

Place Matters



**A Look at Life Expectancy and the Social Determinants
of Health across Clay County, Georgia
2019**

Table of Contents: Clay County

Introduction.....	2
Why Place Matters.....	3
County Level Data.....	5
Data Comparisons.....	9
Summary of Findings.....	11
Using The Data.....	13
Data Sources.....	15
Acknowledgements.....	16



Introduction

In 2017, Clay County was one of eleven rural counties across Georgia selected by **Healthcare Georgia Foundation** to pilot a five-year process known as *The Two Georgias Initiative*. The central focus of this initiative is to build a local community partnership that works to identify and understand local health inequities, while also strategizing place-based solutions to improve equity and access for all residents. To accomplish that goal, it is necessary to move beyond county-level data and dig deeper into the indicators from individual census tracts and geographic areas. That process allows us to understand how residents from the same county, who may live only a few miles apart, often experience completely different realities, health outcomes, quality and length of life. Place does matter, and environments do affect equitable health.

Utilizing the U.S. Small-Area Life Expectancy Project (USALEEP) database, this report provides the average life expectancy for Clay County, and examines selected indicators and social determinants of health that may impact life expectancy. **The purpose of this data report is to spur local conversations—*Why do people in certain geographic areas have better health outcomes and longer life spans? To what degree are residents a product of their specific geography and environment? Do the social determinants of health in certain neighborhoods or census tracts create health, educational, or social inequities that affect overall life expectancy? How can we as a community target specific neighborhoods with meaningful change strategies?***

Clay County is unique among the eleven rural counties included in this research study because it is the only county that is comprised entirely of one census tract. While this eliminates the possibility of comparing data within subsections of Clay County, this report will focus instead on comparing Clay County life expectancy and social determinants of health indicators to regional and state level data. By examining data from a 16-county region that includes Clay County, and comparing data against the Georgia state averages, this report will allow Clay County leaders and stakeholders to identify priority issues for meaningful conversations and strategic planning.

The United States Small-Area Life Expectancy Estimates Project (USALEEP) is the first public health outcome measure available nationwide at the census tract level—measuring life expectancy at birth for nearly every census tract in the country. A joint effort of The Robert Wood Johnson Foundation, National Association for Public Health Statistics and Information Systems (NAPHSIS), and the National Center for Health Statistics (NCHS) at the Centers for Disease Control (CDC), USALEEP data provide unparalleled insights into community health and demonstrate that not everyone has the same opportunity to be healthy where they live.

Why Place Matters

The health of an individual, a family, a neighborhood, and a community is greatly determined by a wide range of factors that reach far beyond the doctor's office. Our physical, mental, and social health is influenced by the personal choices we make, the opportunities and options that we have, and the places where we live, work, learn, play, and pray. Following are some of the questions we must ask when attempting to understand and improve health equity in specific geographic locations:

Socio-Economic Factors	<ul style="list-style-type: none">• How many children are enrolled in quality pre-school education?• How many third-grade students are reading proficiently?• How many adults have less than a high school education?• How many babies are born to mothers with limited education?• How many families and children are living in poverty?• How many individuals need GED, Adult Ed, or job skills training?• How many adults are unemployed or under-employed?• How many children live in single-parent families?• How many children are enrolled in the foster care system?• How many teens are not in school and not working?• How safe do families feel in their neighborhoods?• How many violent and non-violent crimes occur in this area?• How well do neighbors interact and trust one another?• How many residents feel a sense of social connectedness?
Personal Behaviors	<ul style="list-style-type: none">• How many residents focus on healthy eating habits?• How many residents consume fruits and vegetables frequently?• Are there cultural food behaviors that impact local health?• How many residents are physically active and exercise?• How many residents consume alcohol frequently?• How many teens/adults drive after consuming alcohol?• How many residents smoke or use tobacco products?• How many residents use opioids either legally or illegally?• How many residents use illicit/street drugs?• How many residents engage in risky sexual behaviors?• How many families are affected by domestic violence?• How many youth participate in gang-related activities?• Are issues of safety and prevention priorities for families?• To what degree does trauma impact health behaviors?

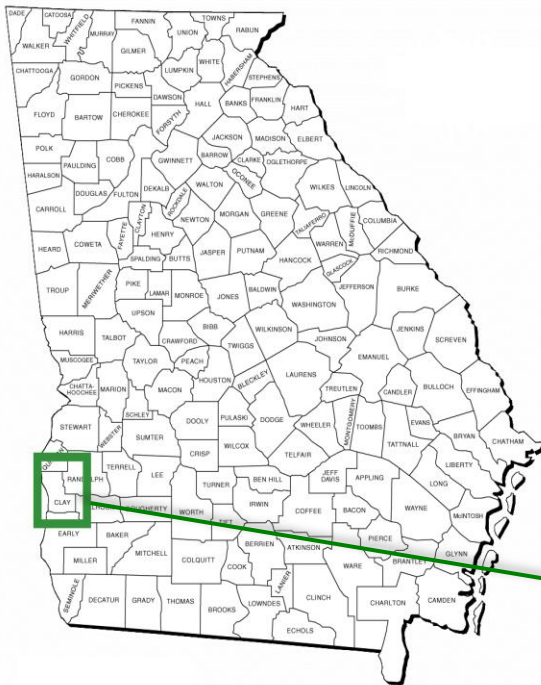
Clinical Health Care

- How many residents have no health insurance coverage?
- How many residents have government-funded coverage such as Medicare, Medicaid, SSI, or Affordable Care Act?
- Is there a public health department or federally-qualified health clinic easily accessible for these residents?
- How many healthcare providers, physicians, and dentists are easily accessible and affordable for these residents?
- Are mental health services easily accessible in this area?
- Are there specialists, pediatricians, or gynecologists easily accessible for these residents?
- How many residents receive health care at free health fair events?
- How many residents travel out of county for health care?
- Are there school-based health care services for children?
- Are there mobile health care services available in this area?
- Are there drug treatment/recovery services available in this area?

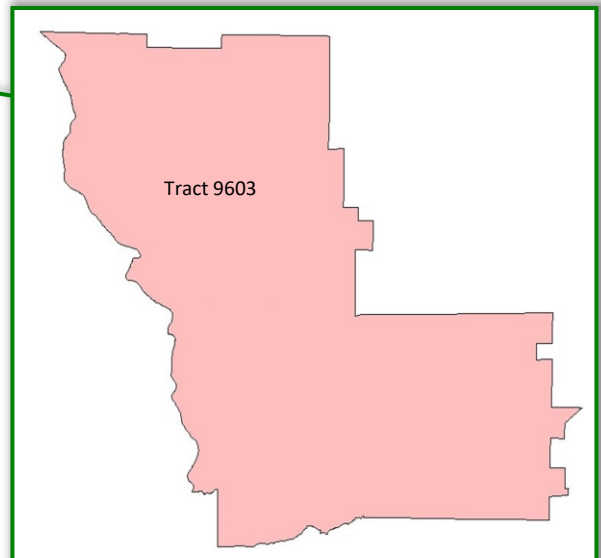
Environmental Factors

- Are there affordable quality housing options in this area?
- How many children and families are defined as homeless?
- Are there public transportation systems available in this area?
- How many residents do not have access to transportation?
- Are there safe parks, playgrounds, green spaces, recreation areas where families can exercise, play, and recreate?
- Is there easy access to affordable healthy foods in this area?
- Is there clean air and safe water in this area?
- Are there places to build social connectedness—community centers, places of worship, senior centers, etc.?
- Do residents feel safe and comfortable in this area?
- How far must residents travel from this area to access the nearest grocery stores, health clinics, schools, and service providers?

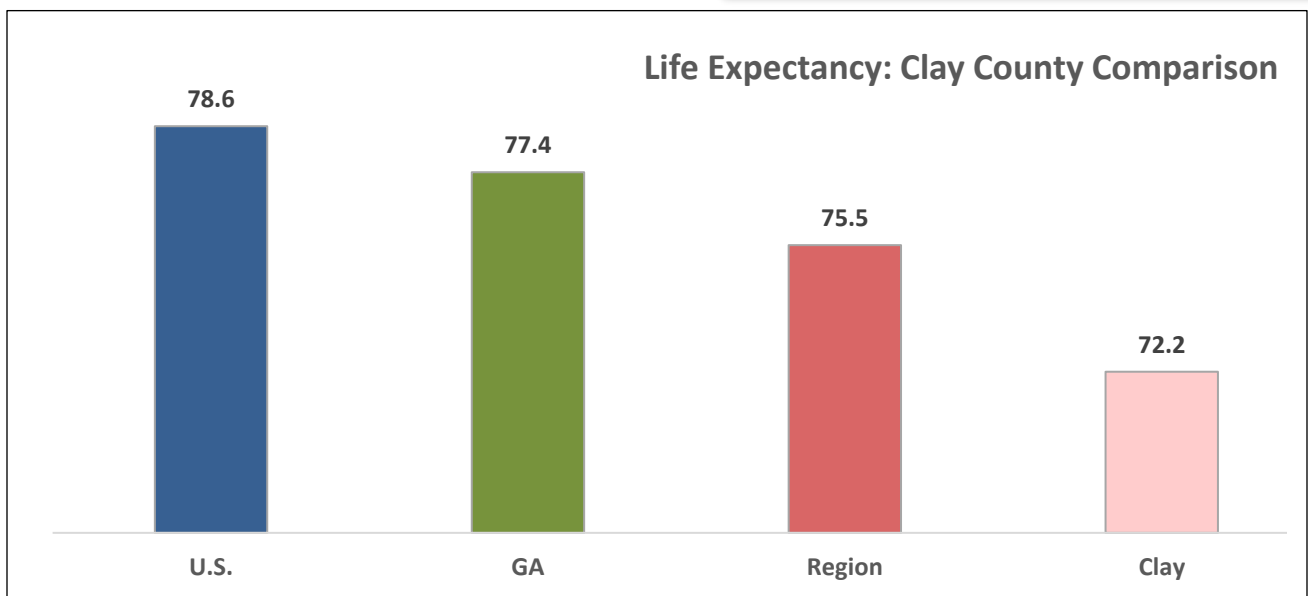




Clay County, located along the Chattahoochee River near the Alabama border, is a rural southwest Georgia community with a history of persistent poverty and health inequities. With a total population of 3,024 residents covering 217 square miles, it is the fifth-least populous county in Georgia. About 64 percent of residents are Black, 30 percent are White, and 5 percent are Hispanic. Over 33 percent of individuals (and over 51 percent of all children) live below the poverty level. The median household income for the county is \$29,122 which is far below the Georgia state average of \$56,117. The city of Fort Gaines serves as the county seat.



The overall **Life Expectancy Rate** in Clay County is 72.2 years of age which is over six years less than the national average. Beyond genetics, life expectancy is affected by numerous socioeconomic factors, access to healthcare services, personal behaviors, and environmental factors. Of the 16 rural counties included in Georgia's Region 8, Clay County has the lowest life expectancy.



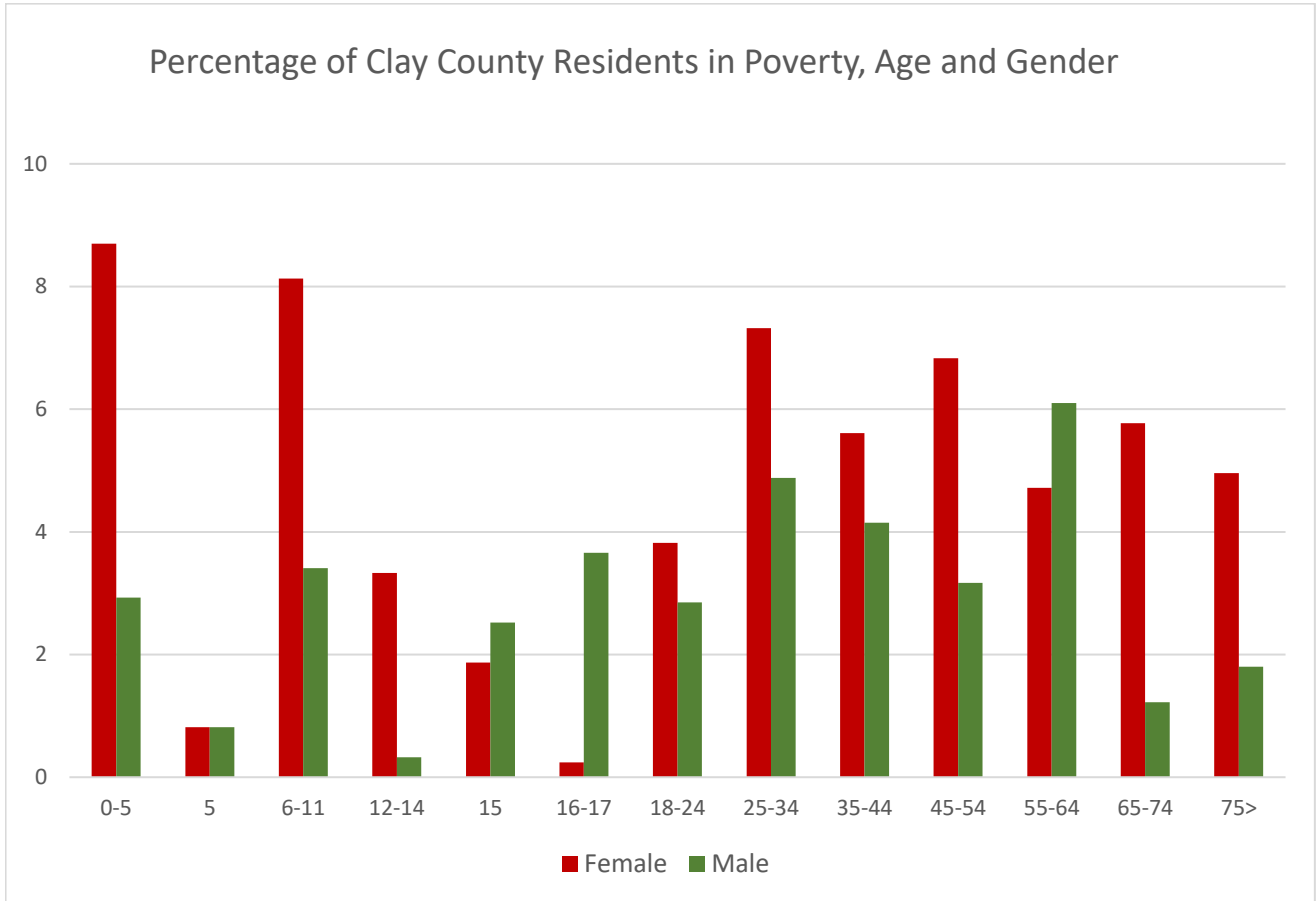
County-Level Data Snapshot for Clay County

Indicator	Clay County	Georgia
Total population	3,024	10,201,635
Population: White	30.3%	53.6%
Population: Black	64.3%	30.9%
Population: Hispanic	4.7%	9.3%
Median Household Income	\$29,122	\$56,117
Children living in poverty	51.3%	21.5%
Individuals living in poverty	33.1%	15.1%
Families with children with annual incomes less than 150% of federal poverty threshold	84.3%	30.7%
Unemployment	8.9%	4.7%
Children without health insurance	12.4%	7.8%
Babies born to mothers with less than a high school education	20.0%	12.7%
Children living in single-parent families	81.3%	34.3%
Substantiated child abuse/neglect (per 1,000)	0.0	4.4
STD incidence for youth ages 15-19 (per 1,000)	53.3	31.4
Third-grade students achieving proficiency on ELA assessment	0%	37.4%
Children ages 3-4 not attending pre-school	95.4%	50.0%
Students who graduate high school on time	0%	81.6%
Adults who graduated high school	82.7%	86.3%
Crime rate: violent crimes (per 1,000)	4.2	5.5
Crime rate: non-violent crimes (per 1,000)	25.6	27.7
Homeownership	64.7%	63.0%
Voter participation	74.0%	77.0%

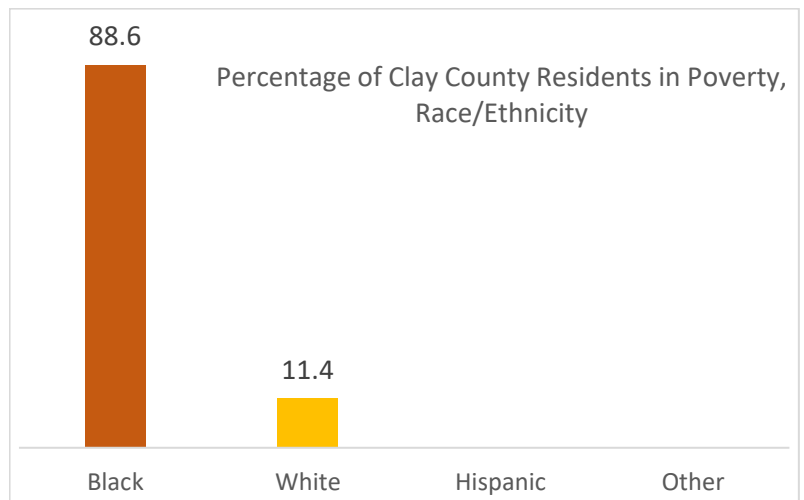
Georgia Kids Count Database, Sept. 2019



The individual poverty rate in Clay County is more than double the state average, and it is important to understand which populations are most affected by poverty. In Clay County, the largest demographic living in poverty are Females less than 5 years old, followed by Females ages 6-11 and then Females ages 25-34.



In addition to age and gender, we can also understand which racial and/or ethnic populations are most affected by poverty. Of all Clay County residents living below the poverty line, almost 89 percent are Black residents. The remaining 11 percent of those in poverty are White residents.






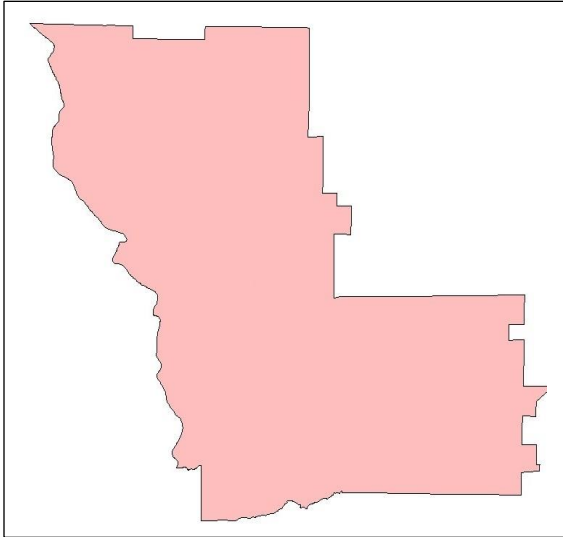
US Census Bureau

The Georgia Family Connection Partnership tracks data on all 159 Georgia counties to identify specific indicators where each county is faring significantly better or worse than the state mean. For Clay County, the following indicators have been identified as noteworthy because the county is either ten percent worse than the Georgia mean (indicated in red) or ten percent better than the state mean (indicated in green). Indicators in yellow reflect that the county is faring better than the state mean but not yet ten percent better. This data allows community leaders, collaborative partners, and stakeholders to begin examining the reasons behind the shortfalls and to begin creating strategies for improvement.

Family & Economic Well-Being	Most Recent Year	County Rate	Georgia Rate	Rank in Georgia	County Compared to Georgia
Child poverty (percent)	2017	51.3	21.5	159	
Children whose parents lack secure employment (percent)	2017	36.5	8.3	158	
Families with children with annual incomes less than 150% of the federal poverty threshold (percent)	2017	84.3	30.7	159	
Education	Most Recent Year	County Rate	Georgia Rate	Rank in Georgia	County Compared to Georgia
Third grade students achieving proficiency or above on Milestones ELA Assessment (percent)	2018	0.0	37.4	158	
Babies born to mothers with less than high school education (percent)	2018	20.0	12.7	119	
Children ages 3-4 not attending preschool (percent)	2017	95.4	50.0	156	

Georgia Kids Count Database, 2019

-  Indicates that the county is more than 10% worse than the state mean
-  Indicates that the county is more than 10% better than the state mean
-  Indicates that the county is within 10% better of the state mean



CENSUS TRACT 9603

AVERAGE LIFE EXPECTANCY: 72.2 Years

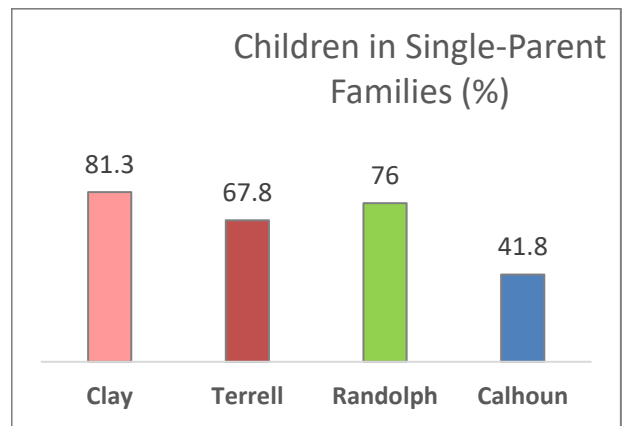
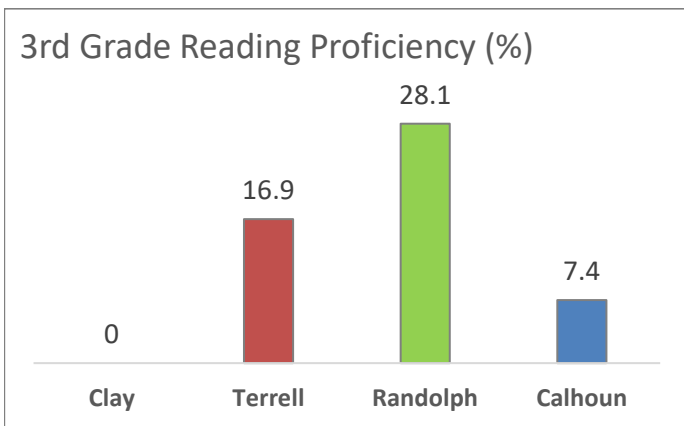
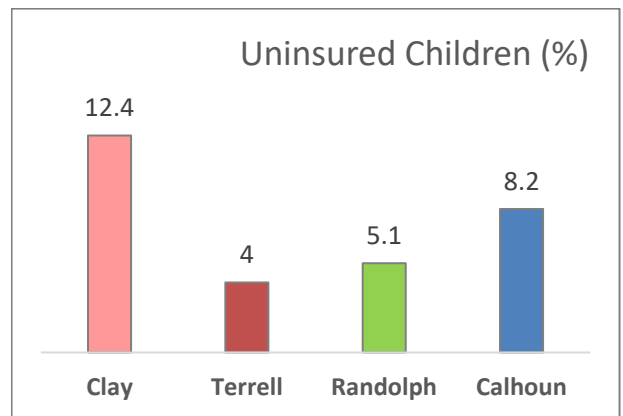
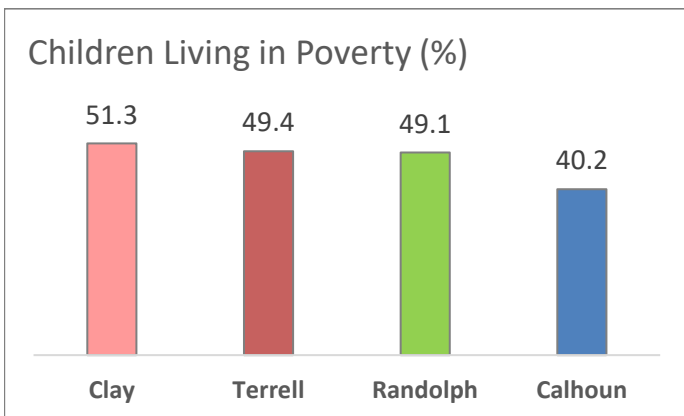
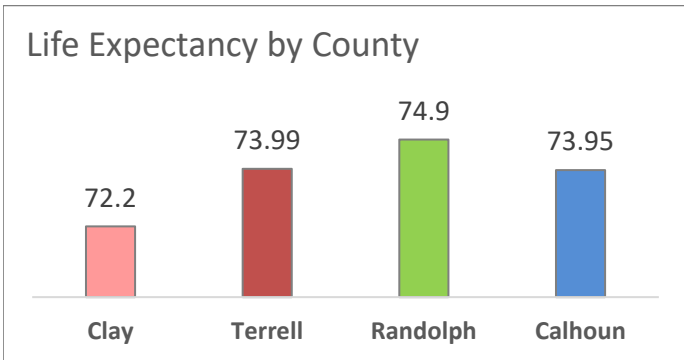
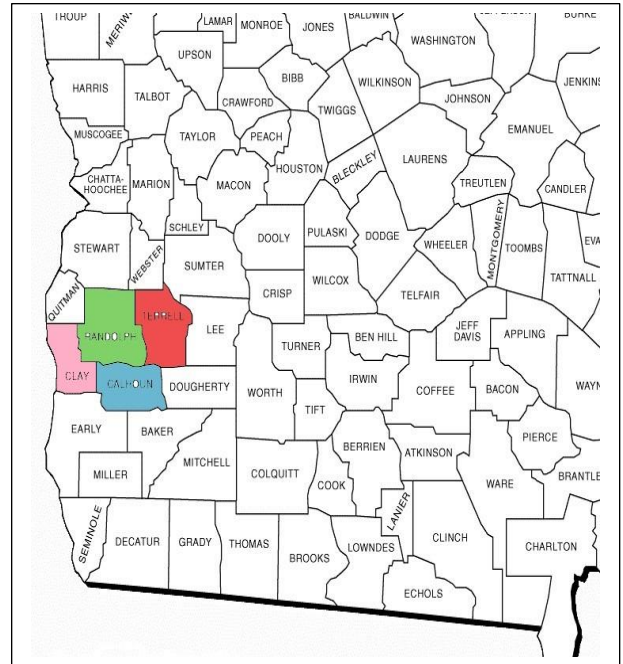
Clay County is comprised of one census tract (9603) that encompasses the entire county including the city of Fort Gaines and the town of Bluffton. With a total population of 3,024 residents, Clay County has the highest child poverty rate in the state of Georgia and an individual poverty rate that is more than double the state average. The following table compares some of Clay County's most significant indicators to regional and state averages.

Indicator	Clay	Region 8	Georgia
Children living in poverty	51.3%	33.1%	21.5%
Individuals living in poverty	33.1%	22.7%	15.1%
Children not attending preschool, ages 3 to 4	95.4%	51.2%	50.0%
Children without health insurance	12.4%	5.6%	7.8%
Adult educational attainment: High-school graduate or higher	82.7%	83.8%	86.3%
Adult educational attainment: Bachelor degree or higher	8.9%	21.4%	29.9%
Families, with children, with annual incomes less than 150% of the federal poverty threshold	84.3%	39.8%	30.7%
Children living in single-parent families	81.3%	45.1%	34.3%
Children whose parents lack secure employment	36.5%	13.3%	8.3%
Total Population	3,024	373,606	10,201,635
Children Under 18 (%)	23.5%	23.5%	24.5%
White, Non-Hispanic (%)	30.3%	45.8%	53.6%
Black, Non-Hispanic (%)	64.3%	43.0%	30.9%
Hispanic, of any race (%)	4.7%	6.4%	9.3%
Median Household Income	\$29,122	\$38,564	\$56,117
Homeownership	64.7%	71.9%	63.0%
Individuals in Poverty (%)	33.1%	22.7%	15.1%

Georgia Kids Count Database, 2019

Notably significant indicators highlighted in red

In terms of demographics, education, income, and poverty, Clay County is most similar to three nearby rural Georgia counties—Terrell County, Randolph County, and Calhoun County. For purposes of comparison, the following graphs highlight selected indicators from Clay County compared to these three most comparable counties.



Summary of Findings

Across Clay County there are serious issues of child and family poverty, low-literacy levels, lack of transportation, rural isolation, unhealthy behaviors, access barriers, and health inequities that are similar to many rural communities across the South. But as we dig deeper into the local data, we discover social determinants that may have greater causation, correlation, and impact on health outcomes and life expectancy.

Of the eleven rural counties included in *The Two Georgias Initiative* cohort, Clay County has the lowest average life expectancy at 72.2 years. Clay County's life expectancy—which is more than six years lower than the national average—is also the lowest among the sixteen counties that comprise Region 8 of Georgia. It is logical to assume that the low life expectancy is driven in part by the high rates of poverty, unemployment, and educational disparities found in Clay County.

Of the 159 Georgia counties, Clay County has the highest child poverty rate with over 51 percent of all children living below the poverty level. At least one of every three residents live in poverty, a rate which is more than double the Georgia state average. Over 84 percent of all families with children are classified as low-income with annual incomes less than 150% of the federal poverty threshold. The Clay County median household income of \$29,122 is significantly lower than the regional average of \$38,564 and the state average of \$56,117.

Poverty in Clay County is compounded by inequities related to employment. The county's unemployment rate of 8.9 percent is much higher than the Georgia average of 4.7 percent. The percentage of children whose parents lack secure employment (36.5%) is four times higher than the state average of 8.3 percent. The percentage of children living in single-parent families in Clay County (81.3%) is notably higher than the regional average of 45 percent and the state average of 34 percent.

Clay County data reveals significant inequities related to education beginning with the fact that over 95 percent of all children ages 3-4 are not attending pre-school programs. About 17 percent of adults in Clay County have less than a high school education, and one of every five babies are born to mothers with less than twelve years of education. The percentage of students who are reading proficiently by the end of third grade is zero compared to the regional average of 28 percent and the Georgia average of 37 percent. Reading proficiency in Clay County improves by the end of fifth grade with 16 percent of fifth graders reading proficiently compared to the regional average of 33 percent and the Georgia average of 41 percent.

According to state data from the Georgia Department of Family and Children Services, there were 14 Clay County children involved in child abuse/neglect cases and 3 children enrolled in foster care services during fiscal year 2018.

In addition to the indicators compared against regional and state data, there are additional findings from Clay County, Georgia, that are noteworthy in examining health equity and life expectancy:

During 2017, there were 43.5 opioid prescriptions written in Clay County per every 100 residents. This rate is lower than the Georgia average of 71 and the U.S. average of 59 per every 100 people.

There were 7 reported cases of family violence in Clay County during 2017, one of the lowest rates among all counties included in this study.

Zero percent of Clay County third-graders are reading proficiently compared to the Georgia average of 37.4 percent. Third-grade proficiency is a strong indicator of future academic and economic success.

During fiscal year 2018, 14 Clay County children were involved in child abuse/neglect cases, and 3 children were enrolled in foster care.

About 20 percent of all babies in Clay County are born to mothers with less than a high school education—the Georgia average is 12.7 percent.

The rate of sexually transmitted diseases among teens 15-19 in Clay County is 53.3 per 1,000—the GA average is 31.4 per 1,000.

Over 84 percent of Clay County families with children are classified as low-income compared to the Georgia average of 31 percent—this represents almost 250 families.

About 17 percent of adults and 12 percent of all children in Clay County are uninsured; and the county ranks at the bottom (159) for health, social, and economic factors among the 159 Georgia counties.

Over 95 percent of all children ages 3-4 are not enrolled in pre-school programs; and only 44 percent of eligible children are enrolled in the GA Pre-K program.

At least 28 percent of Clay County adults report being food insecure, and 57 percent report having limited access to healthy foods.

One of every three residents in Clay County live below the poverty level.

At least one of every three Clay County adults report their health as poor or fair.

*Data Sources listed on Page 15

Using The Data

The social determinants of health are rarely silo issues that can be addressed in isolation. Instead, they are a collection of multi-faceted factors that overlap and intertwine to weave the fabric of a place, a neighborhood, or a community. In order to improve health equity and move toward building a healthier community, we must investigate and question and attempt to understand the unique dynamics and social determinants that mesh together in specific places. The goal is to turn this data into meaningful conversations that spearhead change.

- **Examine the systems and environments of geographic areas**

While this data report provides an initial glimpse into the social determinants of health for Clay County, the process also requires an in-depth and earnest look into the systems and environments of individual neighborhoods and communities. Numerous research studies show that poorer neighborhoods have less green space, fewer safe places to play, fewer sidewalks or bike trails, and less-healthy restaurants and food sources. These poorer neighborhoods tend to have more liquor stores, convenience and dollar stores, substandard housing, environmental toxins, and more exposure to crime and violence. To fully understand the health of a specific place, we must look closely to see *what is there* and *what is not there*. For example, is there public transportation, parks or playgrounds, supermarkets, healthy food options, safe housing, quality childcare, and access to social and health services? In small rural communities like Clay County, this process can be accomplished through qualitative discussions with community residents and/or through a simple windshield survey conducted from a car. The visual overview of individual places across the county will add greater depth and insight to the data provided by this report.

- **Utilize a trauma-informed perspective**

Trauma during childhood is a major predictor of long-term physical and mental health, and some children are more vulnerable to experiencing trauma because of the social and economic conditions in which they live. Adverse Childhood Experiences (ACEs) are categorized into ten specific traumas that children may experience during the first eighteen years of life: emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, domestic violence, substance abuse in the home, mental illness in the home, parental separation or divorce, or an incarcerated member of the home. Studies conducted by the Centers for Disease Control and Kaiser Permanente show that individuals exposed to at least four of these childhood traumas are at significantly greater risk for alcoholism, drug abuse, suicide, smoking, risky sexual behaviors, various diseases, and early death. While we may tend to think of trauma as an individualized event, we must also look at specific places or neighborhoods through a lens of trauma. For example, if the data shows that specific locations have high rates of children living in single-parent homes (one of the ten traumas), then we should dig deeper to determine if this same location also has high rates of abuse, neglect, domestic violence, or other trauma indicators. Understanding that certain

places may have a higher trauma risk can allow us to strategize new systems of support and trauma-informed services for those places.

- **Share the data with community stakeholders**

By sharing data and findings with collaborators, partners, stakeholders, and residents across diverse sectors of the community, we can increase awareness about the impact of the social determinants of health while also generating motivation for change strategies. It is important to share data broadly across the community using a multi-modal approach to reach different audiences who receive and process information in different ways. This may include public presentations to civic clubs and faith groups, data facts posted to social media, data factsheets and infographics posted in public spaces, and newspaper articles that tell a story of the data. Consider less traditional methods of sharing data as well—for example, a photo voice gallery that features photographs of Clay County neighborhoods alongside critical pieces of data and quotes from actual residents.

- **Connect community partners to bridge the gaps**

Findings and data provide a prime opportunity to connect local, regional, and state partners with consumers/residents who need their services. Knowing that a particular area has high rates of uninsured children allows public health and federally-qualified health clinic partners to consider locating services in that community. Realizing that certain neighborhoods have disproportionately high numbers of Hispanic, migrant or farmworker families allows partners who serve those populations, like the Georgia Migrant Education Program, to concentrate their outreach in those neighborhoods. Understanding that certain pockets of the community have extremely high rates of 3-4 year old children who are not enrolled in preschool allows regional and state childcare partners, like the Georgia Department of Early Care and Learning, to strategize solutions such as recruiting new childcare providers or addressing transportation barriers. These are just a few examples of ways in which the social determinants of health data could spearhead new connections and solutions.

- **Connect with comparable counties**

The Georgia Family Connection Partnership tracks and compares the 159 counties across the state to look for similarities among counties. Using eight demographic indicators, counties are statistically matched on their similarities around population, racial composition, education, income, and poverty. The outcome is that each county is matched with four Georgia counties that are statistically comparable to them; and this provides an opportunity to connect with and learn from collaborative partnerships in those similar communities. **In the case of Clay County, they are most comparable to Terrell County, Randolph County, Calhoun County, and Warren County in order of similarities.** It may be beneficial to learn about the challenges and successes in each of these communities by contacting the local Family Connection director in each county. Contact information is available at: <https://gafcp.org/collaborative-finder/>

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