Gwinnett Medical Center-Lawrenceville
Gwinnett Medical Center-Duluth

Gwinnett Community Health Needs Assessment

2018-2019

Gwinnett Medical Center-Lawrenceville

Gwinnett Medical Center-Duluth

Table of Contents

Summary ..... Pg. 3
- Descriptions of the Hospitals and the Community We Serve
- Who was Involved in the Assessment
- How the Assessment was Conducted
- Identified Health Needs
- Gwinnett Medical Center Program Evaluations
- 2019-2021 Gwinnett Community Health Improvement Plan Goals
- Community Response to the 2016 Community Health Needs Assessment
- Gwinnett Medical Center-Lawrenceville Top Priority Need Areas
- Gwinnett Medical Center-Duluth Top Priority Need Areas
- Approval Process
- Community Assets Identified
- Next Steps

Attachment A. Social and Environmental Summaries ..... Pg. 21
- Gwinnett County Demographic Data
- Social and Environmental Factors
- Access to Quality Care
- 2019-2021 Gwinnett Community Health Improvement Plan

Attachment B. Planning Participation ..... Pg. 48

Attachment C. Community Engagement and Primary Data Summaries ..... Pg. 52

Attachment D. Health Data Summaries ..... Pg. 104
- Injuries and Acute Conditions
- Chronic Disease
- Maternal Infant Health
- Behavioral Health and Mental Disorders
- Disabilities
- Physical Activity and Weight Management
- Youth Related Health Issues
- Older Adults and Aging
- Communicable Disease and Immunization
- Population Health Data

Attachment E. Program Evaluation ..... Pg. 239

Attachment F. Prioritized Health Needs ..... Pg. 244

Attachment G. Need Categories and Community Resources ..... Pg. 248

Summary

Descriptions of the Hospitals and the Community We Serve

Gwinnett Hospital System, Inc., also known as Gwinnett Medical Center, is a not-for-profit and tax-exempt organization which operates exclusively to serve the community and is led by a board made up of community leaders. Our mission is to provide quality health services to our community. Our vision is to be the health system of choice in our community by enhancing the health of our patients and other customers. And our values include service to the community. For more than 65 years, we have been committed to serving the greater Gwinnett County area, and especially the under-served, uninsured and indigent populations.

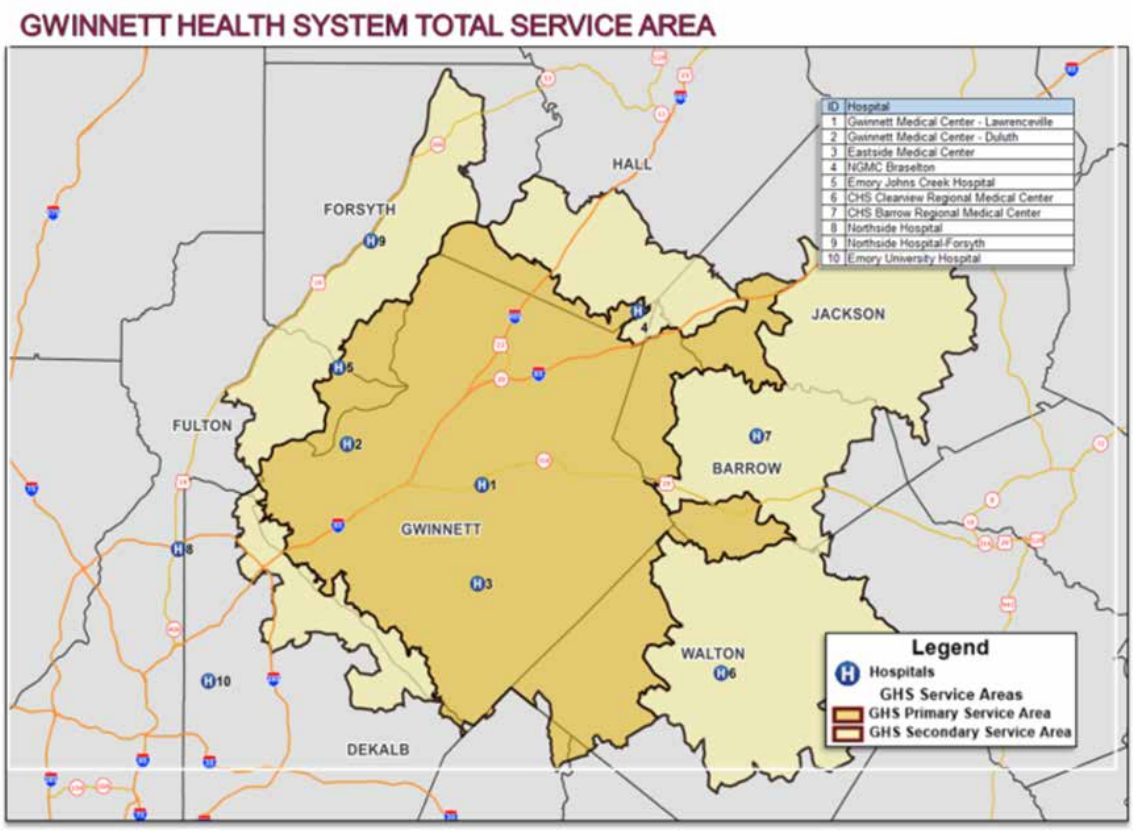
Gwinnett Medical Center is a state licensed, 464 acute care bed and 89 skilled nursing bed healthcare system with two acute-care hospitals: Gwinnett Medical Center-Lawrenceville and Gwinnett Medical Center-Duluth and includes a growing network of outpatient services with physician practice and other outpatient locations throughout Gwinnett County. The two hospitals are 10 miles apart and both serve residents of Gwinnett County. Each facility is focused on providing healthcare services for their local community as well as meeting the health needs of residents across Gwinnett County and to a lesser extent surrounding counties.

The Gwinnett Medical Center community health needs assessment focuses on the residents of Gwinnett County because approximately 80 percent of Gwinnett Medical Center's primary service area originates from Gwinnett County, as demonstrated in Figure 1.

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

Four census tracts are designated medically underserved areas (CT 0503.19, CT 0503.20, CT 0504.19 and CT 0504.21) in Gwinnett County. There are three Federally Qualified Health Centers in Gwinnett County (Norcross) serving residents from these census tracts as well as other Gwinnett County residents.

Figure 1. Gwinnett Health System Total Service Area, 2018



Source: Gwinnett Medical Center, Planning & Development Department, 2018

Gwinnett County is considered 98 percent urban and is located in the northeast suburbs of the metropolitan Atlanta, Georgia area. (See Figure 2) In 2017, the estimated population is 920,260.

Figure 2. Metropolitan Atlanta Area

Tremendous growth over the past 50 years has brought a young, racially and ethnically diverse population to the county from across the nation and around the world.

According to the 2013-2017 American Community Survey 5-year estimates the median age of residents is 34.9. In 2017, 30 percent of the population was under 20 years of age and 14.3 percent was 60 years of age and older, according to the Georgia Division of Public Health (Online Analytical Statistical Information System, OASIS, 2018).

In 2013-2017, the American Community Survey 5-year estimated the Gwinnett County population to be 349,434 (39.3 percent) whites alone, 230,815 (25.9 percent) blacks alone, 99,659 (11.2 percent) Asians alone and 1,688 (0.2 percent) was American Indian or Alaska Native, Native Hawaiian or Pacific Islander, and 19,491, Two or More Races. It was also noted 184,621 (20.7 percent) of the population was Hispanics or Latino. In 2009-2013, the American Community Survey 5-year estimated, 33 percent the Gwinnett County population over the age of five speak a language other than English (18 percent Spanish, 5.9 percent Other Indo-European, 7.4 percent Asian and Pacific Island, 1.6 percent other languages).

In 2013-2017 the American Community Survey 5-year estimated 34.4 percent the Gwinnett County population over the age of five speak a language other than English (18.5 percent Spanish, 6.1 percent Other Indo-European, 7.4 percent Asian and Pacific Island, 2.4 percent other languages). Of the population 18 years and over, 22.5 percent speak a language other than English (8.6 percent Spanish and 13.9 percent other languages) for the same time period.

The 2018-19 Gwinnett County Public School System website reported having 140 schools and other educational facilities serving 180,320 students, a 4,500 student increase since our last CHNA. In 2013-2017, the American Community Survey 5-year estimated eighty-seven percent of Gwinnett residents 25 years of age and over had at least graduated from high school and 32.4 percent had a bachelor's degree or higher. This is a decrease from our last CHNA (33.9 percent, 2009-2013).

According to the American Community Survey from 2013-2017, the Gwinnett County resident median household income was $64,496, an increase of income per household of $4,051 since the last CHNA and 12.1 percent of residents live below the poverty level, a decrease of 2.8 percent since the last CHNA. According to the American Community Survey from 2013-2017, 17.7 percent of related children under 18 years of age were living below the poverty level (14.9 percent 2009-2013), and 7.5 percent of the people 65 years of age old and over for the same time period (8.4 percent 2009-2013).

In 2017, adults with health insurance: 76.4 percent in 2017 (U.S. counties average: 87.7 percent). This is an improvement when compared with 75.1 percent reported in 2014. The number of residents with insurance is well below the Healthy People 2020 target of 100 percent (Health Communities Institute).

Data detailing current population-based demographics, as well as, social and environmental and access to quality care indicators for Gwinnett County are included in Attachment A. Social and Environmental Summary.

Who was Involved in the Assessment

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

Community involvement and input was an important component of our needs assessment process. Gwinnett Medical Center has conducted Gwinnett Community Health Status Reports with the Gwinnett County Health Department since 1999. The Gwinnett Coalition for Health and Human Services is a not-for-profit organization dedicated to addressing the health and human service needs of everyone in Gwinnett County. It does so through collaborative community planning, applied research, community education, membership diversity, consensus building, advocacy and innovation. Our organization has been an active partner of the Gwinnett Coalition for Health and Human Services for more than 25 years. Attachment B. Planning Participants includes a list of individuals who participated in the assessment process.

How the Assessment was Conducted

In August 2018, the plan to conduct our third three-year Community Health Needs Assessment (CHNA) was approved by hospital leadership, the Board Community Benefit Committee and the Community Health and Wellness Council. In January 2018 the Gwinnett Coalition for Health and Human Services and the Gwinnett County Health Department agreed to collaborate with Gwinnett Medical Center and to gather community data to be shared by all three organizations as part of a continuous community assessment processes. These three entities committed to providing financial and in-kind support for the assessment process. The assessment also included participation of county departments, school district and community service agencies providing health and related services. To ensure input from persons with broad knowledge of the community, the partnership conducted focus groups, community service agency committees input, community key leader interviews and community assessments. Summary community referral data from the Gwinnett Coalition's Helpline were included in the analysis. In addition, the Gwinnett County 2014 youth survey results were included in the community input data set.

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

Gwinnett Medical Center-Duluth serves Gwinnett County residents offering services in many areas including: emergency department; medical-surgical units; and an intensive care unit. Outpatient services include a surgical center as well as multiple diagnostics. Gwinnett Medical Center-Duluth offers some specialty care services that are not duplicated on the Lawrenceville campus; for example, the Duluth campus features the Glancy Rehabilitation Center which offers rehabilitations services for individuals who have had a stroke, illness or injury.

The each hospital adopted a systematic process that included engaging our community in the assessment of community health needs. The hospital's data team began with a review of historical data from the 2016 Community Health Needs Assessments. Current demographics, morbidity and mortality statistics from the Online Analytical Statistical Information System (OASIS), a toolset that allows access to the Georgia Division of Public Health's standardized health data repository were also used. OASIS dashboards use Georgia rankable causes and compare Gwinnett County rates to Georgia rates. Additional demographics were obtained from the U.S. Census Bureau's Quick Facts, American FactFinder and the American Community Survey for the assessment. The hospital and with support of our community partners obtained a license from Healthy Communities Institute for their web-based information system to present the most recently available health and quality of life indicators for Gwinnett County residents. In addition to vital statistic data, Gwinnett County indicators include data sources from the most recent County Health Rankings and Healthy People 2020 objectives, shown in Attachment D. Health Data Summary.

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

The both the Lawrenceville and Duluth Gwinnett Medical Center Community Health Needs Assessment Teams reviewed all the data sources available during facilitated team meetings in January and February 2019 and established identified community health need groups for each facility.

Team members reviewed the identified needs individually and as a group and discussed the ease of implementation and the potential of impact of each need category, specifically as the needs are related to the services provided at the Lawrenceville campus. Attachment E. Prioritized Needs includes additional information regarding prioritized health needs.

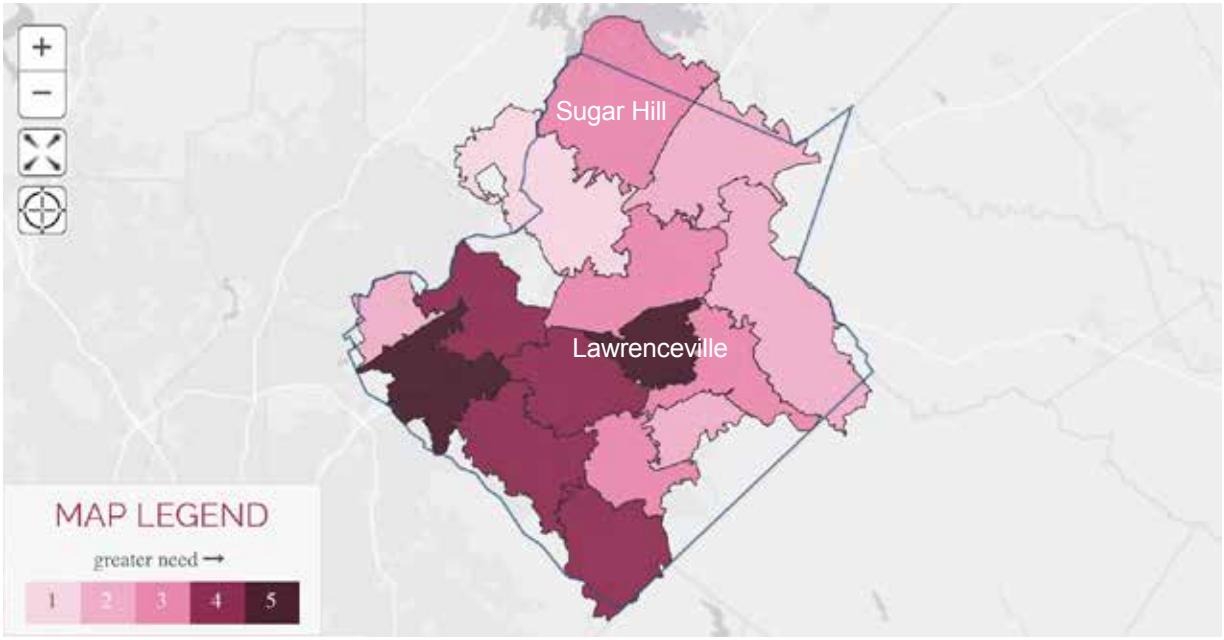
Identified Health Needs

Gwinnett County is the fifth highest ranked county in overall health in Georgia, according to the County Health Rankings in 2018. The county regularly met or exceeded most national benchmarks by Healthy People, and the trends have remained stable. With an estimated 920,260 residents in Gwinnett County, relatively small changes in health metrics can translate into significant changes in the number of people needing healthcare services.

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

status and health outcomes. Figure 3 is a Gwinnett County map with the 2018 SocioNeeds Index included poverty, income, unemployment, occupation, education and language provided by Healthy Community Institutes.

Figure 3. 2018 SocioNeeds Index



Source: Conduent Healthy Communities Institute, retrieved May 2019

Community Engagement Summary

Nine community focus groups were conducted in February 2018. Ninety community representatives of different ages, races and interests participated. Members of medically under-served; low-income and minority populations; engaged citizens as well as populations with chronic disease needs participated in the focus groups. The focus groups were organized through the Gwinnett Coalition's Research and Accountability Committee's member organizations and conducted in various community locations according to the specific needs of the group. Topics of discussion included: quality of life; community relations and engagement; economic and financial stability; education; safety; youth; and health and wellness.

Many of the concerns raised in these focus groups echoed the findings from our previous assessment. Generally, the groups thought the quality of life in the county is average but that it depends on where in the county one lives and how long the resident has resided in the county. The majority of the groups thought that parks and recreation and the public school system are well perceived by residents. Gwinnett County was perceived as not having affordable housing by all groups and that homelessness is an increasing problem. The groups felt that the county was not as economically strong as it was historically. There were concerns about lack of jobs and that available jobs do not cover the cost of living in the county. Some groups perceived an increase in crime in some communities.

Transportation and traffic congestion are serious issues in the county, with the limited public transit system raised as a major concern throughout all of the groups. 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. Some groups felt that emergency preparedness and response has improved but others believe there is a great deal more to do in the community especially as they compare services to other places they have lived.

Another issue raised during the focus groups was healthcare resources. The groups felt that resources were available but that, many times, they are not accessible or affordable for specific populations. Availability of Medicaid physicians was seen as inadequate for the needs of residents of the county. 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. Fewer participants said they leave the county for specialist care; however, the Veterans reported going to the VA Hospital for care.

The Gwinnett Coalition for Health and Human Services, in cooperation with Gwinnett Medical Center and the Gwinnett County Health Department, conducted exercises at seven Coalition committee meetings with 155 participants during July and spring 2018. The six committees were: Positive Youth and Family Development (PYFD), Emergency Assistance Action Team (EAAT), Senior Issues Action Team (SIAT), Child Sexual Assault Prevention Committee (CSAP), Health and Wellness (H&W), Early Learning Committee.

The exercise included four sections: How have we done; what are our needs; what are our dreams; and what are our priorities for action. Most of the participants felt that their quality of life is much better than that of their clients. Most of the positive comments in included great parks, libraries and schools. Most of the challenges were associated with transportation challenges and meeting resident's basic needs of food and shelter. The second question was to prioritize the top eight needs we face in Gwinnett County. These are:

1. Transportation
2. Communication / Information sharing
3. Connection to the community / knowledge of resources
4. Mental health resources / addiction services / awareness
5. Volunteerism / Volunteer programs
6. Access to food
7. Senior Citizen needs
8. Awareness of housing issues / accessible affordable housing

The purpose of the Forces of Change Assessment (FOC) is to identify trends, factors, and events that are likely to impact health and quality of life in our community. The assessment is an environmental scan that is intended to inform our strategic planning process. The Gwinnett County FOC was completed in two stages, a survey identifying forces of change and then discussions regarding the potential opportunities or threats associated with each force of change. The top 10 forces of change identified were:

1. Increased Diversity
2. Inadequate Transportation
3. Increasing Senior Population
4. Homelessness / Lack of Affordable Housing
5. Rapid Population Growth / Urbanization
6. Drugs / Opioid Crisis
7. Declining Income
8. Need for Job Training / Workforce Development
9. Access to Healthcare
10. Access to early learning / Pre-K
11. Mental Health Issues
12. Changing Political Climate

The Local Public Health System Assessment (LPHSA) measures the capacity of the local public health system to conduct essential public health services by bringing together community organizations to discuss and evaluate the community's public health system. The assessment was conducted in May 2018 at a Gwinnett Coalition Town Hall meeting. The major categories found:

- Homelessness
- Affordable Housing
- Senior Citizens
- Transportation
- Health
- Substance Abuse
- Mental Health
- Disability
- Safety
- Community Relation and Engagement
- Education
- Economic and Financial
- Diversity
- Politics

Key informant interviews were conducted as part of the Mobilizing for Action through Planning and Partnership's Strengths and Themes Assessment. The purpose of key informant interviews is to collect information from a wide range of people who have firsthand knowledge about the community. These key informants can provide insight on the strengths of the community as well as the nature of problems and give recommendations for solutions.

In February 2018 thirteen individual key informant interviews were conducted by representatives from the Gwinnett County Health Department. Strengths of Gwinnett County that were identified in the interviews included non-profit and government collaborations between community organizations, the parks and recreation system, and abundance of community organization resources. Areas identified in need of improvement included public accessibility to and awareness of resources, public transportation, homelessness, and mental health services. Key informants acknowledged the growing diversity and believe that cultural competency should be prioritized to accommodate for diversity in Gwinnett. Mixed findings were found on the general public awareness of resources,

the public's ability to navigate health services with or without health insurance, and collaborations between private business and public organizations to form partnerships for vulnerable populations.

The Gwinnett County Coalition for Health and Human Services provides a community Helpline telephone information and referral service for Gwinnett County residents that includes a variety of needs. The number of referrals from the Coalition's Helpline between 2015 and 2017 decreased dramatically however it is felt that the reason for the decrease in community participation in the program was due to fear of being identified as lacking resident status.

Gwinnett County's Comprehensive Youth Survey is a survey led by the Gwinnett Coalition for Health and Human Services and administered through the Gwinnett County Public Health. The first survey was conducted in 1996. Since the 1997 survey, the school system and community has responded to the results and has taken action. Over the years, the survey has been revised and is now conducted in conjunction with the Georgia Department of Education using computer surveying process. All students six through twelfth grades are surveyed. The Coalition survey is administered every two years. In 2014, 48,267 middle and high school students completed the survey. The 2015 Youth Health Survey Parent Handbook is available online at https://www.gwinnettcoalition.org/wp-content/uploads/2017/12/2015_Coalition_Youth_Health_Survey_Factbook_Final.pdf. The Handbook is divided in six sections: Physical Activity and Nutrition, Substance Abuse, Sexual Activity, Delinquency, Mental and Emotional Health and Positive Assets.

For additional information about community input please see Attachment C. Summary of Community Engagement and Primary Data.

Health Data Summary

With a young population, emergency and trauma care is a particular need among Gwinnett County residents: accidents are the leading cause of age-adjusted emergency room visits. A large number of youth participate in sports through school activities and the parks and recreation department. The mean travel time to work for Gwinnett County residents is 32.4 minutes, which is much higher than U.S. counties median of 26.1 minutes. Between 2014 and 2016, Gwinnett County resident's age adjusted death rate was 8.9 (per 100,000 population) for motor vehicle collisions, which is better than the median for Georgia counties (13.7 death rate value).

Chronic diseases and acute conditions are key healthcare needs in our community. According to the Georgia Department of Public Health OASIS, from 2013 to 2017 ischemic heart disease and hypertension were the first and seventh leading cause of death prospectively. Ischemic heart disease and hypertension was the fifth and eighth leading cause of hospital discharges for the same time period and lung (7th), breast (9th) and colorectal (14th) cancers are in the top 15 leading causes of premature death.

For this same time period stroke was ranked number seven for hospital discharge, number two in deaths and number 11 in premature deaths. Diabetes was ranked number twelve for hospital discharge, number eight in deaths and number 12 in premature deaths.

According to the Georgia Department of Public Health in 2017, there were 11,845 births to Gwinnett County mothers, 9.2 percent of all births in the state of Georgia. Overall, pregnancy and childbirth were the leading cause of hospitalization and the sixth leading cause of emergency department visits. For this report the infant mortality rate is 7.8 per 1,000 live births which is higher than other Georgia counties (7.4) and the U.S. (5.9) value. The infant mortality in Gwinnett County trend has increased annually since 2010. The Gwinnett County teen pregnancy rate is 8.5 per 1,000 females (15-17) and is lower in than 14.4 value for Georgia counties and continues on a downward trend.

While morbidity and mortality data demonstrate that Gwinnett County residents are generally healthier than residents of other Georgia counties, there are concerns regarding the effects of the recent economic downturn. Between 2009 and 2013, 50.6 percent of renters paid 30 percent or more of their income on rent which is higher than average for U.S. counties (47.3 percent). This is a 3.5 percent decrease since the last CHNA. In addition, 66.8 percent of Gwinnett County residents live above 200 percent of the federal poverty level compared with the Georgia value of 62.2 percent and the U.S. value of 66.4 percent.

As mentioned earlier, 34 percent of residents over the age of five speak a language other than English at home. This cultural diversity creates ongoing challenges in meeting community health needs.

Unmet behavioral and mental health needs continue to be a significant problem particularly with those individuals that are homeless or unemployed. Dental care is also an issue for the same population.

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

For more information about the identified health needs of residents of Gwinnett County see Attachment D. Health Data Summary.

Gwinnett Medical Center Program Evaluations

Program Evaluation Guidelines

The tools described in the previous section are used to evaluate the previous year's plan and to adjust the plan for the coming year to meet the System's goals and objectives. We have developed a new internal indicator dashboard that will track and measure processes that impact our implementation strategies.

- Each facility's community benefit implementation strategies were built from prioritized identified community health needs from our community health needs assessments (CHNAs).
- To develop measurable indicators, we chose to build a platform that is similar to our Quality's Dashboards.
- For each identified need area we worked with the department representatives who provide services associated with that need. We chose only one or two measures for each need. Most of

the measures are either process measures (e.g., number of persons served) or tracking measures. We used the SMART objective tool to find attainable, realistic and measurable indicators. A representative from the Quality department has worked closely with the department representatives to develop and fine tune these measures and it is still a work in progress.

- For this evaluation at most two years of data were utilized because the third year is not complete at this time.
- Additional information in the Attachment E. Program Evaluation section.

The following section includes measures associated with the impact of some hospital programs associated with identified health needs. The community-level population health outcome indicators are included but our assessment doesn't suggest that our programs are the only reason for changes but rather demonstrate community impact. Our collaboration with the Coalition's community service organizations and the Public Health Department programs are all a part of our joint efforts to improve the health of our community.

GMC – Lawrenceville Program Impact Evaluation Summary

Manage Health Conditions and Chronic Disease Treatments

1.1 Provide Emergency and Trauma services for acute conditions and injuries
- The percentage of patients seen in the ED without insurance has increased from 23.6 percent to 25.6 percent. For the community, adults without insurance have also increased 1.3 percent since the last CHNA.
- Trauma services have had a 2.2 percent increase in patients who are being treated for falls. For the community, the death rate for falls has increased from 6.6 to 7.7.

1.2 Provide Women's Services associated with pregnancy and childbirth
- The skin to skin for one uninterrupted hour after vaginal birth initiative has exceeded there goal for the last three years. This time is important for mother/infant bonding and makes breastfeeding easier. For the community, there has been a significant increase from 5.4 to 7.8 per 1,000 live births for the Infant Mortality rate since the last CHNA.

1.3 Provide services to treat and manage chronic diseases and acute conditions
- Heart Disease: 93.5 percentage of cardiac rehab patients with improved functional capacity which exceeds the previous target of 75 percent for all three years.
- Heart Disease: The number of patients who had percutaneous coronary interventions was 1,388, our target was 1,300. For the community, the death rate due to obstructive heart disease decreased from 59.8 to 56.3 per 100,000 population since the last CHNA.
- Stroke: Patients eligible to receive tPA is a tracking measure. The number of eligible patient to receive tPA per year went up from 34 to 87. For the community, the death rate due to stoke has increased from 35.6 to 38.4 per 100,000 population since the last CHNA.
- Cancer: The number of patients receiving chemo infusion is being tracked. The number of cancer patients receiving chemo infusions services decreased from 32,450 to 23,205. In the community, the death rate due to cancer has decreased from 148.7 to 139.2 per 100,000 population since the last CHNA.
- Diabetes: The number of patients participating in the Inpatient Diabetes Education program has not met the target for this three year period. The target was 1,450 patients and the number of participants was 1,103 in the most recent year. However in the community the death rate due to diabetes decreased from 19.3 to 16.9 per 100,000 population since the last CHNA.

- COPD: Eighty-four percent of patients participating in the pulmonary rehab program improved their endurance. At this time this is a tracking measure. In the community, the percentage of Medicare population with COPD has decreased slightly from 9.7 to 9.5 percent since the last CHNA.
- Tuberculosis: The number of patients testing positive for TB has decreased for the past three years from 13 to 5. In the community, the age-adjusted discharge rate has increased from 1.2 to 2.7 per 100,000 population.

Improve Access to Care

2.1 Provide diagnostic services for the community

2.2 Collaborate with community healthcare providers to improve access to care

- Physician Recruitment: Each quarter we also track the number of physician recruitment engagements we have participated in with community physicians to assist in bringing new physicians to our community in the specialties where there is an identified community need. Over the last three years this number has remained consistent. In the community, the primary care provider rate has increased from 58.0 to 61.0 per 100,000 population since the last CHNA.

2.3 Collaborate with community organizations for access to treatment of behavioral health and mental disorders

- Mental Health: The number of transfers to a mental health facility exceeded the expected target each year. Mental health issues are a serious issue in our community. The hospital does not have a hospital treatment unit to care for these special need patients. This is the reason for the transfers to appropriate care mental health facilities. In the community, the number of Poor Mental Health Days increased from 2.7 to 3.2 since the last CHNA.

2.4 Collaborate with community organizations for access to services for persons with disabilities

- Disabilities: The number of encounters decreased in the Gwinnett SportsRehab program and did not meet the target. This department has been in a reorganization of services which has affected the number of encounters. In the community, the percentage of persons with disabilities has decreased slightly from 7.5 to 7.3 percent since our last CHNA.

Prevent Chronic Diseases and Increase Wellness

3.1 Collaborate with community organizations to increase physical activities and healthy eating

- The number of participants in community programs related to physical activity and healthy eating was 2,571 in 2018. At this time we are tracking this measure to evaluate the fluctuations in number. The Faith Community Nursing program had several changes in during this time period. Staff changes and changes in the number of faith community participants reduced the number of contacts for the program. In the community, adults who are sedentary decreased from 21.3 to 20.9 percent since the last CHNA.

3.2 Collaborate with community organizations to raise healthy kids

- Participation in the Sports Medicine program increased dramatically and surpassed the target by a great margin. In 2018 the number of participants was 34,022.

3.3 Collaborate with community organizations to promote healthy aging

- Participation in Healthy Aging community program decreased to 1,345 participants in 2018. This is also attributed to changes in the Faith Community Health as well as the PrimeTime Health programs. In the community, the percentage of people 65+ living alone has increased from 16.6 to 17.9 percent since the last CHNA.

3.4 Collaborate with community organizations to prevent and detect chronic disease
- Heart Disease: The number of community programs related to hearth disease has increased in 2018 to 23 which exceeded the target 20 programs.
- Heart Disease: In 2018, there were 1,260 participants in Post Phase II Cardiac Rehab.
- Stroke: The number of stroke prevention programs was 23 in 2018 which exceeded their target.
- Diabetes: The number of participants in community-based diabetes education was 190 which exceeded the target of 164 participants.
- Smoking: There has been a decrease in participation in the Smoking Cessation counseling program. The program is being evaluated to determine if there might other outreach opportunities and in the future will be overseen by the lung cancer navigator. In the community, the percentage of adults who smoke has increased from 13.6 to 13.8 percent since the last CHNA.

GMC – Duluth Program Impact Evaluation Summary

Manage Health Conditions and Chronic Disease Treatments

1.1 Provide Emergency services for acute conditions and injuries
- The percentage of patients seen in the ED without insurance has increased from 28.88 32.5 percent in 2018. For the community, adults without insurance have also increased 1.3 percent since the last CHNA.

1.2 Provide services to treat and manage chronic diseases and acute conditions
- Stroke: Patients eligible to receive tPA is a tracking measure. The number of eligible patient to receive tPA per year went up from 13 to 15. For the community, the death rate due to stoke has increased from 35.6 to 38.4 per 100,000 population since the last CHNA.
- Cancer: The number of patients receiving chemo infusion is being tracked. The number of cancer patients receiving chemo infusions services decreased from 6,380 to 4,593. In the community, the death rate due to cancer has decreased from 148.7 to 139.2 per 100,000 population since the last CHNA.
- Diabetes: The number of patients participating in the Inpatient Diabetes Education program has not met the target for this three year period. The target was 900 patients and the number of participants was 711 in the most recent year. However in the community the death rate due to diabetes decreased from 19.3 to 16.9 per 100,000 population since the last CHNA.

1.3 Provide services to promote independence for persons with disabling conditions
- Disability: The number of Glancy Rehabilitation Center inpatients discharged home was 660 in 2018. This was slightly less than the target of 670. In the community, the percentage of persons with disabilities has decreased from 7.5 to 7.3 percent since our last CHNA.

1.4 Provide comprehensive services to those suffering from the disease of obesity
- Obesity: The number of patient encounters for the Center of Weight Management was 9,592 encounters in 2016 and 18,145 encounters in 2018. The Center exceeded the target of 17,485 encounters. In the community, the percentage of adults who are obese has slightly increased from 27.4 from 27.9 percent in 2018. However, this is well below the Healthy People 2020 target of 30.5 percent.

Improve Access to Care

2.1 Collaborate with community healthcare providers to improve access to care
- Physician Recruitment: Each quarter we also track the number of physician recruitment engagements we have participated in with community physician to assist in bringing new physicians to our community in the specialties where there is an identified community need. Over the last three years this number has remained consistent. In the community, the primary care provider rate has increased from 58.0 to 61.0 per 100,000 population since the last CHNA.

2.2 Assist the international community in accessibility of healthcare services
- International Community: The number of person who identified themselves as Asians treated in Duluth facilities and programs was 7,008 in 2016 and was 22,265 in 2018. In 2018 the target of 22,000 was exceeded. In the community, linguistic isolation is a severe issue in the community. The percentage has decreased from 8.8 percent for the last CHNA to 8.5 percent in 2018.

2.3 Collaborate with community organizations for access to treatment of behavioral health and mental disorders
- Mental Health: The number of transfers to a mental health facility exceeded the expected target each year. Mental health issues are a serious issue in our community. The hospital does not have a hospital treatment unit to care for these special need patients. This is the reason for the transfers to appropriate care mental health facilities. In the community, the number of Poor Mental Health Days increased from 2.7 to 3.2 since the last CHNA.

2.4 Collaborate with community organizations for access to services for persons with disabilities
- Disabilities: The number of encounters decreased in the Gwinnett SportsRehab program and did not meet the target. This department has been in a reorganization of services which has effective the number of encounters. In the community, the percentage of persons with disabilities has decreased slightly from 7.5 to 7.3 percent since our last CHNA.

Prevent Chronic Diseases and Increase Wellness

3.1 Collaborate with community organizations to increase physical activities and healthy eating
- The number of participants in community programs related to physical activity and healthy eating was 732 in 2018. At this time we are tracking this measure to evaluate the fluctuations in number. The Faith Community Nursing program had several changes in during this time period. Staff changes and changes in the number of faith community participants reduced the number of contacts for the program. In the community, adults who are sedentary decreased from 21.3 to 20.9 percent since the last CHNA.

3.2 Collaborate with community organizations to raise healthy kids
- Participation in the Sports Medicine program increased dramatically and surpassed the target by a great margin. In 2018 the number of participants was 69,712 which greatly exceeded the target.

3.3 Collaborate with community organizations to promote healthy aging
- Participation in Healthy Aging community program decreased to 129 participants in 2018. This is also attributed to changes in the Faith Community Health as well as the PrimeTime Health programs. In the community, the percentage of people 65+ living alone has increased from 16.6 to 17.9 percent since the last CHNA.

3.4 Collaborate with community organizations to stop the spread of communicable diseases
- The number of patients treated for TB has decreased from eight cases to two cases over the two year evaluation period. This is a tracking measure. Hospital staff work very closely with the Health Department to provide appropriate treatment and prevent the spread of the disease to others in the community.

3.5 Collaborate with community organizations to prevent and detect chronic disease
- Stroke: The number of stroke prevention programs met their target for the three year period.
- Diabetes: The number of participants in community-based diabetes education was 265 participants in 2016 and 201 in 2018. This did not meet the target of 234 participants.
- Smoking: There has been a decrease in participation in the Smoking Cessation counseling program. The program is being evaluated to determine if there might other outreach opportunities and in the future will be overseen by the lung cancer navigator on the Lawrenceville campus. In the community, the percentage of adults who smoke has decreased from 13.6 to 13.8 percent since the last CHNA.

3.6 Collaborate with community organizations to promote the health of the international population
- Korean Interpretation: Duluth has a dedicated Korean interpreter. For this measure the number of minutes of Korean interpretation in 2016 was 26,540 and in 2018 the number of minutes was 21,571. In the community, the 2010 U.S. Census reported 2.7 percent percentage of the Gwinnett County population was Koreans. In the community, linguistic isolation is a severe issue in the community. The percentage has decreased from 8.8 percent for the last CHNA to 8.5 percent in 2018.

2019-2021 Gwinnett Community Health Improvement Plan Goals

Using the guidance and input from all the above mentioned primary and secondary data sources the Gwinnett Coalition champions the 2019-2021 Gwinnett Community Health Improvement Plan. The Plan was approved by the Gwinnett Coalition Boards of Directors in June 2019. This plan is monitored by the Gwinnett Coalition's Research and Accountability committee through measureable committee activities and population health indicators for Gwinnett County residences.

The three priority areas goals are:

- GOAL 1: Reduce the prevalence of preventable and treatable health and social conditions
- GOAL 2: Improve and maintain the foundations of a healthy and diverse community
- GOAL 3: Achieve equity and eliminate disparities by connecting and investing in people

Gwinnett Medical Center and the Gwinnett Rockdale Newton Health Department integrate the Gwinnett Community Health Improvement Plan into our organizations assessments and implementation strategies.

For more information on strategies, activities and community indicators associated with these goals please see Attachment A.

Community Response to the 2016 Community Health Needs Assessment

The hospital did not receive any email comments or comment letters from the community regarding the 2016 CHNA. However, Conduent Healthy Communities Institute data associated with the CHNA was shared six times a year using the platform of a "Data Moment" at the Board of Directors meeting of the Gwinnett Coalition for Health and Human Services.

Gwinnett Medical Center-Lawrenceville Top Priority Need Areas

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

The top priority areas were identified to meet community needs:

Manage Health Conditions and Chronic Disease Treatments

- Provide Emergency and Trauma services for acute conditions and injuries
- Provide Women's Services associated with pregnancy and childbirth
- Provide services to treat and manage chronic diseases and acute conditions
- Provide services to the non-English speaking population

Improve Access to Care

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

Prevent Chronic Diseases and Increase Wellness

- Collaborate with community organizations to increase physical activities and healthy eating
- Collaborate with community organizations to raise healthy kids
- Collaborate with community organizations to promote healthy aging
- Collaborate with community organizations to prevent and detect chronic disease

Gwinnett Medical Center-Duluth Top Priority Need Areas

Gwinnett Medical Center-Duluth serves Gwinnett County residents offering services in many areas including: emergency department; medical-surgical units; and an intensive care unit. Outpatient services include a surgical center as well as multiple diagnostics. Gwinnett Medical Center-Duluth offers some specialty care services that are not duplicated on the Lawrenceville campus; for example, the Duluth campus features the Glancy Rehabilitation Center which offers rehabilitations services for individuals who have had a stroke, illness or injury.

The top priority areas were identified to meet community needs:

Manage Health Conditions and Chronic Disease Treatments

- Provide Emergency services for acute conditions and injuries
- Provide services to treat and manage chronic diseases and acute conditions
- Provide services to promote independence for persons with disabling conditions
- Provide comprehensive services to those suffering from the disease of obesity
- Provide services to the international population

Improve Access to Care

- Collaborate with community healthcare providers to improve access to care
- Assist the international community in accessibility of healthcare services
- Collaborate with community organizations for access to treatment of behavioral health and mental disorders
- Collaborate with community organizations for access to services for persons with disabilities

Prevent Chronic Diseases and Increase Wellness

- Collaborate with community organizations to increase physical activities and healthy eating
- Collaborate with community organizations to raise healthy kids
- Collaborate with community organizations to promote healthy aging
- Collaborate with community organizations to prevent and detect chronic disease

The Community Health Needs Assessment was approved by hospital leadership and the Board of Directors through the Board's Community Benefit Committee on May 28, 2019. Our community has access to the needs assessment through the Gwinnett Medical Center website.

Approval Process

The Community Health and Wellness Council approved the updated CHNA and provided it to administrative leadership for approval

The Board of Directors Community Benefit subcommittee is charged with responsibilities regarding community health promotion including:

- Participating in the process of establishing priorities, plans and programs to enhance the health status of the community.

- Approving each facilities implementation strategies.
- Monitoring program impact through identified community health indicators

The community health needs assessment was approved by hospital leadership and the Board of Directors through the Board's Community Benefit Committee May 28, 2019. Our community has access to the needs assessment through the Gwinnett Medical Center website.

The Gwinnett Medical Centers community health needs assessment is one element of the Gwinnett Coalition for Health and Human Services strategic plan. Our organization will strive to work collaboratively with our community partners to address our community's health needs.

Community Assets Identified

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

Next Steps

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

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

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

This assessment summary is on the website of Gwinnett Medical Center at **www.gwinnettmedicalcenter.org**. A copy can also be obtained by contacting the hospital Administration offices.

Note: No public feedback was received regarding the 2019 Gwinnett Hospital System CHNA as of June 2020 via the website link. This link is no longer being used to track feedback.

If you would like to provide public feedback on this 2019 CHNA, please use the following email address: Northside.chna@northside.com.

Attachment A. Social and Environmental Summaries

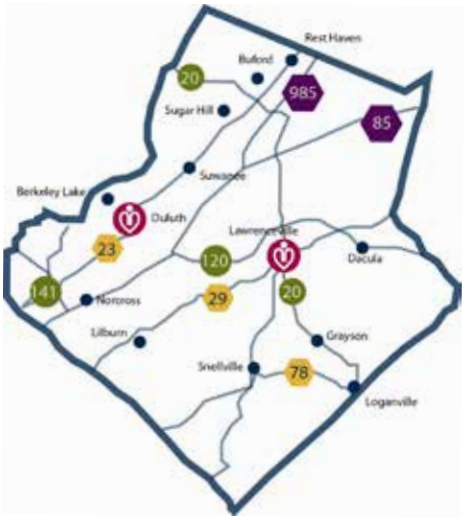
Gwinnett County Demographic Data

Gwinnett County is located in the northeast suburbs of the metropolitan Atlanta area and is 98 percent urban. (See Figure 1.) This is the 46th largest county in the state of Georgia by land mass (430.38square miles) and the second leading by population (920,260 residents in 2017).

Figure 1. Metropolitan Atlanta Area

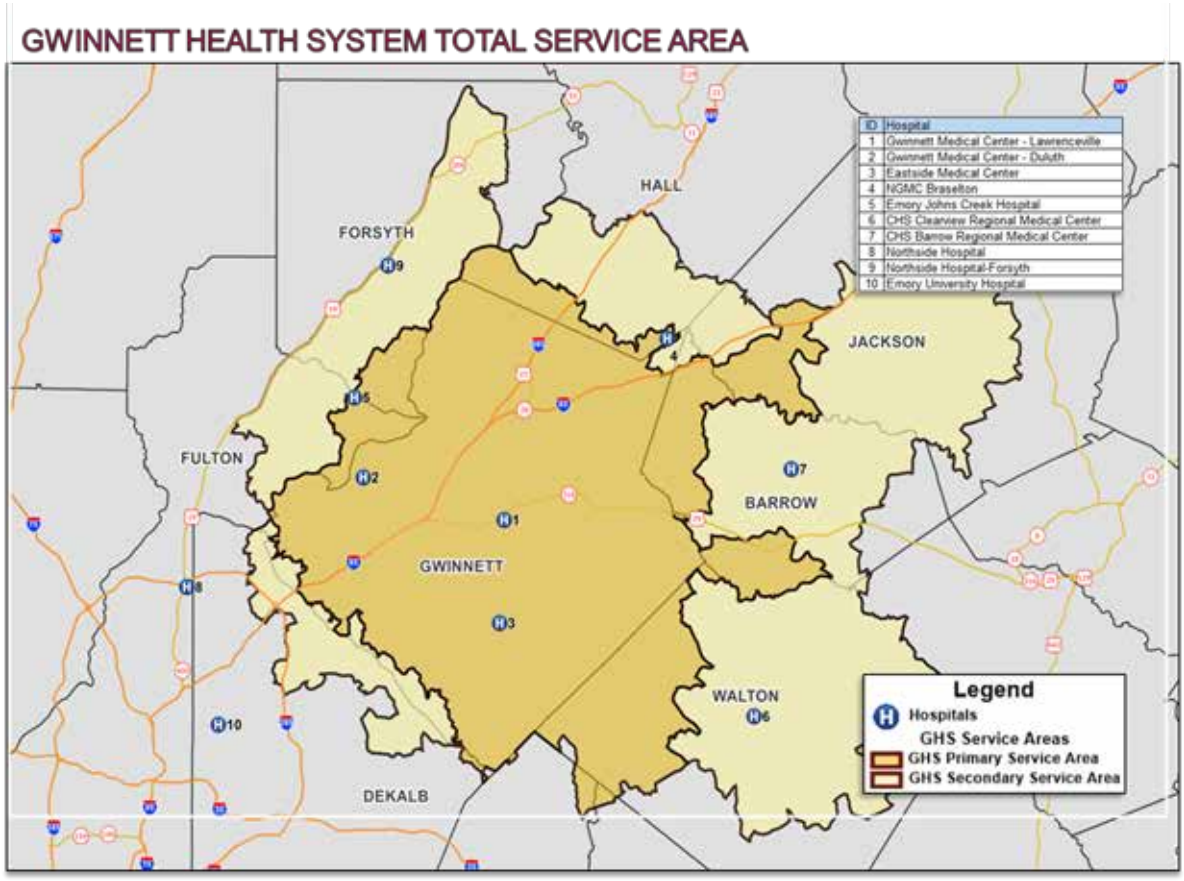
Gwinnett Medical Center is a state licensed, 464 acute care and 89 skilled nursing bed healthcare system with two acute-care hospitals: Gwinnett Medical Center-Lawrenceville and Gwinnett Medical Center-Duluth and includes a growing network of outpatient services with physician practice and other outpatient locations throughout Gwinnett County. The two facilities are 10 miles apart and both serve residents of Gwinnett County. Each facility is focused on providing healthcare services for their local community as well as meeting the health needs of residents across Gwinnett County (see Figure 2).

Figure 2. Gwinnett County, Georgia



The Gwinnett Medical Center community health needs assessment focuses on the residents of Gwinnett County because approximately 80 percent of Gwinnett Medical Center's primary service area originates from Gwinnett County, as demonstrated in Figure 3.

Figure 3. Gwinnett Health System Total Service Area, 2018



Source: Gwinnett Hospital System, Planning & Development Department, 2018

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

Four census tracts are designated medically underserved areas (CT 0503.19, CT 0503.20, CT 0504.19 and CT 0504.21) in Gwinnett County. There are three Federally Qualified Health Centers in Gwinnett County (Norcross) serving residents from these census tracts as well as other Gwinnett County residents.

The population of Gwinnett County has increased by 36.9 percent since 2000. According to the 2010 U.S. Census, Gwinnett County is the 59th most populated county in the nation. The population has grown from 43,541 in 1960 to 805,321 in 2010. In 2017, the U.S. Census Bureau estimated the Gwinnett County population to be 920,260 (Georgia estimated population 10,519,475).

Because of the growth, the hospital continues to work to provide health services for this growing community.

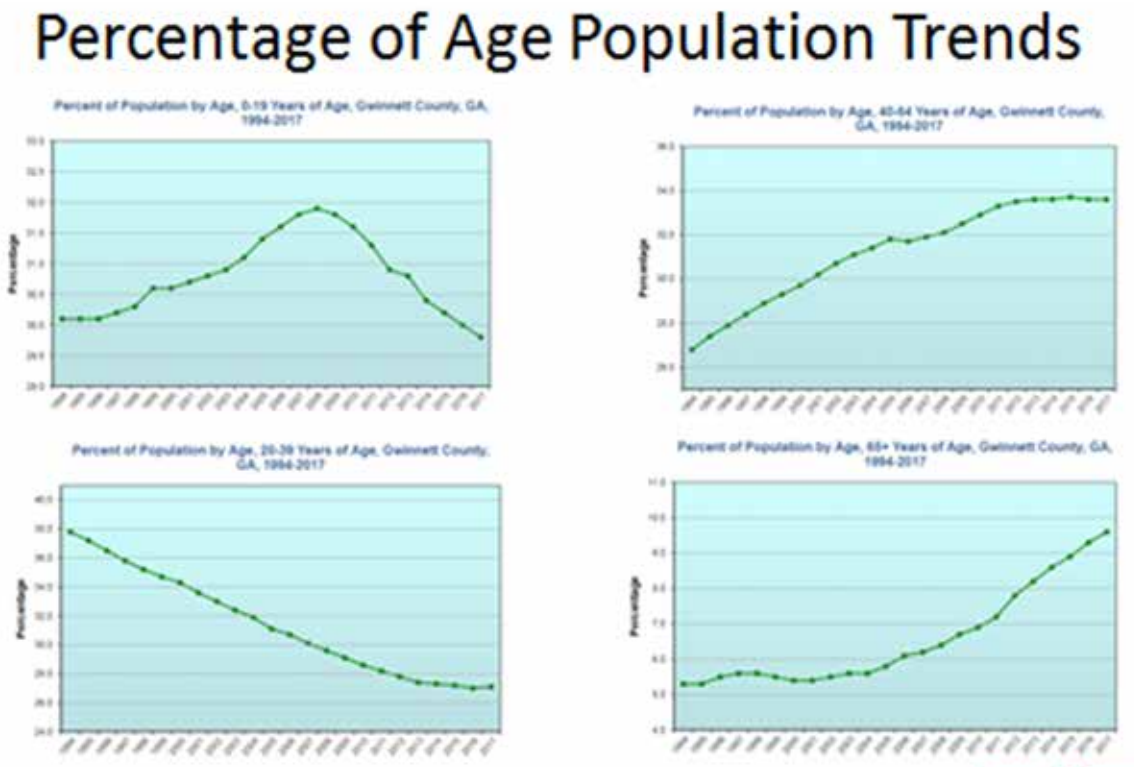
Figure 4. Historical Population, Gwinnett County 1960-2010

Historical Population Gwinnett County		
Census	**Population**	**Percentage Change**
1960	43,541	34.7%
1970	72,349	66.2%
1980	116,903	130.7%
1990	352,910	111.4%
2000	588,448	66.7%
2010	805,321	36.9%

Source: U.S. Census Bureau, 2015

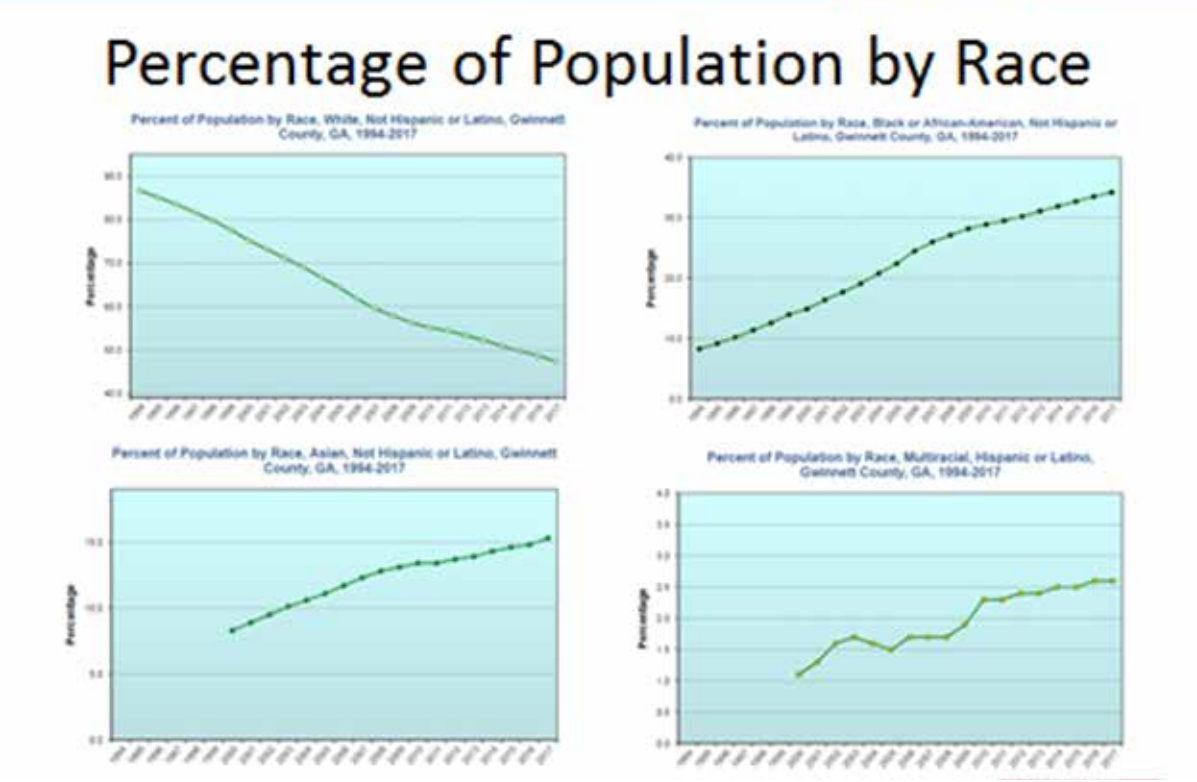
Overall, Gwinnett County has a young population with the median age at 34.9 years of age according to the 2013-2017 American Community Survey 5-Year Estimates.

Figure 5. Percentage of Age, Population Trends, Gwinnett County 1994-2017



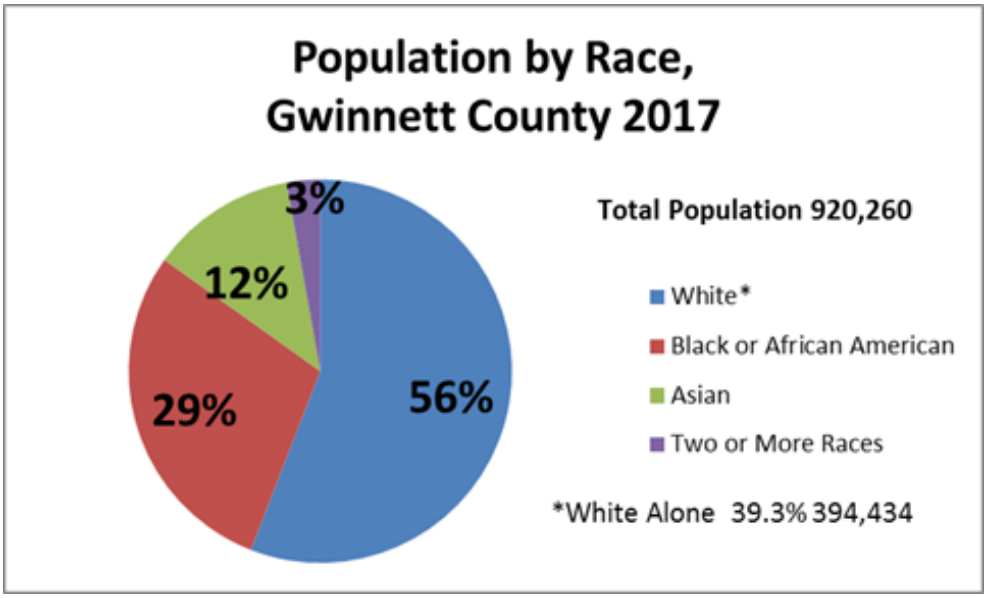
Source: Georgia Division of Public Health, OASIS, 2018

Figure 6. Percentage of Population by Race, Gwinnett County, 1994-2017



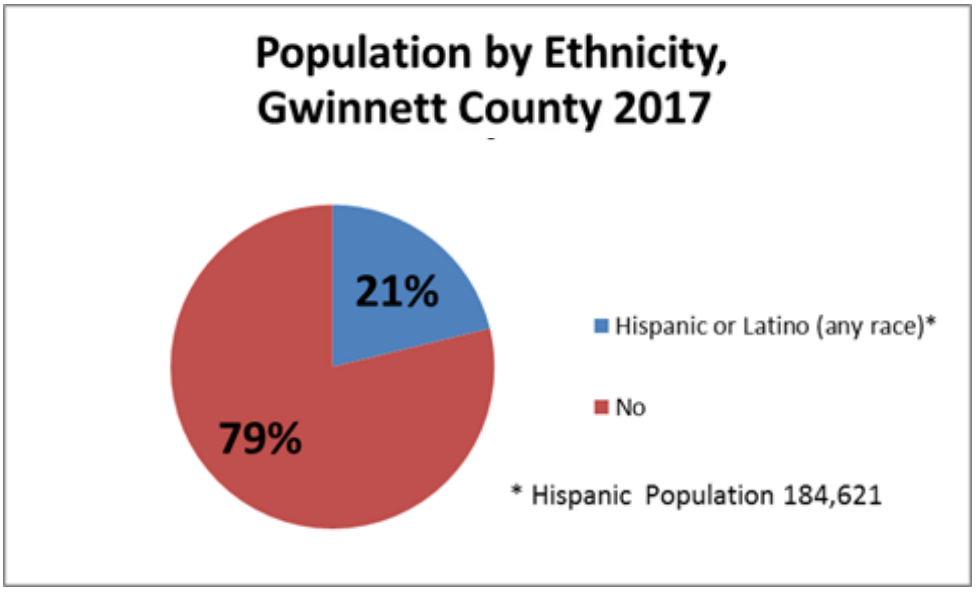
Source: Georgia Division of Public Health, OASIS, 2018

Figure 7. Population by Race, Gwinnett County, 2017



Source: Conduent Healthy Communities Institute, retrieved May 2019

Figure 8. Population by Ethnicity, Gwinnett County, 2017



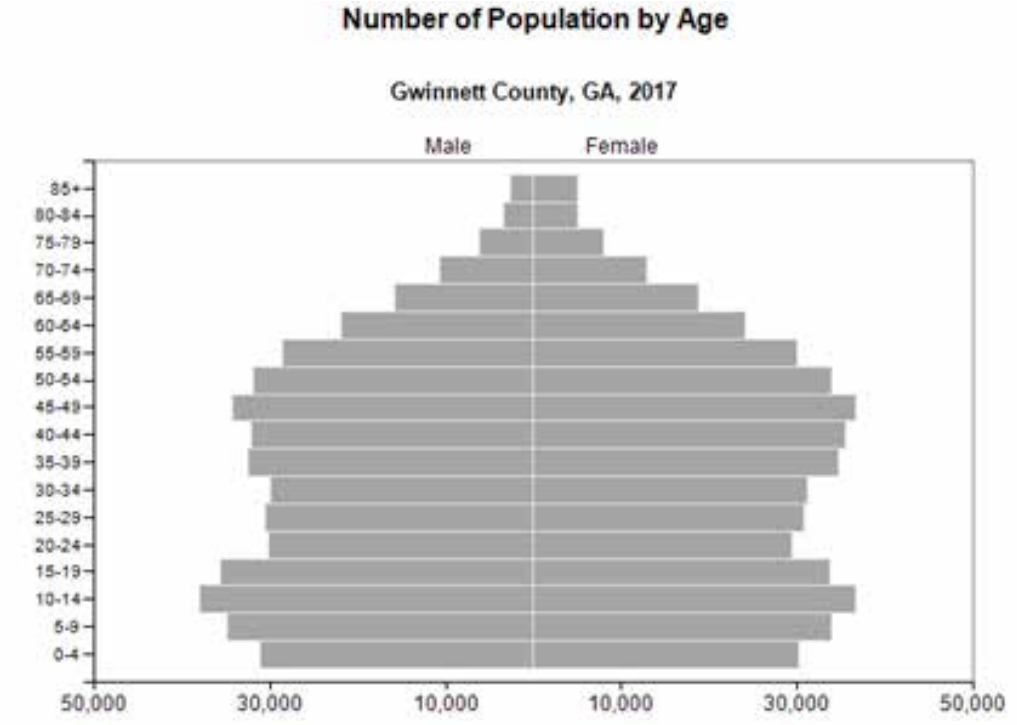
Source: Conduent Healthy Communities Institute, retrieved May 2019

Figure 9. Population by Gender, Gwinnett County 2017

Year	Age in Years	All Races Males	All Races Females	All Races
2017	0-4	31,070	30,174	61,244
2017	5-9	34,899	33,970	68,869
2017	10-14	37,946	36,707	74,653
2017	15-19	35,551	33,628	69,179
2017	20-24	30,197	29,408	59,605
2017	25-29	30,515	30,690	61,205
2017	30-34	29,910	31,114	61,024
2017	35-39	32,490	34,715	67,205
2017	40-44	32,012	35,531	67,543
2017	45-49	34,172	36,719	70,891
2017	50-54	31,890	33,935	65,825
2017	55-59	28,552	30,061	58,613
2017	60-64	21,943	24,036	45,979
2017	65-69	15,781	18,706	34,487
2017	70-74	10,749	12,903	23,652
2017	75-79	6,236	7,952	14,188
2017	80-84	3,469	5,026	8,495
2017	85+	2,585	5,018	7,603
2017	Total[#]	449,967	470,293	920,260

Source: Georgia Division of Public Health, OASIS, 2018

Figure 10. Population by Age and Gender, Gwinnett County 2017



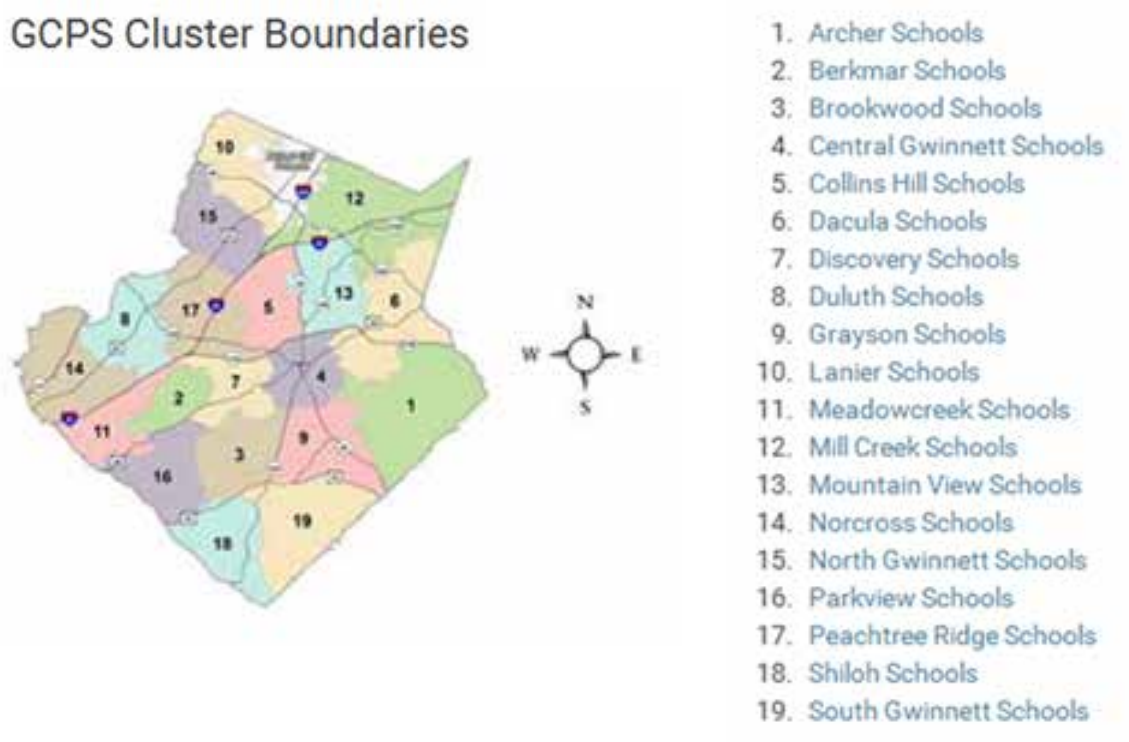
Source: Georgia Division of Public Health, OASIS, 2018

The population has become more racially and ethnically diverse with representation from across the nation and around the world. In 2013-2017, the American Community Survey 5-year estimated the Gwinnett County population to be 349,434 (39.3 percent) whites alone, 230,815 (25.9 percent) blacks alone, 99,659 (11.2 percent) Asians alone and 1,688 (0.2 percent) was American Indian or Alaska Native, Native Hawaiian or Pacific Islander, and 19,491, Two or More Races. It was also noted 184,621 (20.7 percent) of the population was Hispanics or Latino.

In 2013-2017 the American Community Survey 5-year estimated, 34.4 percent the Gwinnett County population over the age of five speak a language other than English (18.5 percent Spanish, 6.1 percent Other Indo-European, 7.4 percent Asian and Pacific Island, 2.4 percent other languages). Of the population 18 years and over, 22.5 percent speak a language other than English (8.6 percent Spanish and 13.9 percent other languages) for the same time period.

In 2018-2019 the Gwinnett County Public School System includes 140 schools (80 elementary schools, 29 middle schools, 22 high schools and 9 other educational facilities/schools) and serves nearly 180,320 students. (See Figure 11.) The school has approximately 22,000 employees. It holds the position of the largest employer in the county and is one of the largest employers in Georgia. The school bus system is the third largest transporter of students in the country with 1,980 buses.

Figure 11. Gwinnett County Public School Cluster Boundaries, 2018-2019



The U.S. Census Bureau's American Community Survey 5-Year Estimates for 2013-2017 provides a representation of average characteristics of the population and is not representative of a single point in time. From these surveys, the following information has been made available about Gwinnett County residents.

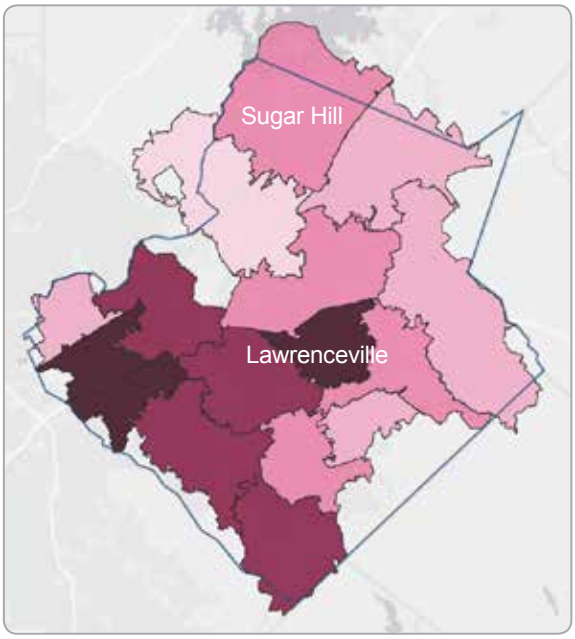
- There were 268,519 households in Gwinnett. The average household size was three. Families make up 75.7 percent of the households. Nonfamily households made up 24.3 percent of all households; 10.7 percent were people living alone.
- Eighty-seven percent of residents 25 years of age and over had at least graduated from high school and 32.4 percent had a bachelor's degree or higher.
- Twenty-five percent of the population was foreign born.
- It is estimated 467,633 of the population 16 years of age and older are in the labor force.
- Seventy-nine percent of workers drove to work alone, 11.6 percent carpooled, one percent took public transportation and two percent used other means. The remaining five percent worked from home. For those who commuted, the average travel time to work was 31.6 minutes.
- The median household income was $64,496. Eighty-nine percent of the households received earnings and 12.2 percent received retirement income other than Social Security. More than 19.5 percent of the households received Social Security. The average income from Social Security was $19,392. These income sources are not mutually exclusive; that is, some households receive income from more than one source.
- Twelve percent of residents were below the poverty level. 17.7 percent under 18 were living below the poverty level, compared with 7.5 percent of the people 65 years of age old and over.
- The median monthly housing costs for mortgaged owners was $1,500, non-mortgaged owners $482 and renters $1,142. Seventy-seven percent of owners with mortgages, 23.0 percent of owners without mortgages and 50.6 percent of renters spent 30 percent or more of household income on housing.

- There were 283,256 housing units in Gwinnett County, 6.3 percent of which were vacant. Of the total number of housing units 73.3 percent were in single-units detached structures, and 1.5 percent was mobile homes.
- Less than two percent of the households did not have telephones.
- Less than one percent of the households did not have access to a car, truck or van for private use.

Social and Economic Factors

With rapid population growth and a particularly diverse cultural mix, it is important to pay close attention to social and economic indicators. Social and economic factors strongly influence the health of individuals and the community. Studies show a strong correlation between socioeconomic status and health outcomes. The 2018 SocioNeeds Index included poverty, income, unemployment, occupation, education and language (Conduent Healthy Community Institutes).

Figure 12. SocioNeeds Index, Gwinnett County, 2018



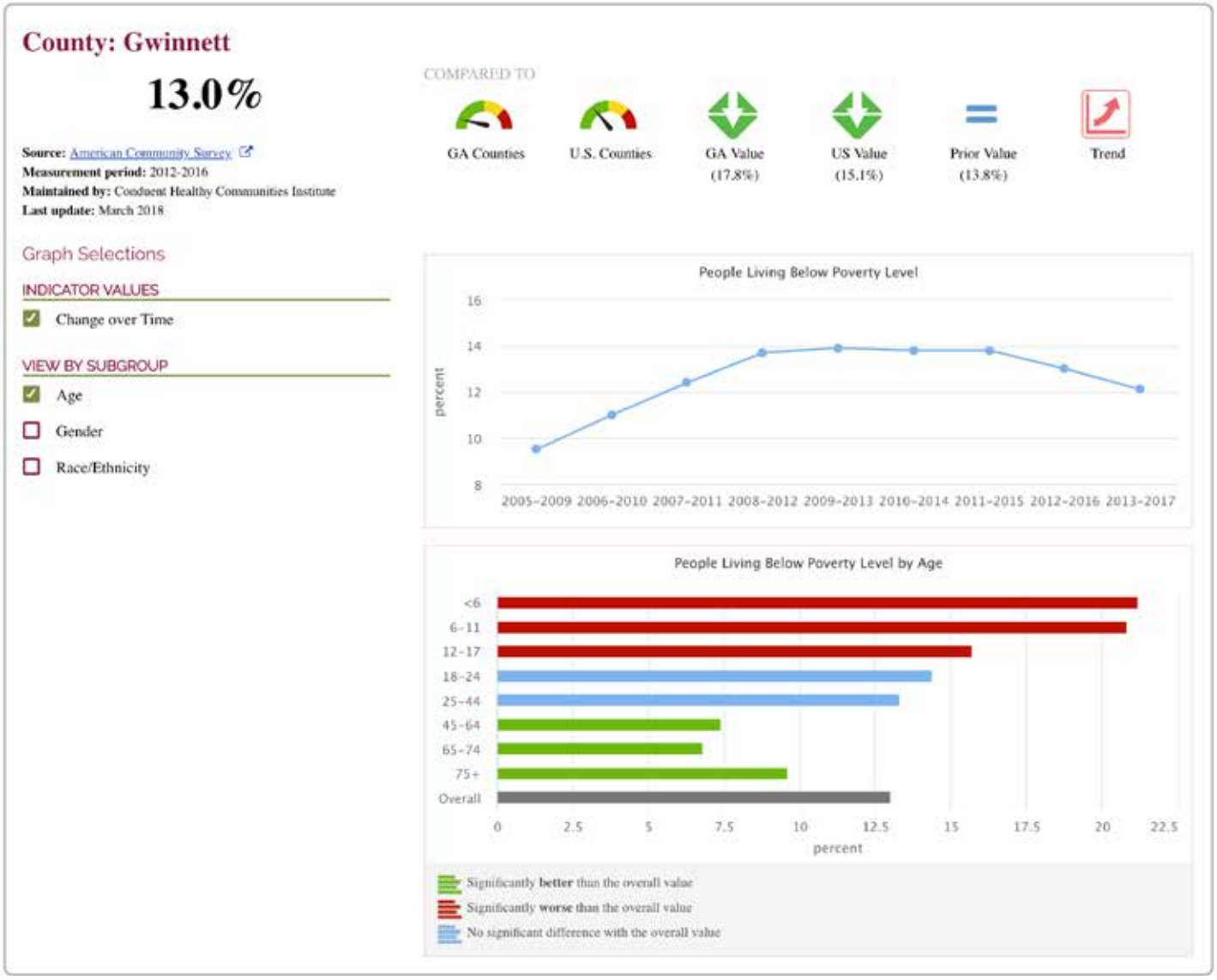
Zip Code	Index	Rank
30017	16.0	2
30019	13.6	2
30024	4.5	1
30039	44.1	4
30043	23.7	3
30044	59.2	4
30045	30.7	3
30046	70.8	5
30047	39.8	4
30071	89.5	5
30078	24.8	3
30092	14.2	2

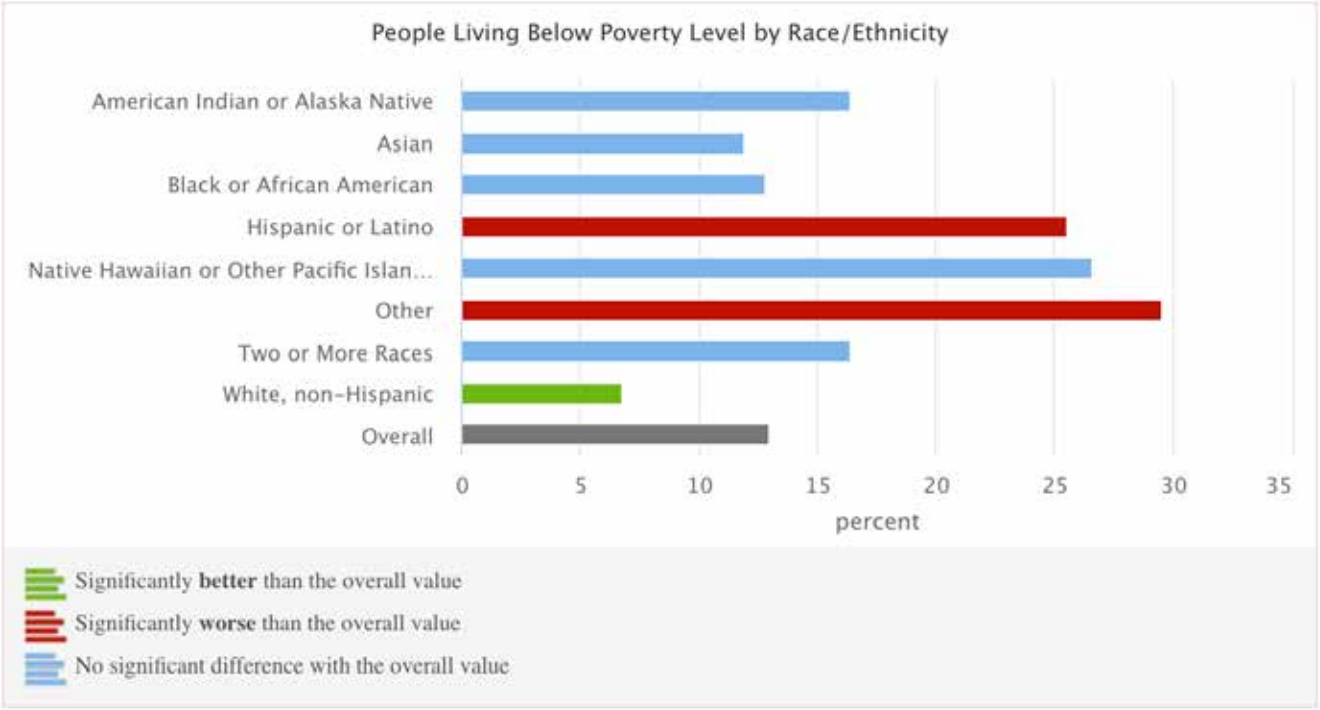
Source: Conduent Healthy Communities Institute, retrieved May 2019

People Living Below Poverty Levels

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. Between 2012 and 2016, 13.0 percent of Gwinnett County residents (19.1 percent of children and 7.8 percent of people 65+) were living below the poverty level. This is a slight decrease for both groups when compared to the 2016 CHNA. When evaluated by race/ethnicity, Other Races (29.5) was highest, Native Hawaiian and Other Pacific Islander (26.6 percent) second and Hispanic (25.5 percent) the third largest group.

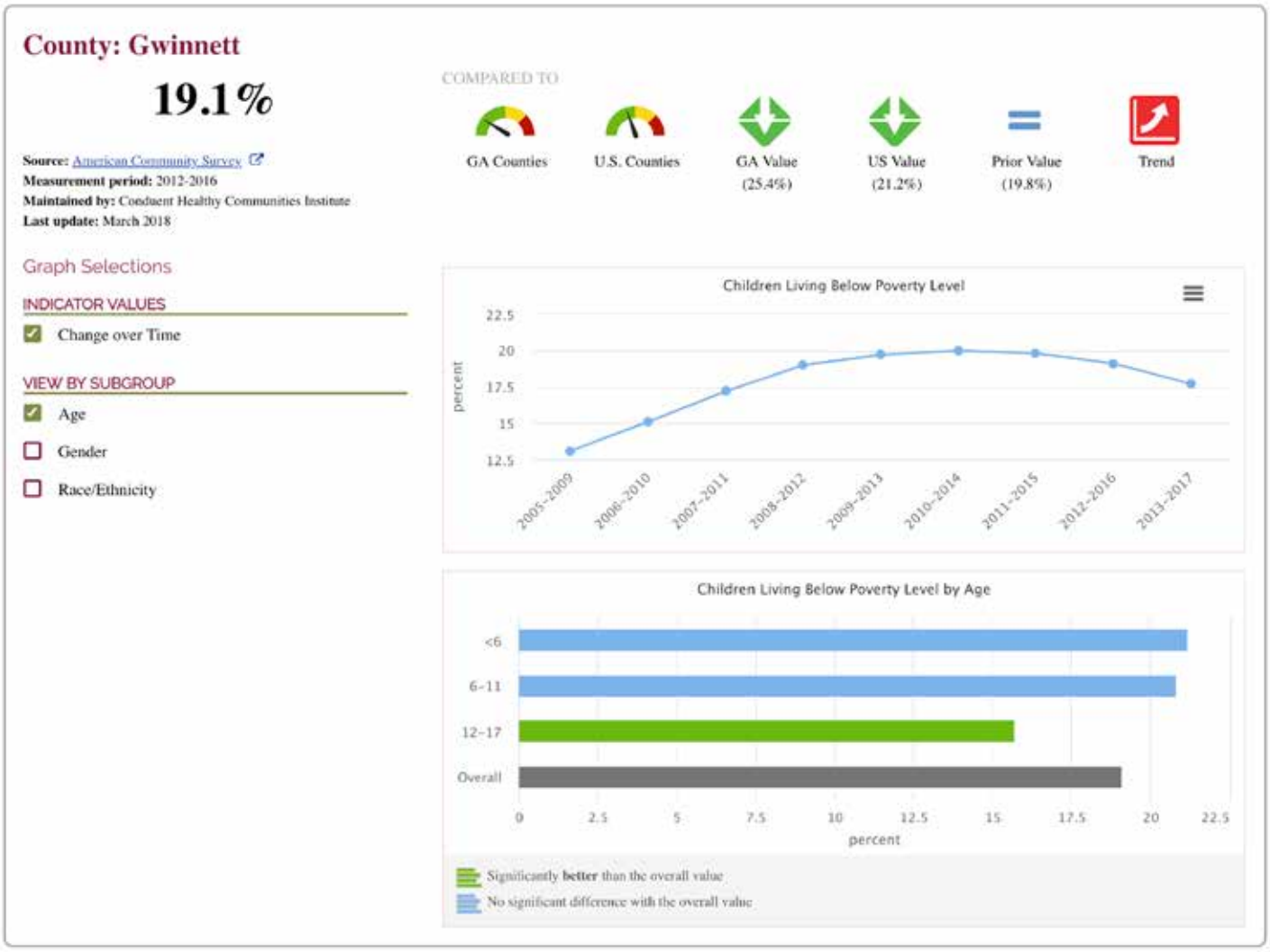
Figure 13. People Living Below Poverty Levels, Gwinnett County, 2012-2016





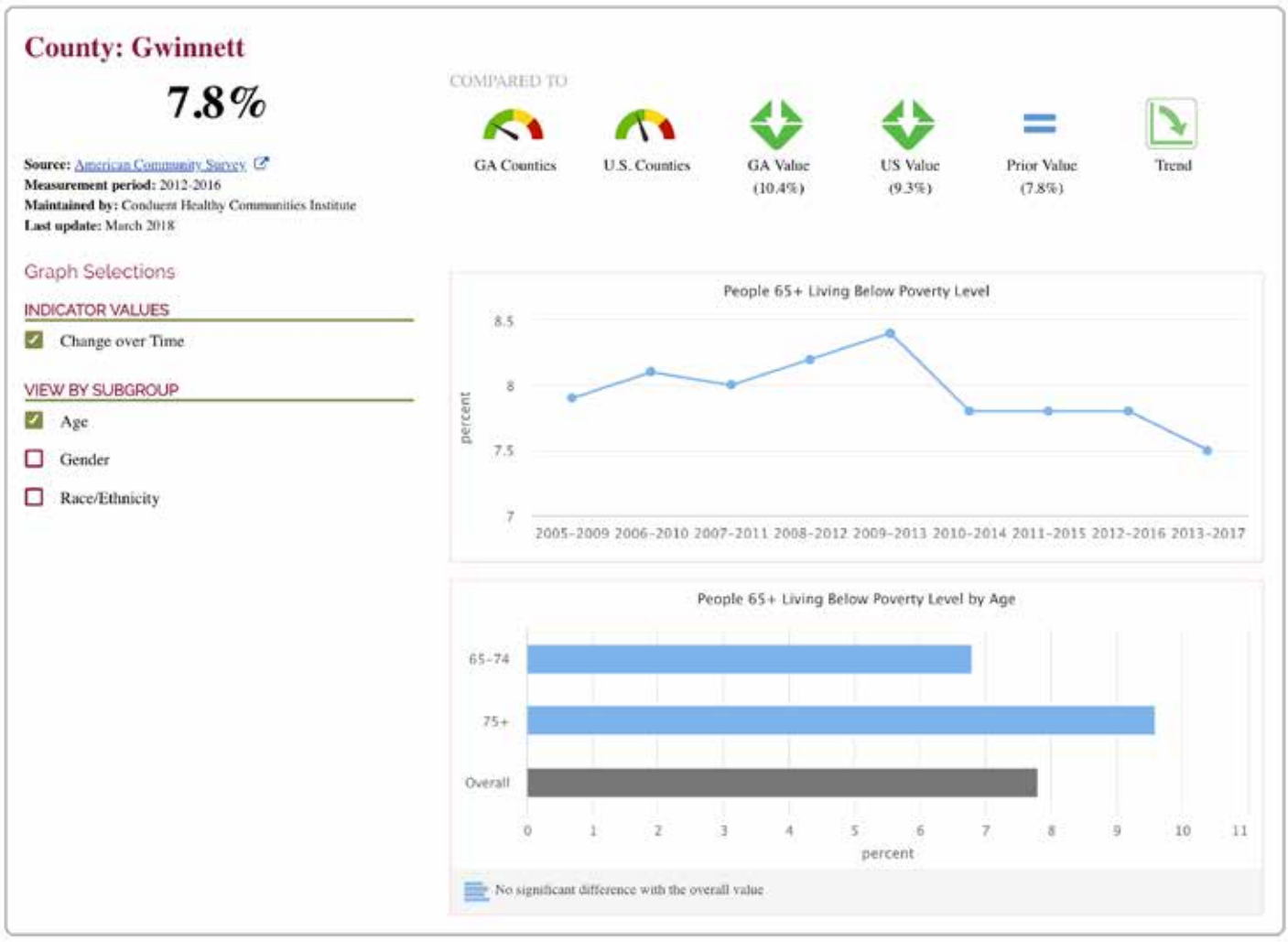
Source: Conduent Healthy Communities Institute, retrieved May 2019

Figure 14. Children Living below Poverty Level, Gwinnett County, 2012-2016



Source: Conduent Healthy Communities Institute, retrieved May 2019

Figure 15. People 65+ Living below Poverty Level, Gwinnett County, 2012-2016



Source: Conduent Healthy Communities Institute, retrieved May 2019

Households with Children Receiving Supplemental Nutrition Assistance Program (SNAP)

Figure 16. Households with Children Receiving SNAP, Gwinnett County, 2012-2016

Households with Children Receiving SNAP

County: Gwinnett ▼ Measurement Period: 2012-2016 ▼

This indicator shows the percentage of households participating in the Supplemental Nutrition Assistance Program (SNAP) with children under 18 years old.

Why is this important?

SNAP (Supplemental Nutrition Assistance Program), previously called the Food Stamp Program, is a federal-assistance program that provides low-income families with electronic benefit transfers (EBTs) that can be used to purchase food. The purpose of the program is to assist low-income households in obtaining adequate and nutritious diets. According to the program, over 45 million people from over 20 million households receive SNAP benefits.

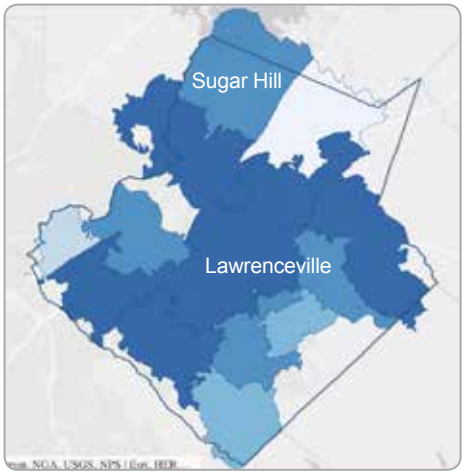
County: Gwinnett

73.3%

COMPARED TO

GA Value	US Value
(56.7%)	(53.0%)

Source: American Community Survey
Measurement period: 2012-2016
Maintained by: Conduent Healthy Communities Institute
Last update: March 2018



Source: Conduent Healthy Communities Institute, retrieved May 2019

Single-Parent Households

Adults and children in single-parent households are at a higher risk for adverse health effects, such as emotional and behavior problems compared to their peers. Children in such households are more likely to develop depression, smoke and abuse alcohol and other substances. Between 2012 and 2016, 28.2 percent of Gwinnett County children were living in single-parent family households (with a male or female householder and no spouse present) out of all children living in family households, according to the American Community Survey. This percentage has remained consistent since our 2016 CHNA.

Figure 17. Single-Parent Households, Gwinnett County, 2012-2016

Source: Conduent Healthy Communities Institute, retrieved May 2019

Unemployed Workers in Civilian Labor Force

According to the U.S. Bureau of Labor Statistics in August 2018 unemployment was 3.3 percent. This is an improvement since the percentage in January 2012 was 8.0 percent.

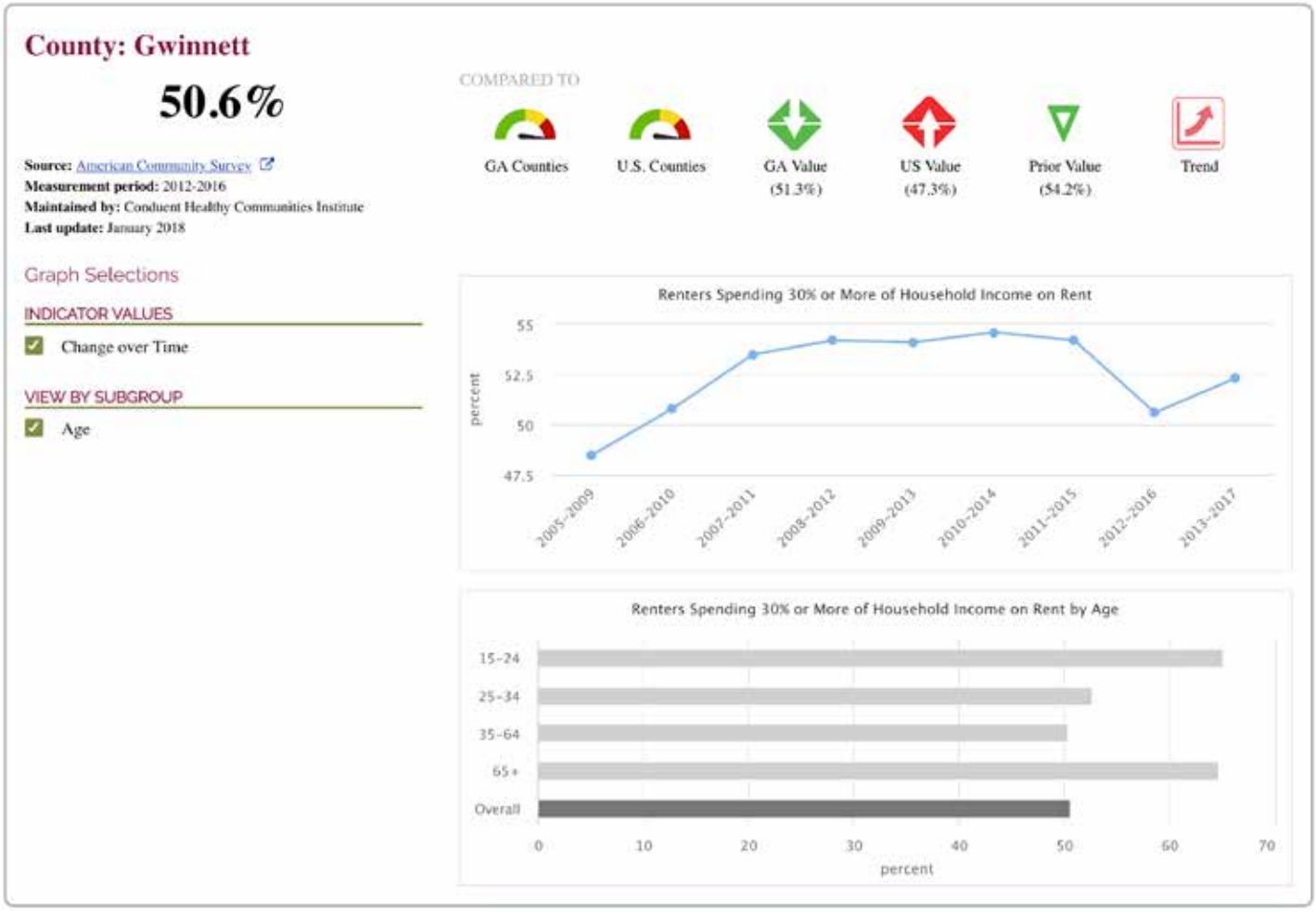
Figure 18. Unemployed Workers in Civilian Labor Force, Gwinnett County, 2011- 2018

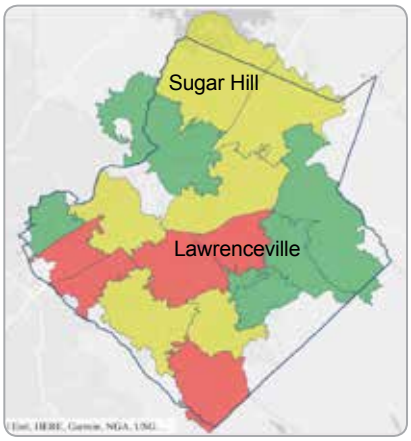
Source: Conduent Healthy Communities Institute, retrieved May 2019

Low-Income Renters

Spending a high percentage of household income on rent can create financial hardship, especially for lower-income renters. With a limited income, paying a high rent may not leave enough money for other expenses, such as food, transportation and medical. According to the American Community Survey 5-year estimates for 2012-2016 the median monthly rent in Gwinnett County is $1,142. Between 2012 and 2016, 50.6 percent of renters paid 30 percent or more of their income on rent which is higher than average for U.S. counties (47.3 percent). This is a decrease 3.5 percent since the last CHNA.

Figure 19. Renters Spending 30% or More of Household Income on Rent, Gwinnett County, 2012-2016





Source: Conduent Healthy Communities Institute, retrieved May 2019

Severe Housing Problems

Severe housing problems is a measure of the percentage of households with at least one of the following four housing problems: overcrowding, high housing costs, lack of kitchen or lack of plumbing. According to County Health Rankings, between 2010 and 2014,18.6 percent Gwinnett County residents had severe housing problem compared to an average of 18.8 percent in U.S. counties. The housing problem has improved since the reporting period of 2008-2012 of 19.8 percent.

Figure 20. Severe Housing Problems, Gwinnett County, 2010-2014

Source: Conduent Healthy Communities Institute, retrieved May 2019

Linguistic Isolation

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

Figure 21. Linguistic Isolation, Gwinnett County, 2012-2016

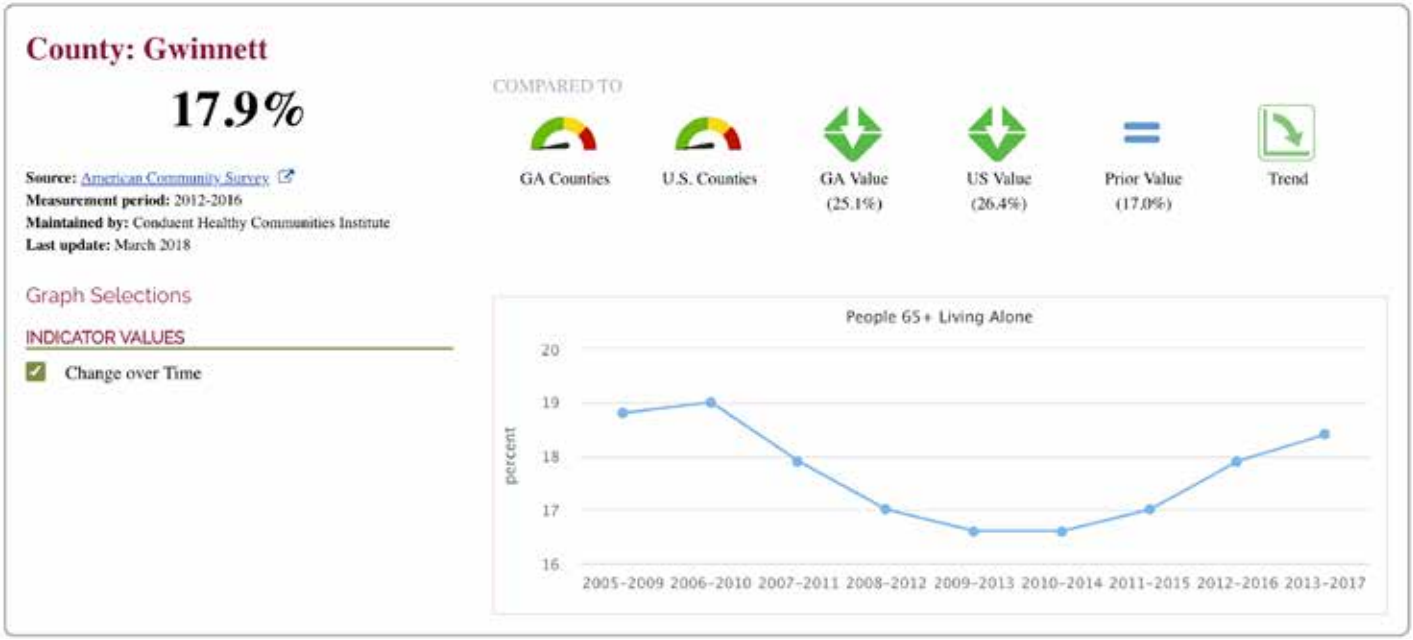
Source: Conduent Healthy Communities Institute, retrieved May 2019

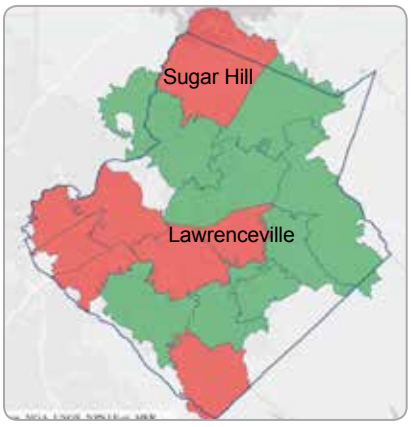
People Age 65 and Older Living Alone

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

Between 2012 and 2016, 17.9 percent of Gwinnett County resident over age 65 lived alone. This is lower than the 26.4 percent national average based U.S. counties and is 1.0 percent lower than the last CHNA report.

Figure 22. People 65+ Living Alone, Gwinnett County, 2012-2016



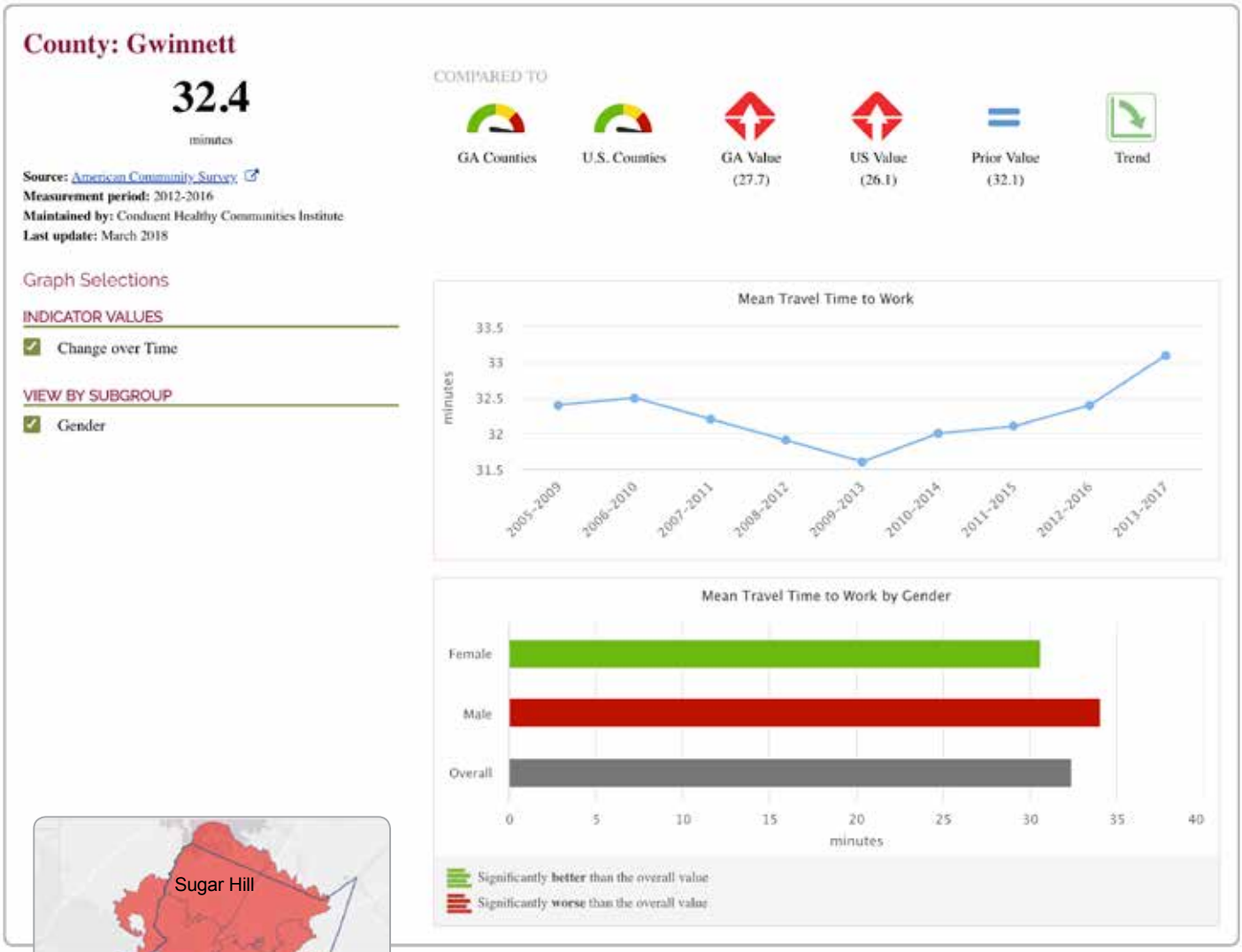


Source: Conduent Healthy Communities Institute, retrieved May 2019

Mean Travel Time to Work

Lengthy car commutes cut into workers' free time and contribute to health problems such as headaches, anxiety and increased blood pressure. An American Journal of Preventive Medicine article (May 8, 2012) by researcher Christine M. Hoehner, PhD, MSPH, assistant professor of public health sciences at Washington University School of Medicine in St. Louis found that individuals that commuted more than 15 miles to work each day were more likely to be obese and less likely to get enough exercise when compared to those who drove less than five miles to work each day. Between 2012 and 2016 the average daily travel time to work was 32.4 minutes for Gwinnett County workers age 16 and older. This has increased slightly since the last CHNA.

Figure 23. Mean Travel Time to Work, Gwinnett County, 2012-2016

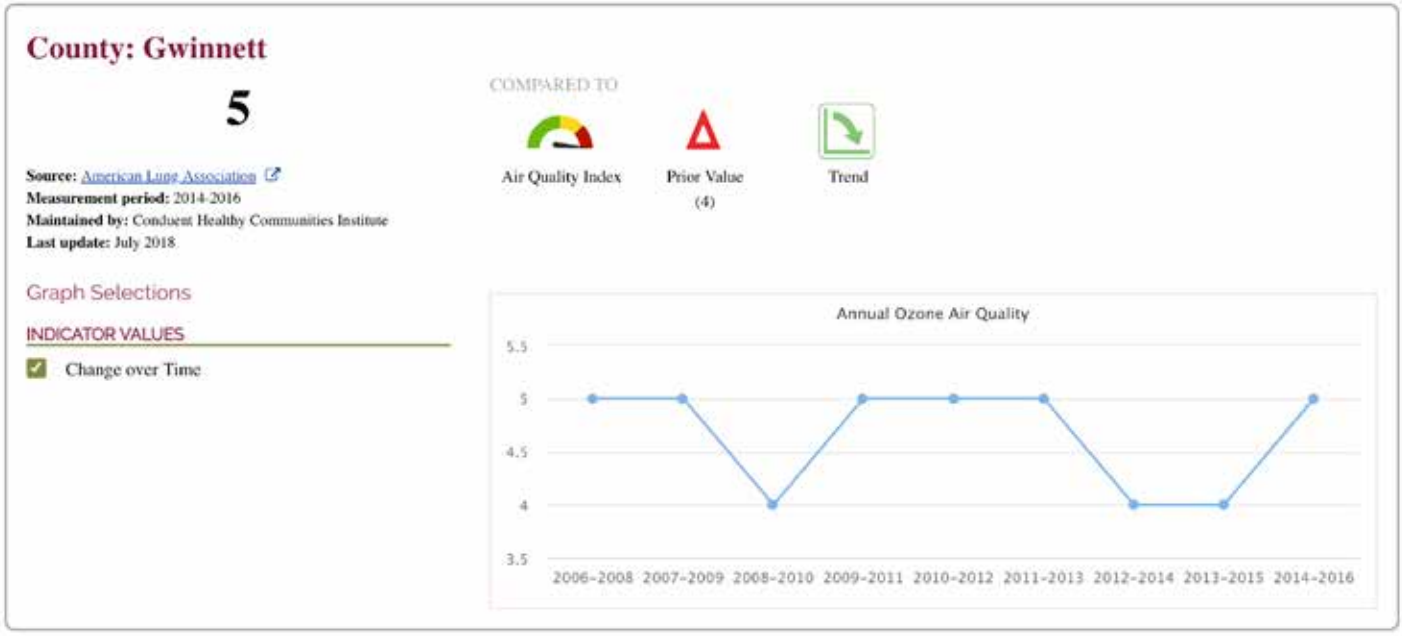


Source: Conduent Healthy Communities Institute, retrieved May 2019

Annual Ozone Air Quality

Ozone is an extremely reactive gas composed of three oxygen atoms. It is the primary ingredient of smog air pollution and very harmful to breathe. Ozone essentially attacks lung tissue by reacting chemically with it. It also damages crops, trees and other matter – even breaking down rubber compounds. From 2014 through 2016 Gwinnett County's ozone air quality was given a grade of five (grading score is one to five with one being best) for the number of high ozone days.

Figure 24. Annual Ozone Air Quality, Gwinnett County, 2014-2016



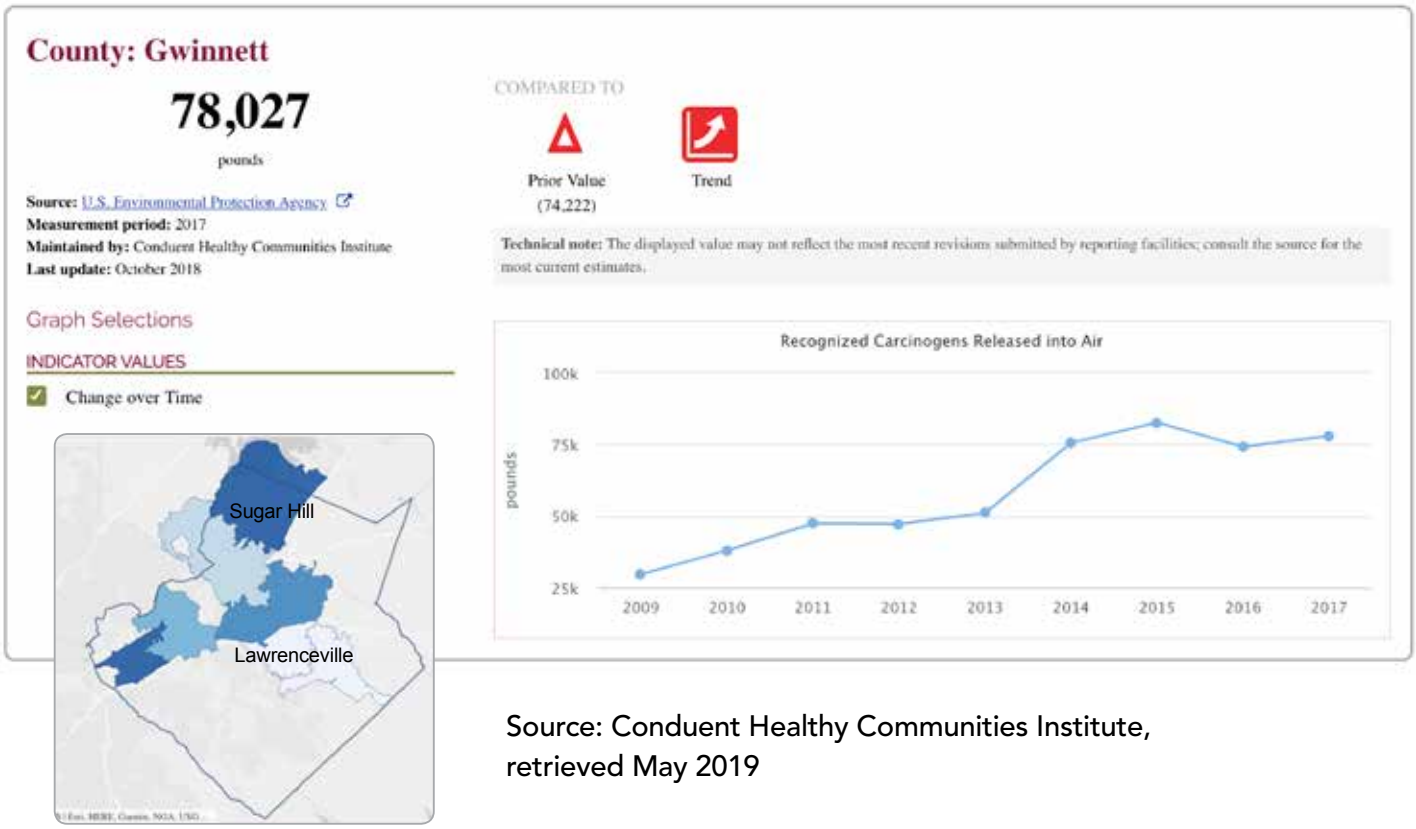
Source: Conduent Healthy Communities Institute, retrieved May 2019

Annual Particle Pollution and Recognized Carcinogens Released into Air

The annual particle pollution is a grade given to each county in the U.S. based on the average annual number of days that exceed U.S. particle pollution standards. From 2014 through 2016 Gwinnett County received a "F" (5) which as increase since the last CHNA.

Recognized Carcinogens Released into the Air
In 2017, according to the U.S. Occupational Safety and Health Administration (OSHA), 78,027 pounds of reported and recognized carcinogens were released in the air in Gwinnett County. The quantity is based on fugitive and point source emissions of 179 recognized U.S. Occupational Safety and Health Administration (OSHA) carcinogens. Data from all industry sectors subject to reporting under the Toxic Release Inventory (TRI) program are included.

Figure 25. Recognized Carcinogens Released into Air, Gwinnett County, 2017



Source: Conduent Healthy Communities Institute, retrieved May 2019

Access to Quality Care

In 2018 Gwinnett County was the fifth highest ranked counties in overall health in Georgia, according to the County Health Rankings. Twenty-seven percent of the population is under 18 years of age and 10 percent is 65 years of age or older. The county regularly met or exceeded many national benchmarks by Healthy People 2020, and the trends have remained stable.

However there are many situations where access to quality care can be improved. The fast growing and diverse Gwinnett County population creates access to care issues. The current economic environment poses challenges for those in need of healthcare services as well as those who provide those services. Twenty-one percent of Gwinnett adult residents don't have health insurance. Some residents commented in the focus groups that there are a limited number of physicians that accept some types of insurance. It is financially difficult for community clinics that provide care for uninsured, underinsured and those living in poverty to remain open. The state of Georgia is reorganizing how it provides care for individuals with behavioral health and mental disorders. Also, there are access to care issues that have no available comparable indicators at the county level.

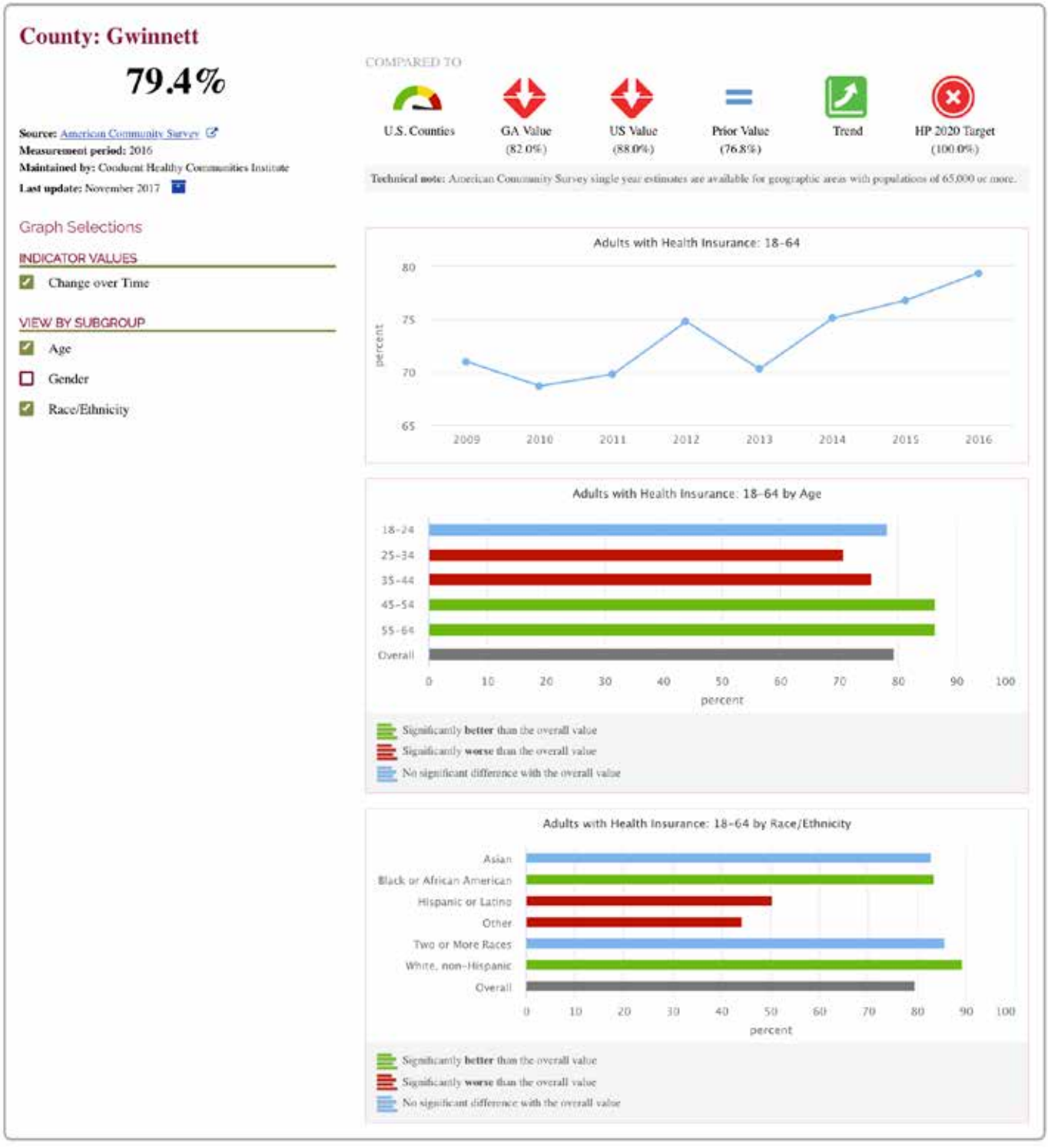
The following comments associated with screenshots of indicators from the Conduent Healthy Communities Institute Community Dashboard, retrieved May 2019.

Adults with Health Insurance

In 2016, adults 18-64 with health insurance: 79.4 percent (U.S. counties average: 88.0 percent). This is a slight improvement when compared with 75.1 percent reported in 2014. The number of residents with insurance is well below the Healthy People 2020 target of 100 percent. (Conduent Healthy Communities Institute)

Certain race/ethnicity and age groups were much less likely to have insurance than others. While white alone (89.2 percent), African American alone (83.4 percent) and Asian alone (82.9 percent) were more likely to have insurance, Hispanic (50.4 percent) and other races (44.3 percent) were the less likely to have insurance. When compared by adult age groups, ages 55-64 (86.3 percent) and ages 45-54 (81.6 percent) were more likely to have insurance while ages 18-64 (78.3 percent) were least likely to have insurance. (Conduent Healthy Communities Institute)

Figure 26. Adults with Health Insurance, Gwinnett County, 2016



Source: Conduent Healthy Communities Institute, retrieved May 2019

Children with Health Insurance

In 2016, children under the age of 18 with health insurance was 91.6 percent in 2016 (U.S. counties average: 95.5 percent). This is a slight improvement when compared with 90.2 percent reported in 2014. However the Healthy People 2020 target is 100 percent. (Health Communities Institute)
As reported with adults, certain race/ethnicity groups were much less likely to have insurance than others. While white, non-Hispanic (93.0 percent), African American (95.7 percent) and Asian (90.3 percent) were more likely to have insurance, Hispanic (85.3 percent) and Other races (84.8 percent) were the less likely to have insurance. (Conduent Healthy Communities Institute)

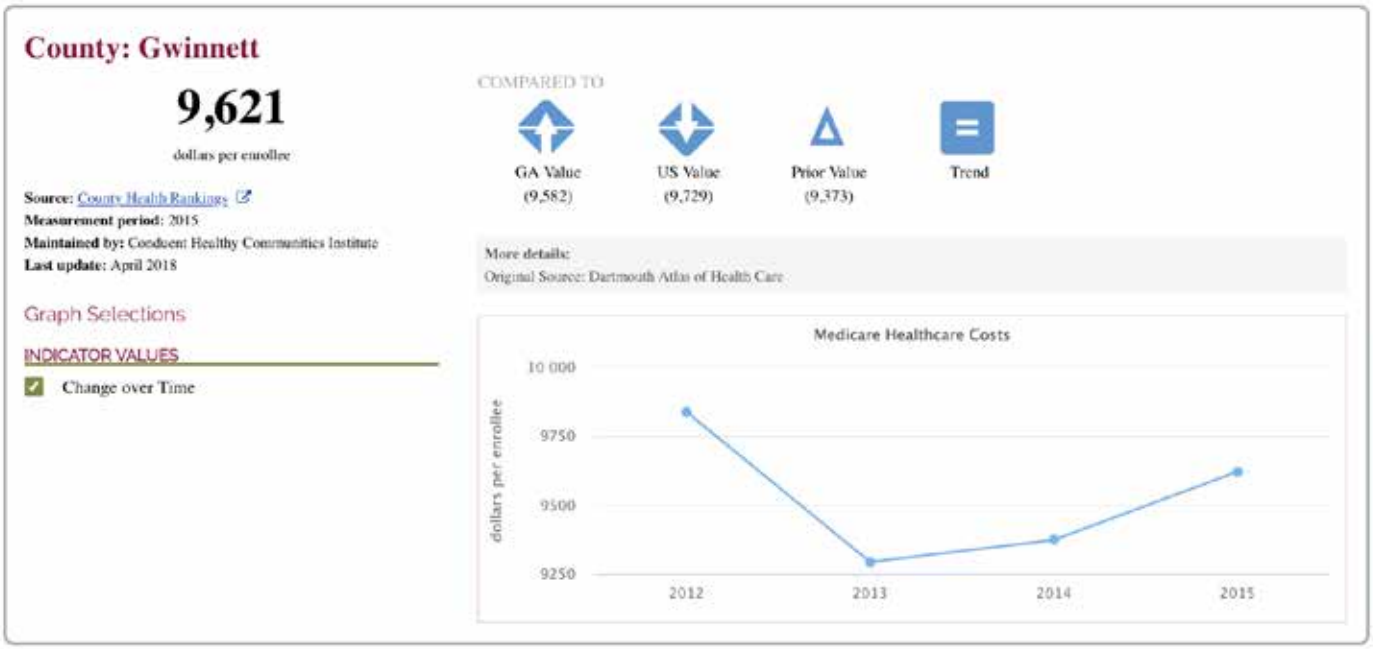
Figure 27. Children with Health Insurance, Gwinnett County, 2016

Source: Conduent Healthy Communities Institute, retrieved May 2019

Medicare Healthcare Costs

The Medicare healthcare cost indicator shows the dollar amount of price-adjusted Medicare reimbursements per enrollee and includes Medicare Parts A and B.

Figure 28. Medicare Healthcare Costs, Gwinnett County, 2015



Primary Care Provider Rate

Primary care provider rate: 61 providers per 100,000 population in 2015 (U.S. counties average: 75 providers). This trend is a slight improvement since the 2014 rate of 60 providers. (Conduent Healthy Communities Institute)

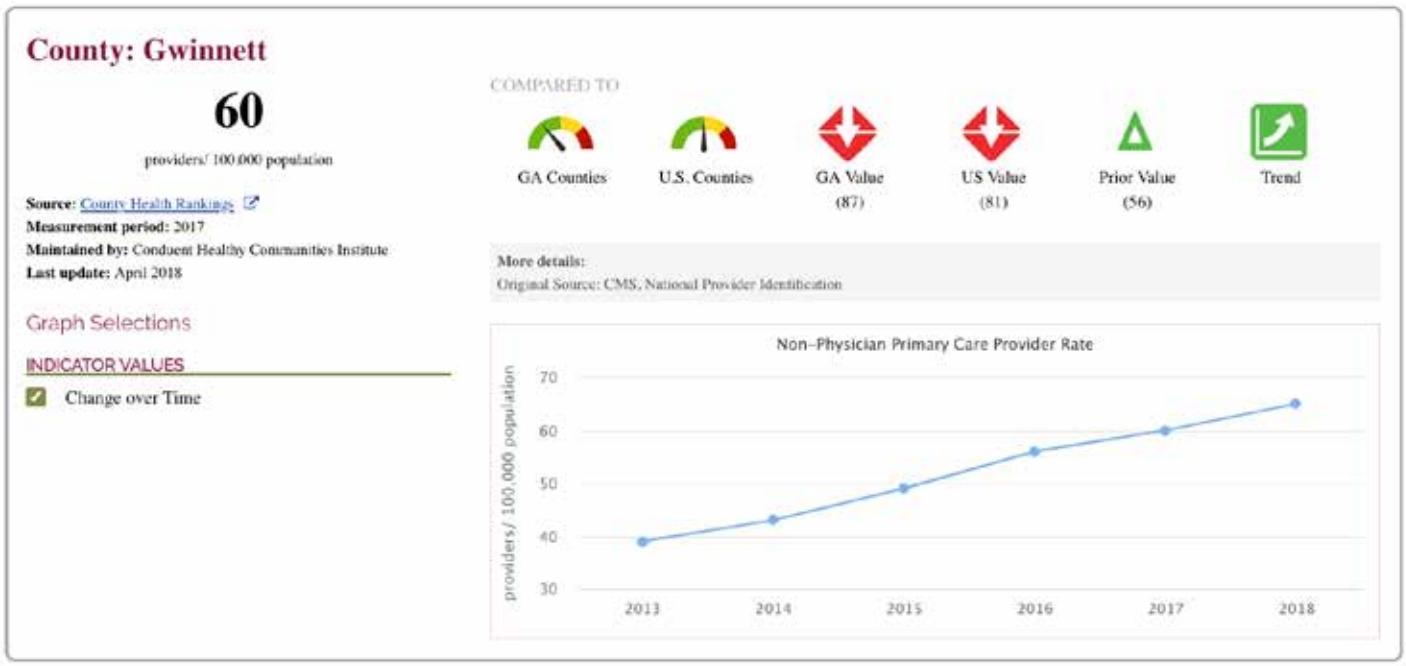
Figure 29. Primary Care Provider Rate, Gwinnett County, 2015

Source: Conduent Healthy Communities Institute, retrieved May 2019

Non-Physician Primary Care Provider Rate

Non-Physician primary care provider rate: 60 providers per 100,000 population in 2017 (81 providers median, U.S. counties). This indicator includes primary care providers who are not physicians who include nurse practitioners (NPs), physician assistants (PAs) and clinical nurse specialists (CNSs). In 2014 the rate was 43 providers per 100,000 population. (Conduent Healthy Communities Institute)

Figure 30. Non-Physician Primary Care Provider Rate, Gwinnett County, 2017



Source: Conduent Healthy Communities Institute, retrieved May 2019

Dentist Rate

In 2016 County Health Rankings reported there were 59 dentists per 100, 000 population in Gwinnett County. (Conduent Healthy Communities Institute) However this indicator does not address the number of dentists that provide care for uninsured or underinsured or low-income residents. Georgia Medicaid does not cover dental care for adults, only children through the Health Departments. Participants in the focus groups reported there are limited dental services available for individuals who do not have dental insurance or cannot afford dental care.

Figure 31. Dentist Rate, Gwinnett County, 2016

Source: Conduent Healthy Communities Institute, retrieved May 2019

Attachment B. Planning Participation

Gwinnett Medical Center – Community Health Needs Assessment Participants

Many individuals associated with Gwinnett Medical Center-Lawrenceville and Duluth 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 Board Community Committee. Members of all of these committees included:

Alan Bier, MD
Amy Denslinger
Allison Hamlet
Amanda Hollaway
Amy McEachin
Andy Durham
Angel Roussie
Anita Parks
Anne Kramer
Becky Weidler
Bedri Yusuf, MD
Beth Hardy
Bill McGann, MD
Billy Wright
Brad Humphrey
Carlton Buchanan, Jr. MD
Cathie Brazell
Cathy Dougherty
Cheryl MacMillan
Cheryl Odell
Cheryl Wunsch
Chuck Christie
Cindy Murphy
Cris Hartley
Darlene Carey
David Whiteman, MD
Debra Proulx
Diana Potts
Domingo Valpuesta
Gina Solomon
Greg Shumate
Janet Schwalbe
Jason Chandler
Jay Dennard
Jayne Kulp
Jeff Wages
Jennifer Lee
Joanna Phillips
Kaleb Price
Katrina Stone
Kristin Crea
Keith Carnes
Kimberly Joens
L. C. Johnson
Linda Horst
Lynn Quinn
Maria Chinnis
Martha Jordan
Mark Darrow, MD
Mary Cooper
Mary Hudgins
Mary Moessinger
Mike Boblitz
Mike Levengood
Miles Mason III, MD
Mona Lippitt
Nicole Lescota
Nadirah Burgess
Nancy Kendal
Nish Patel
Norwood Davis
Orlando Scott
Pam Garland
Pamela Garrett
Pamela Jones
Patricia Lavely
Phillip Wolfe
Renee Byrd-Lewis
Richard Stephens
Sheila Warren
Scott Orem
Sharde Carter
Steve Nadeau
Steve Rubin
Susan Gaunt
Sue Vogel
Terri Jondahl
Thomas Shepherd
Tim Gustavson
Tom Lynch
Todd Vermeer
Tommy McBride
Tracy Azar
Victoria Anthony
Wendi Chandler

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 25 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.

Gwinnett Coalition for Health and Human Services staff member that participated in the community health needs assessment includes:

Ellen Gerstein, Executive Director
As the founding Executive Director, Ellen is responsible for managing the daily operations of the Gwinnett Coalition including a county-wide information and referral service, the coordination of a community strategic plan for health and human services, the largest volunteer event in the country Gwinnett Great Days of Services and a Veterans Resource Center. In addition to the administrative and fiduciary responsibilities of the office, Ellen also maintains an active role in community planning and program development. Because the needs of Gwinnett County are so complex and far-reaching, her involvement on behalf of the Coalition spans across many areas of interest from health services to high-risk youth programs to economic growth and housing development.
Ellen holds a Bachelor's degree in Criminal Justice from the University of Georgia and a Master of Management in Human Relations and Organizational Behavior from the University of Phoenix. Ellen was recently appointed to the SAMHSA National Advisory Committee.

Keith Fenton, Chief Operating Officer
Keith Fenton serves as Chief Operating Officer for the Gwinnett Coalition for Health and Human Services. In this role, he is responsible for setting and managing the annual operations plan and leading the performance management process that measures and evaluates progress against organizational goals.

With a 27-year career of nonprofit leadership and organizational development, Fenton has an outstanding reputation and successful track-record for maximizing individual and organizational performance by connecting and stewarding individuals with organizations that matter. Throughout his professional career, Fenton has held senior positions with various local and national nonprofit organizations, including the American Cancer Society, Atlanta Contemporary Art Center, Hands On Atlanta, The ALS Association, and Annandale Village. Recognized as a veteran manager possessing strong leadership, team building, and communication skills, Fenton has extensive experience in areas of chapter/field operations, fundraising and resource development, board development and governance, and strategic planning. Under his leadership, Fenton has guided the philanthropic efforts of organizations in achieving unprecedented revenue growth, yielding multiple national awards for fundraising and chapter excellence.

With a degree in Health Promotion and Human Behavior from the University of Georgia and more than a decade of experience as a consultant and coach working with numerous not-for-profit organizations. Keith is a skilled facilitator, frequent presenter, and session leader at conferences and workshops related to topics of nonprofit "best practices".

Keith is also an active and committed community leader. He is an active alumnus of Leadership Gwinnett and the Gwinnett Neighborhood Leadership Institute.

Suzy Bus, Helpline Director
As Helpline Director, Suzy manages the Helpline and all its volunteers which includes their training and the maintenance of the extensive database of service providers. Suzy also provides support for a number of the Gwinnett Coalition's committees and working groups and represents the Gwinnett Coalition at the homeless working team, community events as well as supporting numerous current projects supported by the Gwinnett Coalition. She provides administration support for the Emergency Food and Shelter Grant administered by the Gwinnett Coalition and is involved in the Gwinnett Point in Time Count every two years in Gwinnett County. Suzy has a BA honors degree from Lancaster University in England in Youth and Community Studies.

Kim Thomas, Planning and Evaluation Manager
Kimberly Thomas serves as the Planning and Evaluation Manager for the Gwinnett Coalition. Her responsibilities include coordinating planning efforts, evaluating planned initiatives and maintaining documentation of these results, and serving as a representative for community-wide collaboration on behalf of the Gwinnett Coalition.

Kim holds a Bachelor's degree in Public Health with a concentration in Health Education and Promotion from Georgia Southern University. She also holds a Master's degree in Public Administration with a concentration in Nonprofit Management from Georgia Southern University, Institute of Public and Nonprofit Studies.

Sarah Jane Baskin, Program Specialist
Sarah Baskin serves as our Program Specialist. Her responsibilities include providing support for our many programs including the helpline and Gwinnett Great Days of Service.

Sarah holds a Bachelor's degree in Philosophy and Religion from Hood College and a Master's in Social Work from the University of Georgia.

Rachael Holder, Special Projects Coordinator
Rachael Holder serves as the Special Projects Coordinator for the Gwinnett Coalition and has been with the Gwinnett Coalition for many years. Her responsibilities include providing administrative support to internal functions of the Gwinnett Coalition, as well as assisting with special events and other community initiatives.

Rachael holds a Bachelor of Social Work degree and Master of Social Work degree from the University of Georgia.

Gwinnett, Newton and Rockdale County Public Health Department

Gwinnett County Public Health Department staff member that participated in the community health needs assessment include:

Lloyd M. Hofer, M.D., M.P.H. received his Medical degree in 1973, from the University of Alabama. Dr. Hofer is Board Certified in Pediatrics and Certified in Medical Management.
Dr. Hofer practiced pediatrics and adolescent health in Hattiesburg, Mississippi and Montgomery, Alabama. In 1987 Dr. Hofer began his professional career in public health with the Alabama Department of Public Health where he served as the Director of the Division of Child Health until 1992. In 1992, Dr. Hofer accepted the position of District 4 Health Director in Lagrange, Georgia, Division of Public Health, Department of Human Resources serving12 counties. Dr. Hofer directed management of fiscal, clinical, administration, and day to day operation of the county health departments. He served in this capacity until 1997. From 1997 to 2001 Dr. Hofer was an Associate Medical Director for Blue Cross Blue Shield in Tennessee and Alabama. Dr. Hofer returned to Georgia public health in January 2002 and was the District Health Director for Gwinnett, Newton & Rockdale Counties until his retirement in May 2019.

Connie Russell is the District Program Director for Gwinnett, Newton, and Rockdale County Health Departments, where she has worked since 2001 to support the health and wellbeing of the community. In addition to her administrative responsibilities for multiple public health programs, she is a community liaison for the Health Department. She serves on the boards of Gwinnett Coalition for Health and Human Services, Gwinnett Advisory Board of United Way of Greater Atlanta and the Georgia East Metro Medical Reserve Corps. Connie is a native of Georgia who holds a B.A in Psychology, M.A. in Psychological Sciences (GSU), and M.P.H in Health Promotion and Behavior (GSU). She is a Master Certified Health Education Specialist (MCHES).

Tara Echols received her Bachelor of Science degree in Biology from Bowling Green State University in Bowling Green, Ohio; a Master of Business Administration degree from the University of Phoenix-Cleveland Campus; and a Master of Public Health degree from Emory University. She has sixteen years of experience in public health including work in lead poisoning prevention, food safety, emergency preparedness, behavioral health, health promotion and education. Tara has served in various leadership capacities within the Gwinnett, Newton and Rockdale (GNR) County Health Departments since January 2013 and is currently the Performance Management & Community Health Director. She successfully led GNR to become the third health district in the State of Georgia to become accredited by the Public Health Accreditation Board in 2016, and as part of that process managed the community health assessment and community health improvement planning efforts. As a certified Six Sigma Green Belt, Tara manages all quality improvement efforts, as well as developing and implementing the department's Strategic Plan.

Veronica Mahathre has been the Health Communications Coordinator at the Gwinnett, Newton and Rockdale County Health Departments since 2017. She is passionate about spreading awareness of Public Health, Mental Health, and Wellness initiatives to the general public and staff members. Part of her work includes development and implementation of communication and marketing strategies to targeted populations for disease prevention. She coordinates communications for programs and staff across the organization as well as works with local media news outlets. She also acts as Deputy Public Information Officer for the Emergency Preparedness Department. Veronica received her Master's in Public Health with a focus on Health Promotion & Behavior from Georgia State University in 2016. She has previous work experience with assessing HIV/AIDS Prevention Messages at the Centers for Disease Control and Prevention, Early Behavioral Interventions at Georgia State University's Center for Leadership in Disability, and evaluating Workplace Meditation Interventions at Emory University.

Attachment C. Community Engagement and Primary Data Summaries

Community involvement and input is an important component of our needs assessment process. Gwinnett Medical Center has conducted Gwinnett Community Health Status Reports with the Gwinnett County Health Department since 1999. The Gwinnett Coalition for Health and Human Services is a not-for-profit organization dedicated to addressing the health and human service needs of everyone in Gwinnett County. It does so through collaborative community planning, applied research, community education, membership diversity, consensus build, advocacy and innovation. Our organization has been an active partner of the Gwinnett Coalition for Health and Human Services for more than 27 years. Attachment B includes a list of individuals who participated in the assessment process.

In August 2018, the plan to conduct the 2019 Community Health Needs Assessment (CHNA) was approved by Gwinnett Hospital System Senior Leadership Committee and the Board of Directors Community Benefit Committee. In January 2018, the Gwinnett Coalition for Health and Human Services (Gwinnett Coalition) also agreed to collaborate with Gwinnett Medical Center and the Gwinnett County Health Department (Health Department) to gather community data to be shared by all three organizations for community assessment processes. The Coalition was beginning the process of conducting their 2019-2021 Community Strategic Planning and the Health Department was conducting their 2019 Community Health Assessment and Community Health Improvement Plan. These three entities committed to providing financial and in-kind support for the assessment process. The Mobilizing for Action through Planning and Partnerships (MAPP) platform was use by the collaboration. The assessment also included participation of county departments, school districts and community service agencies providing health and related services. To ensure input from persons with broad knowledge of the community, the partnership conducted focus groups, community service agency committee input and community key leader interviews. Gwinnett Coalition's Helpline summary community referral trend data were included in the analysis from 2015 through 2017.

FOCUS GROUPS: COMMON THEMES

Summary of Focus Groups: A collaboration of voices

The focus group meetings allowed the public to share their voices, not only about their lives, but the lives of their families. Their voices gave a picture of the health of our county, as represented in the word cloud above. Just as a word cloud is a visual representation of text data, these words represent the voices of the community as they discuss topics related to living in Gwinnett. The larger the text size, the greater importance that topic was to our focus groups.

The focus groups took place in the month of February 2018, with a total of 90 participants. The focus groups were a collaboration of nine different populations, including: Engaged citizens, veterans, seniors, homeless, Hispanic/Latino, behavioral health/substance abuse, families of adults with developmental disabilities, African American and Asian. Topics discussed during the focus group meetings include community relations and engagement, economic and financial stability, education, safety, age focus, and health and wellness.

Overall, the groups were pleased with living in Gwinnett County. Most of them were involved in their communities, felt safe at home, were satisfied with EMS and fire services, as well as public schools, libraries and parks. Most of the challenging issues dealt with transportation and communication in various parts of their lives. They felt there was not enough public transportation to support jobs and housing needs in the county, in addition to transportation needs for youth, seniors and disabled. The groups were concerned about communication, with a major emphasis on resources and how to access those resources. They were not aware of health department resources and felt emergency preparedness needed to be addressed.

In community relations and engagement, the focus groups spoke openly about the political system not representing all people in Gwinnett. They felt there were many transplants from other places, and they lack family and community support to be successful here. Economic and financial stability were widespread issues and covered jobs, housing and homelessness. Overall, the groups felt that available jobs do not cover the cost of living in Gwinnett. Many struggle with low-paying entry-level jobs or not enough hours. Affordable housing is a major need for many of the groups. Increasing rent and cost of living without job stability is a strain for many Gwinnett households. They were concerned about homelessness in the county, especially people staying in extended-stay hotels, people temporarily living with other people, and no resources available for homeless men. Several groups were worried about future financial stability, particularly for disabled adults and seniors.

Education was a key issue for the focus groups. They felt the school leadership was not representative of the diversity of the community. They noticed a disparity between school districts in the county, and many times, this correlated back to financial stability in finding good schools where they could afford to live. The groups agreed there were limited resources for people who speak English as a second language, as well as adults with disabilities once they graduate and leave school. These are opportunities for our community to do better. Safety concerns include a perception that different areas of the county are safer than others, and distrust and insecurity as some populations avoid encounters with law enforcement. There is also a perception of lack of resources for emergency preparedness. Age focus issues include youth and seniors. Common matters include not enough activities and resources available. At-risk youth with depression, suicidal, drug and alcohol addiction issues need to be addressed, as well as having affordable community youth sports. Seniors struggle with affordable housing and having access to basic needs and senior centers.

Each of the groups spoke about health and wellness needs. Insurance and access to healthcare were very important topics. Getting insurance, high deductibles and understanding how Medicaid works in Georgia were common problems among the groups. Not having enough providers or having difficulty finding providers that will take insurance was also important to them. They felt there were not enough clinics or available options for those without insurance. It is hard for some groups to find the health information that they need. Overall, all groups agreed that there was not enough resources for mental health and substance abuse.

These focus groups were demographically representative of Gwinnett County's diversity in several ways. By age group, there were participants from ages under 18 to over 85. Race and ethnicity were also closely aligned to the County's demographics with more than 53 percent White (including Hispanics), 37 percent African American and seven percent Asian; ethnically, 21 percent reported themselves as Hispanic/Latino. Geographically, there were representatives from 22 zip codes. However, these focus group participants were not chosen randomly. Board members of the Gwinnett Coalition offer programs that serve individuals in the identified designated categories. These leaders offered their clients the opportunity to participate. Because of this, the views of the groups may not be representative of the population at-large. Also, while the general categories might have been the same as focus groups from previous years, the participants were not necessarily in similar situations; therefore, there were no direct comparisons made.

At the end of the focus groups, many participants stated that they were very glad to have had the opportunity to participate and would welcome the opportunity to be included again at another time in the future.

Focus Group 1: Engaged Citizens

Assets	Issues
Community & health activities	Communication
Volunteer opportunities	Transportation
Feel safe at home	Jobs providing enough hours
EMS and fire service	Insurance – high deductibles and hard to find providers that will accept some types of insurance
Public schools	Healthcare – not enough providers (specifically psychologist & psychiatrists)
Libraries	Healthcare – not enough clinics for those without insurance
Parks	Dental care – unaffordable without insurance
	Political system – doesn't represent all people
	Not enough afterschool resources/activities for youth
	Community youth sports are too expensive
	Not enough activities/resources for seniors
	Not enough resources for adults with disabilities
	Better emergency preparedness
	People are transplants from other places and lack family/community support

10 participants: men (3) and women (7); White (3), Black (6), Asian (1)
Satisfaction scores (10 most satisfied) before focus group 8.6, after focus group 8.9

The title of this group is an excellent description of the participants. These active, civic-minded adults are involved in the community and spoke very positively about the public schools, libraries, parks and the police, EMTs and fire services. Because most of the participants had been through the Gwinnett 101 program, the participants were very aware of activities they can be involved. The description of activities included Gwinnett Senior Leadership, citizen policy academy, volunteer firefighters, toast masters, master gardening program and scout leader. For health activities; Thai chi, kickball and hiking were mentioned. Someone else mentioned being active in a cancer support group. While there were many programs mentioned, they felt like there are not enough programs to meet the needs for the number of people in Gwinnett, particularly children/youth, seniors, those with mental health issues or those with disabilities. There was some discussion of changes in the political system in Gwinnett with more racially and culturally diverse individuals planning to run for public office because the current system doesn't represent all of the people.

Communication was mentioned as a problem many times. The participants suggested that while we have many resources in the community there is not an easy way to find out about them. Some participants call many agencies or try to find resources on the internet. The group mentioned they used the phone app Nextdoor to stay informed and to communicate with others in the community. Another participant mentioned a website Crimemapping.com to be aware of crimes in her area.

Transportation was another commonly mentioned problem associated with many topics. Everyone agrees there is too much traffic and public transportation is not readily available. Transportation for afterschool activities for children and for senior to go to senior centers was mentioned. Transportation was also mentioned as a problem that causes some seniors to feel stuck at home.

This lead to the discussion to the nature of our community being transplanted people from other places and meant the family doesn't have the extended family support. Because some people are completely alone without any support system it was mentioned that there is a need for people to be taught how to build a support network. Senior populations were mentioned to be at high risk for isolation which leads to poor health and depression. The four senior centers are not enough for the increasing number of seniors and the waiting lists are long.

It was mentioned that job concerns include job stability and driving out of county for jobs in some fields. While the participants perceived that jobs are available the work hours available each week are not adequate to provide enough money to live. Some participants have more than one job to meet their expenses. It was also mentioned that there are not enough jobs for adults with disabilities.

Overall the group felt that there are good programs for the youth in place, but transportation to these programs is an issue as well as communication on where to find these programs. Other limitations mentioned included high fees in children's sports program and long waiting lists for the Boys and Girls programs. It was mentioned that child care options don't meet the diverse needs of parents. Concerns were also voiced regarding not enough resources are available for special needs individuals after graduation. One individual voiced a concern that the school board is not accountable because they rule with an iron fist without answering to the public.

The issue of crime was discussed with most everyone agreeing they feel safe from crime in Gwinnett. Several people agreed that some areas of the county need more police officers. One participant felt

she hears about crime in Gwinnett every morning. Another mentioned that they understood that there was a major drug cartel discovered in Gwinnett too.

EMS and fire service was spoken of very positively. The fact that all firefighters also are trained as EMTs was mentioned.

Communication for emergency preparedness was mentioned as an issue and the group felt that there are not adequate supplies and equipment for emergency situations using snow and ice situations as examples.

Healthcare is considered good if you have insurance. But insurance limits locations the participants can receive care. One participant goes to Marietta for her care because of insurance. High deductibles prevent people from getting treatment. Dental care was considered too expensive if you don't have insurance and even with insurance it can be difficult to find a dentist that will accept certain plans. There are only two public insurance providers in Gwinnett and many doctors don't take one of them. Several participants agreed that there are not enough clinics for those without insurance. Kaiser Insurances was perceived as providing specialist as well as available treatment hours outside of work hours. Most participants found health information on the internet and they also talked with their doctors, employers or friends.

The Health department was noted to provide vaccines (including travel vaccines)and mental health services.

The participants did not feel there are adequate mental and behavioral health services, particularly for children. The comment was made that there are not enough therapists or psychiatrists and that suicide in children is increasing.

Focus Group 2: Veterans

Assets	Issues
Community & health activities	Jobs are entry level that means lower pay
Volunteer opportunities	Homeless families live in extended stay hotels
Public schools	Not enough affordable housing
EMS and fire service	Insurance – high deductibles and hard to find providers that will accept some types of insurance
Parks	Not enough afterschool resources/activities for youth
	Community youth sports are too expensive
	Need better emergency preparedness
	Poor communication about resources
	Transportation, both traffic and not enough public transit
	Not enough healthcare providers
	Not enough activities/resources for seniors
	Not enough resources for adults with disabilities
	Not enough resources for mental health issues

15 participants: men (10) and women (5); White (2), Black (11), Mixed (2)
Satisfaction scores (10 most satisfied) before focus group 7.6, after focus group 7.9

This was a large focus group that was very engaged in the discussion. The group had a larger number of male participants than female, which is different from most of the focus groups. When the group noticed a lack of resources or services, they wanted to discuss their ideas for solutions to the issue.

When asked about activities in the community that would allow them to connect with others or were health related, they were able to identify several and a few participate in volunteer activities but many stated they do not participate in any activities.

The group agreed that transportation is an issue, including high traffic areas and not enough public transportation.

Financially some felt that we have more people with higher incomes than other counties but they also identified a great deal of poverty associated with people who were unable to afford rent for housing and the number of people living in extended stay hotels. Homelessness is perceived as a hidden issue and some members of the group perceived that homeless people are encouraged to leave the county. The comment was made that the county leaders don't want to acknowledge homelessness as a problem. Some participants noted homeless men are the most over looked and there are a few resources for homeless women with children. The perception of a gap between affordable housing and job income is too great. The group felt entry level jobs are offered because it cost the companies less to hire, as a result this leaves experienced workers without jobs. In addition, entry level jobs do not pay enough to cover the cost of living in Gwinnett.

Many participants chose to move to Gwinnett for the public school system. However some felt the county is getting overcrowded and there is a perception that the teacher student ratio is too high. There was also discussion about the differences between school districts with some schools having better resources than others do. They felt like a great deal of our tax money goes to the school district, but that more could be done to provide after school programs for kids and transportation for those after school programs.

There were several concerns for children. After school programs were seen as a solution to prevent young people from getting involved in crimes. At least a few of the people felt like there are gangs in the County. Some of the participants felt that County leaders don't want to admit that. The Boys and Girls Club was mentioned an example of a program an afterschool program, but there aren't enough of these programs to meet the needs of the children. Some of the participants identified that these clubs are privately funded – not by the County. Some members of the group felt that there have been programs for disabled children in school, but that not enough resources are available once these adults with disabilities are no longer in the school system.

Effective communication is lacking about many services in Gwinnett including available children and youth programs and people with special needs. A discussion of ways to meet these communication needs including the suggestion of a central office, however the discussion revealed that there are several of these types of services in the community, but the group felt they are not well publicized.

There were very diverse opinions about crime and police protection in Gwinnett. There were some who feel safe and spoke of using a community app to stay in touch with neighbors about safety issues

in the community. Active neighbor watch groups were mentioned as a positive community measure and that neighbors looking out for each other was another. Someone mentioned the slogan "if you see something, say something" as the kind of thinking that is going to keep us all safe. There were specific police departments that were named as being particularly helpful. Some stated they felt safe because they have self-protection by having guns. Others stated they were uncomfortable with people have guns if they aren't properly trained. Several participants felt that if you fit a certain description of someone they're looking for they will pull you over. Another person felt that if you haven't done anything wrong the police won't hold you. Also there were some comments about gang activity in Gwinnett

Everyone spoke favorably about EMS and fire service. Emergency preparedness was another topic with differing opinions in the group. Some compared Gwinnett with other parts of the country where the equipment needed to clear the streets and make travel safe was readily available. The comment was made that the infrequent need of the equipment and providing that service (even in neighborhoods) is too costly for the county. Some felt the services have improved and that they feel the county is trying to meet our needs; while others felt because of inadequate staff, there is a slow reaction time to weather incidents particularly in certain areas of the county. The comment was made that other parts of the country pay higher taxes than we do.

The Gwinnett Park's system was considered a positive resource for the community, but the cost for youth to participate in sports and other activities is prohibitive. The concern that youth without something to do in the afternoon will more likely get into trouble. Several participants agreed that transportation to activities is not available. The group thought seniors have a lack of affordable housing, as well as transportation issues for all services. The group agreed that having senior centers is great, but there are not enough resources for seniors.

As veterans, some of the members of the group reported they receive their care in both Gwinnett as well as surrounding counties, including the VA hospital in DeKalb County. The also mentioned that there are two VA medical facilities in the County.

Most participants didn't feel there are enough healthcare providers in the community. They stated that they have to wait up to four weeks to get an appointment with their physician. Because of the long waits some people said they use urgent care facilities. The high deductible insurance policies were voiced as a concern and that many people can't afford adequate health care. Others said they know people that use the Emergency Rooms for their healthcare. They mentioned there are not enough services for seniors. Most participants get health information from the internet, church or their friends/neighbors and family.

A number of participants were aware of services provided by the health department including women's health care, dental and eye checks for children, vaccinations and nutritional information. However the group felt that communication about these offerings is lacking.

Everyone agreed that there are not enough resources to meet the need for mental health issues especially for the youth. Some participants were especially concerned with suicides in our youth. One participant described when his child attempted suicide and 911 put him on hold. Since he couldn't get an ambulance, he drove her to the hospital. He felt that there are not enough facilities that provide care for youth and as a result, they sometimes are held in the ER for days because there is nowhere available for treatment.

Focus Group 3: Seniors

Assets	Issues
Community & health activities	Poor communication about activities and resources
Volunteer opportunities	Not enough transportation for those who no longer drive
Feel safe in their homes	Transportation, both traffic and not enough public transit
EMS and fire service	Not enough affordable housing
Parks	Jobs not enough qualified workers and not enough available jobs for others
Emergency preparedness	Not enough resources for children
	Not enough resources for seniors
	Insurance can be confusing and supplemental plan can be expensive
	Not enough resources for mental health issues
	Not enough resources for adults with disabilities
	Lack of sidewalks
	Caregiving issues
	Dental care for seniors

12 participants: men (5) and women (7); White (8), Black (4)
Satisfaction scores (10 most satisfied) before focus group 8.2, after focus group 8.2

This group of seniors spoke comfortably about their experiences in Gwinnett County. Most participants were retired and some were more active than others were. Some felt that being active is very important to their health and work hard to stay active in the community. The participants identified several senior centers but even the newest one that just opened has a waiting list. Some felt that there are many possibilities for active seniors but it can be hard to find where and when activities are happenings. One participant said she reads multiple papers and share the information about activities through emails with multiple groups. Most participants agreed that having a central location for a calendar of activities would be better.

Transportation is another barrier mentioned by some of the participants who no longer drive. It's hard to be involved when you can't get to the events, even getting to the library can be difficult one participant commented. One person felt that the lack of public transportation is Gwinnett's biggest problem. Some participants mentioned using Uber or Lyft to have a more affordable transportation. Many agreed that traffic is often heavy. Another participant voiced the concern that there is a lack of sidewalks in the communities.

Limited income for some seniors is a problem. Several agreed that affordable safe housing is few and far between. They mentioned that they noticed some new "senior living" apartments being built that will cost $2,000 per month. They felt for many seniors that would not be affordable. Generally several participants agreed that housing was more affordable in south Gwinnett when compared to North Gwinnett. Home maintenance is expensive too. One person felt that apartments for seniors near medical centers would be beneficial. A concern was also voiced that having enough caregivers in the community is a big issue.

While most of the participants are retired, some participants felt there aren't enough jobs in Gwinnett and others felt there weren't enough qualified workers. Another person mentioned the chamber of commerce is doing a good job encouraging new companies to come to Gwinnett.

Most didn't have current experience with the public school system, but at least one person had a difficult working with the school system when her child was ill while in elementary school. Another concern was voiced that there are more people who can't read than you would think. One person described finding it difficult finding resources for mentally disabled adults even though they thought there resources are available.

Several participants agreed that seniors are prime targets for online scams trying to obtain their information and these can include job applications. It's hard for many seniors to tell when they are being scammed because these days they look so legitimate. Most people reported they feel safe in their homes and like it when the police make rounds in their neighborhoods. The group thought EMS and fire services were great. Some stated they had used the services several times and were very satisfied.

Emergency preparedness for weather issues was generally seen as better than it was in the past, but some felt the County could do a better job by providing emergency preparedness workshops like some of the cities. Communication about weather issues was seen as problem because if the power is out the TV isn't available, other mentioned they use a weather app on their phones.

The many in the group agreed that while there are resources for children and seniors, there are not enough for the number of people they need to serve. One person mentioned the Georgia law has been changed so that volunteer drivers who provide transportation can no longer be sued by their passenger. This should encourage people to be volunteer drivers. A number of participants agreed that there is a distinction between 'younger' more active seniors and 'older' less active seniors. Some participants felt that the younger seniors need access to more recreational activities.

Overall the group felt that Medicare insurance is affordable although some think supplemental insurance is expensive. Others said the insurance statement is difficult to understand. Some concerns were voiced with Medicaid and the lack of doctors that accept that insurance. Also the group agreed that there are not affordable dental resources for seniors and that dental care is not covered by Medicare. The comment was made that your insurance or pension plan can dictate where you receive care. Most people used physicians in Gwinnett County, but a few go to Atlanta because of long relationships with their physicians. Most often the participants stated they see their primary care provider or urgent care centers if they are sick. The participants had a variety of resources for medical information including: internet, pharmacist, insurance nurse call line, and health fairs.

Most participants identified that the health department provides travel vaccines, but they didn't know about other services.

Everyone agreed that there aren't enough resources for individuals with mental health issues and they believe a large number of people in the metro area have an addiction to some type of drug.

Focus Group 4: Homeless

Assets	Issues
Public schools	Low job pay
EMS and fire service	Not enough affordable housing
Parks	Cost of living is high
	Not enough public transportation
	Not enough sidewalks or streetlights
	Need better emergency preparedness
	Poor communication about resources
	Not enough mental health or substance abuse programs
	Not enough health care services

8 participants: men (2) and women (6); Black (8)
Satisfaction scores (10 most satisfied): before focus group 9.1, after focus group 8.6

The participants of this focus group are part of the Family Promise of Gwinnett County Homeless Recovery and Aftercare programs. The program's participants are individuals or families with children living in the County who need to secure employment and permanent housing. This program is not a shelter; instead families stay in a church or synagogues throughout the County one week at a time for 30 days (maximum of 90 days). Each family has a case manager who helps the families return to self-sufficiency by helping the adults look for housing, employment, job training and day care as well as providing other support services.

All of the focus group participants are employed and in permanent housing. Most of the participants knew each other through the program and seemed comfortable talking openly. This is the only group who had a participant under the age of 18. His mother also participated and agreed to allow her son to participate.

The group overall knew very little about activities that would be of interest to them in the county. One participant mentioned that she had met some parents through the Boys and Girls Club and had found out about some activities for children but nothing she would be interested in. This was the same for health activities. The group agreed that they are working hard to establish themselves and don't have leisure time to explore these types of activities at this time.

This is a group that has been homeless and is going through a program to secure permanent housing and jobs that will pay their bills. The "no fault" labor laws in Georgia make them feel uncomfortable about the security of their employment. The group felt there are jobs in the community but that it's hard to find jobs that pay well enough to cover the cost of living in the County. Affordable housing is another issue. Some said that without the program, they couldn't find affordable housing.

Only one of the participants has lived in the County for a long time (born in DeKalb County). Most participants have been here one to two years and have come from locations across the country, Miami, Chicago, and New York to name a few. The group discussed that their expectation of community services was based on services they had received from the states where they previously lived. For example, Medicaid for adults is not available here and that was not expected; job salaries

are lower for the same jobs than where they came from; and there are no street lights, sidewalks and public transportation in all parts of the county which is seen as a hindrance.

Everyone spoke very highly of the school system. The comment was made that even the lowest schools were highly rated. One participant mentioned that as groups of students move through a school the atmosphere can be better or worse and that Meadowcreek has been working to improve the atmosphere. Many didn't know about resources for special needs adults in the community. One person felt that getting special help for children was a difficult process and they had to go through evaluations from doctors before the schools would help the students get extra help. One person felt the education process for special needs students wasn't as good as the state she came from.

The group felt that crime is not an issue in Gwinnett. They feel safe in their homes, but again they feel the program has helped them find good places to live. The group had limited experience with EMS or the fire department. Two people said that when someone they knew needed to call 911 the response time was within 10 minutes.

The emergency preparedness was a different story. Many of the participants felt there are too many days the kids don't go to school because of "just a little snow or ice". Participants from places like Chicago and New York were used to having the roads cleared by snow plows and couldn't understand why our roads are not cleared. Also they don't feel other people know how to drive in snow and ice and these people make the roads dangerous.

The group didn't know much about resources for kids or seniors and that communication or resources for everyone is a big problem.

Participants that talked about primary care said that they have doctors, especially for their children but some said that they try to take care of their health issues themselves without going to a doctor. One mother of a child with asthma said that she doesn't hesitate to take her daughter to Children's ER when she needs to. Overall however, they don't feel there are enough health resources available in Gwinnett.

To get health information they tend to talk with friends or call a Nurse Call line. They said they don't usually use the internet to look things up.

Most participants didn't know about services provided by the Health Department. One person had a negative experience there and would not use them again. Another person said that when the children register in school, they were told that they would have to go to the health department to make sure they had the required vaccines. This was different from the previous state they had lived in. They didn't know that vaccine requirements could be different.

The group felt mental health and substance abuse resources are not adequate for the number of people that need them. This includes therapists and counselors for children. One person made a comment that mental health issues were not being handled well in the county.

When asked about what are the greatest needs in the county, everyone had a different opinion. Transportation, communication, jobs, recognizing that there is a homelessness problem in the county, affordable housing, and sidewalks were all mentioned.

Focus Group 5: Hispanic/Latino

Assets	Issues
Public schools	Low job pay
Fire service	Not enough affordable housing
Parks	Limited housing options
Libraries	Cost of living is high
	Language barriers
	Poor communication about resources
	Not enough resources for the elderly
	Health insurance too expensive
	Not enough mental health or substance abuse programs

9 participants: women (9); White (9), & Hispanic (9)
Satisfaction scores (10 most satisfied) before focus group 9.2, after focus group 7.6

This focus group was held in one of the participant's homes in a mobile home community. Everyone knew each other and lived close enough to walk to the meeting. Everyone also had young (under school aged) children that were present at the meeting. No one spoke English well and responded to questions through the interpreter. Some of the participants had trouble completing the demographic information sheets which were provided to them in Spanish. Those who needed assistance asked their friends or the interpreter for help in completing the forms. Most of the participants have lived in Gwinnett for more than 10 years. As the questions were asked, one person would respond and usually most participants would shake their heads in agreement.

The group was aware of community activities that were provided for them in Spanish including English classes, Norcross Homework assistance and Family First (parent programs). Some of these were health related including cancer prevention, parks and fire station activities. Some participants didn't know about community activities.

There were concerns voiced about jobs. Most felt that there were not enough jobs in the county and that the jobs that were available were minimum wage. This created a problem with affordable housing because the cost of rent and utilities goes up every year; the wages don't keep up with the cost of living. The comment was made that undocumented people in the community usually only made minimum wage.

The participants agreed that GCPS provided good education for their children. Some stated they go to classes that are provided to help them learn English as a second language, but others didn't know about that service. One person felt that the gifted program was great. Another commented her daughter interprets for other parents. They were unfamiliar with other resources for people with unique needs. This could be considered a communication issue regarding available resources.

The participants agreed that most of the time they feel safe where they live; however, one person did mention that there had been at least one break-in in the area. It was also mentioned that community members don't call the police because some people don't have resident status.

The participants agreed that if they need EMS, they come quickly. The group spoke highly of the fire services too.

They didn't have many comments about emergency preparedness.

The group felt there are not enough resources for seniors in the community. The comment was made that the elderly are forgotten in our community.

The participants said they don't have insurance or primary care. They try not to seek care unless it is an emergency because they can't afford it. They do have health care insurance for their children and mentioned using Four Corners and Good Samaritan Clinics.

They do not use the internet for health-related information, but talk to each other about how to take care of themselves. Good Samaritan Clinic was also mentioned as a source for health information.

They did know a little about the services of the health department; most used examples of care for their children. They mentioned WIC programs, vaccinations, general checkups and Pap smears.

They don't think there are enough resources for mental health or substance abuse problems.
AA meeting and CERA Familia free counselling services were mentioned.

Focus Group 6: Behavioral Health and Substance Abuse

Assets	Issues
Community & health activities	Poor communication about activities and senior resources
Parks and Recreation facilities	Entry-level jobs are available but they don't pay enough
Schools	Jobs are not available for people with felony records
Feel safe in their homes	Not enough affordable housing
EMS and fire service	Homelessness
Emergency preparedness	Limited public transportation for those who need jobs; for youth afterschool activities; and for seniors
	Not enough resources for children/youth especially those with mental/behavioral health or substance abuse problems
	Not enough resources for seniors
	Traffic congestion and zoning
	Not enough resources for mental health issues
	Jail system

12 participants: men (5) and women (7); White (8), Black (4)
Satisfaction scores (10 most satisfied): before focus group 6.3, after focus group 6.2

The participants knew each other and are part of the Navigate Recovery program. This program supports individuals with a history of addiction problems or a family member with addiction problems. The group spoke openly and comfortably about themselves and their families. Most of the participants have lived in the County for many years; therefore, their perception of the County is from years of experience living here, not a comparison of other places they may have lived before.

The group was aware of many activities in the community both of personal interest and health-related. One person spoke of all the apps she has on her smartphone to keep her connected to what is going on

in different areas of the county. Community activities were noted to occur in churches, the County's Parks and Recreation facilities, youth sporting events and Rotary Clubs. Health activities mentioned were local gyms, ALTA Tennis, and the Atlanta Track Club. Many people mentioned that it is difficult to keep up with community activities and suggested that a central place to find community activities would be helpful. They mentioned that sometimes they found out something was going on by casual travels in the community.

The financial needs of people who have felony records include having difficulty with obtaining housing and jobs in the community. Affordable housing for low income people was mentioned as a problem. Homelessness was recognized as a problem and there are problems with housing in some areas of the county more than other. One participant mentioned rent is high, even compared to living in Atlanta. Another commented that buying a house has lower house payments, but people with poor credit don't qualify. Another commented that as an empty-nester, there are not enough homes for people to down sized with senior living needs in mind in area they may like to live. Participants commented that finding affordable good housing in good school districts is difficult. The perception was voiced that there are no jobs for individuals with records who need help after release. Many group participants agreed that many jobs that are available in Gwinnett are entry-level jobs and do not pay enough to cover the cost of living. Limited public transportation was mentioned associated with the ability to get to jobs.

Overall many felt that GCPS is a very good school system and has a great reputation. Many participants came to this area for the schools but believe there has been a decline in the schools over the years. The comment was made that the system has a variety of school programs. However, several people agreed that the needs of troubled students are not being met and some felt that if these issues had been addressed while the students were in middle school, they could have prevented drugs and alcohol problems later. Also, there are not enough counselors or support groups for students with depression or drug abuse issues. Several agreed that there are not enough afterschool activities and that the expense to participate in youth activities was too high. The availability of designated safe places for youth to spend time was identified as an issue. The transportation issues associated with getting young people to those activities when the parents aren't available was also identified. The group agreed that there are not enough resources for those with developmental issues.

The participants feel safe in their homes and they feel that the police respond appropriately when needed. The comment was made that having lived in the community for many years, they know where they feel it would be unsafe to travel. Traffic congestion and zoning issues were also mentioned as issues in some areas of the County. The EMS and fire services were also seen in a positive way. Emergency preparedness was recognized as not being prefect, but the group felt they are trying to make improvements. The comment was made that they thought the schools sometimes went too far because they cancel school when they shouldn't, leaving parents with a problem of finding childcare on those days. They spoke of some difficulties with the online school on snow days because that increased the homework the parents had to help the children with in the evenings.

For seniors, they knew of a number of programs for seniors were available as well as senior living community; however, they didn't think there is enough affordable assisted living centers. They felt that there aren't enough programs for low income housing for seniors or programs that provide transportation. The group voiced a concern that the lack of transportation causes some seniors to be isolated and prevents them from participating in community activities. Communication about services for seniors is also a problem.

Most participants said they have primary care health providers and said they have insurance. They felt that people without insurance didn't have adequate access to health care or community clinics and that those people used the ERs as their primary care. People with Kaiser Insurance felt they have access to health care when they need it.

Most participants used the internet to gather health-related information. Others mentioned their insurance companies also provide nurse call lines.

Little was known about the health department other than the availability of vaccines for travel or for school immunizations.

They all agreed that there are not enough mental and behavioral health services in the community. They mentioned that their program is designed to help people with these issues get the resources they need. They mentioned that if you have insurance the services are better, but for those who do not have insurance the services can be very poor.

Focus Group 7: Families of Adult with Development Disabilities

Assets	Issues
High Hope Center	Not enough activities for disabled adults
Feel safe at home	Not enough jobs for disabled adults
EMS and fire service	Need transportation for disabled adults
Parks and Recreation	Better independent living opportunities for disabled adults
	Poor communication about resources for seniors and health resources
	Need affordable senior housing
	Need more smaller one-level housing for seniors
	Medicaid benefits are difficult to manage
	Medicaid health care providers are hard to find
	Not enough mental health or substance abuse programs
	Traffic
	Too much community growth without enough infrastructure support
	Overcrowded schools

9 participants: men (3) and women (6); White (8), Asian (1)
Satisfaction scores (10 most satisfied) before focus group 7.9, after focus group 7.3

Ages of these participants were generally older and the majority of the group have lived in Gwinnett for many years (20 to 47 years). The participants are parents or siblings responsible for adults with developmental disabilities who participate in the Hi Hope Center or associated programs. The group members spoke very highly of the support they received at the Hi Hope Center. There were two couples in this group. One couple chose to move to Gwinnett County specifically for the Hi Hope Center program. They said they did a great deal of research and could have moved anywhere in the country. They have been here for two years and feel the program is well worth the move. I asked these participants to speak for themselves but also when appropriate to speak for their disabled family member. Developmentally, disabled adults are often unaware of many of the issues of adult

life and rely on their families to provide support for them. However, many of the families try to balance these adults' desire to become as independent as possible. The group participants gave satisfaction numbers between six and nine (10 being most satisfied).

The participants are aware of some activities in the community; most activities are associated with providing support and transportation for their disabled family member(s). They listed Special Olympics, Happy Club and tennis. They find out about opportunities through the HI Hope Center or other parents. Sometimes they find out about things through their church, city signage or city newspapers. They thought it would be great to have a Gwinnett Events website. Some participants noticed that a deterrent from participation in activities is not having enough parking spaces. Overall the group feels the county needs more resources for people with disabilities.

They felt there are enough jobs for adults in the county, but that there are not enough jobs for developmentally disabled adults. If the developmentally disabled adults have jobs, the families often have to provide transportation because there is limited public transportation. One family considered Uber, but it cost as much as the developmentally disabled adult made in a day for transportation. Some parents are self-employed to help manage the scheduling. Traffic is an important issue in the county. Most of the developmentally disabled adults live with their families. However, at least one family has a developmentally disabled adult living in a group home; in that situation, the family doesn't have control over many aspects of the developmentally disabled adults' living arrangements. For instance, the developmentally disabled adult could be moved to another group home with or without consulting the developmentally disabled adult or the family.

Another distinct issue for members of this focus group is that as older adults care givers, they are trying to make sustainable living arrangements for their developmentally disabled adult for a time when their care providers die or are no longer able to take care of them. As mentioned before, some of the developmentally disabled adults want to live as independently as possible; while others are not developmentally able to be independent, and the responsibilities are being made for family members (example siblings) to take over guardianship in the future.

The group agreed that there are not enough education opportunities for people with mental and physical disabilities. After their family members finished the public school education program, there are not enough resources for disabled adults to continue to learn. The county also needs additional special needs activities (including sports) with community support for these programs.

Participants reported they feel safe in their homes; however, they are aware of more break-ins and changing demographics of neighborhoods. One participant mentioned that their developmentally disabled adult doesn't think about feeling safe at home, but sometimes does get upset if he/she sees something about crime on the TV news. Others in the group nodded in agreement. They said EMS and fire services are good in the county. They said that there continues to be more people moving into the county but that as they build more housing, they aren't sure that the county infrastructure can keep up (schools, roads, water & sewer services). One person said that they were told they would get sewer service more than 30 years ago and that they never have been provided that service.

They feel GCPS are good schools, but they are too big and overcrowded. The group voiced concerns that there has been too much growth in Gwinnett without enough infrastructures to support the

growth. The comment was made that the area of the county they live in was promised county sewer service 30 years ago and that it has never happened. They don't think there are enough services for seniors and if there are, they feel communication isn't adequate for people to know about them. Again, transportation is an issue for seniors and while there are senior programs, there is a waiting list. The group felt that seniors in the county need affordable housing. They mentioned that smaller, one-level homes are not available and housing is only affordable if seniors continue to work.

Most of the participants have health insurance for themselves, but their disabled family members are on Medicaid. Medicaid benefits for developmentally disabled adults are a problem. One family goes to Marietta to a practice that is for developmentally disabled adults. Others have found health care they are comfortable with in the county, but the state forces Medicaid recipients to get prescriptions from specific Medicaid physician providers which can be a problem. Finding Specialist health care providers got a mixed response; some were able to find providers; others were not. Again, communication regarding available resources is a problem.

Participants said that if they are sick, they go to their primary care provider or urgent care facilities. One family said they use Kaiser so they have 24 hour care available. Several participants agreed that they avoid going to emergency rooms unless they really need them. Many participants use the internet for health-related information, others use insurance company's nurse health lines.

They didn't know much about the health department. They did know the health department provides vaccinations.

They didn't feel there are enough resources for mental health and substance abuse problems. However, they were able to name ViewPoint Health as a provider.

Focus Group 8: African American

Assets	Issues
Community Activities	Not enough skilled jobs with adequate pay
Volunteer opportunities	Not enough affordable housing including seniors
Public schools	Not enough public transportation
Feel safe at home	Homelessness (no support for homeless men)
Police services	Poor communication about resources in many areas
EMS and fire service	Not enough one story housing with wheelchair access doorways
Parks	Not enough mental health or substance abuse programs
Great roads	Not enough health care services for people without insurance
	Traffic

6 participants: men (1) and women (5); Black (6)
Satisfaction scores (10 most satisfied): before focus group 9.7, after focus group 9.2

The group was held in one of the participant's homes. The participants did not all know each other. Two of the participants were a married couple. The group spoke openly even though they didn't always share the same perceptions of the community.

Almost everyone gave satisfaction with living in Gwinnett 10s; the lowest score was a 7 or 8.

The participants they were able to name many activities they enjoy including Toastmaster's, football associations, neighborhood leadership committee, Great Days of Service volunteers, Aurora Theater volunteer, food pantries and homeless outreach volunteers. They mentioned communication regarding activities as an issue, as well as transportation for some people in the community.

The issue of appropriate skilled jobs in the community has required some participants to go to other counties to find employment. Other people agreed they knew some people struggle because there are entry level jobs available, but that those jobs don't pay enough for people to afford housing. Others felt there is affordable housing for most people when compared with surrounding counties. Homelessness was mentioned as an issue, particularly homelessness of men and people staying in extended stay hotels. It was mentioned that people live in the woods because there is no housing available. Everyone agreed traffic is a transportation issue. Transportation associated with employment was another issue that participants didn't agree on. Some group members felt that the lack of public transportation limited employment opportunities. Another participant stated that better transportation could bring skilled workers (i.e., from Georgia Tech) out to Gwinnett as well as providing transportation into Atlanta for workers. One person was opposed to mass transit. The idea of taking responsibility for oneself and not relying on the County to provide for needs (e.g. transportation, housing, jobs, and child care) was the opinion expressed by one participant.

The participants had very positive comments about GCPS. They felt like there were many programs to meet the different needs students have. One person said that her student had been in private school until her senior year and that she was pleasantly surprised at how much the public school had to offer. One person said that not all school districts are equal, but the lowest district in Gwinnett is better than highest schools in other counties. One participant felt like the school system had done a good job making people identify with their school district and that there is pride in that relationship. The comment was made that the schools in Gwinnett really want children to succeed and the schools are willing to go the extra mile to make sure students succeed and graduate. The group felt that there are resources for people with special needs and that there are programs for people that speak English as a second language but they felt that there is not good communication about these resources.

Everyone stated they feel safe in their homes and that police respond quickly when needed. One participant commented that they liked that kids were always playing outside in the neighborhood. They also feel that EMS and fire services are excellent in the county. They stated that emergency preparedness has improved through the years. The example was given that there was a year that we had unusually high rainfall with a great deal of flooding in different parts of the county. After that experience this participant noted that road improvements and bridge replacements were done to prevent safety issues from occurring again.

The group felt that there are afterschool programs available, but that they are only available at some of the schools. They were aware of the Boys and Girls Clubs and that transportation was provided from some schools, but not many. Transportation was an issue with afterschool activities because those parents that work out of the county can't get their children to those activities. One participant commented that youth rely on family for transportation and have no other options if family can't get them to programs.

The group felt there were a number of programs available for seniors because of the growth in the

County's aging population. They mentioned several senior centers and senior activities they knew about, including Bethesda Park. They weren't sure that communication about the programs was always available. The need for affordable housing for seniors on a fixed income was mentioned as a problem. They mentioned that even if people had saved money for retirement, they are out-living those savings. One participant mentioned the financial difficulty her mother had living into her 80s and then developing cancer. Another issue they thought would change in the next few years is that there would be more housing designed for one-level living with wider doorways for wheelchairs and walkers. They feel that the Baby Boomers that will be moving into that housing market are going to drive that change. The group also felt that the county needs to bridge the gap between the aging population and the emerging population to accommodate all needs.

Most participants have primary care providers and think there is enough available health care. The group agreed that people without health insurance don't have enough available health care providers. Several participants knew about one or two community clinics and someone mentioned that at one time you could go to Gwinnett Tech for free dental care. Some participants receive their health care in Gwinnett, but others use health care near where they work in another county. The participants believed that individuals without insurance go to the ER for care. They didn't think this was best, but they thought they didn't have other options. Most participants said that they thought there are enough specialists in the County.

When they get sick, they go to their doctors and if they can't get an appointment, they go to an urgent care clinic or a pharmacy clinic.

They get their health-related information from the internet. WebMD was mentioned specifically as an often used resource. Some mentioned they call other people they know. One participant said she calls her mother.

Some of the participants were aware of the services provided by the Health Department. Vaccines, children's dental checkups, women's checkups and the WIC program were all mentioned.
They didn't know anything about mental or substance abuse resources in the county.

Focus Group 9: Asian & Hispanic

Assets	Issues
Community Activities	Not enough skilled jobs
Volunteer opportunities	Not enough affordable rental housing
Express bus system and roads	Not enough public transportation including for seniors
Libraries	Hidden homelessness
Parks	Poor communication about resources in many areas
Public schools	Not enough housing for low-income seniors
Police services	Not enough mental health or substance abuse programs
EMS and fire service	Not enough health care services for people without insurance
	Traffic

9 participants: men (3) and women (6); White (5), Black (1), Asian (3), Hispanic (5)
Satisfaction scores (10 most satisfied) before focus group 8.0, after focus group 6.3

The members of this focus group are from the Center for Pan Asian Communities Services (CPACS). This organization is a private nonprofit with the mission statement "…to promote self-sufficiency and equity for immigrants, refugees and the underprivileged through comprehensive health and social services, capacity build, and advocacy." The participants are service providers and their responses were a blend of their experiences and the experience of their clients. More than half of the group was in the 18-24 age group. Overall, the group had diverse opinions and was comfortable expressing their views.

Many of the participants were able to identify community activities and volunteer opportunities and expressed that they felt there were enough community activity resources. Included were community activities and volunteer opportunities at parks, libraries, youth sports teams school activities (band, basketball, orchestra, running club), church, children's health clinics, nursing home, voter registration and tutoring. At least one person felt like transportation to community activities was an issue, but another participant felt that the express bus system was very good and that the adopt-a-road demonstrated citizen leadership participation. Several participants commented that communication in different languages was an issue and that it was more of a problem in some areas of the county than other areas. Everyone in the group said they use magazines and newspaper written in other languages and that the County needs to be proactive in sharing what is resources that are available. The group also mentioned radio and TV stations in Korean, Vietnamese and Spanish. However, the comment was made that they are profit driven not for community outreach.

The comment was made that there are rarely government jobs or corporate job openings in the County, but that there are an abundance of industrial jobs. Another person said that many Gwinnett residents work outside of the county. Some people felt that the jobs that are available don't pay enough to live in Gwinnett. Another person said that the Asian American community is growing and that there are enough jobs that pay well enough to afford to live in here. One person said that housing is more affordable here than closer to Atlanta. Another commented that affordable housing close to public transportation was an issue. Other participants commented that rent is high and increasing. This makes it difficult because some people are not paid enough to keep up with the cost of living. The comment was made that young adults are having a hard time getting into their first house because of student loan debt. Some felt that some young adults are considering not going to college because of the debt they would acquire. The issue of homelessness was discussed as a hidden issue. Some people commented they don't see homeless people and they realize there are no shelters available here.

Many participants agreed that the public schools system is the reason people stay in Gwinnett. However, there were issues and concerns voiced about the schools system including disparity between school districts, overcrowded school and zoning some neighborhood further from their home. Other participants believe the school system is working on problems and that the focus on clusters is good for building a sense of community. The comment was made that the Board of Education members and teachers need to be from a more diverse background to better reflect the population of Gwinnett. One participant mentioned that efforts are being made to improve communication such as providing school closing text messages in languages other than English. The comment was made that the school's English as a Second Language program isn't meeting the needs of the students and that some students are being passed without the student learning the curriculum.

When asked about feeling safe at home, a number of comments were made about the media instilling fear. The comment was made that some people living in their neighborhoods are undocumented and

that they don't report crimes because they fear the police. Some participants reported they don't feel safe and don't feel friendliness in the community because they are a minority. The recommendation was made that more people should participate in the Coffee with Cops program to improve relationships.

The comments made about EMS and fire services were very positive. The fire department's program that installs smoke detectors in homes for free was mentioned as a positive example.

Overall, the group felt that emergency preparedness is improving, particularly in the schools. The group does not like that Gwinnett waits so long to decide if schools will be open during potential bad weather because it makes it difficult for parents to plan for their children if the parents have to work.

Most of the group agreed that the availability of resources for senior was lacking. However, the comment was made that if seniors have plenty of money, there are resources and available housing. It's seniors on limited income that have the greatest resource needs. Affordable housing and the lack of one-story housing in Gwinnett was identified as an issue. Also the group noted the differences in the resources needed for younger seniors (60s-70s) than resources needed by older seniors. The comment was that older seniors need more transportation and health care and younger seniors requiring more community activities. Also, seniors rely on their children to take care of them and that is difficult for the families.

The group was split on whether the community has enough health resources for its current population. The group responded they don't have insurance and that impacted when they seek medical attention. The group reported they use herbal treatments, go to a clinic at their church or go to an Urgent Care facility. Also, the group felt that there were not enough care providers that speak other languages and understand the cultural preference some patients may have. Most participants get health information from the internet, CPACS or church.

The group was unaware of the services provided by the Health Department.

The group felt strongly that there are not enough resources for mental health or substance abuse. Some felt like they the county doesn't want to address the needs of the community. Youth were mentioned as having problems with depression and suicide.

Focus Group Support Documentation

Focus Group Sign-In Sheet Including Consent to Participate

My signature below indicates that I am a volunteer participant in the Community Needs focus group sponsored by the Gwinnett Coalition for Health and Human Services. I understand that my personal

identifying information will be kept confidential. My responses during the focus group will be used as part of a community needs assessment that will help the Gwinnett Coalition and its partners identify ways to improve the quality of life in Gwinnett County.

Signature	Printed Name	Email Address	Phone Number

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.

The next question I am going to ask you, will be asked twice today (night). On a scale of 1 – 10 how would you rate your satisfaction of living in Gwinnett?

Focus Group Questions

Community Relations and Engagement

1. Are you aware of activities that allow you to connect with other members of the community with common interests? Do you participate in any of these activities?
2. Are any of the activities that you participate in health related? What are they?

Economic and Financial Stability

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

Economic and Financial Stability

4. Many people in Gwinnett County have unique educational needs. Individuals with unique needs include the mentally and physically disabled, adults who can't read and residents who do not speak English. How would you describe the availability of educational opportunities for people with these unique needs? On a scale of 1 – 10 how would you rate the quality level of these resources?

Safety

5. What is your opinion of Gwinnett County resources in place to prevent or deter crime in Gwinnett County?
6. What is your opinion of Gwinnett County resources in place for emergency preparedness and response?

Age Focus

7. How would you describe the overall needs of the Gwinnett County children and youth?
8. Are the needs of children and youth in Gwinnett County being met?
9. How would you describe the overall needs of the Gwinnett County aging population?
10. Are the needs of the aging population being met?

Health & Wellness

11. Healthcare resources available in Gwinnett County include primary care (your doctor's office), emergency care, specialized care and senior health care. Considering both size and diversity of the population of Gwinnett County, do you believe that there are enough health care resources in Gwinnett County to serve its current population?

12. Where do you go most often when you get sick (Doctor's Office, Health Department, Hospital, Medical Clinic, Urgent Care Center)?
    a. If you have left Gwinnett County for health care, what was your reason for receiving care elsewhere?
13. 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.)?
14. Please list services that you are aware of that the Health Department provides. Please share your thoughts on whether or not these services meet your needs. What services would you like the health department to provide?
15. Do you know where individuals in Gwinnett County with mental health and substance abuse problems can access adequate resources?
    a. Are there enough adequate resources?

Now, after our time together let's think back to our discussion in the beginning. On a scale of 1–10 how would you rate your satisfaction of living in Gwinnett?

Community Health Needs Assessment – Focus Group Demographics

Your responses to these questions will help to provide a picture of the Gwinnett Community.

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 _____ Other

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 Specify: _____

5. Do you speak a language other than English at home?

_____ Yes _____ No

If yes, what language do you speak at home? _____

6. What is your marital status?

_____ Never Married/Single
_____ Married
_____ Unmarried Partner
_____ Divorced
_____ Widowed
_____ Separated
_____ Other

7. ***What is the highest level of school, college or vocational training that you have completed?***
   _____ Less than 9th grade
   _____ 9th-12th grade, no diploma
   _____ High school graduate (or 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
   _____ $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 at home?***
    _____ Yes _____ No
13. ***Do you have a smart phone?***
    _____ Yes _____ No
14. ***What is your zip code?*** _____
15. ***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

16. ***Are you actively involved in the community and engaged in social activities?***
_____ Yes _____ No
17. ***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
18. ***Do you believe that preventative vaccinations are readily available and affordable within the community?***
_____ Yes _____ No
19. ***Do you have any chronic health conditions? Check all that apply.***
_____ Asthma
_____ Arthritis
_____ Diabetes
_____ Heart Disease
_____ High Blood Pressure
_____ Other_____
_____ No chronic health conditions

Gwinnett Coalition for Health and Human Services Committee Needs Assessment Exercise

The Gwinnett Coalition for Health and Human Services, in cooperation with Gwinnett Medical Center and the Gwinnett County Health Department, conducted prioritizing exercise with six of the Gwinnett Coalitions committees. These committees include 155 members of community service organization representatives. The six committees were: Positive Youth and Family Development (PYFD), Emergency Assistance Action Team (EAAT), Senior Issues Action Team (SIAT), Child Sexual Assault Prevention Committee (CSAP), Health and Wellness (H&W), Early Learning Committee. The exercise was titled "Committee Needs Assessment".

The exercise included four (4) sections: What have we done?, Needs, Dreams, Priorities for Action.

During the "What have we done portion" participants looked at the activities the committees worked on in the past 5 years.

During the "Needs" portion [participants identified needs in Gwinnett County related to their committee's line of work.

During the "Dreams" activity, participants identified their biggest dreams to solve problems related to their area of work and the committee's area of work in Gwinnett County.

During the "Priorities for Action" activity participants, prioritized areas that they would like to continue working based on the areas that were identified during the last Strategic Planning phase.

Common Themes

The following topics were identified as needs in two or more committees.

Need Identified	Committee(s)
Access to food	SIAT, EAAT, H&W
Awareness of housing issues	SIAT, EAAT
Availability of housing	SIAT, EAAT
Transportation	SIAT, EAAT, PYFD, Early Learning, H&W
Communication/ Information sharing	SIAT,EAAT, PYFD, Early Learning, H&W, CSAP
Mental health resources/ services, awareness	SIAT, PYFD, H&W, CSAP
Connection to the community/ knowledge of resources	SIAT, EAAT, PYFD, Early Learning, H&W, CSAP
Volunteerism/ Volunteer programs	SIAT, EAAT, PYFD, Early Learning
Senior Citizen needs	SIAT, EAAT, H&W

Senior Issues Action Team

The Senior Issues Action team (SIAT) works to address the growing needs of the senior population in Gwinnett through collaboration among service providers, social services, nonprofits, and for profit agencies who work directly or indirectly with seniors to find effective solutions to improve their quality of life."

Committee Needs Assessment Activity

7 Major Areas Identified: Food Insecurity, Housing, Health Issues/ Mental Health, Transportation, Accessibility, Caregiving, General

Needs Identified

Food Insecurity	Housing	Health/ Mental Health	Transportation	Accessibility	Caregiving	General
Access to food	Availability	Dementia Education	Lack of Coverage	Affordability of doctors	Funding	Financial
financial assistance	Affordability	Mental Illness Resources	Transportation for disabled	Job availability	Resources	Silent Generation
Nutrition Education	Location	Awareness of available resources	Transportation Options: Uber etc	Digital access: workshops	Respite Care	Knowledge of resources
Accessibility to prepare food	Alternative Care	Mental Illness Education	Rideshare	Language barriers	Support	Long term planning
	Housing Regulations	Transportation to services		Motivating Independence		Advanced derivatives, DNR etc.
	Lack of accommodation: kids pets	Reentry into care: lack of support				
	Physical Accessibility and repairs					
	Cleanliness					
	Advertisement					
	Safety and Security					
	Emergency housing and transportation					

Positives and Dreams

The Senior Issues Action Team took a look at what they see in regards to seniors in Gwinnett County and identified positive things happening to support Seniors in Gwinnett as well as their dreams for the future of Seniors in Gwinnett.

Positives	Dreams
A variety of services and programs throughout the county	A place in Gwinnett for Seniors to share their experiences as mentors and guides in their profession with youth today
Meals on wheels program	Way to help seniors to be resilient in Gwinnett
Gwinnett County Transit Travel Training	Seniors in Gwinnett can live comfortably in their homes as long as possible
Connect Gwinnett: Transit Plan taking steps to expand coverage	Seniors in Gwinnett do not feel alone or isolated
Lots of support groups and programs for caregivers	Accessible transportation for seniors/ those with disabilities
Gateway Call Center	In home care for homebound seniors
GCT: HalfFare program $1.25 one way in fixed route system	Easy way to find available resources
Support group in Centerville for grandparents raising grandchildren	A system to connect seniors with community organizations to help with home repairs, lawn, upkeep etc.
Adult day programs	Keeping seniors involved in the community through volunteerism

Emergency Assistance Action Team

This Emergency Assistance Action Team focuses on meeting basic needs of Gwinnett County residents by facilitating - access to housing, access to community resources, volunteer engagement and collaboration in addressing community health and human service needs. This action team is comprised of emergency and front-line service providers who assist individuals and families in meeting these needs through equipping, collaborating and developing community solutions. Information on what is happening in the county as well as sharing needs and resources is part of the agenda each month. Included under this committee are subcommittees (Food and Housing) exploring the areas of Homelessness, Food, Housing, and Employment in Gwinnett County.

Committee Needs Assessment Activity

4 Major areas identified: Housing, Homeless, Food, General

Objectives met (What have we done?)

Housing	Homeless	Food	General
ID apartments/ landlords accepting home income options	Awareness: NOT MY ROOF	Food donation blessing nags etc. numbers increased	Interagency collaborative effective and growing
Centralized entry system development started	Point in time event (homelessness information) acknowledgement, snapshot	Meal prep/ SOUP NITE/Meals on wheels (County: Private)	Community council volunteer event (2015) excellent model to replicate
Monthly resources/ training	Rapid Rehousing programs	Community Gardens	Helpline sharing community's information and needs
SVD Paul new shelter	Coordinated entry system	Summer/ school break feeding programs	Agent sharing at EAAT meetings
Added Salt light beds	Other resources offered as part of housing assistance programs	Homeless- free school lunch/ breakfast is automatic	Good community relationships and willingness to help each other

Rapid Rehousing funds up	Categorical eligibility for other services	Co-operative ministries support	SWAG bags for high school students – effective model for community engagement
No HUD deposit limits	Greater acknowledgement of County leaders of the seriousness of homelessness needs in Gwinnett County	FS-DFCS work requirement	Backpack food programs for kids in extended stays, low income housing and in poverty
Youth – Y.O. Gwinnett		Church Assistance	Willingness to continue exploring current needs
		Food Truck	

Challenges (Needs)

Housing	**Homeless**	**Food**	**General**
Affordable/ low income housing options	Point in time counts: Gwinnett data not being validated, no advocate	Food Fundraising	Monthly stats/ data – how best to collect and for what purpose?
Coordination of housing services: Transitional/ emergency/ permanent	Lack of emergency beds for families	Distribution coordination	Recruit and retain volunteers for all agencies
More emergency beds	Loss of transitional housing funding	Need for distribution process	200 Year GC celebration
Landlord relationships/ landlord low income housing options	Accessible/ affordable housing (application expenses. Administration fees)	Volunteer recruitment for feeding programs and food distribution	Volunteer recruiting event/ awareness (data, stories, continuity)
Maintaining housing	Cold weather shelters/ warming stations	Growing numbers of hungry children and seniors	Volunteer job descriptions
Not enough places to spend Rapid Rehousing dollars	Employment opportunities, training opportunities	Not enough assistance for the size of the community	Language barriers with volunteer opportunities
Landlords requiring too much money in terms of deposits for high risk tenants	Reliable transportation; car repairs	DFCS- application process is new	Greater GDOS participation of EAAT organizations
Transient families	Childcare, cost provision	Language barriers	Workforce development
Many families have to go out of the county	Reluctance of leadership to acknowledge homelessness	Lack of knowledge about resources	Sliding scale clinics/ healthcare
Families stuck in motels	Legal discouragement form helping, limiting/barriers to assisting	Hours of operation/ availability	
Senior housing	Resources for single men	Policy uncertainty i.e. undocumented families	
Community resource database		Need more healthy food options	
Shared housing for seniors		Getting food to those in need: food truck	
Couch surfing college students		Access to healthy affordable food	
		Not started fundraising for food purchasing	

Dreams

Low Cost Housing	Shelters	Centralized Entry System	Homeless
Nice Affordable housing for high risk families	An actual shelter in Gwinnett Co for the family to stay intact	Organization that funnels individuals need to appropriate partners	Roof for everyone
Available for every budget/ every need	Females out of jail/prison (shelter, transitional)	System that connects need for housing, food, clothing, and others with providers in real time	Re-entry homes
Continuous construction of single family homes in safe neighborhoods	Geographic spread of shelters to cover all counties	100% participation	Home for everyone
2 bedroom apartment for less than $1100 with waivers for application fees	Handicap accessible shelters	Access of all needed info by all participating agencies	Registered restricted offenders (Help within 72 hours of placement)
More homebuyer programs with less restrictions		Accommodation made	Assistance gaining identification
Down payment assistance for everyone			More housing for single adults
Housing for adults between 50-60 years old			Dependable transportation
Requirements for affordable housing, sidewalks and parks to be included in all housing planning			

Jobs	Summer Lunches	Food Desserts	Seniors
Teens employed in the summer	Place where hungry kids can receive food each day	Lots of fresh fruit and vegetables to distribute to those in need	Low cost housing/ paid with services
More re-entry jobs/ training/ ban the box	Available at extended stay hotels	Available and low cost fruit vegetables at fast food resturants	Immediate housing for infirm elderly
Salaries Competitive/ compared to across the country	Lunches available for all school aged children at schools providing summer school and churches providing summer camp	Available low cost foods at community gardens	Safe and adequate adult day care centers that engage and program for all races
Supportive employment for all of those with disabilities	Lunches and dinner year round	Food vending machines/ stations throughout the county for those in need	More built in programs to decrease senior isolation
Internships/ apprenticeships for unemployed		Increased refrigeration storage at partner locations to share and distribute more fresh produce	Affordable housing
Compensation to match cost of living			All seniors able to age in place with support services
More job opportunities for people of all backgrounds and of all ages			Garden in each senior community
Job placement programs			Medically appropriate food available for all in need
			Can eat free at some resturants on specific days and times
			More at home food delivery

Priorities for Action

During the priorities for action activity members were given three stickers. They used the stickers to mark the areas that they would individually rate as a high priority.

HOUSING

- Access to affordable housing 23
- Centralized Entry System 2
- Coordination of housing services 4

HOMELESS ISSUES

- Awareness/Education/Information 5
- Homeless provision (all kinds) 10
- Point In Time Count(s) 1

FOOD

- Hungry kids 4
- Hungry seniors 7
- Food distribution 6

OTHER

- Resources for single men 6
- Job/Training 13
- Volunteer recruiting event 0

Positive Youth and Family Development Committee

The Positive Youth and Family Development committee addresses issues affecting our youth population. The goal is to implement prevention efforts that will increase protective factors, thus decreasing risk factors such as substance abuse. This committee is made up of youth service providers.

This committee focuses on three areas: *Community Support and Resources, Mentoring and Career Skills and Prevention.*

Committee Needs Assessment Activity

2 Major Areas Identified: Youth Development and Family Development

What have we done?

Youth Development	Family Development
Compile and promote youth skill development seminars for youth in Gwinnett	Disseminate communication strategies (i.e. DFCs Guide to community partner's toolkit)
Host 3 Youth Development workshops per year	Provide support group and resources for kinship families and agency partners
Maintain youth participation each year at 466 from 2012 to 2018 (2016: 470)	Annual Resource conference for Kinship Caregivers and plans for future goals
Host 2 annual mentor provider events for a total of 10 by 2018 (2017: 7 total)	
Ensure all (formerly at risk) youth have access to a mentor	
Provide opportunities that support families of all (formerly at risk) youth	
Exchange of information and targeted events	

Needs Identified

Youth Development	Family Development
Lack of resources for mental health services	Motivations (Parents learn how to motivate their children)
Role Models (adult transition, civic participation)	First generation family resources
Lack of motivation (school attendance, accountability)	Parental accountability/ responsibility
Department of Juvenile Justice should be involved with PYFD	Assist parents with "village" support
i.e. afterschool care/ support for working families	
Resources for first generation learners	Collaboration among family development resources
Increased need for sense of belonging among youth	
Foundational learning vs. Testing	
School support with partner organizations (digital learning, career ready opportunities)	
Need to inform youth on non-traditional and traditional college/ career options	
Centers that offer free opportunities for youth	
Transportation resources	
Collaboration among family development resources	

Priorities for Action

During the priorities for action activity members were given one sticker. They used the stickers to mark the areas that they would like to continue or stop. The following areas are deemed by Positive Youth and Family Development as highest rated priority for action:

	Continue	*Stop*
MENTORING, CAREER, & YOUTH DEVELOPMENT		
• Compile and promote youth skill development seminars for* youth in Gwinnett	2	1
• Host 3 Youth Development workshops per year	1	1
• Maintain youth participation each year at 466 from 2012 to 2018	0	2
• Host 2 annual mentor provider events for a total of 10 by 2018	0	1
• Ensure all (formerly at risk) youth have access to a mentor *	0	1
• Provide opportunities that support families of all (formerly at risk) youth *	0	1
• Exchange of information and targeted events	0	0
COMMUNITY SUPPORT AND RESOURCES		
• Disseminate communication strategies (i.e. DFCs Guide to community partner's toolkit)	0	
• Provide support group and resources for kinship families and agency partners	0	1
• Annual Resource conference for Kinship Caregivers and plans for future goals	0	1

*Denotes highly discussed topic

Emerging Issues

PYFD participated in an additional emerging issues activity. Where the group identified areas that they saw as upcoming problems for the future in which the group could provide advocacy. The identified and rated these problems priority and secondary issues.

Issue	*Priority*	*Secondary*
Increase of taxes law *- Homeowners* *- Single parent* *- 21st century programs*		✓
Immigration Issues		✓
Fear/ Youth Advocacy "Self"	✓	
Female Presence in Politics		
Drug/Opioid Epidemic	✓	
Mental Health	✓	
Diversity/ Racial Shift (Inclusion)		
County Outreach (Limited reach with population)	✓	

Along with emerging issues the following "parking lot" topic were discussed during PYFD's needs assessment activity.

- Develop collaboration with Gwinnett County Volunteer program to access more human resources
- Mentor Resource List
- Mentor Stigma
- Violence in schools
- Youth Housing Issues
- Discussions on Value in Education
- How do we create a "village" concept?
- Who is missing/ who should be invited to the committee?
  - Department of Juvenile Justice
  - Police/ Law Enforcement
  - Salvation Army

Early Learning Committee

The Early Learning committee currently focuses on the issues centered on educational attainment of children ages birth to five. The goal is to ensure that all individuals and families have access to affordable and quality early child care and education. Want to learn more? Join the committee and get involved in our community's education of Gwinnett children.

Committee Needs Assessment Activity

3 Major Areas Identified: Quality Rated, Parents, School Readiness

What have we done?

Quality Rated	Parents	School Readiness
Raised Quality bar: 41% of GW birth to 4 are in childcare programs	Library: ABE + Me programs Bus Grant Babies Cant Wait Story Times	Inclusive Care
Increased training for staff/teacher education	Parent Conferences	Early Intervention Services (Therapy)
Focus on high quality teacher child interactions	Engage with schools	Screenings (Vision, Health, Dental)
Increased health and safety standards	Mason Clinic	No cost/ affordable Early Learning (Still Need more)
Provide highquality learning environments (ample materials)	Georgia Reads	Family Engagement Initiatives
Increased access to high quality early learning experiences for low income families	Corners Outreach: Corners Workshops ESL Class	Outcome focused-Child/Family
	Home Stability	Quality Facilities
	Better Jobs	Parenting Curriculum
	Relationships with Pediatricians	
	Health/Feeding Education	
	Ready set Read	

Needs Identified

Quality Rated	Parents	School Readiness
Awareness outside of ECE*	Concise Messaging	Awareness of EL need (1 – 5)
Increased % of schools with ratings	Regular Information Sharing	More no cost/ affordable Early Learning
Business community to help underrated schools	Continued Engagement with same families	Enhance ability to be culturally/ linguistically responsive
Volunteer/ financial support	Connect with WIC, DPH, Early Head Start, Head Start	Qualified Bi-Lingual workforce
Understanding the economic impact of quality childcare	Language Nutrition	Increase Capacity to measure impact/ track development
Understanding the importance of quality childcare		More quality facilities
Knowing what quality child care is		More Inclusive Care
		Implementation of parenting curriculum
		Trauma Informed care/ toxic stress*

*ECE (parents, businesses, public schools, community leaders)

*Toxic Stress – external stress that can impact brain development

Collaboration and Dreams

Collaboration	Dreams
Built Hudgens Early Learning Center	Slot for every child
Community Linking with Organizations in EL Committee	Every child has access to what they need
Linking to Community Organizations	Individual access to Early Learning opportunities
DCPL/GCPS Book Mobile Grant	Transportation
Activities related to Play to Learn (Brochures etc.)	Money – Subsidiary of childcare partnerships
	Full Community Support/ Understanding Value
	Affordability
	High Quality Workforce
	Parents understanding needs of child

Health and Wellness Committee

The Health & Wellness committee currently focuses its attention on health education and awareness initiatives. This committee encourages and promotes community linkages of healthcare resources that provide services to all residents. Target populations include, youth, seniors and underserved communities.

Committee Needs Assessment Activity

6 Major Areas Identified: Healthy Environment/Worksite wellness, Opioid Epidemic, Mental Health, Childhood Obesity, Fresh Food Access/ Food Insecurity, Chronic Diseases

What have we done?

Healthy Environment/ Worksite Wellness	Opioid Epidemic	Mental Health
Preserved Green Spaces	GUIDE SPFRX Grant: Outreach and Education	Raise awareness in schools: Early Awareness
Wellness Blueprints	Parent Conferences	Youth Suicide Awareness: Prevention Training
Established Healthcare Systems	ViewPoint Health: Free Detox (Inpatient) Free HIV/ Hep C screening	Mental Health First Aid Training
Health Fair Toolkit (HW)	DBHDD Taskforce	Speakers at Health and Wellness about mental health issues (HW)
Health and Wellness Programming in Parks	Provider Database: Controlled Substances	Step up Step in schools: anti bullying
Vending Guidelines/ Catering/ Concession	Prescription "Turn in days"	Mental Health Court
Compliance Checks (GUIDE)		
Summer Feeding Programs		
Power up for 30		

Childhood Obesity	Fresh Food Access/ Food Insecurity	Chronic Disease
Wellness Blue Prints	Free and Reduced Lunches	CHRONIC Disease Self-Management Programs Training (English and Spanish)
Vending Guidelines	WIC-Food Vouchers and Nutrition Education	Nutrition Ed at Senior Centers
Catering Guidelines	Gardening Education	One Stop Classes (all ages)
Early Feeding Book Program	SNAP-including double seniors; farmers market	GMC Healthy Heart Conference
Built Environments/ Signage	Food Pantries	
Healthy Eating and Physical Activity (HEPA) Standards	Co-ops	
Healthy Schools/ Nutrition	Community Gardens	
Prof Resources/Development	Church Gardens	
WIC	Extension Office teaching at Schools	
GA Shape	Gwinnett Coalition Food Access Task Force	
Pledges	Home Deliver Meals (Seniors only)	
	HydroPonic tanks for education purposes	
	GCPS Care Closet	

Needs Identified

Healthy Environments	Opioid Epidemic	Mental Health
More fall prevention/ Senior Safety	More outreach: education	Shame + Vulnerability (Difference)
Green Space Connectivity	More Legislation	Bullying
Increased Awareness of Community Resources	Mental Health Support	Need to make community aware of stats about suicide in GC
Incentives for Employees	Mental Health Resources	Address differences between Mental Health and Holistic Health
Support for Healthcare professions		Address Stigma
More Education on Tobacco Alternatives		More Community Talks about Mental Health
Non-Traditional Places for Play		
Transit		

Childhood Obesity	Fresh Food Access/ Food Insecurity	Chronic Disease
Access to play (Play Deserts)	Collaborations for Community Gardens	Disseminate Information to The Public
Access to fresh foods	HydroPonic Edu at local government services	More Accessible Information - Transportation - Cost
Parent Education	Extension – Farmers Incubator	On-Line Programming
Multicultural Targeted Parent Education	More Call to Action to help stock Co-ops during busy/ holiday seasons	Motivating Lifestyle Changes
More Champions for Childhood Obesity: (i.e. organizations, schools)	Nutrition Edu at Co-ops	
Built Environments	More Education on Food Waste	
Physical Activity in Curriculum		
Mental Health Resources for Youth		
Positive Youth Development		
Staff Resources		
Food Labels		

Collaboration and Dreams

Collaboration	Dreams	
Live Healthy Gwinnett	More People using Parks	
Collaboration with GMC Faith Community Network	Culture of Wellness	
Strong4Life: wellness programs	More support on preventative medication	
Event Collaboration	Sidewalks/connectivity/transit	
Sharing Resources	Everyone has access to fresh foods	
Health Assessments		Improved collaboration (Businesses, education. Healthcare, nonprofit)
Grants and Awards	Affordable Housing (empty out extended stays)	
Health Fair Toolkit	Improved Community Connections	
	Access to Healthcare	
	More comprehensive programs	
	Cultural competence	
	Recruitment to committee	
	Aging in place resources	
	Aging: Dental Services	
	Dementia Friendly Community	
	Reducing Stigma of Mental and Behavioral Health	
	Access to mental health services	
	Intergenerational actvities and connections	
	Funding for county wide trail system	

Priorities for Action

During the priorities for action activity members were given three stickers. They used the stickers to mark the areas that they would individually rate as a high priority.

Health and Wellness

- Disseminate health fair information and develop toolkits for health fair 0
- Support and provide resources for partnership Gwinnett's Healthcare Council 7
- Collaborate to increase health support services and resources 11
- Support physician recruitment efforts 11
- Seek funding for health support/resources 8

Child Sexual Assault Prevention Committee

Child Sexual Assault Prevention (CSAP) is comprised of a diverse group of individuals serving children and youth across our community – business leaders, social workers, healthcare providers, service providers, educators, advocates, law enforcement, and concerned parents. The committee focuses on providing awareness, training and education on how to prevent child sexual abuse, assault, commercial exploitation and trafficking.

Committee Needs Assessment Activity

2 Major Areas Identified: Training, Disseminate Information

What have we done?

Training	Disseminate Information	General
S.O.C. 3522	Rack Card completion and distribution	Continued to build outreach
Mandated reporter training	Word of mouth (share at trainings)	Made multiple presentations to Gwinnett Grand Jury
Training for Grand Juries	Trained trainers	Inclusive + participation: group participation and collaboration much better than other regions
Safe Place Harbor		Singularly focused
Georgia Cares Training		
Increased and moved tipping point 11% as of 3/18		
Increased in schools and churches		
Specific targeting and training		

Needs Identified

Training	Disseminate Information	General
S.O.C Goal 31,693	Places to distribute Rack Cards	Recognizing organizations who are creating safe environments
Expand Mandated reporter training	Access to teens for training (Schools, Churches, Community Centers)	Addressing the issues "bring out" schools and churches
S.A.N.E.	Town Hall Meetings	Collaborative list for youth/ adult crisis
Community Awareness of resources	Give information to uninvolved parents	Continue to build awareness and outreach
ACES Training	Give information to kids on probation	Bring awareness to ACE (Adverse Childhood Experiences)
TIC Training	New Rack Cards with Statistics	Financial Support
Health Provider F.IC		Mandated reporter tracking
Mental Health and First Aid Training		
Foster Parent Training		
Developmental training for children with disabilities		

Collaboration and Dreams

Collaboration	Dreams
Connections to conduct trainings	The community will become aware of child sexual assault problems
Partnership with ViewPoint	No need for foster homes (Because all is well)
Partnership with CETPA	Trauma informed systems
Creating/ seeing linkages between child sexual abuse and sex trafficking	None of us have a job!
Outreach to the faith community	
Nonprofit partnerships	

Priorities for Action

During the priorities for action activity members were given three stickers. They used the stickers to mark the areas that they would individually rate as a high priority.

Training

- S.O.C Trainings 5
- Mandated Reporter Trainings 5
- Safe Place Harbor 1
- Georgia Cares Training 2

Disseminate Information

- Rack Cards 1
- Word of Mouth (Share information at trainings) 4
- Train Trainers 3

General/ Other

- Continue to Build Outreach 2
- Increase trainings in Schools and Churches 9
- Conduct Specific and Targeted Trainings 1

Top 3 areas of priority: S.O.C Trainings, Mandated Reporter Trainings, Increase Trainings into Schools and Churches

Gwinnett Coalition for Health & Human Services
Gwinnett Helpline Trends 2015-2017
Referrals

Referral Categories	2015	2016	2017
Rent Assistance	4137	3719	3389
Utility Assistance	3229	2828	2009
Emergency Shelter	4028	3793	3088
Housing	1404	2108	1835
Food	822	1050	702
Healthcare	831	837	731
Information & Referrals	2740	2938	907
Totals	**17,193**	**17,273**	**12,661**
Total Referrals for Year (all categories)	**21,000**	**21,539**	**15,812**

Report changed in 2017 to reflect actual data in community service I&R.
Call volume down speculated to correlate with rise in immigration fear – begun late 2016, throughout 2017 and still in 2018.

GWINNETT ROCKDALE NEWTON
COUNTY HEALTH DEPARTMENTS

Gwinnett County Forces of Change Assessment: Preliminary Results
April 10, 2018

The purpose of the Forces of Change Assessment (FOC) is to identify trends, factors, and events that are likely to impact health and quality of life in our community. The assessment is an environmental scan that is intended to inform our strategic planning process. The Gwinnett County FOC was completed in two stages, a survey identifying forces of change and then discussions regarding the potential opportunities or threats associated with each force of change.

The initial stage consisted of a survey that was sent to the Gwinnett Coalition for Health and Human Services board members for completion January 22-27, 2018. Respondents were given an explanation of Forces of Change and asked to list up to 10 forces that were impacting our community. Survey responses were analyzed by a United Way intern and a health department employee. The following Forces of Change were identified based on review of the responses provided by 26 board members. The percentage indicates how many of the respondents included a relevant response in the category listed.

Forces of Change	Percent of Responses
Increasing Diversity	74%
Inadequate Transportation	67%
Increasing Senior Population	56%
Homelessness/ Lack of Affordable Housing	56%
Rapid Population Growth/ Urbanization	33%
Drugs/ Opioid Crisis	30%
Declining income	26%
Need for job training/ workforce development	26%
Access to Healthcare	22%
Access to early learning/ Pre-K	15%
Mental Health Issues	11%
Changing political climate	11%

The second stage of the assessment consisted of discussion regarding the opportunities and/or threats posed by each FOC for our community. At the Gwinnett Coalition board meeting on February 6, 2018, board members divided into four groups assigned three themes each. The following lists provide points that were discussed in each group.

Increasing Diversity

Opportunities:

- Gwinnett County is the Leading edge of diversity concentration in the SE
- Reaching out to include the diverse clusters in community gaps
- Diversity provides strength in getting things done; disciplined committed
- County wants to address the challenges and is being pro-active
- Getting to know each other/cultures helps understand points of view
- Same goals as people – no matter what culture common interests
- Schools/businesses – Inclusion piece how to focus better
- Interactions/get to know can change views
- Addresses stereotypes

Threats:

- Great change in the county makes diversity problematic – how to communicate, how to share information.
- Coalitions-improvements still needed

Opportunity and Threat:

- GNLI – in the past has been a great tool in providing diversity in group solutions (O/T no longer exists in past form)
- Views of diversity/important to discuss age gaps perceptions? (O/T)

Inadequate Transportation

Opportunities:

- Identify groups in need-options to address; very targeted, smaller subgroups (i.e. Senior citizens, disabled)
- More bus routes/hubs (census to find greatest needs)
- Transportation to/from doctors/medical care
- More walkable communities

Threats:

- ICE @schools preventing parents from taking kids to school

Increasing Senior Population

Opportunities:

- Discretionary money into county
- Volunteerism
- Literacy
- Continuum of care
- Diversity

Threats:

- High Property tax
- Older/longer life expectancy
- Housing
- Transportation
- Getting information about resources
- QOL
- Diversity
- Isolation

Homelessness/ Lack of Affordable Housing

Opportunities:

- Retraining – to get new jobs and higher income; to get higher wage jobs
- Ending the cycle and educate people to do this
- Incentives for builders – public/private partnerships for higher paying jobs

Threats:

- Declining income
- No accountability for landlords
- Potential for more crime
- Affects workforce and school system
- More health issues
- Businesses leave

Notes:

- Need definition of affordable housing; is this just rental market
- Need particular focus on Seniors

Rapid Population Growth/ Urbanization

Opportunities:

- To actually get transportation things going, especially regionally
- Targeted economic development, especially for young adults
- Attracting businesses
- Even more diversity – more community engagement; reach out more/embrace
- To understand the "whys" that diverse people do not stay engaged
- To build a new Culture – not just asking others to join "our" culture

Threats:

- More homelessness/lack of affordable housing
- Challenges to infrastructure – in all areas
- Even more diversity – still in silos

- Current leadership – changes politics
- Overwhelming/challenging for school system
- Not putting systems now in place to address issues – will fall more behind

Drugs/Opioids

Opportunities:

- Jails; Show how critical this issue is
- Provide help during incarceration
- Rehab needs to be accessible
- Prevention available? How to get transport?
- FRONT END ACCESSABILITY for help is currently insufficient
- Local solutions needed for Gwinnett
- Funding for service provisions in Gwinnett
- Raise awareness/campaigns (YOUTH INVOLVEMENT); Share successes'/achievements
- Get safes in homes lock up drugs

Threats:

- Lots of noise? Based on facts/data?
- Was alcohol previously as a contributing factor but is now drugs?
- Or relapse back into substance temptations
- Homelessness a key factor
- Isolation of those involved in drugs
- Schools kids younger, stronger drugs, all members of the family
- Insufficient resources to help

Declining Income

Opportunities:

- Financial literacy/planning programs
- Over promotion of 4yr college – more promotion of trades/technical-2yr options

Threats:

- Caregiving causing some to leave jobs and drop back to one income
- As economy thrives prices go up but cost of living increases not keeping up
- Push to do move on when ready-will it create under mature work population in 5-10 yrs? Low income because of age

Opportunity and Threat:

- Diversification of income levels; Are we well balanced between low & high paying jobs? (O/T)

Need For Job Training/ Workforce Development

Opportunities:

- Access to Education
- Hope career grants
- Goodwill of North GA
- PPP for Workforce development
- Strong/growing economy
- Adult Learning/Continuing Education Opportunities
- Financing Educational Opportunities
- Economic Flexibility
- Exp. Learning

Threats:

- Lack of HS Diploma
- Access to childcare
- Lack of English language skills
- Third grade reading level
- Skill gap
- Opp for children not in top percentage

Access to Health Care

Opportunities:

- Issues interrelated; lack of jobs, resources
- Diversity drugs, Homelessness; nowhere for them to go, end up in ER's
- Language diversity/of providers

Threats:

- More Preventative care funding
- Technology Access; Levels of comfort, communication tools in the community

Access to Early Learning/ Pre-K

Opportunities:

- Awareness of impact of lack of early learning
- More day cares offering Pre-K
- Offer learning programs in partnership w/those feeding programs
- More resources made available to parents keeping kids at home
- Partner with churches/ YMCA's
- DFACS Geomapping data can identify vulnerable pockets

Threats:

- Cost of daycare vs. income levels
- Not enough "free" programs

Mental Health Issues

Opportunities:

- Values System
- Engagement through library
- Seniors involved with MH services

Threats:

- Opioid/Other drug abuse
- Homelessness
- Stigma among mental illnesses
- Lack of funding

Changing Political Environment

Opportunities:

- During transition – forced collaboration

Threats:

- Instability, uncomfortable
- Fear of bad leadership, lack of engagement
- Increased voting along party lines

Local Public Health System Assessment

The Local Public Health System Assessment (LPHSA) measures the capacity of the local public health system to conduct essential public health services by bringing together community organizations to discuss and evaluate the community's public health system. The assessment was conducted in May 2018 at a Gwinnett Coalition Town Hall meeting.

Major categories found: Homelessness, Affordable Housing, Senior Citizens, Transportation, Health, Substance Abuse, Mental Health, Disability, Safety, Community Relations and Engagement, Education, Economic and Financial Stability.

Results from this data collection will help us to better develop a strategic plan that meets the needs of the current community. The least discussed topics were food and Veterans. There were two themes that we saw in all of the assessments, diversity and politics.

Key highlights about diversity and politics:

Diversity
Continuously Increasing
More diverse community but we are still in silos
We are not prepared for the increases in diversity
Opportunities to increase language diversity
Community becoming more culturally competent
School leadership does not represent diverse community

Politics
System not in place to address emerging issues
Leadership changes affects political structure
Changing political climate
Political shifts can increase collaboration
There is a fear of bad leadership

Transportation:
Transportation was also a prevalent reoccurring theme. Participants in the assessment saw that more access to transportation is needed in the County particularly for youth, seniors, and disabled populations.

Essential Service 1 – Do we know how healthy we are?

- No, unless you are directly connected to healthcare. Could benefit from a centralized area for information. There are many barriers to information and the community at large is not educated on our collective health status.
- People work in silos
- Those that do know about health issues are at a loss as to how to address them

Essential Service 2 – Are we ready to respond to health problems or health hazards in our county?

- No, very complicated system
- Outsourced services are a problem
- Profit is the bottom line
- Translation issues
- No preparation for homeless in an emergency
- Duplicative services
- Veteran's issues are sent out of the county to be resolved
- Mental health medication and children being misdiagnosed
- Opioids – no one in county is prepared to address
- Lack of awareness of what is in place regarding emergency preparedness

Essential Service 3 – How well do we work together to plan, conduct and implement health education and promotion activities?

- Good collaboration but need to address priorities
- Provide information on what we think the needs are
- Struggle to determine what should be addressed first
- Community connections are needed between in-need and affluent communities
- Providers know what is needed to improve in this area: transportation, literacy, etc.

Essential Service 4 – What types of partnerships exist in the community to maximize human services and health improvement activities?

- Helpline
- One stops (human services locations i.e., Norcross)
- Coalition committees
- Collaborations between non-profits
- Library partnerships
- Live healthy Gwinnett
- Co-Ops
- Disability Resource Connection

Essential Service 5 – What local policies in both the government and private sector promote health and human services in our community?

- Local policies that promote health and human services include:
  - Drinking age
  - Nutrition labels
  - Mandatory [child abuse] reporting laws – child and adult protective service laws
  - Drugs don't work programs
  - Healthy vending policies
  - Veterans and mental health courts
  - Police mental health training
  - Day care requirements
  - School immunizations
  - Health insurance requirements
  - Code enforcement
  - Clean air/emission testing

Essential Service 6 – When we enforce health regulations are we technically competent, fair, and effective?

- With pool/water system, fire department, food and school inspections – yes
- There is ineffective communication with fire safety inspections and no or little fines with pool/water system regulation

Essential Service 7 – Are people in our community receiving the health services they need?

- Social problems are falling on healthcare to address
  - More social specialist needed
- Health system is non-existent; healthcare & education are interconnected
- Low income and self-employed affected

Essential Service 8 – Do we have competent public health and healthcare staff and are we ensuring staff are aware of the most current approaches to care?

- Competent but limited in ability to meet the needs of the community
- Outlying barriers like transportation may hinder access to care (question was looking more for provider approach to care)
- Not sure if smaller clinics are meeting the same standards of large hospitals
- Medical director assures qualified staff

Essential Service 9 – Are we meeting the needs of the population we serve and continuously looking for ways to improve?

- Some not all of the needs of the population are being met
- Population growth = new needs
- Ignore some issues that the community chooses to ignore i.e., homelessness
- Long term plan needed
- Social, mental and some physical needs are not being met
- Some issues are beyond local control

Essential Service 10 – How are we identifying and staying current with best practices and using new and innovative ways to solve health problems?

- Innovation is a part of large healthcare organizations; hasn't gotten to grassroots because staffing and funding are limited. Making the connection to needed resources is inhibited – not privy to innovative ways to make the connection for those in need.

2018 Gwinnett County Key Informant Interviews Report

Introduction

Key informant interviews were conducted as part of the Mobilizing for Action through Planning and Partnership's Strengths and Themes Assessment. The purpose of key informant interviews is to collect information from a wide range of people who have firsthand knowledge about the community. These key informants can provide insight on the strengths of the community as well as the nature of problems and give recommendations for solutions.

Strengths of Gwinnett County that were identified in the interviews included non-profit and government collaborations between community organizations, the parks and recreation system, and abundance of community organization resources. Areas identified in need of improvement included public accessibility to and awareness of resources, public transportation, homelessness, and mental health services. Key informants acknowledged the growing diversity and believe that cultural competency should be prioritized to accommodate for diversity in Gwinnett. Mixed findings were found on the general public awareness of resources, the public's ability to navigate health services with or without health insurance, and collaborations between private business and public organizations to form partnerships for vulnerable populations.

Methods

Key informant interviews were conducted from January-February 2018 with 13 Community Leaders from Gwinnett County. Community leaders were selected purposively with diverse backgrounds from government, education, medical, social services, media and faith based organizations based on the MAPP framework (see Appendix A). Interviews provided a greater understanding of the strengths, areas in need of improvement, actions to address, and future implications for the health and quality of life in Gwinnett. An interview guide (see Appendix B), was developed by the Gwinnett Health Department based on previous guides and revised to gather comprehensive and succinct information. Another question was later developed and added to the guide on the general perception of the Gwinnett Health Departments. Key informants were informed that information collected in the interviews would not be attributed to a specific person. The majority of interviews were face-to-face with only one phone interview. They lasted no more than 30-45 minutes. Interviews were recorded for quality assurance. The Interviewer received assistance from scribes to take notes and transcribe interviews. Scribes were present during face-to-face interviews. A total of 13 interviews were conducted and transcribed. Interviews were then analyzed for major themes and patterns regarding status of health and quality of life. Major themes and patterns were determined based on similar responses from two or more key informants.

Results

Below are the themes that emerged from the key informant interviews.

Community's 2-3 Greatest Strengths

Question: What do you believe to be our community's 2-3 greatest strengths in supporting health and quality of life?

Resources
- Parks and Recreation, Gwinnett Medical System, Gwinnett Coalition, Good Samaritan Health Center, Norcross Ministries Cooperative
- Talented and professional workforce in public safety (Fire, EMS, police, public health)
- School Systems
- Senior Services
- Fresh Markets (farmers market, nutritious foods)

- Collaborations
  - Private nonprofit organizations help with vulnerable populations and diverse populations
  - Awareness among community leaders
  - History of private and public partnerships including the business sector
- Health Education
  - General education in the community about the need for vaccines
  - Health messaging to lower income families

2-3 Areas where Community has Fallen Short

Question: Can you think of 2-3 areas where our community has fallen short in health or quality of life?

Public Transportation
- Heavy Traffic
- Lack of bus or Marta transportation for those without a car

- Access to care
  - Minimal financial assistance
  - Language barriers
  - Dental Care for Children
  - Political climate will have negative impact on health and quality of life in Gwinnett
- Resources
  - Need more hospitals
  - Lack of resources for diverse populations
  - Lack of resources for vulnerable populations
- Accommodating diverse populations
  - Lack of cultural representation in leaders
  - Lack of cultural representation in workforce
- Homeless Populations
  - Gwinnett doesn't want to acknowledge that there is a homeless population
- Integration of New Residents to Gwinnett
- Mental Health Services
  - Few mental health services offered in community

Actions to Address Community Weakness

Question: Based on your unique knowledge of the community, what actions can be taken to address these areas?

  - Public Transportation
  - Alternative Transportation – expand Marta
- Access to care
  - Community Health Center providing comprehensive care
    - A physical location where people could get their needs addressed at the same time such as health, vision, dental, financial literacy, administrative duties, and accommodations for those with developmental disabilities, clothing, hygiene products, grocery pickups for all populations.
- Education for resources awareness
  - Major theme: spread awareness of Gwinnett coalition and health department
  - Increase Health Department Awareness through marketing campaigns
  - Communicating challenges to our public
- Education for vulnerable populations
  - Provide financial literacy for low income individuals
  - Provide ways to navigate health services whether insured or uninsured

- Resources
  - Increase funding organizations that are private for vulnerable populations
  - Address creating and maintaining awareness of needs by having community leaders to have a shared agenda, look at what everyone is doing, focus on eliminating duplication, seeing where gaps are and putting more resources towards what's working and what's effective, reallocation of services and resources
- Homeless Populations
  - Provide affordable housing
  - Teach life skills and have individuals utilize community health centers (mentioned previously
- Elections
  - Have people voice opinion to elected officials
  - Voter support and engagement initiative
  - Have elected officials become more diversified
- Mental Health Services
  - Increase education and awareness of mental health in the community
  - Utilizing similar cultural competencies of healthcare providers and allied professionals
  - Use of language line in facilities

Future of Gwinnett

Question: How do you think health and quality of life in Gwinnett County will change in the next five years?

- Will become more diverse
- Quality of life and health will improve
- Public transportation will increase
- Hospitals will merge
- Leadership will look differently
- Population will increase and result in increasing poverty, increasing percentages of families who are not financially stable
- Infrastructure will improve as far as expanding parks and connecting them to neighborhoods

Perceptions of Local Health Department

Question: How do you think our community perceives the health department and the services we provide?

- Public perception is People are unaware of what health department does and services provided
  - Community perception is aware of inexpensive healthcare; unaware of specific services (EP, women's health, tobacco control)
- Emergency Management team is strong
- Health Department is viewed as a valuable partner in the community
- Perspective is low quality substandard treatment compared to what is received at primary care or private facility

Other Areas to be Considered

Question: Last, is there anything else that you feel should be considered in the community health assessment and planning process that we have not already covered?

- Responses to this question were included in appropriate sections above.

Conclusion

The key informant interviews included data gathered from community leaders of differing backgrounds. Findings in the report reflected general and specific themes. Community collaboration was the most common theme identified by a majority of the informants. A majority of key informants agreed that areas of need included accessibility of resources, mental health services, homeless populations and public transportation. An increase in diverse populations was found to be a major factor that will continue to shape the health and quality of life. Cultural competency training and sensitivity within the community were suggested as actions to accommodate the growing diversity.

Appendix A

Gwinnett County Key Informant Interview Participants

Sector	Name	Title	Agency	Years Lived in Gwinnett	Years Worked in Gwinnett
Government	Jace Brooks	Gwinnett County Commissioner	Gwinnett County Government	21	10+
Medical	Dr. Carlton Buchanan	Board of Director Member	Gwinnett Medical Center	21	21
Medical	Greg Lang	Executive Director	Good Samaritan Health Center	33	33
Emergency Services	Nancy Coltrin	Emergency Management Specialist	Emergency Services	0	6
Education	Catherine Garcia	School Social Worker	Gwinnett County Public Schools	23	23
Higher Education	Karla Caillouet	Assistant Professor of Exercise Science	Georgia Gwinnett College	1.5	1.5
Criminal Justice	Tracie Cason	Deputy Chief Assistant, District Attorney	Gwinnett County Court	18	18
Faith	Lt Jeremy M. Mockabee	Corps Officer	Salvation Army	1.5	1.5
Philanthropy	Denise Townsend	Regional Director	United Way	29	22
Social Services	Donna Galucki	Faith Community Nurse	Norcross Cooperative Ministry	33	6
Mental Health	Lisa McDaniel	Acute Services Director	Viewpoint	20	10-15
Media	Auveed Cawthon	Publisher	Gwinnett Citizen	50+	30+
Community	Larry Lehman	President and CEO	Positive Impact	15	24

Appendix B

Key Informant Interview

2018 Community Themes and Strengths Assessment

Gwinnett County Health Department

Date:	Start Time:	End Time:
Name:		Title:
Organization:		
Interviewer:		
Scribe:		
# Years Living in Gwinnett County (if applicable):		
# Years Working in Gwinnett County (if applicable):		

Introduction

Thank you for taking time out of your day to speak with me. [Briefly introduce yourself and the scribe, including your role at the health department and how long you have been with the organization.]

This interview has five to six questions and should take 30 to 45 minutes. Your participation in this interview is completely voluntary and you may stop at any point. We are recording your answers for ease of summarizing the results of the interviews. Please take as much time as you need to answer each question.

The Gwinnett County Health Department, Gwinnett Medical Center and the Gwinnett Coalition for Health and Human Services are gathering local data to update our plan to improve the health and quality of life in Gwinnett County. You have been selected for a key informant interview because of

your knowledge, insight and familiarity with the community. The themes that emerge from these interviews will be summarized and made available to the public. Your participation in the assessment process will be noted in the final report, but responses will not be attributed to a specific person.

You will be asked a series of questions about health and quality of life in Gwinnett County. As you consider these questions, keep in mind the broad definition of health adopted by the World Health Organization: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

Questions

1. What do you believe to be our community's 2-3 greatest strengths in supporting health and quality of life?
2. Can you think of 2-3 areas where our community has fallen short in health or quality of life?
3. Based on your unique knowledge of the community, what actions can be taken to address these areas?
4. How do you think health and quality of life in Gwinnett County will change in the next five years?
5. Do you think that anything else should be considered in the community health assessment and planning process that we have not already covered?
6. (If we have a few minutes left) How do you think our community perceives the health department and the services we provide?

Close

Thank you so much for sharing your perspectives on these issues. The information you have provided will contribute to developing a better understanding about factors impacting health and quality of life in Gwinnett County.

As a reminder, summary results will be made available by the Gwinnett County Health Department and used to update the community health assessment and health improvement plan. Should you have any questions, please feel free to contact me. Here is my business card. (Interviewer: Veronica Mahathre)

Attachment D. Health Data Summaries

Injuries and Acute Conditions

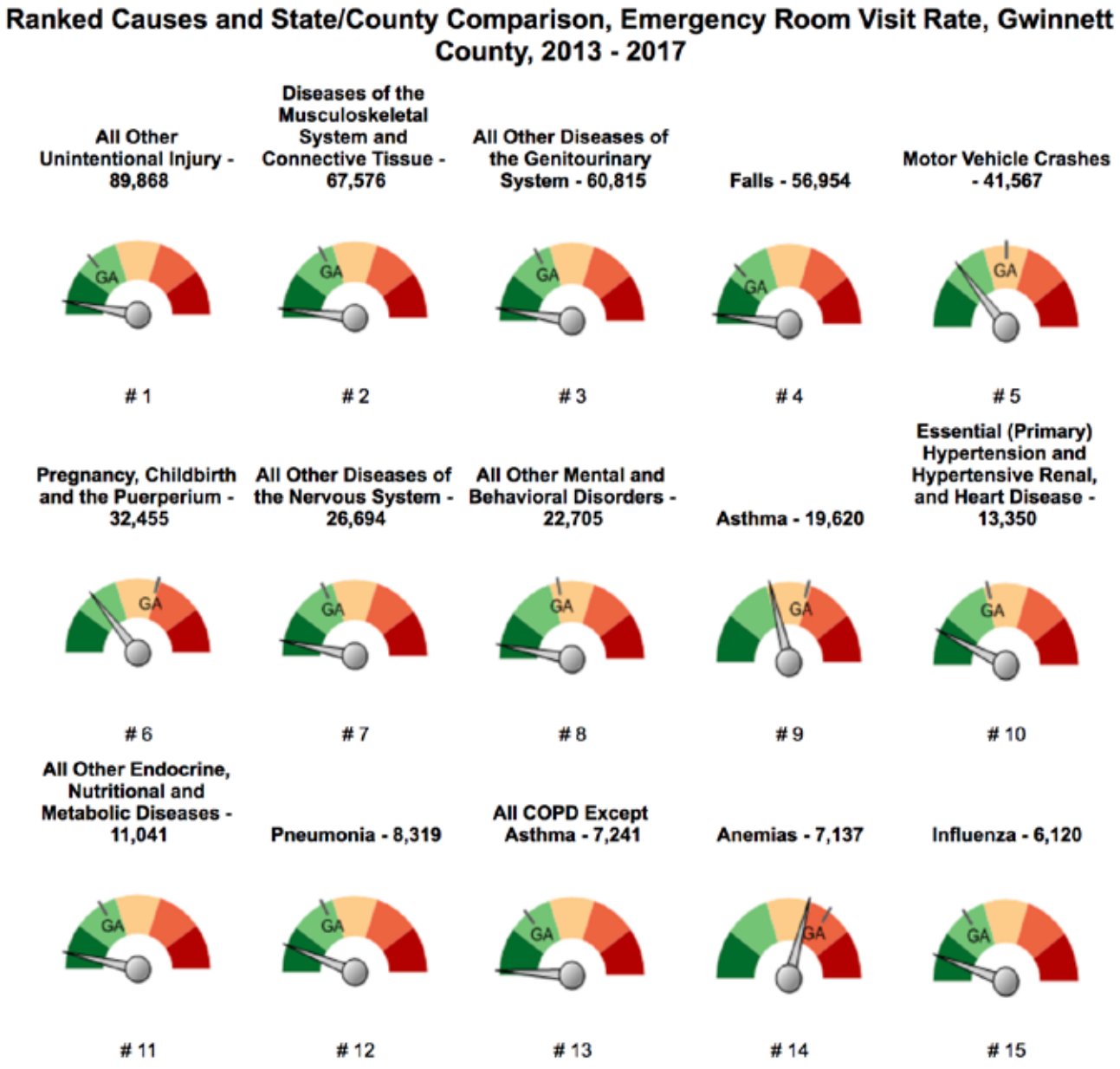
Health needs associated with injuries and violence cover a wide variety of issues and circumstances including motor vehicle crashes (MVC), falls, accidental poisoning and exposure to noxious substances, accidental burns and exposure to smoke from fire and flames, and accidental drowning and submersion.

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

Emergency Department Visits

The top causes of emergency department visit were ranked by the aggregate visit rates for residents of Gwinnett County for the years 2013 through 2017 in Figure 32. Ranked first was all other unintentional injuries or accidents with 89,8868 visits over the five year period (Gwinnett 2,004.4 rate compared to 3,213.9 Georgia rate). Ranked second was diseases of musculoskeletal system with 67,576 visits (1,561.7 Gwinnett rate compared to 3,076.1 Georgia rate). Ranked third through fifth were all other diseases of the genitourinary system at 60,815 visits (1,413.0 Gwinnett rate compared to 2,269.8 Georgia rate); falls at 56,954 visits (1,406.9 Gwinnett rate compared to 1,979.2 Georgia rate); motor vehicle crashes with 41,567 visits (928.4 Gwinnett rate compared to 1,099.9 Georgia rate).

Figure 32. Top 15 Causes of Emergency Room Visits, Gwinnett County, 2013-2017



Source: Georgia Division of Public Health, OASIS, 2018

Figure 33. Top 10 Causes of Emergency Room Visits by selected age groups (0-24), Gwinnett County 2013-2017

Top 10 Causes of Emergency Room Visits by selected age groups, Gwinnett County, 2013 - 2017

Rank	<1 year	1-4 years	5-9 years	10-14 years	15-19 years	20-24 years
1	Certain Conditions Originating in the Perinatal Period 1,752	All Other Unintentional Injury 8,061	All Other Unintentional Injury 8,006	All Other Unintentional Injury 10,423	All Other Unintentional Injury 10,165	Pregnancy, Childbirth and the Puerperium 8,515
2	Falls 1,005	Falls 6,300	Falls 5,715	Falls 5,218	All Other Diseases of the Genitourinary System 5,252	All Other Diseases of the Genitourinary System 8,152
3	All Other Unintentional Injury 745	Asthma 3,452	Asthma 4,100	Diseases of the Musculoskeletal System and Connective Tissue 2,597	Motor Vehicle Crashes 4,116	All Other Unintentional Injury 7,489
4	All Other Diseases of the Genitourinary System 577	Pneumonia 2,300	All Other Diseases of the Genitourinary System 1,765	Asthma 2,230	Diseases of the Musculoskeletal System and Connective Tissue 3,720	Motor Vehicle Crashes 6,012
5	Pneumonia 490	All Other Diseases of the Genitourinary System 1,521	Diseases of the Musculoskeletal System and Connective Tissue 1,503	All Other Diseases of the Genitourinary System 1,534	Falls 3,185	Diseases of the Musculoskeletal System and Connective Tissue 4,562
6	All Other Endocrine, Nutritional and Metabolic Diseases 227	Diseases of the Musculoskeletal System and Connective Tissue 877	Pneumonia 1,111	All Other Mental and Behavioral Disorders 1,355	Pregnancy, Childbirth and the Puerperium 2,803	All Other Mental and Behavioral Disorders 2,789
7	Asthma 226	Influenza 796	Motor Vehicle Crashes 1,016	Motor Vehicle Crashes 1,342	All Other Mental and Behavioral Disorders 2,797	Falls 2,260
8	Influenza 220	All Other Diseases of the Nervous System 668	Influenza 952	All Other Diseases of the Nervous System 1,179	All Other Diseases of the Nervous System 1,999	All Other Diseases of the Nervous System 2,066
9	All Other Diseases of the Nervous System 137	Accidental Poisoning and Exposure to Noxious Substances 638	All Other Diseases of the Nervous System 836	Influenza 462	Asthma 1,375	Asthma 1,285
10	Congenital Malformations, Deformations and Chromosomal Abnormalities 115	All Other Endocrine, Nutritional and Metabolic Diseases 592	All Other Endocrine, Nutritional and Metabolic Diseases 360	Pneumonia 363	Assault (Homicide) 851	Assault (Homicide) 1,012

Source: Georgia Division of Public Health, OASIS, 2018

Figure 34. Top 10 Causes of Emergency Room Visits by selected age groups (25-75+), Gwinnett County 2013-2017

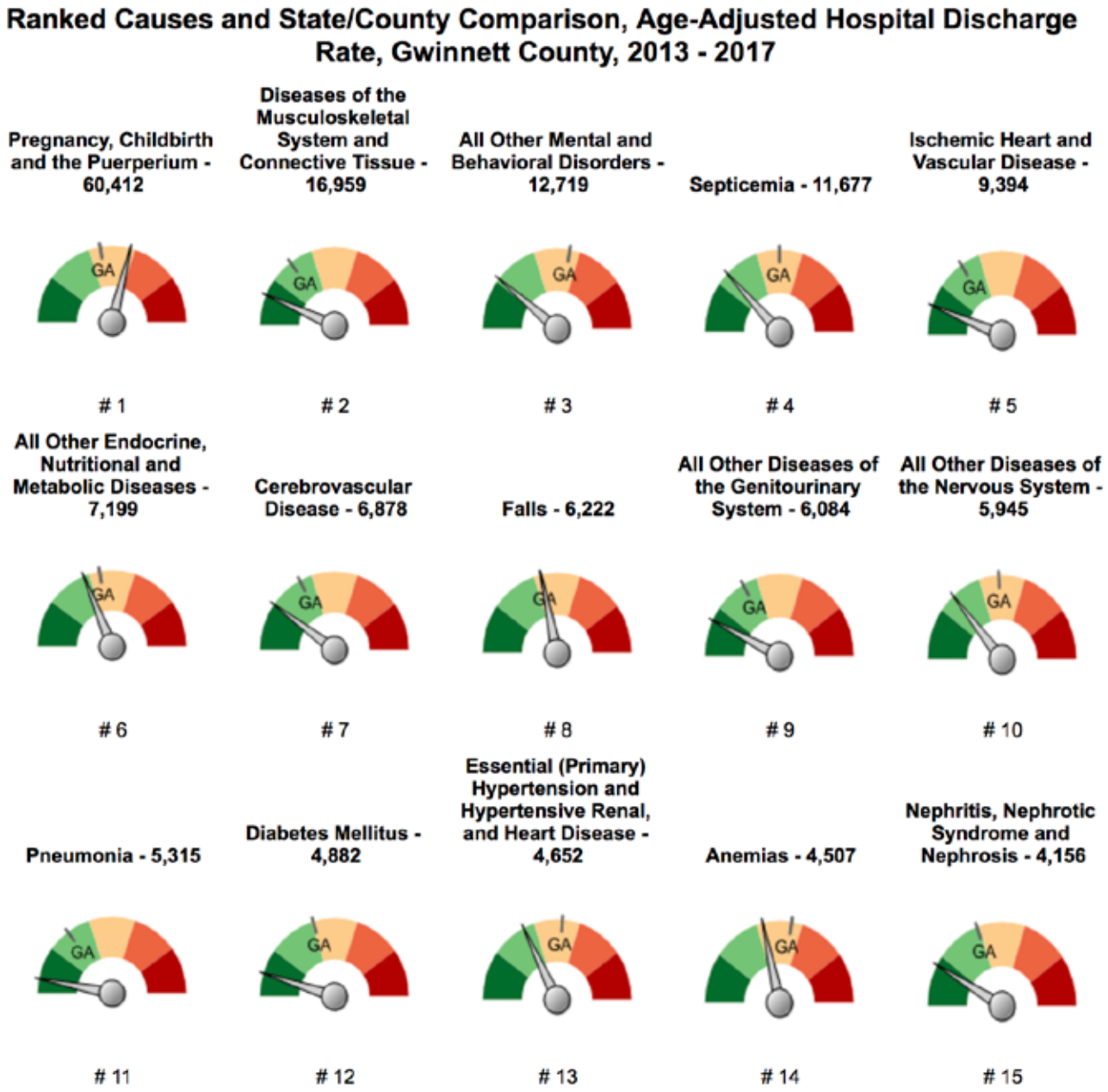
Rank	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years	75+ years
1	Pregnancy, Childbirth and the Puerperium 15,656	Diseases of the Musculoskeletal System and Connective Tissue 13,241	Diseases of the Musculoskeletal System and Connective Tissue 12,812	Diseases of the Musculoskeletal System and Connective Tissue 8,339	Falls 4,871	Falls 7,876
2	All Other Diseases of the Genitourinary System 13,901	All Other Unintentional Injury 11,352	All Other Unintentional Injury 9,481	All Other Unintentional Injury 5,937	Diseases of the Musculoskeletal System and Connective Tissue 4,818	Diseases of the Musculoskeletal System and Connective Tissue 3,828
3	All Other Unintentional Injury 13,089	All Other Diseases of the Genitourinary System 10,258	All Other Diseases of the Genitourinary System 7,345	Falls 5,629	All Other Unintentional Injury 3,111	All Other Diseases of the Genitourinary System 2,979
4	Diseases of the Musculoskeletal System and Connective Tissue 11,216	Motor Vehicle Crashes 7,632	Motor Vehicle Crashes 6,431	All Other Diseases of the Genitourinary System 4,515	All Other Diseases of the Genitourinary System 3,016	All Other Unintentional Injury 2,009
5	Motor Vehicle Crashes 9,278	All Other Diseases of the Nervous System 5,322	Falls 5,673	Motor Vehicle Crashes 3,382	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 1,777	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 1,569
6	All Other Diseases of the Nervous System 5,182	Pregnancy, Childbirth and the Puerperium 5,300	All Other Diseases of the Nervous System 4,417	All Other Diseases of the Nervous System 2,757	Motor Vehicle Crashes 1,290	All Other Endocrine, Nutritional and Metabolic Diseases 1,139
7	All Other Mental and Behavioral Disorders 4,940	Falls 4,874	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 3,300	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 2,555	All Other Diseases of the Nervous System 1,277	All COPD Except Asthma 988
8	Falls 4,348	All Other Mental and Behavioral Disorders 3,575	All Other Mental and Behavioral Disorders 3,092	All Other Mental and Behavioral Disorders 1,904	All Other Endocrine, Nutritional and Metabolic Diseases 1,099	All Other Mental and Behavioral Disorders 950
9	Asthma 2,171	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 2,676	All Other Endocrine, Nutritional and Metabolic Diseases 1,810	All Other Endocrine, Nutritional and Metabolic Diseases 1,436	All COPD Except Asthma 1,016	All Other Diseases of the Nervous System 854
10	Assault (Homicide) 1,561	Anemias 2,185	Asthma 1,421	All COPD Except Asthma 1,363	All Other Mental and Behavioral Disorders 909	Motor Vehicle Crashes 565

Georgia Department of Public Health - Office of Health Indicators for Planning (OHIP) Contact Us
OASIS Community Health Needs Assessment Dashboard - http://oasis.state.ga.us/
Application Version: 1.1.1, Content Version: 1.7
Date Accessed: 5/13/2019 7:29:45 AM

Hospital Discharge Rates

The top causes of hospitalization (not including Emergency Department visits) were ranked by the aggregate discharge rates for residents of Gwinnett County for the years 2013 through 2017 in Figure 35. Ranked first was pregnancy with childbirthing with 60,412 discharges (1,386.2 Gwinnett rate compared to 1,316.7 Georgia rate) because of the younger age distribution of Gwinnett's population. Diseases of the musculoskeletal system with 16,959 discharges (426.4 Gwinnett rate compared to 509.1 Georgia rate) were the second leading cause of hospitalization. All other mental and behavioral disorders with 12,719 discharges (294.9 Gwinnett rate compared to 443.5 Georgia rate) took the third position with septicemia with 11,677 discharges (332.3 Gwinnett rate compared to 420.1 Georgia rate) in fourth, followed by ischemic heart and vascular disease with 9,394 discharges (247.0 Gwinnett rate compared to 326.4 Georgia rate).

Figure 35. Top 15 Causes of Emergency Room Visits, Gwinnett County, 2013-2017



Source: Georgia Division of Public Health, OASIS, 2018

Figure 36. Top 10 Causes of Hospital Discharges by selected age groups (0-24), Gwinnett County 2013-2017

Top 10 Causes of Hospital Discharges by selected age groups, Gwinnett County, 2013 - 2017

Rank	<1 year	1-4 years	5-9 years	10-14 years	15-19 years	20-24 years
1	Certain Conditions Originating in the Perinatal Period 1,021	Asthma 495	Asthma 392	All Other Mental and Behavioral Disorders 1,212	Pregnancy, Childbirth and the Puerperium 2,763	Pregnancy, Childbirth and the Puerperium 10,281
2	Congenital Malformations, Deformations and Chromosomal Abnormalities 645	Pneumonia 325	Anemias 223	Anemias 274	All Other Mental and Behavioral Disorders 1,994	All Other Mental and Behavioral Disorders 1,332
3	All Other Endocrine, Nutritional and Metabolic Diseases 103	All Other Diseases of the Nervous System 217	All Other Diseases of the Nervous System 222	Diseases of the Musculoskeletal System and Connective Tissue 262	Anemias 320	Anemias 439
4	All Other Diseases of the Nervous System 103	All Other Endocrine, Nutritional and Metabolic Diseases 172	All Other Mental and Behavioral Disorders 207	All Other Diseases of the Nervous System 213	All Other Diseases of the Nervous System 300	Motor Vehicle Crashes 304
5	Infections of Kidney 95	Congenital Malformations, Deformations and Chromosomal Abnormalities 168	Pneumonia 118	Diabetes Mellitus 180	Diseases of the Musculoskeletal System and Connective Tissue 270	Septicemia 291
6	Pneumonia 85	Anemias 163	Diseases of the Musculoskeletal System and Connective Tissue 112	Asthma 141	Diabetes Mellitus 252	Diabetes Mellitus 287
7	All Other Diseases of the Genitourinary System 60	Diseases of the Musculoskeletal System and Connective Tissue 93	All Other Endocrine, Nutritional and Metabolic Diseases 100	Congenital Malformations, Deformations and Chromosomal Abnormalities 80	Motor Vehicle Crashes 224	All Other Endocrine, Nutritional and Metabolic Diseases 230
8	Anemias 51	All Other Unintentional Injury 61	Congenital Malformations, Deformations and Chromosomal Abnormalities 97	Intentional Self-Harm (Suicide) 62	Intentional Self-Harm (Suicide) 159	All Other Diseases of the Nervous System 212
9	Septicemia 32	All Other Diseases of the Genitourinary System 46	Diabetes Mellitus 95	All Other Diseases of the Genitourinary System 59	All Other Endocrine, Nutritional and Metabolic Diseases 141	Diseases of the Musculoskeletal System and Connective Tissue 172
10	Influenza 25	Infections of Kidney 38	All Other Unintentional Injury 43	All Other Endocrine, Nutritional and Metabolic Diseases 56	Septicemia 116	Mental and behavioral disorders due to psychoactive substance use 139

Source: Georgia Division of Public Health, OASIS, 2018

Figure 37. Top 10 Causes of Hospital Discharges by selected age groups (25-75+), Gwinnett County 2013-2017

Rank	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years	75+ years
1	Pregnancy, Childbirth and the Puerperium 34,425	Pregnancy, Childbirth and the Puerperium 12,723	Diseases of the Musculoskeletal System and Connective Tissue 2,546	Diseases of the Musculoskeletal System and Connective Tissue 4,386	Diseases of the Musculoskeletal System and Connective Tissue 5,019	Septicemia 3,534
2	All Other Mental and Behavioral Disorders 1,966	All Other Mental and Behavioral Disorders 1,518	Ischemic Heart and Vascular Disease 1,594	Ischemic Heart and Vascular Disease 2,547	Ischemic Heart and Vascular Disease 2,546	Falls 3,122
3	Anemias 962	Diseases of the Musculoskeletal System and Connective Tissue 960	All Other Endocrine, Nutritional and Metabolic Diseases 1,551	Septicemia 2,071	Septicemia 2,473	Diseases of the Musculoskeletal System and Connective Tissue 2,626
4	Septicemia 688	Septicemia 931	All Other Mental and Behavioral Disorders 1,514	Cerebrovascular Disease 1,542	Cerebrovascular Disease 1,689	Cerebrovascular Disease 2,217
5	Diabetes Mellitus 574	All Other Endocrine, Nutritional and Metabolic Diseases 909	Septicemia 1,459	All Other Endocrine, Nutritional and Metabolic Diseases 1,359	Falls 1,115	Ischemic Heart and Vascular Disease 2,041
6	All Other Endocrine, Nutritional and Metabolic Diseases 561	All Other Diseases of the Genitourinary System 786	Diabetes Mellitus 890	All Other Mental and Behavioral Disorders 1,311	All Other Endocrine, Nutritional and Metabolic Diseases 1,008	All Other Diseases of the Genitourinary System 1,939
7	Diseases of the Musculoskeletal System and Connective Tissue 496	Diabetes Mellitus 673	Cerebrovascular Disease 847	All Other Diseases of the Nervous System 949	Pneumonia 990	Pneumonia 1,658
8	All Other Diseases of the Nervous System 466	Anemias 621	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 827	Diabetes Mellitus 887	All Other Diseases of the Genitourinary System 945	Nephritis, Nephrotic Syndrome and Nephrosis 1,394
9	Motor Vehicle Crashes 420	All Other Diseases of the Nervous System 618	All Other Diseases of the Nervous System 795	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 870	All COPD Except Asthma 943	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 1,335
10	All Other Diseases of the Genitourinary System 405	Ischemic Heart and Vascular Disease 490	All Other Diseases of the Genitourinary System 759	All Other Diseases of the Genitourinary System 824	Nephritis, Nephrotic Syndrome and Nephrosis 894	All COPD Except Asthma 1,166

Georgia Department of Public Health - Office of Health Indicators for Planning (OHIP) Contact Us
OASIS Community Health Needs Assessment Dashboard - http://oasis.state.ga.us/
Application Version: 1.1.1, Content Version: 1.7
Date Accessed: 5/13/2019 7:40:47 AM

Injury and Violence Prevention and Treatment

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

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

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

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

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

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

Gwinnett County has a large, young, mobile and active population. These numbers have increased since our last CHNA. According to 2018 statistics from our Sports Medicine Program:

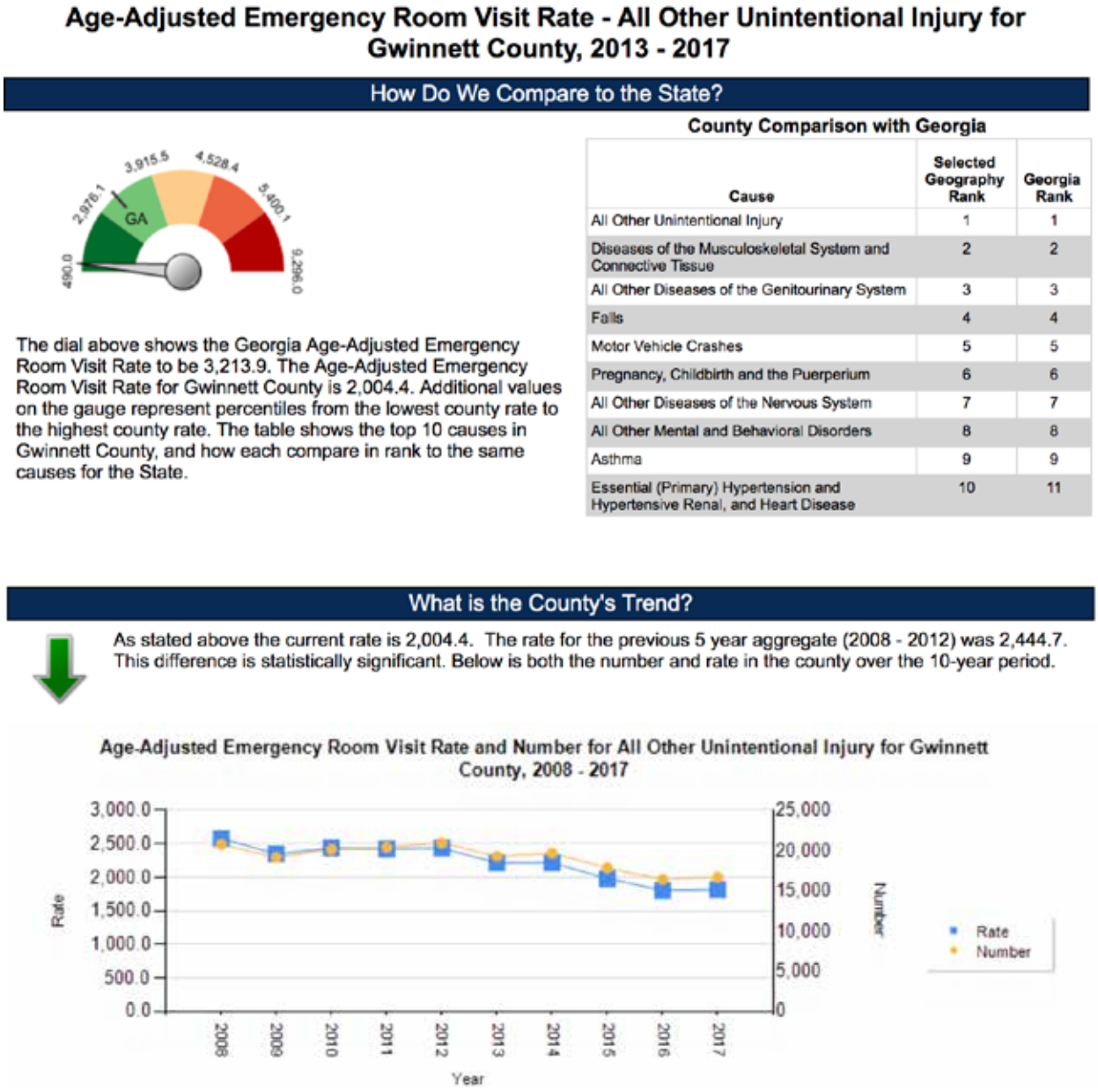
- 179,719 students in Gwinnett County with a total population of 920,260 is 19.5% of population being students
- 31 active youth athletic organizations (2018)
- 53,107 total athletes enrolled in recreation sports (2018) 11,220 adults/41,887 youth
- 106 youth leagues and 200 youth tournaments = 21,200 events

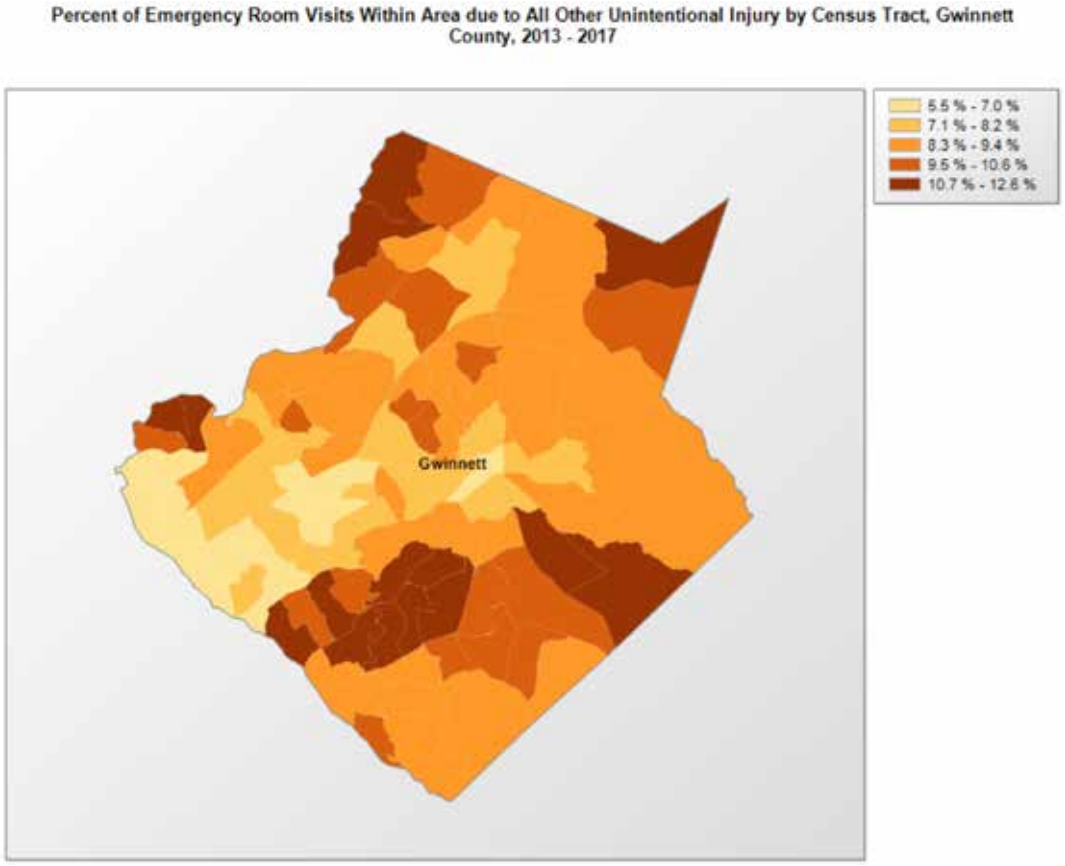
- 6,120 adult recreation athletic events
- 217 athletic venues in Gwinnett County include: all GCPS, tennis facilities, pools, parks, golf courses, GGC, Arena, Suwannee sports Academy, Coolray Field
- 149 schools (2018)
- 29 high schools (2018)
- 180,000 students enrolled in Gwinnett Public School System – 58,329 students playing sports counting rec leagues

Accidents (Unintentional Injuries)

For the years 2013 through 2017, accidents (unintentional injuries) were the leading cause of **emergency room visit** (89,868 visits) for residents of Gwinnett County, according to the Georgia Division of Public Health, OASIS, 2018.

Figure 38. Age-Adjusted ER Visit Rate – All Other Unintentional Injury, Gwinnett County, 2016





Source: Georgia Division of Public Health, OASIS, 2018

Diseases of the Musculoskeletal System and Connective Tissue

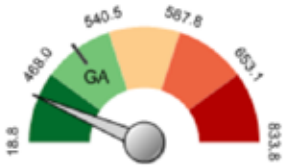
Musculoskeletal disorders (MSDs) are injuries and disorders that affect the human body's movement for example muscles, tendons, ligaments, nerves discs, and blood vessels. According the Bureau of Labor Statistics, MSDs are the single largest category of workplace injuries and responsible for almost 30 percent of all worker's compensation costs. MSDs are often described as "repetitive motion injuries" or "overuse injuries".

For the years 2013 through 2017, "diseases of the musculoskeletal system and connective tissue" were the second leading cause of **emergency room visit** (67,576 visits) for residents of Gwinnett County, according to the Georgia Division of Public Health, OASIS, 2018.

Figure 39. Age-Adjusted ER Visit Rate – Diseases of the Musculoskeletal System and Connective Tissue, Gwinnett County, 2013-2017

Age-Adjusted Hospital Discharge Rate - Diseases of the Musculoskeletal System and Connective Tissue for Gwinnett County, 2013 - 2017

How Do We Compare to the State?



The dial above shows the Georgia Age-Adjusted Hospital Discharge Rate to be 509.1. The Age-Adjusted Hospital Discharge Rate for Gwinnett County is 426.4. Additional values on the gauge represent percentiles from the lowest county rate to the highest county rate. The table shows the top 10 causes in Gwinnett County, and how each compare in rank to the same causes for the State.

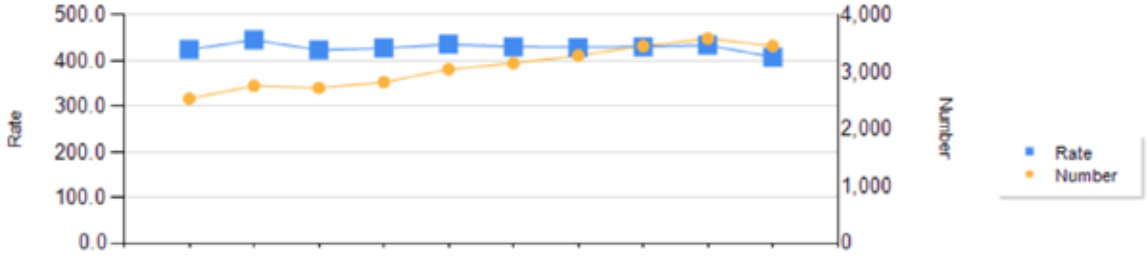
County Comparison with Georgia

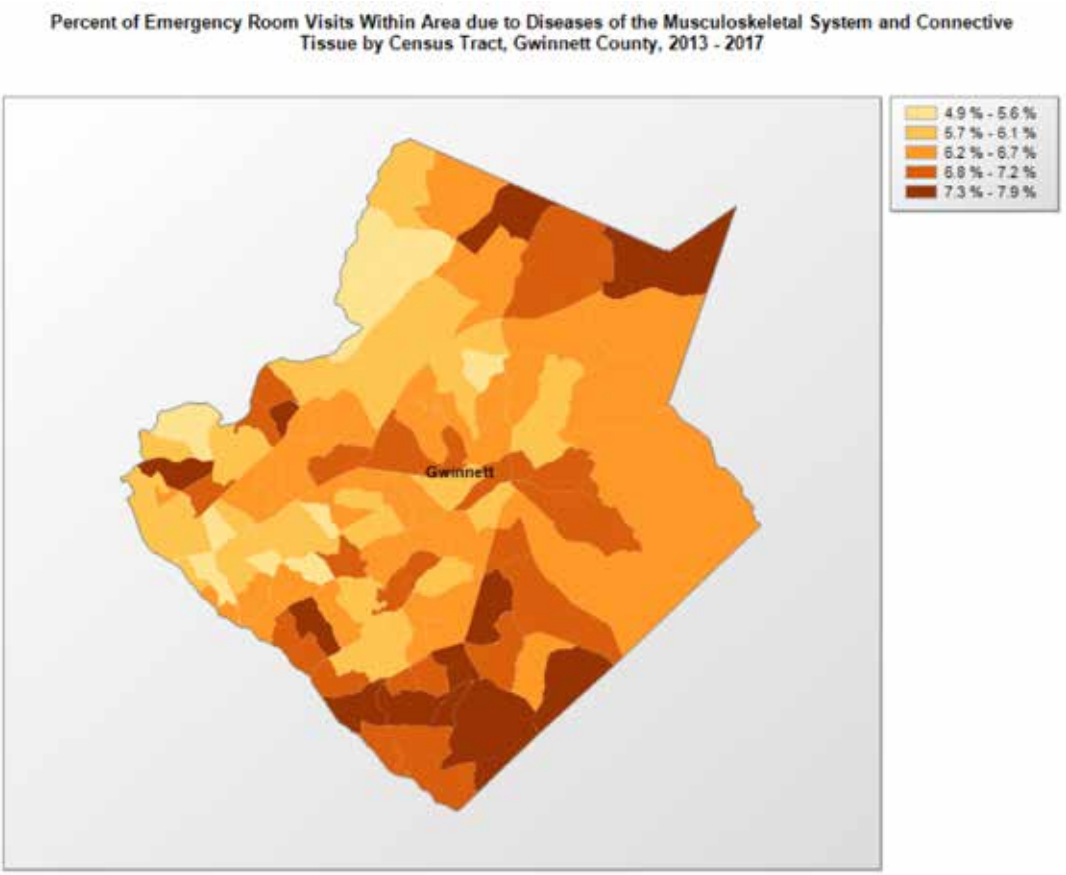
Cause	Selected Geography Rank	Georgia Rank
Pregnancy, Childbirth and the Puerperium	1	1
Diseases of the Musculoskeletal System and Connective Tissue	2	2
All Other Mental and Behavioral Disorders	3	3
Septicemia	4	4
Ischemic Heart and Vascular Disease	5	5
All Other Endocrine, Nutritional and Metabolic Diseases	6	11
Cerebrovascular Disease	7	6
Falls	8	10
All Other Diseases of the Genitourinary System	9	8
All Other Diseases of the Nervous System	10	13

What is the County's Trend?

As stated above the current rate is 426.4. The rate for the previous 5 year aggregate (2008 - 2012) was 432.0. This difference is not statistically significant. Below is both the number and rate in the county over the 10-year period.

Age-Adjusted Hospital Discharge Rate and Number for Diseases of the Musculoskeletal System and Connective Tissue for Gwinnett County, 2008 - 2017





Source: Georgia Division of Public Health, OASIS, 2018

Falls

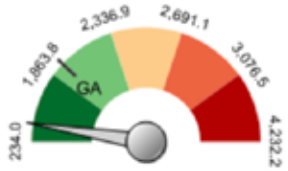
According to the CDC, every year one in every three adults age 65 and older falls. Injuries can be moderate to severe and include bruises, hip fractures or head injuries; this can increase the risk of early death. Falls are the leading cause of injury death for older adults and they are also the most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

According to Georgia Department of Public Health, OASIS 2018, between 2013 and 2017, falls were responsible for 56,954 **emergency room visits**. This was the fourth leading cause of emergency room visits and the rate of fall (61,720 visits) seen in the emergency room trending down since the previous period between 2010 and 2014.

Figure 40. Age-Adjusted ER Visit Rate – All Other Unintentional Injury, Gwinnett County, 2013-2017

Age-Adjusted Emergency Room Visit Rate - Falls for Gwinnett County, 2013 - 2017

How Do We Compare to the State?



The dial above shows the Georgia Age-Adjusted Emergency Room Visit Rate to be 1,979.2. The Age-Adjusted Emergency Room Visit Rate for Gwinnett County is 1,406.9. Additional values on the gauge represent percentiles from the lowest county rate to the highest county rate. The table shows the top 10 causes in Gwinnett County, and how each compare in rank to the same causes for the State.

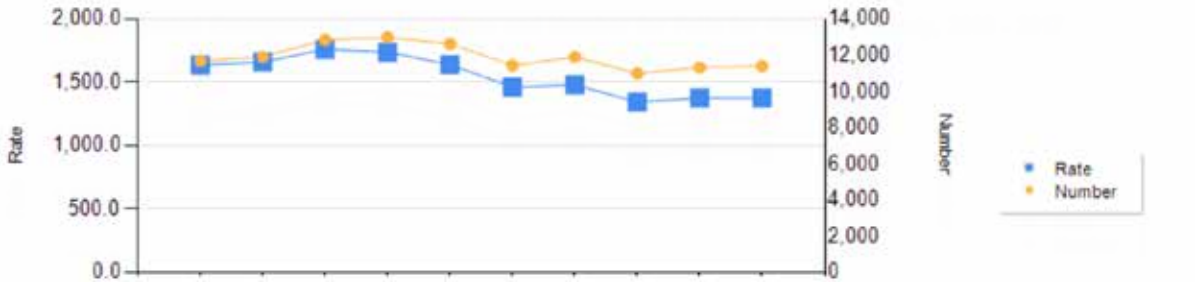
County Comparison with Georgia

Cause	Selected Geography Rank	Georgia Rank
All Other Unintentional Injury	1	1
Diseases of the Musculoskeletal System and Connective Tissue	2	2
All Other Diseases of the Genitourinary System	3	3
Falls	4	4
Motor Vehicle Crashes	5	5
Pregnancy, Childbirth and the Puerperium	6	6
All Other Diseases of the Nervous System	7	7
All Other Mental and Behavioral Disorders	8	8
Asthma	9	9
Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease	10	11

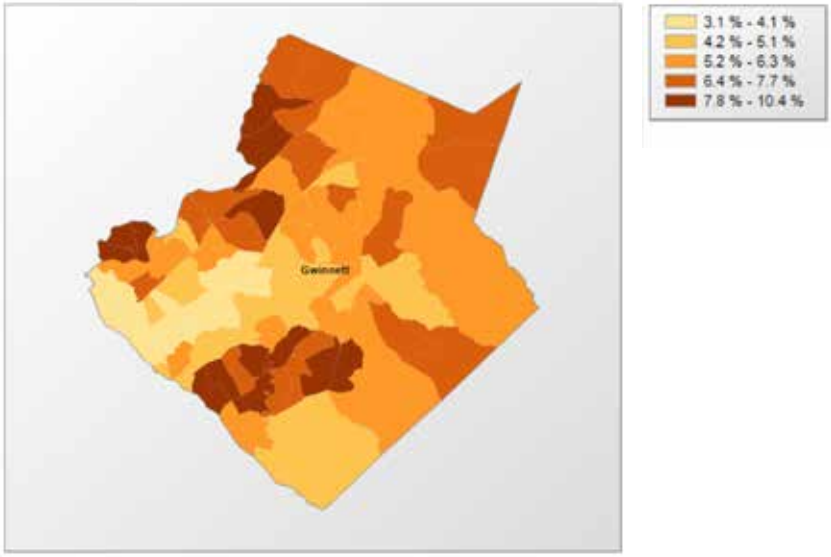
What is the County's Trend?

As stated above the current rate is 1,406.9. The rate for the previous 5 year aggregate (2008 - 2012) was 1,685.2. This difference is statistically significant. Below is both the number and rate in the county over the 10-year period.

Age-Adjusted Emergency Room Visit Rate and Number for Falls for Gwinnett County, 2008 - 2017



Percent of Emergency Room Visits Within Area due to Falls by Census Tract, Gwinnett County, 2013 - 2017



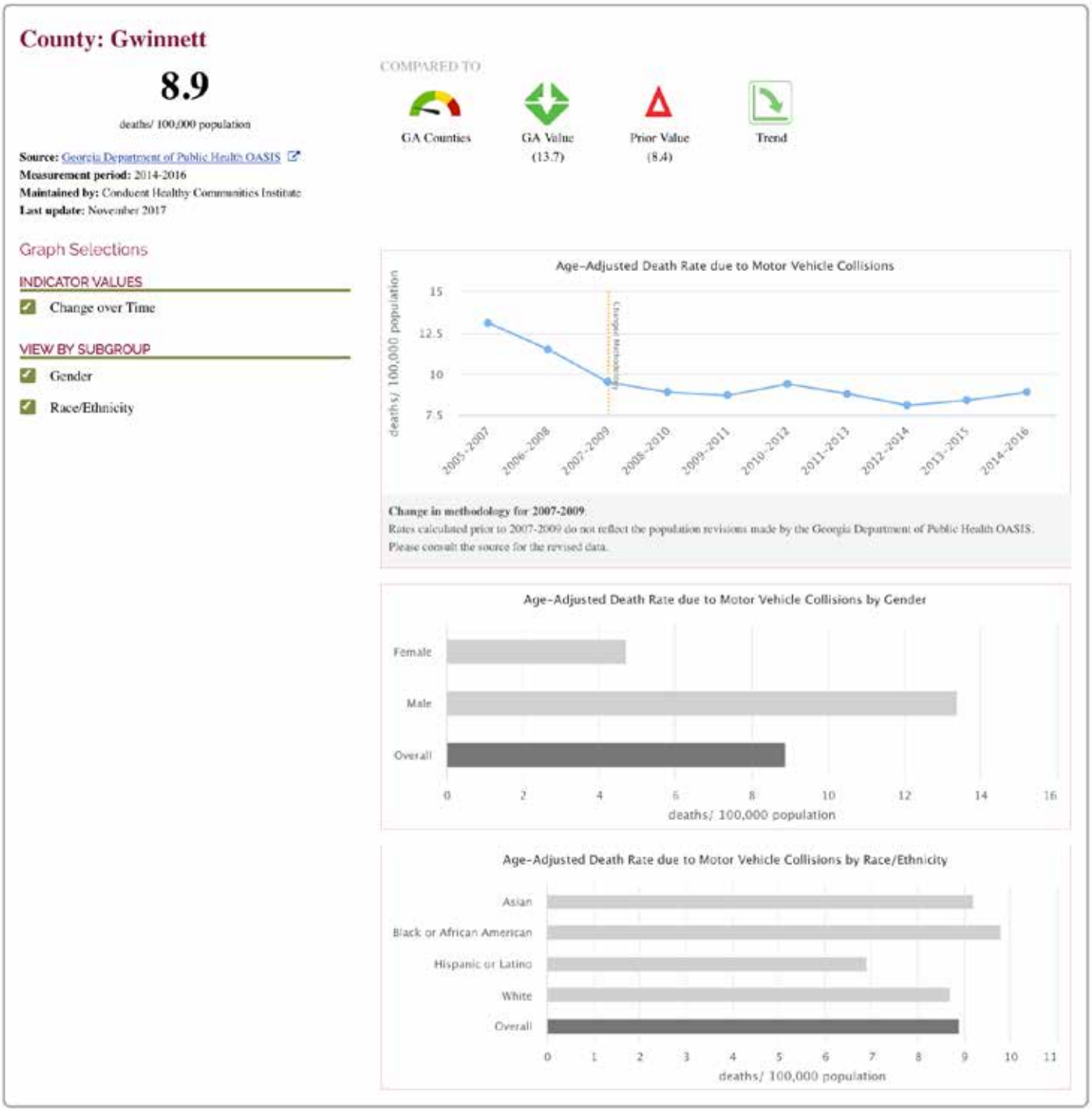
Source: Georgia Division of Public Health, OASIS, 2018

Motor Vehicle Crashes

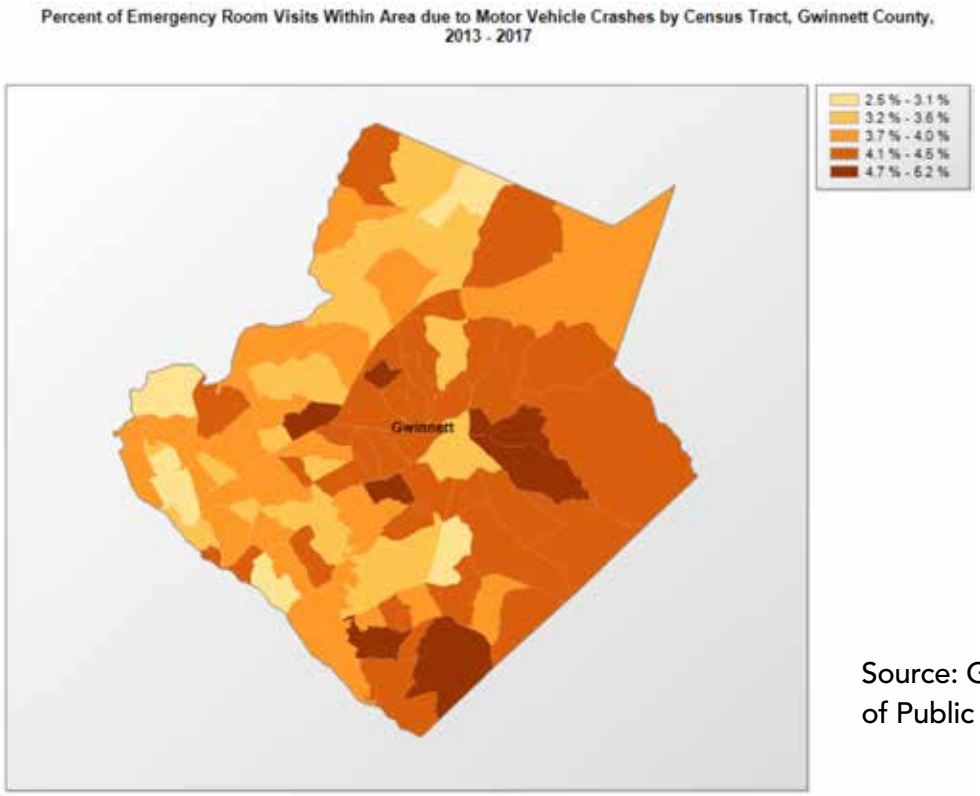
According to Georgia Department of Public Health, OASIS 2018, between 2013 and 2017, 373 Gwinnett residents died in Motor Vehicle Crashes (MVC). This was the fifteenth highest ranked cause of death.

The Age-Adjusted death rate due to motor vehicle collisions was 8.9 deaths per 100,000 population between 2014 and 2016 (GA value 13.7). Males (13.4) have a higher death rate than females (4.7). Blacks (9.8) had the highest rate when compared with Asian (9.2), Whites (8.7) and Hispanic (6.9).

Figure 41. Age-Adjusted Death Rate due to MVC, Gwinnett County, 2014-2016



Source: Conduent Healthy Communities Institute, retrieved May 2019



Source: Georgia Division of Public Health, OASIS, 2018

Alcohol-Impaired Driving Deaths

According to County Health Rankings 2018, during the period of 2012 and 2016, 25.6 percent of Gwinnett residents MVCs included alcohol involvement (U.S. value 29.3%). This rate has increased from 22.5 percent in the 2011-2015 period.

Figure 42. Alcohol-Impaired Driving Deaths, Gwinnett County, 2012-2016

Source: Conduent Healthy Communities Institute, retrieved May 2019

Acute Conditions

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

All Other Diseases of the Genitourinary System

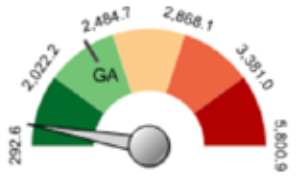
The urinary tract includes the organ system primarily responsible for cleaning and filtering excess fluid and waste material from the blood. Urinary tract infections and sexually transmitted diseases are examples of conditions associated with the genitourinary system.

According to Georgia Department of Public Health, OASIS 2018, between 2013 and 2017, "all other diseases of the genitourinary system" were responsible for 60,815 **emergency room visits**. This was the third leading cause of emergency room visits.

Figure 43. Age-Adjusted ER Visit Rate – All Other Disease of the Genitourinary System, Gwinnett County, 2013-2017

Age-Adjusted Emergency Room Visit Rate - All Other Diseases of the Genitourinary System for Gwinnett County, 2013 - 2017

How Do We Compare to the State?



The dial above shows the Georgia Age-Adjusted Emergency Room Visit Rate to be 2,269.8. The Age-Adjusted Emergency Room Visit Rate for Gwinnett County is 1,413.0. Additional values on the gauge represent percentiles from the lowest county rate to the highest county rate. The table shows the top 10 causes in Gwinnett County, and how each compare in rank to the same causes for the State.

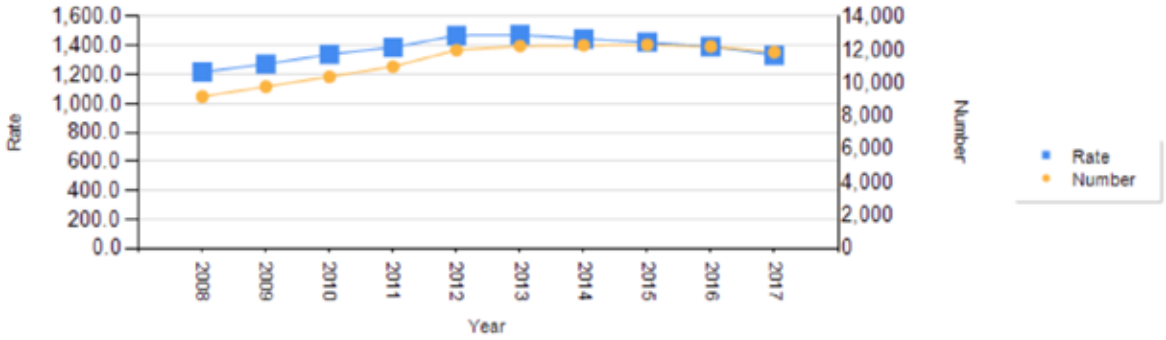
County Comparison with Georgia

Cause	Selected Geography Rank	Georgia Rank
All Other Unintentional Injury	1	1
Diseases of the Musculoskeletal System and Connective Tissue	2	2
All Other Diseases of the Genitourinary System	3	3
Falls	4	4
Motor Vehicle Crashes	5	5
Pregnancy, Childbirth and the Puerperium	6	6
All Other Diseases of the Nervous System	7	7
All Other Mental and Behavioral Disorders	8	8
Asthma	9	9
Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease	10	11

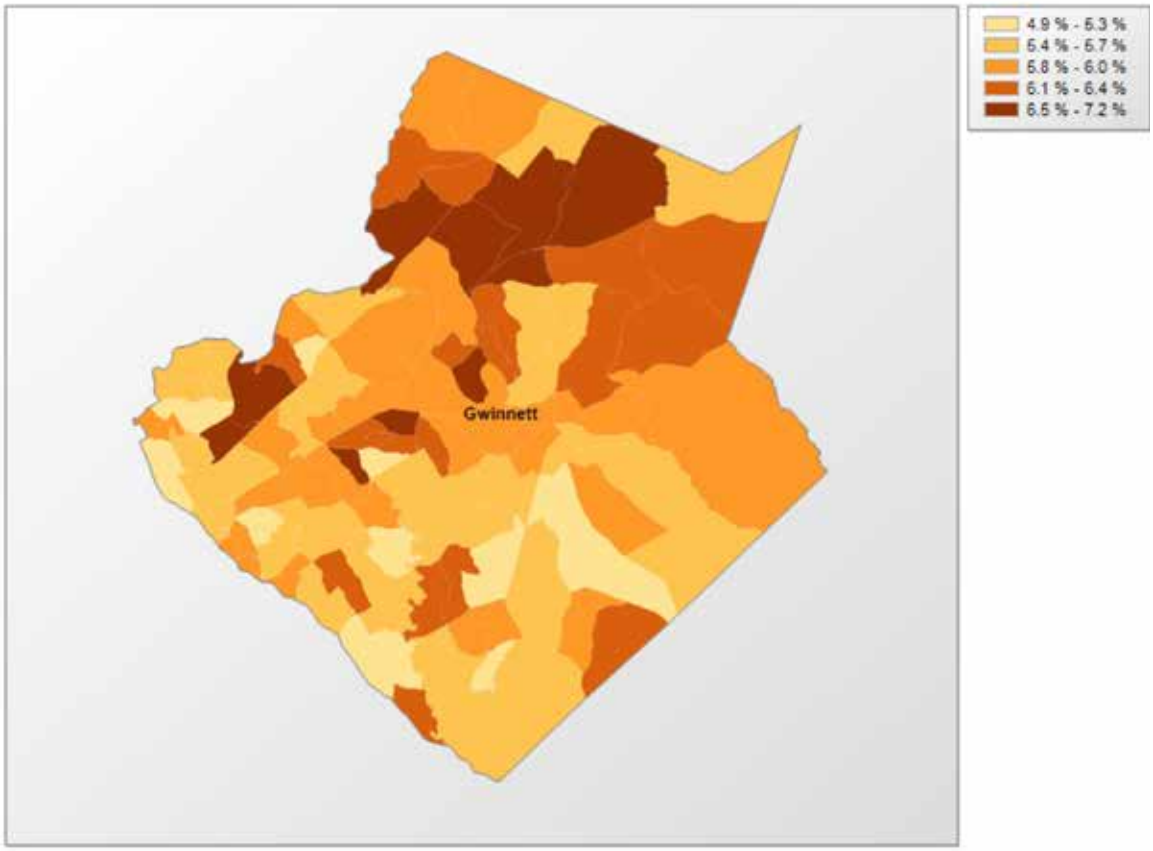
What is the County's Trend?

As stated above the current rate is 1,413.0. The rate for the previous 5 year aggregate (2008 - 2012) was 1,339.1. This difference is statistically significant. Below is both the number and rate in the county over the 10-year period.

Age-Adjusted Emergency Room Visit Rate and Number for All Other Diseases of the Genitourinary System for Gwinnett County, 2008 - 2017



Percent of Emergency Room Visits Within Area due to All Other Diseases of the Genitourinary System by Census Tract, Gwinnett County, 2013 - 2017



Source: Georgia Division of Public Health, OASIS, 2018

Asthma

Asthma is a chronic lung disorder that causes a person's airway to become inflamed and narrow, making it difficult to breathe. Symptoms can include tightness in the chest, coughing and wheezing. Common triggers include exposure to inhaled allergens (such as dust, pollen, cigarette smoke and animal dander), exertion and stress. There is no cure for asthma, but most people with asthma can effectively manage their symptoms by employing a combination of long-term prevention strategies and short-term quick-relief drugs. In some cases, asthma symptoms are severe enough to warrant hospitalization and can even result in death. (Conduent Healthy Communities Institute)

For the years 2013-2017, asthma was the ninth leading cause of **age-adjusted emergency room visit** (total 19,620 discharges) but did not make the top 15 rank causes **age-adjusted hospital discharge** according to Georgia Division of Public Health, OASIS, 2018.

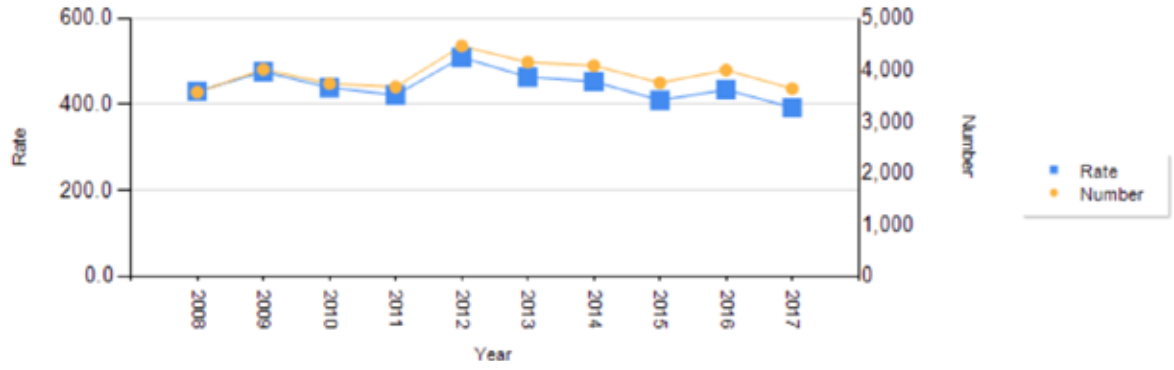
Figure 44. Age-Adjusted ER Rate due to Asthma, Gwinnett County, 2017

Source: Conduent Healthy Communities Institute, retrieved December

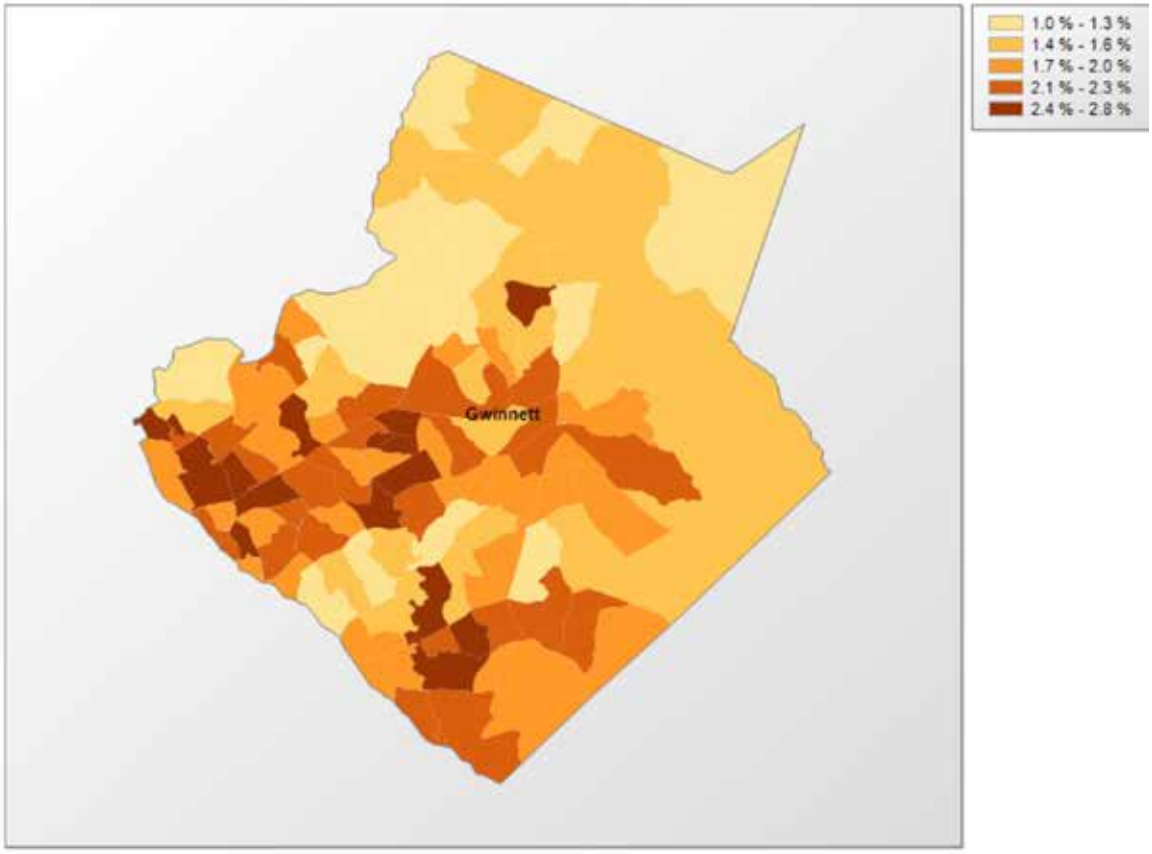
What is the County's Trend?

As stated above the current rate is 430.2. The rate for the previous 5 year aggregate (2008 - 2012) was 455.2. This difference is statistically significant. Below is both the number and rate in the county over the 10-year period.

Age-Adjusted Emergency Room Visit Rate and Number for Asthma for Gwinnett County, 2008 - 2017



Percent of Emergency Room Visits Within Area due to Asthma by Census Tract, Gwinnett County, 2013 - 2017



Source: Georgia Department of Public Health, retrieved January 2019

Chronic Diseases

Chronic diseases are conditions that persist for at least 3 months or have long lasting effects. Individuals may have multiple chronic diseases. For example, a person may have hypertension, diabetes, chronic respiratory disease and heart disease at the same time. While chronic diseases occur in persons of any age, the senior population has the highest risk of developing chronic conditions. Arthritis is a common chronic disease that can limit activities of daily living.

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

Age-Adjusted Death Rates

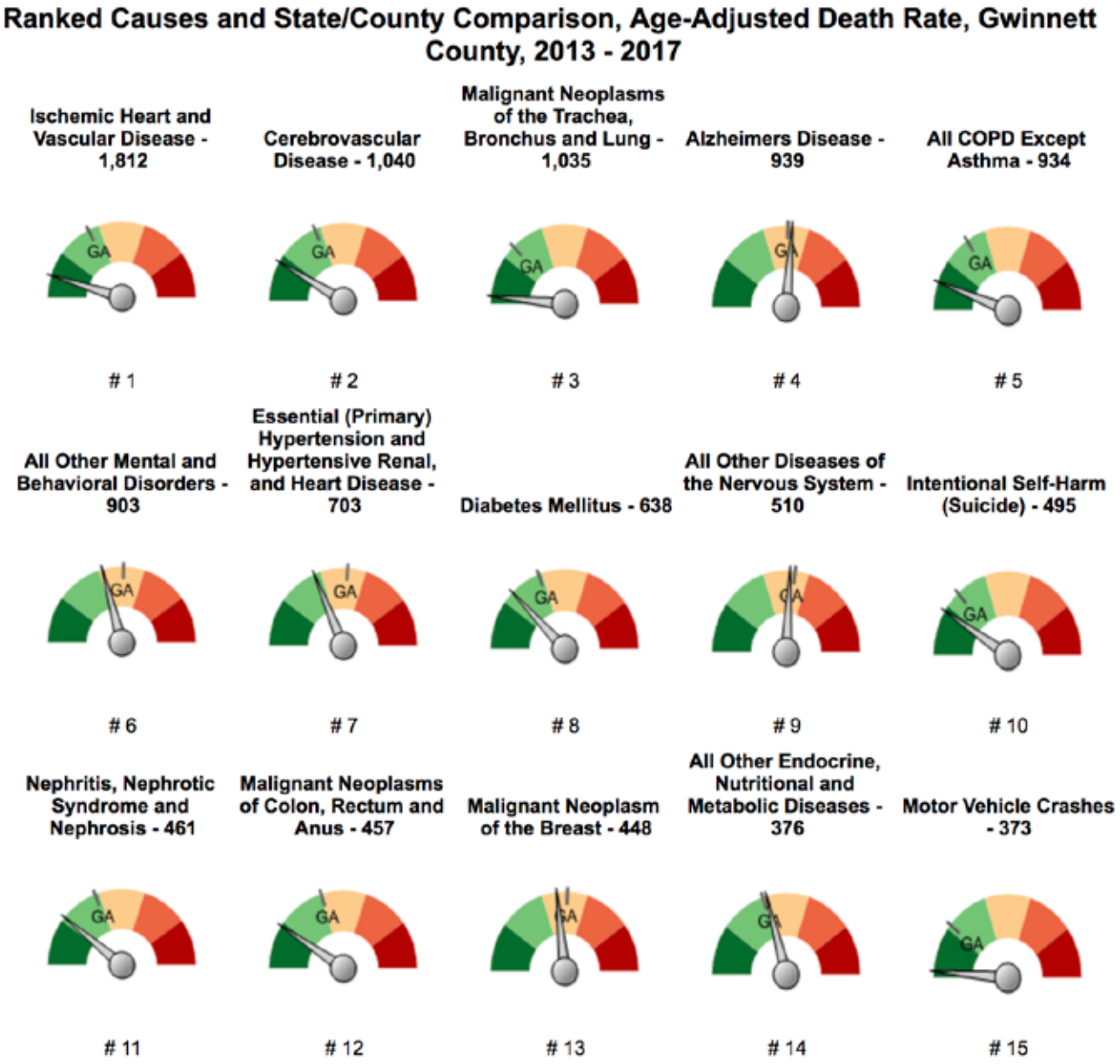
The Centers for Disease Control and Prevention (CDC) report that chronic diseases – such as heart disease, cancer and diabetes – are among the leading causes of death in the United States. This is true for Gwinnett County residents with the top four causes of age-adjusted death rates being cancer, heart disease, chronic lower respiratory diseases and strokes (NCHS rankings).

For this assessment we include multiple sources of data. The first two graphics are the top causes of age-adjusted death rates and years of potential life lost (before age 75). For these data sets the Gwinnett County residents may have received treatment at any hospital. The data comes from the Online Analytical Statistical Information System (OASIS) which is a web-based toolset that allows access to the Georgia Division of Public Health's standardized health data repository. OASIS includes morbidity, mortality and maternal and child health statistics by county. Usually rates are based on 100,000 population. For this publication the OASIS Dashboards displayed are using Georgia Rankable Groups graphics (instead of the National Center for Health Services (NCHS) rankable causes we access in the last CHNA).

Age-Adjusted death rates use a weighted average of the age-specific mortality rates. The benefit is that this controls for differences in the age group structure of the county. The top causes of age-adjusted death rates for Gwinnett County provides a measure of comparability to other counties and national health objectives like Healthy People 2020. These are aggregate age-adjusted rates for residents of Gwinnett County for the years 2013 through 2017.

Ischemic Heart and Vascular Diseases were the leading cause of death in Gwinnett with 58.9 deaths per 100,000 population (GA 82.9 deaths per 100,000 population). This is an improved rate since the previous five year aggregate. Cerebrovascular Disease (stroke) has moved from forth to second with 36.6 deaths per 100,000 population (GA 43.0 deaths per 100,000 population). However the rate is only slightly higher than the 36.1 rate from the last CHNA. Lung Cancer ranked third with 31.1 deaths per 100,000 population (GA 42.2 deaths per 100,000). Alzheimer's Disease has moved to forth with 39.0 deaths per 100,000 population (GA 38.0 deaths per 100,000 population). All COPD except Asthma is ranked fifth with 33.4 deaths per 100,000 population (GA 45.0 deaths per 100,000 population).

Figure 45. Ranked 15 Causes of Age-Adjusted Death Rate, Gwinnett County, 2013-2017



Source: Georgia Division of Public Health, OASIS, 2018

Figure 46. Top 10 Causes of Death by selected age groups (0-24), Gwinnett County 2013-2017

Top 10 Causes of Death by selected age groups, Gwinnett County, 2013 - 2017

Rank	<1 year	1-4 years	5-9 years	10-14 years	15-19 years	20-24 years
1	Certain Conditions Originating in the Perinatal Period 238	Assault (Homicide) 12	Malignant Neoplasms of Meninges, Brain and Other Parts of Central Nervous System 6	Motor Vehicle Crashes 6	Motor Vehicle Crashes 28	Motor Vehicle Crashes 62
2	Congenital Malformations, Deformations and Chromosomal Abnormalities 60	Congenital Malformations, Deformations and Chromosomal Abnormalities 7	Motor Vehicle Crashes 4	Assault (Homicide) 6	Intentional Self-Harm (Suicide) 20	Intentional Self-Harm (Suicide) 44
3	SIDS 31	Septicemia 4	Asthma 3	All Other Diseases of the Nervous System 5	Assault (Homicide) 17	Accidental Poisoning and Exposure to Noxious Substances 42
4	Suffocation 12	Accidental Drowning and Submersion 4	Accidental Drowning and Submersion 3	Intentional Self-Harm (Suicide) 3	Accidental Poisoning and Exposure to Noxious Substances 13	Assault (Homicide) 37
5	All Other Endocrine, Nutritional and Metabolic Diseases 7	All Other Endocrine, Nutritional and Metabolic Diseases 3	Anemias 2	Leukemia 2	All Other Diseases of the Nervous System 6	All Other Diseases of the Nervous System 11
6	Leukemia 3	Motor Vehicle Crashes 3	All Other Endocrine, Nutritional and Metabolic Diseases 2	Anemias 2	Congenital Malformations, Deformations and Chromosomal Abnormalities 6	Mental and behavioral disorders due to psychoactive substance use 7
7	Motor Vehicle Crashes 3	Leukemia 2	All Other Diseases of the Nervous System 2	Congenital Malformations, Deformations and Chromosomal Abnormalities 2	Accidental Drowning and Submersion 6	All Other Unintentional Injury 5
8	Septicemia 2	All Other Diseases of the Nervous System 2	Congenital Malformations, Deformations and Chromosomal Abnormalities 2	Septicemia 1	All Other Endocrine, Nutritional and Metabolic Diseases 2	Congenital Malformations, Deformations and Chromosomal Abnormalities 4
9	All Other Diseases of the Nervous System 2	Cerebrovascular Disease 1	Septicemia 1	All Other Mental and Behavioral Disorders 1	Mental and behavioral disorders due to psychoactive substance use 2	Diseases of the Musculoskeletal System and Connective Tissue 3
10	Cerebrovascular Disease 2	Pneumonia 1	Leukemia 1	Nephritis, Nephrotic Syndrome and Nephrosis 1	All Other Unintentional Injury 2	Leukemia 2

Source: Georgia Division of Public Health, OASIS, 2018

Figure 47. Top 10 Causes of Death by selected age groups (25-75+), Gwinnett County 2013-2017

Rank	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years	75+ years
1	Accidental Poisoning and Exposure to Noxious Substances 112	Intentional Self-Harm (Suicide) 85	Ischemic Heart and Vascular Disease 151	Ischemic Heart and Vascular Disease 318	Ischemic Heart and Vascular Disease 382	Ischemic Heart and Vascular Disease 905
2	Intentional Self-Harm (Suicide) 80	Accidental Poisoning and Exposure to Noxious Substances 72	Intentional Self-Harm (Suicide) 116	Malignant Neoplasms of the Trachea, Bronchus and Lung 215	Malignant Neoplasms of the Trachea, Bronchus and Lung 365	Alzheimers Disease 862
3	Motor Vehicle Crashes 67	Motor Vehicle Crashes 64	Malignant Neoplasm of the Breast 84	Diabetes Mellitus 153	All COPD Except Asthma 212	All Other Mental and Behavioral Disorders 821
4	Assault (Homicide) 47	Malignant Neoplasm of the Breast 46	Diabetes Mellitus 74	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 123	Cerebrovascular Disease 179	Cerebrovascular Disease 642
5	All Other Diseases of the Nervous System 12	Ischemic Heart and Vascular Disease 44	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 71	Malignant Neoplasms of Colon, Rectum and Anus 119	Diabetes Mellitus 178	All COPD Except Asthma 593
6	Human Immunodeficiency Virus (HIV) Disease 11	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 42	Malignant Neoplasms of the Trachea, Bronchus and Lung 66	Cerebrovascular Disease 117	Malignant Neoplasms of Colon, Rectum and Anus 112	Malignant Neoplasms of the Trachea, Bronchus and Lung 378
7	Ischemic Heart and Vascular Disease 10	Cerebrovascular Disease 27	Malignant Neoplasms of Colon, Rectum and Anus 62	Malignant Neoplasm of the Breast 108	Malignant Neoplasm of Pancreas 109	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 360
8	All Other Endocrine, Nutritional and Metabolic Diseases 9	Assault (Homicide) 21	Cerebrovascular Disease 60	All COPD Except Asthma 105	Nephritis, Nephrotic Syndrome and Nephrosis 109	Nephritis, Nephrotic Syndrome and Nephrosis 246
9	Pregnancy, Childbirth and the Puerperium 9	Malignant Neoplasms of Colon, Rectum and Anus 19	Accidental Poisoning and Exposure to Noxious Substances 48	All Other Diseases of the Nervous System 87	Malignant Neoplasm of the Breast 99	All Other Diseases of the Nervous System 237
10	All Other Unintentional Injury 9	Human Immunodeficiency Virus (HIV) Disease 18	Motor Vehicle Crashes 39	Malignant Neoplasm of the Cervix Uteri, Uterus, and Ovary 80	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 99	Diabetes Mellitus 212

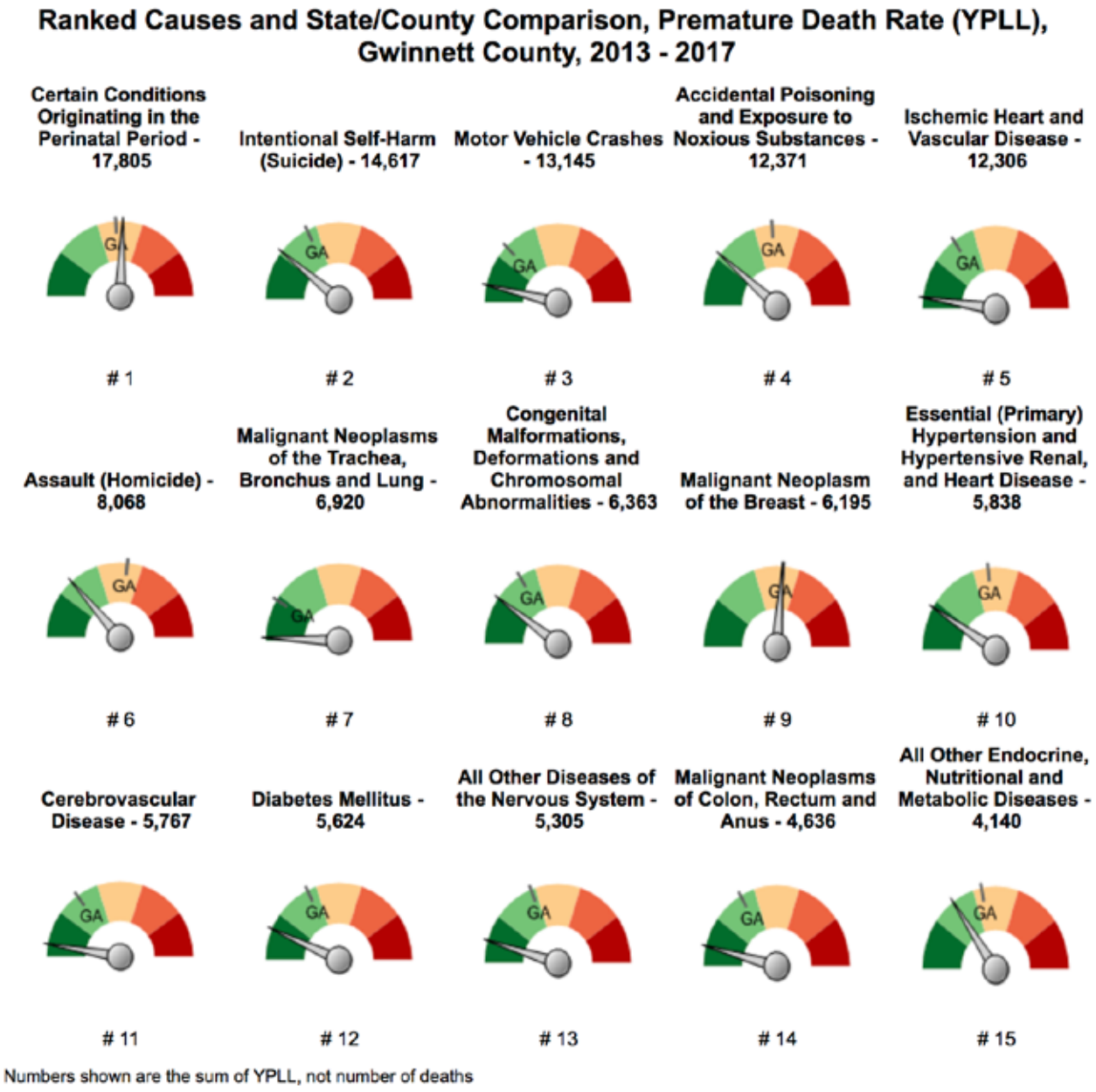
Georgia Department of Public Health - Office of Health Indicators for Planning (OHIP) Contact Us
OASIS Community Health Needs Assessment Dashboard - http://oasis.state.ga.us/
Application Version: 1.1.1, Content Version: 1.8
Date Accessed: 5/13/2019 10:45:59 AM

Years of Potential Life Lost

Years of potential life lost due to death before age 75 is a measure of premature death. The Premature Death Rate (YPLL 75 Rate) is the years of potential life lost before age 75 that occur per 100,000 population less than 75 years of age. Formula = [Total Years of Life Lost before age 75 / Population less than 75 years old] * 100,000. This method of YPLL calculation uses the actual age of death and therefore is more precise as compared with the pre-defined age range methodology used by National Center for Health Statistics.

The top causes of premature death are important to evaluate because in many situations these may be preventable. Figure 48 ranked the leading causes of premature death according to the aggregate rate of years of potential life lost before age 75 for residents of Gwinnett County for the years 2010 through 2014.

Figure 48. Ranked 15 Causes of Premature Death Rate (YPLL), Gwinnett County, 2013-2017



Source: Georgia Division of Public Health, OASIS, 2018

Figure 49. Top 10 Causes of Premature Death by selected age groups (0-24), Gwinnett County 2013-2017

Top 10 Causes of Premature Death by selected age groups, Gwinnett County, 2013 - 2017

Rank	<1 year	1-4 years	5-9 years	10-14 years	15-19 years	20-24 years
1	Certain Conditions Originating in the Perinatal Period 17,731	Assault (Homicide) 868	Malignant Neoplasms of Meninges, Brain and Other Parts of Central Nervous System 410	Assault (Homicide) 380	Motor Vehicle Crashes 1,600	Motor Vehicle Crashes 3,258
2	Congenital Malformations, Deformations and Chromosomal Abnormalities 4,470	Congenital Malformations, Deformations and Chromosomal Abnormalities 505	Motor Vehicle Crashes 269	Motor Vehicle Crashes 373	Intentional Self-Harm (Suicide) 1,135	Intentional Self-Harm (Suicide) 2,309
3	SIDS 2,310	Septicemia 287	Accidental Drowning and Submersion 206	All Other Diseases of the Nervous System 314	Assault (Homicide) 952	Accidental Poisoning and Exposure to Noxious Substances 2,190
4	Suffocation 894	Accidental Drowning and Submersion 287	Asthma 202	Intentional Self-Harm (Suicide) 183	Accidental Poisoning and Exposure to Noxious Substances 730	Assault (Homicide) 1,936
5	All Other Endocrine, Nutritional and Metabolic Diseases 522	Motor Vehicle Crashes 217	All Other Endocrine, Nutritional and Metabolic Diseases 139	Anemias 129	All Other Diseases of the Nervous System 350	All Other Diseases of the Nervous System 570
6	Leukemia 224	All Other Endocrine, Nutritional and Metabolic Diseases 215	All Other Diseases of the Nervous System 137	Leukemia 123	Congenital Malformations, Deformations and Chromosomal Abnormalities 349	Mental and behavioral disorders due to psychoactive substance use 362
7	Motor Vehicle Crashes 224	Leukemia 146	Congenital Malformations, Deformations and Chromosomal Abnormalities 137	Congenital Malformations, Deformations and Chromosomal Abnormalities 122	Accidental Drowning and Submersion 344	All Other Unintentional Injury 263
8	Septicemia 149	All Other Diseases of the Nervous System 142	Anemias 134	Nephritis, Nephrotic Syndrome and Nephrosis 64	All Other Endocrine, Nutritional and Metabolic Diseases 116	Congenital Malformations, Deformations and Chromosomal Abnormalities 210
9	All Other Diseases of the Nervous System 149	Cerebrovascular Disease 74	Septicemia 70	Accidental Discharge of Firearms 64	Mental and behavioral disorders due to psychoactive substance use 112	Diseases of the Musculoskeletal System and Connective Tissue 161
10	Cerebrovascular Disease 149	Pneumonia 74	Cerebrovascular Disease 70	Septicemia 63	All Other Unintentional Injury 112	Asthma 106

Source: Georgia Division of Public Health, OASIS, 2018

Figure 50. Top 10 Causes of Premature Death by selected age groups (25-75+), Gwinnett County 2013-2017

Top 10 Causes of Premature Death by selected age groups, Gwinnett County, 2013 - 2017

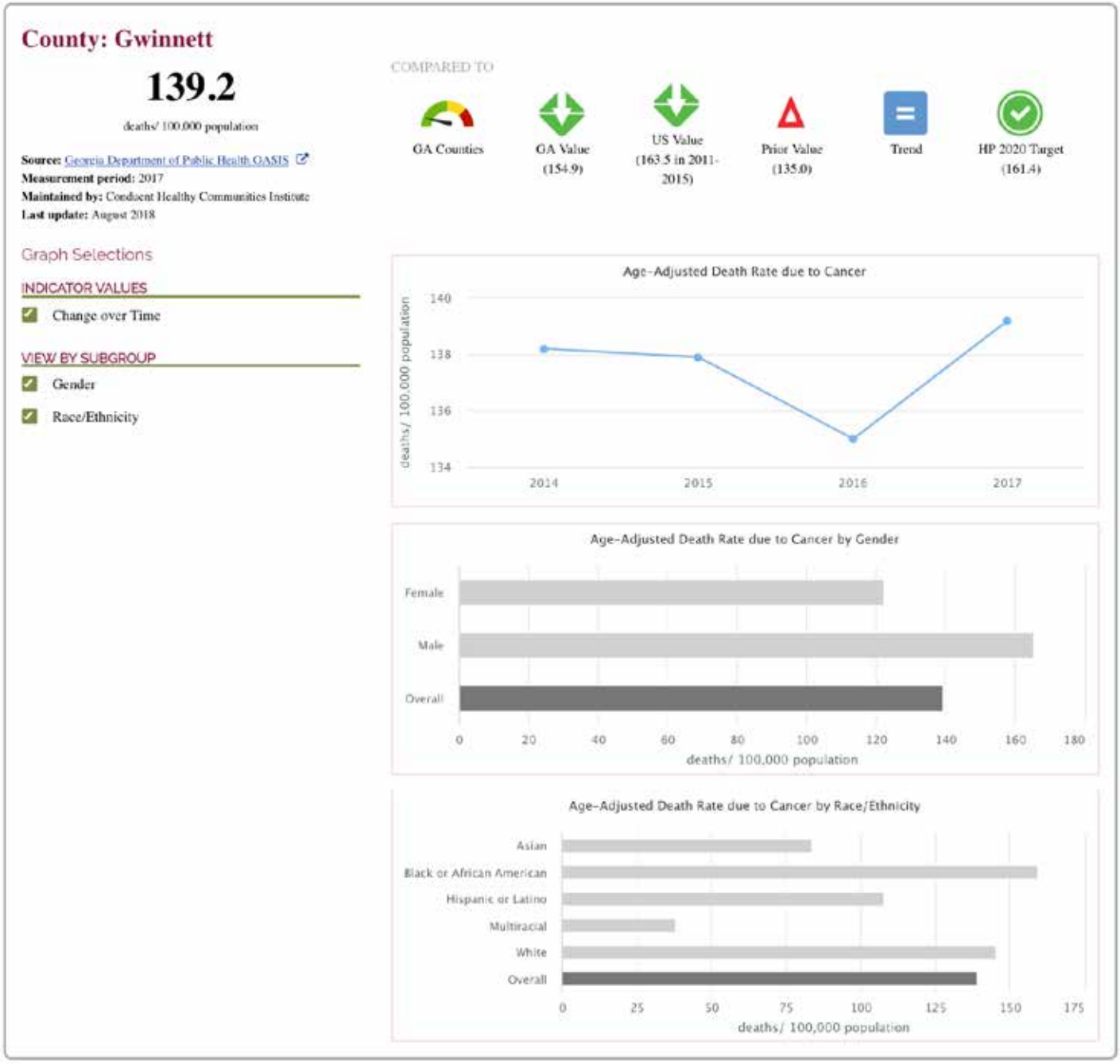
Rank	<1 year	1-4 years	5-9 years	10-14 years	15-19 years	20-24 years
1	Certain Conditions Originating in the Perinatal Period 17,731	Assault (Homicide) 868	Malignant Neoplasms of Meninges, Brain and Other Parts of Central Nervous System 410	Assault (Homicide) 380	Motor Vehicle Crashes 1,600	Motor Vehicle Crashes 3,258
2	Congenital Malformations, Deformations and Chromosomal Abnormalities 4,470	Congenital Malformations, Deformations and Chromosomal Abnormalities 505	Motor Vehicle Crashes 269	Motor Vehicle Crashes 373	Intentional Self-Harm (Suicide) 1,135	Intentional Self-Harm (Suicide) 2,309
3	SIDS 2,310	Septicemia 287	Accidental Drowning and Submersion 206	All Other Diseases of the Nervous System 314	Assault (Homicide) 952	Accidental Poisoning and Exposure to Noxious Substances 2,190
4	Suffocation 894	Accidental Drowning and Submersion 287	Asthma 202	Intentional Self-Harm (Suicide) 183	Accidental Poisoning and Exposure to Noxious Substances 730	Assault (Homicide) 1,936
5	All Other Endocrine, Nutritional and Metabolic Diseases 522	Motor Vehicle Crashes 217	All Other Endocrine, Nutritional and Metabolic Diseases 139	Anemias 129	All Other Diseases of the Nervous System 350	All Other Diseases of the Nervous System 570
6	Leukemia 224	All Other Endocrine, Nutritional and Metabolic Diseases 215	All Other Diseases of the Nervous System 137	Leukemia 123	Congenital Malformations, Deformations and Chromosomal Abnormalities 349	Mental and behavioral disorders due to psychoactive substance use 362
7	Motor Vehicle Crashes 224	Leukemia 146	Congenital Malformations, Deformations and Chromosomal Abnormalities 137	Congenital Malformations, Deformations and Chromosomal Abnormalities 122	Accidental Drowning and Submersion 344	All Other Unintentional Injury 263
8	Septicemia 149	All Other Diseases of the Nervous System 142	Anemias 134	Nephritis, Nephrotic Syndrome and Nephrosis 64	All Other Endocrine, Nutritional and Metabolic Diseases 116	Congenital Malformations, Deformations and Chromosomal Abnormalities 210
9	All Other Diseases of the Nervous System 149	Cerebrovascular Disease 74	Septicemia 70	Accidental Discharge of Firearms 64	Mental and behavioral disorders due to psychoactive substance use 112	Diseases of the Musculoskeletal System and Connective Tissue 161
10	Cerebrovascular Disease 149	Pneumonia 74	Cerebrovascular Disease 70	Septicemia 63	All Other Unintentional Injury 112	Asthma 106

Cancer

Cancer (Malignant Neoplasms)

According to the National Cancer Institute, 2017, the age-adjusted deaths for Gwinnett County were 139.2 deaths per 100,000 population. This rate is trending down when compared to 148.7 deaths per 100,000 population noted in our last CHNA. When compared with Healthy People 2020 target of 161.4 Gwinnett has met that target. More males (165.8 deaths per 100,000 population) die of cancer than females (122.1 deaths per 100,000 population). For racial and ethnic considerations, Black (159.3 deaths per 100,000 population) were the highest followed by Whites (145.4 deaths per 100,000 population), Hispanic (107.6 deaths per 100,000 population), and Asian (83.6 deaths per 100,000 population).

Figure 51. Age-Adjusted Death Rate due to Cancer, Gwinnett County, 2016



Source: Conduent Healthy Communities Institute, retrieved May 2019

Cancer: Medicare Population

In 2015 according to the Centers for Medicare & Medicaid Services, the percentage of the Medicare population treated for cancer was 7.6 which is lower than the 7.8 average for U.S. counties.

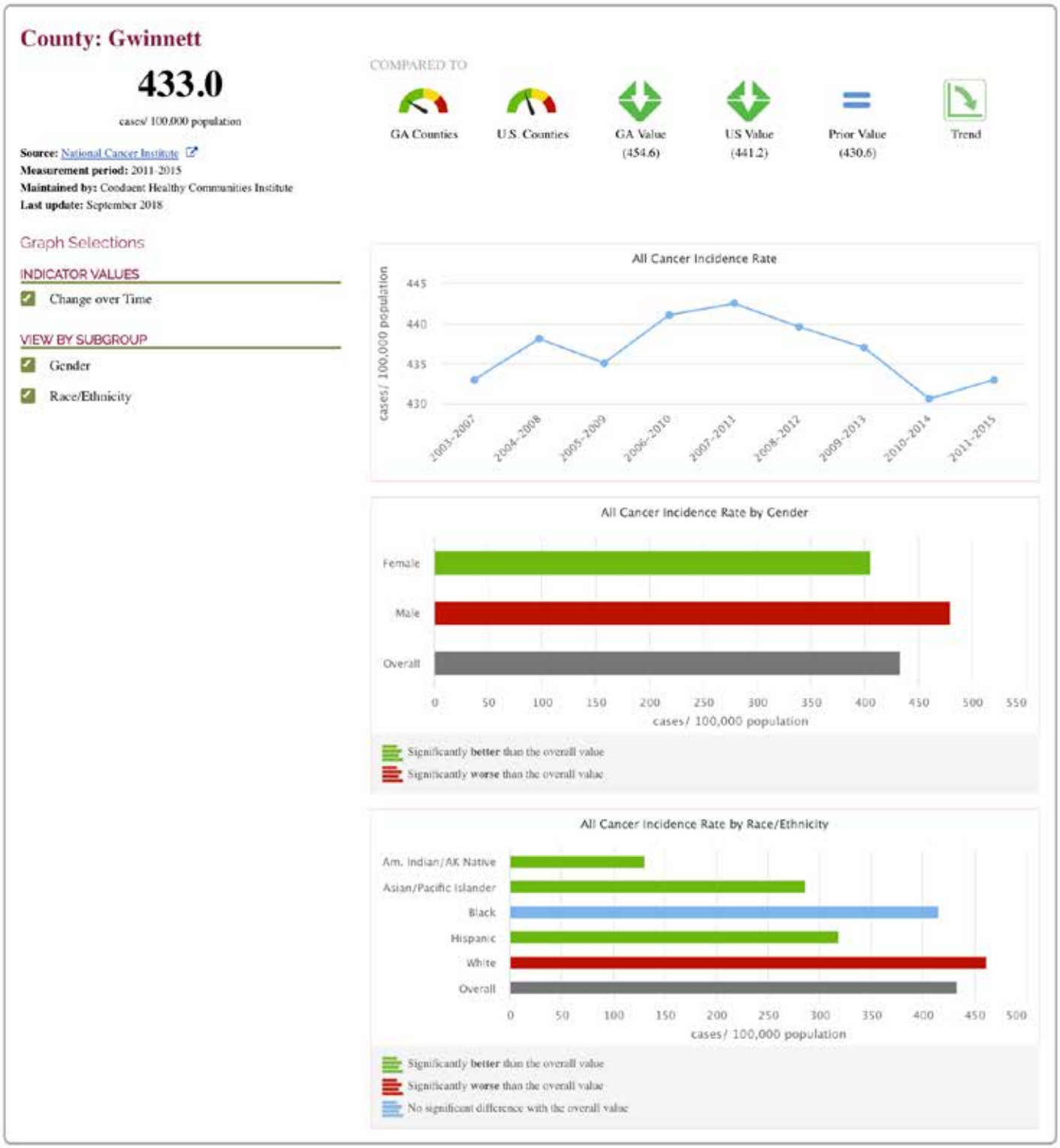
Figure 52. Cancer, Medicare Population, Gwinnett County, 2015

Source: Conduent Healthy Communities Institute, retrieved May 2019

All Cancer Incidence Rate

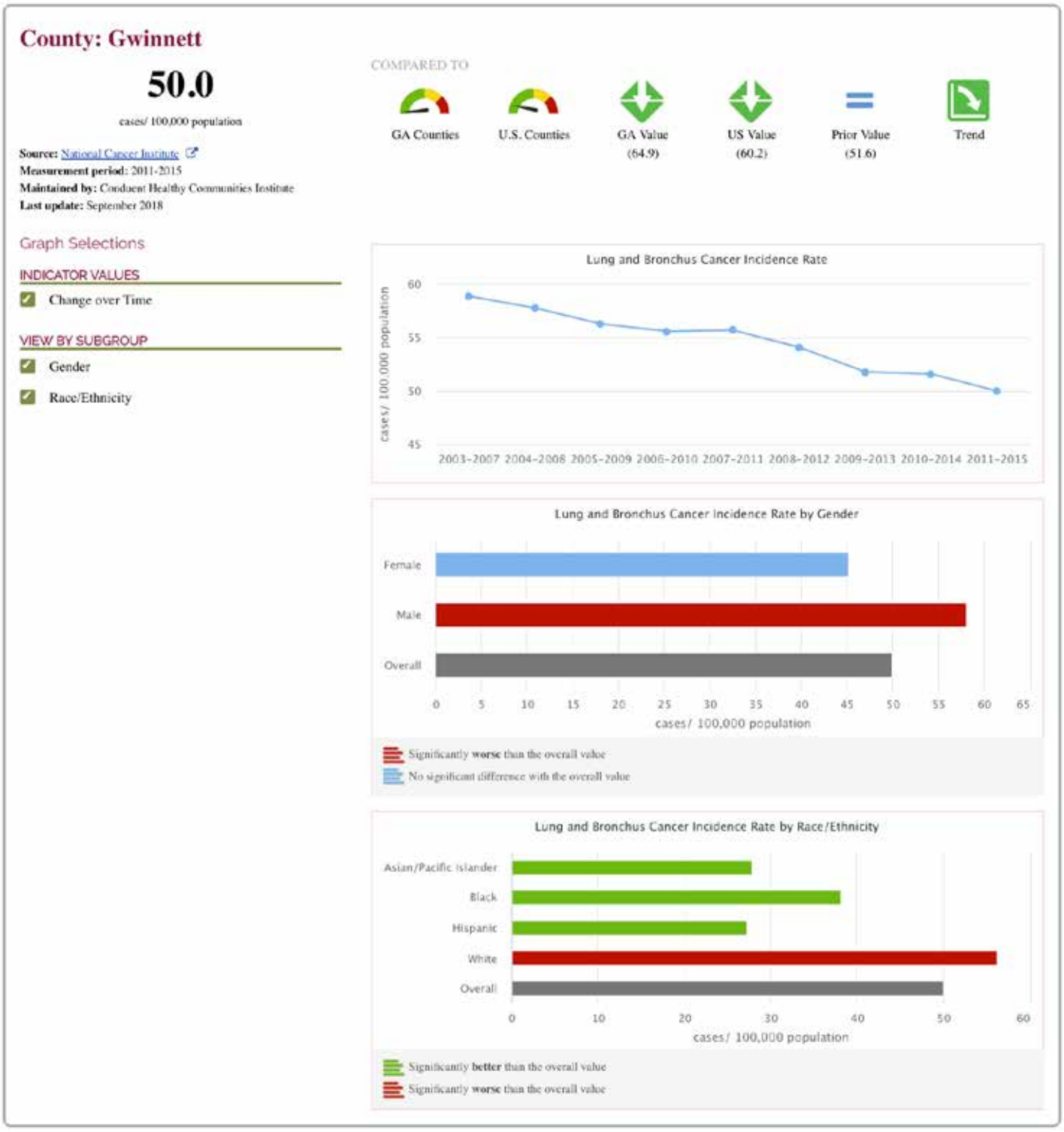
Incidence is the rate of a new (or newly diagnosed) case of disease. It is report here as the number of new cases occurring within a year. According to the National Cancer Institute from 2011-2015 the 'All Cancer Incidence Rate' was 433.0 cases per 100,000 population which is better than average for U.S. counties (441.2). The lung and bronchus cancer incidence rate was 50.0 cases per 100,000 population which is better than average for U.S. counties (60.2). The colorectal cancer incidence rate was 37.4 cases per 100,000 population which is better than the average for U.S. counties (39.2). The breast cancer incidence rate was 128.8 cases per 100,000 females which is worse than the average for U.S. counties (124.7). The prostate incidence rate was 122.8 cases per 100,000 males which is worse than the average for U.S. counties (109.0).

Figure 53. All Cancer Incidence Rate, Gwinnett County, 2011-2015



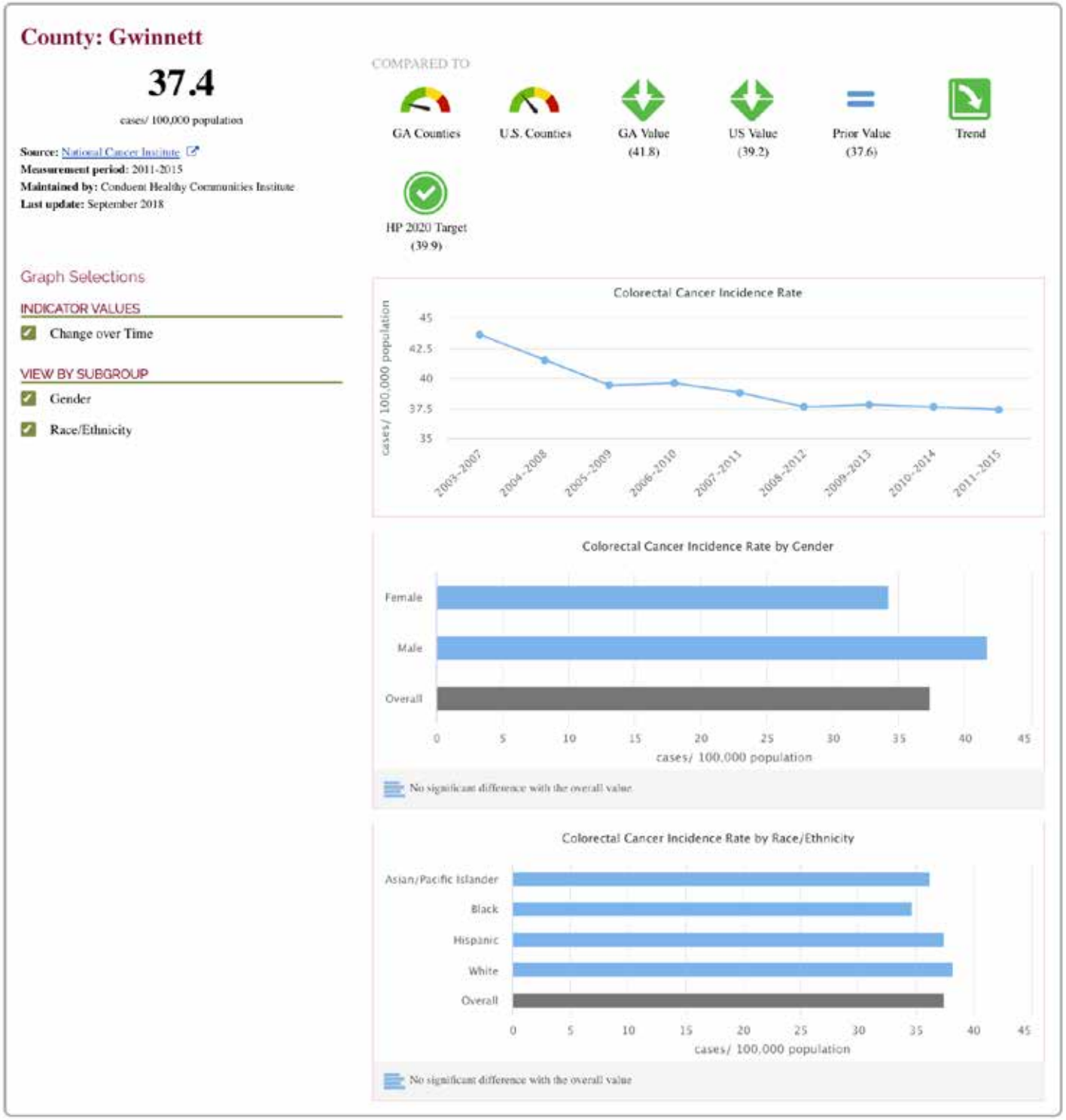
Source: Conduent Healthy Communities Institute, retrieved May 2019

Figure 54. Lung and Bronchus Cancer Incidence Rate, Gwinnett County, 2011-2015



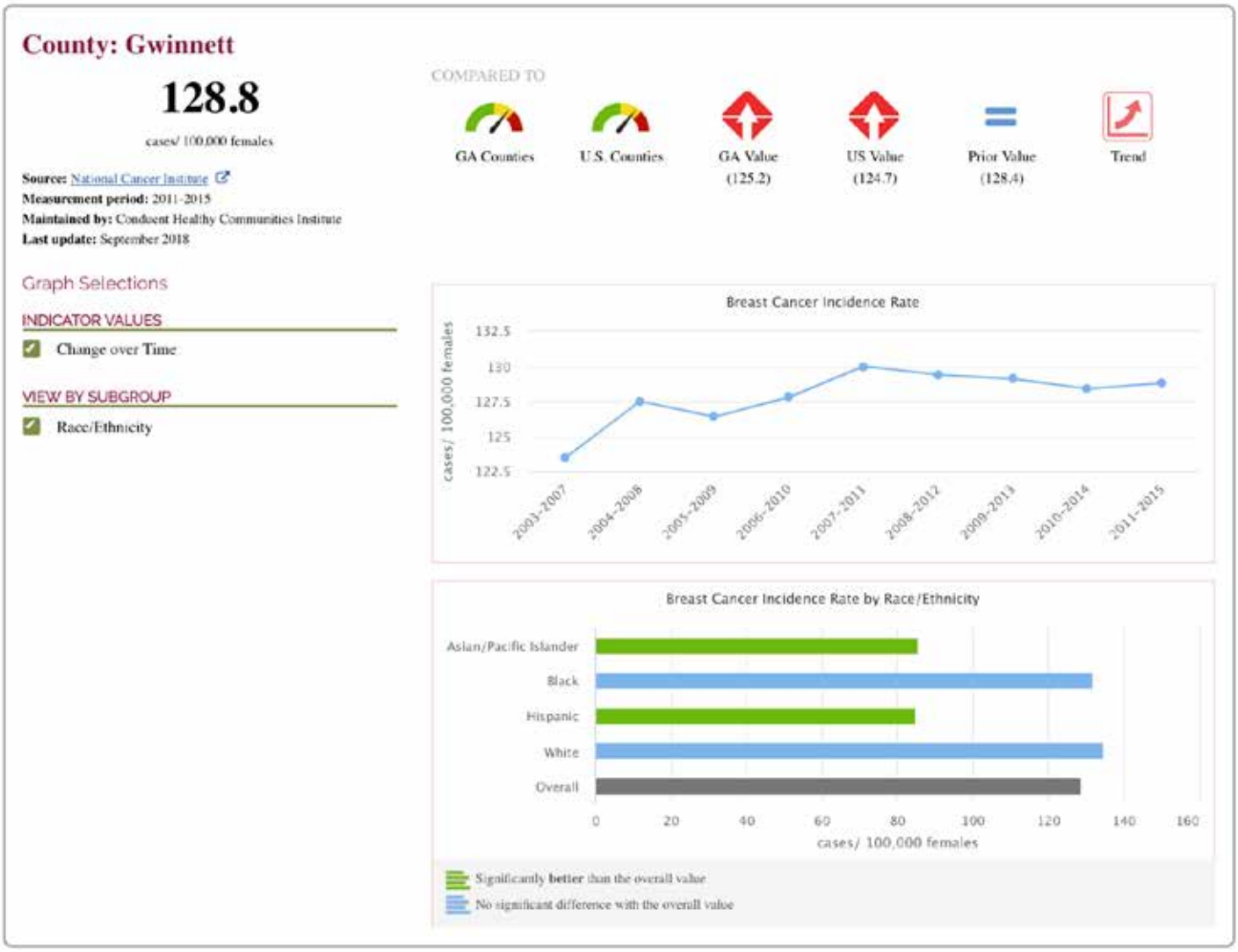
Source: Conduent Healthy Communities Institute, retrieved May 2019

Figure 55. Colorectal Cancer Incidence Rate, Gwinnett County, 2011-2015



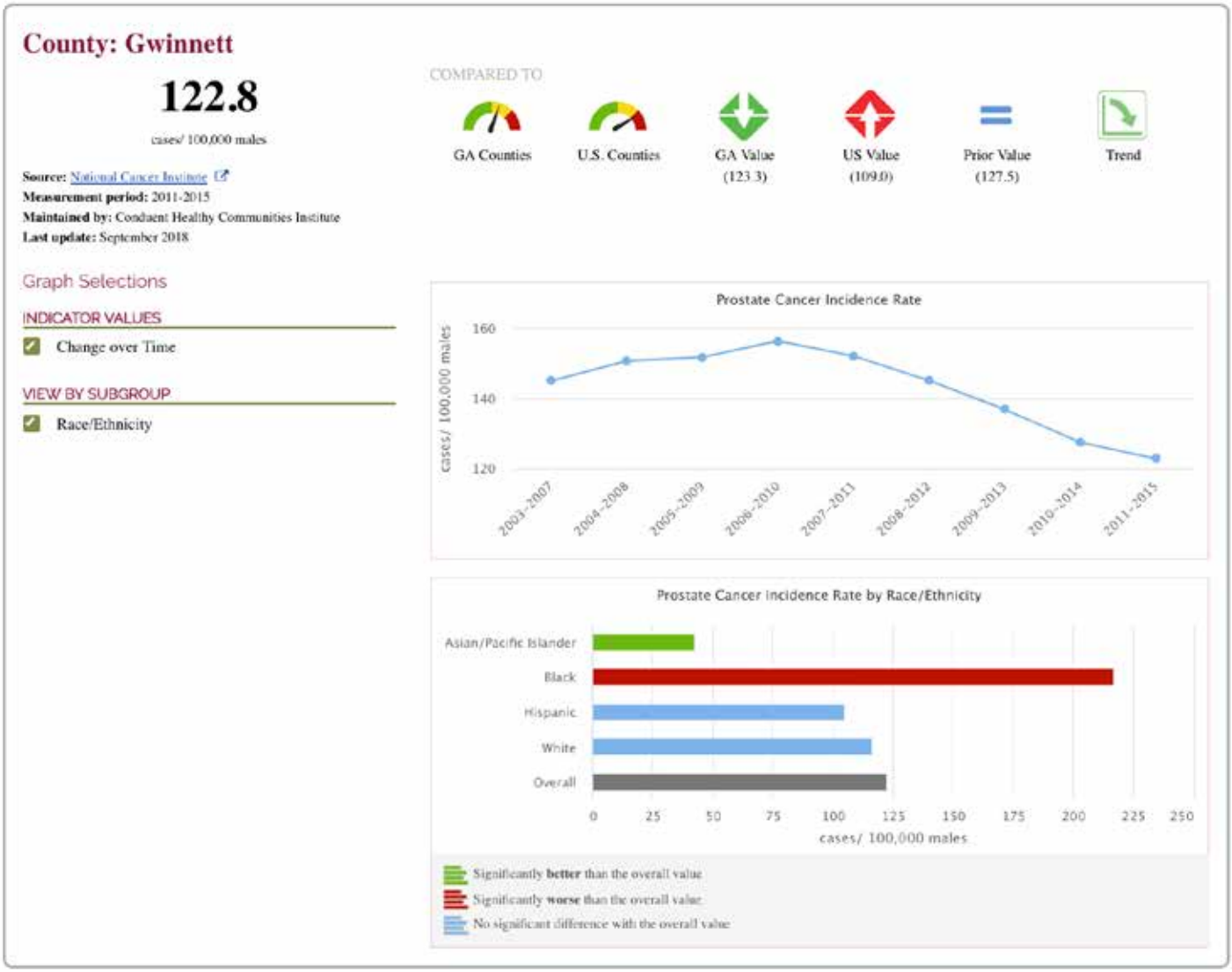
Source: Conduent Healthy Communities Institute, retrieved May 2019

Figure 56. Breast Cancer Incidence Rate, Gwinnett County, 2011-2015



Source: Conduent Healthy Communities Institute, retrieved May 2019

Figure 57. Prostate Cancer Incidence Rate, Gwinnett County, 2011-2015

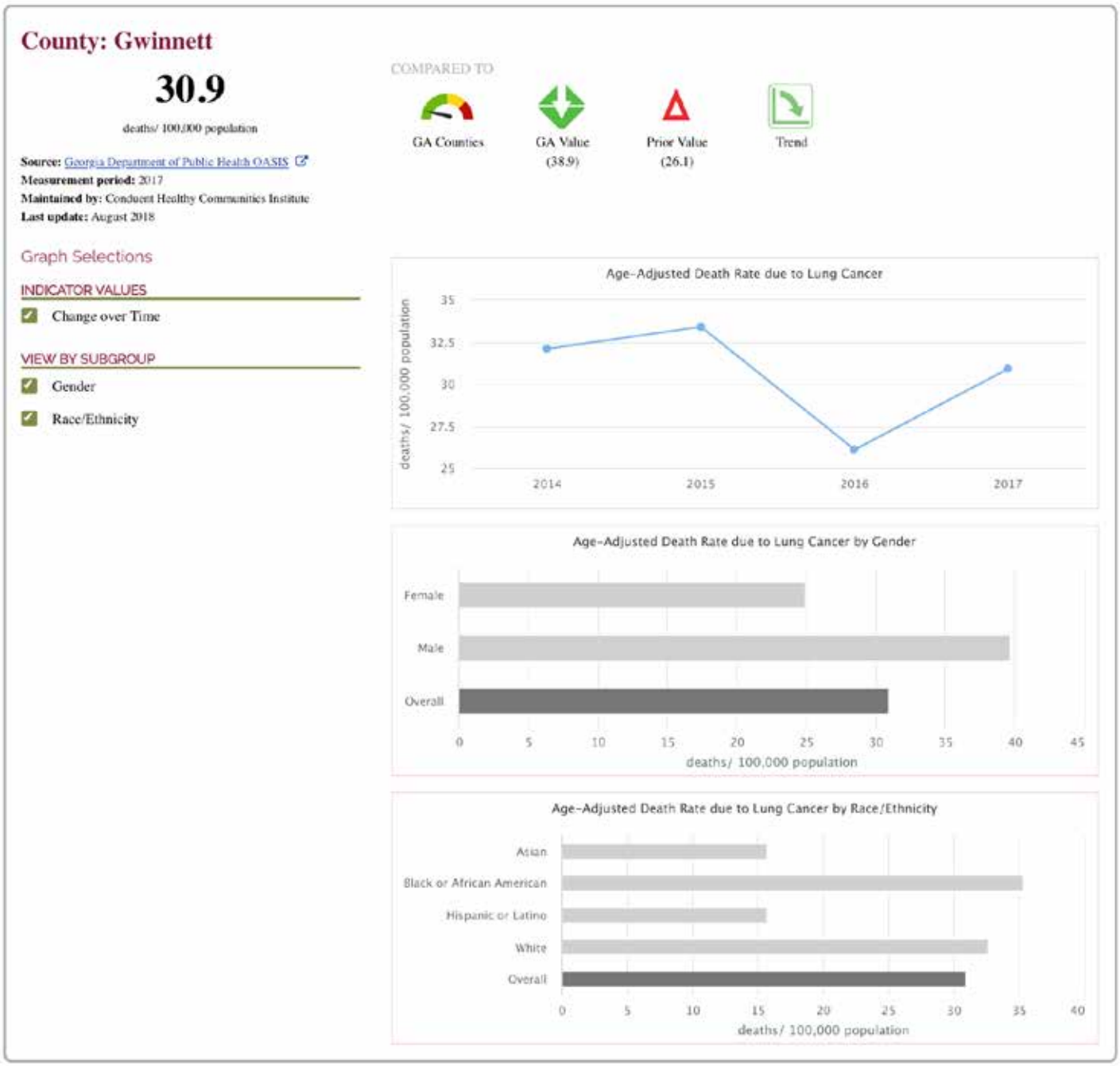


Source: Conduent Healthy Communities Institute, retrieved May 2019

Lung Cancer

Lung cancer was the third leading cause of **age-adjusted death** in Gwinnett County for the years 2013-2017 (total number of deaths 1,035) and is the seventh leading cause of **premature death** for the same years (6,920 years of life lost before age 75), according to Georgia Division of Public Health, OASIS, 2018. While lung was the top ranked for cancer deaths; colon (447 deaths); and breast (448 deaths) were in the top fifteen ranked causes.

Figure 58. Age-Adjusted Death Rated due to Lung Cancer, Gwinnett County, 2017

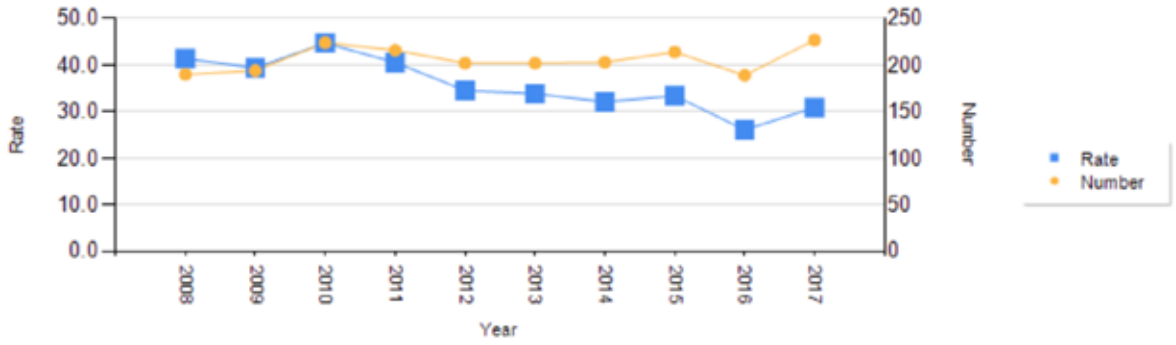


Source: Conduent Healthy Communities Institute, retrieved May 2019

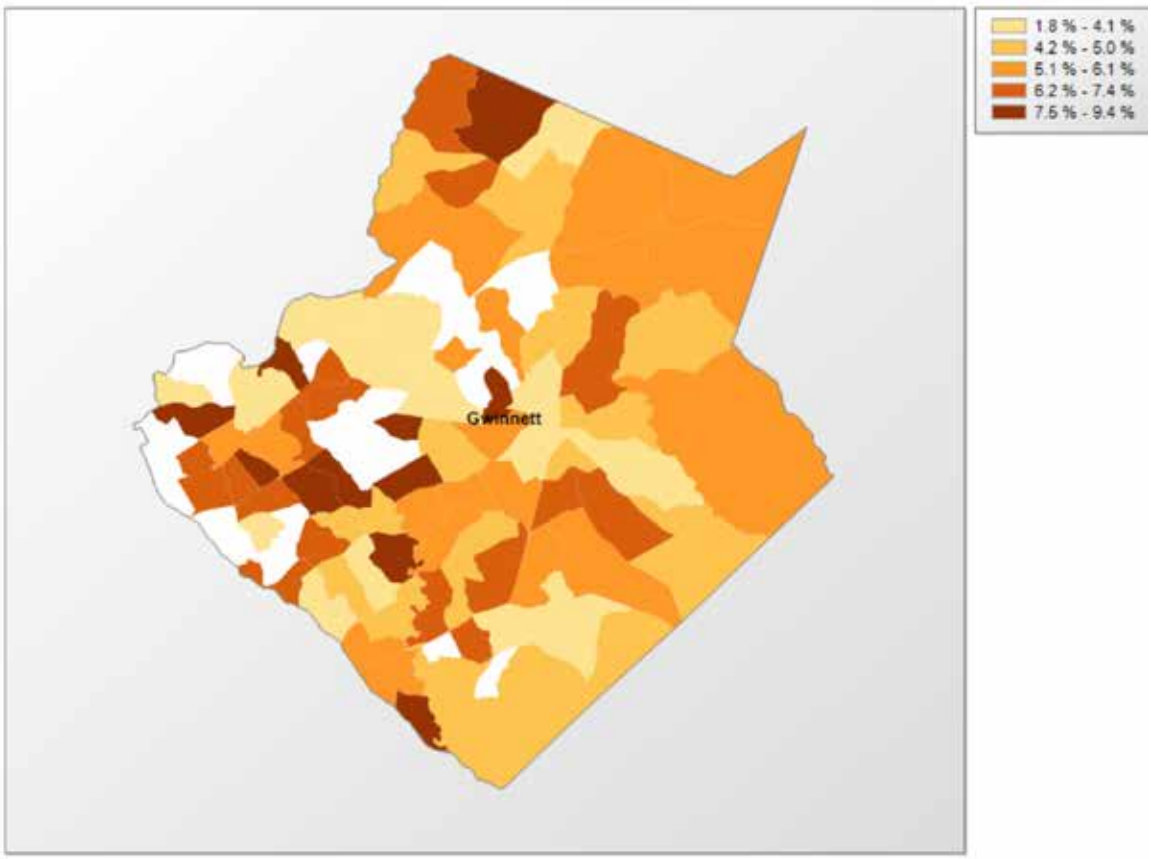
What is the County's Trend?

As stated above the current rate is 31.1. The rate for the previous 5 year aggregate (2008 - 2012) was 40.0. This difference is statistically significant. Below is both the number and rate in the county over the 10-year period.

Age-Adjusted Death Rate and Number for Malignant Neoplasms of the Trachea, Bronchus and Lung for Gwinnett County, 2008 - 2017



Percent of Deaths Within Area due to Malignant Neoplasms of the Trachea, Bronchus and Lung by Census Tract, Gwinnett County, 2013 - 2017



Source: Georgia Division of Public Health, OASIS, 2018

Colon Cancer

The CDC estimates that if all adults aged 50 or older had regular screening tests for colon cancer, as many as 60 percent of the deaths from colorectal cancer could be prevented. Risk and benefits of using different screening methods, such as stool-based tests, sigmoidoscopies and colonoscopies vary. The U.S. preventive Services Task Force recommends that screening begin at age 50 and continue until age 75; however, testing may need to begin earlier or be more frequent if colorectal cancer runs in the family, or if there is a previous diagnosis of inflammatory bowel disease.

Colon cancer was the twelfth leading cause of age-adjusted death in Gwinnett County for the years 2013-2017 (total number of deaths 457) and is the fourteenth leading cause of **premature death** for the same years (4,636 years of life lost before age 75), according to Georgia Division of Public Health, OASIS, 2018. In 2017, the colon cancer **age-adjusted death** rate was 12.1 (per 100,000 population) which was better than the GA rate of 14.0. The annual trend is decreasing.

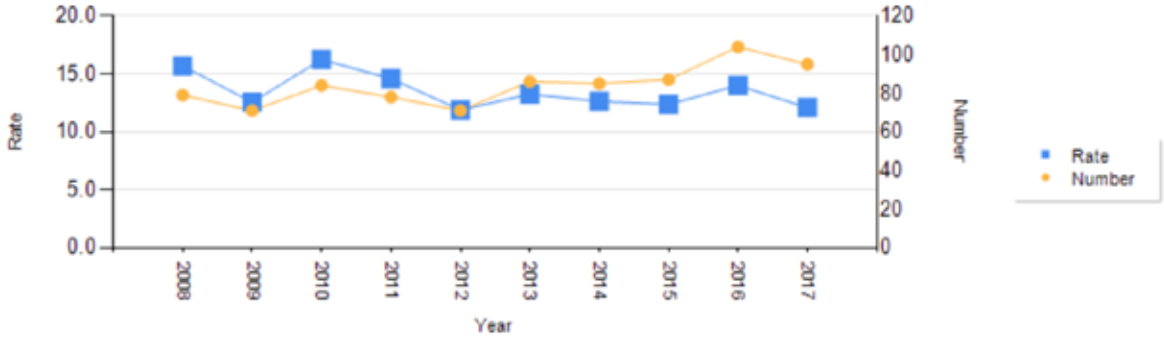
Figure 59. Age-Adjusted Death Rate due to Colorectal Cancer, Gwinnett County, 2017

Source: Conduent Healthy Communities Institute, retrieved May 2019

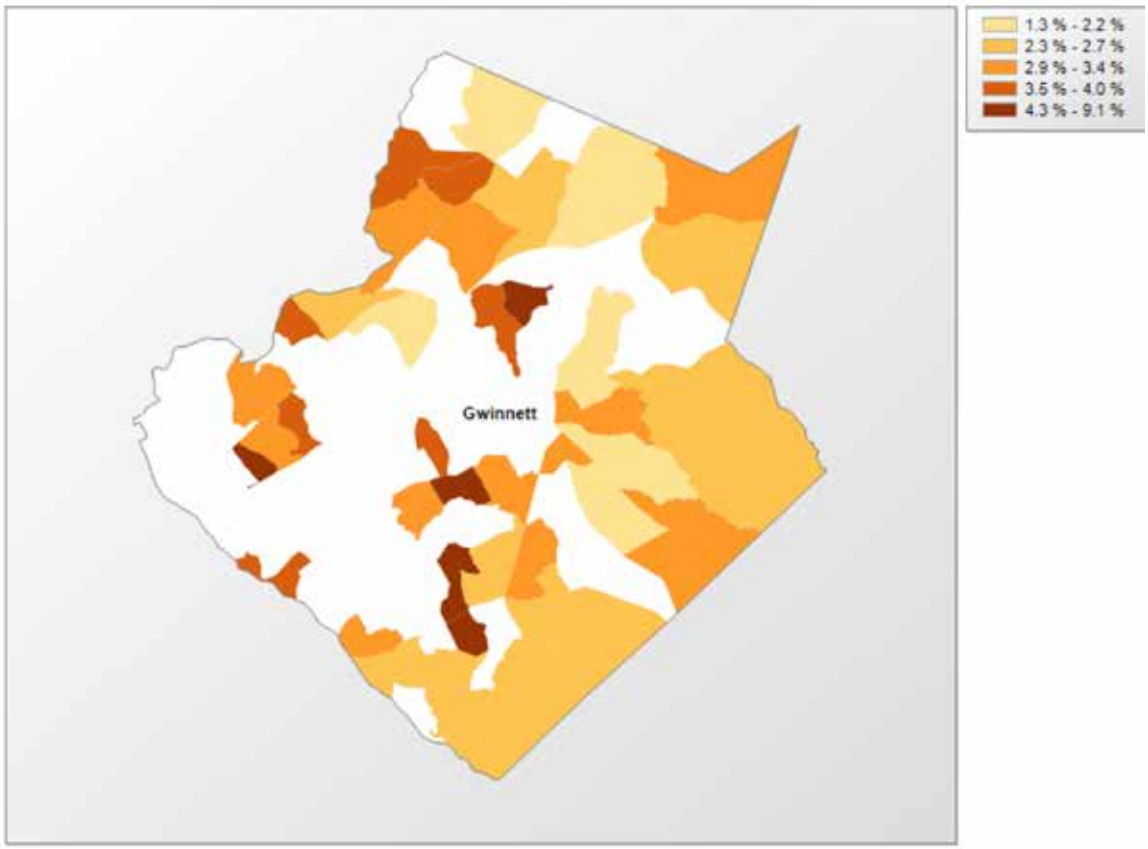
What is the County's Trend?

As stated above the current rate is 12.8. The rate for the previous 5 year aggregate (2008 - 2012) was 14.1. This difference is not statistically significant. Below is both the number and rate in the county over the 10-year period.

Age-Adjusted Death Rate and Number for Malignant Neoplasms of Colon, Rectum and Anus for Gwinnett County, 2008 - 2017



Percent of Deaths Within Area due to Malignant Neoplasms of Colon, Rectum and Anus by Census Tract, Gwinnett County, 2013 - 2017



Source: Georgia Division of Public Health, OASIS, 2018

Breast Cancer

According to the American Cancer Society, about one in eight women will develop breast cancer and about one in 36 women will die from breast cancer. Breast Cancer is associated with increased age, hereditary factors, obesity and alcohol use. Since 1990 breast cancer death rates have declined progressively due to advancements in treatment and detection.

Breast cancer was the thirteen leading cause of age-adjusted death in Gwinnett County for the years 2013-2017 (total number of deaths 448) and is the ninth leading cause of **premature death** for the same years (6,195 years of life lost before age 75), according to Georgia Division of Public Health, OASIS, 2018. In 2017, the breast cancer **age-adjusted death** rate was 12.1 (per 100,000 population) which is slightly better than the GA rate of 12.4. The annual trend is increasing but Gwinnett is well below the Healthy People 2020 target of 20.7 per 100,000 females.

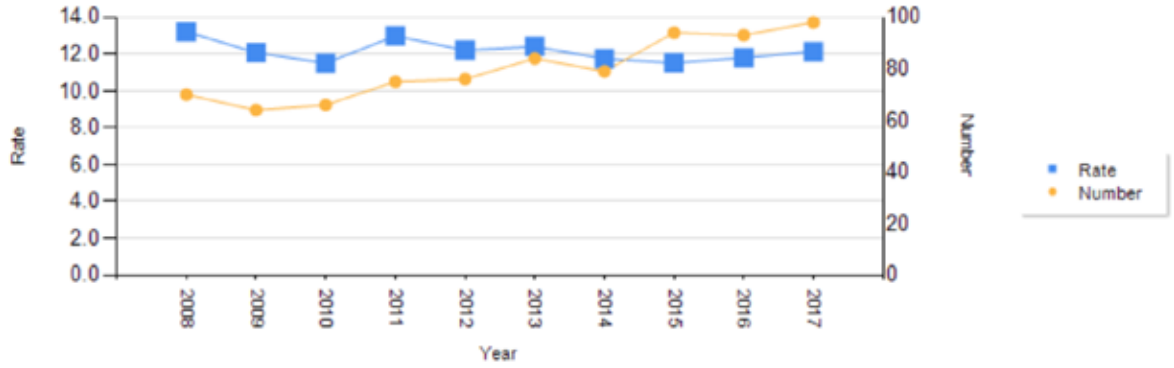
Figure 60. Age-Adjusted Death Rate due to Breast Cancer, Gwinnett County, 2017

Source: Conduent Healthy Communities Institute, retrieved May 2019

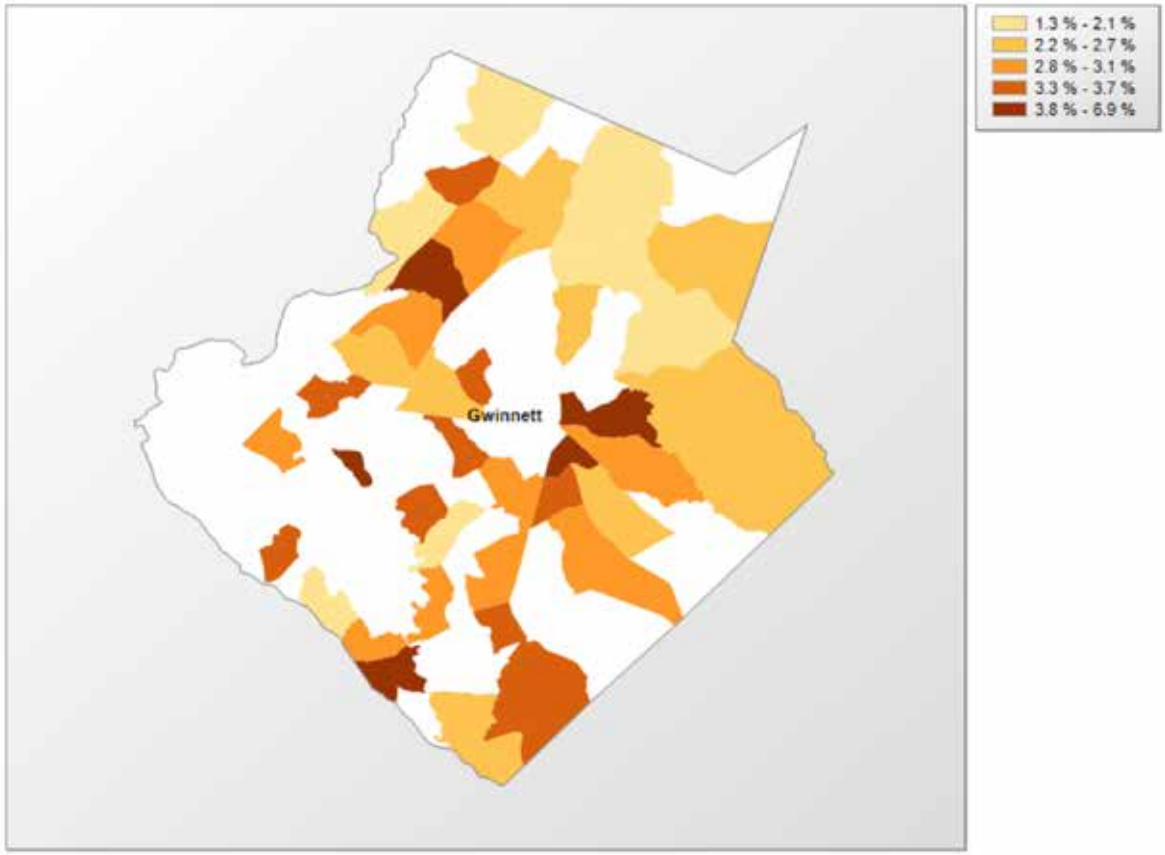
What is the County's Trend?

As stated above the current rate is 11.9. The rate for the previous 5 year aggregate (2008 - 2012) was 12.4. This difference is not statistically significant. Below is both the number and rate in the county over the 10-year period.

Age-Adjusted Death Rate and Number for Malignant Neoplasm of the Breast for Gwinnett County, 2008 - 2017



Percent of Deaths Within Area due to Malignant Neoplasm of the Breast by Census Tract, Gwinnett County, 2013 - 2017



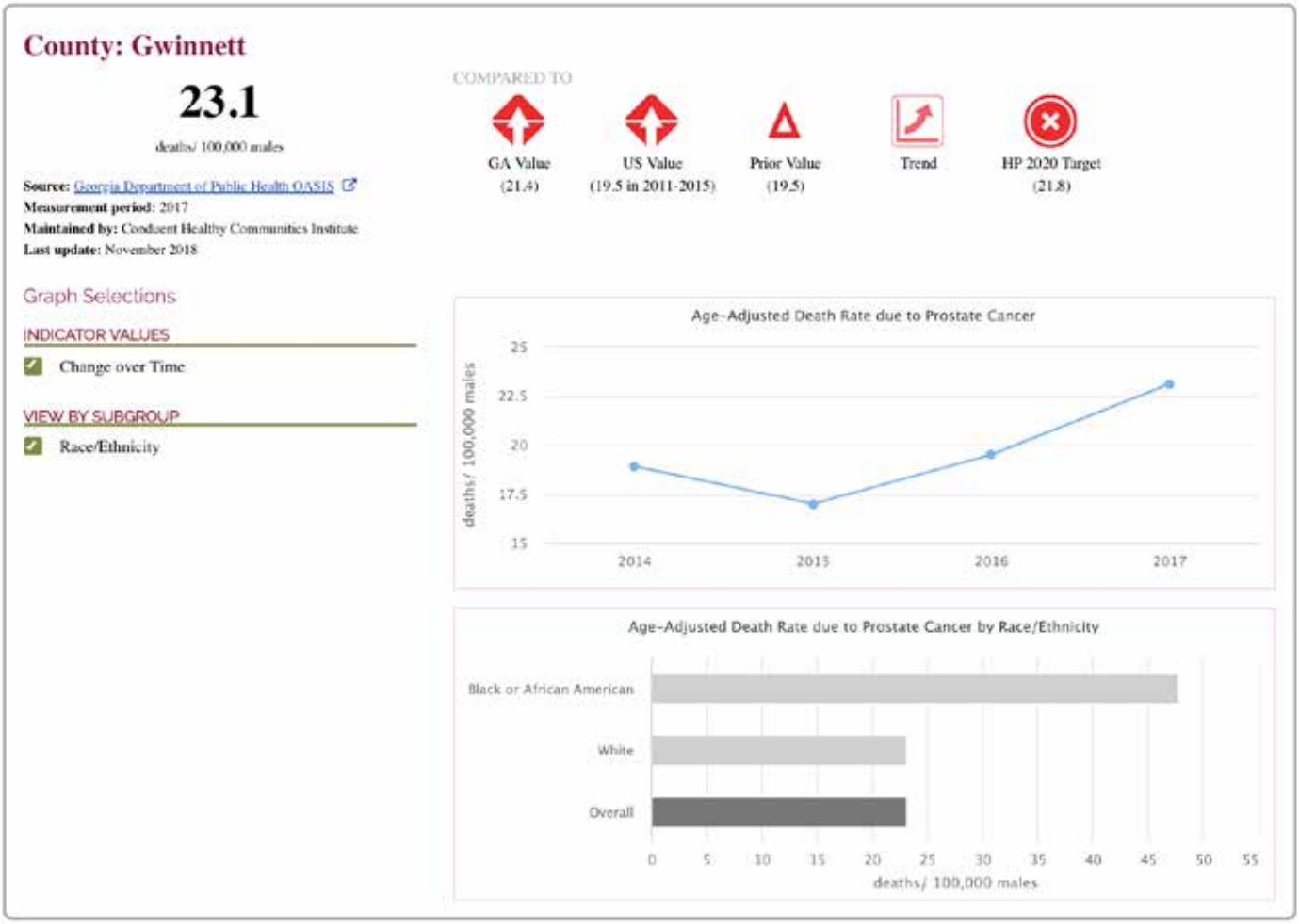
Source: Georgia Division of Public Health, OASIS, 2018

Prostate Cancer

According to the American Cancer Society, about one in seven men will be diagnosed with prostate cancer. And about one in 36 will die from prostate cancer. The two greatest risk factors for prostate cancer are age and race, with men over the age of 65 and men of African descent possessing the highest incidence rate of prostate cancer in the U.S.

In 2017, the prostate cancer age-adjusted death rate was 23.1 (per 100,000 males) which is worse than the GA rate of 21.4. The annual trend is increasing but Gwinnett is better than the Healthy People 2020 target of 21.8 per 100,000 males.

Figure 61. Age-Adjusted Death Rate due to Prostate Cancer, Gwinnett County, 2017



Source: Conduent Healthy Communities Institute, retrieved May 2019

Diabetes

Diabetes Mellitus

Diabetes is a group of diseases marked by high levels of blood glucose (also call blood sugar), resulting from defects in insulin production, insulin action, of both. According to the CDC, more than 25 million people have diabetes, including both diagnosed and undiagnosed cases. The prevalence of diagnosed Type 2 Diabetes increased six-fold in the latter half of the last century. Diabetes risk factors such

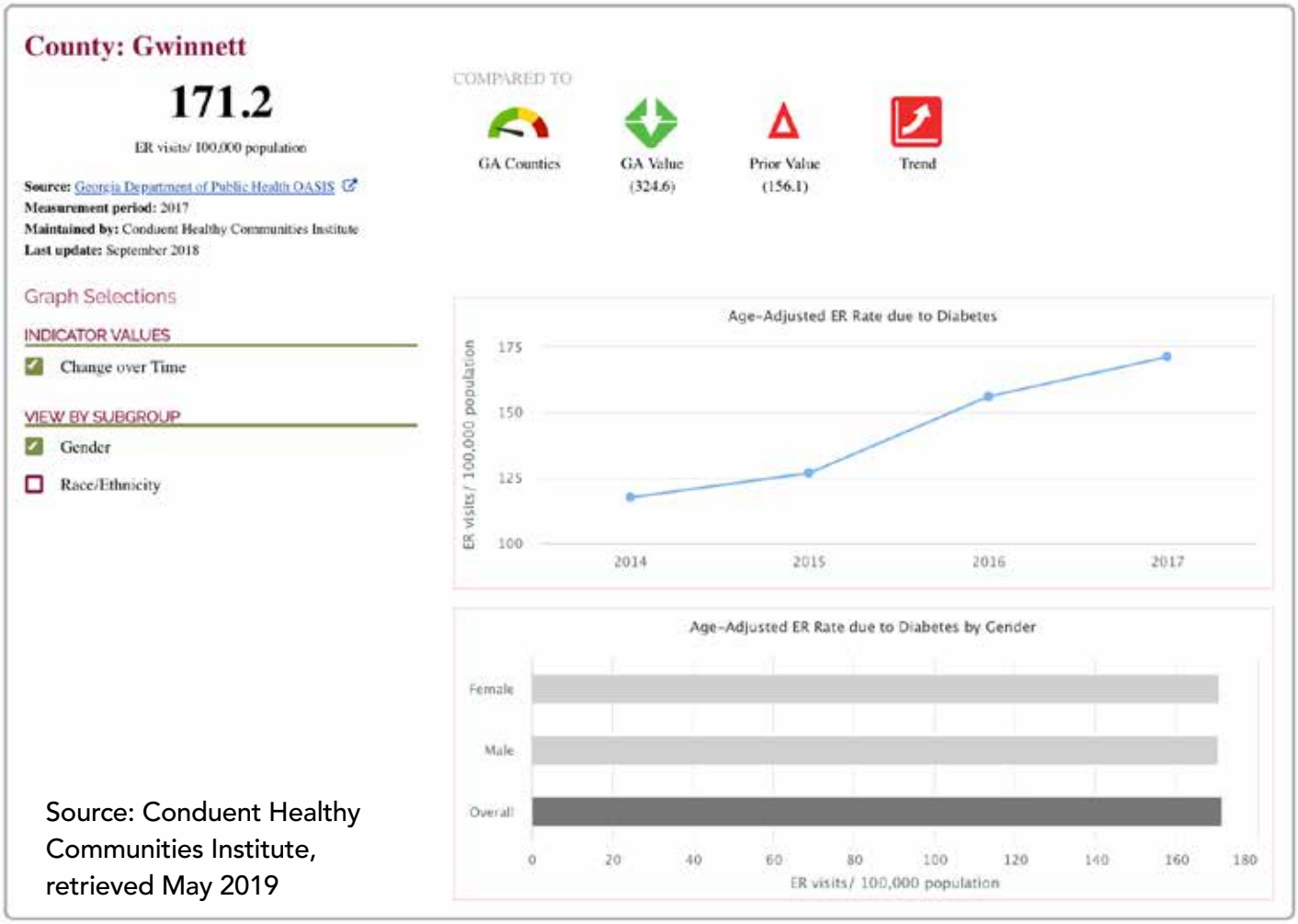
as obesity and physical inactivity have played a major role in this dramatic increase. Age, race and ethnicity are also important risk factors.

This disease can have a harmful effect on most of the organ systems in the human body; it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation and a leading cause of blindness among working-age adults. Person with diabetes are also at increased risk for ischemic heart disease, neuropathy and stroke. (Conduent Healthy Communities Institute)

According to the Centers for Disease Control and Prevention (CDC) in 2010, diabetes was the seventh leading cause of death in the U.S. based on the 69,071 death certificates in which diabetes was listed as the underlying cause of death. In 2010, diabetes was mentioned as a cause of death in a total of 234,051 certificates. The CDC also feels it is likely that diabetes is underreported as a cause of death. According to the CDC, studies have found that only about 35 to 40 percent of decedents with diabetes had it listed anywhere on the death certificate and only about 10 to 15 percent had it listed as the underlying cause of death.

For the years 2013-2017, diabetes mellitus was the eight leading cause of **age-adjusted hospital discharge** (total 4,882 discharges) but did not make the top 15 rank causes for **age-adjusted emergency room visit**, according to Georgia Division of Public Health, OASIS, 2018.

Figure 62. Age-Adjusted ER Rate due to Diabetes, Gwinnett County, 2017



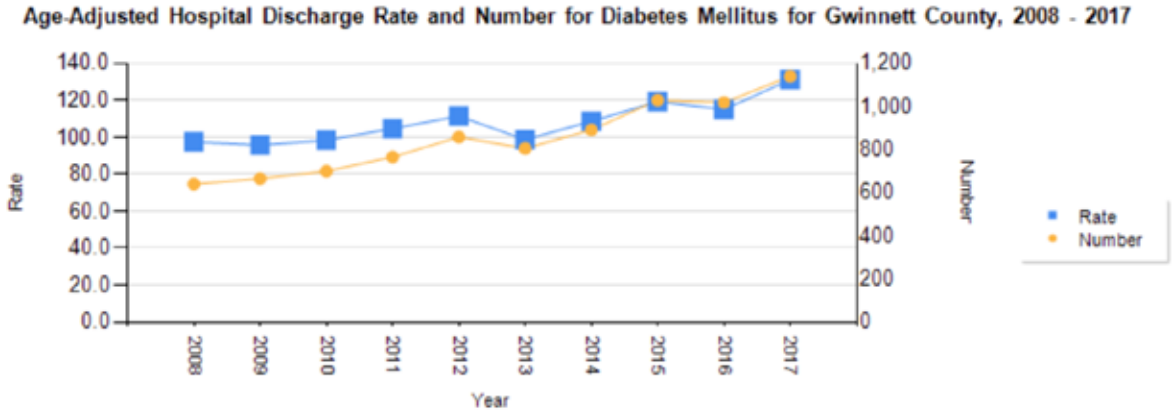
Source: Conduent Healthy Communities Institute, retrieved May 2019

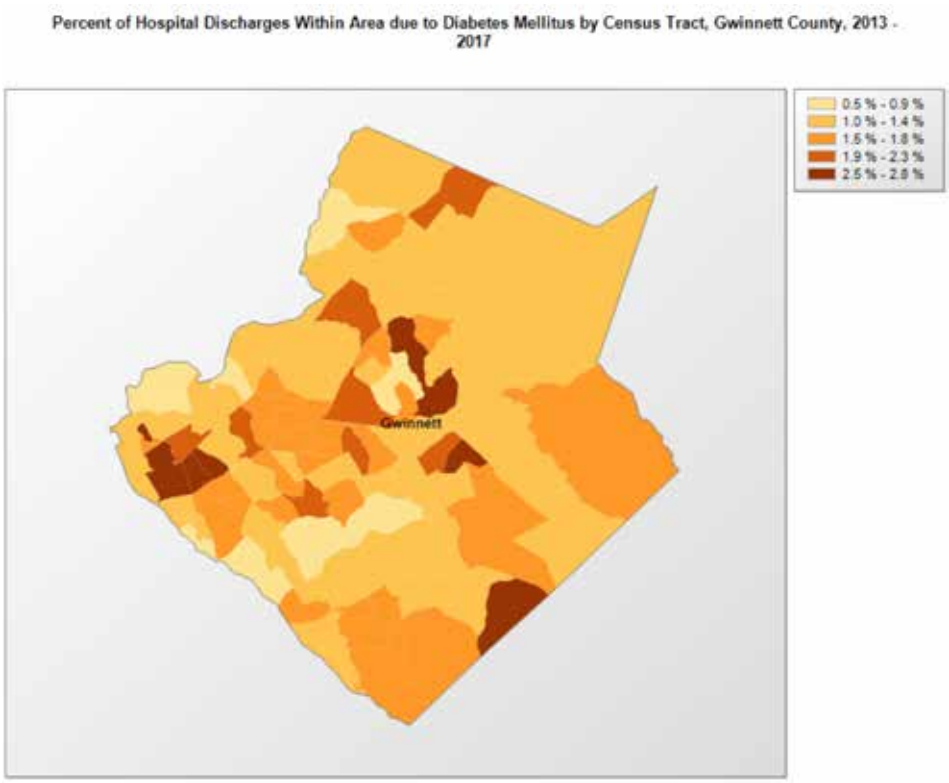
Figure 63. Age-Adjusted Hospital Discharge Rate due to Diabetes, Gwinnett County, 2017

Source: Conduent Healthy Communities Institute, retrieved May 2019

What is the County's Trend?

As stated above the current rate is 114.9. The rate for the previous 5 year aggregate (2008 - 2012) was 101.6. This difference is statistically significant. Below is both the number and rate in the county over the 10-year period.



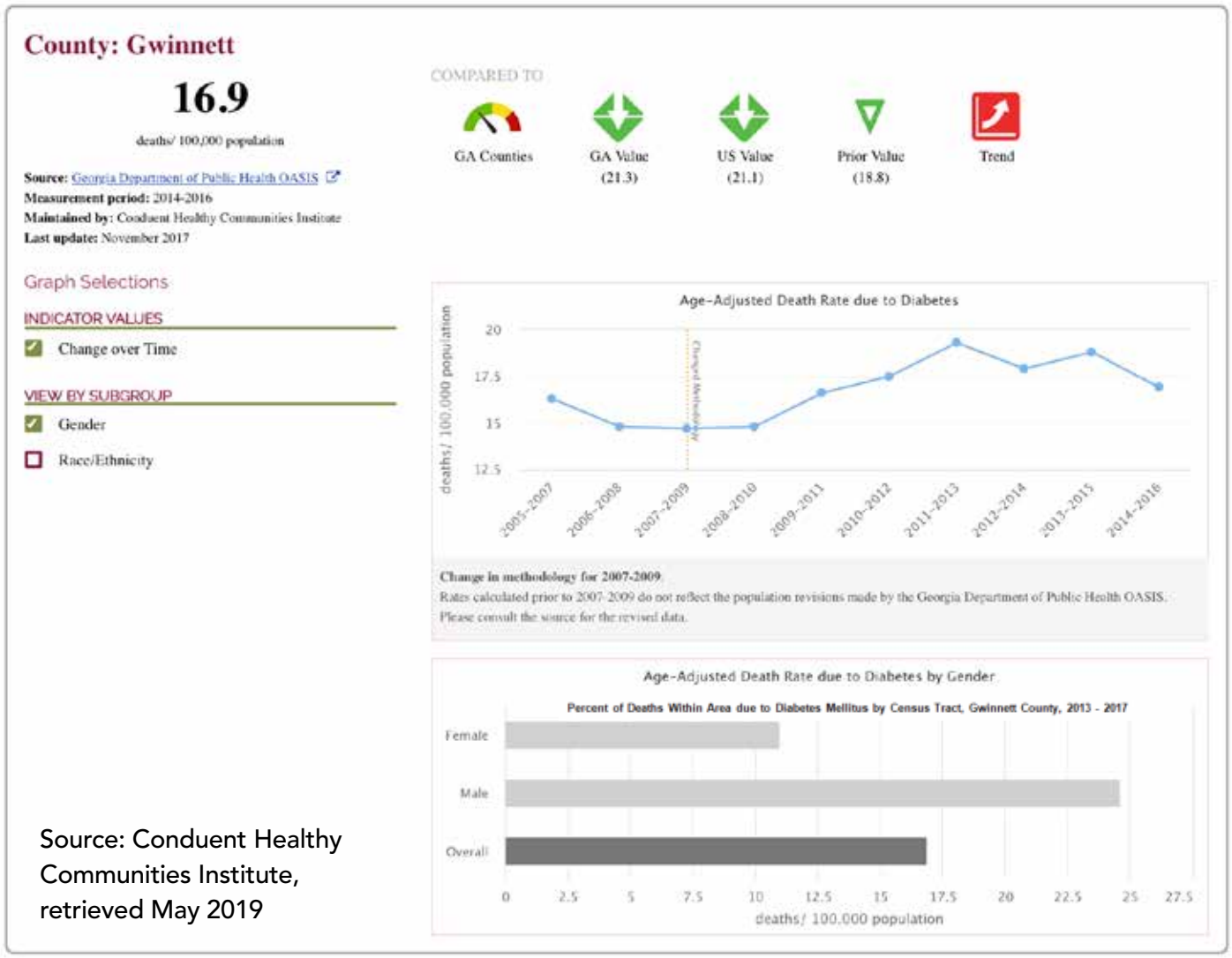


Source: Georgia Division of Public Health, OASIS, 2018

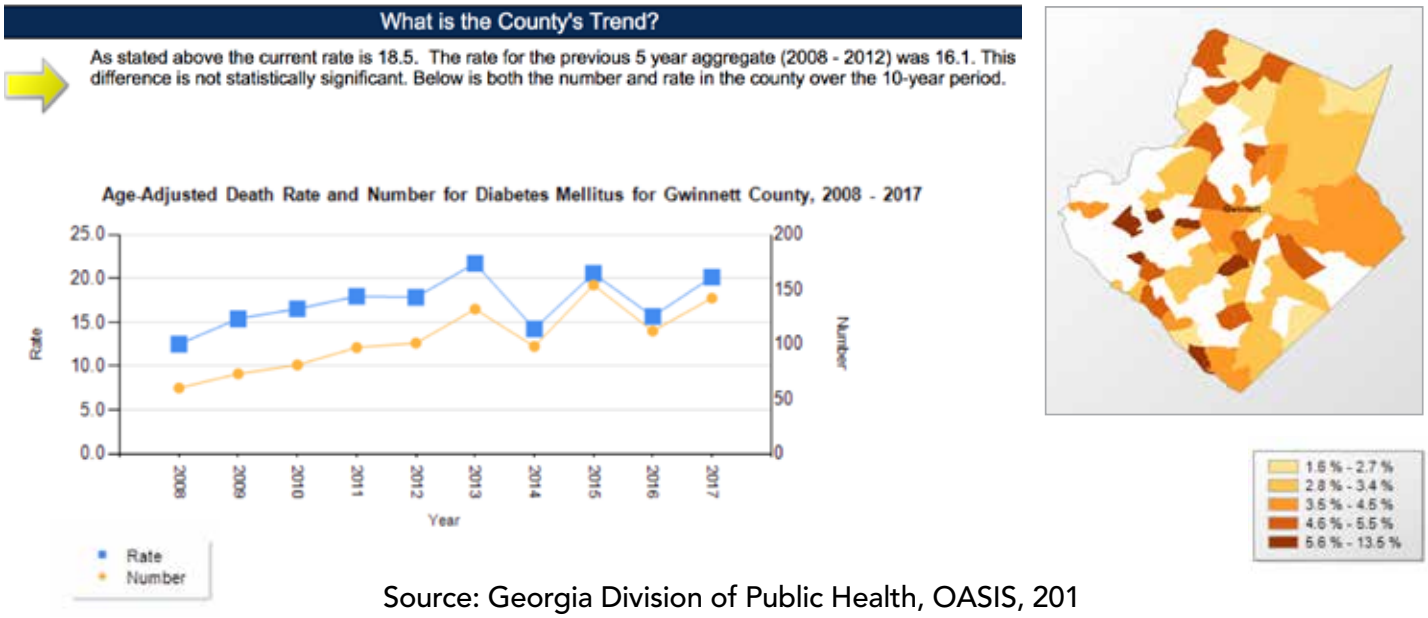
For the years 2013-2017, diabetes mellitus was the eighth leading cause of **age-adjusted deaths** (total 638 deaths) and the twelfth reason for **premature death** (5,624 years if life loss before 75) in Gwinnett County, according to Georgia Division of Public Health, OASIS, 2018.

Between 2014-2017, the diabetes age-adjusted death rate was 16.9 (per 100,000 population) which is better than the U.S. rate of 21.1. The annual trend is increasing.

Figure 64. Age-Adjusted Death Rate due to Diabetes, Gwinnett County, 2014-2016



Source: Conduent Healthy Communities Institute, retrieved May 2019



Source: Georgia Division of Public Health, OASIS, 201

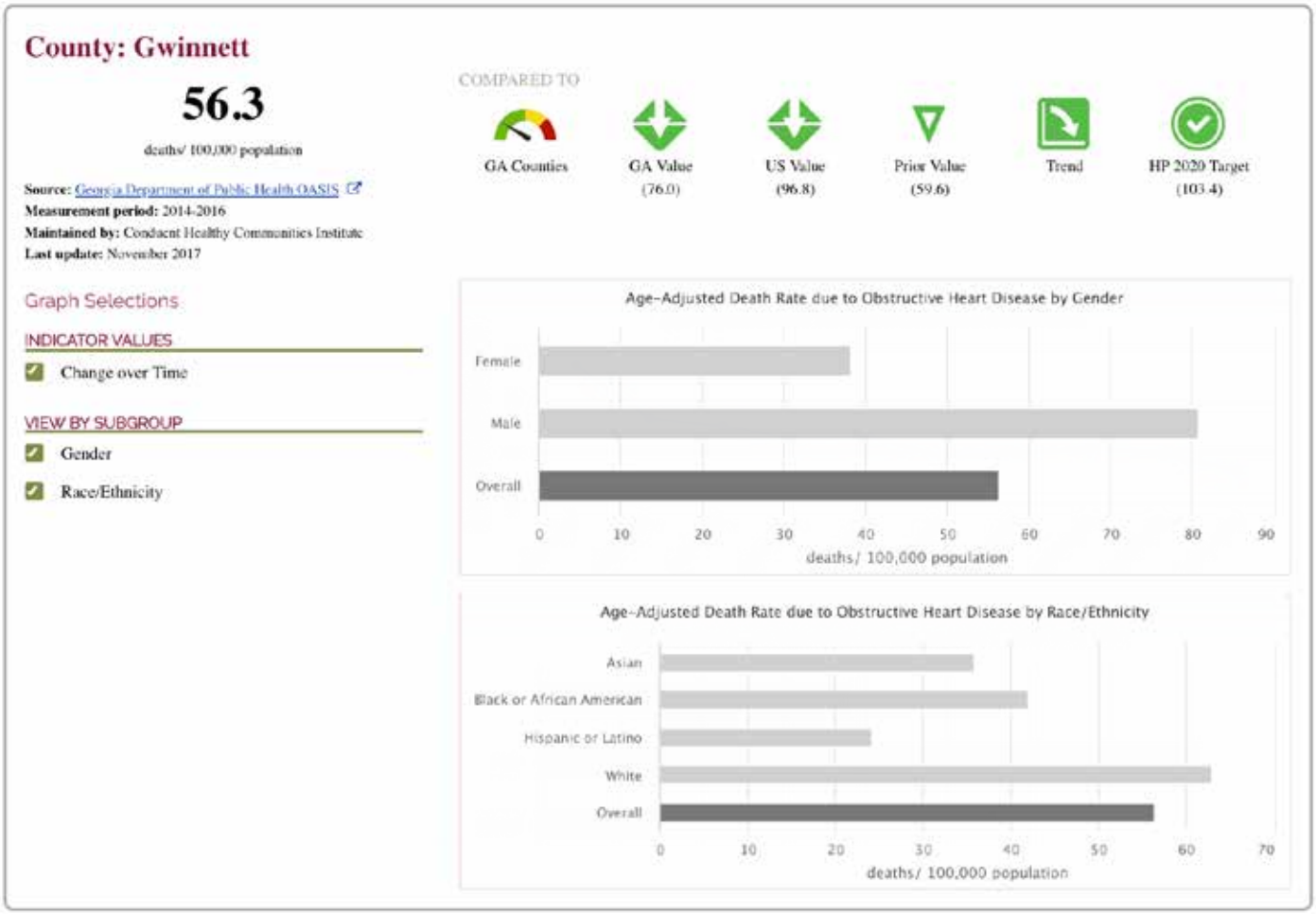
Heart Disease

Heart Disease

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

For the years 2013-2017, heart disease age-adjusted death rate was 56.3 which is better than the U.S. rate of 96.8 and better than the Healthy People 2020 target of 103.4. The demographic that is at the greatest risk in Gwinnett is white males.

Figure 65. Age-Adjusted Death Rates due to Heart Disease, Gwinnett County, 2014-2016

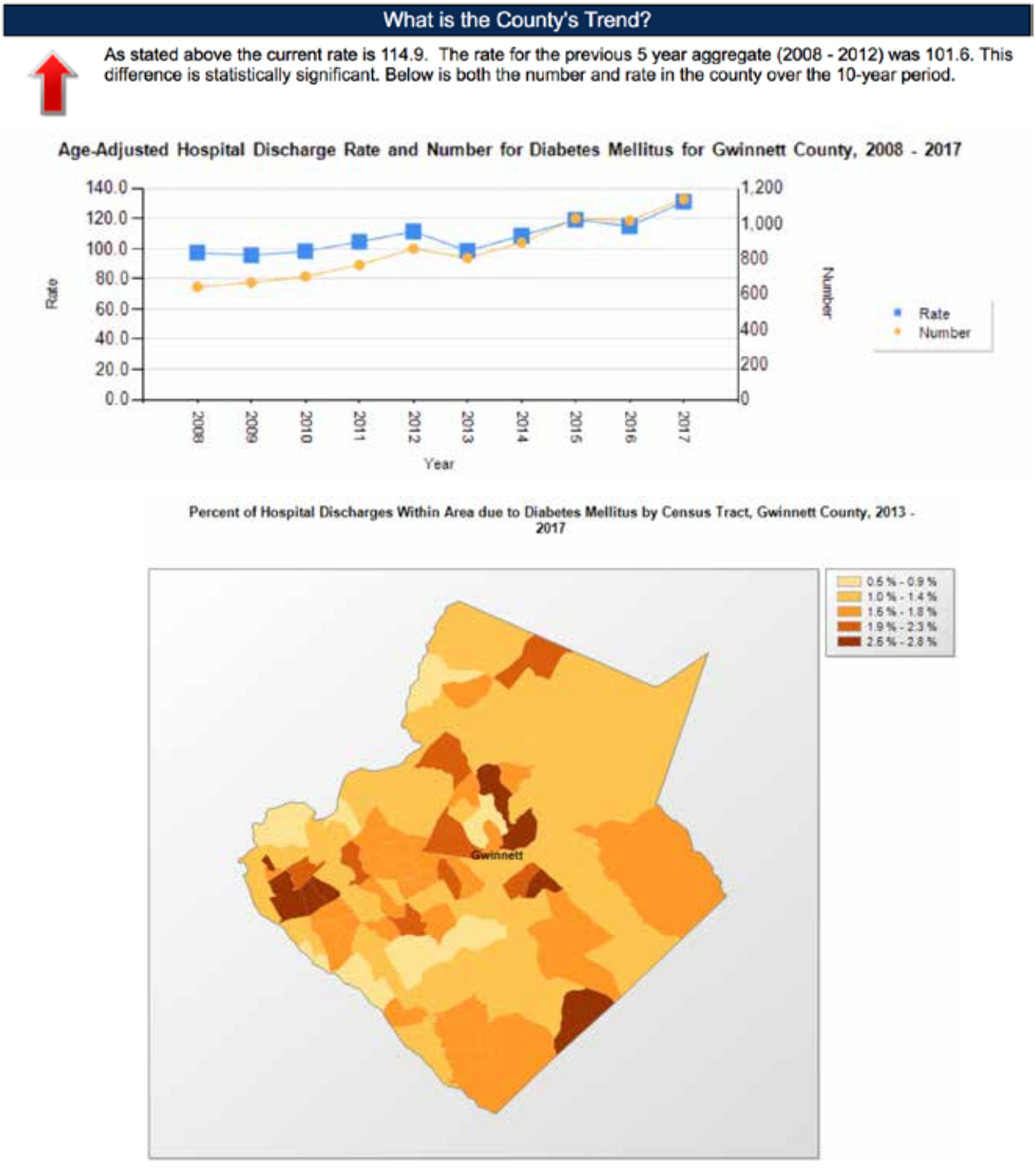


Source: Conduent Healthy Communities Institute, retrieved December 2018

Ischemic Heart and Vascular Heart Disease

For the years 2013-2017, ischemic heart and vascular heart disease did not make the top 15 rank causes of **age-adjusted emergency room** visit, but was the fifth leading cause of **age-adjusted hospital discharg**e (total 9,394 discharges) but according to Georgia Division of Public Health, OASIS, 2018.

Figure 66. Age-Adjusted Hospital Discharge Rate due to Ischemic Heart and Vascular Disease, Gwinnett County, 2013-2017



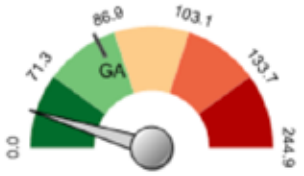
Source: Georgia Division of Public Health, OASIS, 2018

For the five year period 2013-2017, ischemic heart and vascular disease (1,812 deaths) was the leading cause of **age-adjusted death** in Gwinnett County and fifth leading cause for **premature death** (12,306 years of life lost before age 75), according to Georgia Division of Public Health, OASIS, 2015. The number of deaths increased for Gwinnett residents over this time period but the number of years of life lost below 75 decreased.

Figure 67. Age-Adjusted Death Rate due to Ischemic Heart and Vascular Disease, Gwinnett County, 2013-2017

Age-Adjusted Death Rate - Ischemic Heart and Vascular Disease for Gwinnett County, 2013 - 2017

How Do We Compare to the State?



The dial above shows the Georgia Age-Adjusted Death Rate to be 82.9. The Age-Adjusted Death Rate for Gwinnett County is 58.9. Additional values on the gauge represent percentiles from the lowest county rate to the highest county rate. The table shows the top 10 causes in Gwinnett County, and how each compare in rank to the same causes for the State.

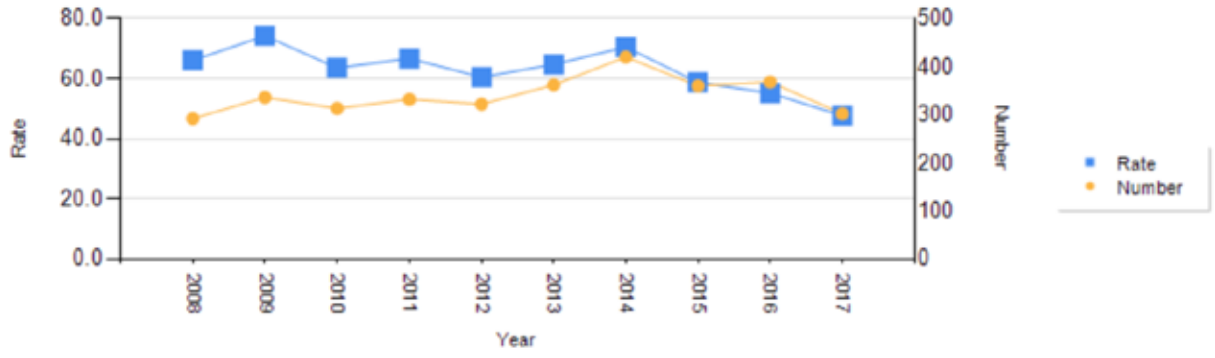
County Comparison with Georgia

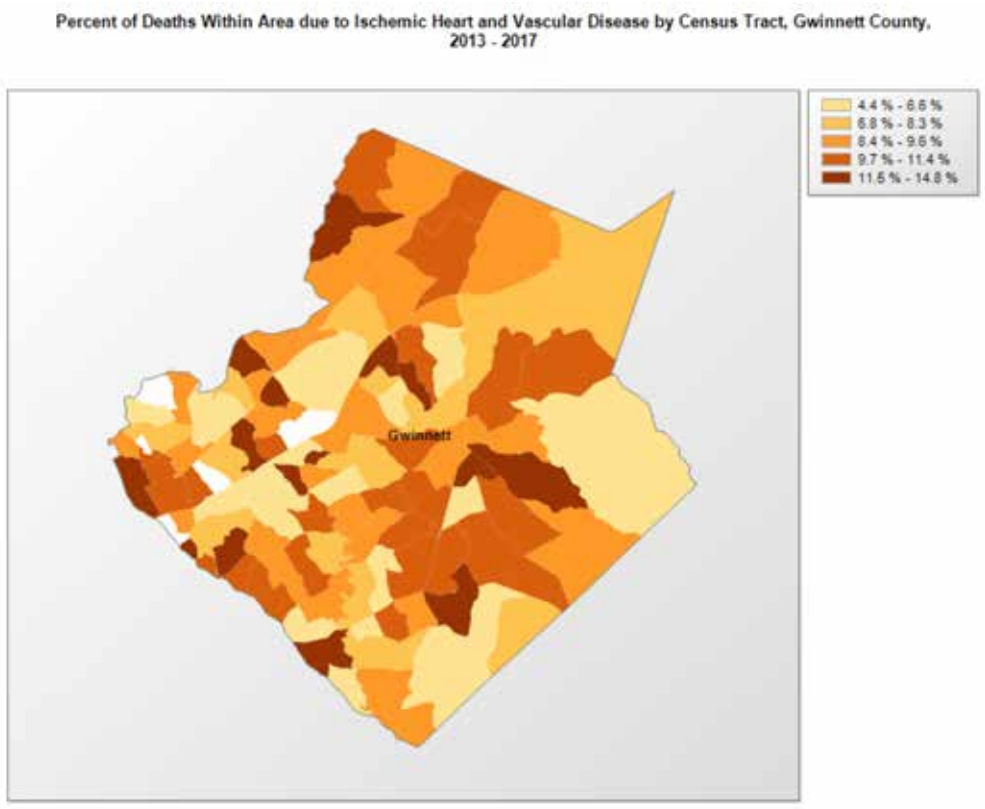
Cause	Selected Geography Rank	Georgia Rank
Ischemic Heart and Vascular Disease	1	1
Cerebrovascular Disease	2	4
Malignant Neoplasms of the Trachea, Bronchus and Lung	3	2
Alzheimers Disease	4	6
All COPD Except Asthma	5	3
All Other Mental and Behavioral Disorders	6	5
Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease	7	7
Diabetes Mellitus	8	8
All Other Diseases of the Nervous System	9	10
Intentional Self-Harm (Suicide)	10	15

What is the County's Trend?

As stated above the current rate is 58.9. The rate for the previous 5 year aggregate (2008 - 2012) was 66.0. This difference is statistically significant. Below is both the number and rate in the county over the 10-year period.

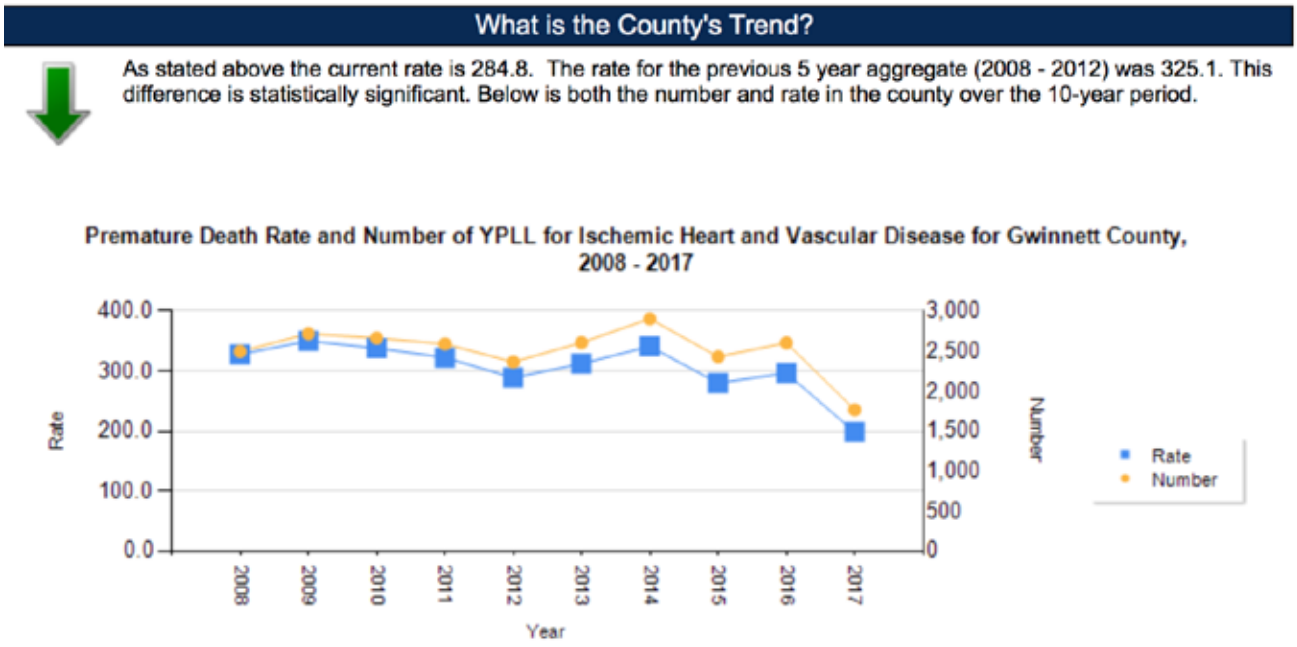
Age-Adjusted Death Rate and Number for Ischemic Heart and Vascular Disease for Gwinnett County, 2008 - 2017

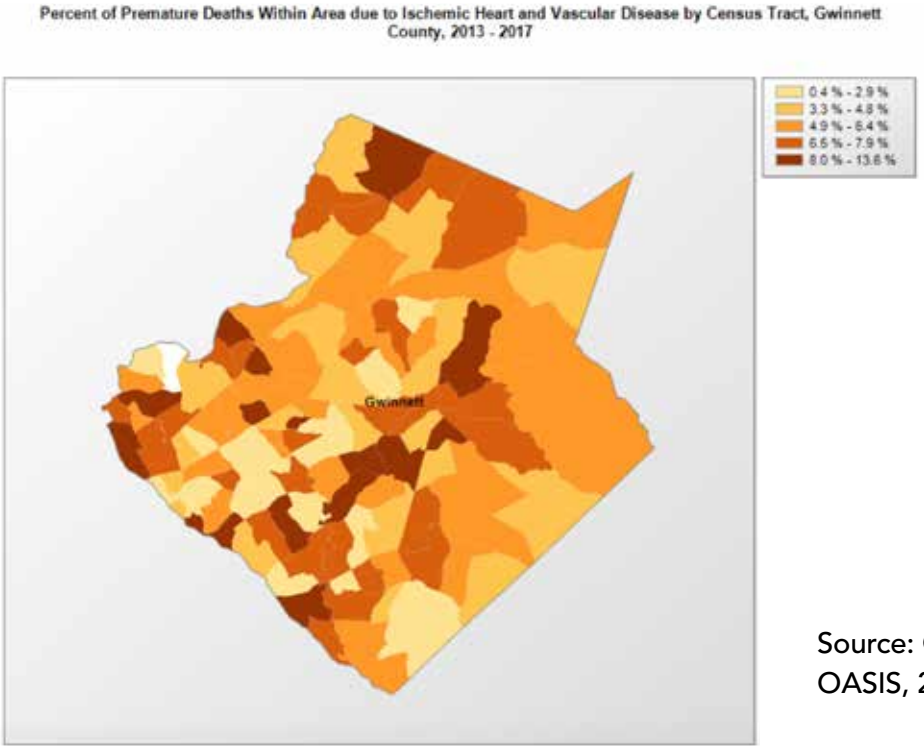




Source: Georgia Division of Public Health, OASIS, 2018

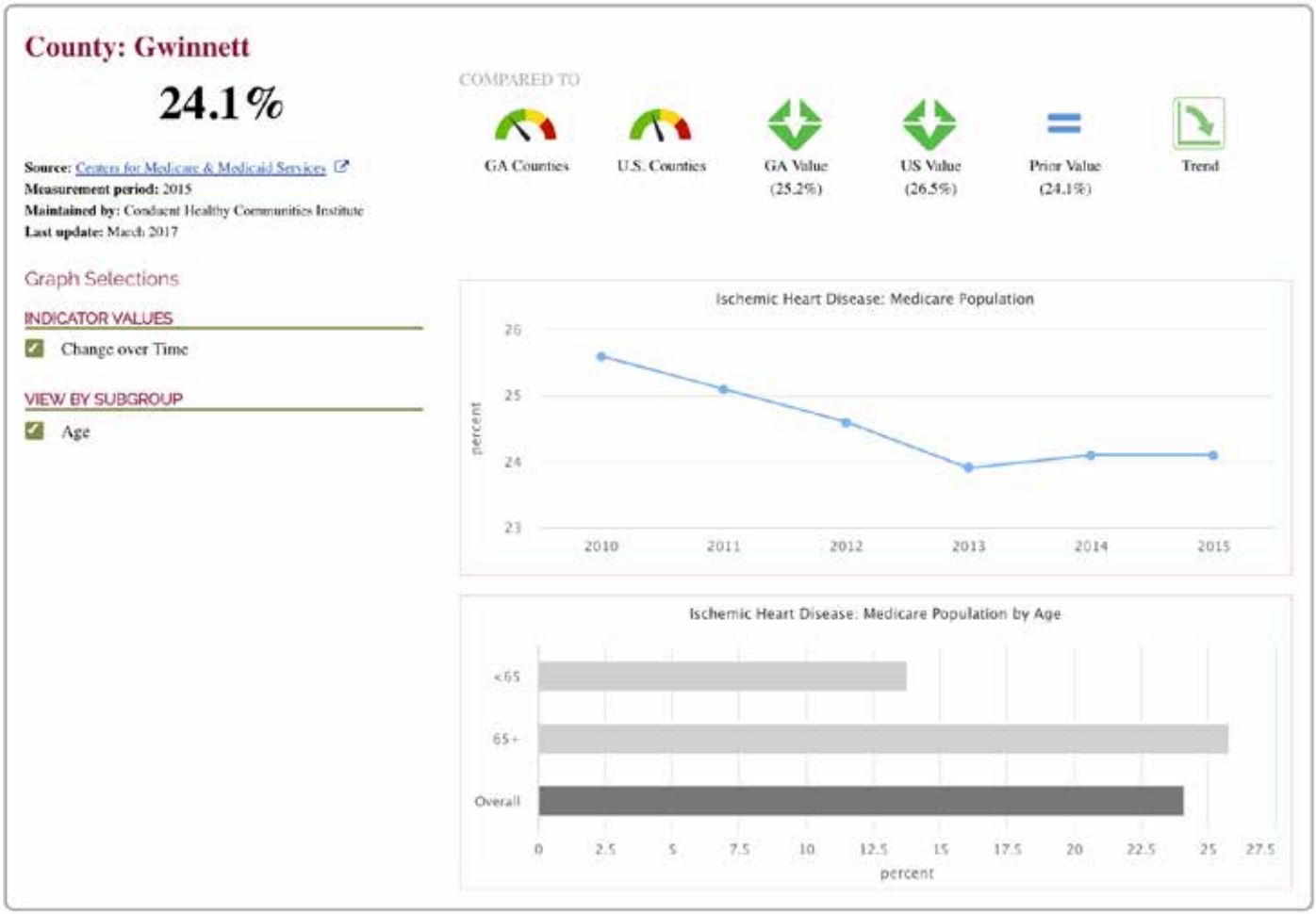
Figure 68. Premature Death Rate due to Ischemic Heart and Vascular Disease, Gwinnett County, 2013-2017





Source: Georgia Division of Public Health, OASIS, 2018

Figure 69. Ischemic Heart Disease Medicare Population, Gwinnett County, 2015



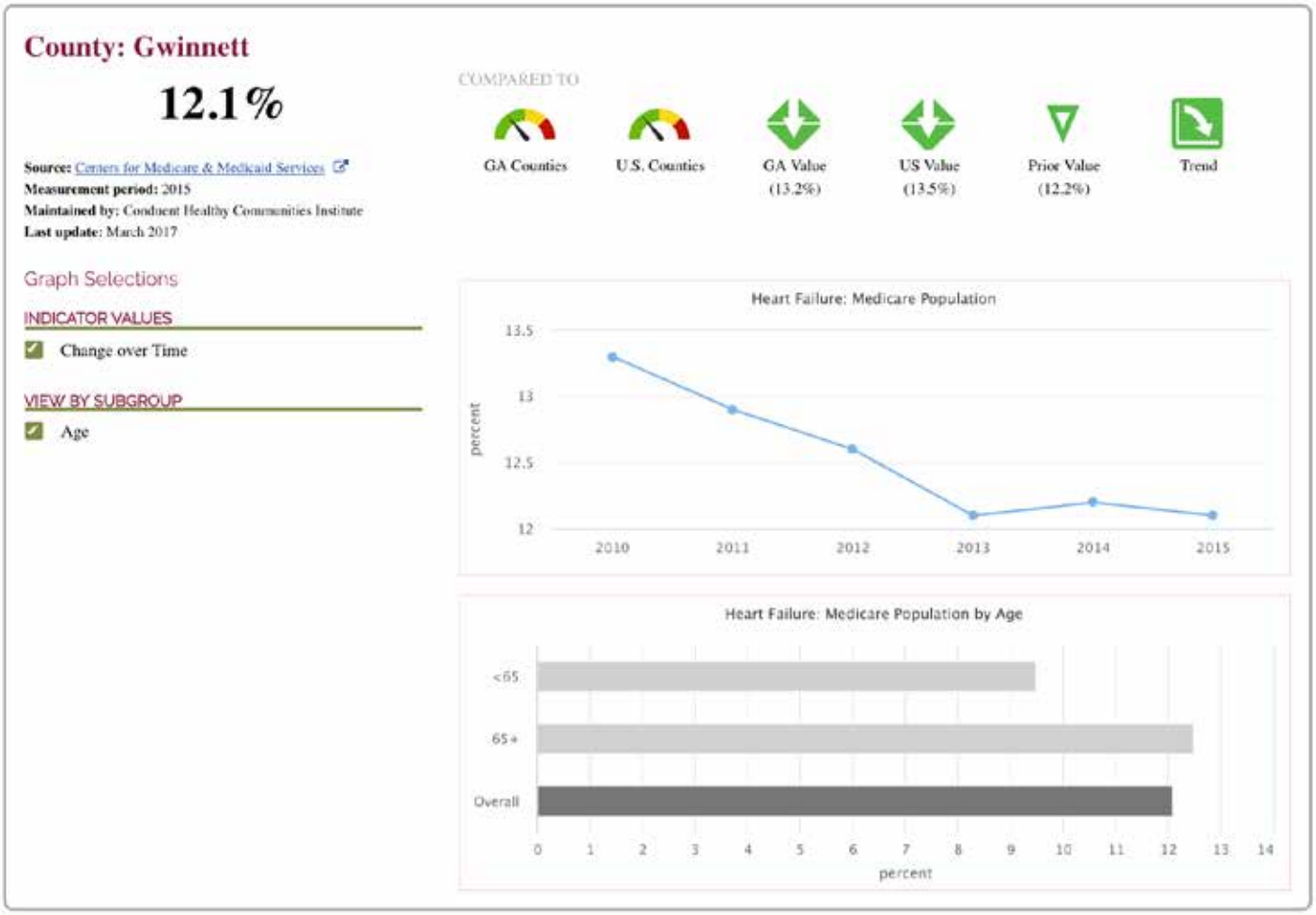
Source: Conduent Healthy Communities Institute, retrieved May 2019

Heart Failure

Heart failure occurs when the heart cannot pump sufficient amounts of blood to the rest of the body; resulting in increased blood pressure and fluid retention in the limbs and/or organs. Heart failure is caused by a variety of conditions that weaken the heart, including coronary artery disease, diabetes, heart attack, high blood pressure and congenital heart defeats. According to the CDC, approximately 5.7 million people in the U.S. have heart failure. The National Institute of Health states that heart failure is most common in people age 65 and older. (Conduent Healthy Communities Institute)

In 2015, 12.1 percent of Gwinnett's Medicare population was treated for heart failure. This percentage was less than the U.S. percentage of 13.5 and the tread percentage is decreasing.

Figure 70. Heart Failure in the Medicare Population, Gwinnett County, 2015



Source: Conduent Healthy Communities Institute, retrieved May 2019

Hypertension

Hypertension (high blood pressure) is a significant increase in blood pressure in the arteries. Many people with hypertension may not experience symptom, even if their blood pressure is dangerously high. However, a few might experience severe headaches, dizziness, irregular heartbeats and other symptoms. Hypertension is the leading care of stroke and major cause of heart attacks, and if left untreated can lead to damage of the blood vessels and kidneys, vision loss and angina. The risk for high blood pressure increase with obesity, diabetes, high salt intake, high stress levels, high alcohol intake and tobacco use. According to the CDC, nearly 1 in 3 adults have hypertension with only half of these individuals having their condition under control. (Conduent Healthy Communities Institute)

For the years 2013-2017, Hypertension (Primary) was the tenth leading cause of **age-adjusted emergency room visit** (total 13,350 visits) and the thirteenth leading cause of **age-adjusted hospital discharge** (total 4,652 discharges), according to Georgia Division of Public Health, OASIS, 2018.

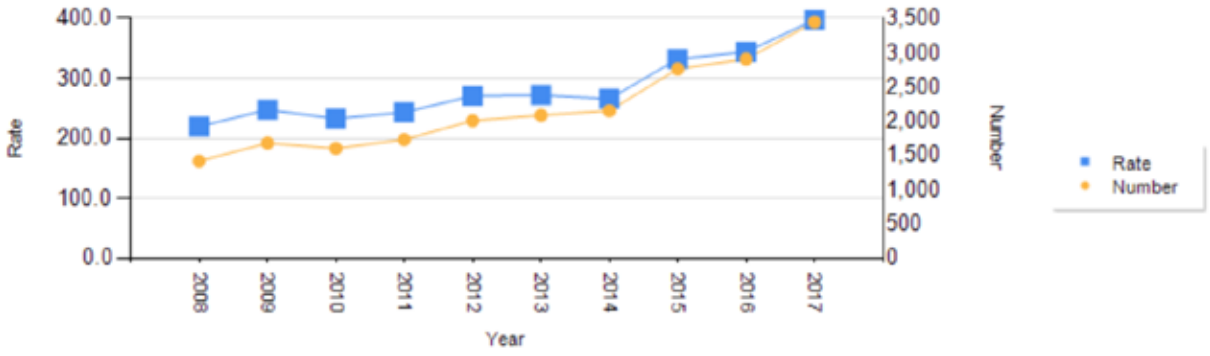
Figure 71. Age-adjusted ER Rate due to Hypertension, Gwinnett County, 2017

Source: Conduent Healthy Communities Institute, retrieved May 2019

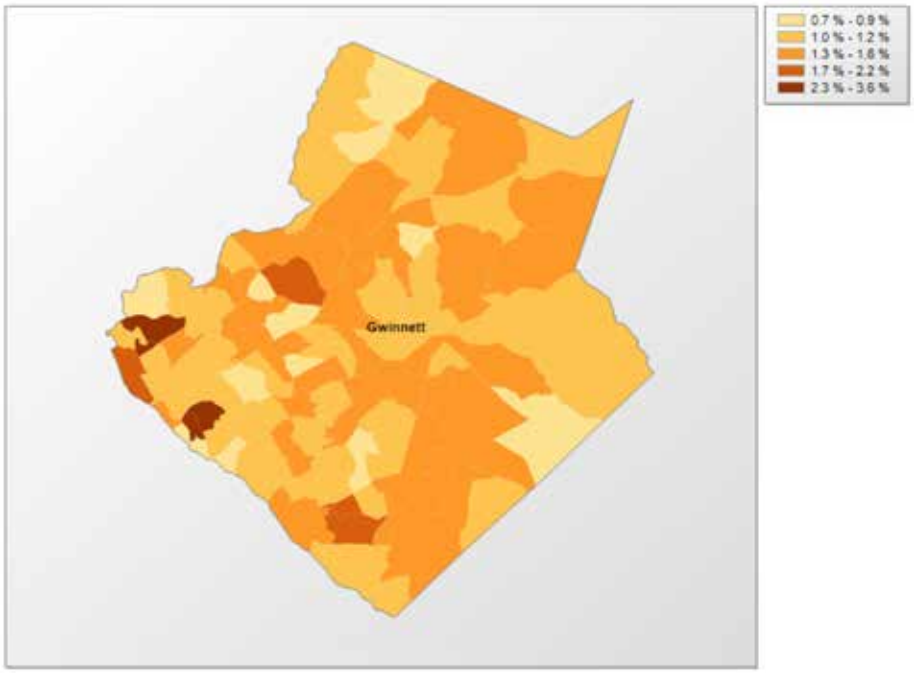
What is the County's Trend?

As stated above the current rate is 323.8. The rate for the previous 5 year aggregate (2008 - 2012) was 243.3. This difference is statistically significant. Below is both the number and rate in the county over the 10-year period.

Age-Adjusted Emergency Room Visit Rate and Number for Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease for Gwinnett County, 2008 - 2017



Percent of Emergency Room Visits Within Area due to Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease by Census Tract, Gwinnett County, 2013 - 2017



Source: Georgia Division of Public Health, OASIS, 2018

Figure 72. Age-Adjusted Hospitalization Rate due to Hypertension, Gwinnett County, 2017

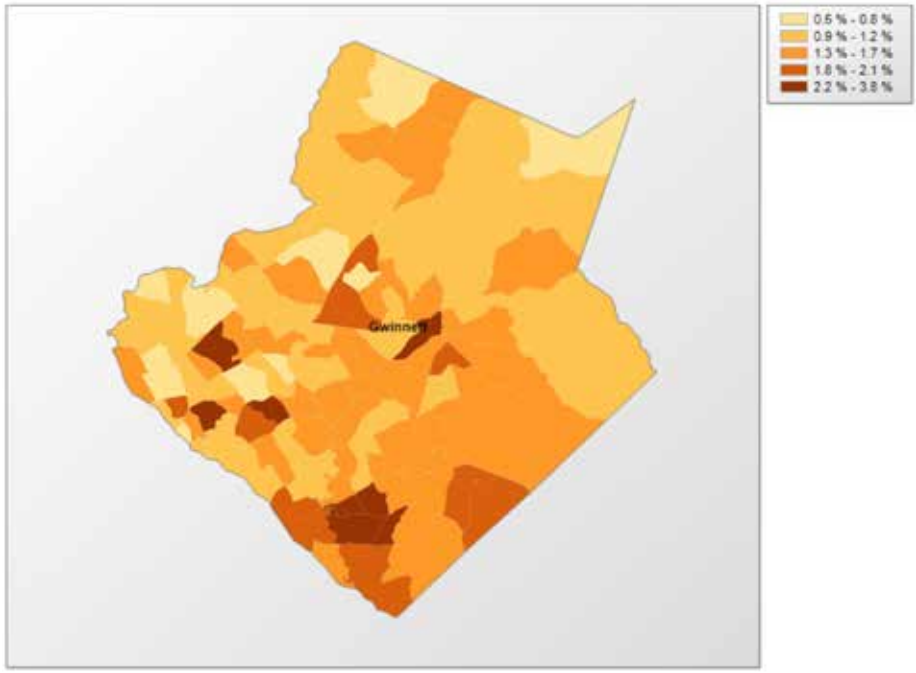
Source: Conduent Healthy Communities Institute, retrieved May 2019

What is the County's Trend?

As stated above the current rate is 129.8. The rate for the previous 5 year aggregate (2008 - 2012) was 75.9. This difference is statistically significant. Below is both the number and rate in the county over the 10-year period.

Age-Adjusted Hospital Discharge Rate and Number for Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease for Gwinnett County, 2008 - 2017

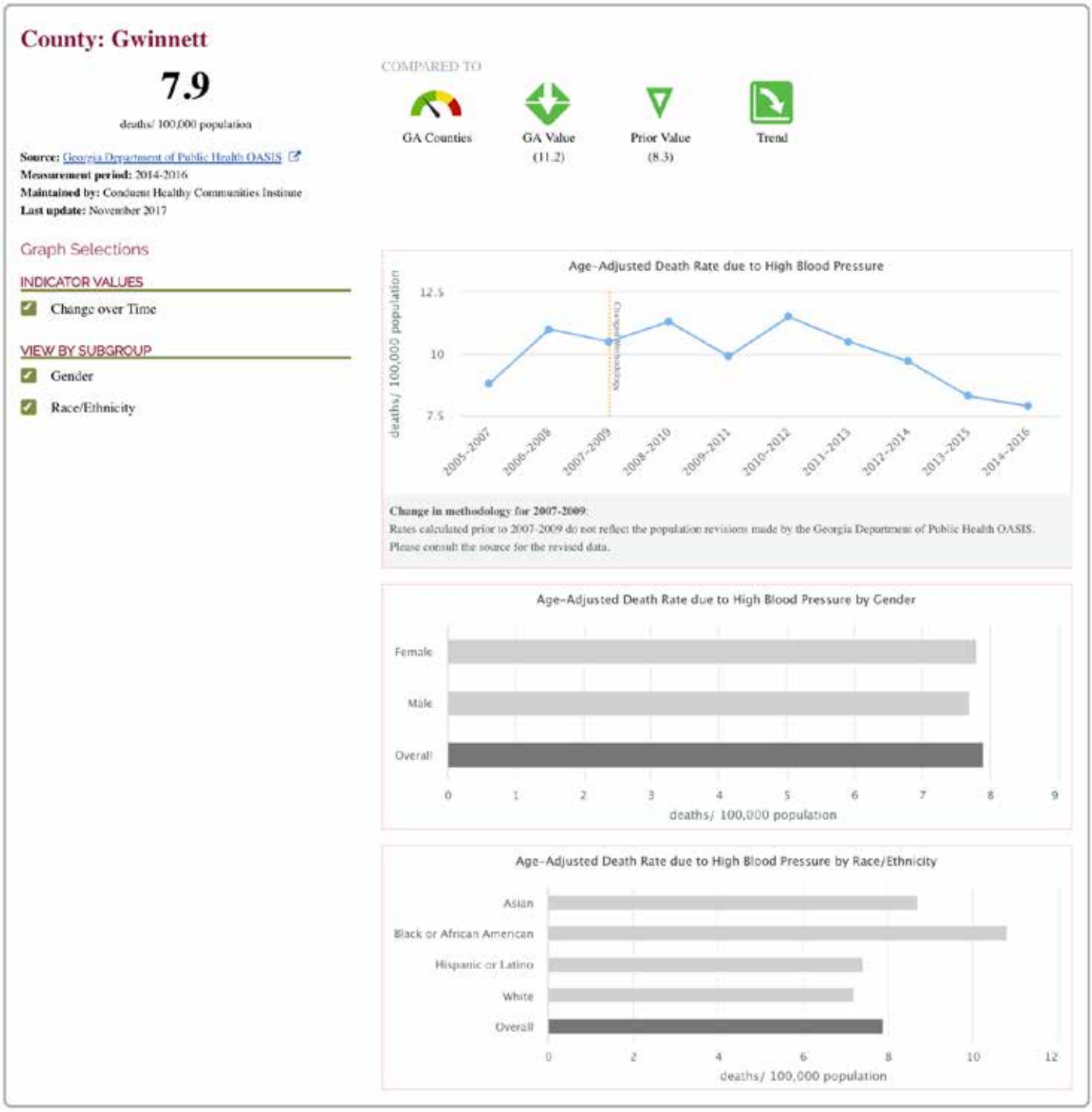
Percent of Hospital Discharges Within Area due to Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease by Census Tract, Gwinnett County, 2013 - 2017



Source: Georgia Division of Public Health, OASIS, 2018

For the years 2013-2017, Essential (Primary Hypertension was the seventh leading cause of **age-adjusted death** (total 703 deaths) and the twelfth reason for **premature death** (5,624 years if life loss before 75) in Gwinnett County, according to Georgia Division of Public Health, OASIS, 2018. Males have a slightly higher death rate than females. African American have the highest rate (10.8 per 100,000 population).

Figure 73. Age-Adjusted Death Rate due to High Blood Pressure, Gwinnett County, 2014-2016

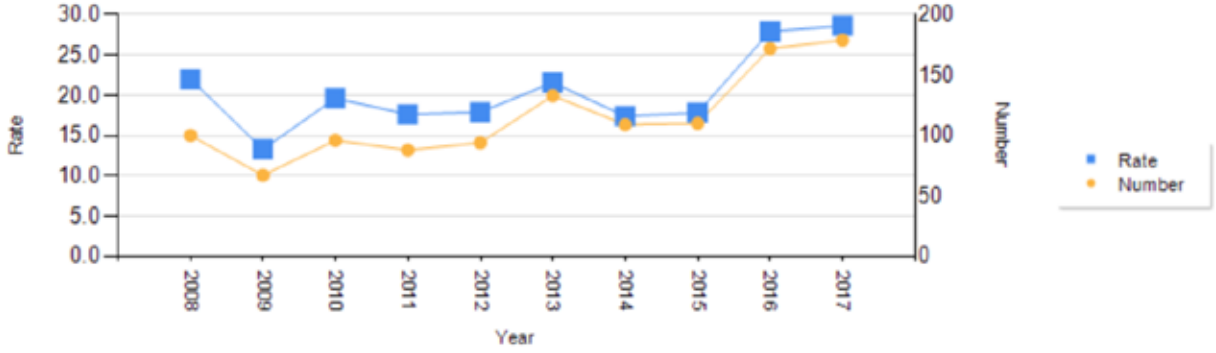


Source: Conduent Healthy Communities Institute, retrieved May 2019

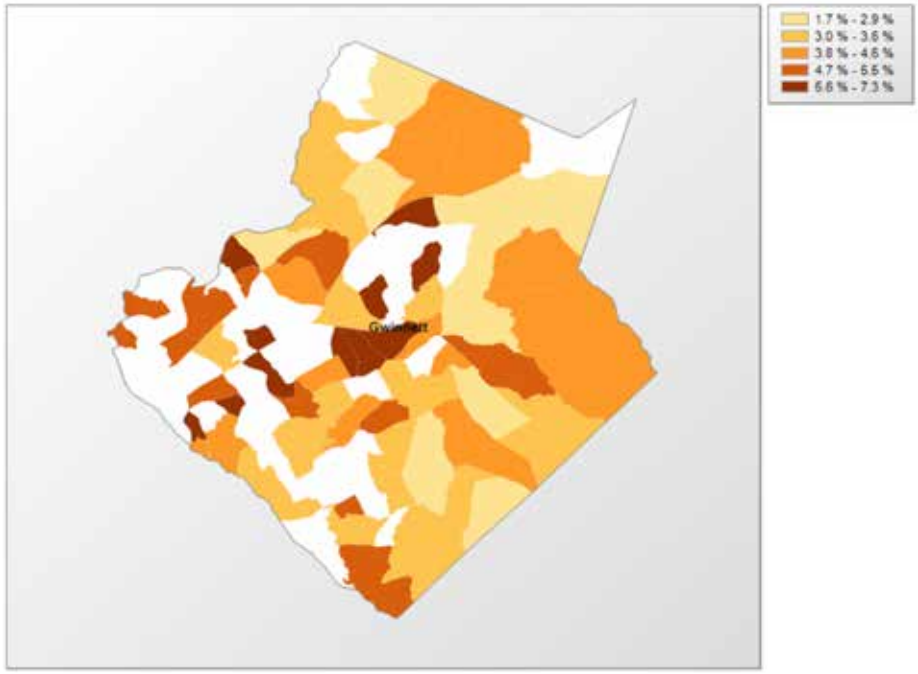
What is the County's Trend?

As stated above the current rate is 22.9. The rate for the previous 5 year aggregate (2008 - 2012) was 18.1. This difference is statistically significant. Below is both the number and rate in the county over the 10-year period.

Age-Adjusted Death Rate and Number for Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease for Gwinnett County, 2008 - 2017



Percent of Deaths Within Area due to Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease by Census Tract, Gwinnett County, 2013 - 2017



Source: Georgia Division of Public Health, OASIS, 2018

Figure 74. Hypertension, Medicare Population, Gwinnett County, 2015

Source: Conduent Healthy Communities Institute, retrieved May 2019

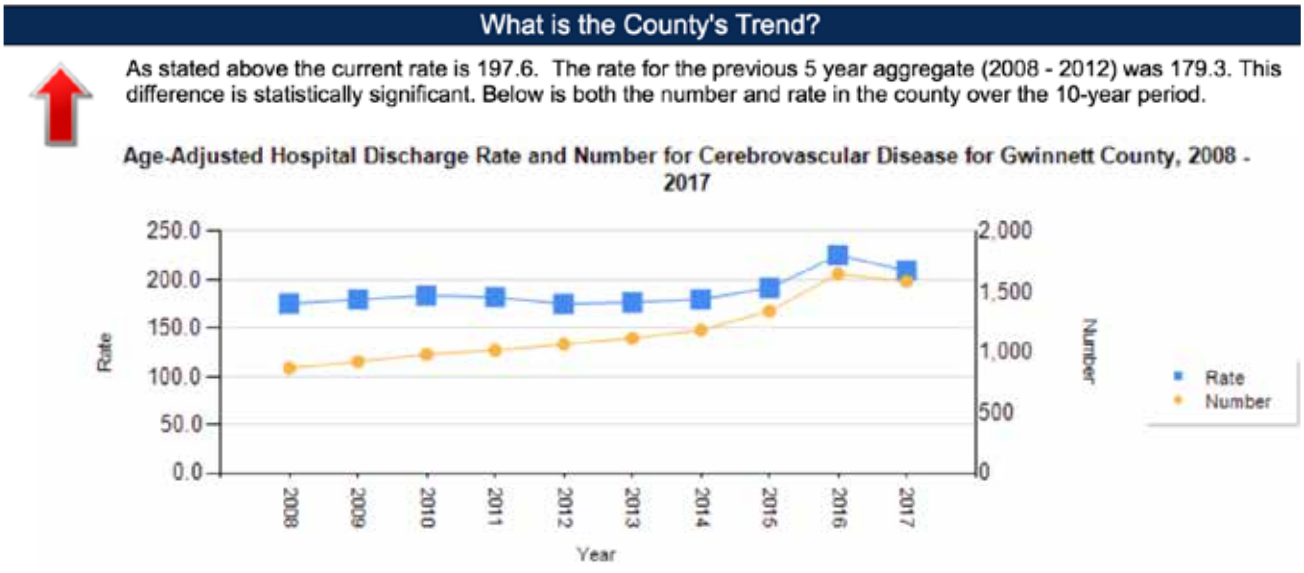
Stroke (Cerebrovascular Disease)

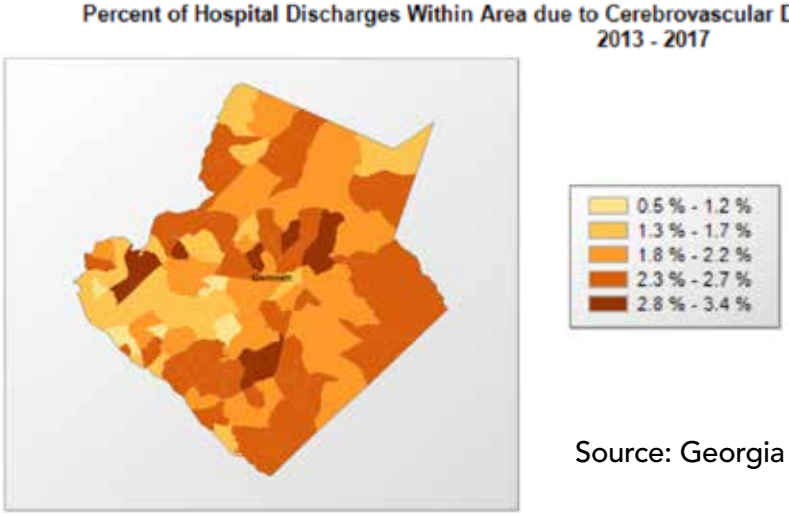
Cerebrovascular disease refers to conditions, including stroke, caused by problems with the blood vessels supplying the brain with blood. A stroke occurs when blood vessels carrying oxygen to the brain burst or becomes blocked, thereby cutting off the brain's supply of oxygen and other nutrients. Lack of oxygen causes brain cells to die, which can lead to brain damage and disability or death. The most important modifiable risk factor for stroke is high blood pressure. Other risk factors include high cholesterol, heart disease, diabetes mellitus, physical inactivity, obesity, excessive alcohol use and tobacco use. (Conduent Healthy Communities Institute)

For the years 2013-2017, Cerebrovascular Disease was the seventh leading cause of **age-adjusted hospital discharge** (total 6,878 discharges), according to Georgia Division of Public Health, OASIS, 2018.

The aggregate trend rate for hospital discharges was 197.6 per 100,000 population compared to GA (231.9) The hospital discharge rate has increased since the last CHNA.

Figure 75. Age-Adjusted Hospital Discharge Rate due to Cerebrovascular Disease, Gwinnett County, 2013-2017





Source: Georgia Division of Public Health, OASIS, 2018

For the years 2013-2017, cerebrovascular disease was the second leading cause of **age-adjusted death** (total 1,040 deaths) and the eleventh cause for **premature death** (5,767 years if life loss before 75) in Gwinnett County, according to Georgia Division of Public Health, OASIS, 2018.

African American females were at highest risk of death. The Gwinnett age-adjusted death rate was 38.4 per 100,000 population which was sores than the U.S. rate of 37.2. Gwinnett was above the Health People 2020 target of 34.8.

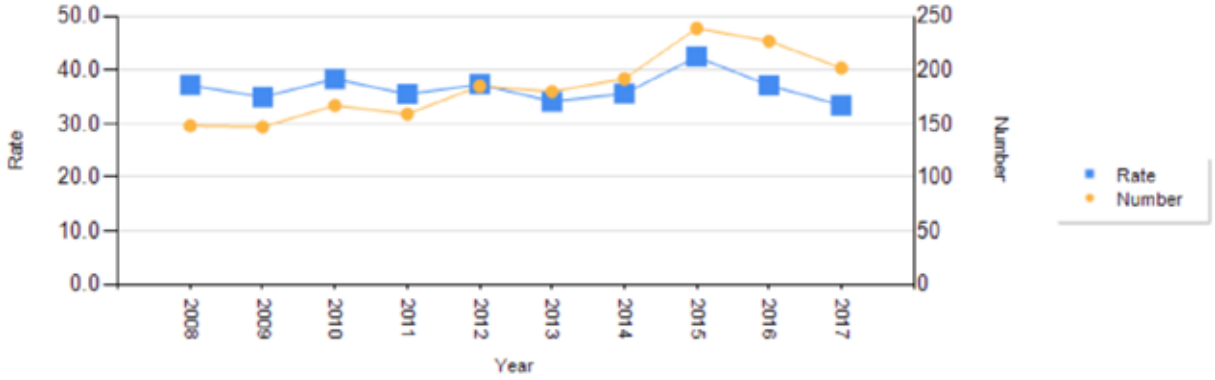
Figure 76. Age-Adjusted Death Rates due to Stroke, Gwinnett County, 2014-2016

Source: Conduent Healthy Communities Institute, retrieved May 2019

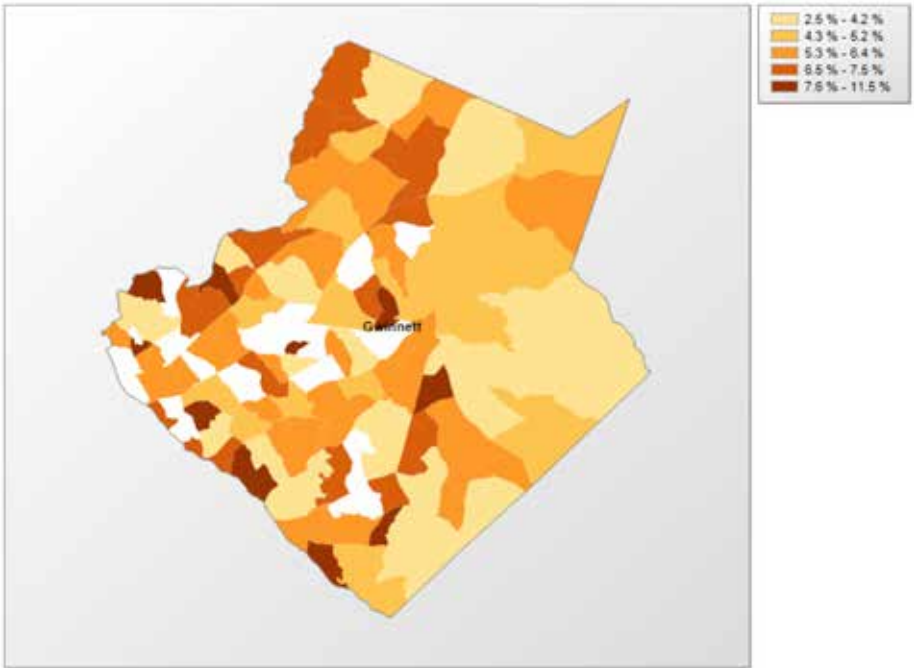
What is the County's Trend?

As stated above the current rate is 36.6. The rate for the previous 5 year aggregate (2008 - 2012) was 36.7. This difference is not statistically significant. Below is both the number and rate in the county over the 10-year period.

Age-Adjusted Death Rate and Number for Cerebrovascular Disease for Gwinnett County, 2008 - 2017



Percent of Deaths Within Area due to Cerebrovascular Disease by Census Tract, Gwinnett County, 2013 - 2017



Source: Georgia Division of Public Health, OASIS, 2018

Figure 77. Stroke, Medicare Population, Gwinnett County, 2015

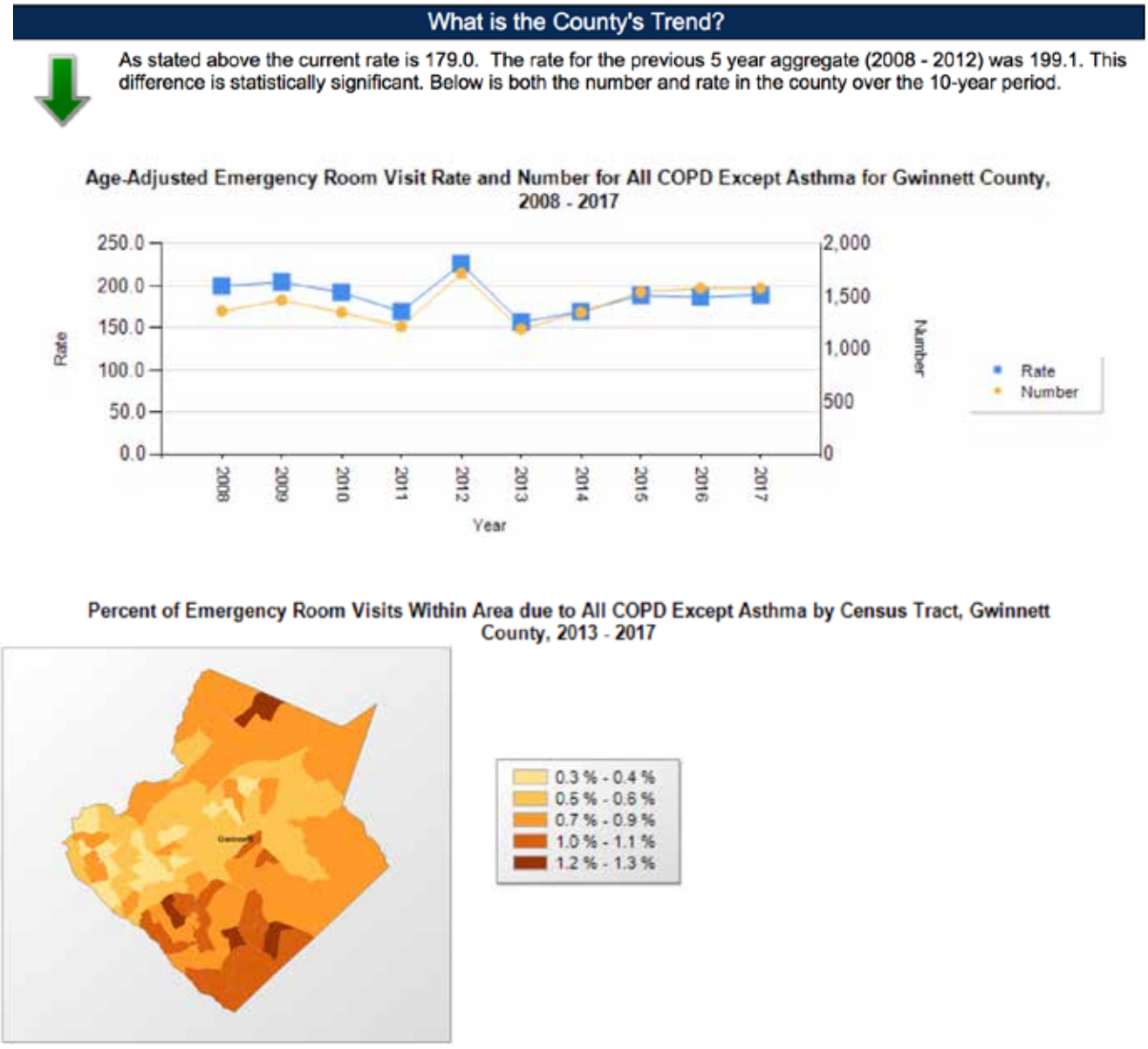
Source: Conduent Healthy Communities Institute, retrieved May 2019

Emphysema and Chronic Bronchitis

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

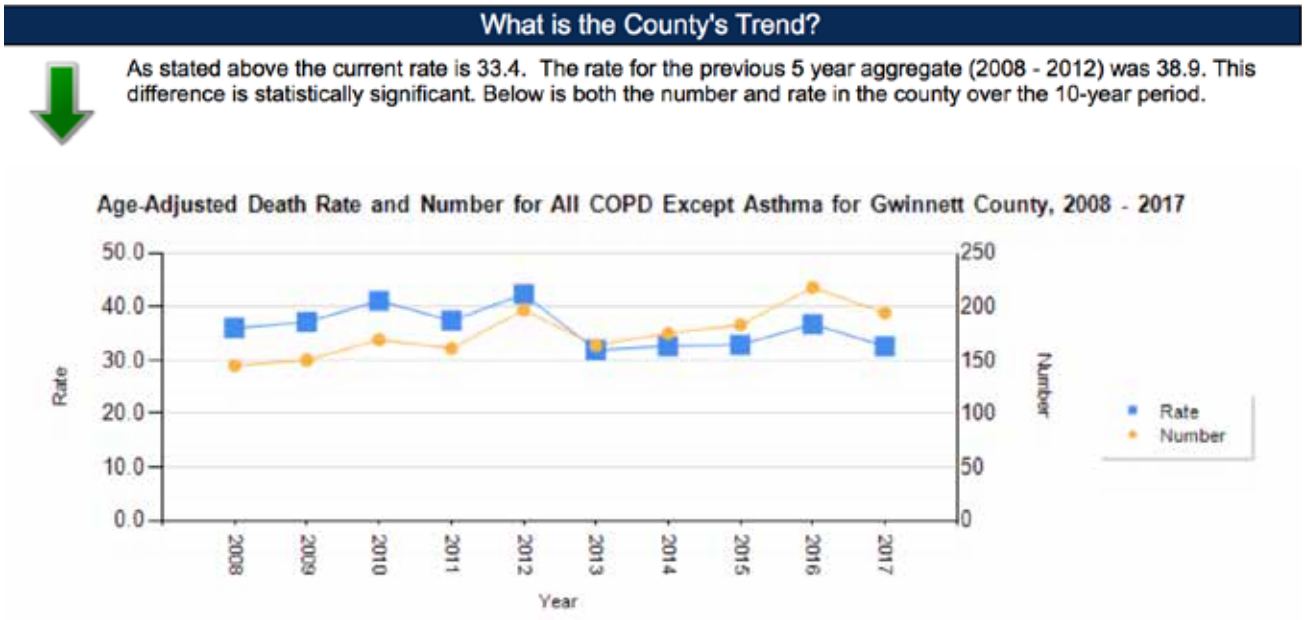
For the years 2013-2017, All COPD except Asthma was the thirteenth leading cause of **age-adjusted emergency room visit** (total 7,241 discharges) and did not make the top 15 rank causes for **age-adjusted hospital discharge**, according to Georgia Division of Public Health, OASIS, 2018.

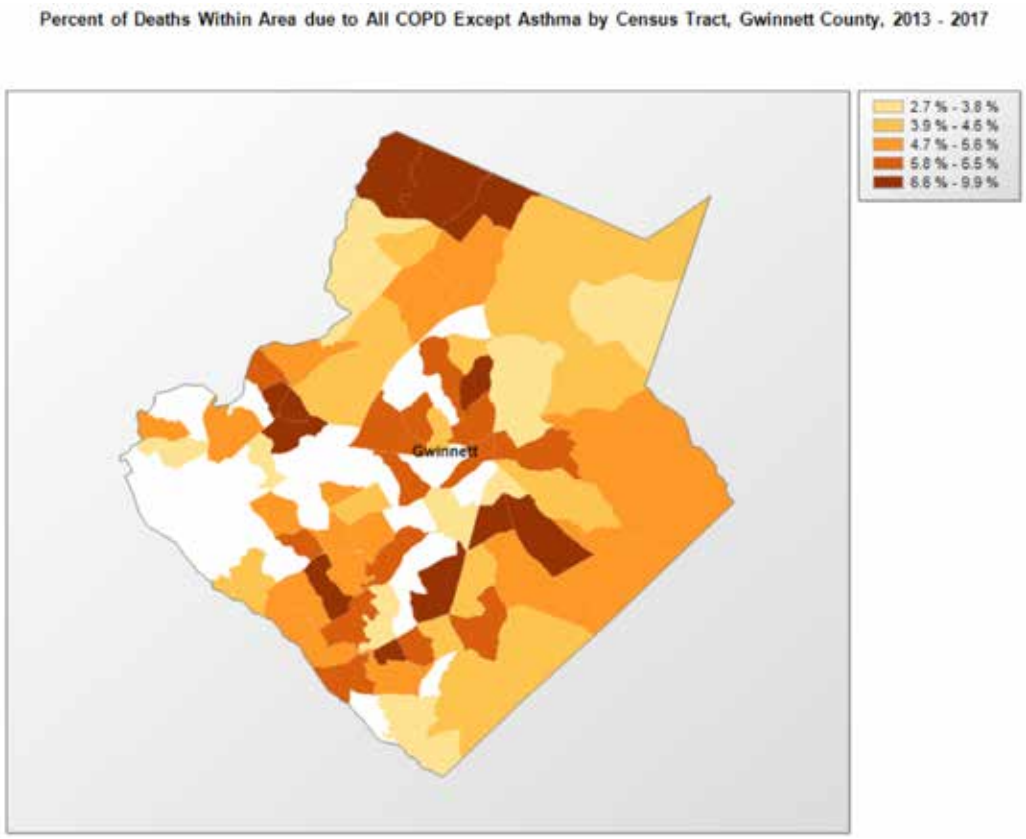
Figure 78. Age-Adjusted ER Visit Rate for All COPD except Asthma, Gwinnett County, 2013-2017



Source: Georgia Division of Public Health, OASIS, 2018

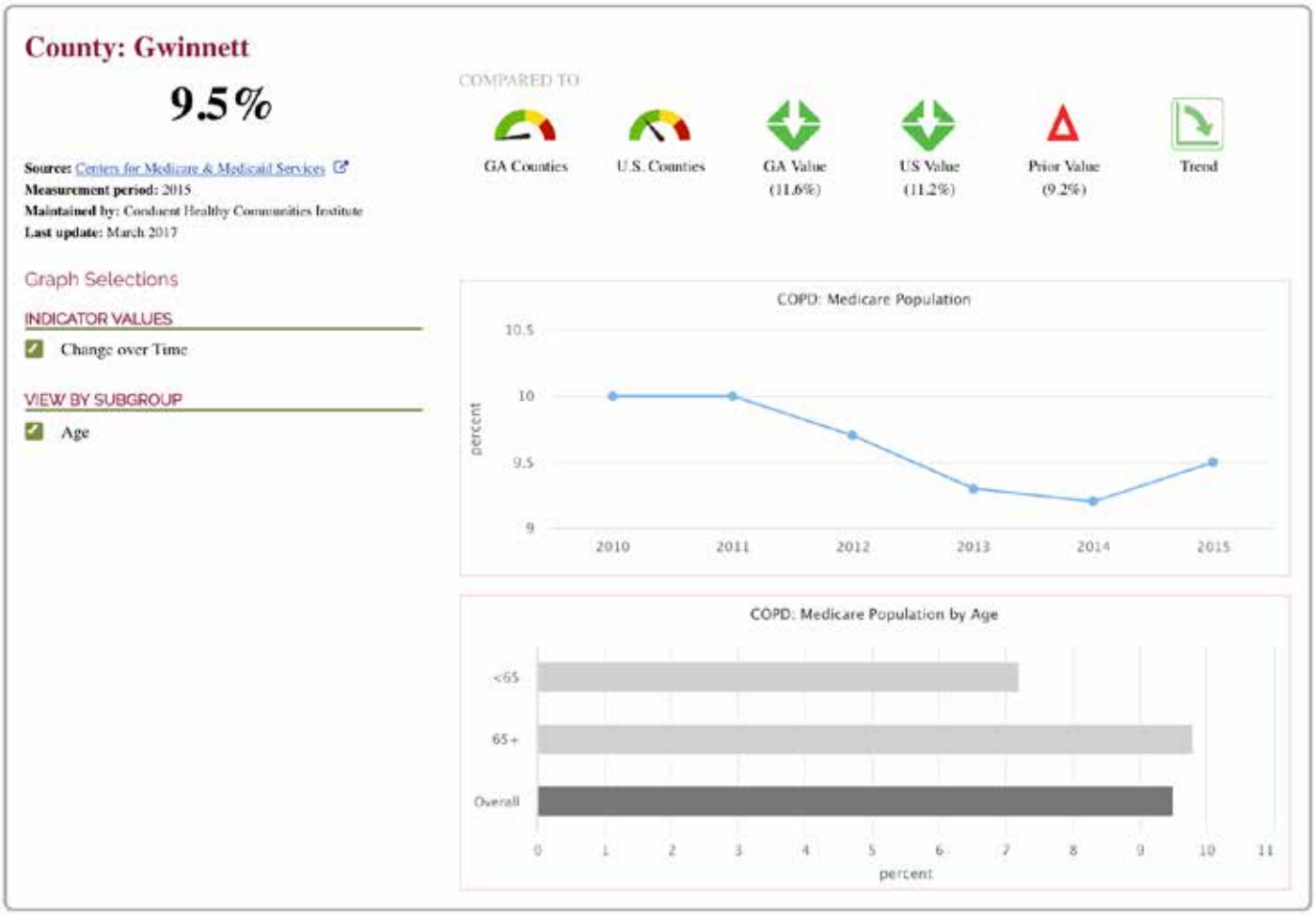
Figure 79. Age-Adjusted Death Rates due to All COPD except Asthma, Gwinnett County, 2013-2017





Source: Georgia Division of Public Health, OASIS, 2018

Figure 80. COPD Medicare Population, Gwinnett County, 2015



Source: Conduent Healthy Communities Institute, retrieved May 2019

Maternal and Infant Health

Maternal and Infant health is the care and support for pregnant mothers and their infants. The health needs associated with maternal and infant health include preconception, prenatal and postnatal care. The goals of these areas of care are to promote safe full-term pregnancy with unnecessary interventions and the delivery of a healthy baby. Preconception care includes education, screenings and other interventions for women of child-bearing ages to reduce risk factors that might affect pregnancies in the future. Prenatal care is provided during pregnancy to detect potential pregnancy complications as early as possible and to provide treatment as necessary. Postnatal care includes recovery from childbirth and support for the care of a newborn infant; this includes breastfeeding and family planning.

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

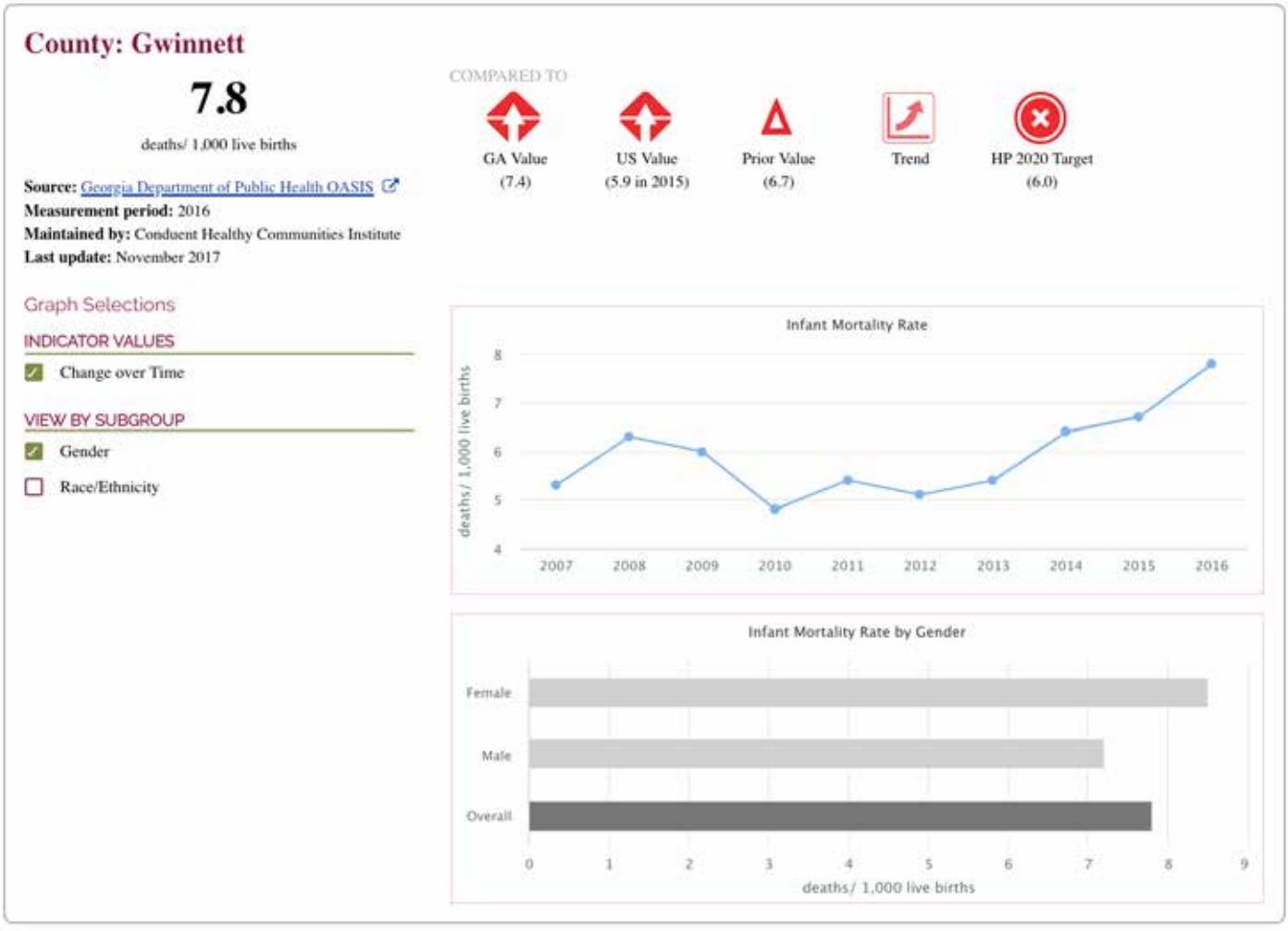
According to Georgia Division of Public Health, OASIS 2018, pregnancy and childbirth were the leading cause of hospitalization (60,412 discharges) and the sixth leading cause of ED visits (32,455 visits) during the years 2013 through 2017. More than nine percent (11,845 births) of all Georgia births in 2017 were to Gwinnett County residents.

Infant Mortality

Infant mortality is used to compare the health and well-being of populations. Infant mortality is death that occurs in a child during the period of birth through 364 days of life. The leading causes of death among infants are birth defects, pre-term delivery, low birth weight, Sudden Infant Death Syndrome (SIDS) and maternal complication during pregnancy.

The Healthy People 2020 national health target is to reduce the infant mortality rate to 6.0 deaths per 1,000 live births. In 2017, Gwinnett County the infant mortality rate was 7.8 deaths per 1,000 live births which was an increase from the prior value of 5.4 deaths in 2013.

Figure 81. Infant Mortality Rate, Gwinnett County, 2016



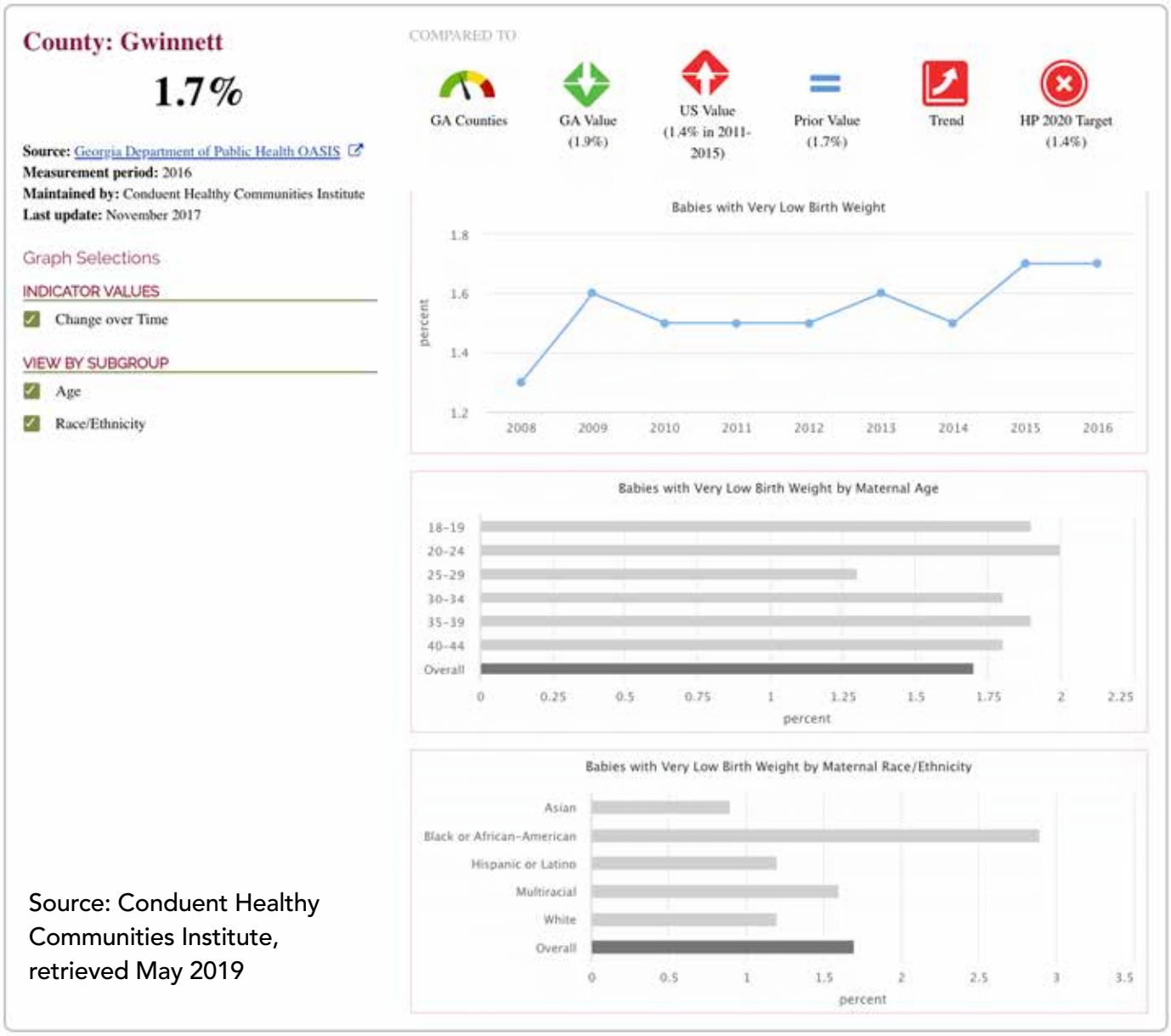
Source: Conduent Healthy Communities Institute, retrieved December 2018

Babies with Very Low Birth Weight

Very low birth weight is a live-born child with a birth less than three pounds, five ounces (1,500 grams). Babies with very low birth weights have long-term complication and disabilities. These babies are more likely to require specialized medical care in the neonatal intensive care unit (NICU) and are at the highest risk of dying in their first year of life.

The Healthy People 2020 national health target is to reduce the proportion of infants born with very low birth weight to 1.4 percent. In 2016, Gwinnett County babies with low birth weight 1.7 percent. This is an slight increase since our last CHNA. For the same time period, Gwinnett County mothers ages 20 to 24 (2.0 percent) and mothers ages 18 through 19 and 35 to 39 (1.9 percent) tied as the second highest percentage of low birth weight babies. Black residents are also at a higher risk for having low birth weight babies at 2.9 percent.

Figure 82. Babies with Very Low Birth Weight, Gwinnett County, 2016



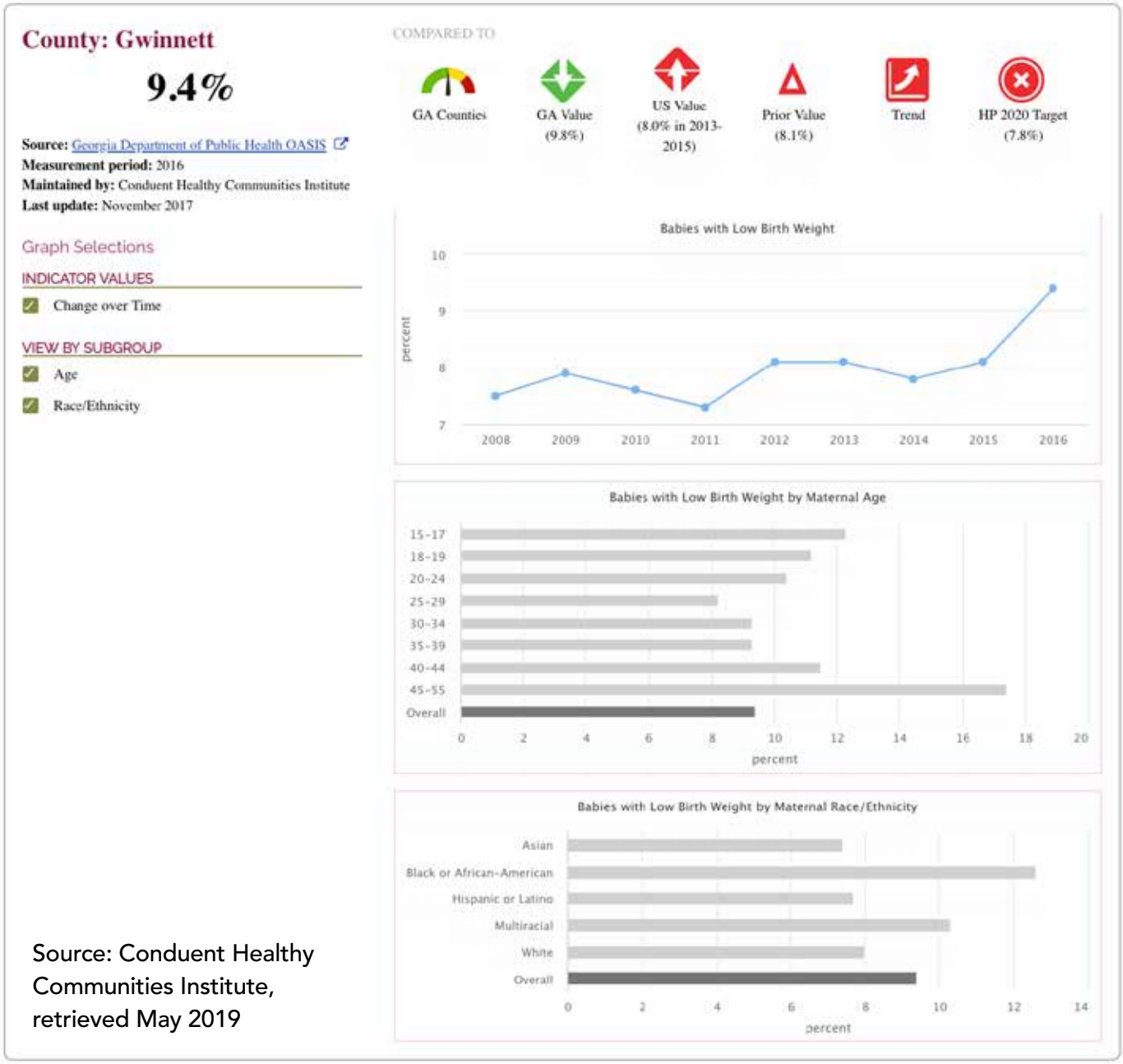
Source: Conduent Healthy Communities Institute, retrieved May 2019

Babies with Low Birth Weight

Low birth weight is a live-born child with a birth less than five pounds, eight ounces (2,500 grams). Babies with low birth weights are more likely than babies of normal birth weight to stay in the intensive care nursery or need specialized medical care.

The Healthy People 2020 national health target is to reduce the proportion of infants born with low birth weight to 7.8 percent. In 2016, Gwinnett County babies with low birth weight were 9.4 percent. The methodology has change since out last CHNA; the oldest age group is now 45 to 55. For the same time period, Gwinnett County mothers ages 45 to 55 (17.4 percent) and mothers ages 15 to 17 (12.3 percent) have the highest percentage of low birth weight babies. Black residents are also at a higher risk for having low birth weight babies at 12.6 percent.

Figure 83. Babies with Low Birth Weight, Gwinnett County, 2016



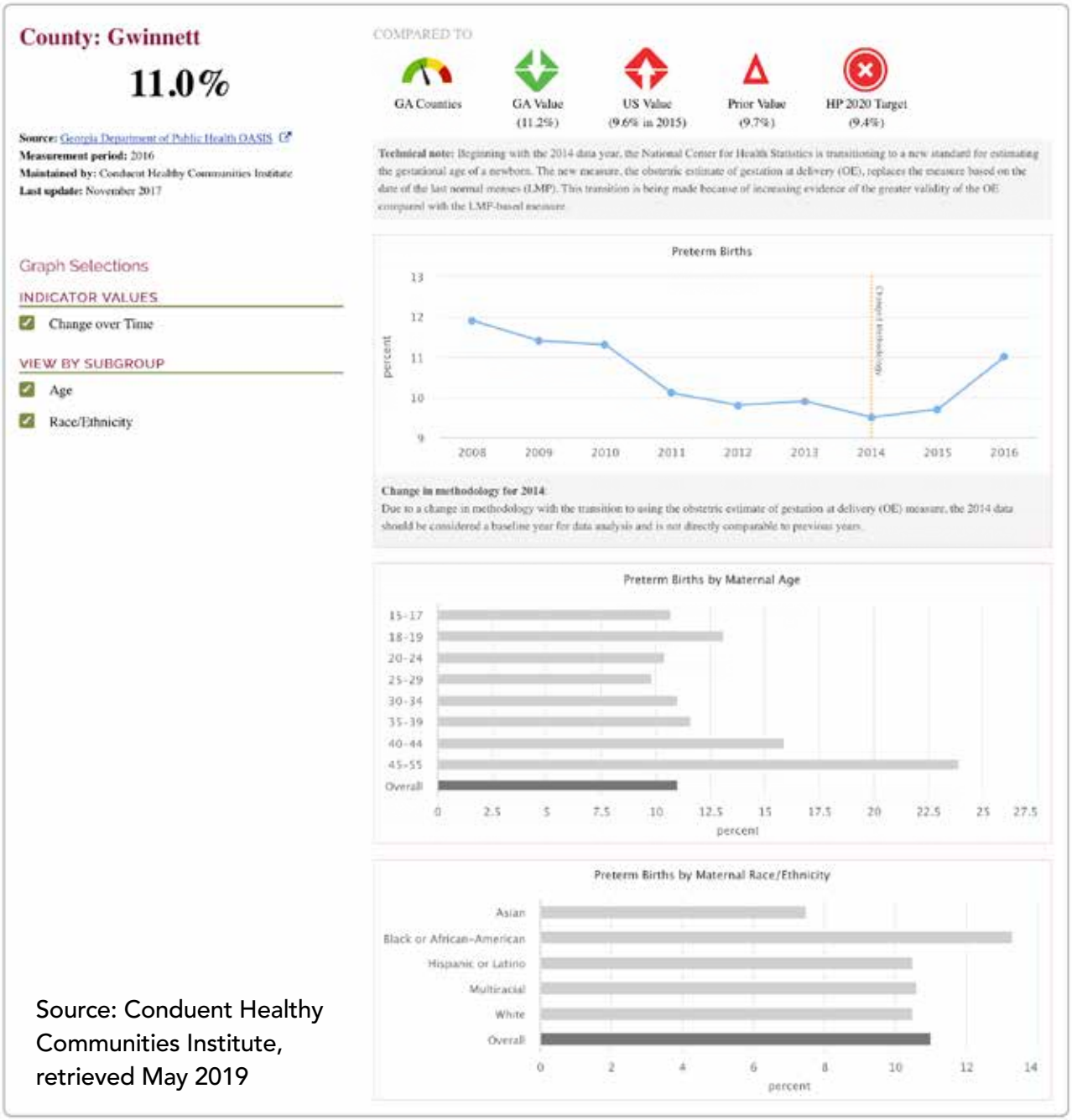
Source: Conduent Healthy Communities Institute, retrieved May 2019

Preterm Births

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

The Healthy People 2020 national health target is to reduce the proportion of infants born preterm to 9.4 percent. In 2016 Gwinnett County babies before completing 37 weeks gestation was 11.0 percent. The methodology has change since out last CHNA; the oldest age group is now 45 to 55. For the same period in Gwinnett County, the mothers ages 45 to 55 (23.9 percent) and mothers ages 40 to 44 (15.9 percent) have the highest percentage of preterm births babies. Black residents are also at a higher risk for having low birth weight babies at 13.3 percent.

Figure 84. Preterm Births, Gwinnett County, 2016



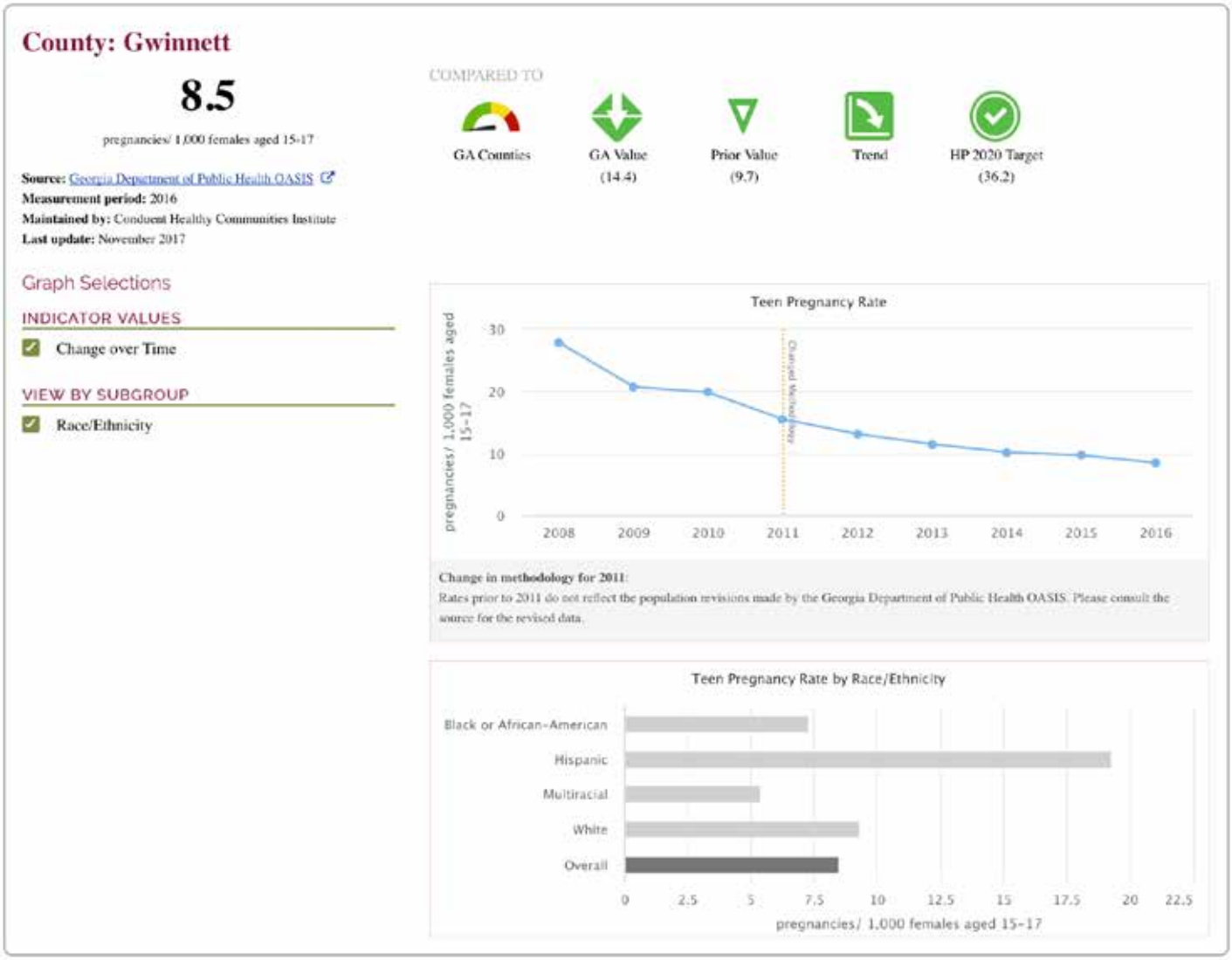
Source: Conduent Healthy Communities Institute, retrieved May 2019

Teen Pregnancy

Teen pregnancy rates include females age of 15-17 years (when the pregnancy ends). Teen pregnancy are the calculated per 1,000 females age 15-17 years and include the number of live births, spontaneous abortions and induced termination of pregnancy.

The Healthy People 2020 national health target is to reduce the teen pregnancy rate to 36.2 pregnancies per 1,000 females aged 15 to 17 years; Gwinnett County had 8.5 pregnancies in that age group in 2016 and the number of pregnancies decreased since our last CHNA. However, Hispanic pregnancies were by far the highest at 19.3 pregnancies per 1000 aged 15 to 17 with the next two highest rate being Whites at 9.3 and Blacks at 7.3.

Figure 85. Teen Pregnancy Rate, Gwinnett County, 2016



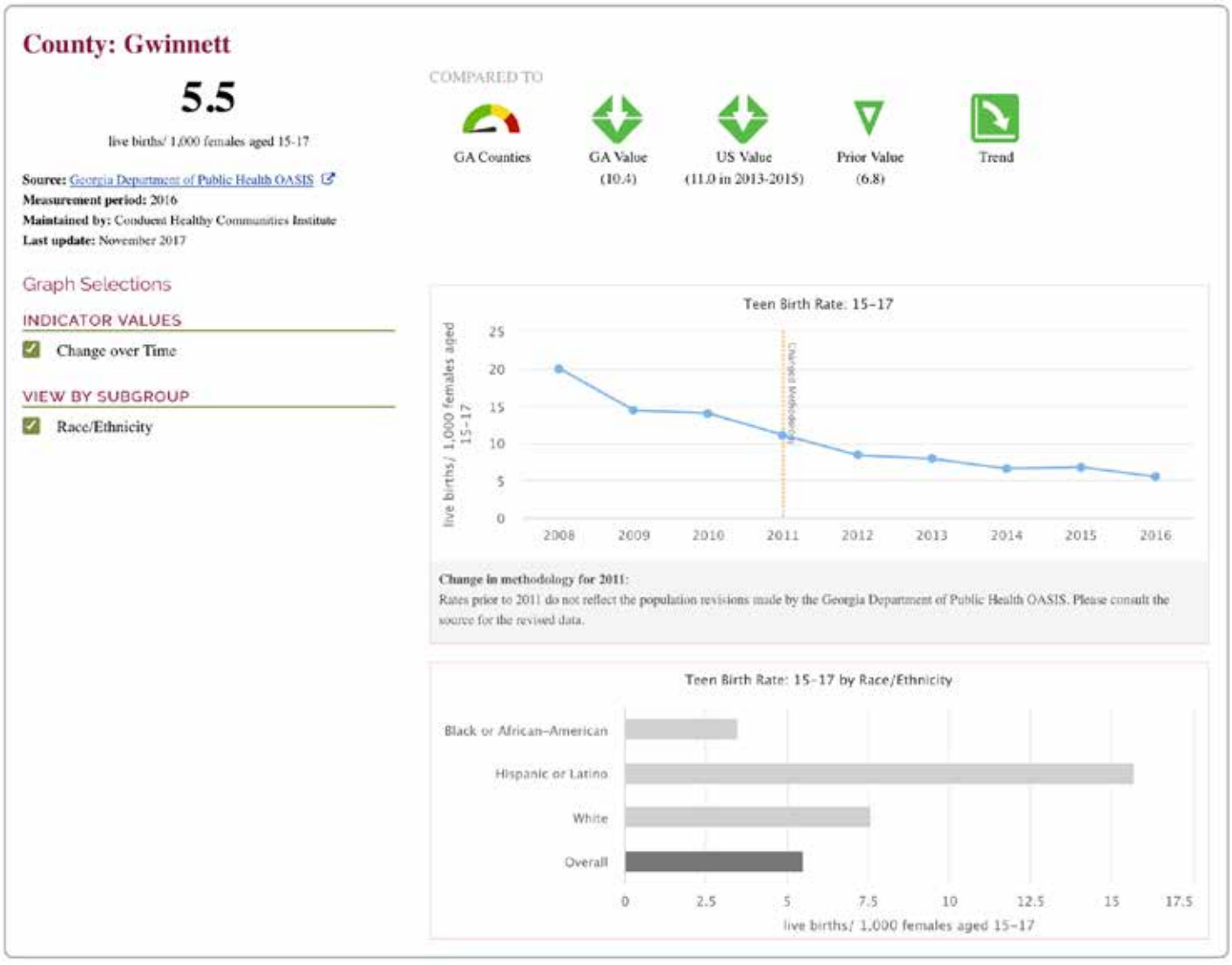
Source: Conduent Healthy Communities Institute, retrieved May 2019

Teen Birth Rate

Teen birth rates include females ages 15-17 years (when the pregnancy ends). Teen births are the number of live births per 1,000 females ages 15-17 years. Pregnancy and delivery can be harmful to teenagers' health as well as social and educational development. Teenagers are the most likely to report fewer than five prenatal care visits. Babies born to teen mothers are more likely to be born preterm and/or low birth weight.

In Gwinnett County, the number of live births per 1,000 females aged 15 to 17 was 5.5 in 2016. The time trend of births to this age group has gone down from 11.1 in 2011. Hispanics have the highest birth rate at 15.7 followed by White (7.6 percent) and Black (3.5 percent).

Figure 86. Teen Birth Rate: 15-17, Gwinnett County, 2016



Source: Conduent Healthy Communities Institute, retrieved May 2019

Behavioral Health and Mental Disorders

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

Preventive health programs are intended to improve health by changing individual behavioral health risks. A healthy diet, regular physical activity, adequate sleep and stress management are examples of behavioral activities that promote health. The use of tobacco, excess use of alcohol and not using seat belts are examples of behavioral health choices that result in potential harm.

Mental health conditions are characterized by alterations in thinking, mood or behaviors (or a combination thereof) associated with impaired functioning. These conditions may vary greatly and include alcohol and substance abuse, major depression, bipolar disorder, anxiety disorders, post-traumatic stress disorder, sleeping disorders, eating disorders, dementia and delirium conditions, psychoses and schizophrenia.

Mental health issues are complex and can affect every area of a person's life. Individual isolation is often a struggle for those with mental illness and social stigma is a barrier to treatment. Availability of services is another issue. According to the 2018 County Health Rankings website reported for Gwinnett County, the mental health provider ratio was 1,070:1 which is worse than average when compared with other counties in Georgia (830:1) and the top U.S. performer counties (330:1). The cost of providing mental health services is an issue for both the individual seeking services and the service providers. As reported in the 2017 American Community Survey, about 24 percent of Gwinnett adults do not have health insurance. Another consideration is that health insurance coverage varies greatly for the treatment of emotional and mental health conditions. According to focus group participants there is an issue associated with residents of the county not being aware of available metal health services. Participants felt like there has been additional training provided to law enforcement officer in the management of mental health crises.

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

Poor Mental Health Days

Psychological distress can affect all aspects of our lives. It is important to recognize and address potential psychological issues before they become critical. Occasional down days are normal, but persistent mental/emotional health problems should be evaluated and treated by a qualified professions. In 2016, adults in Gwinnett County reported their mental health was not good 3.2 days in the past 30 days. This indicates an improvement since 2014 of 3.5 days in the past 30 days.

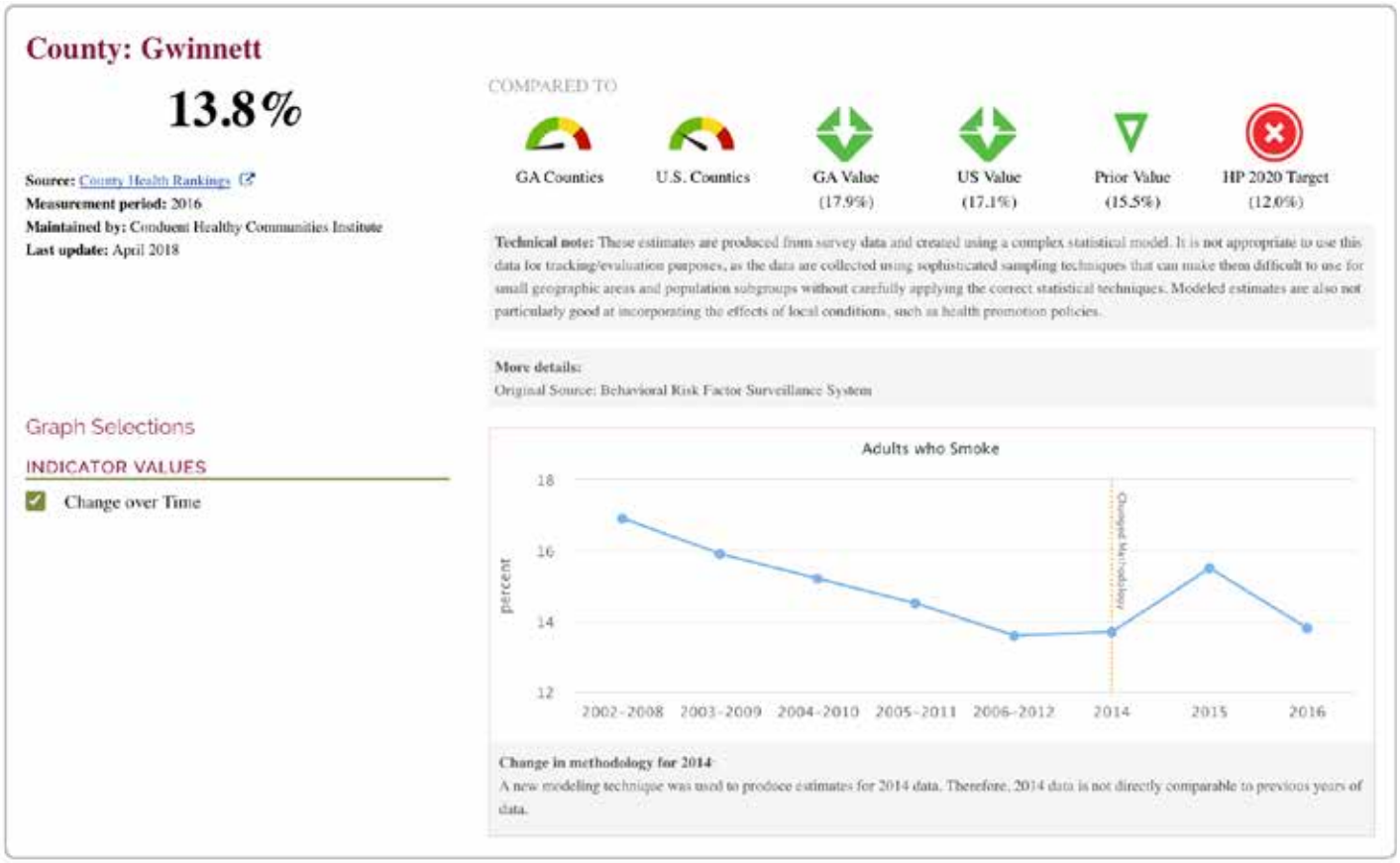
Figure 87. Poor Mental Health Days, Gwinnett County, 2016

Source: Conduent Healthy Communities Institute, retrieved May 2019

Adults who Smoke

Tobacco is the agent most responsible for avoidable illness and death in America today. Tobacco use brings premature death to almost half a million Americans each year and it contributes to profound disabilities and pain in many others. Approximately one-third of all tobacco users in this country will die prematurely because of their dependence on tobacco. The Healthy People 2020 national health target is to reduce the proportion of adults aged 18 years and older who smoke cigarettes to 12 percent. In 2016, 13.8 percent of Gwinnett County residents smoke cigarettes. This is about the same percentage since the last CHNA.

Figure 88. Adults who Smoke, Gwinnett County, 2016

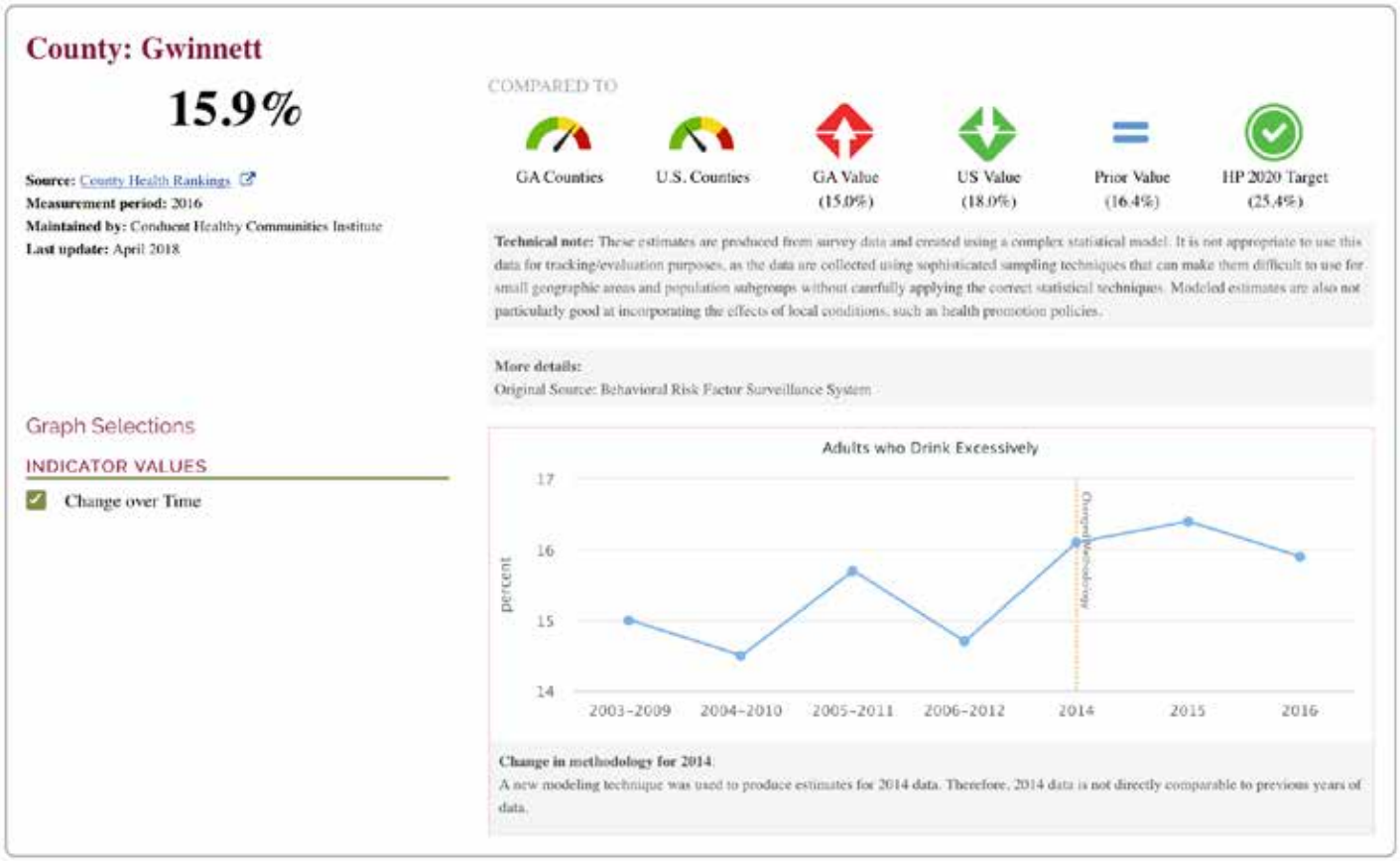


Source: Conduent Healthy Communities Institute, retrieved May 2019

Adults who Drink Excessively

Drinking alcohol has immediate physiological effect 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 problem, legal difficulties, financial loss, family disputes and other interpersonal issues. The CDC identifies excessive alcohol use as heavy drinking (drinking more than two drinks per day on average for men an or more than one drink per day on average for women) or binge drinking (drinking more than five drinks during a single occasion for men or more than four drinks during a single occasion for women). The Healthy People 2020 national target is 25.4 percent. In 2016, 15.9 percent of Gwinnett County adults reported heavy drinking in the 30 day period prior to the survey or binge drinking on at least one occasion during that period. This percentage is an increase from our last CHNA.

Figure 89. Adults who Drink Excessively, Gwinnett County, 2016



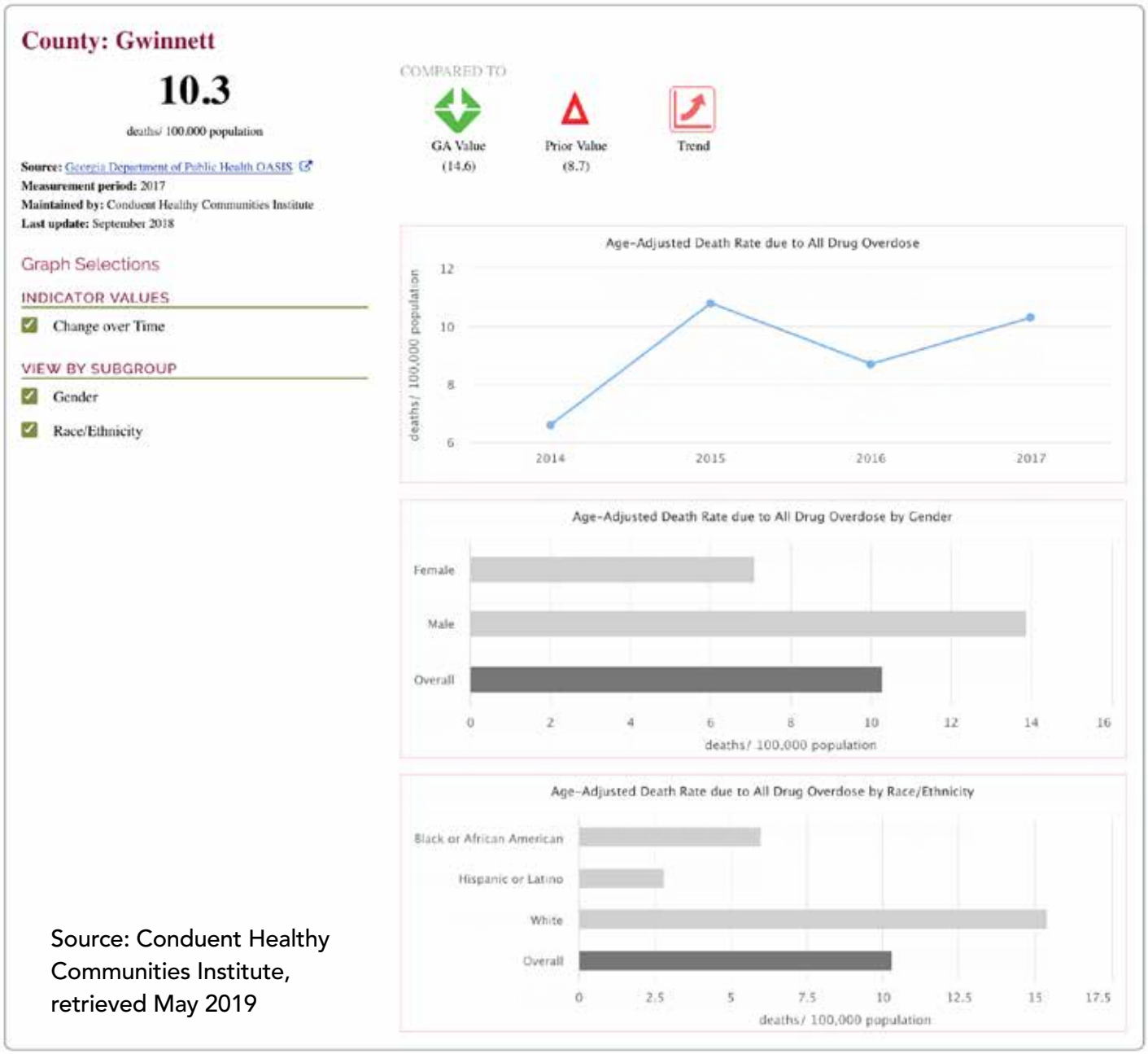
Source: Conduent Healthy Communities Institute, retrieved May 2019

All Drug Overdose

Drug abuse and is its related problems are among society's most pervasive health and social concerns. Causes of drug-induced overdoses include dependent and non-dependent use of drugs (both legal and illegal) and also poisoning form medically prescribed drugs. Addicted persons frequently engage in self-destructive and criminal behavior, which can result in injury or death. In addition, recreational drug-use can lead to unintentional overdose and death. (Conduent Healthy Communities Institute)

Age-Adjusted Death Rate due to All Drug Overdose is one of the new indicators for our HCI dashboard. In 2017, the age-adjusted death rate due to all drug overdose was 10.3 for Gwinnett County residents. This is better than the GA value of 14.6 but the rate is trending up. White males are the demographic with the highest rate of deaths.

Figure 90. Age-Adjusted Death Rates due to All Drug Overdose, Gwinnett County, 2017



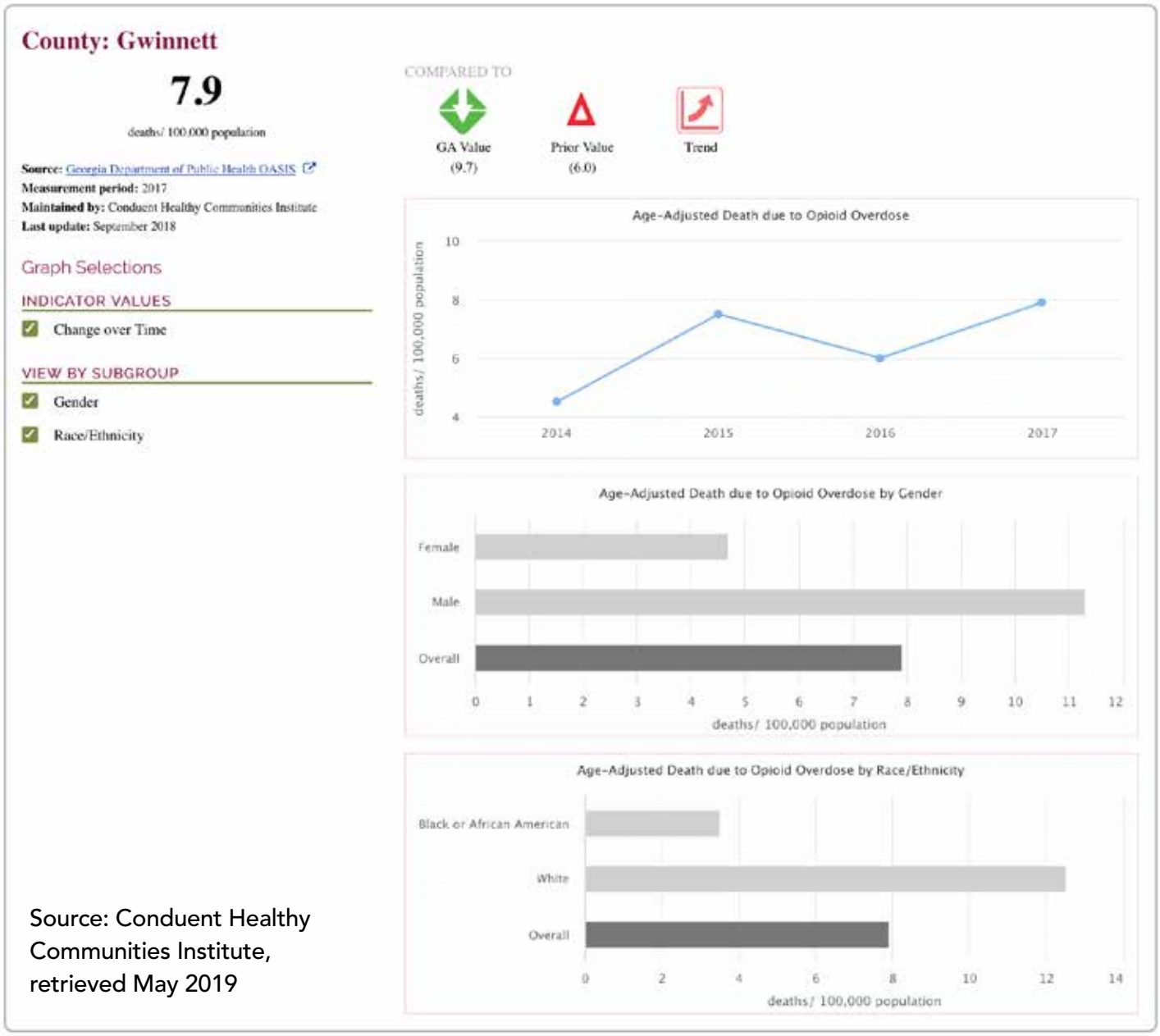
Source: Conduent Healthy Communities Institute, retrieved May 2019

Opioid Overdose

Opioids are natural or synthetic chemicals that bind to receptors in the brain or body. Common opioids include prescription drugs such as oxycodone, hydrocodone, and fentanyl. Opioid abuse has been recognized as a serious public health issue. New programs have been developed that include prevention, limiting and monitoring the number of opioid prescriptions and treatment to prevent future use. According to Conduent Healthy Communities Institute, at least half of all opioid overdose deaths involve prescription opioids. According to the CDC, overdoses from prescription opioid pain relievers are a driving factor in the increase in opioid overdose deaths.

Opioid Overdose is one of the new indicators for our HCI dashboard. In 2017, the age-adjusted death rate due to opioid overdose was 7.9 for Gwinnett County residents. This is better than the GA value of 9.7 but the rate is trending up. White males are the demographic with the highest rate of deaths.

Figure 91. Age-Adjusted Death Rate due to Opioid Overdose, Gwinnett County, 2017

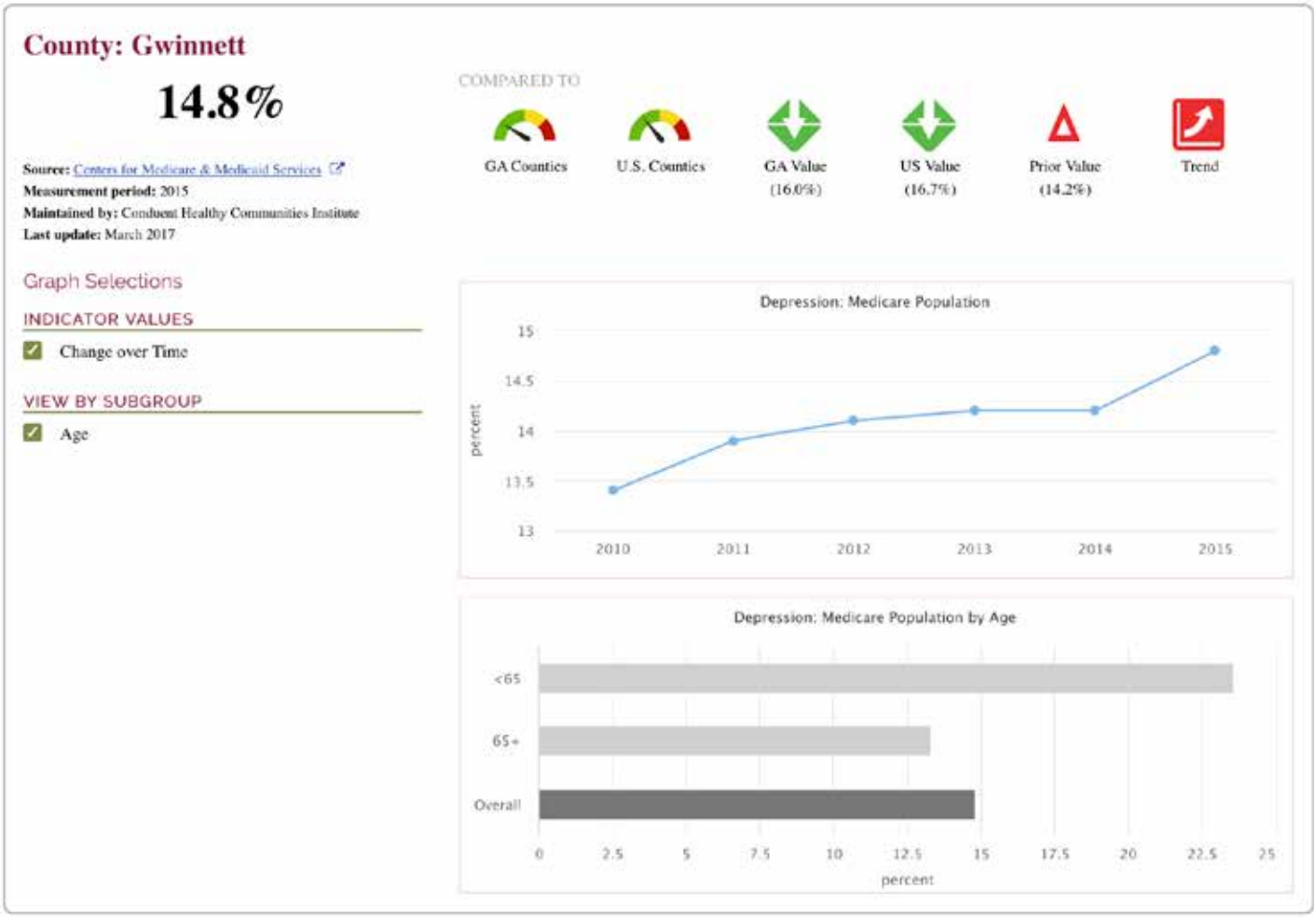


Source: Conduent Healthy Communities Institute, retrieved May 2019

Depression (Medicare Population)

Depression in the Medicare population is one of the new indicators for our HCI dashboard. In 2015 the Centers for Medicare & Medicaid Services reported 14.8 percent of that population was treated for depression for comparison, the U.S. value is 16.7 percent. The data is trending slightly up with 14.1 percent reported in 2012. For the Medicare population under the age of 65 it was 23.6 percent.

Figure 92. Depression: Medicare Population, Gwinnett County, 2015



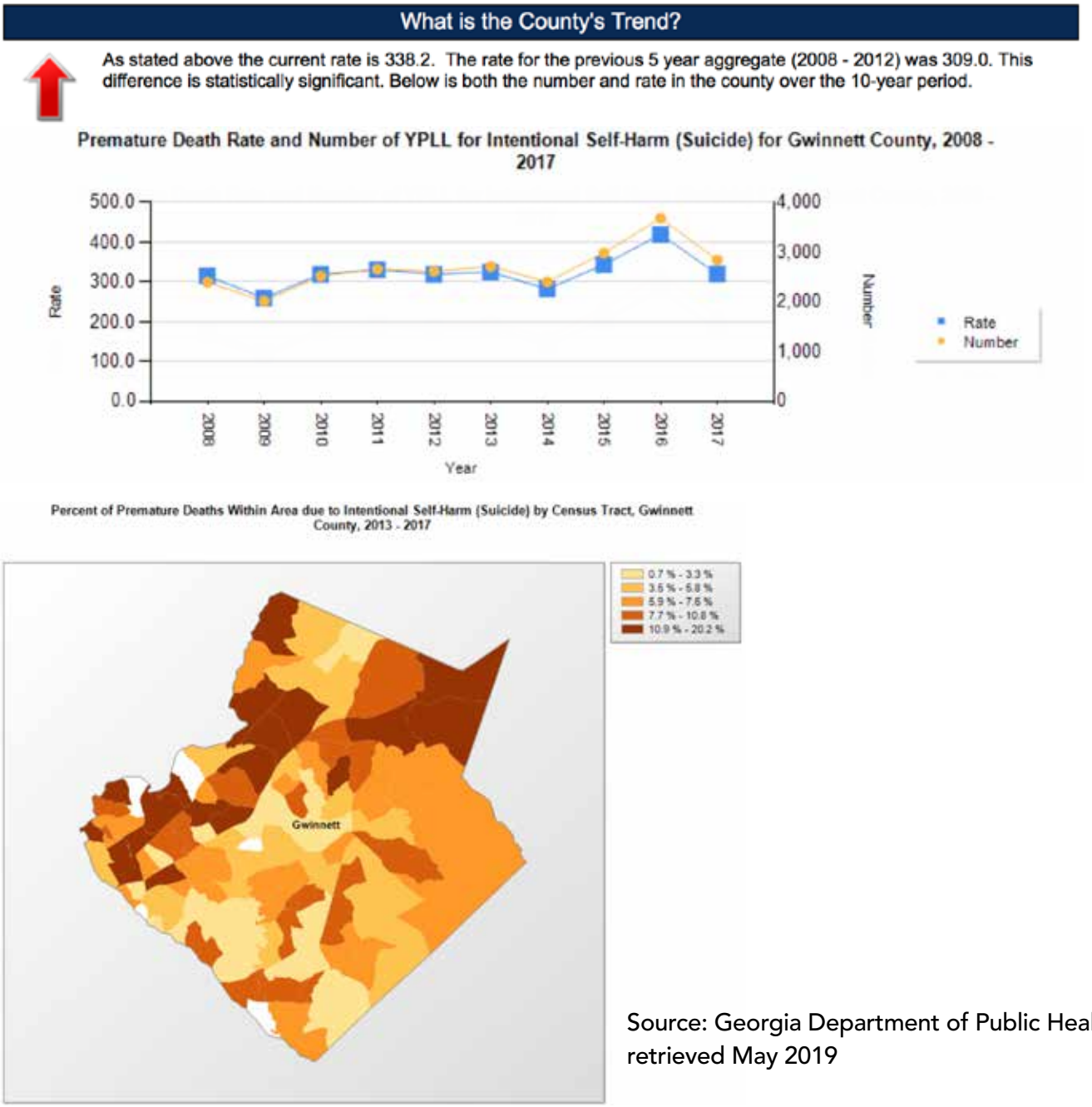
Source: Conduent Healthy Communities Institute, retrieved May 2019

Suicide

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

Intentional Self-Harm (suicide) was the second leading cause of premature death in Gwinnett County over the five year period 2013-2017 because suicide occurred most frequently in younger populations. Suicide was responsible for 14,617 years of life lost (prior to age 75).

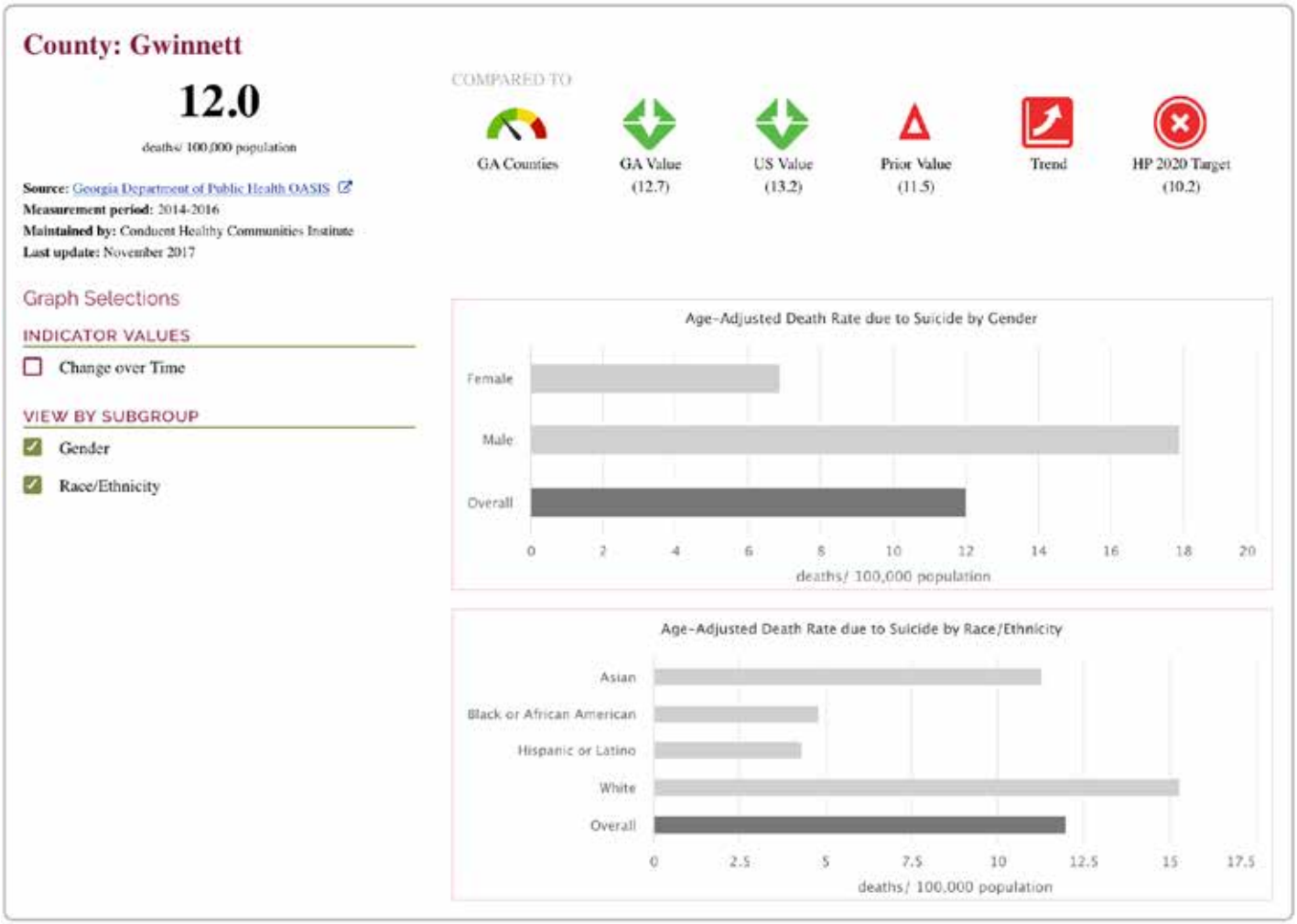
Figure 93. Premature Death Rate (YPLL) – Intentional Self-Harm (Suicide), Gwinnett County, 2013-2007



Source: Georgia Department of Public Health, retrieved May 2019

Intentional Self-Harm (suicide) was the 10 leading cause of age-adjusted deaths using death rates in Gwinnett County over the five year period 2013-2017. Death occurs more frequently in white males than other demographics. While we are better than the U.S. Value of 13.2 we are trending up for this indicator. The Healthy People 2020 Target is 10.2.

Figure 94. Age-Adjusted Death Rate due to Suicide, Gwinnett County, 2014-2016



Source: Conduent Healthy Communities Institute, retrieved May 2019

Youth Mental Health and Substance Abuse

The finding of the 2015 Youth Health Survey Parent Handbook demonstrates that in 2014, 11.0 percent of high school youth considered suicide in the past year and that 6.5 percent of high school youth attempted suicide in the past year. In both case these percentages are an increase from high school youth reports from 2010. It is also of concern that 47.1 percent of high school youths answered "yes" to at least five of eight depression scale questions. This is an increase of 5.4 percent since 2010.

Figure 95. Youth Mental Health and Substance Abuse, Gwinnett County, 2016

Appendix E
Mental Health

Mental Health
(Comparison of 2010 and 2014 data)

Survey Questions	MS 2010	MS 2014	HS 2010	HS 2014
Have you:				
Been physically abused	17.9%	13.7%	20.4%	21.0%
Been sexually abused	6.3%	6.5%	11.4%	15.7%
Considered suicide in the past year	7.0%	7.8%	9.5%	11.0%
Attempted suicide in the past year	3.6%	4.3%	5.1%	6.5%
Ever cut yourself on purpose in the past 12 months	11.0%	10.2%	9.9%	16.1%
Percentage of youth who answered "yes" to at least 5 of the 8 depression questions	29.7%	30.5%	41.7%	47.1%
In the past 30 days have you had				
Loss of interest in activities	25.2%	26.3%	30.0%	33.1%
Loss of appetite	28.2%	26.5%	34.5%	31.3%
Loss of attention/ ability to make decisions	39.0%	33.6%	51.1%	45.6%
Felt sad, depressed or empty	30.8%	27.8%	40.0%	39.3%
Felt too tired to do things	45.0%	40.7%	62.3%	55.1%
Trouble sleeping/ Sleeping too much	37.1%	37.1%	49.5%	50.4%
Felt angry, frustrated, or irritated	43.3%	36.9%	57.2%	49.4%
Felt life was not worth living	14.7%	15.0%	17.5%	22.4%

Source: 2015 Youth Health Survey Parent Handbook

The finding of the 2015 Youth Health Survey Parent Handbook demonstrates that in 2014, 19.0 percent of high school youth used alcohol in the last 30 days. This percentage decreased since the 2010 report by 2.8 percent. The use of marijuana in the past 30 days for high school students was 14.5 percent, about the same as 2010.

Appendix B
Substance Abuse

SUBSTANCE ABUSE (Comparison of 2010 and 2014 data)				
Survey Questions	MS 2010	MS 2014	HS 2010	HS 2014
Have you:				
Used alcohol in the last 30 days	5.1%	5.0%	21.8%	19.0%
Used marijuana in the last 30 days	2.4%	3.7%	14.4%	14.5%
Used cocaine in the last 30 days	.5%	1.0%	2.7%	3.0%
Used methamphetamines in the last 30 days	.5%	1.0%	2.1%	3.0%
Used tobacco in the last 30 days	2.1%	2.6%	11.9%	12.9%
Used prescription drugs not prescribed to me in the last 30 days	1.5%	3.0%	4.6%	6.0%
Used inhalants in the last 30 days	1.3%	2.0%	2.6%	3.0%
Used ecstasy in the last 30 days	.5%	1.0%	2.6%	4.0%
Drank 5+ drinks in a row in the past 30 days	1.6%	1.0%	10.9%	8.0%
Rode with an impaired driver in the past 30 days	7.1%	4.0%	11.1%	8.0%
Drove while under the influence in the past 30 days	0.0%	0.0%	3.2%	2.0%
Do you strongly agree that:				
Alcohol use is harmful	67.4%	70.0%	47.4%	53.0%
Adults would disapprove if you use alcohol	73.6%	73.0%	59.1%	59.0%
Peers would disapprove if you use alcohol	60.4%	62.0%	28.7%	35.0%
Marijuana is harmful	78.0%	79.0%	54.0%	54.0%
Smoking tobacco is harmful	81.1%	84.0%	77.4%	78.0%
It is easy to get prescription drugs not prescribed to you	13.3%	13.0%	28.1%	27.0%
Where do you get alcohol? *(total population responses)*				
From family or other adults	2.6%	5.0%	10.6%	15.3%
Take from family without permission	1.9%	3.4%	3.7%	12.3%
Buy it myself from a store	.4%	1.4%	3.0%	9.0%
* not asked in previous survey				

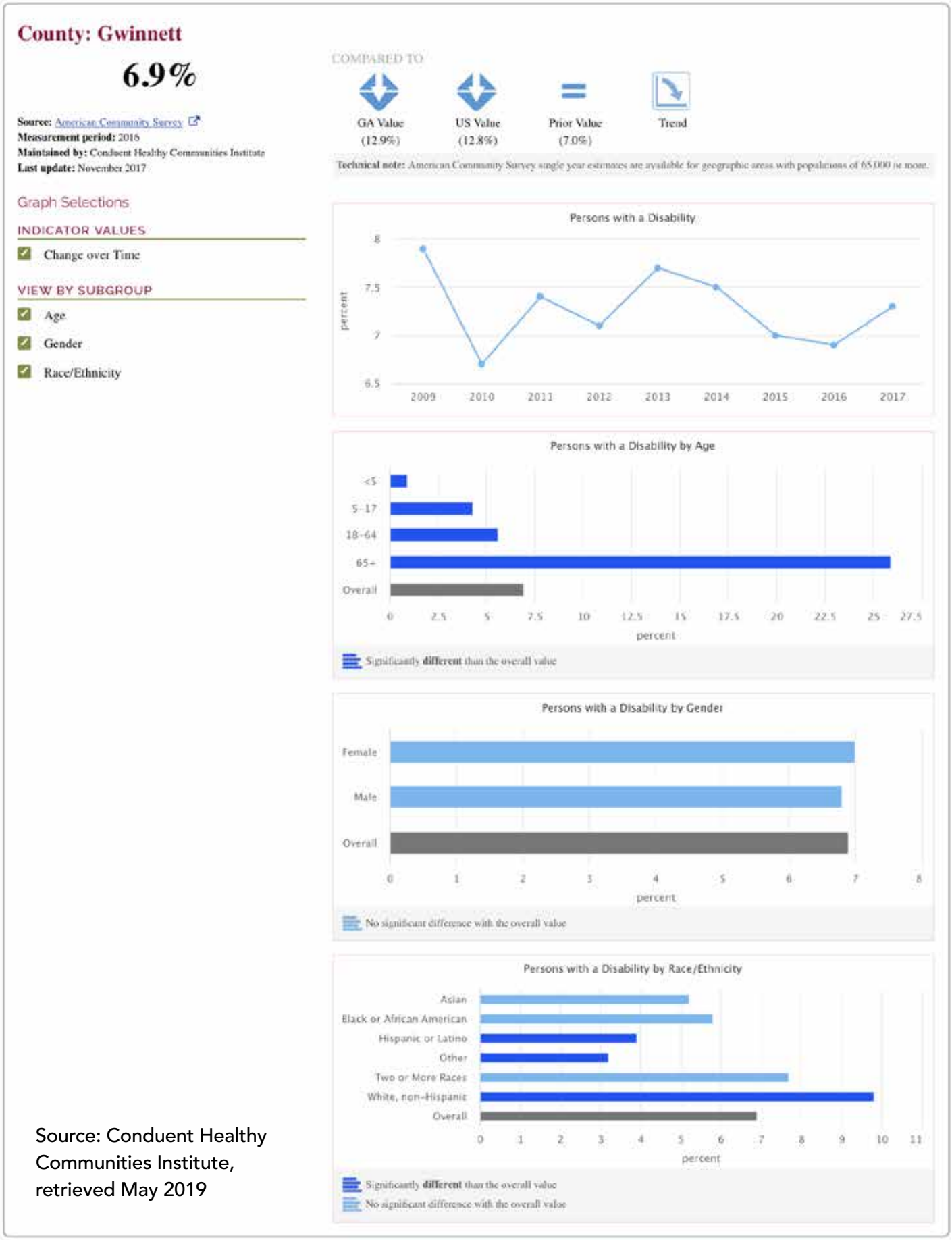
Source: 2015 Youth Health Survey Parent Handbook

Disabilities

Individuals with physical, mental, or emotional impairments which limit one or more life activities have disabilities. Disabilities can range from short-term to permanent. A person with disabilities can lead a healthy lifestyle. Rehabilitation programs are often important elements for recovery after accidents, injuries, joint surgery or stroke. While some statistics are available for individuals with health care needs associated with disabilities they were limited at the local level.

In 2016, 6.9 percent of Gwinnett residents had a disability. This percentage has been decreasing in the last five years. The largest population by age is over 65 years of age (27.4 percent). The "two or more race" group (10.8 percent) is the highest followed by White (10.0 percent), Black (7.1 percent), Asian (5.0 percent) and Hispanic (3.3 percent).

Figure 96. Persons with a Disability, Gwinnett County, 2016



Source: Conduent Healthy Communities Institute, retrieved May 2019

Also in 2016, 17.8 percent of Gwinnett adults (ages 20 to 64) with disability were living in poverty (average 26.6 percent U.S. counties). This percentage has been stable since 2013. Persons with long-term disabilities are more likely to live in poverty.

Figure 97. Persons with Disability Living in Poverty, Gwinnett County, 2016

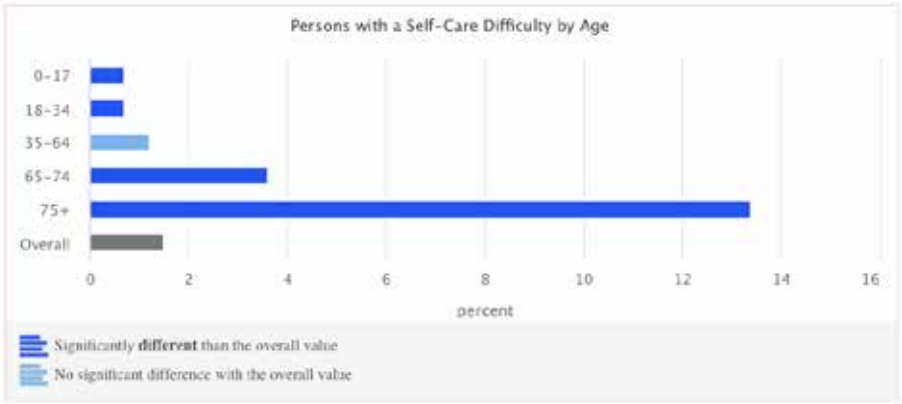
Source: Conduent Healthy Communities Institute, retrieved May 2019

Persons with a Self-Care Difficulty

People with a self-care difficulty encounter challenges in performing activities of daily living (ADLs), such as dressing or bathing. Depending on the severity of the disability, people with self-care difficulty may require additional assistance in the home to conduct daily activities

Figure 98. Persons with a Self-Care Difficulty (5-years), Gwinnett County, 2012-2016

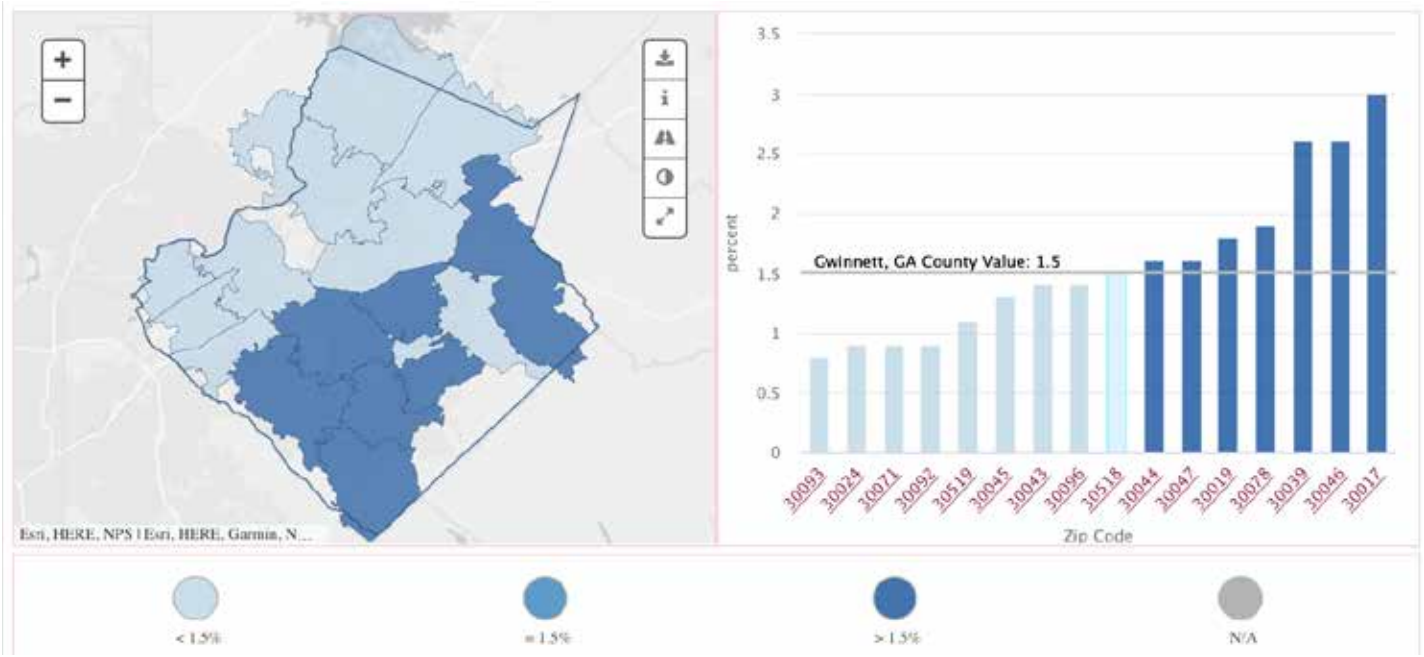
Source: Conduent Healthy Communities Institute, retrieved May 2019



Persons with a Cognitive Difficulty

People with a cognitive difficulty experience serious difficulty concentrating, remembering or making decisions due to a physical, mental or emotional condition. Cognitive difficulties can have a large impact in everyday activities, and may lead to challenges at school or work. People with a cognitive disability may have particular difficulty with math, visual, reading, linguistic and verbal comprehension.

Figure 99. Persons with a Cognitive Difficulty (5-years), Gwinnett County, 2012-2016

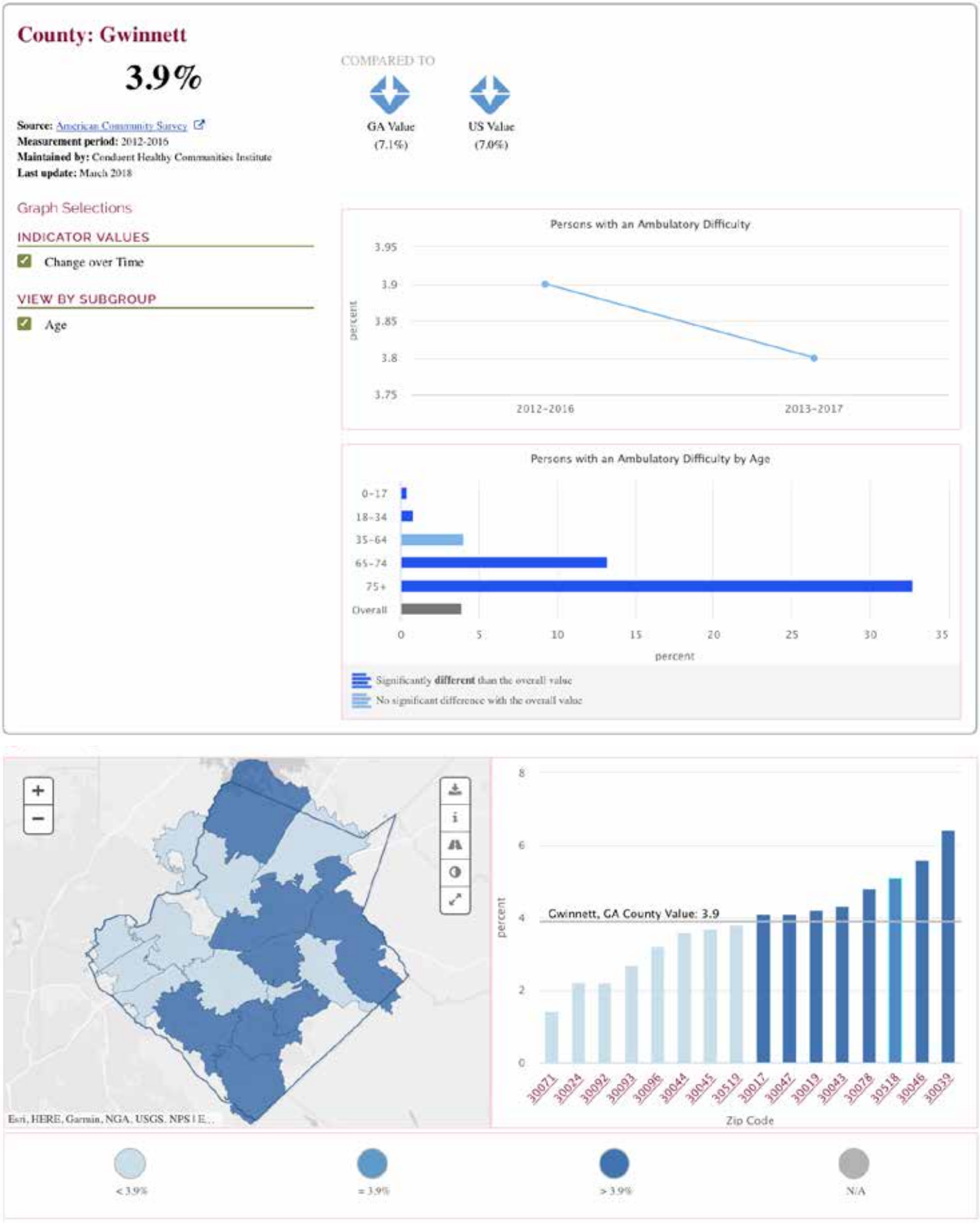


Source: Conduent Healthy Communities Institute, retrieved May 2019

Persons with an Ambulatory Difficulty

People with an ambulatory difficulty experience walking or climbing stairs. These difficulties may in turn limit physical activities, leading to a further decline in health. Persons with an ambulatory difficulty may have unique requirements for accessibility, such as ramps or elevators.

Figure 100. Persons with Ambulatory Difficulty (5-years), Gwinnett County, 2012-2016



Source: Conduent Healthy Communities Institute, retrieved May 2019

Physical Activity and Weight Management

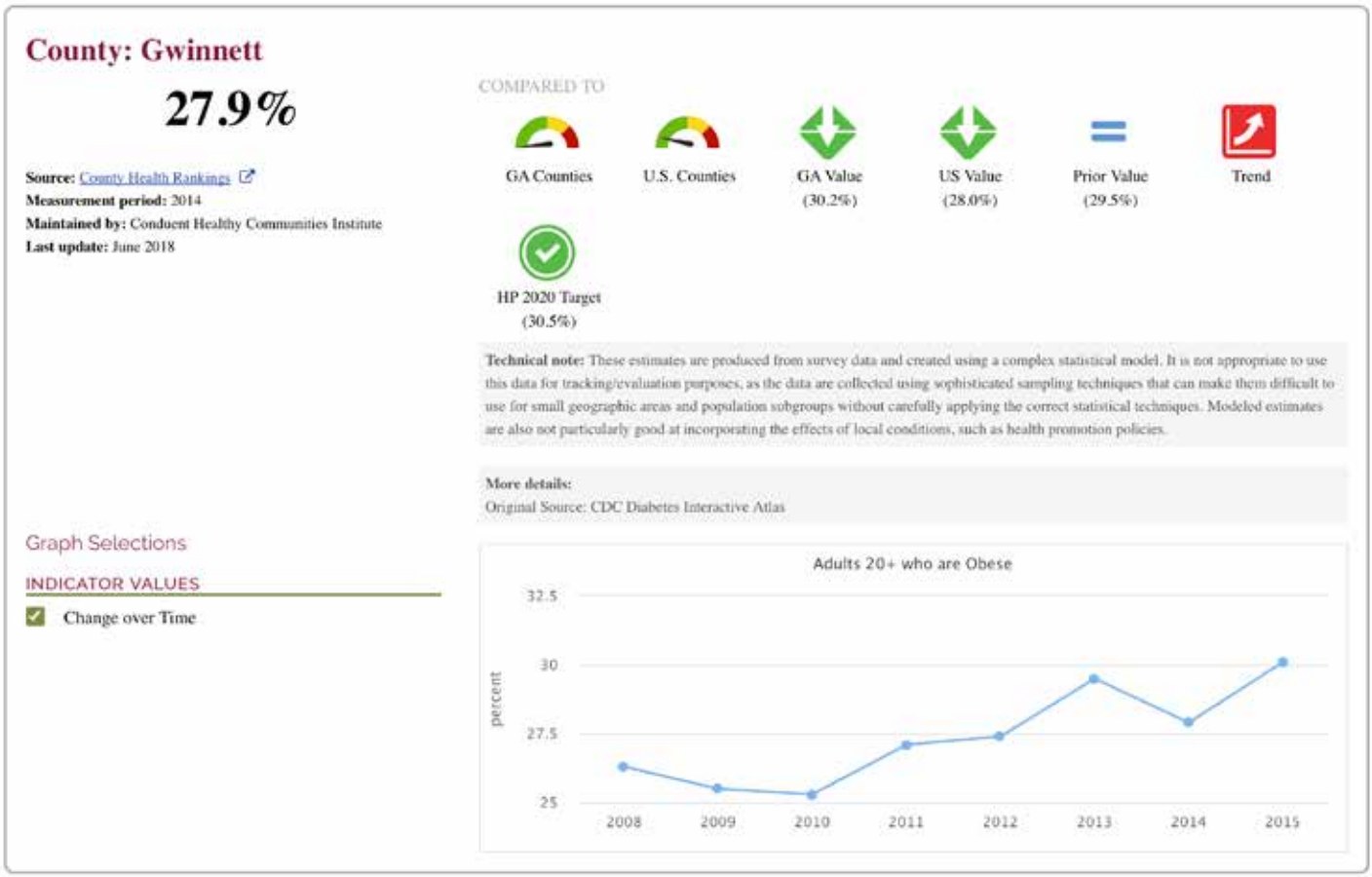
Risk factors are conditions that increase your risk of developing a disease. Some risk factors are not modifiable for example, age, gender, family history and race. Modifiable health risk behaviors are factors you change. Lack of physical activity, poor nutrition, being overweight, tobacco use, high stress, and inadequate sleep – contribute to the development of chronic disease.

Adults who are Obese

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

The Healthy People 2020 national health target is to reduce the proportion of adults (ages 20 and up) who are obese to 30.5 percent. According to Centers for Disease Control and Prevention, in 2012, 27.9 percent of Gwinnett County residents are obese. This means more than 167,000 residents of the county over the age of 20 are obese.

Figure 101. Adults 20+ who are Obese, Gwinnett County, 2014



Source: Conduent Healthy Communities Institute, retrieved May 2019

Physical Activity and Healthy Nutrition

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

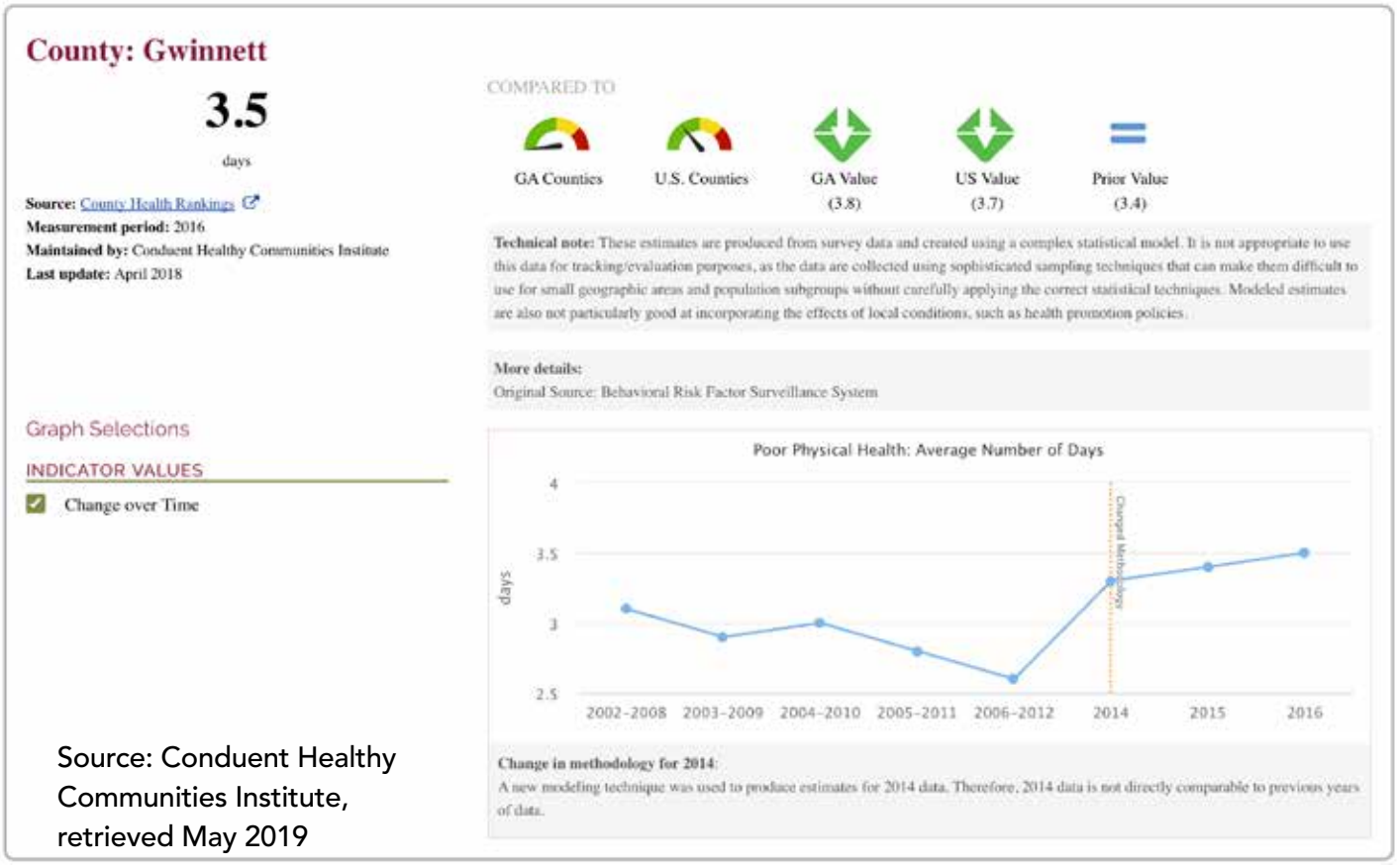
Physical activity may reduce arthritis pain and associated disabilities. In older adults, staying active reduces the risk for osteoporosis and falls by maintaining muscle strength, energy and fitness.

Individual Perception of Health

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

In 2016 Gwinnett County residents reported their physical health was not good on 3.5 days in the past 30 days. The methodology has changed for this indicator therefore, it isn't comparable to data from the last CHNA.

Figure 102. Poor Physical Health: Average Number of Days, Gwinnett County, 2016

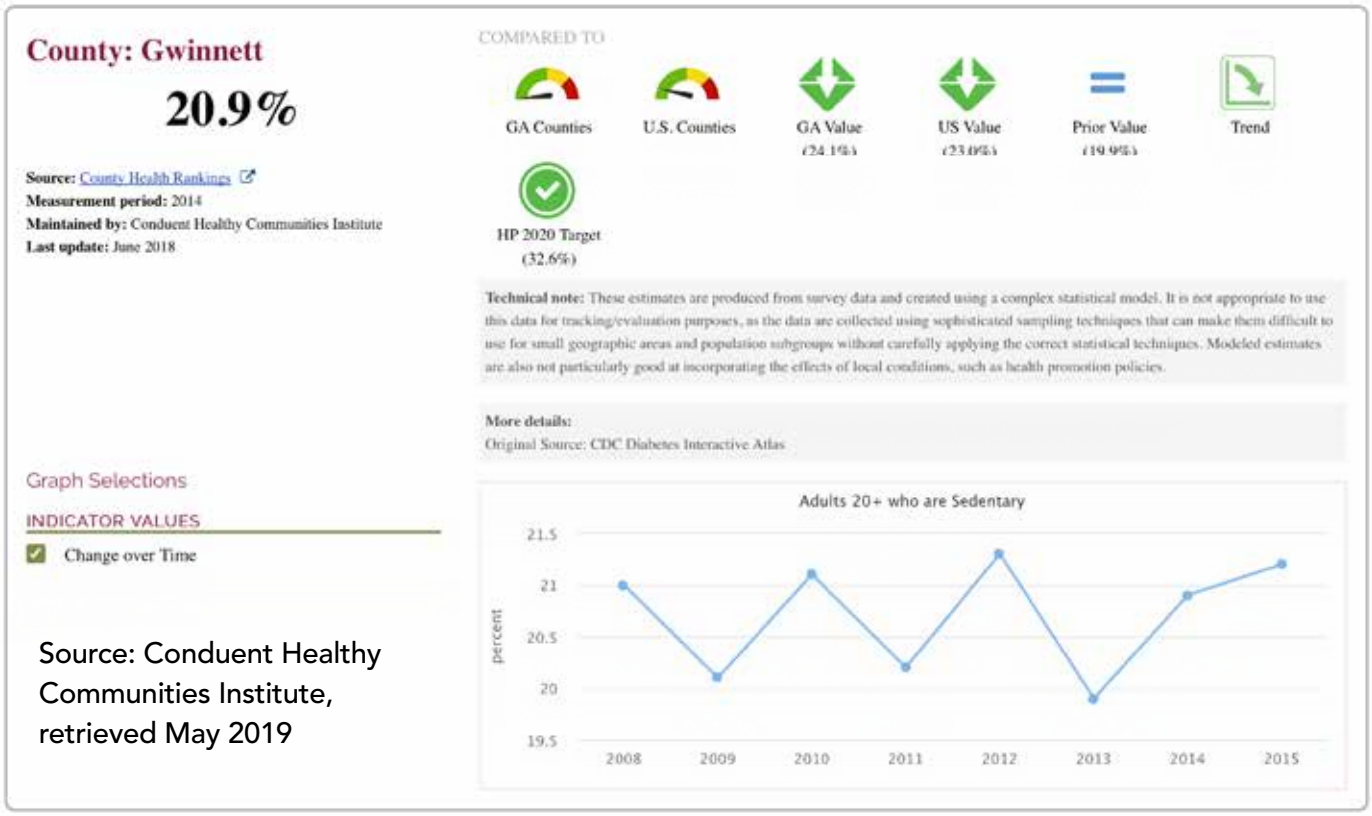


Source: Conduent Healthy Communities Institute, retrieved May 2019

Adults who are Sedentary

Adults ages 20 and up who did not participate in any leisure-time activities during the past month are identified by the CDC as sedentary. According to the CDC for 2014, 20.9 percent of adults were sedentary in Gwinnett County. The Healthy People 2020 target is 32.6 percent demonstrating Gwinnett County residents are well below that percentage.

Figure 103. Adults 20+ who are Sedentary, Gwinnett County, 2014



Source: Conduent Healthy Communities Institute, retrieved May 2019

Recreation and Fitness Facilities

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

Gwinnett County has a large, young, mobile and active population. These numbers have increased since our last CHNA. According to 2018 statistics from our Sports Medicine Program:

- 179,719 students in Gwinnett County with a total population of 920,260 is 19.5% of population being students
- 31 active youth athletic organizations in 2018
- 53,107 total athletes enrolled in recreation sports 11,220 adults / 41,887 youth
- 41,887 youth athletes enrolled in recreation sports in 2018
- 106 youth leagues and 200 youth tournaments = 21,200 events.
- 58 adult leagues and 22 adult tournaments = 1,276 events
- 217 venues this includes: all GCPS tennis facilities, pools, parks, golf courses; GGC; Arena; Suwannee Sports Academy; Coolray Field

- 149 schools in 2018
- 29 high schools in 2018
- 180,000 students enrolled in Gwinnett Public School System – 58,329 students playing sports counting rec leagues out of 179,719 students is 32 percent

According to County Health Rankings in 2018, 84 percent of individuals live reasonably close to a park or recreational facility.

Figure 104. Access to Exercise Opportunities, Gwinnett County, 2018

Source: Conduent Healthy Communities Institute, retrieved May 2019

According to U.S. Department of Agriculture in 2014, Gwinnett County had a rate of 0.08 facilities per 1,000 population. This is better than the U.S. value of 0.06 per 1,000 population.

Figure 105. Recreation and Fitness Facilities, Gwinnett County, 2014

Source: Conduent Healthy Communities Institute, retrieved May 2019

Insufficient Sleep

According Conduent Healthy Community Institute in 2018, sleep is an important part of a healthy lifestyle. It plays a key role in maintaining proper growth and repair of the body, learning, memory, emotional resilience, problem solving, decision making and emotional control. A lack of sleep can have a serious negative effect on health. Ongoing sleep deficiency has been linked to chronic health conditions including heart disease, kidney disease, high blood pressure, and stroke and psychiatric disorders such as depression and anxiety, risky behavior and even suicide. Furthermore, a lack of sleep can also impact the health of others. Sleepiness, especially while driving, can lead to motor vehicle crashes and put the lives of others in jeopardy.

Figure 106. Insufficient Sleep, Gwinnett County, 2016

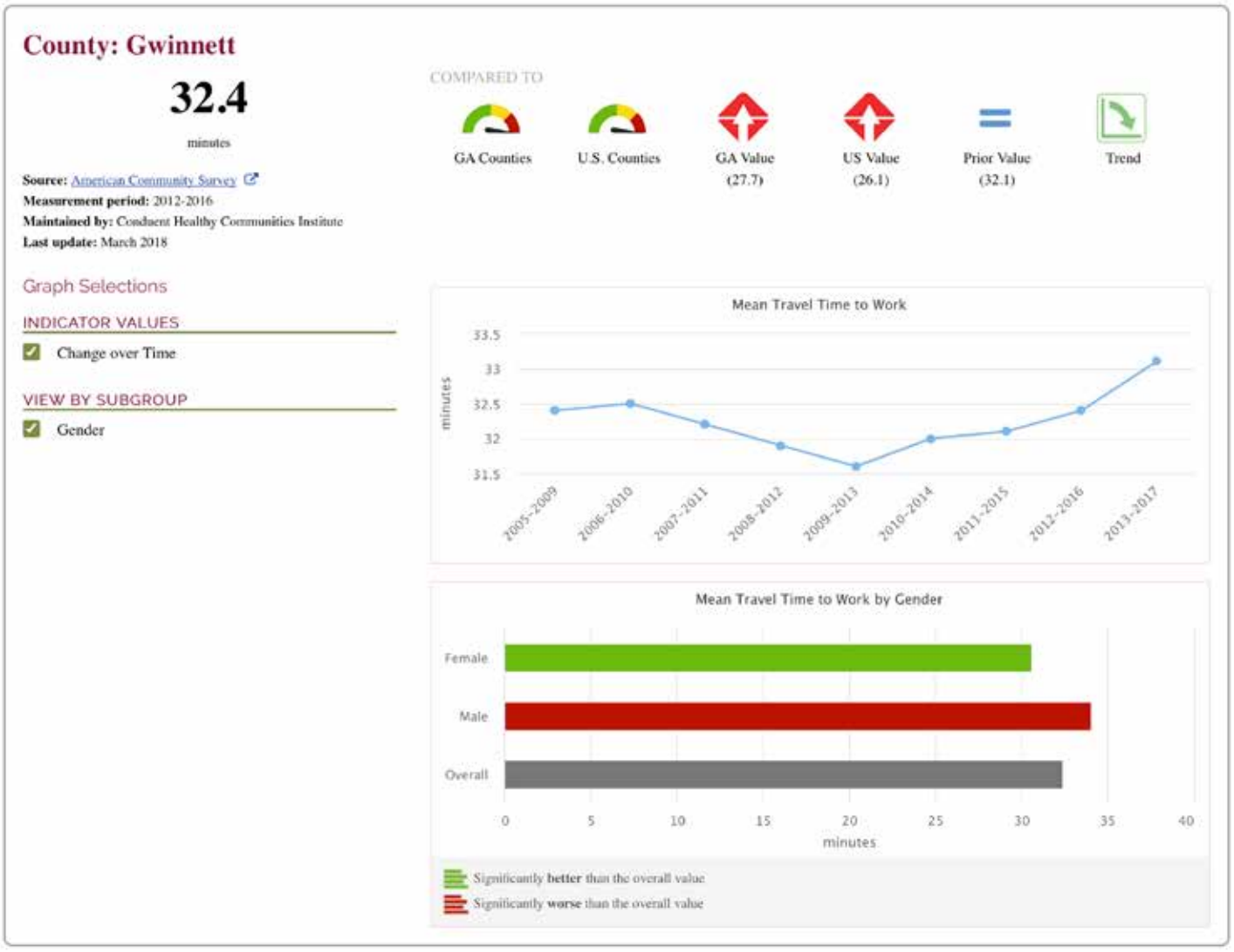
Source: Conduent Healthy Communities Institute, retrieved May 2019

Mean Travel Time to Work

Lengthy car commutes cut into workers' free time and contribute to health problems such as headaches, anxiety and increased blood pressure. An American Journal of Preventive Medicine article (May 8, 2012) by researcher Christine M. Hoehner, PhD, MSPH, assistant professor of public health sciences at Washington University School of Medicine in St. Louis found that individuals that commuted more than 15 miles to work each day were more likely to be obese and less likely to get enough exercise when compared to those who drove less than five miles to work each day.

Between 2012 and 2016 the average daily travel time to work was 32.4 minutes for Gwinnett County workers age 16 and older. This is higher than the 2009 through 2013 time period when the mean travel time to work was 31.6 minutes report in our last CHNA.

Figure 107. Mean Travel Time to Work, Gwinnett County, 2012-2016



Source: Conduent Healthy Communities Institute, retrieved May 2019

Food Environment Index

County Health Ranking created the Food Environment Index that combines two measures of food access: the percentage of the population that is low income and has low access to a grocery store and the percentage of the population that did not have access to reliable source of food during the past year. The index ranges from 0 (worst) to 10 (best) and equally weights the two measures. In 2018, Gwinnett County's measurement was 8.0 which was better than the average (7.7) of 3,141 U.S. counties.

Figure 108. Food Environment Index, Gwinnett County, 2018

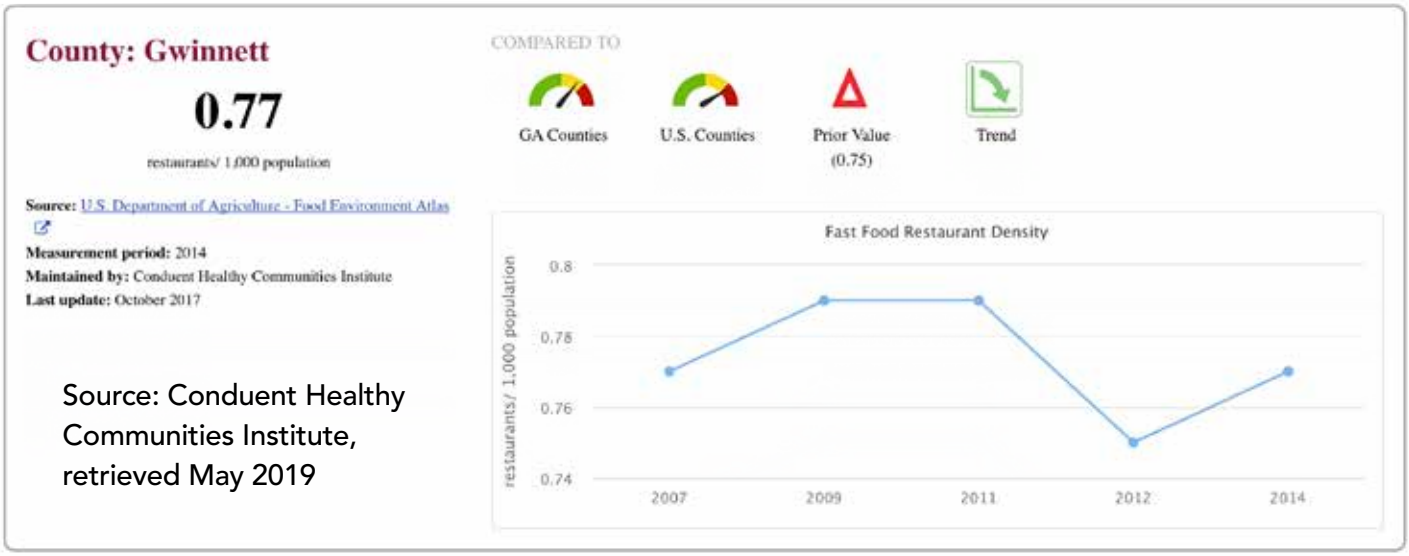
Source: Conduent Healthy Communities Institute, retrieved May 2019

Food Store Density and Low Access to Grocery Stores

The U.S. Department of Agriculture – Food Environment Atlas measures the number of grocery stores, fast food restaurants, and farmers market density per 1,000 population. In 2014, Gwinnett County had 0.17 grocery stores (0.20 U.S. counties), 0.77 fast food restaurants (0.58 U.S. counties) and 0.01 farmers markets (0.03 U.S. counties).

Fast Food is often high in fat and calories and lacking in recommended nutrients. Frequent consumption of these foods and an insufficient consumption of fresh fruits and vegetable increases an individual's risk of overweight and obesity. Conduent Healthy Communities Institute.

Figure 109. Fast Food Restaurant Density, Gwinnett County, 2014



Source: Conduent Healthy Communities Institute, retrieved May 2019

The U.S. Department of Agriculture also measures the percentage of low access to grocery stores for low-income, children and people over the age of 65. The percentage shows individuals living more than one mile from a supermarket or larger grocery store in an urban area. In 2015, Gwinnett County had 8.7 percent low-income (6.2 percent U.S. counties).

Figure 110. Low-Income and Low Access to Grocery Store, Gwinnett County, 2015

Source: Conduent Healthy Communities Institute, retrieved May 2019

Youth Related Health Issues

Gwinnett County Early Childhood Profile

The Georgia Early Childhood Profiles are produced by GEEARS: Georgia Early Education Alliance for Ready Students, with technical assistance from Neighborhood Nexus. GEEARS is a nonpartisan, nonprofit organization whose vision is to ensure that, by 2020, all Georgia children will enter kindergarten prepared to succeed and be on a path to "read to learn" by third grade. These profiles highlight indicators relevant to early childhood and school readiness. To learn more, please visit www.geears.org.

Early Care and Education Providers

	County	State
Total Early Learning Providers[1]	**334**	**5,043**
Child Care Learning Centers	200	2,562
Serves infants	*89%*	*85%*
Serves toddlers	*96%*	*92%*
Serves preschoolers	*99%*	*99%*
Family Child Care Learning Homes	132	1,578
Serves infants	*89%*	*87%*
Serves toddlers	*94%*	*96%*
Serves preschoolers	*95%*	*93%*
Other Providers†	2	903
Total Licensed Capacity[1]	**32,197**	**305,919**
Quality Rated:#	41%	39%
Child Care Learning Centers	31,419	296,467
Quality Rated:#	42%	39%
1-star programs	*18%*	*15%*
2-star programs	*18%*	*19%*
3-star programs	*5%*	*5%*
Family Child Care Learning Homes	778	9,452
Quality Rated:#	24%	24%
1-star programs	*4%*	*6%*
2-star programs	*11%*	*10%*
3-star programs	*9%*	*7%*

Program Enrollment

	County	State
Kindergarten[2]	12,274	126,400
Lottery Funded Georgia Pre-K[1‡]	6,961	77,593
At-risk children served[1]	*45%*	*49%*
Head Start and Early Head Start[3‡]	393	23,896

†The category represents entities not subject to licensing by The Georgia Department of Early Care and Learning (DECAL) such as local school systems. Only providers known to DECAL are included.

#*Quality Rated* is Georgia's Quality Rating and Improvement System for child care and early learning programs. For more information, visit qualityrated.org.

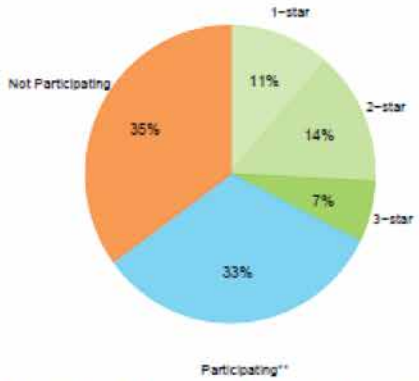
‡There may be overlap between Pre-K and Head Start enrollments due to braided and blended funding sources, so these categories are not summative.

* Insufficient data

Third Grade Assessment Results

	County	State
Students Tested, ELA[4]	**14,038**	**136,238**
Proficient/Distinguished Learners:	44%	36%
White	*60%*	*49%*
Black or African-American	*40%*	*24%*
Hispanic or Latino	*28%*	*26%*
Limited English Proficiency	*26%*	*22%*
Economically Disadvantaged	*32%*	*26%*
Students Tested, Math[4]	**14,144**	**136,670**
Proficient/Distinguished Learners:	53%	42%
White	*70%*	*56%*
Black or African-American	*45%*	*27%*
Hispanic or Latino	*40%*	*35%*
Limited English Proficiency	*40%*	*32%*
Economically Disadvantaged	*41%*	*32%*

Quality Rated Licensed Early Learning Providers[1]



** Participating in the Quality Rated process, but not yet rated as of 1/1/2018.

GEEARS

Gwinnett County

Living Arrangements by Householder

	County	State
Population under age 6[6]	**75,335**	**825,000**
Parent (includes adoptive)	85%	82%
Married parents (both present)	*66%*	*56%*
Single parent	*19%*	*26%*
Other relative	13%	16%
Non-relative	2%	2%

Parental Employment

	County	State
Population under age 6 living with parent[5]	**72,294**	**766,730**
Both parents or only parent in labor force	60%	65%
One parent in labor force, one not	34%	25%
No parent in labor force	6%	10%

Family, Health, and Services

	County #	County %	State %
Children under age 6 living below:[5]			
100% Poverty	*15,671*	*21%*	*29%*
150% Poverty	*25,697*	*35%*	*42%*
200% Poverty	*34,406*	*47%*	*53%*
Children under age 6 without health insurance[5]	6,451	9%	6%
Limited English-speaking households[5]	23,742	9%	3%
Child Maltreatment Reports (duplicated)[7]	6,275	19.6‡	38.3‡
Births to mothers who are not high school graduates[8]	1,311	12%	15%
Births to girls ages 15-19[8]	532	16.4†	25.7†
Low birth weight babies[8]	994	8%	10%
Preterm babies[8]	1,188	10%	11%
Asthma-related ER visits (ages 0-4)[8]	721	118.4‡	116.9‡

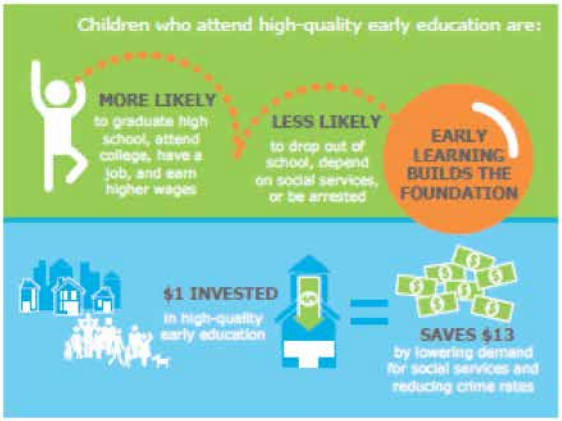
† Rate per 1,000 population
‡ Rate per 10,000 population
* Insufficient data

Economic Status

Of every 20 children ages 0-5 in Gwinnett County, 9 are economically disadvantaged, including 4 living in poverty.[5]

Children by Race and Ethnicity

	County	State
Population under age 5[5]	**61,040**	**660,941**
White	47%	53%
Black or African-American	27%	34%
Asian and Pacific Islander	9%	4%
Other race or multiracial	17%	10%
Hispanic or Latino (any race)	31%	16%



Sources:

1. Georgia Department of Early Care and Learning, 1/1/2018
2. Georgia Department of Education, FTE 2018-1
3. The Office of Head Start Program Information Report, 1/2018
4. Georgia Governor's Office of Student Achievement, SY 2017
5. U.S. Census Bureau, American Community Survey (2012-16)
6. U.S. Census Bureau, 2010 Decennial Census
7. Fostering Court Improvement (2016)
8. Georgia Department of Public Health, OASIS (annual average 2014-16)

GEEARS

georgia family connection partnership

kids count

Gwinnett County

Profile of Child, Family, and Community Well-Being

Children Primed for School

Indicator	Year	Gwinnett Number	Gwinnett Rate	Georgia Rate
Children enrolled in the Georgia Pre-K program	2017	7,443	57.2%	59.4%
Children enrolled in the Georgia Pre-K program from low-income families	2017	3,331	44.8%	30.5%
Children not attending pre-school, ages 3 to 4*	2016	13,271	51.1%	50.3%
Centers and family child care homes rated in Quality Rated	2017	108	29.0%	27.0%
Babies born to mothers with less than 12 years of education	2016	1,263	10.9%	14.5%

Children Succeeding in School

Indicator	Year	Gwinnett Number	Gwinnett Rate	Georgia Rate
Children absent more than 15 days from school	2017	17,088	8.8%	11.2%
3rd grade students achieving Developing Learner or above on Milestones ELA assessment	2017	11,036	80.6%	73.9%
3rd grade students achieving Proficient Learner or above on Milestones ELA assessment	2017	5,951	43.5%	36.4%
5th grade students achieving Developing Learner or above on Milestones ELA assessment	2017	11,458	83.2%	77.8%
5th grade students achieving Developing Learner or above on Milestones Math assessment	2017	12,071	86.7%	80.0%
5th grade students achieving Proficient Learner or above on Milestones ELA assessment	2017	6,494	47.1%	38.8%
5th grade students achieving Proficient Learner or above on Milestones Math assessment	2017	6,612	47.5%	37.2%
8th grade students achieving Developing Learner or above on Milestones ELA assessment	2017	12,197	89.2%	82.9%
8th grade students achieving Developing Learner or above on Milestones Math assessment	2017	4,870	81.8%	81.0%
8th grade students achieving Proficient Learner or above on Milestones ELA assessment	2017	7,081	51.8%	42.7%
8th grade students achieving Proficient Learner or above on Milestones Math assessment	2017	1,392	23.4%	34.5%
Students who graduate from high school on time	2017	10,868	80.9%	80.6%
Teens who are high-school dropouts, ages 16-19*	2016	2,483	4.8%	5.2%
Teens not in school and not working, ages 16-19*	2016	4,780	9.3%	9.1%

GEORGIA family connection PARTNERSHIP

Georgia kids count

Gwinnett County

Profile of Child, Family, and Community Well-Being

Demographics	Gwinnett	Georgia
Total Population	874,242	10,099,320
Children Under 18 (%)	27.9%	24.7%
Population by Race/Ethnicity (%)		
White, Non-Hispanic (%)	40.3%	54.1%
Black, Non-Hispanic (%)	25.4%	30.7%
Asian and Pacific Islander (%)	11.1%	3.7%
American Indian (%)	0.2%	0.2%
Multi-racial (%)	2.0%	1.8%
Hispanic, of any race (%)	20.5%	9.2%
Median Household Income	$67,197	$53,468
Individuals In Poverty (%)	11.3%	16.1%

Data from the U.S. Census American Community Survey, 2012-2016 estimates and SAIPE

Healthy Children

Indicator	Year	Gwinnett Number	Gwinnett Rate	Georgia Rate
Low-birthweight babies	2016	1,105	9.4%	9.8%
Infant mortality (per 1,000)	2016	92	7.8	7.4
Children enrolled in Medicaid or Peachcare	2016	114,439	-	-
Children without health insurance*	2016	23,073	9.5%	7.7%
Children enrolled in the WIC program, birth through 4	2016	15,847	-	-
Child deaths, ages 1-14 (per 100,000)	2016	25	13.0	18.7
Teen pregnancies, ages 15-17 (per 1,000)	2016	187	8.5	14.4
Teen births, ages 15-19 (per 1,000)	2016	488	14.7	23.5
Teen mothers giving birth to another child before age 20, ages 15-19	2016	87	18.0%	17.1%
9th grade students reporting alcohol use in the past 30 days	2016	797	6.9%	8.8%
9th grade students reporting perception of negative risk with alcohol consumption	2016	9,407	81.5%	76.2%
STD incidence for youth, ages 15-19 (per 1,000)	2016	1,317	19.3	29.8
Teen deaths, ages 15-19 (per 100,000)	2016	30	44.1	60.7
Teen deaths, by homicide, suicide and accident, ages 15-19 (per 100,000)	2016	18	26.4	45.0

GEORGIA family connection PARTNERSHIP

Georgia kids count

Gwinnett County

Profile of Child, Family, and Community Well-Being

Stable, Self-Sufficient, and Productive Families

Indicator	Year	Gwinnett Number	Gwinnett Rate	Georgia Rate
First birth to mother age 20 or older with 12 years of education	2016	3,375	85.9%	80.8%
Children living in single-parent families*	2016	57,852	26.1%	34.6%
Children with a substantiated incident of abuse and/or neglect (per 1,000)	2016	574	2.3	7.0
Children with a substantiated incident of abuse (per 1,000)	2016	188	0.8	2.3
Children with a substantiated incident of neglect (per 1,000)	2016	452	1.8	5.4
Children leaving foster care who are reunified with their families or placed with a relative within 12 months of entering foster care	2013	118	74.0%	72.0%
Households, with children, receiving Food Stamps	2013	29,631	-	-
Children whose parents lack secure employment*	2016	12,194	5.2%	8.5%

Thriving Communities

Indicator	Year	Gwinnett Number	Gwinnett Rate	Georgia Rate
Adult educational attainment: High-school graduate or higher*	2016	482,521	87.5%	85.8%
Adult educational attainment: Bachelor's degree or higher*	2016	192,547	34.9%	29.4%
GED graduates	2017	826	-	-
Unemployment	2016	22,141	4.7%	5.4%
Children living in poverty	2016	40,568	16.5%	23.1%
Families, with children, with annual incomes less than 150% of the federal poverty threshold*	2016	33,331	27.5%	32.0%
Homeownership*	2016	184,363	66.1%	62.8%
Crime rate, violent crimes, age 17 or older (per 1,000)	2016	2,293	3.4	5.7
Crime rate, other crimes (burglaries, etc.), age 17 or older (per 1,000)	2016	14,430	21.4	27.3
Voter participation	2016	332,149	77.0%	77.0%

* Low number of events; <=5 for DPH indicators and <=10 for DOE indicators
- Not available
* Data from the U.S. Census, American Community Survey, 2012-2016 estimates

Data definitions and additional data available at gafcp.org/kidscount.
Download raw data, create graphs, maps, and rankings at datacenter.kidscount.org.

Gwinnett County

Birth to 21 Profile

Health and Safety	Most Recent Year	County Rate	Georgia Rate	Rank in Georgia	County Compared to Georgia
Low-birthweight (percent)	2016	9.4	9.8	72	○
Teen births, ages 15-19 (per 1,000)	2016	14.7	23.5	13	●
Child abuse and neglect (per 1,000)	2016	2.3	7.0	2	●

Family and Economic Well-Being	Most Recent Year	County Rate	Georgia Rate	Rank in Georgia	County Compared to Georgia
Child poverty (percent)	2016	16.5	23.1	15	●
Teens not in school and not working, ages 16-19* (percent)	2016	9.3	9.1	63	○
Children whose parents lack secure employment* (percent)	2016	5.2	8.5	17	●

Education	Most Recent Year	County Rate	Georgia Rate	Rank in Georgia	County Compared to Georgia
3rd grade students achieving proficient learner or above on Milestones ELA assessment (percent)	2017	43.5	36.4	26	●
Students who graduate high school on time (percent)	2017	80.9	80.6	131	○
Babies born to mothers with less than high school education (percent)	2016	10.9	14.5	26	●

Note: The KIDS COUNT County Profile contains most recent data for all Georgia KIDS COUNT indicators. The complete county profile and indicator definitions are at gafcp.org/kids-count. These nine indicators are a subset of the KIDS COUNT indicators and are selected to provide an overview of status of children and families. Counties are ranked for the Most Recent Year of data, counties without data are not included in the ranking.

* Low number of events; <=5 for DPH indicators and <=10 for DOE indicators
- Not available
* Data from the U.S. Census, American Community Survey, 2012-2016 estimates

● Indicates that the county is more than 10% better than the state mean
○ Indicates that the county is within 10% better to 10% worse of the state mean
● Indicates that the county is more than 10% worse than the state mean

Gwinnett Comprehensive Youth Health Survey 2015

Gwinnett County's Comprehensive Youth Survey is a survey led by the Gwinnett Coalition for Health and Human Services with Gwinnett County Public School students in grades six through 12. In 2014, the total number of students completing the survey was 48,267.

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 following charts are taken from the 2015 Youth Health Survey Parent Handbook available online at **https://www.gwinnettcoalition.org/resources/reports/**.

Appendix A
Physical Health and Nutrition

NEW CHART

PHYSICAL HEALTH and NUTRITION (Comparison of 2010 and 2014 data)

	MS 2010	MS 2014	HS 2010	HS 2014
Did you 3 or more times in the past week do:				
Activity that made you sweat	54.6%	47.5%	54.0%	44.8%
Stretching Exercises	37.1%	35.6%	43.5%	42.6%
Exercise to make muscles stronger	36.8%	35.1%	46.2%	38.1%
Exercise 30+ minutes	45.6%	43.3%	52.7%	45.6%
Strongly agree that I:				
Eat 3 servings of dairy products each day	44.2%	39.6%	36.3%	33.2%
Eat at least 5 servings of fruits and vegetables each day	29.7%	31.6%	21.15%	24.3%
Feel slightly/very overweight	25.2%	25.3%	26.0%	28.0%
* not asked in previous survey				

Appendix A
Physical Health and Nutrition

NEW CHART

PHYSICAL HEALTH and NUTRITION (Comparison of 2010 and 2014 data)				
	MS 2010	MS 2014	HS 2010	HS 2014
Did you 3 or more times in the past week do:				
Activity that made you sweat	54.6%	47.5%	54.0%	44.8%
Stretching Exercises	37.1%	35.6%	43.5%	42.6%
Exercise to make muscles stronger	36.8%	35.1%	46.2%	38.1%
Exercise 30+ minutes	45.6%	43.3%	52.7%	45.6%
Strongly agree that I:				
Eat 3 servings of dairy products each day	44.2%	39.6%	36.3%	33.2%
Eat at least 5 servings of fruits and vegetables each day	29.7%	31.6%	21.15%	24.3%
Feel slightly/very overweight	25.2%	25.3%	26.0%	28.0%
* not asked in previous survey				

Appendix B
Substance Abuse

SUBSTANCE ABUSE (Comparison of 2010 and 2014 data)				
Survey Questions	MS 2010	MS 2014	HS 2010	HS 2014
Have you:				
Used alcohol in the last 30 days	5.1%	5.0%	21.8%	19.0%
Used marijuana in the last 30 days	2.4%	3.7%	14.4%	14.5%
Used cocaine in the last 30 days	.5%	1.0%	2.7%	3.0%
Used methamphetamines in the last 30 days	.5%	1.0%	2.1%	3.0%
Used tobacco in the last 30 days	2.1%	2.6%	11.9%	12.9%
Used prescription drugs not prescribed to me in the last 30 days	1.5%	3.0%	4.6%	6.0%
Used inhalants in the last 30 days	1.3%	2.0%	2.6%	3.0%
Used ecstasy in the last 30 days	.5%	1.0%	2.6%	4.0%
Drank 5+ drinks in a row in the past 30 days	1.6%	1.0%	10.9%	8.0%
Rode with an impaired driver in the past 30 days	7.1%	4.0%	11.1%	8.0%
Drove while under the influence in the past 30 days	0.0%	0.0%	3.2%	2.0%
Do you strongly agree that:				
Alcohol use is harmful	67.4%	70.0%	47.4%	53.0%
Adults would disapprove if you use alcohol	73.6%	73.0%	59.1%	59.0%
Peers would disapprove if you use alcohol	60.4%	62.0%	28.7%	35.0%
Marijuana is harmful	78.0%	79.0%	54.0%	54.0%
Smoking tobacco is harmful	81.1%	84.0%	77.4%	78.0%
It is easy to get prescription drugs not prescribed to you	13.3%	13.0%	28.1%	27.0%
Where do you get alcohol? *(total population responses)*				
From family or other adults	2.6%	5.0%	10.6%	15.3%
Take from family without permission	1.9%	3.4%	3.7%	12.3%
Buy it myself from a store	.4%	1.4%	3.0%	9.0%
* not asked in previous survey				

Appendix C
Sexual Activity

Sexual Activity (Comparison of 2010 and 2014 data)				
Survey Questions	**MS 2010**	**MS 2014**	**HS 2010**	**HS 2014**
Have you:				
Ever had consensual sexual contact	7.1%	7.1%	35.2%	21.0%
Ever had consensual sexual contact with 3+ partners	2.9%	2.3%	18.5%	9.6%
Ever had sexual intercourse	3.0%	2.1%	23.9%	12.8%
Ever had sexual intercourse with 3+ partners	1.1%	1.2%	12.1%	5.8%
Ever been pregnant or gotten someone pregnant	0.5%	.7%	3.4%	2.1%
Ever had an abortion	.2%	.3%	3.4%	2.1%
Ever contracted a sexually transmitted disease	.6%	1.2%	2.8%	2.7%
If sexually active, used alcohol or drugs at time of last intercourse	22.3%	1.5%	19.9%	5.3%
Ever sent a sexually explicit picture or video to someone	6.1%	7.4%	21.8%	23.7%
Age of first consensual contact: (total population response)				
11 or younger	2.0%	2.2%	3.8%	2.6%
12-14 years	5.7%	2.9%	12.6%	7.1%
15-16 years	.2%	1.3%	15.5%	9.6%
Age of first consensual intercourse: (total population response)				
11 or younger	.8%	1.9%	.9%	1.2%
12-14 years	2.1%	.9%	7.3%	3.7%
15-16 years	.1%	.1%	11.2%	6.0%
* not asked in previous survey				

Appendix D
Delinquency and Violence

Delinquency and Violence (Comparison of 2010 and 2014 data)				
Survey Questions	MS 2010	MS 2014	HS 2010	HS 2014
Delinquency (Have you?):				
Lied to parents about whereabouts	25.7%	16.0%	49.7%	36.0%
Skipped school without parent permission	6.1%	5.3%	24.6%	14.4%
Had trouble with the police	13.0%	10.5%	22.5%	20.1%
Stolen from a store	14.7%	12.5%	21.3%	17.0%
Ran away from home	6.7%	7.0%	10.0%	13.6%
Driven car without owner's permission	3.9%	3.9%	13.1%	13.6%
Sold or given drugs or alcohol	3.0%	3.8%	12.8%	14.1%
Sent threatening/ intimidating message using an electronic device	9.0%	5.9%	14.5%	11.2%
Violence (Have you?):				
Hit or beat someone	32.4%	21.2%	31.2%	21.1%
Taken part in a group fight	14.5%	9.5%	14.5%	15.1%
Used a knife, gun or weapon to scare someone	7.0%	12.5%	9.7%	17.8%
Carried a knife, gun or weapon for protection	12.7%	10.2 %	17.3%	18.2%
Gang Activity (Have you?):				
Heard of gang activity in my neighborhood	45.4%	25.4%	56.4%	33.2%
Witnessed gang activity in neighborhood or school	13.1%	13.1%	34.2%	23.5%
Feel no one would care if they joined a gang	8.8%	8.8%	9.6%	12.4%
Would worry if siblings or friend joined a gang	86.0%	70.7%	81.9%	70.2%
Would consider joining a gang	4.4%	5.4%	8.0%	9.9%
Have been asked to join a gang	14.6%	9.6%	24.3%	19.1%
Have been initiated into a named gang	4.3%	4.4%	7.6%	8.6%
Believe it is possible gang member to leave gang safely	22.7%	19.3%	18.7%	19.3%
Have participated in illegal gang activity	1.9%	2.1%	3.5%	3.7%
Have friends who participated in illegal gang activity	12.2%	10.5%	18.0%	15.9%

Appendix E
Mental Health

Mental Health (Comparison of 2010 and 2014 data)				
Survey Questions	MS 2010	MS 2014	HS 2010	HS 2014
Have you:				
Been physically abused	17.9%	13.7%	20.4%	21.0%
Been sexually abused	6.3%	6.5%	11.4%	15.7%
Considered suicide in the past year	7.0%	7.8%	9.5%	11.0%
Attempted suicide in the past year	3.6%	4.3%	5.1%	6.5%
Ever cut yourself on purpose in the past 12 months	11.0%	10.2%	9.9%	16.1%
Percentage of youth who answered "yes" to at least 5 of the 8 depression questions	29.7%	30.5%	41.7%	47.1%
In the past 30 days have you had				
Loss of interest in activities	25.2%	26.3%	30.0%	33.1%
Loss of appetite	28.2%	26.5%	34.5%	31.3%
Loss of attention/ ability to make decisions	39.0%	33.6%	51.1%	45.6%
Felt sad, depressed or empty	30.8%	27.8%	40.0%	39.3%
Felt too tired to do things	45.0%	40.7%	62.3%	55.1%
Trouble sleeping/ Sleeping too much	37.1%	37.1%	49.5%	50.4%
Felt angry, frustrated, or irritated	43.3%	36.9%	57.2%	49.4%
Felt life was not worth living	14.7%	15.0%	17.5%	22.4%

Appendix F
Positive Assets

POSITIVE ASSETS	MS 2010	MS 2014	HS 2010	HS 2014
Do you:				
Feel safe at school	81.0%	80.0%	75.0%	76.0%
Spend 3 or more hours home alone during the week	30.7%	29.3%	44.4%	41.4%
Read books for fun 2+ hours per week	38.1%	34.6%	29.0%	31.7%
Work 11 or more hours per week	3.7%	4.5%	17.0%	18.1%
Play video games 2 or more hours per week	55.5%	55.1%	52.1%	53.0%
Spend 2 or more hours per week texting	47.0%	47.7%	69.0%	66.7%
Spend 2+ hours per week social networking	49.0%	43.6%	64.0%	63.3%
Complete household chores 2+ hours per week	45.9%	41.2%	54.4%	47.2%
Have a significant adult (other than your parents) that you can turn to	84.8%	82.3%	80.7%	78.8%
Feel you can talk to your parents about serious issues?	81.5%	80.3%	74.1%	75.6%
Do your parents:				
Set clear rules	92.1%	88.1%	85.7%	79.5%
Establish consequences if rules are broken	86.2%	83.1%	80.6%	80.3%
Get involved in your school	90.3%	87.4%	82.0%	78.1%

Older Adults and Aging

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

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

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

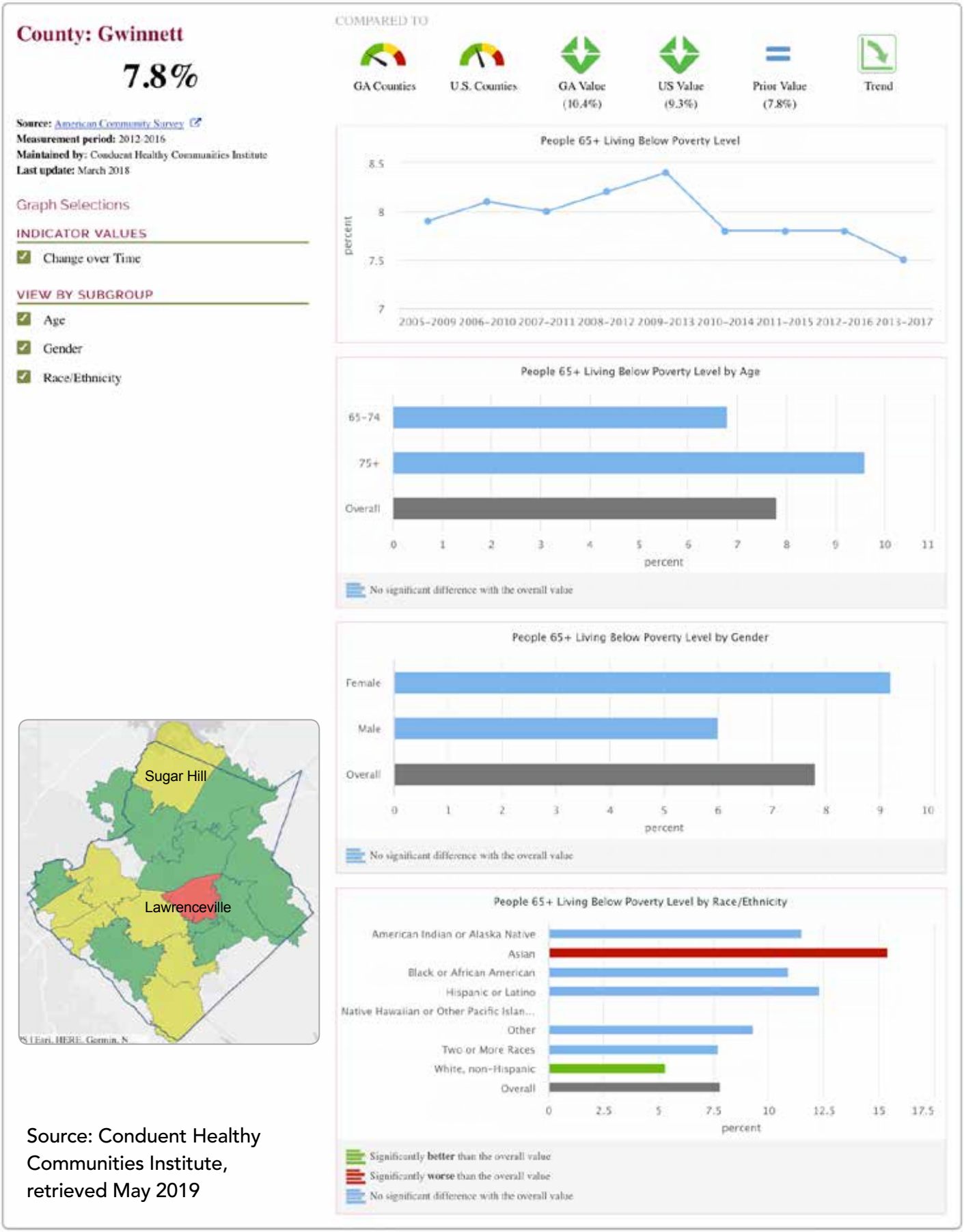
Social isolation is often seen in older adults. Depression is not a normal part of growing older; however, depression is more common in people who have other illnesses or whose function becomes limited.

People Age 65 and Older Living Below the Poverty Level

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

According to the American Community Survey from 2012 through 2016, in Gwinnett County people over the age of 65 living below the poverty level was 7.8 percent which is a decrease since the 2009 through 2013 period of 8.4 percent. People over age 75 (9.6 percent) were higher than the 65-74 (6.8 percent) age group. Females (9.2 percent) were higher than males (6.0 percent).

Figure 111. People 65+ Living Below Poverty Level, Gwinnett County, 2012-2016



Source: Conduent Healthy Communities Institute, retrieved May 2019

People Age 65 and Older Living Alone

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

Between 2009 and 2013, 17.9 percent of Gwinnett County resident over age 65 lived alone, this is lower than the 26.4 percent national average based on 3,142 U.S. counties. This is also lower than reported in our last CHNA. We have two zip code (30092, 30096) with higher than 26.4 percent of people over 65 living alone.

Figure 112. People 65+ Living Alone, Gwinnett County, 2012- 2016

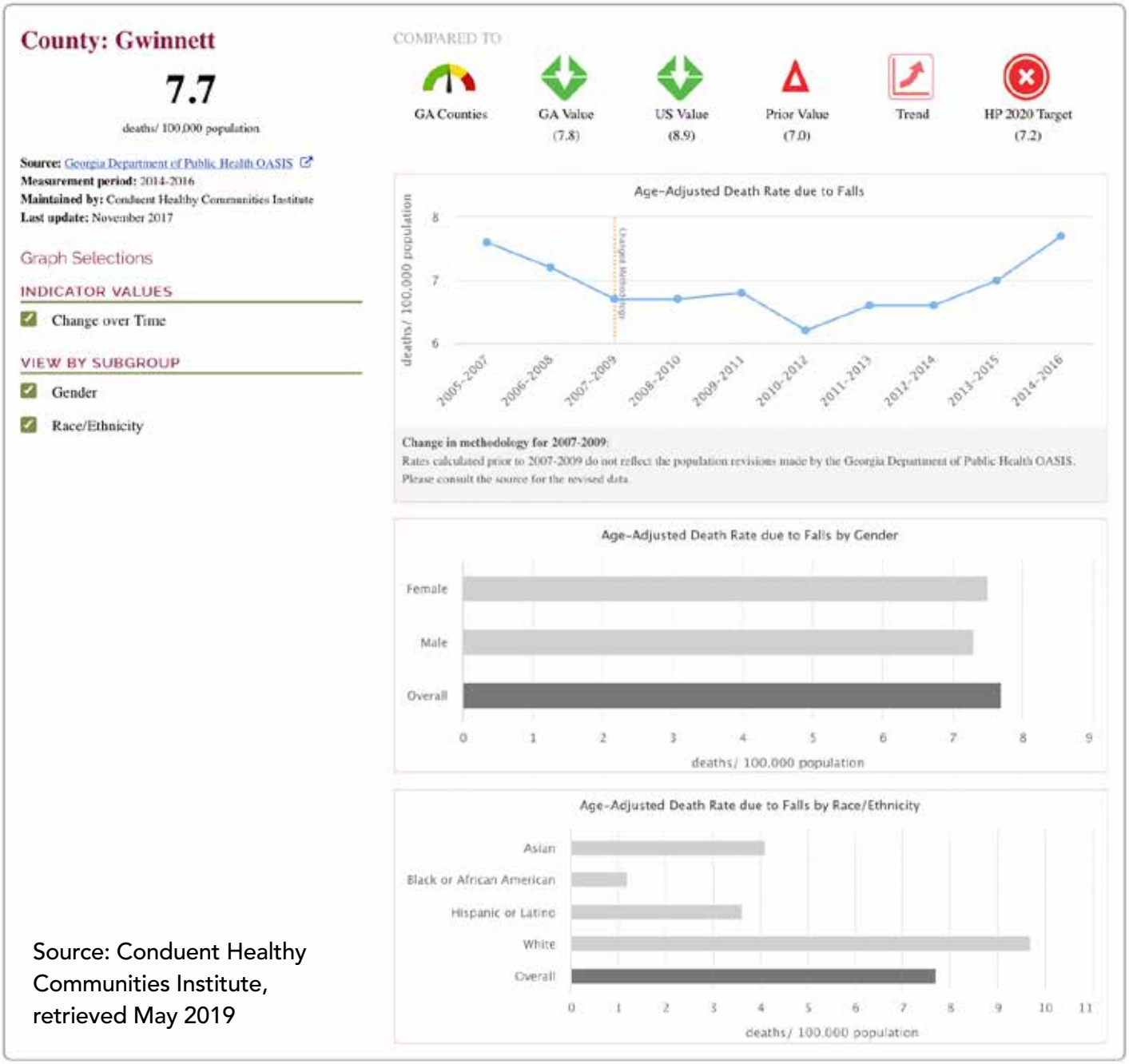
Source: Conduent Healthy Communities Institute, retrieved May 2019

Falls

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

According to Georgia Department of Public Health, OASIS 2018, between 2013 and 2017, falls were responsible for 56,954 **emergency room visits**. This was the fourth leading cause of emergency room visits and the rate of fall seen in the emergency room trending down since the previous period between 2010 and 2004.

Figure 113. Age-Adjusted Death Rate due to Falls, Gwinnett County, 2014-2016



Source: Conduent Healthy Communities Institute, retrieved May 2019

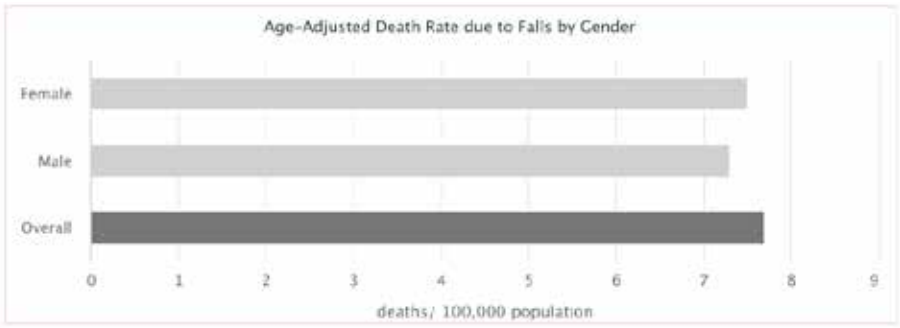
Alzheimer's Disease

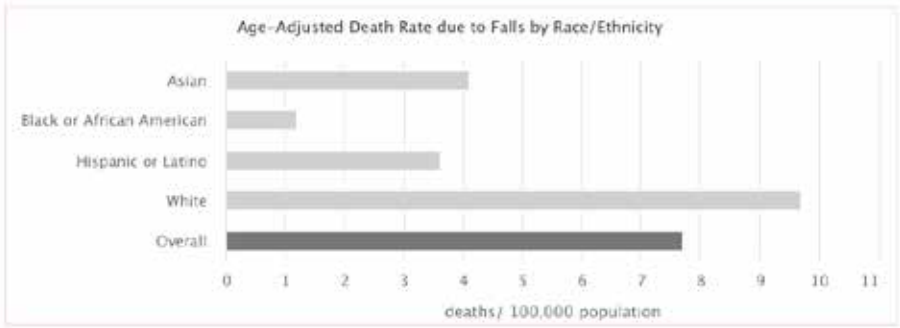
Alzheimer's disease is a severe neurological disorder marked by progressive and irreversible dementia. Initially, Alzheimer's disease involves the parts of the brain than control though, memory and language making it difficult to complete simple tasks. There are two types of Alzheimer's disease: early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

In Gwinnett County for the years 2013 through 2017, Alzheimer's disease was the eighth leading cause of **death** (939 deaths). The aggregate trend rate of 39.0 deaths per 100,000 population has increased when compared to the previous five-year aggregate rates and is below the Georgia rate of 24.7 deaths per 100,000 population, according to Georgia Division of Public Health, OASIS 2018.

Conduent Health Communities Institute (HCI) uses Georgia Department of Public Health, OASIS data but for the time period is 2014 through 2016. The age-adjusted death rate due to Alzheimer's disease was 39.4 deaths per 100,000 population. The data demonstrate that in Gwinnett County more women (46.3 deaths) than men (26.7 deaths) are die from the disease and the white population has an age-adjusted death of 42.6 compared to 36.3 for the Black population.

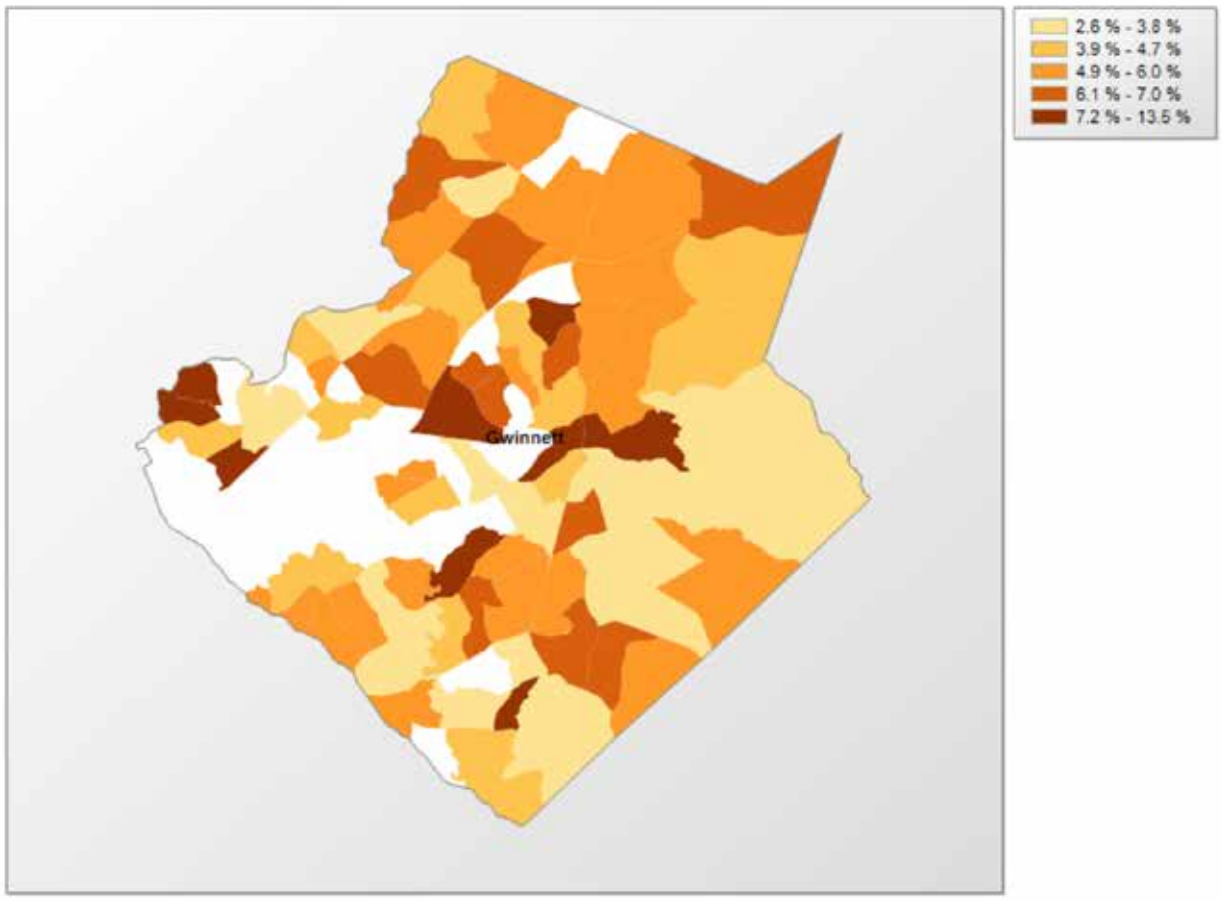
Figure 114. Age-Adjusted Death Rate due to Alzheimer's Disease, Gwinnett County, 2014-2016





Source: Conduent Healthy Communities Institute, retrieved May 2019

Percent of Deaths Within Area due to Alzheimers Disease by Census Tract, Gwinnett County, 2013 - 2017



Source: Georgia Division of Public Health, OASIS, 2018

Persons with a Self-Care Difficulty

People with a self-care difficulty encounter challenges in performing activities of daily living (ADLs), such as dressing or bathing. Depending on the severity of the disability, people with self-care difficulty may require additional assistance in the home to conduct daily activities

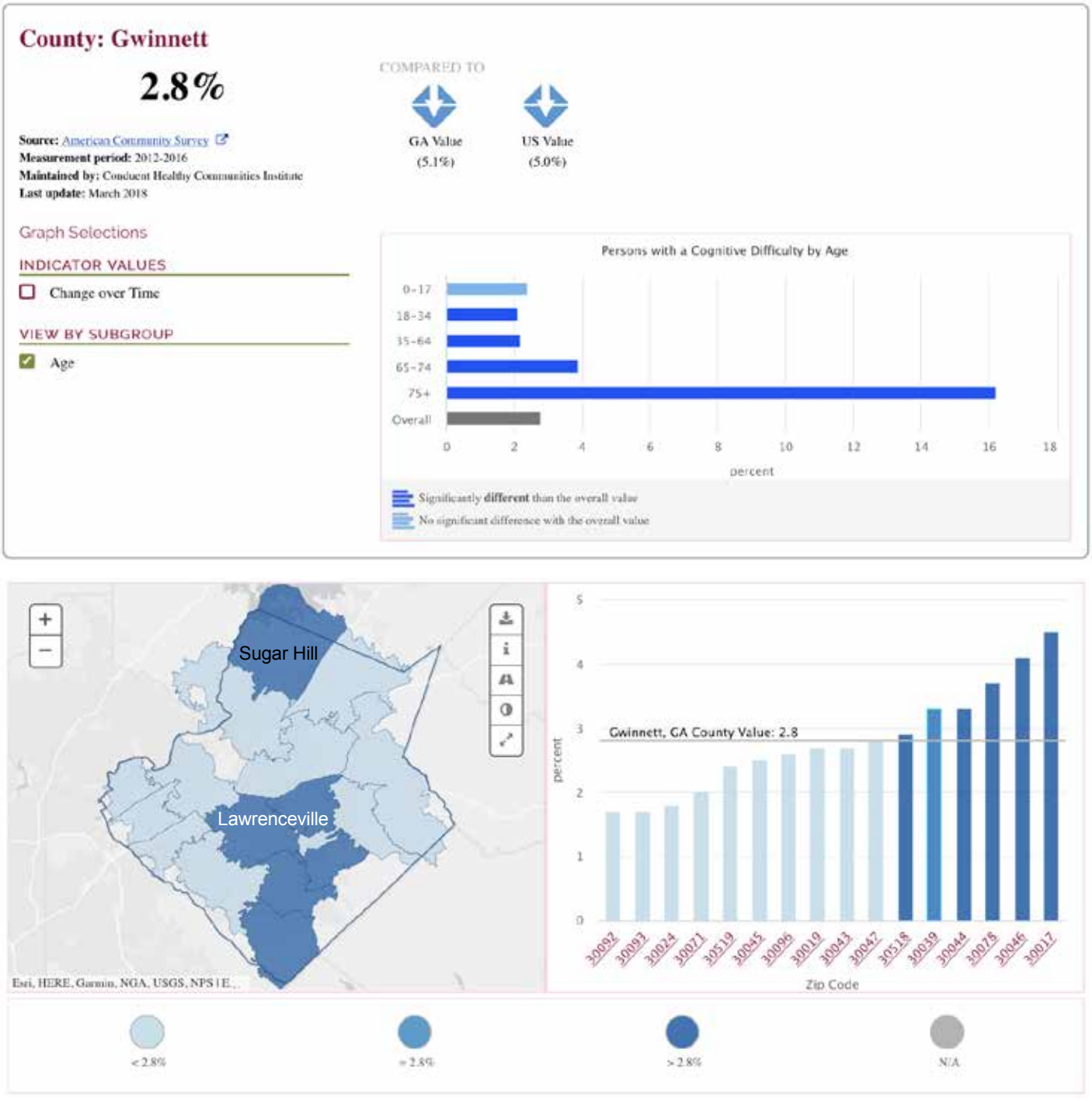
Figure 115. Persons with a Self-Care Difficulty (5-years), Gwinnett County, 2012-2016

Source: Conduent Healthy Communities Institute, retrieved May 2019

Persons with a Cognitive Difficulty

People with a cognitive difficulty experience serious difficulty concentrating, remembering or making decisions due to a physical, mental or emotional condition. Cognitive difficulties can have a large impact in everyday activities, and may lead to challenges at school or work. People with a cognitive disability may have particular difficulty with math, visual, reading, linguistic and verbal comprehension.

Figure 116. Persons with a Cognitive Difficulty (5-years), Gwinnett County, 2012-2016

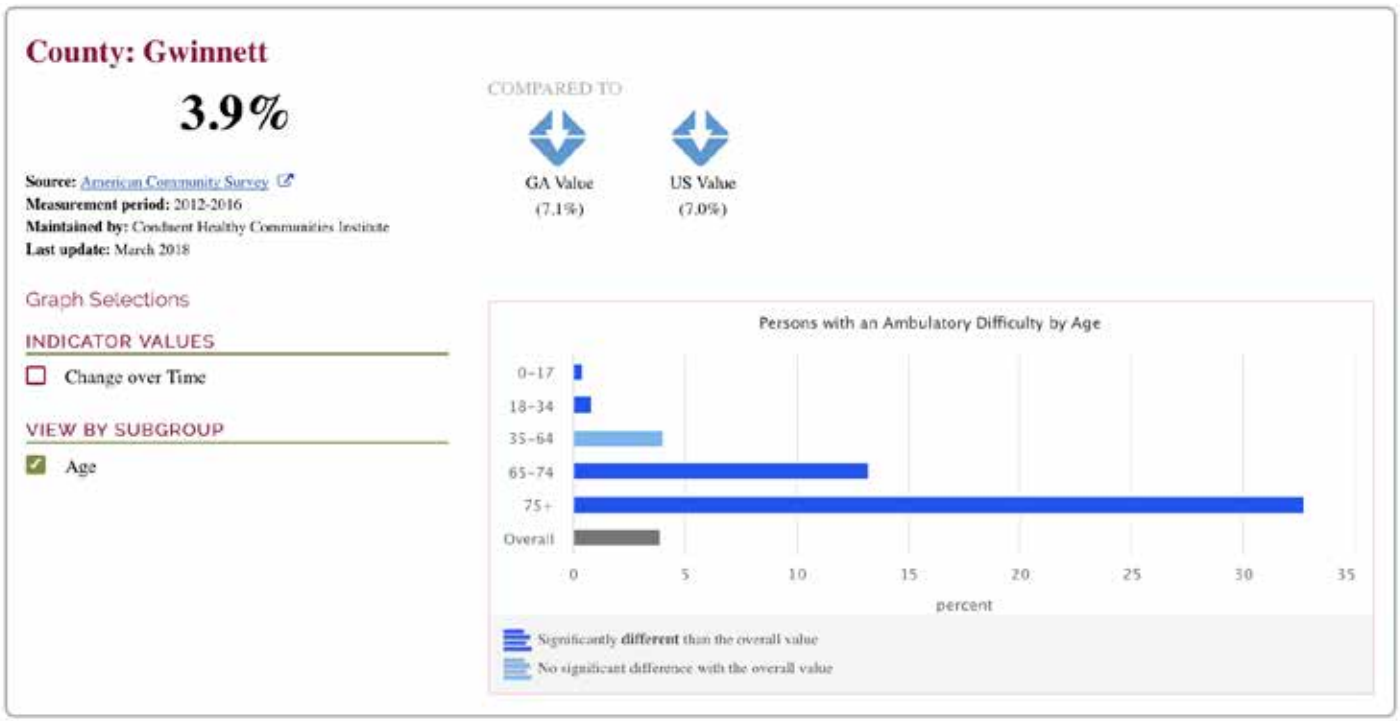


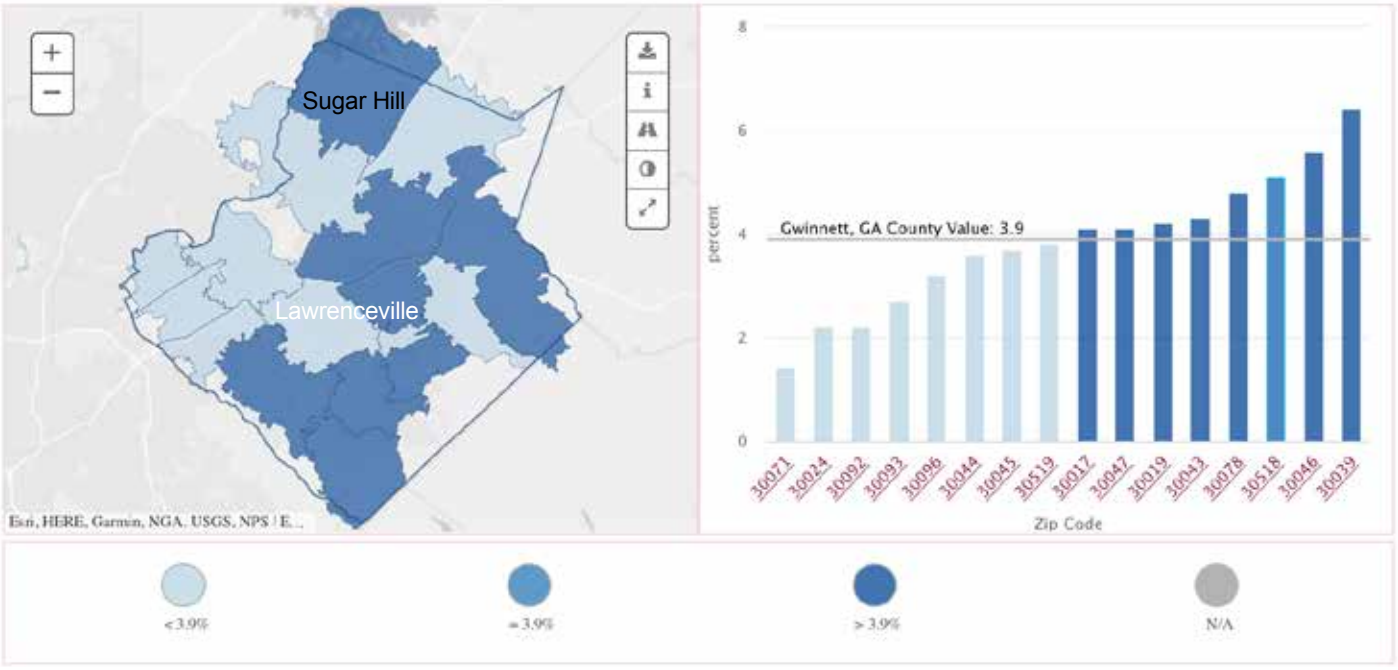
Source: Conduent Healthy Communities Institute, retrieved May 2019

Persons with an Ambulatory Difficulty

People with an ambulatory difficulty experience walking or climbing stairs. These difficulties may in turn limit physical activities, leading to a further decline in health. Persons with an ambulatory difficulty may have unique requirements for accessibility, such as ramps or elevators.

Figure 117. Persons with Ambulatory Difficulty (5-years), Gwinnett County, 2012-2016





Source: Conduent Healthy Communities Institute, retrieved May 2019

Communicable Diseases and Immunizations

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

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

According to the National Foundation for Infectious Disease, each year on average in the U.S., more than 50,000 adults die for vaccine-preventable diseases. Gwinnett County has a diverse and rapidly growing population, making immunization and monitoring particularly important. A number of diseases and infections are easily prevented in both children and adults through adequate immunizations including diphtheria*, *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.

Influenza and Pneumonia

Influenza (flu) is a contagious respiratory illness caused by viruses. The condition varies from mild to severe illness and can be fatal in older populations, young children and people with certain health conditions. Flu occurs most commonly in the fall and winter. Getting vaccinated for the flu each year is the most effective prevention.

Pneumonia is an infection of the lungs that is usually caused by a virus but may be caused bacteria and is often associated with influenza infections. According to the Centers for Disease Control and Prevention (CDC), pneumonia vaccinations are recommended for persons age 65 and older or individuals over the age of two with specific health conditions.

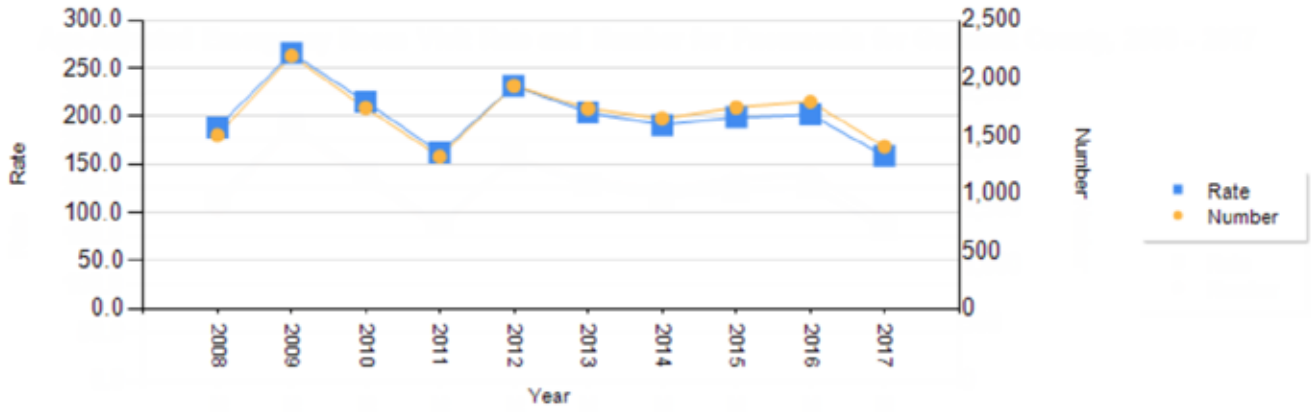
For the years 2013-2017, Pneumonia was the twelfth leading cause of **age-adjusted emergency room visit** (total 8,319 visits) and Influenza was fifteenth (total 6,120 visits). Pneumonia was eleventh (total 5,315 discharges) for **age-adjusted hospital discharge**, according to Georgia Division of Public Health, OASIS, 2018.

Figure 118. Age-Adjusted ER Visit Rate due to Pneumonia, Gwinnett County, 2008-2017

What is the County's Trend?

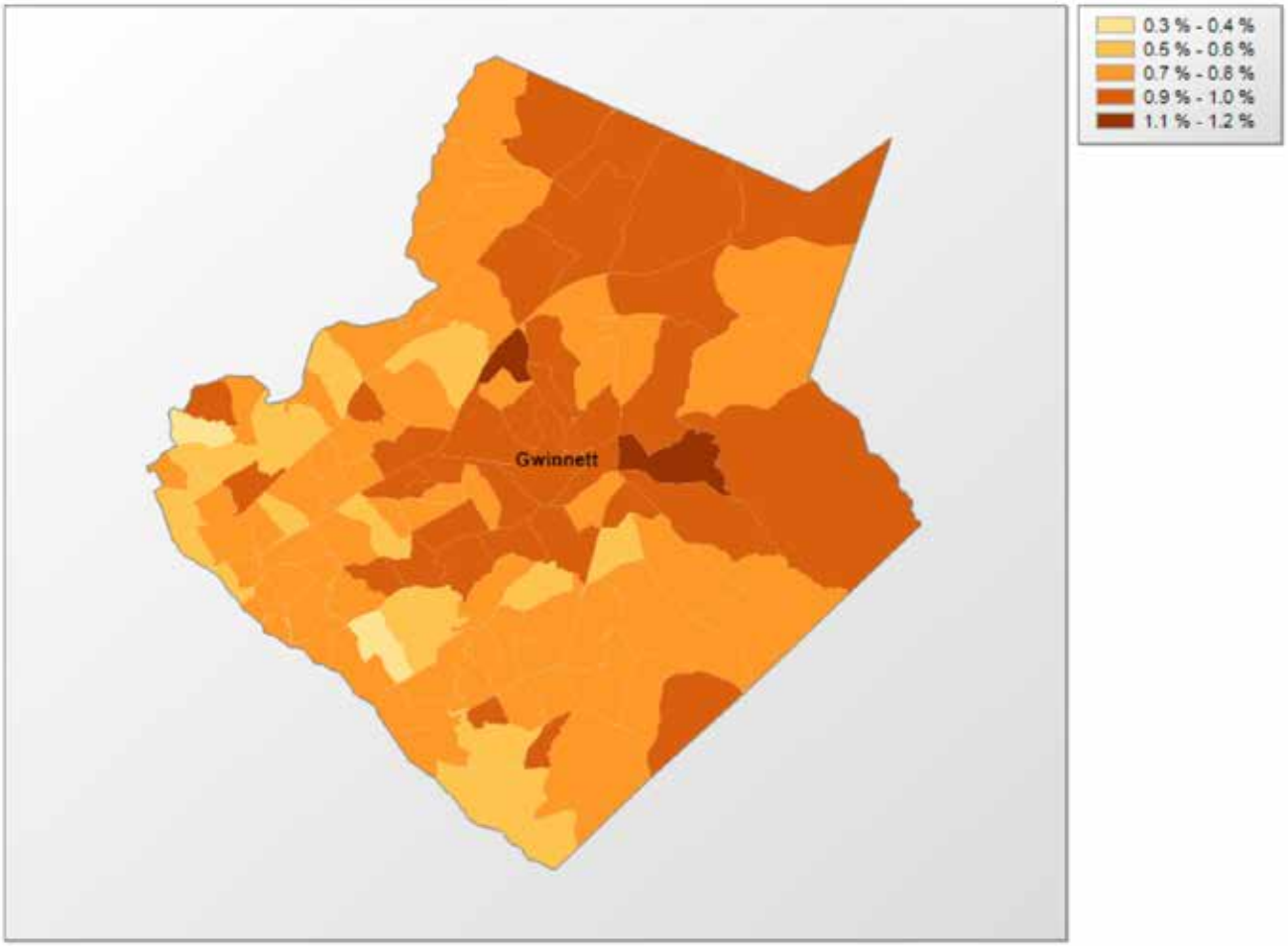
As stated above the current rate is 190.7. The rate for the previous 5 year aggregate (2008 - 2012) was 212.8. This difference is statistically significant. Below is both the number and rate in the county over the 10-year period.

Age-Adjusted Emergency Room Visit Rate and Number for Pneumonia for Gwinnett County, 2008 - 2017



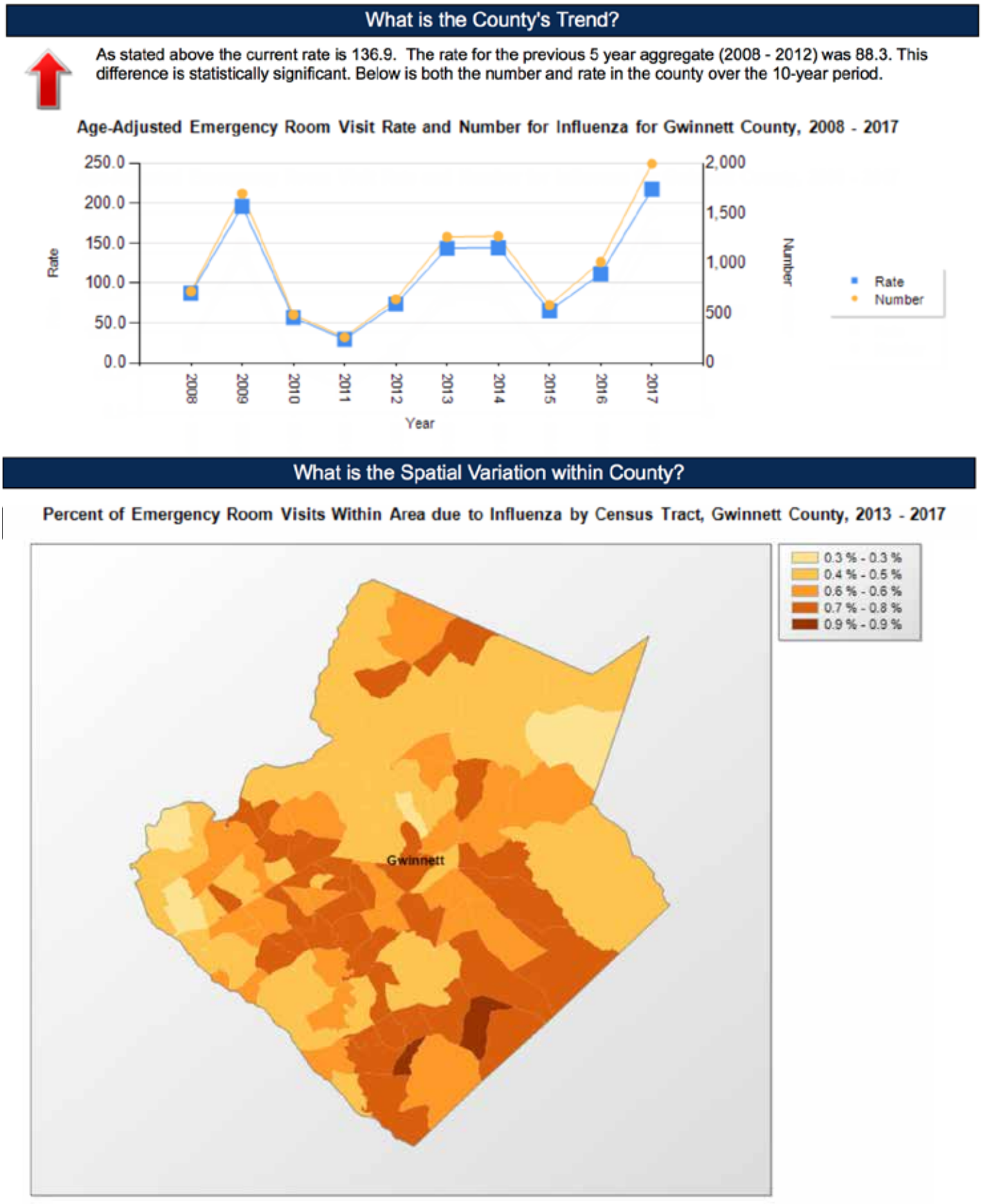
What is the Spatial Variation within County?

Percent of Emergency Room Visits Within Area due to Pneumonia by Census Tract, Gwinnett County, 2013 - 2017



Source: Georgia Division of Public Health, OASIS, 2018

Figure 119. Age-Adjusted ER Visit Rate due to influenza, Gwinnett County, 2013-2017



Source: Georgia Division of Public Health, OASIS, 2018

Figure 120. Age-Adjusted ER Visit Rate due to Pneumonia and Influenza, Gwinnett County, 2017

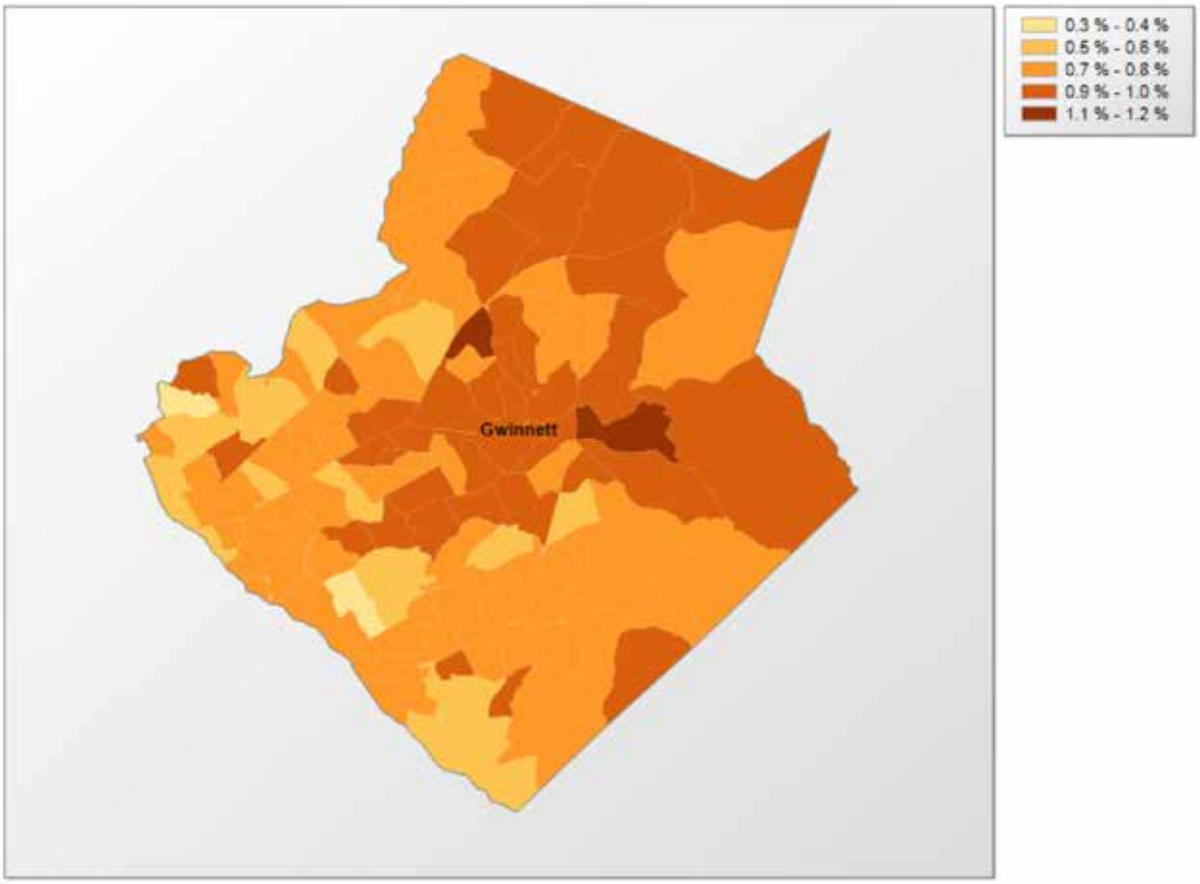
What is the County's Trend?

As stated above the current rate is 190.7. The rate for the previous 5 year aggregate (2008 - 2012) was 212.8. This difference is statistically significant. Below is both the number and rate in the county over the 10-year period.

Age-Adjusted Emergency Room Visit Rate and Number for Pneumonia for Gwinnett County, 2008 - 2017

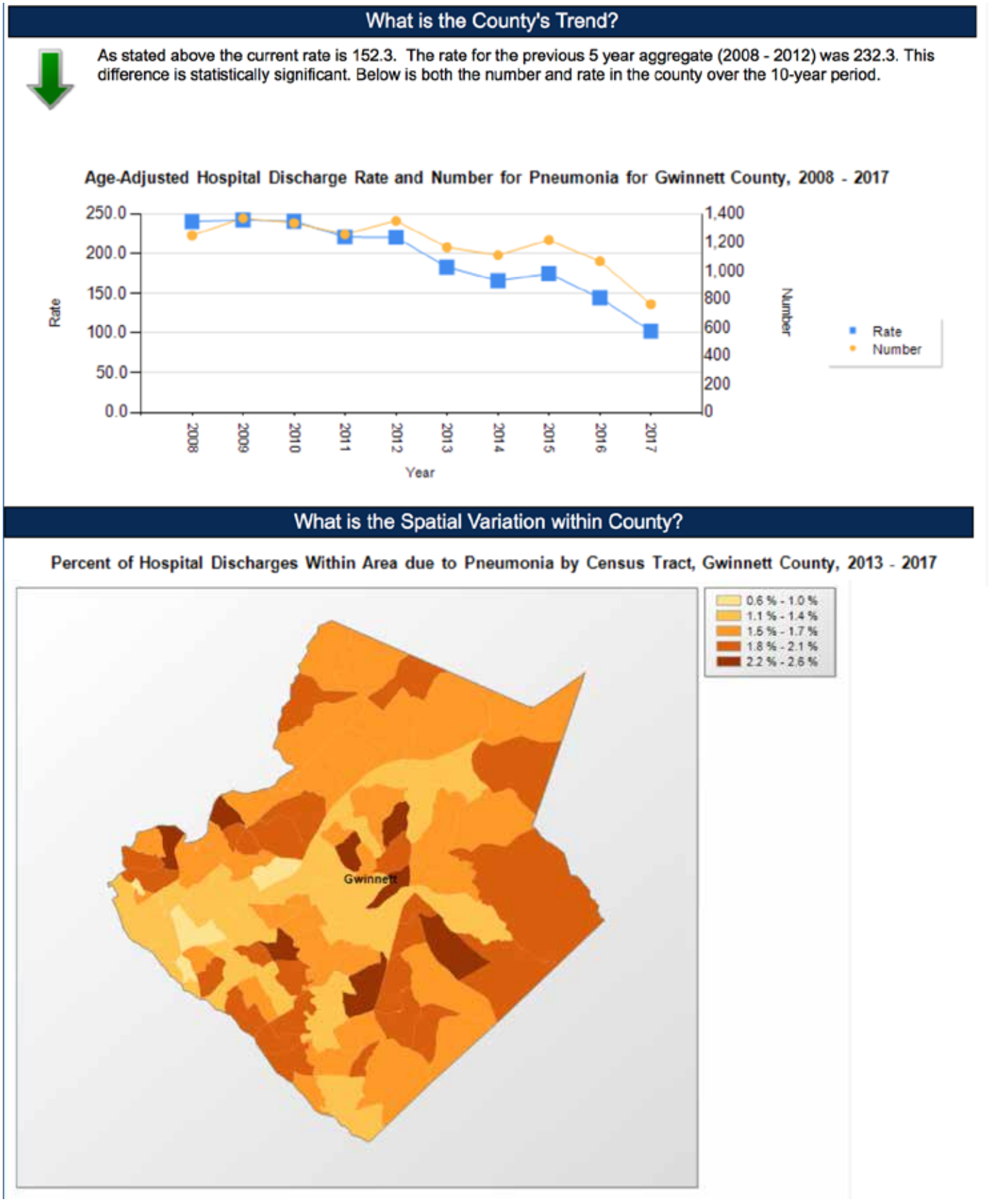
What is the Spatial Variation within County?

Percent of Emergency Room Visits Within Area due to Pneumonia by Census Tract, Gwinnett County, 2013 - 2017



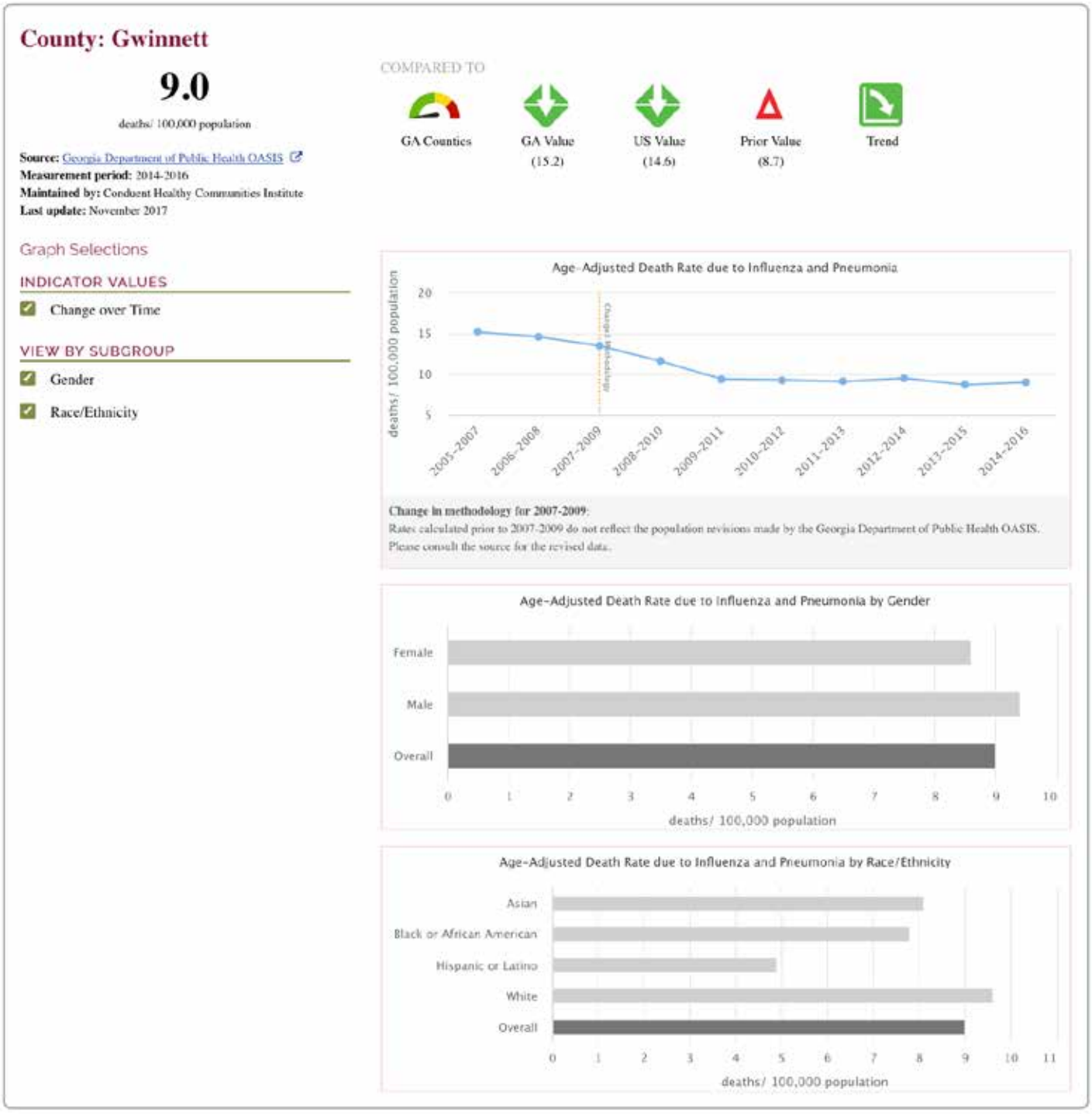
Source: Conduent Healthy Communities Institute, retrieved May 2019

Figure 121. Age-Adjusted Hospital Discharges Rate due to Pneumonia, Gwinnett County, 2013-2017



Source: Georgia Division of Public Health, OASIS, 2018

Figure 122. Age-Adjusted Death Rate due to Influenza and Pneumonia, Gwinnett County, 2014-2016



Source: Conduent Healthy Communities Institute, retrieved May 2019

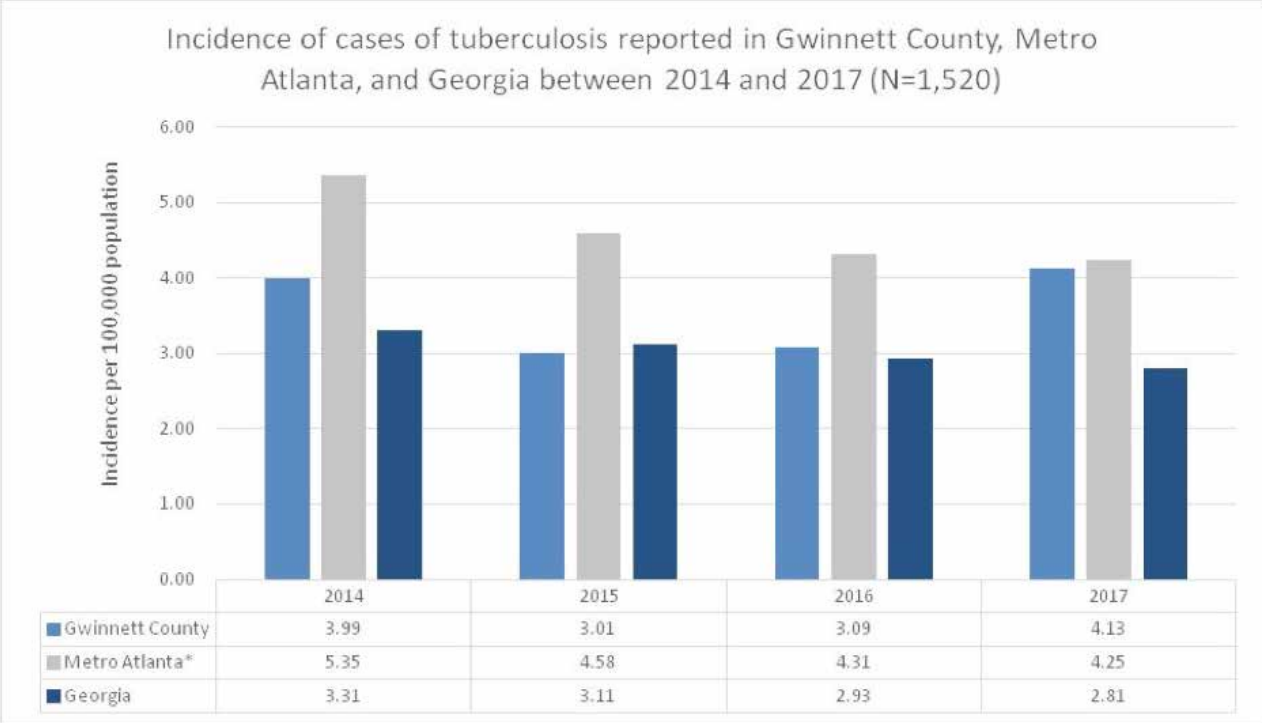
Tuberculosis (TB)

Tuberculosis is a bacterial infection caused by Mycobacterium tuberculosis. The bacteria usually attack the lungs, but other organs may be involved including the kidney, spine, and brain. TB spreads when an infected person sprays respiratory droplets into the air by coughing, speaking, or singing. People nearby may breathe in the bacteria and become infected.

The Metro Atlanta area, which the Georgia Department of Public Health defines as Cobb, Douglas, Fulton, Clayton, Gwinnett, Newton, Rockdale, and Dekalb counties, has the highest incidence of tuberculosis compared to the state as a whole (Figure 123). Thirty-eight new cases of tuberculosis were reported to the Gwinnett County Health Department in 2017, which was 13% of all Georgia cases (N=293).

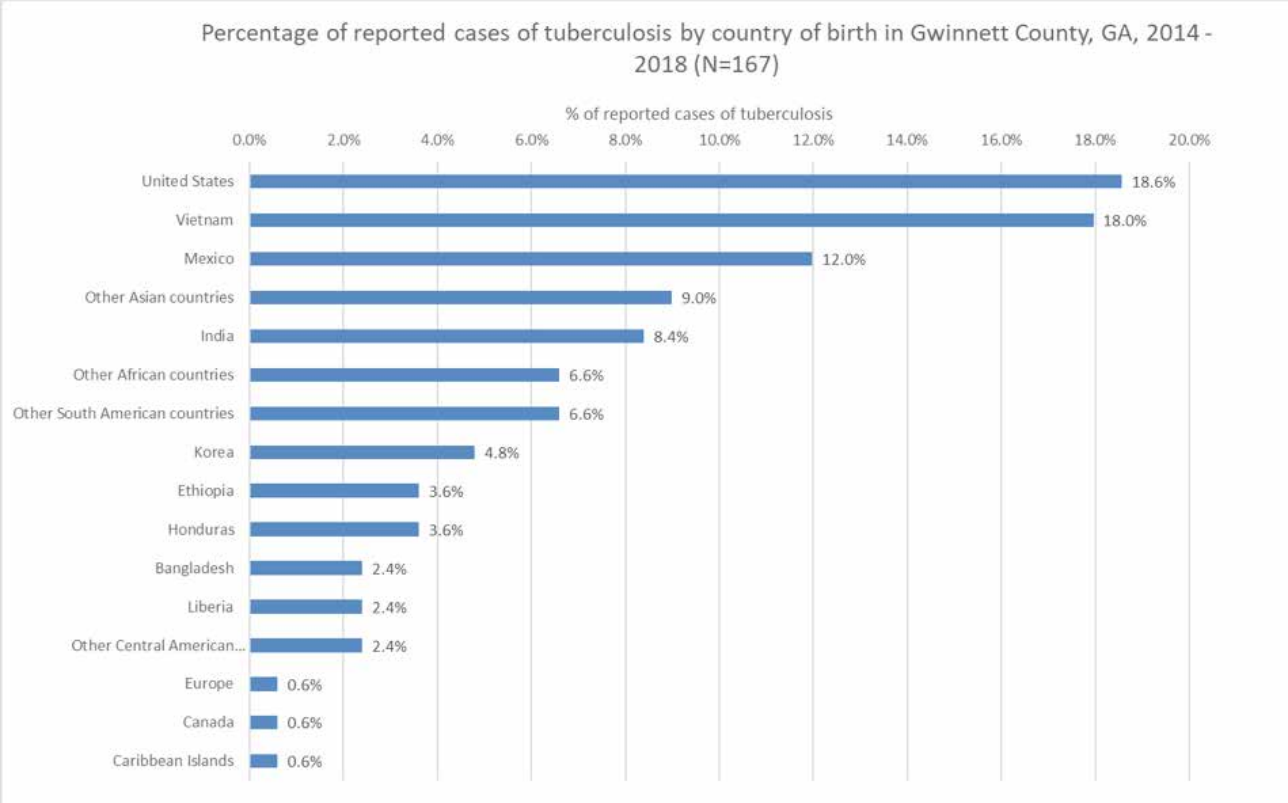
People born in countries where TB is common are at a higher risk for being infected.
Gwinnett County has a diverse population, and 81% of all cases of tuberculosis reported between 2014 and 2018 were foreign-born (N=167; Figure 124).

Figure 123. Incidence of reported cases of tuberculosis in Gwinnett County, Metro Atlanta*, and Georgia, 2014-2017 (N=1,520; OASIS and SendSS).



*Metro Atlanta: Districts 3-1, 3-2, 3-3, 3-4, and 3-5 (Cobb, Douglas, Fulton, Clayton, Gwinnett, Newton, Rockdale, Dekalb)

Figure 124. Percentage of reported cases of tuberculosis by country of birth in Gwinnett County, GA, 2014-2018 (N=167; SendSS).



Hepatitis

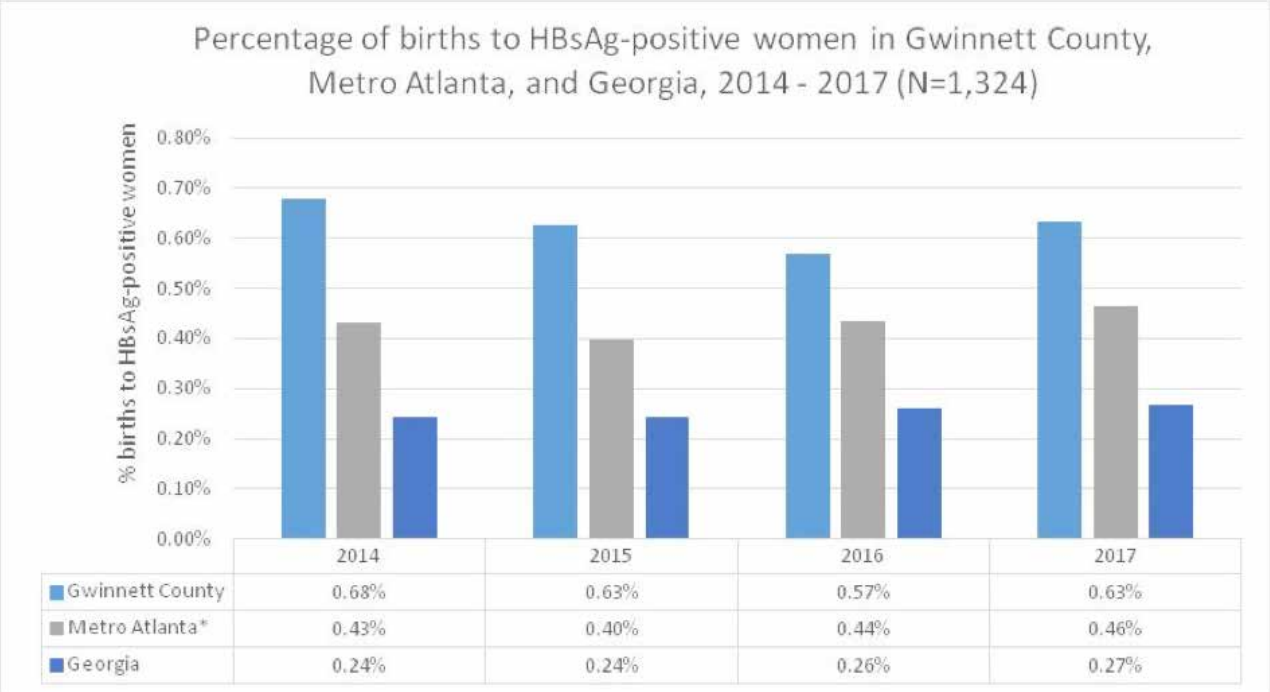
Hepatitis is an inflammation of the liver. There are five types of viral hepatitis, but the most common are Hepatitis A, Hepatitis B, and Hepatitis C. In 2018, Hepatitis D and acute Hepatitis E infections were added to the list of notifiable diseases or diseases that are required to be reported to public health. Hepatitis D is an infection that can only be acquired by individuals already infected by Hepatitis B and has been linked to patients with chronic Hepatitis B. Hepatitis E is most commonly found in patients with recent travel to places where the virus is endemic such as Asia, Africa, and Central America. Vaccines are available for both Hepatitis A and Hepatitis B.

Transmission differs depending on which virus causes the condition. Hepatitis A and Hepatitis E viruses are spread from person to person through contact with objects, food, or drinks contaminated with the feces of an infected person. Hepatitis B and Hepatitis D viruses are spread when the blood or other body fluid from an infected person enters the body of a person who is not infected. This may include having unprotected sex, sharing drugs, needles, or other paraphernalia, or reusing medical equipment without proper infection control. Hepatitis C virus is also spread when the blood from an infected person enters the body of a person who is not infected though sexual transmission is rare.

Perinatal Hepatitis B

The Gwinnett Public Health Perinatal Hepatitis B Program follows HBsAg-positive mothers and babies from pregnancy through the first year of life. The program manager alerts both the obstetrician and the birth hospital of the need for immune globulin during the first 12 hours of life and then works with the pediatrician to ensure Hepatitis B vaccination occur in a timely and complete manner. After vaccination, the results of a blood test determine whether a second round of vaccinations is needed for complete immunity. Perinatal hepatitis cases are not closed until at least 9 months after birth with some staying open much longer. Hepatitis B is common in several Asian and African countries. In Gwinnett County, many HBsAg-positive mothers are originally from countries where Hepatitis B is prevalent, and Gwinnett maintains the heaviest caseload in Georgia (Figure 125).

Figure 125. Percentage of births to HBsAg-positive women in Gwinnett County, Metro Atlanta, and Georgia, 2014-2017 (N=1,324; OASIS and SendSS).



	2014	2015	2016	2017
Gwinnett County	0.68%	0.63%	0.57%	0.63%
Metro Atlanta*	0.43%	0.40%	0.44%	0.46%
Georgia	0.24%	0.24%	0.26%	0.27%

*Metro Atlanta: Districts 3-1, 3-2, 3-3, 3-4, and 3-5 (Cobb, Douglas, Fulton, Clayton, Gwinnett, Newton, Rockdale, Dekalb)

Resources

"Tuberculosis (TB) | CDC." Centers for Disease Control and Prevention, 31 Dec. 2018, www.cdc.gov/tb/default.htm.

"Viral Hepatitis." Centers for Disease Control and Prevention, 2 Jan. 2019, www.cdc.gov/hepatitis/index.htm.

Sexually Transmitted Diseases (STDs)

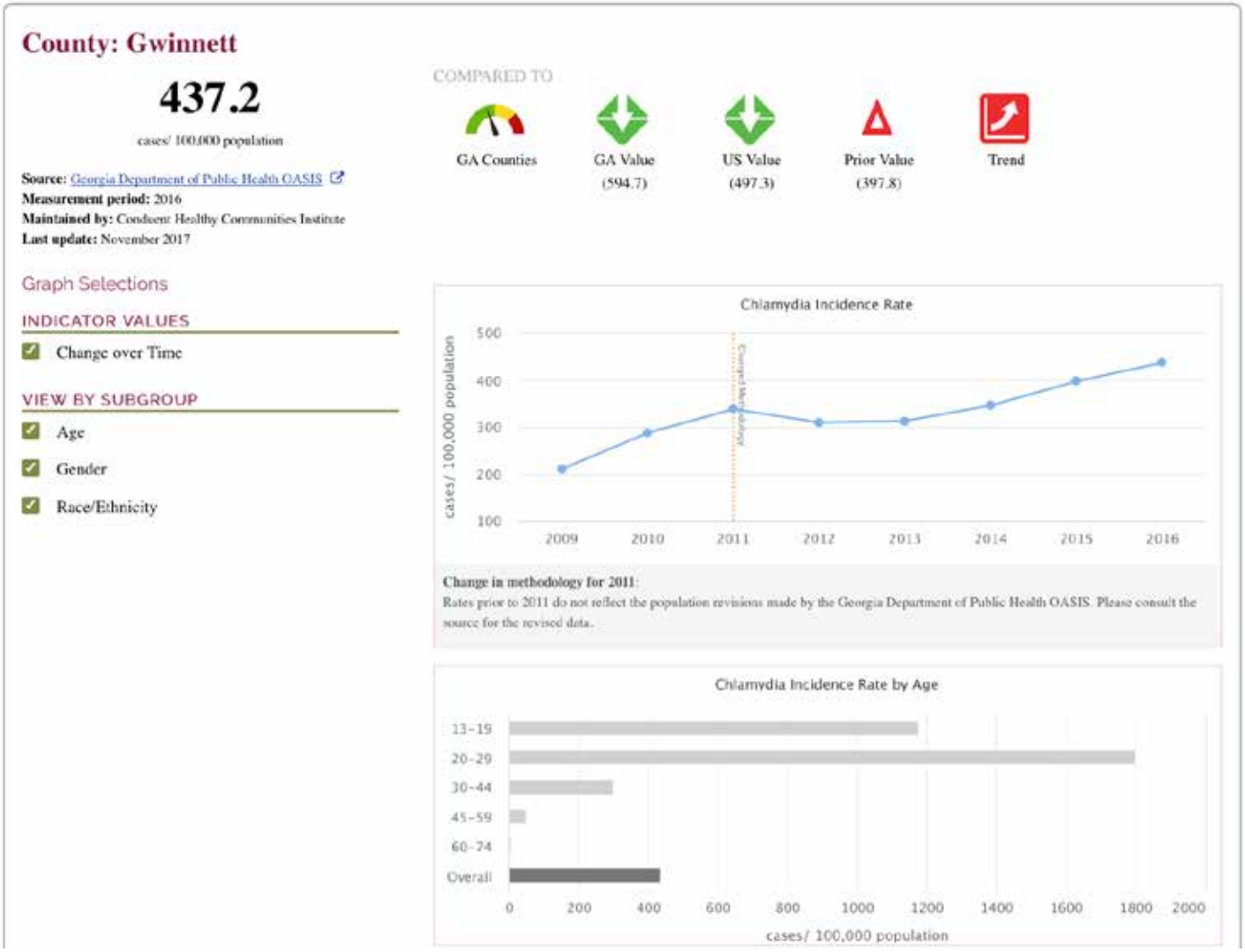
The majority of notifiable health conditions reported to the Gwinnett County Health Department are sexually transmitted diseases.

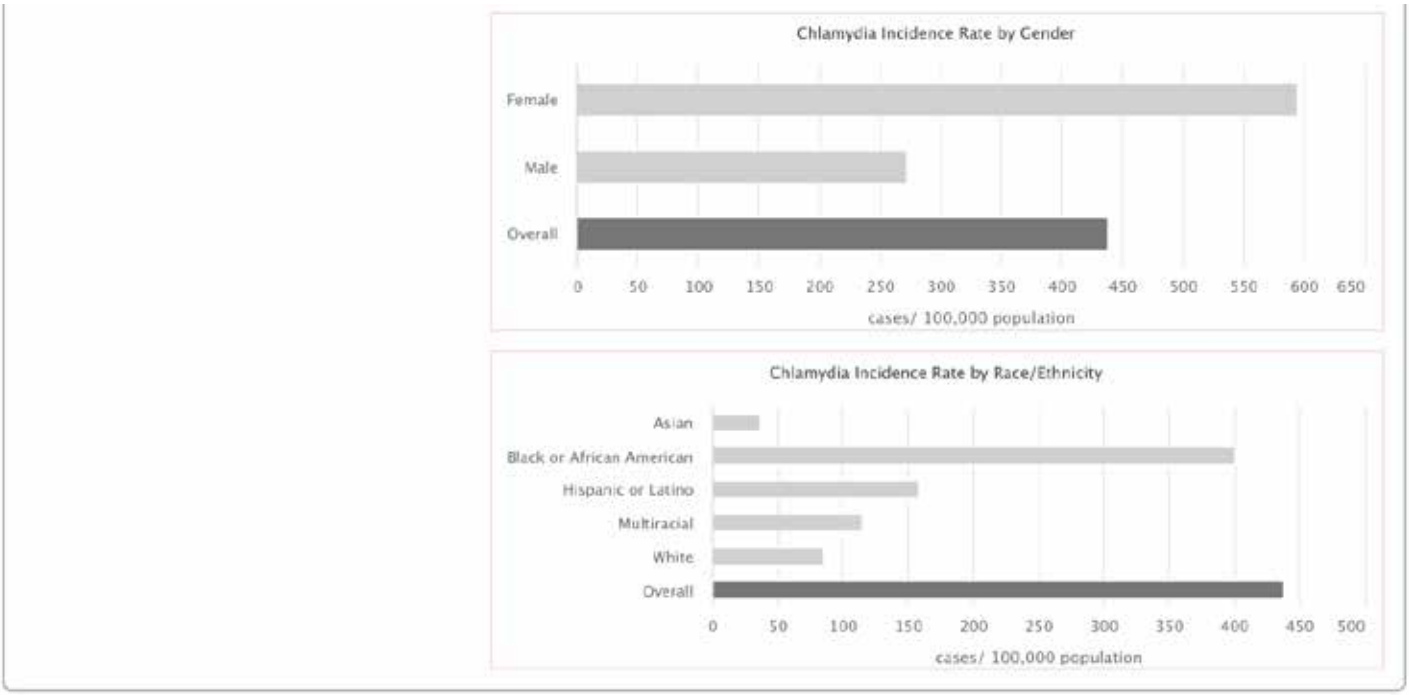
Chlamydia and Gonorrhea

Chlamydia and gonorrhea are both sexually transmitted diseases. Infections may be acquired concurrently so treatment for both is often recommended even if only one is suspected. Infected individuals often display on symptoms, making screening an important tool for diagnosis. Incidence rates are calculated using the population at risk for developing the disease.

The Chlamydia Incidence Rate in 2016 was 437.2 cases per 100,000 population. The incidence rate is the number of new cases in a given time period. This is a slight increase since 2013 (313.2 cases). The incidence is much higher in females (594.5 cases) than males (271.9 cases). The age group with the highest incidence rate is 20-29 (1,801.5 cases) followed by 13-19 (1,178.0 cases). Blacks (400.1 cases) have the highest incidence rate followed by Hispanics (158.2 cases).

Figure 126. Chlamydia Incidence Rate, Gwinnett County, 2016

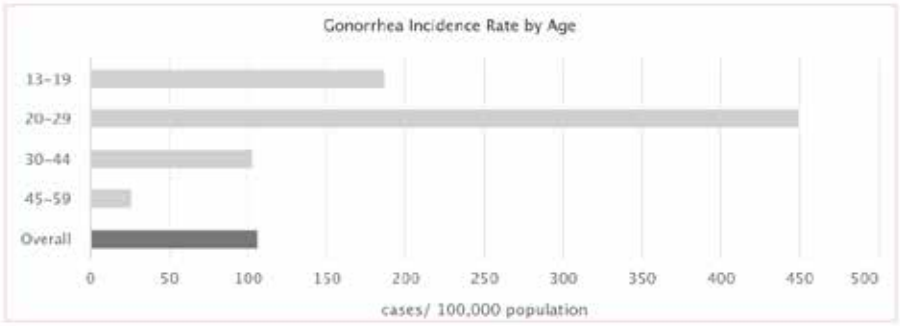


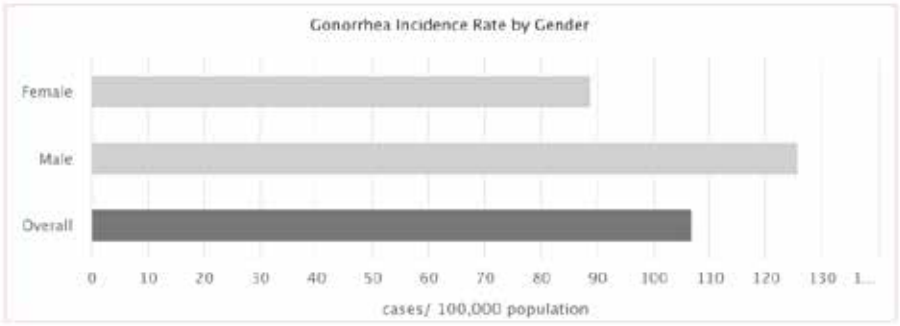


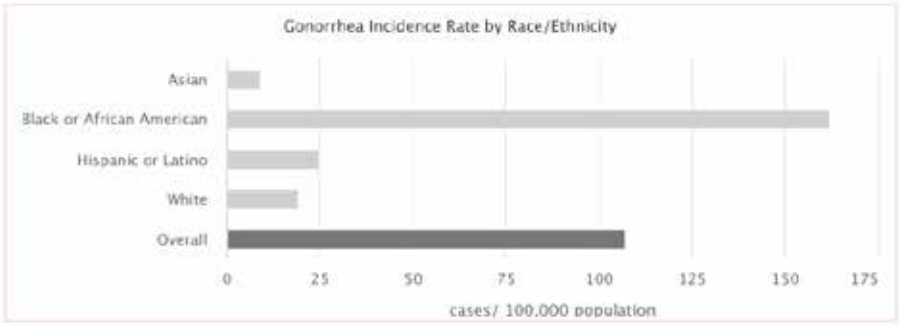
Source: Conduent Healthy Communities Institute, retrieved May 2019

The Gonorrhea Incidence Rate in 2016 was 106.9 cases per 100,000 population. The incidence rate is the number of new cases in a given time period. This is a slight increase since 2013 (59.9 cases). The incidence is much higher in males (125.8 cases) than females (88.9 cases). The age group with the highest incidence rate is 20-29 (450.2 cases) followed by 13-19 (187.1 cases). Blacks (161.8 cases) have the highest incidence rate followed by Hispanics (24.9 cases).

Figure 127. Gonorrhea Incidence Rate, Gwinnett County, 2016







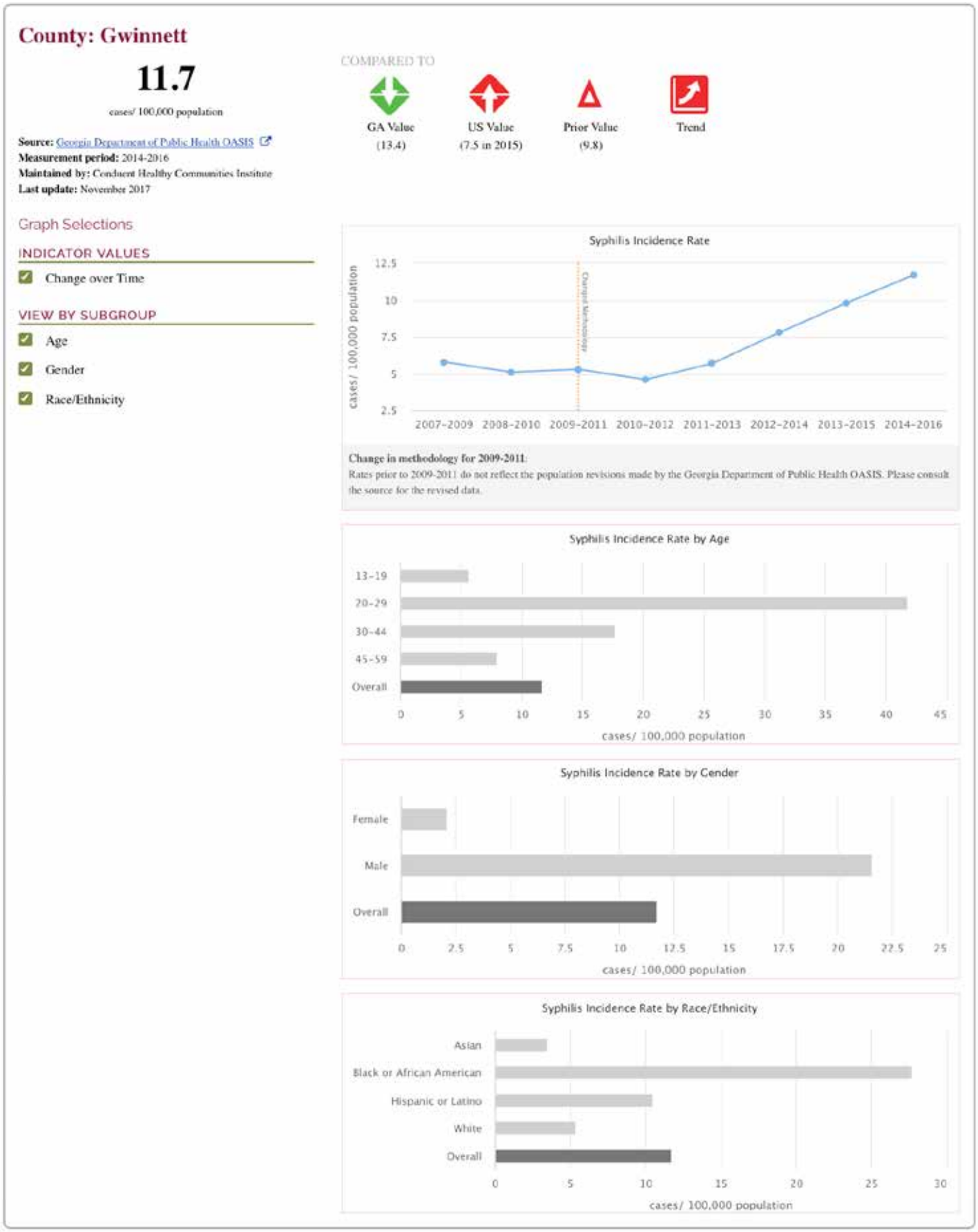
Source: Conduent Healthy Communities Institute, retrieved May 2019

Syphilis

Syphilis is a sexually transmitted disease marked by lesions that may involve any organ or tissue. Depending on when diagnosed, individuals may be in one of several stages of the disease – primary, secondary, early latent or late latent. Syphilis is easy to detect and cure if the person seeks professional healthcare. According to the CDC, after reaching an all-time low in 2000, cases of primary and secondary (infectious syphilis are on the rise in the U.S., particularly among men having sex with men. New cases of primary and secondary syphilis in men having sex with men ofter characterized by co-infection with HIV. In addition, syphilis can also be passed from mother to infant during pregnancy causing a disease call congenital syphilis. Pregnant women with untreated early syphilis experience perinatal death in up to 40 percent of cases. (Conduent Healthy Communities Institute)

The Syphilis Incidence Rate between 2014 and 2016 was 11.7 cases per 100,000 population. This is an increase since 2009 to 2011 (5.3 cases). The incidence is much higher in males (21.6 cases) than females (2.1 cases). The age group with the highest incidence rate is 20-29 (41.8 cases) followed by 30-44 (17.7 cases). Blacks (27.7 cases) have the highest incidence rate followed by Hispanics (10.5 cases).

Figure 128. Syphilis Incidence Rate, Gwinnett County, 2014-2016



Source: Conduent Healthy Communities Institute, retrieved May 2019

HIV/AIDS

Human immunodeficiency virus (HIV) is a virus that causes acquired immunodeficiency syndrome (AIDS), HIV is transmitted by contact with infected blood of body fluids, typically through sexual intercourse or sharing needles. People infected with HIV may develop mild infections or chronic symptoms like fatigue, shortness of breath and weight loss. Currently there is no cure for HIV or AIDS. The average time between infection with HIV and the diagnosis of AIDS is typically 10 to 12 years.

The HIV prevalence rate for 2015 was 331.2 cases per 100,000 population. Prevalence is a measurement of all individuals affected by the disease at a particular time; therefore because there is treatment available the prevalence rate continues to increase.

Figure 129. HIV Prevalence Rate, Gwinnett County, 2015

Source: Conduent Healthy Communities Institute, retrieved May 2019

Population Health Data

The teams identified the following categories of health needs in our community for residents of Gwinnett County 2019. The chart also gives a brief notation of data that supports the identification.

NEED CATEGORIES	NEED SUPPORT DATA SUMMARY
Access to Quality Health Services May include any factor which affects a person's ability to access quality health services. This includes such things as cost and insurance, linguistic and cultural barriers and the availability of and physical access to care services. Gwinnett County has a large and culturally diverse population, with a relatively high number of children. The area has also been significantly affected by the economic downturn. These are all factors which could affect people's access to health services	• Gwinnett County is the 46th most populated county in the nation. The population has grown from 43,541 in 1960 to 805,321 in 2010. In 2017 the estimated population is 920,260. Because of the rapid growth, the hospital continues to work to provide health services for this growing community. • In 2017, Adults with Health Insurance 76.4% (2014, 75.1%). • In 2017, Children with health insurance is 91.6% (2014, 90.2%). • In 2017, Primary care provider rate 61 providers/100,000 population (2014, 58).
Acute Diseases Diseases that occur suddenly, for example infection or a disorder that the symptoms run a short course. Examples include septicemia. Asthma, is a chronic condition that may have acute episodes.	• Between 2013-2017, asthma was in the ninth causes for ED visits (19,620 visits). • Between 2013-2017, septicemia was number four ranked causes for hospital discharges. (11,677 discharges).
Injury and Violence Prevention and Treatment Gwinnett County has a large, young, mobile and active population. Accidents and assault are both leading causes of ED visits.	• Between 2014-2016, Motor Vehicle Collisions Age-Adjusted Death Rate 8.9 (GA value 13.7). • Between 2014-2016, Falls Age-Adjusted Death Rate 7.7 (U.S. value 7.0). • Between 2013-2017, Accidental Poisoning was ranked fourth in premature death (12,371 years of life lost). • Between 2013-2017, Assault (Homicide) was ranked sixth in premature death (8,068 years of life lost).

NEED CATEGORIES	NEED SUPPORT DATA SUMMARY
Chronic Diseases Chronic diseases are conditions that persist or have long lasting effects for at least 3 months. As mentioned under acute diseases, a chronic disease may have acute episodes - as with asthma.	• Between 2013-2017, 3 Cancers were in the top ranked causes of premature death and age-adjusted death (lung, breast and colon). • In 2011-2015, All Cancer Incidence Rate 433.0 cases per 100,000 population (U.S. value 441.2) (2010-2014, 430.0). • In 2017, All Cancer Age-Adjusted Death Rate 139.2 (2014, 148.7) (Healthy People 2020 target 161.4). • In 2017, Lung Cancer Age-Adjusted Death Rate 30.9 (2014 32.1). • Between 2014-2016 American Lung Association assigned Gwinnett County an 5 (worst) for Annual Ozone Air Quality (2012-2014, 4). • Between 2011-2015, Breast Cancer Incidence Rate 128.8 cases per 100,000 females (2010-2014, 128.4). • In 2017, Breast Cancer Age-Adjusted Death Rate 20.5 (2014, 20.8) HP 2020 Target 20.7) • In 2015, Mammography Screening for Medicare population 59.4% (2014, 59.9%) • Between 2013-2017 Diabetes was in the top 15 causes of hospitalization, premature death and age-adjusted death. • In 2014, Percentage of adults diagnosed with Diabetes 8.9% (2012, 9.7%). • In 2015, Diabetic screening Medicare Population 87.7% (2013, 88.2%). • In 2014-2016, Diabetes Age-Adjusted Death Rate 16.9 (2012-2014, 17.9). • Between 2013-2017, ischemic heart and vascular disease was the leading causes of death (1,812 deaths), the fifth leading cause of premature death (12,306 years of life lost before 75), and the fifth leading cause of hospital discharges (9,394 discharges). • Between 2014-2016 Obstructive Hearth Diseases Age-Adjusted Death Rate 56.3 (U.S. value 96.8). • Between 2013-2017, stroke was the second leading cause of age-adjusted death (1,040 deaths), seventh leading cause of hospital discharges (6,878 discharges), and eleventh leading cause of premature death (5,767 years of life lost before age 75). • Between 2014-2016 Stroke Age-Adjusted Death Rate 38.4 (2012-2014, 35.7) (Healthy People 2020 objective 34.8).

NEED CATEGORIES	NEED SUPPORT DATA SUMMARY
Communicable Diseases and Immunizations Communicable diseases include conditions that can be transmitted through direct or indirect contact from an infected person or animal to another individual. Gwinnett County has a diverse and rapidly growing population, making immunization and monitoring particularly important.	• Between 2013-2017, Pneumonia and /or Influenza were in top 15 ranked causes of ED visits and hospital discharges. • Between 2014-2016, Influenza and Pneumonia Age-Adjusted Death Rate 9.0 (U.S. value 14.6). • Gwinnett County had 38 new active Tuberculosis cases 2017 which was the highest incidence rate in GA. • Hepatitis B, HBsAg- positive mothers has the highest prevalence in GA. • In 2015, HIV Prevalence Rate 331.2 (U.S. value 362.3). • In 2016, Chlamydia Incidence Rate 437.2 (U.S. value 478.8) • Between 2014-2016 Syphilis Incidence Rate 11.7 (U.S. value 7.5).
Disability Individuals with a physical impairment which limits one or more life activities. Disabilities can range from short-term to permanent. They may be caused by such things as accident and injury, disease states or health conditions.	• In 2016, 6.9% of Gwinnett residents have a disability; with the largest percentage over the age of 65 (U.S. value 12.8%). • In 2016, 15.7% of Gwinnett residents with disabilities ages 20 to 64 are living below the poverty level (U.S. value 26.0%).
Maternal, Fetal and Infant Health Care and support for pregnant mothers, babies and infants. With 8.9 % of all Georgia births being to mothers resident in Gwinnett County, maternity care is a key need category.	• Overall, pregnancy and childbirth were the leading cause of hospital discharge and the sixth leading cause of ED visits. • In 2016, Infant mortality rate 7.8 deaths per 1, 000 live births (U.S. value 5.9) (Healthy People 2020 target 6.0) • In 2016, Very Low Birth Weight 1.7% (U.S. value 1.4%). • In 2016, Low birthweight 9.4% (U.S. value 8.0%) (Healthy People 2020 target 7.8 %) • In 2016, Preterm births 11.0% before 37 weeks of completed gestation (U.S. value 9.6%) (Healthy People 2020 9.4%). • In 2016, Teen birth (ages 15-17) rate 5.5 (U.S. value 11.0). Highest rate for Hispanics.

NEED CATEGORIES	NEED SUPPORT DATA SUMMARY
Older Adults and Again Many health problems occur more frequently in older adults. There may be special considerations in treatment, due to age.	• Between 2012-2016, Alzheimer's Disease Age-Adjusted Death Rate 39.4 (U.S. value 28.4). • Between 2012-2016, Residents 65+ living below poverty level 7.8% (U.S. value 9.3%). • Between 2012-2016, People 65+ living alone 17.9% (U.S. value 26.4%). • Between 2012-2016, Persons with a Self-Care Difficulty 1.5% (U.S. value 2.7%). • Between 2012-2016, Persons with a Cognitive Difficulty 2.8% (U.S. value 5.0%).
Physical Activity and Weight Management Physical inactivity and obesity are linked with a range of health problems and complications. A healthy lifestyle can help to prevent or reduce these.	• In 2014, Adult 20+ who are obesity 27.9% (U.S.value 28.0%). • In 2014, Adults 20+ who are physically inactive 20.9% (U.S. value 23.0%). • In 2014, Recreational and Fitness Facilities 0.08 facilities per 1000 population (U.S. value 0.06). • In 2016, Insufficient Sleep 34.5% (U.S. value 38.0%). • Between 2012-2016, Mean Travel Time to Work 32.4 minutes (U.S. value 26.1 minutes). • In 2016, Poor physical health 3.5 days (U.S. value 3.7).
Social Environment With rapid population growth and a particularly diverse cultural mix, it is important to pay close attention to social indicators. Social factors can help us to identify health needs and opportunities.	• In 2018, Social and Economic Factor ranking 16. • Between 2013-2017, Families Living Below Poverty Level 9.6% (U.S. value 10.5%). • Between 2012-2016, Renters Spending 30 % or more of household income on rent 50.6% (U.S. value 47.3%). • Between 2013-2017, Low-Income households who are Supplemental Nutrition Assistance Program (SNAP) children 74.2% (U.S. value 52.3%). • Between 2012-2016, Single-Parent Households 28.2% (U.S. value 33.6%). • Between 2012-2016, Children in poverty 19.1% (U.S. value 21.2%). • In 2016, Substantiated Child Abuse Rate 2.3 cases incidents per 1,000 children (U.S. value 9.1). • Between 2012-2014, Violent Crime Rate 210.7 crimes per 100,000 population (GA value 374.0). • Between 2012-2016, Linguistic Isolation 8.5% (U.S. value 4.5%).

NEED CATEGORIES	NEED SUPPORT DATA SUMMARY
Youth Related Health Issues Gwinnett County has a significantly higher %age of its population under the age of 18 compared with the state of Georgia as a whole, and compared with the U.S. as a whole. As such the current and ongoing health needs of young people are especially important. Teaching young people healthy behaviors will prevent many medical problems from developing. This will enable us to improve the health of Gwinnett County in the future.	• 31% of Gwinnett residents are under age of twenty. • Bullying for both middle and high school youth increase from 2008 to 2010 for those being bullied and bullying. 7.7% high school youth report being bullied while 16.2% middle school youth reporting being bullied. • 31.2% of high school youth (32.4% of middle school youth) report hitting or beating someone in the past 12 months which is down from the 2008 survey. • Overall, 34.7% of youth answered 'yes' to at least 5 of 8 depression screening questions, which means they may be clinically depressed. • 9.9% of high school youth and 11% of middle school reported intentional self-injury (cutting, scratching or burning). These %ages have increase every survey since the questions was introduced in 2006. • 21.1% of high school youth (29.7% of middle school youth) report eating at least 5 servings of fruits and vegetables each day. • 52.70% of high school youth (45.6% of middle school youth) report exercising for 30 minutes or more three times in the past week. • Students eligible for the free lunch program 36.6% (U. S. County 35.7% average) • 35.2% of high school age youth (7.1% of middle school age youth) report ever having had consensual sexual contact. • Of those youth who report being sexually active, more than 35% indicated they have had three or more sexual partners. • Alcohol, tobacco and other drug use among Gwinnett youth continue to decline. • Fewer high school youth report binge drinking, riding with impaired drivers or driving under the influence of alcohol.

Attachment E. Program Evaluation

Our annually updated facility-level Implementation Strategies provides an overview of community benefit services that meet identified health needs.

The following are the objectives of our Implementation Strategies:

1. Use the prioritized community health needs identified in the 2016 Community Health Needs Assessments for GMC-Lawrenceville and GMC-Duluth to guide our community outreach efforts.
2. Update the identified internal programs and community collaborations in the annual Implementation Strategies for GMC-Lawrenceville and GMC-Duluth as they align with the administration's established priorities.
3. Evaluate present services, events and programs using measurable outcomes and cost effectiveness.
4. Develop or modify these services to meet the prioritized community needs.
5. Continue to collaborate with community service organizations when possible to meet our community benefit goals.
6. Gain acceptance of the plan from the Board of Directors.

Program Evaluation Guidelines

The tools described in the previous section are used to evaluate the previous year's plan and to adjust the plan for the coming year to meet the System's goals and objectives. We have developed a new internal indicator dashboard that will track and measure processes that impact our implementation strategies.

- Each facility's Community Benefit Implementation Strategies were built from prioritized identified community health needs from our CHNAs.
- To develop measurable indicators, we chose to build a platform that is similar to our Quality's Dashboards.
- For each identified need area we worked with the department representatives who provide services associated with that need. We chose only one or two measure for each need. Most of the measures are either process measures (e.g., number of persons served) or tracking measures. We used the SMART objective tool to find attainable, realistic and measurable indicators. A representative from the Quality department has worked closely with the department representatives to develop and fine tune these measures and it is still a work in progress.
- For this evaluation three years of data were utilized.
- The comparisons of the population health indicators are also included in this analysis. While the hospital's programs work with others in the community we do not assume that changes are only associated with the hospitals' programs.

The following chart includes measures associated with the impact of some hospital programs associated with identified health needs. The community-level population health outcome indicators

are included but our assessment doesn't suggest that our programs are the only reason for changes. Our collaboration with the Coalition's community service organizations and the Public Health Department programs are all a part of our joint efforts to improve the health of our community.

TREATMENT				
Section	**Indicator**	**Baseline**	**Current Status**	**Comments**
1.1 D; 1.1 L Emergency; External Indicator	Duluth % patients without Insurance	28.88%	**32.50%**	FY16 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	Lawrenceville % patients without Insurance	23.60%	**25.60%**	
	Adults with Health Insurance	75.10%	**76.40%**	
1.1 L; Trauma; External Indicator	Lawrenceville # of trauma patients related to falls	50.64%	**52.87%**	FY16 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	AA Death Rates due to Falls	6.6	**7.7**	
1.2 L; Pregnancy & Childbirth; External Indicator	Lawrenceville % of pts with skin to skin contact for 1 uninterrupted hour following vaginal birth	73.80%	**83.70%**	FY16 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	Infant Mortality Rate	5.4	**7.8**	
1.3 L; Post Acute Heart Disease; External Indicator	Lawrenceville % cardiac rehab pts w improved functional capacity	85.00%	**93.50%**	FY16 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	AA Death Rates due to Obstructive Heart Disease	59.8	**56.3**	
1.3 L; Acute Heart Disease; External Indicator	Lawrenceville # patients receiving pci	1323	**1388**	FY16 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	AA Death Rates due to Obstructive Heart Disease	59.8	**56.3**	
1.2 D; 1.3 L; Acute Stroke; External Indicator	Duluth # eligible patients receiving tPA	13	**15**	FY16 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	Lawrenceville # eligible patients receiving tPA	34	**87**	
	AA Death Rate due to Stroke	35.6	**38.4**	

1.2 D; 1.3 L; Cancer; External Indicator	Duluth # cancer patients receiving chemo infusion services	6380	**4593**	FY16 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	Lawrenceville # cancer patients receiving chemo infusion services	32450	**23205**	
	AA Death Rate due to Cancer	148.7	**139.2**	
1.2 D; 1.3 L; Diabetes; External Indicator	Duluth # participating in Inpatient Diabetes Ed	933	**711**	FY16 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	Lawrenceville # participating in Inpatient Diabetes Ed	1481	**1103**	
	AA Death Rate due to Diabetes	19.3	**16.9**	
1.3 L; COPD; External Indicator	Lawrenceville % improvement in endurance for pulmonary rehab patients	78.10%	**83.50%**	FY16 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	COPD: Medicare population	9.7%	**9.5%**	
1.2 D; 1.3 L; TB; External Indicator	Duluth # of patients treated testing positive for TB	2	**3**	FY16 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	Lawrenceville # of patients treated testing positive for TB	13	**5**	
	AA Discharge Rate for TB	1.2	**2.7**	
1.3 D; Disability; External Indicator	Duluth # GRC inpatients discharged to home	670	**660**	FY16 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	Persons with Disability	7.5%	**7.3%**	
1.3 D; Disability; External Indicator	Duluth # of patients discharged from GRC (new 2015)	627	**627**	FY16 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	Persons with Disability	7.5%	**7.5%**	
1.4 D; Obesity; External Indicator	Duluth # patient encounters in CSWM program	9592	**18145**	FY16 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	Adults who are Obese	27.4%	**27.9%**	

ACCESS TO CARE				
Section	**Indicator**	**Baseline**	**Current Status**	**Comments**
2.2 D; 2.2 L; Physician Recruit; External Indicator	Duluth # physicians recruited	NA	**4**	FY16 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	Lawrenceville # physicians recruited	NA	**7**	
	Primary Care Provider Rate	58.0	**61.0**	
2.3 D ; International Community; External Indicator	Duluth # Asians treated in Duluth facilities / programs	7008	**22265**	FY16 Baseline .Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	Linguistic Isolation	8.8%	**8.5%**	
2.4 D ;2.3 L Behavioral Health; External Indicator	Duluth # persons transferred to a mental health fac	524	**537**	FY14 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	Lawrenceville # persons transferred to a mental health fac	1462	**1564**	
	Poor Mental Health Days	2.7	**3.2**	
2.5 D; 2.4 L; Disability; External Indicator	Duluth # Gwinnett SportsRehab encounters	1576	**463**	FY16 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	Lawrenceville # Gwinnett SportsRehab encounters	2522	**2391**	
	Persons with Disability	7.5%	**7.3%**	
PREVENTION				
Section	**Indicator**	**Baseline**	**Current Status**	**Comments**
3.1 D; 3.1 L; Phys Activity & Healthy Eating; External Indicator	Duluth # participants in community programs related to physical activity and healthy eating	5046	**732**	FY16 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	Lawrenceville # participants in community programs related to physical activity and healthy eating	8739	**2571**	
	Adults who are Sedentary	21.3%	**20.9%**	
3.2 D ; 3.2 L; Healthy Kids; External Indicator	Duluth # participants SportsMed program	23372	**69712**	FY16 Baseline.
	Lawrenceville # participants SportsMed program	29806	**34022**	
	External Indicator			

3.3 D; 3.3 L; Healthy Aging; External Indicator	Duluth # of participants in community programs related to Healthy Aging	6008	**129**	FY16 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	Lawrenceville # of participants in community programs related to Healthy Aging	12928	**1345**	
	People 65+ Living Alone	16.6%	**17.9%**	
3.4 D; 3.4 L; Stroke; External Indicator	Duluth # of stroke prevention community ed programs	12	**12**	FY16 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	Lawrenceville # of stroke prevention community ed programs	20	**23**	
	AA Death Rate due to Stroke	35.6	**38.4**	
3.4; 3.4 L; Diabetes; External Indicator	# participants in community based diabetes ed	265	**201**	FY16 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	# participants in community based diabetes ed	165	**190**	
	AA Death Rate due to Diabetes	19.3	**16.9**	
3.4 D; 3.4 L; Smoking Cessation; External indicator	Duluth # Smoking Cessation counseling & support contacts	26	**8**	FY16 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	Lawrenceville # Smoking Cessation counseling & support contacts	785	**190**	
	Adults who Smoke	13.6%	**13.8%**	
3.4 L; Heart Disease; External Indicator	Lawrenceville# of community programs related to heart disease	18	**23**	New Indicator. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	AA Death Rates due to Obstructive Heart Disease	59.8	**56.3**	
3.4 L Heart Disease; External Indicator	Lawrenceville # of participants in Post Phase II Cardiac Rehab	4342	**1260**	FY16 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	AA Death Rates due to Obstructive Heart Disease	59.8	**56.3**	
3.5 D; International Community; External Indicator	Duluth # of minutes spent for Korean Interpretation	26540	**21571**	FY16 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	Linguistic Isolation	8.8%	**8.5%**	

Attachment F. Prioritized Community Health Needs

Identifying Community Health Needs

In August 2018, Gwinnett Medical Center adopted a comprehensive process to conduct the Gwinnett County community health needs assessment for each of its facilities (Gwinnett Medical Center-Lawrenceville and Gwinnett Medical Center-Duluth) using guidance from the *Assessing & Addressing Community Health Needs Discussion* Catholic Health Association of the United States in collaboration with Vizient Inc. and Conduent Healthy Communities Institute. Our intent was to follow the guidance of the Internal Revenue Service's *Additional Requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals… – Final Rules* issued 12/31/2014. The guidance included these steps:

Step 1: Plan and Prepare for the Assessment

Step 2: Determine the Purpose and Scope of the Community Health Needs Assessment

Step 3: Identify Data that Describes the Health and Needs of the Community

Step 4: Understand and Interpret the Data

Step 5: Define and Validate Priorities

Step 6: Document and Communicate Results

The each hospital adopted a systematic process that included engaging our community in the assessment of community health needs. The hospital's data team began with a review of historical data from the 2016 Community Health Needs Assessments.

Identified Data

In January 2018, the Gwinnett Coalition for Health and Human Services (Gwinnett Coalition) agreed to collaborate with Gwinnett Medical Center and the Gwinnett County Health Department (Health Department) to gather community data to be shared by all three organizations for community assessment processes. The Coalition was beginning the process of conducting their 2019-2021 Community Strategic Planning and the Health Department was conducting their 2019 Community Health Assessment and Community Health Improvement Plan. These three entities committed to providing financial and in-kind support for the assessment process. The Mobilizing for Action through Planning and Partnerships (MAPP) platform was use by the collaboration. The assessment also included participation of county departments, school districts and community service agencies providing health and related services. To ensure input from persons with broad knowledge of the community, the partnership conducted focus groups, community service agency committee input and community key leader interviews. Gwinnett Coalition's Helpline summary community referral trend data were included in the analysis from 2015 through 2017.

The Community Health Needs Assessment Team reviewed community input data in the assessment process from: nine focus groups (90 participants); six community service agency committee meetings (155 participants); thirteen community key leader interviews; Forces of Change Assessment; Local Public Health System Assessment using a Town Hall Meeting format; Gwinnett Coalition Helpline

referral data for years 2015-2017; and data from the 2015 Gwinnett County youth survey (over 48,000 participants). Each participant was given the opportunity to prioritize community needs from their life experiences as residents or workers in Gwinnett County. Staff from the hospital, public health department, school district and Gwinnett Coalition collated and analyzed the data, shown in Attachment C. Summary of Community Engagement and Primary Data.

The teams also reviewed the most recently available demographics, morbidity and mortality statistics from the Online Analytical Statistical Information System (OASIS), a toolset that allows access to the Georgia Division of Public Health's standardized health data repository were also used. This assessment includes the OASIS Community Health Needs Assessment Dashboards of the top 15 ranked causes of age-adjusted death rates, premature death rates, age-adjusted emergency room visits, age-adjusted hospital discharges using Georgia Rankable Cause data. This dashboard also compares Gwinnett County rates to Georgia rates. The hospital also used data from Conduent Healthy Communities Institute (HCI). HCI is a web-based information system with the most recently available data from U.S. Census Bureau's Quick Facts, American FactFinder and the American Community Survey for 150 health and quality of life indicators for Gwinnett County residents. In addition to vital statistic data, Gwinnett County indicators include data sources from the current County Health Ranking and Healthy People 2020 objectives. Attachment D. Health Data Summary includes descriptions of specific diseases, conditions and/or social or environmental issues associated with the need priority categories.

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

Setting Health Need Priorities

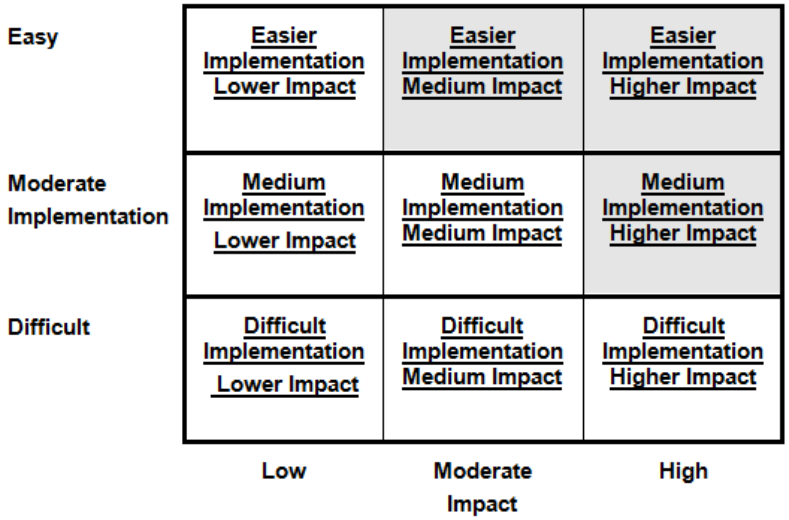
The Lawrenceville and Duluth Gwinnett Medical Centers' Community Health Needs Assessment Team reviewed all the data sources (including the priorities established by our community input participants) during facilitated team meetings in January 2019. In February 2019 the team established identified community health need categories at the Lawrenceville facility.

Team members reviewed the data associated with the identified community health needs individually and as a group. The team also reviewed the identified needs from the previous CHNA and discussed the impact of the current programs to meet these needs as described in the annually updated Implementation Strategies. The decision was made to use the same matrix that was used for the previous CHNA. The team only made minor changes in the prioritized needs. And the team plans to continue collaborating with community organizations to meet these needs.

To establish need priorities, the team chose to evaluate the ease of implementation and the potential impact of each need category, specifically as the needs related to the services provided at the Lawrenceville hospital. The scope of the evaluation was not limited to unmet community needs.

Current hospital services, community need perceptions and available community assets were considered through the ease of implementation matrix. Community demographics as well as health and quality of life indicators were considered through the potential impacted matrix.

Figure 130. Prioritization Matrix



Gwinnett Medical Center-Lawrenceville Top Priority Need Areas

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

The top priority areas were identified to meet community needs:

Manage Health Conditions and Chronic Disease Treatments

- Provide Emergency and Trauma services for acute conditions and injuries
- Provide Women's Services associated with pregnancy and childbirth
- Provide services to treat and manage chronic diseases and acute conditions
- Provide services to the non-English speaking population

Improve Access to Care

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

Prevent Chronic Diseases and Increase Wellness

- Collaborate with community organizations to increase physical activities and healthy eating
- Collaborate with community organizations to raise healthy kids
- Collaborate with community organizations to promote healthy aging
- Collaborate with community organizations to prevent and detect chronic disease

Gwinnett Medical Center-Duluth Top Priority Need Areas

Gwinnett Medical Center-Duluth serves Gwinnett County residents offering services in many areas including: emergency department; medical-surgical units; and an intensive care unit. Outpatient services include a surgical center as well as multiple diagnostics. Gwinnett Medical Center-Duluth offers some specialty care services that are not duplicated on the Lawrenceville campus; for example, the Duluth campus features the Glancy Rehabilitation Center which offers rehabilitations services for individuals who have had a stroke, illness or injury.

The top priority areas were identified to meet community needs:

Manage Health Conditions and Chronic Disease Treatments

- Provide Emergency services for acute conditions and injuries
- Provide services to treat and manage chronic diseases and acute conditions
- Provide services to promote independence for persons with disabling conditions
- Provide comprehensive services to those suffering from the disease of obesity
- Provide services to the international population

Improve Access to Care

- Collaborate with community healthcare providers to improve access to care
- Assist the international community in accessibility of healthcare services
- Collaborate with community organizations for access to treatment of behavioral health and mental disorders
- Collaborate with community organizations for access to services for persons with disabilities

Prevent Chronic Diseases and Increase Wellness

- Collaborate with community organizations to increase physical activities and healthy eating
- Collaborate with community organizations to raise healthy kids
- Collaborate with community organizations to promote healthy aging
- Collaborate with community organizations to prevent and detect chronic disease

Approval Process

The Community Health and Wellness Council approved the updated CHNA and provided it to administrative leadership for approval

The Board of Directors Community Benefit subcommittee is charged with responsibilities regarding community health promotion including:

- Participating in the process of establishing priorities, plans and programs to enhance the health status of the community.
- Approving each facilities implementation strategies.
- Monitoring program impact through identified community health indicators

The community health needs assessment was approved by hospital leadership and the Board of Directors through the Board's Community Benefit Committee May 28, 2019. Our community has access to the needs assessment through the Gwinnett Medical Center website.
The Gwinnett Medical Centers community health needs assessment is one element of the Gwinnett Coalition for Health and Human Services strategic plan. Our organization will strive to work collaboratively with our community partners to address our community's health needs.

Attachment G. Need Categories and Community Resources

Access to Quality Health Services:

Adults with Health Insurance, Children with Health Insurance and Primary Care Provider Rates

- Academic Internal Medicine Partners
- Ben Massell Dental Clinic
- Center for Black Women's Wellness
- CPAC, Center for Pan Asian Community Services, Inc.
- Clinica Union
- CVS Minute Clinic
- Empowerment Resource Center
- Four Corners Health Center & Homeless Clinic
- Humana
- Kaiser Permanente
- Mason Pediatrics
- Kroger's Prescription Drug Plan
- Georgia Perimeter College Dental Clinic
- Oakhurst Community Health Center
- Public Health Department Centers: Buford, Norcross, Lawrenceville
- Strickland Family Medicine Center
- Vulnerable Populations Clinics: Cosmo Community Health Center, Good Samaritan, Gwinnett Community Clinic, Truth's Community Clinic, Hope Clinic
- Walgreens Take Care Clinic
- Wal-Mart, CVS, Kroger, Publix Prescription Program Drug List

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

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

Behavioral Health and Mental Disorders:

Intentional Self-Harm (suicide), Major Depression, Adult Binge Drinking and Adults Who Smoke

- See Community Clinics listed in Access to Care Section
- Acadia
- AlaNon
- Alcoholics Anonymous
- Atlanta Medical Center Adult/ Senior medical/ psychiatric In-patient unit
- Breakthru House of Action
- CETPA
- Celebrate Recovery
- CHRIS 180
- Covenant Christian Counseling
- Elizabeth Inn thru MUST Ministries
- Families First
- First Call for Help
- Georgia Crisis & Access Line (GCAL)
- Georgia Care and Counseling Center
- Gwinnett Center for Counseling
- Georgia Regional Hospital
- Gwinnett/Rockdale/Newton Mental Health
- Hillside Hospital
- Hope Homes
- Lanier Counseling Services
- Metro Atlanta Council on Alcohol and Drugs
- Narcotics Anonymous
- Navigate Recovery
- Peachford Psychiatric Hospital
- The Potter's House
- Quinn House
- Ridgeview Psychiatric Hospital
- Riverwoods
- Rockdale House For Men
- Rockdale House For Women
- Saint Jude's Recovery Program
- Georgia Crisis & Access Line
- Summit Counseling Center
- SummitRidge Behavioral Health Center
- The Extension
- The Link Counseling Center
- The Road to Recovery, Inc.
- View Point Health
- Waypointe Center for Addiction Rehabilitation

Chronic Diseases:

Asthma, Cancer, Chronic Liver Disease and Cirrhosis, Chronic Lower Respiratory Diseases, Diabetes Mellitus, Diseases of the Heart, Hypertension, Nephritis, Nephrotic Syndrome and Nephrosis and Stroke

- Academic Internal Medicine Partners
- American Cancer Associations
- American Cancer Society
- American Diabetic Association
- American Heart Association
- American Kidney Association
- American Lung Association
- Center for Black Women's Wellness
- CPAC Center for Pan Asian Community Services, Inc.
- Clinica Union
- Diabetes Association of Atlanta
- Emory Winshape Cancer Center
- Empowerment Resource Center
- Georgia Prostate Cancer Coalition
- Gwinnett Senior Health Services
- Life Line Screenings
- Mercy Heart Clinic
- Oakhurst Community Health
- Our Lady of Perpetual Help Cancer Home
- Strickland Family Medicine Center

Communicable Diseases and Immunizations:

Childhood Immunization, Hepatitis, HIV/AIDS, Influenza and Pneumonia, Tuberculosis and STDs

- AID Gwinnett
- Empowerment Resource
- Feminist Women's Health Center
- Georgia AIDS Coalition
- Georgia Refugee Health Program
- Gwinnett County Health Department
- Planned Parenthood
- Public Health Department Centers: Buford, Norcross, Lawrenceville
- Obria Medical Clinics

Disability:

Persons with Disability and Persons with Disabilities Living in Poverty

- Aging & Disability Resource Center
- Barrier Free Gwinnett
- Center for Visually Impaired
- Creative Enterprises
- Friends of Disabled Adults and Children (FODAC)
- Georgia Center of the Deaf and Hard of Hearing in Decatur
- Georgia Council of the Blind – Metro Atlanta Chapter
- Gwinnett Christian Terrace
- Gwinnett County Senior Services
- Gwinnett Public School System
- Heavenly Wheels, Inc.
- Helen Keller National Center
- Hi Hope Center
- Lilburn Terrace Apartments
- Multiple Sclerosis (MS) Center of Atlanta
- Prevent Blindness of Georgia
- SPECTRUM
- Wishes 4 Me

Injury and Violence Prevention and Treatment:

Age-Adjusted Death Rates due to Motor Vehicle Collisions, Assault (Homicide) and Unintentional Injuries (Falls and Poisonings)

- Adult Protective Services Referral Line
- American Safety and Health Institute
- Atlanta Intervention Network
- Families First
- Family Recovery, Inc.
- Gwinnett Sexual Assault Center
- International Women's House
- Men Stopping Violence
- Mosaic Georgia
- Partnership Against Domestic Violence
- Poison Control Center
- Renew Counseling Center
- Smokerise Counseling Center
- Turning Point

Maternal, Fetal and Infant Health:

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

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

Older Adults and Aging:

Adults 65+ Living Alone and Alzheimer's Disease

- AARP
- Administration on Aging (AOA)
- Empower Line
- Halcycon Hospice
- Alzheimer's Association
- A Place for Mom
- Applewood Towers
- Atlanta Area Agency on Aging
- Atlanta Hospice: unable to find any information
- Autumn Breeze Assisted Living
- Belmont Village Care Center
- Brightstar Care
- Buford Senior Center
- Calvin Cove Respite Care
- Community Care Services Program (CCSP)
- Compassionate Care Hospice
- Crossroads Hospice
- Dogwood Forest Assisted Living
- Eastside Heritage Center
- Embracing Care Hospice
- First Call for Help (United Way)
- Fulton County Senior Services
- Gwinnett Christian Terrace
- Gwinnett Council for Seniors
- Gwinnett County Senior Services
- Hall County Senior Provider Network
- Hall County Senior Life Center
- Holbrook Independent Living
- Home Helpers
- Home Instead Senior care
- Hope Memory Center
- Life Care of Lawrenceville Nursing Home
- Meals on Wheels
- Mesun Hospice
- National Council on Aging
- Peachtree Christian Health
- Retired Senior Volunteer Program (RSVP)
- SarahCare of Snellville
- Seasons Hospice and Palliative Care
- Senior Helpers
- Senior Provisions
- Social Security
- The Bridge Assisted Living
- The Resting Nest Assisted Living
- VA Clinic
- Visiting Nurses Hospice of Atlanta
- VITAS Hospice
- Wesley Woods

Physical Activity and Weight Management:

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

- Faith-based Organizations
- Greater Atlanta Overeaters Anonymous
- GUIDE
- Gwinnett County Parks and Recreation
- Let's Move.gov
- Local Gyms
- Weight Watchers
- YMCA
- Yoga Instructors

Social Environment:

Child Abuse Rates, Linguistic Isolation, Public Transit Use, Single Parent Households, Spiritual Needs and Violent Crime Rates

- Atlanta Food Bank
- Atlanta Legal Aid
- Atlanta Women's Shelter
- Café Community Center at Cathedral De Fe Ministries, Inc.
- DFACS
- Duluth Hands of Christ Co-operative Ministry
- Edmondson-Telford Center for Children
- Faith-based Organizations
- Family Promise
- FODAC
- For My Sisters, Inc.
- Foster Children's Foundation
- Four Corners Health Department
- Gateway Domestic Violence Center
- Georgia Partners Against Domestic Violence
- Good News Clinic
- Grief Share
- Gwinnett Coalition Information and Referral Helpline
- Gwinnett County Transit
- Gwinnett Para-Transit
- Gwinnett Sexual Assault Center
- Habitat for Humanity
- Hispanic Health Coalition
- Hope House
- International Rescue Committee
- Jars of Clay
- Jewish Family & Career Services
- Lawrenceville Cooperative Ministry, Inc.
- Lawrenceville Housing Authority
- Nicholas House
- Norcross Cooperative Ministry
- North Gwinnett Cooperative Ministry
- Odyssey III – Community Concerns, Inc.
- Office of the Child Advocate
- Partnership Against Domestic Violence
- Quinn House
- Rainbow Village
- Raksha
- Red Cross
- Salvation Army
- Shepherd's Inn
- Signs and Wonders, Inc.
- Singles Parents Alliance Resource Center
- Social Security Administration
- St. Joseph's Mercy Care
- Southeast Gwinnett Cooperative Ministries
- The Temple's Zaban Shelter
- United Way
- Vision Academy Life Center: unable to confirm
- Wellspring Living
- Wholesome Wave
- Women Are Dreamers Too, Inc.

Youth Related Health Issues:

Delinquency and Violence, Depression, Nutrition, Physical Activity, Sexual Activity and Substance Abuse

- Atlanta Intervention Network
- Birthright
- Feminist Women's Health Center
- GUIDE
- Gwinnett County Juvenile Justice
- Gwinnett County Public Schools
- Gwinnett Parks and Recreation
- Heart Screens for Teens
- LSTRAP/STRAP
- Mosaic Georgia
- Navigate Recovery
- Obria Medical Clinic
- Option Line
- Planned Parenthood
- St. Joseph Mercy Care
- View Point Health
- Wellness 180
- WIC programs