dial (RDD) telephone survey that is conducted annually in all states, the District of Columbia, and U.S. territories. Data obtained from the BRFSS are representative of each state's total non-institutionalized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

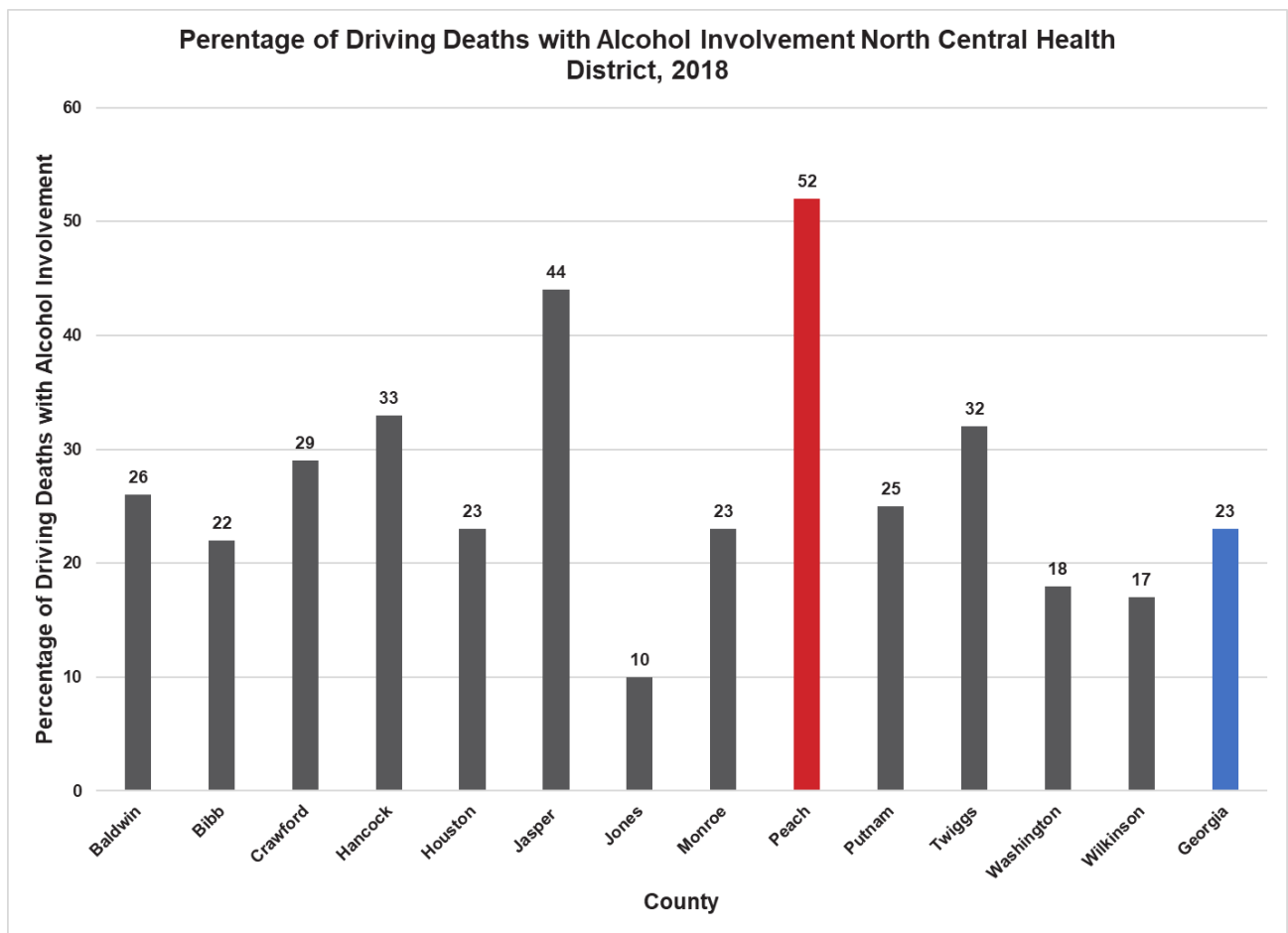
Source: The National Diabetes Surveillance System provides county-level estimates of obesity, physical inactivity, and diabetes using three years of data from CDC's Behavioral Risk Factor Surveillance System (BRFSS) and data from the U.S. Census Bureau's Population Estimates Program. The county-level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



Alcohol-Impaired Driving Deaths

Data Definition: Alcohol-Impaired Driving Deaths is the percentage of motor vehicle crash deaths with alcohol involvement.

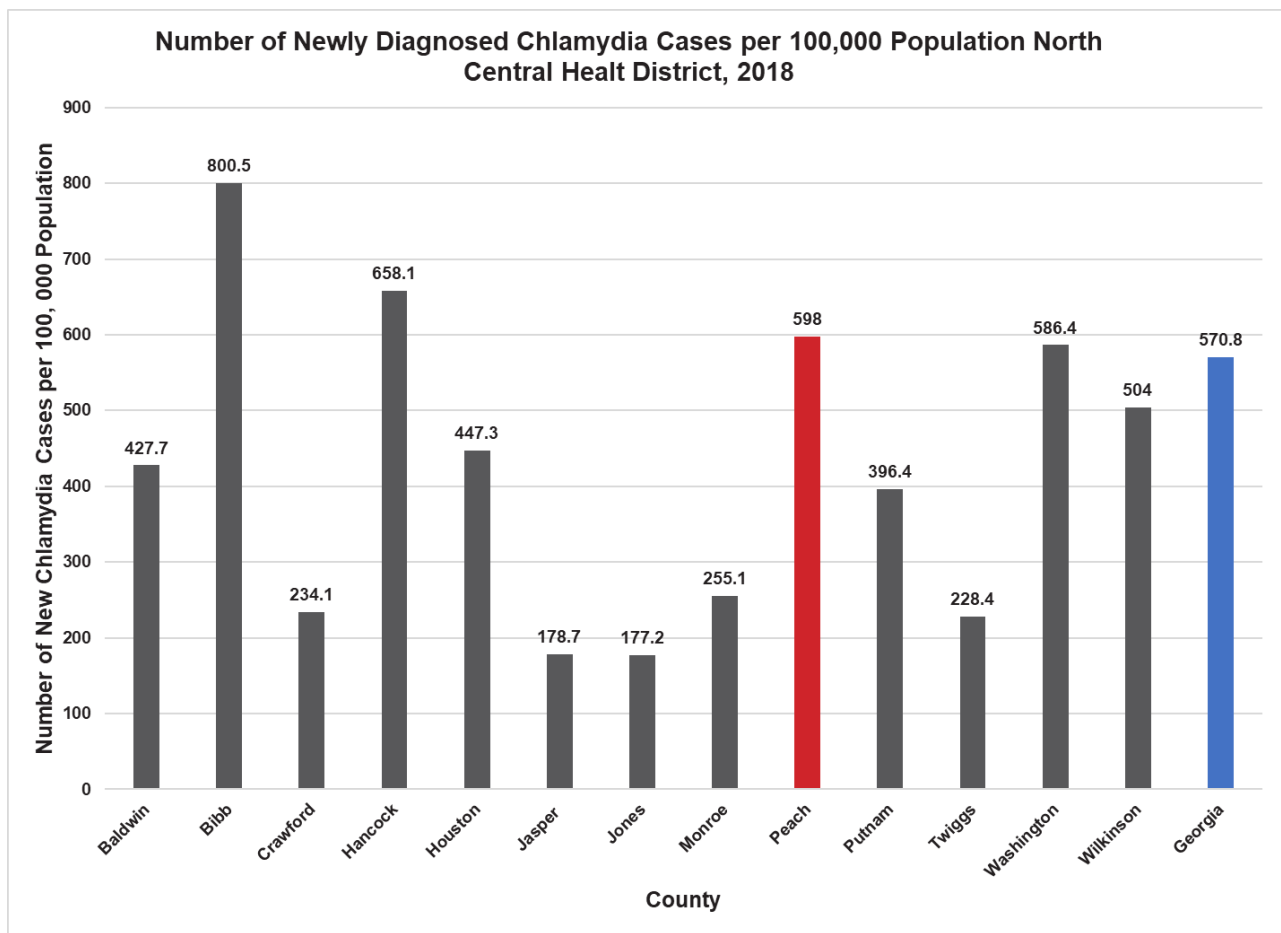
Source: FARS is a census of fatal motor vehicle crashes with a set of data files documenting all qualifying fatalities that occurred within the 50 States, the District of Columbia, and Puerto Rico since 1975. To qualify as a FARS case, the crash had to involve a motor vehicle traveling on a trafficway customarily open to the public, and must have resulted in the death of a motorist or a non-motorist within 30 days of the crash.



Sexually Transmitted Diseases

Data Definition: Sexually Transmitted Diseases are measured as the Chlamydia incidence (number of new cases reported) per 100,000 population.

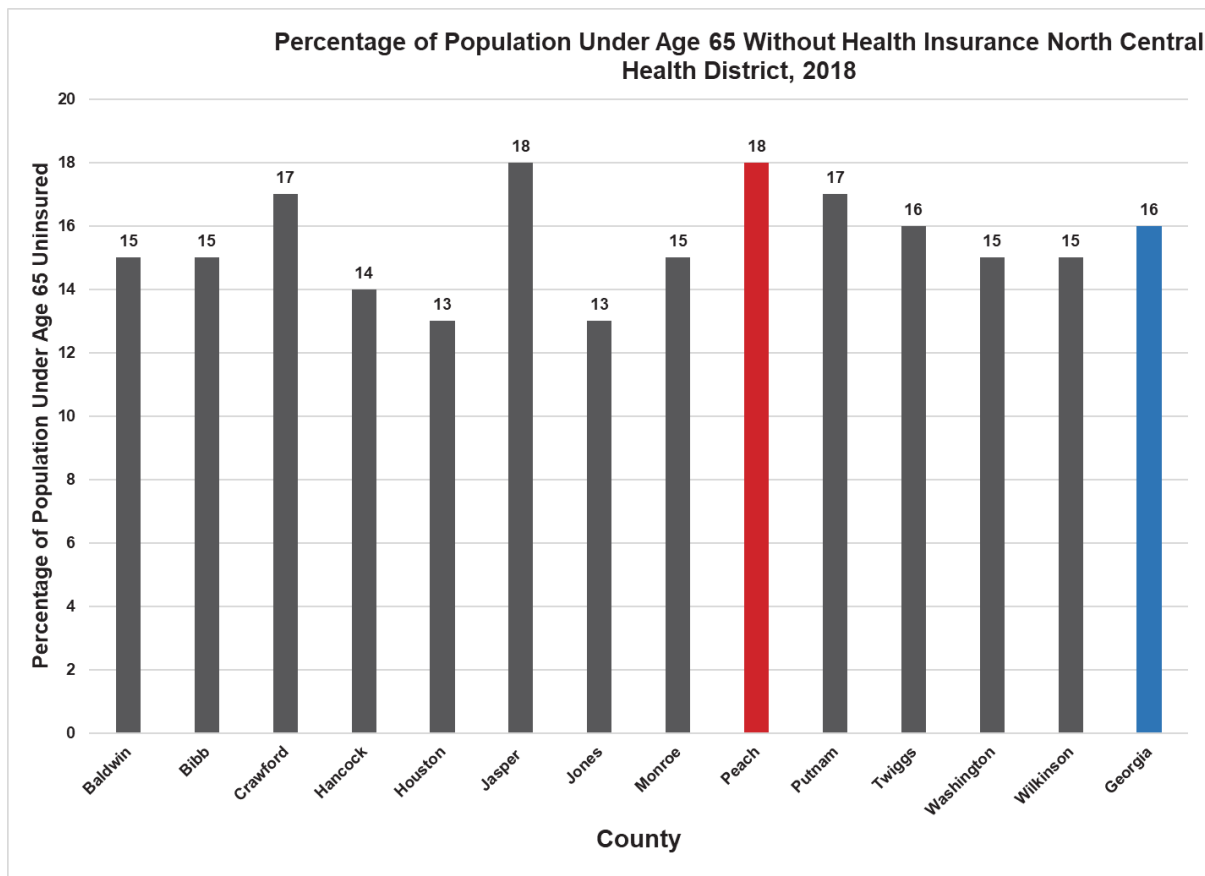
Source: Data on sexually transmitted infections were provided by the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP). The NCHHSTP is responsible for public health surveillance, prevention research, and programs to prevent and control human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS), other sexually transmitted diseases (STDs), viral hepatitis, and tuberculosis (TB).



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.

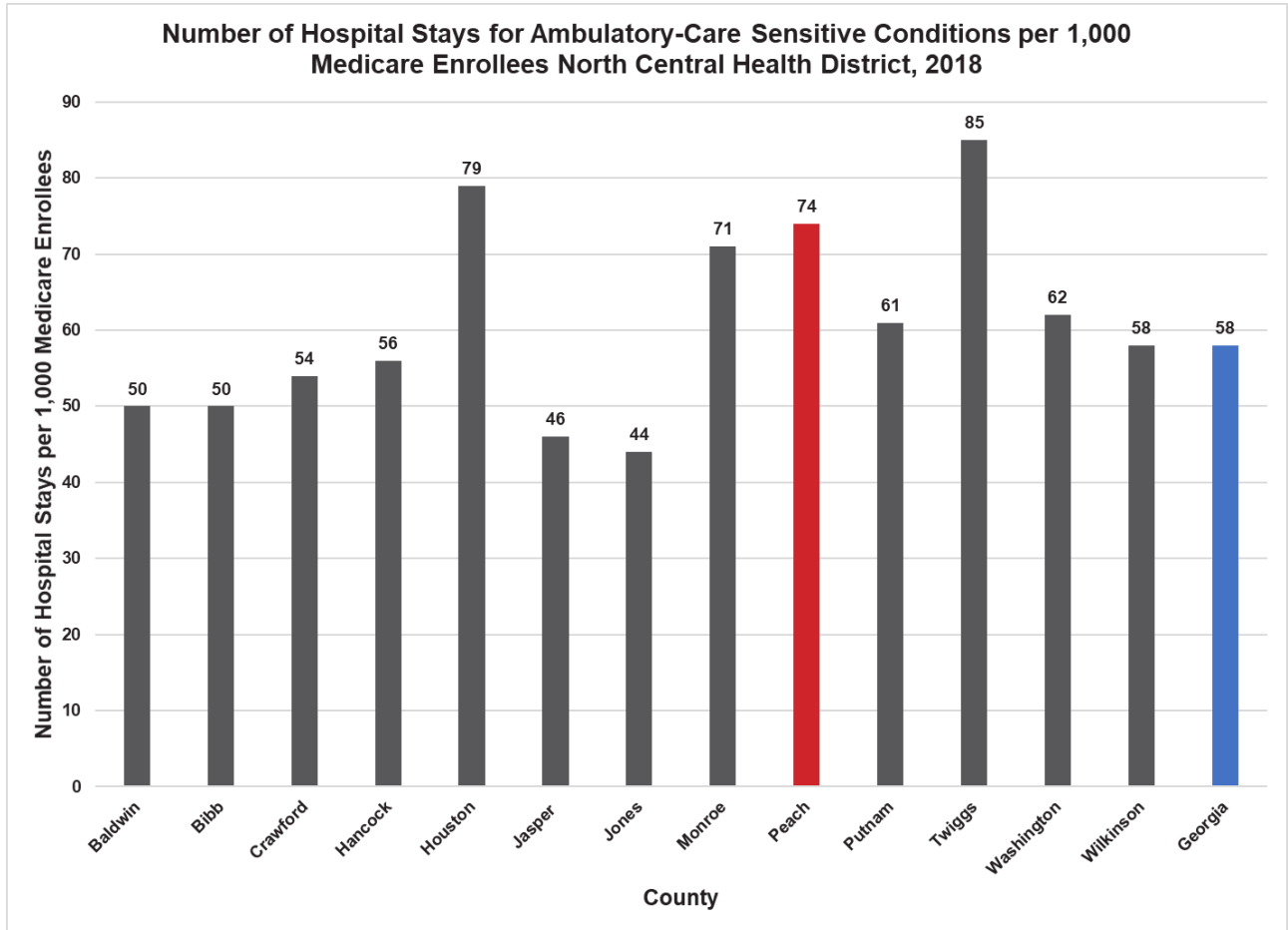
Source: The Area Health Resource File is a collection of data from more than 50 sources, including: the American Medical Association, American Hospital Association, US Census Bureau, Centers for Medicare & Medicaid Services, Bureau of Labor Statistics, and National Center for Health Statistics.

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

Ambulatory Care Sensitive Conditions

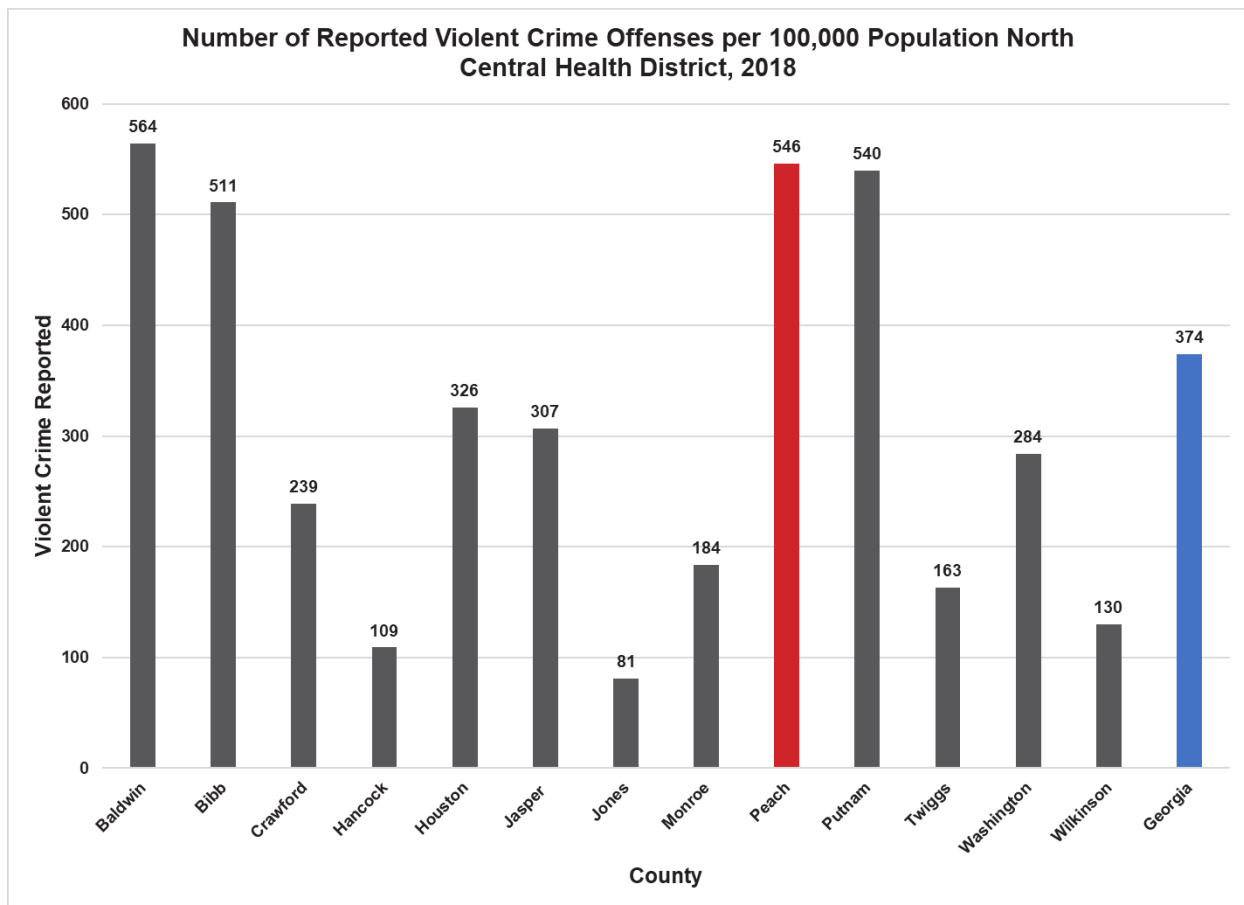
Data Definition: Preventable Hospital Stays is the hospital discharge rate for ambulatory care-sensitive conditions per 1,000 fee-for-service Medicare enrollees. Ambulatory care-sensitive conditions include: convulsions, chronic obstructive pulmonary disease, bacterial pneumonia, asthma, congestive heart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



Violent Crime

Data Definition: Violent Crime is the number of violent crimes reported per 100,000 population. Violent crimes are defined as offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, rape, robbery, and aggravated assault.

Source: The Uniform Crime Reporting (UCR) Program was conceived in 1929 by the International Association of Chiefs of Police to meet a need for reliable, uniform crime statistics for the nation. In 1930, the FBI was tasked with collecting, publishing, and archiving those statistics. Today, several annual statistical publications, such as the comprehensive Crime in the United States, are produced from data provided by nearly 17,000 law enforcement agencies across the United States. The County Health Rankings use data from the County-Level Detailed Arrest and Offense Data report.



Summary

The PCHD 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 PCHD 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 Peach 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 PCHD 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 PCHD 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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