Cobb & Douglas Public Health - Mission

Cobb & Douglas Public Health, with our partners, promotes and protects the health and safety of the residents of Cobb and Douglas counties.

We work to achieve healthy people in healthy communities by:

• 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

By excelling at our core responsibilities, we will achieve healthier lives and a healthier community.

Cobb & Douglas Public Health - Vision

By 2020, Cobb & Douglas Public Health will be an acknowledged leader among health departments in the United States.

In order to continuously improve our effectiveness and the health of our communities, we will work internally and with community partners to:

• Demonstrate significant improvement on key health and safety indicators
• Achieve operational excellence by exceeding local public health system performance expectations
• Champion workforce enhancement

To achieve these ambitious goals, we will engage, respect and value our staff and partners, thereby creating healthier lives and a healthier community.

Cobb Board of Health
Dr. Carol Holtz | Chairwoman
Distinguished Lecturer and Current Professor of Nursing at Kennesaw State University

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Retired, Former President, First National Bank of Cobb County

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Chairman, Cobb County Board of Commissioners

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Red Radiology

Mr. Chris Ragsdale
Superintendent, Cobb County School District

Dr. Grant Rivera
Superintendent, Marietta City Schools

Ms. Judi Snelson
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Mr. Steve “Thunder” Tumlin
Mayor, City of Marietta

Douglas Board of Health
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Physician, WellStar Douglas Hospital

Mr. Trent North | Vice-Chair
Superintendent, Douglas County School System

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Chairwoman, Douglas County Board of Commissioners

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Former Federal Mediator, National Mediation Board, Washington, D.C.

Ms. Queen Esther Martin
QueenSongbird Enterprises

Ms. Rochelle Robinson
Mayor, City of Douglasville

Mr. Ron Wilson
CEO, Jourdan Technologies

Cobb & Douglas Public Health Leadership Team

Cynthia Appleby – Director, Human Resources
Pam Blackwell – Director, Center for Emergency Preparedness & Response
Lisa Crossman – Deputy Director
Valerie Crow – Director, Office of Communications
Chris Hutcheson – Director, Center for Environmental Health

Jonathan Kemp – Director, Information Technology
John D. Kennedy, M.D. – District Health Director
Virgil Moon – Director, Center for Administration
Gurleen Roberts – Director, Office of Quality Management
Laurie Ross – Director, Family Health Management
Catharine Smythe – Director, Center for Clinical Services
A Message From the Director

Since 1920, Cobb & Douglas Public Health has served the communities of Cobb and Douglas counties, providing quality healthcare services, health education, and health surveillance/monitoring to our residents through the tireless efforts of the health professionals who drive and support our more than 30 programs. Each year, we continue to grow as a leader in the public healthcare sector, focusing on results-driven methods that helped us become the first health department in the state of Georgia to receive national accreditation from the Public Health Accreditation Board in 2015. This year, we were the first health department in Georgia and one of only three (3) in the country to earn the Government Finance Officers Association of North America (GFOA) Award of Excellence for financial reporting. Our programs also earned several National Association of County and City Health Officials (NACCHO) Model Practice Awards which helped us demonstrate very high standards of performance.

We continue to make service a priority agency-wide. A new Customer Satisfaction Survey was launched in FY2017, helping our staff to adapt better to customer needs. The feedback helped drive many of our quality improvement projects implement new ideas such as the partnership with a contract pharmacy to provide home medication delivery, and clinical support for HIV clients.

During 2017, we completed significant renovations to our Marietta Public Health campus and our Douglas Public Health Center. The additional space has allowed up to better serve our residents and has received rave reviews from both staff and clients. We also began plans for 2018 construction of our new health centers in the Acworth/Kennesaw and Smyrna areas.

Out in the community, we supported one of the biggest changes to Cobb County in some time – The Atlanta Braves' move to SunTrust Park. Our Environmental Health staff worked enthusiastically to complete the permitting process for almost 100 food service establishments at the new stadium in advance of its first exhibition game on March 31, 2017. In addition, our staff and community health coalitions partnered with the Georgia Department of Public Health, The Atlanta Braves and The Battery Atlanta to develop and implement national model tobacco-free policies. Our Emergency Preparedness & Response staff worked with the Braves and local public safety leaders to assure policies and protocols were in place to deal with future man-made or natural crises.

With the help of our partners, business, and community leaders, we hosted the 16th Annual Power in Truth Conference for more than 450 teens in Douglas County. The conference featured workshops to educate the students on life skills and techniques related to the prevention of chronic diseases, drug and alcohol use. These practices earned our event the National Association of County and City Health Officials (NACCHO) Model Practice Award for FY2017.

It is my pleasure, as the director of Cobb & Douglas Public Health, to present you with our FY2017 Annual Report. I encourage you to visit our website at cobbanddouglaspublichealth.org to learn more about our organization and the services we provide. I would also like to thank the Georgia Department of Public Health, our Boards of Health, Cobb and Douglas County Government staff, our community partners, and supportive residents that remain committed to our mission of “Healthier Lives and a Healthier Community.”

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

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Center for Clinical Services
This center offers a wide-range of exceptional, cost-effective health services for both adults and children. The doctors, nurses, technicians and educators on our teams are some of the most caring and respected in their fields, striving daily to lead others and raise the bar for compassion, confidentiality, professionalism and attentive customer care. In addition to our on-site clinical offerings, we also offer an extensive referral network to guide clients to any additional medical or social services needed.

Center for Community Health
This center focuses on preventing the spread of diseases, supporting families non-clinical health needs and helping communities, businesses and residents adopt healthy lifestyles. Our staff provides community assessment, policy development and education related to tobacco and alcohol reduction, balanced nutrition, physical activity, injury prevention, and family health preventative care. We link residents to needed community services and help support an extensive network of partners, including Cobb 2020, Live Healthy Douglas and Safe Kids.

Center for Emergency Preparedness & Response (EP&R)
This center continues to focus on the goal of community preparedness. EP&R supports emergency preparedness of community responders, area hospitals and local partners in preparing for, and responding to emergency events. In emergencies, the EP&R team collaborates with local, state and federal partners to handle any crisis and relay current and accurate information to the residents of Cobb and Douglas counties. The center accomplishes this feat through several programs offering a full-range of preparedness functions.

Center for Environmental Health (EH)
This center makes sure that businesses and recreational services are safe for consumers by permitting and inspecting restaurants, public pools, tourist accommodations, and body art studios. Additionally, the EH staff works to assure that septic systems are installed correctly and that public health nuisance issues are promptly resolved.

Center for Administration
This center includes several areas that oversee day-to-day administrative functions. The administrative tasks include managing business operations as well as creating an efficient organizational process. The Center for Administration is comprised of the following divisions: Accounting (Budgeting, Payroll, Purchasing and Accounts Payable), Billing and Collections, Human Resources, Facility Management, Information Technology, and Vital Records. The divisions work together to support the various programs offered by the agency to ensure public health services are delivered in a timely, responsive, and professional manner. While only Vital Records directly serves the public, each of the other groups support those serving the public.
The primary mission of the Cobb & Douglas Public Health (CDPH) Epidemiology & Health Assessment department is preventing epidemics and the spread of disease within our community. This includes local tracking, testing and education related to world-wide outbreaks (e.g., Zika) and being the primary investigator/prevention specialist for local outbreaks in schools, long-term care facilities, corporate settings, hotels and restaurants.

Per OCGA 31-12-2, diseases deemed notifiable by the state must be reported to Public Health by physicians, laboratorians, and other health care providers. Timely disease reporting is essential for effective follow-up for patients, to help identify the outbreaks, and to reduce the further spread of the disease.

CDPH epidemiologists are also responsible for conducting the Cobb and Douglas Community Health Assessments (CHA) and tracking key health status metrics to determine progress toward CDPH’s 2020 goals. In 2016-2017, CDPH partnered with Kennesaw State University, Cobb2020 Partnership for Health and the Live Healthy Douglas Coalitions to complete a thorough CHA document for both counties. This CHA set the stage for the 2017-2021 Community Health Improvement Plan (CHIP) for both counties, also completed in 2017. Available to all residents in our district, the CHIP sets priorities and action steps to guide CDPH and other agencies in creating healthier lives and a healthier community.
Cobb County’s population increased by 6.3% in a five-year span, from 697,553 in 2011 to 741,334 in 2015.

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.1

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.2

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.3

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 383,927.1

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.1

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 2011.4

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%.5

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 $879.1
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. Alzheimers 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.
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.

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.
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, labanators, 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.²
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 2015.²

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 100,000.²
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 2015.2

* 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.

References
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.

Source: Online Analytical Statistical Information System, Office of Health Indicators for Planning, Georgia Department of Public Health, 2016
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.¹

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.²

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.³

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 65,067¹.

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 disproportionally 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.¹

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 2011.⁴

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%.⁵

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 $879.¹
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**

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. 

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

**Leading Causes of Death in Douglas County, 2011-2015**

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. All Other Mental & Behavioral Disorders* 265
3. **Ischemic Heart & Vascular Disease (e.g., Heart Attack)** 260
4. All COPD Except Asthma 239
5. **Cerebrovascular Disease (e.g., Stroke)** 223
6. **Diabetes Mellitus** 136
7. Alzheimers Disease 121
8. Nephritis, Nephrotic Syndrome and Nephrosis (e.g., Kidney Disease) 121
9. Motor Vehicle Crashes 97
10. Malignant Neoplasms of Colon, Rectum and Anus (e.g., Colon Cancer) 91

The color-coded gauge represents percentiles from the lowest county death rate (green) to the highest county death rate (red).
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.
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.²
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.
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.

References
Clinical Services
• Awarded additional Ryan White A funding increase HIV case managers
• All district nurses received “Talk With Me Baby” training to emphasize early brain development with our clients

Emergency Preparedness & Response
• Participated with The Atlanta Braves, Colonial Pipeline and Public Safety partners in an exercise involving a pipeline rupture.
• Chaired District Zika Working Group ensuring residents in our district remained current with Zika information and procedures.

Environmental Health
• Environmental Health staff completed the permitting process for 93 food service establishments at SunTrust Park in advance of the stadium’s first exhibition game on March 31.
• The CDPH inspection database transitioned to the state’s web-based Digital Health Department data system. This move now allows for the viewing of complete food service inspections on the public access web portal.

Administration
• Renovations began on the new Smyrna Public Health Center location to be completed and open to clients in Spring 2018.
• Construction began on the new Acworth/Kennesaw Public Health Center location to be completed and open to clients in early Summer 2018.
• Received the Certificate of Achievement in Financial Reporting from the Government Finance Officers Association for the FY16 Cobb Board of Health Comprehensive Annual Financial Report.

Community Health
• CDPH partnered with the Georgia Department of Public Health, The Atlanta Braves and The Battery Atlanta to develop and implement national model Tobacco-Free policies.
• CDPH expanded its partnership with Kennesaw State University to complete a thorough Community Health Assessment for Cobb and Douglas Counties (scheduled every 5 years).
• Metro Atlanta Ambulance Services agreed to a 3-year, $25K per year sponsorship to launch a Special Needs Car Seat Inspection Station at the Cobb Safety Village.
• Cobb and Douglas Health Futures Foundations hosted the annual “State of Public Health” breakfasts in both counties for 170+ leaders, bringing attention to the important services public health provides to residents. The CDPH Development Office secured more than $730,000 in new funds for our public health programs-in-need.
• CDPH worked with the Douglas County School System to achieve the Georgia Asthma Friendly designation, demonstrating effective asthma prevention and response policies across all schools.
Client Success Story: Parker Grelecki

In 2008, at 20 weeks into their pregnancy, Crysie and Ryan Grelecki found out that their son Parker would be born with an enlarged head and hydrocephalus, or excess fluid on the brain, which would cause him to be born with almost no brain matter. At birth, the average baby has 90-95% brain matter and 5-10% fluid within the cranial cavity; Parker had over 98% fluid and less than 2% brain matter. At two days old, a shunt was placed in Parker’s brain, allowing the fluid to drain and releasing the pressure on the brain. Over the next nine months, Parker underwent multiple surgeries at Children’s Healthcare of Atlanta (CHOA) to ensure the proper draining of the excess fluid, and to reshape his skull, to make room for his brain to hopefully grow and develop properly. Parker began therapy at four weeks old with the Cobb & Douglas Public Health (CDPH) Babies Can’t Wait program and other CHOA therapists. CDPH Nurse Becky Palombo and Physical Therapist Carol Johnson worked with Parker for his first 3 years.

“Parker has far exceeded the expectations of the doctors,” says Crysie. “Now nine years old, Parker excels at school, which is amazing given the amount of brain matter he had at birth. He should also have trouble interacting with others and after meeting him for two minutes it is apparent God has given him a very engaging personality. We are beyond thankful to be Parker’s parents and continue to watch him progress and live out the Lord’s plans for him.”

The Cobb Health Futures Foundation was honored to have Parker and his parents speak at the 2017 Annual Breakfast. Parker “wowed” the crowd of more than 100 business and community leaders with his public speaking skills and his story. Becky and Carol were also in attendance to reconnect with Parker, whom they had not seen for several years. “I was so humbled and touched to see how Parker has grown and developed into such an amazing boy, and to know that I played a small part in his life,” said Becky Palombo, RN.

When asked if he knew what it meant to inspire people, Parker answered “Yes, it means to help them find what they are passionate about.” All who meet Parker agree that he is a true inspiration and that because of him and other children in our care, our CDPH staff have certainly found their passion!
Cobb & Douglas Public Health
FY2017 Revenues (in millions)

- County Funds: $1,388,560
- Fees and Other: $16,823,074
- State and Federal: $15,660,224

Cobb & Douglas Public Health
FY2017 Expenditures (in millions)

- Operating: $13,537,028
- Salaries & Benefits: $20,334,829
- Salaries & Benefits: $20.3

County Funds $1.4
State & Federal $15.7
Fees & Other $16.8

Operating $13.6
Office of Quality Management

The Office of Quality Management (OQM) oversees agency-wide public health accreditation, strategic planning, performance management, and quality improvement (QI) efforts. This year, OQM submitted CDPH’s second iteration of the Public Health Accreditation Board (PHAB) Annual Report. Submission of annual accreditation reports sustains CDPH’s accreditation status over the course of the five-year accreditation cycle. Although CDPH is not due for re-accreditation until 2020, planning has already begun. OQM led a two-day Annual Leadership Team Retreat in March 2017 to focus on strategic planning and performance management. CDPH will continue to prioritize four strategic initiatives in FY18: workforce development, information technology, community health improvement, and performance management.

CDPH’s performance management journey began in 2009 with the development of the agency’s balanced scorecard; however, during FY17, the agency underwent an update that improved alignment of 26 program performance metrics with the agency’s balanced scorecard through a new cloud-based tool (InsightVision). Lastly, QI efforts during FY17 mainly focused on quality improvement process training for 260 front line employees, 66 Leadership and Management staff and conducting 37 QI projects, which is 10 more than in FY16!

Accreditation Plan Updates

Community Health Assessment (CHA) – In 2016-2017, CDPH partnered with Kennesaw State University, Cobb2020 Partnership for Health and the Live Healthy Douglas Coalitions to complete a thorough CHA document for both counties as part of our 5-year assessment cycle.

Community Health Improvement Plan (CHIP) – The CHA set the stage for the 2017-2021 Community Health Improvement Plan (CHIP) for both counties, also completed in 2017 with our community coalitions. Goals and accomplishments will now be reported to the community on an annual basis through our CDPH, Cobb2020 and Live Healthy Douglas websites.

Strategic Plan - The CDPH 3-year Strategic Plan was reviewed at the Annual Leadership Team Retreat in March 2017 and commitment was made by our Leadership Team and Boards to stay focused on the strategies currently in place.

Quality Improvement (QI) Plan - The QI Plan was reviewed by the CDPH Quality Council in July 2016, which considered the results of a national Culture of Quality Assessment. To foster a culture of quality, goals were developed related to continued QI training and improving QI communication.

Performance Management System – As noted above, CDPH launched a comprehensive update to improve alignment of its program performance measures with the agency’s balanced scorecard.

Workforce Development (WFD) Plan – The WFD Committee assessed staff competencies and employee satisfaction, and analyzed results in the Fall of 2016. Using these results, the WFD team revamped this plan, with guidance from ASTHO, to include a more comprehensive alignment of WFD activities with other accreditation plans. Plan will be finalized in FY18.

Emergency Operations Plan (EOP) – An annual review of the plan was completed by The Center for Emergency Preparedness & Response Team. Updates include the addition of the Medical Counter Measures plan into the Chemical, Biological, Radiological, Nuclear (CBRN) Annex and an update to reflect the National Incident Management System (NIMS) refresh release in Oct 2017.
4,246
Food Service Inspections*

3,354
Swimming Pool Inspections*

850
Septic System Inspections*

971
Nuisance Complaint Investigations*

6,598
Sexually Transmitted Infection (STI) cases reported and investigated in Cobb & Douglas Counties

$75,262
The record-breaking net proceeds provided to Safe Kids Cobb from the annual Cobb Public Safety Golf Tournament*

15,990
Pregnant women, breastfeeding moms and children under the age of 5 who are actively enrolled in the CDPH WIC Nutrition Program

548
Douglas County teens who participated in the Power in Truth Conference to learn leadership and life skills, particularly related to drug and alcohol prevention*

#1
The ranking that CDPH WIC has in Georgia for helping new moms to start to breastfeed their newborns

1,053
The number of families enrolled in the CDPH Babies Can't Wait Program - designed to help developmentally-delayed children maximize skills to ensure success for a lifetime*

16,702
Scoliosis screenings performed in Cobb, Marietta and Douglas schools by public health staff and volunteers

51,785
The number of clinic visits provided by public health school nurses in the Marietta City School System last year*

* Denotes link to 3-year trend information
28,891
Birth Certificates Issued*

73,441
Death Certificates Issued*

2,266
Travel Consultations provided*

6,504
Visits made to the Family Planning Program*

47,005
Vaccines administered

12,170
Visits to the Child Health Clinic*

2,478
Visits to the Dental Health Clinic

1,922
Visits to the Tuberculosis Clinic*

28,677
Prescriptions filled at the Marietta Public Health Center Pharmacy*

2,198
Visits to the HIV Clinic*

1,474
Women screened in the Breast & Cervical Cancer Program (BCCP)*

2,688
Visits made for Sexually Transmitted Infection (STI) Services*

25
External emergency preparedness exercises conducted with community partners

72
Internal emergency preparedness trainings conducted with staff

* Denotes link to 3-year trend information
Looking Forward

And now, we are looking forward to 2018......

As we begin 2018, we are so very optimistic about the opportunity to continue to make a difference in the health of our residents and our community. We are fortunate to have skilled staff, dedicated board members and engaged community partners to fulfill our Mission to “promote and protect the health and safety of the residents of Cobb and Douglas Counties.” As a result, our 2018 goals are very ambitious.

Our groundbreaking 2015-2017 national Public Health Accreditation, 2017 Government Finance Officers Association of North America (GFOA) Award of Excellence and various 2015-2017 National Association of County and City Health Officials (NACCHO) Model Practice Awards helped us demonstrate very high standards of performance these past few years. We will continue our commitment to expand our agency’s Culture of Quality and our staff will continue to identify, prioritize and complete significant quality improvement projects throughout the coming year to serve our residents to the best of our ability.

We will also continue to focus on improving our public health facilities for our staff and clients this year. We are so thankful for the 2016-2020 Cobb SPLOST funding as well as the support from our Boards of Health and our Cobb and Douglas County Government agencies. In the spring of 2018, we will complete the construction of our new Public Health Centers in the Acworth/Kennesaw area and in the City of Smyrna.

2018 will also be bittersweet for our Cobb & Douglas Public Health. Our District Health Director, Dr. Jack Kennedy will retire after 10 years with our agency. We now have beautiful facilities, strong financial performance, national accreditation and high standards of operational performance because of his leadership. Although we hate to see him leave, we are thrilled for him as he and his wife Maurine relocate near family in North Carolina. We also look forward to welcoming a new District Health Director in April 2018.

Thank you for helping us to celebrate another unbelievable year. We appreciate your support, the faith you put in our staff and partners, and the passion we all share for making Cobb and Douglas Counties the healthiest place to live, work and play.
The Cobb Health Futures Foundation and the Douglas Health Futures Foundation are 501(c)3 fundraising affiliates that support the work and mission of Cobb & Douglas Public Health. As nonprofit organizations, they provide a path to fundraising opportunities that may not be available to government agencies but that are open to organizations registered with the IRS as nonprofit organizations. This is important as only half of public health’s funding needs for mandated programs come from federal, state, and local sources.

For information on making a donation to one or both of our foundations, call the Development Office at 770-514-2325. All donations are 100% tax deductible. Here are some examples of how donations can help our clients:

- **$25** could provide a vehicle safety seat to keep an infant safe during travel
- **$125** could provide a portable crib for a baby without a safe place to sleep
- **$1,250** could provide reduced-fee prenatal coverage for one uninsured woman
- **$2,500** or more could provide a child with hearing aids (often not covered by insurance) …or neurological testing…or speech/physical therapy…or family assistance in dealing with asthma, cystic fibrosis, cleft lip, cerebral palsy, cataracts, diabetes, or spina bifida

**Fundraising efforts of the Cobb Health Futures Foundation**
- Babies Can’t Wait
- Children’s Medical Services
- Perinatal Case Management

**Fundraising efforts of the Douglas Health Futures Foundation**
- Children 1st
- Babies Can’t Wait
- Children’s Medical Services
- Safe Kids – Douglas

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**Health Futures Foundations**

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**Cobb Health Futures Foundation**

**Cobb County Environmental Health**
1738 County Services Parkway
Building B
Marietta, GA 30008
Phone: (770) 435-7815

**Marietta Public Health Center**
Building A
1650 County Services Parkway
Marietta, GA 30008
Phone: 770-514-2300
Fax: 770-514-2363

**South Cobb Public Health Center**
(WIC, Adolescent Health & Youth Development/Health Promotion)
875 Riverside Drive, Building 1
Austell, GA 30168
Phone: 678-385-1360
Fax: 678-385-1376

**Douglas Public Health Center**
6770 Selman Drive
Douglasville, GA 30134
Phone: 770-942-9469

**Douglas County Environmental Health**
Douglas County Courthouse
8700 Hospital Drive, 1st Floor
Douglasville, GA 30134
Phone: (770) 920-7311

**Cobb & Douglas Public Health Locations**

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