

2012

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





Table of Contents

Introduction 3

Methods 3

Results 4

Conclusions 4

Table 1: Forces Identified with Greatest Opportunities, Threats and Community Assets 5

Appendix A: All Identified Opportunities and Threats by Force 8

Appendix B: Forces Identified by Each Small Group 20

Appendix C: Participating Organizations 23



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.



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.



Table 1: Forces Identified with Greatest Opportunities, Threats and Community Assets

Forces (Trends, Events, Factors)	Opportunities Created	Threats Posed	Community Assets
Health Equity	<ul style="list-style-type: none"> Managing and prioritizing resources Incentives for healthcare providers Advocacy for those who cannot help themselves 	<ul style="list-style-type: none"> Shorter life span Increase in financial costs Accountability greater than individual vs. societal 	<ul style="list-style-type: none"> Health Department <ul style="list-style-type: none"> Community Transformation Grant Programs Community Clinics Dental clinics Excellent hospital systems <ul style="list-style-type: none"> WellStar Emory Adventist Grady, specialty hospital, in Atlanta Mental Health <ul style="list-style-type: none"> Community Services Board Ridgeview Institute
Transient populations	<ul style="list-style-type: none"> Value cultural diversity Opportunity to improve support Improve consistency in policies 	<ul style="list-style-type: none"> Unstable education Lack of social connections & support/follow-up Financial drain 	<ul style="list-style-type: none"> Strong School System The Collaborative Legal Aid & Travelers Aid Churches
Increasing aging populations	<ul style="list-style-type: none"> Business tapping into senior community Need for specialized healthcare & those that accept Medicare Seniors mentoring, volunteers, leadership/skills 	<ul style="list-style-type: none"> Increased health costs & lack of resources Transportation access Affordable housing/long term care 	<ul style="list-style-type: none"> New Senior Center Life Long Mableton Housing Exemption
Reduce High Risk Behaviors	<ul style="list-style-type: none"> Improved quality of life Long-term reduction in health costs Improve community safety 	<ul style="list-style-type: none"> Loss of personal freedom Decrease in tax revenue Invasiveness 	<ul style="list-style-type: none"> Support from Faith Community Kennesaw State University MUST Ministries Effective public health/safety

Cobb County MAPP

Forces of Change Assessment Summary



Technology Infrastructure for Healthcare	<ul style="list-style-type: none"> • Interoperability/Interactive • Individual education/Increased patient efficiency • Medical Algorithms/Standard of Care 	<ul style="list-style-type: none"> • Information security • Align policy costs & reimbursement • Inoperability/Interactive 	<ul style="list-style-type: none"> • 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
Access To Quality Care	<ul style="list-style-type: none"> • Improve prevention & improve chronic care • Lower costs • Higher quality of life 	<ul style="list-style-type: none"> • Trust • Allocation of resources • Inadequate banking of supply/demand (primary care medical providers) 	<ul style="list-style-type: none"> • WellStar • Emory Adventist • Safety Nets • Good Samaritan Health Center of Cobb • KSU/MUST/Sweet Water • Health Department • Chamber/Local Businesses • Faith Community • Kaiser
Access to Quality Education	<ul style="list-style-type: none"> • Better jobs/Trade skills – Economy • Quality of life • Decrease of high risk behaviors 	<ul style="list-style-type: none"> • Disparity • Economic impact • Threat of politicians 	<ul style="list-style-type: none"> • Quality School System <ul style="list-style-type: none"> ○ 2 public ○ multiple private ○ 7 universities • Community support – engaged
Unstable Economy	<ul style="list-style-type: none"> • More partnerships/fewer silos • More collaboration • Personal responsibility increasing • Manage resources more efficiently 	<ul style="list-style-type: none"> • Overworked staff • Loss of critical services • More crime • Loss of funding/resources 	<ul style="list-style-type: none"> • Diversified in the county • Citizen advisory communities • Local nonprofits • Chamber of Commerce • Strong faith-based community (not afraid to embrace faith)
Public Policies	<ul style="list-style-type: none"> • New leaders/leadership • Public/private partnership – availability • Open-mindedness to change 	<ul style="list-style-type: none"> • Class warfare • Legality/fear 	<ul style="list-style-type: none"> • Centers for Disease Control in the metro area • Active Public Officials – accessible in the community • Cobb Mobilizing for Action through

**Cobb County MAPP
Forces of Change Assessment Summary**



- Planning and Partnerships (MAPP) process
- Strong Chamber of Commerce



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



- 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



- 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
- xxxii. Support systems
- xxxiii. 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



- 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 computers – 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



- 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.



- 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



xxix. Poor choices and increased dependency

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
- xxviii. 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



- 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
- xxxi. Decline of businesses
- xxxii. Foreclosures
- xxxiii. Higher transiency

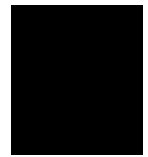
9. Public Policies

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

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

Cobb County MAPP Forces of Change Assessment Summary

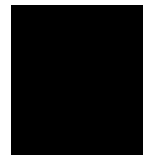


- Public Policies and education
- Public safety
- Affordable public transportation to job opportunities
- Education
- Local access to quality food/grocery stores
- Educating and communicating with the community at their level of understanding

- 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