



ROCKDALE COUNTY

Community Health Assessment Community Health Improvement Plan



MOBILIZING FOR ACTION THROUGH
PLANNING AND PARTNERSHIPS



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Background



About the Rockdale Health Department

The Rockdale County Health Department continuously monitors the health status of the community to identify health problems, educate the public on ways to reduce health risks, and promote better health through individual contact and media interactions.

We regularly participate in and mobilize community groups to develop policies and action plans to improve the health of Rockdale community members. The health department enforces laws, regulations, and ordinances that protect health and ensure safety. Working together to provide these vitally important, essential public health services, we can improve the quality of life for everyone in the community and state.

Our Mission

To protect and improve the health of our community by monitoring and preventing disease; promoting health and well-being; and preparing for disasters.

Our Vision

A healthy, protected, and prepared community.

Our Values

Availability: We will be available to our clients through emergency preparedness services, disease and outbreak investigations, expanded hours and readily available services.

Affability: We will work to ensure our clients have a good experience at our clinics. We will treat clients, co-workers, partners and others in our community with respect. We will value our employees.

Ability: We will work toward a high level of competency in all areas of service.

Accountability: We will be good stewards of the funds and materials we receive.

Adaptability: We will always look forward to meet the current and future needs of our community.

Purpose of This Report

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity

-World Health Organization (WHO)¹

This report represents the information gathered through conducting a combined community health assessment (CHA) and community health improvement plan (CHIP) for Rockdale County, Georgia. By examining the county's standing regarding key health indicators in tandem with community leader and member input, this combined CHA/CHIP will serve as a foundation for collaborative effort toward addressing the most important health needs of Rockdale County residents. This community-wide health assessment is intended to help shape coordinated community plans to improve health.

This report focuses not just on disease indicators like death rates and case counts, but also on the many factors that influence health, which include income, housing, demographics, education, and transportation. It also places an emphasis on community involvement as a means to truly understand the reality of health, well-being, and quality of life in the community. Because of this, both secondary quantitative data and primary qualitative data are included to provide a well-rounded perspective of health in Rockdale.

This report was done in collaboration with Rockdale Coalition for Children and Families, with tremendous support from Executive Director, Michael Hutcheson. Additional support was provided by University of Georgia Master of Public Health and Master of Social Work Candidate and GNR Health Intern, Haley Miranda.

¹ World Health Organization <http://www.who.int/about/definition/en/print.html>

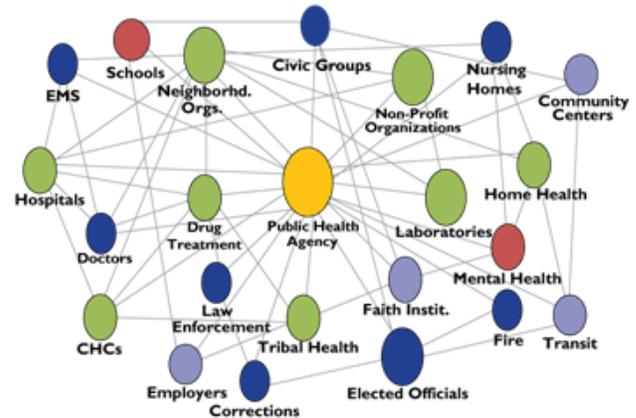
The “Public Health System:” Far Beyond the Health Department

All communities have a public health system to prevent and treat illness, disability, and death. A public health system is composed of not just government agencies, but includes many other organizations and people.

According to the CDC’s National Public Health Performance Standards, public health systems are “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.”²

A community’s public health system includes:

- Public health agencies at state and local levels
- Healthcare providers
- Public safety agencies
- Human service and charity organizations
- Education and youth development organizations
- Recreation and arts-related organizations
- Economic and philanthropic organizations
- Environmental agencies and organizations



Community Health Assessment and Community Health Improvement Plan Methods and Overview of Mobilizing for Action through Planning and Partnerships

GNR Health conducts a county Community Health Assessment and Community Health Improvement Plan every five years, per PHAB accreditation standards. This cycle of the CHA/CHIP began in June 2017 and continued until March 2019. GNR Health led the assessment process in collaboration with Rockdale Coalition for Children and Families, Community Resource Network, Health SafetyNet, Conyers Housing Authority, More Than Conquerors, Inc., and other community partners.

This CHA/CHIP was done based on a framework called Mobilizing for Action through Planning and Partnerships (MAPP)³, a community-driven strategic planning process that is used by “communities to move through the process of organizing partners, collecting comprehensive data, and implementing an action plan” (MAPP User’s Handbook, p. 3). The MAPP process involves six phases, outlined in the table below.

² Essential Public Health Services <http://www.cdc.gov/nphpsp/essential.services.html>

³ Mobilizing for Action through Planning and Partnerships (MAPP) <http://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp>

Table 1. The Six Phases of the MAPP Process

Six Phases of the MAPP Process	
Phase One: Organize for Success	Community members and agencies form a partnership and learn about the MAPP process.
Phase Two: Visioning	Those who work, learn, live and play in the MAPP community create a common understanding of what it would look like to achieve a healthier community.
Phase Three: Four MAPP Assessments	Qualitative and quantitative data are gathered to provide a comprehensive picture of health in the community.
Phase Four: Identify Strategic Issues	The data are analyzed to uncover underlying themes that need to be addressed in order for the community to achieve its vision.
Phase Five: Formulate Goals and Strategies	The community identifies goals it wants to achieve and strategies it wants to implement related to strategic issues.
Phase Six: Action Cycle	The community implements and evaluates action plans to meet goals, address strategic issues, and achieve the community's vision.

Four main assessments are included in Phase Three of the MAPP process, including the Community Health Status Assessment, Community Themes and Strengths Assessment, Local Public Health System Assessment, and Forces of Change Assessment.

The Community Health Status Assessment was utilized during focus groups we conducted with residents of Conyers Public Housing and high school students in August and November of 2018. The survey used was adapted from an assessment done by the San Antonio Metropolitan Health District in San Antonio, Texas.

The Community Themes and Strengths Assessment was addressed through interviews with community members. Throughout the months of March and April in 2018, the Community Health Coordinator at the Gwinnett, Newton, and Rockdale County Health Departments conducted Key Stakeholder Interviews with representatives from various community agencies to gather their insight on health, wellbeing, and quality of life in Rockdale County.

To conduct the Local Public Health System Assessment, we identified organizations and individuals to represent each of the 10 Essential Public Health Services. Each of these organizations and individuals was then invited to participate in a focus group to discuss these essential services in Rockdale County and complete the National Public Health Performance Standards Local Instrument.

In June of 2018, ten individuals from six community agencies met at the Rockdale Health Department to conduct the Forces of Change assessment. Agencies present included the

Gwinnett, Newton, and Rockdale County Health Departments, Clouds of Hope Substance Abuse Prevention Services, More than Conquerors, Rockdale Coalition for Children and Families, Prevent Child Abuse Rockdale, and the Conyers Housing Authority.

The processes and findings related to each of these four assessments is further detailed in the CHA/CHIP.

To supplement information gathered from the community, data from the U.S. Census Bureau, Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS), and County Health Rankings were included regarding demographics, poverty, transportation, and morbidity and mortality.

Quick Stats about Rockdale County and the Health Priorities

- Rockdale's population in 2017 was 90,213 compared to 82,146 in 2007. This change shows approximately a 10% increase over 10 years.
- Rockdale's population density is 674.6 individuals per square mile (2016).⁴
- Rockdale's population is 53% female and 47% male.
- 1% of the population is less than one year old; 5% is 1 to 4 years old; 11% is 5 to 12 years old; 10% is 13 to 19 years old; 13% is 20 to 29 years old; 18% is 30 to 44 years old; 22% is 45-59 years old; 15% is 60 to 74 years old; and 5% is 75 or more years old.
- 49.9% of Rockdale's population is Black or African American; 36% is White; 2% is Asian; 0.2% is Native Hawaiian or Other Pacific Islander; 0.097% is American Indian or Alaska Native; and 1.4% is Multiracial.
- 10% of Rockdale's population identifies as Hispanic or Latino.
- 9.6% of Rockdale's residents are foreign-born citizens.
- The unemployment rate in Rockdale County has decreased steadily from 2010 to 2018. In 2010, the unemployment rate was 11.0%; in 2014 it was 8.3%; and in 2018 it was 5.0%.
- 18% of adults in Rockdale County are current smokers.
- 39% of Rockdale's adults report a BMI of 30 or more, which is a 6% increase since 2014.
- There were no deaths due to homicide per 100,000 people in 2016, compared to 2 in 2014.
- The motor vehicle death rate was 12 per 100,000 people compared to 16 in 2014. 22% of these deaths were related to alcohol, which did not change since 2014.
- There were 26 births to females age 15 to 19 per 1,000 compared to 41 births in 2014.
- 10% of live births in Rockdale County are low birthweight, which is a slight increase from 9.5% in 2014.
- There were 11 infant deaths within one year since birth per 1,000 live births. The rate in 2014 was 6.9 per 1,000.
- For children under 18 years of age, the mortality rate is 70 per 100,000 individuals, which has increased since 2014, when the rate was 41.8 deaths per 100,000 individuals.
- 14% of adults age 20 and above in Rockdale have been diagnosed with diabetes (2014).
- In 2014, 30.3 individuals per 100,000 women were diagnosed with breast cancer. The age-adjusted death rate for women diagnosed with breast cancer in 2016 was 32.1 per 100,000 women, and it was 15 per 100,000 women in 2014.
- The age-adjusted death rate for those with cardiovascular disease is 219.8 per 100,000 individuals, which is an increase from 182.9 in 2014.
- In 2017, there were 20 cases, or 22.6 cases per 100,000 individuals, of syphilis in Rockdale. This is approximately the same as the cases and rate in 2014.
- In 2014, there were 135 cases of gonorrhea, compared to 196 cases in 2017.
- There were 576.6 cases of chlamydia in 2014 and 638 cases in 2017.
- There were less than 5 new cases of HIV in 2014 that were tested or received care by the Health Department. There were 5 cases in 2017.

⁴Social Explorer <https://www.socialexplorer.com/a9676d974c/explore>

Rockdale County Health Priorities

Community partners identified eight health priorities for Rockdale County. The priorities are listed in order of

1. Obesity and Diabetes
 - a. Need for education and awareness on the causes of obesity and diabetes
 - b. Lack of wellness culture and environment
2. Mental Health and Substance Abuse
 - a. Need for education and awareness of mental health issues at all ages
 - b. Need to connect the individuals and support systems to the free and low-cost mental health resources
 - c. Lack of knowledge about effective coping methods and when to act
 - d. Need for education about substance abuse definitions, prescriber contribution, and proper disposal.
3. Access to Care – Transportation
 - a. Need for transportation to providers and grocery stores is an issue for all population groups, especially young, poor, or Senior citizens
4. Access to Care – Providers and Prevention
 - a. Lack of knowledge about the importance of preventative care, especially beyond the age group of pediatrics
 - b. Shortage of providers who accept multiple types of government insurance
 - c. Need to connect the community to free and low-cost services
5. Sexually Transmitted Infections
 - a. need for education surrounding STI prevention
 - i. Need to educate multiple populations and age groups
 - b. Need to educate the public on misconceptions
6. Tobacco
 - a. Need for education about e-cigarettes, vapes, and other devices.
 - b. Need to decrease the barriers and fears surrounding cessation
7. Adolescent Lifestyle
 - a. Need to decrease advertising and targeting for e-cigarette products directed towards adolescents
 - b. Need to increase and advertise support systems and activities for adolescents
 - c. Need for early and accurate information for teens concerning sexual education and the use of contraceptives.
 - d. Need to raise awareness around social media and cyber bullying
8. Breast Cancer
 - a. Need for education surrounding early detection, including the importance of self-breast exams and mammograms
 - b. Need for marketing and education of free and low-cost screening and treatment
 - c. Lack of knowledge of the ability for lifestyle change to decrease risk

Section 1: Determinants of Health

The social determinants of health are the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.

-WHO

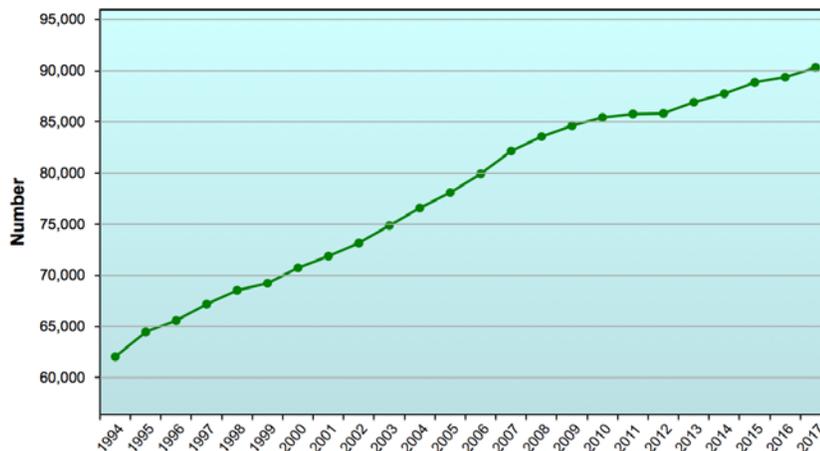
Demographics and Diversity

To understand and improve health- and health determinants- in Rockdale County, we must first consider the county and its residents.

Rockdale County is located in the Atlanta metropolitan area's eastern suburbs about 25 miles from downtown Atlanta. Over the past 4 decades, the county has grown dramatically, increasing nearly 50% from 1994 to 2017 (Figure 1). The fastest rate of population growth took place from 1970 to 1980 when the population more than doubled from 18,152 to 36,747, but the population still grew by over 10% from 2007 to 2017. The city of Conyers (population 16,015)⁵ is the only incorporated area in the county.

Figure 1. Population Trends of Rockdale County, 1994 to 2017

Population, Rockdale County, GA, 1994-2017



Georgia Department of Public Health
Office of Health Indicators for Planning (OHIP)

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

It is important to note that annual population estimates suggest that the rapid population growth apparent in Figure has slowed by 2008, likely due to the economic recession. From 2006 to 2007, the county added an estimated 2,235 residents, but from 2011 to 2012, the estimated

⁵ Google Public Data

https://www.google.com/publicdata/explore?ds=kf7tgg1uo9ude_&met_y=population&hl=en&dl=en#!ctype=l&strail=false&bcs=d&nselm=h&met_y=population&scale_y=lin&ind_y=false&rdim=country&idim=place:1319336&ifdim=country&hl=en_US&dl=en&ind=false

increase was only 55 people. Growth has picked up somewhat since then, however, with an average population increase of 898 people per year from 2012 to 2017.⁶

Age Distribution

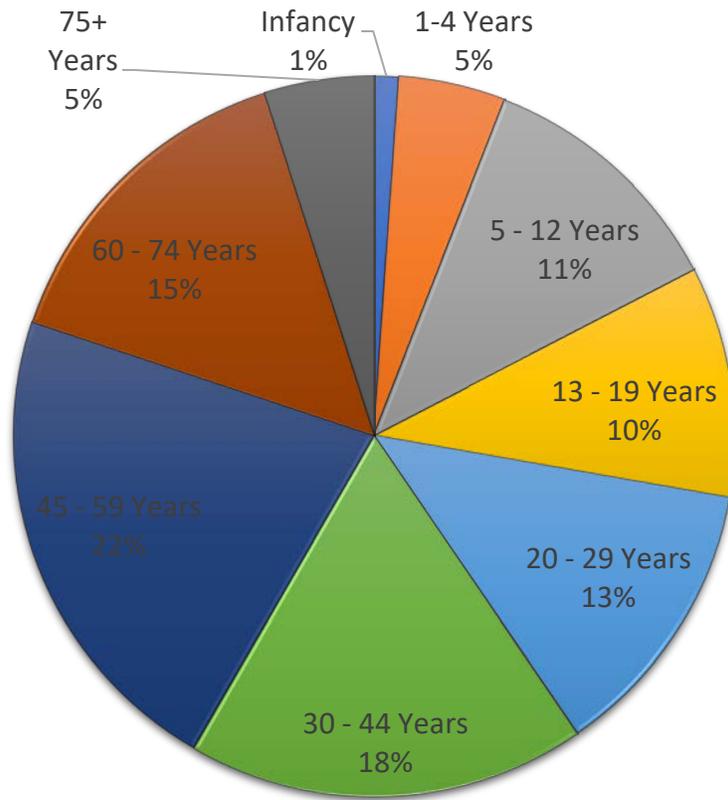
In the 2000 and 2010 censuses, Rockdale County's population was predominantly composed of children and middle-aged adults. However, the county is "home to the fastest growing senior population in the Metro Atlanta region," according to the Rockdale County Comprehensive Transportation Plan⁷, the number of residents 60 years and older grew by 53% from 2000 to 2010, more than twice the overall increase in population during that time (22%), and this group accounted for nearly one-third of the overall population increase. By comparison, there were smaller population increases among children and an even smaller decrease among adults age 35 to 39 years. In 2010, nearly one-third of the population was younger than 20 years old and about one in nine residents was 65 years or older.

As depicted in Figure 2 below, 1% of the population is less than one year old; 5% is 1 to 4 years old; 11% is 5 to 12 years old; 10% is 13 to 19 years old; 13% is 20 to 29 years old; 18% is 30 to 44 years old; 22% is 45-59 years old; 15% is 60 to 74 years old; and 5% is 75 or more years old.

⁶ Georgia Online Analytical Statistical Information System <http://oasis.state.ga.us/oasis/>

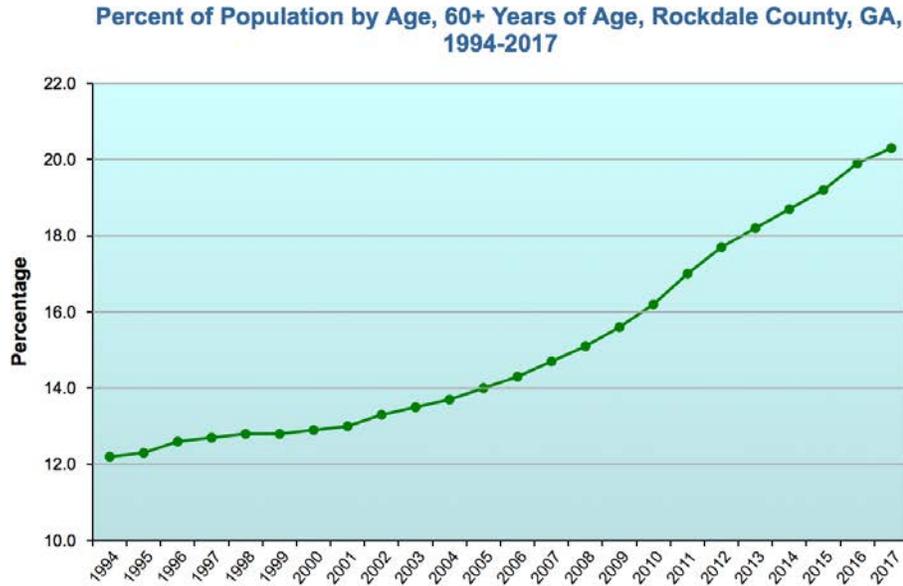
⁷ Rockdale Comprehensive Transportation Plan, 2009 <https://rockdalecountyga.gov/wp-content/uploads/2016/09/Rockdale-2009-CTP-Final-Report.pdf>

Figure 2. Age Distribution of Rockdale County, 2017



As stated previously, the number of adults who are aging has increased significantly since 2000. Figure 3 shows the trends in the percent of the population over the age of 60, a group that now makes up over 20% of Rockdale's population.

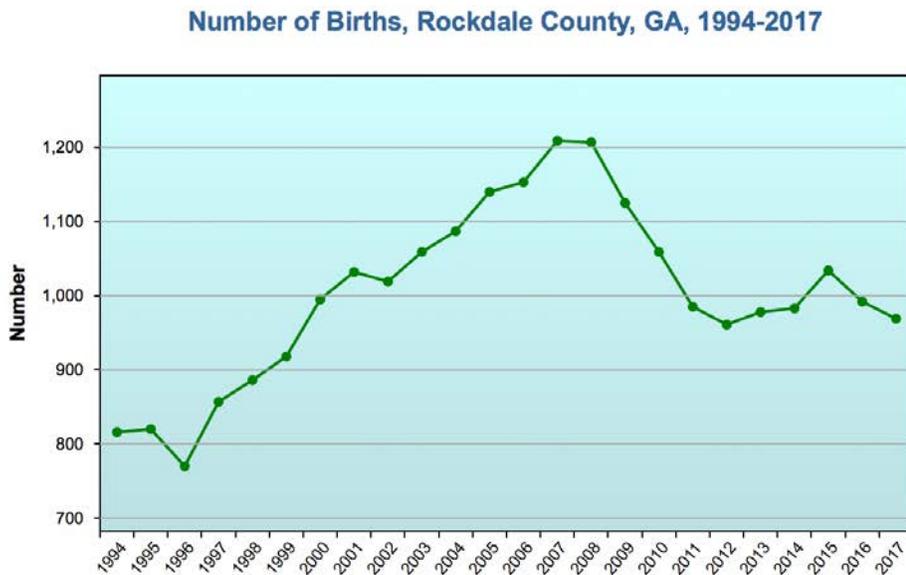
Figure 3. Percent of Population 60 Years of Age and Older, Rockdale County, 1994 to 2017



Birth Rate

The number and rate of births declined steadily from 2008 to 2012 and had a small uptick from 2012 to 2015 before decreasing again in 2016 and 2017 (Figure 4). In 2017, 68.8% of births in Rockdale were repeat births.

Figure 4. Number of Births, Rockdale County, 1994 to 2017



Diversity

Rockdale County has grown increasingly diverse since 1990. While the percent of the population that is white has decreased significantly (from over 86.6% in 1994 to 39.9% in 2017), the percentage of black or African American individuals has increased substantially (from 11.8% in 1994 to 55.5% in 2017).

Figure 5. Percent of Population by Race, White, in Rockdale County, 1994 to 2017.

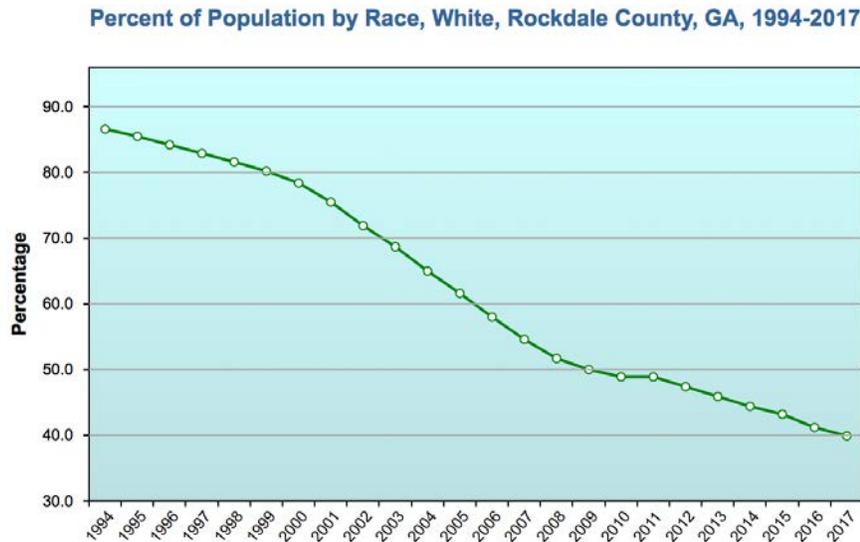
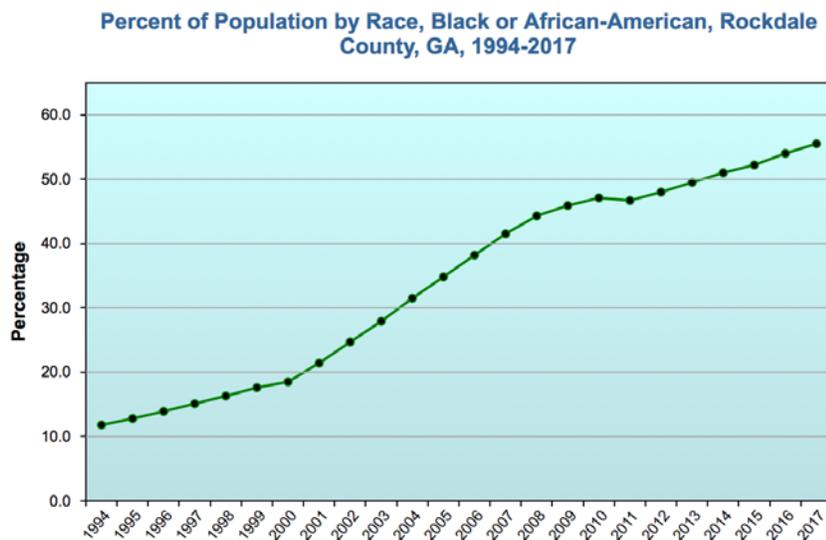


Figure 6. Percent of Population by Race, Black/African-American, Rockdale



In 1994, multiracial residents made up 0.0% of the population, but in 2017, 2.1% of the population was multiracial. The percent of Rockdale's population that is Asian has decreased from 2.0% in 2000 to 1.8% in 2017. While the American Indian or Alaska Native and Native Hawaiian or Other Pacific Islander groups have increased slightly since 1994, they still make up a very small part of Rockdale's population (0.6% and 0.1% respectively).

Within these racial categories, 10.5% of individuals identify as Hispanic or Latino. In the 2010 census, the Hispanic or Latino population of Rockdale county (9.5% at that time) was majority Mexican (7.2% of the total population) and the remaining Hispanic or Latino population identified as Puerto Rican (0.7%), Cuban (0.2%), or other Hispanic or Latino (1.3%). Among the 1.8% of the population that reported being Asian in 2010, 0.6% were Asian Indian, 0.4% were Vietnamese, 0.2% were Filipino, 0.2% were Korean, 0.1% were Chinese, and 0.3% were other Asian.

According to the U.S. Census Bureau's five-year estimates for 2012 to 2016, 9.6% of Rockdale County Residents were foreign born. Among these estimated 8,670 foreign born residents, 43% were born in Mexico, 24% were born in Latin America, 16% were born in Asia, 6% were born in Europe, and 11% were born in other foreign nations.⁸

Because an estimated 32% of the foreign-born population over the age of 5 in Rockdale speak English less than well, linguistic isolation is a point of concern. In addition, 11.2% of Rockdale's residents over the age of 5 speak a language other than English at home.⁹

Families and Households

According to the U.S. Census Bureau's five-year estimates for 2012 to 2016, there were 29,940 households in Rockdale County with an average of 2.9 people per household, compared to an estimated 30,027 households with an average of 2.8 people per household in 2010. Families – defined as a householder with at least one related person – made up 88% of households; over half (57%) were married couple families and 31% were families without a married couple. 12% were non-family households.¹⁰

Rockdale County's population has been quite mobile. According to 2012 to 2016 estimates, 15.6% of residents moved or changed residence in the previous year.¹¹

⁸ Grantmakers Concerned with Immigrants and Refugees <http://maps.gcir.org>

⁹ United States Census Bureau Quick Facts

<https://www.census.gov/quickfacts/fact/table/US,GA,rockdalecountygeorgia/IPE120216>

¹⁰ Census Reporter, 2017 <https://censusreporter.org/profiles/06000US1324790774-conyers-ccd-rockdale-county-ga/>

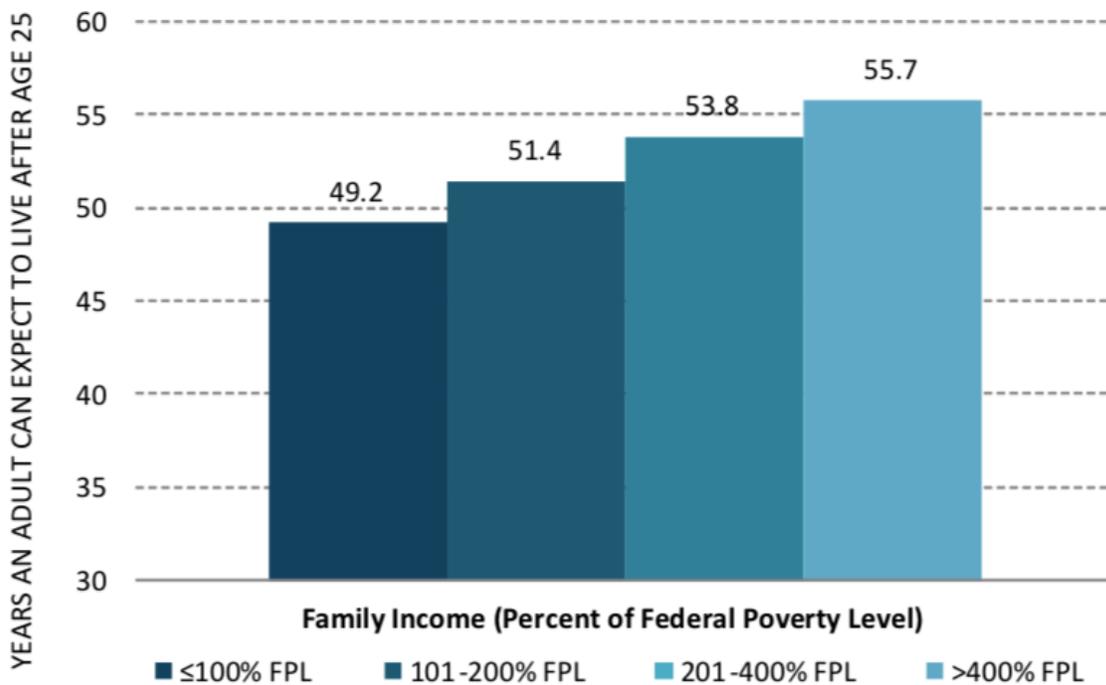
¹¹ United States Census Bureau Quick Facts

Economy and Basic Needs

Few people would deny that there are many advantages of having more income or wealth. Nevertheless, apart from the well-known link between economic resources and being able to afford health insurance and medical care, their influence on health has received relatively little attention from the general public or policy-makers, despite a large body of evidence from studies documenting strong and pervasive relationships between income, wealth and health.
-Robert Wood Johnson Foundation (RWJF), *Report on Income, Wealth, and Health*¹²

As described by the Robert Wood Johnson Foundation above, there are strong links between incomes, wealth, and healthy, which is why any health assessment must include an examination of these factors. To give just one example of the connection between income and health, life expectancy at age 25 is closely correlated with income as a percentage of the federal poverty level (FPL). Life expectancy at age 25 was more than 6 years longer for people earning more than 4 times the FPL compared with those earning less than or equal to the FPL (Figure 7).

Figure 7. Life Expectancy after Age 25 based on Family Income



Source: National Longitudinal Mortality Study, 1988-1998

We will examine income indicators for Rockdale County first and then markers of poverty within the county.

¹² Robert Wood Johnson Foundation http://rwjf.org/content/dam/farm/reorts/issue_briefs/2011/rwjf70448

Household Income

Rockdale County's median household income (\$51,072) was just slightly higher than the median household income for Georgia (\$51,037), but lower than the median household income in the United States (\$55,322) for years 2012 to 2016.¹³ When just looking at data from 2016, Rockdale County's median household income (\$56,700) is higher than that of Georgia (\$53,500)¹⁴ and less substantially lower than that of the United States (\$57,617).¹⁵ White residents had the highest median household income in Rockdale (\$54,100), followed by Black residents (\$51,400), and Hispanic residents (\$33,200).

Poverty

Although the county's median income was higher than the state's, large numbers of residents live in poverty. In 2016, 14.7% of Rockdale's population was living in poverty, which is a slight increase from the 2008 to 2012 estimate of 14%.¹⁶ Further, 24% of children were living in poverty. Of that percentage, 48% of children living in poverty were Hispanic, 27% were Black, and 12% were White.¹⁷ The following chart represents the percent of people living in poverty by age group and gender (Figure 8).¹⁸

¹³U.S. Census Bureau Quick Facts

<https://www.census.gov/quickfacts/fact/table/US,ga,rockdalecountygeorgia/POP715216#viewtop>

¹⁴ County Health Rankings 2018

<http://www.countyhealthrankings.org/app/georgia/2018/rankings/rockdale/county/outcomes/overall/snapshot>

¹⁵ U.S. Census Bureau, 2017 <https://www.census.gov/content/dam/Census/library/publications/2017/acs/acsbr16-02.pdf>

¹⁶ U.S. Census Bureau Quick Facts

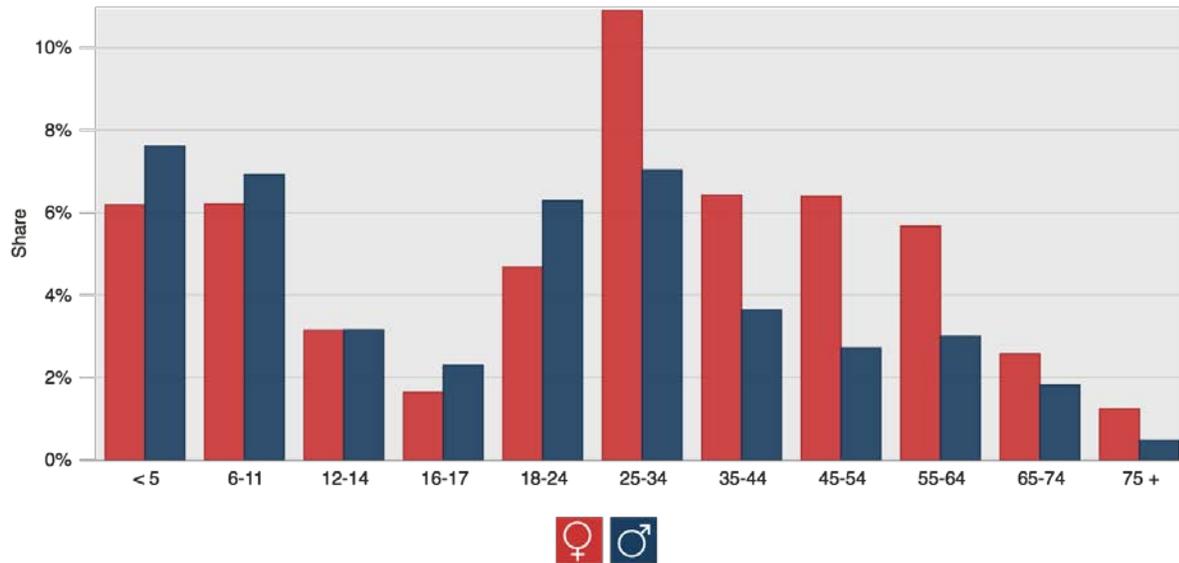
¹⁷ County Health Rankings

¹⁸ Data USA <https://datausa.io/profile/geo/rockdale-county-ga/>

Figure 8. Poverty by Age and Gender in Rockdale County.

Poverty by Age and Gender in Rockdale County

The closest comparable data for the county of Rockdale County, GA is from the public use microdata area of Newton & Rockdale Counties PUI



Dataset: ACS 5-year Estimate
Source: Census Bureau

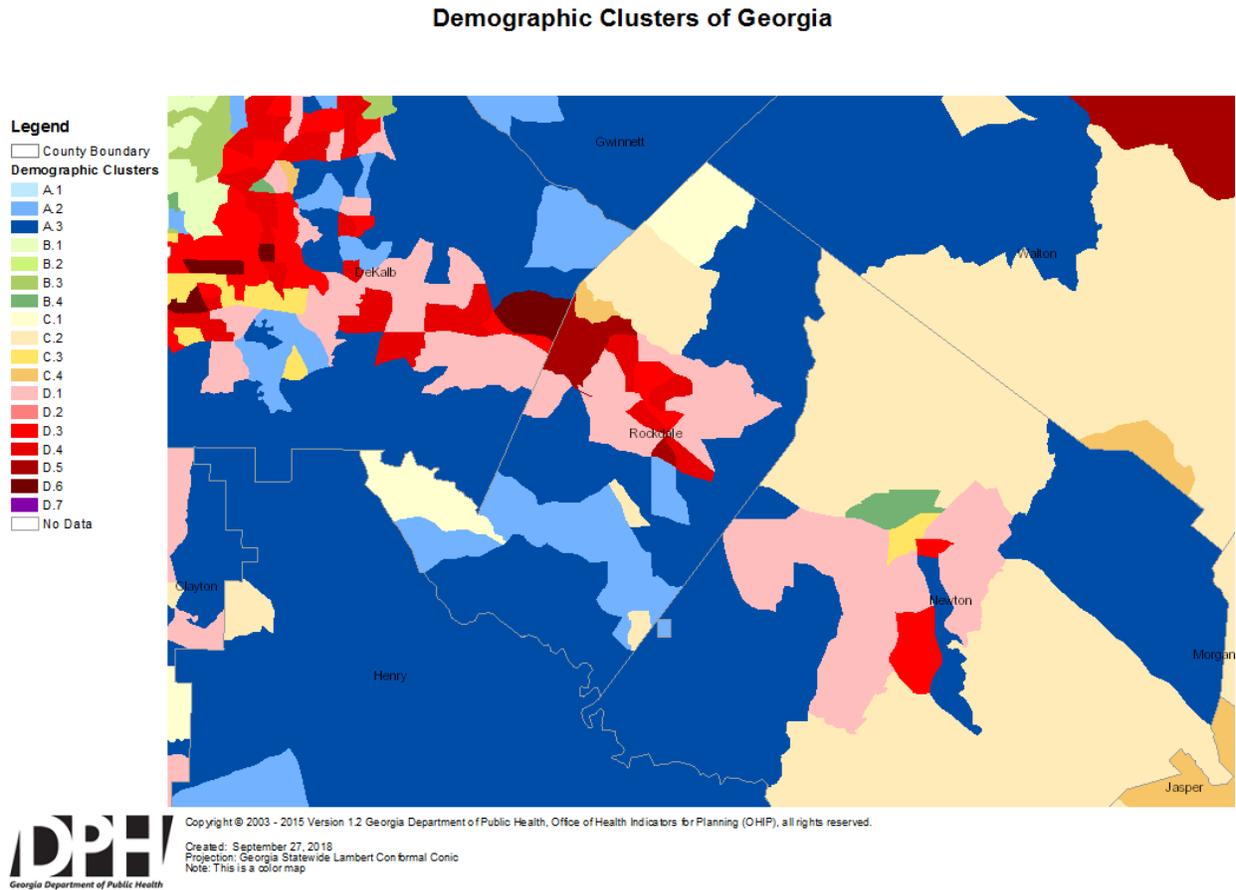
DATAUSA:

In 2015 to 2016, 71% of students were eligible to receive free or reduced-price school meals which was higher than the same measure in 2013 (66%) and 2000 (25%). This measure is also higher than the percent of students who were eligible during 2015 to 2016 to receive free or reduced-price school meals in all of Georgia (62%).¹⁹

Demographic data suggest that some of the poverty in the county is clustered along the west-central portion of the county along interstate 20, including part of the city of Conyers (Figure 8, 2011, from 2010 Census).

¹⁹ County Health Rankings, 2018
<http://www.countyhealthrankings.org/app/georgia/2018/rankings/rockdale/county/outcomes/overall/snapshot>

Figure 9. Demographic Clusters based on Income



Detailed descriptions of demographic cluster groups are available at <https://oasis.state.ga.us/gis/demographiccluster/documents/DemoClusters2011Description.pdf>. Blue colors represent higher income areas; yellow and red colors represent lower income areas.

Employment and Income

Among workers who commute in their care alone, 46% commute more than 30 minutes.²⁰ From 2012 to 2016 in Rockdale County, the mean travel time to work for workers age 16 years or older was 30.8 minutes.²¹

From 2012 to 2016, an estimated 62% of the county's population age 16 years and older was employed. This is a 6% decrease from the time period of 2008 to 2012.

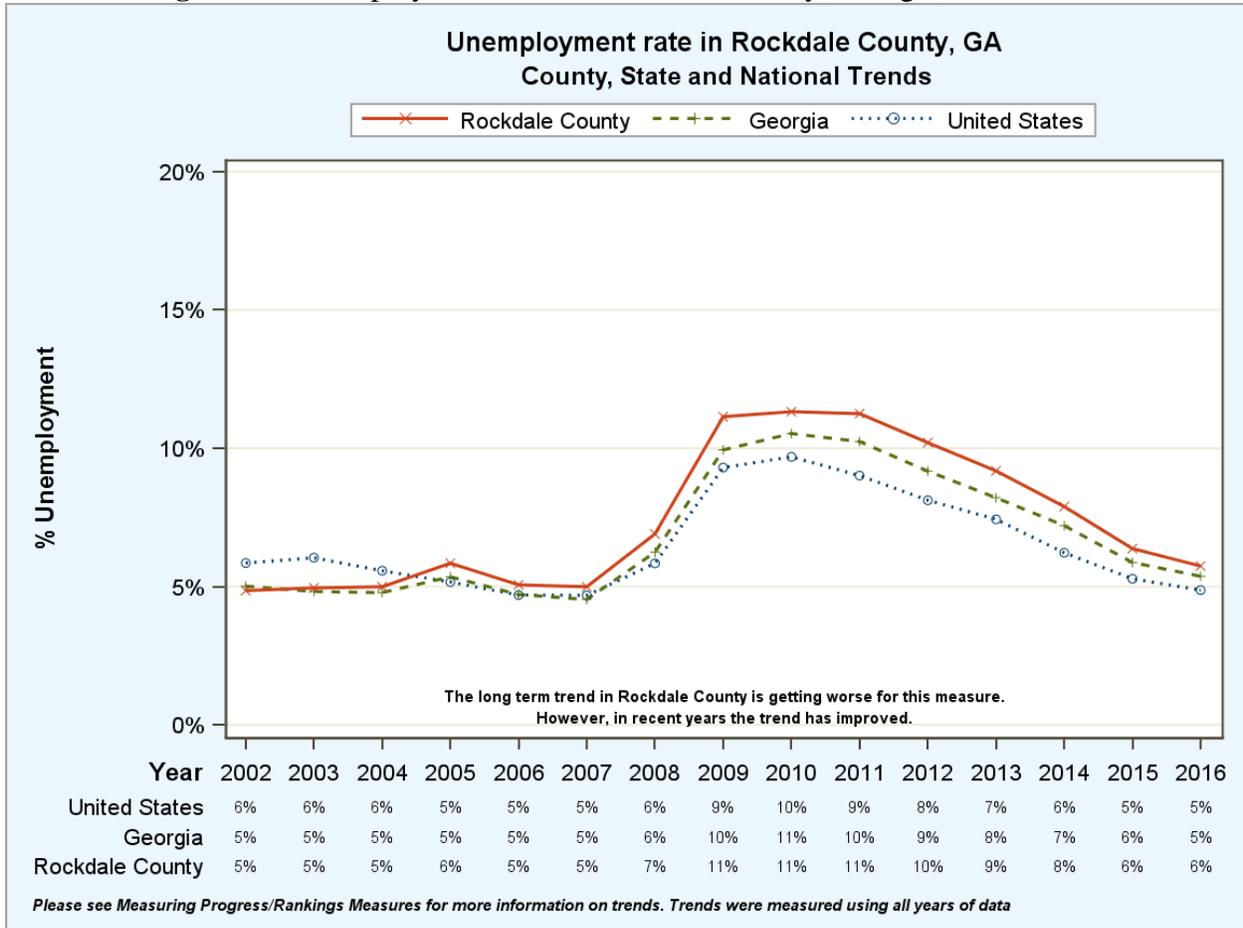
Since 2007, unemployment has become a major problem for Rockdale County, as it has for much of the nation. According to the Robert Wood Johnson Foundation, job loss and unemployment are linked to a number of health problems, including stress-related conditions like

²⁰ County Health Rankings, 2018

²¹ U.S. Census Bureau, Quick Facts

stroke and heart disease.²² In 2016, 5.7% of Rockdale’s population was unemployed but seeking work²³, which was much improved from the 2010 average of 11% and is nearing the lower rates seen in the early 2000s (Figure 10).²⁴

Figure 10. Unemployment Rate in Rockdale County, Georgia, and the US.



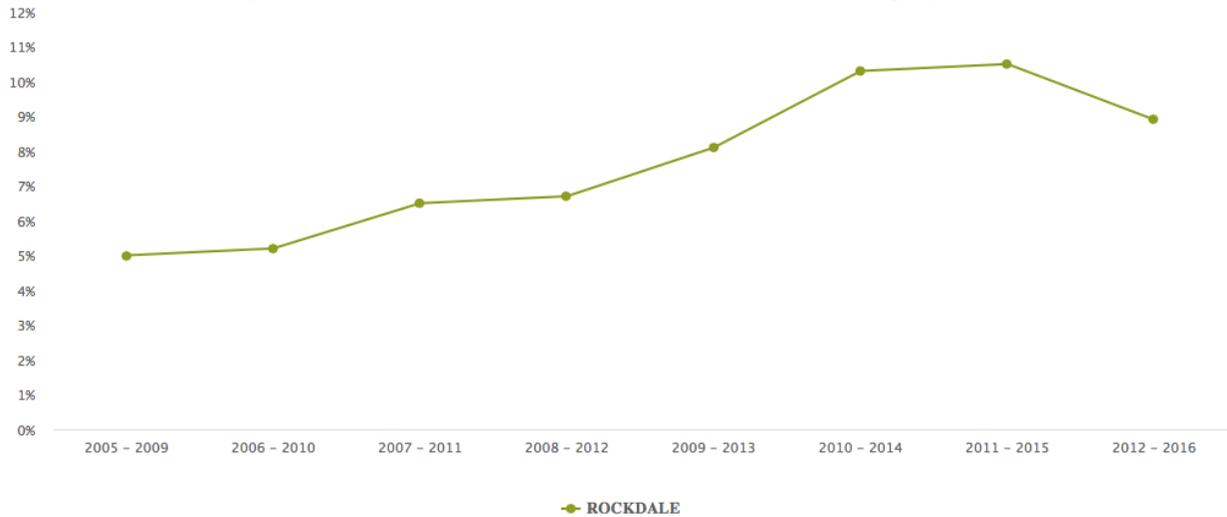
²² Robert Wood Johnson Foundation.

²³ County Health Rankings, 2018

²⁴ County Health Rankings, 2018

While the unemployment rate has improved over time, the percentage of children with parents who lacked employment has generally increased since 2005. During the years 2012 to 2016, 8.9% of children in Rockdale County had parents who lacked employment. The estimates for five-year periods since 2005 are Figure 11 below.²⁵

Figure 11. Children Whose Parents Lack Secure Employment.



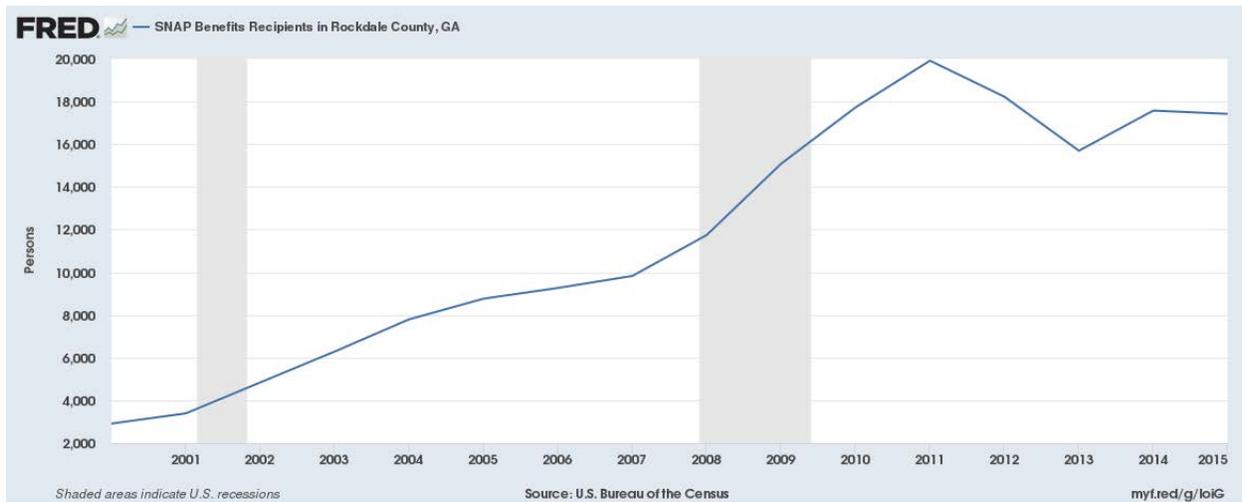
Children Whose Parents Lack Secure Employment

Georgia Family Connection Partnership
KIDS COUNT Data Center, datacenter.kidscount.org
A project of the Annie E. Casey Foundation

²⁵ KIDS COUNT Data Center <http://datacenter.kidscount.org>

In 2015, 17,423 individuals in Rockdale County were receiving SNAP benefits (approximately 19% of the population)²⁶ Figure 12 shows the trend in number of individuals receiving SNAP benefits in Rockdale County.

Figure 12. Number of Individuals Receiving SNAP Benefits, Rockdale County



Housing

Where we live is at the very core of our daily lives. Housing is generally an American family’s greatest single expenditure, and, for homeowners, their most significant source of wealth. Given its importance, it is not surprising that factors related to housing have the potential to help- or harm- our health in major ways.

-Robert Wood Johnson Foundation, Report on Housing and Health²⁷

As noted by the Robert Wood Johnson Foundation, housing can strongly affect health.

According to the U.S. Census Bureau, in July of 2017, there were 33,619 housing units in Rockdale County. About 68% of Rockdale County housing units were owner-occupied from 2012 to 2016. From 2012 to 2016, the median monthly housing cost in Rockdale County was \$1,259 for mortgage owners and \$344 for non-mortgage owners. The median monthly housing cost for renters was \$922.²⁸

A relatively high percentage of Rockdale County residents are considered “cost burdened” when it comes to housing. The Department of Housing and Urban Development defines cost burdened households as those that pay more than 30% of income for housing. People in these households may have difficulty affording necessities like food, transportation, and medical care.

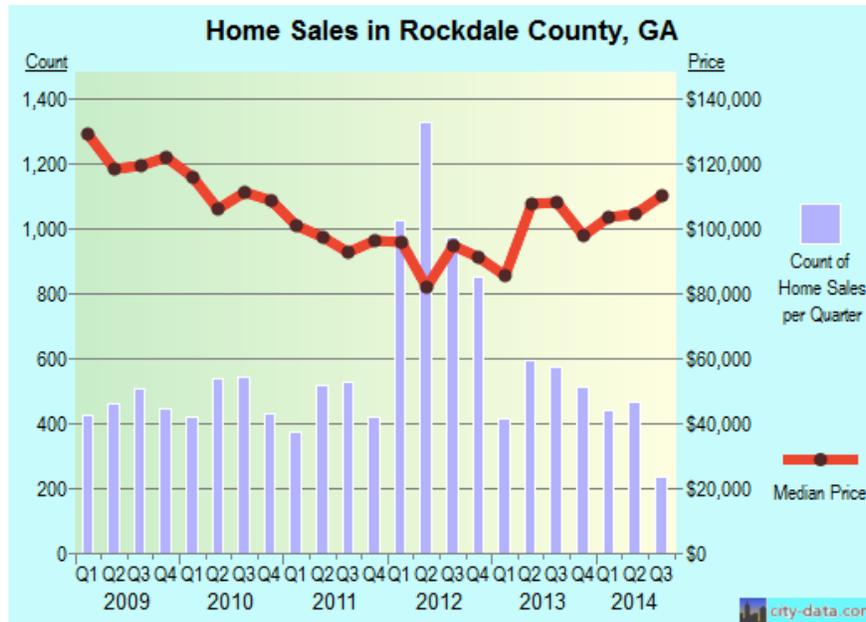
²⁶Fred Economic Data <https://fred.stlouisfed.org/series/CBR13247GAA647NCEN>

²⁷ Robert Wood Johnson Foundation

²⁸ U.S Census Bureau, Quick Facts

Housing foreclosures have been a major problem for many Rockdale County residents in recent years. Related to the foreclosure trend, prices from home sales declined substantially since 2008, but increased in 2013 (Figure 13).²⁹ From 2012 to 2016, the median value of owner-occupied housing units was \$143,400, which is lower than the Georgia (\$152,400) and U.S. (\$184,700) values. This value has also decreased since the 2008 to 2012 time period in which the median value was \$156,200.³⁰

Figure 13. Home Sales and Prices in Rockdale County



Estimates of the number of individuals experiencing homelessness in Rockdale County are sparse and somewhat unclear, but the Georgia Department of Community Affairs’ 2015 Report on Homelessness estimated through a point-in-time count that there are 59 individuals experiencing homelessness who are unsheltered and 41 individuals experiencing homelessness who are sheltered in emergency or transitional housing, making a total of 100 individuals experiencing homelessness in Rockdale County. It was also estimated at this time that there were 74 emergency and transitional beds for those experiencing homelessness in Rockdale.³¹

²⁹ City Data http://www.city-data.com/county/Rockdale_County-GA.html

³⁰ U.s Census Bureau, Quick Facts

³¹ City of Hinesville <https://www.cityofhinesville.org/DocumentCenter/View/1880/2015-State-Homelessness-Report>

Education and Child Activities

Everyone knows that without a good education, prospects for a good job with good earnings are slim. Few people think of education as a crucial path to health, however. Yet a large body of evidence strongly- and, with very rare exceptions, consistently- links education with health, even when other factors like income are taken into account.

-Robert Wood Johnson Foundation, Report on Education and Health³²

Rockdale County residents have education levels similar to people across the state and the nation. Rockdale County residents were more likely to have completed high school than were people statewide or nationwide but were slightly less likely to have completed a bachelor's degree. The county has a large public-school system and several institutions of higher learning.

From 2012 to 2016, an estimated 87% of Rockdale County residents 25 years and older were high school graduates, which was higher than the percentage for Georgia (85.8%) and the same as the nation (87%). About one in four (26%) residents age 25 years and older had a bachelor's degree or higher. By comparison, 29.4% and 30.3% of Georgia and U.S. residents held a bachelor's degree, respectively.³³

The Rockdale County Public School System (RCPSS) serves the entire county and includes 11 elementary schools, 4 middle schools, 3 high schools, 4 non-traditional schools (including a Career Academy and STEM Magnet School), 1 virtual campus, and 14 specialty and choice programs. All are fully accredited by AdvancEd, the parent company for the Southern Association of Colleges and Schools.³⁴

As of 2013, Georgia began measuring school districts using the Georgia College and Career Readiness Performance Index (CCRPI) on a 100 point scale. The score from the 2015 to 2016 school year increased nearly 4 percentage points from the year before, putting the RCPSS at an overall score of 76.5. This was the second year in a row that the RCPSS outperformed the state average on the CCRPI.

In addition, the four-year average for graduation rate increased to a graduation rate of 83.3%³⁵ in 2016, which is just below the national rate of 84.1%³⁶ and above the Georgia rate of 79.4%.³⁷ At this time, four out of five RCPSS high school students were graduating on time and receiving a diploma in four years, which is a vast improvement from 2011 when the four-year cohort rate was 66%.³⁸

³² Robert Wood Johnson Foundation

³³ U.S. Census Bureau, Quick Facts

³⁴ Rockdale County Public Schools <https://www.rockdaleschools.org/about>

³⁵ Rockdale County Public Schools

<https://www.rockdaleschools.org/cms/one.aspx?portalId=136388&pageId=5216446>

³⁶ National Center for Educational Statistics https://nces.ed.gov/ccd/tables/ACGR_RE_and_characteristics_2015-16.asp

³⁷ Georgia Department of Education <http://www.gadoe.org/External-Affairs-and-Policy/communications/Pages/PressReleaseDetails.aspx?PressView=default&pid=567>

³⁸ Rockdale County Public Schools

<https://www.rockdaleschools.org/cms/one.aspx?portalId=136388&pageId=5216446>

The Rockdale Center and Rockdale Career Academy campuses of Georgia Piedmont Technical College are located within the county.³⁹ The Rockdale County Extension Office of the University of Georgia College of Agricultural and Environmental Sciences is also located in Conyers.⁴⁰

Transportation

Transportation decisions affect our individual lives, economy and health. Everyone needs to use various modes of transportation to get to work or school, to get medical attention, to access healthy foods at grocery stores and markets, and to participate in countless other activities every day. -American Public Health Association⁴¹

Vehicle Transportation

Rockdale County is generally highly dependent on personal vehicles for transportation, though portions of the city are classified as walkable.⁴² As stated previously, the average travel time to work in Rockdale County from 2012-2016 was estimated to be 30.8 minutes, which was longer than the Georgia average of 27.7 and the national average of 26.1 minutes.⁴³ Lengthy commutes cut into workers' free time and can contribute to health problems like headaches, anxiety, and increased blood pressure. Longer commute times also require workers to consume more fuel, which is both expensive to workers and damaging to the environment.

Certain groups of people are often dependent on public transit and include the elderly, the disabled, low income individuals and households without private transportation.⁴⁴ An estimated 6.5% of households do not have access to a vehicle for private use.⁴⁵

Public transit is limited within the county. According to the Rockdale County Comprehensive Transportation Plan, "regional bus service operated by Georgia Regional Transportation Authority (GRTA) and a limited amount of transportation services for residents ages 60 and over are currently available in Rockdale County. No conventional, fixed route, fixed schedule transit service or rail transit service is currently provided in Rockdale County."⁴⁶

While the Blue Bus was introduced in previous years, this bus is not currently running and it is unclear whether it will be running in the near future. The website currently has outdated

³⁹ Georgia Piedmont Technical College <https://www.gptc.edu/future-students/locations/>

⁴⁰ University of Georgia Extension <http://extension.uga.edu/county-offices/rockdale.html>

⁴¹ American Public Health Association <http://www.apha.org/advpcacy/priorities/issues/transportation>

⁴² WalkScore.com <https://www.walkscore.com/score/1209-lester-rd-nw-conyers-ga-30012>

⁴³ U.S. Census Bureau, Quick Facts

⁴⁴ Rockdale County Compressive Transportation Plan 2009 <https://rockdalecountyga.gov/wp-content/uploads/2016/09/Rockdale-2009-CTP-Final-Report.pdf>

⁴⁵ City Data

⁴⁶ Rockdale in Motion Comprehensive Transportation Plan 2018 Existing Conditions and Needs Assessment <https://rockdalecountyga.gov/wp-content/uploads/2018/11/Rockdale-in-Motion-ECNA-Appendices.pdf>

information, suggesting that the bus is running and has specific routes, but at this time it is inactive.⁴⁷

Rockdale County Senior Services offers several transportation programs for residents ages 60 and over, which include fixed-route transportation services, demand response services, group shopping, and a transportation voucher program.⁴⁸

Bicycle and Pedestrian Facilities

Walking and biking have clear health benefits and are particularly beneficial in Rockdale County given the large burden of inactivity and chronic diseases. The Rockdale County Planning and Development Comprehensive Plan includes information on bicycle and pedestrian facilities. The report emphasizes that proper design is important to maintain safety for those on foot or riding a bicycle. Out of 120 community member surveys, “72% of respondents believed that the streets are not safe for non-auto users and recommended more bicycle paths and sidewalks.”⁴⁹

The plan suggests that Rockdale has a fairly well-developed sidewalk network in the City of Conyers and a basic network in Rockdale County. While there are sidewalks in the areas around school and community facilities, there are observed gaps in sidewalks or they exist only on one side of the road.

The plan points out that the county and city have several trails located within parks. Portions of the Arabia Mountain, Rockdale County, and River Trails, supported by the PATH Foundation, are located within the county.⁵⁰ However, according to data cited in the plan, the average “Level of Service” for existing bike lanes in Rockdale County was rated as grade D. Although this level was better than the grade of F that the Atlanta metropolitan region received, it is below what is considered adequate for bicycle connectivity.⁵¹

⁴⁷ The Blue Bus <http://www.catchthebluebus.com/ctbb/>

⁴⁸ Rockdale County Senior Services <https://rockdalecountyga.gov/about/company-history/county-departments/senior-services/transportation-services/>

⁴⁹ Rockdale County Planning and Development Comprehensive Plan 2040

⁵⁰ PATH Foundation <http://pathfoundation.org/trails/arabia-mountain/>

⁵¹ Rockdale County Compressive Transportation Plan 2009

Community input is important when determining future steps for a transportation network. Listed below are the project goals determined in community stakeholder meetings and later prioritized during community workshops.⁵²

- Address bottleneck locations
- Enhance connections to I-20
- Address north-south travel within Rockdale
- Invest in principal routes to maximize system efficiency
- Address east-west travel within Rockdale
- Develop parallel alternatives to major routes
- Identify opportunities for active transportation
- Improve connectivity to surrounding communities
- Facilitate safe and efficient freight movement

⁵² Rockdale in Motion Comprehensive Transportation Plan 2018 Recommendations Report
<https://rockdalecountyga.gov/wp-content/uploads/2018/11/Rockdale-in-Motion-Recommendations-Report.pdf>

Environment

By focusing on reducing environmental and social risk factors, nearly a quarter of the global burden of disease can be prevented.

-WHO's Department of Public Health, Environmental and Social Determinants of Health⁵³

According to the County Health Rankings, Rockdale's physical environment ranked 110th of the 159 Georgia counties (compared to 103rd at the time of the 2014 CHA). The Healthy Communities Institute defines the physical environment as all places where we live and work (e.g., homes buildings, streets, and parks). The environment influences a person's level of physical activity and ability to have healthy lifestyle behaviors. For example, inaccessible or nonexistent sidewalks or walking paths increase sedentary habits. These habits contribute to obesity, cardiovascular disease, and diabetes. Factors that contribute to healthy lifestyle behaviors include access to grocery stores and recreation facilities. Environmental aspects that contribute or impede health are tightly knit with demographic factors such as socioeconomic status and race and ethnicity. This reiterates the importance of considering the social determinants of health when discussing the health status of a community.

Access to Healthy Foods

In 2014, the county had 21 grocery stores per 100,000 population, which was similar to the nationwide county average.⁵⁴ There are strong correlations between the density of grocery stores in a neighborhood and the nutrition and diet of its residents. According to the U.S. Department of Agriculture, an estimated 35,030 (nearly 39%) Rockdale residents (including 9,623 children and 3,452 seniors) had low access to a grocery store in 2015 and an estimated 516 households had no car and low access to a grocery store. Additionally, there were 1,142 families receiving SNAP benefits who had low access to a grocery store. About 15% of low-income residents had low access to a grocery store.⁵⁵

People who live in certain areas of Rockdale County have less access to fresh foods than others. The U.S. Department of Agriculture defines a food desert as a census tract with a substantial share of residents who live in low-income areas and have low levels of access to a grocery store or a healthy, affordable food retail outlet.⁵⁶ Often, however, communities do display resilience in addressing their food access-related needs through backyard or community gardens and smaller, ethnic food stores.

The figure below shows the low-income census tracts in Rockdale where a significant number or share of residents is more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket. The green spaces represent these low-income and low access areas. Census tracts in the center of

⁵³ World Health Organization http://www.who.int/phe/about_us/en/

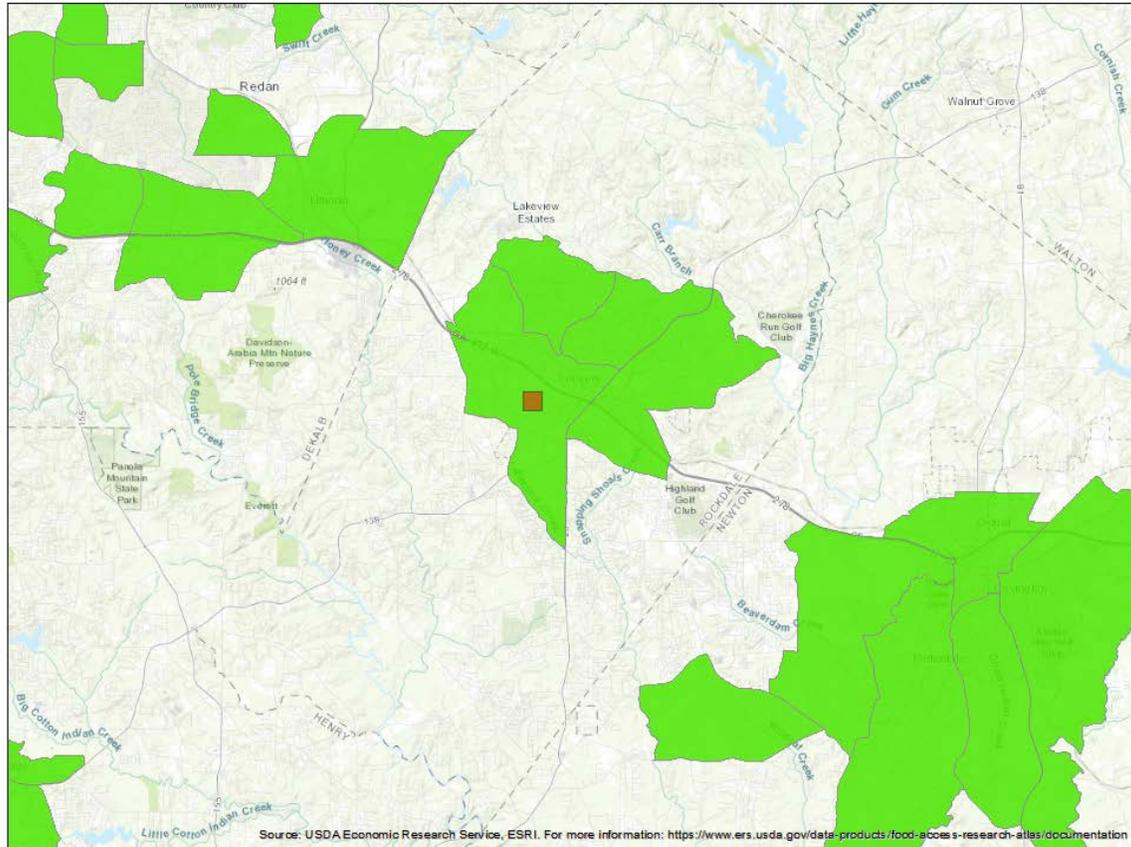
⁵⁴ United States Department of Agriculture <https://www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atlas.aspx#Um68NcC-qTE>

⁵⁵ United States Department of Agriculture

⁵⁶ USDA Food Deserts <http://apps.ams.usda.gov/fooddeserts/>

Rockdale County, including part of the city of Conyers and areas bordering interstate 20, are considered food deserts (Figure 14).⁵⁷

Figure 14. Food Deserts in Rockdale County.



Fast Food

In 2014, there were 72 fast-food restaurants, compared to 79 in 2009. In 2009, Rockdale County had a density of fast food restaurants that was higher than the national average (93 vs. 57 per 100,000), but this has since decreased to a density of 82 fast food restaurants per 100,000 people.⁵⁸

⁵⁷ USDA Food Access Atlas <https://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas.aspx#.UuAPAdlo7Gg>

⁵⁸ USDA Food Environment Atlas <https://www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atlas.aspx#.Um68NnC-qtE>

According to the Healthy Communities Institute, “fast food is often high in fat and calories and lacking in recommended nutrients...studies suggest that fast food outlets strongly contribute to the high incidence of obesity and obesity-related health problems.”⁵⁹

Forty-six percent of all restaurants in the county in 2010 were fast food restaurants, which was slightly lower than the Georgia average of 50% but much higher than the national average of 27%.⁶⁰

Liquor Stores

In 2018, Rockdale County had a liquor store density of approximately 9.9 per 100,000 people, a slight increase from 9 per 100,000 in 2011. Studies have shown that neighborhoods with a high density of alcohol outlets are associated with higher rates of violence, regardless of other community characteristics like poverty and age of residents. High alcohol outlet density has been shown to be related to increased rates of drinking and driving, motor vehicle-related pedestrian injuries, and child abuse and neglect.⁶¹

Parks and Recreation

Rockdale had an estimated 8 recreation or fitness facilities per 100,000 residents in 2010, which was the same as the Georgia average but lower than the national benchmark of 16 per 100,000.⁶²

Water Safety

According to the Safe Drinking Water Information System cited in the County Health Rankings, drinking water safety in Rockdale County was good. In 2016, no residents were reported to have been exposed to water exceeding a violation limit.⁶³

Air Quality

According to the County Health Rankings, in 2012, the average daily measure of fine particulate matter (10.7 micrograms per cubic meter⁶⁴) in Rockdale County exceeded the state average but came in below the national benchmark of 12 micrograms per cubic meter.⁶⁵ Rockdale ranks in the 10th percentile in the U.S. for average daily measure of fine particulate matter and was one of 21 metropolitan Atlanta counties with poor air quality in 2014.

⁵⁹ Healthy Communities Institute

<http://www.healthypasodelnorte.org/indicators/index/view?indicatorId=242&localeId=2645>

⁶⁰ County Health Rankings, 2013 <http://www.countyhealthrankings.org/app/georgia/2013/measure/factors/84/map>

⁶¹ Rockdale County Sheriff’s Department

⁶² County Health Rankings, 2013

⁶³ County Health Rankings, 2018

⁶⁴ County Health Rankings, 2018

⁶⁵ Environmental Protection Agency <https://www3.epa.gov/region1/airquality/pm-aq-standards.html>

Safety

Violent Crime Rate

For the years 2012 to 2016, the violent crime rate in Rockdale County was 334 per 100,000 population, which was lower than the Georgia rate (374 per 100,000).⁶⁶ From 2013 to 2017, violent crime (assault and homicide) was the sixth leading cause of premature death in the county.⁶⁷

Motor Vehicle Collisions

Motor vehicle-related injuries kill more children and young adults than any other single cause in the United States and they were the third leading cause of years of potential life lost (i.e., premature death) in Rockdale County from 2013 to 2017.⁶⁸

Rockdale County had a death rate due to motor vehicle collisions in 2010 to 2016 that was similar to the Georgia rate (12 vs. 13 per 100,000⁶⁹) and met the Healthy People 2020 goal of 12 per 100,000.⁷⁰

For the years 2006 to 2008, the Rockdale County rate was 17.1 per 100,000, suggesting the rate had improved in recent years. According to the CDC, one in three crash deaths involve a drunk driver, suggesting that alcohol is likely involved in many Rockdale County motor vehicle-related deaths as well.⁷¹ In fact, from 2012 to 2016, an estimated 22% of driving deaths in Rockdale County involved alcohol.⁷²

Poisoning

According to Poison Control, there were 2,159,032 human exposures to poison in 2016 and children under the age of six comprise a disproportionate percentage of the cases.⁷³ Poisonings are a leading cause of death nationwide and were the fifth leading cause of premature death in Rockdale County from 2013 to 2017.⁷⁴

In 2017, the age-adjusted death rate for poisoning was 12.7 and from 2010 to 2017, there were 84 deaths due to poisoning.⁷⁵

⁶⁶ County Health Rankings, 2018

⁶⁷ Georgia Online Analytical Statistical Information System

⁶⁸ Georgia Online Analytical Statistical Information System

⁶⁹ County Health Rankings, 2018

⁷⁰ Healthy People 2020, Injury and Violence <https://www.healthypeople.gov/2020/topics-objectives/topic/injury-and-violence-prevention/objectives>

⁷¹ Center for Disease Control, Drinking and Driving

http://www.cdc.gov/vitalsigns/drinkinganddriving/?s_cid=vitalsigns-093-bb

⁷² County Health Rankings, 2018

⁷³ Poison Control <https://www.poison.org/poison-statistics-national>

⁷⁴ Georgia Online Analytical Statistical Information System

⁷⁵ Georgia Online Analytical Statistical Information System

Emergency Preparedness

Rockdale County has several agencies and organizations that plan for and respond to emergencies, which include natural disasters (e.g., floods), man-made accidents (e.g., train wreck involving a chemical spill), disease epidemics or pandemics, and intentional acts of terrorism involving chemical, biological, or radiological devices. These groups include the Emergency Preparedness Department of the Health Department⁷⁶, the Rockdale County Emergency Services Department⁷⁷, the Rockdale County Sheriff's Office⁷⁸, hospitals, emergency medical services (EMS), and volunteer groups, such as the Medical Reserve Corps⁷⁹. Other partners include the Georgia Department of Public Health, the Georgia Emergency Management Agency, the Centers for Disease Control (CDC), and the Federal Emergency Management Agency (FEMA).

The Strategic National Stockpile (SNS) is a national storehouse of medical supplies and pharmaceuticals maintained by the CDC and local health departments, including the Rockdale County Health Department. It is deployed during an emergency situation in which a chemical or biological agent, such as anthrax or plague, is released into our community, which might happen by accident or as a part of a terrorist attack (Partners in Preparedness website).

Information for Rockdale County residents on preparing themselves and their families for emergencies, including specific situations like floods, tornadoes, and hurricanes, as well as links to other organizations, is available through the Health Department (Local Preparedness and Safety Information website <http://www.gnrhealth.com/services/emergency-preparedness/local-preparedness-safety/>) and other community sources.

⁷⁶GNR Emergency Preparedness website <http://www.gnrhealth.com/services/emergency-preparedness/>

⁷⁷ Rockdale Emergency Management <https://rockdalecountyga.gov/about/company-history/county-departments/fire-rescue/10316-2/>

⁷⁸ Rockdale Sheriff's Department <https://www.rockdalesheriff.com/>

⁷⁹ Medical Reserve Corps <https://mrc.hhs.gov/HomePage>

Section 2: Health Status

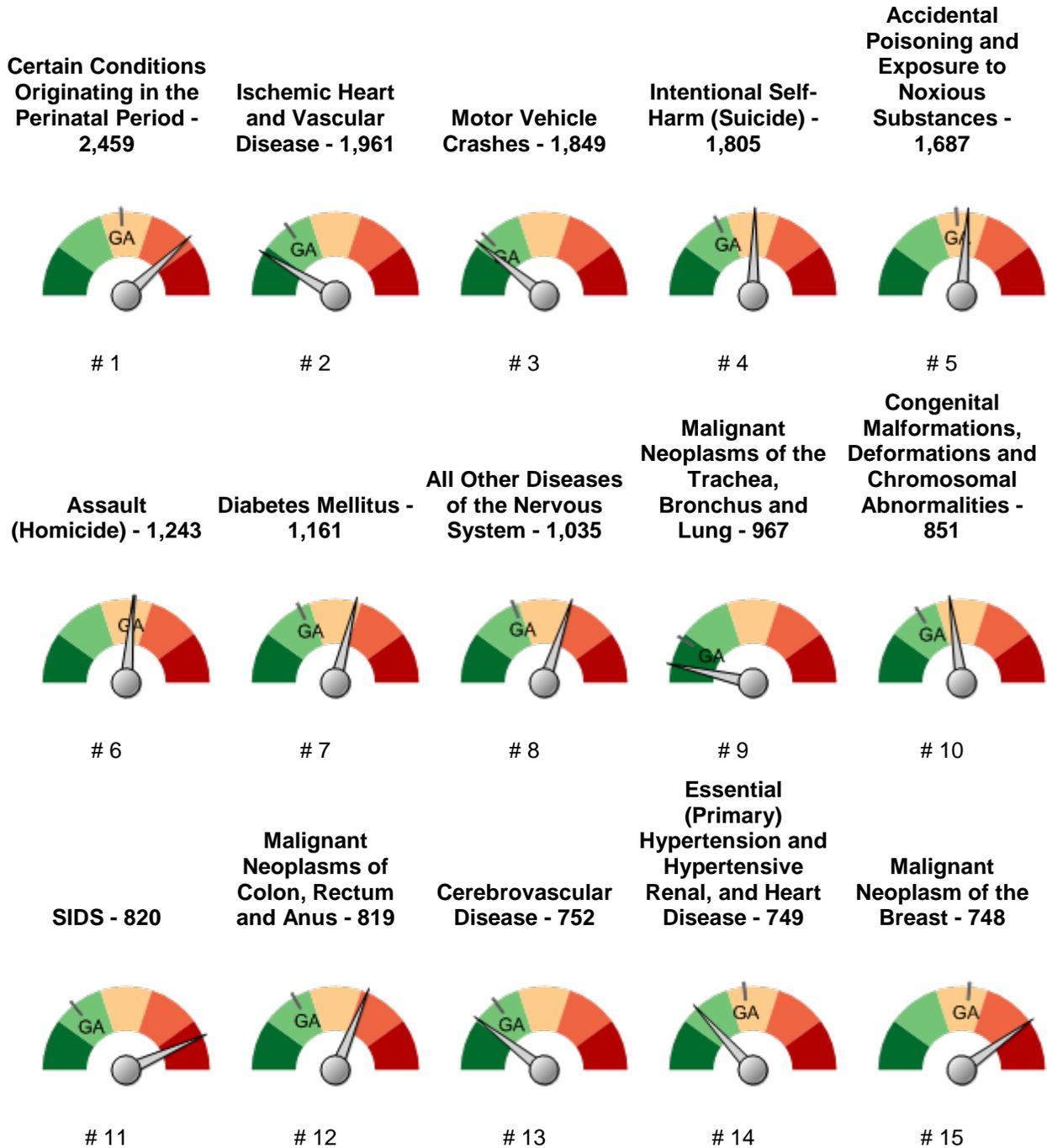
Overall Health Status

A combined measure of death and disability (like the DALY) in Rockdale County is not available, but data are available on leading causes of premature death in Rockdale County (Figure 15 and Table 2). This local information is similar to the data from the national level: chronic disease like heart disease and cancer dominate this list. Because this measure examines the number of potential years of life lost before age 75 years, conditions that cause death among children and adolescents are weighted heavily. Deaths from injuries and accidents (motor vehicle crashes, poisoning, assault, and suicide) led to many years of potential life lost; many of these conditions are related to abuse of alcohol and drugs and mental health conditions. Conditions that affect infants (conditions originating in the perinatal period and congenital malformations) were also major causes of premature death; tobacco use and other drugs can increase the risk of these conditions. It is important to note that this measure does not adjust for age, as do many other measures cited in this report, and Rockdale County's relatively younger population likely explains some of the high burden of conditions more common among younger people. In Figure 15 below, the number indicates years of potential life lost due to death before the age of 75 per 100,000 population less than 75 years of age. The "GA" marker indicates the Georgia rate. The second figure outlines the leading causes of premature death for each age group.⁸⁰

It is important to note that intentional harm or suicide is within the top five leading causes of premature death for six of the eleven age groups. In recent years, suicide and mental illness have more prominently come into view as imminent, extraordinarily important issues to address, especially among young people. In Rockdale, it is the number one cause of premature death among children age 10 to 14.

⁸⁰ Georgia Online Analytical Statistical Information System

Figure 15. Ranked Causes and State/County Comparison, Premature Death Rate (YPLL), Rockdale County, 2013 - 2017



Numbers shown are the sum of YPLL, not number of deaths

Table 2. Top 10 Causes of Premature Death by Selected age groups, Rockdale County, 2013-2017 Adapted from GDPH OASIS

Top 10 Causes of Premature Death by selected age groups, Rockdale County, 2013-2017					
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19
1	Certain Conditions Originating in the Perinatal Period 2,459	Congenital Malformations, Deformations and Chromosomal Abnormalities 74	Accidental Exposure to Smoke, Fire and Flames 133	Intentional Self-Harm (Suicide) 64	Motor Vehicle Crashes 340
2	SIDS 820	Malignant Neoplasm of Bladder, Kidney, and Renal Pelvis 73	Motor Vehicle Crashes 69	Motor Vehicle Crashes 62	Assault (Homicide) 111
3	Congenital Malformations, Deformations, and Chromosomal Abnormalities 745	Accidental Exposure to Smoke, Fire and Flames 72	Accidental Drowning and Submersion 67		Anemias 60
4	All Other Endocrine, Nutritional and Metabolic Diseases 75				All Other Diseases of the Nervous System 56
5	All Other Diseases of the Nervous System 75				Intentional Self-Harm (Suicide) 56
6	Cerebrovascular Disease 75				
7	Accidental Exposure to Smoke, Fire and Flames 75				
8	Suffocation 75				
9					
10					

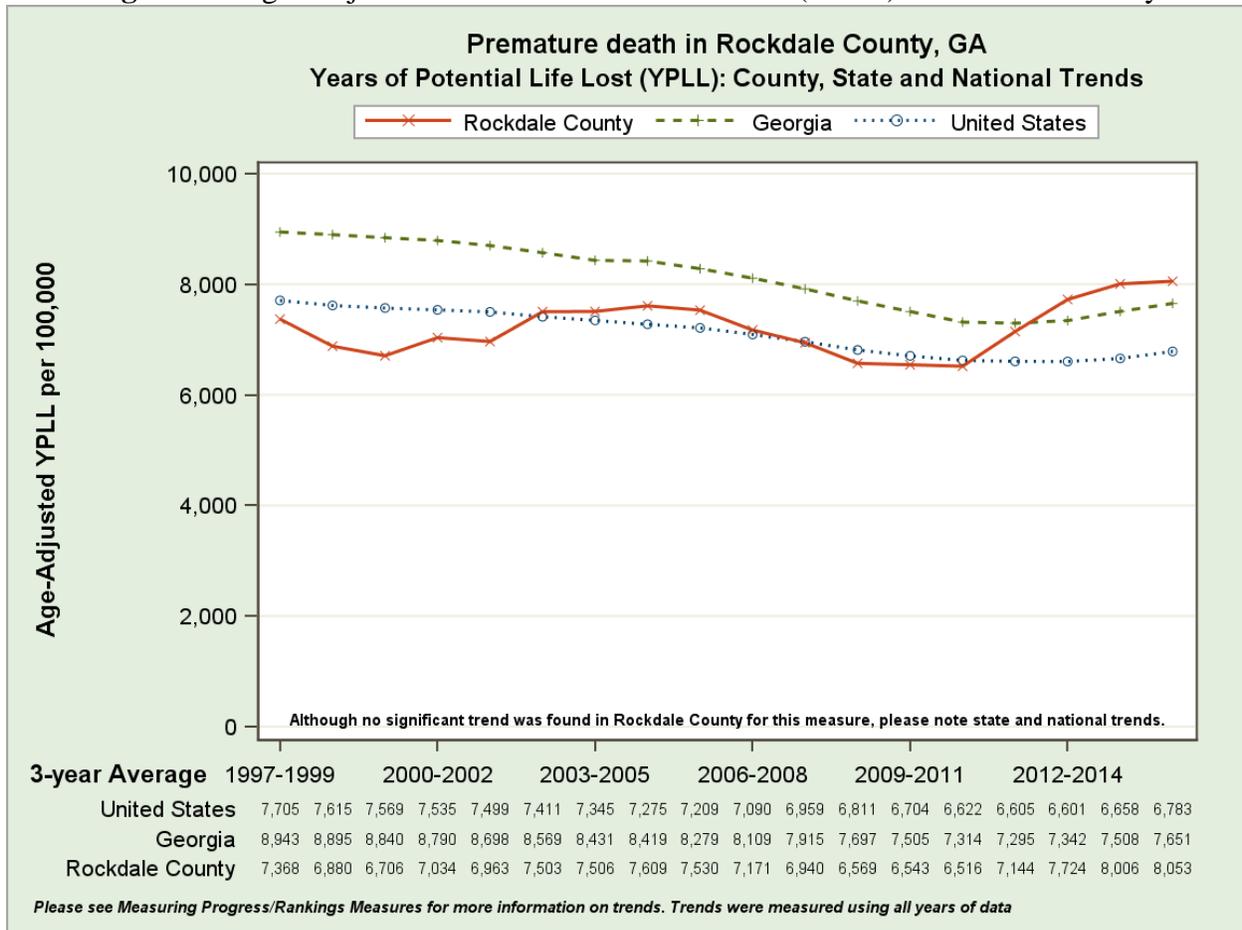
**Top 10 Premature Causes of Death by Selected Age Groups,
Rockdale County, 2013-2017**

	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74
1	Assault (Homicide) 470	Intentional Self-Harm (Suicide) 628	Accidental Poisoning and Exposure to Noxious Substances 451	Ischemic Heart and Vascular Disease 443	Ischemic Heart and Vascular Disease 882	Ischemic Heart and Vascular Disease 404
2	Motor Vehicle Crashes 368	Accidental Poisoning and Exposure to Noxious Substances 627	Intentional Self-Harm (Suicide) 354	Accidental Poisoning and Exposure to Noxious Substances 363	Diabetes Mellitus 427	Malignant Neoplasms of the Trachea, Bronchus and Lung 340
3	Intentional Self-Harm (Suicide) 316	Motor Vehicle Crashes 544	Diabetes Mellitus 234	Diabetes Mellitus 357	Malignant Neoplasms of the Trachea, Bronchus and Lung 408	All COPD Except Asthma 229
4	Pneumonia 55	Assault (Homicide) 467	Malignant Neoplasms of the Colon, Rectum and Anus 165	Malignant Neoplasms of the Colon, Rectum and Anus 295	Malignant Neoplasm of the Breast 351	Cerebrovascular Disease 181
5	Septicemia 54	All Other Diseases of the Nervous System 222	Assault (Homicide) 163	Intentional Self-Harm (Suicide) 263	Primary Hypertension and Hypertensive Renal, and Heart Disease 282	Primary Hypertension and Hypertensive Renal, and Heart Disease 153
6	Diseases of the Musculoskeletal System and Connective Tissues 54	Ischemic Heart and Vascular Disease 134	Cerebrovascular Disease 133	Malignant Neoplasms of the trachea, Bronchus and Lung 220	Malignant Neoplasms of the Colon, Rectum and Anus 270	Diabetes Mellitus 144
7	Accidental Poisoning and Exposure to Noxious Substances 54	Alcoholic Liver Disease 92	Motor Vehicle Crashes 132	All Other Diseases of the Nervous System 217	All COPD Except Asthma 268	All Other Diseases of the Nervous System 107
8	Accidental Drowning and Submersion 53	All Other Endocrine, Nutritional and Metabolic Diseases 90	All Other Diseases of the Nervous System 130	Human Immunodeficiency Virus (HIV) 180	All Other Diseases of the Nervous System 230	Malignant Neoplasm of the Pancreas 101
9	Cerebrovascular Disease 52	Falls 90	All Other Endocrine, Nutritional and Metabolic Diseases 115	Alcoholic Liver Disease 180	Accidental Poisoning and Exposure to Noxious Substances 179	Malignant Neoplasms of the Colon, Rectum and Anus 90
10	All Other Endocrine, Nutritional and Metabolic Diseases 51	Malignant Neoplasm of the Breast 89	Pregnancy, Childbirth, and the Puerperium 107	Malignant Neoplasm of the Cervix, Uteri, Uterus, and Ovary 175	Cerebrovascular Disease 162	Malignant Neoplasm of the Breast 76

Rockdale County is relatively healthy compared with other counties in Georgia, but still has a great deal of room for improvement. In 2013, Rockdale County ranked 10th among the 159 Georgia counties in terms of overall health outcomes. In 2018, Rockdale is ranked 53rd. The largest change in ranking was from 2015 (15) to 2016 (35). Falling forty-three ranks in five years is a drastic change that could be associated with worsening health in Rockdale, improved health outcomes in other counties, or both.⁸¹

The county ranked 63rd by measures of illness and disability (morbidity) and 44th by a measure of premature death (mortality) (compared to 16th and 13th in 2013, respectively). From 2014 to 2016, Rockdale County had 8,000 age-adjusted years of potential life lost per 100,000 residents, which was higher than the state rate of 7,500 and higher than the 2013 Rockdale rate (6,569 YPLL). Figure 16 shows county, state, and national trends of years of potential life lost from 1997 to 2014.⁸²

Figure 16. Age- Adjusted Years of Potential Life Lost (YPLL) in Rockdale County



⁸¹ County Health Rankings, 2018

⁸² County Health Rankings, 2018

An estimated 19% of Rockdale County residents reported their health to be poor or fair, which was the same as the statewide rate. Similarly, Rockdale County residents reported an average of 3.9 days of poor physical health per month, just above Georgia's average (3.8 days). Rockdale County residents also reported the same average number of poor mental health days (3.8 per month) as did statewide residents.⁸³

Access to Health Services

Clinical care is an important part of maintaining good health. The County Health Rankings estimates that about 20% of a community's health status can be attributed to clinical care.⁸⁴ This organization ranks Rockdale County's clinical care as 58th out of the 159 Georgia counties (compared to 23rd in 2014).⁸⁵

Whether or not a person has health insurance plays a major role in access to health services. In 2015, 16% of Rockdale County residents lacked health insurance. Twenty percent of adults under the age of 65 were uninsured, and 8% of children under the age of 18 were uninsured (7% in Georgia). Figure 17 below shows the county, state, and national trends for uninsured individuals from 2008 to 2015.⁸⁶

⁸³ County Health Rankings, 2018

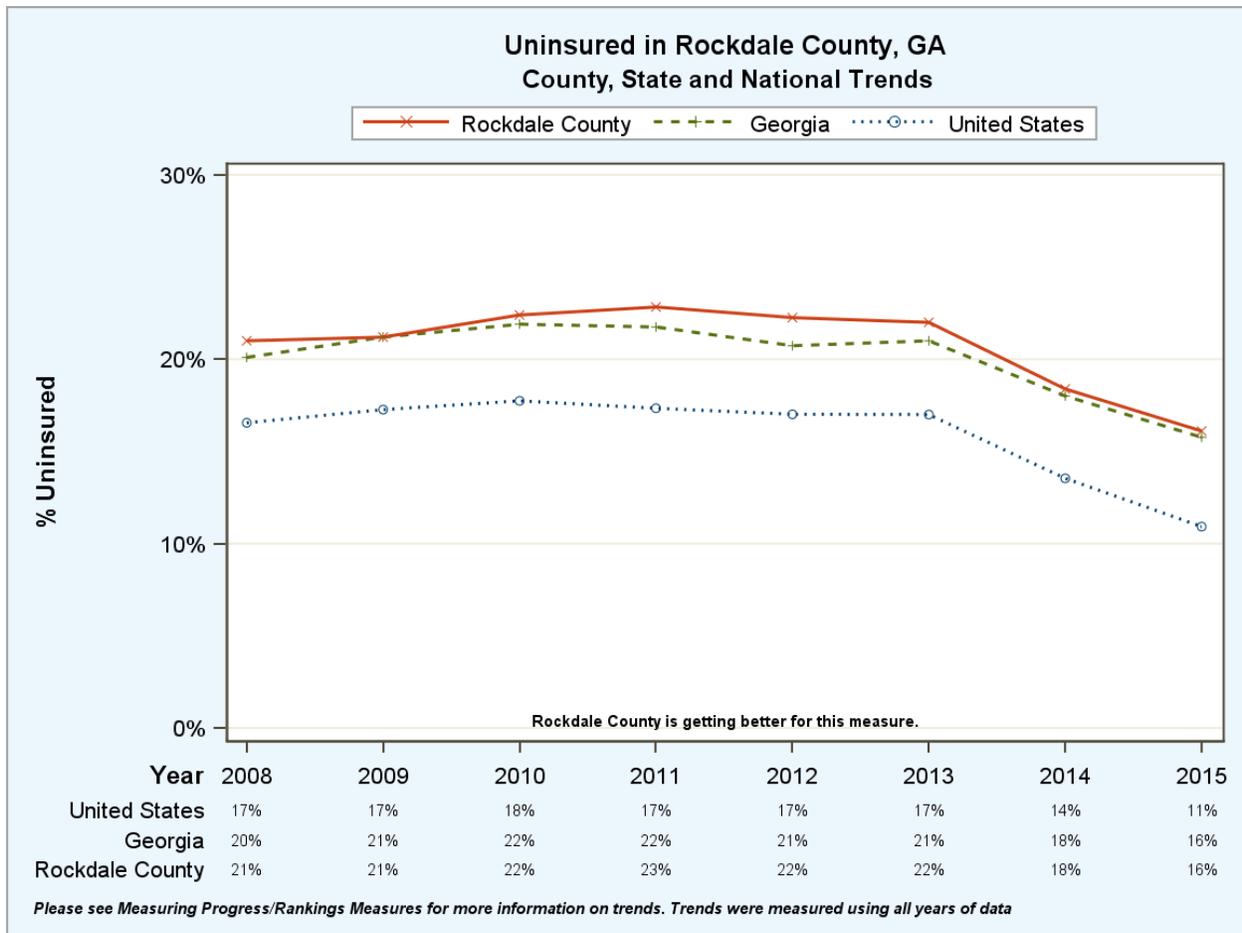
⁸⁴ County Health Rankings, 2015

http://www.countyhealthrankings.org/sites/default/files/Hood_AmJPrevMed_2015.pdf

⁸⁵ County Health Rankings, 2018

⁸⁶ County Health Rankings, 2018

Figure 17. Percent of Uninsured Individuals in Rockdale County, Georgia, and the U.S



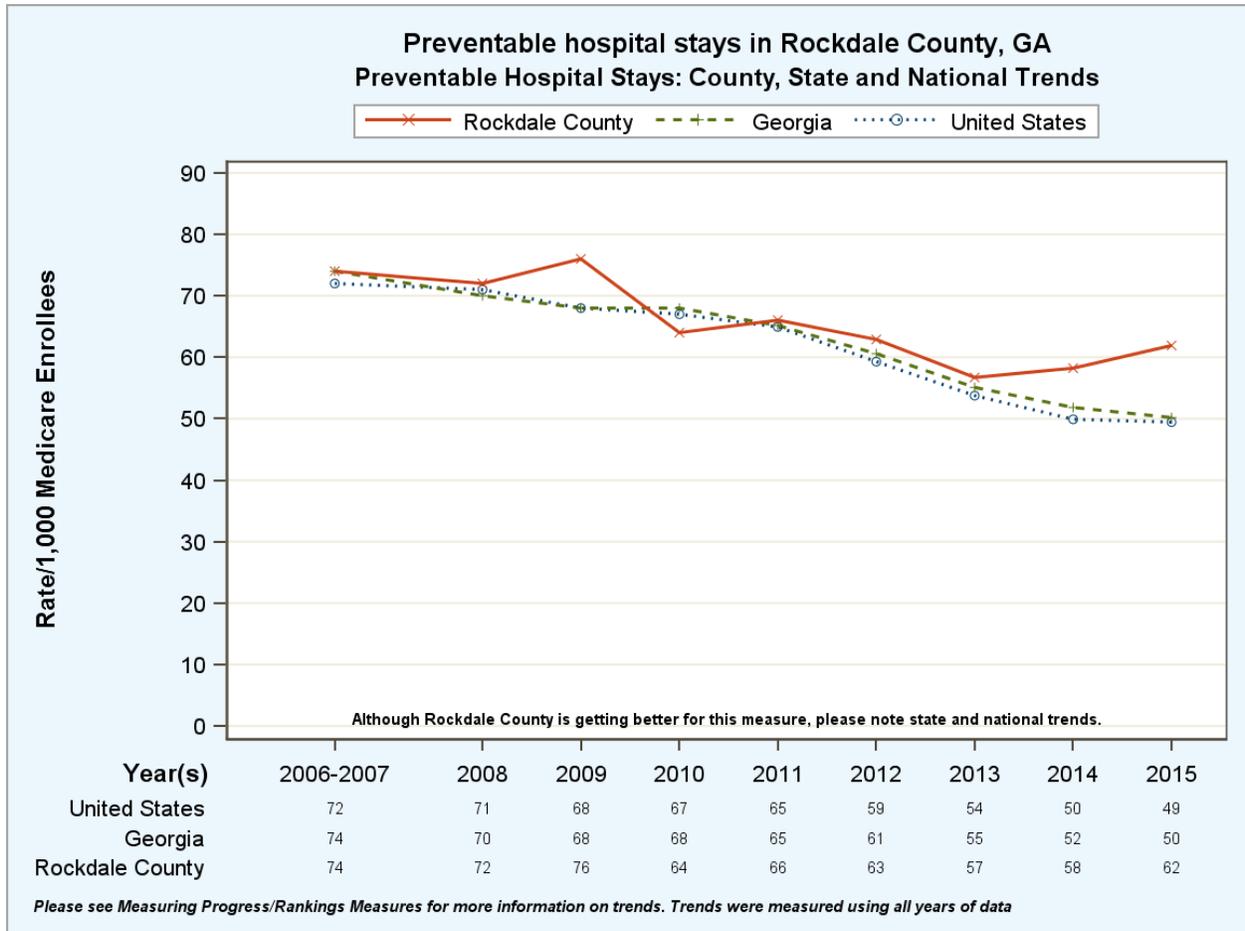
In 2015, the ratio of residents to primary care physicians was 1,370:1, which was lower than the statewide ratio of 1,520:1, suggesting that primary care services are accessible in the county, at least to residents with health insurance and transportation. Similarly, there was an estimated 1 dentist per 1,350 residents, compared to 1 dentist per 1,980 residents in the state of Georgia.⁸⁷

Rockdale County had more preventable hospital stays per 1,000 individuals (62) than Georgia (50) and the U.S., as shown in Figure 18.⁸⁸

⁸⁷ County Health Rankings, 2018

⁸⁸ County Health Rankings, 2018

Figure 18. Medicare Enrollees’ Preventable Hospital Stays in Rockdale County, Georgia, and the U.S.



A similar percentage of diabetic Medicare enrollees in the county (86%) were screened with an HBA1c test – which is important for monitoring blood sugar control – as diabetic Medicare enrollees throughout Georgia (85%). Additionally, 58% of female Medicare enrollees received mammography screening in the county compared to 62% in Georgia.⁸⁹

⁸⁹ County Health Rankings, 2018

Health Behaviors

As noted previously, most of the top risk factors for premature death, disease, and disability in the United States are health behaviors – or are closely linked to health behaviors – that lead to chronic diseases.⁹⁰ For this reason, we must focus attention on health behaviors to make the biggest improvements in health in Rockdale County. We must also recognize that people’s health behaviors are strongly influenced by biological factors like addiction, as well as the environment, public policy, socioeconomic status, and many other life circumstance-related factors. The table below shows the top ten risk factors for premature death and disability in 2016.

Table 3. Top Ten Risk Factors for Premature Death and Disability, 2016

1.	Tobacco
2.	High body-mass index
3.	Dietary risks
4.	Alcohol & drug use
5.	High fasting plasma glucose
6.	High blood pressure
7.	High total cholesterol
8.	Impaired kidney function
9.	Occupational risks
10.	Air pollution

Rockdale County is ranked 76th among the 159 Georgia counties in the realm of health behaviors, which is a significant drop from its ranking in 2013 (20th), when it was in the top quartile of Georgia counties.⁹¹

Tobacco Use

According to the CDC, smoking harms nearly every organ in the body and it accounts for nearly one of every five deaths each year in the United States.⁹² The same percentage of Rockdale County adults smoke as do adults statewide (18%). This percentage is no longer below the Healthy People 2020 target of 12% (as it was in 2013).⁹³

Physical Activity

An estimated 27% of Rockdale residents get no leisure-time physical activity compared with a state average of 24% (Figure 19). However, 69% of Rockdale’s population has adequate access to locations for physical activity. Lack of physical activity is a major risk factor for premature death and can contribute to an unhealthy body weight.

⁹⁰Institute of Health Metrics and Evaluation <http://www.healthdata.org/united-states>

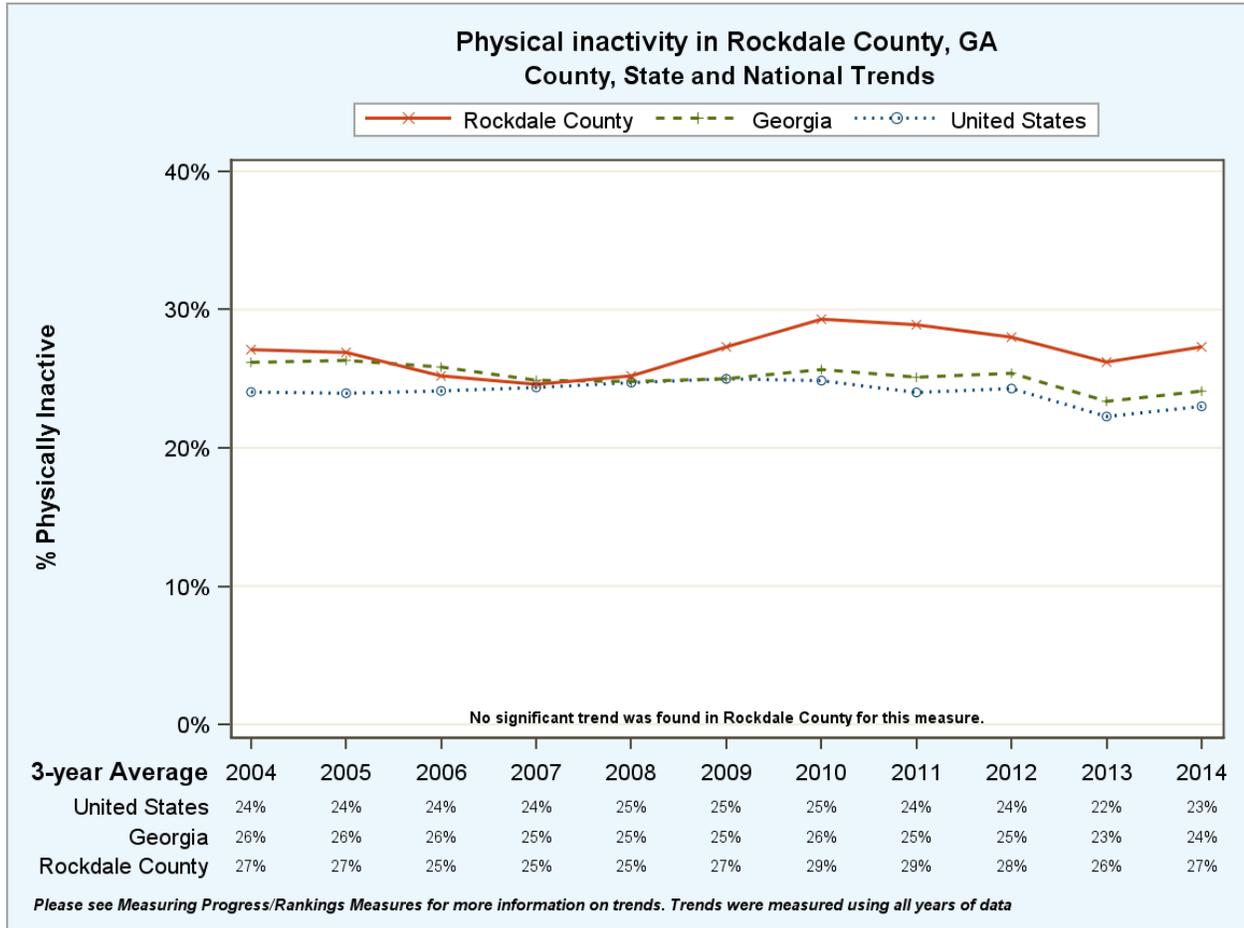
⁹¹ County Health Rankings, 2013

⁹² Center for Disease Control, Tobacco

https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm

⁹³ County Health Rankings, 2018

Figure 19. Physical Inactivity in Rockdale County, Georgia, and the U.S.



Excessive Drinking and Drug Abuse

According to the Guide to Community Preventive Services, excessive alcohol consumption is the third leading cause of preventable death in the United States. In 2010, the estimated economic cost of excessive drinking in the U.S. was nearly a quarter of a trillion dollars.⁹⁴

An estimated 13% of adults in Rockdale reported binge or heavy drinking in 2016, compared with a statewide average of 15%.⁹⁵

According to the Community Guide, evidence-based interventions that can further reduce the level of excessive drinking include increasing alcohol taxes, maintaining limits on the days and hours of alcohol sales, and enhanced enforcement of laws prohibiting alcohol sales to minors.⁹⁶

Data are not widely available specific to Rockdale County, but prescription drug abuse is a growing epidemic in the United States. Nationwide, deaths from prescription painkiller

⁹⁴ The Community Guide <https://www.thecommunityguide.org/topic/excessive-alcohol-consumption>

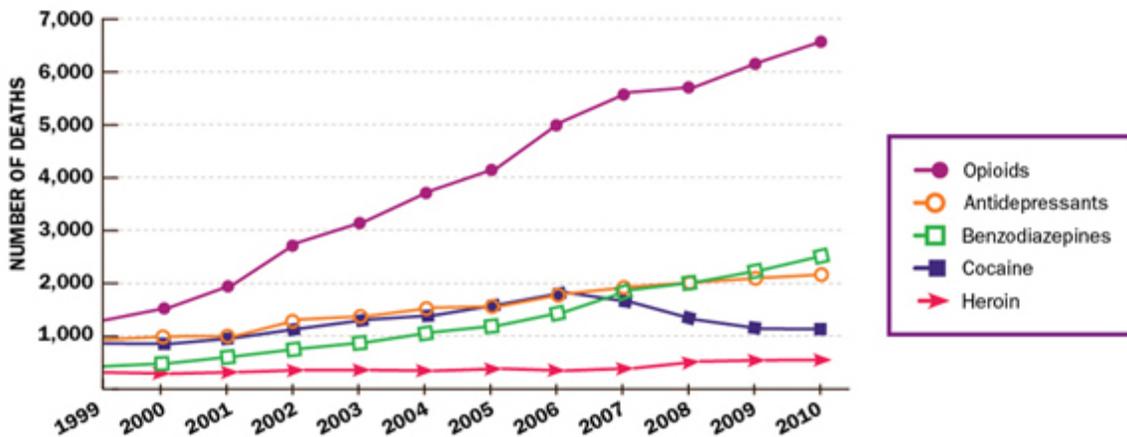
⁹⁵ County Health Rankings, 2018

⁹⁶ The Community Guide

overdoses have increased 265% among men and 400% among women from 1999 to 2013. According to the CDC, “this rise relates closely to increased prescribing of these drugs during the past decade. Health care providers can help improve the way painkillers are prescribed while making sure women have access to safe, effective pain treatment.”⁹⁷

Figure 20 shows the trend in types of drugs involved in overdose deaths among women from 1999 to 2010. It is clear that overdose death due to opioids is a consistently growing concern.

Figure 20. Number of United States Deaths due to Drug Abuse.



From 2014 to 2016, there were 14 drug overdose deaths per 100,000 population in Rockdale County.⁹⁸

According to a recent needs assessment done by the Council on Alcohol and Drugs, “the Georgia Student Health Survey is administered statewide by the Georgia Department of Education to students in grades 3 through 12.” This survey showed that in 2016, 1.42% of students in Rockdale County reported painkiller use.⁹⁹

In 2008 to 2009, an estimated 617,000 (8%) of Georgians age 12 years and older used illicit drugs and an estimated 361,000 (5%) misused prescription pain relievers. About one in seven (14%) of the 361,000 abusers of prescription drugs were 12-17 years old and another third (33%) were 18-25 years old.¹⁰⁰

The Georgia Prescription Drug Abuse Prevention Initiative is focused on four priority areas (education, monitoring, proper medication disposal, and enforcement) to reduce prescription

⁹⁷Centers for Disease Control, Prescription Painkiller Overdoses <https://www.cdc.gov/vitalsigns/PrescriptionPainkillerOverdoses/>

⁹⁸ County Health Rankings, 2018

⁹⁹ Georgia Prescription Drug Abuse Prevention Initiative <https://stoprxabuseinga.org/wp-content/uploads/2018/08/PDMP-Assessment-2017-Report-updated-09-25-2017-1.pdf>

¹⁰⁰ Georgia Prescription Drug Abuse Prevention Initiative <https://stoprxabuseinga.org/wp-content/uploads/2016/06/2012-Rx-Drug-Abuse-Final-Needs-Assessment.pdf>

drug abuse.¹⁰¹ According to this organization, Rockdale County has two drop box locations for safe prescription drug disposal.¹⁰²

Safe Prescription Drug Disposal Locations:

Rockdale County Sheriff's Office
911 Chambers Drive
Conyers, GA 30012

Walgreens
1510 Milstead Avenue NE
Conyers, GA 30012

¹⁰¹ Georgia Prescription Drug Abuse Prevention Initiative <https://stoprxabuseinga.org>

¹⁰² Georgia Prescription Drug Abuse Prevention Initiative <https://stoprxabuseinga.org/prescription-drug-disposal/>

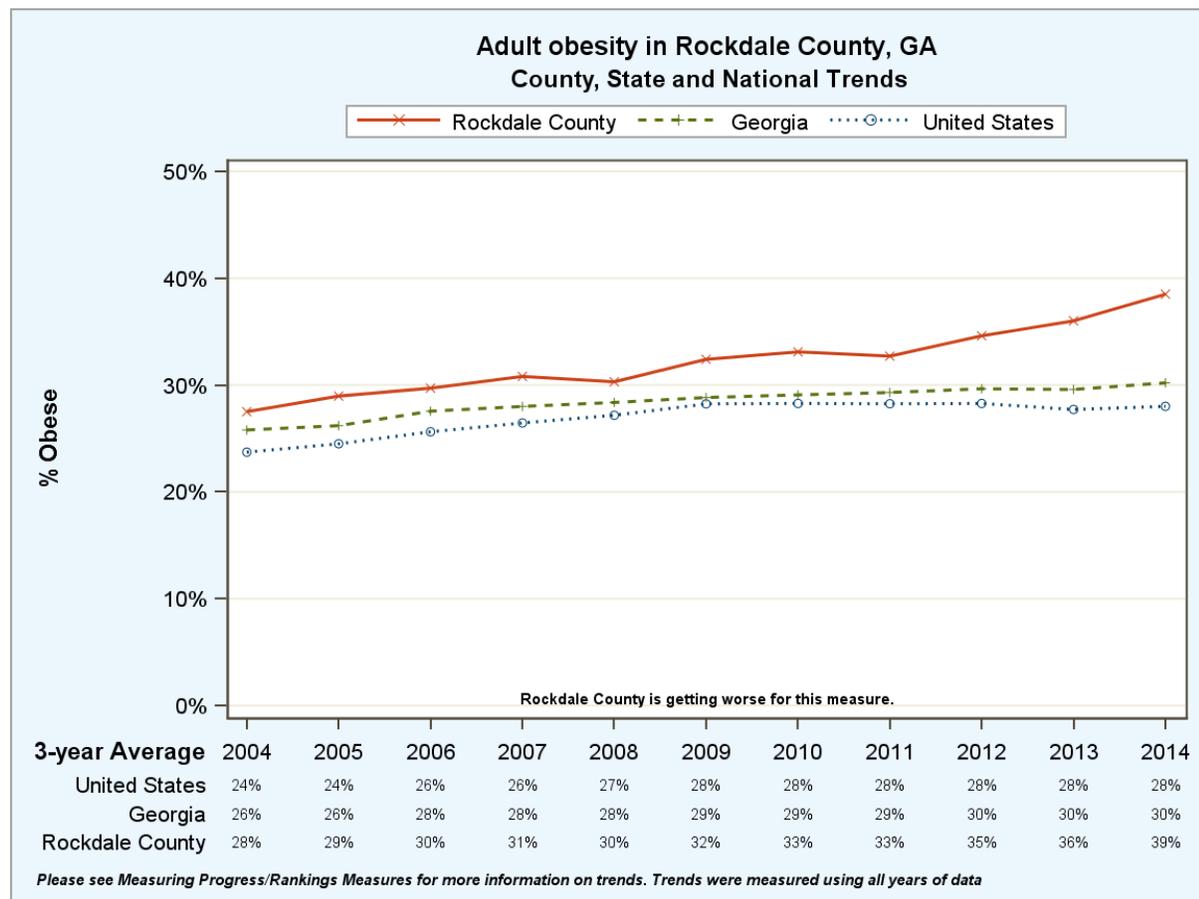
Chronic Diseases

Rockdale County faces a growing burden of chronic disease. Interventions to foster healthy behaviors, prevent chronic disease, and treat these diseases in their early stages have huge potential impacts on health and are imperative to consider and implement.

Adult Obesity

An estimated 39% of Rockdale County adults are obese (defined as a body mass index of 30 or higher) compared with a statewide percentage of 30% (Figure 21). This level of obesity puts over one-third of adult residents at higher risk for serious conditions like diabetes, heart disease, cancer, osteoarthritis, respiratory problems, and stroke. It is important to note that this degree of obesity is relatively new for both Rockdale County and Georgia. For instance, back in 1990, Georgia's obesity rate was only 10%.

Figure 21. Adult Obesity Rate in Rockdale County



From 2009 to 2011, an estimated one in seven (15.4%) Rockdale low-income children in preschool (ages 2-4) were obese compared with a nationwide county average of 14%.¹⁰³ Obesity this early in life carries both immediate and potentially severe long-term risks. Nationwide, childhood obesity has increased dramatically in recent decades, raising concern that many of today's children might live shorter lives than their parents. In Georgia, obesity-related hospitalizations of children cost \$2.1 million a year and continue to rise.¹⁰⁴

Diabetes

Diabetes affects nearly all of the body's organ systems and can lead to disability and early death. In 2014, an estimated 14% of Rockdale adults had been diagnosed with diabetes, which was higher than the Georgia estimate of 11%.¹⁰⁵ Diabetes is a part of the growing chronic disease trend. From 1996 to 2010, the percent of Georgians with diabetes more than doubled from 4% to 10% and the number of people with the disease more than tripled (Figure 22).¹⁰⁶ From 2013 to 2017, diabetes was the seventh leading cause of death in Rockdale County.¹⁰⁷

¹⁰³ National Initiative for Children's Healthcare Quality http://static.nichq.org/obesity-factsheets/Georgia/GA_Rockdale_factsheet.pdf

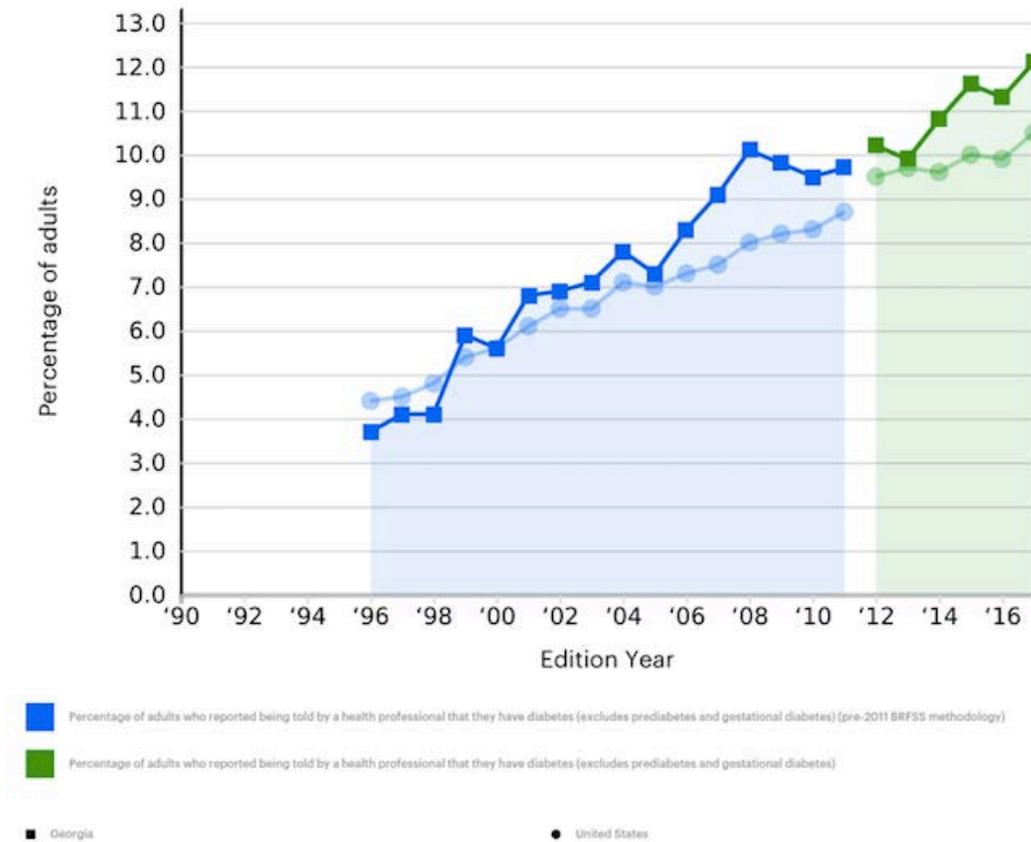
¹⁰⁴ Georgia Department of Public Health http://dph.georgia.gov/sites/dph.georgia.gov/files/related_files/site_page/2010%20Child%20and%20Youth%20Obesity%20Data%20Summary.pdf

¹⁰⁵ County Health Rankings, 2018

¹⁰⁶ America's Health Rankings <https://www.americashealthrankings.org/explore/annual/measure/Diabetes/state/GA>

¹⁰⁷ Georgia Online Analytical Statistical Information System

Figure 22. Percentage of Adults with Diabetic Diagnosis in Georgia and US



In 2017, the age-adjusted death rate due to diabetes in Rockdale County was 30.8 per 100,000 population compared with a statewide rate of 21.5 per 100,000. From 2009 to 2011, the age-adjusted death rate due to diabetes in Rockdale was 19.8 per 100,000, showing a significant increase. Although the age-adjusted death rate was higher for men than women from 2009 to 2011, the 2017 rates are almost identical (30.5 for men and 30.4 for women).¹⁰⁸

African-Americans had a higher age-adjusted death rate from diabetes in Rockdale (55 per 100,000) when compared to Georgia (35.5 per 100,000), but both rates were higher than that of non-Hispanic White residents (22.4 per 100,000 in Rockdale and 17.6 per 100,000 in Georgia).¹⁰⁹ These data display a clear health disparity and suggest that innovative and culturally relevant prevention and intervention strategies, addressing structural and behavioral aspects, need to be introduced to increase access to care and disease surveillance, healthy and affordable foods, and regular physical activity, specifically among minority communities.

¹⁰⁸ Georgia Online Analytical Statistical Information System

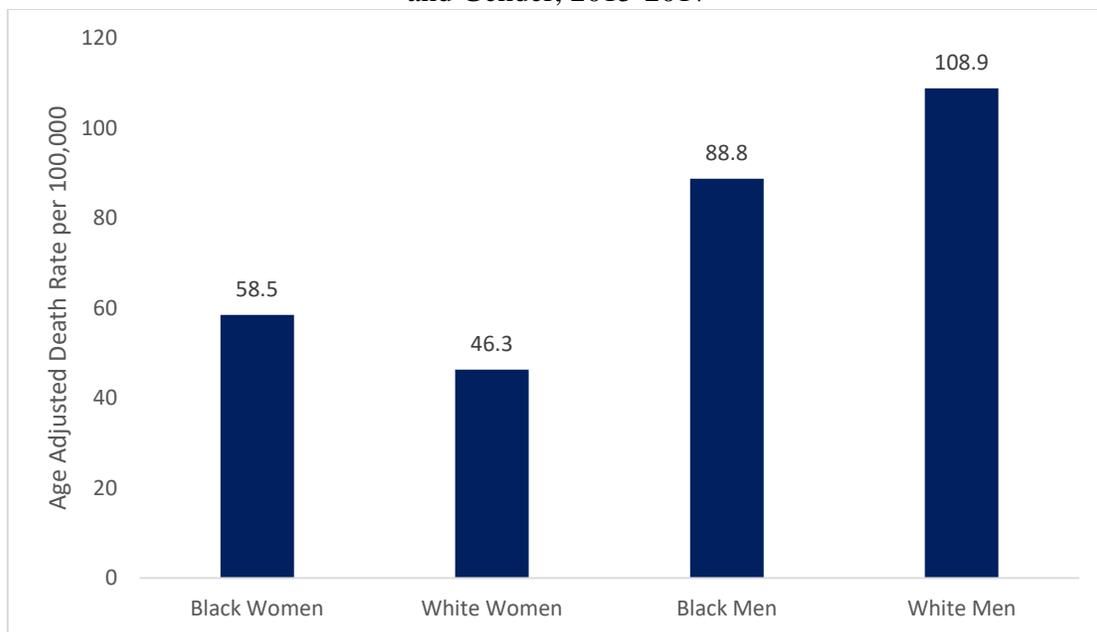
¹⁰⁹ Georgia Online Analytical Statistical Information System

Cardiovascular Disease and Stroke

In 2017, major cardiovascular diseases were responsible for nearly a quarter of the deaths in Rockdale County.¹¹⁰ These diseases are strongly related to obesity, diabetes, high blood pressure, and tobacco use. Although Rockdale’s age-adjusted rates of heart disease and stroke are below the statewide averages, they remain important health threats in the county, just as they are nationwide. Smoking, lack of physical activity, poor diet, high cholesterol, diabetes, and high blood pressure are all risk factors for heart disease and stroke.

The age-adjusted death rate due to “obstructive” heart disease (which includes heart attacks) in Rockdale County was 69.6 per 100,000 from 2015 to 2017, which was lower than the statewide rate of 74.6 per 100,000, but higher than Rockdale’s rate from 2009 to 2011 (64.4 per 100,000). Women had lower rates than men (48.4 per 100,000 and 98.2 per 100,000, respectively). Non-Hispanic Black residents had lower rates than non-Hispanic White residents (71.8 per 100,000 and 73.7 per 100,000, respectively), however, non-Hispanic Black women had higher rates than non-Hispanic White women (Figure 23).¹¹¹

Figure 23. Age Adjusted Death Rate for Obstructive Heart Disease in Rockdale County by Race and Gender, 2015-2017

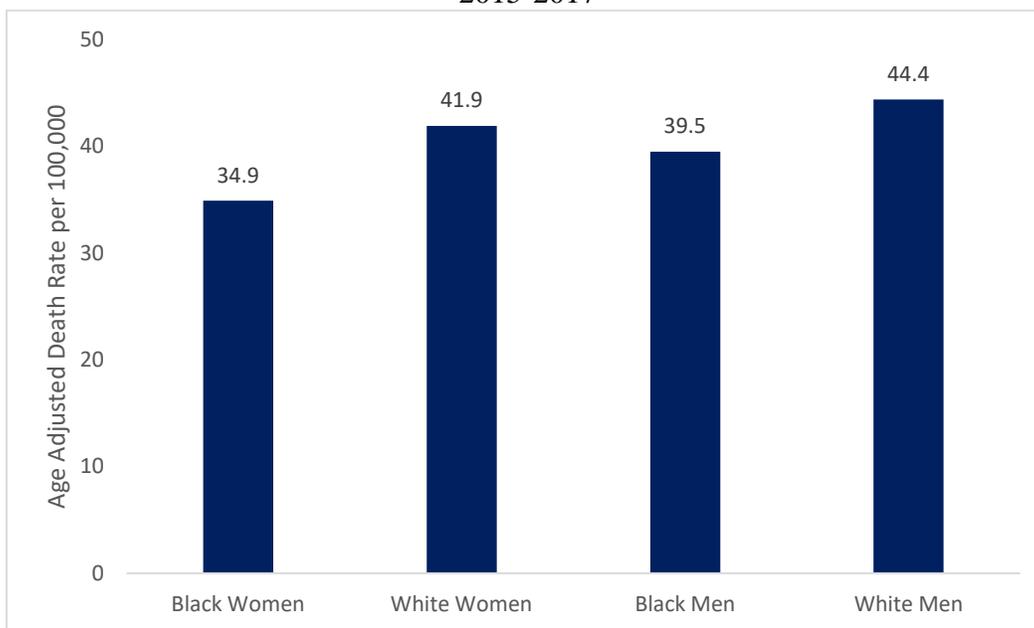


¹¹⁰ Georgia Online Analytical Statistical Information System

¹¹¹ Georgia Online Analytical Statistical Information System

Strokes, sometimes referred to as “brain attacks,” are one of the leading causes of death in the United States. The age-adjusted death rate due to stroke in Rockdale County from 2015 to 2017 was 39.4 per 100,000 (compared to 37.1 from 2009 to 2011), which was lower than the Georgia rate of 43.8 per 100,000. Figure 24 shows non-Hispanic White men had a higher age-adjusted rate (44.4 per 100,000) of stroke than non-Hispanic Black men (39.5 per 100,000) and both non-Hispanic White (41.9 per 100,000) and non-Hispanic Black women (34.9 per 100,000). At the time of the 2014 Rockdale Community Health Assessment, White women had the highest age-adjusted death rate due to stroke.¹¹²

Figure 24. Age-Adjusted Death Rate due to Stroke in Rockdale County, by Race and Gender, 2015-2017



Emphysema and Chronic Bronchitis

Emphysema and chronic bronchitis are the fourth leading cause of disability and death in the United States.¹¹³ Tobacco smoke is a key factor in the development and progression of these diseases. The age-adjusted death rate from emphysema and chronic bronchitis from 2013 to 2017 in Rockdale County was 3.7 per 100,000 population (2.6 in Georgia).¹¹⁴ Avoiding tobacco smoke is the key way to prevent both emphysema and chronic bronchitis.

¹¹² Georgia Online Analytical Statistical Information System

¹¹³ Centers for Disease Control, https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_06.pdf

¹¹⁴ Georgia Online Analytical Statistical Information System

Cancer

Cancer caused more than one in five deaths in Rockdale County from 2013 to 2017.

In 2013 to 2017, the overall age-adjusted death rate due to cancer in Rockdale County was 152.7 deaths per 100,000 population, which was below the Georgia average of 160.7 per 100,000 and met the Healthy People 2020 target of 161 per 100,000. It was also lower than the 2007 to 2011 rate of 162 deaths per 100,000.^{115 116}

The following table displays the age-adjusted death rate due to cancer by race and sex in Rockdale County from 2013-2017.¹¹⁷

Table 4. Age-Adjusted Death Rate due to Cancer by Race and Gender

Population Group	Age-Adjusted Death Rate Due to Cancer (per 100,000)
White	168.0
White male	210.2
White female	136.4
Black or African American	131.9
Black or African American Male	174.1
Black or African American Female	111.6

Lung cancer, colorectal cancer, breast cancer, and prostate cancer are the four most common types of cancer in Rockdale County and nationwide. Rockdale County age-adjusted death rates due to these cancers were below statewide rates except for breast cancer.¹¹⁸

The following table outlines the age-adjusted death rates from 2013-2017 due to the four most common types of cancer in Rockdale County compared to Georgia.

Table 5. Age-Adjusted Death Rate due to Cancer by Type

Cancer Type	Age-Adjusted Death Rate (per 100,000) in Rockdale	Age-Adjusted Death Rate (per 100,000) in Georgia
Lung	36.0	42.2
Colorectal	14.3	15.1
Breast	14.7	12.3
Prostate	7.8	8.6

¹¹⁵ Georgia Online Analytical Statistical Information System

¹¹⁶ Healthy People 2020

¹¹⁷ Georgia Online Analytical Statistical Information System

¹¹⁸ Georgia Online Analytical Statistical Information System

Maternal and Infant Health

Of the 969 births to Rockdale County mothers in 2017, over half (54%) were to women age 20 to 29 years, about a third (37%) were to women 30 to 39 years, about one in twenty (5.6%) were to girls and women 10 to 19 years, and 2.8% were to women 40 years and older. About 70% of the births to mothers in their 40s were to African American mothers, compared with 61% of births for mothers in their 30s, 60% of mothers in their 20s, and 56.8% for mothers 10 to 19 years.¹¹⁹

Among the 969 births to Rockdale County mothers in 2017, 12% of infants were born premature or preterm (defined as birth before the end of the 37th week of pregnancy). This percentage was higher than the statewide average of 10.7%. Preterm birth is a leading cause of infant death and disability and may be influenced by smoking, alcohol use, stress, and lack of prenatal care and vitamins. In Rockdale County in 2017, women in their 40s had the highest rates of preterm delivery. Among race/ethnic groups, Black or African American women were most likely to have preterm birth (13.9%), followed by non-Hispanic White women (13.5%) and Hispanic or Latina women (13.1%).¹²⁰

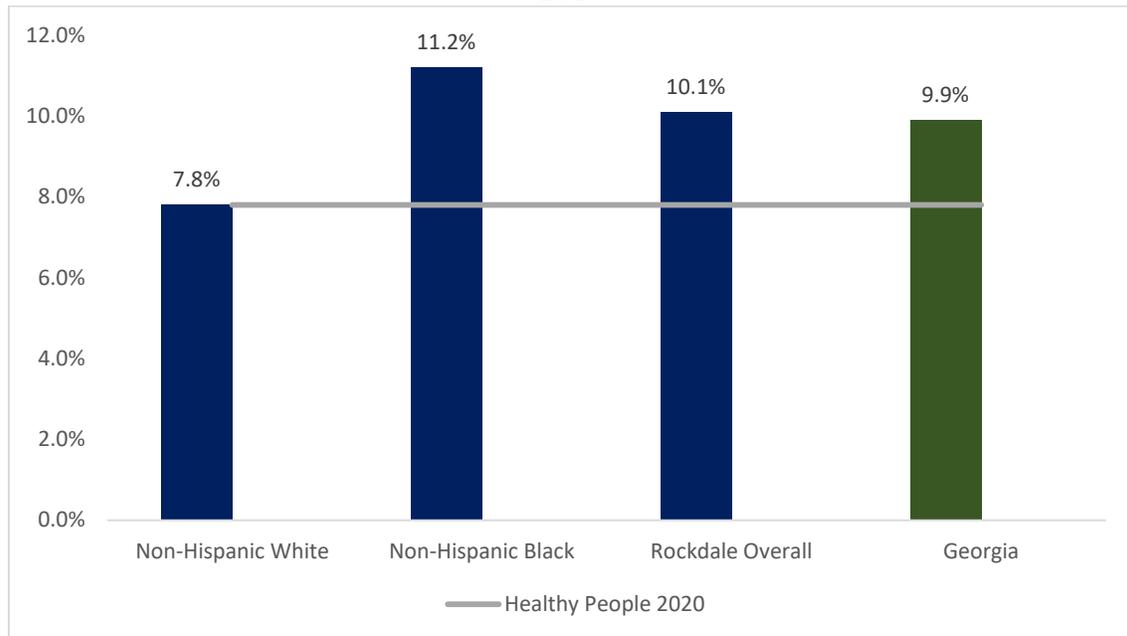
Low birth weight is closely related to preterm birth but may be caused by other factors. About 10.1% of babies born in Rockdale County in 2017 had low birth weight (less than 5 pounds, 8 ounces), which was higher than the statewide average of 9.9% and higher than the Healthy People 2020 target of 7.8% (Figure 25).¹²¹ Low birth weight was most common among women over 40, and Black or African American women.

¹¹⁹ Georgia Online Analytical Statistical Information System, Birth
<https://oasis.state.ga.us/oasis/webquery/qryBirth.aspx>

¹²⁰ Georgia Online Analytical Statistical Information System, Birth

¹²¹ Georgia Online Analytical Statistical Information System, Birth

Figure 25. Percent of Newborns with Low Birth Weight born to Rockdale County Mothers, 2017



Babies born at a very low birth weight (less than 3 pounds, 5 ounces) are at high risk of complications like infection, sudden infant death syndrome (SIDS), breathing problems, and bleeding inside the brain. About 2.2% of babies born in Rockdale County in 2017 had very low birth weight. This percentage was higher than the state average (1.8%) and the Healthy People 2020 target (1.4%). Risk factors for very low birth weight are similar to those for low birth weight.¹²²

Mothers who Smoked During Pregnancy

Smoking during pregnancy poses significant risks to both the mother and the fetus, including an increased risk for preterm birth and low birth weight. From 2013 to 2017, 5.6% of pregnant women in Rockdale County smoked. This percentage was slightly higher than the statewide percentage of 5.5% and over four times the percentage in nearby Gwinnett County (1.3%). On the positive side, smoking rates among pregnant women have declined substantially since 2000 to 2001 (12.2%). Smoking during pregnancy was far more common among non-Hispanic White women (15%) than non-Hispanic Black women (2.1%) and Hispanic or Latina women (2.3%). In terms of age groups, pregnant women age 20 to 24 years (6.9%) and 25 to 29 years (6.6%) had the highest smoking rates.¹²³

¹²² Georgia Online Analytical Statistical Information System, Birth

¹²³ Georgia Online Analytical Statistical Information System, Birth

Teen Pregnancy

According to the Healthy Communities Institute, teen pregnancy and childbearing have substantial social and economic impacts for communities, contributing to high school dropout and increased health care and foster care costs. Teen pregnancy has declined substantially in Rockdale County and Georgia as a whole over the past decade, but still remains high compared to other industrialized countries where rates are much lower.¹²⁴

In 2017, the teen pregnancy rate in Rockdale County was 10.6 per 1,000 girls age 15 to 17, which was lower than the Georgia statewide rate of 12.3 per 1,000, as seen in Figure 26. In 2000, the rate was three times as high (33.6 per 1,000).¹²⁵ This is also below the Healthy People 2020 target of 36.2.¹²⁶

Figure 26. Teen Pregnancy Rate per 1,000 Females aged 15-17 in Rockdale County, 2000-2017



Infectious Diseases

Infectious disease, including influenza, pneumonia, tuberculosis, HIV, hepatitis, and sexually transmitted infections, remain a threat to Rockdale County's health. Ongoing vigilance is critical in our increasingly interconnected world.

According to the National Foundation for Infectious Disease, each year, on average, in the U.S., more than 50,000 adults die from vaccine-preventable diseases.¹²⁷ A number of diseases and infections are easily prevented in both children and adults through adequate immunizations

¹²⁴ Health and Human Services, Teen Pregnancy <http://www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/teen-pregnancy/trends.html>

¹²⁵ Georgia Online Analytical Statistical Information System, Birth

¹²⁶ Healthy People 2020 <https://www.healthypeople.gov/2020/topics-objectives/topic/family-planning/objectives>

¹²⁷ National Foundation for Infectious Diseases <http://www.nfid.org/about-vaccines/reasons>

including diphtheria*, *Haemophilus influenzae* type B* (Hib), hepatitis A, hepatitis B*, measles*, mumps*, pertussis* (whooping cough), polio*, rubella* (German measles), *Streptococcus pneumoniae*, tetanus* (lockjaw), and varicella* (chickenpox). Georgia law requires vaccination for the diseases marked with an asterisk (*) for children who attend daycare and prior to entry into school.

Influenza, Pneumonia, and Varicella

Influenza and pneumonia rank eight among the leading causes of death in the United States, and vaccines for influenza and pneumonia can help prevent serious illness and death.¹²⁸ In Rockdale County, the 2015 to 2017 age-adjusted death rate due to influenza and pneumonia was 12.1 per 100,000 population. By comparison, the statewide rate was 14.3 per 100,000, but the rate in nearby Gwinnett County was 9.2 per 100,000.

Varicella-Zoster Virus is extremely contagious, causing an itchy, blister like rash known as chicken pox. Varicella can be very serious, especially in infants, adolescents, adults, pregnant women, and the immunocompromised, causing hospitalization, death, and put individuals at risk for shingles.¹²⁹ Vaccinations are available for varicella. In 2018, 5 cases of varicella were identified in Rockdale County.

HIV/AIDS

HIV/AIDS affects people in Rockdale County. In 2015, there were 397 per 100,000 population aged 13 years and older living with a diagnosis of human immunodeficiency virus (290 cases). This figure was lower than the statewide prevalence of 588 per 100,000. Of the 290 cases in Rockdale County, 193 cases were male and 97 were female. Two hundred and fifteen cases were Black or African American individuals, 49 were White, 8 were Hispanic or Latino, and 18 identified as other races. Eighteen cases were individuals age 13 to 24 years, 36 were 25 to 34 years old, 68 were 35 to 44 years old, 102 were 45 to 54 years old, and 66 were 55 years or older. 78.8% of cases of HIV in Rockdale County involve men who have sex with men.¹³⁰ There were 5 cases of HIV in 2017 that were tested or received care by the Health Department (compared to less than 5 in 2014). However, an estimated one in five people with HIV nationwide are unaware of their status, suggesting that rates of HIV are likely higher, particularly among young people.¹³¹

Hepatitis

Hepatitis is a viral disease that causes inflammation of the liver. Transmission and/or treatment differ depending on which virus causes the illness. There are five possible viruses named hepatitis: A, B, C, D, and E viruses. Other viruses may cause hepatitis but are very rare. In Georgia, hepatitis A, B, and C are reportable diseases; hepatitis D is not reportable as it only

¹²⁸ Centers for Disease Control, Leading Causes of Death <https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>

¹²⁹ CDC Chickenpox <https://www.cdc.gov/chickenpox/>

¹³⁰ AIDSvu <https://aidsvu.org/resources/#/2015>

¹³¹ AIDS.gov <http://aids.gov/federal-resources/policies/care-continuum/>

occurs among individuals already infected with hepatitis B; hepatitis E is not monitored as it is not found in the U.S. Vaccines are available for both hepatitis A and B, but no vaccine is available for hepatitis C.

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

Sexually Transmitted Diseases

In 2012, Georgia's rates of sexually transmitted diseases (STDs) like Syphilis, Gonorrhea, and Chlamydia, were among the highest in the country (within the top 10 for each).¹³²

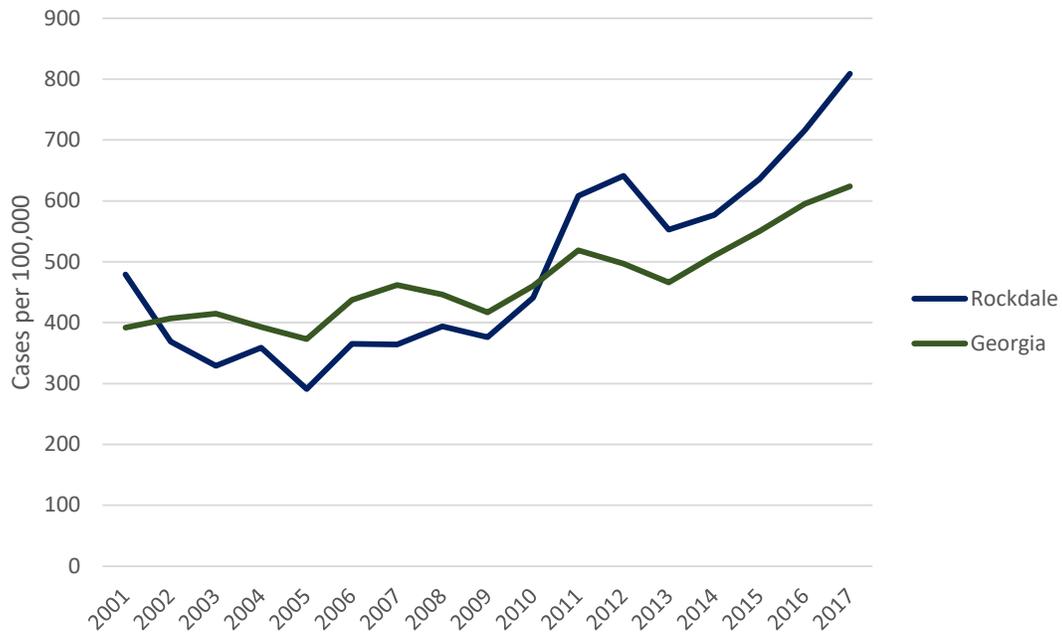
Chlamydia

Like elsewhere in Georgia, STDs are a health problem in Rockdale County. In 2017, there were 809.4 cases of Chlamydia per 100,000 people, representing a more than 80% increase from 2010, when the rate was 441.3 per 100,000. The statewide rate was 623.7 per 100,000 in 2017 (Figure 27). The reported incidence of Chlamydia in Rockdale County was highest among non-Hispanic Black residents and women.¹³³

¹³² Centers for Disease Control, Sexually Transmitted Diseases <https://www.cdc.gov/std/stats17/toc.htm>

¹³³ Georgia Online Analytical Statistical Information System

Figure 27. Chlamydia Cases per 100,000 in Rockdale County and Georgia, 2001 to 2017

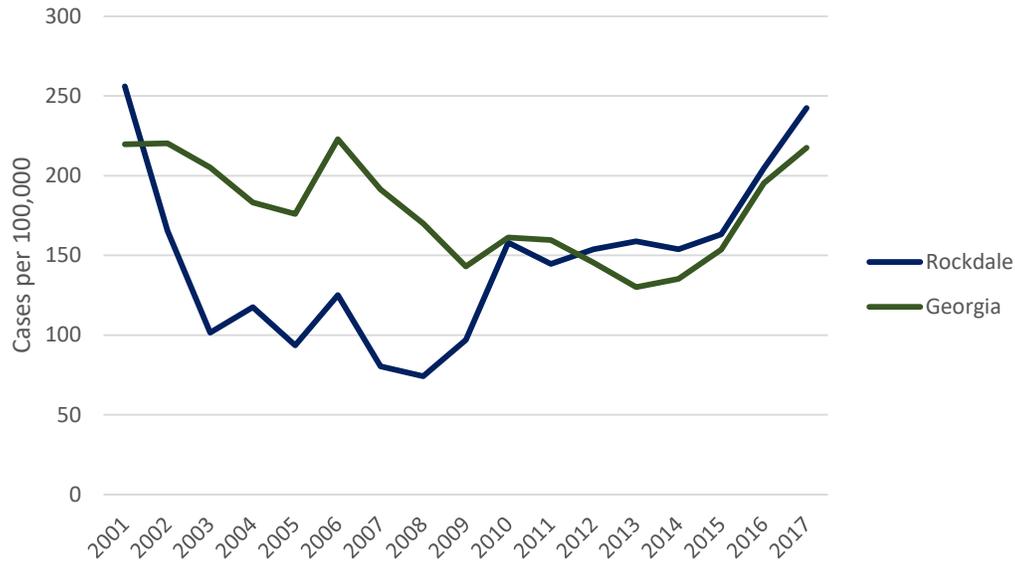


Gonorrhea

Like Chlamydia, Gonorrhea can cause serious and permanent health problems in women and men. The 2017 Gonorrhea rate for Rockdale County was 242.5 per 100,000 compared with a statewide rate of 217.5 per 100,000 (Figure 28). The Gonorrhea rate for Black or African American residents (247.6 per 100,000) was over seven times the rate for White residents (33.3 per 100,000). The rate for men (274.7 per 100,000) was higher than the rate for women (211.7 per 100,000). Rates were highest among young adults age 20 to 24 years.¹³⁴

¹³⁴ Georgia Online Analytical Statistical Information System

Figure 28. Gonorrhea Cases per 100,000 in Rockdale County and Georgia, 2001 to 2017



Syphilis

The 2017 rate for Syphilis was 27.7 per 100,000 in Rockdale County compared with a statewide rate of 41.8 per 100,000 (these rates include primary, secondary, early latent, late latency, unknown latency, and neuro). Nineteen of the 25 cases reported in 2012 in Rockdale County were among Black or African American Individuals.¹³⁵

¹³⁵ Georgia Online Analytical Statistical Information System

Mental Health and Social Support

In 2016, Rockdale County residents reported an estimated 3.8 days of poor mental health in the 30 days before interview (same as the Georgia average). Additionally, 12% of adults in Rockdale County reported 14 or more days of poor mental health per month. From 2005 to 2010, 20% of adults reported that they did not get the social and emotional support they needed, similar to the overall Georgia percentage of 21%. This indicator is important for overall health because research has shown that people with social and emotional support experience better health outcomes (including recovery from cardiac surgery, coping with cancer pain, and overall longevity) compared with people who lack such support.¹³⁶

Mental Health Care Providers

In 2017, there was an estimated 1 mental health care provider per 920 residents in Rockdale County compared to 1 mental health care provider per 830 residents in all of Georgia. This is a significant improvement from 2011 to 2012 when there was an estimated 1 mental health care provider per 7,118 residents in Rockdale.¹³⁷

Suicide

Suicide is a major, preventable public health problem and was the tenth leading cause of death in the United States in 2014.¹³⁸ As previously stated, it is important to note that intentional harm or suicide is within the top five leading causes of premature death for six of the eleven age groups. In recent years, suicide and mental illness have more prominently come into view as imminent, extraordinarily important issues to address, especially among young people. In Rockdale, it is the number one cause of premature death among children age 10 to 14.¹³⁹

The 2015 to 2017 age-adjusted death rate due to suicide in Rockdale was 15.7 per 100,000, which was higher than the statewide rate of 13 per 100,000 and Rockdale's rate from 2009 to 2011 (10.8 per 100,000). The age-adjusted rate for males (27.4 per 100,000) was nearly five times the rate for women (6.1 per 100,000).¹⁴⁰

People 65+ Living Alone

People over age 65 years who live alone may be at risk for social isolation, limited access to support, and institutionalization. According to the 2012 to 2016 American Community Survey 5-year estimates, 7.7% of occupied housing units in Rockdale County were occupied by an individual age 65 years or older who lived alone.¹⁴¹

¹³⁶ County Health Rankings, 2018

¹³⁷ County Health Rankings, 2018

¹³⁸ National Institute of Mental Health <https://www.nimh.nih.gov/health/statistics/suicide.shtml>

¹³⁹ Georgia Online Analytical Statistical Information System

¹⁴⁰ Georgia Online Analytical Statistical Information System

¹⁴¹ American Fact Finder <https://factfinder.census.gov/faces/tables/services/jsf/pages/productview.xhtml?src=CF>

Alzheimer's Disease

Alzheimer's disease is the fifth leading cause of death in the United States among adults 65 years and older.¹⁴² In Rockdale County, the age-adjusted death rate due to Alzheimer's in 2015 to 2017 was 48.1 per 100,000, which was slightly lower than the statewide rate of 49.8 per 100,000, but higher than the 2009 to 2011 rate of 23.6 per 100,000.¹⁴³

No specific actions have been clearly shown to reduce the risk of Alzheimer's disease. However, diabetes, smoking, and depression have been associated with cognitive decline (or worsening mental function), and cognitive engagement and physical activity have been associated with a *lower* risk of cognitive decline. Since smoking cessation, physical activity, social and cognitive engagement, and prevention of diabetes have many other positive health benefits, promoting these activities is clearly worthwhile and might help prevent Alzheimer's disease.

¹⁴² Alzheimer's Association <https://www.alz.org/alzheimers-dementia/facts-figures>

¹⁴³ Georgia Online Analytical Statistical Information System

Section 3: Community Health Improvement Plan

Demographic Change Community Plan

Although the growth rate of Rockdale County has slowed to about 1% each year in recent years, the population is continuing to change. The county has become increasingly diverse and the senior population continues to grow. Many of these seniors will require more services and care.

The Rockdale County Health Department will continue to serve the language needs of a diverse clientele. They will maintain staff of at least 50 members who are certified in one of nine languages other than English or native speakers that language. The health department will also continue to provide staff access to medical translator certifications. The health clinic also offers telephone based interpreter services.¹⁴⁴

The Rockdale County Senior Center offers information and resources for residents 60 years and older. They also offer personal assistance to those in need, including transportation. The Rockdale County Community Resource List includes information on organizations that address the needs of parents (pages 65 -66) and seniors (pages 77-79).¹⁴⁵

Basic Needs Resources and Improvement Plan

Rockdale County's median household income continues to exceed that of the state, but many county residents, especially children, live in poverty.

Several community resources exist to help meet residents' basic food needs. The health department administers the Women, Infants, and Children (WIC) program, which provides nutrition education, breastfeeding support, and supplemental foods to low-income families.¹⁴⁶ The Georgia Division of Family and Children Services (DFCS) of the Georgia Department of Human Services provide residents with food stamps through the Georgia Supplemental Nutrition Assistance Program (SNAP).¹⁴⁷ DFCS also provides Temporary Assistance to Needy Families (TANF).

The Rockdale Coalition's Community Resource List includes resources on clothing assistance (Pages 28-29), financial assistance (pages 41-43), and food assistance (pages 44-51).¹⁴⁸ The Rockdale Coalition collaborates with the Rockdale Community Resource Network, Restoration Storehouse, Georgia Family Connections, Days of Connection, and the Rockdale Community Resource Center.¹⁴⁹ The Rockdale Coalition also promotes community services by recognizing

¹⁴⁴ Gwinnett, Newton, and Rockdale County Health Department

¹⁴⁵ Rockdale Coalition Community Resource List <http://www.rockdalecoalition.org/wp-content/uploads/2018/11/CRN-Resource-Guide-11-18.pdf>

¹⁴⁶ Rockdale County Health Department <http://www.gnrhealth.com/services/clinical-services/women-infants-children-wic/>

¹⁴⁷ Georgia Division of Family and Children Services <http://dfcs.dhs.georgia.gov/food-stamps>

¹⁴⁸ Rockdale Coalition Community Resource List.

¹⁴⁹ Rockdale Coalition Partnerships <http://www.rockdalecoalition.org/partnerships/>

people that have made outstanding contributions to the community through the F. William Hughey Community Service Award and the John K. Morgan Community Service Scholarship.

Leadership Rockdale, part of the Rockdale Chamber of Commerce, is dedicated to enhancing personal and professional growth to benefit the community. Leadership Rockdale directs Hands across Rockdale, which coordinates and promotes volunteer efforts in the county.¹⁵⁰

The Partnership for Community Action, which serves Rockdale, DeKalb, and Gwinnett Counties, works to create opportunities that lead to family self-sufficiency, in part by providing employment specialists who can assist residents with employment and career services.¹⁵¹ Piedmont Technical College provides training and educational workshops for those in need of employment through the program Rockdale Works.¹⁵²

Housing Community Improvement Plan

Many Rockdale County residents are cost-burdened when it comes to their housing and foreclosures continue to take place.

The Rockdale Coalition's Community Resource List provides information on area shelters and transitional housing (pages 80-88).¹⁵³

The Restoration Storehouse is a collaboration of multiple of Rockdale County's resources, housed together to increase the likelihood of use, efficacy, and ability to provide services to the community. The Rockdale HOPES (Housing Opportunities for People Experiencing Setbacks) Coalition as well as the Rockdale Emergency Relief (RER) are housed in the Restoration Storehouse.¹⁵⁴

Rockdale HOPES connects community organizations to help provide solutions for families who are facing housing challenges.¹⁵⁵ RER provides Rockdale County residents with temporary financial assistance for urgent needs like past-due rent and utilities, medical needs (on a limited scale), and for disasters. They also screen for the community closest, manage the Rockdale Community Food Bank, coordinate community holiday assistance programs, and distribute comfort items like fans and electric heaters. Together with the local law enforcement, RER operates a voucher program that provides shelter for people who are stranded or experiencing temporary homelessness.¹⁵⁶

¹⁵⁰ Conyers Rockdale Chamber of Commerce <https://conyers-rockdale.com/leadership-rockdale/>

¹⁵¹ Partnership for Community Action www.paction.org

¹⁵² Rockdale Works! <https://files.constantcontact.com/6680c338701/cc496250-c17d-460e-bdf3-9f1d10c08f32.pdf>

¹⁵³ Rockdale Coalition Community Resource List

¹⁵⁴ Restoration Storehouse <http://www.restorationstorehouse.org/>

¹⁵⁵ Restoration Storehouse About Rockdale Coalition <http://www.restorationstorehouse.org/about-rockdale-coalition-for-families-and-children/>

¹⁵⁶ Restoration Storehouse About Rockdale Emergency Relief <http://www.restorationstorehouse.org/about-rockdale-emergency-relief/>

Education Community Improvement Plan

The Rockdale Coalition’s Community Resource List provides information for childcare assistance (pages 26-27), including information on Georgia’s lottery funded Pre-K program, parenting workshops, and the Childcare and Parent Services program of Rockdale’s Department of Family and Children Services, which can help families pay for early childhood and school age care and education programs. The Community Resource List also provides information on resources for GED preparation, early literacy, and professional development (pages 39-40).¹⁵⁷

The STARS Project, a partner of Rockdale County Public Schools, that aimed to “provide safe and orderly schools and support services,” has finished their work, but has made lasting effects. There continue to be mental health specialists and intervention specialists in all Rockdale high schools. New community partners, such as the Peer Leaders program, have arose, with trained leaders and peers providing education about violence, bullying, and drug and alcohol abuse in six schools.¹⁵⁸

Transportation Improvement Plan

Rockdale County residents have, on average, long commutes which often negatively impact quality of life. The County appears to be generally accessible to people with access to vehicles, however transportation is a significant problem to those without a privately owned car or truck. These include children, seniors, low income residents, and those with disabilities. The Comprehensive Plan and Rockdale in Motion offer opportunities and recommendations to improve public transit and active transportation, like biking or walking, which contribute to overall health.

Some transportation methods already exist and can be expanded upon, such as the Rockdale Senior Center’s transportation voucher program. The program is able to offer lower cost rides since there is no charge for cost of operation because of grant funding. Expanding this service could decrease the waiting list. Rockdale County is also continually working with GRTA (Georgia Regional Transportation Authority) regarding Xpress expansion plans and future park and ride facilities within Rockdale County. Several private shuttle and cab operators, such as for churches and day cares, operate within the county and could be expanded.

Public transportation, such as City or County Buses, expanded MARTA services, and commuter rails have all been considered and desired by some residents, but at the present time have been suspended.

Rockdale in Motion, in their Recommendations Report, suggests additions to existing roads to improve active transit, like bicycling and walking, along specific high traffic roadways and connections. They also continue to advise the building of sidewalks in areas within 0.5 miles of schools, library, hospital, shopping centers, and the park and ride lots, as well as linking to parks and existing networks.

¹⁵⁷ Rockdale Coalition Community Resource List

¹⁵⁸ Rockdale County Public Schools

https://www.rockdaleschools.org/departments/teaching_and_learning/community_and_student_support

System wide policy recommendations include:

- Use Access Management approaches to number of driveways, intersections, and turning points, to help limit curb cuts and create safer environments for active transportation
- Connecting new subdivisions and developments to improve traffic and decrease major road use.
- Embrace Complete Streets, which create more equitable and safe travel for everyone while encouraging the use of transit, bicycles, or walking, in urban areas of the county.
- The County should encourage more nodal patterns, where residential and commercial use properties are close enough to decrease transit time and be able to walk or bike between them.

Subdivision and Zoning codes based on the Comprehensive Land Use plan considers constructing sidewalks on both sides of the road in subdivisions and along street in front of any development, as constructing paths or bike lanes, proving pedestrian walkway connects to improve access. They also require bicycle parking at all newly built commercial, office, or retail developments.

Environment Community Improvement Plan

As shown by the unfavorable environmental ranking from County Health Rankings, Rockdale County faces several environmental challenges, including problems access to healthy foods and recreational facilities.

The Rockdale Coalition’s Community Resource List provides a wealth of information about activities for youth and families.¹⁵⁹ The county government also maintains a list of Rockdale County Parks and Recreation Facilities.¹⁶⁰

To help protect water quality, the Rockdale County Health Department Environmental Health works to ensure that septic systems and public pools do not pose a threat to residents’ health or the environment.¹⁶¹

Safety Community Improvement Plan

Available data suggests that even with a decrease of deaths, violent crime and motor vehicle safety could be improved in Rockdale County.

Changes in road design and community health development may reduce the number of deaths. Because drinking is involved with approximately one-third of deaths from car crashes, interventions to reduce drinking and driving would help protect the health of Rockdale residents. These evidence-based intervention include publicized sobriety checkpoints, mass media campaigns, ignition interlocks, and school based intervention programs. Programs that increase

¹⁵⁹ Rockdale Coalition Community Resource List

¹⁶⁰ Rockdale County Parks and Recreation Facilities <https://rockdalecountyga.gov/about/company-history/county-departments/recreation-and-maintenance/>

¹⁶¹ Rockdale County Environmental Health <http://www.gnrhealth.com/locations/rockdale/environmental-health-department/>

the use of child safety seats like community-wide information and enhanced enforcement campaigns, can help protect children.^{162, 163}

To help protect the county’s youngest residents, the Health Department sought and received a state grant for car safety seats. The Health Department promotes the car seat initiative through the Women, Infants, and Children (WIC) program and, in partnership with the local organization Prevent Child Abuse Rockdale, provides free car seats and training on proper use to low-income participants.¹⁶⁴

Students against Destructive Decisions (SADD)¹⁶⁵, Teens in the Driver's Seat¹⁶⁶, and Peer Educator¹⁶⁷ clubs in high schools do alcohol, tobacco and other drug (ATOD) education. There is also a Responsible Alcohol Sales and Service (RASS) training program for Conyers vendors that has been shown to be effective, and is planned to expand to the rest of Rockdale County.

The American Association of Poison Control Centers provides information about poisoning prevention on their website. The National Georgia Poison Control operates a 24-hour emergency treatment information service (www.georgiapoisoncenter.org, 800-222-1222)

The Rockdale Coalition’s Community Resource List provides information on legal resources.¹⁶⁸

The Rockdale County Task Force on Family Violence is a long-standing organization that works to end family violence in the county and increase victim safety and offender accountability through “coordinating local services and effecting change through creating a coordinated community response to domestic violence.”¹⁶⁹

Emergency Preparedness Improvement Plan

The Rockdale County Health Department will work to increase the community partners involved in the Emergency Preparedness in Response. To do this, the health department will meet with at least three local leaders who support specific vulnerable populations to discuss collaboration and establish priorities moving forward.

To improve emergency response capabilities in responding to mass care/shelter operations, the Health Department will:

- Develop Point of Dispensing (POD) training videos targeted to GNR staff who might work in POD & shelters
- Use the training video created for health department staff as a template to create a school employee focused POD training video for inclusion in staff in-service training sessions.

¹⁶² National Highway Traffic Safety Association <https://www.nhtsa.gov/risky-driving/drunken-driving>

¹⁶³ The Community Guide <https://www.thecommunityguide.org/sites/default/files/assets/What-Works-Factsheet-MotorVehicle.pdf>

¹⁶⁴ Prevent Child Abuse Rockdale <http://www.pcarockdale.org/>

¹⁶⁵ Students Against Destructive Decisions <https://www.sadd.org/>

¹⁶⁶ Teens in the Driver’s Seat <https://www.t-driver.com/>

¹⁶⁷ Drug Free Coalition <http://www.rockdalecoalition.org/drug-free/>

¹⁶⁸ Rockdale Coalition Community Resource Guide

¹⁶⁹ Georgia Commission on Family Violence <https://gcfv.georgia.gov/what-family-violence-task-force-0>

Access to Care Resources and Improvement Plan

Almost one fifth of Rockdale County residents are uninsured, limiting their access to health care. While this is a lower number than previous years, it is unclear how current and future changes in the health insurance system will affect Rockdale County residents. For residents with health insurance, a variety of medical providers exist within the county. Rockdale county seems to have an adequate number of primary care physicians and dentists, with lower resident to provider ratios than the state for both.

Rockdale County has one major hospital located in Conyers: Piedmont Rockdale Hospital, formerly known as Rockdale Medical Center.¹⁷⁰

The Rockdale Health Education and Linkages to Help (HEALTH) SafetyNet, of which the health department is a member, meets at the Rockdale Medical Center and works to “promote the health and wellness of the residents of our community, especially the medically under-served, by working together to ensure access to a full range of coordinated health services.” The HEALTH SafetyNet’s goals include “weaving a healthcare safety net of medical providers, social service providers, and concerned citizens;” connecting the uninsured to available health care resources, assisting the hospital in securing nonemergency medical care for the indigent population, and developing a medical transportation plan for the indigent population in Rockdale.”¹⁷¹

The health department was actively involved with the Rockdale Coalition in formalizing the Health SafetyNet Rockdale Action Map (RAM). The RAM was drafted as a formal plan to meet the goals of the SafetyNet through clearly identified activities, inputs, outputs and outcomes.

The Rockdale Coalition and the health department also take part in the Local Interagency Planning Team (LIPT), which works to coordinate care for children and youth with severe emotional disorders and substance abuse issues.¹⁷²

The Rockdale Coalition’s Community Resource List includes information on dental assistance programs (pages 30-32), care for people with disabilities—including some programs run by the health department—(pages 33-38), and medical resources (pages 57-63).¹⁷³

The Health Department provides a range of health care services, including immunizations, family planning, treatment of sexually transmitted and infectious diseases, and breast and cervical cancer screening. The health department will work to improve access to services by:

- Continuing to provide essential safety net services to low-income and uninsured county residents.
- Adapting to health system changes, and collaborate with healthcare providers and other governmental agencies to improve access to health services.

¹⁷⁰ Piedmont Rockdale Hospital <https://www.piedmont.org/locations/piedmont-rockdale/piedmont-rockdale-home>

¹⁷¹ Rockdale Health SafetyNet <http://www.rockdalecoalition.org/safetynet/>

¹⁷² Local Interagency Planning Team <https://gacoeonline.gsu.edu/lipt/>

¹⁷³ Rockdale Coalition Community Resource List

- Conducting an all staff health equity training to educate about basic health equity concepts and inform programs about ways to limit barriers in accessing services and programs.
- Coordinating with the Georgia Department of Public Health on their strategic objective to increase healthcare access through integration of telehealth into systems of care and collaboration between public health and primary care providers.

Mercy Heart Clinic, housed in the Restoration Storehouse, offers treatment for diabetes, high blood pressure, chronic heart disease, and chronic obstructive pulmonary disease, as well as dental extractions and fillings for the uninsured and underinsured.¹⁷⁴

Health Behaviors Improvement Plan

Tobacco

With the rate of adults smoking in Rockdale County increasing (18%), including 6% of pregnant women (15% or pregnant white women), interventions to reduce smoking are needed at the individual, family, and community levels. Tobacco shortens lives, causes debilitating disease, and is associated with premature birth and low birth weight.

The Georgia Tobacco Quit Line, a statewide public health service is “a free and effective service that helps Georgians quit smoking and using tobacco products. The quit line offers free quitting tips, techniques, and support.”¹⁷⁵

The Guide to Community Preventative Services provides a list of evidence-based interventions to reduce tobacco use and secondhand smoke exposure. These interventions include mass health communications interventions, creating partnerships with the community, and at local and state levels to change policy and increase programming, offer cessation services and quitlines, decrease the price of cessation products, and increasing tobacco product prices. Based on these guidelines, the Health Department has been able to offer smoking cessation courses and therapy in the community.¹⁷⁶

The Georgia Tobacco Use Prevention Program (GTUPP) is continuing to use evidenced based approaches to tobacco use prevention to prevent tobacco use initiation, promote tobacco cessation, and eliminate exposure to second hand smoke by creating tobacco-free places.¹⁷⁷

To reduce the percentage of residents who smoke tobacco, the Rockdale Health Department will use National Prevention Strategies to improve health outcomes by:

- Accessing the tobacco policies of at least 5 private sector businesses and conduct presentations to determine interesting developing or strengthening tobacco free policies

¹⁷⁴ Mercy Heart Clinic <http://www.mercyheartclinic.com/>

¹⁷⁵ Georgia Department of Public Health <https://dph.georgia.gov/ready-quit>

¹⁷⁶ The Community Preventative Services Guide <https://www.thecommunityguide.org/topic/tobacco>

¹⁷⁷ Georgia Tobacco Use Prevention Program https://dph.georgia.gov/sites/dph.georgia.gov/files/DPH%20GTUPP%20Strategic%20Plan_FINAL%208.19.15.pdf

- Integrate tobacco education into existing health department education programs provided within the health centers.

Physical Activity

Discussed in detail in the Transportation section, changes in the built environment are needed to increase the physical activity of Rockdale County residents. A trail system already exists, and with the addition of sidewalks and bike paths, residents could be physically active while traveling to work, school, or other activities.

UGA Extension office promotes physical activity in their education, as well as offers an 8 week course to prevent diabetes, called Walk-a-Weigh Permanent Weight Control. Along with other weight loss education and support, uses walking groups to help change the behavior around physical activity.¹⁷⁸

The Rockdale Health Department promotes and educates on the importance of daily physical activity across the lifespan.

Excessive Drinking and Drug Abuse

The Rockdale Drug Free Coalition works to develop and implement community-wide environmental strategies that address the greatest drug issues facing youth in Rockdale. As noted in the section on Safety, Students against Destructive Decisions (SADD), Teens in the Driver's Seat, and Peer Educator clubs in high schools do alcohol, tobacco, and other drug education. Conyers also has a Responsible Alcohol Sales and Service (RASS) training program for alcohol vendors that is expanding to the county.

Chronic Disease Resources and Improvement Plan

The three most important behavioral factors in preventing the chronic diseases presented above are (1) smoking cessation, (2) good nutrition, and (3) increased physical activity. These behavioral factors also influence blood pressure, blood sugar levels, and cholesterol, which also affect chronic diseases. Resources and plans to improve these behavioral factors are described in the Health Behaviors section.

Improving nutrition and physical activity also require a coordinated community effort. Education is a key part of the equation, but needs to be part of a larger effort. Changes in the built environment—like sidewalks and developments that encourage walking to schools—and the food environment—like increasing access to healthy foods—are promising strategies for helping all residents attain a healthy body weight.

The Rockdale County Health Department has begun offering nutrition services to those looking to learn how to eat better, or how to eat to help combat their chronic illness, such as diabetes type

¹⁷⁸ UGA Extension <http://extension.uga.edu/county-offices/rockdale/family-and-consumer-sciences.html>

2 or heart disease. They will also continue to do the following to address the growing burden of chronic diseases in the community:

- Continue to promote tobacco cessation, healthy eating, and physical activity to help lower residents' risk of obesity, diabetes, heart disease and stroke, and collaborate with community partners on these activities.
- Continue Women, Infants, and Children (WIC) program that includes nutrition counseling and promotion of healthy foods and breastfeeding (since breastfeeding has been shown to reduce the risk of obesity).
- Continue to reach out and provide education to populations at highest risk of chronic illness.

To address the growing burden of obesity in the community, the Rockdale Health Department will:

- Provide nutrition resources and education recommended by the Work Healthy Georgia Toolkit to employees of 3 organizations with worksite wellness policies.
- Conduct at least one health meal instruction session based on the Cooking Matters curricula in conjunction with GNR Health programs to provide education to community members.

The University of Georgia Extension also offers courses and information about nutrition, finances, and the prevention of chronic disease. Programs include Walk-a-Weigh diabetes prevention, Rite Bite cooking classes for diabetes control, and online nutrition modules for SNAP and WIC participants called FoodTalk.org.¹⁷⁹

Cancer Community Improvement Plan

Some of the most important ways to prevent cancer are tobacco cessation, maintaining a healthy body weight, and physical activity. Evidence-based screenings like pap smears for cervical cancer and mammograms for breast cancer are also important. Quality clinical care for those with cancer is critical.

The Rockdale County Health Department provides evidence-based screening for breast and cervical cancer for uninsured and underinsured women. These services are funded in part by grants from the Susan G. Komen Foundation. Connections are made after screening to more resources based on test results. The health department also provides human papilloma virus (HPV) screening and vaccines, which can also help prevent cervical cancer.¹⁸⁰

UGA Extension offers Cooking for a Lifetime of Cancer Prevention, a cooking course that teaches about preventive lifestyle choices, as well as reduced cost screenings for breast, cervical, and colorectal cancers.¹⁸¹

¹⁷⁹

¹⁸⁰ <http://www.gnrhealth.com/services/clinical-services/bccp/>

¹⁸¹ UGA Extension

HEALTH SafetyNet also takes referrals for treatment from the Helping Hands Outreach Clinic for patients with positive cancer screenings.¹⁸²

Teen Pregnancy Community Improvement Plan

The rate of teen pregnancy in Rockdale County is continuing to decline, and is lower than the statewide average. Rates of sexually transmitted infections among teens are increasing, suggesting that teens in Rockdale County continue to be sexually active.

Some abstinence based programs exist in Rockdale County. More than Conquerors, Inc. is a program that focuses on teaching teenagers about making successful choices and providing tools to build healthy relationships.¹⁸³ Rockdale Encouraging Student Health, Abstinence, and Parental Engagement (RESHAPE) through the Rockdale County Juvenile Courts teaches about healthy decision making, relationship skills, and life skills.¹⁸⁴

The Rockdale County Health Department will continue to work to prevent teen pregnancy by

- Supporting the Adolescent Health and Youth Development Program teen pregnancy prevention program, “Making Proud Choices”.
- Providing teen pregnancy prevention education in clinics.
- Collaborating with community partners to implement monthly initiatives to prevent initial and repeat teen pregnancies.

Maternal and Infant Health Community Improvement Plan

First Steps, a program housed in the Piedmont Rockdale Hospital, offers support to mothers. Prenatal women are eligible for Safe Sleep classes and at the end of the course can receive a free Pack and Play. They also counsel new mothers after birth. Prevent Child Abuse Rockdale partners with other agencies, including the health department, to provide home visits for young mothers, car seats, and parenting courses.

To improve the health of pregnant women and infants, the Rockdale County Health Department will

- Continue to provide essential maternal and child health services
- Continue teen pregnancy prevention efforts outlined above
- Collaborate with community groups in activities to reduce smoking among teens and women
- Support smoke-free legislation to reduce maternal smoking and second-hand smoke exposure, as work done to reduce overall smoking rates may reduce the risk of preterm birth and low birth weight in the community

¹⁸² Health SafetyNet

¹⁸³ More Than Conquerors, Inc. <https://mtciga.org/>

¹⁸⁴ Rockdale Juvenile Court <https://rockdalecountyga.gov/about/company-history/county-departments/court-services/juvenile-court/>

Infectious Diseases Community Health Improvement Plan

The Gwinnett County Health Department will attempt to increase influenza immunization in all age groups and pneumonia immunization in appropriate groups through clinic visits, employer outreach, and community events.

To decrease the rates of tuberculosis (TB) in the community, the Gwinnett County Health Department will:

- Continue intensive case management and treatment of active tuberculosis cases.
- Continue contact investigations of tuberculosis-exposed people and treat people who have latent (non-active) tuberculosis infection.
- Partner with Piedmont Rockdale and physicians groups to more quickly identify and treat active TB cases and to increase testing and treatment of latent TB cases.
- Track the efficiency of mitigation of disease efforts to limit the spread of TB disease and ensure that 93% of newly-diagnosed TB patients for which 12 months or less of TB treatment is indicated complete TB treatment within 12 months.

The Gwinnett County Health Department will continue to fight hepatitis by:

- Providing immunizations against Hepatitis A and B.
- Continuing to provide the Perinatal Hepatitis B program; which is critical to preventing mother to child transmission.

Despite decreases in teen pregnancy, rates of STDs, particularly Chlamydia, are rising in Rockdale County. Rates were highest among teenagers and young adults, suggesting that education interventions are warranted. African-Americans have the heaviest burden of STDs; prevention and treatment efforts should be focused accordingly. To decrease the rate of new STD cases, the Rockdale County Health Department will

- Continue contact investigations and treatment of STDs
- Collaborate with community groups on interventions to reduce sexual activity among teens and to promote protection against STDs among adults, particularly among African-Americans who have a high burden of disease
- Work to control the spread of disease through treatment and preventive services and ensuring 85% of all patients diagnosed with chlamydia and gonorrhea will be treated within 14 days of specimen report date.
- Ensure that 90% of those identified as HIV negative by a Gwinnett, Newton and Rockdale County Health Center with recent high-risk behavior will be referred to HIV prevention within 30 days of negative results.
- Continue to interview syphilis-positive and HIV-positive individuals to gather partner information and epidemiological data.
- Locate and offer testing and treatment to partners as well as STI/HIV information and disease specific education.

Mental Health Community Resources and Improvement Plan

To assist residents in dealing with mental health issues, the Rockdale Coalition has compiled a list of mental health care providers in Rockdale County and beyond (pages 13-25) as well as a list of support groups (pages 80-92).¹⁸⁵

View Point Health, “a public agency created by state law to provide mental health, developmental disabilities, and addictive disease services,” has an office in Conyers. The agency “provides a single point of entry for care where Master's level clinicians determine a person's immediate needs and offer support, evaluation and referral when appropriate.” They currently employ two Native Spanish-Speaking therapists to cater to the diverse needs of clientele. Mental health specialists are in all public high schools in Rockdale County, as a result of the completed STARS program.¹⁸⁶

National Alliance on Mental Illness (NAMI) DeKalb-Rockdale-Newton, offers support groups for both those with mental illness and families affected by mental illness in Rockdale and Newton Counties.¹⁸⁷

The Georgia Department of Behavioral Health and Developmental Disabilities provides a free Crisis and Access Line (800-715-4225) and searchable database of resources for people with mental health problems, developmental disability, and addictive diseases.¹⁸⁸

¹⁸⁵ Rockdale Coalition Community Resource Guide

¹⁸⁶ View Point Health <https://www.myviewpointhealth.org/>

¹⁸⁷ National Alliance on Mental Illness <https://namirockdalenewton.com/>

¹⁸⁸ Georgia Crisis and Access Line <https://www.valueoptions.com/referralconnect/doLogin.do?e=Z2FjbSAg>

Appendix: MAPP Assessments

Themes and Strengths Assessment

Focus Groups Summary of Themes

The Community Health Status Assessment Survey (CHSAS) focuses in on the important factors for a healthy community, the three most important health problems, and the three most important risky behaviors. The CHSA was utilized during focus groups that were conducted with residents of the Conyers Housing Authority and high school students in August and November of 2018. The survey used was adapted from an assessment done by the San Antonio Metropolitan Health District in San Antonio, Texas.

The first focus group, which took place at the community center in the Conyers Housing Authority, was made up of five women who were 40 years old or older, the Administrative Director at the Conyers Housing Authority, the Health Promotions Coordinator, and an intern. The second focus group included two student members of More Than Conquerors, Inc. Responses are recorded for the student who was a resident of Rockdale County.

Before the first focus group discussion began, each participant completed this survey. Once the surveys were completed, the focus group discussion began, focused on guiding questions about the strengths and weaknesses of Rockdale County, the greatest health concerns, what could be done to address issues, what health and quality of life will look like in the future, and who or what else should be considered in the Themes and Strengths Assessment. These questions were a loose structure that guided the discussion but provided room for participants to contribute other topics as necessary. No survey was provided for the More Than Conquerors, Inc. focus group.

All five participants chose low crime/safe neighborhoods as one of the three most important factors for a healthy community. Four of the five participants suggested affordable housing was one of the most important aspects, and two mentioned access to health care (e.g., family doctor). Other important factors mentioned by only one participant each included: good place to raise children, good schools, good jobs and healthy economy, and religious or spiritual values.

When asked the three most important health problems in Rockdale County, four of the five participants mentioned diabetes, three mentioned dental problems, and two mentioned aging problems (e.g., arthritis, hearing/vision loss, etc.) and high blood pressure. Health problems mentioned by just one participant each included: homicide, mental health problems, child abuse/neglect, and suicide.

The most frequently identified important risky behaviors were poor eating habits and drug abuse, which were each mentioned by three participants. In addition, being overweight, lack of exercise, and dropping out of school were each mentioned by two participants. Important risky behaviors mentioned by only one participant each included: tobacco use, alcohol abuse, and not using birth control.

The last section of the CHSA survey included 13 questions about quality of life. Below is a table outlining the questions and the average scores. For reference, 5 means strongly yes, 4 means yes, 3 means neutral, 2 means no, and 1 means strongly no.

Table 6. Average Likert Scale Responses of Quality of Life Questions

Quality of Life Questions	Average Likert Scale Response Among 5 Participants
16. Are you satisfied with the quality of life in our community? (Consider your sense of safety, wellbeing, participation in community life and associations, etc.)	4
17. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, and options in health care)	2.6
18. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	3.8
19. Is this community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping; elder day care, social support for the elderly living alone, meals on wheels, etc.)	4.25
20. Is there economic opportunity in the community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)	3
21. Is the community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, and the mall. Do neighbors know and trust one another? Do they look out for one another?)	3.8
22. Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, organizations) during times of stress and need?	3.25
23. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?	3.6
24. Do all residents perceive that they — individually and collectively — can make the community a better place to live?	3.6
25. Are there a broad variety of health services in the community?	3.6
26. Is there a sufficient number of health and social services in the community?	3.75
27. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?	3.6
28. Is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments?	3.5

The primary themes that emerged within the focus group discussion aligned with those of the CHSA survey.

Transportation

The most pertinent theme that ran throughout the duration of the focus group discussion and permeated every topic was transportation. All residents present at the focus group discussion reported experiencing issues related to reliable transportation and frustration around the lack of access to affordable modes of transportation, especially public transit options.

- *“Now the negative is transportation cost. Uh, I go to Oakhurst Medical Center when I have money, mental health services as well, they have a program where they pay for me to be picked up from my home as well as dropped off, round trip, you know the once a week I go there. But there’s nothing like that for any other medical system around here.”*
- *“The negative is those who fall through the cracks or who have Medicare and don’t have transportation, we can’t get to it in a timely manner and so we let things go because we gotta find somebody to get off of work to take us where we gotta go. Or get money or taxi service or something.”*
- *“My son comes from Winder every month to take me grocery shopping.... Every month.”*
- *“You just gotta wait until someone drive up and you say do you mind taking me, just drop me off? (Laughs) I’ll call someone to get back. And it’s stressful to try to get transportation to get to the resources.”*
- *“And it’s a matter of getting there because once you get transportation you can only go to one place and shop there. Not like other people with cars who can go from here to here to here for deals.”*
- *“I know, it’s the transportation. I wanted to go so bad last week ‘cause I wanted some of those seasonings without salt, and I went to crank the car up and the thing went (noise suggesting the car didn’t work).”*
- *“When I first came back down here to live with my mother, I was telling my brother, there’s something in this town. I can’t put my finger on it, but something is missing. And he came home the next day from work and I said where are the buses? He said we don’t have buses. Wow. That don’t make any sense.”*
- *“I wanna talk about that blue bus now that’s the thing I don’t understand. Why? Why would you go and get them buses paint them blue and have them sit over there on parker road if you ain’t never go one mile to try to pick up anybody.”*
-

Aging, Health, and Healthcare

Aging, health, and access to healthcare were other major themes that emerged across the conversation. The group agreed that Mercy Heart Clinic was important in providing much needed healthcare services for individuals living with low or no income or no health insurance. Participants faced difficulties in getting to appointments when they were able to secure them.

- *“And then when you get older, see I don’t want to cook anymore.”*
- *“Our aging population is growing so let’s find ways of getting them more active and getting them where they gotta go. And encouraging them to be more active.”*
- *“You work and still can’t afford to get your health insurance.”*
- *“Let me tell you, it’s affordable. It’s better than public health, it’s affordable (about Mercy Heart)”*
- *“That’s the thing. I work in another county and scheduling medical services that are affordable and that I can get to in my county is hard.”*

Disparities

Another pertinent theme that emerged in the focus group discussion was the interconnectivity of socioeconomic status, food access, and health and the resulting disparities.

- *“The baby boomers, we’re getting older, and those of us who didn’t have healthy lifestyles because of our economics, you know you’re only on food stamps and you don’t have no money, you’ll eat spam and Vienna sausages and everything else to stretch out for four months... But you eat what you can afford cause you gotta stretch out that EBT.”*
- *“I’m not diabetic but I would do a diabetic diet if I could afford it.”*
- *“But that’s what I’m saying, there’s no hustle that an uninsured, no transportation, fall-between-the-cracks person can do unless it’s just pure bad. And I owe so many people for a little \$20 here and \$25 there that I can’t pay back, you know, but I’m running out of resources of what I can borrow and get in order to get transportation or get my medicine, so I don’t know, when it comes to Rockdale, they are caring, they have the resources, but they don’t plan well on how to integrate and support with those resources. It could be used a lot better.”*
- *“There’s a big divide between the haves and the have nots.”*

Price and Quality

A third theme in the focus group discussion was the affordability and quality of produce available at grocery stores, especially at some stores over others, and how long produce lasts. Participants also mentioned their willingness to shop at certain places that are known for higher prices if it means they will be treated well and can find quality produce.

- *“But the food that’s cheap over here, I thought at first that we had a food desert because the vegetables and stuff in this area are so expensive it would take up the majority of your EBT allotment to try to buy fresh vegetables that will only last for a week, but then you still got 3 more weeks to go before you get food again. But I call it a food desert because their selection, even at Piggly Wiggly where there is a variety, it’s high and poor quality for what you would get.”*
- *“And Publix is pretty, but it’s high. And what you could come out of Piggly Wiggly with for your EBT is a lot more than what you could come out of Publix with, but you’re buying stuff like fat back even though you’re trying to do smoked stuff, so you’re falling back on bad habits because it’s cheaper to buy there than it is there. And it’s a matter of getting there because once you get transportation you can only go to one place and shop there. Not like other people with cars who can go from here to here to here for deals.”*
- *“I’ll pay more money, but at least I’ll know that they’re gonna help me in that store if I’m not able to shop the list myself, I can give it to one of the guys or the girls and (they will shop for me and put it in the cab) and I can get home.”*
- *“I’m learning to not patronize those businesses that’s not gonna help me as a senior citizen.”*
- *“I have bought a bag of cherries at Publix, paid \$8 for them and when I get home, the next time I caught myself trying to eat them, but they’re spoiled. (agreement from many) So I’m thinking, why would they sell stuff like this? Mmhmm that ain’t right.”*
- *“So there’s an education thing there too but there’s also a education as to how to make it last longer, prepare it, what to buy, and what resources are locally that you could take advantage of.”*
- *“So an education as to how to prepare food just to heat it up later to eat through the week and eating healthy. But when you get fresh fruit and vegetables, you gotta eat that constantly or it’s going to whither and your money is gone. And our taste don’t always run like that.”*

Public Food

Another theme in the realm of food access was public food. Residents reminisced about times when they could pick food from their neighbors’ yards to supplement their purchased food.

- *“I came from a place where blueberries were a bush that people had lined around their home. So when the blueberries bloom it was bothersome to the homeowners because birds were always there or the berries were all over the ground. So, they didn’t mind people coming to pick the berries as much as you wanted.”*
- *“The community needs to take advantage of things they have available like that and offer those things to those who are less able to afford it for free. Some kind of a way we could get a*

pass in order to pick something, you know, or get something for someone else. Because I take that pecan tree apart. I be picking them pecans like crazy. And y'all been cutting off branches and after a while we ain't gonna have a pecan tree."

WIC Recipient Surveys

Another aspect that informed the Community Themes and Strengths Assessment was a group of 75 surveys collected from WIC recipients in Rockdale County. We referenced surveys used in a Fruit and Vegetable Prescription Program (FVRx) and a USDA food insecurity survey to ensure that the WIC survey questions adequately addressed produce consumption and purchasing practices. These gave us direction in developing the kind of questions as well as the order of the questions to include in the survey for WIC recipients.

In order to reach a broader audience and to acknowledge the fact that over 10% of Rockdale's residents identify as Hispanic or Latino, we asked a bilingual individual at the WIC office to translate the surveys. On the day of one of the WIC farmers' markets, we collected 75 surveys from WIC recipients.

Twenty of the 75 surveys completed were done in Spanish. Two of these twenty participants were not native Spanish speakers but chose to complete the survey in Spanish regardless. The other 18 participants who completed a Spanish survey were native Spanish speakers. Seventy of the 75 participants in the WIC farmers' market surveys were women while 5 were men who accompanied women to the market. The following tables further summarize the demographic information gathered from the 75 completed surveys.

Table 8. Demographic Information for WIC Survey Participants	
Race	Percent of Participants
Black or African American	52%
White	28%
American Indian or Alaskan Native	1.3%
Native Hawaiian or other Pacific Islander	1.3%
Multiracial	4%
Ethnicity	Percent of Participants
Not Spanish, Hispanic, or Latino	65%
Mexican	20%
Mexican-American	2.6%
Cuban-American	2.6%
Some Other Spanish, Hispanic, or Latino Group	1.3%
Age Group	Percent of Participants
18 to 20 years	2.6%
21 to 39 years	88%
40 to 49 years	6.6%
50 to 59 years	1.3%

60+ years	1.3%
Education Level	Percent of Participants
High School Degree or Equivalent or Some College but No Degree	62.2%
Less than a High School Degree	12%
Associate Degree	10.6%
Bachelor's Degree	8%
Graduate Degree	2.6%
Employment Status	Percent of Participants
Employed Full Time	25.0%
Employed Part Time	23.6%
Not Employed but Looking for Work	26.4%
Not Employed and Not Looking for Work	22.2%
Retired	1.3%
Disabled or Not Able to Work	1.3%
Income	Percent of Participants
\$9,999 or less	20%
\$10,000 to \$24,999	39%
\$25,000 to \$49,999	24%
\$50,000 to \$74,999	8%
Preferred Not to Answer	6.6%

Forty percent of participants reported buying most of their food in the last 30 days from a grocery store (Kroger, Publix, Piggly Wiggly, Food Depot, etc.). Additionally, 22.6% of individuals bought their groceries from a mass merchandiser (Walmart, Target). Two people bought their food from a bulk superstore (Costco, Sam's Club), and one person bought food from a farmers' market, one from a convenience store (Dollar General, Family Dollar), one from a food pantry or food bank, and one from friends or family.

Among the participants who responded, individuals shopped for food at their typical location an average of 3.75 times per month. Forty-eight percent of participants reported spending \$300 or more on food each month, including EBT and WIC. When asked where they liked to get most of their fruits and vegetables in particular, just over 30% said they preferred a farmers' market and about 70% said they preferred a grocery store.

While 33% of participants said they ate about one serving of fruit per day in the last month and 18.6% said they ate about two servings of fruit per day in the last month, 17.3% of respondents were unsure how many servings of fruit they eat.

Nearly 50% of participants reported eating 1 to 2 servings of vegetables each day in the last 30 days. However, over 13% of people either were unsure of their vegetable intake or reported eating less than one serving each day in the last 30 days.

When asked what kept participants from buying fruits and vegetables in the last 30 days, 45% of individuals said nothing did. Several of these participants reported that fruits and vegetables are well implemented in their families' diets, and they always buy fruits and vegetables. Over 13%

of individuals said that their low income, money, or finances inhibited them from buying fruits or vegetables in the last 30 days. More specifically, some participants said that they only get paid once a month, and another said she had smaller checks in the summer because school is out so her family doesn't buy as much produce during that time. Two participants mentioned produce spoiling or ripening too soon and going bad faster than their families were able to eat it and one person experienced a fridge malfunction that affected their ability to buy produce.

Forty-one percent of participants remarked that Food Stamps, EBT, or WIC were helpful in purchasing fruits and vegetables. Other participants cited their children's love for fruits and vegetables, their children in general, great prices at the stores, available money, a change in diet, pregnancy cravings, the WIC farmers' market, DeKalb Farmers' Market, wanting to eat fresh, a food bank or pantry, time to prepare them, and the encouragement of a loved one.

Key Stakeholder Interviews Summary of Themes

Throughout the months of March and April in 2018, the Community Health Coordinator at the Gwinnett, Newton, and Rockdale County Health Departments conducted Key Stakeholder Interviews with representatives from various community agencies to gather their insight on health, wellbeing, and quality of life in Rockdale County.

Emergent themes from these interviews fell into multiple categories, including: **strengths, shortcomings, health concerns, opportunities for action, 5-year trajectory, perceptions of the health department, and additional considerations.**

Major strengths that emerged were parks and recreation (specifically the PATH expansion), health department services (and ease of access), community partnerships (the local Health SafetyNet and Restoration Storehouse), Piedmont Rockdale, the size of the county (and subsequent access to and coordination of services), and a community that cares.

The main themes in the realm of **community shortcomings** included: mental health awareness, communication among agencies and with the public, overall health status, family instability/involvement (specifically absent parents and many grandparents raising their grandchildren), food access, transportation and traffic congestion, fear of government services, and lack of primary care use/ overuse of the ER.

The primary **health concerns** mentioned included: homelessness, STDs, opioid use and abuse, diabetes, and mental health.

With these health concerns in mind, key informants shared suggestions of **opportunities for action**. Collaborative partnerships, culturally appropriate marketing and communication to all communities, increased access to transportation (federal grants and the Blue Bus), alternative housing, job training and skills development, and education were noted as the most relevant opportunities for action.

When asked about a **5-year trajectory** in Rockdale County, key informants suggest that: health will improve if problems are addressed; mental health is likely to worsen; population increase

may threaten the ability to provide services, traffic, and partnerships/the ability to collaborate; Restoration Storehouse will help; and there will be the positive change with Piedmont Hospital active in the community.

Two main themes emerged in participants’ responses regarding **community perceptions of the health department**. The first main perspective mentioned is that people are unaware. Because of this, there is a need to increase visibility of the services provided. The second theme was that community members assume services are free and for “poor people” or the “underprivileged” rather than for everyone.

In addition to these aspects, stakeholders suggested that important **additional considerations** include involving and collaborating with the school system and faith-based organizations in Rockdale.

Table 9. Key Informant Interview Participants

Sector	Name	Title	Agency	Years Lived in Rockdale	Years Working in Rockdale
Healthcare Provider	Darlene Hotchkiss	President, Board of Directors	Mercy Heart Clinic	28	28
Health Department	Timara Greene	Clinic Administrator	Gwinnett, Newton, and Rockdale Health Department	N/A	9
Community Coalitions	Michael Hutcheson	Executive Director	Rockdale Coalition	16	17
Business	Marty Jones	Executive Director	Economic Development	31	31
Justice and Law Enforcement	Rebeca Gibbons	Reentry Clinician	Rockdale Sheriff’s Office	3	3
Emergency Response	Benny Atkins	Chief Operating Officer	National EMS	N/R	N/R
Philanthropy	Jeff Beech	Chairman	The Beech Foundation	28	28
Philanthropy	Janice Morris	Chief Operations Officer	Helping Hands Outreach	18	18
Local Government	Doreen Williams	Rockdale County Commissioner	Rockdale Board of Commissioners	24	3
Schools K -12	Nancy Bogardt	School Social Worker	Rockdale Public Schools	N/A	20
Schools K-12	Susan Paul	Director of	Rockdale	28	24

	Smith	Student Relations	Public Schools		
Colleges/Universities	Katrina Young	Board Member	Rockdale Board of Education	47	25-28

WIC Participant Interview Summary of Themes

This section represents the results gathered from nine interviews conducted with WIC recipients at the Rockdale County WIC office. The first portion of these results comes from the survey data and the second portion is in relation to the interview discussions themselves. All individuals participating in the WIC interviews were female. The following table displays demographic information for the 9 interview participants.

Table 10. Demographic Information for WIC Interview Participants	
Age	Number of Participants (9 total)
21 to 29 years	2
20 to 39 years	6
40 to 49 years	1
Race	Number of Participants (9 total)
Black or African American	6
White	3
Ethnicity	Number of Participants (9 total)
Mexican	1
Not Hispanic or Latino	8
Education	Number of Participants (9 total)
High School Degree or Equivalent	3
Some College but No Degree	4
Associate Degree	1
Bachelor's Degree	1
Employment	Number of Participants (9 total)
Not Employed but Looking for Work	7
Employed and Working Part Time	2
Income	Number of Participants (9 total)
\$9,999 or less	3
\$10,000 to \$24,999	3
\$25,000 to \$49,999	2
Preferred not to answer	1

Seven participants said that they bought most of the food in the last 30 days from a grocery store (Publix, Kroger, Piggly Wiggly, Food Depot, etc.) One participant included grocery store but also included mass merchandiser (Walmart, Target) and convenience store (Dollar General, Family Dollar) and another participant included grocery store but also mentioned that she got food in the last 30 days from a food bank or food pantry. Additionally, 6 of the 9 participants

reported spending \$300 or more on food each month, including EBT and WIC. For the three interview participants who have an income of \$9,999 or less, that means spending about 40% of their annual income on food for their families. Two others spend an average of \$200-\$300 each month and one spends \$51-100 each month. Seven participants like to get most of their fruits and vegetables from the grocery store, while 2 prefer to get them from a farmers' market.

On average (among the 8 participants who answered this question), participants ate fruit over 8 times per week, including fresh, frozen, or canned fruit. Among the 7 participants who answered the same question about vegetables, the average vegetable consumption was over 9 times per week, including fresh, frozen, or canned vegetables.

When asked what has kept them from buying fruits and vegetables in the last 30 days, 3 participants cited money as an inhibiting factor. The other 6 participants either answered with "nothing" or "N/A." On the other hand, 4 participants said that WIC, EBT food stamps, or vouchers helped them purchase more fruits and vegetables in the last 30 days. Three said "nothing" or "N/A," one said food pantry, and one said money.

While there were some major similarities as far as themes within the interviews themselves go, there were also varying opinions about the strengths and weaknesses of Rockdale County as well as the presence (or lack thereof) of food insecurity in the county.

Many of the conversations revolved directly around food access and insecurity in Rockdale County.

Orientation to Fruits and Vegetables

The first main theme emerged mostly in the discussion around participants' orientation to fruits and vegetables. Largely, participants held positive attitudes about fruits and vegetables and felt comfortable preparing them at home. However, it was mentioned that time was a factor in determining whether or not participants were able to cook produce at home. Incorporating fruits and vegetables into their diets and the diets of their family members was a result of simply enjoying fruits and vegetables, attempting to lose weight, and the desire to feel good and have energy. The following are quotes that represent this theme:

- *"I love F and V. I live off of F and V. I love it. I raised my child that way, I'll raise this child that way. I'm really big on eating healthy and trying to, I mean don't get me wrong I get my candy corn in the fall, but other than that we don't have poor eating habits in my house, we just don't."*
- *"We like broccoli, cabbage, um, collards, tomatoes...we love it all (laughs)."*
- *"Comfortable. I don't do it all the time, but I think it's more of a time situation."*
- *"I think of eating from the earth, I think feeling good, I think of energy, I think of nice skin, nice healthy hair...stuff like that with eating fruits and vegetables. It just aids in stuff like that, I guess."*

Transportation and Traffic

The second theme that emerged within the interviews was transportation and traffic. Participants liked that Rockdale is a smaller, close-knit community that is not too close to Atlanta, but they also recognized the difficulty this created in getting to certain places to buy food. Multiple

participants mentioned the desire to go to the DeKalb Farmers' Market and the inability to commit to driving that far just to get groceries. The traffic congestion that many of the women experience on a daily basis added to their drive time and made grocery shopping outside of the county almost impossible. The following quotes display concerns of traffic and transportation:

- *"I mean DeKalb, but it's still 30 mins away and a lot of times people don't have access to transportation..."*
- *"...there's only really one road that goes through Conyers so if they had more options when it came down to like different ways...the problem is that there are just so many people congested in a small area."*
- *"The traffic's bad, of course."*

Presence of Food Insecurity

When asked about whether or not food insecurity was an issue in Rockdale, participants had varied responses. A few responses suggested a lack of variety in food choices rather than lack of access altogether.

- *"...so you have more access to fruits and vegetables and a wider variety...because you're stuck here going to Kroger getting fruits and vegetables and if they don't have it you don't get it."*
- *"I think it's limited. I don't think it's an issue, we have plenty of grocery stores where you can get food, I just think it's very limited of what you can get."*

Approximately half of respondents said they or someone they know had experienced food insecurity while living in Rockdale County. Others felt strongly that food insecurity was not an issue in Rockdale. Produce prices were mentioned multiple times as barriers to accessing adequate fruits and vegetables.

- *"I can't speak for everyone because I'm not really sure, um, I know me personally, yes, sometimes I'll go in the grocery store and my daughter do want like all this fruit that she's seeing but the cost is higher and I'm like ah I'm on a budget, can't get that. You know, maybe we'll get like the fruit cups, which still has sugar in it so you're not getting the full fruit value of it, but yes it definitely affects my family."*
- *"I mean they can get it anywhere. And there's different organizations that you can go to. They got a food pantry right here in Rockdale actually, and they give our free food, I'm talking about butt-loads of it. And it's like going in, buying \$400 of food and they give it to you for free."*
- *"...they need to up the food stamps, they need to do that because living on \$400 a month is not gonna cut it for certain people. I mean we run out within 3 weeks...2 weeks. And you know for one person living in a household working, it's just not enough."*
- *"Um, I think we have enough access to food."*

To improve access to food, participants suggested higher paying jobs, increasing SNAP and WIC benefits, and addressing the deficit in available transportation.

Farmers' Market

The feasibility of a farmers' market in Rockdale County was another main theme that emerged within the interview discussions. Generally, participants were excited about the idea of a regularly scheduled farmers' market in Rockdale and said they would be very likely to frequent one if it were developed. Participants also believed that, broadly, Rockdale County residents

would utilize a farmers' market as a place to find a variety of healthy, local foods. Interviewees frequently referenced an indoor farmers' market, such as the DeKalb Farmers' Market, as a good fit for themselves and Rockdale County, but also said they would be happy to go to a weekly, outdoor market. The most important aspect was consistency; a "pop-up" farm stand wouldn't suffice.

- *"I definitely wish we had a farmers' market, I would definitely go to a farmers' market."*
- *"...an outdoor weekly [market] would be okay, I mean like a popup like you'll see a sign and it'll be like a farmers' market like someone on the side of the road selling watermelons or tomatoes, that's what I mean by popup. Like if they had something more consistent, I think it would be better. Even if it were like every Saturday or every other Saturday but people knew it was every other Saturday."*
- *"Indoor, big, big variety. Some good fish, fruits and vegetables."*
- *"I love farmers' markets. And I think a lot of people like going to the farmers' market as opposed to going to the grocery store, because you know where the actual fruits are coming from."*

Barriers and Promoting Factors

Additionally, participants discussed the barriers and promoting factors to shopping at a farmers' market. Transportation and prices were identified as the two main potential barriers and knowing what to do with the food bought at a farmers' market was another, less central concern.

- *"Right now, driving is what makes it difficult to get to a farmers' market because there's not one that's anywhere near here. I mean DeKalb, but it's still 30 minutes away and a lot of times people don't have access to transportation, so I think if there were one here, I think that, I don't understand why somebody couldn't go..."*
- *"Depending upon the prices, of course everyone [can't] afford certain things."*
- *"Because most people walk these days and it's kinda hard to get there, just from experience, walking is not fun at all sometimes."*
- *"For a lot of people, if they accepted cash only or bank debit cards only, that would make it hard, because a lot of people have EBT and WIC. So I think that would make it difficult for a lot of people. And the location...depending on what location, where it is, for those that don't have transportation because you know we don't have buses here in Rockdale, so I think that would make it difficult for some people."*
- *"Cost. Not knowing how to use or eat or do, what to do with certain foods. Because some people don't know...they're like what's this how do you eat this?... They don't know how to eat it or make it they just don't mess with it."*

Factors that would promote the use of a farmers' market closely mirrored barriers. Participants mentioned the chance to buy fresh, local produce, a large variety of available fruits and vegetables, consistency, affordability, and physical accessibility.

- *"I just think if it were a more consistent thing people would [shop at a farmers' market]."*
- *"...you can get things that you wouldn't be able to get at the grocery store."*
- *"It would make it easier because you have everything you need at a farmers' market."*
- *"I definitely think that it would provide better options"*
- *"Um, possibly you know local farmers local people that farm, you know, that bring their fruits and vegetables to the market."*
- *"So as long as you're treated right and the prices are right then people will come."*

- *“I am Mexican but I grew up here. So there’s some stuff that they tell me oh this is great and I’m like yeah you guys have it over there I don’t know what it tastes like, and I have found it here! And it is great, so I was missing out!”*

Local Public Health Assessment

The Local Public Health Assessment evaluates the local public health system's capacity to conduct the 10 Essential Public Health Services. This assessment brought together community organizations to discuss and evaluate the local public health system in Rockdale County. The assessment was held at the J. P. Carr Community Center in October of 2018.

- Essential Service 1: Monitor health status to identify community health problems.
 - Health department- Community Health Assessment
 - More Than Conquerors, Inc. (MTCI) - use data about teen health issues to write for grants
 - Mercy Heart Clinic (MHC)- use community health status and population census data to determine need for indigent health care services
- Essential Service 2: Diagnose and investigate health problems and hazards in the community.
 - Health department- epi/environmental health
 - MTCI- use data collected to implement youth development projects in the community
 - Daily exams/tests, etc.
- Essential Service 3: Inform, educate, and empower people about health issues.
 - Community Resource Network
 - Health fairs/outreach activities
 - Educate on risky behaviors alcohol and drugs
 - Educate new moms and parents including safe sleep and car seat education. Refer families to appropriate community resources (first steps)
 - MTCI- teen “voice clubs” that address risky behaviors in the community. PEERsuaders (20) that volunteer, put on plays, and advocate for healthy relationships
 - MHC- provide health education and employ self-efficacy strategies for patients with chronic disease
- Essential Service 4: Mobilize community partnerships to identify and solve health problems.
 - MHC- behavioral health, collaborative relationships/ coordination with Piedmont Rockdale, Rockdale Coalition, community paramedic program, community medical providers and pharmacies
 - Health department- emergency preparedness partnership coalition, partnerships with hospitals, clinics

- Form partnerships (business, community, school) that will assist in communicating a healthy relationship message
 - Health SafetyNet
- Essential Service 5: Develop policies and plans that support individual and community health efforts.
 - Health department- community health assessment initiatives
 - MTCI- research grant that provides data that may impact policy for youth
 - MHC- maintain strategic plan and scope of work to support identified community health needs by providing medical care for uninsured adults in Rockdale
- Essential Service 6: Enforce laws and regulations that protect health and ensure safety.
 - Environmental health inspections
 - Daily exams for STI/TB
 - Health department- environmental health services and epidemiology investigations
- Essential Service 7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
 - Health SafetyNet- receive calls/referrals from non-profits, Piedmont, Mercy Heart, helping hands, etc.)
 - Contact individuals and gather information to determine needs
 - Seek services needed- such as HD, other nonprofits
 - Make appointments and negotiate cost
 - Follow up for several months to ensure that health has improved
 - Seek new services, medication, etc.
 - First Steps- refer moms to resources in their community
 - MHC- coordinate referrals to community physicians, coordinate prescription assistance program , diagnostic and treatment services
 - MTCI- case managers on staff that work with teens
- Essential Service 8: Assure a competent public health and personal health care workforce.
 - Manage staff
 - Ensure training and updates to policy per personnel staff
 - Interview and hire process with questions geared to needs or service
 - Health Department- protocols for clinics, nurses, programs, audits of programs

- MTCI- protocols for case management, job and career skills that has a healthy relationship component
- Essential Service 9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
 - Use of customer services surveys/google survey reviews
 - Speak with clients address concerns etc.
 - MHC- outcome evaluation- HTN, diabetes, obesity
 - Health Department- studies, surveys, community partnerships
- Essential Service 10: Research for new insights and innovative solutions to health problems.
 - Through customer service surveys
 - Hire innovative thinkers
 - Health Department- establish and reinforce academic health department, coordinate with other health districts, CDC, HSS, federal programs
 - MHC- maintain current evidence-based medical practice standards in the clinic setting
 - MTCI- maintain data on current issues facing teens and provide awareness campaigns to address the findings
 - Health Department- sharing data with other organizations so they know what's going on
 - We're also prevention and intervention- not just crisis
 - We need to be able to talk about the services that the HD does so the community has a better understanding of what is going on
 - Hard to get people at the events that are planned- why?
 - Community involvement- some disagreement about this- some people think community is involved and are the ones actually doing the work and others asked where the community members are at meetings like this. Are they invited?
 - Refocus the Health SafetyNet
 - Sex education- education? Relational? Sex as recreation? Complicated issue. This is important for older adults as well. Is education enough? (Four steps to success? MTCI grant)
 - Need dental care

- Many policies that need to be upheld and are required
- Point of Dispensing exercise and emergency response drills more generally
- Needed coordination to know what everybody does
- Gap in healthcare for mothers
- Not doing much research because no university?
- Safe sleep pack and play grant- research-based

Forces of Change Assessment

Executive Summary

The Forces of Change assessment is one of four assessments conducted in the Mobilizing for Action through Planning and Partnerships (MAPP) Process. The purpose of this assessment is to identify the trends, factors, and events that are likely to influence community health and quality of life or impact the work of the local public health system in Rockdale County.

Assessment Process

In June of 2018, ten individuals from six community agencies met at the Rockdale Health Department to conduct the Forces of Change assessment. Agencies present included the Gwinnett, Newton, and Rockdale County Health Departments; Clouds of Hope Substance Abuse Prevention Services; More than Conquerors, Inc.; Rockdale Coalition for Children and Families; Prevent Child Abuse Rockdale; and the Conyers Housing Authority.

The intentions of the meeting were to address the following questions:

- What does existing data tell us about our community's health?
- What is important to our community? What assets do we have to improve health?
- What factors positively and negatively impact health?
- How well does the public health system collaborate to serve the community?

The meeting began with two representatives from the Gwinnett, Newton, and Rockdale County Health Departments presenting a Health Status Assessment to update the group on pertinent demographic and health indicator data for the county.

Next, these representatives presented the summarized findings from key informant/stakeholder interviews conducted in previous months (see Key Stakeholder Interviews Summary of Themes).

After this foundation was laid, we began conducting the Forces of Change assessment, followed by a SWOT analysis (Strengths, Weaknesses, Opportunities, and Threats). The Community Health Coordinator from the Gwinnett, Newton, and Rockdale County Health Departments explained trends (patterns over time), factors (discrete elements), and events (one-time occurrence), and the realms in which these items can occur (social, economic, political, demographic, technological, environmental, scientific, legal/legislative, and ethical).

We then broke into two groups and moved into the Forces of Change brainstorming session, focusing on the following questions:

- What has occurred recently that may affect our local public health system or the health of Rockdale?
- Are there trends occurring that will have an impact? Describe.
- What forces are occurring locally? Regionally? Nationally? Globally?
- What may occur in the foreseeable future that may affect our public health system or the health of Rockdale?

After discussing these questions, each group conducted the SWOT analysis based on the following framework:

Table 11. Forces of Change SWOT Analysis Questions

Strengths	Weaknesses	Opportunities	Threats
<p>What does our local public health system do well that helps us to positively influence the health of Rockdale?</p> <p>What advantages does our public health system have over others?</p> <p>What do we do better than anyone else?</p> <p>What unique or lowest-cost resources can we draw upon that others can't?</p> <p>What do people in our community see as our strengths?</p>	<p>Where must our public health system improve in order to more positively influence the health of Rockdale?</p> <p>How is our public health system disadvantaged compared to others'?</p> <p>What do people in our community see as our weakness?</p>	<p>What forces of change may create opportunities for us to more positively influence the health of Rockdale or our public health system?</p> <p><i>See forces of change brainstorm list.</i></p>	<p>What forces of change may pose a barrier for us to more positively influence the health of Rockdale or our public health system?</p> <p><i>See forces of change brainstorm list.</i></p>

Findings

We then came back together to share and summarize our findings. The recognized trends, factors, and events are represented in the table below.

Table 12. Forces of Change Assessment Findings

Trends	Factors	Events
<ul style="list-style-type: none"> • Increase in mental health awareness • Increase in homelessness • Change in socioeconomic status • Living situations (grandparents as parents, absent parents, single parents, drug abuse, siblings raising siblings, etc.) • Telehealth and telemedicine • Opioid use/abuse, marijuana use • Lack of affordable housing • Documentation status (national conversation on immigration) 	<ul style="list-style-type: none"> • Food access (lack of fresh produce) • PATH • Beach at Costley Park • Court system (drug court, adult mental health court, DUI court, etc.) • Not a walkable community, transportation an issue • Health SafetyNet, Community Resource Network 	<ul style="list-style-type: none"> • Hurricane and potential natural disasters (lack of electricity/transportation) • Piedmont purchased Rockdale Medical (brings \$, equipment, technology and is a nonprofit)

The following table presents the findings from the SWOT analysis.

Table 13. Forces of Change SWOT Analysis Findings

Strengths	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none"> • Collaboration between the city and county • Hospital Authority of Rockdale County • School system (quality of education and opportunities available) • Community Resource Network and Health SafetyNet 	<ul style="list-style-type: none"> • Awareness of services (esp. what is available to those on Medicaid, specifically mental health services) • Transportation • Affordable food access (and food education) • Housing 	<ul style="list-style-type: none"> • Increased collaboration • Education in schools and in the community • Piedmont Rockdale (\$ and technology) • Development of Restoration Storehouse 	<ul style="list-style-type: none"> • Lack of entertainment (esp. for teens) • Homelessness • Fear (of expanding services, of affordable housing, etc.) • Culture