Gwinnett Medical Center’s Lawrenceville campus traces its roots back to the opening of a state-of-the-art facility in the mid-1980s. While we’ve grown a lot over the years, we remain as committed as ever to serving the needs of the community.

To better understand those needs, Gwinnett Medical Center (GMC), working in partnership with local health organizations, conducts periodic Community Health Needs Assessments. The goal is to identify opportunities to continue to improve our community’s health. In addition to publicly reported data, we gather input from Gwinnett County residents using focus groups, town hall meetings, interviews, and surveys. In collecting this information, we make every effort to ensure the information we gather represents the rich diversity of the individuals and families who live in our community.

Based on the results of our recent needs assessment, the biggest opportunities lie in the following areas:

- Managing health conditions and chronic disease treatments
- Improving access to care
- Preventing chronic diseases and increasing wellness

The next step is to develop and put in place strategies to address these needs. That fits in nicely with our overall mission, which is to meet the healthcare needs of the community by providing quality health services.

As a not-for-profit organization, GMC invests its margin back into facilities, equipment, physician and staff training to continually improve patient care. I’m proud of our ongoing commitment to the community. On the Lawrenceville campus that includes a Level II trauma center (one of only a handful in the state) as well as the county’s first and only open heart program.

Underneath GMC’s logo, you’ll see a tagline. It reads: transforming healthcare. Those aren’t just nice sounding words. They are words we live by at GMC.

Jay Dennard
Chief Operating Officer
GMC–Lawrenceville
Description of Community Served by the Hospital

Gwinnett Hospital System, Inc., also known as Gwinnett Medical Center, is a not-for-profit and tax-exempt organization which operates exclusively to serve the community. Our mission is to meet the healthcare needs of the community by providing quality health services. For more than 65 years, we have been committed to serving the greater Gwinnett County area, and especially the under-served, uninsured and indigent populations.

Gwinnett Medical Center is a state licensed, 553 bed healthcare system with two acute-care hospitals: Gwinnett Medical Center-Lawrenceville and Gwinnett Medical Center-Duluth. The two facilities are 10 miles apart and both serve residents of Gwinnett County. Each facility is focused on providing healthcare services for their local community as well as meeting the health needs of residents across Gwinnett County.

The Gwinnett Medical Center-Lawrenceville community health needs assessment focuses on the residents of Gwinnett County because approximately 80 percent of Gwinnett Medical Center-Lawrenceville’s patients originate from Gwinnett County.

Gwinnett County is considered urban and is located in the northeast suburbs of the metropolitan Atlanta area. The county has the second largest population in the state and is the 65th most populated county in the nation. Tremendous growth over the past 50 years has brought a young, racially and ethnically diverse population to the county from across the nation and around the world. The Gwinnett County Public School System includes 133 schools and other educational facilities and serves 162,000 students. The average percentage of students graduating from high school is higher than the state average. The median household income is $65,136. Ten percent of residents live below the poverty level; 26.1 percent of single parent
families (with a male or female householder and no spouse) who have children under the age of 18 have incomes below the poverty level. Data detailing current population-based demographics including age, gender, race/ethnicity, insurance, income and education attainment for the county is included in Attachment A.

Who was Involved in the Assessment

Gwinnett Medical Center-Lawrenceville created data and community health need assessment teams that included participants from many levels of the organizations to conduct the needs assessment. The participants brought their expertise and knowledge of how our organization provides healthcare services to the assessment process. The ultimate goal of the assessment is that with community support we will identify opportunities to improve our community’s health.

Community involvement and input is an important component of our needs assessment process. Gwinnett Medical Center has conducted Gwinnett Community Health Status Reports with the Gwinnett County Health Department since 1999. The Gwinnett Coalition for Health and Human Services is a not-for-profit organization dedicated to addressing the health and human service needs of everyone in Gwinnett County. It does so through collaborative community planning, applied research, community education, membership diversity, consensus building, advocacy and innovation. Our organization has been an active partner of the Gwinnett Coalition for Health and Human Services for more than 20 years. Attachment B includes a list of individuals who participated in the assessment process.

In September 2011, the initial plan to conduct the next five-year strategic plan was approved by the Gwinnett Coalition’s Executive Board of Directors. The Board also agreed to collaborate with Gwinnett Medical Center and the Gwinnett County Health Department to gather community data to be shared by all three organizations for community assessment processes. These three entities committed to providing financial and in-kind support for the assessment process. The assessment also included participation of county departments, 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, community service agency town hall meetings and community key leader interviews. Summary community referral data from the Gwinnett Coalition’s Helpline were included in the analysis. In addition, the Gwinnett County 2010 Youth Survey results were included in the community input data set.

Eight community focus groups were conducted over a two month period between November 2011 and January 2012. One hundred community representatives of different ages, races and interests participated. Members of medically under-served; low-income and minority populations; as well as populations with chronic disease needs participated in the focus groups. The focus groups were organized through the Gwinnett Coalition’s Research and Accountability Committee’s member organizations and conducted in various community locations according to the specific needs of the group. Topics of discussion included: quality of life; community relations and engagement; economic and financial stability; education; safety; youth; and health and wellness. Attachment C includes additional information regarding the focus groups.
The Gwinnett Coalition for Health and Human Services, in cooperation with Gwinnett Medical Center and the Gwinnett County Health Department, conducted town hall meetings on Tuesday, January 24, 2012 at the Norcross Community Center, located at 10 College Street, Norcross, Ga. Two sessions were held to maximize attendance. Approximately 88 individuals from various Gwinnett County agencies participated. Each session, morning and afternoon, consisted of a three-hour period where attendees engaged in one of six break-out groups defined by the Gwinnett Coalition for Health and Human Services strategic plan areas (Health and Well Being, Community Engagement, Education, Safety, Economic and Financial Stability, and Basic Needs) and developed a list of community needs. From this list, the top five needs were chosen (without ranking order) and submitted for a large group prioritization session. The large group prioritization sessions consisted of a three-tiered voting system to rank each need within each specific strategic plan area and to garner an overall rating of all community needs for Gwinnett County.

The town hall meetings were promoted through email blasts to approximately 1,500 Gwinnett County agencies and individuals, a Gwinnett Daily Post newspaper announcement, on the Gwinnett Coalition for Health and Human Services website at gwinnettcoalition.com, and on various social media sites including the Gwinnett Coalition’s Facebook and Twitter pages. Attachment C includes additional information regarding the town hall meetings.

Individual key informant interviews were conducted by a representative from the Gwinnett County Health Department. Key informants are community leaders with unique knowledge and influence in the community. The participants were chosen using the Mobilizing for Action through Planning and Partnerships (MAPP) guidelines. The face-to-face interviews were conducted by a single interviewer over a three month period between February and April 2012. Discussion topics included quality of life, community strengths, health issues, medical services, achievable priorities, and possible community actions for the next five years.

The Gwinnett County Coalition for Health and Human Services provides a community Helpline with information and referrals for residents for a variety of needs. Call data for 2011 was included in this analysis.

The 2010 Gwinnett County Youth Survey was conducted by the Gwinnett Coalition for Health and Human Services with Gwinnett County Public School students in grades 6, 8, 9, 10, 11 and 12. The total number of students participating was 28,773 (11,747 middle school age youth and 17,026 high school age youth) at 41 schools. Attachment C includes additional information regarding the Gwinnett County Youth Survey.

How the Assessment was Conducted

In August 2011, Gwinnett Medical Center adopted a comprehensive process to conduct the Gwinnett County community health needs assessment for each of its facilities (Gwinnett Medical Center-Lawrenceville and Gwinnett Medical Center-Duluth) using guidance from the Assessing & Addressing Community Health Needs Discussion Draft: March 2011 Catholic Health
Gwinnett Medical Center-Lawrenceville serves Gwinnett County residents, offering services in many areas including: emergency, chest pain and trauma departments; medical-surgical and neuroscience units; and specialty intensive care units. Outpatient services include surgical and treatment centers as well as multiple diagnostics. Gwinnett Medical Center-Lawrenceville offers some specialty care services that are not duplicated on the Duluth campus; for example, the Lawrenceville campus features the Gwinnett Women’s Pavilion which provides maternal and infant childbirth services and a comprehensive cardiovascular services division to address heart disease and related illnesses.

Community input data from the focus groups; community service agency town hall meetings; community leader interviews; Gwinnett Coalition Helpline referral data; and the youth surveys were considered in the assessment process. Staff from the hospital, public health department, school district and Gwinnett Coalition collated and analyzed the public health data, shown in Attachment C.

The hospital adopted a systematic process that included engaging our community in the assessment of community health needs. The hospital’s data team began with a review of historical data from the 2006-2007 Gwinnett Community Health Status Report. Current demographics, morbidity and mortality statistics from the Online Analytical Statistical Information System (OASIS), a toolset that allows access to the Georgia Division of Public Health’s standardized health data repository were also used. OASIS dashboards use National Center for Health Services (NCHS) rankable causes and compare Gwinnett County rates to Georgia rates. Additional demographics were obtained from the U.S. Census Bureau’s Quick Facts, American FactFinder and the American Community Survey for the assessment. The hospital and community partners obtained a license from Healthy Communities Institute for their web-based information system to present the most recently available health and quality of life indicators for Gwinnett County residents. In addition to vital statistics data, Gwinnett County indicators include data sources from the most recent County Health Rankings and Healthy People 2020 objectives, shown in Attachment D.

The Mobilizing for Action through Planning and Partnerships (MAPP), a community-driven strategic planning process, was adopted by the Gwinnett Coalition with support from the Health Department.

The Gwinnett Medical Center-Lawrenceville’s Community Health Needs Assessment Team reviewed all the data sources available during facilitated team meetings in February and March 2012 and established identified community health need groups.

Team members reviewed the identified needs individually and as a group and discussed the ease of implementation and the potential of impact of each need category, specifically as the needs are related to the services provided at the Lawrenceville campus. Attachment E includes additional information regarding prioritized health needs.
The top priority areas were identified to meet community needs:

Manage Health Conditions and Chronic Disease Treatments

- Provide emergency and trauma services for acute conditions and injuries
- Provide women’s services associated with pregnancy and childbirth
- Provide services to treat and manage chronic diseases and acute conditions

Improve Access to Care

- Provide diagnostic services for the community
- Collaborate with community physicians to improve access to care
- Collaborate with community organizations for access to treatment of behavioral health and mental disorders
- Collaborate with community organizations for access to services for persons with disabilities

Prevent Chronic Diseases and Increase Wellness

- Collaborate with community organizations to increase physical activities and healthy eating
- Collaborate with community organizations to raise healthy kids
- Collaborate with community organizations to promote healthy aging
- Collaborate with community organizations to stop the spread of communicable diseases
- Collaborate with community organizations to prevent and detect chronic disease

Health Needs Identified

Gwinnett County is one of the highest ranked counties in overall health in Georgia, according to the County Health Rankings. Thirty-one percent of the population (255,226 residents) is under 20 years of age and 11 percent (80,041 residents) is 60 years of age or older. The county regularly met or exceeded most national benchmarks by Healthy People, and the trends have remained stable. With more than 800,000 residents in Gwinnett County, relatively small changes in health metrics can translate into significant changes in the number of people needing healthcare services.

With a young population, emergency and trauma care is a particular need among Gwinnett County residents: accidents are the second leading cause of premature death. A large number of youth participate in sports through school activities and the parks and recreation department.
The mean travel time to work for Gwinnett County residents is 32.5 minutes, which is much higher than U.S. counties averages. Between 2006 and 2008, Gwinnett County resident’s age-adjusted death rate was 11.5 (per 100,000 population) for motor vehicle collisions, which is better than average for Georgia counties.

Chronic diseases and acute conditions are key healthcare needs in our community. Heart disease was the second leading cause of hospital discharges (after pregnancy), and the sixth leading cause for emergency room visits over the period from 2005-2009. The third top cause of hospitalization was accidents.

In 2010, there were 11,872 births to Gwinnett County mothers, 8.9 percent of all births in the state of Georgia. Overall, pregnancy and childbirth were the leading cause of hospitalization and the second leading cause of emergency department visits. While the infant mortality rate is slightly lower than other Georgia counties, there is an upward trend for infant mortality in Gwinnett County. The teen pregnancy rate is lower in Gwinnett County than the average Georgia county and on a downward trend.

While morbidity and mortality data demonstrate that Gwinnett County residents are healthier than residents of other Georgia counties, there are concerns regarding the effects of the recent economic downturn. Gwinnett County has the highest foreclosure rate in the metropolitan Atlanta area. In 2010, it was estimated that 68.7 percent of Gwinnett County residents aged 18 to 64 years had health insurance. For the same year, 86.1 percent of Gwinnett County children aged zero to 17 had health insurance coverage. In addition, 232,856 Gwinnett County residents are at or below 200 percent of the federal poverty level.

Over 160 different languages are reported to be spoken in the homes of Gwinnett County Public Schools students. Twenty-nine percent of residents speak a language other than English at home. In addition, of those residents who speak a language other than English, 50 percent reported they did not speak English “very well.” This cultural diversity creates ongoing challenges in meeting community health needs.

Unmet behavioral and mental health needs continue to be a significant problem particularly with those individuals that are homeless or unemployed.

Participants in the focus groups, town hall meetings, and key informant interviews identified problematic themes in the areas of transportation and traffic, making access to healthcare and quality of life difficult. In addition, participants identified the significant challenges of communicating with the large and diverse Gwinnett County population.

With a relatively young population and high number of births every year, promoting healthy lifestyles, healthy kids and preventing the spread of communicable diseases is very important. These things can help to ensure that the people of Gwinnett County remain healthy as they grow up and grow old.

For more information about the identified health needs of residents of Gwinnett County, see Attachment D.
Community Assets Identified

The assessment identified many community assets, which include services provided by Gwinnett Medical Center but also by a for-profit hospital, the public health department and several community clinics, and behavioral and mental health services as shown in Attachment F. We have strong and supportive school systems and many public parks and libraries in the county. Our faith-based communities support our residents by providing the opportunity to share health improvement and spiritual growth for the whole person.

Summaries: Assessments and Priorities

Assessment data is summarized in Attachment D. Attachment E lists the identified needs and describes the method of setting priorities. The Lawrenceville Community Benefit Assessment Team committed to focus on the affirmed priorities. In summary, the three priority areas for identified health needs were:

- Manage Health Conditions and Chronic Disease Treatments
- Improve Access to Care
- Prevent Chronic Diseases and Increase Wellness

Next Steps

Gwinnett Medical Center-Lawrenceville will create teams to develop and implement strategies to address the prioritized needs outlined in Attachment E. The teams will include representatives from the needs assessment team, hospital administration and the Board of Directors. In addition, they will use information from our community benefit plan and the Gwinnett Hospital System’s strategic plan to formulate plans to support meeting our community’s health needs. Collaborating with community service organizations will be an important part of the planning and implementation process.

Providing health and quality of life indicators to community organizations through the web-based information system from Healthy Communities Institute will offer continuity of available data about our community and promote partnerships.

Gwinnett Medical Center-Lawrenceville is committed to conducting another comprehensive needs assessment in three years.

This assessment summary is on the website of Gwinnett Medical Center at gwinnettmedicalcenter.org. A copy can also be obtained by contacting the hospital administration offices.
Attachment A. Gwinnett County Demographic Data

Gwinnett County is located in the northeast suburbs of the metropolitan Atlanta area and is 98 percent urban. This is the 50th largest county in the state of Georgia by land mass (432.73 square miles) and the second leading by population (805,321 residents in 2010).

Gwinnett Medical Center is a state licensed, 553 bed healthcare system with two acute-care hospitals: Gwinnett Medical Center-Lawrenceville and Gwinnett Medical Center-Duluth. The two facilities are 10 miles apart and both serve residents of Gwinnett County. Each facility is focused on providing healthcare services for its local community as well as meeting the health needs of residents across Gwinnett County.

In addition to our facilities, Gwinnett County has one for-profit hospital, Eastside Medical Center in Snellville. There are many hospitals in surrounding counties of the metropolitan Atlanta area. SummitRidge Hospital in Lawrenceville is a for-profit hospital to serve mental health and substance abuse.

Three census tracts are designated medically under-served areas (CT 0503.12, CT 0504.19 and CT 0504.21) in Gwinnett County. There is one Federally Qualified Health Center in Gwinnett County (Norcross) serving residents from these census tracts as well as other Gwinnett County residents.

The population of Gwinnett County has increased by 36.9 percent since 2000. According to the 2010 U.S. Census, Gwinnett County is the 65th most populated county in the nation.
Table 1. Historical Population, Gwinnett County, 1960-2010

<table>
<thead>
<tr>
<th>Census</th>
<th>Population</th>
<th>Percentage change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1960</td>
<td>43,541</td>
<td>34.7</td>
</tr>
<tr>
<td>1970</td>
<td>72,349</td>
<td>66.2</td>
</tr>
<tr>
<td>1980</td>
<td>116,903</td>
<td>130.7</td>
</tr>
<tr>
<td>1990</td>
<td>352,910</td>
<td>111.4</td>
</tr>
<tr>
<td>2000</td>
<td>588,448</td>
<td>66.7</td>
</tr>
<tr>
<td>2010</td>
<td>805,321</td>
<td>36.9</td>
</tr>
</tbody>
</table>

Overall, Gwinnett County has a young population, with the median age from 2005 through 2009 at 33.1 years of age. Thirty-one percent of the population was under 20 years of age and 11 percent was 60 years of age and older, according to the Georgia Division of Public Health (Online Analytical Statistical Information System, OASIS, 2011).

Table 2. Population by Lifestages & Gender, Gwinnett County, 2010

<table>
<thead>
<tr>
<th>Lifestages</th>
<th>Male</th>
<th>Female</th>
<th>Total by Age</th>
<th>Percentage by Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1 Infancy</td>
<td>5,985</td>
<td>5,783</td>
<td>11,768</td>
<td>1.46</td>
</tr>
<tr>
<td>1-4 Early Childhood</td>
<td>25,963</td>
<td>24,511</td>
<td>50,474</td>
<td>6.27</td>
</tr>
<tr>
<td>5-12 Later Childhood</td>
<td>54,245</td>
<td>52,338</td>
<td>106,583</td>
<td>13.23</td>
</tr>
<tr>
<td>13-19 Adolescence</td>
<td>44,905</td>
<td>41,496</td>
<td>86,401</td>
<td>9.70</td>
</tr>
<tr>
<td>20-29 Early Adulthood</td>
<td>52,964</td>
<td>50,120</td>
<td>103,084</td>
<td>12.80</td>
</tr>
<tr>
<td>30-44 Young Adulthood</td>
<td>93,622</td>
<td>99,909</td>
<td>193,531</td>
<td>24.03</td>
</tr>
<tr>
<td>45-59 Middle Adulthood</td>
<td>80,291</td>
<td>85,148</td>
<td>165,439</td>
<td>20.54</td>
</tr>
<tr>
<td>60-74 Late Adulthood</td>
<td>31,311</td>
<td>35,685</td>
<td>66,996</td>
<td>8.32</td>
</tr>
<tr>
<td>75+ Older Adulthood</td>
<td>7,867</td>
<td>13,178</td>
<td>21,045</td>
<td>2.61</td>
</tr>
<tr>
<td>Grand Total</td>
<td>397,153</td>
<td>408,168</td>
<td>805,321</td>
<td>100.00</td>
</tr>
</tbody>
</table>

The population has become more racially and ethnically diverse, with representation from across the nation and around the world. In 2010, the U.S. Census Bureau estimated the Gwinnett County population to be 44 percent non-Hispanic whites, 22.9 percent non-Hispanic blacks, 10.5 percent non-Hispanic Asians (2.7 percent Korean, 2.6 percent Asian Indian, 2.0 percent Vietnamese, 3.3 percent Other Asian) and 2.2 percent was non-Hispanic Others (American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Multiracial or Unknown). Twenty percent of the population was Hispanic or Latino with 10.7 percent of that population being Mexican.
The Gwinnett County Public School System includes 133 schools and other educational facilities and serves nearly 162,000 students.

According to the Centers for Medicare and Medicaid Services (CMS), the average number of Medicaid recipients in 2009 was 138,561 or 17.1 percent of the total Gwinnett population. Medicare payments for Gwinnett County residents in 2008 were $482,648,000.

The lack of health insurance coverage is a significant barrier to accessing needed healthcare. In 2009, the U.S. Census Bureau Small Area Health Insurance estimated that 22.9 percent (168,416 residents) of Gwinnett residents under the age of 65 years were uninsured. According to the Census Bureau report, 232,856 Gwinnett County residents are at or below 200 percent of the poverty level; of that number, 43.1 percent (100,330 residents) are uninsured.

The U.S. Census Bureau’s American Community Survey five-year estimates for 2005-2009 provides a representation of average characteristics of the population and is not representative of a single point in time. From these surveys, the following information has been made available about Gwinnett County residents.

- There were 255,000 households in Gwinnett County. The average household size was three. Families make up 75 percent of the households; 57 percent married-couple families and 17 percent other families. Non-family households made up 25 percent of all households; 20 percent were people living alone and five percent were composed of people living in households in which no one was related to the householder.
- Eighty-eight percent of residents 25 years of age and over had at least graduated from high school and 25 percent had a bachelor’s degree or higher. Twelve percent of residents were dropouts, were not enrolled in school and had not graduated from high school.
- Twenty-three percent of the population was foreign born. Thirty-six percent were born in Georgia.
- Of individuals at least five years of age, 29 percent spoke a language other than English at home; of that 29 percent, 52 percent spoke Spanish and 48 percent spoke some other language. In addition, of those who spoke another language, 50 percent reported they did not speak English “very well.”
- Seventy-four percent of the population 16 years of age and older are in the labor force.
- Seventy-nine percent of workers drove to work alone, 11 percent carpooled, one percent took public transportation and three percent used other means. The remaining five percent worked from home. For those who commuted, the average travel time to work was 32.4 minutes.
- The median income of households was $65,136. Ninety-one percent of the households received earnings and 11 percent received retirement income other than Social Security. Fifteen percent of the households received Social Security. The average income from Social Security was $15,586. These income sources are not mutually exclusive; that is, some households receive income from more than one source.
- Ten percent of residents were below the poverty level. Thirteen percent of related children under 18 were below the poverty level, compared with eight percent of the people 65 years of age old and over.

- The median monthly housing costs for mortgage owners was $1,591, non-mortgage owners $433 and renters $939. Thirty-seven percent of owners with mortgages, 12 percent of owners without mortgages and 49 percent of renters spent 30 percent or more of their household income on housing.

- There were 280,000 housing units in Gwinnett County, nine percent of which were vacant. Of the total number of housing units, 78 percent were in single-unit structures, 20 percent were in multi-unit structures and two percent were mobile homes. The county had 255,000 occupied housing units; 74 percent (187,000 units) were owner occupied and 26 percent (67,000 units) were renter occupied.

- Four percent of the households did not have telephones.

- Three percent of the households did not have access to a car, truck or van for private use.
Attachment B. Planning Participants

Gwinnett Medical Center-Lawrenceville Community Health Needs Assessment Participants

Many individuals associated with Gwinnett Medical Center-Lawrenceville participated in the community health needs 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:

Jay Dennard  Melanie Hoover  Jean Holley
Vivian Rayburn  Jamila Brown  Debbie Huckaby
Cathie Brazell  Tim Gustavson  Dr. Alan Bier
Carol Danielson  Mark Mullin  Thomas Shepherd
Susan Stubbs  Noel Luell  Jeff Nowlin
Scott Harbaugh  Heather Boyce  Tommy McBride
Karan Jones  Martha Jordan  Janet Schwalbe
Becky Weidler  Juneasa Jordan  Scott Orem
Regina Foote  Cheryl Odell  Carolyn Regen
Stacy Tavenner  Paula Thornburg  Lea Bay
Dolores Ware  Eve Early  Dr. Miles Mason
Danita Turner  Allison Hamlet  Carolyn Hill
Cindy Snyder  Lynne Sycamore  David McCleskey
Cris Hartley  Gina Solomon  Philip Wolfe
Thomas Simmons  Nancy Kendal
Kristin Moore  Susan Gaunt

Gwinnett Coalition for Health and Human Services

As a founding and permanent member, our hospitals have actively participated on the Gwinnett Coalition for Health and Human Services Board for 20 years and have 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 hospitals, Coalitions and the Gwinnett County Public Health Department are using the Mobilizing for Action through Planning and Partnerships (MAPP), a community-driven strategic planning process, to develop goals for the six 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 MAPP Steering Committee to evaluate current and future community initiatives. The Gwinnett Coalition’s updated strategic plan will be presented to its Board of Director June 2013 for approval.
The following members of the Gwinnett Coalition’s staff participated in the collaborative efforts to conduct the community health needs assessment:

 Ellen Gerstein, Executive Director  
 Crystal Havenga, Planning and Evaluation Director  
 Nicole Love, Associate Director  
 Suzy Bus, Helpline Director  
 Cathy Kimbrel, Chairperson Strategic Planning Committee

Gwinnett County Public Health Department staff members who participated in the community health needs assessment include the following.

**Lloyd M. Hofer, M.D., M.P.H.,** received his medical degree in 1973, from the University of Alabama. Dr. Hofer is Board Certified in Pediatrics and Certified in Medical Management. Dr. Hofer practiced pediatrics and adolescent health in Hattiesburg, Miss. and Montgomery, Ala. In 1987, Dr. Hofer began his professional career in public health with the Alabama Department of Public Health, where he served as the Director of the Division of Child Health until 1992. In 1992, Dr. Hofer accepted the position of District 4 Health Director in LaGrange, Ga., Division of Public Health, Department of Human Resources serving 12 counties. Dr. Hofer directed management of fiscal, clinical, administration, and day-to-day operations of the county health departments. He served in this capacity until 1997. From 1997 to 2001, Dr. Hofer was an Associate Medical Director for Blue Cross Blue Shield in Tennessee and Alabama. Dr. Hofer returned to Georgia public health in January 2002 and is the District Health Director for Gwinnett, Newton and Rockdale Counties.

**Connie Russell** is a native of Georgia who graduated from Shorter College with a Business Administration degree in Psychology in 1990 and Georgia State University with a Master of Arts in Psychological Sciences in 1993. Connie worked on several public health research projects related to maternal substance abuse at Emory University School of Medicine, Department of Psychiatry, prior to becoming a case manager for the Babies Can’t Wait (Early Intervention) program in Gwinnett, Newton and Rockdale counties. After holding various positions with that program, including Early Intervention Coordinator, she became the District Program Manager for the Health Department in 2004 and the District Program Director in 2005. In her current position, Connie oversees program compliance and budget management for more than 15 programs, including Family Planning, WIC Nutrition, Immunizations, Adolescent Health and Youth Development, Children’s Medical Services, Child Health programs, Pharmacy, Emergency Preparedness, and Communications. She also serves as Community Liaison for the Health Department, working with a variety of organizations to support the health and well-being of the community.
Farrah Machida, M.S.P.H., is the Epidemiology Supervisor for the Gwinnett, Newton and Rockdale County Health Departments and oversees the notifiable disease investigations at the public health district office. For the past six years, she has worked as an Infectious Disease Epidemiologist and has provided infection control trainings across the county to daycares, schools, community groups and rehabilitation centers. She has worked with numerous community groups on health data analysis and infection control and emergency preparedness planning.

Shauna Mettee, R.N., M.S.N., M.P.H., is originally from Colorado where she completed a bachelor’s degree from the University of Colorado in Molecular, Cellular and Developmental Biology. After graduating in 1996, Shauna was accepted into the Emerging Infectious Disease Laboratory Fellowship at CDC, assisting on numerous outbreak investigations, including a cholera outbreak in West Africa. Shauna became an ER nurse in 2008 and then completed two master’s degrees in International Nursing and Global Public Health from Emory University. While at Emory, Shauna was president of SORT—the Student Outbreak and Response Team. In 2009, Shauna joined the U.S. Public Health Service as an Epidemic Intelligence Service Officer at CDC, where she investigated food and waterborne disease outbreaks both in the U.S. and internationally. Since 2011, Shauna has served the Gwinnett, Newton and Rockdale County Health Departments as a CDC Preventive Medicine Fellow, working with community partners to improve the health and quality of life in the district.
Attachment C. Summary of Community Engagement

Community involvement and input is an important component of our needs assessment process. Gwinnett Medical Center has conducted Gwinnett Community Health Status Reports with the Gwinnett County Health Department since 1999. The Gwinnett Coalition for Health and Human Services is a not-for-profit organization dedicated to addressing the health and human service needs of everyone in Gwinnett County. It does so through collaborative community planning, applied research, community education, membership diversity, consensus building, advocacy and innovation. Our organization has been an active partner of the Gwinnett Coalition for Health and Human Services for more than 20 years. Attachment B includes a list of individuals who participated in the assessment process.

In September 2011, the initial plan to conduct the next five-year strategic plan was approved by the Gwinnett Coalition’s Executive Board of Directors. The Board also agreed to collaborate with Gwinnett Medical Center and the Gwinnett County Health Department to gather community data to be shared by all three organizations for community assessment processes. These three entities committed to providing financial and in-kind support for the assessment process. The assessment also included participation of county departments, school districts 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, community service agency town hall meetings and community key leader interviews. Summary community referral data from the Gwinnett Coalition’s Helpline were included in the analysis. In addition, the Gwinnett County 2010 youth survey results were included in the community input data set.

Focus Groups: Common Themes

Topics discussed during the focus group meetings included quality of life, community relations and engagement, economic and financial stability, education, safety, youth, and health and wellness. Generally, the group thought the quality of life in the county is good but that it depends on where in the county one lives. The majority of the group thought that parks and recreation and the public school system are well perceived by residents. Gwinnett County was perceived as having affordable housing by some groups. The group felt that the county was not as economically vibrant as it was historically. There were concerns about lack of jobs, foreclosures, store closings and increased crime.

Transportation and road congestion are serious issues in the county, with the limited public transit system raised as a major concern throughout all of the groups. The groups also had concerns about emergency preparedness and response in the community. Participants said communication is a major issue in Gwinnett County due to the diversity of the community and the various ways residents receive news and information. They were concerned that there was no central method to reach a significant number of Gwinnett residents and that language barriers were also an issue. Another concern of participants was that residents were not engaged in community activities. They also said that community activities are, at times, cost prohibitive.
Another issue raised during the focus groups was healthcare resources. The group felt that resources were available but that, many times, they are not accessible or affordable for specific populations. Dental care and mental health services were considered inadequate and inaccessible. Overall, the community was generally not aware of all the resources available within the county.

Focus Groups: Demographics Summary

The focus group meetings for the Gwinnett County Community Needs Assessment took place from November 2011 through January 2012. There were eight groups with 100 participants total. Participants represented a wide variety of Gwinnett residents and individuals who work in Gwinnett County.

Participants represented diverse groups ranging from seniors and students to Asian and Hispanic residents. At-risk groups such as residents with behavioral health issues or those dealing with homelessness also contributed. The eight participating groups were the Philadelphia College of Osteopathic Medicine, GUIDE students, CETPA (Hispanic residents), Gwinnett Neighborhood Leadership Institute, ViewPoint (Behavioral Health), CPACS (Asian residents), Seniors and Homeless.

Place of residence for participants included Buford, Dacula, Duluth, Grayson, Lawrenceville, Lilburn, Norcross, Snellville and Suwanee. Of the 83 participants who provided their gender, 62.70 percent were female and 37.30 percent were male. There were also 83 participants who provided information as to whether they were Hispanic or not. Answers showed that 80.00 percent were non-Hispanic and 20.00 percent were Hispanic. A variety of languages were represented in the groups, including Chinese, English, Gujarati, Korean, Nepali, Spanish and Vietnamese. There was also a wide range of ages throughout the focus groups. The age distribution of participants was from 13 to 74, with 69 of the participants responding.

Participants noted having the following chronic conditions: COPD, diabetes, heart disease, high blood pressure, high cholesterol, low blood pressure, mental illness, seizures and sleep apnea. Income levels throughout the groups varied. Thirteen percent of participants had an income level of less than $10,000. The largest group consisted of 22 percent of participants who had an income level between $25,000 and $35,000. The distribution of participants’ income levels was, however, spread somewhat evenly throughout the income level ranges.

Focus Group1: PCOM Summary

The Philadelphia College of Osteopathic Medicine (PCOM) student focus group was held at the PCOM campus in Gwinnett County on Thursday, November 3. In total, 12 participants were present, though a few participants were not in the room at the start of the session. Students were asked several questions about the community and ended the session by providing feedback on what they felt were the most important issues to improve quality of life in the community.
Students were first asked how they would rate the quality of life for residents in Gwinnett County. Out of the 12 participants, nine of the participants rated the quality of life as ‘Good’ or ‘Very Good.’ The major negative concerns and issues raised by the students related to traffic and the distance required for travel. Though negative concerns were present, the students provided more positive issues than negative. They felt that the school system in Gwinnett County was good and that the culture, parks, town squares, arts, events, shops and food are all positive contributors to the county. The majority of students noted that parks, shopping and activities within the county allowed them to connect with the community.

When asked about the current economic situation in Gwinnett County, the students stated that the county is above par. This perception was based on the types of cars driven in the community and the limited foreclosure activity within the county. Additionally, large investments in new college buildings and the influx of individuals moving into Gwinnett had a positive reflection.

Availability and adequacy of resources in the community were addressed as well. The students had positive comments regarding available educational resources for residents with unique needs but thought there was a lack of public transportation to make these resources more accessible. Students, inside and out of the county, generally felt safe in the community due to the adequacy of resources present in the community to deter or prevent crime. The group of students also had concerns that there was a lack of emergency preparedness within the community and that productive information related to emergency preparedness was not readily available to residents. They also had concerns about the availability of daycares and the cost of youth activities. The group believed there was a need for clubs designed for the children and youth in the county.

With the remaining time of the focus group, health-related issues were addressed. While the students believed that the county had a good supply of healthcare facilities, the group was concerned about the accessibility for the uninsured and affordable dental and trauma care. The group was divided between urgent care and physicians as the source and location for care when they were sick. One reason for this was because of the challenges faced when trying to find a physician that accepts their insurance carrier. Insurance also proved to be an issue when discussing sufficient healthcare resources in the county, though the group had limited input on this subject.

The students responded that the Internet was the main source of health-related information for them. When asked to list the services that the Health Department provides, students were somewhat familiar with the resources offered but suggested a need to enhance awareness of the services to the community. Lastly, the students were aware of mental health and substance abuse services available in Lawrenceville but had no additional comments.

At the end of the session, students were asked to provide one issue that the community could focus on to improve the quality of life in the county. The majority of the students had responses that involved transportation. Roads, traffic, public transportation, inter-connectivity planning and a need for extended daycare hours due to traffic in the community were all examples specified by the group.
Focus Group 2: GUIDE Summary

The GUIDE Advisory Board focus group was held on Friday, November 4. There were 10 teens, mostly females with two males, ranging in age from 13 to 17. The group was diverse and made up of teens from Duluth, Lawrenceville, Snellville, Lilburn, Norcross and Grayson. The majority of the teens had lived in Gwinnett County their entire lives while some had only lived in the area for two to five years.

At the start of the session, eight of the participants had arrived. When rating the quality of life for residents in Gwinnett County, 37.5 percent rated the quality of life as ‘Excellent’ and 62.5 percent rated the quality of life as ‘Very Good.’ Though the majority felt the quality of life was very good or excellent, the teens generally felt that the community did not have enough activities for teens. They did not feel that there were enough non-sporting events for the teens in the community.

When asked about the current economic situation in Gwinnett County, the teens were aware of the impact on their community and provided a number of examples on how it had affected their families. They were also aware of some resources in the community for residents with unique needs and resources to deter or prevent crime. While they were aware of these resources, they believed there were not enough or some of the ones that were provided did not address the current needs adequately. The group also had concerns about safety in the community and that they had begun to see conditions getting worse. Adequacy of emergency preparedness resources and response was also discussed and the teens did not feel the community was properly equipped for rare emergency situations. They referenced the snow storm in January and said that their source of information and communication during that time came from Facebook and television. They had concerns about the language barrier associated with the news channels in the areas since some of them come from homes with parents who speak a language other than English. There were also concerns about gaining information from the Internet because of households not having access to computers. In addition to the Internet, when it came to sources of information on healthcare, teens said they used the school nurse, their parents and their doctor.

The teens were then asked about the overall needs of children and youth in Gwinnett County. They generally responded with answers preparing them for their future. They believed the help of college and career counselors should start earlier in high school. They said internship opportunities in the community, as well as technical degree opportunities, should be more readily available, as they have been in the past. They also feel that there should be resources to address the issue of drugs with teens.

Health-related issues were addressed next. The group of teens believed there were sufficient hospitals, physicians and urgent care resources available in the county. While the resources are available, they feel they are expensive. When they are sick, however, they do generally go to physicians or urgent care facilities. The teens noted that the main issues with healthcare in Gwinnett County were the lack of affordable dental care and the overall expense of healthcare which has forced individuals to delay care.
Again, the group of teens did not feel there were enough resources in the community. The resources they felt were lacking this time were with mental health and substance abuse. The teens thought there should be more awareness in the community about the resources that are available and that there should be a greater presence of youth helping promote these resources. They believe substance abuse has become an issue in the county due to a lack of enforcement and the absence of good role models.

In order to improve the quality of life in Gwinnett County, the teens recommended more community involvement through public events such as festivals. They thought bringing the community together through events and programs would unify the schools as well as the county as a whole. Another topic presented to improve the quality of life in the county was to have a better transit for individuals without cars.

Focus Group 3: CETPA Summary

The CETPA focus group consisted of 15 participants and was held on Wednesday, November 30, in Norcross. Only 11 of the participants were present at the start of the session. When asked to rate the quality of life in Gwinnett County on a scale of one to 10, with one being ‘Poor’ and 10 being ‘Excellent,’ the responses were generally in the ‘Average’ to ‘Good’ range. Some of the group felt that it depended in which part of the county they lived.

When asked about their awareness of community activities, events or groups, they stated that they felt there were enough in the community but that greater awareness and communication on what was available should be provided. The group also talked about healthcare resources that serve the Gwinnett County population and they noted that there was an overall lack of resources and access to these services in the community. The services that are available are not necessarily used due to the expense. The Health Department services that the group was aware of included basic dental, vaccinations, eye care, basic healthcare services and international services. Though these resources are available, the group thought they should have better translation services so that children do not have to translate from providers to their parents. There were a few resources mentioned, however, within the community that were available in Spanish.

Economically, the group felt the community was declining. They also noted the financial issues present in the county that have led to foreclosures and lack of school funding. Though the group felt that Gwinnett County had a great school system, they did raise concerns about school gang violence. They also had concerns about drugs as a growing problem in the community. Overall, they did feel that crime is dropping in the county and that the community is safer.

In order to improve the quality of life in Gwinnett County, the CETPA group recommended making healthcare more accessible and culturally sensitive, with different languages being considered. They also suggested making safety and drugs in schools more of a priority. They said necessary steps should be taken to reduce gang activity in the community as well.
Focus Group 4: GNLI Summary

The Gwinnett Neighborhood Leadership Institute (GNLI) focus group was held on Thursday, December 1, in Lawrenceville at the GUIDE offices. There were a total of 10 participants present. The group had significant feedback for each of the questions presented and some of the other questions had to be dropped.

Of the 10 participants, six of them responded when being asked to rate the quality of life in Gwinnett County while others did not. One participant rated the quality of life as ‘Excellent,’ three as ‘Above Average’ and two as ‘Average.’ They noted that community needs still existed in the county and that transportation needs are not being met. They also said there are limited resources that exist for children in the community. They commented that there was a lack of school engagement with parents and that the absence of school engagement was directly connected with the lack of engagement in the community.

The focus group members were then asked about their awareness of community activities, events or groups to connect members in the community with common interests. The group was aware of numerous methods of engaging with the community but felt that the transportation in the county is limited. Without proper transportation in the community, the group said, residents are unable to access these activities. The lack of transportation also makes it difficult for those in the community when job searching. Residents have limited access to interviews with transportation available only along limited lines. At the same time, there are not enough jobs being generated in the community, making it challenging for the unemployed. The group generally thought that the economic situation in Gwinnett County was difficult, especially with the foreclosures and lack of shelters in the community.

When asked about resources in the community, the group was aware of different resources and services regarding special needs, emergency preparedness and healthcare resources. They said they were aware of special needs resources available in the community and they commented on the current challenge of adults struggling to raise grandchildren. The group also noted the great resources available for emergencies in the county but they were concerned about the funding for those resources. For healthcare resources, the group generally felt that there were countless resources for those with insurance. For those without insurance or without transportation, they said more resources were needed. Issues related to insurance coverage and transportation were brought up again when discussing whether the healthcare resources in Gwinnett County were sufficient. They did, however, believe emergency coverage was an area in which sufficient resources did exist. The Health Department, as a resource, was then brought up and they were asked to list the services offered. The group mentioned education, STDs, international travel, immunizations, blood pressure and a lack of dental care. Overall, they did not seem to know for sure what services the Health Department provided.

At the end of the session, the GNLI focus group gave feedback as to issues they believed should be addressed in order to improve the quality of life in Gwinnett County. The recurring issue addressed was transportation. This included public transit, sidewalks and safe bicycle lanes. They also said that making healthcare more accessible would improve the quality of life in the community.
Focus Group 5: ViewPoint Summary

The ViewPoint focus group was held on Wednesday, December 7. In the end, there were a total of 15 participants present. Most of the group had lived in the community for five or more years and they consisted of ViewPoint staff, clients and a clinician.

When asked how the group would rate the quality of life in Gwinnett County, the majority of the participants responded either ‘Excellent’ or ‘Good.’ The recurring theme through their comments was lack of transportation. They also commented on crime, public housing and limited healthcare resources as issues bringing the quality of life down in the community. Participants said inadequate transportation was the reason they did not attend community activities, events and groups in the county. Transportation continued to be an issue throughout the focus group discussion.

Participants also felt that the lack of transportation created an issue for residents with unique needs getting to and from educational resources. They felt that sufficient resources for adult illiteracy were not available and that, even if they did exist, residents would not be able to get to them due to the absence of proper transportation in the community. Overall, the group felt that the community lacks awareness of available resources.

The group had limited comments on the adequacy of resources to deter or prevent crime. Participants noted that they have experienced crime locally and have also seen incidents of crime on the news. They believed that communication and education of the law as well as prevention of crime were needed in the community. They were also interested in gaining a greater awareness of probation services for the county. Those that did comment noted the lack of appropriate resources readily available and accessible.

There was also a concern about the adequacy of emergency preparedness resources in the community. The group agreed that there was a lack of communication throughout the county when emergencies arise. They said that they generally receive information through the television news, radio and cell phones. They noted that they do not typically use the Internet for information because they do not have access. Internet proves to be cost prohibitive to those with lower incomes.

Overall, the group had positive feedback regarding the needs of youth within the community being met. They felt resources and activities were available through the schools, park system and local churches. Participants had significant positive comments regarding local parks. The group agreed that there are numerous extracurricular activities available, but they are often cost prohibitive.

Healthcare resources in the county were then discussed. Many of the participants wanted to see somewhere in Gwinnett that provided affordable, total healthcare. They did not want to have to jump from one office to another which, in turn, costs more due to several co-pays. They added that it would need to be accessible because of the transportation issues. When asked what services were available at the Health Department, the group did not really know. The group gave the following as services they believed were provided: vaccines, prenatal care and family planning. They were more familiar with resources in the community for mental health and
substance abuse but noted that they were limited geographically and that existing services were not available throughout the county.

At the end of the focus group, the participants were asked to name issues to be addressed that they felt would help improve the quality of life in Gwinnett County. Public transportation was brought up again by the group. They also listed affordable healthcare, social resources, crime, financial planning assistance and gay/lesbian/bisexual/transgender resources as issues to focus on that would help improve the quality of life in the community.

**Focus Group 6: CPACS Summary**

The Center for Pan Asian Community Services (CPACS) focus group was held on Thursday, December 8. There were nine participants and they had lived in Gwinnett County anywhere from one and a half years to 14 years. The group rated the current quality of life in the county as mainly ‘Fair’ to ‘Very Good.’ Those who rated the quality of life as ‘Very Good’ or ‘Good’ in Gwinnett commented on the affordable housing in the county. Those participants also said they were not aware of all the different resources available throughout the community. For the participants who rated the quality of life as ‘Average’ or ‘Fair,’ they had concerns about translation help within the community. In addition, participants also noted that they were not familiar with local resources and that, many times, they had been referred outside of the community for their needs.

Though the majority of the participants’ comments were positive about the quality of life in the county, they had mixed responses to the local economic situation. They did have a general opinion that the situation was gradually improving, however. They noted the amount of stores suffering and closing. They also said that they typically go outside of the county for resources. The group provided examples of Asian-focused events and activities, noting that more Asian events were starting to come to Gwinnett County, but that many were still offered outside the community.

When discussing the adequacy of resources available to deter or prevent crime, there were mixed responses. Some felt more safe here than other areas, while others felt less safe. The group was aware of local community and neighborhood watches and had seen police checkpoints in the county. The group also noted that crimes appeared to be occurring more in neighborhoods without a homeowner association. The group also discussed the adequacy of emergency preparedness resources and response. In general, they felt that there were resources available to find information. Examples provided included television, radio, Internet and newspapers. They did, however, find it difficult to access information in Vietnamese. The participants agreed that there are language barriers in the county. They also mentioned the need for Vietnamese counselors in schools. The group noted that many children speak English but have parents who speak Vietnamese only. They have children speaking primarily English, but it is difficult for these children to translate for their parents.

Funding for translation was then discussed by the group and they said that limits have been placed on interpreter requests due to the lack of funding. They also mentioned having
language barriers with mental health and substance abuse resources. The group, generally, was not aware of available resources for this. Some thought the issue was not just language barriers but also a lack of educational awareness for those resources.

Participants had limited feedback regarding the level of healthcare resources within the county. They did say that sufficient resources do exist in Gwinnett County. They also raised concerns about the responsiveness of emergency services compared to other areas. When they were in need of health-related information, they typically used the Internet, coworkers and friends for information. They were also asked to list services provided by the Health Department. Overall, they did not seem to know what services the Health Department provided.

In order to improve the quality of life in Gwinnett County, the CPACS group recommended making healthcare for low income individuals with no insurance more affordable and accessible. They mentioned the gap in insurance for residents aged 25 to 60. They said they would also like to see a centralized hub for information to increase awareness instead of it being scattered across the county. Improved awareness of resources, community involvement and public transportation were also discussed as issues that could be addressed to improve the quality of life in Gwinnett County.

**Focus Group 7: Seniors Summary**

The Seniors focus group was held on Wednesday, December 14, at the Lawrenceville Senior Center in Rhodes Jordan Park. There were 15 participants present at the start of the session, and additional participants joined the group later. The group rated the quality of life in Gwinnett County, overall, as ‘Excellent’ from nine participants and ‘Very Good’ from four participants. The group of seniors generally believed that the economic situation in the community was declining, even deteriorating rapidly. They observed the drop in property values, empty buildings in the community and gangs. The group also said the economic situation was not a county-wide issue but should be looked at by city.

The group mentioned that the parks and recreation facilities and services within Gwinnett County were great but that they had concerns about the rising costs and additional fees associated with activities within the park system. Rising costs for other activities and events were also a concern. They said that senior centers were available but that sometimes programs for them were not. The participants also noted that transportation and access to events were issues that did not allow them to engage in those activities.

Educational resources for residents with unique needs and resources to deter or prevent crime in the county were discussed. The group generally felt that the county is doing a good job with children who are autistic or have learning disorders. They mentioned the transportation for special needs children and thought that the school district did a great job with it. Some of the participants had concerns that the tax dollars that go into the school system are not being used for educational resources for the children with special needs. The group provided significant feedback regarding resources to deter or prevent crime. They had concerns about the rise of gangs, drugs and prostitution in the area. They also mentioned localized problems such as
vandalism in certain parts of the county. The group also discussed their concerns about the lack of transportation for seniors. Some participants said they would not feel safe on public transit. Those participants said they ride with friends or use the senior center's transportation, but at a cost.

Regarding accessing information when an emergency arises, participants noted that they mainly received information from the television and radio. They said the Internet was also a source of news. The group had concerns about how emergencies are presented to the public. They said tornado updates are good but the lack of tornado sirens in the community is a concern. The participants also felt that the community waited too long before responding.

Resources for children and healthcare were then brought up. The group's feedback on the needs of children mainly centered around the arts and nutrition. Participants expressed concern that athletics was the main focus in the community and not the arts for children. Regarding nutrition, participants noted that school lunches needed to be improved in order to provide nutritional options. They believed that snack foods and soft drinks were too accessible. When asked about healthcare, the group stated that adequate resources existed related to physician care but not hospital care. The majority of the participants said they had a primary care physician for their healthcare needs. The group recommended the start of senior healthcare education within local senior centers because they were unaware of any existing resources. When accessing healthcare information, they named a limited number of resources and generally were unaware of the resources out there.

The group also said that a lack of transportation kept them from accessing healthcare outside of the county. At the same time, the seniors felt that, with the opening of the new heart program, there was little reason to leave the county unless being referred to a specialist. When asked to list the services provided at the Health Department, the group responded with family planning and flu shots. The general consensus was that the seniors did not use the services there because they were unaware of any senior services provided.

At the end of the session, the group was asked to provide an issue that the community could focus on to improve the quality of life in Gwinnett County. Transportation was a large part of this discussion. They talked about how long it takes to get from one place to another in the county.

They stated that the current transit system was not effective. The seniors also mentioned the fact that transit is not wheelchair accessible. There is no place for a walker or scooter. They also recommended implementing a medication coordination service for seniors and making activities and housing more affordable.

**Focus Group 8: Homeless Summary**

The Homeless focus group was held on Tuesday, January 10. The group mainly consisted of longer-term residents from Gwinnett County. When asked about the quality of life in the county, participants agreed that there were not enough jobs in the community. They said it is hard for anyone coming out of jail to find a job. Without jobs, they have few or no benefits. The group
also said that cooperatives in the community will not help singles, men or couples without children. They said there was minimal help with shelters in the area. They also said if they were to look into affordable housing, they still would not be able to live there due to the high cost of setting up utilities.

The group focused on transportation as the main limiting factor as to why they did not engage in any type of community activity or event. They said that the current transit system did not have valuable routes and that more are needed. They also mentioned the need for more information in the event of an emergency in the community. They said there had not been enough available in the past to prepare properly. They listed television, Internet and radio as the main sources of information for them.

Information and resources for the residents within the community were then discussed. Participants had positive feedback regarding educational resources for residents with unique needs. They noted that the local schools were better than other schools in the surrounding area but that the strength of the school did depend on location within the county. Overall, participants said that special needs were being met, both in the schools and daycares. Participants agreed that resources for mental health and substance abuse were inadequate. They said counseling was not affordable, there was a wait for care, and there were no funds for these issues.

Participants had concerns that care was too expensive when asked about the adequacy of healthcare resources within the county. The group said they typically go to the emergency department when issues arise due to lack of money. They also mentioned that they had gone to community clinics and the Health Department when they were sick. They generally did not know what resources were offered at the Health Department, however.

At the end of the session, the group was asked to provide one issue to address that they felt would improve the quality of life in Gwinnett County. The majority of participants said jobs and shelters. Additionally, participants noted that legislation was being considered to utilize churches for shelters. Participants said residents were living in cars and that local shelters were only for families. They also stated that the value of training programs for job skills should be considered. The group said forcing residents out did not stabilize the community.
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.

Focus Group Questions

Quality of Life
1. To begin with, how would you rate the quality of life for residents (on a scale from Excellent, Very Good, Average, Fair or Poor) in Gwinnett County and why?

Community Relations and Engagement
2. What community activities, events or groups are you aware of that enable you to connect with other members of the community with common interests?

Economic and Financial Stability
3. What is your opinion of the current economic 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, illiterate adults and residents who do not speak English. How would you describe the availability of educational resources for people with these unique needs? What level of quality are these resources? High, average or low?

Safety
5. Do you believe that adequate resources are in place to prevent or deter crime in Gwinnett County?

6. Do you believe that resources for emergency preparedness and response are adequate to meet the needs of the community?

Youth
7. Do you believe that the overall needs of the Gwinnett County children and youth are being met?

Health & Wellness
8. Healthcare resources available in Gwinnett County include primary care (your doctor's office), emergency care, specialized care and senior healthcare. Do you believe that Gwinnett County’s healthcare resources are adequate to serve its current population, considering both size and diversity of the population?
9. Where do you go most often when you get sick (doctor’s office, Health Department, hospital, medical clinic, urgent care center)?

10. If you are sick or injured in Gwinnett County, are there sufficient healthcare resources to treat you or would you have to leave the county for care?
   a. Consider the hospitals, physician supply, imaging, and surgical services on hand.
   b. If you have left Gwinnett County for healthcare, what was your reason for receiving care elsewhere?

11. 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.)?

12. Please list services that you are aware of that the Health Department provides. Please share your thoughts regarding the quality of the services that the Health Department provides. What could the Health Department do to improve how it serves the community?

13. Do Gwinnett residents with mental health and substance abuse problems have access to adequate resources?

14. One final question. Name one issue that the Gwinnett community could focus on to improve the quality of life in the county?
Focus Groups: GUIDE Advisory Board Questions

Focus Group Introduction
Please tell us about yourself: your first name, what city you live in, size of household and how long you have lived in Gwinnett County.

Focus Group Questions
Quality of Life
Facilitator – Explain what you mean by “quality of life”
1. To begin with, how would you rate the quality of life for residents in Gwinnett County and why?

Community Relations and Engagement
2. What community activities, events or groups are you aware of that enable you to connect with other members of the community with common interests?

Economic and Financial Stability
3. What is your opinion of the current economic situation for Gwinnett County and its residents?

Education
4. What do you know of availability of educational resources for residents with unique needs, such as mentally and physically disabled youth and adults, illiterate adults and foreign speaking residents who desire to learn English?

5. What is the quality of these educational resources for residents with unique needs?

Safety
6. Do you believe that available crime prevention resources within the community are sufficient?

7. Do you believe that resources for emergency preparedness and response within the community are adequate?

Youth
8. What are the overall needs of the Gwinnett County children and youth?

9. Do you believe that the overall needs of the children and youth are being met?

Health & Wellness
10. Do you believe that Gwinnett County’s healthcare resources are adequate to serve its current population, considering both size and diversity of the population? This includes the spectrum of resources such as primary care, emergency care, specialized care and senior healthcare.
11. Which healthcare resources do you access most often when you get sick (doctor's office, Health Department, hospital, medical clinic, urgent care center)?

12. If you are sick or injured in Gwinnett County, are there sufficient healthcare resources to treat you or would you have to leave the county for care?
   a. Consider the hospitals, physician supply, imaging, and surgical services on hand.
   b. If you have left Gwinnett County for healthcare, what was your reason for receiving care elsewhere?

13. What sources do you receive most of your health-related information (books, magazines, church, doctor, nurse, school, friends, family, Health Department, help lines, hospital, Internet, pharmacist, etc.)?

14. What do you think is the most significant substance use or abuse problem in Gwinnett County?
   a. Consider underage drinking, adult excessive drinking, tobacco, marijuana, prescription and over the counter abuse, other.
   b. Do you believe adequate substance abuse prevention exists in Gwinnett County?

15. Are you aware or in the last year, have you seen any public awareness campaigns about: underage drinking prevention, promoting health and wellness, prescription drug use prevention or the Meth campaign?

16. Do you believe that adequate resources for mental health problems exist in Gwinnett County?

17. Considering all of the items that have been discussed, if the Gwinnett community could focus on one area to improve the quality of life within the community, what would that one area of focus be?
Focus Groups: Demographics Questions

Community Health Needs Assessment - Focus Group

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 GED/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 healthcare?
   ____ 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 Hawaiiana, 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 más

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 área? ________________

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
Your Opinion Matters!

Community Forum

An event organized to gather feedback on community issues, ideas and concerns from Gwinnett-area residents.

**When:** Thursday, December 8, 2011
Event Starts Promptly at **6:00pm**

**Where:** Center for Pan Asian Community Services
-Main Office Location-
3510 Shallowford Road NE, Atlanta 30341
Town Hall Meetings

The Gwinnett Coalition for Health and Human Services, in cooperation with Gwinnett Medical Center and the Gwinnett County Health Department, conducted town hall meetings on Tuesday, January 24, 2012 at the Norcross Community Center, located at 10 College Street, Norcross, Ga. Two sessions were held to maximize attendance. Approximately 88 individuals from various Gwinnett County agencies participated. Each session, morning and afternoon, consisted of a three-hour period where attendees engaged in one of six break-out groups defined by the Gwinnett Coalition for Health and Human Services strategic plan areas (Health and Well Being, Community Engagement, Education, Safety, Economic and Financial Stability, and Basic Needs) and developed a list of community needs. From this list, the top five needs were chosen in no chronological order and submitted for a large group prioritization session. The large group prioritization session, conducted by Carolyn Aidman of the Urban Health Initiative, consisted of a three-tiered voting system to rank each need within each specific strategic plan area and to garner an overall rating of all community needs for Gwinnett County.

Town hall meetings were promoted through email blasts to approximately 1,500 Gwinnett County agencies and individuals, a Gwinnett Daily Post newspaper announcement, on the Gwinnett Coalition for Health and Human Services website at gwinnettcoalition.com, and on various social media sites including the Gwinnett Coalition’s Facebook and Twitter pages.

Town Hall Meetings: Facilitation Guidelines

Thank you for volunteering to serve as a facilitator in the Coalition’s Community Town Hall Meeting. The meeting’s purpose is to gather input that will shape the Coalition’s community strategic plan priorities over the next several years. You will be facilitating a small group break-out session. The goal of each break-out session is to determine the top five community needs or issues within the given topic area. The topic areas correspond to the Coalition’s six strategic plan areas, which are Basic Needs, Health and Well Being, Safety, Education, Community Engagement, and Economic and Financial Stability. You will be assigned to one of these six areas. No specific knowledge of any area is required for facilitation. Your role as a facilitator is to objectively guide your group to brainstorm options, identify priorities and ensure an outcome-based meeting. A recorder will be provided to assist you in note taking and listing the group’s final five responses on a worksheet, which will be distributed at the meeting. This worksheet needs to be returned to Crystal Havenga as soon as the group has finalized its top five community needs so that Coalition staff can compile the answers for the large group presentation where all attendees will convene to vote and rank the selected priorities within all six strategic plan areas. Coalition staff will be available to answer any questions you have, but remember, there is no right or wrong regarding what community needs the groups decide upon. We will provide each member with a broad definition of each strategic plan area (see the attached systemic planning model), but we do not want to limit any group to what has been addressed in the past. We encourage them to explore emerging trends and developments within their topic area and how they translate into a community need.
Here are some facilitation tools to assist you in your session:

Facilitation Tools and Skills
Encourage Participation:
- Encourage silent members
- Use open-ended questions
- Consult the group
- Use visual aid (flip chart provided) and post key points
- Thank members for contributions

Listen and Observe:
- Listen actively

Guide the Group:
- Delegate a timekeeper
- Refer back to meeting objectives and agenda
- Use a parking lot if members bring up important topics unrelated to the discussion or postpone non-agenda topics
- Restate the question
- Clarify confusing discussions

Ensure Outcome-Based Meeting:
- Record decisions (recorder’s task)
- Review objectives

Ensure Quality Decisions:
- Remind the group of decision deadline
- Review criteria and supporting information
- Review the decision making process
- Poll the group

Volunteer Assignments

Morning Session

<table>
<thead>
<tr>
<th>Strategic Plan Area</th>
<th>Facilitator</th>
<th>Recorder</th>
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</thead>
<tbody>
<tr>
<td>Safety</td>
<td>Vanessa Shoop</td>
<td>Keisha Olufeso</td>
</tr>
<tr>
<td>Economic &amp; Financial Stability</td>
<td>JK Murphy</td>
<td>Nicole Love</td>
</tr>
<tr>
<td>Basic Needs</td>
<td>Connie Russell</td>
<td>Suzy Bus</td>
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<td>Health and Well Being</td>
<td>Shauna Mettee</td>
<td>Lois Chisolm</td>
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<td>Community Engagement</td>
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<td>Jodi Kentish</td>
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<td>Education</td>
<td>Martha Jordan</td>
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### Afternoon Session

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<td>Nicky Lopez</td>
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<tr>
<td>Economic &amp; Financial Stability</td>
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<td>Suzy Bus</td>
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<td>Alice Hoskins</td>
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<td>Community Engagement</td>
<td>Pat Baker</td>
<td>Jodi Kentish</td>
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<tr>
<td>Education</td>
<td>Martha Jordan</td>
<td>Volunteer TBD</td>
</tr>
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</table>
Town Hall Meetings

Gwinnett Coalition Town Hall Meeting
Norcross Community Center
Morning Session, January 24, 2012
8:30 a.m. – 12:00 p.m.

Agenda

8:30-9:00 Registration
9:00-9:15 Introduction
9:20-10:30 Group Break-Out Sessions
10:30-11:00 Networking & Break
11:00-11:50 Prioritization
11:50-12:00 Wrap-up

The Gwinnett Coalition for Health and Human Services would like to thank Norcross Community Center whose support made this day possible.
Town Hall Meetings: Community Need Priorities Morning Session

1. Connecting resources (Health and Well Being)
2. Drugs and alcohol (Safety)
3. Lack of viable employment (Basic Needs)
4. Lack of additional transitional housing (Basic Needs)
5. Education in schools about life skills and health curriculum (Education)
6. Bullying (Safety)
7. Lack of locations for adult day programs (individual and group coaching, job training) for the developmentally disabled (Health and Well Being)
8. Lack of transportation (Basic Needs)
9. Lack of housing programs for the homeless and recently released prisoners (Basic Needs)
10. Lack of paratransit (Health and Well Being)
11. Lack of veteran support programs (Basic Needs)

Integrative Healthcare (Health and Well Being)

Continuing adult education – online education, community based education, and caregiver education (Education)

12. Gangs (Safety)

Foreclosures, lack of affordable housing, and vacant lots (Economic & Financial Stability)

Being proactive about marketing the Helpline and Coalition (Community Engagement)

13. Reduction of law enforcement and emergency resources (Safety)

Reduction of individual and corporate donations (Economic & Financial Stability)

14. Education on cardiac metabolic syndrome for overweight and obese families (Education)

Empowered Healthy Youth (Health and Well Being)

15. Individuals faced with financial constraints, living paycheck to paycheck (Economic & Financial Stability)

Translation and interpretation barriers (Community Engagement)

16. Bringing cultures together (Community Engagement)

17. Lack of financial literacy courses (Economic & Financial Stability)

18. School based health centers (Education)

19. A face-to-face community resource center (Community Engagement)
Town Hall Meetings: Community Need Priorities Evening Session

Town Hall Meeting Community Need Priorities – P.M. Session

1. Lack of housing provision (Basic Needs)
2. Lack of transportation (Basic Needs)
3. Lack of jobs (Economic & Financial Stability)
4. Health education and access (Education)
5. Literacy - scholastic, financial, soft skills, GED, ESL (Education)
6. Education on alcohol/drugs, finance, and mental health for both documented and undocumented individuals (Health & Well Being)
7. Elder Abuse – physical and financial (Safety)
8. Lack of crisis response education pertaining to mental health for law enforcement and emergency response (Health & Well Being)
9. Safety support and resources to meet long-term client needs (non-emergency & long-term services) (Safety)
10. Leadership development – sustainability, community development, grassroots leaders (Community Engagement)
11. Building cross cultural dialog to reduce barriers to communication (Community Engagement)
12. Culturally competent education (Education)
13. Lack of information about food resources (Basic Needs)
14. Juvenile violent crime (violent crime in general) (Safety)

Interpretation Needs (Basic Needs)

Gwinnett Exchange – agencies sharing surplus goods and resources (Basic Needs)

Increased cost of living and foreclosures (Economic and Financial Stability)
15. Lack of continuum of services (Health & Well Being)

16. Education about community involvement in neighborhoods by getting individuals involved (Community Engagement)

17. Family Education (multi generational and multi cultural) (Education)

Community awareness and access (Education)

18. Lack of pooling resources that are culturally and ethnically diverse (Health & Well Being)

19. Lack of crime education (Safety)
Carolyn Aidman is the program manager of The Urban Health Initiative, a partnership between the Emory School of Medicine and the OUCP. This Initiative focuses on urban health and healthcare disparities and offers interdisciplinary approaches to community engagement in health and healthcare delivery. She develops programs, engages faculty members and students, and attracts volunteers and resources to initiatives such as the “Food Desert Project in Northwest Atlanta.” The goal of this initiative is to engage homeless and low income residents in aquaponic farming and vermiculture as careers, helping break the cycle of homelessness and poverty. She is also the Emory School of Medicine Urban Health Program convener, helping to bring full service medical care to children at their schools through the School Based Health Center program.

Carolyn is the former director of Adolescent Health and Youth Development for Public Health in Georgia, and the former executive director of the Professional Development Centre of Florida, developing the training, testing, and certification of Florida’s public and private sector child protection professionals. She is the president of the East Lake Commons Home Owners Association, and plays African hand drums in her leisure time.

Carolyn Aidman holds a BA in social welfare, an MA in counseling, and a PhD in human services and studies from Florida State University. Her doctoral focus is in childhood and family counseling, with specialty areas in management, communications and research, and evaluation and testing.
Basic Needs
- Food
- Temporary and Permanent Housing
- Transportation
- Emergency Preparedness

Community Relations and Engagement
- Agency Development
- Community Involvement
- Diversity Awareness

Safety
- Crime Free Community
- Children Free from Abuse and Neglect

Economic and Financial Stability
- Financial Education
- Stable and Growing Incomes
- Adequate Savings
- Build and Sustain Assets

Health and Well-Being
- Affordable and Available Healthcare
- Disease Prevention
- Drug Free Youth

Education
- Affordable Adult Education
- Affordable Quality Support

Revised 12/2/2008
Individual Key Informant Interviews

As one component of Community Strengths and Themes Assessment of the Gwinnett County Mobilizing for Action through Planning and Partnerships (MAPP) process, key informant interviews were completed with community leaders with unique knowledge and influence. The purpose of the interviews was to build new partnerships and strengthen existing ones and to determine our community’s strengths and challenges. The interviews allowed for gathering of more in-depth information about issues affecting the health and quality of life in Gwinnett, insider information from leaders involved in community decision-making, and a broader view of the issues faced by our community.

Methodology

Key informants were selected by the Research and Accountability Team of the Gwinnett Coalition for Health and Human Services to represent a cross-sector of community leaders. The informants included representation from education (K-12 and college), elected officials (state and county), government agencies (Health Department, mental health, judicial, emergency management), local business, hospitals, media, philanthropy and cultural groups. The median number of years living in Gwinnett, working in Gwinnett, and years in current position for the participants was 17, 11, and 4.5, respectively.

Table 3. Representatives’ Community Service History, Gwinnett County, 2012

<table>
<thead>
<tr>
<th>Sector</th>
<th>Years Living in Gwinnett</th>
<th>Years Working in Gwinnett</th>
<th>Years in Current Position</th>
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<tr>
<td>Education</td>
<td>18</td>
<td>8</td>
<td>1</td>
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<td>17</td>
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<td>Business</td>
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<tr>
<td><strong>Median</strong></td>
<td><strong>17</strong></td>
<td><strong>11</strong></td>
<td><strong>4.5</strong></td>
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</table>
Key Informants

Fifteen (n=15) in-depth interviews were conducted face-to-face during the winter of 2011-2012 by one interviewer using a standard interview guide that was developed based on the issues that were being addressed in small focus group discussions and town hall meetings.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jennifer Poole</td>
<td>Chief Nurse</td>
<td>Gwinnett County Public Schools</td>
</tr>
<tr>
<td>Pedro Marin</td>
<td>State Representative, District 96</td>
<td>Georgia House of Representatives</td>
</tr>
<tr>
<td>Nick Massino</td>
<td>Vice President, Economic Development</td>
<td>Gwinnett Chamber of Commerce</td>
</tr>
<tr>
<td>Frank Berry</td>
<td>Chief Executive Officer</td>
<td>Viewpoint Health</td>
</tr>
<tr>
<td>Kim Ryan</td>
<td>Chief Executive Officer</td>
<td>Eastside Medical Center</td>
</tr>
<tr>
<td>Charlotte Nash</td>
<td>Chairman, Board of Commissioners</td>
<td>Gwinnett County Government</td>
</tr>
<tr>
<td>Judy Waters</td>
<td>Executive Director</td>
<td>Community Foundation for Northeast Georgia</td>
</tr>
<tr>
<td>Renee Unterman</td>
<td>State Senator, District 45</td>
<td>Georgia State Senate</td>
</tr>
<tr>
<td>Alan Bier</td>
<td>Executive Vice President &amp; Chief Medical Officer</td>
<td>Gwinnett Medical Center</td>
</tr>
<tr>
<td>Steven Moyers</td>
<td>Dean of Health Sciences</td>
<td>Gwinnett Technical College</td>
</tr>
<tr>
<td>Greg Swanson</td>
<td>Director, Office of Emergency Management</td>
<td>Gwinnett County Government</td>
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<tr>
<td>Robert V. Rodatus</td>
<td>Presiding Judge</td>
<td>Gwinnett County Juvenile Court</td>
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<tr>
<td>JK Murphy</td>
<td>Publisher</td>
<td>Gwinnett Daily Post</td>
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<tr>
<td>Joseph Steinberg</td>
<td>Director, District Environmental Health</td>
<td>Gwinnett Health Department</td>
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<tr>
<td>Kenny Lee</td>
<td>Executive Director</td>
<td>The Korean American Association of Greater Atlanta</td>
</tr>
<tr>
<td>Travis Kim</td>
<td>President</td>
<td>The Korean American Association of Greater Atlanta</td>
</tr>
</tbody>
</table>
Questions covered quality of life, community strengths, health issues, medical services, sources of health information, public health services, achievable priorities, possible actions, and their vision of Gwinnett in five years. In addition to these standard topics, some topics were covered in greater depth and additional topics were covered based on the lead of the interviewee. The interviewees were informed that the content of the interviews would remain confidential unless otherwise specified. Notes were transcribed within 24 to 48 hours of the interview and the resulting digital files were analyzed with Max QDA qualitative software.

Results

Community Needs

The participants identified many needs in the community. The themes that emerged across respondents are listed below.

- Poor lifestyle choices
  - Sedentary adults and youth
  - Too much screen time
- Uninsured/underinsured-limited access to:
  - Primary healthcare, specialty services, mental health, dental, public health services
- Increasing homelessness
- Lack of adequate public transportation
- Need more walkable communities, rezoning
- Limited awareness of Health Department services
- Obesity epidemic (adults and youth)
- Lack of diversity in community leadership

Community Strengths

The interview participants identified a variety of community strengths. The themes that emerged across respondents are listed below.

- School system
- Parks and recreation
- Libraries
- High quality paved roads
- Water/sewer system (in some municipalities)
- Improved hospital service options (for insured)
- Proactive, creative economic development
- Strong partnerships, culture of collaboration
Conclusions

Many of the themes identified by the key informants are consistent with other qualitative data collected as part of the MAPP Community Strengths and Themes Assessment. Convergent validity is supported for these themes that are recognized across sectors and multiple specific demographic and interest groups.
Youth Survey: Summary

Gwinnett County’s Comprehensive Youth Survey is a survey led by the Gwinnett Coalition for Health and Human Services. The first survey was conducted in 1996. From 1997 to 2000, the school system and community responded to the results and took action. Over the years, the survey has been revised and is now conducted in conjunction with the Georgia Department of Education. All high school grade levels are surveyed now, as of 2010. The next survey is to be administered in the Fall of 2012.

In 2000, 11 percent of Gwinnett middle school youth reported using inhalants. As a result, the ADVANCE curriculum was revised, a parent public awareness campaign was started, and middle school health teachers were trained. Because of the actions taken, inhalant use was reduced to five percent by 2006, 1.2 percent by 2008 and remained stable at 1.3 percent in 2010. Also in 2000, 22 percent of Gwinnett middle school youth and 59 percent of Gwinnett high school youth reported they had used alcohol. As a result, vendor compliance checks were introduced, fines on underage sales were increased, a Save Brains public awareness campaign was started, and the Georgia Gwinnett College partnership to promote an alcohol-free campus was established. Since this began, the alcohol usage rate among Gwinnett youth has decreased a total of 15.6 percent among middle school youth and 29.8 percent among high school youth. In 2010, only 6.4 percent of Gwinnett middle school youth and 29.2 percent of Gwinnett high school youth reported ever having used alcohol.

In 2000, 30 percent of Gwinnett high school youth reported they engaged in sexual intercourse. As a result, abstinence education was implemented, parents were educated on talking to their children about sex, and after-school pregnancy prevention programs were started. This percentage went up to 37 percent in 2006 but dropped to 26.7 percent in 2008 and to 23.9 percent in 2010. Also in 2000, 16.7 percent of high school youth reported they had considered suicide in the past year. Due to this percentage, a “Signs of Suicide” (SOS) program was implemented in Gwinnett County Public high schools. This decreased to 11 percent by 2006, 10 percent in 2008 and 9.5 percent in 2010.

Gwinnett County youth were asked about physical activity and nutrition on the survey. When asked whether they did an activity that made them sweat, 54.6 percent of middle school youth and 54 percent of high school youth said yes. When asked if they exercised for 30 or more minutes, 45.6 percent of middle school youth and 52.7 percent of high school youth responded with yes. The youth were then surveyed about nutrition. When asked if they eat five servings of fruit and vegetables per day, only 29.7 percent of middle school youth and 21.1 percent of high school youth responded with yes. They were then asked if they eat three servings of dairy a day and 44.2 percent of middle school youth and 36.3 percent of high school youth said yes.

On the youth survey, there were questions related to alcohol, tobacco and other drugs. When asked if in the past 30 days they had drunk alcohol, used tobacco, used marijuana and used prescription drugs not prescribed to them, 5.1 percent of middle school youth and 21.8 percent of high school youth said that they had consumed alcohol; 2.1 percent of middle school youth and 11.9 percent of high school youth said they had used tobacco; 2.4 percent of middle school youth and 14.4 percent of high school youth said they had used marijuana; and 1.5 percent of
middle school youth and 4.6 percent of high school youth said they had used prescription drugs that were not prescribed to them. The youth were then asked if they had five or more drinks in a row in the past 30 days and 1.6 percent of middle school youth said they had while 10.9 percent of high school youth said they had. Since middle school youth are too young to drive, zero percent of middle school youth said they had driven under the influence in the past 30 days but 7.1 percent of middle school youth said they had been in the vehicle with a drinking driver. The percentage of high school youth that said they had driven under the influence was 3.2 percent, and 11.1 percent of high school youth said they had been in the vehicle with a drinking driver. Perceptions of alcohol use were addressed afterward and 73.6 percent of middle school youth and 59.1 percent of high school youth thought adults would disapprove of their use of alcohol, while 60.4 percent of middle school youth and 28.7 percent of high school youth thought their friends would disapprove of their alcohol use. The youth were then asked if they thought alcohol was harmful to their health and 67.4 percent of middle school youth and 47.4 percent of high school youth responded that they did feel it was harmful to their health.

From the 2010 survey, it was found that 54 percent of high school youth who drink get alcohol from friends who buy alcohol for them and are 21 years of age or over. Other youth reported getting the alcohol from parents of friends who allow them to drink; their own parents who let them drink at home; their parents who provide it to them and their friends; and others use a fake ID to purchase the alcohol themselves. Based on the questions of substances used in the past 30 days, alcohol was the substance of choice in Gwinnett County in 2010, with 21.8 percent of high school youth and 5.1 percent of middle school youth reporting alcohol as their substance of choice.

Protective factors listed in the survey were youth who had mostly As for grades; youth who can talk to their parents about serious issues; youth who perceive great risk/harm in regular alcohol use; and youth who perceive parents would consider their alcohol use ‘very wrong.’ There was a high correlation between the youth who reported they had not drunk alcohol in the past 30 days and those who exhibit these protective factors. There was also a high correlation between youth who reported that they got their alcohol from parents and other adults with those youth who can talk to their parents about serious issues.

In contrast to protective factors are risky behaviors. Risky behaviors include youth who have gotten speeding tickets; youth who have been at fault in a car wreck; youth who rode with an impaired driver; youth who misuse prescription drugs; youth who felt sad or depressed; youth who have stolen from a store; youth who engaged in consensual sexual activity; and youth who lied to parents about their whereabouts. There was a high correlation between youth who reported they took alcohol without permission and those youth who had lied to parents about their whereabouts. Lower correlations existed between youth who reported not having drunk alcohol in the past 30 days and those risky behaviors. Higher correlations existed between the risky behaviors and those youth who reported getting alcohol from parents and other adults or those youth who took alcohol without permission.

Violence, weapons and delinquency were addressed next on the survey. Almost half (49.7 percent) of high school youth in Gwinnett County said they had lied to parents about their whereabouts while 25.7 percent of middle school youth had done the same. There was a high
percentage of middle school (45.2 percent) and high school (56.4 percent) youth who had heard of gang activity in their school or neighborhood, while 22 percent of middle school youth and 34.2 percent of high school youth had reported witnessing gang activity in their school or neighborhood. When asked if they had hit or beat someone up, 32.4 percent of middle school youth and 31.2 percent of high school youth said that they had. There was a low percentage of youth saying that they had carried a weapon for protection and also a low percentage of youth who said they had stolen from a store.

When it came to vehicle safety, the majority of the questions were directed to high school youth with driver’s licenses since middle school youth cannot drive. The percentage of high school youth who drive at least 10 miles over the speed limit was 81.3 percent. Only nine percent had received a speeding ticket and 13.9 percent had been at fault in a car accident. Few middle and high school youth reported rarely or never wearing a safety belt while driving, and 40.3 percent of high school youth said they text while driving. Middle and high school youth were asked if, in the past 30 days, they had ridden in a car with an impaired driver and 7.1 percent of middle school youth and 11.1 percent of high school youth said they had. The percentage of high school youth who said they had driven a car while under the influence was 3.2 percent.

The youth were then asked questions related to suicide, physical abuse and sexual abuse. The percentage of middle school youth physically abused was 17.9 percent and the percentage sexually abused was 6.3 percent. The percentage of high school youth physically abused and sexually abused was 20.4 percent and 11.4 percent, respectively. The youth were also asked if they had been forced into have sex and 2.3 percent of middle school and 6.3 percent of high school youth said that they had been forced.

In the past year, seven percent of middle school youth and 9.5 percent of high school youth said they had considered suicide, 3.6 percent of middle school youth and 5.1 percent of high school youth said they had attempted suicide, and 11 percent of middle school youth and 9.9 percent of high school youth said they had cut themself on purpose. Nearly half of the high school youth answered ‘yes’ to five of eight depression questions, indicating possible clinical depression.

When asked about sexual activity, 7.1 percent of middle school youth and 35.2 percent of high school youth reported having had consensual sexual contact while three percent of middle school youth and 23.9 percent of high school youth reported having had intercourse. The percentage having had intercourse with three or more partners was 1.1 percent of middle school youth and 12.1 percent of high school youth. Few had reported having been pregnant with 0.5 percent of middle school youth and 3.4 percent of high school youth saying they had. During the last act of sexual intercourse, 22.3 percent of middle school youth and 19.9 percent of high school youth said they had used drugs or alcohol. The youth were also asked if they had sent a sexually explicit picture or video to someone and 6.1 percent of middle school youth and 21.8 percent of high school youth said that they had. It was found that the average age of a youth’s first intercourse is 12 to 14. Sexually active youth become more sexually active as they get older and also have more sexual partners. Most youth state that weekend days and evenings are when they are engaging in these activities.
Over 70 percent of middle and high school youth said that they liked school and over 65 percent said they were involved in school activities. Over 50 percent of the youth surveyed said they were involved in community activities. The percentage of middle school youth who attend a place of worship was 47.9 percent and for high school youth was 39 percent. The youth were asked if they volunteered one or more hours per week and 31.8 percent of middle school youth and 44.9 percent of high school youth said that they did volunteer that amount of time per week. There was a higher percentage of high school youth who completed household chores than middle school youth but the higher percentage of parents who set clear rules was with the middle school youth.

Results from the survey were compared to the national and state percentages for high school youth. Gwinnett County’s percentages were lower than the national average for youth who considered and/or attempted suicide, youth who had ever had sexual intercourse, youth who smoked cigarettes, youth who drank alcohol, youth who rode with an impaired driver and youth who brought a weapon to school. Gwinnett County high school youth also had a lower percentage than the state of Georgia in the majority of the categories.

As a result of the youth survey, it was determined that parents are the most important lines of defense. Parents must be aware of what is going on, communicate with their children, take stands, set rules and enforce consequences. Children from blended families are often more involved in high risk behaviors than children from single parent families. Children who are not involved in school or community activities are more involved in high risk behaviors. The more assets and/or protective factors children have in their lives, the less involved they are in high risk behaviors. There are not many differences between clusters when it comes to high risk behaviors, however. Communities can impact high risk behaviors if they mobilize and collaborate to address pressing issues.
Gwinnett County Coalition Helpline

The Gwinnett County Coalition for Health and Human Services provides a community Helpline telephone information and referral service for Gwinnett County residents that includes a variety of needs. The following chart provides the number of referrals from the Coalition’s Helpline between 2007 and 2011.

Table 4. Gwinnett Coalition for Health & Human Services, Gwinnett Helpline Trends, 2007-2011, Referrals

<table>
<thead>
<tr>
<th>Referral Categories</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
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<td>Rent Assistance</td>
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<td>4397</td>
<td>4535</td>
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<tr>
<td>Utility Assistance</td>
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<td>2632</td>
<td>3844</td>
<td>4800</td>
<td>4791</td>
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<tr>
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<td>1582</td>
<td>1915</td>
<td>2287</td>
<td>3667</td>
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<tr>
<td>Housing</td>
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<td>1000</td>
<td>1136</td>
<td>1559</td>
<td>1554</td>
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<tr>
<td>Food</td>
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<td>1329</td>
<td>1134</td>
<td>1104</td>
<td>1162</td>
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<tr>
<td>Healthcare</td>
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<td>1554</td>
<td>1866</td>
<td>1967</td>
</tr>
<tr>
<td>Information &amp; Referrals</td>
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<td>1640</td>
<td>2208</td>
<td>3048</td>
<td>2165</td>
</tr>
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<td><strong>Totals</strong></td>
<td><strong>12,413</strong></td>
<td><strong>12,881</strong></td>
<td><strong>15,300</strong></td>
<td><strong>19,061</strong></td>
<td><strong>19,841</strong></td>
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<tr>
<td><strong>Total Referrals for Year (all categories)</strong></td>
<td><strong>18,125</strong></td>
<td><strong>17,533</strong></td>
<td><strong>19,069</strong></td>
<td><strong>23,855</strong></td>
<td><strong>24,402</strong></td>
</tr>
</tbody>
</table>
Attachment D. Health Data Summary

The Community Health Needs Assessment teams identified categories of health needs for residents of Gwinnett County in 2012. These needs are listed below and include a brief notation of data that supports the identification.

Access to Quality Health Services

Access to quality health services may include any factor that affects a person’s ability to access quality health services. This includes such things as cost and insurance, linguistic and cultural barriers, and the availability of and physical access to care services.

Gwinnett County has a large and culturally diverse population, with a relatively high number of children. The area has also been significantly affected by the economic downturn. These are all factors that could affect people’s access to health services.

Gwinnett County is the 65th most populated county in the nation. The population has grown from 43,541 in 1960 to 805,321 in 2010. Because of the rapid growth, the hospital continues to work to provide health services for the community.

Table 5. Historical Population, Gwinnett County, 1960-2010

<table>
<thead>
<tr>
<th>Census</th>
<th>Population</th>
<th>Percentage Change</th>
</tr>
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<tbody>
<tr>
<td>1960</td>
<td>43,541</td>
<td>34.7</td>
</tr>
<tr>
<td>1970</td>
<td>72,349</td>
<td>66.2</td>
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<tr>
<td>1980</td>
<td>116,903</td>
<td>130.7</td>
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<tr>
<td>1990</td>
<td>352,910</td>
<td>111.4</td>
</tr>
<tr>
<td>2000</td>
<td>588,448</td>
<td>66.7</td>
</tr>
<tr>
<td>2010</td>
<td>805,321</td>
<td>36.9</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2011

- Adults with health insurance: 68.7 percent in 2010 (U.S. counties average: 80.4 percent), Healthy Communities Institute
- Children with health insurance: 86.1 percent in 2010 (U.S. counties average: 93.8 percent), Healthy Communities Institute
- Primary care provider rate: 76 providers per 100,000 population in 2009 (U.S. counties average: 79 providers), Healthy Communities Institute
- Gwinnett residents who report they were unable to see a doctor due to cost: 15 percent (Georgia average: 16 percent), 2012 County Health Rankings
Acute Conditions

Acute conditions are characterized by either (or both) a sudden occurrence or by symptoms that run a short course. Acute disease episodes usually result in the individual returning to a state of health and activity comparable to the person’s health before the disease. Chronic diseases may have acute episodes. For example, asthma is a chronic condition; however, this disease may have acute episodes that require emergency treatment.

For this assessment we include data sets for the top causes for emergency department visits and hospital discharge rates. For these data sets, Gwinnett County residents may have received treatment at any hospital. These data come from the Online Analytical Statistical Information System (OASIS), which is a web-based toolset that allows access to the Georgia Division of Public Health’s standardized health data repository. OASIS includes morbidity, mortality and maternal and child health statistics by county. Rates are based on 100,000 population. OASIS dashboards displayed use National Center for Health Services (NCHS) rankable causes.

Emergency Department Visits

The top causes of emergency department visits were ranked by the aggregate visit rates for residents of Gwinnett County for the years 2005 through 2009 in Figure 6. Ranked first was unintentional injuries or accidents (5,244.6 Gwinnett rate compared to 7,105.4 Georgia rate) with pregnancy and child-birthing (735.5 Gwinnett rate compared to 846.2 Georgia rate) ranked second. Ranked third through fifth were respiratory system conditions that included chronic lower respiratory diseases, which includes emphysema and chronic bronchitis (626.5 Gwinnett rate compared to 994.6 Georgia rate); influenza/pneumonia (291.7 Gwinnett rate compared to 451.1 Georgia rate); and acute bronchitis and bronchiolitis (224.5 Gwinnett rate compared to 591.0 Georgia rate).

Figure 6. Top Causes of Emergency Room Discharges, Gwinnett County, 2005-2009.

Top Causes, Emergency Room Visit Rate, All Races, Gwinnett County, Last 5 Year Aggregate
Hospital Discharge Rates

The top causes of hospitalization (not including emergency department visits) were ranked by the aggregate discharge rates for residents of Gwinnett County for the years 2005 through 2009 in Figure 7. Ranked first was pregnancy with child-birthing (1,866.6 Gwinnett rate compared to 1,618.8 Georgia rate) because of the younger age distribution of Gwinnett’s population. Diseases of the heart, excluding hypertension, stroke, atherosclerosis and aortic aneurysm (638.5 Gwinnett rate compared to 1,086.2 Georgia rate), were the second leading cause of hospitalization. Unintentional injuries or accidents (239.2 Gwinnett rate compared to 369.9 Georgia rate) is third with influenza/pneumonia (182.4 Gwinnett rate compared to 339.8 Georgia rate) fifth.

Figure 7. Top Causes of Hospital Discharges, Gwinnett County, 2005-2009.

Top Causes, Hospital Discharge Rate, All Races, Gwinnett County, Last 5 Year Aggregate

Behavioral Health and Mental Disorders

Behavioral health is a general term that includes the relationship between behaviors and overall health and potentially the health of others. This includes health risk behaviors such as tobacco use and excess consumption of alcohol.

Preventive health programs are intended to improve health by changing individual behavioral health risks. A healthy diet, regular physical activity, adequate sleep and stress management are examples of behavioral activities that promote health. The use of tobacco, excess use of alcohol and not using seat belts are examples of behavioral health choices that result in potential harm.
Mental health conditions are characterized by alterations in thinking, mood or behaviors (or a combination thereof) associated with impaired functioning. These conditions may vary greatly and include alcohol and substance abuse, major depression, bipolar disorder, anxiety disorders, post-traumatic stress disorder, sleeping disorders, eating disorders, dementia and delirium conditions, psychoses and schizophrenia.

Mental health issues are complex and can affect every area of a person’s life. Individual isolation is often a struggle for those with mental illness and social stigma is a barrier to treatment. Availability of services is another issue. According to the 2012 County Health Rankings reported for Gwinnett County, the mental health provider ratio was 5,341:1, which is worse than average when compared with other counties in Georgia (3,509:1). The cost of providing mental health services is an issue for both the individual seeking services and the service providers. As reported in the 2010 American Community Survey, more than 30 percent of Gwinnett adults do not have health insurance. Another consideration is that health insurance coverage varies greatly for treatment of emotional and mental health conditions.

The availability of current data associated with behavioral health and mental conditions are very limited and often not presented at the county level.

With rapid population growth and a particularly diverse cultural mix, it is important to pay close attention to social and economic indicators. Social and economic factors strongly influence the health of individuals and the community. Studies show a strong correlation between socioeconomic status and health outcomes. Social and economic factors included education, community safety, employment, family and social support and income.

- The number of individuals who report that they do not get the social and emotional support they need was 18.6 percent between 2006 and 2010 (U.S. counties average: 19.1 percent), Healthy Communities Institute

Psychological distress can affect all aspects of our lives. It is important to recognize and address potential psychological issues before they become critical. Occasional down days are normal, but persistent mental/emotional health problems should be evaluated and treated by a qualified professional. From 2004 through 2010, adults in Gwinnett County reported their mental health was not good 2.8 days in the past 30 days.

- Poor mental health days were 2.8 between 2004 and 2010 (U.S. counties average: 3.4 days), Healthy Communities Institute

**Adults who Smoke**

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. The Healthy People 2020 national health target is to reduce the proportion of adults aged 18 years and older who smoke cigarettes to 12 percent. From 2004 to 2010, 15.2 percent of Gwinnett County residents smoke cigarettes.
• Adults smoking: 15.2 percent between 2004 and 2010 (Health People 2020 target: 12 percent), Healthy Communities Institute

**Adults who Drink Excessively**

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. From 2004 through 2010, 14.5 percent of Gwinnett County adults reported heavy drinking in the 30 day period prior to the survey or binge drinking on at least one occasion during that period.

• Adult binge drinking: 14.5 percent between 2004 and 2010 (U.S. counties average: 14.5 percent), Healthy Communities Institute

**Suicide**

Suicide is usually caused by a complex combination of behavioral factors. Stress factors such as financial difficulties or problems with interpersonal relationships can play an important role. Often times, suicide is associated with mental disorders, including depression, bipolar disorder, schizophrenia, drug(s) or alcohol abuse.

Suicide was the fifth leading cause of premature death in Gwinnett County over the five year period from 2004 to 2008. Suicide was responsible for 10,650 years of life lost (prior to age 75) because it occurred most frequently in younger populations.

• Overall, suicide was the fifth leading cause of premature death between 2004 and 2008, Georgia Department of Public Health, OASIS 2011

**Figure 8. Trend Rate for Premature Death for Suicide 290.6 (2004-2008)**

As stated above the current rate is 290.6. The rate for the previous 5 year aggregate (1999-2003) was 307.6. This difference is not statistically significant. Below is both the number and the rate in the county over the 10-year period.

Source: Georgia Division of Public Health, OASIS, 2011
Chronic Diseases

Chronic diseases are conditions that persist or have long lasting effects for at least three months. Individuals may have multiple chronic diseases. For example, a person may have hypertension, diabetes, chronic respiratory disease and heart disease at the same time. While chronic diseases occur in persons of any age, the senior population has the highest risk of developing chronic conditions. Arthritis is a common chronic disease that can limit activities of daily living.

As mentioned under acute diseases, a chronic disease may have acute episodes—as with asthma. Also for this report, chronic diseases that are caused by transmissible infections are found in the communicable disease category; examples of these conditions are influenza, pneumonia, tuberculosis and HIV/AIDS.

Age-Adjusted Death Rates

The Centers for Disease Control and Prevention (CDC) reports that chronic diseases, such as heart disease, cancer and diabetes, are among the leading causes of death in the United States. This is true for Gwinnett County residents, with the top three causes of death being heart disease, cancer and stroke.

For this assessment, we include multiple sources of data. Figures 9 and 10 are the top causes of age-adjusted death rates and years of potential life lost (before age 75). For these data sets the Gwinnett County residents may have received treatment at any hospital. The data comes from the Online Analytical Statistical Information System (OASIS).

Diseases of the heart, excluding hypertension, stroke, atherosclerosis and aortic aneurysm (168.4 Gwinnett rate compared to 213.0 Georgia rate) were the top cause of death. Malignant neoplasms or cancer (158.1 Gwinnett rate compared to 181.7 Georgia rate) were ranked second and cerebrovascular disease or stroke (42.8 Gwinnett rate compared to 51.6 Georgia rate) ranked third. Chronic lower respiratory diseases or emphysema and chronic bronchitis (40.3 Gwinnett rate compared to 45.0 Georgia rate) ranked fourth and unintentional injuries (30.0 Gwinnett rate compared to 41.8 Georgia rate) ranked fifth. While diabetes mellitus (16.1 Gwinnett rate compared to 20.3 Georgia rate) ranked ninth, it is considered a risk factor for the leaders.

The top causes of age-adjusted death rates for Gwinnett County provides a measure of comparability to other counties and national health objectives like Healthy People 2020. Figure 9 includes aggregate age-adjusted rates for residents of Gwinnett County for the years 2005 through 2009.
Premature Death

The CDC website states that four modifiable health risk behaviors—lack of physical activity, poor nutrition, tobacco use and excessive alcohol consumption—are responsible for early death related to chronic disease.

Malignant neoplasms or cancers (983.0 Gwinnett rate compared to 1,456.9 Georgia rate) rank first in the cause of premature death. Unintentional injuries (855.4 Gwinnett rate compared to 1,160.8 Georgia rate) ranked second in premature deaths—these include motor vehicle crashes, falls, poisonings or other accidents. Diseases of the heart (632.5 Gwinnett rate compared to 1,215.4 Georgia rate) ranked third. Certain conditions originating in the perinatal period (455.4 Gwinnett rate compared to 516.0 Georgia rate) ranked fourth. Intentional self-harm or suicide (290.6 Gwinnett rate compared to 303.6 Georgia rate) was fifth.

The top causes of premature death are important to evaluate because in many situations these may be preventable. Figure 10 ranked the leading causes of premature death according to the aggregate rate of years of potential life lost before age 75 for residents of Gwinnett County for the years 2005 through 2009.
Cancer

Cancer is a group of diseases caused by the malfunction of genes that control cell growth and division. This causes uncontrolled growth and spread of abnormal cells in the body. Ten or more years often pass between cell mutation and detectable cancer. Uncontrolled cancer may spread and lead to death. Cancer is caused by internal (e.g., inherited mutations, hormones, immune conditions and mutations that occur from metabolism) or external (e.g., tobacco, chemicals, radiation and infectious organisms) factors. There may be as many as 200 different kinds of malignant neoplasms, including leukemias. Cancer is treated with surgery, radiation, chemotherapy, hormones and immunotherapy.

Cancer was the second leading cause of death in Gwinnett County for the years 2004 through 2008 (total number of deaths 3,435) and was the leading cause of premature death for the same years (36,021 years of life lost before age 75), according to Georgia Division of Public Health, OASIS, 2011. Cancer of the lung accounted for over one-quarter of all cancer deaths (total deaths 949); this was more than the next four types of cancer (colorectal, breast, pancreatic and prostate) combined.

The aggregate trend rate of hospital discharges has decreased for Gwinnett residents between 2005 and 2009 (total 8,060 discharges).
Overall, cancer was in the top five causes of hospitalization, premature death and death from 2005 through 2008 according to the Georgia Department of Public Health, OASIS, 2011.

According to the National Cancer Institute, from 2004 through 2008, the ‘All Cancer Incidence Rate’ for Gwinnett County residents was 438.1 cases per 100,000 population, which is better than average for U.S. counties (462.6). Males (500.1) had a higher incidence rate than females (397.5); and the black (471.4) incidence rate was higher than the white rate (449.9).

From 2004 through 2008, the age-adjusted death rate due to cancer for Gwinnett County residents was 158.7 per 100,000 population. Healthy People 2020 target is to reduce the overall cancer death rate to 160.6 deaths per 100,000 population.

The lung and bronchus cancer incidence rate was 57.8 cases per 100,000 population, which is better than average for U.S. counties (74.6).

- All cancer incidence rate: 438.1 cases per 100,000 population between 2004 and 2008 (U.S. counties average: 462.6), Healthy Communities Institute
- All cancer age-adjusted death rate: 158.7 between 2004 and 2008 (Healthy People 2020 target: 160.6), Healthy Communities Institute
Breast Cancer

According to the American Cancer Society, breast cancer is the second leading cause of cancer death and the second most common type of cancer among women in the U.S. In Gwinnett County from 2004 through 2008, there were 125.7 cases per 100,000 population of breast cancer reported. The age adjusted death rate due to breast cancer was 20.5 deaths per 100,000 population. For 2009 in the Gwinnett County Medicare population, 65.3 percent received mammography to screen for breast cancer.

- Breast cancer incidence rate: 127.5 cases per 100,000 population between 2004 and 2008 (U.S. counties average: 115), Healthy Communities Institute
- Breast cancer age-adjusted death rate: 20.5 between 2004 and 2008 (U.S. counties average: 23.9 deaths), Healthy Communities Institute
- Mammography screening for Medicare population: 65.3 percent in 2009, Healthy Communities Institute

Prostate Cancer

According to the American Cancer Society, prostate cancer is the most commonly diagnosed form of cancer among men in the U.S., and it is second only to lung cancer as a cause of cancer-related death among men. In Gwinnett County between 2004 and 2008, the incidence rate for prostate cancer was 150.8 cases per 100,000 population.

The Healthy People 2020 national health target is to reduce the prostate cancer death rate to 21.2 deaths per 100,000 males. From 2004 through 2008 in Gwinnett County, the age-adjusted death rate was 22.7.

- Prostate cancer incidence rate: 150.8 cases per 100,000 population between 2004 and 2008 (U.S. counties average: 145.7), Healthy Communities Institute

Diabetes Mellitus

Diabetes is a group of diseases that prevents the body from producing or properly using insulin, which is needed to convert starches, sugars and other foods into energy to fuel the body. Often people first become aware they have diabetes when they develop a life-threatening complication such as heart disease, stroke, high blood pressure, blindness, kidney disease, nerve disease, dental disease, complications of pregnancy or increased susceptibility to infection. There are two types of diabetes: type 1 and type 2. At this time there is no known way to prevent type 1 diabetes; however, it accounts for only five to 10 percent of all diagnosed cases of diabetes.

For the years 2004 through 2008, diabetes mellitus was the ninth leading cause of death (total 325 deaths) and the 10th reason for premature death in Gwinnett County, according to the Georgia Division of Public Health, OASIS, 2011. These rates have remained stable for the years 2004 through 2008, as compared with the previous five year aggregate.
However, the aggregate trend rate for hospital discharges for Gwinnett residents with diabetes has increased between 2005 and 2009 (total discharges 3,018).

Figure 12. Trend Rate for Hospital Discharges for Diabetes 78.2 (2005-2009)

Trend

As stated above the current rate is 78.2. The rate for the previous 5 year aggregate (2000-2004) was 69.6. This difference is statistically significant. Below is both the number and rate in the county over the 10-year period.

<table>
<thead>
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Source: Georgia Division of Public Health, OASIS, 2011

- Overall, diabetes was in the top 10 causes of hospitalization, ED visits, premature death and death according to the Georgia Division of Public Health, OASIS, 2011

According to the Centers for Disease Control and Prevention (CDC) in 2004, heart disease was noted on 68 percent of diabetes-related death certificates among people 65 years and older; however, the CDC also feels it is likely that diabetes is under-reported as a cause of death. According to the CDC, studies have found that only about 35 to 40 percent of decedents with diabetes had it listed anywhere on the death certificate and only about 10 to 15 percent had it listed as the underlying cause of death.

The CDC also associates diabetes with serious complications in addition to heart disease, including blindness, kidney damage, nervous system diseases, dental diseases, complications of pregnancy and lower-limb amputations.

- Percentage of adults diagnosed with diabetes: 8 percent in 2009 (Georgia average: 10 percent), Healthy Communities Institute
- Diabetes age-adjusted death rate: 14.8 between 2006 and 2008 (Georgia counties average: 20.1), Healthy Communities Institute
- Diabetic screening Medicare population: 86.2 percent in 2009 (Georgia average: 83 percent), Healthy Communities Institute
Heart Disease

Heart disease includes essential hypertension, hypertensive renal disease, rheumatic fever heart disease, hypertensive heart disease, obstructive heart diseases including heart attack, atherosclerosis and aortic aneurysm and dissection.

For the five year period from 2004 to 2008, heart disease was the leading cause of death in Gwinnett County and third for premature death, according to the Georgia Division of Public Health, OASIS, 2011. The rates of deaths have decreased for Gwinnett residents over this time and remain well below the state’s rates.

For the five year period from 2005 to 2009, heart disease was the second leading cause of hospital discharges. While aggregate hospital discharge rates have decreased for residents of Gwinnett County, more than 4,000 patients were discharged in 2009.

Figure 13. Trend Rate for Hospital Discharges for Diseases of the Heart 638.5 (2005-2009)

As stated above the current rate is 638.5. The rate for the previous 5 year aggregate (2000-2004) was 684.2. This difference is statistically significant. Below is both the number and rate in the county over the 10-year period.

Hospital Discharge Rate

Source: Georgia Division of Public Health, OASIS, 2011

Overall, heart disease was the leading cause of death, the second leading cause of hospitalization, the third leading cause of premature death and the sixth leading cause of ED visits from 2005 through 2009, Georgia Division of Public Health, OASIS, 2011.

- Obstructive heart diseases age-adjusted death rate: 66.6 between 2006 and 2008 (Georgia average rate: 109.6), Healthy Communities Institute
Chronic Lower Respiratory Diseases

Chronic lower respiratory disease is a term used to represent emphysema and chronic bronchitis. Chronic bronchitis typically develops over years and is characterized by long-term inflammation of the mucous membrane, producing scarring of the lining of the bronchial tubes. Emphysema is characterized by the loss over years of elasticity in the lungs by the dilation and permanent damage to the air sacs of the lungs.

For the years 2004 through 2008, chronic lower respiratory diseases (CLRD) were the fourth leading cause of death (699) and the ninth reason for premature death (3,288 years of life lost before age 75) in Gwinnett County, according to the Georgia Division of Public Health, OASIS, 2011. These rates have remained stable when compared to the previous five-year aggregate rates.

The aggregate rate of hospital discharges for Gwinnett residents with chronic lower respiratory diseases has decreased between 2005 and 2009 (total discharges 5,981).

Figure 14. Trend Rate for Hospital Discharges for Chronic Lower Respiratory Diseases 155.1 (2005-2009)

As stated above the current rate is 155.1. The rate for the previous 5 year aggregate (2000-2004) was 171.6. This difference is statistically significant. Below is both the number and rate in the county over the 10-year period.

Source: Georgia Division of Public Health, OASIS, 2011

- Overall in 2004 through 2006, respiratory conditions were in the top 10 causes of hospitalization, ED visits, premature death and death, Georgia Division of Public Health, OASIS, 2011
Annual Ozone Air Quality

Ozone is an extremely reactive gas composed of three oxygen atoms. It is the primary ingredient of smog air pollution and very harmful when breathed. Ozone essentially attacks lung tissue by reacting chemically with it. It also damages crops, trees and other matter—even breaking down rubber compounds. From 2008 through 2010 Gwinnett County’s ozone air quality was given a grade of four (grading score is one to five with one being the best) for the number of high ozone days.

- American Lung Association assigned Gwinnett County a ‘D’ (4) for Annual Ozone Air Quality (2008-2010), Healthy Communities Institute

Stroke (Cerebrovascular Disease)

Stroke (also known as cerebrovascular disease or brain attack) is a disease that affects the blood vessels that supply blood to the brain. A stroke occurs when oxygen and nutrients cannot reach the brain due to burst or clogged blood vessels. Without oxygen, nerve cells in the affected part of the brain cannot work and die within minutes. There are two main types of stroke. Ischemic stroke is caused by blockage of a blood vessel in the brain. The second, and more often fatal, is hemorrhagic stroke caused by a ruptured vessel that causes bleeding in the brain.

Between 2004 and 2008, 724 Gwinnett residents died due to stroke, which made it the third leading cause of death according to the Georgia Division of Public Health, OASIS, 2011. Georgia’s stroke death rate was 16 percent higher than the national average for 2006; 23 percent of individuals who died from stroke in Georgia were under 65 years of age.

The aggregate trend rate for hospital discharges has remained stable for Gwinnett residents between 2005 and 2009 (4,433 discharges), including 924 residents in 2009.

Figure 15. Trend Rate for Hospital Discharges for Stroke 114.9 (2005-2009)

Trend: As stated above the current rate is 114.9. The rate for the previous 5 year aggregate (2000-2004) was 114.4. This difference is not statistically significant. Below is both the number and rate in the county over the 10-year period.

Hospital Discharge Rate

Source: Georgia Division of Public Health, OASIS, 2011
• Stroke was the third leading cause of death and in the top 10 leading causes of hospitalization and premature death according to the Georgia Division of Public Health, OASIS, 2011

• Stroke age-adjusted death rate: 41.3 between 2006 and 2008 (Healthy People 2020 objective: 33.8), Healthy Communities Institute

**Communicable Diseases and Immunizations**

Communicable diseases include conditions that can be caused by either bacteria or viruses and are spread through direct or indirect contact from an infected person or animal to another individual. Organism transfer occurs through physical contact for some diseases and/or airborne contact for other diseases. Some infections are transmitted through sexual contact, others are spread through contaminated food or water, and animals or insects may carry diseases that infect humans. These conditions may be acute or chronic in nature.

The Gwinnett County Public Health Department is responsible for enforcing federal, state and local regulation by inspecting restaurants, public swimming pools, hotels and motels, tattoo and body art studios, and septic systems. The Health Department’s Epidemiology staff perform surveillance for over 70 notifiable diseases and provide key disease prevention and mitigation activities protecting the health of the community.

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. Gwinnett County has a diverse and rapidly growing population, making immunization and monitoring particularly important. A number of diseases and infections are easily prevented in both children and adults through adequate immunizations including diphtheria*, *Haemophilus 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 (flu) is a contagious respiratory illness caused by viruses. The condition varies from mild to severe illness and can be fatal in older populations, young children and people with certain health conditions. Flu occurs most commonly in the fall and winter. Getting vaccinated for the flu each year is the most effective prevention.

Pneumonia is an infection of the lungs that is usually caused by a virus but may be caused by bacteria and is often associated with influenza infections. According to the Centers for Disease Control and Prevention (CDC), pneumonia vaccinations are recommended for persons age 65 and older or individuals over the age of two with specific health conditions.
For the years 2004 through 2008, influenza and pneumonia were the seventh leading causes of death (262) according to the Georgia Division of Public Health, OASIS, 2011. Influenza and pneumonia were not in the top 10 causes of premature death (1,437 years of life lost before age 75) in the county because most deaths due to these conditions occur in an older population. These rates have remained stable when compared to the previous five-year aggregate rates.

The aggregate rate of hospital discharges for Gwinnett residents with influenza and pneumonia has decreased between 2005 and 2009 (total discharges 7,037).

Figure 16. Trend Rate for Hospital Discharges for Influenza and Pneumonia 182.4 (2005-2009)

- Overall, influenza and pneumonia were in the top 10 causes of hospitalization, ED visits and death according to the Georgia Division of Public Health, OASIS, 2011
- Influenza and pneumonia age-adjusted death rate: 14.6 between 2006 and 2008 (Georgia counties average: 21.3 deaths), Healthy Communities Institute

**Tuberculosis (TB)**

Tuberculosis is a chronic bacterial infection due to *Mycobacterium tuberculosis*. The most common site of infection is the lung, but other organs may be involved. TB is spread through the air when an infected person sprays out droplets by coughing, speaking or singing. Some droplets do not fall to the ground but remain suspended in the air, then break apart and leave very tiny germs. These germs must be inhaled and get down into the alveoli (tiny air sacs) of the person’s lungs for someone to become infected.
Incidence rates are calculated using the population at risk for developing the disease. There were a total of 272 tuberculosis cases in Gwinnett County between 2007 and 2011 and the country of origin is known for 271 of them. The cases are predominantly foreign-born at 77 percent (209 cases). The pie chart depicts the country of origin for those foreign-born cases.

Source: Epidemiology Unit, Gwinnett, Newton and Rockdale County Health Department, 2012
**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 D.

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**

Babies born to Hepatitis B Positive mothers are followed in the Gwinnett Public Health Perinatal Hepatitis B program from pregnancy through their first year of life. The program manager alerts both the obstetrician and the birth hospital of the child’s need for immunoglobulin during the first 12 hours of life and then works with the child’s pediatrician to ensure Hepatitis B vaccination occurs in a timely and complete manner. After vaccination, a post vaccination blood test will determine if the child is immune or needs a second round of vaccinations. Due to the diversity of Gwinnett County, there are many mothers that are originally from countries where Hepatitis B is prevalent. Gwinnett County Health Department has consistently had the highest case load of babies to follow for the past five years.
Sexually Transmitted Diseases (STDs)

The majority of notifiable health conditions reported to the Gwinnett County Health Department are sexually transmitted diseases.

Chlamydia and Gonorrhea

Chlamydia and gonorrhea are both sexually transmitted diseases. Infections may be acquired concurrently so treatment for both is often recommended even if only one is suspected. Infected individuals often display no symptoms, making screening an important tool for diagnosis. Incidence rates are calculated using the population at risk for developing the disease. In 2010, the 20 to 29 age group had an incidence case rate of Chlamydia at 1,111.7 with the 13 to 19 age group having the second highest incidence case rate at 959.5, according to Healthy Communities Institute. Females were more often treated for Chlamydia and the incidence case rate was highest in the black Gwinnett County population.

- Chlamydia incidence rate was 287.6 in 2010 (Georgia counties average: 386.0), Healthy Communities Institute
Syphilis

Syphilis is a sexually transmitted disease marked by lesions that may involve any organ or tissue. Depending on when diagnosed, individuals may be in one of several stages of the disease—primary, secondary, early latent or late latent. Syphilis is easy to detect and cure if the person seeks professional healthcare. Between 2008 and 2010, the highest incidence of syphilis was in the 20 to 29 age group and more often treated in males and black residents.

- Syphilis incidence rate: 5.1 cases per 100,000 population between 2008 and 2010 (Georgia state value: 9.1 cases), Healthy Communities Institute

HIV/AIDS

Human Immunodeficiency Virus (HIV) is a virus that causes acquired immunodeficiency syndrome (AIDS). HIV is transmitted by contact with infected blood or body fluids, typically through sexual intercourse or sharing needles. Currently there is no cure for HIV or AIDS. The average time between infection with HIV and the diagnosis of AIDS is typically 10 to 12 years.

- AIDS prevalence rate: 109.6 cases per 100,000 population (2009), Healthy Communities Institute

Disability

Individuals with a physical impairment that limits one or more life activities have a disability. Disabilities can range from short-term to permanent. A person with disabilities can lead a healthy lifestyle. Rehabilitation programs are often important elements for recovery after accidents and injuries or medical conditions (i.e., joint surgery or stroke). While some statistics are available for individuals with healthcare needs associated with disabilities, they were limited at the local level.

- 6.7 percent of Gwinnett residents had disability in 2010, with the largest percentage over the age of 65 and male. White residents have the highest percentage of disabilities in Gwinnett County
- 14.6 percent of Gwinnett residents with disabilities ages 20 to 64 were living below the poverty level in 2010 (U.S. counties average: 25.9 percent), Healthy Communities Institute

Injury and Violence Prevention Treatment

Health needs associated with injuries and violence cover a wide variety of issues and circumstances, including motor vehicle crashes (MVC), falls, accidental poisoning and exposure to noxious substances, accidental burns and exposure to smoke from fire and flames, and accidental drowning and submersion.

The Centers for Disease Control and Prevention’s (CDC) research and prevention efforts have targeted motor vehicle crashes as a serious public health problem. According to the CDC,
crash-related deaths and injuries are largely preventable. The CDC feels that seat belt laws, child safety seat laws, child safety seat distribution and education programs, and graduated drivers licensing policies have been effective in reducing MVC-related deaths between 2000 and 2009.

According to a CDC study, $41 billion was the medical and work loss costs associated with more than 30,000 people killed in crashes nationally in 2005. Broken down by state, Georgia had the fourth highest cost at $1.55 billion.

Traumatic brain injury (TBI) is caused by a blow or jolt to the head or a penetrating head injury that disrupts normal function of the brain. A concussion is a type of traumatic brain injury that can occur from a fall or a blow to the body that causes the head and brain to move quickly back and forth. Concussions have often been associated with sports and recreational activities. To assess and characterize TBIs from sports and recreational activities among children and adolescents, the CDC analyzed data from the National Electronic Injury Surveillance System—All Injury Program (NEISS—AIP) for the period 2001 to 2009. This report summarizes the results of that analysis, which indicated that an estimated 173,285 persons age 19 years or younger were treated in emergency departments annually for nonfatal TBIs related to sports and recreational activities. From 2001 to 2009, the number of annual TBI-related ED visits increased significantly, from 153,375 to 248,418, with the highest rates among males aged 10 to 19 years. By increasing awareness of TBI risks from sports and recreation, employing proper technique and protective equipment, and quickly responding to injuries, we are reducing the incidence, severity and long-term negative health effects of TBIs among children and adolescents.

Sports, recreation and exercise (SRE) activities include organized and unorganized sports, exercise and recreational activities. According to the CDC, nationally:

- Approximately 11,000 persons receive treatment in U.S. emergency departments (EDs) each day for injuries sustained during SRE
- One of every six ED visits for injury results from participation in sports or recreation
- During the last decade, ED visits for sports- and recreation-related TBIs, including concussions, among children and adolescents increased by 60 percent
- About 45 percent of playground-related injuries are severe—fractures, internal injuries, concussions, dislocations and amputations

Gwinnett County has a large, young, mobile and active population. According to 2010 through 2012 statistics from our Sports Medicine Program:

- 6.8 percent of Gwinnett County’s total population enrolled in school
- 27 active youth athletic organizations
- 45,559 total athletes enrolled in recreational sports
- 12,080 youth athletes enrolled in recreational sports
- 14,283 recreational athletic events in 2010-2011 season
• 248 adult recreational athletic events in 2010-2011 season
• 150 athletic venues in Gwinnett County
• 133 schools
• 22 high schools
• 162,000 students enrolled in Gwinnett Public School System—with 43 percent estimated participants in sports

Accidents (Unintentional Injuries)

For the years 2004 through 2008, accidents (unintentional injuries) were the second leading cause of premature death (26,908 years of life lost before age 75) and the fifth leading cause of death (777 deaths) for residents of Gwinnett County, according to the Georgia Division of Public Health, OASIS, 2011.

From 2005 to 2009, the aggregate rate of hospital discharges for Gwinnett residents with unintentional injuries has remained stable (total discharges 10,939), according to the Georgia Division of Public Health, OASIS, 2011.

Figure 20. Trend Rate for Hospital Discharges for Unintentional Injuries 239.2 (2005-2009)

As stated above the current rate is 239.2. The rate for the previous 5 year aggregate (2000-2004) was 233.2. This difference is not statistically significant. Below is both the number and rate in the county over the 10-year period.

From 2005 to 2009, the aggregate rate of emergency room visits for Gwinnett residents with unintentional injuries (total discharges 10,939) has gone down when compared to the previous five-year trend, according to Georgia Division of Public Health, OASIS, 2011.
Figure 21. Trend Rate for Emergency Room Visits for Unintentional 5,244.6 (2005-2009)

As stated above the current rate is 5,244.6. The rate for the previous 5 year aggregate (2000-2004) was 5,894.6. This difference is statistically significant. Below is both the number and rate in the county over the 10-year period.

Source: Georgia Division of Public Health, OASIS, 2011

• Motor vehicle collisions age-adjusted death rate: 11.5 between 2006 and 2008 and was higher in the male population (Georgia counties average: 24.2), Healthy Communities Institute

Falls

According to the CDC, one in every three adults age 65 and older falls every year. Injuries can be moderate to severe and include bruises, hip fractures or head injuries; this can increase the risk of early death. Falls are the leading cause of injury and death for older adults and they are also the most common cause of nonfatal injuries and hospitalization for trauma.

• Falls age-adjusted death rate: 7.2 between 2006 and 2008 with a higher rate for males and white residents (Georgia counties average: 7.6), Healthy Communities Institute

Poisoning

The CDC considers poison to be any substance, including medication, which is harmful to the body if too much is eaten, inhaled, injected or absorbed through the skin. Any substance can be poisonous if too much is taken.

Poisonings are either intentional or unintentional. If the person taking or giving a substance did not mean to cause harm, then it is an unintentional poisoning. Unintentional poisoning includes the use of drugs or chemicals for nonmedical purposes in excessive amounts, such as an overdose. It can also include the excessive use of drugs or chemicals for non-recreational purposes, such as by a toddler.
In 2005, CDC surveillance found that there were more than 32,000 poisoning deaths in the U.S., 72 percent of which were unintentional and 18 percent intentional. While the Healthy Communities Institute Community Dashboard provides totals of both intentional and unintentional death for residents of Gwinnett County, the breakout percentages of intent were not available.

- Poison age-adjusted death rate: 4.1 between 2006 and 2008 with a higher rate for males and white residents (Georgia counties average: 8.6), Healthy Communities Institute

**Violent Crime**

Violent crime is a crime in which the offender uses or threatens to use violent force upon the victim. Violent crimes include homicide, assault, rape and robbery. Violence negatively impacts communities by reducing productivity, decreasing property values and disrupting social services. In 2009, the total violent crime rate per 100,000 population was 291.9, which is higher than the average Georgia county rate of 261.0.

- Violent crime rate: 291.9 crimes per 100,000 population in 2009 (Georgia counties average: 261.0), Healthy Communities Institute

**Homicide**

Homicide was the sixth leading cause of premature death in Gwinnett County over the five year period from 2004 to 2008 because homicides occurred most frequently in younger populations. Assault was responsible for 8.751 years of life lost (prior to age 75). The aggregate trend rate has remained stable when compared to the previous five year rate. Homicide was in the top 10 causes for emergency department visits and premature death. Homicide premature death rate for white residents of Gwinnett was 191.5, which was higher than the rate for white residents of Georgia 146.8, according to the Georgia Division of Public Health, OASIS, 2011.

**Figure 22. Trend Rate for Premature Death for Homicide 238.8 (2004-2008)**

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Source: Georgia Division of Public Health, OASIS, 2011
Maternal, Fetal and Infant Health

Maternal and infant health is the care for and support of pregnant mothers and their infants. The health needs associated with maternal and infant health include preconception, prenatal and postnatal care. The goals of these areas of care are to promote safe full-term pregnancy and the delivery of a healthy baby without unnecessary interventions. Preconception care includes education, screenings and other interventions for women of child-bearing ages to reduce risk factors that might affect pregnancies in the future. Prenatal care is provided during pregnancy to easily detect potential pregnancy complications and to provide treatment as necessary. Postnatal care includes recovery from childbirth and support for the care of a newborn infant; this includes breast-feeding and family planning.

As mentioned in other sections of this report, Gwinnett County has the second highest population in Georgia and on average Gwinnett’s residents are younger than other counties.

According to the Georgia Division of Public Health, OASIS, pregnancy and childbirth were the leading cause of hospitalization and the second leading cause of emergency department visits from 2005 to 2009. Almost nine percent (11,872 births) of all Georgia births in 2010 were to Gwinnett County residents.

Infant Mortality

Infant mortality is often used by epidemiologists to compare the health and well-being of populations. Infant mortality is death that occurs in a child during the period of birth through 364 days of life. The leading causes of death among infants are birth defects, pre-term delivery, low birth weight, Sudden Infant Death Syndrome (SIDS) and maternal complication during pregnancy. The Healthy People 2020 national health target is to reduce the infant mortality rate to 6.0 deaths per 1,000 live births.

According to the Georgia Division of Public Health, OASIS, for the years 2005 through 2009 emergency department visit rates increased significantly for pregnancy for white and black residents of Gwinnett. Black residents of Gwinnett had a higher rate than other black residents of Georgia of premature death caused by perinatal conditions and congenital malformations.

- Infant mortality rate: 6.3 deaths per 1,000 live births in 2008 (Healthy People 2020 target: 6.0), Healthy Communities Institute

Babies with Low Birth Weight

Low birth weight is a live-born child with a birth less than five pounds, eight ounces (2,500 grams). Babies with low birth weights are more likely than babies of normal weight to stay in the intensive care nursery or need specialized medical care.
The Healthy People 2020 national health target is to reduce the proportion of infants born with low birth weight to 7.8 percent. In 2010, the percent of Gwinnett County babies with low birth weight was 7.6 percent. In Gwinnett County, mothers ages 15 to 17 and mother ages 40 to 44 have the highest percentage of low birth weight babies. Black residents are also at a higher risk for having low birth weight babies than are whites.

- Low birth weight: 7.6 percent in 2010 (Healthy People 2020 target: 7.8 percent), Healthy Communities Institute

Preterm Births

Preterm births are babies born with fewer than 37 weeks of gestation. Babies born premature are more likely to stay in intensive care nurseries and require specialized medical care.

The Healthy People 2020 national health target is to reduce the proportion of infants born preterm to 11.4 percent. In 2010 Gwinnett County babies before completing 27 weeks gestation was 11.3 percent. In Gwinnett County, mothers ages 15 to 17 and mothers ages 40 to 44 have the highest percentage of low birth weight babies.

- Preterm births: 11.3 percent before 37 weeks of completed gestation (Healthy People 2020 target: 11.4 percent), Healthy Communities Institute

Teen Pregnancy

Teen pregnancy rates include females under the age of 20 when the pregnancy ends. Teen pregnancies are calculated per 1,000 females and include the number of live births, spontaneous abortions and induced termination of pregnancy.

The Healthy People 2020 national health target is to reduce the teen pregnancy rate to 36.2 pregnancies per 1,000 females aged 15 to 17 years; Gwinnett County had 20.7 pregnancies in that age group and between 2008 and 2009 the number of pregnancies decreased. However, Hispanic pregnancies were by far the highest at 69.9 pregnancies per 1,000 aged 15 to 17 with the next highest rate being black residents at 19.8.

- Teen pregnancy rate (ages 15 to 17) rate: 14 in 2009 (Georgia counties average: 27.1), Healthy Communities Institute

Teen Birth Rate

Teen birth rates include females under the age of 20 when the pregnancy ends. Teen births are the number of live births per 1,000 females. Pregnancy and delivery can be harmful to teenagers’ health as well as their social and educational development. Teenagers are the most likely to report fewer than five prenatal care visits. Babies born to teen mothers are more likely to be born preterm and/or with low birth weight.
In Gwinnett County, the number of live births per 1,000 females aged 15 to 17 was 14.0 in 2010. The time trend of births to this age group has gone down from 20.0 in 2008.

- Teen birth (ages 15 to 17) rate: 14.0 in 2010 (Georgia counties average: 27.1), Healthy Communities Institute

**Older Adults and Aging**

Aging is a process of physical, psychological and social change. Improved medical care and prevention efforts have contributed to a dramatic increase in life expectancy in the U.S. The population over age 65 is expected to double by 2030. In 2010, 80,041 Gwinnett County residents (11 percent of the total population) were 60 years of age or older. While Gwinnett County’s population is younger on average than other counties in Georgia, the aging baby boomers will soon contribute to a larger senior population. The cost of providing healthcare for older adults is three to five times greater than the cost for someone younger than 65.

Older adults often have coexisting chronic conditions that require treatment such as daily medications, specialized equipment and care coordination. Examples of these conditions include arthritis, cancer, chronic respiratory conditions, diabetes, heart disease, hypertension and strokes.

Older adults experience physical and cognitive changes that can make it more difficult to cope with activities of daily living. According to the Centers for Disease Control and Prevention (CDC), falls are the leading cause of injury death among adults 65 and older, and they are also the most common cause of nonfatal injuries and hospital admissions for trauma.

Social isolation is often seen in older adults. Depression is not a normal part of growing older; however, depression is more common in people who have other illnesses or whose function becomes limited.

**People Age 65 and Older Living Below the Poverty Level**

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. Seniors who live in poverty are an especially vulnerable population due to increased social isolation, medical needs and physical limitations. Seniors often live on a fixed income from retirement plans and/or pensions and social security. In recent years the economic downturn has affected retirement plans that are impacted by the stock market. Medical expenses, especially prescription drugs, are difficult to pay on a fixed income.

- Residents 65+ living below poverty level: 8.1 percent between 2006 and 2010 (U.S. counties average: 10.0 percent), Healthy Communities Institute
People Age 65 and Older Living Alone

People over age 65 who live alone may be at risk for social isolation, limited access to support or inadequate assistance in emergency situations. Social isolation is not the same thing as loneliness; however, seniors may experience loneliness associated with living alone or with the death of family members or friends. Social integration and participation in their community have protective effects for seniors. Barriers for senior participation may include aging, reduced social networks, transportation issues, poverty and place of residence. Without social support systems, older adults are at risk for losing their independent lifestyle.

- People 65+ living alone: 19 percent between 2006 and 2010 (U.S. counties average: 28 percent), Healthy Communities Institute

Falls

According to the CDC, one in every three adults age 65 and older falls every year. Injuries can be moderate to severe and include bruises, hip fractures or head injuries; this can increase the risk of early death. Falls are the leading cause of injury death for older adults and they are also the most common cause of nonfatal injuries and hospitalization for trauma.

- Falls age-adjusted death rate: 7.2 between 2006 and 2008 with a higher rate for males and white residents (Georgia counties average: 7.6), Healthy Communities Institute

Alzheimer’s Disease

Alzheimer’s disease is a severe neurological disorder marked by progressive and irreversible dementia. Initially, Alzheimer’s disease involves the parts of the brain that control thought, memory and language, making it difficult to complete simple tasks. There are two types of Alzheimer’s disease: early onset and late onset. Early onset is less common and symptoms appear before age 60 with quicker disease progression. Late onset is more common and symptoms appear after age 60. At this time, the cause of Alzheimer’s disease is unknown and there is no cure. As individuals age, the risk of developing Alzheimer’s disease increases; however, it is also important to note that Alzheimer’s disease is not a normal part of aging.

In Gwinnett County for the years 2003 through 2008, Alzheimer’s disease was the sixth leading cause of death (380 deaths). The aggregate trend rates have remained stable when compared to the previous five-year aggregate rates; however, at 27.1 deaths per 100,000 population this health issue places Gwinnett County in the ‘orange’ on the Georgia Division of Public Health, OASIS Dashboard when compared to the Georgia rate (25.9).
Alzheimer's disease age-adjusted death rate: 27.7 between 2006 and 2008 (Georgia counties average: 27.2), Healthy Communities Institute

Physical Activity and Weight Management

Physical inactivity and obesity are linked with a range of health problems and complications. A healthy lifestyle can help to prevent or reduce these.

Adults who are Obese

The percentage of obese adults is an indicator of the overall health and lifestyle of a community. A Body Mass Index (BMI) equal to or greater than 30 is considered obese. The BMI is calculated by taking a person’s weight and dividing it by their height squared in metric units.

The Healthy People 2020 national target is to reduce the proportion of adults (ages 20 and up) who are obese to 30.6 percent. According to County Health Rankings in 2009, 25.5 percent of Gwinnett County residents are obese. This means more than 140,000 residents of the county over the age of 20 are obese.

Adult obesity: 25.5 percent in 2009 (Georgia counties average: 30.9 percent), Healthy Communities Institute
Physical Activity and Healthy Nutrition

Physical activity and healthy nutrition are important for good health and the prevention of many health conditions. According to the Centers for Disease Control and Prevention (CDC), maintaining a healthy weight using nutrition and physical activity help to reduce high blood pressure, risk of type 2 diabetes, heart attack, stroke and several forms of cancer. The amount of physical activity necessary to maintain a healthy weight varies for individuals.

Physical activity may reduce arthritis pain and associated disabilities. In older adults, staying active reduces the risk for osteoporosis and falls by maintaining muscle strength, energy and fitness.

- Adults who are physically inactive: 20.1 percent in 2009 (Georgia counties average: 24 percent), Healthy Communities Institute

Recreation and Fitness Facilities

People engaging in an active lifestyle have a reduced risk of many health conditions, including obesity, heart disease, diabetes and high blood pressure. People are more likely to engage in physical activity if their community has facilities which support recreational activities, sports and fitness.

Gwinnett County has a large, young, mobile and active population. According to statistics from 2010 to 2012 from our Sports Medicine Program:

- 6.8 percent of Gwinnett County’s total population enrolled in school
- 27 active youth athletic organizations
- 45,559 total athletes enrolled in recreational sports
- 12,080 youth athletes enrolled in recreational sports
- 14,283 recreational athletic events in 2010-2011 season
- 248 adult recreational athletic events in 2010-2011 season
- 150 athletic venues in Gwinnett County
- 133 schools
- 22 high schools
- 162,000 students enrolled in Gwinnett Public School System—with 43 percent estimated participants in sports
- Recreational and fitness facilities: 0.12 facilities per 1,000 population (2008) Healthy Communities Institute
Mean Travel Time to Work

Lengthy car commutes cut into workers’ free time and contribute to health problems such as headaches, anxiety and increased blood pressure. An American Journal of Preventive Medicine article from May 8, 2012 by researcher Christine M. Hoehner, PhD, MSPH, assistant professor of public health sciences at Washington University School of Medicine in St. Louis, found that individuals who commuted more than 15 miles to work each day were more likely to be obese and less likely to get enough exercise when compared to those who drove less than five miles to work each day. Between 2006 and 2010, the average daily travel time to work was 32.5 minutes for Gwinnett County workers age 16 and older.

- Mean travel time to work: 32.5 minutes between 2006 and 2010 (U.S. counties average: 22.4), Healthy Communities Institute

Individual Perception of Health

An individual’s assessment of their physical health, which includes physical illness and injury, is a good measure of recent health. When people feel healthy they are more likely to feel happy and to participate in the community.

Between 2004 and 2010, Gwinnett County residents reported their physical health was not good on three days in the past 30 days. In addition, during the same time period 11.5 percent of Gwinnett County residents reported “poor” or “fair” to the question: “In general, would you say that your health is excellent, very good, good, fair or poor?” according to County Health Rankings.

- Poor physical health: 3 days between 2004 and 2010 (U.S. counties average: 3.7 days), Healthy Communities Institute
- Poor or fair health: 11.5 percent between 2004 and 2010 (U.S. counties average: 16 percent), Healthy Communities Institute

Social Environment

With rapid population growth and a particularly diverse cultural mix, it is important to pay close attention to social indicators. Social and economic factors strongly influence the health of individuals and the community. Studies show a strong correlation between socioeconomic status and health outcomes.

County Health Rankings used a number of health factors to provide a county-level comparable ranking for Georgia. Social and economic factors included education, community safety, employment, family and social support and income. In 2012, County Health Rankings rated Gwinnett County 13th in this category. Between 2006 and 2010, 18.6 percent of Gwinnett County adults reported they did not receive the social and emotional support they needed.
• Social and economic factor ranking: 13 in 2012 (Georgia counties average: 78), County Health Rankings, 2012
• Inadequate social support: 18.6 percent between 2006 and 2010 (U.S. counties average: 19.1 percent), Healthy Communities Institute

People Living Below Poverty Levels

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. Between 2006 and 2010, 11.0 percent of Gwinnett County residents (15.1 percent of children) were living below the poverty level. In 2007, 31.8 percent of low-income persons participated in the Supplemental Nutrition Assistance Program (SNAP). SNAP, previously called the Food Stamp Program, is a federal-assistance program that provides low-income families with electronic benefit transfers (EBTs) that can be used to purchase food.

• People living below poverty level: 11.0 percent between 2006 and 2010 (U.S. counties average: 14.7 percent), Healthy Communities Institute
• Children in poverty: 15.1 percent between 2006 and 2010 (U.S. counties average: 20.4 percent), Healthy Communities Institute
• Low-income persons who are Supplemental Nutrition Assistance Program (SNAP) participants: 31.8 percent in 2007 (U.S. counties average: 31.5 percent), Healthy Communities Institute

Low-Income Renters

Spending a high percentage of household income on rent can create financial hardship, especially for lower-income renters. With a limited income, paying a high rent may not leave enough money for other expenses, such as food, transportation and medical. Between 2006 and 2010, 50.8 percent of renters paid 30 percent or more of their income on rent which is higher than average for 3,142 U.S. counties, according to the American Community Survey.

• Renters spending 30 percent or more of household income on rent: 50.8 percent between 2006 and 2010 (U.S. counties average: 46 percent), Healthy Communities Institute
• Single-parent households: 26.1 percent between 2006 and 2010 (U.S. counties average: 29.5 percent), Healthy Communities Institute

Child Abuse

Child abuse or neglect can result in physical harm, development delays, behavioral problems or death. Abused and neglected children are at greater risk than other children for delinquency and mistreatment of their own children.

In 2010, the number of substantiated incidents of child abuse and/or neglect per 1,000 children under 18 years of age in Gwinnett County was 1.8.
• Child abuse rate: 1.8 incidents per 1,000 children in 2010 (Georgia counties average: 11.1 incidents), Healthy Communities Institute

Linguistic Isolation

Households that are linguistically isolated may have difficulty accessing services that are available to fluent English speakers. The language barrier may prevent such households from receiving transportation, medical and social services as well as limited employment and schooling opportunities. In cases of national or local emergency, linguistically isolated households may not receive important notifications.

The population has become more racially and ethnically diverse with representation from across the nation and around the world. In 2010, the U.S. Census Bureau estimated the Gwinnett County population to be 44 percent non-Hispanic white, 22.9 percent non-Hispanic blacks, 10.5 percent non-Hispanic Asians (2.7 percent Korean, 2.6 percent Asian Indian, 2.0 percent Vietnamese, 3.3 other Asian) and 2.2 percent was non-Hispanic Others (American Indian or Alaska native, Native Hawaiian or Pacific Islander, Multiracial or Unknown). Also in 2010, 20.1 percent of the population was Hispanic or Latino with 10.7 percent of that population being Mexican.

Figure 24. Linguistic Isolation, Gwinnett County (2006-2010)

What is this Indicator?
This indicator shows the percentage of households in which every member aged 14 years or older has some difficulty speaking English.

Why this is important: Households that are linguistically isolated may have difficulty accessing services that are available to fluent English speakers. The language barrier may prevent such households from receiving transportation, medical, and social services, as well as limit employment and schooling opportunities. In cases of national or local emergency, linguistically isolated households may not receive important notifications.

Technical Note: The distribution is based on data from 3,143 U.S. counties and county equivalents.

Source: American Community Survey

URL of Source: [http://www.census.gov/acs/www/](http://www.census.gov/acs/www/)

URL of Data: [http://factfinder2.census.gov/](http://factfinder2.census.gov/)

Maintained By: Healthy Communities Institute
Youth Related Health Issues

Gwinnett County has a significantly higher percentage of its population under the age of 18 compared with the state of Georgia as a whole, and compared with the U.S. as a whole. As such, the current and ongoing health needs of young people are especially important.

- 31 percent of Gwinnett residents are under the age of 20
- Bullying for both middle and high school youth increased from 2008 to 2010, and 7.7 percent high school youth reported being bullied while 16.2 percent middle school youth reported being bullied
- 31.2 percent of high school youth (32.4 percent of middle school youth) reported hitting or beating someone in the past 12 months, which is down from the 2008 survey
- Overall, 34.7 percent of youth answered ‘yes’ to at least five of the eight depression screening questions, which means they may be clinically depressed
- 9.9 percent of high school youth and 11 percent of middle school youth reported intentional self-injury (cutting, scratching or burning). These percentages have increased in every survey since the question was introduced in 2006
- 21.1 percent of high school youth (29.7 percent of middle school youth) reported eating at least five servings of fruits and vegetables each day
- 52.7 percent of high school youth (45.6 percent of middle school youth) reported exercising for 30 minutes or more three times in the past week
- Students eligible for the free lunch program amount to 36.6 percent (U.S. counties 35.7 percent average)
- 35.2 percent of high school age youth (7.1 percent of middle school youth) reported ever having had consensual sexual contact
- Of those youth who report being sexually active, more than 35 percent indicated they have had three or more sexual partners
- Alcohol, tobacco and other drug use among Gwinnett youth continue to decline
- Fewer high school youth report binge drinking, riding with impaired drivers or driving under the influence
Attachment E. Prioritized Community Health Needs

Identifying Community Health Needs

In August 2011, Gwinnett Medical Center adopted a comprehensive process to conduct the Gwinnett County community health needs assessment for each of its facilities (Gwinnett Medical Center-Lawrenceville and Gwinnett Medical Center-Duluth) using guidance from the Assessing & Addressing Community Health Needs Discussion Draft: March 2011 Catholic Health Association of the United States in collaboration with VHA Inc. and Healthy Communities Institute. The guidance included these steps:

1. Plan and Prepare for the Assessment
2. Determine the Purpose and Scope of the Community Health Needs Assessment
3. Identify Data that Describes the Health and Needs of the Community
4. Understand and Interpret the Data
5. Define and Validate Priorities
6. Document and Communicate Results

Community input data considered in the assessment process included: focus groups, community service agency town hall meetings, community key leader interviews, Gwinnett Coalition Helpline referral data, and data from 2010 Gwinnett County youth survey. Staff from the hospital, public health department, school district and Gwinnett Coalition collated and analyzed the data, shown in Attachment C.

The hospital’s Community Health Needs Assessment Data Team began with a review of historical secondary data from the 2006-2007 Gwinnett Community Health Status Report. Current demographics, morbidity and mortality statistics from the Online Analytical Statistical Information System (OASIS), a toolset that allows access to the Georgia Division of Public Health’s standardized health data repository, were also used. OASIS dashboards use National Center for Health Services (NCHS) rankable causes and compare Gwinnett County rates to Georgia rates. Additional demographics were obtained from the U.S. Census Bureau’s Quick Facts, American FactFinder and the American Community Survey for the assessment. The hospital, with support from community partners, obtained a license from Healthy Communities Institute for its web-based information system to present the most recently available health and quality of life indicators for Gwinnett County residents. In addition to vital statistics data, Gwinnett County indicators include data sources from the current County Health Ranking website and Healthy People 2020 objectives. Attachment D includes descriptions of specific diseases, conditions and/or issues associated with the need priority categories.

The community assets and resources analysis was an important evaluation component when prioritizing community health needs. For the purpose of this assessment, the assets analysis focused on resources in Gwinnett County; however, some resources were identified from surrounding metropolitan Atlanta counties. Attachment F includes an asset analysis associated with our identified need categories.
Setting Health Need Priorities

The Gwinnett Medical Center-Lawrenceville’s Community Health Needs Assessment Team reviewed all the data sources available during facilitated team meetings in February and March 2012 and established identified community health need categories.

Team members reviewed the identified community health needs individually and as a group. To establish need priorities, the team chose to evaluate the ease of implementation and the potential impact of each need category, specifically as the needs related to the services provided at the Lawrenceville hospital. The scope of the evaluation was not limited to unmet community needs. Current hospital services, community need perceptions and available community assets were considered through the ease of implementation matrix. Community demographics as well as health and quality of life indicators were considered through the potential impacted matrix.

Gwinnett Medical Center-Lawrenceville serves Gwinnett County residents offering services in many areas including: emergency, chest pain and trauma departments; medical-surgical and neuroscience units; and specialty intensive care units. Outpatient services include surgical and treatment centers as well as multiple diagnostics. Gwinnett Medical Center-Lawrenceville offers some specialty care services that are not duplicated on the Duluth campus; for example, the Lawrenceville campus features the Gwinnett Women’s Pavilion, which provides maternal and infant childbirth services and a comprehensive Cardiovascular Services division to address heart disease and related illnesses.
The top priority areas were identified to meet community needs:

**Manage Health Conditions and Chronic Disease Treatments**
- Provide emergency and trauma services for acute conditions and injuries
- Provide women’s services associated with pregnancy and childbirth
- Provide services to treat and manage chronic diseases and acute conditions

**Improve Access to Care**
- Provide diagnostic services for the community
- Collaborate with community physicians to improve access to care
- Collaborate with community organizations for access to treatment of behavioral health and mental disorders
- Collaborate with community organizations for access to services for persons with disabilities

**Prevent Chronic Diseases and Increase Wellness**
- Collaborate with community organizations to increase physical activities and healthy eating
- Collaborate with community organizations to raise healthy kids
- Collaborate with community organizations to promote healthy aging
- Collaborate with community organizations to stop the spread of communicable diseases
- Collaborate with community organizations to prevent and detect chronic disease

The community health needs assessment was approved by hospital leadership and the Board of Directors through the Board’s Quality and Community Health subcommittee. Our community has access to the needs assessment through the Gwinnett Medical Center website.

The Gwinnett Medical Center-Lawrenceville’s community health needs assessment is one element of the Gwinnett Coalition for Health and Human Services strategic plan. Our organization will strive to work collaboratively with our community partners to address our community’s health needs.
Attachment F. Asset Analysis

Access to Quality Health Services: Adults with Health Insurance, Children with Health Insurance and Primary Care Provider Rates

- Ben Massell Dental Clinic
- CVS Minute Clinic
- Four Corners Health Center
- GPC Dental Hygiene Clinical Services
- Humana
- Kaiser Permanente
- Kroger’s Prescription Drug Plan
- Perimeter College Dental Clinic
- Prescription Assistance 360
- Public Health Department Centers: Buford, Norcross, Lawrenceville
- Vulnerable Populations Clinics: Good Samaritan, Gwinnett Community Clinic, Hebron Community Health Center, Hope Clinic
- Walgreens Take Care Clinic
- Wal-Mart’s Prescription Program Drug List

Acute Diseases: Acute Bronchitis and Bronchiolitis, Kidney Infections and Septicemia

- See Community Clinics listed in Access to Quality Health Services Section

Behavioral Health and Mental Disorders: Intentional Self-Harm (Suicide), Major Depression, Adult Binge Drinking and Adults Who Smoke

- See Community Clinics listed in Access to Quality Health Services Section
- AlaNon
- Alcoholics Anonymous
- Alcoholic Social Services
- Care and Counseling Center of Gainesville
- Christian Coach Institute
- Covenant Christian Counseling
- Crossroads Counseling
- Dunwoody Counseling Center
- East End Area Narcotics Anonymous Meetings
- Georgia Care and Counseling Center
- Georgia Crisis Information Line
- Gwinnett Center for Counseling
- Gwinnett/Rockdale/Newton Mental Health
- Hop Homes
- Lanier Counseling Services
- Metro Atlanta Council on Alcohol and Drugs
- Narcotics Anonymous
- Peachford Psychiatric Hospital
- The Potter's House
- Quinn House
- Ridgeview Psychiatric Hospital
- Reach for Recovery
- Remuda Ranch
- Robert DeVries and Susan Zonnebelt-Smeenge
- Single Point of Entry Suicide Hotline
- Summit Counseling Center
- SummitRidge Behavioral Health Center
- View Point Health
- Waypointe Center for Addiction Rehabilitation
Chronic Diseases: Asthma, Cancer, Chronic Liver Disease and Cirrhosis, Chronic Lower Respiratory Diseases, Diabetes Mellitus, Diseases of the Heart, Hypertension, Nephritis, Nephrotic Syndrome and Nephrosis and Stroke

- American Cancer Associations
- American Cancer Society
- American Diabetic Association
- American Heart Association
- American Kidney Association
- American Lung Association
- Diabetes Association of Atlanta
- Emory Winshape Cancer Center
- Georgia Prostate Cancer Coalition
- Gwinnett Senior Health Services
- Life Line Screenings
- Medicare Diabetes Screening Project
- Mercy Heart Clinic
- Our Lady of Perpetual Help Cancer Home
- Phillips AED Education Department

Communicable Diseases and Immunizations: Childhood Immunization, Hepatitis, HIV/AIDS, Influenza and Pneumonia, Tuberculosis and STDs

- AIDS Coalition of Northeast Georgia
- AID Gwinnett
- Feminist Women’s Health Center
- Georgia Refugee Health Program
- Gwinnett County Health Department
- Planned Parenthood
- Public Health Department Centers: Buford, Norcross, Lawrenceville

Disability: Persons with Disability and Persons with Disabilities Living in Poverty

- Barrier Free Gwinnett
- Center for Low Vision Services
- Center for Visually Impaired
- Creative Enterprises
- Disability Resource Center
- Families of Autism/Asperger’s Syndrome Care, Educate and Support (FACES)
- Friends of Disabled Adults and Children
- Georgia Council for the Hearing Impaired, Inc.
- Georgia Council of the Blind-Metro Atlanta Chapter
- Gwinnett Christian Terrace
- Gwinnett County Senior Services
- Gwinnett Public School System
- Hall County Disability Resource Center
- Heavenly Wheels, Inc.
- Helen Keller National Center
- Hi Hope Center
- John W. Folsom and Associates
- Lilburn Terrace
- Literacy Gwinnett
- MS Center of Atlanta
- Prevent Blindness of Georgia
Injury and Violence Prevention and Treatment: *Age-Adjusted Death Rates due to Motor Vehicle Collisions, Assault (Homicide) and Unintentional Injuries (Falls and Poisonings)*

- Adult Protective Services Referral Line
- American Safety and Health Institute
- Families First
- Family Dimensions Child Abuse Prevention
- Family Recovery, Inc.
- Gwinnett Sexual Assault Center
- International Women’s House
- Men Stopping Violence
- Monfort Drugs
- Partnership Against Domestic Violence
- Poison Control Center
- Renew Counseling Center
- Smokerise Counseling Center
- Tranquility House
- Turning Point

Maternal, Fetal and Infant Health: *Certain Conditions Originating in the Perinatal Period, Congenital Malformations and Deformations, Infant Mortality, Low Birth Weights, Pregnancy, Childbirth, Teen Birth Rates and Teen Pregnancy Rates*

- Atlanta Pregnancy Resource Center
- Babies Can’t Wait
- Bethany Pregnancy Services
- Birthright
- Catholic Social Services
- Feminist Women’s Health Center
- Georgia Right to Life
- Gwinnett County Health Department
- Option Line
- Planned Parenthood
- Pregnancy Resource Center
- Right from the Start Medicaid
- St. Joseph Mercy Care
- WIC programs

Older Adults and Aging: *Adults 65+ Living Alone and Alzheimer’s Disease*

- AARP
- Administration on Aging (AOA)
- Age Wise Connection
- Altus Hospice
- Alzheimer’s Association
- A Place for Mom
- Applewood Towers
- Atlanta Area Agency on Aging
- Atlanta Hospice
- Autumn Breeze Assisted Living
- Belmont Village Care Center
- Brightstar Care
- Buford Senior Center
- Calvin Cove Alzheimer’s Day Program
- Community Care Services Program (CCSP)
- Compassionate Care Hospice
- Compassionate Hospice
- Compeer Atlanta
- Crossroads Hospice
- Dogwood Forest Assisted Living
- Eastside Heritage Center
- Embracing Care Hospice
- First Call for Help (United Way)
- Fulton County Senior Services
- Golden Living Rehab
- Grace Arbor Alzheimer’s Day Program
- Gwinnett Christian Terrace
- Gwinnett Council for Seniors
• Gwinnett County Senior Services
• Hall County Senior Provider Network
• Hall County Senior Life Center
• Healthy Seniors
• His Heart for Seniors
• Holbrook Independent Living
• Home Instead Senior Care
• Hope Memory Center
• Ivy Hall Care Center
• Journey Hospice
• Life Care of Lawrenceville Nursing Home
• Long-Term Care Resident Abuse Reporting Act
• Meals on Wheels
• Mesun Hospice
• Morningside Assisted Living
• National Council on Aging
• Noble Village
• Odyssey Hospice
• Old Time Transportation
• One Caring Place
• Peachtree Christian Hospice
• Peachtree Plantation Assisted Living
• Retired Senior Volunteer Program (RSVP)
• Seasons Hospice and Palliative Care
• Senior Citizens Law Project
• Senior Helpers
• Senior Life Center
• Senior Provisions
• Signature Rehabilitation
• Social Security
• St. Vincent De Paul Society
• Summers Landing Assisted Living
• The Bridge Assisted Living
• The Resting Nest Assisted Living
• Tugaloo Home Health
• United Hospice
• VA Clinic
• Visiting Nurses Hospice of Atlanta
• Volunteer Income Tax Assistance
• Wesley Woods
• Wildwood Nursing Home

Physical Activity and Weight Management: Adults who are Obese, Adults who are Sedentary, Self-Reported General Health Assessment and Poor Physical Health Days

• Active.com
• Aerobics Instructors
• Atlanta Track Club
• Faith-based Organizations
• Greater Atlanta Overeaters Anonymous
• Guaranteed Weight Loss
• GUIDE
• Gwinnett County Parks and Recreation
• Just Fitness 4 U
• Let’sMove.gov
• Local Gyms
• Play It Again Sports
• Weight Watchers
• YMCA
• Yoga Instructors


• Atlanta Food Bank
• Atlanta Legal Aid
• Atlanta Women’s Shelter
• Cafe’ Community Center at Cathedral De Fe Ministries, Inc.
• Caring Bridge
• Christian Action Center
• Crisis Line
• DFACS
• Duluth Cooperative Ministries-Hands of Christ
• Duluth Hands of Christ Co-op
• Edmondson-Telford Center for Children
• Emory Clergy Care
• Exodus Outreach, Inc.
• Faith-based Organizations
• Family Promise
• FODAC
• For My Sisters, Inc.
• Foster Children’s Foundation
• Four Corners Health Department
• Gateway Domestic Violence Center
• Georgia Partners Against Domestic Violence
• Good Measure Foods
• Good News Clinic
• Good Samaritan Clinic
• Grief Share
• Gwinnett Coalition Information and Referral
• Gwinnett County Transit
• Gwinnett Para-Transit
• Gwinnett Sexual Assault Center
• Habitat for Humanity
• Hands of Hope Clinic
• Hispanic Health Coalition
• The Hope Center
• Hope House
• Lawrenceville Cooperative Ministry, Inc.
• Lawrenceville Housing Authority
• MUST Ministries
• My Sister’s Place
• New Life Fellowship, Inc.-Bread of Life Food Ministries
• Norcross Cooperative Ministry
• Now Faith Apostolic International Ministries
• Office of the Child Advocate
• Partners Against Domestic Violence
• Partnership Against Domestic Violence
• Peace Place
• Place of Enlightenment, Inc.
• Rainbow Village
• Red Cross
• Salt Light Homeless Shelter
• Salvation Army
• Signs and Wonders, Inc.
• Singles Parents Alliance Resource Center
• Social Security Administration
• St. Joseph’s Good Samaritan Clinic
• St. Joseph’s Mercy Care
• United Way
• Vision Academy Life Center
• Wellspring Living
• Women Are Dreamers Too, Inc.

Youth Related Health Issues: Delinquency and Violence, Depression, Nutrition, Physical Activity, Sexual Activity and Substance Abuse

• Adolescence Center for Education and Services
• Birthright
• Catholic Social Services
• Feminist Women’s Health Center
• GUIDE
• Gwinnett County Juvenile Justice
• Gwinnett County Public Schools
• Gwinnett Parks and Recreation
• Heart Screens for Teens
• Option Line
• Planned Parenthood
• Pregnancy Resource Center
• Rainbows for God’s Children
• St. Joseph Mercy Care
• View Point Health
• WIC Programs