Community Health Assessment

Gordon County

2020

Georgia Department of Public Health

District 1-1

DPH
Georgia Department of Public Health
Northwest Health District

Acknowledgements

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• Norris Sexton - Gordon County Commissioner & Gordon County BOH	• Brandy McConnell – George Chambers Resource Center
• Jamie Stephens – Gordon County MATS	

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

Letter from Nurse Manager

It is my pleasure to present to you the 2020 Gordon County Community Assessment. Please take time to review the health assessment, as it represents a broad picture of the Gordon County Community. I would like to thank all the community partners that participated in the Community Assessment meetings for your time and dedication. This project would not be possible without you and your support. The health of Gordon County is a collaborative effort. Working together, we can make Gordon County a great place to live, work and visit.

 Again, thank you for your time, commitment and dedication.

Sincerely,

Lisa Crowder, R.N.
County Nurse Manager
Gordon County Health Department

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Executive Summary

In 2018, the Gordon 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 prioritizes 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 Gordon 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 Gordon County. Qualitative data input includes primary research gathered through a series of Key Informant Interviews and Focus Groups as well 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 MAPP[i]

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

There is a total of six phases in MAPP. Each phase is illustrated in the graphic 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.
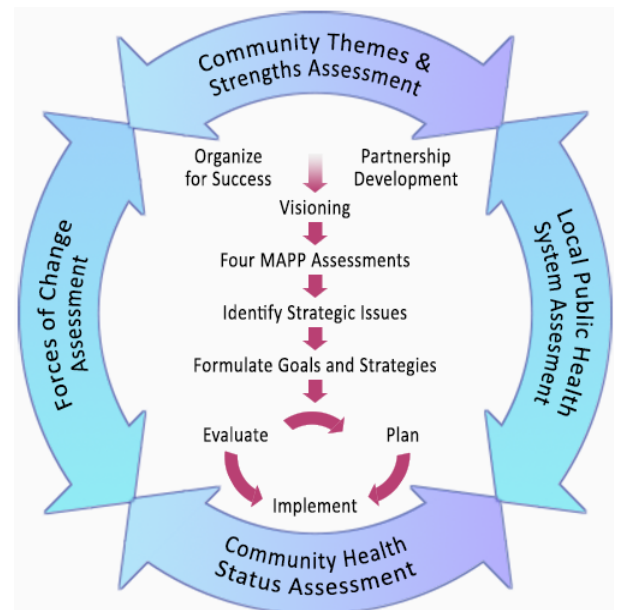
Phase 3: Four MAPP Assessments

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 Gordon County who represented their non-profit organizations or local businesses. All in all, the steering committee represented a diverse group of individuals who all brought their individual expertise, and this is one reason for assembling a diverse MAPP Committee – to get as many individuals and organizations in the community as possible moving in the same direction and communicating well with one another.

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

MAPP Timeline
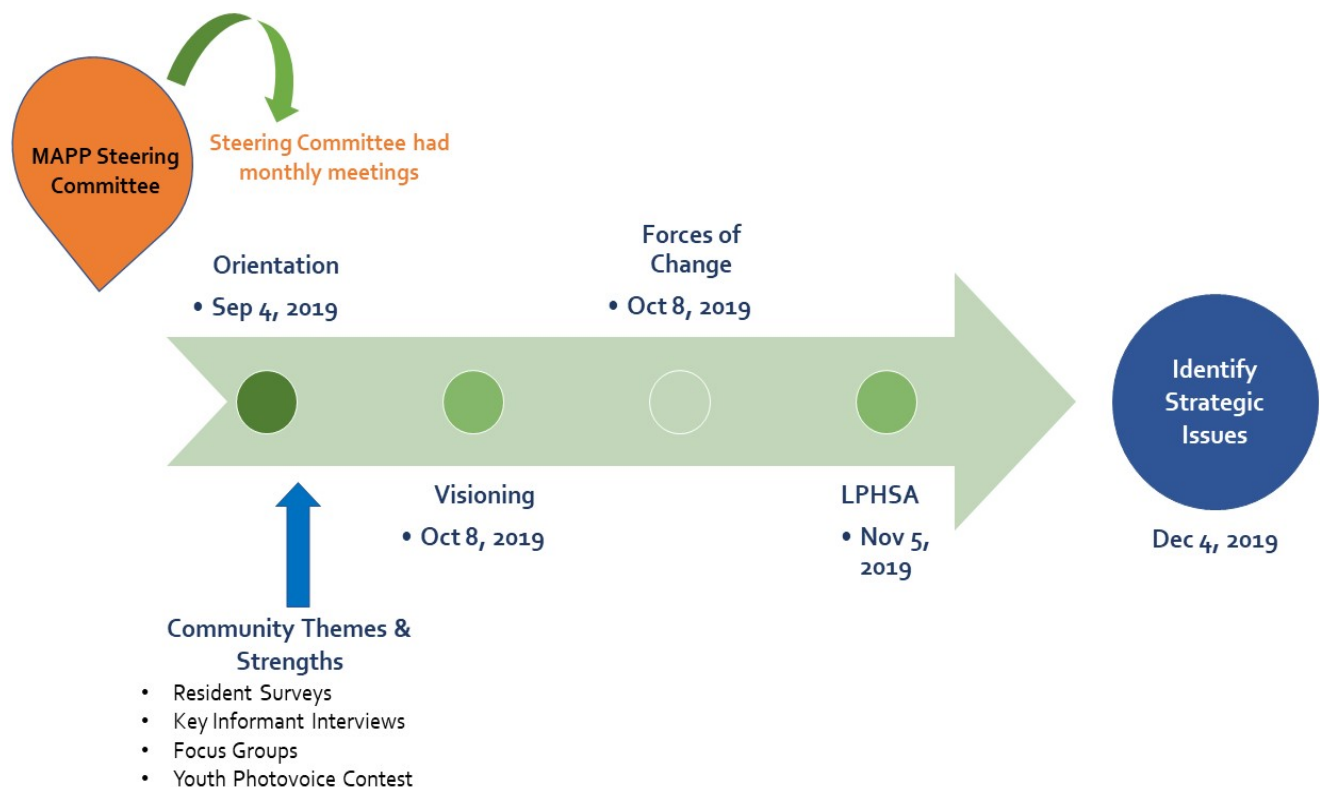
Phase II – Visioning

The Vision and Values were finalized over the course of one meeting held in two phases, in October with the steering committee and some key community members from Gordon County. The participants in the first phase of the meeting teased out common ideas and themes through a collaborative process, and then 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 Gordon 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 together to complete an Affinity diagram to organize the common themes and ideas under broader groups and develop a shared consensus. All participants in the workgroup helped to finalize the vision statement:

> *"Gordon County, a healthy community that promotes faith, diversity, healthy living, education, family support and strong employment."*

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.
	Resource Development: A community that values existing resources in the community and development of these resources for the use of betterment of the community.

	Communication: A community that values the importance of good communication.
	Strategic Plan: A community that believes in getting results and having a strategic plan in place to get these results.
	Leadership: A community that believes in good leadership; one who can take ownership and serve as a point of cotnact during the process of implementation.

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 Gordon County.

Resident Surveys

The Gordon County community health survey was distributed to residents via an online link and in the form of printed copies. Gordon 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 Gordon County:
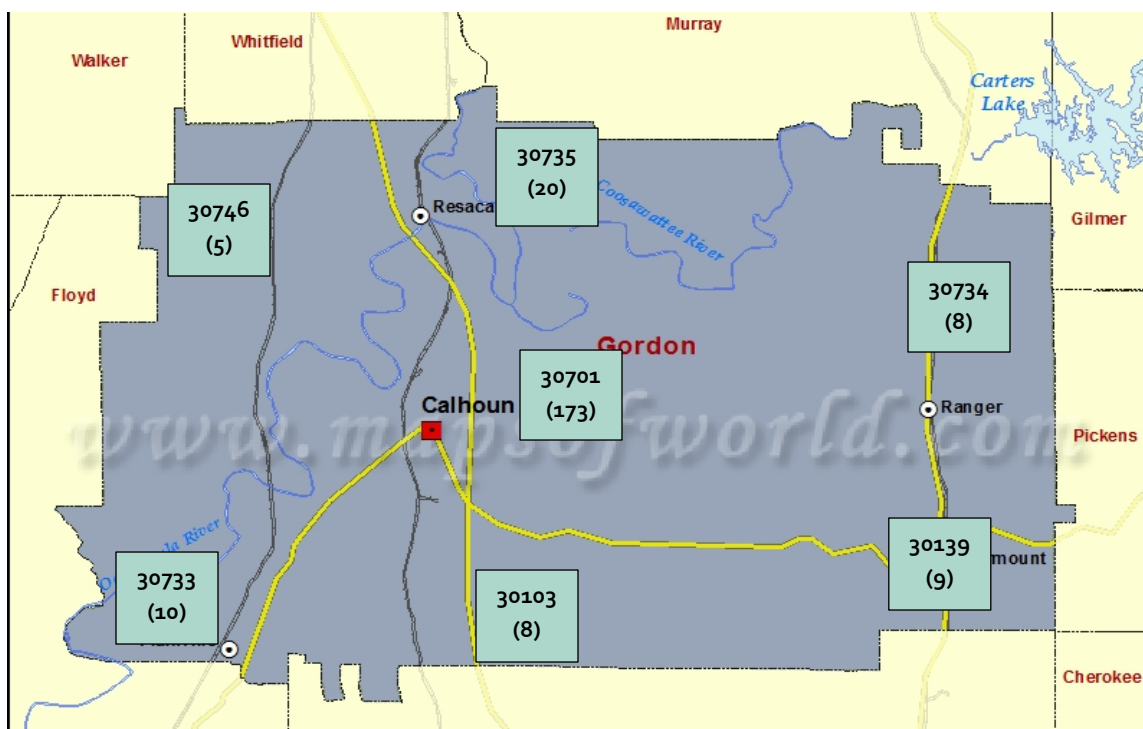
Source: Gordon County Map- ArcGIS

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 (77%) were females. The racial make-up of survey respondents reflects that of the population of Gordon County with a majority of Whites, followed by African Americans and Hispanics. Around 32% had completed some college degree while 42% had a college degree or higher education credentials and only 7% of respondents had a less than high school education.

	Survey Respondent Percentages	Charts
Age		
Under 18	1%	
18 - 25	11%	
26 - 39	25%	
40 - 54	36%	
55 - 64	18%	
65 - 80	9%	
Over 80	0%	
Gender		
Male	23%	
Female	77%	
Other	0%	

Race/Ethnicity

Race/Ethnicity	
White/Caucasian	93%
Hispanic/Latino	5%
Asian/Pacific Islander	2%
Native American	0%
Black/African American	1%
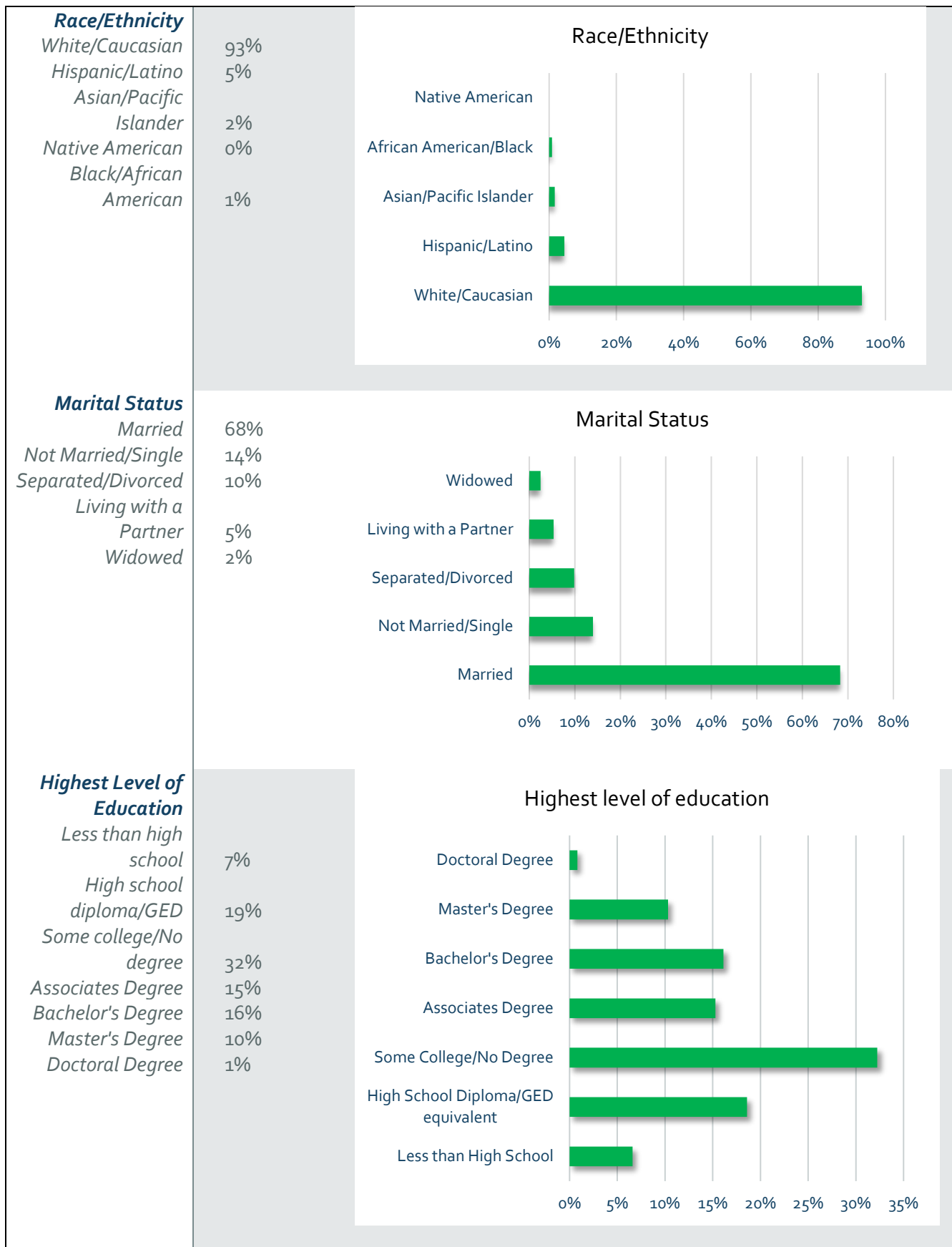
Race/Ethnicity

Marital Status

Marital Status	
Married	68%
Not Married/Single	14%
Separated/Divorced	10%
Living with a Partner	5%
Widowed	2%

Marital Status

Highest Level of Education

Highest Level of Education	
Less than high school	7%
High school diploma/GED	19%
Some college/No degree	32%
Associates Degree	15%
Bachelor's Degree	16%
Master's Degree	10%
Doctoral Degree	1%

Highest level of education

Annual Household Income	
Less than $20,000	11%
$20,000 - $29,000	11%
$30,000 - $39,000	13%
$40,000 - $49,000	13%
$50,000 - $59,000	7%
$60,000 - $70,000	13%
Above $70,000	32%

Annual Household Income
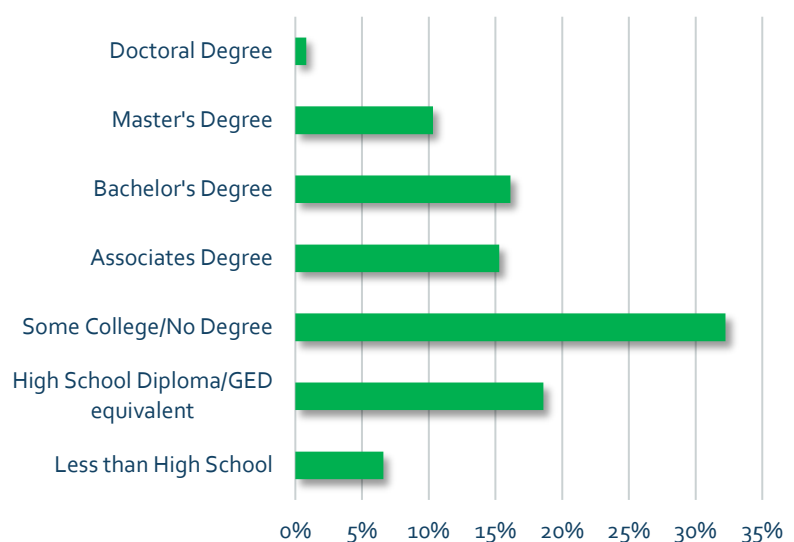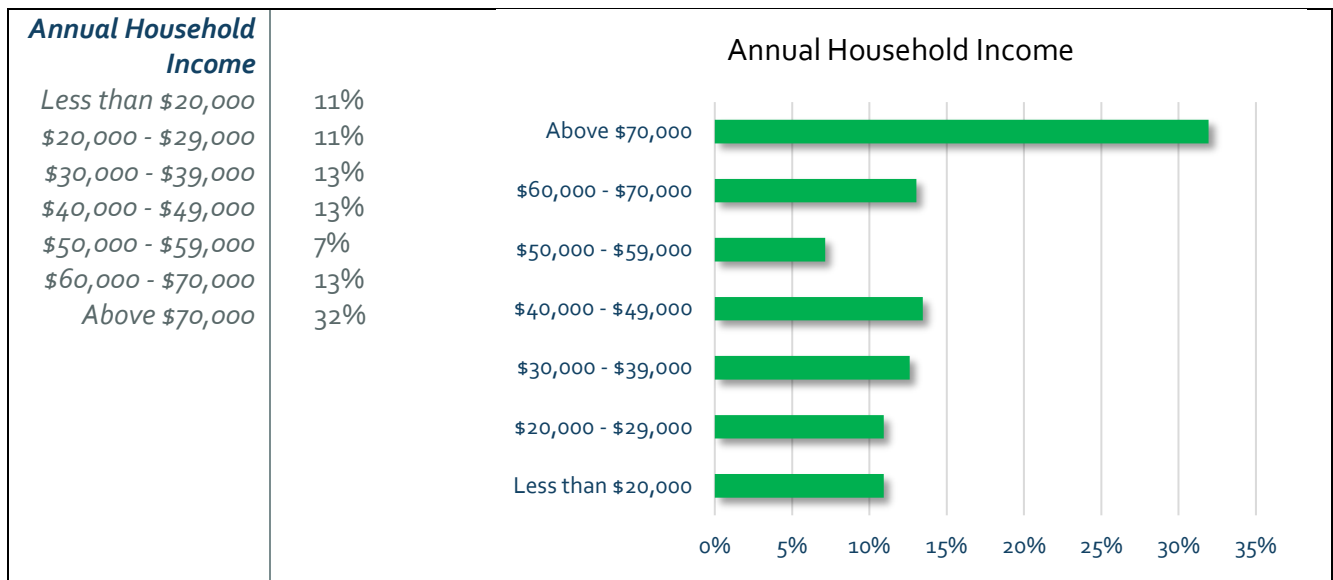
Source: 2019 Gordon County Community Health Survey

Healthcare Questionnaire

Q: Do you receive the majority of your healthcare in Gordon County?
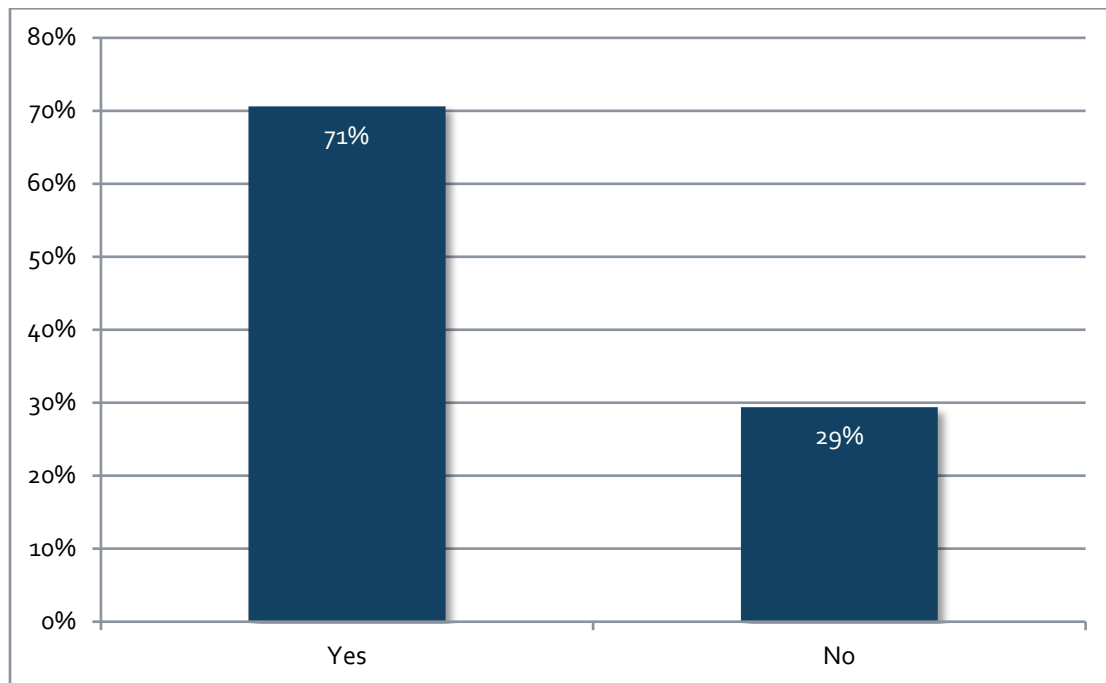
Source: 2019 Gordon County Community Health Survey

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

Majority (50%) 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 (16%) of responders 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.
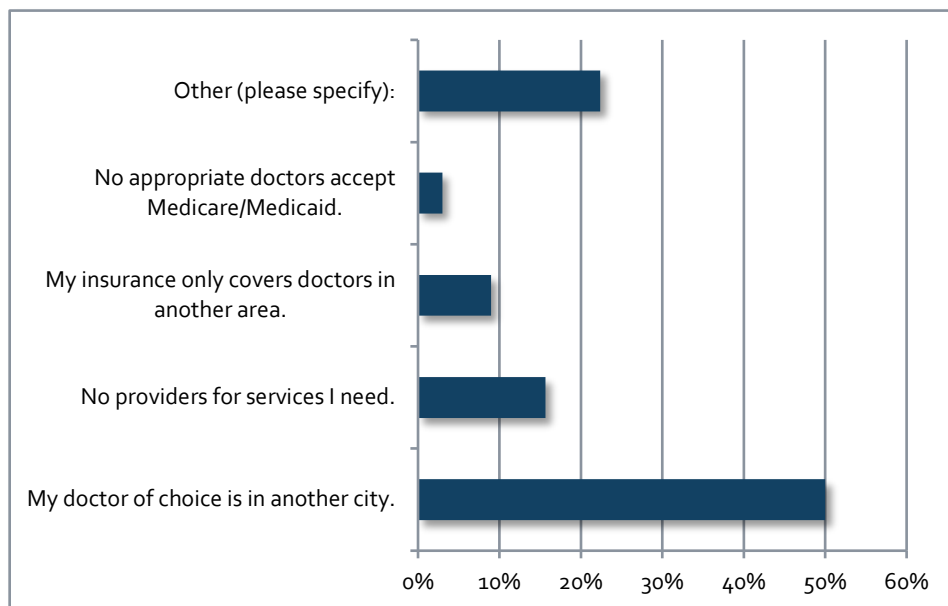
Source: 2019 Gordon County Community Health Survey

Q: What is the primary method you use to pay for your healthcare?
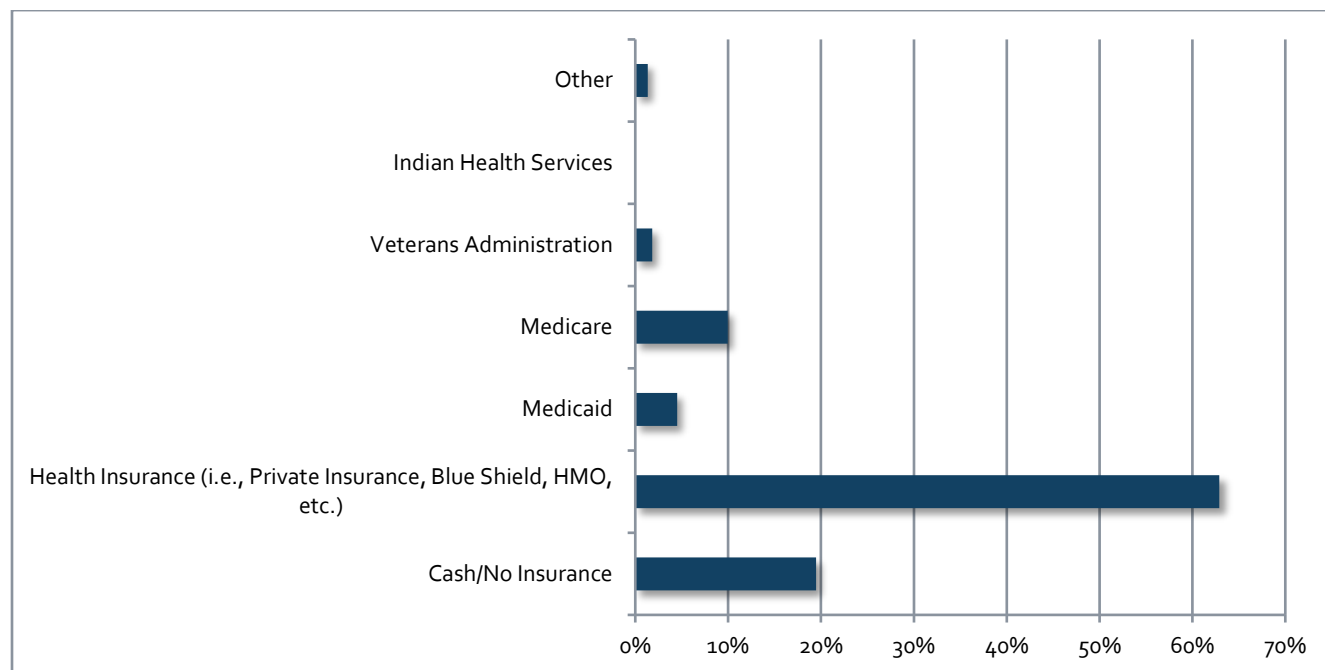
Source: 2019 Gordon County Community Health Survey

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

An overwhelming majority of the respondents (96%) indicated that they had reliable transportation when they needed to get to a doctor.
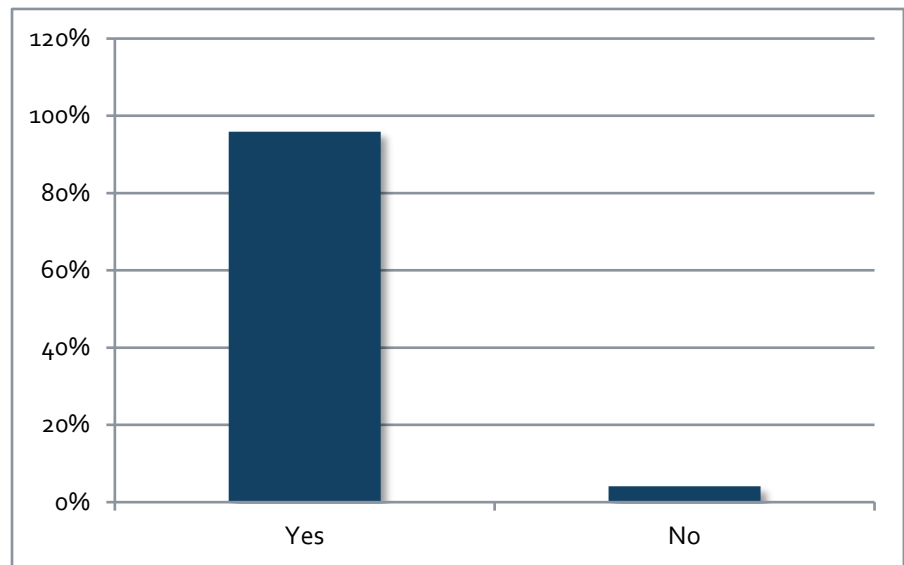
Source: 2019 Gordon County Community Health Survey

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

Source: 2019 Gordon County Community Health Survey
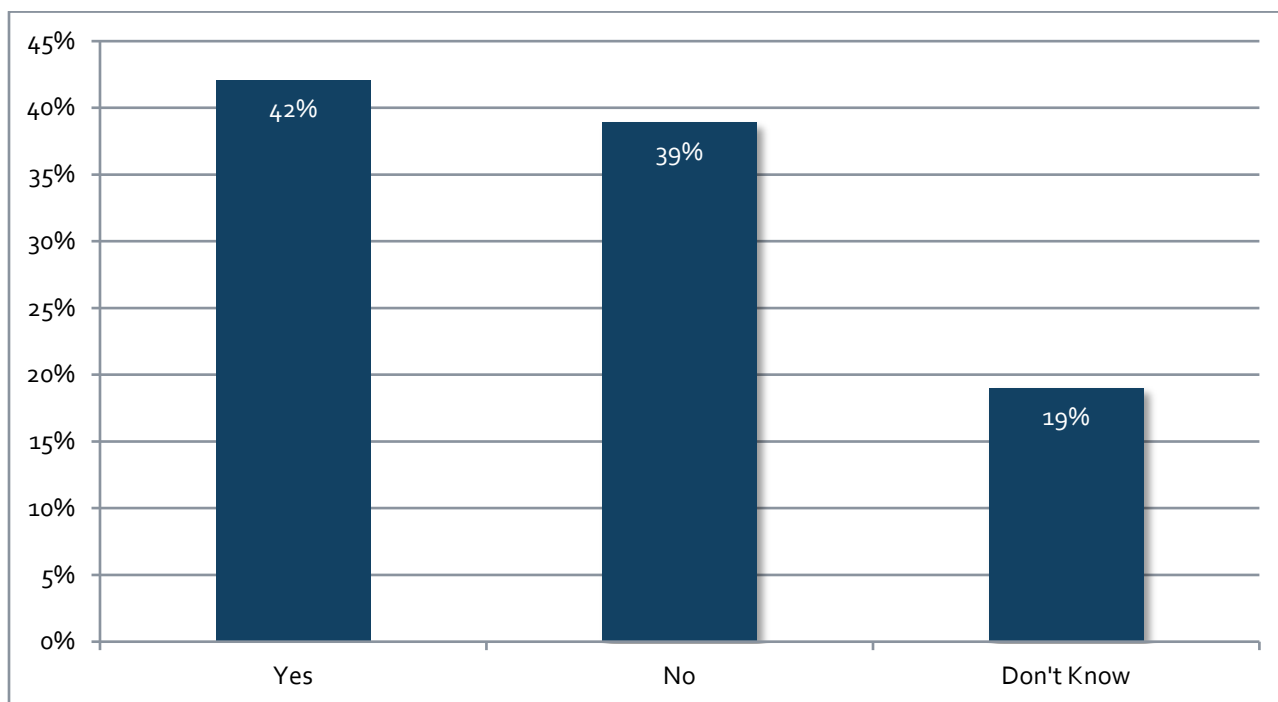
Source: 2019 Gordon County Community Health Survey

Q: Do people in the community have access to health and wellness information?
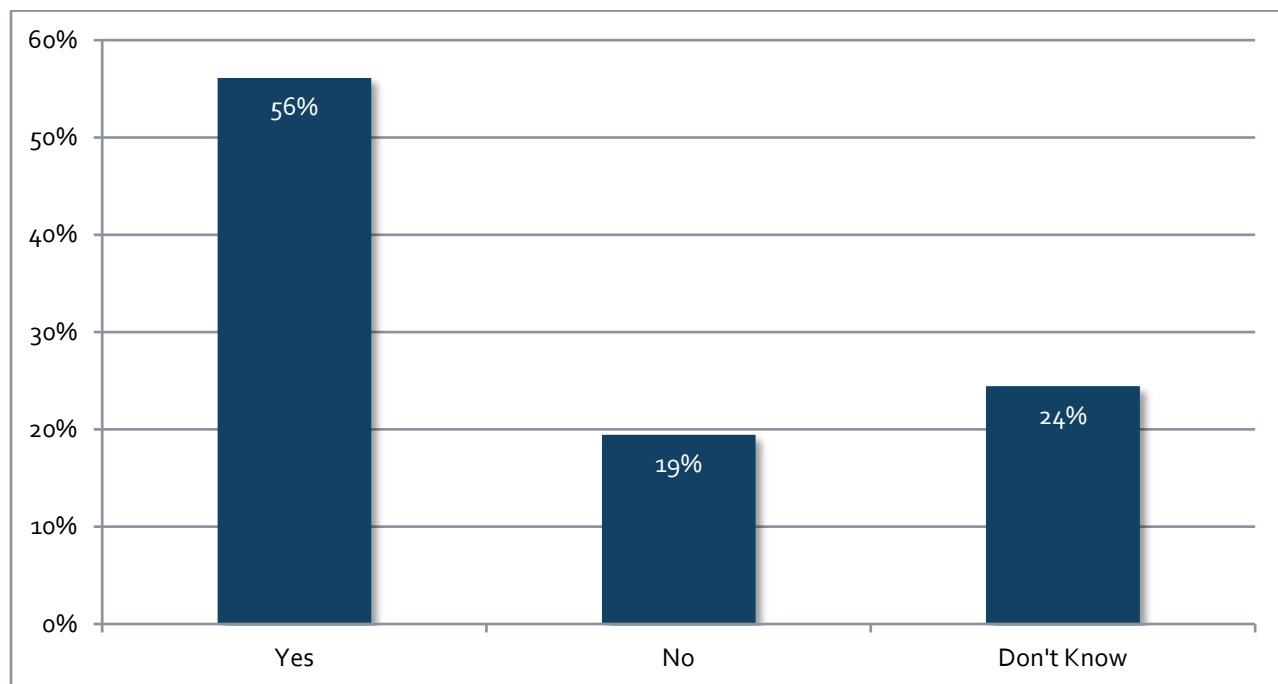
Source: 2019 Gordon County Community Health Survey
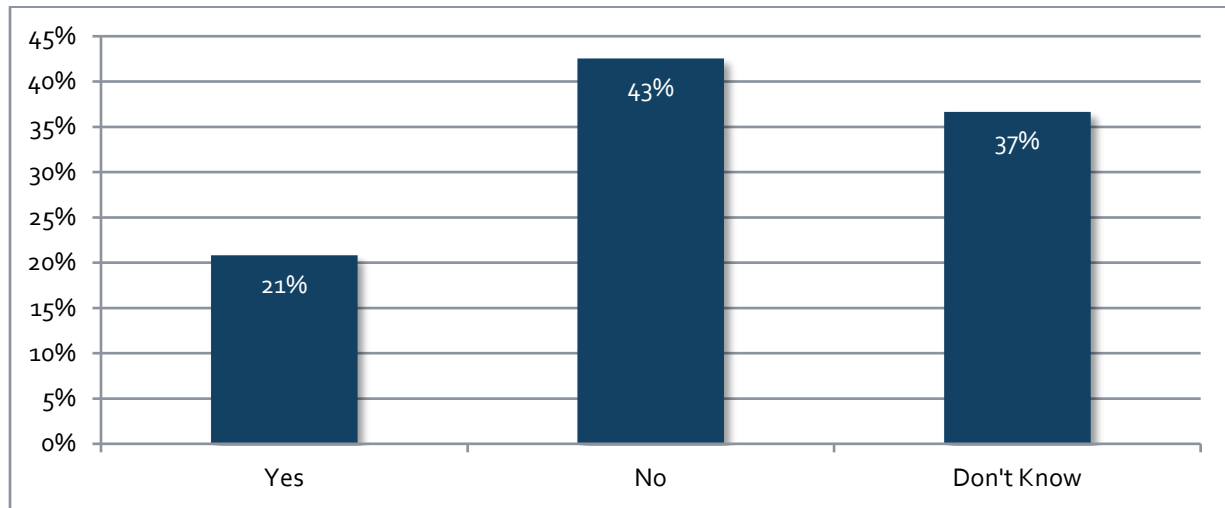
Source: 2019 Gordon County Community Health Survey

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

Of all the respondents who completed the survey:

2% felt that they were "VERY HEALTHY"

12% felt that they were "HEALTHY"

51% felt that they were "SOMEWHAT HEALTHY"

31% 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 2% of the residents perceived the community's health as being "Very Healthy". This shows a trend that leaves room for intervention efforts especially targeted towards preventive healthcare, thereby improving the overall community health and elevating the quality of life for its residents.
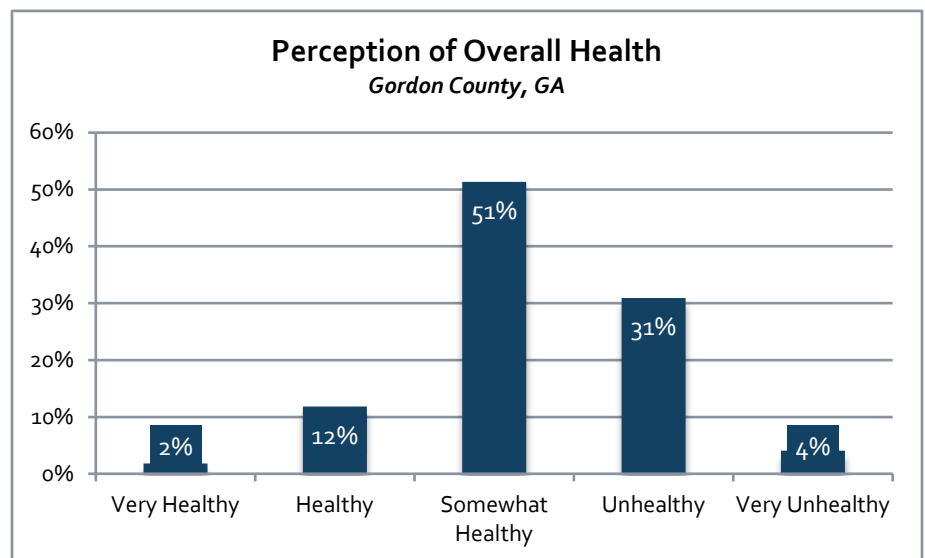
Perception of Overall Health
Gordon County, GA

Source: 2019 Gordon County Community Health Survey

Source: 2019 Gordon County Community Health Survey

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

1. **Access to Healthcare and Other Services**
2. **Healthy Behaviors & 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 characteristic for White and Black/African American population, however Hispanics and other minority population thought Good Jobs and Healthy economy was a bigger priority. Healthy Behaviors & Lifestyle was also down the list for minority population who replaced it with Low Crime/Safe Neighborhoods.

Priority	White/Caucasian	African American/Black	Hispanic/Latino	Asian/Pacific Islander
1	**Access to Healthcare and Other Services**	**Access to Healthcare and Other Services**	Good Schools	**Good Jobs and Healthy Economy**
2	**Healthy Behaviors and Lifestyles**	**Healthy Behaviors and Lifestyles**	**Good Jobs and Healthy Economy**	Low Crime / Safe Neighborhoods
3	**Good Jobs and Healthy Economy**	**Good Jobs and Healthy Economy**	**Healthy Behaviors and Lifestyles**	Strong Family Life
4	Low Crime / Safe Neighborhoods	Parks and Recreation	**Access to Healthcare and Other Services**	**Access to Healthcare and Other Services**
5	Clean Environment	Affordable Housing	Parks and Recreation	**Healthy Behaviors and Lifestyles**
6	Affordable Housing	Religious or Spiritual Values	Tolerance for Diversity	Affordable Housing

Source: 2019 Gordon County Community Health Survey

Healthy Community Perceptions according to Income level

According to Income, Access to Healthcare stayed at the top for all respondents. Healthy Behaviors & Lifestyles was the second most important characteristic for all population except for 30,000 and below income range where Affordable Housing was their second priority followed by Low Crime/ Safe Neighborhoods. Healthy behaviors and Lifestyle was at the bottom for this group.
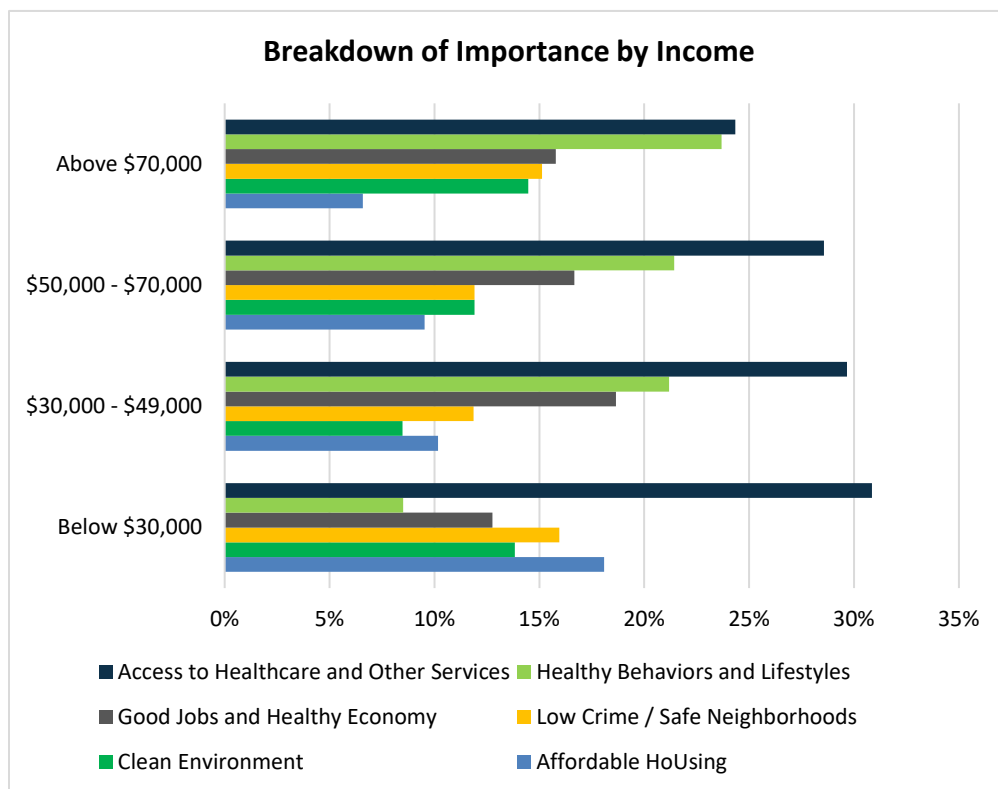
Breakdown of Importance by Income

Legend:
- Access to Healthcare and Other Services
- Healthy Behaviors and Lifestyles
- Good Jobs and Healthy Economy
- Low Crime / Safe Neighborhoods
- Clean Environment
- Affordable HoUsing

Source: 2019 Gordon County Community Health Survey

Healthy Community Perceptions According to Education level

According to Education Level, Access to Healthcare was the top answer across most education levels, except respondents with a professional education degree, who thought Healthy Behaviors & Lifestyles was the foremost priority. Good Jobs and Healthy Economy was only important for people with a lower educational attainment status and was replaced with Clean Environment and Low Crime/Safe Neighborhood in the higher educational attainment categories.

Priority	High School Diploma/ GED Equivalent	Less Than High School	Some College/ No Degree	Associate's Degree	Bachelor's Degree	Master's Degree	Doctoral Degree
1	Access to Healthcare and Other Services	Access to Healthcare and Other Services	Access to Healthcare and Other Services	Access to Healthcare and Other Services	Access to Healthcare and Other Services	Healthy Behaviors and Lifestyles	Healthy Behaviors and Lifestyles
2	Good Jobs and Healthy Economy	Low Crime / Safe Neighbor-hoods	Healthy Behaviors and Lifestyles	Healthy Behaviors and Lifestyles	Low Crime / Safe Neighbor-hoods	Access to Healthcare and Other Services	Access to Healthcare and Other Services
3	Low Crime / Safe Neighbor-hoods	Good Jobs and Healthy Economy	Good Jobs and Healthy Economy	Clean Environment	Healthy Behaviors and Lifestyles	Clean Environment	Clean Environ-ment
4	Clean Environment	Good Schools	Affordable Housing	Low Crime / Safe Neighbor-hoods	Good Jobs and Healthy Economy	Community Involvement	Affordable Housing
5	Strong Family Life	Affordable Housing	Clean Environ-ment	Good Jobs and Healthy Economy	Good Schools	Strong Family Life	
6	Affordable Housing	Clean Environ-ment	Religious or Spiritual Values	Good Schools	Clean Environ-ment	Tolerance for Diversity	

Source: 2019 Gordon County Community Health Survey

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

Health Problem	Percentage
Mental Health issues	51%
Alcohol / Drug Abuse	49%
Poor Diet / Inactivity	35%
Chronic Disease (Cancer, Heart, Lungs, Diabetes, High...	31%
Child Abuse / Neglect	22%
Lack of Access to Healthcare	21%
Domestic Violence	16%
Homelessness	13%
Tobacco Use	12%
Hunger	11%
Teenage Pregnancy	11%
Aging Problems (e.g., Arthritis, Hearing/Vision Loss, etc.)	10%
Suicide	8%
Motor Vehicle Crashes	7%
Sexually Transmitted Disease (HIV/STD's)	6%
Other (please specify):	4%
Rape / Sexual Assault	2%
Infectious Diseases (Hepatitis, TB, etc.)	1%
Homicide	1%
Firearm-related Injuries	0%

Source: 2019 Gordon 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/Ethnicity

Mental Health Issues remained as a top concern according to Race/Ethnicity. However:

- Mental Health was the top concern for White and Hispanics, while the Black/African American population thought that Chronic Disease, STD's and Infectious disease was a bigger problem.
- Hispanic/Latino community put Child Abuse/Neglect as one of their top issues followed by Alcohol / Drug Abuse.

White/Caucasian	Black/African American	Hispanic/Latino
1. Mental Health Issues	1. Chronic Diseases	1. Mental Health Issues
2. Alcohol / Drug Abuse	2. Sexually Transmitted Disease (HIV/STD's)	2. Child Abuse / Neglect
3. Poor Diet / Inactivity	3. Infectious Diseases (Hepatitis, TB, etc.)	3. Alcohol / Drug Abuse

Source: 2019 Gordon 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	Mental Health Issues	Alcohol / Drug Abuse	Mental Health Issues	Alcohol / Drug Abuse	Alcohol / Drug Abuse	Poor Diet / Inactivity	Chronic Disease
2	Alcohol / Drug Abuse	Mental Health Issues	Alcohol / Drug Abuse	Mental Health Issues	Mental Health Issues	Mental Health Issues	Alcohol / Drug Abuse
3	Chronic Disease	Teenage Pregnancy	Poor Diet / Inactivity	Chronic Disease	Poor Diet / Inactivity	Chronic Disease	Mental Health Issues

Source: 2019 Gordon 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. **Poor Eating Habits**
3. **Being Overweight**

Risk Behavior	Percentage
Drug Abuse	70%
Poor Eating Habits	41%
Being Overweight	40%
Alcohol Abuse	38%
Lack of Exercise	25%
Tobacco Use	20%
UnSafe Sex	13%
Not Using Birth Control	13%
Dropping Out of School	13%
Racism	9%
Other (please specify)	5%
Not Getting "Shots" to Prevent Disease	5%
Not Using Seat Belts / Child Safety Seats	4%
Lack of Maternity Care	4%
Unsecured Firearms	3%
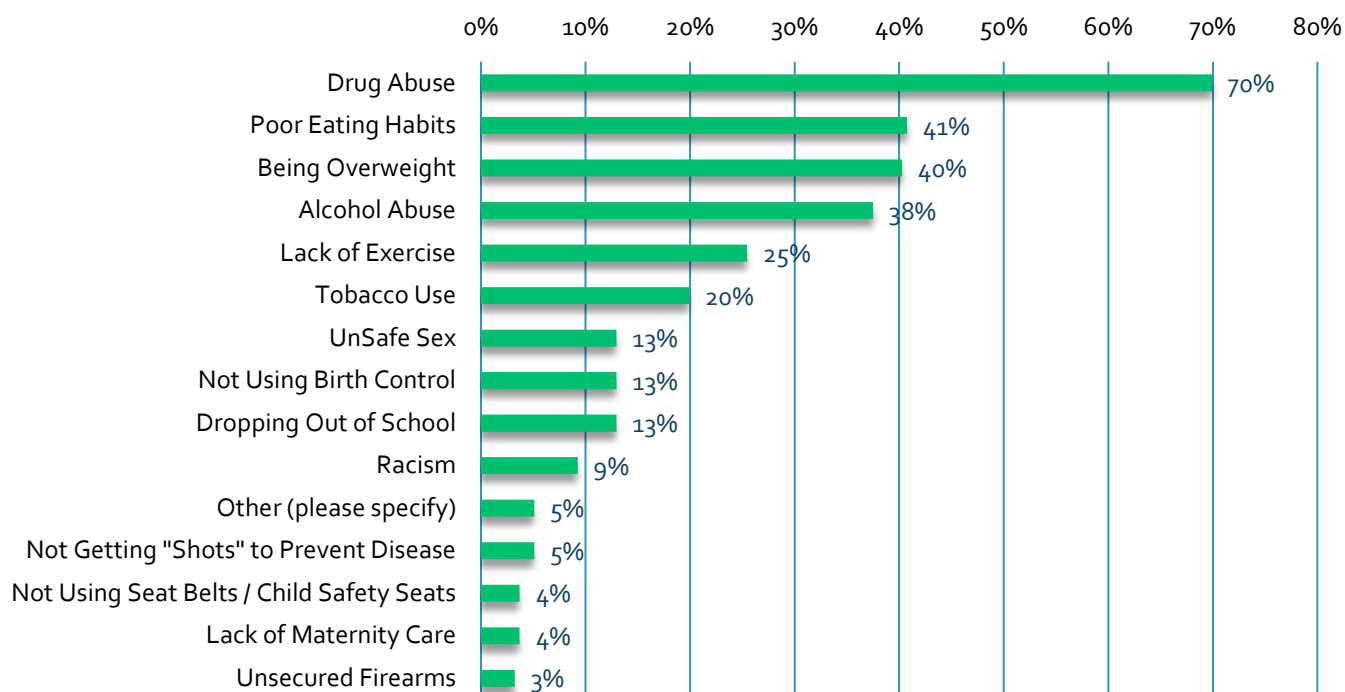
Source: 2019 Gordon County Community Health Survey

Is the community air of good quality?

Yes: 52%
No: 16%
Don't Know: 32%
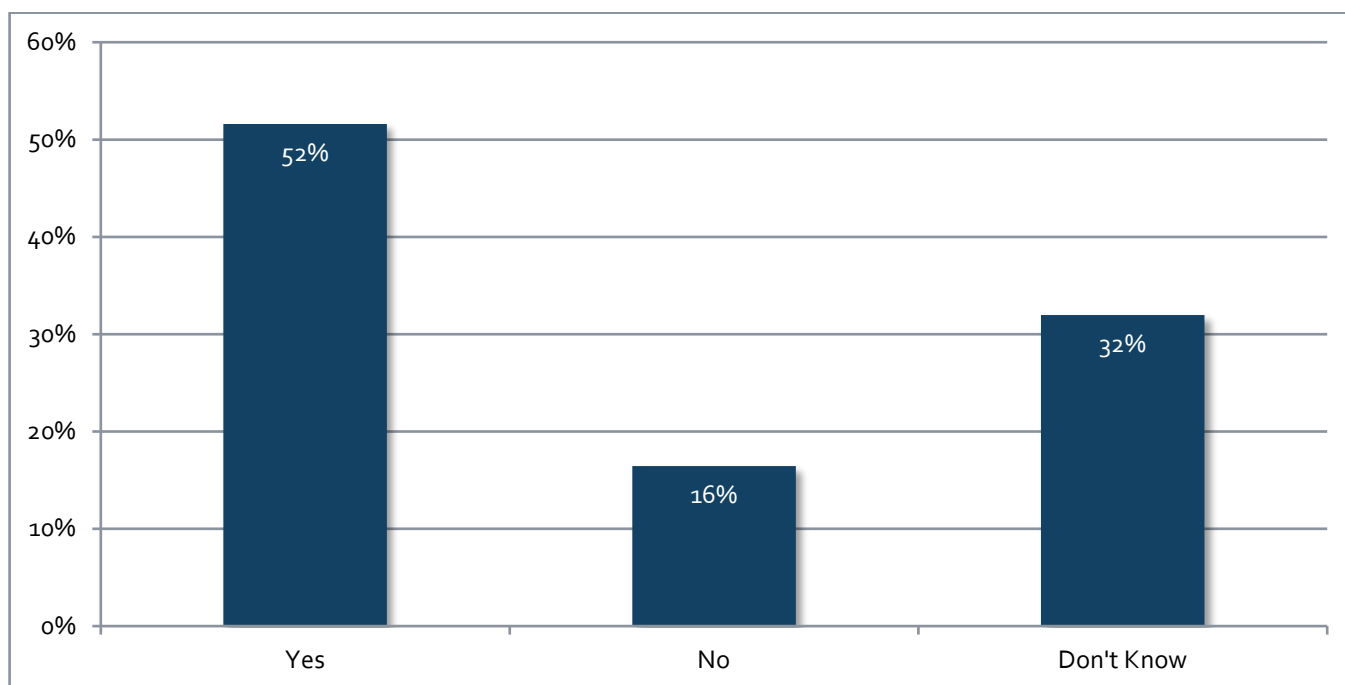
Source: 2019 Gordon County Community Health Survey

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

Yes: 76%
No: 20%
Don't Know: 3%
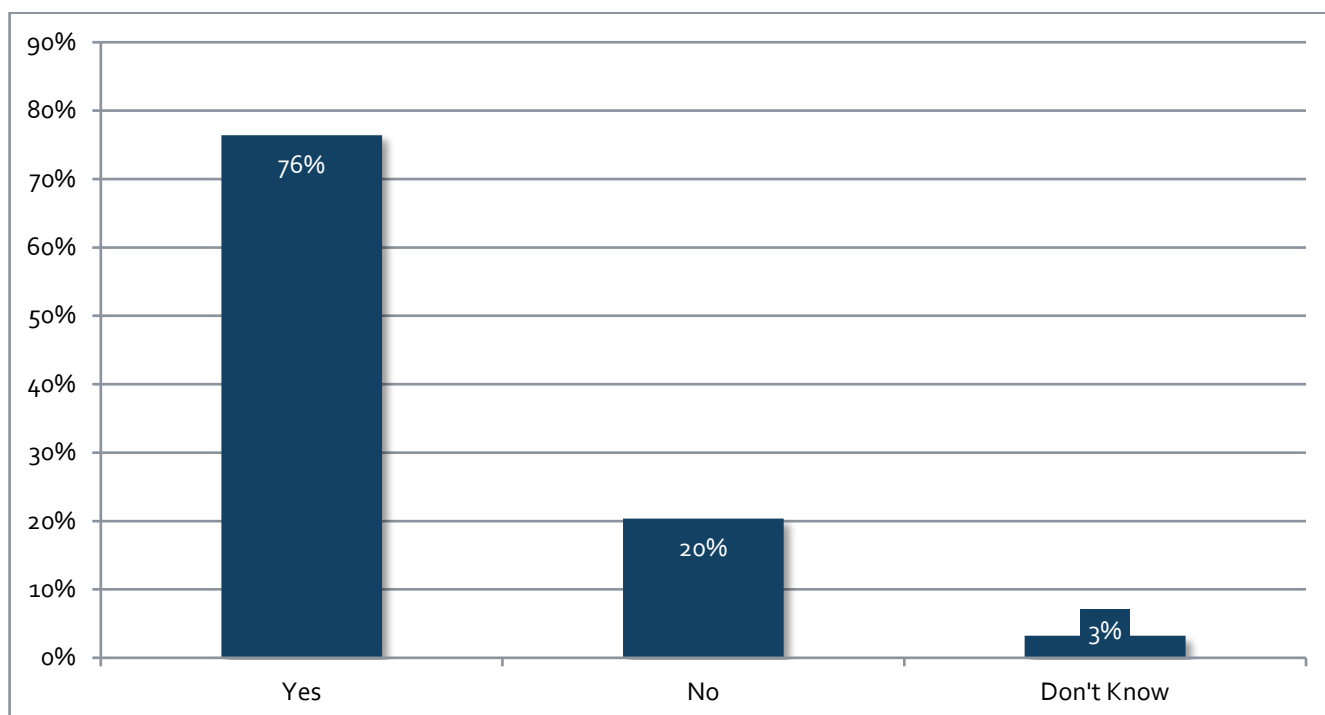
Source: 2019 Gordon County Community Health Survey

Q: Is there adequate access to physical activity needs in the community?
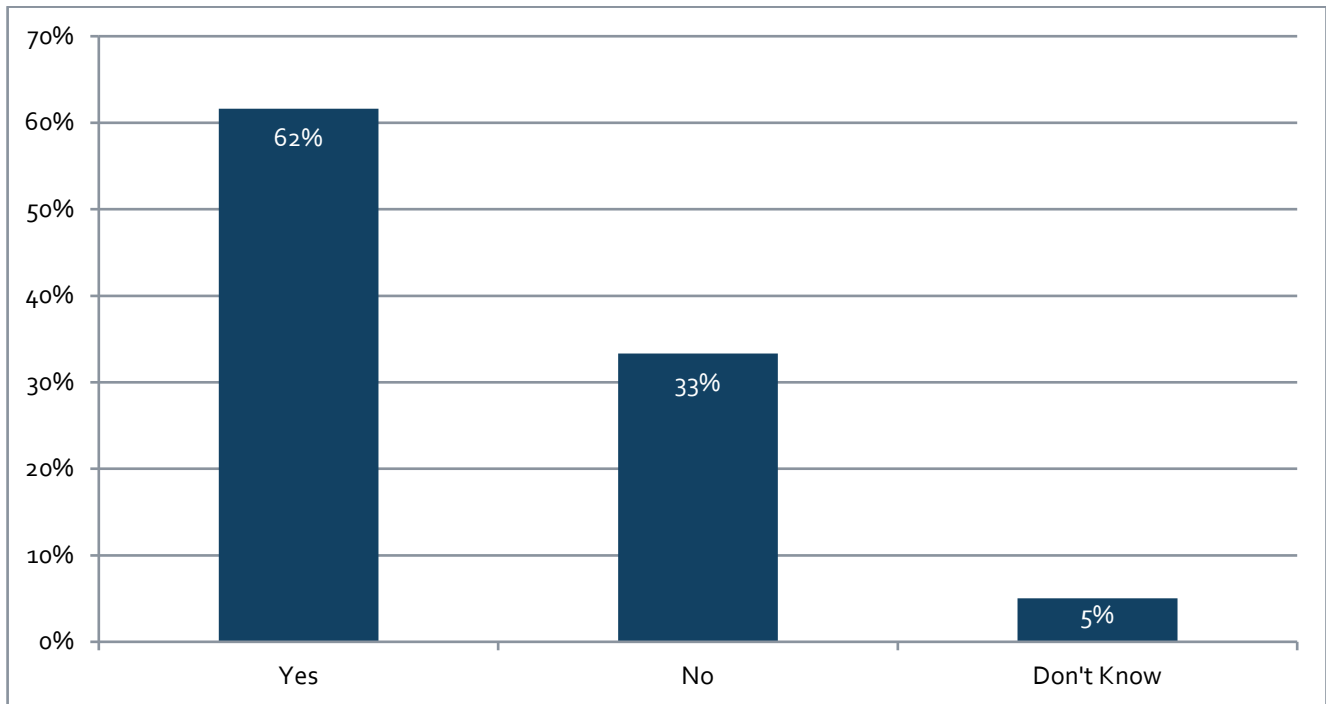
Source: 2019 Gordon County Community Health Survey

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 Gordon County, as indicated by its residents are as follows:

1. Community
2. Safety
3. Schools

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. Cost of Living
2. Recreational Opportunities
3. Community Events

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.   Faith organizations

Quality of Life Questionnaire[ii]

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.

Quality of Life Questionnaire

Domain	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Community Quality of Life	5%	16%	34%	38%	7%
Community HealthCare System	15%	30%	24%	26%	5%
Good Place to Raise Children	2%	10%	25%	49%	14%
Good Place to Grow Old	9%	17%	28%	38%	8%
Economic Opportunity	11%	22%	33%	30%	4%
Community Safety	3%	10%	22%	55%	9%
Community Network of Support	3%	7%	24%	48%	19%
Opportunities for Contribution	3%	10%	30%	48%	9%
Collective Impact	5%	16%	36%	37%	5%
Community Assets	9%	21%	27%	38%	5%
Mutual Trust & Respect	6%	14%	43%	31%	5%
Civic Responsibility/ Civic Pride	5%	20%	38%	31%	5%

Source: 2019 Gordon County Community Health Survey

Results Summary

The residents mostly indicated a level of satisfaction across all 10 domains of quality of life in Gordon County. The highest satisfaction score was for Quality of Life, Community Safety, Good Place to Raise Children, Community Assets and Mutual Trust and Respect, while the lowest performing domains included Community Network of Support, Economic Opportunity, Overall Community Quality of Life and Community Healthcare System.

Resident Survey Data Limitations

As with all research efforts, there are several limitations that should be acknowledged. One limitation is the sampling methodology used by the community health assessment survey (dissemination online and via community partners and social media). This survey used a convenience sample rather than a random or probability sampling methodology; therefore, the sample may not be representative of the larger population. While racial/ethnic demographic characteristics of the survey respondents indicate respondents were similar to the distribution of residents overall, the sample may not be representative since it was not randomly selected. Another noteworthy limitation is the length of the survey which consisted of 30 questions overall,

including the quality of life questionnaire. This has implications, not only on the response rate, but the quality and accuracy of the responses as well. An attempt was made to minimize survey fatigue by providing multiple choices for several questions that were open-ended in the initial survey design. The time spent on completing the surveys for most respondents was noted to be around 7-8 minutes. Self-reported data also comes with its own set of limitations. In some surveys, reporting and recall error may differ according to a risk factor or health outcome of interest.

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

Key Informant Interviews & Focus Group

To get a deeper understanding of the issues facing Gordon 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, 1 focus group was also conducted in the county.

In all, 10 Key Informant Interviews were conducted in person and 20 people participated in the focus group. The broad set of organizations they represent, are listed as follows:

Organizations Represented

- Gordon County DFCS
- Gordon County Parks & Recreation
- George Chambers Resource Center
- Highland Rivers, GA
- Gordon County Health Department

- Gordon County Schools
- Gordon County Greater Community Bank
- Gordon County Family Resource Center
- Gordon County EMA

Key Informant, Focus Group Data

Common Themes
The qualitative data from the Key Informant Interviews and the Focus Group 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 Gordon County
When participants were asked about what a healthy Gordon County means, most of them acknowledged the fact that health means more than just physical health and encompasses the body and mind as whole. They stressed the importance of equal access for all, education, community involvement, expanding services to the community and a great place to live, work and play with good jobs and a good spiritual connection. They rated the status of health in Gordon County as being generally good and, on the mend, noting how it has improved a lot compared to the previous years. Some of the reasons highlighted for this improvement include: good economy, awareness among people, better education, public engagement and great

leadership. Some of the areas that still need improvement included equitable access for all, mental health services within the community an interagency collaborative effort and sharing & effective utilization of resources.

"I strongly believe that each and every individual needs to give back to the community." – **Focus group participant**

"Listening piece is missing in our communication. And sometimes it is misinterpreted as a mental health issue. If only we listen more, we can become a better person for ourselves and for others." – **Key informant interview participant**

Health Equity

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

"Transportation is limited, so access is limited. Access to better, affordable healthcare." – **Key informant interview participant**

They also stressed the need to shift 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.

"Gordon county could do better with focus on policy change and transportation." – **Key informant interview participant**

"No one knows what the true resources are and have not identified them. Therefore, underutilization of resources becomes an issue." – **Key informant interview participant**

"Diet and access to biking and walking is limited within the community. There aren't many healthy restaurant choices around and if there is a beautiful park, but nobody can bike or walk to it, then it defeats the whole purpose." – **Key informant interview participant**

Community Strengths/Resources

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

"Churches sometimes can work in silos and there is need for better collaboration opportunities among the faith community." – **Key informant interview participant**

*"Any sort of financial help is missing in the community. Even if there is some, nobody is aware, and lack of awareness is a problem in itself." – **Focus group participant***

Interview participants also mentioned some agencies which are influential in the community and doing great work especially the Advent Health System 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. **Opioids/Substance Abuse** – An overwhelming majority of the interview participants mentioned the rising opioid and substance abuse statistics and the future implications if this issue is not addressed. A particular problem was the overwhelming use of Meth among the Youth.
2. **Mental Health –** Participants emphasized the lack of mental health services in the community. They stressed the need to have easy access to mental health services especially for the children and the youth.
3. **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.
4. **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.
5. **Lack of Youth Activities –** Participants felt that there was an overall lack of Youth entertainment opportunities in the community which can also act as a precursor for risky behavior among this age group (drugs etc.). Community events should be encouraged which can also teach the youth to become productive citizens.

*"There is an overwhelming need for good quality affordable child care in the community. It's a big struggle especially for working parents and single parents or guardians." – **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 education, mental health services and financial resources.

*"People will find a way if resources are there." – **Key informant interview participant***

*"Change is hard to accept. People need time and the right direction." – **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 Gordon 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 Gordon County were asked to answer the following question with a picture and a short story or a caption:

What does a Healthy Gordon County mean to you?

The team only received one photo during the contest duration which was declared a winner. The steering committee members voted on the photo to award the winning prize.

"A healthy Gordon County is a place where I can enjoy family, friends, and school."

-First Prize (Sonoraville High School)

Community Health Status Assessment

Geography

Gordon County is a county located in the northwestern part of the U.S. state of Georgia. Gordon County was established in 1850 and named for General William Washington Gordon, a state senator and the first president of the Central of Georgia Railway. That same year Calhoun, on the Western and Atlantic Railroad, was made the county seat. The city was named for John C. Calhoun, U.S. senator and vice president.

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

Source: New Georgia Encyclopedia
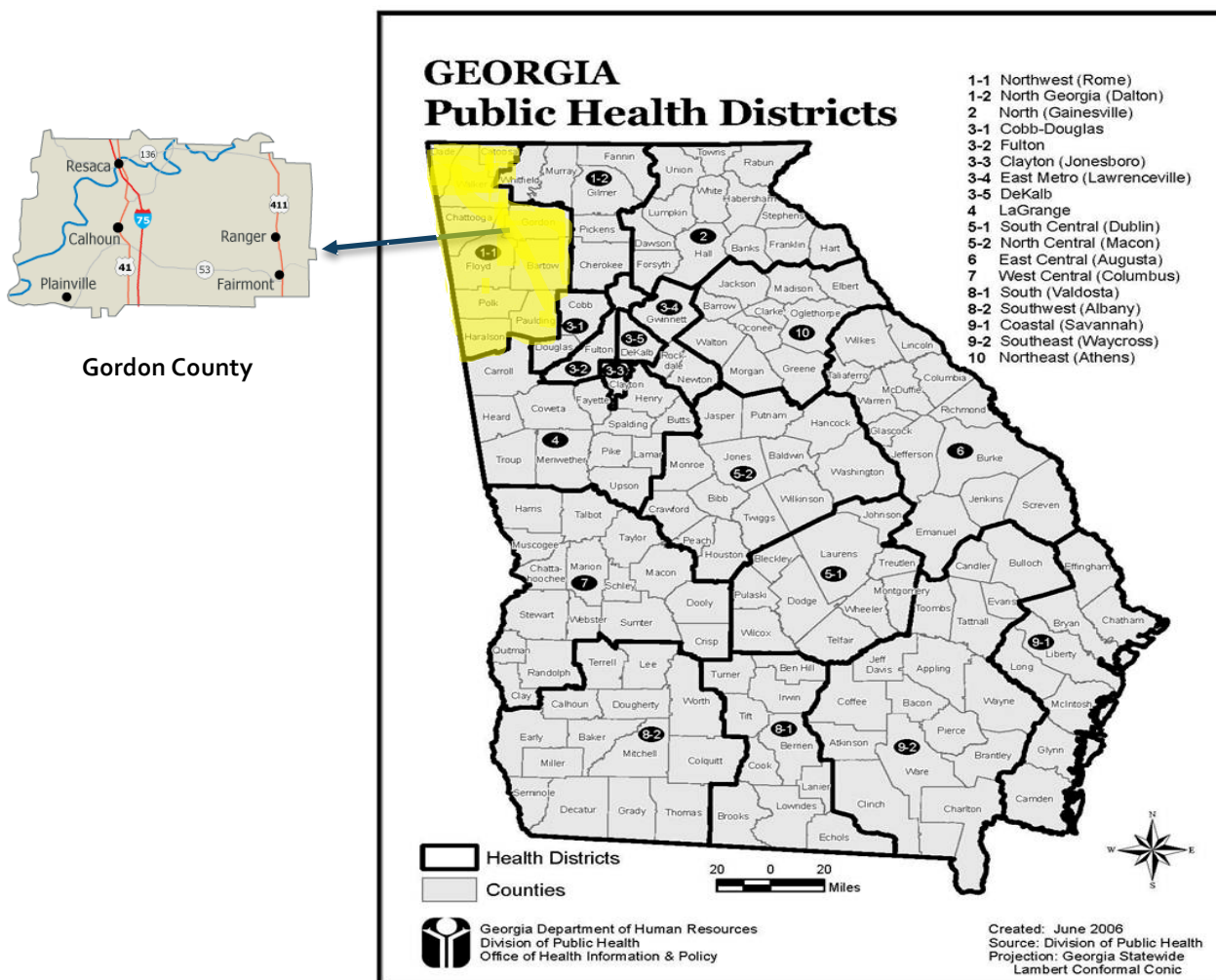
Gordon County

Source: Georgia Department of Public Health

Demographic Characteristics

Total Population & Population Characteristics

Gordon County's estimated population is 56,424 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 Gordon County Population at 57,685. 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:

	Gordon County	Georgia	United States
Population			
Total Population	**56,424**	10,201,635	321,004,407
Male	**49.5%**	48.7%	49.2%
Female	**50.5%**	51.3%	50.8%
Population under 18 years	**25.3%**	24.5%	22.9%
Population 65 years and older	**13.6%**	12.7%	14.9%
Median Age (Years)	**37**	36.4	37.8
Race			
White	**90.2%**	59.4%	73%
Black/African American	**4.1%**	31.3%	12.7%
American Indian and Alaska Native	**0.8%**	0.3%	0.8%
Asian	**1.1%**	3.8%	5.4%
Some other Race	**2.2%**	2.8%	4.8%
Ethnicity			
Hispanic/Latino	**15.4%**	9.3%	17.6%
Housing			
Total Housing Units	**22,391**	4,203,288	135,393,564
Built 1970 or earlier	**21.2%**	22.1%	39.3%
Median Home Value	**$119,500**	$158,400	$193,500
Socio-Economic Indicators			
Median Household Income	**$43,452**	$52,977	$57,652
Unemployment Rate	**4.6%**	4.7%	4.1%
Persons living below poverty	**18.8%**	16.9%	14.6%
Children living below poverty (Under 18)	**29.6%**	24.0%	20.3%
Families below poverty	**15.5%**	12.8%	10.5%
No health insurance coverage	**16.4%**	14.8%	10.5%
No health insurance coverage (Under 19)	**6.4%**	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. Gordon County's growth rate shows a consistent upward trend for the past 3-4 years, with a growth rate of 0.87% in the year 2018. Gordon County, Georgia is the 40th largest county in Georgia.

Population Growth (2012-2018)
Gordon County, GA

Legend: Population Estimates — American Community Survey

Year	Population Estimates	American Community Survey
2012	55,192	
2013	55,409	
2014	55,666	
2015	55,889	
2016	56,079	
2017	56,424	
2018	57,685	57187
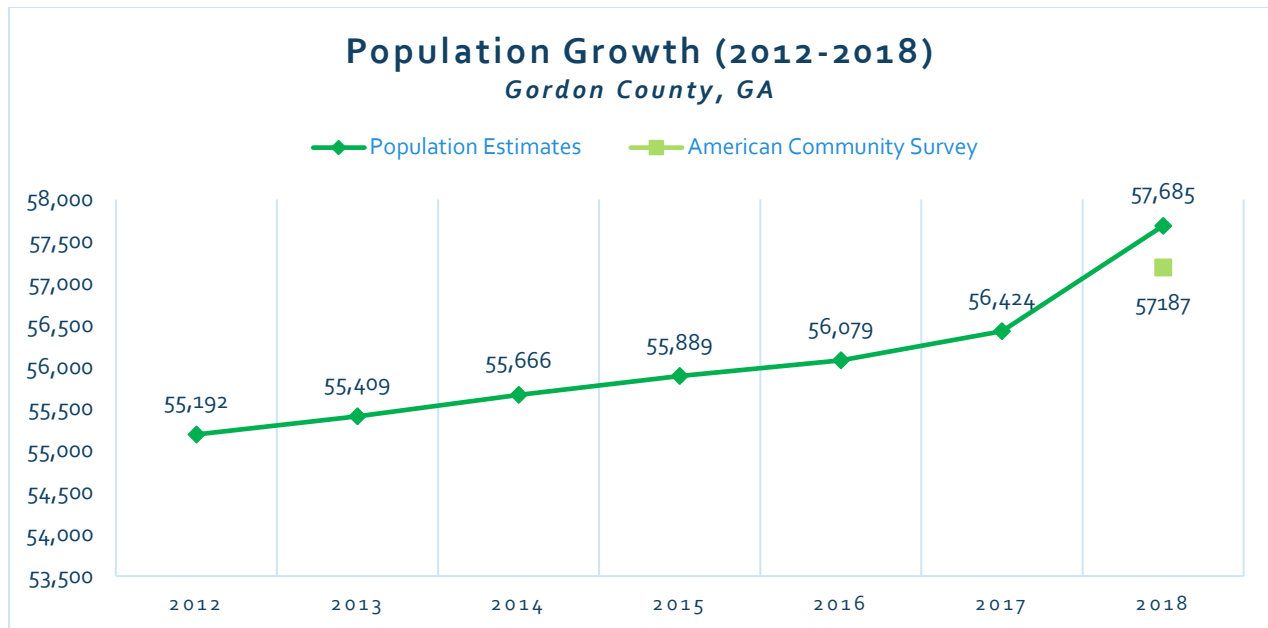
Source: U.S. Census Bureau (2012-2018)

Age

Median Age

The total median age of Gordon County residents is 37.8 and shows a trend towards aging population compared to the previous years. The gender distribution and the state and national comparisons are shown below:

36.6 | **39.1**

Report Area	Median Age
Gordon County, GA	37.8
State of Georgia	36.2
United States	37.7
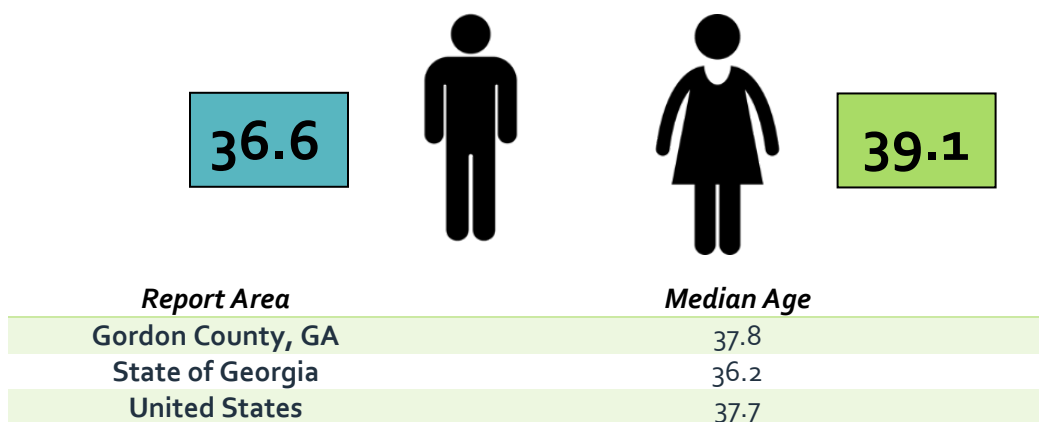
Source: U.S Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Percentage Age Distribution

Population	County	State
Under 18 years	25.3%	24.5%
18 years and over	74.7%	75.5%
65 years and over	13.6%	12.7%

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

The age structure of Gordon 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 44.2:100 and by 2017 it had declined to 41.4:100. 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 18.6:100 and it had increased to 22.2:100 by the year 2017. This again points towards an aging population trend in the county.

Child Dependency Ratio	**41.4** ⬇
Old Age Dependency Ratio	**22.2** ⬆
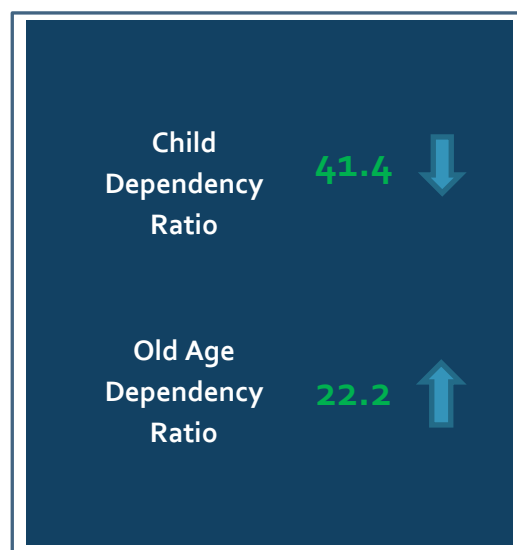
Race and Ethnicity

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 Gordon County, the majority population is White (90.2%), followed by Blacks or African American (4.1%) and Hispanic (any race) constitute about 15.4% of the population. In Gordon County, 16% of the population does not speak English at home, compared to 21% nationwide. Other languages spoken at home include Spanish (14.9%), other Indo-European languages (0.7%) and Asian or Pacific Islander languages (0.4%).

% Race Distribution

Gordon County, GA

White/Caucasian, 90.2%

Hispanic/Latino (Any race), 15.4%

Asian, 1.1%

American Indian/Alaskan Native, 0.8%

Black or African American, 4.1%
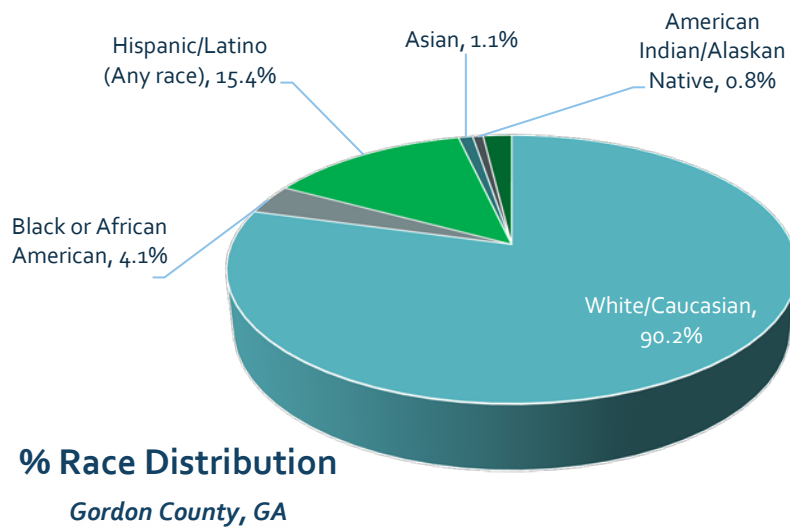
Source: U.S. Census Bureau – American Community Survey (2017)

Socioeconomic Characteristics

Education

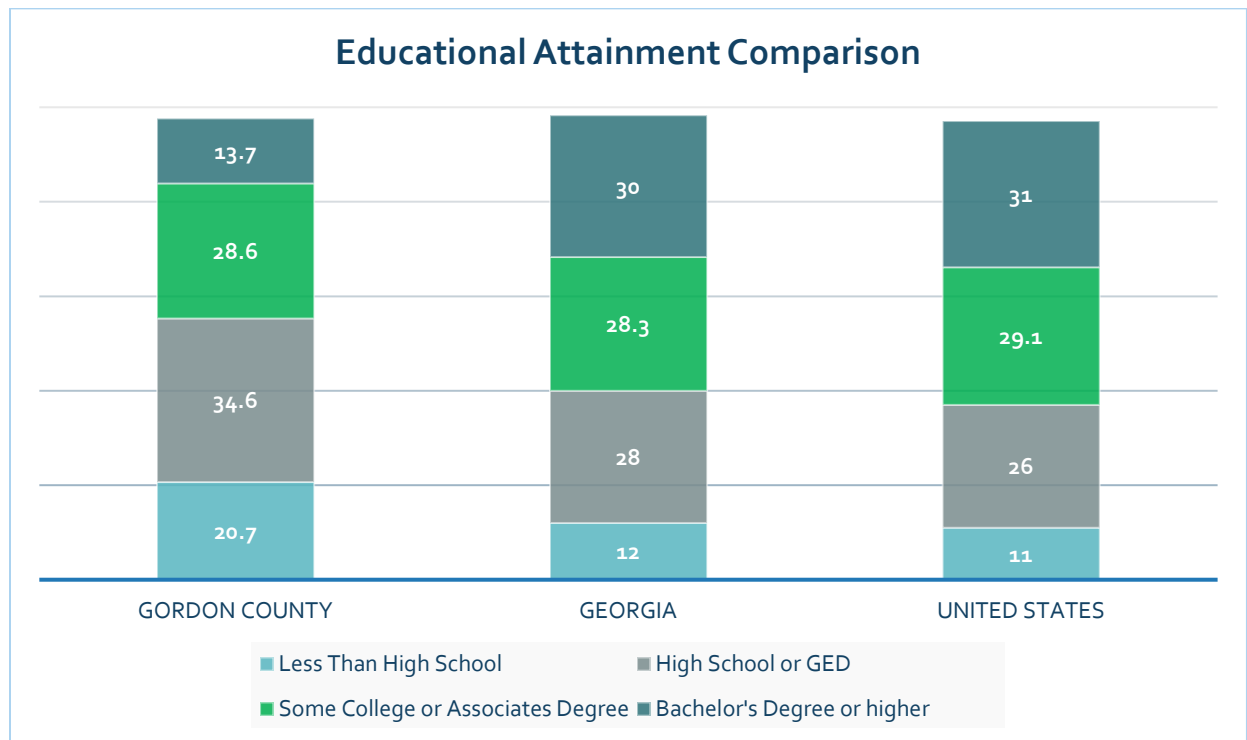Education is one of the best socioeconomic indicators for good health. Inadequate education and increased dropout rates not only affect children's academic achievement and indicate low socio-economic status of the community but are also associated with a deteriorating quality of life for the individual.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

High School Graduation Rate – **94.8%**

College/ Career Readiness Rate – **52.2%**

The overall percentage of Gordon County students with High School or GED as their highest education attainment is 34.6%, compared to GA (28%) and the United States (26%). However, the higher education rate (Bachelor's Degree & Graduate Degree or higher) in Gordon County is less than both Georgia and United States at only 13.7%. Also notable is the less than high school rate at 20.7% for Gordon County, compared to 12% and 11% for Georgia and United States respectively.

Educational Attainment Comparison

GORDON COUNTY
- 13.7
- 28.6
- 34.6
- 20.7

GEORGIA
- 30
- 28.3
- 28
- 12

UNITED STATES
- 31
- 29.1
- 26
- 11

Legend:
- Less Than High School
- High School or GED
- Some College or Associates Degree
- Bachelor's Degree or higher

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

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

There are some differences between educational attainment rates for males and females in Gordon County. High school graduate rate is 36.5% in males compared to 32.9% in females while Associates degree rate is higher in females. Graduate degree or above rate is less, 5.1% in males compared to 6.1% in females, while Bachelor's degree rate is higher in males (8.8%), compared to 7.4% in females.

Educational Attainment by Sex
Gordon County, GA

Categories: Less than 9th Grade, 9th-12th Grade, High School Graduate, Some College, No Degree, Associates Degree, Bachelors Degree, Graduate Degree

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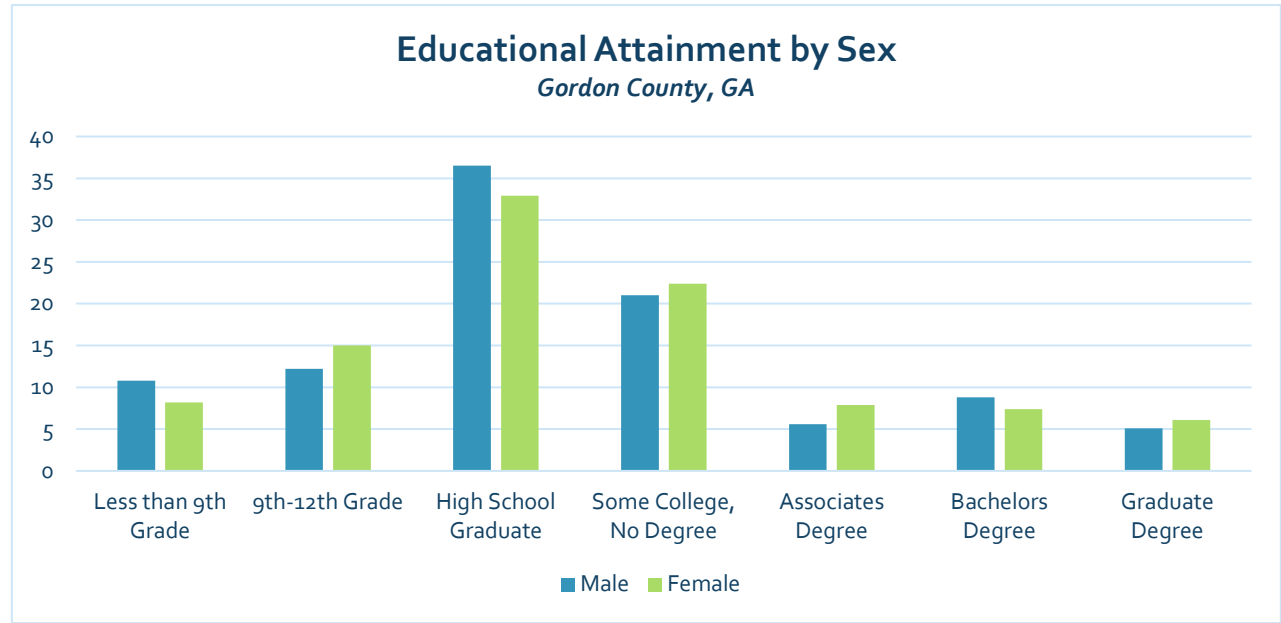
Source: U.S Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

The highest rate of High School graduation is among Asians followed by White (81.76%), Black/African American (73.3%) and Hispanics at 50.3%. The Bachelor's Degree rate is highest among Asians (38.3%), while the rates are considerably low in White (14.29%), Hispanics (13.7%) and Black/African American (9%).

Educational Attainment by Race
Gordon County, GA

Race	High School Graduate	Bachelor's Degree
OTHER RACE	35.92	7.1
NATIVE AMERICAN	50.36	
ASIAN	93.02	38.37
WHITE	81.76	14.29
BLACK/AFRICAN AMERICAN	73.33	9.06
HISPANIC/LATINO	50.32	13.7

■ High School Graduate   ■ Bachelor's Degree
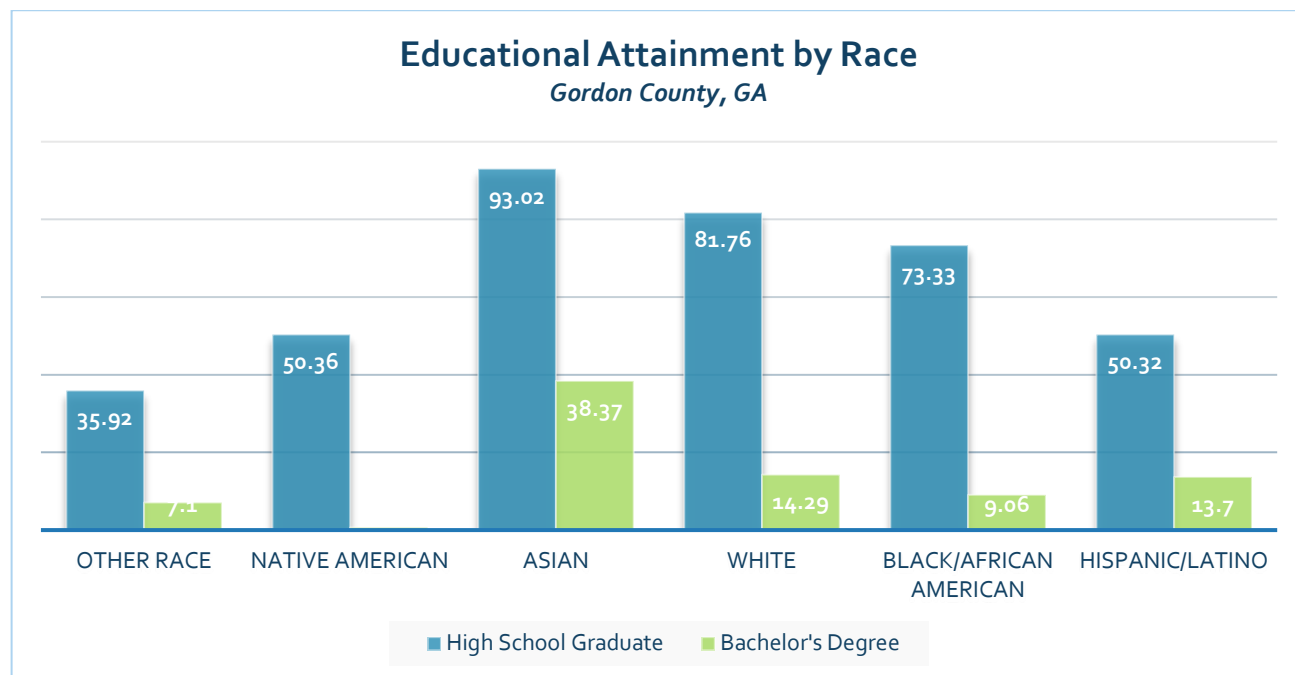
Source: U.S Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

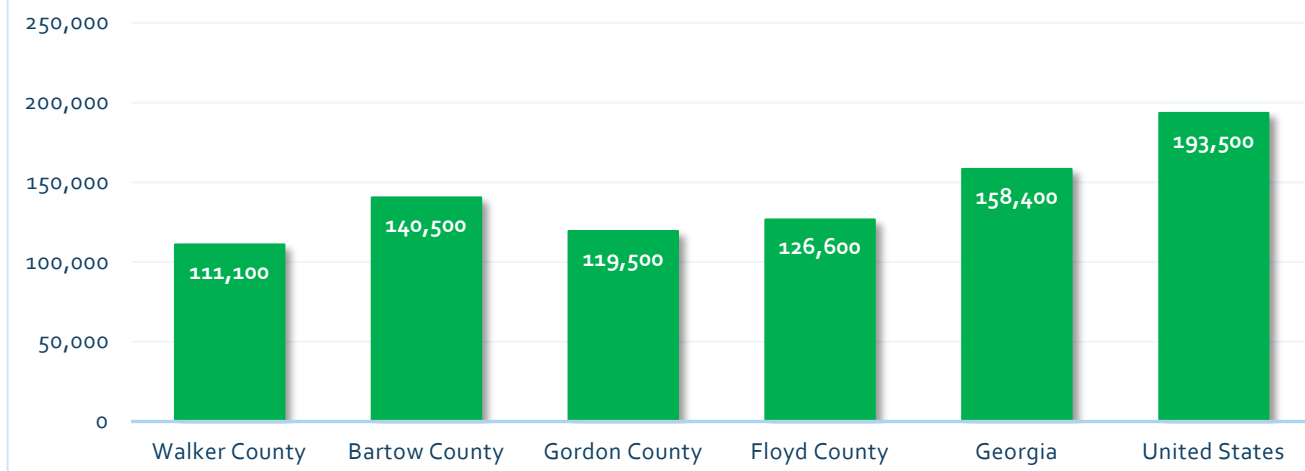### Gordon County Poverty Breakdown by Educational Attainment Level

Research has shown that educational attainment and poverty rates are inversely related. In Gordon County, 30.23% of those with no High School degree live in poverty, compared to 15.03% of those without a High School diploma or GED, 8.82% of those with some College or Associates degree and 7.71% of those with Bachelor's degree or higher.

Housing

Median Home Value

The Median home value for Gordon County is $119,500; less than the surrounding counties which are closer to the Metro Atlanta area (these counties were chosen for comparison due to similar demographics and their proximity). United States Median Home Value is $193,500 while for the state of GA the value is $158,400.

Median Home Value Comparison

	Value
Walker County	111,100
Bartow County	140,500
Gordon County	119,500
Floyd County	126,600
Georgia	158,400
United States	193,500

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. Gordon County's homeless population stayed the same from 31 Total Homeless Persons (THP) in 2017 Count to 31 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
Gordon County	25	6	31
State of GA	2262	1921	4183

Source: GA Point in Time (2019)

2011-2019 Point in Time Homeless Count Trend
State of GA
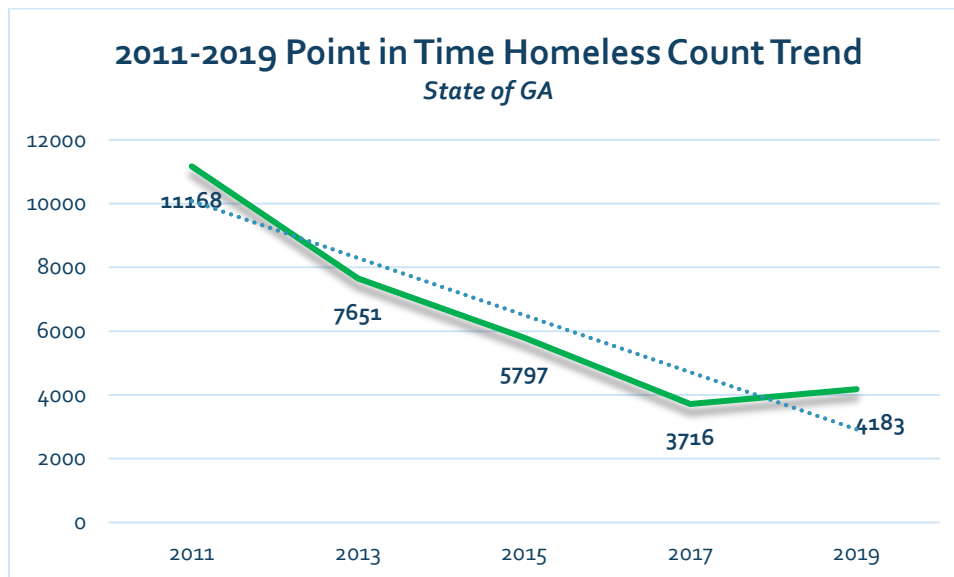

Source: GA Point in Time (2019)

Poverty

The poverty data uses the federal poverty thresholds for the purpose of this report. Overall 18.8% of the population lives below the poverty level in Gordon County. According to the ACS (2013-2017), an estimated 29.6% of children under the age of 18 and 10.9% of seniors above 65 years of age, live below the poverty threshold. The race most likely to live in poverty is Black/African American (37%), followed by Some Other Race (32%), Hispanics (31%), White (18%) and then Asian (11%).

Poverty by race

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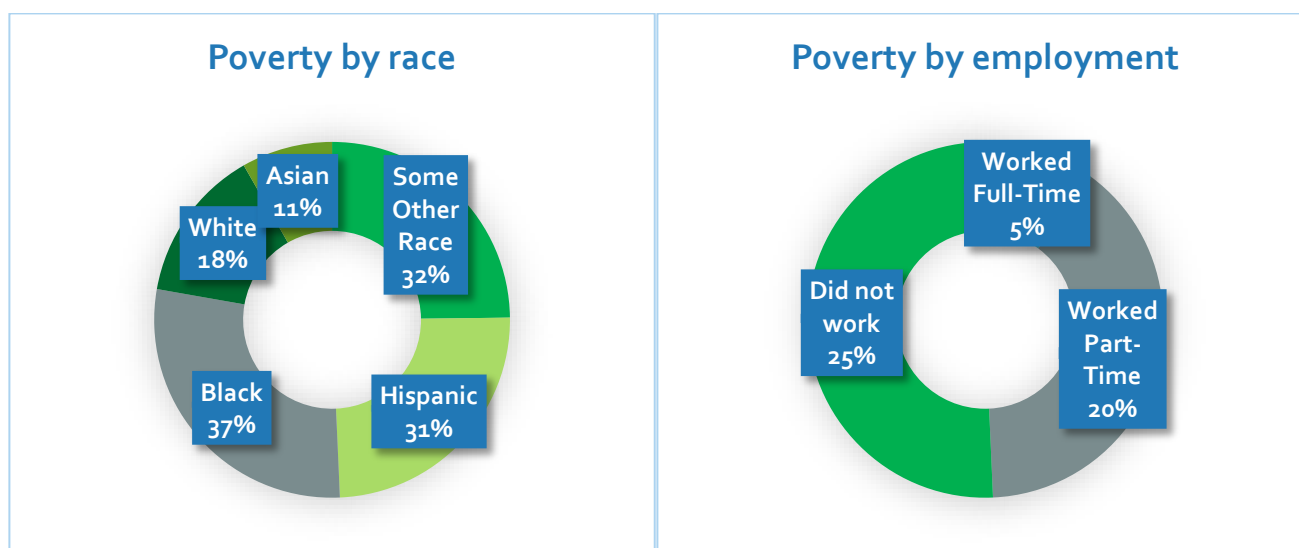
Source: U.S Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

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	30%
% Children in Poverty (Black)	56%
% Children in Poverty (Hispanic)	46%
% Children in Poverty (White)	23%

Source: County Health Rankings (2019)

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
Gordon County	3,506	7,699	$11,072,569

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+
1,216	1,845	281	355	1,124	745	1,353	666

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 Floyd 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 Gordon County Public Schools, 61% of the students are eligible for a free or reduced-price lunch. The percentage for the state of Georgia is 62%.
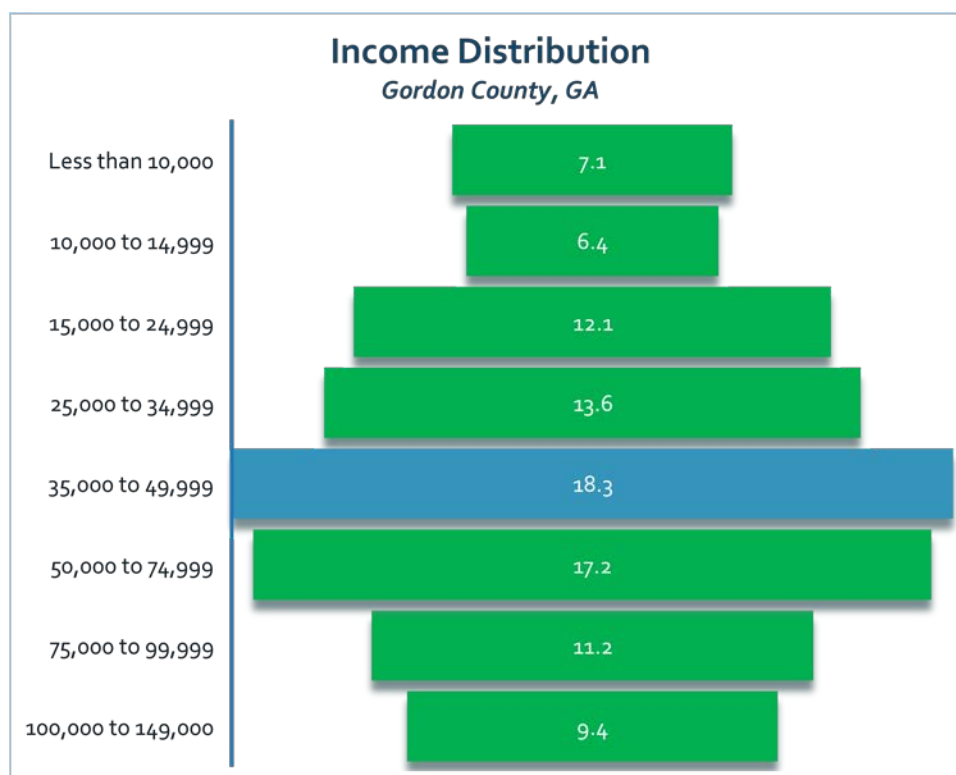
	County Name	Overall percentage
	Gordon County, GA	61%

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

Income

Median Household Income

In 2017, the median household income in Gordon County, GA grew to $43,452 from the previous year's value of $41,390. The state of Georgia has a median household income of $52,977 while United States has a median household income of $57,652.

Income Distribution
Gordon County, GA

Less than 10,000	7.1
10,000 to 14,999	6.4
15,000 to 24,999	12.1
25,000 to 34,999	13.6
35,000 to 49,999	18.3
50,000 to 74,999	17.2
75,000 to 99,999	11.2
100,000 to 149,000	9.4

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

Employment

Employment Industry

Major employment industries in Gordon County are as follows:

Industry	Gordon County	Georgia
Manufacturing	32.5%	20.9%
Educational services, and health care and social assistance	16.9%	10.7%
Retail trade	10.7%	1.9%
Construction	7.6%	6.0%
Professional, scientific, and management, and administrative and waste management services	5.9%	9.4%
Arts, entertainment, and recreation, and accommodation and food services	5.8%	6.4%
Transportation and warehousing, and utilities	4.9%	11.7%
Other services, except public administration	3.9%	6.3%
Finance and insurance, and real estate and rental and leasing	3.5%	4.9%
Public administration	3.1%	5.2%
Wholesale trade	2.5%	2.9%
Agriculture, forestry, fishing and hunting, and mining	2.2%	1.2%
Information	0.8%	2.5%

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

Unemployment rate

Gordon County labor force (based on place of residence and persons 16 years and older) is 27,993 as of 2018, of those 1053 are unemployed and actively seeking employment.

Unemplyment Rate (2010 - 2019)
Gordon County, GA

12.7 11.7 9.8 8.9 7.3 5.9 5.6 4.6 3.8 2.7%

2010 2011 2012 2013 2014 2015 2016 2017 2018 2019

Unemployment Rates

Gordon County
2.7%

Georgia
3.9%

United States
3.9%
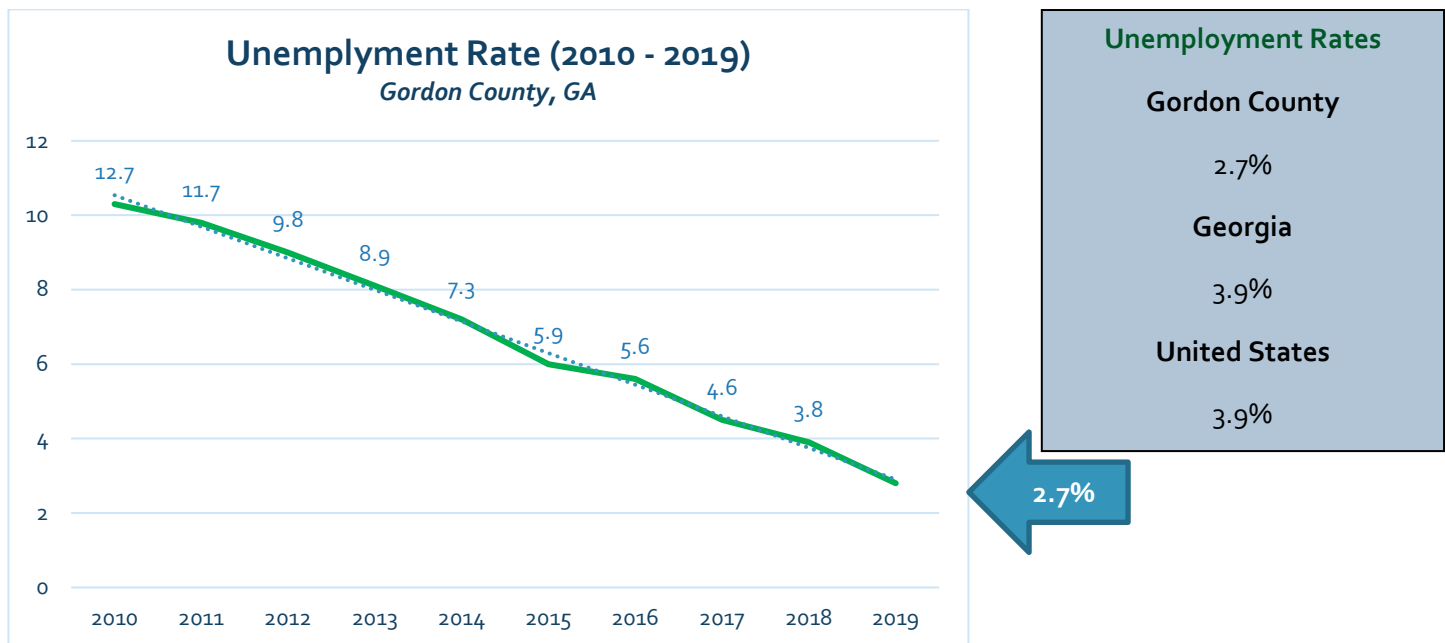
Source: U.S. Bureau of Labor Statistics (2019)

Unemployment Rate according to Age, Race/Ethnicity

The unemployment rate in Gordon 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	13.3%
20 to 24 years	13.8%
25 to 29 years	9.8%
30 to 34 years	5.5%
35 to 44 years	5.5%
45 to 54 years	2.8%
55 to 59 years	2.2%
60 to 64 years	1.4%
Population 20 to 64 years	**5.6%** ⬇
Race	
Black/African American	5.9% ⬇
American Indian/Alaskan Native	0%
White	5.7%
Asian	4%
Some other race	5.4%
Two or more races	14.7%
Hispanic or Latino origin (of any race)	5% ⬇

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

Travel Time to Work

The mean travel time to work is 23.9 minutes and 6.7% of the population of Gordon County has a commute time of 60 minutes or more to work. 68.2% of the residents work in the county of residence while 30.4% work outside of county of residence.

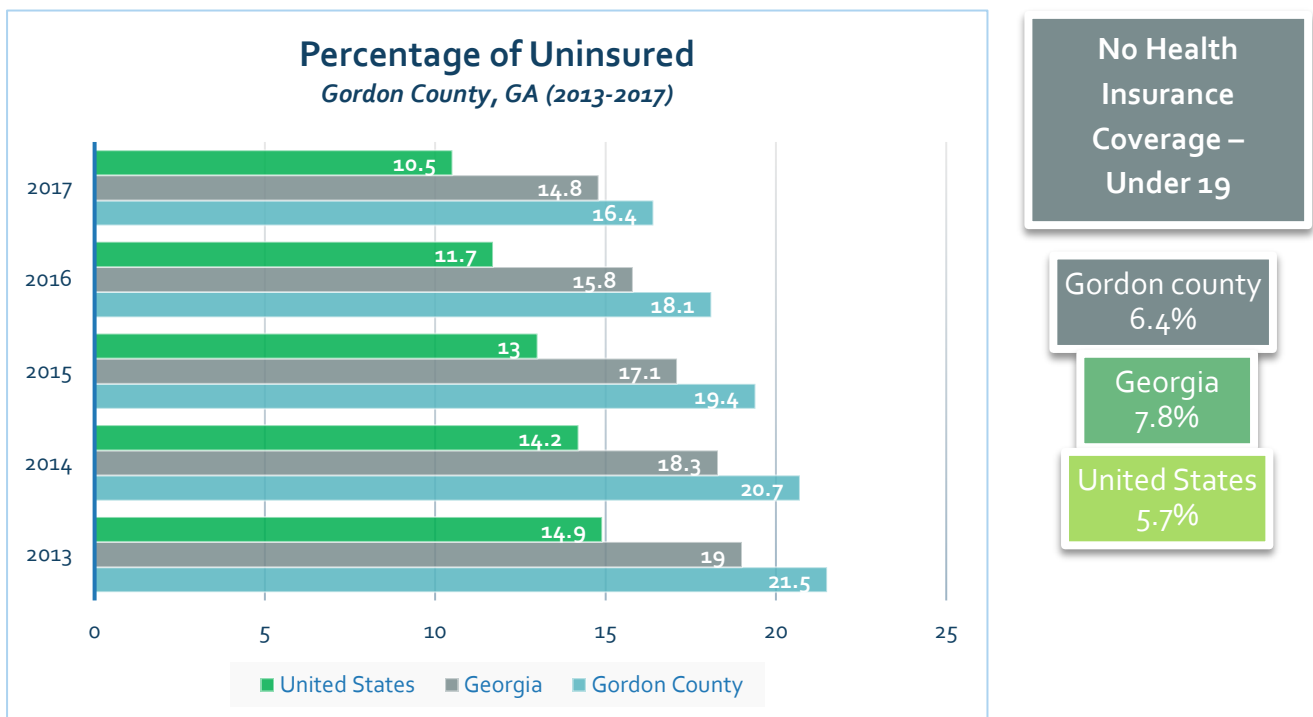| Worker Type	Percentage
Worked in state of residence	98.6%
Worked in county of residence	68.2%
Worked outside county of residence	30.4%

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 Gordon County, GA declined by 3% from 19.4% to 16.4% which is more than Georgia and United States rate of 10.5%. The percentage of employed civilian labor force population (19-64) who are uninsured is 21.9% while unemployed who are uninsured is 47.9% which signifies a direct link between employment and better healthcare access.

Percentage of Uninsured
Gordon County, GA (2013-2017)

Year	United States	Georgia	Gordon County
2017	10.5	14.8	16.4
2016	11.7	15.8	18.1
2015	13	17.1	19.4
2014	14.2	18.3	20.7
2013	14.9	19	21.5

No Health Insurance Coverage – Under 19

Gordon county 6.4%

Georgia 7.8%

United States 5.7%

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

Healthcare Providers

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

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

Licensed Doctors

Total number of actively practicing Physicians: 70

Physicians per 100K: 122.6

	Gordon County	State of GA	Top U.S. Performers
Primary care physicians	-	-	
Rate per total population	2,190:1	1520:1	1050:1

Source: County Health Rankings (2016)

	Percentage of Physicians
Accept Medicaid	89%
Accept Medicare	87%

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

Licensed Dentists

Licensed Dentists: 14

	Gordon County	State of GA	Top U.S. Performers
Rate per total population	4,080:1	1960:1	1260:1

Source: County Health Rankings (2017)

Licensed Mental Health Professionals

Licensed mental Health Professionals: 28

	Gordon County	State of GA	Top U.S. Performers
Rate per total population	2,040:1	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.

Gordon County percentage smokers – 21%

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.

Past 30 Day Smoking Trends in Grades 6-12
Gordon County Schools for Years 2016 - 2019
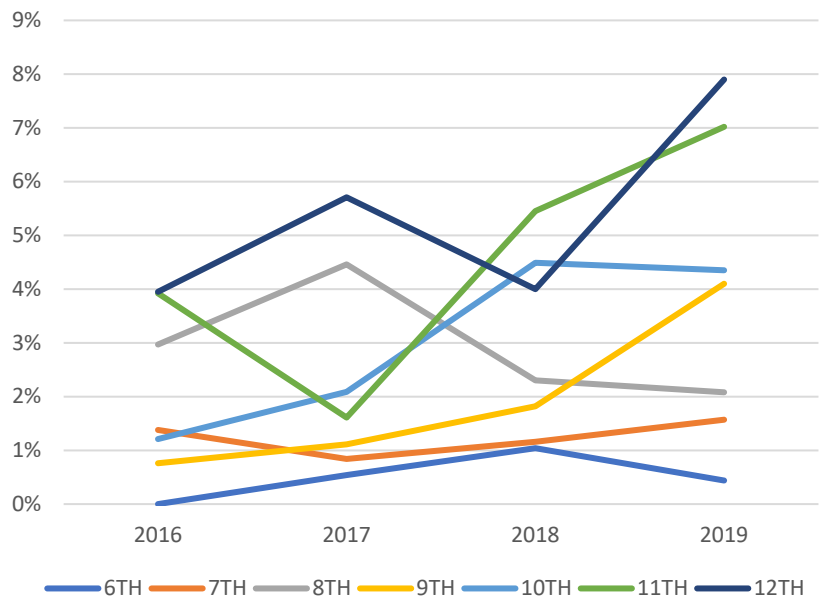
Source: GA Department of Education (2016-2019)

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 Gordon County, the use of Electronic Vaping trend is on the rise among the youth. The climbing rates from children in grades 6-12 is shown in the graph on the right:
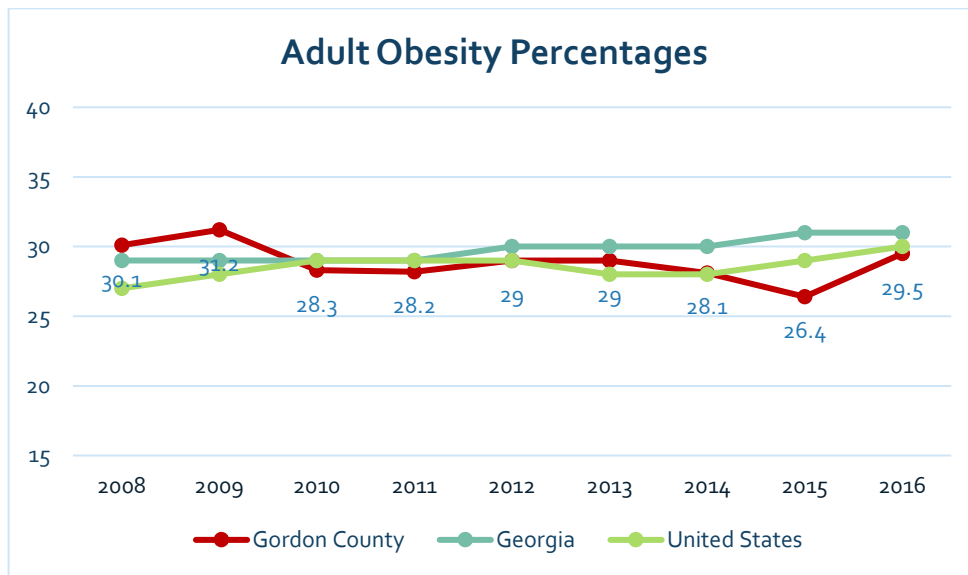
Past 30 Day Electronic Vapor Trends in Grades 6-12
Gordon County Schools for Years 2016 - 2019
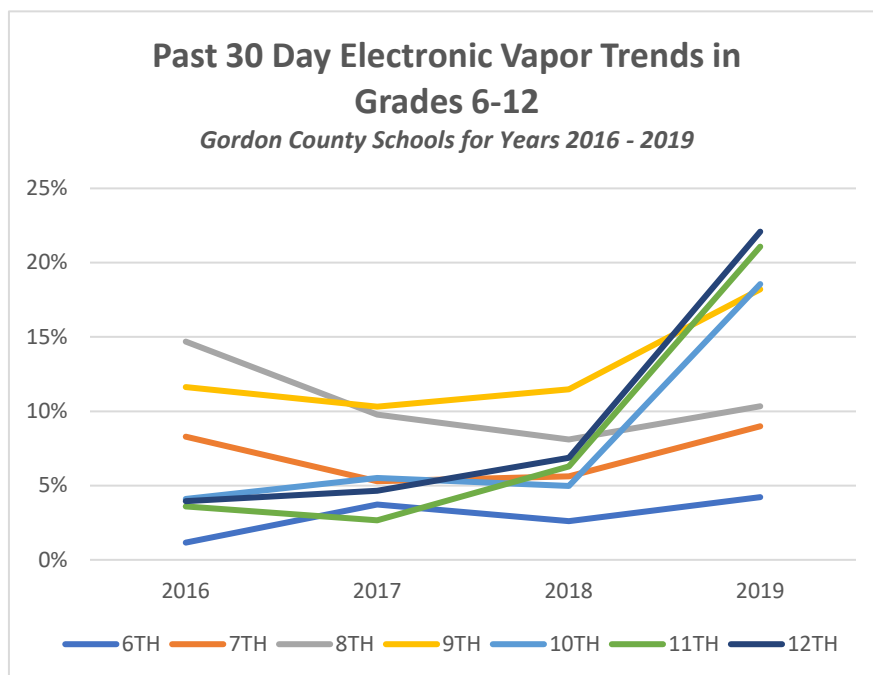
Source: GA Department of Education (2016-2019)

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.

Adult Obesity Percentages

Legend: Gordon County, Georgia, United States

Data points labeled: 30.1, 31.2, 28.3, 28.2, 29, 29, 28.1, 26.4, 29.5

Gordon County 29.5%

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 Gordon 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 Gordon County 12% of the population was food insecure in 2016.

|	Limited Access to Healthy Foods	Food Insecurity
Gordon County	9%	12%

Source: County Health Rankings (2015-2016)

Food Environment Index

Gordon county – 7.8

Overall Georgia – 6.0

Top U.S. performers – 8.7

The map on the right shows the food deserts within Gordon 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.
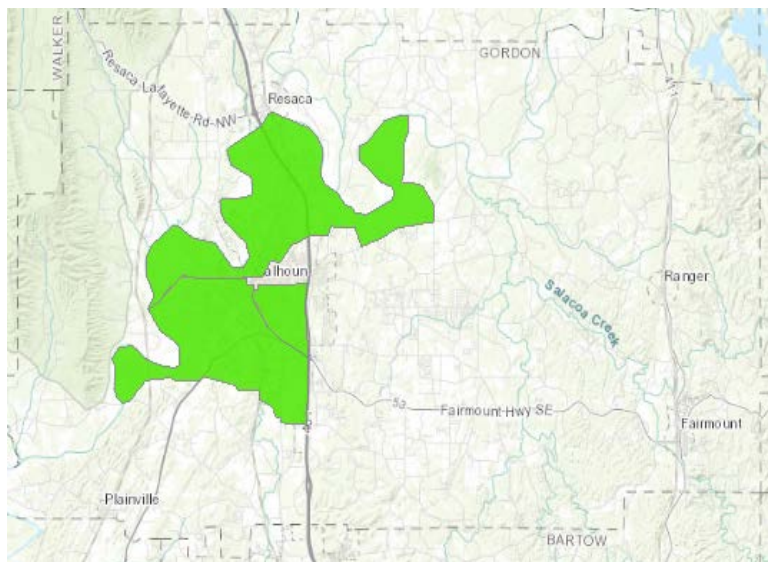
Source: USDA Economic Research Service, ERS

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 include a wide variety of facilities including gyms, community centers, dance studios and pools. Individuals who:

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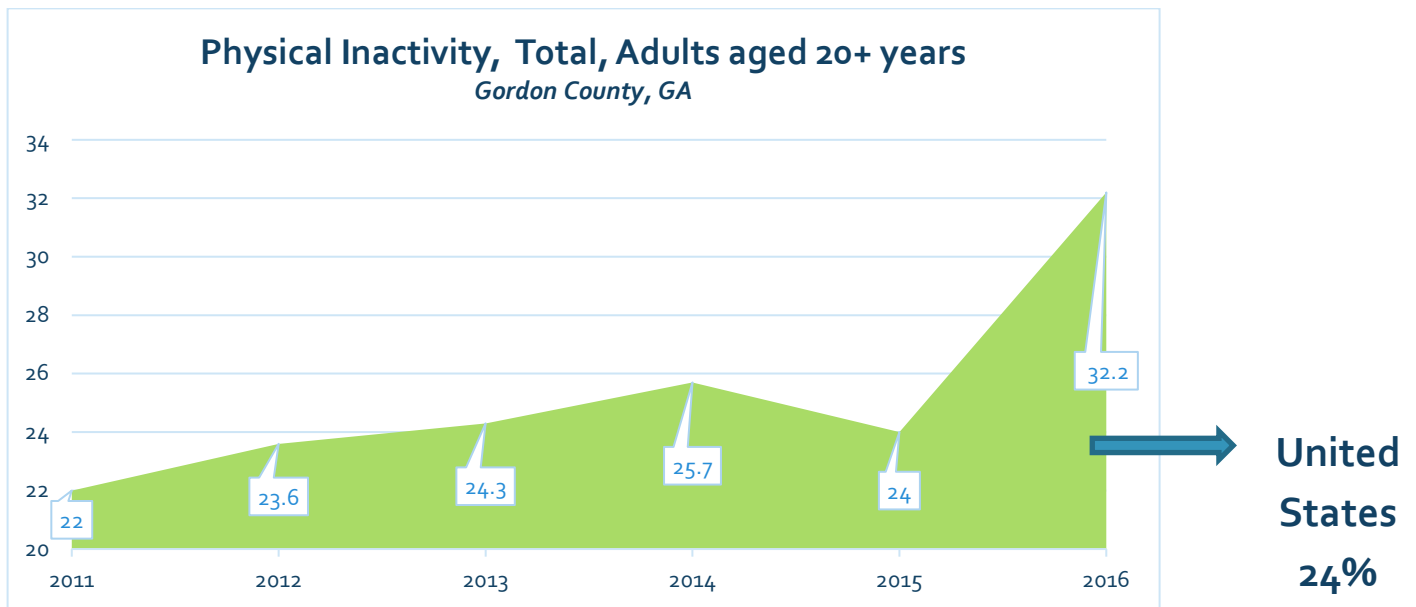- in rural census blocks: reside within three miles of a recreational facility

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

 Gordon County Population with Adequate Access – 53%

Source: CDC Wonder database (2016)

Even though 53% 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, 32.2% of Gordon County adults were not active in their leisure time, compared to 24% nationwide.
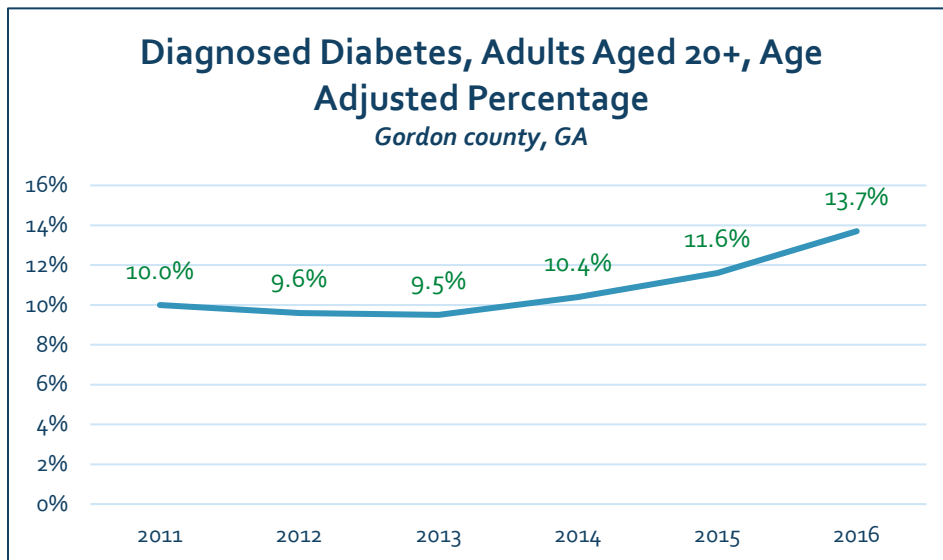
Physical Inactivity, Total, Adults aged 20+ years
Gordon County, GA

Chart data points:
- 2011: 22
- 2012: 23.6
- 2013: 24.3
- 2014: 25.7
- 2015: 24
- 2016: 32.2

United States 24%

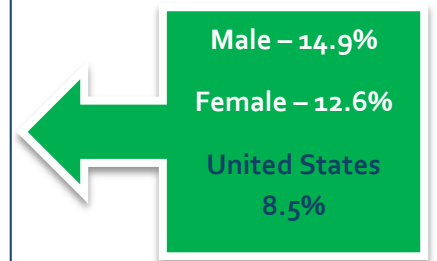Source: CDC Behavioral Risk Factor Surveillance System

Diabetes

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

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

An estimated 13.7% of Gordon 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 Gordon County and it is the 7th leading cause of death among people living in the county.

Diagnosed Diabetes, Adults Aged 20+, Age Adjusted Percentage
Gordon county, GA

Male – 14.9%

Female – 12.6%

United States 8.5%

- 2011: 10.0%
- 2012: 9.6%
- 2013: 9.5%
- 2014: 10.4%
- 2015: 11.6%
- 2016: 13.7%

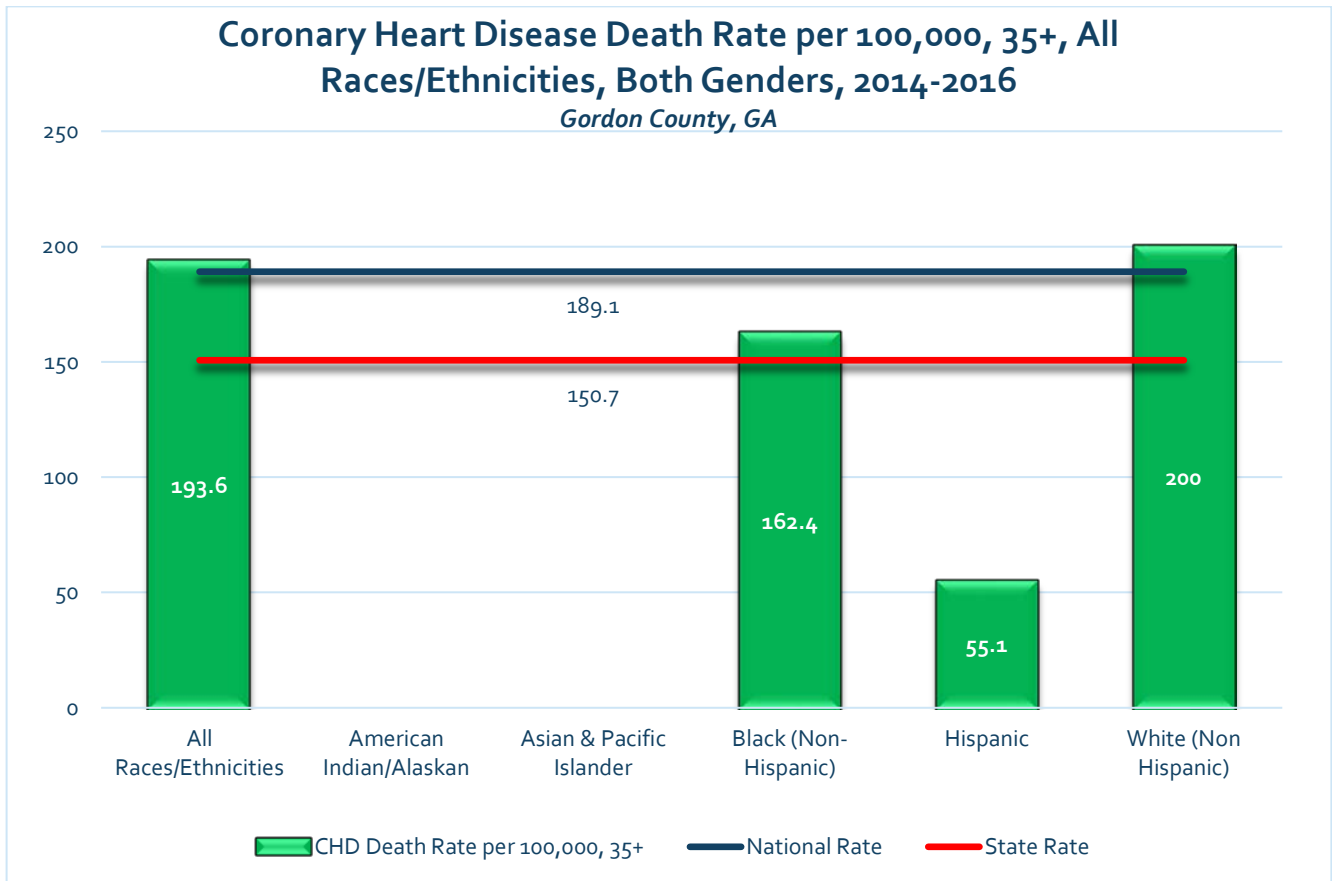Source: CDC- United Stated Diabetes Surveillance System (2011-2016)

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

In Gordon County, Whites are affected more with coronary heart disease than any other race. The death rate per 100,000 population in Whites is above the overall national and the overall state rate and Black/African American death rate is more than the 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 Gordon 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
Gordon County, GA

Chart data:
- All Races/Ethnicities: 193.6
- American Indian/Alaskan: (no data)
- Asian & Pacific Islander: (no data)
- Black (Non-Hispanic): 162.4
- Hispanic: 55.1
- White (Non Hispanic): 200

National Rate: 189.1
State Rate: 150.7

Legend: CHD Death Rate per 100,000, 35+ — National Rate — State Rate

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

Hypertension

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

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

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

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

County compared to Whites, where it stands as the 5th leading cause of death. Hispanic population is also affected disproportionately by Hypertension, however due to reporting limitations among this race, the rates appear to be low in the chart illustrated below:

Hypertension Death Rate per 100,000, 35+, All Races/Ethnicites, All Genders 2014-2016
Gordon County, GA
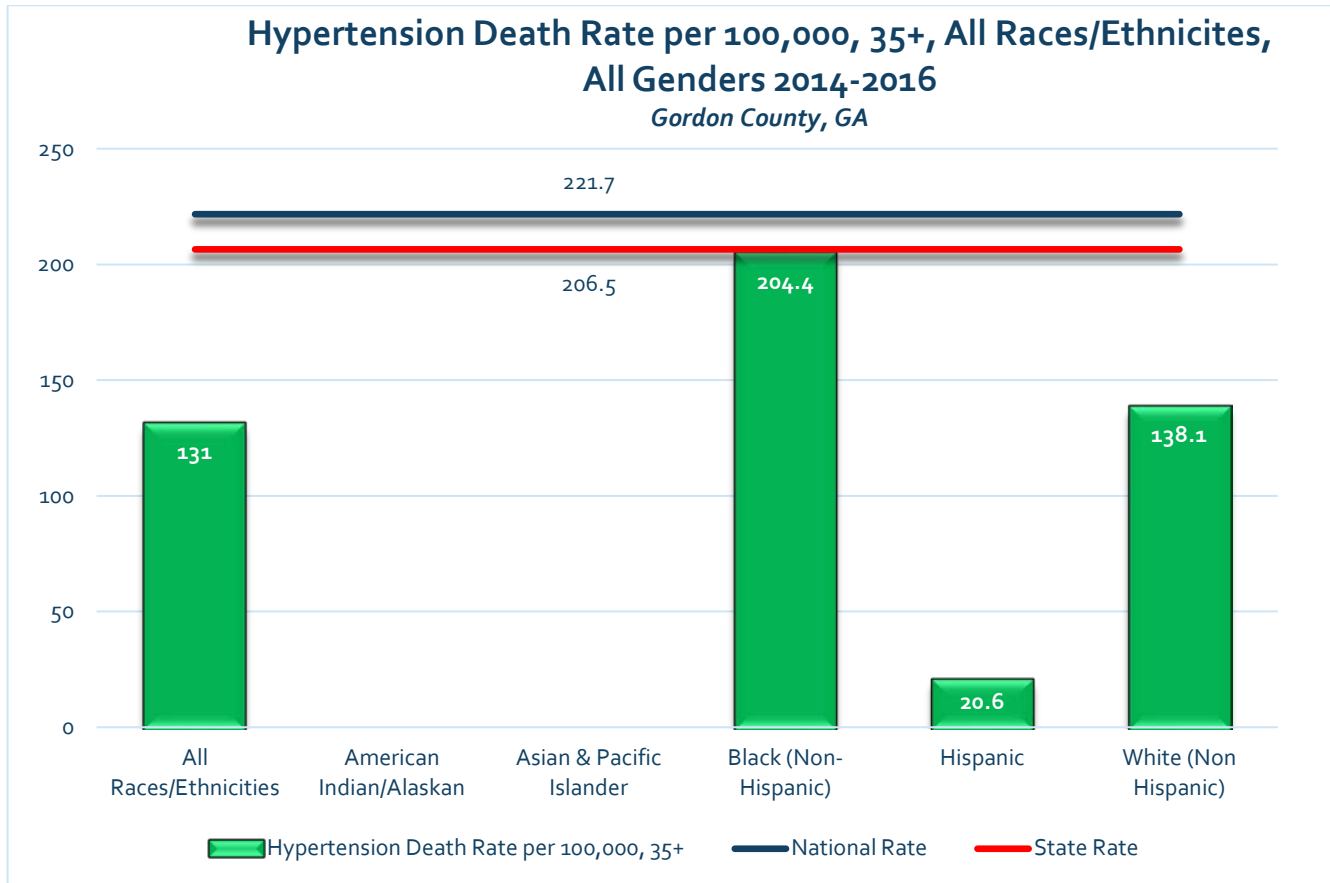
Source: CDC Interactive Atlas of Heart Disease and Stroke (2014-16)

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
  o Women are more prone
  o 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 Gordon 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 and Hispanics are also above the overall state and national rates, showing significant mortality due to this condition.

Stroke Death Rate per 100,000, 35+, All Races/Ethnicites, All Genders 2014-2016
Gordon County, GA
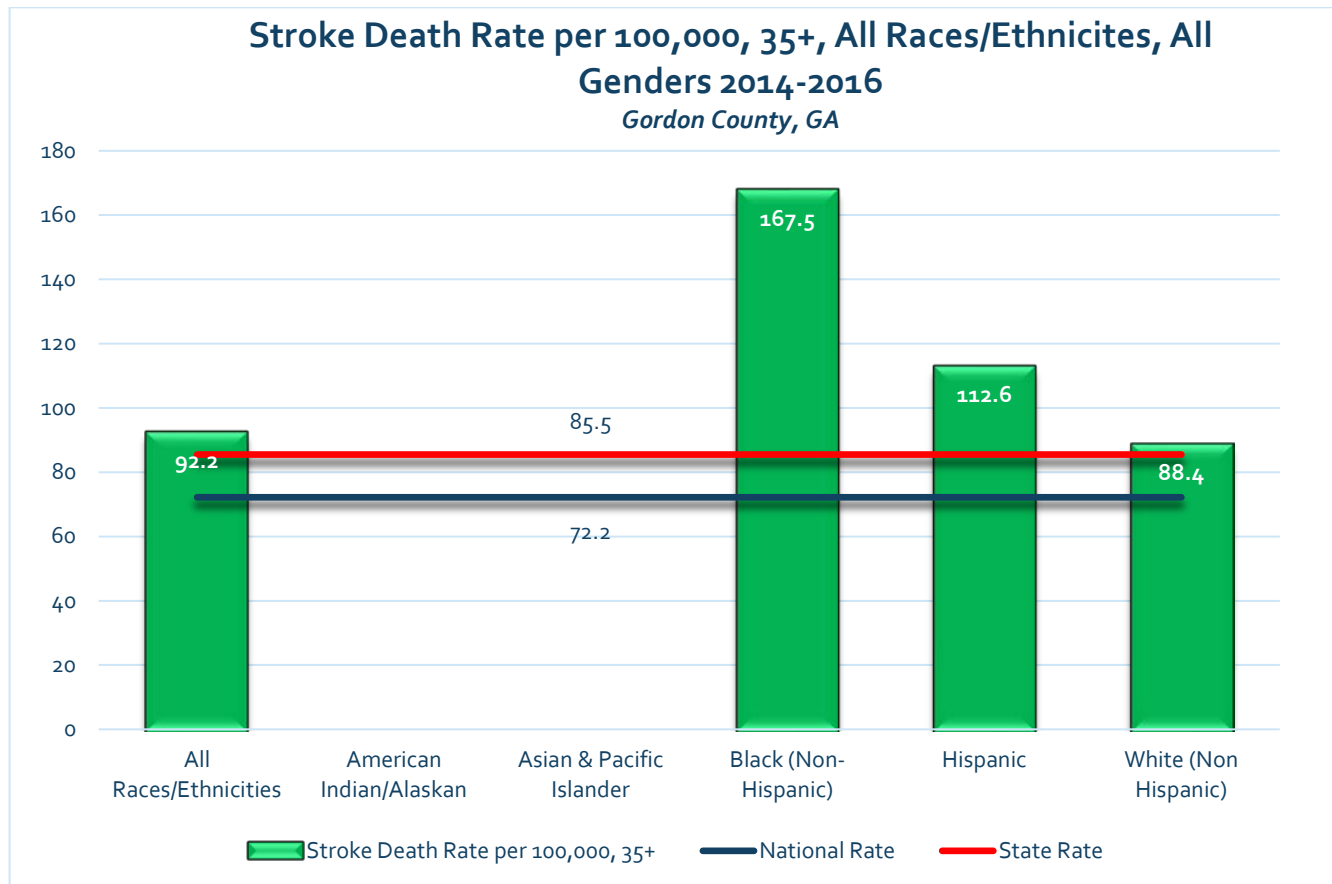
Source: CDC Interactive Atlas of Heart Disease and Stroke (2014-16)

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 Gordon County due to asthma related complications among children (0-17 years):

Source: cdc.gov

	2018 ER Visit Rate
Georgia	985.7
Gordon County	257.1

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 highest death rate in Gordon County is due to lung cancer with a rate of 47.7, followed by pancreatic cancer, breast cancer and colon cancer.

Cancer Type	Death Rate per 100,000 Population (Gordon County)
Lung Cancer	47.7
Pancreatic Cancer	14.5
Breast Cancer	13.0
Colon Cancer	11.7
Liver Cancer	9.9
Leukemia	9.6
Ovarian Cancer	7.1
Prostate Cancer	*
Throat Cancer	*
Stomach Cancer	*
Cervical Cancer	*
Oral Cancer	*
Skin Cancer	*
Uterine Cancer	*
Ovarian Cancer	*

Source: OASIS (2018)

Racial Disparities Among Chronic Disease

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

In Gordon County, Black/African Americans are affected disproportionally 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. However, due to limited data availability, the numbers for Heart Disease and Stroke could not be compared.
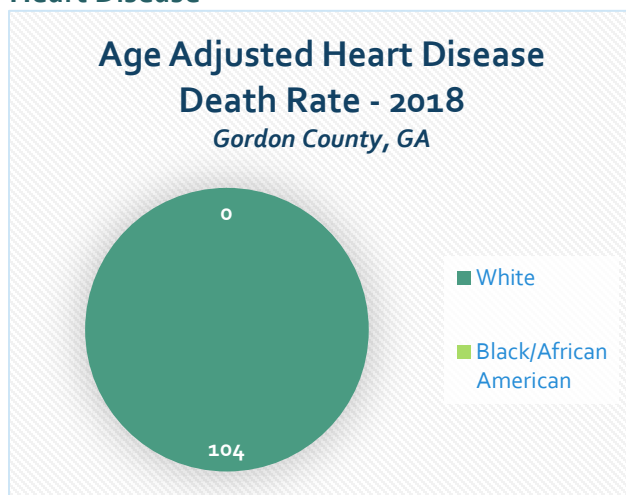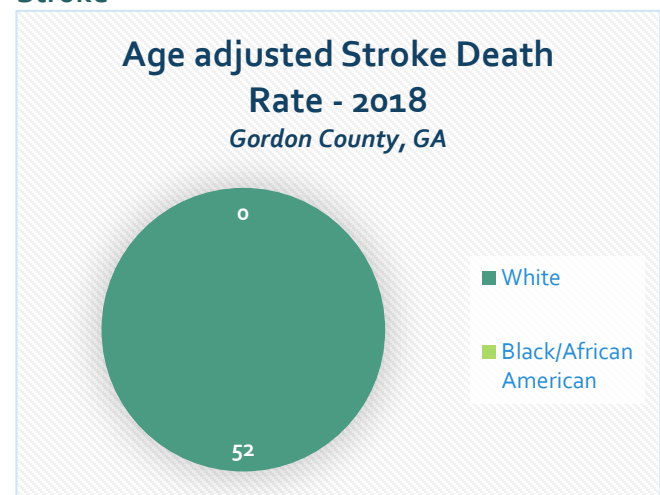
Diabetes

Age Adjusted Diabetes Discharge Rate - 2018
Gordon County, GA

- **White**: 237.7
- **Black/African American**: 430.2

Hypertension

Age Adjusted Hypertension Discharge Rate - 2018
Gordon County, GA

- **White**: 499.7
- **Black/African American**: 754.7

Heart Disease

Age Adjusted Heart Disease Death Rate - 2018
Gordon County, GA

- **White**: 104
- **Black/African American**: 0

Stroke

Age adjusted Stroke Death Rate - 2018
Gordon County, GA

- **White**: 52
- **Black/African American**: 0
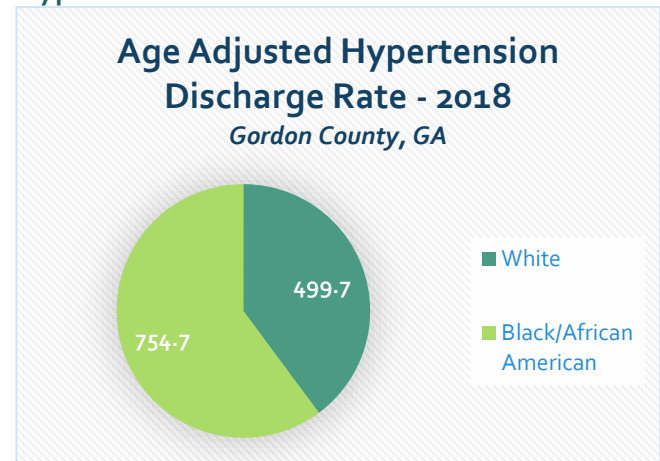
Source: OASIS (2018)

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.

Gordon Mentally Unhealthy Days – 4

Overall in GA – 3.8

Top U.S. performers – 3.1

Suicide

In Gordon County there were 9 deaths by Suicide for the year 2018 and 14 deaths for the year 2018. Of these 14 suicide deaths, 11 were White Males, 2 were White Females and one was Black/African American Female.

In 2018 in Gordon County, there were

14 Suicide Deaths   AND

37 Emergency Department visits for suicide attempt

Suicide is the 3th leading cause of death among premature deaths in Gordon 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. Gordon county is at 16% compared to GA rate of 15% and U.S.A at 23%.

**Overall GA – 15%**   **Gordon County – 16%**   **United States – 23%**

Source: County Health Rankings (2018)

Alcohol in Youth

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

Gordon County past 30 day use of alcohol showed a steady declining trend among grades 6-12 in Gordon County schools, however the trends seem to be going upward for grades 9th and 11th for the past 01 year. The overall trend points towards the growing problem of alcohol and substance abuse particularly among the youth.
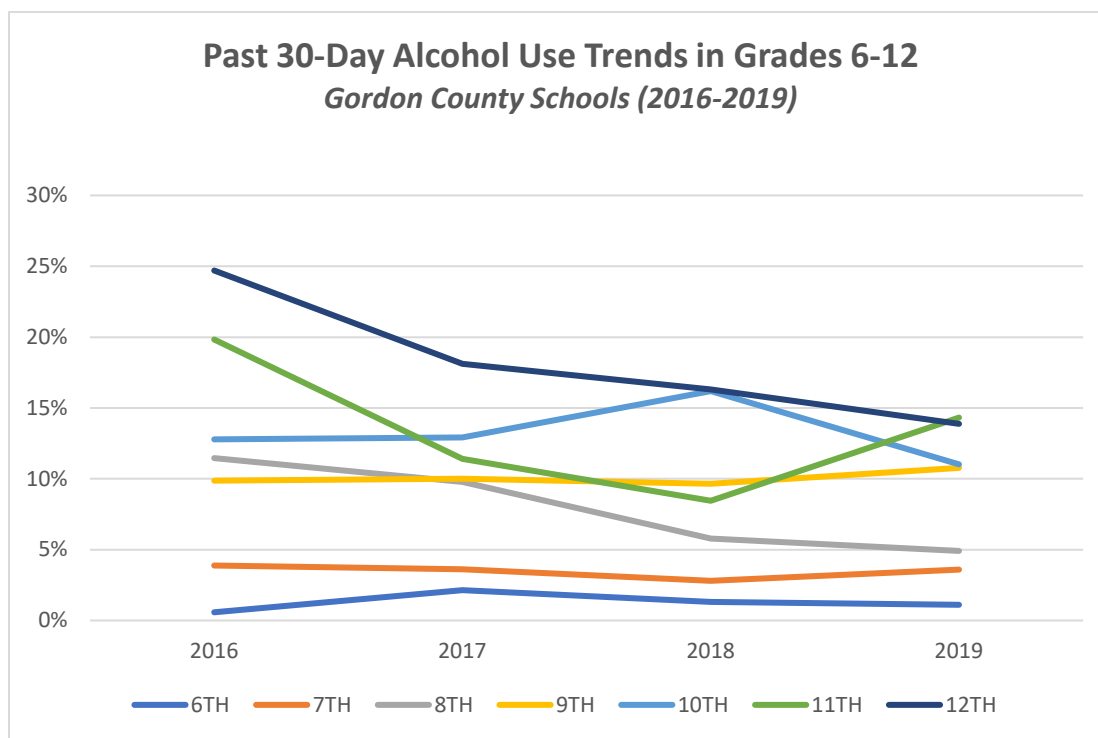

Source: Georgia Department of Education (2016-2019)

Illicit Drug Use

Drug Use Among Youth

The following table illustrates the use of Alcohol, Tobacco, Electronic Vaping and Marijuana among 6-12 graders in Gordon County. It also compares adjacent counties as well as state wide data. Gordon County's Alcohol use and Electronic Vaping use rates are higher than the state and comparable to all counties shown especially in terms of using Cigarettes and Marijuana (Hashish).

Comparison by County of 2018 Alcohol, Tobacco, and Marijuana past 30-day use for grades 6-12
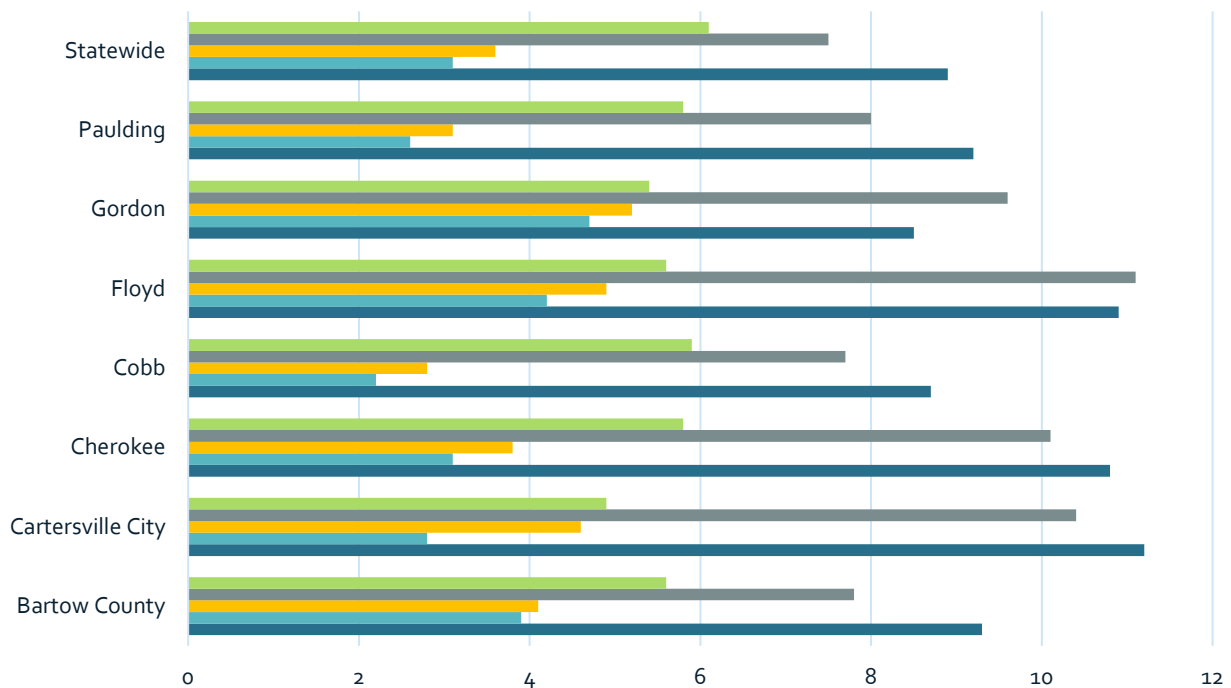
	Bartow County	Cartersville City	Cherokee	Cobb	Floyd	Gordon	Paulding	Statewide
Marijuana	5.6	4.9	5.8	5.9	5.6	5.4	5.8	6.1
Electronic Vaping	7.8	10.4	10.1	7.7	11.1	9.6	8	7.5
Smokeless Tobacco	4.1	4.6	3.8	2.8	4.9	5.2	3.1	3.6
Cigarettes	3.9	2.8	3.1	2.2	4.2	4.7	2.6	3.1
Alcohol	9.3	11.2	10.8	8.7	10.9	8.5	9.2	8.9

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

Source: Georgia Department of Education (2014-2018)

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 Gordon County, there were a total of 11 deaths due to drug overdose in the year 2018, and 5 were caused by Opioid only overdose. The overall death rate due to overdoses is 19.7 per 100,000 population in Gordon county, compared to 13.1 for the state of Georgia.
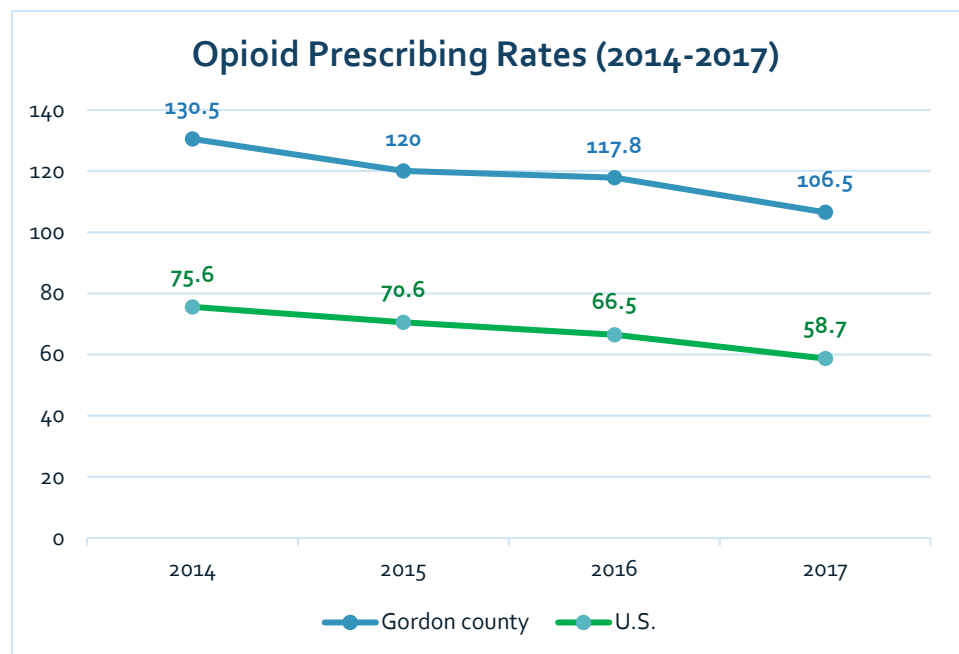
Fatal Drug Overdose Deaths 2014-2018
Gordon County, GA

■ Opioid ■ All Drugs

Year	Opioid	All Drugs
2014	4	7
2015	1	3
2016	7	10
2017	5	9
2018	5	11

Source: OASIS (2014-2018)

Gordon County Death Rate per 100,000

19.7

Georgia Death Rate per 100,000

13.1
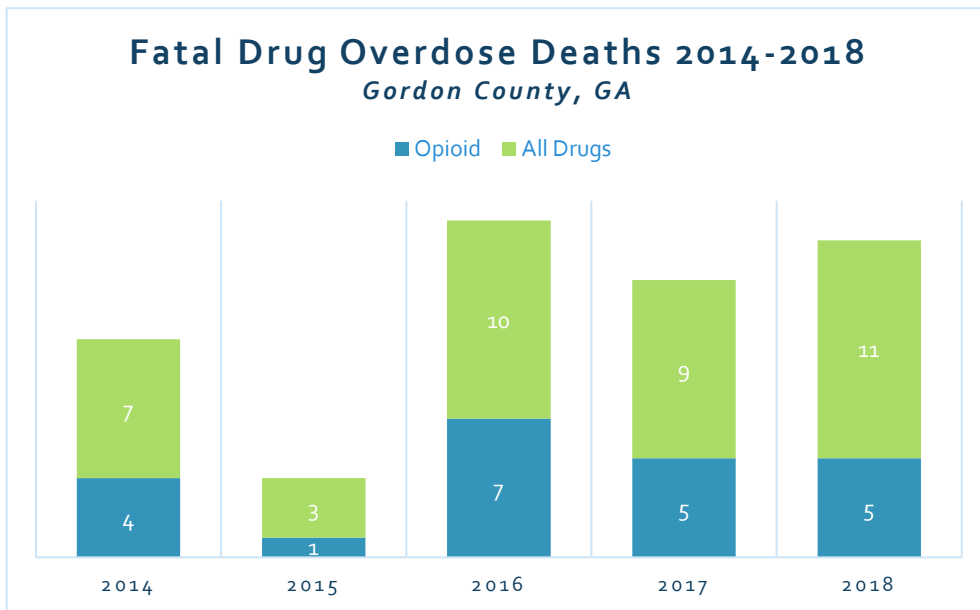
Opioid Prescribing Rates

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 Gordon County shows a downward trend in the opioid prescription practices, the rates are still very high and in comparison to the national rates.

Opioid Prescribing Rates (2014-2017)

Year	Gordon county	U.S.
2014	130.5	75.6
2015	120	70.6
2016	117.8	66.5
2017	106.5	58.7

—●— Gordon county —●— U.S.

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. The infant mortality rate is a low number for Gordon County and could not be calculated using the above-mentioned formula. In 2018, 4 infants died in Gordon County due to various reasons.

Gordon County – * (Number < 4)

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.

Gordon County – 7.5

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. Typically, complications of prematurity vary. But the earlier your baby is born, the higher the risk of complications.

The Healthy People 2020 target for premature births is 9.4% of live births and Gordon County has met that target whereas the state of Georgia leaves room for improvement to meet the HP2020 target.

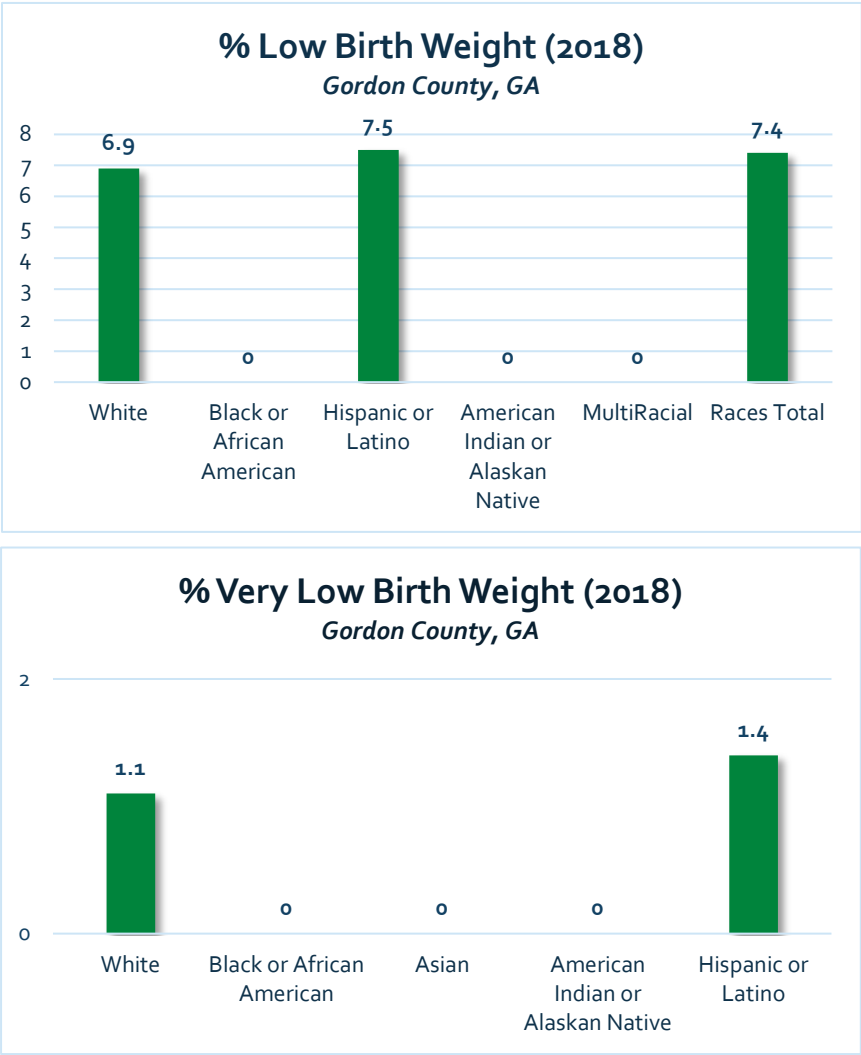**Gordon County – 9.2%**

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 Gordon County, 7.4% 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 minority population compared to Whites as well as the highest percentage of low birth weight babies among women who do not graduate high school.

% Low Birth Weight (2018)
Gordon County, GA

Race	Value
White	6.9
Black or African American	0
Hispanic or Latino	7.5
American Indian or Alaskan Native	0
MultiRacial	0
Races Total	7.4

% Very Low Birth Weight (2018)
Gordon County, GA

Race	Value
White	1.1
Black or African American	0
Asian	0
American Indian or Alaskan Native	0
Hispanic or Latino	1.4

% Low birth weight according to education level

Less than high school
9.3%

High school diploma or GED
5.2%

Some college or higher
8.5%

Source: OASIS (2018)

Maternal Health

Gordon 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 13 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 13-19 per 1,000 females in a county. The Gordon County rate for teen births is lower than the state of Georgia and Whites in Gordon County have the highest rate according to race/ethnicity.

White	**17**
Hispanic/Latino	16.8
Black or African-American	*
American Indian or Alaska Native	0
Asian	0

Gordon County Teen Birth Rate

16.4

Georgia Teen Birth Rate

29

Top U.S. Performers

14

Source: County Health Rankings (2018)

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.

Gordon County air quality - 19

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 1980 (Gordon County) – Approx. 7,684.

(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 Gordon County, Georgia, 2017

Total Number Screened	Lead level 5-9 mcg/dL	Lead level >=10 mcg/dL
727	11	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 Gordon County, there were <5 new cases of HIV diagnosis in 2017, taking the total number of persons living with HIV (PLWH) to 59, irrespective of their stage of disease (HIV virus or AIDS).

HIV Diagnoses and Persons Living with HIV, Gordon 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
Gordon County	<5	-	59	103.3

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 Gordon County, 6 cases of Syphilis were reported compared to 4,970 cases reported in the state of GA.

STD Cases Gordon County 2018	
White	5
Black or African-American	1
Asian	0
American Indian or Alaska Native	0
Native Hawaiian or Other Pacific Islander	0
Multiracial	0
Unknown	0
Selected Races Total	0

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 Gordon County 79 cases of Gonorrhea were reported in 2018. The age adjusted rate for Gonorrhea is 129.6 for Gordon County which is lower than state of GA rate.

Gordon County – 129.6

GA – 199.1

Black/African Americans are historically affected disproportionately by this infection but due to low population, rates in Gordon County are also very low for the Black/African Americans to make a fair comparison.
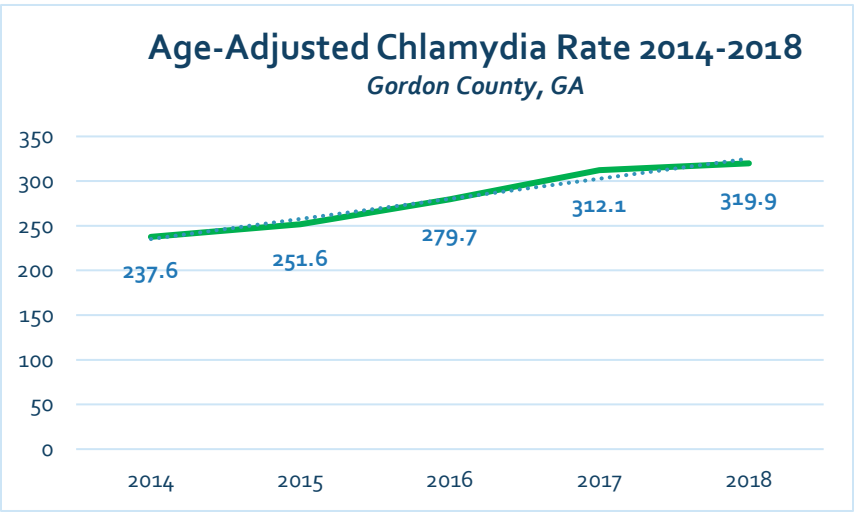
Gonorrhea Age Adjusted Rates by Race - 2018
Gordon County, GA

Race	Rate
White	111.8
Black/African American	0
Hispanic	0
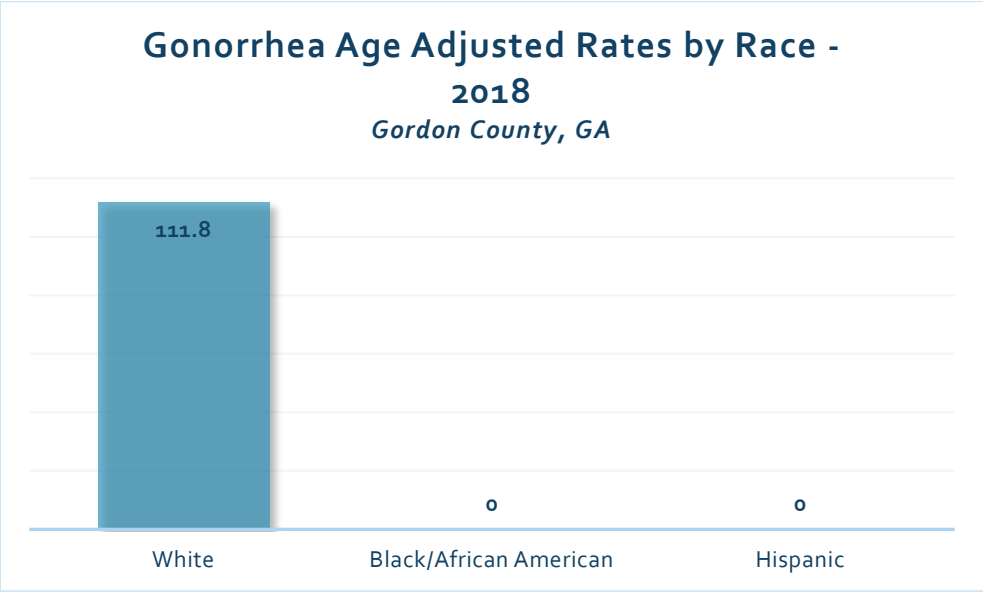
Source: OASIS (2018)

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.

173 Number of cases in 2018 – Gordon County, GA

Chlamydia age adjusted rate per 100,000 population in Gordon County is 319.9 for 2018, lower than Georgia overall rate of 617.5 and United States rate of 529. However, within Gordon County, the trend line shows a steady increase in the number of Chlamydia cases in the past 5 years.

Age-Adjusted Chlamydia Rate 2014-2018
Gordon County, GA

Year	Rate
2014	237.6
2015	251.6
2016	279.7
2017	312.1
2018	319.9

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 3 times as much as Whites and Hispanic population.

Chlamydia Age-Adjusted Rates by Race - 2018
Gordon County, GA

	White	Black/African American	Hispanic
	184.3	552.2	175.5
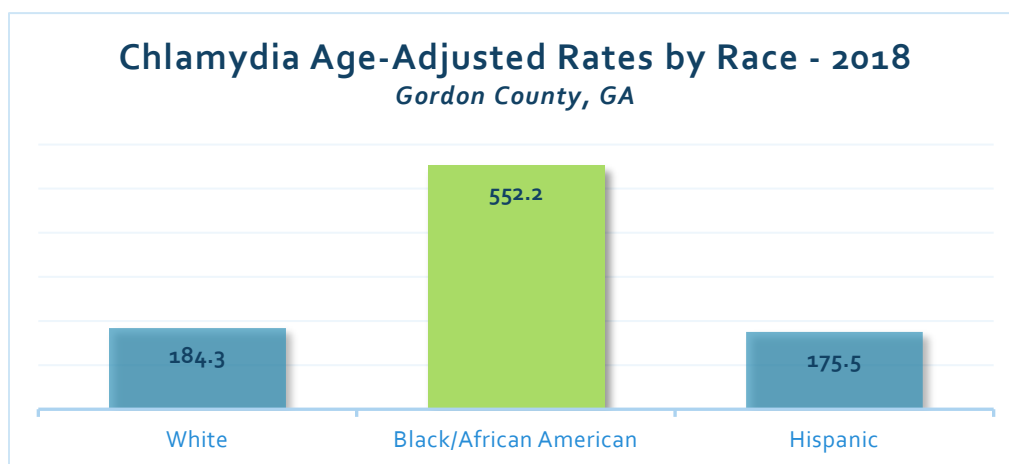
Death, Illness and Injury

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 Gordon County:

Unintentional Injury Mechanism	No. of Deaths - 2018
Poisoning	11
Motor Vehicle Crashes	14
Falls	2
Drowning	1
All other Unintentional Injury	3
Suffocation	2
Accidental Shooting	1

Intentional Injury Mechanism	No. of Deaths - 2018
Suicide	14
Homicide	4

Poisoning

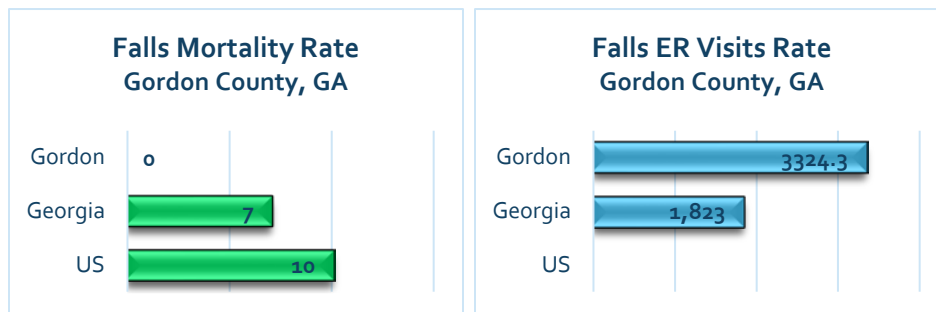### *Age Adjusted Mortality Rate/Emergency Room Visits*

There were 11 deaths due to Poisoning in Gordon County in 2018. The age adjusted death rate was 19.5, higher than the state and lower than the national rate. The Emergency Room (ER) visit rate was higher than that of the state.

Poisoning Mortality Rate
Gordon County, GA

Gordon	19.5
Georgia	12.2
US	21

Poisoning ER Visits Rate
Gordon County, GA

Gordon	241.4
Georgia	119
US	
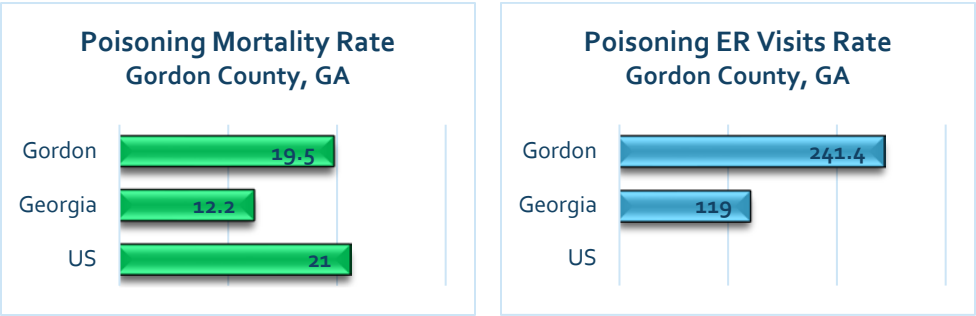
Source: OASIS (2018)

Motor Vehicle Accidents

Age Adjusted Mortality Rate/Emergency Room visits

There were 14 deaths due to Motor Vehicle crashes in Gordon County in 2018. The age adjusted death rate was 24.7, higher than state and national rate and the Emergency Room (ER) visit rate was also higher than that of Georgia.

MVC Mortality Rate
Gordon County, GA

Gordon	24.7
Georgia	14.1
US	12

MVC ER Visits Rate
Gordon County, GA

Gordon	1200.2
Georgia	1,112
US	
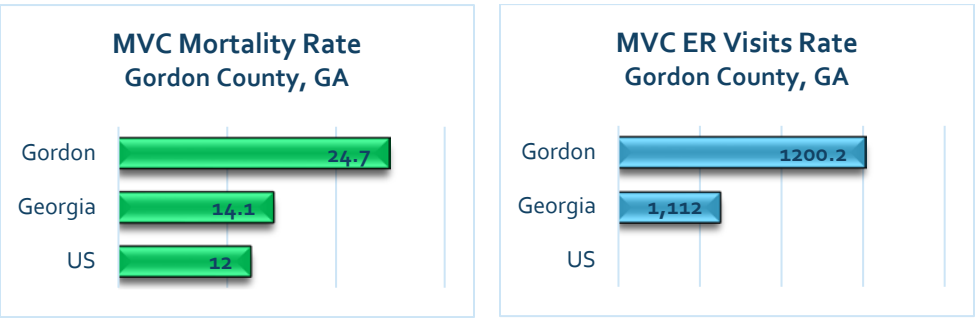
Source: OASIS (2018)

Falls

Age Adjusted Mortality Rate/Emergency Room visits

There were 2 deaths due to falling in Gordon County in 2018. The age adjusted death rate is unknown, due to the low number. The Emergency Room (ER) visit rate was higher than that of Georgia.

Falls Mortality Rate
Gordon County, GA

Gordon	0
Georgia	7
US	10

Falls ER Visits Rate
Gordon County, GA

Gordon	3324.3
Georgia	1,823
US	

Source: OASIS (2018)

In older adults 65+ the number of deaths by falling in Gordon County in 2018 was 2. The ER Visit Rate due to falls was very high for 65+ compared to 0-64 year old.

Falls ER Visits Rate 65+
Gordon County, GA

2,854	6,028

☐ Under 65   ☐ Over 65
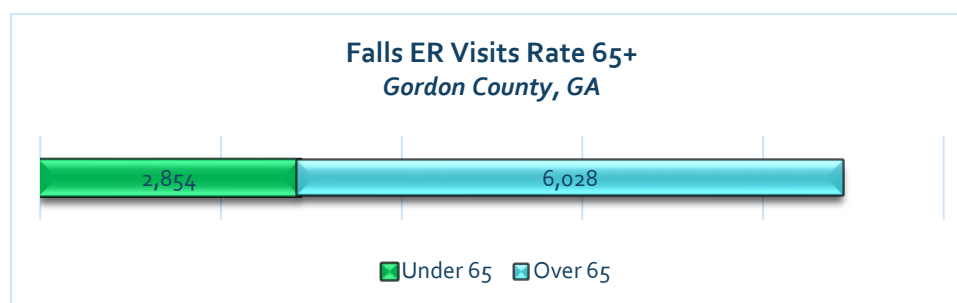
Source: OASIS (2018)

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.

Gordon County violent crime rate is 27.9 while the state of GA average is 20.0 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
01	09	137	264	769

Source: Georgia Bureau of Investigation (GBI)

Leading Causes of Death

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

Top 10 Causes of Death 2014-2018
Gordon County, GA

Cause	Value
Ischemic Heart & Vascular Disease	318
Lung Cancers	168
All COPD Except Asthma	157
Cerebrovascular Disease	135
Alzheimer's Disease	131
All other Mental & Behavioral Disorders	99
Diabetes Mellitus	79
Pneumonia	60
Motor Vehicle Crashes	57
All other Diseases of the Nervous System	55
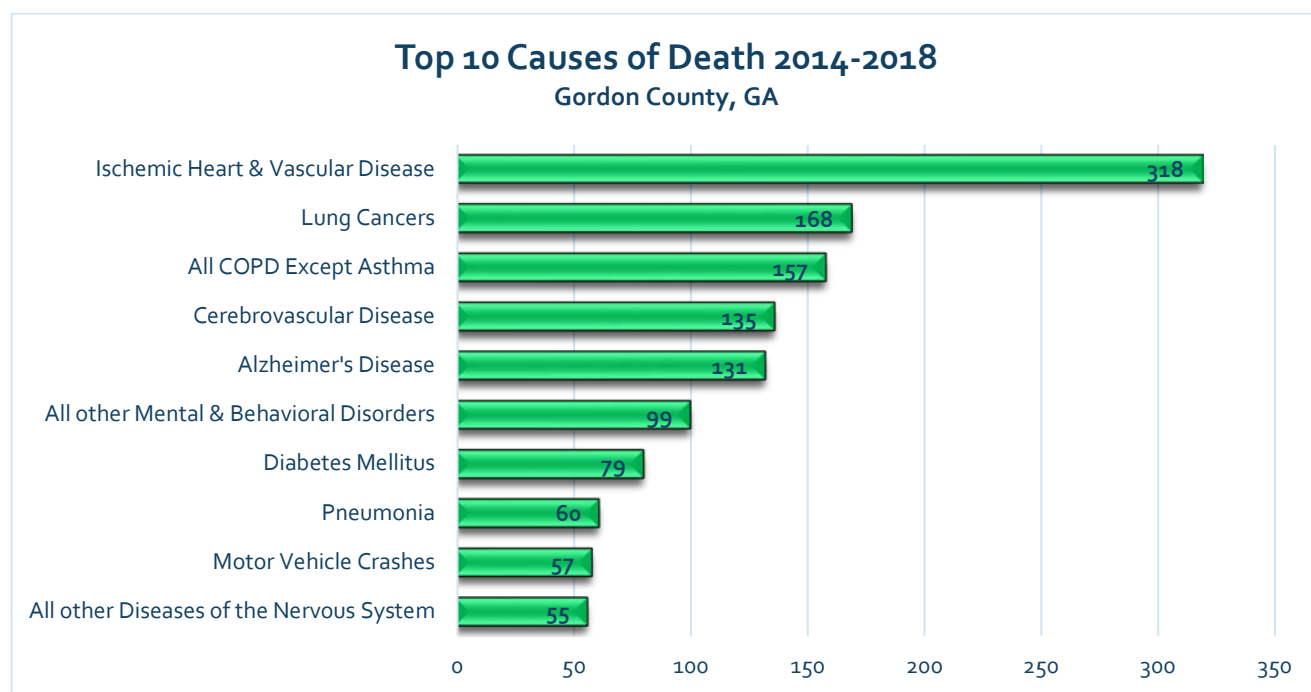
Source: OASIS (2018)

State and National Comparison

The most common leading cause of death is Ischemic Heart Disease which is the same across Gordon County, state of GA and nationwide. However, Gordon County ranks higher in deaths due to Lung Cancers, Diabetes Mellitus, Pneumonia and Motor Vehicle Crashes.

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

Source: OASIS (2018)

Leading Cause of Death according to Race

Due to data limitation and low reporting numbers for Blacks/African Americans only the top 4 causes of deaths are available. But across race, several notable differences exist between the top causes of death in Gordon County:

- **Ischemic Heart Disease** is the leading cause of death among Whites while it is the 3rd leading cause of death among Blacks/African Americans.
- **Cerebrovascular Disease** is in the 2nd top cause of death for Blacks but is the 5th leading cause among Whites.
- **Lung Cancers** is the leading cause of death among Black/African Americans in Gordon County while it is the 2nd leading causes of death in Whites.

White	Black/African-American
Ischemic Heart Disease	Lung Cancers
Lung Cancers	Cerebrovascular Disease (Stroke)
All COPD Except Asthma	Ischemic Heart Disease
Alzheimer's Disease	All other Diseases of the Nervous System
Cerebrovascular Disease (Stroke)	
All other Mental & Behavioral Disorders	
Diabetes Mellitus	
Pneumonia	
Motor Vehicle Crashes	
All other Diseases of the Nervous System	

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 Gordon County are listed below:

1) Ischemic Heart and Vascular Disease

2) Motor Vehicle Crashes

3) Intentional Self Harm (Suicide)

4) Accidental poisoning & Exposure to Noxious Substances

5) Lung Cancers

6) Cerebrovascular Disease (Stroke)

7) All COPD Except Asthma

8) Diabetes Mellitus

9) Septicemia

10) All other Diseases of the Nervous System

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 in phase II of the visioning meeting on Oct 8th, 2019 at the Gordon County Agriculture Center. The assessment took place over a 2-hour session where the MAPP steering committee and other cross-sector stakeholders from the community came together to identify forces such as trends, factors, or events that are or will be influencing the health and quality of life in Gordon 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	**WEAKNESSES**
• Sense of Community • Small Community Size • Good School System • Colleges (Higher Institutions of learning) • Parks & Recreation • Strong Faith Community • Active Community Groups • Leadership • Healthcare system • Safe Community	• Housing/Homelessness • Lack of Public Transportation • Mental Health Services (Lack of Psychiatrists) • Substance Abuse/Vaping • Inadequate Funding • Indifferent Attitude • Walkability (Lack of Sidewalks) • High Rate of Chronic Diseases • Foster Care

EXTERNAL FACTORS	
OPPORTUNITIES	**THREATS**
• Geography and Size • Higher Education – Information Technology • Community Partnerships • Public Safety Incentives • Increasing Job Opportunities • Community Engagement/Events • Natural Resources • Public Transit System • Clinic @ CHS Site • Access to Outdoor Activities • Expansion of Healthcare System/Services • Satellite Health Centers	• Opioid Crisis • Vaping • Lack of Mental Health Services • Lower Economic Status of Residents • Low Wages • Population Growth • Homelessness • Shortage of Housing • Railroad • Fear of Change

| ANALYSIS SUMMARY |
|---|
| The participants believed that Gordon County is a strong close-knit community with great potential for improvement in terms of jobs/economy, higher education and housing opportunities within the community. It is however threatened by the worsening drugs/opioid crisis, high chronic disease rates, lack of communication/collaboration, inadequate funding and overall unwillingness to embrace change. The community needs to come together and work collaboratively and improve community education and awareness among people in order to improve their overall health. |

	Infrastructure	**Threats posed –** Misuse of roads, economic impact, healthcare issues, increased influx of drugs and crime, blocks public safety vehicles.	**Opportunities –** Improved services, good commute for work, build overpass, improved quality of life, government trust.
	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/education, expand existing partners, community outreach/support, policy updates, grant/funding opportunities, drug tip hotline.
	Innovation	**Threats posed –** Lack of resources, funding, personnel.	**Opportunities-** Fudning/grant opportunities, youth involvement, seek new talent, minimal use of resources, expansion of services.
	Mental Health	**Threats posed –** Lack of professionals, inability to obtain adequate resources, increased crime rate, loss of productivity, stigma.	**Opportunities –** Early intervention, education, awareness & cultural shift. Peer-support networks & need for skilled mental health professionals, funding, Walmart clinic.
	Transportation	**Threats posed –** Access to resources, inability to seek healthcare and employment, healthy food access, risky behaviors, safety issues.	**Opportunities –** Affordable options, employment, transit system improvements, economic growth, child friendly.
	Nature	**Threats posed –** Flooding/Tornadoes, wind damage, damage to infrastructure, property/financial loss.	**Opportunities –** Increase communication, EP opportunities, readiness for aftermath.
	Health Behaviors	**Threats posed –** Burden on healthcare/economics, decreased quality of life, food deserts, reduced overall quality of life and culture passed onto next generation.	**Opportunities –** Rec/outdoor activities, increase awareness and early intervention opportunities, publicity, use of social media/new technology, walkable community.

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 Gordon County public health system is performing against optimal standards for delivery of the essential health services. The Assessment addresses the activities of all public, private and voluntary entities that contribute to public health within the community, and together make up the Local Public Health System, as illustrated in the diagram below:
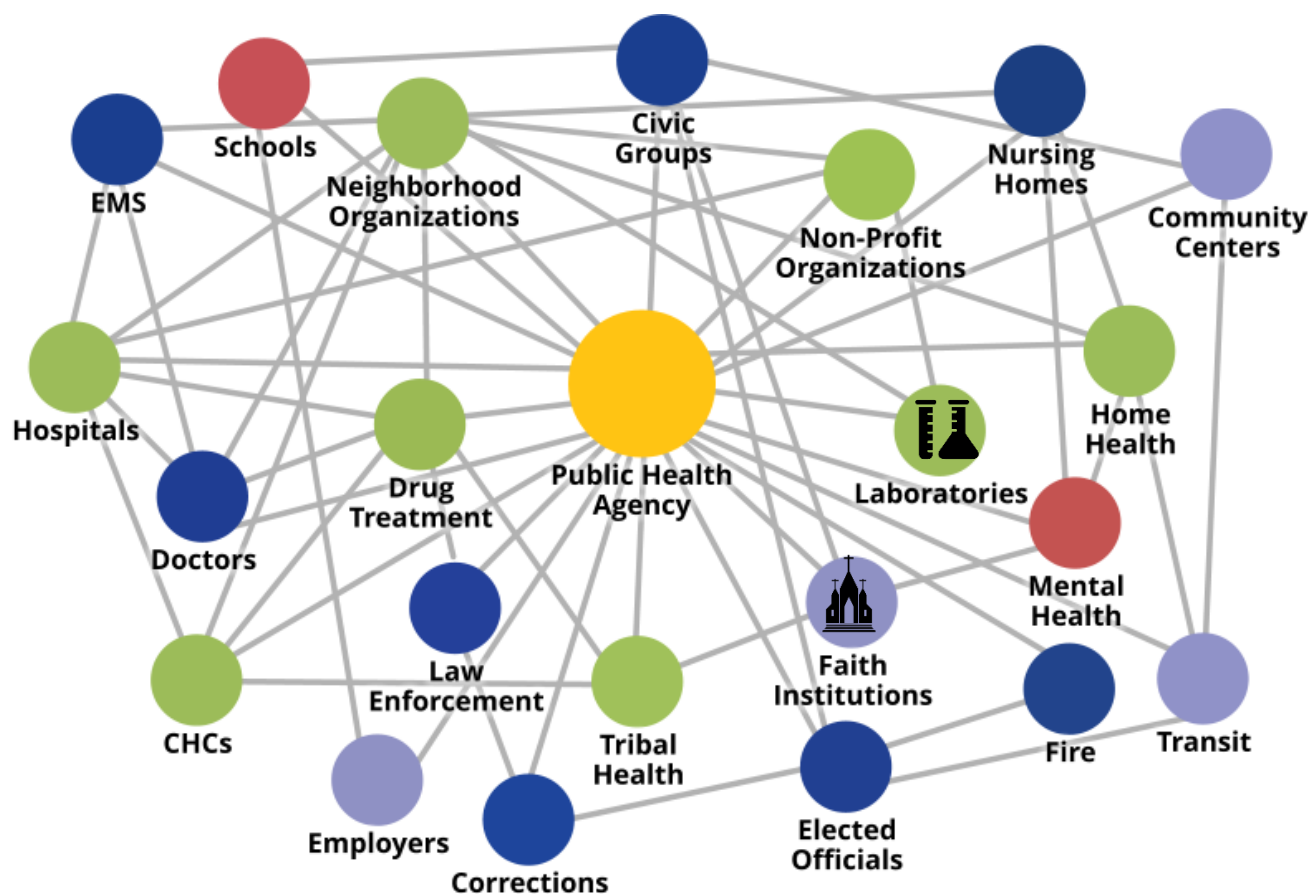
Assessment Tool

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

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

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

10 Essential Public Health Services

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

Assessment

1. Monitor health status to identify community health problems.

2. Diagnose and investigate health problems and health hazards in the community.

Policy Development

3. Inform, educate, and empower people about health issues.

4. Mobilize community partnerships to identify and solve health problems.

5. Develop policies and plans that support individual and community health efforts.

Assurance

6. Enforce laws and regulations that protect health and ensure safety.

7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

8. Assure a competent public health and personal health care workforce.

9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

10. Research for new insights and innovative solutions to health problems can involve all the other Essential Services.

Methodology

The Ten Essential Services provide the framework for the assessment. Each Essential Service contains two to four Model Standards, and each Model Standard contains two to six Performance Measures. A description of the Essential Services, Model Standards, and Performance Measures are found within the local instrument.

```
Essential Service          • 10 Essential Services

Model Standards            • 30 Model Standards

Performance Measures       • 109 Performance Measures
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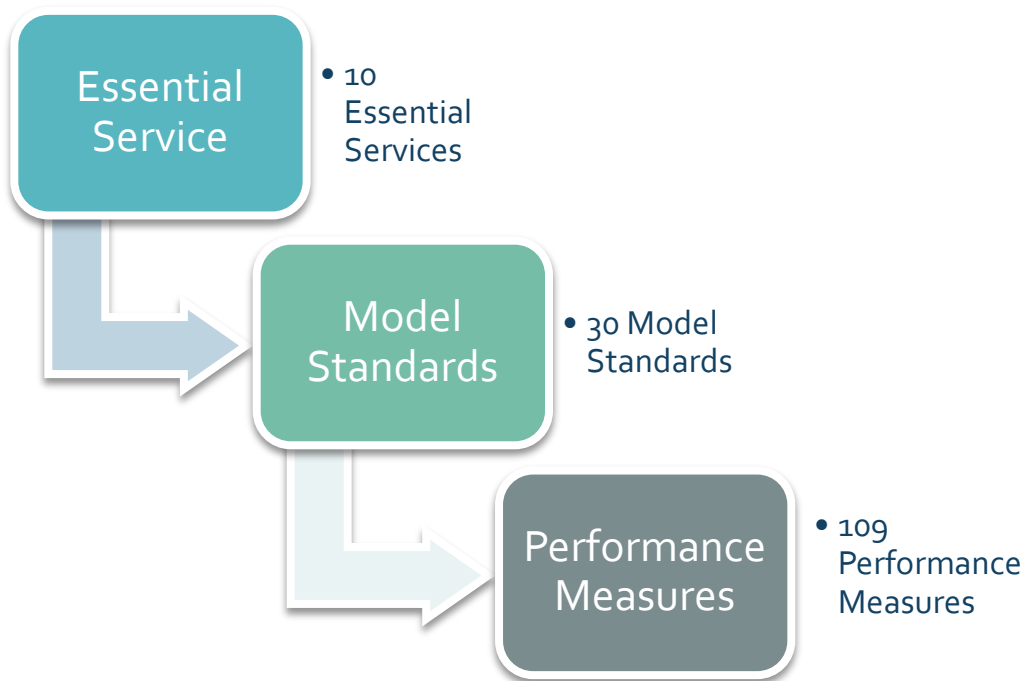
Our Process

The LPHSA meeting was held at the Gordon County Agriculture Center on November 5, 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 performance was perceived within several areas of the Gordon County LPHS, including: assure a competent public and personal health care workforce, monitor health status, inform, educate and empower people about health issues, enforce laws, develop policies and plan and evaluate services within the community.

The lowest rated areas of performance include: mobilize partnerships, link to health services and research, monitoring the overall health status of the community and research and innovation.

Average Essentail Service Score

Service	Score
ES 6 - Enforce Laws	82%
ES 8 - Assure Workforce	80%
ES 3 - Educate & Empower	63%
ES 2 - Diagnose & Investigate	60%
ES 5 - Develop Policies & Plans	57%
ES 9 - Evaluate Services	55%
ES 10 - Research & Innovations	35%
ES 1 - Monitor Health Status	34%
ES 7 - Link to Health Services	27%
ES 4 - Mobilize Partnerships	21%
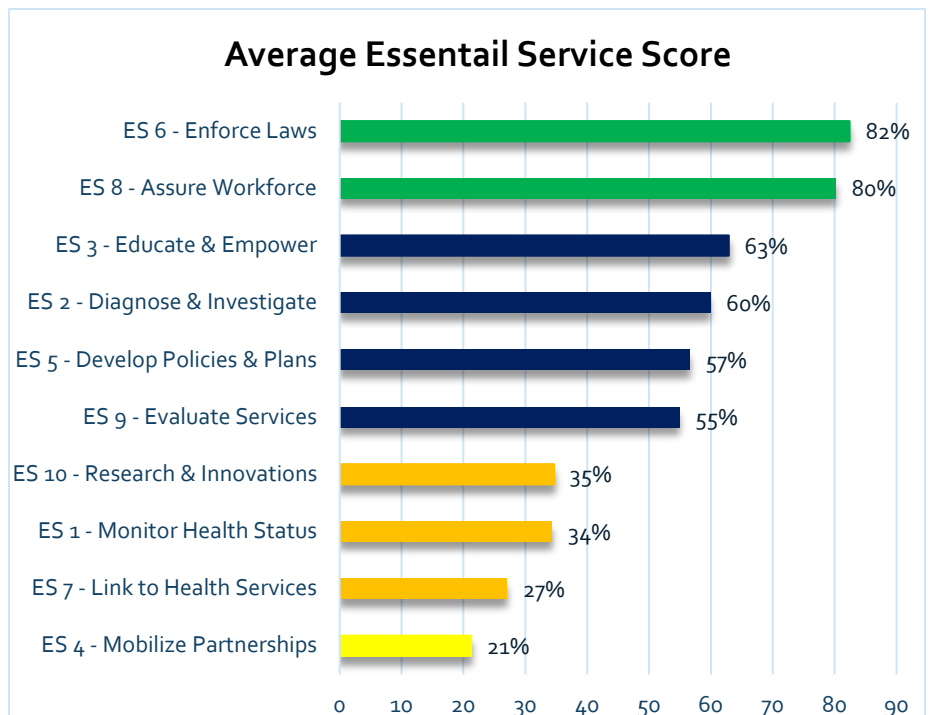
Percentage of Essential Service Performance Scores

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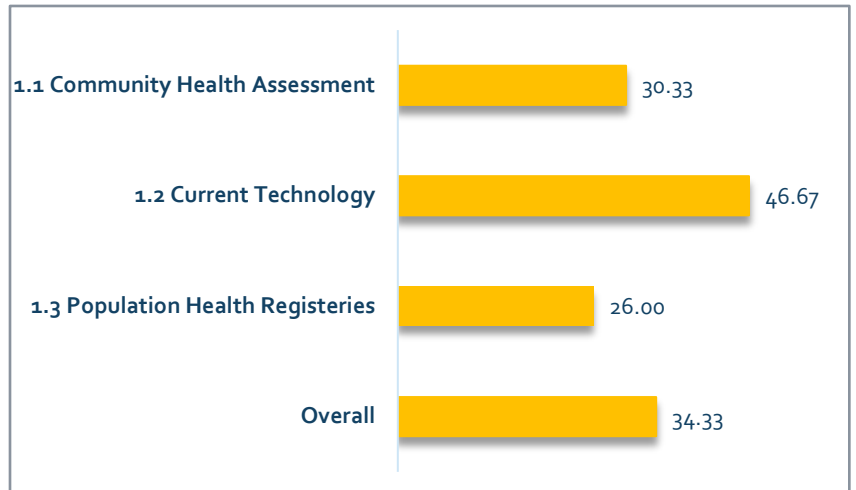
Percentage of Essential Service Performance Scores

- Optimal Activity
- Significant Activity
- Moderate Activity
- Minimal Activity
- No Activity
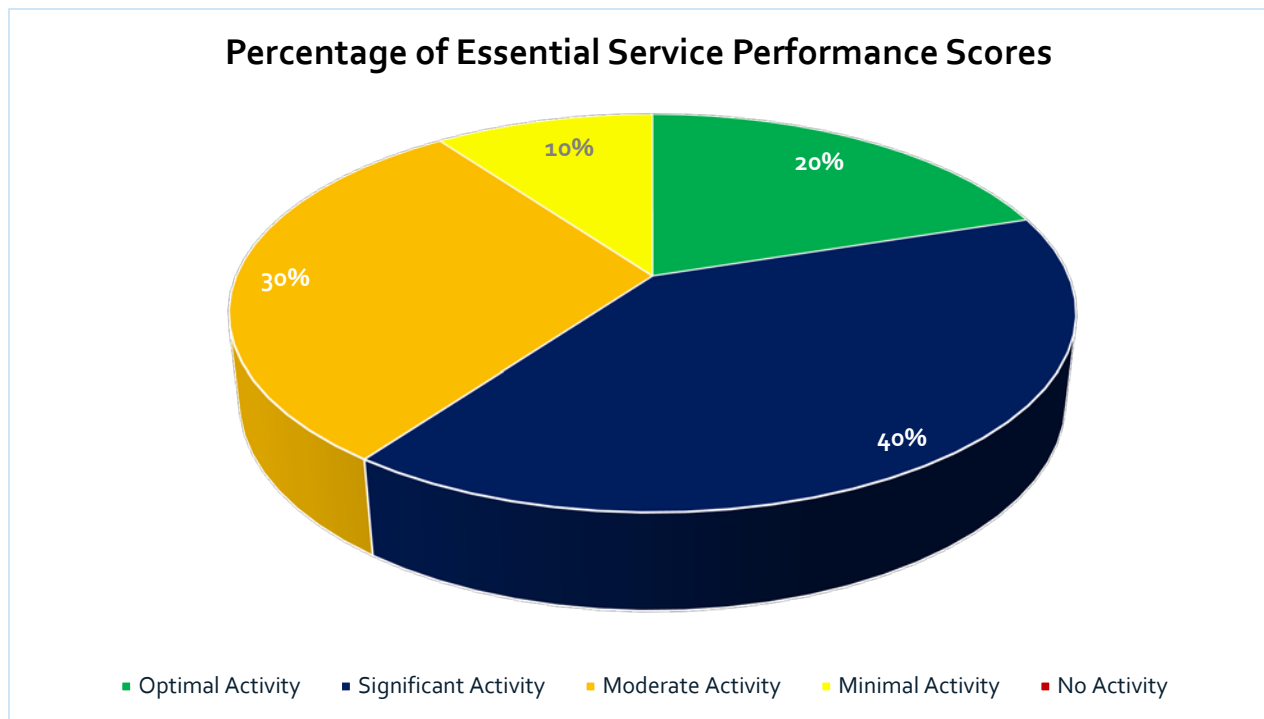
Interpretation of Results

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:

Participants indicated that the Local Public Health System (LPHS) displayed moderate activity related to conducting a Community Health Assessment (CHA) and contributing and maintaining population health registries (disease tracking). They also acknowledged the importance of data in terms of informing public health decisions. They concluded that overall, much improvement is needed in this area and not only for getting the work done but also for getting the word out into the community. The participants also recognized the challenges and demographics of a rural community with limited resources that might prove as a hinderance sometimes.

1.1 Community Health Assessment	30.33
1.2 Current Technology	46.67
1.3 Population Health Registeries	26.00
Overall	34.33

	Strengths	• Use of social media to disseminate information • There was a concerted effort made to do an assessment
	Weaknesses	• Alcohol and Drug abuse • Not enough resources for Mental Health

Short-term improvement opportunities

- More data collection efforts and informed decision making.
- Getting word out to the community.

Long-term improvement opportunities

- None noted.

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 fourth highest amongst the 10 Essential Services provided in Gordon County. Significant activity was demonstrated in areas including disease case investigation protocols, public health emergency response plans, and ready access to laboratory services to support investigations of public health threats, hazards, and emergencies. It was noted that Gordon County has enough resources present to perform this essential service well, but slight improvements in education and awareness to the community partners might be needed.

2.1 Identification and Surveillance	36.67
2.2 Investigation and Response	68.17
2.3 Laboratory Support	75.00
Overall	59.94
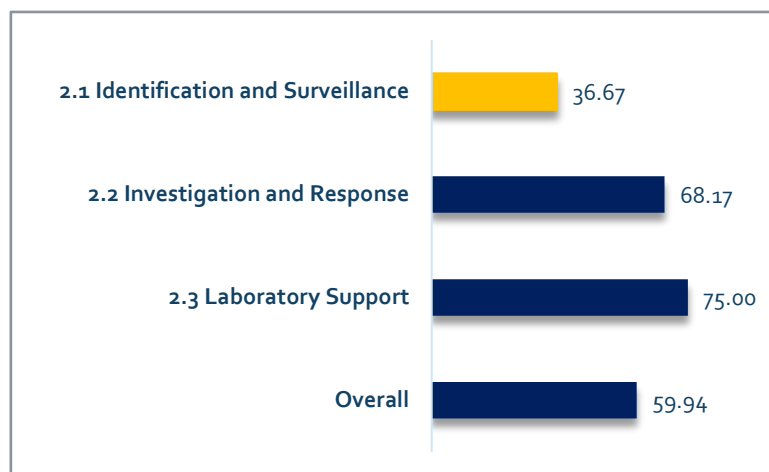
	Strengths	• Resources (protocol manuals etc.) • Social media • State labs
	Weaknesses	• Updated manuals/protocols • Information not going through proper channels • Social media can be a source of incorrect information

Short-term improvement opportunities

- Review and update protocol manuals.
- Use of social media but with caution.

Long-term improvement opportunities

- Find a more effective way to distribute information.
- Greater awareness, communication and education of community partners.

Significant activity levels were displayed in relation to developing emergency communications plans and making resources available for a rapid response. The communication plans are in place including emergency plans as well as information sharing e.g. environmental health educates the community when a new business/restaurant opens. This enables the community to make the best possible decision about their well-being during times of rest or in times of crisis or emergency. The participants acknowledged that not enough public education resources are present in the community and there is a lack of spokesperson who can get out in the community and speak on behalf of their organizations and the work they do in the community.

3.1 Health Education and Promotion	56.67
3.2 Health Communication	63.67
3.3 Risk Communication	68.33
Overall	62.89

	Strengths	• Starting Community Health Assessment (CHA) effort • Gordon County Emergency Plans • Some information sharing exists
	Weaknesses	• No health education publicized throughout the community. No health education classes • Agencies sharing news/events • Health promotion events are not publicized well enough. • Medical services in the health department are not promoted enough to the community

Short-term improvement opportunities

- Get out in the community and promote services.

Long-term improvement opportunities

- Continuing CHA and following through the process and results.
- Public involvement.
- Partnering with agencies and discussing Public Health issues.
- Adequate training opportunities.

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

Essential Service 4 scored the lowest activity level of the 10 Essential Services provided in Gordon 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. The participants felt that the community does come together in the time of crisis and need but not for improving the overall health of the community. They participants also believed that agencies tend to work in silos and not work towards a collaborated effort to improve the community issues. They felt the need for everyone coming together on a quarterly basis and bringing individual expertise to the table to sit and brainstorm possible collaboration efforts to improve overall public health.

4.1 Constituency Development	22.50
4.2 Community Partnership	20.00
Overall	21.25

	Strengths	• Come together in times of crisis • Car seat programs, quarterly BOH meetings, Family connections meetings • Individual contributions
	Weaknesses	• Plan for improving overall health of the community • Not enough health fairs or advertisement around health fairs • Lack of organized efforts and no forums for communication of public health issues

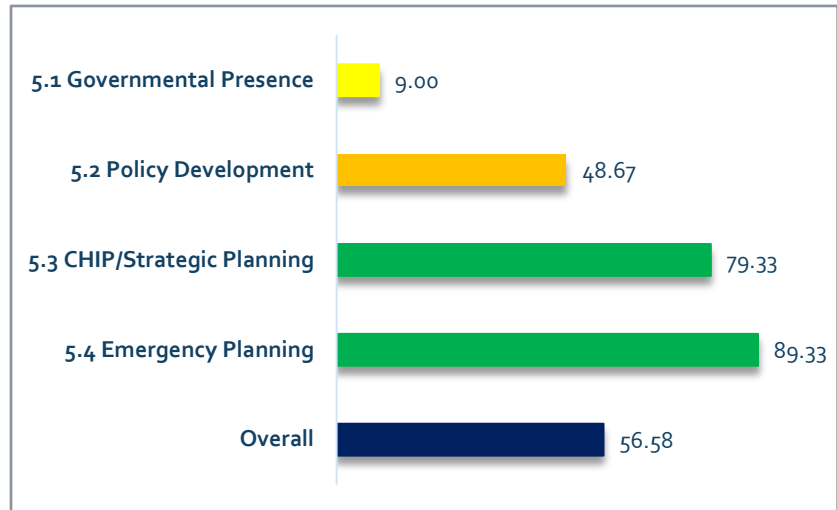**Short-term improvement opportunities**

- Resource directory.
- Groups working in one coordinated effort.
- Designated personnel to update community on issues and solutions being discussed in the quarterly meetings.

Long-term improvement opportunities

- Better communication between departments, agencies and with the community in order to keep everyone involved and informed.
- Community wide organization effort.

Participants indicated that there was optimal activity related to emergency planning and broad representation of system partners in an emergency planning task force, as well as the CHIP and strategic planning. Governmental presence and policy development were performing at a minimal to moderate rate and needed significant improvements. It was also noted that monitoring and policy review activity was ongoing at multiple levels, but not systematic. The participants thought

that policy wise, EP is already well established but a downside to this county is the lack of resources, especially for those people who are more likely to use the services in the community. A solution currently is not a priority for big businesses and government officials.

|	Strengths	• Quarterly Meetings • Great effort for the current Community Health Assessment process • Great EP Professionals
	Weaknesses	• BOH • Lack of communication between the policy makers and the community • Not all the necessary people are "on the bus"

Short-term improvement opportunities

- Personal meetings with Mayor or other community leaders about the CHIP/Strategic planning process.
- Better communication channels with agencies to get everyone involved.

Long-term improvement opportunities

- Better action plan from BOH for funding.
- Improve community funding opportunities.
- Hire new people and bring innovation.

Essential Service 6 performed the highest among all essential services in the community. The areas of improvement of laws lacked somewhat but optimal activity was noted in all other domains. According to the discussion, the overarching area of improvement needed to be in the art of communication. Networking between agencies is the key and more handshakes, discussions, emails, meetings and educational outreaches are needed throughout the community.

	Score
6.1 Review and Evaluate Laws	91.25
6.2 Improvement of Laws	70.00
6.3 Enforcement of Laws	86.00
Overall	82.42
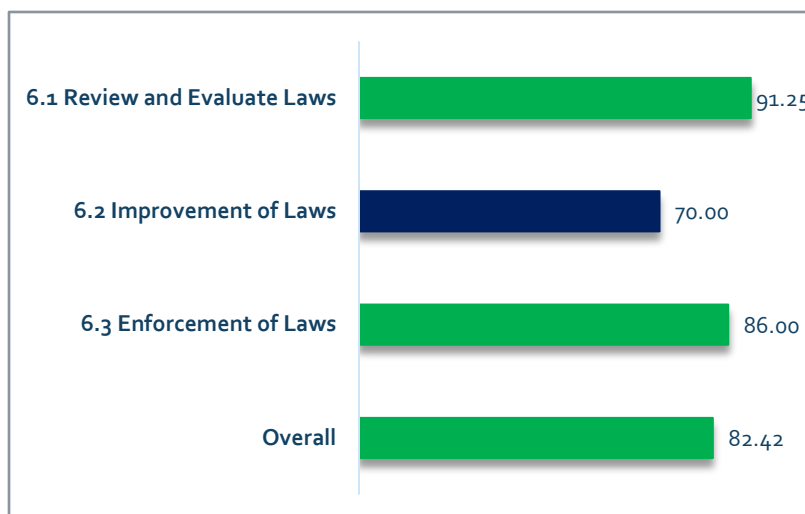
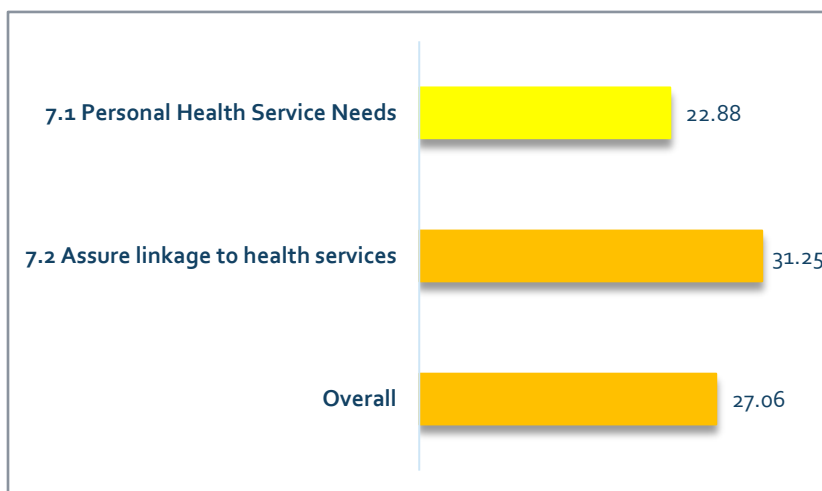|	Strengths	• Dissemination of information on public health laws, regulations integrated with other public health activities
	Weaknesses	• Educating the public • Improvement of laws/policies

Short-term improvement opportunities

• Better communication with local codes, law enforcement through public announcements, news, social media etc.

Long-term improvement opportunities

• Promotion of regulations/ordinances through different methods of public information outlets.

This essential service was the second lowest scored essential service and participants felt that the LPHS did not do a good job of identifying populations in Gordon County that experience barriers to personal health services. Community health care is not promoted enough so that all residents can have access to optimum health care services irrespective of their insurance status. Participants felt that health equity is not being addressed and mental health services are lacking considerably for the community residents.

	Score
7.1 Personal Health Service Needs	22.88
7.2 Assure linkage to health services	31.25
Overall	27.06

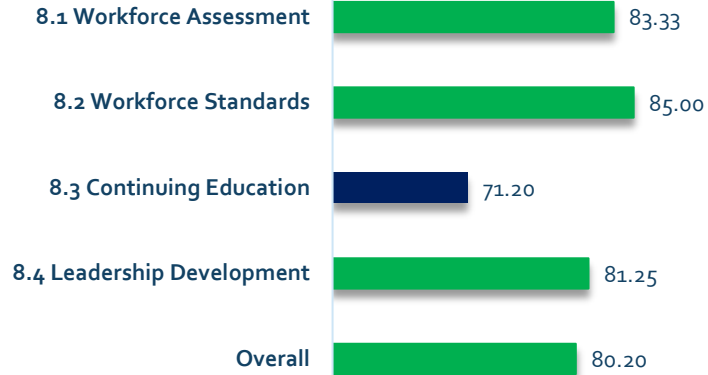|	
Strengths	• None noted
Weaknesses	• Lack of long-term treatment facilities for mental health services • Sharing of information piece is lacking

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.
• Encourage networking.

Long-term improvement opportunities

• Improve communication/collaboration.

This essential service was the second highest performing service in Gordon County according to performance scores. In the questions related to policy development it was found that there is an abundance of levels of expertise and certifications however more incentives for trainings and tuition reimbursement needs to be provided. The only drawback is funding and some areas of workforce training lacked appropriate response times and needed more input from the county.

8.1 Workforce Assessment	83.33
8.2 Workforce Standards	85.00
8.3 Continuing Education	71.20
8.4 Leadership Development	81.25
Overall	80.20

	Strengths	• Workforce trainings and certifications
	Weaknesses	• Lack of funding/incentives

Short-term improvement opportunities
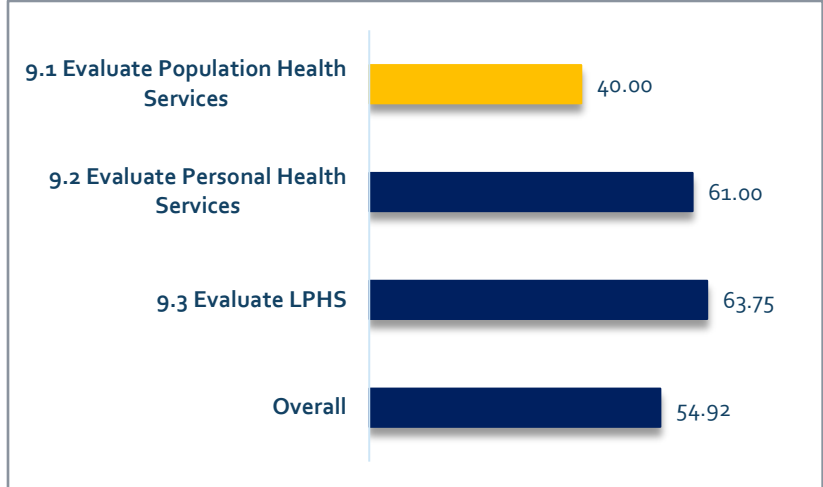
• More incentive based trainings.
• Improve funding opportunities.

Long-term improvement opportunities

• None noted

The LPHS showed significant activity in the quality of population health services. Examples of evaluations discussed by the group include immunization programs, server training, and substance abuse programs. However, improvements needed to be made in evaluation of personal health services. The group noted that the whole purpose of doing an evaluation was to improve the quality of services which was not being done fully. The assessments need to be repeated periodically and lessons learned should be shared and acted upon to improve the overall quality of services in the community.

9.1 Evaluate Population Health Services	40.00
9.2 Evaluate Personal Health Services	61.00
9.3 Evaluate LPHS	63.75
Overall	54.92

Strengths		• Just started with evaluation today • Short staff, which leads to limitation of services
Weaknesses		• Communication/Advertisement • Community members lack education and awareness on programs, procedures and policies

Short-term improvement opportunities

• Improve resources and funding.
• Increase staff.
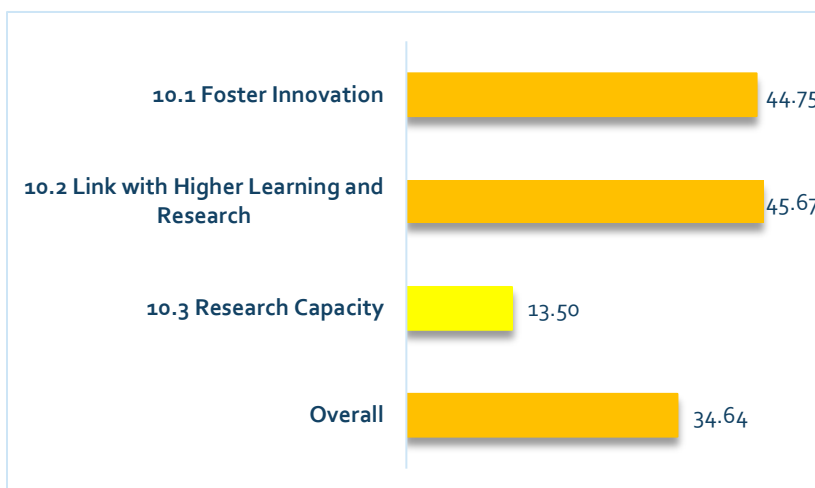• Learn lessons and opportunities for improvement through evaluations.

Long-term improvement opportunities

• Communication/Collaboration.
• Awareness of Essential Public Health Services within the community.

This essential service was found to be performing at a moderate level within the community with ample opportunities for improvement. Several innovative ideas have been adopted elsewhere but are lacking in Gordon 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. They also noted that great hospitals in the community are a strength and people are willing to come together for a collaborated effort which should be encouraged. Community should be involved using a town hall meeting type system so everyone can share ideas and opinions and come up with new innovative solutions.

Category	Value
10.1 Foster Innovation	44.75
10.2 Link with Higher Learning and Research	45.67
10.3 Research Capacity	13.50
Overall	34.64

	Strengths	• Networking between partners • Great hospital • Awareness among youth/people of the community • Strong community relationships
	Weaknesses	• Minimal communication between agencies especially agencies doing similar work • No resource sharing • Community lack of knowledge on research/innovation

Short-term improvement opportunities

• Community outreach for seeking new partners and resources to develop relationships.
• Town Hall type meeting with all partners for effective communication.
• Meet and Develop formal short-term goals and follow through.

Long-term improvement opportunities

• Continue developing strong, long-term relationships.
• More opportunities for suggestions to be heard.
• Develop new resources and relationships for increasing research capacity.

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 community health assessment, building partnerships, new research and innovations, and assuring link to health services.

Perceived Priority

(scale of 1-10 as rated by participants, using the "What Next?" section)

High

Low

| I
High Priority / Low Performance

Community Health Assessment
Current Technology
Population Health Registries
Constituency Development
Community Partnership
Governmental Presence
Foster Innovation
Assure Linkage to Health Services
Link with Higher Learning and Research
Research Capacity
Personal Health Service Needs | II
High Priority / High Performance

Identification and Surveillance
Laboratory Support
Investigation and Response
Governmental Presence
Policy Development
CHIP/Strategic Planning
Emergency Planning
Review and Evaluate Laws
Improvement of Laws
Enforcement of Laws
Policy Development
CHIP/Strategic Planning
Assure Linkage to Health Services
Evaluate Population Health Services
Evaluate Personal Health Services
Evaluate LPHS
Workforce Assessment
Workforce Standards
Continuing Education
Leadership Development |
| IV
Low Priority / Low Performance | III
Low Priority / High Performance

Health Education and Promotion
Health Communication
Risk Communication |

POTENTIAL RESOURCE SHIFT

Low   **Current Level of Performance**   **High**
(scale of 1-100 as reported in the NPHPSP report)

Local Public Health System Assessment – Key Takeaways

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

Key Strengths	Key Weaknesses
• Resource availability – Resource rich county • Awareness among population to improve health care needs and access • Strong health care system • Competent workforce availability • Laws/Regulations in place and presence of accountability • Adequate emergency measures/processes in place • Community awareness and willingness	• Lack of communication and public involvement regarding LPHSA activities • Inadequate mental health services • No process for improvement of existing laws and regulations • Lack of strong community partnerships/relationships • Health care disparities • Lack of higher learning and innovative research capacity • Sharing of resources and information • Collective impact efforts
Highest Scoring Essential Services	**Lowest Scoring Essential Services**
1. Enforce Laws and Regulations that Protect Health and Ensure Safety 2. Assure a Competent Public and Personal Health Care Workforce 3. Inform, Educate, and Empower People About Health Issues	1. Mobilize Community Partnerships to Identify and Solve Health Problems 2. Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable 3. Monitor Health Status to Identify Community Health Problems

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, Gordon 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 Gordon County Agriculture Center in December 2019. After reviewing the data analyses results, the participants completed a brainstorming exercise for identifying the strategic issues. The brainstorming exercise consisted of participants being 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.

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

Community Partnerships & Collaborations

Healthy Behaviors

Substance Abuse

Mental Health

Accessibility of Services

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\
- Gordon 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