Cobb County Mobilizing for Action through Planning and Partnerships (MAPP)
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**Introduction**

Mobilizing for Action through Planning and Partnerships (MAPP) is a method of conducting a comprehensive community health assessment. It was developed from 1997-2000 by the National Association of County and City Health Officials (NACCHO) in cooperation with the federal Centers for Disease Control and Prevention (CDC). Four assessments comprise MAPP. The Forces of Change Assessment is one of the four MAPP assessments and seeks to identify factors that can affect health in a community. Areas to consider include political, economic, social, technological, environmental, scientific, legal, and ethical. This assessment seeks to answer these two main questions:

- What is occurring or might occur that affects the health of our community or the local public health system?
- What specific threats or opportunities are generated by these occurrences?

The results can be used to assist the community in preparing how to respond to or capitalize on these factors and events.

**Methods**

On January 10, 2012 the Cobb MAPP Steering Committee conducted a Forces of Change assessment during its monthly meeting. A few additional organizations/individuals outside the MAPP Steering Committee were invited to participate; a total of thirty-one attendees participated in the assessment which was facilitated by a neutral party contracted through Cobb and Douglas Public Health. A list of all the represented organizations is in Appendix C.

Prior to the meeting, the facilitators provided participants with a brief overview of MAPP and the Forces of Change Assessment. Participants were requested to complete a brainstorming worksheet in advance to help stimulate and focus discussion. The meeting consisted of nearly four hours of open discussion that was documented on large sheets of paper that were displayed throughout the room during the entire meeting. The activity yielded nine forces of change and each participant got to contribute to identifying opportunities and threats related to each force. Lastly, participants work together to complete a Threats and Opportunities worksheet and were asked to determine the top three opportunities, top three threats and community assets which could be leveraged for the force.
Cobb County MAPP
Forces of Change Assessment Summary

Results
A total of nine forces with the greatest opportunity and threat for the community were identified at the assessment. The results are listed in Table 1 and are listed in no particular order. Each force is listed with the top opportunities and threats. Also included is a community resource which could be leveraged to address the identified force. These issues should be addressed in the strategic planning process.

Conclusions
Overall several themes emerged from the assessment which included the opportunities for:

- Improved quality of life.
- Better health education.
- A focus on prevention and lower healthcare costs.
- Partnerships and collaboration.

Cobb County is has many community assets several which were identified at the Forces of Change Assessment. The strong faith-based community could be an area to further engage in health improvement initiatives. Additionally, Cobb County has a large population of seniors and those who are entering retirement; these populations are valuable community resources which could serve as volunteers to strengthen health improvement initiatives.

The list of Community Assets will also be incorporated into the Community Themes and Strengths Assessment and begins building a foundation for the next stages of strategic planning which include partner alignment and identification of community resources.

These results will be used in conjunction with three other robust community assessments in order to establish strategic issues - critical challenges which are keeping the community from achieving its vision. The Vision Statement is the driving tool of the leaders of the MAPP Steering Community, "Cobb 2020: Community Voices Improving Healthy Choices”. The strategic issues will become a part of the Community Health Improvement Plan.

“Community Voices Improving Healthy Choices”
### Table 1: Forces Identified with Greatest Opportunities, Threats and Community Assets

<table>
<thead>
<tr>
<th>Forces (Trends, Events, Factors)</th>
<th>Opportunities Created</th>
<th>Threats Posed</th>
<th>Community Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Equity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Managing and prioritizing resources</td>
<td>Shorter life span</td>
<td>Health Department</td>
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<tr>
<td></td>
<td>Incentives for healthcare providers</td>
<td>Increase in financial costs</td>
<td>Community Transformation Grant</td>
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<td></td>
<td>Advocacy for those who cannot help themselves</td>
<td>Accountability greater than individual vs. societal</td>
<td>Community Clinics</td>
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<td></td>
<td></td>
<td></td>
<td>Dental clinics</td>
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<td><strong>Transient populations</strong></td>
<td></td>
<td></td>
<td>Excellent hospital systems</td>
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<tr>
<td></td>
<td>Value cultural diversity</td>
<td>Unstable education</td>
<td>WellStar</td>
</tr>
<tr>
<td></td>
<td>Opportunity to improve support</td>
<td>Lack of social connections &amp; support/follow-up</td>
<td>Emory Adventist</td>
</tr>
<tr>
<td></td>
<td>Improve consistency in policies</td>
<td>Financial drain</td>
<td>Grady, specialty hospital, in Atlanta</td>
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<td></td>
<td></td>
<td></td>
<td>Mental Health</td>
</tr>
<tr>
<td><strong>Increasing aging populations</strong></td>
<td>Business tapping into senior community</td>
<td>Increased health costs &amp; lack of resources</td>
<td>Community Services Board</td>
</tr>
<tr>
<td></td>
<td>Need for specialized healthcare &amp; those that accept Medicare</td>
<td>Transportation access</td>
<td>Ridgeview Institute</td>
</tr>
<tr>
<td></td>
<td>Seniors mentoring, volunteers, leadership/skills</td>
<td>Affordable housing/long term care</td>
<td></td>
</tr>
<tr>
<td><strong>Reduce High Risk Behaviors</strong></td>
<td>Improved quality of life</td>
<td>Loss of personal freedom</td>
<td>New Senior Center</td>
</tr>
<tr>
<td></td>
<td>Long-term reduction in health costs</td>
<td>Decrease in tax revenue</td>
<td>Life Long Mableton</td>
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<tr>
<td></td>
<td>Improve community safety</td>
<td>Invasiveness</td>
<td>Housing Exemption</td>
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<td></td>
<td></td>
<td></td>
<td>Support from Faith Community</td>
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<td></td>
<td></td>
<td></td>
<td>Kennesaw State University</td>
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<td></td>
<td></td>
<td></td>
<td>MUST Ministries</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Effective public health/safety</td>
</tr>
</tbody>
</table>
## Cobb County MAPP
### Forces of Change Assessment Summary

<table>
<thead>
<tr>
<th>Technology Infrastructure for Healthcare</th>
<th>Access To Quality Care</th>
<th>Access to Quality Education</th>
<th>Unstable Economy</th>
<th>Public Policies</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Interoperability/Interactive</td>
<td>• Trust</td>
<td>• Better jobs/Trade skills – Economy</td>
<td>• More partnerships/fewer silos</td>
<td>• New leaders/leadership</td>
</tr>
<tr>
<td>• Information security</td>
<td>• Allocation of resources</td>
<td>• Quality of life</td>
<td>• More collaboration</td>
<td>• Public/private partnership – availability</td>
</tr>
<tr>
<td>• Align policy costs &amp; reimbursement</td>
<td>• Inadequate banking of</td>
<td>• Decrease of high risk behaviors</td>
<td>• Personal responsibility increasing</td>
<td>• Class warfare</td>
</tr>
<tr>
<td>• Inoperability/Interactive</td>
<td>supply/demand (primary care medical providers)</td>
<td></td>
<td>• Manage resources more efficiently</td>
<td>• Legality/fear</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Overworked staff</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Loss of critical services</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• More crime</td>
</tr>
<tr>
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<td></td>
<td></td>
<td>• Loss of funding/resources</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Class warfare</td>
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<tr>
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<td></td>
<td></td>
<td>• Legality/fear</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Centers for Disease Control in the metro area</td>
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<td>• Active Public Officials – accessible in the community</td>
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<td>• Cobb Mobilizing for Action through</td>
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</tbody>
</table>

• Highly trained law enforcement
• Public access to internet (increased through municipal buildings)
• Hospitals that are already utilizing Emergency Medical Records (EMR)
• Broadband Internet & Wireless Access county-wide
• WellStar
• Emory Adventist
• Safety Nets
• Good Samaritan Health Center of Cobb
• KSU/MUST/Sweet Water
• Health Department
• Chamber/Local Businesses
• Faith Community
• Kaiser
• Quality School System
  - 2 public
  - multiple private
  - 7 universities
• Community support – engaged
• Diversified in the county
• Citizen advisory communities
• Local nonprofits
• Chamber of Commerce
• Strong faith-based community (not afraid to embrace faith)

“Community Voices Improving Healthy Choices”
| Planning and Partnerships (MAPP) process  
| • Strong Chamber of Commerce  

“Community Voices Improving Healthy Choices”
Appendix A: All Identified Opportunities and Threats by Force

1. **Health Equity Issues**
   a. **Opportunities**
      i. Doctors who accept Medicare and Medicaid
      ii. Potential private sector growth/efficiency
      iii. High-risk not served - costs more money in the end to take care of them
      iv. Increase awareness of personal responsibility
      v. Specific programs for vulnerable populations
      vi. Better healthcare
      vii. Equal care for all
     viii. Health equity – increase health capital
      ix. Greater services to all groups
     x. Increased skills and education for all
     xi. Increased economy and better use of resources
     xii. Reduced health care cost by improved equity of care
     xiii. Affordable care act
   b. **Threats**
      i. Individual accountability – Who is responsible?
      ii. Political conflict
      iii. Shorter lifespan
      iv. Greater gaps between ethnic groups
      v. Create greater diversity and/or separation
      vi. Lack of public transportation
      vii. Limited resources
      viii. Overbooking the system
     ix. Burden of care falls on the few
     x. Isolation – disconnect intangibles

2. **Transient Nature of Populations**
   a. **Opportunities:**
      i. Value in cultural diversity
      ii. Bring wealth of knowledge
      iii. Greater workforce resources
      iv. Create programs to better address their needs
      v. Refinement of programs so they are better received
      vi. Creative ways of delivery service or accessing records
      vii. Opportunity to improve public policy
Cobb County MAPP
Forces of Change Assessment Summary

viii. Opportunity to develop multicultural benefit
ix. Identify – provide relevant support
x. Increase diversity
xi. Increase jobs to businesses; economy/tourism
xii. Stress education

b. Threats:
i. Resource drain
ii. Lack of trust
iii. No community/social network
iv. Breakdowns in the family – support
v. No feeling of ownership
vi. Unstable education impact
vii. Delays in healthcare action/decision
viii. Increase in crime and homelessness
ix. Inability to effectively police
x. Financial drain on community and resources
xi. Lack of stability
xii. Unemployment
xiii. Increased crime
xiv. Lack of social connections, support, education
xv. Lack of continuity of follow-up
xvi. Increase in disease transmission
xvii. Low income/contribution to economy
xviii. Increase in services required/utilization
xix. Decrease in the economy
xx. Decrease in property values
xxi. Decrease in children’s education
xxii. Decrease in follow-ups
xxiii. Nothing finished

3. Aging Populations
a. Opportunities:
i. Reconnecting neighborhoods for easier access
ii. Opportunity for stronger community
iii. More philanthropic options/goals
iv. Increase in property - targeting in business
v. For younger generations to build community by relationships with aging populations
vi. Improved business opportunities for the young footing the bill
vii. Healthy behaviors and knowledge to pass along
viii. Time to volunteer
ix. Daycare
x. Wisdom and knowledge for sharing
xi. More volunteers or experienced workers for nonprofits
xii. Volunteer/service
xiii. Leadership in nonprofits
xiv. Philanthropic
   1. Wisdom
   2. Mentoring
xv. Defining their greatest needs
   1. Healthcare
   2. Financial
xvi. Volunteers
xvii. New senior wellness center and clinic
xviii. Volunteer opportunities
xix. Mentoring
xx. Volunteer services, Mentor programs
xxi. Greater participation in city/county activities
xxii. Cultural/historical knowledge

b. Threats:
   i. Mental health/Longevity issues
   ii. Housing
   iii. Healthcare
   iv. More demand for health services
   v. Lack of adequate insurance coverage
   vi. Increase in healthcare costs
   vii. Transportation
   viii. Increase in social security
   ix. Decrease in standard of living
   x. Burden on healthcare for high cost end of life services
   xi. Burden on younger generation
   xii. Inability to effectively serve aging community
   xiii. Gaps in workforce – in leadership of workforce

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xiv. Cost to younger generation

xv. Healthcare costs

xvi. Public burden w/o
   1. Caregiver
   2. In ER
   3. No Family

xvii. Inadequate healthcare

xviii. Unemployment

xix. Lack of pension plans

xx. Inadequate/affordable housing

xxi. Transportation

xxii. Caregiver stress

xxiii. Elder abuse is on the rise

xxiv. Increase potential to be crime victims

xxv. Isolation and loneliness

xxvi. Need transportation

xxvii. Burden for housing

xxviii. Access to transportation

xxix. Burden on healthcare costs

xxx. Decrease in population productivity

xxxi. Decrease in health capital

xxs. Support systems

xxxii. Increase burden of care

4. **High Risk Behaviors**
   a. **Opportunities:**
      i. Cost reduction
      ii. Quality of life
      iii. Safety
      iv. Breaking generational cycles
      v. Decreased/long-term reduction of health costs
      vi. Lower school education (in public health)
      vii. Change to personal health
      viii. Unable to capture true doctor
      ix. Improve quality of life
      x. Support healthy family relationships
      xi. Increase health of the population
xii. Reduce all social illness through education
xiii. Parental accountability
xiv. Support long-term intervention
xv. Preventive programs – character, ethics, morality
xvi. Ability to learn more about behaviors for future assistance
xvii. Reviewing to break generational cycle

b. Threats:
   i. Short term healthcare cost and addiction
   ii. Healthcare cost is increasing
   iii. Increase in crime
   iv. Generational cyclical effect
      1. Hard to break cycle
   v. Impact economy
      1. Increasing health cost
      2. Increase in crime
      3. Increase abuse
      4. All social illness
   vi. Invasiveness
   vii. Loss of personal freedom
   viii. Decrease in tax reduction
   ix. Faith-based community can help, but do judgmental issues get in the way?
   x. New social norms and acceptable by community
   xi. Invasiveness
   xii. Loss of personal freedom
   xiii. Social decay/decline
   xiv. Drain on public safety
   xv. Lack of trust in their environment and government
   xvi. Lack of interest from effective party
   xvii. Limited personal growth

5. (Infrastructure) Technology
   a. Opportunities:
      i. Lower cost
      ii. Better quality
      iii. In-home care
      iv. Shared knowledge

“Community Voices Improving Healthy Choices”
v. Faster response to community needs
vi. Connecting people and communication a baseline – ‘where we are’ so we know ‘where we will be’

vii. Improves health
viii. Better management of patient information
ix. Increase efficiency
x. Improved services/communication if all using similar level of technology
xi. Faster services
xii. Cheaper services
xiii. Expanded education
xiv. Greater employment
xv. Expansion of business ventures
xvi. Kaiser allows patients to see their own charts on their own commuters – this is good
xvii. Compliment positive change
xviii. Better communication and coordination
xix. Accountability to voters

b. Threats:
i. If we do not allocate money, people with the right skills will be left behind
ii. Aging fare of new technology
iii. Risk of compromised privacy
iv. Information security
v. Expensive and frequent updates and compatibility issues
vi. Risk of technology that is too accessible to employers
vii. Can’t compete globally
viii. Security issues
ix. Costs
x. Losing valuable people/physicians/businesses continue to lack of knowledge of technology
xi. An increase in fragmentation
xii. Loss of privacy

6. **Access to Quality Care**
a. **Opportunities:**
i. Improve prevention and improve chronic care:
   1. Lower cost
   2. Higher qualifications

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ii. Education and communication
iii. Technology promotes access
iv. Access/quality
   1. Increased education on access
v. Open more commitment
vi. Increase funding grants
vii. Strong partnership mentality in Cobb
viii. Increased education on access
ix. Leverage of assets as in multiple practice work together
x. Personal satisfaction
xi. More opportunity for prevention
xii. Excellent care for those with insurance
xiii. Requires more low cost or free access
xiv. Improved health status and quality of life
xv. More consistent application of health care
xvi. Great potential for quality health care
xvii. Increased health of our residents
xviii. Designing a model that can be replicated
xix. Decreasing costs for public/tax payer on non-ambulatory services to spend on prevention/ research etc.
xx. Community volunteers that can assist
xxi. Thriving economy
xxii. Greater productivity
xxiii. Improved work/ life balance
xxiv. Teaching of healthier approaches to family
xxv. Better health

b. Threats:
   i. Trust
   ii. Higher cost/ insurance reimburse
   iii. Allocation of resources
   iv. Public indifference
   v. Competing priorities that limit resources to expand access
   vi. Loss of personal freedom
   vii. Inadequate supply of medical providers
   viii. Better public transportation
   ix. Lack of transportation
   x. Better health and live longer-see aging threats
   xi. Shorter life span
   xii. Overall health
   xiii. Increase spread of disease
   xiv. Risk of transition to community of an infectious disease that is no caught. (TB)
   xv. Decreasing insurance reimbursement.
Cobb County MAPP
Forces of Change Assessment Summary

xvi. Increase cost
xvii. Costs to community
xviii. Increase cost x3
xix. Increased population with severe medical issues
xx. Cost
xxi. Less workforce productivity
xxii. Increased unemployment
xxiii. Inadequate parenting
xxiv. Detriment to housing and auto market
xxv. No one will want to live there.
   1. Decrease business
   2. Decrease property value
   3. Increased illness
   4. Increase HC costs
   5. Decreased education

7. Access to Quality Education
   c. Opportunities:
      i. New superintendent
      ii. Define and stick with system that will work
      iii. Strong education system exists now (pre K-doctorate)
      iv. Education increase in trade skills in high school
      v. More specific tracks for skill-building in high school so they can get a job right out of high school
      vi. Increase employability and insurability
      vii. Technology promotes access/quality
      viii. Knowledgeable society and well-informed on issues
      ix. Better education = more informed community
      x. Better lifestyle
      xi. Improved health
      xii. More productive society
      xiii. Increase high school grad rates
      xiv. Increase in better behavior leads to better healthcare decisions (smoking, etc.)
      xv. Improves economy
      xvi. Utilizes all available resources to participate
      xvii. Improves future innovative resources
      xviii. Improves quality of life and self-esteem
      xix. Raises the teaching standard – raises importance of education
xx. Low-cost education “youtube approach”
   1. Empowerment
xxi. Getting right messages – curriculum modifications
xxii. Increased self-esteem
xxiii. Increased high school grad rates
xxiv. Hope

d. Threats:
   i. Cost
   ii. Disparity
   iii. High risk behaviors
   iv. Quality
   v. Economic impact
   vi. Increase in crime
   vii. Income potential/dependence
   viii. Economic impact
    ix. Unstable home life due to lack of financial comfort
    x. Decline in tax base
    xi. Socio-economic limitations
        1. Affordable
        2. Available
    xii. Increased dropout rates
    xiii. Higher unemployment
    xiv. Impacts future generations
    xv. Impact future innovations
    xvi. Chaotic lifestyle
    xvii. Poor health
    xviii. Poverty
    xix. Decrease in businesses
    xx. Decrease in taxes
    xxi. Lack of funding
    xxii. Angry ignorance – no options so go to drugs/crime
    xxiii. Uneducated workforce (low-paid earner)
    xxiv. Social and economic factors of neighborhoods impact a school’s quality
    xxv. Quality control on web education
    xxvi. Poor graduation rates
    xxvii. North/south disparity
    xxviii. Cost for secondary education

“Community Voices Improving Healthy Choices”
8. **Economy**
   
   a. **Opportunities:**
      
      i. AAA + rating
      ii. Emerging technologies
      iii. Manage our resources
      iv. More efficiencies
      v. Focus on priorities
      vi. Focus on one group versus every group
      vii. Class warfare
      viii. Supporting the idea of personal responsibilities
      ix. Re-concentration of programs/services that are most effective
      x. Improve efficiency and effectiveness by better managing limited and scarce resources
      xi. More partnerships. Fewer “silos”
      xii. Support re-strategizing of resources
      xiii. Collaboration
      xiv. Tighter belt
      xv. Focus/increase efficiency
      xvi. New jobs
      xvii. Training
      xviii. Increase in growth potential (jobs)
      xix. Inexpensive cost of living
      xx. Increase awareness of resource management/waste
      xxi. Consistent formula for creating the budget/funding resources
      xxii. Need common sense to come into play
      xxiii. Develop new strategies to live within means
      xxiv. Greater security
      xxv. Ability to use address important issues
      xxvi. Business growth
      xxvii. Greater opportunity to employment of all ages
      xxviii. Greater work/life balance
   
   b. **Threats:**
      
      i. Loss of funding for valuable resources
      ii. Supply cannot support demands
      iii. Lack of service depth
      iv. Only covering the service needs

“Community Voices Improving Healthy Choices”
v. Loss of critical services
vi. Deplete our resources
vii. More people becoming vulnerable
viii. More crime
ix. Unintended consequences
x. Uncertainty
xi. No clarity
xii. Unclear direction
xiii. Loss of funding for many valuable resources
xiv. Cuts financially to physicians. Medicare and Medicaid cuts to patients.
xv. Unemployment
xvi. Loss of insurance
xvii. Decrease in access to healthcare
xviii. Overworked/exhausted staff
xix. Cost in care is shifting
xx. Revenue generation trails economic recovery
xxi. People go without
xxii. Leads to desperate behavior/poor decisions
xxiii. Waste
xxiv. Short term relief
xxv. Instability in politics
xxvi. Unemployment
xxvii. Crime
xxviii. Lack of healthcare
xxix. Higher suicide rates
xxx. Less resources for everyone
xxx. Decline of businesses
xxxii. Foreclosures
xxxiii. Higher transiency

9. **Public Policies**
   a. **Opportunities:**
      i. Increased awareness
      ii. Tea party influence
      iii. Big picture funding
      iv. Leadership potential
      v. Opportunities for new leaders
      vi. Private/public partnership
vii. Opportunity to influence positive change
viii. Open-mindedness to change

b. Threats:
i. Good Ol’ Boy corruption
ii. Uncertainty in future
iii. Lack of change in unified approach
iv. Bureaucracy and red tape
v. Anarchy
vi. In GA a dentist has to be present for a routine cleaning, other states to not. Big problem.
Appendix B: Forces Identified by Each Small Group

- **Medical**
  - Increase access to care and education
  - Pensions (lack of plan)
  - Healthcare reform

- **Economic**
  - Defunding of public services
  - Increase responsibility
  - Resource allocation
  - Increase educational opportunities (K-12)
  - Increase individual responsibility and manage resource allocation
  - Lack of funding

- **Social**
  - Increase awareness
    - Smoking
    - Obesity
  - Reduce high-risk behaviors
  - Controlled substances
  - Teenage pregnancy
  - Suicide
  - Changing demographics
  - Nutrition
  - Obesity
  - Medical/wellness
  - Healthy birth

- **Healthcare Trends**
  - Uncertainty of federal regulations
  - Costs of healthcare
  - Technology/innovations and requirements
  - Continuing Medicaid and Medicare reimbursement
  - Reductions forcing providers to see few low-paying patients
  - Change forthcoming in the healthcare system in access to care and its impact on the county

“Community Voices Improving Healthy Choices”
Cobb County MAPP
Forces of Change Assessment Summary

- Closing of MH hospitals and transitioning into a community-based emphasis – Impact on Cobb county?
- Technology – Innovations and requirements in healthcare
- Lack of affordable healthcare/insurance
- Electronic medical record priorities for many providers will require resources
- Legislation that prohibits dental choices – dentist has to be on site when hygienist is cleaning teeth
- Population is growing faster than infrastructure/support

- Population groups/trends
- Aging seniors
- Hispanic/ﬂuctuation
- Hispanic community
  - Population growth
  - Resources
- WellStar
- Legislation
- Lack of conﬁdence in local decision makers
- Housing market
- Economy
- Diminishing tax digest in Cobb
- Issues becoming more “regionalized” as city/county boundaries

- Unstable economy
- Diminishing tax base/fewer resources
- Increasing in demand for low-cost services

- Population demographics/aging
- Increasing diversity
- Increasing and changing population
- Age of population

- Economy and ﬁnancial resources
- Unemployment
- Funding cuts
- Financial resources
- Tangible resources – Grant-in-Aid

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Cobb County MAPP
Forces of Change Assessment Summary

- Public Policies and education
- Public safety
- Affordable public transportation to job opportunities
- Education
- Local access to quality food/grocery stores
- Educating and communicating with the community at their level of understanding

- Healthcare access and quality
- Healthcare
- Lack of insurance
- Expansion of Medicaid
- Decrease of rates
- PPACA
- Access to affordable healthcare – free clinics

- Transient nature of population ↔ Economic Stability)
  - Underemployment/under education
  - Transiency of families
  - Events
  - Economic downturn
    - Economy + resources
    - Changes to healthcare: Medicaid, Medicare, Affordable Care Act

- Changing economic/political factors
  - Changing role of government
  - Workforce transition
  - Changing demographics, social norms (aging & ethnic)
  - Changing social norms
  - Demographics
  - 1 out of 5 Cobb residents will be 65+ by 2030. Currently, it is 1 in 10.
  - Density of population
  - Aging in community in suburbia (transportation/access to services)
Appendix C: Participating Organizations

Atlanta Regional Commission
Austell Community Task Force
American Cancer Society
City of Kennesaw
City of Marietta
Cobb & Douglas Public Health
Cobb and Douglas Community Services Board
Cobb Community Foundation
Cobb County Business Association
Cobb County Fire and Emergency Services
Cobb County School District
Cobb County Sheriff’s Office
Cobb Senior Services
District 9 PTA
East Metro Health District
Emory-Adventist Hospital
Georgia Division of Public Health
GlaxoSmithKline
Good Samaritan Health Center of Cobb
Kaiser Permanente
Kennesaw State University
Marietta City Schools
Marietta First United Methodist Church
Marietta Kiwanis Club
Renovacion Conyugal
South Cobb Business Association
Tip Top Poultry
WellStar Health Systems