



Community Health Assessment Floyd County

2019

*Georgia Department of Public Health
District 1-1*



Acknowledgements

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The Floyd County Health Department would also like to acknowledge the following members of our community for their continuous contributions and professional support throughout the process:

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- Wendy Davis – Rome City Commissioner & Floyd County BOH

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

Letter from Nurse Manager

It is my pleasure to present to you the 2019 Floyd County Community Health Assessment. This assessment is the foundation for improving and promoting the health of Floyd County residents and is a broad picture of our community that includes resident surveys, key informant interviews, focus groups, and other data.

I would like to thank all our community partners who participated in the Community Health Assessment. This project would not have been possible without your commitment and support because the health of Floyd County is a collaborative effort. I would also like to thank you for reading this report and your interest and commitment to improving the health of our community. I look forward to our continued partnerships and collaboration; together we can strive to make Floyd County a better place.

Sincerely,

Alison Watson, R.N., B.S.N.

County Nurse Manager

Floyd County Health Department

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Executive Summary

In 2019, the Floyd 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 conducted 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 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 Floyd County Community Health Survey, as well as secondary research which includes data collected on over 50 health indicators. Health indicators data enabled our team to identify trends, as well as make comparisons to benchmark data at the state and national levels to give a complete picture of health status in Floyd County. Qualitative data input includes primary research gathered through a series of Key Informant Interviews and Focus Groups as well as a Youth Photo Voice Contest.

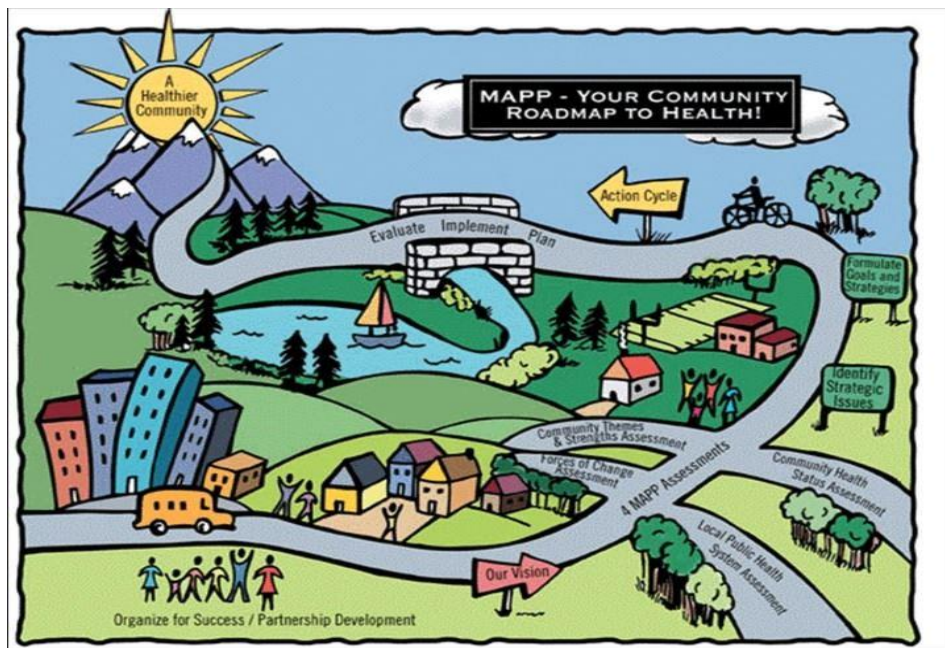
Major Findings

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 creating 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, (d) is a good place to grow old, and (e) 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; helps to implement 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.



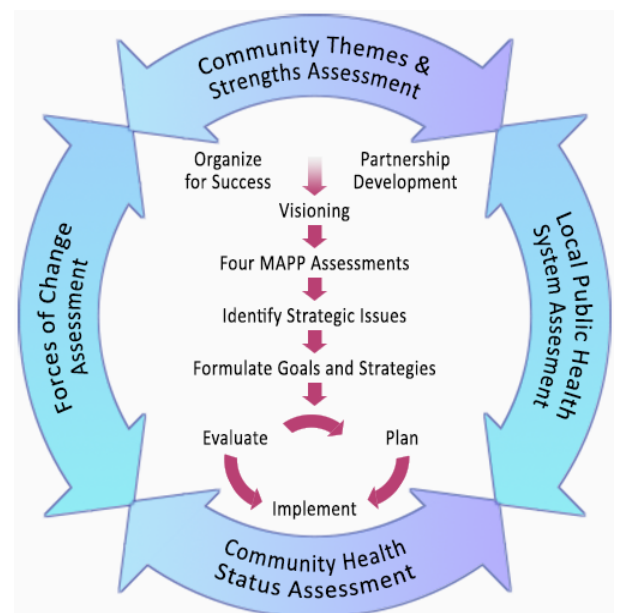
There is a total of six phases in MAPP. Each phase is illustrated in the graphic above and described in detail below.

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.

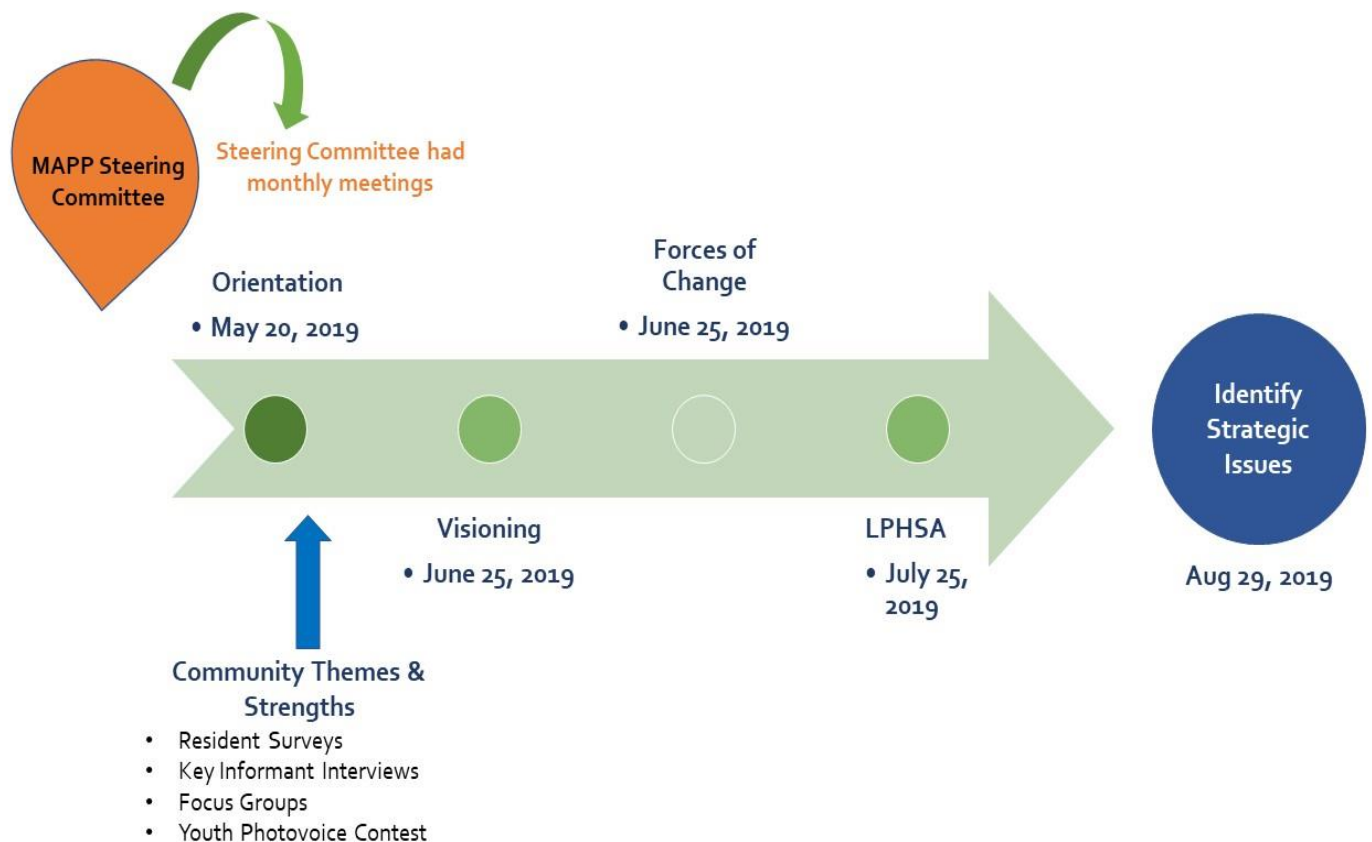
Chapter 2. MAPP in Action – Phases of MAPP

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 Floyd 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 the MAPP process was also carried out. A 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 Floyd County MAPP process:

MAPP Timeline



Phase II – Visioning

The Vision and Values were finalized in June with the steering committee and some key community members from Floyd County. The participants in the first half of the meeting teased out common ideas and themes through a collaborative process, while in the second half, they worked on finalizing the Vision statement and Values.

Vision:

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

- *What does a healthy Floyd 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.

"To improve quality of life in Floyd County by building a safe, collaborative community through equitable access to education, healthcare, employment, housing and transportation."

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 ten years to achieve our vision?*
- *What can we do to ensure community involvement/engagement in achieving our vision?*



Accountability: A community that places importance in accountability in all forms and at all levels.



Innovation: A community that encourages innovation to address issues.



Accessibility: A community that looks after its citizens with easy access to services for all.



Collaboration: A community focused on working together towards one goal.



Education: A community that values the importance of education.



Prioritize Policies: A community that believes in prioritizing policies to address issues of need.

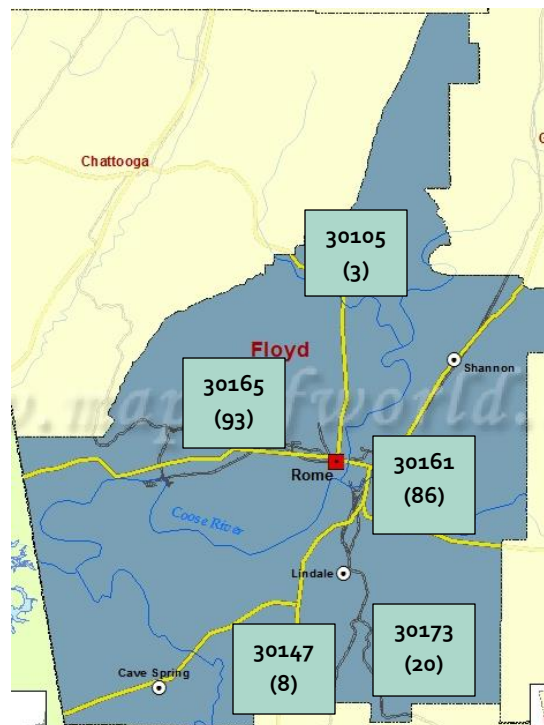
Phase III – Four MAPP Assessments

Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment consisted of various methods of data collection in order to include a wide range of resident input across Floyd County.

Resident Surveys

The Floyd County community health survey was distributed to residents via an online link and in the form of printed copies. Floyd County partners disseminated the survey link via their networks by sending an email announcement out to their contacts and organizational email databases. The survey was also promoted using social media as well as local media. Additionally, staff and volunteers from organizations were asked to disseminate the survey in hard copy format to their clients or community residents and some hard copies were distributed via local community events. To ensure uniformity, population estimates were determined based on each zip code and sample sizes were computed using the sample size calculator to inform the distribution of surveys across each zip code. The following illustration shows the number of survey responses received from each major zip code within Floyd County:

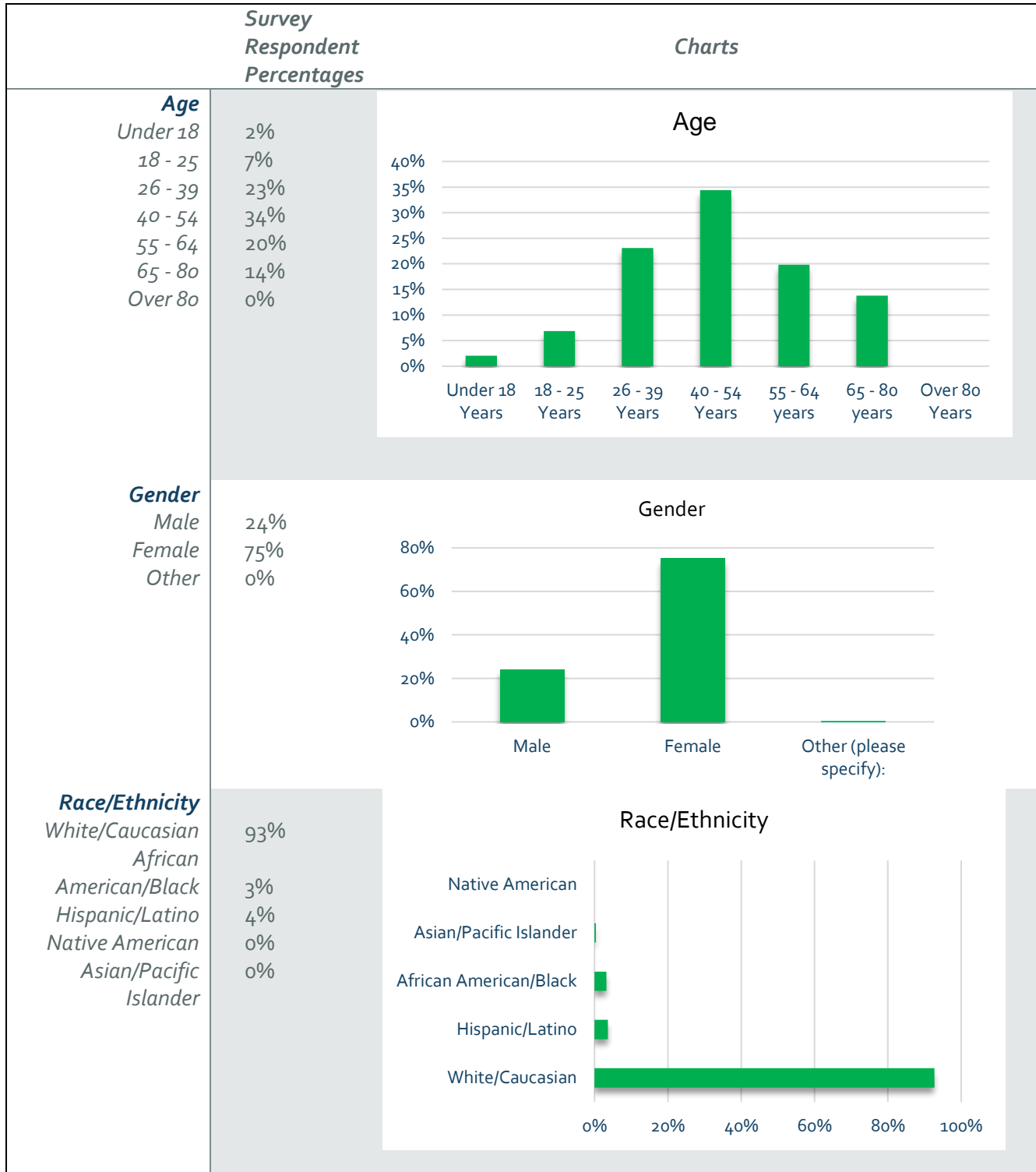


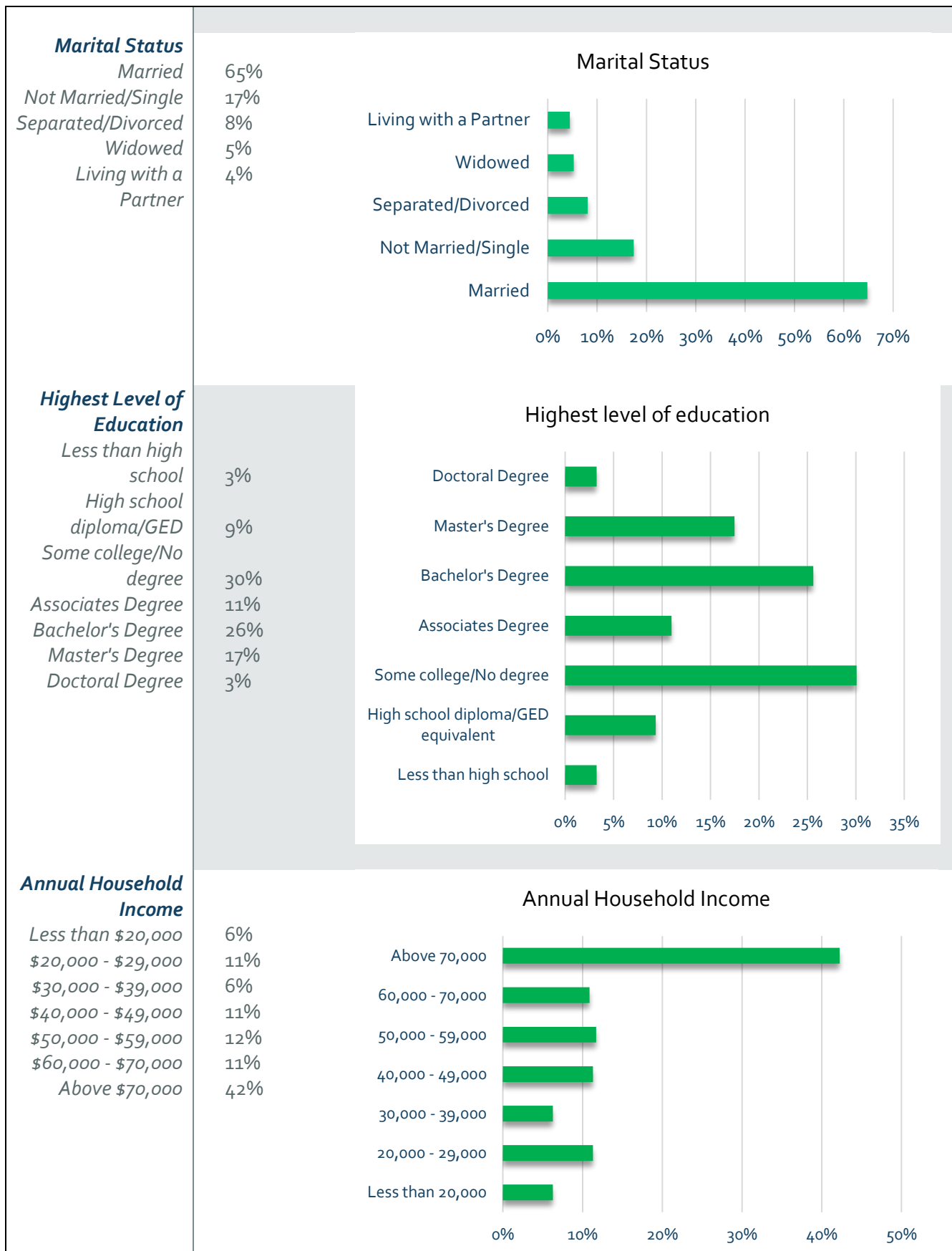
Source: Floyd County Map- ArcGIS

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 the 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:

Demographic Data

The majority of survey respondents fell within the 26-54 age range and most of them (75%) were females. The racial make-up of survey respondents reflects that of the population of Floyd County with a majority of Whites, followed by African Americans and Hispanics. Around 30% had completed some college degree while 46% had a college degree or higher education credentials and only 3% of respondents had a less than high school education.

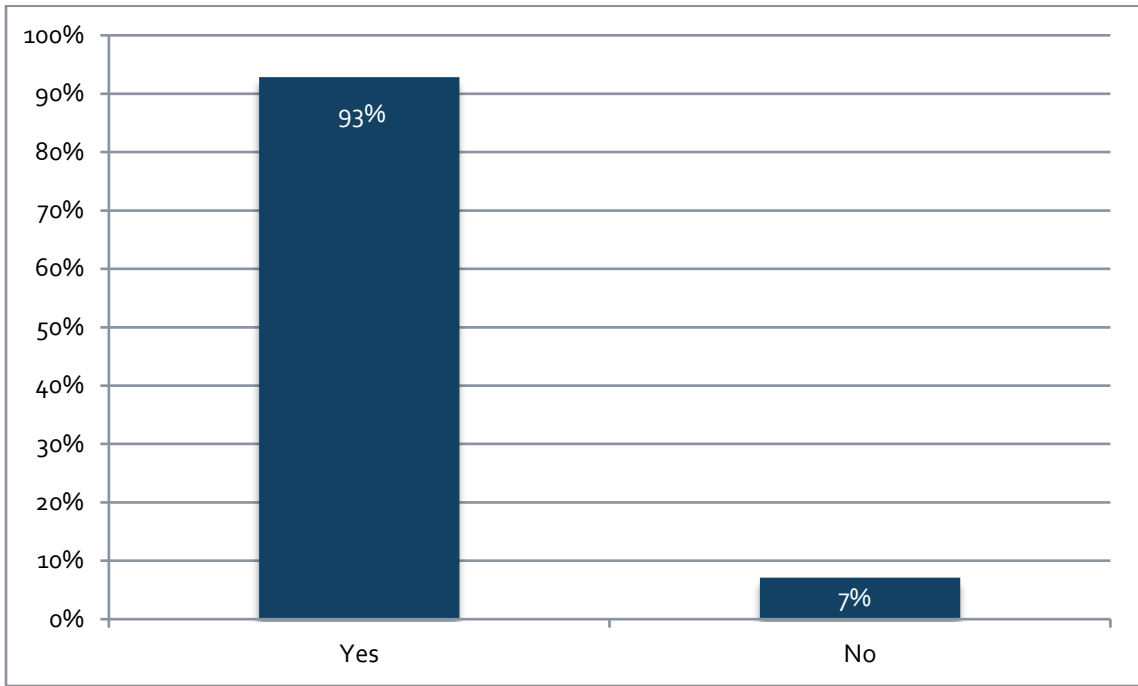




Source: 2019 Floyd County Community Health Survey

Healthcare Questionnaire

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

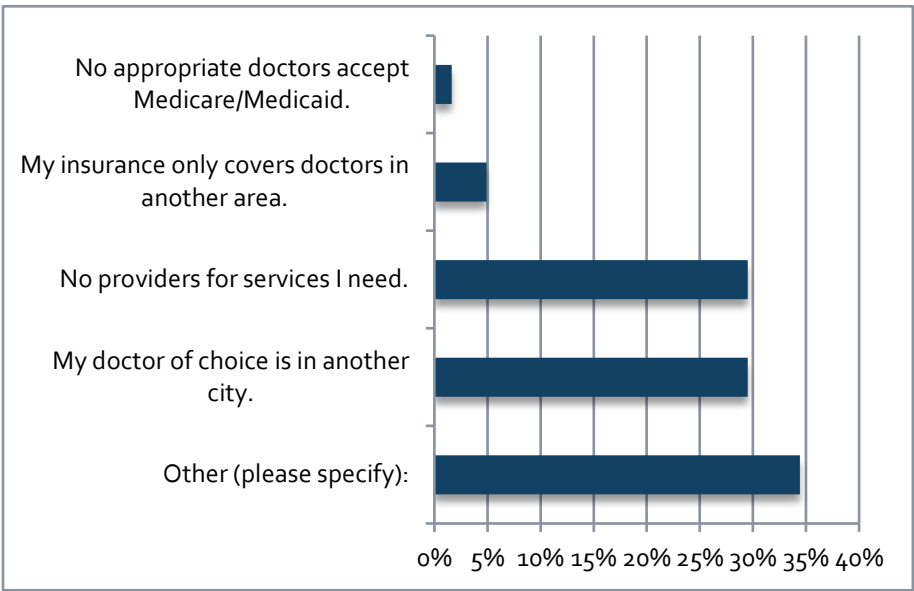


Source: 2019 Floyd County Community Health Survey

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

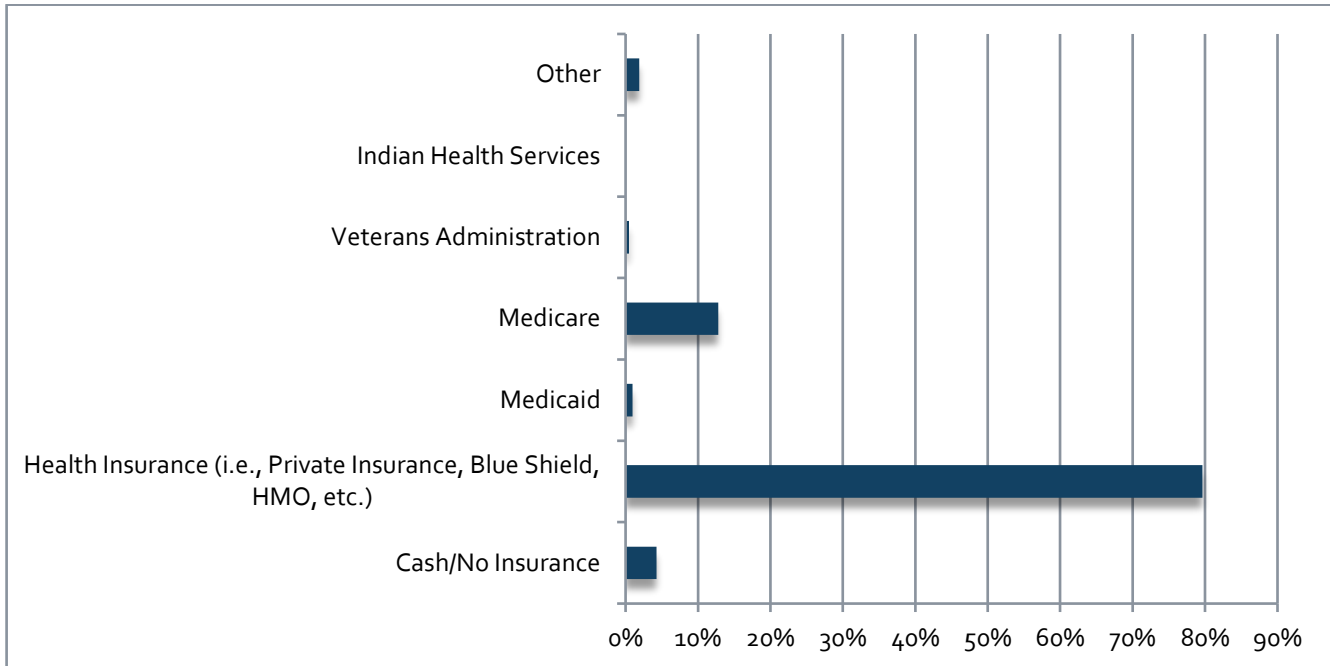
Almost 30% of survey respondents indicated that the main reason for getting healthcare services outside of the community is due to their doctor of choice being in another city, followed by 30% of responses indicating inadequate providers for services they need, within the county.

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



Source: 2019 Floyd County Community Health Survey

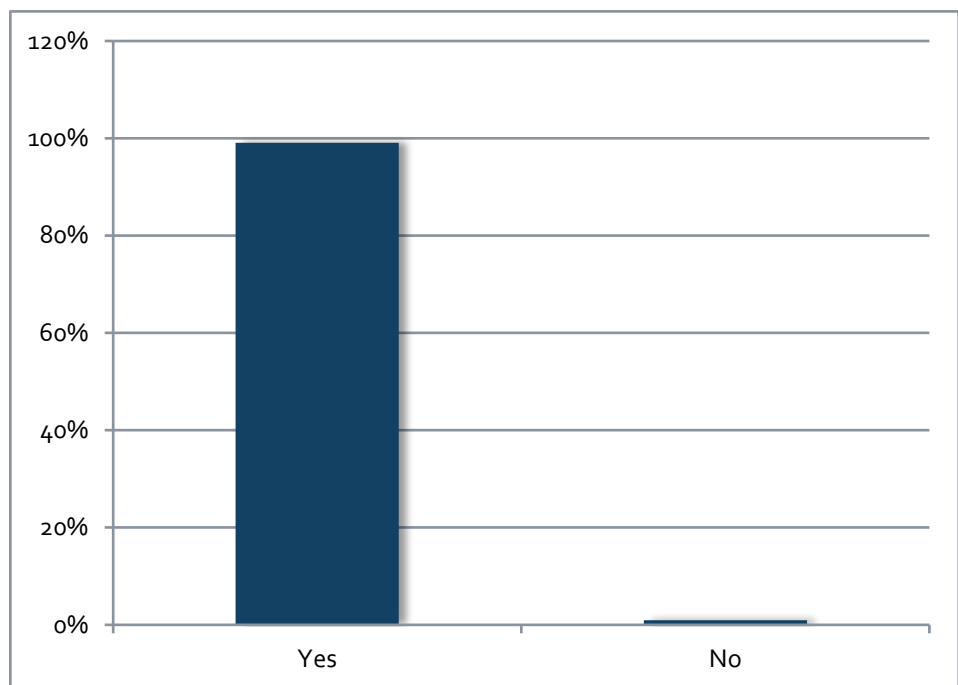
Q: What is the primary method you use to pay for your healthcare?



Source: 2019 Floyd County Community Health Survey

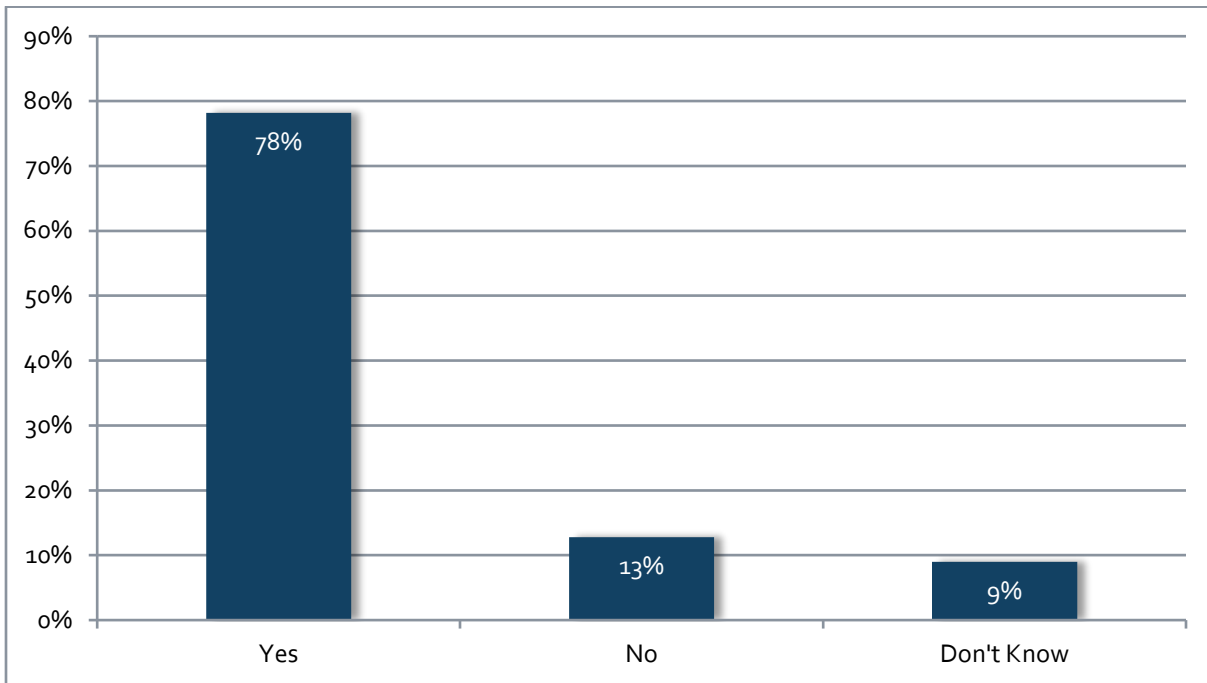
Q: Do you have reliable transportation when you need to get to the doctor?

An overwhelming majority of the respondents (99%) indicated that they had reliable transportation when they needed to get to a doctor.



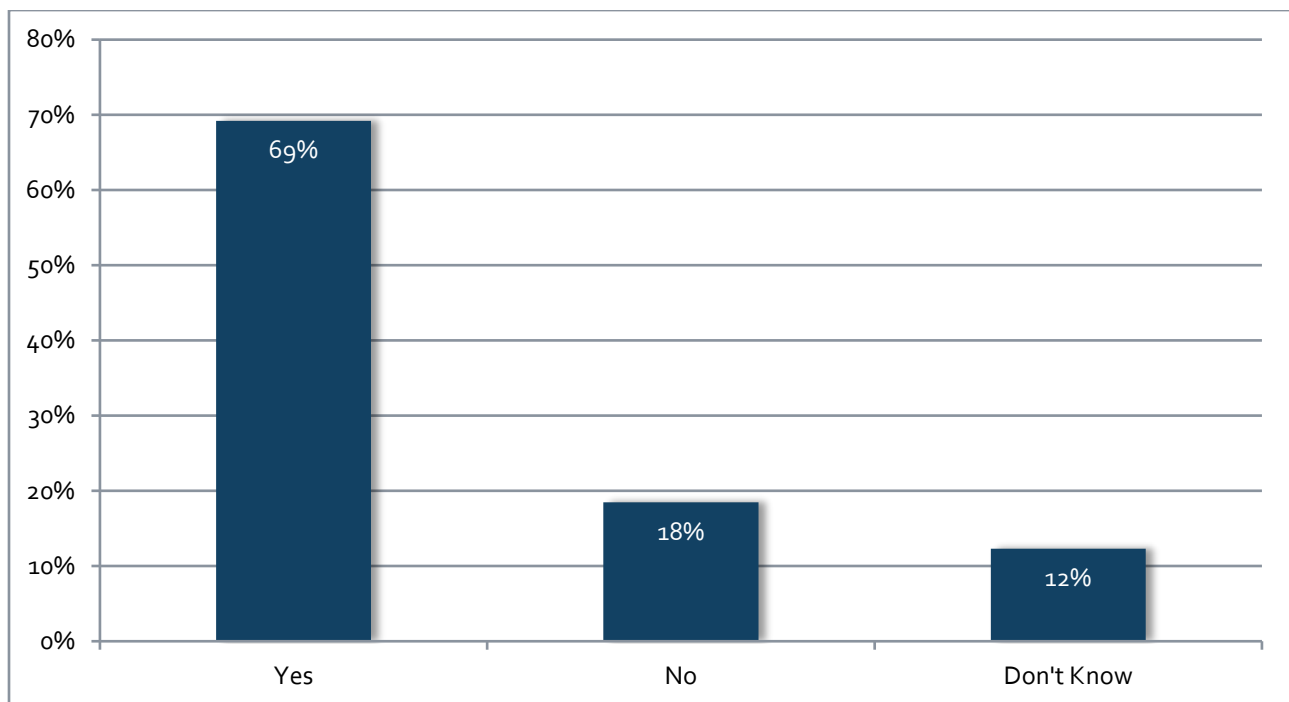
Source: 2019 Floyd County Community Health Survey

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



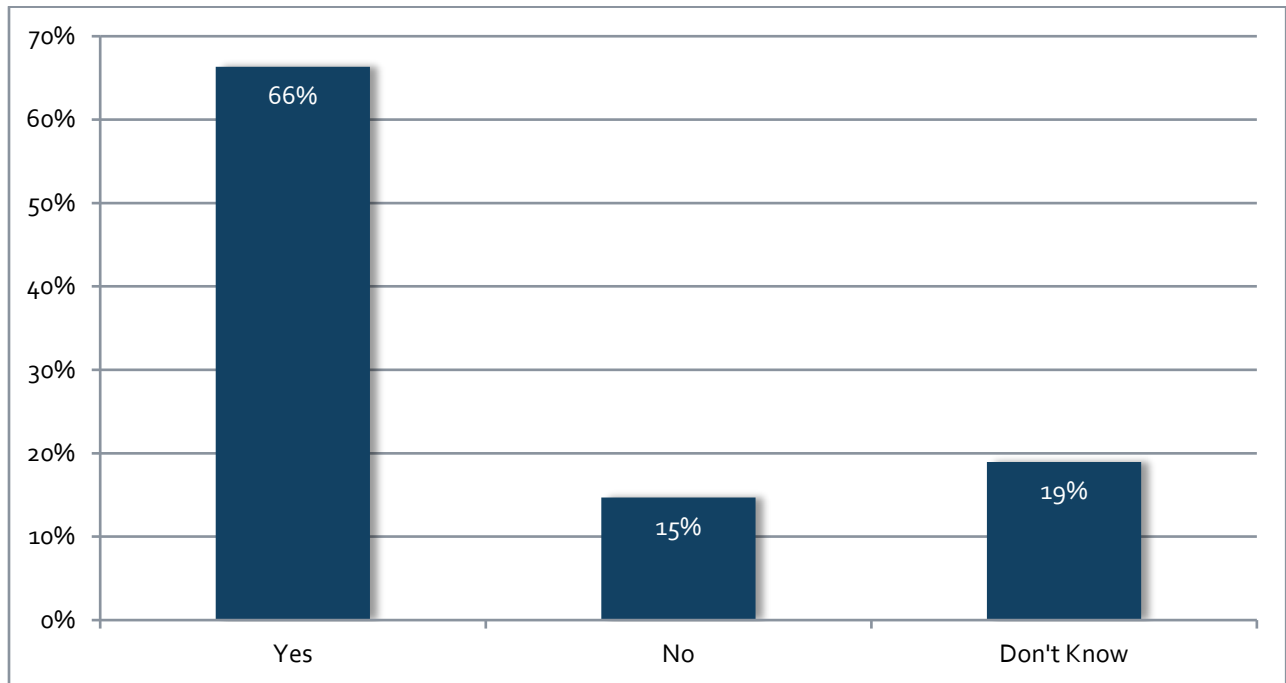
Source: 2019 Floyd County Community Health Survey

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



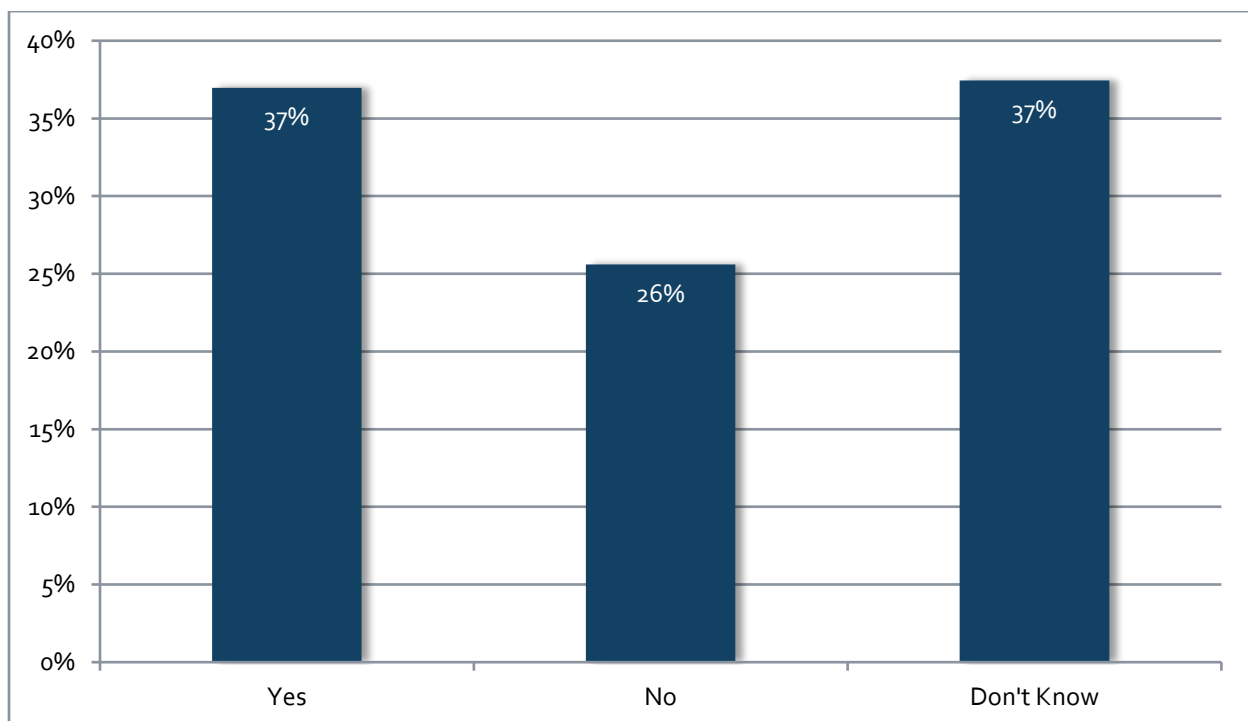
Source: 2019 Floyd County Community Health Survey

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



Source: 2019 Floyd County Community Health Survey

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



Source: 2019 Floyd County Community Health Survey

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

Of all the respondents who completed the survey:

3% felt that they were "VERY HEALTHY"

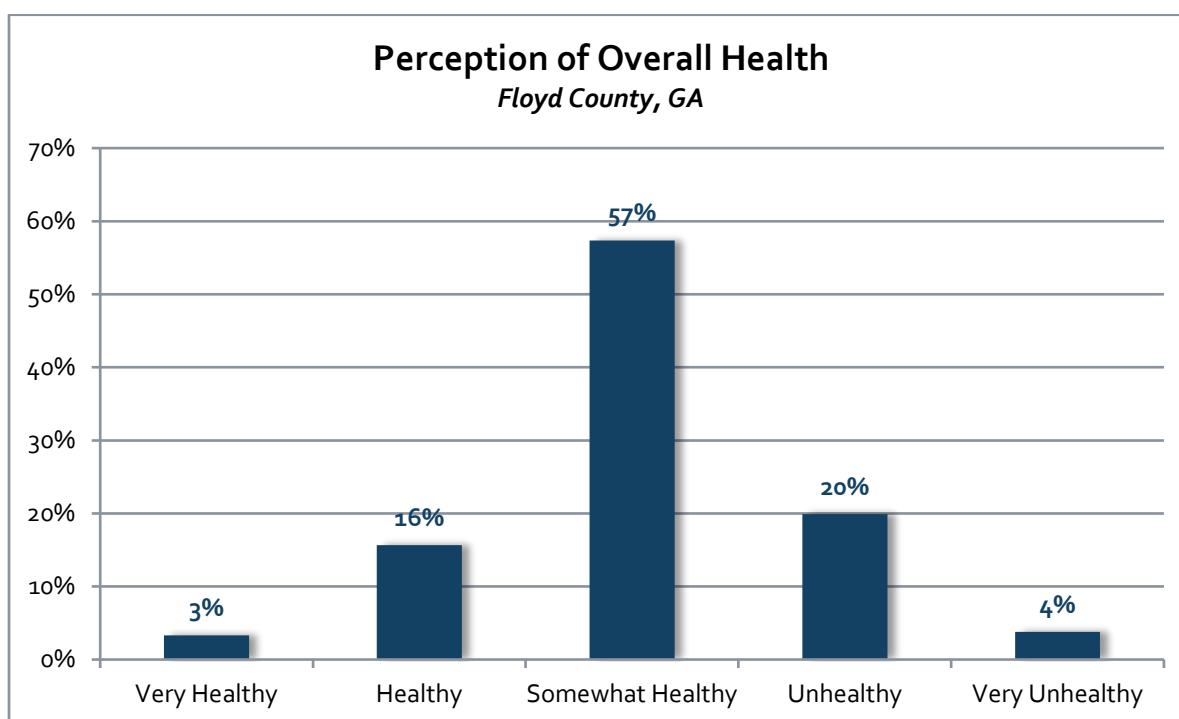
16% felt that they were "HEALTHY"

57% felt that they were "SOMEWHAT HEALTHY"

20% felt that they were "UNHEALTHY"

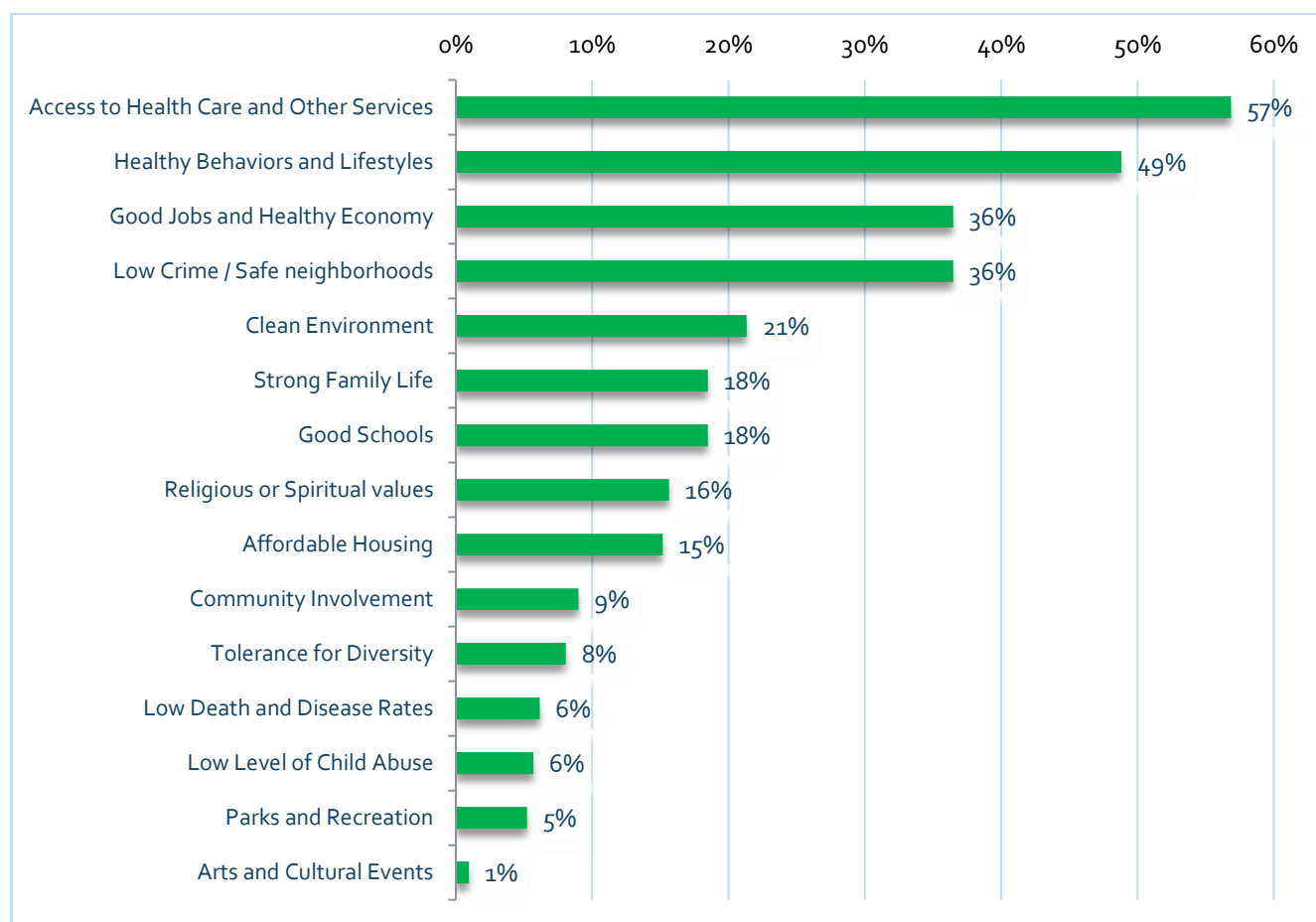
4% felt that they were "VERY UNHEALTHY"

Most survey respondents thought that the overall health of the community ranges from somewhat healthy to unhealthy and only 3% 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 Floyd County Community Health Survey

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



Source: 2019 Floyd County Community Health Survey

When asked about the three most important factors that define a healthy community, the Floyd County Community Health Survey respondents indicated the following as their top 3 choices:

1. **Access to Healthcare and services**
2. **Healthy Behavior & Lifestyles**
3. **Good Jobs and Healthy Economy**

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 all races/ethnicities, Access to Healthcare remained the top priority for most of the respondents. However, Healthy Behavior & Lifestyle was one of the top 3 answers for White and Black/African American population but was further down the list for Hispanic whereas for Asians it was the top most choice. Low

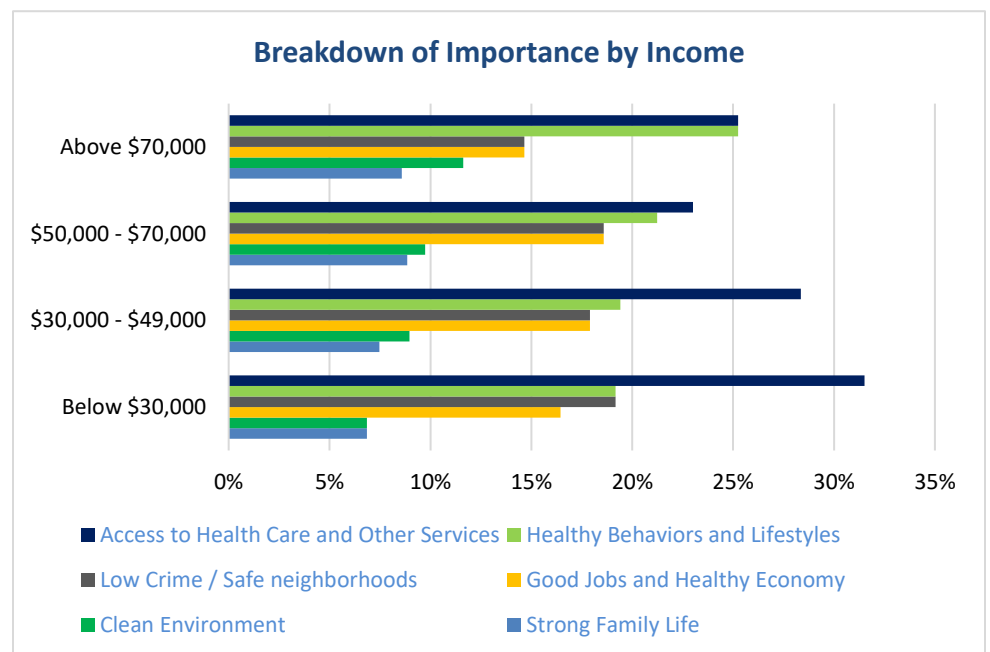
Crime/Safe Neighborhoods was on top for Blacks while Good Jobs and Healthy Economy was on top for Whites and Hispanics.

Priority	White/Caucasian	African American/Black	Hispanic/Latino	Asian/Pacific Islander
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
2	Healthy Behaviors and Lifestyles	Healthy Behaviors and Lifestyles	Clean Environment	Access to Health Care and Other Services
3	Good Jobs and Healthy Economy	Low Crime / Safe Neighborhoods	Healthy Behaviors and Lifestyles	Strong Family Life
4	Low Crime / Safe Neighborhoods	Good Jobs and Healthy Economy	Good Jobs and Healthy Economy	
5	Clean Environment	Good Schools	Low Crime / Safe Neighborhoods	
6	Strong Family Life	Tolerance for Diversity	Strong Family Life	

Source: 2019 Floyd County Community Health Survey

Healthy Community Perceptions According to Income Level

Access to Health Care was the top priority for all respondents when broken down by income range. Healthy Behaviors & Lifestyles was the second most important priority for all population whereas Low Crime and Safe Neighborhoods was the third most important, closely followed by Good Jobs and Healthy Economy.



Source: 2019 Floyd County Community Health Survey

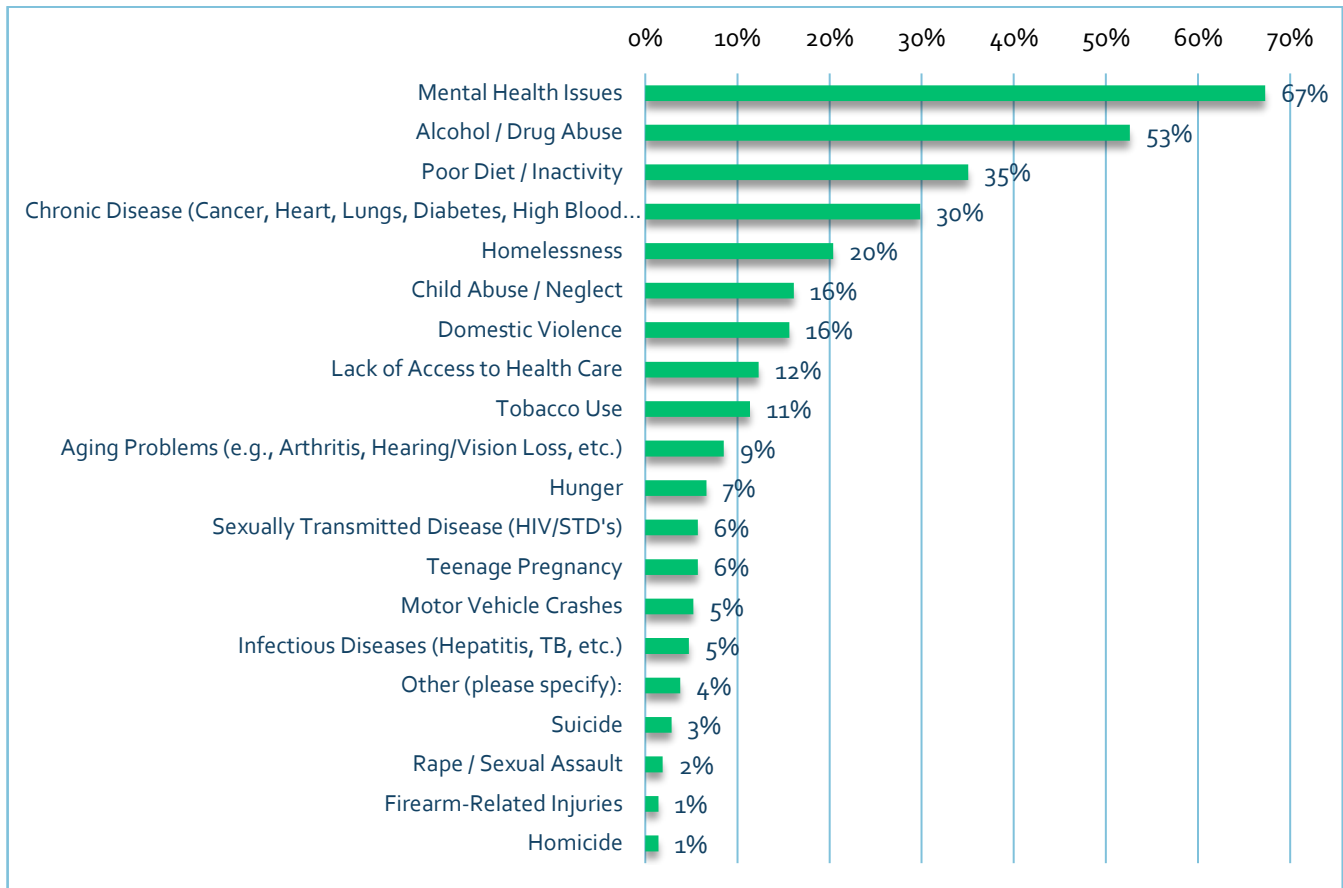
Healthy Community Perceptions According to Education Level

Access to Healthcare was the top answer across most education levels, except respondents with a High School or less than High School degree, who thought Low Crime/Safe Neighborhoods and Affordable Housing was the foremost priority. Population with a college degree and above seemed to value Healthy Behaviors and Lifestyles more and it was their second choice, while it was a lower priority for the High School and Less Than High School cohort. Good Schools and Clean Environment was at the top of the list for Doctoral Degree and above while down the list for all other education levels.

Priority	High School Diploma/ GED Equivalent	Less Than High School	Some College/ No Degree	Associate Degree	Bachelor's Degree	Master's Degree	Doctoral Degree
1	Low crime / Safe Neighborhoods	Affordable Housing	Access to Health Care and Other Services	Access to Health Care and Other Services	Access to Health Care and Other Services	Access to Health Care and Other Services	Access to Health Care and Other Services
2	Access to Health Care and Other Services	Good Jobs and Healthy Economy	Healthy Behaviors and Lifestyles	Low crime / Safe Neighborhoods	Healthy Behaviors and Lifestyles	Healthy Behaviors and Lifestyles	Good Schools
3	Good Jobs and Healthy Economy	Low crime / Safe Neighborhoods	Good Jobs and Healthy Economy	Good Jobs and Healthy Economy	Good Jobs and Healthy Economy	Low crime / Safe Neighborhoods	Healthy Behaviors and Lifestyles
4	Affordable Housing	Healthy Behaviors and Lifestyles	Low crime / Safe Neighborhoods	Healthy Behaviors and Lifestyles	Low crime / Safe Neighborhoods	Good Jobs and Healthy Economy	Clean Environment
5	Good Schools	Good Schools	Strong Family Life	Strong Family Life	Clean Environment	Religious or Spiritual Values	Low crime / Safe Neighborhoods
6	Healthy Behaviors and Lifestyles	Strong Family Life	Clean Environment	Clean Environment	Good Schools	Clean Environment	Parks and Recreation

Source: 2019 Floyd County Community Health Survey

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



Source: 2019 Floyd County Community Health Survey

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

1. **Mental Health Issues**
2. **Alcohol/Drug Abuse**
3. **Poor Diet/ Inactivity**

Health Problem Perceptions According to Race

- Mental Health was the top concern for White and Black/African American, while the Hispanic population thought that Lack of Access to Healthcare was more important.
- Alcohol / drug abuse was the second most important for White/Caucasian and third most for Black/African American.
- Chronic disease and Unhealthy Behaviors were one of the top concerns for both White and Black /African Americans.
- Hispanic/Latino community put Lack of access to health care followed by Teenage pregnancy and Hunger as their top issues which was not seen in any other racial/ethnic group.

White/Caucasian	Black/African American	Hispanic/Latino
<ol style="list-style-type: none"> 1. Mental health issues 2. Alcohol / drug abuse 3. Poor Diet / Inactivity 	<ol style="list-style-type: none"> 1. Mental health issues 2. Chronic Disease (cancer, heart, lungs, diabetes, high blood pressure) 3. Alcohol / drug abuse 	<ol style="list-style-type: none"> 1. Lack of access to health care 2. Teenage pregnancy 3. Hunger

Source: 2019 Floyd County Community Health Survey

Health Problem Perceptions According to Education

Some differences were also found between responses according to education level of the respondents, highlighted by the chart below:

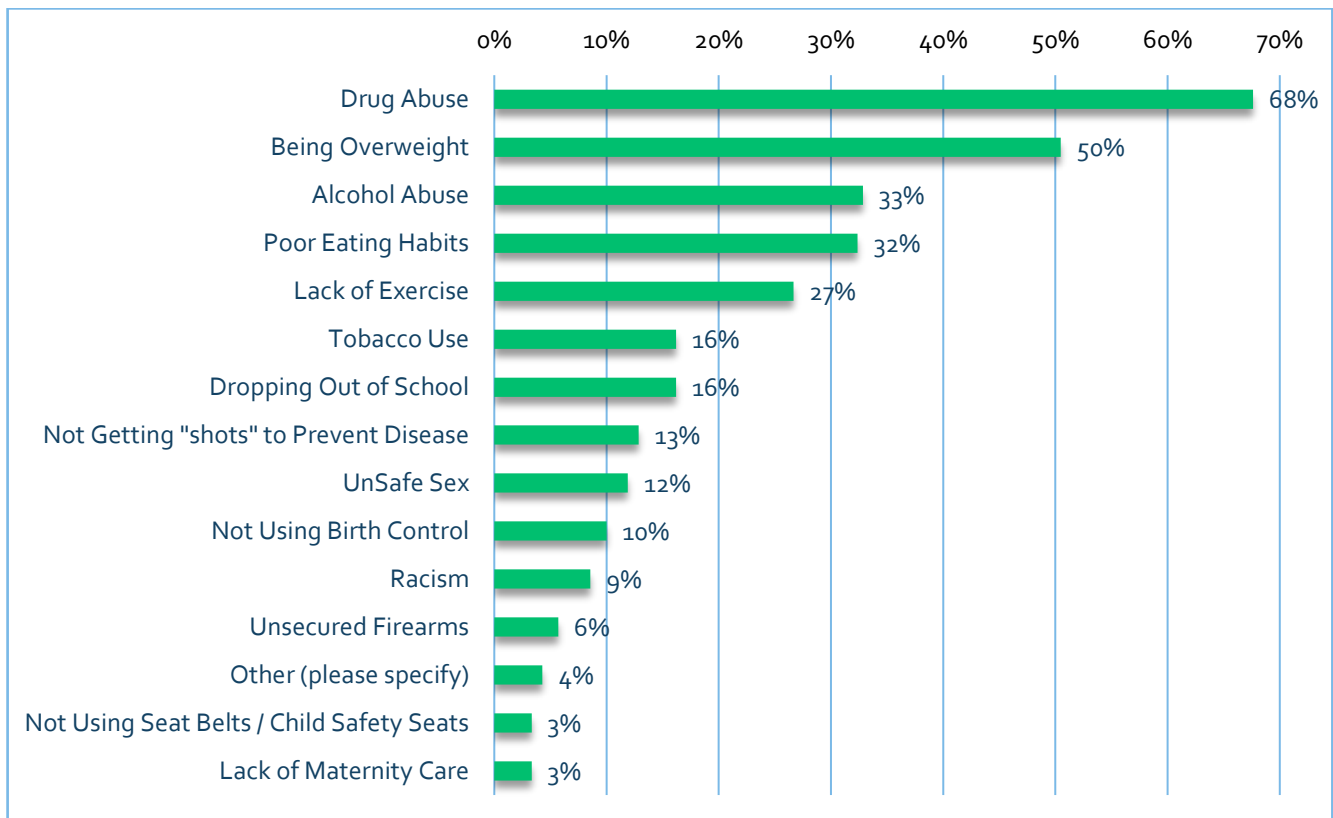
Priority	High School Diploma/GED Equivalent	Less than High School	Some College/No Degree	Associate degree	Bachelor's Degree	Master's Degree	Doctoral Degree
1	Alcohol / Drug Abuse	Alcohol / Drug Abuse	Mental Health Issues	Mental Health Issues	Mental Health Issues	Mental Health Issues	Alcohol / Drug Abuse
2	Domestic Violence	Mental Health Issues	Alcohol / Drug Abuse	Poor Diet / Inactivity	Alcohol / Drug Abuse	Alcohol / Drug Abuse	Mental Health Issues
3	Mental Health Issues	Motor Vehicle Crashes	Poor Diet / Inactivity	Alcohol / Drug Abuse	Poor Diet / Inactivity	Poor Diet / Inactivity	Lack of Access to Healthcare

Source: 2019 Floyd County Community Health Survey

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

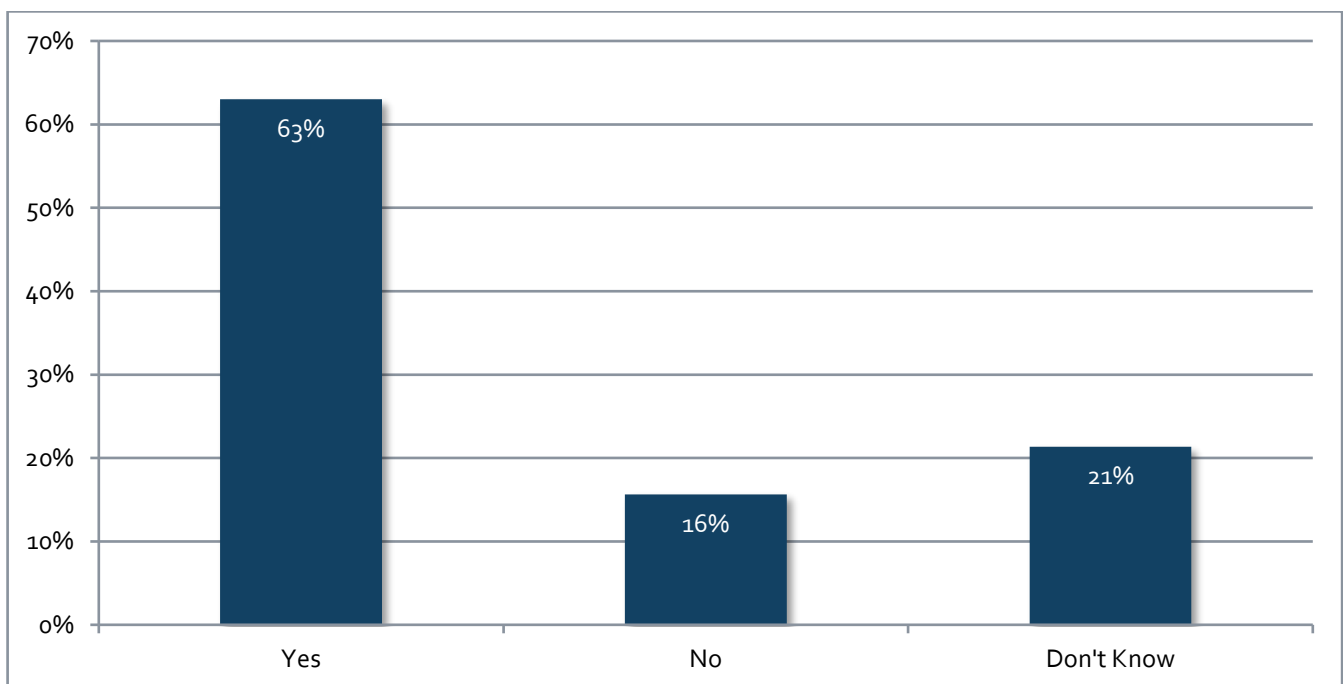
The top 3 "Risk behaviors" in the community were:

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



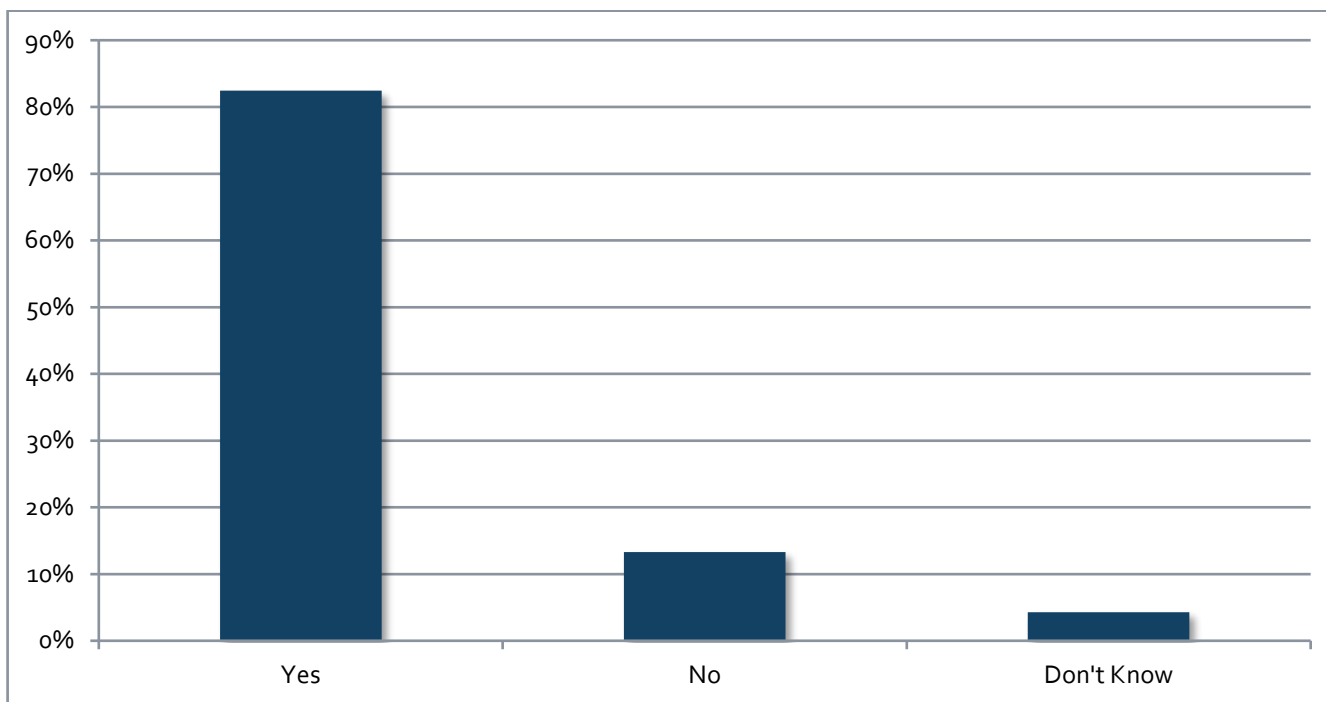
Source: 2019 Floyd County Community Health Survey

Is the community air of good quality?



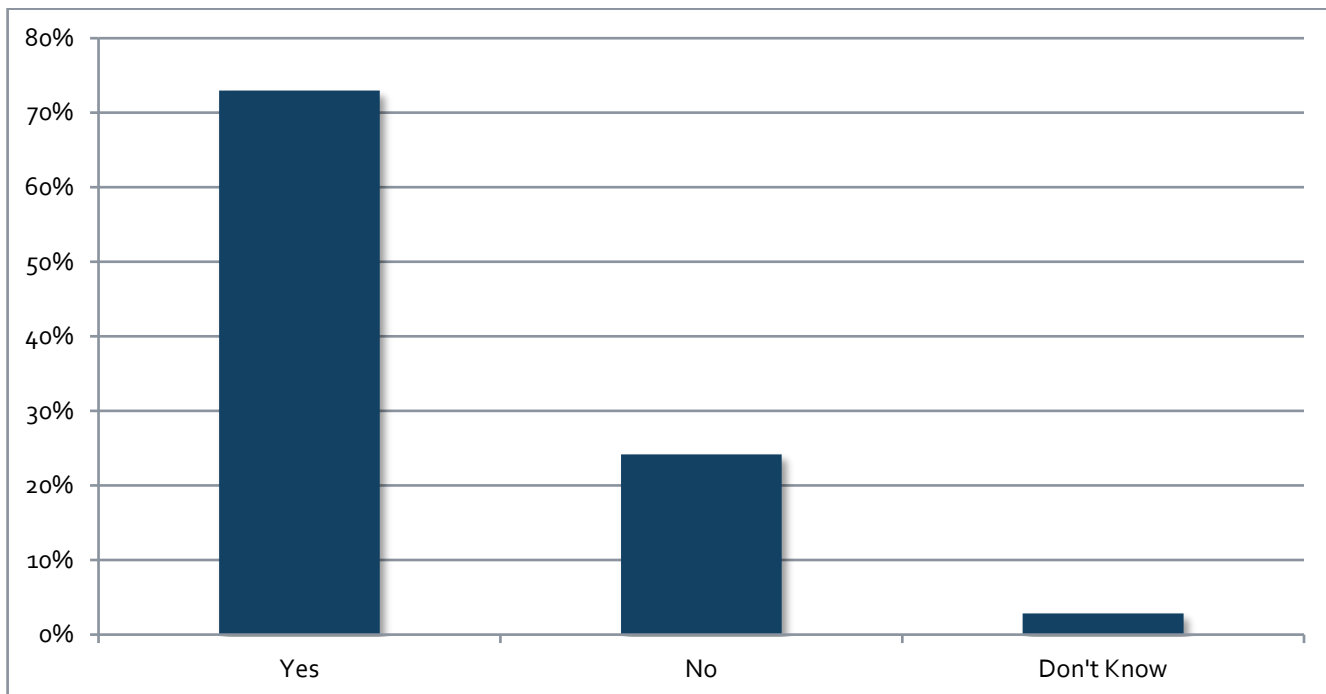
Source: 2019 Floyd County Community Health Survey

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



Source: 2019 Floyd County Community Health Survey

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



Source: 2019 Floyd 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 Floyd County, as indicated by its residents are as follows:



1. **Schools**
2. **Recreation Activities**
3. **People**

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. **Roads/Transportation**
2. **Recreational Opportunities**
3. **Employment**

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.

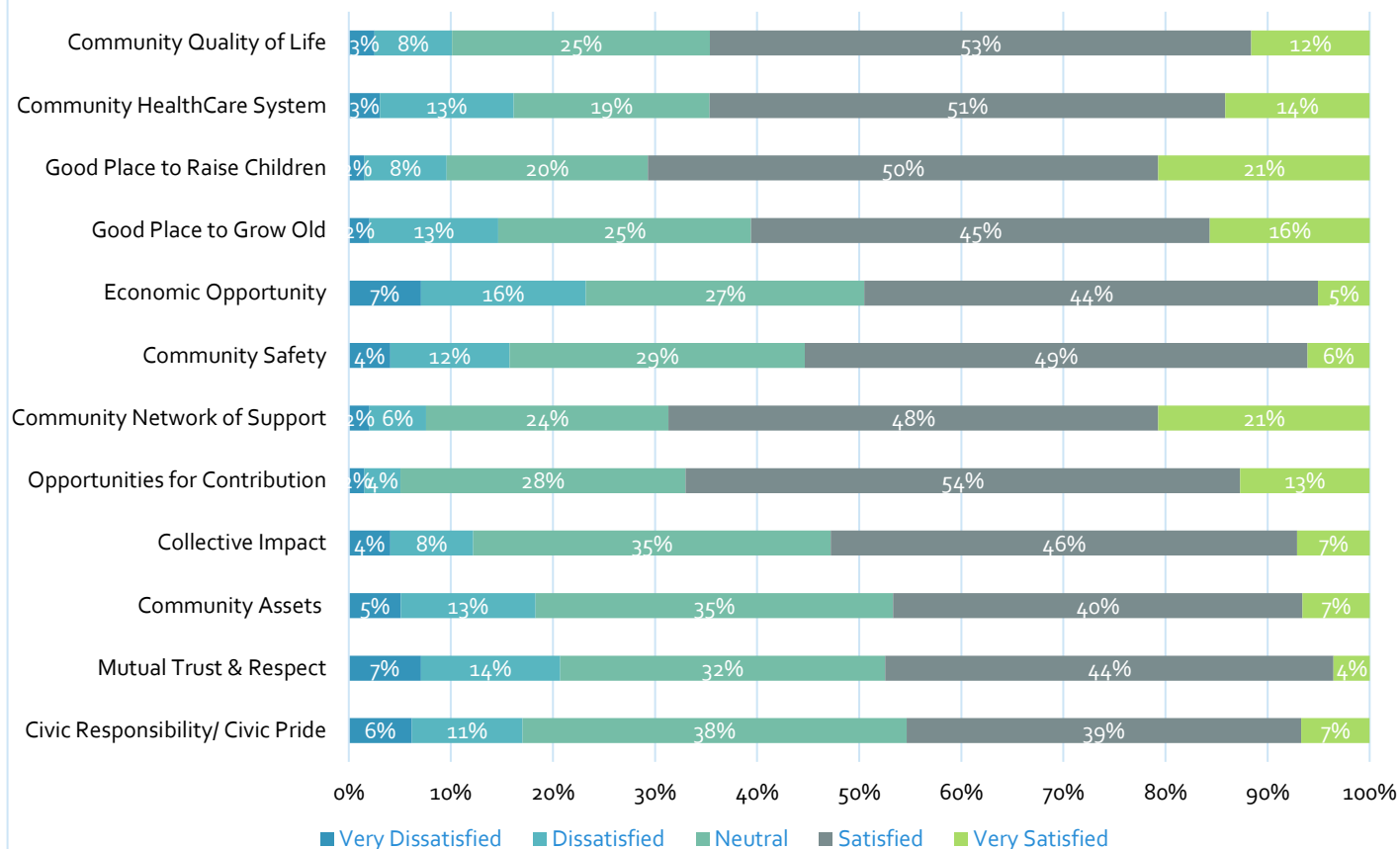


1. **Community Outreach Events**
2. **Organized Recreational Activity**
3. **Schools**

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. The graph below shows the results from the Questionnaire:

Quality of Life Questionnaire



Source: 2019 Floyd County Community Health Survey

Results Summary

The residents mostly indicated a level of satisfaction across all 10 domains of quality of life in Floyd County. The highest satisfaction score was for Opportunities for Contribution, Community Safety, Collective Impact and Community Assets, while the lowest performing domains included Opportunities for Contribution, Mutual Trust & Respect and Civic Responsibility and Pride.

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 trends 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 & Focus Groups

To get a deeper understanding of the issues facing Floyd 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 order to get residents to have an opportunity to speak on some of the community issues and their thoughts and perceptions, 2 focus groups were also conducted in the county. One of them was a youth centered focus group with High School participants.

In all, 12 Key Informant Interviews were conducted in person and 20 people participated in the focus groups. The broad set of organizations they represent, are listed as follows:

Organizations Represented

- GA Highlands College
- Armuchee High School
- Hometown Headlines, Rome
- National Alliance on Mental Illness (NAMI)
- Medical College of GA
- Family Resource Center, Rome
- YMCA
- Living Proof Recovery
- Restoration Rome
- Redmond Hospital
- Floyd County Emergency Management (Fire Department)
- LoveJoy Baptist Church

Key Informant, Focus Group Data

Common Themes

The qualitative data from the Key Informant Interviews and Focus Groups 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 and focus group guide, is available on request.

Health in Floyd County

When participants were asked about what a healthy Floyd County means, most of them acknowledged the fact that health means more than just physical health and encompasses the body and mind as a whole. They stressed the importance of equal access for all, education, community involvement, expanding services to the

community and a great place to live, work play and foster growth with good education opportunities. They rated the status of health in Floyd County as being fair to good, but declining, noting how it has ample room for improvement in the coming years. Some of the reasons highlighted for this decline include: lack of progress, underutilization of resources and lack of effort to connect. Some of the areas that have shown improvement included equitable access for all and overall awareness focused of one's health and well-being.

"I believe we can ALL learn, grow and thrive together." – Key informant interview participant

Health Equity

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

"Education of course is a fundamental factor. I also believe that we have some cultural barriers in our county that also come into play. Language and trust issues amongst the minority population often leaves them out of receiving needed resources." – Key informant interview participant

They also stressed the need to change the overall mindset of people and encourage healthy behaviors and lifestyle choices not only for themselves but the future generations to come, thereby highlighting the importance of learned behavior and the need to bring about a social change which would benefit all community members.

"What might look like a choice to me, might not be for another. For them it can be a financial concern." – Key informant interview participant

"Parents always seem to think; education system is responsible for everything. Whereas the truth is that change starts at home." – Key informant interview participant

Community Strengths/Resources

While the participants mentioned many strengths and resources, a recurring theme was the great Hospital system and strong faith community in Floyd County. Participants also mentioned the local government especially the Commissioner's office and Sheriff's office to be a great strength to bring people together and work towards a common agenda while acknowledging the fact that individuals and organizations tend to work in silos and focus on their own agenda instead of coming together and working towards a common goal.

"When organizations work in silos, people lose their voice and forget how to use it." – Key informant interview participant

"Churches do come together often times but there seems to be an overall divide among them." – Focus Group participant

Interview participants also mentioned some agencies which are influential in the community and doing great work especially the Medical community, YMCA, Local non-profits and churches, which serves as a one stop shop for community events, resource information guidance, and just as a means for people to come together and be productive citizens.

Community Concerns

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

1. **Communication** – Participants agreed that good communication helps community leaders explain decisions, distribute information, and develop a solid relationship with everyone in the community.
2. **Education** – An overwhelming majority of the interview participants mentioned that the education system needed to improve in the community and people needed to realize the importance of good education.
3. **Mental Health** – Participants emphasized the lack of mental health services in the community. They stressed the need to have easy access to mental health for all ages.
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. It was noted that several of the issues can be addressed when better access to services is provided.
5. **Housing/Homelessness** – Participants conveyed the need for more affordable housing in the community. The growing homelessness issue was mentioned multiple times and an emphasis was made on a long-term solution. Homelessness also needed attention according to the interview participants.

"The power of social media should not be undermined, and aggressive campaigning can be done regarding any issue through social media and the message is bound to reach a broad audience." – **Key informant interview participant**

"There's so much focus on testing, but we neglect healthy students." – **Key informant interview participant**

"We made the mistake of re-normalizing smoking culture by encouraging vaping as an alternative." – **Key informant interview participant**

"The big economic divide in the community is a cause of lot of health disparities." – **Focus group 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 awareness, education and financial resources.

"Building meaningful partnerships and sharing opportunities should be the prime focus going forward. Collective impact can bring change in a community." – **Key informant interview participant**

"We are just too focused on ourselves all the time, to care about others." – **Focus group participant**

Several participants also recognized lack of resources due to possible lack of funding or information regarding the resources available to those in need, and not enough collaboration among agencies to address the community issues so that there is ample information sharing and duplication of efforts can be avoided.

Youth Photo Voice Contest

While conducting this assessment, it was important that the Youth of Floyd 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 Floyd County were asked to answer the following question with a picture and a short story or a caption:

What does a Healthy Floyd 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 to choose the winning photographs during one of the meetings.

"The Recipe for a Healthy Community - To me, but more specifically to the people who are most joyful and content in our county that I have met, a healthy Floyd county means security. This security can take shape in many ways; in this image, we can see the security of self-love, health, and motivation to fulfill a purpose. We witness herself love as we take note of her surrounding, she is taking a moment to herself to relax on a bench in the middle of a nice, warm, sunny day, enjoying the world around her with her favorite treat- a mug of coffee. We see her security of health as she exudes emotional strength and stability, hygiene, and cleanliness. I believe the security of health is often not as highly regarded as it should be in terms of our emotional status and outcome. Finally, we see security of motivation through the confidence and comfort she has within her nursing scrubs; she is proud of her position which promotes the healthcare of her community. As a nurse, she helps others gain a sense of security that can help them experience healthier outcomes physically and emotionally. The combination of self-love, physical and mental health, and purpose/motivation is what builds a community that loves themselves and loves others. There is no better recipe to a healthy Floyd county."



-First Prize (Berry College)



"A healthy Floyd county means people having the ability to help one another whether in difficult situations or in everyday life. This picture shows two HOSA volunteers helping the community in an annual Health Fair. This demonstrates a healthy Floyd by showing that we have the ability to help others in need. We have a healthy relationship as a community by having opportunities where we can help others. We have services and events that are able to help those who seek/need assistance."

-Second Prize (Rome High School)

"For me, it means I can do the things I love to do with less worry."

-Third Prize (GA Tech)

"Consent not received for publishing picture"

Community Health Status Assessment

Geography

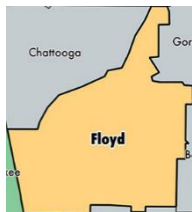
Floyd County is a county located in the northwestern part of the U.S. state of Georgia and was established in 1832, from land that was part of Cherokee County at the time.

The county government of Floyd is found in the county seat of Rome. Floyd County is home to the largest contiguous college campus in the United States;

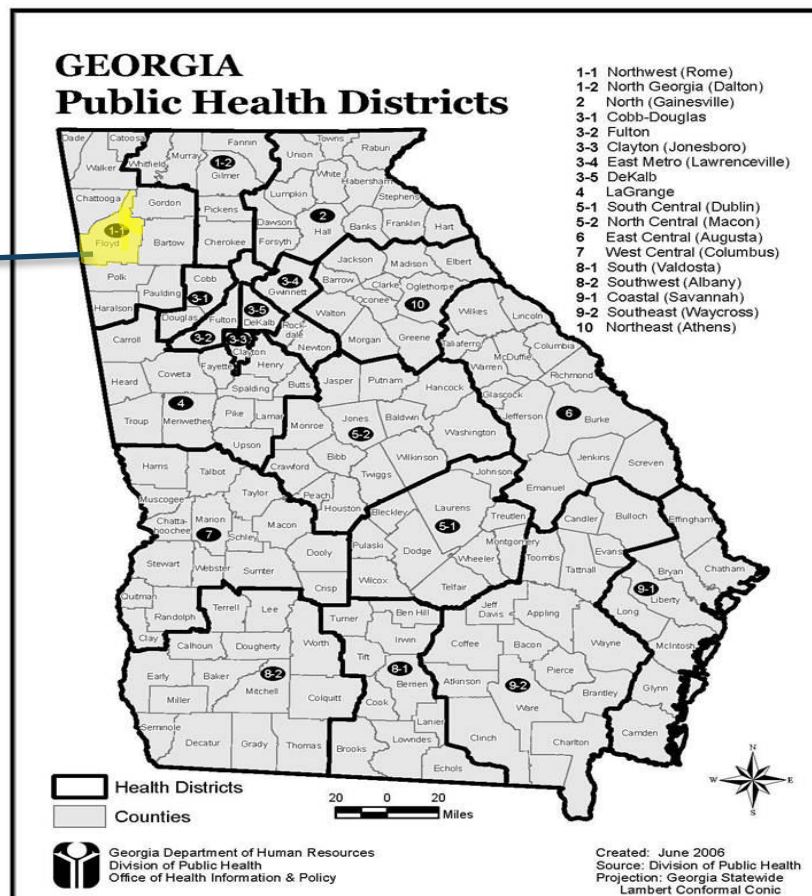


Source: Berry College Official Website

Berry College. In September 2011, Travel+Leisure ranked Berry as among the most beautiful college campuses in the United States. It has more than 80 miles of hiking, biking and horseback riding trails, and two-disc golf courses; all are open to the public. In terms of Public Health Districts, Floyd County is part of Northwest Georgia, District 1-1 which is comprised of 10 counties: Floyd, Catoosa, Chattooga, Dade, Bartow, Gordon, Haralson, Paulding, Polk & Walker.



Floyd County



Source: Georgia Department of Public Health

Demographic Characteristics

Total Population & Population Characteristics

Floyd County's estimated population is 96,471 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 Floyd County Population at 97,927. 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.

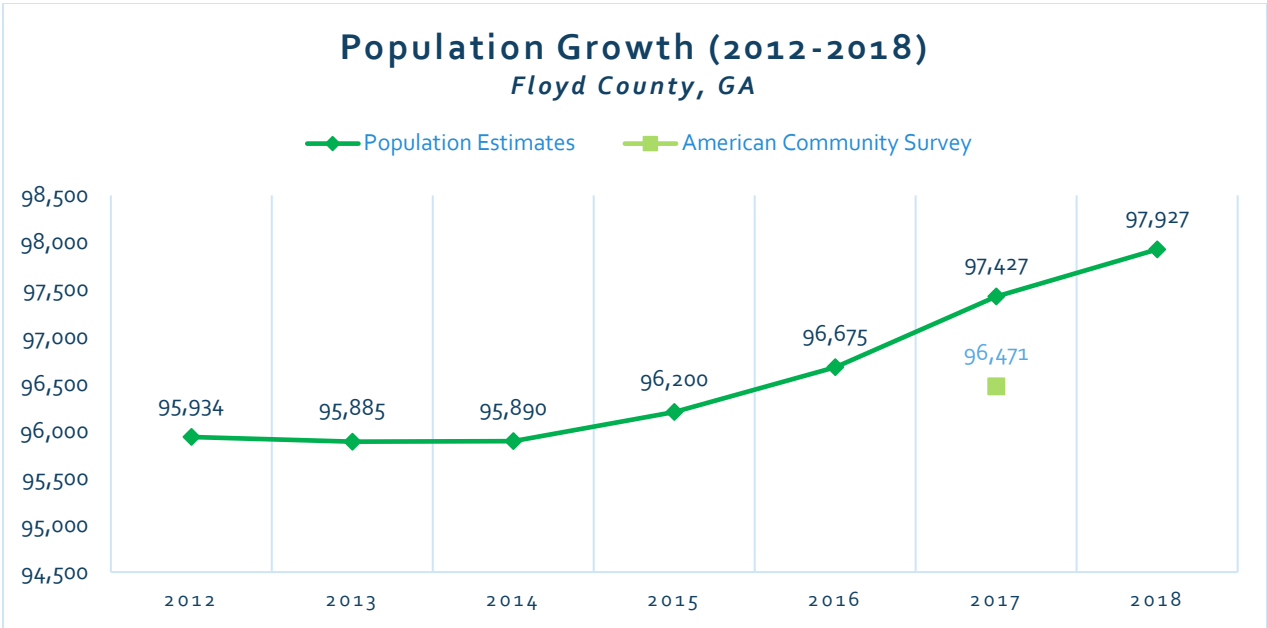
The table below highlights selected population data from the 2013-2017 ACS in comparison to the state of Georgia and United States:

	Floyd County	Georgia	United States
Population			
Total Population	96,471	10,201,635	321,004,407
Male	48.5%	48.7%	49.2%
Female	51.5%	51.3%	50.8%
Population under 18 years	23.5%	24.5%	22.9%
Population 65 years and older	15.9%	12.7%	14.9%
Median Age (Years)	38.3	36.4	37.8
Race			
White	78.4%	59.4%	73%
Black/African American	14.5%	31.3%	12.7%
American Indian and Alaska Native	0.1%	0.3%	0.8%
Asian	1.5%	3.8%	5.4%
Some other Race	3.8%	2.8%	4.8%
Ethnicity			
Hispanic/Latino	10.6%	9.3%	17.6%
Housing			
Total Housing Units	40,461	4,203,288	135,393,564
Built 1970 or earlier	39.4%	22.1%	39.3%
Median Home Value	\$126,600	\$158,400	\$193,500
Socio-Economic Indicators			
Median Household Income	\$46,096	\$52,977	\$57,652
Unemployment Rate	4.6%	4.7%	4.1%
Persons living below poverty	18.1%	16.9%	14.6%
Children living below poverty (Under 18)	24.9%	24.0%	20.3%
Families below poverty	14%	12.8%	10.5%
No health insurance coverage	14.5%	14.8%	10.5%
No health insurance coverage (Under 19)	5.3%	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. Floyd County's growth rate shows a consistent upward trend for the past 3-4 years, with a growth rate of 0.51% in the year 2018. Floyd County, Georgia is the 26th largest county in Georgia.

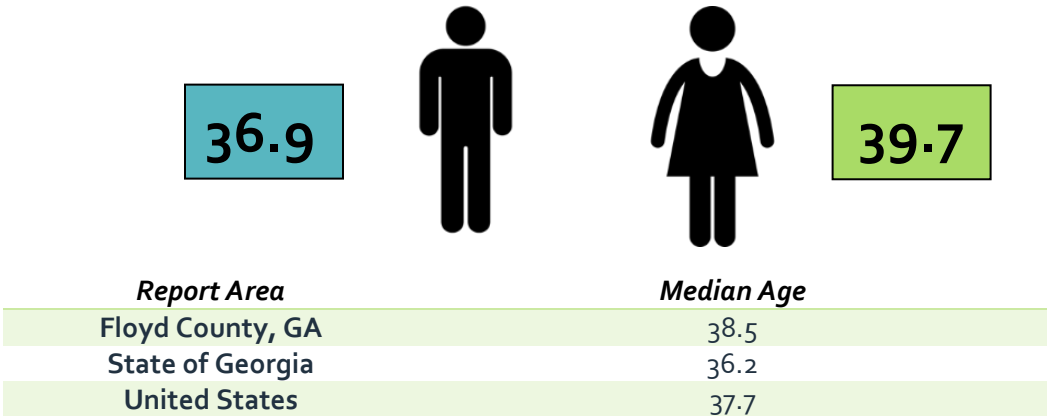


Source: U.S. Census Bureau (2012-2018)

Age

Median Age

The total median age of Floyd County residents is 38.5 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

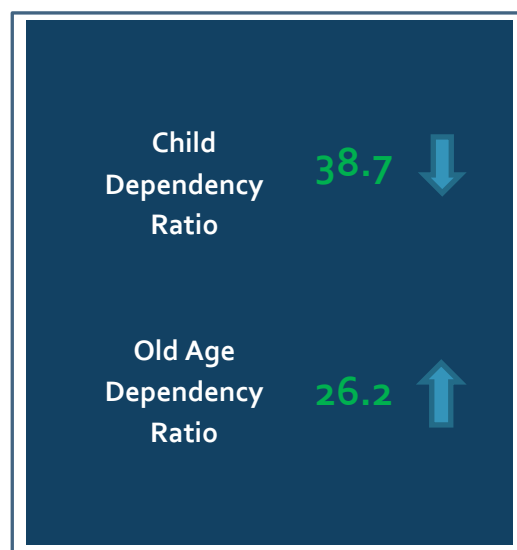
Percentage Age Distribution

Population	County	State
Under 18 years	23.5%	24.5%
18 years and over	76.5%	75.5%
65 years and over	15.9%	12.7%

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

The age structure of Floyd 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 39.6:100 and by 2017 it had declined to 38.7:100. 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 23.0:100 and it had increased to 26.2:100 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:

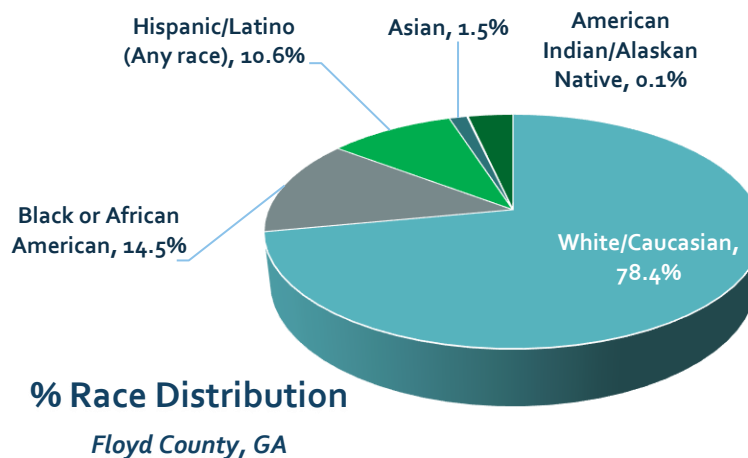
Race

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 Floyd County, the majority population is White (78.4%), followed by Blacks or African American (14.5%) and Hispanic (any race) constitute about 10.6% of the population. In Floyd County, 9.99% of the population does not speak English at home, compared to 21% nationwide. Other languages spoken at home include Spanish (7.7%), other Indo-European languages (1.4%) and Asian or Pacific Islander languages (0.7%).



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

Socioeconomic Characteristics

Education

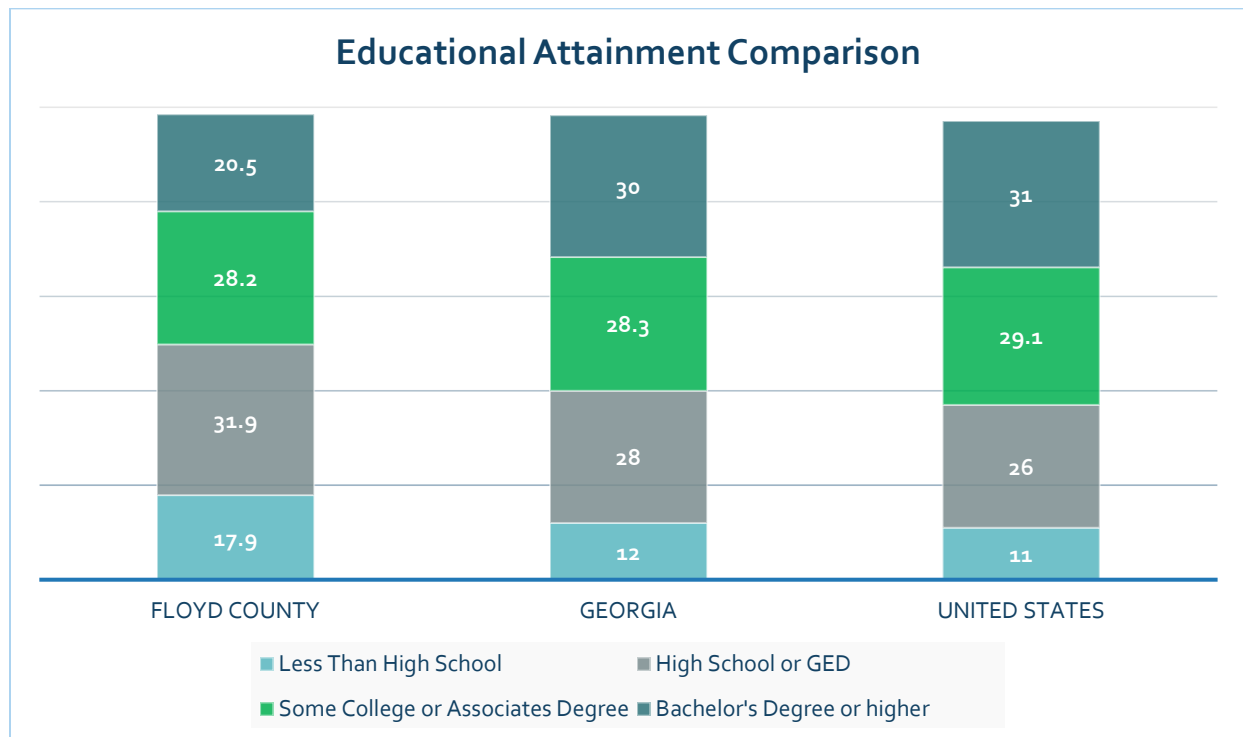
Education is one of the best socioeconomic indicators for good health. Inadequate education and increased dropout rates not only affect children's academic achievement and indicate low socio-economic status of the community but are also associated with a deteriorating quality of life for the individual. 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.



High School Graduation Rate – **93.6%**

College/ Career Readiness Rate – **58.4%**

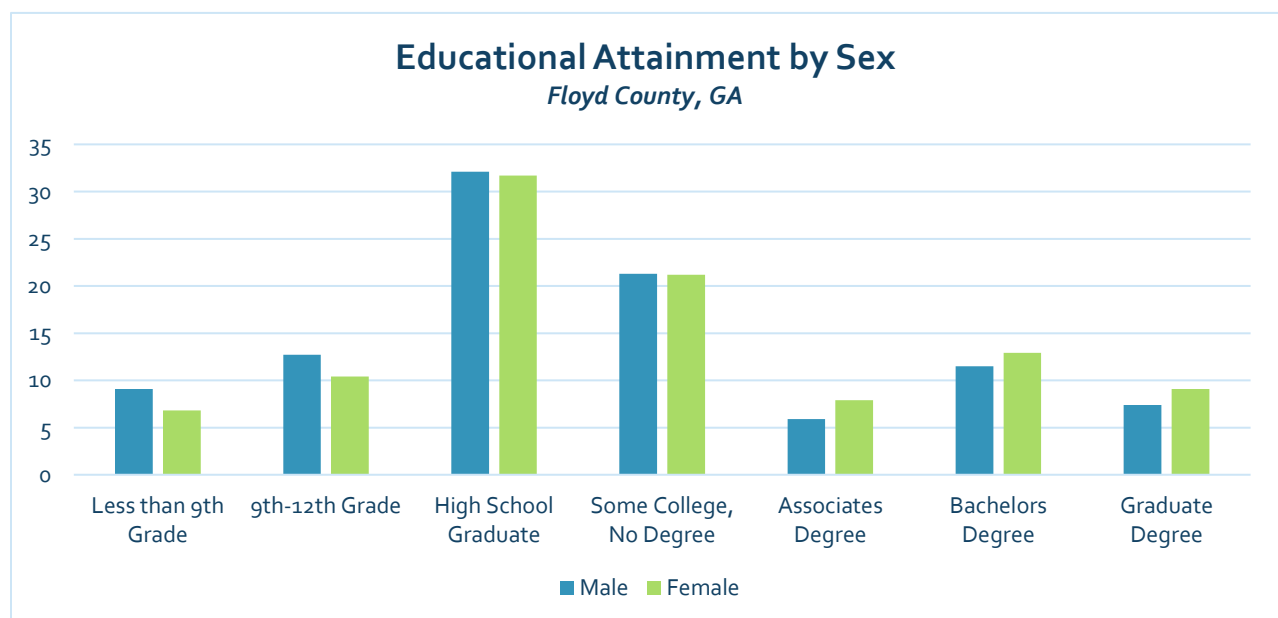
The overall percentage of Floyd County students with High School or GED as their highest education attainment is 31.9%, compared to GA (28%) and the United States (26%). However, the higher education rate (Bachelor's Degree & Graduate Degree or higher) in Floyd County is less than both Georgia and United States at only 20.5%. Also notable is the high school dropout rate at 17.9% for Floyd County, compared to 12% and 11% for Georgia and United States respectively.



Source: U.S. Census Bureau – American Community Survey (2018)

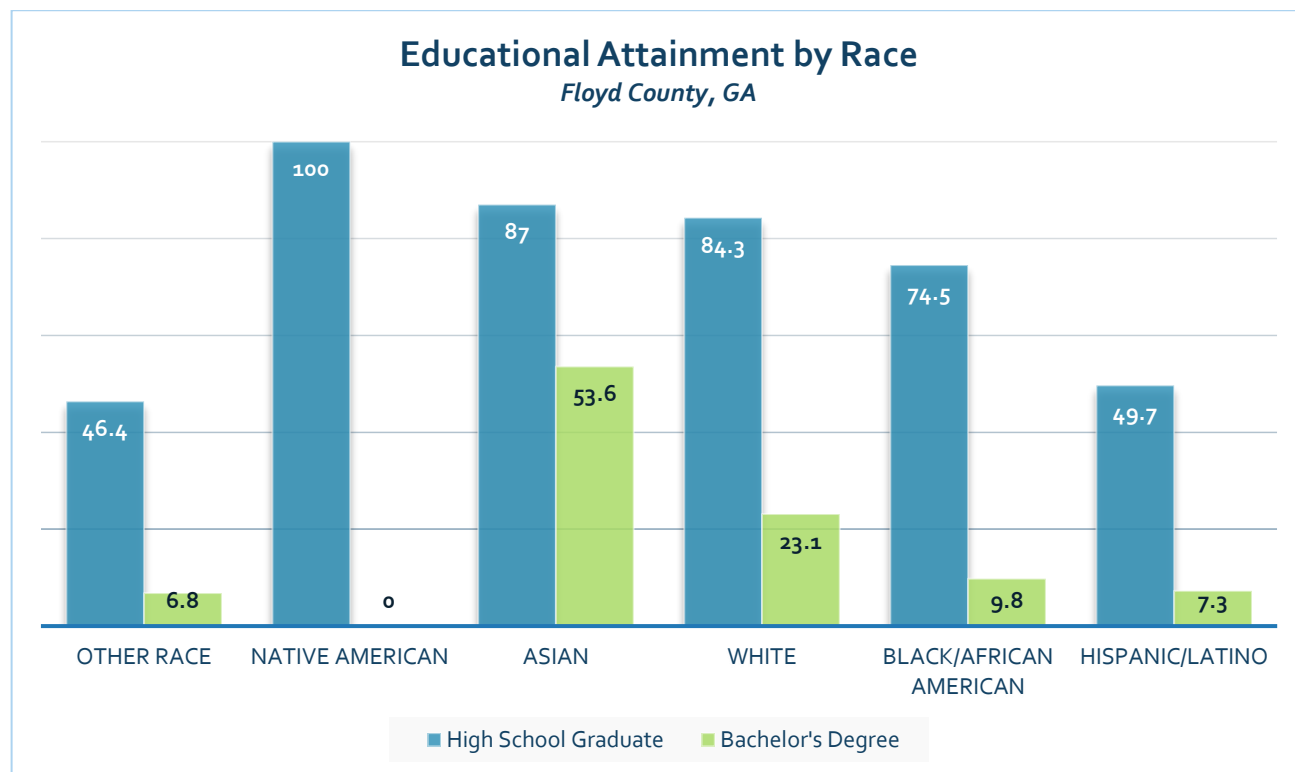
Floyd County Educational Attainment Breakdown by Sex and Race (Over 25)

There are some differences between educational attainment rates for males and females in Floyd County. High school graduate rate is 32.1% in males compared to 31.7% in females while Associates degree rate is higher in females. Bachelor's Degree and Graduate Degree or above rate is also higher in females compared to males.



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

The highest rate of High School graduation is among Native Americans followed by Asian (87%), White (84.3%) and Black/African American at 74.5%. The Bachelor's Degree rate is highest among Asians (53.6%), while the rates are considerably low in White (23.1%), Black/African Americans (9.8%) and Hispanic (7.3%).



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

Floyd County Poverty Breakdown by Educational Attainment Level

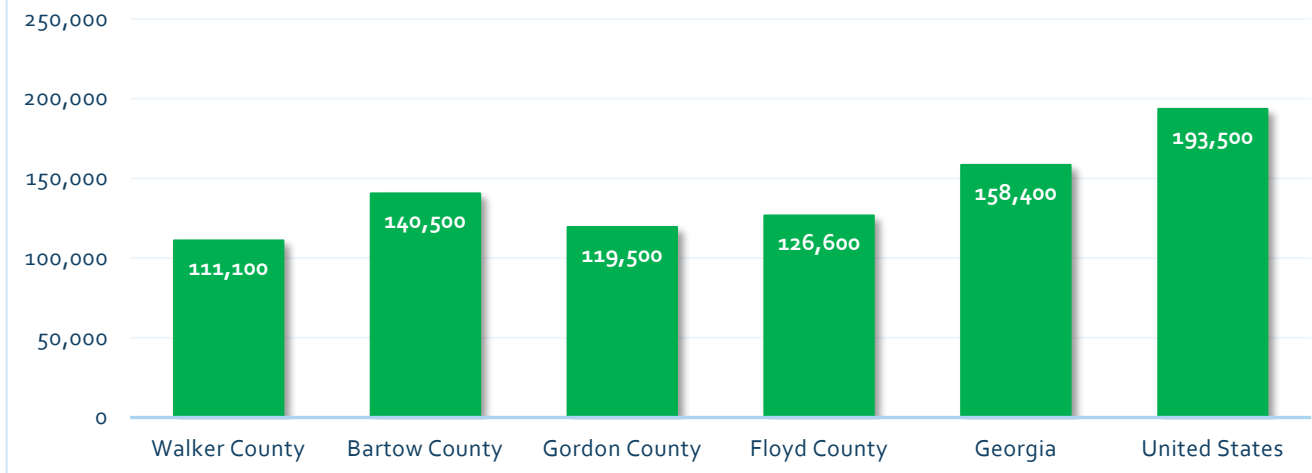
Research has shown that educational attainment and poverty rates are inversely related. In Floyd County, 32.6% of those without a high school diploma or GED live in poverty, compared to 10% of those with some College or Associates degree and 4.4% of those with a Bachelor's degree or higher.

Housing

Median Home Value

The Median home value for Floyd county is \$126,600; less than Bartow County but more than the surrounding counties such as Gordon County and Walker County (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

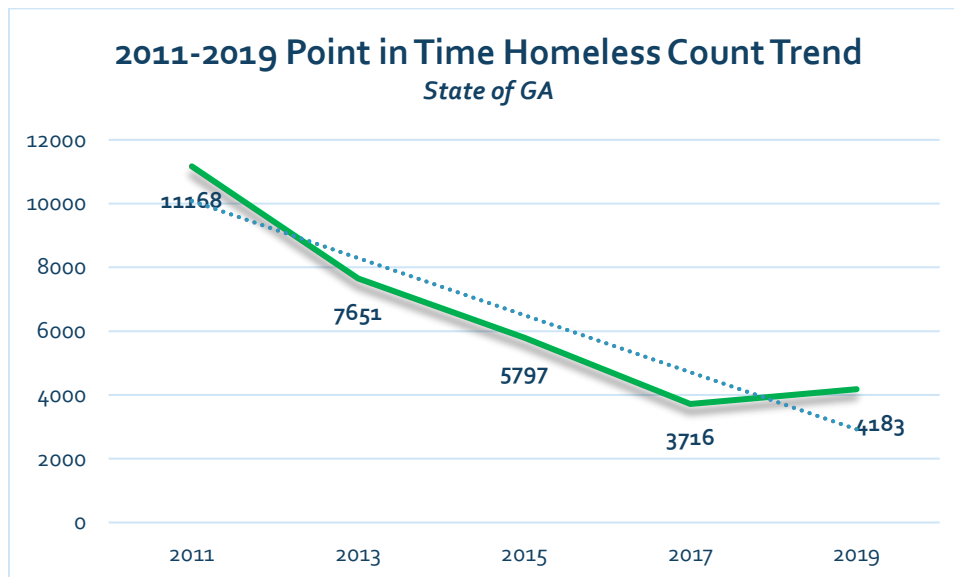
Homeless Population

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. Floyd County's homeless population increased from 62 Total Homeless Persons (THP) in 2017 Count to 212 THP during the 2019 Count. The graph below the table shows the trends over the past few years in the state of GA and might give a better estimate of the homelessness situation in the state.



	Unsheltered Homeless Persons (Counts and Predictive Model)	Sheltered Homeless Persons (Emergency and Transitional Housing)	Total Homeless Persons
Floyd County	156	56	212
State of GA	2262	1921	4183

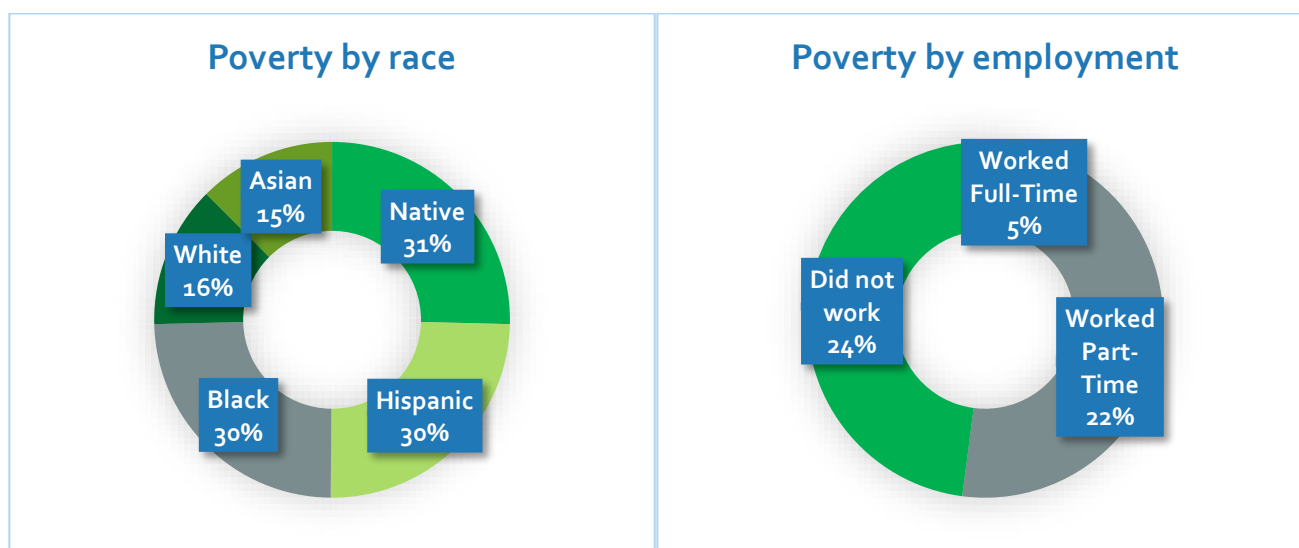
Source: GA Point in Time (2019)



Source: GA Point in Time (2019)

Poverty

The poverty data uses the federal poverty thresholds for the purpose of this report. Overall 18.1% of the population lives below the poverty level in Floyd County. According to the ACS (2013-2017), an estimated 24.9% of children under the age of 18 and 8.6% of seniors above 65 years of age, live below the poverty threshold. The race most likely to live in poverty is Natives (31%), followed by Black/African Americans (30%), Hispanics (30%), White (16%) and then Asian (15%).



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	27%
% Children in Poverty (Black)	42%
% Children in Poverty (Hispanic)	33%
% Children in Poverty (White)	19%

Source: County Health Rankings (2017)

Childhood poverty indicators also include the percentage 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
Floyd County	7,667	15,839	\$23,613,751

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+
2,599	3,598	578	668	2,294	1,624	3,116	1,097

Source: DFCS – State Fiscal Year (2018)

WIC Program Recipients

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


	Walker County	Floyd County	Gordon County	Georgia
Infants and children receiving WIC	898	1,579	1,013	154,439

Source: National KIDS COUNT Fiscal Year (2019)

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 Floyd County Public Schools, 58% of the students are eligible for a free or reduced-price lunch. The percentage for the state of Georgia is 62%.

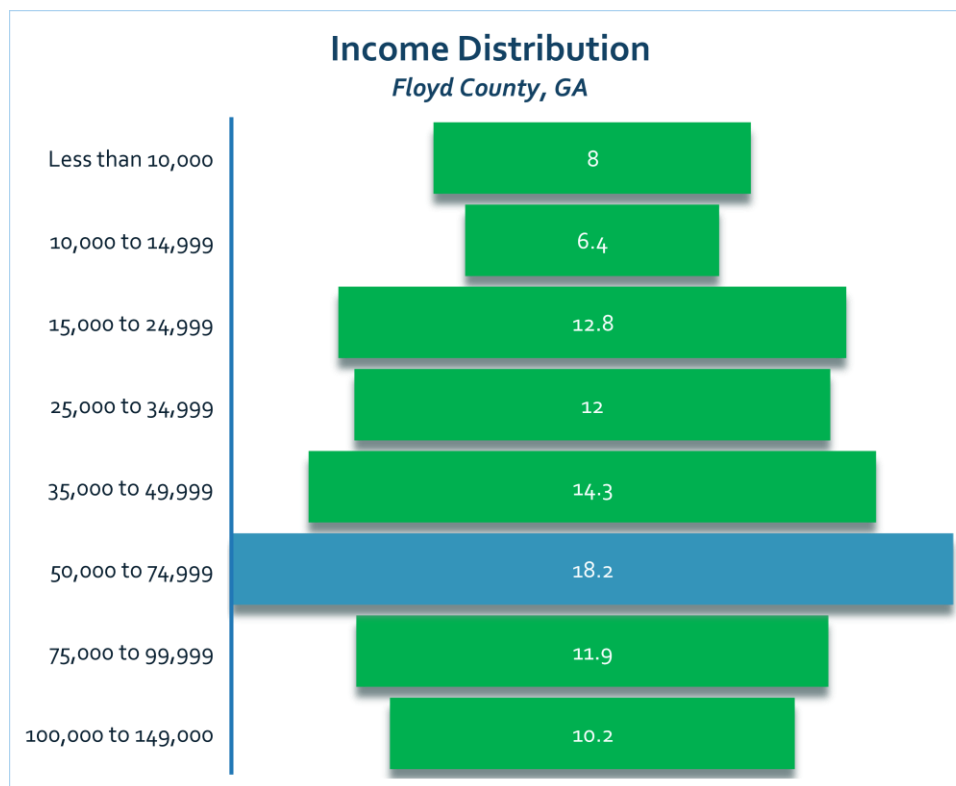
	County Name	Overall percentage
	Floyd County, GA	58%

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

Income

Median Household Income

In 2017, the median household income in Floyd County, GA grew to \$46,096 from the previous year's value of \$42,955. 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

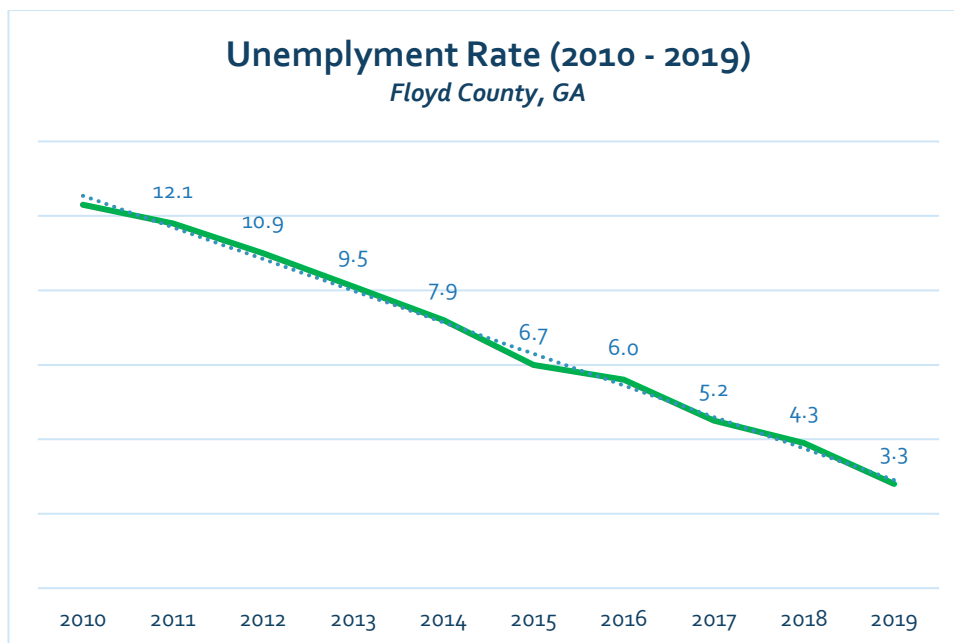
Major employment industries in Floyd County are as follows:

Industry	Floyd County	Georgia
<i>Educational services, and health care and social assistance</i>	24.8%	10.7%
<i>Manufacturing</i>	16.9%	20.9%
<i>Retail trade</i>	10.7%	1.9%
<i>Arts, entertainment, and recreation, and accommodation and food services</i>	9.8%	6.4%
<i>Professional, scientific, and management, and administrative and waste management services</i>	7.5%	9.4%
<i>Construction</i>	7.2%	6.0%
<i>Other services, except public administration</i>	7%	6.3%
<i>Public administration</i>	4.7%	5.2%
<i>Finance and insurance, and real estate and rental and leasing</i>	3.9%	4.9%
<i>Transportation and warehousing, and utilities</i>	3.8%	11.7%
<i>Wholesale trade</i>	1.7%	2.9%
<i>Information</i>	1.4%	2.5%
<i>Agriculture, forestry, fishing and hunting, and mining</i>	0.7%	1.2%

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

Unemployment rate

Floyd County labor force (based on place of residence and persons 16 years and older) is 44,686 as of October 2019, of those 1,468 are unemployed and actively seeking employment.



Unemployment Rates

Floyd County

3.3%

Georgia

3.9%

United States

3.9%

3.3%

Source: U.S. Bureau of Labor Statistics (2019)

Unemployment Rate according to Age, Race/Ethnicity

The unemployment rate in Floyd County has improved significantly during the past few years. Compared to the year 2012, the rate for 20-64-year-old residents as well as Blacks and Hispanics in the community has nearly halved as reported in the 2017 American Community Survey data.

Age	Percentage
16 to 19 years	14.9%
20 to 24 years	12.2%
25 to 29 years	9.4%
30 to 34 years	6.3%
35 to 44 years	6.8%
45 to 54 years	6%
55 to 59 years	5.5%
60 to 64 years	4.5%
Population 20 to 64 years	7.3% ↓
Race	
Black/African American	14.9% ↓
American Indian/Alaskan Native	79.1%
White	6.4%
Asian	3.4%
Some other race	5.1%
Two or more races	7.9%
Hispanic or Latino origin (of any race)	5.2% ↓

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

Travel Time to Work

The mean travel time to work is 22.3 minutes and 5.6% of the population of Floyd County has a commute time of 60 minutes or more to work. 81.1% of the residents work in the county of residence while 17.9% work outside of county of residence.

Worker Type	Percentage
Worked in state of residence	98.9%
Worked in county of residence	81.1%
Worked outside county of residence	17.9%

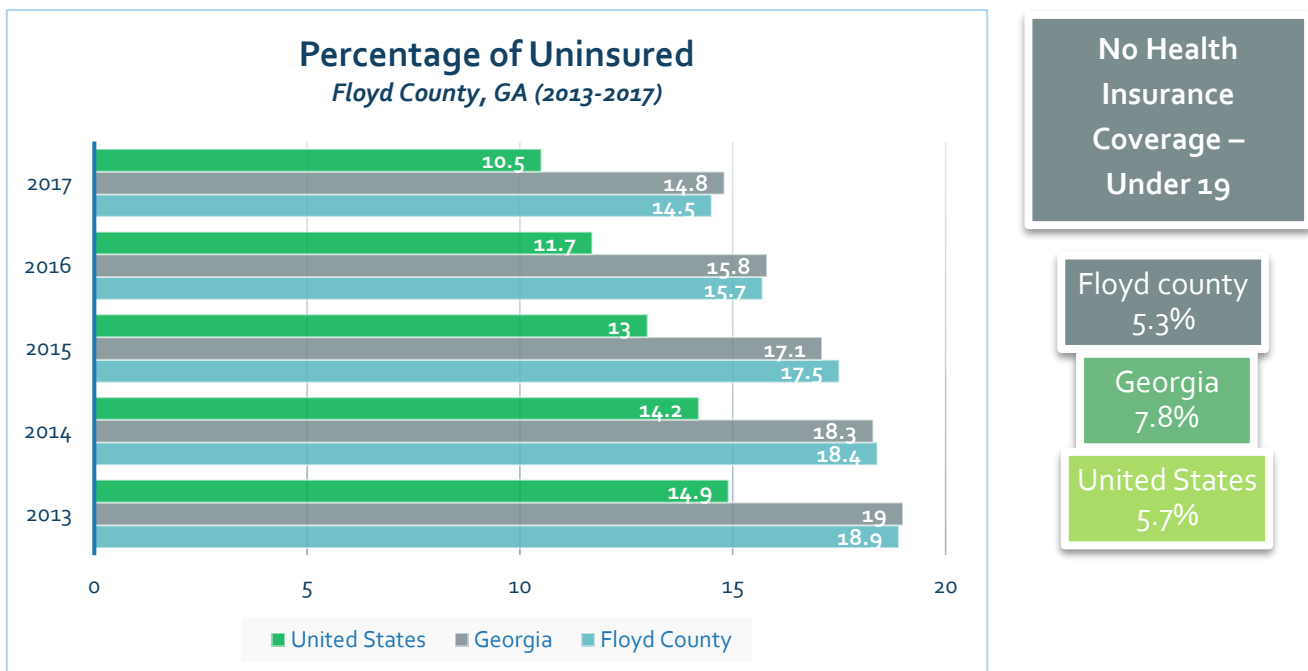
Source: U.S. Census Bureau – American Community Survey (2013-2017)

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 Floyd County, GA declined by 3% from 17.5% to 14.5% which is comparable to Georgia but more than United States rate of 10.5%. The percentage of employed civilian labor force population (19-64) who are uninsured is 19% while unemployed who are uninsured is 50.8% which signifies a direct link between employment and better healthcare access.



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 rate 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: 318

Physicians per 100K: 325.8

	Floyd County	State of GA	Top U.S. Performers
Primary care physicians	-	-	
Rate per total population	770:1	1520:1	1050:1

Source: County Health Rankings (2016)

Percentage of Physicians	
Accept Medicaid	92%
Accept Medicare	91%

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

Licensed Dentists



Licensed Dentists: 42

	Floyd County	State of GA	Top U.S. Performers
Rate per total population	2,320:1	1960:1	1260:1

Source: County Health Rankings (2017)

Licensed Mental Health Professionals



Licensed mental Health Professionals: 118

	Floyd County	State of GA	Top U.S. Performers
Rate per total population	830:1	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.



Floyd County percentage smokers – 18%

Overall Georgia percentage smokers – 18%

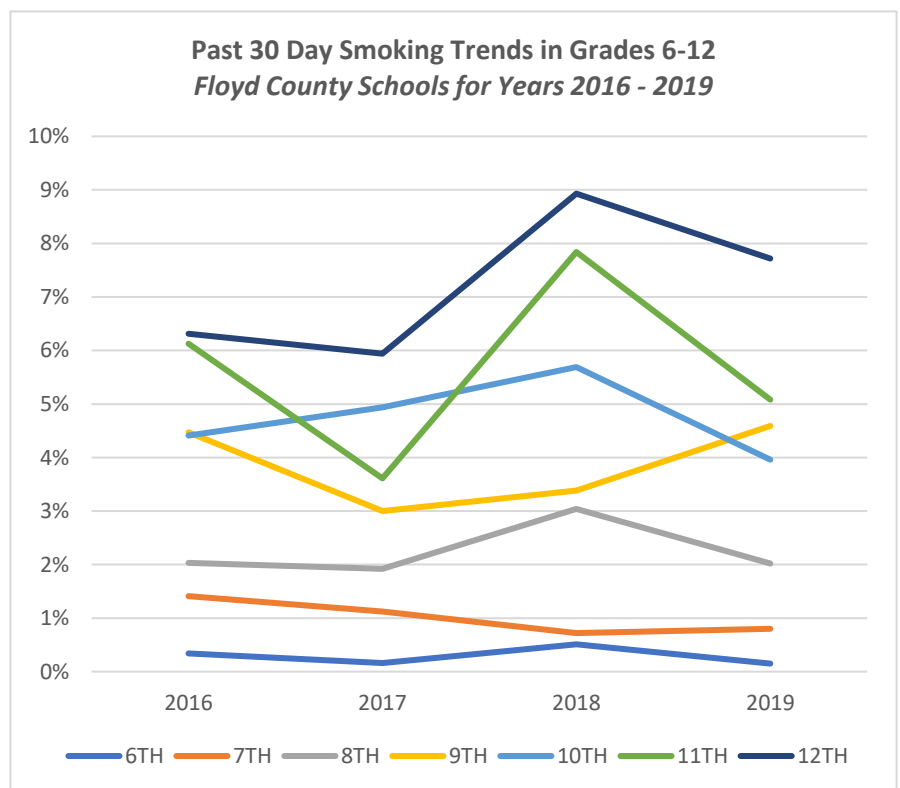
Top U.S. performers percentage smokers – 14%

Source: County Health Rankings (2017)

Youth and Tobacco Use

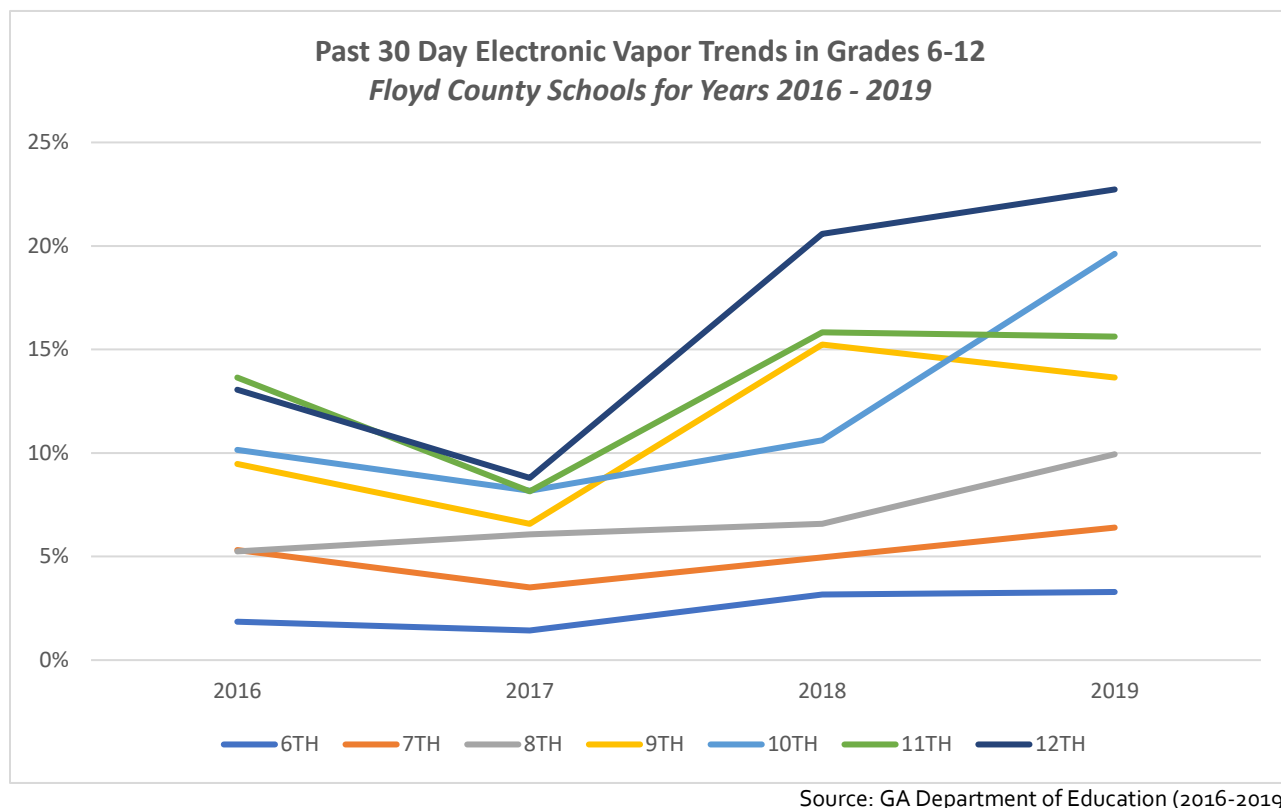
According to the Department of Health and Human Services, if cigarette smoking continues at the current rate among youth in this country, 5.6 million of today's Americans younger than 18 will die early from a smoking-related illness. That's about 1 of every 13 Americans aged 17 years or younger who are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



Source: GA Department of Education (2016-2019)

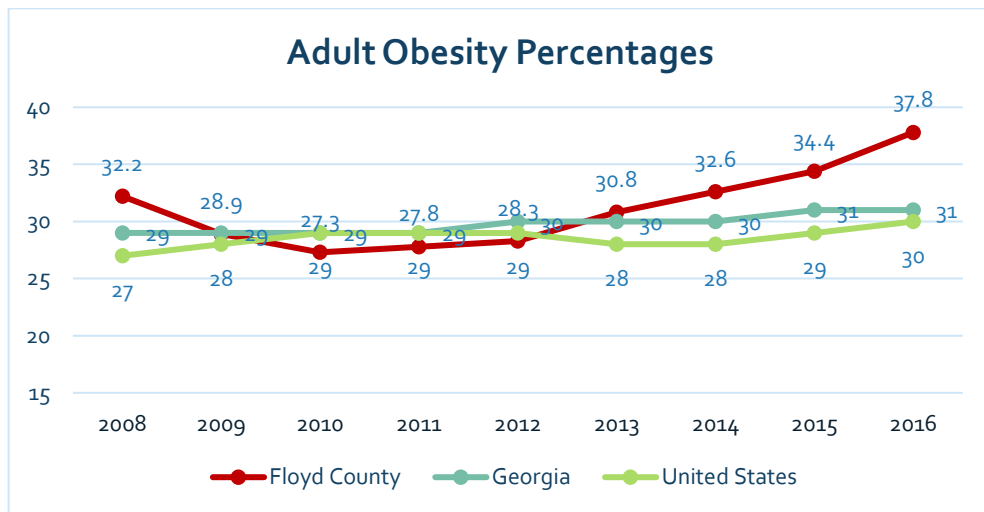
To make matters worse, recent increases in the use of e-cigarettes is driving increases in tobacco product use among youth, which are often available in multiple flavorings to make them even more appealing to the younger crowd. In Floyd county, the use of Electronic Vaping trend is on the rise among the youth. The steadily climbing rates from children in grades 6-12 is shown in the graph below:



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.



**Floyd
County
37.8%**

Source: CDC NCCD Database (2008-2016)

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 Floyd county 9% 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 Floyd county 14% of the population was food insecure in 2016.

	Limited Access to Healthy Foods	Food Insecurity
Floyd County	9%	14%

Source: County Health Rankings (2015-2016)



Food Environment Index

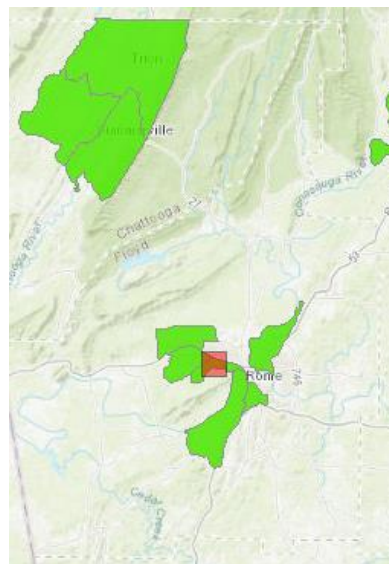
Floyd County – 7.4

Overall Georgia – 6.0

Top U.S. performers – 8.7

The map on the right shows the food deserts within Floyd 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, ERS

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 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

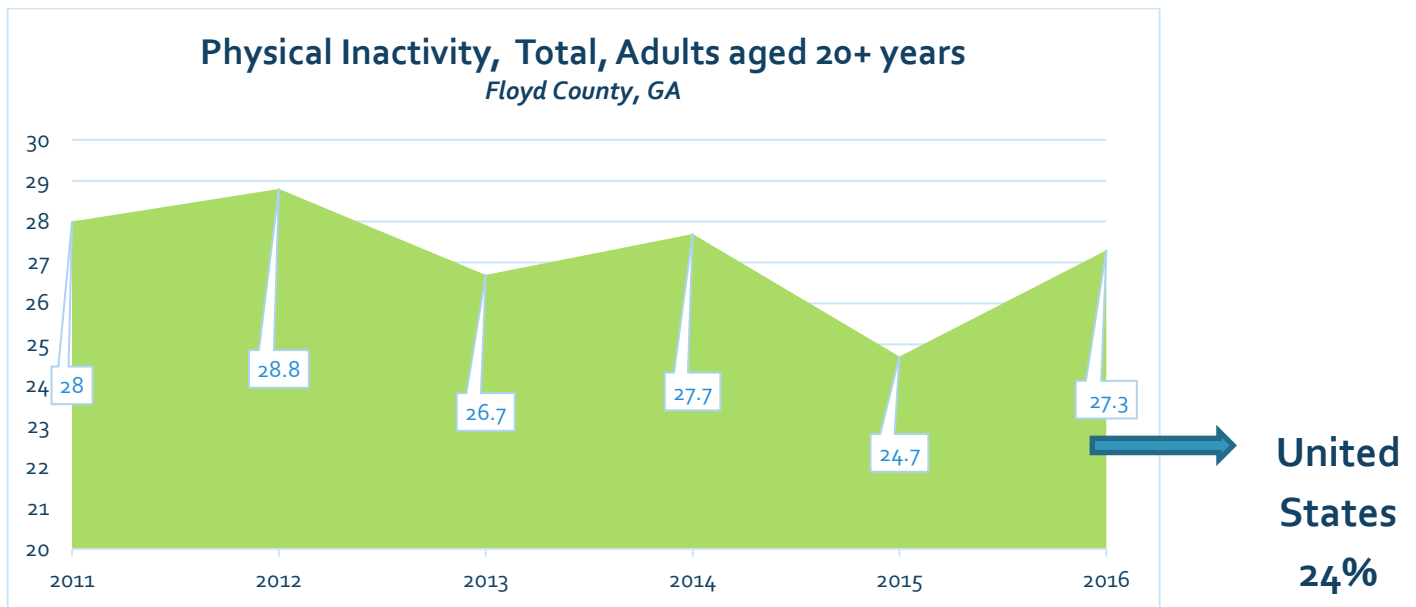
are considered to have adequate access for opportunities for physical activity.



Floyd County Population with Adequate Access – 70%

Source: CDC Wonder database (2018)

Even though 70% of the population has adequate access to places for physical activity, the rates of physical inactivity, are worsening compared to the state of GA and USA. In 2016, 27.3% of Floyd county adults were not active in their leisure time, compared to 24% nationwide.



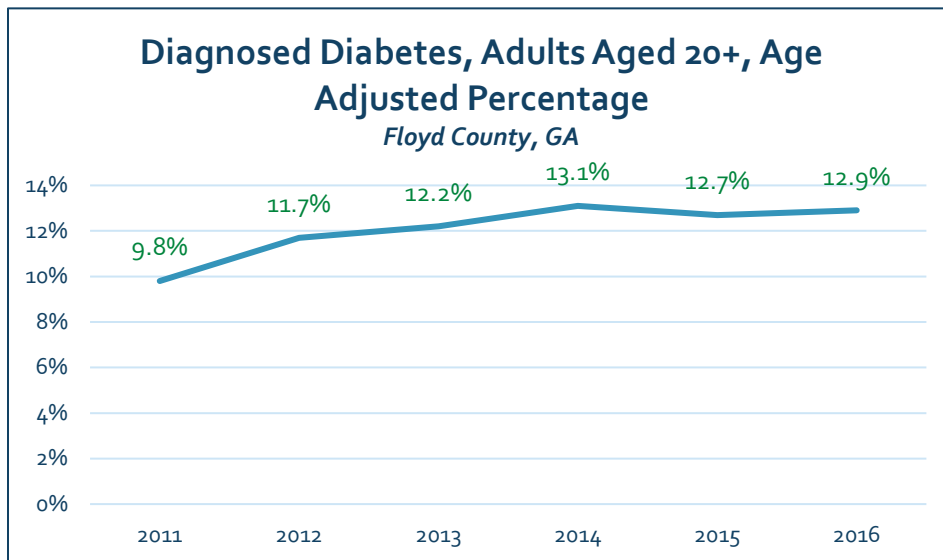
Source: CDC Behavioral Risk Factor Surveillance System (2011-2016)

Diabetes

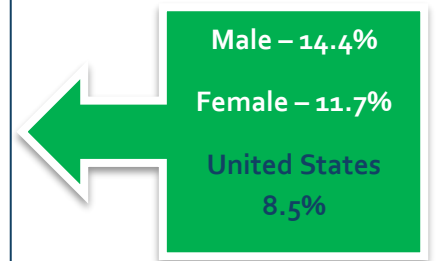
More than 100 million Americans nationwide are living with diabetes (30.3 million) or prediabetes (84.1 million), according to the CDC. It is the 7th leading cause of death in the United States.

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 12.9% of Floyd 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 Floyd county and it is the 11th leading cause of death among all races living in the county.



Source: CDC- United States Diabetes Surveillance System (2011-2016)



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:

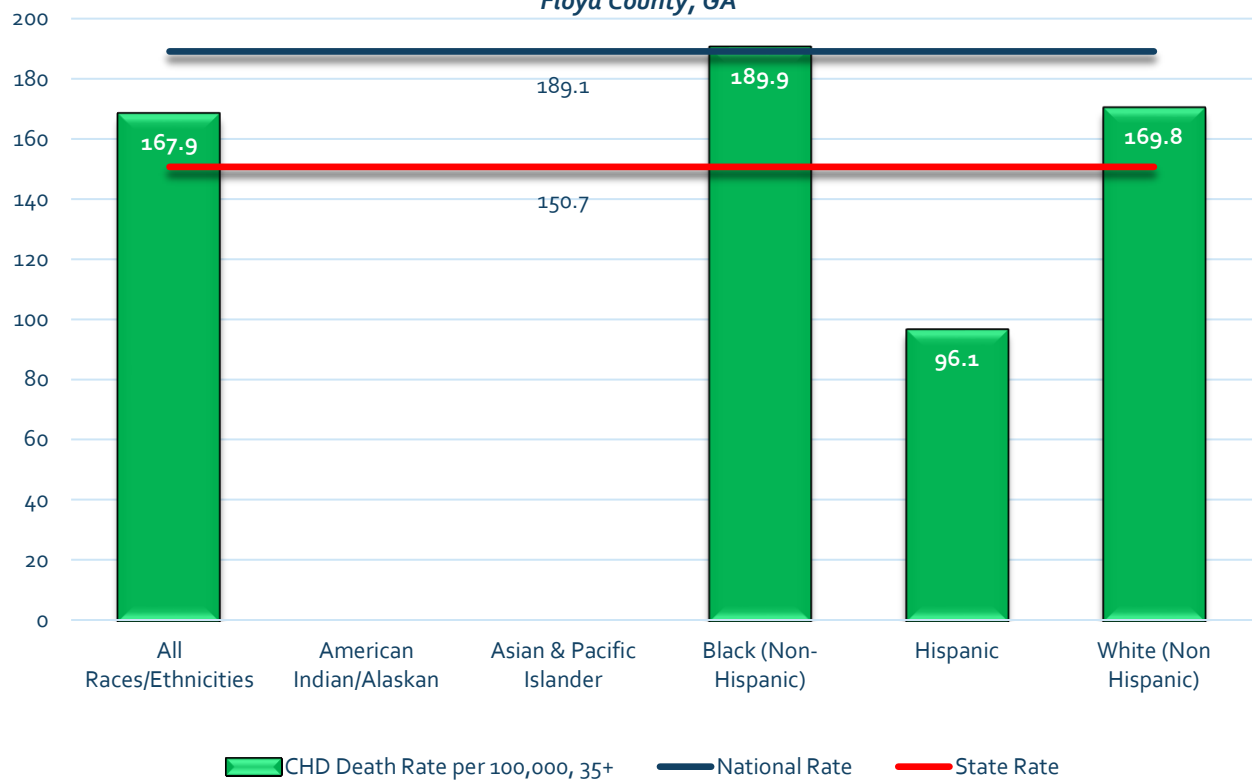
- Diabetes
- Overweight and obesity
- Poor diet
- Physical inactivity
- Excessive alcohol use

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, Floyd County and nationwide for all ages as well as across two major races; Whites and Black/African Americans.

In Floyd County, Black/African Americans are affected more with coronary heart disease than any other race. The death rate per 100,000 population in Whites and Blacks is above the overall national and 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 Floyd County will be even higher than depicted in the chart below.

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

Floyd County, GA



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

Hypertension

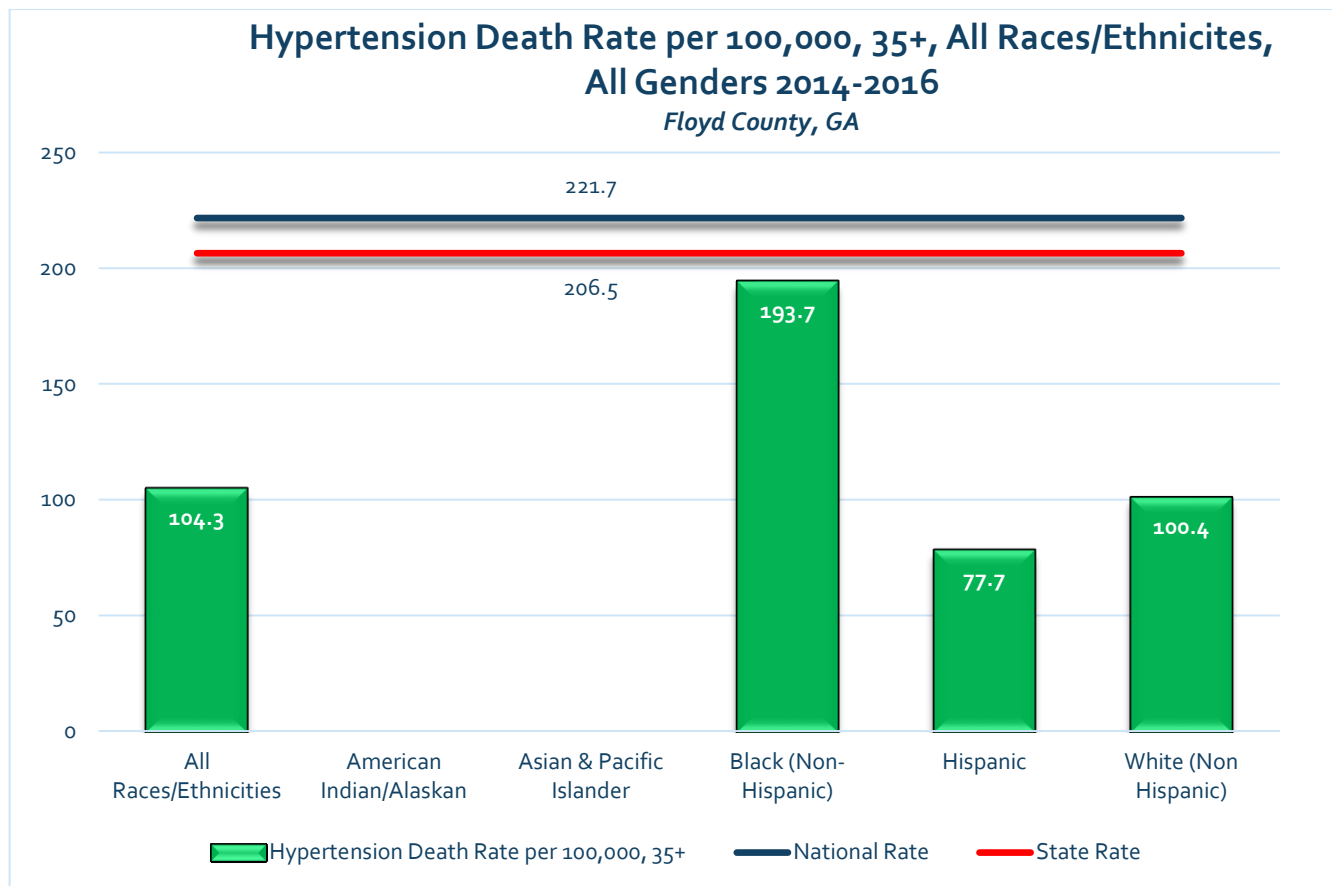
Hypertension is another name for high blood pressure. It can lead to severe complications and increases the risk of heart disease, stroke, and death.

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. 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

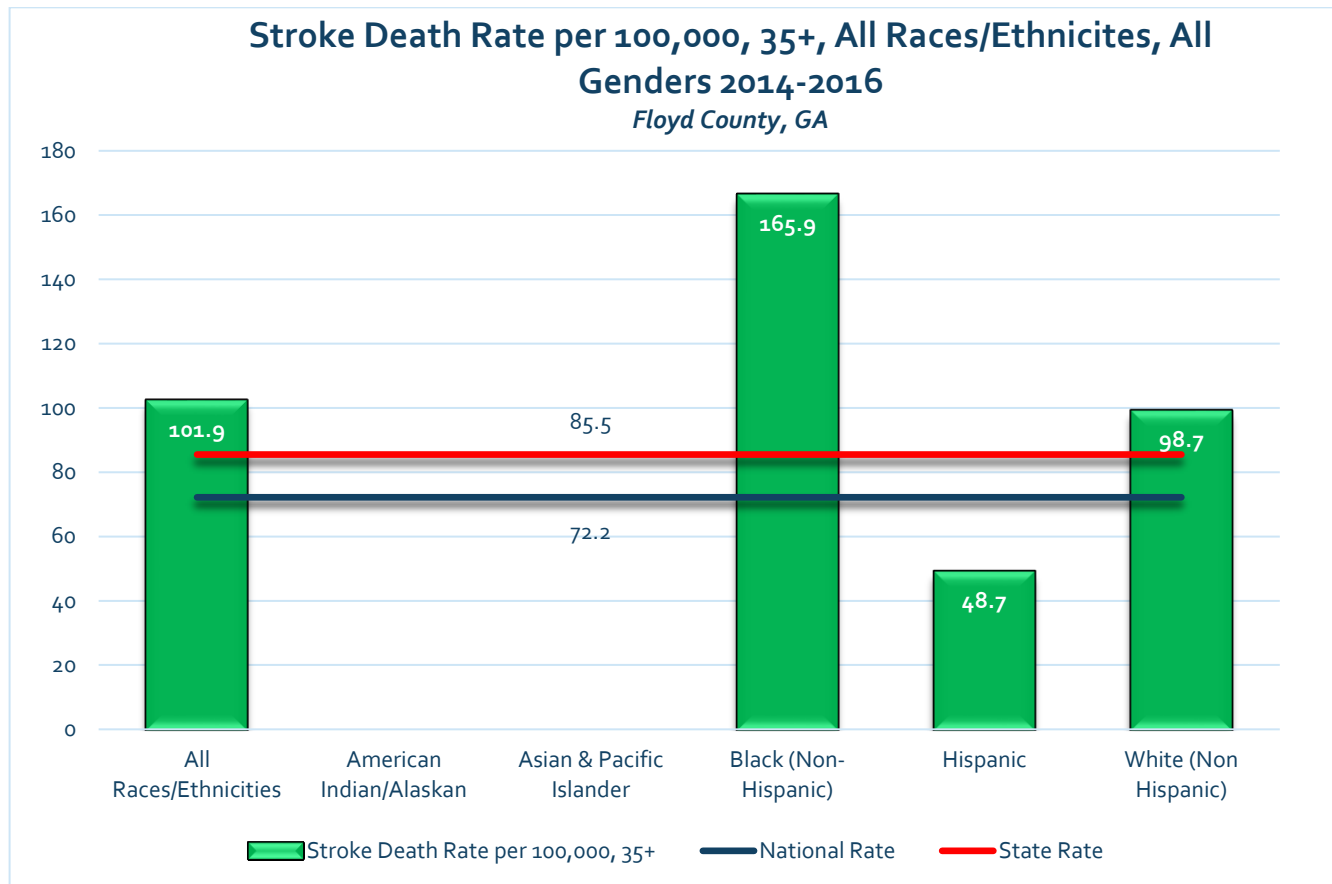
Stroke is the fifth leading cause of death in the United States according to the CDC and is a major cause of serious disability for adults. Stroke is preventable. You may be able to prevent stroke or lower your chances of having a stroke. Although anyone can have a stroke, certain risk factors increase 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 Floyd County, the Stroke death rate per 100,000 population shows marked racial disparities among Black/African Americans and Whites. Blacks are more 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 also 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 visit rates in 2018 in Floyd County due to asthma related complications among children (0-17 years):



Source: cdc.gov

2018 ER Visit Rate	
Georgia	985.7
Floyd County	751.5

Source: OASIS (2018)

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 cancer with the highest death rate in Floyd County is lung cancer with a rate of 68.4, followed by liver cancer, pancreatic cancer and breast cancer.

Cancer Type	Death Rate per 100,000 Population (Floyd County)
Lung Cancer	68.4
Liver Cancer	19.4
Pancreatic Cancer	18.4
Breast Cancer	17.4
Colon Cancer	11.2
Throat Cancer	7.1
Leukemia	7.1
Ovarian Cancer	6.1
Bladder Cancer	6.1
Prostate Cancer	5.1
Stomach Cancer	5.1
Cervical Cancer	*
Oral Cancer	*
Skin Cancer	*
Uterine Cancer	*
Ovarian Cancer	*

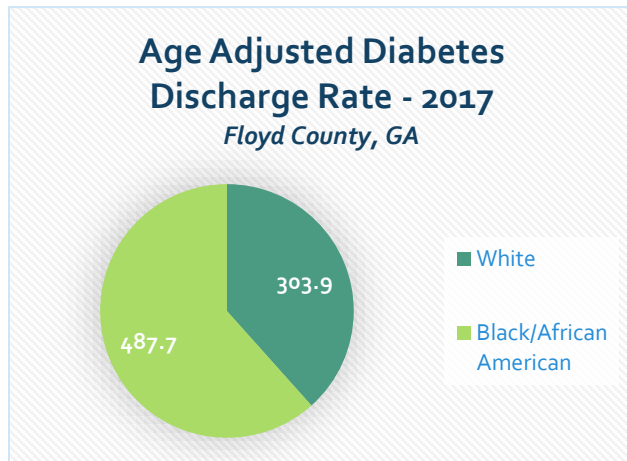
Source: OASIS (2018)

Racial Disparities In Chronic Disease

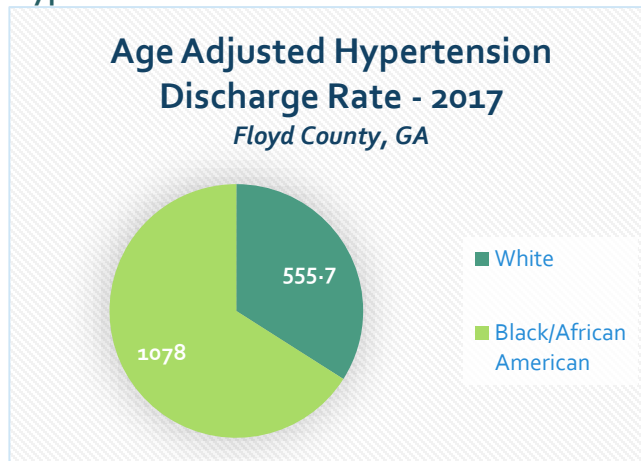
Heart disease, Stroke, Cancer, Diabetes, and Hypertension are among the most common, costly and preventable of all health problems. Many of these conditions disproportionately affect health disparity populations and are influenced by where people live, work and play. This holds importance because, only 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 Floyd 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. The numbers for Hypertension, Diabetes and Stroke and Heart Disease are almost double in Black/African Americans compared to Whites in the county.

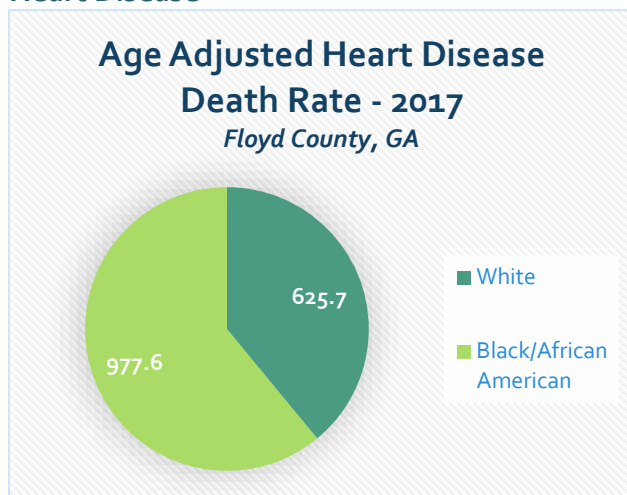
Diabetes



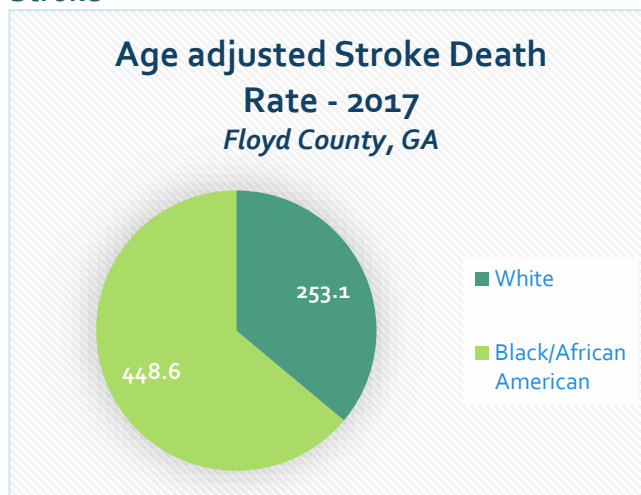
Hypertension



Heart Disease



Stroke



Source: OASIS (2018)

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.



Floyd Mentally Unhealthy Days – 3.9

Overall in GA – 3.8

Top U.S. performers – 3.1

Suicide

In Floyd County there were 19 deaths by Suicide for the year 2017 and 16 deaths for the year 2018. Of these 10 suicide deaths, 9 were White Males, 5 were White Females and 2 were Black/African American Males.

In 2018 in Floyd County, there were

16 Suicide Deaths AND

28 Emergency Department visits for suicide attempt

Suicide is the 2nd leading cause of death among premature deaths in Floyd County among all races. 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. Floyd county is at 15% compared to GA rate of 15% and U.S.A at 23%.



Overall GA – 15%



Floyd county – 15%



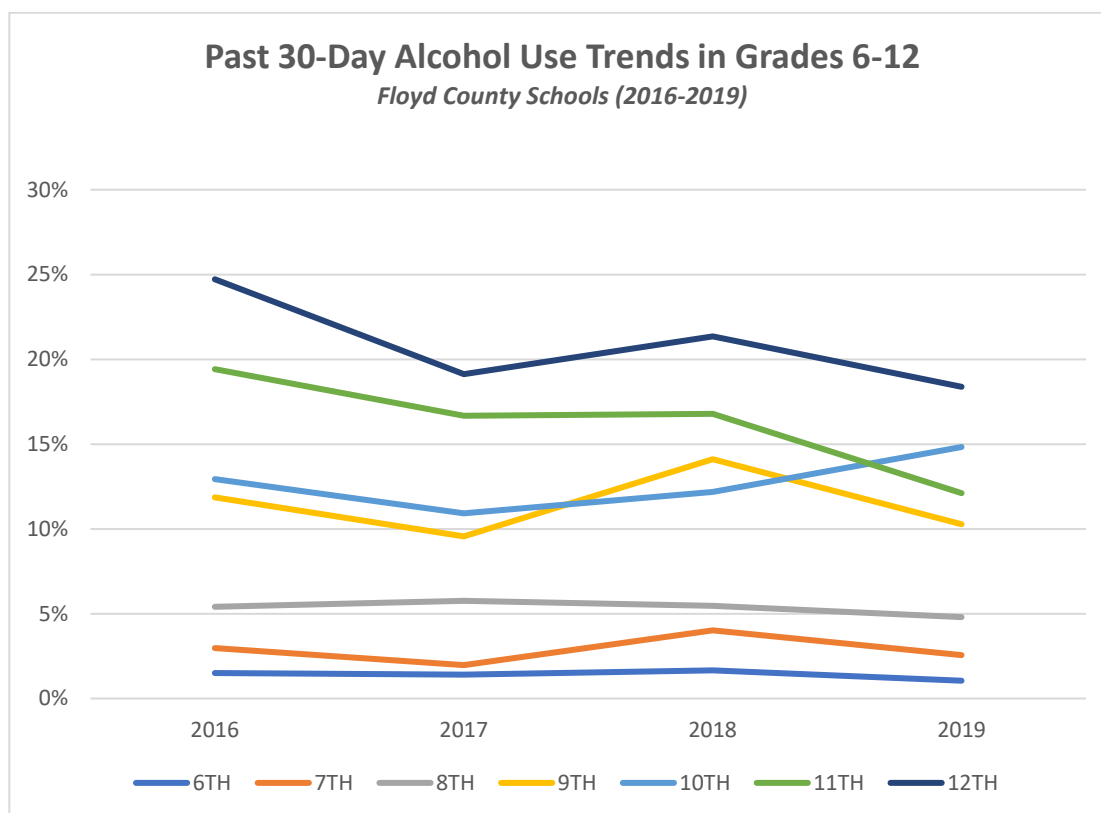
United States – 23%

Source: County Health Rankings (2018)

Alcohol in Youth

The age of onset of alcohol use in Floyd county has shown a steady decline in the past years. 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.

Floyd County's past 30 Day Use of Alcohol data showed an overall decrease among grades 11-12 in Floyd County schools, however the trends seem to be going upward for 10th grade for the past 3 years. The overall trend points towards the growing problem of alcohol and substance abuse particularly among the youth.



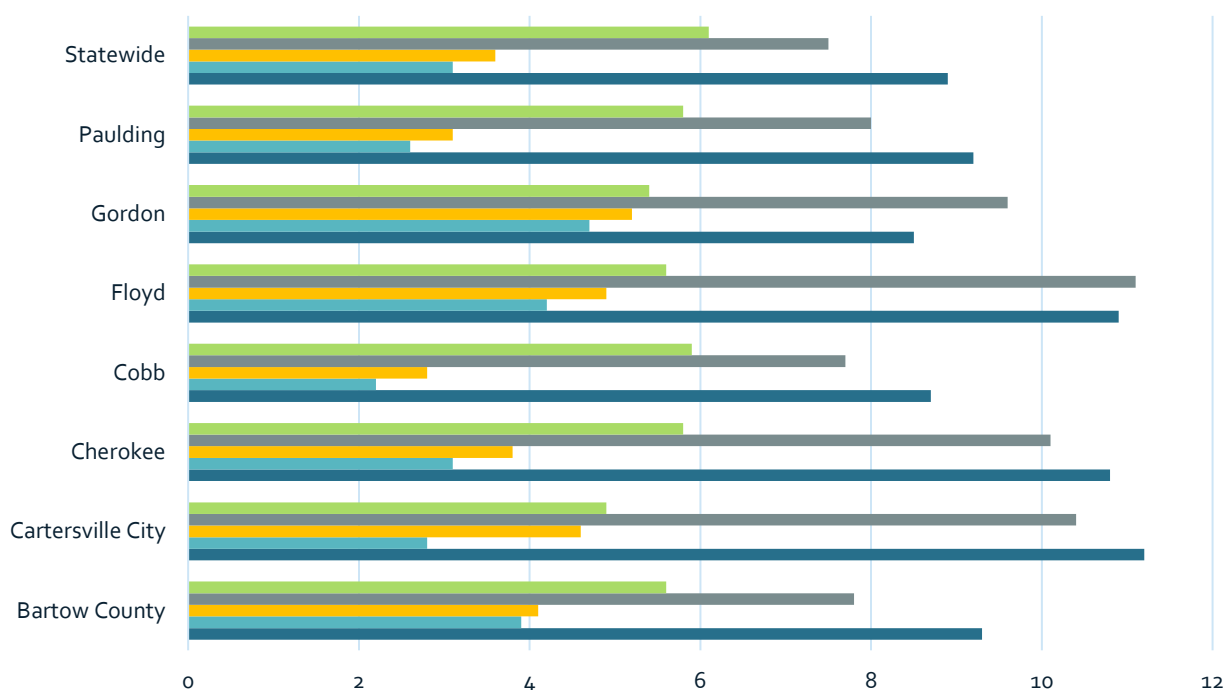
Source: Georgia Department of Education (2016-2019)

Illicit Drug Use

Drug Use Among Youth

The following table illustrates the use of Alcohol, Tobacco, Electronic Vaping and Marijuana among 6th -12th graders in Floyd County. It also compares adjacent counties as well as state wide data. Floyd County's Alcohol, Cigarettes and Electronic Vaping use rates are higher than the state and among the highest among all counties shown.

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
Electronic Vaping	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

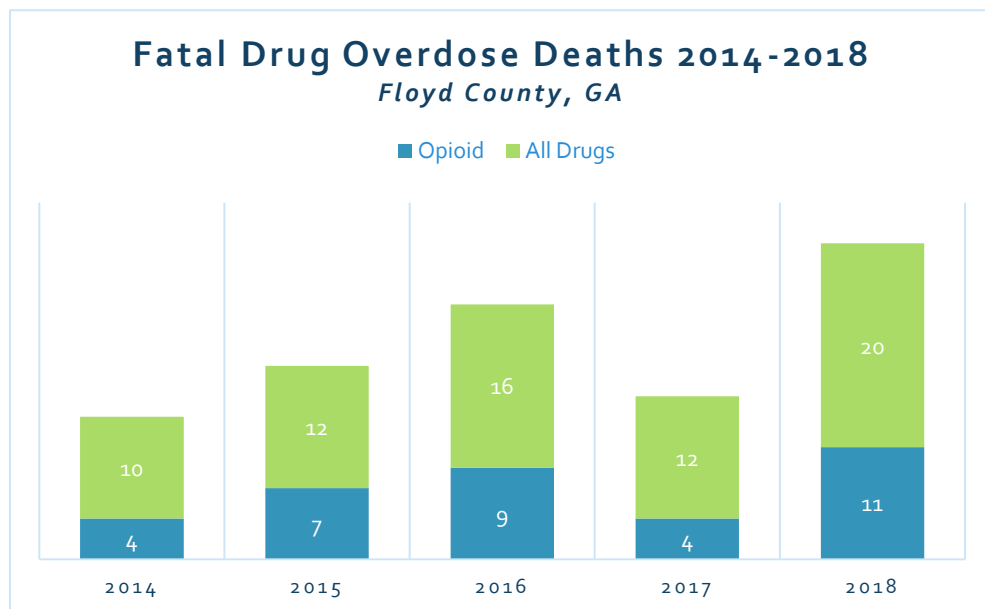
■ Marijuana
 ■ Electronic Vaping
 ■ Smokeless Tobacco
 ■ Cigarettes
 ■ Alcohol

Source: Georgia Department of Education (2016-2019)

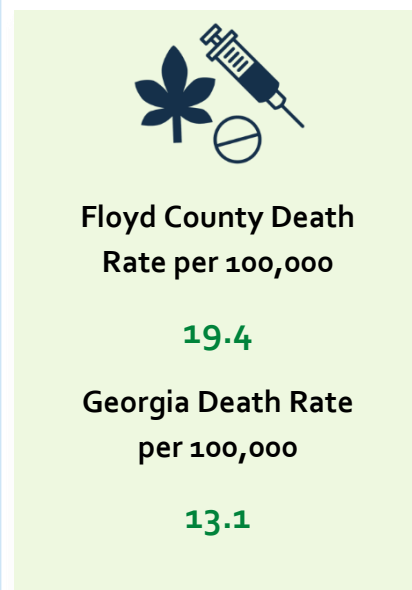
Overdose Deaths

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 Floyd County, there were a total of 20 deaths due to overdose in the year 2018, and 11 were caused by Opioid only overdose. The overall death rate due to overdoses is 19.4 per 100,000 population in Floyd county, compared to 13.1 for the state of Georgia.



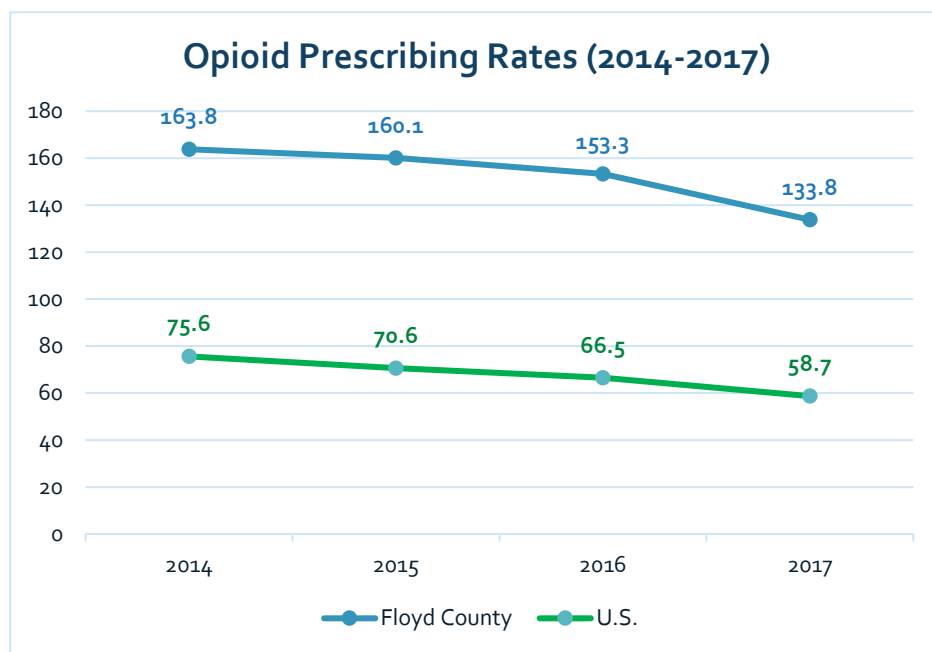
Source: OASIS (2014-2018)



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 Floyd County seems to show a downward trend in the opioid prescription practices, the rates are still very high and more than double in comparison to the national rates.



Source: CDC- National center for Injury Prevention and Control (2014-2017)

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 its socio-economic conditions.



Floyd County – 8

Overall GA – 7

Source: County Health Rankings 2018

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.

Floyd County – 6.3

Overall GA – 7.5

Source: County Health Rankings 2018

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. Complications of prematurity vary, but the earlier a baby is born, the higher the risk of complications.

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

Floyd County – 10.7%

Overall GA – 11.5%

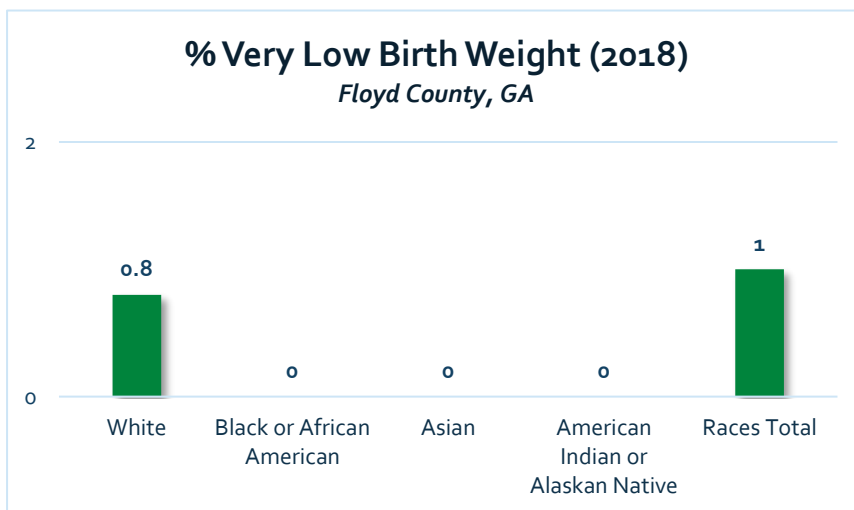
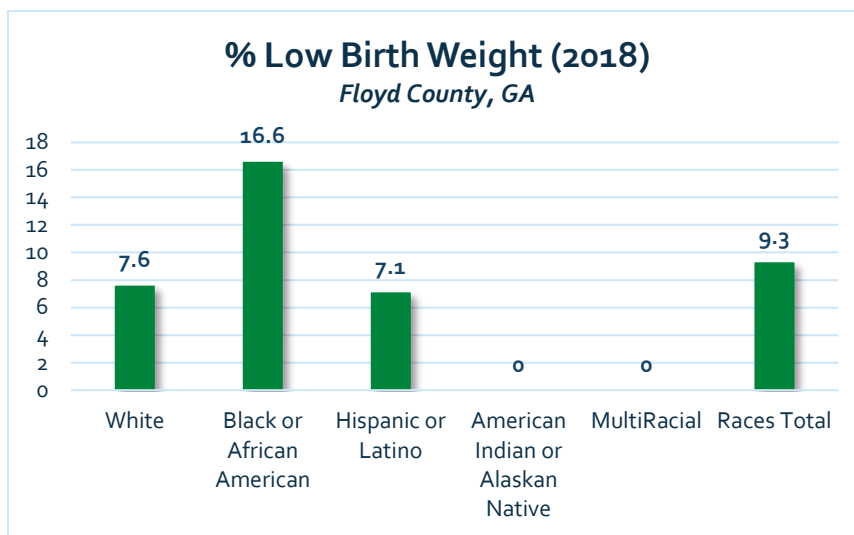
Source: County Health Rankings 2018

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 Floyd County, 9.3% of babies born in 2018 were low birth weight, compared to GA where 10.1% 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 a high percentage of low birth weight babies among women who do not graduate high school.



% Low birth weight according to education level of mother

Less than high school
13.6%

High school diploma or GED
9.1%

Some college or higher
7.4%

Source: OASIS (2018)

Maternal Health

Floyd 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 Floyd County rate for teen births is higher than the state of Georgia and Hispanics in Floyd County have the highest rate according to race/ethnicity.

Hispanic/Latino	56
Black or African-American	44
White	26
American Indian or Alaska Native	0
Asian	0

Floyd County Teen Birth Rate

32

Georgia Teen Birth Rate

29

Top U.S. Performers

14

Source: County Health Rankings (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.

Floyd County air quality - 24

GA average - 20

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 (Floyd County) – Approx. 21, 603

(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 Floyd County, Georgia, 2018

<i>Total Number Screened</i>	<i>Lead level 5-9 mcg/dL</i>	<i>Lead level ≥10 mcg/dL</i>
990	8	3

Source: GCLPPP Database (2018)


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 Floyd County, there were 12 new cases of HIV diagnosis in 2017, taking the total number of persons living with HIV (PLWH) to 247, irrespective of their stage of disease (HIV virus or AIDS).

HIV Diagnoses and Persons Living with HIV, Floyd County, Georgia, 2017

Total	HIV Diagnosis		PLWH as of 12/31/2017	
	Number of cases	Rate per 100,000	Number of cases	Rate per 100,000
Floyd County	12	12.3	247	253

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 complications. 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 Floyd County, 30 cases of Syphilis were reported compared to 4,970 cases reported in the state of GA.

STD Cases Floyd County 2018

White	18
Black or African-American	12
Asian	0
American Indian or Alaska Native	0
Native Hawaiian or Other Pacific Islander	0
Multiracial	0
Unknown	0
Selected Races Total	30

Source: OASIS 2018

Gonorrhea

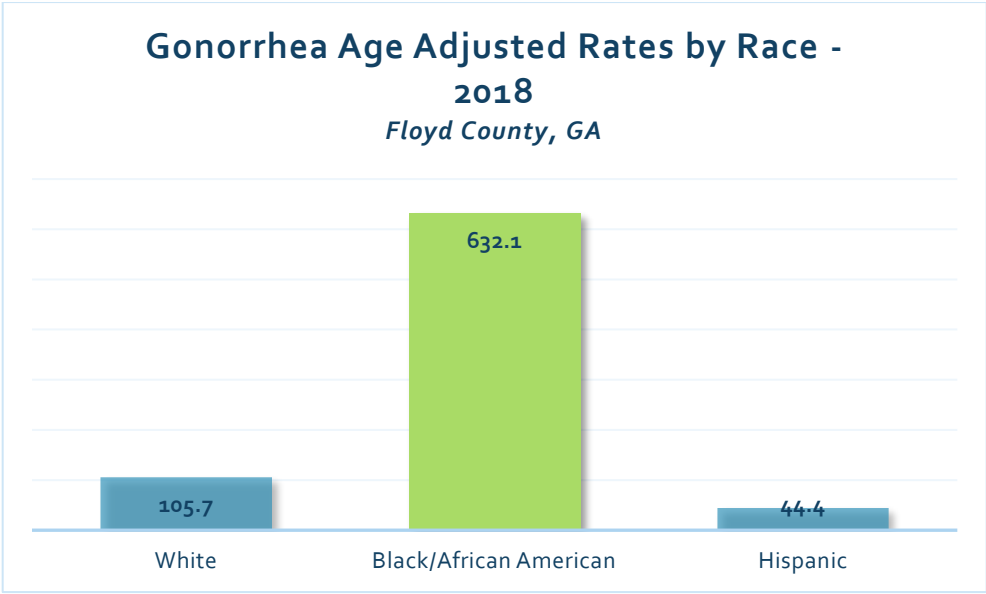
Gonorrhea is a sexually transmitted disease (STD) that can infect both men and women. It can cause infections in the genitals, rectum, and throat. It is a very common infection, especially among young people ages 15-24 years.

In Floyd County 187 cases of Gonorrhea were reported in 2018. The age adjusted rate for Gonorrhea is 203.2 for Floyd County which is higher than state of GA rate.

Floyd County – 203.2

GA – 199.1

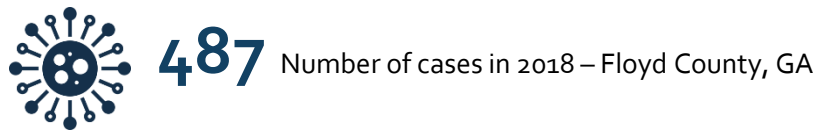
Black/African Americans are affected disproportionately by this infection and are 6 times more likely to get infected.



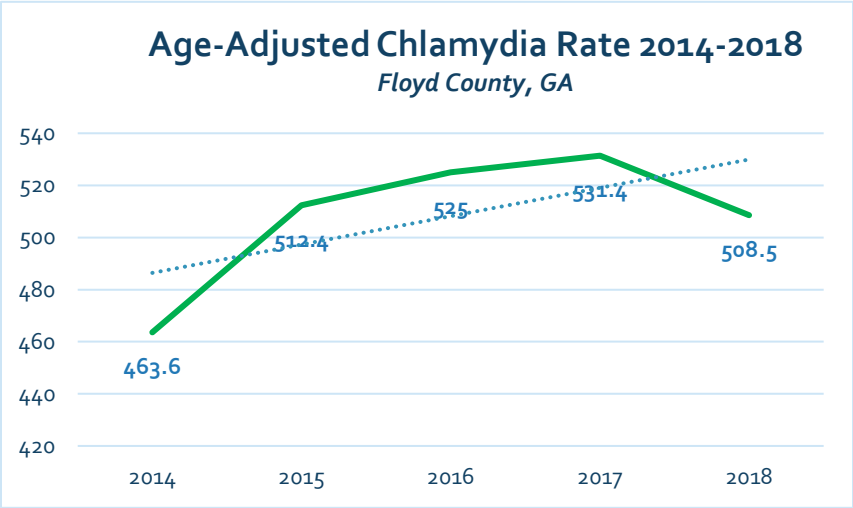
Source: OASIS (2018)

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.

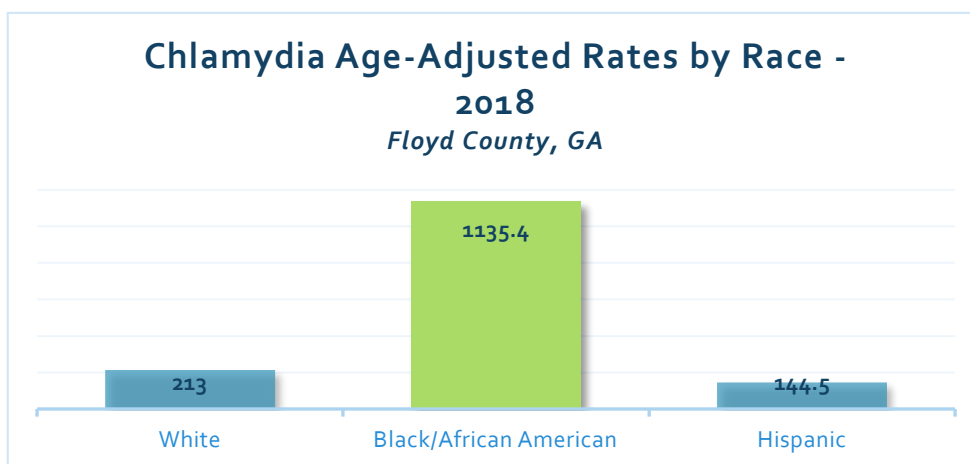


Chlamydia age adjusted rate per 100,000 population in Floyd County is 508.5 for 2018, lower than Georgia overall rate of 617.5 and United States rate of 529. However, within Floyd County, the trend line shows a steady increase in the number of Chlamydia cases in the past 5 years only decreasing since 2017.



Source: OASIS (2018)

Disparities continue to persist in rates of STDs among some racial minorities especially the Black/African American population. In terms of Chlamydia, Blacks are affected almost 6 times as much as Whites and Hispanic population.



Source: OASIS (2018)

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 Floyd County:

<i>Unintentional Injury Mechanism</i>	<i>No. of Deaths - 2018</i>
<i>Motor Vehicle Crashes</i>	23
<i>Poisoning</i>	18
<i>Falls</i>	13
<i>Suffocation</i>	5
<i>All other Unintentional Injury</i>	3
<i>Drowning</i>	2
<i>Accidental Shooting</i>	0
<i>Intentional Injury Mechanism</i>	<i>No. of Deaths - 2018</i>
<i>Suicide</i>	16
<i>Homicide</i>	9

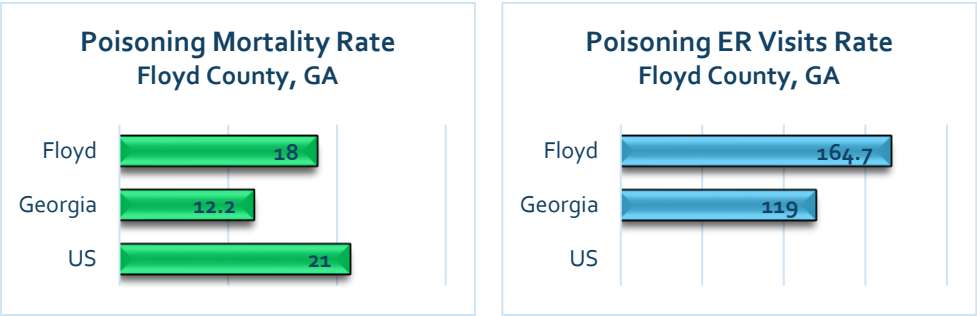
Source: OASIS (2018)

Poisoning



Age Adjusted Mortality Rate/Emergency Room Visits

There were 18 deaths due to Poisoning in Floyd County in 2018. The age adjusted death rate was 18, higher than the state and lower than national rate. The Emergency Room (ER) visit rate was higher than that of the state.



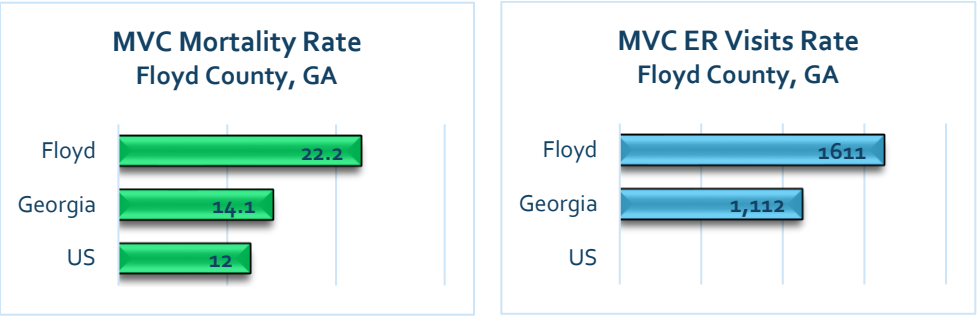
Source: OASIS (2018)

Motor Vehicle Accidents



Age Adjusted Mortality Rate/Emergency Room Visits

There were 23 deaths due to Motor Vehicle crashes in Floyd County in 2018. The age adjusted death rate was 22.2, higher than state and national rate and the Emergency Room (ER) visit rate was also higher than that of Georgia.



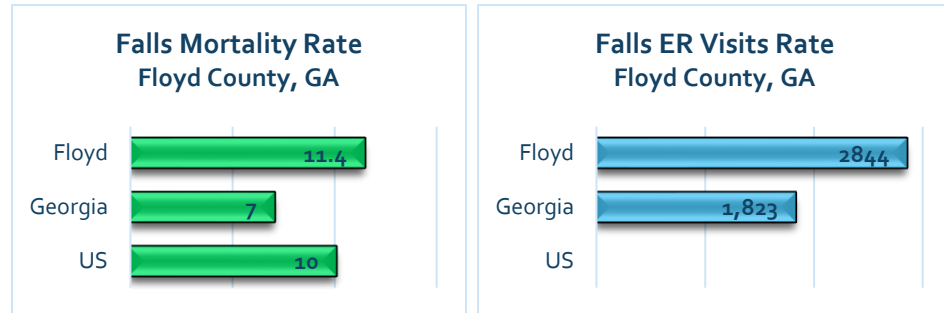
Source: OASIS (2018)

Falls



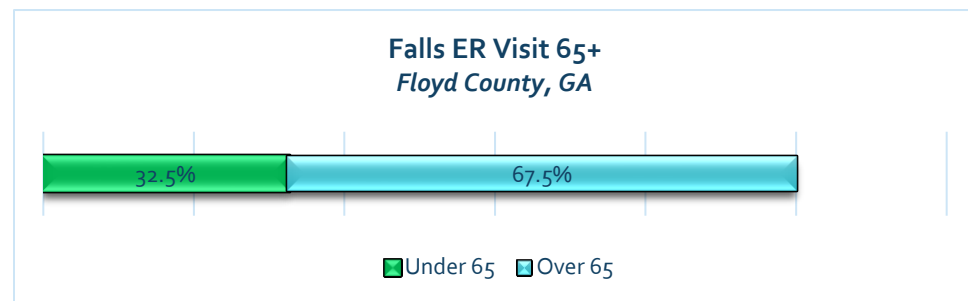
Age Adjusted Mortality Rate/Emergency Room Visits

There were 13 deaths due to falling in Floyd County in 2017. The age adjusted death rate was 11.4, higher than state and national rate. The Emergency Room (ER) visit rate was also higher than that of Georgia.



Source: OASIS (2018)

In older adults 65+ the number of deaths by falling in Floyd County in 2018 was 11. The ER Visits due to falls were more for 65+ compared to 0-65 older adults.



Source: OASIS (2018)

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.

Floyd County violent crime rate is 27.9 while the state of GA average is 23.6 and US average is 22.7. Detailed number of crimes according to type for the year 2017 are listed below:

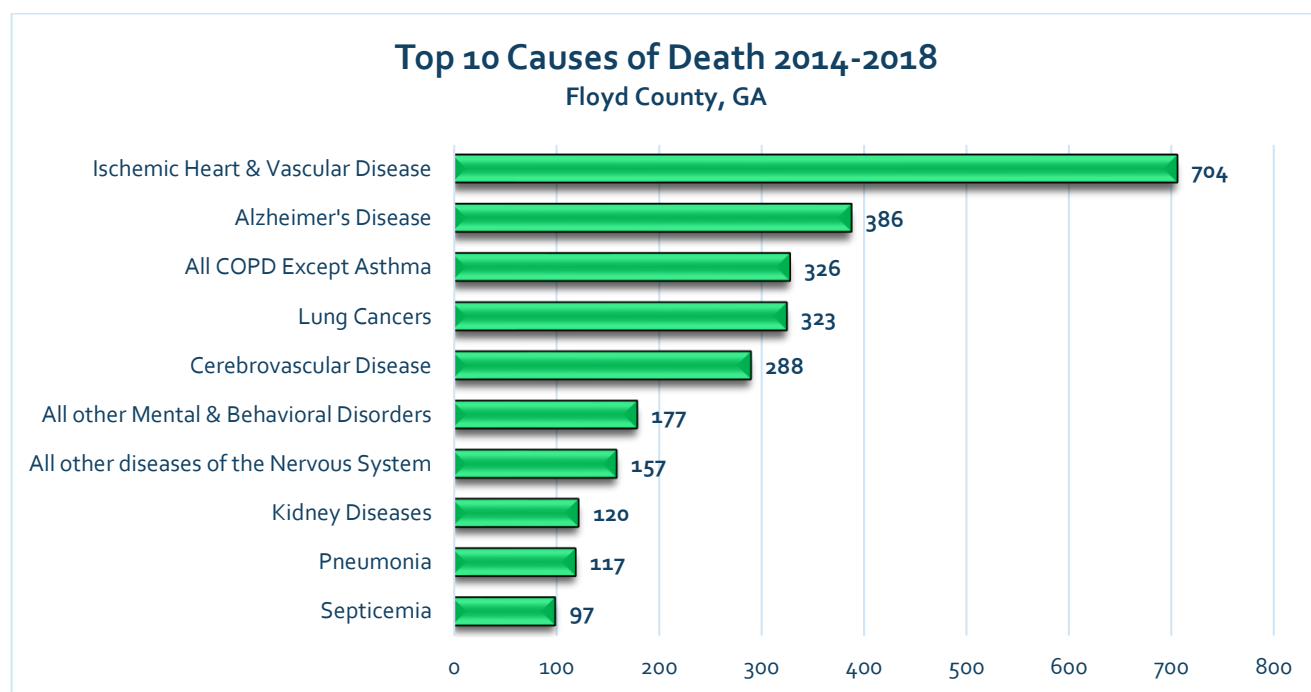
Number of Crimes by Offense

Homicide	Robbery	Assault	Burglary	Larceny
05	16	246	466	1815

Source: Georgia Bureau of Investigation (GBI)

Leading Causes of Death

The leading causes of death in Floyd County for the years 2014-2018 are as follows:



Source: OASIS (2018)

State and National Comparison

The most common leading cause of death is Ischemic Heart Disease which is the same across Floyd County, state of GA and nationwide. However, Floyd County ranks higher in deaths due to Alzheimer's, Mental and Behavioral Disorders, Kidney Diseases, Pneumonia and Septicemia.

Floyd County	State of GA	U.S.A
Ischemic Heart Disease	Ischemic Heart Disease	Ischemic Heart Disease
Alzheimer's Disease	All COPD except Asthma	Cancer
All COPD Except Asthma	Lung Cancers	Unintentional Injuries
Lung Cancers	Cerebrovascular Disease (Stroke)	Chronic Lower Respiratory Diseases
Cerebrovascular Disease (Stroke)	Alzheimer's Disease	Cerebrovascular Disease (Stroke)
All other Mental & Behavioral Disorders	Hypertension and Hypertensive Diseases	Alzheimer's Disease
All other Diseases of the Nervous System	All other Mental & Behavioral Disorders	Diabetes Mellitus
Kidney Diseases	Diabetes Mellitus	Influenza & Pneumonia
Pneumonia	All other Diseases of the Nervous System	Kidney Disease
Septicemia	Kidney Diseases	Suicide

Source: OASIS (2018)

Leading Cause of Death according to Race

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

- **Lung Cancers** as well as **Pancreatic Cancers** and **Cancers of the Large Intestine** are the leading causes of death among Black/African Americans while they are further down the list among white population.
- **Cerebrovascular Disease** is the 3rd leading cause of death for blacks but is the 5th leading cause among whites.
- **Assault (Homicide)** is the 7th leading cause of death among Black/African Americans in Floyd County while it is not one of the top 10 leading causes of death in Whites.

White	Black/African-American
Ischemic Heart Disease	Ischemic Heart Disease
Alzheimer's Disease	Lung Cancers
All COPD Except Asthma	Cerebrovascular Disease (Stroke)
Lung Cancers	Alzheimer's Disease
Cerebrovascular Disease (Stroke)	Kidney Diseases
All other Mental & Behavioral Disorders	All other diseases of the Nervous System
All other diseases of the Nervous System	Assault (Homicide)
Pneumonia	Pancreatic Cancer
Kidney Diseases	All other Endocrine, Nutritional, Metabolic Diseases
Septicemia	Colon, Rectal and Anal Cancers

Source: OASIS (2018)

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 Floyd County are listed below:

- 1) Ischemic Heart and Vascular Disease
- 2) Intentional Self-Harm (Suicide)
- 3) Lung Cancers
- 4) Motor Vehicle Crashes
- 5) Accidental Poisoning & Exposure to Noxious Substances
- 6) Certain Conditions Originating in the Perinatal Period
- 7) Cerebrovascular Disease (Stroke)
- 8) All Other Diseases of the Nervous System
- 9) Congenital Malformations, Deformations, Chromosomal Abnormalities
- 10) Assault (Homicide)

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 June 25th, 2019 at the Floyd County Health Department. The assessment took place over a 3-hour session during the latter half of which 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 Floyd 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
- Education opportunities (Public, Private)
- Parks & Recreation
- Multiple good healthcare systems
- High volume of physicians
- Strong manufacturing businesses
- Workforce innovation opportunity act
- Passionate people
- Community coming together to look for solutions

WEAKNESSES



- High volume of blue-collar jobs
- Lack of public transportation
- Mental & dental health services
- Lack of funding for mental health services
- Substance abuse
- Foster care
- Youth recreational activities
- Lack of safe sidewalks
- Resources focused in Rome but not all over
- Lack of sex ed with high rates of STI
- Lack of awareness of resources

EXTERNAL FACTORS

OPPORTUNITIES



- Promote quality of life
- Healthcare access for all
- Youth empowerment
- Healthy choices education clubs
- Push for meetup groups
- Community engagement/communication
- Partnership with college to increase access to higher education opportunities
- "Grow our own" mentality
- Organize community resources
- Community garden
- Periodic free clinics to reach the underserved

THREATS










- Addiction
- Economy down turn
- Street crime
- School drugs/vaping use and abuse
- Untreated mental health issues
- Homelessness
- Lack of education on healthy choices
- Aging population
- Current political culture
- Youth dependence on technology/games
- Lack of sex education

ANALYSIS SUMMARY

The participants believed that Floyd County is a strong close-knit community with great potential for improvement in terms of jobs/economy, higher education and community events within the county. It is however threatened by the worsening drugs/vaping crises in schools, youth disengagement, lack of communication/collaboration, current political climate and a financial down-turn which leads to the community being unable to come together and unify to find solutions to problems and effective use of existing resources within the community.

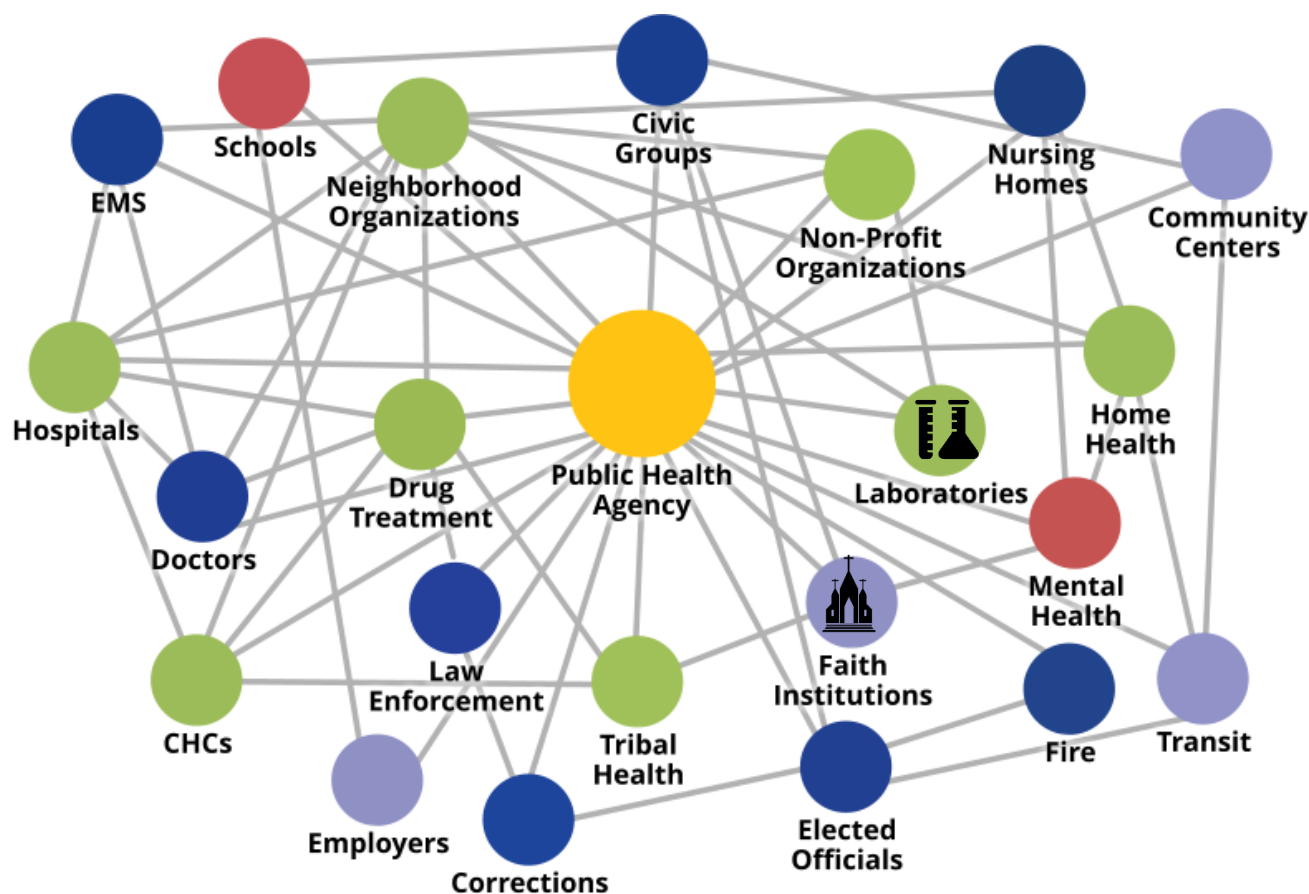
Forces of Change

	Closure of large industries	Threats posed – Lack of trade jobs, economic impact, healthcare issues, crime, increased frequency of mental health issues.	Opportunities – Collaboration opportunities, improved services, employer provided education and trade jobs, improved quality of life overall.
	Substance Abuse	Threats posed – Addiction, lack of productivity, attract less skilled workforce, lack of access to treatment, economic impact, safety is compromised, domestic violence, broken family structure.	Opportunities – Increased awareness, expand existing partners, community outreach/support, policy updates, grant/funding opportunities, mental health treatment.
	Aging Population	Threats posed – Health, economic impact, low productivity, gaps in youth development.	Opportunities - Community involvement, targeted approach to solve problems, access to healthcare for all.
	Youth Development	Threats posed – Economic impact, need for innovative methods.	Opportunities – Early intervention, education and awareness and cultural shift, healthy lifestyle, good jobs/economy, less crimes, improved quality of life.
	Access to Healthcare	Threats posed – Access to resources, inability to seek healthcare and employment, risky behaviors, safety issues.	Opportunities – Affordable options, employment, expand transit system, taxi service/uber, economic growth, child friendly, walkable communities
	Lack of funding	Threats posed – Stagnant communities, lack of innovation, aging population, crime, mental health issues.	Opportunities – Increase communication, collaboration among community orgs, improved opportunities for jobs/education.
	Behavioral Health	Threats posed – Burden on healthcare/economics, decreased quality of life, food deserts, Obesity, reduced overall quality of life and culture passed onto next generation.	Opportunities – Recreational/outdoor activities, increase awareness and early intervention opportunities, publicity, use of social media/new technology, youth involvement.

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 Floyd 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 Centers for Disease Control and Prevention (CDC), 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.

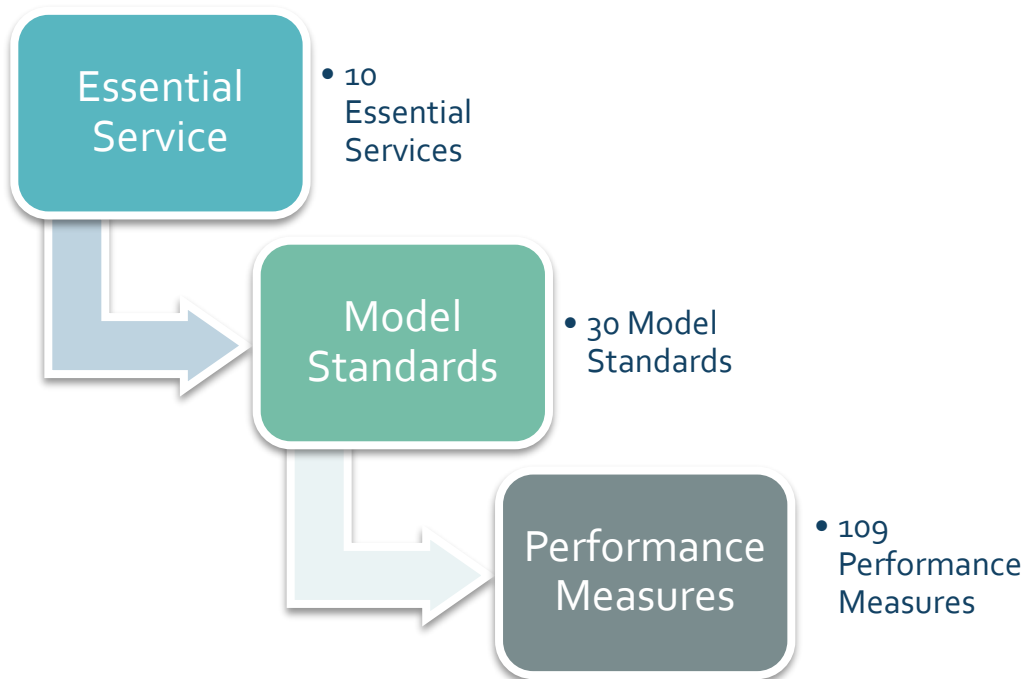
Assurance

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 Floyd County Health Department on July 25, 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.

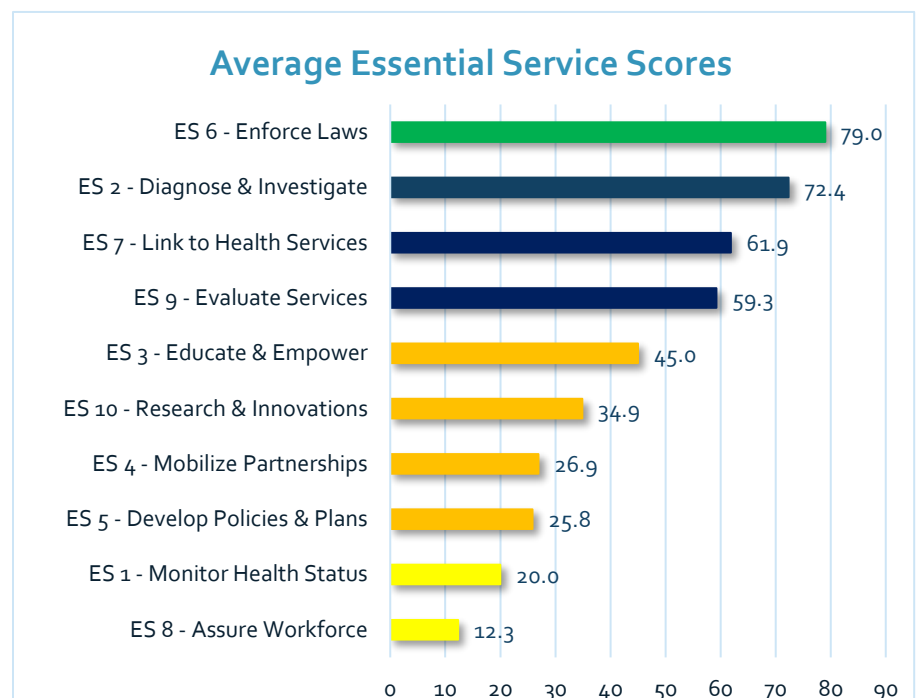
Results

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

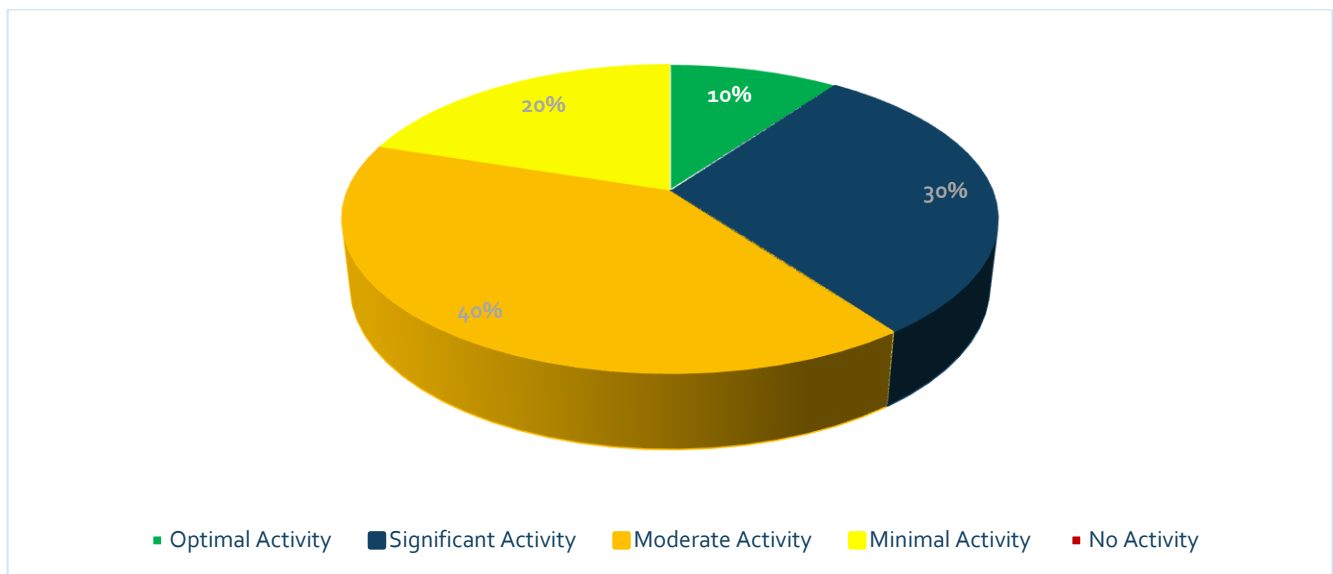
Significant and Optimal performance was perceived within several areas of the Floyd County LPHS, including: Enforce Laws, Diagnose and Investigate, Link to Health Services and Evaluate Services.

The lowest rated areas of performance include: Monitor Health Status and Assure Competent Workforce.



Percentage of Essential Service Performance Scores

In terms of percentages, 10% of the Essential Services fall within the optimal activity range, 30% fall within the significant activity range, while 40% and 20% of Essential Services fall within the moderate and minimal activity range, respectively.



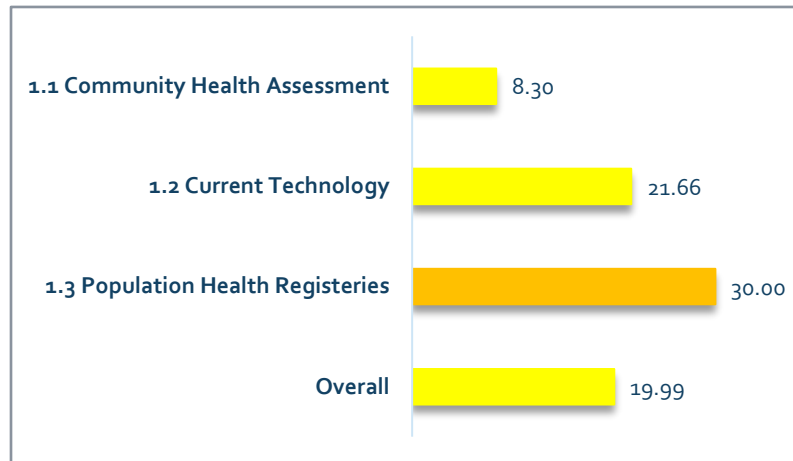
Interpretation of Results



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 minimal activity related to conducting a community health assessment and contributing and maintaining population health registries (disease tracking). They also acknowledged the importance of data in terms of informing public health decisions, especially data on varied ethnic populations and innovative methods to present data that generates interest. They concluded that overall effort was needed to communicate and share information with partners and spread the word about the community health assessments with plans for updating the assessment every 3-5 years.



 Strengths	<ul style="list-style-type: none"> Hospitals conduct CHA regularly Some innovative data collection methods are being practiced Information exists and is readily available
 Weaknesses	<ul style="list-style-type: none"> Timeframe (frequency of doing health assessment) Communication and data sharing Access to data about minority population Communication with community partners and coordinated efforts

Short-term improvement opportunities

- More data collection efforts and informed decision making.
- Use of social media to disseminate information.
- Awareness of community resources.

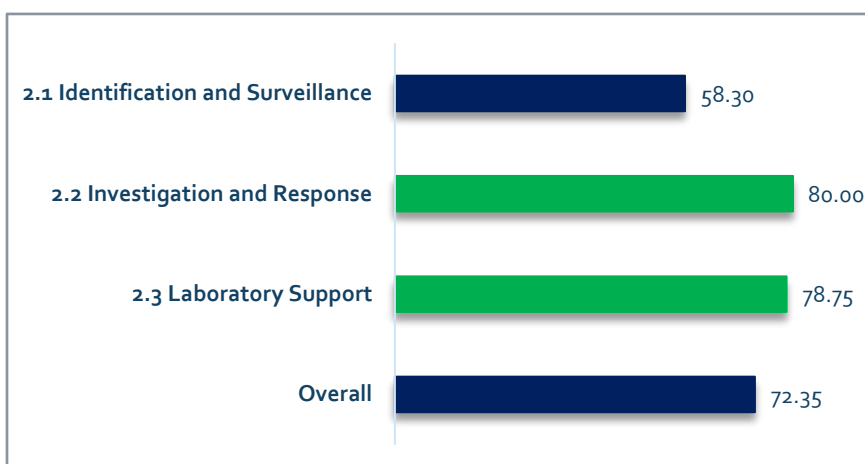
Long-term improvement opportunities



- Communication efforts.
- Find innovative ways to present and use data and make informed decisions.

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 second highest amongst the 10 Essential Services provided in Floyd County. Optimal 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. It was noted that

Floyd County has enough resources present to perform this essential service well, however communications with local agencies needed some improvement.



 Strengths	<ul style="list-style-type: none"> • Resources (protocol manuals etc.) • Community partners update with current information • Internal communication using SENDSS etc. • Internal audits
 Weaknesses	<ul style="list-style-type: none"> • Updated manuals • Better information sharing • External communication to local care centers • Partners/Residents need more education/communication

Short-term improvement opportunities

- Review protocol manuals.
- Better communication with local agencies.
- Encourage community to stay alert.

Long-term improvement opportunities

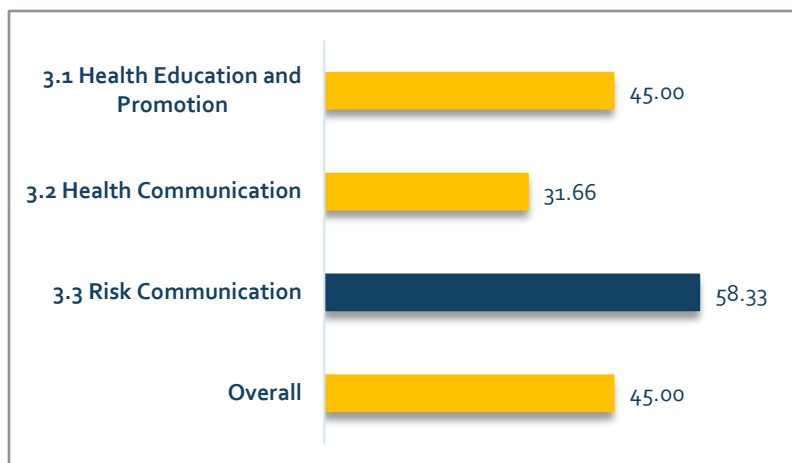
- Website for all local agencies to share information and text alerts for community.
- Improved communication and putting information out to the community.



Essential Service 3: Inform, Educate, and Empower People About Health Issues

Significant activity levels were displayed in relation to developing risk communications plans and making resources available for a rapid response.

The communication plans include pre- and post-event communication and planning, as well as information that is provided to the community for them to make the best possible decisions about well-being during times of crisis or emergency.

Some outreach to missed population is needed especially the older citizens in the community. The participants discussed the importance of social media platform and using it effectively to target the missed population.



 Strengths	<ul style="list-style-type: none"> • Emergency Management Code Red • Radio, newspaper exposure • Sharing news via social media • Awareness of staff members assigned to duties
 Weaknesses	<ul style="list-style-type: none"> • Communication to specific population for example the elderly • Community lack of knowledge of resources • Older population lacks access to social media content • Public Health staff are not even fully aware

Short-term improvement opportunities

- More social media content and use of different types of social media platforms.
- More education for Public Health staff.

Long-term improvement opportunities

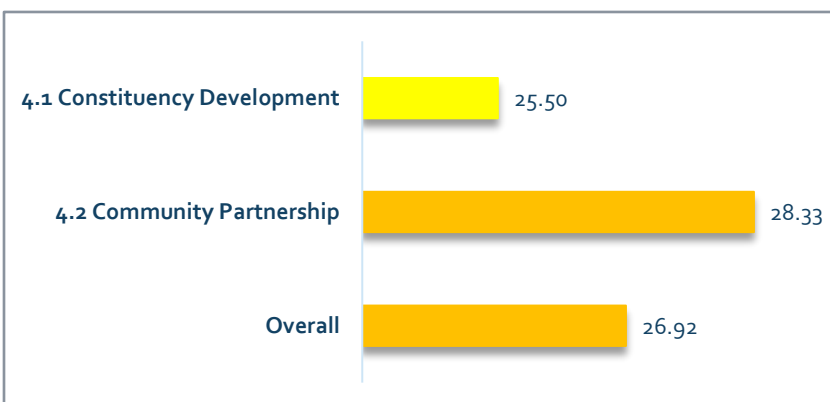
- Continuing CHA and following through the process and results.
- Public involvement and develop team for public communications/outreach.
- Hire community outreach coordinator.
- Innovative ways to target missed population.



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

Essential Service 4 scored the fourth lowest activity level of the 10 Essential Services provided in Floyd County.

Overall the system needs to collaborate better in informing and educating most of the population, and fill gaps by organizing a community led effort and making a collective impact through better communication and “more talking”. The participants

also believed that local business involvement was lacking and while government partnerships were an asset, partnerships outside needed more clarity in common goals/objectives.



 Strengths	<ul style="list-style-type: none"> • Amount of services offered • Mission to improve • Government relationships
 Weaknesses	<ul style="list-style-type: none"> • Communication • Understanding of partnerships and clarity in roles • Lack of organized efforts

Short-term improvement opportunities

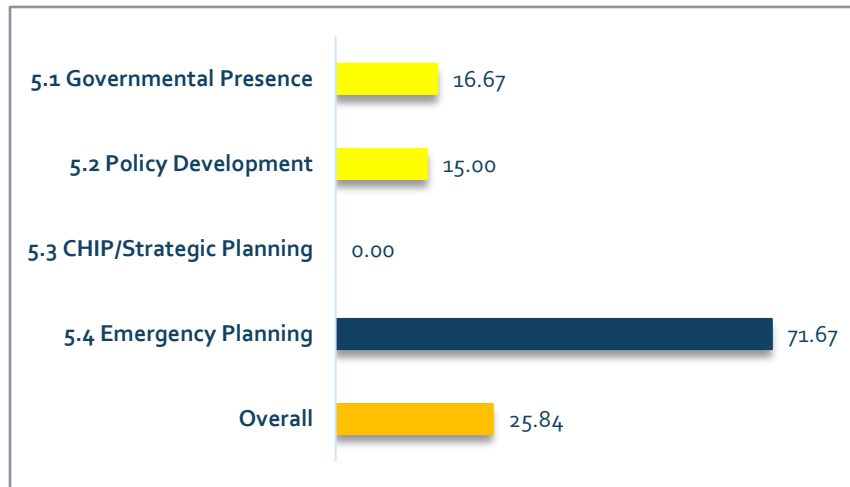
- Distribute resource list on school website.
- Bring people together for meetings.



Long-term improvement opportunities

- Updated website links.
- Have annual community forum.
- Do more talking.

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

Participants indicated that there was significant activity related to emergency planning and broad representation of system partners in an emergency planning task force, but overall CHIP and strategic planning was lacking considerably. Governmental presence and policy development though performing at a moderate rate, needed significant improvements. 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"> • Monitor health efforts • Smoke free policy in health department and governmental buildings • Large emergency management community meetings every other month to keep updated
 Weaknesses	<ul style="list-style-type: none"> • Getting out information and linking people to needed services. • Assure competence of employees. • Lack of nurse recruitment/retention. • Vague review of existing policies. • Lack of participation from some board of health members. • Aging workforce and need for more volunteers.

Short-term improvement opportunities

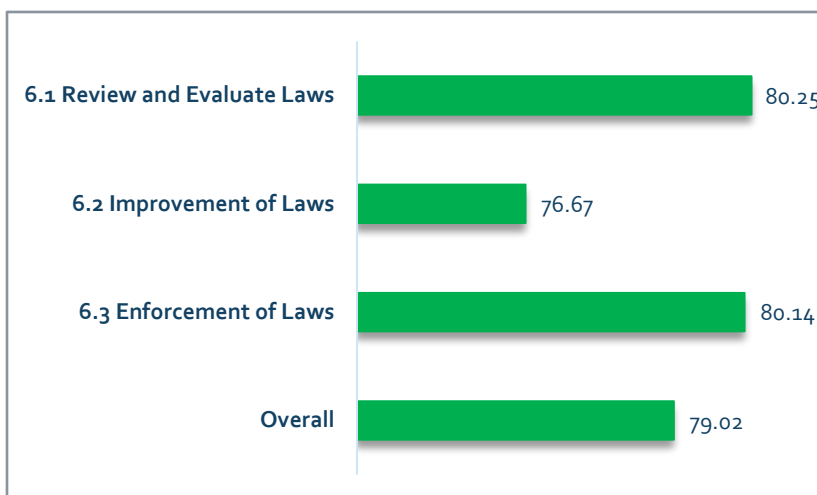
- Increase involvement of local board of health and coordinated effort.
- Complete CHA and follow with CHIP.
- Recruitment of volunteers.



Long-term improvement opportunities

- Need for systematic review of policies. Clarity of roles for each department, mission and services.

Essential Service 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

Essential Service 6 performed well in areas of enforcement of laws but trailed behind in improvement and reviewing/evaluating of laws within the community. According to the discussion, overall the overarching area of improvement needed is the art of communication. Networking between agencies is the key and more handshakes, discussions, emails, meetings and educational outreaches are needed throughout the community.



 Strengths	<ul style="list-style-type: none"> • Ability to identify public health issues • Strong collaboration within departments • Federal funding / State standardization • Organized emergency protocol • Trainings, efforts, emphasis on safety and codes
 Weaknesses	<ul style="list-style-type: none"> • Doctor's offices, private clinics not up to date and connected. • Knowledge of standardization and review outside of scope of services. • Mental Health care, Drug Abuse/Misuse

Short-term improvement opportunities

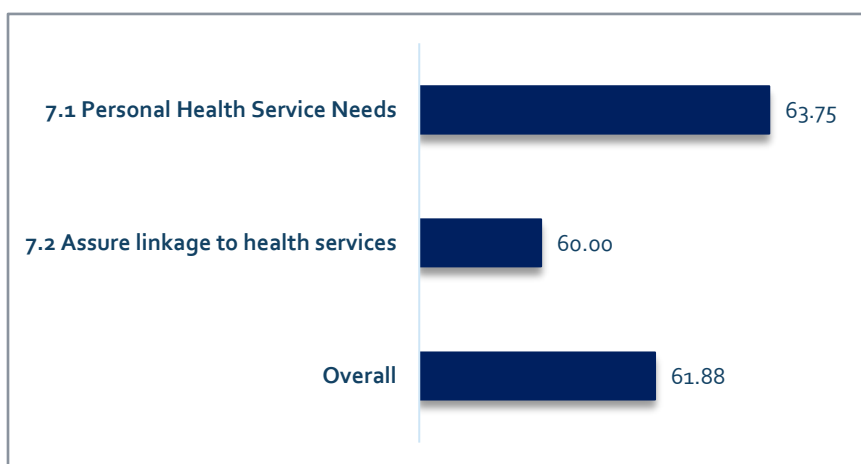
- Better communication with agencies, law enforcement through public announcements, news, social media etc.
- Mental Health facility.
- Community nutrition, education, farmer's market.



Long-term improvement opportunities

- Collaboration of private and public entities.
- Assessment results and update year-round.
- Hands on teaching at workplace, schools and universities.

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 top scoring essential services and participants felt that the LPHS did a good job of keeping good relations with Floyd County partners. Community health care is not promoted enough so that all residents can have access to optimum health care services irrespective of their insurance status. Mental Health and Dental services are lacking considerably for the community residents.



 Strengths	<ul style="list-style-type: none"> • Good relationship with community partners • Health Department
 Weaknesses	<ul style="list-style-type: none"> • Lack of long-term treatment facilities for mental health services • Healthcare access. (transportation, awareness etc.)

Short-term improvement opportunities

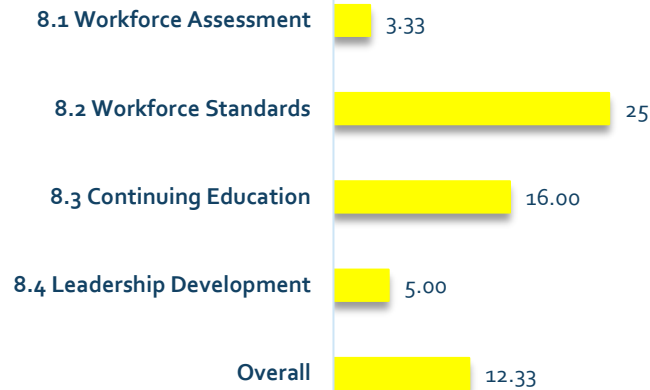
- More communication is required to link and update to the correct source, so the community can provide healthcare access to all.



Long-term improvement opportunities

- Improve overall outreach efforts within the community.

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

This essential service was the lowest scoring performing service in Floyd County according to performance scores. Certain areas lacked appropriate response times and needed more input from the county. This can be due to lack of financial resource or lack of education among community members. Better communication was needed on all fronts with regular evaluations of processes and learning from those evaluations to modify procedures etc. Much change was needed to bring diversity at all levels and there is a need for change in our core values to be inclusive.



 Strengths	<ul style="list-style-type: none"> • Here today, starting with a diverse group • Access to medical community • Effectively meeting training standards
 Weaknesses	<ul style="list-style-type: none"> • Financial resources • Lack of training of cultural competencies • Not enough culture in our leadership

Short-term improvement opportunities

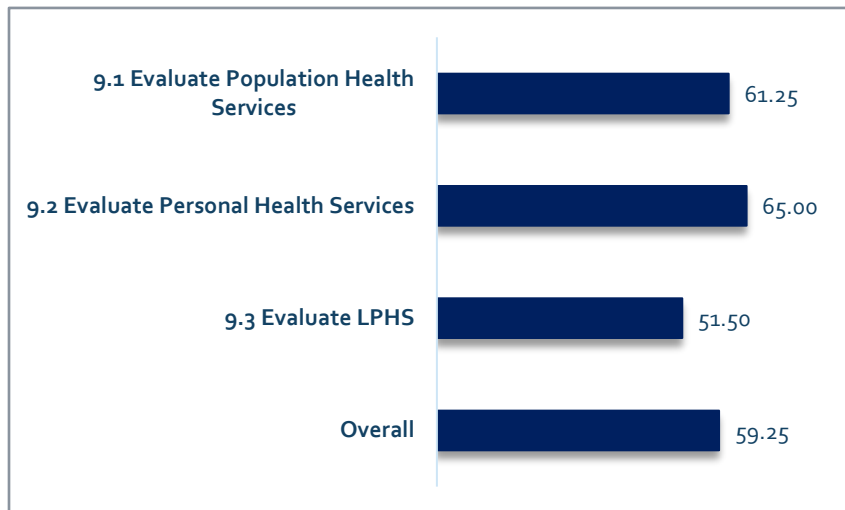
- Shared resources.
- Better communication about upcoming trainings.
- Create communication channels.
- Share resources for leadership opportunities.



Long-term improvement opportunities

- Seek grant opportunities.
- Develop a uniform annual survey that is accessible to all of the community and then evaluate.
- Intentionally grow diverse leaders.

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

The LPHS showed significant activity in the evaluation of population health services. Examples of evaluations discussed by the group include immunization programs and hospital protocols etc. 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 as well as lack of communication between organizations.



 Strengths	<ul style="list-style-type: none"> • Surveys • Student nurses performing evaluations • Hospitals monitor re-admission rates, insurance rates etc.
 Weaknesses	<ul style="list-style-type: none"> • Little communication between organizations • Some people are not reachable due to poor return of surveys • Lack of knowledge about coordinated efforts • Identification of organizations that need to be around the table but are not

Short-term improvement opportunities

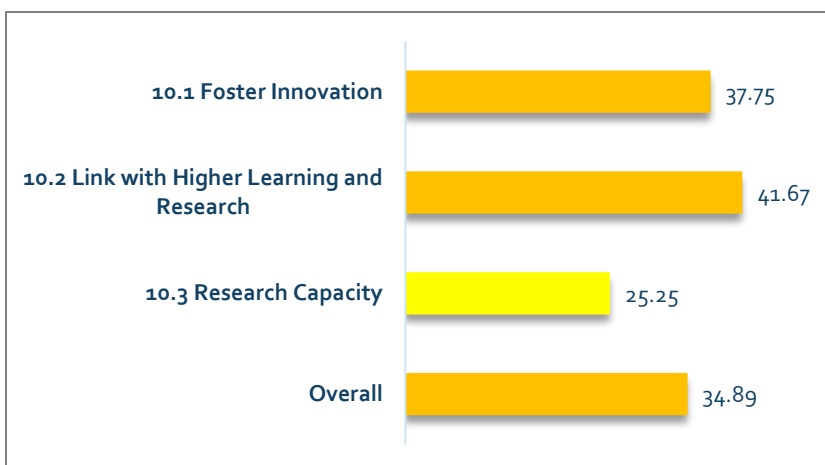
- Find ways to reach general public. Input from surveys.
- Linkage among agencies such as Health Department, Fire, Police etc.



Long-term improvement opportunities

- Communication/Collaboration.
- More meetings between organizations to improve communication and dissemination of information to all staff.
- Find ways to reach potential users and get input on needs/wants.
- Set up a system to update provider lists, resources/registry.

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

This essential service was found to be performing at moderate level within the community. Several innovative ideas have been adopted elsewhere but are lacking in Floyd County. The participants noted that there is a need for the schools to work with the Health Department to encourage healthy lifestyles among the youth in the community. Also, more involvement from the youth should be encouraged in all phases of the system.



 Strengths	<ul style="list-style-type: none"> • Willingness to change • Good relationships • Resources are present
 Weaknesses	<ul style="list-style-type: none"> • Awareness of what is going on • Sharing of resources

Short-term improvement opportunities

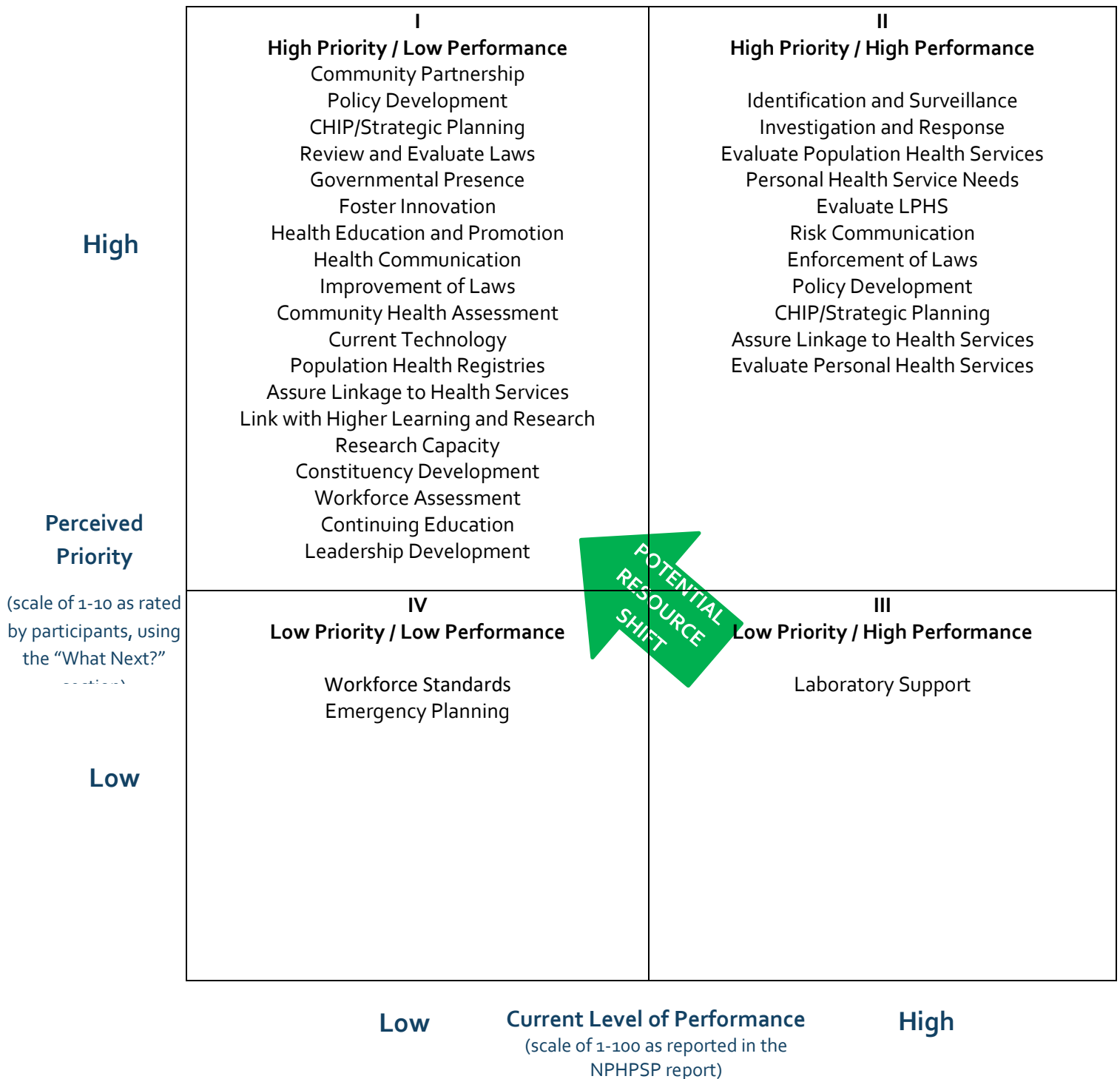
- More networking opportunities.

Long-term improvement opportunities

- Better outreach.
- Better promotion and volunteer opportunities.

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 Floyd County can be summarized as follows:

Key Strengths	Key Weaknesses
<ul style="list-style-type: none">• Resource availability – Resource rich county.• Awareness among population to improve health care needs and access.• Laws/Regulations in place and presence of accountability.• Adequate emergency measures/processes in place.• Investigating and diagnosing health status of a community.	<ul style="list-style-type: none">• Lack of communication and public involvement regarding LPHSA activities.• Inadequate mental health and dental health services.• Competent workforce availability.• Health care disparities.• Lack of higher learning and innovative research capacity.• Sharing of resources and information.• Collective impact efforts.• Updating policies and plans to better serve the community needs.
Highest Scoring Essential Services	Lowest Scoring Essential Services
<ol style="list-style-type: none">1. Enforce Laws and Regulations that Protect Health and Ensure Safety2. Diagnose and Investigate Health Problems and Health Hazards in the Community3. Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable	<ol style="list-style-type: none">1. Assure a Competent Public and Personal Health Care Workforce2. Monitor Health Status to Identify Community Health Problems3. 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, Floyd 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.

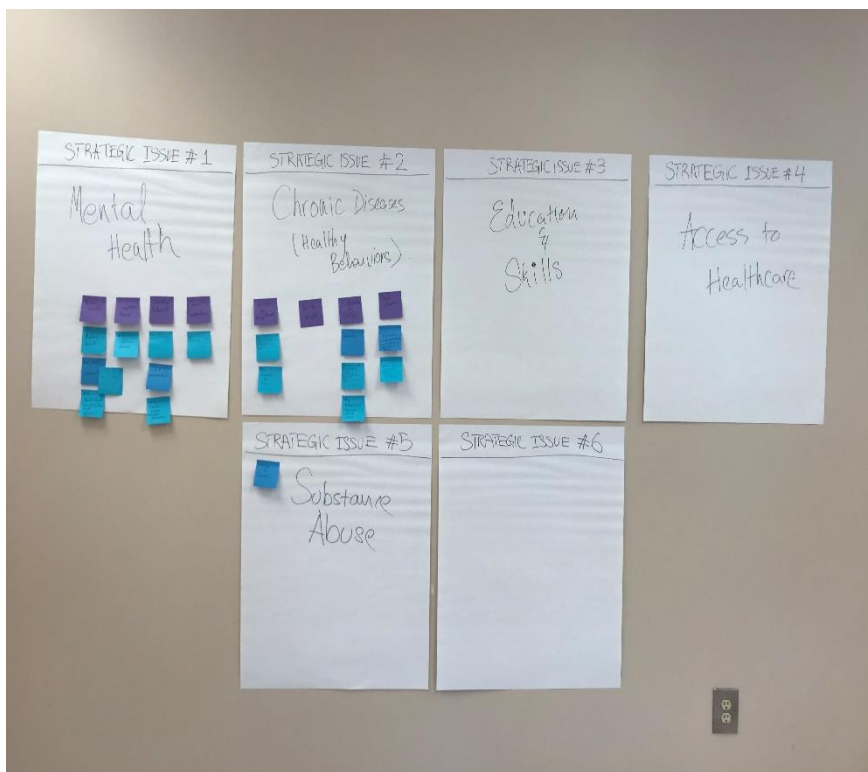
Because of the limitations noted, it should be noteworthy that these results should be utilized for guiding an overall public health infrastructure and performance improvement process for the public health system and should not be interpreted to reflect the capacity or performance of any single agency 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 Floyd County Health Department in August 2019. 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.



Floyd County Health Department – Identify Strategic Issues Meeting- Aug 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 4 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 of 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>
- Floyd 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>