

Gwinnett County Health Department, Georgia
2018 Community Health Assessment



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Attachment A. Planning Participants

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Section I: Background

About the Gwinnett County Health Department

The Gwinnett County Health Department continuously monitors the health status of the community to identify health problems, educate the public on ways to reduce health risks, and promote better health through individual contact and media interactions.

We regularly participate in and mobilize community groups to develop policies and action plans to improve the health of the people in the community. The health department enforces laws, regulations, and ordinances that protect health and ensure safety. Working together to provide these vitally important, essential public health services, we can improve the quality of life for everyone in the community and state.

Our Mission

To protect and improve the health of our community by monitoring and preventing disease; promoting health and well being; and preparing for disasters.

Our Vision

A healthy, protected, and prepared community.

Our Core Values

Availability: We will be available to our clients through emergency preparedness services, disease and outbreak investigations, expanded hours and readily available services.

Affability: We will work to ensure our clients have a good experience at our clinics. We will treat clients, co-workers, partners and others in our community with respect. We will value our employees.

Ability: We will work toward a high level of competency in all areas of service.

Accountability: We will be good stewards of the funds and materials we receive.

Adaptability: We will always look forward to meet the current and future needs of our community.

Purpose of This Report

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

-World Health Organization (WHO)¹

This report describes a combined community health assessment (CHA) and community health improvement plan (CHIP) for Gwinnett County, Georgia. By examining the county's health status, this combined CHA/CHIP will help our community focus our efforts on the most important health needs of county residents. This comprehensive community-wide health assessment is intended to help shape coordinated community plans to improve health. A detailed community health improvement plan (CHIP) follows the community health assessment (CHA)

This report focuses not just on disease indicators like death rates and case counts, but also on the many factors that influence health, which include income, housing, education, and transportation. This focus is consistent with the WHO definition of health—stated above—and reflects the diversity of community efforts currently ongoing and needed in Gwinnett County to improve health.

The Gwinnett Coalition for Health and Human Services (henceforth referred to as the Gwinnett Coalition) served a critical unifying role in the planning and development of this CHA/CHIP. As background, the Gwinnett Coalition is a public-private partnership—in place for over 20 years—whose mission is to facilitate collaboration that improves the well-being of the community. The Gwinnett Coalition's assessment planning team and steering committee were led by representatives from the Health Department, the Gwinnett Coalition, and Gwinnett Medical Center.

The Health Department has been a long-standing partner of Gwinnett Medical Center in conducting and publishing community health status reports. This report is an extension of that partnership. Most of the data presented here were provided by a Gwinnett Medical Center initiative through the Healthy Communities Institute with additional funding from the Health Department and the Gwinnett Coalition. This report is thus complementary to the 2015–2016 Community Health Needs Assessment report issued by Gwinnett Medical Center.² Some data in this report differ slightly because of updated information.

¹ <http://www.who.int/about/definition/en/print.html>

² Gwinnett Medical Center Community Health Needs Assessment
https://gwinnetthospital.thehcn.net/content/sites/gwinnetthospital/Gwinnett_2016_CHNA_Final.pdf

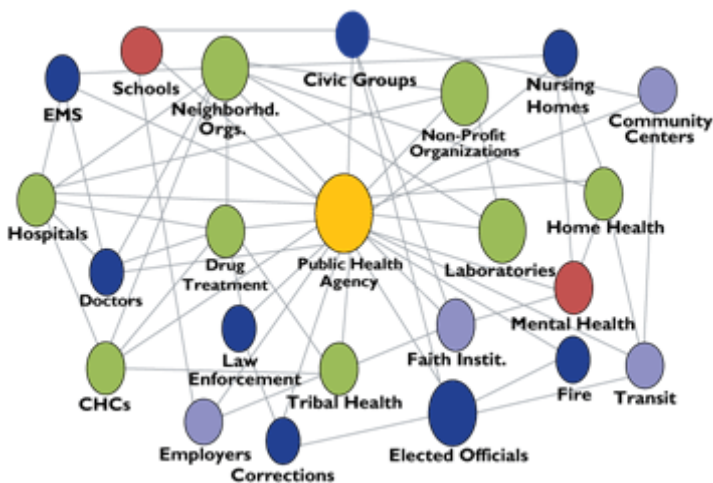
The “Public Health System:” Far Beyond the Health Department

All communities have a public health system to prevent and treat illness, disability, and death. A public health system is composed not just of government agencies, but includes many other organizations and people.

According to the CDC’s National Public Health Performance Standards, public health systems are “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.”³

A community’s public health system includes:

- Public health agencies at state and local levels
- Healthcare providers
- Public safety agencies
- Human service and charity organizations
- Education and youth development organizations
- Recreation and arts-related organizations
- Economic and philanthropic organizations
- Environmental agencies and organizations



Who was Involved in the Assessment and Improvement Plan

As noted in the Purpose section, this combined CHA/CHIP was done in collaboration with the Gwinnett Coalition, Gwinnett Medical Center, and other organizations in the county. As with the 2013 CHA/CHIP process, a model called the Mobilizing for Action through Planning and Partnerships (MAPP),⁴ a community-driven strategic planning process, was used. The MAPP Planning Team and a MAPP Steering Committee included representation from the Health Department, Gwinnett Medical Center, the Gwinnett County Department of Health and Human Services, and others. The committees agreed that the assessment should include a focus not just on health outcomes, but also on areas that strongly affect health like poverty, education, and housing. Members of these organizations agreed to gather community data that would be shared by all for community assessment purposes. A full list of assessment planning participants is available in Attachment A.

³ Essential Public Health Services <http://www.cdc.gov/nphpsp/essentialservices.html>

⁴ Mobilizing for Action through Planning and Partnerships (MAPP)
<http://www.naccho.org/topics/infrastructure/mapp/>

The assessment also included participation of county departments, the school district, and community service agencies providing health and related services. To ensure input from persons with broad knowledge of the community, the partnership conducted focus groups, a community service agency town hall meeting and community key leader interviews, which are described below.

How the Assessment Process Was Conducted

Based on the MAPP framework, the joint assessment group gathered community input from focus groups, town hall meetings, key informant interviews, and a youth survey. To further examine the variety of forces that affect residents' health and wellbeing, staff and board members from the Gwinnett Coalition participated in a "Forces of Change" assessment facilitated by the Health Department. The methods for this community-based information are described in the "Data from the Community" section below. Additionally, the Local Public Health System, as part of the town hall meeting, conducted a self-assessment of their work as it relates to the ten essential public health services. The attachments include a detailed description of the community engagement process. These data were supplemented with Gwinnett County data from publicly-available and other established sources outlined in the "Other Data Sources" section.

During the assessment process, the MAPP Planning Team of the Gwinnett Coalition met monthly and the Steering Committee reviewed progress quarterly. This process culminated in the Gwinnett Community Strategic Plan, which outlines coordinated actions by many organizations to improve the health and well being of Gwinnett County residents.

Data from the Community

Nine community focus groups were conducted in February 2018. Over one hundred community representatives of different ages, races, ethnicities, and interests participated. Focus Groups consisted of 9 – 15 participants each in the following categories (Veterans, African American, Hispanic/Latino, Asian, Mental and Behavioral Health, Disabled Persons, Seniors, Homeless, Engaged Citizens). Focus groups were organized through the Gwinnett Coalition's Research and Accountability Committee's member organizations and were conducted in various locations according to the specific needs of each group. Topics of discussion included: quality of life, community relations and engagement, economic and financial stability, education, safety, youth, and health and wellness.

The Gwinnett Coalition hosted a town hall meeting on May 15, 2018, at Rhodes Jordan Park, located at 100 East Crogan Street, Lawrenceville, Georgia. Approximately 128 people from various Gwinnett County agencies participated. The morning session consisted of presentations about the primary data collected up to that point. In the afternoon session attendees engaged in a modified local public health system assessment to measure the capacity of the local public health system to conduct essential public health services by bringing together community organizations to discuss and evaluate the community's public health system. Community partners were assigned to one of eight break-out groups defined by the Gwinnett Coalition strategic plan areas (Health and Well Being, Community Engagement, Education,

Safety, Economic and Financial Stability, and Basic Needs) and the ten essential public health services. These groups discussed questions from the local public health system assessment, and developed a list of activities and capacities of the local public health system, as well as areas in need of strengthening the system's ability to respond to day-to-day public health issues and public health emergencies. From this discussion a list of themes was created and submitted to the Research and Accountability Committee and ultimately to the MAPP Steering Committee. The group prioritization sessions consisted of a system to rank each theme within three specific priority areas. From these priority areas, related goals and objectives were created to meet the community needs for Gwinnett County in consideration of the County's assets and resources.

Key informant interviews were conducted as part of the Mobilizing for Action through Planning and Partnership's Strengths and Themes Assessment. The purpose of key informant interviews is to collect information from a wide range of people who have firsthand knowledge about the community. These key informants can provide insight on the strengths of the community as well as the nature of problems and give recommendations for solutions. Key informant interviews were conducted from January – February 2018 with 13 Community Leaders from Gwinnett County. Community leaders were selected purposively with diverse backgrounds from government, education, medical, social services, media and faith-based organizations. Discussion topics included quality of life, community strengths, health issues, medical services, achievable priorities, and possible community actions for the next five years. Strengths of Gwinnett County that were identified in the interviews included non-profit and government collaborations between community organizations, the parks and recreation system, and an abundance of community organization resources. Areas identified in need of improvement included public accessibility to and awareness of resources, public transportation, homelessness, and mental health services. Key informants acknowledged the growing diversity and believe that cultural competency should be prioritized to accommodate for diversity in Gwinnett. Mixed findings were found on the general public awareness of resources, the public's ability to navigate health services with or without health insurance, and collaborations between private business and public organizations to form partnerships for vulnerable populations.

The purpose of the Forces of Change Assessment (FOC) is to identify trends, factors, and events that are likely to impact health and quality of life in our community. The assessment is an environmental scan that is intended to inform our strategic planning process. The Gwinnett County FOC was completed in two stages, a survey identifying forces of change and then discussions regarding the potential opportunities or threats associated with each force of change. The initial stage consisted of a survey that was sent to the Gwinnett Coalition for Health and Human Services board members for completion January 22-27, 2018. Respondents were given an explanation of Forces of Change and asked to list up to 10 forces that were impacting our community. Survey responses were analyzed by a United Way intern and a health department employee. The following Forces of Change were identified based on review of the responses provided by 26 board members. The percentage indicates how many of the respondents included a relevant response in the category listed. A full description of the FOC methods and results is available in Attachment C.

The 2017-2018 Gwinnett Coalition Comprehensive Youth Health Survey was conducted by the Gwinnett Coalition with Gwinnett County Public School students in grades 6-8, and 9–12. A total of 32,263 students (50.3% middle school, 49.7% high school). Attachment B includes additional information regarding the Gwinnett County Youth Survey.

Reports from other Gwinnett County government organizations were also reviewed. In particular, the Gwinnett County 2030 Unified Plan⁵ provided a wealth of information about the County’s population, housing, development, and transportation. This important document also presents three scenarios, or “possible futures,” for Gwinnett County in 2030. These scenarios reflect possible changes in population, diversity, income, jobs, development, housing, and transportation.

Other documents referenced in this report include:

2017 Gwinnett County Parks and Recreation Capital Improvement Plan⁵

Gwinnett County 2030 Water and Wastewater Master Plan⁶

Gwinnett County 2016 Annual Police Report⁷

Other Data Sources

To supplement community information in the assessment, data from the U.S. Census Bureau⁸ were included on county demographics, income and poverty, and transportation. Illness and death statistics (morbidity and mortality) and other demographic information were obtained from the Georgia Department of Public Health’s Online Analytical Statistical Information System (OASIS).⁹ OASIS dashboards allow for comparison of Gwinnett County morbidity and mortality rates with statewide rates. Gwinnett Medical Center obtained a license to a web-based information system through the Healthy Communities Institute to present the most recently-available health and quality of life indicators for Gwinnett County residents.¹⁰ The data behind these indicators came from a variety of sources, including the U.S. Census Bureau, County Health Rankings,¹¹ and OASIS. When possible, available data

⁵ 2017 Gwinnett County Parks and Recreation Capital Improvement Plan
https://www.gwinnettcountry.com/static/departments/parks_rec/pdf/master_plan/2017%20Gwinnett%20Parks%20CIP%20Update_Report_032318.pdf

⁶ Gwinnett County 2030 Water and Wastewater Master Plan
http://www.gwinnettcountry.com/static/departments/planning/pdf/2030_water_and_wastewater_master_plan.pdf

⁷ Gwinnett County 2016 Annual Police Report
https://www.gwinnettcountry.com/static/departments/police/pdf/Police_2016AR_FINAL.pdf

⁸ U.S. Census Bureau, American FactFinder <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml###>

⁹ Online Analytical Statistical Information System <http://oasis.state.ga.us/oasis/>

¹⁰ Gwinnett Medical Center Community Dashboard <http://www.gwinnettmedicalcenter.org/community-health-needs-assessments/GMCCContentPage.aspx?nd=478>

¹¹ County Health Rankings <http://www.countyhealthrankings.org/>

for Gwinnett County were compared against Healthy People 2020 goals established by the U.S. Department of Health and Human Services.¹²

To better understand Gwinnett County’s determinants of health, including economics, transportation, land use, recreation, and water resources, documents from other county agencies were reviewed and referenced. Documents from Gwinnett’s city governments were also reviewed.

About Dashboards

When available, “dashboard” representations of Gwinnett County data are presented in this report courtesy of CARES Engagement Network, the Healthy Communities Institute and Gwinnett Medical Center. Full information about each indicator, including source data, is available on the CARES Engagement Network and Gwinnett Medical Center Community Dashboard websites.¹³ These indicators are updated continually when new data are available. The green represents the top 50th percentile, the yellow represents the 25th to 50th percentile, and the red represents the bottom quartile.



The following type of dashboard represents a county indicator compared to a single benchmark, for example the percent of persons in the state of Georgia and the United States with a disability.



¹² Healthy People 2020 <http://www.healthypeople.gov/2020/default.aspx>

¹³ Gwinnett Medical Center Community Dashboard <http://www.gwinnettmedicalcenter.org/community-health-needs-assessments/GMCCContentPage.aspx?nd=478>

CARES Engagement Network <https://engagementnetwork.org/about/#>

Section II: Determinants of Health

The social determinants of health are the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.

- World Health Organization¹⁴

Demographics and Diversity

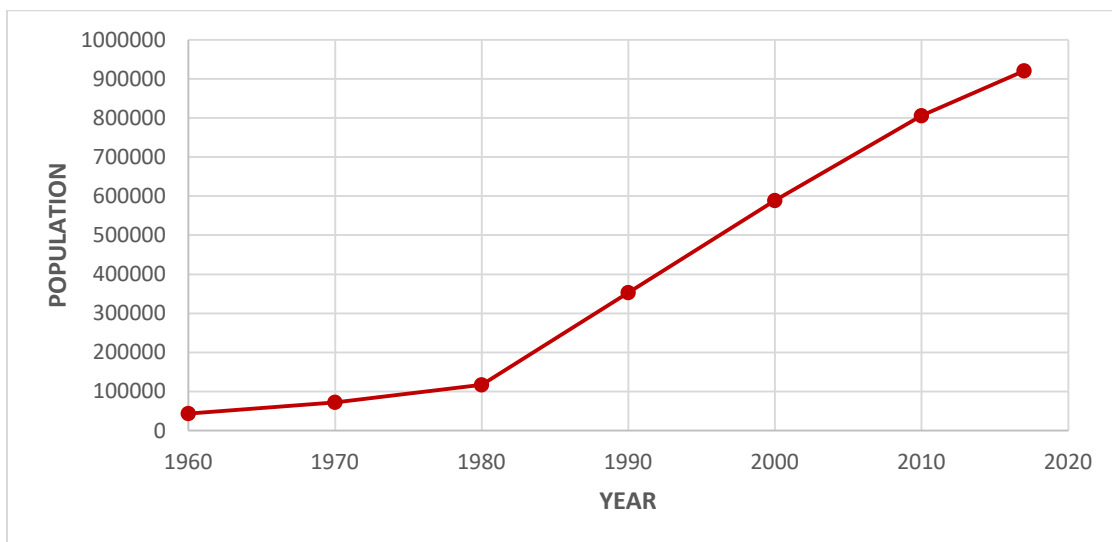
To understand and improve health—and health determinants—in Gwinnett County, we must first consider the county and its residents.

Health Status Assessment

Demographics

Gwinnett County is located in the northeast suburbs of the Atlanta metropolitan area, and during recent decades it has been one of the fastest growing counties in the nation. Gwinnett’s population was 920,260 in 2017, more than double the population in 1990 and almost thirteen times the population in 1970 of 72,349 (Figure 1).¹⁵ In 2010, the county became the second most populous in Georgia and 65th most populous in the nation. The county continues to grow, but the rate of population growth has slowed in recent years and is forecasted to level off (Figure 2).

Figure 1. Population of Gwinnett County, Georgia, 1960-2017



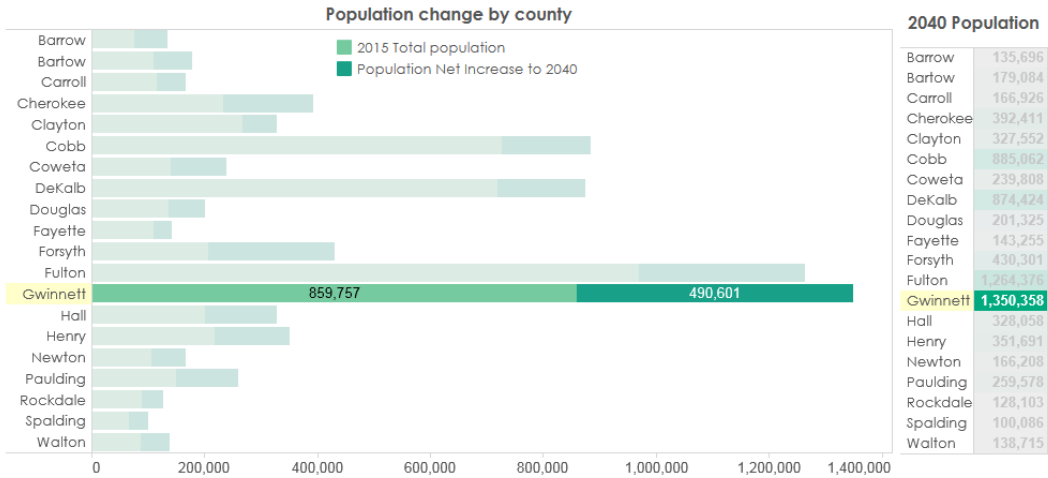
Source: U.S. Census Bureau, 2017

¹⁴ WHO: Social Determinants of Health

http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/index.html

¹⁵ U.S. Census Bureau

Figure 2. Population Change 2015 to 2040 in Gwinnett County



Source: Atlanta Regional Commission (<http://atlantaregionsplan.org/population-employment-forecasts/>)

Gwinnett County’s gender demographic is relatively even with males comprising 48.9% of the population and females being 51.1% of the population.

Age Distribution

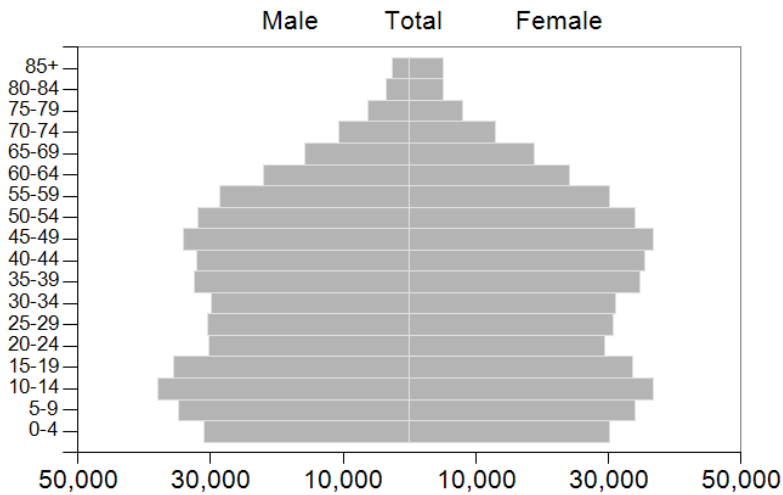
Overall, the population is young. In 2017, one-third (33.9%) of the population was younger than 20 years old, and only about one in ten residents (9.6%) was 65 years or older.¹⁶ Although Gwinnett County’s population is young overall, its senior population is growing rapidly and will likely continue to grow over the coming decades. From 2000 through 2010, the number of residents 65 years and older increased by 74% compared with an overall county population increase of 37%. From 2010 to 2017 the number of residents 65 years and older remained steady at 9.6%, while the overall county population increased by 14.3%.¹⁷ Gwinnett’s population pyramid (Figure 3) suggests that the county has an increasing number of “Baby Boomers,” those born between 1946 and 1964, who have reached or will reach their 65th birthday in the coming years.¹⁸

¹⁶ U.S. Census Bureau

¹⁷ U.S. Census Bureau

¹⁸ Georgia Online Analytical Statistical Information System <http://oasis.state.ga.us/oasis/>

Figure 3. Population Pyramid (Age and Sex Distribution) of Gwinnett County Residents, 2017

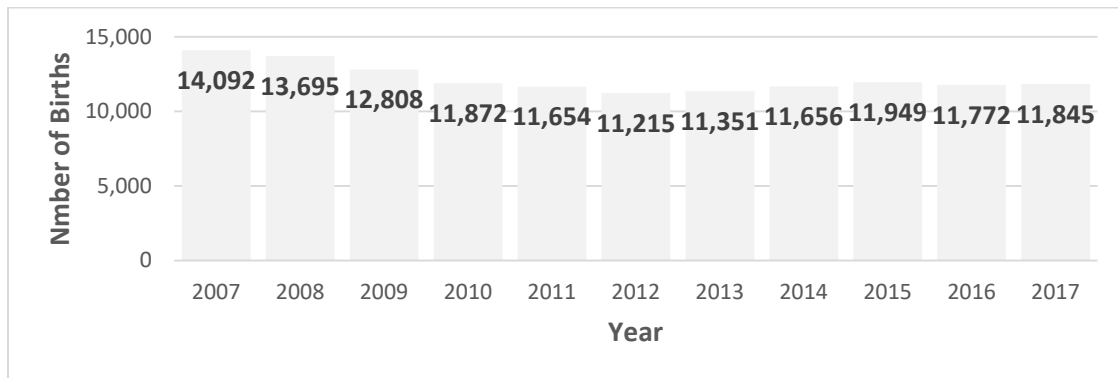


Source: OASIS (<http://oasis.state.ga.us/oasis/>)

Although the population is young, the number and rate of births has declined substantially since 2006 in the county (Figures 4 and 5) which contributes to the increasing average age of county residents.¹⁹ The number of births to Gwinnett County mothers in 2011 (the most recent year with available data) was at its lowest point since 2001 despite many more reproductive-age women in the county. The number of births peaked in 2006 at 14,395 and declined to 11,654 in 2011, representing a nearly 20% decline over these six years.

Figure 5 shows the annual birth rate, defined as the number of births per 1,000 women ages 10-55 years, for Gwinnett County. The overall birth rate declined from 53 in 2007 to 38.3 in 2017. This downward trend was seen most prominently among Hispanics, for whom the birth rate declined from 112.3 in 2007 to 55.3 in 2017 (a more than 50% decrease). The decline among non-Hispanic Whites was not as pronounced, going from 54.9 in 2007 to 43.6 in 2017, although this change still represented an 11% decrease. Throughout the period of 2007 to 2017, rates for non-Hispanic Blacks and Asians were nearly the same as the rate for Whites.

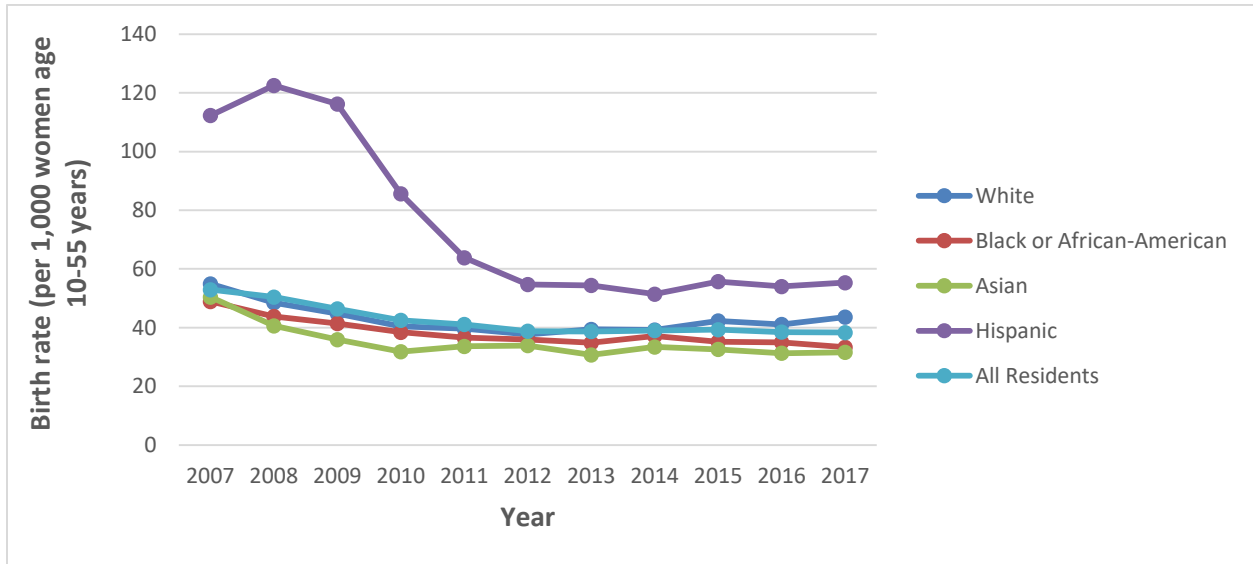
Figure 4. Number of Births to Gwinnett County Mothers, 2007-2017



Source: OASIS (<http://oasis.state.ga.us/oasis/>)

¹⁹ Georgia Online Analytical Statistical Information System

Figure 5. Birth Rate by Race/Ethnicity in Gwinnett County, 2007-2017



Source: OASIS (<http://oasis.state.ga.us/oasis/>)

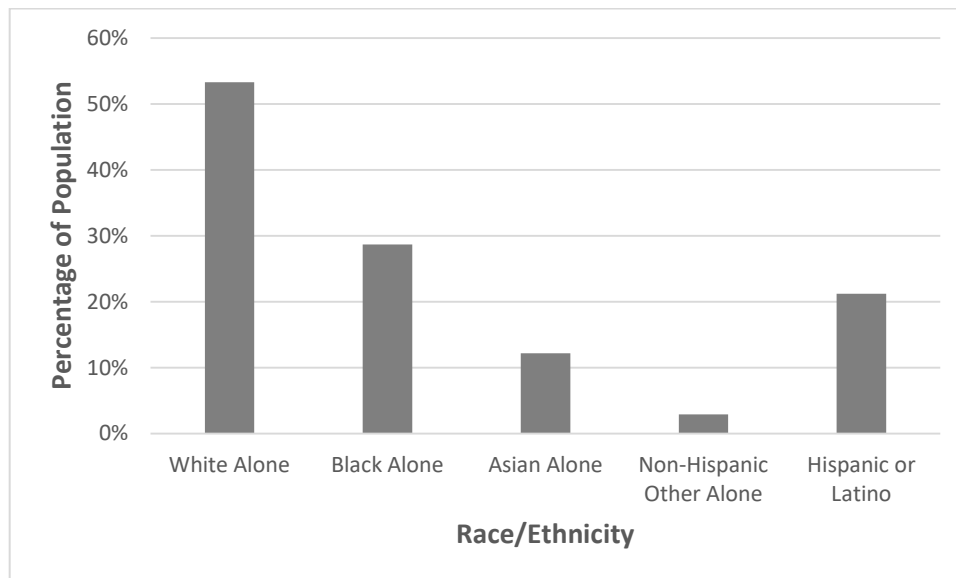
Diversity

No place the size of Gwinnett County has changed quite the way Gwinnett has over the past twenty years.

-Alan Ehrenhalt²⁰

Gwinnett County is very racially and ethnically diverse, with representation from around the world. This represents a major change from just a few decades ago. As late as 1980, the population of 166,903 was almost entirely (97%) White. (Note that that data on the non-Hispanic White population was not available in 1980, but less than 1% of the county's population was Hispanic at that time.) In 1990, non-Hispanic Whites still comprised the vast majority (89%) of the 352,910 county residents. By 2000, the county had gained substantial racial and ethnic diversity, with one-third (33%) of the county's population being non-White or Hispanic. In the most recent U.S. Census estimate for 2017, 53.3% of the population was White alone, while 28.7% was Black alone, 12.2% was Asian alone (24.1% Korean, 21.9% Asian Indian, 18.2% Vietnamese, and 13.3% Chinese), and 2.9% was non-Hispanic Other alone (American Indian, Alaska Native, Native Hawaiian, Pacific Islander, Multiracial, or Unknown) (Figure 6). Hispanic or Latino made up 21.2% of the population, and 50.6% of the total was Mexican-American.²¹

Figure 6. Race/Ethnicity Distribution of Gwinnett County Residents, 2017



Source: U.S. Census Bureau, 2017


It is important to note that each of the largest race/ethnicity categories in Gwinnett County—White, Black, Hispanic, and Asian—obscure a heterogeneous mix of people and ancestries. The category White includes residents with origins in Europe, and also North Africa and the Middle East. The Black category includes both residents with deep roots in the United States and recent immigrants from sub-Saharan

²⁰ Alan Ehrenhalt. *The Great Inversion and the Future of the American City*. Random House, 2013.

²¹ U.S. Census Bureau

Africa, the Caribbean, and elsewhere. The Hispanic category, which the U.S. Census Bureau defines as an ethnicity, includes people of all races, some of whom have been in the United States for generations and others who have come from such diverse places as Mexico, the Caribbean, Central America, South America, and Spain. The Asian category includes residents with origins in the Far East, Southeast Asia, and the Indian subcontinent. Although more detailed information about country of origin is available for immigrant groups, most data on health disparities is available only within the broad categories presented above. Future study will be needed to better understand the health status and needs of more specific groups; however, currently available data still provide critical information for action.

According to 2015 data from Data USA, 267,380 Gwinnett County citizens were speakers of a non-English language. Almost sixteen percent of the overall population are native Spanish speakers, 2.2% speak Korean and 1.72% speak Vietnamese.²² According to 2012 data about 54% of businesses in Gwinnett County are minority owned.

Linguistic Isolation	Comparison: U.S. Counties	
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According to the Healthy Communities Institute, people who are linguistically isolated are at risk of poor social support. In Gwinnett from 2012-2016, about 8.5% of households were linguistically isolated, meaning that every household member 14 years or older had some difficulty speaking English. This proportion exceeds the U.S. rate of 4.5%.

International Roots

According to the U.S. Census Bureau’s five-year estimates for 2012-2016, about one-quarter (24.7%) of county residents were foreign born. As to place of birth for US born residents, 36.6% were born in a state other than Georgia, and 36.3% were born in Georgia.²² Among the foreign born, about half (47.1%) were from Latin America, about one-third (34.2%) were from Asia, 7.6% were from Europe, 10% were from Africa, and 1% were from elsewhere in North America. Over three-fourths (82.4%) of foreign born residents entered the United States before 2010. Among residents 5 years and older, 34.5% spoke a language other than English at home, of whom 18.9% spoke Spanish and 15.6% spoke another language. An estimated 14.8% percent of county residents five years and older (about 134,256 people) reported that they did not speak English “very well.”

Families and Households

In 2017, there were about 292,679 households in Gwinnett County, with an average of three people per household.²³ Families—defined as a householder with at least one related person—made up about three-quarters (76%) of households; just over half (58.1%) of all households were married-couple

²² Data USA, <https://datausa.io/profile/geo/gwinnett-county-ga/>

²³ U.S. Census Bureau

families and 23.8% were families without a married couple. Households composed of people living alone made up 19.2%, 4.8% were households in which no one was related to the householder and 5.4% percent of households were individuals 65 years and over. Less than half of households (41.9%) included children less than 18 years old. In 2017, an estimated one in ten residents (10.2%) moved or changed residence in the previous year, nearly half (45.6%) of whom moved to Gwinnett from outside the county. According to the a point in time survey conducted in January 2017 by the Department of Community Affairs Report on Homelessness, on any given night 853 persons in Gwinnett County experience homelessness. This data point consists of counting both sheltered and unsheltered homeless persons.

Themes & Strengths Assessment

Focus groups were demographically representative of Gwinnett County's diversity in several ways. By age group, there were participants from ages under 18 to over 85. Race and ethnicity were also closely aligned to the County's demographics with more than 53 percent White (including Hispanics), 37 percent African American and seven percent Asian; ethnically, 21 percent reported themselves as Hispanic/Latino. Geographically, there were representatives from 22 zip codes. However, these focus group participants were not chosen randomly. Board members of the Gwinnett Coalition offered their clients the opportunity to participate. Because of this, the views of the groups may not be representative of the population at-large.

The focus groups spoke openly about neither the political system nor school leadership was representative of the diversity of the community. However, there was some discussion of changes in the political system in Gwinnett with more racially and culturally diverse individuals planning to run for public office. They felt there were many transplants from other places, and they lack family and community support to be successful here. Some spoke of too much community growth without enough infrastructure support.

Senior populations were mentioned to be at high risk for isolation which leads to poor health and depression. Participants expressed concerned about homelessness in the county, especially people staying in extended-stay hotels, temporarily living with other people, and there being no resources available for homeless men. The groups agreed there were limited resources for people who speak English as a second language. Additionally, the comment was made that the school's English as a Second Language program isn't meeting the needs of the students and that some students are being passed without the student learning the curriculum.

A majority of key informants agreed that areas of need included accessibility of resources, mental health services, homeless populations and public transportation. An increase in diverse populations was found to be a major factor that will continue to shape the health and quality of life. Cultural competency training and sensitivity within the community were suggested as actions to accommodate the growing diversity.

Age focus issues include youth and seniors. Common matters include not enough activities and resources available.

Forces of Change Assessment

The Forces of Change assessment identified several opportunities as well as threats related to the rapid population growth, diversity, homelessness, and the increasing senior population.

Rapid Population Growth/Urbanization

Opportunities:

- To actually get transportation things going, especially regionally
- Targeted economic development, especially for young adults
- Attracting businesses
- Even more diversity – more community engagement; reach out more/embrace
- To understand the “whys” that diverse people do not stay engaged
- To build a new Culture – not just asking others to join “our” culture

Threats:

- More homelessness/lack of affordable housing
- Challenges to infrastructure – in all areas
- Even more diversity – still in silos
- Current leadership – changes politics
- Overwhelming/challenging for school system
- Not putting systems now in place to address issues – will fall more behind

Increasing Diversity

Opportunities:

- Gwinnett County is the leading edge of diversity concentration in the southeast
- Reaching out to include the diverse clusters in community gaps
- Diversity provides strength in getting things done; disciplined, committed
- County wants to address the challenges and is being pro-active
- Getting to know each other/cultures helps understand points of view
- Same goals as people - no matter what culture common interests
- Schools/businesses-inclusion piece how to focus better
- Interactions/get to know can change views
- Addresses stereotypes

Threats:

- Great change in the county makes diversity problematic – how to communicate, how to share information
- Coalitions-improvements still needed

Opportunity and Threat:

- GNLI – in the past has been a great tool in providing diversity in group solutions (no longer exists in past form)
- Views of diversity/important to discuss age gaps perceptions

Increasing Senior Population

Opportunities:

- Discretionary money into county
- Volunteerism
- Literacy
- Continuum of care
- Diversity

Threats:

- High Property tax
- Older/longer life expectancy
- Housing
- Transportation
- Getting information about resources
- Quality of Life
- Diversity
- Isolation

Homelessness/ Lack of Affordable Housing

Opportunities:

- Retraining – to get new jobs and higher income; to get higher wage jobs
- Ending the cycle and educate people to do this
- Incentives for builders – public/private partnerships for higher paying jobs

Threats:

- Declining income
- No accountability for landlords
- Potential for more crime
- Affects workforce and school system
- More health issues
- Businesses leave

Local Public Health System Assessment

Relevant to meeting the needs of the population we serve and continuously looking for ways to improve, the responses indicated that:

- Some not all of the needs of the population are being met
- Population growth = new needs
- Ignore some issues that the community chooses to ignore i.e., homelessness
- Long term plan needed
- Social, mental and some physical needs are not being met
- Some issues are beyond local control



In terms of being ready to respond to health problems or health hazards the local public health system (LPHS) indicated that there is no preparation for homeless in an emergency. Lastly, when assessing the LPHS's ability to ensure people in the community are receiving the health services they need they felt that low income and self-employed portions of the community are most affected by the LPHS's shortcomings in this area.

Economy




Few people would deny that there are many advantages of having more income or wealth. Nevertheless, apart from the well-known link between economic resources and being able to afford health insurance and medical care, their influence on health has received relatively little attention from the general public or policy-makers, despite a large body of evidence from studies documenting strong and pervasive relationships between income, wealth and health

-Robert Wood Johnson Foundation (RWJF), Report on Income, Wealth, and Health²⁴

Health Status Assessment

Median Household Income	Comparison: U.S. Counties	
Per Capita Income	Comparison: U.S. Counties	

Gwinnett County is among the wealthiest counties in Georgia, ranking in the top 10%. From 2012-2016, the median household income in Gwinnett County was \$61,865, far exceeding the Georgia median of \$51,037 and the nationwide median of \$55,322. Similarly, per capita income in Gwinnett County was \$26,749 during this period, compared with a U.S. measure of \$29,829. Of note, per capita income in the county increased by \$918 from the estimate five years earlier.

People Living Below Poverty Level	Comparison: U.S. Counties	
Children Living Below Poverty Level	Comparison: U.S. Counties	
Students Eligible for the Free Lunch Program	Comparison: U.S. Counties	

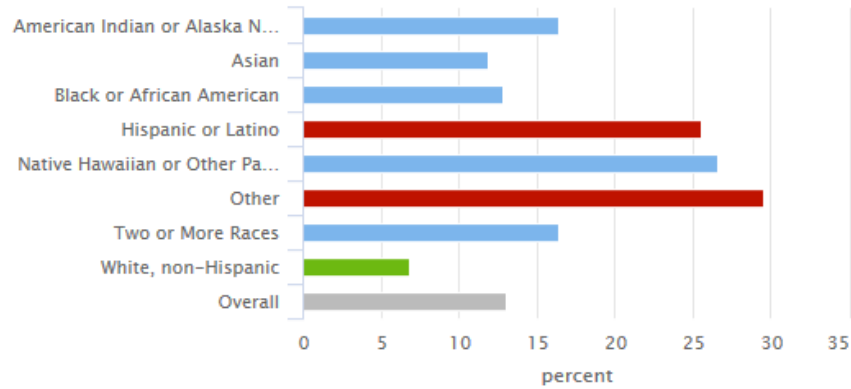
Although the county overall is wealthy, a large and growing number of residents struggle economically. The proportion of residents in poverty grew from 5.6% in 1999 to 13.0% for the 5 year period 2012-2016.²⁵ During that same period, nearly one in five children (19.1%) in Gwinnett was living below the poverty level. This percentage was relatively the same as the estimate during the previous five year period. Poverty differed substantially across race and ethnic groups. About 6.8% of non-Hispanic White families were living in poverty, compared with higher rates for Asian (11.9%), African-American (12.8%), and Hispanic (25.5%) families (Figure 8). As further evidence of poverty within the county, nearly half of Gwinnett County students are eligible for free school lunches (46% in the 2015-2016 period), exceeding

²⁴ Robert Wood Johnson Foundation
http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70448

²⁵ U.S. Census Bureau

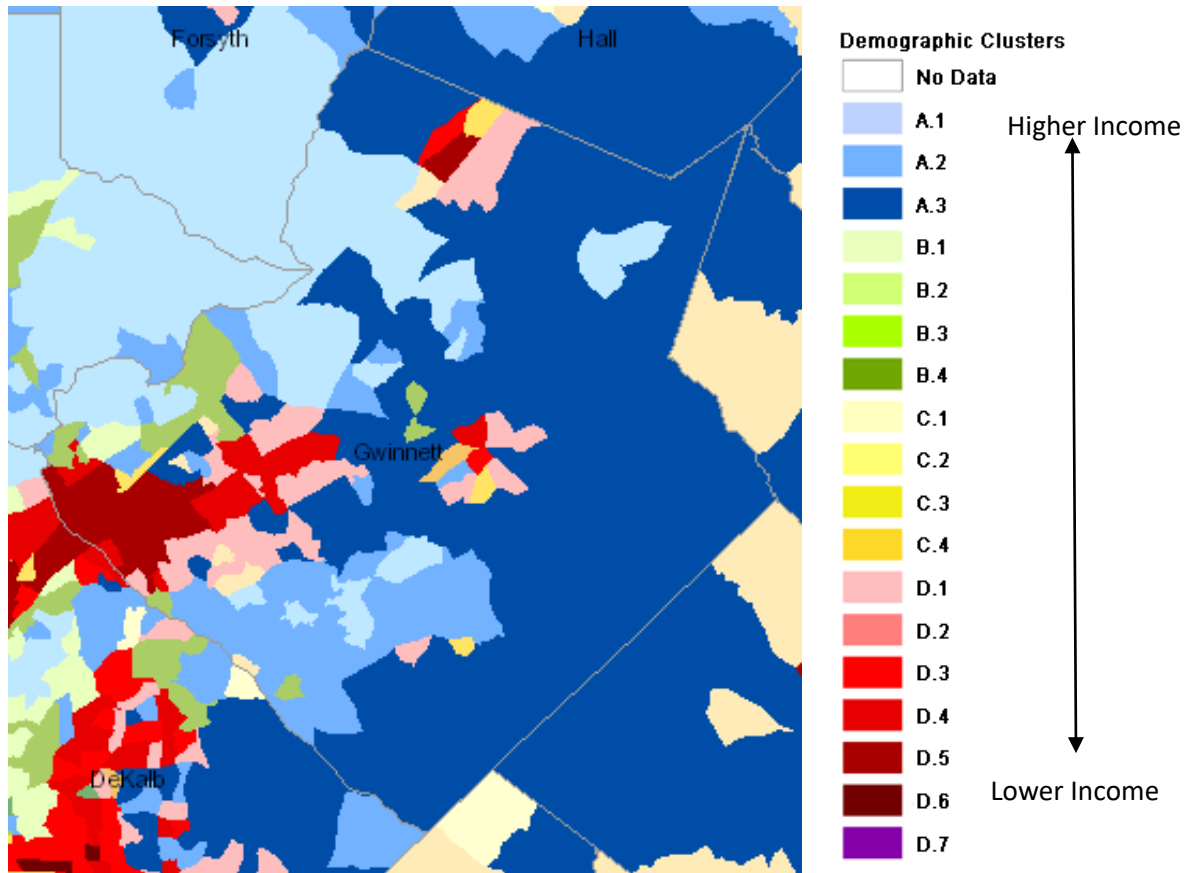
the national average of 42.6%. Just as poverty rates differ among race and ethnic groups, income differs among different sections of the county, with some of the lowest incomes concentrating in the county's southwest region along the I-85 corridor (Figure 9).

Figure 8. Families Living Below Poverty Level by Race/Ethnicity, Gwinnett County, 2012-2016



Source: Healthy Communities Institute (<http://www.gwinnettmedicalcenter.org/community-health-needs-assessments/GMCCContentPage.aspx?nd=480>)

Figure 9. Demographic clusters of Gwinnett County, 2013

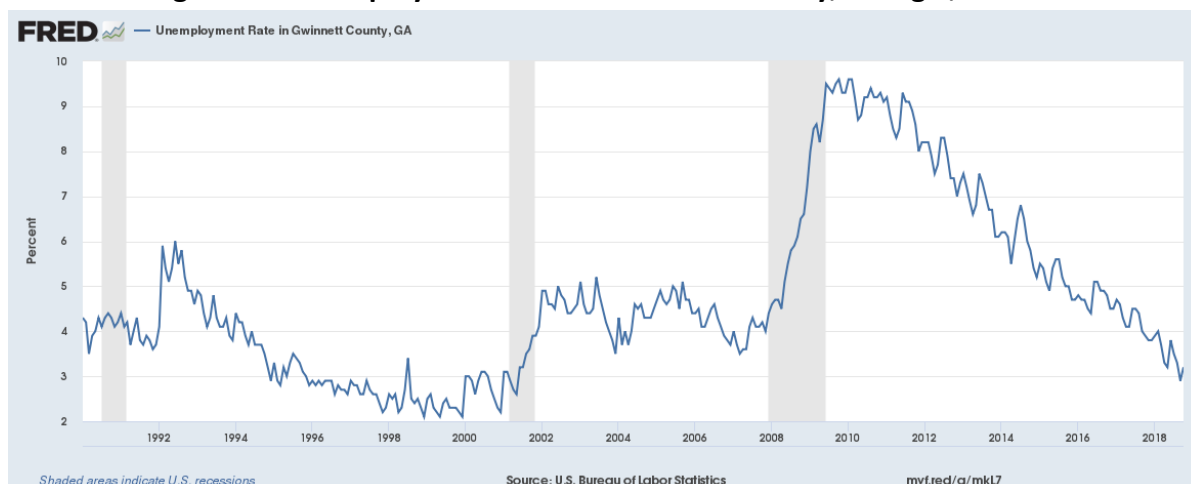


Source: <http://oasis.state.ga.us/GADemoProfile/>

According to the 2007-2011 American Community Survey, 90% of Gwinnett households received earnings, 11% received retirement income other than Social Security, and 15% received Social Security. Some households received income from more than one source. The median family income according to the 2013-2017 US Census Bureau data was \$72,804. The average income from Social Security was \$16,664.

Since 2007, unemployment has become a major problem for Gwinnett County, as it has for much of the nation. According to the Robert Wood Johnson Foundation, job loss and unemployment are linked to a number of health problems, including stress-related conditions like stroke and heart disease.²⁶ The unemployment rate in Gwinnett County surged to over 9.6% in 2010 (Figure 10).²⁷ As of October 2018, the unemployment rate was estimated to be 3.2%, which is a huge improvement from the 2010 peak. Unemployment rates in the county have been about one percentage point less than or equal to the statewide rate from 2012-2018 and hovered around a half percentage point or less than the nationwide rate since 2012.²⁸

Figure 10. Unemployment Rate in Gwinnett County, Georgia, 1992-2018



Source: Federal Reserve Bank of St. Louis (<http://research.stlouisfed.org/fred2/series/GAGWIN7URN>)

Themes & Strengths Assessment

Overall, focus group participants felt that available jobs do not cover the cost of living in Gwinnett. Many struggle with low-paying entry-level jobs or not enough hours. Several groups stated they were worried about future financial stability, particularly for disabled adults and seniors. Participants felt there are enough jobs for adults in the county, but that there are not enough jobs for developmentally disabled adults. Some parents of disabled individuals are self-employed to help manage the scheduling of care

²⁶ Robert Wood Johnson Foundation

http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf403360

²⁷ Federal Reserve Bank of St. Louis <http://research.stlouisfed.org/fred2/series/GAGWIN7URN>

²⁸ U.S. Bureau of Labor Statistics

and attending healthcare appointments. Limited public transportation was discussed as being associated with the ability to get to jobs.

They also discussed a disparity between school districts in the county, which many times correlated to financial stability in finding good schools where they could afford to live. It was mentioned that concerns include job stability and driving out of county for jobs in some fields. The group felt entry level jobs are offered because it cost the companies less to hire, as a result this leaves experienced workers without jobs. The comment was made that there are rarely government jobs or corporate job openings in the County, but that there are an abundance of industrial jobs. However, the group mentioned that the Chamber of Commerce is doing a good job encouraging new companies to come to Gwinnett.

In the Hispanic focus group, there were concerns voiced about there not being enough jobs in the county and that the jobs that were available were minimum wage; especially for undocumented people. This created a problem with affordable housing because the cost of rent and utilities goes up every year, however wages do not keep up with the cost of living.

The financial needs of people who have felony records include having difficulty with obtaining housing and jobs in the community. The perception was voiced that there are no jobs for individuals with records who need help after release. Some focus group participants stated the “no fault” labor laws in Georgia make them feel uncomfortable about the security of their employment.

Financially some felt that we have more people with higher incomes than other counties but they also identified a great deal of poverty. Limited income for some seniors is a problem, creating an ongoing struggle with having access to basic needs.

Key informant interviewees (KIIs) suggests that the county should focus on education for vulnerable populations; specifically providing financial literacy for low income individuals and education for resources awareness. In terms of resources, KIIs suggested increase funding for private organizations that serve vulnerable populations. In regards to the future of Gwinnett County, the majority of interviewees agreed that the population will continue to increase resulting in increased poverty, and an increased percentage of families who are not financially stable.

Forces of Change Assessment

The Forces of Change (FOC) assessment participants gave feedback specific to declining income and the identification of specific opportunities and threats.

Opportunities:

- Financial literacy/ planning programs

Threats:

- Caregiving causing some to leave jobs and drop back to one income
- As economy thrives prices go up but cost of living increases not keeping up
- Push to do Move on When Ready-will it create an immature work population in 5-10 yrs? Low income because of age?

Opportunity and Threat:

- Diversification of income levels; Are we well balanced between low & high paying jobs? (O/T)

Local Public Health System Assessment

The local public health system assessment (LPHSA) did not include a lot of discussion related to economy. The subject was briefly discussed as it relates to being ready to respond to health problems or health hazards in the county. Some responses indicated that outsourcing services driven by profit being the bottom line being a problem. Also discussed was a need for community connections between in-need and affluent communities, as well as greater collaboration between non-profits. Also discussed was low income and self-employed being most affected by limited healthcare resources. Lastly, when discussing innovation the general consensus was that innovation is a part of large healthcare organizations, and has not reached 'grassroots organizations' because staffing and funding limitations.

Housing

Where we live is at the very core of our daily lives. Housing is generally an American family's greatest single expenditure, and, for homeowners, their most significant source of wealth. Given its importance, it is not surprising that factors related to housing have the potential to help—or harm—our health in major ways.

-Robert Wood Johnson Foundation, Report on Housing and Health²⁹

Health Status Assessment

As noted by the Robert Wood Johnson foundation, housing can strongly affect health. According to the U.S. Census Bureau, during the years 2013-2017, there were 302,157 housing units in Gwinnett County, 93.7% of which were occupied. Of the total number of housing units, over three-quarters (78.7%) were single family houses, about one-fifth (19.7%) were in multi-unit structures, and 2% were mobile homes. Roughly two-thirds (66.6%) of households in Gwinnett County were owned and the remaining 33.4% were rented.

The Gwinnett County 2030 Unified Plan provides historical context on the county's housing development during the period of tremendous growth since the 1970s. The report notes that "low-density subdivisions" have been the county's main form of development with comparatively few apartments. The report states, "clusters of multifamily dwellings, mostly apartments, appeared in western parts of the county, particularly in the 1970s and early 1980s. Due in part to market saturation and in part to resistance to increasing density, few apartment rezonings were approved from 1988 to the early 1990s. Most of the existing apartments are close to the border with DeKalb County, near Interstate 85, or near Peachtree Industrial Boulevard."³⁰

The Gwinnett Unified Plan notes that "an increasing proportion of Gwinnett's population are groups whose needs and lifestyles do not require the typical single-family subdivision type of housing." The report cites a 2007 study by Claritas, Inc., which estimated that 17% of all Gwinnett households were inhabited by one person and 30% by two people. According to 2013-2017 U.S. Census American Community Survey data, roughly 20% of Gwinnett households were inhabited by one person. This suggests that this trend toward smaller households is continuing.

Renters Spending 30% or More of Household Income on Rent

Comparison: U.S. Counties



²⁹ Robert Wood Johnson Foundation, Report on Housing and Health

<http://www.rwjf.org/en/research-publications/find-rwjf-research/2011/05/housing-and-health.html>

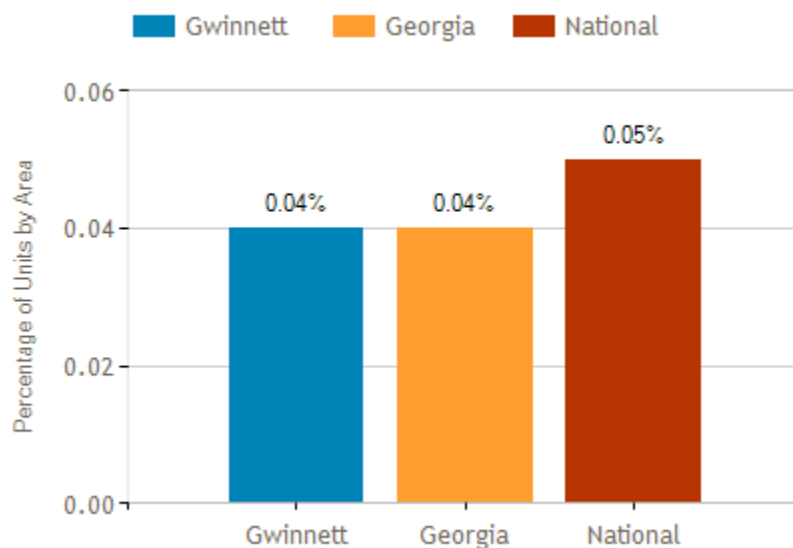
³⁰ Gwinnett County 2030 Unified Plan

<http://www.gwinnettcountry.com/portal/gwinnett/Departments/2030UnifiedPlan>

U.S. Census Bureau data confirm that current Gwinnett County housing is not affordable for many residents. The Department of Housing and Urban Development suggests that families who pay more than 30% of their income for housing are considered cost burdened and may have difficulty affording necessities like food, transportation, and medical care. From 2012-2016, the median monthly housing cost for renters was \$1,085, and over half (50.6%) spent 30% or more of their household income on rent, which was higher than the national average (44.8%). The median monthly housing cost in Gwinnett County was \$1,500 for mortgage owners and \$482 for non-mortgage owners. Approximately one third (29.7%) of owners with mortgages and one in ten owners without mortgages spent 30% or more of their household income on housing.

Foreclosures in Gwinnett have ceased from being a major problem facing the county. As of 2018, the state of Georgia, and Gwinnett County more specifically, have a lower foreclosure rate than the national average (Figure 11).

Figure 11. Foreclosure Rates in Gwinnett County Compared with State and National Rates, October 2018



Source: www.realtytrac.com

The Gwinnett Unified Plan identified a number of specific barriers to affordable housing, which include³¹:

- Local building requirements such as minimum square footage and minimum lot size requirements and certain infrastructure requirements that prevent development of smaller units on smaller lots
- Zoning and community opposition that block group homes and other supportive housing with services for individuals with special needs

³¹ Gwinnett County 2030 Unified Plan
<http://www.gwinnettcounty.com/portal/gwinnett/Departments/2030UnifiedPlan>

- Burdensome federal and states regulations constraining use of Community Development Block Grant funds
- Historically weak policies to preserve the existing housing stock through renovation
- Lack of public/private partnerships with financial institutions to encourage greater investment in low- and moderate-income areas
- Need for more awareness of affordable housing issues and solutions among the overall community and more education for prospective homebuyers

Themes & Strengths Assessment

In many of the focus groups, affordable housing was identified as a major need. Accordingly, increasing rent and cost of living without job stability is a strain for many Gwinnett households. For example the senior group discussed new senior living apartments were being built but would not be affordable for the average senior resident. Other housing themes discussed were:

- High home maintenance cost
- The need for apartments for seniors near medical centers
- Lack of balance between wages, rent and utilities
- Lack of affordable housing for low-income people, the disabled, and those with felony convictions
- Lack of home buying options for people with poor credit
- Difficulty in finding affordable housing in areas of the county with good schools, or close to public transportation, and
- High cost of rent

Homelessness was a theme from the key informant interviews related to housing where those interviewed feel the county fall short; and offered corresponding actions to address community weaknesses. Respondents felt Gwinnett does not want to acknowledge that there is a homeless population; but it must be acknowledged and addressed by providing affordable housing and teaching life skills.

Forces of Change Assessment

Feedback from the Forces of Change (FOC) assessment included identification of specific opportunities and threats related to housing; specifically homelessness and the lack of affordable housing.

Opportunities:

- Retraining – to get new jobs and higher income; to get higher wage jobs
- Ending the cycle and educate people to do this
- Incentives for builders – public/private partnerships for higher paying jobs

Threats:

- Declining income
- No accountability for landlords
- Potential for more crime
- Affects workforce and school system
- More health issues

- Businesses leave

The FOC participants also noted that they felt a need for a definition of affordable housing; and questioned if the affordable housing only referenced the just rental market. They also felt there was a need for a particular focus on seniors.



Education

Everyone knows that without a good education, prospects for a good job with good earnings are slim. Few people think of education as a crucial path to health, however. Yet a large body of evidence strongly—and, with very rare exceptions, consistently—links education with health, even when other factors like income are taken into account.

-Robert Wood Johnson Foundation, Report on Education and Health³²

Health Status Assessment

U.S. Census data suggest that Gwinnett’s level of education in its general population remains competitive to the average county in the state and nation. However, high school graduation rates are slightly lower among recent students than among residents over age 25 (81.7% compared to 88%). Gwinnett County Public Schools' 2016-2017 graduation rate was 80.9%; nearly identical to the state of Georgia's recent high of 80.6% but lower than the Healthy People 2020 target of 87%. The percentage of Gwinnett students in the 2018 four-year cohort who graduated high school on time, was almost identical to the Georgia rate of 81.6%,³³ but lower than the national rate of 84.1% in the 2015-2016 school year, which is the most recent year for which data is available.³⁴ Among four-year public high schools in Gwinnett County, the 2018 graduation rate ranged from a low of 70.6% at Berkmar High School to 98.3% at the Gwinnett School of Mathematics, Science, and Technology.

High School Graduation	Comparison: GA Counties	
People 25+ with a Bachelor's Degree or Higher	Comparison: U.S. Counties	

From 2012-2016, over one-third (34.9%) of people older than 25 years in Gwinnett County earned a bachelor’s degree or higher, which was above the nationwide average of 30.3%.

³² Robert Wood Johnson Foundation

http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70447

³³ Georgia Department of Education [http://www.gadoe.org/External-Affairs-and-Policy/communications/Documents/4-](http://www.gadoe.org/External-Affairs-and-Policy/communications/Documents/4-Year%20Cohort%20Graduation%20Rate%20State%20District%20School%20by%20Subgroups_09_19_18.pdf)

[Year%20Cohort%20Graduation%20Rate%20State%20District%20School%20by%20Subgroups_09_19_18.pdf](http://www.gadoe.org/External-Affairs-and-Policy/communications/Documents/4-Year%20Cohort%20Graduation%20Rate%20State%20District%20School%20by%20Subgroups_09_19_18.pdf)

³⁴ U.S. Department of Education https://nces.ed.gov/programs/coe/indicator_coi.asp

The Gwinnett County Public School System serves more students than any other Georgia school district and is the fourteenth largest in the country. It includes 140 schools and, in 2017-2018, enrolled about 180,000 students.³⁵ According to the Georgia Department of Education, half of Gwinnett students qualify for free or reduced lunches.

Themes & Strengths Assessment

Overall focus group participants spoke very highly of the school system. Many participants came to this area for the schools but believe there has been a decline in the schools over the years. Some attribute this to the county getting overcrowded, and perceive that the teacher student ratio is too high. There was also discussion about the differences between school districts with some schools having better resources than others do. Most felt like there were many programs to meet the different needs students have. The comment was made that the schools in Gwinnett really want children to succeed and the schools are willing to go the extra mile to make sure students succeed and graduate. The comment was made that the Board of Education members and teachers need to be from a more diverse background to better reflect the population of Gwinnett. One participant mentioned that efforts are being made to improve communication such as providing school closing text messages in languages other than English. The comment was made that the school's English as a Second Language program isn't meeting the needs of the students and that some students are being passed without the student learning the curriculum. Regarding adult education, one focus group suggested that too few adult literacy resources were available and that a lack of transportation inhibited them from accessing those that were available. One focus group agreed that there are not enough education opportunities for people with mental and physical disabilities. After their family members finished the public school education program, there are not enough resources for disabled adults to continue to learn.

Key Informant interviewees cited the school system as one of Gwinnett County's greatest strengths. However, when discussing ways in which they feel the county has fallen short, several themes reflecting the thoughts expressed in the focus groups emerged. These themes included lack of cultural representation in leaders and language barriers. When asked about actions that can be taken to address these areas, cultural competency training and sensitivity within the community were suggested as actions to accommodate the growing diversity. When discussing the future of Gwinnett County the general consensus is that the county will become more diverse and leadership will look different.

Forces of Change Assessment

Education was discussed from several different perspectives as part of the forces of change (FOC) assessment. Many opportunities as well as threats were identified related to a wide variety of themes:

Increasing Diversity

Opportunities:

- Schools/businesses-Inclusion piece how to focus better

Inadequate Transportation

³⁵ Gwinnett County Public Schools <http://publish.gwinnett.k12.ga.us/gcps/home/public/about>

Threats:

- ICE @schools preventing parents from taking kids to school

Increasing Senior Population

Opportunities:

- Literacy

Rapid Population Growth/ Urbanization

Threats:

- Overwhelming/challenging for school system

Declining Income

Opportunities:

- Financial literacy/ planning programs
- Over promotion of 4yr college - more promotion of trades/ technical-2yr options

Need For Job Training/ Workforce Development

Opportunities:

- Access to Education
- Adult Learning/Continuing Education Opportunities
- Financing Educational Opportunities

Threats:

- Lack of HS Diploma
- Lack of English language skills
- Third grade reading level
- Opportunities for children not in top percentage
-

Access to Early Learning/ Pre-K

Opportunities:

- Awareness of impact of lack of early learning
- More day cares offering Pre-K
- Offer learning programs in partnership w/those feeding programs
- More resources made available to parents keeping kids at home
- Partner with churches/ YMCA's
- DFACS Geomapping data can identify vulnerable pockets

Threats:



- Cost of daycare vs. income levels
- Not enough "free" programs

Transportation

Transportation decisions affect our individual lives, economy and health. Everyone needs to use various modes of transportation to get to work or school, to get medical attention, to access healthy foods at grocery stores and markets, and to participate in countless other activities every day.

-American Public Health Association³⁶

³⁶ American Public Health Association (<http://www.apha.org/advocacy/priorities/issues/transportation>)

Workers who Drive Alone to Work	Comparison: GA Counties	
Mean Travel Time to Work	Comparison: GA Counties	

Health Status Assessment

As noted in the Gwinnett Unified Plan, Gwinnett county travel is “very reliant on the private automobile, especially for commuting.”³⁷ Data are available from the U.S. Census Bureau on worker commutes and on the proportion of households without a vehicle. From 2013-2017, nearly eight out of ten (79.1%) Gwinnett workers drove to work alone, 11.6% carpooled, 1.2% took public transportation, 1.3% commuted by other means, and 5.8% worked from home. For those who commuted, the average travel time to work was 33.1 minutes, about 20% higher than the national average of 26.1 minutes. According to the Healthy Communities Institute, these lengthy commutes cut into workers’ free time and can contribute to health problems like headaches, anxiety, and increased blood pressure. Longer commute times also require workers to consume more fuel, which is both expensive to workers and damaging to the environment. Three percent of all households and 7% of renter occupied households did not have access to a car, truck or van for private use.

Gwinnett County 2030 Unified Plan on Transportation Issues

The Gwinnett Unified Plan identified several driving forces behind the county’s transportation issues.

(1) “A typical, suburban development pattern of low density, disconnected developments spread across the county.”

(2) “Poor connectivity,” resulting from individual developments that “are often not connected to adjacent developments. Access to virtually all developments require and automobile trip. If walking, a relatively long and not particularly pedestrian-friendly walking trip must be made.... This pattern of development has increased the need for an automobile for most trips in the County”

(3) “The partially radial nature of Gwinnett’s road network, a function of serving the County’s cities, also contributes to the County’s transportation problems. Traffic is concentrated on major roads that intersect in downtown areas rather than being distributed over a wider network.”

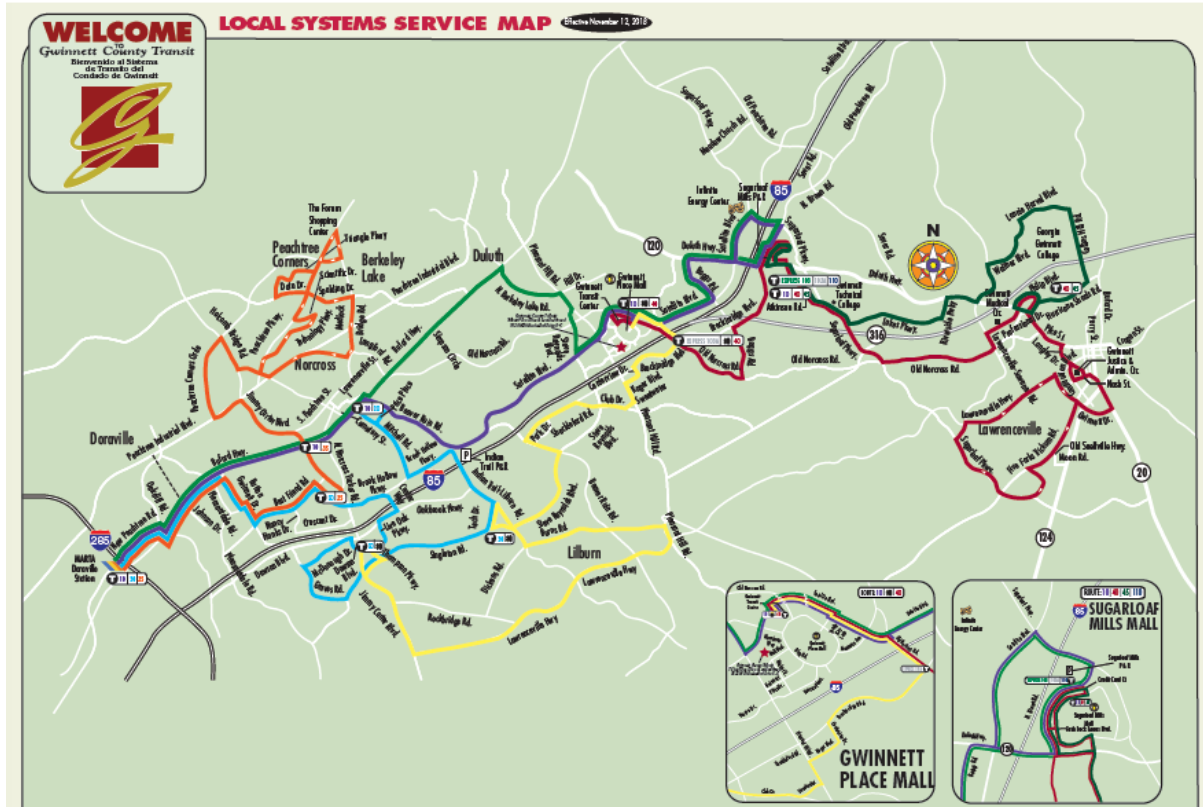
(4) Lack of access management along many key roads; “failure to manage access can have the following impacts:”

- An increase in vehicular crashes
- More collisions involving pedestrians and cyclists
- Accelerated reduction in roadway efficiency
- Unattractive commercial strip development

³⁷ Gwinnett County 2030 Unified Plan
<http://www.gwinnettcounty.com/portal/gwinnett/Departments/2030UnifiedPlan>

- Increased commute times, fuel consumption, and vehicular emissions as numerous driveways and traffic signals intensify congestion and delays along major roadways

Figure 12. Local Transit System Service in Gwinnett County, 2018



Source:

https://www.gwinnettcountry.com/static/departments/transportation/routes/2018/Nov_12_2018/Web%20Systems%20Map%20Local_r.pdf

Themes & Strengths Assessment

Throughout each of the assessments transportation was a prevalent reoccurring theme. Participants in both the focus groups and key informant interviews indicated that more access to transportation is needed in the County particularly for youth, seniors, and disabled populations. However, it was noted that improvement to transportation has been made. Specific to youth, transportation was an issue with afterschool activities because those parents that work out of the county cannot get their children to those activities. Focus group participants felt there was not enough public transportation to support jobs and housing needs in the county, and also identified traffic as an important issue in the county. Everyone agrees there is too much traffic and public transportation is not readily available. Transportation was discussed as a barrier for seniors to go to senior centers, the cause for some seniors to feel stuck at home.

In key informant interviews transportation was identified as an area for the county to improve. Specific issues discussed were heavy traffic and lack of public transportation to avoid commuters driving alone to work and provide a mode of transportation for individuals without their own private vehicle. Interviewees suggested expanding MARTA within the county and providing alternative transportation options as ways to address this area of improvement. In looking forward to the future of Gwinnett, interviewees believed public transportation would increase.

Forces of Change Assessment

Two-thirds of responses from forces of change (FOC) participants indicated inadequate transportation as a force of change. Consequently, there were many opportunities and threats discussed related to transportation.

Opportunities:

- Identify groups in need-options to address; very targeted, smaller subgroups (i.e. Senior citizens, disabled)
- More bus routes/hubs (census to find greatest needs)
- Transportation to/from doctors/medical care
- More walkable communities


Actually getting a transportation initiative underway, especially regionally was discussed as an opportunity related to rapid population growth/urbanization

Threats discussed related to increasing diversity included ICE checkpoints at and on the routes to schools preventing parents from transporting their children. The need for a particular focus on seniors was identified as a threat related to an increasing senior population.

Local Public Health System Assessment

Transportation was discussed as a barrier relevant to working together to plan, conduct and implement health education and promotion activities, and provide access to care.



Environment

Physical Environment Ranking	Comparison: GA Counties	
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Health Status Assessment


Gwinnett County’s environmental ratings did not rank as highly as its economic and educational ones. According to the 2017 County Health Rankings, Gwinnett’s physical environment ranked 128th of the 159 Georgia counties. The Healthy Communities Institute defines the physical environment as all places where we live and work (e.g., homes, buildings, streets, and parks). The environment influences a person’s level of physical activity and ability to have healthy lifestyle behaviors. For example, inaccessible or nonexistent sidewalks or walking paths increase sedentary habits. These habits

contribute to obesity, cardiovascular disease, and diabetes. Other factors that contribute to healthy lifestyle behaviors are access to grocery stores and recreation facilities.

Grocery Store Density	Comparison: U.S. Counties	
Low-Income and Low Access to a Grocery Store	Comparison: U.S. Counties	

Food insecurity is defined as the household-level economic and social condition of limited or uncertain access to adequate food. According to 2014 data, Gwinnett County’s food insecurity rate was 12.3%. This percentage increases when looking at the population under age 18 to 23.5%, and increases to 30% for the portion of the population that is ineligible for assistance such as SNAP, WIC, school meals etc. Roughly ten percent of the population receives SNAP benefits and there 191,227 participants in the WIC program through the health department in calendar year 2018.

In 2017, the county had an average of 17 grocery stores per 100,000 population compared with a nationwide county average of 19 per 100,000. However, low-income residents in Gwinnett had lower access to grocery stores than the national average. About 9% of low-income residents lived more than a mile from a supermarket or large grocery store (or more than 10 miles away in areas considered rural) compared with 6.5% nationwide. Access to a grocery store is exacerbated by lack of transportation. Three percent of Gwinnett County residents do not have a motor vehicle. The percentage increases to almost 9% in the southwest and central northern census tracts within the county. In 2010, data indicates that 78.4% of the population lives within the 80 census tracts that are food deserts. A food desert is defined by the USDA as a census tract with a substantial share of residents who live in low-income areas and have low levels of access to a grocery store. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. Roughly 32% of the low-income population and 37% of the entire population has low food access. When considering healthy food access, slightly over 63% of the population lives in census tracts with low or no access to healthy food outlets. There are strong correlations between the density of grocery stores in a neighborhood and the nutrition and diet of its residents. Especially when low access means convenience stores and fast food become the next best option.

Fast Food Restaurant Density	Comparison: U.S. Counties	
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Gwinnett has a high density of fast food restaurants (77 per 100,000 population) compared with the national average (58 per 100,000). Fast food is often high in fat and calories and lacking in recommended nutrients. Studies suggest that fast food outlets strongly contribute to the high incidence of obesity and obesity-related health problems.

Liquor Store Density

Comparison: U.S. Counties



The density of liquor stores in Gwinnett (4 stores per 100,000 population) is lower than the national average of 10.5 per 100,000. Information is not available regarding the total number of stores that sell alcohol. However, a high proportion of residents report excessive drinking (discussed further in the Health Behaviors section), which suggests that alcohol is readily available in the county. Studies have shown that neighborhoods with a high density of alcohol outlets are associated with higher rates of violence, regardless of other community characteristics like poverty and age of residents. High alcohol outlet density has been shown to be related to increased rates of drinking and driving, motor vehicle-related pedestrian injuries, and child abuse and neglect.

Access to Exercise Opportunities

Comparison: U.S. Value

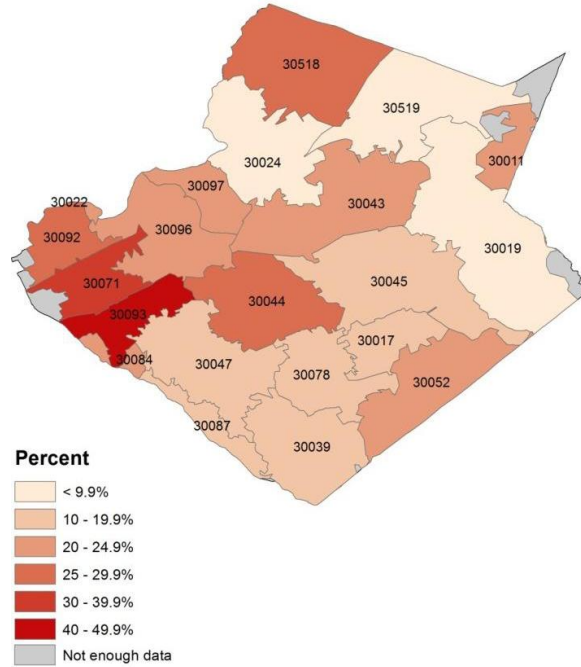


A large majority of Gwinnett County residents (84%) live reasonably close to a park or recreational facility; compared to 83.1% of community residents nationwide. Gwinnett has an estimated 0.08 recreation or fitness facilities per 1,000 residents, which is better than the national average of 0.06 per 1,000. Public input gathered as part of the 2016 Gwinnett County Parks and Recreation Capital Improvement Plan update identified six cross cutting needs:

- More walking and biking trails/bike and pedestrian connectivity
- Aquatic facilities/pools
- More park amenities and facilities such as dog parks, playgrounds, and picnic tables
- Improved sense of safety in parks and trails
- Upgrade, enhance, and renovate existing park facilities and amenities
- More passive green space

Residents in the southwest portion of the county were most likely to believe their area needed more recreation facilities (Figure, 13). The Gwinnett Unified Plan suggested that smaller neighborhood “pocket parks” could improve quality of life for county residents and would allow them to more easily walk to parks from their homes.

Figure 13. Percentage of residents who believe their area needs more recreation facilities



Source: Gwinnett County Parks and Recreation

https://www.gwinnettcountry.com/static/departments/parks_rec/pdf/master_plan/2017%20Gwinnett%20Parks%20CIP%20Update_Report_032318.pdf

Annual Ozone Air Quality

Comparison: Air Quality Index



Air quality in Gwinnett County could be improved. According to the American Lung Association, Gwinnett received the lowest possible grade for ozone air quality (grade: F). Ground level or “bad” ozone is created from industrial and vehicle emissions. High levels of ozone reduce lung function, inflame the lining of the lungs, and can worsen bronchitis, emphysema, and asthma. However, Gwinnett County had 0 percent of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard

Drinking Water Safety

Comparison: U.S. Counties



None of Gwinnett County residents got water from public water systems that received a health-based violation during financial year 2013. This percentage is in the best of county averages nationwide.

For many areas of the county, septic systems are the only available means of sewage disposal. In fact, Gwinnett County has more septic systems than any other county in Georgia. The Health Department inspects all aspects of development related to properly using septic systems and investigates complaints of failing septic systems.³⁸

The Gwinnett 2030 Unified Plan concluded that sufficient funds were not available to both extend sewers into the eastern portions of the county and to rehabilitate older sewers in the western and southern portions of the county. In keeping with the Unified Plan’s preferred “International Gateway” scenario, sewer improvements will take place along the I-85 and 316 corridors to allow for higher impact development, while eastern sections of the county will remain un-sewered and zoned for low density development, including executive housing.³⁹

³⁸ Gwinnett Newton Rockdale County Health Departments <http://www.gnrhealth.com/services/environmental-health-index/septic-systems-homeownerslandlords>

³⁹ Gwinnett County 2030 Unified Plan <http://www.gwinnettcountry.com/portal/gwinnett/Departments/2030UnifiedPlan>

Figure 14. Lake Sydney Lanier: Water supply for more than 800,000 people in Gwinnett County, Georgia



Source: http://www.gwinnettcountry.com/static/departments/planning/pdf/2030_water_and_wastewater_master_plan.pdf

Themes and Strengths Assessment

In general, focus group participants spoke very little about the built environment. Some stated that there continues to be more people moving into the county but that as they build more housing, they aren't sure that the county infrastructure can keep up, specifically roads, water systems and sewer services. One person said that they were told they would get sewer service more than 30 years ago and that they never have been provided that service.

Most considered the Gwinnett Park's system to be a positive resource for the community. Others talked about exercise opportunities that were specific to their demographic or neighborhood such as activities in churches, local gyms, ALTA Tennis, the Atlanta Track Club, Special Olympics, and Happy Tennis Club.

When discussing the built environment in Gwinnett County, key information interviewees felt that infrastructure will improve as far as expanding parks and connecting them to neighborhoods. Some of the greatest strengths of Gwinnett County included farmers' markets and parks & recreation.

Forces of Change Assessment

Making the communities of Gwinnett County walkable communities was identified as an opportunity during the Forces of Change assessment. This point was made during the discussion of how inadequate transportation is a factor that impacts health and quality of life in the community. Also discussed was how the trend of rapid population growth/urbanization will lead to greater challenges to the infrastructure of the county.

Local Public Health System Assessment

The built environment was discussed from the perspective of the local public health system's (LPHS) ability to enforce health regulations competently, fairly, and effectively. Code enforcement, nutrition labels, healthy vending policies, and clean air/emission testing were all indicated as strengths of the LPHS to promote health. The LPHS felt they were least effective in communication with fire safety inspections and having no or little fines with pool/water system regulation.

Safety

Violent Crime Rate

Comparison: GA Counties



Health Status Assessment

Available data suggest that crime rates in Gwinnett County are improving. According to County Health Rankings, the violent crime rate in the period of 2012-2014 was 210.7 per 100,000 population, which was better than the Georgia average of 374 per 100,000. This rate has progressively decreased from 256.8 per 100,000 in 2009 to the 2012 level of 210.7 per 100,000. However, data from the Gwinnett County Police Department's 2016 Annual Report show the number of violent crimes handled by county police increased from 1,367 in 2011 to 1,727 in 2016, and the number of burglaries and thefts increased slightly from 13,224 in 2011 to 13,391 in 2016.⁴⁰

Age-Adjusted Death Rate due to Motor Vehicle Collisions

Comparison: GA Counties



Motor vehicle crashes are the fifteenth leading cause of premature death in Gwinnett County. Motor vehicle-related injuries kill more children and young adults than any other single cause in the United States. From 2014-2016, Gwinnett County had a lower age-adjusted death rate due to motor vehicle collisions (8.9 per 100,000) compared with the Georgia average (13.7 per 100,000) and the Healthy People 2020 goal of 12 per 100,000. The rate has remained relatively steady since 2008-2010. Maps of

⁴⁰ Gwinnett County Police Department's 2016 Annual Report
https://www.gwinnettcountry.com/static/departments/police/pdf/Police_2016AR_FINAL.pdf

the locations of Gwinnett County motor vehicle collisions can be found in the county's comprehensive transportation plan.⁴¹

Physical and Sexual Abuse

According to the 2018 Gwinnett comprehensive youth survey, 9.3% of middle and high school students reported having been physically abused or sexually abused. These proportions declined from the previously reported survey in 2010.

Themes and Strengths Assessment

There were very diverse opinions about crime and police protection in Gwinnett with most everyone agreeing they feel safe from crime. There were some who feel safe and spoke of using a community app to stay in touch with neighbors about safety issues in the community. Most people also reported they feel safe in their homes and like it when the police make rounds in their neighborhood. There were specific police departments that were named as being particularly helpful. Several people agreed that some areas of the county need more police officers.

The comment was made that some people are undocumented and therefore don't report crimes because they fear the police. Participants also reported they don't feel safe and don't feel friendliness in the community because they are a minority. A number of comments were made about the media instilling fear. The recommendation was made that more people should participate in the Coffee with Cops program to improve relationships.

Several participants agreed that seniors are prime targets for online scams trying to obtain their information and these can include job applications. Active neighbor watch groups were mentioned as a positive community measure and that neighbors looking out for each other was another. Some stated they felt safe because they have self-protection by having guns.

Crime and safety was not a topic that was discussed during the key informant interviews.

Forces of Change Assessment

Correctional facilities were discussed as it relates to highlighting how much of an issue drugs, specifically opioids are in the community. This was also viewed as an opportunity to provide help during incarceration. Participants also discussed how increased homelessness may in some way be connected to an increase in crime.

⁴¹ Gwinnett County Comprehensive Transportation Plan
https://www.gwinnettcountry.com/static/departments/transportation/CTP/pdf/Destination2040_ExecutiveSummary.pdf

Local Public Health System Assessment

Child and adult protective service laws and mandatory reporting was identified as an area where the local public health system (LPHS) felt they were especially strong in using policies or procedures to promote health in the community. An additional strength identified by the LPHS was the police force receiving mental health training.

Emergency Preparedness

Health Status Assessment

Gwinnett County has several agencies and organizations that plan for and respond to emergencies, which include natural disasters (e.g., floods), man-made accidents (e.g., a train wreck involving a chemical spill), disease epidemics or pandemics, and intentional acts of terrorism involving chemical, biological, or radiological devices. These groups include the Emergency Preparedness Department of the Health Department,⁴² the Gwinnett County Office of Emergency Management,⁴³ Gwinnett County Fire and Emergency Services,⁴⁴ hospitals, emergency medical services (EMS), and volunteer groups, such as the Medical Reserve Corps.⁴⁵ Other partners include the Georgia Department of Public Health, the Georgia Emergency Management Agency (GEMA), CDC, and the Federal Emergency Management Agency (FEMA).

The Strategic National Stockpile (SNS) is a national storehouse of medical supplies and pharmaceuticals maintained by CDC and local health departments, including the Gwinnett County Health Department. It is deployed during an emergency situation in which a chemical or biological agent, such as anthrax or plague, is released into our community, which might happen by accident or as part of a terrorist attack.⁴⁶ During the 2017-2019 operational readiness review, the Health Department's Emergency Preparedness Department was deemed to have 'established' measures for the implementation plan from the CDC Cities Readiness Initiative site visit report.

Themes and Strengths Assessment

Emergency preparedness was a topic with differing opinions throughout the focus groups, but generally seen as better than it was in the past. Some felt the services for weather issues have improved and the county is trying to meet the needs of the community. Others felt because of inadequate staff, there is a slow reaction time to weather incidents particularly in certain areas of the county. Some felt the County

⁴² Gwinnett County Health Department <http://www.gnrhealth.com/services/emergency-preparedness>

⁴³ Gwinnett County Office of Emergency Management
<http://www.gwinnettcounty.com/portal/gwinnett/Departments/Police/EmergencyManagement>

⁴⁴ Gwinnett County Fire and Emergency Services
<http://www.gwinnettcounty.com/portal/gwinnett/Departments/FireandEmergencyServices>

⁴⁵ Medical Reserve Corps <https://www.medicalreservecorps.gov/MrcUnits/UnitDetails/71>

⁴⁶ Partners in Preparedness <http://www.gnrhealth.com/services/emergency-preparedness/pip-vol2-2#secret>

could do a better job by providing emergency preparedness workshops like some of the cities. Communication for emergency preparedness was mentioned as an issue and the group felt that there are not adequate supplies and equipment for emergency situations using snow and ice situations as examples.

The group does not like that Gwinnett waits so long to decide if schools will be open during potential bad weather because it makes it difficult for parents to plan for their children if the parents have to work. They spoke of some difficulties with the online school on snow days because that increased the homework the parents had to help the children with in the evenings.

The comments made about EMS and fire services were very positive. Participants generally agreed that if they need EMS, they come quickly. The fire department's program that installs smoke detectors in homes for free was mentioned as a positive example.

The key informant interviewees said very little as it relates to emergency preparedness. However, there was a reoccurring sentiment that the public safety workforce (Fire, EMS, police, public health) is strong, talented and professional.

Local Public Health System Assessment

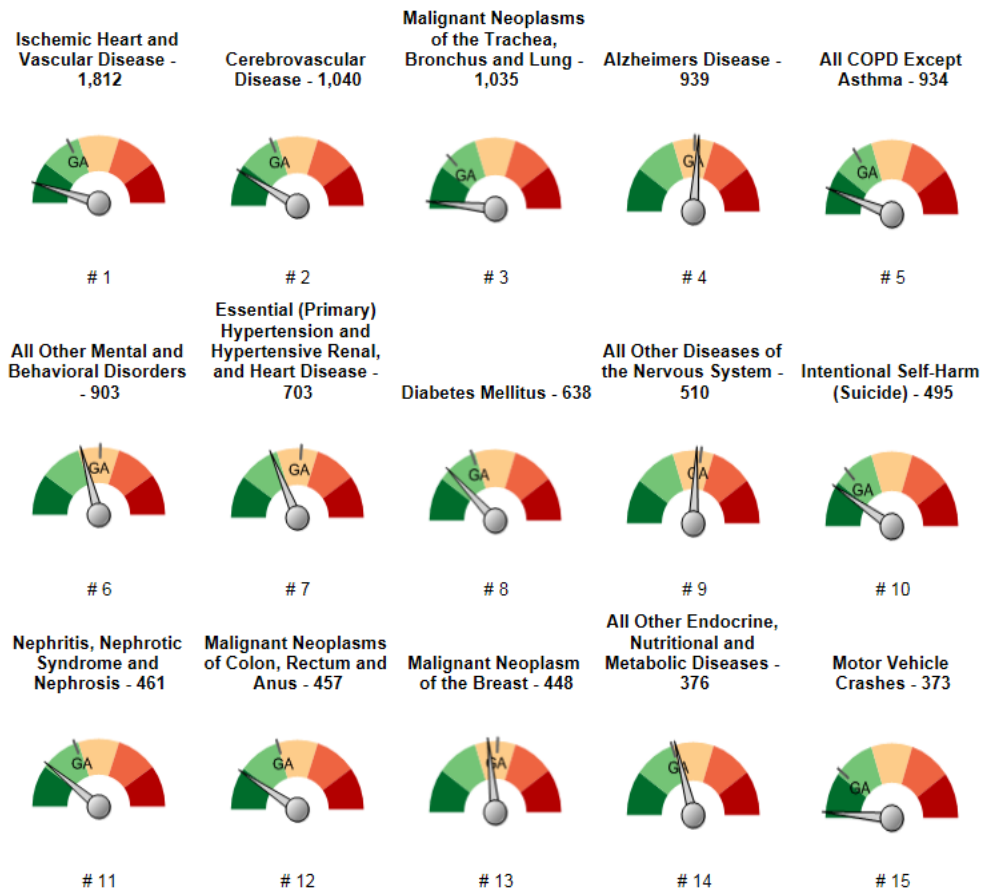
The local public health system (LPHS) identified several areas that can be improved as it relates to emergency preparedness. They acknowledged that the system is complicated and there is often duplication in services. There are language barrier issues and no preparation for homeless in an emergency. Additionally, there is an acknowledgement of a general lack of awareness of what is in place regarding emergency preparedness.

Section III: Health Indicators

Leading Causes of Premature Death

Data on leading causes of premature death in Gwinnett County are available from Georgia Online Analytical Statistical Information System.⁴⁷

Top 15 Leading Causes of Premature Death in Gwinnett County (Age-Adjusted Death Rate), Georgia, 2013-2017



Number indicates years of potential life lost due to death before the age of 75 per 100,000 population less than 75 years of age. The “GA” marker indicates the Georgia rate.





Gwinnett’s population projections suggest a continual increase in the number of “Baby Boomers,” those born between 1946 and 1964, who have reached or will reach their 65th birthday in the coming years. This is also evidenced by the shift in leading causes of premature death from a prominence of conditions primarily affecting children and young adults reported for 2007-2011 to a prominence of conditions

⁴⁷ Source: Georgia Online Analytical Statistical Information System (<http://oasis.state.ga.us/oasis/>)

primarily affecting older adults currently reported. The figure above indicates that the leading cause of life years lost in Gwinnett County is “ischemic heart and vascular disease”. Other leading causes of premature death that largely affect older adults are Cerebrovascular disease (number 2); Alzheimer’s Disease (number 4); All COPD except asthma (number 5); and “essential (primary) hypertension and hypertensive renal and heart disease” (number 7). These rankings suggest that senior health, safety issues, mental health, and suicide prevention are important areas to prevent premature death in Gwinnett County.

Turning to chronic conditions, more than half of the fifteen leading causes of premature death in the county include cardiovascular disease, cancer, and neurologic disease, conditions that also feature prominently in the nationwide burden of disease. Looking to the future, Gwinnett County’s older population is expected to grow markedly over the coming decades. As the county’s population ages, chronic conditions will almost certainly increase among the top causes of premature death. Today’s risk factors—like smoking and poor diet—lead to diseases with major social and economic impact down the road. Reducing risk factors for chronic disease is thus especially important for Gwinnett County.

Overall Health

Morbidity Ranking	Comparison: GA Counties	
Mortality Ranking	Comparison: GA Counties	
Poor Physical Health Days	Comparison: U.S. Counties	
Self-Reported General Health Assessment: Poor or Fair	Comparison: U.S. Counties	

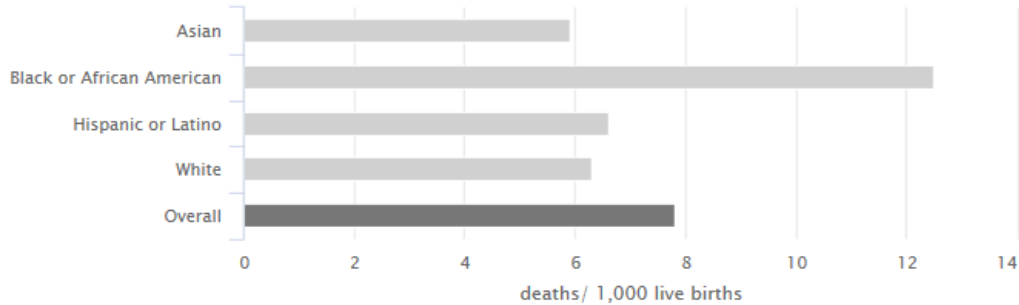
Health Status Assessment

Gwinnett is the 5th healthiest county in Georgia, but it is important to note that room for improvement still exists, particularly for certain populations. In 2018, Gwinnett ranked eighth healthiest by illness and disability (morbidity) and second lowest in premature death (mortality) among Georgia’s 159 counties. The county’s infant mortality rate of 7.8 per 1,000 live births is higher than the state average and does not achieve the Healthy People 2020 goal of 6.0 per 1,000. Residents reported an average of 3.5 poor or fair physical health days per month, which is slightly better than the nationwide county average of 3.7 days. Sixteen percent of Gwinnett residents rated their health as poor or fair, which is the same as the nationwide county average of 16%.

Although Gwinnett County has favorable health rankings overall, certain groups bear a much heavier burden of disease and premature death. For example, the infant mortality rate varied substantially by race and ethnicity, with African-Americans having a rate (12.5 per 1,000 live births) 60% greater than the overall value (Figure 15). Although the proportion of the population with a physical, mental, or

emotional disability (7.3%) was lower than the national average (12.7%), this measure indicates that one in fourteen Gwinnett residents has a disability that puts them at higher risk for poor health outcomes.

Figure 15. Infant Mortality Rate by Maternal Race/Ethnicity, Gwinnett County, 2016



Source: Healthy Communities Institute

<http://chnadashboard.gwinnettmedicalcenter.org/?module=indicators&controller=index&action=view&comparisonId=&indicatorId=289&localeTypeld=2&localeId=505>

Local Public Health System Assessment

The local public health system (LPHS) in general felt that the community at large is not educated on our collective health status. In addition, they felt the community could benefit from a centralized area for healthcare information. Those that do know about health issues are often at a loss as to how to address them. They acknowledged that there are many barriers to health information and healthcare, and that those working in healthcare typically work in silos.

Access to Health Services

Adults without Health Insurance	Comparison: GA & U.S. Counties	<p>0% 50%</p> <ul style="list-style-type: none"> Gwinnett County, GA (20.25%) Georgia (18.25%) United States (12.08%)
Children without Health Insurance	Comparison: GA & U.S. Counties	<p>0% 50%</p> <ul style="list-style-type: none"> Gwinnett County, GA (7.25%) Georgia (6.75%) United States (4.67%)
Primary Care Provider Rate	Comparison: U.S. Counties	
Clinical Care Ranking	Comparison: GA Counties	

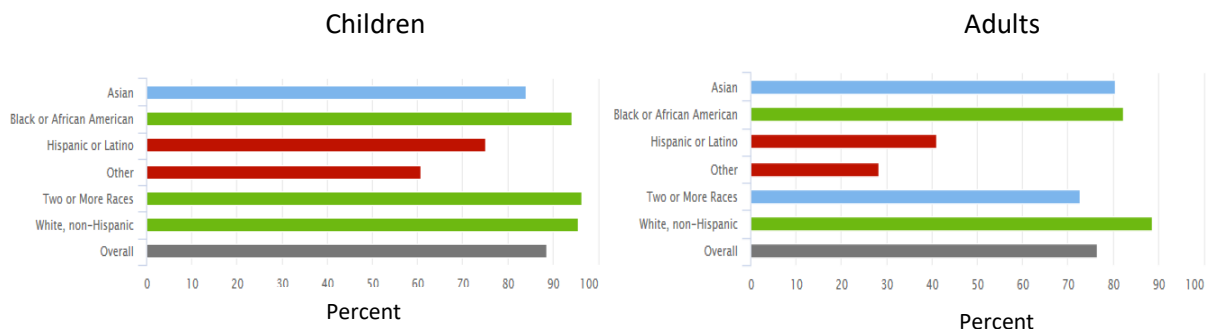
Health Status Assessment

Public data and community feedback suggest that health services are readily available to Gwinnett County residents with insurance and a vehicle. However, transportation and lack of health insurance is a significant problem in the county.

Large numbers of Gwinnett residents are uninsured. In 2017, nearly one-fourth (25%) of adults in Gwinnett County and nearly one in eight (12%) children under age 18 years lacked health insurance. These proportions were well above the national county averages of 12% for adults and 5% for children. Eighteen percent of the insured population receives Medicaid.

Certain race/ethnicity and age groups were much less likely to have insurance than others. Whereas about one in eight (12%) non-Hispanic White adults lacked health insurance, the rate was 17.8% for non-Hispanic Black adults, almost 20% for Asian adults, and more than half (59%) for Hispanic adults. Nearly one third (29%) of young adults 19-25 years were uninsured compared with about one in six (17%) adults 55-64 years. About 16% of Asian children, 25% of Hispanic children, 6% of non-Hispanic Black children, and 4% non-Hispanic White children lacked health insurance in 2017. Figure 16 shows the percentage of insured children and adults.

Figure 16. Health Insurance Coverage by Race/Ethnicity, Gwinnett County, 2017



Source: Healthy Communities Institute

Gwinnett County has a slightly below average rate of primary health care providers per resident (61 providers per 100,000 population). One-fourth of Gwinnett County adults report not having a primary care physician. The rate of dentists is slightly better compared to the Georgia rate and slightly worse than the national rate. There are 56.5 dentists per 100,000 population in Gwinnett compared to an average of 49.2 throughout other counties in Georgia, and 65.6 nationwide. As to mental health providers, Gwinnett fares worse than the rates in Georgia and the United States. There are 93.4 mental health providers per 100,000 population in Gwinnett, 123 per 100,000 population in Georgia, and 202.8 per 100,000 nationwide. These statistics seem to conflict with Gwinnett's clinical care ranking (based on a summary composite score calculated from the following measures: uninsured, primary care physicians, mental health providers, dentists, preventable hospital stays, diabetic monitoring, and mammography screening) which is in the top third of Georgia counties (38 of 159) according to the 2018 County Health Rankings.

A Health Professional Shortage Area (HPSA) is defined as having shortages of primary medical care, dental or mental health providers. In Gwinnett County 8.5% of the population lives in an area designated as a HPSA. Unfortunately, this translates to 65.9% of the underserved population already presenting with the worst health outcomes.

Gwinnett County has three major hospitals: Gwinnett Medical Center Lawrenceville,⁴⁸ Gwinnett Medical Center Duluth,⁴⁹ and Eastside Medical Center in Snellville.⁵⁰ Gwinnett Health System (the parent company of Gwinnett Medical Centers) is in the midst of a merger with Northside Hospital. The “resulting system would form a powerful health-care alliance stretching from the northern suburbs of Atlanta eastward into the suburbs in Gwinnett”.⁵¹ In addition, the county has many outpatient health care providers.

The Health Department provides a range of health care services, including immunizations, family planning, child health exams, treatment of sexually transmitted diseases, and breast and cervical cancer screening.⁵²

COSMO Health Center⁵³ of the Center for Pan-Asian Community Services, Four Corners Primary Care Center⁵⁴, and Southside Medical Center⁵⁵ are Federally Qualified Health Centers that provide a range of health care services for fees charged on a sliding scale based on individual and household size and income.

Themes and Strengths Assessment

Each of the focus groups spoke about insurance and access to healthcare. Getting insurance, high deductibles and understanding how Medicaid and Medicare work in Georgia were common problems among the groups. Not having enough providers or having difficulty finding providers that will take insurance was also important to them. They felt there were not enough clinics or available options for those without insurance. It is hard for some groups to find the health information that they need and often use the emergency room for primary care services. In general focus group participants were unaware of the full scope of services available from the health department. High deductible insurance policies were voiced as a concern and that many people can't afford adequate health care.

⁴⁸ Gwinnett Medical Center Lawrenceville

<http://www.gwinnettmmedicalcenter.org/facilities/GMCCContentPage.aspx?nd=48>

⁴⁹ Gwinnett Medical Center Duluth

<http://www.gwinnettmmedicalcenter.org/facilities/GMCCContentPage.aspx?nd=49>

⁵⁰ Eastside Medical Center <http://eastsidemedical.com/>

⁵¹ Reporter Newspaper <https://www.reporternewspapers.net/2018/05/21/northside-gwinnett-hospitals-merger-still-unfinished-after-states-ok/>

⁵² Gwinnett Newton Rockdale County Health Departments <http://www.gnrhealth.com/services>

⁵³ COSMO Health Center <https://cpacs.org/health/>

⁵⁴ Four Corners Primary Care Center <http://www.fourcornersprimarycare.com/#!services>

⁵⁵ Southside Medical Center <https://southsidemedical.net/about-smc/>

Key informant interviewees identified access to care as an area where they feel the community falls short. Specific areas they felt the community falls short included: minimal financial assistance; a prevalence of language barriers; and a lack of affordable dental care for children and seniors. As to healthcare resources, interviewees generally felt that there is a need for more hospitals, and a lack of resources for diverse and vulnerable populations.



Forces of Change Assessment

Access to healthcare was listed as a force directly impacting the health and wellbeing of the community. Identified opportunities for the community in this area included the fact that lack of jobs and resources are directly related to access to healthcare. Consequently, addressing one would have a direct impact on the other issues. Another opportunity identified is diversity in providers to address language barriers to healthcare. The diverse types of drugs currently being used and homelessness were recognized as areas that if addressed would alleviate the propensity for use of the ER to address their healthcare needs. Threats to the community that access to care pose are an increased need for more preventive care funding, and the need to access technology. The level of comfort the community-at-large has with communication tools could present an additional barrier to healthcare and health information.

Local Public Health System Assessment

The local public health system (LPHS) assessed the public health and healthcare workforce as competent but limited in their ability to meet the needs of the community. They attributed this partially to outlying barriers like transportation. Not all (social, mental and some physical) needs of the population are being met. This could possibly be because population growth creates new needs, and some issues are beyond local control. Additionally, some issues the community chooses to ignore i.e., homelessness and a long term plan is needed.

Health Behaviors

Health Behaviors Ranking	Comparison: GA Counties	
Adults who Smoke	Comparison: GA Counties	

Health Status Assessment

Gwinnett has positive health behaviors compared with most other U.S. and Georgia counties. The county ranks third among the 159 Georgia counties in health behaviors. Nearly fourteen percent of Gwinnett residents smoke tobacco, which is less than the nationwide and Georgia counties’ averages of 17.1% and 17.9% respectively. However, that percentage is higher than the Healthy People 2020 target of 12%. Gwinnett ranks 8th for estimated expenditures for cigarettes, as a percentage of total household expenditures. According to the Healthy Communities Institute, tobacco is the agent most responsible for avoidable illnesses and premature death in America today. Tobacco use brings premature death to

almost half a million Americans each year, and it contributes to profound disabilities and pain in many others. Approximately one-third of all tobacco users in this country will die prematurely because of their dependence on tobacco.

Adults who are Sedentary

Comparison: GA Counties



An estimated 21% of Gwinnett residents get no leisure-time physical activity compared with Georgia county average of 24%. As previously discussed, a large majority of Gwinnett County residents (84%) live reasonably close to a park or recreational facility. Lack of physical activity is a major risk factor for premature death and can contribute to an unhealthy body weight.

Adults who Drink Excessively

Comparison: GA Counties



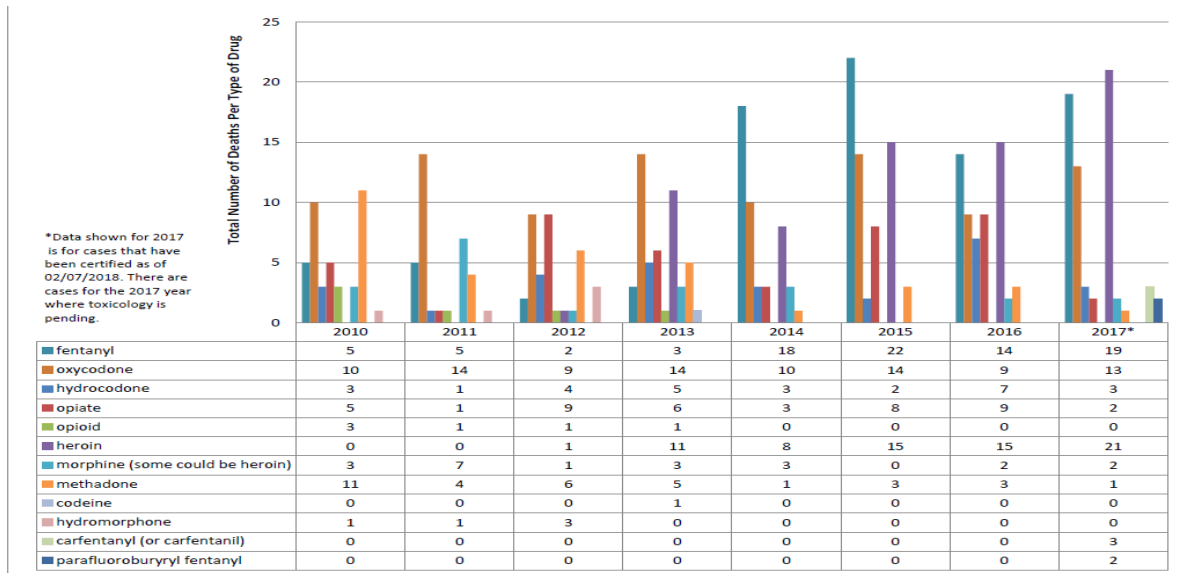
Drinking alcohol has immediate physiological effects on all tissue of the body, including those in the brain. Alcohol is a depressant that impairs vision, coordination, reaction time, judgment and decision-making, which may in turn lead to harmful behaviors. Alcohol abuse is also associated with a variety of other negative outcomes, including employment problems, legal difficulties, financial loss, family disputes and other interpersonal issues. According to the 2016 Behavioral Risk Factor Surveillance System (BRFSS) Survey, an estimated 16% of Gwinnett residents drank alcohol excessively, which was higher than the nationwide county average of 15%. Gwinnett ranks 36th for annual expenditures for alcoholic beverages purchased at home, as a percentage of total household expenditures.

In 2017, opioids (including Rx opioids, heroin, and fentanyl) killed more than 70,000 individuals in the United States, with 68% of the deaths caused by prescription opioid medication (CDC, 2016).⁵⁶ According to County Health Rankings, during the years 2014-2016, there were 242 drug poisoning (not specifically opioids) deaths per 100,000 population. The drug overdose rate during that same period was 9 per 100,000. In 2016 there were 61 opioid related deaths; 58 of whom were white non-Hispanic males.

The bar graph below is trend data of specific types of opioid-related deaths from 2010 – 2017. It can be deduced that heroin and fentanyl related deaths are significant in Gwinnett County, followed by prescription opioids like Oxycodone and Hydrocodone.

⁵⁶ CDC <https://www.cdc.gov/opioids/>

Figure 17. Opioid-related Deaths in Gwinnett County, 2010-2017



Source: Gwinnett County Medical Examiner's Office

A 2010 study conducted by Boscarino, et. al. found common risk factors associated with lifetime opioid addiction includes:

- young patients
- pain impairment
- high drug dependency severity
- history of mental health
- history of depression, and
- current psychotropic medication use

Themes and Strengths Assessment

Within focus groups, drugs were generally discussed as they relate to crime and troubled youth. Most participants praised the Gwinnett Parks and Recreation system as a viable resource to the community. However, it was mentioned that transportation and the associated cost for some of the activities presents a barrier to full use of the services. Additionally, participants discussed the need for some neighborhoods to be walkable by providing sidewalks. Some focus group participants knew each other from their participation in the Navigate Recovery program. This program supports individuals with a history of addiction problems or a family member with addiction problems. They mentioned the program is designed to help people with these issues get the resources they need.

Key informant interviewees identified parks and recreation as well as farmers' markets as two the greatest strengths of the community supporting health and quality of life.

Forces of Change Assessment

It should be noted that community leaders identified drug use, specifically opioids, as more of an issue than the community at large. During the forces of change assessment, drugs/opioids were identified as one of the top 10 forces impacting the community. The associated opportunities and threats included:

Opportunities:

- Jails; Show how critical this issue is
- Provide help during incarceration
- Rehab needs to be accessible
- Is prevention available? How to access? Is transportation available?
- Front end accessibility for help is insufficient
- Local solutions needed for Gwinnett
- Funding for service provisions in Gwinnett
- Raise awareness, create campaigns including youth involvement; share successes/achievements
- Get safes in homes lock up drugs

Threats:

- Related to lots of noise. Is this based on facts/data?
- Was alcohol previously as much of a contributing factor but it is now drugs?
- Relapse back into substance temptations
- Homelessness a key factor
- Isolation of those involved in drugs
- Schools – kids are using at younger ages, stronger drugs, all members of the family are using
- Insufficient resources to help

Local Public Health System Assessment

The local public health system felt they were inadequate to address opioid use. They felt that there is some existing government and private sector policies that support healthy behaviors including minimum drinking age policies, nutrition labels, drugs don't work programs, and healthy vending policies.

Chronic Diseases


Health Status Assessment

Although Gwinnett has a lower burden of chronic diseases than many other counties, these conditions still have a substantial impact on the county's health and will likely grow in importance as the county ages. Additionally, there are certain demographics that are more impacted by chronic diseases than others. Poor diet, tobacco use, obesity, diabetes, and physical inactivity are five of the top ten risk factors for poor health outcomes and death in the United States.⁵⁷

⁵⁷ Institute for Health Metrics and Evaluation <http://www.healthmetricsandevaluation.org/gbd/visualizations/gbd-arrow-diagram>

Gwinnett County, similar to the rest of the nation faces a growing burden of chronic disease, particularly as it relates to certain racial, ethnic and age demographics. Interventions to foster healthy behaviors, prevent chronic disease, and treat these diseases in their early stages have huge potential impacts on health and are imperative to consider and implement.

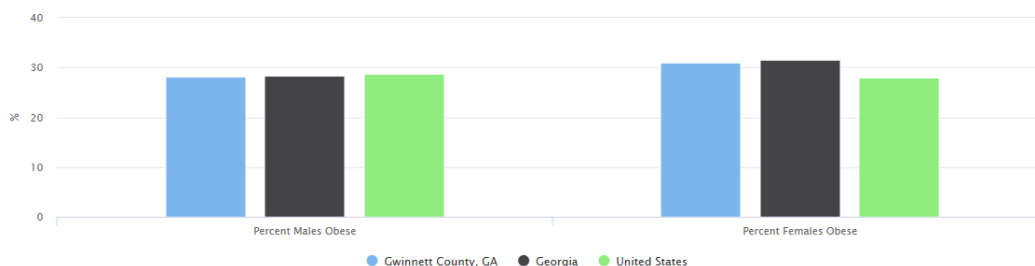
Obesity

Adults who are Obese	Comparison: GA Counties	
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Twenty-eight percent of Gwinnett residents are obese, which is below the Healthy People 2020 target of 30.5% and the 2014 Georgia state average of 30%. Although these differences might suggest that the county is faring well in terms of obesity, being better than average is not good enough when the nation as a whole suffers from a tremendous obesity problem. For example, in 1990, Georgia’s obesity rate was only 10%, which is far below Gwinnett’s current rate of 28%. Gwinnett’s current obesity rate of 28% is slightly more than a quarter of the adult population at higher risk for serious conditions like diabetes, heart disease, cancer, osteoarthritis, respiratory problems, and stroke. Obesity also carries significant economic costs to the community due to increased health care spending (\$1,429 per person compared with those of normal weight) and lost earnings.



Obesity data for Gwinnett County are not available grouped by race and ethnicity. However, 2015 data are available grouped by sex, and females had a higher rate of obesity (31%) than males (28.2%).

Figure 18. Adults Obese (BMI >30) by Gender, 2015






Of concern, 16% of Gwinnett low-income children in preschool (ages 2-4) are obese⁵⁸ compared with a nationwide county average of 14%. Obesity this early in life carries both immediate and potentially severe long-term risks. Nationwide, childhood obesity has more than tripled in the last 30 years, raising concern that many of today’s children might live shorter lives than their parents. In Georgia, obesity-related hospitalizations of children cost \$2.1 million a year and continue to rise.

Diabetes

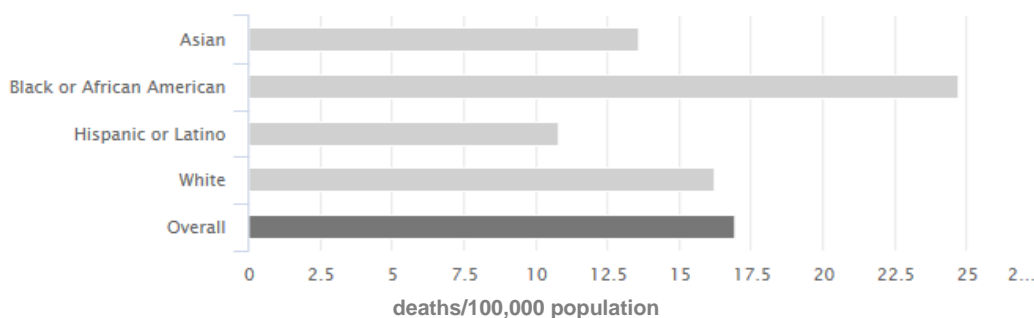
Adults with Diabetes	Comparison: GA Counties	
Medicare population with Diabetes	Comparison: GA Counties	

⁵⁸ https://static.nichq.org/obesity-factsheets/Georgia/GA_Gwinnett_factsheet.pdf

Age-Adjusted Death Rate due to Diabetes	Comparison: GA Counties	
Age-Adjusted ER Rate due to Diabetes	Comparison: GA Counties	
Age-Adjusted Hospitalization Rate due to Diabetes	Comparison: GA Counties	

In 2014, 9% of Gwinnett residents over the age of twenty had diabetes, which was higher than the nationwide county average of 8%, but lower than the Georgia average of 11%. One-fourth of Medicare recipients were treated for diabetes in 2015. The age-adjusted death rate due to diabetes in Gwinnett was 16.9 per 100,000 population compared with a statewide average of 21.3 per 100,000. Men died from diabetes double the rate of women (24.6 per 100,000 vs. 11 per 100,000). African-Americans had the highest age-adjusted death rate from diabetes compared with other groups (Figure 19).

Figure 17. Age-Adjusted Death Rate due to Diabetes by Race/Ethnicity, Gwinnett County, 2014-2016



Source: Source: Healthy Communities Institute

<http://chnadashboard.gwinnettmedicalcenter.org/indicators/index/view?indicatorId=100&localeId=505>

Why Age-Adjusted?

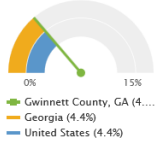


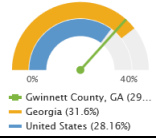



Death rates due to many diseases are adjusted for age to make it possible to compare counties or population groups. For example, two counties might have the same death rate due to diabetes after age is taken into account. But if age had not been adjusted for, the county with the older population would likely have a higher death rate because older people are more likely to die from diabetes.

Diabetes also has an impact on the healthcare system. In 2017 the age-adjusted ER rate due to diabetes was 171.2 per 100,000 population. As with the age-adjusted (AA) death rate, these rates were also worse for the African American demographic (323.2 per 100,000). Likewise, hospitalization rates due to diabetes were worse for African Americans at 220.9 per 100,000 compared to the overall rate of 131.1 per 100,000.

The burden of diabetes in Gwinnett is significant since the disease affects nearly all of the body's organ systems and can lead disability and early death. Eating habits and physical activity play a major role in

most cases of diabetes. However, these data display a clear health disparity and suggest that innovative, culturally relevant and targeted prevention and intervention strategies are needed specifically for African American and senior communities.

Cardiovascular Disease and Stroke

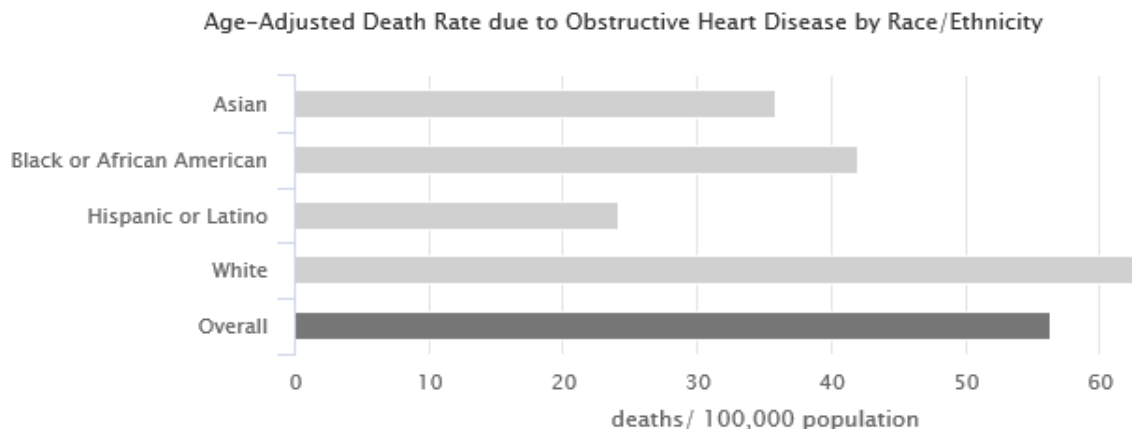
Adults with Heart Disease	Comparison: GA Counties	
Age-Adjusted Death Rate due to “Obstructive” Heart Disease (Including Heart Attack)	Comparison: GA Counties	
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	Comparison: GA Counties	
Adults with Hypertension	Comparison: GA & U.S. Counties	
Age-Adjusted Death Rate due to Hypertension	Comparison: GA Counties	
Age-Adjusted Hospitalization Rate due to Hypertension	Comparison: GA Counties	
Age-Adjusted ER Rate due to Hypertension	Comparison: GA Counties	

Cardiovascular disease and stroke are leading causes of death in the United States. They are strongly related to obesity, diabetes, high blood pressure, and tobacco use. Although Gwinnett’s age-adjusted death rates due to heart disease and stroke are below the statewide average, they remain important health threats in the county, just as they are nationwide. Whites followed by African Americans had the highest AA death rates due to “obstructive” heart disease (including heart attacks). Men had significantly higher rates than women (80.7 compared to 38.2). African Americans and women had the highest rate of death due to stroke. Lifestyle factors (smoking, diet, physical activity) and access to primary care are critical in the prevention of heart disease and stroke.

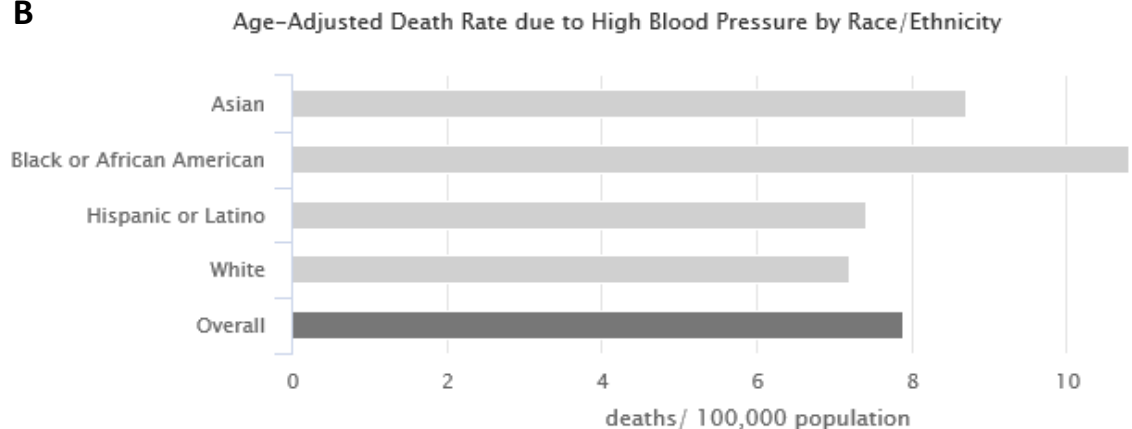
Although deaths due to hypertension have been trending down over the last seven years, African Americans are 37% more likely to die due to hypertension than the overall population. The Medicare population with hypertension is 56.5% and has been trending upward since 2013. The rate of emergency room visits due to hypertension is also trending upward and is currently 340 per 100,000 population. African Americans experience the most hospitalizations and ER visits related to hypertension than the overall rate, and the rate of other race/ethnicities.

Figure 18. Age-Adjusted Death Rate by Race/Ethnicity due to (A) “Obstructive” Heart Disease (Including Heart Attack), (B) High Blood Pressure, and (C) Cerebrovascular Disease (Stroke), Gwinnett County, 2014-2016

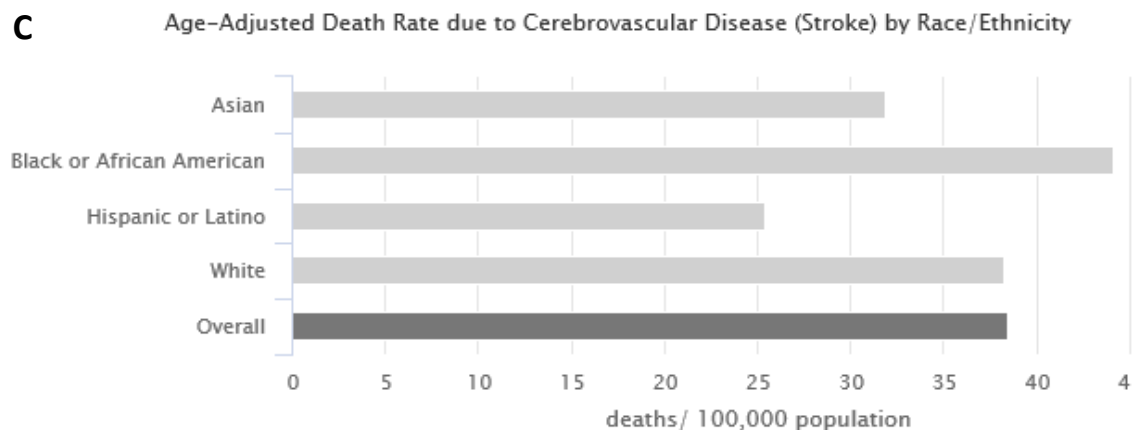
A



B





C



Source: Source: Healthy Communities Institute <http://www.gwinnettmedicalcenter.org/community-health-needs-assessments/GMCCContentPage.aspx?nd=480>


Asthma, Chronic Obstructive Pulmonary Disease (COPD) and Emphysema

Age-Adjusted Hospitalization Rate due to Asthma	Comparison: GA Counties	
Age-Adjusted ER Rate due to Asthma	Comparison: GA Counties	

Asthma is a prevalent problem in the U.S. that is often exacerbated by poor environmental conditions. Childhood asthma (pediatric asthma) is the most common serious chronic disease in infants and children. Childhood asthma can't be cured; but with the right medications and treatment plan, symptoms can be controlled. In the state of Georgia, eleven percent of adults and ten percent of children (aged 0-17) had asthma. The rate of hospitalizations and ER visits was highest among African American boys. While the prevalence of asthma is highest among 10-14 year olds, hospitalization is highest among 0-4 year olds, and ER visits among 5-9 year olds.

Emphysema and chronic obstructive pulmonary disease (COPD) are the third leading cause of disability and death in the United States. The age-adjusted death rate from emphysema in 2017 was 0.8 per 100,000, which was lower than the Georgia rate of 2.3 per 100,000. Data is not available for the age-adjusted death rate due to COPD at the county level. However, in 2014, the rate for Georgia was between 49.8 and 62.8. The Gwinnett County prevalence rate of COPD was between 8.3% and 9.9%. The Medicare population is most impacted by COPD with 9.5% of Medicare beneficiaries receiving treatment for COPD. Tobacco smoke is a key factor in the development and progression of these diseases.

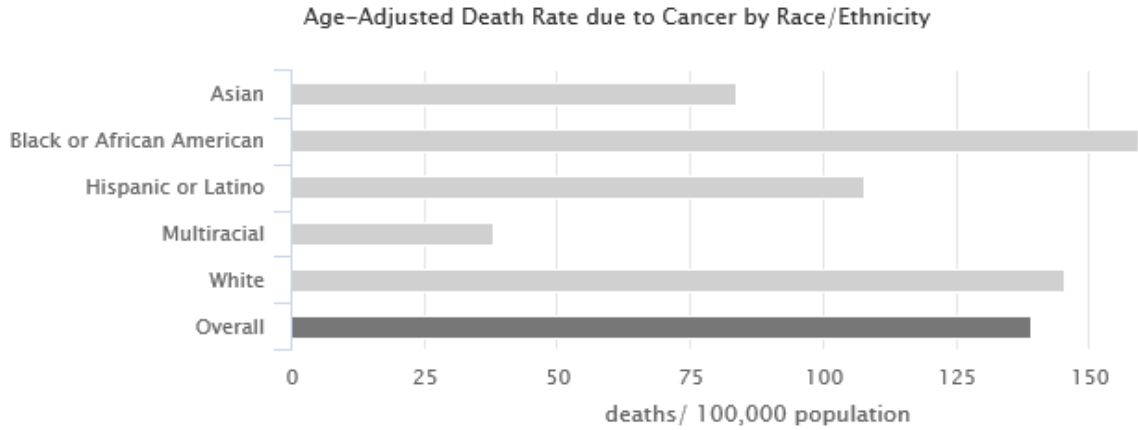
Cancer

Age-Adjusted Death Rate due to Cancer	Comparison: U.S. Counties	
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Rates of cancer-related death in Gwinnett County were below national county averages and most rates met Healthy People 2020 targets. The overall age-adjusted death rate due to cancer was 139.2 deaths per 100,000 population in 2017, which was below the national and state county averages (163.5 and 154.9 per 100,000 respectively), and achieved the Healthy People 2020 target of 161 per 100,000.

The overall age-adjusted death rate due to cancer varied substantially by race and ethnicity (Figure 19). African-Americans had the highest rate, followed by Whites, Hispanics, and Asians. Men had a higher age-adjusted death rate due to cancer (165.4 per 100,000) than women (122.1 per 100,000).

Figure 19. Age-Adjusted Death Rate due to Cancer by Race/Ethnicity, Gwinnett County, 2011



Age-Adjusted Death Rate due to Colorectal Cancer	Comparison: GA Counties	
Age-Adjusted Death Rate due to Lung Cancer	Comparison: GA Counties	

Breast cancer, colorectal cancer, lung cancer, and prostate cancer are the four most common types of cancer. Gwinnett County age-adjusted death rates due to breast, colorectal and lung cancer met Healthy People 2020 targets, and are below state and national county averages. The age-adjusted death rate due to prostate cancer does not meet the Healthy People 2020 target; is lower than the state county average but higher than the national county average.

Breast Cancer Incidence Rate	Comparison: GA Counties	
Colorectal Cancer Incidence Rate	Comparison: GA Counties	
Lung and Bronchus Cancer Incidence Rate	Comparison: GA Counties	
Prostate Cancer Incidence Rate	Comparison: GA Counties	
Cervical Cancer Incidence Rate	Comparison: U.S. Counties	

The incidence rate of breast cancer exceeds both Georgia and national county averages and is trending upward. There are notable disparities in treatment and recovery from breast cancer as noted by the difference in incidence and age-adjusted death rates. The incidence rate between whites and African Americans is 134.7 versus 132 per 100,000; yet, the age-adjusted death rate between the two races is 18.8 versus 28.6. Similar disparities between African Americans and whites are seen in the incidence rates and age adjusted death rates due to prostate, lung, and colorectal cancer. The age-adjusted death rates for colorectal cancer and lung cancer met Healthy People 2020 targets, whereas those for and prostate cancer were slightly above these targets.

Cervical cancer is a disease that affects relatively young women and can be prevented through vaccination, testing, and early treatment. The incidence rate for Hispanic women (10 per 100,000) is twenty percent higher than that of the next highest group (White women, 7.9 per 100,000), suggesting that greater prevention efforts are needed for all women, particularly Hispanics.

The higher rates of breast cancer and prostate cancer diagnoses might be explained by greater use of mammography and prostate-specific antigen (PSA) testing in some counties than others.

Themes and Strengths Assessment

Focus group participants did not talk in great detail about chronic disease. The only mention was about children diagnosed with asthma that were often being taken to the emergency room, and seniors dealing with cancer and attempting to manage it within their healthcare system.

Forces of Change Assessment

During the forces of change assessment, chronic disease was discussed as it relates to access to care being a force impacting the health or quality of life of the community. Assessment participants felt that a threat associated with this force of change was the increased need for funding to support preventive care.

Local Public Health System Assessment

The local public health system evaluated their ability to respond to health problems within the community. Their assessment found that there were duplicative services that complicated the system. They also found that there were translation issues which created barriers to addressing health problems and a lack of awareness about the resources that are available. This relates to their review of how they work together to plan, conduct and implement health education and promotion activities. They felt that although there is good collaboration, there is a need to prioritize and address more pressing issues first. Additionally, they concluded that efforts to address health problems were often based on perception of need and not evidence or data.

Adolescent Health

Health Status Assessment

Substance Abuse

Substance abuse can have many adverse short-term and long-term effects on adolescents. Substance abuse can affect growth and development, and contribute to the problems in adulthood such as heart disease, high blood pressure, and sleep disorders.⁵⁹ According to the Gwinnett Coalition Comprehensive Youth Health Survey, 6.9% of students reported drinking one or more alcoholic beverages within the last

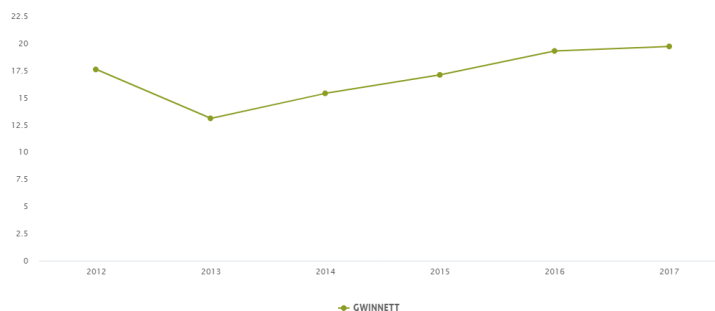
⁵⁹ CDC <https://www.cdc.gov/features/teen-substance-use/index.html>

30 days. While only 3.2% reported smoking cigarette, 7.8% reported smoking marijuana within the last 30 days. When questioned about prescription drug use not prescribed to them, 5.6% reported usage within the last 30 days. Of those who misused prescription drugs, 40.4% took painkillers, 27.2% weren't sure what drug they were taking, 16% took stimulants, and 16.4% took tranquilizers/sedatives. While 40.4% of students responded that it was not easy to get prescription drugs not prescribed to them, students had much easier to access alcohol. 19.4% of those who had an alcoholic beverage within the last 30 days were allowed by their parents to drink at home. The second most common method of accessing alcohol was from friends or relative over 21 years of age (15.8%), followed by 13.4% that took it from family members or friends without permission. Other relatives bought alcohol for 9.8% of students and 7.8% responded that parents provided alcohol during social events. The other means of access to alcohol were given money to adults they didn't know to purchase on behalf of the student (6.9%), usage of a fake ID to purchase alcohol (5.6%), purchasing alcohol at a store or restaurant without being asked for identification (5.3%, and purchasing alcohol when a friend has been working as the store's cashier (4.1%).

STDs

In 2017, the overall STD rate for 15-19 year olds in Gwinnett County was 1,971.7 per 100,000.

Figure 20: STD incidence for youth, ages 15-19 (per 1,000) in Gwinnett, 2012-2017



Source: Georgia Family Connection Partnership

Georgia has the sixth highest rates of Chlamydia and the ninth highest rates of gonorrhea in the nation.⁶⁰ In 2017, the rate Chlamydia for 15-19 year olds was 1,698.5 cases per 100,000 compared to the Georgia rate of 2,554.9. In the same year there were 1,175 cases of Chlamydia within this age group. The largest number of cases were African America, not Hispanic or Latino (225) followed by Hispanics or Latinos (85).⁶¹

The rate for gonorrhea was 261.6 cases per 100,000 in Gwinnett County residents aged 15-19 and 563.6 per 100,000 for the Georgia rate. In the same year there were 181 cases of gonorrhea within this age group. The largest number of cases were African America, not Hispanic or Latino (58) followed by

⁶⁰ CDC <http://www.cdc.gov/std/default.htm>

⁶¹ OASIS <https://oasis.state.ga.us/oasis/webquery/qrySTD.aspx>

whites, not Hispanics or Latinos (8). The data clearly indicates a need for targeted education regarding STD prevention specific to the 15-19 demographic.

School Attendance

In the 2017-2018 school year, 8.6% of students in Gwinnett County (16,769) missed more than 15 days of school. Of these 16,769 students, 6,547 were Hispanic, 4,547 were Black, 3,877 were White, 998 were Asian, 710 were Multiracial, and 58 were Native American. Nearly 40% of these students were Hispanic, which could be attributed to changes in immigration laws under the Trump administration. Similar drops in school enrollment and WIC participation were experienced during the same time period.

Language Barriers

According to the Gwinnett Coalition Comprehensive Youth Health Survey, in 2018 25.1% of students reported that English was not their first language and 26% responded that English is not the language spoken most at home. The rate for Hispanic students graduating high school on time (70.2%) was much lower than Whites (89.4%), Blacks (81.5%), Multiracial (84.9), Asian (89.2), and American Indian (76.9%).⁶² The overall proficiency level of 8th grade students in Gwinnett County in English/Language Arts was 51.8% in the 2016-2017 school year.⁶³ The proficiency levels in English/Language Arts were lowest among those who were Hispanics (35.9%), Black or African American (44.3%), and Native Hawaiian or other Pacific Islander. The proficiency level of 8th grade students in Math was much lower than English/Language Arts. The overall proficiency rate for the county 23.4%. The lowest proficient levels were among Hispanic (18.8%), Black or African-American (19.4%), and Two or more races 28.1%.

Mental Health

Among youth, 12% of high school students in Gwinnett County surveyed reported they had considered suicide in the past 12 months and 5% reported making suicide attempts, according to the 2017-18 comprehensive youth health survey. These percentages have increased since the 2010-11 survey. Eleven percent of middle school students reported that they had considered suicide and 5% reported making suicide attempts. One-fourth of student participants in the 2017-2018 Gwinnett County youth health survey reported feeling depressed sad or empty. Unfortunately, all of this data related to the mental health of middle and high school students indicates a noticeable increase in symptoms and a need for directed interventions specific to this demographic. Of the students who responded in the 2018 Gwinnett Coalition Youth Comprehensive Survey, 14.4% stated that they do not have a significant adult other than their parents they can talk to or go to for help. When asked if they felt like life wasn't worth living, 16.1% mostly agreed.

⁶² Kids Count Data Center <https://datacenter.kidscount.org/data#GA/5/0/char/0>

⁶³ Gwinnett Medical Center



Poverty

Gwinnett County’s rate for children (under 18) living below poverty level is 17.7%.⁶⁴ For the 2017-2018 school year, the percentage of students eligible for free and reduced lunch was 53.44%. This is a decrease of 2.12% from five years earlier when the 2012-2013 eligibility rate for free and reduced lunch was 55.56%.⁶⁵ Food security is described as is the household-level economic and social condition of limited or uncertain access to adequate food. Feeding America (2014) found that in Gwinnett County, 23.49% of children were food insecure.⁶⁶ Of those children who were food insecure, 30% were not eligible for assistance from programs such as SNAP, WIC, school meals, CSFP and TEFAP. Although Gwinnett County’s rate for child food insecurity was lower than the state rate of 28.14%, the percentage of children not eligible for assistance was three percent higher than Georgia’s rate (27%).

Out of Home Placement

In 2018, nearly half (48.8%)⁶⁷ of Gwinnett County children leaving foster care are reunified with their families or placed with a relative within 12 months of entering foster care. This is significant despite the relatively low substantiated child abuse, including physical, sexual, and emotional abuse rate (2.3 cases per 1,000 children)⁶⁸. Child abuse and neglect can have enduring physical, intellectual, and psychological repercussions into adolescence and adulthood. All types of child abuse and neglect have long lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school.

Teen Pregnancy

Teen Pregnancy Rate	Comparison: GA Counties	
Teen Birth Rate	Comparison: GA Counties	

According to the Healthy Communities Institute, teen pregnancy and childbearing have substantial social and economic impacts for communities, contributing to high school dropout and increased health care and foster care costs. In 2017, the pregnancy rate among 15-17 year old girls in Gwinnett was 5.4 pregnancies per 1,000, lower than the Georgia statewide average of 9.0 per 1,000 and the Healthy

⁶⁴ CARES Engagement Network https://engagementnetwork.org/assessment/chna_report/

⁶⁵ Georgia Department of Education https://oraapp.doe.k12.ga.us/ows-bin/owa/fte_pack_frl001_public.entry_form

⁶⁶ CARES Engagement Network https://engagementnetwork.org/assessment/chna_report/

⁶⁷ Kids Count <https://datacenter.kidscount.org/data/tables/677-children-leaving-foster-care-who-are-reunified-with-their-families-or-placed-with-a-relative-within-12-months-of-entering-foster-care?loc=12&loct=2#detailed/5/1993/false/37/any/8754,8755>

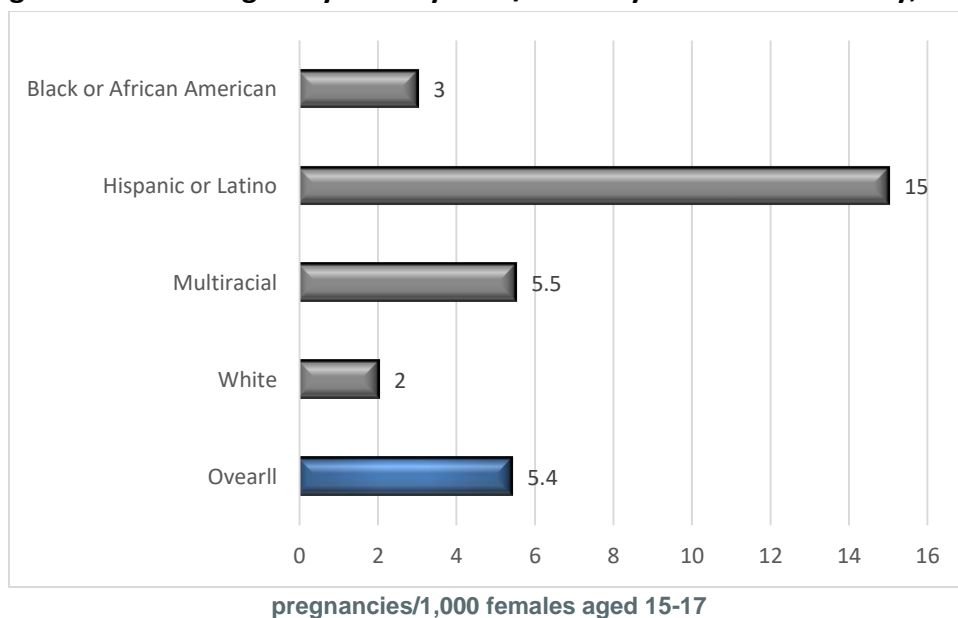
⁶⁸ Healthy Communities Institute <http://chnadashboard.gwinnettmedicalcenter.org/?module=indicators&controller=index&action=view&comparisonId=&indicatorId=10&localeTypeId=2&localeId=505>

People 2020 target of 36.2 per 1,000.⁶⁹ The 2017 Gwinnett rate represented a substantial decline from 2008, when the rate was 27.8 per 1,000.

There were notable differences in teen pregnancy rates by race/ethnicity (Figure 20). The 2017 rate for Hispanic girls was 15.0 per 1,000 compared with 2.0 per 1,000 for non-Hispanic Whites and 3.0 per 1,000 for non-Hispanic blacks. Of note, by 2010 the pregnancy rate for Hispanic girls 15-17 declined by nearly 82% since 2007, when the pregnancy rate was 81.5 per 1,000.

The overall teen birth rate in 2018 was 19 per 1,000, which was below the Georgia statewide average of 32 per 1,000.⁷⁰

Figure 20. Teen Pregnancy Rate by Race/Ethnicity in Gwinnett County, 2017



Source: Oasis <https://oasis.state.ga.us/oasis/webquery/qryBirth.aspx>

Themes and Strengths Assessment

Focus group participants spoke in great detail regarding the health issues as well as resources that are available related to adolescent health. Overall the group felt that there are good programs for the youth in place, but transportation to these programs is an issue as well as communication on where to find these programs. Other limitations mentioned included high fees in children’s sports program and long waiting lists for the Boys and Girls programs. It was mentioned that child care options don’t meet the diverse needs of parents. Concerns were also voiced regarding not enough resources are available for special needs individuals after graduation. Gangs, drug and alcohol use were identified as issues needing to be addressed as they relate to the adolescent population. Participants also pointed out that

⁶⁹ OASIS <https://oasis.state.ga.us/oasis/webquery/qryBirth.aspx>

⁷⁰ County Health Rankings

<http://www.countyhealthrankings.org/app/georgia/2018/rankings/gwinnett/county/outcomes/overall/snapshot>

there are not enough counselors or support groups for students with depression or drug abuse issues. The comment was made that there are not enough therapists or psychiatrists and that suicide in children is increasing. Several agreed that there are not enough afterschool activities and that the expense to participate in youth activities was too high. The availability of designated safe places for youth to spend time was also identified as an issue. Everyone agreed that there are not enough resources to meet the need for mental health issues especially for the youth. Some participants were especially concerned with suicides in our youth. One participant described when his child attempted suicide and 911 put him on hold. Since he couldn't get an ambulance, he drove her to the hospital. He felt that there are not enough facilities that provide care for youth and as a result, they sometimes are held in the ER for days because there is nowhere available for treatment.

Forces of Change Assessment

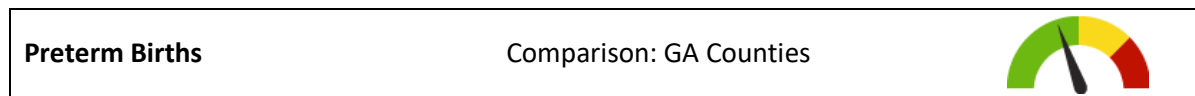
When discussing drugs/opioids as a force impacting the health or quality of life of the community, participants recognized school children using stronger drugs, and using drugs with their parents as a threat associated with this force. However, they recognized having youth involved in creating awareness campaigns as an opportunity related to this force. Related to workforce development as a force, participants identified Hope career grants, and access to a solid education system as opportunities. However, threats related to this force included limited opportunities for children not in the top percentage of their graduating class, and children not graduating from high school.

Maternal and Infant Health



Gwinnett County residents have above-average childbirth outcomes, but room for improvement still exists. As noted in the Overall Health Status section, the infant mortality rate is better than the Georgia average, but is high among African-Americans.

Health Status Assessment


In 2017, children under the age of 5 made up 6.7% of the Gwinnett population. In that same year, there were 11,845 births to Gwinnett County mothers, comprising nearly one in nine births in the state of Georgia. Pregnancy and childbirth were the leading cause of hospitalization in the county.



About 10.2% of infants born in Gwinnett in 2017 were premature, or preterm (birth before the end of the 37th week of pregnancy), a percentage that is slightly lower than the statewide average of 11.4%. Preterm birth is a leading cause of infant death and disability and can be influenced by smoking, alcohol use, stress, and lack of prenatal care and vitamins. Women in their 40s had the highest rates of preterm delivery.

Babies with Low Birth Weight	Comparison: GA Counties	
Babies with Very Low Birth Weight	Comparison: GA Counties	

Low birth weight is closely related to preterm birth, but may be caused by other factors. About 8.6% of babies born in Gwinnett County in 2017 had low birth weight (less than 5 pounds, 8 ounces), which was lower than the statewide average of 9.9% and the Healthy People 2020 target of 7.8%. Low birth weight was most common among girls age 15-17 years and women over 40 years, as well as African-American women. About 1.5% of babies born in Gwinnett County in 2017 had very low birth weight (less than 3 pounds, 5 ounces). This percentage was lower than the state average of 1.8%, but slightly higher than the Healthy People 2020 target of 1.4%. Risk factors for very low birth weight are similar to those for low birth weight.

Mothers who Smoked During Pregnancy	Comparison: GA Counties	
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Smoking during pregnancy poses significant risks to both the mother and the fetus, including an increased risk for preterm birth and low birth weight. About .8% of pregnant women in Gwinnett in 2017 smoked. This figure is substantially lower than the statewide average of 4.7%, but above the Healthy People 2020 goal of 1.4%. Importantly, the proportion of women who smoked during pregnancy has decreased since 2014. Smoking during pregnancy was most common among girls age 15-19 years (1.7%) and women age 20-24 years (1.0%) as well as White women (2.0%).

According to the Healthy Communities Institute Children exposed to food insecurity are of particular concern given the implications scarce food resources pose to a child’s health and development. Children who are food insecure are more likely to be hospitalized and may be at higher risk for developing chronic diseases such as obesity as a result in lower quality diet, anemia and asthma. In addition, food-insecure children may also be at higher risk for behavioral and social issues including fighting, hyperactivity, anxiety and bullying. In 2016, 18.2% of Gwinnett County children were food insecure. To further complicate the issue, 30% of these children lived in households whose family income disqualified them for federal nutrition assistance. This seems difficult to understand when nearly 18% of Gwinnett children are living below the federal poverty level⁷¹.

There are 0.96 Head Start program facilities per 10,000 children under age 5 in Gwinnett County⁷². Head Start promotes the school readiness of young children from low-income families through agencies in their local community. Head Start and Early Head Start programs support the comprehensive

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<http://chnadashboard.gwinnettmedicalcenter.org/?module=indicators&controller=index&action=view&comparisonId=&indicatorId=189&localeTypeId=2&localeId=505>

⁷² CHNA Report – CARES Engagement

development of children from birth to age 5, in centers, child care partner locations, and in their own homes. Head Start services include early learning, health, and family well-being⁷³.

Another indicator of a child's readiness to progress through the education system is a student's reading ability at or above proficiency in the English/Language Arts portion of a state-specific standardized test (the Georgia Milestones Assessment). During the 2016-2017 school year only half of the Gwinnett County children in grade 4 tested at or above the "proficient" level in reading skills. The ability to read proficiently is a fundamental skill that affects the learning experiences and school performance of children and adolescents. Students who are competent readers, as measured by their performance on reading tests, are more likely to perform well in other subjects, such as math and science. Reading achievement also predicts one's likelihood of graduating from high school and attending college. Furthermore, an inability to read well is linked to poverty, unemployment, and barriers to healthcare access, provider communications, and health literacy/education.

Themes and Strengths Assessment

During the focus groups, maternal and child health were discussed in terms of the lack of adequate mental and behavioral health services, particularly for children. Another issue discussed was the lack of communication regarding the health department providing dental and eye checks, vaccinations and nutritional information for children. One participant mentioned she found out about some health activities for children but nothing of interest to her.

Key informant interviewees named dental care for children as an area where the community has fallen short in health or quality of life. To address this they suggested a Community Health Center providing comprehensive care, increasing Health Department awareness through marketing campaigns, and increased funding for organizations that are private for vulnerable populations.

Forces of Change Assessment

Access to early learning/pre-K was identified by Forces of Change (FOC) Assessment participants as a force impacting the health and quality of life in the community. The following were potential opportunities or threats associated with this force of change discussions.

Opportunities:

- Awareness of impact of lack of early learning
- More day cares offering Pre-K
- Offer learning programs in partnership w/those feeding programs
- More resources made available to parents keeping kids at home
- Partner with churches/ YMCA's
- Using DFACS Geomapping data to identify vulnerable pockets

Threats:

- Cost of daycare vs. income levels
- Not enough "free" programs

⁷³ <https://www.acf.hhs.gov/ohs/about>

Local Public Health System Assessment

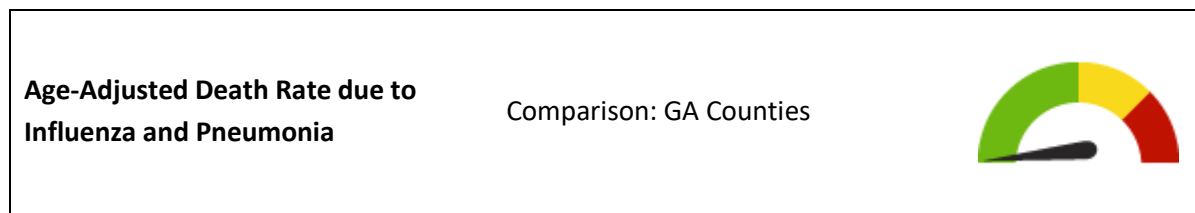
An area the local public health system (LPHS) felt they could improve in regards to responding to health problems was mental health misdiagnosis of children. A few strengths the local public health system identified were policies in both the government and private sector promote health and human services in our community related to children including: mandatory child abuse reporting laws, day care requirements, and school immunization laws.

Infectious Diseases

Health Status Assessment

Infectious diseases, including influenza, pneumonia, tuberculosis, HIV, hepatitis, and sexually transmitted infections, remain a threat to Gwinnett County’s health. Further, international travel is common among county residents, making ongoing vigilance critical in our increasingly interconnected world. Infectious diseases do not respect national—or county—borders.

According to the National Foundation for Infectious Disease, each year, on average, in the U.S. more than 50,000 adults die from vaccine-preventable diseases. A number of diseases and infections are easily prevented in both children and adults through adequate immunizations including diphtheria*, *Haemphilus influenzae* type B* (Hib), hepatitis A, hepatitis B*, measles*, mumps*, pertussis* (whooping cough), polio*, rubella* (German measles), *Streptococcus pneumonia*, tetanus* (lockjaw) and varicella* (chickenpox). Georgia law requires vaccination for the diseases marked with an asterisk (*) for children who attend daycare and prior to entry into school.



Influenza and Pneumonia

Influenza and pneumonia rank eighth among the leading causes of death in the United States, and vaccines for influenza and pneumonia can help prevent serious illness and death. In Gwinnett, the 2015-2017 age-adjusted death rate due to influenza and pneumonia was 9.2 per 100,000 population. By comparison, the statewide county average was 14.3/100,000.

Immunization rates for influenza and pneumonia (not listed in the dashboard) were similar to statewide rates but were below nationwide rates and Healthy People 2020 targets. According to the Behavioral Risk Factor Surveillance System, in 2014, the rate of pneumonia vaccination among people ≥65 years was 62.5% for Gwinnett, Newton, and Rockdale Counties (Gwinnett comprises about four-fifths of this population). This rate was below the statewide average (65.2%) and below the U.S. average (70.0%) and the Healthy People 2020 target of 90%⁷⁴. The 2014 influenza immunization rate among people ≥65 years for Gwinnett, Newton, and Rockdale Counties was 54.3%, which was lower than the statewide average of 59.3%, and lower than the U.S. average of 65% and the Healthy People 2020 target of 70%. Statewide, influenza vaccination coverage was highest among people 6 months-4 years compared with

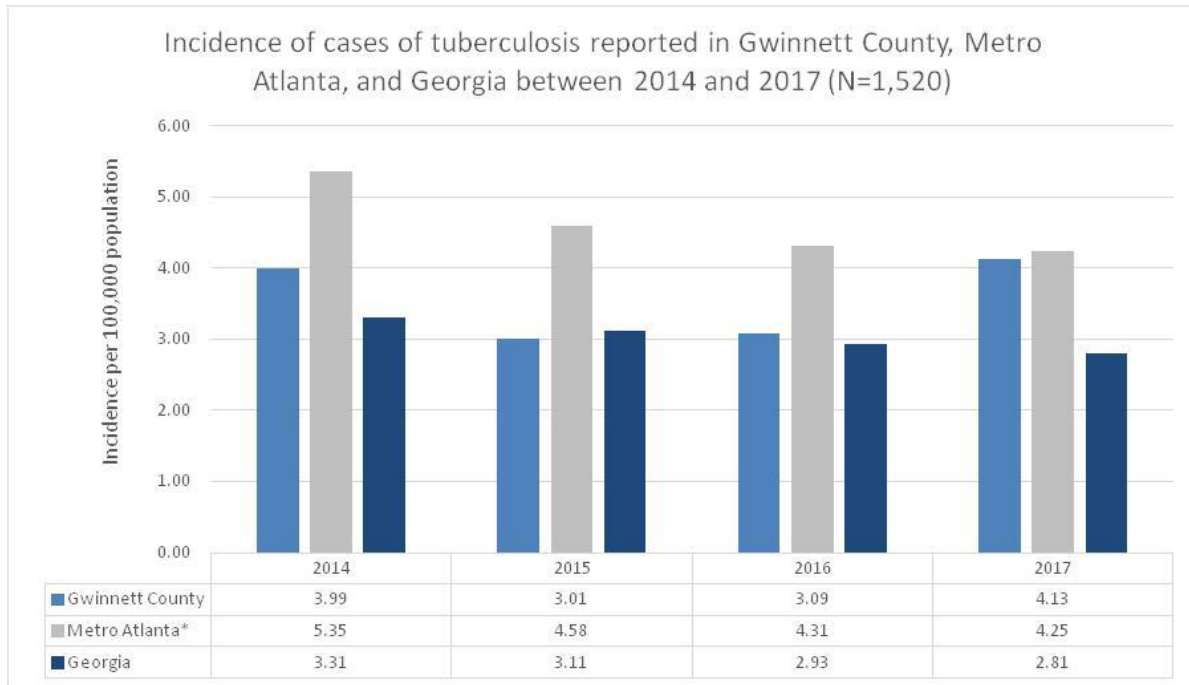
⁷⁴ <https://www.cdc.gov/flu/fluview/reportshtml/reporti1314/reportii/index.html>

all other age groups. In Georgia, children 6 months to 17 years had an influenza immunization rate of 51.4% compared with a national average of 58.9%.⁷⁵

Tuberculosis

Tuberculosis (not listed in the dashboard) remains a significant problem in Gwinnett County. Georgia is among the 10 states with the highest rate of new, active tuberculosis cases. In 2011, Gwinnett had the second highest number of tuberculosis cases (48 cases) and the second highest rate of tuberculosis (5.5 cases per 100,000 population) in the state (Figure 21).⁷⁶ Thirty-eight new cases of tuberculosis were reported to the Gwinnett County Health Department in 2017, which was 13% of all Georgia cases (N=293).⁷⁷ Because tuberculosis is contagious and is spread through the air, intensive treatment and follow up of people with tuberculosis is required to control its spread.

Figure 21. Incidence Rate of Tuberculosis, Gwinnett County, Metro Atlanta and Georgia, 2014-2017



Source: Epidemiology Unit, Gwinnett, Newton, and Rockdale County Health Department, 2018

*Metro Atlanta: Districts 3-1, 3-2, 3-3, 3-4, and 3-5 (Cobb, Douglas, Fulton, Clayton, Gwinnett, Newton, Rockdale, DeKalb)

Incidence rates are calculated using the population at risk for developing the disease. Thirty-eight new cases of tuberculosis were reported to the Gwinnett County Health Department in 2017, which was 13% of all Georgia cases (N=293). People born in countries where TB is common are at a higher risk for being infected.

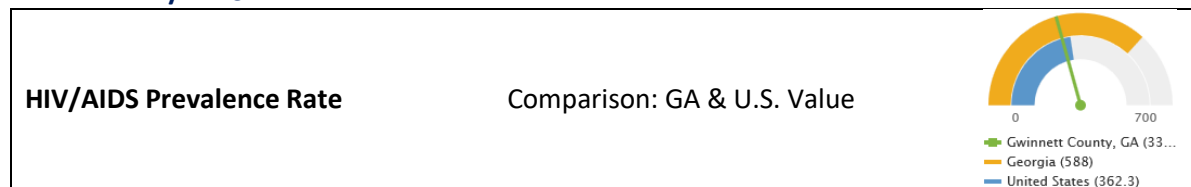
⁷⁵ CDC <http://www.cdc.gov/flu/fluview/index.htm>

⁷⁶ Georgia Department of Public Health <http://health.state.ga.us/pdfs/tb/Table%201.pdf>

⁷⁷ Gwinnett, Newton, and Rockdale Health Departments, Epidemiology Department

Gwinnett County has a diverse population, and 81% of all cases of tuberculosis reported between 2014 and 2018 were foreign-born (N=167; Figure 2).

HIV/AIDS



HIV/AIDS continues to affect health in Gwinnett County. In 2015, the prevalence of people living with AIDS was 331 cases per 100,000 population, which is lower than the statewide rate of 588 per 100,000.⁷⁸ Although the proportion of the Gwinnett County residents with HIV/AIDS has increased from 96 per 100,000 in 2008 to the 125 per 100,000 in 2011, the incidence rate (of new cases) for the three county district that includes Gwinnett has declined from 11.1 per 100,000 in 2007 to 8.5 per 100,000 in 2010.⁷⁹ These data suggest positive trends: fewer new infections are happening each year, while people who have HIV/AIDS are living longer. Of the 2,379 people living with HIV/AIDS in 2015 in Gwinnett County, 1,386 were African-American, 455 were White, 383 were Hispanic, and 155 were of other races or ethnicities. The prevalence rate was highest among African-Americans (752 per 100,000), followed by Hispanics (287 per 100,000) and Whites (150 per 100,000).

Hepatitis

Hepatitis is a viral disease that causes inflammation of the liver. Transmission and/or treatment differ depending on which virus causes the illness. There are five possible viruses named hepatitis: A, B, C, D and E viruses. Other viruses may cause hepatitis but are very rare. In Georgia, hepatitis A, B and C are reportable diseases; hepatitis D is not reportable as it only occurs among individuals already infected with hepatitis B; hepatitis E is not monitored as it is not found in the U.S. Vaccines are available for both hepatitis A and B; however, no vaccine is available for hepatitis C.

Each type of hepatitis can be spread in different ways. Hepatitis A virus is spread from person to person by putting something in the mouth that has been contaminated with the stool of a person with hepatitis A. Casual contact, as in the usual office, factory or school settings, does not spread the virus. Hepatitis B virus is spread when blood from an infected person enters the body of a person who is not infected. For example, hepatitis B is spread through having unprotected sex with an infected person, by sharing drugs, needles or other paraphernalia, through needle sticks or sharps exposures on the job, or from mother to her baby during birth. Hepatitis C virus is also spread when blood from an infected person enters the body of a person who is not infected; however, it is rare for hepatitis C to be spread through unprotected sexual activities.

Perinatal Hepatitis B

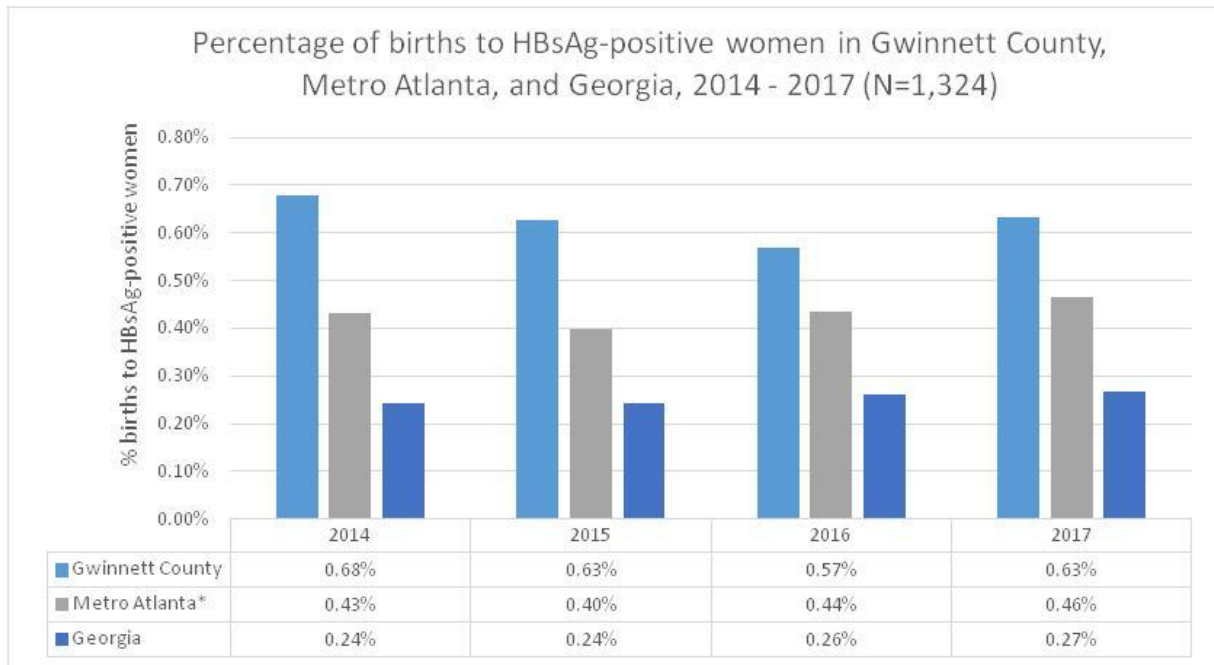
⁷⁸ AIDSvu <https://map.aidsvu.org/map>

⁷⁹ Georgia Department of Public Health <http://health.state.ga.us/epi/hiv aids/>

According to CDC, Hepatitis B virus (HBV) infection in a pregnant woman poses a serious risk to her infant at birth.⁸⁰ Without appropriate treatment, about 40% of infants born to HBV-infected mothers in the United States will develop chronic HBV infection, about one-fourth of whom will eventually die from chronic liver disease.

Because of Gwinnett County’s large foreign born population, many children are born to mothers from countries where Hepatitis B is prevalent. The Health Department has consistently had the highest case load of babies to follow for the past five years among all Georgia counties.

Figure 22. Perinatal Hepatitis B by Percentage of Birth, Gwinnett County, Metro Atlanta and Georgia, 2014-2017



Source: Epidemiology Unit, Gwinnett, Newton, and Rockdale County Health Department, 2018

Chlamydia

⁸⁰ CDC <http://www.cdc.gov/hepatitis/HBV/PerinatalXmtn.htm>

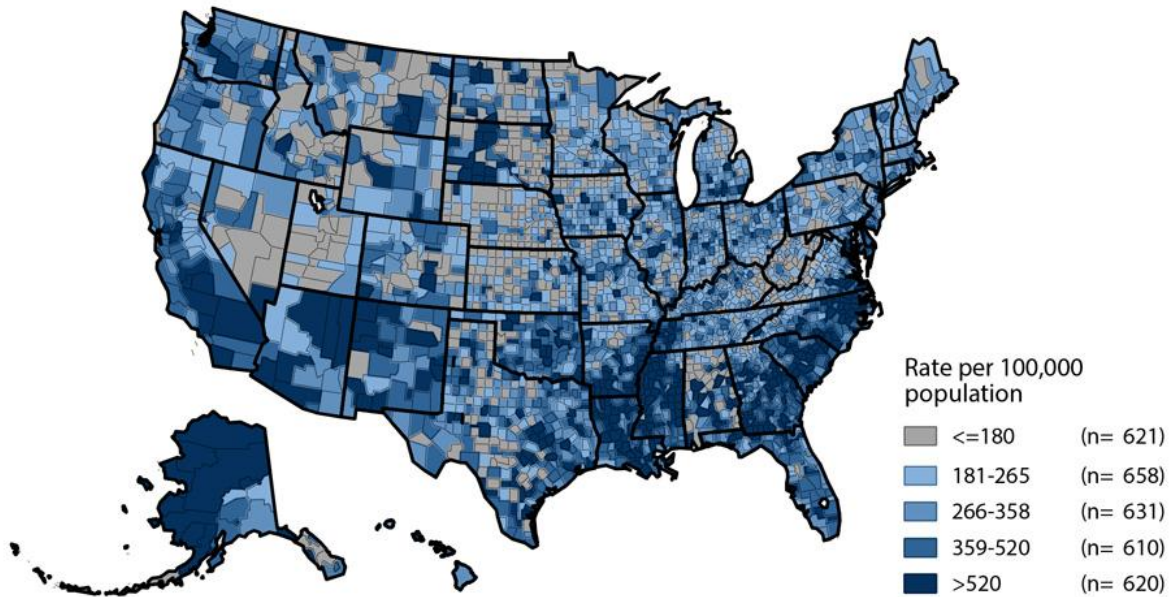
Chlamydia Incidence Rate

Comparison: GA Counties



Like elsewhere in Georgia, sexually transmitted diseases (STDs) are a health problem in Gwinnett County. In 2017, there were 445.9 cases of Chlamydia per 100,000 population, representing a nearly 12% increase from 2015, when the rate was 397.5 per 100,000. The statewide rate was 627.3 per 100,000 in 2017.⁸¹ Georgia was estimated to have the 6th highest rate of Chlamydia in the country in 2011 (Figure 23).⁸² Most cases of Chlamydia in Gwinnett County occurred among people 15-29 years, and infection was more common among African-Americans and Hispanics (Figure 24).

Figure 23. Chlamydia—Rates by County, United States, 2016

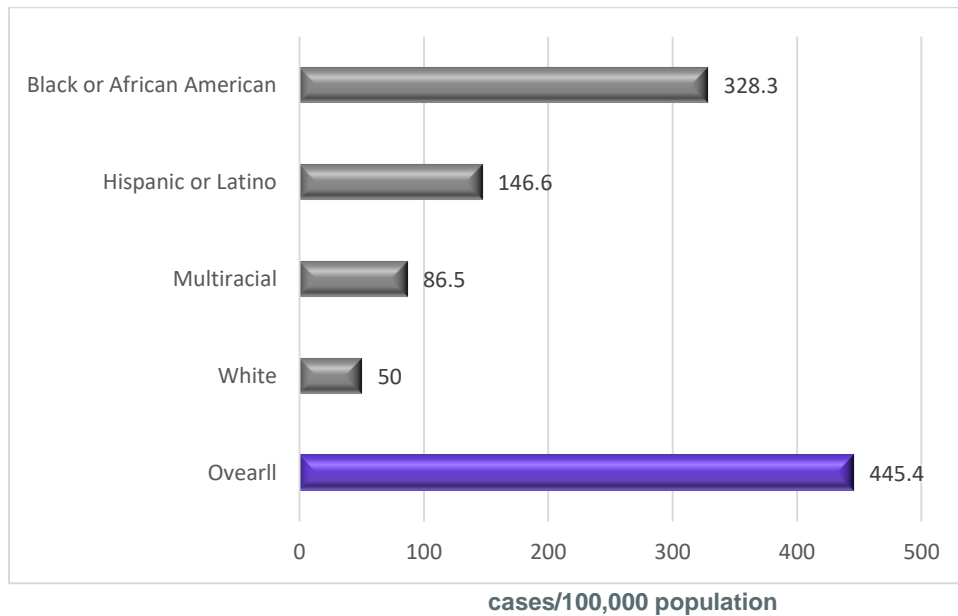


Source: CDC (<https://www.cdc.gov/std/stats16/figures/4.htm>)

⁸¹ OASIS <https://oasis.state.ga.us/oasis/webquery/qrySTD.aspx>

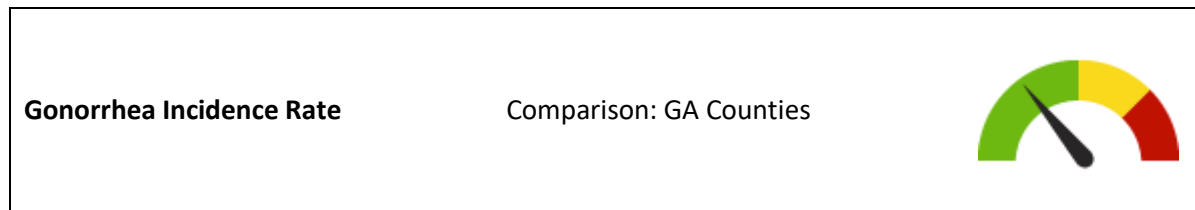
⁸² CDC <http://www.cdc.gov/std/default.htm>

Figure 24. Chlamydia Incidence Rate by Race/Ethnicity, Gwinnett County, 2017



Source: OASIS (<https://oasis.state.ga.us/oasis/webquery/grvSTD.aspx>)

Gonorrhea



Like Chlamydia, gonorrhea can cause serious and permanent health problems in women and men. The 2017 gonorrhea rate for Gwinnett County was 109.2 per 100,000 compared with a statewide rate of 217.5 per 100,000.⁸³ Most cases were among people ages 18-29. The gonorrhea rate for African-Americans (149.8 per 100,000) was nine times the rate for Hispanics (23.6 per 100,000) and Whites (20.1 per 100,000).

The 2105-2017 rate for syphilis, another STD, was 27 per 100,000 compared with a statewide rate of 42.1 per 100,000. The syphilis rate among African-Americans was 89.7 per 100,000, far exceeding the rates for Whites (14.2 per 100,000) and Hispanics (26.3 per 100,000).

⁸³ OASIS <https://oasis.state.ga.us/oasis/webquery/grvSTD.aspx>



Themes and Strengths Assessment

Focus group participants as well as key informant interviewees did not discuss infectious disease directly. However, both groups talked about the need for education in the community about the need for vaccines. Several focus group participants were aware that vaccines were one of the services offered by the health department.

Local Public Health System Assessment

There was no discussion specifically about infectious disease during the local public health system's (LPHS) evaluation of how they function. However, a lot of the assessment could be applied to the treatment of and education about infectious disease. As with access to general care, the LPHS's assessment found that there were duplicative services that complicated the system. They also found that there were translation issues which created barriers to addressing health problems and a lack of awareness about the resources that are available. This relates to their review of how they work together to plan, conduct and implement health education and promotion activities. They felt that although there is good collaboration, there is a need to prioritize and address more pressing issues first. Additionally, they concluded that efforts to address health problems were often based on perception of need and not evidence or data.


Mental Health

Poor Mental Health Days	Comparison: GA Counties	
Lack of Social or Emotional Support	Comparison: U.S. Counties	

Health Status Assessment

Gwinnett County has above average statistics for several indicators of mental health; however, room for improvement exists. In 2018, Gwinnett residents reported an estimated 3.2 days of poor mental health in the 30 days before interview compared with the Georgia average of 3.8 days.⁸⁴ Frequent mental distress is defined by more than fourteen poor mental health days. Eleven percent of Gwinnett residents reported frequent mental distress compared to the Georgia average of 13%. From 2006-2012, 17.5% of adults reported that they did not get the social and emotional support they needed, which was lower than the statewide average of 20.7%.⁸⁵ This indicator is important for overall health because research has shown that people with social and emotional support experience better health outcomes (including recovery from cardiac surgery, coping with cancer pain, and overall longevity) compared with people who lack such support.

According to the 2018 County Health Rankings reported for Gwinnett County, the mental health provider ratio was 1,070:1, which is lower than the Georgia county average (830:1).

Age-Adjusted Death Rate due to Suicide	Comparison: GA Counties	
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Suicide is a major, preventable public health problem, and was the tenth leading cause of death in the United States in 2010. In Gwinnett County, it was the fourth leading cause of premature death in terms of years of potential life lost. The 2015-2017 age-adjusted death rate due to suicide in Gwinnett was 11.6 per 100,000, which was lower than the statewide rate of 13.0 per 100,000 and the Healthy People 2020 target of 10.2 per 100,000.⁸⁶ The age-adjusted rate for men (16.9 per 100,000) was nearly three

⁸⁴ Gwinnett Medical Center <http://chnadashboard.gwinnettmedicalcenter.org/?module=indicators&controller=index&action=view&comparisonId=&indicatorId=368&localeTypeId=2&localeId=505>

⁸⁵ CARES Engagement Network <https://engagementnetwork.org/>

⁸⁶ OASIS <https://oasis.state.ga.us/oasis/webquery/qryMortality.aspx>

times the rate for women (6.8 per 100,000). Adults age 60-74 years had the highest rate of suicide (14.1 per 100,000).

Themes and Strengths Assessment

There was lots of discussion during all of the focus groups about mental health. Overall, all groups agreed that there was not enough resources for mental health and behavioral health services to meet the need for mental health issues. It was mentioned that if you have insurance the services are better, but for those who do not have insurance the services can be very poor. Most participants were able to name ViewPoint Health as a provider. One person made a comment that mental health issues were not being handled well in the county. Some felt like they the county doesn't want to address the needs of the community. Youth were mentioned as having problems with depression and suicide. Because some people are completely alone without any support system it was mentioned that there is a need for people to be taught how to build a support network.

Key informant interviewees identified felt that limited mental health services offered to the community was an area where the community fell short in health and quality of life. To address this they suggested increased education and awareness of mental health in the community, utilizing similar cultural competencies of healthcare providers and allied professionals, and use of the language line in facilities.

Forces of Change Assessment

Mental health issues were recognized during the forces of change assessment as one of the top 10 forces likely to impact health and quality of life in Gwinnett County. In addition there were some identified opportunities associated with this force of change which included:

- Values System
- Engagement through library
- Seniors involved with MH services

Likewise there were threats associated with mental health including:

- Opioid/other drug abuse
- Homelessness
- Stigma among mental illnesses
- Lack of funding for programs and services

Local Public Health System Assessment

In the assessment of the local public health system's (LPHS) capacity to conduct essential public health services, as it relates to meeting the needs of the population we serve and continuously looking for ways to improve it was determined that mental health needs are not being met. When evaluating the LPHS's effectiveness in responding to health problems, an identified deficiency was mental health medication being misdiagnosed. There were some strengths identified as it relates to local policies in both the government and private sector that promote health and human services in our community. These included veterans and mental health courts, as well as police mental health training.

Senior Health

Depression in Medicare Population

Comparison: GA Counties



Depression is a chronic disease that negatively affects a person's feelings, behaviors and thought processes. In Gwinnett County, 14.8% of the Medicare population was treated for depression in 2015 compared to the state rate of 16%.⁸⁷ From 2010-2015 Gwinnett County has seen an increase each year in the number of Medicare patients treated for depression.

People 65+ Living Alone

Comparison: GA Counties



People over age 65 years who live alone may be at risk for social isolation, limited access to support, and institutionalization. In Gwinnett County, 5.1% of people over age 65 years live alone compared with the Georgia rate of 8.9%.⁸⁸ As noted in Gwinnett County's 2030 Unified Plan, the county's aging population means that the county "will increasingly need to provide programs and services for older adults."⁸⁹

Age-Adjusted Death Rate due to Alzheimer's Disease

Comparison: GA Counties



Alzheimer's disease is the fifth leading cause of death among adults 65 and older. In Gwinnett, the age-adjusted death rate due to Alzheimer's in 2015-2017 was 47.6 per 100,000, which was higher than the statewide rate of 44.0 per 100,000.⁹⁰ This rate was highest among African-Americans (47.5 per 100,000) and Whites (53.3 per 100,000) and lower among Hispanics (25.1 per 100,000) and Asians (28 per 100,000). Unfortunately, no specific actions have been clearly shown to reduce the risk of Alzheimer's

⁸⁷ Gwinnett Medical Center [Community Health Needs](#)

⁸⁸ U.S. Census

https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_5YR_S1101&prodType=table

⁸⁹ Gwinnett County 2030 Unified Plan

<http://www.gwinnettcountry.com/portal/gwinnett/Departments/2030UnifiedPlan>

⁹⁰ OASIS <https://oasis.state.ga.us/oasis/webquery/qryMortality.aspx>

disease. However, diabetes, smoking, and depression have been associated with cognitive decline (or worsening mental function), and cognitive engagement and physical activity have been associated with a lower risk of cognitive decline.⁹¹ Since smoking cessation, physical activity, social and cognitive engagement, and prevention of diabetes have many other positive health benefits, promoting these activities is clearly worthwhile and might help prevent Alzheimer's Disease.

Themes and Strengths Assessment

During focus group discussions the comment was made that the elderly are forgotten in our community. The group also felt that the county needs to bridge the gap between the aging population and the emerging population to accommodate all needs.

It was repeatedly expressed that there was not enough public transportation to support the needs of seniors for all services such as going to senior centers, causing some seniors to feel stuck at home. Senior populations were mentioned to be at high risk for isolation which leads to poor health and depression. They mentioned there are not enough services and resources for seniors, and the four senior centers are not enough for the increasing number of seniors and the waiting lists are long. The groups were concerned about communication, with a major emphasis on resources and how to access those resources. A number of participants agreed that there is a distinction between 'younger' more active seniors and 'older' less active seniors. Some participants felt that the younger seniors need access to more recreational activities.

Limited income for some seniors is a problem. They mentioned that even if people had saved money for retirement, they are out-living those savings. Several agreed that affordable safe housing is few and far between. They mentioned that smaller, one-level homes are not available and housing is only affordable if seniors continue to work. Generally several participants agreed that housing was more affordable in South Gwinnett when compared to North Gwinnett. Seniors struggle with having access to basic needs.

Overall the group felt that Medicare insurance is affordable although some think supplemental insurance is expensive. Others said the insurance statement is difficult to understand. Also the group agreed that there are not affordable dental resources for seniors and that dental care is not covered by Medicare.

Feedback from Key Informant Interviewees seemed to contradict that of focus group participants, with senior services resources being identified as one of the community's greatest strengths in support of health and quality of life. However, there were areas where they felt the community could improve such as providing education and awareness about available resources. It was expressed that this could be accomplished by:

- community leaders having a shared agenda
- focusing on eliminating duplication of services

⁹¹ Agency for Healthcare Research and Quality
<http://www.ahrq.gov/research/findings/evidence-based-reports/alzcoq-evidence-report.pdf>

- identifying gaps and putting more resources towards what's working and what's effective, resulting in some cases reallocation of services and resources

Forces of Change Assessment

Forces of Change Assessment participants acknowledged that an increasing senior population is a force impacting the health and quality of life of the Gwinnett County community. Some of the associated opportunities included this population bringing diversity, volunteerism, and discretionary money into the county. The increase in this population also presents an opportunity for creating a continuum of care. Threats associated with this force of change include the fact that seniors are experiencing longer life expectancy, which means the population will continue to grow, putting a greater demand on the housing market due to high property taxes driving seniors out of their homes. There is also an increase in transportation needs specific to seniors as they age out of driving safely. Lastly, an increase in the population will also increase the need for resources related to maintaining quality of life and avoiding isolation.

Local Public Health System Assessment

Evaluating the local public health system's (LPHS) performing the essential public health service related to local policies in both the government and private sector that promote health and human services in our community an identified strength was adult protective service laws. Further analysis of the LPHS public health and healthcare staff being competent and aware of the most current approaches to care the consensus was that innovation is a part of large healthcare organizations but has not gotten to grassroots programs and facilities because staffing and funding are limited. This would have a direct impact on organizations that service the senior population.

Attachment A. Planning Participants

Gwinnett County Public Health Department

Lloyd M. Hofer
Connie Russell
Brittany Carter

Modu Feyisitan
Tara Echols
Veronica Mahathre

Gwinnett Medical Center-Lawrenceville Community Health Needs Assessment Participants

Many individuals associated with Gwinnett Medical Center-Lawrenceville participated in the community health assessment process. The members of the data and facility teams included staff that provides leadership and direct care services in many healthcare areas. The steering committee included members of hospital administration and the Board of Directors participated through the Quality and Community Health Committee. Members of these committees included:

Alan Bier, MD
Allison Hamlet
Amanda Hollaway
Amy Motteram
Amy Tella
Angel Roussie
Andy Durham
Anita Parks
Anne Kramer
Annett Slayton
Becky Weidler
Billy Wright
Brad Humphrey
Carol Danielson
Carolyn Hill
Cathie Brazell
Cathy Dougherty
Cheryl MacMillan
Cheryl Odell
Cheryl Wunsch
Chuck Christie
Cindy Murphy
Cris Hartley
Debra Proulx
Diana Potts
Dolores Ware
Domingo Valpuesta
Eddie Tong

Gina Solomon
Grace Cruz
Hans Schermerhorn
Heather Boyce
Holly Richards
Jamila Brown
Janet Schwalbe
Jason Chandler
Jay Dennard
Jayne Kulp
Jeff Wages
Juneasa Jordan
Karen Cliff
Katrina Stone
Kelly Dunham
Kristin Crea
L. C. Johnson
Lillian Mucklow
Linda Horst
Lynn Quinn
Lynne Sycamore
Martha Jordan
Mark Darrow, MD
Mary Cooper
Mary Hudgins
Mary Moessinger
Mike Boblitz
Mike Levengood

Miles Mason III, MD
Mona Lippitt
Nicole Lescota
Nadirah Burgess
Nancy Kendal
Pamela Johnson
Patricia Lavelly
Phillip Wolfe
Renee Byrd-Lewis
Richard Stephens
Sheila Warren
Scott Orem
Steve Nadeau
Steve Rubin
Susan Gaunt
Susan Troccia
Tamey Stith
Tim Gustavson
Tom Lynch
Todd Vermeer
Thomas Shepherd
Tommy McBride
Victoria Anthony

Gwinnett Coalition for Health and Human Services

The Gwinnett County Public Health Department has actively participated on the Gwinnett Coalition for Health and Human Services Board for many years and has served the community through initiatives driven by its subcommittees. The Coalition includes a 56 member board with representatives from county and state government, schools, professional services and corporations, funders, chamber of commerce and other community organizations.

The Coalition, Gwinnett Medical Center and the Gwinnett County Public Health Department used the MAPP framework, to develop three goals for the three priority areas of the Coalition's strategic plan.

The Gwinnett Coalition's strategic planning process will also include the participation of numerous committees that will review the goals defined by the Mobilizing for Action through Planning and Partnerships (MAPP) Steering Committee to evaluate current and future community initiatives. The Gwinnett Coalition's updated strategic plan will be presented to its Board of Directors in January 2019 for approval.

The following members of the Gwinnett Coalition's staff participated in the collaborative efforts to conduct the community health assessment:

Ellen Gerstein, Executive Director
Kimberly Thomas, Planning and Evaluation Director
Regina Miller, Associate Director
Suzy Bus, Helpline Director
Sarah Baskin, Program Specialist

Attachment B. Summary of Community Engagement

Focus Groups: Common Themes

The focus group meetings allowed the public to share their voices, not only about their lives, but the lives of their families. Their voices gave a picture of the health of our county, as represented in the word cloud above. Just as a word cloud is a visual representation of text data, these words represent the voices of the community as they discuss topics related to living in Gwinnett. The larger the text size, the greater importance that topic was to our focus groups.

The focus groups took place in the month of February 2018, with a total of 90 participants. The focus groups were a collaboration of nine different populations, including: Engaged citizens, veterans, seniors, homeless, Hispanic/Latino, behavioral health/substance abuse, families of adults with developmental disabilities, African American and Asian. Topics discussed during the focus group meetings include community relations and engagement, economic and financial stability, education, safety, age focus, and health and wellness.

Overall, the groups were pleased with living in Gwinnett County. Most of them were involved in their communities, felt safe at home, were satisfied with EMS and fire services, as well as public schools, libraries and parks. Most of the challenging issues dealt with transportation and communication in various parts of their lives. They felt there was not enough public transportation to support jobs and housing needs in the county, in addition to transportation needs for youth, seniors and disabled. The groups were concerned about communication, with a major emphasis on resources and how to access those resources. They were not aware of health department resources and felt emergency preparedness needed to be addressed.

In community relations and engagement, the focus groups spoke openly about the political system not representing all people in Gwinnett. They felt there were many transplants from other places, and they lack family and community support to be successful here. Economic and financial stability were widespread issues and covered jobs, housing and homelessness. Overall, the groups felt that available jobs do not cover the cost of living in Gwinnett. Many struggle with low-paying entry-level jobs or not enough hours. Affordable housing is a major need for many of the groups. Increasing rent and cost of living without job stability is a strain for many Gwinnett households. They were concerned about homelessness in the county, especially people staying in extended-stay hotels, people temporarily living with other people, and no resources available for homeless men. Several groups were worried about future financial stability, particularly for disabled adults and seniors.

Education was a key issue for the focus groups. They felt the school leadership was not representative of the diversity of the community. They noticed a disparity between school districts in the county, and many times, this correlated back to financial stability in finding good schools where they could afford to live. The groups agreed there were limited resources for people who speak English as a second

language, as well as adults with disabilities once they graduate and leave school. These are opportunities for our community to do better. Safety concerns include a perception that different areas of the county are safer than others, and distrust and insecurity as some populations avoid encounters with law enforcement. There is also a perception of lack of resources for emergency preparedness. Age focus issues include youth and seniors. Common matters include not enough activities and resources available. At-risk youth with depression, suicidal, drug and alcohol addiction issues need to be addressed, as well as having affordable community youth sports. Seniors struggle with affordable housing and having access to basic needs and senior centers.

Each of the groups spoke about health and wellness needs. Insurance and access to healthcare were very important topics. Getting insurance, high deductibles and understanding how Medicaid works in Georgia were common problems among the groups. Not having enough providers or having difficulty finding providers that will take insurance was also important to them. They felt there were not enough clinics or available options for those without insurance. It is hard for some groups to find the health information that they need. Overall, all groups agreed that there was not enough resources for mental health and substance abuse.

At the end of the focus groups, many participants stated that they were very glad to have had the opportunity to participate and would welcome the opportunity to be included again at another time in the future.

Focus Groups: Demographics Summary

These focus groups were demographically representative of Gwinnett County's diversity in several ways. By age group, there were participants from ages under 18 to over 85. Race and ethnicity were also closely aligned to the County's demographics with more than 53 percent White (including Hispanics), 37 percent African American and seven percent Asian; ethnically, 21 percent reported themselves as Hispanic/Latino. Geographically, there were representatives from 22 zip codes. However, these focus group participants were not chosen randomly. Board members of the Gwinnett Coalition offer programs that serve individuals in the identified designated categories. These leaders offered their clients the opportunity to participate. Because of this, the views of the groups may not be representative of the population at-large. Also, while the general categories might have been the same as focus groups from previous years, the participants were not necessarily in similar situations; therefore, there were no direct comparisons made.

Focus Group 1: Engaged Citizens

Assets	Issues
Community & health activities	Communication
Volunteer opportunities	Transportation
Feel safe at home	Jobs providing enough hours
EMS and fire service	Insurance –high deductibles and hard to find providers that will accept some types of insurance
Public schools	Healthcare – not enough providers (specifically psychologist & psychiatrists)
Libraries	Healthcare – not enough clinics for those without insurance
Parks	Dental care –unaffordable without insurance
	Political system – doesn't represent all people
	Not enough afterschool resources/activities for youth
	Community youth sports are too expensive
	Not enough activities/resources for seniors
	Not enough resources for adults with disabilities
	Better emergency preparedness
	People are transplants from other places and lack family/community support

10 participants: men (3) and women (7); White (3), Black (6), Asian (1)

Satisfaction scores (10 most satisfied) before 8.6, after 8.9

The title of this group is an excellent description of the participants. These active, civic-minded adults are involved in the community and spoke very positively about the public schools, libraries, parks and the police, EMTs and fire services. Because most of the participants had been through the Gwinnett 101 program, the participants were very aware of activities they can be involved. The description of activities included Gwinnett Senior Leadership, citizen policy academy, volunteer firefighters, toast masters, master gardening program and scout leader. For health activities Thai chi, kickball and hiking were mentioned. Someone else mentioned being active in a cancer support group. While there were many programs mentioned, they felt like there are not enough programs to meet the needs for the number of people in Gwinnett, particularly children/youth, seniors, those with mental health issues or those with disabilities. There was some discussion of changes in the political system in Gwinnett with more racially and culturally diverse individuals planning to run for public office because the current system doesn't represent all of the people.

Communication was mentioned as a problem many times. The participants suggested that while we have many resources in the community there is not an easy way to find out about them. Some participants call many agencies or try to find resources on the internet. The group mentioned they used the phone app Nextdoor to stay informed and to communicate with others in the community. Another participant mentioned a website Crimemapping.com to be aware of crimes in her area.

Transportation was another commonly mentioned problem associated with many topics. Everyone agrees there is too much traffic and public transportation is not readily available. Transportation for

afterschool activities for children and for senior to go to senior centers was mentioned. Transportation was also mentioned as a problem that causes some seniors to feel stuck at home.

This led to the discussion to the nature of our community being transplanted people from other places and meant the family doesn't have the extended family support. Because some people are completely alone without any support system it was mentioned that there is a need for people to be taught how to build a support network. Senior populations were mentioned to be at high risk for isolation which leads to poor health and depression. The four senior centers are not enough for the increasing number of seniors and the waiting lists are long.

It was mentioned that job concerns include job stability and driving out of county for jobs in some fields. While the participants perceived that jobs are available the work hours available each week are not adequate to provide enough money to live. Some participants have more than one job to meet their expenses. It was also mentioned that there are not enough jobs for adults with disabilities.

Overall the group felt that there are good programs for the youth in place, but transportation to these programs is an issue as well as communication on where to find these programs. Other limitations mentioned included high fees in children's sports program and long waiting lists for the Boys and Girls programs. It was mentioned that child care options don't meet the diverse needs of parents. Concerns were also voiced regarding not enough resources are available for special needs individuals after graduation. One individual voiced a concern that the school board is not accountable because they rule with an iron fist without answering to the public.

The issue of crime was discussed with most everyone agreeing they feel safe from crime in Gwinnett. Several people agreed that some areas of the county need more police officers. One participant felt she hears about crime in Gwinnett every morning. Another mentioned that that they understood that there was a major drug cartel discovered in Gwinnett too.

EMS and fire service was spoken of very positively. The fact that all firefighters also are trained as EMTs was mentioned.

Communication for emergency preparedness was mentioned as an issue and the group felt that there are not adequate supplies and equipment for emergency situations using snow and ice situations as examples.

Healthcare is considered good if you have insurance. But insurance limits locations the participants can receive care. One participant goes to Marietta for her care because of insurance. High deductibles prevent people from getting treatment. Dental care was considered too expensive if you don't have insurance and even with insurance it can be difficult to find a dentist that will accept certain plans. There are only two public insurance providers in Gwinnett and many doctors don't take one of them. Several participants agreed that there are not enough clinics for those without insurance. Kaiser Insurances was perceived as providing specialist as well as available treatment hours outside of work hours. Most participants found health information on the internet and they also talked with their doctors, employers or friends.

The Health department was noted to provide vaccines (including travel vaccines) and mental health services.

The participants did not feel there are adequate mental and behavioral health services, particularly for children. The comment was made that there are not enough therapists or psychiatrists and that suicide in children is increasing.

Focus Group 2: Veterans

Assets	Issues
Community & health activities	Jobs are entry level that means lower pay
Volunteer opportunities	Homeless families live in extended stay hotels
Public schools	Not enough affordable housing
EMS and fire service	Insurance –high deductibles and hard to find providers that will accept some types of insurance
Parks	Not enough afterschool resources/activities for youth
	Community youth sports are too expensive
	Need better emergency preparedness
	Poor communication about resources
	Transportation, both traffic and not enough public transit
	Not enough healthcare providers
	Not enough activities/resources for seniors
	Not enough resources for adults with disabilities
	Not enough resources for mental health issues

15 participants: men (10) and women (5); White (2), Black (11), Mixed (2)

Satisfaction scores (10 most satisfied) before 7.6, after 7.9

This was a large focus group that was very engaged in the discussion. The group had a larger number of male participants than female, which is different from most of the focus groups. When the group noticed a lack of resources or services, they wanted to discuss their ideas for solutions to the issue.

When asked about activities in the community that would allow them to connect with others or were health related, they were able to identify several and a few participate in volunteer activities but many stated they do not participate in any activities.

The group agreed that transportation is an issue, including high traffic areas and not enough public transportation.

Financially some felt that we have more people with higher incomes than other counties but they also identified a great deal of poverty associated with people who were unable to afford rent for housing and the number of people living in extended stay hotels. Homelessness is perceived as a hidden issue and some members of the group perceived that homeless people are encouraged to leave the county. The comment was made that the county leaders don't want to acknowledge homelessness as a problem. Some participants noted homeless men are the most over looked and there are a few resources for homeless women with children. The perception of a gap between affordable housing and job income is

too great. The group felt entry level jobs are offered because it cost the companies less to hire, as a result this leaves experienced workers without jobs. In addition, entry level jobs do not pay enough to cover the cost of living in Gwinnett.

Many participants chose to move to Gwinnett for the public school system. However some felt the county is getting overcrowded and there is a perception that the teacher student ratio is too high. There was also discussion about the differences between school districts with some schools having better resources than others do. They felt like a great deal of our tax money goes to the school district, but that more could be done to provide after school programs for kids and transportation for those after school programs.

There were several concerns for children. After school programs were seen as a solution to prevent young people from getting involved in crimes. At least a few of the people felt like there are gangs in the County. Some of the participants felt that County leaders don't want to admit that. The Boys and Girls Club was mentioned an example of a program an afterschool program, but there aren't enough of these programs to meet the needs of the children. Some of the participants identified that these clubs are privately funded – not by the County. Some members of the group felt that there have been programs for disabled children in school, but that not enough resources are available once these adults with disabilities are no longer in the school system.

Effective communication is lacking about many services in Gwinnett including available children and youth programs and people with special needs. A discussion of ways to meet these communication needs including the suggestion of a central office, however the discussion revealed that there are several of these types of services in the community, but the group felt they are not well publicized.

There were very diverse opinions about crime and police protection in Gwinnett. There were some who feel safe and spoke of using a community app to stay in touch with neighbors about safety issues in the community. Active neighbor watch groups were mentioned as a positive community measure and that neighbors looking out for each other was another. Someone mentioned the slogan "if you see something, say something" as the kind of thinking that is going to keep us all safe. There were specific police departments that were named as being particularly helpful. Some stated they felt safe because they have self-protection by having guns. Others stated they were uncomfortable with people have guns if they aren't properly trained. Several participants felt that if you fit a certain description of someone they're looking for they will pull you over. Another person felt that if you haven't done anything wrong the police won't hold you. Also there were some comments about gang activity in Gwinnett

Everyone spoke favorably about EMS and fire service. Emergency preparedness was another topic with differing opinions in the group. Some compared Gwinnett with other parts of the country where the equipment needed to clear the streets and make travel safe was readily available. The comment was made that the infrequent need of the equipment and providing that service (even in neighborhoods) is too costly for the county. Some felt the services have improved and that they feel the county is trying to meet our needs; while others felt because of inadequate staff, there is a slow reaction time to weather

incidents particularly in certain areas of the county. The comment was made that other parts of the country pay higher taxes than we do.

The Gwinnett Park’s system was considered a positive resource for the community, but the cost for youth to participate in sports and other activities is prohibitive. The concern that youth without something to do in the afternoon will more likely get into trouble. Several participants agreed that transportation to activities is not available. The group thought seniors have a lack of affordable housing, as well as transportation issues for all services. The group agreed that having senior centers is great, but there are not enough resources for seniors.

As veterans, some of the member of the group reported they receive their care in both Gwinnett as well as surrounding counties, including the VA hospital in DeKalb County. They also mentioned that there are two VA medical facilities in the County.

Most participants didn’t feel there are enough healthcare providers in the community. They stated that they have to wait up to four weeks to get an appointment with their physician. Because of the long waits some people said they use urgent care facilities. The high deductible insurance policies were voiced as a concern and that many people can’t afford adequate health care. Others said they know people that use the Emergency Rooms for their healthcare. They mentioned there are not enough services for seniors. Most participants get health information from the internet, church or their friends/neighbors and family.

A number of participants were aware of services provided by the health department including women’s health care, dental and eye checks for children, vaccinations and nutritional information. However the group felt that communication about these offerings is lacking.

Everyone agreed that there are not enough resources to meet the need for mental health issues especially for the youth. Some participants were especially concerned with suicides in our youth. One participant described when his child attempted suicide and 911 put him on hold. Since he couldn’t get an ambulance, he drove her to the hospital. He felt that there are not enough facilities that provide care for youth and as a result, they sometimes are held in the ER for days because there is nowhere available for treatment.

Focus Group 3: Seniors

Assets	Issues
Community & health activities	Poor communication about activities and resources
Volunteer opportunities	Not enough transportation for those who no longer drive
Feel safe in their homes	Transportation, both traffic and not enough public transit
EMS and fire service	Not enough affordable housing
Parks	Jobs not enough qualified workers and not enough available jobs for others
Emergency preparedness	Not enough resources for children
	Not enough resources for seniors

Assets	Issues
	Insurance can be confusing and supplemental plan can be expensive
	Not enough resources for mental health issues
	Not enough resources for adults with disabilities
	Lack of sidewalks
	Caregiving issues
	Dental care for seniors

12 participants: men (5) and women (7); White (8), Black (4)

Satisfaction scores (10 most satisfied) before 8.2, after 8.2

This group of seniors spoke comfortably about their experiences in Gwinnett County. Most participants were retired and some were more active than others were. Some felt that being active is very important to their health and work hard to stay active in the community. The participants identified several senior centers but even the newest one that just opened has a waiting list. Some felt that there are many possibilities for active seniors but it can be hard to find where and when activities are happenings. One participant said she reads multiple papers and share the information about activities through emails with multiple groups. Most participants agreed that having a central location for a calendar of activities would be better.

Transportation is another barrier mentioned by some of the participants who no longer drive. It's hard to be involved when you can't get to the events, even getting to the library can be difficult one participant commented. One person felt that the lack of public transportation is Gwinnett's biggest problem. Some participants mentioned using Uber or Lyft to have a more affordable transportation. Many agreed that traffic is often heavy. Another participant voiced the concern that there is a lack of sidewalks in the communities.

Limited income for some seniors is a problem. Several agreed that affordable safe housing is few and far between. They mentioned that they noticed some new "senior living" apartments being built that will cost \$2,000 per month. They felt for many seniors that would not be affordable. Generally several participants agreed that housing was more affordable in south Gwinnett when compared to North Gwinnett. Home maintenance is expensive too. One person felt that apartments for seniors near medical centers would be beneficial. A concern was also voiced that having enough caregivers in the community is a big issue.

While most of the participants are retired, some participants felt there aren't enough jobs in Gwinnett and others felt there weren't enough qualified workers. Another person mentioned the chamber of commerce is doing a good job encouraging new companies to come to Gwinnett.

Most didn't have current experience with the public school system, but at least one person had a difficult working with the school system when her child was ill while in elementary school. Another concern was voiced that there are more people who can't read than you would think. One person described finding it difficult finding resources for mentally disabled adults even though they thought there resources are available.

Several participants agreed that seniors are prime targets for online scams trying to obtain their information and these can include job applications. It's hard for many senior's to tell when they are being scammed because these days they look so legitimate. Most people reported they feel safe in their homes and like it when the police make rounds in their neighborhood. The groups thought EMS and fire services are great. Some stated they had used the services several times and were very satisfied.

Emergency preparedness for weather issues was generally seen as better than it was in the past, but some felt the County could do a better job by providing emergency preparedness workshops like some of the cities. Communication about weather issues was seen as problem because if the power is out the TV isn't available, other mentioned they use a weather app on their phones.

The many in the group agreed that while there are resources for children and seniors, there are not enough for the number of people they need to serve. One person mentioned the Georgia law has been changed so that volunteer drivers who provide transportation can no longer be sued by their passenger. This should encourage people to be volunteer drivers. A number of participants agreed that there is a distinction between 'younger' more active seniors and 'older' less active seniors. Some participants felt that the younger seniors need access to more recreational activities.

Overall the group felt that Medicare insurance is affordable although some think supplemental insurance is expensive. Others said the insurance statement is difficult to understand. Some concerns were voiced with Medicaid and the lack of doctors that accept that insurance. Also the group agreed that there are not affordable dental resources for seniors and that dental care is not covered by Medicare. The comment was made that your insurance or pension plan can dictate where you receive care. Most people used physicians in Gwinnett County, but a few go to Atlanta because of long relationships with their physicians. Most often the participants stated they see their primary care provider or urgent care centers if they are sick. The participants had a variety of resources for medical information including: internet, pharmacist, insurance nurse call line, and health fairs.

Most participants identified that the health department provides travel vaccines, but they didn't know about other services.

Everyone agreed that there aren't enough resources for individuals with mental health issues and they believe a large number of people in the metro area have an addiction to some type of drug.

Focus Group 4: Homeless

Assets	Issues
Public schools	Low job pay
EMS and fire service	Not enough affordable housing
Parks	Cost of living is high
	Not enough public transportation
	Not enough sidewalks or streetlights
	Need better emergency preparedness
	Poor communication about resources
	Not enough mental health or substance abuse programs

Assets	Issues
	Not enough health care services

8 participants: men (2) and women (6); Black (8)

Satisfaction scores (10 most satisfied): before focus group -- 9.1, after focus group -- 8.6

The participants of this focus group are part of the Family Promise of Gwinnett County Homeless Recovery and Aftercare programs. The program’s participants are individuals or families with children living in the County who need to secure employment and permanent housing. This program is not a shelter; instead families stay in a church or synagogues throughout the County one week at a time for 30 days (maximum of 90 days). Each family has a case manager who helps the families return to self-sufficiency by helping the adults look for housing, employment, job training and day care as well as providing other support services.

All of the focus group participants are employed and in permanent housing. Most of the participants knew each other through the program and seemed comfortable talking openly. This is the only group who had a participant under the age of 18. His mother also participated and agreed to allow her son to participate.

The group overall knew very little about activities that would be of interest to them in the county. One participant mentioned that she had met some parents through the Boys and Girls Club and had found out about some activities for children but nothing she would be interested in. This was the same for health activities. The group agreed that they are working hard to establish themselves and don’t have leisure time to explore these types of activities at this time.

This is a group that has been homeless and is going through a program to secure permanent housing and jobs that will pay their bills. The “no fault” labor laws in Georgia make them feel uncomfortable about the security of their employment. The group felt there are jobs in the community but that it’s hard to find jobs that pay well enough to cover the cost of living in the County. Affordable housing is another issue. Some said that without the program, they couldn’t find affordable housing.

Only one of the participants has lived in the County for a long time (born in DeKalb County). Most participants have been here one to two years and have come from locations across the country, Miami, Chicago, and New York to name a few. The group discussed that their expectation of community services was based on services they had received from the states where they previously lived. For example, Medicaid for adults is not available here and that was not expected; job salaries are lower for the same jobs than where they came from; and there are no street lights, sidewalks and public transportation in all parts of the county which is seen as a hindrance.

Everyone spoke very highly of the school system. The comment was made that even the lowest schools were highly rated. One participant mentioned that as groups of students move through a school the atmosphere can be better or worse and that Meadowcreek has been working to improve the atmosphere. Many didn’t know about resources for special needs adults in the community. One person felt that getting special help for children was a difficult process and they had to go through evaluations

from doctors before the schools would help the students get extra help. One person felt the education process for special needs students wasn't as good as the state she came from.

The group felt that crime is not an issue in Gwinnett. They feel safe in their homes, but again they feel the program has helped them find good places to live. The group had limited experience with EMS or the fire department. Two people said that when someone they knew needed to call 911 the response time was within 10 minutes.

The emergency preparedness was a different story. Many of the participants felt there are too many days the kids don't go to school because of "just a little snow or ice". Participants from places like Chicago and New York were used to having the roads cleared by snow plows and couldn't understand why our roads are not cleared. Also they don't feel other people know how to drive in snow and ice and these people make the roads dangerous.

The group didn't know much about resources for kids or seniors and that communication or resources for everyone is a big problem.

Participants that talked about primary care said that they have doctors, especially for their children but some said that they try to take care of their health issues themselves without going to a doctor. One mother of a child with asthma said that she doesn't hesitate to take her daughter to Children's ER when she needs to. Overall however, they don't feel there are enough health resources available in Gwinnett.

To get health information they tend to talk with friends or call a Nurse Call line. They said they don't usually use the internet to look things up.

Most participants didn't know about services provided by the Health Department. One person had a negative experience there and would not use them again. Another person said that when the children register in school, they were told that they would have to go to the health department to make sure they had the required vaccines. This was different from the previous state they had lived in. They didn't know that vaccine requirements could be different.

The group felt mental health and substance abuse resources are not adequate for the number of people that need them. This includes therapists and counselors for children. One person made a comment that mental health issues were not being handled well in the county.

When asked about what are the greatest needs in the county, everyone had a different opinion. Transportation, communication, jobs, recognizing that there is a homelessness problem in the county, affordable housing, and sidewalks were all mentioned.

Focus Group 5: Hispanic/Latino

Assets	Issues
Public schools	Low job pay
Fire service	Not enough affordable housing
Parks	Limited housing options
Libraries	Cost of living is high

Assets	Issues
	Language barriers
	Poor communication about resources
	Not enough resources for the elderly
	Health insurance too expensive
	Not enough mental health or substance abuse programs

9 participants: women (9); White (9), & Hispanic (9)

Satisfaction scores (10 most satisfied) before 9.2, after 7.6

This focus group was held in one of the participant's homes in a mobile home community. Everyone knew each other and lived close enough to walk to the meeting. Everyone also had young (under school aged) children that were present at the meeting. No one spoke English well and responded to questions through the interpreter. Some of the participants had trouble completing the demographic information sheets which were provided to them in Spanish. Those who needed assistance asked their friends or the interpreter for help in completing the forms. Most of the participants have lived in Gwinnett for more than 10 years. As the questions were asked, one person would respond and usually most participants would shake their heads in agreement.

The group was aware of community activities that were provided for them in Spanish including English classes, Norcross Homework assistance and Family First (parent programs). Some of these were health related including cancer prevention, parks and fire station activities. Some participants didn't know about community activities.

There were concerns voiced about jobs. Most felt that there were not enough jobs in the county and that the jobs that were available were minimum wage. This created a problem with affordable housing because the cost of rent and utilities goes up every year; the wages don't keep up with the cost of living. The comment was made that undocumented people in the community usually only made minimum wage.

The participants agreed that GCPS provided good education for their children. Some stated they go to classes that are provided to help them learn English as a second language, but others didn't know about that service. One person felt that the gifted program was great. Another commented her daughter interprets for other parents. They were unfamiliar with other resources for people with unique needs. This could be considered a communication issue regarding available resources.

The participants agreed that most of the time they feel safe where they live; however, one person did mention that there had been at least one break-in in the area. It was also mentioned that community members don't call the police because some people don't have resident status.

The participants agreed that if they need EMS, they come quickly. The group spoke highly of the fire services too.

They didn't have many comments about emergency preparedness.

The group felt there are not enough resources for seniors in the community. The comment was made that the elderly are forgotten in our community.

The participants said they don't have insurance or primary care. They try not to seek care unless it is an emergency because they can't afford it. They do have health care insurance for their children and mentioned using Four Corners and Good Samaritan Clinics.

They do not use the internet for health-related information, but talk to each other about how to take care of themselves. Good Samaritan Clinic was also mentioned as a source for health information.

They did know a little about the services of the health department; most used examples of care for their children. They mentioned WIC programs, vaccinations, general checkups and Pap smears.

They don't think there are enough resources for mental health or substance abuse problems. AA meeting and CERA Familia free counseling services were mentioned.

Focus Group 6: Behavioral Health and Substance Abuse

Assets	Issues
Community & health activities	Poor communication about activities and senior resources
Parks and Recreation facilities	Entry-level jobs are available but they don't pay enough
Schools	Jobs are not available for people with felony records
Feel safe in their homes	Not enough affordable housing
EMS and fire service	Homelessness
Emergency preparedness	Limited public transportation for those who need jobs; for youth afterschool activities; and for seniors
	Not enough resources for children/youth especially those with mental/behavioral health or substance abuse problems
	Not enough resources for seniors
	Traffic congestion and zoning
	Not enough resources for mental health issues
	Jail system

12 participants: men (5) and women (7); White (8), Black (4)

Satisfaction scores (10 most satisfied): before focus group -- 6.3, after focus group -- 6.2

The participants knew each other and are part of the Navigate Recovery program. This program supports individuals with a history of addiction problems or a family member with addiction problems. The group spoke openly and comfortably about themselves and their families. Most of the participants have lived in the County for many years; therefore, their perception of the County is from years of experience living here, not a comparison of other places they may have lived before.

The group was aware of many activities in the community both of personal interest and health-related. One person spoke of all the apps she has on her smartphone to keep her connected to what is going on in different areas of the county. Community activities were noted to occur in churches, the County's

Parks and Recreation facilities, youth sporting events and Rotary Clubs. Health activities mentioned were local gyms, ALTA Tennis, and the Atlanta Track Club. Many people mentioned that it is difficult to keep up with community activities and suggested that a central place to find community activities would be helpful. They mentioned that sometimes they found out something was going on by casual travels in the community.

The financial needs of people who have felony records include having difficulty with obtaining housing and jobs in the community. Affordable housing for low income people was mentioned as a problem. Homelessness was recognized as a problem and there are problems with housing in some areas of the county more than other. One participant mentioned rent is high, even compared to living in Atlanta. Another commented that buying a house has lower house payments, but people with poor credit don't qualify. Another commented that as an empty-nester, there are not enough homes for people to down sized with senior living needs in mind in area they may like to live. Participants commented that finding affordable good housing in good school districts is difficult. The perception was voiced that there are no jobs for individuals with records who need help after release. Many group participants agreed that many jobs that are available in Gwinnett are entry-level jobs and do not pay enough to cover the cost of living. Limited public transportation was mentioned associated with the ability to get to jobs.

Overall many felt that GCPS is a very good school system and has a great reputation. Many participants came to this area for the schools but believe there has been a decline in the schools over the years. The comment was made that the system has a variety of school programs. However, several people agreed that the needs of troubled students are not being met and some felt that if these issues had been addressed while the students were in middle school, they could have prevented drugs and alcohol problems later. Also, there are not enough counselors or support groups for students with depression or drug abuse issues. Several agreed that there are not enough afterschool activities and that the expense to participate in youth activities was too high. The availability of designated safe places for youth to spend time was identified as an issue. The transportation issues associated with getting young people to those activities when the parents aren't available was also identified. The group agreed that there are not enough resources for those with developmental issues.

The participants feel safe in their homes and they feel that the police respond appropriately when needed. The comment was made that having lived in the community for many years, they know where they feel it would be unsafe to travel. Traffic congestion and zoning issues were also mentioned as issues in some areas of the County. The EMS and fire services were also seen in a positive way. Emergency preparedness was recognized as not being perfect, but the group felt they are trying to make improvements. The comment was made that they thought the schools sometimes went too far because they cancel school when they shouldn't, leaving parents with a problem of finding childcare on those days. They spoke of some difficulties with the online school on snow days because that increased the homework the parents had to help the children with in the evenings.

For seniors, they knew of a number of programs for seniors were available as well as senior living community; however, they didn't think there are enough affordable assisted living centers. They felt that there aren't enough programs for low income housing for seniors or programs that provide

transportation. The group voiced a concern that the lack of transportation causes some seniors to be isolated and prevents them from participating in community activities. Communication about services for seniors is also a problem.

Most participants said they have primary care health providers and said they have insurance. They felt that people without insurance didn't have adequate access to health care or community clinics and that those people used the ERs as their primary care. People with Kaiser Insurance felt they have access to health care when they need it.

Most participants used the internet to gather health-related information. Others mentioned their insurance companies also provide nurse call lines.

Little was known about the health department other than the availability of vaccines for travel or for school immunizations.

They all agreed that there are not enough mental and behavioral health services in the community. They mentioned that their program is designed to help people with these issues get the resources they need. They mentioned that if you have insurance the services are better, but for those who do not have insurance the services can be very poor.

Focus Group 7: Families of Adult with Development Disabilities

Assets	Issues
High Hope Center	Not enough activities for disabled adults
Feel safe at home	Not enough jobs for disabled adults
EMS and fire service	Need transportation for disabled adults
Parks and Recreation	Better independent living opportunities for disabled adults
	Poor communication about resources for seniors and health resources
	Need affordable senior housing
	Need more smaller one-level housing for seniors
	Medicaid benefits are difficult to manage
	Medicaid health care providers are hard to find
	Not enough mental health or substance abuse programs
	Traffic
	Too much community growth without enough infrastructure support
	Overcrowded schools

9 participants: men (3) and women (6); White (8), Asian (1)

Satisfaction scores (10 most satisfied) before 7.9, after 7.3

Ages of these participants were generally older and the majority of the group has lived in Gwinnett for many years (20 to 47 years). The participants are parents or siblings responsible for adults with developmental disabilities who participate in the Hi Hope Center or associated programs. The group

members spoke very highly of the support they received at the Hi Hope Center. There were two couples in this group. One couple chose to move to Gwinnett County specifically for the Hi Hope Center program. They said they did a great deal of research and could have moved anywhere in the country. They have been here for two years and feel the program is well worth the move. I asked these participants to speak for themselves but also when appropriate to speak for their disabled family member. Developmentally, disabled adults are often unaware of many of the issues of adult life and rely on their families to provide support for them. However, many of the families try to balance these adults' desire to become as independent as possible. The group participants gave satisfaction numbers between six and nine (10 being most satisfied).

The participants are aware of some activities in the community; most activities are associated with providing support and transportation for their disabled family member(s). They listed Special Olympics, Happy Club and tennis. They find out about opportunities through the HI Hope Center or other parents. Sometimes they find out about things through their church, city signage or city newspapers. They thought it would be great to have a Gwinnett Events website. Some participants noticed that a deterrent from participation in activities is not having enough parking spaces. Overall the group feels the county needs more resources for people with disabilities.

They felt there are enough jobs for adults in the county, but that there are not enough jobs for developmentally disabled adults. If the developmentally disabled adults have jobs, the families often have to provide transportation because there is limited public transportation. One family considered Uber, but it cost as much as the developmentally disabled adult made in a day for transportation. Some parents are self-employed to help manage the scheduling. Traffic is an important issue in the county. Most of the developmentally disabled adults live with their families. However, at least one family has a developmentally disabled adult living in a group home; in that situation, the family doesn't have control over many aspects of the developmentally disabled adults' living arrangements. For instance, the developmentally disabled adult could be moved to another group home with or without consulting the developmentally disabled adult or the family.

Another distinct issue for members of this focus group is that as older adults care givers, they are trying to make sustainable living arrangements for their developmentally disabled adult for a time when their care providers die or are no longer able to take care of them. As mentioned before, some of the developmentally disabled adults want to live as independently as possible; while others are not developmentally able to be independent, and the responsibilities are being made for family members (example siblings) to take over guardianship in the future.

The group agreed that there are not enough education opportunities for people with mental and physical disabilities. After their family members finished the public school education program, there are not enough resources for disabled adults to continue to learn. The county also needs additional special needs activities (including sports) with community support for these programs.

Participants reported they feel safe in their homes; however, they are aware of more break-ins and changing demographics of neighborhoods. One participant mentioned that their developmentally

disabled adult doesn't think about feeling safe at home, but sometimes does get upset if he/she sees something about crime on the TV news. Others in the group nodded in agreement. They said EMS and fire services are good in the county. They said that there continues to be more people moving into the county but that as they build more housing, they aren't sure that the county infrastructure can keep up (schools, roads, water & sewer services). One person said that they were told they would get sewer service more than 30 years ago and that they never have been provided that service.

They feel GCPS are good schools, but they are too big and overcrowded. The group voiced concerns that there has been too much growth in Gwinnett without enough infrastructures to support the growth. The comment was made that the area of the county they live in was promised county sewer service 30 years ago and that it has never happened. They don't think there are enough services for seniors and if there are, they feel communication isn't adequate for people to know about them. Again, transportation is an issue for seniors and while there are senior programs, there is a waiting list. The group felt that seniors in the county need affordable housing. They mentioned that smaller, one-level homes are not available and housing is only affordable if seniors continue to work.

Most of the participants have health insurance for themselves, but their disabled family members are on Medicaid. Medicaid benefits for developmentally disabled adults are a problem. One family goes to Marietta to a practice that is for developmentally disabled adults. Others have found health care they are comfortable with in the county, but the state forces Medicaid recipients to get prescriptions from specific Medicaid physician providers which can be a problem. Finding Specialist health care providers got a mixed response; some were able to find providers; others were not. Again, communication regarding available resources is a problem.

Participants said that if they are sick, they go to their primary care provider or urgent care facilities. One family said they use Kaiser so they have 24 hour care available. Several participants agreed that they avoid going to emergency rooms unless they really need them. Many participants use the internet for health-related information, others use insurance company's nurse health lines.

They didn't know much about the health department. They did know the health department provides vaccinations.

They didn't feel there are enough resources for mental health and substance abuse problems. However, they were able to name ViewPoint Health as a provider.

Focus Group 8: African American

Assets	Issues
Community Activities	Not enough skilled jobs with adequate pay
Volunteer opportunities	Not enough affordable housing including seniors
Public schools	Not enough public transportation
Feel safe at home	Homelessness (no support for homeless men)
Police services	Poor communication about resources in many areas
EMS and fire service	Not enough one story housing with wheelchair access doorways

Assets	Issues
Parks	Not enough mental health or substance abuse programs
Great roads	Not enough health care services for people without insurance
	Traffic

6 participants: men (1) and women (5); Black (6)

Satisfaction scores (10 most satisfied): before focus group -- 9.7, after focus group -- 9.2

The group was held in one of the participant's homes. The participants did not all know each other. Two of the participants were a married couple. The group spoke openly even though they didn't always share the same perceptions of the community.

Almost everyone gave satisfaction with living in Gwinnett 10s; the lowest score was a 7 or 8.

The participants they were able to name many activities they enjoy including Toastmaster's, football associations, neighborhood leadership committee, Great Days of Service volunteers, Aurora Theater volunteer, food pantries and homeless outreach volunteers. They mentioned communication regarding activities as an issue, as well as transportation for some people in the community.

The issue of appropriate skilled jobs in the community has required some participants to go to other counties to find employment. Other people agreed they knew some people struggle because there are entry level jobs available, but that those jobs don't pay enough for people to afford housing. Others felt there is affordable housing for most people when compared with surrounding counties. Homelessness was mentioned as an issue, particularly homelessness of men and people staying in extended stay hotels. It was mentioned that people live in the woods because there is no housing available. Everyone agreed traffic is a transportation issue. Transportation associated with employment was another issue that participants didn't agree on. Some group members felt that the lack of public transportation limited employment opportunities. Another participant stated that better transportation could bring skilled workers (i.e., from Georgia Tech) out to Gwinnett as well as providing transportation into Atlanta for workers. One person was opposed to mass transit. The idea of taking responsibility for oneself and not relying on the County to provide for needs (e.g. transportation, housing, jobs, and child care) was the opinion expressed by one participant.

The participants had very positive comments about GCPS. They felt like there were many programs to meet the different needs students have. One person said that her student had been in private school until her senior year and that she was pleasantly surprised at how much the public school had to offer. One person said that not all school districts are equal, but the lowest district in Gwinnett is better than highest schools in other counties. One participant felt like the school system had done a good job making people identify with their school district and that there is pride in that relationship. The comment was made that the schools in Gwinnett really want children to succeed and the schools are willing to go the extra mile to make sure students succeed and graduate. The group felt that there are resources for people with special needs and that there are programs for people that speak English as a second language but they felt that there is not good communication about these resources.

Everyone stated they feel safe in their homes and that police respond quickly when needed. One participant commented that they liked that kids were always playing outside in the neighborhood. They also feel that EMS and fire services are excellent in the county. They stated that emergency preparedness has improved through the years. The example was given that there was a year that we had unusually high rainfall with a great deal of flooding in different parts of the county. After that experience this participant noted that road improvements and bridge replacements were done to prevent safety issues from occurring again.

The group felt that there are afterschool programs available, but that they are only available at some of the schools. They were aware of the Boys and Girls Clubs and that transportation was provided from some schools, but not many. Transportation was an issue with afterschool activities because those parents that work out of the county can't get their children to those activities. One participant commented that youth rely on family for transportation and have no other options if family can't get them to programs.

The group felt there were a number of programs available for seniors because of the growth in the County's aging population. They mentioned several senior centers and senior activities they knew about, including Bethesda Park. They weren't sure that communication about the programs was always available. The need for affordable housing for seniors on a fixed income was mentioned as a problem. They mentioned that even if people had saved money for retirement, they are out-living those savings. One participant mentioned the financial difficulty her mother had living into her 80s and then developing cancer. Another issue they thought would change in the next few years is that there would be more housing designed for one-level living with wider doorways for wheelchairs and walkers. They feel that the Baby Boomers that will be moving into that housing market are going to drive that change. The group also felt that the county needs to bridge the gap between the aging population and the emerging population to accommodate all needs.

Most participants have primary care providers and think there is enough available health care. The group agreed that people without health insurance don't have enough available health care providers. Several participants knew about one or two community clinics and someone mentioned that at one time you could go to Gwinnett Tech for free dental care. Some participants receive their health care in Gwinnett, but others use health care near where they work in another county. The participants believed that individuals without insurance go to the ER for care. They didn't think this was best, but they thought they didn't have other options. Most participants said that they thought there are enough specialists in the County.

When they get sick, they go to their doctors and if they can't get an appointment, they go to an urgent care clinic or a pharmacy clinic.

They get their health-related information from the internet. WebMD was mentioned specifically as an often used resource. Some mentioned they call other people they know. One participant said she calls her mother.

Some of the participants were aware of the services provided by the Health Department. Vaccines, children’s dental checkups, women’s checkups and the WIC program were all mentioned.

They didn’t know anything about mental or substance abuse resources in the county.

Focus Group 9: Asian & Hispanic

Assets	Issues
Community Activities	Not enough skilled jobs
Volunteer opportunities	Not enough affordable rental housing
Express bus system and roads	Not enough public transportation including for seniors
Libraries	Hidden homelessness
Parks	Poor communication about resources in many areas
Public schools	Not enough housing for low-income seniors
Police services	Not enough mental health or substance abuse programs
EMS and fire service	Not enough health care services for people without insurance
	Traffic

9 participants: men (3) and women (6); White (5), Black (1), Asian (3), & Hispanic (5)

Satisfaction scores (10 most satisfied) before 8.0, after 6.3

The members of this focus group are from the Center for Pan Asian Communities Services (CPACS). This organization is a private nonprofit with the mission statement “...to promote self-sufficiency and equity for immigrants, refugees and the underprivileged through comprehensive health and social services, capacity build, and advocacy.” The participants are service providers and their responses were a blend of their experiences and the experience of their clients. More than half of the group was in the 18-24 age group. Overall the group had diverse opinions and was comfortable expressing their views.

Many of the participants were able to identify community activities and volunteer opportunities and expressed that they felt there were enough community activity resources. Included were community activities and volunteer opportunities at parks, libraries, youth sports teams school activities (band, basketball, orchestra, running club), church, children’s health clinics, nursing home, voter registration and tutoring. At least one person felt like transportation to community activities was an issue, but another participant felt that the express bus system was very good and that the adopt-a-road demonstrated citizen leadership participation. Several participants commented that communication in different languages was an issue and that it was more of a problem in some areas of the county than other areas. Everyone in the group said they use magazines and newspaper written in other languages and that the County needs to be proactive in sharing what is resources that are available. The group also mentioned radio and TV stations in Korean, Vietnamese and Spanish. However, the comment was made that they are profit driven not for community outreach.

The comment was made that there are rarely government jobs or corporate job openings in the County, but that there are an abundance of industrial jobs. Another person said that many Gwinnett residents work outside of the county. Some people felt that the jobs that are available don’t pay enough to live in

Gwinnett. Another person said that the Asian American community is growing and that there are enough jobs that pay well enough to afford to live in here. One person said that housing is more affordable here than closer to Atlanta. Another commented that affordable housing close to public transportation was an issue. Other participants commented that rent is high and increasing. This makes it difficult because some people are not paid enough to keep up with the cost of living. The comment was made that young adults are having a hard time getting into their first house because of student loan debt. Some felt that some young adults are considering not going to college because of the debt they would acquire. The issue of homelessness was discussed as a hidden issue. Some people commented they don't see homeless people and they realize there are no shelters available here.

Many participants agreed that the public schools system is the reason people stay in Gwinnett. However, there were issues and concerns voiced about the schools system including disparity between school districts, overcrowded school and zoning some neighborhood further from their home. Other participants believe the school system is working on problems and that the focus on clusters is good for building a sense of community. The comment was made that the Board of Education members and teachers need to be from a more diverse background to better reflect the population of Gwinnett. One participant mentioned that efforts are being made to improve communication such as providing school closing text messages in languages other than English. The comment was made that the school's English as a Second Language program isn't meeting the needs of the students and that some students are being passed without the student learning the curriculum.

When asked about feeling safe at home, a number of comments were made about the media instilling fear. The comment was made that some people living in their neighborhoods are undocumented and that they don't report crimes because they fear the police. Some participants reported they don't feel safe and don't feel friendliness in the community because they are a minority. The recommendation was made that more people should participate in the Coffee with Cops program to improve relationships.

The comments made about EMS and fire services were very positive. The fire department's program that installs smoke detectors in homes for free was mentioned as a positive example.

Overall, the group felt that emergency preparedness is improving, particularly in the schools. The group does not like that Gwinnett waits so long to decide if schools will be open during potential bad weather because it makes it difficult for parents to plan for their children if the parents have to work.

Most of the group agreed that the availability of resources for senior was lacking. However, the comment was made that if seniors have plenty of money, there are resources and available housing. It's seniors on limited income that have the greatest resource needs. Affordable housing and the lack of one-story housing in Gwinnett was identified as an issue. Also the group noted the differences in the resources needed for younger seniors (60s-70s) than resources needed by older seniors. The comment was that older seniors need more transportation and health care and younger seniors requiring more community activities. Also, seniors rely on their children to take care of them and that is difficult for the families.

The group was split on whether the community has enough health resources for its current population. The group responded they don't have insurance and that impacted when they seek medical attention. The group reported they use herbal treatments, go to a clinic at their church or go to an Urgent Care facility. Also, the group felt that there were not enough care providers that speak other languages and understand the cultural preference some patients may have. Most participants get health information from the internet, CPACS or church.

The group was unaware of the services provided by the Health Department.

The group felt strongly that there are not enough resources for mental health or substance abuse. Some felt like they the county doesn't want to address the needs of the community. Youth were mentioned as having problems with depression and suicide.

Focus Groups: Questions

Focus Group Introduction

Please tell us about yourself: (a) your first name; (b) what city you live in; (c) size of household and (d) how long you have lived in Gwinnett County.

The next question I am going to ask you, will be asked twice today (night). On a scale of 1 – 10 how would you rate your satisfaction of living in Gwinnett?

Community Relations and Engagement

1. Are you aware of activities that allow you to connect with other members of the community with common interests? Do you participate in any of these activities?
2. Are any of the activities that you participate in health related? What are they?

Economic and Financial Stability

3. What is your opinion of the current financial situation for Gwinnett County and its residents?

Education

4. Many people in Gwinnett County have unique educational needs. Individuals with unique needs include the mentally and physically disabled, adults who can't read and residents who do not speak English. How would you describe the availability of educational opportunities for people with these unique needs? On a scale of 1 – 10 how would you rate the quality level of these resources?

Safety

5. What is your opinion of Gwinnett County resources in place to prevent or deter crime in Gwinnett County?
6. What is your opinion of Gwinnett County resources in place for emergency preparedness and response?

Age Focus

7. How would you describe the overall needs of the Gwinnett County children and youth?
8. Are the needs of children and youth in Gwinnett County being met?
9. How would you describe the overall needs of the Gwinnett County aging population?
10. Are the needs of the aging population being met?

Health & Wellness

11. Healthcare resources available in Gwinnett County include primary care (your doctor's office), emergency care, specialized care and senior health care. Considering both size and diversity of the population of Gwinnett County, do you believe that there are enough health care resources in Gwinnett County to serve its current population?
12. Where do you go most often when you get sick (Doctor's Office, Health Department, Hospital, Medical Clinic, Urgent Care Center)?
 - a. If you have left Gwinnett County for health care, what was your reason for receiving care elsewhere?
13. Where do you get most of your health-related information from (i.e. Books, Magazines, Church, Doctor, Nurse, Friends, Family, Health Department, Help Lines, Hospital, Internet, Pharmacist, etc.)?
14. Please list services that you are aware of that the Health Department provides. Please share your thoughts on whether or not these services meet your needs. What services would you like the health department to provide?
15. Do you know where individuals in Gwinnett County with mental health and substance abuse problems can access adequate resources?
 - a. Are there enough adequate resources?

Now, after our time together let's think back to our discussion in the beginning. On a scale of 1 – 10 how would you rate your satisfaction of living in Gwinnett?

Focus Groups: Demographics Questions

Qualifying questions for participants of the Focus Group. A balanced group of participants will provide the widest perspective of the status of the Gwinnett community and allow for productive interaction.

1. What age group are you in?
 18 - 24 40 - 44 60 - 64 80 - 84
 25 - 29 45 - 49 65 - 69 85+
 30 - 34 50 - 54 70 - 74
 35 - 39 55 - 59 75 - 79
2. Are you Male or Female?
 Male Female
3. Are you of Hispanic, Latino or Spanish origin?
 Yes No
4. What is your race? Check all that apply.
 White
 Black or African American
 American Indian or Alaska Native
 Asian including Japanese, Chinese, Korean, Vietnamese, Asian Indian and Filipino
 Pacific Islander including Native Hawaiian, Samoan, Guamanian/ Chamorro
 Other
5. Do you speak a language other than English at home?
 Yes No
If yes, what language do you speak at home? _____
6. What is your marital status?
 Never Married/Single
 Married

- Unmarried Partner
- Divorced
- Widowed
- Separated
- Other

7. What is the highest level of school, college or vocational training that you have completed?

- Less than 9th grade
- 9th-12th grade, no diploma
- High school graduate (or GEED/equivalent)
- Some college (no degree)
- Bachelor's degree
- Graduate degree or professional degree
- Other: _____

8. What was your total household income last year, before taxes?

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 or more

9. How many people does this income support? _____

10. Are there children in your household?

- Yes No

If yes, how many children are there in the household by age group?

- 0-2
- 3-5
- 6-10
- 11-13
- 14-18

11. What is your employment status?

- Employed full-time
- Employed part-time
- Retired
- Armed forces
- Disabled
- Student
- Homemaker
- Self-employed
- Unemployed for 1 year or less
- Unemployed for more than 1 year

12. Do you have access to the Internet?

- Yes No

13. What is your zip code? _____

14. What is your primary health insurance plan?

- Medicare
- Medicaid

- Military/TriCare/Champus/VA
- State Employee Health Plan
- Private health insurance plan purchased from employer or workplace
- Private health insurance plan purchased directly from an insurance company
- No health plan of any kind

15. Are you actively involved in the community and engaged in social functions and activities?
 Yes No
16. Do you have written advanced directives, such as a living will or a durable power of attorney for health care?
 Yes No Do Not Know
17. Do you believe that preventative vaccinations are readily available and affordable within the community?
 Yes No
18. Do you have any chronic health conditions? Check all that apply.
- Asthma
 - Arthritis
 - Diabetes
 - Heart Disease
 - High Blood Pressure
 - Other _____
 - No chronic health conditions

Focus Groups: Demographics Questions in Spanish

Evaluación de las necesidades de salud – Grupo de Enfoque

Preguntas calificadas para los participantes del grupo de enfoque. Un grupo balanceado de participantes proporcionará la más amplia perspectiva del estatus de la comunidad del condado de Gwinnett y permitirá una interacción productiva.

1. En cuál rango se encuentra su edad?
 18 - 24 40 - 44 60 - 64 80 - 84
 25 - 29 45 - 49 65 - 69 85+
 30 - 34 50 - 54 70 - 74
 35 - 39 55 - 59 75 - 79
2. Sexo
 Hombre Mujer
3. Es usted de origen Hispano ó Latino?
 Si No
4. Cuál es su raza?
 Blanca
 Negra o Afroamericana
 Asiática incluyendo Japonesa , China, Koreana, Vietnamita, Asiática India o Filipina
 Pacífica Isleña incluyendo Nativa Hawaiiiana, Samoa, Guamanian / Chamorro
 Otra
5. Usted habla en su casa otro idioma además de inglés?
 Si No
Si es así, qué otro idioma habla en casa? _____
6. Cuál es su estado civil?
 Soltero
 Casado
 Unión libre
 Divorciado
 Viudo
 Separado
 Otro
7. Cuál es su nivel educativo más alto?
 Elementaria
 Secundaria / preparatoria
 Técnica
 Universitaria
 Especialización / Doctorado
8. Cual fue el ingreso total que percibió en su casa el año pasado, sin deducir los impuestos?
 \$0 - \$10,000
 \$10,000 - \$14,999
 \$15,000 - \$24,999
 \$25,000 - \$34,999
 \$35,000 - \$49,999
 \$50,000 - \$74,999

\$75,000 - \$99,999

\$100,000 o mas

9. Cuantas personas se benefician del ingreso que se percibe en su casa? _____

10. Hay niños en su casa?

Si No

Si es así, cuántos niños hay en su casa y entre qué edades?

0-2

3-5

6-10

11-13

14-18

11.Cuál es su situación laboral?

Empleado tiempo completo

Empleado medio tiempo

Retirado

Fuerzas Armadas

Deshabilitado

Estudiante

Oficios del hogar

Trabaja por su cuenta

Desempleado por 1 año o menos

Desempleado por más de año

12. Usted tiene acceso al Internet?

Si No

13.Cuál es su zip code o código de area? _____

14.Cuál es su plan de seguro médico?

Medicare

Medicaid

Militar/TriCare/Champus/VA

Plan de seguro médico del Estado

Plan de seguro médico privado pagado por el empleador ó el sitio de trabajo.

Plan de seguro médico privado comprado directamente por usted a una compañía de seguros.

No tiene plan de seguro médico de ningún tipo.

15. Está usted activamente involucrado en la comunidad y comprometido en las actividades y funciones sociales?

Si No

16. Usted tiene documentos de voluntad adelantados, como por ejemplo un testamento en vida ó un poder legal notariado para el cuidado de la salud?

Si No No lo sé

17. Usted cree que las vacunas preventivas están disponibles y accesibles dentro de la comunidad?

Si No

18. Usted tiene condiciones de salud crónicas?

Asma

Artritis

Diabetes

Enfermedades del corazón

Presión alta

Otro _____
 No tiene condiciones crónicas de salud

Town Hall Meeting

Your Opinion Matters!



Collective Impact: **Then** and Now Tuesday, May 15, 2018 8:00 AM – 12:30PM



8:00 – 8:30 AM

Breakfast and Icebreaker

8:35 – 8:45 AM

Introduction

- Mary Hester: Gwinnett Coalition for Health and Human Services (Board Chair)
- Ellen Gerstein: Gwinnett Coalition for Health and Human Services (Executive Director)

8:50 – 9:30 AM

Presentations

- Martha Jordan: Gwinnett Medical Center
- Denise Townsend: United Way of Greater Atlanta
- Connie Russell: Gwinnett, Newton, and Rockdale County Health Departments
- Karen Winger: Gwinnett County Department of Transportation

9:40 – 10:10 AM

Do You Want To Be a Millionaire: Investment Activity

10:15 – 10:30 AM

Break

10:30 – 11:30 AM

Better Together: Group Discussion

- Part 1 – Local Public Health Assessment
- Part 2 – Goals Activity

11:30 – 11:45 AM

Closing Remarks

11:45 – 12:30 PM

Networking



Town Hall Meeting: Facilitation Guidelines

Gwinnett Coalition for Health and Human Services Town Hall Collective Impact: Then and Now Tuesday, May 15, 2018

Facilitator Guide

Breakfast/Icebreaker

8:00 – 8:30

1. Play 90's CD
2. Staff member turn off music prior to Introduction
3. **8:30 Kim (MC) Introduce Town Hall, Housekeeping: Exits, restroom)
Introduce Mary Hester**

Introduction: Collective Impact: Then and Now

8:35-8:45

Mary Hester

Ellen Gerstein: PowerPoint Presentation

Presentations

8:50 – 9:30

Kim (MC) Introduce each speaker

Regina keep time and transition PowerPoints

1. Martha Jordan – Focus Group Recap (10 minutes)
2. Denise Townsend (7 minutes)
3. Connie – Forces of Change (10 minutes)
4. Karen Winger (7 minutes)

9:30 Facilitators pick up poster board with money activity paper clipped to it. Bring back to your tables. Poster boards will be located in the kitchen.

Money Activity (Do you want to be a millionaire!) - Randy Redner

9:40 – 10:10

Kim (MC) Introduce Randy Redner

1. Play 90's CD (softly) once activity starts

Break

10:15 – 10:30

Kim (MC)

Regina display Local Public Health Questions Slide

1. Before Break: Draw first \$25 gift card winner
2. Have Group think about the following Questions during break (What is going on in our community? Do we know how healthy we are?)
3. Introduce 90's Box
4. Instruct the group to write Response on a note card, place in the 90's box during the break.
5. Play 90's CD
6. **At Conclusion of money activity. Alexis and Danny pick up poster boards and bring them back to the kitchen. Note 5 or more common themes found in each group. Tape poster boards around the room. Give common themes found to Kim Thomas.**

Better Together: Collaboration Group Discussion

10:30 – 11:30

Facilitators:

Suzy Bus – Basic Needs (Blue)

Tara Echols – Community Relations and Engagement (Orange)

Regina Miller – Economic and Financial Stability (Red)

Kim Thomas – Education (Gold)

Martha Jordan – Health and Wellbeing (Green)

Mo Feyisitan- Safety (Yellow)

Mary Kat Chapman - Basic Needs (Purple)

Jessica Andrews-Wilson - Health and Wellbeing (Pink)

Facilitator Instructions:

This is a two-part activity that will last 1 hour.

1. In your group assign a recorder
2. You will be given 2 activity handouts, give one to the recorder and keep one for yourself.

Part One: LPHA (30 minutes)

1. **Facilitator introduce activity:** The local Public Health Assessment is an assessment that focuses on the local public health system (LPHS) or all entities that contribute to the delivery of public health services within a local area. Local Public Health Systems are a network of entities with differing roles, relationships, and interactions whose activities combined contribute to the health and well-being of a community. Today our group will be discussing 1 or 2 questions from the Local Public Health System Assessment.
2. Read the definition of health to the group: Provided on the activity handout.
3. Have the group read and discuss the LPHSA questions.
4. Your Recorder can write the groups responses on the activity handout.

5. **Facilitator:** Please take notes during the discussion as well: Note sheets are provided at the end of this facilitator guide.
6. Be sure to keep time! Do not let your group go longer than 30 minutes for part one.

Part Two: Goals Activity (30 minutes)

1. In what ways that you have seen collaboration working in Gwinnett County?
 2. What are some examples of collective impact that you have seen occur in Gwinnett County? (Refer your group back to the definition of collective impact provided on the event agenda)
 3. Read the goals for your area provided in the activity handout.
 4. The group should answer the following questions for each goal.
Based on the Data presented today:
Should this goal remain the same or change?
Why or why not?
What should the new goal be?
List 1-3 organizations in Gwinnett County that could collaborate to achieve this new goal?
 5. The recorder should write all responses on the activity handout
- Facilitator:** Collect the activity handout from the recorder. Return the completed handout to Kim Thomas.

Facilitator: Announce to the group: If you have any additional comments write it on the Town Hall Evaluation that will be given out at the Town Hall closing.

Closing/ Call to action/ Challenge to Continue Engagement

11:30 – 11:45

1. **Alexis & Danny Bring Town Hall Evaluations to each table**
2. Announce the top things groups had in common from the investment activity – **Regina Miller**
3. Second \$25 Gift Card drawing
4. Read Closing Poem (Reenergize group to continue collaborating to increase collective Impact) – **Suzy Bus**
5. Kim (MC) Introduce Ellen for closing remarks

Networking (Optional)

11:45 – 12:30

1. Play 90's music softly
-

Facilitator Notes:

Local Public Health Assessment

Facilitator Notes: Goals Activity

Town Hall Meeting Highlights

Diversity

Continuously Increasing emerging issues

More diverse community but we are still in silos political structure

We are not prepared for the increases in diversity

Opportunities to increase language diversity collaboration

Community becoming more culturally competent

School leadership does not represent diverse community

Politics

System not in place to address

Leadership changes affect

Changing political climate

Political shifts can increase

There is a fear of bad leadership

Transportation:

Throughout each of the assessments transportation was a prevalent reoccurring theme. Participants in the assessment saw that more access to transportation is needed in the County particularly for youth, seniors, and disabled populations. However, it was noted that improvement to transportation has been made.

Communication:

Communication was found as a common theme across all assessments. Individuals reported limited access to communication in the county, leading to lack of access to resources.

The rest of the story..

Other topics discussed

Positives

1. Community health activities
2. Gwinnett County Public Schools
3. Libraries
4. Parks
5. Fresh market collaborations (only one mention was made regarding food)
6. EMS and Fire Services

Negatives

1. Infrastructure: not enough sidewalks, lighted areas
2. Population increase overwhelming schools

Already being addressed in the community

1. Diversity (Gwinnett County – Gwinnett Multicultural Advisory Committee)
2. Volunteerism (Community recruits, private and NGO)
3. Communication among community leaders (Gwinnett Chamber)
4. Prevention (GUIDE, Navigate Recovery, ViewPoint Health)
5. Healthcare/ Health Department (Health systems, GNR Health Department, Private Clinics)
6. Higher Education (GGC, GTC, PCOM, GCPS, Buford)

Note: the organizations given are examples

Individual Key Informant Interviews

Introduction

Key informant interviews were conducted as part of the Mobilizing for Action through Planning and Partnership's Strengths and Themes Assessment. The purpose of key informant interviews is to collect information from a wide range of people who have firsthand knowledge about the community. These key informants can provide insight on the strengths of the community as well as the nature of problems and give recommendations for solutions.

Strengths of Gwinnett County that were identified in the interviews included non-profit and government collaborations between community organizations, the parks and recreation system, and abundance of community organization resources. Areas identified in need of improvement included public accessibility to and awareness of resources, public transportation, homelessness, and mental health services. Key informants acknowledged the growing diversity and believe that cultural competency should be prioritized to accommodate for diversity in Gwinnett. Mixed findings were found on the general public awareness of resources, the public's ability to navigate health services with or without health insurance, and collaborations between private business and public organizations to form partnerships for vulnerable populations.

Methods

Key informant interviews were conducted from January – February 2018 with 13 Community Leaders from Gwinnett County. Community leaders were selected purposively with diverse backgrounds from government, education, medical, social services, media and faith based organizations based on the MAPP framework (see Appendix A). Interviews provided a greater understanding of the strengths, areas in need of improvement, actions to address, and future implications for the health and quality of life in Gwinnett. An interview guide (see Appendix B), was developed by the Gwinnett Health Department based on previous guides and revised to gather comprehensive and succinct information. Another question was later developed and added to the guide on the general perception of the Gwinnett Health Departments. Key informants were informed that information collected in the interviews would not be attributed to a specific person. The majority of interviews were face-to-face with only one phone interview. They lasted no more than 30-45 minutes. Interviews were recorded for quality assurance. The Interviewer received assistance from scribes to take notes and transcribe interviews. Scribes were present during face-to-face interviews. A total of 13 interviews were conducted and transcribed. Interviews were then analyzed for major themes and patterns regarding status of health and quality of life. Major themes and patterns were determined based on similar responses from two or more key informants.

Results

Below are the themes that emerged from the key informant interviews.

Community's 2-3 Greatest Strengths

Question: What do you believe to be our community's 2 - 3 greatest strengths in supporting health and quality of life?

- Resources
 - Parks and Recreation, Gwinnett Medical System, Gwinnett Coalition, Good Samaritan Health Center, Norcross Ministries Cooperative
 - Talented and professional workforce in public safety (Fire, EMS, police, public health)
 - School Systems
 - Senior Services
 - Fresh Markets (farmers market, nutritious foods)
- Collaborations
 - Private nonprofit organizations help with vulnerable populations and diverse populations
 - Awareness among community leaders
 - History of private and public partnerships including the business sector
- Health Education
 - General education in the community about the need for vaccines
 - Health messaging to lower income families

2-3 Areas where Community has Fallen Short

Question: Can you think of 2 – 3 areas where our community has fallen short in health or quality of life?

- Public Transportation
 - Heavy Traffic
 - Lack of bus or Marta transportation for those without a car
- Access to care
 - Minimal financial assistance
 - Language barriers
 - Dental Care for Children
 - Political climate will have negative impact on health and quality of life in Gwinnett
- Resources
 - Need more hospitals
 - Lack of resources for diverse populations
 - Lack of resources for vulnerable populations
- Accommodating diverse populations
 - Lack of cultural representation in leaders
 - Lack of cultural representation in workforce
- Homeless Populations

- Gwinnett doesn't want to acknowledge that there is a homeless population
- Integration of New Residents to Gwinnett
- Mental Health Services
 - Few mental health services offered in community

Actions to Address Community Weakness

Question: Based on your unique knowledge of the community, what actions can be taken to address these areas?

- Public Transportation
 - Alternative Transportation – expand Marta
- Access to care
 - Community Health Center providing comprehensive care
 - a physical location where people could get their needs addressed at the same time such as health, vision, dental, financial literacy, administrative duties, and accommodations for those with developmental disabilities, clothing, hygiene products, grocery pickups for all populations.
- Education for resources awareness
 - Major theme: spread awareness of Gwinnett coalition and health department
 - Increase Health Department Awareness through marketing campaigns
 - Communicating challenges to our public
- Education for vulnerable populations
 - Provide financial literacy for low income individuals
 - Provide ways to navigate health services whether insured or uninsured
- Resources
 - Increase funding organizations that are private for vulnerable populations
 - Address creating and maintaining awareness of needs by having community leaders to have a shared agenda, look at what everyone is doing, focus on eliminating duplication, seeing where gaps are and putting more resources towards what's working and what's effective, reallocation of services and resources
- Homeless Populations
 - Provide affordable housing
 - Teach life skills and have individuals utilize community health centers (mentioned previously)
- Elections
 - Have people voice opinion to elected officials
 - Voter support and engagement initiative
 - Have elected officials become more diversified
- Mental Health Services
 - Increase education and awareness of mental health in the community
 - Utilizing similar cultural competencies of healthcare providers and allied professionals
 - Use of language line in facilities

Future of Gwinnett

Question: *How do you think health and quality of life in Gwinnett County will change in the next five years?*

- Will become more diverse
- Quality of life and health will improve
- Public transportation will increase
- Hospitals will merge
- Leadership will look differently
- Population will increase and result in increasing poverty, increasing percentages of families who are not financially stable
- Infrastructure will improve as far as expanding parks and connecting them to neighborhoods

Perceptions of Local Health Department

Question: *How do you think our community perceives the health department and the services we provide?*

- Public perception is People are unaware of what health department does and services provided
 - Community perception is aware of inexpensive healthcare; unaware of specific services (EP, women's health, tobacco control)
- Emergency Management team is strong
- Health Department is viewed as a valuable partner in the community
- Perspective is low quality substandard treatment compared to what is received at primary care or private facility

Other Areas to be Considered

Question: *Last, is there anything else that you feel should be considered in the community health assessment and planning process that we have not already covered?*

- Responses to this question were included in appropriate sections above.

Conclusion

The key informant interviews included data gathered from community leaders of differing backgrounds. Findings in the report reflected general and specific themes. Community collaboration was the most common theme identified by a majority of the informants. A majority of key informants agreed that areas of need included accessibility of resources, mental health services, homeless populations and public transportation. An increase in diverse populations was found to be a major factor that will continue to shape the health and quality of life. Cultural competency training and sensitivity within the community were suggested as actions to accommodate the growing diversity.

Gwinnett County Key Informant Interview Participants

Sector	Name	Title	Agency	Years Lived in Gwinnett	Years Worked in Gwinnett
Government	Jace Brooks	Gwinnett County Commissioner	Gwinnett County Government	21	10+
Medical	Dr. Carlton Buchanan	Board of Director Member	Gwinnett Medical Center	21	21
Medical	Greg Lang	Executive Director	Good Samaritan Health Center	33	33
Emergency Services	Nancy Coltrin	Emergency Management Specialist	Emergency Services	0	6
Education	Catherine Garcia	School Social Worker	Gwinnett County Public Schools	23	23
Higher Education	Karla Caillouet	Assistant Professor of Exercise Science	Georgia Gwinnett College	1.5	1.5
Criminal Justice	Tracie Cason	Deputy Chief Assistant District Attorney	Gwinnett County Court	18	18
Faith	Lt Jeremy M. Mockabee	Corps Officer	Salvation Army	1.5	1.5
Philanthropy	Denise Townsend	Regional Director	United Way	29	22
Social Services	Donna Galucki	Faith Community Nurse	Norcross Cooperative Ministry	33	6
Mental Health	Lisa McDaniel	Acute Services Director	Viewpoint	20	10-15
Media	Auveed Cawthon	Publisher	Gwinnett Citizen	50+	30+
Community	Larry Lehman	President and CEO	Positive Impact	15	24

Key Informant Interview Script

<i>Date:</i>	<i>Start Time:</i>	<i>End Time:</i>
<i>Name:</i>		<i>Title:</i>
<i>Organization:</i>		
<i>Interviewer:</i>		
<i>Scribe:</i>		
<i># Years Living in Gwinnett County (if applicable):</i>		
<i># Years Working in Gwinnett County (if applicable):</i>		

Introduction

Thank you for taking time out of your day to speak with me. [Briefly introduce yourself and the scribe, including your role at the health department and how long you have been with the organization.]

This interview has five to six questions and should take 30 to 45 minutes. Your participation in this interview is completely voluntary and you may stop at any point. We are recording your answers for ease of summarizing the results of the interviews. Please take as much time as you need to answer each question.

The Gwinnett County Health Department, Gwinnett Medical Center and the Gwinnett Coalition for Health and Human Services are gathering local data to update our plan to improve the health and quality of life in Gwinnett County. You have been selected for a key informant interview because of your knowledge, insight and familiarity with the community. The themes that emerge from these interviews will be summarized and made available to the public. Your participation in the assessment process will be noted in the final report, but responses will not be attributed to a specific person.

You will be asked a series of questions about health and quality of life in Gwinnett County. As you consider these questions, keep in mind the broad definition of health adopted by the World Health Organization: “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

Questions

1. What do you believe to be our community’s 2 - 3 greatest strengths in supporting health and quality of life?
2. Can you think of 2 – 3 areas where our community has fallen short in health or quality of life?
3. Based on your unique knowledge of the community, what actions can be taken to address these areas?
4. How do you think health and quality of life in Gwinnett County will change in the next five years?
5. Do you think that anything else should be considered in the community health assessment and planning process that we have not already covered?
6. (If we have a few minutes left) How do you think our community perceives the health department and the services we provide?

Close

Thank you so much for sharing your perspectives on these issues. The information you have provided will contribute to developing a better understanding about factors impacting health and quality of life in Gwinnet County.

As a reminder, summary results will be made available by the Gwinnett County Health Department and used to update the community health assessment and health improvement plan. Should you have any questions, please feel free to contact me. Here is my business card.

(Interviewer: Veronica Mahathre)

Attachment C: Forces of Change Assessment

Gwinnett County Forces of Change Assessment: Preliminary Results

April 10, 2018

The purpose of the Forces of Change Assessment (FOC) is to identify trends, factors, and events that are likely to impact health and quality of life in our community. The assessment is an environmental scan that is intended to inform our strategic planning process. The Gwinnett County FOC was completed in two stages, a survey identifying forces of change and then discussions regarding the potential opportunities or threats associated with each force of change.

The initial stage consisted of a survey that was sent to the Gwinnett Coalition for Health and Human Services board members for completion January 22-27, 2018. Respondents were given an explanation of Forces of Change and asked to list up to 10 forces that were impacting our community. Survey responses were analyzed by a United Way intern and a health department employee. The following Forces of Change were identified based on review of the responses provided by 26 board members. The percentage indicates how many of the respondents included a relevant response in the category listed.

Forces of Change	Percent of Responses
Increasing Diversity	74%
Inadequate Transportation	67%
Increasing Senior Population	56%
Homelessness/ Lack of Affordable Housing	56%
Rapid Population Growth/ Urbanization	33%

Drugs/ Opioid Crisis	30%
Declining income	26%
Need for job training/ workforce development	26%
Access to Healthcare	22%
Access to early learning/ Pre-K	15%
Mental Health Issues	11%
Changing political climate	11%

The second stage of the assessment consisted of discussion regarding the opportunities and/or threats posed by each FOC for our community. At the Gwinnett Coalition board meeting on February 6, 2018, board members divided into four groups assigned three themes each. The following lists provide points that were discussed in each group.

Increasing Diversity

Opportunities:

- Gwinnett County is the Leading edge of diversity concentration in the SE
- Reaching out to include the diverse clusters in community gaps
- Diversity provides strength in getting things done; disciplined committed
- County wants to address the challenges and is being pro-active
- Getting to know each other/cultures helps understand points of view
- Same goals as people - no matter what culture common interests
- Schools/businesses-Inclusion piece how to focus better
- Interactions/get to know can change views
- Addresses stereotypes

Threats:

- Great change in the county makes diversity problematic – how to communicate, how to share information.
- Coalitions-improvements still needed

Opportunity and Threat:

- GNLI – in the past has been a great tool in providing diversity in group solutions (O/T no longer exists in past form)
- Views of diversity/important to discuss age gaps perceptions? (O/T)

Inadequate Transportation

Opportunities:

- Identify groups in need-options to address; very targeted, smaller subgroups (i.e. Senior citizens, disabled)
- More bus routes/hubs (census to find greatest needs)
- Transportation to/from doctors/medical care
- More walkable communities

Threats:

- ICE @schools preventing parents from taking kids to school

Increasing Senior Population

Opportunities:

- Discretionary money into county
- Volunteerism
- Literacy
- Continuum of care
- Diversity

Threats:

- High Property tax
- Older/longer life expectancy
- Housing
- Transportation
- Getting information about resources
- QOL
- Diversity
- Isolation

Homelessness/ Lack of Affordable Housing

Opportunities:

- Retraining – to get new jobs and higher income; to get higher wage jobs
- Ending the cycle and educate people to do this
- Incentives for builders – public/private partnerships for higher paying jobs

Threats:

- Declining income
- No accountability for landlords
- Potential for more crime
- Affects workforce and school system
- More health issues
- Businesses leave

Notes:

- Need definition of affordable housing; is this just rental market
- Need particular focus on Seniors

Rapid Population Growth/ Urbanization

Opportunities:

- To actually get transportation things going, especially regionally
- Targeted economic development, especially for young adults
- Attracting businesses
- Even more diversity – more community engagement; reach out more/embrace
- To understand the “whys” that diverse people do not stay engaged
- To build a new Culture – not just asking others to join “our” culture

Threats:

- More homelessness/lack of affordable housing
- Challenges to infrastructure – in all areas
- Even more diversity – still in silos
- Current leadership – changes politics
- Overwhelming/challenging for school system
- Not putting systems now in place to address issues – will fall more behind

Drugs/Opioids

Opportunities:

- Jails; Show how critical this issue is
- Provide help during incarceration
- Rehab needs to be accessible
- Prevention available? How to get transport?
- FRONT END ACCESSABILITY for help is currently insufficient
- Local solutions needed for Gwinnett
- Funding for service provisions in Gwinnett
- Raise awareness/campaigns (YOUTH INVOLVEMENT); Share successes'/achievements
- Get safes in homes lock up drugs

Threats:

- Lots of noise? Based on facts/data?
- Was alcohol previously as a contributing factor but is now drugs?
- Or relapse back into substance temptations
- Homelessness a key factor
- Isolation of those involved in drugs
- Schools kids younger, stronger drugs, all members of the family
- Insufficient resources to help

Declining Income

Opportunities:

- Financial literacy/ planning programs
- Over promotion of 4yr college - more promotion of trades/ technical-2yr options

Threats:

- Caregiving causing some to leave jobs and drop back to one income
- As economy thrives prices go up but cost of living increases not keeping up
- Push to do move on when ready-will it create under mature work population in 5-10 yrs? Low income because of age

Opportunity and Threat:

- Diversification of income levels; Are we well balanced between low & high paying jobs? (O/T)

Need For Job Training/ Workforce Development

Opportunities:

- Access to Education

- Hope career grants
- Goodwill of North GA
- PPP for Workforce development
- Strong/growing economy
- Adult Learning/Continuing Education Opportunities
- Financing Educational Opportunities
- Economic Flexibility
- Exp. Learning

Threats:

- Lack of HS Diploma
- Access to childcare
- Lack of English language skills
- Third grade reading level
- Skill gap
- Opportunity for children not in top percentage

Access to Health Care

Opportunities:

- Issues interrelated; lack of jobs, resources
- Diversity drugs, Homelessness; nowhere for them to go, end up in ER's
- Language diversity/of providers

Threats:

- More Preventative care funding
- Technology Access; Levels of comfort, communication tools in the community

Access to Early Learning/ Pre-K

Opportunities:

- Awareness of impact of lack of early learning
- More day cares offering Pre-K
- Offer learning programs in partnership w/those feeding programs
- More resources made available to parents keeping kids at home
- Partner with churches/ YMCA's
- DFACS Geomapping data can identify vulnerable pockets

Threats:

- Cost of daycare vs. income levels

- Not enough “free” programs

Mental Health Issues

Opportunities:

- Values System
- Engagement through library
- Seniors involved with MH services

Threats:

- Opioid/Other drug abuse
- Homelessness
- Stigma among mental illnesses
- Lack of funding

Changing Political Environment

Opportunities:

- During transition – forced collaboration

Threats:

- Instability, uncomfortable
- Fear of bad leadership, lack of engagement
- Increased voting along party lines

Submitted by: Connie Russell, M.A., M.P.H., June 1, 2018

Attachment D: Local Public Health System Assessment

Local Public Health System Assessment: The LPHSA measures the capacity of the local public health system to conduct essential public health services by bringing together community organizations to discuss and evaluate the community's public health system. The assessment was conducted in May 2018 at a Gwinnett Coalition Town Hall meeting.

Essential Service 1 – do we know how healthy we are?

- No, unless you are directly connected to healthcare. Could benefit from a centralized area for information. There are many barriers to information and the community at large is not educated on our collective health status.
- People work in silos
- Those that do know about health issues are at a loss as to how to address them

Essential Service 2 – are we ready to respond to health problems or health hazards in our county?

- No, very complicated system
- Outsourced services are a problem
- Profit is the bottom line
- Translation issues
- No preparation for homeless in an emergency
- Duplicative services
- Veteran's issues are sent out of the county to be resolved
- Mental health medication and children being misdiagnosed
- Opioids – no one in county is prepared to address
- Lack of awareness of what is in place regarding emergency preparedness

Essential Service 3 – how well do we work together to plan, conduct and implement health education and promotion activities?

- Good collaboration but need to address priorities
- Provide information on what we think the needs are
- Struggle to determine what should be addressed first
- Community connections are needed between in-need and affluent communities
- Providers know what is needed to improve in this area: transportation, literacy, etc.

Essential Service 4 – what types of partnerships exist in the community to maximize human services and health improvement activities?

- Helpline
- One stops (human services locations i.e., Norcross)
- Coalition committees
- Collaborations between non-profits
- Library partnerships
- Live healthy Gwinnett
- Co-Ops
- Disability Resource Connection

Essential Service 5 – what local policies in both the government and private sector promote health and human services in our community?

- Local policies that promote health and human services include:
 - Drinking age
 - Nutrition labels
 - Mandatory [child abuse] reporting laws – child and adult protective service laws
 - Drugs don't work programs
 - Healthy vending policies
 - Veterans and mental health courts
 - Police mental health training
 - Day care requirements
 - School immunizations
 - Health insurance requirements
 - Code enforcement
 - Clean air/emission testing

Essential Service 6 – when we enforce health regulations are we technically competent, fair, and effective?

- With pool/water system, fire department, food and school inspections – yes
- There is ineffective communication with fire safety inspections and no or little fines with pool/water system regulation

Essential Service 7 – are people in our community receiving the health services they need?

- Social problems are falling on healthcare to address
 - More social specialist needed
- Health system is non-existent; healthcare & education are interconnected
- Low income and self-employed affected

Essential Service 8 – do we have competent public health and healthcare staff and are we ensuring staff are aware of the most current approaches to care?

- Competent but limited in ability to meet the needs of the community
- Outlying barriers like transportation may hinder access to care (question was looking more for provider approach to care)
- Not sure if smaller clinics are meeting the same standards of large hospitals
- Medical director assures qualified staff

Essential Service 9 – are we meeting the needs of the population we serve and continuously looking for ways to improve?

- Some not all of the needs of the population are being met
- Population growth = new needs
- Ignore some issues that the community chooses to ignore i.e., homelessness
- Long term plan needed
- Social, mental and some physical needs are not being met
- Some issues are beyond local control

Essential Service 10 – how are we identifying and staying current with best practices and using new and innovative ways to solve health problems?

- Innovation is a part of large healthcare organizations; hasn't gotten to grassroots because staffing and funding are limited. Making the connection to needed resources is inhibited – not privy to innovative ways to make the connection for those in need.

Attachment D: Data Collection Summary



Gwinnett Coalition for Health and Human Services

MAPP

“Mobilizing for Action through Planning and Partnerships”

Phase I Data Collection Summary

The Gwinnett Coalition for Health and Human services is currently in the 5th and final year of our dynamic Gwinnett Community Strategic plan. In our final year (2018) we have begun the process of developing a new strategic plan. This new plan will last three years rather than the previous five-year duration. A twelve-month process involving 4 planning phases and 1 implementation phase has been developed for the 2019-2021 Strategic Plan.

The backbone of the planning process for committees to meet community needs is the Research and Accountability Committee and other key planning stakeholders. Research and Accountability is an internal committee made up of partners from Gwinnett Medical Center, GUIDE (Gwinnett United in Drug Education), Gwinnett County Public Schools, and Gwinnett, Newton and Rockdale Health Departments.

During Phase 1 (Data Collection) members of Research and Accountability conducted primary Research to highlight trends and issues seen across Gwinnett County. Five assessments were conducted during Phase 1 (Forces of Change, Key Stakeholder Interviews, Local Public Health System Assessment, Focus Groups, Gwinnett Coalition Committee Needs Assessment). The following summary is a result of common themes and results found across all 5 assessments.

Assessment Descriptions

Themes and Strengths Assessment (Focus Groups): Focus groups were used to capture primary data from a series of populations in Gwinnett County. 9 Focus Groups were conducted in the month of February. Focus Groups consisted of 9 – 15 participants each in the following categories (Veterans, African American, Hispanic/Latino, Asian, Mental and Behavioral Health, Disabled Persons, Seniors, Homeless, Engaged Citizens). **(Key Stakeholder Interviews):** The purpose of key stakeholder interviews is to collect information from a wide range of people who have firsthand knowledge about the community. Interviews were conducted from January – February 2018 with 13 Community Leaders from Gwinnett County. Community leaders were selected purposively with diverse backgrounds from government, education, medical, social services, media and faith based organizations based on the MAPP framework.

Forces of Change Assessment: The purpose of the Forces of Change Assessment (FOC) is to identify trends, factors, and events that are likely to impact health and quality of life in our community. The assessment is an environmental scan that is intended to inform our strategic planning process. The Gwinnett County FOC was completed in two stages, a survey given to Gwinnett Coalition Board members identifying forces of change and then discussions regarding the potential opportunities or threats associated with each force of change.

Local Public Health System Assessment: The LPHSA measures the capacity of the local public health system to conduct essential public health services by bringing together community organizations to

discuss and evaluate the community's public health system. The assessment was conducted in May 2018 at a Gwinnett Coalition Town Hall meeting.

Committee Needs Assessments: The committee needs assessment activity was conducted among several committees Gwinnett Coalition Committees to document committee progress, dreams, and issues faced. Committees who participated in the assessment include: Positive Youth and Family Development, Emergency Assistance Action Team, Senior Issues Action Team, Child Sexual Assault Prevention Committee, Health and Wellness, Early Learning Committee.

Phase I Data Collection Common Themes

Major categories found: Homelessness, Affordable Housing, Senior Citizens, Transportation, Health, Substance Abuse, Mental Health, Disability, Safety, Community Relations and Engagement, Education, Economic and Financial Stability.

Homelessness

Positives

1. Job opportunities for training that can lead to higher wages
2. Prevention: Life skills offered at community centers

Negatives

1. Declining income in Gwinnett County
2. Denial of homelessness problem
3. Only one shelter in the county
4. No shelter for men
5. Lack of emergency resources
6. Inadequate transportation

Affordable Housing

Positives

1. Incentives for builders in Gwinnett County

Negatives

1. Declining Income
2. Financial Instability
3. Increasing rent
4. Lack of disabled housing
5. Lack of senior housing
6. Lack of awareness of housing issues

Senior Citizens

Positives

1. County funds available for seniors
2. Gwinnett County Senior Services
3. Volunteer opportunities for Seniors
4. Longer life expectancy

Negatives

1. Lack of affordable housing
2. Longer life expectancy (poor preparation)
3. Isolation
4. Inadequate transportation
5. Access to resources

Transportation

Positives

1. Efforts are being made to improve

Negatives

1. Limited bus routes
2. Limited safe walk areas
3. No diversity in transportation

Health

Positives

1. Immunizations
2. Health insurance requirements
3. Drinking age
4. Prevention care funding
5. Clinics/ hospitals
6. Co-ops etc.

Negatives

1. Lack of resources (money)
2. Dental care
3. ER overuse
4. Language/ translation
5. Medicaid not user friendly
6. User friendly access to information

Substance Abuse

Positives

1. Drinking age
2. Awareness Campaigns
3. Resources for help could be available in jails

Negatives

1. Stigma
2. No action plan for needs
3. Lack of prescription lock up in homes
4. Lack of resources
5. Youth/ family impacted
6. People placed in jail rather than treatment

Mental Health

Positives

1. Police mental health training
2. Access to some resources

Negatives

1. Not enough resources
2. Lack of funds
3. Stigma associated with:
 - At risk youth
 - Depression
 - Suicide
 - Addictions
 - Homeless

Disabilities

Positives

1. Resources available in Gwinnett are better than other areas (Focus Groups)

Negatives

1. Lack of resources for adults after they leave school

Safety

Positives

1. Drug prevention programs
2. Clean air
3. Health inspection/ property
4. Emergency preparedness is improving
5. Nutrition labels

Negatives

1. Fear of bad leadership
2. Fear of law enforcement
3. Some areas in the County are seen as "unsafe"
4. Lack of emergency preparedness resources

Community Relations and Engagement

Positives

1. Strength in diversity
2. Proactive County Government
3. Addressing stereotypes
4. Collaborations/ partnerships
5. Co-ops
6. Information Sharing (GCPL, GCPS, Co-ops)
7. Community/ health activities (Parks, libraries, one stop, etc.)

Negatives

1. Communication impact on schools
2. Access to resources (i.e. youth, seniors, disabled)

Economic and Financial Stability

Positives

1. Jobs
2. Grants and training
3. Continuing education opportunities
4. Financial literacy program
5. Jobs
6. Economy

Negatives

1. Jobs are entry level and low wage
2. ESL
3. Growing population
4. Homelessness
5. Disparity high/ low jobs
6. Economy

Education

Positives

1. More available pre k
2. Partnership/ collaboration with churches or YMCA
3. GCPS/ Buford Schools
4. Financial Literacy for low income
5. Adult learning/ continued education
6. Hope Scholarship/ grant
7. Move on when ready

Negatives

1. Lack of early learning
2. Cost of day care
3. ESL
4. After school resources
5. High cost sports
6. School disparity
7. Lack of H.S. Diploma
8. Early graduates leading to immature workforce

Discussion

During Phase I (Data Collection of the MAPP Planning process the primary data collected gave us a great picture of the issues seen in Gwinnett County. Majority of the topics fell under the following areas (Homelessness, Affordable Housing, Senior Citizens, Transportation, Health, Substance Abuse, Mental Health, Disability, Safety, Community Relations and Engagement, Education, Economic and Financial Stability). Results from this data collection will help us to better develop a strategic plan that meets the needs of the current community. The least discussed topics throughout the assessments were food and Veterans. However, it is important to note that the Gwinnett Coalition is addressing Veteran needs through the Gwinnett Veterans Resource Center. There were two themes that we saw appear in all of the assessments and major areas highlighted, diversity and politics.

Key highlights about diversity and politics:

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Diversity • Continuously Increasing emerging issues • More diverse community but we are still in silos structure • We are not prepared for the increases in diversity • Opportunities to increase language diversity collaboration • Community becoming more culturally competent • School leadership does not represent diverse community • Transportation: • Throughout each of the assessments transportation was a prevalent reoccurring theme. Participants in the assessment saw that more access to transportation is needed in the County particularly for youth, seniors, and disabled populations. However, it was noted that improvement to transportation has been made. | <ul style="list-style-type: none"> Politics System not in place to address Leadership changes affects political Changing political climate Political shifts can increase There is a fear of bad leadership |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

The rest of the story

Other topics discussed

Positives

1. Community health activities
2. Gwinnett County Public Schools
3. Libraries
4. Parks
5. Fresh market collaborations (only one mention was made regarding food)
6. EMS and Fire Services

Negatives

7. Infrastructure: not enough sidewalks, lighted areas
8. Population increase overwhelming schools
9. Not prepared to handle diversity challenges

Already being addressed in the community

1. Diversity (Gwinnett County – Gwinnett Multicultural Advisory Committee)
2. Volunteerism (Community recruits, private and NGO)
3. Communication among community leaders (Gwinnett Chamber)
4. Prevention (GUIDE, Navigate Recovery, ViewPoint Health)
5. Healthcare/ Health Department (Health systems, GNR Health Department, Private Clinics)
6. Higher Education (GGC, GTC, PCOM, GCPS, Buford)

Note: the organizations given are examples of who is addressing those topics, not an all-inclusive list.