DeKalb County Board of Health

Community Health Improvement Plan 2013

DEKALB COUNTY
Board of Health

Promoting, Protecting and Improving Health

S. Elizabeth Ford, M.D., M.B.A.
District Health Director
DeKalb County Board of Health

Greetings from the District Health Director

Welcome to our Community Health Improvement Plan.

Improving community health is an ongoing and complex process. It can take many years to bring about real change. In public health, we realize this change must take place on many fronts – from individuals improving their eating habits to employers adopting wellness policies.

Mobilizing for Action through Planning and Partnerships, or MAPP, is a collective approach to assess current community conditions. MAPP seeks to leverage that knowledge to develop an action plan which addresses the health conditions of DeKalb County residents. Additionally, MAPP assists community partners with identifying strengths and needs, using identified resources, and creating partnerships to take action.

The DeKalb County Board of Health first used the MAPP process in 2005. We were one of the first agencies in the country to pilot this model, which was developed by the National Association of County and City Health Officials in cooperation with the U.S. Centers for Disease Control and Prevention (CDC). MAPP was used again in 2010-2011, led by the Live Healthy DeKalb Coalition and the MAPP Committee. A Strategic Alliance for Health grant from the CDC supported the process. This plan reflects the 2010-2011 assessment.

At the beginning of the process, the Live Healthy DeKalb Coalition invited organizations and volunteers from DeKalb County to assist. Coalition and community members volunteered to work in one of four work groups, and tasks were assigned accordingly. The work groups are: the local public health system, community themes and strengths, community health status, and forces of change. The findings from each work group were discussed among members and later presented to the entire MAPP committee for discussion. This led to identification of key issues in the community such as walkability, pollution, code enforcement, public safety, and communication within the health care system.

To address these issues, the coalition and committee arrived at the following goals: increasing physical activity and nutrition, reducing pollution, preventing tobacco use, and eliminating health disparities. A plan to work toward these goals includes strategies, action steps, and partners. The plan will be implemented and monitored over the next five years and will be evaluated annually. MAPP is a continuous process.

This plan is a result of the hard work and committed efforts of many community partners who share the vision of "healthy people living in healthy communities." The Live Healthy DeKalb Coalition, the MAPP Committee, and the Board of Health invite those who live, work, and play in DeKalb County to join our collective effort to improve our community's health.

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DEKALB COUNTY
Board of Health

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Introduction to Mobilizing for Action through Planning and Partnerships

Mobilizing for Action through Planning and Partnerships (MAPP) is an assessment and strategic planning process created by the National Association of County and City Health Officials in partnership with the U.S. Centers for Disease Control and Prevention. It is a community-driven process that provides the framework for residents and community leaders to identify health issues and to identify solutions and resources to address them. The MAPP framework is divided into six phases: Organizing, Visioning, Assessments, Strategic Issues, Goals/Strategies, and Action Cycle.

Phase I- Organizing

This is the planning phase and is used to prepare for the process and to recruit participants. The core team is assembled to create an action plan and assign tasks, develop a timeline, identify existing and desired resources, select key members for the MAPP Committee, and determine the desired end results. During this phase, the community should also be educated about the process and presented with opportunities to participate.

Phase II- Visioning

The purpose of this phase is to identify the goal(s) of the community. Visioning should involve the community, and the process should be assisted by a neutral facilitator. Common values, focuses, and purposes are identified, looking five to ten years into the future.

Phase III- Assessments

Four assessments make up this phase, and each assessment was led by a work group. The results should be viewed as a whole rather than separately. The assessments are as follows:

1. Community Themes and Strengths- This assessment addresses key topics such as identifying what is important to the community, what the assets are in the community and the perceived quality of life.

2. Community Health Status- The results of this assessment should identify the community's primary health issues and reveal the health of the community as a whole.

3. Local Public Health System- This assessment targets organizations (hospitals, clinics, schools, faith-based organizations, etc.) that influence the public's health. It answers questions regarding the capacity, competencies, activities, and components of these organizations related to delivering the ten essential public health services.

4. Forces of Change- The focus of this assessment is to identify legislative, technological, and other types of changes that could affect the health of the community or the organizations that deliver public health services.

Phase IV- Strategic Issues

After the four assessments are complete, data are compiled and used to identify key issues facing the community. At this point, the vision created in Phase II is updated to reflect the issues identified in the assessments.

Phase V- Goals/Strategies

This phase takes the issues identified in Phase IV and creates goals and strategies to address them in relation to the vision. The final selection of strategies is made after considering barriers, resources, and a timeline.

Phase VI- Action Cycle

The last phase of the MAPP process involves planning, implementing, and evaluating the strategies. The process continues over time, with an emphasis on sustaining the process and community participation.

Methods

Phase I- Organizing

Planning began internally with the DeKalb County Board of Health's (DCBOH's) Office of Chronic Disease Prevention. Staff researched the MAPP process and identified the Live Healthy DeKalb (LHD) Coalition as a mechanism for driving the process. This group, along with additional community members, would serve as the MAPP Committee. An initial meeting was held with the LHD Coalition Executive Committee and the DCBOH staff. The purpose was to educate the group on the process, discuss best practices, identify the potential risks and benefits of completing the assessment, determine financial support, create a list of past MAPP participants and partners not currently participating, draft a timeline, and identify next steps. The DCBOH staff then brought the idea to the LHD Coalition and promoted the MAPP assessment in the community through their respective organizations and affiliations. The LHD Coalition identified and recruited additional participants and provided input on the draft timeline.

Phase II- Visioning

After the concept of the MAPP process was introduced to the LHD Coalition, discussions around the vision for the MAPP process began. The coalition had recently been restructured and created a new vision as a result of its visioning process. The new LHD vision was proposed to serve as the vision of the MAPP process, and the group agreed. The vision is: "Healthy people living in healthy communities."

Phase III- Assessments

Community Themes and Strengths

Work group members used online and in-person surveys, focus groups, and individual interviews to collect information about residents' perceptions of health and the health conditions of the community. Approximately 1,600 surveys were collected. A sampling of the questions included the following:

- What does having a good life mean to you?
- What makes living in DeKalb County great?
- What can be improved?
- What resources exist in DeKalb County?
- What is the #1 issue in your community?
- How would you propose to solve this issue?
- What resources do we need to take action to solve this issue?

The focus groups and interviews were conducted at a variety of settings and events, including neighborhood association meetings, health fairs, and book club meetings. The LHD Coalition led the data collection and facilitated the focus groups.

Community Health Status

Demographic and socioeconomic data for DeKalb County were obtained from primary and secondary data sources by work group members. The committee collected secondary data from several sources including the 2010 Status of Health in DeKalb Report which serves as the Community Health Assessment for the DeKalb County Board of Health. The Status of Health in DeKalb Report is a comprehensive compilation of health data that is used to guide the DeKalb County Board of Health; to inform residents, advocates, and legislators about recent trends in the health status of DeKalb County; and to increase awareness about healthy lifestyle choices. This information is also used to guide advocacy efforts in creating effective interventions and policies that address health equity, physical activity, nutrition, and environmental health. The report has been widely distributed to members of the MAPP Committee, as well as the general public, through the Board of Health website and community-wide rollout events in 2010.

Additional data used in this report include the American Community Survey estimates (U.S. Census Bureau, 2009) and County Health Rankings (University of Wisconsin Population Health Institute, 2009). Data on health conditions were available from the Behavioral Risk Factor Surveillance System (U.S. Centers for Disease Control and Prevention, 2009), the Air Quality Index Report (U.S. Environmental Protection Agency, 2009), the Georgia County Guide (University of Georgia, 2010), KIDS Count Data Center (Annie E. Casey Foundation, 2009), and the Online Analytical Statistical Information System (Georgia Department of Public Health, 2010).

To create a comprehensive vision for DeKalb County, the Community Health Status work group collected primary data to supplement the secondary data described above. Data were obtained by contacting DeKalb County residents through online and paper surveys. Potential responders were identified through a network of neighborhood email lists from the DeKalb County Neighborhood Empowerment Initiative's OneDeKalb Office. Between May and August of 2010, the OneDeKalb Office sent four electronic notices to community leaders asking them to complete the online survey and forward it to members of their neighborhood groups who, in turn, were encouraged to pass it along to other DeKalb County residents. Many leaders also placed advertisements in their neighborhood newsletters, made automated calls, and/or placed links to the survey on their websites. Additionally, an advertisement and link to the survey were placed on the DeKalb County Public Library's, the DeKalb County Government's and the DeKalb County Board of Health's websites. Lastly, the DeKalb County faith community, coalitions, and other groups encouraged the community to complete the online survey by posting notices in newsletters, on websites, and through email listservs.

The online distribution to residents was paired with paper-based distribution that focused on targeting groups that had been under-represented using electronic methods (e.g., older adults, low-income residents). The paper surveys were administered at numerous community events and senior centers.

The Community Health Status work group was tasked with presenting the results of this research to the entire MAPP Committee. They presented data from both the MAPP surveys and the Status of Health Report and facilitated a discussion in which key health issues and themes were prioritized for inclusion in this Community Health Improvement Plan.

Local Public Health System

The Ten Essential Public Health Services address the following service categories: identifying and monitoring health problems, diagnosing and investigating health hazards, informing and educating about health issues, mobilizing community partnerships, policy development, law enforcement and safety protection, provision of health care services, assurance of a competent health care workforce, quality of personal health services and innovative solutions to health care services. The National Public Health Performance Standards Program (NPHPSP) assessments are intended to improve the practice of public health and the performance of public health systems. Three assessment instruments were designed to assist partners in improving health systems: State Public Health System Performance Assessment, Local Public Health System Performance Assessment, and Local Public Health Governance Performance Assessment. Each of three NPHPSP instruments is based on the Ten Essential Public Health Services. The coalition decided to use the Local Public Health System Performance Assessment instrument. In 2010, the Local Public Health System Assessment was administered to organizations that contribute to the health and well-being of DeKalb County. These included the DeKalb County Board of Health, other government agencies, health care providers, human service organizations, schools and universities, faith institutions, youth organizations, economic and philanthropic organizations, and environmental agencies. For each of the Ten Essential Public Health Services, model standards corresponding to the primary activities at the local level were described and assessed.

By asking community partners to answer the questions on essential services, we were able to identify strengths and weaknesses and determine opportunities for improvement in the public health system.

Forces of Change

The Forces of Change work group began by identifying trends, events, and factors that might affect public health in the community. The work group used information from sources such as the American Cancer Society; U.S. Centers for Disease Control and Prevention; American Lung Association; DeKalb County Recreation, Parks & Cultural Affairs; and the DeKalb County Tax Assessor's Office. The assessment investigated issues such as education, job loss, health status, exercise, immigration, incarceration, foreclosures, natural disasters, communicable diseases, health crises, and nutrition. These trends, events, and factors were compared to results from the other assessments to identify seven major forces of change categories. The categories are: social forces, economic forces, environmental forces, healthy living (including food deserts), changing health care system, technological forces, and political forces. Each Forces of Change group member chose a category to research, and the group met to combine the data. The results were then presented to the MAPP Committee for feedback.

Phase IV- Strategic Issues

Each work group completed a report of their findings and these results were presented to the entire MAPP Committee. The committee then identified the overarching themes present throughout the assessment. Through analytical exercises and discussion, the group came to a consensus and chose five strategic issues that it felt best reflected the needs of the community. The strategic issues identified were physical activity, nutrition, go green, tobacco cessation and prevention, and access to health care.

Phase V- Goals/Strategies

The creation of goals and objectives began in MAPP Committee meetings. All MAPP Committee members attended monthly meetings, while a small core group that attended all of the subcommittee meetings emerged. The small group set goals and strategies to present to the MAPP Committee for feedback. The coalition identified partners, created a timeline, and developed objectives. The decision was made to set the goals and strategies first and work out details once subgroups were formed and assessments were completed during the action cycle.

Phase VI- Action Cycle

The LHD Coalition adopted the action plan (goals and strategies) created by the MAPP Committee as its five-year plan. The LHD Coalition has divided itself into subgroups according to each goal and will continue the work over the next five years. The subgroups are identifying partners and resources, continually updating and evaluating the action plan, seeking funds to carry out implementation, and advocating for policies that will address the health objectives identified by the coalition.

Results

This section presents the results of primary and secondary data gathered by the DeKalb County Board of Health and Community Health Assessment work group members. A variety of sources were used to collect this data including: the 2010 Status of Health in DeKalb Report, databases, the MAPP survey, focus groups, and interviews.

Demographics

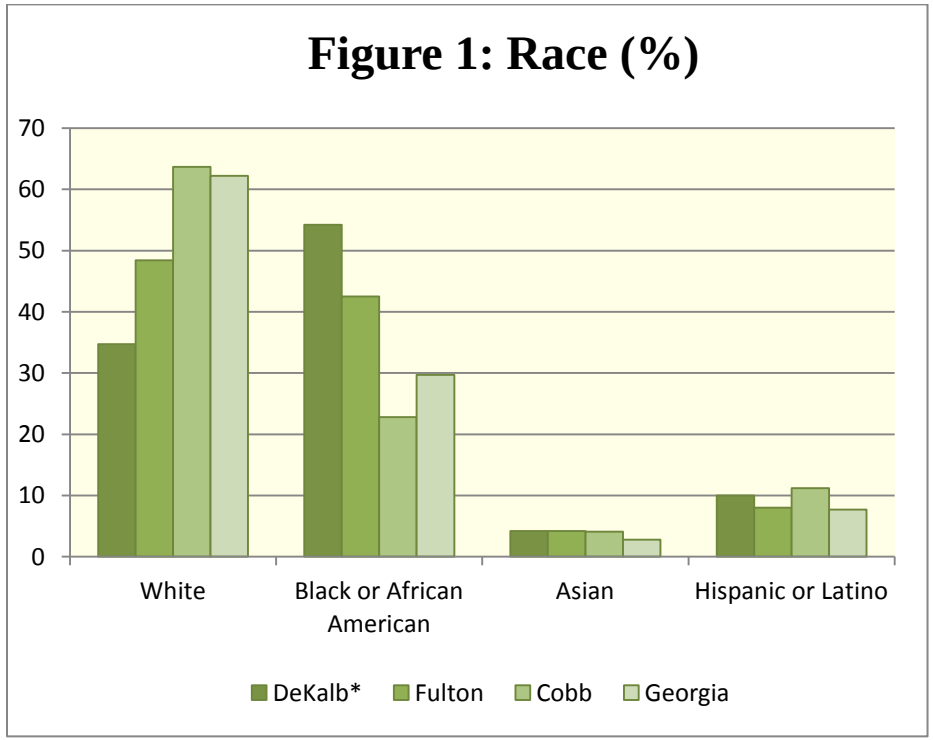
DeKalb County is a large, diverse, urban county. This is important to note since education, household income, family structure, access to health care, and the neighborhood environment are all integral components of the social determinants of health. These overarching themes are illustrated through graphs and charts to create a holistic picture.

DeKalb County:

- Has a higher percentage of blacks/African Americans than neighboring counties and Georgia as a whole (Figure 1).
- Has a lower level of education than some neighboring counties but higher than Georgia as a whole (Figure 3).
- Has a lower percentage of U.S.-born residents compared to neighboring counties and Georgia as a whole (Figure 4).
- Has a higher percentage of residents speaking a language other than English at home compared to neighboring counties and Georgia as a whole (Figure 4).
- Has a smaller percentage of households making more than $75,000 a year than neighboring counties but a higher percentage than Georgia as a whole (Figure 5).

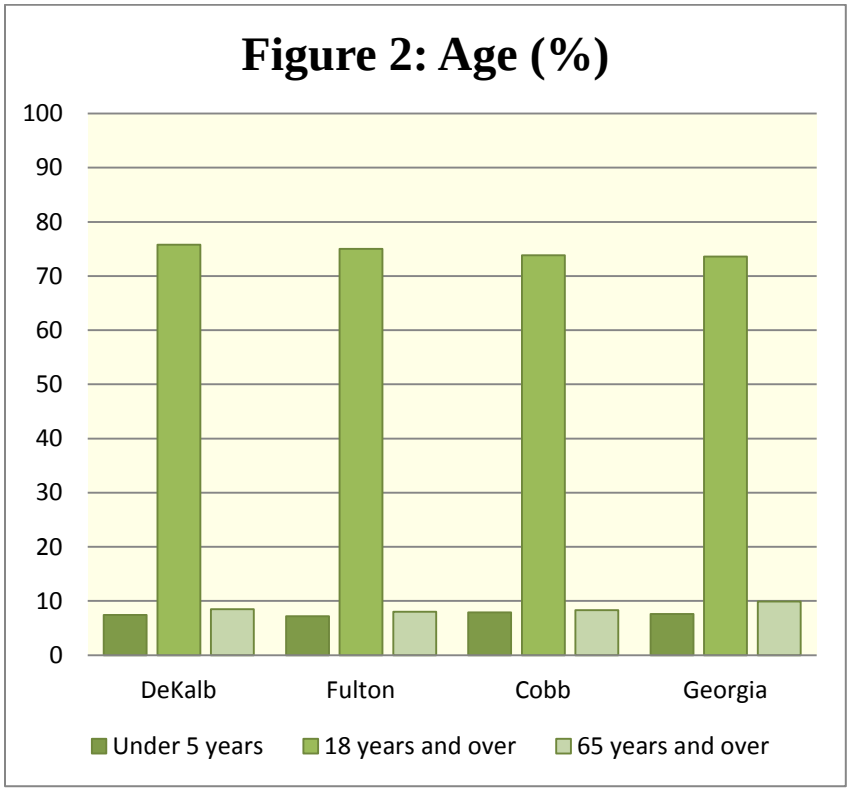
Demographics of DeKalb County, Neighboring Counties, and Georgia:

Table 1: Population and Age	DeKalb	Fulton	Cobb	Georgia
County Population	**733,484**	990,562	688,433	9,509,254
Median Age	**36**	36	36	35

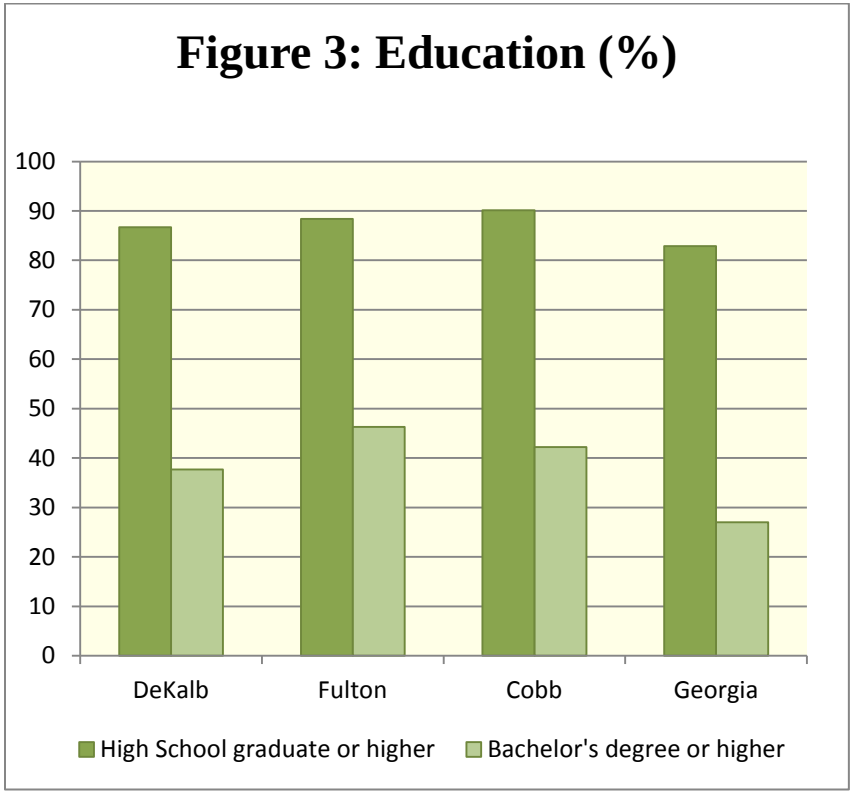


Sources: U.S. Census Bureau, 2006-2008 American Community Survey,
*2010 Status of Health in DeKalb County pp. 8-10.

Demographics of DeKalb County, Neighboring Counties, and Georgia (continued):

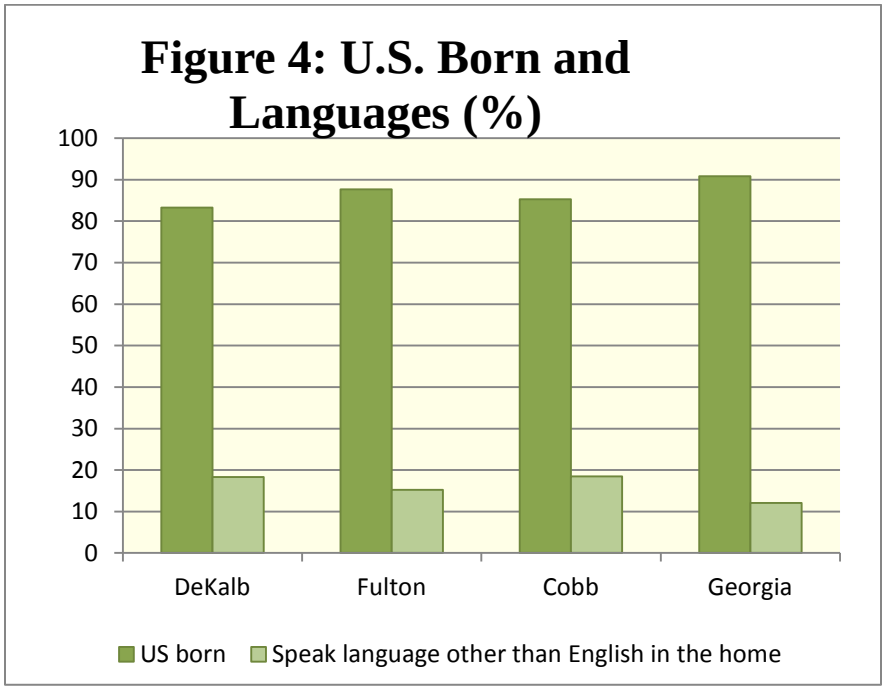


Source: U.S. Census Bureau, 2006-2008 American Community Survey.

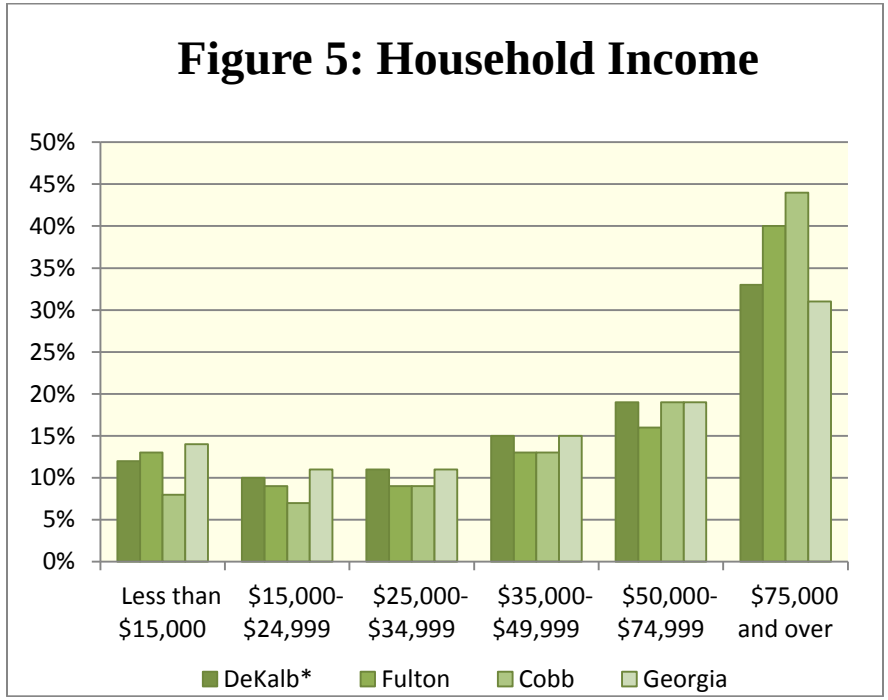


Source: U.S. Census Bureau, 2006-2008 American Community Survey.

Demographics of DeKalb County, Neighboring Counties, and Georgia (continued):



Source: U.S. Census Bureau, 2006-2008 American Community Survey.



Sources: U.S. Census Bureau, 2006-2008 American Community Survey,
*2010 Status of Health in DeKalb County pp. 8-10.

A Closer Look at DeKalb

The "A Closer Look at DeKalb" sections highlight data specific to DeKalb County. Often these data provide details on a specific health topic.

People with more years in school are likely to live longer, to experience better health outcomes, and to practice health-promoting behaviors such as exercising regularly, refraining from smoking, and obtaining timely health care check-ups and screenings.
Source: Robert Wood Johnson Foundation, Commission to Build a Healthier America: Education Matters in Health. Sept. 2009 Issue brief 6.

EDUCATION

The following table shows select education characteristics of DeKalb County.

Table 2:
DeKalb County education profile (public school systems 2006-2007)

Total enrollment	101,079
% qualifying for free/reduced price lunch	63.7
% students with disabilities	9.4
High school dropout rate per 100 enrolled	1.7
Class of 2007 percent completion (freshman to senior)	72.5

Table 2 shows:

- During the 2006-2007 school year, 63.7 percent of over 101,000 students enrolled in DeKalb's public schools qualified for free or reduced price lunch.
- The 2007 high school dropout rate was 1.7 per 100 students.
- Of the students who entered ninth grade in 2003, 72.5 percent were in the graduating class four years later.

Source: 2010 Status of Health in DeKalb Report p. 9.

Socioeconomic Conditions

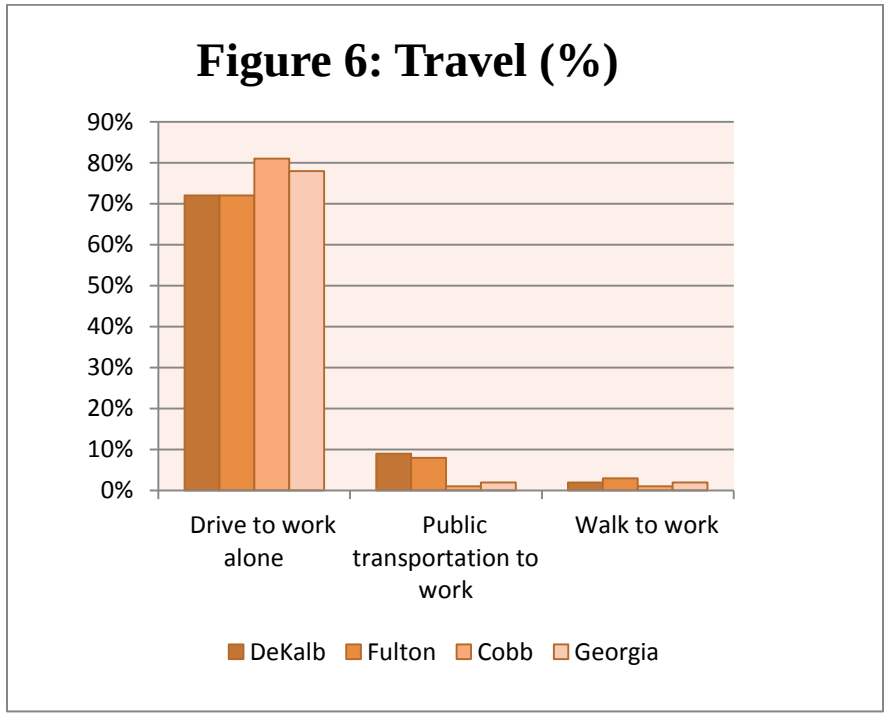
Access to housing, poverty level, and travel times are all underlying factors that affect the health of a community. Based on various sources, DeKalb County, in general:

- Has a higher percentage of residents who use public transportation than neighboring counties and Georgia as a whole (Figure 6).
- Has a lower median household income than neighboring counties but a higher median household income compared to Georgia as a whole (Figure 8).
- Has a higher unemployment rate than neighboring counties and Georgia as a whole (Figure 9).

Table 3: Housing and Travel	DeKalb	Fulton	Cobb	Georgia
Median Housing Value (Owner-occupied)	$196,500	$273,900	$215,700	$163,500
Mean Travel Time to Work (mins)	31	27	30	27

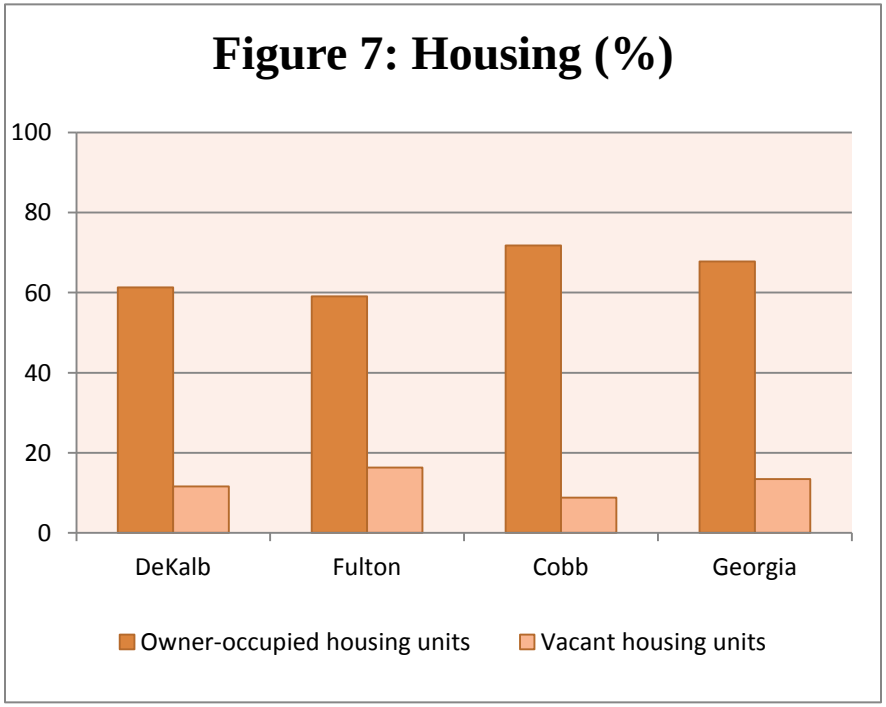
Source: U.S. Census Bureau, 2006-2008 American Community Survey.

Conditions of DeKalb County, Neighboring Counties, and Georgia:

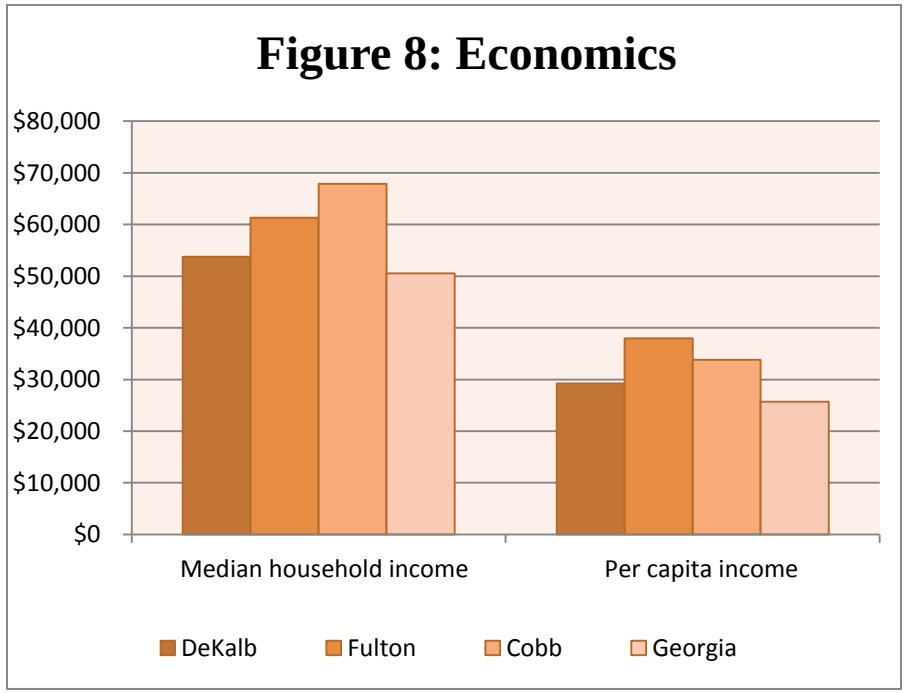


Source: U.S. Census Bureau, 2006-2008 American Community Survey.

Socioeconomic Conditions (continued)



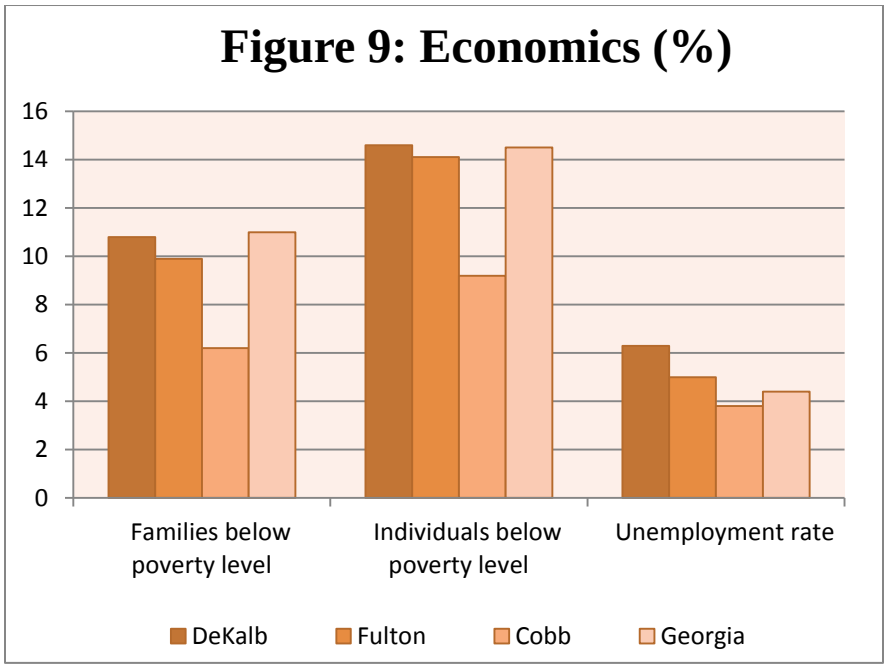
Source: U.S. Census Bureau, 2006-2008 American Community Survey.



Source: U.S. Census Bureau, 2006-2008 American Community Survey.

Socioeconomic Conditions (continued)

DeKalb County has more residents below the poverty line than neighboring counties.



Source: U.S. Census Bureau, 2006-2008 American Community Survey.

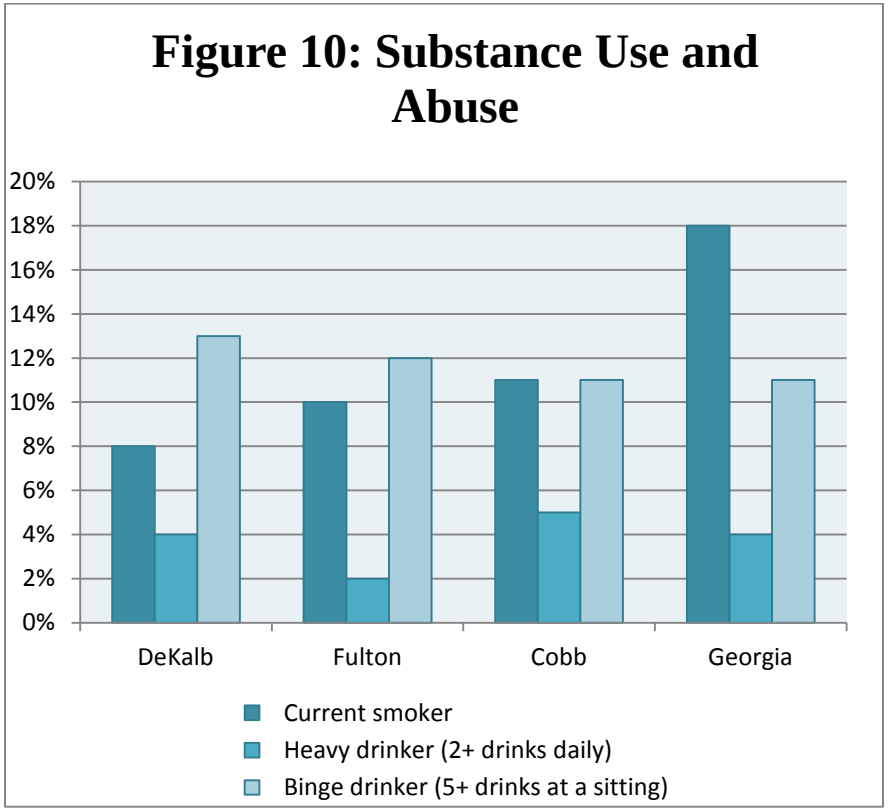
Health Status of Residents

Behavioral Risk Factors

The Behavioral Risk Factor Surveillance System tracks health conditions and risk behaviors. Substance abuse, nutrition, physical activity, and health screenings are all indicators that reflect the behavioral choices of residents. In general, DeKalb County residents:

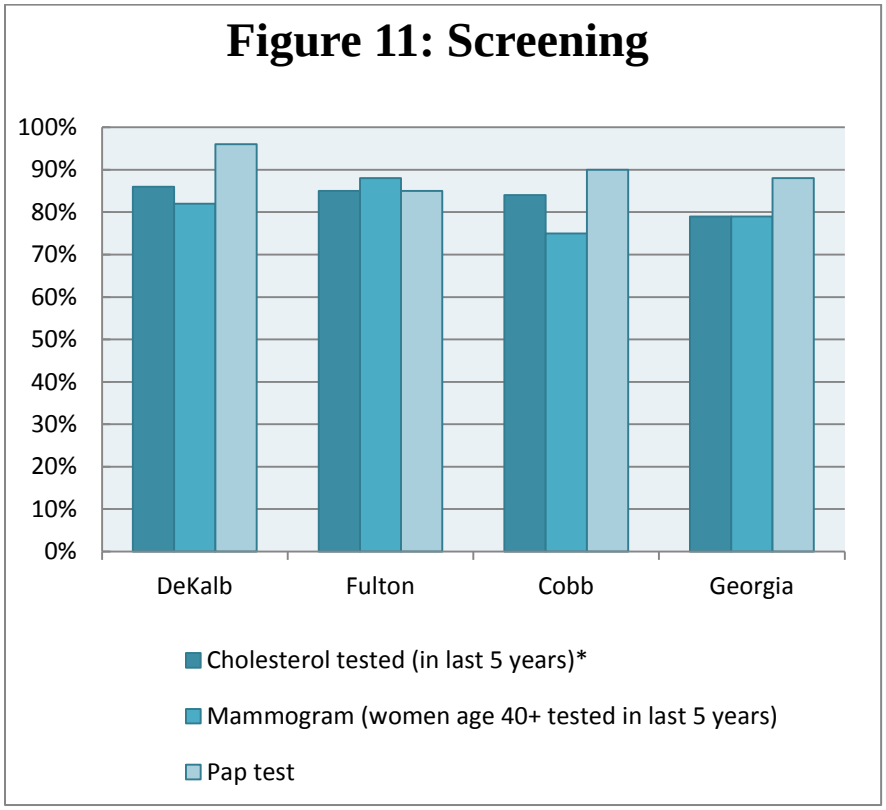
- Were less likely to smoke cigarettes than residents of neighboring counties and Georgia as a whole (Figure 10).
- Were more likely to have their cholesterol level recently tested than residents of neighboring counties and Georgia as a whole (Figure 11).
- Were more likely to have had a recent Pap test compared to residents of neighboring counties and Georgia as a whole (Figure 11).
- Were more likely than Georgians as a whole to eat five servings of fruits and vegetables daily but less likely than residents of neighboring counties (Figure 12).
- Were less likely to be obese compared to Georgians as a whole but more likely than residents of neighboring counties (Figure 12).
- Report exercising more compared with residents in Georgia as a whole (Figure 12).

Behavioral Risk Factors in DeKalb County, Neighboring Counties, and Georgia:

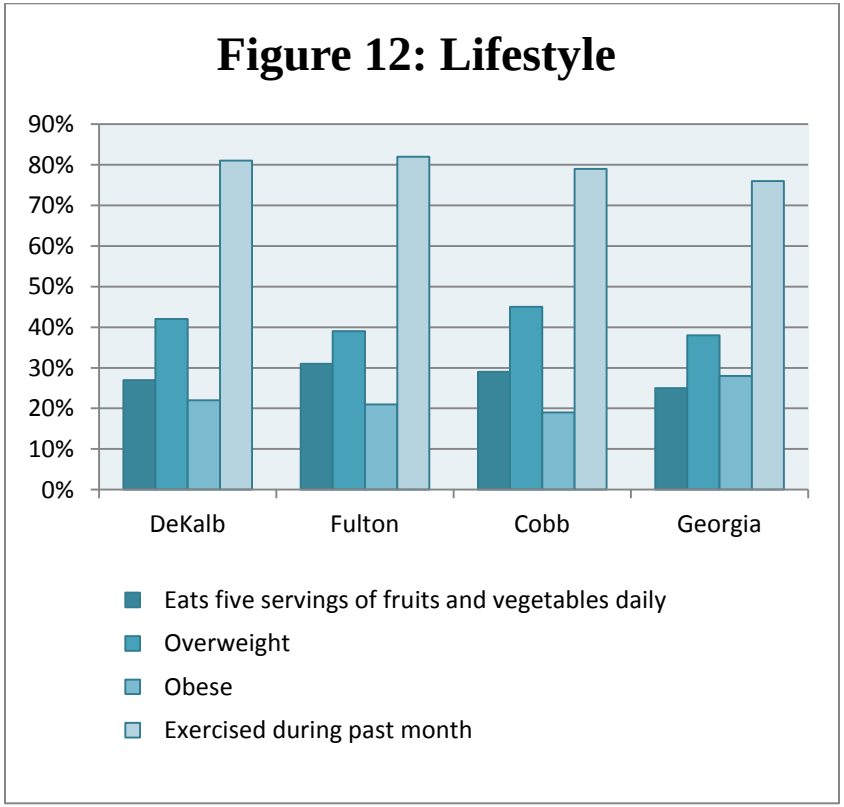


Source: 2009 Behavioral Risk Factor Surveillance System.

Behavioral Risk Factors in DeKalb County, Neighboring Counties, and Georgia (continued):



Source: 2008 Behavioral Risk Factor Surveillance System.
*2009 Behavioral Risk Factor Surveillance System.



Source: 2008 Behavioral Risk Factor Surveillance System.

A Closer Look at DeKalb

Understanding the health behaviors of high school students gives the community an understanding of the health behaviors of our youth. Establishing healthy behaviors at a young age may lead to maintaining positive health behaviors later in life and ultimately reduce the risk of developing chronic disease.

Examples of healthy behaviors include eating nutritious foods, being physically active and avoiding tobacco. The following tables show the percentages of youth that have adopted healthy behaviors.

Table 4:
Physical activity among DeKalb County high school students, 2003-2009

Risk Behavior	2003	2005	2007	2009
Met current recommendations for physical activity (at least 60 minutes on five or more days per week)*	N/A	30.8%	35.7%	35.0%
Watched three or more hours of TV per day on an average school day*	55.8%	52.0%	52.3%	49.3%
Attended physical education classes daily in an average week	25.9%	30.9%	28.2%	27.1%

*Trend is statistically significant. Source: 2010 Status of Health in DeKalb Report p. 31.

Table 5:
Weight and nutrition among DeKalb County high school students, 2003-2009

Risk Behavior	2003	2005	2007	2009
Are overweight	16.6%	17.3%	16.3%	18.9%
Are obese	12.1%	12.4%	13.1%	13.4%
Ate 5 or more servings of fruits and vegetables per day during the past 7 days*	17.2%	19.1%	21.0%	21.3%

*Trend is statistically significant. Source: 2010 Status of Health in DeKalb Report p. 33.

Environmental Health Indicators

According to Healthy People 2020, environmental health consists of preventing or controlling disease, injury, and disability related to the interactions between people and their environment. We can measure environmental health by assessing environmental factors. DeKalb County differs from neighboring counties in the following ways:

- DeKalb County had more days with ozone as the main air pollutant in 2009 than Fulton or Cobb.
- DeKalb County had fewer toxic chemical releases in 2009 than Fulton or Cobb.

Although the population of DeKalb County represented 7.2% of the state population in 2009:

- Thirty-six percent of the state's reported giardiasis occurred in DeKalb County.
- Three percent of the state's reported salmonellosis cases were in DeKalb County.

Table 6:
Environmental Health Indicators in DeKalb County, Neighboring Counties, and Georgia

	DeKalb	Fulton	Cobb	Georgia
Particulate matter - days main air pollutant*	177	205	231	--
Ozone - days main air pollutant*	125	96	36	--
Carbon Monoxide - days main air pollutant*	1	0	0	--
Toxic chemical releases (per 1,000 lbs per yr)**	424	686	2,146	104,581
Campylobacteriosis cases+	50	74	61	744
Cryptosporidosis cases+	40	68	18	336
Cyclospiriasis cases+	<5	<5	0	6
E. coli O57:H7 cases+	6	3	8	70
Giardiasis cases+	268	103	40	748
Salmonellosis cases+	82	138	117	2,362
Shigellosis cases+	45	88	117	661
Lead, children tested >=20 µg/dL	6	18	9	164

Source: *2009 Air Quality Index Report, 2008 data.
+ State Electronic Notifiable Disease Surveillance System .
**2009 Community Health Status Indicators.

Health-Related Quality of Life and Behavioral Health

Behavioral health refers to how one's mental well-being affects his or her actions and ability to function. According to the 2010 Status of Health in DeKalb Report, major areas within behavioral health are mental illness, addictive disease, mental illness coexisting with addictive disease, and developmental disabilities.

Table 7:
Health-Related Quality of Life in DeKalb County and Georgia (%)

	DeKalb^	GA*	U.S.*
Poor or fair health	13	15.4	14.6
Physically unhealthy days in last 30	3.7	--	--
Mentally unhealthy days in last 30	4.5	--	--
Days poor health limited activities in last 30	2.5	--	--
Days pain made it hard to do activities in last 30	2.7	--	--
Days felt sad, blue, or depressed in last 30	4.0	--	--
Days felt worried, tense, or anxious	5.6	--	--
Days did not get enough rest or sleep in last 30	8.7	--	--
Days felt very healthy and full of energy in last 30	16.51	--	--

Sources: ^ 2010 MAPP Survey; *Centers for Disease Control and Prevention, 2009 Behavioral Risk Factor Surveillance System Survey.

Table 7 shows that DeKalb County residents:

- Were less likely to report having poor or fair health in general compared to Georgians and Americans as a whole.

Table 8:
Primary Diagnosis of New Cases Seeking Outpatient Mental Health Services from the DeKalb Community Service Board

	DeKalb
Attention deficit hyperactivity disorder	5%
Adjustment disorder	6%
Anxiety disorder	5%
Child and adolescent disorders	6%
Mood disorder	38%
Schizophrenia	13%
Substance abuse/dependence	21%

Source: 2010 Status of Health in DeKalb Report. p. 72.

Table 8 shows:

- Mood disorders (e.g., depression) and substance abuse were the most common mental illness diagnoses among new cases seeking outpatient services from the DeKalb Community Service Board.

- One in five people who seek outpatient mental health services from the DeKalb Community Service Board has a primary diagnosis of substance abuse/dependence.

Maternal and Child Health

Improving the well-being of mothers, infants, and children is an important public health goal. According to Healthy People 2020, maternal and child health addresses a wide range of conditions, health behaviors, and health system indicators that affect the health, wellness, and quality of life of women, children, and families.

DeKalb County has:

- The second highest pregnancy rate among 15- to 17-year-olds compared to Fulton and Cobb (Figure 13).
- The lowest rate of substantiated incidents of child abuse or neglect compared to Fulton and Cobb (Figure 17).

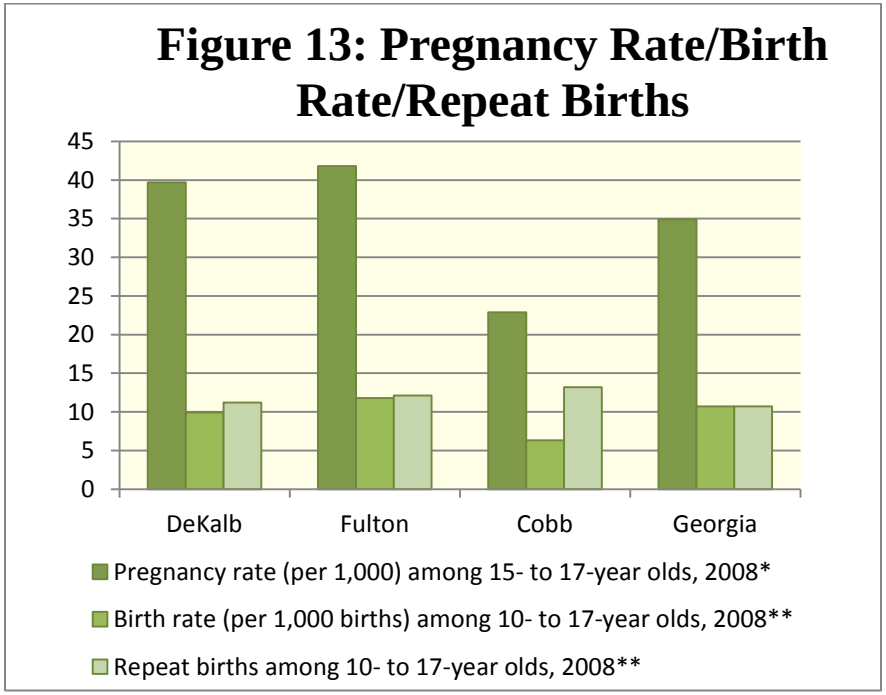
Compared to the state as a whole, DeKalb County has:

- A lower birth rate among 10- to 17-year-olds (Figure 13).
- More repeat births among 10- to 17-year-olds (Figure 13).

Compared to the state as a whole, DeKalb County has:

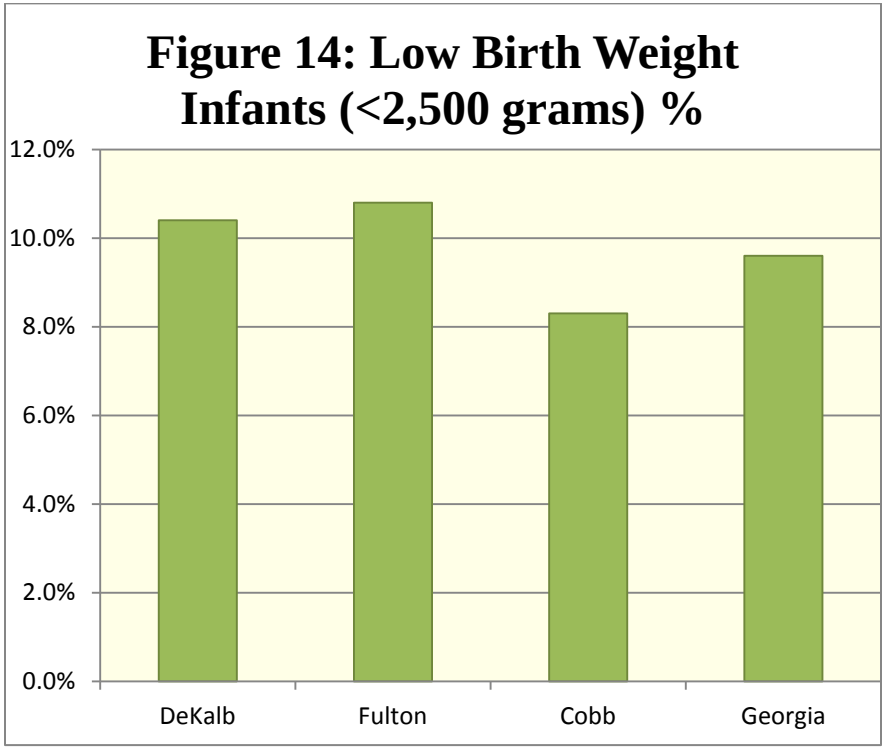
- A higher infant mortality rate (Figure 15).
- A lower child mortality rate (Figure 15).

Maternal and Child Health in DeKalb County, Neighboring Counties, and Georgia:

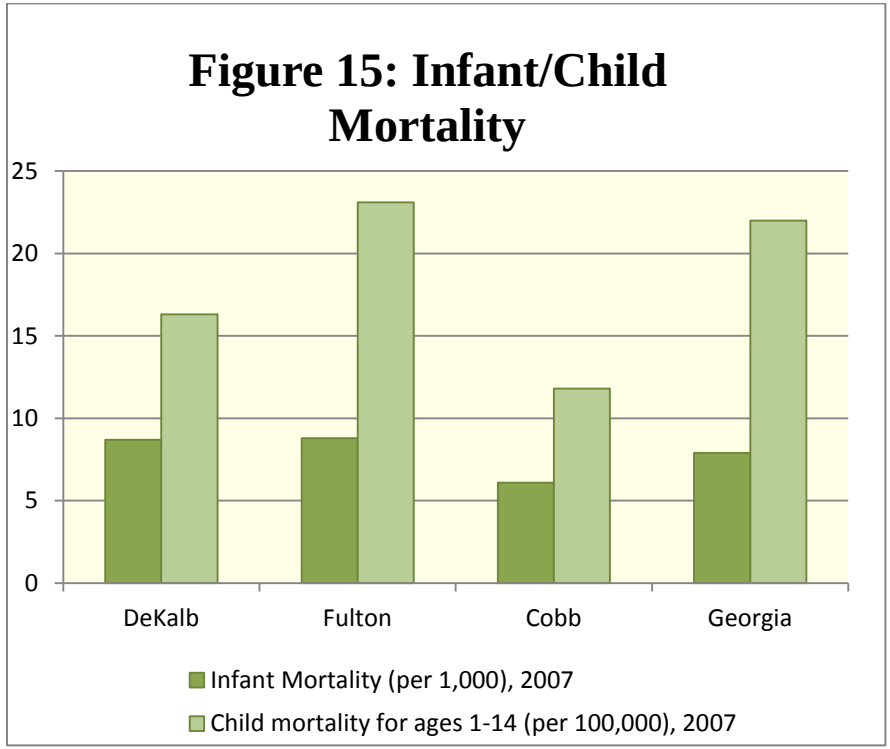


Sources: *Online Analytical Statistical Information System (OASIS), Georgia Department of Public Health, 2008.
** The Annie E. Casey Foundation, Kids Count Data Center.

Maternal and Child Health in DeKalb County, Neighboring Counties, and Georgia (continued):

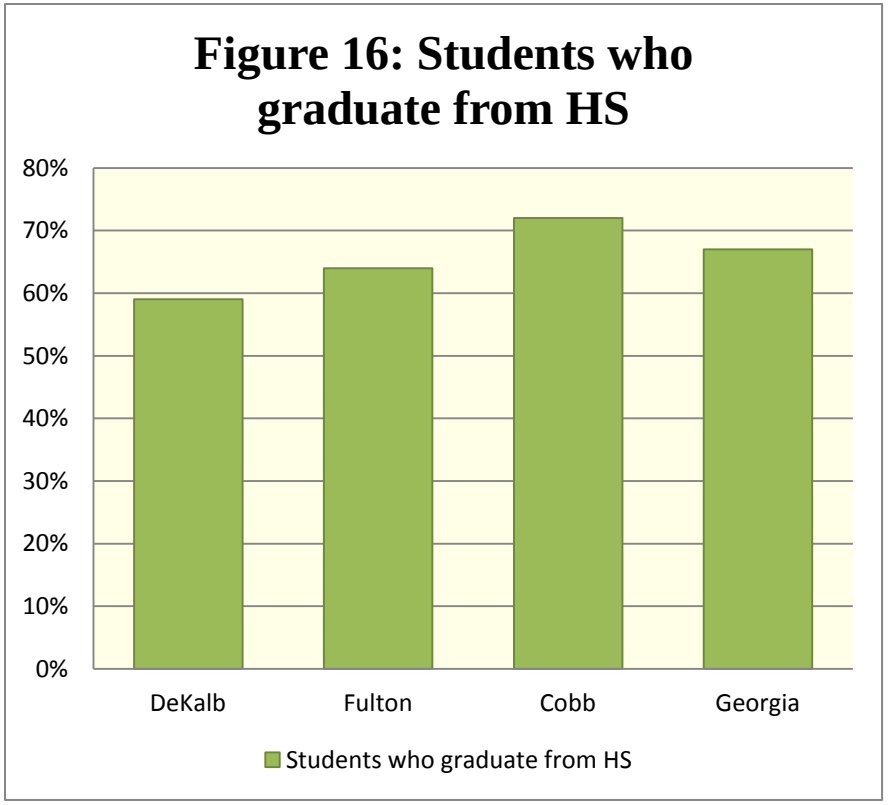


Source: Online Analytical Statistical Information System (OASIS), Georgia Department of Public Health, 2008.

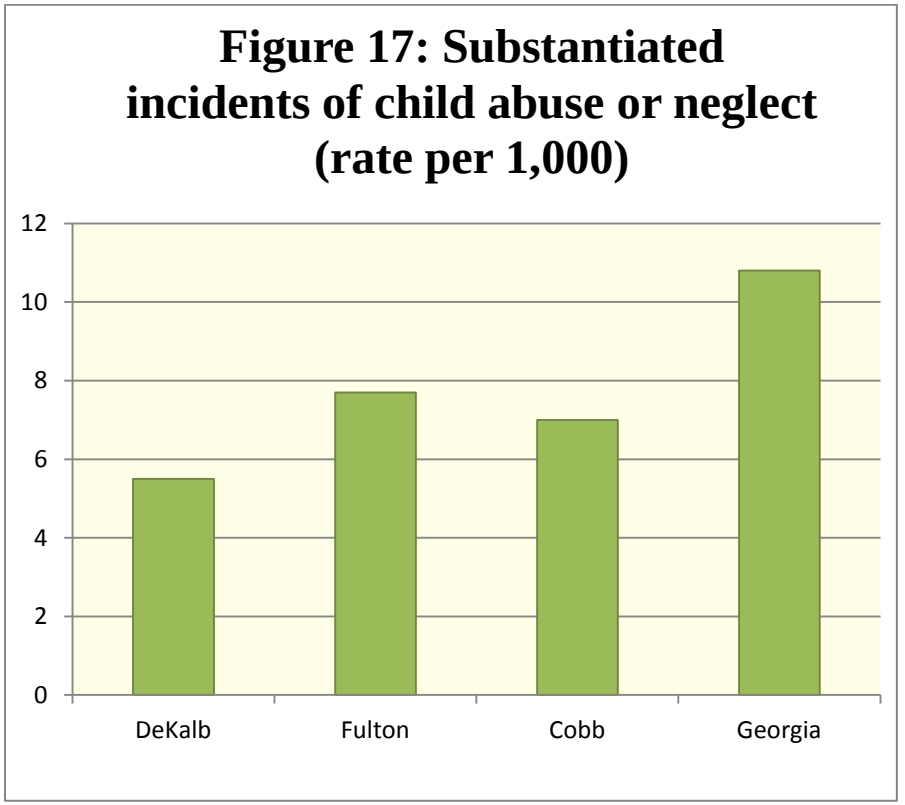


Source: The Annie E. Casey Foundation, Kids Count Data Center.

Maternal and Child Health in DeKalb County, Neighboring Counties, and Georgia (continued):



Source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute, 2010 County Health Rankings and Roadmaps.



Source: The Annie E. Casey Foundation, Kids Count Data Center.

Chronic Disease

Chronic diseases are the leading causes of death and disability in the United States. Conditions such as heart disease and cancer are among the most common and costly. According to the 2010 Status of Health in DeKalb Report, through exercise, healthy eating and avoiding tobacco, we can prevent or control chronic diseases. The data indicate:

- Cancers and heart diseases accounted for the greatest percentage of deaths in DeKalb County.
- DeKalb County had similar rates of death caused by stroke, diabetes mellitus, chronic lower respiratory disease and Alzheimer's disease as compared to the neighboring counties and the state as a whole.
- DeKalb County had a slightly lower rate of death caused by chronic lower respiratory diseases as compared to Georgia as a whole.

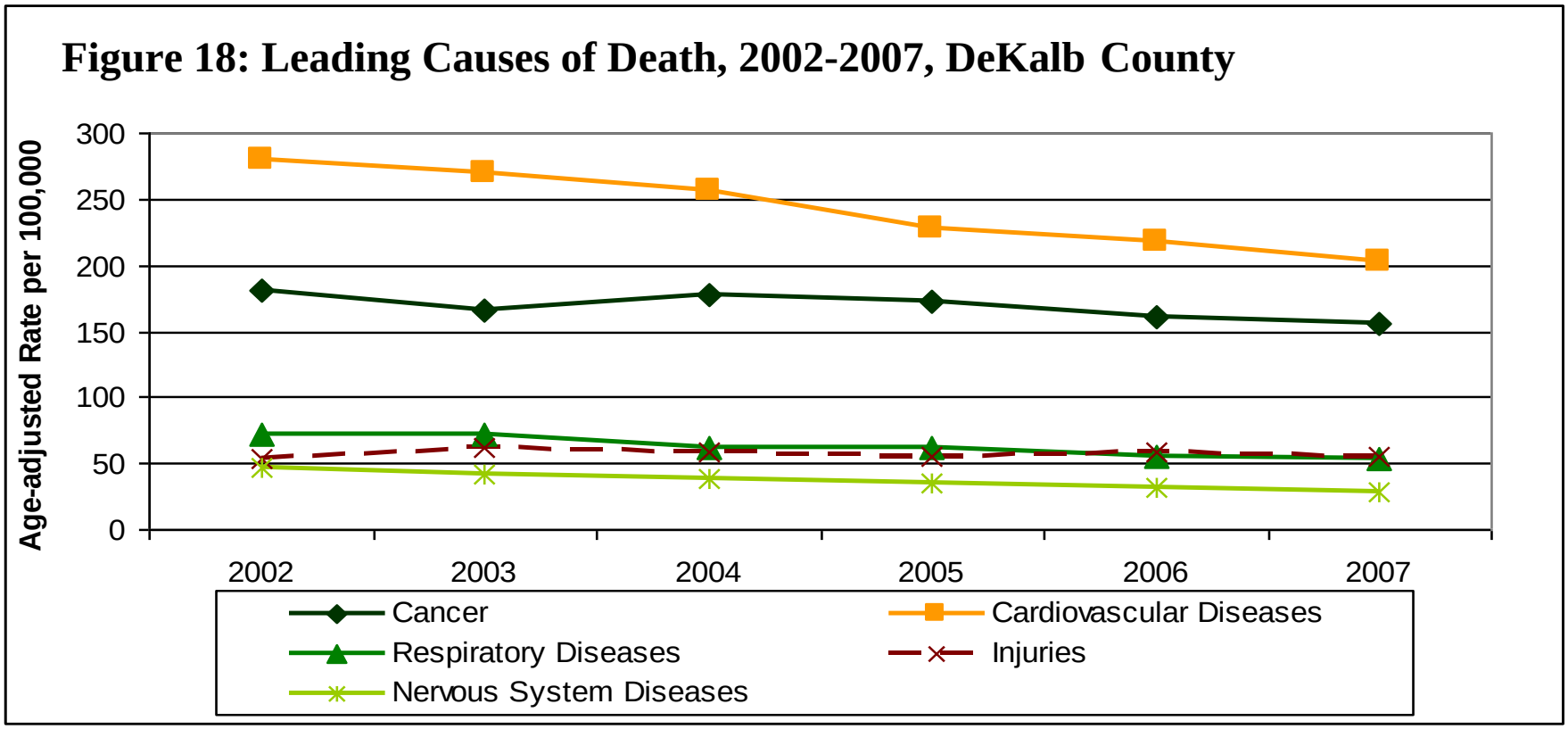
Table 9:
Percentage of Deaths by Cause in DeKalb County, Neighboring Counties, and Georgia

	DeKalb	Fulton	Cobb	Georgia
Cancers	**23%**	20%	24%	22%
Heart diseases	**22%**	22%	22%	24%
Stroke	**5%**	5%	6%	6%
Chronic lower respiratory diseases	**3%**	3%	5%	5%
Diabetes mellitus	**2%**	2%	2%	2%
Alzheimer's disease	**2%**	2%	3%	3%

Source: The University of Georgia 2010 Georgia County Guide.

A Closer Look at DeKalb

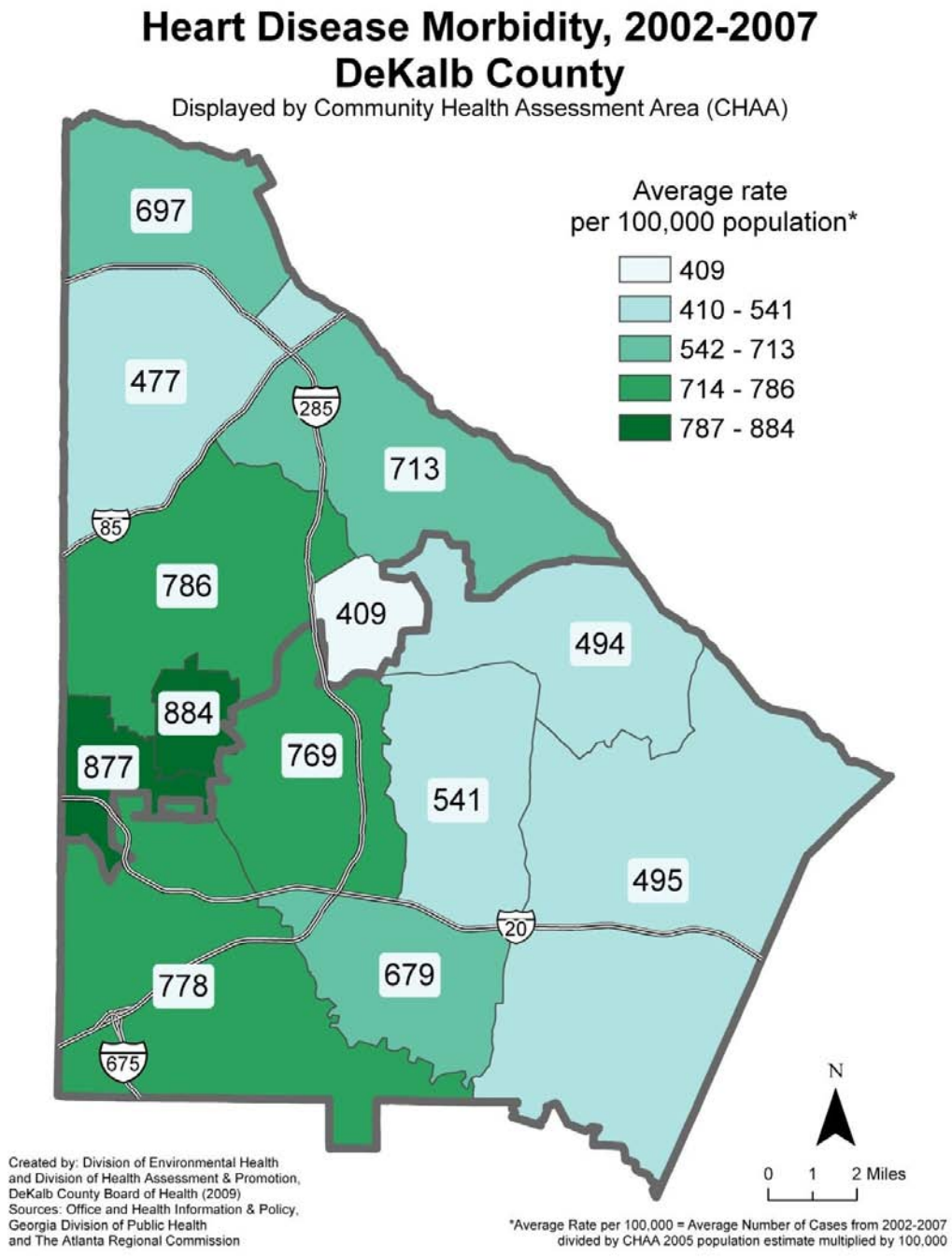
Between 2002 and 2007 there was a 27 percent decrease in the rate of deaths due to cardiovascular diseases.



Sources: 2010 Status of Health in DeKalb Report p. 17.

The map below displays the rate of heart disease by geographic location in DeKalb County. There are higher rates of heart disease in the southwestern part of the county.

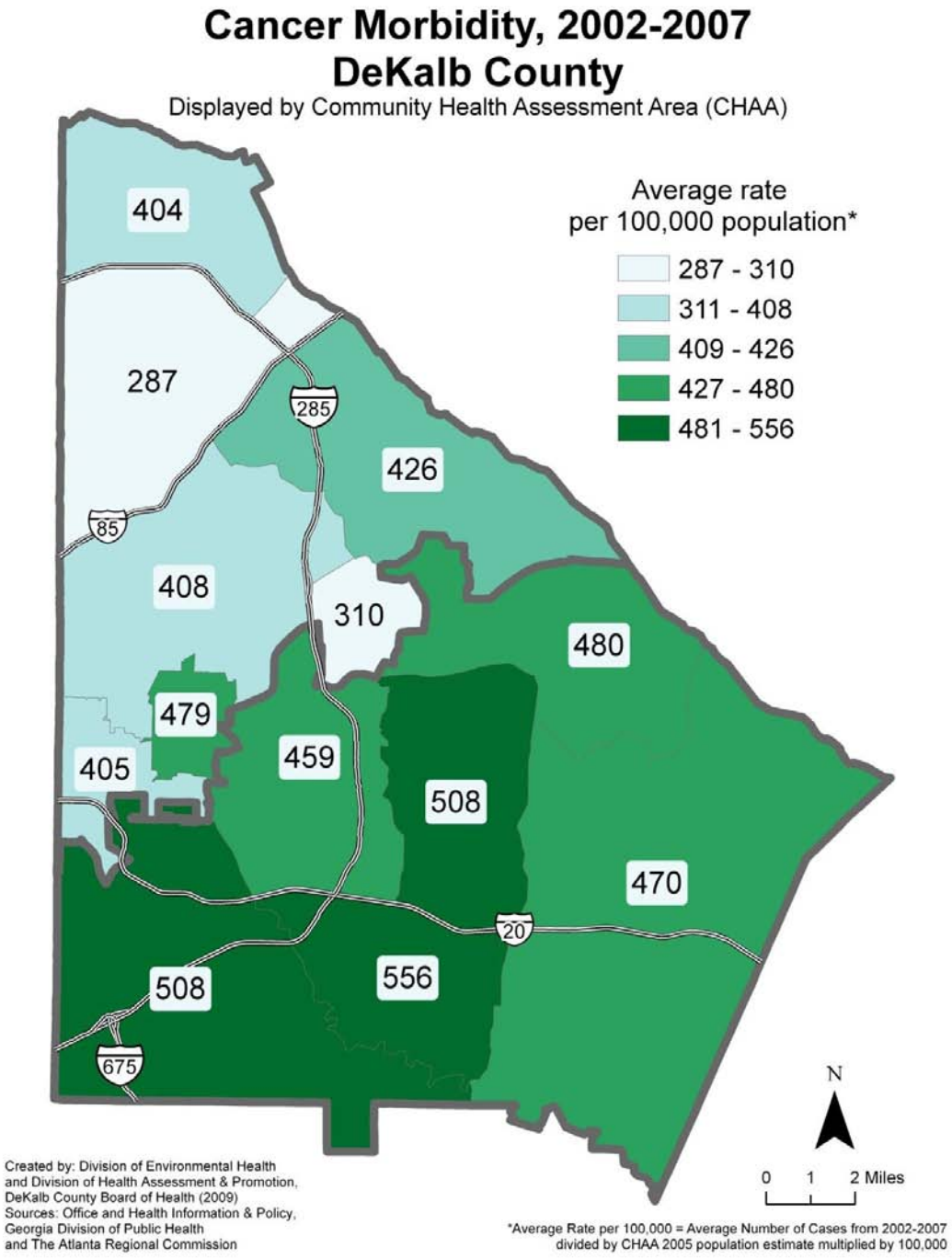
Figure 19:



Source: 2010 Status of Health in DeKalb Report p. 29.

The map below displays the cancer illness rate based on geographic location in DeKalb County. There are higher rates of cancer in the southern portion of the county.

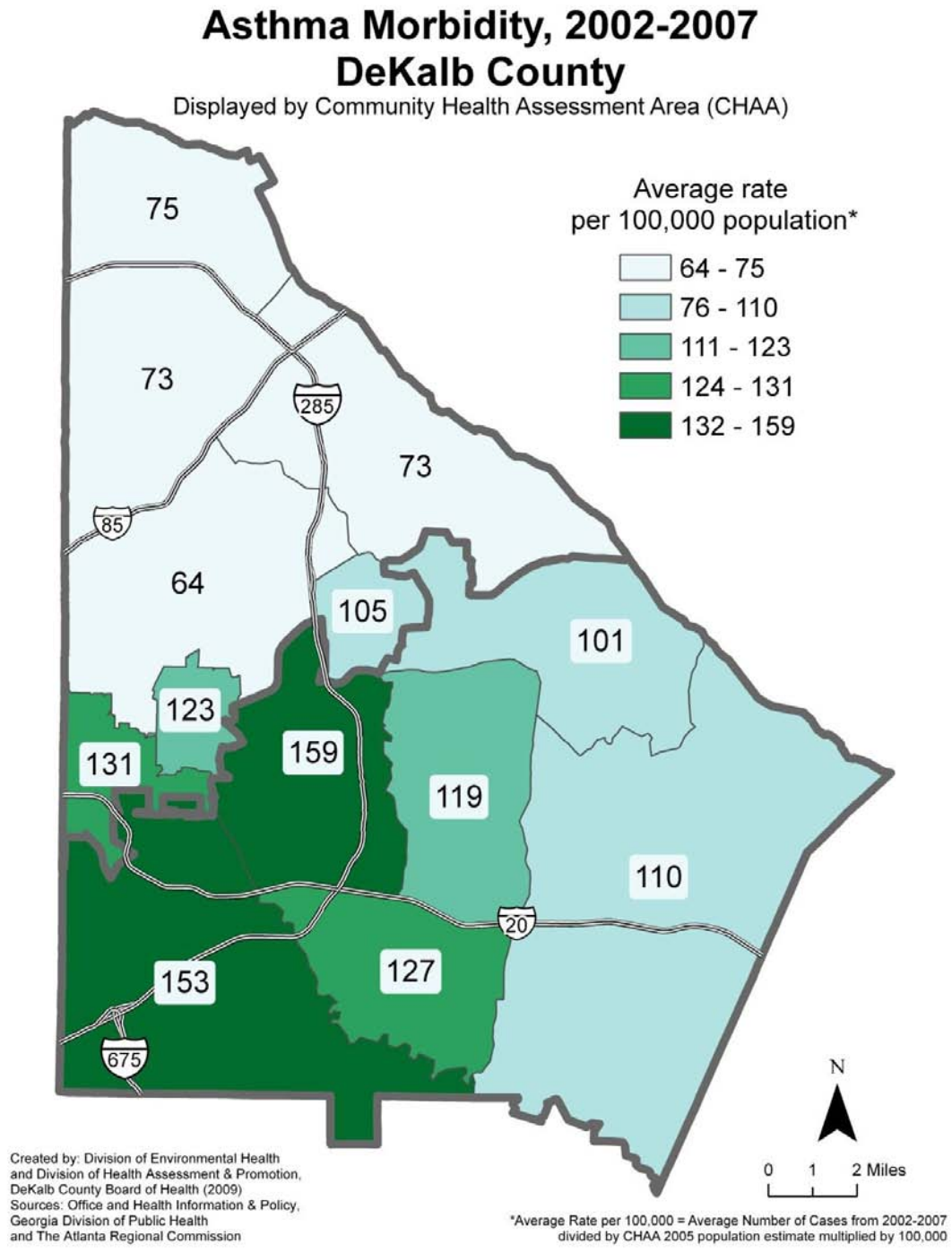
Figure 20:



Source: 2010 Status of Health in DeKalb Report p. 26.

The map below displays asthma morbidity based on geographic location in DeKalb County. There are higher rates of asthma in the southwestern portion of the county.

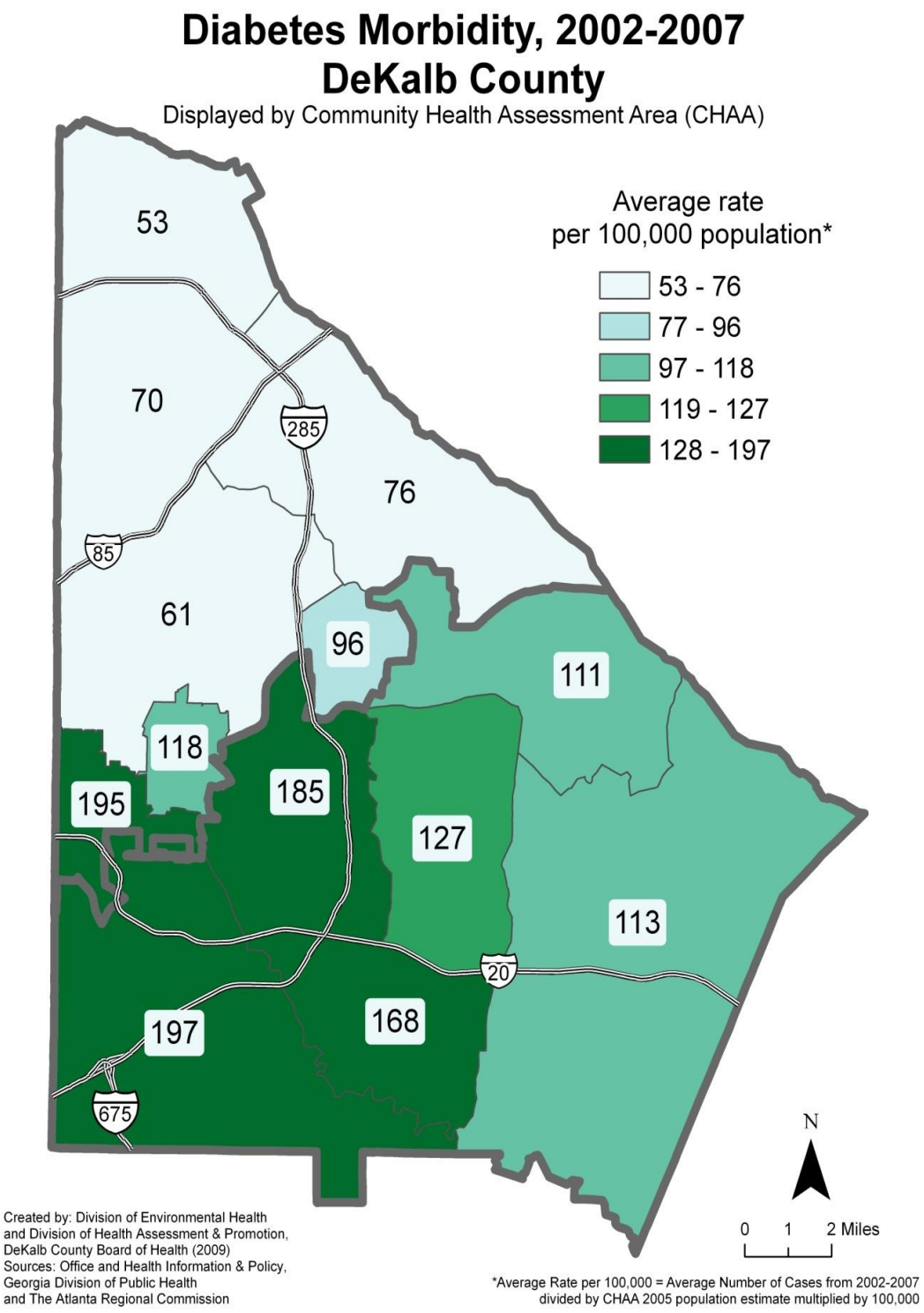
Figure 21:



Source: 2010 Status of Health in DeKalb Report p. 95.

The map below displays diabetes morbidity rates based on geographic location in DeKalb County. There are higher rates of diabetes in the southwestern portion of the county.

Figure 22:



Source: 2010 Status of Health in DeKalb Report p. 95.

Communicable Disease

Tracking information regarding communicable diseases gives public health professionals a clear picture of positive strides made towards Healthy People 2020's goal of increasing immunization rates and reducing preventable infectious diseases.

DeKalb County's:

- Immunization rates for pneumococcal pneumonia and influenza in adults over 65 are similar to those in neighboring counties.

Table 10:
Communicable Disease in DeKalb County, Neighboring Counties, and Georgia

	DeKalb	Fulton	Cobb	Georgia
Immunizations				
Adults over 65 immunized for pneumococcal pneumonia	**67%**	62%	68%	--
Adults over 65 immunized in last 12 months for influenza	**66%**	65%	65%	--
Infectious disease cases				
AIDS^	**3,274**	6,812	--	33,599
Haemophilus influenzae B**	**5**	13	6	--
Hepatitis A**	**21**	23	33	--
Hepatitis B**	**60**	84	51	--
Measles**	**0**	0	0	--
Pertussis**	**15**	22	17	--
Congenital Rubella Syndrome**	**0**	0	0	--
Syphilis**	**177**	293	56	--

Sources: *Online Analytical Statistical Information System (OASIS), Georgia Department of Public Health, 2008. ^Number of people living with AIDS as of 2007. **U.S. Dept. of Health and Human Services, Community Health Status Indicators 2009.

Sentinel Events

Sentinel events such as preventable disease, disability, or premature death are used by public health professionals to determine the efficacy of public health interventions. An example is diseases that can be prevented by routine vaccinations. Preventing infectious diseases reduces suffering, hospital stays, medical costs and missed days from work or school.

DeKalb County had:

- No cases of maternal death reported in DeKalb in 2007.

Table 11:
Sentinel Events in DeKalb County, Neighboring Counties, and Georgia

	DeKalb	Fulton	Cobb	Georgia
Childhood TB (birth-12) cases (2008)	**2**	2	0	19
Deaths from cervical cancer (2007)	**8**	10	4	131
Deaths from breast cancer (2007)	**94**	133	81	1252
Deaths from falls (2007)	**39**	60	35	580
Deaths from poisonings (2007)	**38**	100	44	764
Maternal deaths (2007)	**0**	2	1	22

Source: Online Analytical Statistical Information System (OASIS), Georgia Department of Public Health, 2009.

Health Resource Availability

Access to comprehensive, quality health resources is essential to achieving health equity and increasing quality of life for everyone. According to Healthy People 2020, the availability of quality health services translates into the community's ability to prevent disease, detect and treat health conditions, prevent premature death, and increase life expectancy.

DeKalb County:

- Has a 322 persons-per-physician ratio, better than the state ratio.
- Has an uninsured rate comparable to the state and neighboring counties.

Table 12:
Health Resources in DeKalb County, Neighboring Counties, and Georgia

	DeKalb	Fulton	Cobb	Georgia
General hospitals (2007)	**6**	12	3	149
General nursing homes (2007)	**16***	20	13	354
Number of nursing home beds (2008)	**2,368**	3,075	1,733	39,158
Medicare payments (2007)	**$615,849**	$828,413	$570,421	$10,105,248
Total practicing physicians (2006)	**2,234**	2,464	1,138	18,422
Persons-per-physician ratio (2006)	**322***	240	583	494
Percentage of uninsured (2006)	**19%**	19%	20%	20%

Sources: The University of Georgia. 2010 Georgia County Guide.
*2010 Status of Health in DeKalb Report p. 9.

Residents in DeKalb County:

- Are less likely than Georgians and Americans as a whole to have health care coverage.
- Are more likely than Georgians and Americans as a whole to not get care due to costs and to have gone more than a year without a doctor's visit.

Table 13:
Resident Access to Health Care, % Yes

	DeKalb^	Georgia*	U.S.*
Health care coverage	**80%**	81%	84%
Feel they have a personal doctor	**78%**	--	--
Did not get care because costs were too high	**29%**	18%	15%
At least one year since last visit	**33%**	27%	32%
More than 30 minutes travel to provider	**17%**	--	--
Do not have access to a specialist	**20%**	--	--

Sources: ^2010 MAPP survey, *U.S. Centers for Disease Control and Prevention, 2008 Behavioral Risk Factor Surveillance System Survey.

A Closer Look At DeKalb

Table 14:
Access to Health Care Differences by Race and Ethnicity, 2007, DeKalb County

	White	Black or African American	2 or More Races	Other Race	Hispanic (of any race)
Currently have health insurance	94%	78%*, **	93%	85%	70%*, **
Check-up by a health care provider within the year	69%	76%*, **	81%	61%	85%*, **
Had an appointment with a dentist within the year	81%	64%*, **	53%*, **	71%	62%*, **

Note: Percentage captures persons answering Yes to the above statements. *Indicates a statistically significant ($p<.05$) difference exists between that particular race or ethnicity and whites in the sample. **Indicates a statistically significant ($p<.05$) difference exists between that particular race or ethnicity and whites in the sample even when controlling for household income.

Sources: 2007 DeKalb Behavioral Risk Factor Surveillance System Survey. 2010 Status of Health in DeKalb Report p. 99.

Neighborhood Conditions

Neighborhood Aesthetics

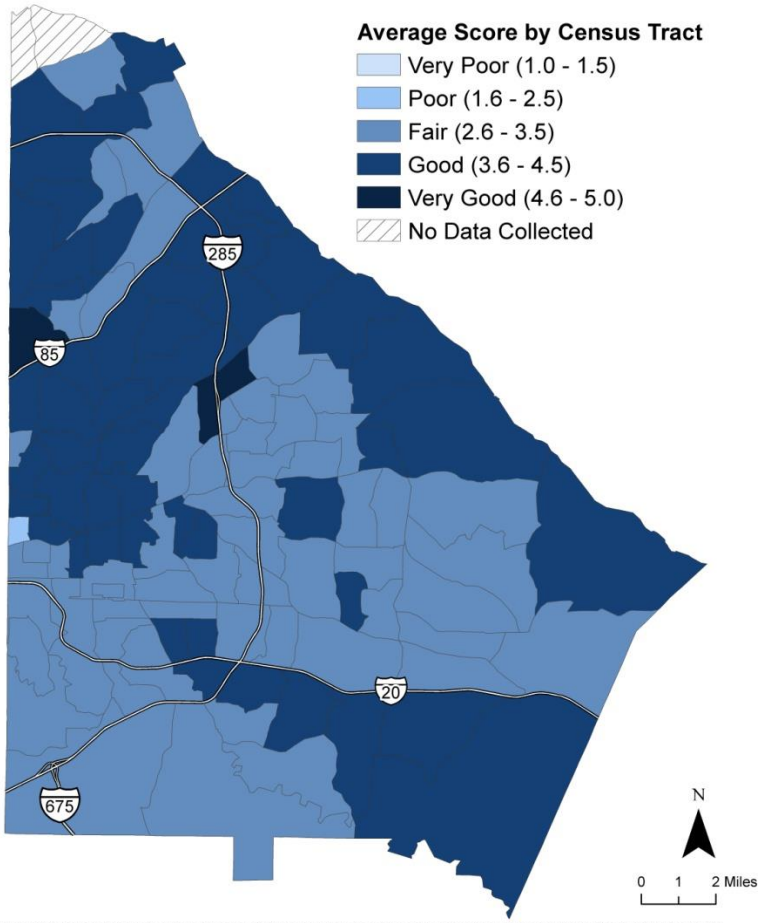
The aesthetics of neighborhoods can affect the health and well-being of residents. They can affect decisions regarding healthy lifestyle choices, access to public spaces for physical activity, the establishment of social ties within a community, and the overall morale of the neighborhood. The aesthetics are impacted by the amount of trash on the streets, the level of noise, and how well homes and other buildings are maintained.

The map on the right presents residents' ratings of aesthetic conditions in their neighborhood. The information represented on the map reflects responses to the MAPP DeKalb County Neighborhood and Health Survey by DeKalb residents. Please refer to questions 1-5 in Appendix G.

Please note that the number of respondents from each neighborhood varied. Therefore, the estimate for a given neighborhood may be unreliable and may not accurately represent a neighborhood's residents as a whole.

Figure 23:

Neighborhood Aesthetics, 2010
DeKalb County, Georgia



Created by: Division of Environmental Health and Division of Health Assessment & Promotion, DeKalb County Board of Health (2013)
Sources: DeKalb County Neighborhood and Health Survey (2010), DeKalb County Board of Health; Atlanta Regional Commission

Walking Environment

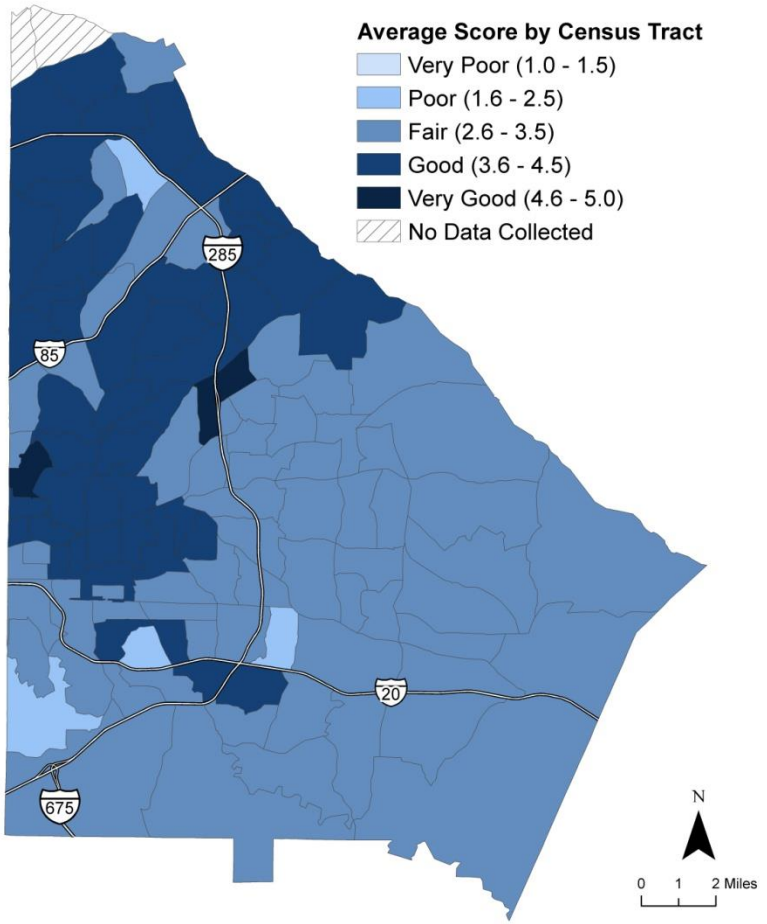
Physical activity has been shown to improve quality of life by reducing heart disease, stroke, high blood pressure, Type 2 diabetes, some forms of cancers, falls, and depression. Since walking is one the easiest methods of physical activity, access to safe and welcoming walking paths is important to decreasing chronic disease rates in our county (Healthy People 2020). The walkability of neighborhoods can affect residents' level of physical activity. Walkability is determined by how easily and comfortably residents can walk in their neighborhood. Factors can include physical characteristics, such as the presence of sidewalks and recreational facilities, as well as social components, such as observing other residents exercising and the absence of crime.

Surveyed residents in north DeKalb County reported very good neighborhood walkability while residents in south DeKalb County generally reported fair to poor walkability.

The information represented on the map reflects responses to the MAPP DeKalb County Neighborhood and Health Survey by DeKalb residents. Please refer to questions 6-12 in Appendix G.

Figure 24:

Neighborhood Walkability, 2010
DeKalb County, Georgia



Created by: Division of Environmental Health and Division of Health Assessment & Promotion, DeKalb County Board of Health (2013)
Sources: DeKalb County Neighborhood and Health Survey (2010), DeKalb County Board of Health; Atlanta Regional Commission

Availability of Healthy Foods

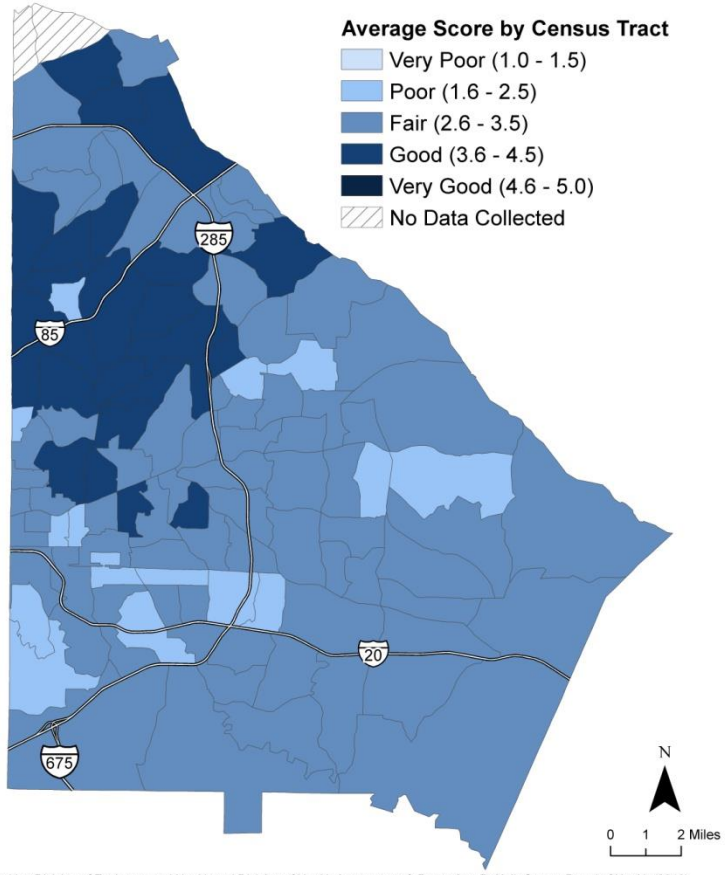
The availability of healthy foods in or near a neighborhood can affect the food choices of residents. The lack of healthy foods in neighborhood grocery stores and restaurants may prevent residents from making healthy dietary decisions. In particular, this can occur when fresh fruits and vegetables and low-fat products are not available in local food outlets.

The figure on the right represents residents' ratings of the availability of fresh fruits, vegetables, and low-fat products in or near their neighborhood. Respondents from north DeKalb County report better availability of healthy foods, while residents in south DeKalb County reported fair or poor availability of healthy foods.

The information represented on the map reflects responses to the MAPP DeKalb County Neighborhood and Health Survey by DeKalb residents. Please refer to questions 13-15 in Appendix G.

Figure 25:

Availability of Healthy Foods, 2010
DeKalb County, Georgia



Created by: Division of Environmental Health and Division of Health Assessment & Promotion, DeKalb County Board of Health (2013)
Sources: DeKalb County Neighborhood and Health Survey (2010), DeKalb County Board of Health; Atlanta Regional Commission

Collective Efficacy

Collective efficacy is defined as residents' ability to engage one another through social cohesion in order to improve conditions in their neighborhood. Increased collective efficacy has a positive relationship to the individuals' perception of health and their ability to make behavioral changes.

The information represented on the map reflects responses to the MAPP DeKalb County Neighborhood and Health Survey by DeKalb residents. Please refer to questions 16-19 and 23-27 in Appendix G.

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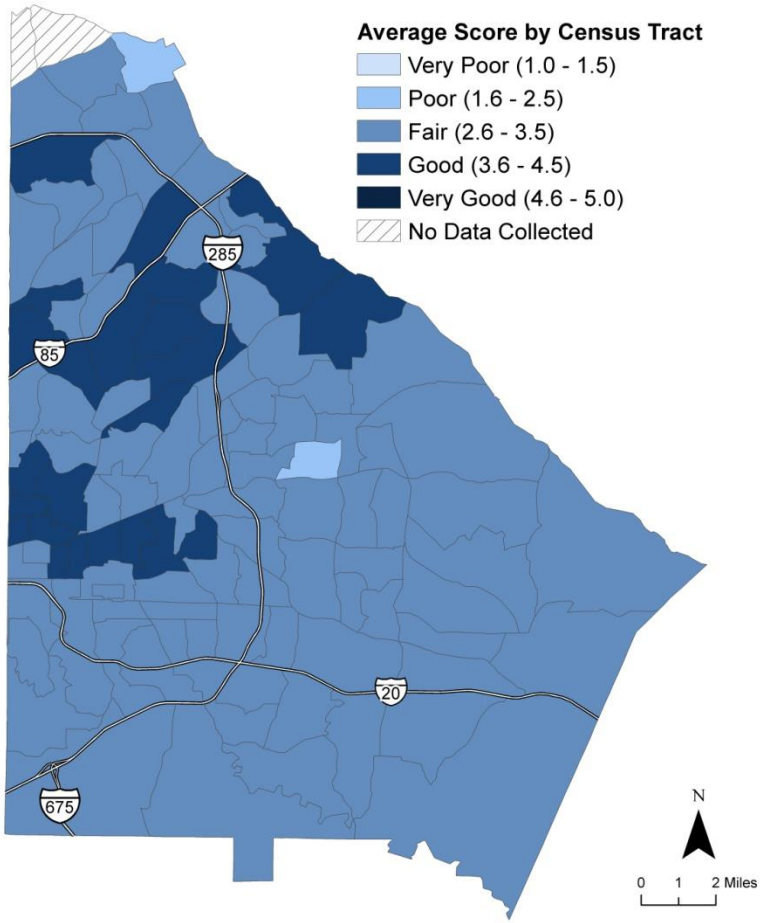
Figure 26:

Perceptions of Collective Efficacy, 2010
DeKalb County, Georgia



Created by: Division of Environmental Health and Division of Health Assessment & Promotion, DeKalb County Board of Health (2013)
Sources: DeKalb County Neighborhood and Health Survey (2010), DeKalb County Board of Health; Atlanta Regional Commission

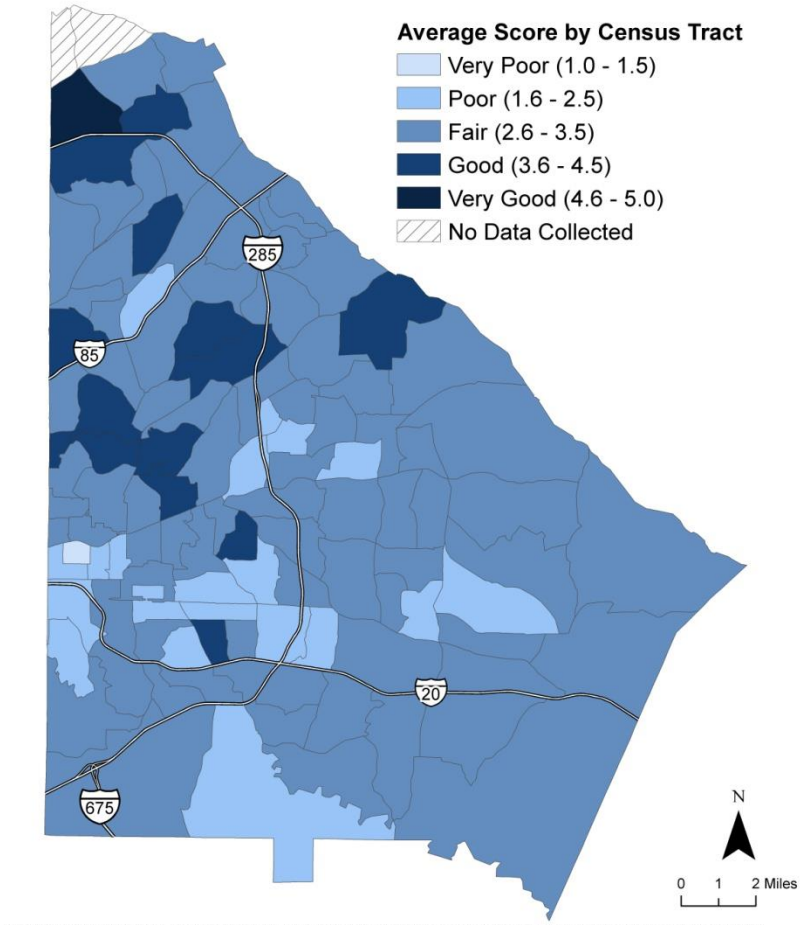
Safety

A general perception of safety affects residents' health by lowering stress levels and encouraging outdoor activity.

The information represented on the map reflects responses to the MAPP DeKalb County Neighborhood and Health Survey given by DeKalb residents. Please refer to questions 20-22 in Appendix G.

Figure 27:

Perceptions of Safety, 2010
DeKalb County, Georgia



Created by: Division of Environmental Health and Division of Health Assessment & Promotion, DeKalb County Board of Health (2013)
Sources: DeKalb County Neighborhood and Health Survey (2010), DeKalb County Board of Health; Atlanta Regional Commission

Violence

Violence in neighborhoods can affect residents' health by eroding their sense of safety, trust of neighbors, and ability to utilize community assets such as parks and playgrounds. Level of violence was determined by how often residents were aware of robberies, assaults, and fights that involved weapons. Generally, the DeKalb County residents surveyed responded that they rarely or never knew about violent crimes in their neighborhood.

The information represented on the map reflects responses to the MAPP DeKalb County Neighborhood and Health Survey by DeKalb residents. Please refer to questions 28-31 in Appendix G.

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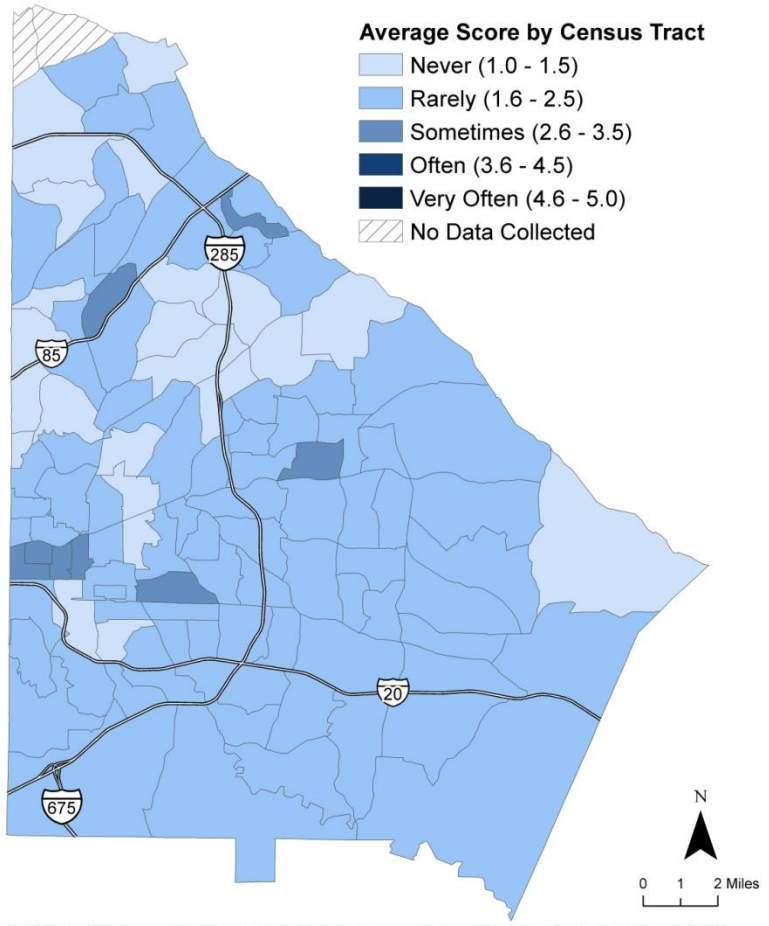
Figure 28:

Perceptions of Neighborhood Violence, 2010
DeKalb County, Georgia



Created by: Division of Environmental Health and Division of Health Assessment & Promotion, DeKalb County Board of Health (2013)
Sources: DeKalb County Neighborhood and Health Survey (2010), DeKalb County Board of Health; Atlanta Regional Commission

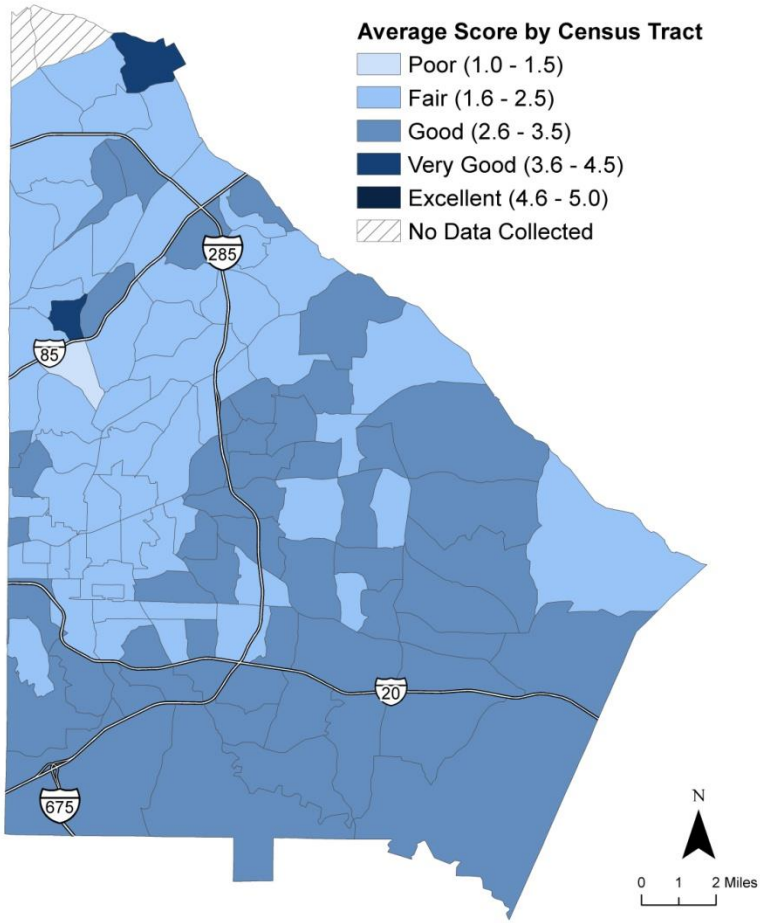
General Health Status

General health status is a measure of residents' overall health. General health status was measured by asking residents if, in general, their health was excellent, very good, good, fair, or poor. Generally, the northern parts of DeKalb County reported fair health while respondents from south DeKalb County reported good health.

The information represented on the map reflects responses to the MAPP DeKalb County Neighborhood and Health Survey by DeKalb residents. Please refer to question 45 in Appendix G.

Figure 29:

General Health, 2010
DeKalb County, Georgia



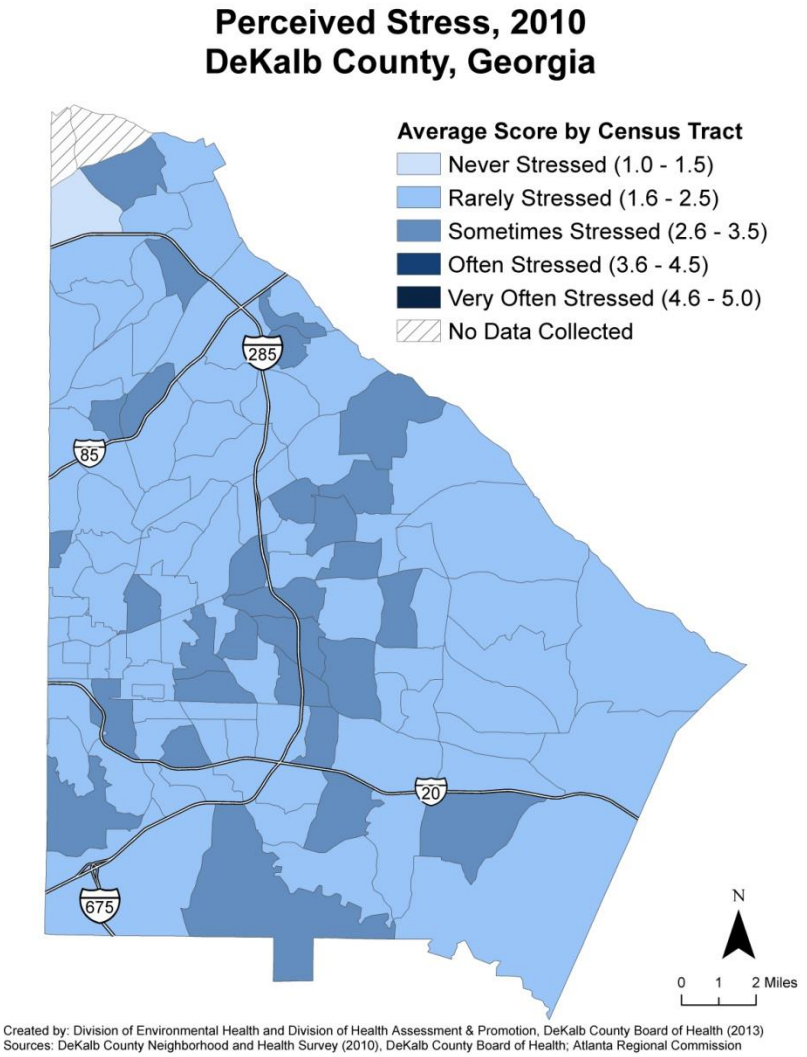
Created by: Division of Environmental Health and Division of Health Assessment & Promotion, DeKalb County Board of Health (2013)
Sources: DeKalb County Neighborhood and Health Survey (2010), DeKalb County Board of Health; Atlanta Regional Commission

Perceived Stress

Perceived stress is a subjective measure of the level of stress experienced by residents. It includes residents' ability to control important things in their life, how confident they feel about handling personal problems, and whether things are going their way.

The information represented on the map reflects responses to the MAPP DeKalb County Neighborhood and Health Survey by DeKalb residents. Please refer to questions 35-38 in Appendix G.

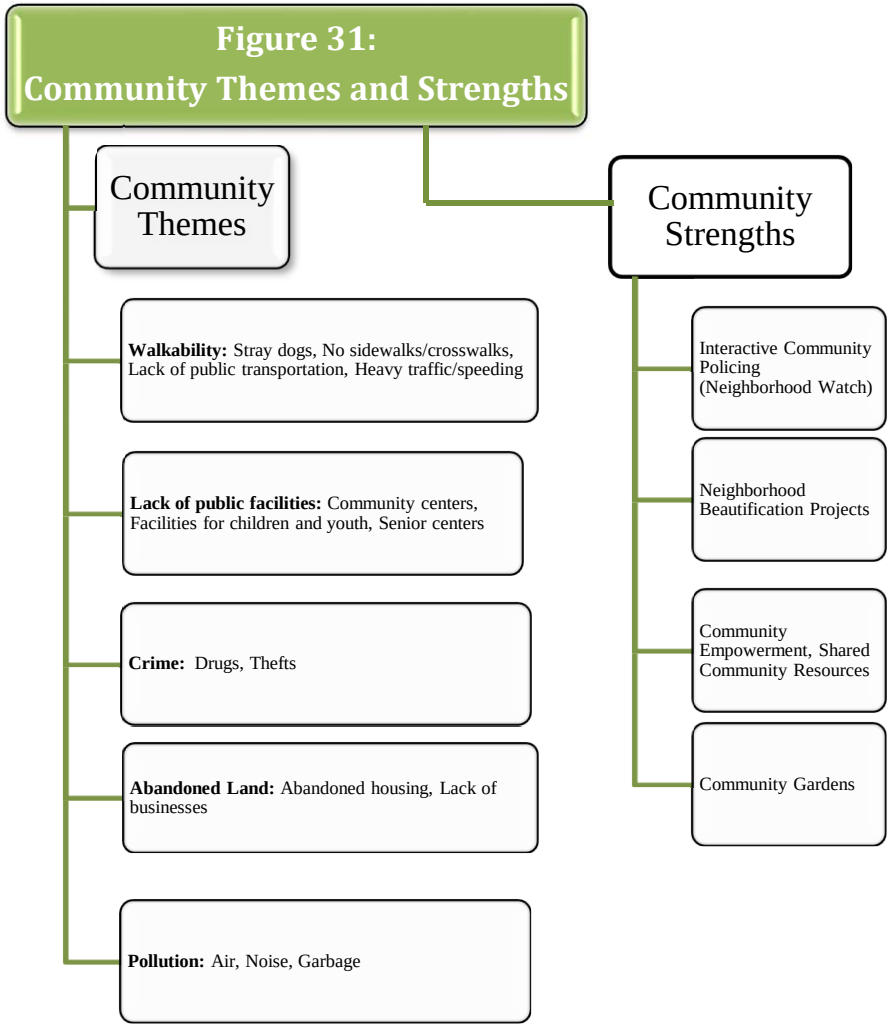
Figure 30:



Assessments-
Community Themes and Strengths

This assessment addresses key topics, such as identifying what is important to the community, what its assets are, and the perceived quality of life.

Data were collected from many sources and several methods were used through the MAPP process. Primary data were collected from approximately 1,600 MAPP surveys, 10 focus group discussions, and several interviews, and secondary data from the 2010 Status of Health in DeKalb Report. The Community are Themes and Strengths workgroup reviewed all of the information. Themes and strengths were discussed and prioritized, and then subgroup members voted on predominant issues. Next, the results were brought before the large group for a discussion and a consensus was reached. Five predominant themes and four predominant strengths emerged. See Figure 31.



Forces of Change

The framework for this assessment began several years ago during a discussion with the Forces of Change work group. The work group originally came up with 38 potential forces of change (trends, events, and factors) in the following categories: social, economic, political, technological, environmental, scientific, legal and ethical. This group also created a plan with future steps they would like to take.

In order to identify the forces of change (actual and potential) present in DeKalb County, data were collected from many sources. As a result of this combination of methods, several major categories emerged. Figure 32 shows the categories identified, with some specific examples of each. Several forces of change were identified, creating awareness of the context in DeKalb County. Specifically, the forces around social, economic, and healthy living changes were identified as particularly strong.

Note: This process has allowed for the inclusion of changes over time and the disappearance or emergence of forces.

Figure 32:
Forces of Change Identified by the Community

Theme	Specific Concerns
Social	• Education • Incarceration • Family structure • Social networking media • Crime and safety
Economic	• Housing • Unemployment • Income disparities • Decline in businesses
Environmental	• Natural disasters • Increased pollen counts/allergens
Healthy living	• Exercise • Policies changing environment • Nutrition • Funding for tobacco use prevention
Changing health care system	• Aging population • Health crises • Health care reform • Availability of and access to prevention care services
Technology	• Technological innovations • Translation of research into practice
Political	• Mid-term elections • Atlanta Prosperity Campaign • Political polarization • Lack of collaboration among businesses, organizations, and government agencies

Local Public Health System

Across all essential public health services, DeKalb County's local public health system was rated as functioning at a moderate-high level. In particular, the system has the strongest performance in monitoring health status to identify community problems and mobilizing community partnerships to identify and solve health problems. The weakest areas were evaluating effectiveness, accessibility, and quality of personal and population-based health services and informing, educating, and empowering individuals and communities about health issues.

The Local Public Health System (LPHS) is particularly strong in individual-level health promotion. Through a combination of regulatory enforcement, partnerships with institutions of research and higher learning, and media engagement, this LPHS maintains significant partnerships with local stakeholders. However, these partnerships are rarely evaluated for their effectiveness and health data are insufficiently shared with community partners. While there is a significant amount of community volunteerism in the LPHS, the system is limited in their ability to rapidly mobilize volunteers. Though individual-level health promotion is a strength in the LPHS, we should strive to make improvements in effectively communicating and evaluating our efforts with community-level partners. Inefficient communication is partially due to less than optimal technology utilization within the LPHS, which affects interagency communications both in timeliness and efficiency.

Moving forward toward several key actions can maximize improvements. Investment in technological communication would improve electronic collaboration, community-level resource sharing, and use of technology. Additionally, evaluations of processes would reveal areas where program and structural evaluation are not only necessary but also important to the practice and performance of the public health system. In an era of limited funding and resources such as this, leveraging existing relationships with institutions of higher learning to conduct preliminary evaluations would not only maximize resources, but also allow for more strategic institutionalization of monitoring and evaluation of standards, goals, and programs.

The Local Public Health System Assessment report can be found in Appendix B

Action Plan and Next Steps

After reviewing data from the 2010 Status of Health in DeKalb Report and MAPP survey results, the MAPP Committee formed a work group to identify the overarching concerns of the DeKalb County community. After the group presented the initial data to the MAPP Committee, a consensus was reached regarding the major goals for moving forward. Out of the meeting, four major goals emerged: to increase physical activity and nutrition, to promote tobacco use cessation and prevention, to reduce pollution, and to increase access to health care. The committee developed a plan to address these concerns. The work group refined and finalized the MAPP Action Plan for approval by the DeKalb County Board of Health. Once approval was received, the LHD Coalition adopted the MAPP Action Plan and resolved to implement the strategies over the next five years. Subgroups are identifying partners and resources, continually updating the action plan, and seeking funds to carry out implementation.

The data were shared with communities via presentations and brochures. Additionally, the MAPP Action Plan was presented at a rollout event in September 2011. The plan was revised as result of feedback from this event. (Please see Appendix C for the MAPP Action Plan.)

As a result of the MAPP process, valuable information was gained regarding the specific concerns of DeKalb County residents. Additionally, meaningful connections were made among various individuals and organizations that will facilitate future partnerships.

Acknowledgements

The DeKalb County Board of Health gratefully acknowledges the support of the Live Healthy DeKalb Coalition as well as the other organizations, volunteers, and residents of DeKalb County for their contributions to the 2011 Mobilizing for Action through Planning and Partnerships assessment. Our valued community partners are listed on pages 78 and 79. The DeKalb County Board of Health staff, interns, and volunteers who have worked on this project include:

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Alisa Garrison
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Arlene Parker Goldson
Katrina Green
Jessica Grippo
Bianca Horton
Jackie Ingram
Jenine Jackson
Sherin Jacob
Terri James
Ameenay Khan
Jason Langbehn
Crystal Lane
Donnalee Lawson-Williams
Phuong Le
Gloria Lee-Kilpatrick
Jewell Martin
Claire Maturo
Yesenia Merino
Emma Ogley-Oliver
Mandy Seaman
Keir Sims
Amber Spiller
Angelica Strowder
Rachana Thakker
Telania Thomas
Brandi Jessemy Whitney
V'Luck Wiles
Latresh Williams
Juanette Willis
Laneatria Willis
Bekelech Wodajo
Wendy Worthington
Brittany Young

Appendix A

10 Essential Public Health Services

The ten essential public health services provide the framework for the National Public Health Performance Standards Program (NPHSP). Because the strength of a public health system rests on its capacity to effectively deliver the ten essential public health services, the NPHSP instruments assess how well they perform the following:

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

Source: www.apha.org

Appendix B

Local Public Health System Assessment Report

Overview of Local Public Health System Assessment

The National Public Health Performance Standards Program assessments are intended to improve the practice of public health and the performance of public health systems. In 2010, the Local Public Health System Assessment (LPHS) was administered to organizations that contribute to the health and well-being of DeKalb County and are therefore considered a part of the local public health system. These included the Board of Health, other government agencies, other health care providers, human service organizations, schools and universities, faith institutions, youth development organizations, economic and philanthropic organizations, and environmental agencies. Residents were also involved. For each of the Ten Essential Public Health Services, model standards corresponding to the primary activities at the local level were described and assessed.

Respondents were asked to rate each of the functions of the Local Public Health System based on model standards on a scale from 1 to 5 where 1=no/absent, 2=minimal, 3=moderate, 4=significant, and 5=optimal. Additionally, many questions asked about specific elements such as specific populations reached or specific objectives identified during program planning. In this report, summary values are presented as mean scores for all scaled questions. For questions where respondents were asked about the absence/presence of a health resource, the resource is marked as present if at least half of the respondents indicate as such.

Essential Public Health Services and Corresponding Model Standards

1. **Monitor health status to identify community problems**
   - *LPHS Model Standard 1.1: Population-based community health profile*
   - *LPHS Model Standard 1.2: Current technology to manage and communicate population health data*
   - *LPHS Model Standard 1.3: Maintenance of population health registries*
2. **Diagnose and investigate health problems and health hazards**
   - *LPHS Model Standard 2.1: Identification and surveillance of health threats*
   - *LPHS Model Standard 2.2: Investigation and response to public health threats and emergencies*
   - *LPHS Model Standard 2.3: Laboratory support for investigation of health threats*
3. **Inform, educate, and empower individuals and communities about health issues**
   - *LPHS Model Standard 3.1: Health education and promotion*
   - *LPHS Model Standard 3.2: Health communication*
   - *LPHS Model Standard 3.3: Risk communication*
4. **Mobilize community partnerships to identify and solve health problems**
   - *LPHS Model Standard 4.1: Constituency development*
   - *LPHS Model Standard 4.2: Community partnerships*

5. **Develop policies and plans that support individual and community health efforts**
    - *LPHS Model Standard 5.1: Governmental presence at the local level*
    - *LPHS Model Standard 5.2: Public health policy development*
    - *LPHS Model Standard 5.3: Community health improvement process and strategic planning*
    - *LPHS Model Standard 5.4: Plan for public health emergencies*

6. **Enforce laws and regulations that protect health and ensure safety**
    - *LPHS Model Standard 6.1: Review and evaluation of laws, regulations, and ordinances*
    - *LPHS Model Standard 6.2: Involvement in the improvement of laws, regulations, and ordinances*
    - *LPHS Model Standard 6.3: Enforcement of laws, regulations, and ordinances*
7. **Link people to needed personal health services and assure the provision of health care when otherwise unavailable**
    - *LPHS Model Standard 7.1: Identification of personal health service needs of populations*
    - *LPHS Model Standard 7.2: Assuring the linkage of people to personal health services*
8. **Assure a competent public and personal health care workforce**
    - *LPHS Model Standard 8.1: Workforce assessment, planning, and development*
    - *LPHS Model Standard 8.2: Public health workforce standards*
    - *LPHS Model Standard 8.3: Life-long learning through continuing education, training, and mentoring*
    - *LPHS Model Standard 8.4: Public health leadership development*
9. **Evaluate effectiveness, accessibility, and quality of personal and population-based health services**
    - *LPHS Model Standard 9.1: Evaluation of population-based health services*
    - *LPHS Model Standard 9.2: Evaluation of personal health services*
    - *LPHS Model Standard 9.3: Evaluation of the local public health system*
10. **Research for new insights and innovative solutions to health problems**
    - *LPHS Model Standard 10.1: Fostering innovation*
    - *LPHS Model Standard 10.2: Linkage with institutions of higher learning and/or research*
    - *LPHS Model Standard 10.3: Capacity to initiate or participate in research*

Local Public Health System Assessment

Across all essential public health services, this local public health system (LPHS) was rated as functioning at high-moderate level. In particular, this LPHS has the strongest performance in Essential Public Health Service #1: Monitor health status to identify community problems and Essential Public Health Service #4: Mobilize community partnerships to identify and solve health problems. The weakest performance in this LPHS was Essential Public Health Service #9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services and Essential Public Health Service #3: Inform, educate, and empower individuals and communities about health issues.

In looking at cross-cutting themes throughout the LPHS's functions, particular strength exists in individual-level health promotion. Through a combination of regulatory enforcement, partnerships with institutions of research and higher learning, and media engagement, this LPHS maintains significant partnerships with local stakeholders. However, these partnerships are rarely evaluated for their effectiveness and health data are insufficiently shared with community partners. While there is a significant amount of community volunteerism in this LPHS, the system is limited in their ability to rapidly mobilize volunteers. Though individual-level health promotion is a source of strength in this LPHS that should not be underappreciated, community-level and partner health communications are inefficient and rarely evaluated. This may partially be because of less than optimal technology utilization within this LPHS, which affects interagency communications both in timeliness and efficiency of organizational collaboration.

There are several opportunities to leverage existing strengths in order to make systemic improvements. Given the strong monitoring of health conditions throughout the LPHS, this data can readily be linked with state and national surveillance to provide a more complete picture of health. Additionally, the systems in place that allow for health condition monitoring can allow for efficient expansion into monitoring of behavioral health and behavioral risk factors. Moreover, the data already being collected could be utilized more comprehensively for policy and programming recommendations or research. The numerous existing partnerships in this LPHS necessitate the creation and maintenance of directories of service, organizations, and key stakeholders to maximize communication within the local system.

Given the numerous opportunities for strengthening the LPHS, key stakeholders must also be cognizant of potential threats when prioritizing staff and resources. While many partnerships exist within the LPHS, a lack of effectiveness evaluation may be resulting in inefficient partnering. Lack of process evaluation in general, and lack of processes altogether in some areas, are another potential source of inefficiency within the system. In the event of a public health emergency in this LPHS, weaknesses in emergency preparedness protocols could prove costly.

In moving forward toward an action plan resulting from this analysis, a few key recommended actions can maximize improvements. First, investment in technological communication would improve electronic collaboration and community-level resource sharing, and allow for more efficient use of technology. Additionally, evaluations of processes would reveal areas where program and structural evaluation are not only necessary but also important to the practice and performance of the public health system. In an era of limited funding and resources such as this, leveraging existing relationships with institutions of higher learning to conduct preliminary evaluations would not only maximize resources, but also allow for more strategic institutionalization of monitoring and evaluation standards, goals, and programs.

Findings by Essential Public Health Service

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

Organization Represented: DeKalb County Board of Health

LPHS Model Standard 1.1: Population-Based Community Health Profile

The LPHS performs community health assessments at intervals greater than every three years, using data collected at the state level. Data collected are used to track trends over time and to monitor progress toward local, state, and national health objectives. Data collected from the community health assessments are compiled into a community health profile (CHP). All data elements were rated as at least moderate, with many being rated optimal. The lowest rated data elements were behavioral risk factors, social and mental health, and maternal and child health. The highest rated data elements were socioeconomic characteristics, health resource availability, quality of life, environmental health, and communicable diseases.

Media strategies for community-wide use of the CHP data are considered optimal, as is the accessibility of information to the public. Information about policy and planning decisions as a result of the CHP is considered significant but not optimal.

LPHS Model Standard 1.2: Current Technology to Manage and Communicate Population Health Data

Use of technology by the LPHS to support health profile databases is considered optimal for the collection and management of health profiles. The mapping of health resources and analysis of health issues are also considered optimal via geographic information systems (GIS). However, utilization of technology to make health data available electronically was considered moderate. Geocoding of health data at the county and census tract levels is considered significant but not optimal.

LPHS Model Standard 1.3: Maintenance of Population Health Registries
The maintenance of population health registries by the LPHS was considered moderate, with registries being maintained for only child and adult immunization status. The standards for data collection are considered optimal. Processes for reporting health events to the registries are considered significant though there are currently no systems in place to ensure accurate, timely, or unduplicated reporting. Similarly, the utilization of the registries was considered significant though they were not used to inform policy decisions, design or implement programs, or conduct population research.

Essential Public Health Service #2: Diagnose and Investigate Health Problems and Health Hazards
Organizations Represented: Children's Healthcare of Atlanta, DeKalb County Board of Health

LPHS Model Standard 2.1: Identification and Surveillance of Health Threats
Surveillance systems were rated as significant but not optimal by respondents. The systems collect data on infectious diseases, chronic diseases, injuries, environmental hazards, and maternal and child health, but not bioterrorist threats or social and mental health. Integration with state and national systems and compliance with HIPAA information exchange guidelines were considered moderate by respondents. Resource and staff availability for responding to public health threats and health hazards were considered moderate to significant by respondents. Timeliness of reportable disease submissions and use of information technology were considered significant by respondents.

LPHS Model Standard 2.2: Investigation and Response to Public Health Threats and Emergencies
Maintenance of written protocols for investigation of and response to public health threats and emergencies was considered slightly less than significant by respondents. Most specific protocols were rated moderate, with protocols for high blood lead levels and food-borne illnesses being considered optimal. Protocols for vector control and water-borne illnesses were rated near optimal. Conversely, protocols for exposure to asbestos were considered minimal by respondents. Additionally, respondents indicated a moderate capacity by the LPHS to mobilize volunteers during a disaster and to evaluate emergency response incidents for effectiveness and improvement.

LPHS Model Standard 2.3: Laboratory Support for Investigation of Health Threats
Access to laboratories capable of meeting routine diagnostic and surveillance needs was considered near significant by respondents, with all specific handling and analysis of all delineated specimens within the scope of existing laboratory services. Credentialing/licensure and existing protocols for handling laboratory specimens were considered significant by respondents.

Essential Public Health Service #3: Inform, Educate, and Empower Individuals and Communities about Health Issues
Organizations Represented: Children's Healthcare of Atlanta, DeKalb County Board of Health, Essential Living for Muslim Women, Georgia State University, Georgians Against Smoking Pollution, Somali Community Development, The Tabernacle Church, Women Watch Afrika

LPHS Model Standard 3.1: Health Education and Promotion
Health education and promotion was considered minimal to moderate by most measures, with moderate strength in campaigns that support healthy behavior among individuals. Respondents indicated that these campaigns are tailored to gender, but not other demographics at high risk of negative health outcomes. Ongoing evaluation of health education and health promotion activities was considered the weakest area of health education and promotion, being considered minimal by respondents.

LPHS Model Standard 3.2: Health Communication
Health communication was largely rated as minimal by respondents and was consistently rated the lowest of all the sections in this essential service area. The strongest area of health communication was targeted public health messaging, which was rated moderate by respondents. Conversely, respondents rated policies and procedures to coordinate responses as the area needing the most improvement, having received the lowest rating in this model standard.

LPHS Model Standard 3.3: Risk Communication
Risk communication was rated minimal to moderate by respondents. The strongest area of risk communication per respondents was the directory of contact information for media liaisons, partners, stakeholders, and public information officers. This area was rated moderate by participants. Few respondents believe the LPHS has "go-kits" to assist in public information officer response, either in part or whole.

Essential Public Health Service #4: Mobilize Community Partnerships to Identify and Solve Health Problems
Organizations Represented: Belvedere Civic Association, DeKalb County Board of Health, Georgia Department of Public Health, Women Watch Afrika

LPHS Model Standard 4.1: Constituency Development
Respondents considered constituency development moderate to significant. Respondents considered accessibility of the directory of organizations that comprise the LPHS to be minimal and communications strategies to be moderate.

LPHS Model Standard 4.2: Community Partnerships
Community partnerships were considered moderate to significant by respondents, with particular strength in the existence of partnerships. Utilization of the partnerships was considered moderate by respondents, with assessment of effectiveness of participation being rated as minimal.

Essential Public Health Service #5: Develop Policies and Plans that Support Individual and Community Health Efforts
Organization Represented: DeKalb County Board of Health

LPHS Model Standard 5.1: Governmental Presence at the Local Level
Government presence at the local level was considered significant, with optimal provision of essential public health services. There are moderate funding, facilities, and equipment for the conduct of programs.

LPHS Model Standard 5.2: Public Health Policy Development
Public health policy development was considered moderate to significant, with policy reviews about every three to five years and a moderate amount of involvement from community constituents and stakeholders.

LPHS Model Standard 5.3: Community Health Improvement Process and Strategic Planning
Community health improvement and strategic planning are considered near optimal, with participation from nearly all representatives of the community. Exceptions include primary care clinics/physicians, professional organizations, and public safety and emergency response organizations. Strategic plans are reviewed three to five years with moderate alignment with community health improvement processes. Effectiveness of community assets and resources was not regularly assessed.

LPHS Model Standard 5.4: Plan for Public Health Emergencies
Public health emergency preparedness was considered moderate, with many protocols in place in the event of emergency, though not an overarching preparedness and response plan. The private sectors were not involved in preparedness planning, nor were there triage or surge protocols in place. Mock events have been simulated within the past two years. There was currently no plan in place for remediation or long-term recovery following a public health emergency.

Essential Public Health Service #6: Enforce Laws and Regulations that Protect Health and Ensure Safety
Organization Represented: DeKalb County Board of Health

LPHS Model Standard 6.1: Review and Evaluation of Laws, Regulations, and Ordinances
The LPHS minimally identifies public health issues that can only be addressed through laws, regulations, and ordinances. There was a moderate amount of knowledge regarding federal, state, and local laws, regulations, and ordinances that protect the public's health, with no indication of specific knowledge in any particular public health arena. There was a significant amount of review every five years regarding laws and regulations that protect public health as well as legal counsel present to assist in these matters.

LPHS Model Standard 6.2: Involvement in the Improvement of Laws, Regulations, and Ordinances
There was a moderate amount of involvement in the improvement of laws, regulations, and ordinances that address the public's health with no indication of participation in public hearings regarding proposed legislation, regulations, or ordinances.

LPHS Model Standard 6.3: Enforcement of Laws, Regulations, and Ordinances
There was a significant amount of authority and power for governmental public health entities to enforce laws, regulations, and ordinances related to the public's health. The LPHS provides significant amounts of information regarding laws and ordinances to individuals and organizations required to comply, though there was no indication as to the content of the information. There was an optimal amount of assessment of compliance with public health laws and regulations.

Essential Public Health Service #7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable
Organizations Represented: Atlanta Regional Commission; Connecting the Pieces; DeKalb County Board of Health; DeKalb Recreation, Parks and Cultural Affairs; Essential Living for Muslim Women; Georgia State University; The Natural Pathway; Women Watch Afrika

LPHS Model Standard 7.1: Identification of Personal Health Service Needs of Populations
Identification of population-based barriers to personal health services was considered moderate to significant by respondents. There are no specific populations that are taken into account, nor are there specific health service needs that are assessed.

LPHS Model Standard 7.2: Assuring the Linkage of People to Personal Health Services
Linkage of populations to needed personal health services is considered significant though there was no indication of specific marginalized populations for whom provision of services was assured. Coordination of services and culturally or linguistically appropriate staff/materials are considered moderate. Transportation services for those with special needs are considered minimal.

Essential Public Health Service #8: Assure a Competent Public and Personal Health Care Workforce
Organizations Represented: Children's Healthcare of Atlanta, DeKalb County Board of Health

LPHS Model Standard 8.1: Workforce Assessment, Planning, and Development
There was minimal to moderate assessment of the workforce in this LPHS, with no specific details provided as to the type of assessment conducted. Gaps in workforce size, composition, and/or skills were identified, resulting in a rating of moderate. Minimal attention is given to recruitment and retention. Identified gaps in the workforce were disseminated minimally to governing bodies, but not community leaders, public agencies, or elected officials. Respondents indicated a significant amount of awareness and guidance regarding licensure/certification requirements for personnel contributing to essential public health services.

LPHS Model Standard 8.2: Public Health Workforce Standards
Public health workforce standards are considered moderate to significant in this LPHS. Written job standards and position descriptions are considered significantly present by respondents, with base expectations and standards present. There was no indication of competencies required for specific positions or the establishment of performance or leadership goals through the formal evaluation process.

LPHS Model Standard 8.3: Life-Long Learning through Continuing Education, Training, and Mentoring
There was minimal to moderate workforce development through continued education, training, and/or mentoring in the LPHS. There was a moderate amount of opportunity for training and education. Respondents indicated there was only minimal understanding in this LPHS of the essential public health services and the multiple determinants of health. Incentives to participate in education and training were absent to minimal.

LPHS Model Standard 8.4: Public Health Leadership Development
Public health leadership development was considered moderate by respondents. There are minimal financial resources, communication mechanisms, and leadership opportunities in this LPHS. That notwithstanding, leadership promotion at all levels and diversity are moderately to significantly present.

Essential Public Health Service #9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services
Organization Represented: DeKalb County Board of Health

LPHS Model Standard 9.1: Evaluation of Population-Based Health Services
Evaluation of population-based health services was considered optimal, covering all major services. Evaluation of goals and community satisfaction is considered significant but not optimal.

LPHS Model Standard 9.2: Evaluation of Personal Health Services
Evaluation of personal health services, including quality, access, and effectiveness, is considered significant but not optimal. Established standards are evaluated for clinical preventive, primary health care, and oral health services. There was a moderate amount of client surveying. Use of information technology to assure quality was considered optimal despite only moderate facilitation of communication among providers.

LPHS Model Standard 9.3: Evaluation of the Local Public Health System
Evaluation of this LPHS was conducted every three to five years, with participation of LPHS entities considered significant despite no indication of which entities participate. Similarly, partnership assessment was considered significant, though exchange of information, linkage mechanisms, and use of resource among LPHS organizations are minimal.

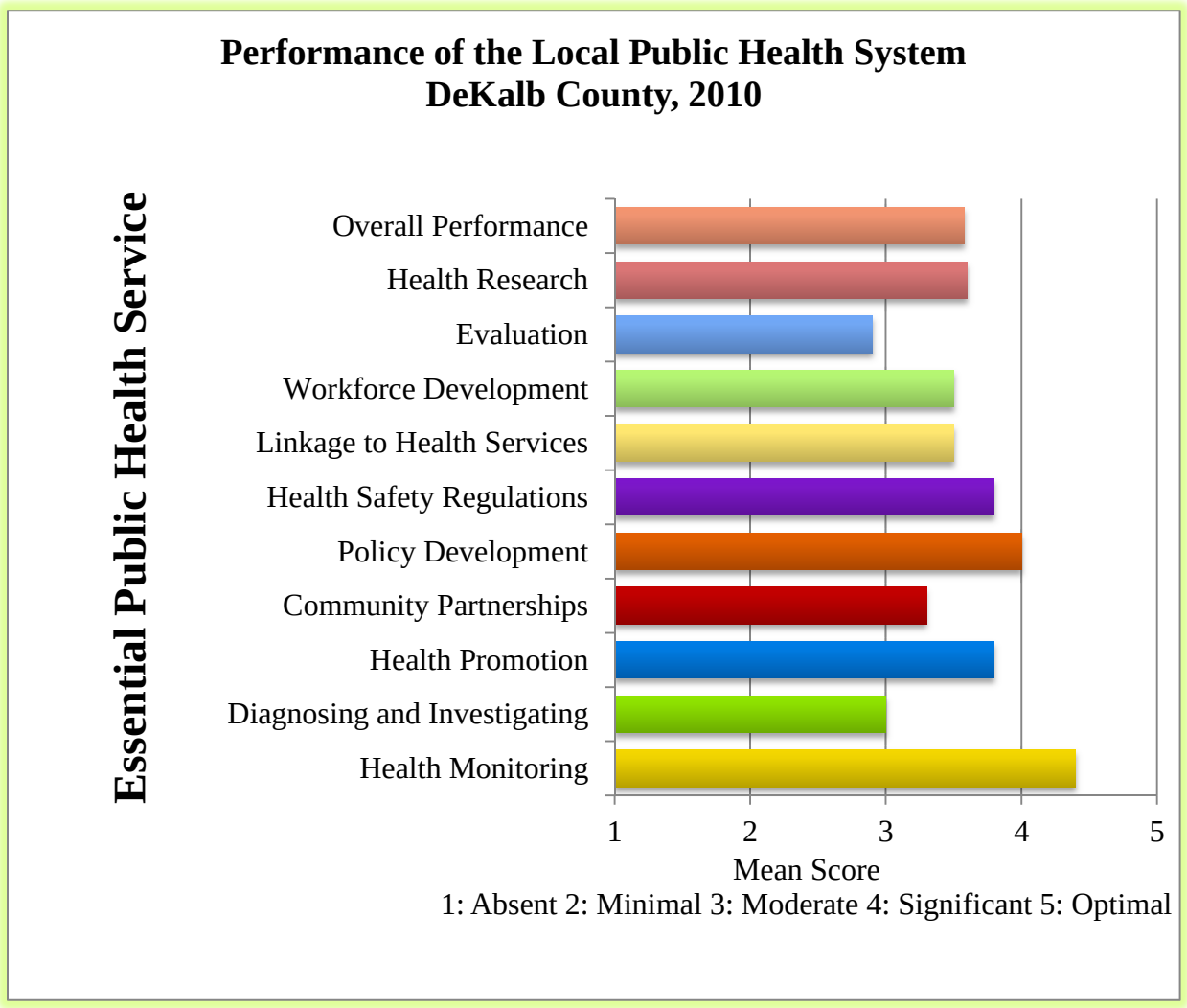
Essential Public Health Service #10: Research for New Insights and Innovative Solutions to Health Problems
Organizations Represented: Children's Healthcare of Atlanta, DeKalb County Board of Health, Kaiser Permanente

LPHS Model Standard 10.1: Fostering Innovation
Fostering innovation at this LPHS was considered moderate, with near significant encouragement of staff to develop new solutions to health problems in the community. A moderate number of organizations propose new research and stay current on best practices developed by other public health agencies.

LPHS Model Standard 10.2: Linkage with Institutions of Higher Learning and/or Research
There was a significant amount of linkage with institutions of higher learning in this LPHS, specifically in the arena of community-based participatory research. There was near significant encouragement of collaboration between the academic and practice communities.

LPHS Model Standard 10.3: Capacity to Initiate or Participate in Research
There was a moderate to significant capacity to initiate or participate in research, covering all indicated research areas. Access to databases was the only research-facilitating resource indicated and was considered near significant. There was a moderate amount of research evaluation and a significant amount of dissemination of research findings.

Project Outcomes



Analysis of the Local Public Health System

Across all Essential Public Health Services, this LPHS exhibited the strongest performance in:

- Health monitoring
- Policy development
- Health promotion

This LPHS exhibited the weakest performance in:

- Evaluation
- Community partnerships
- Diagnosing and investigating

There are opportunities to leverage existing strengths in order to make systematic improvements:

- Health monitoring systems that are in place could allow for efficient expansion into evaluation.
- Data being collected could be utilized for policy and programming recommendations, improvements in efficiency, or further research.

Appendix C

From MAPP Assessment Recommendations to the Community Health Improvement Plan

This version of the strategies, objectives, and action steps identifies current and potential partners and anticipated timeframes. We will evaluate and report on the implementation annually. The following is the Community Health Improvement Plan.

A. Nutrition Action Group **Goal: Increase awareness and opportunities for physical activity and nutrition through school, faith-based organization and worksite interventions.**			
Strategies	**Objectives**	**Action Steps**	**Indicators to Monitor Progress**
Strategy A1: Promote the School Wellness Policy that was developed by the DeKalb County Board of Health and the DeKalb County School District.	• By 2014, increase awareness of the School Wellness Policy EEE amongst community members by sharing with 100 community partners.	Identify the regulation and implementation of the School Wellness Policy EEE.	• Track the number of community partners we share information with regarding the new School Wellness Policy EEE.
Applicable Policy: DeKalb County School District School Wellness Policy EEE passed July 1, 2013. **Community Partners:** **DeKalb County School District**		Identify community partners and educate them about the new policy EEE.	
		Develop talking points and disseminate information to community partners. (via toolkit)	
		Develop an action plan to involve community advocates in monitoring the implementation of the new School Wellness Policy EEE.	

A. Physical Activity **Goal: Increase awareness and opportunities for physical activity and nutrition through school, faith-based organization and worksite interventions.**			
Strategies	**Objectives**	**Action Steps**	**Indicators to Monitor Progress**
Strategy A2: Increase the number of children walking to school via the Safe Routes to School (SRTS) program.	• By 2016, increase the number of children walking to school by 5%. (Healthy People 2020 Physical Activity 13.2)	Work with the DeKalb County Board of Health, the DeKalb County School District, and local schools to identify funding for the SRTS program.	• Number of students walking to school after SRTS implementation.* • Number of schools participating in the SRTS program.* *Assessed annually
Current Community Partners: **Jolly Elementary (Clarkston)** **Evansdale Elementary (Doraville)** **Fairington Elementary (Lithonia)** **Community Partners within the past 2 years:** **Cary Reynolds Elementary (Doraville)** **Chamblee Middle (Chamblee)** **Chestnut Elementary (Dunwoody)** **Dresden Elementary (Chamblee)** **Dunaire Elementary (Clarkston)** **Flat Shoals Elementary (Decatur)** **Hambrick Elementary** **Hightower Elementary (Doraville)** **Indian Creek Elementary (Clarkston)** **Kelley Lake Elementary (McNair)** **McNair Elementary (McNair)** **Meadowview Elementary (McNair)** **Montgomery Elementary (Atlanta)** **Panola Elementary (Lithonia)** **Rainbow Elementary (Decatur)** **Stone Mill Elementary (Stone Mountain)** **Woodward Elementary (Atlanta)**	• Current community partners will focus on increasing the number of children walking to school and awareness of the program. • Past community partners will focus on receiving technical assistance to increase the frequency with which children walk.	Identify final list of schools in which to implement SRTS based on prioritized list and funding availability. Coordinate with the Metro Atlanta Safe Routes to School Resource Center to establish the program at the schools, including assessing children walking to school prior to implementation. Evaluate number of children walking to school after implementation of the SRTS program. Using high-risk target areas identified by 2010 MAPP survey and focus groups, identify schools eligible for the SRTS program.	

A. Physical Activity
Goal: Increase awareness and opportunities for physical activity and nutrition through school, faith-based organization and worksite interventions.

Strategies	Objectives	Action Steps	Indicators to Monitor Progress
Strategy A3: Increase the number of college students riding bicycles to or around school. **Community Partner:** **Bike Emory *** ***Awaiting baseline data**	• By 2016, increase by 10% the proportion of trips made by bicycling by college students. (Healthy People 2020 Physical Activity 14.1)	Identify potential colleges in the target areas identified by the 2010 MAPP surveys and focus groups. Meet with Atlanta Bicycle Coalition and similar agencies to identify programs to increase students riding bicycles to or around school. Create a final list of schools and colleges ready and willing to implement a bicycle program. Identify potential funding sources for implementation in selected schools. Research policies needed to incorporate bike lanes and adopt more "Complete Streets." Implement programs to increase bicycle use in selected schools to include an assessment of number of students using riding bicycles to and around school before implementation. Engage and educate college students about bicycle programs and bicycle safety through Bike Rodeo courses. Increase physical activity through recreational and sports safety training.	• The number of colleges implementing a bicycle program. • The number of college students riding bicycles to or around schools after implementing bicycling programs on college campuses.

A. Physical Activity **Goal: Increase awareness and opportunities for physical activity and nutrition through school, faith-based organization and worksite interventions.**			
Strategies	**Objectives**	**Action Steps**	**Indicators to Monitor Progress**
Strategy A4: Increase awareness of opportunities for physical activity for high school students.	• By 2016, increase by 5% the percentage of students who meet current federal recommendations for physical activity. (Healthy People 2020 Physical Activity 3.1)	Identify current opportunities for physical activity for youth in target areas.	• Review the trend of physical activity according to number of students increasing physical activity through the Youth Risk Behavior Survey data.
		Increase the number of high schools utilizing the Live Healthy DeKalb Community Resource Guide.	
		Partner with the DeKalb library system and other community partners to disseminate the community resource guide.	
		Evaluate awareness of physical activity opportunities after implementation of distribution plan.	
		Increase awareness of joint use agreements with community partners and schools.	

A. Physical Activity and Nutrition Action Group **Goal: Increase awareness and opportunities for physical activity and nutrition through school, faith-based organization and worksite interventions.**			
Strategies	**Objectives**	**Action Steps**	**Indicators to Monitor Progress**
Strategy A5: Increase number of worksites, health care facilities, faith-based organizations and community-based organizations with wellness policies.	• By 2016, increase by 5% percent the number of employed adults who have access to an employer-based wellness program. (Healthy People 2020 Physical Activity 12)	Through the CHANGE (Community Health Assessment aNd Group Evaluation) tool, identify worksites, health care facilities, and community-based and faith-based organizations in need of a wellness policy.	• Centers for Disease Control and Prevention CHANGE tool (a component of the CHANGE tool will be utilized to monitor progress).
		Collaborate with the Georgia Department of Public Health Worksite Wellness Program to develop a planning toolkit.	
		Collaborate with the DeKalb County Chamber of Commerce and county offices to implement a worksite wellness policy.	
		Assess facility readiness to adopt a policy.	
		Assess worksite, health care facility, faith-based organization and community-based organization policy enforcement and quality via 2012 CHANGE tool assessment.	
		Identify model wellness policies.	
		Work with managers/leaders of worksites, health care facilities, faith-based organizations and community-based organizations in the development and adoption of a wellness policy.	

A. Physical Activity **Goal: Increase awareness and opportunities for physical activity and nutrition through school, faith-based organization and worksite interventions.**			
Strategies	**Objectives**	**Action Steps**	**Indicators to Monitor Progress**
Strategy A6: Start Women Walk DeKalb and Men Walk DeKalb groups to increase physical activity among residents.	• By 2016, reduce by 5% the proportion of adults who engage in no leisure time physical activity. (Healthy People 2020 Physical Activity 1)	Identify walking groups in DeKalb County. Expand the Community Resource Guide to include walking clubs, groups and physical activity events. Work with communities that are interested in developing walking clubs. Organize an inaugural walking event. Advertise the event via social media. Create a listserv for future events.	• Physical inactivity among adults as assessed by the Behavioral Risk Factor Surveillance Survey.

A. Nutrition Action Group **Goal: Increase awareness and opportunities for physical activity and nutrition through school, faith-based organization and worksite interventions.**			
Strategies	**Objectives**	**Action Steps**	**Indicators to Monitor Progress**
Strategy A7: Increase access to healthy foods served in schools.	• By 2016, increase the number of schools that participate in Farm to School program from 8 to 11.	Research the schools that have received funding to implement the Farm to School program.	• The number of schools that use the Farm to School program.
Community Partner: **Georgia Organics**		Create a list of best practices for effectively using the Farm to School program.	

B. Reduce Pollution – (Go Green Action Group)
Goal: Educate the community on environmentally-friendly products and promote recycling initiatives to reduce pollution.

Strategies	Objectives	Action Steps	Indicators to Monitor Progress
Strategy B1: Increase the number of households participating in the Go Green Family Initiative.	• By May 2014, recruit 100 families to begin recycling. • By 2016, increase by 10% the proportion of DeKalb County households that recycle municipal solid waste. (Healthy People 2020 Environmental Health 12)	Give community members Go Green Family Initiative welcome packets, which include: • Welcome letter • Baseline survey • Recycling and tobacco cessation information • Community Resource Guide	• The number of families who have adopted Go Green Family Initiative priorities. • Self-reported surveys from the Go Green Family Initiative at sign-up and then quarterly assessments.
Applicable Policy: LHD Coalition worked closely with the county to waive recycling fees for residents. The policy was passed September 2012.		Continue to collaborate with the Housing Authority of DeKalb County, the DeKalb Community Service Board, and the DeKalb County Board of Health's clinics to recruit families.	
Community Partners: • **DeKalb Community Service Board** • **DeKalb County Sanitation Department** • **Housing Authority of DeKalb County**		Recruit and register participating households.	
		Promote and market recycling program through community events, media, and community collaboration.	
		Increase the recruitment of families from 25 to 100.	

B. Reduce Pollution – (Go Green Action Group) **Goal: Educate the community on environmentally-friendly products and promote recycling initiatives to reduce pollution.**			
Strategies	**Objectives**	**Action Steps**	**Indicators to Monitor Progress**
Strategy B2: Increase the number of households reporting the use of environmentally-friendly products.	• By 2016, increase by 5% the number of households that purchase and use environmentally-friendly products.	Identify households to encourage the use of environmentally-friendly products.	• Surveys completed by Go Green families.
Community Partners: • **DeKalb Community Service Board** • **DeKalb County Extension Service** • **Housing Authority of DeKalb County** • **Keep DeKalb Beautiful**		Identify environmentally-friendly products and energy savers.	
		Promote and educate households about benefits and availability of environmentally-friendly products.	
		Develop points of discussion and add a Go Green page to website.	

<table>
<tr><th colspan="4">B. Reduce Pollution – (Tobacco Prevention Action Group/Go Green Action Group)
Goal: Educate the community on the health effects of tobacco use and secondhand smoke and advocate for stronger clean indoor air ordinances and policies.</th></tr>
<tr><th>Strategies</th><th>Objectives</th><th>Action Steps</th><th>Indicators to Monitor Progress</th></tr>
<tr><td>Strategy B3: Increase awareness of high school students around secondhand smoke.

Applicable Policy:
DeKalb County School District's Student Tobacco Use Policy JCDAA ensures that all school property is tobacco-free.

Community Partners:
DeKalb County School District
Georgia Department of Public Health's Tobacco Cessation Program through Tobacco Use Prevention Program.</td><td>By 2016, increase by 5% the percentage of DeKalb County high school students who are aware of the effects of secondhand smoke. (Healthy People 2020 Tobacco Use 11.2)
By 2016, reduce by 5% the number of DeKalb County high school students who are exposed to secondhand smoke.</td><td>Work with the DeKalb County School District to promote the tobacco-free policy.

Assess the current tobacco prevention and cessation policies in schools.

Promote the revised DeKalb County indoor air ordinance in the DeKalb County School District.</td><td>The number of students exposed to secondhand smoke on school property. Data gathered from the 2011 Youth Risk Behavioral Survey.</td></tr>
</table>

B. Reduce Pollution – (Tobacco Prevention Action Group/Go Green Action Group) **Goal: Educate the community on the health effects of tobacco use and secondhand smoke and advocate for stronger clean indoor air ordinances and policies.**			
Strategies	**Objectives**	**Action Steps**	**Indicators to Monitor Progress**
Strategy B4: Increase residents' awareness around secondhand smoke.	• By 2016, increase by 10% the proportion of DeKalb County residents who are aware of the effects of secondhand smoke.	Tap into national smoke-free institutions to gather resources on secondhand smoke to distribute to community.	• The number of residents that are exposed to secondhand smoke. Data gathered from the Behavioral Risk Factor Surveillance Survey.
Applicable Policy: **Amendment to the DeKalb County clean indoor air ordinance passed October 23, 2012, to include outdoor areas such as recreational public places, common areas, places of employment, parking lots, and vehicles owned by DeKalb County.**		Identify and distribute public service announcements.	
		Recruit volunteers (former smokers) to serve as spokespersons and give testimonial accounts of their experiences.	
		Research state laws prohibiting smoking in vehicles with children. Identify steps needed to enforce applicable laws then disseminate information to the community.	
		Research model states to advocate for stronger secondhand smoking laws.	

B. Reduce Pollution – (Tobacco Prevention/Go Green Action Group)
Goal: Educate the community on the health effects of tobacco use and secondhand smoke and advocate for stronger clean indoor air ordinances and policies.

Strategies	Objectives	Action Steps	Indicators to Monitor Progress
Strategy B5: Increase awareness of the benefits of becoming/maintaining a smoke-free household.	• By 2016, reduce by 5% the number of persons exposed to secondhand smoke in households in DeKalb County. (Healthy People 2020 Tobacco Use-14)	Identify households to educate regarding the benefits of a smoke-free household.	• The percentage of residents who are exposed to secondhand smoke in their homes. Data gathered from the Behavioral Risk Factor Surveillance Survey.
Community Partners: • **DeKalb Community Service Board** • **Housing Authority of DeKalb County**		Identify benefits of living in a smoke-free home.	
		Partner with a nationally recognized event to encourage tobacco cessation among residents.	
		Promote smoking cessation classes.	
		Educate households about living in a smoke-free home.	

C. Cultural Competence – (Health Equity Action Group)
Goal: Engage diverse communities in dialogue and action aimed at identifying and eliminating health disparities.

Strategies	Objectives	Action Steps	Indicators to Monitor Progress
Strategy C1: Collaborate on cultural competence initiatives to increase access to health care services for those experiencing barriers.	• By 2016, increase access to culturally competent initiatives in health care system.	Work with community partners that serve culturally diverse populations and the Board of Health refugee clinic.	• Number of community partners that serve culturally diverse populations. • Number of cultural competency trainings provided by the Live Healthy DeKalb Coalition. • Number of services provided to LEP/SI clients.
		Initiate trainings on cultural competency through the Live Healthy DeKalb Coalition.	
Applicable Board of Health Policy: Language Access for Limited English Proficient and/or Sensory Impaired (LEP/SI) Consumers Policy 30-10 ensures communication assistance by securing and utilizing interpreters, translators, and other resources when serving LEP/SI consumers.		Collaborate with the Georgia interpreter program and Board of Health LEP/SI coordinator to connect residents with multi-language resources and services.	

C. Cultural Competence – (Health Equity Action Group) **Goal: Engage diverse communities in dialogue and action aimed at identifying and eliminating health disparities.**			
Strategies	**Objectives**	**Action Steps**	**Indicators to Monitor Progress**
Strategy C2: Assess the availability of health care services in DeKalb County.	• By 2016, identify health care services in DeKalb County.	Collaborate with community partners who provide services to clients with language barriers.	• Map/list of health care services.
		Partner with United Way for use of UW 211 tool.	
Community Partners: • **AbbVie, Inc.** • **Center for Pan Asian Community Services** • **DeKalb Community Service Board** • **Partnership for Southern Equity** • **United Way of Greater Atlanta**		Map or list public health resources in DeKalb County.	
		Coordinate with Board of Health clinics to disseminate resources and information.	

C. Cultural Competence – (Health Equity Action Group) **Goal: Engage diverse communities in dialogue and action aimed at identifying and eliminating health disparities.**			
Strategies	**Objectives**	**Action Steps**	**Indicators to Monitor Progress**
Strategy C3: Identify populations that experience barriers to health care services.	• By 2016, identify populations that experience barriers to health care services.	Review assessment survey and health care data to determine the health care needs of DeKalb residents.	• Percentage of DeKalb County residents with health insurance. (U.S. Census) • Percentage of DeKalb County residents who do not visit the doctor due to cost. (Behavioral Risk Factor Surveillance System) • Percentage of DeKalb County residents who have no personal doctor. (Behavioral Risk Factor Surveillance System) • Individual access to health care services based on race/ethnicity. (Status of Health)

C. Cultural Competence – (Health Equity Action Group) **Goal: Engage diverse communities in dialogue and action aimed at identifying and eliminating health disparities.**			
Strategies	**Objectives**	**Action Steps**	**Indicators to Monitor Progress**
Strategy C4. Identify gaps in access to health care services.	• By 2016, review data to assess gaps in health care needs among the population in DeKalb County.	Conduct assessment of the capacity of health care providers in the community.	Gap analysis report.
		Conduct assessment of the causes of gaps in health care services.	
		Develop strategies to improve access to health care services.	

A. Nutrition and Physical Activity – (Physical Activity and Nutrition Action Group) STRATEGY, ORGANIZATION/PERSON RESPONSIBLE FOR STRATEGY, NATIONAL & STATE ALIGNMENT			
Strategies	**Organization/Person Responsible for Strategy**	**National Alignment**	**State Alignment**
Strategy A1: Promote the School Wellness Policy that was developed by the DeKalb County Board of Health and the DeKalb County School District.	• LHD Coalition, Co-Chair of Physical Activity and Nutrition • DeKalb County School District	• Healthy People 2020 Nutrition and Weight Status-2. Increase the proportion of schools that offer nutritious foods and beverages. • National Prevention Strategy 2011-Active Living. Promote and strengthen school and early learning policies and programs that increase physical activity.	• Georgia Department of Public Health- Nutrition Services Unit- Ensure, promote, and influence nutrition-related policies, practices, and system development statewide**.**
Strategy A2: Increase the number of children walking to school through various programs/grants such as the Safe Routes to School program.	• Safe Routes to School • DeKalb County School District • LHD Coalition Co-Chair of Physical Activity and Nutrition	• National Prevention Strategy 2011 – Active Living – Support walk and bike to school programs (e.g., Safe Routes to School) and work with local governments to make decisions about selecting school sites that can promote physical activity. • Healthy People 2020 – Physical Activity-13.2 (Developmental). Increase proportion of walking trips of 1 mile or less made to school by children and adolescents aged 5 to 15 years.	• Georgia Department of Public Health – Live Healthy Georgia – Be Active -Increase and maintain physical activity**.**
Strategy A3: Increase the number college students riding bicycles to or around school.	• Emory University • LHD Coalition Co-Chair of Physical Activity and Nutrition • Atlanta Bicycle Coalition	• Healthy People 2020 – Physical Activity-14 (Developmental). Increase the proportion of trips made by bicycling.	• Georgia Department of Public Health – Live Healthy Georgia – Be Active- Increase and maintain physical activity.

A. Nutrition and Physical Activity – (Physical Activity and Nutrition Action Group) STRATEGY, ORGANIZATION/PERSON RESPONSIBLE FOR STRATEGY, NATIONAL & STATE ALIGNMENT			
Strategies	**Organization/Person Responsible for Strategy**	**National Alignment**	**State Alignment**
Strategy A4: Increase awareness of opportunities for physical activity for high school students.	• LHD Coalition • DeKalb County School District	• Healthy People 2020- Physical Activity 3.1. Increase the proportion of adolescents who meet current federal physical activity guideline for aerobic physical activity. • National Prevention Strategy 2011- Active Living. Facilitate access to safe, accessible, and affordable places for physical activity.	• Georgia Department of Public Health – Live Healthy Georgia – Be Active. Increase and maintain physical activity.
Strategy A5: Increase number of worksites, health care facilities, and community-based organizations with wellness policies.	• DeKalb County Board of Health • LHD Coalition	• Healthy People 2020 – Physical Activity 12 (Developmental). Increase the proportion of employed adults who have access to and participate in employer-based exercise facilities and exercise programs. • National Prevention Strategy 2011 – Active Living – Support workplace policies and programs that increase physical activity.	• Georgia Department of Public Health – Georgia's Worksite Health Initiative – Reduce the burden of chronic diseases by helping Georgia businesses create worksite environments that maintain and improve the health of their employees.
Strategy A6: Start Women Walk DeKalb and Men Walk DeKalb groups to increase physical activity among residents.	• DeKalb women's walking groups	• Healthy People 2020 – Physical Activity 1. Reduce the proportion of adults who engage in no leisure-time physical activity.	• Georgia Department of Public Health – Physical Activity Program – Partner with other groups and organizations on a statewide basis to promote, develop, and implement physical activity programs. Partners include recreation and park agencies, senior centers, area agency on aging programs, community centers, faith groups, and various other community organizations. Activities include education and awareness, walking programs, and sports competitions.
Strategy A7: Increase access to healthy foods served in schools.	• Georgia Organics	• Healthy People 2020 – Nutrition and Weight Status 15.1. Increase the contribution of total vegetables to the diets of the population aged 2 years and older.	• By 2020, ensure the development and implementation of policies aimed at increasing community access to healthy fruits and vegetables.

B. Reduce Pollution – (Go Green Action Group/Tobacco Prevention Action Group) STRATEGY, ORGANIZATION/PERSON RESPONSIBLE FOR STRATEGY, NATIONAL & STATE ALIGNMENT			
Strategies	**Organization/Person Responsible for Strategy**	**National Alignment**	**State Alignment**
Strategy B1: Increase the number of households participating in the Go Green Family Initiative.	• DeKalb Community Service Board • Housing Authority of DeKalb County	• Healthy People 2020 – Environmental Health-12. Increase recycling of municipal solid waste.	• No statewide strategic plan available for this initiative.
Strategy B2: Increase the number of households reporting the use of environmentally-friendly products.	• DeKalb Community Service Board • Housing Authority of DeKalb County	• National Prevention Strategy 2011 – Healthy and Safe Community Environments- Purchase energy-efficient products, support local vendors, and recycle.	• No statewide strategic plan available for this initiative.
Strategy B3: Increase awareness of high school students around secondhand smoke.	• DeKalb County School District • Georgia Department of Public Health's Tobacco Cessation Program through the Health Promotion Initiative	• Healthy People 2020 Tobacco Use 11.2. Reduce the proportion of adolescents aged 12 to 17 years exposed to secondhand smoke. • B4: National Prevention Strategy 2011 – Tobacco Free Living – Teach children about the health risks of smoking.	• Georgia Department of Public Health-Georgia Tobacco Use Prevention Program and the Health Promotion Initiative.
Strategy B4: Increase residents' awareness around secondhand smoke.	• DeKalb Community Service Board • Housing Authority of DeKalb County	• B4: National Prevention Strategy 2011 – Tobacco Free Living – Implement evidence-based recommendations for tobacco use treatment and provide information to their patients on health effects of tobacco use and secondhand smoke exposure. • B4: National Prevention Strategy 2011– Tobacco Free Living – Promote tobacco free environments.	• Georgia Department of Public Health-Georgia Tobacco Use Prevention Program and the Health Promotion Initiative.
Strategy B5: Increase awareness of the benefits of becoming/maintaining a smoke-free household.	• DeKalb Community Service Board • Housing Authority of DeKalb County	• Healthy People 2020-Tobacco Use 14. Increase the proportion of smoke-free homes.	• Georgia Department of Health – Georgia Tobacco Use Prevention Program – Preventing the initiation of tobacco use among young people and promoting quitting among young people and adults.

C. Cultural Competence – (Health Equity Action Group)
STRATEGY, ORGANIZATION/PERSON RESPONSIBLE FOR STRATEGY, NATIONAL & STATE ALIGNMENT

Strategies	Organization Person Responsible for Strategy	National Alignment	State Alignment
Strategy C1: Collaborate on cultural competence initiatives to increase access to health care services for those experiencing barriers.	• State of Georgia Interpreter Program	• National Prevention Strategy 2011 –Elimination of Health Disparities- Reduce disparities in access to quality health care.	• Awaiting the approval of the Georgia Department of Public Health's Office of Health Equity Strategic Plan.
Strategy C2: Identify personal health service needs of population.	• AbbVie, Inc. • Center for Pan Asian Community Services • DeKalb County Board of Health • DeKalb Community Service Board • Partnership for Southern Equity • United Way of Metropolitan Atlanta	• National Prevention Strategy 2011 –Standardize and collect data to better identify and address disparities.	• Awaiting the approval of the Georgia Department of Public Health's Office of Health Equity Strategic Plan.
Strategy C3: Identify populations that experience barriers to health care services.	• Partnership for Southern Equity	• National Prevention Strategy 2011 –Elimination of Health Disparities- Standardize and collect data to better identify and address disparities.	• Awaiting the approval of the Georgia Department of Public Health's Office of Health Equity Strategic Plan.
Strategy C4: Identify gaps in access to health care services.	• Partnership for Southern Equity	• National Prevention Strategy 2011 –Elimination of Health Disparities- Standardize and collect data to better identify and address disparities.	• Awaiting the approval of the Georgia Department of Public Health's Office of Health Equity Strategic Plan.

Live Healthy DeKalb Coalition
Action Groups & Co-Chairs
Live Healthy DeKalb Vision: Healthy People Living in Healthy Communities
Live Healthy DeKalb Mission: To build a community network through collaboration and partnership to improve the health of those who live, work and play in DeKalb County.

Coalition Chairs	Dr. Mary Watson John Howard
Action Groups	**Co-Chairs**
Physical Activity and Nutrition **Increases awareness and opportunities for physical activity and good nutrition through school, faith-based organization and worksite interventions.**	Michael DeGuzman, Co-Chair Children's Healthcare of Atlanta DeWan McCarty, Co-Chair Health Promotion Coordinator Georgia Department of Public Health
Go Green **Educates the community on environmentally-friendly products and promotes recycling initiatives for families and communities to reduce air pollution.**	John Howard, Co-Chair Community Advocate Alisa Garrison, Co-Chair Pharmacy Technician Emory Hospital
Tobacco Use Prevention **Educates the community on the health effects of tobacco use and secondhand smoke and advocates for stronger clean indoor air ordinances and policies. Empowers youth through advocacy and leadership development and promotes community awareness of tobacco advertising practices.**	D. Gordon Draves, Co-Chair President Georgians Against Smoking Pollution Glory Kilanko, Co-Chair CEO Women Watch Afrika
Health Equity **Seeks to engage diverse communities in dialogue and action aimed at identifying and eliminating health disparities. Also advocates for health equity to ensure optimal health for all.**	Dr. Mary Watson, Co-Chair Community Health Specialist Latresh Williams, Co-Chair Community Advocate

Community Partners

Organizations

AbbVie
Alliance for a Healthier Generation
Alliance for a Healthier Generation
Antioch AME Church
Atlanta Masjid of Al-Islam
Atlanta Regional Commission
Austin Drive Community Development
Belvedere Civic Association
Beulah Missionary Baptist Church
Bike Emory
Center for Pan Asian Community Services
Center for Pan Asian Community Services
Center for Pan Asian Community Services
Children's Healthcare of Atlanta
City of Decatur Active Living
Clarkston First Baptist Church
Commissioner Kathy Gannon
Community Advocate
Community Advocate
Community Advocate
Community Advocate
Community Advocate
Community Advocate
Community Advocate
Community Advocate
Community Advocate
Community Advocate
Community Advocate
Community Advocate
Community Advocate
Connecting the Pieces
DeKalb Access & Resource Center
DeKalb Community Service Board
DeKalb County Board of Elections
DeKalb County Board of Health, Former Chair
DeKalb County Extension Services, UGA Cooperative Extension
DeKalb County Public Library
DeKalb County Public Library
DeKalb County Public Works/Sanitation Dept
DeKalb County Recreation, Parks and Cultural Affairs
DeKalb County School District
Emory University, Interfaith Health Program
Essential Living for Muslim Women
Essential Living for Muslim Women
First Baptist Church on Gresham Rd.
Fit Morph
Georgia Department of Public Health
Georgia Perimeter College
Georgia Refugee Health Program
Georgia Safe Routes to School
Georgia State University
Georgia State University
Georgians Against Smoking Pollution

Representatives

Paige Levin
Lee Ann Else
Adrienne Gil
LaQuay Jones
Adilah Muhammad
Jennifer Curry
Landa Clay-Gamble
Ann Brown
Dr. Mary Watson
Jamie Smith
Chaiwon Kim
Lee Lo
Nausheen Punjani
Michael DeGuzman
Gregory White
Christin Taylor
Michelle Walldorff
Abdullah Abdil
Aneesah Akbar-Usdah
Mayira Buntin
Charline Charles
Louise Clarke
Mari Garner
Lindsay Gressard
Doree Henry
Amie McDougal
Dr. Tracy Owens
Quanda Stroud
Samia Tahil
Latresh Williams
Arlene Parker Goldson
Ramona DeShield
Michelle Potter
John Howard
Fred Agel
Jessica Hill
Raylynn Hughes
Alison Weissinger
Billy Malone
Jared Hudson
Paula Swartzberg
Mimi Kiser
Safiya Abdul Khaaliq
Aisha Hassan
Roberta Echols
Gwendolyn Jackson
Maria Corboda
Donna Frazier
Monica Vargas
Nichole Hollis
Bianca Horton
Jennifer Lind
D. Gordon Draves

Community Partners

Organizations

Grady Health Care System
Health Institute for Preventative Care, Access, Research, and Education
Healthy Eating and Living, LLC
Hispanic Health Coalition of Georgia
Housing Authority of DeKalb County
Housing Authority of DeKalb County
Housing Authority of DeKalb County
Jericho Child & Family Advocacy
Jumping Across Barriers Step, Inc.
Junior League of DeKalb County
Junior League of DeKalb County
Kaiser Permanente
Loma Linda University
Morehouse School of Medicine
The Natural Pathway
Noble Sol Wellness Group
Oakhurst Medical Centers
ONE DeKalb
ONE DeKalb
Partners in Action for Healthy Living, Inc.
Partnership for Southern Equity
Project CLEAN
Somali Community Development
South Candler Neighborhood Association
Step Up in Georgia
Sustainable Community Resource Center
Tobie Grant Recreation Center, Housing Authority of DeKalb County
Trinity Baptist Church
Trinity Baptist Church
United Brothers of Atlanta
United Way
V & L Research & Consulting, Inc.
The Tabernacle Church
The Winner's Circle
Women Watch Afrika

Representatives

Laneatria Willis
Debbie Wallace
Eunice Burke
Heidy Guzman
Paula Gwynn Grant
Pat Smith
Monifa Holman
Crystal T. Pritchett
Duwand Jackson
Renee Bazemore
Rashidah Hasan
Evonne Yancey
Brittney Young
Gayle Converse
Janet Young
Rosalind Brown
Endre Brown
Bettye Davis,
Brenda Pace
Maria Rossoto
Erika Hill
Dr. Tom Keating
Abdullah Abdul
Nadine Ali
India Pullum
LaVerne Dorsey
Jared Hudson
Lolita Woodward
Pamela Wright
Louis McNeil
Nicola Canty
Delphyne Lomax
Joe Clemens
Jenn Flemish
Glory Kilanko

Appendix D

Live Healthy DeKalb Brochure

Live Healthy DeKalb Vision: Healthy People Living in Healthy Communities

Live Healthy DeKalb Mission: To build a community network through collaboration and partnership to improve the health of those who live, work, and play in DeKalb County.

Appendix E – Glossary of Terms

Adjustment Disorder: A group of symptoms, such as stress, feeling sad or hopeless, and physical symptoms, that can occur after one goes through a stressful life event.

Adolescence: 13 to 19 years of age.

AIDS: Acquired Immunodeficiency Syndrome is a weakening of the immune system caused by HIV.

Anxiety Disorder: Any of a group of mental conditions that include panic disorder with or without agoraphobia.

Attention Deficit Hyperactivity Disorder (ADHD): A disorder characterized by hyperactivity, attention deficits and impulsivity.

Behavioral Health: How one's mental well-being affects his or her actions and ability to function.

Behavioral Risk Factor Surveillance System (BRFSS): The nation's premier system of health-related telephone surveys that collect data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services.

Body Mass Index (BMI): A relationship between weight and height that is often used as measure of health risk.

Cancer: A class of diseases that begin when cells in part of the body grow out of control.

Chronic Disease: A disease of long duration and generally slow progression. Examples include heart disease, stroke, cancer, chronic respiratory diseases, and diabetes.

Collective Efficacy: The neighborhood residents' ability to engage one another in order to improve conditions in their neighborhood.

Community Health Assessment Area (CHAA): A group of adjacent census tracts used in geographic mapping based on senior high school district boundaries.

Community Health Improvement Plan (CHIP): A long-term, systematic effort to address issues identified by the assessment and community health improvement process.

Determinants of Health: The range of personal, social, economic, and environmental factors that influence personal health.

Environmental Health: Addresses all the physical, chemical, and biological factors external to a person, and all the related factors impacting behaviors.

Giardiasis: A diarrheal illness caused by a microscopic parasite. The parasite is found in soil, food, or water that has been contaminated with feces from infected humans or animals.

Health Equity: Attainment of the highest level of health for all people; a desirable goal/standard that entails special efforts to improve the health of those who have experienced social or economic disadvantage.

Healthy Foods: Foods such as fruits, vegetables, whole grains, fat-free or low-fat dairy, and lean meats that are perishable (fresh, refrigerated, or frozen) or canned.

Health Indicators: Public health problems at a particular point in time, used to indicate change over time in the level of the health of a population or individual.

Heart Attack: A condition caused by partial or complete occlusion of one or more of the coronary arteries.

Heart Disease: Includes acute myocardial infarction, atherosclerosis, chronic rheumatic heart disease, diseases of arteries/capillaries, diseases of veins, hypertensive disease, ischemic heart disease, and other forms of heart disease.

High Blood Pressure: A repeatedly elevated blood pressure exceeding 140 over 90 mmHg (a systolic pressure above 140 with a diastolic pressure above 90).

Incidence: Frequency of occurrence of an event or a condition in relation to the population under examination.

Infant Mortality: A death occurring to a person less than one year of age.

Infant Mortality Rate: Total infant deaths per 1,000 live births.

Intentional Injuries: Injuries that are meant to cause harm to another person or to oneself (e.g., assault, homicide, self-inflicted injury, and suicide).

Local Public Health System Assessment: An assessment involving all of the organizations and entities that contribute to public health in the community.

Mental Health: A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

Mobilizing for Action through Planning and Partnerships (MAPP): A collective approach to assess current community conditions and leverage that knowledge to create an action plan to address residents' health conditions.

Mood Disorder: Any mental disorder that has a disturbance of mood as the predominant feature.

Morbidity: Illness or injury.

Mortality: Death.

Other Race: Includes all other persons not included in the "white," black American," "Indian," "Eskimo or Aleut," and "Asian or Pacific Islander" race categories. Persons reporting in the "Other Race" category and providing write-in entries such as multiracial, multi ethnic, mixed, interracial, Wesort, or a Spanish/Hispanic origin group (such as Mexican, Cuban, or Puerto Rican) are included.

Overweight: The condition of weighing more than is normal or healthy for one's age or build. This is usually indicated as having a Body Mass Index higher than 25 but lower than 30.

Pneumococcal pneumonia: A lung infection that is the most common serious form of pneumococcal disease. Symptoms include fever, cough, rapid breathing or difficulty breathing, and chest pain.

Race/Ethnicity: Racial/ethnic classifications are tabulated into mutually exclusive Asian, black, Native American, and white racial groups and Hispanic ethnic group.

Rate: A ratio expressed as the number of occurrences or observations of some event within a specific period of time divided by either (a) the total number of possible occurrences of that event, or (b) a standardized number of units.

Refugee: Person admitted to the U.S. who has been persecuted or has fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion.

Salmonellosis: An infection with bacteria called *Salmonella*. Most persons infected with *Salmonella* develop diarrhea, fever, and abdominal cramps 12 to 72 hours after infection. The illness usually lasts 4 to 7 days, and most persons recover without treatment. However, in some persons, the diarrhea may be so severe that the patient needs to be hospitalized.

Schizophrenia: A general label for a number of psychotic disorders with various cognitive, emotional, and behavioral manifestations.

Sentinel Event: A serious adverse health event that may have been avoided through appropriate care or alternative interventions or one that may indicate an important change in a population's characteristics.

Separation Anxiety Disorder: Anxiety over the possible loss of any other person or object upon whom one has become dependent.

Statistically Significant: A result or difference that is unlikely to have occurred by chance.

Status of Health (SOH): A series of comprehensive health reports for DeKalb County. It provides guidance to the DeKalb County Board of Health and informs residents about trends in the health status of the county.

Stroke: A condition in which brain cells suddenly die due to a lack of oxygen caused by a blockage of blood flow to the brain or bleeding into the brain.

Surveillance: The continuous and systematic collection, analysis, and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice.

Syphilis: A highly contagious disease spread primarily by sexual activity, including oral and anal sex.

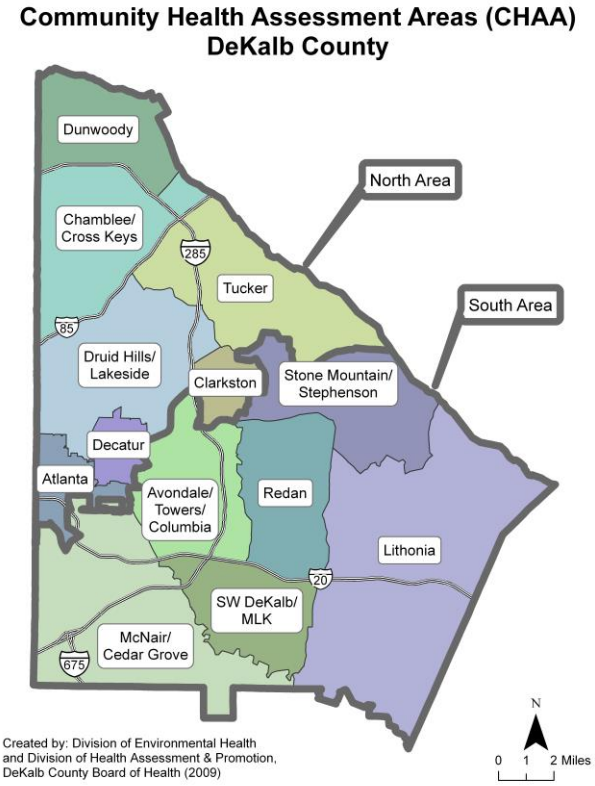
Two or More Races: As defined by the U.S. Census Bureau, indicates people who may have chosen to provide two or more races either by checking two or more race response check boxes, by providing multiple responses, or by some combination of check boxes and other responses.

U.S. Centers for Disease Control and Prevention (CDC): A federal agency in the U.S. Department of Health and Human Services.

Youth Risk Behavior Survey (YRBS): A survey among high school students in DeKalb County that monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth.

Appendix F

Methodology for Maps



Chronic Disease Maps

The chronic disease maps in this report were originally created for the 2010 Status of Health in DeKalb Report. Information for geographic areas in the county was calculated by combining data from census tracts, using the 1995-1996 senior high school districts as a guide to create 13 Community Health Assessment Areas (CHAAs). The boundaries of the CHAAs are not identical to the school district lines, but they conform to the census tract boundaries that are the "best fit" to the high school districts. Though the senior high districts have changed, the original CHAAs have been maintained to provide consistency in reporting and allow comparisons among Status of Health in DeKalb reports over time.

The CHAA maps were created using ArcGIS software. Data for these maps were obtained from the Online Analytical Statistical Information System (OASIS) of the Georgia Department of Community Health's Division of Public Health (now the Georgia Department of Public Health). The data cover a six-year time period. The average morbidity rates were calculated per 100,000 persons using 2005 Atlanta Regional Commission census tract population estimates. Finally, each CHAA was charted with a shade of color indicative of the value of its morbidity rate; CHAAs with lower morbidity rates have a lighter shade of color than those with higher rates.

The map above shows the individual CHAAs, as well as a boundary showing north and south DeKalb County. The north/south boundary is based on census tract demographics and conforms to a natural separation of the county.

Neighborhood Conditions in DeKalb County Maps

The maps of the neighborhood conditions in DeKalb County reflect responses to the DeKalb County Neighborhood and Health Survey from county residents. See Appendix G.

ArcGIS software was also used for these maps. The maps were created by averaging the responses for each census tract. The data were analyzed using a five-point scale. The averages were distributed on the same scale for all the maps in this section. The scale categories are 1.0 to 1.5, 1.6 to 2.5, 2.6 to 3.5, 3.6 to 4.5, and 4.6 to 5.0. Some maps do not have averages in every category.

While efforts were made to reach residents throughout DeKalb, there are some areas without any respondents. Since the number of respondents from each neighborhood varied, the estimate for a given neighborhood may be unreliable and may not accurately represent a neighborhood's residents as a whole. Also, the number of respondents in each census tract does not permit an analysis for statistically significant differences. The data presented are suggestive, but not conclusive.

Appendix G-

DeKalb County Neighborhood and Health Survey

An in-depth survey was given to DeKalb County residents in order to find out their perceptions of neighborhood conditions and health. Questions focused on neighborhood aesthetics, walking environment, availability of healthy foods, collective efficacy, safety, violence, general health status, and perceived stress. The information contained in the maps (pgs. 32-39) is based on responses to the survey below:

Would you say you strongly disagree, disagree, are neutral, agree, or strongly agree with the following statements:

Strongly Disagree (1) Disagree (2) Neutral (3) Agree (4) Strongly Agree (5)

1. There is a lot of trash and litter on the streets in my neighborhood.
2. There is a lot of noise in my neighborhood.
3. In my neighborhood the buildings and homes are well-maintained.
4. The buildings and houses in my neighborhood are interesting.
5. My neighborhood is attractive.
6. My neighborhood offers many opportunities to be physically active.
7. Local sports clubs and other facilities in my neighborhood offer many opportunities to get exercise.
8. It is pleasant to walk in my neighborhood.

Would you say you strongly disagree, disagree, are neutral, agree, or strongly agree with the following statements:

Strongly Disagree (1) Disagree (2) Neutral (3) Agree (4) Strongly Agree (5)

9. The trees in my neighborhood provide enough shade.
10. In my neighborhood it is easy to walk places.
11. I often see other people walking in my neighborhood.
12. I often see other people exercising (for example, jogging, bicycling, and playing sports) in my neighborhood.
13. A large selection of fresh fruits and vegetables is available in my neighborhood.
14. The fresh fruits and vegetables in my neighborhood are of high quality.

15. A large selection of low-fat products is available in my neighborhood.

16. People around here are willing to help their neighbors.

17. People in my neighborhood generally get along with each other.

18. People in my neighborhood can be trusted.

19. People in my neighborhood share the same values.

20. I feel safe walking in my neighborhood, day or night.

21. Violence is not a problem in my neighborhood.

22. My neighborhood is safe from crime.

Would you say it is very unlikely, unlikely, neither likely nor unlikely, likely, or very likely that your neighbors could be counted on to intervene in various ways if:

Very unlikely (1) Unlikely (2) Neither Likely nor Unlikely (3) Likely (4) Very Likely (5)

23. Children were skipping school and hanging out on a street corner.

24. Children were spray-painting graffiti on a local building.

25. Children were showing disrespect to an adult.

26. A fight broke out in front of their house.

27. The fire station closest to their home was threatened with budget cuts.

During the past 6 months how often:

Never (1) Rarely (2) Sometimes (3) Often (4) Very Often (5)

28. ….was there a fight in your neighborhood in which a weapon was used?

29. ….were there gang fights in your neighborhood?

30. ….was there a sexual assault or rape in your neighborhood?

31. ….was there a robbery or mugging in your neighborhood?

These statements refer to the relationships you may have outside your neighborhood.

Strongly Disagree (1) Disagree (2) Neutral (3) Agree (4) Strongly Agree (5)

32. I have a close network of friends that do NOT live in my neighborhood.

33. If I have a problem, I can easily receive support from people that do NOT live in my neighborhood.

34. Friends and family who do NOT live in my neighborhood often ask me for support.

These questions pertain to you. Please choose the response that best corresponds to how often you have felt this in the last month:

Never (1) Rarely (2) Sometimes (3) Often (4) Very Often (5)

35. In the last month, how often have you felt that you were unable to control the important things in your life?

36. In the last month, how often have you felt confident about your ability to handle your personal problems?

37. In the last month, how often have you felt that things were going your way?

38. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

These questions ask about your access to health care:

39. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (Yes or No)

40. Do you have one person you think of as your personal doctor or health care provider? (Yes or No)

41. Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (Yes or No)

42. About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition. (Within past year, 1-2 years ago, 3-4 years ago, 5 or more years ago, Never)

43. How long do you have to travel to get to your health care provider? (Less than 5 minutes, 5 to 14 minutes, 15-29 minutes, 30-45 minutes, More than 45 minutes)

44. If you need to see a specialist, is it easy for you to find one near your home? (Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree)

These questions ask about your general health:

45. Would you say that in general your health is: (Excellent, Very Good, Good, Fair, Poor)?

46. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (Number of days)

47. Now 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? (Number of days)

48. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (Number of days)

49. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities such as self-care, work, or recreation? (Number of days)

50. During the past 30 days, for about how many days have you felt sad, blue, or depressed? (Number of days)

51. During the past 30 days, for about how many days have you felt worried, tense, or anxious? (Number of days)

52. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (Number of days)

53. During the past 30 days, for about how many days have you felt very healthy and full of energy? (Number of days)

Appendix H-
Questions from the Focus Group Facilitator's Guide

Questions were asked during the community focus groups and responses were recorded as part of the community health assessment.

a. What does having a good life mean to you?

b. What makes living in DeKalb County great?

c. What can DeKalb County do to make living here better?

d. Is there something that DeKalb County has that would be great, if it were improved?

e. What resources exist in DeKalb County?

f. What is the #1 issue in your community?

g. How would you propose to solve this issue?

h. What resources do we need to take action to solve this issue?

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