



Community Health Assessment Bartow County

2019

*Georgia Department of Public Health
District 1-1*



Acknowledgements

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-
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We would also like to extend a special thank you to the Bartow County Health Department staff for their commitment and valuable insights.

Letter from Nurse Manager

It is my utmost pleasure to present the 2019 Bartow County Community Health Assessment. It documents over 50 health status indicators compiled from local, state, and federal data sources including but not limited to, leading causes of death, chronic disease, substance abuse, and environmental health. It is a broad picture of our community which also includes resident surveys, key informant interviews and focus groups. It conveys what is working well and where we need to focus our efforts.

Bartow County is fortunate to have a strong and active community with a shared vision that fosters collaborations, engages in strategic planning and recommends policy changes to address our community's needs. I would also like to thank all our community partners for their time, expertise and valuable contributions that made this assessment worthwhile. I unequivocally believe that through your continued support, we will make great strides to improve our community.

Sincerely,

Cathy Green R.N., B.S.N., M.P.H.
County Nurse Manager
Bartow County Health Department

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Executive Summary

In 2018, the Bartow County Health Department launched a major initiative to better understand the health needs of the community and to identify strategic issues and opportunities to address these needs. This process included conducting a community health assessment which not only provides a portrait of the community's health status but also identifies factors that have the potential to influence health and quality of life outcomes such as social factors, individual behaviors and physical environment.

This community health assessment utilizes a participatory, collaborative approach to look at health in its broadest context, i.e. health being a state of complete physical, mental and social wellbeing and not merely the absence of disease, as is defined by the World Health Organization (WHO). The assessment also looks at the larger social and economic factors that have an impact on health and quality of life as well as how they disproportionately affect certain populations. To make this a truly collaborative effort, community members from a broad set of organizations were engaged early on and made valuable contributions throughout the process.

Our Methodology

The Assessment was done using the Mobilizing for Action Planning and Partnerships (MAPP) framework. The MAPP process ensures community involvement and input throughout the assessment process and utilizes standard benchmarks to not only identify strengths, weaknesses and areas of improvement but also prioritize the strategic issues that need to be addressed in order to improve in the public health services within the community.

In keeping with the MAPP methodology, this assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research: the Bartow County Community Health Survey, as well as secondary research which includes data collected on over 50 health indicators. Health indicators data enabled to identify trends, as well as comparison to benchmark data at the state and national levels to give a complete picture of health status in Bartow County. Qualitative data input includes primary research gathered through a series of Key Informant Interviews and Focus Groups as well a Youth Photovoice Contest.

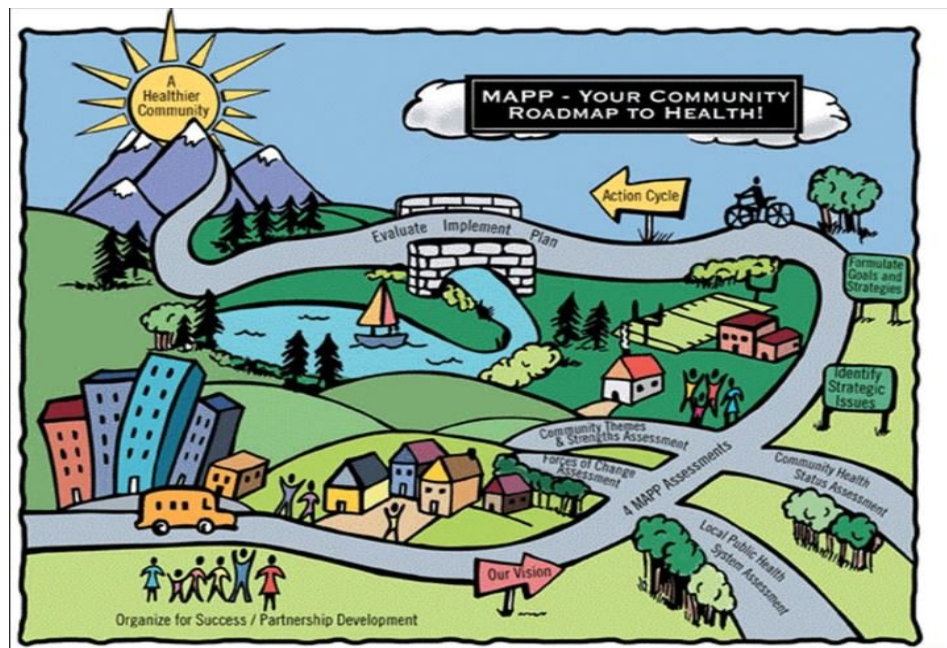
Major Findings

The results of this assessment found that when the public health system is seeking to implement positive change in the community, the goal should be to focus on a community that (a) has minimal rates of chronic diseases with special emphasis on healthy eating and exercise, (b) low substance abuse rates, (c) effective communication within agencies and sharing of resources, (c) is a good place to grow old, and (d) where residents have an active sense of civic responsibility.

These findings will serve as the guiding force to take strategic action and provide a structured framework for planning future health programs within the community.

Chapter 1. Introduction to MAPPⁱ

MAPP is a community-driven, strategic planning process for improving community health. Facilitated by public health leaders, this framework helps communities to prioritize public health issues, identify resources for addressing them, and take action. MAPP is a participatory process guided by a community-generated vision; strategies and goals based on an assessment of the community's priorities and needs. It shifts the trend from being an agency focused framework to an interactive tool that improves the efficiency, effectiveness and ultimately the performance of local public health systems.



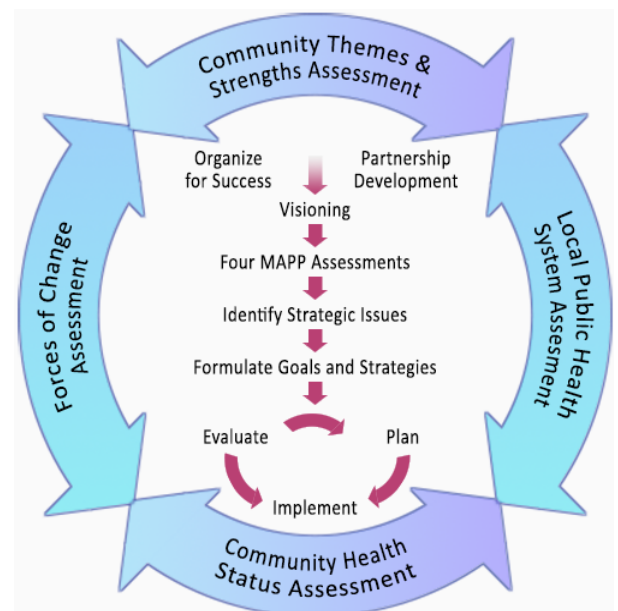
There is a total of six phases in MAPP. Each phase is illustrated in the graphic and described in detail below.

Phase 1: Organizing for Success/Partnership Development

Phase 1 focuses on structuring a planning process that builds commitment, engages participants as active partners and orients partners to the process. During this phase the entire MAPP process is organized and planned out in order to utilize everyone's time and resources effectively.

Phase 2: Visioning

In Phase 2 the community and the committee work together to develop an overall, shared vision of health in the community that will guide the planning and action to follow. Vision and values statements provide focus, purpose, and direction to the MAPP process.



Phase 3: Four MAPP Assessments

The main feature that sets MAPP apart from other similar models is the depth of its community assessments. Each of the four MAPP assessments—Community Health Status Assessment, Forces of Change Assessment, Community Themes and Strengths Assessment, and Local Public Health System Assessment—when considered as a whole, provide the foundation for identifying the strategic health issues that need to be addressed.

- ***The Community Themes and Strengths Assessment*** asks residents to name the issues that are important to them, to talk about how they feel about the community, and to identify community assets – the resources that already exist in the community that can be used to address health and other issues.
- ***The Local Public Health System Assessment (LPHSA)*** examines all elements of the public health system, from hospitals to home health aides, as well as how those elements work, how they're structured, how they interact with other sectors and elements of the community, and the nature of their resources. This assessment is completed using the National Public Health Performance Standards Program local instrument which revolves around the “10 essential services of public health”.
- ***The Community Health Status Assessment*** looks at the health of community members and of the community. Quality of life issues – employment, housing, the environment, etc. – are also considered here as part of the community perspective on health.
- ***The Forces of Change Assessment*** examines what is happening or might happen in the future that will have an impact on community health.

Phase 4: Identify Strategic Issues

Using a participatory approach, the community and the committee examine the data collected in the previous phase to identify the key issues that must be addressed in order to realize the shared vision.

Phase 5: Formulate Goals/Strategies

Once the strategic issues are identified, the group sets goals for each, based on the vision and assessment data, and formulates strategies for reaching those goals. These goals and strategies map the route from the current circumstances of the community to the future laid out in the vision.

Phase 6: Action Cycle

This phase comprises the planning, implementation, and evaluation of the action that the group takes to achieve its goals. It's seen as a cycle because the assumption is that the process is ongoing. Action is continually evaluated and adjusted to achieve greater effectiveness. The planning/implementation/evaluation cycle continues until the community achieves its vision...and generates a new vision to work toward.

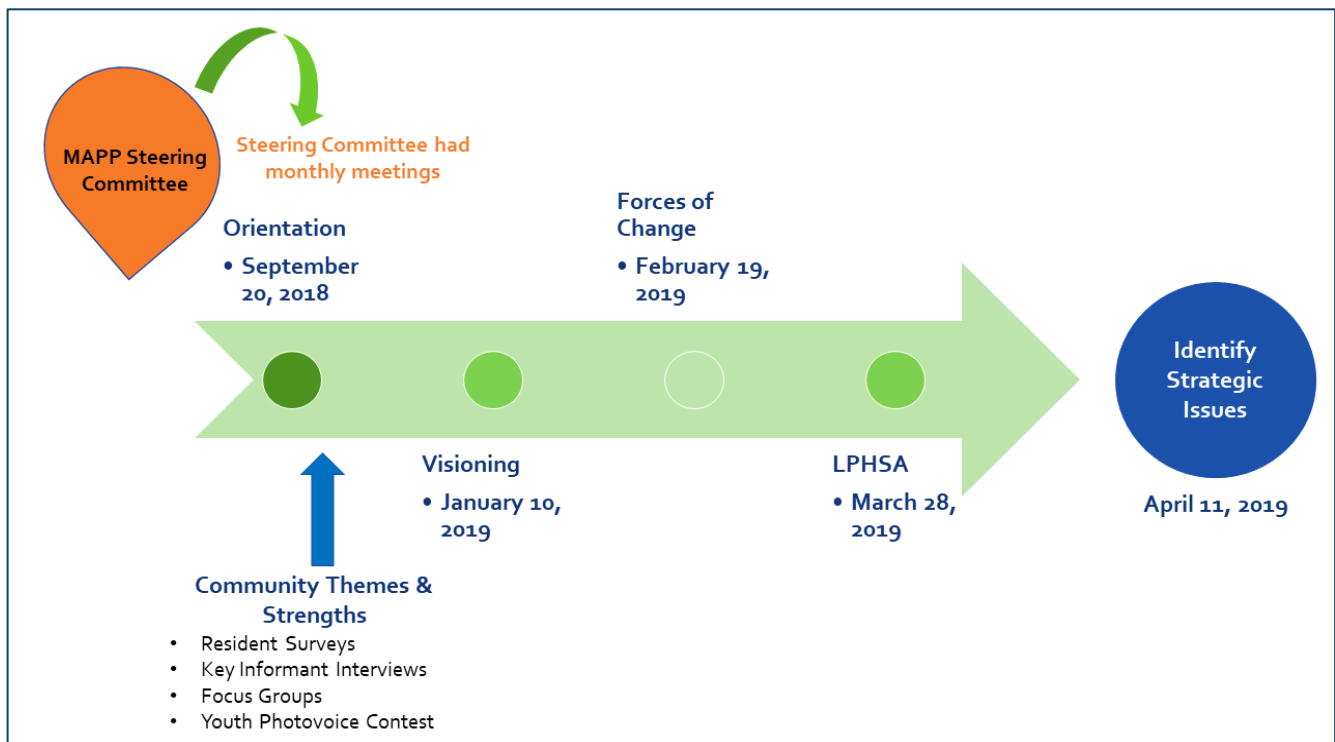
Chapter 2. MAPP in Action – Phases of MAPP

Phase I – Organizing for Success/Partnership Development

Phase I began with recruitment of an internal work group and a steering committee. Key members of the community were extended invitations to serve on the steering committee. They included individuals from the Board of Health, local public health staff, environmental staff, hospital staff, first responders, local county and city school representatives, faith representatives as well as citizens of Bartow County who represented their non-profit organizations or local businesses. All in all, the steering committee represented a diverse group of individuals who all brought their individual expertise, and this is one reason for assembling a diverse MAPP Committee – to get as many individuals and organizations in the community as possible moving in the same direction and communicating well with one another.

Apart from the recruitment of the steering committee, planning for the phases of MAPP process was also carried out. Budget was set aside, and a working timeline was established. Roles/objectives of the process were laid out and preparations were made to address upcoming phase requirements. The survey instrument, and key Informant questions were designed, and the evaluation was planned out. The following graphic shows the MAPP timeline that was followed for the Bartow County MAPP process:

MAPP Timeline



Phase II – Visioning

The Vision and Values were finalized over the course of two meetings held in January with the steering committee and some key community members from Bartow County. The participants in the first meeting teased out common ideas and themes through a collaborative process, while the smaller workgroup committee worked on finalizing the Vision statement and Values over the course of the second meeting.

Vision:

The participants in the community-wide meeting were given the opportunity to answer the following three questions:

- *What does a healthy Bartow County mean to you?*
- *What are the important characteristics of a healthy community for all who live, work and play here?*
- *How do you envision the local public health system in the next five to ten years?*

Each member put one idea/thought per post-it and used charts around the room to answer these questions. The participants then convened into a smaller group to complete an Affinity diagram to organize the common themes and ideas under broader groups and develop a shared consensus. A small workgroup meeting was held the next day to finalize the Vision statement.

"Bartow County, a community where all people thrive in a culture that promotes health, well-being and longevity".

Values:

The questions posed to the community members for brainstorming a set of Values, were as follows:

- *What are the key behaviors that will be required of the local public health system partners, the community and others in the next five to 10 years to achieve our vision?*
- *What can we do to ensure community involvement/engagement in achieving our vision?*



Trust: A community that has a strong sense of trust amongst its members.



Commitment: A community focused on people, processes and actions that promote overall well-being.



Knowledge: A community that values informed decision making.



Respect: A community that respects diversity and embraces differences.



Proactive: A community that desires to be proactive rather than reactive.



Innovation: A community that confronts issues with creativity.

Community Themes and Strengths Assessment

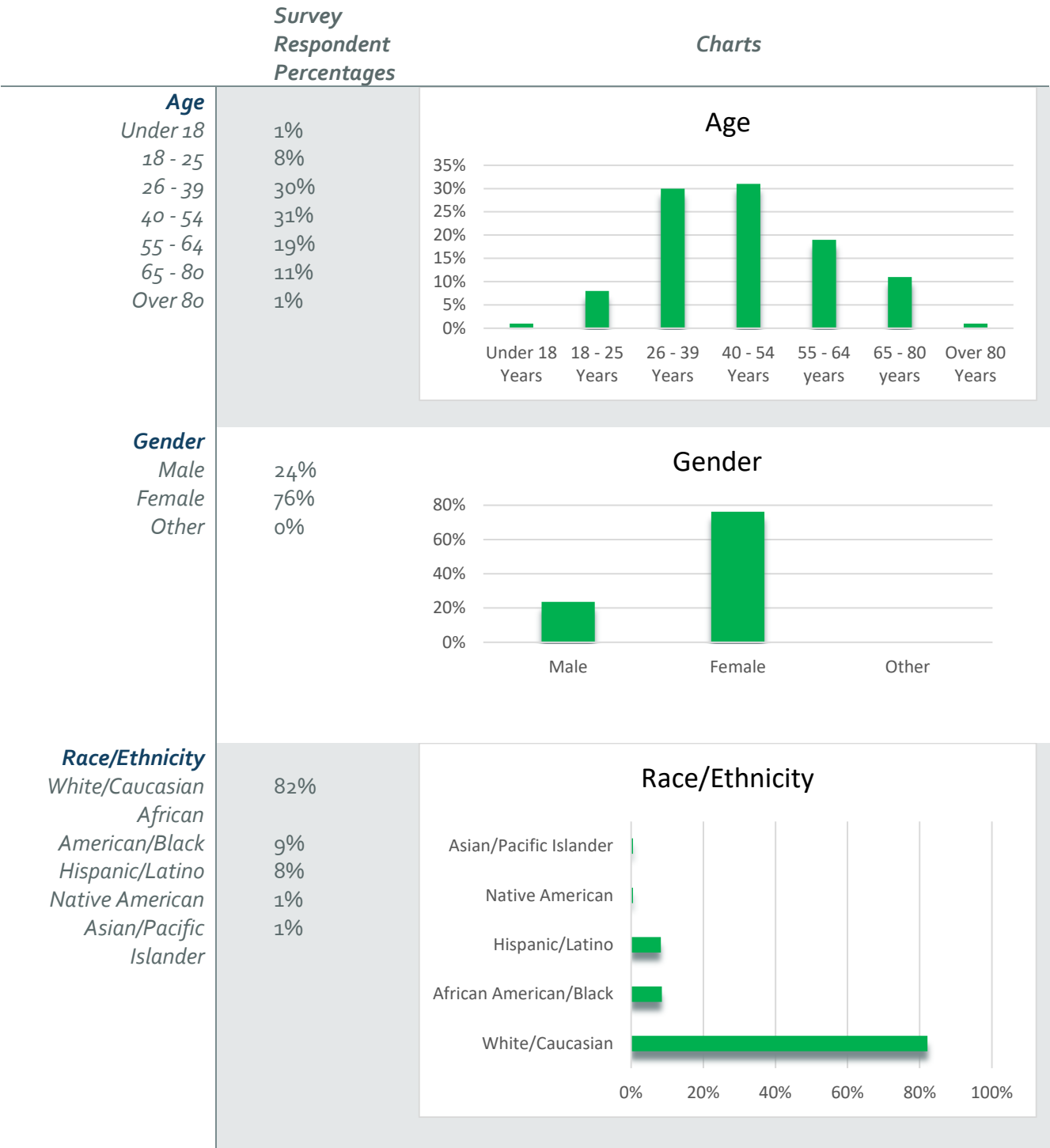
Resident Surveys

A map of Georgia divided into 10 congressional districts, each labeled with a number and a count in parentheses. The districts are: 30103 (25) in the northwest, 30171 (14) in the northeast, 30184 (19) in the east, 30102 (16) in the southeast, 30121 (79) in the south-central region, 30120 (158) in the south-central region, 30145 (18) in the west-central region, 30178 (10) in the southwest, 30139 in the north, and 30137 in the south. The map also shows major cities like Adairsville, Pine Log, White, Cartersville, Emerson, Euharlee, Taylorsville, and various county boundaries.

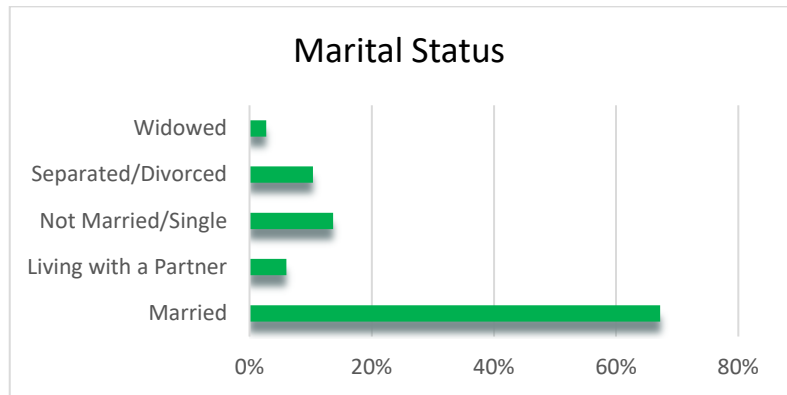
The survey consisted of questions on demographic information including zip code, gender, age, marital status, household income, education level, race/ethnicity, and how the respondent usually paid for health care costs. The first half of the survey looked at individual's perceptions of the health issues impacting the community including unhealthy behaviors and issues related to well-being. The second half asked the residents to rate their overall quality of life. Several themes emerged which are summarized as follows:

The majority of survey respondents fell within the 26-54 age range and most of them (76%) were females. The racial make-up of survey respondents reflects that of the population of Bartow County with a majority of

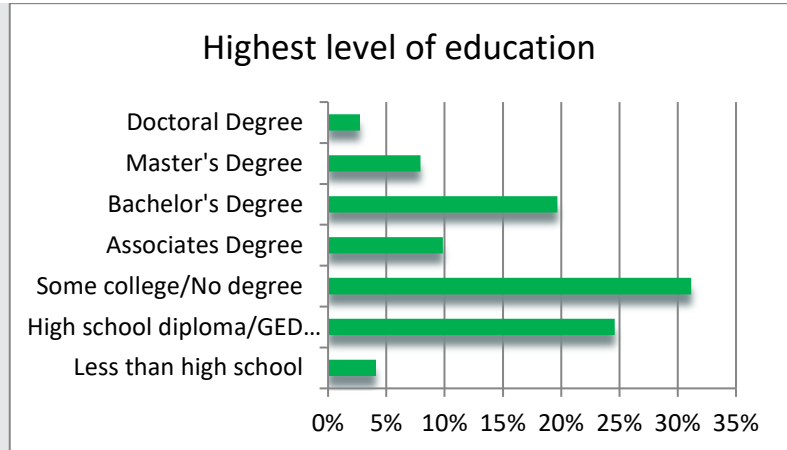
Whites, followed by African Americans and Hispanics. Around 30% had completed some college degree while 41% had a college degree or higher education credentials and only 4% of respondents had a less than high school education.



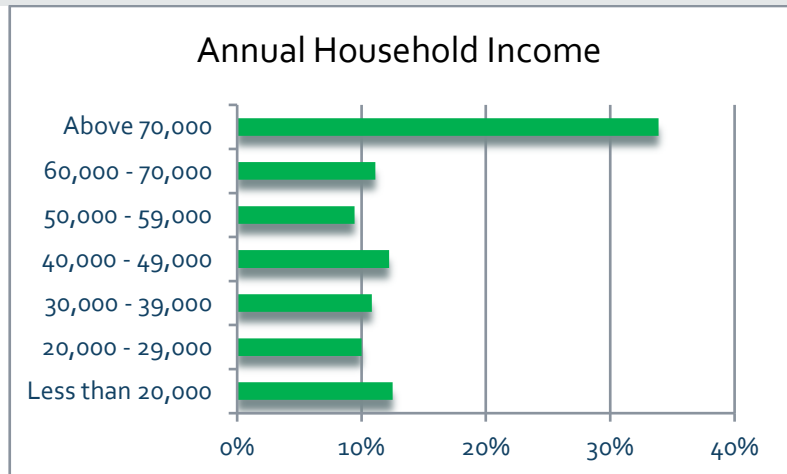
Marital Status	
Married	67%
Living with a Partner	6%
Not Married/Single	14%
Separated/Divorced	10%
Widowed	3%



Highest Level of Education	
Less than high school	4%
High school diploma/GED	25%
Some college/No degree	31%
Associates Degree	10%
Bachelor's Degree	20%
Master's Degree	8%
Doctoral Degree	3%



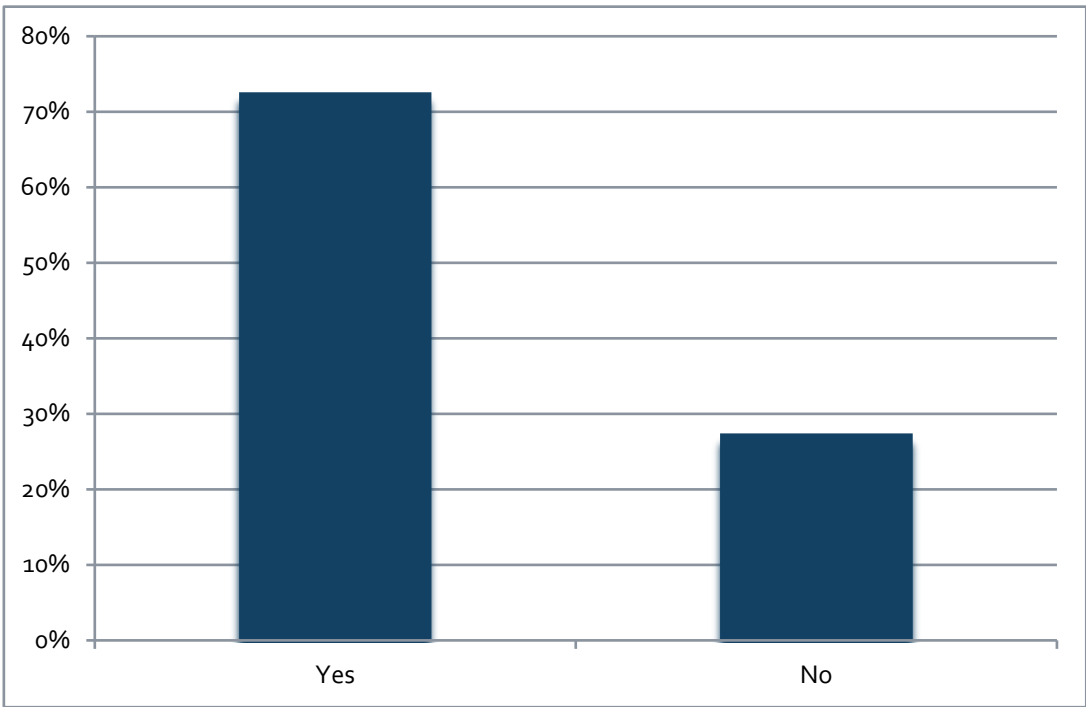
Annual Household Income	
Less than 20,000	13%
20,000 - 29,000	10%
30,000 - 39,000	11%
40,000 - 49,000	12%
50,000 - 59,000	9%
60,000 - 70,000	11%
Above 70,000	34%



Source: 2019 Bartow County Community Health Survey

Healthcare Questionnaire

Q: Do you receive the majority of your healthcare in Bartow County?

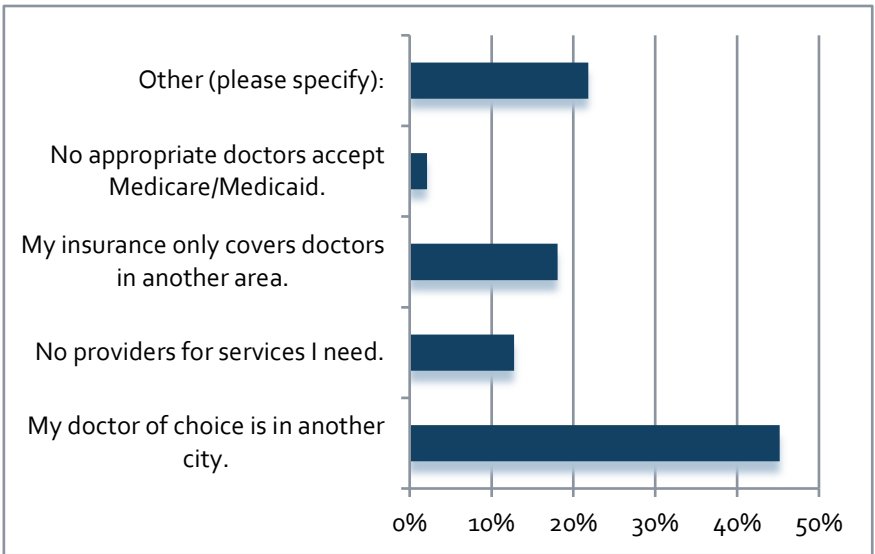


Source: 2019 Bartow County Community Health Survey

Q: If you received health care outside your community, select below which matches why:

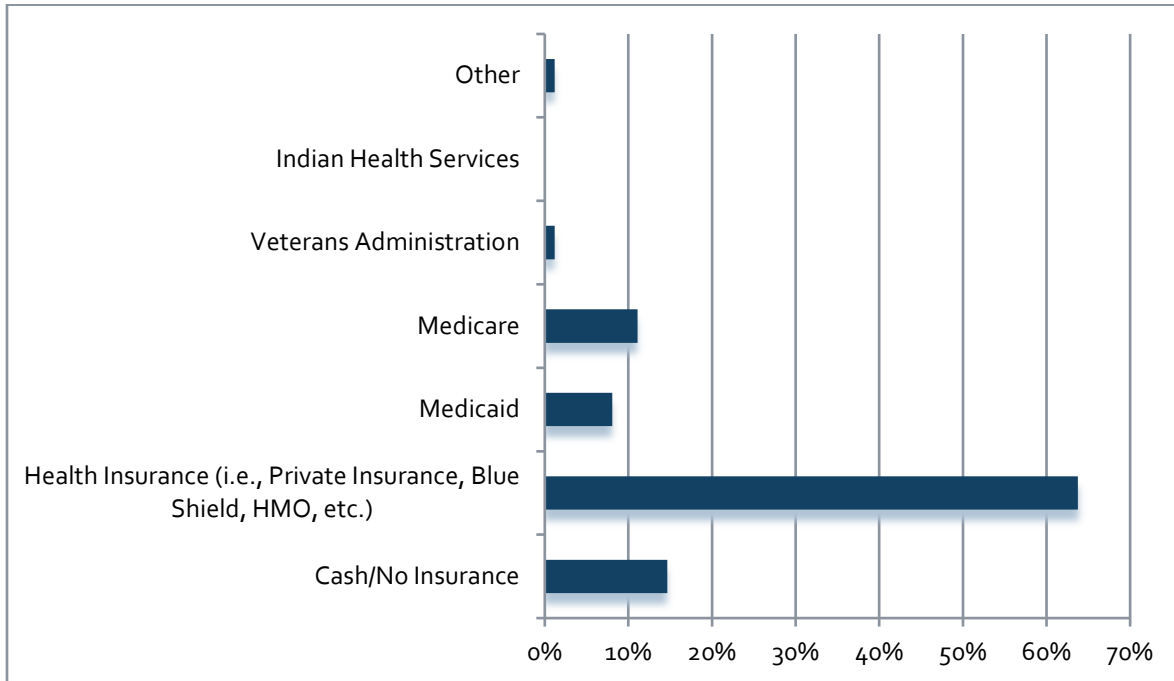
Majority (45%) of survey respondents indicated that the main reason for getting healthcare services outside of the community is due to their doctor of choice being in another city, followed by (18%) of responses indicating inadequate insurance coverage within the county.

Some open-ended responses included reasons such as transportation, hospital preference and proximity from the healthcare facility of choice.



Source: 2019 Bartow County Community Health Survey

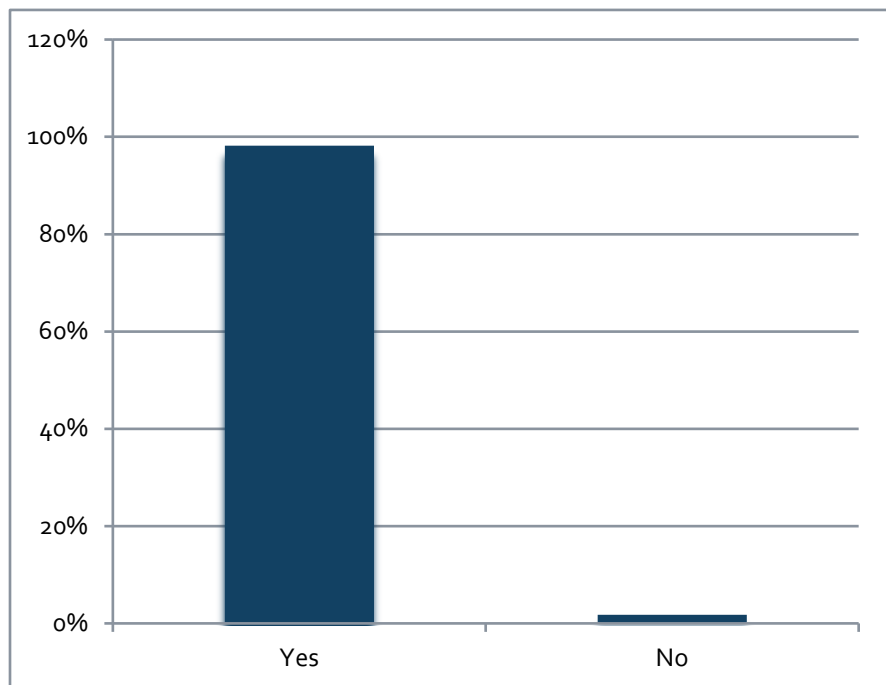
Q: What is the primary method you use to pay for your healthcare?



Source: 2019 Bartow County Community Health Survey

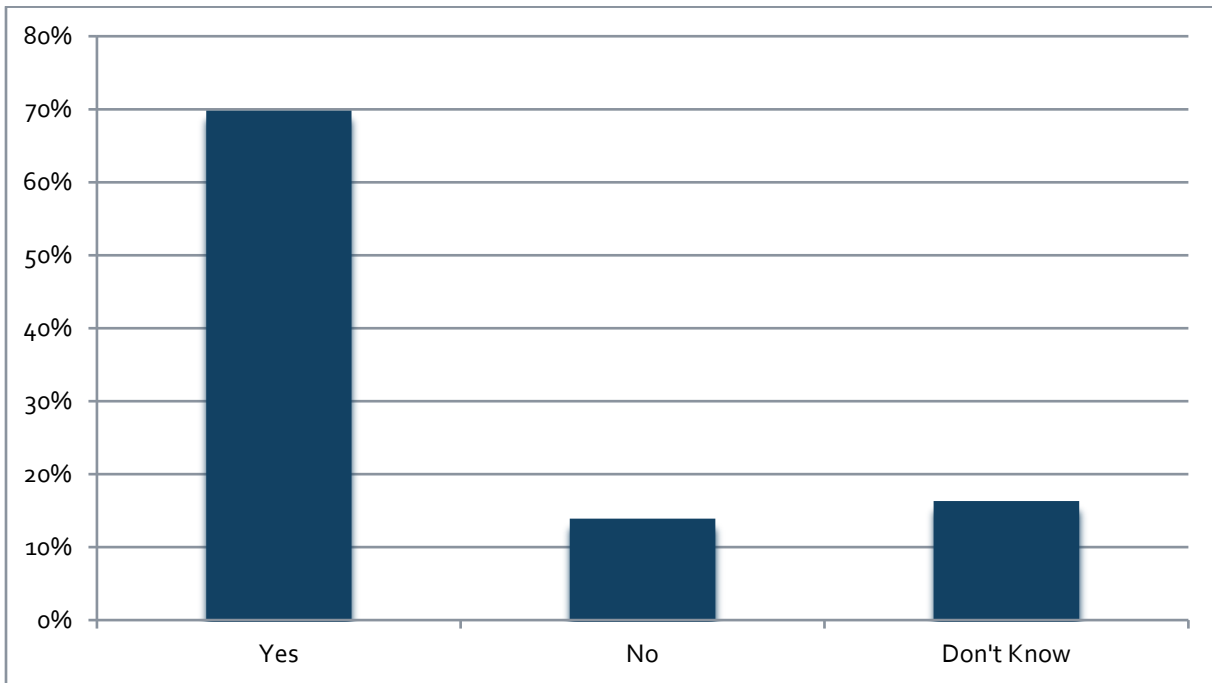
Q: Do you have reliable transportation when you need to get to the doctor?

An overwhelming majority of the respondents (98%) indicated that they had reliable transportation when they needed to get to a doctor.



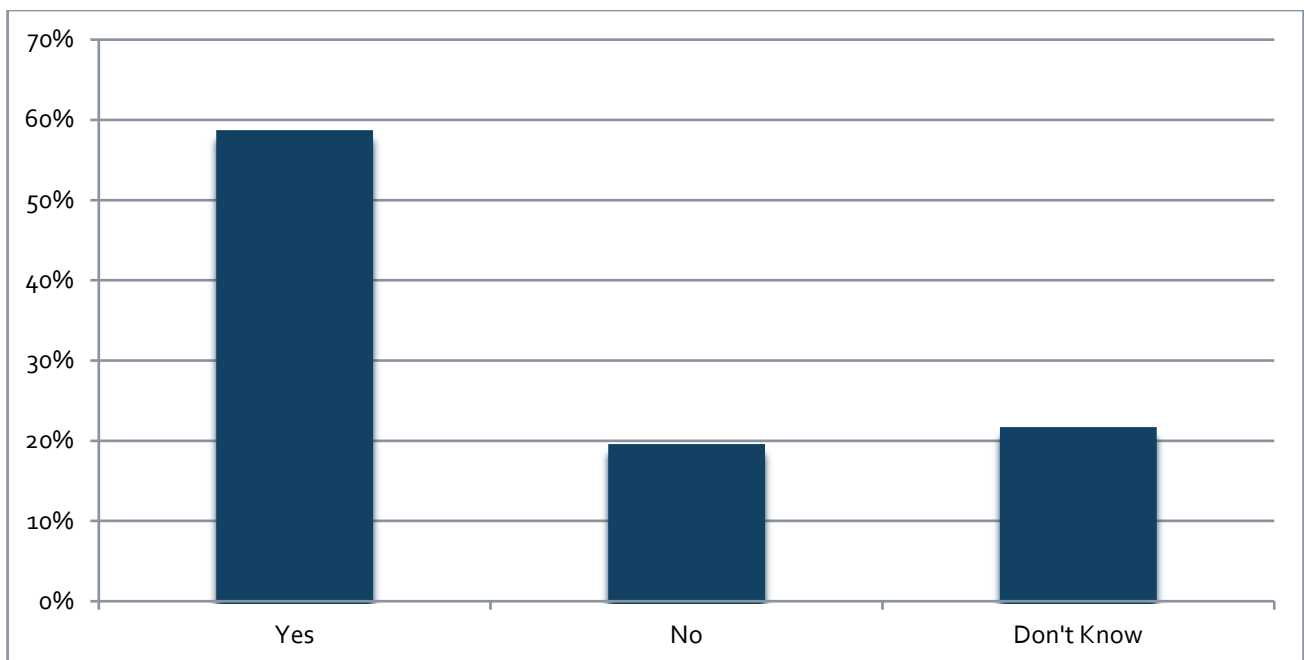
Source: 2019 Bartow County Community Health Survey

Q: Is basic healthcare, such as regular checkups, available and affordable in the community?



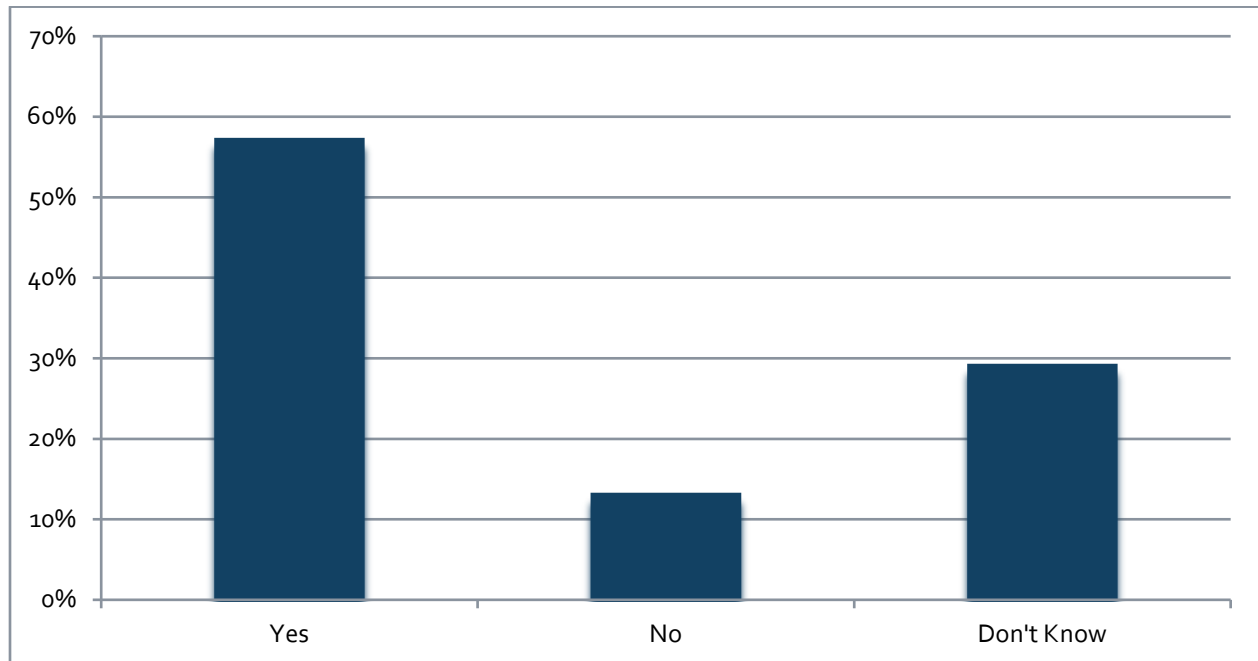
Source: 2019 Bartow County Community Health Survey

Q: Do you think screenings and preventive healthcare services are available and affordable in the community?



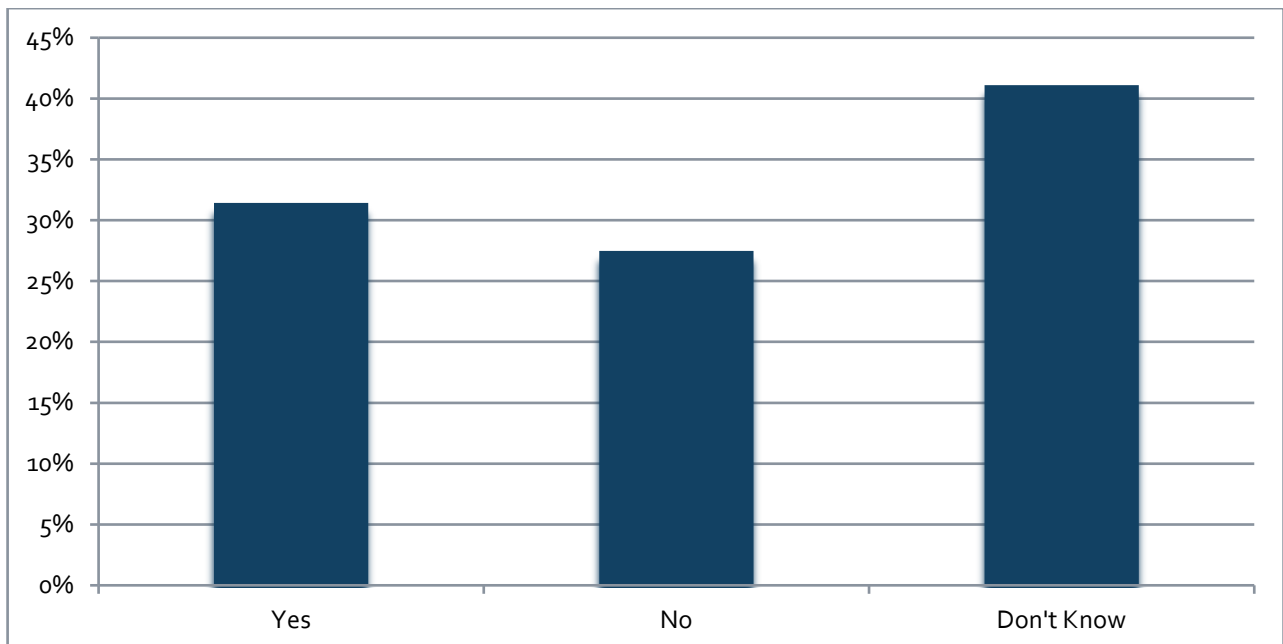
Source: 2019 Bartow County Community Health Survey

Q: Do people in the community have access to health and wellness information?



Source: 2019 Bartow County Community Health Survey

Q: Do you think financial help is available for people with healthcare needs in the community?



Source: 2019 Bartow County Community Health Survey

Q: How would you rate the overall health of your community?

Of all the respondents who completed the survey:

2% felt that they were "VERY HEALTHY"

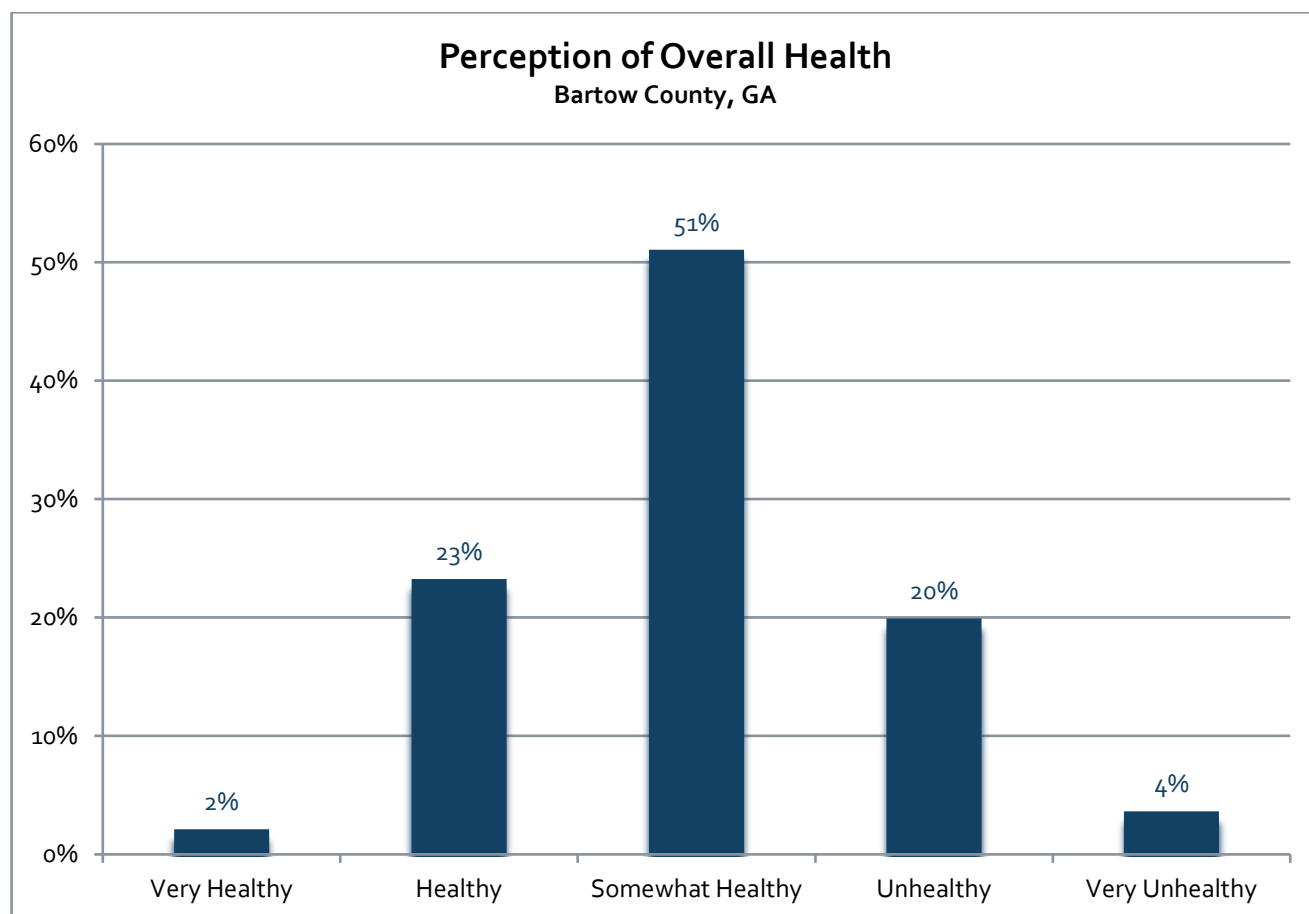
23% felt that they were "HEALTHY"

51% felt that they were "SOMEWHAT HEALTHY"

20% felt that they were "UNHEALTHY"

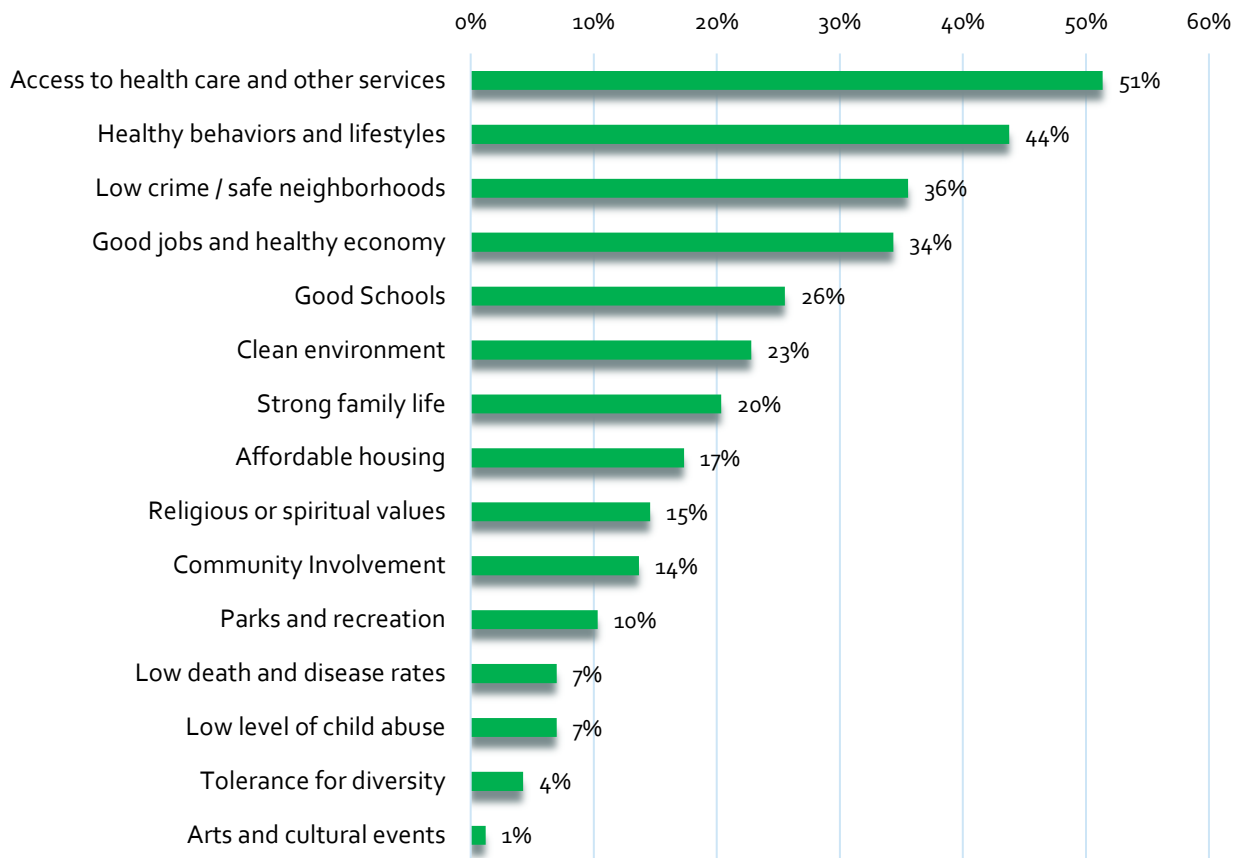
4% felt that they were "VERY UNHEALTHY"

Most survey respondents thought that the overall health of the community ranges from somewhat healthy to healthy and only 2% of the residents perceived the community's health as being "Very Healthy". This shows a trend that leaves room for intervention efforts especially targeted towards preventive healthcare, thereby improving the overall community health and elevating the quality of life for its residents.



Source: 2019 Bartow County Community Health Survey

Q: What do you think are the three most important factors that define a "Healthy Community"?



Source: 2019 Bartow County Community Health Survey

When asked about the three most important factors that define a healthy community, the Bartow County community health survey respondents indicated that access to health care and other services, healthy behavior and lifestyles and low crime/safe neighborhoods were their top 3 priorities.

The data from this question was further analyzed in Excel Database to see if any trends or patterns existed between race/ethnicity of the individuals, education level and Income level. These trends identify different areas of priority for different sets of population and highlight the importance of targeted interventions to bring about change, instead of a one size fits all approach.

Healthy Community Perceptions according to race

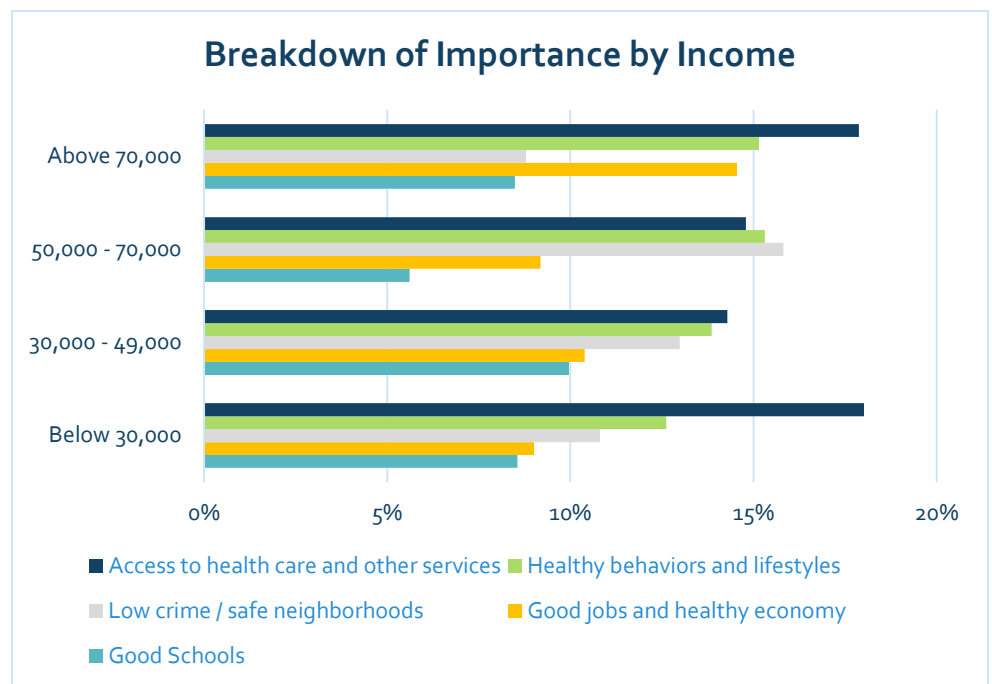
Across race/ethnicity, Access to Healthcare remained the top characteristic for most of the respondents. However, Healthy behavior and lifestyle was one of the top 3 answers for White and Hispanic population but was further down the list for African Americans/Blacks who chose low crime/safe neighborhoods and good jobs/healthy economy as their top most priority issues, instead.

Priority	White/Caucasian	African American/Black	Hispanic/Latino	Asian/Pacific Islander	Native American
1	Access to health care and other services	Access to health care and other services	Good Schools	Access to health care and other services	Good jobs and healthy economy
2	Healthy behaviors and lifestyles	Low crime / safe neighborhoods	Access to health care and other services	Low level of child abuse	Strong Family Life
3	Low crime / safe neighborhoods	Good jobs and healthy economy	Healthy behaviors and lifestyles	Religious or spiritual values	Access to health care and other services
4	Good jobs and healthy economy	Strong Family Life	Clean environment	Clean environment	
5	Good Schools	Good Schools	Low crime / safe neighborhoods	Low death and disease rates	
6	Clean environment	Healthy behaviors and lifestyles	Good jobs and healthy economy	Healthy behaviors and lifestyles	

Source: 2019 Bartow County Community Health Survey

Healthy Community Perceptions according to Income level

According to Income, Access to Healthcare stayed at the top for almost all income level respondents except the 50,000 to 69,000 range where it was replaced by low/crime/safe neighborhoods. Good jobs and healthy economy was the second most important characteristic for the more affluent population while it was further down the line for lower income population who gave more importance to healthy behavior and lifestyles instead.



Source: 2019 Bartow County Community Health Survey

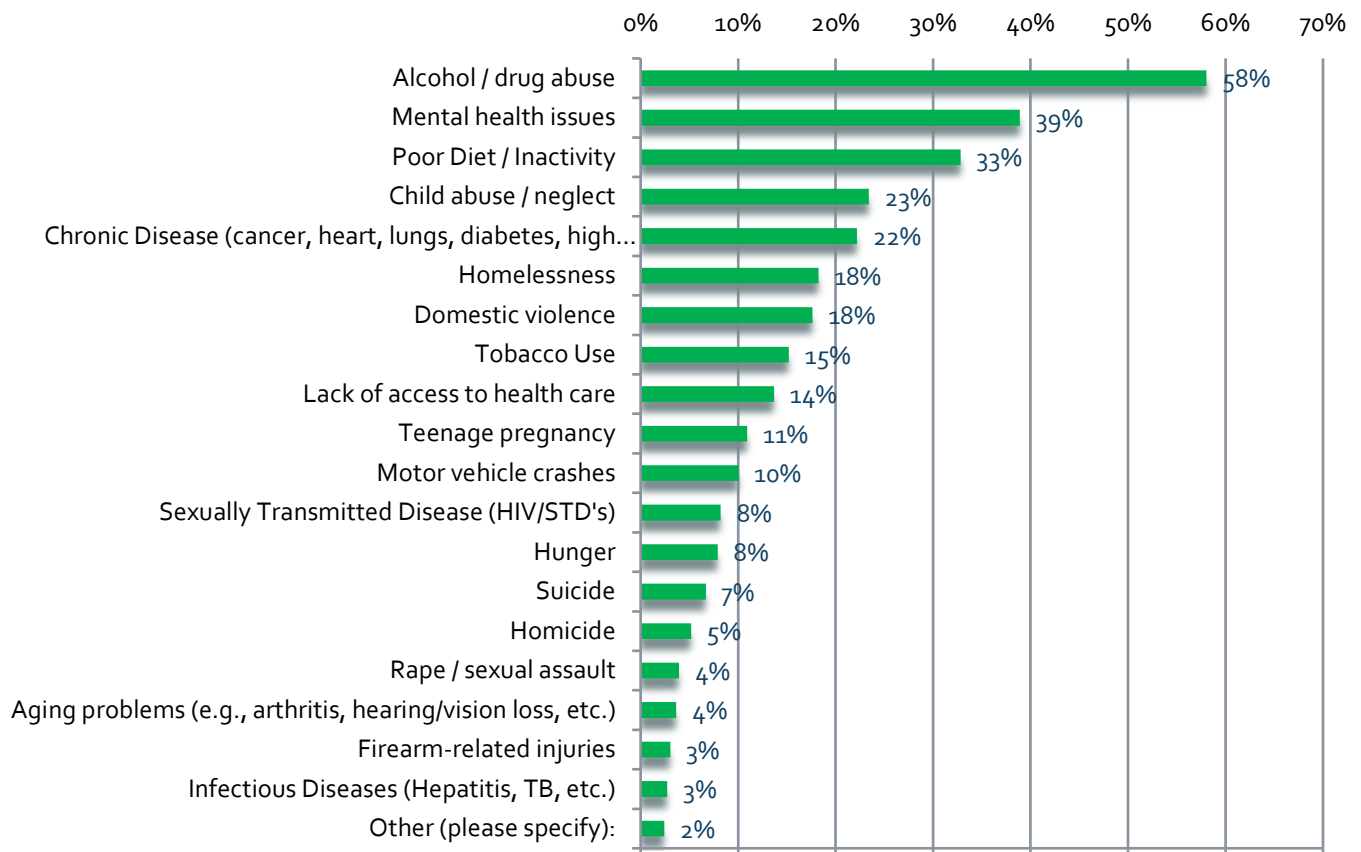
Healthy Community Perceptions according to Education level

According to Education level, Access to healthcare was the top answer across most education levels, except respondents with a professional education degree, who thought low crime and safe neighborhoods is the foremost priority. Respondents at lower education level put crime/safety and good jobs and healthy economy above healthy behaviors, moving it down the line. Surprisingly healthy behaviors and lifestyles was also down the line for people at higher education level, but this can be explained with easy access to resources needed to lead a healthy lifestyle, for this population.

Priority	High school diploma/ GED equivalent	Less than high school	Some college/No degree	Associates Degree	Bachelor's Degree	Master's Degree	Doctoral Degree
1	Access to health care and other services	Access to health care and other services	Access to health care and other services	Healthy behaviors and lifestyles	Access to health care and other services	Access to health care and other services	Low crime / safe neighborhoods
2	Low crime / safe neighborhoods	Good jobs and healthy economy	Healthy behaviors and lifestyles	Access to health care and other services	Good jobs and healthy economy	Good jobs and healthy economy	Access to health care and other services
3	Healthy behaviors and lifestyles	Good Schools	Low crime / safe neighborhoods	Low crime / safe neighborhoods	Healthy behaviors and lifestyles	Good Schools	Strong family life
4	Good Schools	Healthy behaviors and lifestyles	Good jobs and healthy economy	Good jobs and healthy economy	Low crime / safe neighborhoods	Low crime / safe neighborhoods	Healthy behaviors and lifestyles
5	Strong family life	Low crime / safe neighborhoods	Clean environment	Clean environment	Good Schools	Healthy behaviors and lifestyles	Good Schools
6	Good jobs and healthy economy	Clean environment	Affordable Housing	Good Schools	Strong family life	Affordable housing	Clean environment

Source: 2019 Bartow County Community Health Survey

Q: What do you think are the three most important "Health Problems" in the community?



Source: 2019 Bartow County Community Health Survey

The top 3 "Health Problems" for the community were:

1. **Alcohol/Drug Abuse**
2. **Mental health Issues**
3. **Poor diet/inactivity**

Health Problem Perceptions according to Race

Alcohol/drug abuse remained on the top for all racial/ethnic groups in the county. However:

- Mental health was the top concern for White and Black/African Americans, while the Hispanic population thought that chronic disease was a main health problem in the county followed by domestic violence.
- African Americans reported lack of access to healthcare as one of their top three priorities which was further down the line for all other races/ethnicities.

White/Caucasian	Black/African American	Hispanic/Latino
1. Alcohol/Drug Abuse	1. Alcohol/Drug Abuse	1. Alcohol/Drug Abuse
2. Mental Health	2. Mental Health	2. Chronic Diseases
3. Poor diet/Inactivity	3. Lack of Access to Healthcare	3. Domestic Violence

Source: 2019 Bartow County Community Health Survey

Health Problem Perceptions according to Education

Not many significant differences were found between responses according to education level of the respondents. The top 3 issues stated were almost uniform with minor variances across education levels.

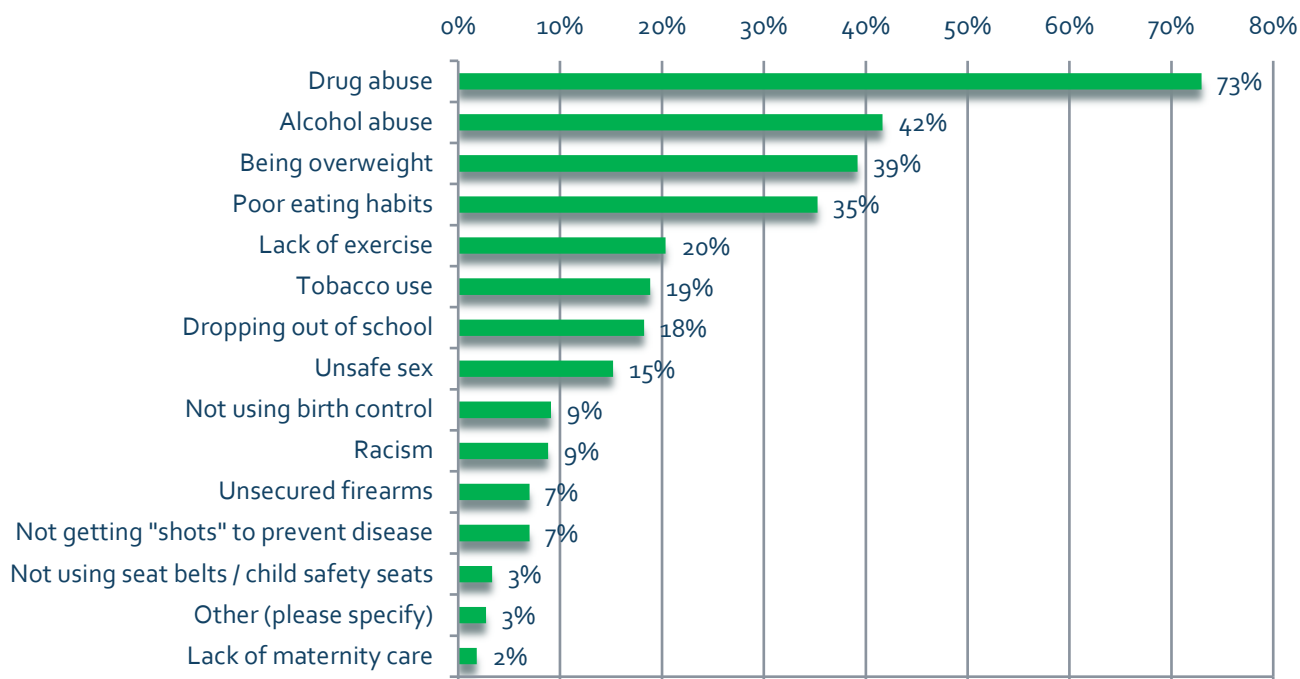
Priority	High school diploma/GED equivalent	Less than high school	Some college/No degree	Associates Degree	Bachelor's Degree	Master's Degree	Doctoral Degree
1	Alcohol / drug abuse	Alcohol / drug abuse	Alcohol / drug abuse	Alcohol / drug abuse	Alcohol / drug abuse	Mental health issues	Poor Diet / Inactivity
2	Poor Diet / Inactivity	Mental health issues	Mental health issues	Poor Diet / Inactivity	Mental health issues	Alcohol / drug abuse	Alcohol / drug abuse
3	Mental health issues	Chronic Disease	Domestic violence	Mental health issues	Poor Diet / Inactivity	Poor Diet / Inactivity	Mental health issues

Source: 2019 Bartow County Community Health Survey

Q: What do you think are the three most important "Risk Behaviors" in our community?

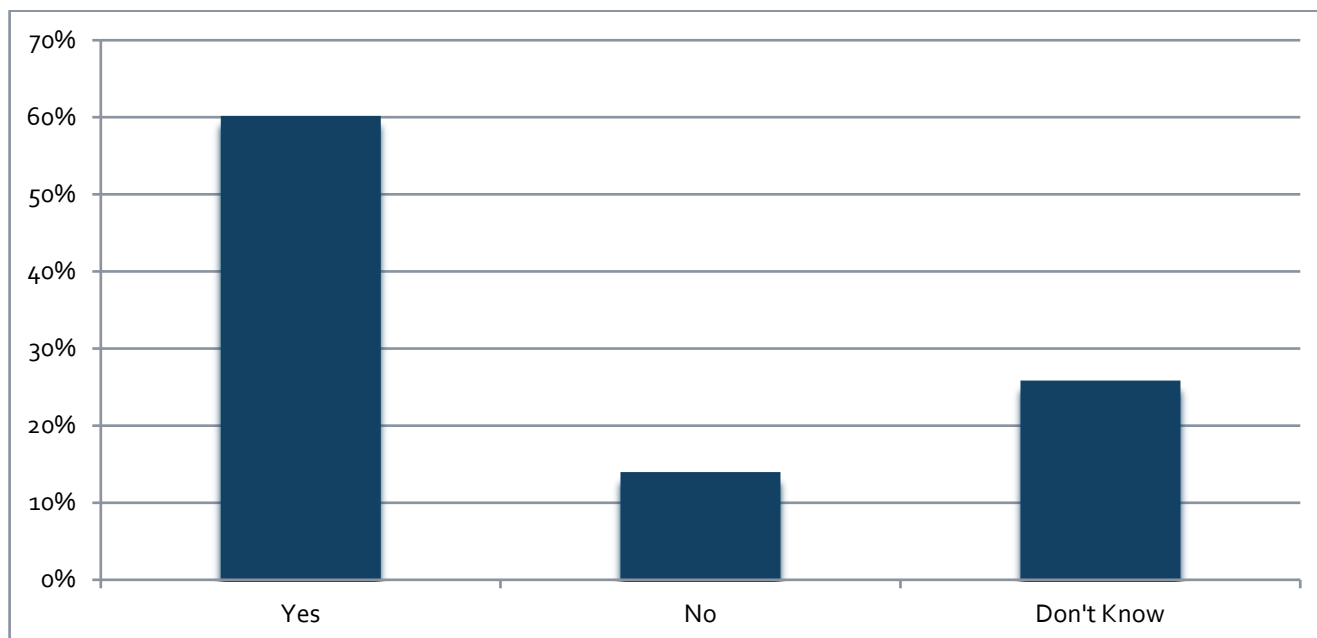
The top 3 "Risk behaviors" in the community were:

1. Drug Abuse
2. Alcohol Abuse
3. Being overweight



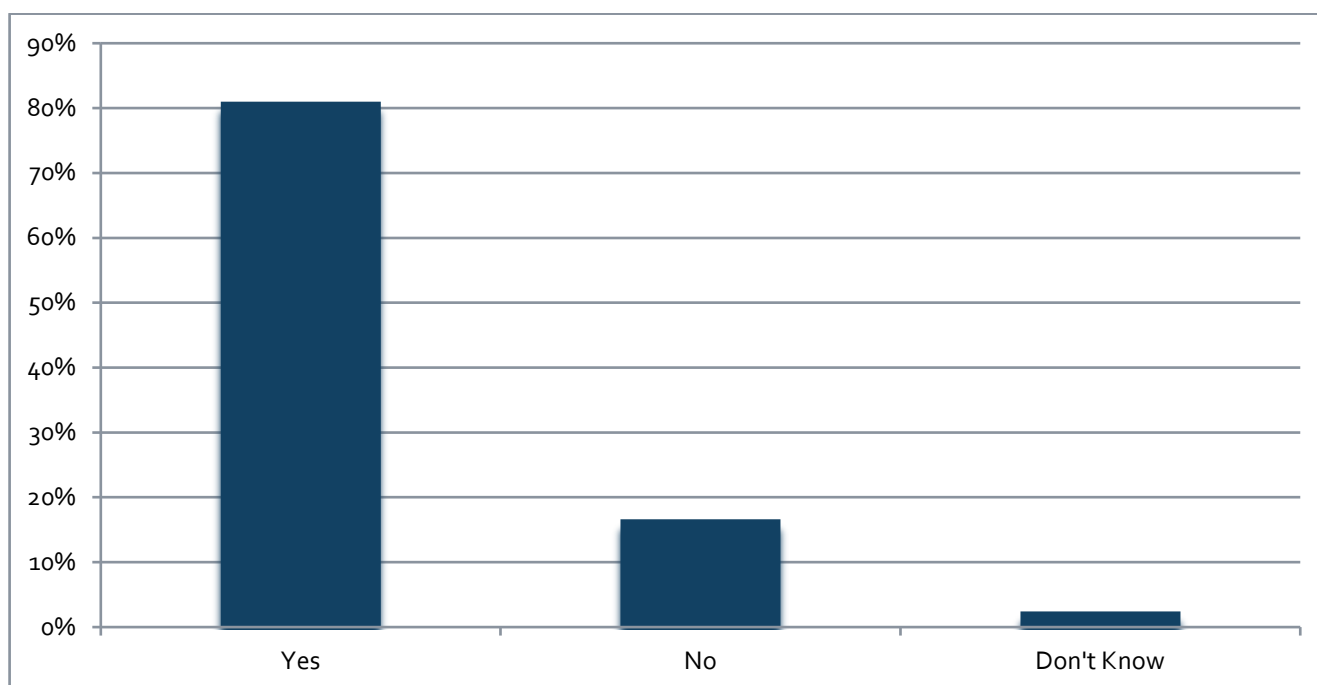
Source: 2019 Bartow County Community Health Survey

Is the community air of good quality?



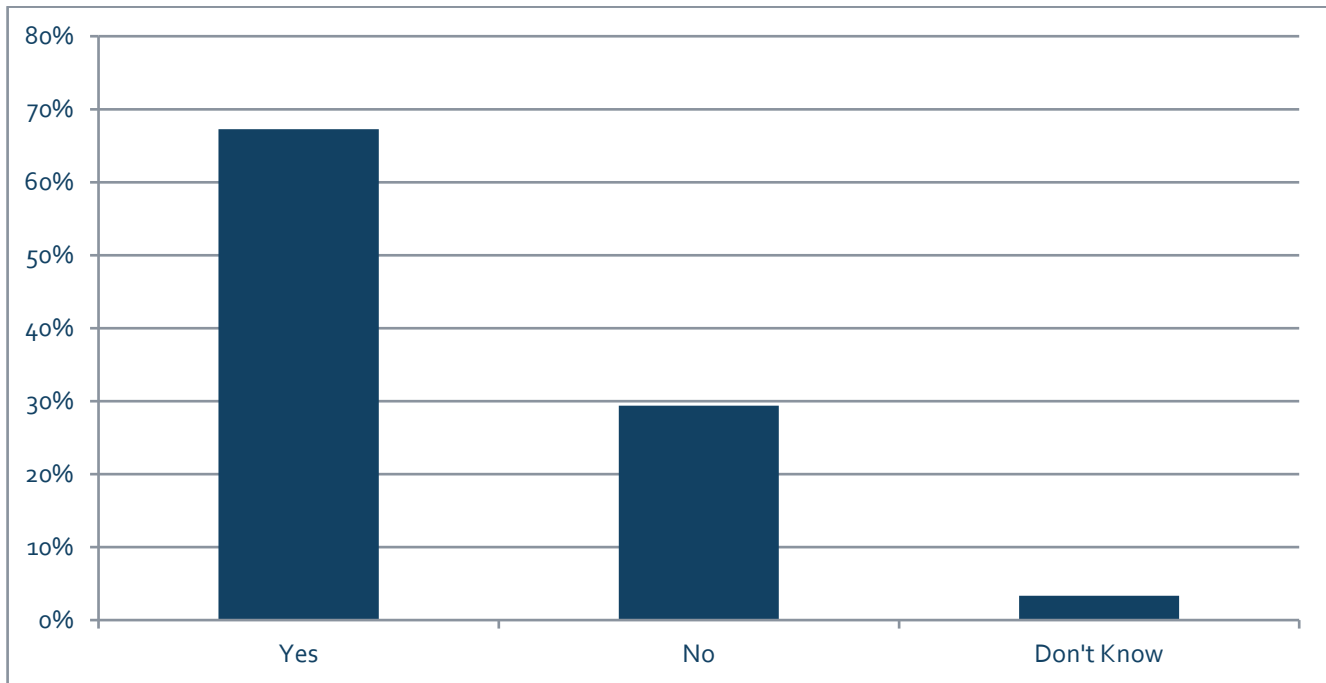
Source: 2019 Bartow County Community Health Survey

Q: Is there adequate access to grocery stores in the community?



Source: 2019 Bartow County Community Health Survey

Q: Is there adequate access to physical activity needs in the community?



Source: 2019 Bartow County Community Health Survey

Q: What are the “three” things you like most about living in your community?

The last three questions of the survey were open ended questions with qualitative data which was analyzed by first grouping common themes and then making an Affinity diagram of all the responses.

The top three strengths of Bartow County, as indicated by its residents are as follows:



1. People/Small Town Feel
2. Schools
3. Churches

Q: What are the “three” things you would like to improve about your community?

The top three things residents thought needed to be improved in the community are as follows:



1. Drugs/Alcohol Issues
2. Healthy behaviors
3. Cost of living

Q: What is an effective way to get residents involved in the community?

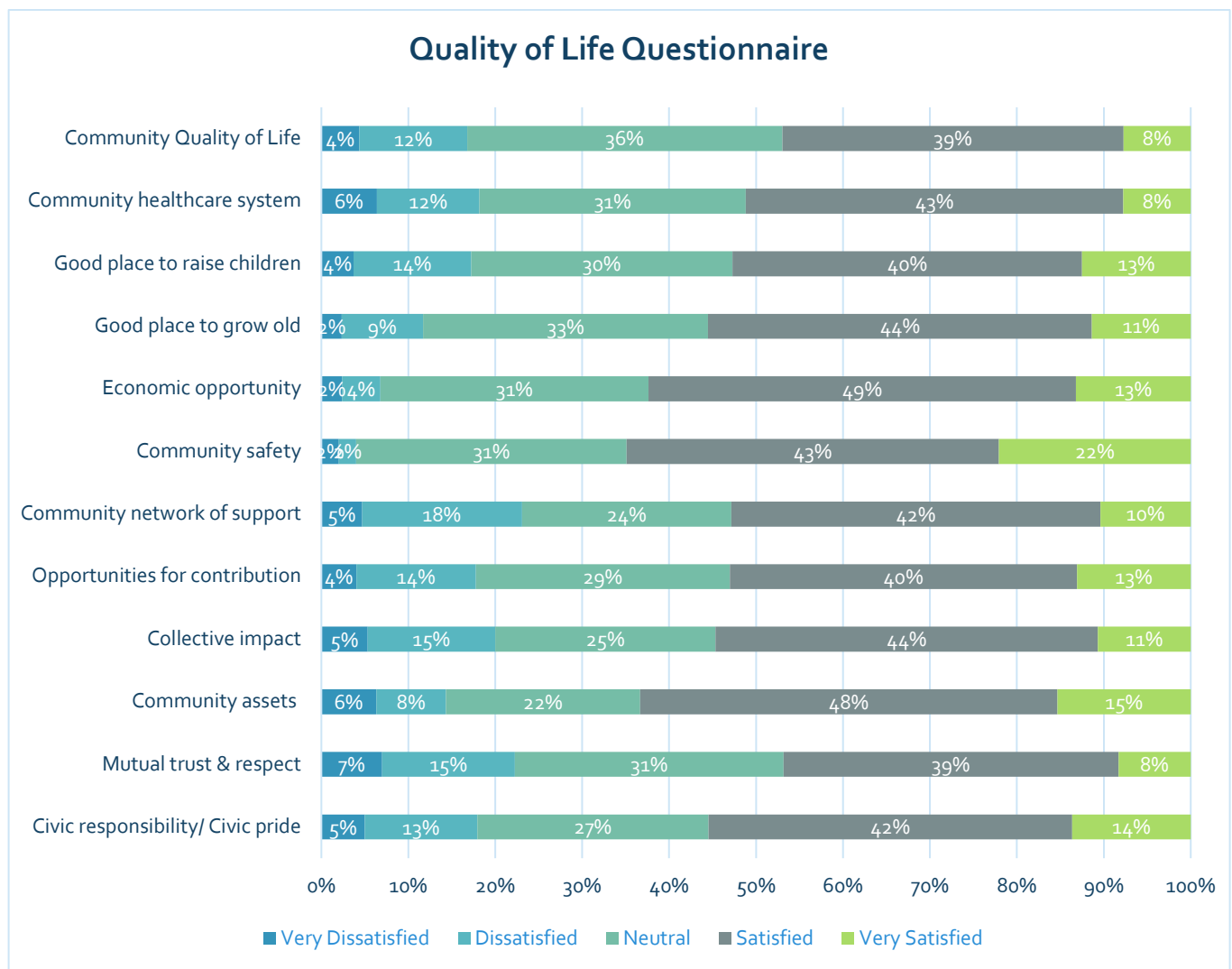
Residents thought that more advertising and planning fun community events was needed around the county in order to get everyone involved.



1. Advertising (Posters/Flyers, Social Media)
2. Community Outreach Events
3. Incentives

Quality of Life Questionnaireⁱⁱ

The quality of life questionnaire was adapted from the National Association of County and City Health Officials (NACCHO) quality of life questions and it measures resident perceptions across 10 topics which deal with community quality of life for its residents.



Source: 2019 Bartow County Community Health Survey

Results Summary

The residents mostly indicated a level of satisfaction across all 10 domains of quality of life in Bartow County. The highest satisfaction score was for Economic opportunity, Community safety and Community assets while the lowest performing domains included Mutual Trust and Respect and Community Healthcare System.

Resident Survey Data Limitations

As with all research efforts, there are several limitations that should be acknowledged. One limitation is the sampling methodology used by the community health assessment survey (dissemination online and via community partners and social media). This survey used a convenience sample rather than a random or probability sampling methodology; therefore, the sample may not be representative of the larger population. While racial/ethnic demographic characteristics of the survey respondents indicate respondents were similar to the distribution of residents overall, the sample may not be representative since it was not randomly selected. Another noteworthy limitation is the length of the survey which consisted of 30 questions overall, including the quality of life questionnaire. This has implications, not only on the response rate, but the quality and accuracy of the responses as well. An attempt was made to minimize survey fatigue by providing multiple choices for several questions that were open-ended in the initial survey design. The time spent on completing the surveys for most respondents was noted to be around 7-8 minutes. Self-reported data also comes with its own set of limitations. In some surveys, reporting and recall error may differ according to a risk factor or health outcome of interest.

Despite these limitations, the self-reported survey included in this report has the potential to benefit from large sample sizes to identify trend and patterns over time. This information will be valuable especially when the survey is repeated every few years and the trends can be compared to the previous years. It will not only help to capture the change in perceptions with time but also to track progress towards goals and objectives set in response to this assessment.

Key Informant Interviews

To get a deeper understanding of the issues facing Bartow County Residents, a few community members, based on their residence status and roles in the community, were selected for Key Informant Interviews. This list included public health representatives, some health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall, keeping in mind that the representation also encompasses the minorities and the underserved.

In all, 20 Key Informant interviews were conducted in person. The broad set of organizations they represented, are listed as follows:

Organizations Represented	
<ul style="list-style-type: none">• Bartow Collaborative• Willow Brook at Tanner• GA Highlands College• Shaw Industries• Bartow County Courthouse• Bartow County Health Department• Bartow County Chamber of Commerce• Bartow County Emergency Management (Fire Department)	<ul style="list-style-type: none">• WBHF Radio• Mount Olive Church• Allatoona Elementary• Bartow Health Access• Cartersville City School System• Bartow County Senior Center• Veteran Representative• Bartow County Administration (UGA Extension office)

Key Informant Data

Common Themes

The qualitative data from the Key Informant Interviews was synthesized and analyzed thematically for main ideas and sub-themes. Topics from the interview questions and intensity of discussions on a specific topic were key indicators used for extracting the main themes. The common themes that emerged across all groups and interviews are summarized below; while the detailed breakdown of the interviews (without personal identifying information), as well as the interview guide, is available on request.

Health in Bartow County

When participants were asked about what a healthy Bartow County means, most of them acknowledged the fact that health means more than just physical health and encompasses the body and mind as whole. They stressed the importance of education, community involvement, safe neighborhoods and ample opportunities for people to thrive and experience a good quality of life. They rated the status of health in Bartow County as

being generally good to great and noted how it has improved a lot compared to the previous years. Some of the reasons highlighted for this improvement include: good economy, improved access to healthcare opportunities, better education and a focus on prevention rather than curing the disease. Some of the areas that still need improvement included equitable access for all and a community approach to solving issues.

Health Equity

The interview participants noted that socioeconomic differences including financial resources and lack of education as well as individual behaviors play an important role in determining a person's healthcare status.

"People need to take control of their own health because it can have long term implications not just for themselves but for their future generations and by displaying unhealthy behaviors, we are sending the wrong message to our kids." – Key informant interview participant

"Some people just don't want to change. What are you going to do about it?" – Key informant interview participant

They also stressed the need for targeted services in order to address health disparities among the residents as well as better transportation and ease of access to the health services.

Community Strengths/Resources

While the participants mentioned many strengths and resources, a recurring theme was the strong faith community in Bartow County. Participants also mentioned the close-knit community, local government especially the commissioner's office and the schools to be a great strength to bring people together and work towards a common agenda.

"The sense of community among people has always been a strength of ours. Let's use it!" – Key informant interview participant

Interview participants also mentioned some agencies who are influential in the community and doing great work especially the Bartow Collaborative and the Allatoona Resource Center which are doing an exceptional job in connecting the underserved population to the resources they need to lead a successful life.

Community Concerns

The following issues were the top concerns according to the interview participants:

1. **Education/Education opportunities** – Participants agreed that without education and awareness, healthcare and quality of life cannot be improved.
2. **Opioids/Substance Abuse** – An overwhelming majority of the interview participants mentioned the rising opioid and substance abuse statistics and the future implications if this issue is not addressed.
3. **Mental Health** – Participants emphasized the lack of mental health services in the community which was made worse due to the recent closure of a few mental health facilities in Bartow County. They stressed the need to have easy access to mental health services especially for the children and the youth.
4. **Transportation** – Many of the participants mentioned the need of better transportation services in the community as conveyed to them by the population they served. They also felt that the walkability of the community needs to be improved as well as public transportation made more accessible and

affordable. Several suggestions pointed to the need of more sidewalks within the community especially at some trouble points within the city of Cartersville.

5. **Recreational Opportunities** – Participants conveyed the need for more community events and recreational opportunities for the residents and felt that it will also encourage more community involvement. The need for recreational opportunities for older adults was also brought up which needed to be addressed in the community.

"Mental Health Services for children in need are non-existent in the community. Many families suffer due to lack of resources to get the services they need and end up not getting help at all." – Key informant interview participant

"We need to keep educating people about healthy choices. Instead of shopping for canned produce, we need to encourage local fresh produce. But there are so many stores popping up in the area that don't carry fresh fruits or vegetables and they are the ones that are easily accessible." – Key informant interview participant

Community Threats

In describing some of the barriers people face in the community, the participants identified lack of a family structure along with some of the issues from the past discussion including transportation issues, lack of resources, education and financial instability.

"Culture shift is needed to focus more on community health rather than individual issues." – Key informant interview participant

Several participants also recognized lack of affordable housing and the homelessness issue in the community with an emphasis on children living in transient conditions with missed opportunities for good education and stable job opportunities in the future.

Youth Photo Voice Contest

While doing this assessment, it was important that the Youth of Bartow County also get involved and we wanted to understand how youth perceive health issues and how they can become advocates for health promotion in their communities. For this reason, a Youth Photo Voice contest was initiated among High Schools and Colleges throughout the county. Flyers were distributed with the help of school superintendents and principals and the youth of Bartow County were asked to answer the following question with a picture and a short story or a caption:

What does a Healthy Bartow County mean to you?

Photo Voice entries discussed a variety of topics reflected in their pictures that included unhealthy food choices, inducers of stress, friends, emotions, environment, health, and positive aspects of family. The steering committee members voted on the winning photographs during one of the meetings.

"A healthy Bartow County means overlooking our flaws and focusing on the beauty hidden in diversity. We are all different. We are all beautiful".

-First Prize (Woodland High School)



"A Healthy Bartow County means to me teaching children at a young age to enjoy exercise. Most children these days spend most of their time on electronics, but if we get them excited about exercising now then it will help them to continue the practice as they get older and find it enjoyable and less of a chore".

-Second Prize (Woodland High School)

No caption

-Third Prize (Woodland High School)



Community Health Status Assessment

Geography

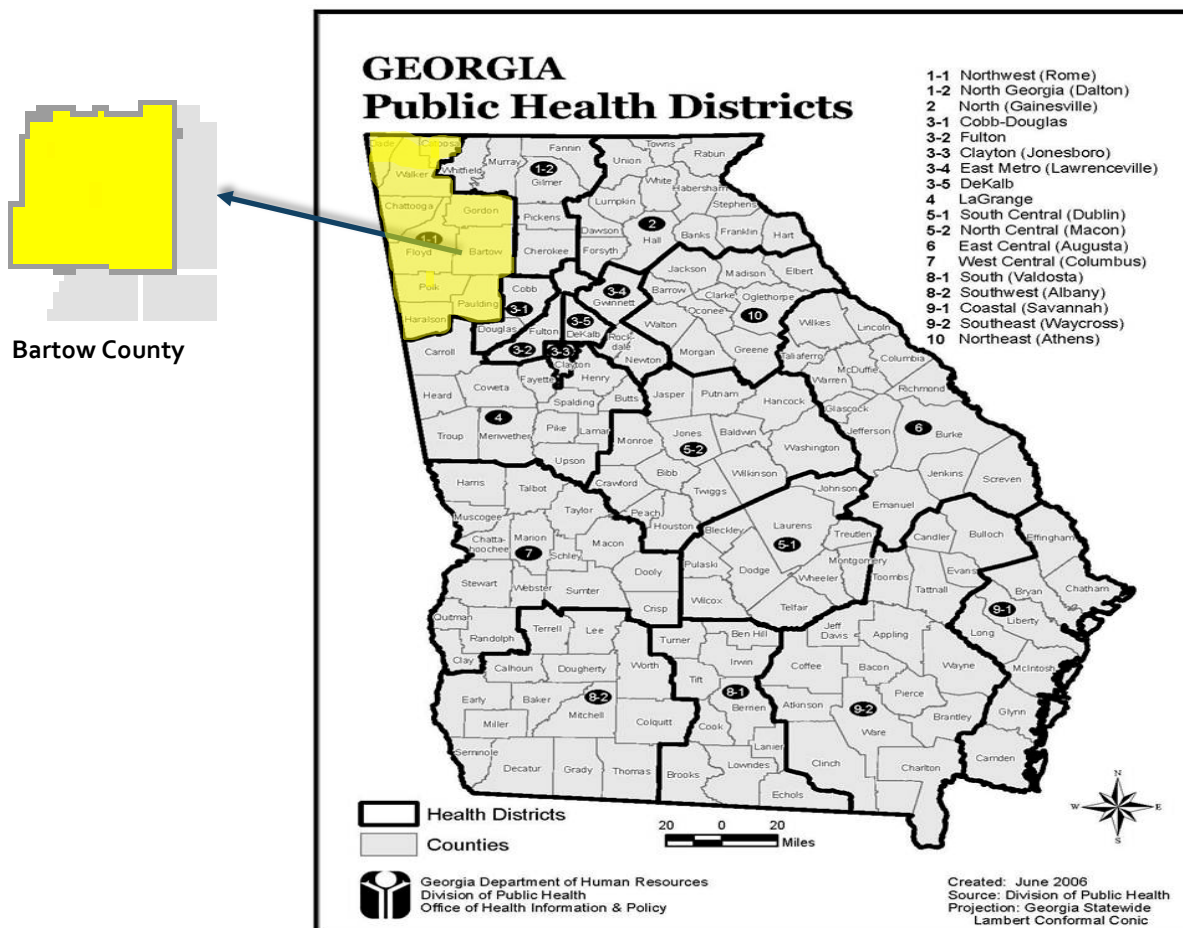
Bartow County is one of the largest counties by area in the state, covering 471 square miles. Bartow County is home to Red Top Mountain State Park and Lake Allatoona, which occupy a large portion of the southeast corner of the county, as well as the Etowah Indian Mounds, created by Native Americans more than 1,000 years ago.

The county government of Bartow is found in the county seat of Cartersville. Cartersville is home to the first outdoor wall advertisement for Coca-Cola, painted in 1894.

In terms of Public Health Districts, Bartow county is part of Northwest Georgia, District 1-1. which is comprised of 10 counties: Bartow, Catoosa, Chattooga, Dade, Floyd, Gordon, Haralson, Paulding, Polk and Walker.



Source: Cartersville-Bartow County GA, Visitors Bureau



Source: Georgia Department of Public Health

Demographic Characteristics

Total Population & Population Characteristics

Bartow County's estimated population is 102,623 according to the 2013-2017 American Community Survey 5-Year Estimates. The Annual estimates of the resident population, according to the American Community Survey (ACS), 2018 puts Bartow County Population at 106,408. However, for the purpose of this report and in order to ensure equitable comparison with state and national standards the 2017 population estimates from the American Community Survey will be used.

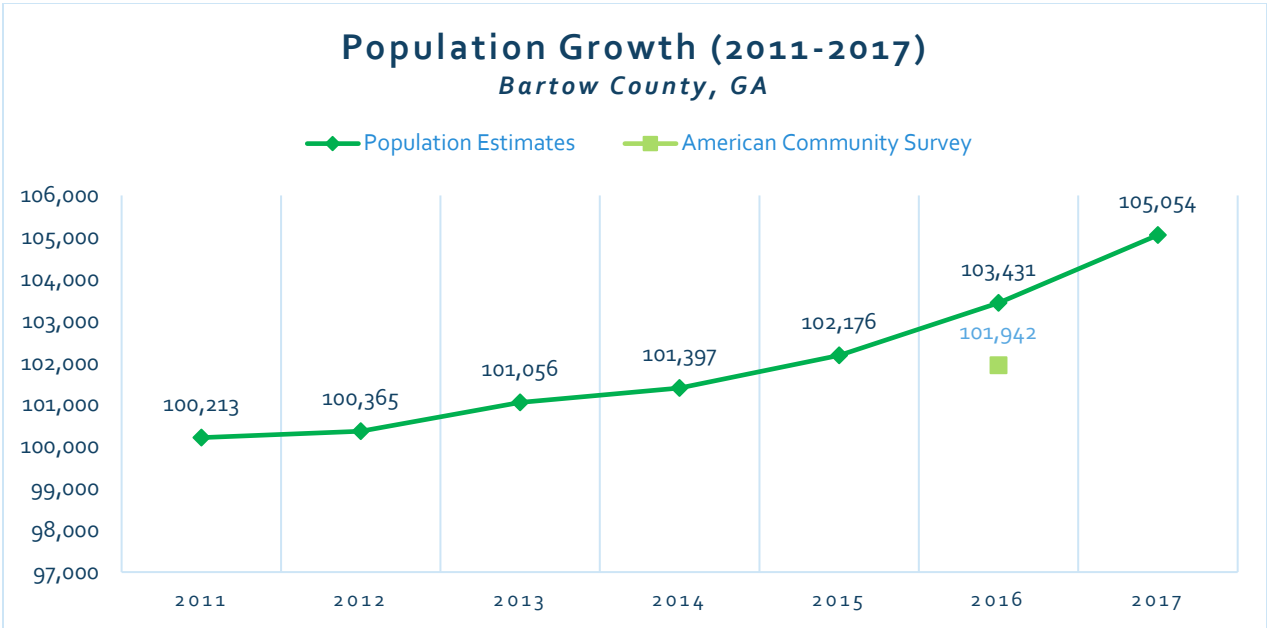
The table below highlights selected population data from the 2013-2017 ACS in comparison to the state of Georgia and United States:

	Bartow County	Georgia	United States
Population			
Total Population	102,623	10,201,635	321,004,407
Male	49.6%	48.7%	49.2%
Female	50.4%	51.3%	50.8%
Population under 18 years	25%	24.5%	22.9%
Population 65 years and older	13%	12.7%	14.9%
Median Age (Years)	37.5	36.4	37.8
Race			
White	83.8%	59.4%	73%
Black/African American	10.7%	31.3%	12.7%
American Indian and Alaska Native	0.3%	0.3%	0.8%
Asian	0.9%	3.8%	5.4%
Some other Race	2.5%	2.8%	4.8%
Ethnicity			
Hispanic/Latino	8.2%	9.3%	17.6%
Housing			
Total Housing Units	40,380	4,203,288	135,393,564
Built 1970 or earlier	15.8%	22.1%	39.3%
Median Home Value	\$140,500	\$158,400	\$193,500
Socio-Economic Indicators			
Median Household Income	\$52,393	\$52,977	\$57,652
Unemployment Rate	3.8%	4.7%	4.1%
Persons living below poverty	14.2%	16.9%	14.6%
Children living below poverty (Under 18)	19.1%	24.0%	20.3%
Families below poverty	10.9%	12.8%	10.5%
No health insurance coverage	15.1%	14.8%	10.5%
No health insurance coverage (Under 19)	7.3%	7.8%	5.7%

Source: U.S Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Population Growth

Population growth rates give a fair idea of the changing demographic trends within a community and also the number of people competing for community resources. Bartow County's growth rate shows a consistent upward trend for the past 4-5 years, with a growth rate of 1.57% in the year 2017. Bartow County, Georgia is the 24th largest county in Georgia. **35.2% of the population in the county is rural.**

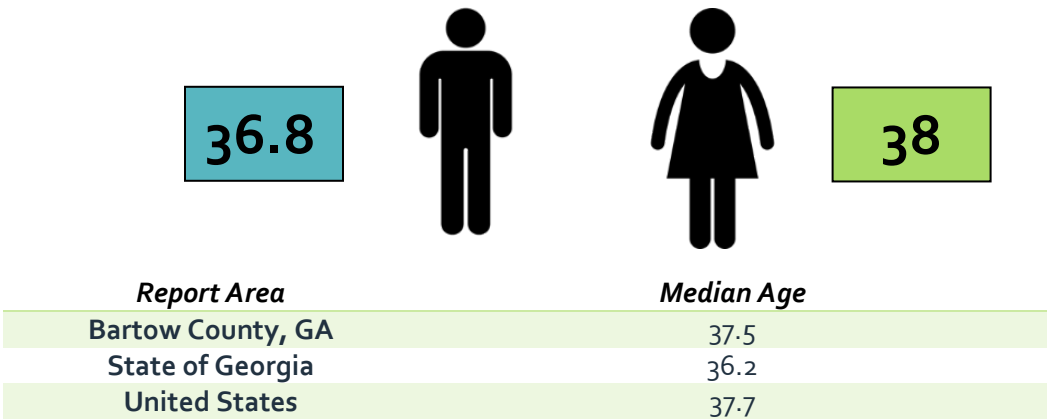


Source: U.S. Census Bureau (2011-2017)

Age

Median Age

The total median age of Bartow County residents is 37.5 and shows a trend towards aging population compared to the previous years. The gender distribution and the state and national comparisons are shown below:



Source: U.S Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

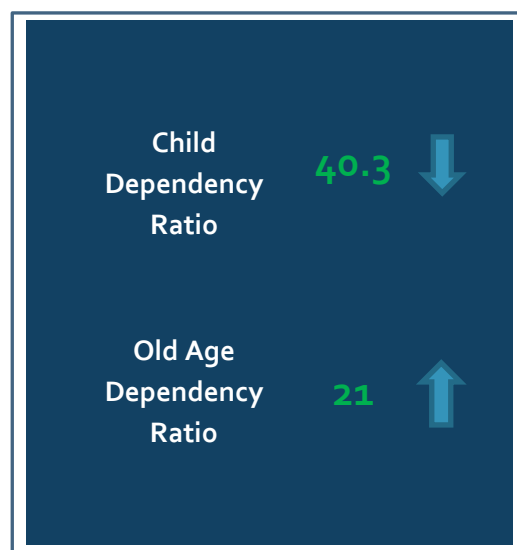
Percentage Age Distribution

Population	County	State
Under 18 years	25%	24.5%
18 years and over	75%	75.5%
65 years and over	13%	12.7%

Source: U.S Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

The age structure of Bartow County can be understood using two additional concepts; the child dependency ratio and the old age dependency ratio. The child and the old age dependency ratio include the non-productive sectors of the population.

The child dependency ratio compares the population under the age of 15 (the non-productive sector) with those between 15-64 (the productive sector). In 2011, the ratio was 43.1:100 and by 2017 it had declined to 40.3:100. The old age dependency ratio compares the population over 65 (the non-productive sector) with those between 15-64 (the productive sector). In 2011 the old age dependency ratio was 16.7:100 and it had increased to 21:100 by the year 2017. This again points towards an aging population trend in the county.



Race and Ethnicity

The U.S. Census Bureau considers race and ethnicity to be two separate concepts which can be understood as follows:

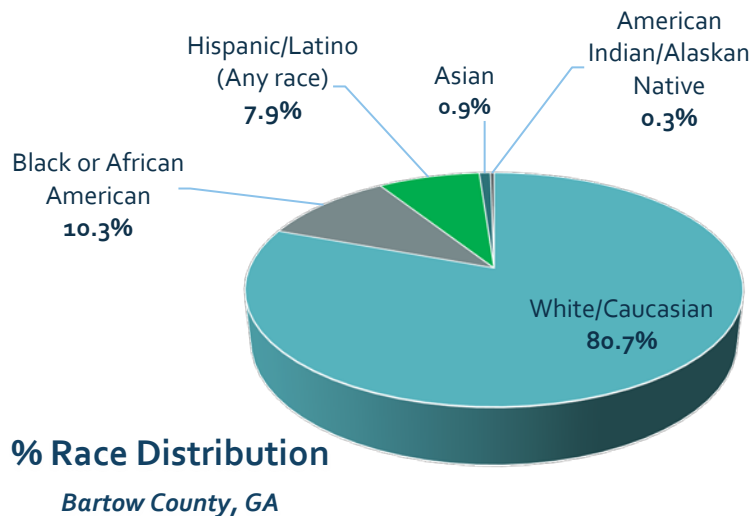
Race

Race is defined as a person's self-identification with one or more social groups. An individual can report as White, Black/African American, Asian, American Indian and Alaska Native, Native Hawaiian and Pacific Islander, or some other race.

Ethnicity

Ethnicity determines whether a person is of Hispanic origin or not and reports Hispanic or Latino or Not Hispanic or Latino. Hispanics may report as any race.

In Bartow County, the majority population is White (83.8%), followed by Blacks or African American (10.7%) and Hispanic (any race) constitute about 7.9% of the population. In Bartow County, 8.4% of the population does not speak English at home, compared to 21% nationwide. Other languages spoken at home include Spanish (6.9%), other Indo-European languages (0.9%) and Asian or Pacific Islander languages (0.5%).



Source: U.S. Census Bureau – American Community Survey (2017)

Socioeconomic Characteristics

Education

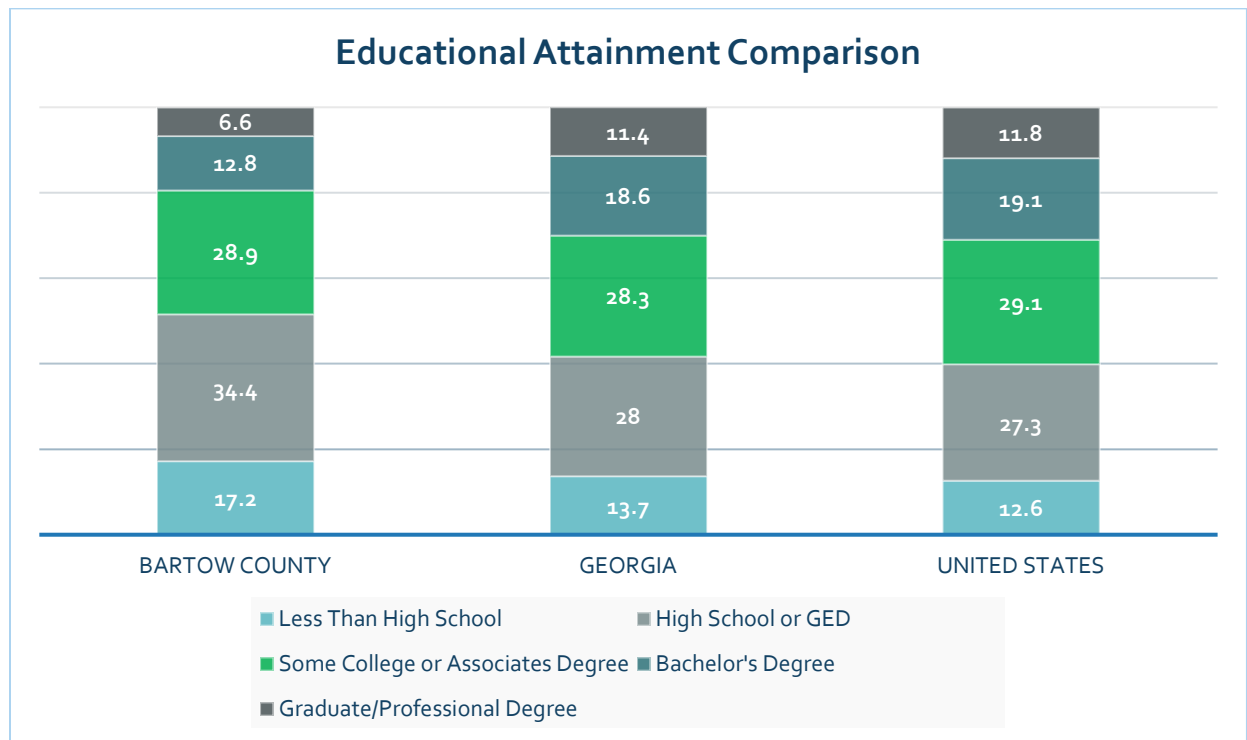
Education is one of the best socioeconomic indicators for good health. Inadequate education and increased dropout rates not only affect children's academic achievement and indicate low socio-economic status of the community but are also associated with a deteriorating quality of life for the individual. Research has found linkages between level of education and various health risk factors such as smoking, drinking, diet and exercise, illegal drug use, household safety and use of preventive medical care. Thus, improving school systems and early intervention programs may help to reduce some of these risk factors and help elevate the quality of life for individuals.



Overall percent High School Graduate or higher - **82.7%**

Overall percent Bachelor's Degree or higher - **19.4%**

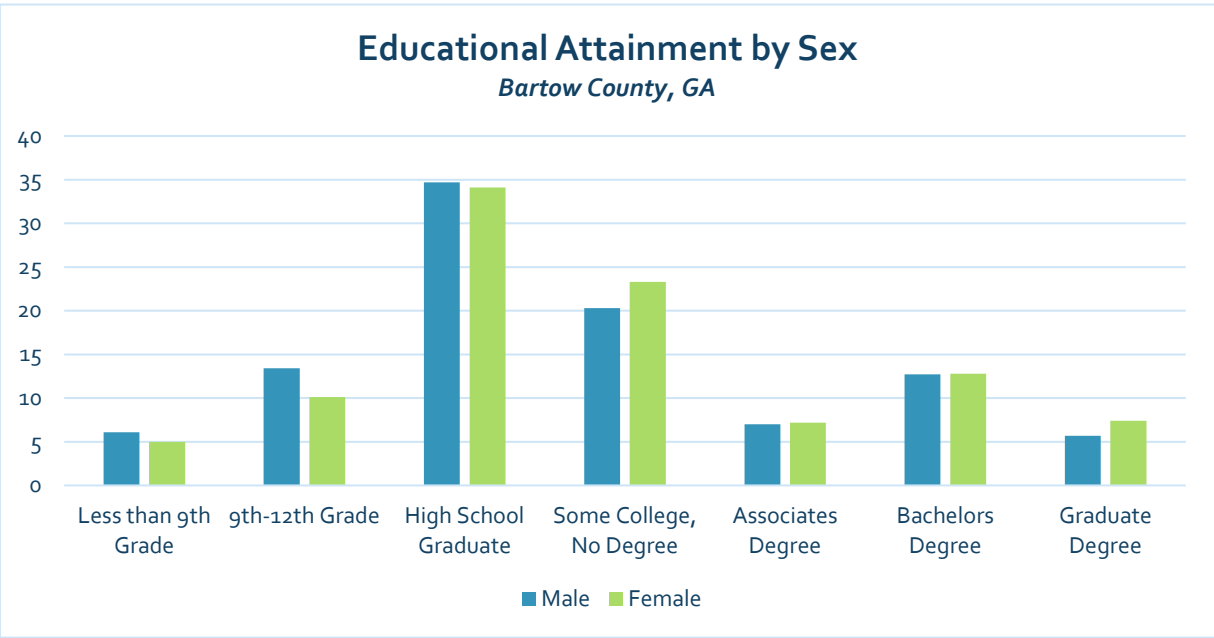
The High School graduation rate for Bartow County is 34.4%, compared to GA (28.3%) and the United States (29.1%). However, the higher education rate (Bachelor's Degree & Graduate Degree or higher) in Bartow County is less than both Georgia and United States. Also notable is the high school dropout rate at 17.2% for Bartow County, compared to 13.7% and 12.6% for Georgia and United States respectively.



Source: U.S. Census Bureau – American Community Survey (2017)

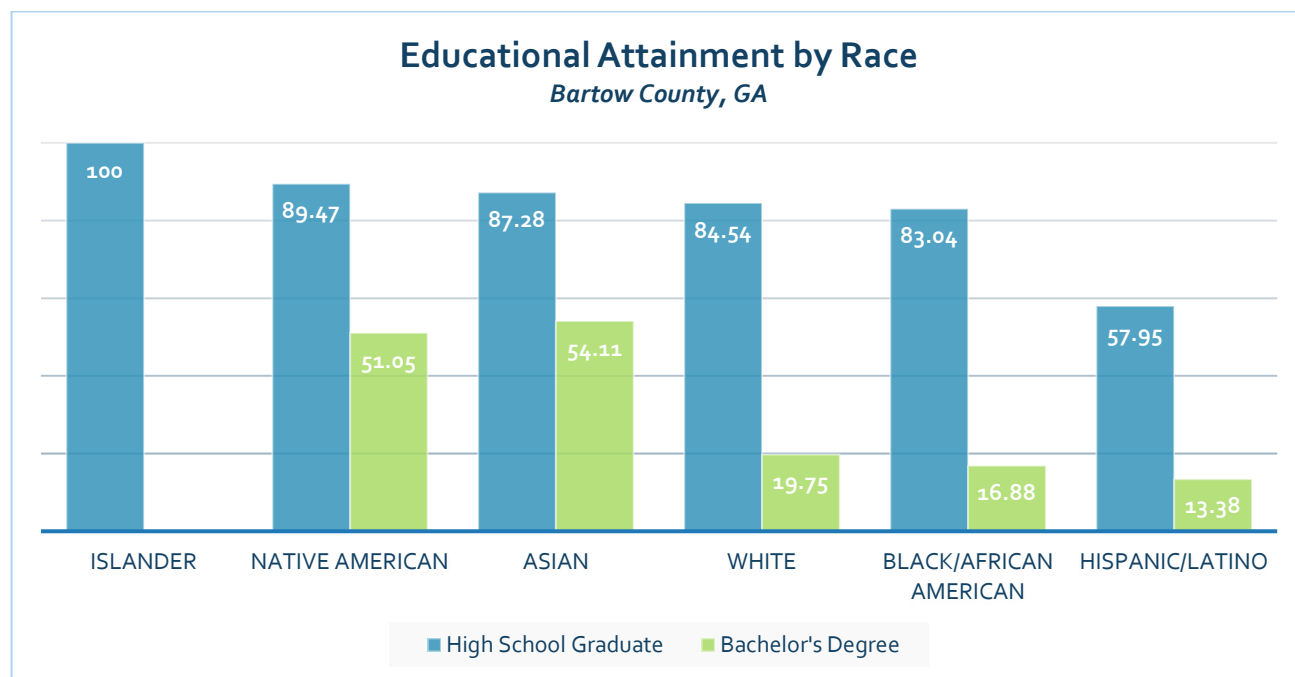
Bartow County Educational Attainment Breakdown by Sex and Race (Over 25)

There is only a slight difference between educational attainment rates for males and females in Bartow County. 7.4% of Females have a Graduate degree or higher compared to 5.7% of Males.



Source: U.S Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

The highest rate of High School graduation is among Islanders and Native Americans followed by Asians (87.28%), White (84.54%) and Black/African American (83.04%), while Hispanics have the lowest rate at 57.95%. The Bachelor's Degree rate is highest among Asians (54.11%) and Native Americans (51.05%), while the rates are considerably low in White (19.75%), Black/African American (16.88%) and Hispanics (13.38%).



Source: U.S Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Bartow County Poverty Breakdown by Educational Attainment Level

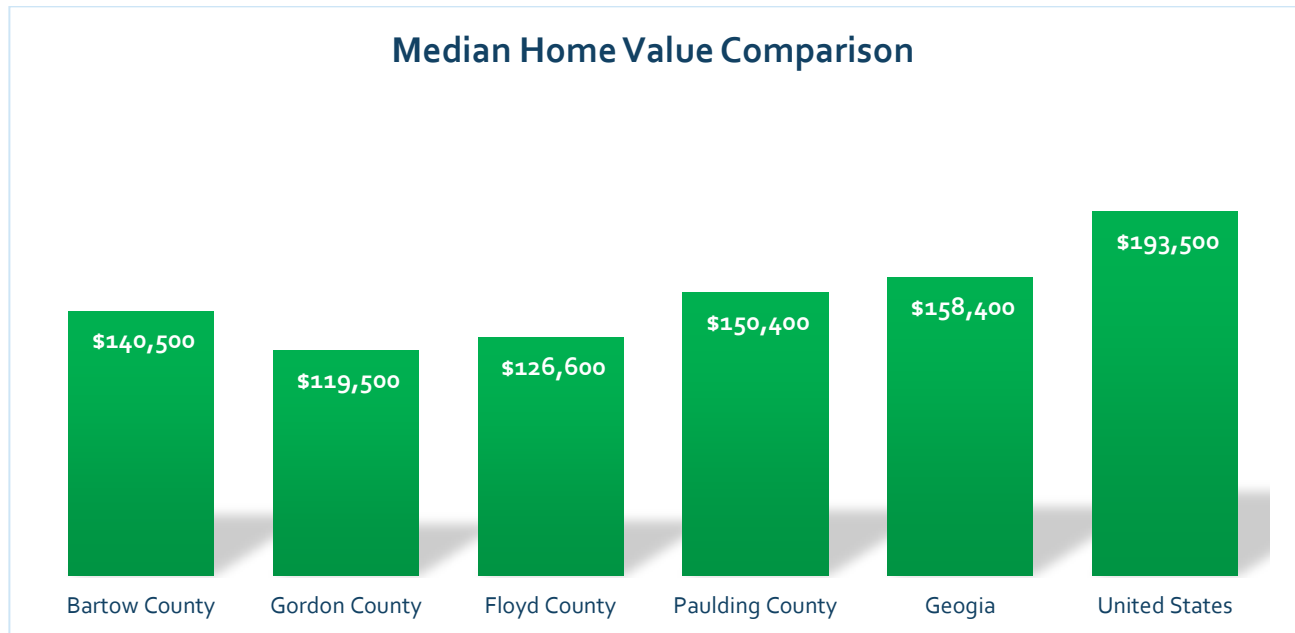
Research has shown that educational attainment and poverty rates are inversely related. In Bartow County, 22.9% of those without a high school diploma or GED live in poverty, compared to 9.3% of those with some College or Associates degree and 3.7% of those with Bachelor's degree or higher.

Housing

Median Home Value

The Median home value for Bartow county is \$140,500, which is more than Floyd and Gordon counties but less than Paulding county which is closer to the Metro Atlanta area (these counties were chosen for comparison due to similar demographics and their proximity). United States Median Home Value is \$193,500 while for the state of GA the value is \$158,400.

Median Home Value Comparison



Source: U.S Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

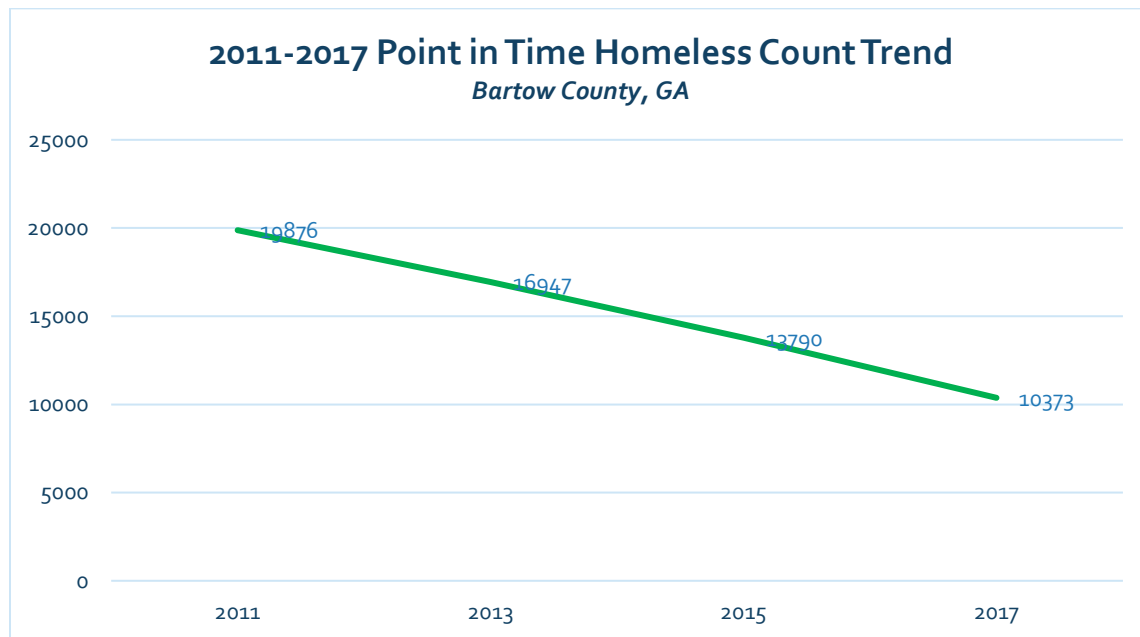
Homeless Population

Georgia Point in Time gathers homeless data and provides counts for homeless persons in the county. The main limitation of this data is that it is collected as a one-time count on a given time and day and published every 2 years, hence it might not be a true picture of homelessness in the community. GA Point in Time did not publish the actual counts for the years 2015 and 2017 but rather based their data on a predictive model. The graph below the table shows the trends over the past few years and might give a better estimate of the homelessness situation in Bartow county.



	Unsheltered Homeless Persons (Counts and Predictive Model)	Sheltered Homeless Persons (Emergency and Transitional Housing)	Total Homeless Persons
Bartow County	16	26	42
State of GA	3692	6681	10373

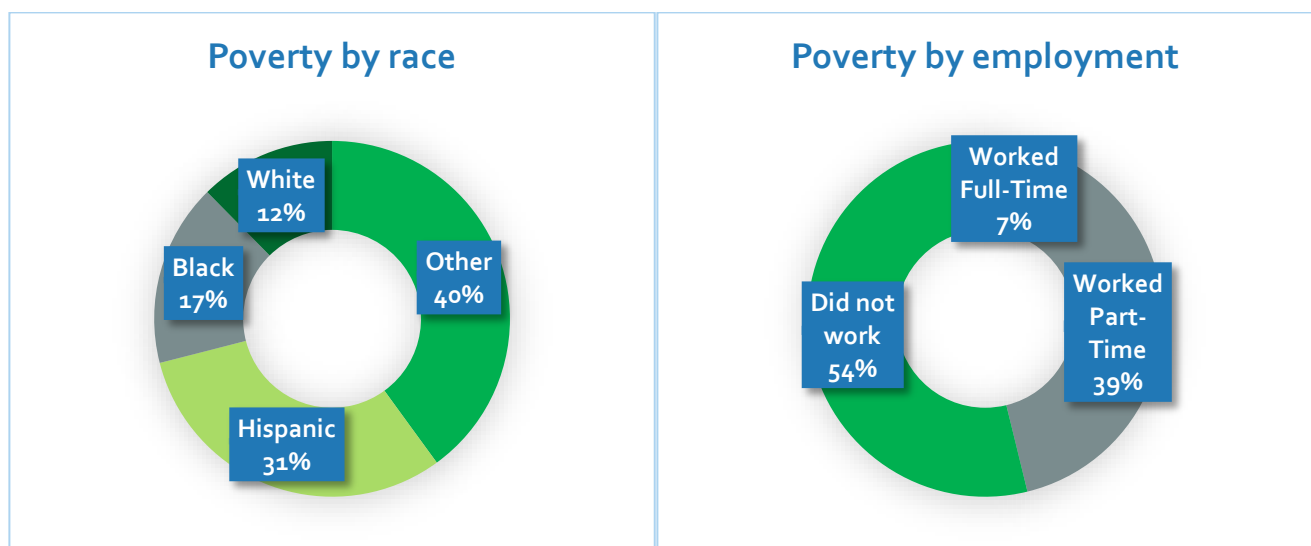
Source: GA Point in Time (2017)



Source: GA Point in Time (2017)

Poverty

The poverty data uses the federal poverty thresholds for the purpose of this report. Overall 14.2% of the population lives below the poverty level in Bartow County. According to the ACS (2013-2017), an estimated 19.1% of children under the age of 18 and 12.1% of seniors above 65 years of age, live below the poverty threshold. The race most likely to live in poverty is Hispanic (31%), followed by Black/African American (17%) and then White (12%).



Source: U.S Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Children living in Poverty

Children in Poverty captures an upstream measure of poverty that assesses both current and future health risk. While repercussions resulting from poverty are present at all ages, children in poverty may experience

lasting effects on academic achievement, health, and income into adulthood. Low-income children have an increased risk of injuries from accidents and physical abuse and are susceptible to more frequent and severe chronic conditions and their complications such as asthma, obesity, diabetes, ADHD, behavior disorders, and anxiety than children living in high income households

% Children in Poverty	19%
% Children in Poverty (Hispanic)	45%
% Children in Poverty (Black)	17%
% Children in Poverty (White)	15%

Source: County Health rankings (2019)

Childhood poverty indicators also include the percent of children enrolled in the Food Stamps/Supplemental Nutrition Assistance Program (SNAP) and infants and children enrolled in the Women, Infants and Children (WIC) program:

Food Stamps/SNAP Benefit Recipients

The number of households with children receiving food stamps are shown below:

County	Monthly Average Households	Monthly Average Recipients	Total Benefit Dollars
Bartow County	6142	13,574	\$20,382,148

Source: DFCS – State Fiscal Year (2018)

Food Stamps Recipients by Age

The number of children receiving Food stamps have been highlighted in the table below:

0-6 Years	7-15 Years	16-17 Years	18-21 Years	22-34 Years	35-44 Years	45-64 Years	65+
2,286	3,242	572	579	2,022	368	2,554	974

Source: DFCS – State Fiscal Year (2018)

WIC Program Recipients

The data below shows the WIC program recipients, birth through age 4 in comparison to Floyd and Gordon counties as well as the state of Georgia.


	Bartow County	Floyd County	Gordon County	Georgia
Infants and children receiving WIC	1386	1,911	1,240	188,094

Source: DFCS – State Fiscal Year (2018)

Children Eligible for free or reduced-price lunch

Food insecurity and hunger are known to impair child development and increase risk of poor health outcomes. The National School Lunch Program leads to substantial reductions in childhood food insecurity, poor health, and obesity. Under the National School Lunch Act, eligible children (based on family size and income) receive

adequate nutrition to help support development and a healthy lifestyle. In addition, eligibility for free or reduced-price lunch is a useful indicator of family poverty and its effect on children. When combined with poverty data, this measure can also be used to identify gaps in eligibility and enrollment. In Bartow County Public Schools, 57% of the students are eligible for a free or reduced-price lunch. The percentage for the state of Georgia is 62%.

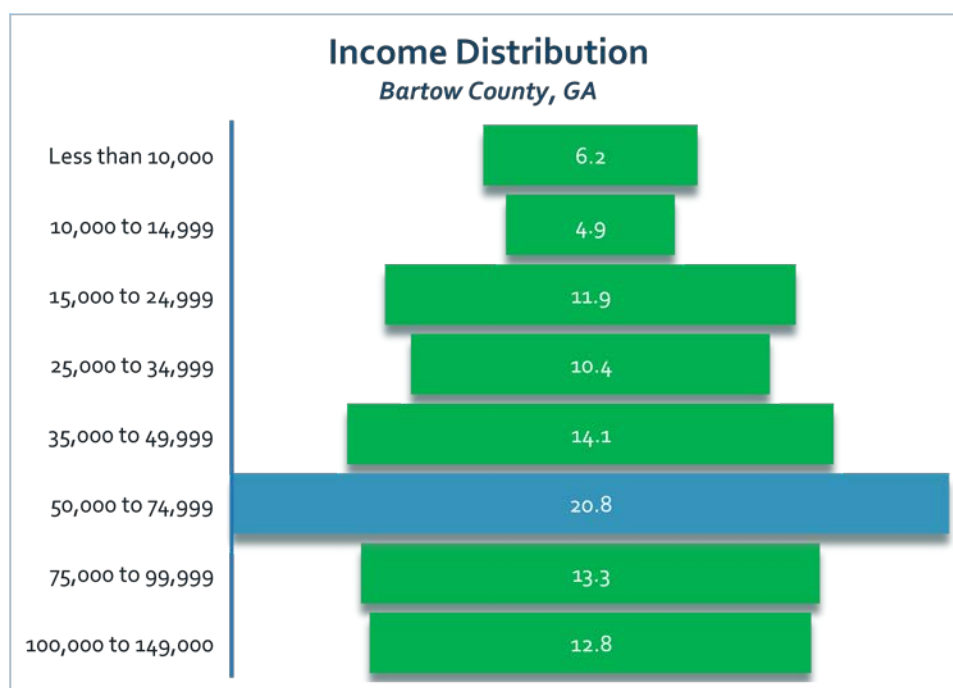
	County Name	Free Lunch Eligible Students	Reduced-price Lunch Eligible Students	Free and Reduced Lunch Students	Overall percentage
	Bartow County, GA	8751	1629	10380	57.12%

Source: The National Center for Education Statistics (NCES) 2016-17

Income

Median Household Income

In 2017, the median household income in Bartow County, GA grew to \$52,393 from the previous year's value of \$50,565. The state of Georgia has a median household income of \$52,977 while United States has a median household income of \$57,652.



Source: U.S. Census Bureau- American Community Survey (2017)

Employment

Employment Industry

Major employment industries in Bartow County are as follows:

Industry	Bartow County	Georgia
<i>Educational services, and health care and social assistance</i>	19.1%	20.9%
<i>Manufacturing</i>	17.2%	10.7%
<i>Retail trade</i>	12.1%	1.9%
<i>Construction</i>	9.8%	6.4%
<i>Arts, entertainment, and recreation, and accommodation and food services</i>	8.4%	9.4%
<i>Professional, scientific, and management, and administrative and waste management services</i>	8.3%	11.7%
<i>Transportation and warehousing, and utilities</i>	6.6%	6.0%
<i>Finance and insurance, and real estate and rental and leasing</i>	5.3%	6.3%
<i>Other services, except public administration</i>	4.3%	4.9%
<i>Public administration</i>	3.9%	5.2%
<i>Wholesale trade</i>	2.2%	2.9%
<i>Information</i>	1.8%	2.5%
<i>Agriculture, forestry, fishing and hunting, and mining</i>	1.1%	1.2%

Source: U.S. Census Bureau – American Community Survey (2017)

Unemployment rate

Bartow County labor force (based on place of residence and persons 16 years and older) is 50,716 as of October 2018, of those 1,776 are unemployed and actively seeking employment.

Bartow County, GA Unemployment Rate (NSA)



Unemployment Rates

Bartow County

3.4%

Georgia

4.10%

United States

4%

Source: U.S. Bureau of Labor Statistics (2018)

Unemployment Rate according to Age, Race/Ethnicity

The unemployment rate in Bartow County has improved significantly during the past few years. Compared to the year 2016, the rate for 20-64-year-old residents as well as Hispanics in the community has shown marked improvements as reported in the 2017 American Community Survey data.

Age	Percentage
16 to 19 years	8.1%
20 to 24 years	6.6%
25 to 29 years	9.6%
30 to 34 years	7.4%
35 to 44 years	5.3%
45 to 54 years	5.7%
55 to 59 years	4.7%
60 to 64 years	3.2%
Population 20 to 64 years	6.1% ↓
Race	
Black/African American	9.5%
American Indian/Alaskan Native	6.8%
White	5.8%
Asian	0.0%
Some other race	4.7%
Two or more races	2.4%
Hispanic or Latino origin (of any race)	2.6% ↓

Source: U.S. Census Bureau – American Community Survey (2013-2017)

Travel Time to Work

The mean travel time to work is 27.9 minutes and 11.4% of the population of Bartow County has a commute time of 60 minutes or more to work. 58.1% of the residents work in the county of residence while 40.0% work outside of county of residence.

Worker Type	Percentage
Worked in state of residence	98.50%
Worked in county of residence	58.1%
Worked outside county of residence	40.0%

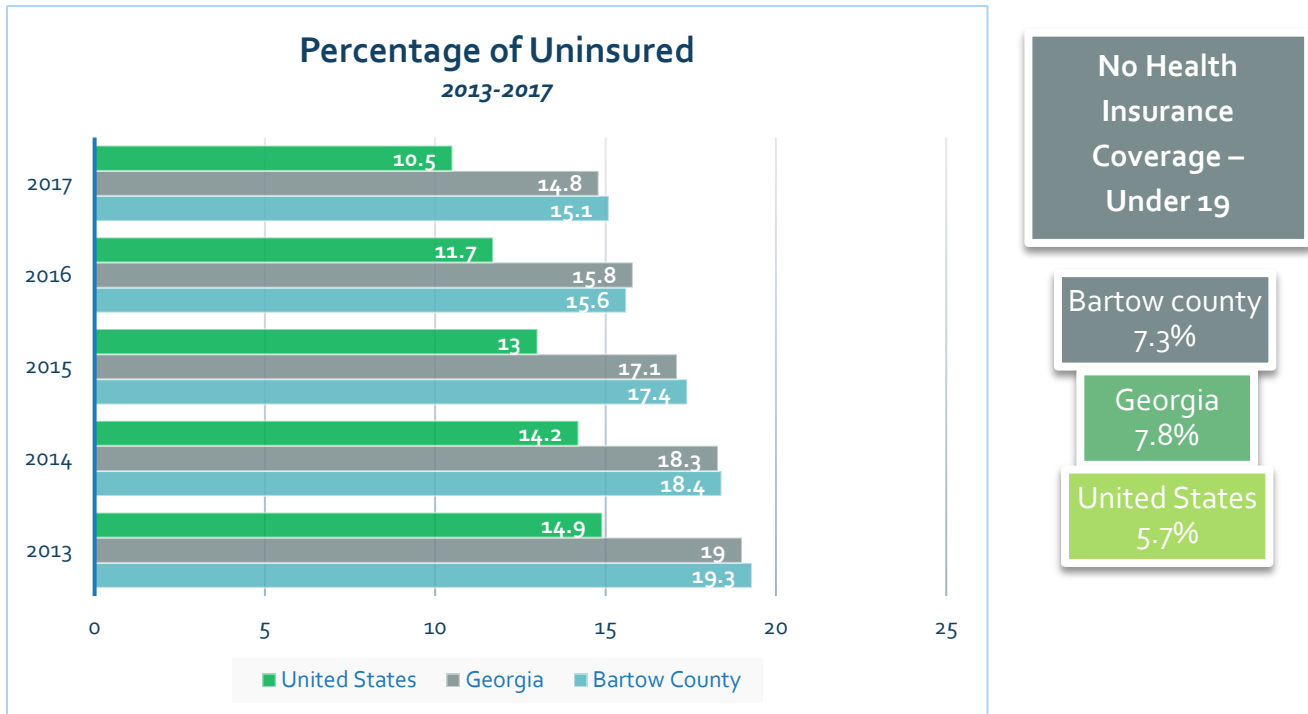
Source: U.S. Census Bureau – American Community Survey (2013-2017)

Healthcare Access

Health Insurance Coverage

Lack of health insurance coverage is a significant barrier to accessing needed health care. One key finding from the Kaiser Family Foundation report on access to healthcare is that, "Going without coverage can have serious health consequences for the uninsured because they receive less preventative care, and delayed care often results in serious illness or other health problems".

Between 2015 and 2017, the percent of uninsured citizens in Bartow County, GA declined by 2.3% from 17.4% to 15.1% which is comparable to Georgia but more than United States rate of 10.5%.



Source: U.S. Census Bureau – American Community Survey (2013-2017)

Healthcare Providers

Access to care requires not only insurance coverage, but also access to healthcare providers. Sufficient availability of primary care physicians is essential for preventive and primary care, and, when needed, referrals to appropriate specialty care.

Primary Care Physicians is the ratio of the population to primary care physicians. The ratio represents the number of individuals served by one physician in a county, if the population was equally distributed across physicians.

Licensed Doctors



Total number of actively practicing Physicians: 119

Physicians per 100K: 113.3

	Bartow County	State of GA	Top U.S. Performers
Primary care physicians	48	-	
Rate per total population	2160:1	1520:1	1050:1

Source: County Health Rankings (2016)

Percentage of Physicians	
Accept Medicaid	87%
Accept Medicare	89%

Source: GA Board for Physician Workforce (2016-2017)

Licensed Dentists



Licensed Dentists: 36

	Bartow County	State of GA	Top U.S. Performers
Rate per total population	2,920:1	1960:1	1260:1

Source: County Health Rankings (2017)

Licensed Mental Health Professionals



Licensed mental Health Professionals: 108

	Bartow County	State of GA	Top U.S. Performers
Rate per total population	970:1	790:1	310:1

Source: County Health Rankings (2018)

Chronic Diseases

According to the Centers for Disease Control (CDC), six in ten Americans live with at least one chronic disease, like heart disease, cancer, stroke, or diabetes. These and other chronic diseases are the leading causes of death and disability in America, and they are also a leading driver of health care costs. But the good news is that most chronic diseases can be prevented by eating well, being physically active, avoiding tobacco and excessive drinking, and getting regular health screenings.

Major Risk Factors for Chronic Diseases

Smoking

Tobacco use is the leading cause of preventable disease, disability, and death in the United States. About 34 million US adults smoke cigarettes, and 58 million nonsmokers are exposed to secondhand smoke. Adult Smoking is the percentage of the adult population in a county who both report that they currently smoke every day or most days and have smoked at least 100 cigarettes in their lifetime.



Bartow County percentage smokers – 19%

Overall Georgia percentage smokers – 18%

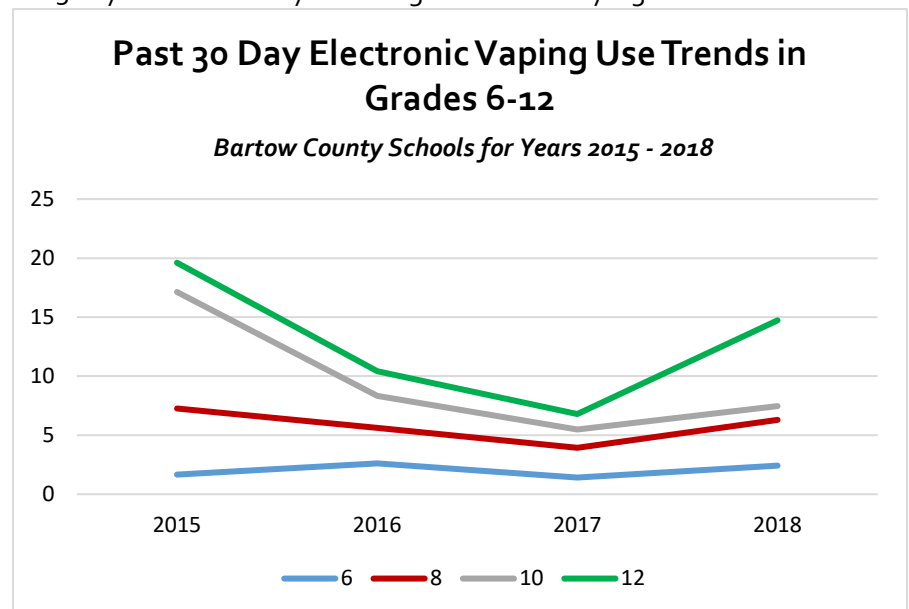
Top U.S. performers percentage smokers – 14%

Source: County Health Rankings (2017)

Youth and Tobacco Use

According to the Department of Health and Human Services, if cigarette smoking continues at the current rate among youth in this country, 5.6 million of today's Americans younger than 18 will die early from a smoking-related illness. That's about 1 of every 13 Americans aged 17 years or younger who are alive today.

Tobacco product use is started and established primarily during adolescence and nearly 9 out of 10 cigarette smokers first try cigarette smoking by age 18. Each day in the U.S. about 2,000 youth under 18 years of age smoke their first cigarette and more than 300 youth under 18 years of age become daily cigarette smokers. To make matters worse, recent increases in the use of e-cigarettes is driving increases in tobacco product use among youth, which are often available in multiple flavorings to make them even more appealing to the younger crowd. In Bartow county, the use of Electronic Vaping trend is on the rise among the youth. The steadily climbing rates from children in grades 6-12 is shown in the graph on the right:

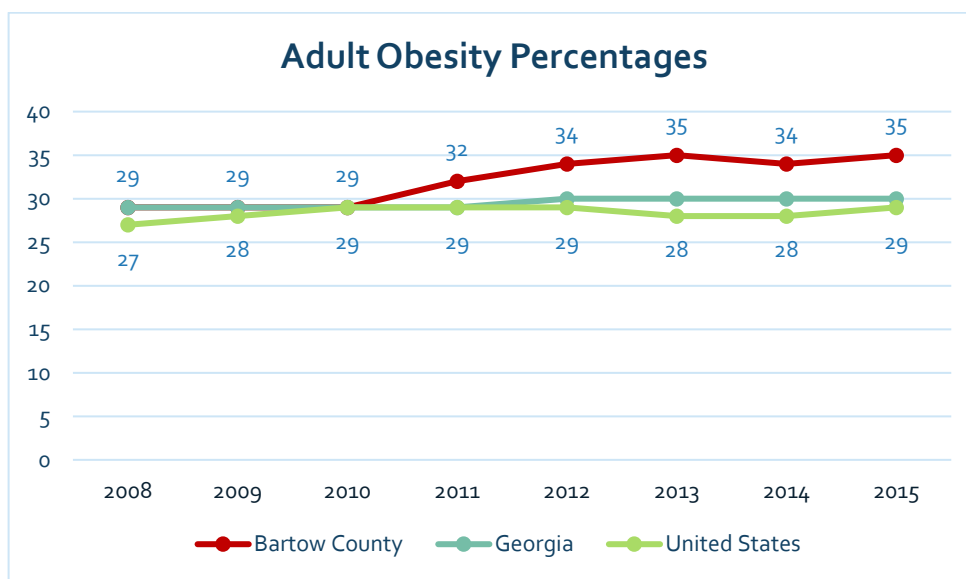


Source: GA department of Education (2015-2018)

Obesity

Obesity is defined as weight that is higher than what is considered as a healthy weight for a given height. Body Mass Index, or BMI, is used as a screening tool for overweight or obesity.

Obesity is a complex health issue since it results from a combination of causes and contributing factors, including individual factors such as behavior and genetics. Behaviors can include dietary patterns, physical activity, inactivity, medication use, and other exposures. Additional contributing factors in our society include the food and physical activity environment, education and skills, and food marketing and promotion. Obesity is a serious concern because it is associated with poorer mental health outcomes, reduced quality of life, and the leading causes of death in the U.S. and worldwide, including diabetes, heart disease, stroke, and some types of cancer.



**Bartow
county
35%**

Source: County Health Rankings (2008-2015)

Food Insecurity

The Food Environment Index ranges from 0 (worst) to 10 (best) and equally weights two indicators of the food environment:

- 1) Limited access to healthy foods estimates the percentage of the population that is low income and does not live close to a grocery store. "Low income" is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size. Living close to a grocery store is defined differently in rural and nonrural areas; in rural areas, it means living less than 10 miles from a grocery store whereas in nonrural areas, it means less than 1 mile. In Bartow county 14% of the population has limited access to healthy foods.
- 2) Food insecurity estimates the percentage of the population that did not have access to a reliable source of food during the past year. It is influenced by a number of factors including income, employment, race/ethnicity and disability. In Bartow county 12% of the population was food insecure in 2016.

	Limited Access to Healthy Foods	Food Insecurity
Bartow County	14%	12%

Source: County Health Rankings (2015-2016)



Food Environment Index

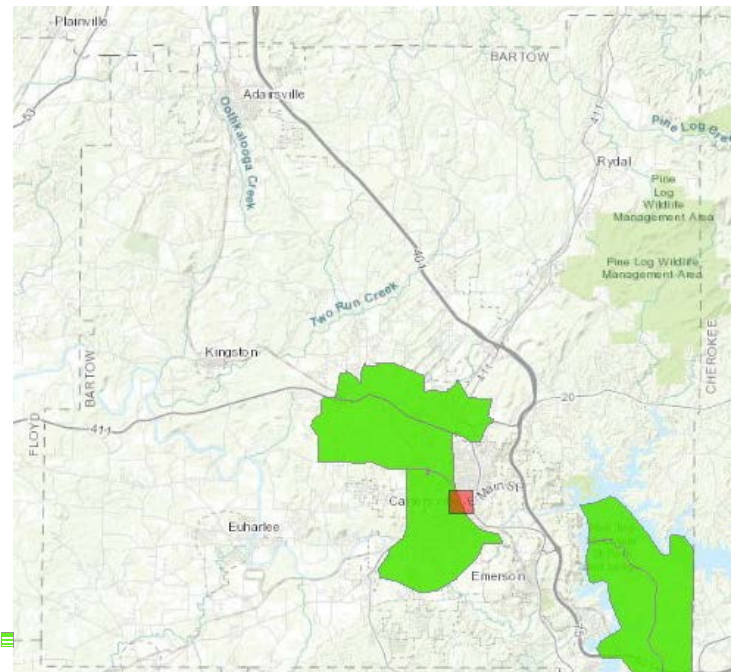
Bartow county – 7.3

Overall Georgia – 6.0

Top U.S. performers – 8.7

The map on the right shows the food deserts within Bartow County. The green shaded area shows low-income census tracts where a significant number or share of residents is more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket.

The pink shaded area shows low-income census tracts where a significant number or share of residents is more than 1 mile (urban) or 20 miles (rural) from the nearest supermarket.



Source: USDA Economic Research Service, ESRI

Access to Fresh Fruits & Vegetables

	Number of farmers markets per 100,000 residents
State of GA	1.5
United States	2.7

Source: CDC - NCCD, Division of Nutrition, Physical Activity, and Obesity (2017)

Physical Inactivity

Access to Exercise Opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities. Parks include local, state, and national parks. Recreational facilities include YMCAs as well as include a wide variety of facilities including gyms, community centers, dance studios and pools. Individuals who:

- reside in a census block within a half mile of a park or
- in urban census blocks: reside within one mile of a recreational facility or
- in rural census blocks: reside within three miles of a recreational facility

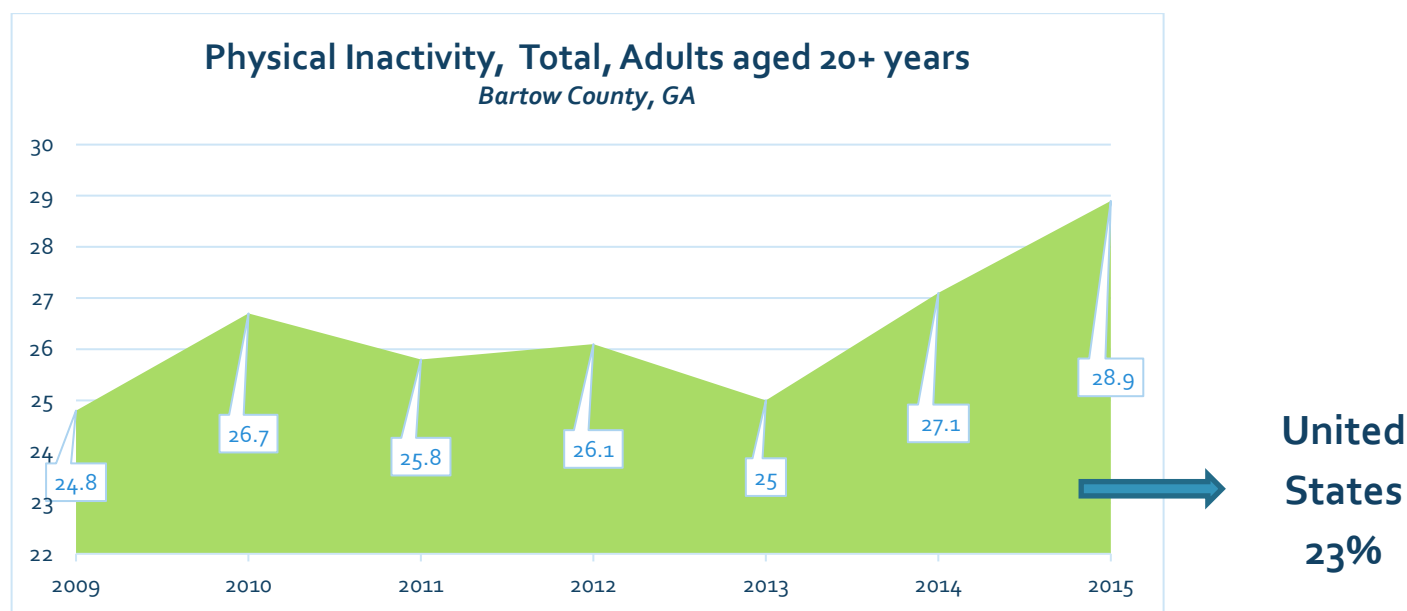
are considered to have adequate access for opportunities for physical activity.



Bartow county population with adequate access – 80%

Source: CDC Wonder database (2016)

Even though 80% of the population has adequate access to places for physical activity, the rates of physical inactivity have been on the rise. In 2015, 28.9% of Bartow county adults were not active in their leisure time, compared to 23% nationwide.



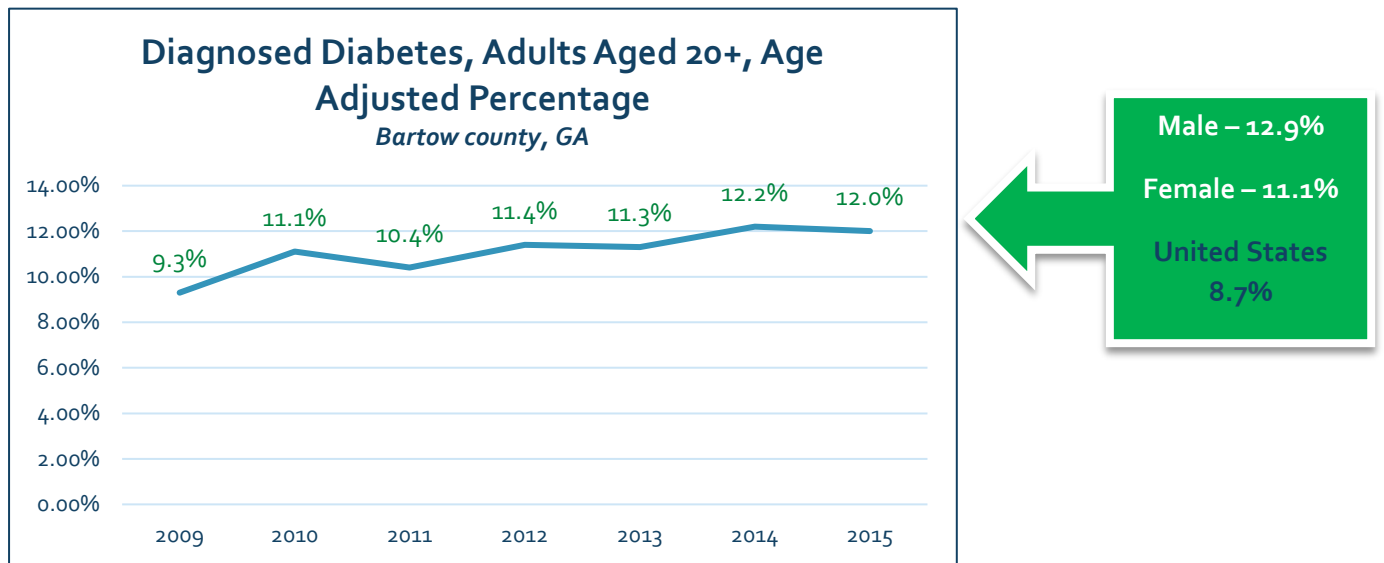
Source: CDC Behavioral Risk Factor Surveillance System

Diabetes

More than 100 million Americans nationwide are living with diabetes (30.3 million) or prediabetes (84.1 million), according to the CDC. It is the 7th leading cause of death in the United States.

Diabetes is a life-long disease and can not only cause complications of its own but is also a risk factor for other chronic conditions, such as kidney disease, heart disease and mental health issues. Although it is non-curable, the good news is that the risk of most diabetes-related complications can be reduced by keeping blood pressure, blood glucose and cholesterol levels within recommended range. Also, being a healthy weight, eating healthily, reducing alcohol intake, and not smoking help reduce the risk.

An estimated 12% of Bartow County residents 20 years or older had ever received a Diabetes diagnosis. Health disparities exist in the prevalence of Diabetes according to age and race. The prevalence is more for Males in Bartow county and it is the 5th leading cause of death among African-Americans living in the county.



Source: CDC- United States Diabetes Surveillance System (2009-2015)

Heart Disease

The term “heart disease” refers to several types of heart conditions. The most common type of heart disease in the United States is coronary artery disease, which affects the blood flow to the heart. Decreased blood flow can cause a heart attack. High blood pressure, high cholesterol, and smoking are key risk factors for heart disease. According to the CDC, about half of Americans (47%) have at least one of these three risk factors. Several other medical conditions and lifestyle choices can also put people at a higher risk for heart disease, including:

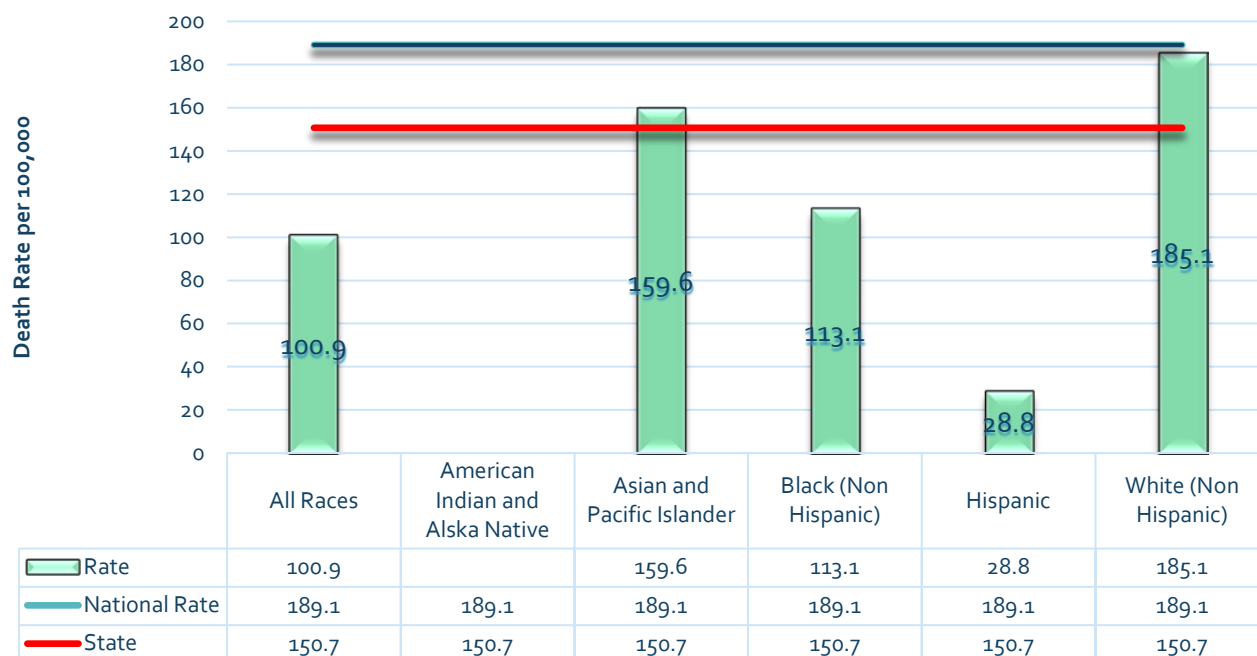
- Diabetes
- Overweight and obesity
- Poor diet
- Physical inactivity
- Excessive alcohol use

About 610,000 people die of heart disease in the United States every year—that’s 1 in every 4 deaths. It is the leading cause of death in the state, Bartow County and nationwide for all ages as well as across two major races; Whites and Black/African Americans.

In Bartow County, Whites are affected more with coronary heart disease than any other race. The death rate per 100,000 population in Whites is close to the overall national rate but higher than the overall state rate. Among other races, the reason for low numbers can be because data is limited due to under reporting and failure to seek medical care, as the data source for this graph is hospital data collected from all counties. Thus, the overall numbers of people living with heart disease in Bartow County will be even higher.

Coronary Heart Disease Death Rate per 100,000, 35+, All Races/Ethnicities, Both Genders, 2014-2016

Bartow County, GA



Source: CDC Interactive Atlas of Heart Disease and Stroke (2014-16)

Hypertension

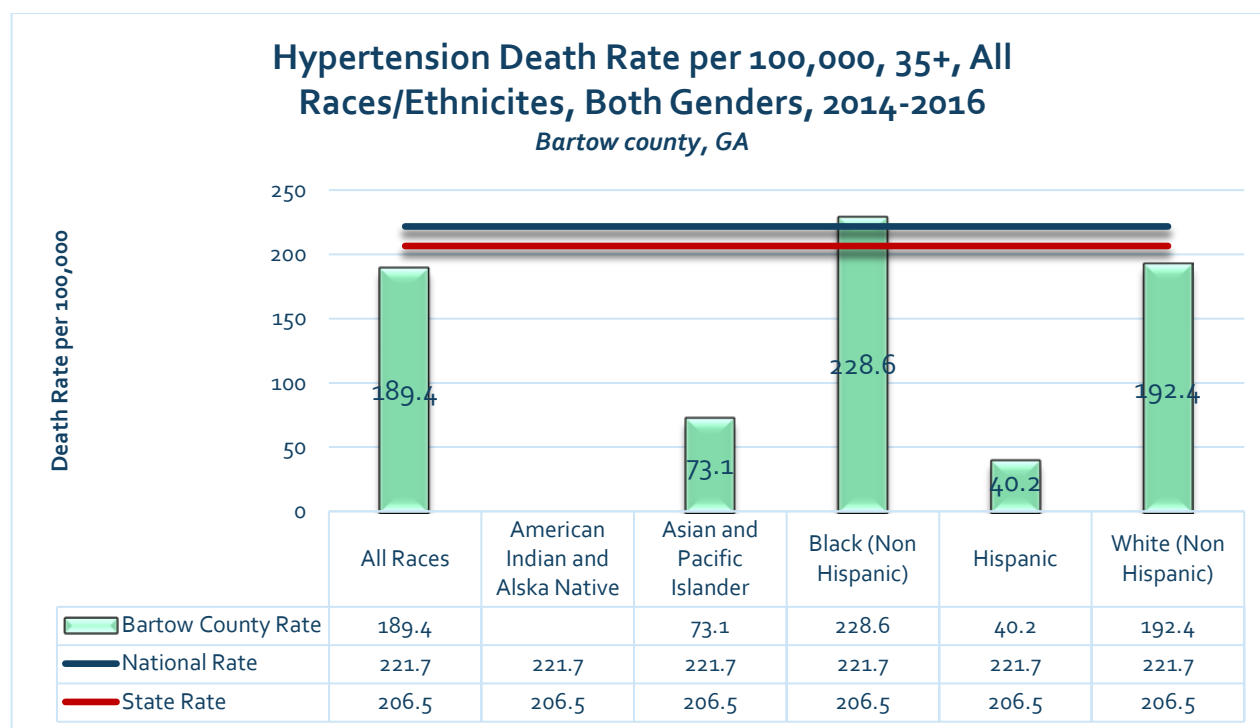
Hypertension is another name for high blood pressure. It can lead to severe complications and increases the risk of heart disease, stroke, and death.

While blood pressure is best regulated through diet before it reaches the stage of hypertension, there is a range of treatment options. However, lifestyle adjustments are the standard first-line treatment for hypertension, and they include:

- Regular physical exercise
- Stress reduction
- Using alcohol, drugs, smoking, and unhealthy eating to cope with stress will add to hypertensive problems. These should be avoided.
- Smoking can raise blood pressure. Giving up smoking reduces the risk of hypertension, heart conditions, and other health issues.

There is limited data available on county wide prevalence of Hypertension since many individuals have high blood pressure and might not even know it. The chart below shows the death rates per 100,000 population due to Hypertension, according to race. Certain disparities exist among races in terms of Hypertension. Black/African Americans are affected more than any other race in state and national comparisons, and for this population, it is the 2nd leading cause of death in Bartow County compared to Whites, where it stands as the

6th leading cause of death. Hispanic population is also affected disproportionately by Hypertension, however due to reporting limitations among this race, the rates appear to be low in the chart illustrated below:



Source: CDC Interactive Atlas of Heart Disease and Stroke (2014-16)

Stroke

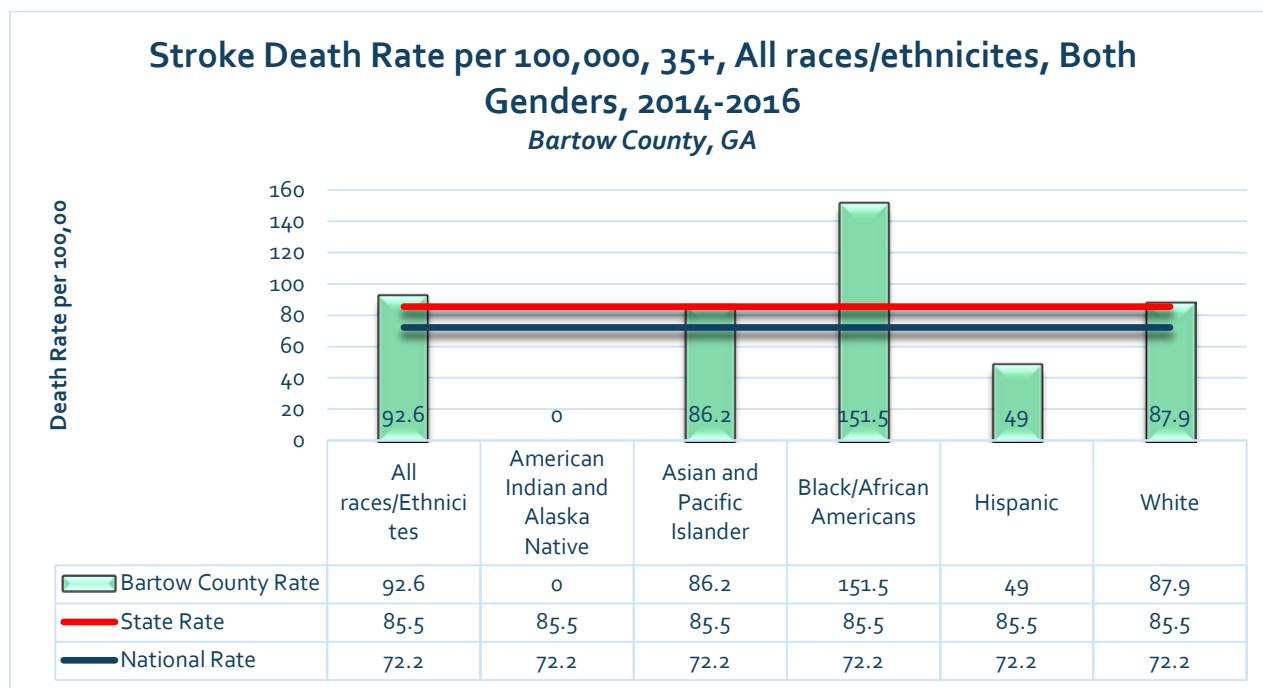
Stroke is the fifth leading cause of death in the United States according to the CDC and is a major cause of serious disability for adults. Stroke is preventable. You may be able to prevent stroke or lower your chances of having a stroke. Although anyone can have a stroke, certain risk factors increase the chance of having a stroke such as:

- Chronic diseases (High blood pressure, Heart Disease, Diabetes)
- Health behaviors (Unhealthy diet, physical inactivity, Obesity, High Cholesterol)
- Previous History of a Stroke or Transient Ischemic Attack (TIA)
- Excessive Tobacco and Alcohol use
- Family History
- Sex and Race
 - Women are more prone
 - Black/African Americans, Hispanics, American Indians

There are 3 major types of strokes, all of which are influenced by the factors mentioned above:

1. Ischemic Stroke
2. Hemorrhagic Stroke
3. Transient Ischemic Attack (TIA)

In Bartow County, the Stroke death rate per 100,000 population shows marked racial disparities among Black/African Americans and Whites. Blacks are twice as likely to die of a stroke compared to Whites and the age adjusted death rate for Blacks is twice that for the state and national overall rate. Whites are slightly above the overall state and national rates, showing significant mortality due to this condition.



Source: CDC Interactive Atlas of Heart Disease and Stroke (2014-16)

Asthma

Asthma is a disease that affects the lungs. It is one of the most common long-term diseases of children, but adults also have asthma, too. According to the CDC, asthma attacks account for 1.7 million ED visits yearly, making it one of the top 20 reasons for ED visits. An estimated 8.4% of individuals in the state of GA live with Asthma.

Childhood Asthma

Among school aged children, Asthma is the leading cause of school absenteeism and is one of the most common chronic pediatric diseases. Patients with asthma often present to the emergency department for treatment for acute episodes. These patients may not have a primary care physician or primary care home, and thus are seeking care in the emergency department. The following table shows the ER visits in 2017 in Bartow County due to asthma related complication among children:



Source: cdc.gov

2017 ER Visit Rate	
Georgia	525.5
Bartow County	468.3

Source: OASIS (2017)

Cancer

Cancer is a group of diseases involving abnormal cell growth with the potential to invade or spread to other parts of the body. There are more than 100 types of cancers, some more common than others. There are many causes of cancer, and some are preventable. For example, over 480,000 people die in the U.S. each year from smoking cigarettes, according to data reported in 2014 by the CDC. In addition to smoking, risk factors for cancer include:

- Heavy alcohol consumption
- Excess body weight
- Physical inactivity
- Poor nutrition

Other causes of cancer are not preventable. Currently, the most significant unpreventable risk factor is age. According to the American Cancer Society, doctors in the U.S. diagnose 87 percent of cancer cases in people ages 50 years or older.

Death Rates According to Type

The most common type of cancer in Bartow County is lung cancer with a rate of 45.7, followed by pancreatic cancer, prostate cancer and colon cancer.

Cancer Type	Death Rate per 100,000 Population (Bartow County)
Lung Cancer	45.7
Pancreatic Cancer	13.3
Prostate Cancer	12.4
Colon Cancer	10.5
Liver Cancer	8.6
Breast Cancer	7.6
Brain Cancer	5.7
Throat Cancer	4.8
Stomach Cancer	4.8
Leukemia	4.8
Cervical Cancer	0.0
Oral Cancer	*
Skin Cancer	*
Uterine Cancer	*
Ovarian Cancer	*

Source: OASIS (2017)

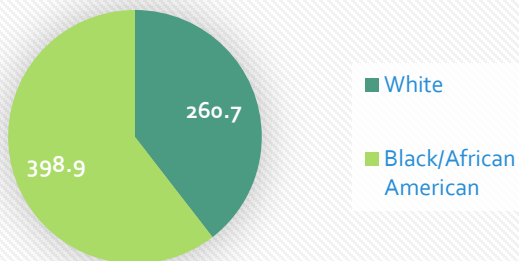
Racial Disparities Among Chronic Disease

Heart disease, Stroke, Cancer, Diabetes, and Hypertension are among the most common, costly and preventable of all health problems. Many of these conditions disproportionately affect health disparity populations and are influenced by where people live, work and play. This holds importance because, only the interventions that consider this complex interaction between an individual and its surroundings, can help eliminate these disparities and better enhance chronic disease control and prevention.

In Bartow County, Black/African Americans are affected disproportionately by certain chronic conditions such as Diabetes, Hypertension, Heart Disease and Stroke, thus highlighting the need of early detection and intervention as well as tailored approaches to manage these conditions. The following charts highlight some of these disparities:

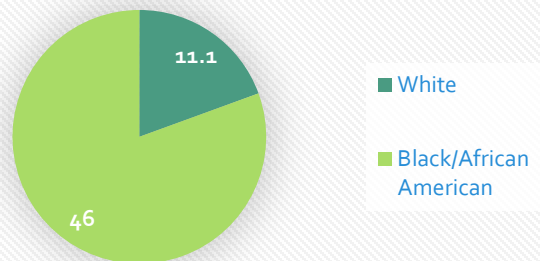
Diabetes

**Age Adjusted Diabetes
Discharge Rate - 2017**
Bartow County, GA



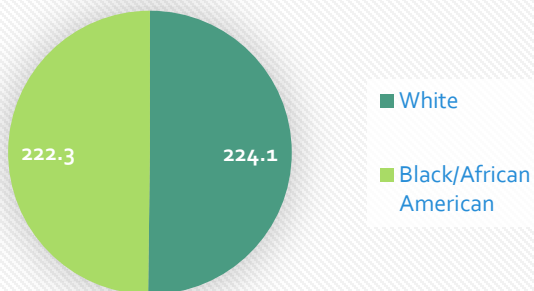
Hypertension

**Age Adjusted Hypertension
Discharge Rate - 2017**
Bartow County, GA



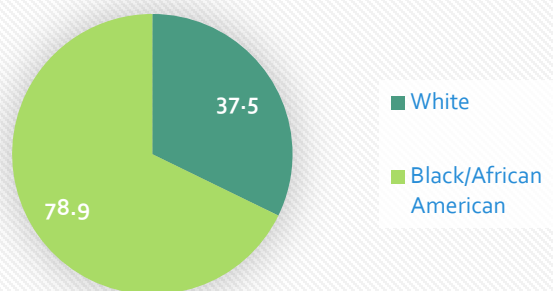
Heart Disease

**Age Adjusted Heart Disease
Death Rate - 2017**
Bartow County, GA



Stroke

**Age adjusted Stroke Death
Rate - 2017**
Bartow County, GA



Source: OASIS (2017)

Mental Health

Poor Mental Health Days is based on survey responses to the question: "Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" The value reported in the County Health Rankings is the average number of days a county's adult respondents report that their mental health was not good. The measure is age-adjusted to the 2000 US population. Reliability for the healthy days measures in the Behavioral Risk Factor Surveillance System is high. In addition, a study examining the validity of healthy days as a summary measure for county health status found that counties with more unhealthy days were likely to have higher unemployment, poverty, percentage of adults who did not complete high school, mortality rates, and prevalence of disability than counties with fewer unhealthy days.



Bartow Mentally Unhealthy Days – 3.8

Overall in GA – 3.8

Top U.S. performers – 3.1

Suicide

In Bartow County there were 25 deaths by Suicide for the year 2016 and 10 deaths for the year 2017. Of these 10 suicide deaths, 7 were White Males, 2 were White Females and one was Black/African American.

In 2017 in Bartow County, there were

10 Suicide Deaths AND

94 Emergency Department visits for suicide attempt

Suicide is the 3rd leading cause of death among premature deaths in Bartow County and the 8th leading cause of death among all races overall. Nationwide suicide is fast becoming a major public health concern. Over 40,000 people die by suicide each year in the United States; it is the 10th leading cause of death overall.

Substance Use and Abuse

Excessive Drinking

Excessive drinking is a risk factor for a number of adverse health outcomes, such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes according to a report published by CDC. It is the third leading lifestyle-related cause of death in the United States.

Excessive Drinking is the percentage of adults that report either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or 2 (men) drinks per day on average.



Overall GA – 15%



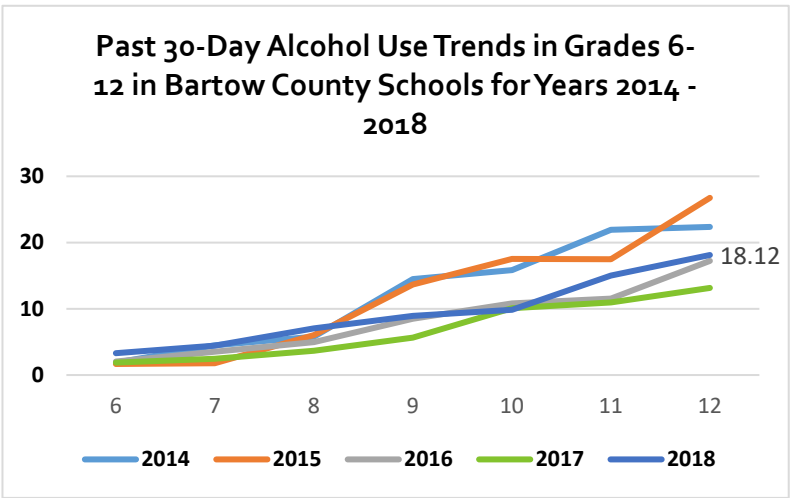
Bartow county – 16%



United States – 23%

Alcohol in Youth

The age of onset of alcohol use in Bartow county has declined from 13.21 in 2014 to 12.35 in 2017. Underage drinking is dangerous, not only for the drinker but also for society, as evident by the number of alcohol-involved motor vehicle crashes, homicides, suicides, and other injuries. People who begin drinking early in life run the risk of developing serious alcohol problems, including alcoholism, later in life. They also are at greater risk for a variety of adverse consequences, including risky sexual activity and poor performance in school.



Source: Georgia Department of Education (2014-2018)

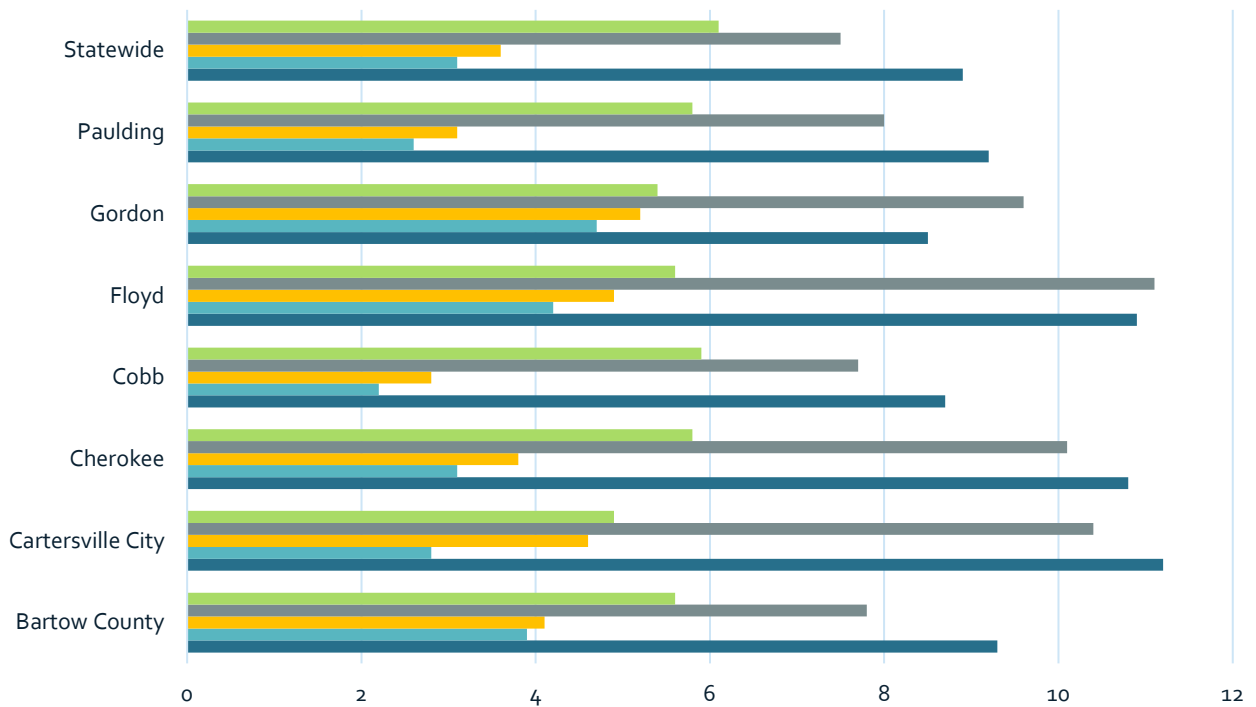
Bartow County past 30 day use of alcohol has shown a steady climbing trend among grades 6-12 in Bartow county schools. This trend points towards the growing problem of alcohol and substance abuse particularly among the youth.

Illicit Drug Use

Drug Use Among Youth

The following table illustrates the use of Alcohol, Tobacco, Electronic Vaping and Marijuana among 6-12 graders in Bartow County and Cartersville city schools. It also compares adjacent counties as well as state wide data. Bartow County's alcohol use and Electronic Vaping use rates are higher than the state and only second to Floyd and Cherokee county.

Comparison by County of 2018 Alcohol, Tobacco, and Marijuana past 30-day use for grades 6-12



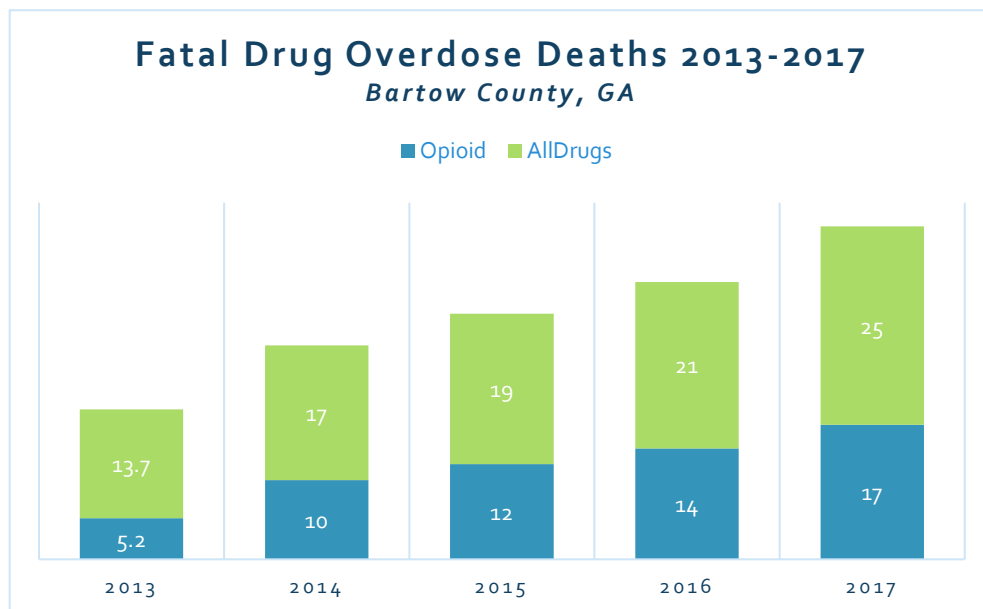
	Bartow County	Cartersville City	Cherokee	Cobb	Floyd	Gordon	Paulding	Statewide
Marijuana	5.6	4.9	5.8	5.9	5.6	5.4	5.8	6.1
EV	7.8	10.4	10.1	7.7	11.1	9.6	8	7.5
Smokeless Tobacco	4.1	4.6	3.8	2.8	4.9	5.2	3.1	3.6
Cigarettes	3.9	2.8	3.1	2.2	4.2	4.7	2.6	3.1
Alcohol	9.3	11.2	10.8	8.7	10.9	8.5	9.2	8.9

Marijuana EV Smokeless Tobacco Cigarettes Alcohol

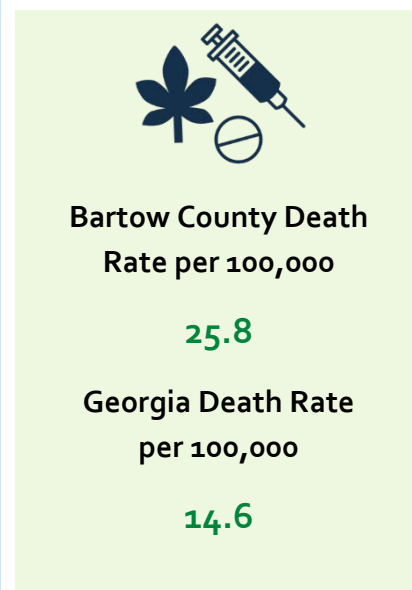
Overdose Deaths

Drug overdose deaths are a leading contributor to premature death and are largely preventable. Currently, the United States is experiencing an epidemic of drug overdose deaths. Since 2000, the rate of drug overdose deaths has increased by 137 percent nationwide. Opioids contribute largely to drug overdose deaths; since 2000, there has been a 200 percent increase in deaths involving opioids (opioid pain relievers and heroin).

In Bartow County, there were 25 deaths due to overdose in the year 2017, of which 17 were caused by Opioid overdose. The overall death rate due to overdoses is 25.8 per 100,000 population in Bartow county, compared to only 14.6 for the state of Georgia.



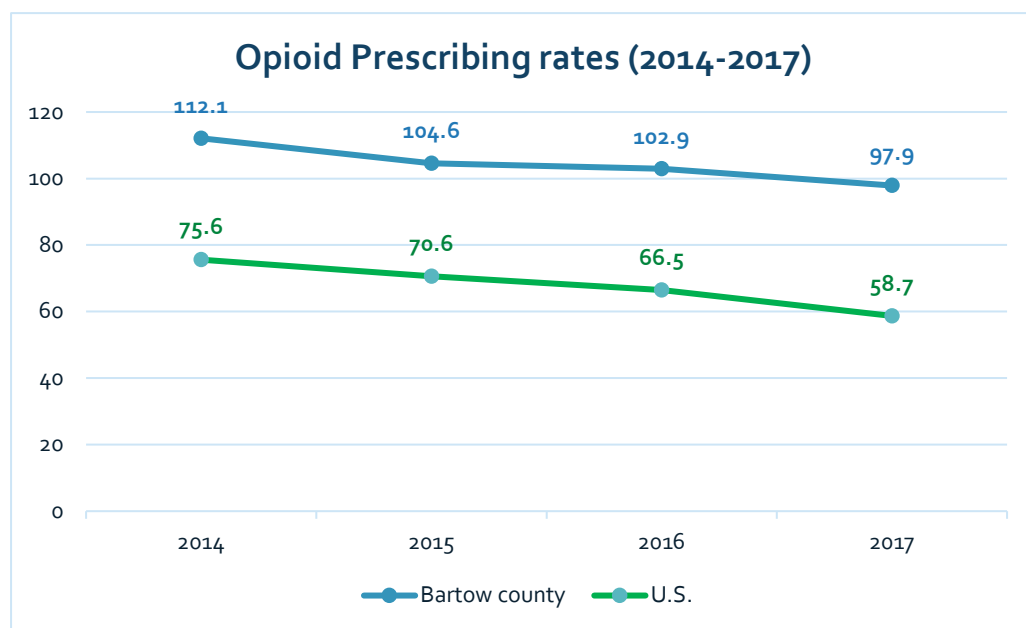
Source: OASIS (2013-2017)



Opioid Prescribing Rates

Prescription opioids are often used to treat chronic and acute pain and, when used appropriately, can be an important component of treatment. However, serious risks are associated with their use, and it is essential to understand the risks of using prescription opioids alongside their benefits. These risks include misuse, opioid use disorder (addiction), overdoses, and death.

The Opioid prescribing rate is calculated as prescriptions written for every 100 patients. Although Bartow county shows a downward trend in the opioid prescription practices, the rates are still very high compared to the national rates.



Source: CDC- National center for Injury Prevention and Control

Maternal and Child Health

Infants and Children

Infant Mortality Rate

Infant Mortality Rate is defined as the number of all infant deaths (within 1 year), per 1,000 live births. The Healthy People 2020 target for Infant Mortality Rate is 6.0 infant deaths per 1,000 live births. In addition to giving us key information about maternal and infant health, the infant mortality rate is an important marker of the overall health of a society including equitable healthcare access for all and socio-economic conditions.



Bartow County – 7

Overall GA – 7

Source: County Health Rankings 2016

Fetal Mortality Rate

Fetal death refers to the spontaneous intrauterine death of a fetus at any time during pregnancy. Fetal deaths later in pregnancy (at 20 weeks of gestation or more, or 28 weeks or more, for example) are also sometimes referred to as stillbirths. Rate is calculated as number of deaths per 1000 live births.

The fetal mortality rate is considered a good measure of the quality of health care in a country or a medical facility. It is higher in certain ethnic groups and among mothers with health problems during pregnancy, especially if the mother does not receive adequate personal and prenatal health care.

Bartow County – 5.2

Overall GA – 7.8

Source: County Health Rankings 2016

Premature Births

A premature birth is one that occurs before the start of the 37th week of pregnancy. Premature babies, especially those born very early, often have complicated medical problems. Typically, complications of prematurity vary. But the earlier your baby is born, the higher the risk of complications.

The Healthy People 2020 target for premature births is 9.4% of live births and Bartow County and state of Georgia both leave room for improvement to meet the HP2020 target.

Bartow County – 11.5%

Overall GA – 11.4%

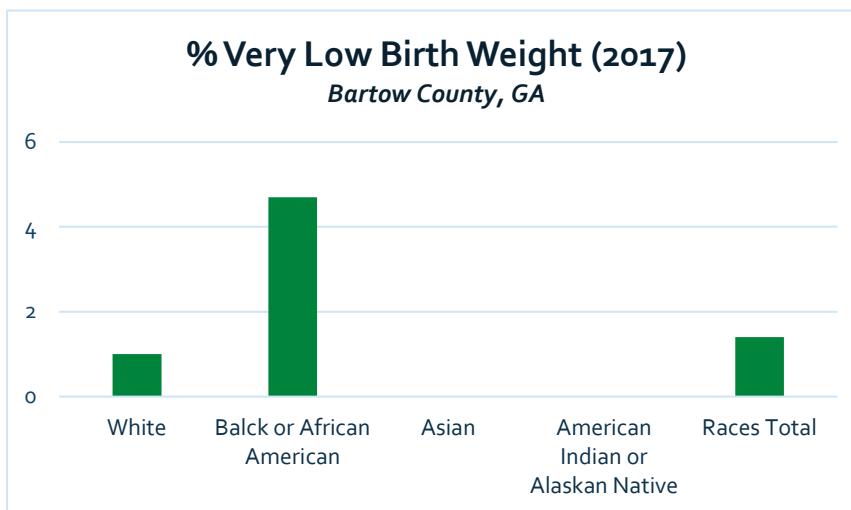
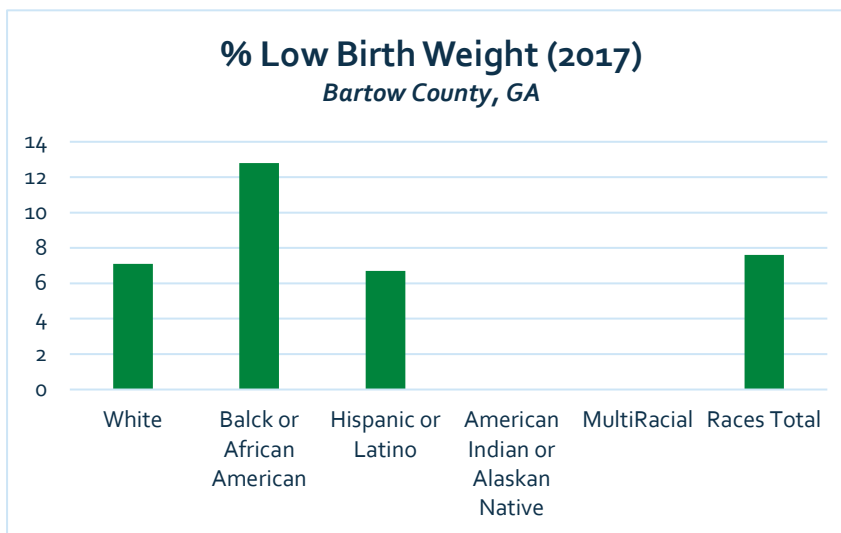
Source: County Health Rankings 2016

Low Birthweight

Low birthweight is a term used to describe babies who are born weighing less than 2,500 grams (5 pounds, 8 ounces). In contrast, the average newborn weighs about 8 pounds. Several risk factors contribute to Low birth weight babies including race, age, multiple births and mother's health (exposure to illicit drugs, alcohol, and cigarettes, lower socioeconomic status, poorer pregnancy nutrition, inadequate prenatal care, and pregnancy complications).

In Bartow County, 7.6% of babies born in 2017 were low birth weight, compared to GA where 9.9% of the babies born were under weight. The Healthy People 2020 target for low birth weight babies is 7.8%.

Certain health disparities among such births can be noted with the help of the following two charts which show an increased rate of low birth weight and very low birth weight babies among Blacks/African Americans compared to White and Hispanics as well as high percentage of low birth weight babies among women who do not graduate high school.



Source: OASIS (2017)

% Low birth weight according to education level

Less than high school
10.8%

High school diploma or GED
7%

Some college or higher
6.8%

Maternal Health

Bartow County 2017 Maternal Mortality Ratio 0.0

GA 2017 Maternal Mortality Ratio – 37.2

Source: OASIS (2017)

Teen Births

US teen birth rates (births per 1,000 females aged 15 to 19 years) decreased 7% overall from 2016 to 2017. Decreases occurred for teens of most racial groups as well as for Hispanic teens. Despite these declines, racial/ethnic, geographic, and socioeconomic disparities persist.

Less favorable socioeconomic conditions, such as low education and low-income levels of a teen’s family, may contribute to high teen birth rates. Evidence suggests teen pregnancy significantly increases the risk of repeat pregnancy and of contracting a sexually transmitted infection (STI), both of which can result in adverse health outcomes for mothers, children, families, and communities.

Teen Birth rate is calculated as number of births to females ages 15-19 per 1,000 females in a county. The Bartow County rate for teen births is higher than the state of Georgia and Hispanics in Bartow County have the highest rate according to race/ethnicity.

Hispanic/Latino	49.5
White	31.5
Black or African-American	21.4
American Indian or Alaska Native	0
Asian	0

Bartow County Teen Birth Rate

36

Georgia Teen Birth Rate

29

Top U.S. Performers

14

Source: OASIS (2017)

Environmental Health

Air Quality

Air quality indices (AQI) are numbers used by government agencies to characterize the quality of the air at a given location. As the AQI increases, an increasingly large percentage of the population is likely to experience increasingly severe adverse health effects.

Bartow County air quality is 52

(The US average is 58)

Source: Environmental Protection Agency (EPA)

This is based on new measures of hazardous air pollutants from the EPA, called the National Air Toxics Assessment. This analysis model’s respiratory illness and cancer risk down to the zip code level, providing better detail and insight than the previous analysis based solely on results from air monitoring stations.

Hazardous Chemicals

Lead Poisoning

Lead poisoning occurs when lead builds up in the body, often over months or years. Even small amounts of lead can cause serious health problems. Lead-based paint and lead-contaminated dust in older buildings are the most common sources of lead poisoning in children. Other sources include contaminated air, water and soil. Adults who work with batteries, do home renovations or work in auto repair shops also might be exposed to lead.

Lead-based paints for homes, children's toys and household furniture have been banned in the United States since 1978. But lead-based paint is still on walls and woodwork in many older homes and apartments. Most lead poisoning in children results from eating chips of deteriorating lead-based paint.



Number of Houses Built before 1978 (Bartow County) – Approximately 11k.

(Source – U.S. Census Bureau 2017)

Children younger than 6 years are especially vulnerable to lead poisoning, which can severely affect mental and physical development. At very high levels, lead poisoning can be fatal.

Number of children less than 6 years old screened for lead poisoning in Bartow County, Georgia, 2017

<i>Total Number Screened</i>	<i>Lead level 5-9 mcg/dL</i>	<i>Lead level ≥10 mcg/dL</i>
1559	11	7

Source: GCLPPP Database (2017)


Infectious Diseases

HIV/AIDS and Sexually Transmitted Diseases

HIV stands for Human Immunodeficiency Virus. It weakens a person's immune system by destroying important cells that fight disease and infection. No effective cure exists for HIV, but with proper medical care, HIV can be controlled. Some groups of people in the United States are more likely to get HIV than others because of many factors, including their sex partners, their risk behaviors, and where they live.

In Bartow County, there were 6 new cases of HIV diagnosis in 2016, taking the total number of persons living with HIV to 186, irrespective of their stage of disease (HIV virus or AIDS).

HIV Diagnoses and Persons Living with HIV, Bartow County, Georgia, 2016

Total	HIV Diagnosis		PLWH as of 12/31/2016	
	N	Rate per 100,000	N	Rate per 100,000
Bartow County	6	-	186	179.2

Source: DPH GA HIV/AIDS Surveillance 2016-18

Syphilis: Primary and Secondary

Syphilis is a sexually transmitted infection that can cause serious health problems if it is not treated. Syphilis is divided into stages (primary, secondary, latent, and tertiary), each with different signs and symptoms and its own set of complication. It is a highly contagious disease spread primarily by sexual activity and although this disease is spread from sores, most of the sores go unrecognized. The infected person is often unaware of the disease and unknowingly passes it on to his or her sexual partner. Pregnant women with the disease can spread it to their baby and this disease, called congenital syphilis, can cause abnormalities or even death to the child.

In the latest data from Bartow County, 11 cases of Syphilis were reported primarily in the White population.

STD Cases Bartow County 2017

White	6
Black or African-American	N/A ₅
Asian	0
American Indian or Alaska Native	0
Native Hawaiian or Other Pacific Islander	0
Multiracial	0
Unknown	N/A ₄
Selected Races Total	11

Source: OASIS 2017

Gonorrhea

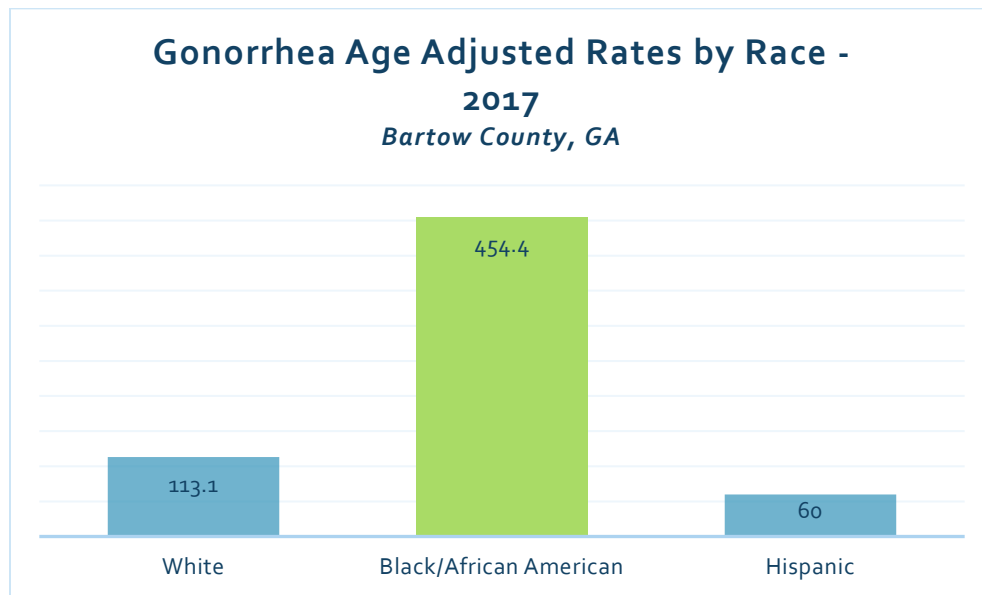
Gonorrhea is a sexually transmitted disease (STD) that can infect both men and women. It can cause infections in the genitals, rectum, and throat. It is a very common infection, especially among young people ages 15-24 years.

In Bartow County 197 cases of Gonorrhea were reported in 2017. The age adjusted rate for GUYonorrhea is 202.6 for Bartow County which is comparable to Georgia state rate.

Bartow County – 202.6

GA – 220.1

Black/African Americans are affected disproportionately by this infection and are 4 times more likely to get infected.



Source: OASIS (2017)

Chlamydia

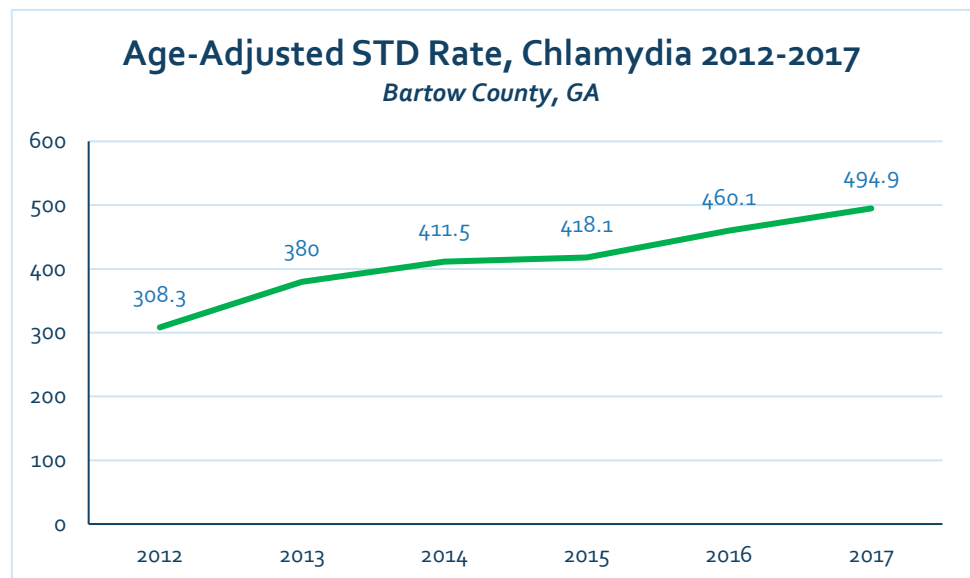
Chlamydia, caused by infection with *Chlamydia trachomatis*, is the most common notifiable disease in the United States. It can affect both men and women but in women untreated infection can result in serious, permanent damage to a woman's reproductive system. This can make it difficult or impossible for her to get pregnant later on.



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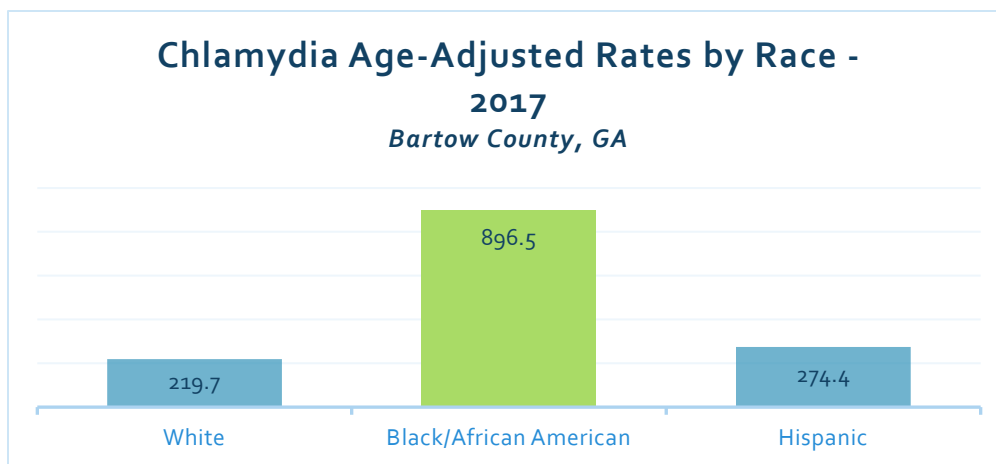
Number of cases in 2017 – Bartow County, GA

Chlamydia age adjusted rate per 100,000 population in Bartow County is 494.9 for 2017, lower than Georgia overall rate of 627.3 and United States rate of 529. However, within Bartow County, the trend line shows a steady increase in the number of Chlamydia cases in the past 5 years.



Source: OASIS (2017)

Disparities continue to persist in rates of STDs among some racial minority especially Black/African American population. In terms of Chlamydia Blacks are affected 4 times as much as Whites and Hispanic population.



Source: OASIS (2017)

Death, Illness and Injury

Unintentional and Intentional Causes of Death

Total life expectancy has two fundamental determinants: total disease and injury mortality rates. The 5 leading external causes of injury deaths comprise 3 unintentional (motor vehicle traffic crashes, poisoning, and falls) and 2 intentional (suicide and homicide) or violence-related categories.

The overarching categories within Unintentional and Intentional Injury are summarized below for Bartow County:

<i>Unintentional Injury Mechanism</i>		<i>No. of Deaths - 2017</i>
Poisoning		24
Motor Vehicle Crashes		12
Falls		6
Drowning		4
All other Unintentional Injury		4
Suffocation		2
Accidental Shooting		1
<i>Intentional Injury Mechanism</i>		<i>No. of Deaths - 2017</i>
Suicide	10	
Homicide	3	

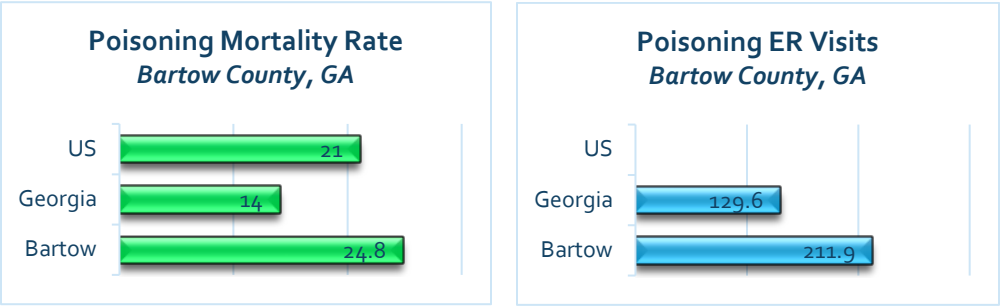
Source: OASIS (2017)

Poisoning



Age Adjusted Mortality Rate/Emergency Room visits

There were 24 deaths due to Poisoning in Bartow County in 2017. The age adjusted death rate was 24.8, higher than state and national rate. The Emergency Room (ER) visit rate was double that of the state.



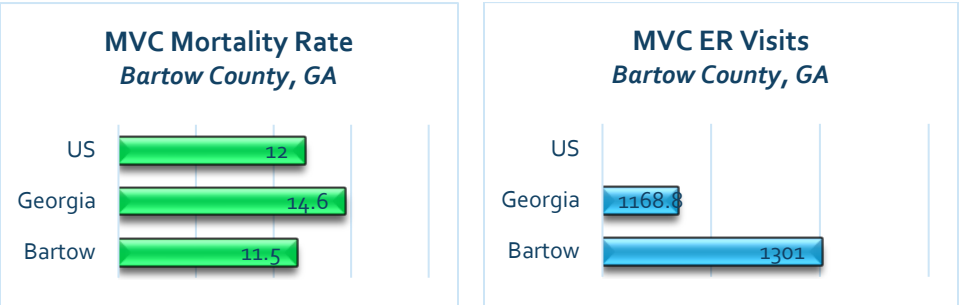
Source: OASIS (2017)

Motor Vehicle Accidents



Age Adjusted Mortality Rate/Emergency Room visits

There were 12 deaths due to Motor Vehicle crashes in Bartow County in 2017. The age adjusted death rate was 11.5, lower than state and national rate but the Emergency Room (ER) visit rate was higher than that of Georgia.



Source: OASIS (2017)

Falls



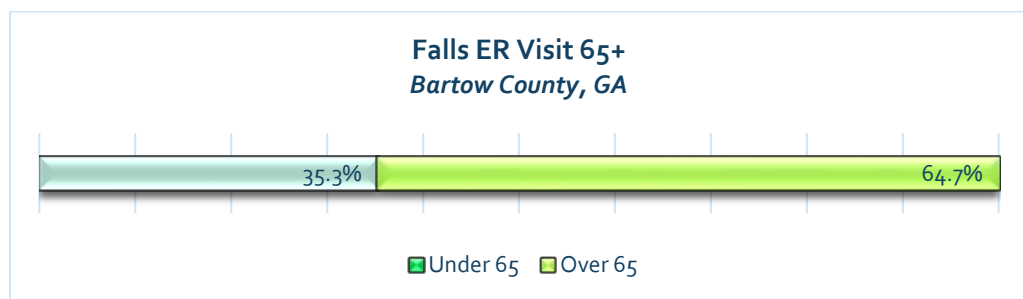
Age Adjusted Mortality Rate/Emergency Room visits

There were 6 deaths due to falling in Bartow County in 2017. The age adjusted death rate was 6.1, lower than state and national rate but the Emergency Room (ER) visit rate was higher than that of Georgia.



Source: OASIS (2017)

In older adults 65+ the number of deaths by falling in Bartow County in 2017 was 4. The ER Visits due to falls were double for older adults 65+ in Bartow County.



Source: OASIS (2017)

Violent Crime

Violent crime is composed of four offenses: murder and nonnegligent manslaughter, forcible rape, robbery, and aggravated assault while property crime includes the offenses of burglary, larceny-theft, motor vehicle theft, and arson. The object of the theft-type offenses is the taking of money or property, but there is no force or threat of force against the victims.

Bartow County violent crime rate is 19.1 while the US average is 22.7. Detailed number of crimes according to type for the year 2018 are listed below:

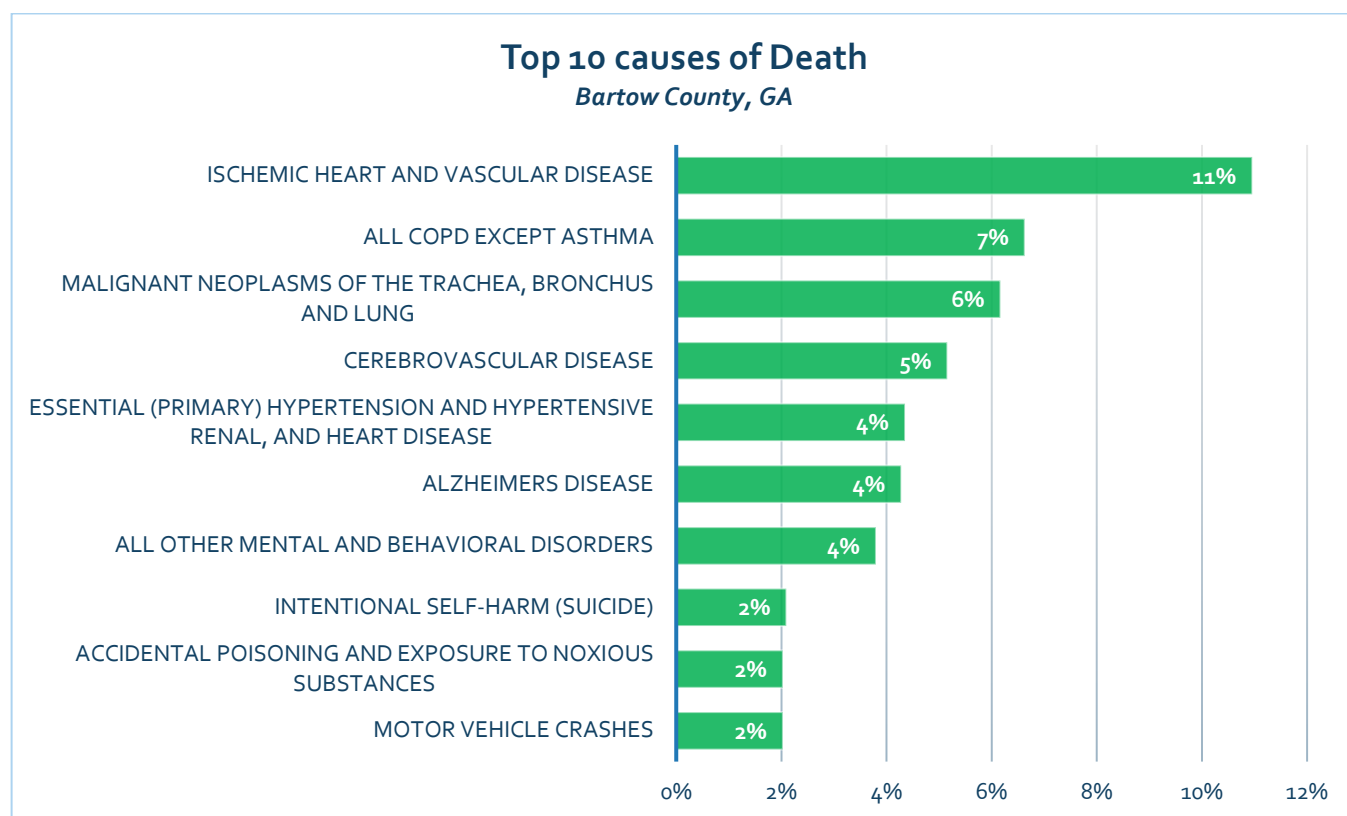
Number of Crimes by Offense

Homicide	Robbery	Assault	Burglary	Larceny
01	4	99	219	1064

Source: Georgia Bureau of Investigation (GBI)

Leading Causes of Death

The leading causes of death in Bartow County are as follows:



Source: OASIS (2017)

State and National Comparison

The most common leading cause of death is Ischemic Heart Disease which is the same across Bartow County, state of GA and nationwide. However, Bartow County ranks higher in deaths due to Hypertension, Mental and Behavioral disorders, Suicide and Motor Vehicle crashes compared to state and national data.

Bartow County	State of GA	U.S.A
Ischemic Heart Disease	Ischemic Heart Disease	Ischemic Heart Disease
All COPD except Asthma	Lung Cancers	Cancer
Lung Cancers	All COPD except Asthma	Unintentional Injuries
Cerebrovascular Disease (Stroke)	Cerebrovascular Disease (Stroke)	Chronic lower respiratory diseases
Hypertension	Other Mental & Behavioral Disorders	Stroke
Alzheimer's Disease	Alzheimer's Disease	Alzheimer's Disease
Mental & Behavioral Disorders	Hypertension	Diabetes Mellitus
Suicide	Diabetes Mellitus	Influenza & Pneumonia
Motor Vehicle Crashes	Kidney Disease	Kidney Disease
Accidental Poisoning	All other diseases of the Nervous System	Suicide

Source: OASIS (2017)

Leading Cause of Death according to Race

Across race, several notable differences exist between the top 10 causes of death in Bartow County:

- **Hypertension** is the 2nd leading cause of death among Black/African Americans while it is the 6th leading cause of death among white population.
- **Diabetes Mellitus** is in the top 5 for blacks but is not one of the top 10 causes among whites.
- **Suicide** is the 8th leading cause of death among White population in Bartow County while it is not one of the top 10 leading causes of death in Black/African American race.

White	Black/African-American
Ischemic Heart Disease	Ischemic Heart Disease
All COPD except Asthma	Hypertension
Lung Cancers	Cerebrovascular Disease (Stroke)
Cerebrovascular Disease (Stroke)	Lung Cancers
Alzheimer's Disease	Diabetes Mellitus
Hypertension	Motor Vehicle Crashes
All other Mental and Behavioral Disorders	All other Mental and Behavioral Disorders
Suicide	Endocrine, Nutritional & Metabolic Diseases
Accidental Poisoning and Exposure to Noxious Substances	All other Diseases of the Nervous System
Septicemia	Septicemia

Source: OASIS (2017)

Premature Death Rates

Premature Death rates are defined as Years of potential life lost (YPPL) before age 75 per 100,000 population (age-adjusted). The leading causes of premature death rate in Bartow County are listed below:

- 1) Ischemic Heart and Vascular Disease
- 2) Accidental Poisoning and Exposure to Noxious Substances
- 3) Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease
- 4) Intentional Self-Harm (Suicide)
- 5) Motor Vehicle Crashes
- 6) Malignant Neoplasms of the Trachea, Bronchus and Lung
- 7) All COPD Except Asthma
- 8) Accidental Drowning and Submersion
- 9) Cerebrovascular Disease
- 10) Septicemia

Forces of Change Assessment

The Forces of Change Assessment (FOCA) is an integral part of the MAPP process and helps the community to answer the following two questions:

1. *What is occurring or might occur that affects the health of our community or the local public health system?*
2. *What specific threats or opportunities are created by these occurrences?*

The Forces of Change can be divided into three broad categories:

Trends are patterns over time, such as migration in and out of a community or a growing disillusionment with government.

Factors are discrete elements, such as a community's large ethnic population, an urban setting, or the jurisdiction's proximity to a major waterway.

Events are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

The Process

The Forces Of Change assessment was conducted on 19th February, 2019 at the Bartow County Health Department. The assessment took place over a 3-hour session where the MAPP steering committee and other cross-sector stakeholders from the community came together to identify forces such as trends, factors, or events that are or will be influencing the health and quality of life in Bartow County.

The process consisted of an initial presentation, where the participants were given an overview of the MAPP and the FOCA process. The presentation was followed by a brainstorming session where all participants engaged in a discussion to carry out a SWOT analysis of the community. The process was facilitated, which resulted in a comprehensive but focused list of Strengths, Weaknesses, Opportunities and Threats.

After the SWOT analysis the participants were asked to get into their smaller groups and complete the Forces of Change worksheet. The participants were encouraged to keep in mind, the eight categories of forces, namely: **economic, environmental, ethical, legal, political, scientific, social and technological**. They were provided with examples from each of these categories to help consider a broad range of issues as well as the following list of questions to help facilitate their discussion:

- *What has occurred recently that may affect our local public health system or community?*
- *What may occur in the future?*
- *Are there any trends occurring that will have an impact? Describe the trends.*
- *What forces are occurring locally? Regionally? Nationally? Globally?*
- *What characteristics of our jurisdiction or state may pose an opportunity or threat?*
- *What may occur or has occurred that may pose a barrier to achieving the shared vision?*

Each group started off by compiling a comprehensive list of Forces, which was then narrowed down according to common themes. Each force on the resulting list was then discussed further in detail and the associated threats and opportunities for the community and the local public health system, were identified.

Results

SWOT Analysis

INTERNAL FACTORS

STRENGTHS



- Sense of community
- Collaboration
- Colleges (Higher Institutions of learning)
- Parks & Recreation
- Jobs
- Education
- Leadership
- Healthcare
- Smart Community Growth

WEAKNESSES



- Affordable housing
- Affordable transportation
- Mental Health services (Lack of psychiatrists)
- Substance Abuse
- Suicide rates (Teens & Adults)
- Access to affordable fresh produce
- Aging population
- Walkability (Lack of sidewalks)
- Immigration (Language barriers)
- Lack of Higher Education

EXTERNAL FACTORS

OPPORTUNITIES



- Opportunity for economic growth
- Improve family structure
- Access to healthcare services
- Better Youth programs (Stay consistent)
- Trend for local produce
- Parks and Recreation
- Earn trust towards government
- Keep kids in college
- Collaboration towards one goal
- Diversity in Leadership
- Expanding on existing resources
- Collaboration among county, city and community programs/resources

THREATS











- Cost of Healthcare
- Lack of Diversity
- Communication
- Housing Growth
- Lack of work, life, play balance
- Expressway Access
- Poverty
- Wages
- Transient communities
- Homelessness
- Losing our family structure
- Too much technology

ANALYSIS SUMMARY

The participants believed that Bartow County is a strong close-knit community with great potential for improvement in terms of jobs/economy, higher education and smart community growth. It is however threatened by lack of access to healthcare opportunities (particularly mental health, chronic disease and opioid abuse), lack of communication/collaboration, lack of diversity in leadership, excessive use of technology and the expressway bringing in drugs and homelessness issues in the community.

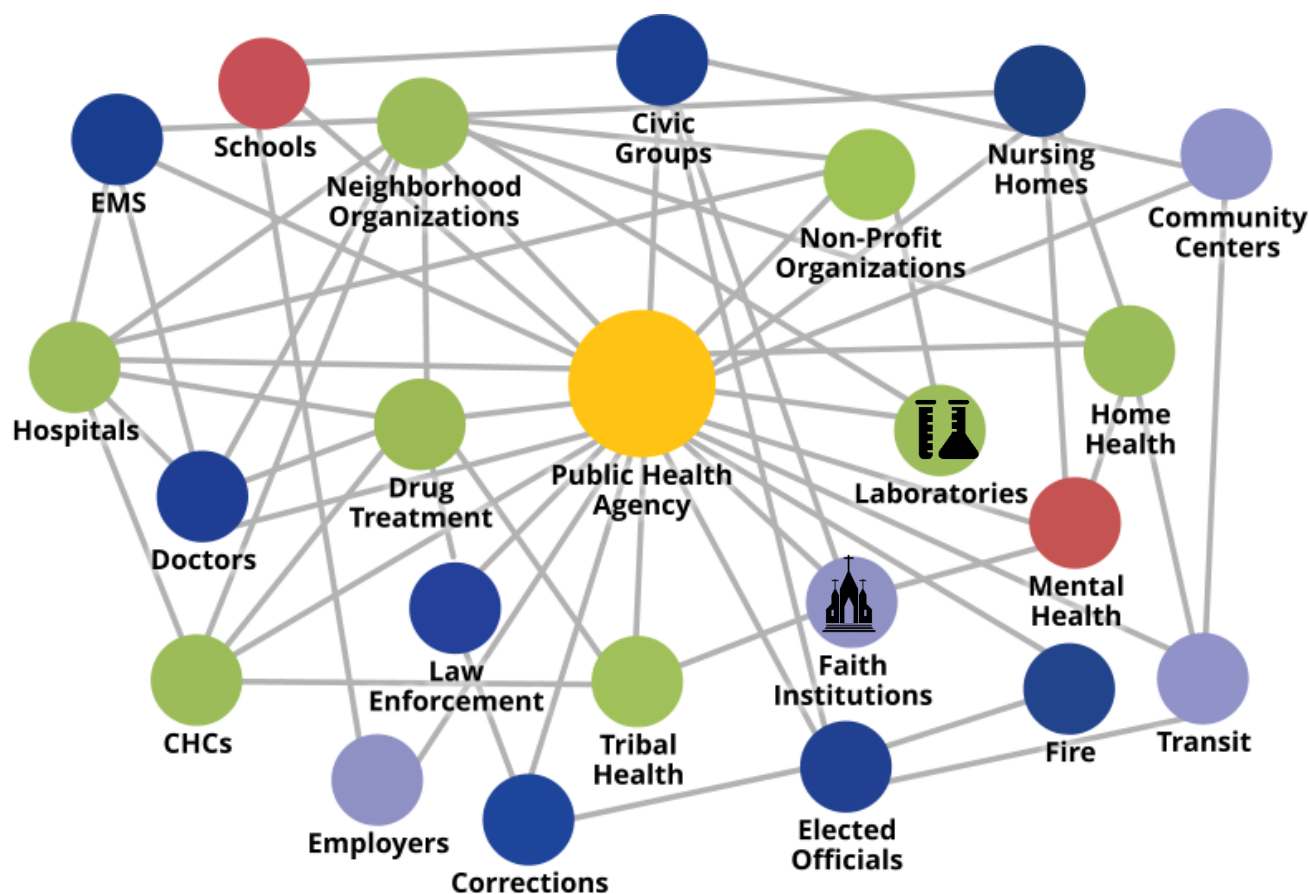
Forces of Change

	Homelessness	Threats posed – Misuse of resources, constraint of time, economic impact, Healthcare issues, Crime.	Opportunities – Collaboration opportunities, shelters, transitional housing.
	Substance Abuse	Threats posed – Addiction, lack of productivity, attract less skilled workforce.	Opportunities – Increased awareness, awareness education needs to start early.
	Cultural Diversity	Threats posed – Language barriers, Health disparities.	Opportunities - Cultural sensitivity, diversity in leadership, health equity awareness, incentives can be given to attract people to become Bartow County residents.
	Aging Population	Threats posed – Increased need for healthcare, walkability issues. Difference of perceptions and opinions.	Opportunities – Education, Communication and engagement opportunities.
	Mental Health	Threats posed – Lack of professionals, inability to obtain adequate resources. Lack of mental health services for children.	Opportunities – Early intervention, education and awareness and cultural shift. Peer-support networks and need for skilled mental health professionals.
	Declining Funding	Threats posed – Access to resources, new innovative solutions to problems, high healthcare cost and health disparities.	Opportunities – Community involvement projects, dig into existing resources, shift cultures towards community health and focus of prevention rather than cure.
	Smart Growth	Threats posed – High cost of living, utility access, increased traffic congestion, loss of community and property values.	Opportunities – Available land capacity, access to economic opportunities, better workforce demographics. Attract skilled workforce to boost economy.
	Health Behaviors	Threats posed – Burden on healthcare/economics, decreased quality of life, food deserts, reduced overall quality of life and culture passed onto next generation.	Opportunities – Walkability of community, increase awareness and early intervention opportunities.

Local Public Health System Assessment

Overview

The objectives of the Local Public Health System Assessment (LPHSA) community meeting were to understand the role of the local public health system and gain understanding on how well the Bartow County public health system is performing against optimal standards for delivery of the essential health services. The Assessment addresses the activities of all public, private and voluntary entities that contribute to public health within the community, and together make up the Local Public Health System, as illustrated in the diagram below:



Assessment Tool

The Local Public Health System Assessment (LPHSA) is completed using the assessment tool from the National Public Health Performance Standards Program (NPHPSP). The assessment tool was developed and updated under the leadership of the National Association of County and City Health Officials (NACCHO) and the Center for Disease Control and Prevention, along with seven other national partners, and guides state and local jurisdictions in evaluating their current performance against a set of optimal standards.

The 10 Essential Public Health Services (Essential Services) provide the framework for this assessment tool by describing the public health activities that should be undertaken in all local communities. The Performance Standards related to each Essential Service describe an optimal level of performance and capacity to which all

Local Public Health Systems should aspire. Therefore, it can help to identify strengths, weaknesses, and short- and long-term improvement opportunities within the LPHS. It is also a valuable tool for identifying areas for system improvement, strengthening local partnerships, and assuring that a strong system is in place for effective delivery of day-to-day public health services and response to public health emergencies.

10 Essential Public Health Services

The 10 Essential Services (Essential Services) provide the framework for the Assessment Tool/Instrument by describing the public health activities that should be undertaken in all local communities. The three core functions of public health and the 10 Essential Public Health Services provide a guiding framework for the responsibilities of local public health systems. The core functions relate to the 10 essential services as follows:

Assessment

1. **Monitor health** status to identify community health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.

Policy Development

3. **Inform, educate, and empower** people about health issues.
4. **Mobilize community partnerships** to identify and solve health problems.
5. **Develop policies** and plans that support individual and community health efforts.

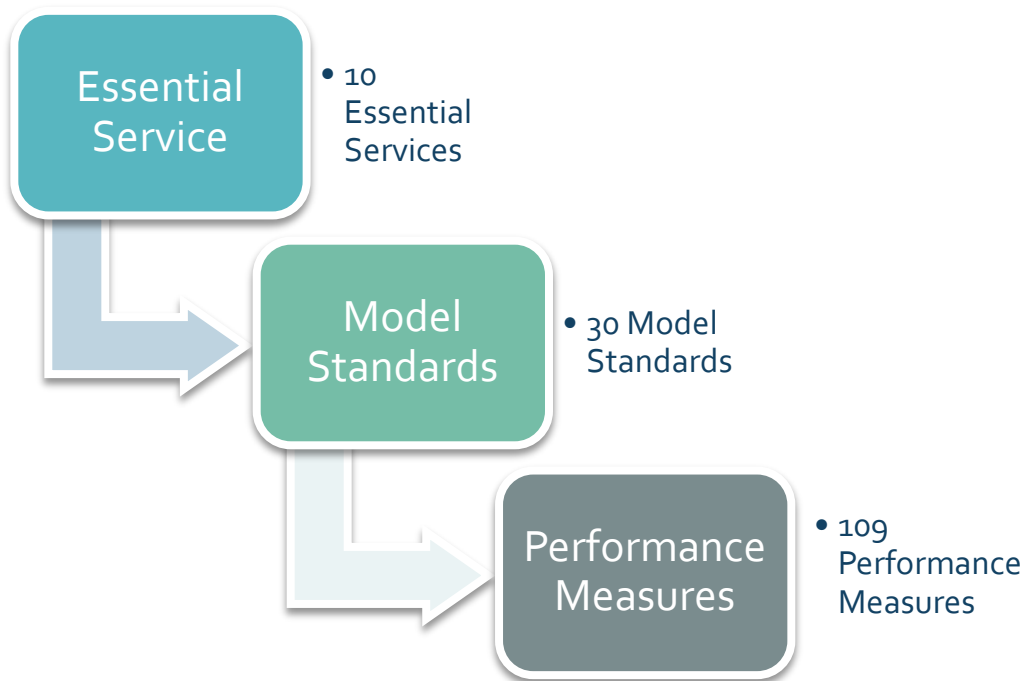
Assurance

6. **Enforce laws** and regulations that protect health and ensure safety.
7. **Link people to needed personal health** services and assure the provision of health care when otherwise unavailable.
8. **Assure a competent public health and personal health care workforce.**
9. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to health problems can involve all the other Essential Services.



Methodology

The Ten Essential Services provide the framework for the assessment. Each essential service contains two to four Model Standards, and each model standard contains two to six Performance Measures. A description of the essential services, model standards, and performance measures are found within the local instrument.



Our Process

The LPHSA meeting was held at the Cartersville Civic Center on March 28, 2019. On the day of the assessment, participants gathered for an introductory presentation. The presentation focused on the 10 Essential Public Health Services, the assessment tool and the voting procedure. After the presentation, participants then broke into 10 separate groups to address their Essential Service questions. Each Essential Service took approximately 1.5 -2 hours to complete. The LPHSA was evaluated by a survey, which participants completed at the end of the assessment.

Participants at each table were led in a facilitated discussion by a facilitator assigned for that Essential Service. The Essential Service handout was read and discussed, followed by reading and discussion of each model standard. After discussion, participants used color-coded cards to respond to the Performance measure questions in each model standard. Further discussion occurred, when there was disparity in responses.

The performance measures are phrased as questions within the assessment tool, starting with “At what level does the local public health system...” and then scored by participants by level of activity. The following score chart was used to rate each performance measure:

The facilitator handout had helpful tips and tricks as well as follow-up questions that could help the group reach a consensus on the voting.

Optimal Activity (76-100%)	The public health system is doing absolutely everything possible for this activity, and there is no need for improvement.
Significant Activity (51-75%)	The public health system participates a great deal in this activity, and there is opportunity for minor improvement.
Moderate Activity (26-50%)	The public health system somewhat participates in this activity, and there is opportunity for greater improvement.
Minimal Activity (1-25%)	The public health system provides limited activity, and there is opportunity for substantial improvement.
No Activity (0%)	The public health system does not participate in this activity at all.

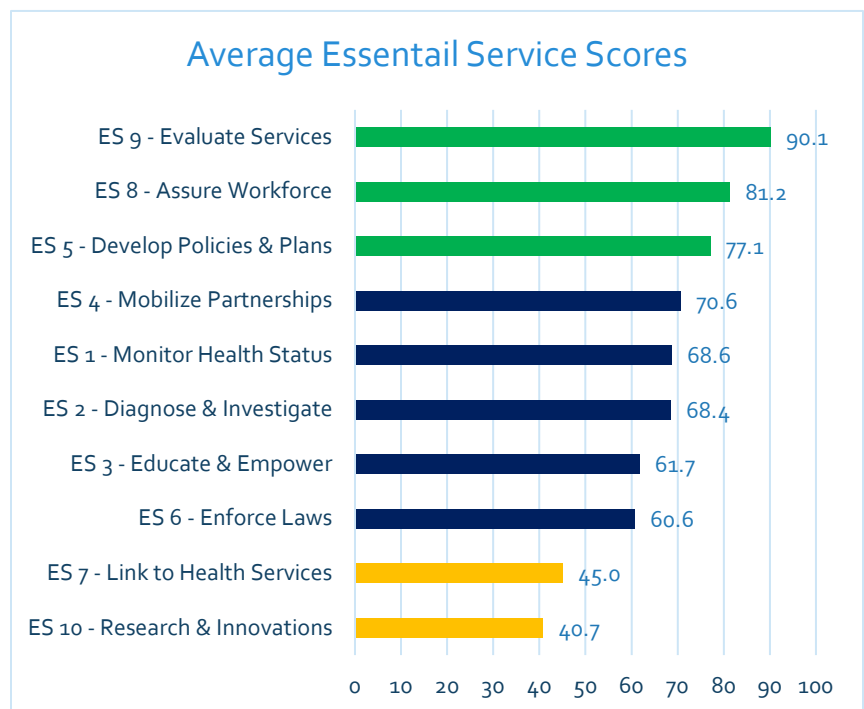
Results

Based upon the responses provided in the assessment, an average score was calculated for each of the 10 Essential Services. The score of each Essential Service can be interpreted as the degree in which the local public health system meets the performance standards for each Essential Service. Scores range from a minimum value of 0% (no activity performed compared to the standard) to a maximum value of 100% (all activity performed compared to the standard).

Average Essential Public Health Service Performance Scores

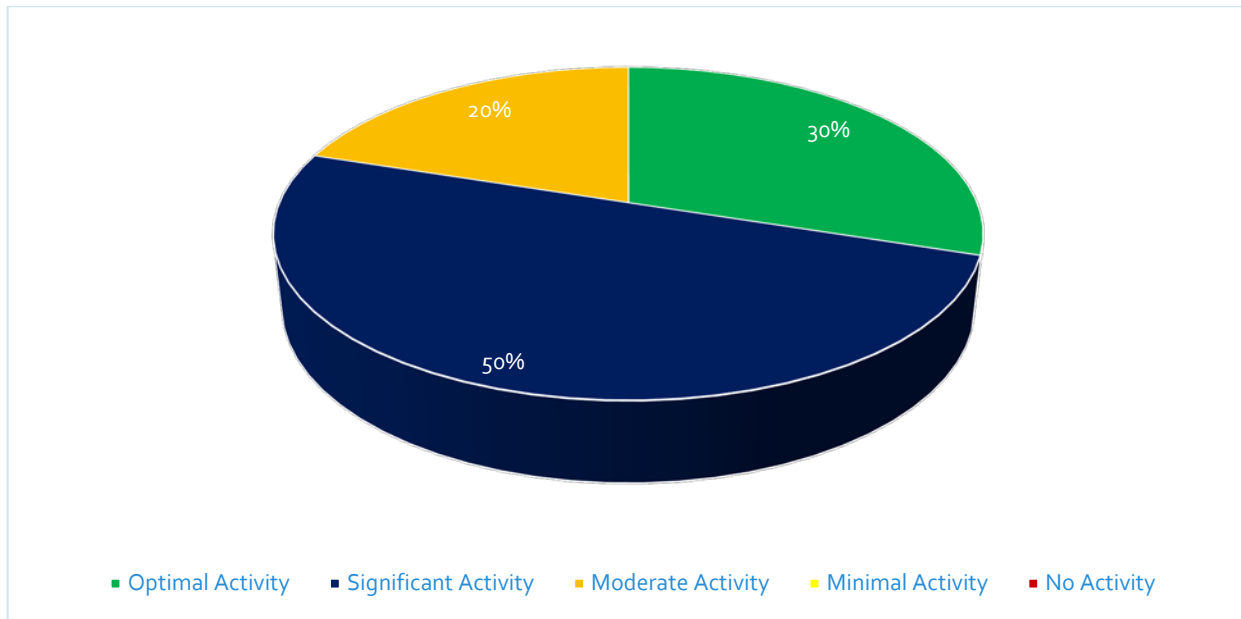
Optimal to Significant performance was perceived within several areas of the Bartow County LPHS, including: evaluation of services, assure a competent public and personal health care workforce, develop policies and plans, mobilize partnerships, monitor health status, diagnose and investigate and educate and empower.

The lowest rated areas of performance include: enforce laws, link to health services and research and innovation.



Percentage of Essential Service Performance Scores

In terms of percentages, 30% of the Essential Services fall within the optimal activity range, while 50% and 20% of Essential Services fall within the significant and moderate activity range, respectively.



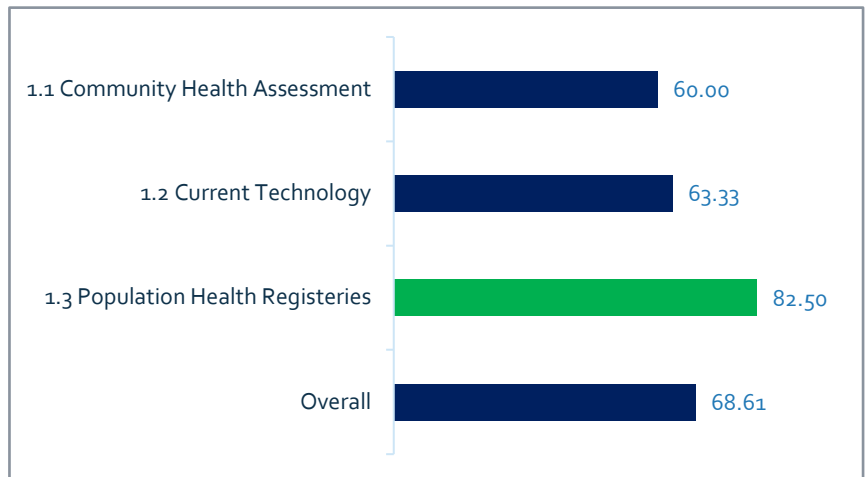
Interpretation of Results



Public health performance standards are intended to guide the development of stronger public health systems capable of improving the overall health of populations. Thus high-performing public health systems will increase the likelihood that all citizens have access to a defined optimal level of public health services. Through regular assessment guided by model performance standards, public health leaders can assure healthcare access for all, improve collaboration and integration among the many components of a public health system, ensure effective and efficient use of resources and imply innovative methods for providing health intervention services.

The detailed results of each Essential Service, discussion results and areas of improvements are summarized below:

Essential Service 1: Monitor Health Status to Identify Community Health Problems

Participants indicated that the local public health system (LPHS) displayed significant activity related to contributing and maintaining population health registries (disease tracking). A number of infectious disease tracking systems are used in the county and data is shared among partners. However, the group noted that there was a need to get the information out to the community about the community health assessment.



 Strengths	<ul style="list-style-type: none"> • Access to information is available. • Community partners update with current information.
 Weaknesses	<ul style="list-style-type: none"> • Not enough promotion about the community health assessment process.

Short-term improvement opportunities

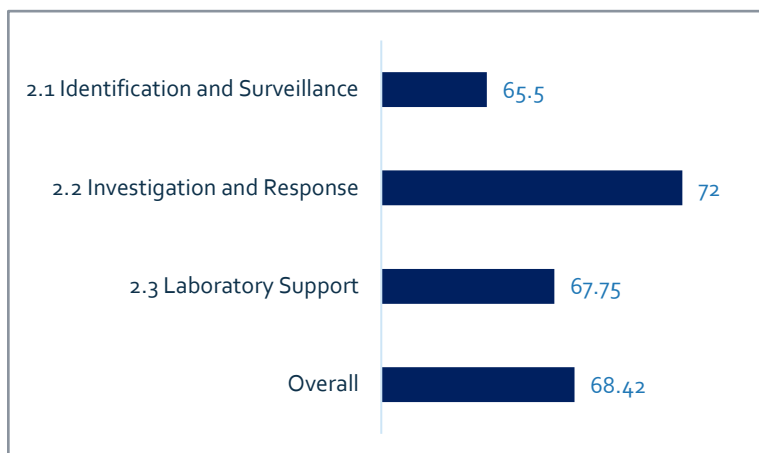
- Getting word out to the public/community about community health assessment.



Long-term improvement opportunities

- Keep it alive! Marketing and getting the word out.
- Continuously have health assessment data updated to monitor progress.

Essential Service 2: Diagnose and investigate health problems and health hazards in the community

The overall activity score related to Essential Service 2 was the sixth highest amongst the 10 Essential Services provided in Bartow County. Significant activity was demonstrated in areas including disease case investigation protocols, public health emergency response plans, and ready access to laboratory services to support investigations of public health threats, hazards, and emergencies.



 Strengths	<ul style="list-style-type: none"> • Technology is effective. • Community partners update with current information. • Strong Hazmat TechOps and EMA systems.
 Weaknesses	<ul style="list-style-type: none"> • More awareness was needed from community meetings. • Better information sharing. • More funding and man power.

Short-term improvement opportunities

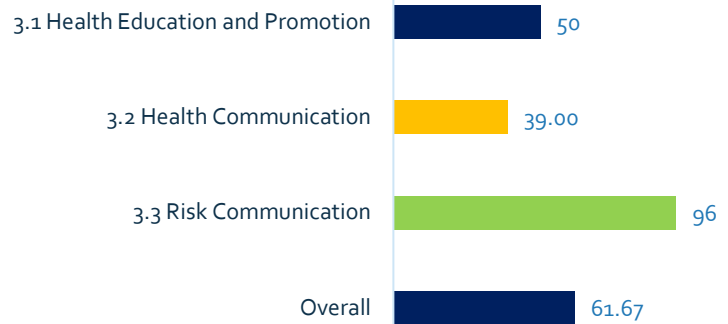
- Getting results out early and communicating information.
- Additional funding incentives.
- Greater awareness and ability to test.



Long-term improvement opportunities

- Find a more effective way to distribute information.
- Improved communication and putting information out to the community.
- A new LEP to be re-established.
- More funding for laboratories.

Essential Service 3: Inform, educate, and empower people about health issues

Significant activity levels were displayed in relation to developed emergency communications plans. The communication plans include pre- and post-event communication and planning, as well as information that is provided to the community in order for them to make the best possible decisions about well-being during times of crisis or emergency.



 Strengths	<ul style="list-style-type: none"> • None noted.
 Weaknesses	<ul style="list-style-type: none"> • Improved communication. • Greater LPHS involvement and exposure.

Short-term improvement opportunities

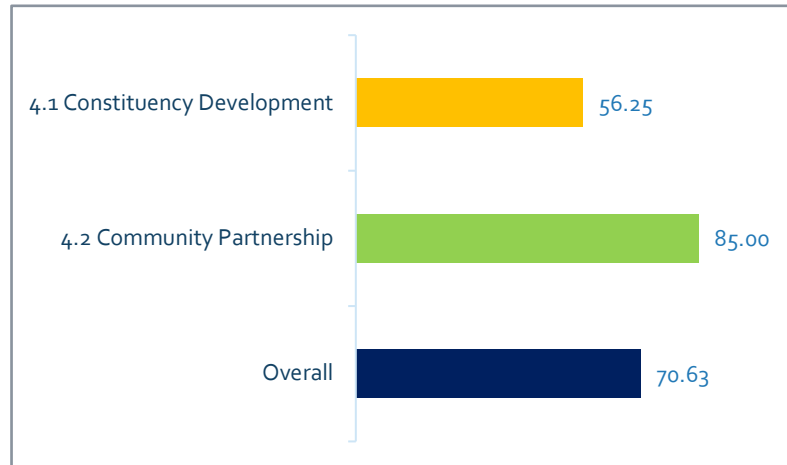
- More information and exposure to public.
- Greater awareness and ability to test systems.



Long-term improvement opportunities

- More communication across LPHS.
- Public involvement.

Essential Service 4: Mobilize Community Partnerships to Identify and Solve Health Problems

Essential Service 4 scored the fourth highest activity level of the 10 Essential Services provided in Bartow County. Overall the system does well in informing and educating the majority of the population, with small gaps and low scores in constituency development.



 Strengths	<ul style="list-style-type: none"> Improved online directory.
 Weaknesses	<ul style="list-style-type: none"> Activities clustered more in the city. Needs to extend outreach possibly using social media.

Short-term improvement opportunities

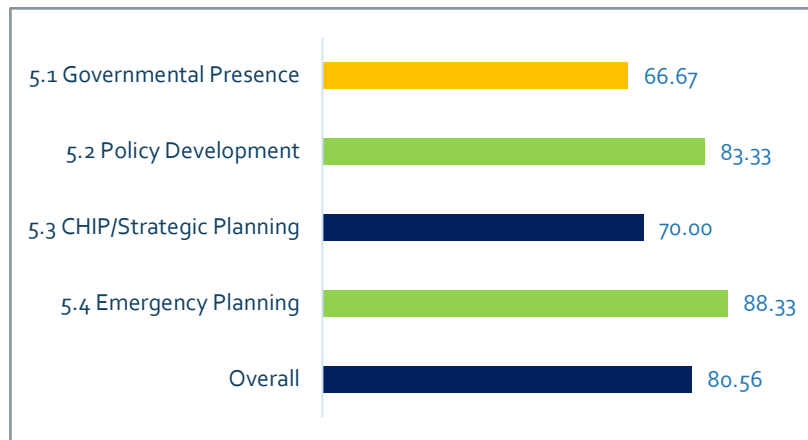
- Sending more information to students advertising the online directory and how to access it.



Long-term improvement opportunities

- More Hispanic community in the partnerships.
- More public involvement.

Essential Service 5: Develop Policies and Plans that Support Individual and Community Health Efforts

Participants indicated that there was optimal activity related to policy development and broad representation of system partners in an emergency planning task force. Reviewing the All-Hazards plan, and performing mock events were determined to perform at an optimal level while an effective governmental presence at the local level was identified to have room for improvement. It was also noted that monitoring and policy review activity is ongoing at multiple levels, but not systematic.



 Strengths	<ul style="list-style-type: none"> None noted.
 Weaknesses	<ul style="list-style-type: none"> None noted.

Short-term improvement opportunities

- None noted.

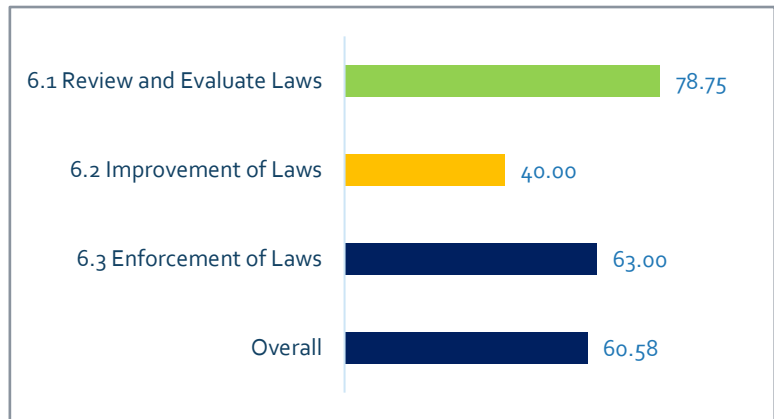
Long-term improvement opportunities



- A legislative delegation that responds to local needs.
- More public input.
- Need for systematic review of laws/policies.

Essential Service 6: Enforce laws and regulations that protect health and ensure safety

Essential Service 6 showed the third lowest overall activity level (60.6%). According to the discussion, the LPHS shows significant activity in identifying local issues that are addressed through laws, ordinances, and regulations, but there is significant room for improvement in reviewing, evaluating and improvement of these laws and regulations.

Examples of enforcement of laws include, but are not limited to: food safety, water and air quality, emergency preparedness and response, quarantine and isolation, and day care centers. The Bartow County health department and Department of Health and Human Services have been given the authority to enforce these laws and their performance is overall satisfactory.



 Strengths	<ul style="list-style-type: none"> • Collaboration amongst agencies.
 Weaknesses	<ul style="list-style-type: none"> • Need for updated laws/ regulations.

Short-term improvement opportunities

- None noted.

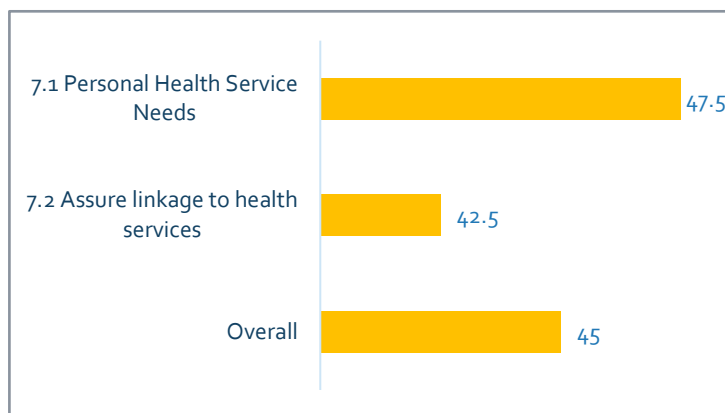
Long-term improvement opportunities



- On a local level, the improvement and enforcement of laws is sufficient, but at the state and federal level much improvement is needed.

Essential Service 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable

This essential service was one of the lowest scored essential services and participants felt that the LPHS did not do a good job of identifying populations in Bartow County that experience barriers to personal health services. Community health care is not promoted enough so that all residents can have access to optimum health care services irrespective of their insurance status. Only one hospital (Willow-Brooke) is available for mental health

services for children and dental health care services are also hard to get access to. Doctors belong to corporations and are not allowed to see patients for free in the emergency room.



 Strengths	<ul style="list-style-type: none"> None noted.
 Weaknesses	<ul style="list-style-type: none"> Lack of long-term treatment facilities for mental health services. Lack of adequate hypertension care. Lack of adequate drug addiction treatment services.

Short-term improvement opportunities

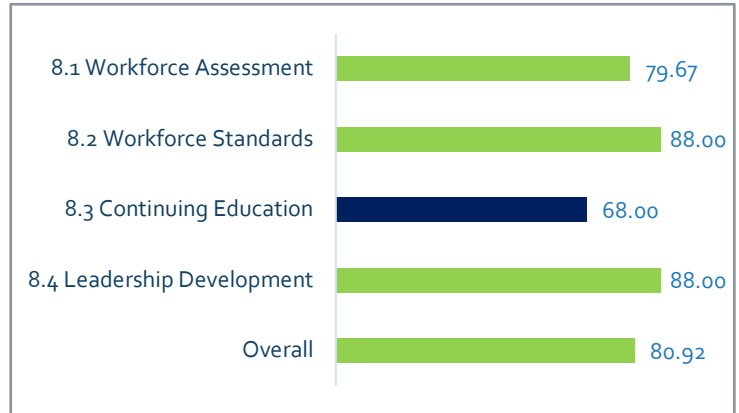
- More communication is required to link and update to the correct source, so the community can provide healthcare access to all.



Long-term improvement opportunities

- None noted.

Essential Service 8: Assure a Competent Public and Personal Health Care Workforce

This essential service was seen operating at optimal level and came in second at 81.2% according to performance scores. There is an economic development assessment every 3 years that is shared with other agencies. In the questions related to policy development it was found that there is an abundance of levels of expertise and certifications. However, certain areas lacked appropriate response times and needed more input from the county.



 Strengths	<ul style="list-style-type: none"> Abundance of levels of expertise and certifications.
 Weaknesses	<ul style="list-style-type: none"> Certain areas lacked appropriate response times and needed more input from the county

Short-term improvement opportunities

- Bring more consistency in the use of shared data so that information is accessible and consistent for all.

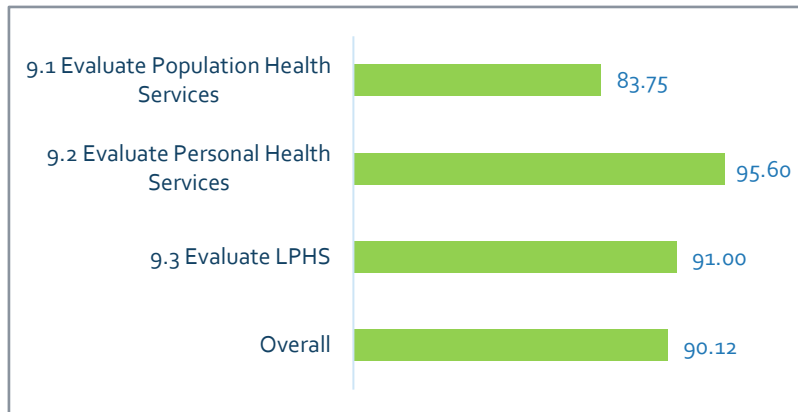
Long-term improvement opportunities



- Build leadership capacity within workforce.

Essential Service 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

The LPHS showed the highest activity in the evaluation of population health services. Examples of evaluations discussed by the group include immunization programs, server training, and substance abuse programs. Significant activity level was also shown in evaluation of personal health services.

The biggest gap identified by the group was the accessibility and delivery of mental health services.



 Strengths	<ul style="list-style-type: none"> Resources, alternatives for treatment to deter pain medicines and drugs. More opportunities to get health care. Good knowledge about health care and being able to find alternative methods to control pain.
 Weaknesses	<ul style="list-style-type: none"> Lack of affordable health care for the poor population.

Short-term improvement opportunities

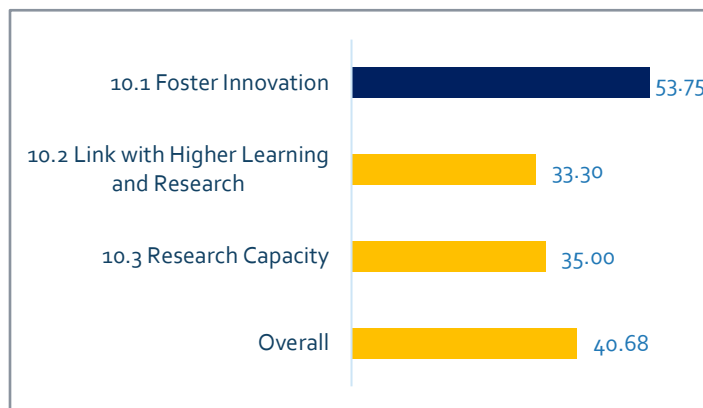
- Improve access to mental health care among population.



Long-term improvement opportunities

- Ability to give health records to patients.
- Less need of cost cutting.

Essential Service 10: Research for New Insights and Innovative Solutions to Health Problems

This essential service scored lowest for Bartow County. Telehealth can fill many gaps and several innovative ideas have been adopted elsewhere. The staff works hard to build relationships with other organizations. There is a need to work with GHC to establish baseline information access where possible.



 Strengths	<ul style="list-style-type: none"> • Awareness for a need to create more opportunities for health care. • Executive policies encourage research and college resources. • Data goes out to CDC.
 Weaknesses	<ul style="list-style-type: none"> • People in the different roles are not consulted every time. • Limited resources cause extended office hours. • Better utilization of the existing resources. • Hard to match state and federal data with the local data. • Owners and contact information not easily available. • Limited access to journal findings and new research. • Need of more staff and monitoring.

Short-term improvement opportunities

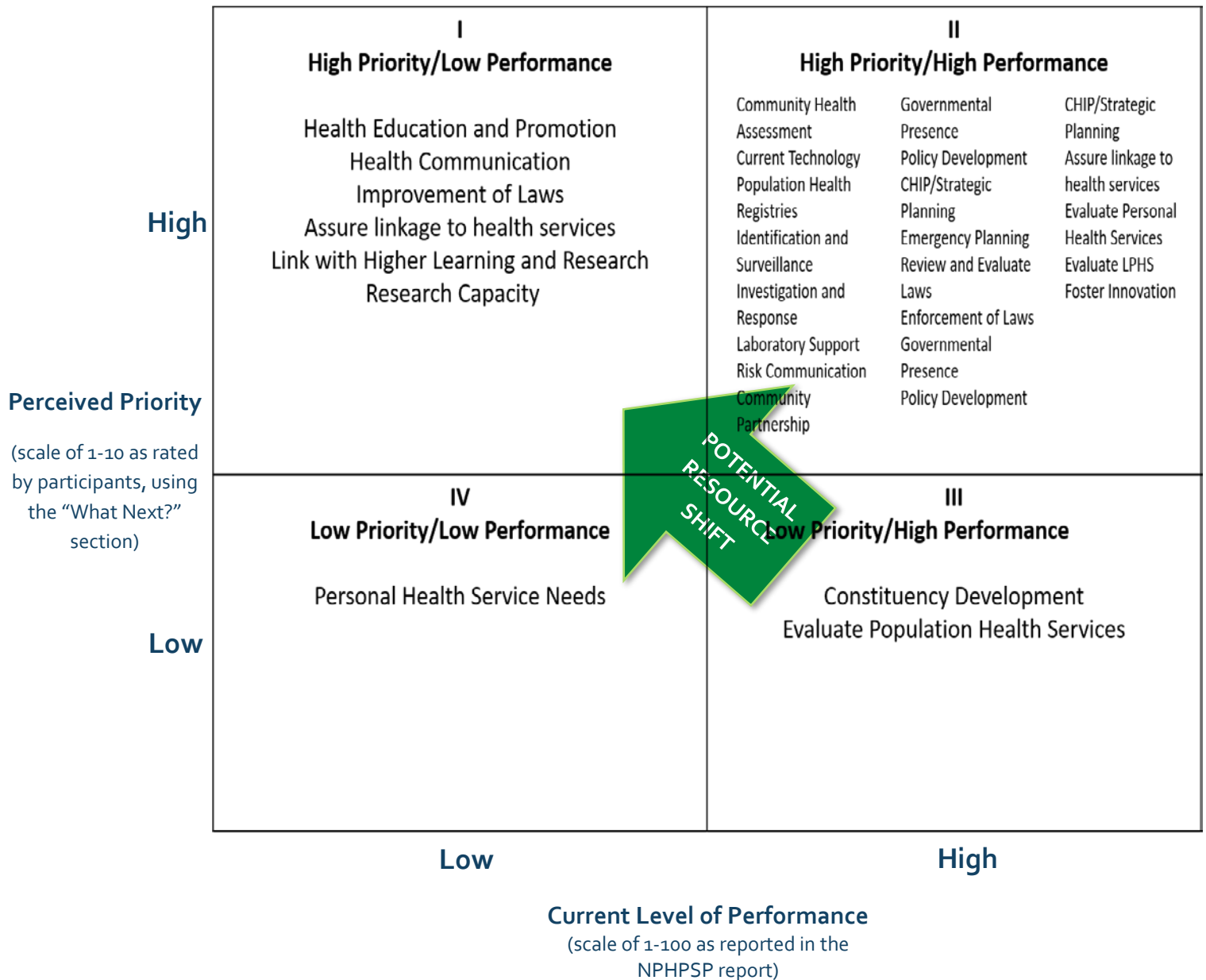
- Work with GHC to establish baseline information where possible.
- Better relationships with opinion leaders and schools.
- Development of a group was needed to develop research questions.
- Need to identify talent and opportunities for broader publication.

Long-term improvement opportunities

- More self-sufficiency and socialization can be developed.
- Reach faith-based communities.
- A focused plan to create an infrastructure is needed.
- Enhanced staffing that could do college/university level research.

Perceived Priority Matrix

To catalyze and strengthen the performance improvement activities resulting from the assessment process, the participants were also asked to rate each model standard on a scale of 1-10 according to its perceived priority to them. The resulting perceived priority diagram warrants the need for shifting the resources towards health education and promotion, health communication, improvement of laws, assuring linkage to health services, linking with higher learning and research and innovative research capacity.



Local Public Health System Assessment – Key Takeaways

Some key takeaways from the LPHSA in Bartow County can be summarized as follows:

Key Strengths	Key Weaknesses
<ul style="list-style-type: none">• Collaboration among various agencies for sharing of information and resources.• Resource availability – Resource rich county.• Awareness among population to improve health care needs and access.• Competent workforce availability.• Laws/Regulations in place and presence of accountability.• Adequate emergency measures/processes in place.	<ul style="list-style-type: none">• Lack of communication and public involvement regarding LPHSA activities.• Inadequate mental health and dental health services.• No process for improvement of existing laws and regulations.• Lack of affordable personal healthcare services in the county.• Health care disparities.• Lack of outreach services to underserved/minority population.• Lack of higher learning and innovative research capacity.
Highest Scoring Essential Services	Lowest Scoring Essential Services
<ol style="list-style-type: none">1. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services2. Assure a Competent Public and Personal Health Care Workforce3. Develop Policies and Plans that Support Individual and Community Health Efforts	<ol style="list-style-type: none">1. Research for New Insights and Innovative Solutions to Health Problems2. Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable3. Develop Policies and Plans that Support Individual and Community Health Efforts

Limitations

There are several data limitations in the LPHSA. Since a group of diverse system participants with different experiences and perspectives take part in the assessment, there is an element of subjectivity in the ratings. Each participant self-reports with different experiences and perspectives and there is also wide variation in the knowledge of local public health system's activities among these participants.

Each score of the assessment is an average. Model Standard scores are an average of the Performance Standard questions discussed within the Model Standard and Essential Service scores are an average of the scores of the Model Standards within the Essential Service. The overall score is an average of each Essential Service score.

In terms of limitations specific to the procedure and site, Bartow County did have great participation for the assessment, however some organizations were under-represented, which was due to scheduling limitations. Although the participants were carefully selected and assigned tables according to the Essential Service they provided in the community, some participants felt they needed more time to go through the assessment and understand the questions. Some participants also noted the need for more clarification on the voting procedure. These limitations will be addressed going forward, when the assessment needs to be repeated.

Because of the limitations noted, it should be noteworthy that these results should be utilized for guiding an overall public health infrastructure and performance improvement process for the public health system and should not be interpreted to reflect the capacity or performance of any single agency or organization.

Phase IV – Identify Strategic Issues

Phase IV began with an overview of all the data collected during the MAPP process. Key takeaways and common themes were identified during the overview phase and the steering committee and community partners were presented with a summary of all the data analysis results including quantitative and qualitative analyses.

Our Process

The strategic issues were teased out over the course of a single meeting held at the Bartow County Health Department in April. After reviewing the data analyses results, the participants completed a brainstorming exercise for identifying the strategic issues. The brainstorming exercise consisted of participants divided into smaller groups where they discussed in detail and created a list of top issues, leveraging the results from each of the four MAPP assessments provided to them on a summary sheet. The participants then shared their priority issues with the whole group. The participants then ranked the issues in the order of priority using post-its on large sticky posters displayed on the wall throughout the room.



Bartow County Health Department – Identify Strategic Issues Meeting -April, 2019

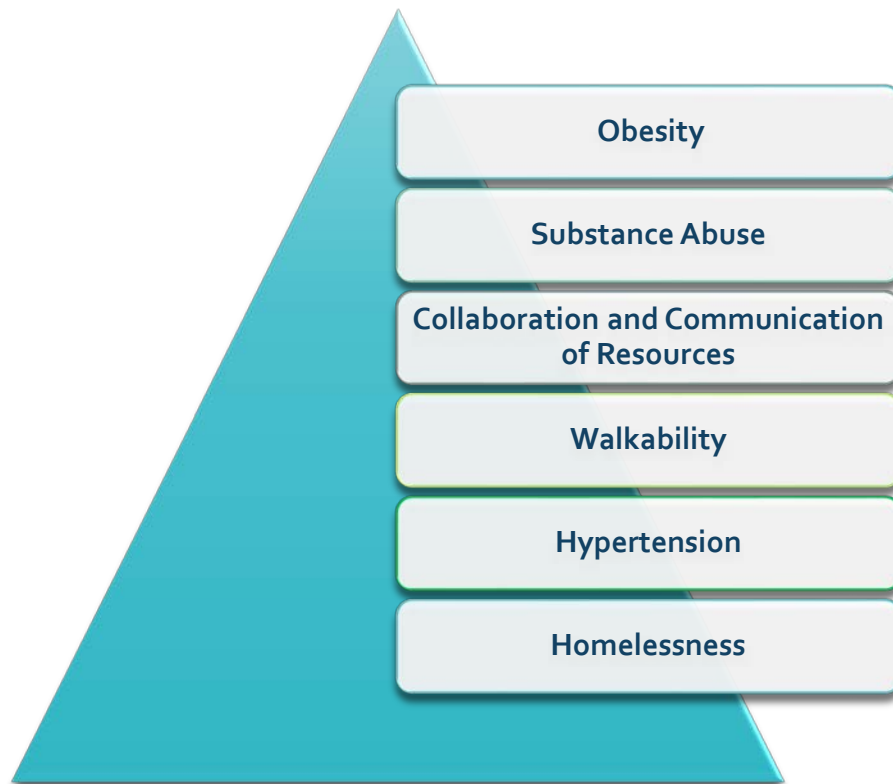
Results

The participants reviewed a checklist, with the following questions, in order to prioritize the top issues:

- ✓ Is the issue related to our vision?
- ✓ Will the issue affect our entire community?
- ✓ Is the issue something that will affect us now and in the future?
- ✓ Are there long-term consequences of us not addressing this issue?
- ✓ In order to address the issue, do we already have/possess the ability to acquire the needed resources?

The top 6 strategic issues in the order of priority are illustrated by the graphic below:

Top Strategic Issues



Conclusion

This meeting marked the end of Phase IV of the MAPP process. The next step on this process will begin with identifying potential stakeholders from the community who are knowledgeable about the themes within the six strategic issues. The steering committee and stakeholder involvement will continue into Phase Five: Formulate Goals and Strategies, and Phase Six: Action Cycle, which will mark the starting point of the Community Health Improvement Plan (CHIP).

Appendix

Data Resources

Centers for Disease Control and Prevention

- CDC Sexually Transmitted Diseases Data & Statistics: <https://www.cdc.gov/std/stats/>
- Behavioral Risk Factor Surveillance System: http://www.cdc.gov/brfss/data_tools.htm
- CDC WONDER Data Reports and Systems: <http://wonder.cdc.gov>
- National Center for Health Statistics: <https://www.cdc.gov/nchs/index.htm>
- WISQARS (Web-based Injury Statistics Query and Reporting): <https://www.cdc.gov/injury/wisqars/index.html>
- Youth Risk Behavior Surveillance System: <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

Georgia Department of Public Health

- OASIS: <https://oasis.state.ga.us/>

United States Census Bureau

- American Fact Finder: <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
- Bartow County, GA: https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

Other

- Kids Count Data Profiles: <http://datacenter.kidscount.org>
- County Health Rankings: <http://www.countyhealthrankings.org/>
- Feeding America, Map the Meal Gap: <http://map.feedingamerica.org/>
- Georgia Bureau of Investigation, Crime Statistics: <https://gbi.georgia.gov/>
- National Cancer Institute: <https://seer.cancer.gov/faststats/selections.php?series=cancer>
- SAMHSA (Substance Abuse and Mental Health Services Administration): <https://www.samhsa.gov/>
- U.S. Department of Health and Human Services, Healthy People 2020: <https://www.healthypeople.gov>

References

ⁱ MAPP Introduction - <https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/mapp/main>

ⁱⁱ Quality of Life Questionnaire - <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-3-the-four-assessments>