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Dear Community Member,

On behalf of our community partners, we are pleased to provide you with the 2016 Community Health Assessment Executive Summary for Cobb and Douglas counties.

Cobb & Douglas Public Health (CDPH), along with Kennesaw State University (KSU) and the steering teams of Cobb2020 – A Partnership for a Healthier Cobb County and Live Healthy Douglas (LHD), conducted this thorough Community Health Assessment (CHA) between January 2016 and October 2016 to determine leading community health issues, resident priorities and community resources. The partnership uses a nationally-recognized health assessment and strategic planning model - Mobilizing for Action through Planning and Partnerships (MAPP) - to identify public health issues in Cobb and Douglas counties, and to develop goals and strategies to address them.

This report provides:
- the most current, reliable measures to evaluate the health of our community
- trends in key health measures to allow readers to evaluate changes in local health status and compare these measures to national goals
- resources for priority setting in preventing disease, promoting health and improving access to care
- health information and websites for more detailed information about the issues
- linkages to the 2017-2021 Cobb2020 and LHD Community Health Improvement Plans

We gathered and analyzed data for key community health indicators across a comprehensive set of categories. Care was taken to obtain data from credible sources that will be reproducible in the future. Cobb and Douglas data were compared to regional, state and national trends when available. The full Cobb and Douglas CHA Technical Report is available for review at cobbanddouglaspublichealth.org/publications.

The 2016 Cobb and Douglas CHA is a crucial component of the community health strategic planning process. The 2016 CHA findings are being used to identify key strategic issues and priorities for community action and to develop a 2017-2021 community health improvement plan available at cobbanddouglaspublichealth.org/publications. More information about the Cobb2020 and LHD Community Health Improvement Plans and how to get involved may be found at Cobb2020.com or healthydouglas.org.

Please feel free to share and use this information as needed for planning and decision making. We hope this report assists you in your efforts to address health-related concerns in our community.

Sincerely,

John D. Kennedy, M.D.
District Health Director
Cobb & Douglas Public Health

Rebecca Shipley
Chair
Cobb2020

Carol Lindstrom
Chair
Live Healthy Douglas
The Road to Health Engages Everyone

While health is understood as “a dynamic state of complete physical, mental, spiritual, and social well-being, and not merely the absence of disease or infirmity,” public health is “what we as a society do collectively to assure the conditions in which people can be healthy.” This definition of public health provides a basis for the mission to engage partners in the work of promoting and protecting the health and safety of the residents of Cobb and Douglas counties. These partners make up the local public health system, commonly defined as “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.” Ideally, a public health system will include:

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

Cobb & Douglas Public Health (CDPH) recognizes that improving the community’s health is a collaborative effort with the local public health networks, societal infrastructures, and community members.

The Community Health Assessment (CHA) - A Partner-Driven Process

The Community Health Assessment (CHA) is a data collection tool that provides a comprehensive picture of what is happening related to health in a community. Such an assessment is typically conducted every three to five years. In 2011, CDPH engaged over 60 partners in its first multi-phase CHA. These partners worked in coalitions that are now known as Cobb2020 - A Partnership for a Healthier Cobb County and Live Healthy Douglas in Douglas County. Together they used the Mobilizing for Action through Planning and Partnerships (MAPP) framework to complete their CHA and prioritize each county’s public health issues. (The outcomes of the first MAPP process are documented in the 2012 Community Health Assessment and Improvement Plan for Cobb and Douglas counties and may be found at cobbanddouglaspublichealth.org/publications/)

In 2016, both coalitions began work on the second iteration of the MAPP cycle, starting again with assessment of the communities’ strengths, needs, and desires.

For more information on these coalitions, please visit cobb2020.com and healthydouglas.org.
The 2016 CHA was Completed Through Four Types of Assessments

Following the MAPP framework to conduct the 2016 Community Health Assessment (CHA), CDPH, in partnership with Kennesaw State University (KSU), conducted four categories of assessments between January – October 2016. Detailed information gathered from these four assessments is available in the 2016 CHA Technical Report.

cobbando douglaspublichealth.org/publications

Community Health Status Assessment

This assessment answers the questions, “How healthy are our residents?” and “What does the health status of our community look like?” The results provide an understanding of the community’s health status and ensure that the community’s priorities consider specific health status issues.

Methods
1. Primary data collection
   • Random telephone survey of Cobb and Douglas residents with 2,111 calls made and 274 respondents
   • Online survey to Greystone Power Corporation and Cobb Electric Membership Corporation (EMC) customers in Cobb and Douglas counties – 291 respondents

2. Secondary data collection
   • Local data from various reliable sources, primarily Georgia Department of Public Health’s OASIS (https://oasis.state.ga.us/) and U.S. Census Bureau (https://www.census.gov/)

Community Themes & Strengths Assessment

This 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?”

Methods
1. Primary data collection
   • Same as Community Health Status Assessment
   • Cobb and Douglas County focus groups
   • 6 community groups, strategized to give a voice to potentially-disparate populations
   • 1 healthcare provider group

2. Secondary data collection
   • Same as Community Health Status Assessment
   • Secondary data shared by WellStar Health System’s 2016 Community Health Needs Assessment (CHNA) - Key Informant Survey and Hispanic population focus groups

Local Public Health System Assessment

This 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?”

Methods
1. Online survey to 65 local representatives (including healthcare, schools, employers, state and local public health, city government) to rate the local public health system’s performance against Model Standards, the gold standard on Ten Essential Public Health Services (EPHS)¹

2. 1.5-hour in-person meeting to discuss survey results and identify strengths, weaknesses, and opportunities

Forces of Change Assessment

This assessment 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?”

Methods
1. 2011 CHA Forces of Change findings e-mailed to Cobb2020 and Live Healthy Douglas Steering Committees for review

2. 1.5 hour in-person meeting with both Steering Committees separately to discuss:
   • What has significantly changed in the county since 2011 and what is expected to change in the next 5 years?
   • What forces now and in the next 5 years can reinforce health equity in the community?
   • How can we take advantage of these forces?
While Cobb County's population remained predominately White (64% in 2015), the county saw larger increases in minority populations between 2011 and 2015:

- the African American population increased by 14.2%, from 180,339 to 205,979;
- the Asian population increased by 20.2%, from 32,657 to 39,258;
- the Multiracial population increased by 18.6%, from 15,096 to 17,908;
- the Hispanic or Latino (any race) population increased by 8.4%, from 87,477 to 94,853.
Socio-Demographic Snapshot of Cobb County

Language
Cobb County contained 274,468 households between 2011-2015, and 3.6% of Cobb County households had limited English-speaking ability.\(^5\)

Age
The median age in Cobb County was 36.3 years in 2015, an increase from 35.6 years in 2011. Between 2011 and 2015, residents 35–64 years old comprised the largest age group, at 41%. However, the number of residents 65+ years old increased by 28.5% during this time period.\(^6\)

Income
The 2010–2014 median household income (in inflation-adjusted 2014 dollars) in Cobb County was $64,657. This is higher than both the US and Georgia median household incomes of $53,657 and $49,342, respectively. In the same 2010–2014 time frame, the per capita income in Cobb County was higher than the state average, at $33,418 and $25,427, respectively.\(^7\)

Employment
The unemployment rate in Cobb County was 5.9% in 2015, down from 11.1% unemployment in 2011. In 2015, 70.4% of Cobb County residents aged 16 and older were in the civilian labor force, with a civilian employed population of 383,927.\(^5\)

Poverty
12.4% of Cobb County residents were below poverty level between 2011-2015, compared to 18.4% of Georgia residents below poverty level in the same time period.

Poverty levels disproportionately affected some residents of Cobb County by race and ethnicity, age group, educational attainment, and employment status between 2011-2015:

- 17.6% of African-Americans and 25.5% of Hispanics were below the poverty level, compared to 7.3% of the White, non-Hispanic population below the poverty level.
- 17.4% of children under the age of 18 were below the poverty level, compared to 11.3% of adults aged 18-64, and 7.2% of adults 65 years and over.
- 25.7% of residents with less than a high school diploma were below the poverty level, compared to 15.1% of high school graduates (or equivalent) and 4.2% of those with a Bachelor’s degree or higher below the poverty level.\(^5\)

Health Insurance
Of the civilian non-institutionalized residents of Cobb County, 13.3% had no health insurance coverage in 2015, a decrease from 18.7% in 2011.\(^8\)

Education
Cobb County high school (Cobb and Marietta districts combined) graduation rates increased 20.5% over the 2011–2015 timespan, from 64.8% to 78.1%. However, within Cobb County, Hispanic (56.9%) and African-American (65.4%) students had lower graduation rates than their Asian (89.8%) and White (85.6%) counterparts. Economically-disadvantaged students (all races) also had lower graduation rates, at 70.2%.\(^9\)

Housing
The median value of Cobb County’s owner-occupied housing units (2011–2015) was $197,400, which is higher than the median value of $148,100 in Georgia during the same time period. The median gross rent in Cobb County (2011-2015) was $1,006, also higher than the Georgia median gross rent of $879.\(^5\)
Leading Causes of Death in Cobb County

The dashboard below represents the age-adjusted death rate for the 10 most common causes of death in Cobb County.

**Ranked Causes and State/County Comparison, Age-Adjusted Death Rate, Cobb County, 2011-2015**

1. Ischemic Heart & Vascular Disease (e.g., Heart Attack) 1,528
2. All Other Mental & Behavioral Disorders* 1,328
3. Malignant Neoplasms of the Trachea, Bronchus and Lung (e.g., Lung Cancer) 1,114
4. Cerebrovascular Disease (e.g., Stroke) 967
5. All COPD Except Asthma 862
6. Alzheimer’s Disease 646
7. Accidental Poisoning and Exposure to Noxious Substances 439
8. Malignant Neoplasms of Colon, Rectum and Anus (e.g., Colon Cancer) 422
9. Septicemia (e.g., Blood Poisoning) 413
10. Pneumonia 411

Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2016

Leading Causes of Premature Death in Cobb County, 2011-2015

Premature death is defined as death before age 75. The top causes of premature deaths in Cobb County below are ranked by Years of Potential Life Lost (YPLL), which is the number of years a person died before age 75.

1. Accidental poisoning and exposure to noxious substances*
2. Certain conditions originating in the perinatal period
3. Intentional self-harm (Suicide)
4. Ischemic heart and vascular disease (Heart attack)
5. Motor vehicle crashes
6. Malignant neoplasms (Cancer) of the trachea, bronchus, and lung
7. Assault (Homicide)
8. Congenital malformations, deformations and chromosomal abnormalities
9. Cerebrovascular disease (Stroke)
10. Malignant neoplasm of the breast (Breast cancer)

*The #1 cause of premature death in Cobb County between 2011-2015 was due to accidental poisoning by and exposure to noxious substances, defined by the World Health Organization as accidental (specifically not suicidal or homicidal) overdoses; the wrong drug being given or taken in error; drugs taken inadvertently; drug-related accidents in medical and surgical procedures; and accidental or not-clearly-intentional poisoning. It was previously the #4 cause of premature death. The primary group affected between 2011-2015 was White males aged 20-34 years old, with 113 deaths in that five-year period.
Chronic Diseases in Cobb County

Cardiovascular Disease
Cardiovascular disease is the #1 cause of death in both men and women across the United States and in Cobb County. It is responsible for 1 in every 4 deaths, and it kills about 610,000 people in the U.S. every year.

Two components of cardiovascular disease were responsible for many deaths in Cobb County between 2011-2015:

1. Ischemic heart & vascular disease, better known as “heart attack” – the #1 cause of death
2. Cerebrovascular disease, better known as “stroke” – the #4 cause of death

Death rates due to cardiovascular diseases in Cobb County between 2011-2015 differed greatly by sex and racial groups:

- Males had a higher death rate from cardiovascular disease (165.0 per 100,000) than females (153.0).
- White males had the highest death rate (206.3 per 100,000), followed by White females (199.3).
- African-American males and females died from cardiovascular disease at nearly half those rates, at 104.6 and 90.1 per 100,000, respectively.6

Results from the Cobb County CHA Survey revealed interesting findings regarding the prevalence of cardiovascular disease in Cobb County residents — specifically about their cholesterol levels and blood pressure levels.

- Cholesterol: The vast majority of survey participants (88.9%) had their cholesterol checked at least once. Of those people, 40.6% said they had been told by a medical professional their cholesterol levels were high.
- Blood Pressure: Over a third (39.5%) of Cobb County survey participants said they had been told at some point by a medical professional that they have high blood pressure, with an additional 7.4% being told their blood pressure was borderline or pre-hypertensive.

Cancer
Three types of cancer (Cancer of the Trachea, Bronchus, & Lungs; Colon, Rectum & Anus; and Breast) were in the top 10 causes of death & premature death in Cobb County between 2011-2015. Both Cobb County’s and Georgia’s age-adjusted mortality rate due to all types of cancer declined slightly over that same time period, but Cobb County’s average rate (147.1 per 100,000) was lower than Georgia’s statewide rate (164.9). Death rates due to cancer in Cobb County differed greatly by sex, race, and age groups:

- Males had a higher death rate from cancer (130.5 per 100,000) than females (119.2).
- White males had the highest death rate (163.0 per 100,000), followed by White females (144.5).
- African-American males and females died from cancer at about half those rates, at 73.6 and 88.2 per 100,000, respectively.6

Diabetes
Diabetes was the #11 cause of death in Cobb County during 2011-2015. A 2014 Behavioral Risk Factor Surveillance System (BRFSS) survey of the Cobb & Douglas district revealed that 6.8% of the counties’ adult residents had diabetes.11

- Males had a slightly higher rate of diabetes (7.6%) than females (5.9%).
- Whites and African-Americans had almost the same rates of diabetes, at 7.3% and 7.4%, respectively.
- Older residents had much higher rates of diabetes than younger residents.11

Asthma
Asthma was the #1 cause of hospitalizations in children aged 1-9 years and #9 cause of emergency department (ED) visits in all ages in Cobb County during 2011–2015. There were 18,288 visits to the ED, a statistically significant increase from 2006-2010, but lower than Georgia’s rate during that time period. Between 2011-2015, asthma-related ED visit rates by Cobb County children aged 0-17 years with Medicaid, PeachCare, or Self-Pay* were over three times higher than visits by children with private insurance, at 913.3 and 258.7 per 100,000, respectively. 6

*Medicaid, based on Title XIX of the Social Security Act, is a Federal-State matching program that pays for medical assistance for certain vulnerable and needy individuals and families with low incomes and resources; PeachCare for Kids (Georgia’s State Child Health Insurance Program [SCHIP]) is a program that provides comprehensive health care insurance for children through the age of 18 who do not qualify for Medicaid and live in households with incomes at or below the federal poverty level; Self-Pay includes patients with no proof of insurance, patients filing their own insurance claims, patients paying their own bills, Hill-Burton cases, charity cases, etc.
Chronic Disease Risk Factors in Cobb County

Overweight and Obesity
In adults, obesity increases the risk of developing chronic diseases that are some of the leading causes of death, including high blood pressure, Type 2 diabetes, coronary heart disease, stroke, high cholesterol, gallbladder disease and some types of cancers. In children, obesity increases the risk for chronic health conditions such as asthma, sleep apnea, bone and joint problems, and Type 2 diabetes, and it may lead to adult obesity.\textsuperscript{12}

Results from the 2014 Behavioral Risk Factor Surveillance System survey (BRFSS) found that 37.9% of the Cobb & Douglas district’s adult residents were overweight and 23.4% were obese. This was higher than Georgia’s 2014 prevalence of overweight adults (35.2%) but lower than the state’s obesity prevalence (30.5%).

The BRFSS survey also found that African-Americans (both sexes) in the district had a higher rate of obesity than White residents; and males (all races) in the district had higher obesity rates than females.\textsuperscript{11}

Nutrition
A nutritious diet can help prevent obesity, cardiovascular disease, osteoporosis and bone fractures, dental problems (e.g., cavities, gum disease, tooth loss), and certain types of cancer.

However, nearly half of Georgia adolescents eat fruits or vegetables less than 1 time daily. Nearly half of Georgia adults eat fruit less than 1 time daily, and nearly a quarter eat vegetables less than 1 time daily.\textsuperscript{13}

In the Cobb & Douglas CHA Focus Groups, participants identified challenges they face in obtaining healthy food, such as:

- the small number of quick-service restaurants that serve healthy food versus the many fast-food outlets that serve unhealthy food;
- the high cost of nutritious foods at quick-service restaurants versus those same restaurants’ highly processed 99-cent specials;
- the scarcity of fresh, natural foods in the city;
- problems growing vegetables during the summer heat and in Cobb and Douglas counties’ red clay soil.

Physical Activity
Physical activity is a vital part of a healthy lifestyle. The combination of exercise and making good food choices can help people maintain a healthy weight, reduce their risk of chronic diseases, and improve their general physical and mental health.

Results from the 2014 BRFSS Survey found that 17.4% of Cobb and Douglas adult residents reported no leisure-time physical activities in the past month. The prevalence of physical inactivity was higher among females (19.6%) than males (15.4%), and higher among White residents (19.1%) than African-American residents (12.6%).\textsuperscript{11}

Participants in the Cobb County CHA Survey were asked to rate the opportunities for physical activity in the areas in which they lived. Of the Cobb County respondents,
- 81.4% rated them as Good or Very Good;
- 9.0% rated them as Fair;
- 6.4% rated them as Poor or Very Poor;
- 3.2% didn’t know or refused to answer.
**Mental and Behavioral Health in Cobb County**

**Mental Illness**

Mental illnesses are health conditions involving changes in thinking, emotion or behavior (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social, work or family activities.\(^{14}\) Although the current rates of mental illness among Georgia and Cobb County residents are unknown, in a 2016 report from the Cobb & Douglas Community Services Board (CSB), the agency reported serving approximately 6,000 individuals in Cobb and Douglas counties per year. Of those patients seen at CSB, 50% were diagnosed with Mood Disorders, 25% with Anxiety Disorders, and 25% with Psychotic Disorders. CSB provides citizens challenged by mental health, developmental disabilities and/or addictive disease issues with appropriate care and resources.\(^{15}\)

In the Cobb County CHA Survey, 10.9% of survey participants reported they are currently taking medicine or receiving treatment from a doctor, or other health professional, for any type of mental health condition or emotional problem.

**Substance Use Disorders**

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), “Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.”

The United States, including Georgia, is currently experiencing an opioid epidemic. Opioids are a class of drugs used to reduce pain. Types include prescription drugs, fentanyl, and heroin.

In both Georgia and Cobb County, age-adjusted death rates from overdoses of all opioids (including both prescription opioids and heroin) increased between 2011 and 2015. The increase in Cobb County was most drastic, from 12 deaths at a rate of 1.7 per 100,000, in 2011, to 88 deaths at a rate of 11.4 per 100,000 in 2015.

Within Cobb County, certain groups have been more affected by the recent opioid epidemic. Between 2011-2015, the White non-Hispanic population had an age-adjusted death rate from opioid overdoses nearly six times higher than the African-American population, at 8.7 versus 1.5 per 100,000, respectively. Males (all races) in Cobb County saw an age-adjusted death rate of more than double that of females, at 7.1 versus 3.0 per 100,000, respectively. Of all the life stages, adults aged 20 – 44 years old in Cobb County had the highest number and rate of deaths, with a total of 131 deaths, and a death rate of 10.1 per 100,000.\(^{6}\)
Maternal, Child, and Adolescent Health in Cobb County

Pregnancies and Births
Cobb County recorded 61,806 pregnancies, with an aggregate pregnancy rate* of 51.0 per 1,000, between 2011 and 2015, nearly equal to Georgia’s pregnancy rate of 50.8 in the same time period. Pregnancy rates decreased 6.2% in Cobb County between 2011 and 2015, from 53.1 to 49.8 per 1,000, respectively. Teenage pregnancies also decreased in this time frame, from 36.9 to 23.3 per 1,000, mirroring the state’s decline from 50.0 in 2011 to 33.5 per 1,000 in 2015.

In the same five years, Cobb County recorded 47,162 live births, with an aggregate birth rate** of 38.9 per 1,000, slightly lower than Georgia’s birth rate of 40.4 in the same time period. Birth rates remained relatively stable in Cobb County. Hispanic females had the highest pregnancy rates in the county, in both teenage and adults age groups.

Poor Birth Outcomes

1. **Low Birthweight** – babies weighing less than 5.5 pounds or 2,500 grams at birth:
   - 8.4% of Cobb County infants, a total of 3,956, were born at a low birthweight between 2011-2015.
   - Females aged 40-55 years had the highest percentage of low birthweight babies compared to other age groups, followed by teenage mothers aged 15-17 years.
   - African-American females of all ages had the highest percentage of low birthweight babies compared to other racial/ethnic groups.

2. **Infant Mortality** - the death of a baby before his or her first birthday from any cause:
   - A total of 280 infants died in Cobb County between 2011 and 2015, with an aggregate infant mortality rate of 5.9 per 1,000. However, there was a 30% increase from 5.4 in 2011 to 7.0 per 1,000 in 2015.
   - With 142 deaths, African-American infants had the highest rate of death, with a five-year aggregate infant mortality rate of 10.8 and an increase from 10.9 in 2011 to 11.8 per 1,000 in 2015.**

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* Pregnancy rate is the total number of pregnancies (including live births, abortions and fetal deaths) per 1,000 females aged 10-55 years.
** Birth rate is the number of live births per 1,000 females aged 10-55 years.
Adolescent Health Issues
In 6–12th grade students from both the Cobb and Marietta public-school systems, a total of 47,547 adolescents were surveyed in 2015:

- Physical Activity: 12.2% (5,822 students) reported they were not physically active for at least 60 minutes on any day in the past 7 days. An additional 8.6% (4,075 students) were physically active only one day in the past week;
- Alcohol Use: 7.8% (3,727 students) reported drinking alcohol at least one day out of the last 30 days, with 144 of those students reporting having at least one drink of alcohol every single day in the past 30 days;
- Electronic Vapor Products: 3% (1,433 students) reported smoking an electronic vapor on at least one day out of the last 30 days;
- Prescription Drug Use: Of the 7,740 students reporting using prescription drugs without a doctor’s prescription, 70.8% said they used it for “medical reasons” and the remaining 29.2% (2,260 students) reported using prescription drugs to either “feel more alert”, “relax or quiet my nerves”, “enjoy myself”, or “get high”;
- Attempted Suicide: 9% (4,258 students) reported they have seriously considered attempting suicide at least one time in the past 12 months, with more than one-third of these students seriously considering it at least 3 times.16
Infectious Diseases in Cobb County

Infectious diseases are caused by pathogenic microorganisms such as bacteria, viruses, and parasites. These diseases spread from person to person through a variety of methods, and may lead to epidemics. A primary mission of CDPH is preventing epidemics and the spread of disease within our community.

Per the legal authority of the Official Code of Georgia (OCGA section 31-12-2), diseases deemed notifiable by the state must be reported to Public Health by physicians, laboratorians, and other health care providers. For more information on reporting diseases, visit https://dph.georgia.gov/disease-reporting.

One of the notifiable diseases, syphilis, remains a major and increasing health problem both locally and nationally. It is a bacterial infection that may cause genital ulcers and other, potentially fatal effects. If syphilis is left untreated, it may contribute to transmitting and acquiring HIV infection.

In 2015:
- Georgia reported the second-highest rate of primary and secondary (P&S) syphilis in the US—14.0 per 100,000—which is nearly double that year’s national rate;
- Cobb County reported the 60th-highest number of primary and Secondary syphilis cases in US counties and independent cities (11.2 per 100,000);
- Males made up the vast majority of primary and secondary syphilis cases, both locally and nationally;
- African-Americans (both genders, all ages) had the highest rate of P&S syphilis in Cobb County.6

Environmental Health in Cobb County

From 2011-2015, the air quality in Cobb County has generally improved. The yearly percentage of Air Quality Index (AQI) scores in the best possible range (Good) has increased nearly every year, while the total number of days per year in which an AQI score was measured has also generally increased over time—from 317 days in 2011 to 362 days in 2015. From 2011-2015, fine particulate matter (PM2.5) has been the main pollutant in Cobb County for several more days per year than Ozone, with an average of 222 days versus 118 days, respectively.
Douglas County's population increased by 5.5% in a five-year span, from 133,355 in 2011 to 140,733 in 2015.

While Douglas County's White population decreased by 4%, the county saw larger increases in minority populations between 2011 and 2015:

- the African-American population increased by 12.9%, from 55,538 to 62,688;
- the Multiracial population increased by 31.5%, from 2,634 to 3,464;
- the Asian population increased by 11.1%, from 2,196 to 2,440;
- the Hispanic population increased by 11.3%, from 11,452 to 12,747.
Socio-Demographic Snapshot of Douglas County

**Language**
Douglas County contained 48,493 households between 2011-2015, and 1.9% of Douglas County households had limited English-speaking ability.\(^5\)

**Age**
The median age in Douglas County was 36.7 years in 2015, a slight increase from 36.3 in 2011. Between 2011 and 2015, residents 35–64 years old comprised the largest age group, at 41%. However, the number of residents 65+ years old increased by 25.1% during this time period.\(^6\)

**Income**
The 2010–2014 median household income (in inflation-adjusted 2014 dollars) in Douglas County was $52,997. This is higher than Georgia, but lower than the US median household incomes of $49,342 and $53,657, respectively. In the same 2010–2014 time frame, the per capita income in Douglas County was lower than the state average, at $23,356 and $25,427, respectively.\(^7\)

**Employment**
The unemployment rate in Douglas County was 8.8% in 2015, down from 15.6% unemployment in 2011. In 2015, 66.4% of Douglas County residents aged 16 and older were in the civilian labor force, with a civilian employed population of 65,067.\(^5\)

**Poverty**
- 16.4% of Douglas County residents were below poverty level between 2011-2015, compared to 18.4% of Georgia residents below poverty level.
- Poverty levels disproportionately affected some residents of Douglas County by race and ethnicity, age group, and educational attainment:
  - 58.9% of American Indian/Alaskan Natives, 18.6% of African-Americans and 27.6% of Hispanics were below the poverty level, compared to 12% of the White, non-Hispanic population.
  - 22% of children under the age of 18 were below the poverty level, compared to 15% of adults aged 18-64, and 9.9% of adults 65 years and over.
  - 29.7% of residents with less than a high school diploma were below the poverty level, compared to 13.8% of high school graduates (or equivalent) and 6.5% of those with a Bachelor’s degree or higher.\(^5\)

**Health Insurance**
Of the civilian noninstitutionalized residents of Douglas County, 14.5% had no health insurance coverage in 2015, a decrease from 17.7% in 2011.\(^8\)

**Education**
Douglas County high school graduation rates increased 22.5% over the 2011–2015 timespan, from 72% to 88.2%. However, within Douglas County, Hispanic (67.5%) and African-American (74%) students had lower graduation rates than their Asian (86.6%) and White (79.1%) counterparts. Economically-disadvantaged students (all races) also had lower graduation rates, at 71.8%.\(^9\)

**Housing**
The median value of Douglas County’s owner-occupied housing units (2011–2015) was $121,300, which is lower than the median value of $148,100 in Georgia during the same time period. The median gross rent in Douglas County (2011-2015) was $949, which is higher than the Georgia median gross rent of $879.\(^5\)
Leading Causes of Death in Douglas County
The dashboard below represents the age-adjusted death rate for the 10 most common causes of death in Douglas County.

Ranked Causes and State/County Comparison, Age-Adjusted Death Rate, Douglas County, 2011-2015

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause of Death</th>
<th>County Rank</th>
<th>State Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Malignant Neoplasms of the Trachea, Bronchus and Lung (e.g., Lung Cancer)</td>
<td>#1</td>
<td>#1</td>
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<tr>
<td>2</td>
<td>All Other Mental &amp; Behavioral Disorders*</td>
<td>#2</td>
<td>#2</td>
</tr>
<tr>
<td>3</td>
<td>Ischemic Heart &amp; Vascular Disease (e.g., Heart Attack)</td>
<td>#3</td>
<td>#4</td>
</tr>
<tr>
<td>4</td>
<td>All COPD Except Asthma</td>
<td>#4</td>
<td>#5</td>
</tr>
<tr>
<td>5</td>
<td>Cerebrovascular Disease (e.g., Stroke)</td>
<td>#5</td>
<td>#6</td>
</tr>
<tr>
<td>6</td>
<td>Diabetes Mellitus</td>
<td>#6</td>
<td>#7</td>
</tr>
<tr>
<td>7</td>
<td>Alzheimers Disease</td>
<td>#7</td>
<td>#8</td>
</tr>
<tr>
<td>8</td>
<td>Nephritis, Nephrotic Syndrome and Nephrosis (e.g., Kidney Disease)</td>
<td>#8</td>
<td>#9</td>
</tr>
<tr>
<td>9</td>
<td>Motor Vehicle Crashes</td>
<td>#9</td>
<td>#10</td>
</tr>
<tr>
<td>10</td>
<td>Malignant Neoplasms of Colon, Rectum and Anus (e.g., Colon Cancer)</td>
<td>#10</td>
<td>#11</td>
</tr>
</tbody>
</table>

Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2016

Premature death is defined as death before age 75. The top causes of premature deaths in Douglas County below are ranked by Years of Potential Life Lost (YPLL), which is the number of years a person died before age 75.

1. Motor vehicle crashes
2. Accidental poisoning and exposure to noxious substances (including accidental drug overdoses)
3. Intentional self-harm (Suicide)
4. Malignant neoplasms (Cancer) of the trachea, bronchus, and lung
5. Certain conditions originating in the perinatal period
6. Ischemic heart and vascular disease (Heart attack)
7. Congenital malformations, deformations and chromosomal abnormalities
8. Diabetes
9. Cerebrovascular disease (Stroke)
10. Assault (Homicide)

The #1 cause of premature death in Douglas County during 2011–2015 was motor vehicle crashes. Males made up a disproportionate number of the deaths resulting from motor vehicle crashes in Douglas County, comprising 73% (69) of the 95 total deaths. The death rate among males (21.3 per 100,000) was nearly 3 times the death rate in females (7.6) across all races and age groups. In particular, White males made up 41%, and African-American males made up 31.5% of all deaths in Douglas County that resulted from motor vehicle crashes.6
Chronic Diseases in Douglas County

Cancer
Malignant neoplasm (cancer) of the trachea, bronchus, and lung was the #1 cause of death and the #4 cause of premature death in Douglas County between 2011 and 2015. Additionally, cancer of the colon, rectum, and anus was the #10 cause of death in the county in this time period.

Both Douglas County’s and Georgia’s age-adjusted mortality rate due to cancer declined slightly between 2011 and 2015, but Douglas County’s average rate (170.4 per 100,000) was higher than Georgia’s statewide rate (164.9).

Death rates due to cancer in Douglas County differed greatly by sex and racial groups:
- Males had a higher death rate from cancer (154.3 per 100,000) than females (135.9).
- White males had the highest death rate (213.2 per 100,000), followed by White females (191.7). African-American males and females died from cancer at far lower rates, at 84.6 and 82.6 per 100,000, respectively.

Cardiovascular Disease
Cardiovascular disease is the #1 cause of death in both men and women across the United States. It is responsible for 1 in every 4 deaths, and it kills about 610,000 people in the U.S. every year. Two components of cardiovascular disease were responsible for many deaths in Douglas County between 2011–2015:
1. Ischemic heart & vascular disease, better known as “heart attack” – the #3 cause of death
2. Cerebrovascular disease, better known as “stroke” – the #5 cause of death

Death rates due to cardiovascular diseases in Douglas County between 2011–2015 differed greatly by sex and racial groups:
- Males had a higher death rate from cardiovascular disease (223.9 per 100,000) than females (175.2).
- White males had the highest death rate (320.6), followed by White females (258.9). African-American males and females died from cardiovascular disease at less than half those rates, at 121.3 and 100.5 per 100,000, respectively.

Results from the Douglas County CHA Survey revealed interesting findings regarding the prevalence of cardiovascular disease in Douglas County residents—specifically about their cholesterol levels and blood pressure levels.
- Cholesterol: The vast majority of Douglas County survey participants (90.4%) had their cholesterol checked at least once. Of those people, 47.9% said they had been told by a medical professional their cholesterol levels were high.
- Blood Pressure: Well over a third (42.6%) of Douglas County survey participants said they had been told at some point by a medical professional that they have high blood pressure. Of the other participants, 8.0% were told their blood pressure was borderline or pre-hypertensive.

Diabetes
Diabetes was the #6 cause of death in Douglas County during 2011-2015. A 2014 Behavioral Risk Factor Surveillance System (BRFSS) survey of the Cobb & Douglas district revealed that 6.8% of the counties’ adult residents had diabetes.
- Males had a slightly higher rate of diabetes (7.6%) than females (5.9%).
- Whites and African-Americans had almost the same rates of diabetes, at 7.3% and 7.4%, respectively.
- Older residents had much higher rates of diabetes than younger residents.

Asthma
Asthma was the #1 cause of hospitalizations in children aged 1-9 years and #9 cause of emergency department (ED) visits in all ages in Douglas County during 2011–2015. There were 5,407 visits to emergency rooms in that time period, with a higher rate than Georgia and statistically significant increase from 2006-2010. Between 2011-2015, asthma-related ED visit rates by Douglas County children aged 0-17 years with Medicaid, PeachCare, or Self-Pay were over three times higher than visits by children with private insurance, at 1,120.6 and 341.6 per 100,000, respectively.
Chronic Disease Risk Factors in Douglas County

Overweight and Obesity

In adults, obesity increases the risk of developing chronic diseases that are some of the leading causes of death, including high blood pressure, Type 2 diabetes, coronary heart disease, stroke, high cholesterol, gallbladder disease and some types of cancers. In children, obesity increases the risk for chronic health conditions such as asthma, sleep apnea, bone and joint problems, and Type 2 diabetes, and it may lead to adult obesity.¹²

Results from the 2014 BRFSS survey found that 37.9% of the Cobb & Douglas district’s adult residents were overweight and 23.4% were obese. This was higher than Georgia’s 2014 prevalence of overweight adults (35.2%) but lower than the state’s obesity prevalence (30.5%).

The BRFSS survey also found that African-Americans (both sexes) in the district had a higher rate of obesity than White residents, and males (all races) in the district had higher obesity rates than females.¹¹

Nutrition

A nutritious diet can help prevent obesity, cardiovascular disease, osteoporosis and bone fractures, dental problems (e.g., cavities, gum disease, tooth loss), and certain types of cancer.

However, nearly half of Georgia adolescents eat fruits or vegetables less than 1 time daily. Nearly half of Georgia adults eat fruit less than 1 time daily, and nearly a quarter eat vegetables less than 1 time daily.¹³

In the Cobb & Douglas CHA Focus Groups, participants identified challenges they face in obtaining healthy food, such as:

- the small number of quick-service restaurants that serve healthy food versus the many fast-food outlets that serve unhealthy food;
- the high cost of nutritious foods at quick-service restaurants versus those same restaurants’ highly processed 99-cent specials;
- the scarcity of fresh, natural foods in the city;
- problems growing vegetables during the summer heat and in Cobb and Douglas counties’ red clay soil.

Physical Activity

Physical activity is a vital part of a healthy lifestyle. The combination of exercise and making good food choices can help people maintain a healthy weight, reduce their risk of chronic diseases, and improve their general physical and mental health.

Results from the 2014 BRFSS Survey found that 17.4% of Cobb and Douglas adult residents reported no leisure-time physical activities in the past month. The prevalence of physical inactivity was higher among females (19.6%) than males (15.4%) and White residents (19.1%) than African-American residents (12.6%).

Participants in the Douglas County CHA Survey were asked to rate the opportunities for physical activity in the areas in which they lived. Of the respondents,

- 76.6% rated them as Good or Very Good;
- 11.7% rated them as Fair;
- 5.9% rated them as Poor or Very Poor;
- 5.9% didn’t know or refused to answer.
Mental and Behavioral Health in Douglas County

Mental illnesses
Mental illnesses are health conditions involving changes in thinking, emotion or behavior (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social, work or family activities. Although the current rates of mental illness among Georgia and Douglas County residents are unknown, in a 2016 report from the Cobb & Douglas Community Services Board (CSB), the agency reported serving approximately 6,000 individuals in Cobb and Douglas counties per year. Of those patients seen at CSB, 50% were diagnosed with Mood Disorders, 25% with Anxiety Disorders, and 25% with Psychotic Disorders. CSB provides citizens challenged by mental health, developmental disabilities and/or addictive disease issues with appropriate care and resources.

In the Douglas County CHA Survey, 15% of survey participants reported they are currently taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem.

Substance Use Disorders
According to the Substance Abuse and Mental Health Services Administration (SAMHSA), “Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.”

The United States, including Georgia, is currently experiencing an opioid epidemic. Opioids are a class of drugs used to reduce pain. Types include prescription drugs, fentanyl, and heroin.

In both Georgia and Douglas County, age-adjusted death rates from overdoses of all opioids (including both prescription opioids and heroin) increased between 2011 and 2015, with a more dramatic increase in Douglas County from 5.2 in 2011 to 11.4 per 100,000 in 2015. A total of 55 Douglas County residents lost their lives to opioid overdoses, with 38 of those from misuse of prescription opioid pain relievers alone, between 2011 and 2015.

Within Douglas County, certain groups have been more affected by the recent opioid epidemic. The White non-Hispanic population had an age-adjusted death rate from opioid overdoses over six times higher than the African-American population, at 16.2 versus 2.6 per 100,000, respectively, between 2011 and 2015. Males (all races) in Douglas County saw an age-adjusted death rate of more than double that of females, at 11.2 versus 5.3 per 100,000, respectively, between 2011 and 2015. Of all the life stages, adults aged 20 - 44 years old in Douglas County had the highest number and rate of deaths, with a total of 38, and a death rate of 16.2 per 100,000.

Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2016

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Maternal, Child, and Adolescent Health in Douglas County

Pregnancies and Births
Douglas County recorded 11,406 pregnancies, with an aggregate pregnancy rate* of 48.8 per 1,000, between 2011 and 2015, lower than Georgia’s pregnancy rate of 50.8 in the same time period. Pregnancy rates remained relatively stable in Douglas County between 2011 and 2015, with only a 1.8% decrease from 50.8 to 49.9 per 1,000, respectively. Teenage pregnancies also decreased during this time, from 46.9 in 2011 to 33.8 per 1,000 in 2015.

In the same five years, Douglas County recorded 8,806 live births, with an aggregate birth rate** of 37.6 per 1,000, lower than Georgia’s birth rate of 40.4 in the same time period. Birth rates remained relatively stable in Douglas County. Multiracial females had the highest adult pregnancy rates in the county; however, Hispanic females had the highest teen pregnancy rate.6

Poor Birth Outcomes
1. Low Birthweight – babies weighing less than 5.5 pounds or 2500 grams at birth:
   - 9.5% of Douglas County infants, a total of 836, were born at a low birthweight between 2011-2015.
   - Females aged 40-55 years had the highest percentage of low birthweight babies compared to other age groups, followed by teenage mothers aged 15-17 years.
   - African-American females of all ages had the highest percentage of low birthweight babies compared to other racial/ethnic groups.

2. Infant Mortality - the death of a baby before his or her first birthday from any cause:
   - A total of 64 infants died in Douglas County between 2011-2015, with an aggregate infant mortality rate of 7.3 per 1,000. However, there was a 45% increase from 6.7 in 2011 to 9.7 per 1,000 in 2015.
   - With 34 deaths, African-American infants had the highest rate of death of all infants, with a five-year aggregate infant mortality rate of 9.1 and an increase from 9.8 in 2011 to 11.8 per 1,000 in 2015.6

Adolescent Health Issues
In 6th – 12th grade students from the Douglas County School System, a total of 10,682 adolescents were surveyed in 2015:

- Physical Activity: 13.6% (1,453 students) reported they were not physically active for at least 60 minutes on any day in the past 7 days. An additional 7.9% (841 students) were physically active only one day in the past week;
- Alcohol Use: 6.5% (698 students) reported drinking alcohol at least one day out of the last 30 days, with 18 of those students reporting having at least one drink of alcohol every single day in the past 30 days;
- Electronic Vapor Products: 4.4% (469 students) reported smoking an electronic vapor on at least one day out of the last 30 days;
- Prescription Drug Use: Of the 1,916 students reporting using prescription drugs without a doctor’s prescription, 77.7% said they used it for “medical reasons” and the remaining 22.3% (427 students) reported using prescription drugs to either “feel more alert”, “relax or quiet my nerves”, “enjoy myself”, or “get high”;
- Attempted Suicide: 8.8% (941 students) reported they have seriously considered attempting suicide at least one time in the past 12 months, with more than one-third of these students seriously considering it at least 3 times.16

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* Pregnancy rate is the total number of pregnancies (including live births, abortions and fetal deaths) per 1,000 females aged 10-55 years.
**Birth rate is the number of live births per 1,000 females aged 10-55 years.
Infectious Diseases in Douglas County

Infectious diseases are caused by pathogenic microorganisms such as bacteria, viruses, and parasites. These diseases spread from person to person through a variety of methods, and may lead to epidemics. A primary mission of CDPH is preventing epidemics and the spread of disease within our community.

Per the legal authority of the Official Code of Georgia (OCGA section 31-12-2), diseases deemed notifiable by the state must be reported to Public Health by physicians, laboratorians, and other health care providers. For more information on reporting diseases, visit https://dph.georgia.gov/disease-reporting.

One of the notifiable diseases, syphilis, remains a major and increasing health problem both locally and nationally. It is a bacterial infection that may cause genital ulcers and other, potentially fatal effects. If syphilis is left untreated, it may contribute to transmitting and acquiring HIV infection.

In 2015:

- Georgia reported the second-highest rate of primary and secondary (P&S) syphilis in the US—14.0 per 100,000—which is nearly double that year’s national rate;
- Douglas County reported an increase of 108.6% from 2014 to 2015 in P&S syphilis rates, from 5.8 to 12.1 per 100,000;
- Males made up the vast majority of primary and secondary syphilis cases, both locally and nationally;
- African-Americans (both genders, all ages) had the highest rate of P&S syphilis in Douglas County.6

Environmental Health in Douglas County

The air quality in Douglas County has improved from 2011 to 2015. Although the annual number of days in which an Air Quality Index (AQI) was measured has remained fairly consistent, the percentage of AQI scores in the best possible range (Good) has increased while the percentage of AQIs in the Moderate and Unhealthy for Sensitive Groups ranges has decreased. From 2011-2015, Ozone was identified as the main pollutant in Douglas County; however, fine particulate matter (PM2.5) was not measured in this time period.

Air Quality Index in Douglas County, 2011-2015

Source: Environmental Protection Agency, Air Quality Index Report, 2016
Forces Of Change Assessment for Cobb and Douglas Counties

Cobb County
A total of ten forces representing the greatest opportunities and threats for Cobb County were identified during the Forces of Change assessment.

- Access to healthcare*
- Behavioral health*
- Community health*
- Public transportation
- Economy
- Onset of professional sports
- Educational changes
- Technology advances
- Increasing aging population
- Increase in racial/ethnic diversity

*These forces emerged as the largest contributing factors to the physical and mental health of Cobb County residents.

Douglas County
A total of seven forces representing the greatest opportunities and threats for Douglas County were identified at the Forces of Change assessment.

- Post-recession upswing*
- Community health*
- Behavioral health*
- Technology advances
- Public transportation
- Access to healthcare
- Disaster preparedness

*These forces emerged as the largest contributing factors to the physical and mental health of Douglas County residents.

Local Public Health System Assessment (LPHSA)

Summary of Strengths and Weaknesses Identified in the Cobb and Douglas Public Health System

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses/Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>ES 2: Diagnosing &amp; investigating diseases</td>
<td>ES 1: Monitoring community health status</td>
</tr>
<tr>
<td>ES 5: Developing health policies/plans</td>
<td>ES 4: Mobilizing partnerships</td>
</tr>
<tr>
<td>ES 6: Enforcing laws related to the public’s health</td>
<td>ES 8: Assuring a strong workforce</td>
</tr>
<tr>
<td>ES 7: Linkage to Health Services</td>
<td>ES 10: Research/Innovations</td>
</tr>
</tbody>
</table>

The results of the LPHSA helped to 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 by community partners in Cobb and Douglas counties.
### Local Resources and Assets in Cobb and Douglas Counties

#### Online Prescription Assistance Programs

- **Partnership for Prescription Assistance**: [https://www.pparx.org/](https://www.pparx.org/)
- **RxHope**: [https://www.rxhope.com/](https://www.rxhope.com/)
- **RxOutreach**: [http://rxoutreach.org/](http://rxoutreach.org/)

#### Medical Behavioral Health Safety Net Programs

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>LOCATIONS SERVED</th>
<th>WEBSITE</th>
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</thead>
<tbody>
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<td>WellStar Community Clinic at Cobb Hospital</td>
<td>Cobb County</td>
<td><a href="https://www.wellstar.org/pages/default.aspx">https://www.wellstar.org/pages/default.aspx</a></td>
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<td>WellStar Community Clinic at Kennestone Hospital</td>
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<td>Good Samaritan Health Center of Cobb</td>
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<td><a href="http://www.goodsamcobb.org/">http://www.goodsamcobb.org/</a></td>
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<tr>
<td>The Family Health Centers of Georgia (previously known as West End Medical Center)</td>
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<td><a href="http://fhcga.org/">http://fhcga.org/</a></td>
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<tr>
<td>School-Based Health Clinic: The Family Health Center at Douglas County Schools</td>
<td>Douglas County</td>
<td><a href="http://fhcga.org/">http://fhcga.org</a></td>
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</tbody>
</table>

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References


