Update on Regional Medical Campuses Who We Are and Where We Are Going

Anthony D Weaver MD June 3, 2017

Outline:

- Shameless promotion of the AAMC GRMC
- Shameless promotion of the RPLP (my program)
- Discuss Regional Medical Campuses Nationwide

- No COI to report

About the AAMC Group on Regional Medical Campuses

About the GRMC

At its September 2002 meeting, the AAMC Executive Council approved the establishment of a professional development group specifically for the executive leadership of regional medical campuses. The Group on Regional Medical Campuses (GRMC) recognizes the wide range of responsibilities inherent in providing quality medical programs on regional campuses, and the increasingly important role such programs serve in the preparation of tomorrow's doctors.

Purpose

The purpose of the GRMC is to provide a forum to explore and promote common interests of regional campuses of medical schools. The focus of the group is on regional campuses with a significant portion of the medical educational program (e.g., all of the required pre-clinical and/or clinical clerkships) at a site geographically distant from the medical school. Such sites, while operating as an integrated unit of the accredited medical school, often have significant local autonomy in developing community relations, community faculty, and educational programs that capitalize on the unique attributes of the local institutions and resources.

Looking for Member-only Content?

Sign in here to update your member information.

GRMC in Brief - 4 Priorities

Education:

- *To facilitate educational innovation and connect with new populations*

Community health:

- *To engage the diverse communities in which we serve in order to improve health*

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GRMC in Brief - 4 Priorities

Workforce:

- *Develop the health care workforce to meet the community's needs*

Research:

- *In the area of the social determinants of health and distributed medical education*

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GRMC Initiatives

- Membership Engagement—newsletter
- Trial of online education on RMC topics
- RMC guidebook
- Community Faculty Development offerings
- Opportunity to publish

University of Kentucky College of Medicine

Rural Physician Leadership Program

see blue.

in everything we do.

An Equal Opportunity University

UNIVERSITY OF KENTUCKY

Hotspots and coldspots of insufficient sleep, represented by p-values for both high (red) and low (blue) concentrations of insufficient sleep by county

0.0001 - 0.001
0.001 - 0.01
0.01 - 0.05
0.05 - 0.10
0.10 - 0.50
0.50 - 0.95
0.95 - 0.99
0.99 - 1.00

http://www.seas.upenn.edu/~tesmith/SLEEP_Study.pdf

Mission

UK white paper November 2007:

“The program will be designed to increase the number of physicians who are trained to provide high-quality health care, who are knowledgeable about community health, and who will address the acute shortage of physicians in rural areas of the Commonwealth."

RPLP Principles

"If the problems are in the community, the solutions are in the community."

-Gil Friedell MD
University of Kentucky Markey Cancer Center

RPLP Principles

- Take a young person from a rural community
- Educate them in the community
- Return them to the community

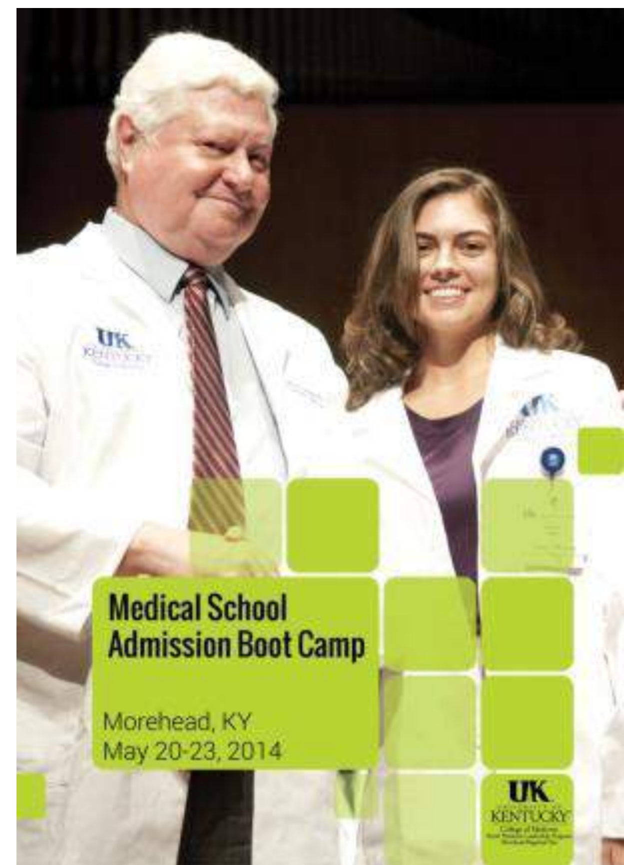
RPLP Admissions Slogan

- Partnership with Robinson Scholars
- Boot Camp
- Regional college recruiting visits
- Open house
- Early Assurance Program

PIZZA
PAPA JOHN'S
Better Ingredients.
Better Pizza.

Admission Boot Camp

- Students from regional universities around the state
- Intensive three-day experience
- Review personal statement, extracurricular activities, practice interviews
- Advice from the admission committee members, Admissions Dean Dr. Carol Elam
- Discussions with current RPLP students



RPLP Admissions Process

- UK admissions office processes and screens applicants
- Local committee interviews and recommends
- UK Admissions Committee reviews and accepts/rejects recommendations

The Students: Admissions Geography

High School Graduates

Rural Policy Research Institute
Center for Applied Research and Environmental Systems

Legend

State Boundaries
Educational Attainment, by County, 2007-2011

U.S. Average = 85.4%

Estimated County Poverty Rates, 2013

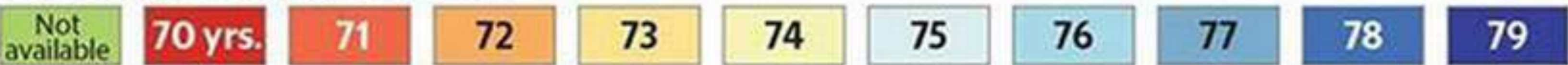
% Persons in Poverty

- 6 to 15
- 15 to 18
- 18 to 25
- 25 to 43

Source: U.S. Census Bureau, Small Area and Income Esimates (SAIPE)

LEXINGTON HERALD LEADER

Life expectancy at birth:



Mortality study

A new study shows significant differences in life expectancy among Kentucky counties because of poverty, lack of access to health care and other problems. In Lexington, for instance, life expectancy at birth is 78 years, while in Wolfe County, about one hour east, it's 70 years.

Boone Kenton Campbell Gallatin Carroll Trimble Grant Pendleton Bracken Mason Robertson Owen Henry Oldham Harrison Nicholas Fleming Lewis Greenup Boyd Carter Scott Shelby Jefferson Franklin Bourbon Bath Rowan Elliott Lawrence Woodford Fayette Clark Montgomery Menifee Morgan Spencer Anderson Bullitt Meade Jessamine Hancock Breckinridge Nelson Mercer Washington Madison Powell Wolfe Johnson Martin Magoffin Henderson Daviess Hardin Garrard Estill Union McLean Boyle Lee Floyd Breathitt Pike Webster Ohio Grayson LaRue Marion Lincoln Rockcastle Jackson Owsley Knott Crittenden Taylor Casey Perry Hopkins Muhlenberg Butler Hart Green Livingston Caldwell Edmonson Pulaski Laurel Clay Leslie Letcher Ballard McCracken Lyon Christian Warren Barren Adair Russell Metcalfe Knox Carlisle Marshall Trigg Todd Logan Harlan Cumberland Wayne Whitley Bell Hickman Graves Simpson Allen Monroe Clinton McCreary Fulton Calloway

Sources: VCU Center on Society and Health

CHRIS WARE cware@herald-leader.com

June 6, 2016

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

http://www.countyhealthrankings.org/

JAMA. 2017;317(4):388-406. doi:10.1001/jama.2016.20324

From: **Trends and Patterns of Disparities in Cancer Mortality Among US Counties, 1980-2014**

A Age-standardized mortality rate from neoplasms, both sexes, 2014

Deaths per 100 000 population

70 to 138 | 169 | 200 | 232 | 263 | 294 to 504

Date of download: 5/17/201
An Equal Opportunity

RPLP Student's Hometown

Somerville, SC
Boulder, CO
Huntington Beach,CA
Oxford, OH
State College, PA
Cincinnati, OH
Windham, VT
Paoli, IN
El Paso, TX
Chantilly, VA

Cleveland, OH
Tippecanoe, IN
Middlesex, MA
Wayne, NC
New Hartford, NY
Nolensville, TN

RPLP ENHANCED CURRICULUM

Two Week Summer Experience—Morehead

- Rising M2 students
- Build Community
- Experience in documenting/presenting patients
- Follow M3 students
- Health Dept tour
- Social events, Chamber of Commerce lunch

M2 Year—Lexington

- Leadership in Rural & Underserved Health
  - Fall & Spring Elective
  - 10 RPLP Students STRONGLY encouraged to participate
  - 15-20 Students enrolled overall

M2 Elective

- Topics
  - Medicaid, Medicare, Insurance
  - Rural Health Terminology – FQHC, CHC, RHC, HPSA, MUA
  - Population Density for Various Specialties
  - Community Health Systems
  - Domestic/International Missions

M3 Year—Morehead

- Comparable to main campus, but different
  - Emergency Medicine—one month vs 2 weeks
  - Pediatrics—all outpatient, in 2 clinics
  - Family Medicine—weekly clinic all year long
- Engaging the Community
  - Community Medicine Month

Family Medicine

- Longitudinal
  - ½ day a week
  - 3 weeks per month
  - 10 months per year
- Monthly Meeting
  - Lunch with the Staff
  - Lectures/Workshops

Community Engagement

- Introduction of Partners
  - St. Claire Regional Medical Center
  - Morehead State University
  - Community Members & Programs
- Community Medicine Month
  - Visit Community Organizations
  - Begin Identifying Potential Project

Morehead State University Certificate in Health Systems Leadership

- 6 Elective Modules
- 4 weeks/module
- Monthly Face-To-Face Meeting
- Continue Community Engagement Project

Certificate in Health Systems Leadership

1. Healthcare System: Trends & Issues
   - Overview of the US Healthcare System
   - Changes in US Healthcare Policy, Law & Regulations

Certificate in Health Systems Leadership

2. Healthcare Services Delivery & Operations

- Health Insurance
- Quality Management
- Strategic Planning

Certificate in Health Systems Leadership

3. Healthcare Financial Management
   - Financial Implications of the Healthcare Delivery System
   - Understand Different Physician Funding Systems and Payment Practice Models

Certificate in Health Systems Leadership

4. Emerging Technological Trends
   - Social Media Technologies in Healthcare
   - Mobile-Health Technologies
   - Electronic Health Records

Certificate in Health Systems Leadership

5. Leading & Managing Teams/Organizations
   - Effective Hiring Practices
   - Principles for Developing & Managing Others
   - How to Apply Principles of Interpersonal Negotiation & Conflict Resolution

Certificate in Health Systems Leadership

6. Ethical Perspectives in Healthcare
   – Ethical Dilemmas in Healthcare
   – Principles for Identifying Ethical Course of Action
   – Community Leadership & Public Health, Policy & Advocacy

M4 Year in Morehead

- Primary Acting Internships
  – Surgery
  – Family Medicine
  – Internal Medicine
- Secondary Acting Internship
  – Emergency Medicine

Morehead Electives

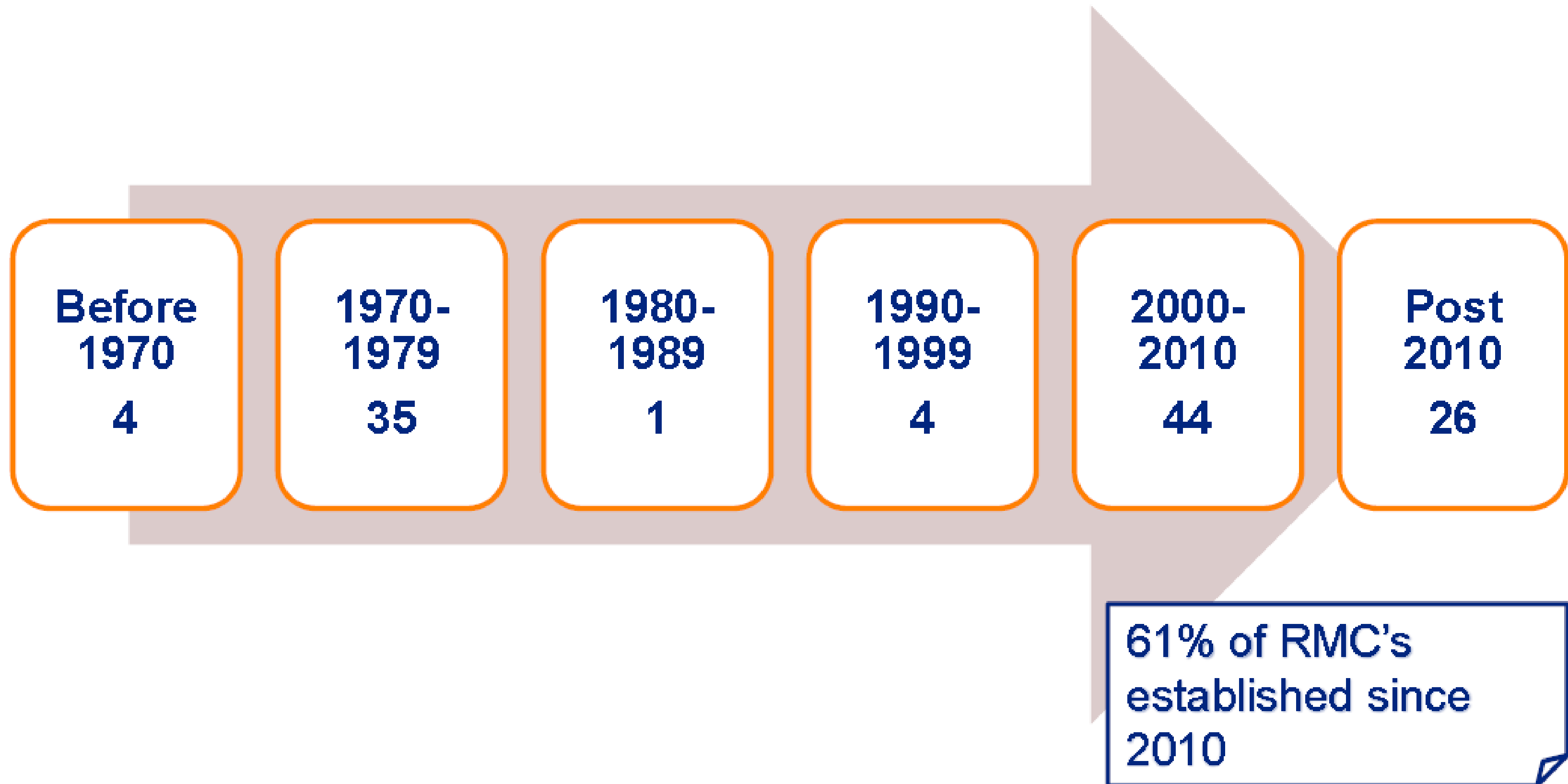
- Anesthesiology
- Hospice
- Nephrology
- Pulmonary
- Cardiology
- GI
- OB Offsite
- Pathology
- Community Peds
- Radiation Oncology
- Diagnostic Radiology
- Community Engagement*

Residencies Matched by University of Kentucky Rural Physician Leadership Program		
	N=39	
Family Medicine (17.9%)	**Internal Medicine (20.5%)**	**Pediatrics (17.9%)**
Self Regional Healthcare	University of Vermont	St. Vincent Health
Greenwood, SC (2)	Burlington, VT	Indianapolis, IN
University of Kentucky	Louisiana State University	University of Kentucky(2)
St. Claire FM Residency	Shreveport, LA	Greenville Health System
Morehead, KY	University of Kentucky	Greenville, SC
Deaconess Hospital	University of KY/Primary Care Track (2)	University of Louisville
Evansville, IN	University of Louisville	Louisville, KY
66th Medical Squadron	Louisville, KY	Medical University of South Carolina
Hanscom AFB, MA	Case Western Reserve	Charleston, SC
MEDDAC-Alasak	Cleveland, OH	University of Alabama Medical Center
Fort Wainwright, AK	The Christ Hospital	Birmingham, AL
Emergency Medicine (12.8%)	Cincinnati, OH	**General Surgery (7.7%)**
University of Kentucky	**Psychiatry (5.1%)**	University of Kentucky
Palmetto Health Richland	Medical University of SC	Marshall University
Columbia, SC	Charleston, SC	Huntington, WV
West Virginia University	University of Texas Southwestern	Memorial Health
Morgantown, WV (2)	Dallas, TX	Savannah, GA
University of Arkansas	**Triple Board (2.6%)**	**Anesthesiology (7.7%)**
Little Rock, ,AR	University of Kentucky	Mayo Clinic
Neurosurgery (2.6%)	Lexington, KY	Rochester, MN
University of North Carolina	**OB/GYN (2.6%)**	Texas A&M/Scott&White
Chapel Hill, NC	University of Kentucky	Temple, TX
Radiology (2.6%)		University of Alabama Med Center
Michigan State University		Birmingham, AL
Grand Rapids, MI		

Summary

- Substrate—teaching community hospital with adjacent regional university dedicated to health education
- Admissions—focus on rural and underserved area applicants
- Curriculum—community-based and -focused. Business and leadership skills.
- Monitor outcomes—maintain accountability

Background - Growth of RMCs



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Advantages of a RMC

- Small class size
- “Hands on” medical education
- Close, continuity relationships with faculty
- “Nimble” and able to innovate
- Closer social support for students

AMA awards $1 million to Vanderbilt to help transform medical education

by Carole Bartoo | Friday, Jun. 14, 2013, 9:16 AM

The American Medical Association (AMA) has selected Vanderbilt University School of Medicine (VUSM) to receive a $1 million grant as one of the nation's 11 top medical schools transforming medical education.

The grant, part of the AMA initiative Accelerating Change in Medical Education, makes Vanderbilt the recipient of $1 million over the next five years to take part in a consortium created to rapidly disseminate best practices in medical education across the country.

Bonnie Miller, M.D., senior associate dean for Health Sciences Education, said the announcement is evidence the innovations brought about by VUSM's new educational curriculum, Curriculum 2.0, are among the nation's most advanced.

For VUSM, Curriculum 2.0 represents the departure from a highly regarded, but traditional medical school curriculum to a complex, integrated, collaborative and flexible course schedule that includes less traditional lecture and more clinical and case-based experience.

Through this

"This is a validation that Curriculum 2.0 represents some of the most exciting and

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Reporter american medical association, Bonnie Miller, curriculum 2.0, Reporter June 21 2013, School of Medicine

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Farmers' Market returns to plaza June 1 MAY 30, 2017

Chetkovich named chair of Department of Neurology MAY 26, 2017

VICC experts to discuss high risk breast cancer at free seminar June 6 MAY 26, 2017

VANDERBILT UNIVERSITY
MEDICAL CENTER

Hogwart's Houses: How to Create Learning Communities

Scott M. Rodgers, MD
Associate Dean for Students
Vanderbilt School of Medicine

VANDERBILT UNIVERSITY MEDICAL CENTER

Drawing the Parallel Between Colleges and a Regional Campus

- Smaller groups of students
- Excellent ratio of teachers to learners
- Greater opportunities for mentoring/role modeling
- A common purpose and set of learning goals
- More effective delivery of information is possible

About RMC's – the GRMC Model

Basic Science Model

- Basic Science Year 1 only
- Basic Science Year 2 only
- Basic Science Years 1 and 2 in entirety

Clinical Model

- Clinical Year 3 in full
- Clinical Years 3 and 4 in entirety
- Clinical Year 3 in part-greater than 50% of required third year rotations occur at RMC (Clerkship must be offered in their entirety and be managed directly by the RMC)

Regional Medical Campuses: A New Classification System

Abstract

Longitudinal/Distributive Model

Basic science and/or clinical experiences span a period greater than 12 weeks in one or more courses of study or core areas. There must be continuous assignment of learners to the site over repeated cycles and administrative mechanisms to coordinate the academic experience, student affairs, and faculty oversight.

Combined Model

Basic Science and Clinical years offered in some combination

CLIC- The Consortium of Longitudinal Integrated Clerkships

Search

This site The Web

te is maintained by the
ers of CLIC. It should be
ered to be a link to
lual schools and documents
ced by the consortium
than a point of contact for
nsortium. If you represent
ical school with a
udinal integrated clerkship
ould like to have links to
rogram added to this
e please send an email
halison.stewart@jcu.edu.au

CLIC overview

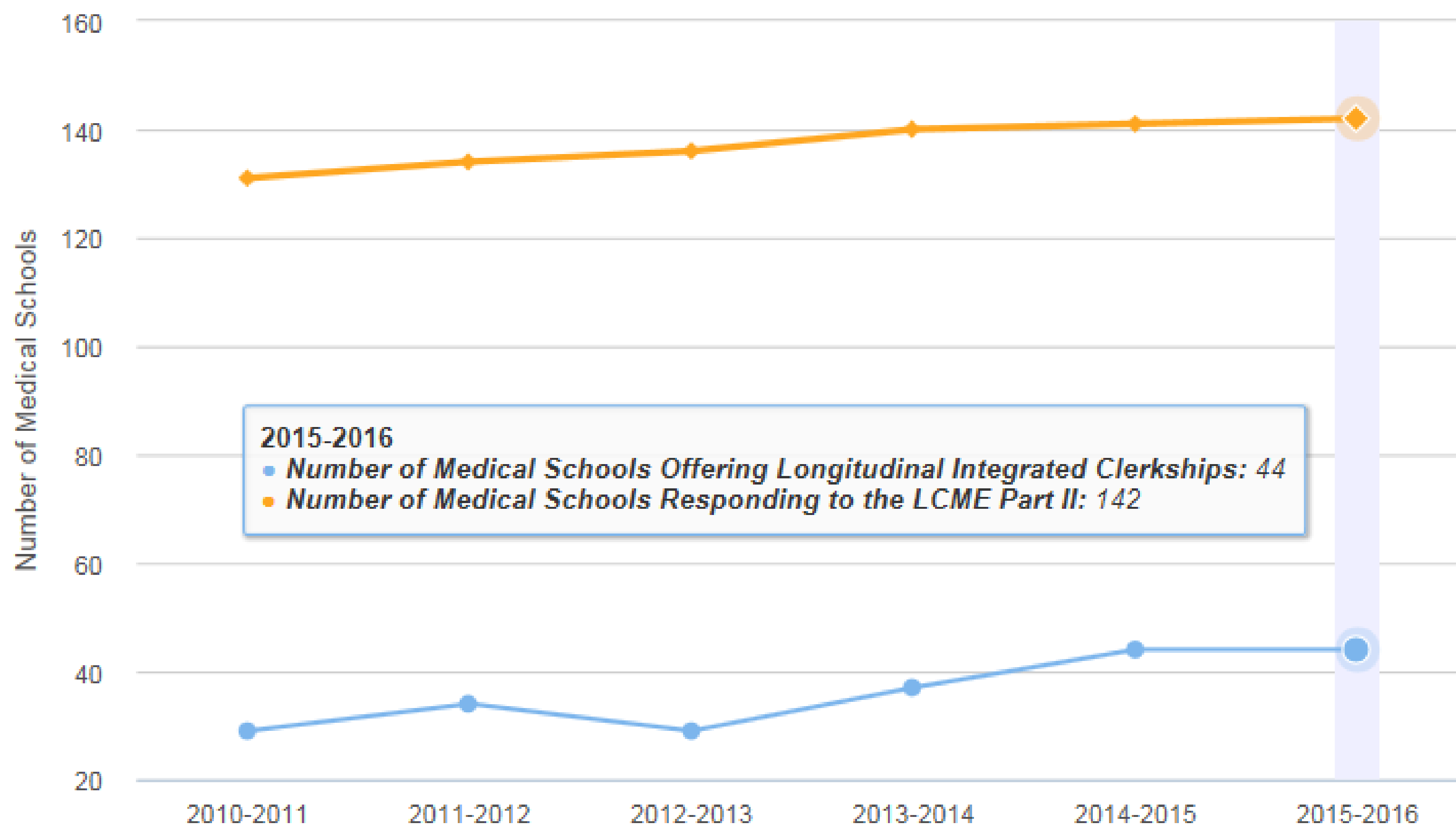
The Consortium of Longitudinal Integrated Clerkships (CLIC) is a group of faculty from medical schools around the world who have, or are considering, developing, implementing and studying integrated clerkship models to address core clinical training for undergraduate medical education.

Longitudinal integrated clerkships (LICs) have the following common core elements:

- Medical students participate in the comprehensive care of patients over time
- Medical students have continuing learning relationships with these patient's clinicians
- Medical students meet, through these experiences, the majority of the year's core clinical competencies across multiple disciplines simultaneously.

The CLIC 2017 conference will be hosted by Duke-NUS Medical School in Singapore on the 23rd - 25th of september.

https://www.duke-nus.edu.sg/education/clic-conference-2017



Download Data (Excel)

Survey Item (2010-2011 through 2011-2012):

Three-Year MD Programs: Perspectives From the Consortium of Accelerated Medical Pathway Programs (CAMPP)

Joan Cangiarella, MD, Tonya Fancher, MD, Betsy Jones, EdD, Lisa Dodson, MD, Shou Ling Leong, MD, Matthew Hunsaker, MD, Robert Pallay, MD, Robert Whyte, MD, Amy Holthouser, MD, and Steven B. Abramson, MD

Abstract

In the last decade, there has been renewed interest in three-year MD pathway programs. In 2015, with support from the Josiah Macy Jr., Foundation, eight North American medical schools with three-year accelerated medical pathway programs formed the Consortium of Accelerated Medical Pathway Programs (CAMPP). The schools are two campuses of the Medical College of Wisconsin; McMaster University Michael G. DeGroote School of Medicine; Mercer University School of Medicine; New York University School of Medicine; Penn State College of Medicine; Texas Tech University Health Sciences Center School of Medicine; University of California, Davis School of Medicine; and University of Louisville School of Medicine. These programs vary in size and medical specialty focus but all include the reduction of student debt from savings in tuition costs. Each school's mission to create a three-year pathway program differs; common themes include the ability to train physicians to practice in underserved areas or to allow students for whom the choice of specialty is known to progress more quickly. Compared with McMaster, these programs are small, but most capitalize on training and assessing competency across the undergraduate medical education–graduate medical education continuum and include conditional acceptance into an affiliated residency program. This article includes an overview of each CAMPP school with attention to admissions, curriculum, financial support, and regulatory challenges associated with the design of an accelerated pathway program. These programs are relatively new, with a small number of graduates; this article outlines opportunities and challenges for schools considering the development of accelerated programs.

Academic Medicine, 92(4): April 2017

Three-Year MD Programs

- Older studies showed no major difference in performance of three-year and four-year students
- McMaster (three-year) graduates have been comparable to four-year US and Canadian graduates
- Residency application/audition/interview occupies the majority of the M4 year

2016 Survey Results

98 % response rate – 2013
88 % response rate – 2014
93% response rate – 2016

37% of institutions in the US and Canada have at least 1 RMC

Model	N	%
Basic Science	9	7.8
Clinical	59	51.3
Longitudinal	14	12.2
Combined	10	8.7
Complete	23	20.0
Total	115	100

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Background - RMC Administration

		PAO Report						Total
		Executive Dean	Dean of Med Schl	Dean of RMC	Vice Dean of Educ	Assoc Dean of Educ	Other	
RMC PAO	RMC Dean	6	17	1	0	0	2	26
	Vice Dean	1	4	0	0	0	0	5
	Sr Assoc Dean	0	2	0	0	0	1	3
	Assoc Dean	0	14	0	4	4	5	27
	Asst Dean	0	0	0	2	9	9	20
	Other	0	3	0	0	1	15	19
Total		7	40	1	6	14	32	100

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Background - RMC Funding

- 73% of RMCs receive some direct state appropriations
  - >38% receive more than half of their funding from the state
- 32% receive all funding from the main campus
- 10% receive at least 50% of their funding from tuition
- Almost 30% of RMCs have some small endowment, but typically only 1 – 2% of total funding at any single campus

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Governance – Standing Committees

	Required and Encouraged		Required	
Committee	N	%	N	%
Admissions	103	80	60	52
Executive Council	87	76	70	61
Curriculum	111	97	88	77
Faculty	97	84	59	51
Student Standards	107	93	83	72

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Governance – Faculty P&T

	Appointment		Promotion		Tenure	
	N	%	N	%	N	%
RMC Owns Committee	52	45	40	35	28	24
RMC makes final decision	11	10	9	1	8	1
Main campus makes final decision	24	21	33	29	32	28

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RMC Faculty

	N of RMCs reporting faculty type	Mean per RMC	Total Reported in US and Canada
Total Appointments	111	306	34002
Tenured	74	5	366
Tenure Track	71	2	139
Non-Tenure Track	74	127	9415
Adjunct-Paid	76	74	5600
Adjunct-Not Paid	83	243	20147

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Percentage of (FM) Community Preceptors Who Are Paid by Their Institution

% (FM) Faculty	#Institutions	% of Institutions
0%	73	(65)
1%–25%	7	(6)
26%–50%	2	(2)
51%–75%	2	(2)
76% or more	28	(25)
Total	112	(100)

Drowos et al., "Faculty Development for Medical School Community-Based Faculty: A Council of Academic Family Medicine Educational Research Alliance Study Exploring Institutional Requirements and Challenges". Acad Med e-pub 2/21/17

Ways To Improve Recruitment and Retention

1. Education on time management
2. Increased recognition
3. Increased communication between the institution and the preceptor
4. Increased mentoring of new or potential preceptors by seasoned preceptors
5. More long-term relationships, fewer "mini-rotations"

Dallaghan, et al., "Recruiting and Retaining Community-Based Preceptors: A Multicenter Qualitative Action Study of Pediatric Preceptors". Acad Med e-pub 3/27/17

RMC Students

Year	N of RMCs reporting at least 1 student	Mean of students per RMC	Total N per year
MS1	83	19	1549
MS2	85	18	1484
MS3	113	28	3106
MS4	108	28	2981
Total			9120

Over 1 in 10 Allopathic medical students is trained at a RMC

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Student Assignments to Campus

Assignment Type	N of RMCs Reporting Type	% of RMCs Reporting Type
Post-matriculation by registrar	16	17
Post-matriculation by lottery	35	30
Post-matriculation by student choice	65	57
Pre-matriculation by separate admissions	29	25

Residency programs on RMCs

109 RMCs have residency programs

Average of 7 residencies offered per/RMC when they are offered

55% of RMCs that have residencies offer Family medicine

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Research on Campuses

Type	N	%
Research distinct from main campus	78	68
Basic Science	37	32
Clinical	65	57
Education	47	41
Health Services	41	36

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Coming Soon!

Journal of Regional Medical Campuses

UNIVERSITY OF MINNESOTA

Medical School

Driven to Discover℠

Journal of Regional Medical Campuses

- The Journal of Regional Medical Campuses is an international, peer-reviewed, open access, on-line journal. It seeks to serve as the pre-eminent journal for regional medical campuses that serve the medical school community by providing unique relationships in education, workforce development, community engagement and research.
- This journal will highlight and disseminate this body of work from the growing community of regional campuses."

Editorial Staff

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    University of Minnesota Duluth Regional Campus
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    University of Minnesota Libraries

2018 GRMC Spring Meeting

University of Washington School of Medicine

Spring 2018

Communication will be coming soon.

Think about what you'd like to present!

AAMC

Thank You!

Georgia Fun Facts

- Crawford Long used ether as an anesthetic for the first time on March 30, 1842 to remove a tumor from the neck of a patient in Jefferson, Georgia.
- One of the most commonly prescribed treatments for dry eye is **Restasis**, based on a discovery at the University of Georgia.
- Nine out of 10 people treated for HIV in the U.S. take Emtriva®, which combined with another drug makes up the medication Truvada®. The "Em" in Emtriva stands for Emory, and the drug is treating thousands of patients outside the U.S. as well.

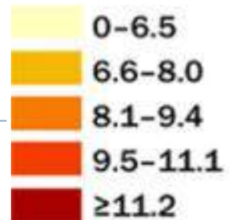
Gallons of soft drinks, per capita

This map details soft drink consumption in this country.

https://usatoday30.usatoday.com/news/health/2010-02-09-usda-obesity-maps_N.htm

Geographic Distribution of Diagnosed Diabetes in the U.S. A Diabetes Belt

2007 percentage of adults with diagnosed diabetes



Barker et al / Am J Prev Med 2011;40(4):434–439 435

Georgia News in Paragraphs.

The number of mules sold in the southern part of the state this winter exceeds by several hundred the number sold in any former season, and the prices paid are the highest on record.

"A tempest in a teapot," was the way Dr. Kingman B. Page of the New York Medical Society characterized the alarm over the decision of the superior court at Macon, Ga., whereby a surgeon who performs an operation must benefit the patient in order to collect his fee. The Georgia decision grew out of a case whereby a child died following an operation. The parents refused to remunerate the surgeon and he sued to recover his fee. The superior court at Macon ruled that the doctor had no legal ground for the collection.

Hon. J. Pope Brown, state treasurer, will not be a candidate to succeed himself, according to a statement issued to the public. When asked as to the rumor that he would resign before the expiration of his term, Mr. Brown said: "I have entertained no thought of resigning; it is my purpose to serve out my present term, but I will not be a candidate to succeed myself." Mr. Brown also states that the reason he does not care to continue as state treasurer is because the position is out of his line of work, and does not suit him. Mr. Brown will take up his residence in Atlanta in the near future

Philadelphia Evening Ledger, Dec 8, 1915

Scores Atlanta Medical Board

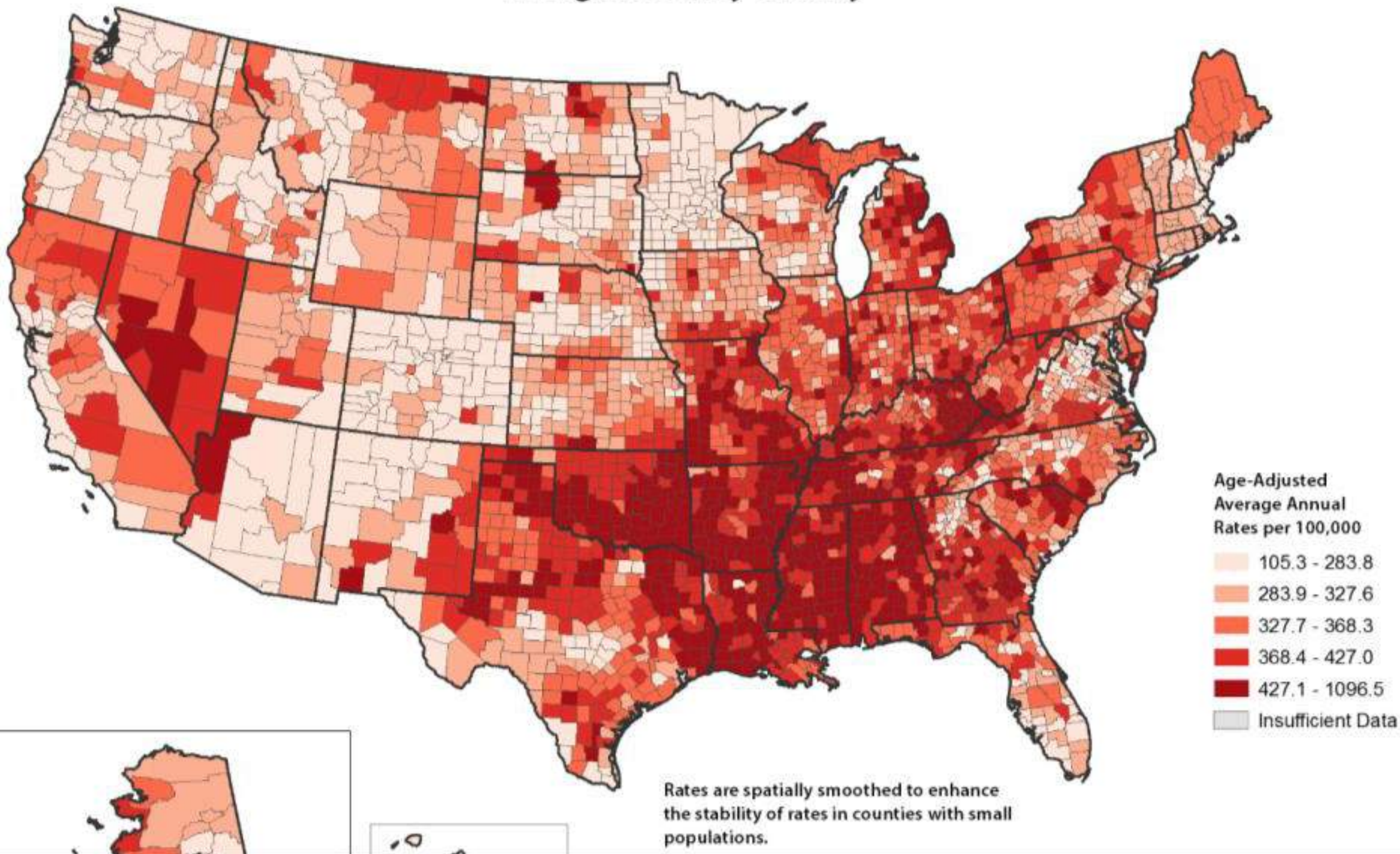
Dear M'Liss—I think almost any teacher would be respected by her community for refusing to comply with such an order as the medical director of the Atlanta public schools is trying to enforce.

Thank heaven, despite all this talk about modernism and the new life, some things still remain that women will not do in order to retain their jobs. There are many things, it is true, that we do have to put up with, such as working in offices with men who smoke like steamships and stick their feet up on desks with no regard for our feelings. But these things we can overlook. When it comes to the point of making women undress for a medical examination, however, before a strange doctor, when a reputable woman doctor or the family physician would do as well, a halt should be called.

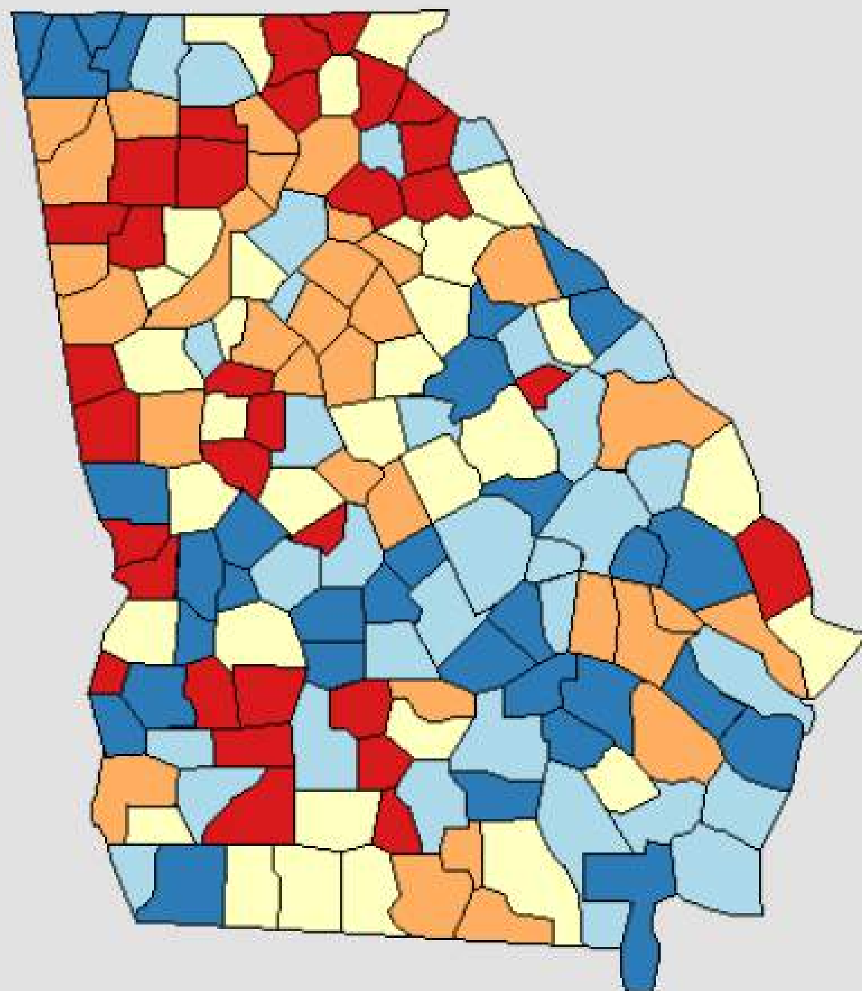
I hope when women get the vote they'll legislate such men as the Atlanta tyrant out of office. Sincerely yours,

A WORKING WOMAN.

Heart Disease Death Rates, 2013-2015
All Ages 35+, by County



Incidence Rates† for Georgia
All Cancer Sites, 2009 - 2013
All Races (includes Hispanic), Both Sexes, All Ages

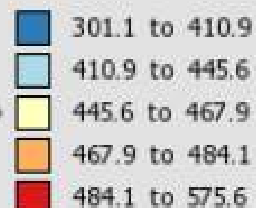


Age-Adjusted

Annual Incidence Rate

(Cases per 100,000)

Quantile Interval



US (SEER + NPCR)
Rate (95% C.I.)
448.4 (448.1 - 448.7)

Georgia
Rate (95% C.I.)
455.8 (453.8 - 457.7)

[A]

County-level mortality from multiple myeloma.

[A] Age-standardized mortality rate for both sexes combined in 2014;

Trends and Patterns of Disparities in Cancer Mortality Among US Counties, 1980-2014. Mokdad et al, JAMA. 2017;317(4):388-406

A Age-standardized mortality rate from pancreatic cancer, both sexes, 2014

Trends and Patterns of Disparities in Cancer Mortality Among US Counties, 1980-2014. Mokdad et al, JAMA. 2017;317(4):388-406

[A]

County-level mortality from ovarian cancer (females only). [A] Age-standardized mortality rate for females in 2014

Trends and Patterns of Disparities in Cancer Mortality Among US Counties, 1980-2014. Mokdad et al, JAMA. 2017;317(4):388-406

Georgia Health Strengths and Challenges

- **Strengths**
  - High immunization among adolescent females for HPV
  - Low incidence of pertussis
  - Low rate of drug deaths
- **Challenges**
  - High prevalence of low birthweight
  - Low rate of high school graduation
  - High percentage of uninsured population

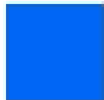
http://www.americashealthrankings.org/explore/2015-annual-report/measure/Overall/state/GA

Georgia Highlights

- In the past year, physical inactivity decreased 13%.
- In the past 2 years, smoking decreased 15% to 17.4% of adults.
- In the past 10 years, preventable hospitalizations decreased 36%.
- In the past 10 years, air pollution decreased 34%.
- In the past 20 years, cardiovascular deaths decreased 32%.

http://www.americashealthrankings.org/explore/2015-annual-report/measure/Overall/state/GA

Trend: Overall, Georgia



Rank Based On: Weighted sum of the number of standard deviations each core measure is from the national average.

http://www.americashealthrankings.org/explore/2015-annual-report/measure/Overall/state/GA