



Regional Snapshot: Health Disparities Abound

Vision

ONE **great** REGION

Mission

Foster thriving communities for all within the Atlanta region through collaborative, data-informed planning and investments.

Values

Excellence | **Integrity** | **Equity**

Goals



Healthy, safe, livable communities in the Atlanta Metro area.



Strategic investments in people, infrastructure, mobility, and preserving natural resources.



Regional services delivered with **operational excellence** and **efficiency**.



Diverse stakeholders engage and take a regional approach to solve local issues.



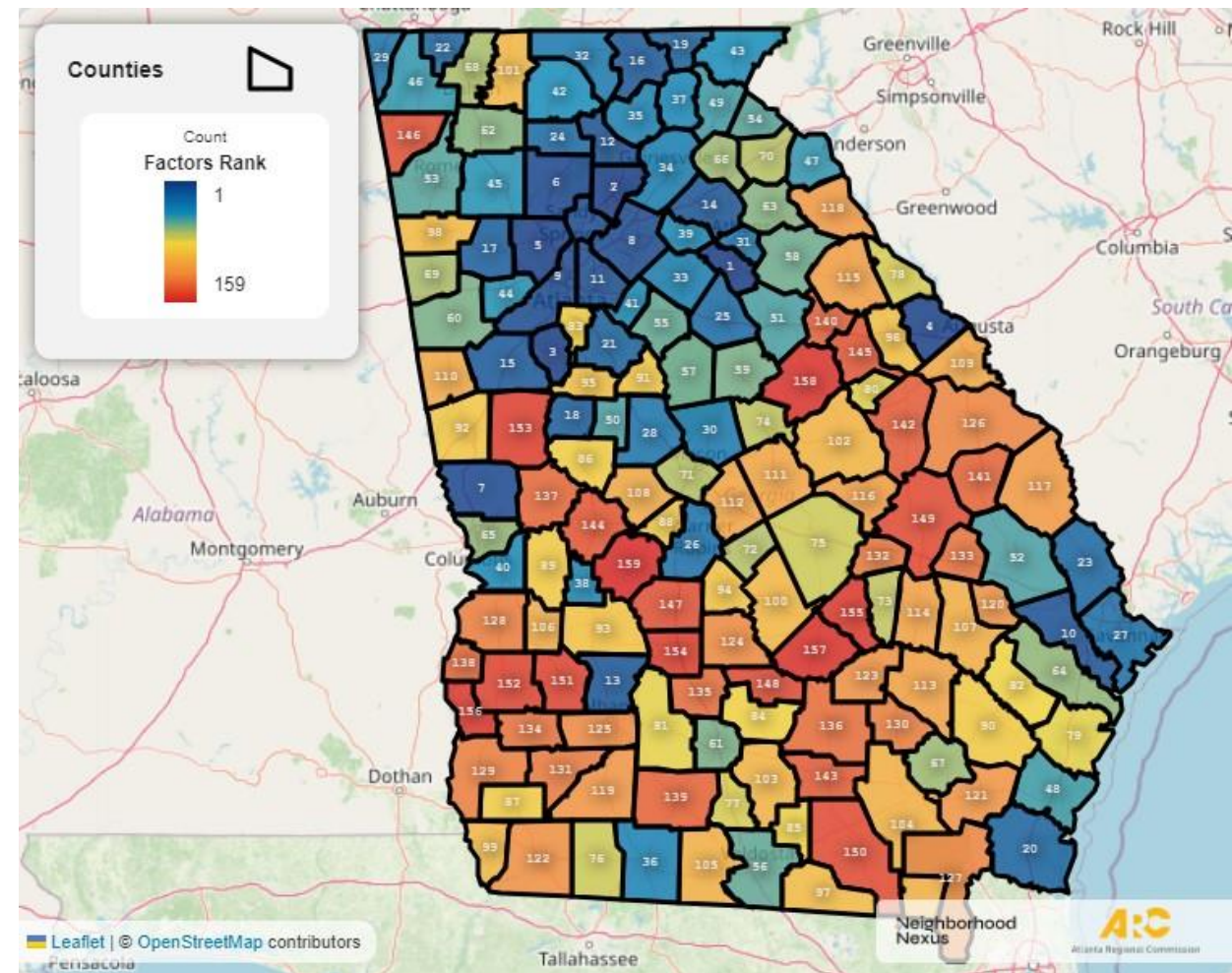
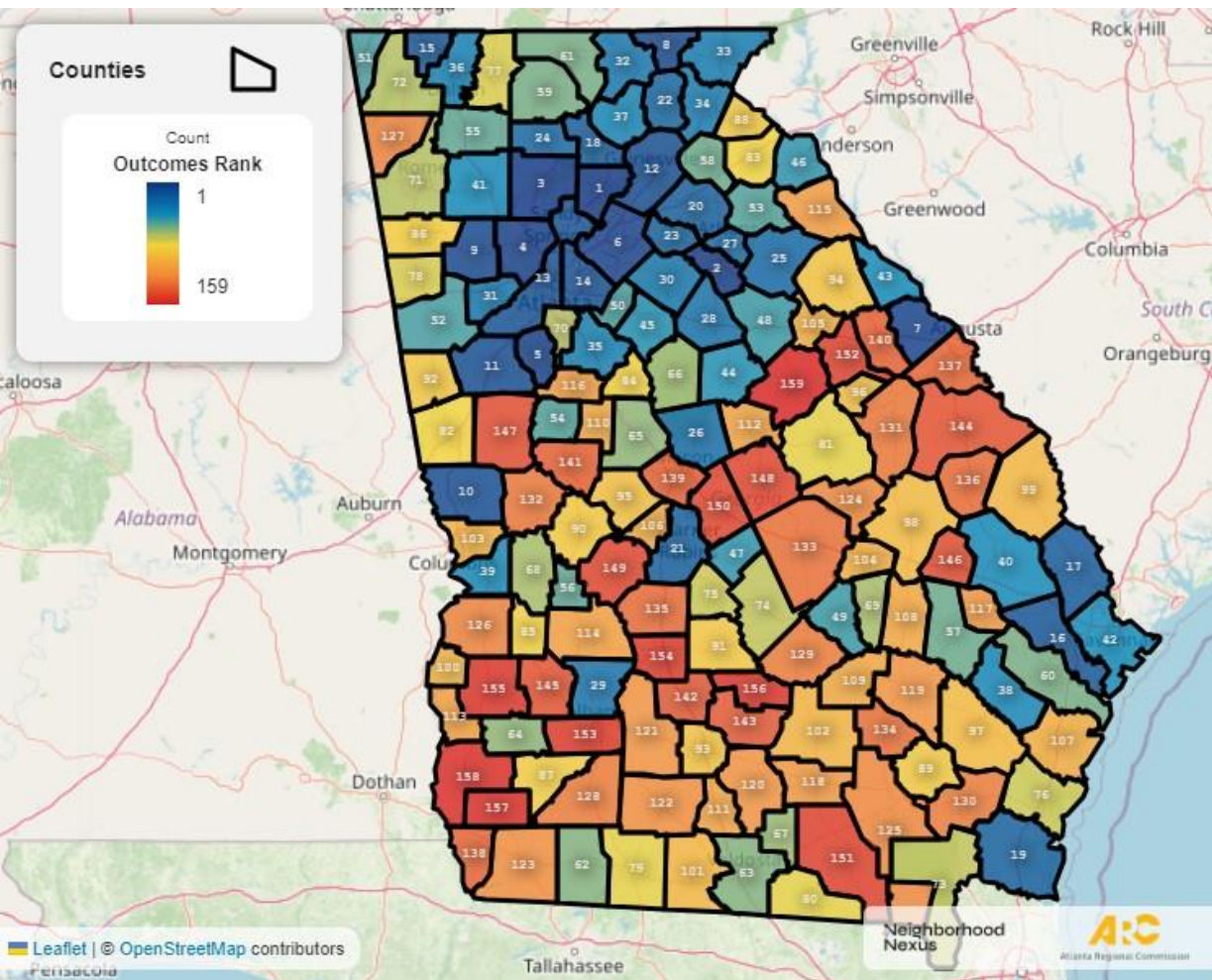
A competitive economy that is inclusive, innovative, and resilient.

Highlights

- Overall, metro Atlanta is a relatively healthy place when compared to the rest of Georgia.
- But, so much of what makes us healthy has to do with community conditions and behaviors that are producing disparate outcomes based on race and place.
- Across a wide spectrum of health indicators, Black populations consistently have poorer health outcomes than do white populations.
- Many of these disparities exist spatially as well, which is a product of decades-long settlement and migration patterns which see concentrations of wealth mostly in the northern parts of the region and concentrations of poverty mostly in the southern parts of the region.
- Depending on race, residents in the Atlanta region are living very different lives and have very different needs from the healthcare system.
- Access, writ large, plays a pivotal role in how healthy we are, and we aren't just talking about access to health insurance.

Metro Atlanta Relatively Healthy

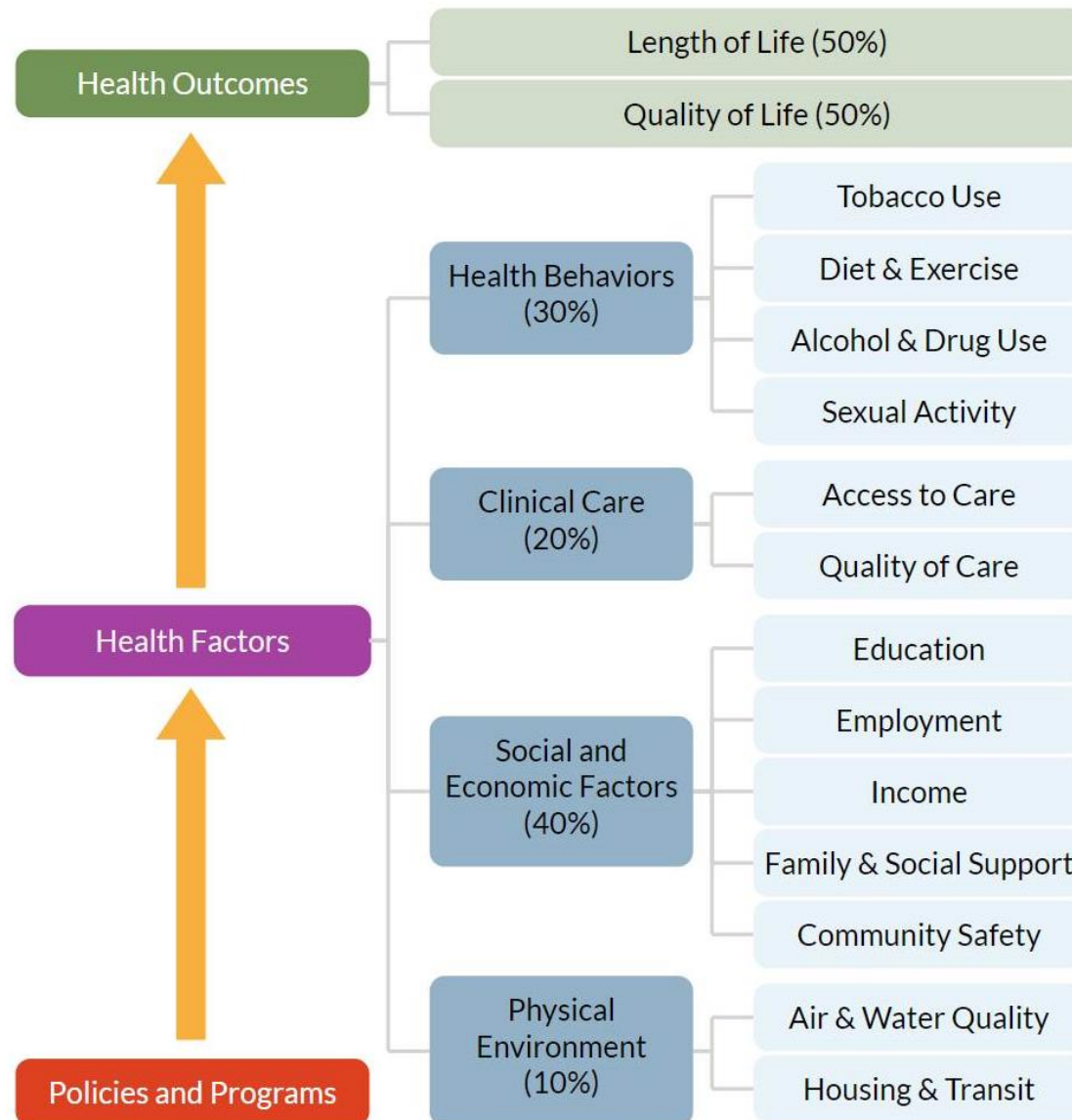
Source: County Health Rankings, 2023



Overall, metro Atlanta is a relatively healthy place compared to the rest of Georgia. The maps above, using data from County Health Rankings, show that in both “outcomes” (i.e., how long we live and the quality of our lives) and “factors” (i.e., the myriad of things – like our behaviors - that contribute to our health), counties in metro Atlanta rank highly. In fact, Forsyth County is ranked as the healthiest in outcomes and second healthiest in factors. Only Clayton County doesn’t place in the top half of the state’s rankings for healthiest. This latter point speaks to disparities in our health system.

County Health Rankings Model: Health Factors for How Well and Long We Live

The County Health Rankings model breaks down several elements that contribute to our overall health. Notice that the care we receive in a clinic accounts for only 20 percent of overall health outcomes (including both length of life and quality of life).



Disparities in Outcomes Continue to Drive Health Inequities Across the Region (11-County)

	Black Populations	White Populations	Measure
Infant Mortality	9.9	3.8	Per 1,000 Live Births
Asthma (ER Visits)	858.1	165.6	Per 100,000 population
Diabetes (ER Visits)	440.3	118.3	Per 100,000 population
Major Cardiovascular Diseases (ER Visits)	1070.4	541.1	Per 100,000 population
Years of Potential Life Lost before age 75	9,140.3	5,619.6	Per 100,000 population

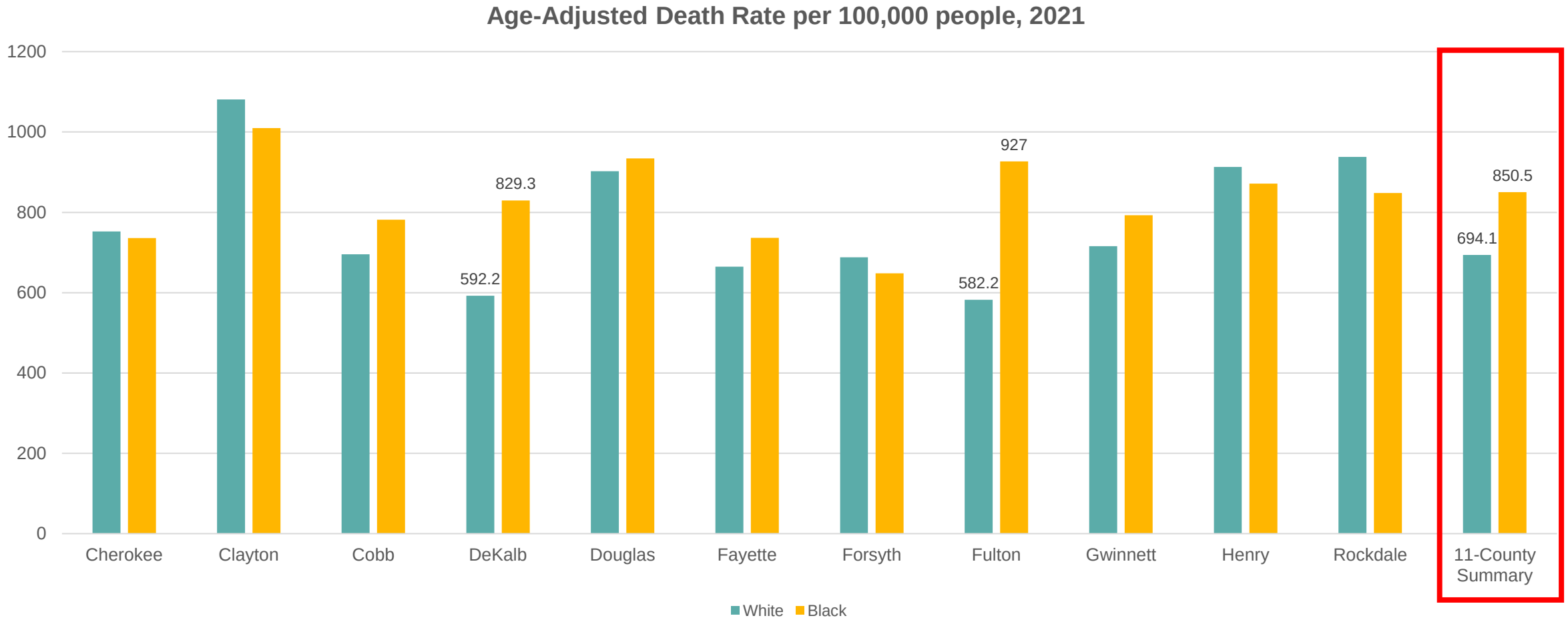
While metro Atlanta is a relatively healthy place, once you start disaggregating the data to look at both race and place, we see vast differences in health outcomes. The table above illustrates this. In looking at five key indicators of health, Black populations are significantly more likely to have worse outcomes than white populations.

Racial Disparities: Leading Causes of Death Across the Region (11-County) 2017-21

	Black Populations	Asian Populations	Hispanic Populations	White Populations
Ischemic Heart and Vascular Disease (Heart Attacks)	1	1	2	1
Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease	2	6	7	7
Cerebrovascular Disease (Stroke)	3	2	4	3
Covid-19	4	3	1	8
Diabetes Mellitus	5	5	6	11
Malignant Neoplasms of the Trachea, Bronchus and Lung	6	4	12	6
Alzheimer's Disease	7	7	8	2
Assault (Homicide)	8	24	11	36
Nephritis, Nephrotic Syndrome and Nephrosis (Kidney Disease)	9	9	13	15
All Other Diseases of the Nervous System	10	8	9	4
Motor Vehicle Crashes	11	16	3	22
Malignant Neoplasm of the Breast	12	17	21	18
All COPD Except Asthma	13	14	24	5
All Other Endocrine, Nutritional and Metabolic Diseases	14	12	16	13
Septicemia	15	18	16	17

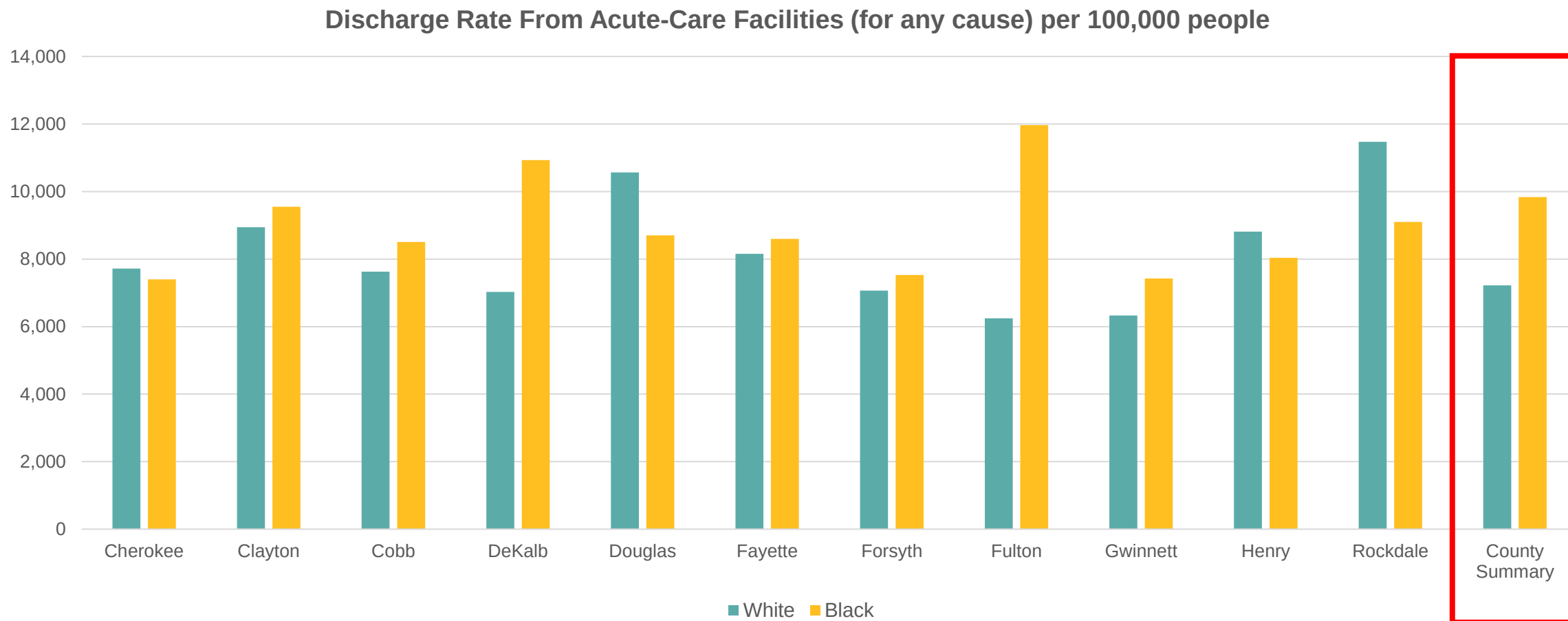
The above table ranks the leading causes of death 2017-2021 for Black populations, and also ranks those causes across other races and ethnicities. It shows that based on your race/ethnicity, we have very different needs from the healthcare system. For example, “Hypertension” is the second-leading cause of death for Black populations, but not in the top five for the others. “Assault” ranks 8th for Black populations, but it is not in the top 10 for other races and ethnicities. COVID-19 was *THE* leading cause of death for Hispanic populations (despite COVID only being around for the last two years of the five-year period analyzed).

Health Disparities: Death Rates



Place matters too. There are wide disparities in age-adjusted death rates across the 11-county Atlanta region. Overall, age-adjusted death rates are higher for Black populations than for white populations, but this is primarily driven by the wide differentials found in Fulton in DeKalb Counties. In many other counties, the death rates are higher for white populations.

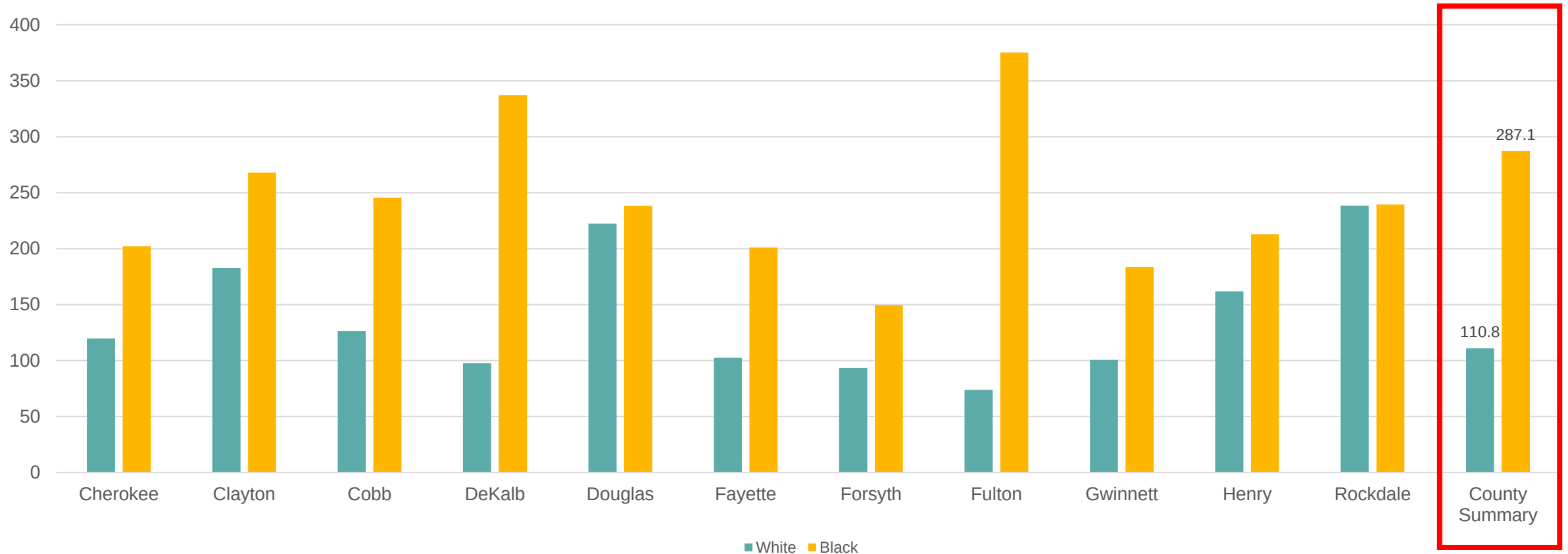
Health Disparities: Hospital Discharge Rates, 2017-2021



The chart above looks at a key measure of health – how often we visit the hospital *for any cause*. Specifically, it looks at discharges per 100,000 population based on patient place of residence (not where the treatment occurred). Again, region-wide, Black populations are more likely to have to go to the hospital for an illness. And, again, this disparity is largely being driven by Fulton and DeKalb Counties. In several counties, white populations have a higher discharge rate than do Black populations.

Health Disparities: Hospital Discharge Rates for Diabetes, 2017-2021

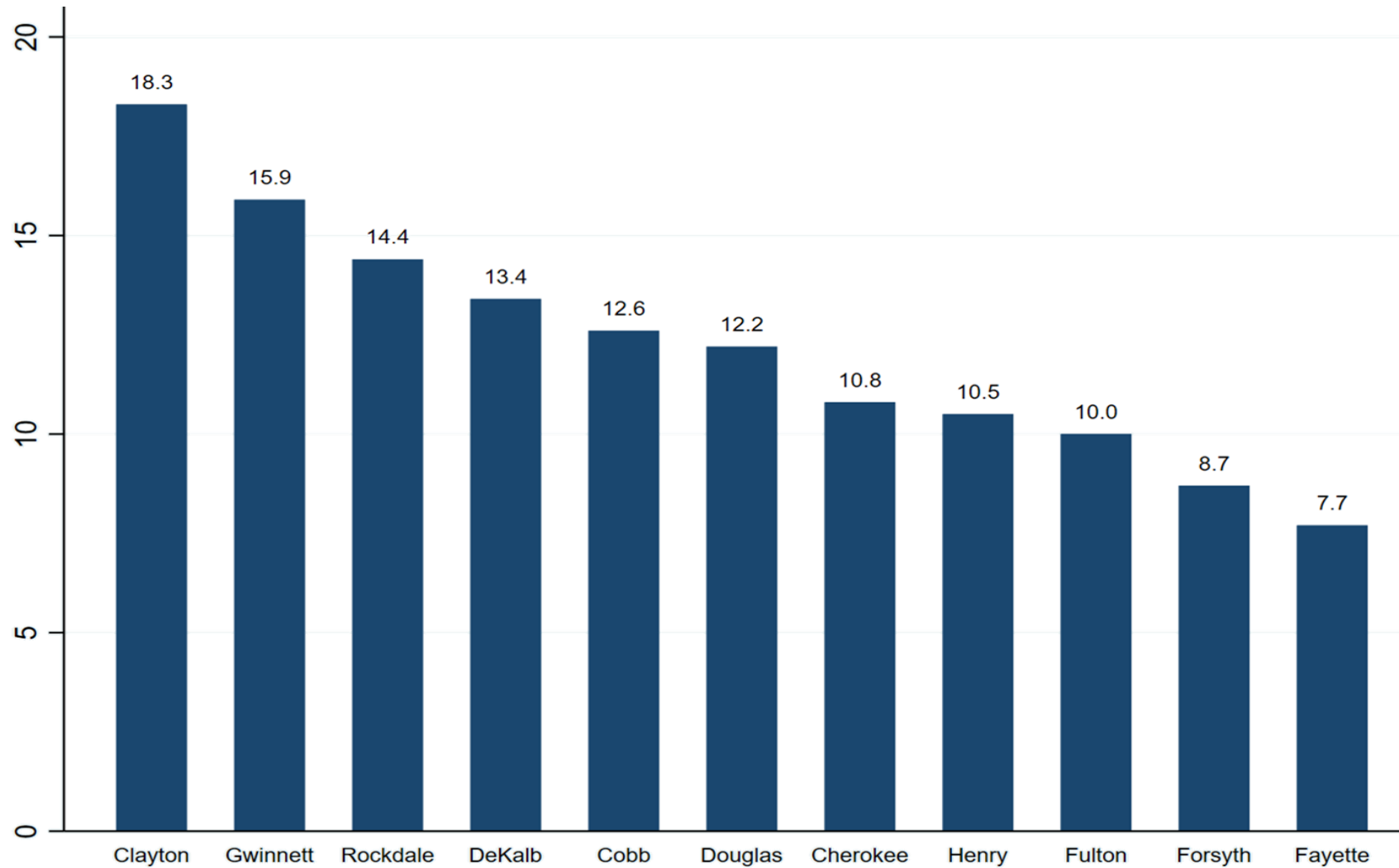
Discharge Rate From Acute-Care Facilities – Diabetes per 100K people (2017-2021)



There are, however, certain causes that afflict Black populations a greater rates than white populations. Diabetes is one those diseases. The chart above shows the vast disparities in discharge rates for diabetes, regardless of county.

Spatial Disparities: Uninsured Rates by County

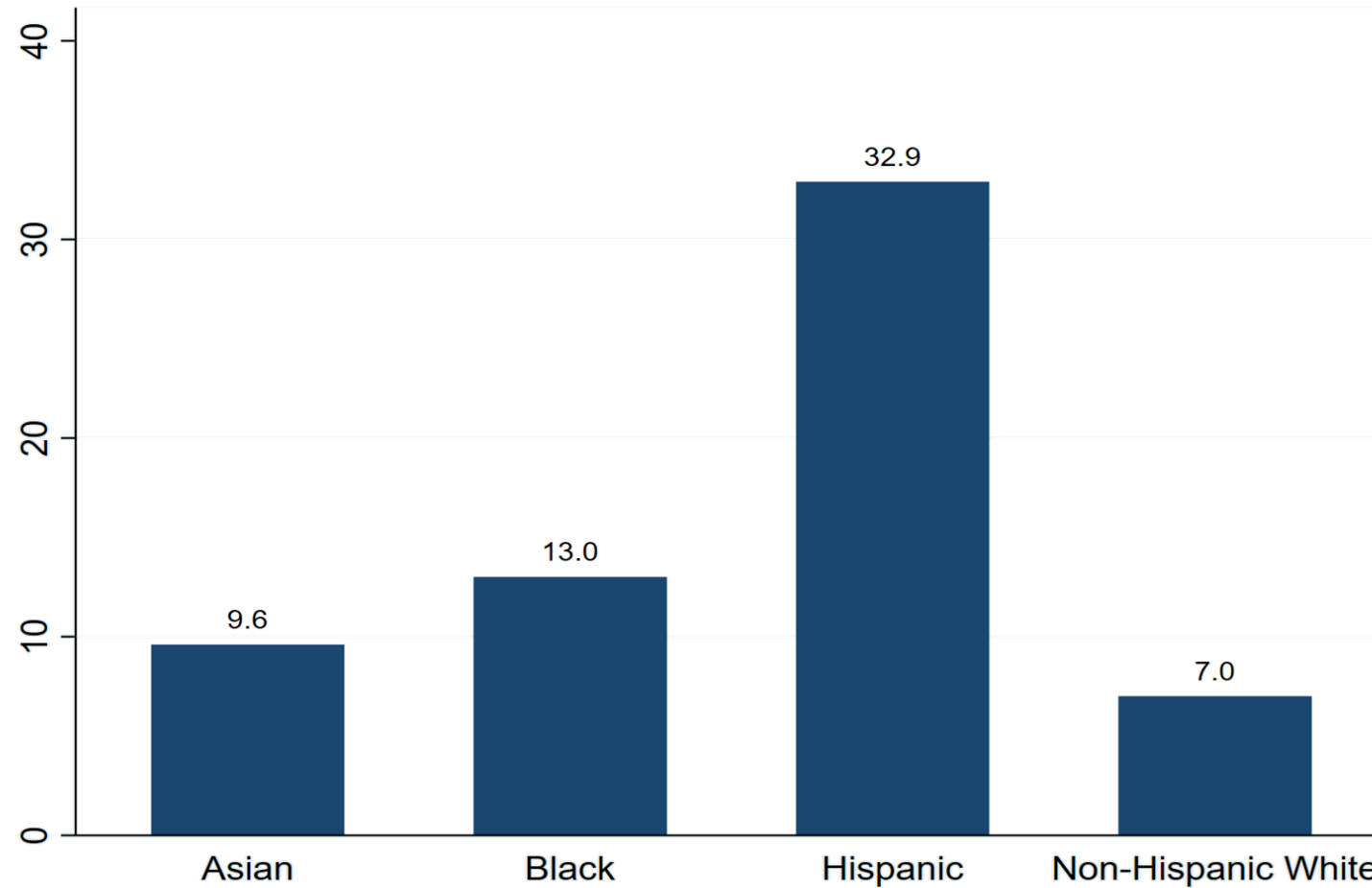
Data Source: American Community Survey, 2021 5-Year Estimates, Table B27001



Of course, access to health care (i.e. insurance) will factor into how healthy we are and will drive health outcomes. Despite being adjacent to one another, Clayton and Fayette Counties are at opposite ends of the spectrum regarding this factor: Clayton County has the highest rate of uninsured while Fayette County has the lowest rate of uninsured.

Racial Disparities: Uninsured Rates by Race/Ethnicity

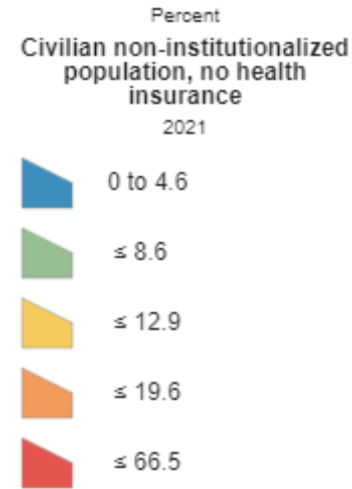
Data Source: American Community Survey, 2021
5-Year Estimates, Tables C27001B, C27001D,
C27001H, and C27001I



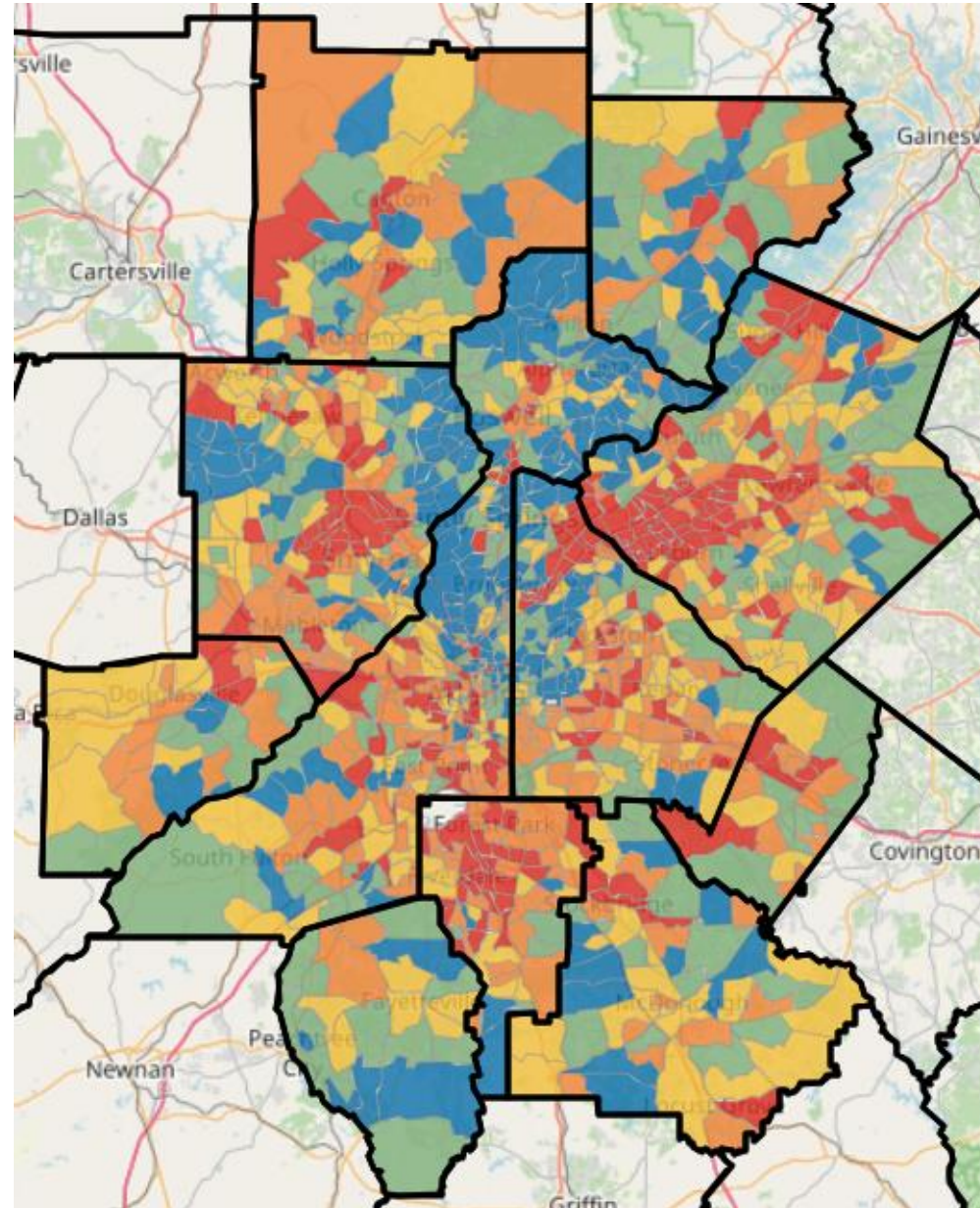
Almost one in every three Hispanic residents in the region does not have health insurance. Black populations are also more likely to not be insured, compared to Asian and White residents.

Spatial Disparities: No Access to Health Insurance

Data Source: American Community Survey, 2021
5-Year Estimates

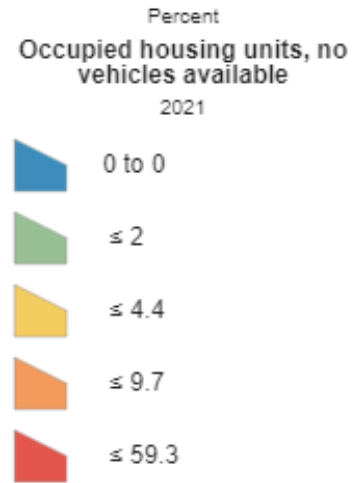


These disparities in both outcomes and access can be found throughout neighborhoods in the region. The map shows where the highest rates of uninsured are by census tract, with reds being the highest. As can be seen, areas in Gwinnett (Norcross and Lilburn areas) and Marietta have among the highest rates in the region. These areas have high concentrations of Hispanic residents. Clayton County to the south of I-20 also has high uninsured rates.

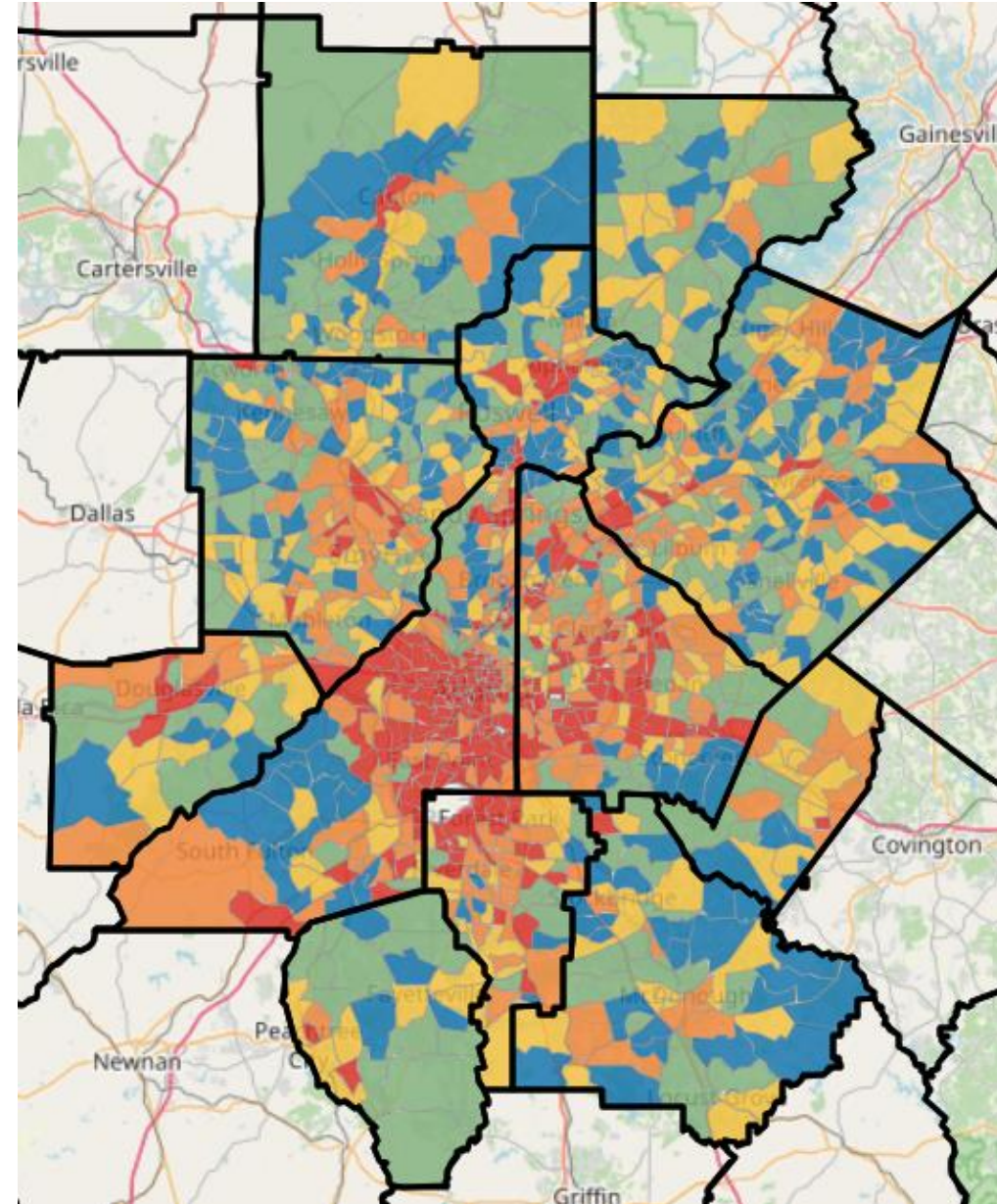


Spatial Disparities: No Access to Vehicle

Data Source: American Community Survey, 2021
5-Year Estimates

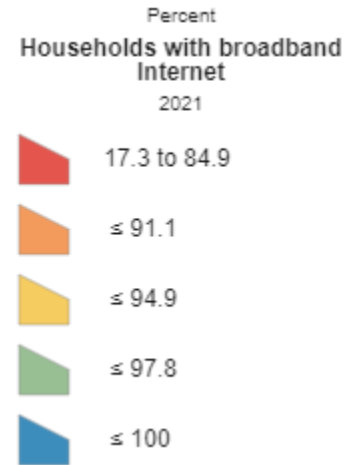


One barrier to accessing healthcare is transportation. This map shows the areas with the highest concentrations of households without access to a car. In many cases those areas overlap with areas where residents lack health insurance, which only exacerbates the health challenges already prevalent.

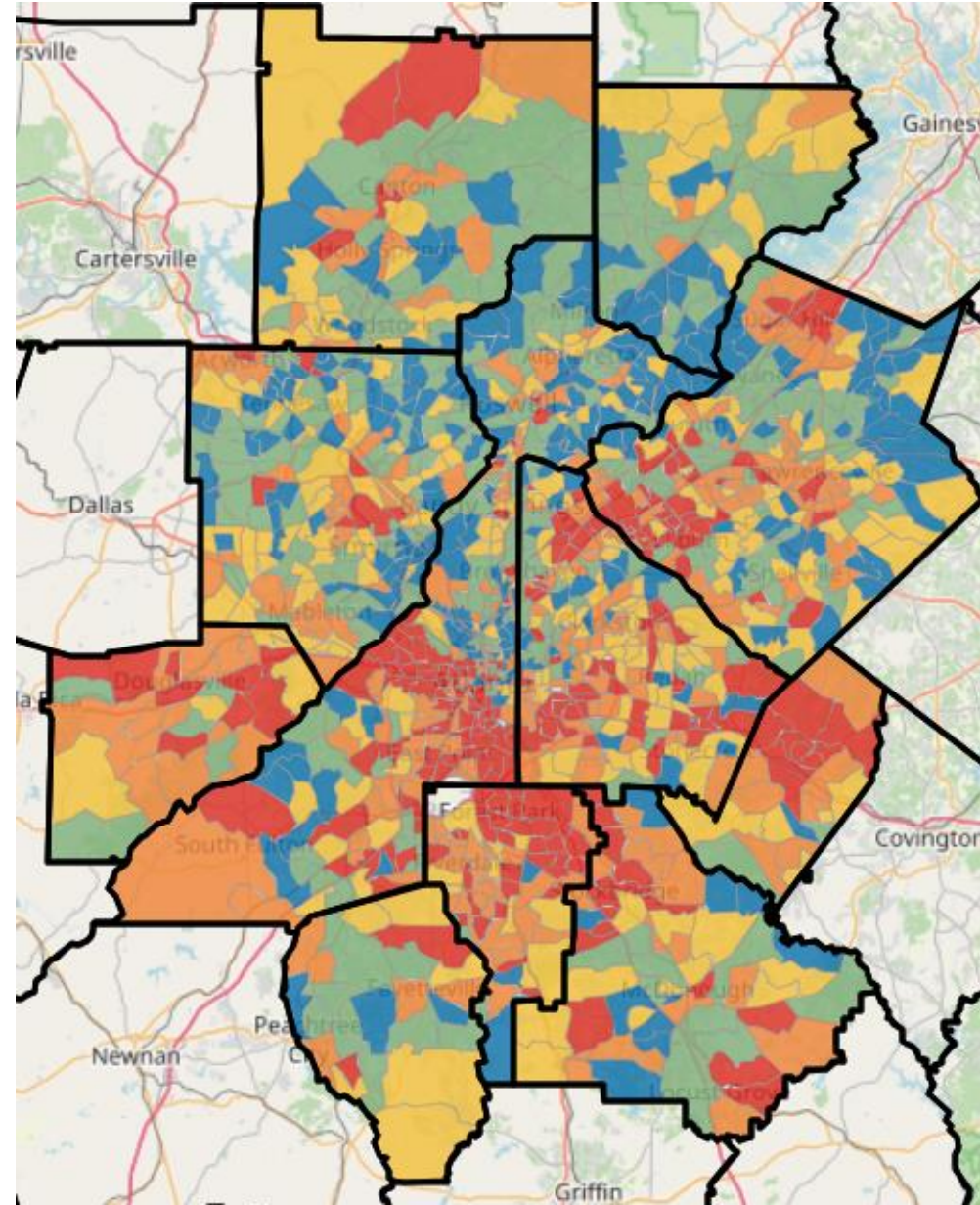


Spatial Disparities: No Access to Broadband

Data Source: American Community Survey, 2021
5-Year Estimates

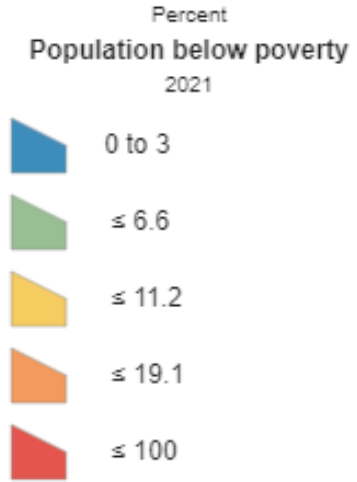


One way to overcome lack of transportation to access healthcare is to use telemedicine. But that obviously requires access to a strong internet connection. This map shows which areas have the strongest concentrations of households that lack access to broadband internet, with the reds symbolizing areas with low access. Again, we see how this map looks similar to the previous map in that households that lack access to a vehicle also are more likely to lack access to broadband internet.

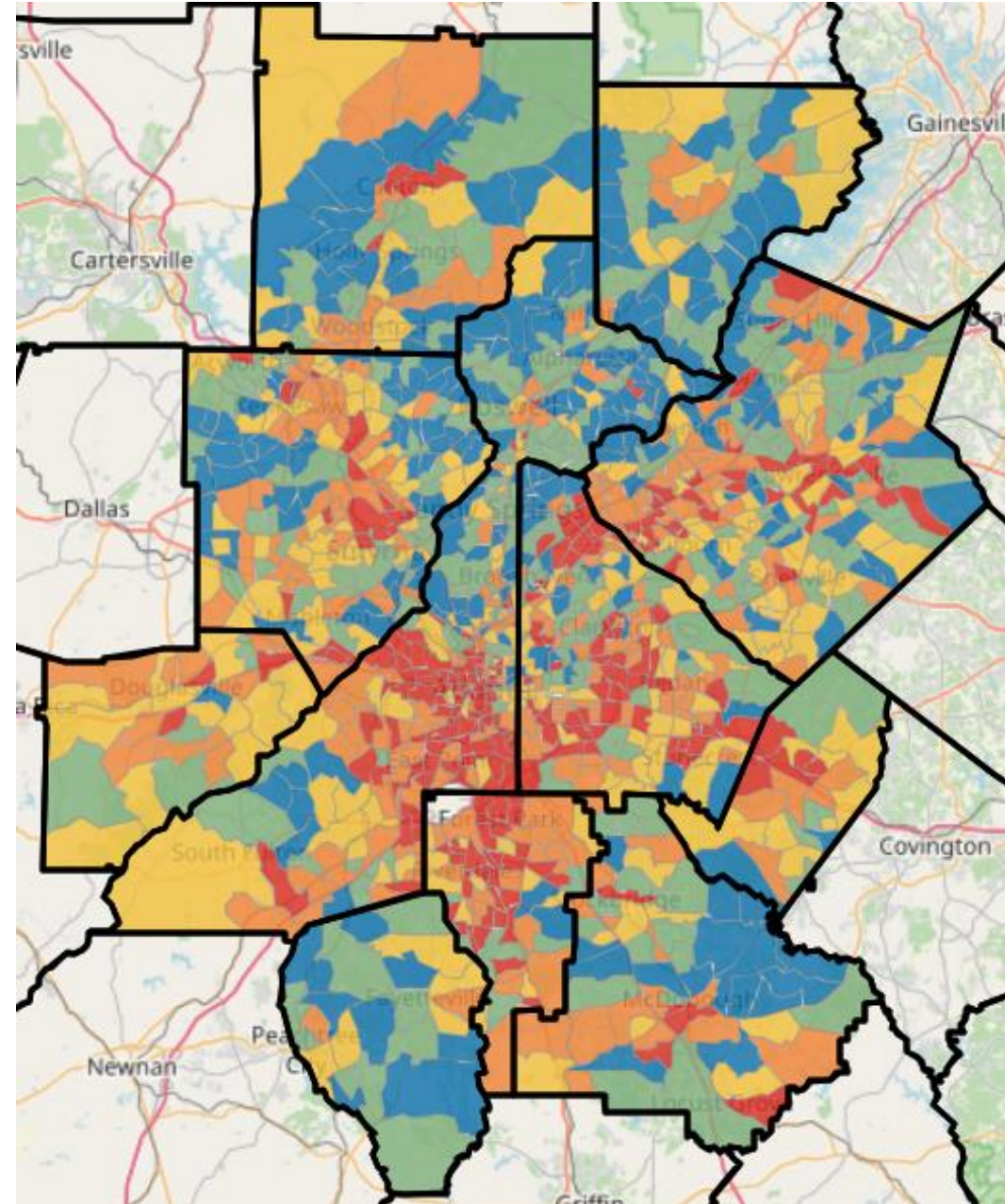


Spatial Disparities: Poverty

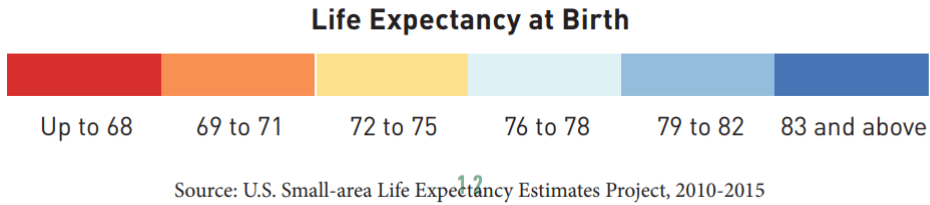
Data Source: American Community Survey, 2021
5-Year Estimates



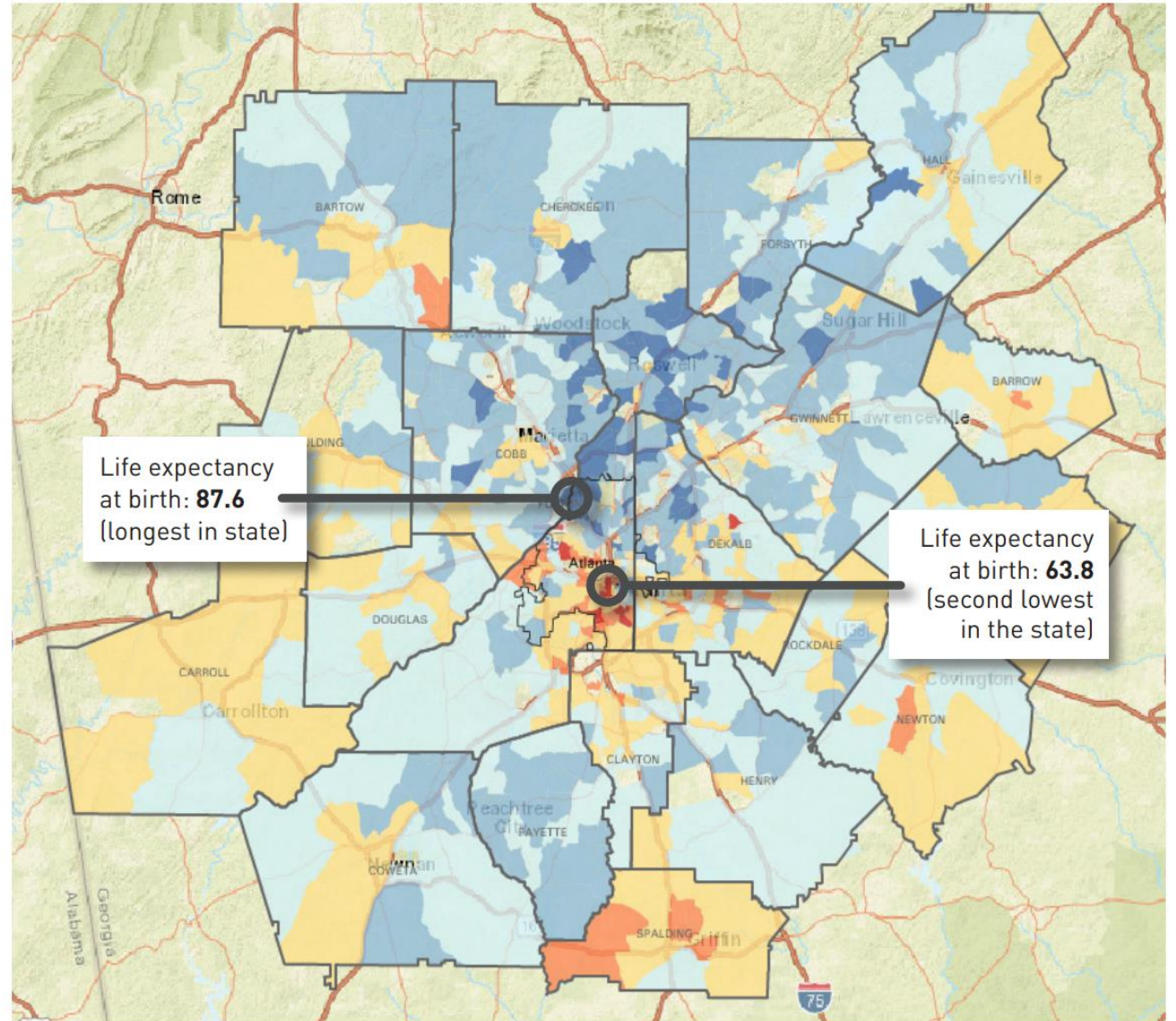
And, of course, areas with the highest poverty rates are also more likely to lack access to health insurance, vehicles, and broadband internet.



Atlanta Region Life Expectancy in Years

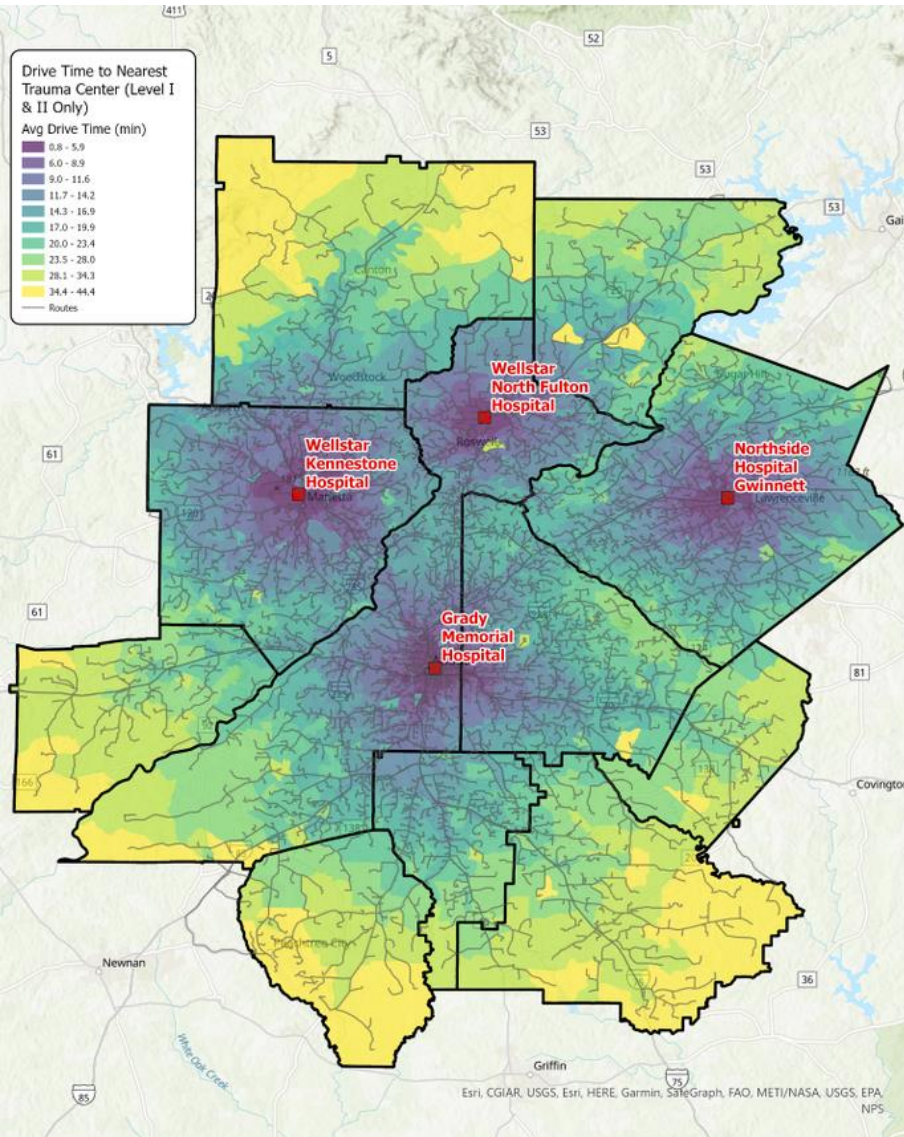


Unfortunately, this same pattern exists for life expectancy. In this map, we see an area in blue near the Smyrna/Vinings area, which has the *highest* life expectancy in the state at 87.6 years. Seven miles away (yes, just seven), the Bankhead area shown in red features the second-*lowest* life expectancy in the state.

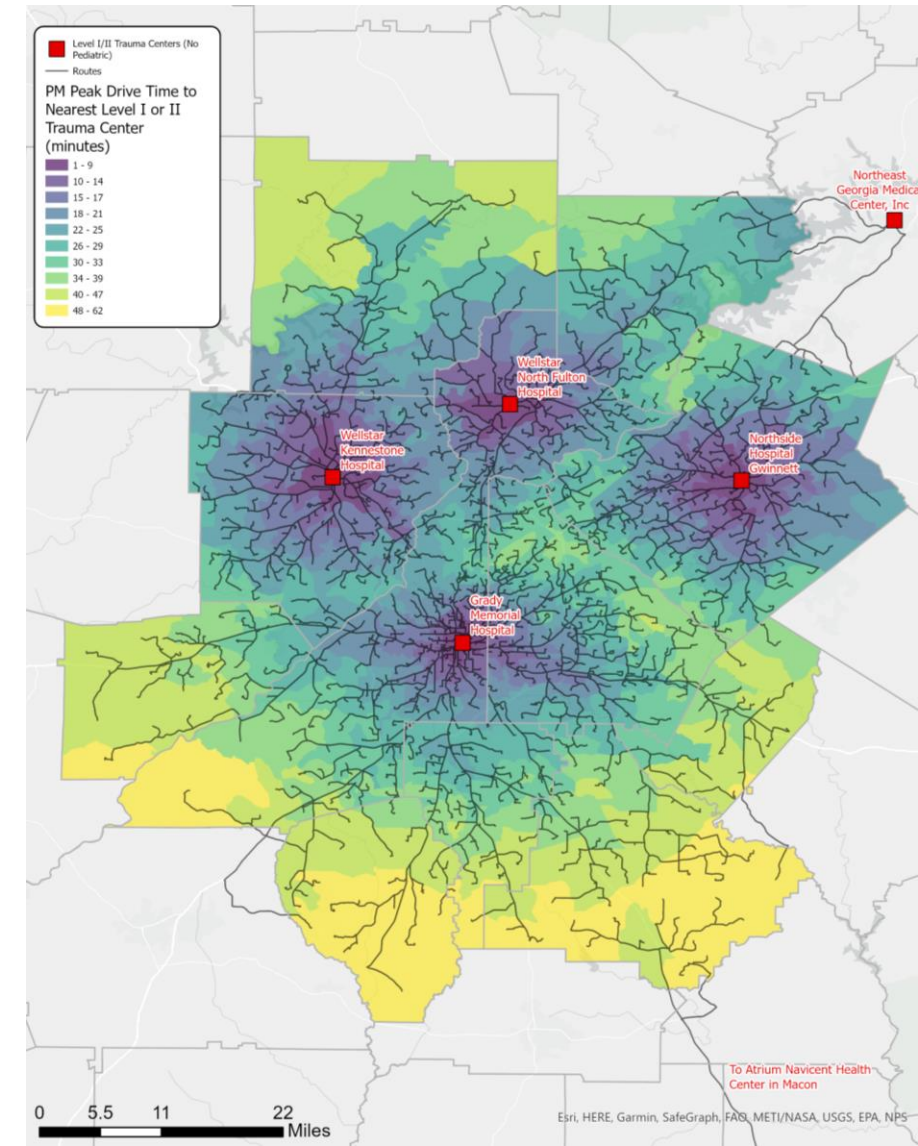


Spatial Disparities: Drive Times to Trauma 1 & 2 Hospitals

Data Source: ESRI Network Analyst



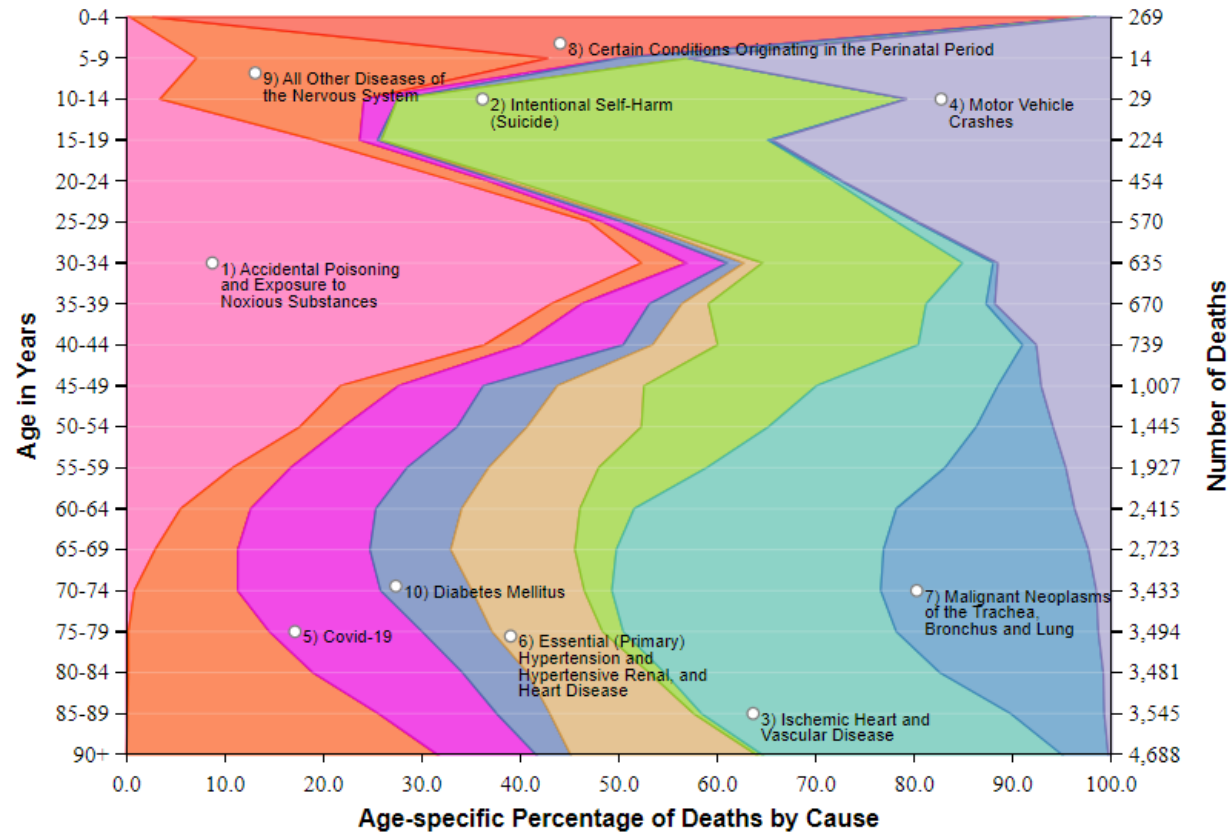
Another way to measure access is to simply plot the drive times to hospitals, which is what these maps show. Here you will see two different drive time maps to the remaining Level I and II Trauma Hospitals. The map on the left shows average drive times, while the other shows drive times in PM peaks. In both maps, the yellow areas represent the longest one-way drive times to one of these four hospitals. Put another way, these are only measuring one-way drive times to these four hospitals – drive time does not include the time spent for an ambulance to access a household or the time spent waiting for services once in the ER. If this travel occurs during PM peak, it can take up to hour if you live in southern Henry or Fayette Counties. In fact, if you live in southern Henry County, it is quicker for you to go to Macon in PM peak than it is to go to Grady.



Health Disparities: Top 10 Causes of Premature Death (11-County)

Lifespan Histomap of Mortality, **White**, Selected Counties¹, GA,
2017 - 2021

Based on the Top 10 Causes* of Years of Potential Life Lost (YPLL)

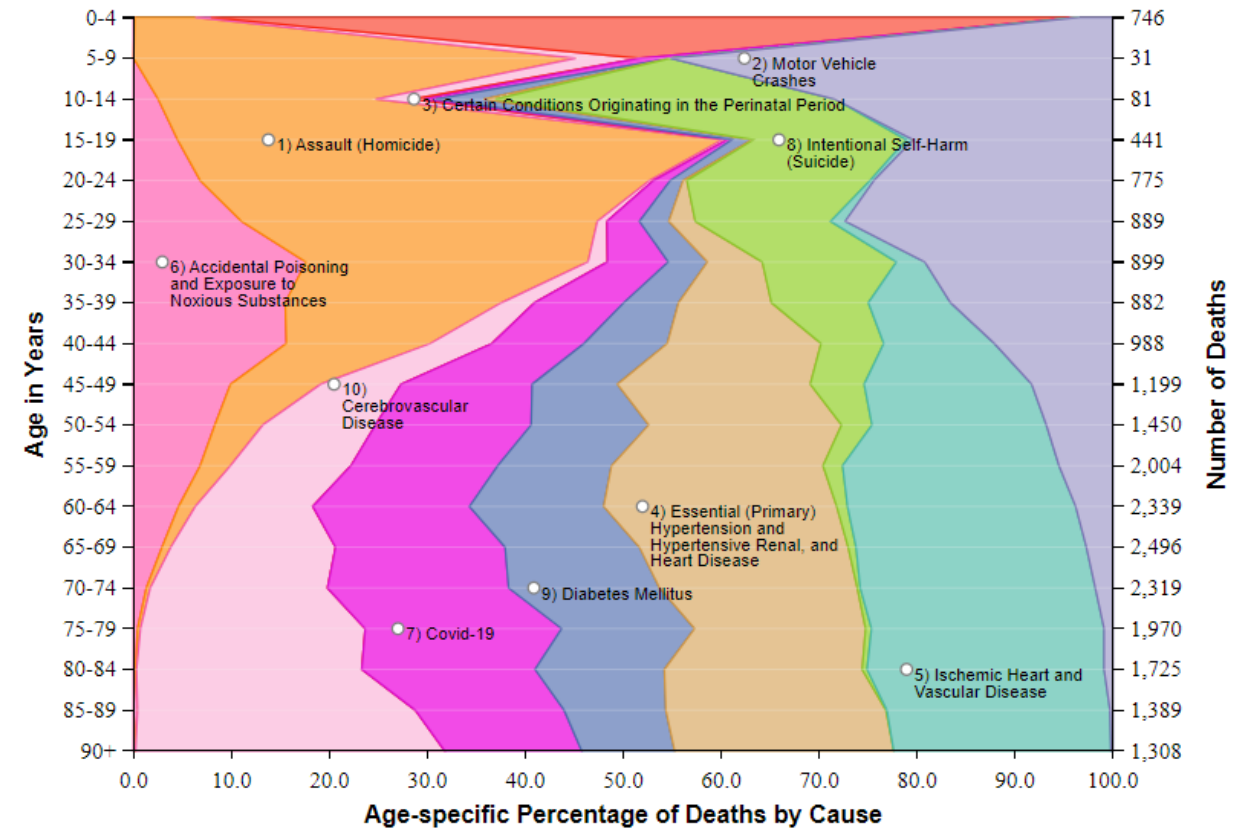


*Using Georgia Rankable Causes

¹Selected Counties: Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Rockdale.

Lifespan Histomap of Mortality, **Black or African-American**, Selected Counties¹, GA, 2017 - 2021

Based on the Top 10 Causes* of Years of Potential Life Lost (YPLL)



*Using Georgia Rankable Causes

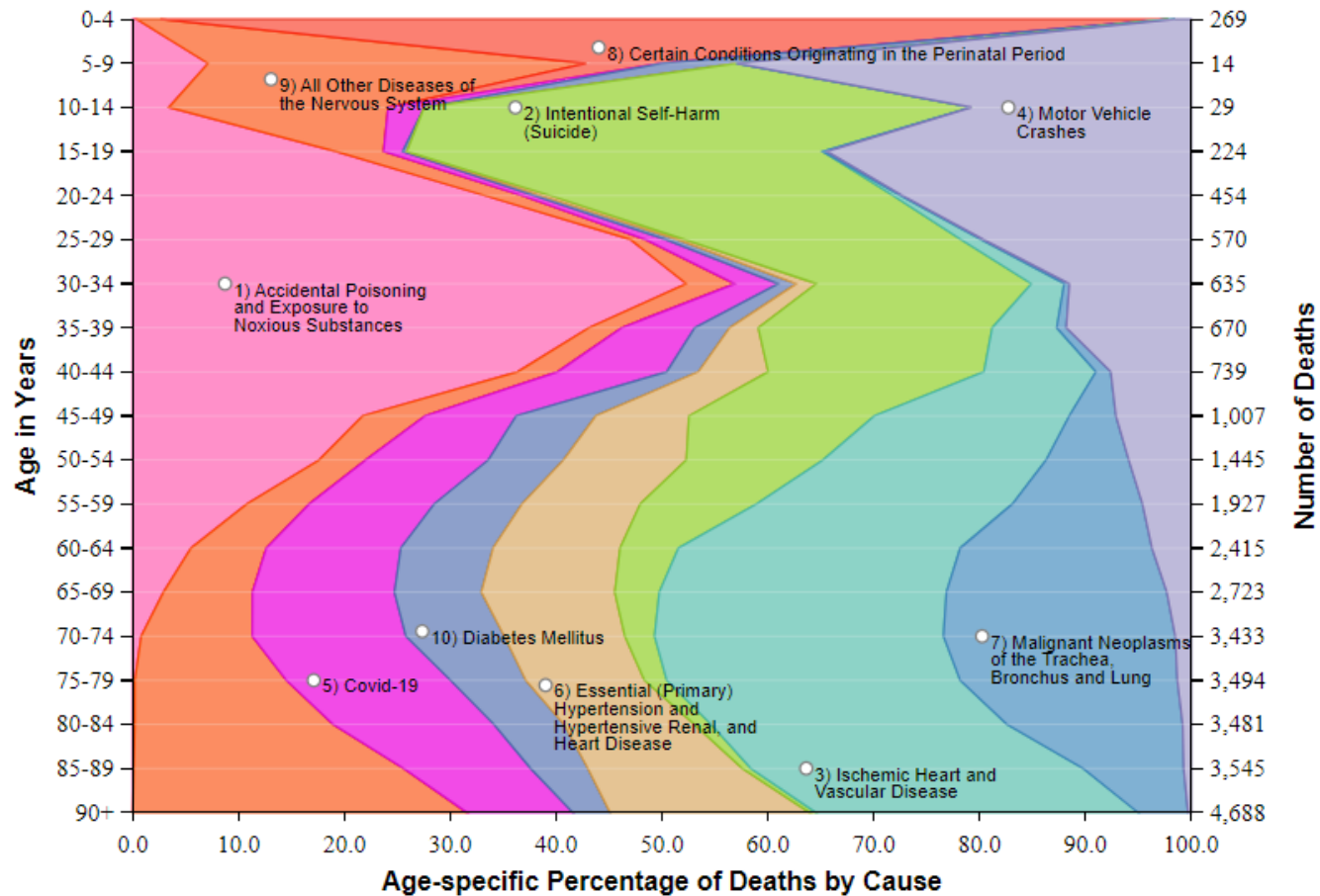
¹Selected Counties: Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Rockdale.

[OASIS | GA DPH | OHIP \(state.ga.us\)](https://oasis.ga.gov/)

Health Disparities: Top 10 Causes of Premature Death (11-County)

Lifespan Histomap of Mortality, **White**, Selected Counties¹, GA,
2017 - 2021

Based on the Top 10 Causes* of Years of Potential Life Lost (YPLL)



This histomap looks at the 10 leading causes of **premature** death (not overall leading causes of death, like in a previous slide) by age. The color “blobs” represent one of the 10 causes. The vertical axis represent age bands, while the horizontal axis represent percentages of death for specific ages. This particular histomap is for white populations in the 11-county Atlanta region.

Let’s break it down further...

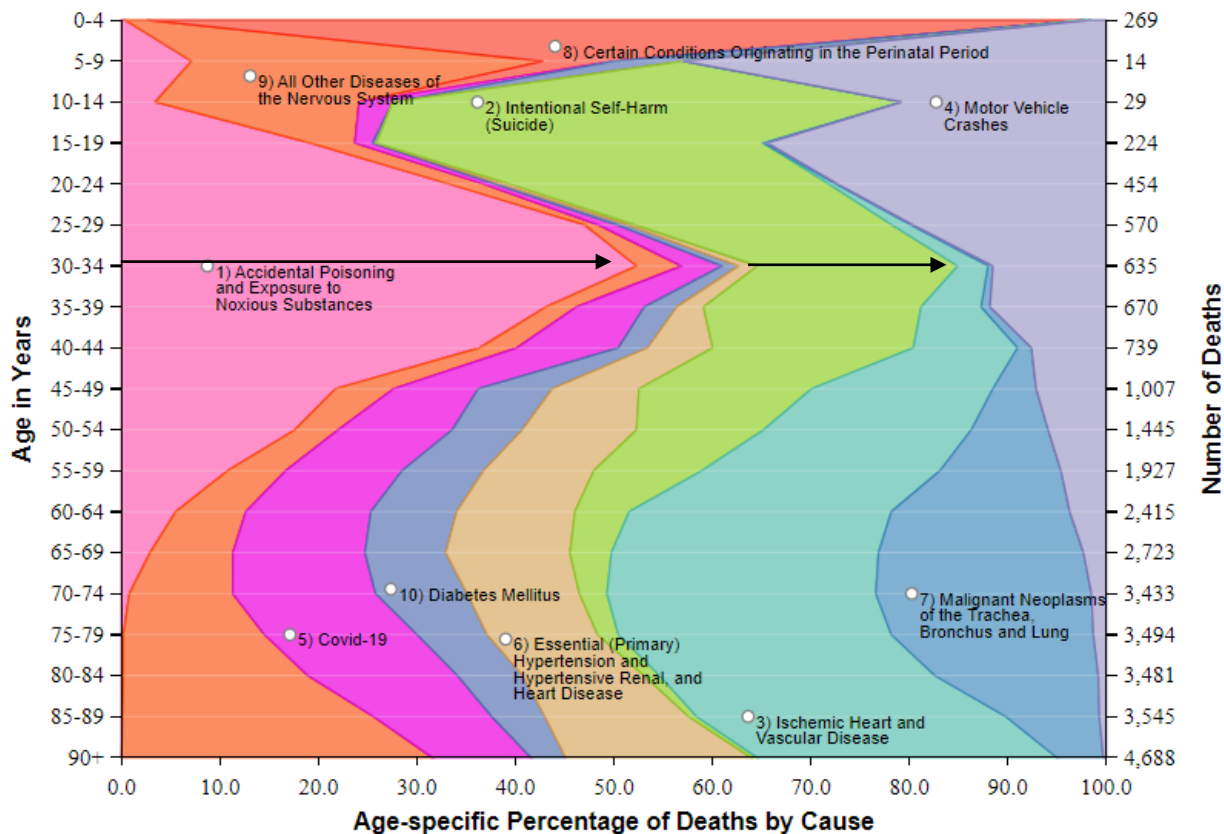
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Health Disparities: Top 10 Causes of Premature Death (11-County)

Lifespan Histomap of Mortality, White, Selected Counties¹, GA, 2017 - 2021

Based on the Top 10 Causes* of Years of Potential Life Lost (YPLL)



*Using Georgia Rankable Causes

¹Selected Counties: Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Rockdale.

Look at the 30-34 age group, and notice the pink “blob” representing “accidental poisoning and exposure to noxious substances” (i.e., overdoses). If you follow the arrow across the chart, you’ll see that roughly 50 percent of all deaths in this age band are due to overdoses.

Now skip over to the green “blob” to the second leading cause of premature death – Suicides. Roughly 20 percent of all deaths in this age band are due to suicides.

Add the two up and you’ll see that fully 70 percent of deaths to 30-34 year-old white residents in the Atlanta region are due to mental health-related maladies. Mental health is a critical piece of public health, as this chart shows. Next, we’ll explore the histomap for Black populations.

Health Disparities: Top 10 Causes of Premature Death (11-County)

For this histomap, look at the 15-19 age group, and then look at the orange “blob”, which represents Homicides. If you follow the arrow across the chart, you’ll see that roughly 50 percent of all deaths in this age band for Black residents are due to homicides.

Now skip over to the blue-gray “blob” to the second leading cause of premature death – Motor Vehicle Crashes. Roughly 20 percent of all deaths in this age band are due to crashes.

Add the two up, and you’ll see that 70 percent of deaths to 15-19 year-old Black residents in the Atlanta region are in the realm of public safety – either crime-related or related to roadway safety. So much of what makes us healthy isn’t related to what happens inside a clinic or a hospital, but rather is related to other community conditions. Simply put, as an earlier slide showed, the clinical care we receive makes up only a fraction of what determines how healthy we are.

