



Georgia Department of Public Health

Health of Georgia:

*Data resources and information available from the
Department of Public Health*

**Jean O'Connor, JD, DrPH
Chronic Disease Prevention Director
Georgia Department of Public Health**



We Protect Lives.

Leading Causes of Death in Georgia


1	Heart disease
2	Cancer
3	Chronic lower respiratory diseases
4	Stroke
5	Unintentional injuries
6	Alzheimer's
7	Diabetes
8	Kidney disease
9	Influenza and pneumonia
10	Septicemia
11	Suicide
12	Hypertension
13	Chronic liver disease and cirrhosis
14	Homicide
15	HIV

Source: NCHS, 2014

Chronic Disease in Georgia

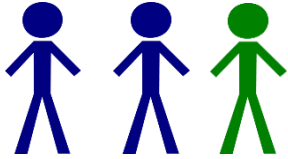
- **Georgia has a high burden of chronic disease, which has significant health, economic, and social consequences.**
- Georgia is **ranked in the bottom 1/3 of all states** for health outcomes overall, although improving
- **Significant geographic disparities in health outcomes** as well as across race, ethnicity, age, and income.
 - Common predictors of poor outcomes
 - However, we do not see the same patterns of all chronic diseases geographically
 - Two counties side-by-side with very different outcomes
- Over **5 million cases of seven common chronic diseases** were present among Georgia residents in 2010
- More than **33,000 people a year die in Georgia** due to CVD and cancer alone.
 - That's 90 people every day.
 - Or, about six 747s crashing every month at Hartsfield-Jackson.
 - **Most of that is driven by tobacco use**
- All told, ***preventable and controllable* chronic diseases result in costs to Georgia of approximately \$40 billion dollars each year.**

Per Person Share of the Total Costs of Chronic Disease in Georgia



\$4,000

Modifiable Risk Factors



2 out of 3 of Georgia adults are obese or overweight



1 out of 4 do not achieve the recommended levels of physical activity



4 out of 5 do not eat the recommended servings vegetables



1 of 5 adults smoke

Public Health Data Sources

Data Source	Description
BRFSS	Stratified random digit-dial telephone survey of a sample of Georgia residents 18 years+. Limited reach to without telephone, or in barracks, institutions, or extended care facilities. Self-reported.
ED Visits	Emergency room visits to non-Federal acute care inpatient facilities. Visits include people both living and who have died <u>but not those admitted as an inpatient to a hospital</u> . Causes are based on the principal diagnosis, except in cases where an External (E-code) cause supersedes the principal diagnosis.
Hospital Discharge Data	Inpatients discharged from non-Federal acute-care inpatient facilities. Only discharges of Georgia residents who were seen in a Georgia facility are included. Persons can be counted more than once if readmitted. Causes are based on the principal diagnosis, except in cases where an External (E-code) cause supersedes the principal diagnosis.
Mortality Data	Annual death vital statistics for Georgia obtained from the DPH Health Planning and Assessment (HPA) standardized data repository. Mortality is examined by age, race, and sex, based on ICD-9 code 493 and ICD-10 codes J45-J46 as the primary cause of death. Death rates are age-adjusted to the 2000 US standard population.
YRBS	A self-administered survey of samples of public middle and high school students in Georgia. Does not include attend private schools home schooled, or not attend school at all. Not available every year.
SHP	Survey of school administrators completed by middle and high schools statewide. Survey transferred to DPH in 2013
YTS	A self-administered survey of samples of public middle and high school students in Georgia. Survey does not include school-aged youth attending private schools, home schooled, or do not attend school.
ATS	It is a random-digit dialed telephone survey of non-institutionalized adults aged 18 years and older on tobacco use, smoking cessation, secondhand smoke exposure, risk perception and social influences, health influences, and tobacco-related policies.

Online Analytic Statistical Information System

What is OASIS?

- OASIS is a suite of interactive tools used to access the Georgia Department of Public Health's standardized health data repository. OASIS and the Repository are designed, built and maintained by the Office of Health Indicators for Planning (OHIP).

What's in OASIS?

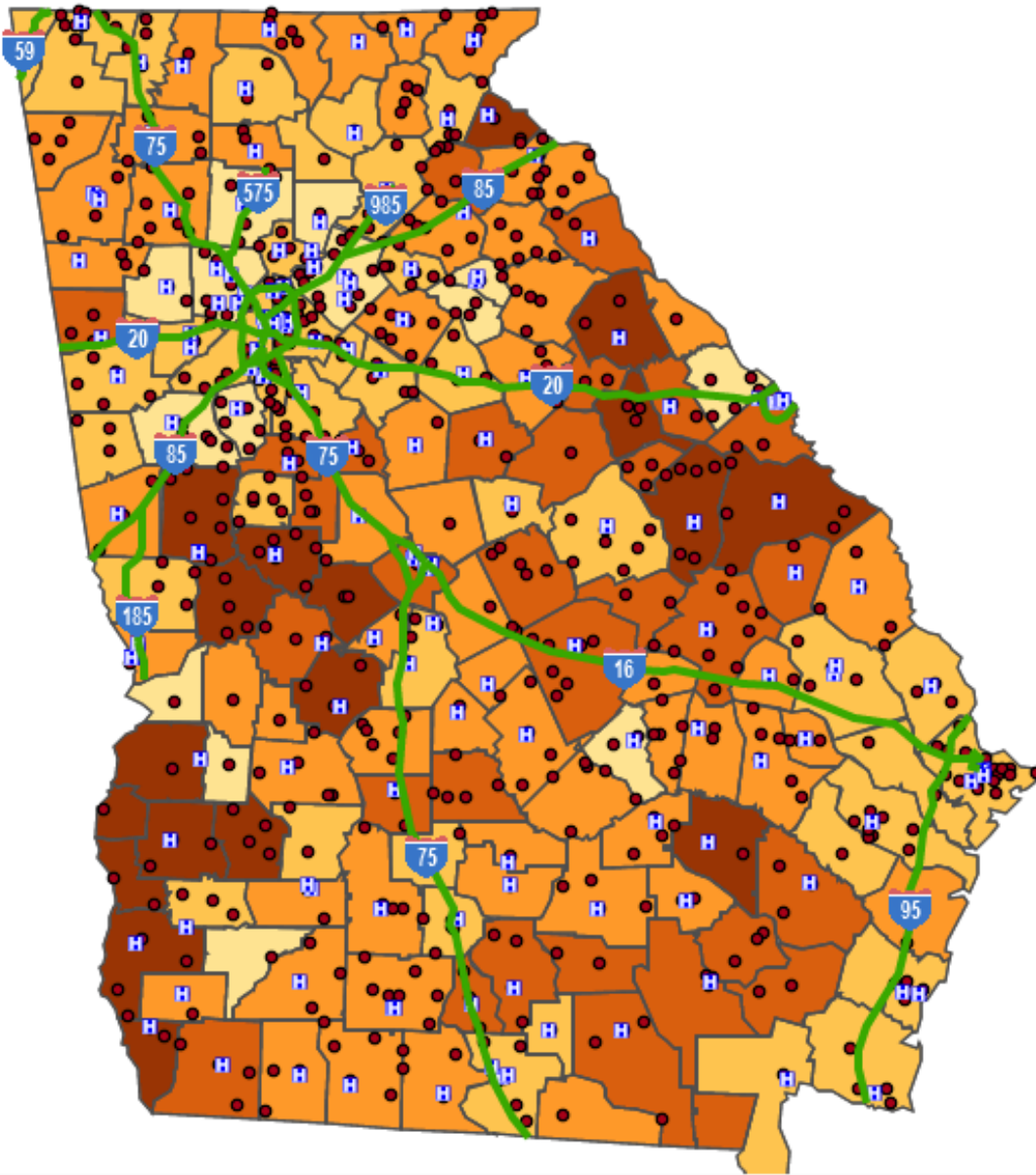
- The standardized health data repository used by OASIS is currently populated with Vital Statistics (births, deaths, fetal deaths, induced terminations, pregnancies), Hospital Discharge, Emergency Room Visit, Arboviral Surveillance, Youth Risk Behavior Survey (YRBS), Behavioral Risk Factor Surveillance Survey (BRFSS), STD, Motor Vehicle Crash, and Population data.

What can you do with OASIS?

- Indicators in each tool are selectable by a variety of population, disease, and survey characteristics. Where applicable, you can choose data by age groups, race, ethnicity, sex (person), census tract, county commission district, county, health district, legislative district, perinatal region, state (place), and year (time). All tables, charts and maps pertain to place of residence, except crash data which is by place of occurrence.

What can OASIS do for you?

- OASIS plays an integral role in program planning, which includes determining target population areas, formulating financial plans, monitoring program effectiveness, program evaluation and reporting program outcomes.



Years of Potential Life Lost before age 75 by County of Residence in 2012

Chronic Disease Prevalence by Health District, 2011

District	Diabetes	Stroke	Heart Attack	Angina
1-1 Rome	13.5	4.9	6.1	6.7
1-2 Dalton	10.1	5.6	5.2	5.3
2-0 Gainesville	11.5	4.2		4.8
3-1 Cobb/Douglas	8.2	2.5	4.1	3.1
3-2 Fulton	6.4	2.5	2	2.9
3-3 Jonesboro	7.8	3.6	2.8	3.6
3-4 Lawrenceville	6.3	2	3.1	3.8
3-5 DeKalb	9.4	2.6	2.3	3.2
4-0 LaGrange	9.6	2.8	5	4.3
5-1 Dublin	16.5	4.7	4	3.7
5-2 Macon	10.6	2.3	2.9	4.5
6-0 Augusta	12.9	4.1	4.5	6.7
7-0 Columbus	14	3.7	3.7	4.2
8-1 Valdosta	11.1	2.5	4.9	3.7
8-2 Albany	11.9	4.9	5.6	5.3
9-1 Savannah	9.7	3.1	4.4	4.9
9-2 Waycross	14.8	4.2	7.8	5.3
10-0 Athens	10.5	4.7	5.2	4.2

Data Source: Behavioral Risk Factor Surveillance System (2011)

Risk Factor Prevalence by Health District, 2011

District	Smoking	Obesity	Meets PA Recs	Hypertension	High Cholesterol
1-1 Rome	26.3	32	15.2	36.9	41.1
1-2 Dalton	25.4	23.3	15.8	31.8	42.5
2-0 Gainesville	19.7	27.3	20.9	30	35.8
3-1 Cobb/Douglas	19.8	26.4	25	32.5	39.9
3-2 Fulton	14.2	22.8	23.8	29.8	39.8
3-3 Jonesboro	25.7	35.4	29.3	35.2	35.1
3-4 Lawrenceville	14.1	23.4	24.2	26.4	32.2
3-5 DeKalb	16.3	23.4	26.6	30.2	31.1
4-0 LaGrange	22	25.4	21.4	31	32.5
5-1 Dublin	22.3	28.6	14.4	37.8	34.5
5-2 Macon	18.4	35.1	16.8	36.8	32.7
6-0 Augusta	23.3	33.7	19.1	35.4	43
7-0 Columbus	22.5	31.6	20.2	37.2	34
8-1 Valdosta	26.4	28	18.4	34.1	38.6
8-2 Albany	22.6	31.3	16.6	37.1	37.2
9-1 Savannah	25.1	29.2	20.3	31.7	39.4
9-2 Waycross	31.2	31.7	17.8	35.5	43.6
10-0 Athens	20	31.2	18.1	37.4	41.5

Data Source: Behavioral Risk Factor Surveillance System (2011)

Evidence-Based Interventions

1) Morbidity and Mortality Weekly Report

- CDC publication with recent epidemiologic investigations

2) U.S. Preventive Services Task Force

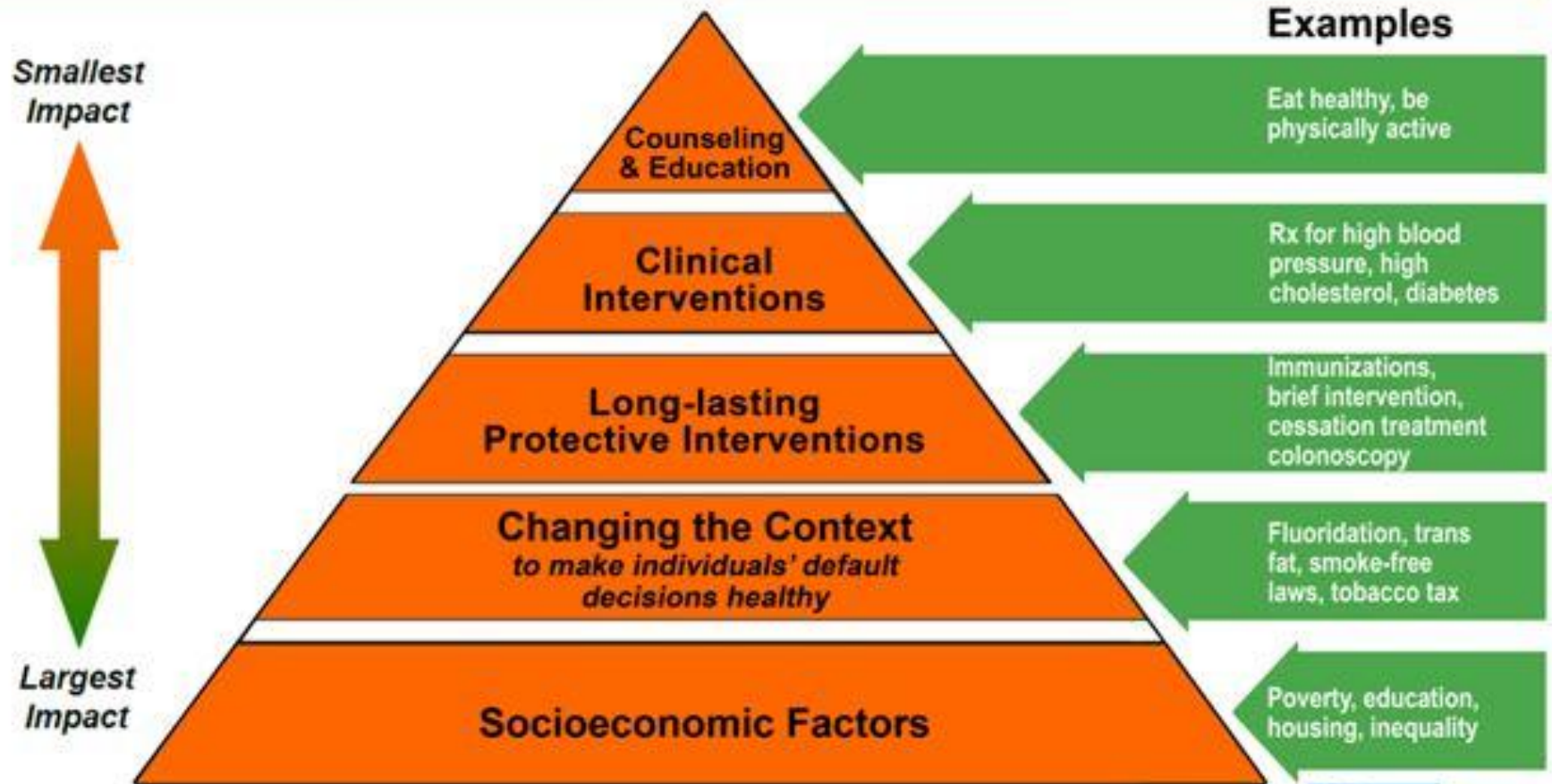
- Independent, volunteer panel of national experts in prevention and evidence-based medicine.
- Works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications

3) The Community Guide

- CDC approach to systematic reviews of literature
- Designed to help communities choose programs and policies to improve health and prevent disease

CDC Health Impact Pyramid

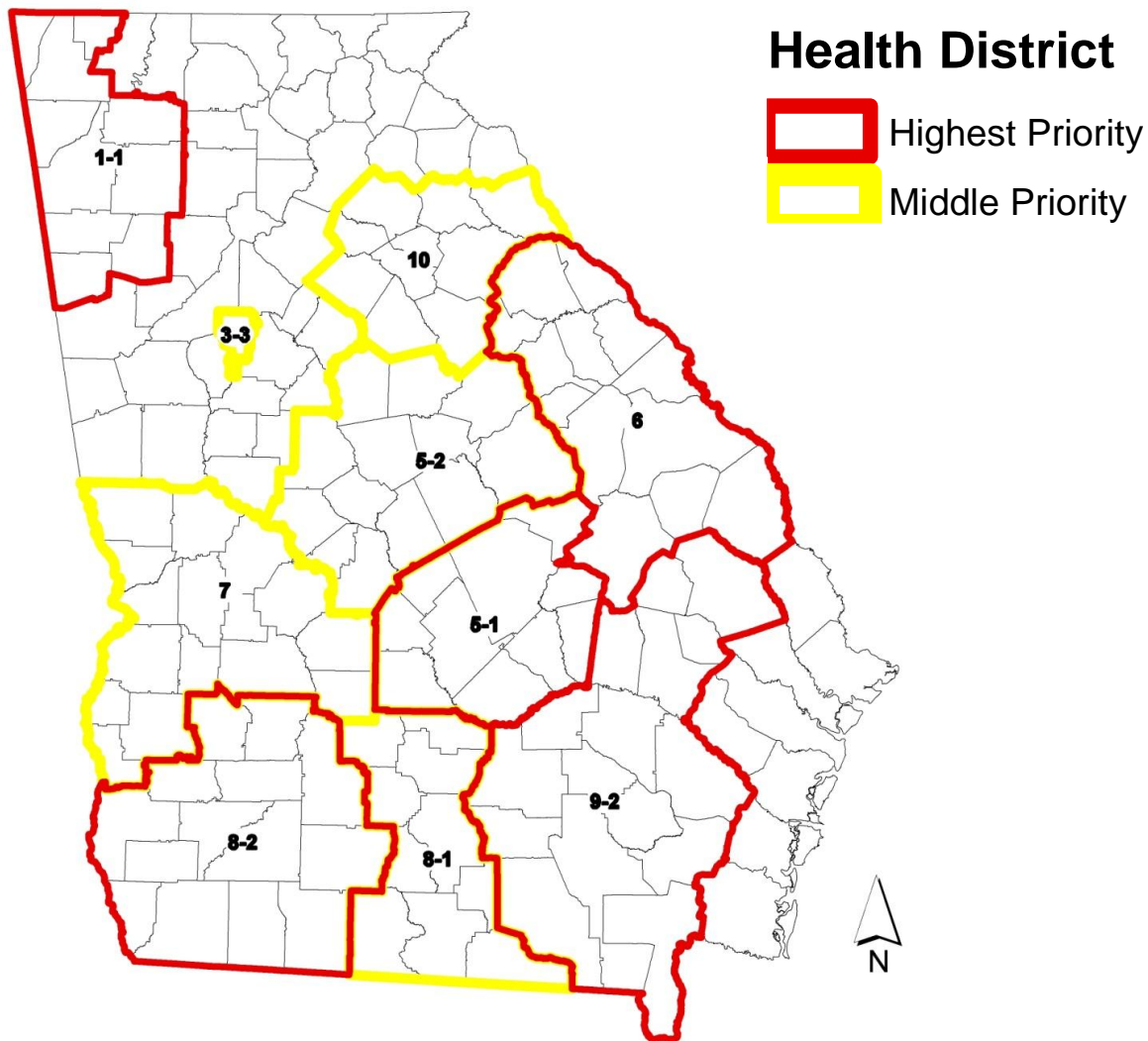
Factors that Affect Health



Check the Tarrant County Public Health Web site to learn more.
<http://health.tarrantcounty.com>

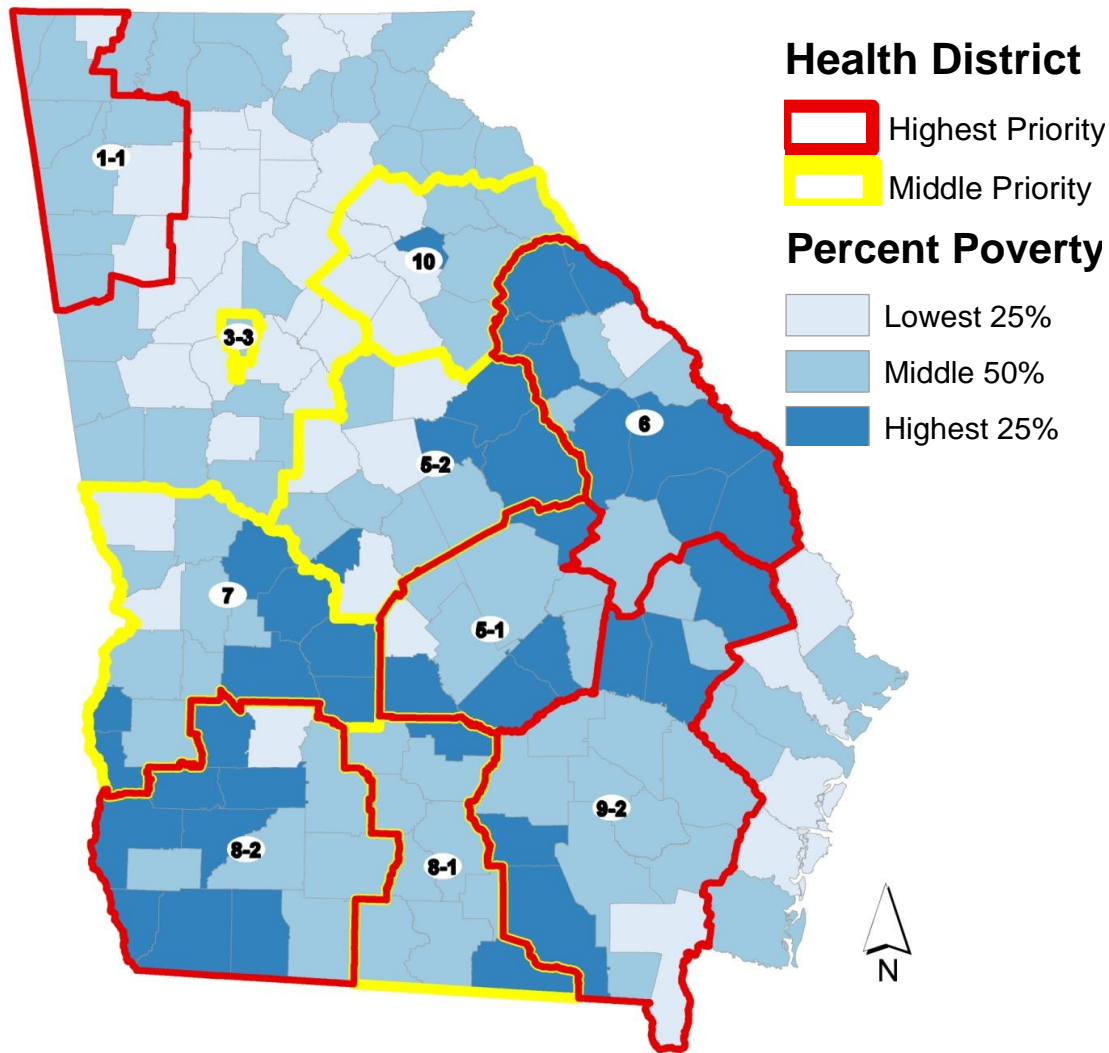


Public Health Districts Prioritized for Chronic Disease Interventions



Last Edited October 15, 2013

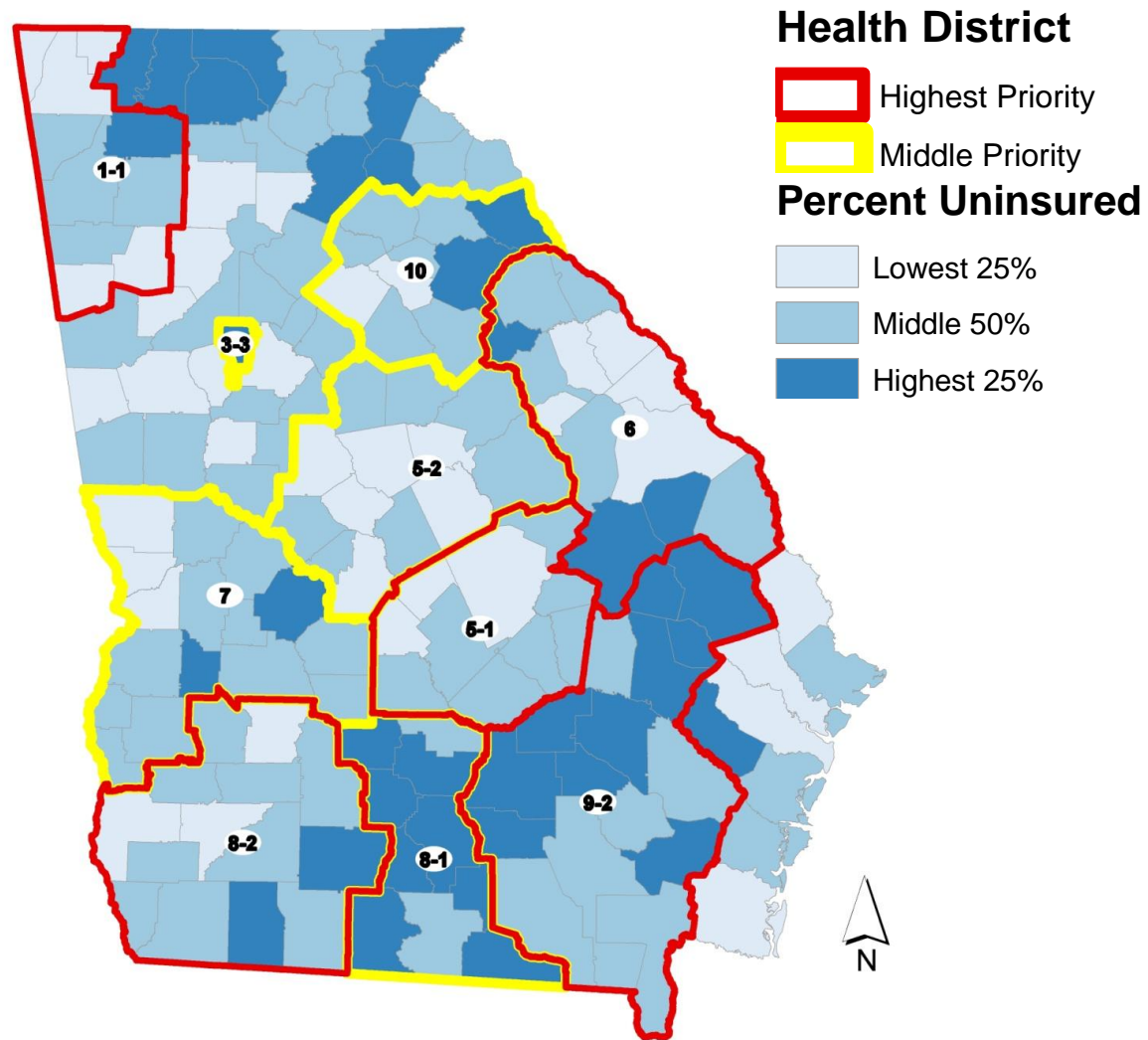
Percent of Population in Poverty by County



Data Source: US Census Bureau, American Community Survey (2007-2011)

Last Edited October 15, 2013

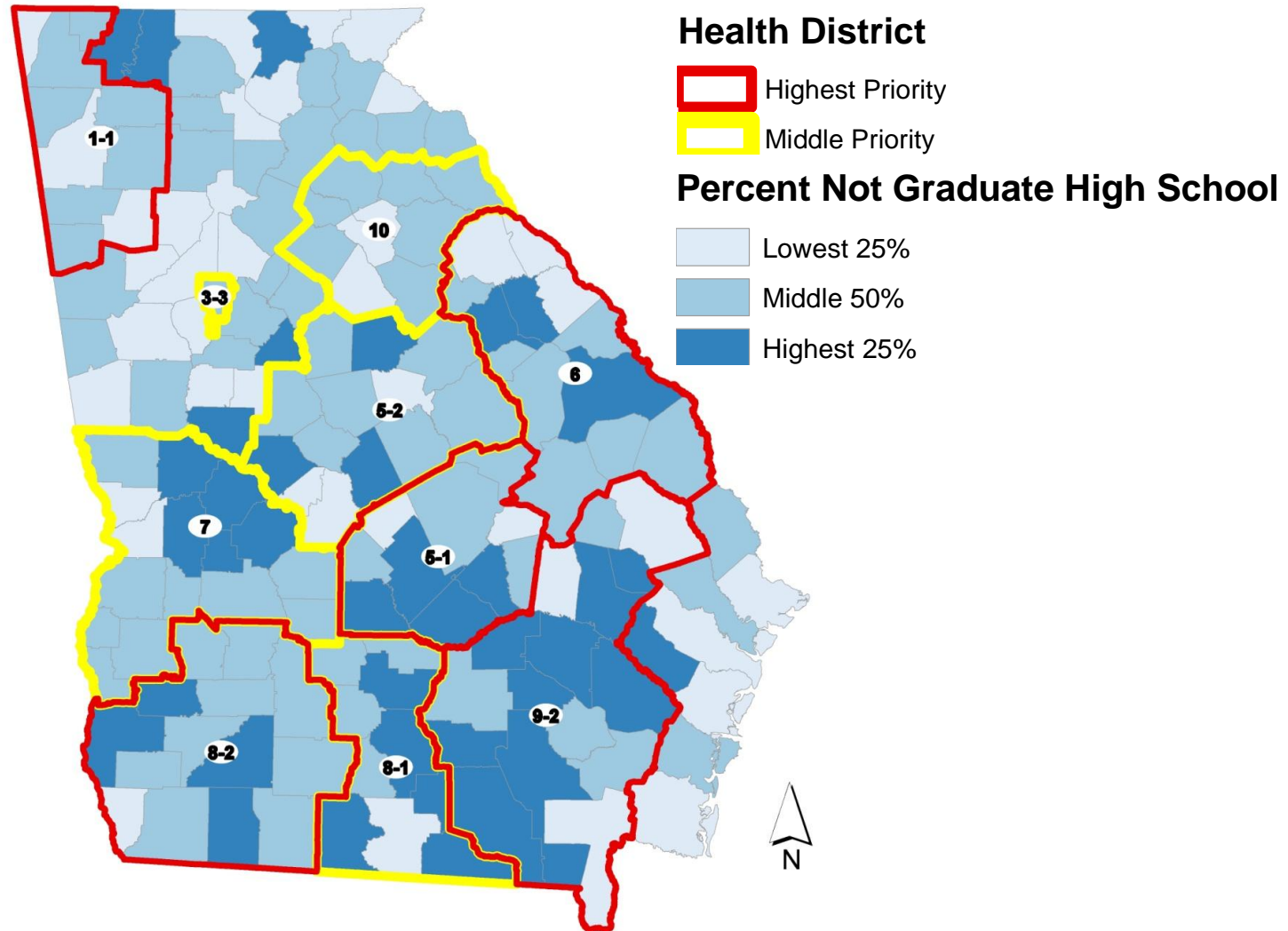
Percent of Population Uninsured by County



Data Source: US Census Bureau, Small Area Health Insurance Estimates (2011)

Last Edited October 15, 2013

Percent of Population with Less Than High School Graduate Education

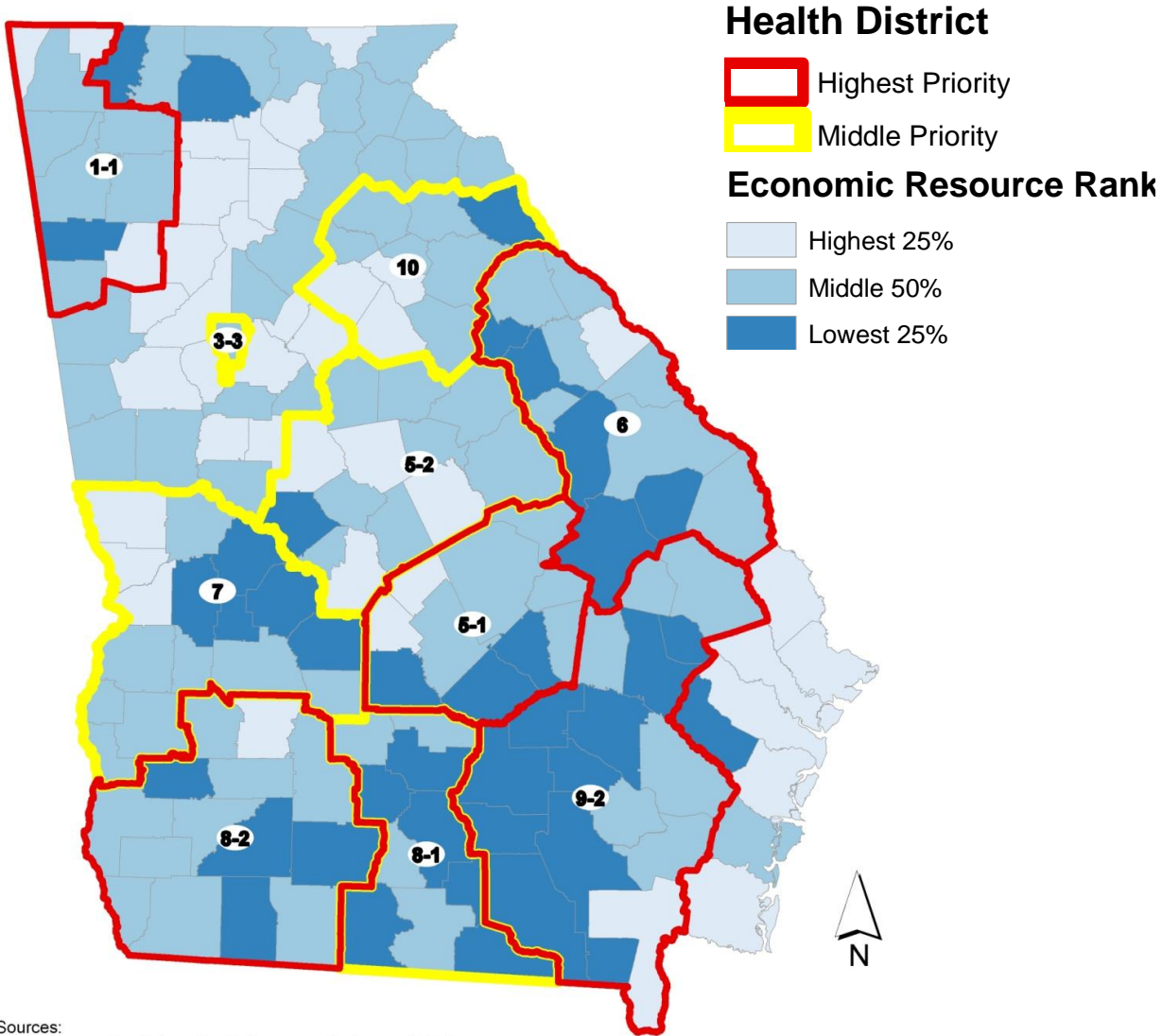


Data Source: US Census Bureau, American Community Survey (2007-2011)

Last Edited October 15, 2013

We Protect Lives.

Local Economic Resource Rank by County



Data Sources:
US Census Bureau, Small Area Health Insurance Estimates (2011)
Data Source: US Census Bureau, Small Area Health Insurance Estimates (2011)

Last Edited October 15, 2013

Opportunities for Public Health and Healthcare to Work Together on Population Health

- 1. Implementation of evidence-based interventions**
- 2. Linking the medical home, public health services and safety net care, and hospitals and health systems**
- 3. Quality improvement/Practice transformation**
- 4. Community engagement**
- 5. Shared health assessment and health improvement planning**
- 6. Care extension and case management**
- 7. Designing billable community-clinical interventions**

Questions:
Jean.OConnor@dph.ga.gov

Georgia Tobacco Quitline
24 hours a day, 7 days a week
English: 1.877.270.STOP
Spanish: 1.877.2NO.FUME
Hearing Impaired: 1.877.777.6534