Cobb2020
A Partnership for a Healthier Cobb County!

livehealthy douglas

2016 Cobb And Douglas Community Health Assessment

2018 ANNUAL UPDATE

COBB & DOUGLAS PUBLIC HEALTH
Healthier lives. Healthier community.

Published June 2019

2018 Annual Community Health Assessment Update

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Overview/Executive Summary

Cobb & Douglas Public Health (CDPH) published the most recent Community Health Assessment (CHA) in October 2017, and since has been actively improving health status throughout Cobb and Douglas Counties. The 2018 annual CHA update focuses on three important health topics:

1. Opioid Overdoses: updated state and local statistics demonstrate the continued opioid crisis. As a result, much work is being done in Georgia, both at the state level and locally, to combat this public health emergency.

2. Racial & Gender Differences in Age-adjusted Mortality Rates of Major Cardiovascular Diseases: While local and state trends in deaths due to major cardiovascular diseases have remained relatively stationary from 2013 to 2017, racial and gender differences exist in mortality rates.

3. 2018 Population Health Outcome Metrics:
    a. Cobb & Douglas Public Health agency (C2C) metrics
    b. Cobb2020 metrics
    c. Live Healthy Douglas metrics

Opioid Overdoses

Opioid-Related Overdose Morbidity and Mortality in 2017

	Any Opioid						Heroin					
	ED Visits		Hospitalizations		Deaths		ED Visits		Hospitalizations		Deaths	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Georgia	3174	30.4	1760	15.8	1043	10.0	1305	12.7	281	2.8	267	2.6
Cobb	277	36.2	111	14.2	127	16.0	159	20.9	32	4.3	37	4.8
Douglas	77	55.0	19	12.1	21	14.3	31	22.7	5	3.6	4	N/A

Note: Age-adjusted rate per 100,000 population.
95% confidence intervals (CI) are presented for rates, rates for counts under 5 may be unstable
Any opioid may include prescription and/or illicit opioids-- categories are not mutually exclusive.
Source: https://dph.georgia.gov/sites/dph.georgia.gov/files/2017%20Preliminary%20Georgia%20Opioid%20Overdose%20Data%20tables%208.13.pdf

In 2017,

- Both Cobb and Douglas Counties experienced a higher rate of Emergency Department visits due to opioid overdoses than Georgia as a whole, with Douglas County nearly double the rate of the state average for both any opioid and heroin.
- Both counties also had a higher rate of deaths than Georgia due to opioid overdoses. Cobb County had double the rate of deaths due to heroin, but Douglas County had too few deaths to calculate a valid rate (<5).

Since the publication of the 2016 CHA, considerable work has occurred at the local and state level in Georgia to combat the ever-increasing opioid-involved overdoses among residents.

Georgia:

- In March 2018, the Georgia Legislature passed a law moving the Prescription Drug Monitoring Program (PDMP) oversight to the Department of Public Health and setting more strict expectations on how this tracking system was to be used to reduce opioid prescribing practices in Georgia.

- On 8/15/18, Georgia Representative Karen Handel convened 200+ stakeholders from around Georgia to learn more about national groundbreaking laws to address the opioid/heroin crisis and to inspire discussion around the issues. CDPH leadership participated in this meeting to understand what could be done at a local level.

- On 8/21/18, the Georgia Department of Public Health (DPH) convened 500+ stakeholders in Forsyth, GA to learn about the current opioid issues in Georgia and to get key informant feedback on the following plans that were drafted in early 2018:
    - Prescription Drug Monitoring Program: https://dph.georgia.gov/pdmp
    - Georgia Drug Overdose Surveillance Data: https://dph.georgia.gov/drug-overdose-surveillance-unit
    - Multi-Stakeholder Opioid & Substance Use Response Plan 2018 https://dph.georgia.gov/sites/dph.georgia.gov/files/Immunizations/Opioid%20Report_FINAL.PDF

  CDPH Leadership participated in the meeting and began developing the local strategic response plan in coordination with DPH strategies.

- In November 2018, DPH announced it would fund several regional Opioid Coordinator positions throughout Georgia to help develop local strategic plans and to further the use of the ODMAP software (http://www.odmap.org/) for real time overdose information. At that time, CDPH put the local fund-seeking plans on hold to be compliant with state-wide efforts.

- Due to delays in activating the statewide Opioid Coordinator positions until July 2019, many local CDPH activities were put on hold. CDPH leadership continued to seek opportunities to learn about model practices and to link with other local partners in preparation for the new fiscal year which will bring DPH funding to the districts (July 2019) for at least 3 years and additional funding from Cobb County Government (October 2019) to CDPH.

- During the 2019 Georgia Legislative session, a model syringe exchange bill was passed that will position GA to help reduce infectious diseases in drug users. This bill will also provide an avenue for heroin users to get introduced to treatment options.

- Addiction and Overdose Resources:
    - Emergency Help for Opioid Overdoses: https://dph.georgia.gov/EmergencyHelpforOpioidOverdoses

- Prescription Opioid Abuse Prevention, Education, and Awareness: https://doseofrealityga.org/
- Prescription Drug Misuse, Abuse, Addiction, and Overdose Prevention: https://stoprxabuseinga.org/

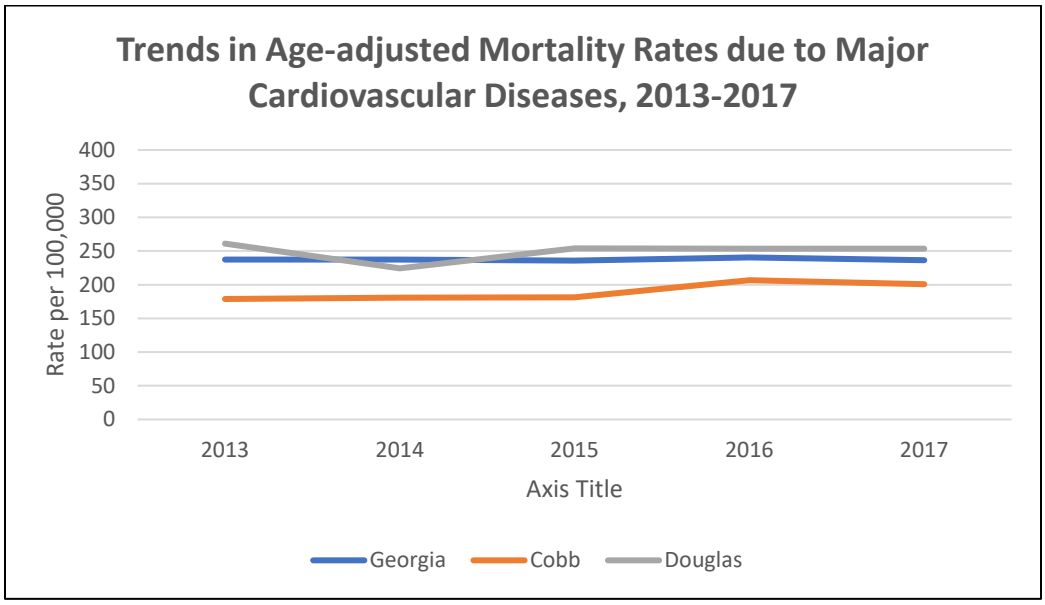
Cobb County and Douglas County:

- In late 2017, the Cobb2020 Partnership for a Healthier Cobb County and Live Healthy Douglas (our counties' CHIP Coalitions) added a new regional Behavioral Health workgroup to the Coalitions. Initial work centered around creating a multisectoral workgroup to address Behavioral Health and Substance Abuse issues in both counties, providing presentations to reduce stigma and create awareness and beginning to create a resource database for the district.

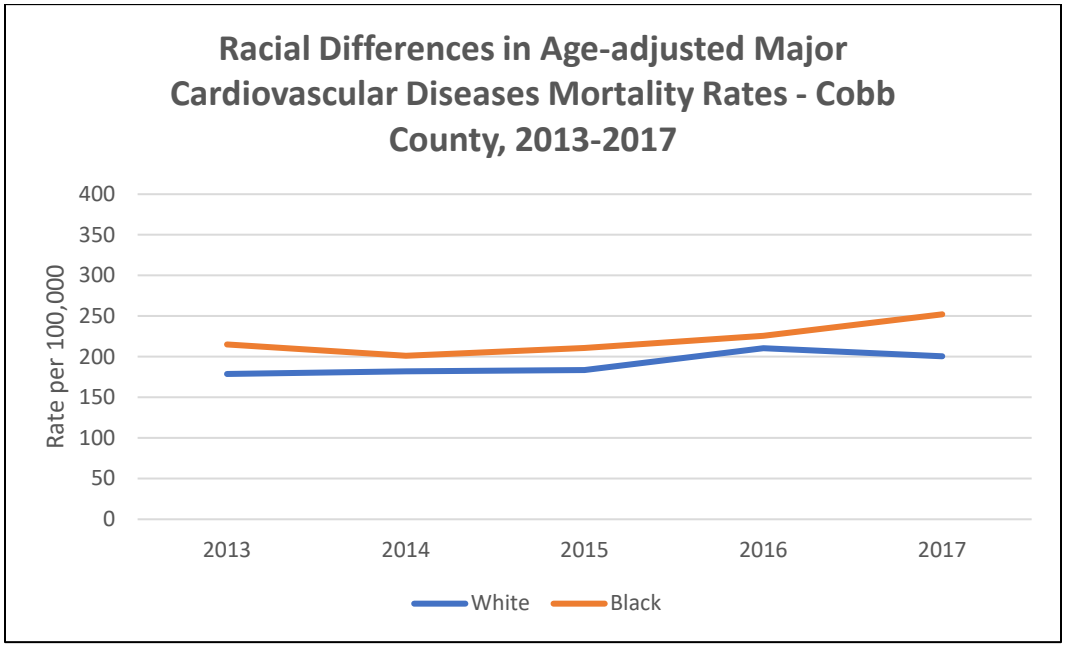
Racial & Gender Differences in Age-adjusted Mortality Rates of Major Cardiovascular Diseases

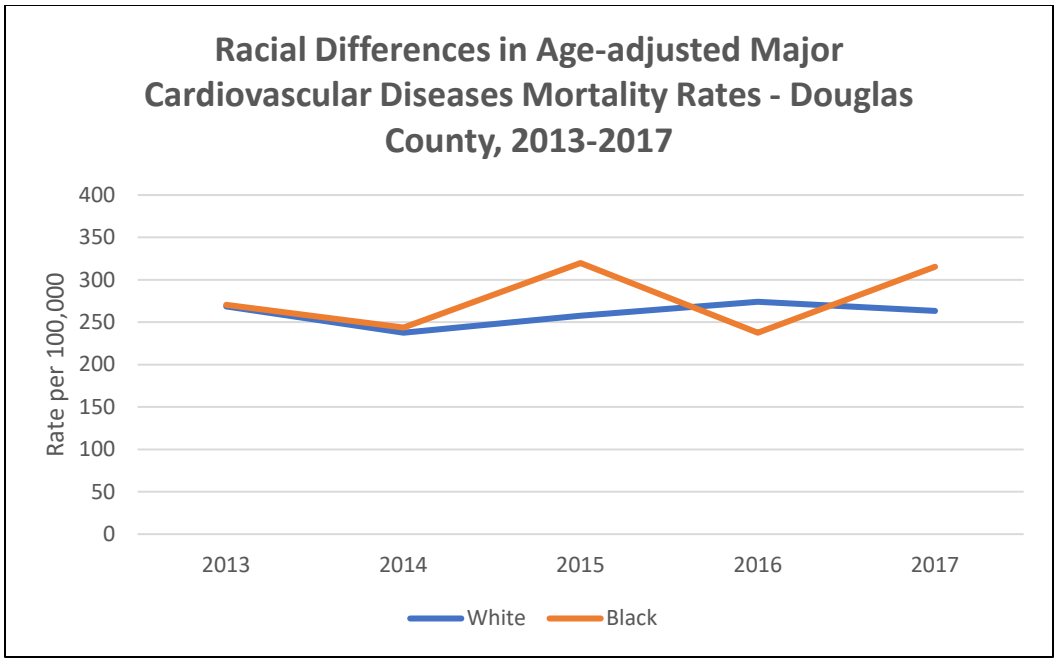
While local and state trends in deaths due to major cardiovascular diseases have remained relatively stationary from 2013 to 2017, racial and gender differences exist in mortality rates.

(Note: Major cardiovascular diseases include but are not limited to high blood pressure, heart attack, stroke, hardening of the arteries, and aortic aneurysm).



Source: DPH OASIS





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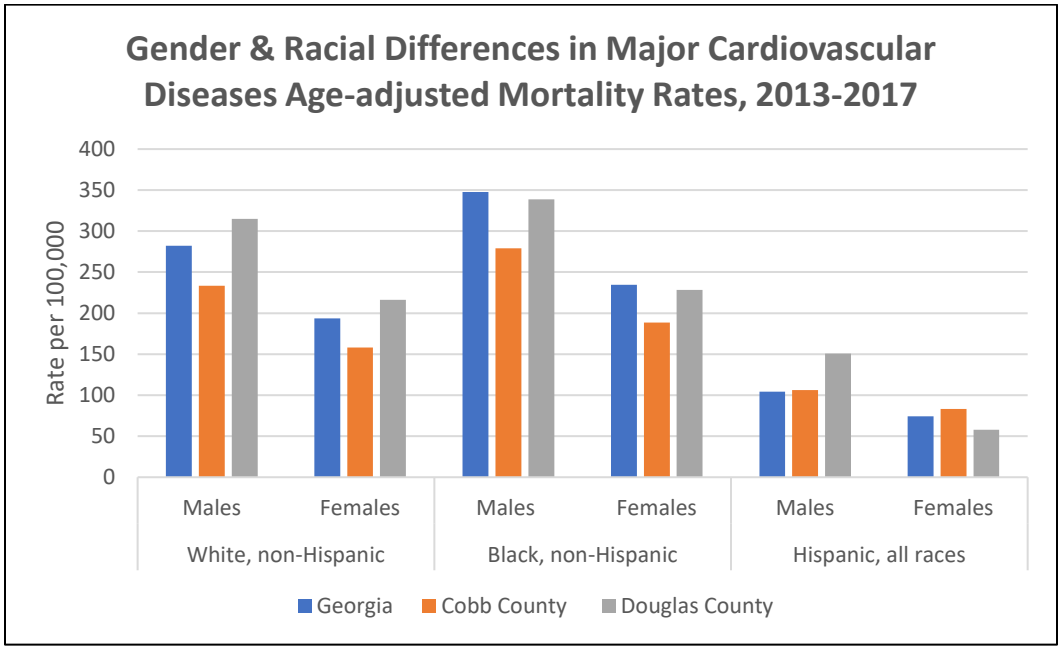

Source: DPH OASIS

2013-2017 aggregate data show us that when the mortality rates are compared across races and genders once adjusted for age:

Cobb County:

- Black residents have higher rates of death due to major cardiovascular disease compared to their White counterparts, at 221.8 vs 191.4 per 100,000, respectively, although lower than the state average of 281.7 per 100,000.
- Black males (279.0) and White males (233.4) have higher mortality rates compared to Black and White females in Cobb at 188.5 and 158.3 per 100,000, respectively.

Douglas County:

- At 274.2 per 100,000, Black residents have slightly higher age-adjusted major cardiovascular mortality rates than their White counterparts' rate of 260.0 per 100,000.
- Black males (338.8) and White males (315.1) have higher mortality rates compared to Black and White females in Douglas at 228.5 and 216.3 per 100,000, respectively.

Why Age Adjust?

Age-adjusted rates allow you to compare health statistics (like death rates) between population groups, even though the size of the groups or the age of group members might be very different. It is the best way to compare the impact of diseases like heart disease, cancer, and stroke that are heavily influenced by increasing age.

Agency & Coalition Population Health Outcome Metrics

CDPH tracks two types of population health outcome metrics: internally (called agency C2C metrics) and externally for the CHIP/coalitions (Cobb2020 & Live Healthy Douglas). All these metrics were reviewed, updated, and approved in Summer 2018.

Tracking

All population health outcome metrics are tracked annually through InsightVision, a cloud-based Performance Management software system that CDPH adopted in 2016. Screenshots from InsightVision are included for reference below.

1. Agency C2C metrics
2. Cobb2020 CHIP metrics
3. Live Healthy Douglas CHIP metrics

BSC: C2c: Community Health Metrics Meeting Target

Actual Value	Change	Target Value	Time Period	Actions & Comments
N/A	0	N/A	N/A	

Associated Measures

Name	Prior Value	Current Value	Change	Target Value	Most Recent Period	Comments/ Actions
BA: C2c: # of Acute Hepatitis B Infections	7	12	2	5	2018	
NC: C2c: # of Arboviral Illness	1	3	1	2	2018	
IP: C2c: # of Children (0-19y) Killed in a MVC	9	9	1	5	2017	
C1st: C2c: # of children enrolled in preK in public school with developmental needs	1,377	1,518	1	1,400	FY 2018	
SP: C2c: # of Cryptosporidium Cases	30	30	1	25	2018	
FS: C2c: # of Foodborne Outbreaks	1	3	1	3	2018	
OSSM: C2c: # of Impaired Streams in Cobb & Douglas Counties	50	50	1	49	2018	
WIC: C2c: % of 2-4 year old WIC Children who are Obese	13.4%	13.0%	2	9.5%	2014	
CDP: C2c: % of Adult Cigarette Smokers	9.1%	13.4%	1	12.0%	2014	
SH: C2c: % of Children ages 6-17 who missed 11+ days of school per year due to illness or injury by age group	3.2%	3.6%	1	2.0%	2012	

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Imm: C2c: % of Children Fully Immunized	85.0%	85.0%	→	1	85.0%	2019
PCM: C2c: % of Low Birth Weight Babies	8.8%	9.3%	↑	1	7.8%	2017
OH: C2c: % of students with Caries Experience (treated or untreated tooth decay) in GA	52.0%	23.6%	↓	2	25.0%	2014
TA: C2c: % of Tourist Accommodations with Bedbugs	4%	2%	↓	1	5%	FY 2018
BCCP: C2c: Age-Adjusted Breast Cancer Mortality Rate	22.5	25.7	↑	2	20.0	2017
VR: C2c: Age-Adjusted Mortality Rate	675.0	679.2	↗	1	700.0	2019
TB: C2c: District TB Case Rate	3.3	2.0	↓	1	2.9	2017
HIV: C2c: HIV Prevalence Rate	413.0	431.6	↑	1	372.0	2016
CDP: C2c: Major cardiovascular ER visit rate	833.2	841.6	↑	5	800.0	2017
CH: C2c: Number of Reported Elevated Blood Lead Levels in Children (>9.9 mcg/dl)	5	12	↑	1	5	2015
EPI-Acute: C2c: Pertussis Incidence Rate	3.0	2.4	↓	2	2.0	2017
AH: C2c: Pregnancy Rate (10-19 Years of Age)	11.1	10.8	↓	2	12.3	2017
BCW: C2c: Prevalence of Autism Spectrum Disorders in GA	N/A	17.00	●	0	10.00	2014
CMS: C2c: Prevalence of children ever diagnosed with a developmental disability	6.04%	6.99%	↑	2	5.00%	2016

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EHDI: C2c: Prevalence Rate of Infants Diagnosed with Hearing Loss (CY)	1.7	1.7	1	1.0	2016	
EPI-STI: C2c: Rate of Primary and Secondary Syphilis Infections in Males	21.2	23.7	1	10.0	2017	

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Cobb CHIP

Customer

Name	Prior Value	Current Value	Change	Target Value	Most Recent Period	Comments/ Actions
Goal 1.1: Tobacco Product Use						
C2c: % of Adult Cigarette Smokers	9.1%	13.4%	1	12.0%	2014	
Goal 1.2: Physical Activity						
% of CCSD students who are in Aerobic Capacity Healthy Fitness Zone	N/A	70.1%	0	73.5%	FY 2017	
% of physically inactive adults (District Only)	20.9%	17.4%	1	16.5%	2014	
Goal 1.3: Healthy Eating						
% of CCSD students who are in the Body Composition (BMI) Healthy Fitness Zone	N/A	69.0%	0	72.5%	FY 2017	
% of obese adults with BMI of 30 or higher (District Only)	21.9%	23.4%	2	22.2%	2014	
Goal 2.1: Access to Primary Care						
% of adults who have not had a medical appointment due to cost (District Only)	17.6%	18.4%	2	17.5%	2014	

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Rate of self-pay visits to the ED that do not result in hospital admission (per 1,000 ppl)	72.4	72.8	2	68.8	2017	
Goal 2.2: Chronic Disease Management						
Age-adjusted hospital discharge rate due to asthma (per 100,000 ppl)	83.8	86.2	2	79.6	2017	
Age-adjusted hospital discharge rate due to diabetes (per 100,000 ppl)	157.7	158.0	5	149.8	2017	
Age-adjusted hospital discharge rate due to high blood pressure (per 100,000 ppl)	47.8	19.3	3	45.4	2017	
Goal 2.3: Infant Mortality						
Infant mortality rate (per 1,000 live births)	6.3	6.7	1	6.0	2017	
Goal 2.4: Behavioral Health						
Age-adjusted death rate due to drug overdoses (per 100,000 ppl)	16.1	18.1	2	17.2	2017	
Age-adjusted death rate due to suicide (per 100,000 ppl)	12.4	12.6	2	12.0	2017	

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Douglas CHIP

Customer

Name	Prior Value	Current Value	Change	Target Value	Most Recent Period	Comments/ Actions
Goal 1.1: Tobacco Product Use						
C2c: % of Adult Cigarette Smokers	9.1%	13.4%	1	12.0%	2014	
Goal 1.2: Healthy Eating						
% of DCSS students who are in the Body Composition (BMI) Healthy Fitness Zone	N/A	67.0%	0	70.4%	FY 2017	
Goal 1.3: Youth Behavior						
% of DCSS middle and high school students reporting using prescription drugs without a doctor's prescription	17.9%	18.0%	1	17.1%	FY 2017	
Premature death rate (YPLL 75) due to homicide, 1-24 years of age (per 100,000 ppl)	273.4	315.2	3	299.4	2017	
Premature death rate (YPLL 75) due to motor vehicle crashes, 1-24 Years of Age (per 100,000 ppl)	506.4	522.6	1	496.5	2017	
Premature death rate (YPLL 75) due to suicide, 1-24 years of age (per 100,000 ppl)	214.5	252.3	5	248.2	2017	
Goal 2.1: Access to Primary Care						

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Rate of self-pay visits to the ED that do not result in hospital admission (per 1,000 ppl)	121.8	125.8	↑	1	115.7	2017
Goal 2.2: Chronic Disease Management						
Age-adjusted hospital discharge rate due to asthma (per 100,000 ppl)	97.0	103.5	↑	1	92.2	2017
Age-adjusted hospital discharge rate due to diabetes (per 100,000 ppl)	230.5	233.6	↑	3	219.0	2017
Age-adjusted hospital discharge rate due to high blood pressure (per 100,000 ppl)	62.3	23.5	↓	3	59.2	2017
Goal 2.3: Mental/Behavioral Health						
Age-adjusted death rate due to drug overdoses (per 100,000 ppl)	21.9	16.0	↓	1	15.2	2017
Age-adjusted death rate due to suicide (per 100,000 ppl)	10.1	13.5	↑	1	12.8	2017

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