

Gwinnett Medical Center - Lawrenceville
Gwinnett Medical Center - Duluth

Gwinnett Community Health Needs Assessment 2015-2016



Gwinnett Medical Center - Lawrenceville



Gwinnett Medical Center - Duluth

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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 underserved, uninsured and indigent populations.

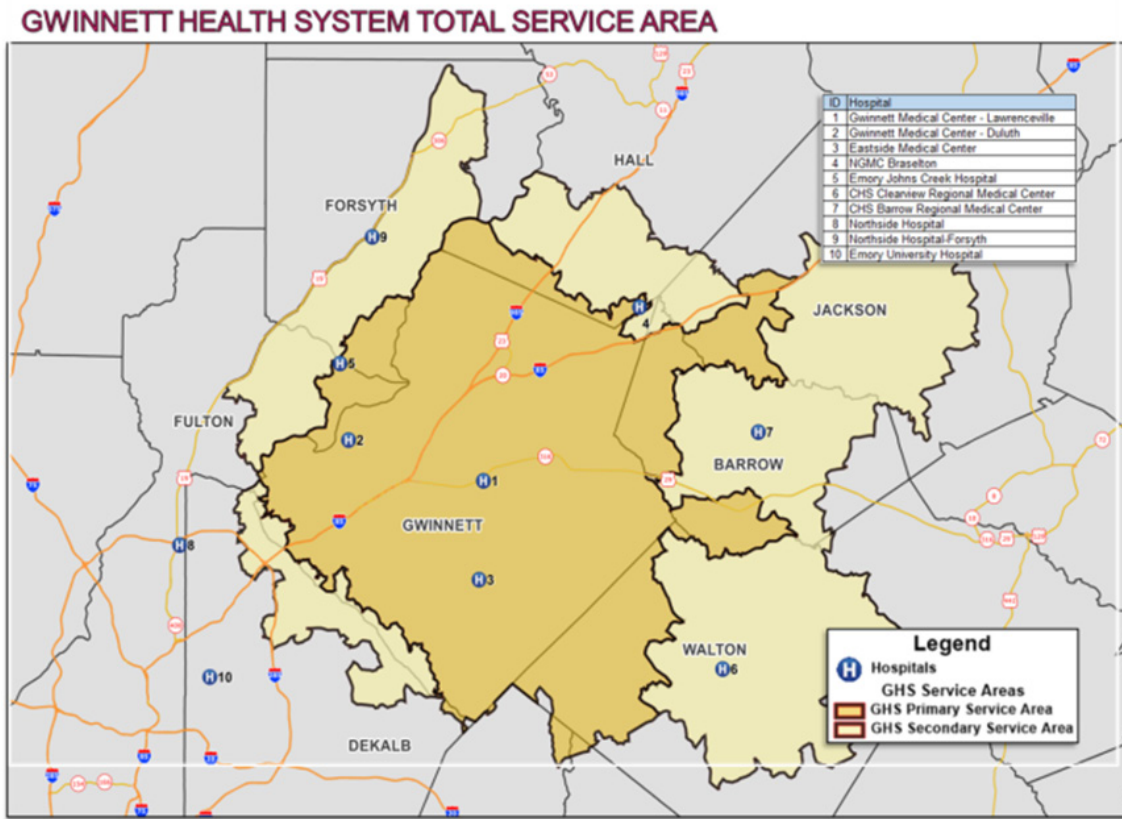
Gwinnett Medical Center is a state licensed, 464 acute care bed and 89 skilled nursing bed healthcare system with two acute-care hospitals: Gwinnett Medical Center-Lawrenceville and Gwinnett Medical Center-Duluth and includes a growing network of outpatient services with physician practice and other 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 two Federally Qualified Health Centers in Gwinnett County (Norcross) serving residents from these census tracts as well as other Gwinnett County residents.

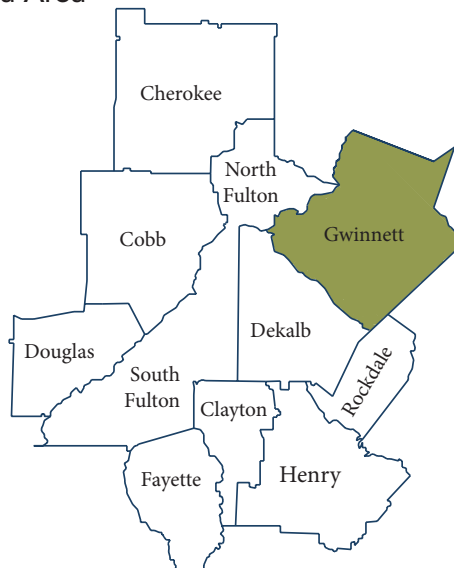
Figure 1. Gwinnett Health System Total Service Area, 2015



Source: Gwinnett Medical Center, Planning & Development Department, 2015

Gwinnett County is considered 98 percent urban and is located in the northeast suburbs of the metropolitan Atlanta, Georgia area. See Figure 2. In 2014, the estimated population is 877,922 which is the second largest county population in the state and is the 64th most populated county in the nation.

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 2009-2013 American Community Survey 5-year estimates the median age of residents is 34. In 2014, 31 percent of the population was under 20 years of age and 13 percent was 60 years of age and older, according to the Georgia Division of Public Health Online Analytical Statistical Information System (OASIS) 2015.

The 2015-16 Gwinnett County Public School System website reported having 136 schools and other educational facilities and serving 175,800 students, a 14,000 student increase since our last CHNA. In 2009-2013, the American Community Survey 5-year estimated 87 percent of Gwinnett residents 25 years of age and over had at least graduated from high school and 33.9 percent had a bachelor's degree or higher. This is decrease from our last CHNA (35.2 percent, 2005-2009).

In 2009-2013, the American Community Survey 5-year estimated the Gwinnett County population to be 52.5 percent whites alone, 24.2 percent African American alone, 10.8 percent Asians alone (2.7 percent Korean, 2.5 percent Asian Indian, 1.9 percent Vietnamese, 1.6 percent other Asian) and 0.3 percent was American Indian or Alaska Native, Native Hawaiian or Pacific Islander, multiracial or unknown. About 20.2 percent of the population was Hispanics or Latino with 10.5 percent of that population being Mexican.

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).

According to the American Community Survey from 2009-2013, the Gwinnett County resident median household income was \$60,445, a decrease of income per household of \$4,691 since the last CHNA and 14.9 percent of residents live below the poverty level, an increase of 4.9 percent since the last CHNA. Almost 20 percent of related children under 18 years of age were living below the poverty level (13.1 percent 2005-2009), and 8.4 percent of the people 65 years of age old and over for the same time period (7.9 percent 2005-2009).

In 2014, adults with health insurance: 75.1 percent in 2014 (U.S. counties average: 85.5 percent). This is an improvement when compared with 68.7 percent reported in 2010. The number of residents with insurance is well below the Healthy People 2020 target of 100 percent. Health Communities Institute (HCI) 2015.

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 July and August 2015, the plan to conduct our second three-year Community Health Needs Assessment (CHNA) was approved by hospital leadership, the Board Community Benefit Committee and the Community Health and Wellness Council. 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 and community key leader interviews. 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.

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 2013 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, 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 October and November 2015 and established identified community health need groups for each facility.

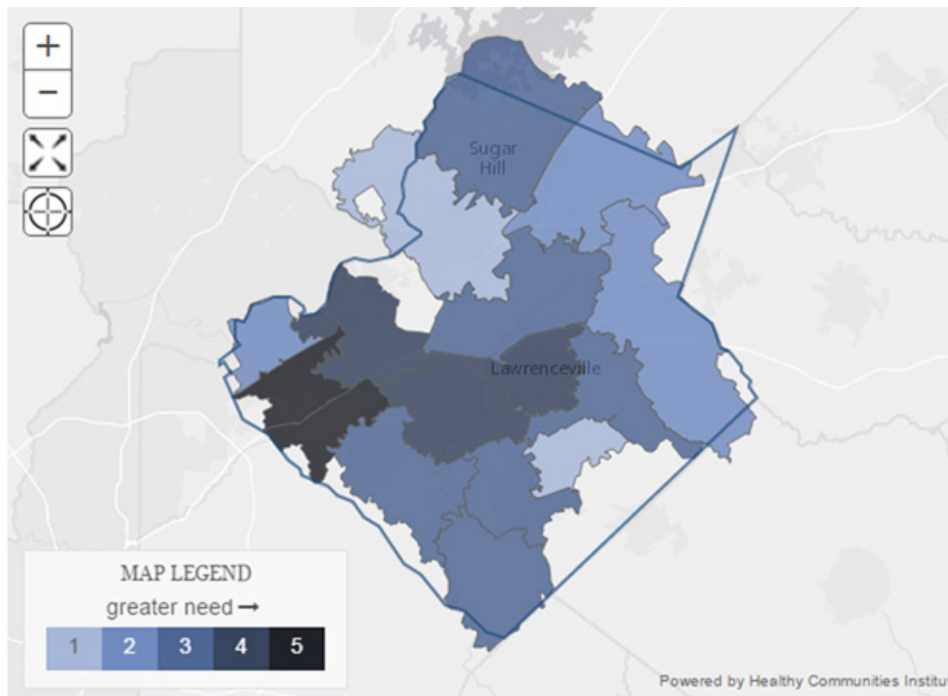
Team members reviewed the identified needs individually and as a group and discussed the ease of implementation and the potential of impact of each need category, specifically as the needs are related to the services provided at the Lawrenceville campus. Attachment E. Prioritized Needs includes additional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

Identified Health Needs

Gwinnett County is the second highest ranked counties in overall health in Georgia, according to the County Health Rankings in 2015. The county regularly met or exceeded most national benchmarks by Healthy People, and the trends have remained stable. With an estimated 877,922 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 2015 SocioNeeds Index included poverty, income, unemployment, occupation, education and language provided by Healthy Community Institutes.

Figure 3. 2015 SocioNeeds Index by Zip Code, Gwinnett County, 2015



Source: Healthy Communities Institute, 2015

Community Engagement Summary

Seven community focus groups were conducted over a three month period between August 2015 and October 2015. Sixty-two community representatives of different ages, races and interests participated. Members of medically underserved; low-income and minority populations; as well as populations with chronic disease needs participated in the focus groups. 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 group thought the quality of life in the county is average but that

it depends on where in the county one lives. 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 some groups and that homelessness is an increasing problem. The group felt that the county was not as economically strong as it was historically. There were concerns about lack of jobs and increased 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. The groups also had concerns about emergency preparedness and response in the community.

Another issue raised during the focus groups was healthcare resources. The group felt that resources were available but that, many times, they are not accessible or affordable for specific populations. Dental care and mental health services were considered inadequate and inaccessible. Overall, the community was generally not aware of all the resources available within the county. Fewer participants said they leave the county for specialist care; however, the Veterans reported going to Atlanta VA Medical Center 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 87 participants during July and August 2015. The seven committees were: Emergency Preparedness, Child Sexual Assault Prevention, Senior Issues Action Team, Health and Wellness, Emergency Assistance Action Team, Youth Advisory Board and Positive Youth and Family Development.

The exercise included two sections. How do you feel about the quality of life in Gwinnett County today and rank the top 10 community needs. Most of the participants felt that their quality of life is much better than that of their clients. Most of the positive comments included great parks, libraries and schools. Easy to find resources was also a positive perception. Most of the challenges were associated with transportation challenges and rising crime rates / homelessness. The second question was to prioritize the top 10 needs we face in Gwinnett County. These are:

1. Transportation
2. Homeless needs / shelters with programs
3. Accessible / affordable housing
4. Community activities for our youth
5. Mental health / addiction services
6. Affordable after-school programs
7. Access to care (medical/dental/behavioral/uninsured)

8. Representation in leadership not reflective of county population
9. Cultural/racial diversity/language resources
10. Healthy behaviors (physical activity/food access/obesity) (tie)
11. Food Insecurity (tie)

Nine individual key informant interviews were conducted by representatives from the Gwinnett County Health Department. Key informants are community leaders with unique knowledge and influence in the community. The participants were chosen using Mobilizing for Action through Planning and Partnerships (MAPP) guidelines. The face-to-face interviews were conducted by two interviewers over a three month period between September and November 2015. Discussion topics included quality of life, community strengths, health issues, medical services, achievable priorities, and possible community actions for the next five years. The three most important issues identified by these representatives were: transportation, access to education for minority and low-income children and health and healthcare.

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 2007 and 2014 increased dramatically for rent assistance, utility assistance, emergency shelter, and decreased for healthcare services.

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 http://media.wix.com/ugd/62c0b0_b566ebd9da0d4c318dac160315f903a5.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.

Health Data Summary

With a young population, emergency and trauma care is a particular need among Gwinnett County residents: accidents are the second leading cause of premature death (using NCHS Rankable Groups). 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 31.5 minutes, which is much higher than U.S. counties median. Between 2011 and

2013, Gwinnett County resident's age adjusted death rate was 8.8 (per 100,000 population) for motor vehicle collisions, which is better than the median for Georgia counties (17.7 death rate).

Chronic diseases and acute conditions are key healthcare needs in our community. According to the Georgia Department of Public Health OASIS, from 2010 to 2014 ischemic heart disease and hypertension were the first and sixth leading cause of death prospectively. Hypertension was the tenth leading cause of hospital discharges for the same time period and lung, breast and colorectal cancers are in the top 15 leading causes of premature death.

For this same time period stroke was ranked number 10 for hospital discharge, number four in deaths and number nine in premature deaths. Diabetes was ranked number 12 for hospital discharge, number seven in deaths and number 11 in premature deaths.

In 2014, there were 11,656 births to Gwinnett County mothers, 8.9 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. While the infant mortality rate is lower than other Georgia counties, there is an upward trend for infant mortality in Gwinnett County. The teen pregnancy rate is lower in Gwinnett County than the average Georgia counties and on a downward trend.

While morbidity and mortality data demonstrate that Gwinnett County residents are healthier than residents of other Georgia counties, there are concerns regarding the effects of the recent economic downturn. Gwinnett County had the highest foreclosure rate in the metropolitan Atlanta area. Between 2009 and 2013, 54.1 percent of renters paid 30 percent or more of their income on rent which is higher than average for U.S. counties (47.9 percent). This is an increase of 3.3 percent since the last CHNA. In addition, 13.9 percent of Gwinnett County residents live at or below 200 percent of the federal poverty level.

Thirty-three percent of residents over the age of five speak a language other than English at home. In addition, of those residents who speak a language other than English, 50 percent reported they did not speak English "very well." 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.

Program Evaluation

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 dashboard system.
- 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 F. 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. 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 decreased slightly. For the community, adults without insurance have also improved more than 5 percent since the last CHNA.
 - Trauma services have had a five percent increase in patients who are being treated for falls. For the community, the death rate for falls has decreased slightly.
- 1.2 Provide Women's Services associated with pregnancy and childbirth
 - The new skin to skin for one uninterrupted hour after vaginal birth initiative has met or exceeded their goal for both years. This time is important for mother/

infant bonding and makes breastfeeding easier. For the community, there has been no change in in the Infant Mortality rate since the last CHNA.

1.3 Provide services to treat and manage chronic diseases and acute conditions

- Heart Disease: Eighty-five percentage of cardiac rehab patients had improved functional capacity which exceeds the target of 75 percent both years.
- Heart Disease: A new measurement was started to capture the number of patients you had percutaneous coronary interventions our first years total was 1,323, slightly less that our target. For the community, the death rate due to obstructive heart disease decreased from 63.3 to 59.8 per 100,000 population since the last CHNA.
- Stroke: Patients eligible to receive tPA is a tracking measure. The methodology for capturing this data was changed in the first two years; therefore, a comparison is not available at this time. For the community, the death rate due to stoke has decreased from 36.3 to 35.6 per 100,000 population since the last CHNA.
- Cancer: The number of oncology rehab encounters has increased because of the development of this program.
- Cancer: The number of patients receiving chemo infusion is also being tracked. At this time there is no comparison data. In the community, the death rate due to cancer has decreased from 155.9 to 148.7 per 100,000 population since the last CHNA.
- Diabetes: The number of patients participating in the Inpatient Diabetes Education program met or exceeded its target both years. However in the community the death rate due to diabetes increased from 16.3 to 19.3 per 100,000 population since the last CHNA.
- COPD: Seventy-eight percent of patient 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 10.0 percent to 9.7 percent since the last CHNA.

Improve Access to Care

2.1 Provide diagnostic services for the community

2.2 Collaborate with community healthcare providers to improve access to care

- Nursing Students: 357 nursing students participated in clinical training in 2015. At this time this is a tracking measure with only one year of reported data.
- 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 two years this number has decreased. In the community, the primary care provider rate has increased from 56.0 to 58.0 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 concerns in our community. The hospital does not have a hospital 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 Health Days stayed about the same average of 2.6 days in 2006-2012 compared to 3.0 days in 2004-2010.

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 in the past two years which has impacted the number of encounters. In the community, the percentage of persons with disabilities has increased from 6.7 percent to 7.5 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 8,739 in 2015. At this time we are tracking this measure to evaluate the fluctuations in number. The Faith Community Nursing program had several changes during this time period. Staff changes and changes in faith community participants reduced the number of contacts for the program. In the community, adults who are sedentary increased from 20.2 percent to 21.3 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 2015 the number of participants was 23,372.

3.3 Collaborate with community organizations to promote healthy aging

- Participation in Healthy Aging community program decreased to 12,928 participants in 2015 from the previous year of 17,113. This is also attributed to changes in the Faith Community Health program. New faith communities are joining our program but program development requires time. In the community, the percentage of people 65+ living alone has decreased 19.0 percent to 16.6 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 increased from nine cases to 13 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

- Heart Disease: The number of community programs related to hearth disease has increased in 2015 and exceeded the target.

- Heart Disease: In 2015, 4,342 participants in Post Phase II Cardiac Rehab exceeded the target.
- Stroke: The number of stroke prevention programs dramatically exceeded their target over the two years.
- Diabetes: The number of participants in community-based diabetes education was 279 participants in 2014 and 165 participants in 2015. This 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 be other outreach opportunities. In the community, the percentage of adults who smoke has decreased from 15.2 percent to 13.6 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 decreased from 30.10 percent in 2013 to 28.88 percent in 2015. For the community, adults without insurance have also improved more than 5 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 methodology for capturing this data was changed in the first two years; therefore a comparison is not available at this time. For the community, the death rate due to stroke has decreased from 36.3 to 35.6 per 100,000 population since the last CHNA.
 - Cancer: The number of oncology rehab encounters has increased dramatically because of the development of this program.
 - Cancer: The number of patients receiving chemo infusion is also being tracked. At this time there is no comparison data. In the community, the death rate due to cancer has decreased from 155.9 to 148.7 per 100,000 population since the last CHNA.
 - Diabetes: The number of patients participating in the Inpatient Diabetes Education program exceeded its target for 2014 and almost met the target for 2015. However in the community the death rate due to diabetes increased from 16.3 to 19.3 per 100,000 population since the last CHNA.
- 1.3 Provide services to promote independence for persons with disabling conditions
 - Disability: The percentage of Glancy Rehabilitation Center inpatients discharged home was 66.3 percent in 2014 and 67.5 percent 2015. This was slightly less than the target of 70.0 percent. In the community, the percentage of persons with disabilities has increased from 6.7 percent to 7.5 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 6,596 encounters in 2014 and 9,592 encounters in 2015. Both years the Center exceeded the target of 5,700 encounters. In the community, the percentage of adults who are obese was stable with 27.1 percent in 2011 and

27.4 percent in 2012. This was a slight increase between the two years; 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
 - Nursing Students: 156 nursing students participated in clinical training in 2015. At this time this is a tracking measure with only one year of reported data.
 - 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 two years this number has decreased. In the community, the primary care provider rate has increased from 56.0 to 58.0 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 4,172 in 2014 and 7,008 in 2015. In 2014 the target of 5,306 was not met; however in 2015 the target of 4,172 was greatly exceeded. In the community, linguistic isolation is a severe issue. The percentage has improved from 9.2 percent for the last CHNA to 8.5 percent in 2010-2014.
- 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 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 Health Days stayed about the same average of 2.6 days in 2006-2012 compared to 3.0 days in 2004-2010.
- 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 in the past two years which has impacted the number of encounters. In the community, the percentage of persons with disabilities has increased from 6.7 percent to 7.5 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 5,036 in 2015. At this time we are tracking this measure to evaluate the fluctuations in number. The Faith Community Nursing program had several changes during this time period. Staff changes and changes faith community participants reduced the number of contacts for the program. In

the community, Adults who are sedentary increased from 20.2 percent to 21.3 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 2015 the number of participants was 29,806.

3.3 Collaborate with community organizations to promote healthy aging

- Participation in Healthy Aging community program increased to 6,008 participants in 2015 from the previous year of 1,074. This is also attributed to changes in the Faith Community Health program. New faith communities are joining our program in different areas of the county. In the community, the percentage of people 65+ living alone has decreased from 19.0 percent to 16.6 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 dramatically exceeded their target and increased in two year measurement period.
- Diabetes: The number of participants in community-based diabetes education was 258 participants in 2014 and 265 participants in 2015. This exceeded the target of 257 participants.
- Smoking: There has been a decrease in participation in the Smoking Cessation counseling program. In 2014 there were 1,135 participants and in 2015 there were 785 participants. The program is being evaluated to determine if there might be other outreach opportunities. In the community, the percentage of adults who smoke has decreased from 15.2 percent to 13.6 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 2014 was 25,320 and in 2015 the number of minutes was 26,540. 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. The percentage has improved from 9.2 percent for the last CHNA and to 8.5 percent in 2010-2014.

Community Response to the 2013 Community Health Needs Assessments

The hospital did not receive any email comments or comment letters from the community members regarding the 2013 CHNA. However, the Healthcare Georgia Foundation provided Georgia Watch a grant to examine reports of Georgia 501(c)(3) nonprofit hospitals' CHNAs submitted in 2012 and 2013. The report was titled, Nonprofit Hospital Community Health Needs Assessments in Georgia: Georgia Watch Health Access Program, May 2015 by Beth Stephens, J.D., Health Access Program Director.

According to the report, this research and advocacy project had several goals:

- Assess Georgia nonprofit hospital compliance with the new ACA requirements;
- Educate community members about the CHNA process and help them understand how to assess their hospital's CHNAs and Implementation Strategies, giving them tools to evaluate their hospitals' community benefit programming with more than just financial data.
- Give recommendations that can help hospitals ensure their community benefit programs are meeting community needs, particularly for vulnerable populations;
- Encourage hospitals to engage in meaningful ways with community-based organizations and local public health departments in the next round of CHNA.

The finding included Appendix D: Hospital Best Practices, Gwinnett Medical Center. The description includes involvement of hospital leadership in community benefit planning and the collaborations between the public health department and the Gwinnett Coalition for Health and Human Services. This is a link to the Georgia Watch website <http://www.georgiawatch.org/wp-content/uploads/2015/06/Formatted-CHNA-Report-06022015-FINAL.pdf>.

Gwinnett Medical Center – Lawrenceville Top Priority Need Areas

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

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 stop the spread of communicable diseases
- Collaborate with community organizations to prevent and detect chronic disease

Gwinnett Medical Center – Duluth Top Priority Need Areas

Manage Health Conditions and Chronic Disease Treatments

- Provide Emergency and Trauma 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

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 stop the spread of communicable diseases
- Collaborate with community organizations to prevent and detect chronic disease
- Collaborate with community organizations to promote the health of the international population

Approval Process

The Community Health and Wellness Council approves the updated CHNA and then it is presented to administrative leadership for approval.

The Board of Directors 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 the annual community benefit plan and implementation strategies.
- Monitoring program impact through identified community health indicators.

After administrative leadership made recommendations, the CHNA was presented to the Board Community Benefit Subcommittee for approval on February 9, 2016 and then to the Board of Directors for approval on February 22, 2016. Having the support of this board integrates the CHNA with the strategic, operational, quality and clinical plans of the System.

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 G. 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 E. 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.

Attachment A. Social and Environmental Summary

Gwinnett County Demographic Data

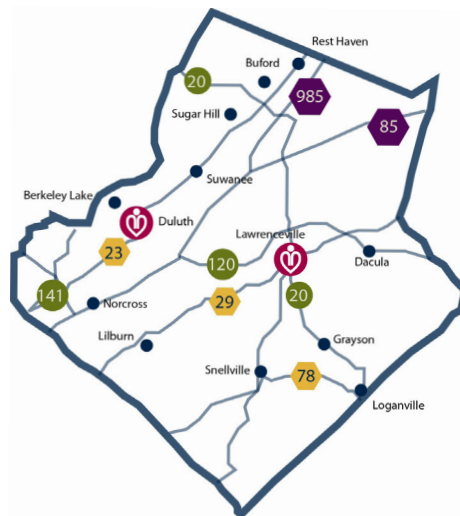
Gwinnett County is located in the northeast suburbs of the metropolitan Atlanta area and is 98 percent urban. See Figure 4. This is the 46th largest county in the state of Georgia by land mass (430.38 square miles) and the second leading by population (877,922 residents in 2014).

Figure 4. Metropolitan Atlanta Area



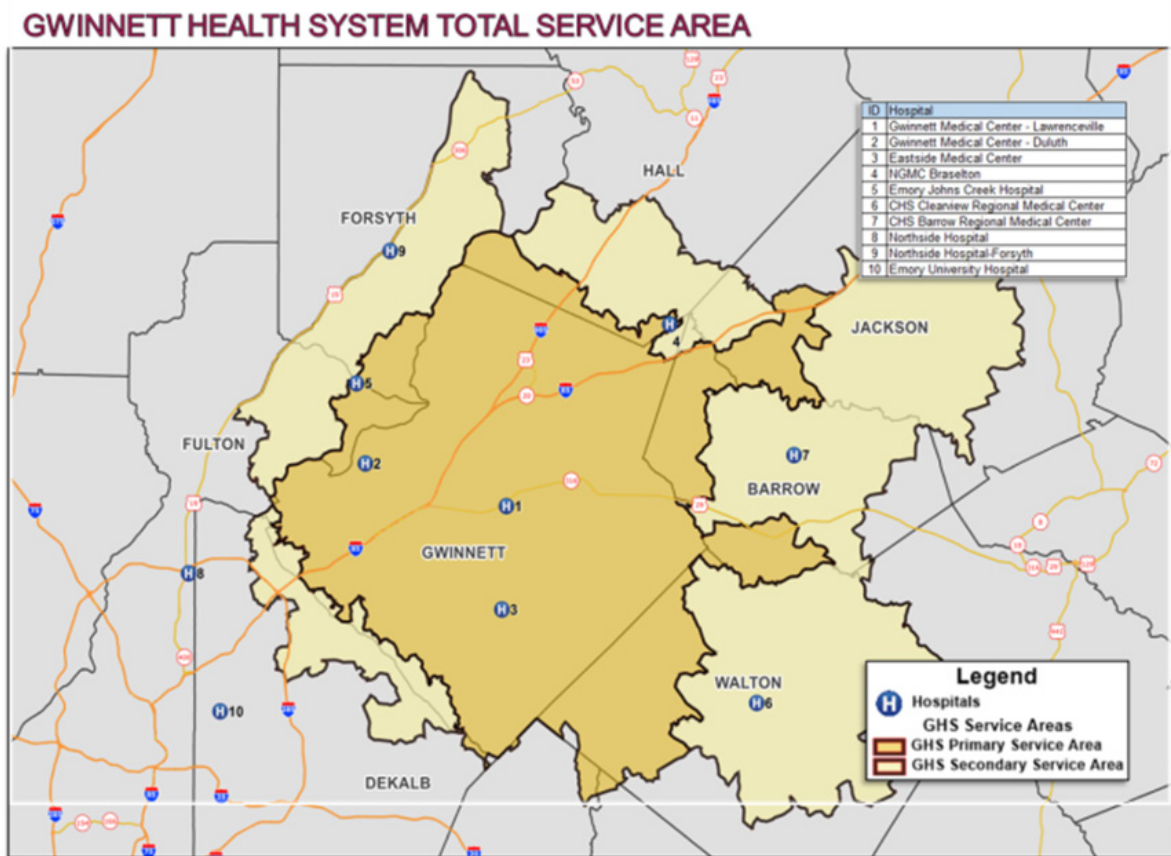
Gwinnett Medical Center is a state licensed, 464 acute care and 89 skilled nursing bed healthcare system with two acute-care hospitals: Gwinnett Medical Center-Lawrenceville and Gwinnett Medical Center-Duluth include a growing network of outpatient services with physician practice and other outpatient locations throughout Gwinnett County. As demonstrated in Figure 5., 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.

Figure 5. 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 6.

Figure 6. Gwinnett Health System Total Service Area, 2015



Source: Gwinnett Medical Center, Planning & Development Department, 2015

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 two 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 64th most populated county in the nation. The population has grown from 43,541 in 1960 to 805,321 in 2010. See Figure 7. In 2014, the U.S.

Census Bureau estimated the Gwinnett County population to be 877,922 (Georgia estimated population 10,097,343).

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

Figure 7. 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 34.0 years of age according to the 2009-2013 American Community Survey 5-Year Estimates. In 2014, 31 percent of the population was under 20 years of age and 13 percent was 60 years of age and older, according to the Georgia Division of Public Health (OASIS, 2015). See Figures 8 and 9.

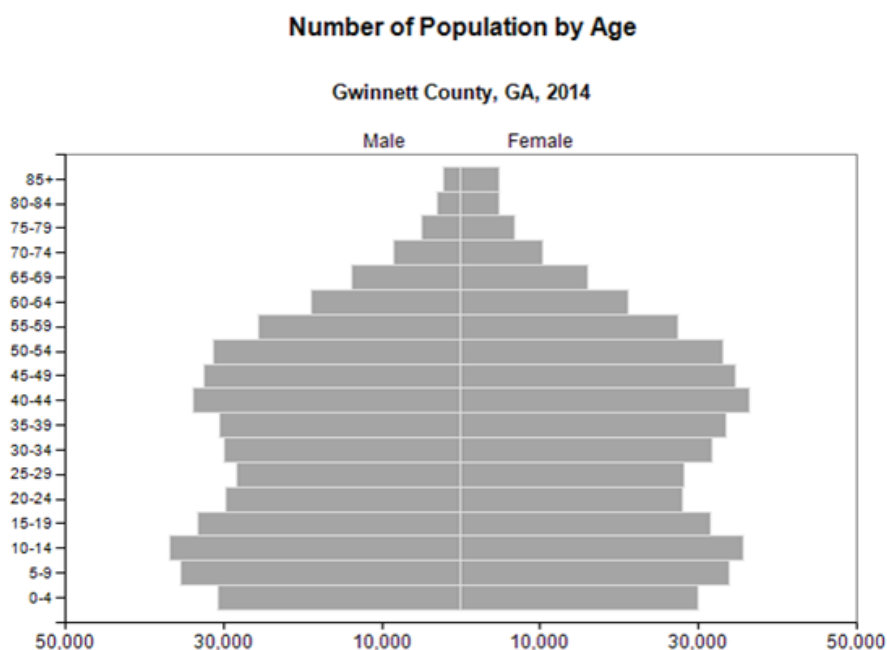
Figure 8. Population by Gender, Gwinnett County 2014

Age Group	Male	Female	Total by Age	Percentage by Age
<1 year	5,751	5,773	11,524	1%
1-4 years	24,954	24,285	49,239	6%
5-9 years	35,397	33,843	69,240	8%
10-14 years	36,865	35,616	72,481	8%
15-19 years	33,220	31,595	64,815	7%
20-24 years	29,826	27,906	57,732	7%
25-29 years	28,443	28,280	56,723	6%
30-34 years	29,904	31,641	61,545	7%
35-39 years	30,523	33,432	63,955	7%
40-44 years	33,809	36,447	70,256	8%
45-49 years	32,550	34,614	67,164	8%
50-54 years	31,353	33,074	4,427	7%

55-59 years	25,715	27,490	53,205	6%
60-64 years	19,041	21,213	40,254	5%
65-69 years	13,788	16,078	29,866	3%
70-74 years	8,620	10,389	19,009	2%
75-79 years	5,017	6,695	11,712	1%
80-84 years	3,011	4,758	7,769	1%
85+	2,228	4,778	7,006	1%
Grand Total	430,015	447,907	877,922	100%

Source: Georgia Division of Public Health, OASIS, 2015

Figure 9. Population by Gender, Gwinnett County 2014



Source: Georgia Division of Public Health, OASIS, 2015

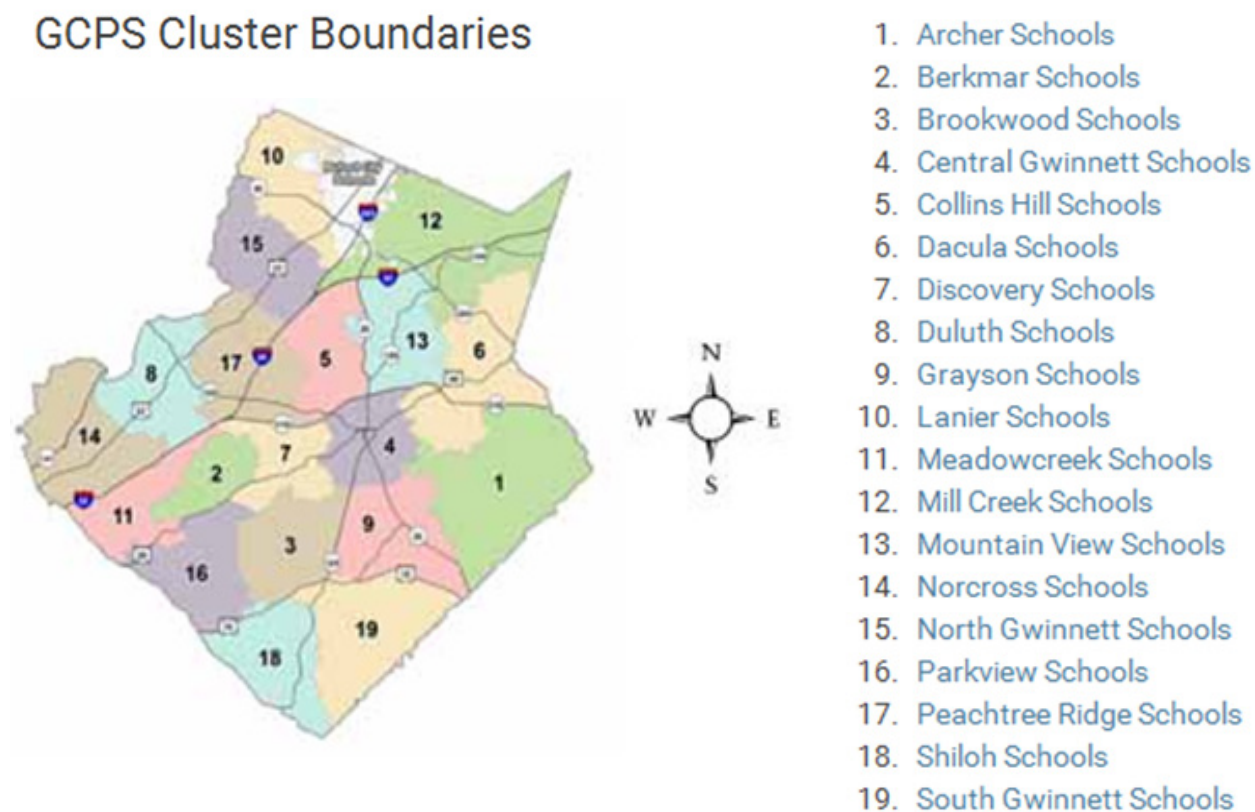
The population has become more racially and ethnically diverse with representation from across the nation and around the world. In 2009-2013, the American Community Survey 5-year estimated the Gwinnett County population to be 52.5 percent whites alone, 24.2 percent blacks alone, 10.8 percent Asians alone (2.7 percent Korean, 2.5 percent Asian Indian, 1.9 percent Vietnamese, 1.6 percent other Asian) and 0.3 percent was American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Multiracial or Unknown. About 20.2 percent of the population was Hispanics or Latino with 10.5 percent of that population being Mexican.

In 2009-2013, the American Community Survey 5-year estimated that 33 percent of 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). Of the population 18 years and over, 20.1 percent speak a language other than English (8 percent Spanish and 12.2 percent other languages) for the same time period.

In 2015-2016, the Gwinnett County Public School System includes 136 schools (79 elementary schools, 28 middle schools, 21 high schools and eight other educational facilities/schools) and serves nearly 176,000 students. See Figure 10. 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.

Figure 10. Gwinnett County Public School System 2015-2016



Source: Gwinnett County Public School System, 2015

The lack of health insurance coverage is a significant barrier to accessing needed healthcare. In 2014, the American Community Survey estimated 75.1 percent of Gwinnett residents over the age of 18 had health insurance. From the same source 90.2 percent of children under the age of 18 had health insurance.

According to County Health Rankings in 2012, Gwinnett had 58 providers per 100,000 population, and in 2014 Gwinnett had 43 non-physician primary care providers per 100,000

population. County Health Rankings also report in 2013, 57 dentists per 100,000 population. While these rates demonstrate the presence of health care professional in the county the cost of care for those without adequate income or insurance is preventing these residents from receiving care.

According to the U.S. Department of Health & Human Services, the average number of Medicaid recipients in 2013 was 92,467 or 11 percent of the total Gwinnett population. Elderly Medicare recipients in 2013 were 32,496 and disabled Medicare was 5,263.

According to the American Community Survey from 2009-2013, 13.9 percent of Gwinnett residents live below the poverty level. American Community Survey also reported for 2009-2013, 19.7 percent of people under the age of 18 live below the poverty level.

The U.S. Census Bureau's American Community Survey 5-Year Estimates for 2009-2013 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 292,629 households in Gwinnett. The average household size was three. Families make up 76.3 percent of the households; 57 percent married-couple families and 19.2 percent other families. Nonfamily households made up 23.7 percent of all households; 19.2 percent were people living alone.
- Eighty-seven percent of residents 25 years of age and over had at least graduated from high school and 33.9 percent had a bachelor's degree or higher. Thirteen percent of residents were dropouts, were not enrolled in school and had not graduated from high school.
- Twenty-five percent of the population was foreign born.
- Seventy-one percent 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 \$60,445. Ninety percent of the households received earnings and 11.3 percent received retirement income other than Social Security. More than 16.4 percent of the households received Social Security. The average income from Social Security was \$17,818. These income sources are not mutually exclusive; that is, some households receive income from more than one source.
- 14.9 percent of residents were below the poverty level. Almost 20 percent of related children under 18 were living below the poverty level, compared with 8.4 percent of the people 65 years of age old and over.
- The median monthly housing costs for mortgaged owners was \$1,603, non-

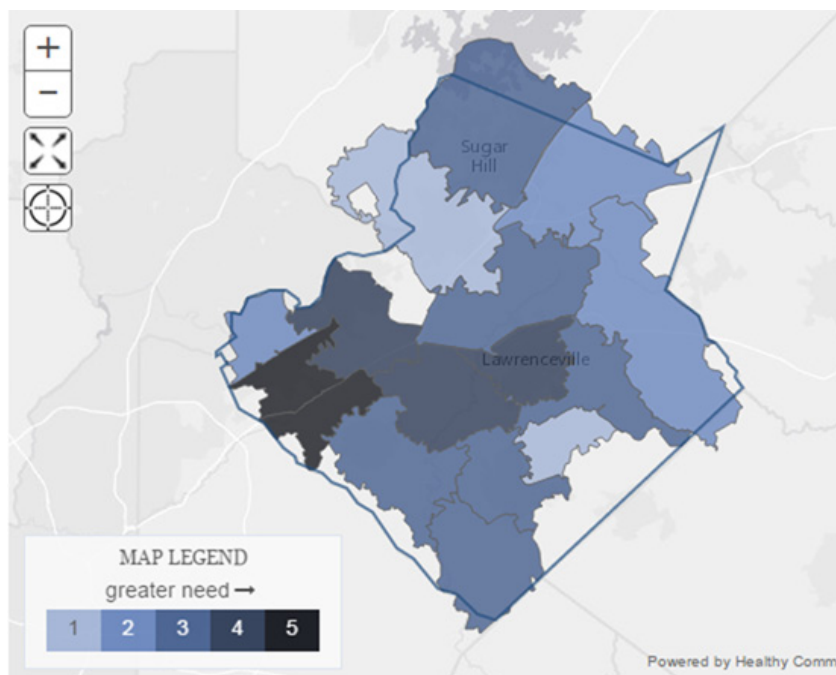
mortgaged owners was \$463 and renters was \$1,002. Eighty-three percent of owners with mortgages, 17.4 percent of owners without mortgages and 54.1 percent of renters spent 30 percent or more of household income on housing.

- There were 282,629 housing units in Gwinnett County, 8.8 percent of which were vacant. Of the total number of housing units 72.2 percent were in single-unit detached structures, 26 percent were in multi-unit structures and 1.7 percent were mobile homes. The county had 266,952 occupied housing units; 68.4 percent (182,548 units) were owner occupied and 31.6 percent (84,404 units) were renter occupied.
- Two percent of the households did not have telephones.
- Three percent of the households did not have access to a car, truck or van for private use.

Social and Environmental

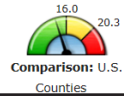
With rapid population growth and a particularly diverse cultural mix, it is important to pay close attention to social and economic indicators. Social and economic factors strongly influence the health of individuals and the community. Studies show a strong correlation between socioeconomic status and health outcomes. The 2015 SocioNeeds Index included poverty, income, unemployment, occupation, education and language (Health Community Institutes, HCI, 2015). See Figure 11.

Figure 11. SocioNeeds Index by Zip Codes, Gwinnett County, 2015



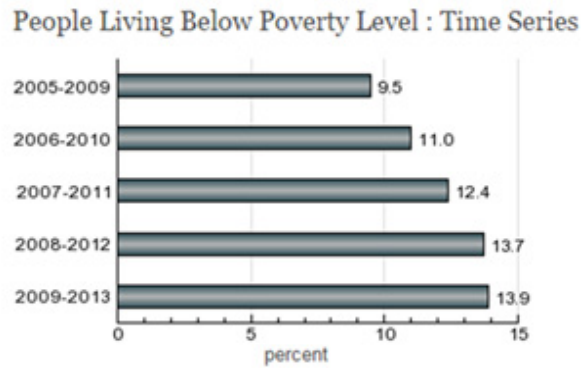
Source: Health Communities Institute, 2015

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 2009 and 2013, 13.9 percent of Gwinnett County residents (19.7 percent of children and 8.4 percent of people 65+) were living below the poverty level. This is an increase for both groups when compared to the 2013 CHNA. When evaluated by race/ethnicity, Hispanic (30.9 percent) and other races (38.4 percent) were the largest groups. See Figures 12, 13, and 14.

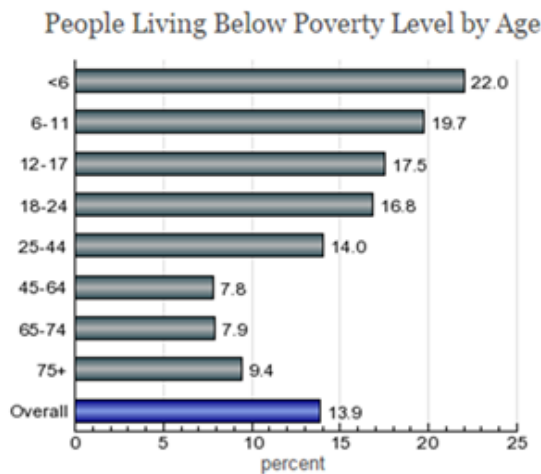
Figure 12. People Living Below Poverty Level: Time Series, Gwinnett County, 2005-2013



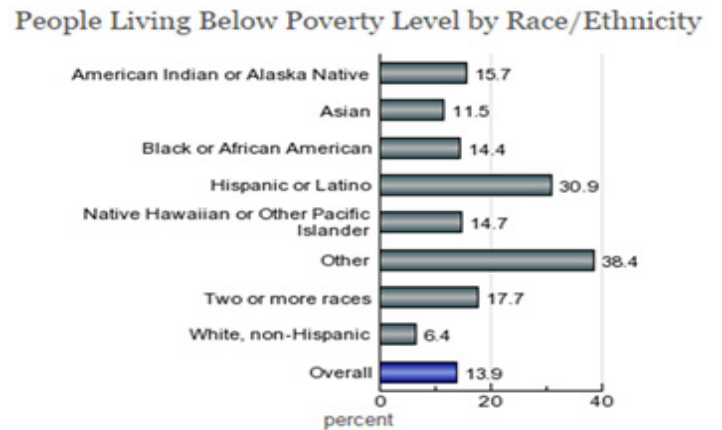
Source: Health Communities Insitute, 2015

Figure 13. People Living Below Poverty Level: Age, Gwinnett County, 2009-2013

Figure 14. People Living Below Poverty Level: Race/Ethnicity, Gwinnett County, 2009-2013



Source: Health Communities Institute, 2015



Source: Health Communities Institute, 2015

Low-Income Persons who are SNAP Participants



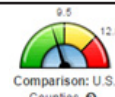
In 2007, 31.8 percent of low-income persons participated in the Supplemental Nutrition Assistance Program (SNAP). SNAP, previous called the Food Stamp Program, is a federal-assistance program that provides low-income families with electronic benefit transfers (EBTs) that can be used to purchase food.

Single-Parent Households



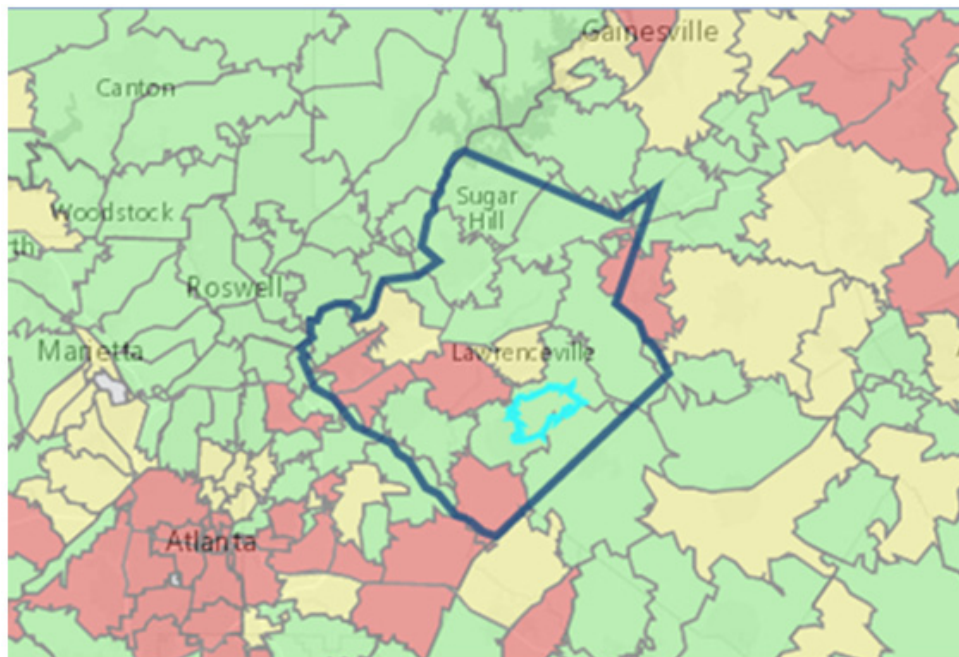
Adults and children in single-parent households are at a higher risk for adverse health effects, such as emotional and behavior problems compared to their peers. Children in such households are more likely to develop depression, smoke and abuse alcohol and other substances. Between 2009 and 2013, 28.4 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 is an increase of more than two percent since our 2013 CHNA.

People 65+ Living below the Poverty Level



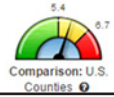
According to the American Community Survey from 2009-2013, 8.4 percent of residents over the age of 65 lived in poverty. This is an increase from 7.9 percent in 2005-2009. The population over the age of 75 has the highest percentage at 9.4. See Figure 15.

Figure 15. People 65+ Living Below the Poverty Level, Zip Code Map, Gwinnett County, 2009-2013



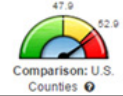
Source: Health Communities Institute, 2015

Unemployed Workers in Civilian Labor Force



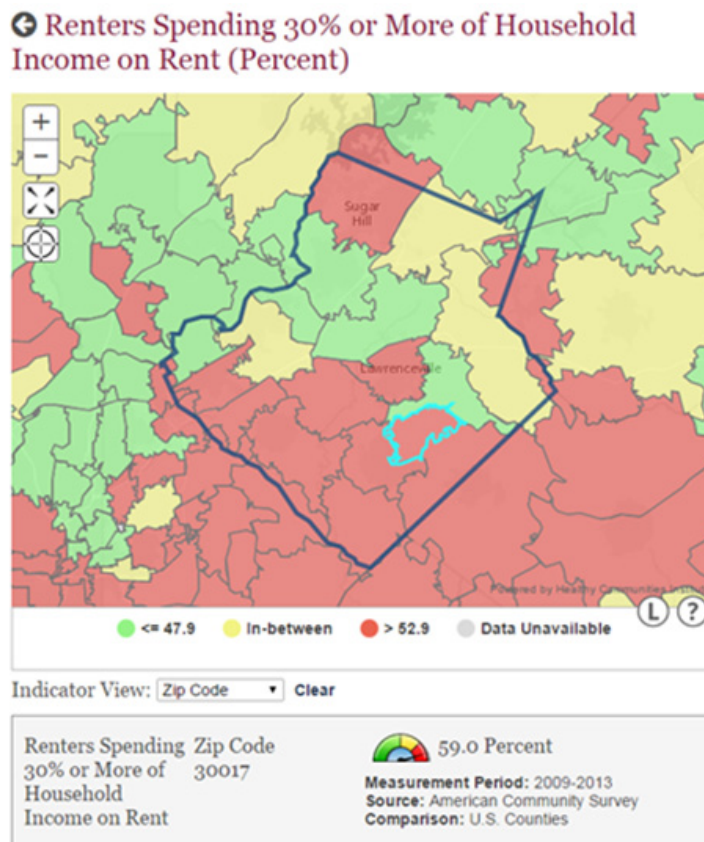
According to the U.S. Bureau of Labor Statistics in June 2015 unemployment was 5.5 percent. This is an improvement since the percentage in January 2012 which was 8.0 percent.

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 care. According to the American Community Survey 5-year estimates for 2009-2013, the median monthly rent in Gwinnett County is \$1002. Between 2009 and 2013, 54.1 percent of renters paid 30 percent or more of their income on rent which is higher than average for U.S. counties (47.9 percent). This is an increase 3.3 percent since the last CHNA. See Figures 16, 17, and 18

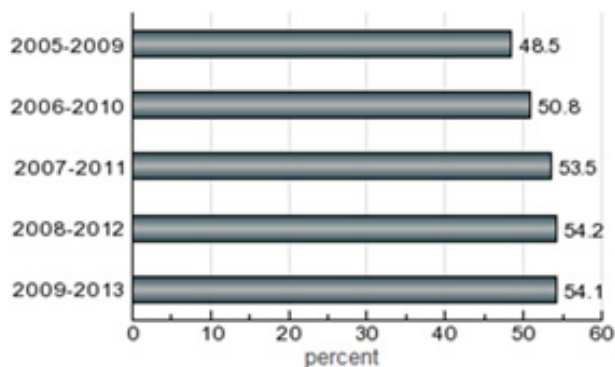
Figure 16. Renters Spending 30% or more of Household Income on Rent (Percent), Zip Code Map, Gwinnett County, 2009-2013



Source: Health Communities Institute, 2015

Figure 17. Renters Spending 30% or More of Household Income on Rent: Time Series, Gwinnett County, 2005-2013

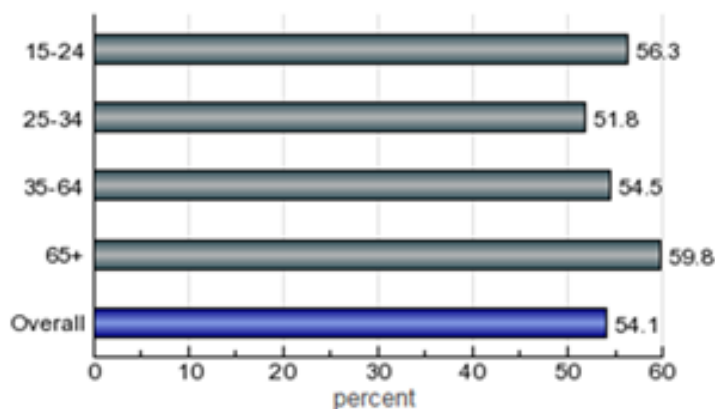
Renters Spending 30% or More of Household Income on Rent : Time Series



Source: Health Communities Institute, 2015

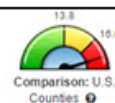
Figure 18. Renters Spending 30% or More of Household Income on Rent: Age, Gwinnett County, 2009-2013

Renters Spending 30% or More of Household Income on Rent by Age



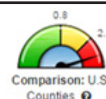
Source: Health Communities Institute, 2015

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 2007 and 2011, 19.3 percent Gwinnett County residents had severe housing problem compared to an average of 13.8 percent in U.S. counties. The housing problem has gotten worse since the previous reporting period 2006-2010 of 18.2 percent.

Linguistic Isolation

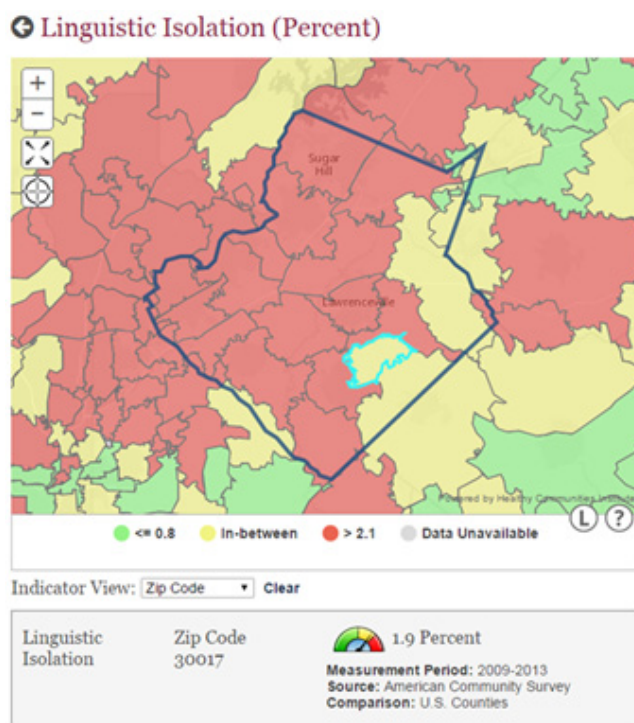


Households that are linguistically isolated may have difficulty accessing services that are available to fluent English speakers. The language barrier may prevent such households from receiving transportation, medical and social services as well as limited employment and schooling opportunities. In cases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

The population has become more racially and ethnically diverse with representation from across the nation and around the world. The U.S. Census Bureau's American Community Survey 5 year estimates for 2009-2013 estimated the Gwinnett County population to be 52.5 percent non-Hispanic whites, 24.2 percent non-Hispanic African American, 10.8 percent non-Hispanic Asians (2.7 percent Korean, 2.5 percent Asian Indian, 1.9 percent Vietnamese, 1.6 other Asian) and 0.3 percent was non-Hispanic Others (American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Multiracial or Unknown). More than 20.2 percent of the population was Hispanics or Latino with 10.5 percent of that population being Mexican.

In 2009-2013, the American Community Survey 5-year estimated the Gwinnett County population the population five years of age and older, 33 percent 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). Of the population 18 years and over, 20.1 percent speak a language other than English (8 percent Spanish and 12.2 percent other languages) for the same time period. See Figure 19.

Figure 19. Linguistic Isolation (Percent), Zip Code, Gwinnett County, 2009-2013



Source: Georgia Division of Public Health, OASIS, 2015

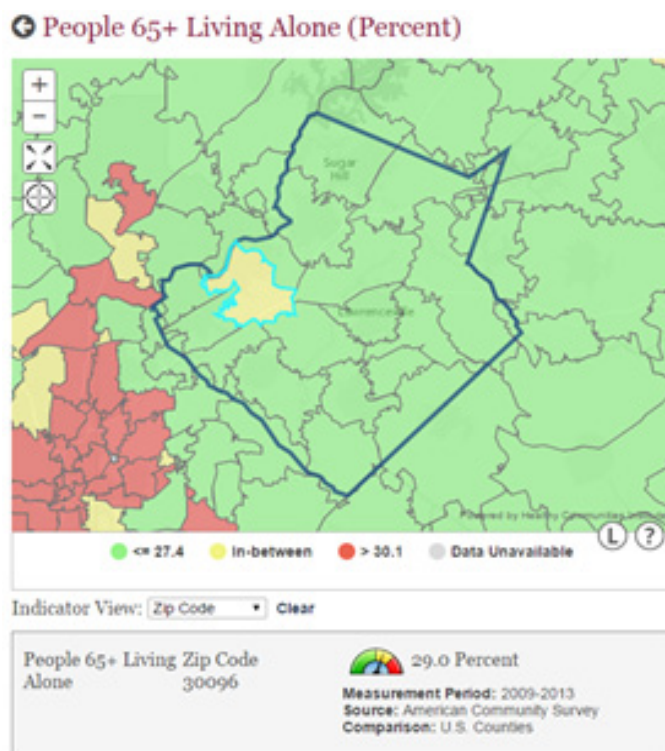
People Age 65 and Older Living Alone



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.

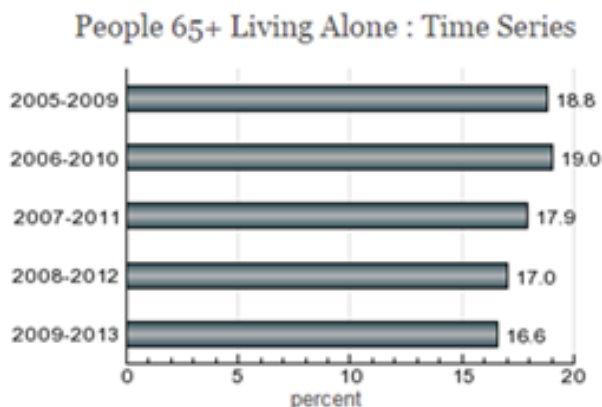
Between 2009 and 2013 16.0 percent of Gwinnett County resident over age 65 lived alone, this is lower than the 27.4 percent national average based U. S. counties and is 2.4 percent lower than the last CHNA report. See Figures 20 and 21.

Figure 20. People 65+ Living Alone (Percent), Zip Code Map, Gwinnett County, 2009-2013



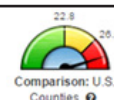
Source: Georgia Division of Public Health, OASIS, 2015

Figure 21. People 65+ Living Alone: Time Series, Gwinnett County, 2005-2013



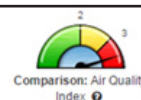
Source: Health Communities Institute, 2015

Mean Travel Time to Work



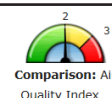
Lengthy car commutes cut into workers' free time and contribute to health problems such as headaches, anxiety and increased blood pressure. An American Journal of Preventive Medicine article (May 8, 2012) by researcher Christine M. Hoehner, PhD, MSPH, assistant professor of public health sciences at 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 2009 and 2013 the average daily travel time to work was 31.6 minutes for Gwinnett County workers age 16 and older.

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 2011 through 2013 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.

Annual Particle Pollution



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 2010 through 2012 Gwinnett County received a "B" (2) which as increase since the last CHNA.

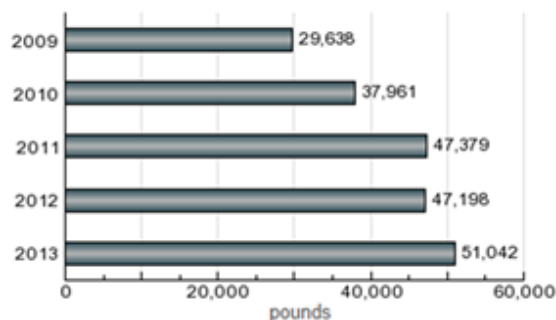
Recognized Carcinogens Released into the Air



In 2013, according to the U.S. Occupational Safety and Health Administration (OSHA), 51,042 pounds of reported and recognized carcinogens were released in the air in Gwinnett County. This amount has increased dramatically since 2009. See Figure 22.

Figure 22. Recognized Carcinogens Released into Air: Time Series, Gwinnett County, 2009-2013

Recognized Carcinogens Released into Air : Time Series



Source: Health Communities Institute, 2015

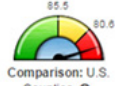
Access to Quality Care

In 2015 Gwinnett County is the second highest ranked counties in overall health in Georgia, according to the County Health Rankings. 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. A number of Gwinnett residents don't have health insurance and the community has fewer primary care physicians than other U.S. counties. 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.

According to the 2015 County Health Rankings website reported for Gwinnett County:

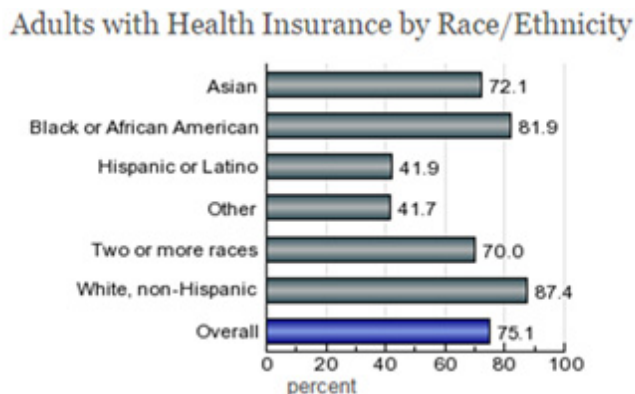
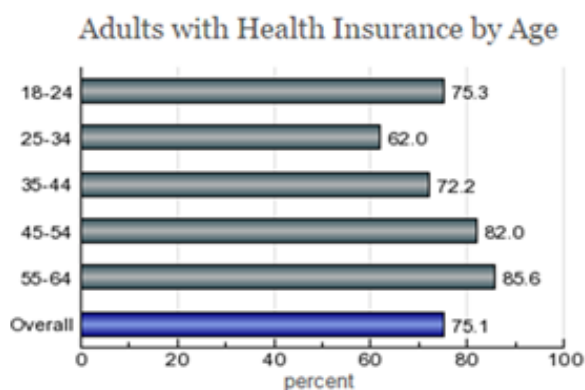
- Gwinnett residents who report they were unable to see a doctor due to cost 14 percent (Georgia 16 percent).
- Price-adjusted Medicare reimbursement per enrollee was \$9,838 (Georgia \$9,549).

Adults with Health Insurance 

In 2014, 75.1 percent of adults had health insurance (U.S. counties average: 85.5 percent). This is an improvement when compared with 68.7 percent reported in 2010. The number of residents with insurance is well below the Healthy People 2020 target of 100 percent (HCI, 2015).

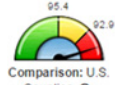
Certain race/ethnicity and age groups were much less likely to have insurance than others. While white alone (87.4 percent), African American alone (81.9 percent) and Asian alone (72.1 percent) were more likely to have insurance, Hispanic (41.9 percent) and other races (41.7 percent) were the less likely to have insurance. When compared by adult age groups, ages 55-64 (85.6 percent) and ages 45-54 (82.0 percent) were more likely to have insurance while ages 25-34 (62.0 percent) were least likely to have insurance (HCI, 2015). See Figures 23 and 24.

Figure 23. Adults with Health Insurance: Age, Gwinnett County, 2014
Figure 24. Adults with Health Insurance: Race/Ethnicity, Gwinnett County, 2014



Source: Health Communities Institute, 2015

Source: Health Communities Institute, 2015

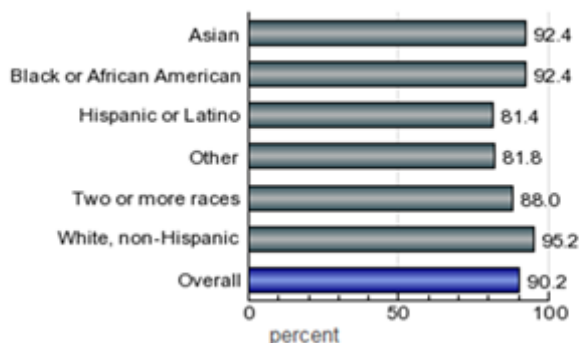
Children with Health Insurance 

In 2014, 90.2 percent of children in Gwinnett County had health insurance (U.S. counties average: 95.4 percent). This is an improvement when compared with 86.1 percent reported in 2010. However, the Healthy People 2020 target is 100 percent (HCI, 2015).

As reported with adults, certain race/ethnicity groups were much less likely to have insurance than others. While White, non-Hispanic (95.2 percent), African-American (92.4 percent) and Asian (92.4 percent) were more likely to have insurance, Hispanic (81.4 percent) and Other races (81.8 percent) were the least likely to have insurance (HCI, 2015). See Figure 25.

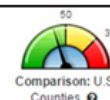
Figure 25. Children with Health Insurance by Race/Ethnicity, Gwinnett County, 2014

Children with Health Insurance by Race/Ethnicity



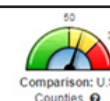
Source: Health Communities Institute, 2015

Primary Care Provider Rate



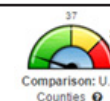
The primary care provider rate in 2012 was 58 providers per 100,000 population (U.S. counties average: 50 providers). This trend is a slight improvement since the 2010 rate of 56 providers (HCI, 2015).

Non-Physician Primary Care Provider Rate



The non-physician primary care provider rate was 43 providers per 100,000 population in 2014 (50 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). This is a new indicator for HCI with two years of trend data. In 2013 the rate was 39 providers per 100,000 population (HCI, 2015).

Dentist Rate



In 2015, County Health Rankings reported there were 57 dentists per 100,000 population. The focus groups reported that there are limited dental services available for individuals who do not have dental insurance or cannot afford dental care (HCI, 2015). 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.

Attachment B. Planning Participation

Gwinnett Medical Center – Community Health Needs Assessment Participants

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

Alan Bier, MD	Eddie Tong	Mary Moessinger
Allison Hamlet	Gina Solomon	Mike Boblitz
Amanda Hollaway	Grace Cruz	Mike Levengood
Amy Motteram	Hans Schermerhorn	Miles Mason III, MD
Amy Tella	Heather Boyce	Mona Lippitt
Angel Roussie	Holly Richards	Nicole Lescota
Andy Durham	Jamila Brown	Nadirah Burgess
Anita Parks	Janet Schwalbe	Nancy Kendal
Anne Kramer	Jason Chandler	Pamela Johnson
Annett Slayton	Jay Dennard	Patricia Lavelly
Becky Weidler	Jayne Kulp	Phillip Wolfe
Billy Wright	Jeff Wages	Renee Byrd-Lewis
Brad Humphrey	Juneasa Jordan	Richard Stephens
Carol Danielson	Karen Cliff	Sheila Warren
Carolyn Hill	Katrina Stone	Scott Orem
Cathie Brazell	Kelly Dunham	Steve Nadeau
Cathy Dougherty	Kristin Crea	Steve Rubin
Cheryl MacMillan	L. C. Johnson	Susan Gaunt
Cheryl Odell	Lillian Mucklow	Susan Troccia
Cheryl Wunsch	Linda Horst	Tamey Stith
Chuck Christie	Lynn Quinn	Tim Gustavson
Cindy Murphy	Lynne Sycamore	Tom Lynch
Cris Hartley	Martha Jordan	Todd Vermeer
Debra Proulx	Mark Darrow, MD	Thomas Shepherd
Diana Potts	Mary Cooper	Tommy McBride
Dolores Ware	Mary Hudgins	Victoria Anthony
Domingo Valpuesta		

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.

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

Ellen Gerstein, Executive Director
Regina Miller, Associate Director
George Mois, Planning and Evaluation Manager
Suzy Bus, Helpline Director

The hospitals, Coalitions and the Gwinnett County Public Health Department is using the Mobilizing for Action through Planning and Partnerships (MAPP), a community-driven strategic planning process, to develop goals for the six area coalition's strategic plan.

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 serving 12 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 is the District Health Director for Gwinnett, Newton & Rockdale Counties.

Connie Russell is a native of Georgia who graduated from Shorter College with a B.A. in Psychology in 1990 and Georgia State University with a Master of Arts in Psychological Sciences in 1993. Connie worked on several public health research projects related to maternal substance abuse at the Emory University School of Medicine, Department of Psychiatry, prior to becoming a case manager for the Babies Can't Wait (Early Intervention) program in Gwinnett, Newton, and Rockdale counties. After holding various positions with

that program, including Early Intervention Coordinator, she became the District Program Manager for the Health Department in 2004 and the District Program Director in 2005. In her current position, Connie oversees program compliance and budget management for over 15 programs, including Family Planning, WIC Nutrition, Immunizations, Adolescent Health and Youth Development, Children's Medical Services, Child Health programs, Pharmacy, Emergency Preparedness, and Communications. She also serves as Community Liaison for the Health Department, working with a variety of organizations to support the health and wellbeing of the community.

Farrah Machida, M.S.P.H., is the Epidemiology Supervisor for the Gwinnett, Newton, and Rockdale County Health Departments oversees the notifiable disease investigations at the public health district office. For the past six years, she has worked as an Infectious Disease Epidemiologist and has provided infection control trainings across the county to daycares, schools, community groups, and rehabilitation centers. She has worked with numerous community groups on health data analysis and infection control and emergency preparedness planning.

Sarah Neale, MPH, CHES is the Health Communications Coordinator for the Gwinnett, Newton and Rockdale County Health Departments. Sarah earned a Bachelor of Science in Biology from the University of Virginia and a Master of Public Health degree from Emory University's Rollins School of Public Health. While at the University of Virginia, Sarah worked in a Cell Biology research laboratory and became interested in public health after volunteering at the university's Office of Health Promotion. As a public health graduate student at Emory University, Sarah worked for the Interfaith Health Program in the Hubert Department of Global Health. In this position, she assisted in the design and evaluation of a community mobilization program that brings together faith and health sector leaders to address HIV in Limuru, Kenya. Sarah is a contributing author to two publications in *Development* and the *Journal of Industrial Microbiology and Biotechnology*. When not working, Sarah enjoys running, eating brunch in Atlanta, and visiting her 6 nieces and nephews in Virginia!

Kinsey McMurtry, MPH is the Health Promotion Coordinator at Gwinnett, Newton and Rockdale County Health Departments. She attended Emory University at both the Oxford and Atlanta campuses where she received her Bachelor of Arts in Anthropology and Spanish. She received her Master of Public Health degree with a concentration Health Policy from Emory University's Rollins School of Public Health. As a graduate student she interned in the Chronic Disease Prevention Section at the Georgia Department of Public Health, where she worked alongside the Director of Chronic Disease Prevention on workplace wellness and tobacco use prevention. During this time she also worked at the Emory University Global Diabetes Research Center coordinating a program called Public Health Leadership and Implementation Academy for Non-Communicable Diseases. In her current role as Health Promotion Coordinator with the Health Department, Kinsey manages health promotion programs and events on physical activity, nutrition, food access, tobacco use prevention, workplace wellness and chronic disease prevention education. Kinsey is a native Gwinnettian and enjoys playing with her five dogs in her free time.

Attachment C. Summary of Community Engagement

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 20 years. Attachment B. Planning Participation includes a list of individuals who participated in the assessment process.

In July 2015, the plan to conduct the 2016 Community Health Needs Assessment (CHNA) was approved by Gwinnett Hospital System Senior Leadership Committee and the Community Health and Wellness Council. In August 2015, the Board of Directors Community Benefit Committee approved the plan and the plan was shared with the Leadership Committees at the Lawrenceville and Duluth hospitals. The Gwinnett Coalition for Health and Human Services also agreed to collaborate with Gwinnett Medical Center and the Gwinnett County Health Department to gather community data to be shared by all three organizations for 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 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 meetings and community key leader interviews. The Gwinnett County 2014 youth survey results with more than 48,000 participants were included in the community input data set as well as the summary community referral trend data from the Gwinnett Coalition's Helpline were included in the analysis from 2007 through 2014.

Focus Groups: Common Themes

Topics discussed during the focus group meetings included quality of life, community relations and engagement, economic and financial stability, education, safety, youth, and health and wellness. Many of the concerns raised in these focus groups echoed the findings from our previous assessment. Generally, the group thought the quality of life in the county is average but that it depends on where in the county one lives. The majority of the group thought that parks and recreation and the public school system are well perceived by residents. Gwinnett County was perceived as not having affordable housing by some groups and that homelessness is an increasing problem. The group felt that the county was not as economically strong as it was historically. There were concerns about lack of jobs and increased 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. The groups also had concerns about emergency preparedness and response in the community.

Another issue raised during the focus groups was healthcare resources. The group felt that resources were available but that, many times, they are not accessible or affordable for specific populations. Dental care and mental health services were considered inadequate and inaccessible. Overall, the community was generally not aware of all the resources available within the county. Fewer participants said they leave the county for specialist care; however, the Veterans reported going to the VA Hospital for care.

Focus Groups: Demographics Summary

The focus group meetings for the Gwinnett County Community Needs Assessment took place from August 2015 through October 2015. There were seven groups with 62 total participants. Participants represented a wide variety of Gwinnett residents and individuals who work in Gwinnett County.

Participants represented diverse groups ranging from seniors to Asian, Hispanic and African American residents. At-risk groups such as residents with behavioral health issues, Veterans or those dealing with homelessness also contributed. The seven participating groups were the, Gwinnett Veterans Resource Center, Salem Missionary Baptist (African American residents), Latin American Association (Hispanic residents), CPACS (Asian residents), ViewPoint (Behavioral Health), Gwinnett County Senior Center, and Salt Light Center (Homeless).

Place of residence for participants included Auburn, Dacula, Duluth, Grayson, Lawrenceville, Lilburn, Norcross, Peachtree Corners, Snellville and Suwanee. Of the 62 participants who provided their gender, 60 percent were female and 30 percent were male. There were also 62 participants who provided information as to whether they were Hispanic or not. Answers showed that 80.00 percent were non-Hispanic and 20.00 percent were Hispanic. A variety of languages were represented in the groups, including Arabic, Chinese, English, Korean, Russian, and Spanish. There was also a wide range of ages throughout the focus groups. The age distribution of participants was from 18 to 79, with 62 of the participants responding.

Participants noted having the following chronic conditions: arthritis, asthma, cirrhosis, diabetes, heart disease, high blood pressure, high cholesterol, macular degeneration, renal disease, diverticulitis, gastritis, hypothyroidism and degenerative disc disease. Income levels

per household throughout the groups varied. The largest group consisted 19 percent of participants had an income level of less than \$10,000. Seven percent of participants who had an income level between \$10,000 and \$15,000. Sixteen percent of participants who had an income level between \$25,000 and \$35,000. The distribution of participants' household income levels was, however, spread somewhat evenly throughout the income level ranges.

Focus Group 1: ViewPoint Summary

The ViewPoint focus group was held on Monday, August 17. In the end, there were a total of six participants present. Most of the group had lived in the community for more than 10 years and they consisted of ViewPoint clients.

When asked how the group would rate the quality of life in Gwinnett County, the majority of the participants responded "Average," while the others said "Very Good." The recurring theme through their comments was lack of assistance with housing. They also commented on transportation, drugs, and the need for more community clinics as issues bringing the quality of life down in the community.

Participants felt that there is adequate public transportation for those living near the interstate, but that those living farther out do not have access to transportation. Participants also felt that the lack of transportation created an issue for residents with unique needs getting to and from educational resources. While there are community activities available, the group did not feel that they were accessible to everyone in the community due to transportation issues. However, one participant commented on the fact that all Gwinnett County transit buses are handicap accessible, which was noted favorably.

As for emergency preparedness, the group agreed that there are not enough resources in place for emergencies. They did mention, however, that the state made adjustments after the last ice storm. When asked whether the group believed there are adequate resources in place to prevent or deter crime, the answer was a resounding, "No!" There was a lot of discussion around this topic and it was stated that there could never be enough police presence to keep crime out of the county. They continually mentioned drugs and gangs as problems in the community.

All of the participants said that the way in which they find out about resources in the community is through friends and neighbors. The majority of the group is active in the National Alliance on Mental Illness (NAMI). The group also stated that libraries are great resources for the community. As for gathering information on health care, the majority of the group uses the Internet and friends. Everyone in the group said that they have a primary care physician, but that getting dental services is a problem. While the group typically goes to see their primary care physician when health care is needed, many of the group members had friends that frequent the emergency department for care. Most of the group said that they stay in the county for health care services unless it is a specialty case. In those instances, they may seek care outside of the county. When asked what services were available at the Health

Department, the majority of the group immediately said immunizations and some mentioned gynecology services. Most of them had used the Health Department services at some point in their life. Several members of the group repeatedly mentioned their frequent use of community clinics and their wish for more in the county in the future.

The group had both positive and negative feedback regarding the needs of youth within the community being met. They felt numerous resources are available for those in athletics; however, they did not believe those interested in other activities have the same opportunities. Some in the group also believed that the school system has too much testing now and that the teachers are only able to teach to the lowest level student in the class. Overall, they had positive thoughts regarding the school system though. The perception of the entire group was that there are individuals who take advantage of the system, leaving others who clearly need assistance without. Overall, the majority of the group clearly felt that housing was an issue.

Focus Group 2: Seniors Summary

The Seniors focus group was held on Thursday, September 17. There were a total of nine participants. Six of the participants had lived in Gwinnett County for more than 20 years. When asked how the group would rate the quality of life in Gwinnett County, four participants rated it as very good and five participants rated it as average. The majority of the group felt that their quality of life was very good though because of things they personally do to make it that way and not because of resources in the county. In addition, they felt the county does provide very good senior services and there was mention of the county having a theater, good libraries and senior centers. One reason the quality of life was rated as average was because of the transportation needs on the outskirts of the county.

Participants were asked what community activities, events or groups they were aware of that enabled them to connect with other members of the community with common interests. The top response was their churches. The second highest response was senior meetings and senior centers. Another participant mentioned volunteering at the Aurora Theatre, while others mentioned volunteering at church-run food pantries.

As for the current economic and financial situation for Gwinnett County and its residents, the group agreed that residents learn to use their resources wisely. They noted that when emergencies come up, it is difficult to afford them. Health costs were a major concern for the group. The participants mentioned that Medicare does not meet their needs. Overall, the group felt that Gwinnett residents in their situation did not make enough money to support themselves. The participants felt that there were resources available but most people do not know where to go to get them. One participant felt that this situation was handled much better in other places that he has lived in the past. When the group was asked about educational resources available in the community for mentally and physically disabled, illiterate adults and residents who do not speak English, the only resource the group

commented on was that of classes available through Gwinnett Tech for English as a second language.

Overall, the group felt that the county was providing for safety but that there was no possible way to cover every situation. They did not expect every situation to be addressed. They felt that no matter where you go across the country there could never be enough police presence. Compared to other places the participants had lived, they felt safer here. Three people did not feel safe in their communities, however. One of the participants that did not live in the city felt less safe because he was in unincorporated Gwinnett County and did not have as much police presence. Participants felt that children not having activities, or lack of jobs, creates a problem. Participants that knew their neighbors felt safer than those that did not.

The participants understood that when an unexpected emergency first happens, the county is not prepared. However, if the emergency happens again, the county is more prepared for it the next time. The participants understood that the county cannot afford the expense of providing some services like would be provided in the northern cities. The group recognized that expense is unnecessary for one or two times a year that it may or may not occur. The majority of the group agreed that the county's responding officers do seem to respond very fast to shootings, heart attacks, car accidents, etc. On a national level, the idea of terrorist attacks, for example ISIS, would be something the group felt would be difficult to prepare for.

The group felt that parents are responsible for the supervision of their children, not the county or school system. They felt that the county does provide resources for the youth but that they choose not to participate in them or they do not have transportation to access them. There was more discussion regarding the need for improved transportation in the county as well.

The group was asked whether they believed the healthcare resources provided in the county were adequate to serve the current population of the county. The group felt that resources were available but that the healthcare costs after insurance creates difficulty for the majority of the population in Gwinnett County. To the majority of participants, going to the emergency room meant that you had to wait a long time. The participants also mentioned billing issues they have experienced, especially at Gwinnett Medical Center, which always cause them problems. Several participants mentioned the care they received at the Veterans Health Administration ("VA"). The group recommended going to urgent care centers because they noted that as the quickest way to receive care. One participant felt that he could not afford to get sick because he was unable to afford insurance. The participants stated that when they do get sick they typically seek care at the VA, from their primary care physician, the emergency room for very sick cases, and urgent care centers. One participant stated that he goes to the closest pharmacy and picks up over the counter medications instead of going to see a doctor. In the end, the group felt that there were enough resources in the county to receive care. The only reason the group mentioned leaving the county for healthcare was to see a specialist.

Six of the participants stated that the Internet was their first source for gathering health-related information. Other sources included family, church, friends and doctors. The VA treatment line was also a source for some of the participants. The group said that they would like to see more nurse call-lines available. The group was asked what services they were aware of that the Health Department provides. Almost the entire group was not familiar with services at the Health Department. A couple participants mentioned that the Health Department provides vaccinations for those going to foreign countries. One person thought the Health Department might have emergency dental care. In regards to mental health and substance abuse resources, the group did not feel that there were adequate resources available to meet those needs in the county. They knew there were some temporary help for substance abuse but nothing for long-term care. One participant voiced a concern that if a person mentioned that they are depressed when being seen at an emergency department, they felt they would be locked up for 72 hours.

When asked what one issue the Gwinnett community could focus on to improve the quality of life in the county, eight participants said transportation and one participant said that more resources for health insurance are needed. The group discussed the need for better transportation. The participants said that bus routes are available but they are limited to those on main roads. They said they do not see many people riding the buses, but they did not feel that it was because the service is not needed. The group felt that the bus routes do not go close enough into neighborhoods for those needing transportation so that they can access the service.

Focus Group 3: Homeless Summary

The Homeless focus group was held on Thursday, September 24. There were a total of five participants, which consisted of mostly single, African American mothers. Two of the women had lived in Gwinnett County for eight or more years. The other three women had lived in Gwinnett County for two years or less.

When asked how the group would rate the quality of life in Gwinnett County, four of the participants rated it as poor and one participant rated it as average. The participant that rated the quality of life as average said that she believed her current position was out of her control due to a stroke. As a result of her illness, she was unable pay all of her bills and became homeless. She said she felt that once she heals, she will be able to find a job again. The remainder of the group that rated the quality of life as poor felt that there was a lack of jobs. One participant mentioned the use of agencies in filling job openings so that businesses do not have to pay benefits. This participant felt that this had a lot to do with politicians in the companies. The group agreed that the job situation in Gwinnett County was politically driven. There was also mention of the Without Cause state law, where businesses do not have to give a reason as to why they let someone go. One participant added that life can go from excellent to poor overnight as a result.

Participants were asked what community activities, events or groups they were aware of that enable them to connect with other members of the community with common interests. The majority of the group was unaware of any such activities, events or groups. One participant did not believe there were any in the community. One other participant mentioned her small group at church. This participant also mentioned Crossroad, which two of these participants had volunteered to help the homeless there before they became homeless.

As for the current economic and financial situation for Gwinnett County and its residents, the group agreed that residents in need do not receive available support. The group agreed that Gwinnett County could do a better job with people who have an income in a certain bracket because they felt there was enough money circulating in the county for that to happen. One participant commented that not everyone is looking for a hand-out, but that some are just looking for a hand-up. The group agreed that affordable housing was the number one need in the community. One participant believed that politicians were running the landlords, which led to rising rent prices. This participant also thought that a lot of illegals were taking money from honest American citizens. Another participant mentioned the Salvation Army's Christmas List event and how she had to wait outside in line while others were permitted entry. This participant also noted that she cannot get food stamps because she makes 50 cents too much. As a group, the participants had many praises for Family Promise, Salt Life and the Quinn House. At the same time, the group felt that there was nothing for singles that are homeless.

Overall, the group felt that there were resources for those wanting to learn English as a second language in Gwinnett County. They mentioned Gwinnett Tech as a resource as well as local libraries. The participants also believed there were resources available for those with mental disabilities. At the same time, the group believed it was difficult to know what resources were available and where to find them. They believed most of the known resources were known due to word of mouth in the community.

The participants all mentioned that they felt safer here than in surrounding counties. Overall, the group believed that adequate resources are in place to prevent or deter crime in the county. One participant said that prevention of crime goes in hand with education, as kids are more likely to end up in criminal activities if they are not in school learning. Another participant stated that you pay for what you get in the county. She noted that Duluth takes the safety of its residents seriously, whereas Norcross is slack and Lawrenceville is hit and miss. In the end though, this participant said that the safety and education system in Gwinnett County is what brought her back to the community after several years away.

When asked if the resources for emergency preparedness and response are adequate to meet the needs of the community, the group agreed that those responsible for emergency preparedness learn from past experiences. One participant said that she did not feel the county would be prepared if something catastrophic was to happen. She said there are resources available in the state but that they have to travel to Atlanta to access those resources. One participant mentioned the ice storm a few years ago and noted that she had

to walk to the school to pick her children up. She said that the county may prepare for such a time but that they do not tell the residents what to do to prepare. The group agreed that those responsible for emergency preparedness could do a better job of communicating with the community about how to prepare for these emergency situations. Overall, the group believed that Georgia learned from the mistakes in the past and they were better prepared for the next ice.

Four of the five participants did not believe the overall needs of the Gwinnett County children and youth were being met. The fifth participant opted out of this question since she did not have children. The four participants with children noted that children are not being mentored any more. One participant stated that African American males are targeted a lot in school and that punishment is too severe in many cases at the school level. This participant said that teachers get in the kids' faces too much and the way that most teachers interact with the kids is not right. Another participant noted that children have to pay for their school sports now. She did not believe that should be the responsibility of the child. This participant also said that teachers only care about a paycheck now and that the majority of teachers are just too young now.

Overall, the group believed there were adequate healthcare resources available in Gwinnett County. One participant stated that there is a doctor on every corner. The majority of the group mentioned Gwinnett Medical Center's emergency department, at either Lawrenceville or Duluth, as a resource they utilize. The group felt that the county could do more to provide dental assistance though. Another participant noted that Publix gives free antibiotics for some medications. Still another participant said that there are so many resources available in Atlanta but that Gwinnett County does not offer them. Two of the participants stated that they would go to the drugstore to buy over the counter medication most often when they get sick. Another participant said that nurse call lines can also be very helpful. The group mostly stayed in Gwinnett County for care; however, two participants left the county for specialized care. Three of the five participants had insurance and the other two were about to receive it soon through their current jobs. The entire group noted how expensive health insurance is though.

The majority of the group said that they get most of their health-related information from the Internet. One participant noted that she will call a doctor for information as well. The group was asked if they were aware of services offered at the Health Department. Three of the participants said that the Health Department provides vaccinations for children. One participant said they she has only used them once because it was an all-day process. Another participant said that she had a great experience there. Two of the participants thought that the Health Department provided dental services for children. One participant was not aware that the Health Department even existed.

When asked if Gwinnett residents with mental health and substance abuse problems have access to adequate resources, the group seemed to answer more for those that were

homeless. The group mentioned the Quinn House as a place for men to go for help. The group also mentioned IMPACT for those with a disability or if they are a veteran. The group said the IMPACT will help you get a hotel room as long as that person has an income. One participant said that Rainbow Village is a resource that gets a lot of support from the Chamber. This participant stated that Rainbow Village is a wonderful program but that you have to have a car and at least one child to get support. Another participant believed that individuals on drugs probably receive more help than those that are sober.

The perception of the entire group was that housing is the biggest issue that the Gwinnett community could focus on to improve the quality of life in the county. The group believed that Gwinnett County tries to hide homelessness instead of helping. Participants felt that rent is too expensive, especially for single mothers with children.

Focus Group 4: Veterans Summary

The Veterans focus group was held on Tuesday, September 29. There were a total of eleven participants. Four of the participants had lived in Gwinnett County for more twelve or more years. The other seven participants had lived in the county for five years or less.

When asked how the group would rate the quality of life in Gwinnett County, four participants responded "Excellent," three participants responded "Very Good," one participant responded "Average," and one participant responded "Fair." Those participants who responded "Excellent" said that they responded that way because of the services provided in the county. Services they mentioned included grocery stores, shopping, theaters, parks, and schools. They also felt that the Veterans Resource Center helped make their quality of life excellent. At the same time, a participant that rated the quality of life as "Fair" felt that there still were not enough resources for Veterans in the community.

Participants were asked what community activities, events or groups they were aware of that enable them to connect with other members of the community with common interests. Some of the groups and activities mentioned were the Veterans Resource Center, local Parent-Teacher Associations, fairs, malls, Disabled American Veterans, food truck events, church, pageants for children, YMCA, Masons, and a kickball group.

The majority of the participants agreed that Gwinnett County is growing faster than anticipated, but the financial aspect from residents is not moving as fast. Many of the residents are not making the money needed to sustain the economics of the county. One participant mentioned that housing from a few years ago has increased significantly but that residents' incomes have not. There was also discussion regarding the lack of jobs in the community. One participant stated that the amount parents must pay for school supplies have increased dramatically over the past several years. The group agreed that there is enough money in the county for some of these costs to be covered. The group agreed that it puts a burden on parents, as well as the cost to put children in daycare.

As for Gwinnett County meeting the educational needs of residents in the county with mental and physical disabilities, illiteracy and those not speaking English, the group did believe there were resources available. However, the group did not believe that those needing educational opportunities knew about them. The group thought the county could do a better job of communicating the availability of these resources with those that need them. One participant mentioned the educational needs of children with special needs. She said that the school system takes too long to complete an assessment. There was also discussion regarding the new high school in Gwinnett County, Discovery High School. One participant explained to the group what that school offers and what a great resource it is for the community's children. He said that Gwinnett County recognizes that not everyone is geared to be a college student or develop a trade. He thought that the new school was a great way to engage children and teach them how to become entrepreneurs. Overall, the group did not know what educational resources were available for adults in the county with special needs.

When asked if the group believed there are adequate resources in place to prevent or deter crime in Gwinnett County, the majority of the group did not believe there were. Most of the participants grouped crime with a lack of jobs. Participants felt that a lack of jobs left youth with the option of committing crimes instead. They said that if the youth do not have something to do afterschool, they get in trouble. There was discussion regarding the Boys and Girls Club. The group felt that there should be more Boys and Girls Clubs in the county since the population is so large. Two participants noted that the Boys and Girls Club only pick up children from certain schools also. Another participant said that discipline should first start at home, but that is not what happens now because both parents are working now. She said both parents are working now because they have to in order to be able to afford the standard of living here. Another participant noted that there is going to be crime everywhere. She said it just depends on how one is raised as to whether they participate in it or not. There was also discussion regarding the presence of police in the community. Many participants felt that police only come around where there is something bad happening. One participant thought that police need to be more involved with the community – doing good deeds, introducing themselves throughout neighborhoods they patrol, etc. He said that he believed that would deter some of the crime.

Overall, the majority of the group did not believe that there are adequate resources available for emergency preparedness and response. Most of the participants said that the county should provide training to its residents on what to do in case of emergency. One participant said that the county should inform residents on what to have in their emergency kits. Another participant said it would be helpful if a pamphlet was made for residents that tell them what to do in case of emergency. He said while there is information available via the Internet, which does not help if the power goes out. Another participant said that residents are only informed on what to do in an emergency after the emergency occurs. Finally, another participant felt that the resources were available but that no one knew about them. In the end, the group felt that the county could do a better job communicating these resources to the community.

The majority of the group did not believe there were enough resources for the number of children that need them. There was more discussion regarding the Boys and Girls Club and the limited number of slots available for children in the community. The group agreed that a lot of parents move to Gwinnett County for their children's education, but then they cannot afford to live here. One participant mentioned that many children go home hungry because their parents cannot afford to keep food on the table. He said that parents want a better life for their children but they cannot afford to keep up with the standard of living. One participant went further and mentioned the homeless problem in Gwinnett County. He said that all the politicians in the county will say that we do not have a homeless problem, but the reality is that we do. He said that if the county would recognize this problem, it would probably receive more support and funding.

Ten of the eleven participants had a primary care physician and eight of the participants mentioned they had insurance. The group was asked whether they believed the health care resources provided in Gwinnett County are adequate to serve its current population. The majority of the group said the resources provided do not meet the needs of the community. One participant said that more urgent care centers are needed, and another participant added on that there should be more urgent care centers or at least one hospital in every corner of the county. Another participant mentioned the long waiting times in hospital emergency rooms. Still another participant said that when patients have to wait more than an hour and a half in the waiting room, it shows that there are not enough resources to meet the demand. Another participant said that there were not enough specialty care physicians in Gwinnett County. This participant recognized that there were more physicians closer to Atlanta, but said that more physicians are needed in the northeast part of the county.

The answers varied when asked where the participants go to get most of their health-related information. Responses included urgent care clinics in pharmacies, the VA doctor, pharmacist, Internet, and primary care physician. There was discussion that a lot of insurance companies will not pay for visits to urgent care clinics. The group agreed that insurance drives decision-making in health care. Some of the participants began discussing the need for dental services for adults and children in the community and how many services were not affordable. One participant informed the group that all schools should have an employee with knowledge of resources offered in the community. He said that parents should go to the schools and ask to speak with the resource employee to learn about assistance opportunities. The group felt that no one knew where to go for most resources because of a lack of communication.

When asked what services the group knew of that the Health Department provides, answers included immunizations, WIC, and a kids' dental clinics. The group noted that there was no dental service there for adults, however. Again, the group noted the lack of communication in the county. The lack of communication came up again in discussion regarding resources for those with mental health and substance abuse problems. One participant said that there are resources available but no one knows about them. This participant felt that a list of these resources should be provided for people needing the assistance. Another participant mentioned health fairs in the community and how they check the basics. She said that health fairs should provide additional information that tells people where they can go to get the assistance needed.

The final question that asked participants to name an issue that Gwinnett could focus on to improve the quality of life in the county produced a variety of responses. Five participants thought that the county could improve transportation, especially since Gwinnett County has a large senior population. Three participants felt that the county could work on communication so that the residents are better informed on a number of topics. Another participant said that rent is too high and the county should work on providing affordable housing. One participant said that he would like to see more diversity on the executive level leadership in Gwinnett County. And finally, another participant said that residents pay a lot of taxes but there are not a lot of resources being provided as a result. She thought the county should work on improving the outcome of taxpayer dollars.

Focus Group 5: Hispanic Summary

The Hispanic focus group was held on Wednesday, October 7. There were a total of ten female participants. Seven of the participants had lived in Gwinnett County for more five years. The other three participants had lived in the county for less than five years. All of the participants lived in Duluth, Norcross or Peachtree Corners.

When asked how the group would rate the quality of life in Gwinnett County, everyone responded with "Average." One participant explained her response by saying that she had a bad experience when moving into Gwinnett in regards to her apartment complex raising rent. She also mentioned that other states have more of a Hispanic community than Gwinnett County does. This participant said that Gwinnett County separates families as a result of immigration issues. Other participants added that Gwinnett County is more expensive than other counties. The group acknowledged that Gwinnett has more resources than smaller counties and the schools are better here. The group also agreed that rent and utilities are higher here than most other counties. Another participant stated that she believed the quality of life in Gwinnett County is "Average" because of a lack of security in the county. She mentioned that there are too many shootings and another participant added that the county police take longer to respond than city police. Other participants mentioned drug activity as a problem in the county that also lowers the quality of life.

Overall, the group was not aware of community activities, events or groups that enable them to connect with other members of the community with common interests except for the Latin American Association. One participant listed several others though that included CEPTA, Families First, Norcross Police Academy, Boy Scouts, neighborhood associations, Corners Outreach, Clearpoint, Amerigroup Insurance, Medicaid Outreach, schools, churches and the YMCA.

The group was asked what their opinion was of the current financial situation in Gwinnett County and for its residents. The entire group agreed that the rent and utilities in Gwinnett County are so high that residents are unable to afford it. One participant noted that the cost of water is very expensive. Several of the participants have husbands that leave the state in

order to find work. They mentioned that if their husbands were to stay here for work, they would have to start at the bottom and make a lot less money. They said that the wages here are a lot lower. Other challenges include the many requirements for working within Gwinnett County, such as needing a social security number.

Adding onto the requirements that participants mentioned earlier, they suggested that resources be available for those coming into Gwinnett County so that new residents understand what needs to be done in order to succeed in the county. The group agreed that requirements here are much different than they were in Mexico. One participant recommended adding more classes for adults throughout the community that do not cost money. Another participant said that there are not many programs in the community for the Hispanic population to complete their GED in Spanish.

When discussing the resources available to prevent or deter crime, the group again mentioned the difference between city and county police officers. They said that there is less crime where the city police are located compared to where the county police patrol. Overall, the group did not believe that there are adequate resources for emergency preparedness and response to meet the needs of the community either. One participant reminded the group of the lack of preparedness for the last snowstorm. Another participant added that Gwinnett County closed the schools last year because of the potential for bad weather and then nothing happened. Another participant mentioned the Spanish emergency line for residents to call in Norcross and that the Hispanic community really appreciates that resource. She continued that this service is not available throughout the county though and recommended the county add a Spanish line for those that need to call 911. Otherwise, she said they are left being passed around on the phone until someone is found that can speak Spanish. She said that this is not acceptable in emergency situations.

The majority of the group believed there are healthcare resources available for the population that is able to afford them or have insurance. The group did not believe there are enough healthcare resources for those that are unable to afford them though. A few participants mentioned clinics that advertise one price for care but then add on several other charges once they have been seen. There was also discussion regarding pregnancy services in Gwinnett County. One participant said that she had signed up for a payment plan at a certain clinic, but that her payment plan did not cover emergency visits. Other participants agreed that many clinics offer payment plans but then they end up charging additional fees. Another participant asked why Gwinnett County does not have the WIC program that supports prenatal care, as other counties do have that. Still another participant said that many Hispanic women do not go to OB/GYN physicians until it is time to deliver their baby because of the high costs. As a result, many of these women are not receiving the prenatal care needed. There was also discussion regarding Grady's program; however, Gwinnett County residents do not pay into that program and therefore, cannot access those services. Participants mentioned that there is nothing similar to that here in Gwinnett County. Of the ten participants, only two had insurance and it was through their jobs. The participants mentioned that the Hispanic men take care of the family, but they do not take care of themselves. They never go to see a physician.

Participants were asked where they most often go when they get sick. The majority of the participants said that they do not go anywhere; they try to treat their symptoms at home. When they have no other option, then they will go to the emergency department. One participant said that she goes to St. Joseph's Mercy Care when she is sick, but she said she has to get there at 5 a.m. to even be seen with an appointment. All of the participants felt that dental and vision services in Gwinnett County are too expensive also. As for where the participants get most of their health-related information, the group mentioned the Latin American Association and the Internet. One participant said that she looks on the Internet for natural ways to remedy her symptoms.

Overall, the group was not aware of services offered at the Health Department. Two services some participants mentioned that they thought might be provided were family planning and vaccinations. The group was also not aware of resources provided in the community for residents with mental health and substance abuse problems. One participant in the group mentioned CETPA and their resources for drug and alcohol prevention. She said that there is no education on resources like these available to the community though.

When asked what one issue the Gwinnett community could focus on to improve the quality of life in the county, the majority of the participants said affordable healthcare. They did not believe there were adequate resources in the county to help those unable to afford insurance. They felt that the clinics that provide payment plans only add on additional fees that they do not know about at the start of care. Other issues mentioned included safety and cost of living.

Focus Group 6: Asian Summary

The Asian focus group was held on Friday, October 16 at the Center for Pan Asian Community Services. There were a total of ten participants – three males and seven females. One participant had lived in the county for only a few months. Four participants had lived in the county for eight to ten years. The other five participants had lived in the county between twelve to twenty-four years.

When asked how the group would rate the quality of life in Gwinnett County, two said "Excellent," five said "Very Good," and three said "Average." Those participants that rated the quality of life as excellent mentioned public libraries, the Korean market, focus on education and parks as their reasoning. Those that rated the quality of life as average said that they believed this to be true because of transportation and traffic issues, and racism in Gwinnett County. The participant that mentioned racism in the county said that it is mostly a white society and that while she lives here, she does not feel like she is accepted in the community.

The group was asked what community activities, events or groups they were aware of that enable them to connect with other members of the community with common interests. The majority of the group was not aware of any. One participant mentioned faith-based activities.

However, he said that those not involved in faith-based communities may not have anything available. He went on to add that there is not enough information provided on the resources available for the elderly population during the day. He said this should be communicated to the community better. One other participant mentioned activities in the community provided by the Gwinnett Multicultural Advisory Committee.

Overall, the group believed that there are certain areas in Gwinnett County that are okay financially but that there are pockets that are not. One participant said that the county tends to put more money into certain areas of the county, while excluding other areas. The group agreed that the financial situation depended heavily on who lives in which areas. Another participant noted that there is a large Asian population in Gwinnett County and that one-third of the population is low-income. This participant also mentioned the many couch-surfers within the Asian community in the county. She said that they are unable to afford housing.

When asked whether the group believed Gwinnett County provides adequate resources for the unique educational needs for individuals with mental and physical disabilities, the majority of the group did not believe that the county does. One participant said that she felt that the county was trying but that there should be more effort to reach individuals with those unique needs. She also mentioned that even when the resources are available, there are transportation issues that prevent these individuals from accessing the services. She also said that there should be better communication in place to inform those where to go to access the available resources. Another participant felt that there were no services available for those with disabilities. She said that the county realizes this is an issue but that they do not know what to do with it or how to address it. A third participant provided an example of a client of hers that had been unable to use the language line because she was unable to talk. This participant said that more translation services are needed for adults. She believed that communication is a problem in the county. Another participant agreed with her that more translation services are needed throughout the county. He felt that communication is a barrier in many instances.

The majority of the group said that they felt safe in Gwinnett County. One participant said that she was surprised how safe she did feel in the community when seeing the size of the population. She said she lives in a poor neighborhood in Norcross, but that she has never felt unsafe there. Another participant said that Duluth seemed safe. This participant said that he usually always saw police officers around the town centers. He said that the police presence helps deter crime. Another participant added that the police department in Gwinnett County is doing a really good job. He said that even though there is a huge drug problem in some areas of the county, he felt that Gwinnett County seemed to have it under control. Overall, the group felt safe in their communities. In regards to the county having the resources for emergency preparedness and response, the responses were mixed. One participant said that she believed the county was well prepared for emergency situations. Another participant reminded the group of the snowstorm. Still another participant said that he was not even ready for an emergency to occur. He said that it would be helpful if the county provided

communication to its residents on what to do in case of emergency. This participant felt that while the county might be prepared for emergencies, the residents are not prepared.

Several participants believed that the school system in Gwinnett County is great. However, the majority of the participants again said that the county puts more resources into some school districts than others. Almost all participants agreed that some school districts are a lot better off than others. One participant recommended that there be more youth development in all schools. She said that we should be encouraging students to finish school. Overall, the group did not believe all of the schools in the system are treated equally.

The entire group believed that there are adequate healthcare resources available in Gwinnett County to serve its current population. One participant discussed the translation services available at Gwinnett Medical Center-Duluth. She said that the Asian population appreciates the effort put in by the healthcare system to communicate with other cultures. Another participant agreed with her. A third participant said that there is plenty of preventative care resources throughout the county. He also said that the access to the healthcare facilities is great. Still another participant said that she never had a problem accessing care within the county. The group was asked where they most often go when they get sick. Everyone said that they go to a doctor's office. One participant said that she goes to the hospital only in cases of emergencies. The entire group said that they stay inside the county for care also. No one felt the need to leave the county for care. One participant said that, if anything, people from outside the county come in to receive care.

When asked where the participants go to get most of their health-related information, the group mentioned friends, calling their primary care physician, the Internet, a phonebook, the pharmacy, and family. The group was also asked what services they knew of that the Health Department provides. Overall, the group was unaware of resources available. Only one participant mentioned breast cancer screenings and TB shots.

When asked what one issue the Gwinnett community could focus on to improve the quality of life in the county, the answers varied. One participant recommended including the multi-cultural population in new strategic plans for the county. She said that the county should consider the many cultures included in the county from the beginning and not wait until it is too late. Another participant said that the county should focus on the socioeconomic disparities. She said that when it comes to health, if the individual cannot afford it they do not seek help. A third participant said that the county needs to focus on providing a multi-cultural home health agency. She said a home health agency that focuses on individuals with other cultural backgrounds would be beneficial to the population. Another participant said that the county should begin to focus on the aging population and the long-term care and personal care homes that will be needed in the near future. A fifth participant said that mobility in the county should be addressed. He said that this includes access to healthcare as well as to jobs, and the transportation system required for each. Overall, the group agreed on the fact that the county should focus on better communicating available resources to the community, as many are simply unaware that resources are available.

Focus Group 7: African American Summary

The African American focus group was held on Tuesday, October 20. There were a total of eleven participants. Eight participants were females and three participants were males. Participants lived in Snellville, Lawrenceville, Lilburn, and Suwanee.

When asked how the group would rate the quality of life in Gwinnett County, seven said "Very Good," three said "Average," and one said "Fair." The majority of the group believed that the quality of life depends on which part of the county residents live in. One participant said that in Suwanee, where he lives, the quality of life is excellent. However, in other parts of the county he thought the quality of life was fair. The group agreed that there are socioeconomic disparities throughout the county. Another participant said that she believed the quality of life for Gwinnett County residents was very good compared to other places that she had lived. She said that Gwinnett County is not unique to the social issues that it must address but that the county is addressing some of these issues currently. She also mentioned that the opportunities for the poorer population in Gwinnett County are much better than opportunities for that population elsewhere. One participant that rated the quality of life as average said that the county has changed a lot over the twenty years that she has lived here. She said twenty years ago, the quality of life here was excellent. She gave examples such as police patrolling the neighborhoods all the time then and enforcement for recycling. She said things have changed and that is no longer seen throughout the county. Another participant commented on the school system and how much better it is than those in neighboring counties. Overall, the group believed that the quality of life depended on which part of the county residents live. They agreed that there are pockets in the county that are better than others.

The group listed a variety of activities, events and groups that enable them to connect with other members of the community with similar interests. Participants mentioned neighborhood watch groups, churches, events in the parks, the American Cancer Society, Town Hall meetings, school activities, children's extracurricular activities, Alumni Sorority events, civic organizations, and festivals. One participant mentioned that when she goes to community events, she still feels that it is segregated and people do not usually mingle with anyone else outside of who they went to the event with. Another participant said that children bring the community together for many activities. Another participant mentioned the variety of cultural festivals available. She said that it would be nice to see an African American festival since there are festivals for others.

The majority of the group believed that Gwinnett County is fiscally responsible and that the market is great right now. However, the group did not believe that the median income accurately represents the majority of the people that live in the county. Most of the participants believed that financial resources are allocated to certain areas of the county. While they thought the government was financially stable, they did not believe the same for the residents of the county. There was discussion about the lack of major corporations in

the county to provide jobs. Participants did not feel there were enough jobs for teenagers because they have to compete with adults. Some of the participants believed this to be the case because of Gwinnett County's diversity. One participant said that more people are moving into the county that does not have the same technical abilities and it leads to competition with teenagers for jobs. There was also mention of the homeless population in the county and those living in extended stay hotels. Participants did not believe there were enough nonprofit organizations in Gwinnett County to help with the homeless population. One participant said she believed it was a marketing scheme in order to make money off of the homeless that have to stay in the extended stay hotels. Another participant said that she did not believe the city council where she lived had any concern with the homeless population. She said that she felt like the county helps businesses but not the residents.

When asked whether the group believed Gwinnett County provides adequate resources for the unique educational needs for individuals with mental and physical disabilities, the majority of the group did not believe that the county does. One participant mentioned Bethesda Church Community Center as a resource for English/Spanish classes. Another participant, that previously helped gather information for the census, said that if census trackers are unable to get the information about what goes on inside the household, no one will know what resources to share with them. She said that a lot of people do not want to discuss mental and physical disabilities. A third participant mentioned the difficulty of finding resources available for adults. This participant also said that resources are costly and some things are not covered by an individual's disability insurance.

The group was asked whether they believe that adequate resources are in place to prevent or deter crime in Gwinnett County. Once again, the majority of the group believed it depended on where residents live. Some participants there were enough but others did not believe there were. One participant mentioned that some places in the county have more resources than others. A second participant said that response times may vary depending on the area of the county. Another participant said that there are fewer resources now than there were many years ago. There was discussion of the number of fire stations that have closed their doors. At the same time, these participants recognized the increase in population. This is why they believed there were not enough resources available. Another participant said that police pick and choose when to use their resources and that it is not equal across races. There was also discussion regarding sex trafficking in Gwinnett County and how it is not something the county talks about. The participant that brought this up said that most people do not even know it is happening within our county borders. She also said that high poverty areas typically lead to high crime rates in the area. She said if the county is not going to do something about poverty, the county is not really deterring crime. In regards to resources for emergency preparedness and response, some believed the county was prepared while others did not. One participant said that Gwinnett County was prepared for ice storms but that Atlanta was not. There was discussion about how well the school system handled the ice storm situations and getting the children home safely. Another participant said that the county has a great plan in place for natural disasters but that most people do not know about those resources. Communication of resources and marketing efforts should

be put in place to address these issues. One participant recommended sending Weather Alerts, like Amber Alerts, to cell phones and telling residents what to do in order to be prepared. Another participant said that a list of phone numbers of resources would be helpful for the community. Otherwise, participants believed residents would just call 911 for help when they could access other resources.

Overall, the group did not believe that the overall needs of the Gwinnett County children and youth are being met. Participants mentioned there only being one YMCA and one Boys and Girls Club in such a large county. One participant did not like that there are not recreational activity opportunities for the children in Gwinnett County. She said that in order for children to participate in any type of sports activity in the county, the parents have to be able to pay a large amount of money. Another participant made note of the Junior Achievement program at Discovery High School and how she would like to see more opportunities like that within the county. The majority of the group agreed, however, that there are not sufficient resources in place for the youth of the county.

The final set of questions involved healthcare in the community. The majority of the group believed that there are adequate healthcare resources in Gwinnett County to serve its current population. Participants stated that there seems to be a primary care office on every corner. One participant said that some of the best specialists are located in Gwinnett County. Another participant added that there are too many dentists in the county. While the majority of the group believed there were adequate healthcare resources for the majority of the population, the entire group agreed that there were not adequate resources to meet the needs of the senior population. The group also did not agree that there were adequate resources for Gwinnett residents with mental health and substance abuse problems. One participant did not believe there were any resources available. Another participant believed that there were resources but that no one knew about them or who to call.

Depending on the situation, participants listed several different places to go when they get sick. Participants mentioned going to the emergency department for chest pain and for other cases they go to their primary care physicians. One participant said that the majority of the senior population goes to the emergency department for everything though because of financial reasons. This participant said that some of the seniors believe they will receive care at the emergency department but not be charged for it in the end. Other times, participants said that they leave the county for care. These instances were to see heart specialists, dentists, cataract surgery, and pediatric care. Participants mentioned the lack of specialized care for children within the county and the need to go to Atlanta in order to see a specialist for their child. Another participant added that there are not enough specialists in Gwinnett County to deal with specific conditions that are prominent in the African American population.

The group was asked where they get most of their health-related information. The highest response was for the Internet. Other resources included a physician assistant, doctor's office,

emergency department, health food stores, pharmacists, family, and nurse call lines. The group was also asked if they were aware of any services available through the Health Department. Participants' responses included vaccines, birth control, preventative care, nutrition, birth and death certificates, travel shots, teachings for adolescents on safe sex, physical exams for students and sports physicals, and referrals to physicians.

When asked what one issue the Gwinnett community could focus on to improve the quality of life in the county, the answers varied. One participant said that the youth should be a focus because adults can take care of themselves. A second participant added that there should be more activities for the youth to be involved with. Two participants said that the county needs to focus on addressing the mental health issue for all residents and senior health. Another participant said that Gwinnett County should focus on communicating all of the available resources with its residents because no one knows about them. Another participant said that transportation and sidewalks should be a point of interest because there have been so many pedestrians killed. Another participant said that security and safety should be focused on because the crime is high and continues to rise. In addition, another participant added that the county should focus on public trust of law enforcement. She said that some residents do not call the police because they do not trust the police to do the right thing. A final participant said the county should focus on the school system and the curriculum. This participant said that she was not sure where the breakdown is with teaching children now but that a lot of teachers are only there to get a paycheck.

Coalition Committee Input

The Gwinnett Coalition for Health and Human Services, in cooperation with Gwinnett Medical Center and the Gwinnett County Health Department, conducted prioritizing exercise with seven of the Coalitions committees. These committees include 87 members of community service organization representatives. The seven committees were: Emergency Preparedness, Child Sexual Assault Prevention, Senior Issues Action Team, Health and Wellness, Emergency Assistance Action Team, Youth Advisory Board and Positive Youth and Family Development.

The exercise included two sections.

The first question was "How do you feel about the quality of life in Gwinnett County today?" Most of the participants felt that their quality of life is much better than that of their clients. Most of the positive comments included great parks, libraries and schools. Easy to find resources was also a positive perception. Most of the challenges were associated with transportation challenges and rising crime rates / homelessness.

The second question was to prioritize the top 10 needs we face in Gwinnett County. These are:

1. Transportation
2. Homeless needs / shelters with programs

3. Accessible / affordable housing
4. Community activities for our youth
5. Mental health / addiction services
6. Affordable after-school programs
7. Access to care (medical/dental/behavioral/uninsured)
8. Representation in leadership not reflective of count population
9. Cultural/racial diversity/language resources
10. Healthy behaviors (physical activity/food access/obesity)
11. Food Insecurity

Individual Key Informant Interviews

The individual key informant interviews were conducted by the Gwinnett County Health Department staff. The decision was made to use the Community Strengths and Themes Assessment of the Gwinnett County Mobilizing for Action through Planning and Partnerships (MAPP) process. The key informant interviews were completed with community leaders with unique knowledge and influence. The purpose of the interviews was to build new partnerships and strengthen existing ones and to determine our community's strengths and challenges. The interviews allowed for gathering of more in-depth information about issues affecting the health and quality of life in Gwinnett, insider information from leaders involved in community decision-making, and a broader view of the issues faced by our community. The data gather through these interviews was shared with the Gwinnett Coalition for Health and Human Services and Gwinnett Medical Center.

Methodology

Thirteen key informants were selected by the Gwinnett Coalition for Health and Human Services to represent a cross-sector of community leaders. Nine informants were interviewed and they include representation from education (K-12 and college), elected officials (state and county), government agencies, hospitals and philanthropy groups. Some topics were covered in greater depth and additional topics were covered based on the lead of the interviewee. The interviewees were informed that the content of the interviews would remain confidential unless otherwise specified. Notes were taken during the interview by a scribe and analyzed the week after interviews were completed.

Key Informants

Nine in-depth interviews were conducted face-to-face during September and November of 2015 by one interviewer, while a scribe took notes, using a standard interview guide that was developed based on the issues that were being addressed in small focus group discussions and town hall meetings.

Name	Title	Agency
Curt Thompson, BA	Senator, District 5	Georgia State Senate
Dan Kaufman, PhD	President & Chief Executive Officer	Gwinnett Chamber of Commerce
Greg Lang, PhD	Executive Director	Good Samaritan Health Center
Jennifer Hibbard, LPC	Chief Executive Officer	Viewpoint Health
Kevin Johnson, MD	Program Director, Family Medicine	Gwinnett Medical Center
Louise Radloff	District V Board Member	Gwinnett County Public Schools
Mary Beth Byerly, BS	Vice President of Institutional Advancement	Gwinnett Technical College
Pam Kramer, BSN	Director of Physician Recruitment	Eastside Medical Center
Randy Redner, MBA	Executive Director	Community Foundation for NE Georgia

Questions & Results

1. What makes you most proud of our community?

Many informants spoke to the excellent collaboration between community partners, leadership engagement with the community, and the ability for community partners to identify and address challenges within the community. Other common themes were the school system, parks and recreation, and the diversity of cultures and languages in Gwinnett.

2. Is this community a good place to raise children? Why or why not?

Overall, the participants believed the community was a good place to raise children. They mentioned the wealth of activities and opportunities that existed, like parks, walking trails, youth recreation leagues, and concerts in the Arena. The Gwinnett school system is one of the best in the country, and Gwinnett provides educational opportunities from kindergarten to PhD programs. In addition, the community has made education a priority by paying taxes to support schools through SPLOST. However, some informants spoke to the challenges many community members face when raising children. Access to education is a challenge for those who speak English as a second language and for those who are low-income. Some schools need more

funding and paraprofessionals than other schools to help children who lack resources at home. Pre-K programs need to be strengthened to prepare children for school and to improve literacy rates.

3. Is this community a good place to grow old? Why or why not?

Overall, Gwinnett is a good place to grow old. There is good quality healthcare, efficient 911 and EMS systems, and parks and YMCAs. There are services for seniors to stay mobile, active and entertained. However, as the senior population continues to grow there will be increased need for transportation, more living facilities, more doctors and nurses, more outpatient palliative and hospice care, and more senior activity programs. Transportation was an issue mentioned by all participants. The elderly population struggles to drive in Gwinnett where traffic is abundant and traveling between doctors' appointments is difficult. The need for more living facilities was also mentioned multiple times. Rather than nursing homes there needs to be more assisted living facilities or smaller homes, like townhouses, near urban areas specifically for seniors.

4. What do you believe are the 2 – 3 most important issues that must be addressed to improve the health and quality of life in our community?

- Transportation

Gwinnett struggles to deal with growing traffic and a lack of public transportation. It's a serious problem for many community members, especially the growing elderly population.

- Access to Education for Minority and Low-Income Children

As Gwinnett continues to grow and develop its diversity, the school system also must acknowledge and address the challenges of teaching a diverse population. Children from low income and minority families need more resources than other students in order to flourish. The Pre-K system needs to be strengthened to make sure all students are equally prepared to enter school.

- Health/Healthcare

In terms of health, Gwinnett needs to increase the number of primary care physicians, create emergency homeless shelters, address the growing obesity epidemic, and improve access for families that are low income or speak English as a second language, and finally create more screening and treatment programs for sexually transmitted infections (STI).

5. Based on your unique knowledge of the community, what actions can be taken to address these issues?

A common answer was increased collaboration and partnerships among the community in order to leverage more resources. Some actions specifically related to transportation included strategic investment from the political, state and other community leaders; evaluation of the problem to create solutions across the region rather than the county; and provide multiple options for transportation. In terms of

health, there needs to be state-wide communication between primary care doctors, increased physician involvement in the community (i.e. free clinics), and the addition of physical education back into the school systems. An action item for schools is to include new leaders with fresh perspectives to address the education access issue for students from low income and minority backgrounds.

6. Do you see any barriers to our community improving health and quality of life?
For healthcare the biggest barrier was the electronic medical record system. There needs to be a strategic approach and effective communication between healthcare facilities in order to improve transition of care for patients. Transportation's barrier is funding. The community has already made education a priority and pays taxes through SPLOST to continue to see improvement. Transportation will have to be prioritized in the same way in order for there to be improvement. Another issue in our community is homelessness and a barrier is getting law enforcement trained on crisis interventions so that police can link people dealing with mental health crises to services they need.
7. Lastly, is there anything you would like to add?
Many informants re-addressed key issues our community faces and they include; access to healthcare, education and affordable housing; sexually transmitted infections (STI) screening and education; addressing the problem of homelessness; reimplementation of physical activity in schools; and the need for community buy-in to continue to make community wide improvements.

Conclusions

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

Youth Survey: Summary

Gwinnett County's Comprehensive Youth Survey is a survey led by the Gwinnett Coalition for Health and Human Services and administered through the Gwinnett County Public Health. 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 using computer surveying process. All students six grade through twelfth high school grade levels 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 on line at http://media.wix.com/ugd/62c0b0_b566ebd9da0d4c318dac160315f903a5.pdf. The Handbook is divided in six sections:

Physical Activity and Nutrition, Substance Abuse, Sexual Activity, Delinquency, Mental and Emotional Health and Positive Assets.

Figure 26. Gwinnett County Comprehensive Youth Survey, Physical Activity, 2015

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				

Source: 2015 Youth Health Survey Parent Handbook

Figure 27. Gwinnett County Comprehensive Youth Survey, Substance Abuse, 2015

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

Figure 28. Gwinnett County Comprehensive Youth Survey, Sexual Activity, 2015

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				

Source: 2015 Youth Health Survey Parent Handbook

Figure 29. Gwinnett County Comprehensive Youth Survey, Delinquency, 2015

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%

Source: 2015 Youth Health Survey Parent Handbook

Figure 30. Gwinnett County Comprehensive Youth Survey, Mental and Emotional Health, 2015

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

Figure 31. Gwinnett County Comprehensive Youth Survey, Positive Assets, 2015

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%

Source: 2015 Youth Health Survey Parent Handbook

Gwinnett County Coalition Helpline

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 following chart provides the number of referrals from the Coalition's Helpline between 2007 and 2014.

Figure 32. Gwinnett Coalition for Health & Human Services, Gwinnett Helpline Trends

Gwinnett Coalition for Health & Human Services Gwinnett Helpline Trends 2007-2014 Referrals

Referral Categories	2007	2008	2009	2010	2011	2012	2013	2014
Rent Assistance	2727	2343	3509	4397	4535	4360	3705	4742
Utility Assistance	2264	2632	3844	4800	4791	4103	3426	4030
Emergency Shelter	1905	1582	1915	2287	3667	4153	4732	4243
Housing	1220	1000	1136	1559	1554	2033	1988	1418
Food	1007	1329	1134	1104	1162	1213	1456	1218
Healthcare	2056	2355	1554	1866	1967	1537	1507	908
Information & Referrals	1234	1640	2208	3048	2165	2553	2351	2681
Totals	12,413	12,881	15,300	19,061	19,841	19,952	19,165	19,240
Total Referrals for Year (all categories)	18,125	17,533	19,069	23,855	24,402	24,930	24,036	23,403

Source: Gwinnett County Coalition for Health & Human Services, 2007-2014

Attachment D. Health Data Summary

Acute Conditions

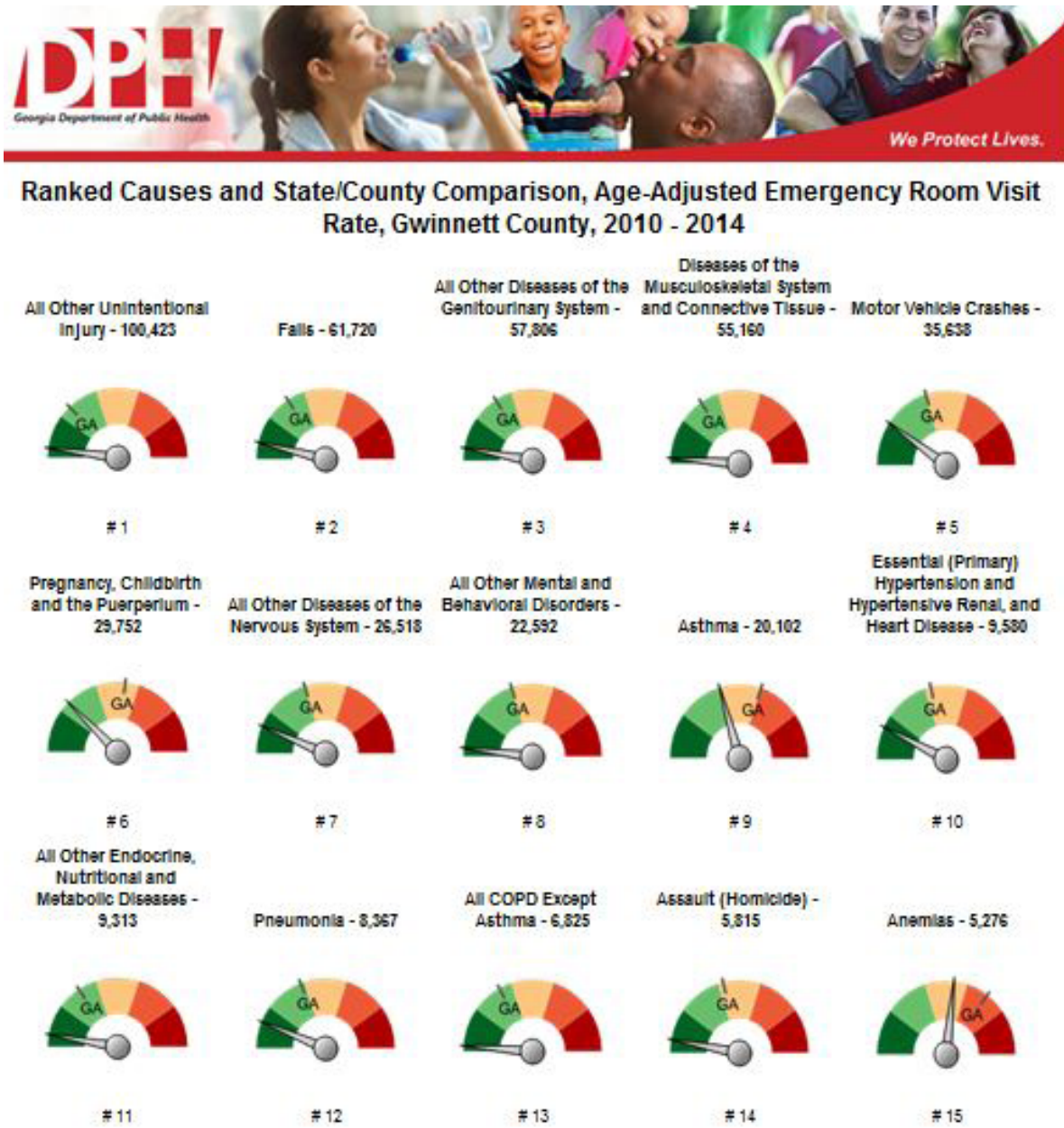
Acute conditions are characterized by either (or both) a sudden occurrence or by symptoms that run a short course. Acute disease episodes usually result in the individual returning to a comparable state of health and activity to the person's health before the disease. Chronic diseases may have acute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

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 base 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 2010 through 2014 in Figure 33. Ranked first was all other unintentional injuries or accidents with 100,423 visits over the five year period (2,343.3 Gwinnett rate compared to 3,612.7 Georgia rate). Ranked second was falls with 61,720 visits (1,609.1 Gwinnett rate compared to 2,143.9 Georgia rate). Ranked third through fifth were all other diseases of the genitourinary system at 57,806 visits (1,423.9 Gwinnett rate compared to 2,204.8 Georgia rate); diseases of the musculoskeletal system with 55,160 visits (1,359.5 Gwinnett rate compared to 2,788.2 Georgia rate); motor vehicle crashes with 35,638 visits (839.8 Gwinnett rate compared to 1,023.9 Georgia rate).

Figure 33. Top Causes of Emergency Room Discharges, Gwinnett County, 2010-2014



Source: Georgia Division of Public Health, OASIS, 2015

Figure 34. Top 10 Causes for Emergency Room Visits by Selected Age Groups (<1-24 years), Gwinnett County, 2010-2014

Top 10 Causes of Emergency Room Visits by selected age groups, Gwinnett County, 2010 - 2014

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 1,410	All Other Unintentional Injury 10,882	All Other Unintentional Injury 10,370	All Other Unintentional Injury 13,012	All Other Unintentional Injury 11,264	Pregnancy, Childbirth and the Puerperium 8,411
2	Falls 1,308	Falls 8,382	Falls 7,386	Falls 6,507	All Other Diseases of the Genitourinary System 5,067	All Other Diseases of the Genitourinary System 8,285
3	All Other Unintentional Injury 963	Asthma 4,099	Asthma 4,323	Asthma 2,257	Motor Vehicle Crashes 3,718	All Other Unintentional Injury 7,689
4	All Other Diseases of the Genitourinary System 589	Pneumonia 2,345	All Other Diseases of the Genitourinary System 1,694	Diseases of the Musculoskeletal System and Connective Tissue 2,146	Falls 3,607	Motor Vehicle Crashes 4,956
5	Pneumonia 501	All Other Diseases of the Genitourinary System 1,597	Diseases of the Musculoskeletal System and Connective Tissue 1,347	All Other Diseases of the Genitourinary System 1,468	Pregnancy, Childbirth and the Puerperium 3,226	Diseases of the Musculoskeletal System and Connective Tissue 3,773
6	Asthma 273	Diseases of the Musculoskeletal System and Connective Tissue 913	Pneumonia 1,134	Motor Vehicle Crashes 1,266	Diseases of the Musculoskeletal System and Connective Tissue 2,834	All Other Mental and Behavioral Disorders 2,855
7	All Other Endocrine, Nutritional and Metabolic Diseases 213	Accidental Poisoning and Exposure to Noxious Substances 719	Motor Vehicle Crashes 967	All Other Mental and Behavioral Disorders 1,150	All Other Mental and Behavioral Disorders 2,654	Falls 2,452
8	Influenza 126	All Other Endocrine, Nutritional and Metabolic Diseases 631	All Other Diseases of the Nervous System 655	All Other Diseases of the Nervous System 1,097	All Other Diseases of the Nervous System 1,830	All Other Diseases of the Nervous System 2,217
9	Congenital Malformations, Deformations and Chromosomal Abnormalities 97	Influenza 600	Influenza 628	Pneumonia 370	Asthma 1,270	Asthma 1,140
10	All Other Diseases of the Nervous System 66	Motor Vehicle Crashes 507	All Other Endocrine, Nutritional and Metabolic Diseases 421	Assault (Homicide) 348	Assault (Homicide) 884	Assault (Homicide) 1,063

Source: Georgia Division of Public Health, OASIS, 2015

Figure 35. Top 10 Causes for Emergency Room Visits by Selected Age Groups (25-75+ years), Gwinnett County, 2010-2014

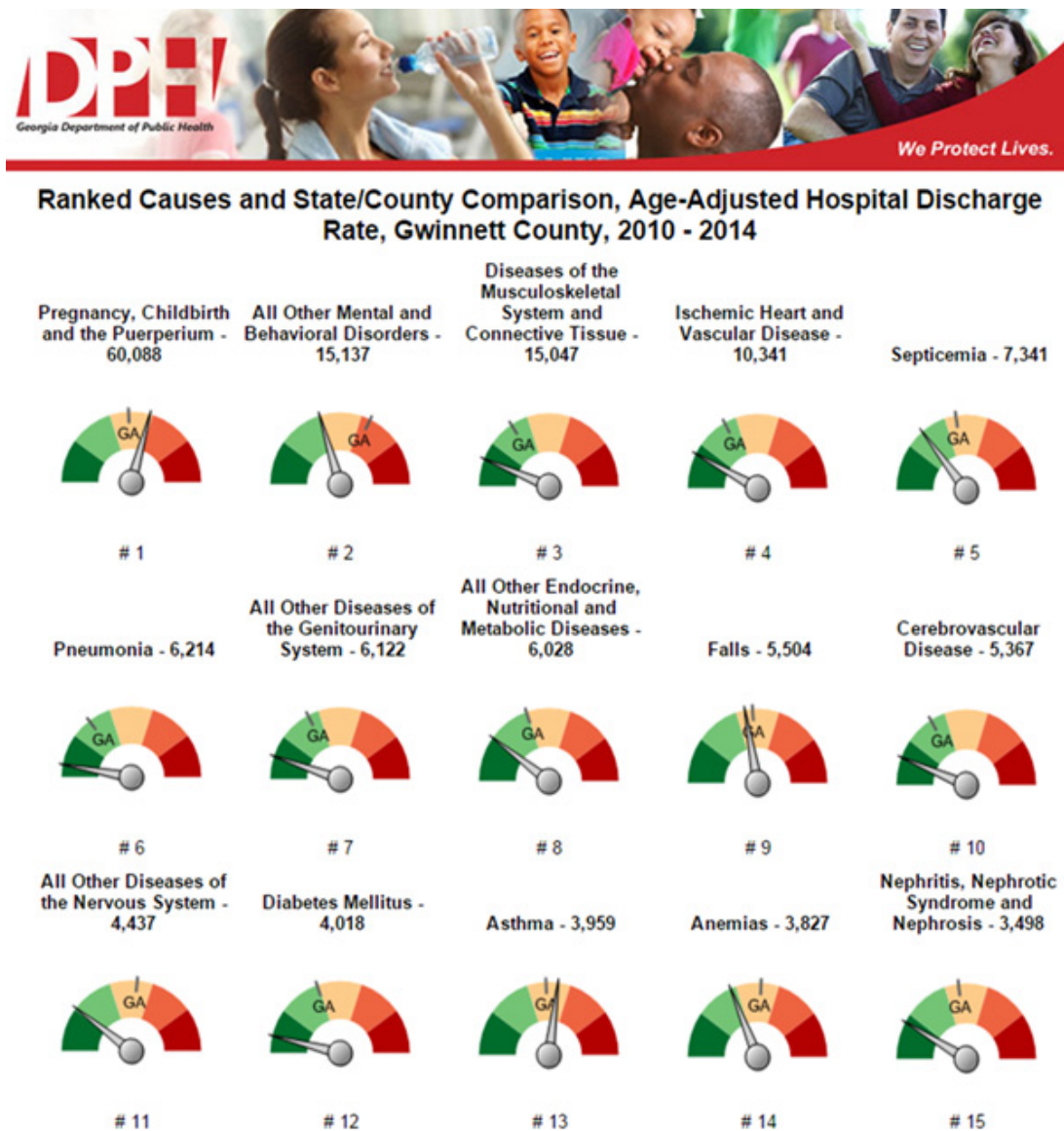
Rank	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years	75+ years
1	All Other Diseases of the Genitourinary System 13,728	All Other Unintentional Injury 12,292	Diseases of the Musculoskeletal System and Connective Tissue 10,638	Diseases of the Musculoskeletal System and Connective Tissue 6,313	Falls 3,895	Falls 7,049
2	Pregnancy, Childbirth and the Puerperium 13,649	Diseases of the Musculoskeletal System and Connective Tissue 11,439	All Other Unintentional Injury 10,047	All Other Unintentional Injury 5,693	Diseases of the Musculoskeletal System and Connective Tissue 3,211	Diseases of the Musculoskeletal System and Connective Tissue 2,919
3	All Other Unintentional Injury 13,586	All Other Diseases of the Genitourinary System 9,936	All Other Diseases of the Genitourinary System 6,696	Falls 5,189	All Other Unintentional Injury 2,682	All Other Diseases of the Genitourinary System 2,597
4	Diseases of the Musculoskeletal System and Connective Tissue 9,568	Motor Vehicle Crashes 6,775	Falls 5,831	All Other Diseases of the Genitourinary System 3,748	All Other Diseases of the Genitourinary System 2,401	All Other Unintentional Injury 1,943
5	Motor Vehicle Crashes 7,871	All Other Diseases of the Nervous System 5,840	Motor Vehicle Crashes 5,426	Motor Vehicle Crashes 2,677	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 1,212	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 1,164
6	All Other Diseases of the Nervous System 5,779	Falls 5,216	All Other Diseases of the Nervous System 4,541	All Other Diseases of the Nervous System 2,413	All Other Diseases of the Nervous System 996	All Other Endocrine, Nutritional and Metabolic Diseases 1,052
7	All Other Mental and Behavioral Disorders 4,952	Pregnancy, Childbirth and the Puerperium 4,345	All Other Mental and Behavioral Disorders 3,415	All Other Mental and Behavioral Disorders 1,857	Motor Vehicle Crashes 951	All COPD Except Asthma 820
8	Falls 4,898	All Other Mental and Behavioral Disorders 3,868	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 2,428	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 1,765	All Other Endocrine, Nutritional and Metabolic Diseases 854	All Other Mental and Behavioral Disorders 789
9	Asthma 1,993	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 1,980	Asthma 1,477	All COPD Except Asthma 1,142	All COPD Except Asthma 755	All Other Diseases of the Nervous System 684
10	Assault (Homicide) 1,625	Asthma 1,872	All Other Endocrine, Nutritional and Metabolic Diseases 1,430	All Other Endocrine, Nutritional and Metabolic Diseases 1,063	All Other Mental and Behavioral Disorders 735	Motor Vehicle Crashes 484

Source: Georgia Division of Public Health, OASIS, 2015

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 2010 through 2014 in Figure 36. Ranked first was pregnancy with childbearing with 60,088 discharges (1,417.9 Gwinnett rate compared to 1,372.2 Georgia rate) because of the younger age distribution of Gwinnett’s population. All other mental and behavioral disorders with 15,137 discharges (384.8 Gwinnett rate compared to 482.3 Georgia rate) were the second leading cause of hospitalization. Diseases of the musculoskeletal system with 15,047 discharges (429.8 Gwinnett rate compared to 514.8 Georgia rate) took the third position with ischemic heart and vascular disease with 10,341 discharges (316.4 Gwinnett rate compared to 391.6 Georgia rate) in fourth, followed by septicemia with 7,341 discharges (246.1 Gwinnett rate compared to 312.7 Georgia rate).

Figure 36. Ranked Causes, Age-Adjusted Hospital Discharge Rate, Gwinnett County, 2010-2014



Source: Georgia Division of Public Health, OASIS, 2015

Figure 37. Top 10 Causes of Hospital Discharges by Selected Age Groups (<1-24 years), Gwinnett County, 2010-2014

Top 10 Causes of Hospital Discharges by selected age groups, Gwinnett County, 2010 - 2014

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 917	Asthma 544	Asthma 435	All Other Mental and Behavioral Disorders 1,290	Pregnancy, Childbirth and the Puerperium 3,421	Pregnancy, Childbirth and the Puerperium 10,923
2	Congenital Malformations, Deformations and Chromosomal Abnormalities 671	Pneumonia 362	Anemias 228	All Other Diseases of the Nervous System 247	All Other Mental and Behavioral Disorders 2,389	All Other Mental and Behavioral Disorders 1,418
3	Pneumonia 142	All Other Diseases of the Nervous System 240	All Other Diseases of the Nervous System 216	Anemias 194	Anemias 317	Anemias 453
4	All Other Diseases of the Nervous System 105	All Other Endocrine, Nutritional and Metabolic Diseases 182	All Other Mental and Behavioral Disorders 186	Diseases of the Musculoskeletal System and Connective Tissue 179	All Other Diseases of the Nervous System 272	Motor Vehicle Crashes 294
5	Infections of Kidney 100	Anemias 162	Pneumonia 135	Diabetes Mellitus 172	Motor Vehicle Crashes 222	All Other Endocrine, Nutritional and Metabolic Diseases 251
6	All Other Endocrine, Nutritional and Metabolic Diseases 93	Congenital Malformations, Deformations and Chromosomal Abnormalities 156	All Other Endocrine, Nutritional and Metabolic Diseases 124	Asthma 152	Diseases of the Musculoskeletal System and Connective Tissue 219	Diabetes Mellitus 229
7	All Other Diseases of the Genitourinary System 63	All Other Unintentional Injury 86	Diabetes Mellitus 96	Falls 76	All Other Endocrine, Nutritional and Metabolic Diseases 191	Diseases of the Musculoskeletal System and Connective Tissue 190
8	Anemias 44	Falls 62	Congenital Malformations, Deformations and Chromosomal Abnormalities 95	All Other Diseases of the Genitourinary System 74	Diabetes Mellitus 178	Septicemia 178
9	Falls 36	Diseases of the Musculoskeletal System and Connective Tissue 56	Diseases of the Musculoskeletal System and Connective Tissue 87	All Other Endocrine, Nutritional and Metabolic Diseases 72	Intentional Self-Harm (Suicide) 157	Mental and Behavioral Disorders due to Psychoactive Substance Use 156
10	Asthma 33	Ischemic Heart and Vascular Disease 53	Falls 58	Pneumonia 71	All Other Diseases of the Genitourinary System 105	All Other Diseases of the Genitourinary System 145

Source: Georgia Division of Public Health, OASIS, 2015

Figure 38. Top 10 Causes of Hospital Discharges by Selected Age Groups (25-75+ years), Gwinnett County, 2010-2014

Rank	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years	75+ years
1	Pregnancy, Childbirth and the Puerperium 33,712	Pregnancy, Childbirth and the Puerperium 11,824	Diseases of the Musculoskeletal System and Connective Tissue 2,492	Diseases of the Musculoskeletal System and Connective Tissue 4,093	Diseases of the Musculoskeletal System and Connective Tissue 3,968	Falls 2,711
2	All Other Mental and Behavioral Disorders 2,063	All Other Mental and Behavioral Disorders 2,001	All Other Mental and Behavioral Disorders 2,133	Ischemic Heart and Vascular Disease 2,768	Ischemic Heart and Vascular Disease 2,574	Septicemia 2,477
3	Anemias 633	Diseases of the Musculoskeletal System and Connective Tissue 1,059	Ischemic Heart and Vascular Disease 1,846	All Other Mental and Behavioral Disorders 1,560	Septicemia 1,421	Ischemic Heart and Vascular Disease 2,354
4	Diseases of the Musculoskeletal System and Connective Tissue 467	All Other Endocrine, Nutritional and Metabolic Diseases 870	All Other Endocrine, Nutritional and Metabolic Diseases 1,238	Septicemia 1,314	Cerebrovascular Disease 1,266	Diseases of the Musculoskeletal System and Connective Tissue 2,228
5	All Other Diseases of the Genitourinary System 459	All Other Diseases of the Genitourinary System 851	Septicemia 899	Cerebrovascular Disease 1,166	Pneumonia 1,083	Pneumonia 1,977
6	Diabetes Mellitus 442	Ischemic Heart and Vascular Disease 588	All Other Diseases of the Genitourinary System 846	All Other Endocrine, Nutritional and Metabolic Diseases 1,005	All Other Mental and Behavioral Disorders 947	All Other Diseases of the Genitourinary System 1,879
7	All Other Endocrine, Nutritional and Metabolic Diseases 420	Diabetes Mellitus 579	Diabetes Mellitus 757	Pneumonia 894	All COPD Except Asthma 891	Cerebrovascular Disease 1,746
8	Septicemia 376	Septicemia 506	Cerebrovascular Disease 734	All Other Diseases of the Genitourinary System 795	Falls 880	All COPD Except Asthma 1,234
9	All Other Diseases of the Nervous System 375	All Other Diseases of the Nervous System 487	Pneumonia 694	Diabetes Mellitus 730	All Other Diseases of the Genitourinary System 836	Nephritis, Nephrotic Syndrome and Nephrosis 1,208
10	Motor Vehicle Crashes 364	Anemias 482	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 683	Nephritis, Nephrotic Syndrome and Nephrosis 712	Nephritis, Nephrotic Syndrome and Nephrosis 691	All Other Mental and Behavioral Disorders 1,145

Source: Georgia Division of Public Health, OASIS, 2015

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 severe—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 2015 statistics from our Sports Medicine Program:

- 6.0 percent of Gwinnett County’s total population is enrolled in school
- 29 active youth athletic organizations
- 53,437 total athletes enrolled in recreation sports
- 47,317 youth athletes enrolled in recreation sports
- 14,283 recreation athletic events
- 6,120 adult recreation athletic events
- 175 athletic venues in Gwinnett County
- 135 schools
- 23 high schools
- 176,000 students enrolled in Gwinnett Public School System- with 44% estimated participants in sports.

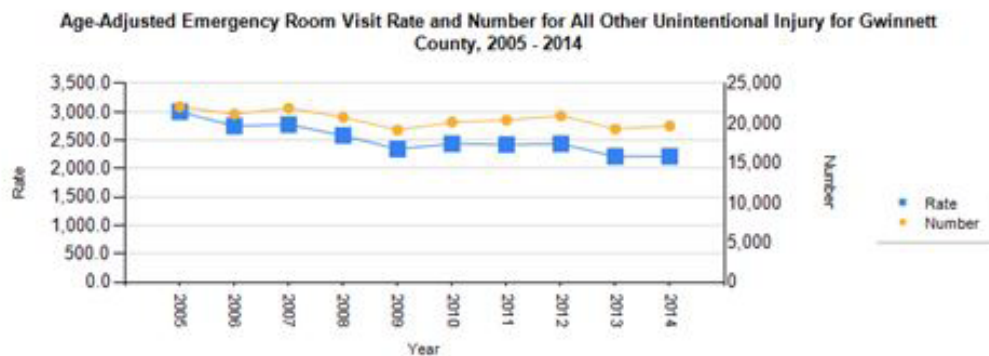
Accidents (Unintentional Injuries)

For the years 2010 through 2014, accidents (unintentional injuries) were the leading cause of emergency room visit (100,423 visits) for residents of Gwinnett County, according to the Georgia Division of Public Health, OASIS, 2015.

Figure 39. Trend Rate for Emergency Room Visits for All Other Unintentional Injuries, 2005-2014

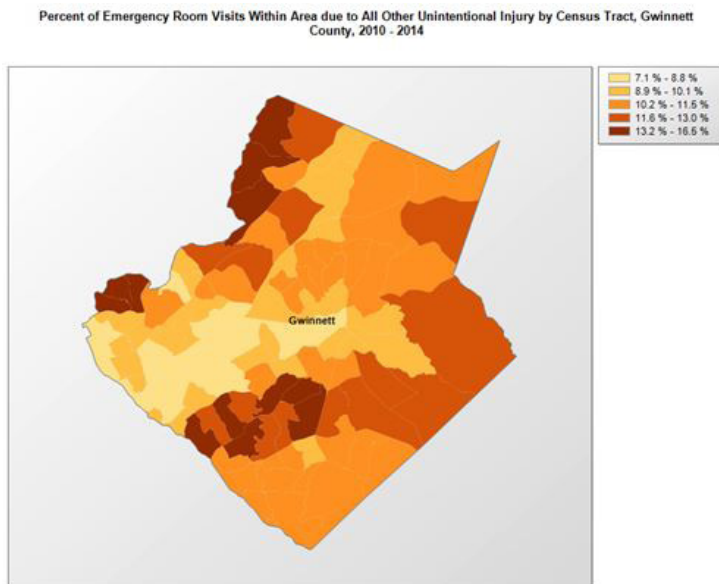


As stated above the current rate is 2,343.3. The rate for the previous 5 year aggregate (2005 - 2009) was 2,683.6. This difference is statistically significant. Below is both the number and rate in the county over the 10-year period.



Source: Georgia Division of Public Health, OASIS, 2015

Figure 40. Percent of Emergency Room Visits Within Area due to All Other Unintentional Injury by Census Tract, Gwinnett County, 2010-2014



Source: Georgia Division of Public Health, OASIS, 2015

Motor Vehicle Collisions



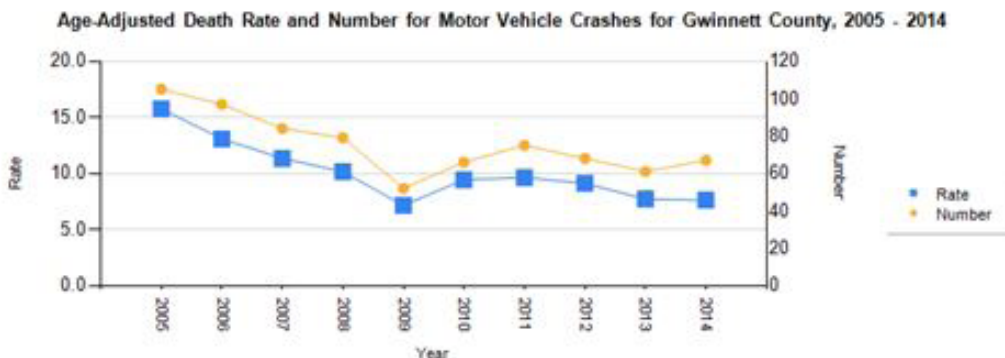
According to County Health Rankings 2015, during the period of 2009 and 2013 24.9 percent of Gwinnett residents MVCs included alcohol involvement. This rate has decreased from 29.4 percent in the 2008-2012 period.

According to Georgia Department of Public Health, OASIS, 2015, between 2010 and 2014, 337 Gwinnett residents died in MVCs. This was the 13th highest ranked cause of death and much lower than the Georgia death rate of 12.3.

Figure 41. Trend Rate for Age-Adjusted Death Rates for Motor Vehicle Crashes, 2005-2014



As stated above the current rate is 8.7. The rate for the previous 5 year aggregate (2005 - 2009) was 11.4. This difference is statistically significant. Below is both the number and rate in the county over the 10-year period.

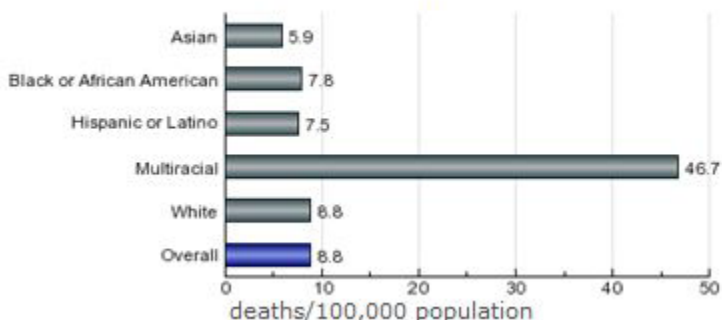


Source: Georgia Division of Public Health, OASIS, 2015

The Age-Adjusted death rate due to motor vehicle collisions (MVC) was 8.8 deaths per 100,000 population between 2011 and 2013. This rate has trended down since the 2007-2009 reporting period. Males (13.0 deaths) have a higher death rate than females (5.0 deaths). Multiracial groups (76.5 deaths) had the highest rate when compared with Whites (8.4 deaths), Hispanic (7.5 deaths), Black (7.1 deaths) and Asian (5.4 deaths).

Figure 42. Age Adjusted Death Rate due to Motor Vehicle Collisions: Race/Ethnicity, Gwinnett County, 2011-2013

Age-Adjusted Death Rate due to Motor Vehicle Collisions by Race/Ethnicity



Source: Health Communities Institute, 2015

Alcohol-Impaired Driving Deaths

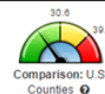
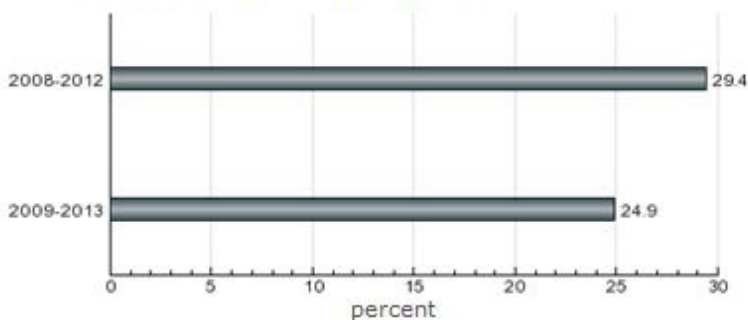


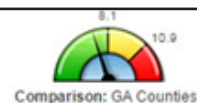
Figure 43. Alcohol-Impaired Driving Deaths: Time Series, Gwinnet, 2008-2013

Alcohol-Impaired Driving Deaths : Time Series



Source: Health Communities Institute, 2015

Falls



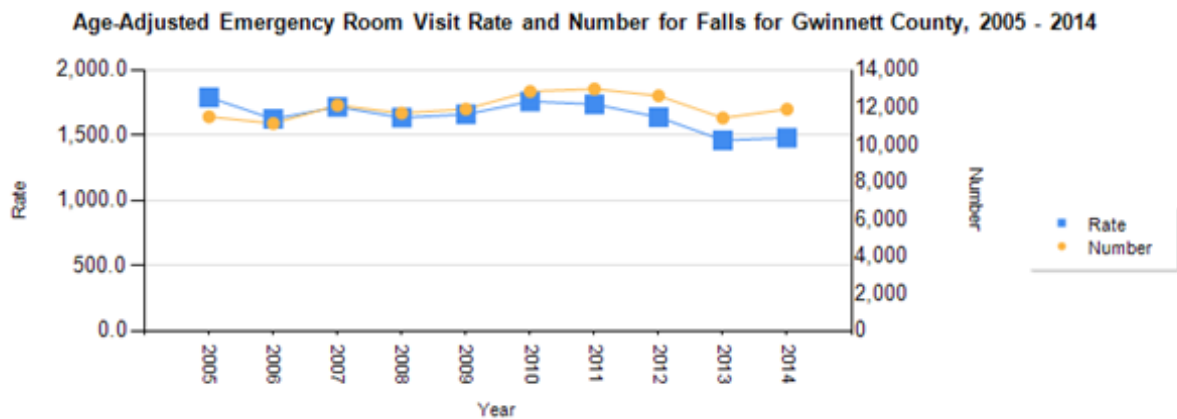
According to the CDC, every year one in every three adults age 65 and older falls. Injuries can be moderate to severe and include bruises, hip fractures or head injuries; this can increase the

risk of early death. Falls are the leading cause of injury or death for older adults and they are also the most common cause of nonfatal injuries and hospitalization for trauma. According to Georgia Department of Public Health, OASIS 2015, between 2010 and 2014, falls were responsible for 61,720 emergency room visits. This was the second leading cause of emergency room visits and the rate of fall seen in the emergency room trending down since the previous period between 2005 and 2009.

Figure 44. Trend Rate for Emergency Room Visits for Falls, 2005-2014

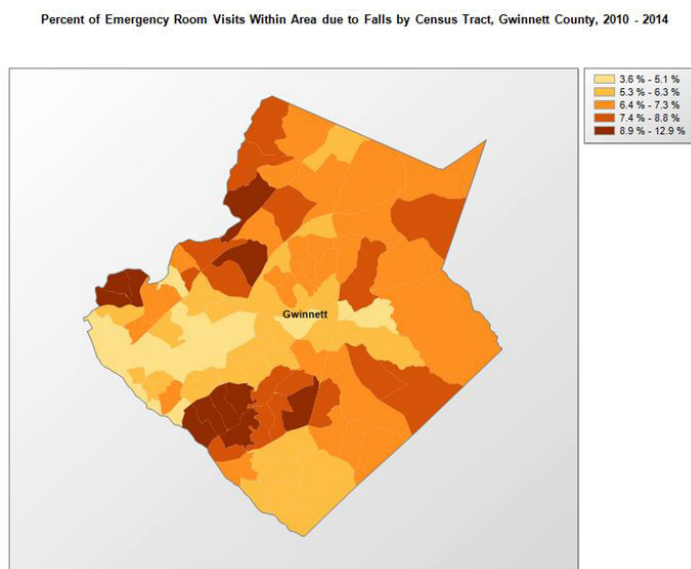


As stated above the current rate is 1,609.1. The rate for the previous 5 year aggregate (2005 - 2009) was 1,682.2. This difference is statistically significant. Below is both the number and rate in the county over the 10-year period.



Source: Georgia Division of Public Health, OASIS, 2015

Figure 45. Percent of Emergency Room Visits Within Area Due to Falls by Census Tract, Gwinnett County, 2010-2014



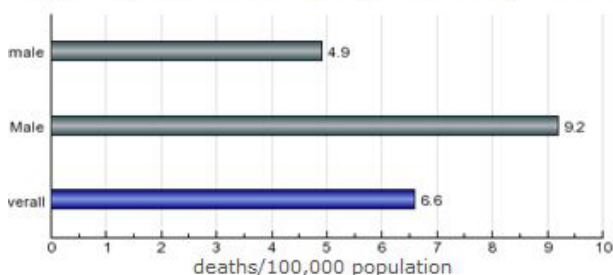
Source: Georgia Division of Public Health, OASIS, 2015

The Age-Adjusted death rate due to falls was 6.6 deaths per 100,000 population between 2011 and 2013. This rate has trended down since the 2007-2009 reporting period and is lower than the Healthy People 2020 target (7.2 deaths). Males (9.2 deaths) have a higher death rate than females (4.9 deaths). Multiracial groups (20.5 deaths) had the highest rate when compared with Whites (7.5 deaths), Asian (5.4 deaths) and Hispanic (4.2 deaths).

Figure 46. Age-Adjusted Death Rate due to Falls: Gender, Gwinnett County, 2007-2009

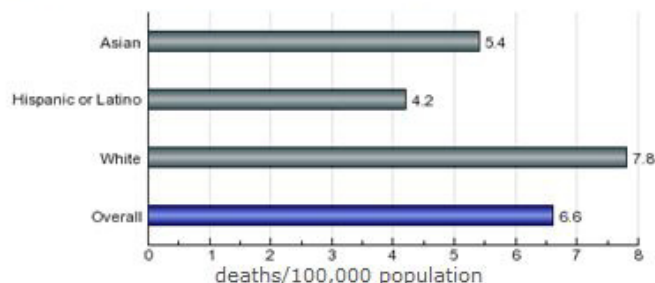
Figure 47. Age-Adjusted Death rate due to Falls: Race/Ethnicity, Gwinnett County, 2007-2009

Age-Adjusted Death Rate due to Falls by Gender



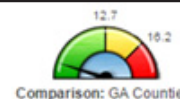
Source: Health Communities Institute, 2015

Age-Adjusted Death Rate due to Falls by Race/Ethnicity



Source: Health Communities Institute, 2015

Poisoning



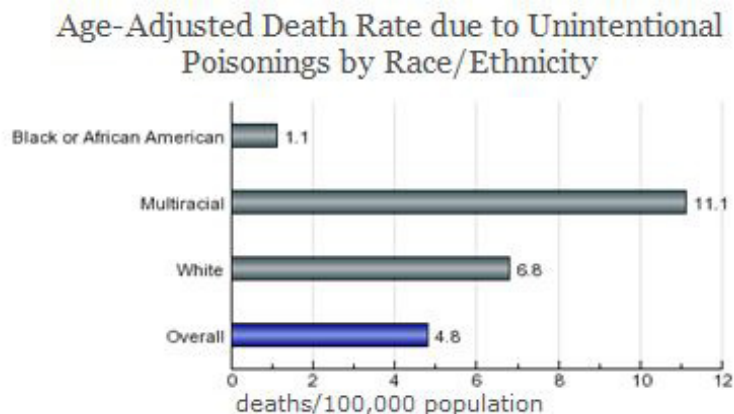
The CDC considers poison as any substance (including medications) that is harmful to the body if too much is eaten, inhaled, injected or absorbed through the skin. Any substance can be poisonous if too much is taken.

Poisonings are either intentional or unintentional. If the person taking or giving a substance did not mean to cause harm, then it is an unintentional poisoning. Unintentional poisoning includes the use of drugs or chemicals for nonmedical purposes in excessive amounts, such as an "overdose." It can also include the excessive use of drugs or chemicals for non-recreational purposes, such as by a toddler.

In 2005, CDC surveillance found there were more than 32,000 poisoning deaths in the U.S., 72 percent of which were unintentional and 18 percent intentional. While the Health Communities Institute Community Dashboard provides totals of both intentional and unintentional death for residents of Gwinnett County, the breakout percentages of intent were not available.

The Age-Adjusted death rate due to unintentional poisonings was 4.8 deaths per 100,000 population between 2011 and 2013. This rate has trended up since the 2007-2009 reporting period. Males (6.1 deaths) have a higher death rate than females (3.5 deaths). Multiracial groups (11.1 deaths) had the highest rate when compared with Whites (6.8 deaths) and Black (1.1 deaths).

Figure 48. Age-Adjusted Death Rate due to Unintentional Poisonings: Race/Ethnicity, Gwinnett County, 2011-2013



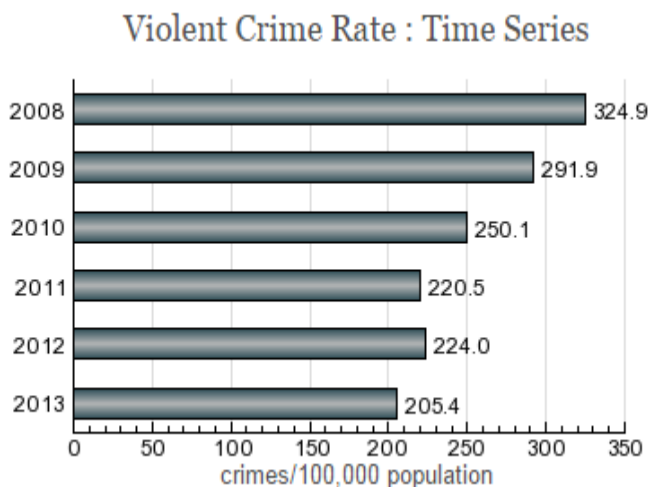
Source: Health Communities Institute, 2015

Violent Crime 

Violent crime is a crime in which the offender uses or threatens to use violent force upon the victim. Violent crimes include homicide, assault, rape and robbery. Violence negatively impacts communities by reducing productivity, decreasing property values and disrupting social services.

In 2013, the total violent crime rate per 100,000 population was 205.4 which is lower than the average Georgia county rate of 261.0. The trend has decreased since a rate of 324.9 in 2008 and lower than the last CHNA according to Georgia Statics System, 2015.

Figure 49. Violent Crime Rate: Time Series, Gwinnett County, 2008-2012



Source: Health Communities Institute, 2015

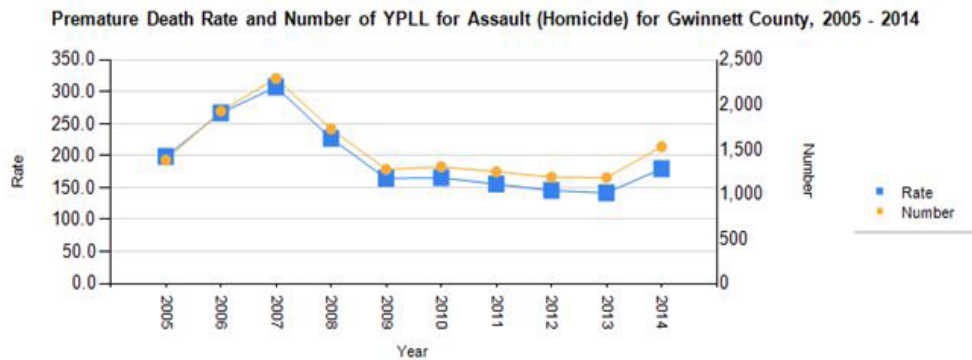
Homicide

Assault (homicide) was the seventh leading cause of premature death in Gwinnett County over the five year period 2010-2014 because homicides occurred most frequently in younger populations. Assault was responsible for 6,453 years of life lost (prior to age 75). The aggregate trend rate has remained decreased when compared to the previous five-year rate. Assault was in the top 15 causes for Emergency Department visits, according to Georgia Division of Public Health, OASIS, 2015.

Figure 50. Trend Rate for Premature Death for Homicide, 2005-2014

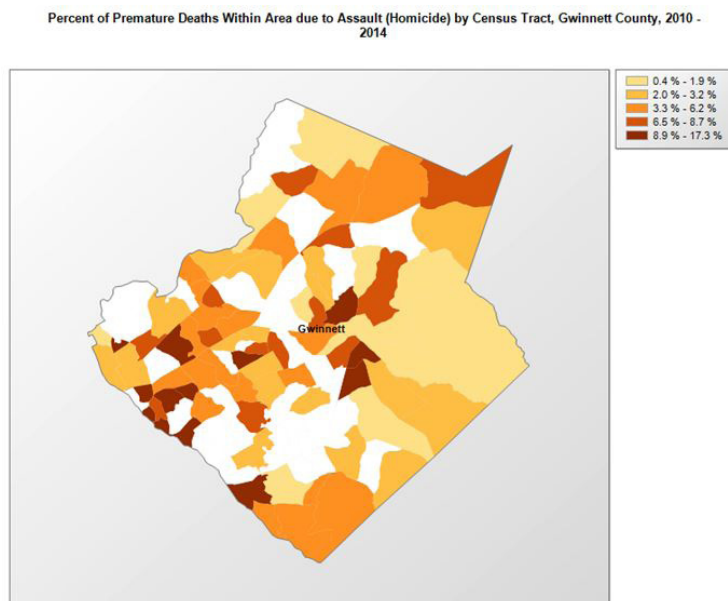


As stated above the current rate is 157.6. The rate for the previous 5 year aggregate (2005 - 2009) was 232.5. This difference is statistically significant. Below is both the number and rate in the county over the 10-year period.



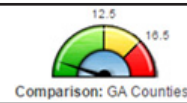
Source: Georgia Public Health Division, OASIS, 2015

Figure 51. Percent of Premature Deaths Within Area due to Assault (Homicide) by Census Tract, Gwinnett County, 2010-2014



Source: Georgia Public Health Division, OASIS, 2015

Child Abuse

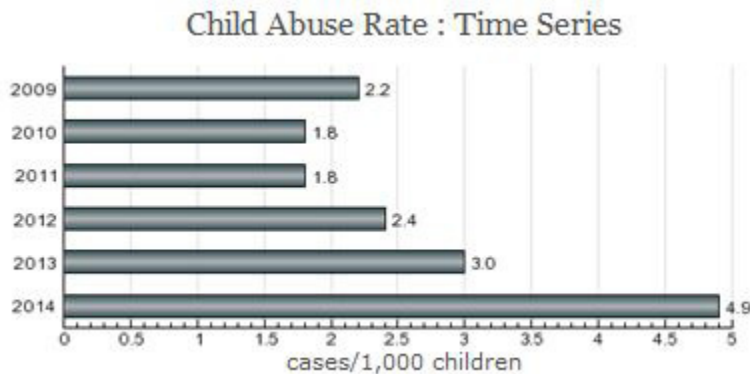


Child abuse or neglect can result in physical harm, development delays, behavioral problems or death. Abused and neglected children are at greater risk than other children for delinquency and mistreatment of their own children.

In 2010, the number of substantiated incidents of child abuse and/or neglect per 1000 children under 18 years of age in Gwinnett County was 4.9. While this rate is well below the Healthy People 2020 national target there has been a significant increase since the last CHNA.

Figures 52. Child Abuse Rate: Time Series, Gwinnett County, 2009-2014

Figure 53. Child Abuse Rate Comparison: Healthy People 2020 Target, Gwinnett County, 2014



Source: Health Communities Institute, 2015



Source: Health Communities Institute, 2015

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 national health objectives like Healthy People 2020. These are aggregate age-adjusted rates for residents of Gwinnett County for the years 2010 through 2014. OASIS also includes 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).

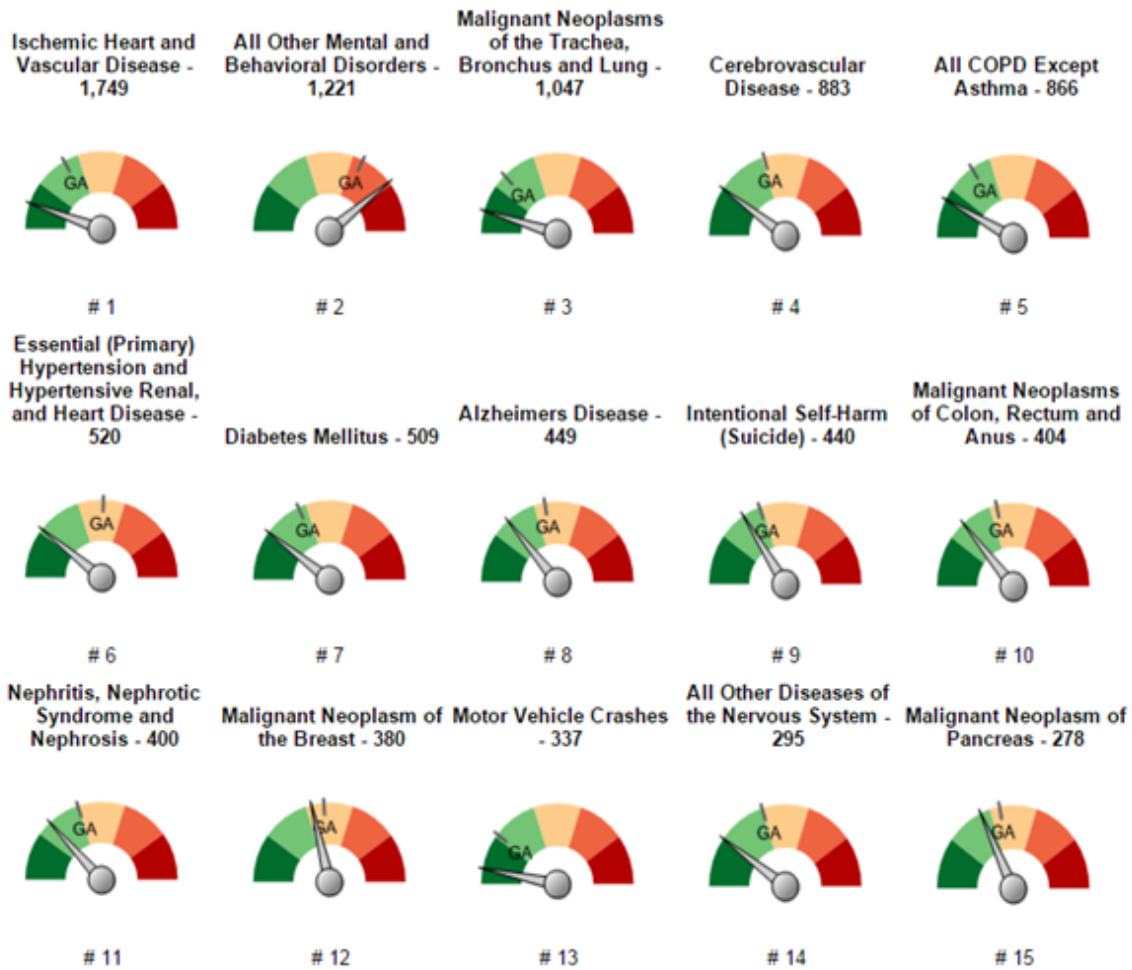
Ischemic Heart and Vascular Diseases were the leading cause of death in Gwinnett with 65.4 deaths per 100,000 population (GA 88.5 deaths per 100,000 population). This is an improved rate since the previous five year aggregate. All other Mental and Behavioral Disorders were ranked second with 59.4 deaths per 100,000 population which is higher than Georgia's rate (50.7 deaths per 100,000 population) and Lung Cancer ranked third with 36.8 deaths per 100,000 population (GA 47.1 deaths per 100,000). Cerebrovascular Disease (stroke) is ranked fourth with 36.1 deaths per 100,000 population (GA 42.1 deaths per 100,000 population). All COPD Except Asthma is ranked fifth with 36.8 deaths per 100,000 population (GA 44.1 deaths per 100,000 population). Diabetes Mellitus is ranked seventh with 17.1 deaths per 100,000 population (GA 22.7 deaths per 100,000).

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 2010 through 2014.

Figure 54. Ranked Causes, Age-Adjusted Death Rates, Gwinnett County 2010-2014



Ranked Causes and State/County Comparison, Age-Adjusted Death Rate, Gwinnett County, 2010 - 2014



Source: Georgia Division of Public Health, OASIS, 2015

Figure 55. Top 10 Causes of Death by Selected Age Groups (<1-24 years), Gwinnett County, 2010-2014

Top 10 Causes of Death by selected age groups, Gwinnett County, 2010 - 2014

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 186	Motor Vehicle Crashes 9	Motor Vehicle Crashes 9	Motor Vehicle Crashes 6	Motor Vehicle Crashes 26	Motor Vehicle Crashes 50
2	Congenital Malformations, Deformations and Chromosomal Abnormalities 55	Assault (Homicide) 8	Malignant Neoplasms of Meninges, Brain and Other Parts of Central Nervous System 6	Assault (Homicide) 5	Intentional Self-Harm (Suicide) 21	Assault (Homicide) 29
3	SIDS 30	All Other Diseases of the Nervous System 5	Accidental Drowning and Submersion 5	Accidental Drowning and Submersion 4	Assault (Homicide) 12	Intentional Self-Harm (Suicide) 25
4	All Other Diseases of the Nervous System 4	Congenital Malformations, Deformations and Chromosomal Abnormalities 5	Congenital Malformations, Deformations and Chromosomal Abnormalities 3	Intentional Self-Harm (Suicide) 4	All Other Diseases of the Nervous System 4	Accidental Poisoning and Exposure to Noxious Substances 24
5	Cerebrovascular Disease 4	Septicemia 3	Septicemia 2	Leukemia 3	Congenital Malformations, Deformations and Chromosomal Abnormalities 4	Mental and Behavioral Disorders due to Psychoactive Substance Use 9
6	Suffocation 3	Accidental Drowning and Submersion 3	Anemias 2	All Other Diseases of the Nervous System 3	Accidental Drowning and Submersion 4	All Other Diseases of the Nervous System 8
7	Nephritis, Nephrotic Syndrome and Nephrosis 2	All Other Endocrine, Nutritional and Metabolic Diseases 2	All Other Endocrine, Nutritional and Metabolic Diseases 2	Congenital Malformations, Deformations and Chromosomal Abnormalities 3	Accidental Poisoning and Exposure to Noxious Substances 4	Septicemia 4
8	All Other Diseases of the Genitourinary System 2	Accidental Exposure to Smoke, Fire and Flames 2	All Other Diseases of the Nervous System 2	Malignant Neoplasms of Meninges, Brain and Other Parts of Central Nervous System 2	Leukemia 3	Diseases of the Musculoskeletal System and Connective Tissue 4
9	Assault (Homicide) 2	Malignant Neoplasms of Meninges, Brain and Other Parts of Central Nervous System 1	Cerebrovascular Disease 2	Septicemia 1	Mental and Behavioral Disorders due to Psychoactive Substance Use 3	Congenital Malformations, Deformations and Chromosomal Abnormalities 4
10	Septicemia 1	Leukemia 1	Asthma 2	All Other Mental and Behavioral Disorders 1	Pneumonia 2	Legal Intervention 4

Source: Georgia Division of Public Health, OASIS, 2015

Figure 56. Top 10 Causes of Death by Selected Age Groups (25-75+ years), Gwinnett County, 2010-2014

Rank	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years	75+ years
1	Intentional Self-Harm (Suicide) 81	Intentional Self-Harm (Suicide) 76	Ischemic Heart and Vascular Disease 179	Ischemic Heart and Vascular Disease 320	Ischemic Heart and Vascular Disease 353	All Other Mental and Behavioral Disorders 1,112
2	Accidental Poisoning and Exposure to Noxious Substances 65	Motor Vehicle Crashes 52	Intentional Self-Harm (Suicide) 97	Malignant Neoplasms of the Trachea, Bronchus and Lung 237	Malignant Neoplasms of the Trachea, Bronchus and Lung 334	Ischemic Heart and Vascular Disease 833
3	Motor Vehicle Crashes 57	Ischemic Heart and Vascular Disease 52	Malignant Neoplasms of the Trachea, Bronchus and Lung 78	Diabetes Mellitus 113	All COPD Except Asthma 195	All COPD Except Asthma 555
4	Assault (Homicide) 32	Accidental Poisoning and Exposure to Noxious Substances 40	Malignant Neoplasm of the Breast 74	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 110	Cerebrovascular Disease 145	Cerebrovascular Disease 537
5	Human Immunodeficiency Virus (HIV) Disease 13	Malignant Neoplasm of the Breast 32	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 69	Cerebrovascular Disease 96	Diabetes Mellitus 109	Alzheimers Disease 404
6	All Other Diseases of the Nervous System 13	Cerebrovascular Disease 27	Diabetes Mellitus 68	All COPD Except Asthma 87	Malignant Neoplasms of Colon, Rectum and Anus 91	Malignant Neoplasms of the Trachea, Bronchus and Lung 377
7	Mental and Behavioral Disorders due to Psychoactive Substance Use 11	Assault (Homicide) 26	Malignant Neoplasms of Colon, Rectum and Anus 67	Malignant Neoplasms of Colon, Rectum and Anus 86	Malignant Neoplasm of Pancreas 83	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 239
8	Ischemic Heart and Vascular Disease 11	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 25	Cerebrovascular Disease 59	Intentional Self-Harm (Suicide) 84	All Other Mental and Behavioral Disorders 82	Nephritis, Nephrotic Syndrome and Nephrosis 228
9	Cerebrovascular Disease 9	Human Immunodeficiency Virus (HIV) Disease 23	Accidental Poisoning and Exposure to Noxious Substances 48	Malignant Neoplasm of the Breast 80	Malignant Neoplasm of the Breast 81	Diabetes Mellitus 194
10	Pregnancy, Childbirth and the Puerperium 8	Malignant Neoplasms of the Trachea, Bronchus and Lung 19	Motor Vehicle Crashes 40	Malignant Neoplasm of Pancreas 61	Nephritis, Nephrotic Syndrome and Nephrosis 78	Malignant Neoplasms of Colon, Rectum and Anus 138

Source: Georgia Division of Public Health, OASIS, 2015

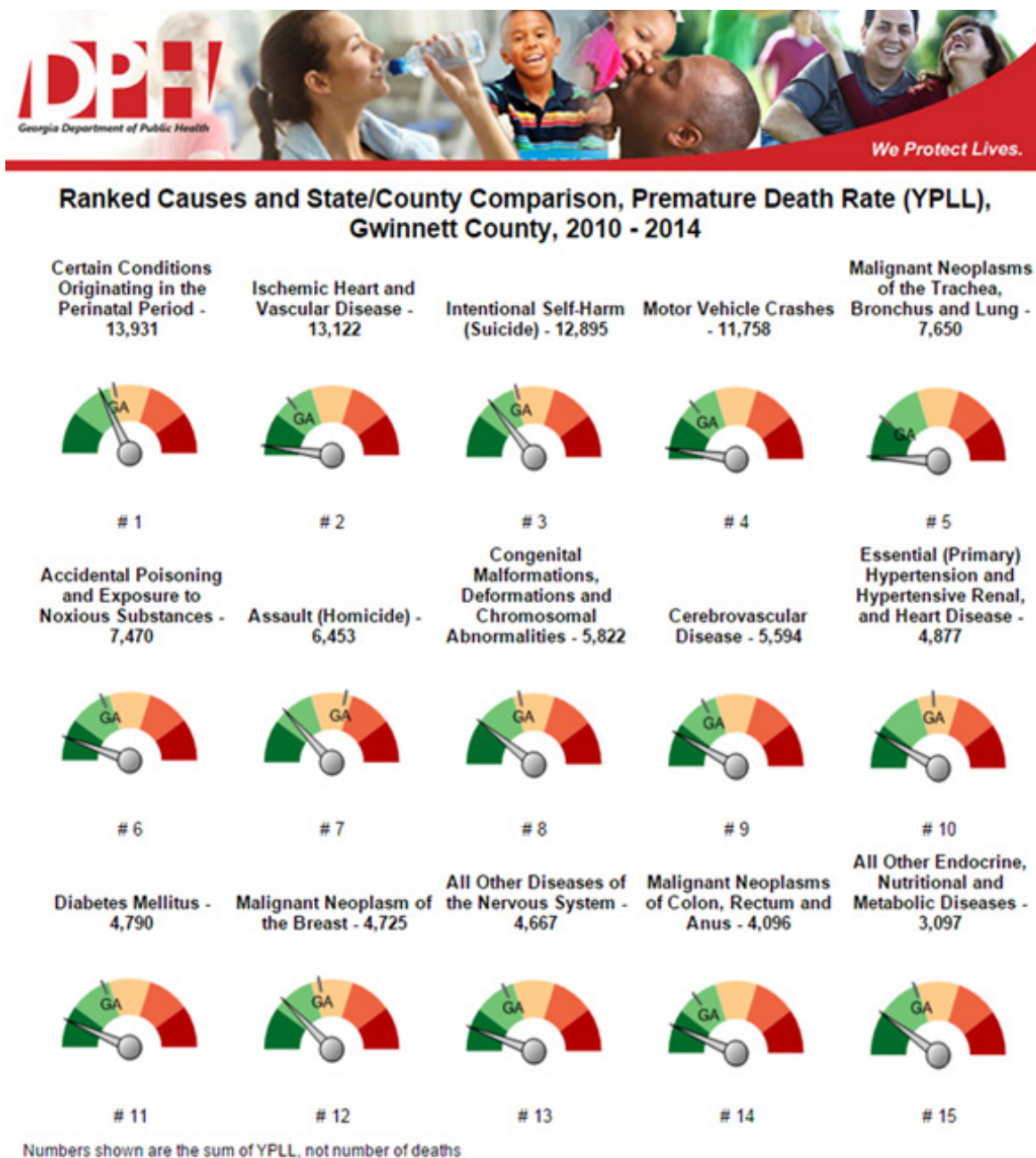
Years of Potential Life Lost

The CDC website states that four modifiable health risk behaviors—lack of physical activity, poor nutrition, tobacco use and excessive alcohol consumption—are responsible for early death related to chronic disease.

The top five causes of premature death (Cancer, Unintentional Injuries, Diseases of the Heart, Certain Conditions Originating in the Perinatal Period and Suicide) did not change using the NCHS rankings since the last CHNA. Using the Georgia Rankable Groups provide a different top five ranking order: Certain Conditions Originating in the Perinatal Period, Ischemic Heart and Vascular Disease, Suicide, Motor Vehicle Crashes and Lung Cancer

The top causes of premature death are important to evaluate because in many situations these may be preventable. Figure five 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 57. Ranked Causes of Premature Death, Gwinnett County 2010-2014



Source: Georgia Division of Public Health, OASIS, 2015

Figure 58. Top 10 Causes of Premature Death by Selected Age Groups (<1-24 years), Gwinnett County, 2010-2014

Top 10 Causes of Premature Death by selected age groups, Gwinnett County, 2010 - 2014

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 13,857	Motor Vehicle Crashes 647	Motor Vehicle Crashes 606	Motor Vehicle Crashes 373	Motor Vehicle Crashes 1,484	Motor Vehicle Crashes 2,617
2	Congenital Malformations, Deformations and Chromosomal Abnormalities 4,098	Assault (Homicide) 582	Malignant Neoplasms of Meninges, Brain and Other Parts of Central Nervous System 406	Assault (Homicide) 311	Intentional Self-Harm (Suicide) 1,201	Assault (Homicide) 1,513
3	SIDS 2,235	Congenital Malformations, Deformations and Chromosomal Abnormalities 364	Accidental Drowning and Submersion 340	Intentional Self-Harm (Suicide) 246	Assault (Homicide) 679	Intentional Self-Harm (Suicide) 1,310
4	All Other Diseases of the Nervous System 298	All Other Diseases of the Nervous System 360	Congenital Malformations, Deformations and Chromosomal Abnormalities 203	Accidental Drowning and Submersion 243	Accidental Drowning and Submersion 231	Accidental Poisoning and Exposure to Noxious Substances 1,249
5	Cerebrovascular Disease 298	Septicemia 217	All Other Diseases of the Nervous System 139	All Other Diseases of the Nervous System 188	All Other Diseases of the Nervous System 230	Mental and Behavioral Disorders due to Psychoactive Substance Use 471
6	Suffocation 224	Accidental Drowning and Submersion 216	Cerebrovascular Disease 137	Congenital Malformations, Deformations and Chromosomal Abnormalities 186	Congenital Malformations, Deformations and Chromosomal Abnormalities 229	All Other Diseases of the Nervous System 413
7	Nephritis, Nephrotic Syndrome and Nephrosis 149	Accidental Exposure to Smoke, Fire and Flames 145	Septicemia 136	Leukemia 185	Accidental Poisoning and Exposure to Noxious Substances 224	Diseases of the Musculoskeletal System and Connective Tissue 215
8	All Other Diseases of the Genitourinary System 149	All Other Endocrine, Nutritional and Metabolic Diseases 144	All Other Endocrine, Nutritional and Metabolic Diseases 136	Malignant Neoplasms of Meninges, Brain and Other Parts of Central Nervous System 122	Leukemia 172	Congenital Malformations, Deformations and Chromosomal Abnormalities 212
9	Assault (Homicide) 149	Leukemia 74	Anemias 135	Cerebrovascular Disease 65	Mental and Behavioral Disorders due to Psychoactive Substance Use 168	Septicemia 209
10	Septicemia 75	Certain Conditions Originating in the Perinatal Period 74	Asthma 133	Nephritis, Nephrotic Syndrome and Nephrosis 64	Pneumonia 114	Legal Intervention 204

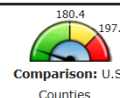
Source: Georgia Division of Public Health, OASIS, 2015

Figure 59. Top 10 Causes of Premature Death by Selected Age Groups (25-75+ years), Gwinnett County, 2010-2014

Rank	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years
1	Intentional Self-Harm (Suicide) 3,625	Intentional Self-Harm (Suicide) 2,637	Ischemic Heart and Vascular Disease 4,372	Ischemic Heart and Vascular Disease 4,662	Ischemic Heart and Vascular Disease 1,771
2	Accidental Poisoning and Exposure to Noxious Substances 2,895	Motor Vehicle Crashes 1,809	Intentional Self-Harm (Suicide) 2,425	Malignant Neoplasms of the Trachea, Bronchus and Lung 3,409	Malignant Neoplasms of the Trachea, Bronchus and Lung 1,684
3	Motor Vehicle Crashes 2,573	Ischemic Heart and Vascular Disease 1,779	Malignant Neoplasms of the Trachea, Bronchus and Lung 1,850	Diabetes Mellitus 1,652	All COPD Except Asthma 830
4	Assault (Homicide) 1,447	Accidental Poisoning and Exposure to Noxious Substances 1,391	Malignant Neoplasm of the Breast 1,810	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 1,622	Cerebrovascular Disease 730
5	All Other Diseases of the Nervous System 592	Malignant Neoplasm of the Breast 1,083	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 1,682	Cerebrovascular Disease 1,426	Diabetes Mellitus 591
6	Human Immunodeficiency Virus (HIV) Disease 577	Cerebrovascular Disease 934	Diabetes Mellitus 1,654	Intentional Self-Harm (Suicide) 1,301	Malignant Neoplasm of Pancreas 483
7	Mental and Behavioral Disorders due to Psychoactive Substance Use 508	Assault (Homicide) 916	Malignant Neoplasms of Colon, Rectum and Anus 1,631	Malignant Neoplasms of Colon, Rectum and Anus 1,253	Malignant Neoplasms of Colon, Rectum and Anus 415
8	Ischemic Heart and Vascular Disease 489	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 856	Cerebrovascular Disease 1,429	All COPD Except Asthma 1,219	Malignant Neoplasm of the Breast 406
9	Cerebrovascular Disease 404	Human Immunodeficiency Virus (HIV) Disease 776	Accidental Poisoning and Exposure to Noxious Substances 1,224	Malignant Neoplasm of the Breast 1,200	Nephritis, Nephrotic Syndrome and Nephrosis 390
10	Pregnancy, Childbirth and the Puerperium 357	Malignant Neoplasms of the Trachea, Bronchus and Lung 625	Motor Vehicle Crashes 964	All Other Diseases of the Nervous System 917	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease 346

Source: Georgia Division of Public Health, OASIS, 2015

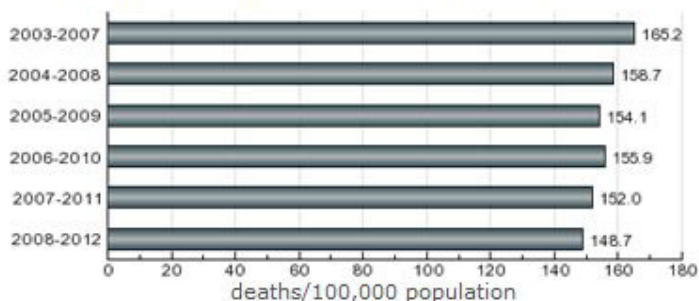
Age-Adjusted Death Rate Due to Cancer (Malignant Neoplasms)



According to the National Cancer Institute, from 2008 through 2015, the age-adjusted deaths for Gwinnett County were 148.7 deaths per 100,000 population. This rate is trending down when compared to 165.2 deaths per 100,000 population between 2003 and 2007. When compared with Healthy People 2020 target of 161.4 Gwinnett has met that target. More males (176.8 deaths per 100,000 population) die of cancer than females (130.9 deaths per 100,000 population). For racial and ethnic considerations, Black (163.3 deaths per 100,000 population) were the highest followed by Whites (154.5 deaths per 100,000 population), Asian (87.8 deaths per 100,000 population) and Hispanic (75.3 deaths per 100,000 population).

Figure 60. Age-Adjusted Death Rate due to Cancer: Time Series, Gwinnett County, 2003-2012
Figure 61. Cancer Death Rate Comparison: Healthy People 2020, Gwinnett County, 2008-2012

Age-Adjusted Death Rate due to Cancer : Time Series



Source: Health Communities Institute, 2015

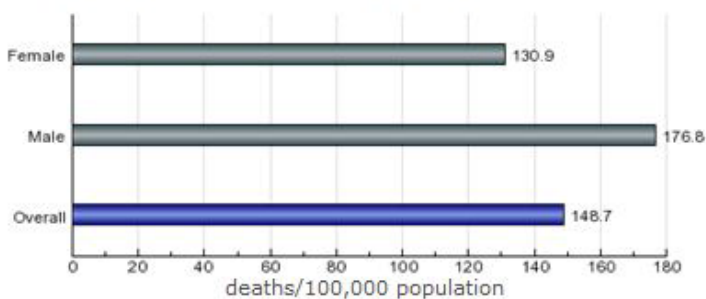


Source: Health Communities Institute, 2015

Figure 62. Age-Adjusted Death Rate due to Cancer: Gender, Gwinnett County, 2008-2015

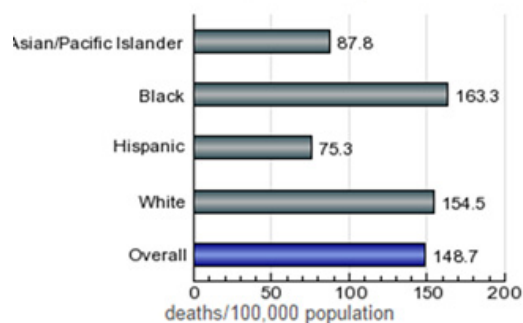
Figure 63. Age-Adjusted Death Rate due to Cancer: Race/Ethnicity, Gwinnett County, 2008-2015

Age-Adjusted Death Rate due to Cancer by Gender



Source: Health Communities Institute, 2015

Age-Adjusted Death Rate due to Cancer by Race/Ethnicity



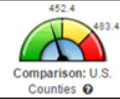
Source: Health Communities Institute, 2015

Cancer: Medicare Population



In 2012 according to the Centers for Medicare & Medicaid Services, the percentage of the Medicare population treated for cancer was 7.8 which is higher than the 7.2 average for 3,093 U.S. counties.

All Cancer Incidence Rate

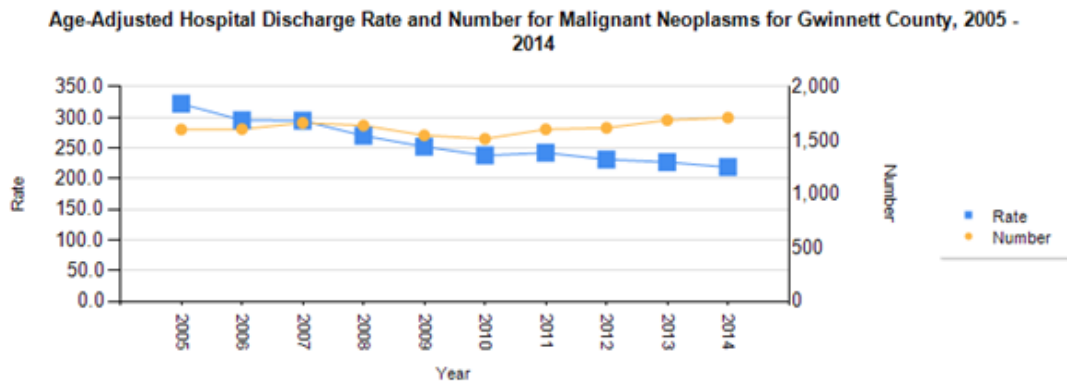


According to the National Cancer Institute from 2008-2012 the 'All Cancer Incidence Rate' was 439.6 cases per 100,000 population which is better than average for U. S. counties (452.4). The lung and bronchus cancer incidence rate was 54.1 cases per 100,000 population which is better than average for U. S. counties (70.3). The colorectal cancer incidence rate was 37.6 cases per 100,000 population which is better than the average for U.S. counties (37.6). The breast cancer incidence rate was 129.4 cases per 100,000 females which is worse than the average for U.S. counties (116.8). The prostate incidence rate was 145.2 cases per 100,000 males which is worse than the average for U.S. counties (123.8).

Figure 64. Trend Rate for Hospital Discharges for Cancer, 2005-2014

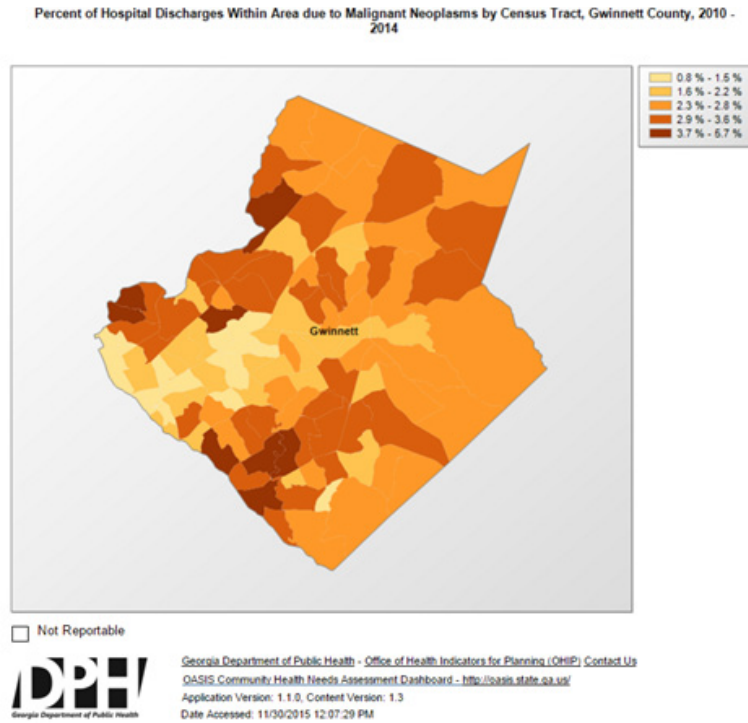


As stated above the current rate is 230.8. The rate for the previous 5 year aggregate (2005 - 2009) was 285.4. This difference is statistically significant. Below is both the number and rate in the county over the 10-year period.



Source: Georgia Division of Public Health, OASIS, 2015

Figure 65. Percent of Hospital Discharges Within Area due to Malignant Neoplasms by Census Tract, Gwinnett County, 2010-2014

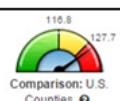


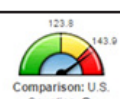
Source: Georgia Division of Public Health, OASIS, 2015

Lung and Bronchus Cancer Incidence Rate 

Lung cancer was the third leading cause of age-adjusted death in Gwinnett County for the years 2010-2014 (total number of deaths 1,047) and is the fifth leading cause of premature death for the same years (7,650 years of life lost before age 75), according to Georgia Division of Public Health, OASIS, 2015. While lung was the top ranked for cancer deaths; colon (404 deaths), breast (380 deaths) and pancreas (278 deaths) were in the top fifteen ranked causes. The aggregate trend rate of hospital discharges has decreased for Gwinnett residents between 2005 and 2009 (total 8,060 discharges).

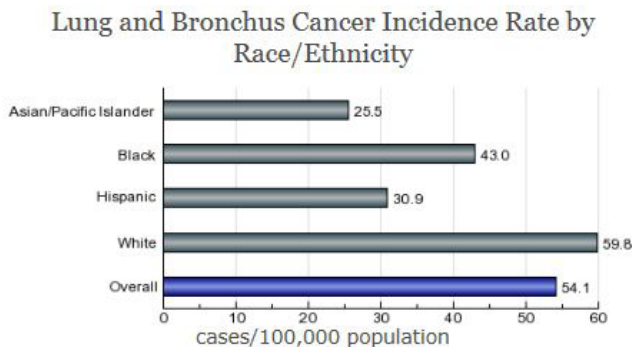
Colorectal Cancer Incidence Rate 

Breast Cancer Incidence Rate 

Prostate Cancer Incidence Rate 

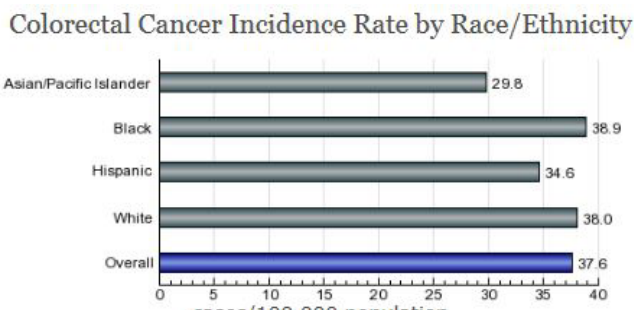
Figures 66-69. Cancer Incidence Rates: Race Ethnicity, Gwinnett County, 2010-2014

Figure 66. Lung and Bronchus



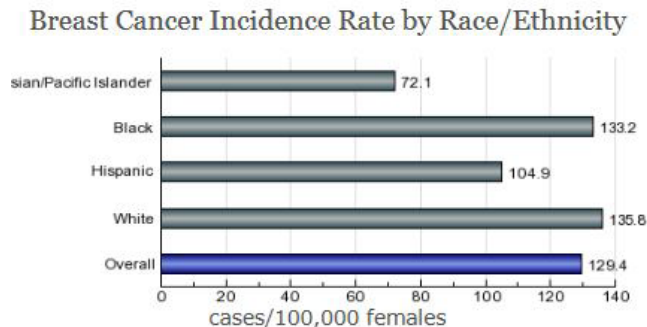
Source: Health Communities Institute, 2015

Figure 67. Colorectal



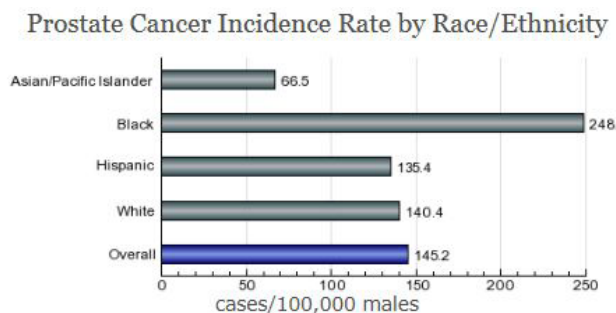
Source: Health Communities Institute, 2015

Figure 68. Breast




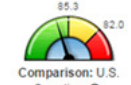


Source: Health Communities Institute, 2015

Figure 69. Prostate



Source: Health Communities Institute, 2015

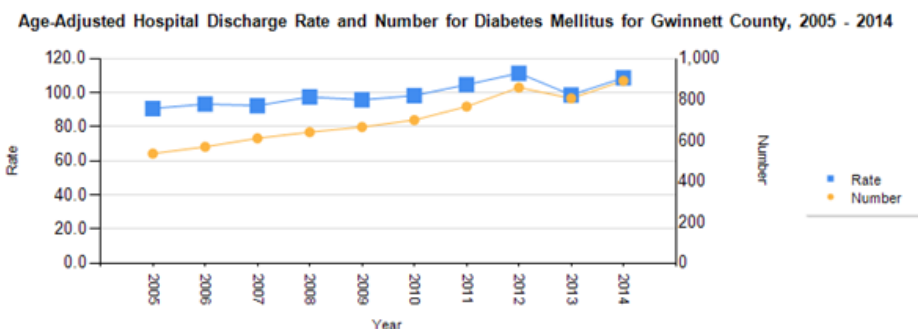
Age-Adjusted Death Rate Due to Diabetes Mellitus	
Adults with Diabetes	
Diabetes: Medicare Population	
Diabetic Screening: Medicare Population	

For the years 2010-2014, diabetes mellitus was the seventh leading cause of death (total 509 deaths) and the eleventh reason for premature death in Gwinnett County, according to Georgia Division of Public Health, OASIS, 2015. However, the aggregate trend rate for hospital discharges for Gwinnett residents with diabetes has increased between 2010 and 2014 (total discharges 4,018).

Figure 70. Trend Rate for Hospital Discharges for Diabetes, 2005-2014



As stated above the current rate is 104.4. The rate for the previous 5 year aggregate (2005 - 2009) was 94.0. This difference is statistically significant. Below is both the number and rate in the county over the 10-year period.

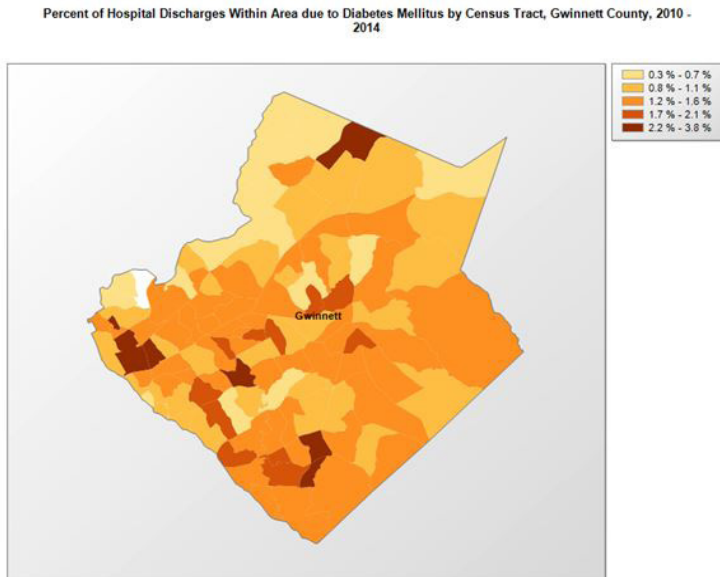


Source: Georgia Division of Public Health, OASIS, 2015

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.

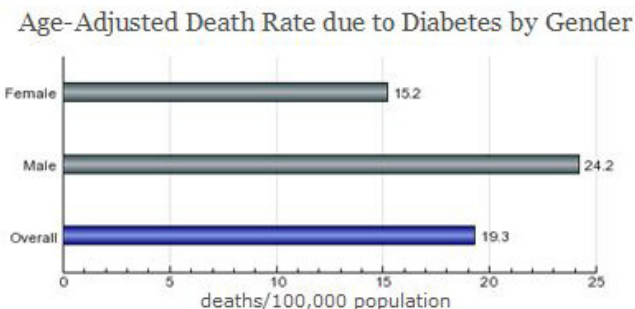
The CDC also associates diabetes with serious complications in addition to heart disease including blindness, kidney damage, nervous system diseases, dental diseases, complications of pregnancy and lower-limb amputations.

Figure 71. Percent of Hospital Discharges Within Area due to Diabetes Mellitus by Census Tract, Gwinnett County, 2010-2014

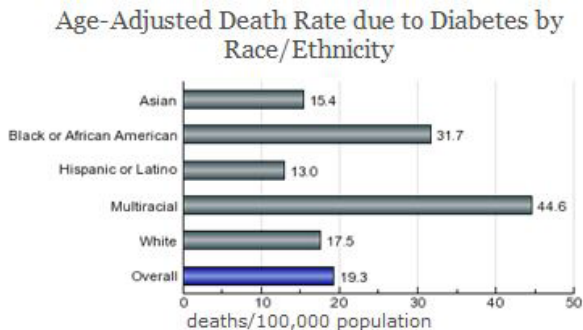


Source: Georgia Division of Public Health, OASIS, 2015

Figure 72. Age-Adjusted Death Rate due to Diabetes: Gender, Gwinnett County, 2010-2014
Figure 73. Age-Adjusted Death Rate due to Diabetes: Race/Ethnicity, Gwinnett County, 2010-2014



Source: Health Communities Institute, 2015



Source: Health Communities Institute, 2015

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 five year period 2010-2014, ischemic heart and vascular disease (1,749 deaths) was the leading cause of age-adjusted death in Gwinnett County and second for premature death (13,122 years of life lost before age 75), according to Georgia Division of Public Health,

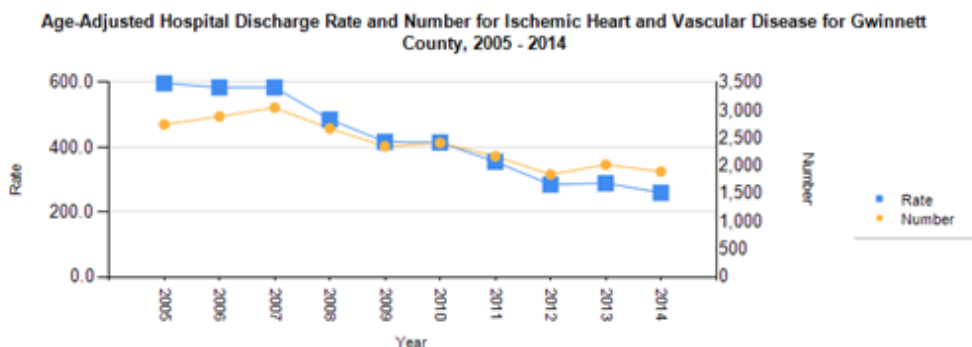
OASIS, 2015. The rates of deaths have decreased for Gwinnett residents over this time period and remain well below the state's rates.

For the five year period 2010-2014, ischemic heart and vascular heart disease was the fourth leading cause of hospital discharges (10,341 discharges).

Figure 74. Trend Rate for Hospital Discharges for Ischemic Heart and Vascular Diseases of the Heart, 2005-2014

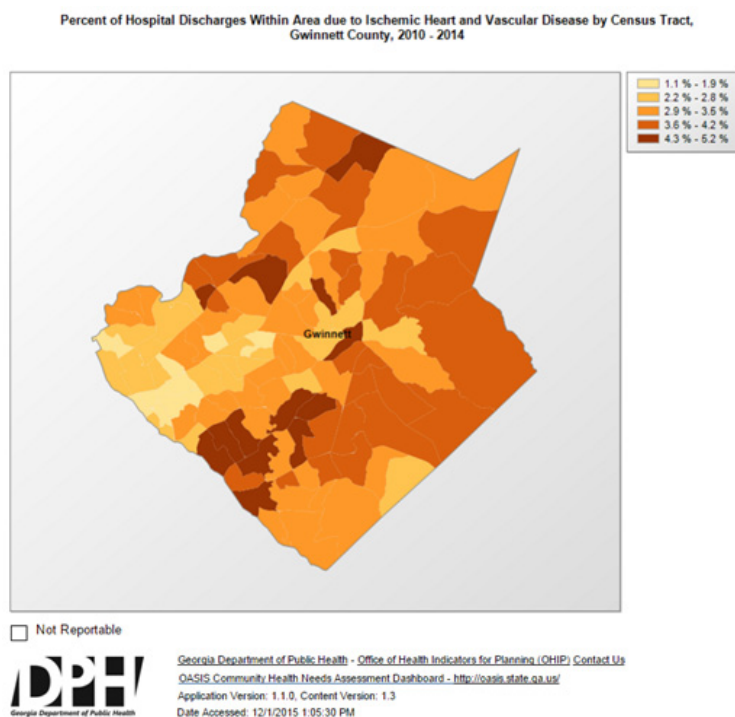


As stated above the current rate is 316.4. The rate for the previous 5 year aggregate (2005 - 2009) was 528.8. This difference is statistically significant. Below is both the number and rate in the county over the 10-year period.



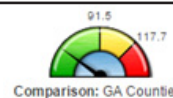
Source: Georgia Division of Public Health, OASIS, 2015

Figure 75. Percent of Hospital Discharges Within Area due to Ischemic Heart and Vascular Disease by Census Tract, Gwinnett County, 2010-2014



Source: Georgia Division of Public Health, OASIS, 2015

Age-Adjusted Death Rate due to Obstructive Heart Disease

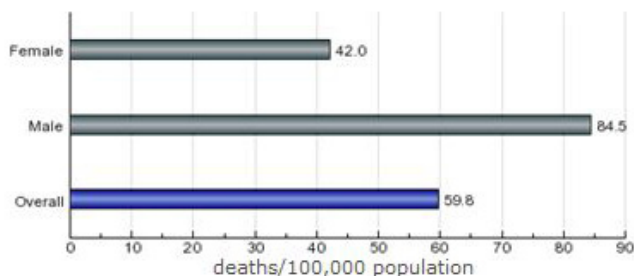


Age-Adjusted death rates for obstructive heart disease, for the period 2011 through 2013 were 59.8 deaths per 100,000 population (GA average 91.5 deaths) according to Georgia Division of Public Health, OASIS. This is a decrease over time since the rate of 65.2 in the 2007-2009 period. Males have a higher death rate at 84.5 deaths per 100,000 when compared with the female rate of 42.0 deaths per 100,000. The Multiracial group has a much higher death rate (230.9).

Figure 76. Age-Adjusted Death Rate due to Obstructive Heart Disease: Gender, Gwinnett County, 2011-2013

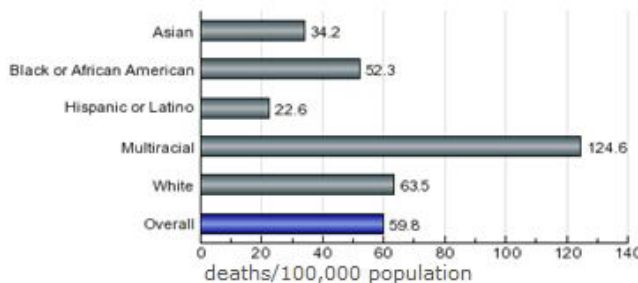
Figure 77. Age Adjusted Death Rate due to Obstructive Heart Disease: Race/Ethnicity, Gwinnett County, 2011-2013

Age-Adjusted Death Rate due to Obstructive Heart Disease by Gender



Source: Health Communities Institute, 2015

Age-Adjusted Death Rate due to Obstructive Heart Disease by Race/Ethnicity



Source: Health Communities Institute, 2015

Age-Adjusted Death Rate Due to Stroke (Cerebrovascular Disease)

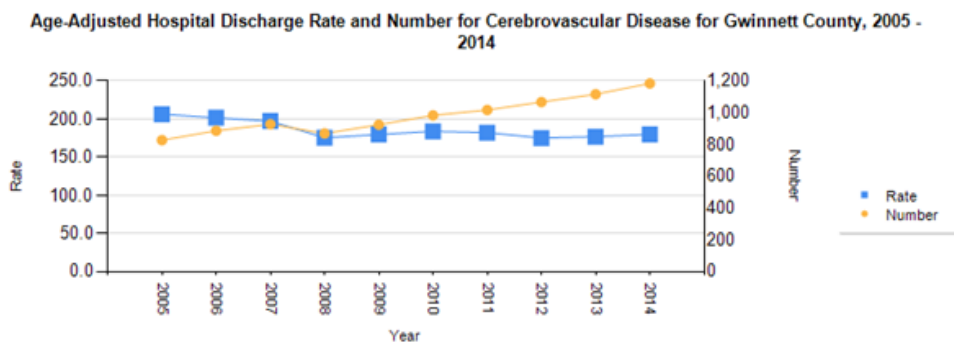


Between 2010 and 2014, 883 Gwinnett residents died due to stroke, which made it the fourth leading cause of death according to Georgia Division of Public Health, OASIS, 2015. The aggregate trend rate for hospital discharges has decreased for Gwinnett residents between 2010 and 2014 (5,367 discharges).

Figure 78. Trend Rate for Hospital Discharges for Stroke, 2005-2014

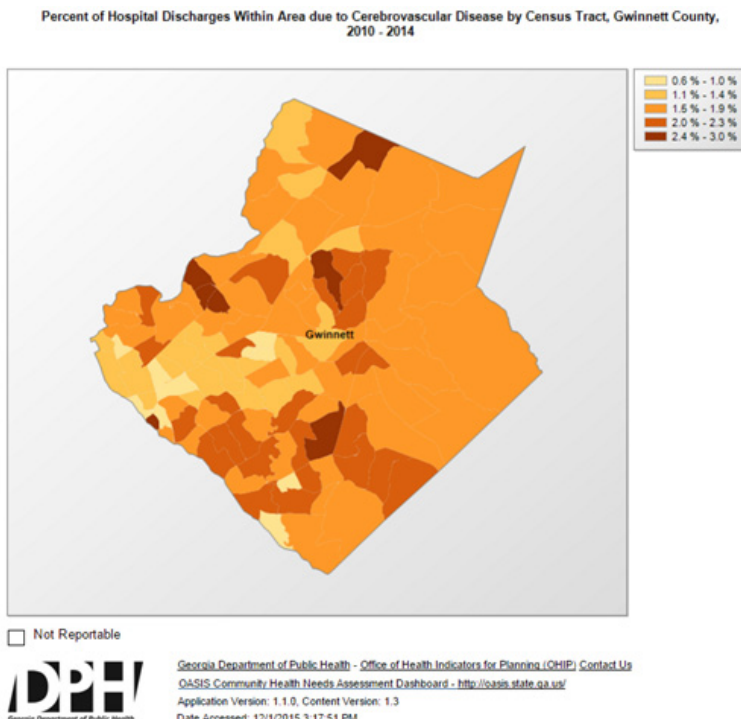


As stated above the current rate is 179.3. The rate for the previous 5 year aggregate (2005 - 2009) was 191.0. This difference is statistically significant. Below is both the number and rate in the county over the 10-year period.



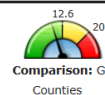
Source: Georgia Division of Public Health, OASIS, 2015

Figure 79. Percent of Hospital Discharges Within Area due to Cerebrovascular Disease by Census Tract, Gwinnett County, 2010-2014



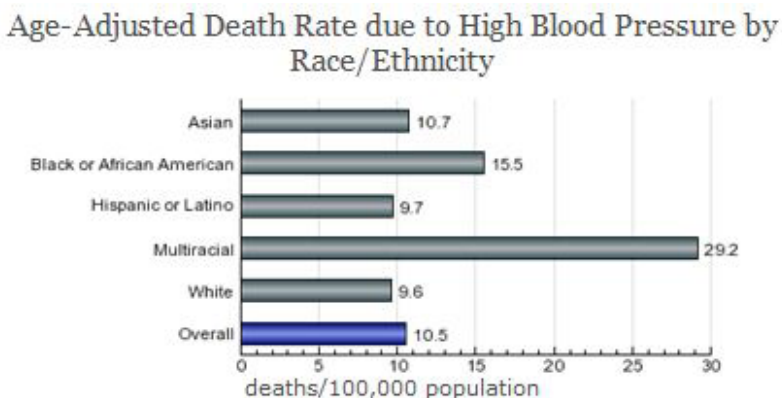
Source: Georgia Division of Public Health, OASIS, 2015

Age-Adjusted Death Rate due to High Blood Pressure



Age-adjusted death rates due to high blood pressure, for the period 2011 through 2013 were 10.5 deaths per 100,000 population (GA average 13.3 deaths) according to Georgia Division of Public Health, OASIS. This is rate has fluctuated in recent years but is the same as it was in the 2007 through 2009 period. Males have a slightly higher death rate at 10.7 deaths per 100,000 when compared with the female rate of 10.0 deaths per 100,000. Again the Multiracial group have a much higher death rate (29.2).

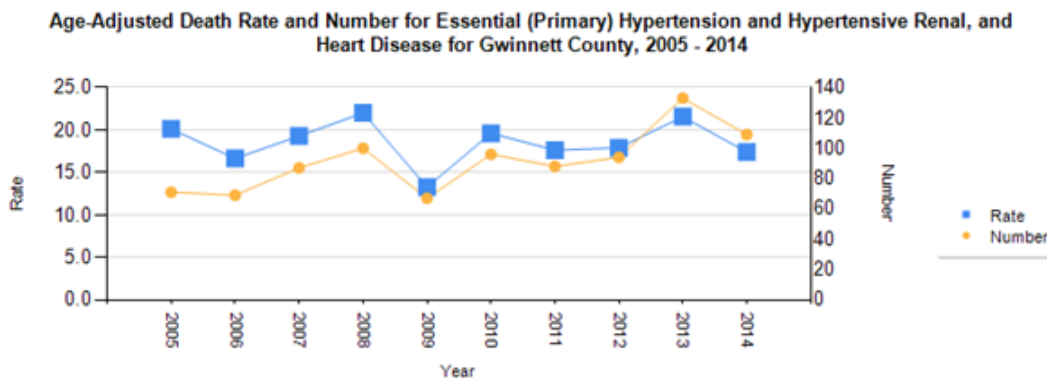
Figure 80. Age-Adjusted Death Rate due to High Blood Pressure: Race/Ethnicity, Gwinnett County, 2011-2013



Source: Health Communities Institute, 2015

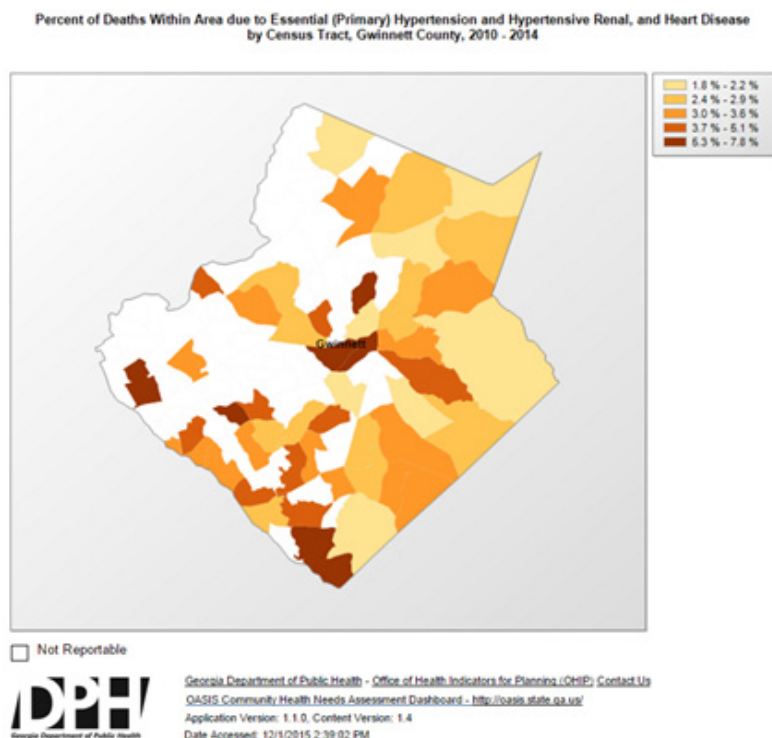
Figure 81. Trend Rate for Hospital Discharges for Essential (Primary) Hypertension and Hypertensive Renal and Heart Disease, 2005-2014

As stated above the current rate is 18.8. The rate for the previous 5 year aggregate (2005 - 2009) was 18.1. This difference is not statistically significant. Below is both the number and rate in the county over the 10-year period



Source: Georgia Division of Public Health, OASIS, 2015

Figure 82. Percent of Deaths Within Area due to Essential (Primary) Hypertension and Hypertensive Renal and Heart Disease by Census Tract, Gwinnett County, 2010-2014



Source: Georgia Division of Public Health, OASIS, 2015

Emphysema and Chronic Bronchitis

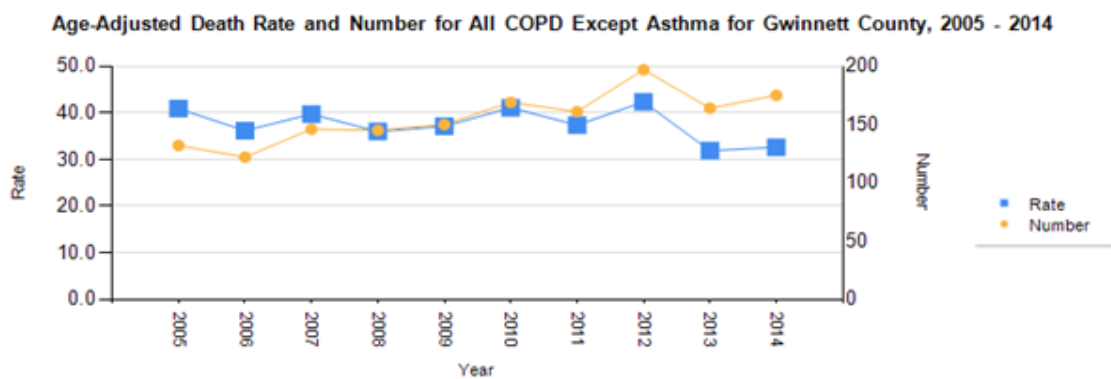
All chronic obstructive pulmonary diseases except asthma is a term used to represent emphysema and chronic bronchitis. Chronic bronchitis typically develops over years and is characterized by long-term inflammation of the mucous membrane producing scarring of the lining of the bronchial tubes. Emphysema 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 2010 through 2014, all chronic obstructive pulmonary diseases except asthma were the fifth leading of death (866) in Gwinnett County, according to Georgia Division of Public Health, OASIS, 2015. These rates have remained stable when compared to the previous five-year aggregate rates.

The aggregate rate of death rates for Gwinnett residents with chronic lower respiratory diseases has remained stable between 2005 and 2014.

Figure 83. Trend Rate and Numbers for Age-Adjusted Death Rates for All COPD Except Asthma, 2005-2009

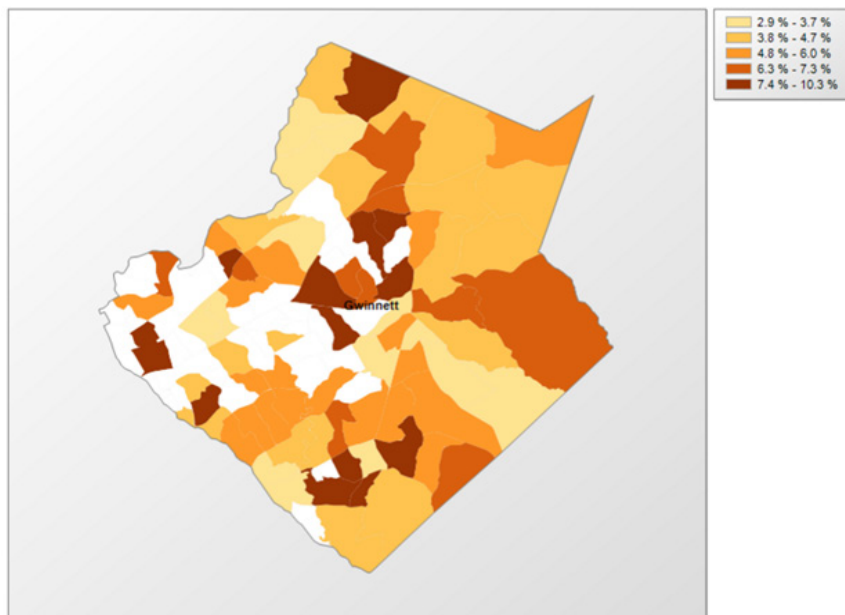
➔ As stated above the current rate is 36.8. The rate for the previous 5 year aggregate (2005 - 2009) was 37.9. This difference is not statistically significant. Below is both the number and rate in the county over the 10-year period.



Source: Georgia Division of Public Health, OASIS, 2015

Figure 84. Percent of Deaths Within Area due to All COPD Except Asthma by Census Tract, Gwinnett County, 2010-2014

Percent of Deaths Within Area due to All COPD Except Asthma by Census Tract, Gwinnett County, 2010 - 2014



Not Reportable




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: 1.1.0, Content Version: 1.4
Date Accessed: 12/1/2015 3:04:30 PM

Source: Georgia Division of Public Health, OASIS, 2015

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 2015, pregnancy and childbirth were the leading cause of hospitalization (60,088 discharges) and the sixth leading cause of ED visits (29,752 visits) during the years 2010 through 2014. Almost nine percent (11,656 births) of all Georgia births in 2014 were to Gwinnett County residents. While the percentage is the same, there were 216 fewer births than in 2010.

Infant Mortality 

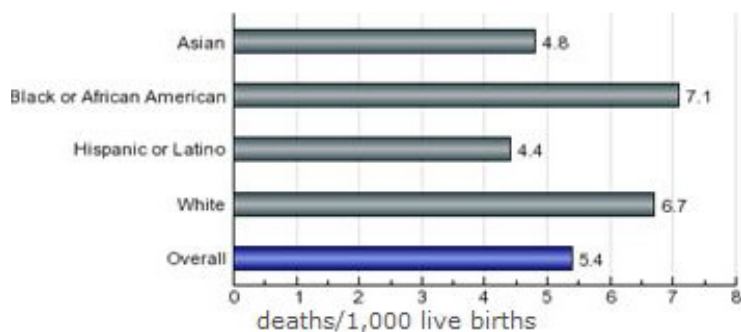
Infant mortality is used to compare the health and well-being of populations. Infant mortality is death that occurs in a child during the period of birth through 364 days of life. The leading causes of death among infants are birth defects, pre-term delivery, low birth weight, Sudden Infant Death Syndrome (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 2013, Gwinnett County the infant mortality rate was 5.4 deaths per 1,000 live births which was an increase from the prior value of 5.1 deaths in 2012.

Figure 85. Infant Mortality Rate: Maternal Race/Ethnicity, Gwinnett County

Figure 86. Infant Mortality Rate Comparison: Healthy People 2020 Target, Gwinnett County, 2013

Infant Mortality Rate by Maternal Race/Ethnicity



Source: Health Communities Institute, 2015

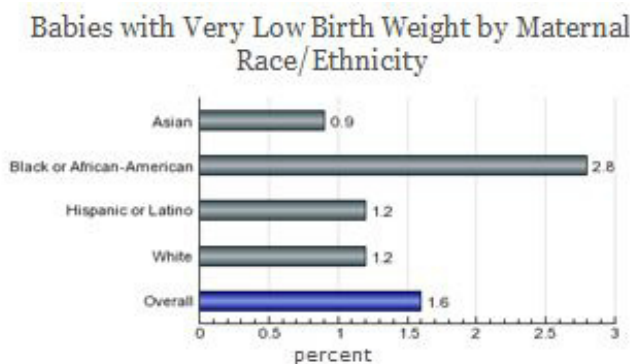
Source: Health Communities Institute, 2015

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 2013, Gwinnett County babies with low birth weight 1.6 percent. This is an increase since our last CHNA. For the same time period, Gwinnett County mothers ages 15 to 17 (2.1 percent) and mothers ages 40 to 44 (2.2 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 2.8 percent.

Figure 87. Babies with Very low Birth Weight: Maternal Race/Ethnicity, Gwinnett County
Figure 88. Babies with Very Low Birth Weight Comparison: Healthy People 2020 Target, Gwinnett County, 2013



Source: Health Communities Institute, 2015



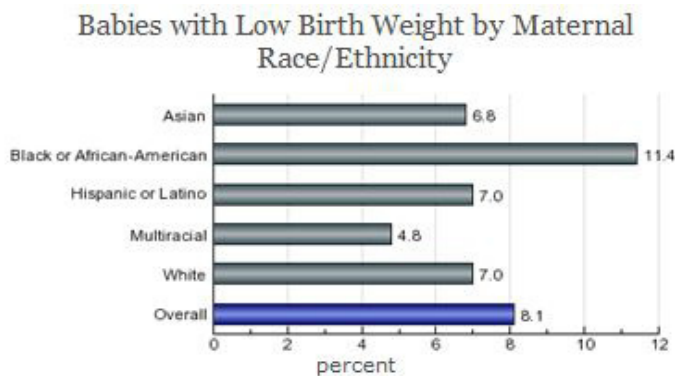
Source: Health Communities Institute, 2015

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 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 2013, Gwinnett County babies with low birth weight were 8.1 percent. This is an increase since our last CHNA. For the same time period, Gwinnett County mothers ages 15 to 17 (14.1 percent) and mothers ages 40 to 44 (13.5 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 11.4 percent.


Figure 89. Babies with Low Birth Weight: Maternal Race/Ethnicity, Gwinnett County
Figure 90. Babies with Low Birth Weight Comparison: Healthy People 2020 Target, Gwinnett County, 2013



Source: Health Communities Institute, 2015



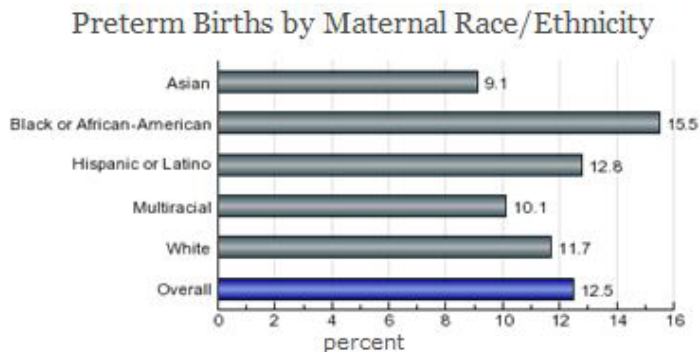
Source: Health Communities Institute, 2015

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 11.4 percent. In 2013 Gwinnett County babies before completing 37 weeks gestation was 12.5 percent. This is an increase since our last CHNA. For the same period in Gwinnett County, the mothers ages 15 to 17 (15.3 percent), mothers ages 40 to 44 (17.3 percent) and mothers ages 45 to 45 (16.2 percent) have the highest percentage of preterm births babies. Black residents are also at a higher risk for having low birth weight babies at 15.5 percent followed by Hispanic (12.8 percent), White (11.7 percent) and Asian (9.1 percent).

Figure 91. Preterm Births: Maternal Race/Ethnicity, Gwinnett County
Figure 92. Preterm Births Comparison: Healthy People 2020 Target, Gwinnett County, 2013

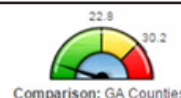


Source: Health Communities Institute, 2015



Source: Health Communities Institute, 2015

Teen Pregnancy

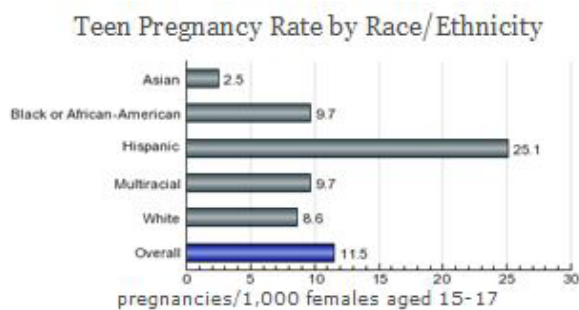
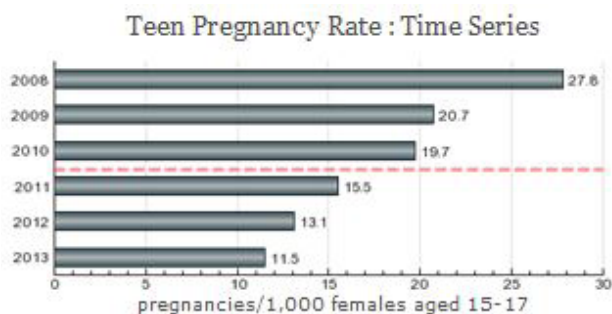


Teen pregnancy rates include females age of 15-17 years (when the pregnancy ends). Teen pregnancy are the calculated per 1,000 females age 15-17 years and include the number of live births, spontaneous abortions and induced termination of pregnancy.

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 11.5 pregnancies in that age group in 2013 and the number of pregnancies decreased. However, Hispanic pregnancies were by far the highest at 25.1 pregnancies per 1000 aged 15 to 17 with the next two highest rate being Blacks and Whites at 9.7.

Figure 93. Teen Pregnancy Rate: Time Series, Gwinnett County, 2008-2013

Figure 94. Teen Pregnancy Rate: Race/Ethnicity, Gwinnett County, 2008-2013



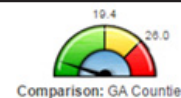
----- Indicates a change in methodology

2011 Rates prior to 2011 do not reflect the population revisions made by the Georgia Department of Public Health OASIS. Please consult the source for the revised data.

Source: Health Communities Institute, 2015

Source: Health Communities Institute, 2015

Teen Birth Rate

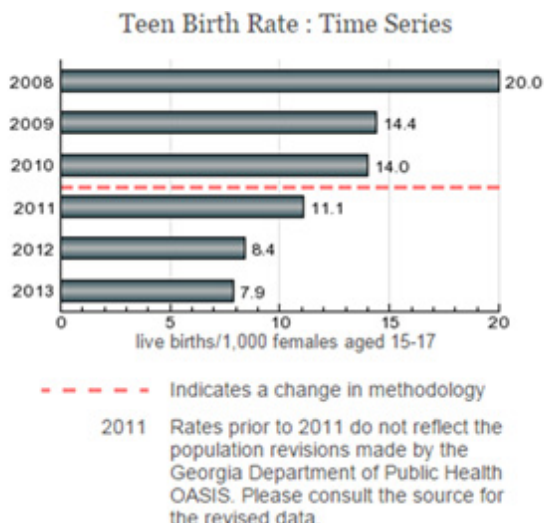


Teen birth rates include females ages 15-17 years (when the pregnancy ends). Teen births are the number of live births per 1,000 females ages 15-17 years. Pregnancy and delivery can be harmful to teenagers' health as well as social and educational development. Teenagers are the most likely to report 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 7.9 in 2013. The time trend of births to this age group has gone down from 20.0 in 2008. Hispanic have the highest birth rate at 21.8 followed by Multiracial (7.0 percent), White (6.3 percent) and Black (5.1 percent).

Figure 95. Teen Birth Rate: Time Series, Gwinnett County, 2008-2013

Figure 96. Teen Birth Rate: Race/Ethnicity, Gwinnet County, 2008-2013



Source: Health Communities Institute, 2015

Source: Health Communities Institute, 2015

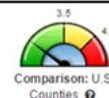
Behavioral Health and Mental Disorders

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.

Poor Mental Health Days

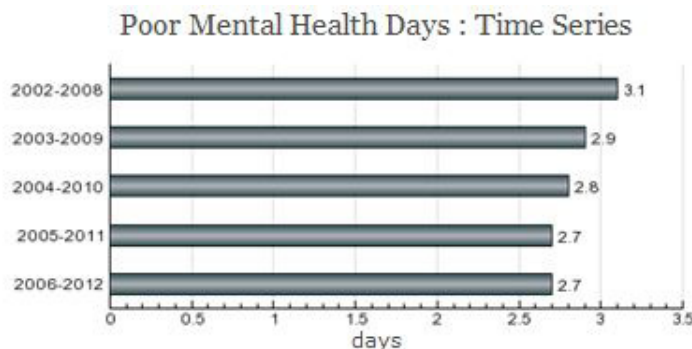


Psychological distress can affect all aspects of our lives. It is important to recognize and address potential psychological issues before they become critical. Occasional down days are normal, but persistent mental/emotional health problems should be evaluated and treated by a qualified professions. From 2006 through 2012, adults in Gwinnett County reported their mental health was not good 2.7 days in the past 30 days. This indicates an improvement since the 2002-2008 of 3.1 days in the past 30 days.

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 2015 County Health Rankings website reported for Gwinnett County, the mental health provider ratio was 1,158:1 which is worse than average when compared with other counties in Georgia (914:1) and the top U.S. performer counties (386:1). The cost of providing mental health services is an issue for both the individual seeking services and the service providers. As reported in the 2014 American Community Survey, about 25 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 mental health services and an opportunity to improve the training of 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.

Figure 97. Poor Mental Health Days: Time Series, Gwinnett County, 2007-2012



Source: Health Communities Institute, 2015

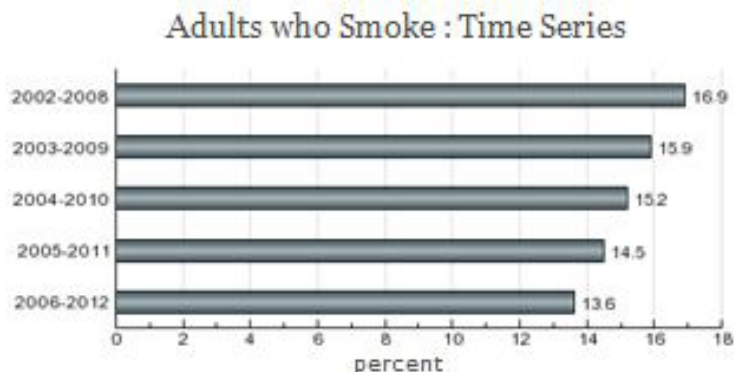
Adults who Smoke



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. From 2006 through 2012, 13.6 percent of Gwinnett County residents smoke cigarettes. This is an improvement of 1.6 percent since the last CHNA.

Figure 98. Adults who Smoke: Time Series, Gwinnett County, 2006-2012

Figure 99. Adults who Smoke Comparison: Healthy People 2020 Target, Gwinnett County, 2005-2012

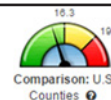


Source: Health Communities Institute, 2015



Source: Health Communities Institute, 2015

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 and 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. From 2006 through 2012, 14.7 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 consistent with what was reported in our last CHNA.

Figure 100. Adults Who Drink Excessively Comparison: Healthy People 2020 Target, Gwinnett County, 2006-2012



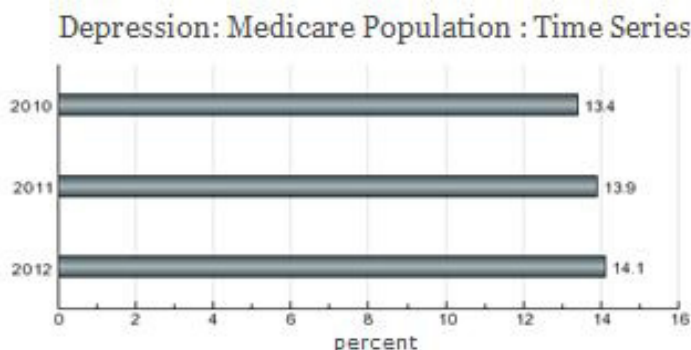
Source: Health Communities Institute, 2015

Depression (Medicare Population)



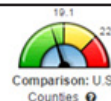
Depression in the Medicare population is one of the new indicators for our HCI dashboard. In 2012 the Centers for Medicare & Medicaid Services reported 14.1 percent of that population was treated for depression. The data is trending up with 13.4 percent reported in 2010. For the Medicare population under the age of 65 it was 23.8 percent.

Figure 101. Depression: Medicare Population: Time Series, Gwinnett County, 2010-2012



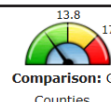
Source: Health Communities Institute, 2015

Inadequate Social Support



According to County Health Rankings, 2015 between 2005 and 2010, 18.6 percent of Gwinnett County adults reported they did not receive the social and emotional support they needed.

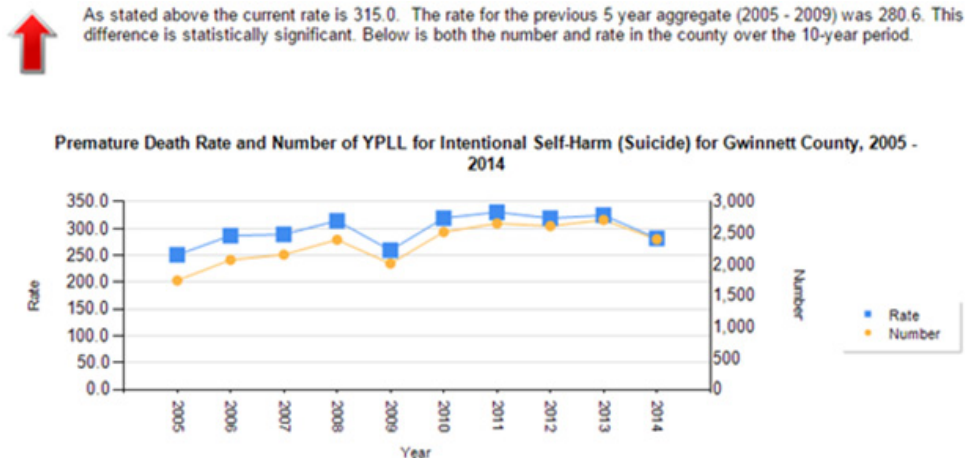
Age-Adjusted Death Rate Due to Suicide



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.

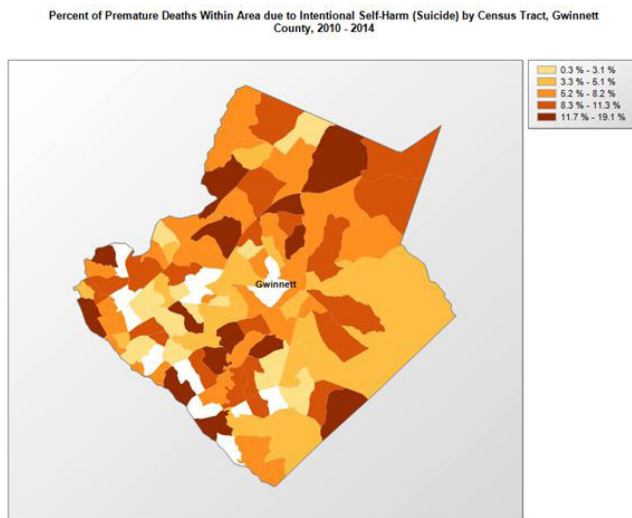
Intentional Self-Harm (suicide) was the third leading cause of premature death in Gwinnett County over the five year period 2010-2014 because suicide occurred most frequently in younger populations. Suicide was responsible for 12,895 years of life lost (prior to age 75).

Figure 102. Trend Rate for Premature Death for Suicide, Gwinnett County, 2005-2014



Source: Georgia Division of Public Health, OASIS, 2015

Figure 103. Percent of Premature Deaths Within Area due to Intentional Self Harm (Suicide) by Census Tract, Gwinnett County, 2005-2014



Source: Georgia Division of Public Health, OASIS, 2015

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 104. Gwinnett County Comprehensive Youth Survey, Mental Health

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.

Figure 105. Gwinnett County Comprehensive Youth Survey, Substance Abuse

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

Persons with a Disability



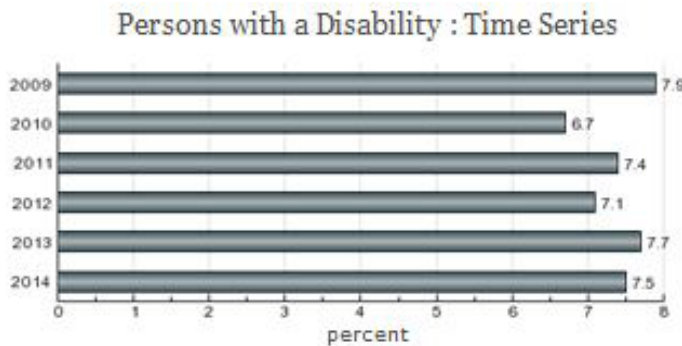
Comparison: U.S. Value

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 2014, 7.5 percent of Gwinnett residents had a disability. This percentage has been stable in the last five years. Female (8.2 percent) have more disabilities than males (6.8 percent). The largest population by age is over 65 years of age (33.0 percent). The “two or more race” group (11.9 percent) is the highest followed by White (10.1 percent), Black (6.9 percent), Asian (4.7 percent) and Hispanic (4.0 percent).

Also in 2014, 17.4 percent of Gwinnett adults (ages 20 to 64) with disability were living in poverty (average 27.3 percent U.S. counties). This percentage has been stable since 2009. Persons with long-term disabilities are more likely to live in poverty.

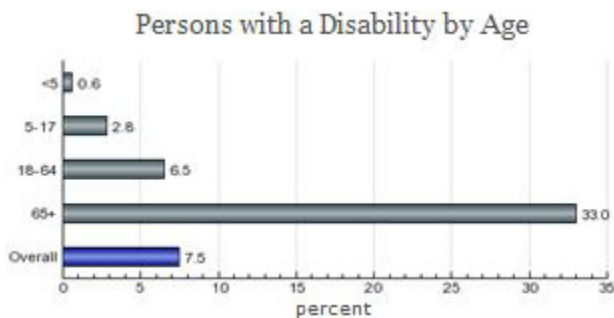
Figure 106. Persons with a Disability: Time Series, Gwinnett County, 2009-2014



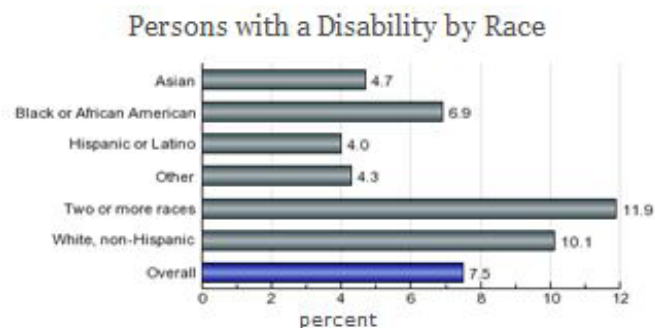
Source: Health Communities Institute, 2015

Figure 107. Persons with a Disability: Age, Gwinnett County, 2014

Figure 108. Persons with a Disability: Race, Gwinnett County, 2014



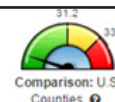
Source: Health Communities Institute, 2015



Source: Health Communities Institute, 2015

Physical Activity and Weight Management

Adults who are Obese

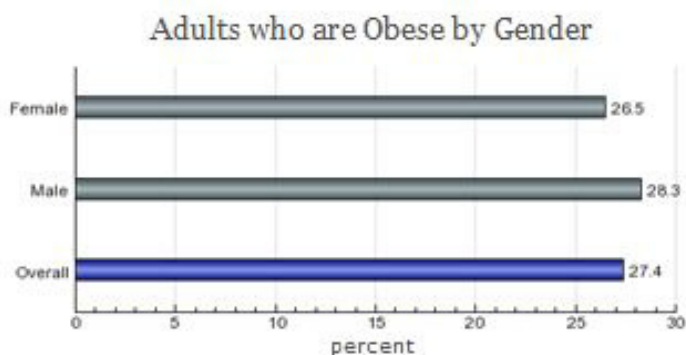


The percentage of obese adults is an indicator of the overall health and lifestyle of a community. A Body Mass Index (BMI) equal to or greater than 30 is considered obese. The BMI is calculated by taking a person’s weight and dividing it by their height squared in metric units.

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, 27.4 percent of Gwinnett County residents are obese. This means more than 167,000 residents of the county over the age of 20 are obese. More males (28.3 percent) are obese than females (26.5 percent).

Figure 109. Adults who are Obese: Gender, Gwinnett County

Figure 110. Adults who are Obese Comparison: Healthy People 2020 Target, Gwinnett County, 2012



Source: Health Communities Institute, 2015



Source: Health Communities Institute, 2015

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 health 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.

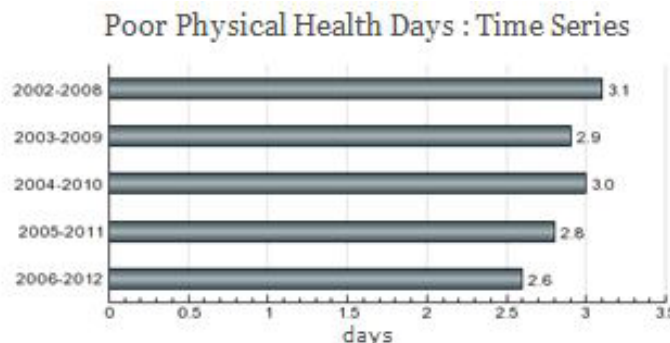
Individual Perception of Health



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.

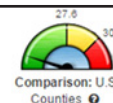
Between 2006 and 2012 Gwinnett County residents reported their physical health was not good on 2.6 days in the past 30 days. This has improved since the 2002 through 2008 period of 3.1 days and since the last CHNA, according to County Health Rankings.

Figure 111. Poor Physical Health Days: Time Series, Gwinnett County, 2006-2012



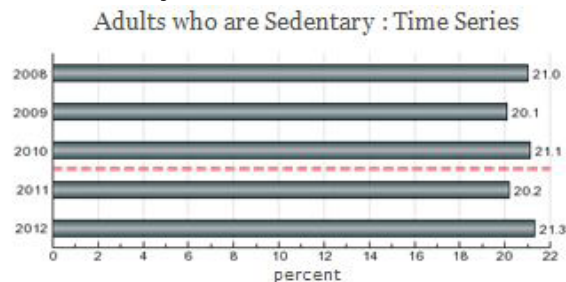
Source: Health Communities Institute, 2015

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 2012, 21.3 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; however, the percentage is higher than the percentage of 20.2 in 2011.

Figure 112. Adults who are Sedentary: Time Series, Gwinnett County, 2008-2012



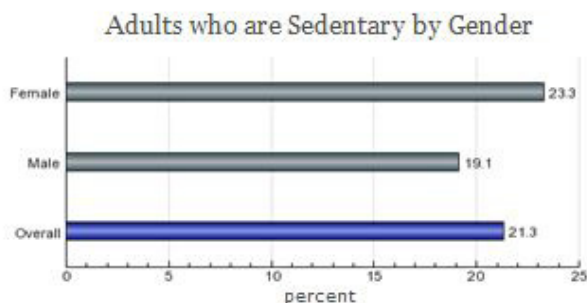
----- Indicates a change in methodology

2011 Due to changes in methodology, 2011 data should be considered a baseline year for data analysis and is not comparable to data from prior years.

Source: Health Communities Institute, 2015

Figure 113. Adults who are Sedentary: Gender, Gwinnett County

Figure 114. Adults who are Sedentary Comparison: Healthy People 2020 Target, Gwinnett County, 2012

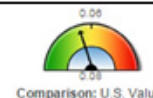


Source: Health Communities Institute, 2015



Source: Health Communities Institute, 2015

Recreation and Fitness Facilities



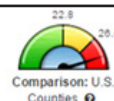
People engaging in an active lifestyle have a reduced risk of many health conditions including obesity, heart disease, diabetes and high blood pressure. People are more likely to engage in physical activity if their community has facilities which support recreational activities, sports and fitness.

Gwinnet County has a large, young, mobile and active population. These numbers have increased since our last CHNA. According to 2015 statistics from our Sports Medicine Program:

- 6.0 percent of Gwinnett County's total population is enrolled in school
- 29 active youth athletic organizations
- 53,437 total athletes enrolled in recreation sports
- 47,317 youth athletes enrolled in recreation sports
- 14,283 recreation athletic events
- 6,120 adult recreation athletic events
- 175 athletic venues in Gwinnett County
- 135 schools
- 23 high schools
- 176,000 students enrolled in Gwinnett Public School System- with 44% estimated participants in sports.

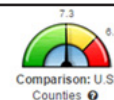
According to County Health Rankings in 2015, 78.7 percent of individuals live reasonably close to a park or recreational facility.

Mean Travel Time to Work



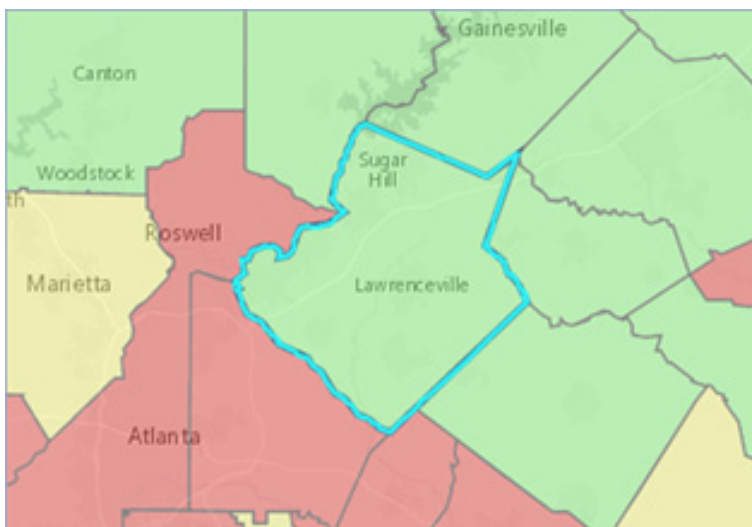
Lengthy car commutes cut into workers’ free time and contribute to health problems such as headaches, anxiety and increased blood pressure. An American Journal of Preventive Medicine article (May 8, 2012) by researcher Christine M. Hoehner, PhD, MSPH, assistant professor of public health sciences at 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 2009 and 2013 the average daily travel time to work was 31.6 minutes for Gwinnett County workers age 16 and older. This has come down since the 2005 through 2009 time period when the mean travel time to work was 32.4 minutes. And is lower than our last CHNA.

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 2015, Gwinnett County’s measurement was 7.3 which equal to the average of 3,141 U.S. counties.

Figure 115. Food Environment Index, Zip Code Map, Gwinnett County, 2015



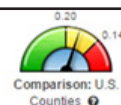
Source: Health Communities Institute, 2015

Food Store Density and Low Access to Grocery Stores

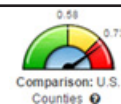
The U.S. Department of Agriculture – Food Environment Atlas measures the number of grocery stores, fast food restaurants, and farmers market density per 1,000 population. In 2012, Gwinnett County had 0.17 grocery stores (0.20 U.S. counties), 0.75 fast food restaurants (0.58 U.S. counties) and 0.01 farmers markets (0.03 U.S. counties). In 2012 there were 629 fast food restaurants and 658 full-service restaurants in Gwinnett County.

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 2010, Gwinnett County had 7.7 percent low-income (6.2 percent U.S. counties), 9.4 percent children (4.4 percent U.S. counties) and 2.3 percent people over the age of 65 (2.8 percent U.S. counties).

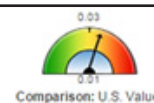
Grocery Store Density



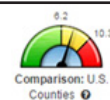
Fast Food Restaurant Density



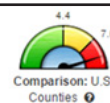
Farmer's Market Density



Low-Income and Low-Access to a Grocery Store



Children with Low-Access to a Grocery Store



People 65+ with Low Access to a Grocery Store



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

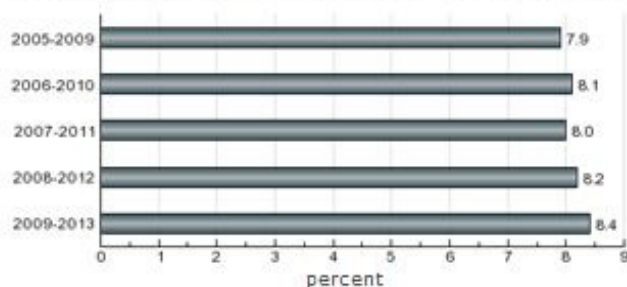


Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. Seniors who live in poverty are an especially vulnerable population due to increased social isolation, medical needs and physical limitations. Seniors often live on a fixed income 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 2009 through 2013, in Gwinnett County people over the age of 65 living below the poverty level was 8.4 percent which is an increase since the 2005 through 2009 period of 7.9 percent. People over age 75 (9.4 percent) were higher than the 65-74 (7.9 percent) age group. Females (10.0 percent) were higher than males (6.3 percent).

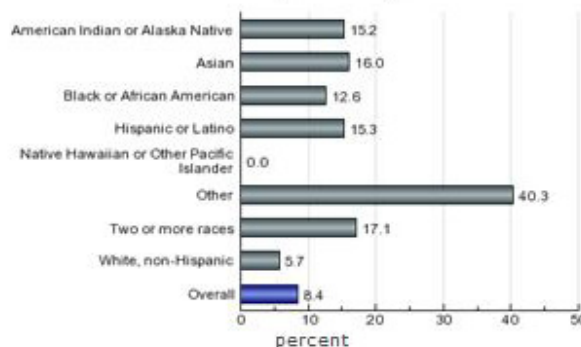
Figure 116. People 65+ Living Below Poverty Level: Time Series, Gwinnett County, 2008-2013
Figure 117. People 65+ Living Below Poverty Level: Race/Ethnicity, Gwinnett County

People 65+ Living Below Poverty Level : Time Series



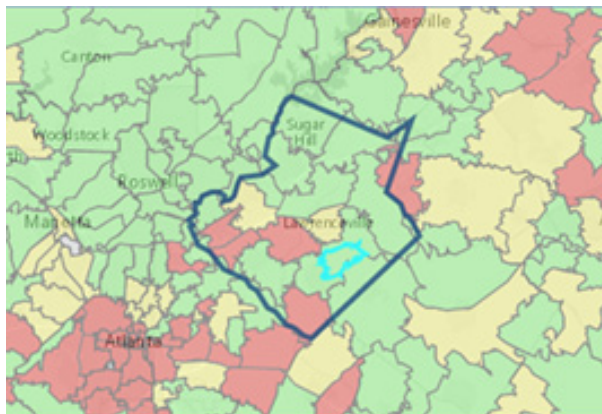
Source: Health Communities Institute, 2015

People 65+ Living Below Poverty Level by Race/Ethnicity



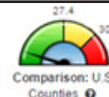
Source: Health Communities Institute, 2015

Figure 118. People 65+ Living Below Poverty Level, Zip Code Map, Gwinnett County,



Source: Health Communities Institute, 2015

People Age 65 and Older Living Alone

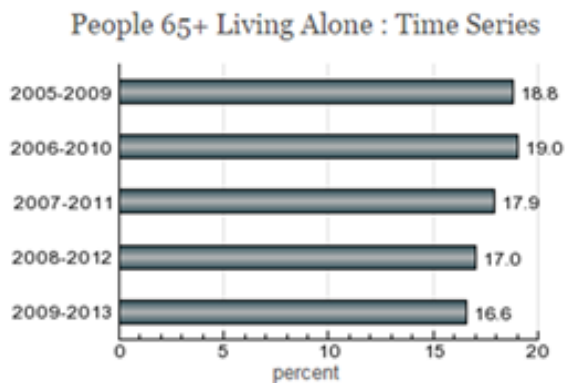


People over age 65 who live alone may be at risk for social isolation, limited access to support or inadequate assistance in emergency situations. Social isolation is not the same thing as loneliness; however, seniors may experience loneliness associated living alone or with the death of family members 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.

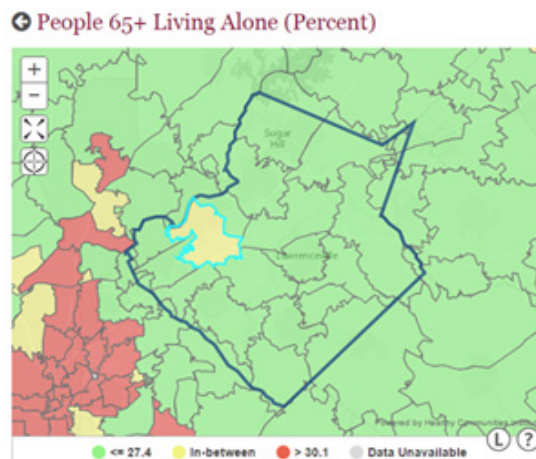
Between 2009 and 2013 16.6 percent of Gwinnett County resident over age 65 lived alone, this is lower than the 27.4 percent national average based on 3,142 U. S. counties. This is also lower than reported in our last CHNA. We have one zip code (30096) with higher than 27.4 percent of people over 65 living alone.

Figure 119. People 65+ Living Alone: Time Series, Gwinnett County, 2005-2013

Figure 120. People 65+ Living Alone, Zip Code Map, Gwinnett County, 2009-2013



Source: Health Communities Institute, 2015




Source: Health Communities Institute, 2015

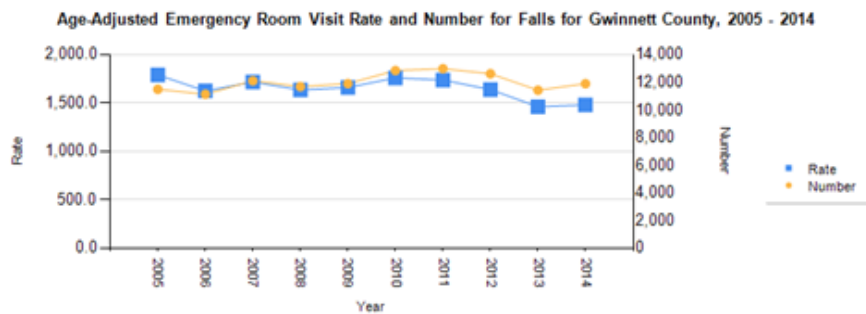
Falls 

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 common cause of nonfatal injuries and hospitalization for trauma.

According to Georgia Department of Public Health, OASIS 2015, between 2010 and 2014, falls were responsible for 61,720 emergency room visits. This was the second leading cause of emergency room visits and the rate of fall seen in the emergency room trending down since the previous period between 2005 and 2009.

Figure 121. Trend Rate for Emergency Room Visits for Falls, Gwinnett County, 2005-2014

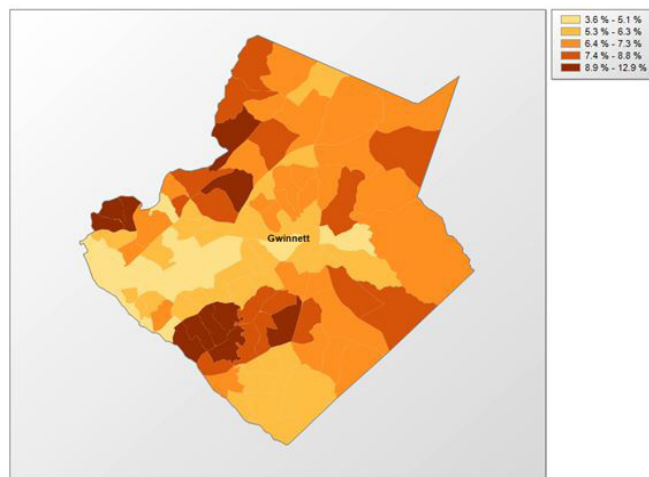
 As stated above the current rate is 1,609.1. The rate for the previous 5 year aggregate (2005 - 2009) was 1,682.2. This difference is statistically significant. Below is both the number and rate in the county over the 10-year period.



Source: Georgia Division of Public Health, OASIS, 2015

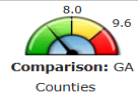
Figure 122. Percent of Emergency Room Visits Within Area due to Falls by Census Tract, Gwinnett County, 2010-2014

Percent of Emergency Room Visits Within Area due to Falls by Census Tract, Gwinnett County, 2010 - 2014



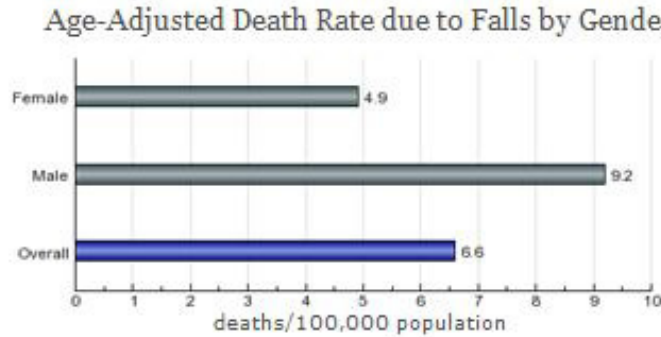
Source: Georgia Division of Public Health, OASIS, 2015

Age-Adjusted Death Rate Due to Falls



The age-adjusted death rate due to falls was 6.6 deaths per 100,000 population between 2011 and 2013. This rate has trended down since the 2007-2009 reporting period and is lower than the Healthy People 2020 target (7.2 deaths). Males (9.2 deaths) have a higher death rate than females (4.9 deaths). Multiracial groups (20.5 deaths) had the highest rate when compared with Whites (7.5 deaths), Asian (5.4 deaths) and Hispanic (4.2 deaths).

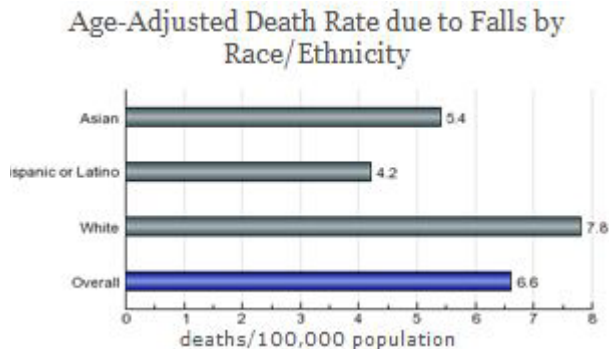
Figure 123. Age-Adjusted Death Rate due to Falls: Gender, Gwinnett County,



Source: Health Communities Institute, 2015

Figure 124. Age-Adjusted Death Rate due to Falls: Race/Ethnicity, Gwinnett County

Figure 125. Age-Adjusted Death Rate due to Falls Comparison: Healthy People 2020 Target, Gwinnett County, 2011-2013



Comparison: Healthy People 2020 Target

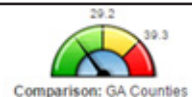
6.6
deaths/100,000 population

Measurement Period: 2011-2013

Source: Health Communities Institute, 2015

Source: Health Communities Institute, 2015

Age-Adjusted Death Rate Due to 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

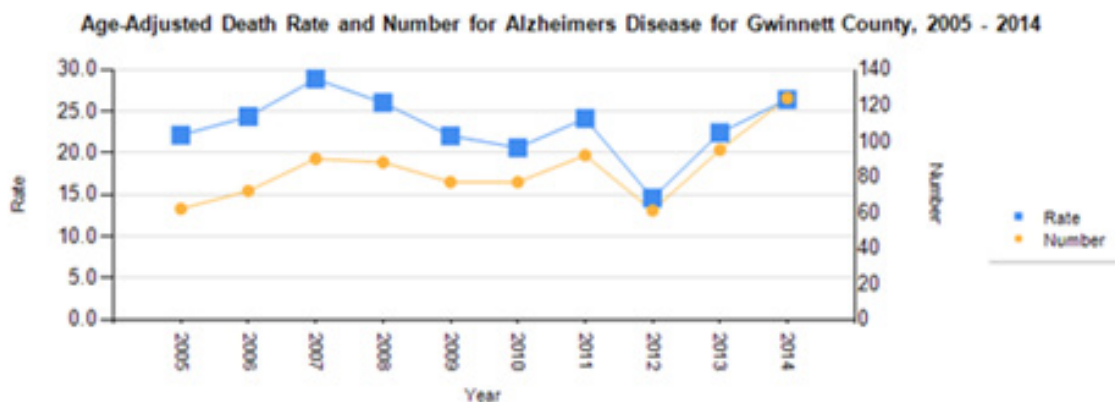
symptoms appear after age 60. At this time, the cause of Alzheimer’s disease is unknown and there is no cure. As individual age, the risk of developing Alzheimer’s disease increases; however, it is also important to note that Alzheimer’s disease is not a normal part of aging.

In Gwinnett County for the years 2010 through 2014, Alzheimer’s disease was the eighth leading cause of death (449 deaths). The aggregate trend rate of 24.7 death per 100,000 population have remained stable when compared to the previous five-year aggregate rates and is below the Georgia rate of 27.8 deaths per 100,000 population, according to Georgia Division of Public Health, OASIS 2015.

Figure 126. Trend Rate for Age-Adjusted Deaths for Alzheimer’s Disease, 2004-2008



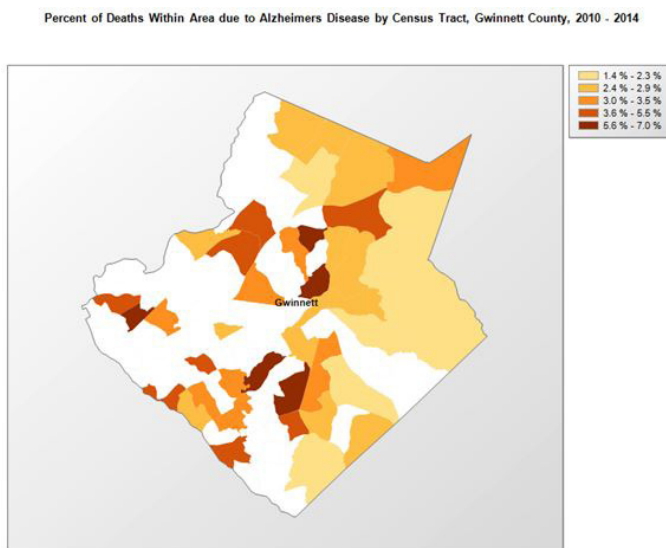
As stated above the current rate is 21.7. The rate for the previous 5 year aggregate (2005 - 2009) was 24.7. This difference is not statistically significant. Below is both the number and rate in the county over the 10-year period.



Source: Georgia Division of Public Health, OASIS, 2015

Health Communities Institute (HCI) uses Georgia Department of Public Health, OASIS data but for the time period is 2011 through 2013. The age-adjusted death rate due to Alzheimer’s Disease was 20.3 deaths per 100,000 population. The data demonstrate that in Gwinnett County more women (21.8 deaths) than men (17.5 deaths) are die from the disease and the black population has a age-adjusted death of 24.6 compared to 20.9 for white residents.

Figure 127. Percent of Deaths Within Area due to Alzheimer’s Disease by Census Tract, Gwinnett County, 2010-2014



Source: Georgia Division of Public Health, OASIS, 2015

Figure 128. Age-Adjusted Death Rate due to Alzheimer’s Disease: Race/Ethnicity, Gwinnett County,



Source: Health Communities Institute, 2015

Communicable Diseases and Immunizations

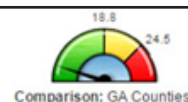
Communicable diseases include conditions that can be caused by either bacteria or viruses and are spread through direct or indirect contact from an infected person or animal to another individual. Organisms transfer occurs through physical contact for some diseases and/or airborne contact for other diseases. 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*, Haemophilus influenzae type B* (Hib), hepatitis A, hepatitis B*, measles*, mumps*, pertussis* (whooping cough), polio*, rubella* (German measles), Streptococcus pneumonia, tetanus* (lockjaw) and varicella* (chickenpox). Georgia law requires vaccination for the diseases marked with an asterisk (*) for children who attend daycare and prior to entry into school.

Age-Adjusted Death Rate Due to Influenza and Pneumonia

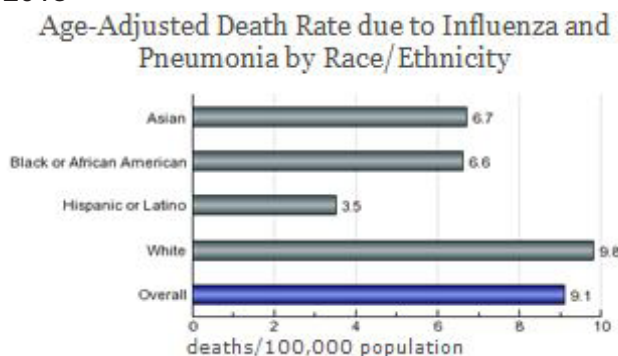


Influenza (flu) is a contagious respiratory illness caused by viruses. The condition varies from mild to severe illness and can be fatal in older populations, young children and people with certain health conditions. Flu occurs most commonly in the fall and winter. Getting vaccinated for the flu each 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.

Age-Adjusted death rate due to Influenza and Pneumonia was 9.1 deaths per 100,000 population between 2011 and 2013 (GA average 18.8 deaths). These rates have decreased when compared to the 2007 through 2009 period. Males (13.4 deaths) have a higher death rate than females (6.7 deaths). Whites (9.8 deaths) have the highest death rate when compared to Asian (6.7deaths) , Black (6.6 deaths) and Hispanic 3.5 deaths).

Figure 129. Age-Adjusted Death Rate due to Influenza and Pneumonia: Race/Ethnicity, Gwinnett County, 2011-2013



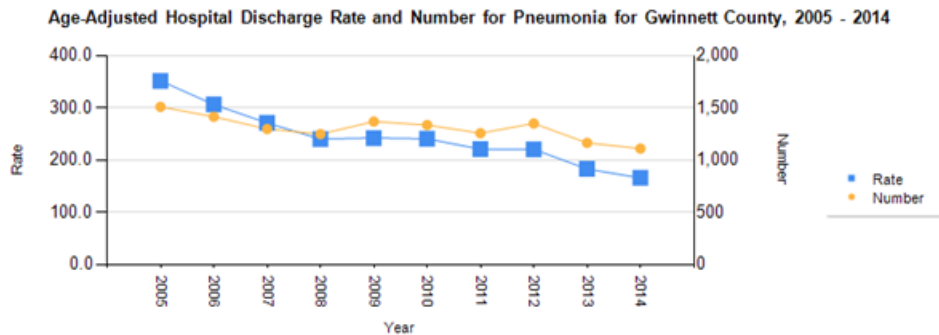
Source: Health Communities Institute, 2015

For the years 2010 through 2014, pneumonia was the sixth leading cause of hospital discharges (6,214) according to Georgia Division of Public Health, OASIS, 2015. These rates have decreased when compared to the previous five-year aggregate rates.

Figure 130. Trend Rate for Hospital Discharges for Influenza and Pneumonia, 2005-2014



As stated above the current rate is 204.0. The rate for the previous 5 year aggregate (2005 - 2009) was 278.7. 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, 2015

Figure 131. Percent of Hospital Discharges Within Area due to Pneumonia by Census Tract, Gwinnett County, 2010-2014

Percent of Hospital Discharges Within Area due to Pneumonia by Census Tract, Gwinnett County, 2010 - 2014



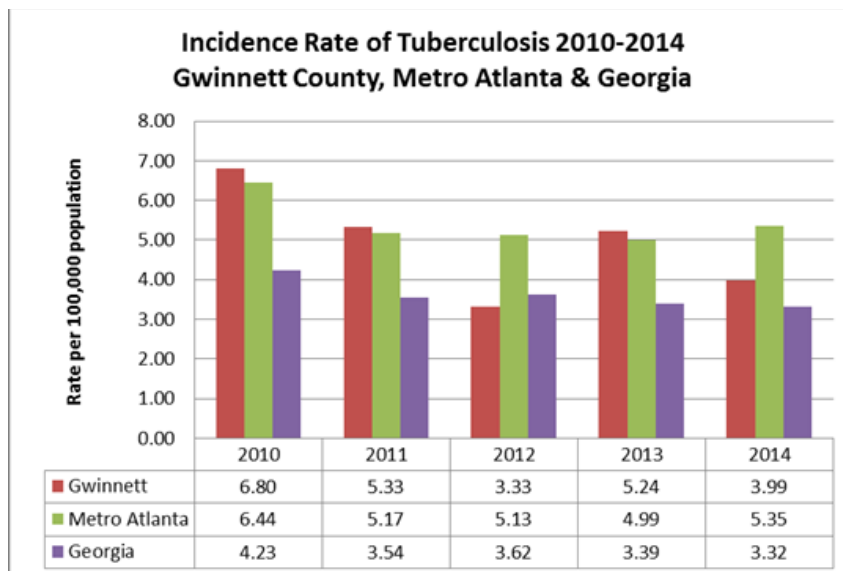
Source: Georgia Division of Public Health, OASIS, 2015

Tuberculosis (TB)

Tuberculosis is a chronic bacterial infection due to Mycobacterium tuberculosis. The most common site of infection is the lung, but other organs may be involved. TB is spread through the air when an infected person sprays out droplets by coughing, speaking or singing. Some droplets don't fall to the ground but remain suspended in the air, then break apart and leave very tiny germs. These germs must be inhaled and get down into the alveoli (tiny air sacs) of the person's lungs for someone to become infected.

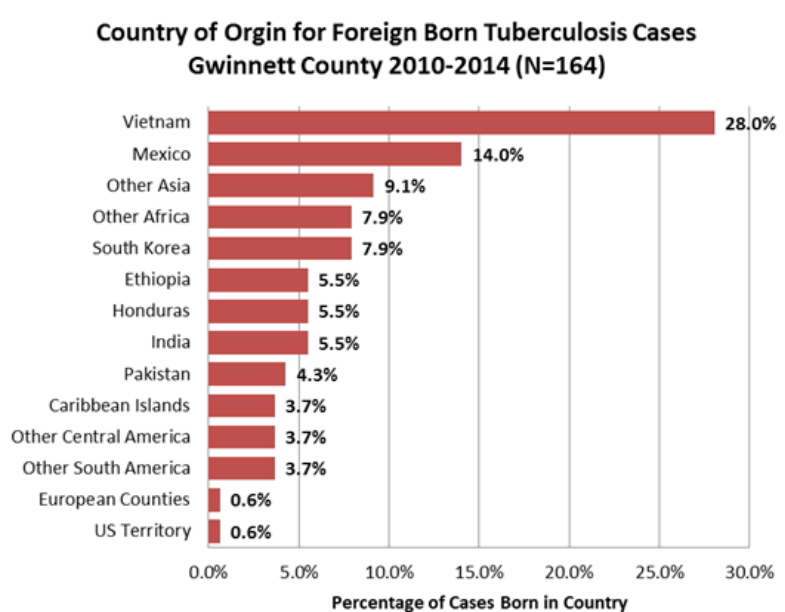
Incidence rates are calculated using the population at risk for developing the disease. There were a total of 207 Tuberculosis cases in Gwinnett County between 2010 and 2014 and the country of origin in known for 207 of them. The cases are predominately foreign born at 79.2 percent (164 cases). The bar chart depicts the county of origin for those foreign born cases.

Figure 132. Incidence Rate of Tuberculosis Gwinnett County, Metro Atlanta and Georgia, 2010-2014.



Source: Epidemiology Unit, Gwinnett, Newton, and Rockdale County Health Department, 2015

Figure 133. Country of Origin for Foreign Born Tuberculosis Cases Gwinnett Count, 2010-2014



Source: Epidemiology Unit, Gwinnett, Newton, and Rockdale County Health Department, 2015

Hepatitis

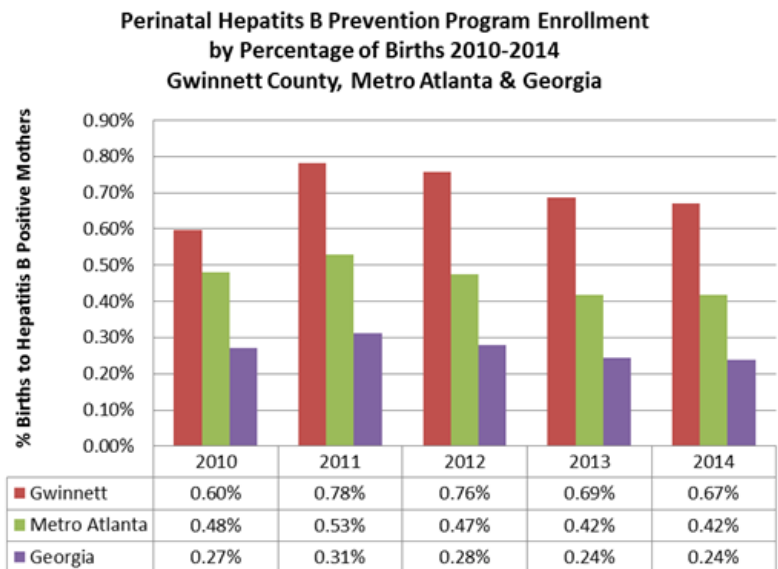
Hepatitis is a viral disease that causes inflammation of the liver. Transmission and or treatment differ depending on which virus causes the illness. There are five possible viruses named hepatitis: A, B, C, D and E viruses. Other viruses may cause hepatitis but are very rare. In Georgia, hepatitis A,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

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

Perinatal Hepatitis B

Babies born to Hepatitis B Positive mothers are followed in the Gwinnett Public Health Perinatal Hepatitis B Program from pregnancy through their first year of life. The program manger alerts both the obstetrician and the birth hospital of the child's need for Immunoglobulin during the first 12 hours of life and then works with the child's pediatrician to ensure Hepatitis B vaccination occurs in a timely and complete manner. After vaccination, post vaccination blood test will determine if the child is immune or needs a second round of vaccinations. Perinatal hepatitis data is pulled by the child's date of birth child but cases are not closed until at least 9 months of age with some staying open until 2 years of age. If a child moves prior to closure then the new county will get credit for the case, not the birth county. Due to the diversity of Gwinnett County, there are many mothers that are originally from countries where Hepatitis B is prevalent. Gwinnett County Health Department has consistently had the highest caseload of babies to follow for the past five years.

Figure 134. Perinatal Hepatitis B by Percentage of Birth Gwinnett Count, Metro Atlanta and Georgia, 2010-2014.



Source: Epidemiology Unit, Gwinnett, Newton, and Rockdale County Health Department, 2015

Sexually Transmitted Diseases (STDs) 

The majority of notifiable health conditions reported to the Gwinnett County Health Department are sexually transmitted diseases.

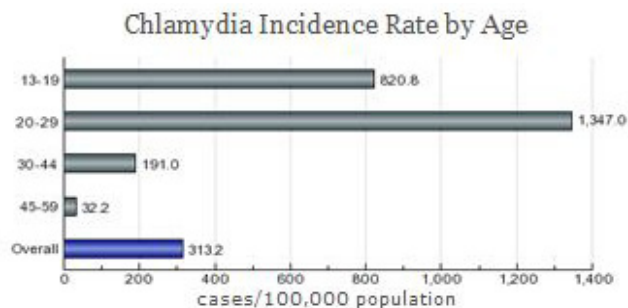
Gonorrhea 

Chlamydia Incidence Rate 

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 no 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 2013 was 313.2 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 2011 (308.9 cases). The incidence is much higher in females (457.1 cases) than males (157.7 cases). The age group with the highest incidence rate is 20-29 (1,347 cases) followed by 13-19 (820.8 cases). Blacks (308.5 cases) have the highest incidence rate followed by Hispanics (119.0 cases).

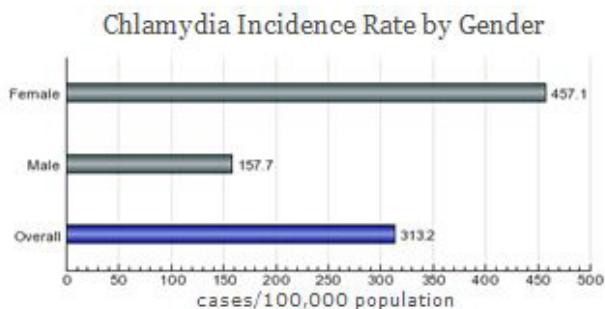
Figure 135. Chlamydia Incidence Rate: Age, Gwinnett County,



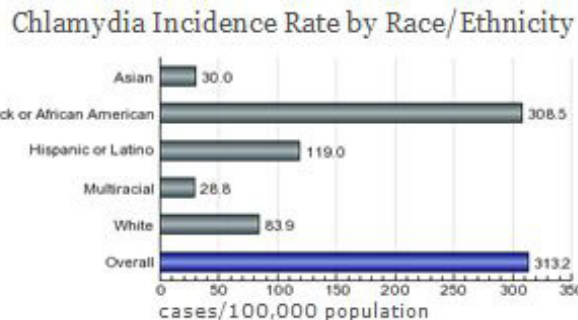
Source: Health Communities Institute, 2015

Figure 136. Chlamydia Incidence Rate: Gender, Gwinnett County,

Figure 137. Chlamydia Incidence Rate: Race/Ethnicity, Gwinnett County

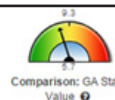


Source: Health Communities Institute, 2015



Source: Health Communities Institute, 2015

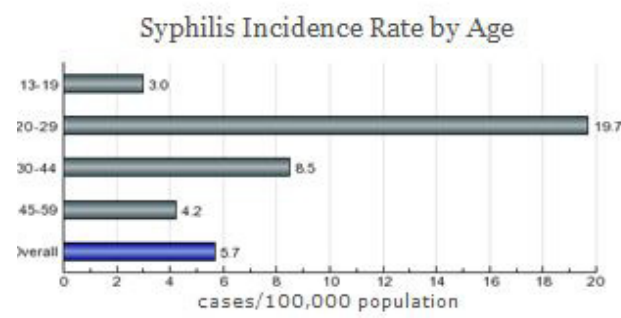
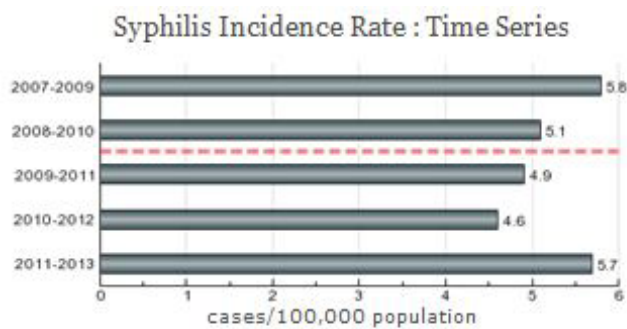
Syphilis



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.

The Syphilis Incidence Rate between 2001 and 2013 was 5.7 cases per 100,000 population. This is a slight increase since 2009 to 2011 (4.9 cases). The incidence is much higher in males (10.5 cases) than females (1.1 cases). The age group with the highest incidence rate is 20-29 (19.7 cases) followed by 30-44 (8.5 cases). Blacks (16.1 cases) have the highest incidence rate followed by Whites (2.2 cases).

Figure 138. Syphilis Incidence Rate: Time Series, Gwinnett County,
Figure 139. Syphilis Incidence Rate: Age, Gwinnett County.

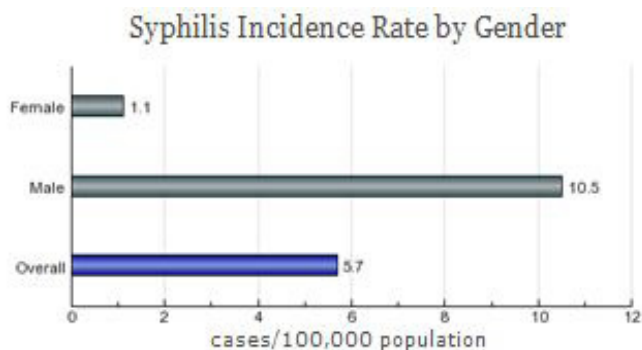


Source: Health Communities Institute, 2015

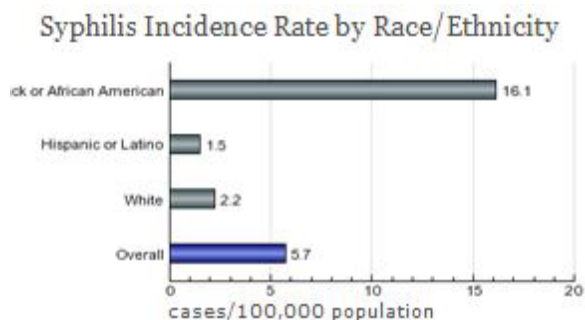
----- Indicates a change in methodology
2009-2011 Rates prior to 2009-2011 do not reflect the population revisions made by the Georgia Department of Public Health OASIS. Please consult the source for the revised data.

Source: Health Communities Institute, 2015

Figure 140. Syphilis Incidence Rate: Gender, Gwinnett County,
Figure 141. Syphilis Incidence Rate: Race/Ethnicity, Gwinnett County



Source: Health Communities Institute, 2015



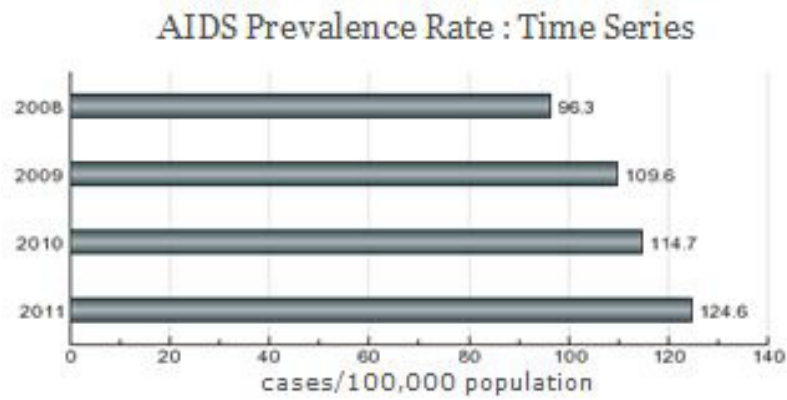
Source: Health Communities Institute, 2015

HIV/AIDS 

Human immunodeficiency virus (HIV) is a virus that causes acquired immunodeficiency syndrome (AIDS), HIV is transmitted by contact with infected blood or body fluids, typically through sexual intercourse or sharing needles. 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 AIDS prevalence rate for 2011 was 124.6 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 142. AIDS Prevalence Rate: Time Series, Gwinnett County, 2008-2011



Source: Health Communities Institute, 2015

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 2013 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 at most two years of data were utilized because the third year is not complete at this time.
- 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.

Figure 143. Indicator Evaluation, 2015

TREATMENT				
Section	Indicator	Baseline	Current Status	Comments
1.1 D; 1.1 L Emergency; External Indicator	Duluth % patients without Insurance	30.10%	28.88%	FY13 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	Lawrenceville % patients without Insurance	23.80%	23.60%	
	Adults with Health Insurance	69.80%	75.10%	
1.1 L; Trauma; External Indicator	Lawrenceville # of trauma patients related to falls	45.93%	50.64%	FY13 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	AA Death Rates due to Falls	6.8	6.6	
1.2 L; Pregnancy & Childbirth; External Indicator	Lawrenceville % of pts with skin to skin contact for 1 uninterrupted hour following vaginal birth	10.00%	73.80%	FY13 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	Infant Mortality Rate	5.4	5.4	
1.3 L; Post Acute Heart Disease; External Indicator	Lawrenceville % cardiac rehab pts w improved functional capacity	83.00%	85.00%	FY13 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	63.3	59.8	
1.3 L; Acute Heart Disease; External Indicator	Lawrenceville # patients receiving pci (new 2015)	1355	1323	FY14 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	63.3	59.8	
1.2 D; 1.3 L; Acute Stroke; External Indicator	Duluth % eligible patients receiving tPA	9.1% D+L	5.0%	FY13 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	Lawrenceville % eligible patients receiving tPA		34.0%	
	AA Death Rate due to Stroke	36.3	35.6	
1.2 D; 1.3 L; Cancer; External Indicator	Duluth # oncology rehab encounters	2	75	FY 13 Baseline. FY14 Outcome. Now and old indicator. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	Lawrenceville # oncology rehab encounters	145	362	
	AA Death Rate due to Stroke	36.8	35.6	
1.2 D; 1.3 L; Cancer; External Indicator	Lawrenceville # cancer patients receiving chemo infusion services (new 2015)	6380	6380	FY15 Baseline and FY15 Outcome. New Indicator. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	AA Death Rate due to Cancer	32450	32450	
		155.9	148.7	
1.2 D; 1.3 L; Diabetes; External Indicator	Duluth # participating in Inpatient Diabetes Ed	957	933	FY13 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	Lawrenceville # participating in Inpatient Diabetes Ed	1433	1481	
	AA Death Rate due to Diabetes	16.6	19.3	
1.3 L; COPD; External Indicator	Lawrenceville % improvement in endurance for pulmonary rehab patients	78.10%	78.10%	FY15 Baseline and FY15 Outcome. New Indicator. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	COPD: Medicare population	10.0%	9.7%	
1.2 D; 1.3 L; TB; External Indicator	Duluth # of patients treated testing positive for TB	5	2	FY13 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	9	13	
	AA Discharge Rate for TB	2.6	1.2	
1.3 D; Disability; External Indicator	Duluth % GRC inpatients discharged to home	67.6%	66.3%	FY13 Baseline. Old Indicator. FY14 Outcome. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	Persons with Disability	6.7%	7.5%	
1.3 D; Disability; External Indicator	Duluth # of patients discharged from GRC (new 2015)	553	627	FY13 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	Persons with Disability	6.7%	7.5%	
1.4 D; Obesity; External Indicator	Duluth # patient encounters in CSWM program	6596	9592	FY13 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	Adults who are Obese	27.1%	27.4%	

Source: Gwinnett Medical Center, Community Benefits Planning and Research, 2015

Figure 144. Indicator Evaluation (continued), 2015

ACCESS TO CARE				
Section	Indicator	Baseline	Current Status	Comments
2.1 D; 2.1 L; Professional ED; External Indicator	Duluth # nursing leadership students	15	15	FY14 Baseline and FY14 Outcomes.
	Lawrenceville # nursing leadership students	10	10	
	No External Indicator			
2.1 D; 2.1 L; Professional ED; External Indicator	Duluth # nursing students (new 2015)	156	156	FY15 Baseline and FY15 Outcome. New Indicator.
	Lawrenceville # nursing students	785	785	
	No External Indicator			
2.2 D; 2.2 L; Physician Recruit; External Indicator	Duluth # physicians recruited	2.7	0.5	FY13 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	Lawrenceville # physicians recruited	7.4	4.5	
	Primary Care Provider Rate	56.0	58.0	
2.3 D; International Community; External Indicator	Duluth # Asians treated in Duluth facilities / programs	5306	7008	FY13 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	Linguistic Isolation	3.6%	8.8%	
2.4 D; 2.3 L; Behavioral Health; External Indicator	Duluth # persons transferred to a mental	616	524	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	1031	1462	
	Poor Mental Health Days	2.8	2.7	
2.5 D; 2.4 L; Disability; External Indicator	Duluth # Gwinnett SportsRehab encounters	2573	1576	FY13 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	Lawrenceville # Gwinnett SportsRehab	3577	2522	
	Persons with Disability	6.7%	7.5%	
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	3518	5046	FY13 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	13230	8739	
	Adults who are Sedentary	20.2%	21.3%	
3.2 D; 3.2 L; Healthy Kids; External Indicator	Duluth # participants SportsMed program	7391	23372	FY13 Baseline.
	Lawrenceville # participants SportsMed	13636	29806	
	External Indicator			
3.3 D; 3.3 L; Healthy Aging; External Indicator	Duluth # of participants in community programs related to Healthy Aging	13763 D+L	6008	FY13 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	Duluth # of participants in community programs related to Healthy Aging	13764 D+L	12928	
	People 65+ Living Alone	13.0%	16.6%	
3.4 D; 3.4 L; Stroke; External Indicator	Duluth # of stroke prevention community ed programs	11	12	FY13 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	Lawrenceville # of stroke prevention community ed programs	15	20	
	AA Death Rate due to Stroke	36.8	35.6	
3.4; 3.4 L; Diabetes; External Indicator	# participantns in community based diabetes	257	265	FY13 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	# participantns in community based diabetes	164	165	
	AA Death Rate due to Diabetes	16.6	19.3	
3.4 D; 3.4 L; Smoking Cessation; External indicator	Duluth # Smoking Cessation counseling & support contacts	893*D+L	26	FY13 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	Lawrenceville # Smoking Cessation counseling & support contacts	893*D+L	785	
	Adults who Smoke	15.2%	13.6%	
3.4 L; Heart Disease; External Indicator	Lawrenceville# of community programs related to heart disease	18	18	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	63.3	59.8	
3.4 L Heart Disease; External Indicator	Lawrenceville # of participants in Post Phase II Cardiac Rehab	2873	4342	FY13 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	AA Death Rates due to Obstructive Heart	63.3	59.8	
3.5 D; International Community; External Indicator	Duluth # of minutes spent for Korean Interpretation	26760	26540	FY13 Baseline. Community Indicator comparison for previous CHNA data and most recent available data from Health Communities Institute.
	Linguistic Isolation	3.6%	8.8%	

Source: Gwinnett Medical Center, Community Benefits Planning and Research, 2015

Attachment F. Prioritized Health Needs

Identifying Community Health Needs

In July 2015, 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 VHA Inc. and Healthy Community 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 2013 Community Health Needs Assessments.

Identified Data

The Community Health Needs Assessment Team reviewed community input data in the assessment process from: seven focus groups (62 participants); seven community service agency committee meetings (87 participants); nine community key leader interviews; Gwinnett Coalition Helpline referral data for years 2007-2014; 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.

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 and occasionally the National Center for Health Services (NCHS) rankable causes. This dashboard also compares Gwinnett County rates to Georgia rates. The hospital also used data from 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 127 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 October and November 2015. In November 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 145. Prioritization Matrix

Easy	<u>Easier Implementation</u> <u>Lower Impact</u>	<u>Easier Implementation</u> <u>Medium Impact</u>	<u>Easier Implementation</u> <u>Higher Impact</u>
Moderate Implementation	<u>Medium Implementation</u> <u>Lower Impact</u>	<u>Medium Implementation</u> <u>Medium Impact</u>	<u>Medium Implementation</u> <u>Higher Impact</u>
Difficult	<u>Difficult Implementation</u> <u>Lower Impact</u>	<u>Difficult Implementation</u> <u>Medium Impact</u>	<u>Difficult Implementation</u> <u>Higher Impact</u>
	Low	Moderate Impact	High

Source: Gwinnett Medical Center, Community Benefits Planning and Research, 2015

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

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 stop the spread of communicable diseases
- 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 and Trauma 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

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 stop the spread of communicable diseases
- Collaborate with community organizations to prevent and detect chronic disease
- Collaborate with community organizations to promote the health of the international population

The community health needs assessment was approved by hospital leadership and the Board of Directors through the Board's Community Benefit Committee. 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 Inpatient Medical 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
- Kid's Clinic
- 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
- CHRIS Kids
- Covenant Christian Counseling
- Elizabeth Inn thru MUST Ministries
- Families First
- First Call for Help
- Georgia Crisis & Access Line (GCAL)
- Georgia Care and Counseling Center
- Georgia Crisis Information Line
- 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
- Peachford Psychiatric Hospital
- The Potter's House
- Quinn House
- Ridgeview Psychiatric Hospital
- Riverwoods
- Rockdale House For Men
- Rockdale House For Women
- Remuda Ranch
- Saint Jude's Recovery Program
- Single Point of Entry Suicide Hotline
- Summit Counseling Center
- SummitRidge Hospital
- 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 Inpatient Medical 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

Disability:

Persons with Disability and Persons with Disabilities Living in Poverty

- Aging & Disability Resource Center
- Barrier Free Gwinnett
- Center for Low Vision Services
- Center for Visually Impaired
- Creative Enterprises
- Families of Autism/Asperger’s Syndrome Care, Educate and Support (FACES)
- Friends of Disabled Adults and Children (FOBAC)
- Georgia Council for the Hearing Impaired, Inc.
- 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
- Literacy Gwinnett
- 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
- 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
- Catholic Social Services
- Feminist Women's Health Center
- Georgia Right to Life
- Gwinnett County Health Department
- Gwinnett Pregnancy Resource Center
- Option Line
- Planned Parenthood
- Pregnancy Resource Center
- 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)
- Age Wise Connection
- Altus Hospice
- Alzheimer's Association
- A Place for Mom
- Applewood Towers
- Atlanta Area Agency on Aging
- Atlanta Hospice
- Autumn Breeze Assisted Living
- Belmont Village Care Center
- Brightstar Care
- Buford Senior Center
- Calvin Cove Alzheimer's Day Program
- Community Care Services Program (CCSP)
- Compassionate Care Hospice
- Compassionate Hospice
- Crossroads Hospice
- Dogwood Forest Assisted Living
- Eastside Heritage Center
- Embracing Care Hospice
- First Call for Help (United Way)
- Fulton County Senior Services
- Grace Arbor Alzheimer's Day Program
- Gwinnett Christian Terrace
- Gwinnett Council for Seniors
- Gwinnett County Senior Services
- Hall County Senior Provider Network
- Hall County Senior Life Center His Heart for Seniors
- Holbrook Independent Living
- Home Instead Senior care
- Hope Memory Center
- Journey Hospice
- Life Care of Lawrenceville Nursing Home
- Meals on Wheels
- Mesun Hospice
- National Council on Aging
- Noble Village
- Peachtree Christian Hospice
- Retired Senior Volunteer Program (RSVP)
- Seasons Hospice and Palliative Care
- Senior Helpers
- Senior Life Center
- Senior Provisions
- Signature Rehabilitation
- Social Security
- The Bridge Assisted Living
- The Resting Nest Assisted Living
- United Hospice
- VA Clinic
- Visiting Nurses Hospice of Atlanta
- 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

- Let'sMove.gov
- Local Gyms
- Weight Watchers
- YMCA
- Yoga Instructors
- Faith-based Organizations
- Greater Atlanta Overeaters Anonymous
- GUIDE
- Gwinnett County Parks and Recreation

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
- Emory Clergy Care
- 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 Measure Foods
- Good News Clinic
- Grief Share
- Gwinnett Children's Food Umbrella
- Gwinnett Coalition Information and Referral Helpline
- Gwinnett County Transit
- Gwinnett Housing Resource Partnership (GHRP)/IMPACT Group
- 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
- My Sister's Place
- New Life Fellowship, Inc. – Bread of Life Food Ministries
- Nicholas House
- Norcross Cooperative Ministry
- North Gwinnett Cooperative Ministry
- Now Faith Apostolic International Ministries
- Odyssey III – Community Concerns, Inc.
- Office of the Child Advocate
- Partnership Against Domestic Violence
- Partnership for Community Action
- Peace Place
- Quinn House
- Rainbow Village
- Raksha
- Red Cross
- Salt Light Homeless Shelter
- Salvation Army
- Shepherd's Inn
- Signs and Wonders, Inc.
- Singles Parents Alliance Resource Center
- Social Security Administration
- St. Joseph's Mercy Care
- Task Force for the Homeless
- The Temple's Zaban Shelter
- United Way
- Vision Academy Life Center
- Wellspring Living
- 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
- Catholic Social Services
- Feminist Women's Health Center
- GUIDE
- Gwinnett County Juvenile Justice
- Gwinnett County Public Schools
- Gwinnett Parks and Recreation
- Gwinnett Pregnancy Resource Center
- Heart Screens for Teens
- Option Line
- Planned Parenthood
- St. Joseph Mercy Care
- View Point Health
- WIC programs