Regional Snapshot

Public Health in Metro Atlanta:

Macro-level success and local-level disparities

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In Sum…

Metro Atlanta counties generally are healthy, especially compared to the rest of the state.

The metro area also sees some of the lowest rates for premature death, relative to the rest of the state. This is tempered by extreme disparities in life expectancy for residents living just a few miles away from one another.

Disparities in life expectancy have predictable spatial patterns that strongly resemble socioeconomic patterns in the metro area.

Heart disease remains the number one cause of death in the state. The hospital discharge rate for this disease, however, has decreased in all counties over the past 10 years, as has the death rate.

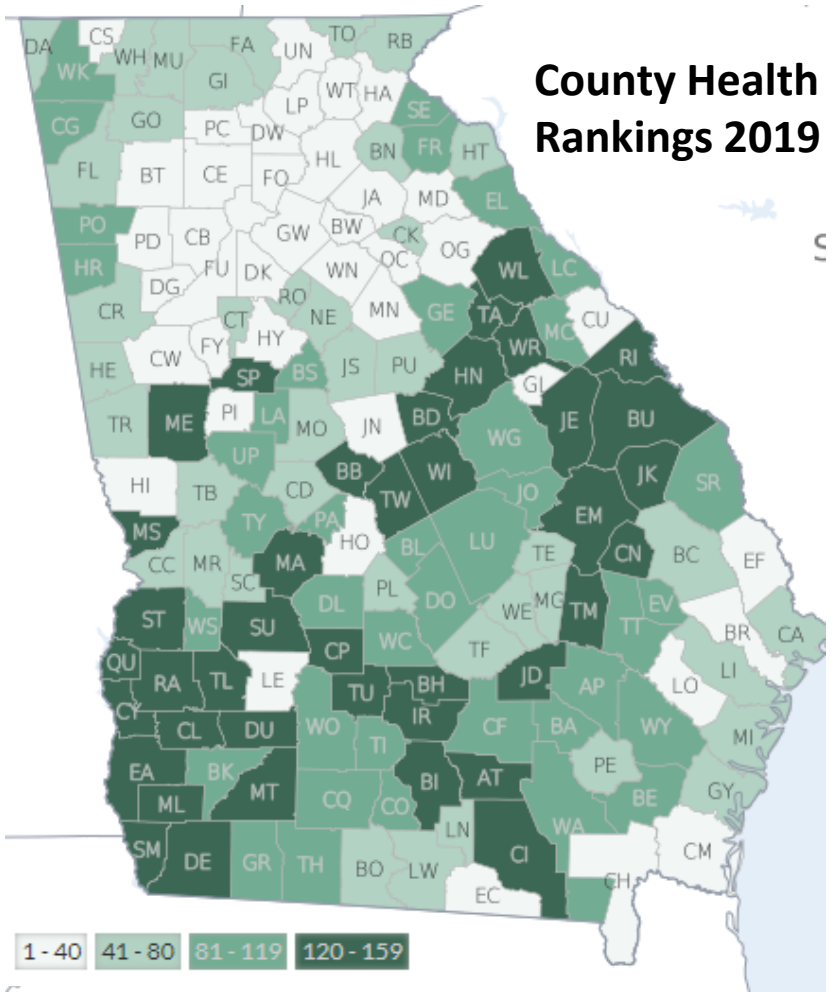
Four metro cities — Atlanta, Johns Creek, Roswell and Sandy Springs — were included in the CDC's 500 Cities Project, which provides small-area estimates for 27 health risks and conditions.

Regional Snapshot

Counties in Metro Atlanta are Generally Healthy, Especially Compared to the State

HEALTH OUTCOMES
OVERALL RANK

Rank	County
1	Forsyth (FO)
2	Oconee (OC)
3	Cherokee (CE)
4	Fayette (FY)
5	Gwinnett (GW)
6	Columbia (CU)
7	Cobb (CB)
8	Harris (HI)
9	Paulding (PD)
10	Coweta (CW)
11	Fulton (FU)
12	Jackson (JA)
13	Jones (JN)
14	Hall (HL)
15	Dawson (DW)



Metro counties lead the state in County Health Rankings' overall health outcomes measure. **Seven of the top-10 counties are in the metro**.

This measure is based on how long people live and how healthy people feel while alive. These are typical criteria we think of when we describe how healthy we are.

Source: County Health Rankings, Robert Wood Johnson Foundation

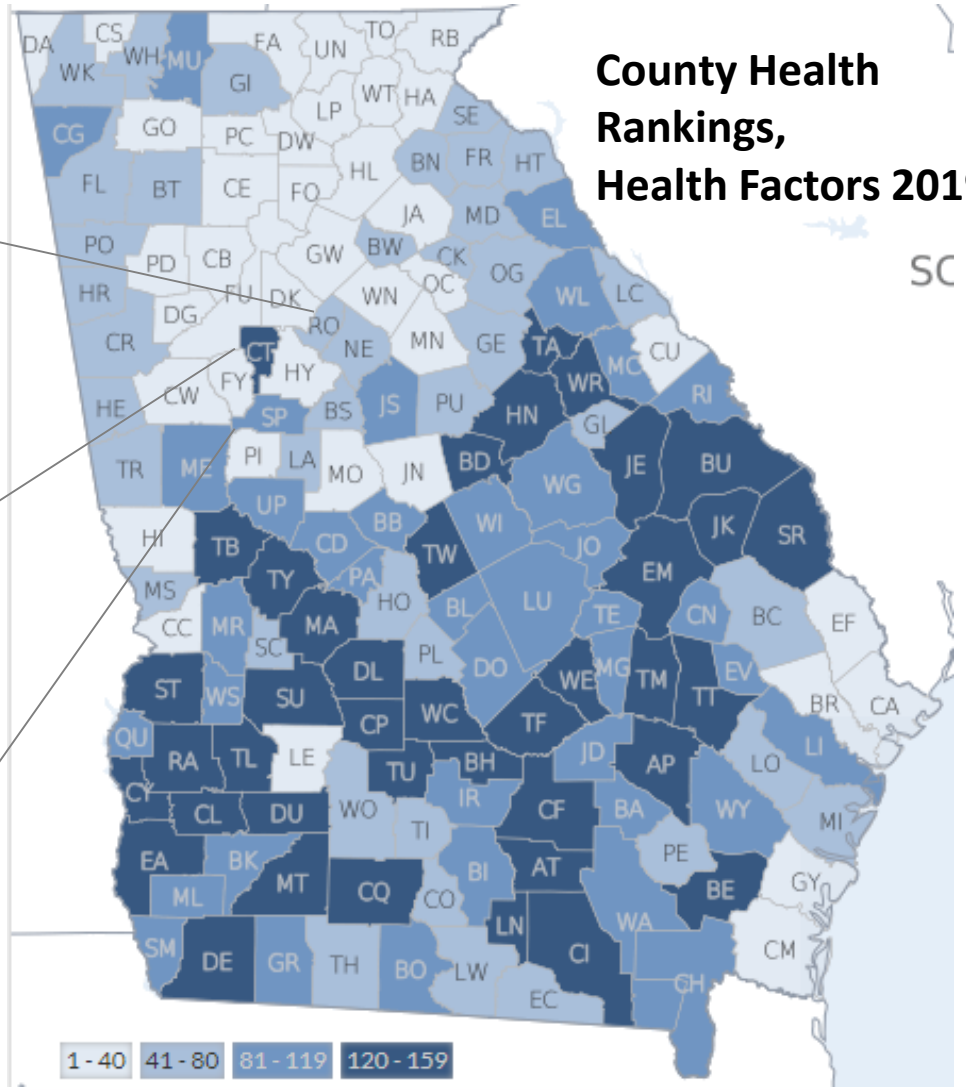
Regional Snapshot

But Not All Counties Perform Well

Rockdale: **#54** in Health Factors (**#45** in Health Outcomes)

Clayton: **#121** in Health Factors (**#69** in Health Outcomes)

Spalding: **#117** in Health Factors (**#139** in Health Outcomes)



While most counties in the metro area score well in both health outcomes and health factors (left), **Clayton, Rockdale and Spalding counties score low in both measures.**

Health factors include health behaviors, clinical care, social and economic conditions and the physical environment in which people live. These are the factors that influence how healthy we are.

Source: County Health Rankings, Robert Wood Johnson Foundation

Regional Snapshot

Leading Causes of Death v. Leading Causes of Premature Death in Georgia

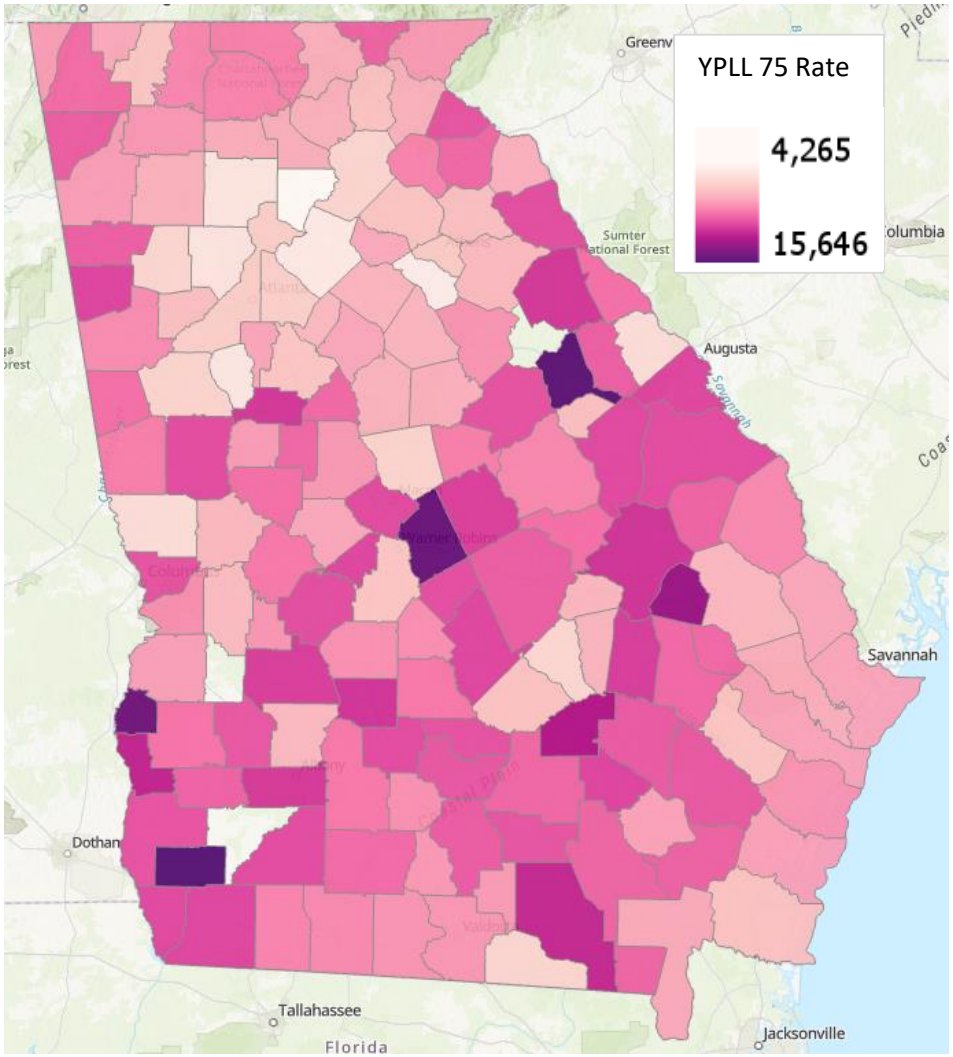
Age-Adjusted Death Rate (2013-2017)	Years of Potential Life Lost (YPLL) Before Age 75 Rate (2013-2017)
1) Ischemic Heart and Vascular Disease	**1) Ischemic Heart and Vascular Disease**
2) Malignant Neoplasms of the Trachea, Bronchus and Lung	2) Motor Vehicle Crashes
3) All COPD Except Asthma	3) Intentional Self-Harm
4) Cerebrovascular Disease	4) Certain Conditions Originating in the Perinatal Period
5) All Other Mental and Behavioral Disorders	5) Accidental Poisoning and Exposure to Noxious Substances
6) Alzheimer's Disease	**6) Malignant Neoplasms of the Trachea, Bronchus and Lung**
7) Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease	7) Assault (Homicide)
8) Diabetes Mellitus	**8) Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease**
9) Nephritis, Nephrotic Syndrome and Nephrosis	**9) Cerebrovascular Disease**
10) All Other Diseases of the Nervous System	**10) Diabetes Mellitus**

Death rate is calculated as deaths per 100,000 individuals. The **age-adjusted death rate** uses a weighted average that controls for the proportion of age groups in an area. **YPLL 75 rate** is a measure of premature death based on the number of years lost due to death before age 75 per 100,000 individuals.

Source: Georgia Department of Public Health OASIS data warehouse, Community Health Needs Assessment

Regional Snapshot

YPLL 75 Rate Statewide



Years of Potential Life Lost (YPLL) before the age of 75 simply adds up the difference between actual age of death and age 75. So, for example, if a person dies at age 65, that equates to 10 years of potential life lost. This calculation is then performed for every death in an area. The rate divides this by 100,000 individuals.

When compared to the rest of the state, **Metro Atlanta has some of the lowest YPLL rates**. Beige and light pink represent the lowest rates; dark purple shading represents the highest rates.

Source: County Health Rankings, Robert Wood Johnson Foundation

Regional Snapshot

Leading Causes of Premature Death in the 20-County Region, By Age

Ages 5-19

1) Motor Vehicle Crashes
2) Assault (Homicide)
3) Intentional Self-Harm (Suicide)
4) All Other Diseases of the Nervous System (non-Parkinson's or Alzheimer's)
5) Accidental Drowning and Submersion

Ages 20-34

1) Accidental Poisoning and Exposure to Noxious Substances
2) Assault (Homicide)
3) Motor Vehicle Crashes
4) Intentional Self-Harm
5) HIV

Ages 35-49

1) Accidental Poisoning and Exposure to Noxious Substances
2) Intentional Self-Harm (Suicide)
3) Ischemic Heart and Vascular Disease
4) Motor Vehicle Crashes
5) Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease

Ages 50-64

1) Ischemic Heart and Vascular Disease
2) Malignant Neoplasms of the Trachea, Bronchus and Lung
3) Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease
4) Cerebrovascular Disease
5) Diabetes Mellitus

Ages 65+

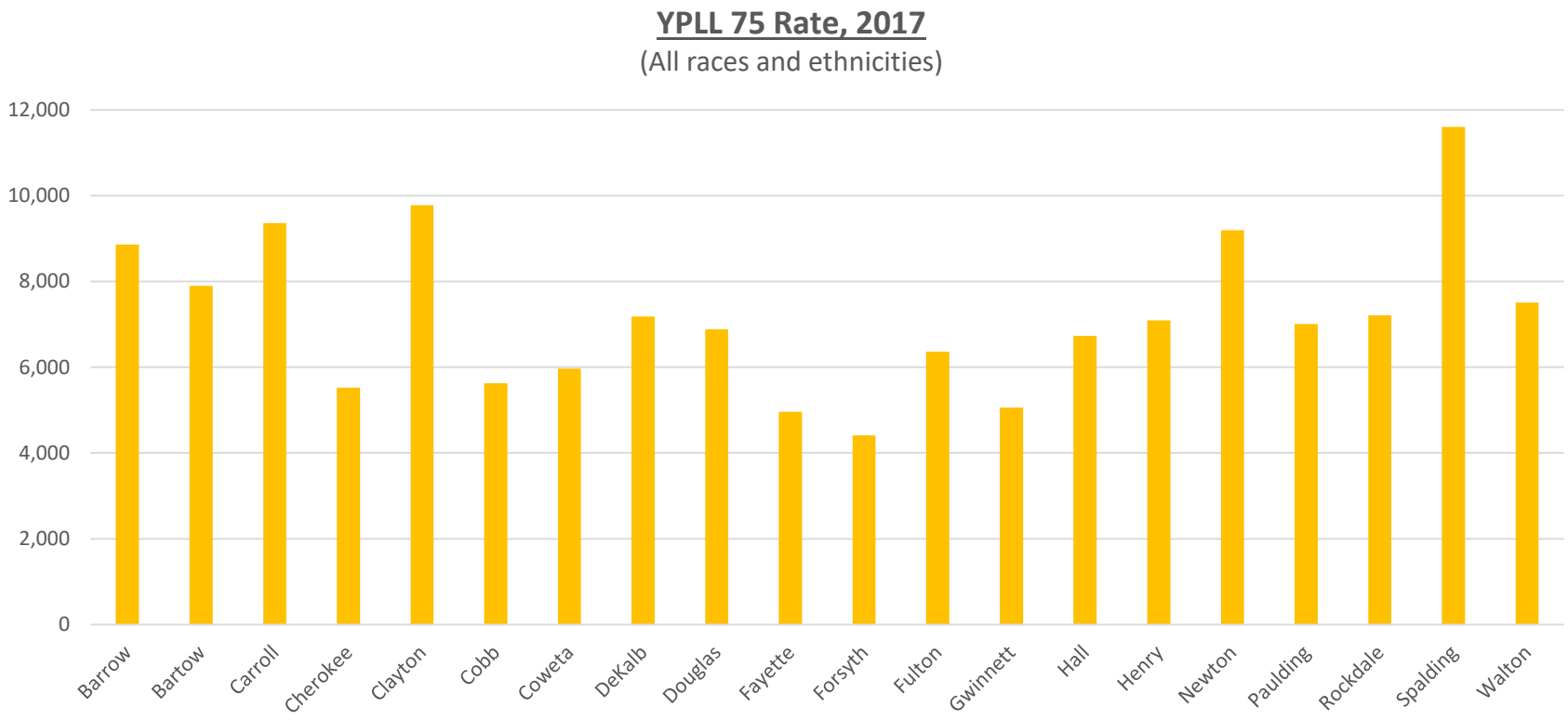
1) Ischemic Heart and Vascular Disease
2) Malignant Neoplasms of the Trachea, Bronchus and Lung
3) All COPD Except Asthma
4) Cerebrovascular Disease
5) Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease

Source: Georgia Department of Public Health OASIS data warehouse; 5-year aggregates, 2013-2017

Regional Snapshot

Years of Potential Life Lost Regionally

Total Years of Potential Life Lost



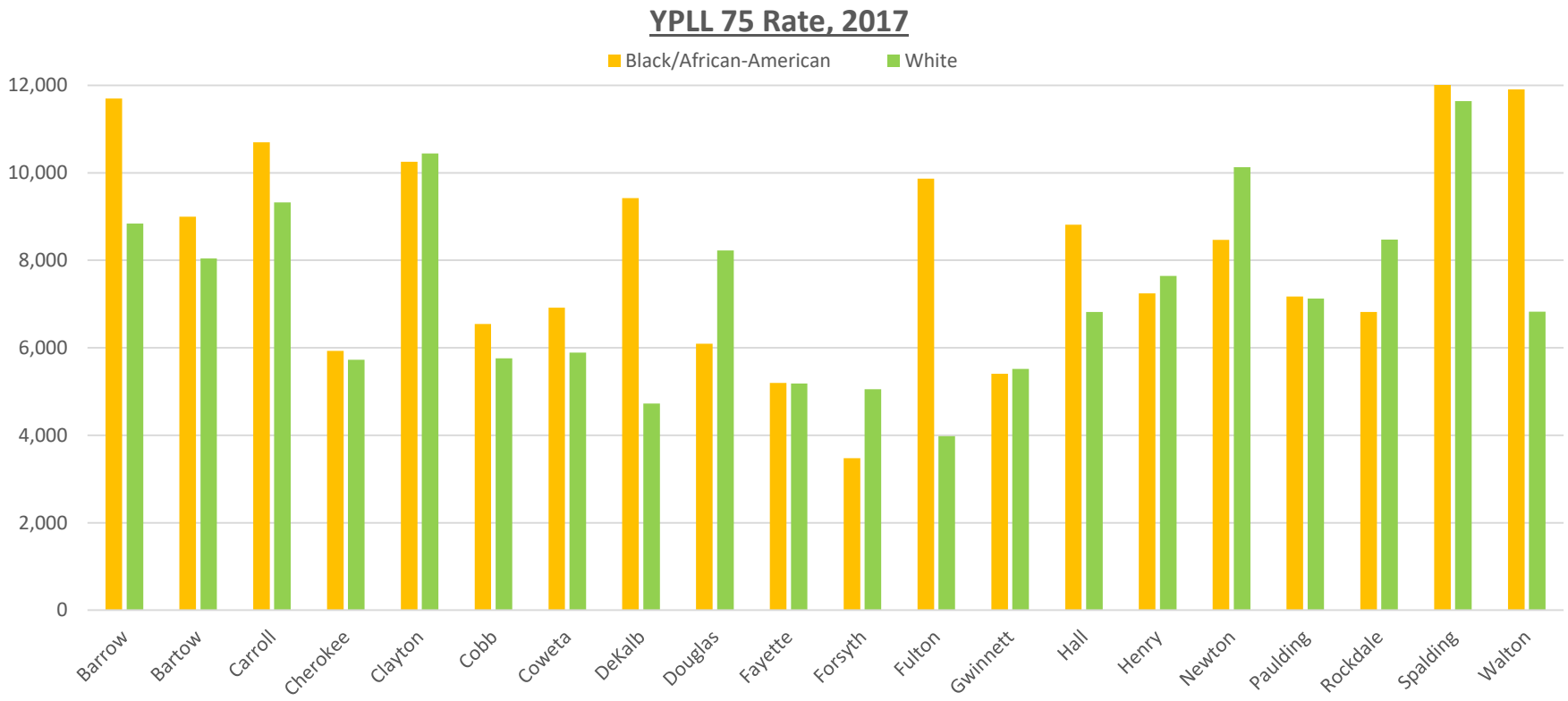
The chart illustrates the YPLL 75 Rate by county for all races and ethnicities. As the chart shows, wealthier counties such as **Cherokee, Cobb, Fayette and Forsyth experience fewer premature deaths than other metro counties**.

Source: Georgia Department of Public Health OASIS data portal

Regional Snapshot

YPLL 75 Rate By Race

Total Years of Potential Life Lost



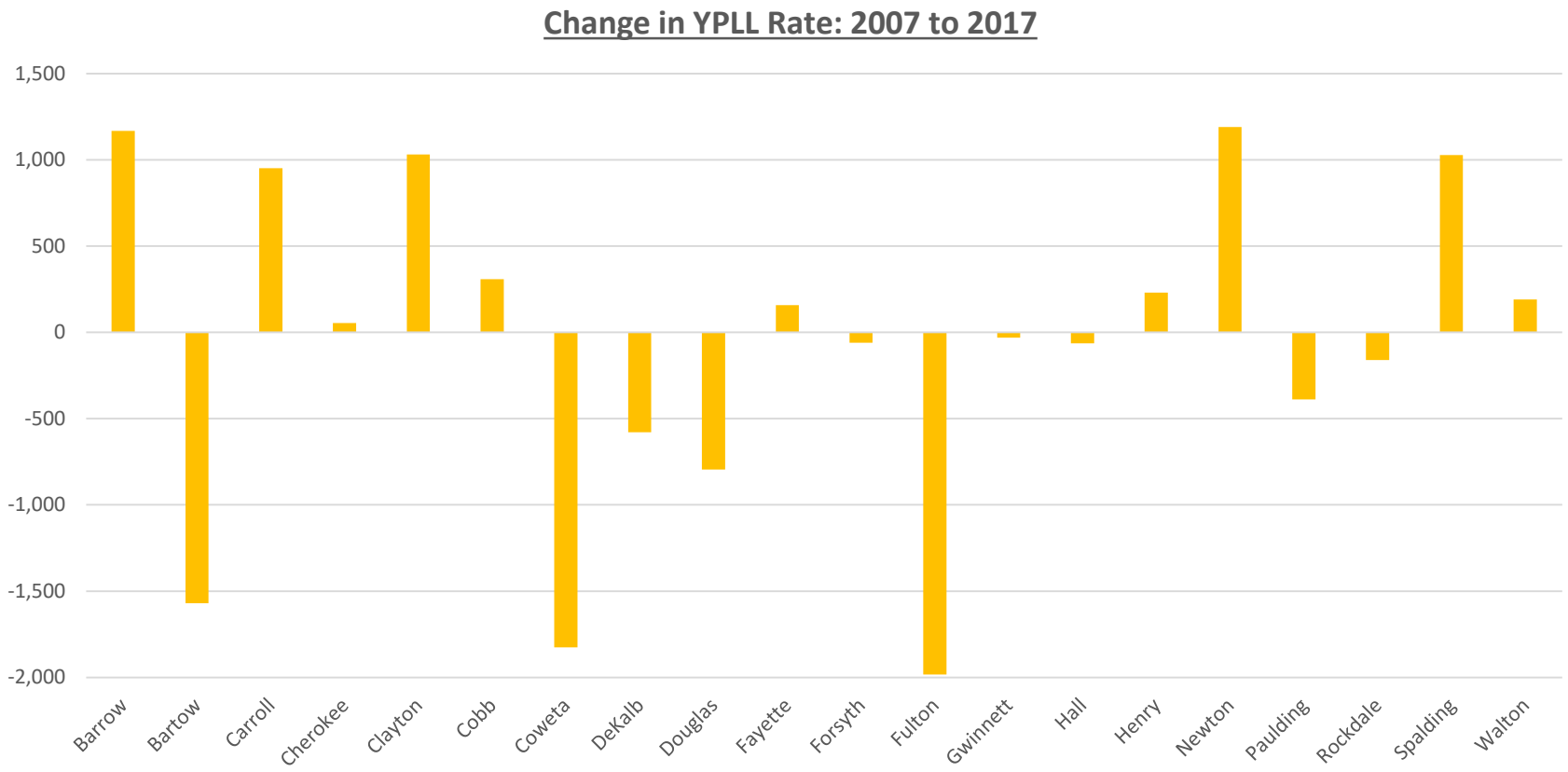
The chart illustrates the number of years of potential life lost before the age of 75 (YPLL) by county by race. In a number of counties, YPLL rates among black and white residents are relatively similar. However, **in Barrow, DeKalb, Fulton and Walton counties, YPLL rates for blacks are much higher. In Douglas and Newton counties, white YPLL rates are higher**.

Note: YPLL rates for Hispanics are lower in every jurisdiction and therefore not included in this chart.

Source: Georgia Department of Public Health OASIS data warehouse

Regional Snapshot

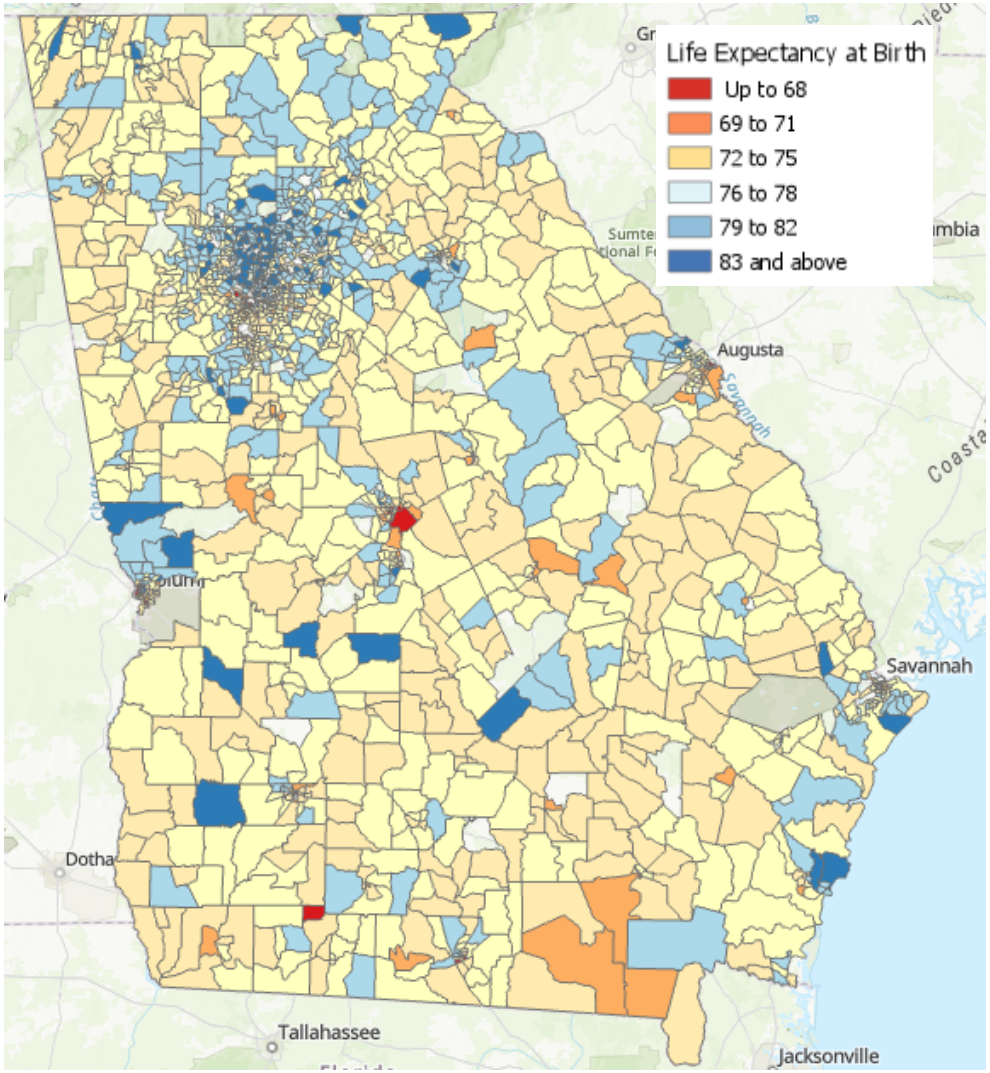
Years of Potential Life Lost: 10-Year Change



Overall, **half of the region's counties saw a decline in YPLL over the past 10 years**, with Fulton seeing the greatest decline, followed by Coweta and Bartow. Newton County, followed by Barrow and Spalding, saw the greatest increase in YPLL.

Source: Georgia Department of Public Health OASIS data warehouse

Looking at Life Expectancy Statewide



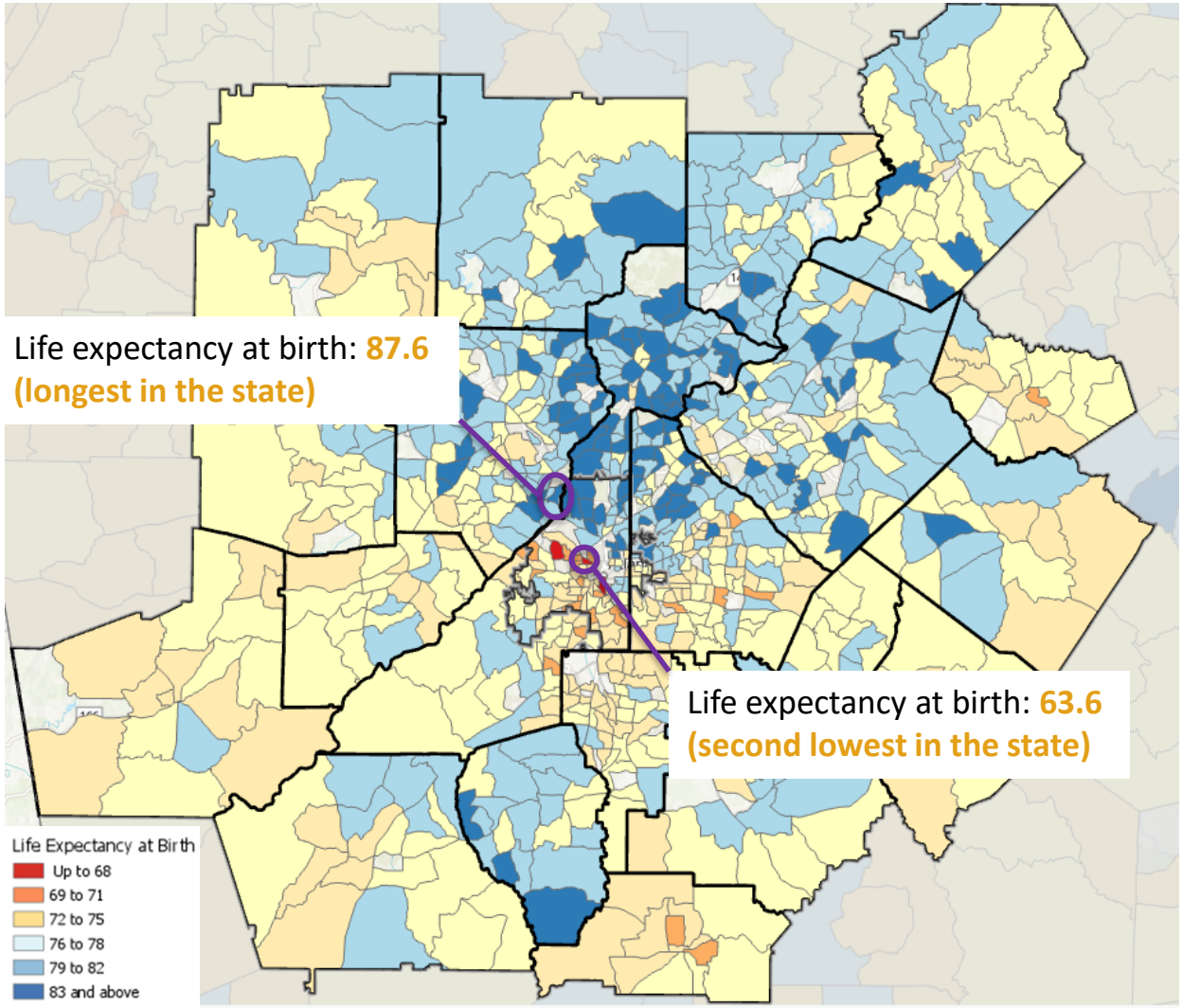
Typically, health and mortality data is examined at the county level. A growing crop of information, however, looks smaller scale, due in part to the growing awareness of health disparities that ultimately track with socioeconomic inequalities.

This map shows estimated life expectancy for most Georgia Census tracts. The data comes from the U.S. Small-Area Life Expectancy Estimates Project (USALEEP), a partnership of the National Center for Health Statistics, the Robert Wood Johnson Foundation and the National Association for Public Health Statistics and Information Systems.

From this view, residents in Metro Atlanta can expect to live longer than many residents in the rest of the state.

Source: National Center for Health Statistics USALEEP

Looking at Life Expectancy Locally



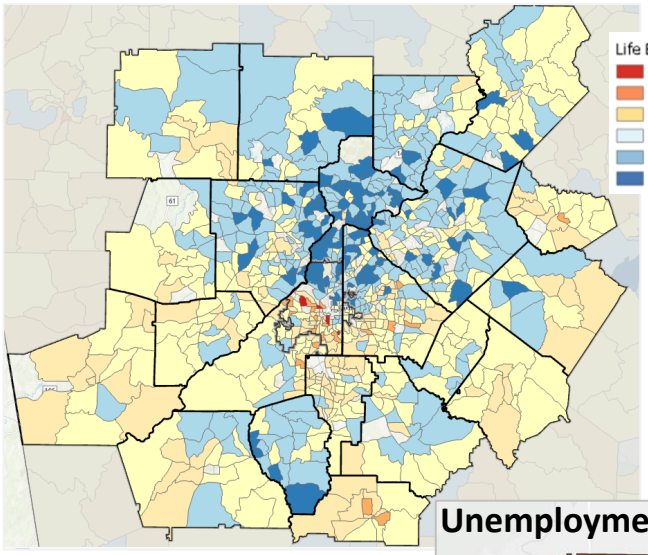
Life expectancy in the region follows a familiar pattern, **with residents in the northern part of the metro area faring better than those to the south and west**.

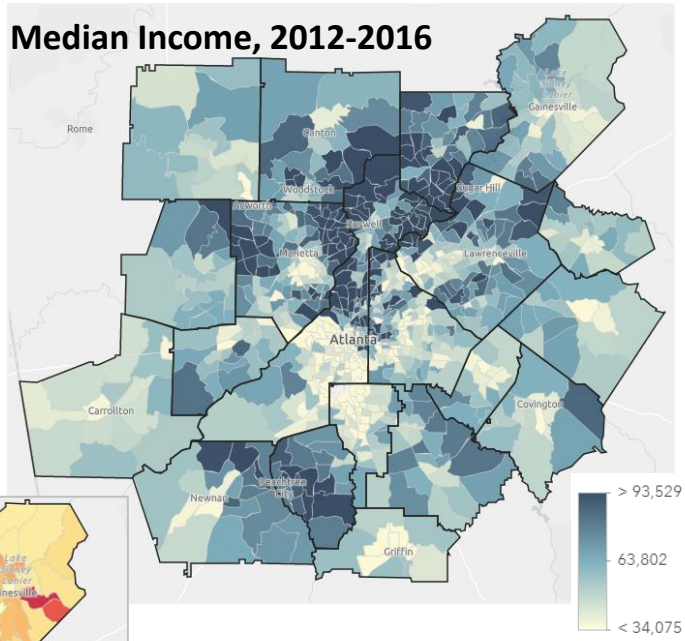
This view brings into focus deep disparities in the region. The highlighted tracts here represent the tract with the longest life expectancy — the highest in the state — and the shortest life expectancy, which is second-lowest statewide. **These tracts are less than 7 miles away from each other** (as the crow flies).

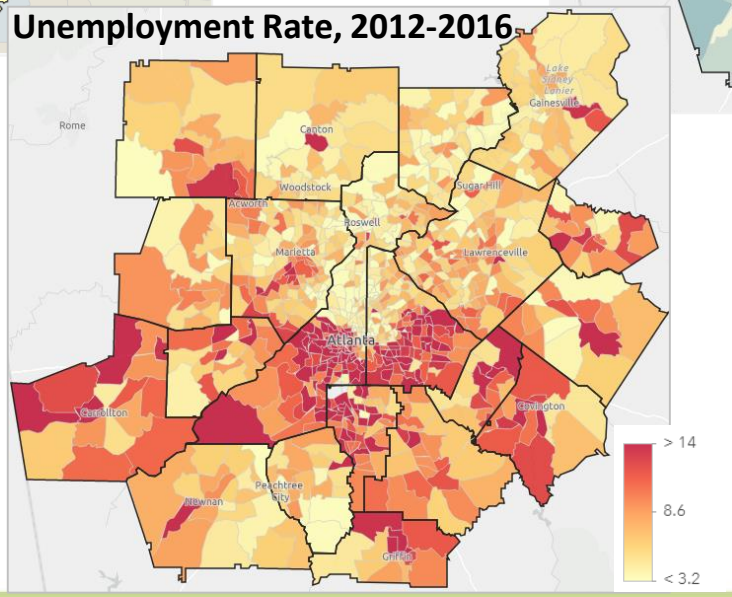
Source: National Center for Health Statistics USALEEP

Regional Snapshot

Spatial relationships between life expectancy and socioeconomic factors



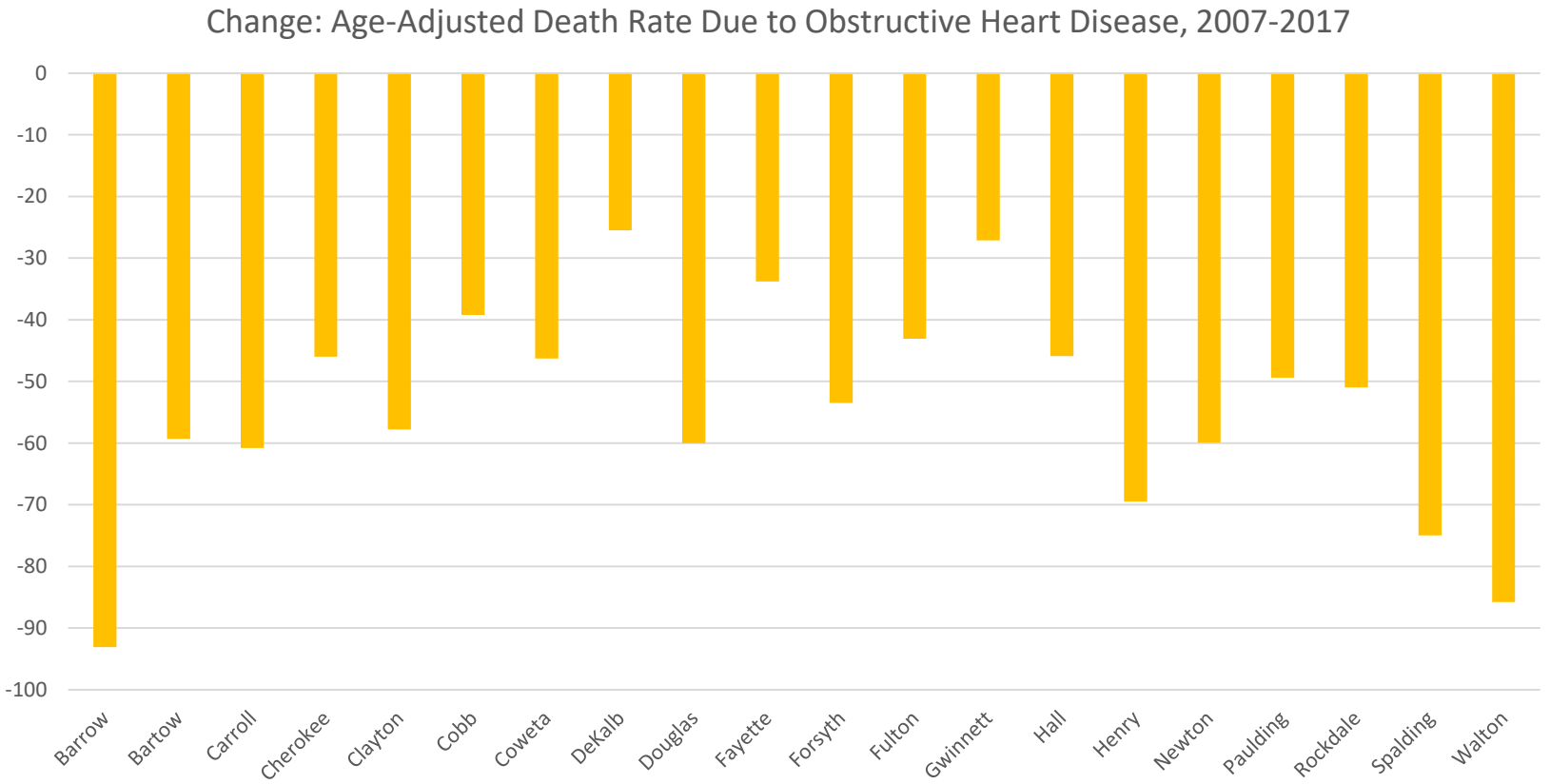




Source: Georgia Department of Public Health (OASIS), ACS- 2012-2016 via Neighborhood Nexus

Regional Snapshot

Death Rate Due to Obstructive Heart Disease Has Declined Significantly

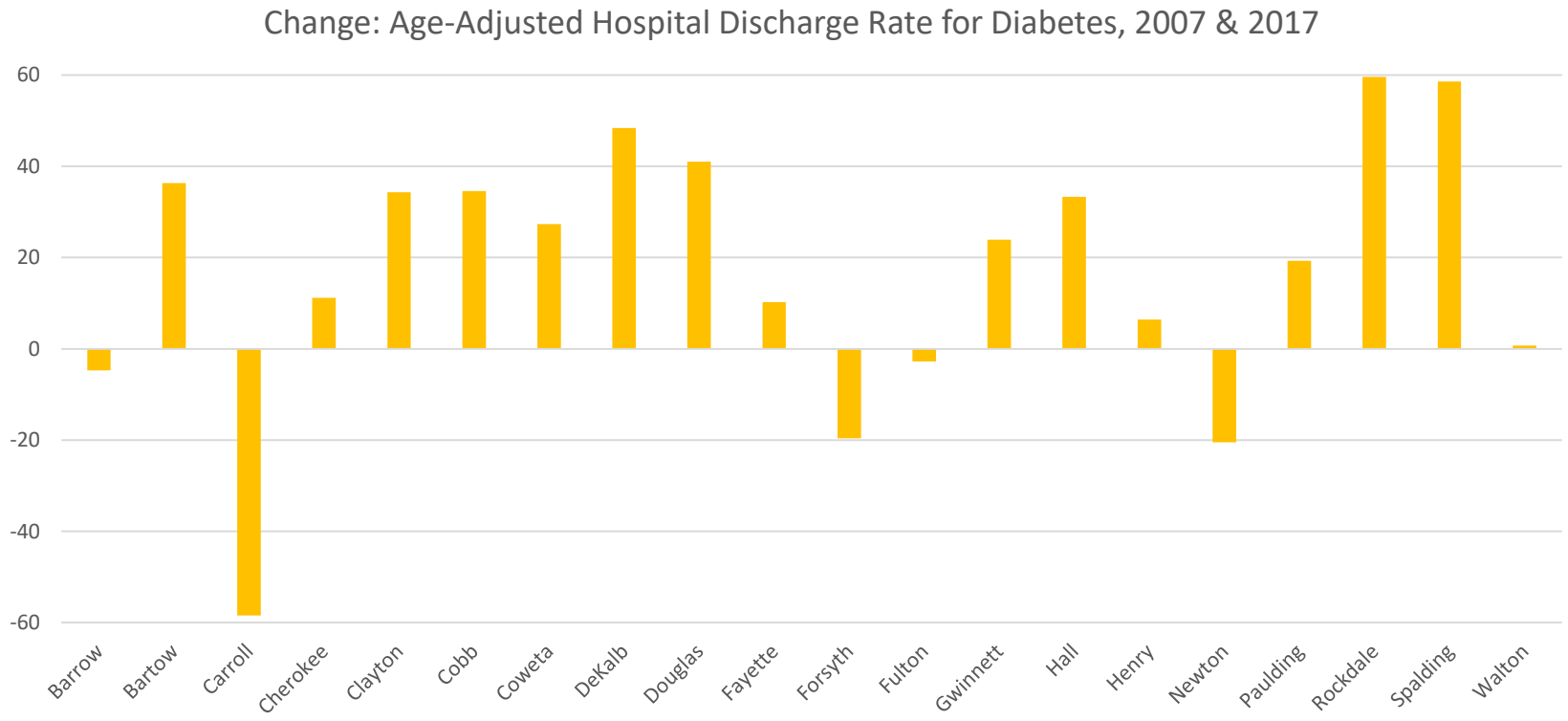


While "ischemic heart and vascular disease" **is the number one cause of death in the state**, the age-adjusted **death rate for such disease(s) has declined greatly over the past 10 years**, as have total deaths due to this disease.

Source: Georgia Department of Public Health OASIS data warehouse; 2003-2007 and 2013-2017 aggregates

Regional Snapshot

Hospital Discharges for Diabetes Rising Across the Region



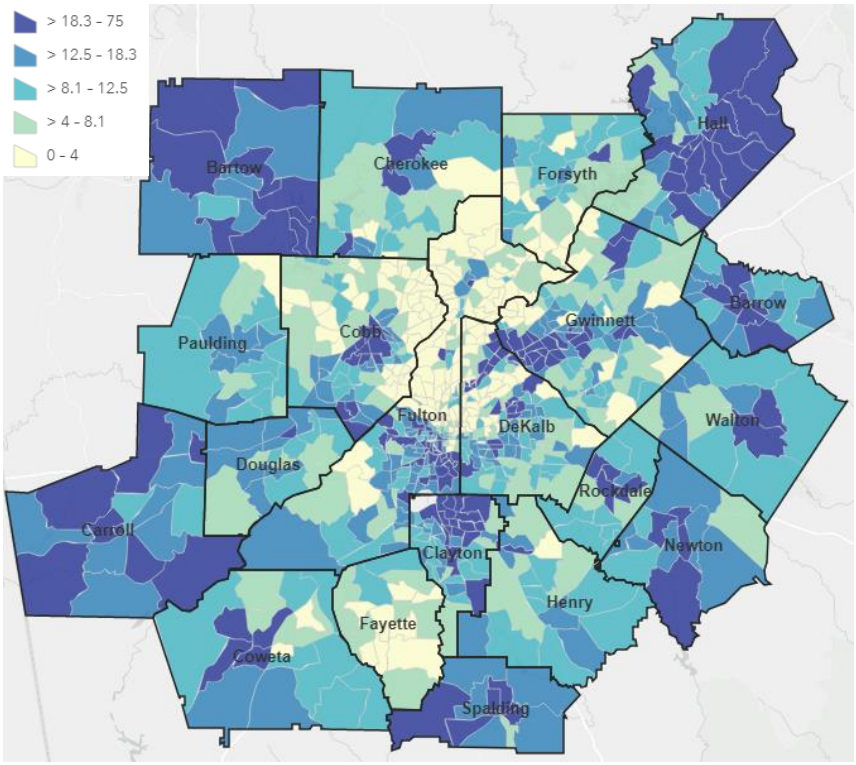
Despite the region's overall health relative to the state, as well as positive signs like declines in premature death and hospital discharge from heart disease, **age-adjusted rates of hospital discharges due to diabetes are rising across the metro**. Like most diseases, **diabetes is strongly correlated to certain social determinants of health like race, education and income**.

Source: Georgia Department of Public Health OASIS data warehouse; uses 5-year aggregates from 2003-2007 and 2013-2017

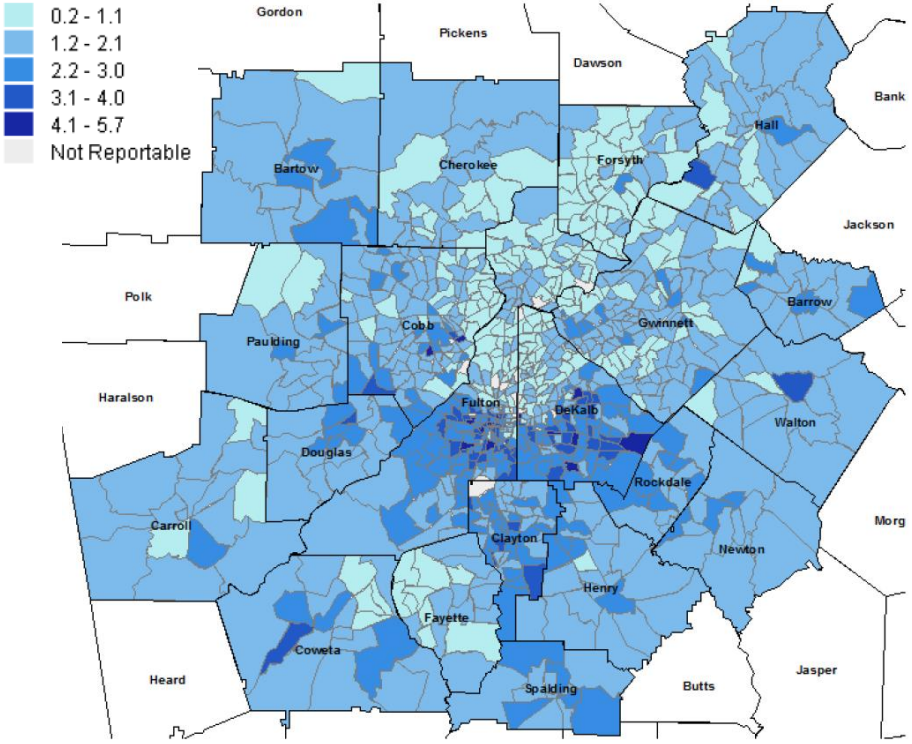
Regional Snapshot

Good Health isn't Just Genetics

% residents lacking a high school diploma, 2012-2016



% of hospital discharges due to diabetes, 2013-2017

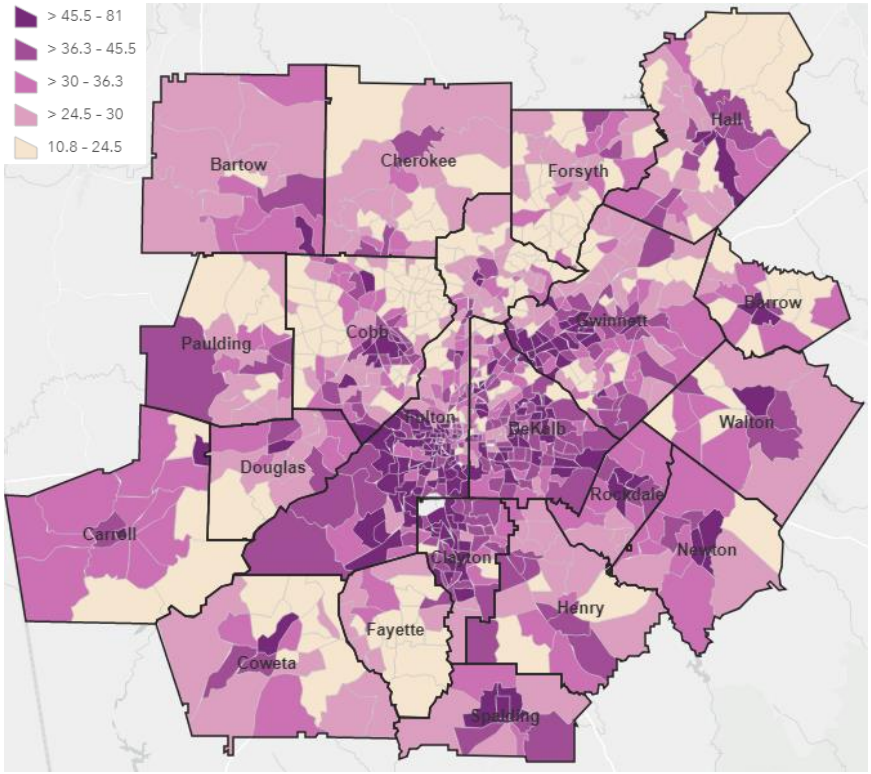


Source: Georgia Department of Public Health (OASIS) via Neighborhood Nexus; American Community Survey 2012-2016 estimates

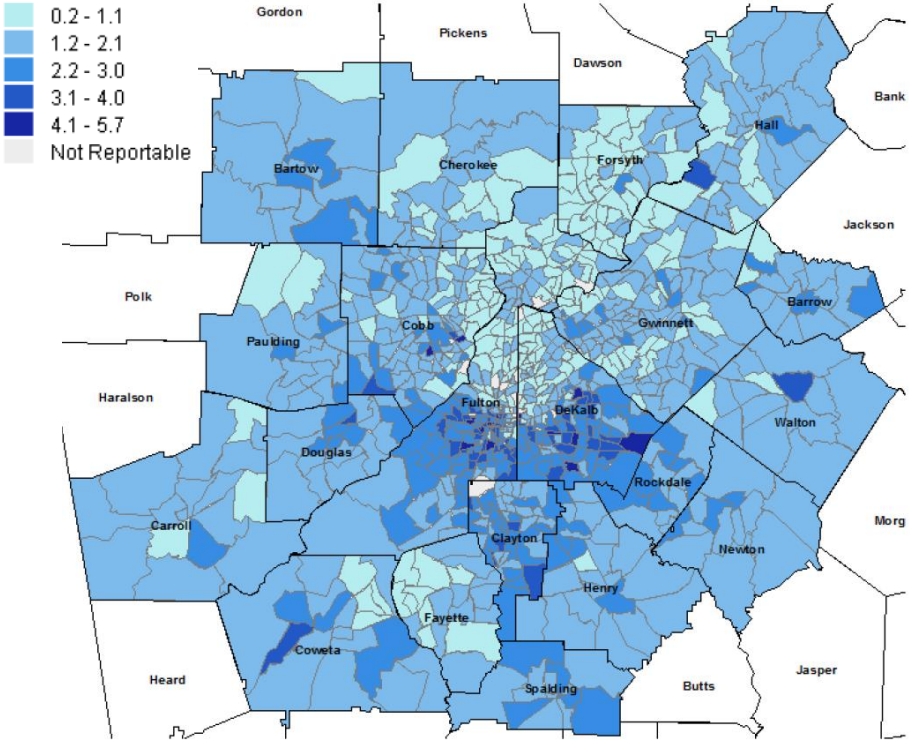
Regional Snapshot

Health is Linked with Where We Live

% cost-burdened for housing, 2012-2016



% of hospital discharges due to diabetes, 2013-2017

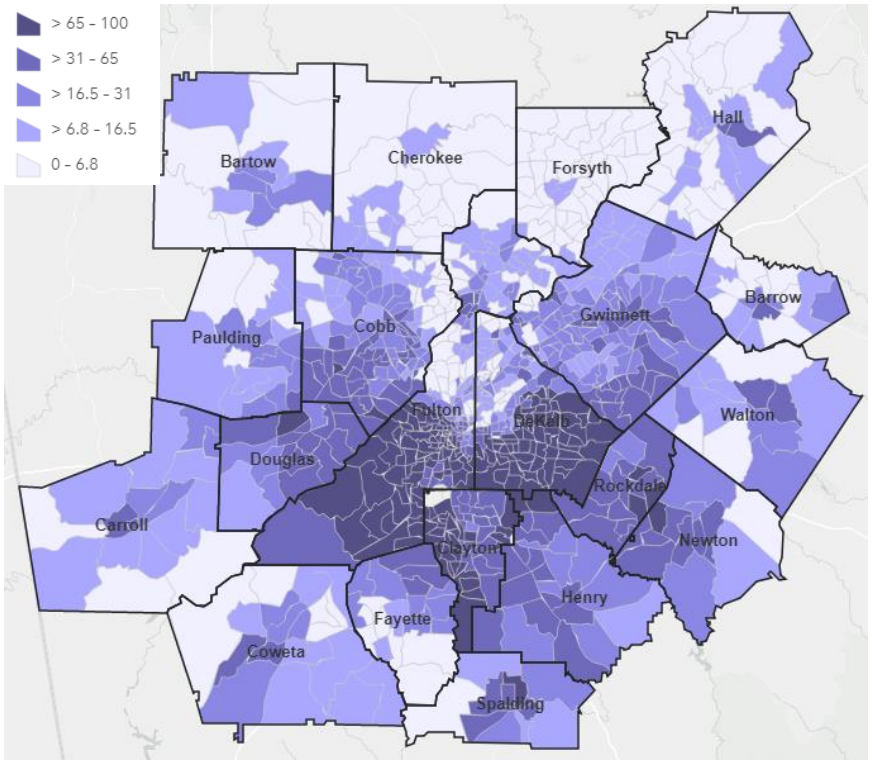


Source: Georgia Department of Public Health (OASIS) via Neighborhood Nexus; American Community Survey 2012-2016 estimates

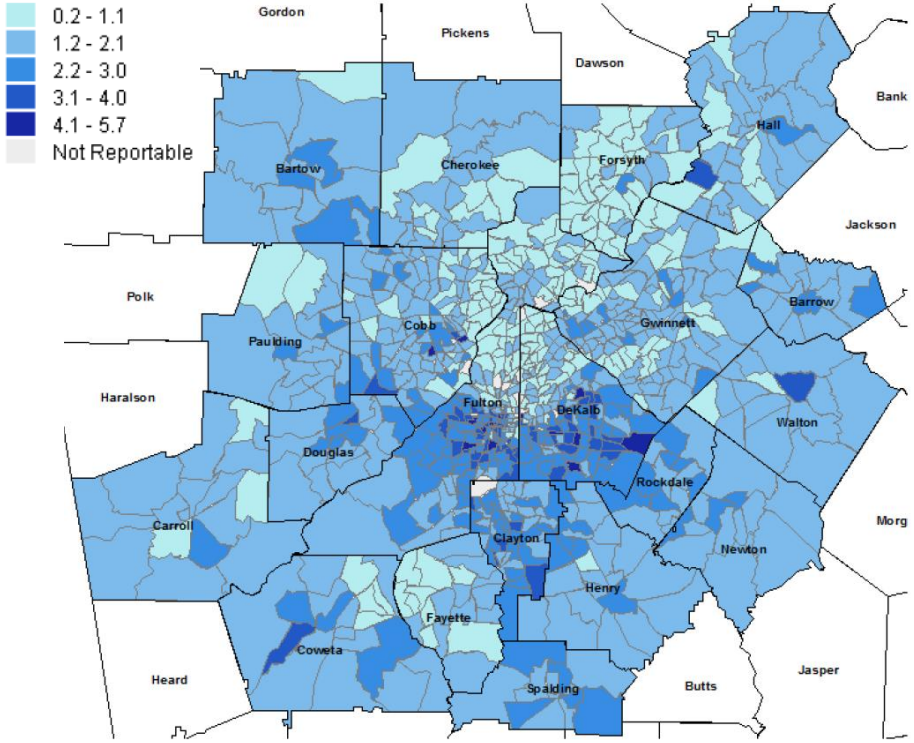
Regional Snapshot

Race Matters Too!

% black population, 2012-2016



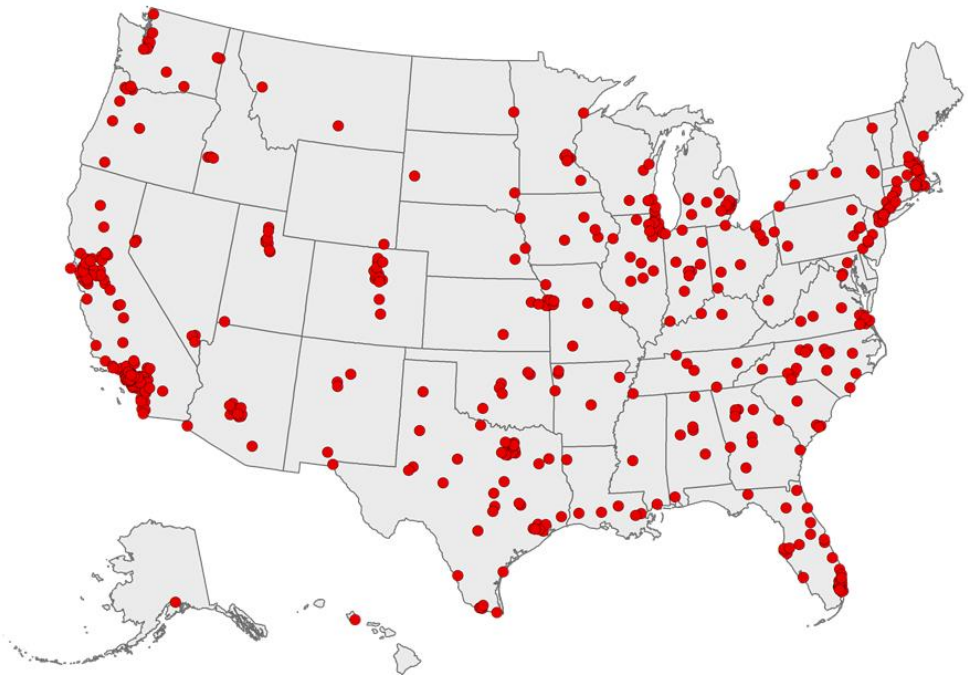
% of hospital discharges due to diabetes, 2013-2017



Source: Georgia Department of Public Health (OASIS) via Neighborhood Nexus; American Community Survey 2012-2016 estimates

Regional Snapshot

Focus on Cities: The CDC's 500 Cities Project



The CDC and Robert Wood Johnson Foundation's **500 Cities Project** reports modeled health estimates for city and Census tract-level data in the country's largest 500 cities. The data set works well for identifying areas of opportunity for health and wellness interventions.

The data set includes 11 Georgia cities: **Albany, Athens, Atlanta, Augusta, Columbus, Johns Creek, Macon, Roswell, Sandy Springs, Savannah and Warner Robins**.

Source: CDC, 500 Cities: Local Data for Better Health

Regional Snapshot

Comparing Georgia Cities

City	Overall Health Rank	Health Outcomes Rank	Prevention Rank	Unhealthy Behaviors Rank
Johns Creek	8	19	8	47
Roswell	41	66	18	114
Sandy Springs	42	85	16	103
Atlanta	266	374	123	308
Athens	375	433	238	332
Warner Robins	381	429	185	413
Columbus	396	436	174	431
Augusta	428	468	205	451
Savannah	433	457	239	450
Albany	485	490	305	483
Macon	492	497	386	491

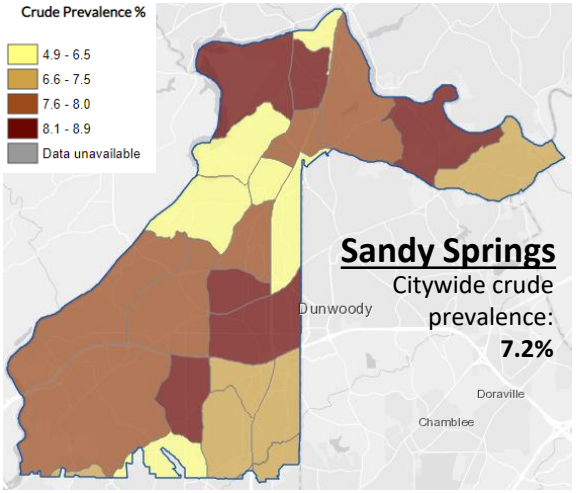
500 Cities offers estimates on 27 health measures divided into three categories: health outcomes, prevention and unhealthy behaviors. The table to the left uses modeled estimates in these categories to create a composite score for the city relative to the rest of the country's other largest 500 cities.

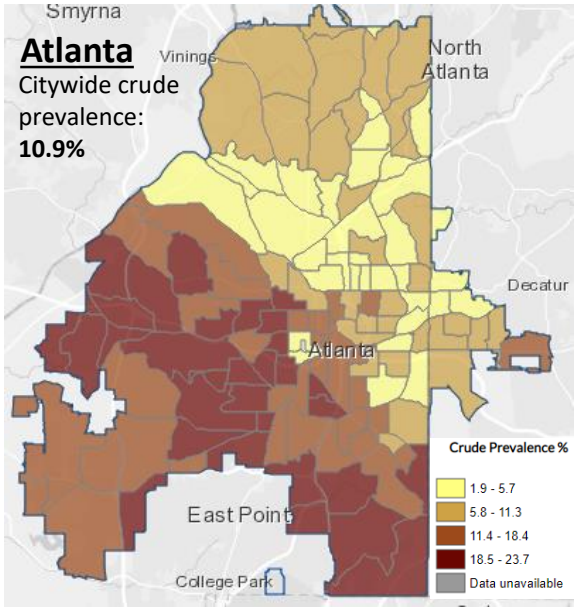
The table shows that residents in **Johns Creek, Roswell and Sandy Springs have significantly better estimates than many other American cities**. Atlanta is in the middle, and most Georgia cities rank very low relative to the rest of the country.

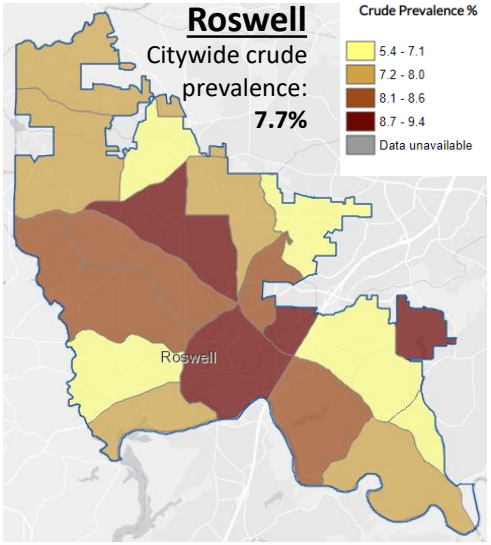
Source: CDC and Robert Wood Johnson Foundation's 500 Cities Project and the Atlanta Regional Commission

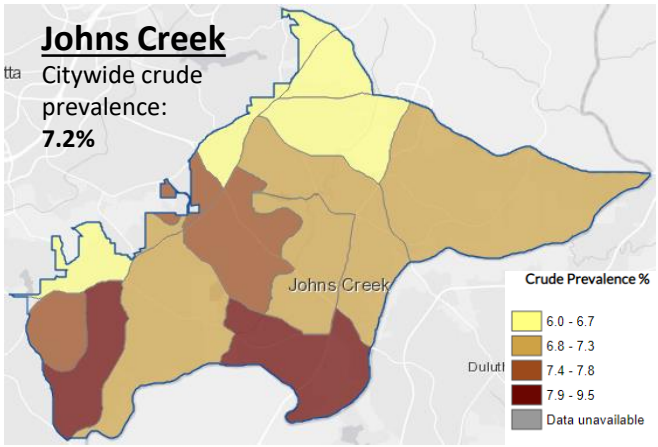
Regional Snapshot

Metro Area Health Concerns: Diabetes









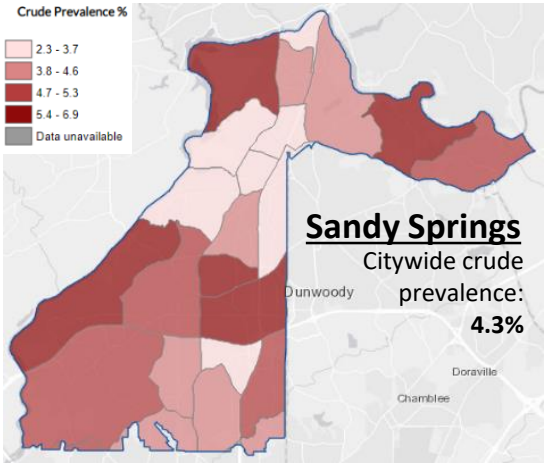
The 500 Cities tract-level estimates make it easy to see **geographic disparities** in modeled health outcomes. **Frequently these have to do with underlying socioeconomic disparities in our neighborhoods**.

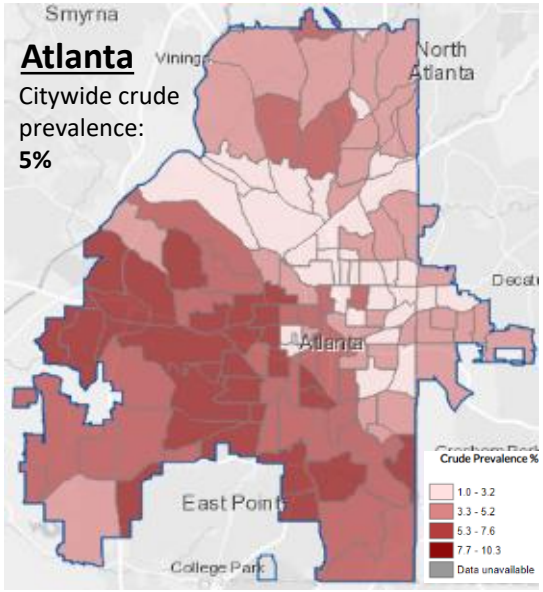
The series of maps to the left show **modeled diabetes rates** in the four metro cities included in the model. Note that the color gradients compare Census tracts inside the city limits only. **Atlanta's highest modeled rate, for instance, is 23.7 percent of residents in a Census tract, whereas the other cities don't even make it to 10 percent of tract residents**.

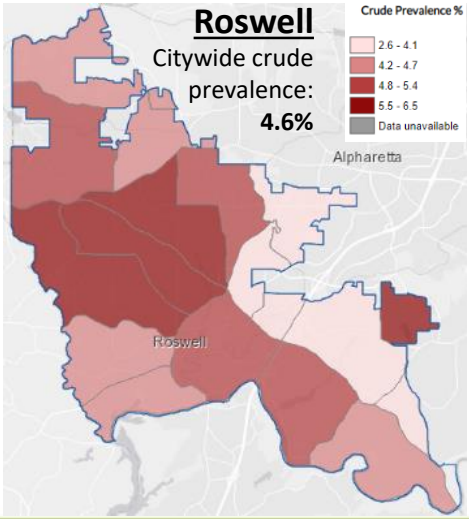
Source: CDC and Robert Wood Johnson Foundation's 500 Cities Project Interactive Map

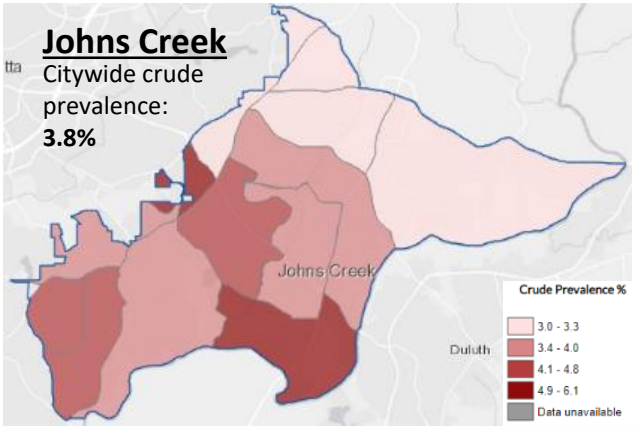
Regional Snapshot

Metro Area Health Concerns: Cardiovascular Disease









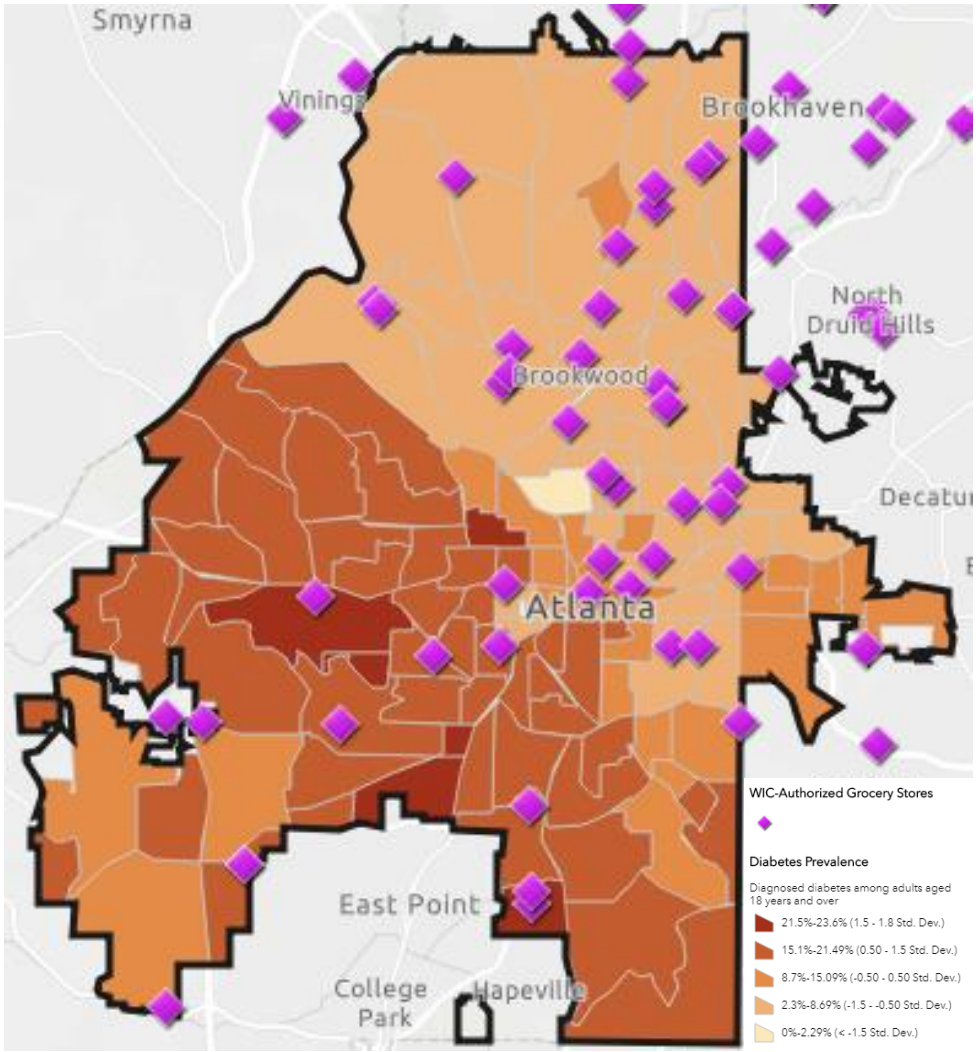
The Atlanta Regional Collaborative for Health Improvement (ARCHI) has established diabetes and cardiovascular disease — the state's leading cause of death — as two primary regional concerns. These maps **show modeled coronary heart disease rates** in each city's Census tract.

Notably, the spatial patterns are very similar to those of diabetes. **Here, too, we see that the highest rates in Atlanta are about a third higher than in the other cities**.

Source: CDC and Robert Wood Johnson Foundation's 500 Cities Project Interactive Map

Regional Snapshot

A Deeper Look at Atlanta



In 2018, Neighborhood Nexus, a project of the Community Foundation and the Atlanta Regional Commission, received a grant to use the 500 Cities data set as a catalyst for awareness and outreach in four Georgia cities: **Albany, Atlanta, Columbus and Savannah**. The outcome was a suite of data visualization tools and a series of workshops designed to encourage community collaboration.

The visualization tools, located at georgiahealthycities.org, focus on each city's key health risks, underlying patterns of disparity, and the distribution of neighborhood amenities that help people get and stay healthy. **The map to the left shows the distribution of better-quality grocery stores across Atlanta relative to modeled diabetes rates**.