Cobb Key Informant Report
Acknowledgements

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Table of Contents

Introduction........................................................................................................................................4
Methodology.......................................................................................................................................5
   Key Informant Demographics........................................................................................................6
   Data Collection and Analysis...........................................................................................................6
Results..............................................................................................................................................7
   Perceptions of Health and Quality of Life.......................................................................................7
   Issues and Barriers..........................................................................................................................10
   Assets and Strengths.......................................................................................................................13
Conclusion.........................................................................................................................................15
Appendix..........................................................................................................................................17
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 networks, societal infrastructures, and community members. Through organization services, neighborhood outreach, and collaboration with external stakeholders, CDPH seeks to build upon the existing health of the community by addressing the public’s health concerns, and identifying community strengths.

Cobb is a vibrant county on the outskirts of the Atlanta area. With a growing population of 688,078 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 Cobb 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
Cobb County MAPP
Key Informant Interviews

to the Cobb 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, 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. Twenty in-dept key informant (KI) interviews were carried out to gather information about perceived health and quality of life issues within Cobb County from community partners (Figure. 2). 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 Assets

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<thead>
<tr>
<th>Perceptions of Health and Quality of Life</th>
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<td>Optimistic Outlook on Health</td>
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<tr>
<td>Health Disparities</td>
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<tr>
<td>Growing Population</td>
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<td>Growing Diversity</td>
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<td>Neighbor of Atlanta</td>
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<th>Issues &amp; Barriers</th>
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<td>Unemployment</td>
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<td>Public Transportation</td>
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<td>Hypertension</td>
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<td>Aging Issues</td>
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<td>Affordable Housing</td>
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<td>Economic Barriers</td>
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<td>Business Communities</td>
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<td>Political Leadership</td>
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<td>Provider Collaboration</td>
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<td>Community Attitudes</td>
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“Community Voices Improving Healthy Choices”
Methodology

The interviews were conducted over the phone for the KI’s convenience, and usually would last up to one hour.

Key Informant Demographics

Cobb’s MAPP Steering Committee developed a list of the 21 influential health and community leaders within Cobb County. Through snowball sampling, 20 key informants were interviewed from different sectors of the Cobb Community, including: 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

<table>
<thead>
<tr>
<th>Average # of Years</th>
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<tbody>
<tr>
<td>Number of Participants:</td>
<td>20</td>
</tr>
<tr>
<td>Living in Cobb County:</td>
<td>19.56</td>
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<tr>
<td>In Current Job Position:</td>
<td>7.42</td>
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Figure. 4 List of Participating Organizations

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<th>Organization’s Name</th>
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<tr>
<td>MUST Ministries</td>
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<td>National Alliance on Mental Illness (NAMI)</td>
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<td>Young Women’s Christian Association (YWCA)</td>
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<td>WellStar Health System</td>
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<td>Cobb County Board of Commissionaires</td>
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<tr>
<td>North Star Church</td>
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<tr>
<td>Board of Health</td>
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<tr>
<td>Kaiser Permanente</td>
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<tr>
<td>Smyrna City Government</td>
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<tr>
<td>Cobb and Douglass Community Services Board</td>
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<tr>
<td>Franklin Road Weed &amp; Seed Program</td>
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<tr>
<td>Johnson’s Ferry Baptist Church</td>
</tr>
<tr>
<td>Cobb Senior Services</td>
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<tr>
<td>Division of Family and Child Services (DFCS)</td>
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<tr>
<td>West End Medical Center</td>
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<tr>
<td>East Cobb Business Association</td>
</tr>
<tr>
<td>National Association for the Advancement of Colored People (NAACP)</td>
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Cobb County MAPP
Key Informant Interviews

Data Collection and Analysis

The Cobb 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 dialogue during interviews and question probes based on the participant’s response were used to gather wide range of exploratory data. Each key informant interview was recorded for transcription afterwards and to ensure accuracy during the transcription process. Digital files are maintained on a secure server at CDPH, and paper records are kept secured at the facility to ensure confidentiality.

Figure. 5 Process of Data Analysis

Verbatim Transcription

Thematic Analysis

Figure. 6 Perceived Health Trend

transcriptions were conducted of all recorded interviews, and a codebook was developed (Figure 4). A thematic analysis revealed frequently mentioned topics, issues, and community strengths.

Results

Perceptions of Health and Quality of Life

Across the key informant interviews, several themes emerged regarding the current health and quality of life in Cobb County. They were the following: an overall optimism regarding the citizen’s health, health disparities, growing populations and diversity, and the relationship of Cobb with the neighboring city of Atlanta.

“Community Voices Improving Healthy Choices”
Optimism
All of the key informants expressed an optimistic outlook about the future of the health and quality of life in Cobb County. When asked about the trend of community health over the past few years, most participants felt that the healthcare system and community health was improving overall (Figure 5), and expressed an overall satisfaction with the improving health of the county:

“I think that relationships within the community are a lot better, partnerships are a whole lot better with all entities, schools, businesses, and churches.”

The main reasons given for this trend in improving healthcare and quality of life in Cobb County was increased availability to healthcare services, and the improved quality of the services provided. Specifically, healthcare services offered by hospitals have grown through improved medical techniques and technologies. Furthermore, participants agreed that there was a deep satisfaction with the physicians in the Cobb community in hospitals and private practices. When asked about the future of the community, the key informants kept a positive approach which, as one key informant concisely noted:

“The future looks bright for healthcare in the county in the next 5 years.”

However, many participants were quick to note that this improvement in health and quality of life varied according to different groups, and as one key informant noted:

“Part of this depends on what socio-economic group you’re coming from, but as a general rule I would say that the quality of life and healthcare in Cobb County is very good.”

Health Disparities
Health disparities became a lasting theme throughout the interviews. Most key informants had difficulty answering questions without explaining the difference between the general population of the Cobb community and the more vulnerable sub-groups suffering from poor health. In conjunction with this sentiment, approximately half the participants mentioned some type of health disparity before being asked to identify vulnerable groups within Cobb County. As noted by one key informant when asked to describe the health of the Cobb populace:

“In general, for the majority of the population it’s quite good, however there are pockets where the complete opposite is true.”
The economic downturn played a large part in these health disparities, and stakeholders cited that the clients of their organizations suffered from these health disparities displaying poorer health in comparison with the larger population. Two types of clients that were frequently mentioned as suffering from poorer health were the elderly and the mental health communities. Financial issues seemed to be the most identified driving factor behind these health disparities, along with access to medical care and the housing crisis:

“There is a continued growing disparity between what we would say the quality of life and health [is] for those who have access to economic resources, and those who don’t have the same access, or don’t have the same economic benefits of the economy."

“I feel that it is a little more equitable for the person who is closer to median income in Cobb County, and is lower for those such as the clients I serve.”

In the following table, the populations that were most commonly identified as suffering from these health disparities were ranked in the order they were most frequently mentioned.

**Figure. 7 Groups Affected by Health Disparities as Identified by KIs**

<table>
<thead>
<tr>
<th>Group Categories</th>
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<tbody>
<tr>
<td>Impoverished/ Poor</td>
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<tr>
<td>Uninsured/ Underinsured</td>
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<tr>
<td>Minorities</td>
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<tr>
<td>Elderly/Aging</td>
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<tr>
<td>Immigrants</td>
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<tr>
<td>Homeless</td>
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<tr>
<td>Unemployed</td>
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<tr>
<td>Special Needs/Disability</td>
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<tr>
<td>Mental Health Community</td>
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**Neighbor of Atlanta**

Key Informants were quick to point out that Cobb County does not exist in a vacuum. The health and quality of life in Cobb County is strongly affected by the national economic and healthcare policies. The economic downturn was cited as a source of conflict within the current healthcare infrastructure of Cobb. However, state policies were also mentioned, and the health of the neighboring city of Atlanta was intrinsically tied to the health of the Cobb community as noted by one participant: "Atlanta will grow, so we will see growth in the population."

**Growing Population & Diversity**

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Cobb County MAPP
Key Informant Interviews

Cobb’s population has already been experiencing growth spurts over the past few decades, and according to the key informants this trend will continue. This has been partly associated with the already aforementioned growth of the neighboring city of Atlanta, but other participants felt that Cobb would simply grow by attracting a more diverse population. Nevertheless this growth brings its own problems, and expands existing structural issues. As one participant noted, “We have a pretty good healthcare structure in place to take care of the people, but the growth is gonna [sic] become a problem for that, for schools, for transportation, and for the healthcare needs of those people.”

Issues and Barriers

*Lack of Preventive Healthcare and Healthcare Education*
Although most stakeholders felt that the overall health of Cobb was good and improving, healthcare providers noted that the diseases they most commonly treat are preventable. This led many key informants to suggest that one of the biggest health and quality of life issues in Cobb County is the lack of preventive healthcare. The most frequently mentioned preventive technique was health education.

However, the type of healthcare education took on a different role with different populations. Many key informants noted the lack of continued adult education on daily lifestyle choices with nutrition and exercise. Others noted that educating children about lifestyle choices at an early age, and specifically improving consistent early childhood education was a key issue in Cobb County. Poor diets and lack of education on proper nutritional choices, was cited as a problem in specific ethnic Latino populations and the aging population. Hand in hand with lifestyle choices, the lack of healthcare education for recognizing risk factors, symptoms, and available healthcare screenings was a noticed problem across the whole community. Education was also cited as a powerful tool for removing the mental health stigma, and improving the health of this community.

Additionally, access to available healthcare screenings and healthcare prevention programs were considered just as important as education on lifestyle choices and the aforementioned screenings. As one key informant said, “not just education, but the programs to provide proactive healthcare [are just as important].” This key informant went on to describe such programs as fitness and community healthcare facilities that existed along with incentives to use these facilities because, “just because the facility is there doesn’t mean people will automatically use that facility.”

Nevertheless, a few key informants felt that these programs and prevention efforts were already in place. Only the incentives were lacking, and as one put it:

“I think there are more opportunities to engage in healthy living and the resources are there, but a lot of this...is that it has to be self directed, and some folks maybe don’t know they have health issues or they’re just not engaging in the proper channels to take control of their health.”

“Community Voices Improving Healthy Choices”
Lack of affordable healthcare and insurance coverage
The reason why these people did not know about their own health problems was often attributed to insurance coverage and lack of affordable healthcare. Key informants noted that all the proper screening techniques and healthcare check-ups were available to those with health insurance, but if a person had no insurance they basically had no access to any preventive care.

The issue of affordable healthcare seems intrinsically tied to a lack of insurance coverage, and this leads to the uninsured putting off medical care because of the cost. These people inevitably end up using the emergency room for medical care, which is not the optimal choice for either the ailing individual or the state. A key informant described the problems thusly:

“The cost of healthcare is skyrocketing everywhere so...that affects people that wait to the last minute to go to the doctor, and by that time its probably too late, because they didn’t have the money to pay, and a lot of people don’t have health insurance.”

Furthermore, the problem extends to those who are under insured because “Medicare doesn’t cover vision or hearing, and the true quality of life things such as dental.” Participants included the underinsured with the uninsured as suffering from similar healthcare issues due to their lack of preventive care, such as check-ups and screenings.

Lack of jobs and the unemployment rate
Several key informants mentioned unemployment in Cobb as an issue. They felt that the unemployment rate of roughly 10% is an issue. If a person is unemployed they are much more likely to not have insurance, which ties into the problem of affording healthcare. Specifically, the areas of West and South Cobb were mentioned for their poor business infrastructure, and lack of jobs.

Furthermore, even individuals who found jobs were not enjoying healthcare that was considered adequate. A few larger businesses were taking better care of their employees, but overall businesses no longer have the capacities to insure their employee’s health. One key informant portrayed this concern as follows:

“The [healthcare] resources that would be available to employees and their spouse[s] and families are not to the extent that it needs to be.....and we as a community need to get in with those employers, to partner with them to engage their employees with healthier lifestyles and education.”

Traffic and Public Transportation
Even if a person was employed or not, a problem key informants distinguished for its effects on the entire populace of Cobb County was the issue of transportation. Participants mentioned two types of transportation issues: traffic and public transportation.
Cobb County MAPP
Key Informant Interviews

For the employed, traffic was a particular problem because “traffic at times can be horrible, and that has an impact on people’s health. Traffic not only adds to stress, but it prevents people from doing their job or resting.” As another participant simply stated, “the traffic is horrendous in Cobb County.” The time wasted in traffic was mentioned for its detrimental effects on family health, individual health, and economic currency.

In contrast, the cutbacks on the public transportation system were mentioned as a problem for a multitude of groups. Participants felt that the lack of a public transportation system was a contributing factor to the health disparities within Cobb County. Others mentioned that the lack of knowledge of how to use the public transportation system was a vital problem when insuring healthcare access. As one participant described the issue:

“We’ve got a public transportation system that is a solid system, but it is far too limited in terms of where it goes and how often the routes run, and as we’ve seen this year, that’s only being cut back even farther.”

This key informant was referring to the limited bus stops and the route system that had been shortened in the previous year. They were not the only participants to note this change, as other participants discussed how the cutbacks on the bus routes had negatively affected the clients of their organizations.

Hypertension
Hypertension was the only specific health issue mentioned by more then one key informant as a problem within Cobb County. The County’s traffic contributed to rising stress levels, and was usually brought up as a factor in hypertension. Lifestyle choices and dietary knowledge were two other factors that contributed to the higher rates of hypertension in Cobb County. Lastly, one key informant felt that obesity within the adult population was the main cause of the high levels of hypertension in Cobb.

Issues related to Aging
While the issues of the aging population in Cobb County have not changed, many KIs mentioned that their issues are expanding due to two factors. First, as one participant noted “our county is getting older”, and along with the rest of the nation, Cobb is dealing with the baby boomer generation moving into the retirement age and an elderly population that is already quite large. As this baby boomer generation ages, the elderly population is expected to swell. Secondly, the economic downturn and public transportation cutbacks have exacerbated already occurring issues within this population. For example, “there’s been a lot of budget cuts and so the elderly who’ve traditionally had issues with transportation, they have issues with socialization so they’re now having an increase in abuse of elderly.”

Another key health issue within the aging population included a lack of good nutrition due to a “generational misunderstanding of health and nutrition.” As one
participant noted, there is a generational gap in perceptions of what is healthy eating due to changing health messages between decades.

**Affordable Housing**
Although only mentioned as an issue once, other key informants did talk about affordable housing as a factor behind the health disparities within Cobb County. This problem was most often mentioned in direct relation to impoverished communities and transient communities. Impoverished individuals had little access to affordable housing with beneficial amenities to improve their quality of life. Such amenities would include safe neighborhoods for exercising outside, parks with recreational events and activities, and close healthcare clinics. Furthermore, limited housing such as shelters for the homeless was brought up by at least one key informant. Others noted the quality of the homeless shelters in Cobb, but the growing need for more such amenities. Equitable housing was also suggested as a solution for the health and quality of life issues in Cobb, and as one key informant believed “access to affordable housing is one of the largest barriers to quality of life and improving health.”

**Economic Barriers**
Cutbacks in financial backing were the second most frequently mentioned barrier to improving health in Cobb County, and the main reason for less services being offered. Although monetary impediments did not seem to prevent efforts to offer certain services, this barrier was noted for preventing programs or services from reaching their full potential. For example, the cutback in public transportation, and employer insurance was attributed to the national economic downturn. Furthermore, decreases in state funding were attributed to less government and social services being offered.

**Community Attitudes and Citizen Engagement**
Participants’ feedback on the impact of citizen engagement and community attitudes was mixed. Some key informants felt that lack of citizen engagement was a barrier to improving the public’s health. However, many different barriers were attributed to preventing citizen engagement in managing their health and taking part in programs. A few noted that cultural barriers such as differing ethnic diets created confusion about healthy eating choices, and they also mentioned that language barriers resulted in less citizen engagement because of an inability to understand health messages. Thirdly for citizens whose documented status was questionable, the fear of government agencies often resulted in less citizen engagement of healthcare services. Lastly, getting the person actively involved with programs can be difficult, and a few participants felt that negative community attitudes often prevented people from taking more active roles in managing their health or taking advantage of healthcare services.

Examples of negative attitudes were when a person was not encouraging of a specific healthcare program, when a person refused to take responsibility for their lifestyle choices, and when a person did not acknowledge existing health problems.
in their self or community. Taking steps to improve healthcare education in childhood was suggested for changing these attitudes early in life. However, other key informants often felt that community attitudes were an asset to Cobb County, which will be discussed in the next section.

**Strengths and Assets**

*Improving Population Health*
Overall the health and quality of life in Cobb County was reported to be quite good as denoted in figure 7. The majority of respondents felt that health was above average, and that health was improving overall, even during times of national economic crisis. Housing and healthcare were both affordable amenities for people of middle-income livelihoods. In addition, key respondents felt that the general population’s health would only improve in the future. However they also thought that if health issues identified during the interviews were not addressed, the health of vulnerable populations would continue to decline.

*School Systems*
Although improved childhood education on healthcare was suggested as an earlier solution to community attitudes, overall the school systems were frequently mentioned for their community involvement. For example, the Cobb County school system was a particular resource for the immigrant population, as is their assistance with efforts to fight childhood obesity.

*Faith Community*
The faith community is reported to be very active in the Cobb Community. Faith-based programs through Must Ministries were often cited as a good resource for support during times of stress and need. Cobb residents were often affiliated with a faith organization, and some key informants felt that the roots of the faith community in Cobb County could provide ample social networks to extend social and healthcare resources. Furthermore, employing informal avenues to administer healthcare education and resources was suggested as a solution to improving access to healthcare, particularly in the minority and immigrant populations.

*Community Attitudes*
While some key informants felt that community attitudes were a barrier to improving health, others cited the generous nature and attitudes of Cobb citizens as a specific asset of the county. Cobb was described as a ‘giving community’ that provided its citizens with plenty of resources. Furthermore, some reported that the biggest issue was not community attitudes, but community awareness of the issues.
Other key informants attributed the trend in improved community health to the rise in citizen involvement with community programs.

*Non-profit Services*
For the transient and homeless populations strongly affected by the economic downturn, non-profit organizations were noted for their aid through food pantries and shelters during times of loss. For example, the Food Pantry and Must Ministries were frequently cited as an asset for the homeless and people suffering from financial instability.

*Business Communities*
The business infrastructure in East and Central Cobb was noted for being particularly strong in contrast to the South and West regions of the county. Building off of these pre-existing businesses, their networks, and organizations were suggested to lower the unemployment rate. As mentioned earlier, big businesses were distinctly mentioned for their ability to provide their employees with health insurance coverage. However, Cobb also has an ample amount of smaller businesses that have struggled to support their employee’s health during the economic downturn. Informants made recommendations for working with these smaller organizations to strengthen their insurance coverage. These efforts could help combat the problems with access to healthcare for the working poor.

*Healthcare Provider Collaboration*
While some participants did feel that more collaboration between healthcare providers was needed to prevent duplicate services, overall key informants were satisfied with communication efforts between providers. In particular, the Cobb Community Services Board was mentioned for bringing together healthcare providers.

*Political Leadership*
Key informants discussed the strong political organization in Cobb County municipalities, and the ability of these political powers to drive social movements. A few key informants recommended working with the county political leadership to improve community attitudes, and create awareness of prevalent health and quality of life issues. Creating stronger leadership within populations affected by health disparities in Cobb County was recommended for improving the health in these populations particularly in the minority, immigrant, or impoverished communities. Participants noted that by designating leaders within communities to communicate the group’s prevalent health and quality of life problems, the issues within vulnerable populations could be more swiftly identified and addressed.

**Conclusion**
Several themes emerged after completing the key informant interviews. While the quality of life in Cobb County was perceived to be relatively good, some target
groups were thought to have considerably worse health than the general population. Among these groups were the impoverished, the uninsured, and minorities. In addition several health and quality of life issues were associated with these target groups and the population as a whole.

Lack of knowledge about preventive healthcare, traffic congestion, and hypertension were health issues that affected the entire population. Issues of health and quality of life that specifically affected the impoverished were the aforementioned issues: underinsurance, affordable healthcare, affordable housing, and limited public transportation. The uninsured were thought to suffer from similar issues such as affordable healthcare, affordable housing, and limited public transportation. In contrast, issues associated with minority populations were identified as lack of resources for treating specific health issues such as sickle cell anemia, fear or dislike of formal government services, and lack of community knowledge about healthy lifestyle choices.

Above all others, the two most frequently mentioned barriers to improving the public’s health were lack of access to healthcare and economic barriers. Lack of access was cited as due to lack of affordable healthcare, lack of knowledge about services, and limited public transportation. Economic barriers were an issue for both healthcare providers and clients. Lack of funding for services was often noted for stunting the growth of programs, and financial instability prevented many individuals from better managing their health.

Many strengths and assets of the Cobb community were also documented to combat this quality of life issues. Cobb was recognized for having a strong business community in East and Central Cobb the foundation of which could help combat the poor business communities in West and South Cobb, the unemployment rate, the lack of insurance coverage for the working poor, and economic barriers for individuals. Next, Cobb was noted for having a strong faith community that often provided support services for the underserved, and had access to hard-to-reach populations such as impoverished minority groups and immigrants. Third, an improving health and quality of life in Cobb County provides a strong foundation for healthcare and social service providers to build off of when seeking to enhance the public’s health.

Overall participants carried a general optimism in their responses on the health of the populace in Cobb. Most acknowledge that extensive efforts to improve the public’s health were underway, and a few were excited about emerging projects within their organization to combat a few aforementioned issues. On the other hand, informants did note that some of these issues arose from complex circumstances and required a coordinated, collaborative effort on the part of community stakeholders as a whole to begin addressing the problem.
Cobb County MAPP
Key Informant Interviews

For some, hopes were high for the future of the MAPP initiative, and indeed these key informant interviews did provide a small, insightful window into the community's perceived health, issues, and assets that can guide progressive endeavors during and after these assessments.

Appendix. Cobb Key Informant Interview Guide

KEY INFORMANT INTERVIEW
Community Themes & Strengths Assessment

Date: __________

Name: ________________ Title: __________________________

Agency/Organization: ______________________________________

Number of years living in Cobb County: _____
Number of years in current position: _____

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 Cobb County?

3. In your opinion, has health and quality of life in Cobb 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 Cobb County has improved, stayed the same, or declined over the past few years?

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b. What other factors have contributed to Cobb County’s health and quality of life’s improvement, decline or staying the same?

4. Are there people or groups of people in Cobb 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 Cobb County?

6. In your opinion, what are the most critical health and quality of life issues in Cobb County?

7. What needs to be done to address these issues?

8. Of those listed which is the most needed improvement in Cobb County and why?

9. What specific support systems exist within Cobb County during times of need and stress?

10. What specific actions, policy or funding priorities would you support because they would contribute to a healthier Cobb County?

11. In your opinion, what else will improve health and quality of life in Cobb County?

12. How do you think Cobb 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?

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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Planning & Quality Project Manager
Cobb & Douglas Public Health
1650 County Services Pkwy.
Marietta, GA 30008

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