

Douglas Key Informant Report

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Introduction

Cobb and Douglas Public Health (CDPH) is dedicated to improving the health and quality of life of the citizens in Cobb and Douglas Counties. CDPH seeks to improve the health of the community through the following services:

- Preventing epidemics and spread of disease
- Protecting against environmental hazards
- Preventing injuries
- Promoting and encouraging healthy behaviors
- Responding to disasters and assisting in community recovery
- Assuring the quality and accessibility of health care

However, CDPH recognizes that improving the county's health is a collaborative effort with the local public health infrastructure, societal infrastructures, and community members. Through organization services, community outreach, and collaboration with external stakeholders, CDPH seeks to build upon the existing health of the community by addressing the community's public health concerns, and identifying community strengths.

Douglas is a vibrant county on the outskirts of the Atlanta district. With a growing population of 132,403 people as of the 2010 census, CDPH has been seeking a way to identify the intricate public health issues that are unique and important to the Douglas county.

Figure. 1 Four Assessments of MAPP



The *Mobilizing for Action through Planning and Partnerships* (MAPP) model has provided a way for CDPH to systematically implement these policies, and develop community health improvement plans for the future. MAPP supplied Cobb County

with a framework that consisted of four assessments, one of which is the *Community Themes & Strengths Assessment* (CTSA) (Figure.1). The purpose of the CTSA is to gain a better understanding of the health and quality of life issues that are important to the Douglas Community; to provide useful information for local programmatic and fiscal decision-making; and to provide feedback for the development of a strategic community-wide health improvement plan.

In conjunction with the CTSA, 21 key informant (KI) interviews were conducted to gather information about perceived health and quality of life issues within Douglas County from community partners (Figure. 2). Key informant interviews were conducted to gather qualitative data on community health. Key Informants are influential members of the community who possess above average knowledge of the health care issues, health care system, or the community itself. This report entails the progression of these key informant interviews, and outlines the summarized themes gathered from their results.

Figure. 2 List of Themes, Issues, and Barriers

Perceptions of Health and Quality of Life
Outlook on Health
Health Disparities
Issues & Barriers
Lack of affordable healthcare
Unhealthy lifestyle habits
Safety issues
Economic downturn
Rapidly growing population
Transportation
Cost/Socio-Economic Barriers
Lack of Community Involvement
Communication to Public

Methodology

The interviews were conducted through an internet survey for the KI's convenience.

Key Informant Demographics

Douglas's MAPP Steering Committee team developed a list of the influential health and community leaders within Douglas County. Through snowball sampling techniques, key informants were contacted from different sectors of the Douglas Community, including: Non-profit, health care, government, business, social service agencies, law enforcement, and the religious community. Figure. 3 represents some aggregate data about the participants in these interviews.

Figure. 3 Demographics of Key Informants

	Average # of Years
Number of Participants:	23
Living in Douglas County:	19.59
In Current Job Position:	7.47

Participating Organizations
Douglas County Government
Douglas CORE
The Pantry
Douglas County Community Services Board
GreyStone Power Corporation
Community Health Center
Douglas County Court System
Douglas County Sheriff's Office
City of Douglasville Development Authority
Douglas County Juvenile Court
Bank of North Georgia
Douglas County TV 23
Douglas County Police Department
Douglas County Board of Commissioners

Data Collection & Analysis

The Douglas MAPP steering committee worked with a Master of Public Health graduate student from the Rollins School of Public Health at Emory University to conduct the key informant interviews. The student was educated on the MAPP initiative, and concurrently instructed on Community Needs Assessment principles from academic courses.

Fourteen questions were developed for the interviews, 10 of which were based off of the interview instrument from the Together Healthy Knox CTSA (Appendix 1). Open-ended questions throughout the interview format and question probes based on the participant's response were used to gather a wide range of exploratory data. Each key informant interview was recorded for thematic analysis. The analysis revealed frequently mentioned topics, issues, and community strengths.

Results

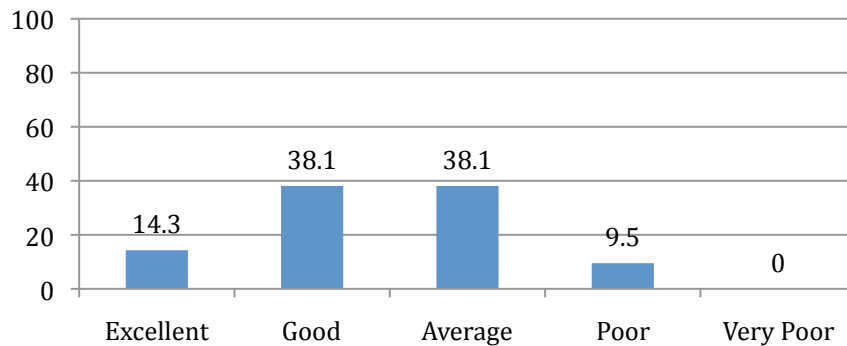
Perceptions of Health and Quality of Life

Outlook on Health

As noted in figure 4, most participants rated the health and quality of life in Douglas County as good or average. However, almost none felt that the health of the population fell below average, and only two participants rated the health as such. However some participants did mention that the public's health was being influenced by the exponential population growth over the past few years. At least

two reported that the health of new citizens was poor in comparison to original inhabitants of Douglas County.

Figure. 4 Rating of County Health on a 5-point Scale
How would you rate the health & quality of life in Douglas County?



Furthermore one participant expressed worry that Douglas did not have the resources to bounce back as quickly from the recession. In general one respondent summed up the theme conveyed by the majority of the participants, which was:

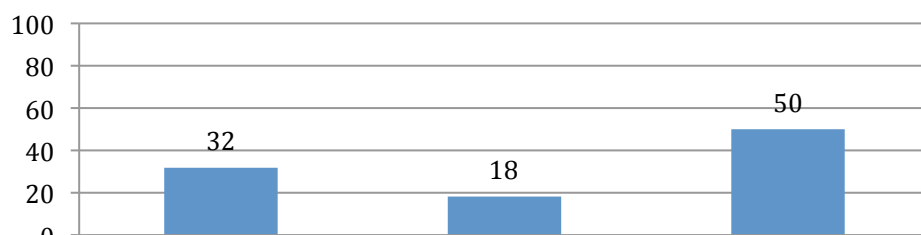
“In general I would rate the health and quality of life in Douglas County fairly high, but there is room for improvement.”

Although participants were not asked to rate the health on a 5-point scale, when data was analyzed, the majority of respondents fell into a lickert scale system. Therefore, answers were interpreted and reported on a 5-point scale in figure 4 for flexible interpretation of the data.

In direct contrast with the rated health and quality of life in Douglas County, was the reported trend in health within the county. As noted in figure 5, the majority of participants believed that the health and quality of life in the community was in decline. This decline in the public’s health was most often associated to outside forces, such as: the economic recession and the housing crisis.

Figure. 5 Perceived Health Trend

Has health & quality of life in Douglas County improved, stayed the same, or declined over the past few years?



Health Disparities

Although only seventeen participants completed the entire questionnaire, twenty-one informants expressed their belief about the prevalence of health disparities in Douglas County. Of the twenty-one participants, eighteen reported health disparities within Douglas. In response to the aforementioned question, one informant stated the following:

“Of course! There are few areas in the world, if any, where everyone has the same ‘healthy, quality of life’. Even if a number of amenities are available, that does not mean that everyone has the ability, desire, or knowledge to take advantage of them.”

This participant went on to state that communication and a plan of action is key to addressing these health disparities in Douglas. Participants were asked to identify persons or groups whose health and quality of life may not be as good as others. In figure 6, the groups are ranked by the order with which they are most frequently mentioned. It should be noted however that the first group was mentioned by twelve of the twenty-one participants while all other groups were only mentioned by seven or less.

Figure. 6 Groups affected by Health Disparities as Identified by KIs

Group Categories
Lower Income/ Impoverish
Homeless
Elderly
Minorities
Unemployed
Disabled
Uninsured

Issues In Health and Quality of Life

Lack of Affordable Services

As will be discussed in the later section on strengths and assets, most informants felt that accessibility to healthcare services had increased over the past few years, resulting in improved quality of life for some citizens. However, participants noted that if a citizen could not afford the healthcare services, they were not likely to benefit from the improved accessibility of healthcare. One participant stated, “lack of affordable health care options other than the hospital emergency room is the most critical health issue.” Many factors were noted for driving this problem such

as lack of insurance coverage and financial constraints. Nevertheless, even if a citizen was insured they might not utilize healthcare services due to cost. Furthermore, despite being eligible for Medicare or Medicaid, participants mentioned the problem that some doctors do not accept these insurance types created more problems. These problems were described thusly,

“Health insurance premiums have risen significantly at the same time that benefit levels have decreased, resulting in many people delaying or choosing not to receive proper health care even though they may be insured.”

“More doctors need to consistently accept Medicare and Medicaid which means the government must pay doctors on time and a fair rate.”

The issue was further compounded when people failed to take advantage of low cost services even when they were provided to the public. Informants felt that lack of knowledge about the available low-cost healthcare prevented access to affordable healthcare. Secondly, questionable citizenship for some individuals created hesitancy to take advantage of affordable healthcare and social services offered by the local government due to fear.

Unhealthy Lifestyle Habits

Multiple participants listed a number of health issues directly related to the lifestyle choices of individuals, and one participant directly stated that “ inactivity and lack of exercise on a daily basis is the number one quality of life issue that impacts health of people in Douglas County.” In an attempt to organize informant responses into categories, healthcare outcomes mentioned in relation to lifestyle choices were grouped under the category of ‘unhealthy lifestyle habits,’ and included inactivity, lack of exercise, lack of education on nutrition, smoking, and obesity due to the aforementioned issues. Nevertheless, it should be noted that while a few participants mentioned obesity in relation to lifestyle habits, others did not make this connection.

Safety Issues

While drug use could be considered an unhealthy lifestyle habit, this issue was considered in the context of safety rather than personal lifestyle choices. This is because participants often associated the two together. Increases in the crime rate and drug usage are a growing concern in Douglas County as noted by informants. In addition drug abuse and alcohol abuse by various populations was mentioned as a critical health and quality of life issue by itself. One key informant summed up this problem as follows,

“Crime has risen significantly making safety much more of an issue than it was 10-15 years ago. Much of this increase appears to be fueled by a significant increase in drug use. “

Economic Downturn

Although only listed directly as a health and quality of life issue by two participants, the economic downturn was mentioned in eleven of the twelve interviews for its mitigating influences on community health. Due to the national housing crisis, foreclosed homes and dropping property values were factors acknowledge for their influence on declining quality of life and the degradation of neighborhoods. Less job opportunities and fewer jobs that pay well were notable community problems and lowered morale. Furthermore, the economic downturn directly influenced healthcare agencies through funding, and when asked about the most critical health issues in Douglas, one informant responded as such:

“Lack of government and social services revenues because of the recession to adequately serve the less fortunate.”

Rapidly growing population

As cited in the earlier section on health, participants mentioned population growth for driving the trend in health and quality of life in Douglas County. They felt that the quick increase in citizen numbers created strain on existing services, and agencies had trouble keeping up with the growth. Additionally an informant noted that new groups in the community brought health issues and some suffered from poorer health in general. Another participant felt that previous growth had been fueled by sub-prime lending in the housing market, which resulted in current foreclosure problems and degraded neighborhoods. Finding ways to fill the foreclosed, empty homes with working families was recommended for improving both the health of individuals and combating the degradation of local neighborhoods.

Engagement of youth population

Five different key informants felt that lack of engagement of the youth population was an issue. Many expressed this concern that youth often made poor decisions when not engaged by the community at a young age. These bad decisions often wavered between general health decisions, drugs, smoking, and reproduction. Furthermore, the type of engagement was not agreed upon. Two key informants thought that parents should be more involved in their children’s lives, while two other key informants cited the lack of youth programs as the problem. One key informant elaborated that this behavior created a cycle:

“Not sure here either, but I would note again that there are too many single parent homes caused in great part by young people having babies who simply are not prepared physically or emotionally to be having children or to act as responsible adults. There is too great a disconnect with these young people between the pleasures of sex and what the responsibilities of parenthood mean.”

Barriers to Improving Health and Quality of Life

Transportation

The lack of public transportation was explicitly stated as a barrier to improving health and quality of life in Douglas County, and was stated in those exact words by at least two participants. Other participants felt that people were much less likely to access healthcare services when they had trouble transporting themselves to the agencies. The aging and elderly population was specifically noted for suffering from lack of public transportation and lack of knowledge about public transportation. Although more than one participant noted this connection, one informant summed up a likely scenario describing this connection as follows,

“A poor or elderly person may lose their job because they have sick children who have no access to care or transportation to care; therefore their quality of life and health are negatively impacted.”

Furthermore the continuously rising gas prices complicated the issue by creating strain on individuals who had access to their own automobile.

Cost/ Socio-Economic Barriers

While the economic downturn was mentioned in the previous section for creating health and quality of life issues in Douglas County, some informants also mentioned it as barrier for improving health. Specifically the economic downfall of the infrastructure as a whole prevented services from expanding out into the community and reaching their full potential. This barrier was associated with government funding constrictions and the constant cutting of funds to public health programs.

When discussing the economic barriers for healthcare providers and public health agencies, one informant described the problem as the lack of “funding or appropriate spending and allocation of those funds.” Lastly, the socio-economic barriers were noted for their effect on the individual as well because “people have to be more focused on just making a living and do not have time to focus on much else.” While driven by the higher priority placed on earning salaries rather than personal health, this barrier alludes to the next barrier mentioned by multiple participants.

Lack of Community Involvement

A few participants expressed the need for more positive community involvement with programming, and felt that negative community response was a barrier to improving health. Some discussed how citizens should take more initiative in their personal healthcare, and at least one thought citizens needed to take more care in the health of their children. Community perceptions were noted as a barrier also, and the aforementioned problem of the daily grind of making a living were both noted for supporting this barrier. Simply put “members of the community who will not take advantage of the services and resources available are barriers.”

Communication to the Public

The previous barrier was complicated by the lack of knowledge on what services were available to the public. The lack of education and communication with the public about the availability of some services that may be free or at a reduced cost

facilitated lack of community involvement. As mentioned in the previous section, the reported lack of affordable services was confounded by this issue also. Informants felt that people simply did not know what services were offered or available to them. Language and cultural barriers were noted for exacerbating this issue in a few minority communities, as mentioned by one participant:

“It seems to me that seniors have a difficult time with the transportation to and from services while the Hispanic population may not be aware of what services are available or may be hesitant to access services for a variety of fears.”

Nevertheless, the lack of education and communication on healthcare services was also commonly associated with this barrier.

Other Issues and Barriers

Because of the small sample size, some issues and barriers mentioned by participants did not tie into the above categories and were not mentioned by more than one participant. However it is impossible to infer if this indicates the importance of the issue in the community, or is simply due to the sample’s inability to capture all relevant issues to health and quality of life in Douglas County. Therefore, these issues and barriers are presented in a list format in figure 7 for the reader’s discretion. Furthermore participants offered many solutions to issues and barriers, and all of these solutions are presented in a table format in appendix 2 of the report.

Figure. 7 Issues and Barriers Mentioned Only Once

Issues and barriers
Lack of City/ Council representation and relationship building with retail business
Lack of cooperation between city and county
Redistricting plan of the Douglas County High Schools
Aging population
Texting while driving
Infant mortality
Not enough affordable housing and jobs for families to become sufficient.
Lack of a walkable community, lack of engagement. Douglas County can feel isolated with the belief that any entertainment worthwhile is in Atlanta. DC also has a lower average income than other metro counties.

Assets and Strengths

Although participants were not directly asked to list out the strengths or assets of the Douglas community, some choose to remark on the strengths of the Douglas infrastructure. In particular, the first asset of Douglas County in figure 8 was

mentioned most frequently. Five of the twelve participants discussed how the expansion of Well Star hospital was a key factor in any improvements of health and wellbeing in Douglas County over the past few years. This expansion was noted for providing easier access to healthcare in the community.

All other assets were only mentioned by two or less participants. Interestingly some of the reported strengths of Douglas County are in direct conflict with the reported issues and barriers by other key informants. For example, lack of jobs and decreasing salaries was an often-reported issue within Douglas County, but increasing well-paid jobs was noted as an asset. Furthermore, while population expansion was noted as an issue creating and exacerbating existing problems, participants also perceived benefits from the expansion for attracting better physicians and medical technologies.

Figure. 8 Assets and Strengths in a List Format

Assets and Strengths of Douglas County
Well Star hospital expansion has resulted in new and more accessible immediate care facilities
Strong Parks and Recreation Department that offers many opportunities to engage in outdoor activities
Multiple health clubs are readily available
Population expansion is attracting more physicians & technologies
Increasing well -paid jobs
More amenities
Better accessibility to destinations outside of Douglas County
Alignment with Cobb County, and becoming part of the metro Atlanta area will greatly benefit Douglas in the future
Shifting political structure provide potential for positive change in the future
United Way Red Cross; Faith based orginazations; Families First; Children's Voice Casa
Charitable organizations coordinated through C.O.R.E. and the churches.
Live healthy Douglas
Churches

Conclusion

While the general well being of the Douglas community was considered average by the majority of the participants, groups affected by health disparities were identified. In particular impoverished communities were recognized for being vulnerable. Six major categories emerged in the analysis of the issues of concern to the community, and four categories arose for the barriers. Finances were the most frequent theme mentioned throughout the inquires from lack of affordable services, the detrimental influence of the economic downturn, and the barrier of cost. These three categories constituted a third of the major categories identified, and were all tied to finances. In addition, participants acknowledged assets and strengths as resources for addressing community issues, and the most frequently mentioned asset was the expansion of the Well Star hospital. Multiple informants felt that this expansion improved access to healthcare services. Furthermore, multiple solutions were proposed for addressing the aforementioned issues as outlined in appendix 2. In the end these key informant interviews provided interesting insight into the health and quality of life issues that are important to the Douglas community, and these findings will serve to guide the MAPP initiative in future endeavors.

Appendix 1. Douglas County Key Informant Interview Guide

KEY INFORMANT INTERVIEW Community Themes & Strengths Assessment Cobb & Douglas Public Health Department

Name: _____ Title: _____ Date: _____

Agency/Organization: _____

Number of years living in Douglas County: ____ Number of years in current position: _____

Introduction: Thank you for taking time out of your busy day to complete this interview. This interview has 14 questions, and should only take 15- 30 minutes. Your participation in this interview is completely voluntary, and you may stop at any point. The majority of these questions will be open answer. Please take your time answering each question.

The Cobb & Douglas Public Health Department is gathering local data as part of developing a plan to improve health and quality of life in Douglas County. Community input is essential to this process. Surveys, focus groups, and key informant interviews are being used to engage community members.

You have been selected for a key informant interview because of your knowledge, insight and familiarity with the community. The themes that emerge from these interviews will be summarized and made available to the public; however, individual interviews will be kept strictly confidential.

You will be asked a series of questions about health and quality of life in Douglas County. The majority of these questions will be open answer. As you consider these questions, keep in mind the broad definition of health adopted by the World Health Organization: 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,' while sharing the local perspectives you have from your current position and from experiences in this community. Please take your time answering each question.

If you would prefer to fill out this interview at a later date, you may utilize the following web address: <http://www.surveymonkey.com/s/N3935WY> .

Questions:

1. To get started, can you briefly describe the work that you and your organization do in the community?
2. In general, how would you rate health and quality of life in Douglas County?
3. In your opinion, has health and quality of life in Douglas County improved, stayed the same, **or** declined over the past few years?
 - a. Can you briefly explain why you think the health and quality of life in Douglas County has improved, stayed the same, or declined over the past few years?
 - b. What other factors have contributed to Douglas County's health and quality of life's improvement, decline **or** staying the same?
4. Are there people or groups of people in Douglas County whose health or quality of life may not be as good as others?
 - a. Who are these persons or groups whose health or quality of life is not as good as others?
 - b. Why do you think their health/quality of life is not as good as others?
5. What barriers, if any, exist to improving health and quality of life in Douglas County?
6. In your opinion, what are the most critical health and quality of life issues in Douglas County?
7. What needs to be done to address these issues?
8. Of those listed which is the most needed improvement in Douglas County?
9. What specific actions, policy or funding priorities would you support because they would contribute to a healthier Douglas County?
10. In your opinion, what else will improve health and quality of life in Douglas County?
11. What support systems currently exist within Douglas County during times of need and stress?
12. How do you think Douglas County will change in the next five years?

13. Is there someone you would recommend as a “key informant” for this assessment? Please specify their name and contact information.

14. Lastly, is there anything you would like to add?

Close: Thanks so much for sharing your concerns and perspectives on these issues. The information you have provided will contribute to develop a better understanding about factors impacting health and quality of life in Douglas County.

As a reminder, summary results will be made available by the Cobb & Douglas Public Health Department and used to develop a community-wide health improvement plan. Should you have any questions, please feel free to contact Jennifer Munoz at the public health department. Here is her contact information:

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Thanks once more for your time. We value your opinions!

Aging Population	-Seniors need public transportation to and from services
Lack of youth engagement	-More funding for state and county run agencies to provide the appropriate services mainly to youth in our community but all other factions as well. -Find a way to keep kids in school and help them get educated. We can't MAKE them get educated, but lead them in the direction that will allow them to be the most productive citizen they can become.
Inactive lifestyles	-More services available for physical education such as afterschool programs that encourage exercise. -Education - More sidewalks
Safety issues	-People of all ages need more drug resistance awareness education and more access to local drug treatment programs. - More safety education awareness with better ways to deal children who have issues with the law. -Providing children who have issues with the law with better and longer education alternatives. -Aggressive law enforcement and court system
Economic downturn	-Improve the economy to bring in funds -Get people back to work -More jobs created in the region -Education and training.
Rapidly growing population	-Increase in social service programs -Funding for English as a second language for the growing population that struggles with language barriers -City & County Cooperation
Communication with Community	-Commercial community buy-in -Better communication and involvement - Maybe more efforts to reach people through Facebook.
Community Involvement	-More charter schools require parental involvement -School system improvement -Community networking group.