2016 Cobb And Douglas Community Health Assessment

2019 ANNUAL UPDATE

COBB & DOUGLAS PUBLIC HEALTH
Healthier lives. Healthier community.

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COBB & DOUGLAS PUBLIC HEALTH

2019 Annual Community Health Assessment Update

Cobb and Douglas Counties

Publication Date: July 15, 2020 (delay due to COVID-19 Pandemic)

Overview/Executive Summary

Cobb & Douglas Public Health (CDPH) published the most recent Community Health Assessment (CHA) in October 2017, and since have been actively improving health status throughout Cobb and Douglas Counties. The 2019 annual CHA update focuses on three important health topics:

1. Opioid Overdoses:
    a. Updated Data
    b. Opioid Strategic Plan including Cobb Community Opioid Forum and Cobb Community Opioid Task Force
    c. Legislative Priorities and Resources

2. Maternal & Infant Mortality:
    a. Updated Data
    b. Programmatic Planning Efforts
    c. Legislative Priorities and Resources

3. HIV:
    a. Updated Data
    b. HIV Eradication Efforts and Resources

4. 2019 Population Health Outcome Metrics:
    a. Cobb & Douglas Public Health Agency Metrics
    b. Cobb2020 – Partnership for a Healthier Cobb County Metrics
    c. Live Healthy Douglas Metrics

(Note that all data presented is the most current available from the noted data source at time of this publication)

Opioid Overdoses

Opioid-Related Overdose Morbidity and Mortality in 2018

	Any Opioid				Heroin			
	ED Visits		Deaths		ED Visits		Deaths	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Georgia	5,216	47.7	861	8.2	1,370	13.3	300	2.9
Cobb County, GA	370	47.1	81	10.2	141	18.4	37	4.7
Douglas County, GA	83	57.0	18	13.5	26	19.1	9	7.0

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: Online Analytical Statistical Information System, 2018

- Douglas County experienced a higher rate of Emergency Department (ED) visits due to opioid overdose when compared to Cobb County and the state of Georgia.
- Both Cobb and Douglas County experienced a higher rate of deaths due to opioid overdose when compared to the state of Georgia.
- Both Cobb and Douglas County experienced a higher rate of emergency room visits due to heroin when compared to the state of Georgia.
- Both Cobb and Douglas County experienced a higher rate of deaths due to heroin overdose when compared to the state of Georgia.

Opioid Strategic Plan

Since the publication of the 2016 Community Health Assessment (CHA), considerable planning and assessment work has occurred at the local and state level in Georgia to combat the ever-increasing opioid-involved overdoses among residents. In 2019:

- An Opioid Coordinator/Public Health Analyst, funded by the CDC, was hired by Cobb & Douglas Public Health (CDPH) to lead the local opioid response by creating and implementing an Opioid Strategic Plan.
    - The scope of the Strategic Plan was to concentrate on education and prevention and to locally enhance Georgia's Multi-Stakeholder Opioid and Substance Use Response Plan. A large component of the development of this local plan included gathering and sharing credible data and analysis of the health issues with local stakeholders for decision-making. The mission of the plan itself, *to have a positive effect on the local opioid crisis by reducing opioid related use, overdose and death in Cobb and Douglas counties*, requires opioid-related data to be analyzed to ascertain if a decrease is occurring. Upon completion of the plan and identification of strategic community partners, meetings were held starting January 2020 to develop action steps for the strategic goals.
- Cobb & Douglas Public Health planned for a stakeholders meeting in 2019 and established a Cobb Opioid Forum on January 27, 2020. This forum brought together healthcare providers, emergency medical services, law enforcement, academia, and community groups to work together for a whole-community response to mitigate the opioid crisis in Cobb County.
- Opioid data was continually examined for trends in local overdose-related hospital visits and deaths to plan targeted interventions. Data was provided through CDPH, the local hospital system and Medical Examiner's office with close collaboration between these agencies. Additional ways in which local and state opioid data and analyses were utilized and shared with community partners included:
    - Providing data to Cobb District Attorney's office in 2019 for a successful grant application with the U.S. Department of Justice
    - Providing data with Cobb County Commissioners and the CDPH Health Director presenting on opioids at a Town Hall meeting
    - Providing opioid data and public health response in the CHA Annual Updates
    - Epidemiology responding to syndromic surveillance reports of potential opioid overdose clusters and the Opioid Coordinator alerting hospital and first responder contacts on these clusters.
- CDPH, in conjunction with the Cobb County District Attorney's Office, participated in an eight-month pilot program in 2019 funded by the Comprehensive Opioid Abuse Program through the U.S. Department of Justice.
    - This pilot program was designed to create a better working relationship between public health and law enforcement in addressing the national opioid crisis. Following an initial workshop, the program supported and fostered interaction directly between CDPH and Cobb County DA staff and their advisory committee to assist in the development of a local program in Cobb County utilizing the Erie County (New York) model. CDPH has begun working directly with Erie County Health Officials to receive mentorship in the development and roll-out of a program locally. CDPH has laid the groundwork and is

moving forward with the development of a multi-discipline Opioid Task Force utilizing the Collective Hybrid Model to carry out those items identified in the CDPH Opioid Local Strategic Plan and those successful programs currently being utilized by Erie County, New York. The Task Force will incorporate members from a wide array of local stakeholders to specifically address those issues effecting the local community.

CDPH Legislative Recommendations for the 2019 Georgia Session:

- The Cobb County Board of Health (CCBOH) and the Douglas County Board of Health (DCBOH) recommended that state and local policy makers place a priority on public health services, restoring funding to pre-2008 recession levels adjusted for the past 11 years' inflation.
- CCBOH/DCBOH recommended legislative support to implement the MULTI-STAKEHOLDER OPIOID & SUBSTANCE USE RESPONSE PLAN, GEORGIA, 2018.
- CCBOH/DCBOH recommended that priority be placed on substance misuse prevention funding and other resources needed in Georgia from new, additional funding streams to support the new, critical initiatives.
- CCBOH/DCBOH encouraged legislators to fund programs that use national best practices to educate patients, their families and the health care industry on substance misuse, prevention and the opioid epidemic.
- CCBOH/DCBOH requested legislative support, as appropriate, to help implement best practices to educate all sectors of healthcare providers on safe, opioid-alternative practices for pain management.
- CCBOH/DCBOH encouraged a collaborative, statewide approach to assure access to secure drop box locations for residents to safely dispose of unused medications, including opioids.

Opioid Resources:

Emergency Help for Opioid Overdoses

- https://dph.georgia.gov/EmergencyHelpforOpioidOverdoses

Prescription Opioid Abuse Prevention, Education, and Awareness

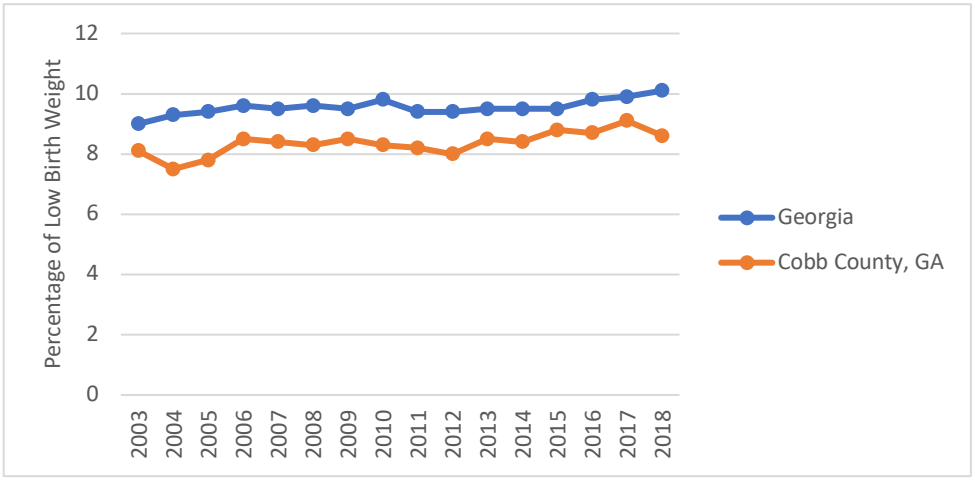
- https://doseofrealityga.org/

Prescription Drug Misuse, Abuse, Addiction, and Overdose Prevention:

- https://stoprxabuseinga.org/

Maternal & Infant Mortality

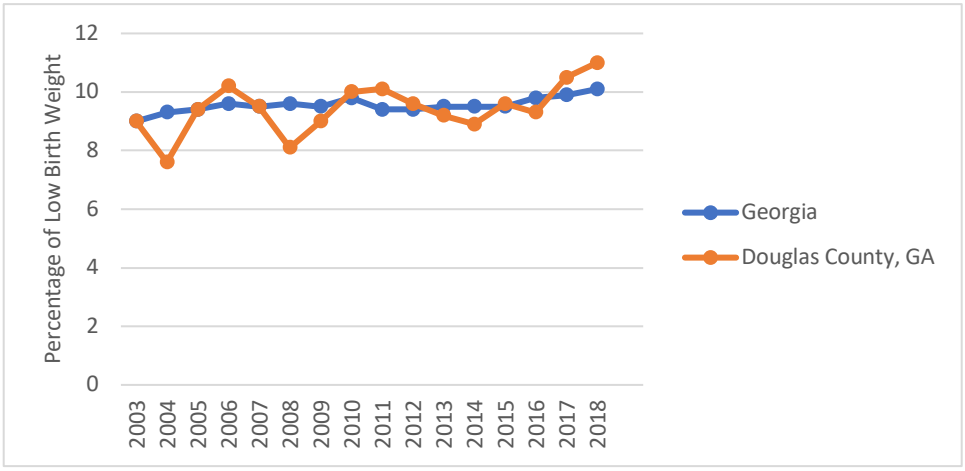
Low Birth Weight Over Time – Cobb County



Source: Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP), 2003-2018

- From 2011-2018, the percentage of low birth weight decreased from 8.2% to 8.6% in Cobb County.
- From 2011-2018, the percentage of low birth weight increased from 9.4% to 10.1% in the state of Georgia.

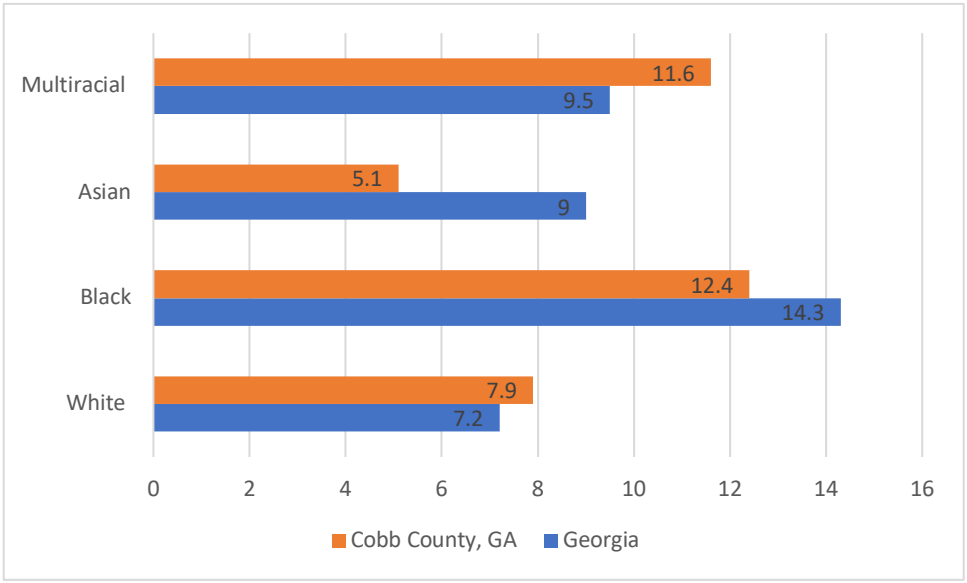
Low Birth Weight Over Time – Douglas County



Source: Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP), 2003-2018

- From 2011-2018, the percentage of low birth weight decreased from 10.1% to 10.5% in Douglas County.
- From 2011-2018, the percentage of low birth weight increased from 9.4% to 10.1% in the state of Georgia.

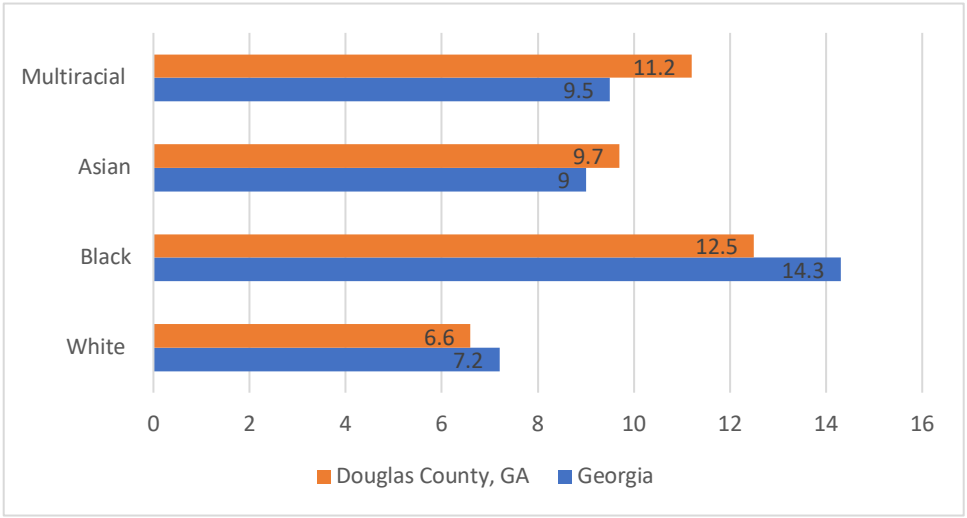
Low Birth Weight by Racial & Ethnic Group – Cobb County



Source: Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP), 2014-2018

- From 2014-2018, the percentage of low birth weight was more than two times higher among African American women (12.4%) when compared to their White counterparts (7.9%).

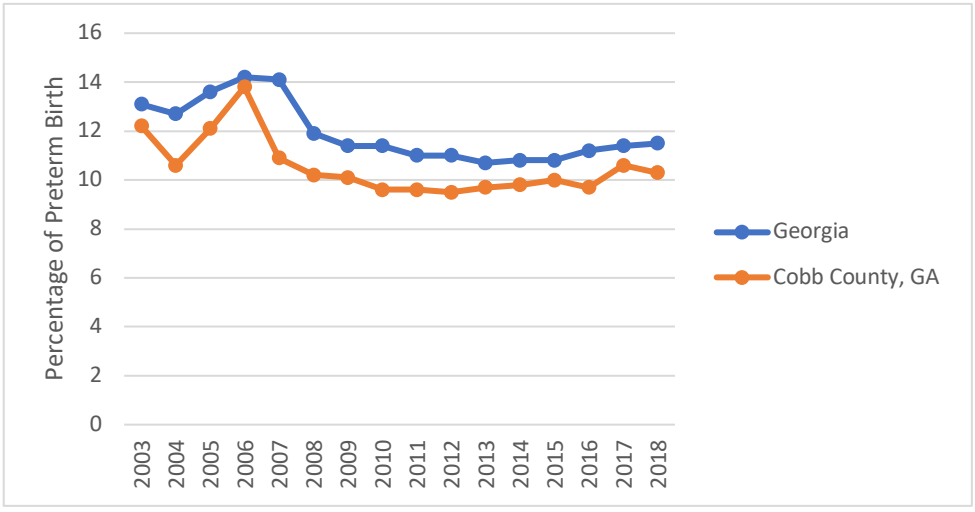
Low Birth Weight by Racial & Ethnic Group – Douglas County



Source: Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP), 2014-2018

- From 2014-2018, the percentage of low birth weight was almost two times higher among African American women (12.5%) when compared to their White counterparts (6.6%).

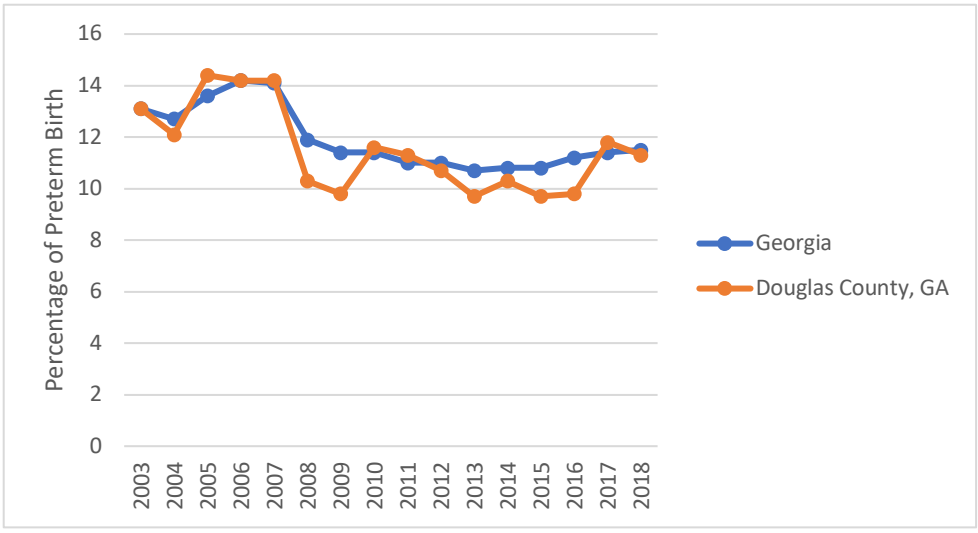
Preterm Birth Over Time - Cobb County



Source: Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP), 2003-2018

- From 2015-2018, the percentage of preterm birth increased from 10.0% to 10.3% in Cobb county.
- From 2015-2018, the percentage of preterm birth increased from 10.8% to 11.5% in the state of Georgia.

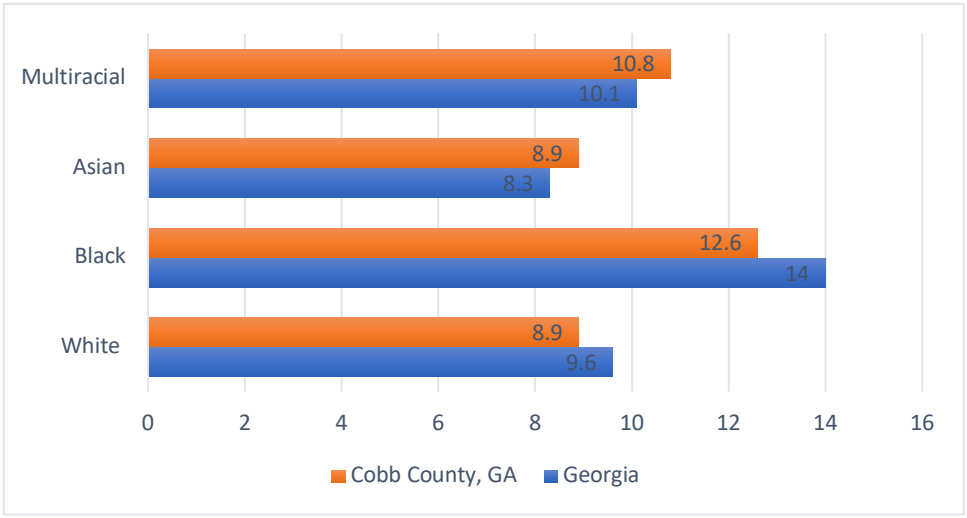
Preterm Birth Over Time - Douglas County



Source: Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP), 2003-2018

- From 2015-2018, the percentage of preterm birth increased from 9.7% to 11.3% in Douglas county.
- From 2015-2018, the percentage of preterm birth increased from 10.8% to 11.5% in the state of Georgia.

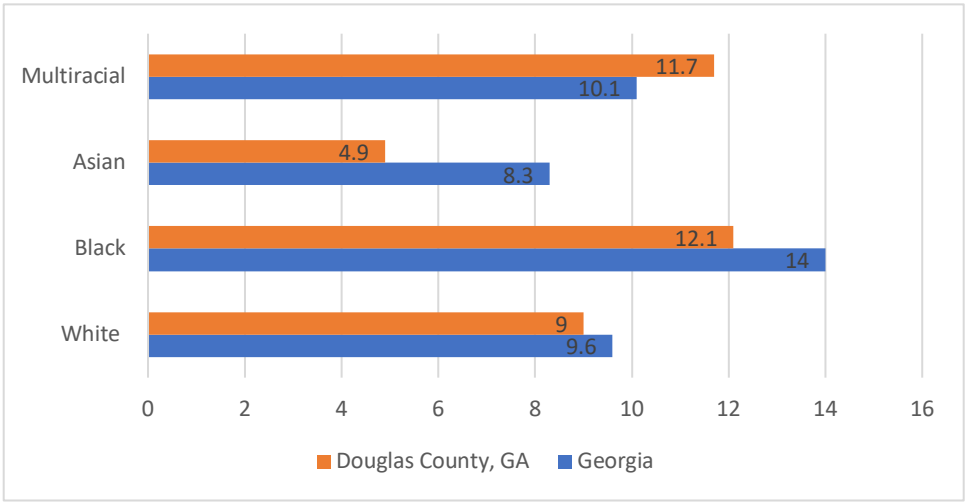
Preterm Birth by Racial & Ethnic Group – Cobb County



Source: Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP), 2014-2018

- In Cobb County, the percentage of preterm birth was higher among African American women (12.6%) when compared to their Multiracial (10.8%), Asian (8.9%), and White counterparts (8.9%).

Preterm Birth by Racial & Ethnic Group – Douglas County



Source: Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP), 2014-2018

- In Douglas County, the percentage of preterm birth was higher among African American women (12.1%) when compared to their Multiracial (11.7%), Asian (4.9%), and White counterparts (9.0%).

Infant Death by Racial & Ethnic Group – Cobb County

- Between 2014-2018, Cobb County had a total of 297 infant deaths, which equates to an Infant Mortality Rate (IMR) of 6.4.
- Between 2014-2018, there were disparities in infant mortality within Cobb County. Black (non-Hispanic) infants had the highest rates of dying in their first year of life with an overall IMR of 10.8 (157 deaths).

  Source: Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP), 2014-2018

Infant Death by Racial & Ethnic Group – Douglas County

- Between 2014-2018, Douglas County had a total of 55 infant deaths, which equates to an Infant Mortality Rate (IMR) of 6.4.
- Between 2014-2018, there were disparities in infant mortality within Douglas County. Black (non-Hispanic) infants had the highest rates of dying in their first year of life with an overall IMR of 8.4 (35 deaths).

  Source: Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP), 2014-2018
  Due to the small sample size for certain racial and ethnic groups, a graphic/chart was not available.

Programmatic Planning Efforts in 2019:

- In April 2019, CDPH was awarded up to $5.5 million (over the next five years) through a Healthy Start grant from the U.S. Department of Health and Human Services (HHS). The purpose of the grant is to improve health outcomes before, during, and after pregnancy for at-risk populations (i.e., African-American women and their families in zip codes exhibiting high rates of infant and maternal mortality); and to reduce racial and ethnic infant death disparities and negative health outcomes in the first 18 months of life.
- CDPH has been able to leverage the program's success to gain other supporters in the region. GreyStone Power (Douglas County) donated $10,000 to provide more home safety equipment to Healthy Start families in an effort to prevent accidents and injury in Douglas County. In addition, Cobb EMC donated $3,000 for the same support to Healthy Start families in Cobb County.
- In April 2019, WellStar Douglas Hospital conducted a ribbon-cutting ceremony and open house for The Women's Center. The new state-of-the-art 16,850 square foot facility features a Level II Neonatal Intensive Care Unit (NICU), 10 labor and delivery, recovery and postpartum suites, two triage rooms, a C-Section suite, and the latest technology and equipment. All suites are equipped with Bluetooth capability and feature bedside recovery for mothers and babies to bond in the initial hours after birth. The rooms are appointed with a full bathroom, a convertible sleeper bed with side table conversion for dining, multiple USB outlets to keep electronic devices charged, and free Wi-Fi to keep families connected.
- CDPH has secured small private grants (<$75,000) over the last few years from Kaiser Permanente and the Wellstar Health System to help cover the cost of unreimbursed medical prenatal care for uninsured clients. Staff works hard to connect this population of women and their families to critical services to support positive birth outcomes and to help the infant thrive in the first year of life.

CDPH Legislative Recommendation for the 2019 Georgia Session:

- The Georgia Department of Public Health (DPH) partnered with the Georgia Obstetric and Gynecological (OBGyn) Society, Georgia Hospital Association (GHA), Regional Perinatal Centers (RPCs), Maternal Mortality Review Committee (MMRC), March of Dimes (MOD), hospitals, physicians, academic institutions and families to begin to address this public health crisis.
- Georgia was awarded a competitive, 5-year Centers for Disease Control and Prevention grant ($200,000 annually 2017-2021) to grow the Georgia Perinatal Quality Collaborative (GaPQC). Currently, 49 hospitals participate in GaPQC. Together, this support has made it possible to begin implementing QI efforts in hospitals, and to establish a perinatal surveillance system to improve the outcomes of mothers and babies in Georgia.
- DPH launched an initiative to designate hospitals according to the level of care they can provide. Designations will help ensure women deliver in a facility most appropriate for their level of risk.
- DPH also launched an initial Safe Sleep campaign in 2016 to help prevent sleep-related deaths and to educate parents about creating a safe sleep environment for their children. DPH provided the design of various public health messages, newborn travel bassinets for bedside sleeping and educational board books to reinforce the messaging while also encouraging reading to the infants. In 2017-19, Cobb & Douglas Public Health worked with local businesses to expand this campaign to reach ALL new parents and caregivers in Cobb and Douglas Counties with additional messages and safe sleep equipment for families in need.
- Cobb & Douglas Boards of Health recommended that state lawmakers prepare to increase state investment to ensure success in maternal and infant health quality improvement efforts involving hospitals, insurers, health providers and public health districts.

Maternal and Infant Morality Resources:

March of Dimes:

- https://www.marchforbabies.org/?utm_source=google&utm_medium=cpc&utm_campaign=mfb2020&utm_content=brand

Healthy Start:

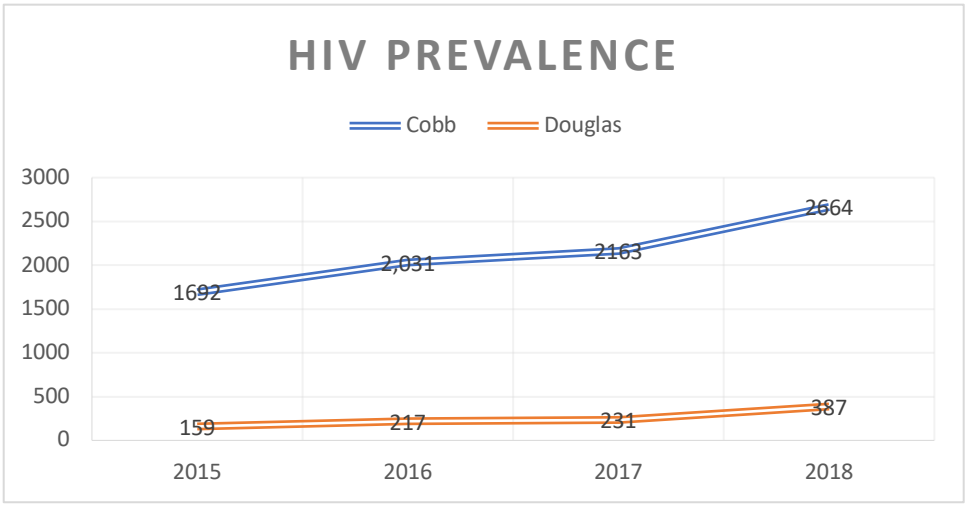
- https://mchb.hrsa.gov/maternal-child-health-initiatives/healthy-start

Centers for Disease Control and Prevention

- https://www.cdc.gov/reproductivehealth/maternalinfanthealth/index.html

Human Immunodeficiency Virus (HIV) Prevalence Over Time

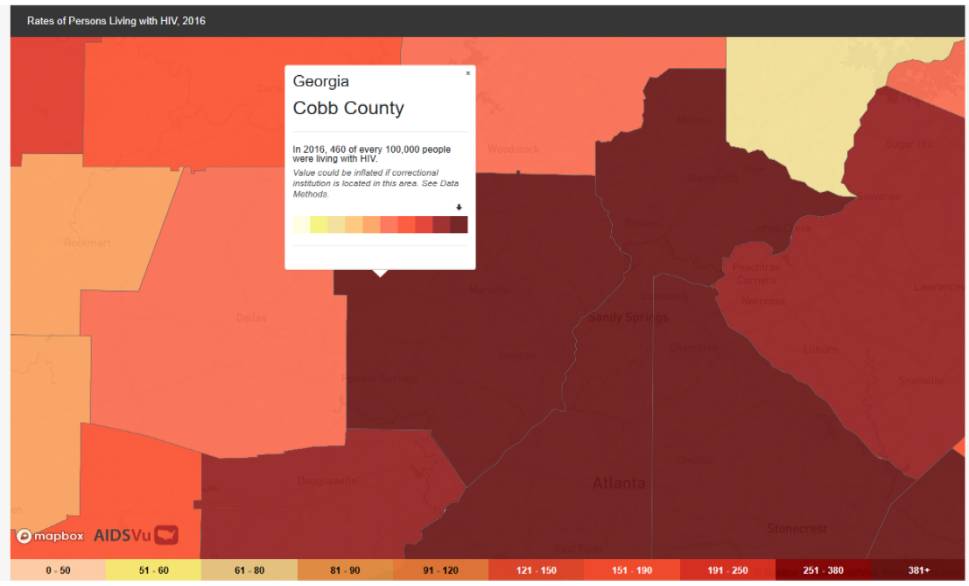
Prevalence of Human Immunodeficiency Virus in Cobb & Douglas County



Source: County Health Rankings & Roadmaps, 2015-2018

- From 2015 to 2018, the prevalence of human immunodeficiency virus increased from 1692 to 2664 cases in Cobb county.
- From 2015 to 2018, the prevalence of human immunodeficiency virus increased from 159 to 387 cases in Douglas county.

Geographic Information System Map – Rate of Human Immunodeficiency Virus in Cobb County



- *Source: AIDSVu, 2016* In 2016, the rate of people living with HIV per 100,000 population was N=460 in Cobb County.

- Of those diagnosed with HIV, approximately 77.2% were male and 22.8% were female.
- In 2016, the percent of people living with HIV was disproportionately higher among African Americans (60.3%) followed by 23.5% White and 10.1% Hispanic/Latino in Cobb County.

At the time of this publication, there was limited information available for Douglas County.

HIV Eradication Planning Efforts In 2019,

- Georgia Department of Public Health Office of HIV/AIDS created a PrEP Screening Tool and in January 2019, the new PrEP Screening Tool was implemented at CDPH. This tool helps to determine the client's eligibility for PrEP services and is helpful in making an informed PrEP referral. A PrEP Screening Tool is completed with each clinical and non-clinical HIV testing visit. Clients who were deemed eligible for PrEP were referred to partner agencies until CDPH could launch their own PrEp services. In November 2019, CDPH began offering PrEP as a part of STI, Family Planning, and Women's Health encounters. PrEP was implemented after speaking with representatives from other jurisdictions across the country and assessing the clinical practice guidelines and our internal capacity. CDPH has successfully incorporated this clinical intervention into what has been an HIV prevention effort primarily focused on non-clinical risk reduction interventions and HIV testing.
- The Georgia Department of Public Health (DPH) applied for PS19-1906: Strategic Partnerships and Planning to Support Ending the HIV Epidemic (EHE) in the United States on behalf of the targeted Phase 1 jurisdictions- Fulton, DeKalb, Gwinnett, and Cobb. This grant required direct engagement of communities in the identified jurisdictions in order to develop a concisely written plan that would guide the development and implementation of future EHE activities. DPH also applied for PS20-2020: Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic (EHE) in the United States. This grant is to build on the ongoing activities funded through PS18-1802: Integrating HIV Surveillance and Prevention Programs for Health Departments and to implement those strategies developed through the community engagements sessions under PS19-1906.

Human Immunodeficiency Virus Resources:

HIV Care

- https://hivcare.org/hivbasics/?gclid=Cj0KCQjw1Iv0BRDaARIsAGTWD1vHT12kZyl_REb4ms_aWtb68GwVESXk0yu0dl4JU2FLWmfclt8hV_caApRFEALw_wcB

Centers for Disease Control and Prevention

- https://www.cdc.gov/hiv/basics/index.html
- https://www.cdc.gov/hiv/risk/prep/index.html

Agency & Coalition Population Health Outcome Metrics

CDPH tracks two types of population health outcome metrics: those that are linked to general public health priorities (e.g., Sexually Transmitted Infections) and those that are deemed critical by the Community Health Improvement (CHIP) coalitions (i.e., Cobb2020 & Live Healthy Douglas). All these metrics were reviewed, updated, and approved in Summer 2019.

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. Please be aware that due to delay in reporting of this type of data, some of the latest data points available are several years old.

1. CDPH Agency Health Outcome Metrics
2. Cobb2020 Metrics
3. Live Healthy Douglas Metrics

CDPH Agency Health Outcome Metrics

BSC: C2c: Community Health Metrics Meeting Target

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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
BA: C2c: # of Acute Hepatitis B Infections	7	16	↑ 2	5	2018
NC: C2c: # of Arboviral Illness	1	3	↑ 1	2	2018
IP: C2c: # of Children (0-19y) Killed in a MVC	9	11	↑ 1	8	2018
SP: C2c: # of Cryptosporidium Cases	32	38	↑ 2	25	2019
FS: C2c: # of Foodborne Outbreaks	3	4	↑ 2	2	2019
WIC: C2c: % of 2-4 year old WIC Children who are Obese	13.0%	12.5%	↓ 3	12.0%	2016
CDP: C2c: % of Adult Cigarette Smokers	13.4%	8.8%	↓ 1	12.0%	2017
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
Imm: C2c: % of Children Fully Immunized	85.4%	84.3%	↓ 1	81.0%	2017
PCM: C2c: % of Low Birth Weight Babies	9.3%	9.0%	↓ 1	8.8%	2018
OH: C2c: % of students with Caries Experience (treated or untreated tooth decay) in GA	23.6%	51.1%	↑ 1	23.0%	2017

At the time of this publication, data regarding children who missed 11+ days of school per year (due to illness or injury) was last updated December 2019.

BCCP: C2c: Age-Adjusted Breast Cancer Mortality Rate in Females	25.7	22.6	1	25.0	2018
VR: C2c: Age-Adjusted Mortality Rate	679.2	670.6	3	700.0	2018
TB: C2c: District TB Case Rate	2.0	1.3	2	2.6	2018
HIV: C2c: HIV Prevalence Rate	431.6	445.9	2	372.0	2017
CDP: C2c: Major cardiovascular ER visit rate	841.6	885.3	6	840.0	2018
CH: C2c: Number of Reported Elevated Blood Lead Levels in Children (>9.9 mcg/dl)	7	6	1	5	2018
EPI-Acute: C2c: Pertussis Incidence Rate	2.4	2.4	1	2.0	2018
AH: C2c: Pregnancy Rate (10-19 Years of Age)	10.8	9.7	3	10.3	2018
BCW: C2c: Prevalence of Autism Spectrum Disorders in GA	N/A	17.0	0	10.0	2014
CMS: C2c: Prevalence of children ever diagnosed with a developmental disability	6.0%	7.0%	2	5.0%	2016
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	23.7	19.1	1	22.0	2018
OSSM: C2c: # of Impaired Streams in Cobb & Douglas Counties	50	52	1	49	FY 2019
TA: C2c: % of Tourist Accommodations with Bedbugs	4%	2%	1	5%	FY 2018

This data was collected December 2019, and these are the most recent reported values.

Interpretation of the Data

Note: Most data are reported at district level for both Cobb and Douglas counties, unless noted otherwise.

Body Art: Number of Acute Hepatitis B infections went up from 7 in 2017 to 16 in 2018.

Nuisance Complaints: Number of arboviral illnesses went up from 1 in 2017 to 3 in 2018.

Injury Prevention: Number of Children (age 0-19) killed in a motor vehicle crash went up from 9 in 2017 to 11 in 2018.

Swimming Pools: Number of cryptosporidium cases went up from 32 in 2018 to 38 in 2019.

Food Service: Number of foodborne outbreaks went up from 3 in 2018 to 4 in 2019.

Women, Infants, Children: Percent of 2-4 years old WIC children that are obese in Georgia decreased from 13.0% in 2015 to 12.5% in 2016.

Chronic Disease Prevention: percent of adults that smoke cigarettes decreased from 13.4% in 2016 to 8.8% in 2017.

School Health: Percent of children ages 6-17 who missed more than 11 days of school per year due to illness or injury for the entire state of Georgia went up from 3.2% in 2011 to 3.6% in 2012.

Immunizations: Percent of children fully immunized decreased from 85.4% in 2016 to 84.3% in 2017.

Perinatal Case Management: Percent of Low Birth Weight Babies decreased from 9.3% in 2017 to 9.0% in 2018.

Oral Health: Percent of students with caries experience (treated or untreated tooth decay) for the entire state of Georgia went up from 23.6% in 2016 to 51.1% in 2017.

Breast and Cervical Cancer Prevention: Age-adjusted breast cancer mortality rate in females went down from 25.7 per 100,000 women in 2017 to 22.6 in 2018.

Vital Records: Age-adjusted mortality rate decreases from 679.2 per 100,000 people in 2017 to 670.6 in 2018.

HIV: HIV Prevalence Rate increased from 431.6 per 100,000 people in 2016 to 445.9 in 2017.

Chronic Disease Prevention: Major cardiovascular Emergency Room Visits increased from 841.6 per 100,000 people in 2017 to 885.3 in 2018.

Child Health: Number of reported elevated blood lead levels in children greater than 9.9 mcg/dl decreased from 7 in 2017 to 6 in 2018.

Epidemiology – Acute Disease: Pertussis incidence rate stayed the same from 2017 to 2018 at 2.4 per 100,000 people.

Adolescent Health: Teenage pregnancy rate for 10-19-year-old decreased from 10.8 per 1,000 teenage girls in 2017 to 9.7 in 2018.

Babies Can't Wait: Prevalence of autism spectrum disorders in Georgia were at 17 per 100,000 people in 2014.

Children's Medical Services: Prevalence of children ever diagnosed with a developmental disability in the US increased from 6% in 2015 to 7% in 2016.

Early Hearing Detection and Intervention: Prevalence rate of infants diagnose with hearing loss in Georgia remained steady at 1.7 per 1,000 infants from 2015 to 2016.

Epidemiology – Sexually Transmitted Diseases: Rate of primary and secondary syphilis infections in men decreased from 23.7 per 100,000 men in 2017 to 19.1 in 2018.

Onsite Sewage Management: Number of impaired streams increased from 50 in FY18 to 52 in FY19.

Tourist Accommodations: Percent of tourist accommodations (hotels) with bedbugs decreased from 4% in FY17 to 2% in FY18.

Cobb2020 Metrics

Cobb CHIP

Edit Mode | Make Def

Expand All | Collapse All

Scorecards: Cobb CHIP

Customer

Name	Prior Value	Current Value	Change	Target Value	Most Recent Period
Goal 1.1: Tobacco Product Use					
C2c: % of Adult Cigarette Smokers	13.4%	8.8%	1	12.0%	2017
Goal 1.2: Physical Activity					
% of CCSD students who are in Aerobic Capacity Healthy Fitness Zone	70.1%	68.4%	1	73.5%	FY 2018
% 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	69.0%	63.9%	1	72.5%	FY 2018
% 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
Rate of self-pay visits to the ED that do not result in hospital admission (per 1,000 ppl)	72.8	71.1	1	68.8	2018
Goal 2.2: Chronic Disease Management					
Age-adjusted hospital discharge rate due to asthma (per 100,000 ppl)	86.2	79.1	1	79.6	2018
Age-adjusted hospital discharge rate due to diabetes (per 100,000 ppl)	158.0	162.7	6	149.8	2018
Age-adjusted hospital discharge rate due to high blood pressure (per 100,000 ppl)	19.3	14.2	4	45.4	2018
Goal 2.3: Infant Mortality					
Infant mortality rate (per 1,000 live births)	6.7	5.9	1	6.0	2018
Goal 2.4: Behavioral Health					
Age-adjusted death rate due to drug overdoses (per 100,000 ppl)	18.1	13.6	1	17.2	2018
Age-adjusted death rate due to suicide (per 100,000 ppl)	12.6	11.3	1	12.0	2018

Interpretation of the Data:

Goal 1.1: Tobacco Product Use

- For both Cobb and Douglas Counties, the percentage of adult cigarette smokers decreased from 13.4% in 2014 to 8.8% in 2017.

Goal 1.2 Physical Activity

- For the Cobb County School District, the percentage of students categorized in the Aerobic Capacity Healthy Fitness zone decreased from 70.1% in FY17 to 68.4% in FY18.
- For both Cobb and Douglas Counties, the proportion of adults who reported not participating is leisure-time physical activities or exercises in the past month decreased from 20.9% in 2013 to 17.4% in 2014.

Goal 1.3: Healthy Eating

- For the Cobb County School District, the percentage of students who are in the Healthy Fitness - Body Composition Zone decreased from 69.0% in FY17 to 63.9% in FY18.
- For both Cobb and Douglas Counties, the proportion of adults whose BMI was greater than or equal to 30.0 kg/m2 increased from 21.9% in 2013 to 23.4% in 2014.

Goal 2.1: Access to Primary Care

- For both Cobb and Douglas Counties, the proportion of adults who reported that they could not see a doctor when needed due to cost within the past 12 months increased from 17.6% in 2013 to 18.4% in 2014.
- For Cobb County, the rare of self-pay visits to the Emergency Department that do not result in hospital admission decreased from 72.8 per 1,000 people in 2017 to 71.1 in 2018.

Goal 2.2: Chronic Disease Management

- For Cobb County, the age-adjusted hospital discharge rate due to asthma decreased from 86.2 per 100,000 people in 2017 to 79.1 in 2018.
- For Cobb County, the age-adjusted hospital discharge rate due to diabetes increased from 158.0 per 100,000 people in 2017 to 162.7 in 2018.
- For Cobb County, the age-adjusted hospital discharge rate due to high blood pressure decreased from 19.3 per 100,000 people in 2017 to 14.2 in 2018.

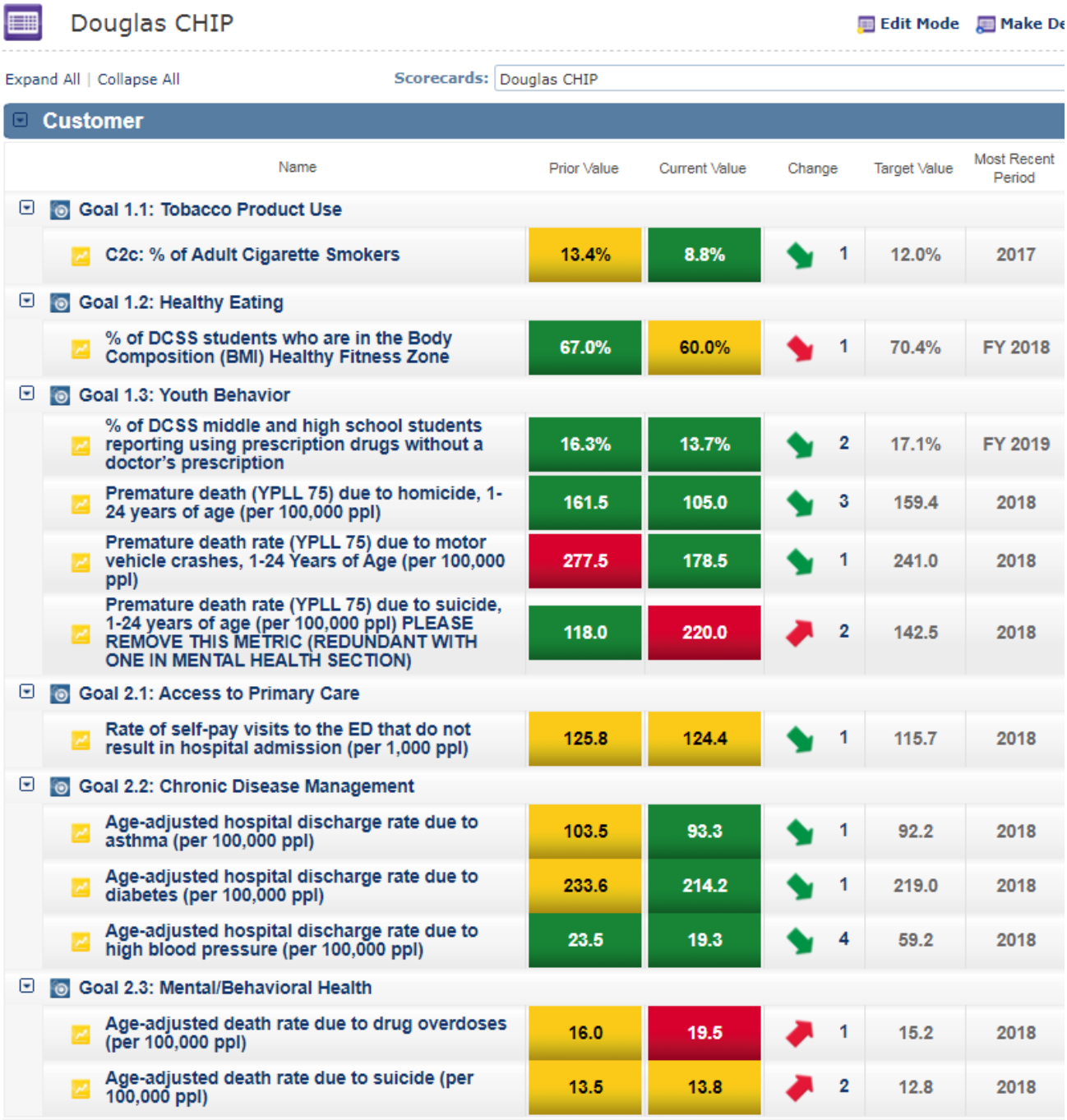
Goal 2.3: Infant Mortality

- For Cobb County, the infant mortality rate decreased from 6.7 per 1,000 live births in 2017 to 5.9 in 2018.

Goal 2.4: Behavioral Health

- For Cobb County, the age-adjusted death rate due to drug overdose decreased from 18.1 per 100,000 people in 2017 to 13.6 in 2018.
- For Cobb County, the age-adjusted death rate due to suicide decreased from 12.6 per 100,000 people in 2017 to 11.3 in 2018.

Live Healthy Douglas Metrics



Douglas CHIP

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Scorecards: Douglas CHIP

Customer

Name	Prior Value	Current Value	Change	Target Value	Most Recent Period
Goal 1.1: Tobacco Product Use					
C2c: % of Adult Cigarette Smokers	13.4%	8.8%	1	12.0%	2017
Goal 1.2: Healthy Eating					
% of DCSS students who are in the Body Composition (BMI) Healthy Fitness Zone	67.0%	60.0%	1	70.4%	FY 2018
Goal 1.3: Youth Behavior					
% of DCSS middle and high school students reporting using prescription drugs without a doctor's prescription	16.3%	13.7%	2	17.1%	FY 2019
Premature death (YPLL 75) due to homicide, 1-24 years of age (per 100,000 ppl)	161.5	105.0	3	159.4	2018
Premature death rate (YPLL 75) due to motor vehicle crashes, 1-24 Years of Age (per 100,000 ppl)	277.5	178.5	1	241.0	2018
Premature death rate (YPLL 75) due to suicide, 1-24 years of age (per 100,000 ppl) PLEASE REMOVE THIS METRIC (REDUNDANT WITH ONE IN MENTAL HEALTH SECTION)	118.0	220.0	2	142.5	2018
Goal 2.1: Access to Primary Care					
Rate of self-pay visits to the ED that do not result in hospital admission (per 1,000 ppl)	125.8	124.4	1	115.7	2018
Goal 2.2: Chronic Disease Management					
Age-adjusted hospital discharge rate due to asthma (per 100,000 ppl)	103.5	93.3	1	92.2	2018
Age-adjusted hospital discharge rate due to diabetes (per 100,000 ppl)	233.6	214.2	1	219.0	2018
Age-adjusted hospital discharge rate due to high blood pressure (per 100,000 ppl)	23.5	19.3	4	59.2	2018
Goal 2.3: Mental/Behavioral Health					
Age-adjusted death rate due to drug overdoses (per 100,000 ppl)	16.0	19.5	1	15.2	2018
Age-adjusted death rate due to suicide (per 100,000 ppl)	13.5	13.8	2	12.8	2018

Interpretation of the Data:

Goal 1.1: Tobacco Product Use

- For both Cobb and Douglas Counties, the percentage of adult cigarette smokers decreased from 13.4% in 2014 to 8.8% in 2017.

Goal 1.2: Healthy Eating

- For the Douglas County School District, the percentage of student who are in the Body Composition (BMI) Healthy Fitness Zone decreased from 67.0% in FY17 to 60.0% in FY18.

Goal 1.3: Youth Behavior

- For the Douglas County School District, the percentage of middle and high school students reporting use of prescription drugs without a doctor's prescription decreased from 16.3% in FY18 to 13.7% in FY19.
- For Douglas County, premature Death Rate (YPLL 75) due to homicide for persons 1-24 years of age decreased from 161.5 per 100,000 people in 2017 to 105.0 in 2018.
- For Douglas County, premature Death Rate (YPLL 75) due to motor vehicle crashes for persons 1-24 years of age decreased from 277.5 per 100,000 people in 2017 to 178.5 in 2018.

Goal 2.1: Access to Primary Care

- For Douglas County, the rate of self-pay visits to the Emergency Department that do not result in hospital admission slightly decreased from 125.8 per 1,000 people in 2017 to 124.2 in 2018.

Goal 2.2: Chronic Disease Management

- For Douglas County, the age-adjusted hospital discharge rate due to asthma decreased from 103.5 per 100,000 people in 2017 to 93.3 in 2018.
- For Douglas County, the age-adjusted hospital discharge rate due to diabetes decreased from 233.6 per 100,000 people in 2017 to 214.2 in 2018.
- For Douglas County, the age-adjusted hospital discharge rate due to high blood pressure decreased from 23.5 per 100,000 people in 2017 to 19.3 in 2018.

Goal 2.3: Behavioral Health

- For Douglas County, the age-adjusted death rate due to drug overdose increased from 16.0 per 100,000 people in 2017 to 19.5 in 2018.
- For Douglas County, the age-adjusted death rate due to suicide slightly increased from 13.5 per 100,000 people in 2017 to 13.8 in 2018.

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Cobb2020 – A Partnership for a Healthier Cobb County
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The 2017-2021 Community Health Improvement Plan has been completed for Cobb & Douglas Counties. Community leaders identified strategic direction to improve access to health services and particularly highlighted those efforts that would reduce infant and maternal mortality. For additional information regarding the 2019 Community Health Improvement Plan Update, please click here: http://www.cobbanddouglaspublichealth.com/publications/

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