COMMUNITY NEEDS ASSESMENT

Developing Community-University Partnership for Reducing Health and Social Disparities in Central Georgia

Georgia College

Center for Health and Social Issues

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SUMMARY

The Center for Health and Social Issues at Georgia College aims to strengthen existing and create new community partnerships throughout central Georgia. In this project we conducted a needs assessment in one rural and one urban community in Baldwin County. This was done through two focus groups among persons who resided in the selected communities. Each community were selected through consultation with the county Board of Commissioners. Participants were invited to participate through community flyers, door -to-door visits and telephone contact with known community champions. Both focus groups took place within the communities using mutual sites on a weekday evening. Focus groups participants were asked to provide informed consent and only received refreshments at the meeting. Both meetings were recorded in addition to note capturing on flip charts. The needs assessment captured residents' problems/concerns within four domains; 1) health, 2) family, 3) education/schooling and 4) other (any other areas participants deemed relevant). The needs assessment also captured community resources, barriers to accessing resources and solutions that community members think would address their problems/concerns. Recordings of both meetings were transcribed and along with notes recording on flip charts used for the basis of our topical survey.

Overall, 15 persons participated in the focus groups (Coopers = 9; Milledgeville/Barnes Avenue = 6). Both communities identified as a problem, access to transportation, lack of community collaborative, access to healthcare and enforcement of traffic laws within community. In the urban Milledgeville community, problems with blight, lack access to fresh fruits and vegetables and crime were prioritized. In the rural community, priority needs included manpower for the local fire station, ADA compliance for the existing walking trail, a community center with publicly accessible WIFI and more fulsome representation at the county level. Data from the public health database shows that 1 in every 3 persons living in these communities are affected by hypertension, high cholesterol, and obesity. The leading cause of death was related to hypertension, and hypertensive renal and heart disease. As a county, Baldwin top 10 leading cause of death rank ed higher than at the state level. The top 5 leading cause of death is also related to one common risky behavior, tobacco use.

Both groups expressed concerns that interest from stakeholders are often one-off and had little confidence this project would go anywhere. The next steps outlined at each meeting include the formation of a community collaborative including representation from government, non-profits, churches, and the university. Next steps also include further research on blight and the physical food environment in both communities.

CHAPTER 1- APPROACH

A stakeholder engagement meeting with 5 district Commissioners for Baldwin County, Georgia was held to facilitate identification and selection of communities to be included in the Developing Community-Academic Partnership for Reducing Health and Social Disparities project. Each Commissioner submitted at least one community for consideration and using an iterative process a total of four communities were identified. Due to COVID-19 restraints, community needs assessments were conducted only in two of the four communities.

AIMS AND OBJECTIVES

Aim:

To conduct needs assessment for in the five districts of Baldwin County represented by four communities.

Objectives:

1. To conduct four focus groups to identify community problems/concerns related to health, family, education/schooling and any other domain as identified by community.
2. To evaluate the major cause of morbidity and mortality in Baldwin County

The focus group participants were contacted through phone numbers provided by the Commissioners or door to door contact within the community. We aimed to recruit 6-8 members of the community of diverse age, race and sex to participate. Flyers and follow-up phone calls were placed to remind enrolled participants of the focus group time and venue. Focus groups were held at local community spaces (church and fire station) with refreshment provided. Focus groups were scheduled to run from 5:30pm to 6:30pm.

Each member of the focus group gave informed consent after the project and focus group was explained to them by one of the study investigators. Each focus group was recorded and transcribed by trained graduate assistants. Flip charts were used to document information provided by participants for four domains of problems or concerns, namely: 1) health, 2) learning or school readiness, 3) family life and 4) other. Following the identification of problems or concerns, participants provided a list of available community resources that could address the problems previously identified. For each community resource listed, potential barriers to accessing the resource was also provided. Finally, participants were asked to provide a prioritized list of solutions for the four problem domains assessed. Each solution was then mapped to one or more concerned area/domain.

Morbidity and mortality data were obtained through the department of public health online analytical statistical information system (OASIS). Mortality data included age-adjusted death rates for all races, sexes, and age-groups.

CHAPTER 2- RESULTS

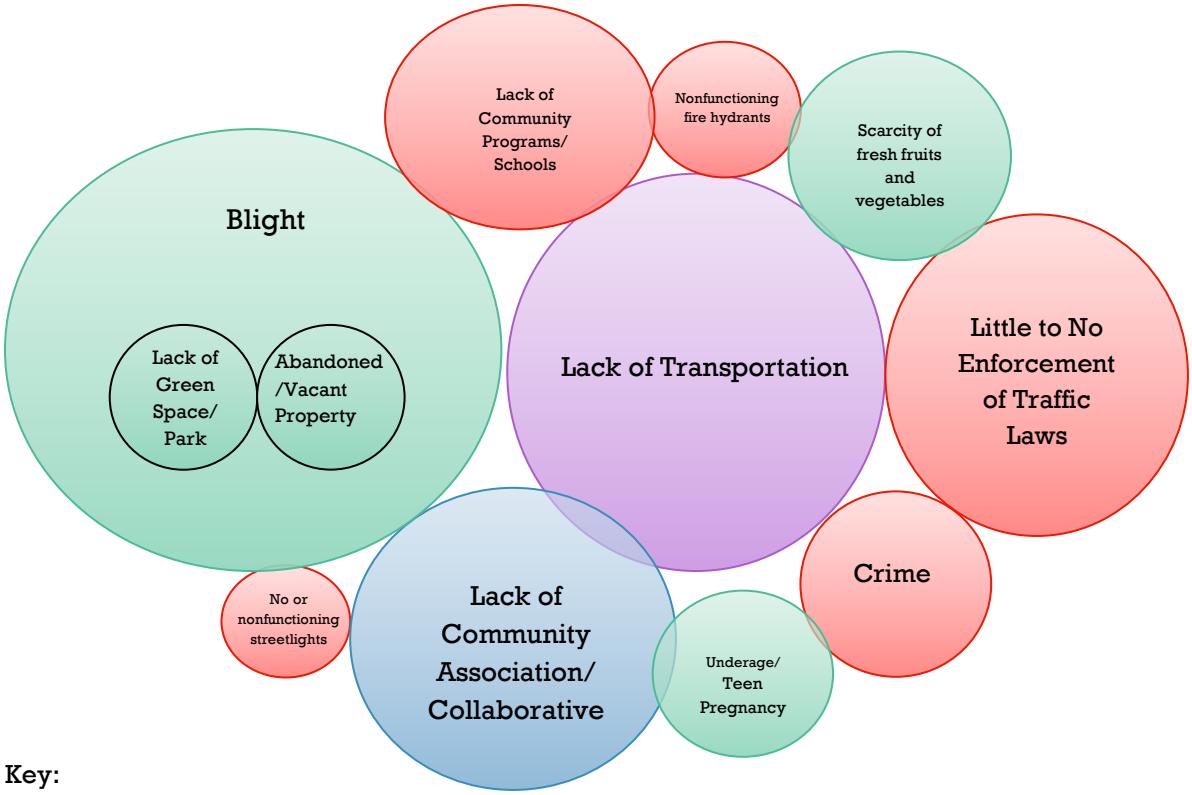
FOCUS GROUP 1- MILLEDGEVILLE (BARNES AVENEUE)

A total of 6 participants, (4 men, median age 66 years) to part in the focus group.

PROBLEM/AREAS OF CONCERNS

Community members identified lack of health insurance, lack of transportation to access health and medication, access to fresh fruits and vegetables as areas of concern related to the health of the community. Low income, under-employment/unemployment and lifestyle related chronic diseases were also highlighted as problem areas in the community. Figure 1 highlights the prioritized problems/concern areas of by domain. Prioritization was classified by community members in the focus group. The size of the circle reflects the level of priority with larger circles mean higher level prioritization. Overlapping of problems/concerns across domains were color coded to show the interrelatedness of problems faced in the community.

Figure 1: Prioritized Problems/Concerns by Domains Identified by Community Members



Key:

Green	Affects 2 domains (health, families, and other)
Purple	Affects 3 domains (health, learning/school readiness and other)
Blue	Affects 4 domains (health, learning/school readiness, families and other)

COMMUNITY RESOURCES AVAILABLE TO ADRESS PROBLEMS

Focus group participants discussed resources local to the community as well as external at the city or county level. Local resources were mainly offered by church in the form of presentations on health and food, books and clothing distribution. The community members did perceive government agencies such as Department of Public Health and Department of Family Services as resources available to the community. Not-for-profit organizations were also identified as a resource in addressing community related problems particularly to the elderly population. It was mentioned that the senior citizen center also provides transportation to and from the location which removes the barrier of lack of transportation which was identified as a high priority problem for the community.

Table 1 enumerates a list of community resources and the related barriers to accessing these resources in the community. Our topical survey of the focus group found that a lack of education, more specifically lack of awareness and literacy to understand procedural steps acts as a major barrier to accessing government resources and some not-for-profit services. Transportation was also a recurring barrier.

Table 1: Perceived Community Resources to Address Problem Areas and Associated Barriers to Access

Community Resources Available to Address Problems / Issues	Barriers to Accessing Available Resources
Government	
Health Department 1. WIC 2. Head-Start 3. MEDICAID Department of Family Services	Lack of education Transportation
Places of Worship	
1. Workshops on health 2. Freedom church food distribution/café central	Type of food being provided Crime (partially migratory, not from the community) Transportation
Not-for-profits	
Food Pantry or Food drop boxes Senior citizen center (not located in the community) 1. Provide transport to center from community	Type of food being provided Transportation Lack of education

COMMUNITY PROPOSED SOLUTIONS

After reviewing problems/concerned areas (Appendix 1) on flip charts located in the focus group room, community members offered solutions to addressed problems/concerns they saw as priority across the four domains (Table 2). At the top of the list was a blight remediation campaign that would address issues related to vacant property. Residents felt that vacant property could be claimed by the government and combined where adjacent to each other in order to create green spaces which would improve health, family connectedness and reduce issues such as crime. The focus group brought out the idea that much of the problems or concerns across the four domains could be resolved through: 1) policy for community action, 2) community collaborative, and 3) continued interest/partnership from external partners such as Georgia College and State University (GCSU) and Georgia Military College (GMC).

Table 2: Proposed solutions to problems/concerns identified by community members

Solutions	**Concerned Area Affected**			
	Health	Learning/School Readiness	Families	Other
Blight remediation			√	√
Policy for community action	√	√	√	√
Community Association/Collaborative	√	√	√	√
Continued interest from external partners (e.g. GCSU, GMC)	√	√	√	√
Property recovery			√	√
Green space/Park	√		√	
Enforcement of traffic laws				√
Community schools/programs		√		
Transportation	√	√		√
Fresh Fruits and Vegetables Market	√		√	

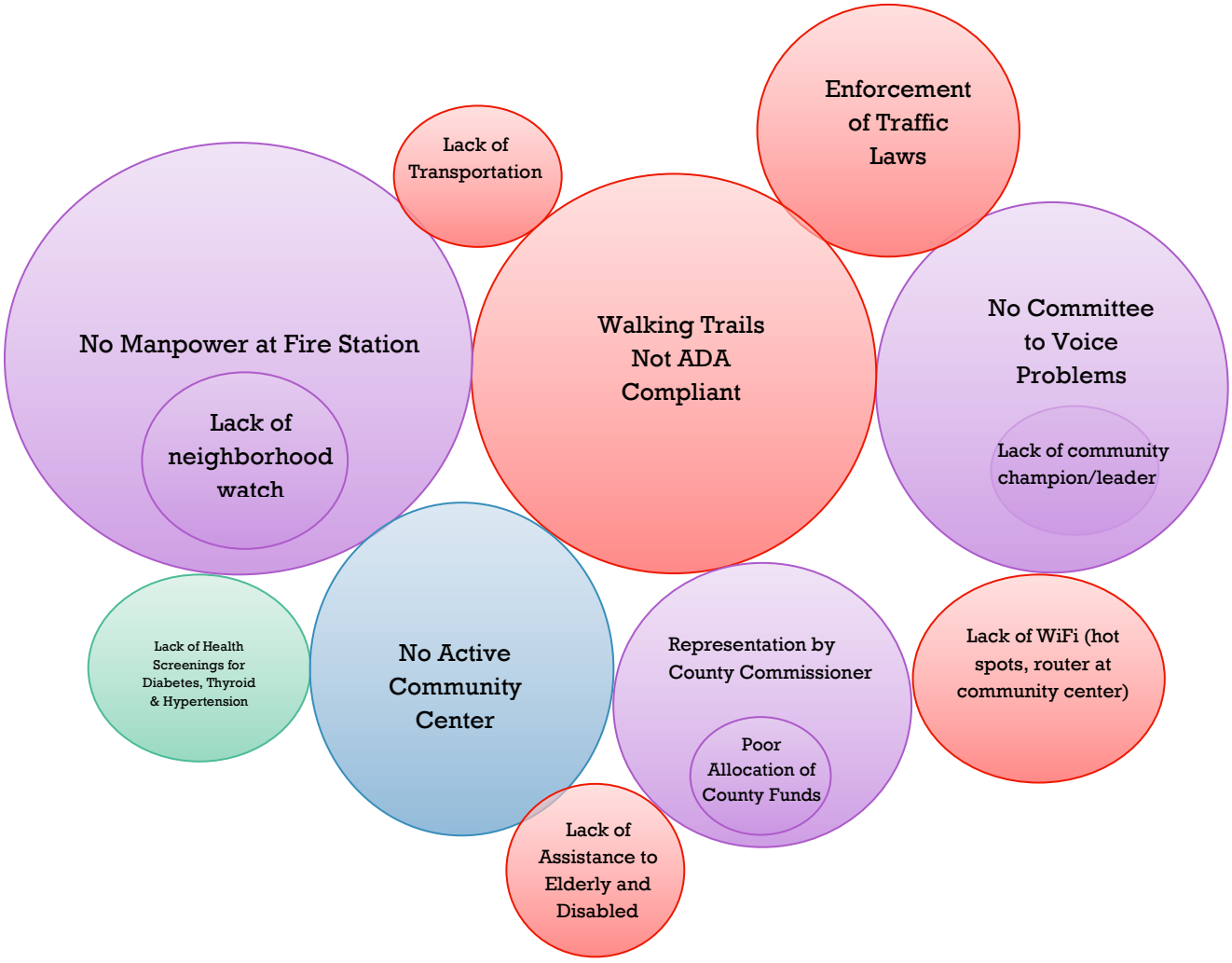
FOCUS GROUP 2- COOPERS

A total of 9 participants, (5 men, 55% within the age-group 36-64years) took part in the focus group. All except one of the participants identified as being of Caucasian ethnicity.

PROBLEM/AREAS OF CONCERNS

Community members reported that their most serious concerns were not having a manpower/staffing at the fire station and the lack of a neighborhood watch. Other high priority concern areas included the lack of restrooms at the community park and the walking trail not being ADA compliant. Focus group participants also highlighted the need for a community group to voice concerns, a community leader/champion, a community center with public internet access, health screening events, enforcement of traffic laws in community and greater representation at the county commission level. Figure 2 highlights the prioritized problems/concern areas of by domain. Prioritization was classified by community members in the focus group. The size of the circle reflects the level of priority with larger circles mean higher level prioritization. Overlapping of problems/concerns across domains were color coded to show the interrelatedness of problems faced in the community.

Figure 2: Prioritized Problems/Concerns by Domains Identified by Community Members



Key:

Green	Affects 2 domains (health and other)
Purple	Affects 3 domains (health, families, and learning/school readiness)
Blue	Affects 4 domains (health, learning/school readiness, families and other)

COMMUNITY RESOURCES AVAILABLE TO ADRESS PROBLEMS

Focus group participants identified three major community resources, namely, the public park which comes equipped with basketball court and multipurpose court and a walking trail; the fire-station; and churches within the community (table 3). It was noted that while the park is well utilized, it is inaccessible to the disabled population as it does not meet ADA compliance. A lot of discussion was generated when participants were asked about the fire station. Many mentioned the lack of manpower and WIFI access as a major challenge for it being used as a community center resource. There was also mention of an ongoing lobby to get a fulltime firefighter or paramedic to be based at the location. While the churches were identified as a resource in the community, comments centered around many of them requiring membership in the local congregation to receive benefits, these benefits were not explicitly stated. Another concern was that the congregations and their leadership were primarily elderly folks and many of the pastors do not reside in the community which creates a disconnect with outreach to community needs. One participant noted "90 percent of them ain't in this community". The Emanuel church was mentioned as having a recreational soccer program which was credited to the age of pastor leading the program. As mentioned by one participant "They have over 250 kids at Emmanuel Baptist Church that play soccer every weekend. It's a pretty big deal. They do a lot of good".

Table 3 List of community resources and the related barriers to accessing these resources in the community.

Community Resources Available to Address Problems / Issues	Barriers to Accessing Available Resources
Government	
1. Public Park 2. Fire station - Potential act as a meeting place	Lack of ADA compliance Unmanned/not accessible to community members No internet
Places of Worship	
1. Churches a. Emanuel Recreational soccer program	Often require membership to get benefits Elderly leaders Pastors don't reside in the community No barriers mentioned
Not-for-profits	
None mentioned.	N/A

COMMUNITY PROPOSED SOLUTIONS

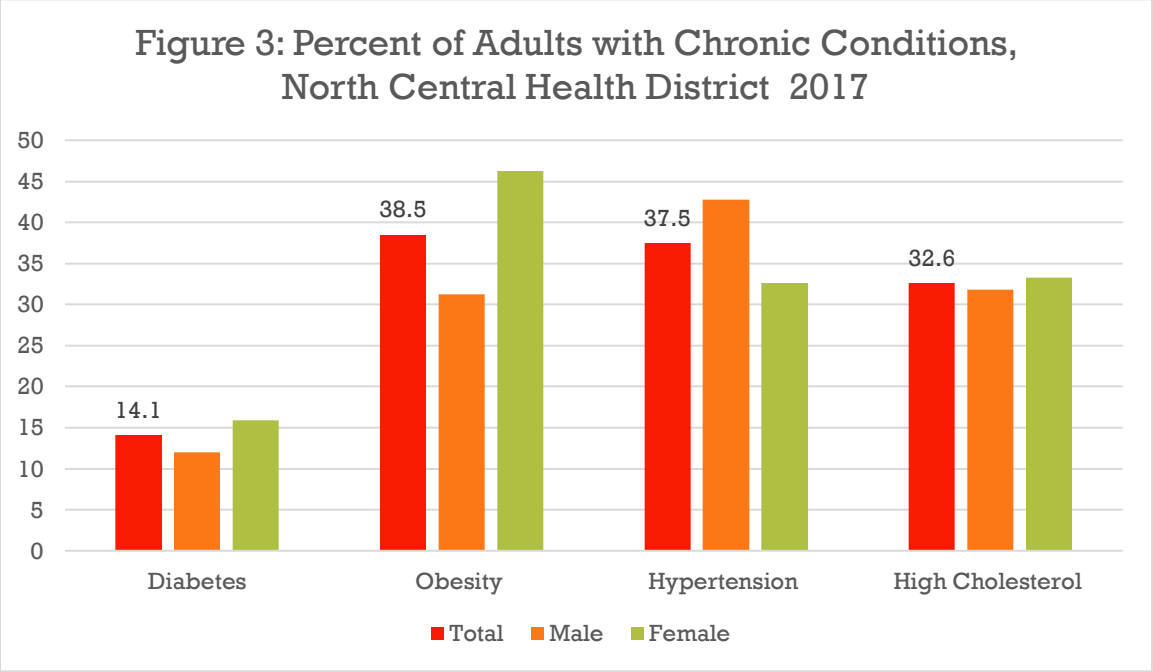
After reviewing problems/concerned areas (Appendix 2) on flip charts located in the focus group room, community members offered solutions to addressed problems/concerns they saw as priority across the four domains. There were multiple solutions offered by participants with an eagerness for community coalition and manned fire station that could be used as a starting point for several other initiatives mentioned in table 4. Of note, participants shared that almost all solutions would impact multiple areas of concern throughout the community.

Table 4: Proposed solutions to problems/concerns identified by community members

Solutions	**Concerned Area Affected**			
	Health	Learning/ School Readiness	Families	Other (traffic violations, crime, etc.)
Community and Religious based community center	√	√	√	√
Neighborhood watch meeting			√	√
Medicare/Health specialist (registration)	√	√		√
Computer literacy skills	√	√		√
More representation from county commissioner	√	√	√	
Fire station manpower	√	√	√	
ADA compliant walking trail and restrooms	√			
Allocation of county funds	√	√	√	
Committee to voice problems	√	√		
Election of community chairmen	√	√	√	
Health screening for diabetes, thyroid, blood pressure)	√			√
Drug counseling (substance use, addiction help)	√		√	

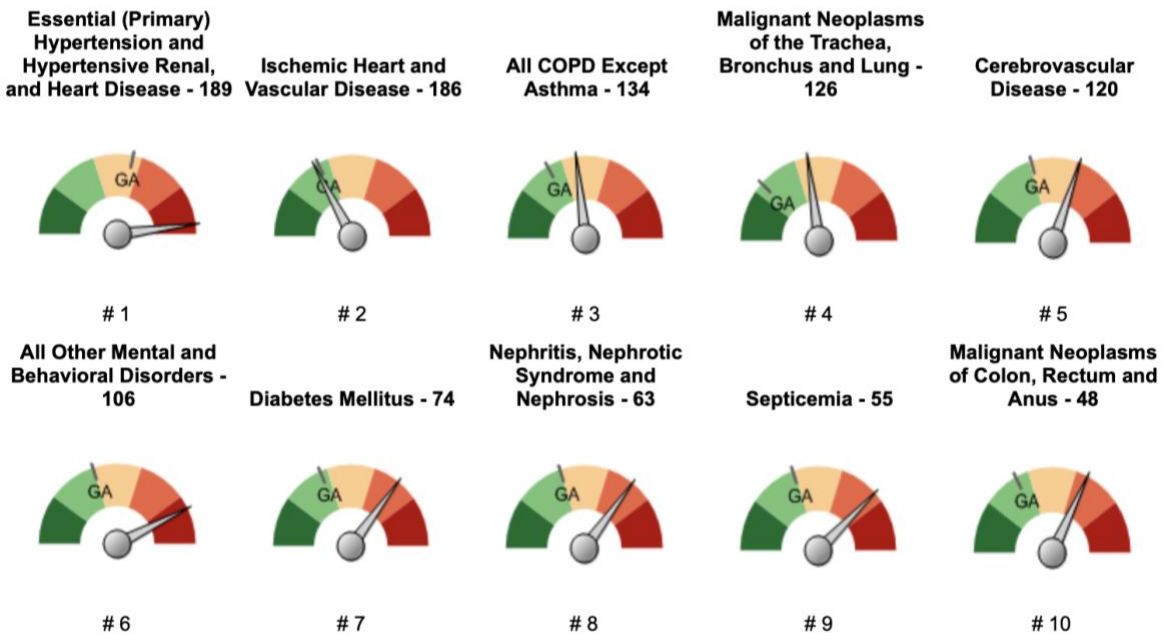
MORBIDITY AND MORTALITY- DPH OASIS

More than one third of residents in Baldwin County are affected by obesity, hypertension, and high cholesterol (figure 3). Except for hypertension, females suffer disproportionately more from these chronic conditions that their male counterparts.



More people die from hypertension and hypertensive renal and heart disease than any other condition in Baldwin County (Figure 4). Though not in the top 5, it is important to note that 106 per 100, 000 people die from mental and behavioral disorders excluding intentional self-harm (suicide). The top 5 leading cause of death for the period 2015-2019 shares the common risk behavior tobacco or nicotine product use. Except for ischemic heart and vascular disease, Baldwin County ranks worse than the State for the other 9 causes of death.

Figure 4: Ranked Causes and State/County Comparison, Age-Adjusted Death Rate, Baldwin County, 2015-2019



LIMITATIONS

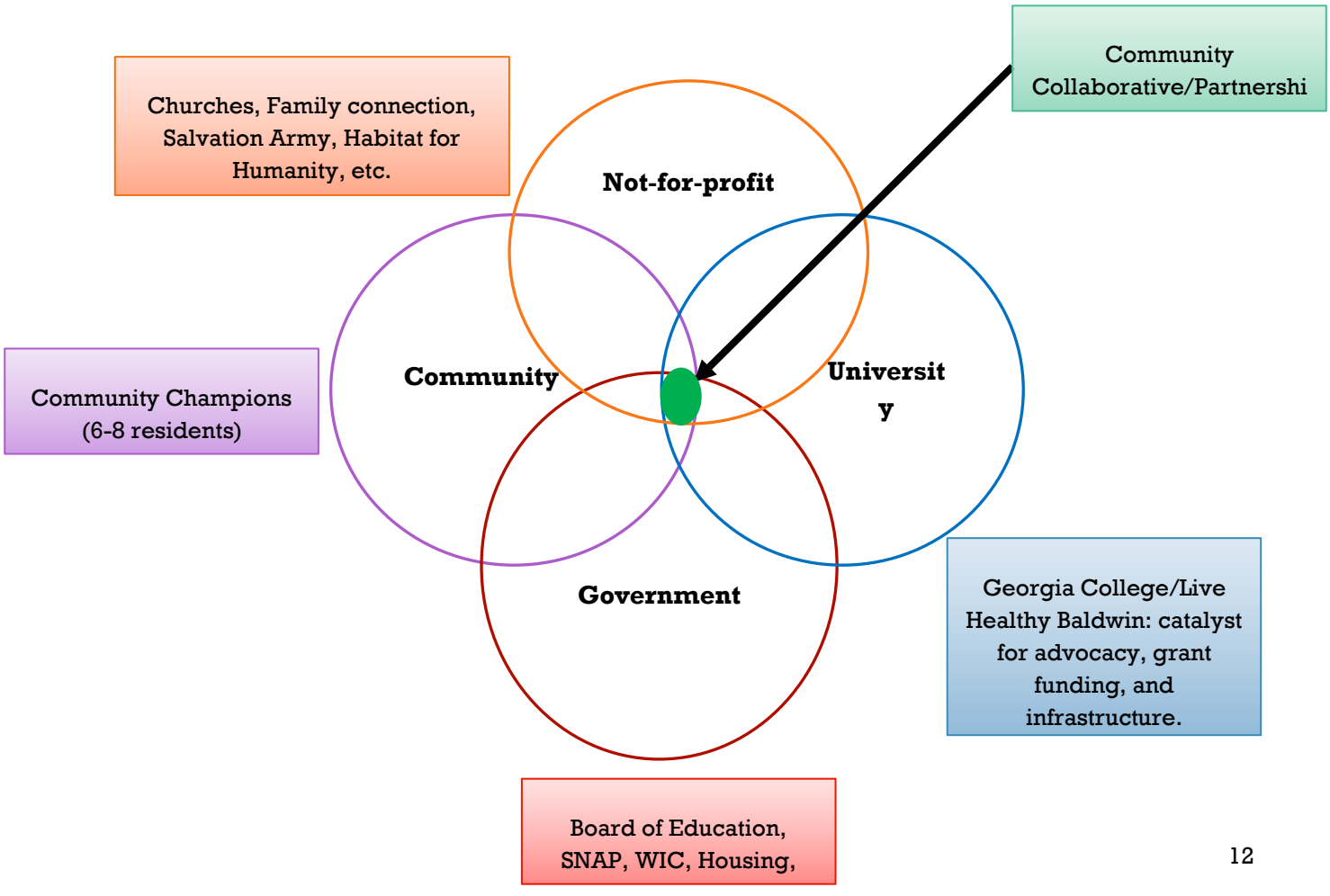
The data represented in this report is an accurate and robust description of its aim and objectives. However, there are several weaknesses that must be noted. While we intended to conduct four focus groups, only two was possible due to COVID-19 restriction related difficulties with recruitment. The focus group groups participants for the Milledgeville/Barnes Avenue community were balanced by sex but were notably of an older age group. The data extrapolated from DPH OASIS on morbidity is aggregated to the level of health districts, which means in addition to Baldwin County, data from other counties represented by the North Central Health District is also included in the estimates.

CHAPTER 3- NEXT STEPS

Several approaches have been described to address health and social disparities particularly within underserved and rural communities. Our approach follows the community-based participatory design to allow for identification of problems/concerns as perceived by the community and the translation of evidence (health promotion, health literacy interventions) generated from scientific inquiry into more community-oriented health actions and polices. The implementation of any evidence-informed interventions is also guided by community input from the onset of the needs-assessment. Despite the co-design approach to addressing health and social issues in communities, there are barriers. These barriers are related to establishment and maintenance of community collaborative/partnerships, including availability of sustainable community partners, sharing of decision-making control, and balancing motivation and interest of partners. To this end, we propose shifting communities from being 'consumers' of services to 'designers' and 'producers' of sustainable community solutions. Community members will not only identify determinants of problems/concerns from a wide context (health, family, school/education and other) but will engage with stakeholders to shape public policy, community level change, organizational change, interpersonal relationships and individual behavior.

The community collaborative/partnership approach will be utilized. The current iteration of the collaborative framework (figure 5) was derived from in-depth interviews with County Commissioners, focus groups with community members and spending time in the community.

Figure 5: Community-University Partnerships Framework



ACTION ITEMS

- Share report with stakeholders (County Commissioner and Focus Group Participants)
- Convene meeting with potential members of the community collaborative
    - Review prioritization diagram and identify 'low hanging fruit'
    - Develop advocacy plan
- Conduct blight and food environment assessment (separate project- 2021)
- Establish routine meeting
    - Brainstorm structure (agenda) and frequency of meetings
    - Identify location and resources for meetings
    - Appoint Georgia College liaison

ACKNOWLEDGEMENTS

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APPENDICES

APPENDIX 1

PROBLEMS/CONCERNS IDENTIFIED BY MILLEDGVILLE/BARNES AVENUE COMMUNITY MEMBERS BY DOMAIN

Problems/Concerns: Health All aspects of health fall into this category, including physical, oral, mental, etc.	
Lack of Health Insurance	
Access to healthcare (loss of Obamacare)	
Low Income	
Unemployment/under-employment	
Transportation * (mentioned multiple times) *for fresh produce (fruits& vegetables), other healthy food, medication and healthcare	
Hypertension	Mainly related to genetic and lifestyle factors
Diabetes	
Heart Disease	
Lack of access to fresh fruits and vegetables	
Disabilities	

Problems/Concerns: Learning / Ready for School – Anything that relates to education and an individual's ability to reach their potential and be ready for school/learning
Internet (mention ed multiple times)
Lack of public utility such as electricity (related to affordability)
Truancy/high dropout rate (related to the lack of support inside the home; resiliency)
Discouragement from school attendance (inside the home, community and school)
Lack of positive role model

Problems/Concerns: Strong/Functioning Families. Issues that relate to a family's ability to provide parenting, economic security and a healthy environment.
Lack of parental skills
Under-age or teenage pregnancy
Low self esteem
Low or no expectation from adult inside the home
Ethics
Discipline
Lack of connectedness between home, church and school
Schools taken out of the community (may belong under education, but mentioned here)

Problems/Concerns: ALL OTHER issues significantly impacting community members.
Crime
Walkable streets/ no side walks
Speeding in the community/ traffic violations (constant racing and overtaking, failure to observe stop signs)
No or non-functional streetlights
Blight; particularly vacant or abandoned dwellings (mentioned
Trash and littering
Non-functional fire hydrants
Governance/ accountability of elected officials

APPENDIX 2

PROBLEMS/CONCERNS IDENTIFIED BY COOPERS COMMUNITY MEMBERS BY DOMAIN

Problems/Concerns: Health All aspects of health fall into this category, including physical, oral, mental, etc.
Corona Virus and its effects on mental health
Head Lice in ages 5-12
Long response time from EMS
Elderly response to county commissioners and budget
Health Resources
Free Health Screenings (diabetes and thyroid)
Teen pregnancy
Drug counseling
High medication prices
Transportation *For healthcare, groceries, work, school, shopping
Walkability of neighborhoods/ no sidewalks for joggers

Problems/Concerns: Learning / Ready for School – Anything that relates to education and an individual's ability to reach their potential and be ready for school/learning
Lack of WiFi (suggested hot spots/ router at community center/ commercial reception)
Lack of extracurricular activities for children
No afterschool homework center
Lack of GED opportunities for high school dropouts
Bullying/ "strict" policy not being enforced/suspension of victim
Group home resources for training and rehabilitation
Poor public schooling and system/ private vs. public quality
Lack of discipline by teachers and parental involvement in schools
No more home economic classes in schools

Problems/Concerns: Strong/Functioning Families. Issues that relate to a family's ability to provide parenting, economic security and a healthy environment.
No law enforcement to ensure safety and to stop speeding and crime
Lack of financial assistance
Lack of community togetherness
Lack of respect in county-community relationship
Lack of discipline in home/parental rights to discipline
Elderly living in poverty

Problems/Concerns: ALL OTHER issues significantly impacting community members.
Lack of assistance to senior citizens and disabled population (buying groceries and medicines/Meals on Wheels)
Affordability of medication for senior citizens
Teen pregnancy - Fear of DFACS - Lack of discipline with teen parents
Peer pressure