



## DATA REQUEST

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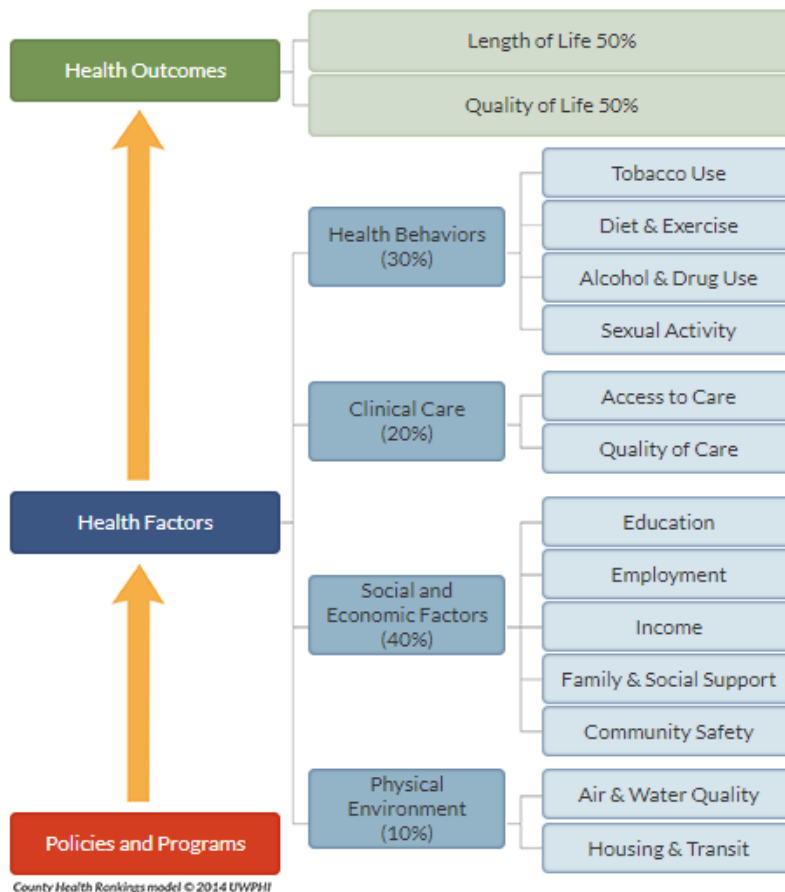
## Table of Contents

Overview of County Health Rankings.....	2
Overview of North Central Health District Rankings.....	3
Putnam County .....	3
Demographics .....	4
AREA: Strength .....	5
AREA: Explore.....	7
References.....	<b>Error! Bookmark not defined.</b>

## 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.

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

## Putnam County

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

### Demographics

#### PUTNAM COUNTY DEMOGRAPHICS

	County		Georgia	
	Population	Percent	Population	Percent
<b>Population</b>	<b>21,477</b>		<b>10,310,371</b>	
<b>Below 18 Years of Age</b>	4,446	20.7%	2,515,731	24.4%
<b>65 and Older</b>	4,854	22.6%	1,350,659	13.1%
<b>Non-Hispanic African American</b>	5,670	26.4%	3,206,525	31.1%
<b>American Indian and Alaskan Native</b>	107	0.5%	51,552	0.5%
<b>Asian</b>	129	0.6%	422,725	4.1%
<b>Native Hawaiian/Pacific Islander</b>	64	0.3%	10,310	0.1%
<b>Hispanic</b>	1,417	6.6%	969,175	9.4%
<b>Non-Hispanic White</b>	14,003	65.2%	5,505,738	53.4%
<b>Not English Proficient</b>	859	4%	309,311	3.0%
<b>Female</b>	11,039	51.4%	5,289,220	51.3%
<b>Rural</b>	17,375	80.9%	2,567,282	24.9%
<b>MEDIAN INCOME (DOLLARS)</b>	\$45,762		\$51,037	
<b>POVERTY</b>				
TOTAL POPULATION	17.8%		17.8%	
CHILDREN UNDER 18	26.4%		25.4%	
MARRIED-COUPLE FAMILIES	5.4%		9.2%	
SINGLE FEMALE HOUSEHOLDER FAMILIES	52.1%		42.9%	
<b>EDUCATIONAL ATTAINMENT (25 YEARS AND OVER)</b>				
LESS THAN 9 <sup>TH</sup> GRADE	5.3%		5.2%	
9 <sup>TH</sup> TO 12 <sup>TH</sup> GRADE, NO DIPLOMA	10.7%		8.9%	
HIGH SCHOOL GRADUATE (INCLUDES EQUIVALENCY)	38.2%		28.1%	
SOME COLLEGE, NO DEGREE	19.9%		21.0%	
ASSOCIATE'S DEGREE	7.7%		7.4%	
BACHELOR'S DEGREE	12.3%		18.3%	
GRADUATE OR PROFESSIONAL DEGREE	6%		11.1%	

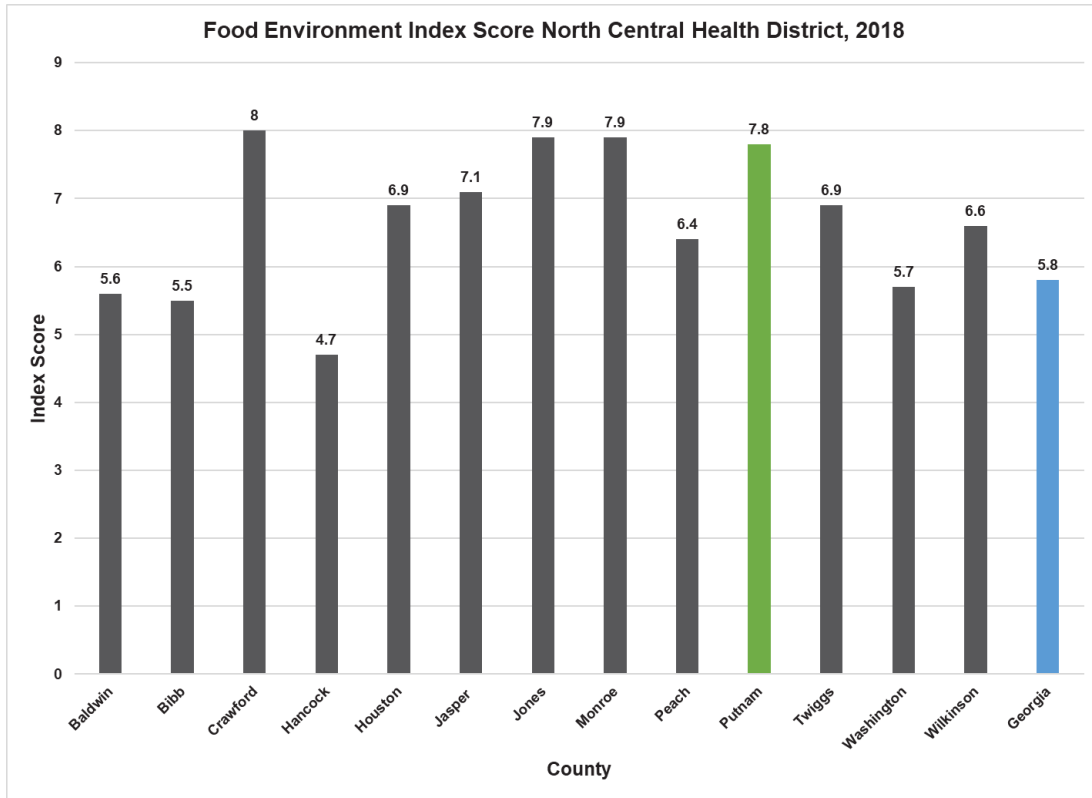
## ***AREA: Strength***

### **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.

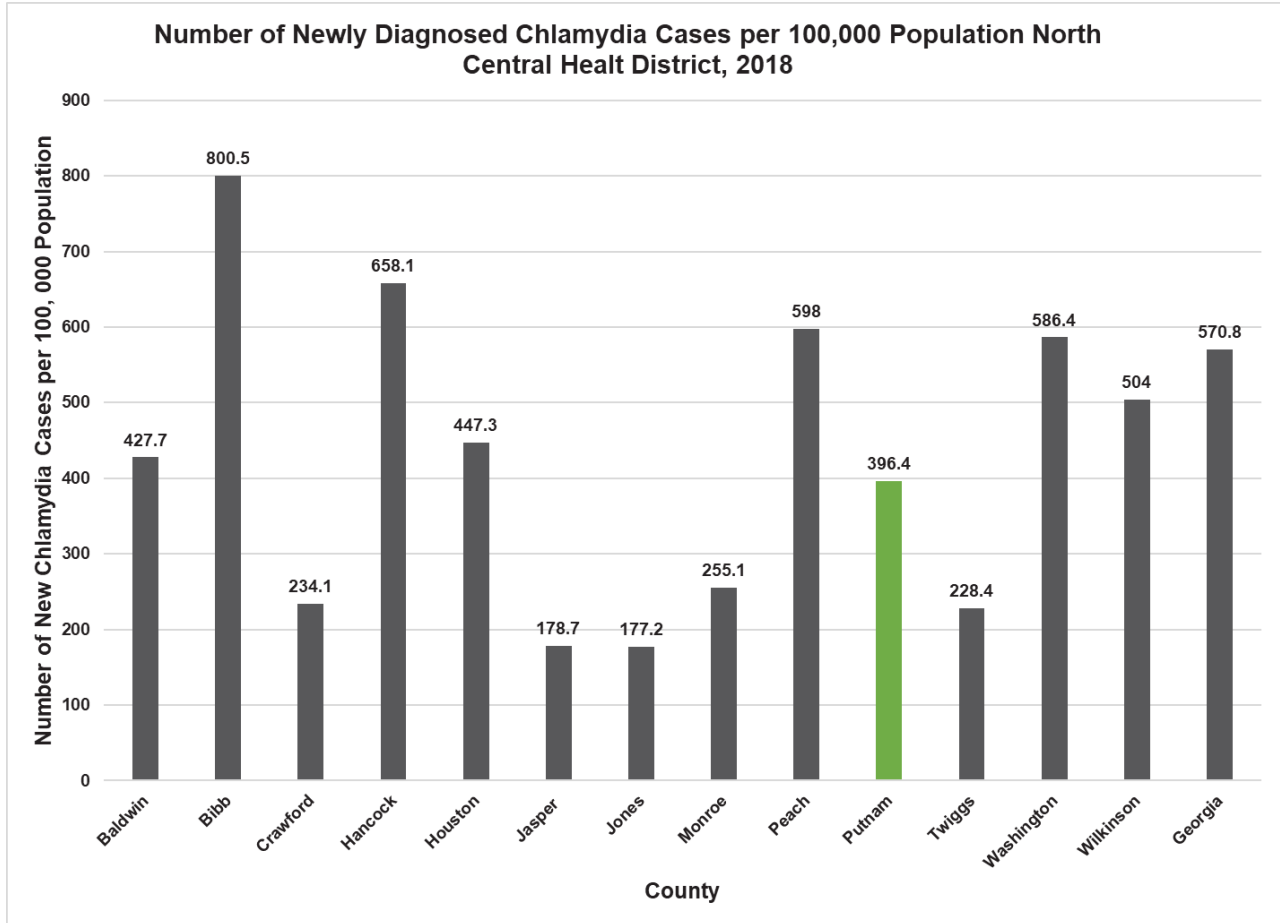
Source: Using the annual USDA Food Security Survey, Feeding America models the relationship between food insecurity and other variables at the state level.



### 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).



**AREA: Explore**

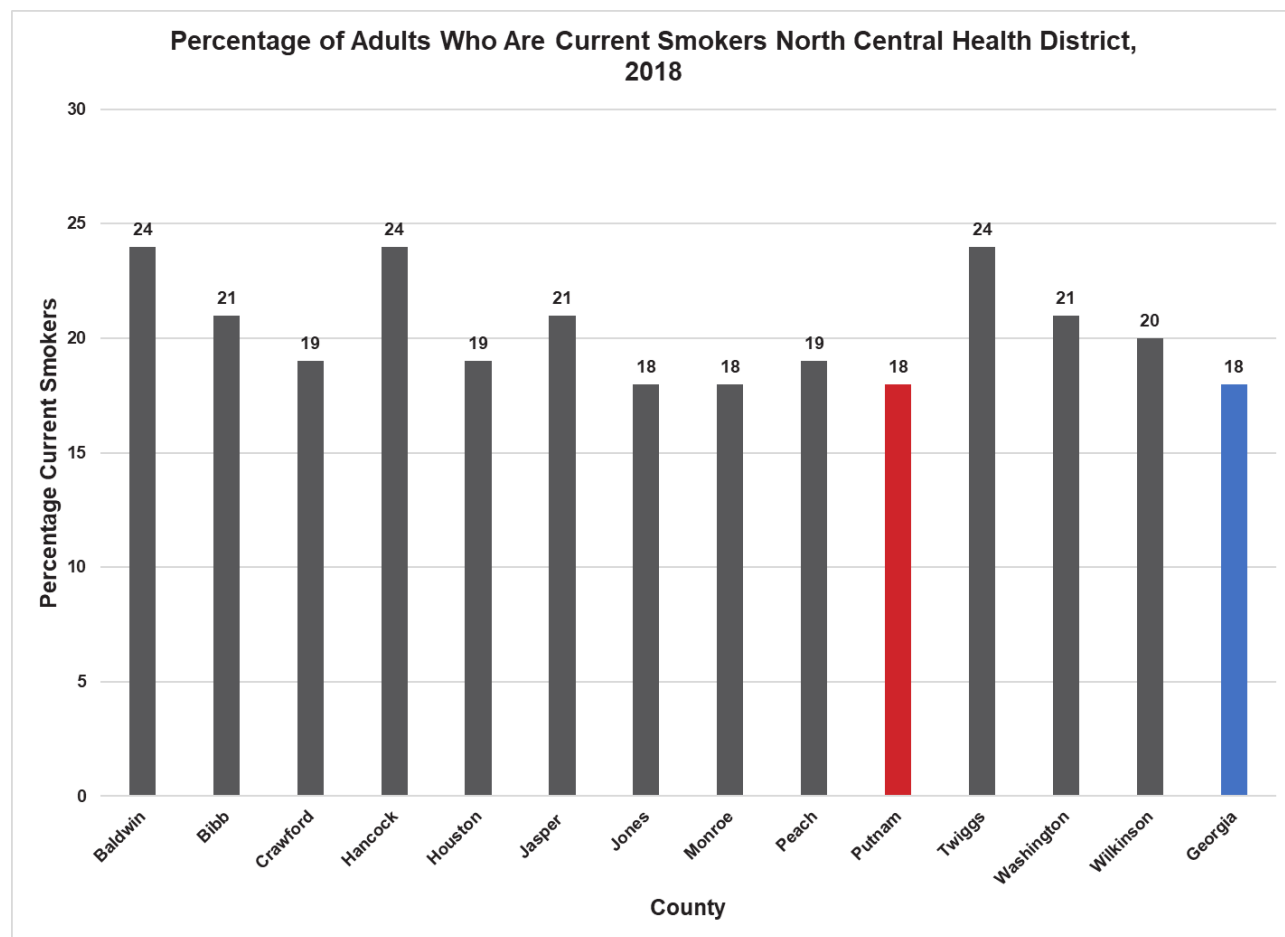
**Smoking**

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



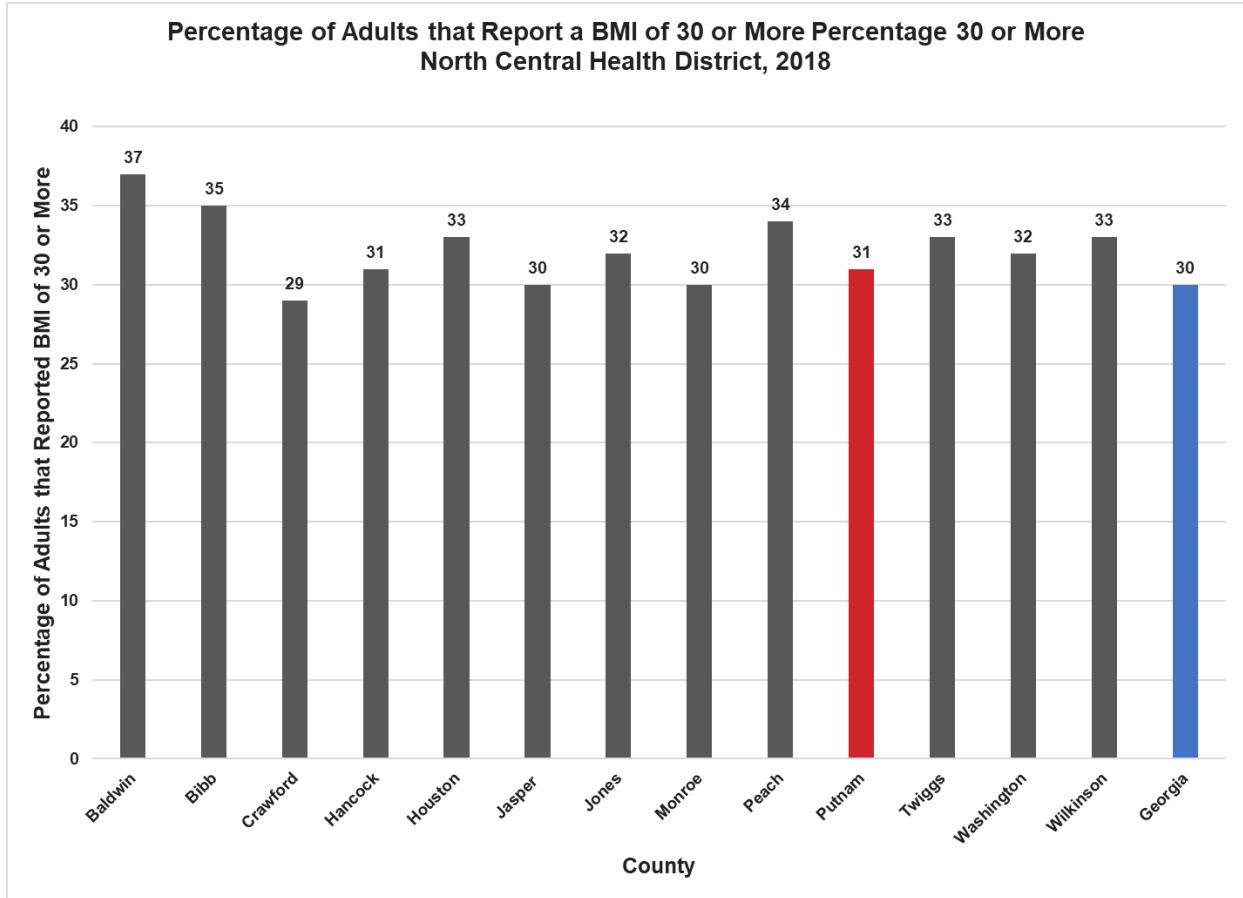
cellphones since 2011. Data are weighted using iterative proportional fitting (also called "raking") methods to reflect population distributions.



## 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/m<sup>2</sup>.

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.

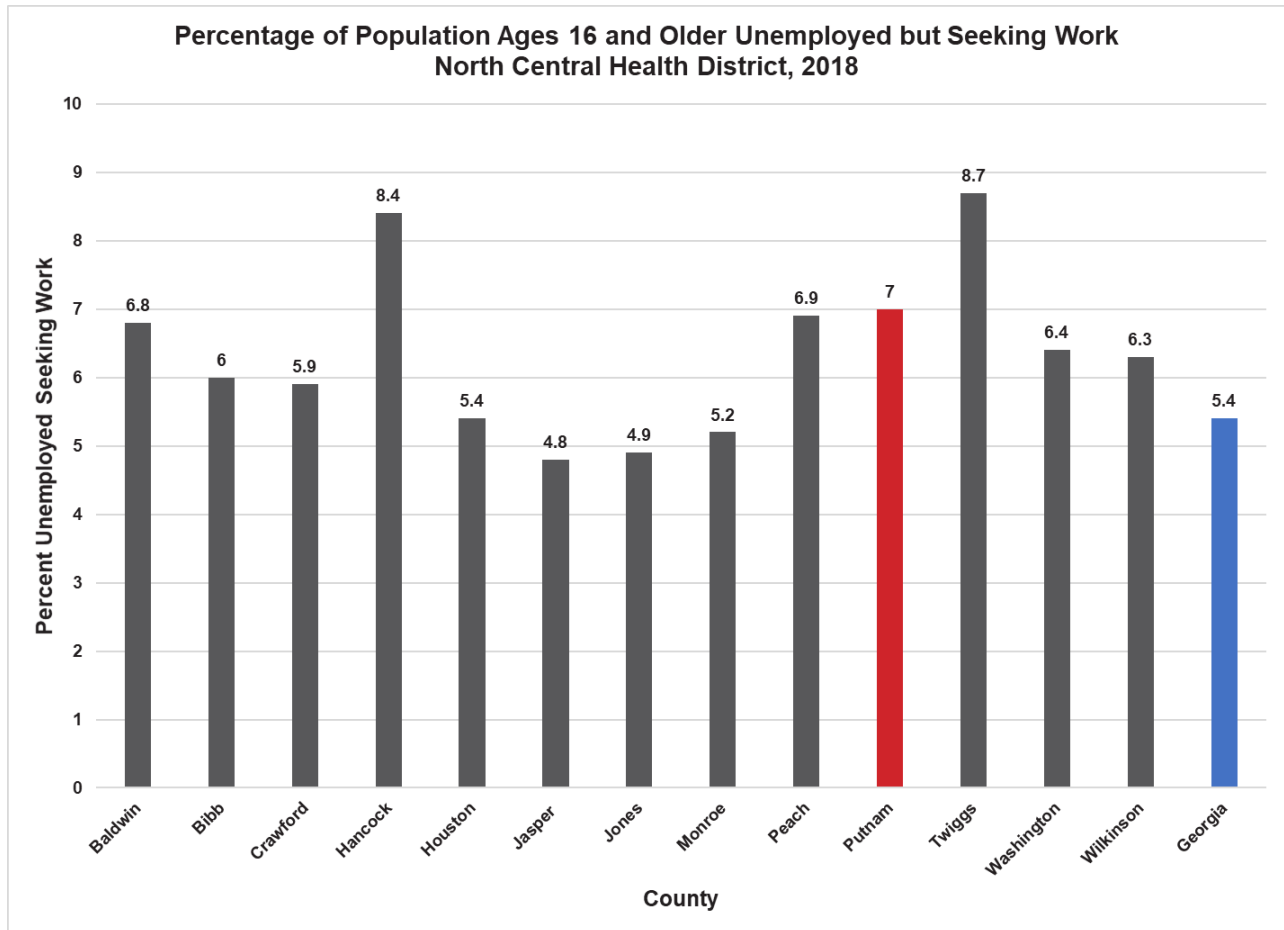


## Unemployment

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

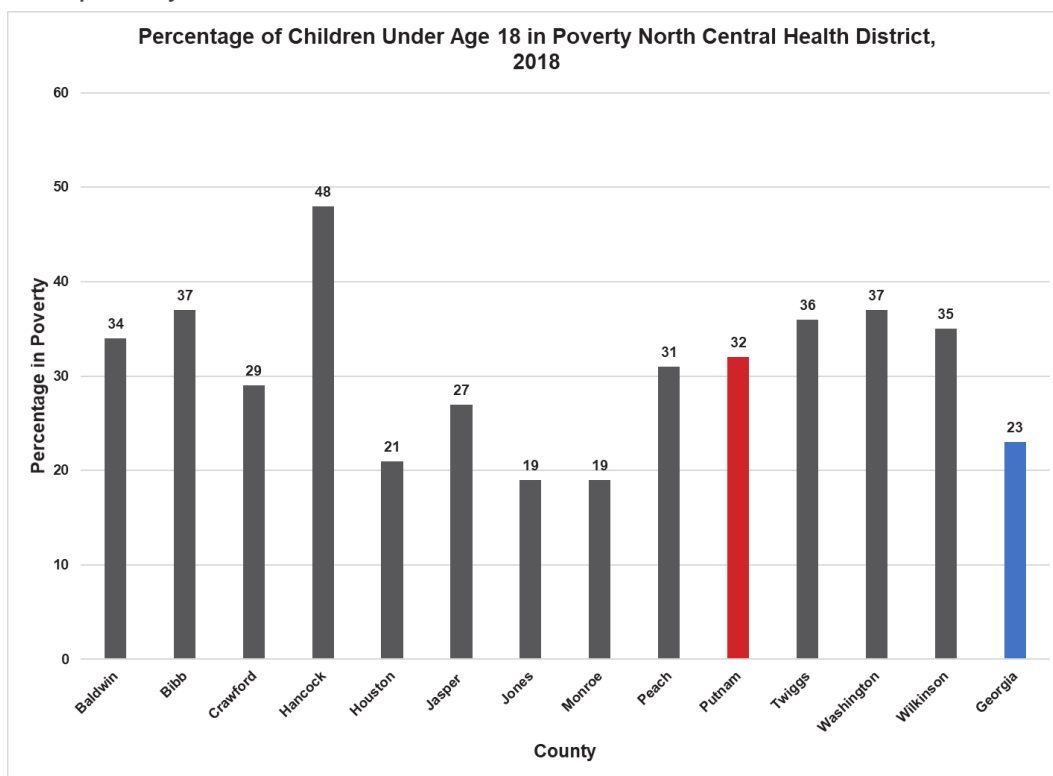
signal-plus-noise time-series model for states, the District of Columbia, and some substate areas; (2) a building block approach referred to as the Handbook procedure for labor market areas; and (3) disaggregation procedures for many counties and virtually all cities.



## 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.

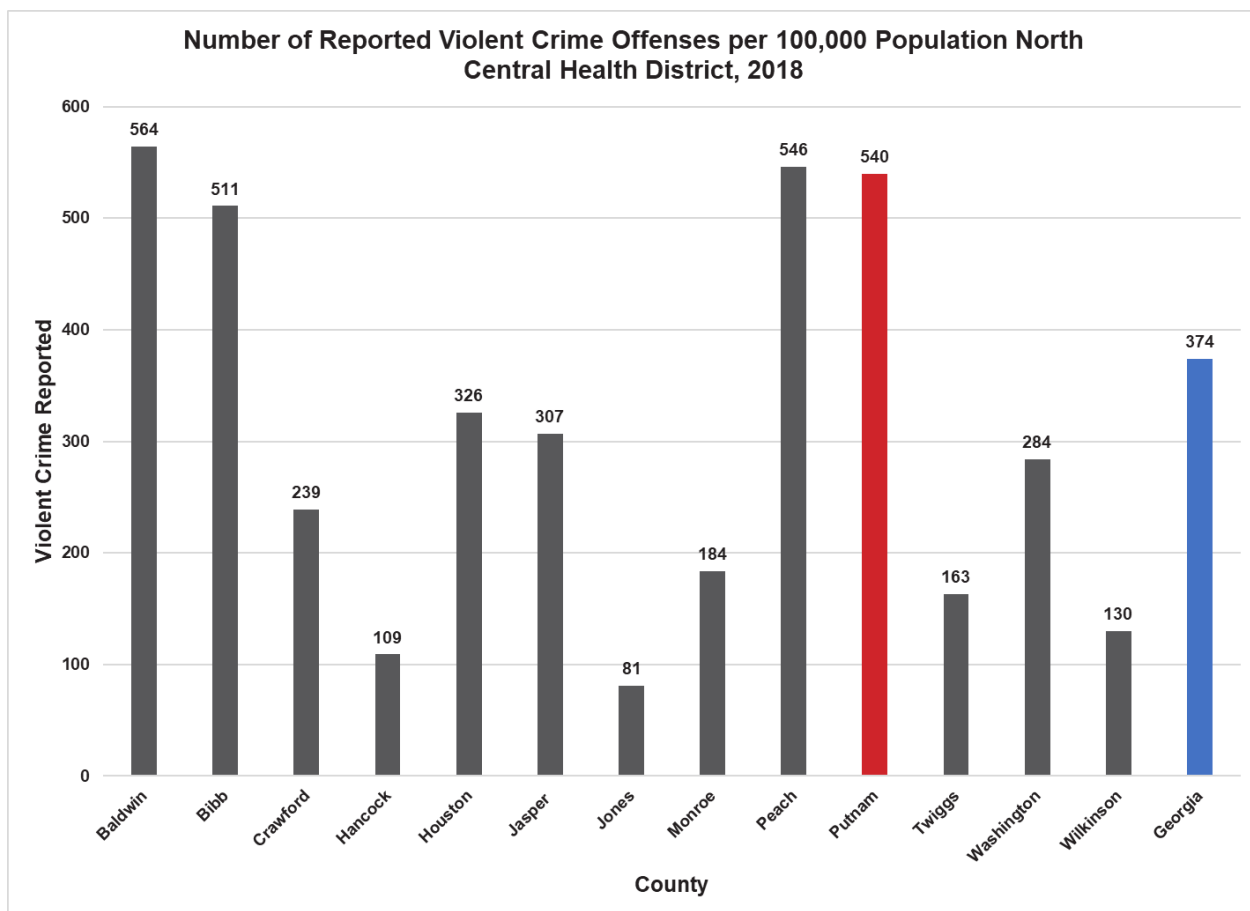


### Violent Crime

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 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.

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

CHR&R. (2018). *County Health Rankings*. Retrieved from  
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