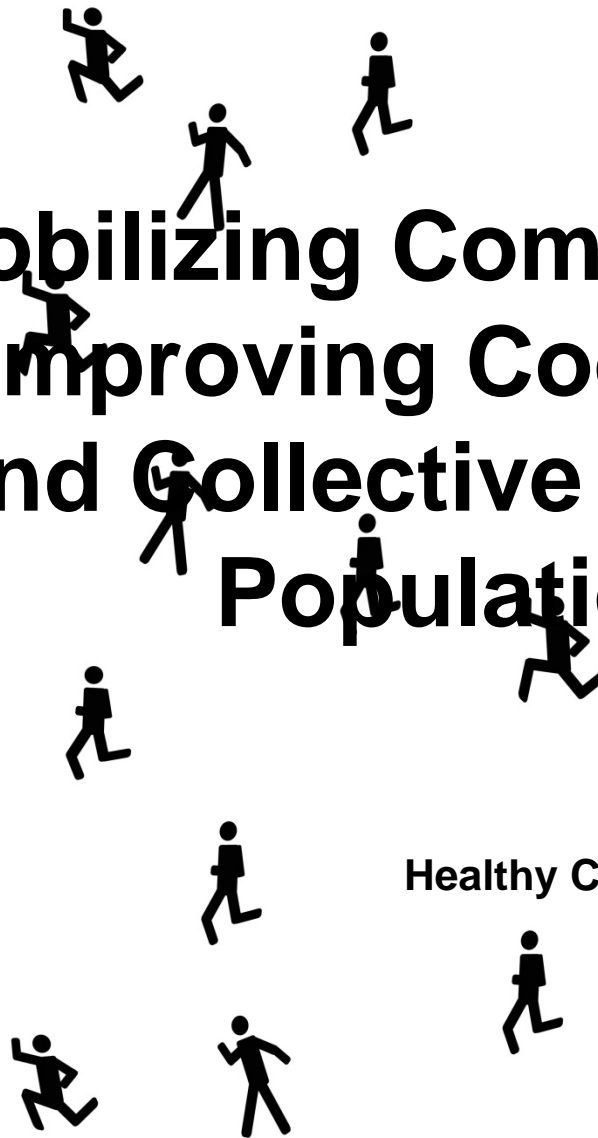


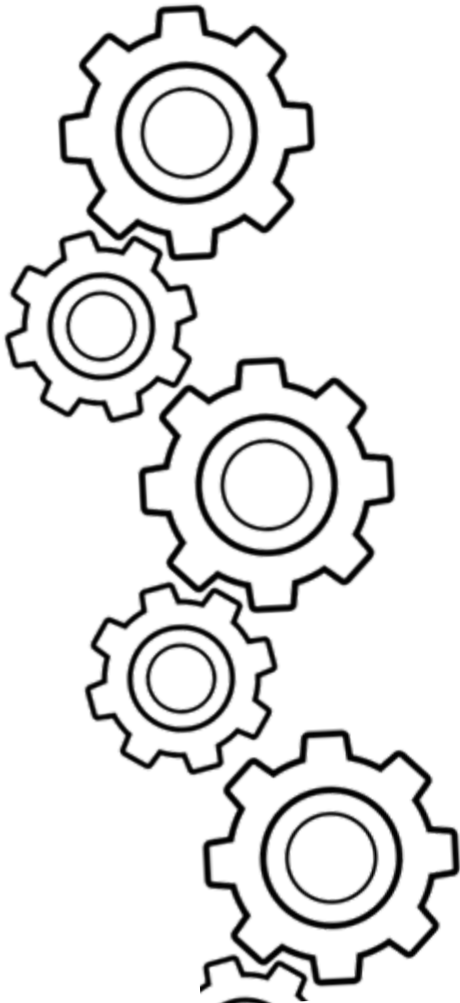
Mobilizing Communities: Improving Coordinated and Collective Impact in Population Health

Scott W. Dahl
Director

Healthy Communities Institute



Resilience: The Five Levers

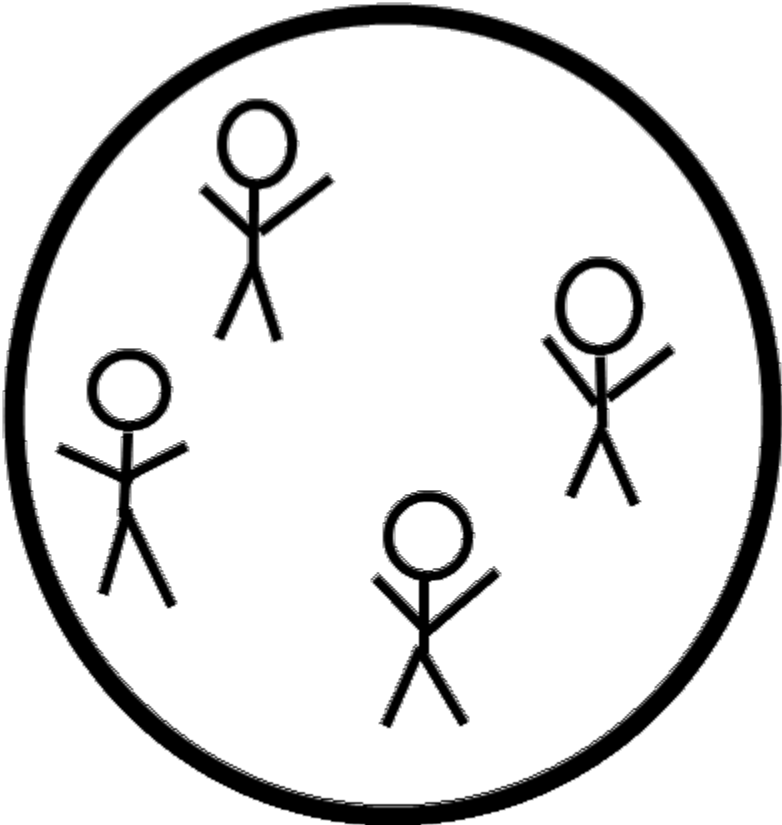


- Coordination
 - Cooperation
 - Clout
 - Capabilities
-
- **Connections**

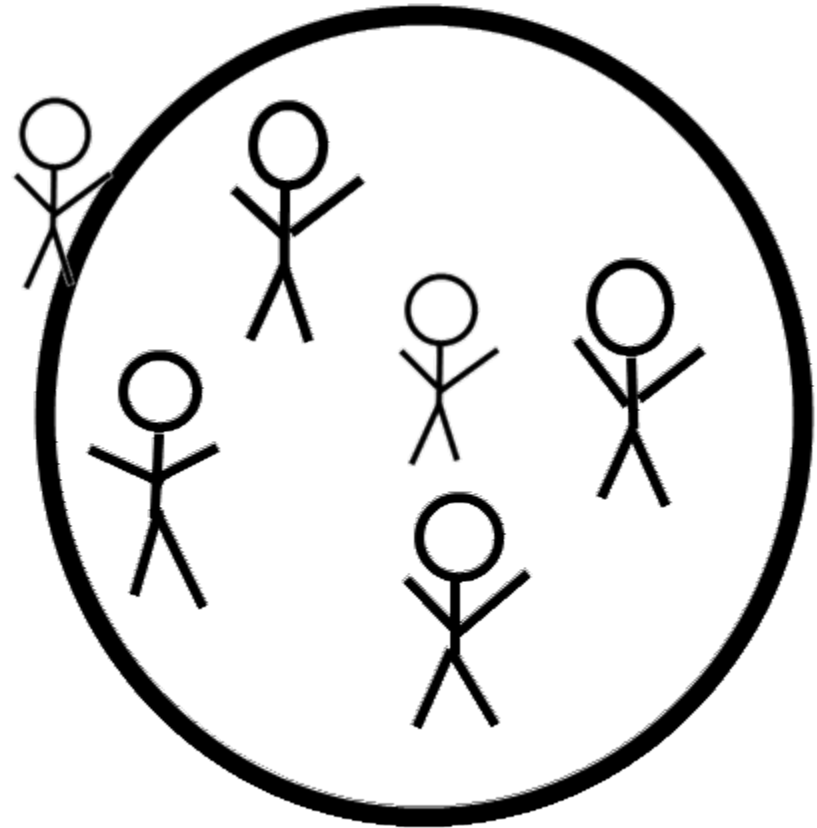
The process to meet community health needs is another application of the continuous quality improvement process.

- Gennaro Vasile, Ph.D.

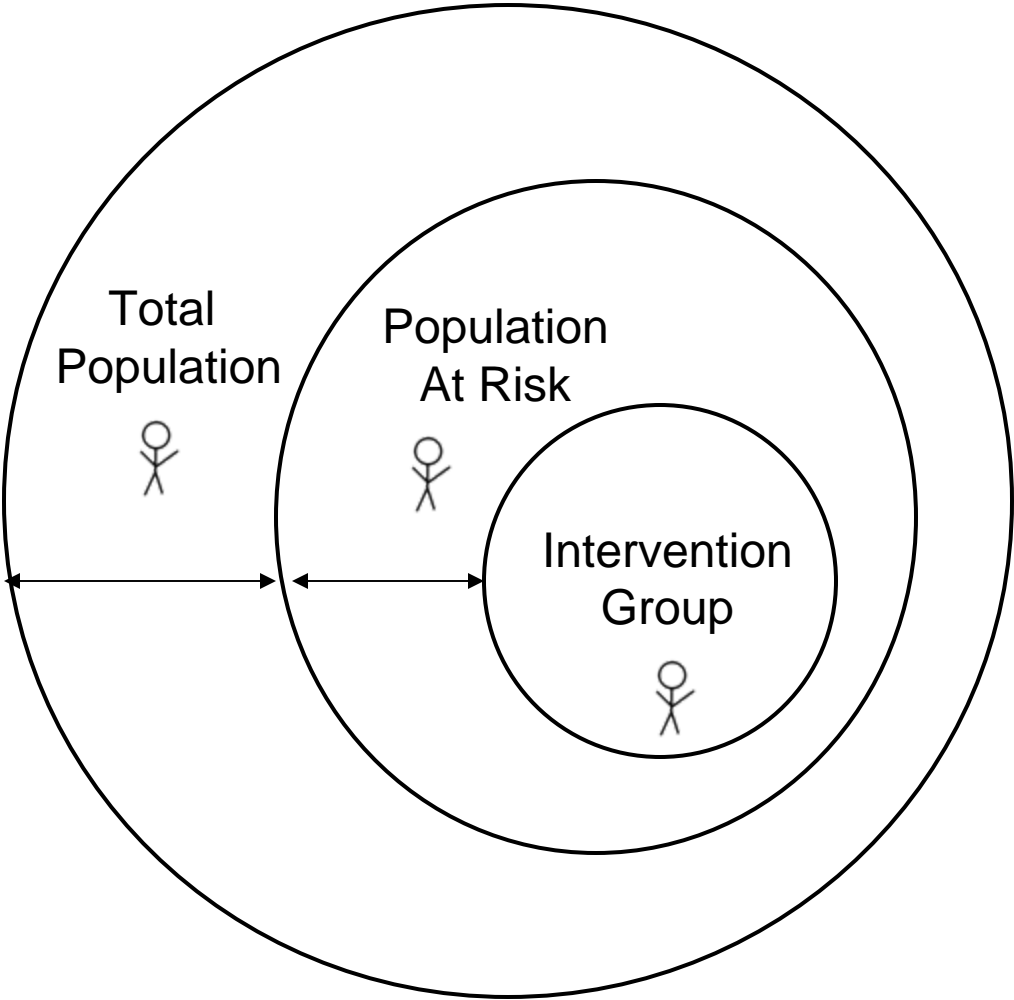
Outside-In



Inside-Out



Migration In and Out



Outside-In and Inside-Out

Geographic Population

Data

Public Health

Evidence-base

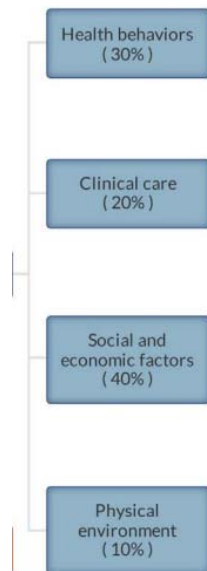
Community Health Interventions

Implementation/Evaluation

Stakeholder Collaboration and Tracking

“Outside-In”

Determinants of Health



Defined Population

Data

Claims and EHR

Evidence-base

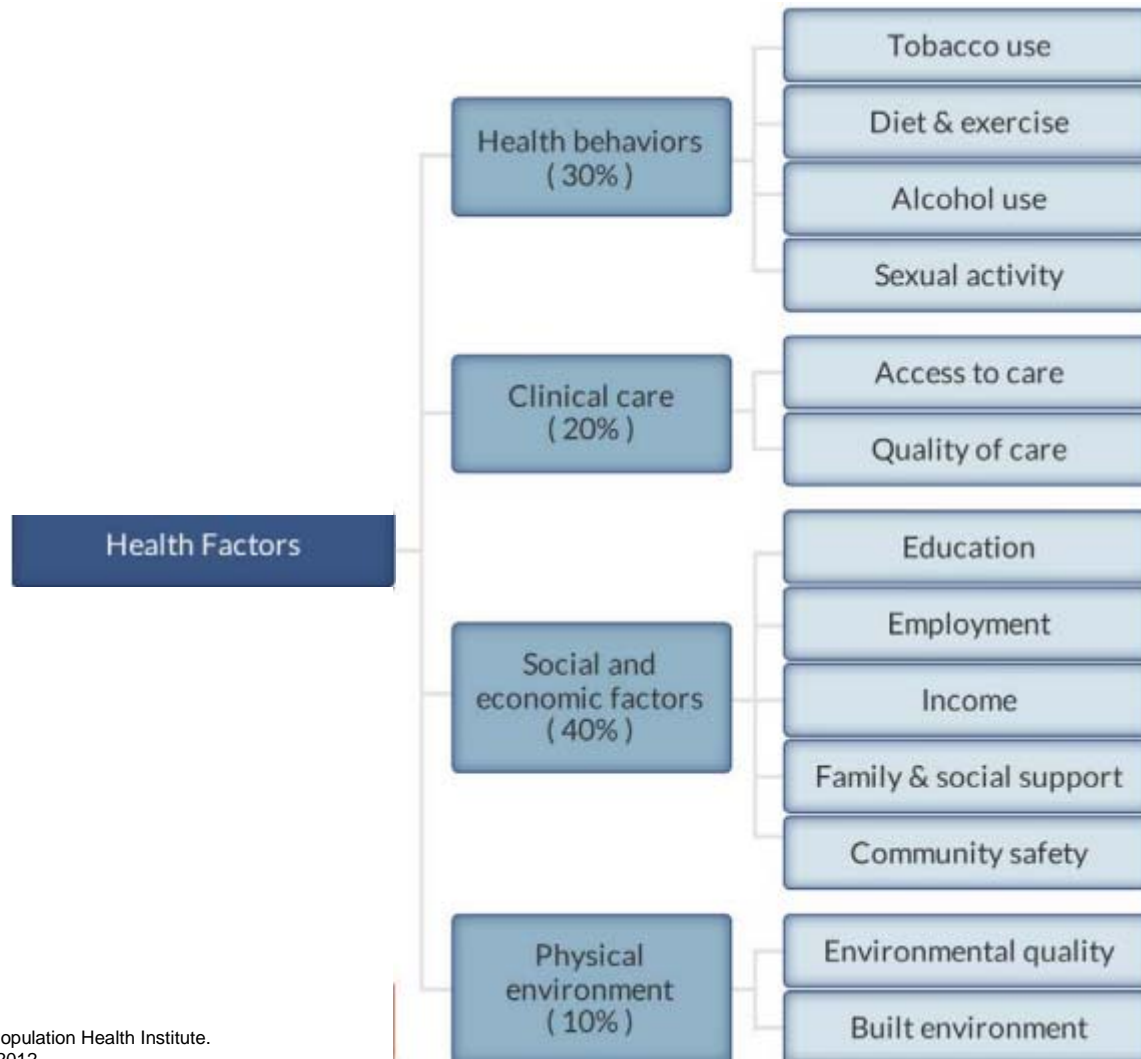
Clinical Quality and Care Management

Implementation/Evaluation

Care Coordination and Quality Metrics

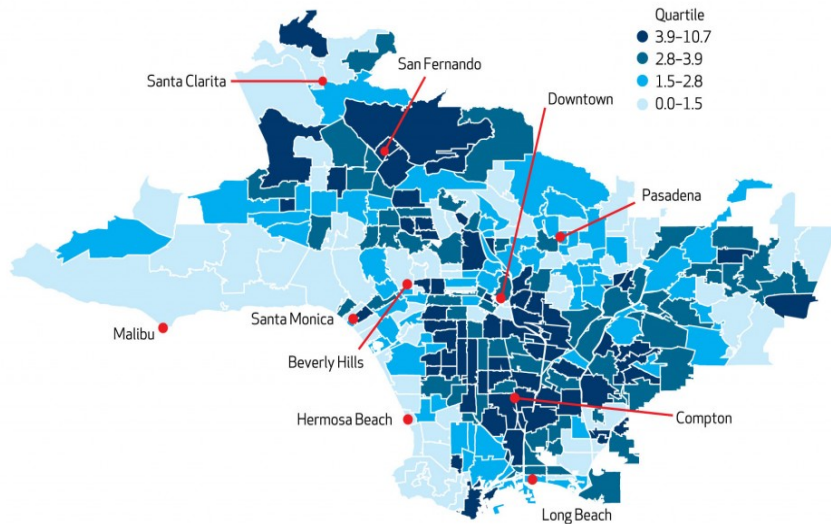
“Inside-Out”

Determinants of Health



Correlates With Poverty Level

Rates Of Lower-Extremity Diabetic Amputations Per 1,000 Adults Ages Forty-Five And Older With Diabetes, Los Angeles County, 2009

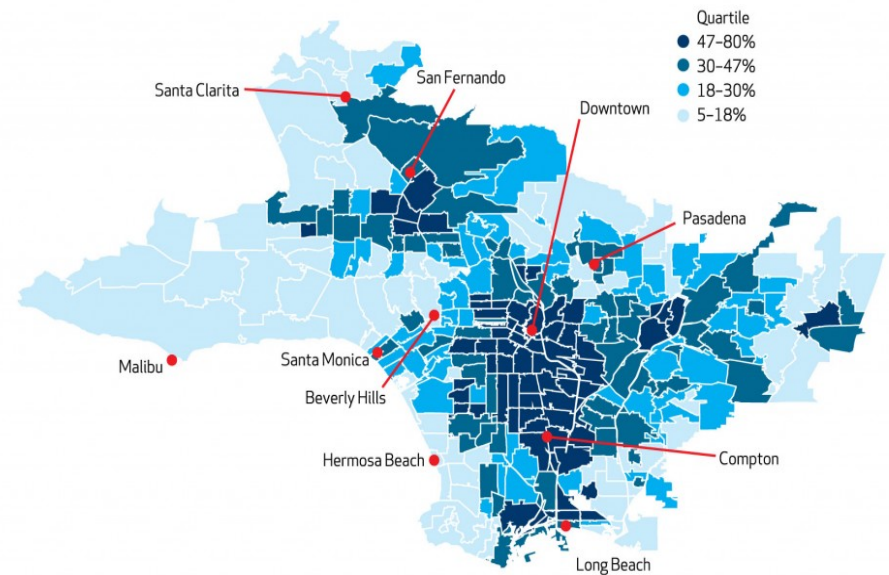


SOURCE Authors' analysis of data from California Health Interview Survey, CHIS 2009 adult public use file (Note 29 in text), and from the 2009 patient discharge and ambulatory surgery center data sets of the California Office of Statewide Health Planning and Development. **NOTES** Data are mapped at the neighborhood level (each neighborhood is either a ZIP Code Tabulation Area [ZCTA] or merged ZCTAs, as explained in the text) and represent the rate of nontraumatic lower-extremity amputations associated with a diagnosis of diabetes per 1,000 people with diabetes ages forty-five and older. The rates for the region are presented in quartiles.

HealthAffairs

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Proportion Of Households With Income Below 200 Percent Of The Federal Poverty Level, Los Angeles County, 2003-09



SOURCE Authors' analysis of data from 2003-09 American Community Survey pooled estimates of household income from the Census Bureau. **NOTES** Data are mapped at the neighborhood level (each neighborhood is either a ZIP Code Tabulation Area [ZCTA] or merged ZCTAs, as explained in the text). The proportions for the region are presented in quartiles.

HealthAffairs

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Stevens CD; Schriger DL; Raffetto B; Davis AC; Zingmond D; Roby DH Geographic clustering of diabetic lower-extremity amputations in low-income regions of California. **Health Aff (Millwood)**. 2014; **33(8):1383-90**

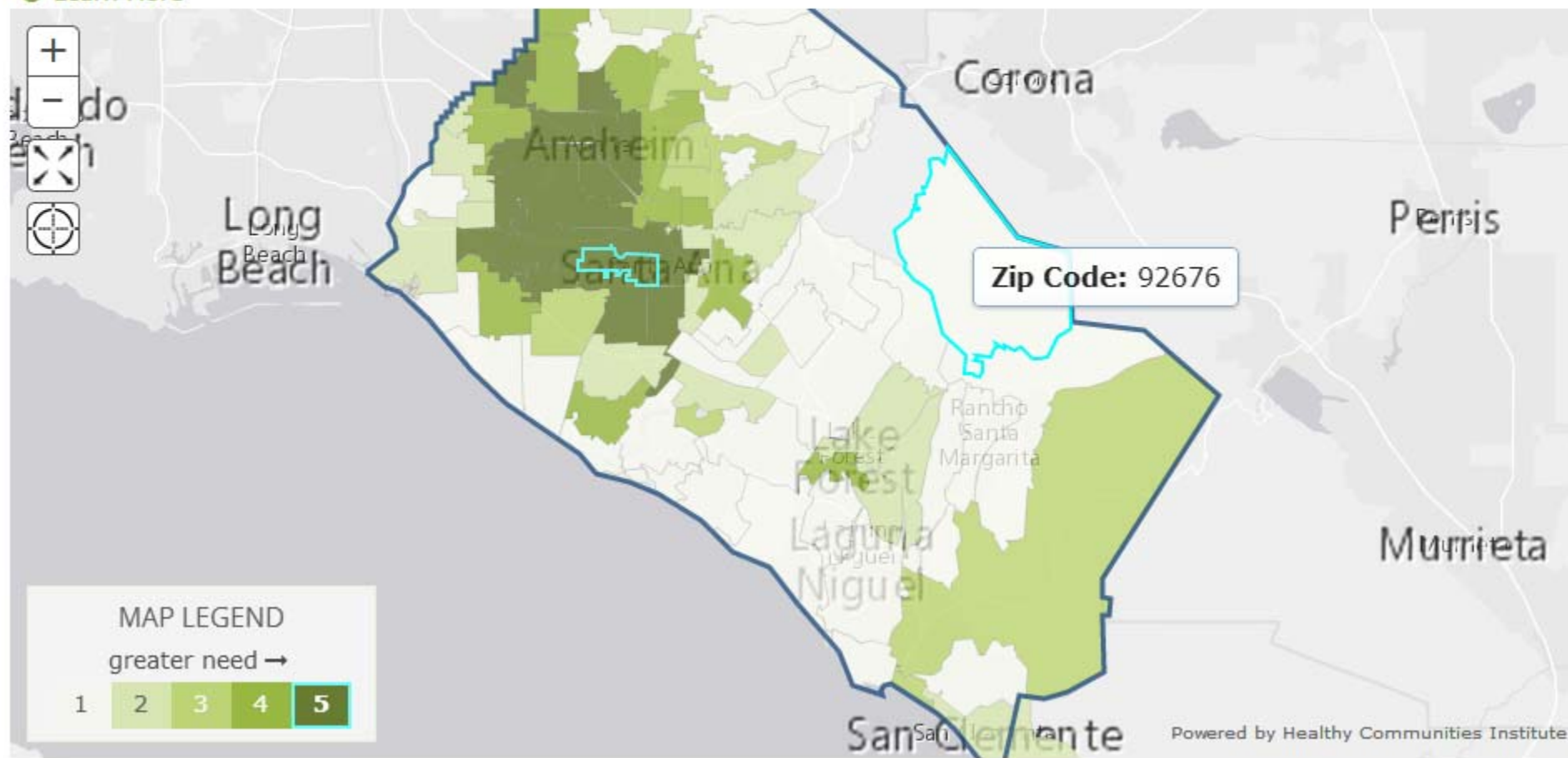
SocioNeeds Index

The **2015 SocioNeeds Index**, created by **Healthy Communities Institute**, is a measure of socioeconomic need that is correlated with poor health outcomes.

All zip codes in the United States are given an **Index Value** from 0 (low need) to 100 (high need). To help you find the areas of highest need in your community, your zip codes are **ranked** from 1 to 5 based on their Index Value.



 [Learn More](#)



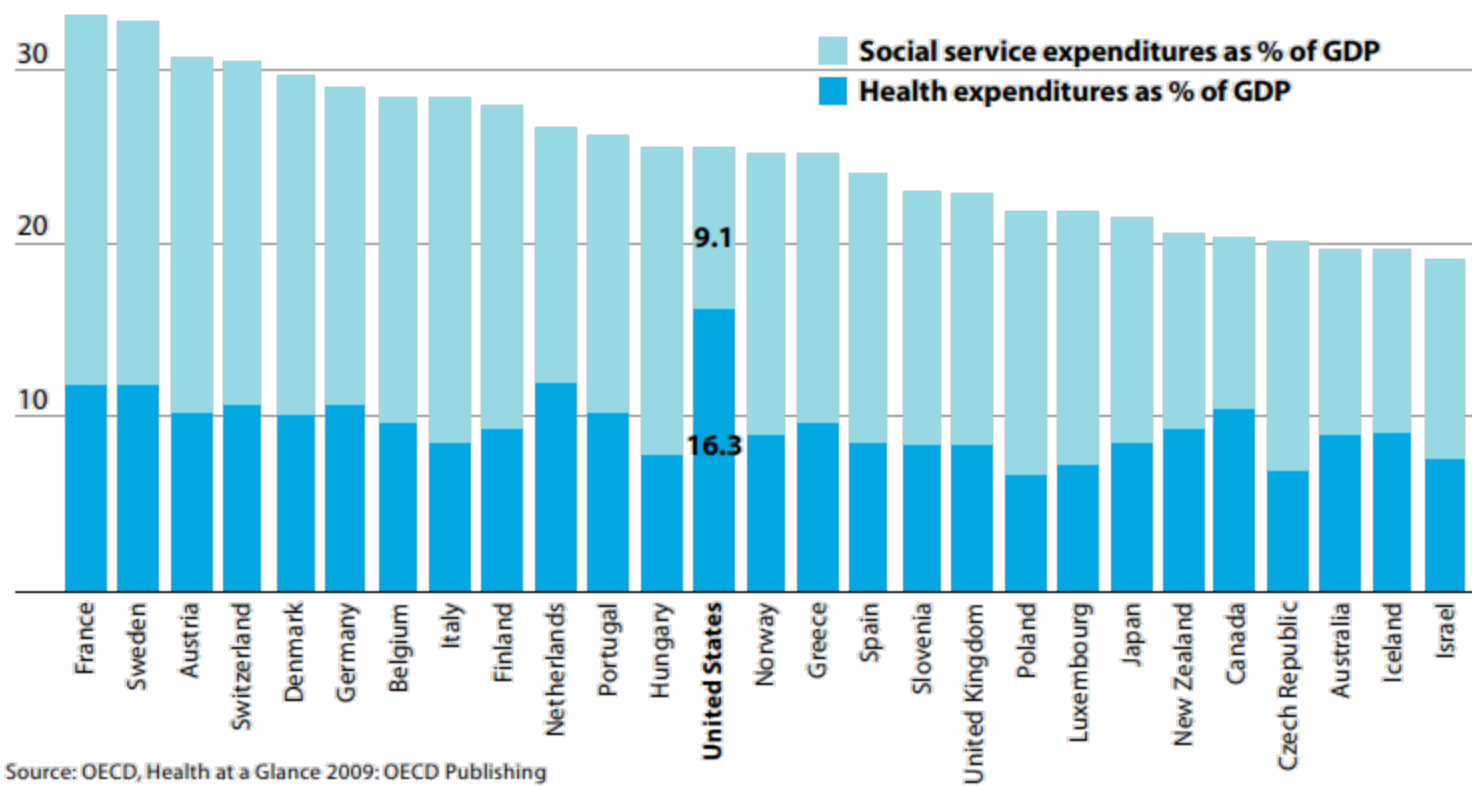


COMPARISON: Site Region

[Download CSV](#)

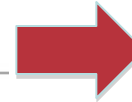
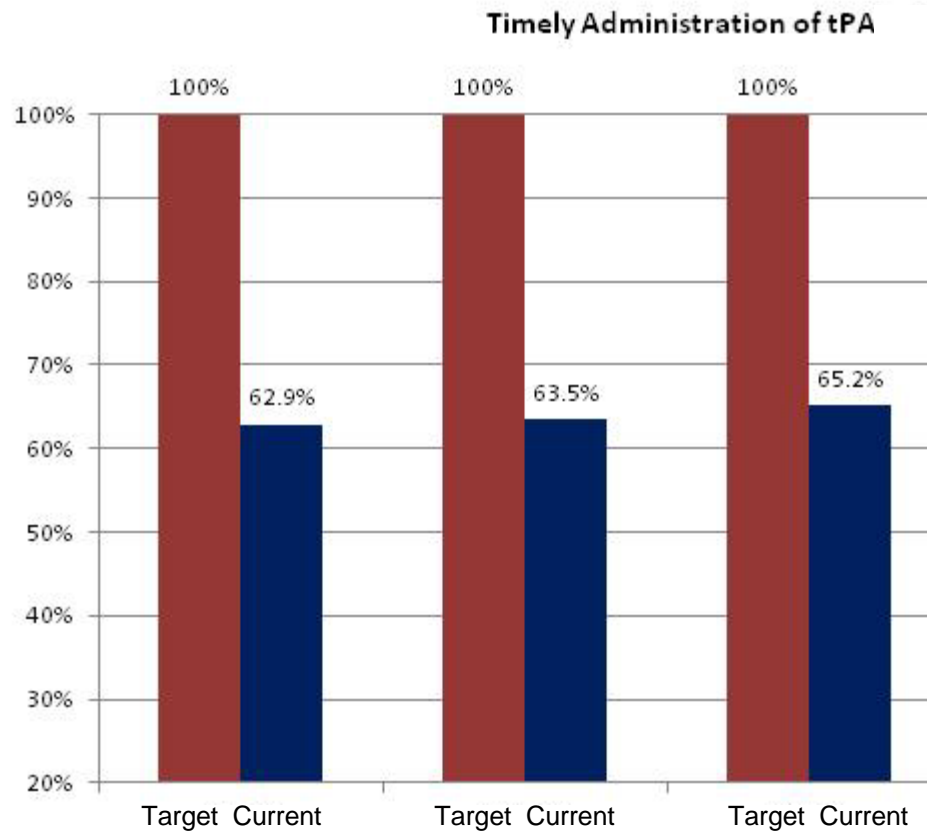
| Zip | Index | Rank | Pop. | County |
|--------------|-------------|----------|--------------|---------------|
| 92691 | 11.3 | 2 | 48409 | Orange |
| 92692 | 4.8 | 1 | 47475 | Orange |
| 92694 | 0.8 | 1 | 29249 | Orange |
| 92701 | 98.4 | 5 | 55289 | Orange |
| 92703 | 96.8 | 5 | 69178 | Orange |
| 92704 | 90.0 | 5 | 89936 | Orange |
| 92705 | 19.9 | 2 | 46788 | Orange |
| 92706 | 86.4 | 5 | 37583 | Orange |
| 92707 | 91.0 | 5 | 61783 | Orange |
| 92708 | 23.1 | 3 | 57495 | Orange |
| 92780 | 58.1 | 4 | 57610 | Orange |
| 92782 | 4.3 | 1 | 27420 | Orange |
| 92801 | 87.0 | 5 | 63624 | Orange |
| 92802 | 86.6 | 5 | 44235 | Orange |
| 92804 | 83.4 | 5 | 92024 | Orange |
| 92805 | 94.6 | 5 | 73628 | Orange |
| 92806 | 65.9 | 4 | 41159 | Orange |
| 92807 | 7.5 | 1 | 37399 | Orange |
| 92808 | 4.0 | 1 | 21567 | Orange |
| 92821 | 18.3 | 2 | 38238 | Orange |
| 92823 | 6.2 | 1 | 3492 | Orange |
| 92831 | 42.4 | 4 | 35780 | Orange |
| 92832 | 75.9 | 5 | 24809 | Orange |
| 92833 | 47.4 | 4 | 54974 | Orange |
| 92835 | 2.2 | 1 | 26122 | Orange |

Social Service Expenditures - US



Source: OECD, Health at a Glance 2009: OECD Publishing

Clinical Quality Improvement → Behavior



KNOW THE SUDDEN SIGNS OF STROKE

Stroke is a medical emergency. Every minute counts when someone is having a stroke. Learn how to recognize the symptoms of stroke and what you can do to improve the chances for a successful recovery.

Join us for a special showing of the informative, upbeat video **Know Stroke: Know the Signs, Act in Time** produced by the National Institute of Neurological Disorders and Stroke.

Date: _____ Location: _____

Time: _____ Sponsored by: _____

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health
National Institute of Neurological Disorders and Stroke

www.stroke.ninds.nih.gov
1-800-352-0424



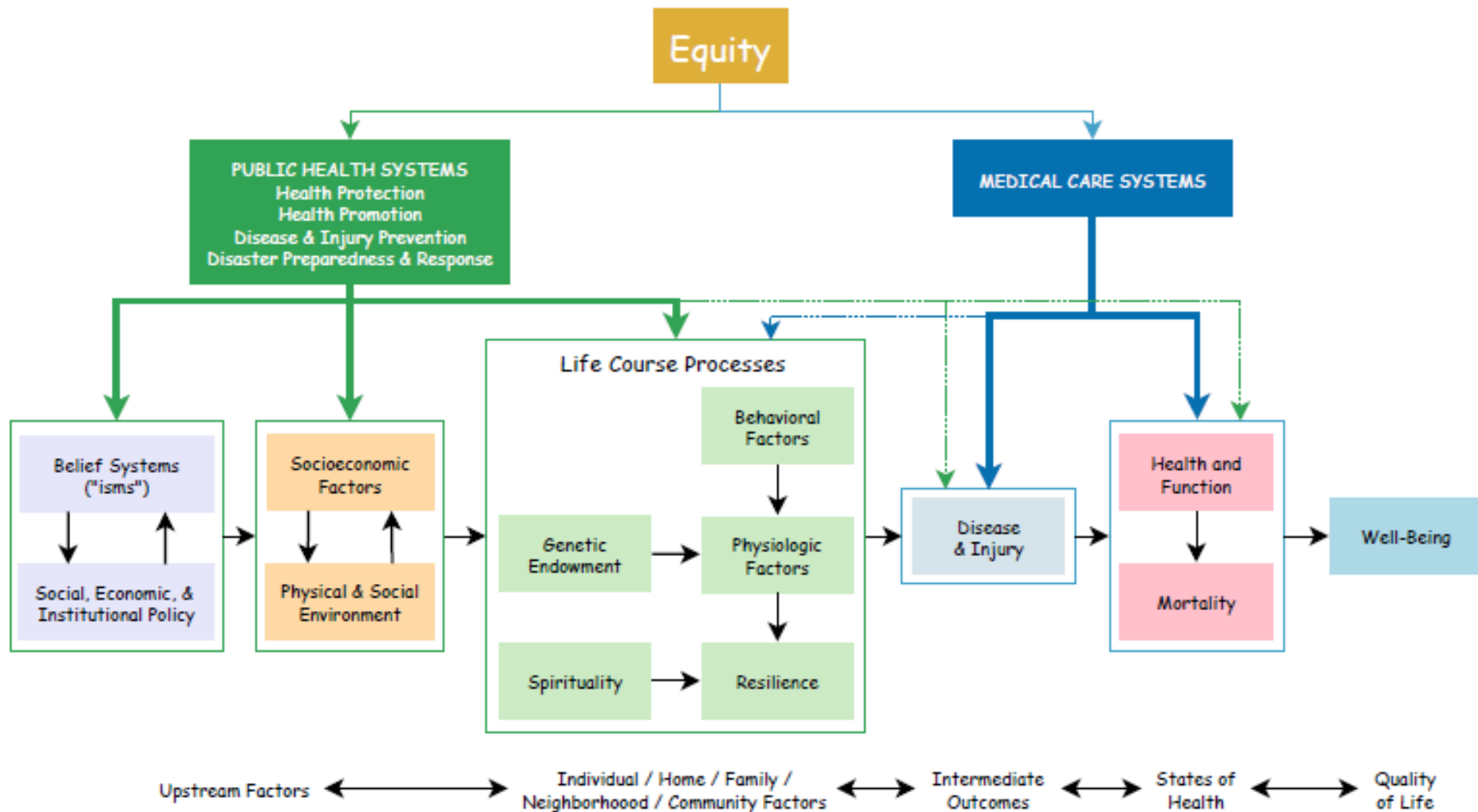
San Francisco, CA

Interconnection of Health and Care

PUBLIC HEALTH SYSTEMS
Health Protection
Health Promotion
Disease & Injury Prevention
Disaster Preparedness & Response

MEDICAL CARE SYSTEMS

Interconnection of Health and Care



Inspired by the Collective Impact model, SFHIP is using the model's principles, lessons, and structure to achieve transformational change locally. Collective Impact is defined as the commitment of a group of actors from different sectors to a common agenda for solving a specific social problem, using a structured form of collaboration.

Collective Impact initiatives are distinguished from other types of collaboration by creating or expanding upon these five conditions of success:



Common Agenda

All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions



Shared Measurement

Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable



Mutually Reinforcing Activities

Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action



Continuous Communication

Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and appreciate common motivation



Backbone Organization

Creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies

Our Partners

SFHIP partners are active in the San Francisco health community and have strong priorities for helping the local population. All our partners contribute to the vision and values of SFHIP.

Leadership Partners

[San Francisco Department of Public Health \(SFDPH\)](#)

[The Clinical & Translational Science Institute \(CTSI\)](#)

[Hospital Council of Northern California](#)

Working Group Partners

Tenderloin HIP

Tenderloin Health Improvement Partnership (Tenderloin HIP) is a multi-sector collective impact partnership committed to improving community health, safety and well-being in San Francisco's Tenderloin neighborhood.

Children's Oral Health

In the fall of 2013, a diverse group of children's oral health stakeholders came together to begin San Francisco's first ever citywide strategic planning process for children's oral health. Improving the oral health of all children in San Francisco is fundamental to ensuring their future health, success, and quality of life. Having healthy teeth is critical for speaking, eating and good self-esteem.

Alcohol Policy Partnership Working Group

The SFHIP Alcohol Policy Partnership Working Group (PWG) is addressing alcohol-related public health and safety problems in San Francisco through policy analysis, development and change that is based on public health and community evidence and best practices.

Funding Partners

Shared Measurement: Improving Impact

Benefits of Using Shared Measurement

- **Improved/Consistent Data Quality, Contextualized**
- **Tracking Progress Toward Goals**
- **Enabling Coordination and Collaboration**
- **Learning and Course Correction**
- **Catalyzing Action**

Search All Indicators

Search

Location Type:

Location:

Breakout By:

Order By:

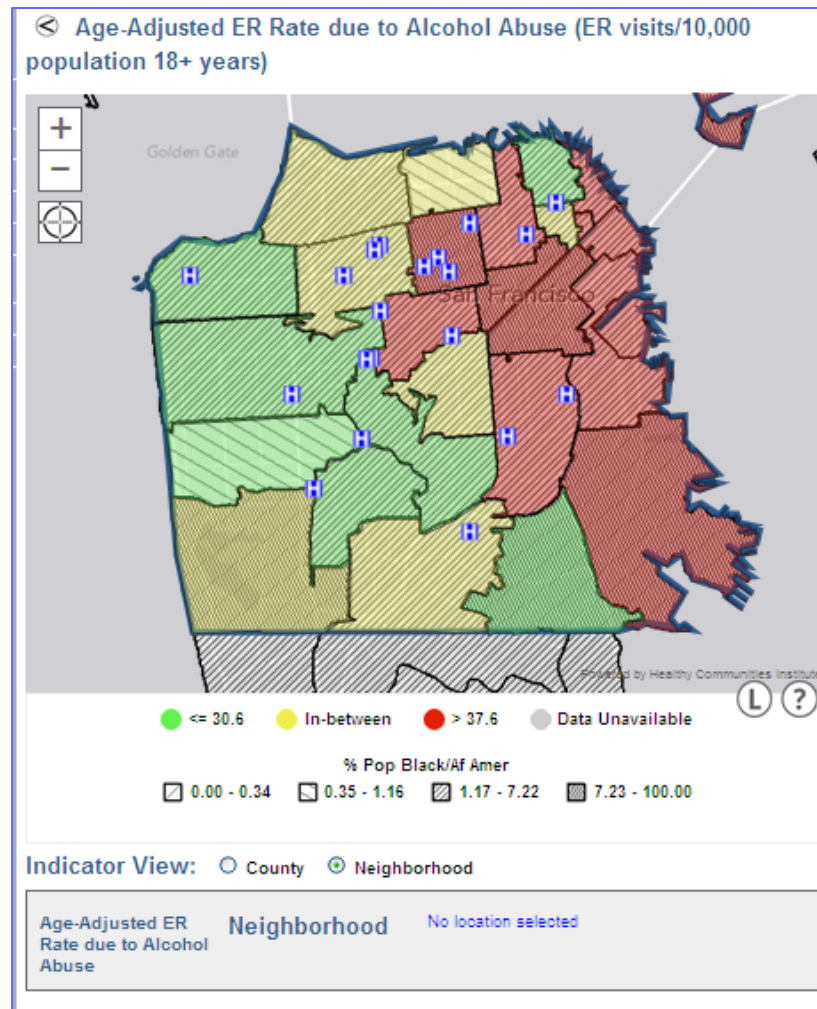
Indicators for County: San Francisco

[View the Legend](#)

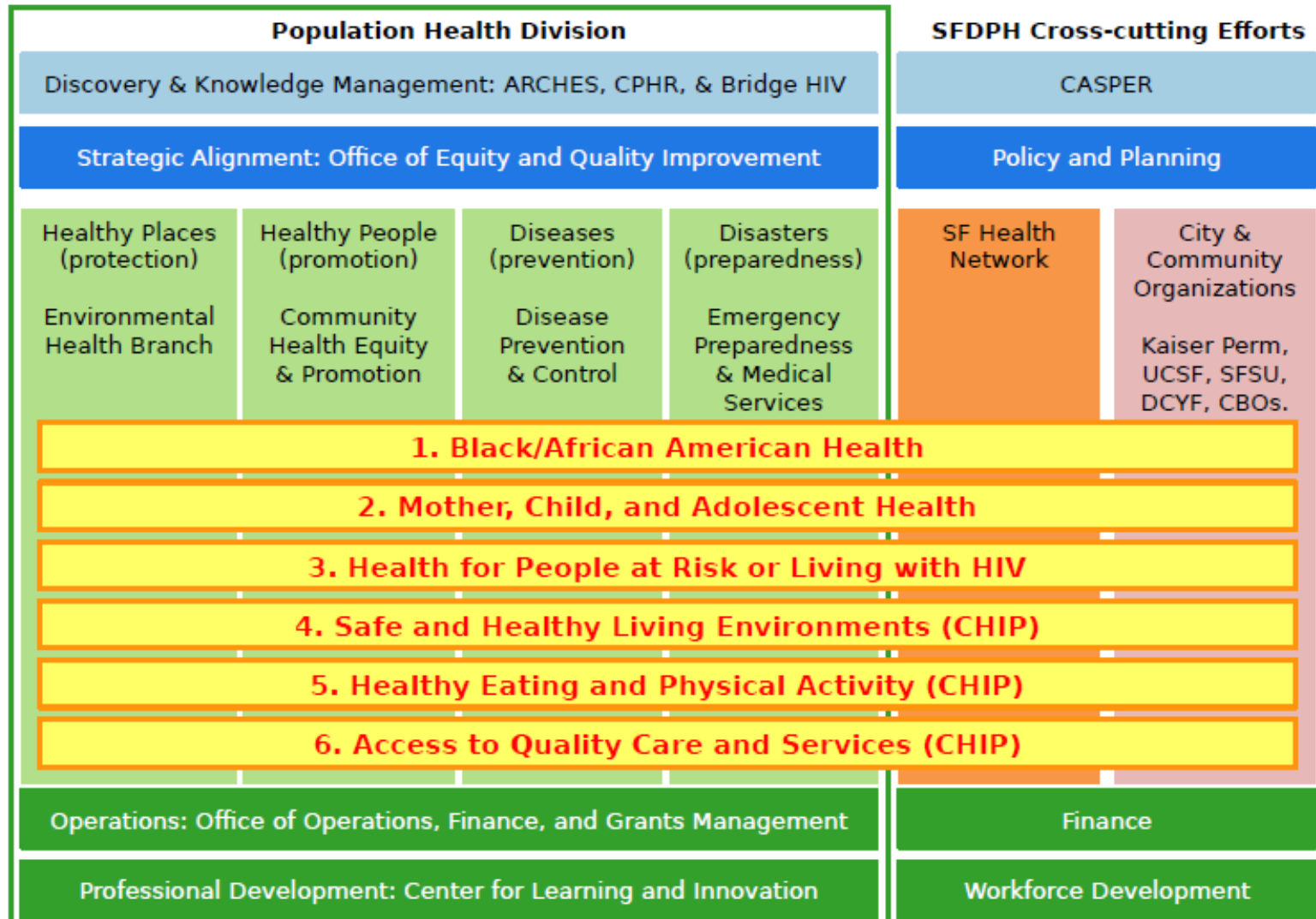
Health

- | | | |
|---|---|--|
| ▪ Liver and Bile Duct Cancer Incidence Rate <input type="button" value="MAP"/> | Comparison: U.S. Counties | |
| ▪ Child Fruit and Vegetable Consumption <input type="button" value="MAP"/> | Comparison: CA Counties | |
| ▪ Teens who Engage in Regular Physical Activity <input type="button" value="MAP"/> | Comparison: CA Counties | |
| ▪ Age-Adjusted Death Rate due to HIV/AIDS | Comparison: CA Counties | |
| ▪ Chlamydia Incidence Rate <input type="button" value="NEW"/> | Comparison: US Metropolitan Statistical Areas | |
| ▪ Gonorrhea Incidence Rate | Comparison: US Metropolitan Statistical Areas | |
| ▪ Influenza Vaccination Rate 65+ <input type="button" value="NEW"/> | Comparison: CA Counties | |
| ▪ Primary and Secondary Syphilis Incidence Rate | Comparison: US Metropolitan Statistical Areas | |
| ▪ Tuberculosis Incidence Rate <input type="button" value="NEW"/> <input type="button" value="MAP"/> | Comparison: CA Counties | |
| ▪ Age-Adjusted ER Rate due to Alcohol Abuse <input type="button" value="NEW"/> | Comparison: CA Counties | |

Addressing Costs of ER Utilization



Shared Vision: Healthy People, Healthy Places





San Francisco Health Improvement Partnership

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[Our Partners](#)

Increase Healthy Eating & Physical Activity

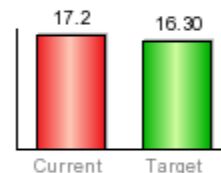
Our Goal

To increase healthy eating and physical activity among residents by creating environments that make healthy choices the easy choices.

[View All Priority Indicators](#) →



Percent of adults that report a BMI greater or equal to 30



Children and adolescents who consumed two or more glasses of soda or sugary drink yesterday



Minutes per day residents spend walking and/or biking for non-leisure, utilitarian trips

County: San Francisco



Science links health conditions such as heart disease, diabetes, and cancer to daily practices like eating a healthy, balanced diet and getting regular exercise. However, the healthy choice is not always the “easy” choice – particularly for San Francisco’s more vulnerable residents – as was repeatedly voiced by community members throughout the CHA/CHIP development process. Socioeconomic factors – such as whether people can afford to buy nutritious foods and safely engage in exercise in their neighborhoods – and environmental factors – such as whether healthy food options are locally available – impact what individuals eat as well as their activity practices.

The "Increase Healthy Eating + Physical Activity" priority strives to demonstrate the link between diet, inactivity, and chronic disease and to help San Francisco create environments that make healthy choices the easy choices, so all San Francisco residents have an equal chance to eat well and move more.

Goal #1: Increase physical activity

- Increase fitness in children
- Increase time spent walking and/or biking daily

Goal #2: Increase healthy eating

- Increase access to healthy, diverse food resources
- Increase daily consumption of fruits and vegetables
- Decrease consumption of sugar-sweetened beverages

Goal #3: Increase number of residents who maintain a healthy weight

- Decrease youth obesity
- Decrease adult obesity

[1] California Health Interview Survey, 2009

[2] Calculated from 2004-2008 SWITRS data and 2007 population data from Applied Geographic Solutions, Inc.

Related Resources

[San Francisco Health Improvement Partnerships \(SF HIP\)](#)

[Farmers Markets in San Francisco](#)

[Bayview HEAL Zone](#)

[San Francisco Food Security Task Force](#)

[Walk First \(SF Planning Department\)](#)

[Report: Physical Education Research for Kids \(California Task Force on Youth and Workplace Wellness, 2010\)](#)

| PROJECT LEAD(S) | SELECTED STRATEGIES | POSSIBLE INDICATOR(S) |
|--|--|---|
| American Heart Association | Support healthy food procurement and healthy food retail incentives. | Documented procurement and incentive policies for healthy food |
| Boys and Girls Club of SF | Implement Power Play, 30 minutes of daily fun, non-competitive physical activity at each of San Francisco's nine Boys and Girls Clubs. | Average daily attendance records |
| Children's Council of SF | Increase physical activity by developing and enforcing a physical activity policy for child care providers involved in the US Department of Agriculture's Child and Adult Care Food Program. | Written, approved physical activity policy |
| SF Department of Public Health | Maintain Safe Routes to Schools programming (Evidence- Based). | Continued online presence and project updates posted for Safe Routes to Schools Program |
| SF Human Services Agency - Department of Aging and Adult Services | Continue to support evidence-based preventive programs for adults with disabilities and seniors such as Chronic Disease Self-Management and Healthier Aging. | Department of Aging and Adult Services Annual Area Plan Update |
| SF Municipal Transportation Agency | Encourage more regular physical activity through a citywide network of Sunday Streets events (Promising Practice). | Online calendar of Sunday Streets events |
| SF Municipal Transportation Agency, SF Bicycle Coalition | Connect emerging regional bike sharing project with HOPE SF projects and other city-funded development to ensure the presence of bike sharing at the new developments. | Map of bike sharing stations + HOPE SF project locations |



San Francisco
Health Improvement Partnership

Search this site

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[San Francisco Data](#)

[Useful Tools](#)

[About SFHIP](#)

[Our Partners](#)

[Home](#) > [Disparities Dashboard](#)

Disparities Dashboard

All San Francisco Health Data

Location Type: **Location:**

Breakout By:

Indicators for County: San Francisco (Race/Ethnicity breakout)

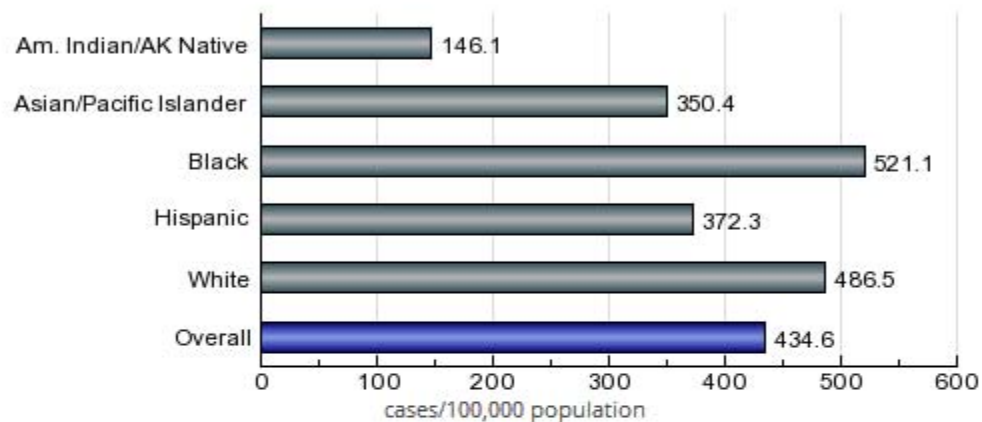
+ Health

Access to Health Services

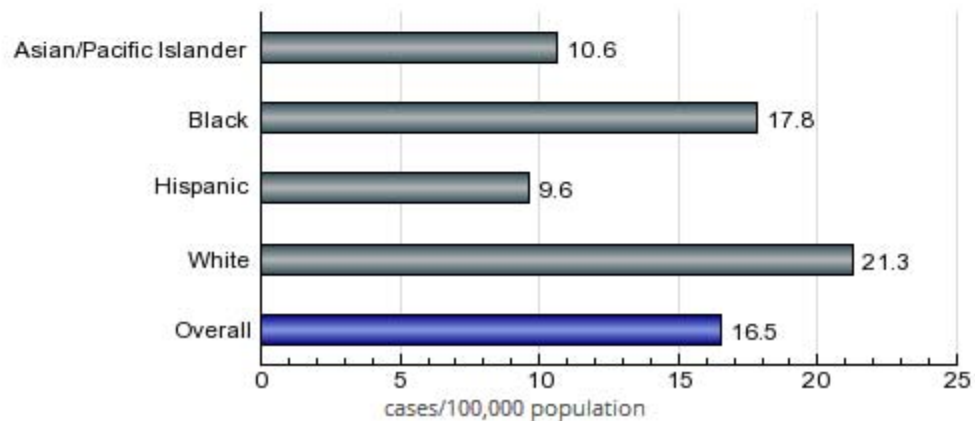
Adults with Health Insurance by Race/Ethnicity

Cancer

All Cancer Incidence Rate by Race/Ethnicity

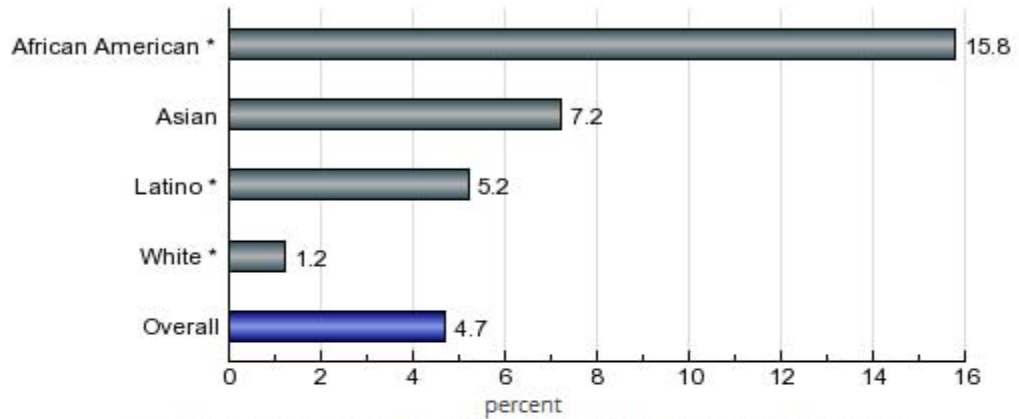


Bladder Cancer Incidence Rate by Race/Ethnicity



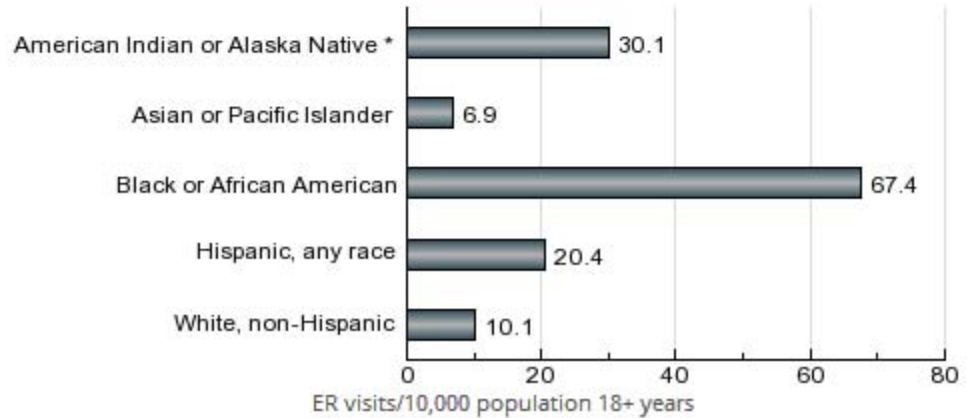
Diabetes

Adults with Diabetes by Race/Ethnicity



* Value may be statistically unstable and should be interpreted with caution.









Age-Adjusted ER Rate due to Diabetes by Race/Ethnicity



* Value may be statistically unstable and should be interpreted with caution.

Tracker for County: San Francisco

[View the Legend](#)

| Indicator | Current and Target | Data | Status |
|--|--|---|----------------|
| Ensure Safe + Healthy Living Environments | | | |
| Annual Violent Injury Incident Rate | Current: 75.1 Target: 71.3 Rate per 100,000 population |  Current Target | TARGET NOT MET |
| Perceived Safety at Night Among Adult Residents | Current: 45.0 Target: 53.6 percent |  Current Target | TARGET NOT MET |
| Annual Rate of Severe and Fatal Pedestrian Injuries | Current: 8.3 Target: 6.2 Injuries per 100 road miles |  Current Target | TARGET NOT MET |
| Population Living in Area with 10ug/m3 or Higher PM 2.5 Concentration | Current: 1.2 Target: 1.14 percent |  Current Target | TARGET NOT MET |
| Population Living within an Area with Average Daytime and Nighttime Noise Levels Greater than 60 Dec | Current: 70.0 Target: 67 percent |  Current Target | TARGET NOT MET |
| Annual Number of Housing Violations | Current: 5.4 Target: 5.1 per 1,000 population |  Current Target | TARGET NOT MET |
| Adults who Smoke | Current: 14.0 Target: 11 percent |  Current Target | TARGET NOT MET |
| San Francisco Playgrounds Scoring an "A" or "B" for Infrastructure Quality and Condition, Cleanlines | Current: 65.0 Target: 64.1 percent |  Current Target | TARGET MET |

Increase Healthy Eating + Physical Activity

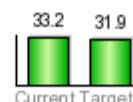
Physically fit children in 5th Grade within the SFUSD who score 6 of 6 on the CA Fitness-gram test

Current: 21.2
Target: 21.3
percent



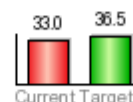
Physically fit children in 7th Grade within the SFUSD who score 6 of 6 on the CA Fitness-gram test

Current: 33.2
Target: 31.9
percent



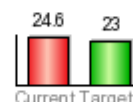
Physically fit children in 9th Grade within the SFUSD who score 6 of 6 on the CA Fitness-gram test

Current: 33.0
Target: 36.5
percent



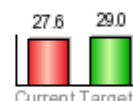
Youth who Score within the "High Risk" Category for Body Composition on the Fitnessgram Physical Fit

Current: 24.6
Target: 23
percent



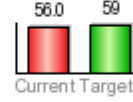
Minutes per day residents spend walking and/or biking for non-leisure, utilitarian trips

Current: 27.6
Target: 29.0
minutes



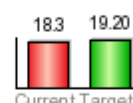
Food Market Access Score

Current: 56.0
Target: 59



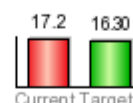
Percent of children and teens (ages 2-17) who consume five or more servings of fruits and vegetables

Current: 18.3
Target: 19.20
percent



Children and adolescents who consumed two or more glasses of soda or sugary drink yesterday

Current: 17.2
Target: 16.30
percentage



Percent of adults that report a BMI greater or equal to 30

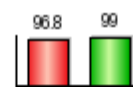
Current: 11.3
Target: 16.30
percent




















Increase Access to High Quality Health Care + Services

Percent of San Franciscans Who Have Insurance or Are Enrolled in a Comprehensive Access Program

Current: 96.8
Target: 99



+ Health

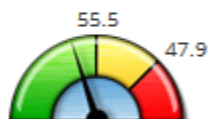
| | | |
|---|---|---|
| Liver and Bile Duct Cancer Incidence Rate MAP | Comparison: U.S. Counties |  |
| Age-Adjusted Death Rate due to HIV/AIDS | Comparison: CA Counties |  |
| AIDS Incidence Rate | Comparison: CA Counties |  |
| Chlamydia Incidence Rate | Comparison: US Metropolitan Statistical Areas |  |
| Gonorrhea Incidence Rate | Comparison: US Metropolitan Statistical Areas |  |
| Primary and Secondary Syphilis Incidence Rate | Comparison: US Metropolitan Statistical Areas |  |
| Tuberculosis Incidence Rate NEW MAP | Comparison: CA Counties |  |
| Alzheimer's Disease or Dementia: Medicare Population MAP | Comparison: U.S. Counties |  |
| Osteoporosis: Medicare Population MAP | Comparison: U.S. Counties |  |
| Adults who Binge Drink MAP | Comparison: CA Counties |  |
| Age-Adjusted ER Rate due to Alcohol Abuse MAP | Comparison: CA Counties |  |
| Teens who have Used Alcohol MAP | Comparison: CA Counties |  |
| Youth who Smoke MAP | Comparison: CA Counties |  |
| Death Rate due to Drug Poisoning MAP | Comparison: U.S. Counties |  |
| Mammogram History MAP | Comparison: CA Counties |  |
| Babies with Low Birth Weight MAP | Comparison: CA Counties |  |
| Adults Needing and Receiving Behavioral Health Care Services MAP | Comparison: CA Counties |  |



Child Fruit and Vegetable Consumption

This indicator shows the percentage of children aged 2-11 who eat at least five servings of fruits and vegetables per day.

County Time Period



Comparison: CA Counties

56.1 percent

Measurement Period: 2011-2012

County: San Francisco

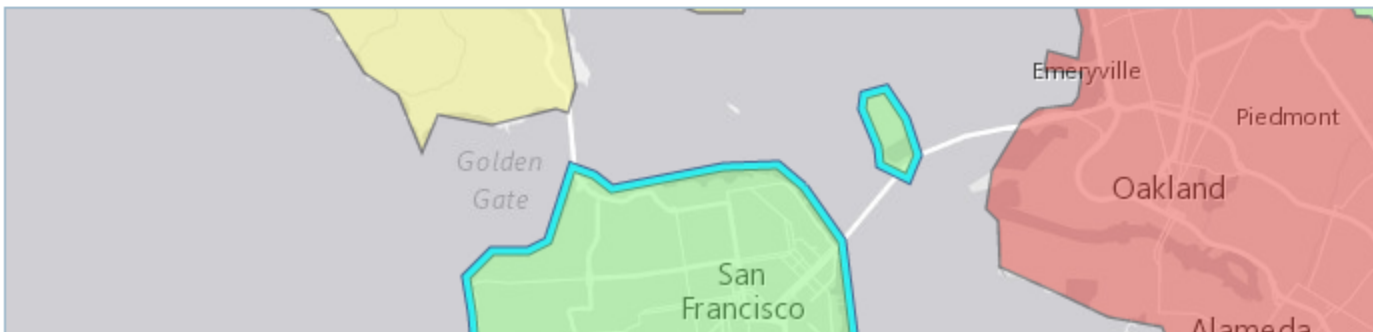
Data Source: [California Health Interview Survey](#)

Categories: [Health / Exercise, Nutrition, & Weight](#), [Health / Children's Health](#)

Technical Note: The distribution is based on data from 44 California counties and county groups.

Maintained By: [Healthy Communities Institute](#)

Last Updated: September 2013

[View Full Map](#)
[Maps FAQ](#)


Related Content

211 LOCAL RESOURCES

- [Soup Kitchen Programs](#)
- [Physical Fitness Education Resources](#)
- [Nutrition Resources](#)

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COMMUNITY VITAL SIGNS

- [2012 Champion Report: Retail Food Environment Index Score](#)
- [2012 Champion Report: Proportion of Households within half mile of a Farmers Market](#)
- [2012 Champion Report: Average Wait Time before Receiving Home-delivered Meals](#)

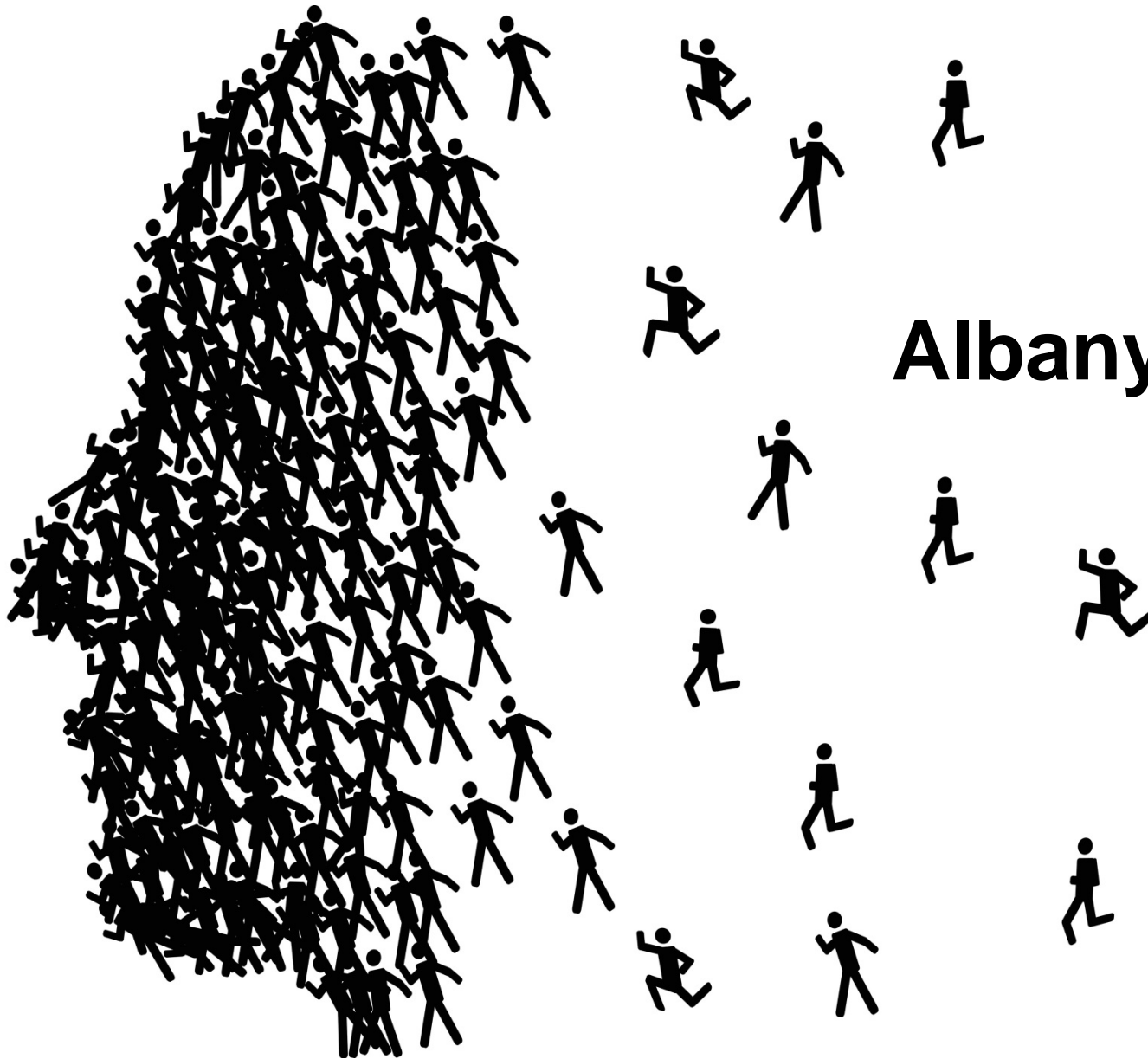
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- [High fruit and veggie diet linked to lower risk of heart disease, death](#)
- [Study of Organic Crops Finds Fewer Pesticides and More Antioxidants](#)
- [Diet tied to survival in breast cancer patients](#)

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INDICATORS



Albany, GA

Infant Mortality Rate

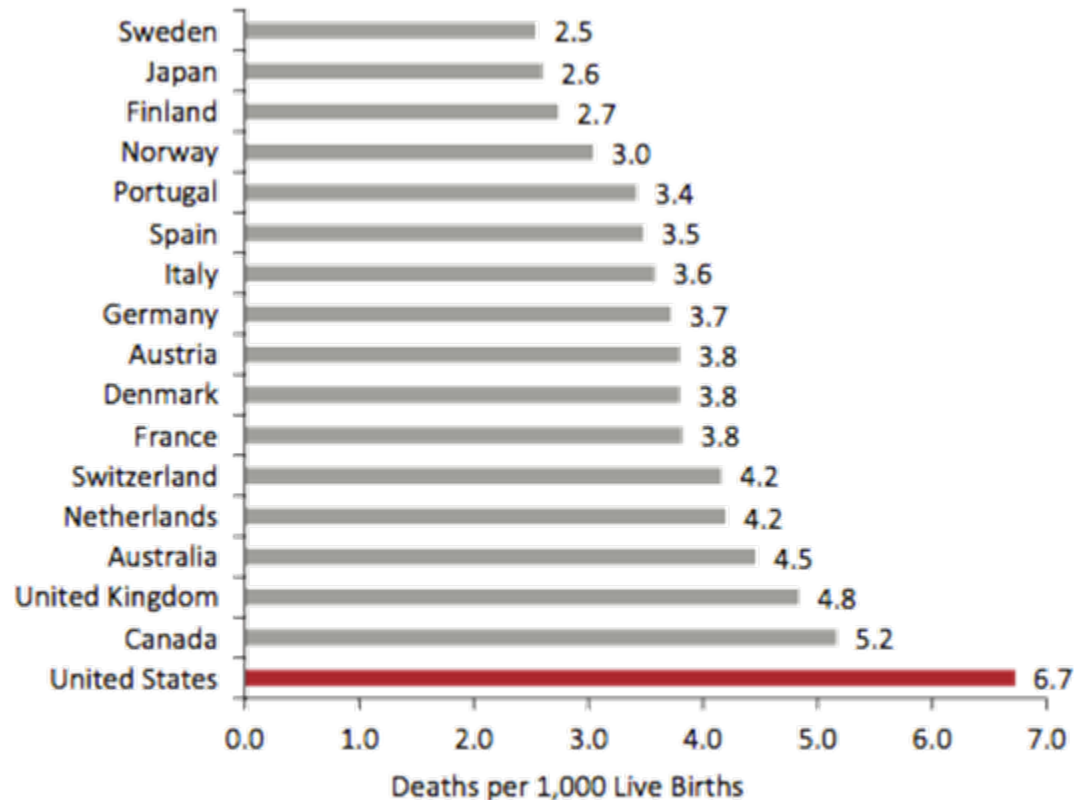
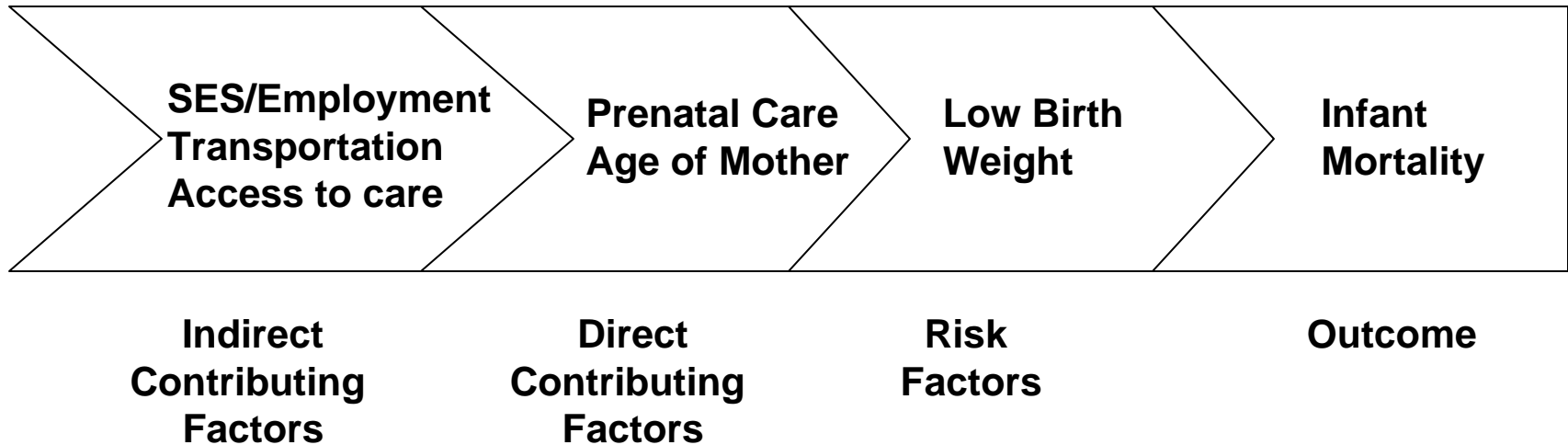


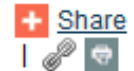
FIGURE 2-1 Infant mortality rates in 17 peer countries, 2005-2009.

NOTE: Rates averaged over 2005-2009.

SOURCE: Data from OECD (2012c).

Causation Pathway





RELATED CONTENT

Average Time Period **HP 2020 Target**

| | |
|---|---|
| <p>Target Not Met</p> <p>Current: 16.9 Target: 6.0</p> <p>Unit: deaths/1,000 live births View the Legend</p> | <h2 style="margin: 0;">Infant Mortality Rate</h2> <p>Value: 16.9 deaths/1,000 live births</p> <p>Healthy People 2020 Target: 6.0 deaths/1,000 live births</p> <p>Measurement Period: 2011</p> <p>Location: County : Dougherty Located in State: Georgia [View Every County]</p> <p>Comparison: Healthy People 2020 Target</p> <p>Categories: Health / Maternal, Fetal & Infant Health Health / Mortality Data</p> |
|---|---|

What is this Indicator?
This indicator shows the mortality rate in deaths per 1,000 live births for infants within their first year of life.

Why this is important:
Infant mortality rate continues to be one of the most widely used indicators of the overall health status of a community. The leading causes of death among infants are birth defects, pre-term delivery, low birth weight, Sudden Infant Death Syndrome (SIDS), and maternal complications during pregnancy.

The Healthy People 2020 national health target is to reduce the infant mortality rate to 6 deaths per 1,000 live births.

Source: Georgia Department of Public Health OASIS

URL of Source: <http://oasis.state.ga.us/>

URL of Data: <http://oasis.state.ga.us/oasis/oasis/qrylMort.aspx>

Maintained By: Healthy Communities Institute

Last Updated: May 2013

INDICATORS

- [Preterm Births](#)
 - [Babies with Very Low Birth Weight](#)
 - [Babies with Low Birth Weight](#)
 - [Teen Birth Rate](#)
 - [Children Living Below Poverty Level](#) NEW
 - [Mothers who Smoked During Pregnancy](#)
- [More](#)

PROMISING PRACTICES

- [Centering Pregnancy Program](#)
 - [Community Voice: Palm Beach](#)
 - [Community Voice: Taking it to the People](#)
 - [Putnam County Early Entry into Prenatal Care-WIC](#)
 - [Canada Prenatal Nutrition Program \(CPNP\)](#)
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Report Assistant

Use this tool to quickly pull together related content, such as indicators or promising practices, based on keyword topics. The results can be saved as a PDF, emailed, or printed and incorporated into a report. For example, to find content related to obesity, type the keyword 'obesity' in the search bar. Then, select the location of interest and click 'search'. If you'd prefer to compare indicators across multiple regions you can create an [Indicator Comparison Report](#).

Create a new report

Enter keywords to find content for your report:

Tip: Use double quotes for phrases and multiple word terms

Choose the Report Content

Below are items matching your search terms. **Drag and drop** items into the "Chosen Content" list to include them in your report. You may enter new search terms to find additional content without losing your current selections.

Indicators

Suggested Content

Select All

- Infant Mortality Rate (County : Dougherty) ([View](#))
- Syphilis Incidence Rate (County : Dougherty) ([View](#))
- Teen Pregnancy Rate (County : Dougherty) ([View](#))
- Teen Birth Rate (County : Dougherty) ([View](#))
- Preterm Births (County : Dougherty) ([View](#))
- Mothers who Smoked During Pregnancy (County : Dougherty) ([View](#))
- Infants Born to Mothers with <12

Chosen Content

Deselect All



Report Assistant

Use this tool to quickly pull together related content, such as indicators or promising practices, based on keyword topics. The results can be saved as a PDF, emailed, or printed and incorporated into a report. For example, to find content related to obesity, type the keyword 'obesity' in the search bar. Then, select the location of interest and click 'search'. If you'd prefer to compare indicators across multiple regions you can create an [Indicator Comparison Report](#).

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Indicators

Suggested Content

Select All

• Syphilis Incidence Rate (County : Dougherty) ([View](#))

• Mothers who Smoked During Pregnancy (County : Dougherty) ([View](#))

• Infants Born to Mothers with <12 Years Education (County : Dougherty) ([View](#))

Chosen Content

Deselect All

• Infant Mortality Rate (County : Dougherty) ([View](#))

• Babies with Very Low Birth Weight (County : Dougherty) ([View](#))

• Babies with Low Birth Weight (County : Dougherty) ([View](#))

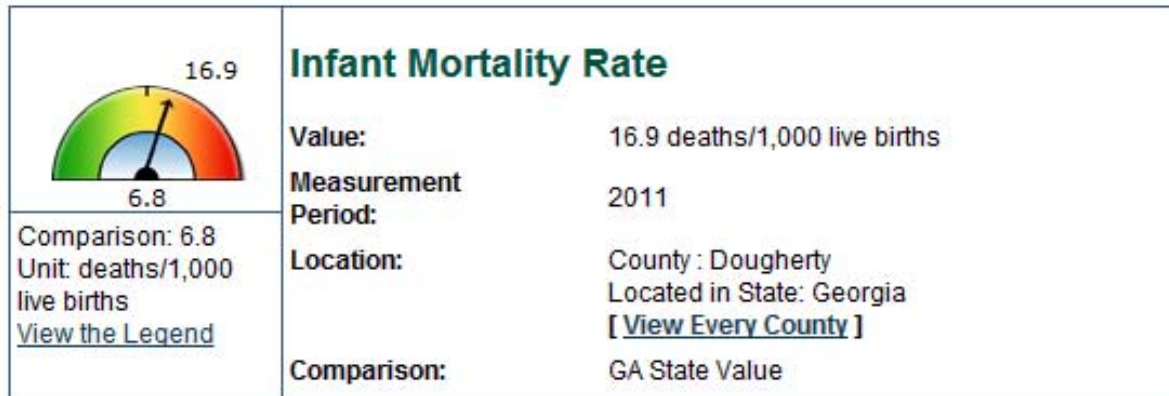
• Teen Pregnancy Rate (County : Dougherty) ([View](#))

• Teen Birth Rate (County : Dougherty) ([View](#))

• Preterm Births (County : Dougherty) ([View](#))

infant

► Indicators





Priority 1: To Improve Maternal, Infant, and Child Health and Reproductive Responsibility

- **To reduce the rate of low birth weight from 12.3 to 7.8 in the primary service area.**
- **To reduce the rate of very low birth weight from 2.8 to 1.4 in the primary service area.**
- **To reduce the rate of pre-term births from 14.7 to 11.4 in the primary service area.**
- **To reduce the rate of infant mortality from 8.2 to 6.0/1,000 live births in the primary service area.**
- **To reduce the rate of teen pregnancy from 40.8 to 36.2 for females aged 15 to 17 in the primary service area.**
- **To reduce sexually transmitted disease from 1,272 to 703.9 cases/100,000 in the primary service area (Georgia Benchmark)**

1. Continue funding (\$1.2 million) of Network of Trust programs that provide evidence-based Sex Education Curricula and help to reduce the incidence of teen pregnancy, including the placement of school nurses in all 27 Dougherty County Public Schools.
2. Expand and conduct school nurse training in service area county schools, specifically Randolph, Lee and Terrell.
3. Continue and expand Make A Difference sexual abstinence program – assistance funding will be provided by a three-year \$35,000 grant from the Georgia Campaign for Adolescent Power and Prevention, the University of Georgia and 4-H. PPMH Network of Trust will conduct training, expanding outreach to more than 50 nurses in the region and to the Boys and Girls Clubs of Albany.
4. Continue Teen Father program, operated by Network of Trust
5. PPMH will hire a full time outreach coordinator to work in schools with career development for teenage mothers. This is an extension of the Teen Mothers program, which has operated for 20 years to provide prenatal care and parenting skills to pregnant teens.
6. Continue partnership with Family Connections for the Teen Maze, which reaches 1000 teens locally and more than 4000 in the region to help middle school students experience positive and negative impact of their decisions.
7. PPMH and Network of Trust will support Teen Breastfeeding Initiative
8. Support and Facilitate expansion of centering pregnancy program – The Southwest District Health plans to seek permission from PPMH's Institutional Review Board to conduct a research study with a control group to determine the impact of the centering program on low birth weight and other related outcomes to demonstrate program efficacy. PPMH will provide support for this program and nurses in labor and delivery will be informed of the program in the care of participants who come to the hospital to deliver.

Infant Mortality Rate



Comparison: GA State Value ⓘ

15.1

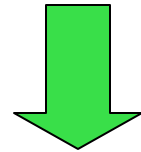
deaths/1,000 live births

Measurement Period: 2012

County: Dougherty

Located in: State: Georgia

Categories: Health / Maternal, Fetal & Infant Health, Health / Mortality Data



From 16.9 to 15.1

Babies with Very Low Birth Weight



Comparison: GA Counties ⓘ

3.3

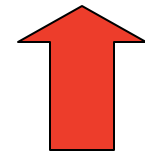
percent

Measurement Period: 2012

County: Dougherty

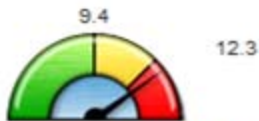
Located in: State: Georgia

Categories: Health / Maternal, Fetal & Infant Health



From 2.9 to 3.3

Babies with Low Birth Weight



Comparison: GA Counties ⓘ

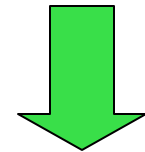
12.4

percent

County: Dougherty

Located in: State: Georgia

Categories: Health / Maternal, Fetal & Infant Health



From 13.5 to 12.4

Teen Pregnancy Rate



Comparison: GA Counties ⓘ

49.7

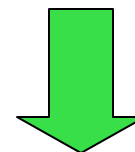
pregnancies/1,000 females aged 15-17

Measurement Period: 2012

County: Dougherty

Located in: State: Georgia

Categories: Health / Family Planning, Health / Maternal, Fetal & Infant Health, Health / Teen & Adolescent Health



From 53.5 to 49.7

Teen Birth Rate



Comparison: GA Counties ⓘ

41.6

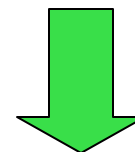
live births/1,000 females aged 15-17

Measurement Period: 2012

County: Dougherty

Located in: State: Georgia

Categories: Health / Family Planning, Health / Maternal, Fetal & Infant Health, Health / Teen & Adolescent Health



From 42.7 to 41.6

Preterm Births



Comparison: GA Counties ⓘ

13.2

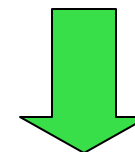
percent

Measurement Period: 2012

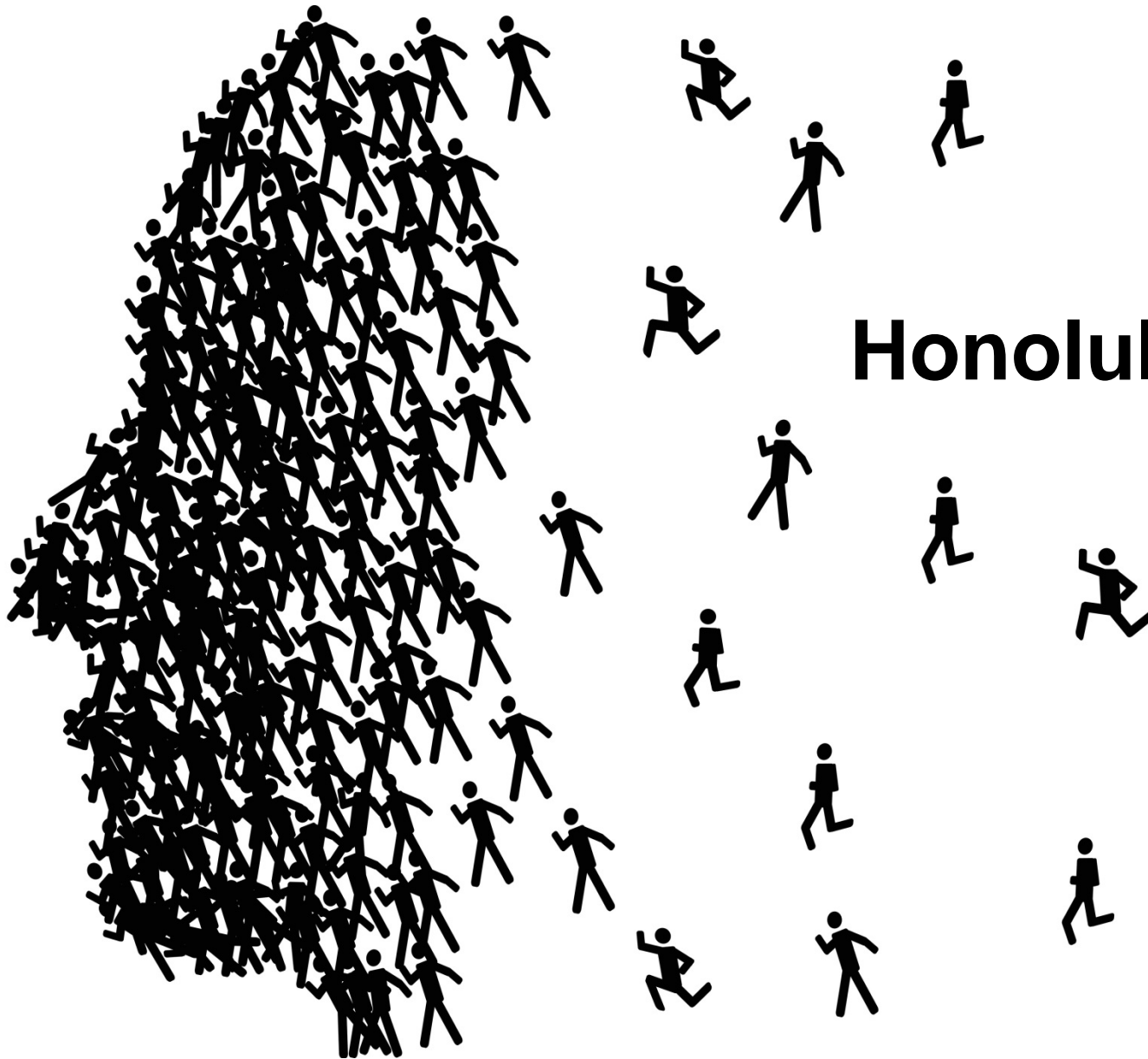
County: Dougherty

Located in: State: Georgia

Categories: Health / Maternal, Fetal & Infant Health



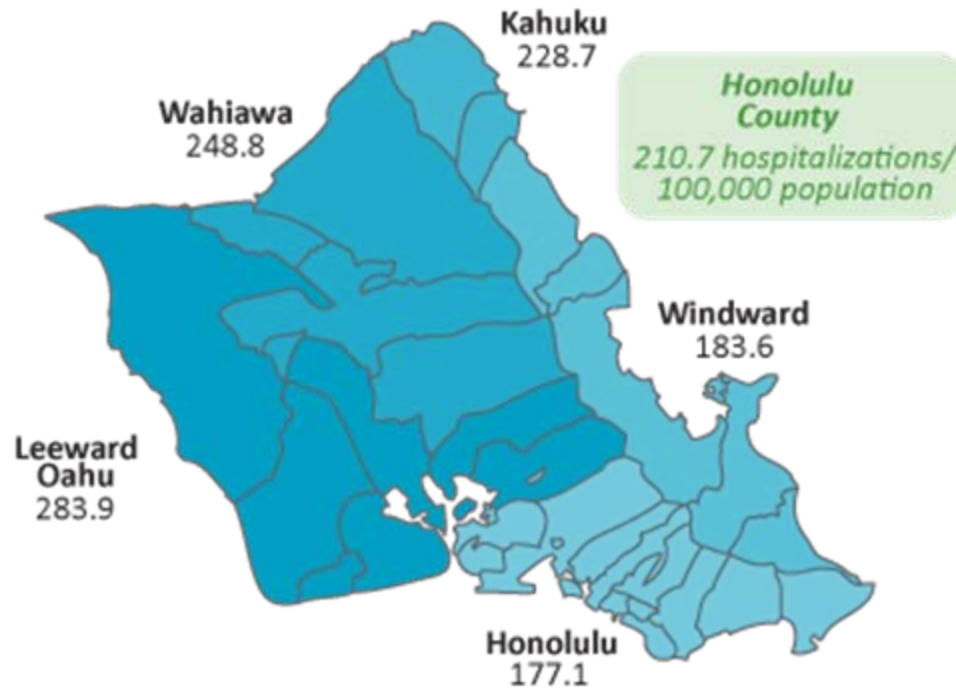
From 14.9 to 13.2



Honolulu, HI

Pneumonia Hospitalization Rates by HSA

Bacterial Pneumonia



Highest Preventable Hospitalization Costs

| Indicator | Hospitalizations | Risk-Adjusted Hospitalization Rates per 100,000 population | Estimated Cost |
|-----------------------------------|------------------|--|----------------|
| Mental Health* | 3306 | 440.8 | \$21.2 million |
| COPD/Asthma in Older Adults (40+) | 1320 | 290.0 | \$10.0 million |
| Heart Failure | 2230 | 285.8 | \$29.8 million |
| Bacterial Pneumonia | 1629 | 210.7 | \$17.1 million |
| Low Birth Weight | 794 | 6.2 | \$55.5 million |

*Rate for this cause is unadjusted

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- [Influenza Control Programs](#)
- [Flu Vaccine Resources](#)

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- [Health officials investigating measles case on Oahu](#)
- [Well: Emergency Rooms Are No Place for the Elderly](#)
- [New York City to Require Child Flu Shots](#)

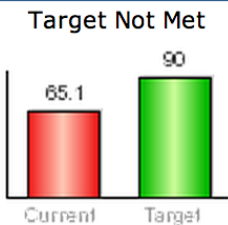
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INDICATORS

- [Influenza Vaccination Rate 65+](#) **NEW**
- [Influenza Vaccination Rate 18-64 yrs](#) **NEW**
- [Preventive Services for Older Women](#) **NEW**

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Time Period **HP 2020 Target**



Unit: percent
[View the Legend](#)

active Pneumonia Vaccination Rate 65+ **NEW**

Value: 65.1 percent
HP 2020 Target: 90 percent
Measurement Period: 2012
Location: State : Hawaii
[\[View All Location Types \]](#)
Comparison: Healthy People 2020 Target
Categories: Health / Immunizations & Infectious Diseases
 Health / Older Adults & Aging
 Health / Respiratory Diseases

What is this Indicator?

This indicator shows the percentage of adults aged 65 years and older who have ever received a pneumococcal (pneumonia) vaccine.

Why this is important:

Pneumococcal pneumonia is a serious condition characterized by high fever, cough, shortness of breath, and meningitis. It is the leading cause of vaccine-preventable death and illness in the United States. Pneumococcal pneumonia kills about 1 out of every 20 people who come down with the disease. It is a contagious disease and can be spread by respiratory secretions from coughing or sneezing. The pneumococcal vaccine is very effective at preventing severe disease, hospitalization, and death. The Centers for Disease Control and Prevention (CDC) recommends the current vaccine for adults ages 65 years and older and for children ages 2 and older who are at high risk for disease.

About This Target:

IID-13.1: Increase the percentage of noninstitutionalized adults aged 65 years and older who are vaccinated against pneumococcal disease

FACT SHEETS

- [PRAMS: Hawaii Perinatal Smoking Quick Facts](#)
- [PRAMS: Hawaii Breastfeeding Quick Facts](#)

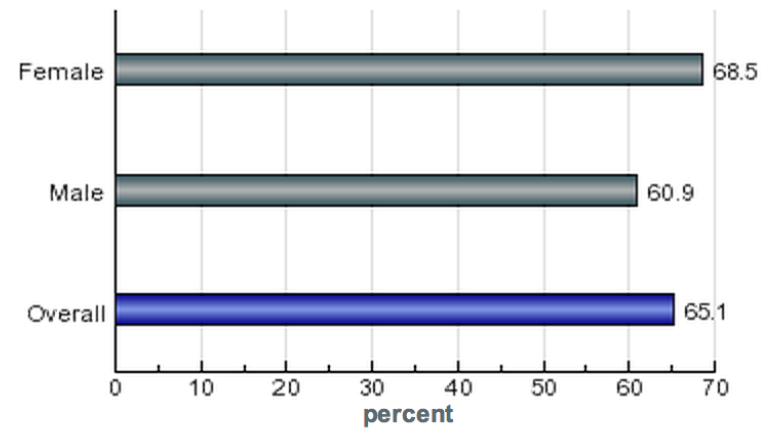
PLAN

- [Hawaii Physical Activity and Nutrition Plan 2013-2020](#)

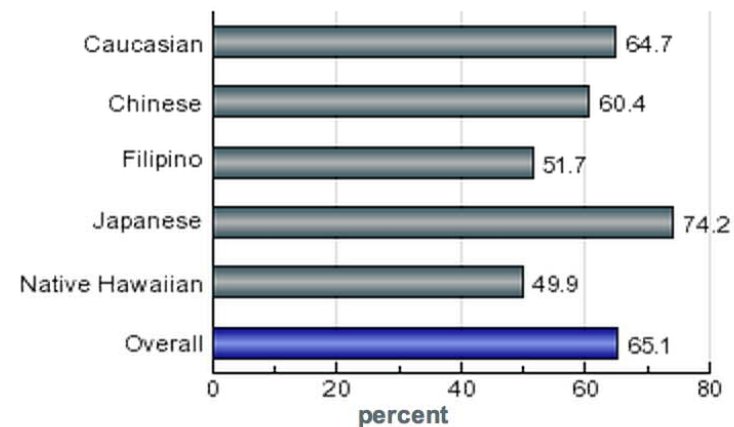
FUNDING OPPORTUNITIES

- [Community-based Care Transitions Program](#)

Pneumonia Vaccination Rate 65+ by Gender



Pneumonia Vaccination Rate 65+ by Race/Ethnicity

Zoom to: View by: [Create Indicator Comparison Report](#)

Interventions to Reduce Pneumonia Hospitalizations/Costs: Examples

| Intervention | Outcome |
|--|--|
| <p>The HMO Group Health, Inc. encouraged influenza vaccinations with walk-in vaccination clinics, patient mailings, and nurses offering vaccines to high-risk patients¹</p> | <ul style="list-style-type: none"> • Reduced hospitalizations for pneumonia and influenza in the 65+ population by up to 57% (p<0.002) • Reduced hospitalization costs for pneumonia and influenza in the 65+ population by 52% (p<0.005) |
| <p>Blue Cross Blue Shield sent direct mail marketing pieces encouraging its members to get vaccinated against influenza/pneumonia²</p> | <ul style="list-style-type: none"> • 2.62% (p=0.01) higher rate of influenza vaccinations, 4.61% higher rate of pneumonia vaccinations (p=0.08) • 9.67% (p=0.136) lower rate of influenza/pneumonia inpatient admissions • 22.64% (p=0.002) lower rate of influenza/pneumonia ED visits • ROI: >2:1 |

1. Nichol, K.L., K.L. Margolis, J. Wuorenma, and T. Von Sternberg. "The Efficacy and Cost Effectiveness of Vaccination against Influenza among Elderly Persons Living in the Community." *New England Journal of Medicine* 1994; 331: 778-784. doi: 10.1056/NEJM199409223311206
 2. Berg, G.D., E. Thomas, S. Silverstein, C.L. Neel, and M. Mireles. "Reducing medical service utilization by encouraging vaccines: Randomized controlled trial." *American Journal of Preventive Medicine* November 2004, 27(4): 284-288. doi: 10.1016/j.amepre.2004.07.001



Hawai'i Health Matters

Powered by The Healthy Communities Network

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- Report Assistant
- Indicator Comparison
- Report Center
- Related Data Links

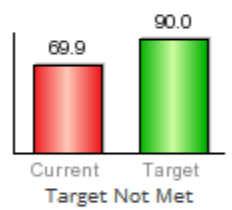
Home > Community Dashboard

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Influenza Vaccination Rate 65+

This indicator shows the percentage of adults aged 65 years and older who received an influenza vaccination in the past year.

Average
Time Period
HP 2020 Target



Comparison: Healthy People 2020 Target

69.9
percent

Measurement Period: 2013

State: Hawaii

HP 2020 Target: 90.0 percent

Data Source: Behavioral Risk Factor Surveillance System

Categories: Health / Immunizations & Infectious Diseases, Health / Older Adults & Aging, Health / Respiratory Diseases

Technical Note: Values are not shown where the total unweighted response count is < 50 or the relative standard error is > 0.3.

Maintained By: Hawaii Department of Health
Last Updated: January 2015

Why is this important?

Influenza is a contagious disease caused by the influenza virus. It can lead to pneumonia and can be dangerous for people with

RELATED CONTENT

211 LOCAL RESOURCES

- [Influenza Control Programs](#)
- [Flu Vaccine Resources](#)
- [Tuberculosis Resources](#)

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NEWS

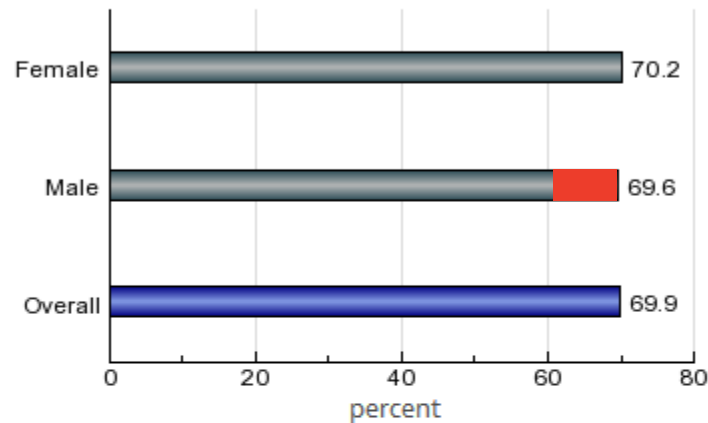
- [Regular flu vaccine little help against new strain](#)
- [Hawaii health care facilities experience uptick in flu cases](#)
- [Hawaii bracing for busy flu season](#)

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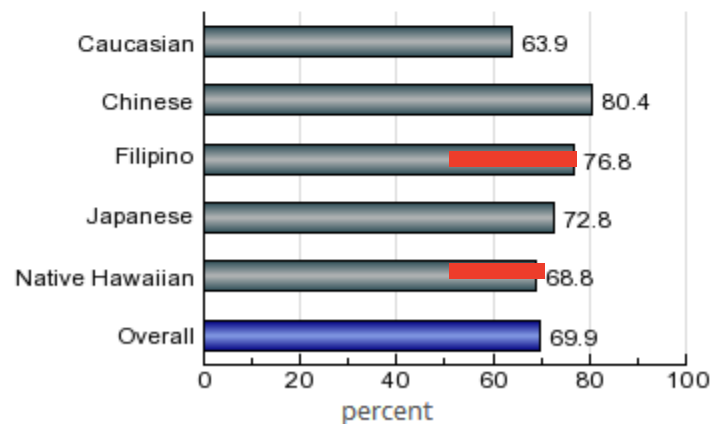
INDICATORS

2011 Due to the addition of cell phones in data collection, BRFSS results from 2011 forward cannot be compared to previous years.

Influenza Vaccination Rate 65+ by Gender



Influenza Vaccination Rate 65+ by Race/Ethnicity



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NATIONAL REPORTS

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- [Behavioral Health Barometer: Hawaii 2013](#)

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- [2012 Blood Pressure Fact Sheet](#)
- [Influenza Fact Sheet](#)
- [Prevention Status Report | 2013 Excessive Alcohol Use](#)

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PLAN

- [Hawaii Physical Activity and Nutrition Plan 2013-2020](#)

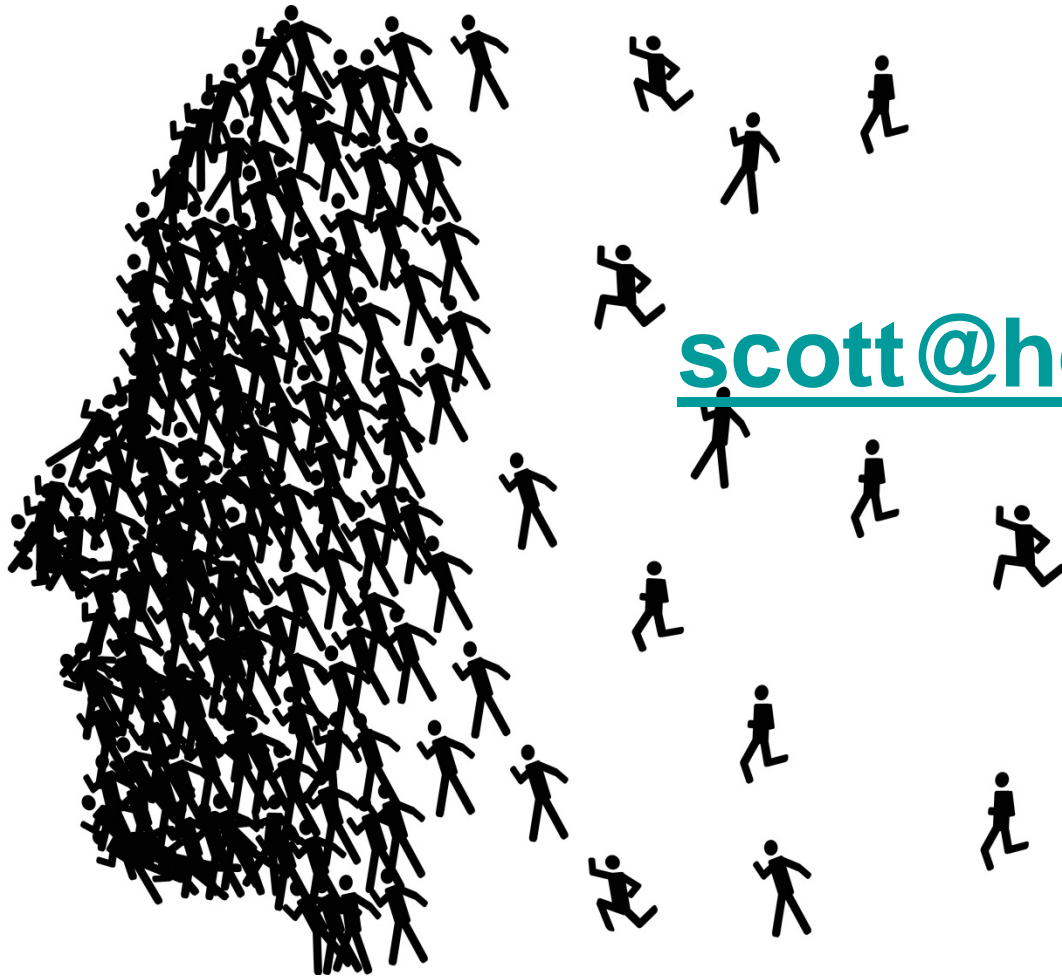
Outcome

Outcome

- Cost avoidance approximately \$10,500 per hospitalized case
- Pneumonia vaccinations for 65+ age group have a positive ROI
- Estimated potential hospitalization cost avoidance for Hawaii if 90% vaccination target is reached: \$1.3M

*Few, if any, forces in human affairs
are as powerful as shared vision.*

- Peter Senge, "The Fifth Discipline: The Art and Practice of Learning Organizations," 1990



Questions or Comments:

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404-721-5964