



# HealthVoices

Economic Health and Public Health

Issue 1, 2012

## Partner Up! for Public Health connects the dots between community health, economic vitality

By Charles Hayslett, CEO, Hayslett Group LLC

Early last year, the Partner Up! for Public Health campaign faced an unexpected puzzle. Business leaders who were approached about supporting the campaign's efforts to rebuild the state's hobbled public health system were hesitant to get involved. Moreover, conversations with several dozen business people around the state suggested that an understanding of the *relationship between a community's economic vitality and the health of the local population* – once a given – had somehow faded from public understanding.

Indeed, that perception was underscored when the state government last year launched a new Competitiveness Initiative that focused on six areas where improvement was deemed pivotal to making the state more competitive: the business environment; education and workforce development; innovation; infrastructure; international opportunity and growth, and government efficiency.

The fact that the initiative's agenda made no reference to the health of the workforce struck the Partner Up! team as telling and helped fuel a decision to focus the campaign on rebuilding and telling that story.

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To do so, the campaign pulled together data from two different sources. The first was the University of Wisconsin's 2011 health rankings for nearly all of the counties in the United States, including 156 of Georgia's 159 counties. The University of Wisconsin report included a Health Outcomes Rankings based on a variety of factors, including premature death, low-weight births, the percentage of the population reporting being in poor or fair health, and the number of work-days missed for reasons of poor physical or mental health.

*"The Partner Up! research helped us understand the broader relationship between population health and economic strength. In our case, we're very fortunate to have a great story to tell on both fronts. But we also understand, as a business community, that we've got a role to play in ensuring that all the ... factors that contribute to the health of the community remain strong."*

*Nick Masino, vice president – economic development, Gwinnett Chamber of Commerce*

For corresponding economic data, the campaign turned to the Georgia Department of Community Affairs (DCA) and the annual county rankings it produces as part of the state's Jobs Tax Credit Program. Those rankings are produced by a formula based on average per capita income, the local unemployment rate, and the local poverty rate.



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## Georgia Economic and Health Rankings by County

Top 10

County	2011 Job Tax Credit Rankings (Reversed)	2011 Wisconsin Health Outcomes Rankings
Oconee	1	2
Columbia	2	8
Harris	3	14
Fayette	4	1
Forsyth	5	3
Bryan	6	23
Cherokee	7	6
Cobb	8	5
Effingham	9	27
Houston	10	17

Bottom 10

County	2011 Job Tax Credit Rankings (Reversed)	2011 Wisconsin Health Outcomes Rankings
Calhoun	150	156
Warren	151	146
Macon	152	140
Treutlen	153	81
Johnson	154	101
Atkinson	155	58
Taliaferro	156	NR
Jenkins	157	134
Telfair	158	145
Hancock	159	113

(Because one purpose of the Jobs Tax Credit program is to steer jobs toward Georgia's poorest counties, DCA ranks the counties from worst-to-best; for the purposes of its analysis, the Partner Up! campaign reversed the list to produce a best-to-worst list that paralleled the University of Wisconsin Health Outcomes rankings.)

The next step was to compare the lists. If the results were generally unsurprising, they were still striking for their precision, particularly at the top of the lists. As the table above shows, of the 10 counties with the best economic rankings, six also ranked in the top 10 for health outcomes; two others ranked in the second 10 for health outcomes and the remaining two ranked in the 20s for health.

Among the bottom 10 counties for economic rankings, the match-ups were less precise but still pretty telling. Of the 156 counties that were ranked in both categories, 44 had health and eco-

conomic rankings within 10 places of one another; three were identical – Bartow County at 50<sup>th</sup> for health outcomes and economic strength, Tattnall at 120<sup>th</sup>, and Dodge at 126<sup>th</sup>.

The pattern also held up when the Partner Up! team developed color-coded maps for both health and economic rankings. Creating three groups of counties in both categories, they coded the strongest counties green, the middle counties light blue, and the bottom counties blue (as shown on the next page). While the overlap wasn't perfect, it nonetheless painted a compelling picture suggesting that economic vitality and population health go hand in hand.

The next question was: so what? Was it possible to demonstrate any kind of economic consequence related to these patterns?

To answer that question, the Partner Up! campaign secured 2010 county-level data on Medicaid expenditures from the Georgia Department of Community Health (DCH) and analyzed it against the backdrop of the health outcomes and economic vitality rankings it had already conducted.

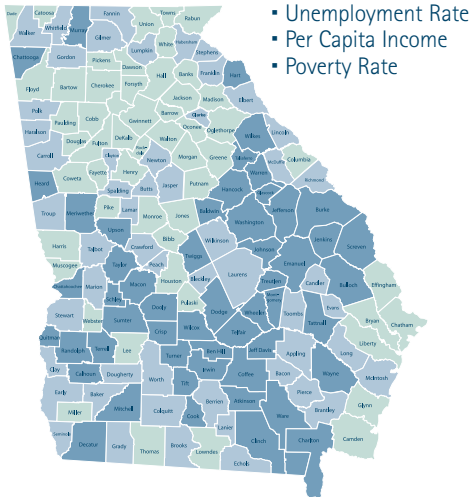
The results were clear. In counties that were in the bottom tier for both health outcomes and economic strength, the per capita Medicaid cost was \$810.25 versus \$355.54 for counties that were in the top tier in both categories. Further, using DCH's 2010 hospital financial survey data, the campaign determined that rural hospitals located in bottom tier counties had an indigent care rate more than 70 percent higher than that of their counterparts in top tier rural counties.

Another finding that emerged from the Partner Up! analysis revolved around the differences between urban and rural counties. As a next step in the analysis, the Partner Up! campaign combined the economic and health rankings to create a single ranking and then analyzed the results through an urban-versus-rural lens. The table below shows the results.

Tier	No. Urban Counties	No. Rural Counties	Combined Population
Top Tier	31	21	6,775,499
Middle Tier	13	39	1,912,922
Bottom Tier	7	45	1,773,866

## Economic Health and Public Health

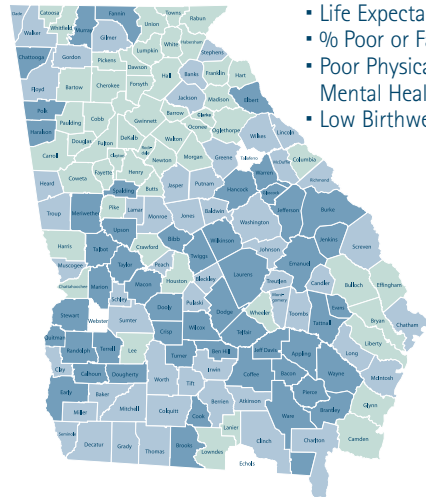
2011 Tax Credit Rankings



- Unemployment Rate
- Per Capita Income
- Poverty Rate



2011 Health Outcomes Rankings



- Life Expectancy
- % Poor or Fair Health
- Poor Physical and Mental Health Days
- Low Birthweight

*Of the 10 counties with the best economic rankings, six also ranked in the top 10 for health outcomes.*

Georgia Dept. of Community Affairs, 2011 Job Tax Credit Rankings

University of Wisconsin , 2011 County Health Rankings for Mortality & Morbidity

The lower in the combined rankings a county fell, the more likely it was to be rural – and not just rural, but particularly small, and located away from urban areas. Indeed, the 21 rural counties that made it into the top tier tended to be located in relatively close proximity to urban areas with strong economic drivers. Of the seven non-rural counties in the bottom tier, only two – Spalding and Dougherty – have populations larger than 50,000.

As one indicator of the difference in healthcare costs, the average amount spent on Medicaid enrollees in the 31 top tier urban counties was \$3,149 versus \$3,625 per Medicaid patient in the 45 bottom tier rural counties – a 15 percent differential.

While this study remains a work in progress, the campaign has begun to put forward a number of observations and policy suggestions. Here are two:

- First, there appears to be little if any connection between health

planning and other types of community and economic development planning. Policy makers may want to consider facilitating coordinated efforts that would, for example, put the state departments of Economic Development, Community Development and Public Health at the same table for planning purposes. Interestingly, the State of New York earlier this year created regional planning councils similar to the regional commissions Georgia previously had in place for many years. New York, however, specifically included representatives of the state Health Department on its regional councils; Georgia seems to have no such linkage.

- Second, this type of multi-disciplinary intervention may be especially crucial in the poorest and least healthy communities in Georgia. It seems no exaggeration to suggest that the worst off of Georgia's counties – some of which have Third World public health

metrics – could be viewed as disaster areas, almost as if they had been hit by tornados, floods or wildfires. It may not be a job for GEMA, but stimulating sustainable improvement in economic activity, health status (and for that matter education and other areas) may well require more coordinated state support.

*"The correlations and relationships documented by the Partner Up! for Public Health campaign probably shouldn't come as a surprise to anyone who works in the field of rural health. But they should provide real food for thought for policy makers and political leaders, and hopefully will provoke some discussion about the need to attack the public health and economic problems in a more coordinated manner."*

*Matt Caseman, executive director of the Georgia Rural Health Association*



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**References:**

Georgia Department of Community Affairs, 2011 Job Tax Credit Rankings

County Health Rankings: Mobilizing Action Toward Community Health, Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, 2011

Georgia Department of Community Health 2010 Medicaid Expenditures

Georgia Department of Community Health 2010 Hospital Financial Survey

**About The Partner Up! for Public Health Campaign:**

The Partner Up! for Public Health campaign is funded by Healthcare Georgia Foundation and managed by Hayslett Group LLC, an Atlanta-based communications firm. Recently, the research summarized above has been presented to more than 20 business, civic and governmental audiences, including the Georgia Association of Regional Commissions, the Georgia Rural Health Association and the Gwinnett Chamber of Commerce. If interested in knowing more about this study or having it presented to a group or organization, please contact Charles Hayslett, 770-522-8855 or via email at [chayslett@hayslettgroup.com](mailto:chayslett@hayslettgroup.com).

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