Cobb and Douglas Public Health
Community Health Assessment and Improvement Plan (CHIP)
Table of Contents

Executive Summary ....................................................................................................................................... 1
Demographics .................................................................................................................................................. 5
Background ................................................................................................................................................... 8
Mobilizing for Action through Planning and Partnerships (MAPP) ............................................................. 8
The MAPP Process in Cobb and Douglas Counties ...................................................................................... 14
Community Health Status Assessment ......................................................................................................... 26
   Approach 1 Community Health Statistics ............................................................................................... 27
   Approach 2: Burruss Survey ....................................................................................................................... 35
   Approach 3: County Health Rankings .................................................................................................... 40
Community Themes and Strengths Assessment ............................................................................................ 25
   Approach 1: Burruss Survey ....................................................................................................................... 44
   Approach 2: Focus Groups ......................................................................................................................... 48
   Approach 3: Key Informants ..................................................................................................................... 49
   Approach 4: Cobb County Chamber Survey ............................................................................................ 62
Local Public Health Systems Assessment ....................................................................................................... 66
Forces of Change ............................................................................................................................................ 73
Strategic Issues ............................................................................................................................................... 80
Community Balanced Scorecard .................................................................................................................. 86
Future Directions ............................................................................................................................................ 104
Cobb & Douglas Public Health (CDPH) is dedicated to improving the health and quality of life of the citizens in Cobb and Douglas counties. CDPH seeks to improve the health of the community through the following services:

- Preventing epidemics and spread of disease
- Protecting against environmental hazards
- Preventing injuries
- Promoting and encouraging healthy behaviors
- Responding to disasters and assisting in community recovery
- Assuring the quality and accessibility of health care

However, CDPH recognizes that improving the county’s health is a collaborative effort with the local public health networks, societal infrastructures, and community members. Through organization services, neighborhood outreach, and collaboration with external stakeholders, CDPH seeks to build upon the existing health of the community by addressing the public’s health concerns, and identifying community strengths.

Cobb and Douglas are vibrant counties on the outskirts of the Atlanta area. With a growing combined population of 820,481 people as of the 2010 census, CDPH has been seeking a way to identify the intricate public health issues that are unique and important to each county.

The Mobilizing for Action through Planning and Partnerships (MAPP) model has provided a way for CDPH to systematically implement these policies and develop community health improvement plans for the future. Championed by CDPH, the MAPP teams of Cobb and Douglas counties are comprised of a diverse group of representatives from public, private, and volunteer entities. MAPP supplied Cobb and Douglas counties with a framework that consisted of six phases. In Phase I, CDPH structured a planning process and engaged participants. In Phase II, CDPH and MAPP stakeholders developed a shared community health vision and values. In Phase II, CDPH conducted four categories of assessments, the Community Health Status Assessment (CHSA), the Community Themes & Strengths Assessment (CTSA), the Local Public Health System Assessment (LPHSA), and the Forces of Change Assessment (FOC). The purpose of each assessment is to gain a better understanding of the health and quality of life issues that are important to the Cobb Community, to provide useful information for local programmatic and fiscal decision-making, and to provide feedback for the development of a strategic community-wide health improvement plan.
In *Phase IV*, CDPH summarized and reviewed the qualitative and quantitative data from each assessment and presented findings to the MAPP team. The MAPP team identified issues that are critical to the success of the CDPH and its services and to achieve the shared community health vision. The key issues that were identified from the assessments are the strategic issues and act as the foundation upon which the MAPP team will develop goals and strategies (*Phase V*), and an Action Cycle (*Phase VI*).

**Identified Strategic Issues:**

<table>
<thead>
<tr>
<th>Healthy Lifestyles:</th>
<th>Access to Health Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td></td>
</tr>
<tr>
<td>Healthy Eating</td>
<td></td>
</tr>
<tr>
<td>Active Living</td>
<td></td>
</tr>
</tbody>
</table>

The MAPP team has selected a Community Balance Scorecard approach to identify strategic objectives, set measureable targets, and develop action plans to address the identified strategic issues. The Community Balanced Scorecard uses four perspectives to sets strategic objectives.

- Community Health Status
- Community Implementation
- Community Learning and Planning
- Community Assets

The MAPP team has established specific measures and developed a detailed implementation plan during the Action Cycle to address improvements to health status in both counties. The findings and recommendations made from the MAPP process will assist in guiding the direction of future initiatives, programs and policy in Cobb and Douglas counties.

This report summarizes the MAPP phases that have been completed and highlights the key findings, as well as, outlines the development of the strategic issues and next steps of the MAPP process towards a community health improvement plan. This report will serve as the community health improvement plan (CHIP) to share information about the MAPP process, the MAPP assessments and the priority issues on which the MAPP team will focus its efforts. This plan will be implemented by the MAPP team, which evaluates its progress on an ongoing basis. The strategies discussed in the community health improvement plan will be implemented over the coming years to build healthier communities in Cobb and Douglas counties.
Cobb County is located north of Atlanta along the scenic Chattahoochee River. Formed in 1832, Cobb County was originally part of Cherokee County and was named after Judge Thomas Willis Cobb, a U.S. Senator. It is bordered on the northwest by Lake Allatoona and its southernmost boundary lies south of Interstate 20. Marietta, the seat of Cobb County government, lies 20 miles northwest of downtown Atlanta. Cobb County’s 340 square miles include the municipalities of Marietta, Austell, Powder Springs, Smyrna, Acworth, Kennesaw, and suburban areas in unincorporated Cobb County.

**Demographics**

Demographic factors including age, race, ethnicity, sex, education and income are directly and indirectly related to health status and health outcomes. Additionally, quality of life, a broad multidimensional concept that usually includes subjective evaluations of both positive and negative aspects of life, for instance, jobs, housing, schools, and the neighborhood, aspects of culture, values, and spirituality can also impact health.

According to 2008 Census estimates, it is the fourth most populous county in Georgia, as well as the fourth most populous in the 10-county Atlanta region. At 340 square miles, Cobb ranks 81st (out of 159) in the state in area and fourth in the 10-county region. Given its relatively small size, Cobb is the second most densely-populated county in the state, behind only DeKalb.

**Population**

Cobb has the 4th largest county population in Georgia, recorded at 688,078 in the 2010 Census. Cobb County has a relatively diverse population whereby 56.3 percent of the residents identify as white and non-white minorities represent 43.7 percent of the total population. The population of Cobb County has increased by 5.2 percent from 2006-2009. The minority (non-white) population in Cobb County has grown by 31.1 percent over the past five years. African-

---

2. How Healthy Are We? Cobb County 2010 Report
3. (http://www.cdc.gov/hrqol/concept.htm)
5. Community Health Status Report 2012, Cobb County
Americans are the second largest racial group in Cobb County behind whites, accounting for 24.4 percent of the population. Hispanic residents makeup 12.3 percent of the county’s population, compared to 7.7 percent in Georgia and 15.1 percent in the U.S. The Hispanic population has grown 14.3 percent from 2006-2010 within Cobb County.

Data from the U.S Census Bureau (2010) illustrates that Cobb County has a relatively young population. The median age in Cobb County is 36.3 years for males and 35.0 years for females with and overall median age of 35.4 years. Over one fourth of the population in Cobb County (28.9%) is under the age of 19. The 40 - 49 year old age group makes up the largest percentage of all the age groups in Cobb County, representing 15.6 percent of the population. The Atlanta Regional Commission estimates that the 55 years and older population in Cobb County will grow by 85 percent between 2000 and 2030. In total, 83 percent of Cobb County’s population growth during the last decade has occurred within older age groups: seasoned workers nearing retirement, and retirees. This demographic shift will transform the county and challenge every aspect of community life: healthcare, transportation, employment, housing, recreation and leisure, economic development, infrastructure expansion and education. To prepare for this transition, it is critical for the county to examine what the future older adult population and younger population will need and how the new populations might differ from previous generations of Cobb County. The male to female population in Cobb County is almost equal, with slightly more females (50.4%) compared to males (49.6).

**Economics, Poverty and Employment**

The Georgia County Guide ranks Cobb County fourth highest of all 159 counties in the state of Georgia for household income. The median household income for 2010 in Cobb County was $64,519 and per capita income was $33,793. The median household income for Cobb County is above the median state or national household income (Georgia $49,466; US $51,425). Between 2004 and 2009, Cobb County experienced income growth of 9.5 percent, which is lower in comparison to the state (11.5 percent) and the nation (17.0 percent). Data covering the county’s income distribution shows that more than half of Cobb County’s households have combined incomes in excess of $60,000. On the other end of the spectrum, 17.3 percent of Cobb County’s households have incomes less than $24,999 a lower proportion than the state, and the nation. Between 2004 and 2009, Cobb County experienced tremendous growth in the

---

6 [http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_DP_DPDP1&prodType=table](http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_DP_DPDP1&prodType=table)
7 [http://www.atlantaregional.com/aging-resources/demographic-data](http://www.atlantaregional.com/aging-resources/demographic-data)
8 [http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_DP_DPDP1&prodType=table](http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_DP_DPDP1&prodType=table)
9 Community Health Status Report 2012, Cobb County
10 Community Health Status Report 2012, Cobb County
number of households with incomes of $100,000 or higher. The county also experienced tremendous growth in the number of households with incomes less than $25,000. Meanwhile, the county saw large reductions in the number of households with incomes between $25,000 and $99,000\textsuperscript{11, 12}.

Individuals in poverty have poorer health outcomes. Children and adults with incomes at or below the poverty line often face issues including inadequate nutrition, substandard housing, environmental hazards, unhealthy lifestyles, and decreased access to and use healthcare services. Poverty thresholds are set based on family size and age of family members\textsuperscript{13}. The poverty threshold for a family of four in 2010 was $22,314\textsuperscript{14}. The Georgia County Guide ranks Cobb County favorably, 9th lowest out of the 159 counties in the state for poverty levels based on 2008 estimates\textsuperscript{15}. In 2009, 11.4 percent of the total population in Cobb County was in poverty by federal standards lower than the nation (14.3 percent). Between 2007 and 2009, Cobb County experienced an increase in poverty of two percentage points, higher than the state (2.3 percentage points). Child poverty trends are consistent with those for the overall population. Nearly 15 percent of Cobb’s population aged 17 and under were in poverty in 2009, lower than the state (22.7 percent), and the nation (20.0 percent). According to Kids Count, in 2012, 45.5 percent of students in Cobb County were eligible to receive free and reduced lunch at school\textsuperscript{16} Cobb County’s increase of youth poverty of 2.5 percentage points is higher than the state (2.9 percentage points)\textsuperscript{17}. Nonfamily households made up the largest percentage of households in poverty at 48.6 percent. The largest percentage of family households in poverty was female households with no husband present at 28.0 percent. The race with the highest poverty rate (at 30.0 percent) includes individuals who identified themselves to be of Hispanic or Latino\textsuperscript{26} origin.

Overall, Cobb County took a major hit during the Great Recession, which officially commenced December 2007 and ended June 2009. During the recession, Cobb County lost nearly eight percent of its jobs. Since the official end of the recession, Cobb County has continued to shed employment, losing an additional three percent of its jobs. As of 2010, the most recent, reliable available data from the U.S. Bureau of Labor Statistics illustrates that a larger percentage of Cobb County residents are in the labor force (72.2 percent) of those over the age of 16) than

\begin{enumerate}
\item Cobb County Chamber Survey 2011
\item http://factfinder2.census.gov/faces/nav/jsf/pages/searchresults.xhtml
\item How Healthy Are We? Cobb County 2010 Report
\item http://www.census.gov/hhes/www/poverty/about/overview/measure.html
\item Community Health Status Report 2012, Cobb County
\item http://datacenter.kidscount.org/data/bystate/stateprofile.aspx?state=GA&group=Grantee&loc=1959&dt=1%2c3%2c2%2c4
\item Cobb County Chamber Survey 2011
\end{enumerate}
the state of Georgia (66 percent of those over the age 16). The number of individuals unemployed in Cobb County is 8.1 percent which is lower than the United States at 10.8 percent\textsuperscript{26}.

Cobb County’s largest employers include headquarters and other operations of major retailers, such as The Home Depot, Wal-Mart, Publix, and Kroger; educational providers Cobb County Schools and Kennesaw State University; health care provider WellStar Health System; and Lockheed Martin Aeronautics. There are three Fortune 500 companies headquartered in Cobb County: Coca-Cola Enterprises, GenuineParts Company, and The Home Depot. Cobb County is home to over 350 international companies, with many headquartered in the county. According to the Cobb Chamber of Commerce, The Home Depot is the county’s largest employer (roughly 20,000 employees), followed by Cobb County Public Schools (14,027), WellStar Health System (11,785), and Lockheed Martin Aeronautics (7,568)\textsuperscript{26}.

Cobb County’s top five business sectors in terms of employment are retail trade (11.9 percent of all employees), health care and social assistance (10.6 percent), educational services (9.1 percent), accommodation and food services (9.0 percent), and professional and technical services (8.2 percent). Of these, four experienced job growth despite the Great Recession, with educational services (28.9 percent), and health care and social assistance leading the pack (15.8 percent). Two offer wages that exceed the county average: professional and technical services ($76,320) and health care and social assistance ($50,350)\textsuperscript{26}. 
**Geography and Origin**

Douglas County is located 20 miles due west of Atlanta along Interstate 20, and is one of the smallest counties in the State of Georgia in size. Its 199.3 square miles include the cities of Douglasville and Lithia Springs, and portions of the cities of Villa Rica and Austell. There are suburban sections in both Douglasville and unincorporated Douglas County, as well as rural areas in the western and southwestern regions of the county. Douglas County was created on October 17, 1870 during the Reconstruction period after the Civil War. It was first named for Fredrick Douglass, the African-American abolitionist, and later changed to honor Stephen A. Douglas, the Illinois Senator who opposed Abraham Lincoln in the 1860 presidential election.

**Population and Demographics**

The Douglas County population, which is the 16th highest among counties in Georgia, increased by 43.6% between 2000 and 2010. According to the Atlanta Regional Commission (ARC) Douglas County is the 3rd fastest growing county in the 10-county metro Atlanta area, and is projected to increase by 12.5% between 2008 and 2015. African-Americans made up approximately 40.1% of the Douglas County’s population in 2011, and Hispanics 8.6% of the county population. Also, foreign born residents made up approximately 7.0% of Douglas County residents in 2008.

According to the US Census (2010), almost 25 percent of Douglas County’s residents are less than 15 years old, and about one fifth of people in Douglas County are over 62 years old. The general mean age is 35 years old, with the mean age for males being 33.8 and the mean age for females at 36.

---

19 http://www.celebratedouglascounty.com/about/index.html
20 How Healthy Are We?-Douglas 2010 Report, US Census
**Economics, Poverty and Employment**

Based on US Census data (2010), Douglas ranks 20th in median household income.\(^{21}\) The median household income for 2010 in Douglas County was $50,798 and per capita income was $24,516.\(^{22}\) Between 2006 and 2010, 11.3% of people were below poverty level compared to 15.7% in Georgia as a whole.\(^{23}\) The current unemployment level is about 8.6%.\(^{24}\)

---


Established in 1920 in Marietta, Georgia, the mission of Cobb & Douglas Public Health (CDPH) is, “with our partners, to promote and protect the health and safety of the residents of Cobb and Douglas counties” suburbs of the Atlanta, Georgia metropolitan statistical area (MSA)\textsuperscript{25}. The agency’s vision is to become an acknowledged leader among health departments in the southeastern United States. CDPH has implemented the Balanced Scorecard method of performance measurement and strategic planning. The agency has developed strategic initiatives critical to its success in the areas of: service delivery, internal communication and collaboration, technology, employee well-being, and revenue enhancement. In addition, the CDPH has assessed its organizational capabilities along with the needs to the community in order to continuously improve our effectiveness and the health of our people and communities. We will work internally and with our community partners to:

- Comprehensively assess and monitor local health and safety status
- Identify and demonstrate improvement on key health and safety indicators
- Attain Public Health Accreditation Board (PHAB) accreditation

To achieve these ambitious goals, we will engage, respect and value our staff and partners, thereby enhancing relationships that are the key to happiness and success\textsuperscript{27}.

Currently, CDPH has dozens of partnerships and several coalitions in place, including Cobb County \textit{We Can!}, Live Healthy Douglas and serves on the Cobb Community Collaborative, Douglas CORE, and the Cobb Alcohol Task Force. All have had distinct but separate successes in influencing policy and environmental change for a healthier county\textsuperscript{26}.

With a growing population, CDPH has been searching for a way to identify the intricate public health issues that are unique and important to the Cobb and Douglas communities. In April 2011, CDPH launched a new community-based coalition, Mobilizing for Action through Planning and Partnerships (MAPP). Developed by the National Association of County and City Health Officials (NACCHO) and the federal Centers for Disease Control and Prevention (CDC), MAPP provides the framework for community-driven strategic planning for improving community

\textsuperscript{25} Cobb & Douglas Public Health website located at: http://www.cobbanddouglaspublichealth.org
\textsuperscript{26} Community Transformation: Cobb (Capacity-Building) Letter of Intent Reference # 221
health. Facilitated by public health leaders and involving all community stakeholders, this tool helps communities apply strategic thinking to prioritize public health issues and identify resources to address these issues. MAPP provides an infrastructure and strategic direction upon which CDPH and its partners can build a unified Community Health Improvement Plan (CHIP) to reduce chronic disease based and improve health based on the strengths of its current programs and coalitions. Without this infrastructure, preventive health environmental and policy changes will continue in both counties—but sporadically and without a unified direction for the overall improved health of the county and its disparate populations. The information from the MAPP assessments will help develop a county-level CHIP. The CHIP will be used as a guide that identifies the community’s top health priorities in accordance to community public health data. The CHIP includes supporting data and strategies that CDPH and partners can use to improve community health and quality of life.

CDPH has implemented and utilizes the Balanced Scorecard (BSC) method of strategic management for a diverse group of over 50 departments/centers and programs. The BSC is a multidimensional framework for describing, implementing, and managing strategy at all levels within CDPH by linking objectives, initiatives, and measures to our strategy. The BSC provides a comprehensive view of CDPH’s overall performance by monitoring key performance indicators from four perspectives: customer, internal business processes, employee learning and organizational growth, and financial.

The BSC is used at CDPH to align programs and activities to the vision and strategy of the organization (specifically including accreditation activities), to improve internal and external communications and to monitor organization performance against strategic goals. By implementing initiatives, with clearly defined milestones, to accomplish important objectives and by frequently monitoring progress, quality improvement plans have clearly defined outcomes and deliverables aligned to achieve the CDPH vision for improvement and accreditation.

CDPH is striving to be one of the first local public health departments to receive accreditation in 2014, as of 2012 there are no accredited local public health departments. PHAB is a new accreditation process for public health departments that began in May of 2007. The accreditation board was formed as the non-profit entity to “implement and oversee national

27 MAPP Network Website located at: http://mappnetwork.naccho.org/
28 Cobb & Douglas Public Health website located at: http://www.cobbanddouglaspublichealth.org
29 Community Health Assessments and Community Health Improvement Plans Demonstration Site Project Application
public health department accreditation, and program development”\textsuperscript{30}. Public Health accreditation had involved “the development of a set of standards, a process to measure health department performance against those standards, and reward or recognition for those health departments who meet the standards”\textsuperscript{31}. The accreditation process consists of seven steps, which CDPH began in 2009.

**Mobilizing for Action through Planning and Partnerships (MAPP)**

The MAPP process consists of six key phases\textsuperscript{32}:

![Figure 1: MAPP Model](image)

For the first phase of the MAPP process, **Organizing for Success and Partnership Development**, CDPH identified and invited community leaders to participant in the MAPP process, since it requires a strong commitment of community partners and stakeholders. These identified leaders make up the MAPP Steering Committee which coordinate MAPP assessments, develop timelines and ensure adequate resources to complete the MAPP process\textsuperscript{33}. MAPP uses the diagram to define the local public health system (Figure 2).

\textsuperscript{31} Public Health Accreditation Board (PHAB) website located at [http://www.phaboard.org/accreditation-overview/what-is-accreditation/](http://www.phaboard.org/accreditation-overview/what-is-accreditation/).
The second phase of the MAPP process is referred to as the **Visioning** phase. MAPP participants identify and share values and goals. This is a collaborative effort that produces a unified vision for a “Healthy Community” with underlying common values. The Vision is what the MAPP participants want to see after the MAPP process is completed\(^{33}\).

To address the current situation of the conditions that already currently exist in the community, four assessments are implemented. The **four MAPP assessments** provide a comprehensive understanding to yield information for community health improvement. The **four MAPP assessments** are as follows\(^{35}\):

1. **The Community Health Status Assessment**: The community health status assessment supplies the MAPP participants and the community members with data about health factors, issues, health outcomes and quality of life. Possible approaches for data collection include: using state and local databases, access previously conducted health assessments or reports, identify participants who have access to data through their organization, or develop a new data collection method.

---

2. **The Community Themes and Strengths Assessment:** This Assessment provides insight from the community members concerning what health issues are important to them. These results guide the MAPP participants to identify key issues and prioritize them to ensure that the community health improvement reflects the community needs and concerns. Possible approaches for data collection include: community meetings, focus groups, windshield surveys, key informant interviews, surveys and town hall meetings.

3. **The Local Public Health System Assessment:** This is an assessment of the public health system and how the “Ten Essential Services of Public Health” and how they are being delivered and reaching the community. To assess the local public health system the National Public Health Performance Standards Program is employed.

4. **The Forces of Change of Assessment:** This assessment focuses on identifying factors such as events, trends, legislation, technology and other impending changes that affect health care and quality of life within the community. To assess forces of change the MAPP committee holds a brainstorming session.

After the MAPP assessments are completed they are analyzed and reviewed to create a list of challenges and opportunities to identify major priorities and themes. The MAPP team selects a manageable amount of priorities to focus their efforts. This process is the fourth step in the MAPP process and is referred to as the **Identification of Strategic Issues**. In the next phase the MAPP team **Formulate Goals and Strategies** to address the strategic issues identified. A community health improvement plan is then developed to share information about the MAPP process, the MAPP assessments and the strategic issues on which the MAPP team will focus its efforts. This plan is then implemented by the MAPP team, which evaluates its progress on an ongoing basis. The strategies discussed in the community health improvement plan may take several years to fully implement.

The final phase is the **Action Cycle**; this is where the MAPP participants plan for action, implementation and evaluation. These are interactive and continuous processes that build upon each other to ensure success and may take up to several years to implement. The time frame to complete the MAPP assessments is 18-24 months with a full MAPP Cycle completed every five years. 

The MAPP process has been implemented successfully in communities across the United States including Chicago, Columbus, Hartford, Nashville, San Antonio and many counties in Florida.

---

34 Achieving Healthier Communities through MAPP: A User’s Handbook
Kentucky and New Jersey. There are many important benefits of the MAPP process, including the following:

1. Creates a healthy community and better quality of life.
2. Puts the “public” back into public health.
3. Anticipates and manages change.
5. Builds stronger partnerships.
6. Builds public health leadership.
7. Creates advocates for public health.
8. Supports/fulfills many PHAB standards and measures.

The MAPP Process in Cobb and Douglas Counties
Organizing for Success and Partnership Building
In order to successfully achieve the mission of Cobb & Douglas Public Health to “promote and protect the health and safety” of our residents, CDPH leadership opted to engage the community in a meaningful community health improvement process. To accomplish this task, CDPH chose the National Association of County and City Health Officials (NACCHO) developed Mobilizing for Action through Planning and Partnerships (MAPP) framework. In an effort to put the spotlight on community health issues prior to initiating the MAPP process, CDPH developed two health status documents: “How Healthy Are We – Cobb?” and “How Healthy Are We – Douglas?”

In 2010, CDPH released the “How Healthy are We” reports for Cobb and Douglas counties. These reports provided important information on health statistics, comparisons and trends in both counties. Additionally, the reports shared information about the many programs and services CDPH provides to the community. These documents were put together internally by CDPH staff members from secondary data sources. Health indicators were selected based on research from other health status reports. The reports included only quantitative data from the community and no qualitative data sources. They did not include information on community needs or assets. The health status reports did not prioritize or use a systematic methodology to identify major findings.

35 MAPP Network website located at: http://mappnetwork.naccho.org/
36 Community Health Assessments and Community Health Improvement Plans Demonstration Site Project Application.
These reports were a call to action for individuals and the community. Our goal was to build “healthy people in healthy communities” and this cannot be accomplished by one agency or health district alone or even by a few large organizations. It was necessary to work together and have commitment from all partners. This was the launching point for a community-wide initiative in 2011 to improve the health of Cobb and Douglas counties. CDPH decided to use the proven process MAPP because it is a community-wide strategic planning tool for improving public health. Through MAPP, community partners and residents came together to:

- Prioritize public health issues
- Identify resources for addressing them
- Take action!

CDPH met with community partners to gauge interest and recruit to build a community wide commitment. CDPH presented and approached the Board of Health, Cobb & Douglas Counties Community Services Board, WellStar, United Way and The Atlanta Regional Commission, Lifelong Mableton to gain their interest and support for the MAPP initiative. CDPH cultivated a network of peer advisors including the DeKalb County Board of Health, which agreed to serve as a formal mentor and to provide funds for the CDPH-led process. DeKalb acted as a mentor to CDPH through the MAPP process sharing their experiences and expertise from their MAPP initiative. The MAPP coordinator and team trained through partnership and mentorship from Julia Joh Elligers, Program Manager from NACCHO and Teresa Daub, Public Health Advisor from the CDC.37

The official kick off was held April 18th, 2011 in Powder Springs, Georgia. The meeting was a joint meeting for both Cobb and Douglas Counties. During the meeting a timeline was drafted (Figure 3). The meeting highlighted and discussed the following:

- How Cobb County and Douglas County community health ranks
- Plan strategies for MAPP success
- Build partnerships

There were 57 attendees representing multiple organizations from the Cobb and Douglas County communities who participated in the initial MAPP Kick-off.

---

37 Cobb County Kick off Packet
The meeting helped CDPH to identify key stakeholders and MAPP team members who would be committed to the process and serve on the MAPP Steering Committee for either Cobb or Douglas County.

During phase one of the MAPP process CDPH selected participants that would provide a broad range of perspectives and represent a variety of groups, sectors and activities within the community. Careful consideration was given when selecting the MAPP committee and team members.

Our “How Healthy Are We?” documents, coupled with findings from Robert Wood Johnson’s “County Health Rankings” and additional data identified through our partners, served as the foundation to help the MAPP Steering Committees determine the overall plan for the Community Health Assessment process. They helped to identify gaps in health and behavioral indicators and identify areas for further data analysis to look at health inequalities among subpopulations39.

**The Make Up of the Steering Committees**

**Purpose**

The MAPP Steering Committee’s primary function is to oversee the implementation of a community-wide strategic planning tool for improving public health (MAPP). The result of engaging in this process is the development of an actionable Community Health Improvement Plan (CHIP); the plan will both improve the health of our community and strengthen our local public health system which includes, but is not limited to, community based organizations, social service agencies, hospitals, community health centers, local health department, schools, colleges and universities, law enforcement and businesses38.

---

38 Cobb County, Mobilizing for Action through Planning & Partnership (MAPP) Steering Committee Charter
It is intended that the Steering Committee leverage the experiences, expertise, resources, and insight of key individuals and organizations to execute the MAPP process in the community. Steering Committee membership may be expanded as necessary to key partner organizations and/or individuals after discussion and majority approval of established Steering Committee members.

**Role of the Committee**
Steering Committee members are not directly responsible for managing project activities, but provide support and guidance for those who do. Community-wide health improvement planning requires a high level of commitment from partners, stakeholders, and community residents who are recruited to participate.

<table>
<thead>
<tr>
<th><strong>Cobb Steering Committee Members:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bryan Stephens, Cobb Community Services Board</td>
</tr>
<tr>
<td>Lisa Crossman, Marietta Kiwanis Club</td>
</tr>
<tr>
<td>Kacie McDonnell, Good Samaritan Health Center</td>
</tr>
<tr>
<td>Cheryl Mayerik, Atlanta Regional Commission</td>
</tr>
<tr>
<td>Beth Sessoms, City of Marietta</td>
</tr>
<tr>
<td>Wayne Dodd, South Cobb Business Association</td>
</tr>
<tr>
<td>Slade Gulledge, Cobb Chamber of Commerce</td>
</tr>
<tr>
<td>Andrea Kellum, Healthcare Georgia Foundation</td>
</tr>
<tr>
<td>Robin Bradley, Cobb Community Foundation</td>
</tr>
<tr>
<td>Bob Crowe, Emory-Adventist Hospital</td>
</tr>
<tr>
<td>Allen Hoffman, WellStar Health System</td>
</tr>
<tr>
<td>Jack Kennedy (Vice Chair), Cobb &amp; Douglas Public Health</td>
</tr>
<tr>
<td>Pete Brooks, American Cancer Society</td>
</tr>
<tr>
<td>Beth Spinning, Kaiser Permanente</td>
</tr>
<tr>
<td>Jill George, Kaiser Permanente</td>
</tr>
<tr>
<td>Belisa M. Urbina, Renovacion Conyugal, Inc.</td>
</tr>
<tr>
<td>LisaRae Jones, City of Kennesaw</td>
</tr>
<tr>
<td>Michael Murphy, Austell Community Task Force</td>
</tr>
<tr>
<td>Eric Klein, GlaxoSmithKlein</td>
</tr>
<tr>
<td>Lynda Coker, Cobb County Sheriff’s Office</td>
</tr>
<tr>
<td>Terry Fast, District 9 PTA</td>
</tr>
<tr>
<td>Donna Ryan, Marietta City Schools</td>
</tr>
<tr>
<td>Jay Dillon (Chair), Cobb County School District</td>
</tr>
<tr>
<td>Richard Sowell, Kennesaw State University</td>
</tr>
<tr>
<td>Pam Breeden, Cobb County Government</td>
</tr>
</tbody>
</table>
The Make Up of the Advisory Team

Purpose
The MAPP Advisory Committee’s primary function is to provide leadership, influence, resources and skills that can help to direct, strengthen and advance the MAPP process. Advisory Committee Members will be called upon for their experience, expertise and insight to execute the MAPP process. Advisory Committee membership may be expanded as necessary to key partner organizations and/or individuals after discussion and majority approval of established MAPP Steering Committee members. The committee will not formally meet as a group but will participate in the MAPP process individually through advisement, technical assistance, advocacy and assessment support.\footnote{Mobilizing for Action through Planning & Partnership (MAPP), Advisory Team Charter}
Role of Committee
Advisory Committee members are not directly responsible for managing project activities, but provide insight or support, as needed. Community-wide health improvement planning requires a high level of commitment from partners, stakeholders, and community residents who are recruited to participate. The following Advisory Team provides oversight for the MAPP process in both Cobb and Douglas counties.

Advisory Team Members:

- Tim Lee, Cobb County Commission Chairman
- JoAnn Birrell, Cobb County Commissioner, District 3
- David Connell, CEO, Cobb Chamber of Commerce
- Otis Brumby III, Executive VP, Marietta Daily Journal/Neighbor Newspapers, Inc.
- James Curran, Dean, Rollins School of Public Health, Emory University
- Brenda Fitzgerald, Commissioner, Georgia Dept of Public Health
- Teresa Daub, Centers for Disease Control and Prevention
- Robert Quigley, Cobb County Government Communications Director

Cobb County Visioning
The June 7th 2011 meeting for the Cobb County MAPP team was devoted to the development of a shared vision and values for the MAPP process. This shared vision and values provided a framework for guiding the long term healthy community goals.

In a discussion format the MAPP team had a brainstorming session to develop suggestions for a unified vision and values. An inspirational story was used to start the discussion:

Some years back, Chimayo, Mexico was overrun by the heroin trade. It devastated the village and its residents. Neither law enforcement nor educational efforts seemed to have any real impact. One day a grandmother heard that another of her grandchildren had been taken for heroin. Frustrated, she approached the leader of the spiritual brotherhood that had long been at the center of the community. She told him the town was being irreparably crippled by the drug trade. She demanded to know what had become of the brotherhood. He offered no response.

One year later a seemingly spontaneous march began in the streets of Chimayo. It was led by the brotherhood and soon pulled in many members of the community. The ultimate outcome was remarkable ... the drug trade was swept from the village by this upwelling of spiritual and community energy.
After the march, the grandmother sought out the leader and asked what had taken so long. He admitted it took a year for the spiritual brotherhood to clean up their own ranks, which was a necessary prerequisite to their ability to act.

The guiding question for the team was: What can we do so that not only changes lives but we can say, “Now that was cool?” In this case, it takes one grandmother to take action and make a difference. From this question stemmed a collection of ideas and four guiding themes to create the final Vision and Values:

*Figure 4: Guiding Themes for the Crafting Vision Statements*

**Quality of Life**
- Culture of Wellness and Prevention
- Health in all policies
- Improved health through walking/sidewalks
- An emphasis on the public health that addresses the quality of life of all citizens

**Being known as the best for a reason**
- Created the healthiest community in Georgia/Southeast
- Strengthen brand of being the best at providing healthcare to its citizens
- Improve healthcare with the addition of a well-funded public healthcare system
- Top ten in the nation for key health indicators

**Framing thru Partnerships**
- Integrated Health Care
- Coordinated cost-effective system of health and human services
- Improved access to care thru strong community partnerships
- Partnerships work!

**All Ages All Stages**
- Greater access for low-income
- Excellent healthcare of all kinds available and accessible to everyone regardless of insurance or ability to pay
- Access to care through:
  - Health centers
  - Hospitals
  - Specialist
  - Healthcare accessible to all
  - Get rid of child obesity
After an extensive discussion and voting on the final vision and value, logos with taglines were designed for Cobb 2020 – “Community Voices Improving Healthy Choices” and for Douglas County- “Healthy People, Safe Environment, Engaged Community”.

Figure 5: Cobb 2020 Logo
Completion of the Four MAPP Assessments

The four MAPP assessments provide a comprehensive view of the conditions that currently exist in Cobb and Douglas counties. The four MAPP assessments were completed either one at a time or concurrently. The MAPP Steering Committees set up four Assessment work groups. Each county had its own workgroups; however, the county work groups decided to collaborate on several parts of the assessment process in order to use resources more effectively. decided to work together on a number of steps of the process in order to use resources more effectively. The MAPP assessments work groups include the following:

A. **Community Health Status Assessment**

The purpose of the Community Health Status Assessment Work Group is to evaluate health and social indicators and analyze supporting local data. This assessment answers the question, “How healthy are our residents?” and “What does the health status of our community look like?” The results of the CHSA provide an understanding of the community’s health status and ensure that the community’s priorities consider specific health status issues. The work group met at least once a week from August 2011 to January 2012\(^40\).

---

\(^{40}\) Cobb and Douglas Mobilizing for Action through Planning & Partnerships (MAPP) Community Health Status Assessment Charter.
B. Community Themes and Strengths

The Community Themes and Strengths Assessment provides a deep understanding of the issues residents feel are important by answering the questions “What is important to our community?” “How is quality of life perceived in our community?” and “What assets do we have that can be used to improve community health?” This assessment is a vital part of a community health improvement process. During this assessment, community thoughts, opinions and concerns are gathered, providing insight into the issues of importance to the community. Feedback about quality of life in the community and community assets is also gathered. This information leads to a portrait of the community as seen through the eyes of its residents. The work group met at least once a week from August 2011 to January 2012.\(^\text{41}\)

---

\(^{41}\) Cobb and Douglas Mobilizing for Action through Planning & Partnerships (MAPP), Community Themes and Strengths Charter
The Local Public Health System Assessment is a comprehensive assessment that includes all organizations and entities that contribute to the public’s health. The Local Public Health Systems Assessment answers the questions, “What are the components, activities, competencies, and capacities of our local public health systems?” and “How are the 10 Essential Public Health Services being provided to our community?” This assessment is a vital part of a community health improvement process. During this assessment, strengths and weakness of the local public health system will be identified. The assessment will also serve an educational opportunity for organizations who participate to learn or better understand their role within the public health system. The workgroup met at least once weekly for an hour by conference call until the date of the assessment scheduled on October 4th 201142.

Responsibilities:

• This workgroup determined the most effective approaches for gathering community perspectives:
  • Community meetings
  • Community dialogue sessions
  • Focus groups
  • Walking or windshield surveys
  • Individual discussions/interviews
  • Surveys
  • Elicited open discussions to gather community concerns, opinions, and comments
  • Gathering perceptions regarding community quality of life
  • Developing a map of community assets

42 Cobb and Douglas Mobilizing for Action through Planning & Partnerships (MAPP), Local Public Health Assessment Charter
The purpose of the Forces of Change Assessment Workgroup is to identify forces such as legislation, technology, and other issues that affect the context in which the community and its public health system operate. This workgroup answers the questions “What is occurring or might occur that affects the health of our community or the local public health system?” and “What specific threats or opportunities are generated by these occurrences?” The workgroup met twice monthly or as needed for up to two hours for six months starting in December 2012.

Responsibilities:

- This work group will determine the most effective approach for conducting the Local Public Health System Assessment.
- The work group will plan, organize and conduct the Local Public Health System Assessment.
- The work group will ensure the Local Public Health System Assessment incorporates a broad spectrum of sectors within the local public health system.
- The work group will ensure the data is assessed by the Centers for Disease Control and Prevention.
- The work group will help to evaluate the Local Public Health Systems Assessment for the MAPP process and as requested by CDC.
- The work group will ensure final data is shared with the Local Public Health System Assessment participants and the MAPP Steering Committee.

Forces of Change

The purpose of the Forces of Change Assessment Workgroup is to identify forces such as legislation, technology, and other issues that affect the context in which the community and its public health system operate. This workgroup answers the questions “What is occurring or might occur that affects the health of our community or the local public health system?” and “What specific threats or opportunities are generated by these occurrences?” The workgroup met twice monthly or as needed for up to two hours for six months starting in December 2012.

Responsibilities:

- Identify **Trends**: patterns over time, such as migration in and out of a community or a growing disillusionment with government.
- Identify **Factors**: discrete elements, such as a community’s large ethnic population, an urban setting, or the jurisdiction’s proximity to a major waterway.
- Identify **Events**: one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.
- Evaluate each force and identify associated threats and opportunities for the community and the local public health system.

---

43 Forces of Change Charter
Purpose: The Community Health Status Assessment was done to obtain answers to the questions:

1. How healthy are the residents of Cobb and Douglas Counties?
2. What does the health status of both counties look like?

The results of this assessment provided the MAPP teams with an understanding of the counties’ health statuses, and identified challenges and opportunities for improvement. In preparation for the Community Health Status Assessment, both MAPP team decided on three different approaches to gather information from a cross section of the community. The first approach for Cobb County was to generate a health status report for Cobb County; this report would focus on indicators that were based on the Centers for Disease Control key winnable battles for public health Figure 7. The first approach for Douglas County was to review the How Healthy Are We? 2010 Douglas report. The second approach for both counties was to deploy county
wide telephone surveys (Burruss Survey) to fill-in gaps in county level data. The third approach was to review the County Health Rankings.

Figure 7: Winnable Battles for Public Health

Approach 1 Cobb County: Health Statistics
The Cobb County 2012 MAPP Community Health Status Assessment uses a range of health indicators to measure trends in health and understand risk factors for certain health outcomes. This report aims to share timely information with the community that can be used to improve the health of all Cobb residents. This report examined and used these select indicators.

- Demographic
- Maternal and Child Health
- Morbidity and Mortality
- Hospitalizations
- Communicable Illness
- Behaviors

Methodology
Data was compiled from various data sources covering the following areas: demographic data, communicable diseases, chronic diseases, maternal and child health, access to care, mortality and morbidity, hospitalizations, and behaviors.

---

44 Community Health Status Report 2012
Results and Themes
The Community Health Status Assessment shed light on important health issues that Cobb County residents are facing. The table below highlights these issues. These identified issues will be used to form the strategic issues and guide the implementation teams.45

Health Indicators Summary
- Infant Mortality Rate: Lower than the State rate
- Low Birth Weight: Lower than the State rate
- Cardiovascular Disease: Lower than the State rate
- Overweight adults: Higher than the State rate
- STD rates remain high in Cobb County: Higher than the State rate
- Alcohol use in youth: Higher than the State rate

Other concerning risk factors include: obesity, smoking, high cholesterol, high blood pressure and percent of people receiving preventative screenings, and meeting the needs of disparate populations.

Infant Mortality
The infant mortality rate is the number of deaths among infants less than one year of age per 1,000 live births. Infant mortality is often used as an overall indicator of health in an area. It can reflect the health of the mother, the quality and access to care, socio-economic conditions and public health practices. The most common causes of infant mortality in Georgia include prematurity, birth defects and sudden infant death syndrome (SIDS).46

Table 1: Infant Mortality
- Cobb County ranked 10th lowest out of the 50 more populated counties in Georgia for infant mortality in 2007
- Infant mortality rates are higher in the black population in Cobb County from 2003-2007

Low Birth Weight
Babies born weighing less than 5 pounds, 8 ounces (2,500 grams) are considered low birth weight. Low birth weight babies are at increased risk for serious health problems, lasting disabilities, and even death.49

Table 2: Low Birth Weight
- 8.1% of births were babies with low birth weights, compared to 9.4% for Georgia from 2003-2008.

45 Community Health Status Report 2012
46 How Healthy Are We? Cobb County 2010 Report
• In 2008 Cobb County ranked 42\textsuperscript{nd} \textbf{lowest} out of 151 counties in Georgia for the percentage of babies with low birth weight. \textit{(1 being the most favorable and 151 being the least favorable)}.

• Black females give birth to a higher percentage of low birth weight babies than do Whites and Hispanics.

\textbf{Cardiovascular Disease}
Cardiovascular disease (CVD) includes all disease of the heart and blood vessels including ischemic heart disease, stroke, congestive heart failure, high blood pressure and hardening of the arteries (atherosclerosis). Heart disease and stroke are both leading causes of mortality, premature death and illness in the U.S. and in Georgia\textsuperscript{47}.

Conditions including high cholesterol, high blood pressure and diabetes put people at an increased risk of CVD. Additionally, behaviors and lifestyle choices such as tobacco use, diet, physical activity, obesity and alcohol can lead to CVD. A family history of CVD can also make individuals more susceptible\textsuperscript{50}.

\begin{table}[h]
\centering
\begin{tabular}{|l|}
\hline
\textbf{Table 3: Cardiovascular Disease} \\
\hline
• In 2007, CVD accounted for \textbf{32\%} of all deaths in Georgia. \\
• CVD is the leading cause of death in the U.S., Georgia and Cobb County. \\
• Heart disease is the 2\textsuperscript{nd} leading cause of premature deaths (<75 years) in Cobb County. \\
• The age adjusted CVD mortality rate for Cobb County in 2007 was 209.3 deaths per 100,000 population, lower than that for Georgia (269.0) or for the United States (190.9) \\
\hline
\end{tabular}
\caption{Cardiovascular Disease}
\end{table}

The rise in CVDs reflects a significant change in diet, physical activity levels, and tobacco use worldwide. According to the World Health Organization, the most cost-effective methods of reducing risk among an entire population are population-wide interventions, combining effective policies and broad health promotion initiatives\textsuperscript{50}.

\textbf{Weight: Overweight/Obesity}
Overweight and obesity are terms to describe weight that is above what is considered healthy. For adults, the terms are dependent on an individual’s body mass index. Overweight is defined as a BMI of 25 to 29.9. Obesity is defined as a BMI of 30 or higher. According to the CDC, in 2007-2008, the age adjusted prevalence of obesity in the United States was 33.8\% overall, 32.2\% among men, and 35.5\% among women. There are a variety of factors which contribute to being overweight or obese. These include caloric intake, environment,

activity levels, genetics and medications.48

<table>
<thead>
<tr>
<th>Table 4: Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>• In 2008, 38.3% of adults were overweight in Cobb County</td>
</tr>
<tr>
<td>• In 2008, 21.0% of adults were obese in Cobb County</td>
</tr>
<tr>
<td>• In 2008, 17% of adults have not participated in any physical activity during the past month in Cobb County</td>
</tr>
<tr>
<td>• In 2007, only 32.1% of adults reported they ate 5 or more fruits and vegetables a day compared to Georgia at 25% and the U.S at 24.3%.</td>
</tr>
</tbody>
</table>

Obesity and being overweight have been associated with increased risk of certain diseases and other health problems, including:

<table>
<thead>
<tr>
<th>Co-morbidities associated with excess body fat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coronary heat disease</td>
</tr>
<tr>
<td>Type 2 Diabetes</td>
</tr>
<tr>
<td>Cancers (endometrial, breast and colon)</td>
</tr>
<tr>
<td>High blood pressure</td>
</tr>
<tr>
<td>High total cholesterol or high levels of triglycerides</td>
</tr>
<tr>
<td>Stroke</td>
</tr>
<tr>
<td>Liver and gallbladder disease</td>
</tr>
<tr>
<td>Sleep apnea and respiratory problems</td>
</tr>
<tr>
<td>Osteoarthritis</td>
</tr>
<tr>
<td>Gynecological problems (abnormal menses, infertility)</td>
</tr>
</tbody>
</table>

Inactive children and adults are more likely to become obese, leading to increased healthcare costs and decreased quality of life. Regular physical activity improves overall health and fitness and reduces risk for many chronic diseases.

**Sexually Transmitted Diseases**

Chlamydia, a common sexually transmitted disease (STD), is known as a "silent" disease because about 3/4 of infected women and about 1/2 of infected men have no symptoms. If symptoms do occur, they usually appear within 1 to 3 weeks after exposure. If untreated, Chlamydia infections can progress to serious reproductive and other health problems with both short-term and long-term consequences.

Gonorrhea is a sexually transmitted disease that if left untreated can cause serious and permanent health problems in both men and women. In women, gonorrhea is a common cause of pelvic inflammatory disease. In men, gonorrhea can cause epididymitis, a painful condition of the ducts attached to the testicles that may lead to infertility if left untreated. Increases in drug resistant gonorrhea in 2007 led to changes in the national treatment guidelines.

Syphilis is a sexually transmitted disease (STD) called “the great imitator” because so many of its signs and symptoms are similar to those of other diseases. It is initially characterized by the appearance of one or more sores called chancres. Without treatment, the infected person will continue to have syphilis even though signs or symptoms may not be present. In the late stages, the disease may damage internal organs and lead to death.

Table 5: STD rates

| Description                                                                 | Georgia Rank | Cobb County Rank | County Rank |
|                                                                            |              |                  |             |
| Cobb County ranked 104th highest for Chlamydia, 101st highest for Gonorrhea and 7th highest for syphilis rates (cases per 100,00) out of 159 counties in 2008 |              |                  |             |
| Cobb County ranked 3rd highest out of 159 counties for the number of Chlamydia cases in 2008 |              |                  |             |
| The highest rates for Chlamydia and Gonorrhea cases in Cobb County and in Georgia occurred in the 18-19 years age group. |              |                  |             |
| The highest rates for Syphilis cases in Cobb County occurred in the 25-29 years age group. |              |                  |             |

Alcohol use in youth

Underage drinking is defined as anyone under the age of 21 years having a drink in the past 30 days. Underage drinking in U.S. high school students decreased from 50% in 1999 to 42% in 2009. In 2009, 24% of students reported binge drinking (5 or more drinks within a couple of hours in one day).

Table 6: Alcohol

| Description                                                                 | Georgia Students | Cobb County Students |
|                                                                            |                  |                     |
| 14.4% of Georgia students reported alcohol use in the past 30 days for the 2009-2010 school year. |                  |                     |
| 15.4% of Cobb County students reported Alcohol use in the past 30 days for the 2009-2010 school year. |                  |                     |
| 8.4% of Georgia and Cobb County students reported binge drinking in the past 30 days for the 2009-2010 school year. |                  |                     |

Source: Georgia Student Health Survey (data from 6th, 8th, 10th and 12th grades)

In the school years 2008-09 and 2009-10, Cobb County had a higher percentage of students reporting alcohol use compared to the state of Georgia.

**Smoking:**
Smoking harms nearly every organ of the body, causes many diseases, and reduces overall health.

<table>
<thead>
<tr>
<th>Table 7: Smoking</th>
</tr>
</thead>
<tbody>
<tr>
<td>• In 2008 <strong>18.4%</strong> of Cobb County Residents reported they were current smokers.</td>
</tr>
<tr>
<td>• In 2008 <strong>57.5%</strong> of Cobb County Residents reported they never smoked.</td>
</tr>
</tbody>
</table>

Negative health outcomes from smoking contribute to an estimated 1 in 5 deaths each year, or 443,000 deaths each year in the U.S. Smoking Causes:

- Coronary artery disease
- Reduced circulation
- Abdominal aortic aneurysm
- Lung diseases (*lung cancer, emphysema, bronchitis and chronic airway obstruction*)
- Cancers (*acute myeloid leukemia, bladder, cervix, esophagus, kidney, lung, oral, pancreatic, pharynx, stomach, and uterus*)
- Reproductive problems (*risk of infertility*)
- Early childhood effects (*preterm birth, stillbirth, low birth weight, and Sudden Infant Death Syndrome SIDS*)

This assessment will allow the MAPP team to address health concerns that are most prevalent within Cobb County and develop future programs for improvement.

**Approach 1 Douglas: Review of 2010 Data**

**Access to Care:**

<table>
<thead>
<tr>
<th>Table 8: Access to Health Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• In 2006, there were 907 persons per physician in Douglas County compared to Georgia with 494 persons per physician.</td>
</tr>
<tr>
<td>• The Georgia Health Disparities Report 2008 gave Douglas County a grade of an F in two categories including Access to Primary Care Providers and Primary Care Safety Net.</td>
</tr>
<tr>
<td>• In 2008, 18.5% of the population in Douglas County had no</td>
</tr>
</tbody>
</table>
Mortality:

Figure 8: Leading Causes of Mortality (Age Adjusted)
Douglas County, 2003-2007

Table 9: Leading Causes of Death

- Heart disease, cancer and accidents are the leading causes of illness (morbidity), death (mortality) and premature death in Douglas County.
- The age adjusted mortality rate for Douglas County is higher than it is for Georgia.
- Pregnancy and normal delivery cause a high number of hospitalizations, indicating a growing county.
- Preventable deaths, including accidents, suicide and homicide, are the leading causes of premature deaths (death prior to age 75).

Source: OASIS, How Healthy Are We? Douglas County 2010 Report
Source: How Healthy Are We? Douglas County 2010 Report
**Mortality Rates due to Cardiovascular Disease:**

![Figure 9: Mortality Rate due to Cardiovascular Diseases, 2003-2007](image)

Source: OASIS, How Healthy Are We? Douglas County 2010 Report

**Maternal and Child Health:**

**Table 10: Maternal and Child Health**

- Douglas County ranked 25th out of the 50 more populated counties in Georgia for infant mortality in 2007.
- In Douglas County, infant mortality rates (IMR) have been consistently higher in the black population from 2003 through 2006. In 2007, the IMR in whites was greater than in blacks

Source: How Healthy Are We? Douglas County 2010 Report

**Infectious Diseases:**

**Table 11: Infectious Diseases**

- From 2003-2007, Douglas County ranked 11th highest out of Georgia’s 159 counties for the rate of syphilis (cases per 100,000 population).
- The number of tuberculosis (TB) cases in District 3-1 (Cobb and Douglas Counties) decreased by 30.0% from 2008-2009; a similar decrease was seen throughout the state of Georgia.
Approach 2: Burruss Survey

These reports summarize findings from two telephone surveys conducted for the Cobb and Douglas Public Health District by the A.L. Burruss Institute of Public Service and Research at Kennesaw State University. The surveys were conducted from November 21, 2011 to January 19, 2012 to measure access and quality of locally provided health care and the resources for healthy living that are available to residents. Survey questions were developed by workgroups of stakeholders, consisting of members from local schools, nonprofit organizations, hospitals, universities, and public health officials51.

Cobb County:

Methodology

Adults living in Cobb County, GA with a listed telephone number were eligible to take part in the survey. Adults who live in Cobb, purchased a cell phone in Cobb, and did not have a landline were also eligible. Of those participants with a landline, respondents were randomly selected from eligible adults living in the household. Respondents unable to be interviewed during the first attempt were called back by appointment. The survey was approximately 10 minutes in length. A total of 1,244 respondents were surveyed, ranging from 18-94 years of age (with an average of 44 years of age)54.

Respondents were asked a series of questions about quality of life in their community. These questions have been asked in many previous studies and are considered to be reliable and valid. Respondents were also asked many health status questions selected by the workgroup for relevance to the county. The number of respondents in each census tract does not allow for statistically significant comparisons. The data presented are suggestive, but not conclusive.

51 Cobb County MAPP Survey Report 2012
Results and Themes

The Burruss report shed light on important health issues that Cobb County residents are facing. The table below highlights these issues. These identified issues will be used to form the strategic issues and guide the implementation teams.\(^2\)

<table>
<thead>
<tr>
<th>Table 12: Major Themes from Health Status Data for Cobb County</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 32.9% of respondents have been told that their blood cholesterol level is high</td>
</tr>
<tr>
<td>• 26.2% of respondents have been told that they have high blood pressure</td>
</tr>
<tr>
<td>• Most respondents identified as being a “normal” weight (40.0%).</td>
</tr>
<tr>
<td>• 36.0% of respondents identified as being overweight</td>
</tr>
<tr>
<td>• 22.0% of respondents identified as being obese</td>
</tr>
<tr>
<td>• 82.0% of respondents have health care coverage</td>
</tr>
<tr>
<td>• 85.0% of respondents said that they have not had to forgo a doctor’s visit in the past year due to cost.</td>
</tr>
<tr>
<td>• 15.0% of respondents reported that they currently use tobacco.</td>
</tr>
</tbody>
</table>

From this data the Burruss report highlighted the biggest health issues facing Cobb County identified from participants responses.

Biggest Health Issues

- Don’t Know/Not Sure/NA/None (50.0%)
- Obesity (6.0%)
- Healthcare/Insurance/Medications (5.0%)
- Cancer/cancer research (5.0%)
- Pollution (4.0%)
- Aging/care and housing (3.0%)
- Traffic (3.0%)
- Heart conditions (2.0%)
- Air quality (2.0%)

Based on these issues the Burruss report provided the MAPP team with recommendations:

- Low income, low education population reported more health issues than other demographic groups. They may present the most risk and opportunity for interventions and education.
- Geographically, the Marietta area reported the highest proportion of health issues.

\(^2\) Cobb County MAPP Survey Report 2012
Overall the respondents identified obesity as the biggest health issue of Cobb County. Based on these responses the MAPP team will use this valuable information to guide the community health improvement plan and the implementation process.

**Douglas County:**

**Methodology:**
Adults living in Douglas County, GA with a listed telephone were eligible. Adults who lived in Douglas, purchased a cell phone in Douglas, and did not have a landline were also eligible. Each telephone number was randomly selected and called multiple times. Respondents were randomly selected from all eligible adults in each household contacted (landline only). Respondents unable to be interviewed at first contact were called back by appointment. The final survey respondents were 412 adults between the ages of 18 and 95.  

**Results:**

<table>
<thead>
<tr>
<th>Table 13: Major Themes from Health Status Data for Douglas County</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 23.9% of respondents had no health insurance</td>
</tr>
<tr>
<td>• 38.5% had high cholesterol</td>
</tr>
<tr>
<td>• 32.7% reported high blood pressure</td>
</tr>
<tr>
<td>• 26.6% reported that they didn’t exercise</td>
</tr>
<tr>
<td>• Most participants reported being overweight (36.2%); 35.1% reported being obese; and 28.5% reported being of “normal” weight. Those between ages 24-34 were less likely to report being obese, and females were less likely to be overweight or obese.</td>
</tr>
<tr>
<td>• 20.8% were smokers</td>
</tr>
</tbody>
</table>

Source: Douglas County MAPP Survey Report 2012

Biggest Health Issues (as identified by participants):

- Don’t Know/Not Sure/NA/None (54.7%)
- Obesity (7.3%)
- Cancer/cancer research (4.1%)
- Heart conditions (2.7%)
- Hospitals & ER (2.7%)
- Healthcare (access, affordability, quality) (1.9%)
- Aging/care for the elderly (1.9%)
- Insurance (cost, availability) (1.9%)
- Diabetes (1.7%)

---

53 Douglas County MAPP Survey Report 2012
Based on the data, the Burruss report provided the MAPP team with the following recommendation:

Low income, low education population reported more health issues than other demographic groups. They may present the most risk and opportunity for interventions and education.  

**Approach 3: County Health Rankings**

The purpose of the *County Health Ranking* is to compare counties within states. The *County Health Rankings* report is produced by the Robert Wood Johnson Foundation and the University of Wisconsin’s Population Health Institute. The report ranks nearly every county in all 50 states. This report ranks each county’s health on two sets of measures:

- **Health Outcomes:**
  - Length and quality of life

- **Health Factors:**
  - Health behaviors, access to and quality of clinical care, social and economic factors and physical environment

The health of a community depends on a variety of factors including individual health behaviors, education, employment, quality of life, healthcare, and the environment. Ranking the health of counties using traditional health factors coupled with a broad range of health factors can mobilize all areas of the public health system and in return influence and affect a community’s health. The *County Health Rankings* reports help community leaders see that where we live, learn, work and play influences how healthy we are, and how long we live.

**Methodology**

The *Rankings* are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. The *Rankings* are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights.

---

54 Douglas County MAPP Survey Report 2012  
55 [http://www.countyhealthrankings.org/about-project/background](http://www.countyhealthrankings.org/about-project/background)  
56 [http://www.countyhealthrankings.org/about-project/background](http://www.countyhealthrankings.org/about-project/background)
Figure 11: Community Health Rankings Model

Health Outcomes

Mortality (length of life) 50%
Morbidity (quality of life) 50%

Health Factors

Health behaviors (30%)
Clinical care (20%)
Social and economic factors (40%)
Physical environment (10%)

Policies and Programs

Tobacco use
Diet & exercise
Alcohol use
Sexual activity
Access to care
Quality of care
Education
Employment
Income
Family & social support
Community safety
Environmental quality
Built environment

County Health Rankings model ©2012 UWPHI
How Health Outcomes are measured:

Mortality (50%):

- Examine mortality (or death) data to find out how long people live. More specifically, measure what are known as premature deaths (deaths before age 75).
- Various methods that can be used to quantify death rates, including the crude death rate, age-specific death rates, age-adjusted death rates, years of potential life lost and others.

Morbidity (50%):

- Morbidity refers to how healthy people feel while alive. Specifically, the measures of their overall health, their physical health, and their mental health. Birth outcomes (in this case, babies born with a low birthweight) are also employed as a method.
- Self-reported health and the number of physically and mentally unhealthy days per month are both widely used measures for overall health.
- Birth outcomes are a category of measures that describe health at birth.

How Health Factors are measured:

Health Behaviors (30%):

Tobacco Use:

- The prevalence of tobacco use is measured with the Behavioral Risk Factor Surveillance System (BRFSS) survey data on current cigarette smoking behavior.

Diet and Exercise:

- The County Health Rankings use two measures to assess diet and exercise from the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) using data from the BRFSS.
  - One measure is based on county-level estimates of obesity.
  - The other measure is based on county-level estimates of leisure time physical inactivity.

Alcohol Use:

- The Centers for Disease Control (CDC) sponsors many types of surveys that collect information on alcohol consumption including the Behavioral Risk Factor Surveillance System (BRFSS).
Sexual Activity:

The *County Health Rankings* uses two measures from the National Center for Health Statistics (NCHS) and the Centers for Disease Control and Prevention (CDC):
- Teen Birth Rates
- Sexually transmitted infection incidence rates (specifically Chlamydia rates)

Clinical Care (20%):

Access to Care:

Provides model-based estimates of health insurance coverage for all states and counties in the United States. HRSA compiles physician data from the American Medical Association Master File and from the Census Population Estimates program to report primary care provider data at the county level.

Many measurement strategies have been used for analyzing access to health care including:
- Percentage of the population under age 65 without health insurance reported from the Census Bureau’s Small Area Health Insurance Estimates (SAHIE)
- The number of people per primary care provider, reported from the Health Resources and Services Administration (HRSA).

Quality of Care:

The *County Health Rankings* use three separate measures to report healthcare quality for each county.
- Measure of preventable hospitalizations.
- Measure of diabetic screenings
- Measure of mammography screenings

Social and Economic Factors (40%):

Education:

The *County Health Rankings* uses data from the Department of Education to capture the formal years of education within the population.
- Percent of the ninth grade cohort that graduates high school in four years.
- Percentage of the population age 25-44 with some post-secondary education.
Employment:

The Bureau of Labor Statistics Local Area Unemployment Statistics (LAUS) determines measures of unemployment and number of people receiving unemployment compensation.

Income:

The County Health Rankings use data on children in poverty from the Census’ Current Population Survey (CPS), and the Small Area Income and Poverty Estimates (SAIPE).

Family and Social Support:

The County Health Rankings report the percentage of adults without social/emotional support.

- Multiple years of BRFSS data and is based on a relatively new question added in 2005.
- Percent of children living in family households that are raised by a single parent, reported data from 2006 to 2010 American Community Survey.

Community Safety:

The County Health Rankings use the FBI’s Uniform Crime Reports (UCR) data.

Physical Environment (10%)

Environmental Quality:

The County Health Rankings, use two measures:

- Annual number of days that air quality was unhealthy for sensitive populations due to (1) fine particulate matter and (2) ozone concentrations.

Built Environment:

The County Health Rankings uses three measures:

- Limited food access (the percent of the population living with limited access to healthy foods using the U.S. Department of Agriculture Food Environment Atlas).
- Fast food restaurants (the number of fast-food outlets over the total number of restaurants in a county)
- Access to recreational facilities (County Business Patterns data set)

For detailed information on all of the measures visit http://www.countyhealthrankings.org
Results and Themes

There are 159 counties in Georgia. Cobb and Douglas County rankings in the state of Georgia as identified in the *County Health Rankings* report, are presented in the tables below.

**Table 14: Cobb County’s Health Ranking by Category**

<table>
<thead>
<tr>
<th>Category</th>
<th>2011 Ranking of 159 Counties</th>
<th>2012 Ranking of 159 Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Outcomes</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Health Factors</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

Source: [www.CountyHealthRankings.com](www.CountyHealthRankings.com)

**Table 15: Cobb County’s Health Ranking by Sub-Category**

<table>
<thead>
<tr>
<th>Sub-Category</th>
<th>2011 Ranking of 159 Counties</th>
<th>2012 Ranking of 159 Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Outcomes: Mortality</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Health Outcomes: Morbidity</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Health Factors: Healthy Behaviors</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Health Factors: Clinical Care</td>
<td>25</td>
<td>26</td>
</tr>
<tr>
<td>Health Factors: Social and Economic Factors</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Health Factors: Physical Environment</td>
<td>144</td>
<td>144</td>
</tr>
</tbody>
</table>

Source: [www.CountyHealthRankings.com](www.CountyHealthRankings.com)

Cobb County remains in the top ten healthiest counties in Georgia out of the 159 counties, according to the *County Health Rankings* report, released for 2012.

**Table 16: Douglas County’s Health Ranking by Category**

<table>
<thead>
<tr>
<th>Category</th>
<th>2011 Ranking of 159 Counties</th>
<th>2012 Ranking of 159 Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Outcomes</td>
<td>35</td>
<td>36</td>
</tr>
<tr>
<td>Health Factors</td>
<td>41</td>
<td>42</td>
</tr>
</tbody>
</table>

Source: [www.CountyHealthRankings.com](www.CountyHealthRankings.com)

**Table 17: Douglas County’s Health Ranking by Sub-Category**

<table>
<thead>
<tr>
<th>Sub-Category</th>
<th>2011 Ranking of 159 Counties</th>
<th>2012 Ranking of 159 Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Outcomes: Mortality</td>
<td>35</td>
<td>36</td>
</tr>
<tr>
<td>Health Outcomes: Morbidity</td>
<td>43</td>
<td>42</td>
</tr>
<tr>
<td>Health Factors: Healthy Behaviors</td>
<td>22</td>
<td>26</td>
</tr>
<tr>
<td>Health Factors: Clinical Care</td>
<td>74</td>
<td>52</td>
</tr>
<tr>
<td>Health Factors: Social and Economic Factors</td>
<td>23</td>
<td>27</td>
</tr>
<tr>
<td>Health Factors: Physical Environment</td>
<td>156</td>
<td>152</td>
</tr>
</tbody>
</table>
Purpose:
The purpose of the Community Themes and Strengths Assessment is to gather community thoughts opinion and concerns that provide insight into the issues of greatest importance to the community, and how the community perceives its quality of life. This assessment answers the questions:

1. What is important to our community?
2. How is quality of life perceived in our community?
3. What assets do we have that can be used to improve community health?

In preparation for the Community Themes and Strengths Assessment, the MAPP teams decided on four different approaches to gather information from a cross section of the community. The first approach was to deploy two county wide telephone surveys (Burruss Survey), the second approach was to conduct focus groups, the third approach was to interview key informants, and the fourth approach reviewed data collected from the Cobb County Chamber Survey (Cobb only).

Approach 1: Burruss Survey
This report summarizes findings from telephone surveys conducted for the Cobb and Douglas Public Health District by the A.L. Burruss Institute of Public Service and Research at Kennesaw State University. The surveys were conducted from November 21, 2011 to January 19, 2012 to measure access and quality of locally provided health care and the resources for healthy living that are available to residents. Survey questions were developed by workgroups of stakeholders, consisting of members from local schools, nonprofit organizations, hospitals, universities, and public health officials.

---

57 Cobb County MAPP Survey Report 2012
Methodology

Adults living in Cobb County, GA with a listed telephone number were eligible to take part in the survey. Adults who live in Cobb, purchased a cell phone in Cobb, and did not have a landline were also eligible. Of those participants with a landline, respondents were randomly selected from eligible adults living in the household. Respondents unable to be interviewed during the first attempt were called back by appointment. The survey was approximately 10 minutes in length. A total of 1,244 respondents were surveyed, ranging from 18-94 years of age (with an average of 44 years of age).

Respondents were asked a series of questions about quality of life in their community. These questions have been asked in many previous studies and are considered to be reliable and valid. Respondents were also asked many health status questions selected by the workgroup for relevance to the county. The number of respondents in each census tract does not allow for statistically significant comparisons. The data presented are suggestive, but not conclusive.

Results and Themes

The Burruss report gathered and compiled community thoughts, opinions and concerns to provide insight on the resident’s perception of their quality of life in Cobb County. The table below highlights these issues. These identified issues will be used to form the strategic issues and guide the implementation teams.

<table>
<thead>
<tr>
<th>Table 18: Major Themes from Community Themes and Strengths for Cobb County</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 87.4% of respondents rated the area they live in as either “very good” or “good”.</td>
</tr>
<tr>
<td>• 83.3% of respondents rated availability of medical care in their area as either “very good” or “good”.</td>
</tr>
<tr>
<td>• 39.8% of respondents rated access to public transportation as either “poor” or “very poor”.</td>
</tr>
<tr>
<td>• 81.6% of respondents provided the highest ratings when asked to rate the area they live in as a place to raise a family.</td>
</tr>
</tbody>
</table>

From this data the Burruss report highlighted the areas to improve quality of life identified from Cobb County participant responses.

- Areas in Need of the Most Improvement:
  - Public Transportation (indicated by 14.8% of participants)
  - Traffic (6.3%)

58 Cobb County MAPP Survey Report 2012
Roads (5.8%)
Job opportunities (5.6%)
Schools (4.7%)
Transportation (4.2%)
Law Enforcement/ More police (3.6%)
More sidewalks/Better sidewalk access (3.6%)
Parks (2.8%)

Based on these issues the Burruss report provided the MAPP team with recommendations:

- Transportation was identified as one of the most important issues to residents. Health issues were not rated by residents as highly as other issues.
- This provides an opportunity for an awareness campaign and/or education programming.

The Survey included two open-ended questions:

**Question: What is the top health concern in your area?**

- “Access to GOOD quality and AFFORDABLE health care”
- “Lack of Health Care access”
- “Obesity and heart disease...which is related to safety and location, need safe area to ride a bike, no sidewalks”

**Question: In your opinion, what is the most needed improvement in the community where you live?**

- “Access to public transportation”
- “Jobs and more recreational facilities...more basketball courts and community centers”
- “Traffic control and road construction”
Overall the respondents identified Cobb County as “good” place to live and raise a family. The top concern expressed from the respondents was the lack of public transportation. Based on these responses the MAPP team will use this valuable information to guide the community health improvement plan and the implementation process\(^59\).

**Douglas:**

**Methodology**
The same survey used to gather data for the Community Health Status Assessment was also used to gather information for the Community Themes and Strengths Assessment. Adults living in Douglas County, GA with a listed telephone were eligible. Adults who lived in Douglas, purchased a cell phone in Douglas, and did not have a landline were also eligible. Each telephone number was randomly selected and called multiple times. Respondents were randomly selected from all eligible adults in each household contacted (landline only). Respondents unable to be interviewed at first contact were called back by appointment. The final survey respondents were 412 adults between the ages of 18 and 95.\(^60\)

**Results and Themes**

<table>
<thead>
<tr>
<th>Table 19: Major Themes from Community Themes and Strengths for Douglas County</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 80.3% of participants rated the area they live in as either “very good” or “good”</td>
</tr>
<tr>
<td>• 61.9% of participants rated access to public transportation as either “poor” or “very poor”</td>
</tr>
<tr>
<td>• 82.8% of participants rated feelings of personal safety in their area as either “very good” or “good”</td>
</tr>
<tr>
<td>• 79.9% of participants rated availability of medical care in their area as either “very good” or “good”</td>
</tr>
<tr>
<td>• 76.9% of participants provided the highest ratings when asked to rate the area they live in as a place to raise a family</td>
</tr>
</tbody>
</table>

The Burruss report listed the following areas as in need of the most improvement, based on survey findings:

- Public Transportation (indicated by 15.0% of participants)
- Roads (7.2%)
- Transportation (8.3%)
- Job opportunities/Equal opportunity employers (6.1%)
- Schools (6.8%)

\(^59\) Cobb County MAPP Survey Report 2012
\(^60\) Douglas County MAPP Survey Report 2012
• Traffic (3.6%)
• Businesses (2.3%)
• Law Enforcement/ More police (2.3%)
• More activities/places for kids to go (2.1%)

The report recommended that because health issues were not rated by residents as highly as other issues, Douglas County has opportunities for an awareness campaign and/or education programming.  

Approach 2: Focus Groups
A series of focus groups were conducted among Cobb County residents to further assess resident perceptions of the quality of healthcare and health related needs. These focus groups were completed to gather more in-depth information and perspectives from targeted demographic and geographic sectors of Cobb County.

Methodology
In June, July and September of 2012, Cobb Public Health sponsored six focus groups throughout Cobb County. A set of 17 questions was developed to determine how residents feel about health and the quality of healthcare in Cobb County. The groups were conducted by two facilitators affiliated with Kennesaw State University at the following locations:

1. Ron Anderson Recreation Center-Powder Springs (June 20th)
2. South Cobb Recreation Center- Austell (June 21st)
3. YELLS Afterschool Site-Marietta (July 19th)
4. Cobblestone Creek Clubhouse-Mableton (July 25th)
5. First Disciples Church- Wellstar Health Workers (September 11th)*
6. YELLS Afterschool Site-Marietta (September 13th)*

(*focus group conducted in Spanish)

The facilitators used audiotapes and had a note taker during the discussions. Another professor from Kennesaw State translated and transcribed the data from the two focus groups conducted in Spanish. Notes from each group were transcribed and reviewed to summarize common themes.

Results/Themes

---

61 Douglas County MAPP Survey Report 2012
62 Cobb County Focus Group Report 2012
63 Cobb County Focus Group Report 2012
6 key themes emerged from the six focus groups.

**Figure 12 Cobb Focus Group Themes**

<table>
<thead>
<tr>
<th>Key Themes: Cobb County Focus Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need to be educated and informed about health issues</td>
</tr>
<tr>
<td>Need to have healthy food choices</td>
</tr>
<tr>
<td>Need to have access to healthcare</td>
</tr>
<tr>
<td>Need to trust their medical providers</td>
</tr>
<tr>
<td>Have barriers to seeking healthcare</td>
</tr>
<tr>
<td>Need affordable health services and products</td>
</tr>
</tbody>
</table>

Source: Cobb County Focus Group Report

**Approach 3: Key Informants**

Key informant interviews were conducted to gather qualitative data on community health. Key Informants are influential members of the community who possess above average knowledge of the health care issues, health care system, or the community itself. Twenty in-depth key informant (KI) interviews were carried out to gather information about perceived health and quality of life issues within Cobb County from community partners.  

---

64 Cobb County Key Informant Final Report 2012
Methodology

The interviews were conducted over the phone for the KI’s convenience and usually would last up to one hour. Cobb’s MAPP Steering Committee developed a list of the 21 influential health and community leaders within Cobb County. Through snowball sampling, 20 key informants were interviewed from different sectors of the Cobb Community, including: health care, government, business, social service agencies, law enforcement, and the religious community.65

The Cobb MAPP steering committee worked with a Master of Public Health graduate student from the Rollins School of Public Health at Emory University to conduct the key informant interviews.66

Fourteen questions were developed for the interviews, 10 of which were based off of the interview instrument from the Together Healthy Knox CTSA. Open dialogue during interviews and question probes based on the participant’s response were used to gather wide range of

---

65 Cobb County Key Informant Final Report 2012
66 Cobb County Key Informant Final Report 2012
exploratory data. Each key informant interview was recorded for transcription afterwards and to ensure accuracy during the transcription process. Digital files are maintained on a secure server at CDPH, and paper records are kept secured at the facility to ensure confidentiality.

Verbatim transcriptions were conducted of all recorded interviews, and a codebook was developed. A thematic analysis revealed frequently mentioned topics, issues, and community strengths.

**Figure 12: Process of Data Analysis**

**Results and Themes**

**Perceptions of Health and Quality of Life**
All of the key informants expressed an optimistic outlook about the future of the health and quality of life in Cobb County. When asked about the trend of community health over the past few years, most participants felt that the healthcare system and community health was improving overall (Figure 13).

**Figure 13: Perception of Community Health**

<table>
<thead>
<tr>
<th>Has health &amp; quality of life in Cobb County improved, stayed the same, or declined over the past few years?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>12</td>
</tr>
</tbody>
</table>

---

67 Cobb County Key Informant Final Report 2012
Key informants expressed an overall satisfaction with the improving health of the county:

“I think that relationships within the community are a lot better, partnerships are a whole lot better with all entities, schools, businesses, and churches.”

“The future looks bright for healthcare in the county in the next 5 years.”

“In general, for the majority of the population it’s quite good, however there are pockets where the complete opposite is true.”

Issues and Barriers
The key informant interviews identified nine issues/barriers that Cobb County residents face, including:

- Lack of Preventive Healthcare and Healthcare Education
- Lack of affordable healthcare and insurance coverage
- Lack of jobs and the unemployment rate
- Traffic and Public Transportation
- Hypertension
- Issues related to Aging
- Affordable Housing
- Economic Barriers
- Community Attitudes and Citizen Engagement

Although most stakeholders felt that the overall health of Cobb was good and improving, healthcare providers noted that the diseases they most commonly treat are preventable. This led many key informants to suggest that one of the biggest health and quality of life issues in Cobb County is the lack of preventive healthcare. The most frequently mentioned preventive technique was healthcare education.

Key informants also noted that all the proper screening techniques and healthcare check-ups were available to those with health insurance, but if a person had no insurance they basically had no access to any preventive care. Another issue that several key informants mentioned was unemployment in Cobb. They felt that the unemployment rate of roughly 10% is an issue. If a person is unemployed they are much more likely to not have insurance, which ties into the problem of affording healthcare. Even if a person was employed or not, a problem key informants distinguished for its effects on the entire populace of Cobb County was the issue of
transportation. Below are quotes that highlight examples of the identified issues/barriers from the Key Informant interviews:

“The cost of healthcare is skyrocketing everywhere so...that affects people that wait to the last minute to go to the doctor, and by that time its probably too late, because they didn’t have the money to pay, and a lot of people don’t have health insurance.”

“We’ve got a public transportation system that is a solid system, but it is far too limited in terms of where it goes and how often the routes run, and as we’ve seen this year, that’s only being cut back even farther.”

“The [healthcare] resources that would be available to employees and their spouse[s] and families are not to the extent that it needs to be.....and we as a community need to get in with those employers, to partner with them to engage their employees with healthier lifestyles and education.”

Strengths and Assets
Overall the health and quality of life in Cobb County was reported to be quite good as denoted in Figure 14. The majority of respondents felt that health was above average, and that health was improving overall, even during times of national economic crisis.

Figure 14: Perceptions of Health and Quality of Life

How would you rate the health & quality of life in Cobb County?

![Bar Chart]

68 Cobb County Key Informant Final Report 2012
69 Cobb County Key Informant Final Report 2012
Key Informant interviews identified eight community strengths and assets:

- Improving Population Health
- School Systems
- Faith Community
- Community Attitudes
- Non-profit Services
- Business Communities
- Healthcare Provider Collaboration
- Political Leadership

Several themes emerged after completing the key informant interviews. While the quality of life in Cobb County was perceived to be relatively good, some target groups were thought to have considerably worse health than the general population. Lack of knowledge about preventive healthcare, traffic congestion, and hypertension were health issues that affected the entire population.

Above all others, the two most frequently mentioned barriers to improving the public’s health were lack of access to healthcare and economic barriers. Many strengths and assets of the Cobb community were also documented to combat this quality of life issues. Overall participants carried a general optimism in their responses on the health of the populace in Cobb. Key informant interviews did provide a small, insightful window into the community’s perceived health, issues, and assets that guided the MAPP development of strategic issues and will continue to guide the implementation. Below are the guiding emergent themes\(^\text{70}\):

---

\(^{70}\) Cobb County Key Informant Final Report 2012
**Approach 3 Douglas: Key Informants**

In conjunction with the Community Strengths and Themes Assessment, 21 key informant (KI) interviews were conducted to gather qualitative data about perceived health and quality of life issues within Douglas County from community partners. Key Informants are influential members of the community who possess above average knowledge of the health care issues, health care system, or the community itself.

**Methodology**

The interviews were conducted through an internet survey for the KI’s convenience.

**Key Informant Demographics**

Douglas’s MAPP Steering Committee team developed a list of the influential health and community leaders within Douglas County. Through snowball sampling techniques, key informants were contacted from different sectors of the Douglas community, including non-profits, health care, government, business and social service agencies, law enforcement, and religious communities. Figure 15 represents some aggregate data about the participants in these interviews. 71

<table>
<thead>
<tr>
<th>Participating Organizations</th>
<th>Average # of Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Douglas County Government</td>
<td></td>
</tr>
<tr>
<td>Douglas CORE</td>
<td></td>
</tr>
<tr>
<td>The Pantry</td>
<td></td>
</tr>
<tr>
<td>Douglas County Services Board</td>
<td></td>
</tr>
<tr>
<td>GreyStone Power Corporation</td>
<td></td>
</tr>
<tr>
<td>Community Health Center</td>
<td></td>
</tr>
<tr>
<td>Douglas County Court System</td>
<td></td>
</tr>
<tr>
<td>Douglas County Sheriff’s Office</td>
<td></td>
</tr>
<tr>
<td>City of Douglasville Development Authority</td>
<td></td>
</tr>
<tr>
<td>Douglas County Juvenile Court</td>
<td></td>
</tr>
</tbody>
</table>

71 Douglas County Key Informant Final Report 2012
Data Collection and Analysis:

The Douglas MAPP steering committee worked with a Master of Public Health graduate student from the Rollins School of Public Health at Emory University to conduct the key informant interviews.

Fourteen questions were developed for the interviews, 10 of which were based off of the interview instrument from the Together Healthy Knox CTSA. Open-ended questions throughout the interview format and question probes based on the participant’s response were used to gather a wide range of exploratory data. Each key informant interview was recorded for thematic analysis. The analysis revealed frequently mentioned topics, issues, and community strengths.

Results:

Perceptions of Health and Quality of Life:

Outlook on Health:

As noted in Figure 16, most participants rated the health and quality of life in Douglas County as good or average. Only two felt that the health of the population fell below average. However some participants did mention the health impact of the exponential population growth over the past few years. At least two reported that the health of new citizens was poor in comparison with original inhabitants of Douglas County.

---

72 Douglas County Key Informant Final Report 2012
Furthermore one participant expressed worry that Douglas did not have the resources to bounce back as quickly from the recession. One quote summarized themes voiced by many of the participants:

“In general I would rate the health and quality of life in Douglas County fairly high, but there is room for improvement.”

Although participants were not asked to rate health on a 5-point scale, when data was analyzed, the majority of respondents fell into a Likert scale system. Therefore, answers were interpreted and reported on a 5-point scale in Figure 16 for flexible interpretation of the data.

In direct contrast with the rated health and quality of life in Douglas County was the reported trend in health within the county. As noted in Figure 17, the majority of participants believed that the health and quality of life in the community was in decline. This decline in the public’s health was most often associated with outside forces, such as the economic recession and the housing crisis.73

73 Douglas County Key Informant Final Report 2012
Figure 17 Perceived Health Trend

Has health & quality of life in Douglas County improved, stayed the same, or declined over the past few years?

- Improved: 32
- Stayed the same: 18
- Declined: 50

Health Disparities

Although only seventeen participants completed the entire questionnaire, twenty-one informants expressed their belief about the prevalence of health disparities in Douglas County. Of the twenty-one participants, eighteen reported health disparities within Douglas. In response to the aforementioned question, one informant stated the following:

“Of course! There are few areas in the world, if any, where everyone has the same ‘healthy, quality of life’. Even if a number of amenities are available, that does not mean that everyone has the ability, desire, or knowledge to take advantage of them.”

This participant went on to assert that communication and a plan of action are key to addressing these health disparities in Douglas. Participants were asked to identify persons or groups whose health and quality of life may not be as good as others. In Figure 18, the groups are ranked by the order with which they are most frequently mentioned. It should be noted however that the first group was mentioned by twelve of the twenty-one participants while all other groups were only mentioned by seven or less.74

---

74 Douglas County Key Informant Final Report 2012
Figure 18 Groups affected by Health Disparities as Identified by KIs

<table>
<thead>
<tr>
<th>Group Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower Income/ Impoverished</td>
</tr>
<tr>
<td>Homeless</td>
</tr>
<tr>
<td>Elderly</td>
</tr>
<tr>
<td>Minorities</td>
</tr>
<tr>
<td>Unemployed</td>
</tr>
<tr>
<td>Disabled</td>
</tr>
<tr>
<td>Uninsured</td>
</tr>
</tbody>
</table>

Issues in Health and Quality of Life:

The interviews identified six issues relating to health and quality of life, including:

- Lack of affordable services
- Unhealthy lifestyle habits
- Safety issues (crime, alcohol abuse and drug usage)
- Economic downturn
- Rapidly growing population
- Lack of engagement of youth population in the community

Barriers to Improving Quality of Life:

Transportation

The lack of public transportation was explicitly mentioned as a barrier both to accessing and improving health and quality of life in Douglas County. The aging and elderly population was specifically noted for suffering from lack of transportation and lack of knowledge about public transportation. Although more than one participant noted this connection, one informant summed up a likely scenario as follows,
Furthermore the continuously rising gas prices complicate the issue by creating strain on individuals who had access to their own automobile.

Cost/Socio-Economic Barriers

Some informants also felt that the recession was a barrier for improving health. Specifically, the economic downturn prevented services from expanding out into the community and reaching their full potential. This barrier was associated with government funding constrictions and constant cutting of funds to public health programs.

When discussing the economic barriers for healthcare providers and public health agencies, one informant described the problem as the lack of “funding or appropriate spending and allocation of those funds.” The socio-economic barriers were noted for their effect on the individual as well because “people have to be more focused on just making a living and do not have time to focus on much else.”

Lack of Community Involvement

A few participants expressed the need for more positive community involvement in programming, and felt that negative community responses were a barrier to improving health. Some discussed how citizens should take more initiative in their personal healthcare, and at least one thought citizens needed to pay more attention to health of their children. Simply put “members of the community who will not take advantage of the services and resources available are barriers.”

Communication to the Public

The previous barrier was complicated by the lack of knowledge on what services were available to the public. Informants felt that people simply did not know what services were offered or available to them. Language and cultural barriers were noted for exacerbating this issue in a few minority communities, as mentioned by one participant:
Assets and Strengths

Although participants were not directly asked to list out the strengths or assets of the Douglas community, some chose to remark on the strengths of the Douglas infrastructure. The first asset of Douglas County listed in Figure 16 was mentioned most frequently. Five of the twelve participants discussed how the expansion of Well Star hospital was a key factor in any improvements of health and wellbeing in Douglas County over the past few years. This expansion was noted for providing easier access to healthcare in the community.

All other assets were only mentioned by two or less participants. Interestingly some of the reported strengths of Douglas County are in direct conflict with the reported issues and barriers by other key informants. For example, lack of jobs and decreasing salaries was an often-reported issue within Douglas County, but increasing well-paid jobs was noted as an asset. Furthermore, while population expansion was noted as an issue creating and exacerbating existing problems, participants also perceived benefits from the expansion for attracting better physicians and medical technologies.75

Figure 19 Assets and Strengths in a List Format

<table>
<thead>
<tr>
<th>Assets and Strengths of Douglas County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well Star hospital expansion has resulted in new and more accessible immediate care facilities</td>
</tr>
<tr>
<td>Strong Parks and Recreation Department that offers many opportunities to engage in outdoor activities</td>
</tr>
<tr>
<td>Multiple health clubs are readily available</td>
</tr>
<tr>
<td>Population expansion is attracting more physicians &amp; technologies</td>
</tr>
<tr>
<td>Increasing well-paid jobs</td>
</tr>
<tr>
<td>More amenities</td>
</tr>
</tbody>
</table>

75 Douglas County Key Informant Final Report 2012

“It seems to me that seniors have a difficult time with the transportation to and from services while the Hispanic population may not be aware of what services are available or may be hesitant to access services for a variety of fears.”
Conclusion

While the general well being of the Douglas community was considered average by the majority of the participants, specific groups affected by health disparities were identified. In particular impoverished communities were recognized for being vulnerable. Financial issues were the most frequent theme mentioned, including lack of affordable services, the detrimental influence of the economic downturn, and the barrier of cost. The most frequently mentioned asset was the expansion of the Well Star hospital. Multiple informants felt that this expansion improved access to healthcare services. In the end, these key informant interviews provided interesting insight into the health and quality of life issues that are important to the Douglas community, and will guide the MAPP initiative in future endeavors.\textsuperscript{76}

Approach 4: Cobb County Chamber Survey

The Cobb Chamber of Commerce hired \textit{Market Street Services} to conduct a five-year holistic economic and community development strategic planning effort – Cobb’s Competitive EDGE (Economic Development for a Growing Economy). This report was reviewed to gain an additional quality of life perspective\textsuperscript{77}.

Methodology

The Cobb County Chamber Survey consisted of four phases\textsuperscript{68}:

\begin{itemize}
\item Better accessibility to destinations outside of Douglas County
\item Alignment with Cobb County, and becoming part of the Metro Atlanta area will greatly benefit Douglas in the future
\item Shifting political structure provide potential for positive change in the future
\item United Way Red Cross; Faith based organizations; Families First; Children’s Voice Casa
\item Charitable organizations coordinated through C.O.R.E. and the churches.
\item Live Healthy Douglas
\item Churches
\end{itemize}

\textsuperscript{76} Douglas County Key Informant Final Report 2012
\textsuperscript{77} Cobb County Chamber Survey 2011
**Phase 1 - Competitive Assessment and Stakeholder Input:** The Competitive Assessment phase provided a detailed look at the Cobb County’s competitive position. The Assessment highlights strengths and challenges of the county as it seeks to provide increased access to prosperity for all residents.

**Phase 2 - Target Cluster Analysis and Marketing Review:** Using a “bottom-up” approach, the Target Cluster Analysis identified a well-refined list of clusters that highlight the most important existing and the most promising emerging targets for Cobb County leaders to pursue.

**Phase 3 - Economic and Community Development Strategy:** The Economic and Community Development Strategy represents the culmination of all the quantitative and qualitative research to date through the development of action items geared towards addressing challenges and capitalizing on opportunities for visionary growth.

**Phase 4 - Implementation Plan:** Timely and effective implementation is critical to the ultimate success of the Economic and Community Development Strategy. If the Strategy represents the “what” that Cobb needs to do, the Implementation Plan determines “how” that will be done. The Plan will enable the Chamber and its partners to secure early victories and continue to build momentum for overall activation of the strategy.

**Results and Themes**
This Competitive Assessment is among the first steps in understanding the strengths, weaknesses, opportunities, and challenges facing Cobb County. This research, combined with the full spectrum of community input and the forthcoming Target Cluster Analysis will provide a solid quantitative and qualitative foundation for identifying the priority issues that need to be addressed in the Economic and Community Development Strategy. Throughout this report, key findings are listed below:

- Cobb County has been successful at attracting international migrants, but in recent years has experienced net domestic out-migration, a trend where more residents are leaving Cobb for other parts of the country than the number of new residents moving to Cobb from outside the county.
- The county has a relatively young population as well as a rapidly-aging population.
- Cobb County is becoming more racially and ethnically diverse but is still a generally segregated community geographically.
- Cobb County Public Schools and Marietta City Schools are competitive.

---

78 Cobb County Chamber Survey 2011
Cobb County has been hit hard by the “Great Recession”.
Cobb County’s overall cost of living is lower than the national average. Single-family housing in Cobb County is considerably more affordable than the national average.
There are increasing traffic issues. Increasing traffic and a lack of public transit options.

**Local Public Health System Assessment**

**Assessment: Local Public Health System Assessment**

The National Public Health Performance Standards Program (NPHPSP) is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPSP assessments are intended to help both counties answer questions such as:

1. What are the activities and capacities of our public health system?
2. How well are we providing the Essential Public Health Services in our jurisdiction?

The Local Public Health System assessment focuses on all organizations and entities within the community that contribute to the public’s health.

**Methodology**

In October 2011 as a part of the Mobilizing for Action through Planning and Partnership (MAPP) initiative, both counties conducted the Local Public Health System Performance Assessment (LPHSA) one instrument included in the NPHPSP. Over 70 representatives from approximately 39 organizations took part in the assessment in Cobb, and over 55 representatives from approximately 25 organizations took part in the assessment in Douglas. These groups included the hospital systems, schools, universities, laboratories, employers, law enforcement and other sectors which contribute to public health in Cobb and Douglas counties.

At the assessment, participants rated each county’s public health system’s performance against Model Standards, the highest level of performance (or gold standard) on Ten Essential Public Health Services (EPHS)\(^79\).

**Table 20: Summary of Assessment Response Options**

<table>
<thead>
<tr>
<th>No Activity</th>
<th>0% or absolutely no activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal Activity</td>
<td>Greater than zero, but no more than 25% of the activity described within</td>
</tr>
</tbody>
</table>

\(^79\) Cobb County Local Public Health System Assessment Report 2011
The Ten Essential Public Health Services provide a working definition of public health and a guiding framework for the responsibilities of local public health systems.

### Figure 20: The Ten Essential Public Health Services

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Monitor health status to identify community health problems.</strong></td>
</tr>
<tr>
<td>2</td>
<td><strong>Diagnose and investigate health problems and health hazards in the community.</strong></td>
</tr>
<tr>
<td>3</td>
<td><strong>Inform, educate, and empower people about health issues.</strong></td>
</tr>
<tr>
<td>4</td>
<td><strong>Mobilize community partnerships to identify and solve health problems.</strong></td>
</tr>
<tr>
<td>5</td>
<td><strong>Develop policies and plans that support individual health problems.</strong></td>
</tr>
<tr>
<td>6</td>
<td><strong>Enforce laws and regulations that protect health and ensure safety.</strong></td>
</tr>
<tr>
<td>7</td>
<td><strong>Link people to needed personal health services and assure the provision of health care when otherwise unavailable.</strong></td>
</tr>
<tr>
<td>8</td>
<td><strong>Assure a competent public and personal health care workforce.</strong></td>
</tr>
<tr>
<td>9</td>
<td><strong>Evaluate effectiveness, accessibility and quality of personal and population based health services.</strong></td>
</tr>
<tr>
<td>10</td>
<td><strong>Research for new insights and innovative solutions to health problems.</strong></td>
</tr>
</tbody>
</table>

The assessment addressed the three core functions of public health (*Assessment, Policy Development, and Assurance*). The dialogue that occurred during the assessment helped to

---

80 Cobb County Local Public Health System Assessment Report 2011
identify strengths and weaknesses, determine opportunities for immediate improvements, and establish priorities for long term investments for improving the public health system. The information obtained from this assessment will be used to improve and better coordinate public health activities.

Figure 21: The Ten Essential Public

[Diagram of the Ten Essential Public Health Services]

Cobb County Results and Themes:

The strengths of the Local Public Health System in Cobb County are diagnosing and investigating health problems and health hazards (Essential Service #2), educating and empowering (Essential Service #3) and enforcing laws (Essential Service #6). The weaknesses of the Local Public Health System are evaluating services (Essential Service #9), linking to health services (Essential Service #7) and assuring workforce (Essential Service #8). Figure 22 displays the average score for each of the essential services.

---

81 Cobb County Local Public Health System Assessment Report 2011
During the group discussion members expressed ideas for opportunities and priorities for each essential public health service. Below these ideas are highlighted for the lowest scoring categories.

**Table 21: Cobb County Priorities and Opportunities**

<table>
<thead>
<tr>
<th>ES 7: Link to Health Services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>“Provide resources that outlines all services and how they can be received”</td>
<td></td>
</tr>
<tr>
<td>“Opportunity to change behaviors and focus on preventative healthcare”</td>
<td></td>
</tr>
<tr>
<td>“Engage in MAPP to engage partners”</td>
<td></td>
</tr>
<tr>
<td>“Centralized Efforts”</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ES 8: Assure Workforce</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>“Become part of a state wide initiative”</td>
<td></td>
</tr>
<tr>
<td>“Gathering and cascading information and results to create streamline processes and procedures”</td>
<td></td>
</tr>
<tr>
<td>“Relate standards to today’s needs”</td>
<td></td>
</tr>
<tr>
<td>“More work is needed around closing knowledge gaps about core competencies of public health”</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ES 9: Evaluate Services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>“MAPP will identify gaps in evaluating services”</td>
<td></td>
</tr>
<tr>
<td>“Use evaluations and surveys for future planning”</td>
<td></td>
</tr>
<tr>
<td>“Share or create “uniformed” evaluation questions that multiple organizations can use and share”</td>
<td></td>
</tr>
<tr>
<td>“Publicize results dissemination of information from evaluations”</td>
<td></td>
</tr>
</tbody>
</table>
Priority scores were also given to the Model Standard within each Essential Services at the assessment. Scatter plot graphs were created using this information. The four quadrants are based on the performance of each Essential Service and/or Model Standard against the priority rating. The quadrants provide guidance in considering areas for increased attention and next steps for improvement. Table 22 shows the priority and performance score for each Model Standard and gives recommendations for areas which need increased attention.

*Figure 23: Identifying Priorities Basic Framework*

The data from the LPHSA was presented to the MAPP Steering Committee. After a review of each of the model standards and discussion of the results, the committee came to the conclusion that all of the model standards are important and were rated high on the priority scale. The group felt the methods of giving each model standard a priority rating without taking into account the other models standards was useful however there were some disagreements about the results.

The group came to the conclusion that 3 model standards needed further discussion:

3.1 Health Education and Promotion
   - Quadrant C – low priority/high performance

The group was in agreement that the performance on this standard is not extremely high but the group thought the priority should be higher. This model standard was moved to Quadrant B.

4.2 Community Partnerships
   - Quadrant C – low priority/high performance
The group though that model standard should be moved to a higher priority but still questioned the performance. The model standard should be moved to Quadrant A or Quadrant B.

5.3 Community Health Improvement Process

Quadrant D – low priority/low performance

The group agreed this is important issue and is the main purpose of the MAPP Steering Committee; however, the group felt it may not be the highest priority for the entire community. The group decided to let the results stand.

Table 22 lists the final quadrant results from the LPHSA after the MAPP Steering Committee review, discussion and reprioritization. These results will be used in conjunction with three other robust community assessments in order to establish strategic issues - critical challenges which are keeping the community from achieving its vision. The strategic issues will become a part of the Community Health Improvement Plan.

Table 22: Cobb County Quadrant Results

<table>
<thead>
<tr>
<th>Quadrant A (High Priority/Low Performance) - These important activities may need increased attention.</th>
<th>Quadrant B (High Priority/High Performance) - These activities are being done well, and it is important to maintain efforts.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Population-Based Community Health Profile</td>
<td>1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze &amp; Communicate Pop Health Data</td>
</tr>
<tr>
<td>3.1 Health Education and Promotion</td>
<td>1.3 Maintenance of Population Health Registries</td>
</tr>
<tr>
<td>7.1 Identification of Populations w/Barriers to Personal Health Service</td>
<td>2.1 Identification and Surveillance of Health Threats</td>
</tr>
<tr>
<td>7.2 Assuring the Linkage of People to Personal Health Services</td>
<td>2.2 Investigation and Response to Public Health Threats and Emergencies</td>
</tr>
<tr>
<td>8.1 Workforce Assessment</td>
<td>2.3 Laboratory Support for Investigation of Health Threats</td>
</tr>
<tr>
<td>8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring</td>
<td>3.3 Risk Communication</td>
</tr>
<tr>
<td>9.1 Evaluation of Population-based Health Services</td>
<td>5.4 Plan for Public Health Emergencies</td>
</tr>
<tr>
<td></td>
<td>6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances</td>
</tr>
<tr>
<td></td>
<td>6.3 Enforce Laws, Regulations and Ordinances</td>
</tr>
<tr>
<td>Quadrant D (Low Priority/Low Performance) - These activities could be improved, but are of low priority. They may need little or no attention at this time.</td>
<td>Quadrant C (Low Priority/High Performance) - These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.</td>
</tr>
<tr>
<td>4.1 Constituency Development</td>
<td>3.2 Health Communication</td>
</tr>
<tr>
<td>5.2 Public Health Policy Development</td>
<td>4.2 Community Partnerships</td>
</tr>
<tr>
<td>5.3 Community Health Improvement Process</td>
<td>5.1 Government Presence at the Local Level</td>
</tr>
<tr>
<td>8.4 Public Health Leadership Development</td>
<td>6.1 Review and Evaluate Laws, Regulations, and Ordinances</td>
</tr>
<tr>
<td>9.2 Evaluation of Personal Health Care Services</td>
<td>6.2 Public Health Workforce Standards</td>
</tr>
<tr>
<td>9.3 Evaluation of the Local Public Health System</td>
<td>10.2 Linkage with Institutions of Higher Learning and/or Research</td>
</tr>
<tr>
<td>10.1 Fostering Innovation</td>
<td>10.3 Capacity to Initiate or Participate in Research</td>
</tr>
</tbody>
</table>
**Douglas County Results and Themes:**

The strengths of the Local Public Health System in Douglas County are diagnosing and investigating health problems and health hazards (Essential Service #2), enforcing laws (Essential Service #6) and educating and empowering (Essential Service #3). The weaknesses of the Local Public Health System are evaluating services (Essential Service #9), linking to health services (Essential Service #7) and research and innovation (Essential Service #8). Figure 1 displays the average score for each of the essential services.  

*Figure 24. Summary of Average Douglas EPHS Performance Scores*

Priority scores were also given to the Model Standard within each Essential Services at the assessment. Scatter plot graphs were created using this information. The four quadrants are based on the performance of each Essential Service and/or Model Standard against the priority rating. The quadrants provide guidance in considering areas for increased attention and next steps for improvement. Figure 25 below illustrates the framework of the scatter plots. Table 23 shows the priority and performance score for each Model Standard and gives recommendations for areas which need increased attention.  

---

82 Douglas County MAPP Local Public Health Systems Assessment Summary

83 Douglas County MAPP Local Public Health Systems Assessment Summary
Table 23. Model Standards by priority and performance score for Douglas County, with areas for attention

<table>
<thead>
<tr>
<th>Model Standards</th>
<th>Priority Rating (1 to 10)</th>
<th>Performance Score (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quadrant A (High Priority/Low Performance) - These important activities may need increased attention.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2 Health Communication</td>
<td>9</td>
<td>50.0</td>
</tr>
<tr>
<td>5.1 Government Presence at the Local Level</td>
<td>9</td>
<td>50.0</td>
</tr>
<tr>
<td>7.1 Identification of Populations w/Barriers to Personal Health Service</td>
<td>10</td>
<td>37.5</td>
</tr>
<tr>
<td>7.2 Assuring the Linkage of People to Personal Health Services</td>
<td>10</td>
<td>31.3</td>
</tr>
<tr>
<td>8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring</td>
<td>9</td>
<td>50.0</td>
</tr>
<tr>
<td>8.4 Public Health Leadership Development</td>
<td>10</td>
<td>25.0</td>
</tr>
<tr>
<td>9.1 Evaluation of Population-based Health Services</td>
<td>9</td>
<td>25.0</td>
</tr>
<tr>
<td>9.2 Evaluation of Personal Health Care Services</td>
<td>10</td>
<td>50.0</td>
</tr>
<tr>
<td>9.3 Evaluation of the Local Public Health System</td>
<td>9</td>
<td>25.0</td>
</tr>
<tr>
<td>Quadrant B (High Priority/High Performance) - These activities are being done well, and it is important to maintain efforts.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 Population-Based Community Health Profile</td>
<td>9</td>
<td>58.3</td>
</tr>
<tr>
<td>1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data</td>
<td>10</td>
<td>75.0</td>
</tr>
<tr>
<td>1.3 Maintenance of Population Health Registries</td>
<td>9</td>
<td>62.5</td>
</tr>
<tr>
<td>2.1 Identification and Surveillance of Health Threats</td>
<td>9</td>
<td>66.7</td>
</tr>
<tr>
<td>2.2 Investigation and Response to Public Health Threats/Emergencies</td>
<td>10</td>
<td>100.0</td>
</tr>
<tr>
<td>2.3 Laboratory Support for Investigation of Health Threats</td>
<td>9</td>
<td>100.0</td>
</tr>
<tr>
<td>4.2 Community Partnerships</td>
<td>9</td>
<td>66.7</td>
</tr>
</tbody>
</table>
Data from the LPHSA were summarized and presented to the MAPP Steering Committee. After a review of each of the model standards and discussion of the results, the committee concluded that the model standards are important and were rated high on the priority scale. The group felt the methods of giving each model standard a priority rating without taking into account the other models standards was useful however, there were some disagreements about the results. The group came to the conclusion that 3 model standards needed further discussion:

5.1 Government Presence at the Local Level
- Quadrant A – High Priority/Low Performance

The group agreed it may be better than low performance but decided to let the results stand.

2.3 Laboratory Support for Investigation of Health Threats
- Quadrant B – High Priority/High Performance

<table>
<thead>
<tr>
<th>Model Standards</th>
<th>Priority Rating (1 to 10)</th>
<th>Performance Score (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.4 Plan for Public Health Emergencies</td>
<td>10</td>
<td>91.7</td>
</tr>
<tr>
<td>6.3 Enforce Laws, Regulations and Ordinances</td>
<td>9</td>
<td>80.0</td>
</tr>
</tbody>
</table>

**Quadrant C (Low Priority/High Performance) - These activities are being done well, but are of low priority. They may need little or no attention at this time.**

<table>
<thead>
<tr>
<th>Model Standards</th>
<th>Priority Rating (1 to 10)</th>
<th>Performance Score (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Health Education and Promotion</td>
<td>8</td>
<td>58.3</td>
</tr>
<tr>
<td>3.3 Risk Communication</td>
<td>6</td>
<td>50.0</td>
</tr>
<tr>
<td>4.1 Constituency Development</td>
<td>7</td>
<td>68.8</td>
</tr>
<tr>
<td>5.2 Public Health Policy Development</td>
<td>8</td>
<td>83.3</td>
</tr>
<tr>
<td>6.1 Review and Evaluate Laws, Regulations, and Ordinances</td>
<td>8</td>
<td>62.5</td>
</tr>
<tr>
<td>6.2 Involvement in Improvement of Laws, Regulations, Ordinances</td>
<td>8</td>
<td>75.0</td>
</tr>
<tr>
<td>8.2 Public Health Workforce Standards</td>
<td>7</td>
<td>66.7</td>
</tr>
</tbody>
</table>

**Quadrant D (Low Priority/Low Performance) - These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.**

<table>
<thead>
<tr>
<th>Model Standards</th>
<th>Priority Rating (1 to 10)</th>
<th>Performance Score (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.3 Community Health Improvement Process</td>
<td>8</td>
<td>50.0</td>
</tr>
<tr>
<td>8.1 Workforce Assessment</td>
<td>8</td>
<td>25.0</td>
</tr>
<tr>
<td>10.1 Fostering Innovation</td>
<td>8</td>
<td>25.0</td>
</tr>
<tr>
<td>10.2 Linkage with Institutions of Higher Learning and/or Research</td>
<td>8</td>
<td>50.0</td>
</tr>
<tr>
<td>10.3 Capacity to Initiate or Participate in Research</td>
<td>7</td>
<td>37.5</td>
</tr>
</tbody>
</table>
After discussion and further explanation the group was okay with results and decided to let the results stand.

3.1 Health Education and Promotion

- Quadrant C – Low Priority/High Performance

The Steering Committee thought that health education and promotion should be moved to a higher priority in order to ensure it remains constant with performance. This model standard.

5.3 Community Health Improvement Process

- Quadrant D – Low Priority/Low Performance

The group agreed this model standard should be moved to a high priority and was moved to Quadrant A.

Table 23 lists the final quadrant results from the LPHSA after the MAPP Steering Committee review, discussion and reprioritization. These results will be used in conjunction with three other robust community assessments in order to establish strategic issues - critical challenges which are keeping the community from achieving its vision. The strategic issues will become a part of the Community Health Improvement Plan. 84

**Assessment: Forces of Change**

The Forces of Change Assessment is one of the four MAPP assessments and seeks to identify factors that can affect health in a community. Areas to consider include political, economic, social, technological, environmental, scientific, legal, and ethical. This assessment seeks to answer these two main questions:

1. What is occurring or might occur that affects the health of our community or the local public health system?

2. What specific threats or opportunities are generated by these occurrences?

The results were be used to assist the community in preparing how to respond to or capitalize on these factors and events.

84 Douglas County MAPP Local Public Health Systems Assessment Summary
Methodology
On January 10, 2012 the Cobb MAPP Steering Committee conducted a Forces of Change assessment during its monthly meeting. A few additional organizations/individuals outside the MAPP Steering Committee were invited to participate; a total of thirty-one attendees participated in the assessment which was facilitated by a neutral party contracted through Cobb and Douglas Public Health.

Prior to the meeting, the facilitators provided participants with a brief overview of MAPP and the Forces of Change Assessment. Participants were requested to complete a brainstorming worksheet in advance to help stimulate and focus discussion. The meeting consisted of nearly four hours of open discussion that was documented on large sheets of paper that were displayed throughout the room during the entire meeting. The activity yielded nine forces of change and each participant got to contribute to identifying opportunities and threats related to each force. Lastly, participants worked together to complete a Threats and Opportunities worksheet and were asked to determine the top three opportunities, top three threats and community assets which could be leveraged for the force.

Results and Themes:
A total of nine forces with the greatest opportunity and threat for the community were identified at the assessment. The results are listed in Figure 23 and are listed in no particular order, see appendix for detailed table of forces Identified with Greatest Opportunities, Threats and Community Asset. Each force is listed with the top opportunities and threats. Also included is a community resource which could be leveraged to address the identified force. These issues were addressed in the strategic planning process.

85 Cobb County Forces of Change Assessment
86 Cobb County Forces of Change Assessment
Overall several themes emerged from the assessment which included the opportunities for:

- Improved quality of life.
- Better health education.
- A focus on prevention and lower healthcare costs.
- Partnerships and collaboration.

Cobb County is has many community assets several which were identified at the Forces of Change Assessment. The strong faith-based community could be an area to further engage in health improvement initiatives. Additionally, Cobb County has a large population of seniors and those who are entering retirement; these populations are valuable community resources which could serve as volunteers to strengthen health improvement initiatives.

The list of Community Assets will also be incorporated into the Community Themes and Strengths Assessment and begins building a foundation for the next stages of strategic planning which include partner alignment and identification of community resources.

These results will be used in conjunction with three other robust community assessments in order to establish strategic issues - critical challenges which are keeping the community from achieving its vision. The Vision Statement is the driving tool of the leaders of the MAPP Steering Community, "Cobb 2020: Community Voices Improving Healthy Choices". The strategic issues will become a part of the Community Health Improvement Plan.
Participating Organizations

Atlanta Regional Commission
Austell Community Task Force
American Cancer Society
City of Kennesaw
City of Marietta
Cobb & Douglas Public Health
Cobb and Douglas Community Services Board
Cobb Community Foundation
Cobb County Business Association
Cobb County Fire and Emergency Services
Cobb County School District
Cobb County Sheriff's Office
Cobb Senior Services
District 9 PTA
East Metro Health District
Emory-Adventist Hospital
Georgia Division of Public Health
GlaxoSmithKline
Good Samaritan Health Center of Cobb
Kaiser Permanente
Kennesaw State University
Marietta City Schools
Marietta First United Methodist Church
Marietta Kiwanis Club
Renovacion Conyugal
South Cobb Business Association
Tip Top Poultry
WellStar Health Systems

Douglas Forces of Change:

Methodology:

On January 11, 2012 the Douglas County MAPP Steering Committee conducted a Forces of Change assessment during its monthly meeting. A few additional organizations/individuals outside the MAPP Steering Committee were invited to participate; twenty-seven attendees
participated in the assessment which was facilitated by a neutral party contracted through Cobb and Douglas Public Health.

Prior to the meeting, the facilitators provided participants with a brief overview of MAPP and the Forces of Change Assessment. Participants were requested to complete a brainstorming worksheet in advance to help stimulate and focus discussion. The meeting consisted of nearly four hours of open discussion that was documented on large sheets of paper that were displayed throughout the room during the entire meeting. The activity yielded nine forces of change and each participant got to contribute to identifying opportunities and threats related to each force. Lastly, participants work together to complete a Threats and Opportunities worksheet and were asked to determine the top three opportunities, top three threats and community assets which could be leveraged for the force.  

Results:

A total of ten forces with the greatest opportunity and threat for the community were identified at the assessment.

Figure 27: Identified Forces

---

Identified Forces

- Family Stability (Accountability, Values, Responsibilities)
- Economics/Economy (shrinking resources) Revenue Reduction
- Community (Citizen Engagement)
- Lack of Aging/Mental/Substance Abuse/Health Services
- Economics/Economy
- Population – Growth/Shifts
- Housing
- Crime
- Unforeseen Acts/Events & Response
- Legislation

---

87 Douglas County MAPP Local Public Health Systems Assessment Summary
Conclusion:

Overall, several themes emerged from the assessment which included the need for:

- Increased community involvement and citizen engagement
- Education and outreach regarding community services
- Increased collaboration and partnerships

Douglas County has many community assets several which were identified at the Forces of Change Assessment; the strong faith based community was mentioned several times during the assessment and could be a great opportunity to support the identified themes. The list of Community Assets will also be incorporated into the Community Themes and Strengths Assessment and begins building a foundation for the next stages of strategic planning which include partner alignment and identification of community resources.

These results will be used in conjunction with three other robust community assessments in order to establish strategic issues - critical challenges which are keeping the community from achieving its vision. The Vision Statement is the driving tool of the leaders of the MAPP Steering Community, "Healthy People, Safe Environment, Engaged Community". The strategic issues will become a part of the Community Health Improvement Plan.  

In early 2011, CDPH staff applied and received funding for Capacity Building from the Centers for Disease Control (CDC) for Community Transformation Grant (CTG). While reviewing the CDC Request for Proposal, staff noted the strong alignment between Community Transformation activities and the MAPP process already underway at the agency. Cobb Public Health was awarded Community Transformation funding over the next five years through the Affordable Care Act of 2010. The purpose of the Community Transformation Grant (CTG) is to support evidence and practice-based community and clinical prevention and wellness strategies that will lead to specific, measurable health outcomes to reduce chronic disease rates specifically heart disease, cancer, stroke and diabetes. Funding will also support prevention of the development of secondary conditions and address health disparities by promoting healthy lifestyles, especially among population groups experiencing the greatest burden of chronic disease. The overarching goal of the project is to reduce the incidence and prevalence of
chronic disease. The national five year target is a minimum of 5% improvement in measures of tobacco use, obesity, heart disease and stroke.

During the first year of the grant, Cobb Public Health developed a capacity building plan which included further health assessment and data collection in the area of chronic disease, especially among disparate populations. A Cobb Public Health System Leadership Team was formed to provide oversight and guidance to ensure targeting of resources over the five year grant cycle. The CPHSLT Leadership Team’s primary function is to provide a coordinated, multi-sectoral organizational structure for community health assessment, improvement, planning and implementation. Cobb Public Health System Leadership Team members provide the following:

- Promote community health assessments such as MAPP (Mobilizing for Action through Planning and Partnerships)
- Ensure development, implementation and evaluation of a community health implementation plan
- Influence policy, environmental, programmatic and infrastructure changes consistent with strategic directions of community health implementation plans such as MAPP and CTG (Community Transformation Grant)
- Create sustainable processes by identifying and aligning with CTG and other funding opportunities
- Promote and maintain coalition building and community engagement with disparate populations
- Identify public health priorities of public health system partners for alignment opportunities such as Community Health Benefit
- Promote health initiatives and environments that support healthy lifestyles, offer healthy choices and increase access to wellness and prevention programs
- Help with media relations
- Serve as a conduit for information dissemination and educate the public and stakeholders about the state of health in our community and interventions to improve community health
- Coordinate with national agencies and communities demonstrating model and promising practices
The Community Transformation Grant (CTG) of Cobb Public Health further builds upon health assessment data collected through the MAPP assessments. The project aligns strategically with community health initiatives to assist with ongoing community initiatives and ensure efforts are streamlined across community partners and organizations. Robust county assessments including underway which include expansion of the Local Public Health System, Community Themes and Strengths survey of 1,200 residents, Forces of Change, Health Indicators, Key Informant interviews, focus groups with disparate community groups assessments. Implement policy, environmental, programmatic, and infrastructure changes to achieve five Strategic Directions aligning with “Healthy People 2020“. Strategic directions include tobacco-free living, active living and healthy eating, high impact evidence-based clinical and other preventive services (specifically prevention and control of high blood pressure), social and emotional wellness, and healthy and safe physical environment.

**Strategic Issues**

**Process to Identify Strategic Issues:**
In March of 2012 the steering committee began discussing and determining which issues are critical to the success of both Cobb and Douglas counties and their overall vision of improved community health. A strategic issue is defined as “fundamental policy choices or critical challenges that must be addressed in order for a community to achieve its vision” (MAPP Guide). The strategic issues are the foundation that all of the MAPP teams and committees will use to develop strategies to address the truly important community health issues revealed from each category of assessment data and information.

The strategic issues represent the most compelling findings that emerged from these assessments. First, the steering committee was presented with summarized major findings for the four MAPP assessments. The steering committee members broke into groups were asked to note important information during presentations on a worksheet. The Worksheets were then compiled into a summary matrix (Figure 16).
**Figure 28: Summary Matrix**

<table>
<thead>
<tr>
<th>Local Public Health Systems Assessment</th>
<th>Forces of Change Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Community buy-in</td>
<td>• Marginalized groups</td>
</tr>
<tr>
<td>• Partnerships</td>
<td>• Health disparity – access to quality care</td>
</tr>
<tr>
<td>• Communication</td>
<td>• Health equity based on health capital</td>
</tr>
<tr>
<td>• Marketing</td>
<td>• Health resources and communication</td>
</tr>
<tr>
<td>• Education (3)</td>
<td>• Continued focus on underserved comm.</td>
</tr>
<tr>
<td>• Health communication – should that shift to higher priority</td>
<td>• Aging population</td>
</tr>
<tr>
<td>• Preventative care</td>
<td>• Transient population</td>
</tr>
<tr>
<td>• Transportation</td>
<td>• Resources/assets strong, but serve only small percentage of community</td>
</tr>
<tr>
<td>• Health equity/disparity</td>
<td>• Good resources, but not adequate for the population</td>
</tr>
<tr>
<td>• Populations w/barriers need more attention</td>
<td>• Tap into community resources</td>
</tr>
<tr>
<td>• Making people aware of what is available</td>
<td>• Faith-based organizations are key community assets</td>
</tr>
<tr>
<td>• Access to care</td>
<td>• Good health = healthy people = better workforce = more contributions to the community</td>
</tr>
<tr>
<td></td>
<td>• Economics</td>
</tr>
<tr>
<td></td>
<td>• Barriers – money and access</td>
</tr>
<tr>
<td></td>
<td>• Higher cost for medication</td>
</tr>
<tr>
<td></td>
<td>• Suburban to urban</td>
</tr>
<tr>
<td></td>
<td>• Use Technology Infrastructure provide knowledge of health education</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Health Status Assessment</th>
<th>Community Themes and Strengths</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Obesity (2)</td>
<td>• Access to healthcare</td>
</tr>
<tr>
<td>• Smoking, lung cancer</td>
<td>• Health equity – Barrier, economic, education</td>
</tr>
<tr>
<td>• Health disparities (2)</td>
<td>• Health disparity – income, education, race</td>
</tr>
<tr>
<td>• Pockets based upon geography and economics</td>
<td>• Lack of knowledge of resources from top to bottom</td>
</tr>
<tr>
<td>• Economy driven, relationships to environment</td>
<td>• Health education on comm. resources</td>
</tr>
<tr>
<td>• Economic status presents multiple barriers</td>
<td>• Obesity (2)</td>
</tr>
<tr>
<td>• Financial stability – better health</td>
<td>• High-risk populations – black, Hispanic</td>
</tr>
<tr>
<td>• Insurance does not equal health</td>
<td>• Transportation - major concern (2)</td>
</tr>
<tr>
<td>• Health disparities in low income, pockets in the community</td>
<td>• Mableton is optimistic and a good place to grow old</td>
</tr>
<tr>
<td>• Minority status is coupled w/poor health outcomes</td>
<td>• Changing demographics in the community: age, diversity, number of poor and underinsured.</td>
</tr>
<tr>
<td>• Identify population with barriers</td>
<td>• Preventative health for minorities and underinsured</td>
</tr>
<tr>
<td>• High Risk populations – black, Hispanic</td>
<td>• Health Education (2)</td>
</tr>
<tr>
<td></td>
<td>• Health Literacy</td>
</tr>
<tr>
<td></td>
<td>• Access to affordable care</td>
</tr>
</tbody>
</table>
During the next meeting of both steering committees, the group broke into smaller randomized discussion groups to use the information from the assessments to start to identify the strategic issues for Cobb County. The committee followed specific criteria for identification and selection of strategic issues and used the summary matrix from the assessment findings. The group identified nine strategic issues based on major findings from the four assessments.

The preliminary strategic issues identified were:

- Obesity/Nutrition/Exercise
- Reducing Tobacco
- Health Education
- Health Equity
- Racial/Ethnic Disparity
- Cardiovascular Disease
- Access to Healthcare for low income, minority and immigrant populations
- Sexually Transmitted Disease
- Underage Drinking

In April of 2012 the steering committee gathered to isolate and prioritize strategic issues that will guide implementation and action plans for MAPP and the community. Small groups continued to work to define outcomes, strategies and measures for each of the identified strategic objectives. The steering committee workgroup began working on logistics for future strategic planning sessions, drafting the strategic issues, and deciding on future MAPP Steering Committee involvement. A subcommittee was formed to refine the strategic issues and use the Community Balanced Score Card (CBSC) as a framework for the strategic issues.

In May and June of 2012, the Implementation Teams of both counties determined that the strategic issues identified could be grouped into two categories, Healthy Lifestyles and Access to Health Services. This information was presented to the entire committee for revisions and approval. The committee decided not to include STD’s in the strategic issues. The table below summarizes the finalized strategic issues. The steering committee decided that the Implementation team will assist in developing the CBSC and create an action plan for implementation of the community health improvement plan. The group identified key participants for each of the two strategic issues. The implementation teams began meeting in July of 2012 to launch a full scale community health improvement plan across both counties.
Table 24: Finalized Strategic Issues:

<table>
<thead>
<tr>
<th>Strategic Health Issues</th>
<th>Strategic Objectives</th>
<th>Target Populations</th>
<th>CHIP* Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Lifestyles</td>
<td>Cardiovascular</td>
<td>Entire Population</td>
<td>Communications/Marketing</td>
</tr>
<tr>
<td></td>
<td>Disease</td>
<td></td>
<td>Partnerships</td>
</tr>
<tr>
<td></td>
<td>✓ Obesity</td>
<td>Disparate</td>
<td>Understanding of Cultural Differences</td>
</tr>
<tr>
<td></td>
<td>✓ Physical Activity</td>
<td>Populations:</td>
<td>Lack of Knowledge of Resources</td>
</tr>
<tr>
<td></td>
<td>✓ Nutrition</td>
<td>✓ Minority Populations</td>
<td>Transportation</td>
</tr>
<tr>
<td></td>
<td>✓ Tobacco</td>
<td>✓ Aging</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>High Risk Populations</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Disparate Populations:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>✓ Low Income</td>
<td>Disparate Populations:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>✓ Individuals in</td>
<td>✓ Homeless</td>
<td>Understanding of Barriers</td>
</tr>
<tr>
<td></td>
<td>Poverty</td>
<td>✓ Uninsured</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to Healthcare</td>
<td>Decrease Number of</td>
<td>Disparate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Uninsured</td>
<td>Populations:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Low Income</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Individuals in</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Poverty</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Homeless</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Uninsured</td>
<td></td>
</tr>
</tbody>
</table>

*CHIP- Community Health Improvement Plan

The Make Up of the Implementation Team

Purpose
The Implementation Teams (I-Team) will assist in the development of a Community Balanced Scorecard (CBSC) and provide the expertise to create actionable system wide objectives and measures to be included in the Community Health Improvement Plan (CHIP). I-Teams shall be formed to address prioritized strategic issues resulting from the Community Health Assessments and to execute activities outlined in the strategic plan. The strategic plan will both improve the health of our community and strengthen our local public health system which includes, but is not limited to, community based organizations, social service agencies, hospitals, community health centers, local health departments, schools, colleges and universities, law enforcement agencies and businesses.

Role of Committee
The Implementation Teams (under the oversight of the Steering Committee) will accomplish a variety of tasks. First, they will identify the main focus areas for the strategic issues and the CBSC strategy. Second, they will identify the key system wide actions that must be taken in order to achieve the desired outcomes for each strategic issue. They will develop an objective statement that describes what the objective is intended to accomplish. Third, they will identify the system wide measures that will monitor how well the objectives are being accomplished. These measures must be actionable and reflect the system wide result of actions carried out by partners in support of the CBSC goals. Fourth, they will identify and recruit additional partners who will play a key role in achieving the CBSC objectives and recruit additional key members to work in collaboration with the I-Teams. Lastly they oversee, support, monitor, and/or execute the activities for successful implementation of their initiative as outlined in the county wide strategic plan.

During the identification of strategic issues the steering committee used the Community Balanced Scorecard as their framework. The purpose of the Community Balanced Scorecard is to align partners with the stated community vision in order to:

- Pull the community together around common outcomes desired by residents and other stakeholders
- Bring together decision makers and leverage assets from all sectors for shared results
- Align key partners around a common strategy for faster measureable results
- Create mutual accountability for results
The relationship between the Community Balanced Scorecard and MAPP:

During the March, April, May and June steering committees, the CBSC was used as a guide to identify the strategic issues and objectives. The community balanced scorecard (CBSC) development process provided the MAPP Steering Committees of Cobb and Douglas counties with a platform for ongoing performance monitoring and measurement to effectively address both strategic issues.

*Figure 28: Example of strategic issues using the CBSC model and evidenced-based strategies*
The CBSC defines the community improvement strategy and involves multiple players such as community members, government, non-profits, and public-minded businesses. The steering committee used the CBSC framework to define the strategy, to align the entire organization behind the strategy, and to measure and improve the strategic performance.

Figure 29: The Community Balanced Scorecard Timeline:

- **May 2012**: Outline strategic issues
- **June 2012**: Develop strategic objectives
- **July 2012**: Identify activities and ways to expand activities
- **August 2012**: Develop measures
- **Sept 2012**: Identify additional partners
- **Oct 2012**: Community Health Improvement Plan Development

The steering committee decided to use the CBSC because CDPH uses this framework as the organization's strategy map. It is composed of several key components:

- **Perspective**: The four basic components of a strategy map that lay out the basic architecture of a strategy map.
Figure 30: Guiding Perspectives for MAPP

Strategic Issues: The main thrusts of the CBSC strategy. Issues outline the major focus points of the strategy and are populated with strategic objectives.

Healthy Lifestyles:
- Tobacco
- Healthy Eating
- Active Living

Access to Health Services

Healthy Lifestyles:

The healthy lifestyle strategic issue’s main outcome is to reduce the prevalence of individuals who are overweight and/or obese, as well as reduce tobacco use. The Implementation teams’ use evidence-based practices to reduce the prevalence of overweight and obesity by:

- Promoting and expanding opportunities for weight loss and active living
- Enacting policy and environmental changes related to nutrition and active living
- Providing access to support systems to reach and maintain healthy weight
- Improving access to nutritious foods
Through education on proper nutrition, the health impact of food choices and available options for weight loss

The Implementation teams use evidence based practices to reduce tobacco use by:
- Supporting policies and environmental changes to curtail tobacco use
- Promoting access to information and support systems for quitting
- Educating the medical community and the general population on how to effectively reduce its use

See Appendix 1 for the Healthy Lifestyles Community Balanced Scorecard

**Access to Health Services:**

The healthy lifestyle strategic issue’s main outcome is to improve access to quality health services for the medically underserved population

The Implementation teams focus will be to expand access to health services by:
- Improving and facilitating coordination of care for low income members of the community
- Educating health care professionals and the general population on the problem’s scope and the benefits of this approach
- Creating a mechanism to improve information access and sharing
- Identifying available resources and educating the community on what is available
- Partnering throughout the community to obtain larger sources of funding and resources not readily available to individual organizations

**Strategic Objectives:** The key system wide actions that must be taken in order to achieve the desired outcomes for each issue. Included in this is the developing an objective statement that describes what the objective is intended to accomplish.

See Appendix 2 for the Healthy Lifestyles Community Balanced Scorecard

*Figure 31: Strategic Objectives for Healthy Lifestyles*
Community Health Status
- Reduced Prevalence of Overweight and Obesity
- Reduce Tobacco Use

Community Implementation
- Increase access to programs and activities that improve individuals' health

Community Learning and Planning
- Communicate health impacts of lifestyle choices
- Promote policy change as to support healthier lifestyles
- Promote environmental changes that support healthier lifestyles

Community Assets
- Develop partnerships to leverage resources
**Figure 32: Strategic Objective for Access to Health Services:**

<table>
<thead>
<tr>
<th>Community Health Status</th>
<th>• Improve access to quality health services for the medically underserved population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Implementation</td>
<td>• Coordinate and facilitate care within the community</td>
</tr>
<tr>
<td>Community Learning and Planning</td>
<td>• Educate caregivers on the values of the model of care</td>
</tr>
<tr>
<td></td>
<td>• Communicate the scope of the problem</td>
</tr>
<tr>
<td></td>
<td>• Educate the community on the available care options</td>
</tr>
<tr>
<td>Community Assets</td>
<td>• Develop partnerships to leverage resources</td>
</tr>
</tbody>
</table>

**Strategic Measures:** The system wide measures that identify how well the objectives are being accomplished. These measures must be actionable and reflect the system. Wide result of actions carried out by partners in support CBSC goals. The measures will start to be developed by the Implementation teams in August.

**Activities:** Actions carried out by partners in support of the CBSC strategic objectives to help implement the strategy. Activities will start to be developed beginning in October 2012. Activities will be based on the health pyramid impact from the CDC\(^{89}\).

---

Evidence-based Strategies

The implementation teams will use evidence-based strategies to develop the measures and activities. The MAPP team used the following definitions for evidence-based strategies:

- An **evidence-based practice** is an approach, framework, collection of ideas or concepts, adopted principles and strategies supported by research\(^90\).
- **Evidence-based public health** is a public health endeavor in which there is an informed, explicit, and judicious use of evidence that has been derived from any of a variety of science and social science research and evaluation methods\(^91\).
- An **Evidence-Based Strategy** is an approach to health promotion or disease prevention where the effectiveness of that strategy is supported by research.

The MAPP team began researching specific evidence-based strategies to match up with each strategic objective from the two strategic issues. This beginning research will guide the Implementation team’s activity development. See appendix for example of potential evidence-based strategies.

\(^{90}\) [http://www.evidencebasedassociates.com/reports/research_review.pdf](http://www.evidencebasedassociates.com/reports/research_review.pdf)

### Community Health Status

**Perspective:** Improve access to quality health services for the medically underserved population

#### Measures

**How would you rate the availability of medical care in your area?**

**How would you rate the quality of medical care in the area where you live?**

**Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?**

**Do you have any kind of health care coverage (including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Indian Health Services)?**

<table>
<thead>
<tr>
<th>Perspective</th>
<th>MAPP Strategic Issue</th>
<th>Measures</th>
<th>Targeted Audience</th>
<th>Activities</th>
<th>Long Term</th>
<th>Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Community Implementation</strong></td>
<td>Improving and facilitating coordination of care for low income members of the community</td>
<td>% patients with chronic conditions reporting receiving self-management support</td>
<td>Medically underserved Healthcare professionals Service referral organizations</td>
<td>Facilitate Care Coordination Develop clinical-community linkages</td>
<td>Intermediate Term</td>
<td>CDPH Healthcare providers Social, physical, mental health service agency (i.e. CDPH)</td>
</tr>
<tr>
<td></td>
<td>% increase in appointments for underserved population</td>
<td></td>
<td></td>
<td>Promote Patient Self Management</td>
<td>Short Term</td>
<td>CDPH Healthcare providers DFCS and Company Clinics</td>
</tr>
<tr>
<td></td>
<td>Creating a mechanism to improve information access and sharing</td>
<td>Getting participants involved</td>
<td>Healthcare Providers Federal, state, local government</td>
<td>Support policy changes to allow easier exchange of information</td>
<td>Health information technology integration</td>
<td>CDPH Healthcare Providers Georgia public health DFCS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Promote the establishment of a regional health information exchange organization</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Community Learning and Planning</strong></td>
<td>Educating health care professionals and the general population on the problem’s scope and the benefits of this approach</td>
<td>Completion of communications plan and cost / benefit analysis</td>
<td>Healthcare professionals/providers and service referral organizations</td>
<td>Develop a communication plan</td>
<td></td>
<td>Churches, schools, government, DFCS, healthcare family media partners (i.e. radio stations, newspapers, TV stations)</td>
</tr>
<tr>
<td></td>
<td></td>
<td># of presentations made to targeted groups</td>
<td>Major healthcare providers Businesses Organizations with resources to establish model</td>
<td>Communicate cost / benefits of model of care</td>
<td></td>
<td>Chamber CDBH Insurers Healthcare Providers City of Marietta Employee Health Clinic</td>
</tr>
<tr>
<td></td>
<td>Identifying available resources and educating the community on what is available</td>
<td>% of providers with information in system</td>
<td>Medically underserved Healthcare professionals/providers and service referral organizations</td>
<td>Develop a database of low-income healthcare</td>
<td>Develop a mechanism to maintain accurate and current information.</td>
<td>CDPH Cobb2020 Healthcare Providers – including behavioral and mental health Employers</td>
</tr>
</tbody>
</table>

---

**Appendix 1-Cobb Access to Health Services Scorecard**

**Perspective**

**Health Outcome**

**Measure**

- Improve access to quality health services for the medically underserved population

- How would you rate the availability of medical care in your area?

- How would you rate the quality of medical care in the area where you live?

- Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?

- Do you have any kind of health care coverage (including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Indian Health Services)?
<table>
<thead>
<tr>
<th>Community Assets</th>
<th>% of population accessing system</th>
<th>Provide easy access to information on low cost healthcare options.</th>
<th>DFCS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Partnering throughout the community to obtain larger sources of funding and resources not readily available to individual organizations</strong></td>
<td>% participation in community based steering committee</td>
<td>Health service providers County CDPH</td>
<td>Create super community-based organization</td>
</tr>
<tr>
<td></td>
<td>% increase in grant dollars received</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perspective</td>
<td>Health Outcome</td>
<td>Measures</td>
<td>Targeted Audience</td>
</tr>
<tr>
<td>----------------------</td>
<td>---------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Community Health Status</td>
<td>Reduce tobacco use</td>
<td>Smoking past 30 days</td>
<td>Chewing Tobacco</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Marijuana past 30 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td># of smoke-free/tobacco free schools</td>
</tr>
<tr>
<td>Community Implementation</td>
<td>Promoting access to information and support systems for quitting</td>
<td>Targeted organizations providing tobacco use reduction education (Measure the distribution of information)</td>
<td>Youth (underage smokers) Young adult (college age/18-25)</td>
</tr>
<tr>
<td></td>
<td>Supporting policies and environmental changes to curtail tobacco use</td>
<td>Increase in tobacco free workplaces programs</td>
<td>Voters Local legislatures</td>
</tr>
<tr>
<td></td>
<td>Educating the medical community and the general population on how to effectively reduce its use</td>
<td>Percentage of physicians who screen patients for tobacco use</td>
<td>Youth (underage smokers) Young athletes Young adult (college age/18-25)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of tobacco free workplaces (possibly obtain from Georgia quit line)</td>
<td>Healthcare providers</td>
</tr>
<tr>
<td>Perspective</td>
<td>MAPP Strategic Issue</td>
<td>Measures</td>
<td>Targeted Audience</td>
</tr>
<tr>
<td>-------------</td>
<td>---------------------</td>
<td>----------</td>
<td>------------------</td>
</tr>
<tr>
<td>Community Implementation</td>
<td>Promoting and expanding opportunities for weight loss and active living</td>
<td>Exercise in the past month</td>
<td>Youths Adults Seniors (Broad population across Cobb County)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Days of exercise in past week</td>
<td>How would you rate the opportunities for physical activity in the area where you live?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increase in hours regarding joint use agreements (i.e. school facilities)</td>
<td>School administrators</td>
</tr>
<tr>
<td></td>
<td>Providing access to support systems to reach and maintain healthy weight</td>
<td>Organizations offering weight loss support programs</td>
<td>Businesses (Department of Labor, Cobb Works) Faith-based organizations Higher Education Social services organizations Fitness centers</td>
</tr>
</tbody>
</table>
### Appendix 3 Douglas Access to Health Services Scorecard

<table>
<thead>
<tr>
<th>Perspectives</th>
<th>Health Outcome</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Health Status</td>
<td>Improve access to quality health services for the medically underserved population</td>
<td>How would you rate the availability of health care in your area?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Perspectives</th>
<th>MAPP Strategic Issue</th>
<th>Measure</th>
<th>Targeted Audience</th>
<th>Activities</th>
<th>Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Implementation</td>
<td>Increasing the availability of low cost or free services</td>
<td>Percent regarding 19-64 who are uninsured or underinsured.</td>
<td>19-64 year-olds</td>
<td>Increase the number of services provided (Priority-4 votes)</td>
<td>Careplace, Wellstar, Private Providers, Community Health Center of Austell, CHOA, Cobb &amp; Douglas Public Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percent of adults who could not see a doctor in the past 12 months because of cost</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>The drop in self pay chronic visits to ED</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reducing the difficulty in accessing locations that offer services</td>
<td>How many times in the last 12 months have you not been able to keep a medical appointment or obtain medication due to lack of transportation?</td>
<td>Senior services, faith-based organizations, government, Douglas County van pool (church vans)</td>
<td>Create a baseline of providers, delivery of medication or care to the patients (identify PAP’s/free pharmaceuticals via local stores)</td>
<td>Physicians / Pharmacies</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Provide demand response transportation to healthcare providers</td>
<td>(\text{Douglas County van pool, faith-based organizations (it we utilize it?) SPARC (Sickness Prevention Achieved Through Regiona})</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Expand community health fairs (Careplace will be developing a health fair)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Learning and Planning</td>
<td>Improving the awareness of available health service options</td>
<td>% of providers with information in system</td>
<td>Uninsured and the underinsured - identify them through DFCS, Chamber-small businesses, Medical professionals, higher education-college students, senior services</td>
<td>Identify and catalogue available affordable care options (Priority - 5 votes) (Accomplish simultaneously with “increase the number of services provided” and other priorities (i.e. establishing partnerships))</td>
<td>Develop and execute a communications plan (i.e. Utilize United Way’s 211 system to identify health initiatives regarding free and low-cost care available in Douglas County)</td>
</tr>
<tr>
<td>Community Assets</td>
<td>Broadening existing and establishing new community partnerships</td>
<td>Percentage of people who have a specific source of ongoing care</td>
<td>Health care facilities, urgent care facilities, healthcare professionals, faith-based organizations</td>
<td>Educate the medical community about the Georgia Sovereign Immunity opportunities available. (All licensed medical/dental professionals) (Educate the churches about congregational nurses)</td>
<td>Partner with other health care facilities and healthcare professionals to disseminate a collective message to the community (i.e. educate the public and medical professionals about what each other are doing) (Priority - 2 votes)</td>
</tr>
</tbody>
</table>
## Appendix 4 - Douglas Health Lifestyles Scorecard

<table>
<thead>
<tr>
<th>Perspectives</th>
<th>Health Outcome</th>
<th>Measures</th>
<th>Activities</th>
<th>Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Community Health Status</strong></td>
<td>Reduce the occurrence of overweight and obesity</td>
<td>Overweight Adults</td>
<td>Promote worksite wellness programs</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Obese Adults</td>
<td>Increase availability of healthy food options for at risk populations</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unhealthy kids</td>
<td>Expand Obesity Prevention Strategies</td>
<td></td>
</tr>
<tr>
<td><strong>Perspectives</strong></td>
<td><strong>MAPP Strategic Issue</strong></td>
<td><strong>Measures</strong></td>
<td><strong>Activities</strong></td>
<td><strong>Partners</strong></td>
</tr>
<tr>
<td></td>
<td>Promoting intervention and prevention strategies including the importance of nutrition and physical activity</td>
<td>Increase in Worksite Wellness programs</td>
<td>Promote worksite wellness programs</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Access to healthy foods</td>
<td>Increase availability of healthy food options for at risk populations</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increase of fresh fruit/vegetables and healthy snack grants to schools</td>
<td>Expand Obesity Prevention Strategies</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Less than 5 fruits/vegetables daily</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exercise in the past month</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of endorsed opportunities for physical activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Community Implementation</strong></td>
<td>Building community awareness and understanding</td>
<td>Hours of programming generated</td>
<td>Educate the public on available options for healthy lifestyles, food, nutrition, and activity</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>% of population accessing system through Douglas MAPP website</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Community Learning and Planning</strong></td>
<td>Partnering with community stakeholders to provide programs, build on existing programs, and leverage resources</td>
<td>Increase the number of community partners recruited to support strategies</td>
<td>Develop a coordinating body to facilitate collaborative grant applications</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>% increase in grant dollars received</td>
<td>Partner with youth organizations to bring healthy lifestyle activities to their constituents</td>
<td></td>
</tr>
<tr>
<td><strong>Community Assets</strong></td>
<td></td>
<td></td>
<td>Involve community groups in activities to sustain initiative</td>
<td></td>
</tr>
<tr>
<td>Community Learning and Planning</td>
<td>Improving access to nutritious foods</td>
<td>Access to healthy foods</td>
<td>Food purchaser/preparer/parents</td>
<td>Increase awareness and availability of healthy food choices</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-------------------------------------</td>
<td>------------------------</td>
<td>---------------------------------</td>
<td>---------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Limited access to healthy foods</td>
<td></td>
<td>Suppliers (Grocery stores, farmers markets, food banks, food distributors for local farmers)</td>
<td>• Expand reach of fresh food choices that go out to the community</td>
</tr>
<tr>
<td></td>
<td>Less than 5 fruits/vegetables daily</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Learning and Planning</th>
<th>Enacting policy and environmental changes related to nutrition and active living</th>
<th>Increase in Worksite Wellness programs</th>
<th>Businesses-(CEO, worksite wellness) Schools (human resources/benefits)</th>
<th>Promote and expand policies and environmental changes related to healthy living</th>
<th>CDBH, Business Chamber, Schools, TV-23 and media partners (Conduct PSAs), American Heart Association, American Cancer Society, Health Promotions Cardio Program, Insurance Companies (Major players)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Increase in physical activities in schools</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Learning and Planning</th>
<th>Through education on proper nutrition, communicate the health impact of food choices and available options for weight loss</th>
<th>Targeted organizations providing healthy lifestyle education</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
On October 30, 2012, 250 people representing 125 organizations joined the Cobb2020 partnership at a kick-off event held at the Strand Theater in Marietta. The goal was to bring together Cobb community business and local government leaders to collectively become a part of a strategic community health improvement plan. The event launched the Cobb2020 MAPP initiative and had a theme of obesity awareness. Obesity is related to one of the two strategic issues of Cobb2020, Healthy Lifestyles. The event included, among other activities, a speech by Georgia Attorney General Sam Olens, a presentation of HBO’s Weight of the Nation, and a Cobb2020 Call to Action video. Also, nearly 200 people signed a pledge card that listed ways individuals can commit to creating a healthier Cobb County. Additional information, including a video clip of Sope Creek Elementary School students demonstrating their daily workout routine, can be found on the Cobb2020.com website.

The Douglas County MAPP initiative is planning a similar kick-off event for Douglas in 2013, signifying the launch of the Douglas Community Health Improvement Plan (CHIP).
CDPH has built strong, long-term partnerships with more than 100 area health care providers, businesses, and community agencies, including the WellStar Health System (community NFP), Good Samaritan Health Center in Cobb (private NFP), Community Health Center at Sweetwater Valley (private NFP), West-End Medical Center (FQHC), Community Service Boards (mental health), individual medical practices, local county and city governments, Dobbins AFB, local school systems (three, with 140,000-plus students), local colleges and universities (3), Chambers of Commerce (2), numerous businesses, and faith-based organizations. Together, Cobb and Douglas community leaders are engaged in a strategic approach to improving the health of our communities. Cobb & Douglas Public Health adopted the MAPP framework (Mobilizing for Action through Planning and Partnerships) to engage community partners within the public health system to begin discussions to form a comprehensive community health assessment and improvement plan. The MAPP Steering Committees for both Cobb and Douglas counties have completed all four of the MAPP assessments which have provided data to support targeted initiatives to form a community wide health improvement plan. Based on assessment results, the committees have begun establishing implementation teams that will address access to health services and healthy lifestyles – two important areas identified through our health assessment process. A deliberate strategic plan to strengthen our public health infrastructure internally, as well as to initiate high impact results to improve the health of the communities we serve.

Engagement of community partners in the planning process has led to increased leveraging of community resources, a strengthened public health infrastructure to address emerging public health threats, and added long term sustain-ability to community health planning initiatives.

Since MAPP is a community led initiative, the process continues to alleviate the health department from being the sole entity responsible for addressing public health problems as community partners begin to take ownership and an active role in community health planning and implementation. Our partners have invested in our future and have helped us to strategically prioritize community needs through our four Community Health Assessments.

As a result of the foresight and diligence of our Boards of Health and District Health Officer, our sails are set to continue to provide public health services in the most effective manner for many years to come!
For additional information visit our website at www.cobbanddouglaspublichealth.com, or contact:

Sabrina Mallett, MTS, MPH
Planning & Partnership Director – Community Health
Cobb & Douglas Public Health
1650 County Services Parkway, Bldg A
Marietta, GA 30008
Office: 770-514-3106
Sabrina.Mallett@dph.ga.gov