Gwinnett County Health Department, Georgia

Community Health Assessment, 2013

About the Gwinnett County Health Department

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

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

Our Mission

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

Our Vision

A healthy, protected, and prepared community.

Our Values

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

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

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

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

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

Purpose of This Report

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

-World Health Organization (WHO)[1]

This report describes a community health assessment (CHA) for Gwinnett County, Georgia. By examining the county's health status, it will help our community focus our efforts on the most important health needs of county residents. This community-wide health assessment is intended to help shape coordinated community plans to improve health.

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

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

The Health Department has been a long-standing partner of Gwinnett Medical Center in conducting and publishing community health status reports. This report is an extension of that partnership. Most of the data presented here were provided by a Gwinnett Medical Center initiative through the Healthy Communities Institute with additional funding from the Health Department and the Gwinnett Coalition. This report is thus complementary to the 2012–2013 Community Health Needs Assessment report issued by Gwinnett Medical Center.[2] Some data in this report differ slightly because of updated information.

[1] http://www.who.int/about/definition/en/print.html
[2] Gwinnett Medical Center Community Health Needs Assessment
http://www.gwinnettmedicalcenter.org/community-health-needs-assessments/GMCContentPage.aspx?nd=476

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Who was Involved in the Assessment

As noted in the Purpose section, this CHA was done in collaboration with the Gwinnett Coalition, Gwinnett Medical Center, and other organizations in the county. In preparing for this project, Gwinnett Health Department staff introduced a model called the Mobilizing for Action through Planning and Partnerships (MAPP),[3] a community-driven strategic planning process, to the Gwinnett Coalition Strategic Planning Committee. Using this framework, a MAPP Planning Team and a MAPP Steering Committee were created. These committees included representation from the Health Department, Gwinnett Medical Center, the Gwinnett County Department of Health and Human Services, and others. The committees agreed that the assessment should include a focus not just on health outcomes, but also on areas that strongly affect health like poverty, education, and housing. Members of these organizations agreed to gather community data that would be shared by all for community assessment processes. A full list of assessment planning participants is available in Attachment A.

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

How the Assessment was Conducted

Based on the MAPP framework, the joint assessment group gathered community input from focus groups, town hall meetings, key informant interviews, helpline referral data, and a youth survey. To further examine the variety of forces that affect residents' health and wellbeing, staff and board members from the Gwinnett Coalition participated in a "Forces of Change" assessment facilitated by the Health Department. The methods for this community-based information are described in the "Data from the Community" section below. Attachment B includes a detailed description of the community engagement process. These data were supplemented with Gwinnett County data from publicly-available and other established sources outlined in the "Other Data Sources" section.

During the planning and assessment process, the MAPP Planning Team of the Gwinnett Coalition met monthly and the Steering Committee reviewed progress quarterly.

Data from the Community

Eight community focus groups were conducted over a two month period between November 2011 and January 2012. One hundred community representatives of different ages, races, ethnicities, and interests participated. Members of medically underserved low-income and minority populations, as well as populations with chronic disease needs, participated in the focus groups. Focus groups were

[3] Mobilizing for Action through Planning and Partnerships (MAPP)
http://www.naccho.org/topics/infrastructure/mapp/

organized through the Gwinnett Coalition's Research and Accountability Committee's member organizations and were conducted in various locations according to the specific needs of each group. Topics of discussion included: quality of life, community relations and engagement, economic and financial stability, education, safety, youth, and health and wellness.

The MAPP Planning Team conducted a town hall meeting on Tuesday, January 24, 2012, at the Norcross Community Center, located at 10 College Street, Norcross, Georgia. Two sessions were held to maximize attendance. Approximately 88 people from various Gwinnett County agencies participated. Each morning and afternoon session consisted of a three-hour period in which attendees engaged in one of six break-out groups defined by the Gwinnett Coalition strategic plan areas (Health and Well Being, Community Engagement, Education, Safety, Economic and Financial Stability, and Basic Needs). These groups developed a list of community needs and from this list, the top five needs were chosen (without ranking order) and submitted for a large group prioritization session. The large group prioritization sessions consisted of a three-tiered voting system to rank each need within each specific strategic plan area and to garner an overall rating of all community needs for Gwinnett County.

The town hall meetings were promoted through emails to approximately 1,500 Gwinnett County agencies and individuals, a newspaper announcement in the *Gwinnett Daily Post*, the Gwinnett Coalition website,[4] and social media sites. Attachment B includes additional information regarding the town hall meetings.

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

As part of a regularly scheduled Board meeting on June 5, 2012, a cross-sector group of board members and staff of the Gwinnett Coalition (n=20) participated in the Forces of Change (FOC) assessment, facilitated by a Health Department staff member. Each participant was asked to brainstorm the forces of change for Gwinnett County. The group was encouraged to consider any and all types of forces, including social, economic, political, technological, environmental, scientific, legal, and ethical. A full description of the FOC methods and results is available in Attachment C.

The 2010 Gwinnett County Youth Survey was conducted by the Gwinnett Coalition with Gwinnett County Public School students in grades 6, 8, and 9–12. A total of 28,773 students (41% middle school, 59% high school) from 41 schools participated. Attachment B includes additional information regarding the Gwinnett County Youth Survey.

[4] Gwinnett Coalition for Health and Human Services www.gwinnettcoalition.com

Reports from other Gwinnett County government organizations were also reviewed. In particular, the Gwinnett County 2030 Unified Plan[5] provided a wealth of information about the County's population, housing, development, and transportation. This important document also presents three scenarios, or "possible futures," for Gwinnett County in 2030. These scenarios reflect possible changes in population, diversity, income, jobs, development, housing, and transportation.

Other documents referenced in this report include:
Gwinnett County Parks and Recreation Needs Assessment Survey[6]

Gwinnett County 2030 Water and Wastewater Master Plan[7]

Gwinnett County 2011 Annual Police Report[8]

2012 City of Suwanee Annual Report[9]

Other Data Sources

To supplement community information in the assessment, data from the U.S. Census Bureau[10] were included on county demographics, income and poverty, and transportation. Illness and death statistics (morbidity and mortality) and other demographic information were obtained from the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS).[11] OASIS dashboards allow for comparison of Gwinnett County morbidity and mortality rates with statewide rates. Gwinnett Medical Center obtained a license to a web-based information system through the Healthy Communities Institute to present the most recently-available health and quality of life indicators for Gwinnett County residents.[12] The data behind these indicators came from a variety of sources, including the U.S. Census Bureau, County Health Rankings,[13] and OASIS. When possible, available data

[5] Gwinnett County 2030 Unified Plan
http://www.gwinnettcounty.com/portal/gwinnett/Departments/2030UnifiedPlan
[6] Gwinnett County Parks and Recreation Needs Assessment Survey
http://www.gwinnettcounty.com/static/departments/parks_rec/pdf/master_plan/2012_Gwinnett_County_Parks_Recreation_Needs_Assessment_Survey.pdf
[7] Gwinnett County 2030 Water and Wastewater Master Plan
http://www.gwinnettcounty.com/static/departments/planning/pdf/2030_water_and_wastewater_master_plan.pdf
[8] Gwinnett County 2011 Annual Police Report
http://www.gwinnettcounty.com/static/departments/police/pdf/2011PoliceAnnualReport.pdf
[9] 2012 City of Suwanee Annual Report http://www.suwanee.com/pdfs/SuwaneeAnnualReport2012.pdf
[10] U.S. Census Bureau, American FactFinder http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml###
[11] Online Analytical Statistical Information System http://oasis.state.ga.us/oasis/
[12] Gwinnett Medical Center Community Dashboard http://www.gwinnettmedicalcenter.org/community-health-needs-assessments/GMCContentPage.aspx?nd=478
[13] County Health Rankings http://www.countyhealthrankings.org/

for Gwinnett County were compared against Healthy People 2020 goals established by the U.S. Department of Health and Human Services.[14]

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

Background: The National Health Context

When assessing a community's health, it is important to keep in mind which illnesses and conditions cause the most disability and early death. This burden of disability and early death is commonly measured with an indicator called disability-adjusted life years, or DALYs. DALYs measure both the years lost to early death and those worsened due to disease and disability. Although this measure is not available specifically for Gwinnett County, recent estimates for the United States serve as a useful benchmark. The chart below, using 2010 data from the Institute for Health Metrics and Evaluation,[15] clearly shows that non-communicable diseases cause the vast majority (85%) of DALYs in the United States. These non-communicable diseases include heart and circulatory diseases (17% of DALYs), cancer (15%), mental health disorders (14%), musculoskeletal disorders (12%), and a range of other health problems like dementia, emphysema, and diabetes.

Injuries, shown in green, are the second largest category causing DALYs, representing 10% of total DALYs. This category includes transport injuries (including motor vehicle collisions; 3% of DALYs), self-harm and interpersonal violence (3%), and unintentional injuries (4%). The final category causing DALYs included communicable diseases (3%), diseases of the newborn (2%), maternal conditions (<1%), and nutritional deficiencies (<1%).

[14] Healthy People 2020 http://www.healthypeople.gov/2020/default.aspx
[15] Institute for Health Metrics and Evaluation (IMHE): Global Burden of Disease http://viz.healthmetricsandevaluation.org/gbd-compare/

Distribution of Disability-Adjusted Life Years (DALYs) by Type of Condition or Illness, United States, 2010

Source: Institute for Health Metrics and Evaluation (http://viz.healthmetricsandevaluation.org/gbd-compare/)
"Comm/mater/neonatal/nutr" category at bottom includes communicable diseases, maternal and neonatal diseases (diseases of pregnant women and newborns), and nutritional diseases

Clearly, to make the biggest impact on health, we must reduce the burden of non-communicable diseases like heart disease, cancer, and diabetes. However, the causes of these diseases are complex and long-term, are strongly influenced by the environment and community, and are tied to human behavior. They must be addressed from their very beginnings through prevention efforts, community interventions, primary care, and at later stages through hospital care. Because of this complexity and the range of influences, we must work across a variety of disciplines and specialty areas to make the biggest impact on health. Areas that the public might consider unrelated to health, including income, housing, education, and transportation, must be part of the discussion.

The importance of non-communicable diseases is further evident in the top ten health risk factors for early death and disability in the United States in 2010:[16]

- Poor diet (dietary risks)
- Smoking
- Overweight and obesity
- High blood pressure
- Diabetes and pre-diabetes
- Physical inactivity
- Alcohol use
- High cholesterol
- Drug use

[16] IMHE http://www.healthmetricsandevaluation.org/gbd/visualizations/gbd-arrow-diagram

- Air pollution (specifically particulate matter)

Infectious diseases, injuries, and maternal and newborn health remain critical to the overall health of the population. These areas need continuous focus to prevent outbreaks, disease, and tragic outcomes.

Background: Premature Death in Gwinnett County

A combined measure of death *and* disability (like the DALY) in Gwinnett County is not available, but data are available on leading causes of premature death in Gwinnett County.[17]

Top 15 Leading Causes of Premature Death in Gwinnett County, Georgia, 2007-2011

Number indicates years of potential life lost due to death before the age of 75 per 100,000 population less than 75 years of age. The "GA" marker indicates the Georgia rate.
Source: Georgia Online Analytical Statistical Information System (http://oasis.state.ga.us/oasis/)

[17] Source: Georgia Online Analytical Statistical Information System (http://oasis.state.ga.us/oasis/)

As noted in the Demographics and Diversity section below, Gwinnett is a young county, and the top causes of premature death in the county reflect this fact. The figure indicates that the leading cause of life years lost in Gwinnett County is "certain conditions originating in the perinatal period," that is, conditions affecting newborns. Other leading causes of premature death that largely affect young people are motor vehicle crashes (number 2); suicide (number 4); homicide (number 6); "congenital malformations, deformations, and chromosomal abnormalities" (number 7); and accidental poisoning (number 8). The prominence of conditions primarily affecting children and young adults in the county can be attributed to the county's large proportion of younger people and to the fact that younger people have many more potential years of life to lose than older people. These rankings suggest that maternal and child health, safety issues, mental health, and suicide prevention are important areas to prevent premature death in Gwinnett County.

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

Background: The "Public Health System:" Far Beyond the Health Department

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

According to the CDC's National Public Health Performance Standards, public health systems are "all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction."[18]

A community's public health system includes:

- Public health agencies at state and local levels
- Healthcare providers
- Public safety agencies

[18] Essential Public Health Services http://www.cdc.gov/nphpsp/essentialservices.html)

- Human service and charity organizations
- Education and youth development organizations
- Recreation and arts-related organizations
- Economic and philanthropic organizations
- Environmental agencies and organizations

Organization of This Report

We know that much of what influences our health happens outside of the doctor's office—in our schools, workplaces and neighborhoods.

-County Health Rankings & Roadmaps[19]

When we think about health, we often think first about medical care. As noted in the quote above, however, medical care is only part of the health picture. Section 1 describes many of the factors that strongly influence health.

Section 1: Factors that Influence Health

(1) Demographics and Diversity
(2) Economy and Basic Needs
(3) Housing
(4) Education and Child Activities
(5) Transportation
(6) Community Engagement
(7) Safety
(8) Environment

The second section of this report focuses on the health indicators of Gwinnett County residents.

Section 2: Health Status

(1) Overall Health Status
(2) Access to Health Services
(3) Health Behaviors
(4) Chronic Diseases
(5) Cancer
(6) Injuries
(7) Teen Pregnancy
(8) Maternal and Infant Health
(9) Infectious Diseases
(10) Mental Health and Social Support
(11) Emergency Preparedness

[19] County Health Rankings & Roadmaps http://www.countyhealthrankings.org/about-project

About Dashboards

When available, "dashboard" representations of Gwinnett County data are presented in this report courtesy of the Healthy Communities Institute and Gwinnett Medical Center. Full information about each indicator, including source data, is available on the Gwinnett Medical Center Community Dashboard website.[20] These indicators are updated continually when new data are available. The green represents the top 50th percentile, the yellow represents the 25th to 50th percentile, and the red represents the bottom quartile.

The following type of dashboard represents a county indicator compared to a single benchmark, for example the percent of persons in the United States with a disability. Less information is available about percentile values.

[20] Gwinnett Medical Center Community Dashboard http://www.gwinnettmedicalcenter.org/community-health-needs-assessments/GMCContentPage.aspx?nd=478

Section One: Determinants of Health

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

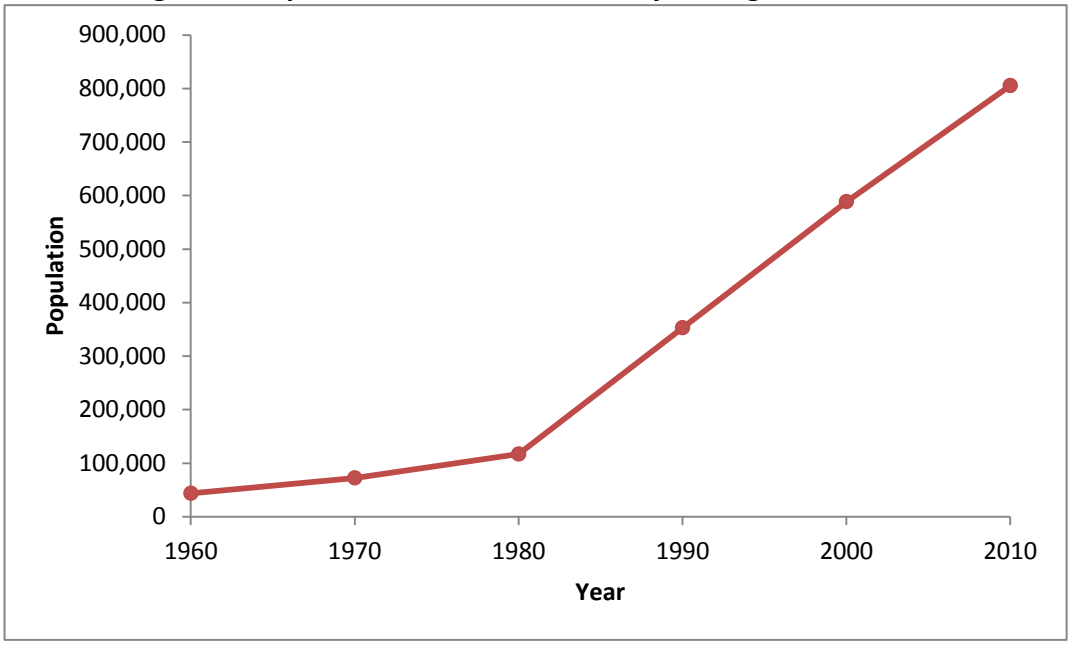
- World Health Organization[21]

Demographics and Diversity

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

Gwinnett County is located in the northeast suburbs of the Atlanta metropolitan area, and during recent decades it has been one of the fastest growing counties in the nation. Gwinnett's population was 805,321 in 2010, more than double the population in 1990 and more than eleven times the population in 1970 of 72,349 (Figure 1).[22] In 2010, the county became the second most populous in Georgia and 65th most populous in the nation. The county continues to grow, but the rate of population growth has slowed in recent years (Figure 2).

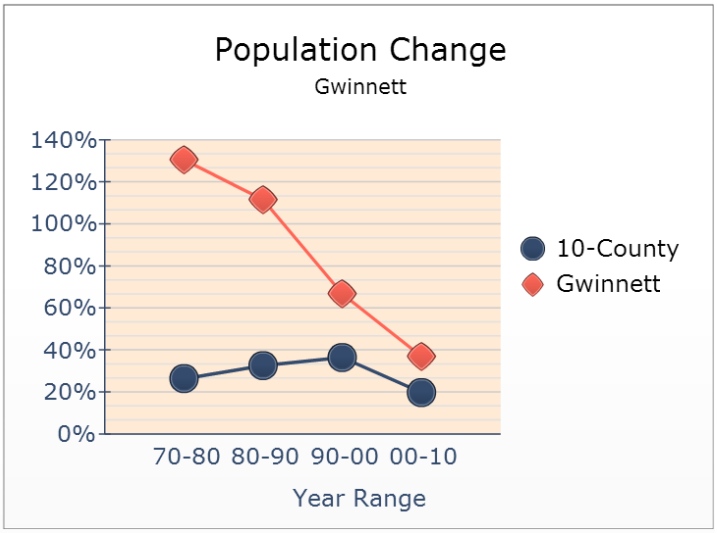
Figure 1. Population of Gwinnett County, Georgia, 1960-2010



Source: U.S. Census Bureau, 2010

[21] WHO: Social Determinants of Health
http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/index.html
[22] U.S. Census Bureau

Figure 2. Population Change per 10-Year Period in Gwinnett County Compared with 10 County Atlanta Metro Area, 1970-2010



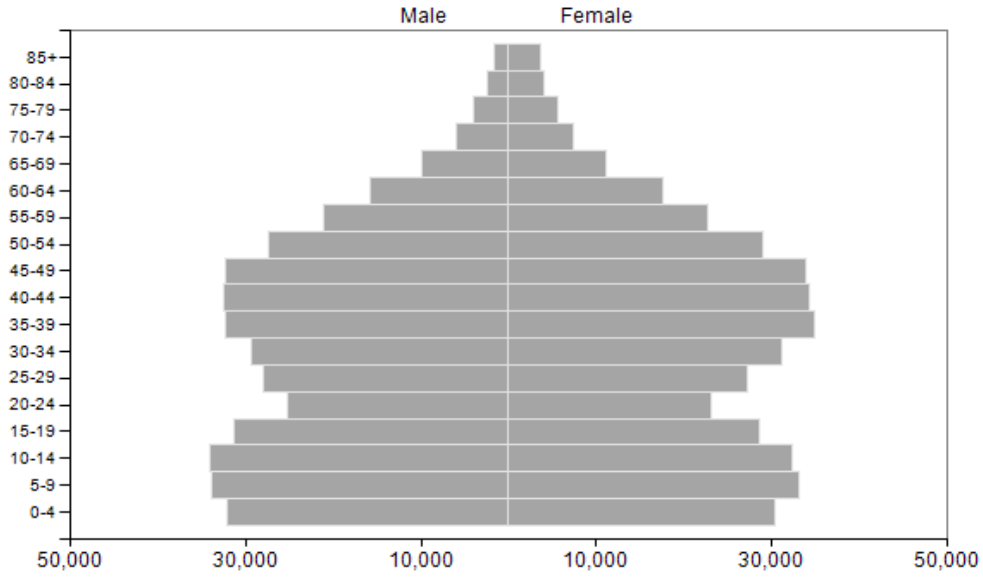
Source: Atlanta Regional Commission (http://documents.atlantaregional.com/research/aging_profiles/main.html)

Age Distribution

Overall, the population is young. In 2010, nearly one-third (31%) of the population was younger than 20 years, and only about one in fourteen residents (7%) was 65 years or older.[23] Although Gwinnett County's population is young overall, its senior population is growing rapidly and will likely continue to grow over the coming decades. From 2000 through 2010, the number of residents 65 years and older increased by 74% compared with an overall county population increase of 37%.[24] Gwinnett's population pyramid (Figure 3) suggests that the county has an increasing number of "Baby Boomers," those born between 1946 and 1964, who will reach their 65th birthday in the coming years.[25] According to the Gwinnett Forces of Change (FOC) assessment, this growing senior population may strain government and hospital budgets. The FOC report further suggested that a paucity of support services and mental health care in the county puts seniors at risk. It also identified a need for more services, programs, and products aimed at seniors in the county, as well as education and support services. These issues are addressed further in the mental health and social services section.

[23] U.S. Census Bureau
[24] U.S. Census Bureau
[25] Georgia Online Analytical Statistical Information System http://oasis.state.ga.us/oasis/

Figure 3. Population Pyramid (Age and Sex Distribution) of Gwinnett County Residents, 2010



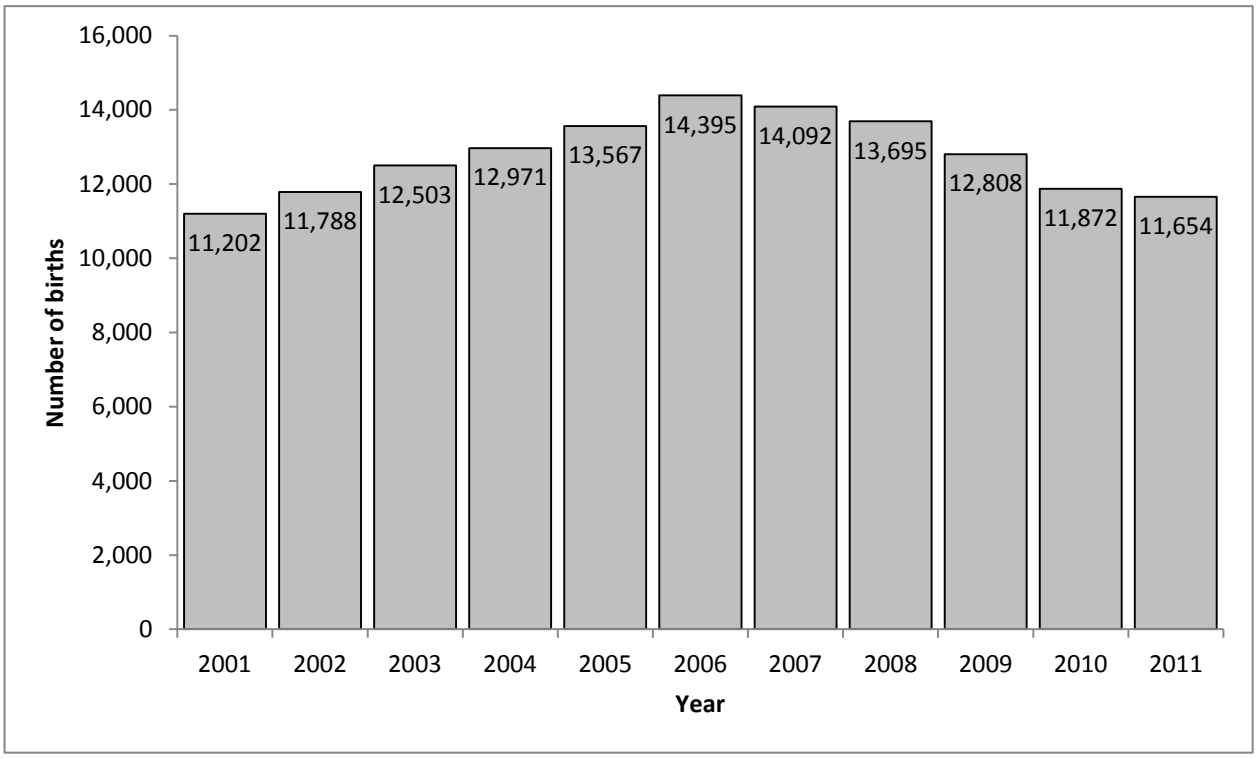
Source: OASIS (http://oasis.state.ga.us/oasis/)

Although the population is young, the number and rate of births has declined substantially since 2006 in the county (Figures 4 and 5) which contributes to the increasing average age of county residents.[26] The number of births to Gwinnett County mothers in 2011 (the most recent year with available data) was at its lowest point since 2001 despite many more reproductive-age women in the county. The number of births peaked in 2006 at 14,395 and declined to 11,654 in 2011, representing a nearly 20% decline over these six years.

Figure 5 shows the annual birth rate, defined as the number of births per 1,000 women ages 10-55 years, for Gwinnett County. The overall birth rate declined from 56 in 2006 to 41 in 2011. This downward trend was seen most prominently among Hispanics, for whom the birth rate declined from 125 in 2005 to 63 in 2011 (a more than 50% decrease). The decline among non-Hispanic Whites was not as pronounced, going from 38 in 2006 to 29 in 2010, although this change still represented a 22% decrease. In 2006, rates for non-Hispanic Blacks and Asians were about 30% higher than the rate for Whites, but by 2011, the birth rates for all three groups were nearly the same.

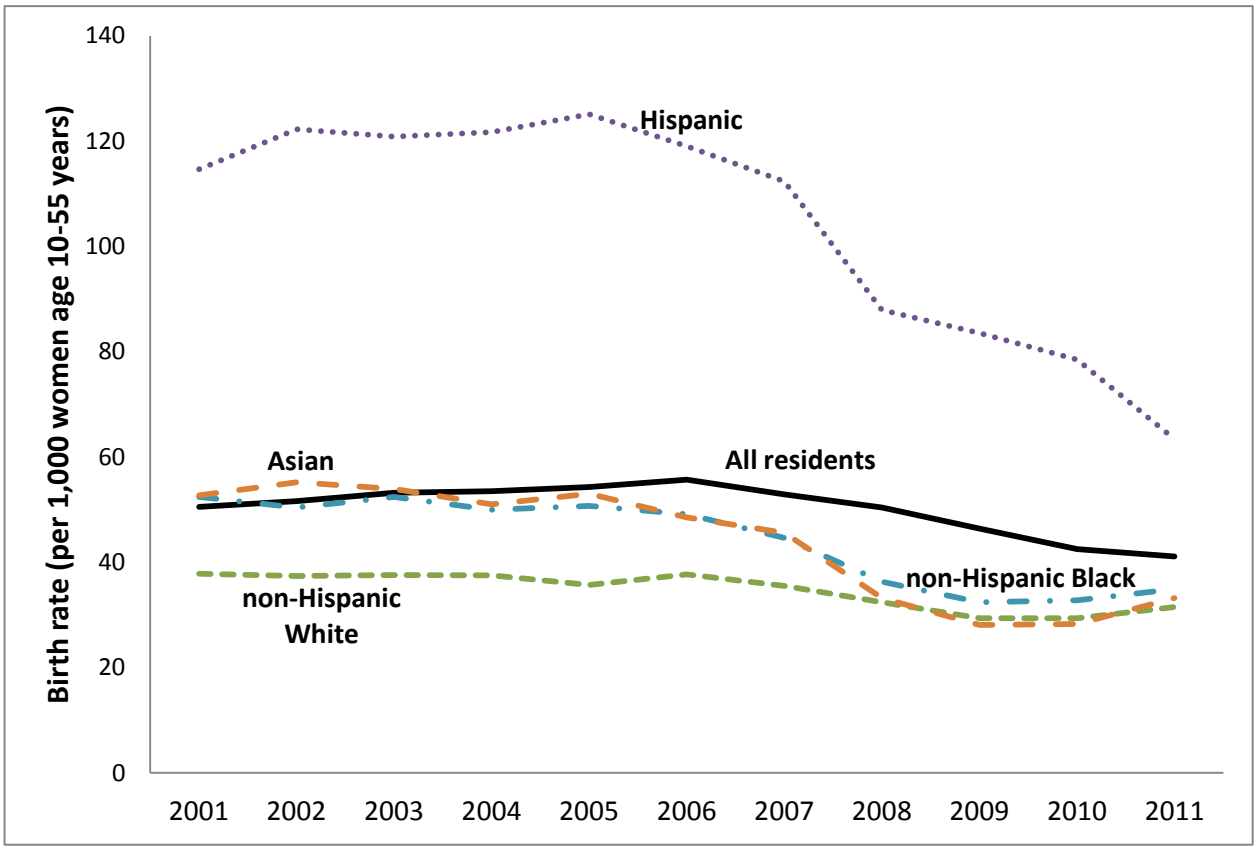
[26] Georgia Online Analytical Statistical Information System

Figure 4. Number of Births to Gwinnett County Mothers, 2001-2011



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

Figure 5. Birth Rate by Race/Ethnicity in Gwinnett County, 2005-2011



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

Diversity

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

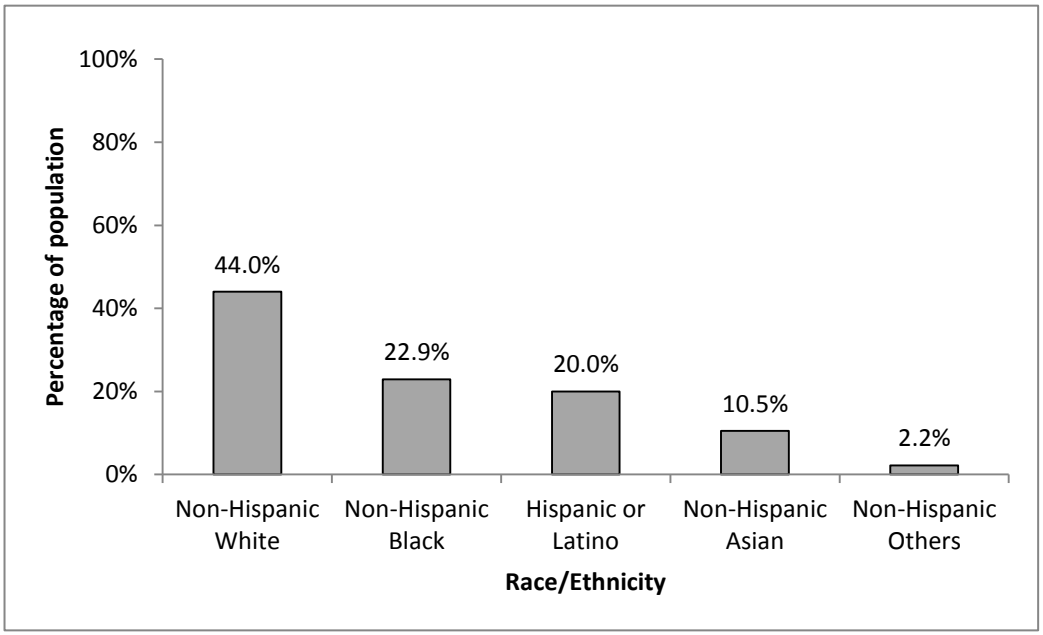
-Alan Ehrenhalt[27]

Gwinnett County is very racially and ethnically diverse, with representation from around the world. This represents a major change from just a few decades ago. As late as 1980, the population of 166,903 was almost entirely (97%) White. (Note that that data on the non-Hispanic White population was not available in 1980, but less than 1% of the county's population was Hispanic at that time.) In 1990, non-Hispanic Whites still comprised the vast majority (89%) of the 352,910 county residents. By 2000, the county had gained substantial racial and ethnic diversity, with one-third (33%) of the county's population being non-White or Hispanic. In the most recent U.S. Census of 2010, a minority of the population (44%) was non-Hispanic White (Figure 6), while 23% was non-Hispanic Black, 11% was non-Hispanic Asian (3% Korean, 3% Asian Indian, 2% Vietnamese, and 3% Other Asian), and 2% was non-Hispanic Others (American Indian, Alaska Native, Native Hawaiian, Pacific Islander, Multiracial, or

[27] Alan Ehrenhalt. The Great Inversion and the Future of the American City. Random House, 2013.

Unknown). Twenty percent of the population was Hispanic or Latino, and 11% of the total was Mexican-American.[28]

Figure 6. Race/Ethnicity Distribution of Gwinnett County Residents, 2010



Source: U.S. Census Bureau, 2010

It is important to note that each of the largest race/ethnicity categories in Gwinnett County—White, Black, Hispanic, and Asian—obscure a heterogeneous mix of people and ancestries. The category White includes residents with origins in Europe, and also North Africa and the Middle East. The Black category includes both residents with deep roots in the United States and recent immigrants from sub-Saharan Africa, the Caribbean, and elsewhere. The Hispanic category, which the U.S. Census Bureau defines as an ethnicity, includes people of all races, some of whom have been in the United States for generations and others who have come from such diverse places as Mexico, the Caribbean, Central America, South America, and Spain. The Asian category includes residents with origins in the Far East, Southeast Asia, and the Indian subcontinent. Although more detailed information about country of origin is available for immigrant groups, most data on health disparities is available only within the broad categories presented above. Future study will be needed to better understand the health status and needs of more specific groups; however, currently available data still provide critical information for action.

According to the Gwinnett County Helpline website,[29] over 165 languages are spoken in the county, and over 50 different languages are spoken in Gwinnett County Public Schools. About 30% of businesses in Gwinnett County are minority owned.

[28] U.S. Census Bureau
[29] Gwinnett County Helpline http://www.gwinnetthelpline.org/get_involved_more_community_engagement.html

Linguistic Isolation	Comparison: U.S. Counties	

According to the Healthy Communities Institute, people who are linguistically isolated are at risk of poor social support. In Gwinnett from 2007-2011, about 10% of households were linguistically isolated, meaning that every household member 14 years or older had some difficulty speaking English. This proportion far exceeds the U.S. rate of 1%.

International Roots

According to the U.S. Census Bureau's five-year estimates for 2007-2011, about one-quarter (26%) of county residents were foreign born, 38% were born in a state other than Georgia, and only about one-third (36%) were born in Georgia.[30] Among the foreign born, about half (52%) were from Latin America, about one-third (31%) were from Asia, 9% were from Europe, 8% were from Africa, and 1% were from elsewhere in North America. Nearly two-thirds (63%) of foreign born residents entered the United States before 2000. Among residents 5 years and older, 33% spoke a language other than English at home, of whom 54% spoke Spanish and 46% spoke another language. An estimated 16% percent of county residents five years and older (about 117,000 people) reported that they did not speak English "very well."

Families and Households

In 2010, there were about 269,000 households in Gwinnett County, with an average of three people per household.[31] Families—defined as a householder with at least one related person—made up about three-quarters (76%) of households; just over half (56%) of all households were married-couple families and 20% were families without a married couple. Twenty percent of households were composed of people living alone and 4% were households in which no one was related to the householder. Less than half of households (46%) included children less than 18 years old. From 2007-2011, an estimated one in six residents (16%) moved or changed residence in the previous year, nearly half (45%) of whom moved to Gwinnett from outside the county.

Challenges and Opportunities

In community health assessment focus groups, participants stated that the diversity of languages spoken in the county sometimes made countywide communication difficult. The Forces of Change assessment agreed that the diversity posed some challenges, including communication barriers, social isolation, increased need for social services, and lack of understanding between cultures. On the other hand, the

[30] U.S. Census Bureau
[31] U.S. Census Bureau

assessment noted that the county's diversity creates many opportunities, including diverse perspectives, rich cultural experiences, economic growth, and international business opportunities.

The Gwinnet Coalition has devised several strategies to improve the county's cultural competence to address a changing Gwinnett.

Economy and Basic Needs

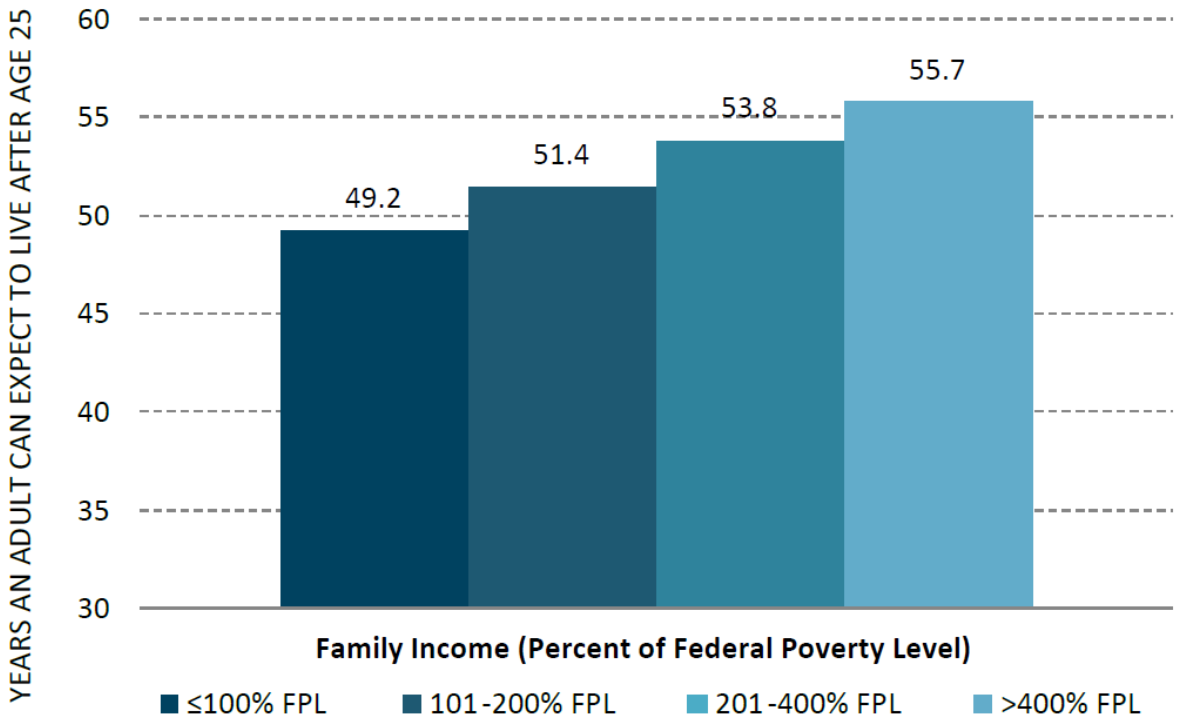
Few people would deny that there are many advantages of having more income or wealth. Nevertheless, apart from the well-known link between economic resources and being able to afford health insurance and medical care, their influence on health *has received relatively little attention from the general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

-Robert Wood Johnson Foundation (RWJF), Report on Income, Wealth, and Health[32]

As described by the RWJF above, there are strong links between income, wealth, and health, which is why any health assessment must include an examination of these factors. To give just one example of the connection between income and health, life expectancy at age 25 is closely correlated with income as a percentage of the federal poverty level (FPL) (Figure 7). Life expectance at age 25 was more than six years longer for people earning more than four times the FPL compared with those earning less than or equal to the FPL.[33]

[32] Robert Wood Johnson Foundation
http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70448
[33] Robert Wood Johnson Foundation
http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70448

Figure 7. Number of Years an Adult Can Expect to Live After Age 25 by Family Income, United States



Source: RWJF (http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70448)

We will examine income indicators for Gwinnett County first and then markers of poverty within the county.

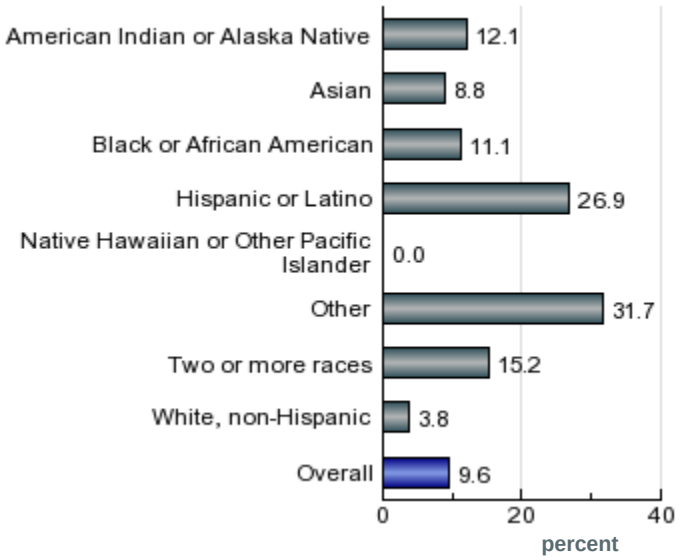
Median Household Income	Comparison: U.S. Counties	
Per Capita Income	Comparison: U.S. Counties	

Gwinnett County is among the wealthiest counties in Georgia, ranking in the top 10%. From 2007-2011, the median household income in Gwinnett County was $63,076, far exceeding the Georgia median of $49,736 and the nationwide median of $52,762. Similarly, per capita income in Gwinnett County was $26,712 during this period, compared with a U.S. measure of $22,359. Of note, however, per capita income in the county declined by nearly $600 from the estimate two years earlier.

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

Although the county overall is wealthy, a large and growing number of residents struggle economically. The proportion of residents in poverty has grown from 5.6% in 1999 to 12.4% for the 5 year period 2007-2011.[34] During 2007-2011, nearly one in five children (17%, about 41,000 children) in Gwinnett was living below the poverty level; this percentage increased four percentage points from the estimate two years earlier. Poverty differed substantially across race and ethnic groups. About 4% of non-Hispanic White families were living in poverty, compared with higher rates for Asian (9%), African-American (11%), and Hispanic (27%) families (Figure 8). As further evidence of increasing poverty within the county, the proportion of students eligible for free school lunches increased from 31% in 2006 to 41% in 2009, exceeding the national average of 40%. Just as poverty rates differ among race and ethnic groups, income differs among different sections of the county, with some of the lowest incomes concentrating in the county's southwest region along the I-85 corridor (Figure 9).

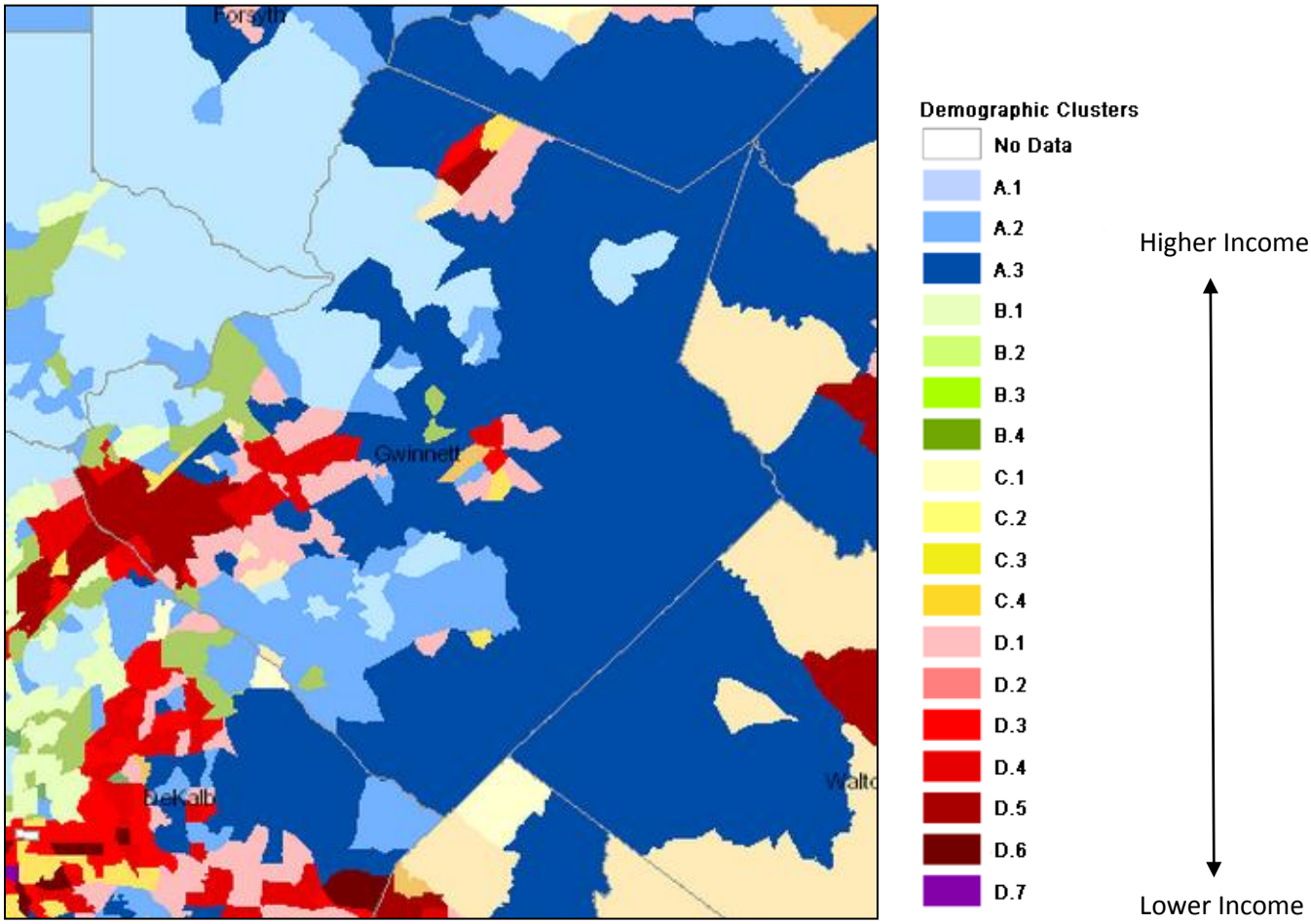
Figure 8. Families Living Below Poverty Level by Race/Ethnicity, Gwinnett County, 2007-2011



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

[34] U.S. Census Bureau

Figure 9. Demographic clusters of Gwinnett County, 2011



Source: http://oasis.state.ga.us/GADemoProfile/DemoClusters2011.htm
Detailed descriptions of demographic cluster groups are available at
http://oasis.state.ga.us/GADemoProfile/documents/DemoClusters2011Description.pdf.
Blue colors represent higher income areas; yellow and red colors represent lower income areas.

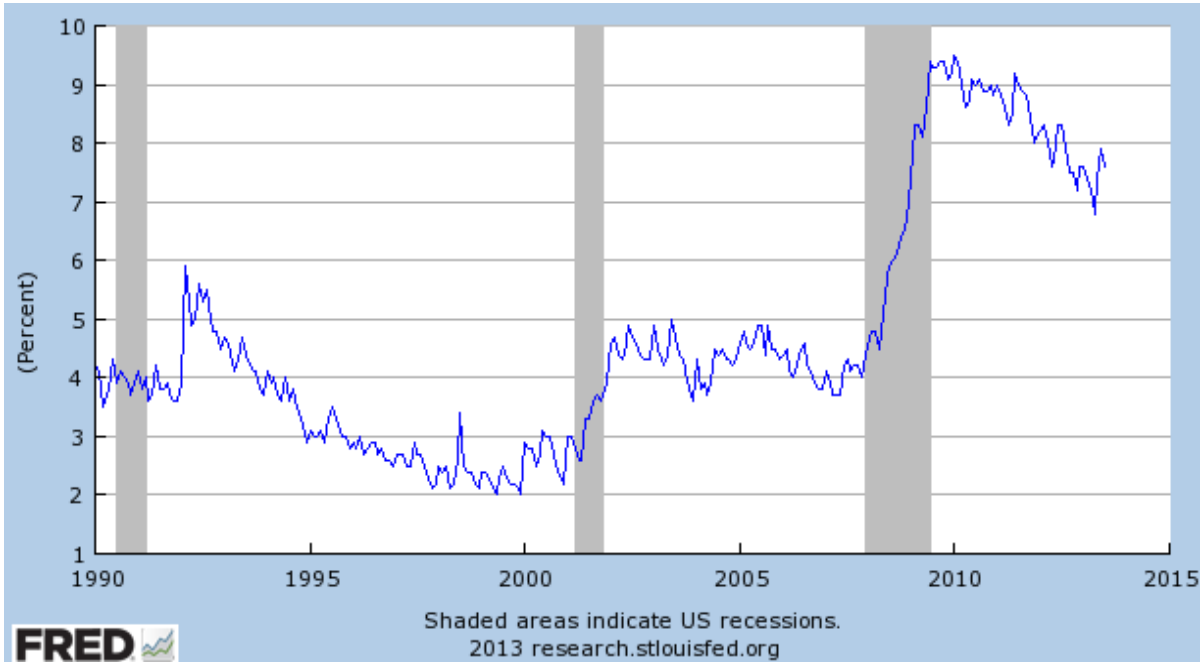
According to the 2007-2011 American Community Survey, 90% of Gwinnett households received earnings, 11% received retirement income other than Social Security, and 15% received Social Security. Some households received income from more than one source. The average income from Social Security was $16,664.

Since 2007, unemployment has become a major problem for Gwinnett County, as it has for much of the nation. According to the Robert Wood Johnson Foundation, job loss and unemployment are linked to a number of health problems, including stress-related conditions like stroke and heart disease.[35] In 2007, the unemployment rate in Gwinnett County was approximately 4% but by 2010 surged to over 9%

[35] Robert Wood Johnson Foundation
http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf403360

(Figure 10).[36] As of July 2013, the unemployment rate was estimated to be 7.6%, which was improved from the 2010 peak, but still well above rates seen in the 1990s and early 2000s. Unemployment rates in the county have been about one percentage point less than the statewide rate from 2007-2013 and have approximately equaled the nationwide rate since 2010.[37]

Figure 10. Unemployment Rate in Gwinnett County, Georgia, 1990-2013



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

The Forces of Change(FOC) assessment suggests that the county faces an increased demand for social services in the setting of reduced resources, which some participants believed would lead to reduced quantity and quality of services and unmet community needs. FOC participants suggested several solutions, including more efficient service delivery and partnerships with other community groups and churches. Some Forces of Change participants suggested that too much regulation on businesses was hindering economic growth and stability.

[36] Federal Reserve Bank of St. Louis http://research.stlouisfed.org/fred2/series/GAGWIN7URN
[37] U.S. Bureau of Labor Statistics

Housing

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

-Robert Wood Johnson Foundation, Report on Housing and Health[38]

As noted by the Robert Wood Johnson foundation, housing can strongly affect health. In focus groups, Gwinnett County housing was considered affordable by many middle-class residents. However, many Gwinnett residents spend a large proportion of their income on housing, suggesting that housing affordability is a (?) problem in the county.

In the Forces of Change assessment, participants identified the recent housing crisis and homelessness as problems facing the county. They expressed concerns that these issues are leading to increased need for shelters and family services, economic instability, people coming to Gwinnett to get services, and a perceived increase in crime (as noted in the section on Safety, however, Gwinnett County crime rates have fallen in recent years). As potential remedies, the group suggested support programs that teach self-sufficiency skills, advocacy for and development of affordable housing, and community education on homelessness issues.

According to the U.S. Census Bureau, during the years 2007-2011, there were 290,000 housing units in Gwinnett County, 90% of which were occupied. Of the total number of housing units, over three-quarters (78%) were single family houses, one-fifth (20%) were in multi-unit structures like apartment buildings, and 2% were mobile homes. Nearly two-thirds (64%) of households in Gwinnett County were owned and the rest were rented.

The Gwinnett County 2030 Unified Plan provides historical context on the county's housing development during the period of tremendous growth since the 1970s. The report notes that "low-density subdivisions" have been the county's main form of development with comparatively few apartments. The report states, "clusters of multifamily dwellings, mostly apartments, appeared in western parts of the county, particularly in the 1970s and early 1980s. Due in part to market saturation and in part to resistance to increasing density, few apartment rezonings were approved from 1988 to the early 1990s. Most of the existing apartments are close to the border with DeKalb County, near Interstate 85, or near Peachtree Industrial Boulevard."[39]

[38] Robert Wood Johnson Foundation, Report on Housing and Health
http://www.rwjf.org/en/research-publications/find-rwjf-research/2011/05/housing-and-health.html
[39] Gwinnett County 2030 Unified Plan
http://www.gwinnettcounty.com/portal/gwinnett/Departments/2030UnifiedPlan

The Gwinnett Unified Plan notes that "an increasing proportion of Gwinnett's population are groups whose needs and lifestyles do not require the typical single-family subdivision type of housing." The report cites a 2007study by Claritas, Inc., which estimated that 17% of all Gwinnett households were inhabited by one person and 30% by two people. The 2010 U.S. Census, which found that 20% of Gwinnett households were inhabited by one person, suggests that this trend toward smaller households is continuing. Increased alternatives to single-family subdivision housing might therefore be beneficial for county residents.

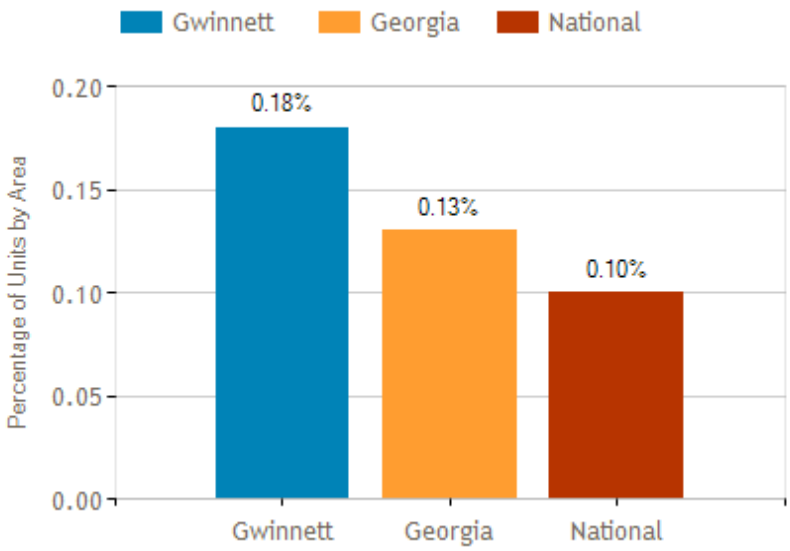
Renters Spending 30% or More of Household Income on Rent	Comparison: U.S. Counties	

U.S. Census Bureau data confirm that current Gwinnett County housing is not affordable for many residents. The Department of Housing and Urban Development suggests that families who pay more than 30% of their income for housing are considered cost burdened and may have difficulty affording necessities like food, transportation, and medical care. From 2007-2011, the median monthly housing cost in Gwinnett County was $1,650 for mortgage owners and $463 for non-mortgage owners. More than one third (38%) of owners with mortgages and one in eight owners without mortgages spent 30% or more of their household income on housing. The median monthly housing cost for renters was $980, and over half (54%) spent 30% or more of their household income on rent, which was higher than the national average (47%).

As noted in the Forces of Change assessment, housing foreclosures in Gwinnett have been a major problem facing the county. In July 2013, one in every 559 housing units in the county received a foreclosure filing.[40] According to a CNN Money report, a Lawrenceville zip code had the highest foreclosure rate in the country in 2012, with nearly 13% of homes receiving some kind of foreclosure notice.[41] As of 2013, Georgia continues to have a higher foreclosure rate than the national average, and Gwinnett is among the counties with the highest foreclosure rates in the state (Figure 11).

[40] www.realtytrac.com
[41] http://money.cnn.com/2013/01/17/real_estate/foreclosure-neighborhoods/index.html

Figure 11. Foreclosure Rates in Gwinnett County Compared with State and National Rates, July 2013



Source: www.realtytrac.com

According to the Gwinnett Unified Plan, an estimated 8,600 persons were homeless in Gwinnett County in 2006, a number that has likely increased following the subsequent economic downturn during the following years. The report states that, "fundamentally, homelessness in Gwinnett County relates to the limited stock of decent, safe, and sanitary low-cost housing units combined with limited financial capacity of homeless families and individuals (low wages, depleted savings, and excessive debt)."[42]

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

- Local building requirements such as minimum square footage and minimum lot size requirements and certain infrastructure requirements that prevent development of smaller units on smaller lots
- Zoning and community opposition that block group homes and other supportive housing with services for individuals with special needs
- Burdensome federal and states regulations constraining use of Community Development Block Grant funds
- Historically weak policies to preserve the existing housing stock through renovation
- Lack of public/private partnerships with financial institutions to encourage greater investment in low- and moderate-income areas
- Need for more awareness of affordable housing issues and solutions among the overall community and more education for prospective homebuyers

[42] Gwinnett County 2030 Unified Plan
http://www.gwinnettcounty.com/portal/gwinnett/Departments/2030UnifiedPlan

Education and Child Activities

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

-Robert Wood Johnson Foundation, Report on Education and Health[43]

U.S. Census data suggest that Gwinnett's population as a whole is more educated than the average county in the state and nation. However, high school graduation rates are lower among recent students than among residents over age 25. Only 71% of Gwinnett students in the 2012 four-year cohort graduated high school on time, which was slightly higher than the Georgia rate of 70%,[44] but lower than the national rate of 78% in 2010, the most recent year for which data is available.[45] Among four-year public high schools in Gwinnett County, the 2012 graduation rate ranged from a low of 49% at Meadowcreek High School to 100% at the Gwinnett School of Mathematics, Science, and Technology.

Overall, focus group participants and key informants rated Gwinnett County's school system and educational status highly. In 2010, shortly before focus groups and key informant interviews were conducted, the school system was awarded the Broad Prize for Urban Education, designating it as one of the nation's top urban school districts.[46] U.S. Secretary of Education Arne Duncan stated that, "Gwinnett County has demonstrated that an unwavering focus across a school system – by every member of the district and the community – can lead to steady student improvement and achievement…. Districts across the country should look to Gwinnett County as an example of what is possible when adults put their interests aside and focus on students." Among the reasons for the award, Gwinnett schools were found to have:

- Outperformed similar districts in Georgia
- Narrowed achievement gaps between African-American, Hispanic, and White students
- Achieved high SAT, ACT, and AP participation rates
- Had a higher percentage o f students performing at advanced levels, particularly among minority students

[43] Robert Wood Johnson Foundation http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70447
[44] Georgia Department of Education http://www.gadoe.org/External-Affairs-and-Policy/communications/Documents/2012%204%20Year%20Cohort%20Graduation%20Rate.pdf
[45] U.S. Department of Education http://nces.ed.gov/pubs2013/2013309rev.pdf
[46] Broad Prize for Urban Education http://www.broadprize.org/past_winners/2010.html

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

From 2009-2010, the county's high school graduation rate among residents 25 years and older was 85%, exceeding the statewide average of 80% and the Healthy People 2020 target of 82%. From 2007-2011, over one-third (35%) of people older than 25 years in Gwinnett County earned a bachelor's degree or higher, which was far above the nationwide average of 17%.

The Gwinnett County Public School System serves more students than any other Georgia school district and is the fourteenth largest in the county. It includes 132 schools and, in 2012-2013, enrolled about 165,000 students.[47] According to the school district, half of Gwinnett students qualify for free or reduced lunches.

Participants from several focus groups, including teens and neighborhood leaders, felt that too few activities for children existed. Regarding adult education, one focus group suggested that too few adult literacy resources were available and that a lack of transportation inhibited them from accessing those that were available.

Transportation

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

-American Public Health Association[48]

Transportation and road congestion are serious issues in Gwinnett County. Focus group participants and key informants identified traffic and the county's limited public transit network as the major problem facing the county. Students at the Philadelphia Osteopathic College of Medicine highlighted traffic and long travel distances, and said that improvements in roads, traffic, public transportation, and interconnectivity planning would be the primary way to improve quality of life in the county. The focus group involving teens suggested that better transit for individuals without cars would improve quality of life in the county. The Gwinnett Neighborhood Leadership Institute focus group stated that the county's biggest threat was inadequate transportation, which included public transit, sidewalks, and safe bicycle lanes. This group also stated that the county's limited public transit services limited economic

[47] Gwinnett County Public Schools http://publish.gwinnett.k12.ga.us/gcps/home/public/about
[48] American Public Health Association http://www.apha.org/advocacy/priorities/issues/transportation)

development and some residents' access to jobs. ViewPoint focus group participants said that the lack of alternative transportation options limited their access to community resources like education. A focus group of county seniors indicated that a lack of transportation kept many from accessing many health care resources or accessing senior activities, saying that the current transit system was not effective and was not wheelchair accessible. Participants in the focus group involving homeless persons said that lack of transportation was their primary reason for not engaging in any community activities or events.

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

As noted in the Gwinnett Unified Plan, Gwinnett county travel is "very reliant on the private automobile, especially for commuting."[49] Data are available from the U.S. Census Bureau on worker commutes and on the proportion of households without a vehicle. From 2007-2011, nearly four-fifths (78%) of Gwinnett workers drove to work alone, 12% carpooled, 1% took public transportation, 3% commuted by other means, and the remaining 5% worked from home. For those who commuted, the average travel time to work was 32.2 minutes, about 50% higher than the national average of 22.6 minutes. According to the Healthy Communities Institute, these lengthy commutes cut into workers' free time and can contribute to health problems like headaches, anxiety, and increased blood pressure. Longer commute times also require workers to consume more fuel, which is both expensive to workers and damaging to the environment. Three percent of households did not have access to a car, truck or van for private use.

Gwinnett County 2013 Unified Plan on Transportation Issues

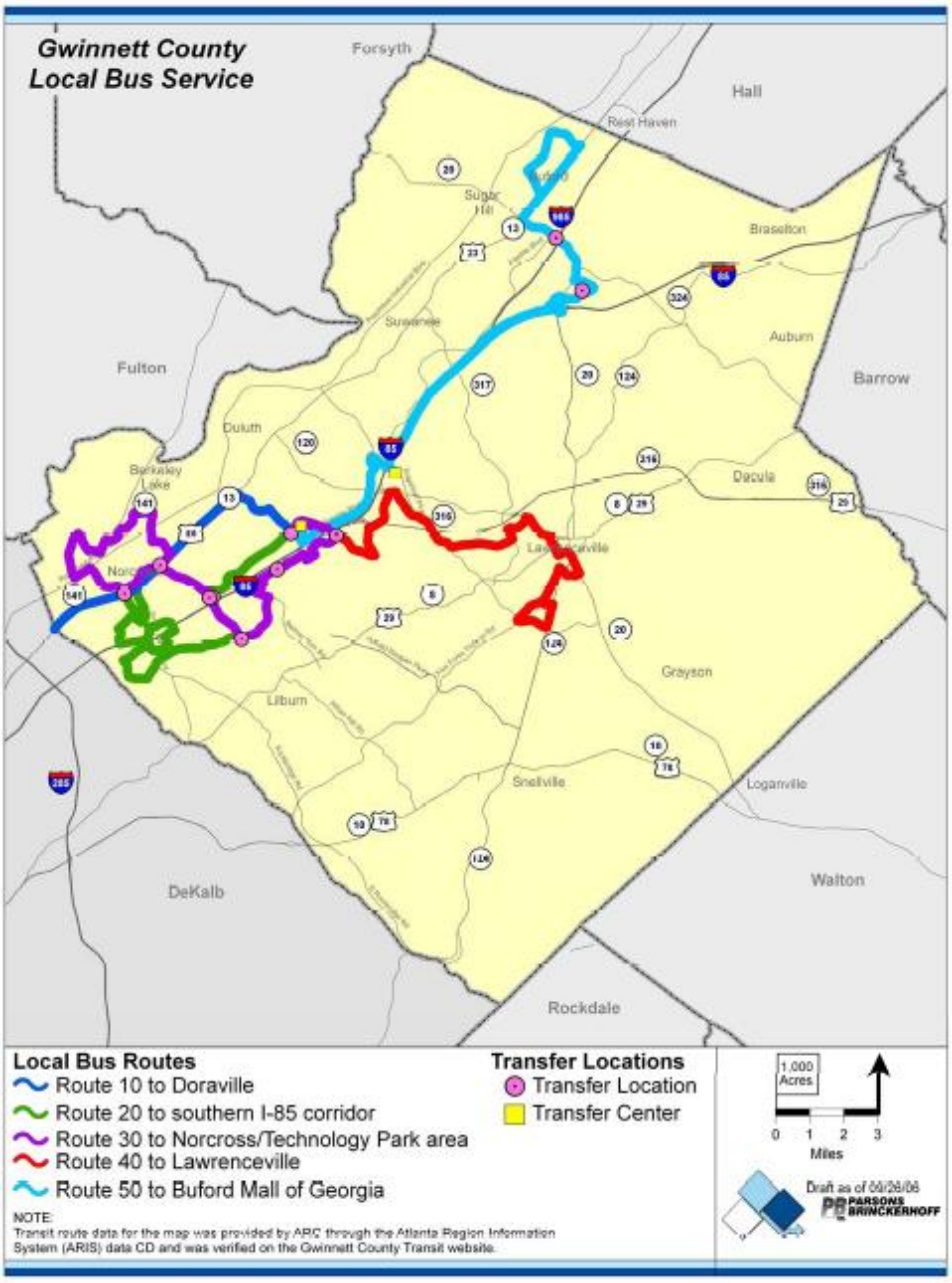
The Gwinnett Unified Plan identified several driving forces behind the county's transportation issues.
(1) "A typical, suburban development pattern of low density, disconnected developments spread across the county."
(2) "Poor connectivity," resulting from individual developments that "are often not connected to adjacent developments. Access to virtually all developments require and automobile trip. If walking, a relatively long and not particularly pedestrian-friendly walking trip must be made…. This pattern of development has increased the need for an automobile for most trips in the County"
(3) "The partially radial nature of Gwinnett's road network, a function of serving the County's cities, also contributes to the County's transportation problems. Traffic is concentrated on major roads that intersect in downtown areas rather than being distributed over a wider network."
(4) Lack of access management along many key roads; "failure to manage access can have the following impacts:"

- An increase in vehicular crashes
- More collisions involving pedestrians and cyclists

[49] Gwinnett County 2030 Unified Plan
http://www.gwinnettcounty.com/portal/gwinnett/Departments/2030UnifiedPlan

- Accelerated reduction in roadway efficiency
- Unattractive commercial strip development
- Increased commute times, fuel consumption, and vehicular emissions as numerous driveways and traffic signals intensify congestion and delays along major roadways

Figure 12. Local bus service in Gwinnett County, 2006



Source:
https://www.gwinnettcounty.com/static/departments/planning/pdf/comprehensive_transportation_plan.pdf

Participants in the Forces of Change assessment suggested that the county's transportation issues threaten economic growth, deter new businesses, make jobs and services inaccessible, isolate people, and impact residents' quality of life. However, the assessment identified several opportunities to improve transportation, which included alternative transportation options, including public transportation, and participation in regional solutions.

Community Engagement

Social capital refers to the institutions, relationships, and norms that shape the quality and quantity of a society's social interactions. Increasing evidence shows that social cohesion is critical for societies to prosper economically and for development to be sustainable. Social capital is not just the sum of the institutions which underpin a society – it is the glue that holds them together.

-The World Bank[50]

Community engagement, a critical part of social capital, can provide residents with a sense of connection and well-being. Researchers, including Dr. Robert Putnam, author of the widely cited book, *Bowling Alone*, have suggested that social capital in the United States has been in decline. Putnam suggests that over the past several decades, "we sign fewer petitions, belong to fewer organizations that meet, know our neighbors less, meet with friends less frequently, and even socialize with our families less often."[51] According to Putnam, studies have shown that "the more integrated we are with our community, the less likely we are to experience colds, heart attacks, strokes, cancer, depression, and premature death of all sorts."[52]

Participants in the Forces of Change assessment came to similar conclusions about the level of social capital in Gwinnett County, suggesting that the county is facing a loss of a "sense of community," which includes a lack of engagement, as evidenced by low voter turnout, less reporting of crimes, and neighborhood disintegration. The assessment indicated that apathy was too prevalent and that the county needed a renewed call to service. Several focus group participants also reported concern about a lack of community engagement and the need for more community activities. Perhaps relevant given the long average commute times in the county is the research finding that "every ten minutes of commuting reduces all forms of social capital by 10%."[53]

On the positive side, the City of Suwanee serves as an example of a place that has improved community engagement. In recent years, it has been ranked by CNN Money as one of the "Best Places to Live" [54] in

[50] The World Bank http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALDEVELOPMENT/EXTTSOCIALCAPITAL/0,,contentMDK:20185164~menuPK:418217~pagePK:148956~piPK:216618~theSitePK:401015,00.html
[51] Bowling Alone http://bowlingalone.com/
[52] Robert Putnam. Bowling Alone. Simon and Schuster. 2000, p. 326.
[53] Bowling Alone http://bowlingalone.com/
[54] CNN Money http://money.cnn.com/galleries/2007/moneymag/0707/gallery.BPTL_top_100.moneymag/10.html

the United States and as one of the top ten "great cities to raise kids" by Kiplinger magazine.[55] According to the Suwanee 2030 Comprehensive Plan,[56] the city has engaged in a range of "innovative land use policies geared toward creating more sustainable neighborhoods with unique identities, preserving and providing open space, improving pedestrian mobility, and creating a vibrant Town Center." The city has also placed an emphasis on expanding the city's social, cultural, and natural resources (e.g., public art, concerts, races, movies, parks, farmers markets, food truck events, and greenways).

Elsewhere in the county, Community Improvement Districts (CIDs) are working to reinvigorate communities and build public spaces that encourage community engagement and interaction. For example, the Gwinnett Village CID in southwest Gwinnett is working to reduce crime, encourage quality redevelopment, and create an open space network, among other initiatives.[57] In addition to the Gwinnett Village CID, four other CIDs operate within the county: Braselton, Evermore, Gwinnett Place, and Lilburn.[58]

Since 2000, the Gwinnett Coalition has sponsored Gwinnett Great Days of Service[59] to increase volunteerism in the county. More than 90,000 volunteers—more than one in ten Gwinnett residents—participate annually in this two day event.

Environment

Physical Environment Ranking	Comparison: GA Counties	

Gwinnett County's environmental ratings did not rank as highly as its economic and educational ones. According to the County Health Rankings, Gwinnett's physical environment ranked 76th of the 159 Georgia counties. The Healthy Communities Institute defines the physical environment as all places where we live and work (e.g., homes, buildings, streets, and parks). The environment influences a person's level of physical activity and ability to have healthy lifestyle behaviors. For example, inaccessible or nonexistent sidewalks or walking paths increase sedentary habits. These habits contribute to obesity, cardiovascular disease, and diabetes. Other factors that contribute to healthy lifestyle behaviors are access to grocery stores and recreation facilities.

[55] Kiplinger Magazine http://www.kiplinger.com/slideshow/real-estate/T006-S001-10-great-cities-to-raise-your-kids/index.html
[56] Suwanee Comprehensive Plan http://www.suwanee.com/cityservices.2030comprehensiveplan.php
[57] Gwinnett Village Community Improvement District http://www.gwinnettvillage.com/about-us/
[58] Gwinnett County Community Improvement Districts https://www.gwinnettcounty.com/portal/gwinnett/AboutGwinnett/TaxInformation/CommunityImprovementDistricts
[59] Gwinnett Great Days of Service http://www.gwinnettgreatdaysofservice.org/

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

In 2009, the county had an average of 18 grocery stores per 100,000 population compared with a nationwide county average of 21 per 100,000. There are strong correlations between the density of grocery stores in a neighborhood and the nutrition and diet of its residents. However, it should be noted that this measure did not include large general merchandise stores like supercenters and warehouse club stores. Because these stores are common in Gwinnett County, this measure might underestimate the availability of nutritious food in the county. However, low-income residents in Gwinnett had lower access to grocery stores than the national average. About 8% of low-income residents lived more than a mile from a supermarket or large grocery store (or more than 10 miles away in areas considered rural) compared with 6% nationwide.

Fast Food Restaurant Density	Comparison: U.S. Counties	

Gwinnett has a high density of fast food restaurants (80 per 100,000 population) compared with the national average (60 per 100,000). Fast food is often high in fat and calories and lacking in recommended nutrients. Studies suggest that fast food outlets strongly contribute to the high incidence of obesity and obesity-related health problems.

Liquor Store Density	Comparison: U.S. Counties	

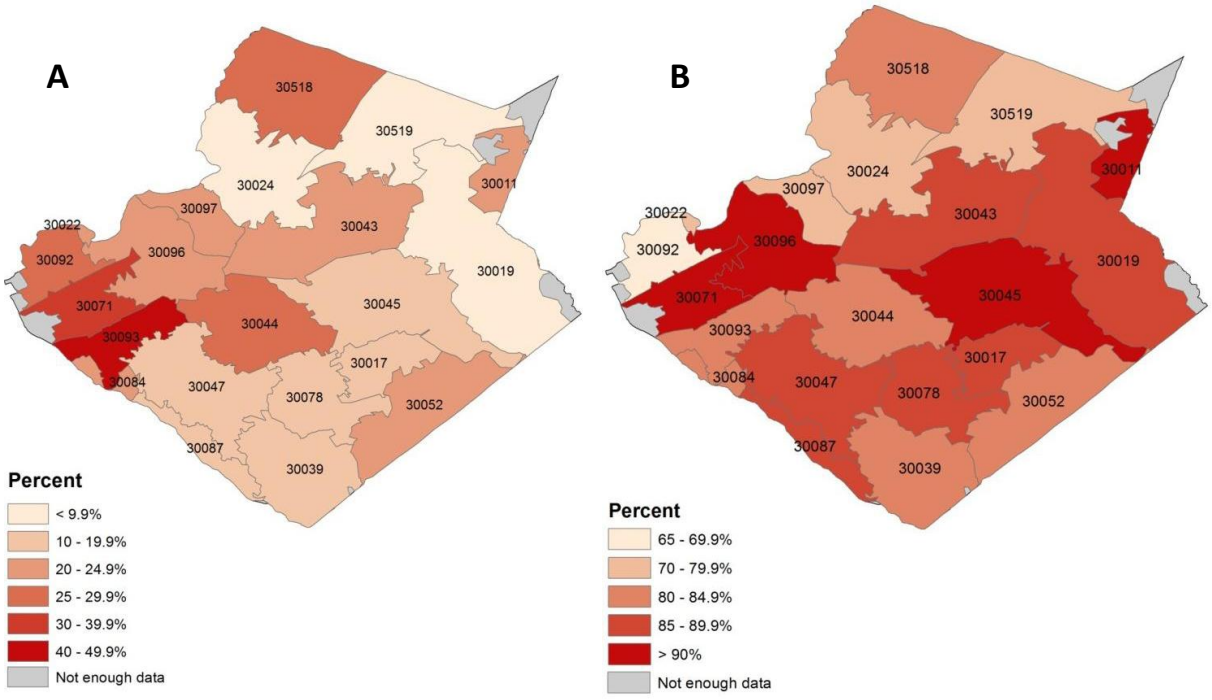
The density of liquor stores in Gwinnett (3 stores per 100,000 population) is lower than the national average of 11 per 100,000. Information is not available on the total number of stores that sell alcohol. Studies have shown that neighborhoods with a high density of alcohol outlets are associated with higher rates of violence, regardless of other community characteristics like poverty and age of residents. High alcohol outlet density has been shown to be related to increased rates of drinking and driving, motor vehicle-related pedestrian injuries, and child abuse and neglect. The county's low density of liquor stores is consistent with the county's low rate of death due to violent crime and motor vehicle collisions. However, a high proportion of residents report excessive drinking (discussed further in the Health Behaviors section), which suggests that alcohol is readily available in the county.

Recreation and Fitness Facilities	Comparison: U.S. Value	

Gwinnett has an estimated 0.11 recreation or fitness facilities per 1,000 residents, which is better than the national average of 0.07 per 1,000. In focus groups, participants had positive comments about the

county's parks. A 2012 Gwinnett County Parks and Recreation Survey found that 85% of residents surveyed used the county park system in the past year and 76% said enough recreational facilities were available.[60] Among residents who used recreational facilities, the most frequent activities were walking (49%), using playgrounds (16%), and engaging in activities with children or grandchildren (11%). Respondents were able to select more than one activity. When asked what programs or services would help maintain health, the most common response was walking facilities. Residents in the southwest portion of the county were most likely to believe their area needed more recreation facilities (Figure,13-A). By contrast, residents in the northern and far western zip codes used county recreational facilities less often in the past year than residents in other areas of the county (Figure, 13-B). Most (88%) residents reported driving to parks and only 9% reported walking. The Gwinnett Unified Plan suggested that smaller neighborhood "pocket parks" could improve quality of life for county residents and would allow them to more easily walk to parks from their homes.

Figure 13. Percentage of residents who believe (A) their area needs more recreation facilities and (B) who have used a county facility in the past year, Gwinnett County, 2012



Source: Gwinnett County Parks and Recreation
http://www.gwinnettcounty.com/static/departments/parks_rec/pdf/master_plan/2012_Gwinnett_County_Parks_Recreation_Needs_Assessment_Survey.pdf

[60] Gwinnett County Parks and Recreation Department
http://www.gwinnettcounty.com/static/departments/parks_rec/pdf/master_plan/2012_Gwinnett_County_Parks_Recreation_Needs_Assessment_Survey.pdf

Annual Ozone Air Quality	Comparison: Air Quality Index	

Air quality in Gwinnett County could be improved. According to the American Lung Association, Gwinnett received the lowest possible grade for ozone air quality (grade: F). Ground level or "bad" ozone is created from industrial and vehicle emissions. High levels of ozone reduce lung function, inflame the lining of the lungs, and can worsen bronchitis, emphysema, and asthma.

Drinking Water Safety	Comparison: U.S. Counties	

About 3% of Gwinnett County residents (about 25,000) got water from public water systems that received at least one health-based violation during financial year 2012. This percentage exceeded the nationwide county average of 0.2%. The Gwinnett Forces of Change assessment also identified water scarcity as a potential problem facing the county.

For many areas of the county, septic systems are the only available means of sewage disposal. In fact, Gwinnett County has more septic systems than any other county in Georgia. The Health Department inspects all aspects of development related to properly using septic systems and investigates complaints of failing septic systems.[61]

The Gwinnett 2030 Unified Plan concluded that sufficient funds were not available to both extend sewer into the eastern portions of the county and to rehabilitate older sewers in the western and southern portions of the county. In keeping with the Unified Plan's preferred "International Gateway" scenario, sewer improvements will take place along the I-85 and 316 corridors to allow for higher impact development, while eastern sections of the county will remain unsewered and zoned for low density development, including executive housing.[62]

[61] Gwinnett Newton Rockdale County Health Departments http://www.gnrhealth.com/services/environmental-health-index/septic-systems-homeownerslandlords

[62] Gwinnett County 2030 Unified Plan http://www.gwinnettcounty.com/portal/gwinnett/Departments/2030UnifiedPlan

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

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

Safety

Violent Crime Rate	Comparison: GA Counties	

Compared with other Georgia counties, Gwinnett has favorable safety measures. Several focus groups suggested that increasing crime was a concern for the county. However, available data suggest that crime rates are improving. According to the Georgia Statistics System, the violent crime rate in 2011 was 221 per 100,000 population, which was better than the Georgia average of 248 per 100,000. This rate has progressively decreased from 325 per 100,000 in 2008 to the 2011 level of 221 per 100,000. Similar figures were obtained from the Gwinnett County Police Department's 2011 Annual Report: the

number of violent crimes handled by county police decreased from 2,178 in 2007 to 1,367 in 2011, and the number of burglaries and thefts decreased from 17,876 in 2007 to 13,224 in 2011 despite increases in county population.[63]

Age-Adjusted Death Rate due to Motor Vehicle Collisions	Comparison: GA Counties	

Motor vehicle-related injuries kill more children and young adults than any other single cause in the United States. From 2009-2011, Gwinnett County had a lower age-adjusted death rate due to motor vehicle collisions (9 per 100,000) compared with the Georgia average (19 per 100,000) and the Healthy People 2020 goal of 12 per 100,000. For the years 2005-2007, the rate had been 13 per 100,000, suggesting that interventions to improve motor vehicle safety have been successful. Maps of the locations of Gwinnett County motor vehicle collisions can be found in the county's comprehensive transportation plan.[64]

Motor vehicle crashes are the second leading cause of premature death in Gwinnett County.

Physical and Sexual Abuse

According to the 2010 Gwinnett comprehensive youth survey, 20% of high school students and 18% of middle school students reported having been physically abused, and 11% of high school students and 6% of middle school students reported having been sexually abused. All of these proportions declined from the previous survey in 2008.

[63] Gwinnett County Police Department's 2011 Annual Report
https://www.gwinnettcounty.com/static/departments/police/pdf/2011PoliceAnnualReport.pdf
[64] Gwinnett County Comprehensive Transportation Plan
https://www.gwinnettcounty.com/static/departments/planning/pdf/comprehensive_transportation_plan.pdf

Section Two: Health Status

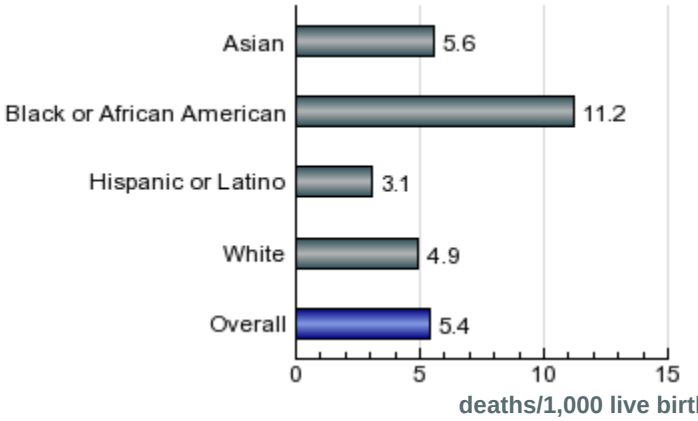
Overall Health

Morbidity Ranking	Comparison: GA Counties	
Mortality Ranking	Comparison: GA Counties	
Infant Mortality Rate	Comparison: GA State Value	
Poor Physical Health Days	Comparison: U.S. Counties	
Self-Reported General Health Assessment: Poor or Fair	Comparison: U.S. Counties	
Persons with a Disability	Comparison: U.S. Value	

Gwinnett is one of the healthiest counties in Georgia, but it is important to note that room for improvement still exists, particularly for certain populations. In 2013, Gwinnett ranked eighth healthiest by illness and disability (morbidity) and fourth lowest in premature death (mortality) among Georgia's 159 counties. The county's infant mortality rate of 5.4 per 1,000 live births is lower than the state average and achieves the Healthy People 2020 goal of 6.0 per 1,000. Residents reported an average of 2.8 poor or fair physical health days per month, which was better than the nationwide county average of 3.7 days. Twelve percent of Gwinnett residents rated their health as poor or fair, which was also lower than the nationwide county average of 16%. Education and income are closely tied to better health, and many of Gwinnett's positive health indicators are likely related to residents' high level of education and household income.

Although Gwinnett County has favorable health rankings overall, certain groups bear a much heavier burden of disease and premature death. For example, the infant mortality rate varied substantially by race and ethnicity, with African-Americans having a rate (11.2 per 1,000 live births) nearly twice that of other groups (Figure 15). Although the proportion of the population with a physical, mental, or emotional disability (7.4%) was lower than the national average (12.1%), this measure indicates that one in fourteen Gwinnett residents has a disability that puts them at higher risk for poor health outcomes. Other opportunities for health improvement are described further throughout the report.

Figure 15. Infant Mortality Rate by Maternal Race/Ethnicity, Gwinnett County, 2011



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

Access to Health Services

Adults with Health Insurance	Comparison: U.S. Counties	
Children with Health Insurance	Comparison: U.S. Counties	
Primary Care Provider Rate	Comparison: U.S. Counties	
Clinical Care Ranking	Comparison: GA Counties	

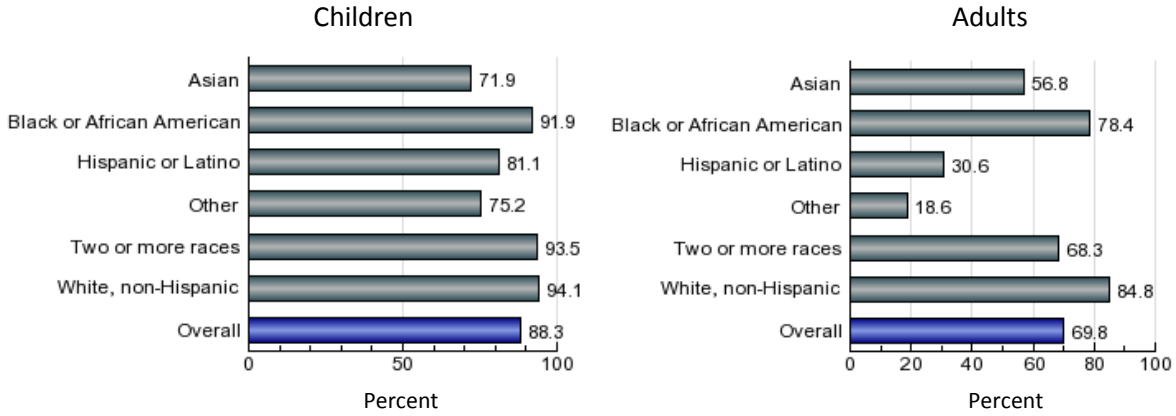
Public data and community feedback suggest that health services are readily available to Gwinnett County residents with insurance and a vehicle. However, lack of health insurance is a significant problem in the county, and focus group participants stated that residents without a personal vehicle are often unable to reach services.

Large numbers of Gwinnett residents are uninsured. In 2011, nearly one-third (30%) of adults in Gwinnett County and nearly one in eight (12%) children under age 18 years lacked health insurance. These proportions were well above the national county averages of 19% for adults and 6% for children.

Certain race/ethnicity and age groups were much less likely to have insurance than others. Whereas about one in seven (15%) non-Hispanic White adults lacked health insurance, this rate was more than one in five (22%) for non-Hispanic Black adults, almost one in two (43%) for Asian adults, and more than two of three (69%) for Hispanic adults. Almost half (44%) of young adults 25-34 years were uninsured compared with about one in seven (15%) adults 55-64 years. About one in four (28%) Asian children,

one in five (19%) Hispanic children, one in twelve (8%) non-Hispanic Black children, and one in seventeen (6%) non-Hispanic White children lacked health insurance in 2011. Figure 16 shows the percentage of insured children and adults.

Figure 16. Health Insurance Coverage by Race/Ethnicity, Gwinnett County, 2011



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

Gwinnett County has a slightly above average rate of primary health care providers per resident (56 providers per 100,000 population), suggesting that primary health care is available to those who have insurance or other means to pay for care. Further supporting this conclusion, Gwinnett has a clinical care ranking in the top third of Georgia counties (42 of 159) according to the 2013 County Health Rankings. Accordingly, focus group participants felt that healthcare resources were available, but that they were often not accessible to or affordable for specific populations because of lack of transportation or insurance. In particular, they felt that dental care and mental health services were inadequate and inaccessible.

The Forces of Change assessment suggested that the 2010 Affordable Care Act offers the potential for more federal money for health care and changes that may improve access to health care for those in poverty. However, FOC participants were concerned about uncertainty and confusion regarding health care options and increased costs for health care and insurance.

Gwinnett County has three major hospitals: Gwinnett Medical Center Lawrenceville,[65] Gwinnett Medical Center Duluth,[66] and Eastside Medical Center in Snellville.[67] The county also has many outpatient health care providers.

[65] Gwinnett Medical Center Lawrenceville http://www.gwinnettmedicalcenter.org/facilities/GMCContentPage.aspx?nd=48
[66] Gwinnett Medical Center Duluth http://www.gwinnettmedicalcenter.org/facilities/GMCContentPage.aspx?nd=49
[67] Eastside Medical Center http://eastsidemedical.com/

The Health Department provides a range of health care services, including immunizations, family planning, child health exams, treatment of sexually transmitted diseases, and breast and cervical cancer screening.[68]

Four Corners Primary Care Center is a Federally Qualified Health Center that provides a range of health care services for fees charged on a sliding scale based on individual and household size and income.[69]

Health Behaviors

Health Behaviors Ranking	Comparison: GA Counties	
Adults who Smoke	Comparison: U.S. Counties	

Gwinnett has positive health behaviors compared with most other U.S. and Georgia counties. The county ranks eighth among the 159 Georgia counties in positive health behaviors. Fifteen percent of Gwinnett residents smoke tobacco, which is less than the nationwide county average of 20%, but higher than the Healthy People 2020 target of 12%. According to the Healthy Communities Institute, tobacco is the agent most responsible for avoidable illnesses and premature death in America today. Tobacco use brings premature death to almost half a million Americans each year, and it contributes to profound disabilities and pain in many others. Approximately one-third of all tobacco users in this country will die prematurely because of their dependence on tobacco.

Adults who are Sedentary	Comparison: GA Counties	

An estimated 20% of Gwinnett residents get no leisure-time physical activity compared with a nationwide county average of 28%.

Adults who Drink Excessively	Comparison: U.S. Counties	

Drinking alcohol has immediate physiological effects on all tissue of the body, including those in the brain. Alcohol is a depressant that impairs vision, coordination, reaction time, judgment and decision-making, which may in turn lead to harmful behaviors. Alcohol abuse is also associated with a variety of other negative outcomes, including employment problems, legal difficulties, financial loss, family disputes and other interpersonal issues. According to the 2010 Youth Health Risk Survey in Gwinnett

[68] Gwinnett Newton Rockdale County Health Departments http://www.gnrhealth.com/services
[69] Four Corners Primary Care Center http://www.fourcornersprimarycare.com/#!services

County, an estimated 16% of Gwinnett residents drank alcohol excessively, which was higher than the nationwide county average of 15% and the Gwinnett estimate two years earlier of 14%.

Data are not available specific to Gwinnett County, but prescription drug abuse is a growing epidemic in the United States. Nationwide, deaths from prescription painkiller overdoses have increased 265% among men and 400% among women from 1999 to 2013.[70] Every 3 minutes, a woman goes to the emergency department for prescription painkiller misuse or abuse.

The Forces of Change assessment identified use of drugs among teenagers as a concern as it can lead to addiction, physical and emotional harm, and death. The report suggested that opportunities to combat drug use include education of parents about risks and better research and prevention efforts.

Chronic Diseases

Although Gwinnett has a lower burden of chronic diseases than many other counties, these conditions still have a substantial impact on the county's health and will likely grow in importance as the county ages. In fact, poor diet, tobacco use, obesity, diabetes, and physical inactivity are five of the top ten risk factors for poor health outcomes and death in the United States.[71]

Adults who are Obese	Comparison: GA Counties	

Twenty-six percent of Gwinnett residents are obese, which is below the Healthy People 2020 target of 31% and the 2011 Georgia state average of 28%. Although these differences might suggest that the county is faring well in terms of obesity, being better than average is not good enough when the nation as a whole suffers from a tremendous obesity problem. For example, back in 1990, the Georgia's obesity rate was only 10%, which is far below Gwinnett's 2011 rate of 26%. Gwinnett's current obesity rate of 26% places a quarter of the adult population at higher risk for serious conditions like diabetes, heart disease, cancer, osteoarthritis, respiratory problems, and stroke. Obesity also carries significant economic costs to the community due to increased health care spending ($1,429 per person compared with those of normal weight) and lost earnings.

Obesity data for Gwinnett County are not available grouped by sex or race and ethnicity. However, data are available for the public health district that includes Gwinnett, Newton, and Rockdale counties from 2006-2010.[72] Gwinnett County makes up four-fifths of the district's population. In this district, males had a higher rate of obesity (30%) than females (23%), and 24% of Whites were obese compared with 41% of Blacks; data were not available for Hispanics or Asians. By comparison, national data show that

[70] CDC http://www.cdc.gov/vitalsigns/PrescriptionPainkillerOverdoses/
[71] Institute for Health Metrics and Evaluation http://www.healthmetricsandevaluation.org/gbd/visualizations/gbd-arrow-diagram
[72] Georgia Online Analytical Statistical Information System http://oasis.state.ga.us/oasis/oasis/brfss/qryBRFSS.aspx

non-Hispanic Blacks had the highest age-adjusted rates of obesity (50%) compared with Hispanics (39%), and non-Hispanic Whites (34%).

Low-Income Preschool Obesity	Comparison: U.S. Counties	

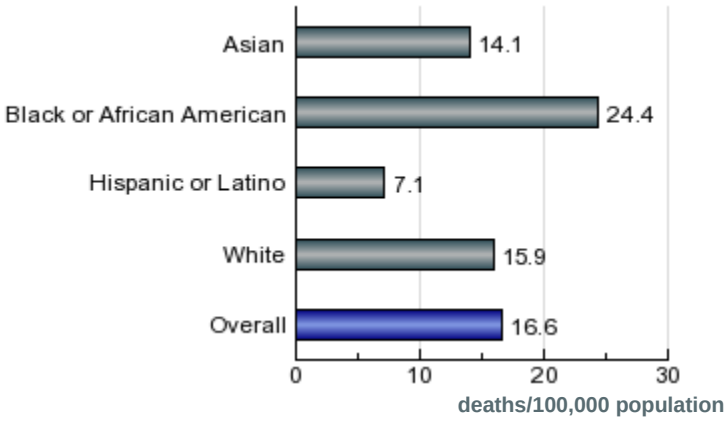
Of concern, 16% of Gwinnett low-income children in preschool (ages 2-4) are obese compared with a nationwide county average of 14%. Obesity this early in life carries both immediate and potentially severe long-term risks. Nationwide, childhood obesity has more than tripled in the last 30 years, raising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

This rise in obesity was identified as a major trend in the Forces of Change assessment. To counter this trend, the report recommended developing community awareness of healthy lifestyles improving the environment to support health, and increasing the number of gyms, nutrition programs, and sidewalks.

Adults with Diabetes	Comparison: U.S. Counties	
Age-Adjusted Death Rate due to Diabetes	Comparison: GA Counties	

In 2009, 8% of Gwinnett residents had diabetes, which was lower than the nationwide county average of 10%. However, the burden of diabetes in Gwinnett is still significant since the disease affects nearly all of the body's organ systems and can lead disability and early death. Eating habits and physical activity play a major role in most cases of diabetes. The age-adjusted death rate due to diabetes in Gwinnett was 16.6 per 100,000 population compared with a statewide average of 23.8 per 100,000. Men died from diabetes at nearly double the rate of women (22.4 per 100,000 vs. 12.6 per 100,000). African-Americans had the highest age-adjusted death rate from diabetes compared with other groups (Figure 17). These data suggest that diabetes prevention, through environmental changes that promote physical activity and better eating habits, and early treatment are needed.

Figure 17. Age-Adjusted Death Rate due to Diabetes by Race/Ethnicity, Gwinnett County, 2009-2011



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

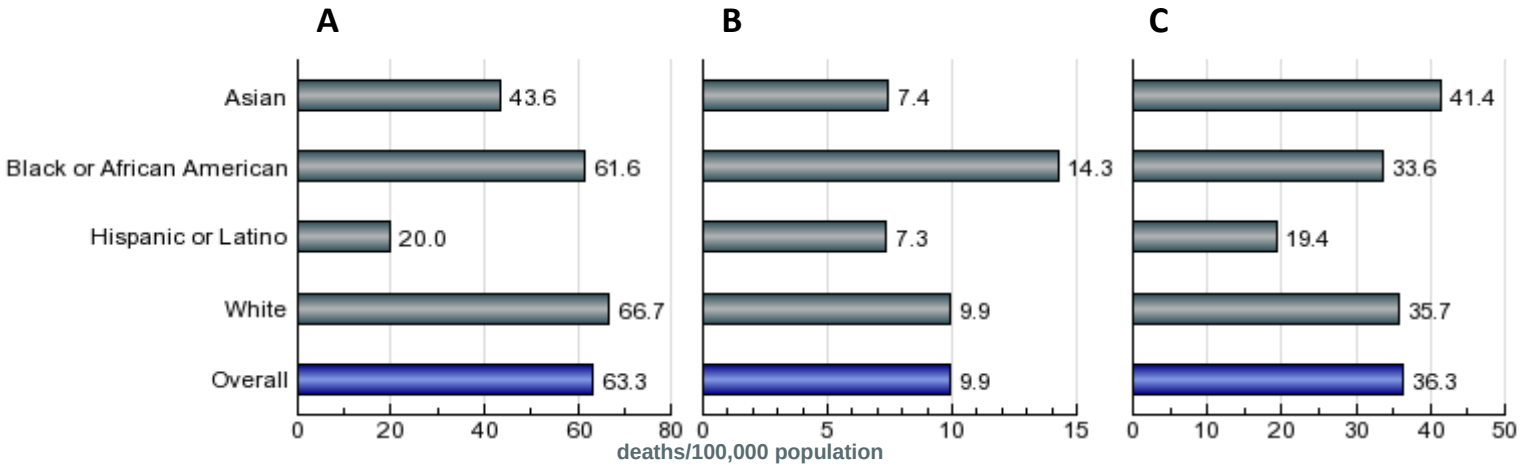
Why Age-Adjusted?

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

Age-Adjusted Death Rate due to "Obstructive" Heart Disease (Including Heart Attack)	Comparison: GA Counties	
Age-Adjusted Death Rate due to High Blood Pressure	Comparison: GA Counties	
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	Comparison: GA Counties	

Cardiovascular disease and stroke are leading causes of death in the United States. They are strongly related to obesity, diabetes, high blood pressure, and tobacco use. Although Gwinnett's age-adjusted rates of heart disease and stroke are below the statewide average, they remain important health threats in the county, just as they are nationwide. Whites and Blacks had the highest rates of "obstructive" heart disease (which includes heart attacks) whereas Blacks had the highest rate of death due to high blood pressure (Figure 18). Asians had the highest rate of death due to stroke. Lifestyle factors (smoking, diet, physical activity) and access to primary care are critical in the prevention of heart disease and stroke.

Figure 18. Age-Adjusted Death Rate by Race/Ethnicity due to (A) "Obstructive" Heart Disease (Including Heart Attack), (B) High Blood Pressure, and (C) Cerebrovascular Disease (Stroke), Gwinnett County, 2009-2011



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

Emphysema and Chronic Bronchitis

Emphysema and chronic bronchitis are the third leading cause of disability and death in the United States. Tobacco smoke is a key factor in the development and progression of these diseases. The age-adjusted death rate from emphysema and chronic bronchitis from 2007-2011 in Gwinnett County was 38.3 per 100,000, which was lower than the Georgia rate of 44.5 per 100,000. This rate for Gwinnett County has remained stable compared with previous averages. Avoiding tobacco smoke is the key way to prevent both emphysema and chronic bronchitis.

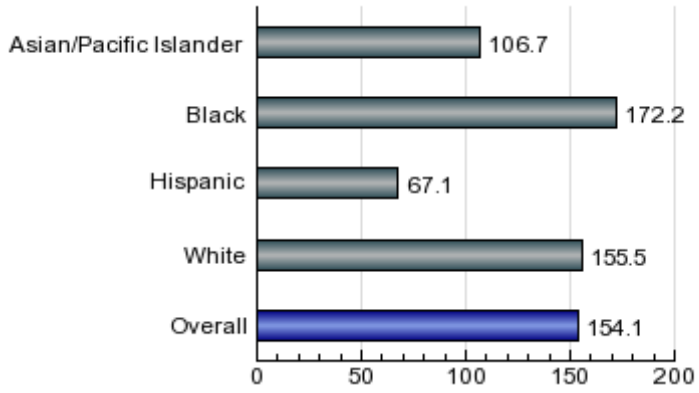
Cancer

Age-Adjusted Death Rate due to Cancer	Comparison: U.S. Counties	

Rates of cancer-related death in Gwinnett County were below national county averages and most rates met Healthy People 2020 targets. The overall age-adjusted death rate due to cancer was 154 deaths per 100,000 population from 2005-2009, which was below the national county average of 189 per 100,000 and achieved the Healthy People 2020 target of 161 per 100,000.

The overall age-adjusted death rate due to cancer varied substantially by race and ethnicity (Figure 19). African-Americans had the highest rate, followed by Whites, Asians, and Hispanics. Men had a higher age-adjusted death rate due to cancer (185 per 100,000) than women (135 per 100,000), in part due to higher rates of lung cancer and colorectal cancer.

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



Age-Adjusted Death Rate due to Breast Cancer	Comparison: U.S. Counties	
Age-Adjusted Death Rate due to Colorectal Cancer	Comparison: U.S. Counties	
Age-Adjusted Death Rate due to Lung Cancer	Comparison: U.S. Counties	
Age-Adjusted Death Rate due to Prostate Cancer	Comparison: U.S. Counties	
Colorectal Cancer Incidence Rate	Comparison: U.S. Counties	

Breast cancer, colorectal cancer, lung cancer, and prostate cancer are the four most common types of cancer. Gwinnett County age-adjusted death rates due to colorectal cancer and lung cancer met Healthy People 2020 targets, whereas those for breast cancer and prostate cancer were slightly above these targets. Although Gwinnett's rates for breast and prostate cancer were higher than Healthy People 2020 targets, they were below national county averages. The rate of new colorectal cancer diagnoses (or incidence) was 39.4 per 100,000 population, which was slightly above the Healthy People 2020 target of 38.6 per 100,000, but below the national county average (48.5 per 100,000).

Breast Cancer Incidence Rate	Comparison: U.S. Counties	
Prostate Cancer Incidence Rate	Comparison: U.S. Counties	

Although the incidence of breast cancer and prostate cancer were higher than the national county averages, differences in cancer screening between counties can make these numbers difficult to compare. The higher rates of breast cancer and prostate cancer diagnoses might be explained by greater use of mammography and prostate-specific antigen (PSA) testing in some counties than others.

Although Healthy People 2020 targets have been set for age-adjusted death rates due to breast and prostate cancer, it should be noted that no Healthy People 2020 targets have been set for breast or prostate cancer incidence.

Cervical Cancer Incidence Rate	Comparison: U.S. Counties	

Cervical cancer is a disease that affects relatively young women and can be prevented through vaccination, testing, and early treatment. The incidence rate for Hispanic women (15 per 100,000) is more than twice that of the next highest group (White women, 7 per 100,000), suggesting that greater prevention efforts are needed for all women, particularly Hispanics.

Teen Pregnancy

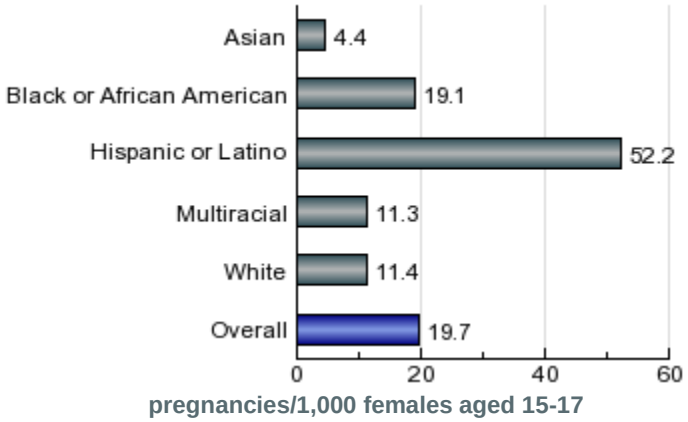
Teen Pregnancy Rate	Comparison: GA Counties	
Teen Birth Rate	Comparison: GA Counties	

According to the Healthy Communities Institute, teen pregnancy and childbearing have substantial social and economic impacts for communities, contributing to high school dropout and increased health care and foster care costs. In 2010, the pregnancy rate among 15-17 year old girls in Gwinnett was 19.7 pregnancies per 1,000, lower than the Georgia statewide average of 31.0 per 1,000 and the Healthy People 2020 target of 36.2 per 1,000. The 2010 Gwinnett rate represented a substantial decline from 2008, when the rate was 27.8 per 1,000. This decline can likely be attributed in part to the economic recession, as county pregnancy rates in nearly all age categories declined substantially beginning in 2007.

There were notable differences in teen pregnancy rates by race/ethnicity (Figure 20). The 2010 rate for Hispanic girls was 52.2 per 1,000 compared with 11.4 per 1,000 for non-Hispanic Whites and 4.4 per 1,000 for Asians. Of note, by 2010 the pregnancy rate for Hispanic girls 15-17 declined by nearly 50% since 2007, when the pregnancy rate was 97 per 1,000.

The overall teen birth rate in 2010 was 14.0/1,000, which was below the Georgia statewide average of 24.5/1,000.

Figure 20. Teen Pregnancy Rate by Race/Ethnicity in Gwinnett County, 2010



Maternal and Infant Health

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

In 2011, there were 11,654 births to Gwinnett County mothers, comprising nearly one in eleven births in the state of Georgia. Pregnancy and childbirth were the leading cause of hospitalization in the county.

Preterm Births	Comparison: GA Counties	

About 10% of infants born in Gwinnett in 2011 were premature, or preterm (birth before the end of the 37th week of pregnancy), a percentage that is slightly lower than the statewide average of 12%. Preterm birth is a leading cause of infant death and disability and can be influenced by smoking, alcohol use, stress, and lack of prenatal care and vitamins. Girls 15-17 years old and women in their 40s had the highest rates of preterm delivery.

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

Low birth weight is closely related to preterm birth, but may be caused by other factors. About 7.3% of babies born in Gwinnett County in 2011 had low birth weight (less than 5 pounds, 8 ounces), which was lower than the statewide average of 10.1% and the Healthy People 2020 target of 7.8%. Low birth weight was most common among girls age 15-17 years and women over 40 years, as well as African-American women. About 1.5% of babies born in Gwinnett County in 2011 had very low birth weight

(less than 3 pounds, 5 ounces). This percentage was lower than the state average of 2.0%, but slightly higher than the Healthy People 2020 target of 1.4%. Risk factors for very low birth weight are similar to those for low birth weight.

Mothers who Smoked During Pregnancy	Comparison: GA Counties	

Smoking during pregnancy poses significant risks to both the mother and the fetus, including an increased risk for preterm birth and low birth weight. About 1.8% of pregnant women in Gwinnett in 2011 smoked. This figure is substantially lower than the statewide average of 9.7%, but above the Healthy People 2020 goal of 1.4%. Importantly, the proportion of women who smoked during pregnancy rose from 1.1% in 2009 to 1.8% in 2011. Smoking during pregnancy was most common among girls age 15-17 years (2.8%) and women age 20-24 years (3.0%), as well as White (2.6%) and Multiracial (2.9%) women.

Infectious Diseases

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

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

Age-Adjusted Death Rate due to Influenza and Pneumonia	Comparison: GA Counties	

Influenza and pneumonia rank eighth among the leading causes of death in the United States, and vaccines for influenza and pneumonia can help prevent serious illness and death. In Gwinnett, the 2009-2011 age-adjusted death rate due to influenza and pneumonia was 9.4 per 100,000 population. By comparison, the statewide county average was 19.6/100,000.

Immunization rates for influenza and pneumonia (not listed in the dashboard) were similar to statewide rates but were below nationwide rates and Healthy People 2020 targets. According to the Behavioral Risk Factor Surveillance System, in 2011, the rate of pneumonia vaccination among people ≥65 years

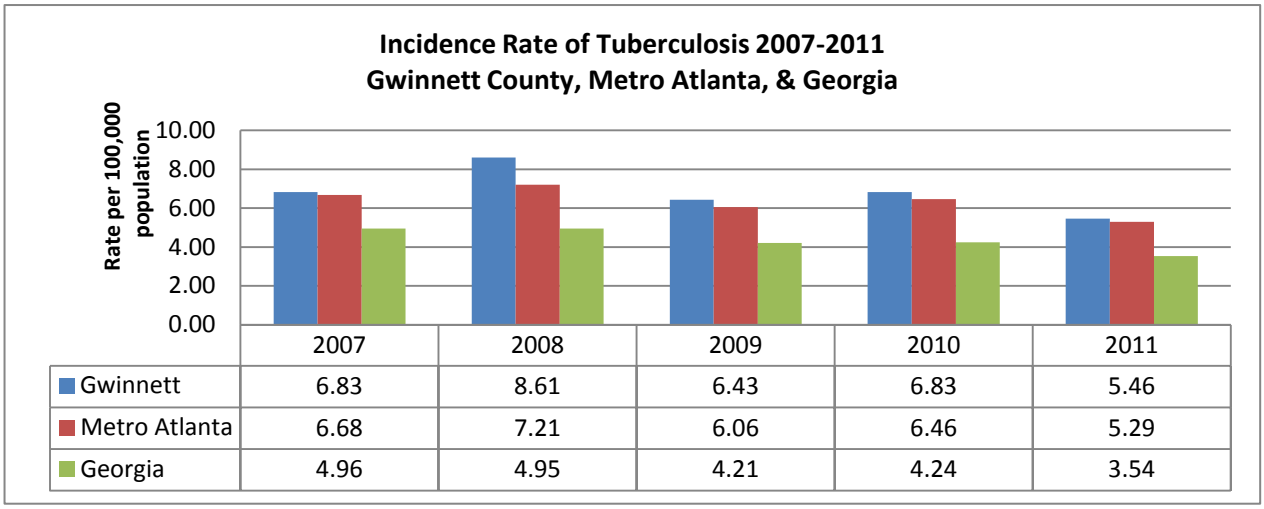
was 69.1% for Gwinnett, Newton, and Rockdale Counties (Gwinnett comprises about four-fifths of this population). This rate was above the statewide average (66.5%), but below the U.S. average (70.0%) and the Healthy People 2020 target of 90%. The 2011 influenza immunization rate among people ≥65 years for Gwinnet, Newton, and Rockdale Counties was 55.9%, which was similar to the statewide average of 55.2%, but lower than the U.S. average of 61.3% and the Healthy People 2020 target of 90%. Statewide, influenza vaccination coverage was highest among people ≥65 years compared with all other age groups. In Georgia, children 6 months to 17 years had an influenza immunization rate of 44.4% compared with a national average of 51.5%.[73]

Tuberculosis

Tuberculosis (not listed in the dashboard) remains a significant problem in Gwinnett County. Georgia is among the 10 states with the highest rate of new, active tuberculosis cases. In 2011, Gwinnett had the second highest number of tuberculosis cases (48 cases) and the second highest rate of tuberculosis (5.5 cases per 100,000 population) in the state (Figure 21).[74] Because tuberculosis is contagious and is spread through the air, intensive treatment and follow up of people with tuberculosis is required to control its spread.

[73] CDC http://www.cdc.gov/flu/fluvaxview/index.htm
[74] Georgia Department of Public Health http://health.state.ga.us/pdfs/tb/Table%201.pdf

Figure 21. Incidence Rate of Tuberculosis, Gwinnett County, Metro Atlanta and Georgia, 2007-2011



	2007	2008	2009	2010	2011
Gwinnett	6.83	8.61	6.43	6.83	5.46
Metro Atlanta	6.68	7.21	6.06	6.46	5.29
Georgia	4.96	4.95	4.21	4.24	3.54

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

Incidence rates are calculated using the population at risk for developing the disease. There were a total of 272 tuberculosis cases in Gwinnett County between 2007 and 2011 and the country of origin is known for 271 of them. The cases are predominantly foreign-born at 77 percent (209 cases).

HIV/AIDS Prevalence Rate Comparison: GA State Value 

HIV/AIDS continues to affect health in Gwinnett County. In 2011, the prevalence of people living with AIDS was 125 cases per 100,000 population, which is lower than the statewide rate of 235 per 100,000. Although the proportion of the Gwinnett County residents with HIV/AIDS has increased from 96 per 100,000 in 2008 to the 125 per 100,000 in 2011, the incidence rate (of new cases) for the three county district that includes Gwinnett has declined from 11.1 per 100,000 in 2007 to 8.5 per 100,000 in 2010.[75] These data suggest positive trends: fewer new infections are happening each year, while people who have HIV/AIDS are living longer. Of the 1,247 people living with HIV/AIDS in 2010 in Gwinnett County, 646 were African-American, 391 were White, 168 were Hispanic, and 42 were of other races or ethnicities. The prevalence rate was highest among African-Americans (454 per 100,000), followed by Hispanics (144 per 100,000) and Whites (131 per 100,000) (source: aidsvu.org).

[75] Georgia Department of Public Health http://health.state.ga.us/epi/hivaids/

Hepatitis

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

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

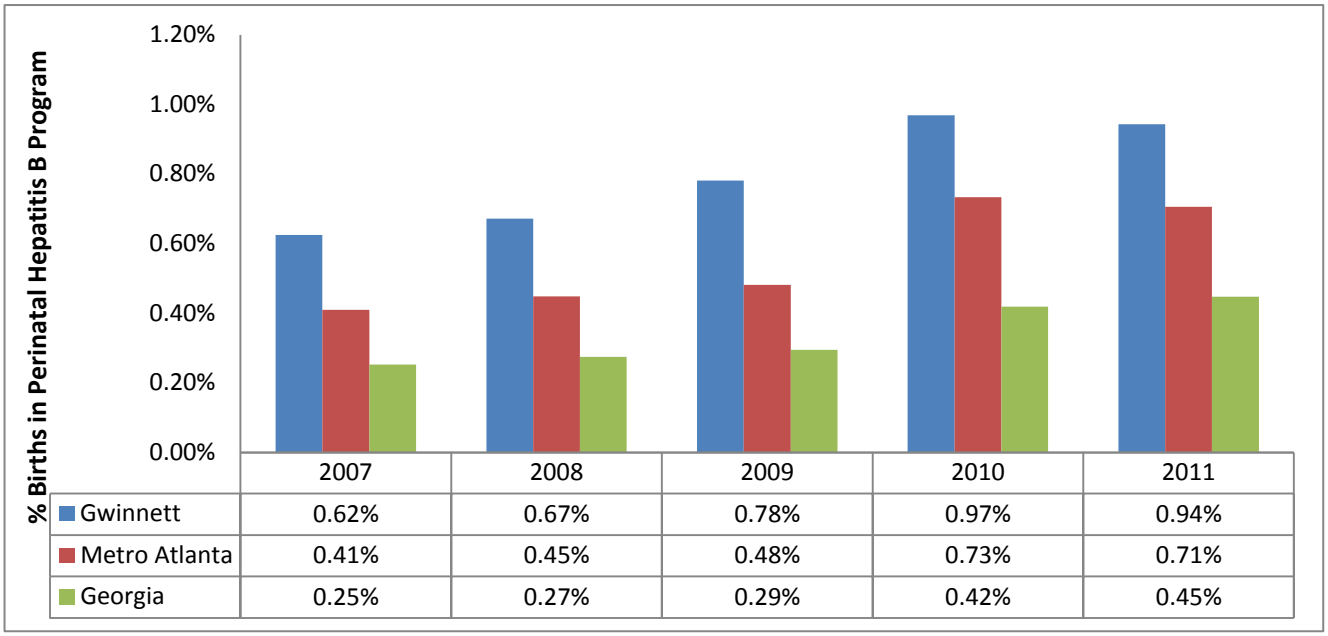
Perinatal Hepatitis B

According to CDC, Hepatitis B virus (HBV) infection in a pregnant woman poses a serious risk to her infant at birth.[76] Without appropriate treatment, about 40% of infants born to HBV-infected mothers in the United States will develop chronic HBV infection, about one-fourth of whom will eventually die from chronic liver disease.

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

[76] CDC http://www.cdc.gov/hepatitis/HBV/PerinatalXmtn.htm

Figure 22. Perinatal Hepatitis B by Percentage of Birth, Gwinnett County, Metro Atlanta and Georgia, 2007-2011



	2007	2008	2009	2010	2011
Gwinnett	0.62%	0.67%	0.78%	0.97%	0.94%
Metro Atlanta	0.41%	0.45%	0.48%	0.73%	0.71%
Georgia	0.25%	0.27%	0.29%	0.42%	0.45%

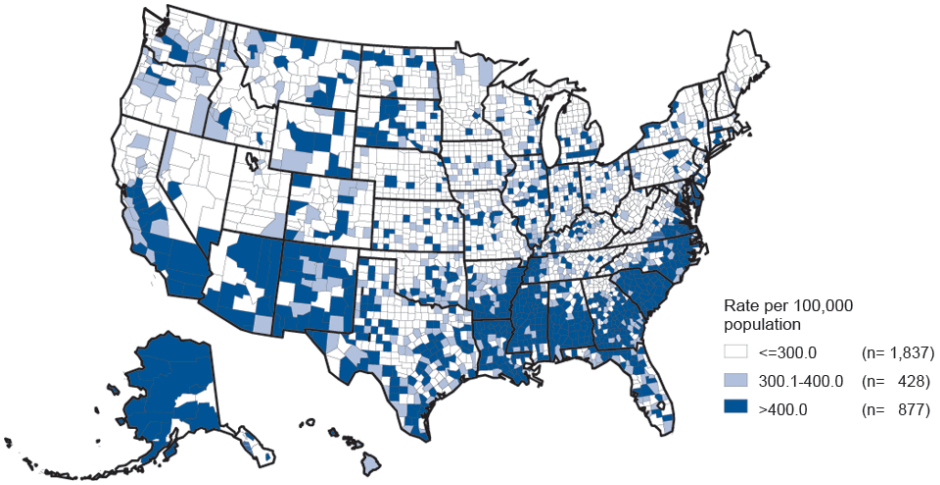
Source: Epidemiology Unit, Gwinnett, Newton, and Rockdale County Health Department, 2012

Chlamydia Incidence Rate Comparison: GA Counties 

Like elsewhere in Georgia, sexually transmitted diseases (STDs) are a health problem in Gwinnett County. In 2011, there were 309 cases of chlamydia per 100,000 population, representing a nearly 50% increase from 2009, when the rate was 211 per 100,000. The statewide rate was 445 per 100,000 in 2011. Georgia was estimated to have the 7th highest rate of chlamydia in the country in 2011 Figure 23).[77] Most cases of chlamydia in Gwinnett County occurred among people 13-29 years, and infection was more common among African-Americans and Hispanics (Figure 24).

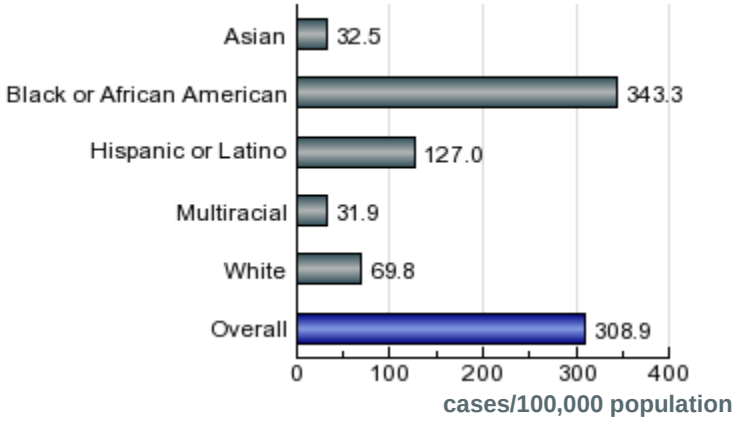
[77] CDC http://www.cdc.gov/std/chlamydia/stats.htm

Figure 23. Chlamydia—Rates by County, United States, 2011



Source: CDC (http://www.cdc.gov/std/stats11/figures/4.htm)

Figure 24. Chlamydia Incidence Rate by Race/Ethnicity, Gwinnett County, 2011



Gonorrhea Incidence Rate	Comparison: GA Counties	

Like chlamydia, gonorrhea can cause serious and permanent health problems in women and men. The 2011 gonorrhea rate for Gwinnett County was 58 per 100,000 compared with a statewide rate of 106 per 100,000. Most cases were among people ages 13-29. The gonorrhea rate for African-Americans (99 per 100,000) was nine times the rate for Hispanics (11 per 100,000) and Whites (9 per 100,000).

Syphilis Incidence Rate	Comparison: GA State Value	

The 2009-2011 rate for syphilis, another STD, was 5 per 100,000 compared with a statewide rate of 9 per 100,000. The syphilis rate among African-Americans was 14 per 100,000, far exceeding the rate for Whites (2 per 100,000) and Hispanics (1 per 100,000)

Mental Health and Social Support

Poor Mental Health Days	Comparison: U.S. Counties	
Inadequate Social Support	Comparison: U.S. Counties	

Gwinnett County has above average statistics for several indicators of mental health; however, room for improvement exists. In 2005-2011, Gwinnett residents reported an estimated 2.7 days of poor mental health in the 30 days before interview compared with a nationwide county average of 3.4 days. From 2005-2010, 18.6% of adults reported that they did not get the social and emotional support they needed, similar to the nationwide county average of 19.1%. This indicator is important for overall health because research has shown that people with social and emotional support experience better health outcomes (including recovery from cardiac surgery, coping with cancer pain, and overall longevity) compared with people who lack such support.

According to the 2012 County Health Rankings reported for Gwinnett County, the mental health provider ratio was 5,341:1, which is lower than the Georgia county average (3,509:1). The Forces of Change assessment also identified inadequate mental health resources as a problem in the county.

Age-Adjusted Death Rate due to Suicide	Comparison: GA Counties	

Suicide is a major, preventable public health problem, and was the tenth leading cause of death in the United States in 2010. In Gwinnett County, it was the fourth leading cause of premature death in terms of years of potential life lost. The 2009-2011 age-adjusted death rate due to suicide in Gwinnett was 10.1 per 100,000, which was lower than the statewide rate of 13.1 per 100,000 and the Healthy People 2020 target of 10.2 per 100,000. The age-adjusted rate for men (16.7 per 100,000) was nearly four times the rate for women (4.5 per 100,000). Adults age 60-74 years had the highest rate of suicide (17.2 per 100,000).

Among youth, 10% of high school students in Gwinnett County surveyed reported they had considered suicide in the past 12 months and 5% reported making suicide attempts, according to the 2010 comprehensive youth health survey. These percentages have declined since the 2006 survey. Seven percent of middle school students reported that they had considered suicide and 4% reported making suicide attempts. Unfortunately, the proportion of high school students reporting at least 5 of 8 depression symptoms increased from 37% in 2006 to 42% in 2010. The proportion of middle school students reporting these symptoms increased from 26% to 30% during that time.

People 65+ Living Alone	Comparison: U.S. Counties	

People over age 65 years who live alone may be at risk for social isolation, limited access to support, and institutionalization. In Gwinnett County, 17.9% of people over age 65 years live alone compared with the U.S. rate of 27.9%. As noted in Gwinnett County's 2030 Unified Plan, the county's aging population means that the county "will increasingly need to provide programs and services for older adults."[78]

Age-Adjusted Death Rate due to Alzheimer's Disease	Comparison: GA Counties	

Alzheimer's disease is the fifth leading cause of death among adults 65 and older. In Gwinnett, the age-adjusted death rate due to Alzheimer's in 2009-2011 was 22.3 per 100,000, which was lower than the statewide rate of 28.8 per 100,000. This rate was highest among African-Americans (26.3 per 100,000) and Whites (23.2 per 100,000) and lower among Hispanics (12.8 per 100,000) and Asians (7.6 per 100,000). Unfortunately, no specific actions have been clearly shown to reduce the risk of Alzheimer's disease. However, diabetes, smoking, and depression have been associated with cognitive decline (or worsening mental function), and cognitive engagement and physical activity have been associated with a *lower* risk of cognitive decline.[79] Since smoking cessation, physical activity, social and cognitive engagement, and prevention of diabetes have many other positive health benefits, promoting these activities is clearly worthwhile and might help prevent Alzheimer's Disease.

[78] Gwinnett County 2030 Unified Plan
http://www.gwinnettcounty.com/portal/gwinnett/Departments/2030UnifiedPlan
[79] Agency for Healthcare Research and Quality
http://www.ahrq.gov/research/findings/evidence-based-reports/alzcog-evidence-report.pdf

Emergency Preparedness

Gwinnett County has several agencies and organizations that plan for and respond to emergencies, which include natural disasters (e.g., floods), man-made accidents (e.g., a train wreck involving a chemical spill), disease epidemics or pandemics, and intentional acts of terrorism involving chemical, biological, or radiological devices. These groups include the Emergency Preparedness Department of the Health Department,[80] the Gwinnett County Office of Emergency Management,[81] Gwinnett County Fire and Emergency Services,[82] hospitals, emergency medical services (EMS), and volunteer groups, such as the Medical Reserve Corps.[83] Other partners include the Georgia Department of Public Health, the Georgia Emergency Management Agency (GEMA), CDC, and the Federal Emergency Management Agency (FEMA).

The Strategic National Stockpile (SNS) is a national storehouse of medical supplies and pharmaceuticals maintained by CDC and local health departments, including the Gwinnett County Health Department. It is deployed during an emergency situation in which a chemical or biological agent, such as anthrax or plague, is released into our community, which might happen by accident or as part of a terrorist attack.[84] For the past two years, the Health Department's Emergency Preparedness Department has received the top score (100%) from the CDC on a review of SNS emergency preparedness levels.

Information from focus groups and key informant interviews suggests that some Gwinnett County residents were aware of available emergency preparedness (EP) resources, whereas others lacked knowledge. For example, participants in the Gwinnett Neighborhood Leadership Institute and Center for Pan Asian Community Services (CPACS) focus groups were aware of emergency preparedness resources, although some CPACS members expressed concern that information was not available in Asian languages. Participants in a few focus groups felt that EP information was not readily available, and one group suggested that EP communications be broadcast through television, radio, and mobile phones because many people lack internet access.

Information for Gwinnett County residents on preparing themselves and their families for emergencies, including specific situations like floods, tornadoes, and hurricanes, as well as links to other organizations, is available through the Health Department and the Office of Emergency Management websites[85,86] and other community sources.

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[80] Gwinnett County Health Department http://www.gnrhealth.com/services/emergency-preparedness
[81] Gwinnett County Office of Emergency Management
http://www.gwinnettcounty.com/portal/gwinnett/Departments/Police/EmergencyManagement
[82] Gwinnett County Fire and Emergency Services
http://www.gwinnettcounty.com/portal/gwinnett/Departments/FireandEmergencyServices
[83] Medical Reserve Corps https://www.medicalreservecorps.gov/MrcUnits/UnitDetails/71
[84] Partners in Preparedness http://www.gnrhealth.com/services/emergency-preparedness/pip-vol2-2#secret
[85] Local Preparedness and Safety Information http://www.gnrhealth.com/services/emergency-preparedness/local-preparedness-safety
[86] Gwinnett County Office of Emergency Preparedness: Prepare
http://www.gwinnettcounty.com/portal/gwinnett/Departments/Police/EmergencyManagement/Prepare

Attachment A. Planning Participants

Gwinnett County Public Health Department

Lloyd M. Hofer
Connie Russell
Farrah Machida
Shauna Mettee
Tara Echols
Brendan Jackson

Gwinnett Medical Center-Lawrenceville Community Health Needs Assessment Participants

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

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

Gwinnett Coalition for Health and Human Services

As a founding and permanent member, our hospitals have actively participated on the Gwinnett Coalition for Health and Human Services Board for 20 years and have served the community through initiatives driven by its subcommittees. The Coalition includes a 56 member board with representatives from county and state government, schools, professional services and corporations, funders, chamber of commerce and other community organizations.

The hospitals, Coalitions and the Gwinnett County Public Health Department are using the MAPP, a community-driven strategic planning process, to develop goals for the six areas of the Coalition's strategic plan.

The Gwinnett Coalition's strategic planning process will also include the participation of numerous committees that will review the goals defined by the Mobilizing for Action through Planning and Partnerships (MAPP) Steering Committee to evaluate current and future community initiatives. The Gwinnett Coalition's updated strategic plan will be presented to its Board of Director June 2013 for approval.

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

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

Attachment B. Summary of Community Engagement

Focus Groups: Common Themes

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

Transportation and road congestion are serious issues in the county, with the limited public transit system raised as a major concern throughout all of the groups. The groups also had concerns about emergency preparedness and response in the community. Participants said communication is a major issue in Gwinnett County due to the diversity of the community and the various ways residents receive news and information. They were concerned that there was no central method to reach a significant number of Gwinnett residents and that language barriers were also an issue. Another concern of participants was that residents were not engaged in community activities. They also said that community activities are, at times, cost-prohibitive.

Another issue raised during the focus groups was healthcare resources. The group felt that resources were available but that, many times, they are not accessible or affordable for specific populations. Dental care and mental health services were considered inadequate and inaccessible. Overall, the community was generally not aware of all the resources available within the county.

Focus Groups: Demographics Summary

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

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

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

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

Focus Group 1: PCOM Summary

The Philadelphia College of Osteopathic Medicine (PCOM) student focus group was held at the PCOM campus in Gwinnett County on Thursday, November 3. In total, 12 participants were present, though a few participants were not in the room at the start of the session. Students were asked several questions about the community and ended the session by providing feedback on what they felt were the most important issues to improve quality of life in the community.

Students were first asked how they would rate the quality of life for residents in Gwinnett County. Out of the 12 participants, nine of the participants rated the quality of life as 'Good' or 'Very Good.' The major negative concerns and issues raised by the students related to traffic and the distance required for travel. Though negative concerns were present, the students provided more positive issues than negative. They felt that the school system in Gwinnett County was good and that the culture, parks, town squares, arts, events, shops and food are all positive contributors to the county. The majority of students noted that parks, shopping and activities within the county allowed them to connect with the community.

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

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

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

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

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

Focus Group 2: GUIDE Summary

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

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

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

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

Health-related issues were addressed next. The group of teens believed there were sufficient hospitals, physicians and urgent care resources available in the county. While the resources are available, they feel they are expensive. When they are sick, however, they do generally go to physicians or urgent care facilities. The teens noted that the main issues with healthcare in Gwinnett County were the lack of affordable dental care and the overall expense of healthcare which has forced individuals to delay care.

Again, the group of teens did not feel there were enough resources in the community. The resources they felt were lacking this time were with mental health and substance abuse. The teens thought there should be more awareness in the community about the resources that are available and that there should be a greater presence of youth helping promote these resources. They believe substance abuse has become an issue in the county due to a lack of enforcement and the absence of good role models.

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

Focus Group 3: CETPA Summary

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

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

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

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

Focus Group 4: GNLI Summary

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

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

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

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

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

Focus Group 5: ViewPoint Summary

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

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

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

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

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

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

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

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

Focus Group 6: CPACS Summary

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

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

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

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

Participants had limited feedback regarding the level of healthcare resources within the county. They did say that sufficient resources do exist in Gwinnett County. They also raised concerns about the responsiveness of emergency services compared to other areas. When they were in need of health related information, they typically used the Internet, coworkers and friends for information. They were

also asked to list services provided by the Health Department. Overall, they did not seem to know for sure what services the health department provided.

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

Focus Group 7: Seniors Summary

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

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

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

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

Resources for children and healthcare were then brought up. The group's feedback on the needs of children mainly centered around the arts and nutrition. Participants expressed concern that athletics,

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

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

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

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

Focus Group 8: Homeless Summary

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

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

Information and resources for the residents within the community were then discussed. Participants had positive feedback regarding educational resources for residents with unique needs. They noted that the local schools were better than other schools in the surrounding area but that the strength of the school did depend on location within the county. Overall, participants said that special needs were being met, both in the schools and daycares. Participants agreed that resources for mental health and substance

abuse were inadequate. They said counseling was not affordable, there was a wait for care, and there were no funds for these issues.

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

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

Focus Groups: Questions

Focus Group Introduction

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

Focus Group Questions
Quality of Life

1. To begin with, how would you rate the quality of life for residents (on a scale from Excellent, Very Good, Average, Fair or Poor) in Gwinnett County and why? Community Relations and Engagement
2. What community activities, events or groups are you aware of that enable you to connect with other members of the community with common interests?

Economic and Financial Stability

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

Education

4. Many people in Gwinnett County have unique educational needs. Individuals with unique needs include the mentally and physically disabled, illiterate adults and residents who do not speak English. How would you describe the availability of educational resources for people with these unique needs? What level of quality are these resources? High, average or low?

Safety

5. Do you believe that adequate resources are in place to prevent or deter crime in Gwinnett County?
6. Do you believe that resources for emergency preparedness and response are adequate to meet the needs of the community?

Youth

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

Health & Wellness

8. Healthcare resources available in Gwinnett County include primary care (your doctor's office), emergency care, specialized care and senior healthcare. Do you believe that Gwinnett County's healthcare resources are adequate to serve its current population, considering both size and diversity of the population?
9. Where do you go most often when you get sick (Doctor's Office, Health Department, Hospital, Medical Clinic, Urgent Care Center)?
10. If you are sick or injured in Gwinnett County, are there sufficient healthcare resources to treat you or would you have to leave the county for care?
    a. Consider the hospitals, physician supply, imaging, and surgical services on hand.
    b. If you have left Gwinnett County for healthcare, what was your reason for receiving care elsewhere?
11. Where do you get most of your health-related information from (i.e. Books, Magazines, Church, Doctor, Nurse, Friends, Family, Health Department, Help Lines, Hospital, Internet, Pharmacist, etc.)?
12. Please list services that you are aware of that the Health Department provides. Please share your thoughts regarding the quality of the services that the Health Department provides. What could the Health Department do to improve how it serves the community?
13. Do Gwinnett residents with mental health and substance abuse problems have access to adequate resources?
14. One final question. Name one issue that the Gwinnett community could focus on to improve the quality of life in the county?

Focus Groups: GUIDE Advisory Board Questions

Focus Group Introduction

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

Focus Group Questions
Quality of Life
Facilitator – Explain what you mean by "quality of Life"

1. To begin with, how would you rate the quality of life for residents in Gwinnett County and why?

Community Relations and Engagement

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

Economic and Financial Stability

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

Education

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

Safety

6. Do you believe that available crime prevention resources within the community are sufficient?
7. Do you believe that resources for emergency preparedness and response within the community are adequate?

Youth

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

Health & Wellness

10. Do you believe that Gwinnett County's healthcare resources are adequate to serve its current population, considering both size and diversity of the population? This includes the spectrum of resources such as primary care, emergency care, specialized care and senior healthcare.
11. Which health care resources do you access most often when you get sick (Doctor's Office, Health Department, Hospital, Medical Clinic, Urgent Care Center)?
12. If you are sick or injured in Gwinnett County, are there sufficient healthcare resources to treat you or would you have to leave the county for care?
    a. Consider the hospitals, physician supply, imaging, and surgical services on hand.
    b. If you have left Gwinnett County for healthcare, what was your reason for receiving care elsewhere?
13. What sources do you receive most of your health-related information (books, magazines, church, doctor, nurse, school, friends, family, health department, help lines, hospital, Internet, pharmacist, etc.)?
14. What do you think is the most significant substance use or abuse problem in Gwinnett County?
    a. Consider underage drinking, adult excessive drinking, tobacco, marijuana, prescription and over the counter abuse, other.
    b. Do you believe adequate substance abuse prevention exists in Gwinnett County?
15. Are you aware or in the last year, have you seen any public awareness campaigns about: underage drinking prevention, promoting health and wellness, prescription drug use prevention or the Meth campaign?
16. Do you believe that adequate resources for mental health problems exist in Gwinnett County?
17. Considering all of the items that have been discussed, if the Gwinnett community could focus on one area to improve the quality of life within the community, what would that one area of focus be?

Focus Groups: Demographics Questions

Community Health Needs Assessment - Focus Group

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

1. What age group are you in?
   ____ 18 - 24 ____ 40 - 44 ____ 60 - 64 ____ 80 - 84
   ____ 25 - 29 ____ 45 - 49 ____ 65 - 69 ____ 85+
   ____ 30 - 34 ____ 50 - 54 ____ 70 - 74
   ____ 35 - 39 ____ 55 - 59 ____ 75 - 79
2. Are you Male or Female?
   ____ Male ____ Female
3. Are you of Hispanic, Latino or Spanish origin?
   ____ Yes ____ No
4. What is your race? Check all that apply.
   ____ White
   ____ Black or African American
   ____ American Indian or Alaska Native
   ____ Asian including Japanese, Chinese, Korean, Vietnamese, Asian Indian and Filipino
   ____ Pacific Islander including Native Hawaiian, Samoan, Guamanian/ Chamorro
   ____ Other
5. Do you speak a language other than English at home?
   ____ Yes ____ No
   If yes, what language do you speak at home? _____
6. What is you marital status?
   ____ Never Married/Single
   ____ Married
   ____ Unmarried Partner
   ____ Divorced
   ____ Widowed
   ____ Separated
   ____ Other
7. What is the highest level of school, college or vocational training that you have completed?
   ____ Less than 9th grade
   ____ 9th-12th grade, no diploma
   ____ High school graduate (or GEED/equivalent)
   ____ Some college (no degree)
   ____ Bachelor's degree
   ____ Graduate degree or professional degree
   ____ Other: _____
8. What was your total household income last year, before taxes?
   ____ Less than $10,000
   ____ $10,000 to $14,999

____ $15,000 to $24,999
____ $25,000 to $34,999
____ $35,000 to $49,999
____ $50,000 to $74,999
____ $75,000 to $99,999
____ $100,000 or more

9. How many people does this income support? _____
10. Are there children in your household?
    ____ Yes ____ No
    If yes, how many children are there in the household by age group?
    ____ 0-2
    ____ 3-5
    ____ 6-10
    ____ 11-13
    ____ 14-18
11. What is your employment status?
    ____ Employed full-time
    ____ Employed part-time
    ____ Retired
    ____ Armed forces
    ____ Disabled
    ____ Student
    ____ Homemaker
    ____ Self-employed
    ____ Unemployed for 1 year or less
    ____ Unemployed for more than 1 year
12. Do you have access to the Internet?
    ____ Yes ____ No
13. What is your zip code? _____
14. What is your primary health insurance plan?
    ____ Medicare
    ____ Medicaid
    ____ Military/TriCare/Champus/VA
    ____ State Employee Health Plan
    ____ Private health insurance plan purchased from employer or workplace
    ____ Private health insurance plan purchased directly from an insurance company
    ____ No health plan of any kind
15. Are you actively involved in the community and engaged in social functions and activities?
    ____ Yes ____ No
16. Do you have written advanced directives, such as a living will or a durable power of attorney for health care?
    ____ Yes ____ No ____ Do Not Know
17. Do you believe that preventative vaccinations are readily available and affordable within the community?
    ____ Yes ____ No
18. Do you have any chronic health conditions? Check all that apply.
    ____ Asthma
    ____ Arthritis

____ Diabetes
____ Heart Disease
____ High Blood Pressure
____ Other _____
____ No chronic health conditions

Focus Groups: Demographics Questions in Spanish

Evaluación de las necesidades de salud – Grupo de Enfoque

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

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

____ $75,000 - $99,999
____ $100,000 o mas

9. Cuantas personas se benefician del ingreso que se percibe en su casa? _____
10. Hay niños en su casa?
    ____ Si ____ No
    Si es así, cuántos niños hay en su casa y entre qué edades?
    ____ 0-2
    ____ 3-5
    ____ 6-10
    ____ 11-13
    ____ 14-18
11. Cuál es su situación laboral?
    ____ Empleado tiempo completo
    ____ Empleado medio tiempo
    ____ Retirado
    ____ Fuerzas Armadas
    ____ Deshabilitado
    ____ Estudiante
    ____ Oficios del hogar
    ____ Trabaja por su cuenta
    ____ Desempleado por 1 año o menos
    ____ Desempleado por más de año
12. Usted tiene acceso al Internet?
    ____ Si ____ No
13. Cuál es su zip code o código de area? _____
14. Cuál es su plan de seguro médico?
    ____ Medicare
    ____ Medicaid
    ____ Militar/TriCare/Champus/VA
    ____ Plan de seguro médico del Estado
    ____ Plan de seguro médico privado pagado por el empleador ó el sitio de trabajo.
    ____ Plan de seguro médico privado comprado directamente por usted a una compañía de seguros.
    ____ No tiene plan de seguro médico de ningún tipo.
15. Está usted activamente involucrado en la comunidad y comprometido en las actividades y funciones sociales?
    ____ Si ____ No
16. Usted tiene documentos de voluntad adelantados, como por ejemplo un testamento en vida ó un poder legal notariado para el cuidado de la salud?

____ Si ____ No ____ No lo sé

17. Usted cree que las vacunas preventivas están disponibles y accesibles dentro de la comunidad?
    ____ Si ____ No
18. Usted tiene condiciones de salud crónicas?
    ____ Asma
    ____ Artritis
    ____ Diabetes
    ____ Enfermedades del corazón
    ____ Presión alta

____ Otro _____
____ No tiene condiciones crónicas de salud

Your Opinion Matters!

Community Forum

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

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

Where: Center for Pan Asian Community Services

-Main Office Location-

3510 Shallowford Road NE, Atlanta 30341

The Gwinnett Coalition
For Health and Human Services

CPACS
The Center For
Pan Asian Community Services, Inc.

Town Hall Meetings

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

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

Town Hall Meetings: Facilitation Guidelines

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

Here are some facilitation tools to assist you in your session:

Facilitation Tools and Skills

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

- Listen and Observe:
  - Listen actively

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

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

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

<u>Volunteer Assignments</u>

Morning Session

<u>Strategic Plan Area</u>	<u>Facilitator</u>	<u>Recorder</u>
Safety	Vanessa Shoop	Keisha Olufeso
Economic & Financial Stability	JK Murphy	Nicole Love Hendrickson
Basic Needs	Connie Russell	Suzy Bus
Health and Well Being	Shauna Mettee	Lois Chisolm
Community Engagement	Pat Baker	Jodi Kentish
Education	Martha Jordan	Volunteer TBD

Afternoon Session

<u>Strategic Plan Area</u>	<u>Facilitator</u>	<u>Recorder</u>
Safety	Shauna Mettee	Nicky Lopez
Economic & Financial Stability	Keith Fenton	Nicole Love Hendrickson

Basic Needs	Connie Russell	Suzy Bus
Health and Well Being	Ari Russell	Alice Hoskins
Community Engagement	Pat Baker	Jodi Kentish
Education	Martha Jordan	Volunteer TBD

Town Hall Meetings

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

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

The Gwinnett Coalition for Health and Human Services would like to thank Norcross Community Center whose support made this day possible.

Town Hall Meetings: Community Need Priorities Morning Session

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

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

Integrative Healthcare (Health and Well Being)

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

12. Gangs (Safety)

Foreclosures, lack of affordable housing, and vacant lots (Economic & Financial Stability)
Being proactive about marketing the Helpline and Coalition (Community Engagement)

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

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

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

Empowered Healthy Youth (Health and Well Being)

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

Translation and interpretation barriers (Community Engagement)

16. Bringing cultures together (Community Engagement)
17. Lack of financial literacy courses (Economic & Financial Stability)
18. School based health centers (Education)
19. A face-to-face community resource center (Community Engagement)

Town Hall Meetings: Community Need Priorities Evening Session

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

1. Lack of housing provision (Basic Needs)
2. Lack of transportation (Basic Needs)
3. Lack of jobs (Economic & Financial Stability)
4. Health education and access (Education)

Increase parent involvement in high poverty areas (Community Engagement)

5. Literacy - scholastic, financial, soft skills, GED, ESL (Education)

Lack of parity (physical versus mental; gender bias; funding) (Health & Well Being)

6. Education on alcohol/drugs, finance, and mental health for both documented and undocumented individuals (Health & Well Being)
7. Elder Abuse – physical and financial (Safety)
8. Lack of crisis response education pertaining to mental health for law enforcement and emergency response (Health & Well Being)

Address difficult conversations about communicable diseases, teenage pregnancy, and high school dropouts (Community Engagement)

9. Safety support and resources to meet long-term client needs (non-emergency & long-term services) (Safety)

Increased cost of living and foreclosures (Economic and Financial Stability)
Interpretation Needs (Basic Needs)

10. Leadership development – sustainability, community development, grassroots leaders (Community Engagement)

Building cross cultural dialog to reduce barriers to communication (Community Engagement)

11. Culturally competent education (Education)
12. Lack of information about food resources (Basic Needs)

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

13. Safety service connectivity (Safety)
14. Juvenile violent crime (violent crime in general) (Safety)

Lack of incentives for entrepreneurship/helping organizations (Economic & Financial Stability)

15. Lack of continuum of services (Health & Well Being)

16. Education about community involvement in neighborhoods by getting individuals involved (Community Engagement)
17. Family Education (multi generational and multi cultural) (Education)

Community awareness and access (Education)

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

Town Hall Meetings: Carolyn Aidman's Biography

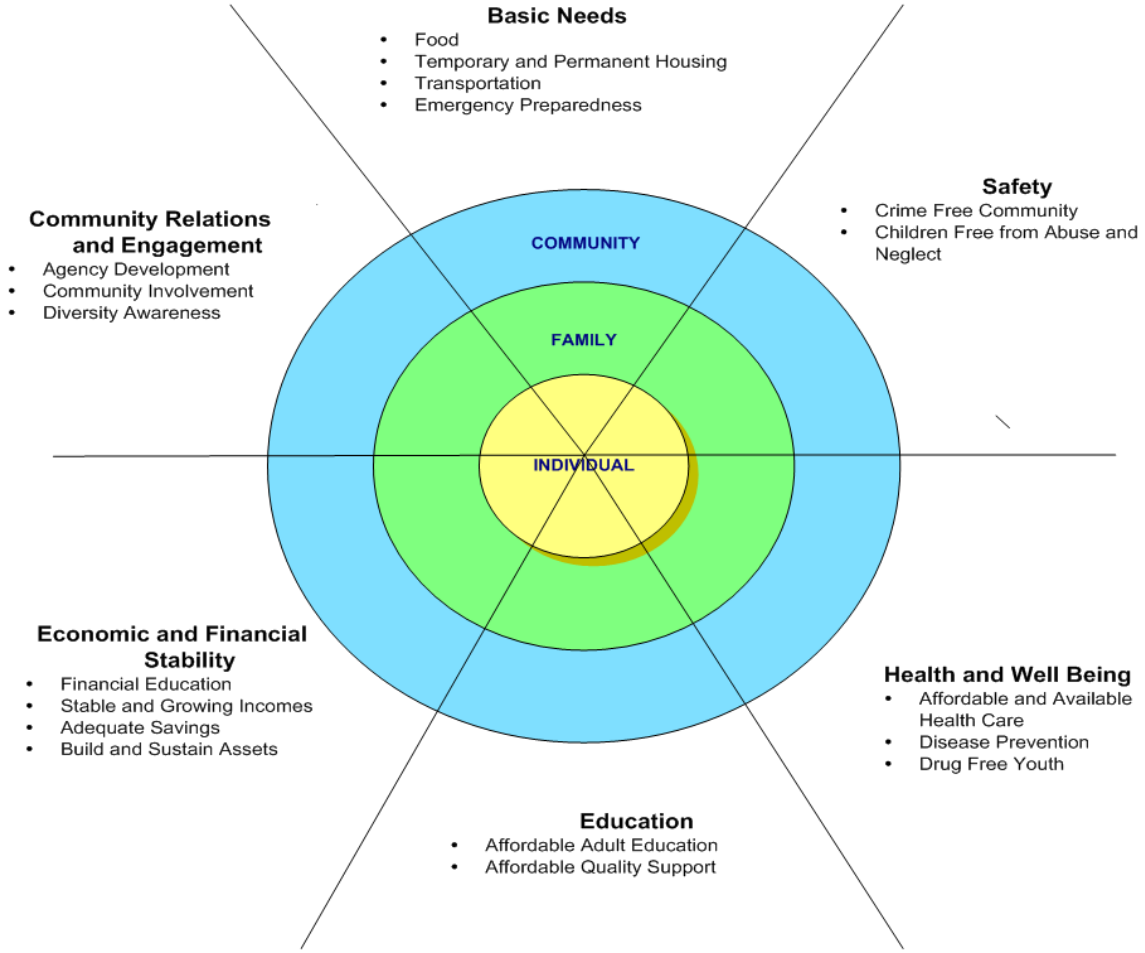
Carolyn Aidman is the program manager of The Urban Health Initiative, a partnership between the Emory School of Medicine and the OUCP. This Initiative focuses on urban health and healthcare disparities and offers interdisciplinary approaches to community engagement in health and healthcare delivery.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

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

Carolyn Aidman holds a BA in social welfare, an MA in counseling, and a PhD in human services and studies from Florida State University. Her doctoral focus is in childhood and family counseling, with specialty areas in management, communications and research, and evaluation and testing.

Town Hall Meetings

Figure 3. Gwinnett Coalition's Bulls Eye



Individual Key Informant Interviews

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

Methodology

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

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

Representatives' Community Service History Gwinnett County, 2012			
Sector	**Years Living in Gwinnett**	**Years Working in Gwinnett**	**Years in Current Position**
Education	18	8	1
Elected Official	17	17	10
Business	17	8	5
Government	17	12	3
Medical	4	4	4
Government	59	28	1
Philanthropy	42	8	1
Elected Official	35	-	10
Medical	4	4	4
Education	22	17	6

Government	45	25	5.5
Government	36	36	21
Media	12	12	12
Government	13	10	3
Cultural Group	10	10	< 1
Median	**17**	**11**	**4.5**

Key Informants

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

Name	**Title**	**Agency**
Jennifer Poole	Chief Nurse	Gwinnett County Public Schools
Pedro Marin	State Representative, District 96	Georgia House of Representatives
Nick Massino	Vice President, Economic Development	Gwinnett Chamber of Commerce
Frank Berry	Chief Executive Officer	Viewpoint Health
Kim Ryan	Chief Executive Officer	Eastside Medical Center
Charlotte Nash	Chairman, Board of Commissioners	Gwinnett County Government
Judy Waters	Executive Director	Community Foundation for NE Georgia
Renee Unterman	State Senator, District 45	Georgia State Senate
Alan Bier	Executive Vice President & Chief Medical Officer	Gwinnett Medical Center
Steven Moyers	Dean of Health Sciences	Gwinnett Technical College
Greg Swanson	Director,	Gwinnett County Government

	Office of Emergency Management	
Robert V. Rodatus	Presiding Judge	Gwinnett County Juvenile Court
JK Murphy	Publisher	Gwinnett Daily Post
Joseph Sternberg	District Environmental Health Director	Gwinnett Health Department
Kenny Lee	Executive Director	The Korean American Association of Greater Atlanta
Travis Kim	President	The Korean American Association of Greater Atlanta

Questions covered quality of life, community strengths, health issues, medical services, sources of health information, public health services, achievable priorities, possible actions, and their vision of Gwinnett in five years. In addition to these standard topics, some topics were covered in greater depth and additional topics were covered based on the lead of the interviewee. The interviewees were informed that the content of the interviews would remain confidential unless otherwise specified. Notes were transcribed within 24 to 48 hours of the interview and the resulting digital files were analyzed with Max QDA qualitative software.

Results

Community Needs

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

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

Community Strengths

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

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

Conclusions

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

Youth Survey: Summary

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

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

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

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

On the youth survey, there were questions related to alcohol, tobacco and other drugs. When asked if in the past 30 days they had drunk alcohol, used tobacco, used marijuana and used prescription drugs not prescribed to them, 5.1 percent of middle school youth and 21.8 percent of high school youth said that they had consumed alcohol; 2.1 percent of middle school youth and 11.9 percent of high school youth said they had used tobacco; 2.4 percent of middle school youth and 14.4 percent of high school youth said they had used marijuana; and 1.5 percent of middle school youth and 4.6 percent of high school youth said they had used prescription drugs that were not prescribed to them. The youth were then asked if they had five or more drinks in a row in the past 30 days and 1.6 percent of middle school youth said they had while 10.9 percent of high school youth said they had. Since middle school youth are too young to drive, zero percent of middle school youth said they had driven under the influence in the past

30 days but 7.1 percent of middle school youth said they had been in the vehicle with a drinking driver. The percentage of high school youth that said they had driven under the influence was 3.2 percent, and 11.1 percent of high school youth said they had been in the vehicle with a drinking driver. Perceptions of alcohol use were addressed afterward and 73.6 percent of middle school youth and 59.1 percent of high school youth thought adults would disapprove of their use of alcohol, while 60.4 percent of middle school youth and 28.7 percent of high school youth thought their friends would disapprove of their alcohol use. The youth were then asked if they thought alcohol was harmful to their health and 67.4 percent of middle school youth and 47.4 percent of high school youth responded that they did feel it was harmful to their health.

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

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

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

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

When it came to vehicle safety, the majority of the questions were directed to high school youth with driver's licenses since middle school youth cannot drive. The percentage of high school youth who drive

at least 10 miles over the speed limit was 81.3 percent. Only nine percent had received a speeding ticket and 13.9 percent had been at fault in a car accident. Few middle and high school youth reported rarely or never wearing a safety belt while driving, but 40.3 percent of high school youth said they text while driving. Middle and high school youth were asked if, in the past 30 days, they had ridden in a car with an impaired driver and 7.1 percent of middle school youth and 11.1 percent of high school youth said they had. The percentage of high school youth who said they had driven a car while under the influence was 3.2 percent.

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

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

When asked about sexual activity, 7.1 percent of middle school youth and 35.2 percent of high school youth reported having had consensual sexual contact while three percent of middle school youth and 23.9 percent of high school youth reported having had intercourse. The percentage of having had intercourse with three or more partners was 1.1 percent of middle school youth and 12.1 percent of high school youth. Few had reported having been pregnant with 0.5 percent of middle school youth and 3.4 percent of high school youth saying they had. During the last act of sexual intercourse, 22.3 percent of middle school youth and 19.9 percent of high school youth said they had used drugs or alcohol. The youth were also asked if they had sent a sexually explicit picture or video to someone and 6.1 percent of middle school youth and 21.8 percent of high school youth said that they had. It was found that the average age of a youth's first intercourse is 12 to 14. Sexually active youth become more sexually active as they get older and also have more sexual partners. Most youth state that weekend days and evenings are when they are engaging in these activities.

Over 70 percent of middle and high school youth said that they liked school and over 65 percent said they were involved in school activities. Over 50 percent of the youth surveyed said they were involved in community activities. The percentage of middle school youth who attend a place of worship was 47.9 percent and for high school youth was 39 percent. The youth were asked if they volunteered one or more hours per week and 31.8 percent of middle school youth and 44.9 percent of high school youth said that they did volunteer that amount of time per week. There was a higher percentage of high school youth who completed household chores than middle school youth but the higher percentage of parents who set clear rules was with the middle school youth.

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

Gwinnett County high school youth also had a lower percentage than the state of Georgia in the majority of the categories.

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

Attachment C: Forces of Change Assessment

Gwinnett County Mobilizing for Action through Planning and Partnerships (MAPP)
June 5, 2012

The Gwinnett Forces of Change (FOC) Assessment was conducted as part of the Mobilizing for Action through Planning and Partnership (MAPP) process. The purpose of the Forces of Change assessment is to place in context the activities of the Gwinnett Coalition for Health and Human Services, recognizing that a variety of forces affect the health and wellbeing of the residents of Gwinnett, as well as the interventions needed to bring about improvement.

The "Forces of Change" is a broad all-encompassing category that includes trends, events, and factors. Trends are patterns over time, such as migration in and out of a community or declining air quality. Factors are discrete elements, such as a community's large ethnic population, an urban setting, or a jurisdiction's proximity to a major waterway. Events are one time occurrences, such as hospital closure, a natural disaster, or the passage of new legislation.

Methodology:

As part of a regularly scheduled Board meeting on June 5, 2012, a cross-sector group of Board members and staff of the Gwinnett Coalition for Health and Human Services (n=20) participated in the FOC assessment, facilitated by Connie Russell, District Program Director of the Gwinnett County Health Department. The facilitator explained the purpose of the assessment and defined forces of change. Each participant was asked to brainstorm the forces of change for Gwinnett County. The group was encouraged to consider any and all types of forces, including social, economic, political, technological, environmental, scientific, legal, and ethical. After brainstorming and writing their responses on a worksheet, they wrote opportunities and threats associated with their list. There was a group report out and discussion after the brainstorming activity.

The facilitator later reviewed all responses to identify themes, types of force (trend, event, or factor), and categories. A theme was defined as a response that was common to at least two participants. The number of related responses was recorded, counting each participant only once if they had multiple responses related to the same theme. Threats and opportunities associated with each force of change were listed as stated by the participant, except in cases where multiple similar responses were paraphrased. This initial analysis was presented to the Research and Accountability Committee of the Coalition for further input and refinement of themes, types, and categories.

Results:

A matrix of the Forces of Change is provided below, which includes all 22 themes identified during the assessment. The first column lists the themes. The second column indicates the number (#) of respondents who wrote at least one response relevant to the theme on their worksheet. In the matrix, the themes are listed in order of highest to lowest number of relevant responses. The next three columns identify the theme as a factor (10), a trend (9), or an event (3). All of the seven categories of forces that applied to each theme were checked; economic (15), social (15), political (10), environmental (3), legal (2), technological (1), and ethical (1). Many themes were identified as fitting multiple

categories. No scientific themes were identified. Finally, the associated threats and opportunities are listed for each theme.

These results will be used by the MAPP Planning Team and Committee Chairs to inform the creation of relevant and effective strategies and activities to improve the health and wellbeing of the Gwinnett community.

Submitted by Connie L. Russell, District Program Director, Gwinnett County Health Department

Gwinnett County MAPP Forces of Change Assessment
Conducted: June 5, 2012

	#	Factor	Trend	Event	Economic	Social	Political	Environmental	Legal	Technological	Ethical	Threats	Opportunities
Diversity	16	✓				✓	✓					▪ Language/ Communication Barriers ▪ Lack of Diversity in Leadership ▪ Increase in need for services ▪ Social Isolation ▪ Lack of understanding of other cultures	▪ Rich cultural experiences ▪ Diverse Perspectives ▪ Opportunity to know other cultures ▪ Combine Best Practices in quality of life and business ▪ International business opportunities ▪ Economic growth ▪ Publish Materials in other languages ▪ Broaden lens of government around diversity/ culture
Housing Crisis and Homelessness	13	✓			✓	✓						▪ Increase in Need for shelters and family services ▪ Continued foreclosures ▪ Economic Instability ▪ The idea that more people will come to Gwinnett to get services ▪ Health and Safety Risks ▪ Increased crime	▪ Support programs that provide skill for self-sufficiency ▪ Advocate for affordable housing ▪ Educate Community on homeless issues ▪ Development of affordable housing
Corruption in County Government	9	✓				✓	✓		✓		✓	▪ Loss of public trust ▪ Waste of tax payers' money ▪ Detour new business and growth ▪ Disruption of effective services ▪ Low morale for the public ▪ Loss of support due to distrust of government at all levels	▪ New leadership ▪ Change in governing structure with stricter oversight ▪ Leadership that reflects the diverse community

	#	Factor	Trend	Event	Economic	Social	Political	Environmental	Legal	Technological	Ethical	Threats	Opportunities
Increased Demand for Social Services with Reduced Resources	8		✓		✓	✓						▪ Reduction in Quality of Services ▪ Reduction in Quantity of Services ▪ Inability to Meet the Need ▪ Staff Turnover	▪ Community Partnerships ▪ Greater Efficiency ▪ Churches and Communities Help Neighbors
Transportation Issues	8	✓			✓	✓		✓				▪ Stifle economic growth ▪ Deter new businesses ▪ Jobs inaccessible ▪ Services inaccessible ▪ Impacts quality of life ▪ People are isolated	▪ Public/alternative transportation options ▪ Participate in Regional Solutions ▪ Passage of T-SPLOST (Transportation sales tax)
Affordable Care Act	7			✓	✓	✓	✓					▪ Uncertainty and confusion regarding healthcare offerings ▪ Increased cost for healthcare ▪ Increased cost for insurance	▪ Potential for more federal money for healthcare programs ▪ Changes that may improve access to healthcare for those in poverty
Unemployment	6	✓			✓	✓						▪ Economic Instability ▪ Increased Crime ▪ Decreased Community Stability	▪ Workforce Training and Development
Growing Senior Population	5		✓		✓	✓						▪ Elder neglect/ abuse ▪ Strain on government/ hospital budgets ▪ Lack of supportive services ▪ Untreated mental health needs	▪ Need more nursing homes and extended care ▪ More services, programs, and products aimed at seniors ▪ Provide education and support services
Election in 2012	4			✓	✓	✓	✓					▪ Changes in policy funding ▪ End of healthcare reform ▪ Increases in national debt ▪ Reductions in military ▪ Undermine prior good work	▪ Elect people who appreciate our way of life, persons of higher integrity ▪ Representation to keep up with community changes ▪ Policy/ practice/ funding

	#	Factor	Trend	Event	Economic	Social	Political	Environmental	Legal	Technological	Ethical	Threats	Opportunities
Rise in Obesity	4		✓		✓	✓		✓				▪ Increase in healthcare costs ▪ Decrease in overall health ▪ Diabetes and heart disease	▪ Develop a community awareness of healthy lifestyles ▪ Improve environment to support health ▪ More gyms, nutrition programs, sidewalks, walking
Rise in Poverty and Cost of Living	4		✓		✓	✓						▪ Increased Crime ▪ Exceed Capacity of community to serve	▪ More Federal Funding ▪ Alternative sources of needs fulfillment
Increase in crime	3		✓		✓	✓	✓					▪ Vacant property crime ▪ Gang violence ▪ Violent Crime ▪ "White flight" and negative view of "those people"	
Increasing use of drugs among teenagers, including alcohol, tobacco, meth, and marijuana	3		✓			✓						▪ Physical and emotional harm to families & failure to achieve potential ▪ Increased death of youth and family ▪ Addiction	▪ Education of parents regarding risks ▪ Better research and prevention efforts
Apathy	2	✓				✓	✓					▪ Not being aware of or caring about needs, not making effort to participate ▪ Community falls apart	▪ Community engagement ▪ Awareness should be encouraged
Call to service/ volunteerism	2		✓			✓						▪ Mixed perspective of service	▪ Community awareness & needs met ▪ Growing commitment & support for Gwinnett County

	#	Factor	Trend	Event	Economic	Social	Political	Environmental	Legal	Technological	Ethical	Threats	Opportunities
Immorality/ Moral Decay	2		✓			✓						▪ Crime goes up ▪ Collapse of our community	▪ Become informed
Increased use of technology	2		✓		✓					✓		▪ Decrease in time outdoors and youth physical activity	▪ Heightened communication and efficiency ▪ Great means to reach many, particularly the young
Lack of Mental Health resources	2	✓			✓	✓						▪ Large section of people are not receiving services ▪ Untreated mental health needs among seniors	▪ Potential to create changes to payment structure to increase options
Less sense of community	2	✓				✓	✓					▪ Lack of engagement (low voter turnout, less crime reporting, neighborhood disintegration)	▪ Community engagement ▪ Cities can do more to up the sense of belonging
Passage of House Bill 861 – requires reporting of drug charges and drug testing for recipients of TANF benefits	2			✓	✓	✓	✓		✓			▪ Possible infringement on individual liberties ▪ Over reporting allegations, forcing adults caring for children to take drug tests	▪ Decrease in Alcohol, tobacco, and other drug use/abuse ▪ Less government money spent ▪ Better assessment of communities and systems

	#	Factor	Trend	Event	Economic	Social	Political	Environmental	Legal	Technological	Ethical	Threats	Opportunities
Too much regulation on businesses	2	✓			✓		✓					▪ Economic growth and stability suffer ▪ So much needs to be done in Washington which is somewhat our of our control	▪ Elect people to appreciate our way of life, who are persons of higher integrity
Water Issues	2	✓			✓		✓	✓				▪ Drive away businesses and residents ▪ Run out of water	▪ Voluntary/ mandatory water restrictions ▪ Increased awareness of conservation, smart growth