



COMMUNITY HEALTH NEEDS ASSESSMENT 2022

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EXECUTIVE SUMMARY

INTRODUCTION AND BACKGROUND

Since first opening in 1892, Grady has continually reinvented itself to meet the region's evolving medical needs. Grady has grown considerably from its original three-story, 100-bed facility in 1892 to a health system with over 900 beds, 6 off-site ambulatory locations, the state's largest nursing home and a dedicated infectious disease program. Grady houses the state's poison control center, a burn center, a 24-hour sickle cell program and has the state's largest hospital-based ambulance program. Through this wide array of services, Grady Health System (GHS) strives to improve the health of the community.

The 2010 Affordable Care Act (ACA) required all not-for-profit hospitals to complete a Community Health Needs Assessment (CHNA) and Implementation Strategy every three years in the communities they serve to better meet the health needs of under-resourced populations. In partnership with Georgia Health Policy Center (GHPC), GHS completed a comprehensive CHNA that meets industry standards, including Internal Revenue Service (IRS) final regulations of Section 501(r) entitled "Additional Requirements for Charitable Hospitals." This report marks GHS' fourth cycle of assessing, prioritizing, and addressing its service region's health needs utilizing a collaborative, data driven approach.

Per the IRS guidance, the primary focus of the 2022 assessment was on at-risk, high-need and medically underserved populations living in the primary service area of Fulton and DeKalb counties. The process includes synthesis of:

Secondary data specific to the populations and geographic areas served by GHS.

- 20 individual key informant interviews with community leaders and subject matter experts.
- Three focus groups with service region residents.
- Input and feedback from Grady's Population Health Council and topic-specific work group members.

In the review of the data contained in this CHNA, it is important to note that:

- GHS is located in Atlanta, Georgia. The southeastern region of the United States tends to have worse health outcomes when compared national benchmarks for mental health, cardiovascular disease, maternal and child health, insurance, income, education, and racial and ethnic disparities.
- The demographics and social determinants influence the health outcomes and number of health needs of GHS' primary patient population. Much of the target population experiences above average socioeconomic barriers to accessing healthcare, and their health is influenced by social determinants, such as economic insecurity, poor or no housing, low education attainment, unemployment, and limited English-speaking skills, among others. This results in the health system providing millions of dollars' worth of indigent and charity care each month.
- GHS has multiple revenue sources: county and state governments, insurers, self-pay, etc. Key sources of revenue from the Medicare and Medicaid programs (excluding Indigent Care Trust Fund revenue) account for 37% and 25% respectively of the System's net patient service revenue in 2020. (Grady Memorial Hospital Consolidated Financial Statements, [KPMG Audit Report](#), 2019 and 2020, p31)

GHS' SERVICE AREA DEFINITION

The GHS community consists of 100 residential ZIP code areas within the two counties of Fulton and DeKalb. This geographic region is defined as the service area throughout the remainder of this report.

- 32 Zip Codes in DeKalb County
- 68 Zip Codes in Fulton County

SERVICE AREA POPULATION AND SOCIOECONOMIC CHARACTERISTICS

The estimated population in the service area is 1,823,052 with 757,718 persons in DeKalb County and 1,065,334 persons in Fulton County (U.S. Census Bureau, July 1, 2021). Among the 1.8 million, 5.9% (106,780) are under five years old and 12.9% (235,151) are 65 years and over. When compared to Georgia, service area residents are younger, more diverse, and higher income earning than the state.

METHODOLOGY

The Grady Health System community health needs assessment study was approved by the Institutional Review Board at Georgia State University. A mixed methods approach was used including a quantitative phase to collect and analyze secondary data and a qualitative phase in which community leaders and residents were engaged in key informant interviews and focus groups to assess the perceived health needs, priorities of the service region, and potential strategies to address the prioritized health concerns.

SECONDARY DATA FINDINGS

Several notable trends are revealed when comparing 2022 GHS CHNA findings to the two previous CHNA analyses. *In this cycle, there are marked improvements in:*

- Cancer incidence and mortality rates
- The number of healthcare providers generally, though safety-net providers remain low
- Poverty
- Unemployment, though rates spiked in 2020 due to the COVID-19 global pandemic
- Insurance rates, but there is no measure of the rate of underinsurance
- Obstructive Heart Diseases (Ischemic Heart Diseases; includes Heart Attack)
- Rates for Sexually Transmitted Infections (STIs)
- Respiratory health
- Infant mortality rate

Since the previous CHNA, trends worsened for:

- Obesity and diabetes morbidity and mortality
- Hypertensive heart disease and stroke
- Human Immunodeficiency Virus (HIV)
- Mental health and behavioral health disorders

- Suicide mortality, specifically in DeKalb County
- Substance abuse and overdose
- Assault (Homicide) morbidity and mortality

Specific populations were identified in this CHNA that experience greater barriers to being healthy, and, as a result, have higher disease burden and death rates. The following populations require further study and targeted investment to address persistent health disparities:

- Black and Latino residents,
- Single female head of household families, and
- Residents from the southern region of GHS' service area.

Inequities in Social Determinants of Health (SDOH) influence residents in the areas served by Grady. Residents in both DeKalb and Fulton counties have higher income, employment, insurance, housing, and education rates when compared to the state. However, a closer look at the data by zip/race/ethnicity reveals that both counties have geographic pockets where the burden of inequitable SDOH match or exceed those found at the state level. One example of this is the rate of poverty among single female head of household families by racial and ethnic group. Single female head of household families and Black, Multiracial and Hispanic residents experience the highest rates of poverty throughout the service area, with rates exceeding state levels among those groups (see Table 5). These inequities can be found in almost all SDOH areas including education, affordable housing, and food access.

Access to appropriate care is a continuing concern for the service area, as both counties have higher rates of uninsured residents (13.3% in DeKalb; 10.1% in Fulton) compared to both state and national benchmarks (13.0% in GA; 8.7% in U.S.). Racial/Ethnic inequities are an important focus when addressing this issue. Black and Hispanic residents have the highest rates of uninsured population compared to other groups in the service area. Hispanic residents, in particular, are nearly seven times more likely in DeKalb County and nearly six times more likely in Fulton County to be uninsured when compared to their White counterparts. In addition to uninsured populations, there are several health professional service areas and medically underserved areas in both counties, and provider rates have decreased in the service area since the 2019 CHNA.

Most of the top five causes of death in the Grady service area are related to chronic conditions, lifestyle, and behavior factors including heart disease, hypertension, stroke, chronic obstructive pulmonary disease (COPD), lung cancer, diabetes, and kidney disease. Health concerns that are prevalent throughout the service area and include high rates are:

- High blood pressure and hypertensive heart disease
- STIs and HIV (new and existing cases)
- Breast and prostate cancer
- Sickle cell disease
- Assault
- Behavioral health issues

- Disorders related to drug use
- Asthma

PRIMARY DATA FINDINGS

PRIORITY HEALTH NEEDS

Across primary data collection, researchers found access to care, crime and violence, healthy food access, housing, and mental health to be priority health needs. Participants in focus groups and key informant interviews identified the following barriers and threats in the priority areas:

Access to care: High cost of care and insurance, inequities impacting specific communities, lack of trust in providers, long wait times, lack of transportation, and lack of Medicaid coverage. Crime and violence: Lack of individual conflict resolution skills

Healthy food access: Food deserts and lack of affordable, healthy options

Housing: Increased cost of living, increased cost of housing, and homelessness

Mental health: Limited quantity of providers and access to existing providers, increased need for services following COVID-19

RECOMMENDATIONS

Community residents and leaders provided recommendations for Grady to address the priority health needs of residents in Fulton and DeKalb counties. The following solutions were offered by interviewees and focus group participants:

- Build trusting partnerships with community, public health, and faith-based organizations to leverage assets in reaching most vulnerable populations,
- Increase preventative health services by bringing care, services and resources into communities, and
- Expand affordable healthcare options by expanding Medicaid, providing additional resources, and relaxing eligibility criteria.

ASSETS AND STRENGTHS

Participants identified assets and strengths in DeKalb and Fulton counties that could be leveraged to achieve the solutions recommended above:

- Focus group and interview participants mentioned community-based organizations and grassroots initiatives as strengths and assets. Healthcare and food-related organizations and initiatives were the most frequently cited in each focus group.
- In Fulton, faith-based institutions seem to play a key role in connecting community members to resources and services in the community to help meet their needs.
- Participants affirmed that they have access to care through a variety of healthcare systems and sites including Emory, county health departments, Grady, “minute clinics” at Morehouse Medical Center, Piedmont, Southside Medical Center, and WellStar.

- Other resources cited included Grady’s patient advisory group, community health workers, and the Atlanta Housing Authority.
- Participants mentioned evidence-based curriculum and programs including Food is Medicine and Next Level Life Skills.
- Foundations and philanthropy were noted as potential GHS partners including the Annie E. Casey Foundation and the Georgia Health Foundation.
- Most participants report good experiences with Grady Health System and enjoyed access to a variety of services and specialties. Participants found the “Grady Card” to be an excellent opportunity to access care through sliding scale fees. Many proudly referred to themselves as “Grady Babies” because they were born at Grady.

GHS HEALTH PRIORITIES

As a result of the 2022 CHNA process, GHS will prioritize the following topics:

Primary Priorities

For the 2022-2025 community benefit cycle, new work, investments, and Population Health team support will be focused on:

1. Access to Care
2. SDOH
3. Mental Health
4. Violence & Injury

Secondary Priorities

The secondary priority areas will continue to be important for Grady and their community. Robust services and innovative programs already exist in these priority areas. Strategies will focus on continued investment, improving, and growing these programs. Additionally, strategies implemented under Access to Care and SDOH will likely improve outcomes across these areas.

1. HIV/STIs
2. Cancer
3. Maternal and Child Health
4. Cardiovascular Conditions

Activities and investments that address SDOH, access to care, cardiovascular conditions, and chronic disease in the service region will likely have the greatest impact due to the high volume of community members experiencing these concerns. Evidence-based interventions, policies, system changes and environmental modifications in groups disproportionately impacted by these health concerns are warranted to improve population outcomes.

INTRODUCTION TO THE GRADY HEALTH SYSTEM (GHS)

ABOUT GHS

Since first opening in 1892, Grady has continually reinvented itself to meet the region's evolving medical needs. Grady has grown considerably from its original three-story, 100-bed facility in 1892 to a health system with over 900 beds, 6 off-site ambulatory locations, the state's largest nursing home and a dedicated infectious disease program. GHS is now one of the largest health systems in the U.S. with Grady Memorial Hospital having 953 licensed beds. In 2008, the not-for-profit Grady Memorial Hospital Corporation was established to administer the health system. Currently, Grady Memorial Hospital's Marcus Trauma Center is the only Level 1 trauma center verified by the American College of Surgeons in Atlanta, serving a population of almost 1.7 million residents primarily in DeKalb and Fulton counties. As a not-for-profit entity, GHS is mission driven, dedicated to improving the health and wellbeing of community members, and to serve all residents, regardless of ability to pay.

The 2010 Affordable Care Act (ACA) required all not-for-profit hospitals to complete a Community Health Needs Assessment (CHNA) and Implementation Strategy every three years in the communities they serve to better meet the health needs of under-resourced populations. In partnership with Georgia Health Policy Center (GHPC), GHS completed a comprehensive CHNA that meets industry standards, including IRS final regulations of Section 501(r) entitled *Additional Requirements for Charitable Hospitals*. This report marks GHS' fourth cycle of assessing, prioritizing, and addressing its service region's health needs utilizing a collaborative, data driven approach.

The 2020-2022 GHS [Community Health Improvement Plan](#) describes the various healthcare locations and services available in the system. In addition to Grady Memorial Hospital, GHS also has:

- Six neighborhood health centers dispersed throughout Fulton and DeKalb counties
- Walk-In Center offering extended hours for acute medical conditions and minor injuries that are not considered emergency medical care
- Behavioral Health Outpatient Center with a multidisciplinary team of psychiatrists, psychologists, social workers, nurses, peer support specialists, and other experts to support individuals with trauma and mental health conditions
- Crestview Health and Rehabilitation Center, 26 bed-facility containing two therapy gyms, an Activities for Daily Living (ADL) suite, a fine dining area, and a separate floor dedicated to short-term rehabilitation
- Radiation-Oncology Center, which is a leader in the use of an advanced radiation technique known as Intensity Modulated Radiation Therapy
- Comprehensive Care Center providing both primary and specialty care acting as a one-stop shop
- Other GHS centers include a Women's Health Center, the Grady Diabetes Center, the Georgia Cancer Center of Excellence, the Georgia Poison Center, a 24-hour Rape Crisis Center and a comprehensive 24-hour Sickle Cell Center.

Other GHS's services include 911 EMS, a designated Regional Perinatal Center, Nurse Advice Lines, and one of the top HIV/AIDS outpatient clinics in the country. GHS' mission is to provide quality healthcare to all

Atlanta community members, especially for the underserved and low-income residents, in a compassionate, culturally competent, ethical, and fiscally responsive manner.

GHS' community benefit programs and services focus on charity care for those who otherwise cannot afford care and community health improvement services, such as screenings and community outreach. The GHS [2016 Community Benefit Report](#) and [website](#) note the system's community benefit is approximately 17% of total operating expenses, or \$167 million, about ten percentage points higher than the national average among all non-profit hospitals in the allocation of community benefit spending.

CURRENT PROGRAMS AND INITIATIVES

GHS currently has several programs and services in place to address previously identified community health needs. Table 1 below summarizes GHS' progress toward addressing the community health needs identified in the 2019 CHNA. These actions were informed by strategies and goals outlined in GHS' 2020-2022 CHIP.

Table 1: Grady Health System's 2020-2022 Actions for Health Needs Identified in the 2019 CHNA

Priority	2020-2022 Actions
Social Determinants of Health	• SDOH screening: launched in Transition of Care Clinic, Asa G Yancey Health Center (Asa), Diabetes, Geriatrics, Primary Care Center, Heart & Vascular, Women's, East Point; planned for all other ambulatory clinics in fall 2022; Unite Us pilot launched with East Point Clinic and Community Health Workers (CHWs) • Food: Jesse Hill Market opened (1000+ patients enrolled in Food as Medicine as of 8/22); Fresh Food Cart expanded to Asa, Infectious Disease Program (IDP) in 2020 • Housing: New housing CHW; 3 rapid rehousing positions funded by COVID-19 relief; Atlanta Regional Collaborative for Health Improvement (ARCHI) Community Resource Hub pilot launched; continued Permanent Supportive Housing partnership and Hospital to Home • Transportation: Georgia State University's Robert Wood Johnson Foundation sponsored transportation study supporting Food as Medicine patients
Cancer	• Multi-D: urology, head and neck clinics launched • Lung low-dose CT scan operational improvements, marketing campaign, American Cancer Society (ACS) grant • Increased breast cancer screening through ACS grant, Saturday mammograms, GA Breast and Cervical Cancer Program • Effort to improve systematic tracking of screening rates and outreach efforts • Launched genetic risk assessment program • Established and validated EPIC-based cancer screening metrics
Mental Health	• Zero suicide fully implemented in behavioral health • Conversion to telehealth for outpatient services during pandemic • Expanded Integrated Behavioral Health Services to include Sickie Cell Clinic • Senior outreach calls completed by MD student to address loneliness, access to care, education • Expanded Life Care Specialist program to prevent opioid dependence and overdose

Priority	2020-2022 Actions
	• MIH piloted a post-overdose program • Launched Medication Assisted Treatment program for alcohol use • Partner in launch of 988 call line for psychiatric emergencies • Implemented GA Justice Project/Familiar Faces and Center for Diversion and Services
Violence and Injury	• Trauma Recover Center (TRC) launched and expanded • Cardiff violence prevention program launched statewide expansion • Launching a new hospital-based violence intervention program • Community engagement and education (Gun Violence Awareness event, Stop the Bleed training, Peace Week ATL, Mayor's Midnight Basketball)
Access to Care	• Access to COVID care: hospital care and support of Georgia World Congress Center critical to pandemic control; COVID testing; COVID vaccine access, education, and outreach; Mobile Integrated Health (MIH) testing and treatment • Access to all services: virtual/telehealth services; remote patient monitoring; expanded mail-order meds • Digital literacy: piloted patient training programs in the Cancer Center and Acute Care for the Elderly unit • Public benefits: continued Medicaid and SNAP enrollment assistance
HIV/STI	• Scaled up mail-order medications • MIH partnership for adult and prenatal care • PrEP Clinic hired staff, expanded internal referrals, launched community referrals • Expanded Fresh Food Cart to IDP • Launched Black Women First Initiative providing navigation and mobile education, engagement
Maternal and Child Health	• MIH continuing to provide Blood Pressure monitoring for post-partum hypertensive moms • CHW continues supporting high-risk pregnant women • Incorporated video visits where clinically appropriate

METHODOLOGY

The Grady Health System community health needs assessment study was approved by the Institutional Review Board at Georgia State University. Quantitative and qualitative evaluation methods were employed to assess the health needs of the service region. This section describes the methods used to complete the GHS CHNA.

Focus Groups and Key Informant Interviews

The sample for the qualitative component of the CHNA consisted of 20 community leaders who participated in key informant interviews (KIIs) and 30 individuals from Fulton and DeKalb Counties who participated in three focus groups. Structured KIIs are a targeted method to gain insights from select community leaders from multiple systems and organization types on health challenges and opportunities impacting the service region. Focus group method is an excellent strategy for studying community health

issues at the aggregate level. Appendix A contains the key informant interview guide and the focus group facilitation guide.

KIIs: A list of potential organizations and their representatives along with an email invitation to participate in KIIs was drafted. The list and the email invitation were reviewed, edited, and approved by GHS. Following the initial invitation, participants received three email reminders to participate in the interview process. Opt in and opt out responses were tracked using an Excel file and alternative interviewees identified by GHPC or Grady representatives. Interviews were conducted virtually using Zoom (Zoom Video Communications Inc., 2020) and recorded for analysis when possible. The consent form and interview guide approved by IRB were employed at each interview. The fact that the interviews were taking place during the end of summer break at a time that school was starting in Georgia made scheduling a challenge. Following an initial review of completed interviews, GHPC recruited additional interviewees with public and mental health expertise to ensure topical and subject area were represented. Analysis of KIIs was completed using NVIVO software ([QSR International Pty Ltd.](#), NVivo release, March 2020). A codebook (Appendix E) with potential themes was created by three GHPC team members. NVIVO nodes followed the codebook themes. Paired analysis of nodes ensured reliability in the coding process. The structured interviews with community leaders elicited information that was used to inform development of a focus group interview guide.

Focus Groups: The goal of the Grady focus groups was to identify public health concerns, community strengths, and determine health priorities and potential solutions to address those priorities in ways that have local meaning and utility. GHPC retained Wilkins Research Services, LLC, a Certified Women's Business Enterprise, to recruit focus group participants from targeted geographies. GHPC provided Wilkins Research with a screening questionnaire and recruitment grids that contained 10 selection criteria for each focus group. Individuals were asked to provide information about their age, race/ethnicity, gender, health conditions, incarceration status, insurance status, employment, income range, education, number of children, and number of children in the home. Individuals with incomes exceeding \$75,000 were not included in the recruitment. Three focus groups were conducted in English with adults in Fulton County (August 3, 2022; zip codes: 30303, 30308, 30312, 30313, 30318, 30324), south Fulton County (August 4, 2022; zip codes: 30310, 30344, 30331, 30315, 30354), and DeKalb County (August 8, 2022; zip codes: 30307, 30021, 30032). The goal was to recruit 12 participants per focus group (total 36), but actual attendance was 10 per focus group (total 30). The focus groups were held virtually using Zoom and lasted approximately one and one-half hours. In exchange for participation, focus group members received a stipend of \$75. Each focus group was moderated by two GHPC facilitators with support from two additional GHPC team members to share slides and monitor the chat. Each focus group was audio recorded and transcribed. The transcripts and notes were independently analyzed by three GHPC representatives who identified themes and sub-themes.

Five GHPC team members reviewed and cross tabulated the focus group themes and the KII themes to assess strength of feedback on specific health topics. This information was used to support identification of specific health concerns and priorities for the 2022-2025 community benefit cycle.

Secondary Data

The purpose of the Secondary Data Profile is to document key information on the health and well-being of the service area served by the GHS for its 2022 CHNA. GHS' service area is defined as Fulton and DeKalb counties within Metropolitan Atlanta's Statistical Area. Based on the recommendations from the Centers

for Disease Control and Prevention (CDC) for 2022-2024 CHNA reports, this report provides an overview of common health metrics for which county-level data are available.

SECONDARY DATA SUMMARY

DEFINITION OF COMMUNITY ASSESSED:

The GHS community consists of 100 residential ZIP code areas within the two counties. This geographic region is defined as the service area throughout the remainder of this report.

- 32 Zip Codes in DeKalb
- 68 Zip Codes in Fulton County

Table 2: GHS Community Definition- DeKalb and Fulton County ZIP Codes (100)

County	Zip Codes (100)
Fulton	30004, 30005, 30009, 30022, 30075, 30076, 30097, 30098, 30169, 30213, 30268, 30291, 30296, 30303, 30304, 30305, 30306, 30307, 30308, 30309, 30310, 30311, 30312, 30313, 30314, 30315, 30316, 30318, 30319, 30324, 30326, 30327, 30328, 30330, 30331, 30332, 30334, 30336, 30337, 30339, 30342, 30344, 30349, 30350, 30354, 30361, 30363, 30368, 30369, 30375, 30376, 30379, 30380, 30384, 30385, 30387, 30388, 30389, 30390, 30396, 30398, 30399, 31119, 31132, 31136, 31197, 31198, 31199
DeKalb	30002, 30021, 30030, 30032, 30033, 30034, 30035, 30038, 30058, 30079, 30083, 30084, 30087, 30088, 30288, 30294, 30306, 30307, 30316, 30317, 30319, 30322, 30324, 30329, 30338, 30340, 30341, 30345, 30346, 30347, 30360, 30362

DEMOGRAPHICS:

When compared to Georgia, DeKalb and Fulton County residents are younger and more diverse, with higher income earning than the state. Table 3 summarizes the demographic data for the service area.

- The median household income of DeKalb and Fulton counties are \$3,892 and \$11,517 higher than the overall state median income respectively.
- There are higher proportions of Black and Asian residents in the service area compared to the state, and DeKalb County in particular has a higher percentage of limited English-speaking skills (8.3%) compared to both Fulton County and the state (5.0% and 5.4%).
- Unemployment rates spiked in 2020 in the service area due to the COVID-19 global pandemic but have since dropped below pre-pandemic levels (from 7.9% to 2.8%).

Table 3: Demographic Data by County and State (2016-2020, 2017-2019, 2021 and 2022)

Demographic Data	DeKalb	Fulton	Service Area	Georgia	U.S.
	Demographic Data				
Total population (2021)	757,718	1,065,334	1,823,052	10,799,566	331,893,745
Population Density (per square mile)	2,821	1,997	2,274	182	92
Male	47.2%	48.4%	47.91%	48.6%	49.2%
Female	52.8%	51.60%	52.09%	51.4%	50.8%
Population with Disability	10.8%	9.9%	10.32%	12.5%	12.7%
	Age Distribution				
Life expectancy (2017-19)	80.4	79.6	ND	77.9	ND
Median age in years	35.9	35.7	ND	36.9	38.2
0-17	23.2%	21.8%	22.4%	23.8%	22.5%
18-24	8.5%	10.1%	9.5%	9.7%	9.3%
25-34	16.8%	17.1%	16.9%	13.9%	13.9%
35-44	14.3%	14.3%	14.3%	13.2%	12.7%
45-54	13.1%	13.8%	13.5%	13.4%	12.7%
55-64	11.8%	11.3%	11.5%	12.2%	12.9%
65+	12.4%	11.7%	12.0%	13.9%	16.0%
	Racial/Ethnic Distribution				
Non-Hispanic (NH) White	29.1%	39.3%	35.0%	52.1%	60.1%
NH Black	52.8%	43.1%	47.2%	31.2%	12.3%
NH Asian	6.1%	7.3%	6.8%	4.1%	5.6%
NH Native American	0.2%	0.2%	0.2%	0.2%	0.6%

Demographic Data	DeKalb	Fulton	Service Area	Georgia	U.S.
NH Native Hawaiian/Pacific Islander	0.1%	0.0%	0.0%	0.1%	0.2%
NH Some Other Race	0.4%	0.6%	0.5%	0.4%	0.3%
Multiple Races	2.9%	2.4%	2.6%	2.5%	2.8%
Hispanic/Latino	8.4%	7.2%	7.7%	9.6%	18.2%
Population with Limited English Proficiency	8.3%	5.0%	6.4%	5.4%	8.3%
	Income Distribution				
Under \$25,000	17.2%	17.9%	17.7%	19.7%	18.4%
\$25,000 to \$49,999	21.7%	17.8%	19.4%	21.8%	20.6%
\$50,000 to \$99,999	29.0%	27.3%	28.0%	30.3%	30.0%
\$100,000 to \$199,999	22.2%	22.0%	22.1%	21.2%	22.7%
\$200,000 or more	9.9%	15.0%	12.9%	7.1%	8.3%
Median household income	\$65,116	\$72,741	ND	\$61,224	\$64,994
Unemployment Rates (2016-2020)	4.0%	4.6%	ND	3.5%	3.4%
Unemployment rate (2020)	7.9%	7.9%	7.9%	6.5%	8.1%
Unemployment rate (2022)	2.8%	2.8%	2.8%	2.5%	3.4%
Data Sources: Georgia Health Data Hub, U.S. Census Bureau, American Community Survey, 2016-2020 National Center for Health Statistics – Mortality Files. 2017-19 Georgia Health Data Hub, U.S. Department of Labor, Bureau of Labor Statistics. 2022 ND: Data is suppressed or unavailable for selected inquiry					

COUNTY HEALTH RANKINGS OVERVIEW:

County Health Rankings (CHR) offer a model of population health that allows public health and health systems to demonstrate differences in health by place.¹ This assessment includes consideration of the following health factors through secondary data:

- Social determinants of health
- Health behaviors
- Access and use of appropriate care
- Health outcomes

DeKalb and Fulton counties both fall within the top fourth of counties when ranked against the 159 counties in the state for all health rankings except physical environment. Table 4 summarizes CHR data for Fulton and DeKalb counties.

In DeKalb County:

- In 2022, DeKalb County's highest rank was in health behaviors at ninth (9th) in the state.
- From 2019-2022, the ranking for Physical Environment saw the biggest improvement, with the most notable jump from ranking last in 2021 to 73rd in 2022.
- During this same period, DeKalb County's rankings dropped for Health Factors, Clinical Care, and Social and Economic Factors.

In Fulton County:

- In 2022, Fulton County's highest rank was in clinical care at third (3rd) in the state.
- From 2019 to 2022, Fulton County's rankings improved across all categories except Health Outcomes and Social and Economic Factors, with the biggest improvement in Physical Environment.

In 2022, the trend for Social & Economic Factors reversed in both counties with Fulton falling to 60th and DeKalb moving from 29th to 77th.

Table 4: Health Rankings by County (2019-2022)

County	Health Outcomes	Health Factors	Length of Life	Quality of Life	Health Behaviors	Clinical Care	Social & Economic Factors	Physical Environment
DeKalb								
2019	16	26	15	27	13	17	65	133
2020	15	37	17	31	23	16	68	115
2021	15	25	16	25	10	17	29	159
2022	14	30	15	21	9	26	77	73
Fulton								
2019	11	18	16	18	9	5	42	153
2020	13	27	15	27	17	5	47	154
2021	11	12	12	13	6	4	32	143
2022	12	12	13	17	4	3	60	139
Source: University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps. The 2022 Rankings include deaths attributable to COVID-19 from 2020.								

SOCIAL DETERMINANTS OF HEALTH

This section provides an overview of social determinants of health (SDOH). SDOH are non-medical factors influencing health outcomes in GHS' service area. SDOH factors included are poverty, education, housing, transportation, food access, personal health behaviors, and access to care.

POVERTY

Overall, unemployment rates decreased across the service area in the last decade, despite a large spike during the first year of the COVID-19 global pandemic (Table 3). Over this same period, the 5-year median household incomes from 2016-2020 in DeKalb and Fulton counties increased by \$9,115 and \$10,129, respectively.

Table 5 shows that poverty in the general population for the five-year period from 2016-2020 decreased in DeKalb and Fulton counties compared to the average from 2011-2015. While single female head of household families experienced the highest rates of poverty throughout the service area, Fulton County shows a large decrease in poverty rates for this group between the 2011-2015 and 2016-2020 time periods.

Table 5: Selected Poverty Indicators, DeKalb and Fulton Counties (2011-2015; 2016-2020)

Poverty Indicators	DeKalb		Fulton	
Years	2011-15	2016-20	2011-15	2016-20
Total households	267,396	283,799	379,957	427,379
Populations Below 100% Federal Poverty Level				
All people	16.1%	14.4%	15.3%	13.4%
All families	12.4%	10.3%	12.0%	9.6%
Married couple families	5.5%	5.2%	3.6%	3.7%
Single female head of household families	25.3%	21.3%	31.8%	23.4%
Data Source: Georgia Health Data Hub, U.S. Census Bureau, American Community Survey, 2011-2015; 2016-2020				

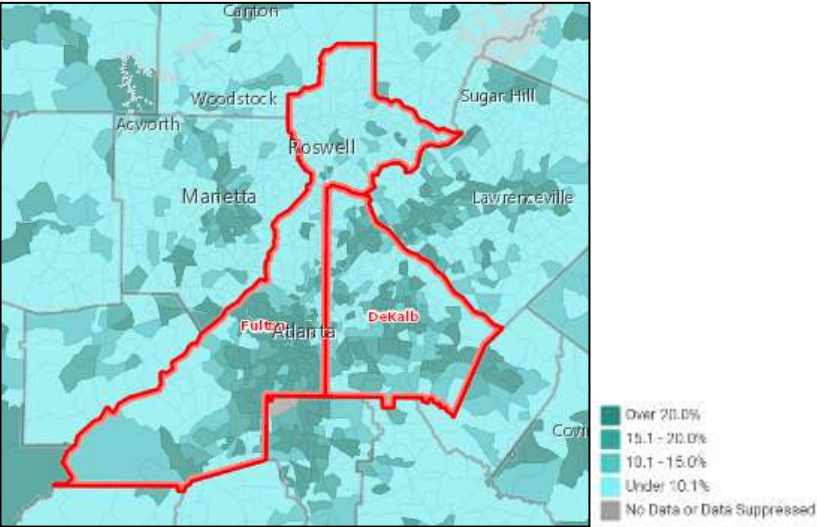
Table 6 shows that poverty in the areas served by Grady impacts females and people of color to a greater extent. Residents in DeKalb County who are Black, Asian, Multiracial, and Hispanic have much higher rates of poverty compared to White residents in the county, and all those groups aside from Black residents have higher poverty rates when compared to state and national averages. Hispanic residents in DeKalb County, and Black residents in Fulton County, have the highest poverty rates among all racial and ethnic groups.

Table 6: Population Below 100% Federal Poverty Level by Race/Ethnicity, Sex, and County (2016-2020)

Location	All People	White	Black	Asian	Multiple Race	Hispanic*	Male	Female
DeKalb	14.4%	7.6%	17.2%	18.0%	18.4%	21.9%	13.3%	15.4%
Fulton	13.4%	6.5%	20.7%	8.8%	12.7%	16.3%	12.3%	14.4%
Service Area	13.8%	6.9%	19.1%	12.3%	15.4%	18.9%	12.7%	14.8%
GA	14.3%	10.7%	20.1%	10.4%	16.5%	21.0%	12.9%	15.5%
U.S.	12.8%	10.6%	22.1%	10.6%	15.1%	18.3%	11.6%	14.0%
Data Sources: Georgia Health Data Hub, U.S. Census Bureau, American Community Survey, 2016-2020 *“Hispanic” or “Latino” refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race								

Poverty is geographically dispersed, with larger percentages of residents living below the federal poverty level in the central and southern regions of the service area. In DeKalb County, census tracts with high poverty rates are dispersed throughout the county (Figure 1).

Figure 1: Population Below 100% Federal Poverty Level in DeKalb and Fulton Counties, Percent by Census Tract (2016-2020)

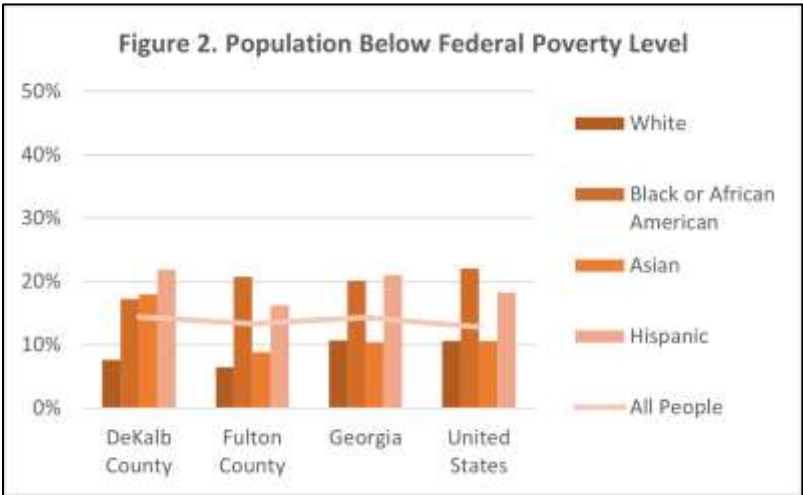


Data Source: U.S. Census Bureau, American Community Survey, 2016-2020

EDUCATION

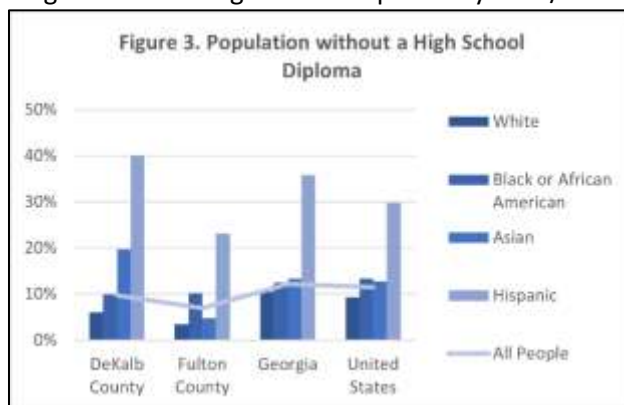
Figure 2 details the population percentage that lives below the federal poverty level. Hispanic residents in DeKalb and Black residents in Fulton are disproportionately impacted by poverty. Figure 3 depicts the correlation in the disparities that exist in poverty and education rates of various racial and ethnic communities throughout the service area. Hispanic residents in DeKalb and Black and Hispanic residents in Fulton showing the highest rates of poverty and lowest rates of educational attainment (high school graduation) when compared to the general population.

Figure 2: Percentage of Population Below Federal Poverty Level (2016-2020)



Data Source: U.S. Census Bureau, American Community Survey, 2016-2020

Figure 3: Population Percentage Without a High School Diploma by Race/Ethnicity and County (2016-2020)



Data Source: U.S. Census Bureau, American Community Survey, 2016-2020

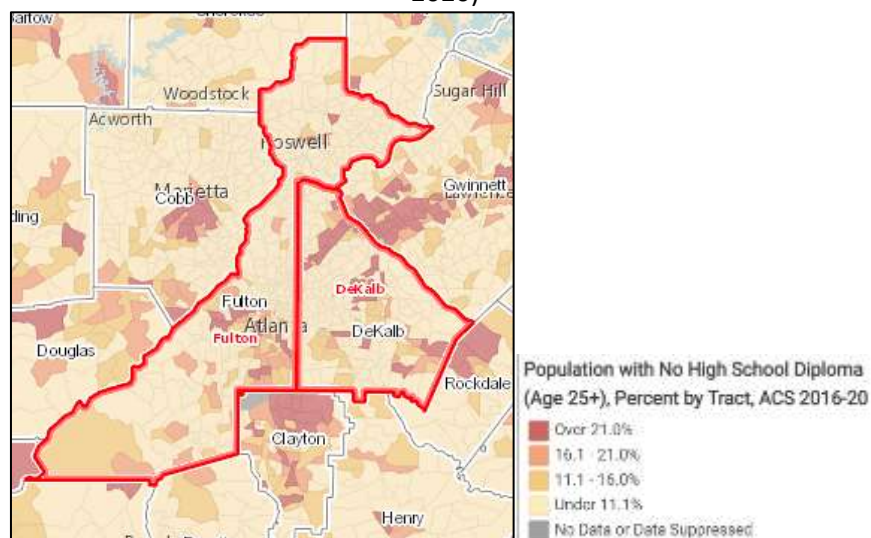
Since the 2019 CHNA, on-time high school graduation rates have improved slightly in Fulton County and across Georgia but have declined in DeKalb County. Table 7 presents Fulton and DeKalb counties' rates for on-time high school graduation. They are lower than state and national rates, with DeKalb County's rate over 10% lower than the state. Nevertheless, both counties have higher rates of populations with associate's and bachelor's degrees compared to both the state and the national rates.

Table 7: Selected Education Indicators (2018-2019; 2016-2020)

Education Indicators	DeKalb	Fulton	Service Area	Georgia	U.S.
Percent Population Age 25+ without HS Diploma	9.7%	6.9%	8.1%	12.1%	11.5%
On-time High School Graduation Rate (2018-2019)	74.0%	84.5%	80.1%	85.4%	87.7%
Associates Degree or Higher	52.8%	60.6%	57.3%	40.2%	41.6%
Bachelor's Degree or Higher	45.6%	54.5%	50.8%	32.2%	32.9%
	Early Education				
Preschool Enrollment (ages 3-4)	56.9%	60.7%	58.9%	49.1%	47.3%
Head Start Rate (2019)*	4.2	9.9	7.4	6.8	10.5
Elementary School Proficiency Index (2020)**	41.6	58.6	ND	53.5	51.1

Education Indicators	DeKalb	Fulton	Service Area	Georgia	U.S.
Data Sources: U.S. Department of Education, ED Facts, 2018-2019. U.S. Census Bureau, American Community Survey, 2016-2020 U.S. Department of Health & Human Services, Administration for Children and Families, 2019. *Head Start is a program designed to help children from birth to age five who come from families at or below poverty level. The program's goal is to help children become ready for kindergarten while also providing the needed requirements to thrive, including health care and food support. (Rate per 10,000 children under age 5) **Index based on performance of 4 th grade students on state exams for reading and math ND=No data					

Figure 4: Population with No High School Diploma by Census Tract, DeKalb and Fulton Counties (2016-2020)



Data Source: U.S. Census Bureau, American Community Survey, 2016-2020

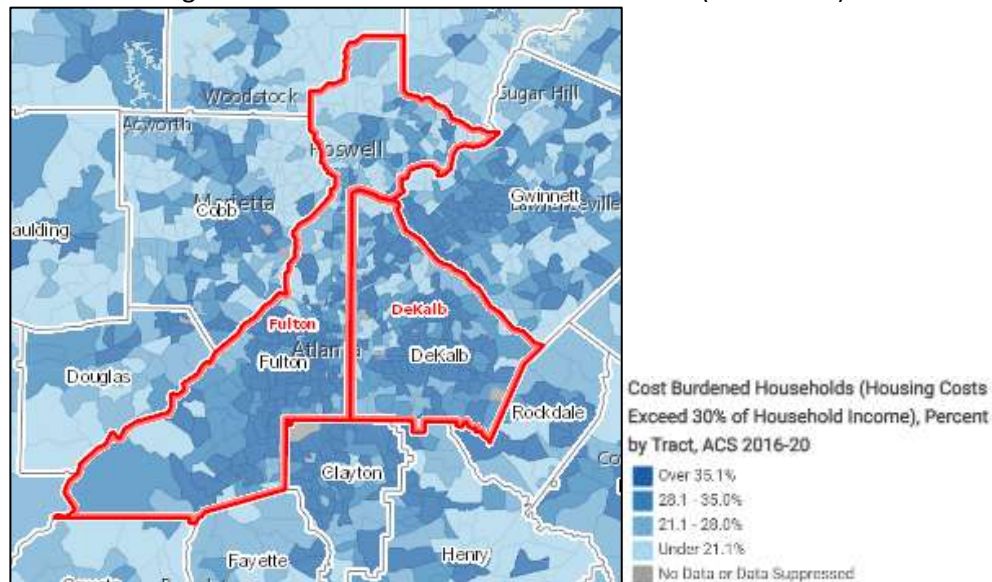
HOUSING

Metropolitan Atlanta has experienced significant population growth, which was accompanied by economic gains in the real estate market following the 2020-2021 recession due to the COVID-19 global pandemic. This is reflected in the average rental rates for a one-bedroom apartment in Atlanta, which have increased by 16% in the past year, compared to an average annual increase of only around 4% for the previous six years.²

Housing cost burdened is defined by the U.S. Census Bureau as spending more than 30% of household income on housing costs. As shown in Figure 5, the distribution of cost burdened households in DeKalb and

Fulton counties was widespread even prior to the COVID-19 global pandemic, with a higher concentration of cost burdened households in the central and southern regions of both counties. Most of the census tracts in DeKalb County appear to have over 35.1% cost burdened households, while census tracts in northern Fulton County appear to have fewer cost burdened households. As monthly home mortgage and rental costs continue to outpace wage growth families may experience housing instability.

Figure 5: Percent Cost Burdened Households (2016-2020)



Data Source: U.S. Census Bureau, American Community Survey, 2016-2020

Table 8 summarizes housing-related indicators for the service region. There was a reduction in housing cost burden from 2011-2015 to 2016-2020. However, as previously mentioned, the recession caused by the COVID-19 global pandemic and subsequent post-recession recovery resulted in significant increases in housing costs starting in 2020. For example, the Atlanta Realtors Market Brief for June 2022 reports the median sales price of a Metro Atlanta (11 counties) home was \$430,000 representing an increase of 19.4% from May 2021.³ While it appears there was a slight increase in owner-occupied housing units from 2011-2015 to 2016-2020 in both counties, given the changes in real estate that have occurred from 2021 and into 2022, it is possible these numbers have stagnated or declined.

Table 8: Selected Housing Indicators by County (2011-2015; 2016-2020)

Housing Indicators	DeKalb		Fulton		Service Area	Georgia	U.S.
	2011-15	2016-20	2011-15	2016-20	2016-20	2016-20	2016-20
Total households	264,837	283,799	357,463	427,379	ND	3,830,264	122,354,219
Family households	58.9%	57.9%	56.0%	53.7%	ND	67.0%	65.3%

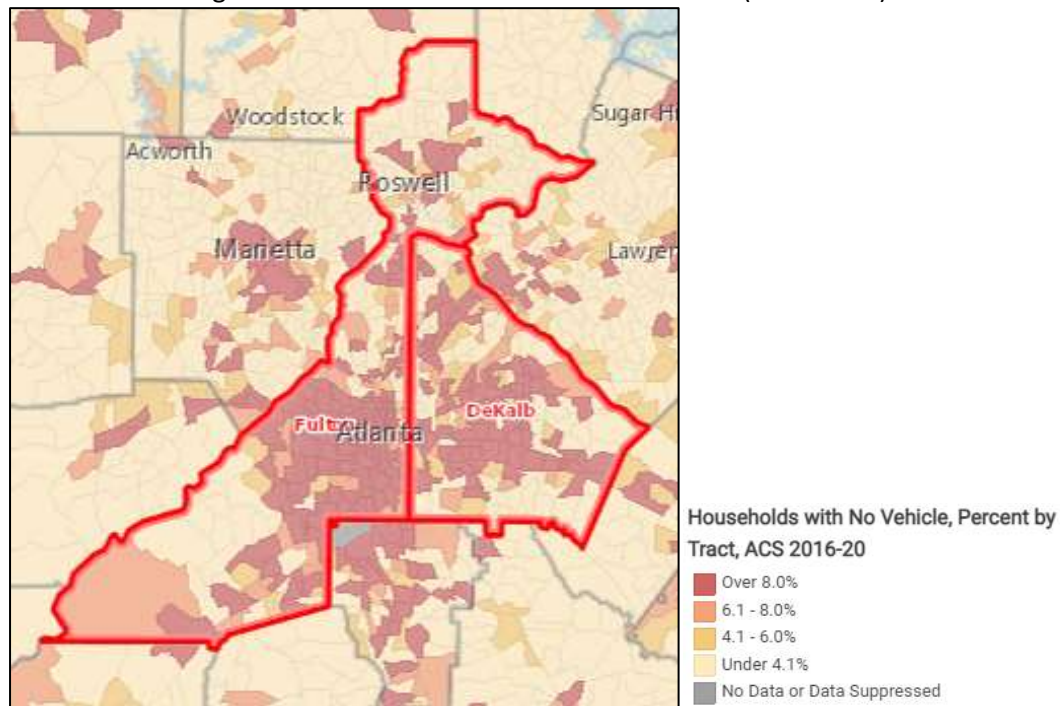
Housing Indicators	DeKalb		Fulton		Service Area	Georgia	U.S.
	2011-15	2016-20	2011-15	2016-20	2016-20	2016-20	2016-20
Vacant housing units	12.7%	9.7%	14.6%	10.9%	ND	11.5%	11.6%
Homeowner Vacancy Rate*	3.1	1.8	2.6	ND	1.9	1.7	1.4
Rental Vacancy Rate*	9.4	6.7	9.1	7.1	ND	6.5	9.8
Owner-Occupied Housing Unit Rate	55.3%	55.7%	51.7%	52.9%	ND	64.0%	64.4%
Renter-Occupied Housing Units	44.7%	44.3%	48.3%	47.1%	ND	36.0%	35.6%
Median value of homes	\$163,000	\$235,300	\$241,300	\$326,700	ND	\$190,200	\$229,800
Households paying 30% or more of income for monthly mortgage	35.0%	26.6%	31.7%	25.0%	ND	25.2%	27.4%
Households paying 30% or more of income for monthly rent	54.1%	53.0%	50.4%	48.4%	ND	49.1%	49.1%
Households with One or More Severe Problems (Substandard Housing)	20.9%	ND	19.5%	ND	20.1%	17.7%	18.5%
Data Sources: Georgia Health Data Hub, U.S. Census Bureau, American Community Survey, 2016-2020; 2011-2015. ND: Data suppressed or not available for specific inquiry. *Rate per 100,000 population							

TRANSPORTATION

Across the service area, 8.6% of households in DeKalb County and 10.8% of households in Fulton County do not have access to a private motor vehicle, which is higher than the state average of 6.7%.⁴

It is important to note that the map in Figure 6 below has similarities to Figure 1, the distribution of households under the Federal Poverty Line, and Figure 5, the distribution of cost-burdened households for housing costs, demonstrating a potential overlap in geographic needs around transportation, housing, and poverty. The data suggests that families living in poverty are often experiencing challenges with multiple basic needs (SDOH).

Figure 6: Percent Households with No Vehicle (2016-2020)



Data Source: U.S. Census Bureau, American Community Survey, 2016-2020

Table 9 presents employment and commuting data for the service region. Both DeKalb and Fulton counties have a greater percentage of resident workers commuting more than 60 minutes compared to national levels. More workers in both counties take public transit at a rate higher than state or national levels. Fewer workers in DeKalb County walk to commute than in Fulton County and the nation.

Table 9: Percent of Workers 16 and Over Commuting Modes by County (2016-2020)

	DeKalb	Fulton	Georgia	U.S.
% Commuting More than 60 Minutes	11.9%	10.3%	10.9%	9.2%
% Public Transit to Commute to Work	6.6%	6.7%	1.9%	4.6%

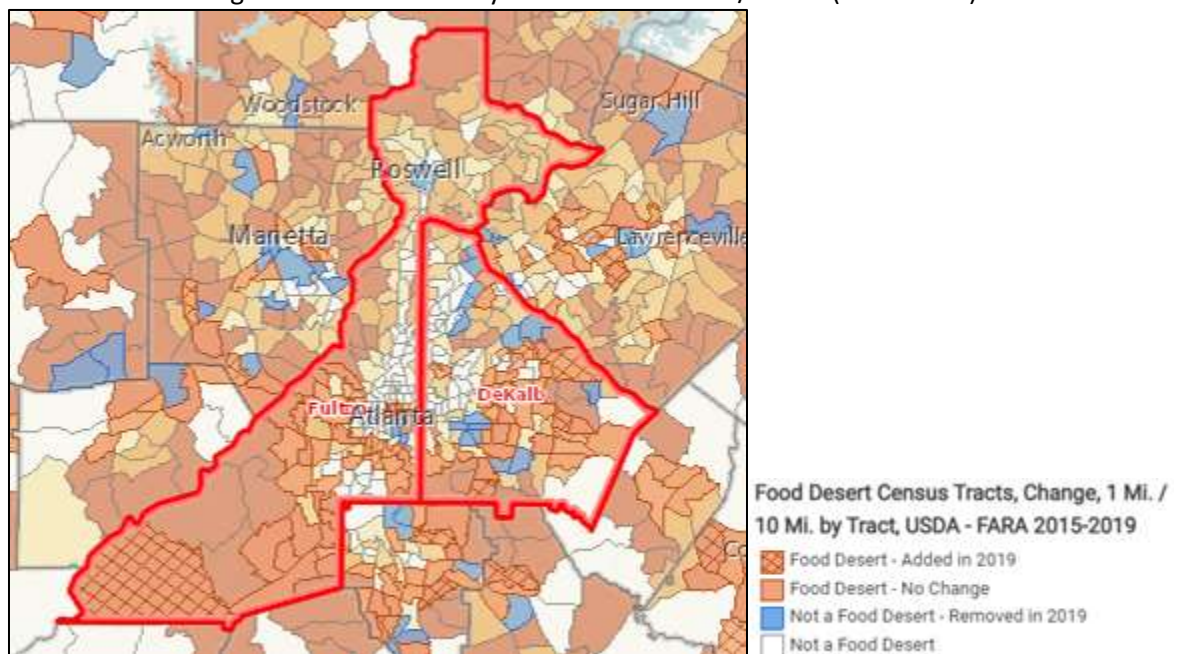
	DeKalb	Fulton	Georgia	U.S.
% Car, Truck, Van, etc. – Alone	69.6%	67.9%	77.7%	74.9%
% Car, truck, van – Carpooled	10.0%	6.4%	9.3%	8.9%
% Walking	1.5%	2.8%	1.5%	2.6%
% Other	2.0%	2.9%	1.8%	1.8%
% Working from Home	10.2%	13.0%	7.8%	7.3%
Data Source: U.S. Census Bureau, American Community Survey, 2016-2020				

The Household Pulse Survey administered by the U.S. Census in 2020-2021 reveals that among those in poor health, 4 in 5 (79.9%) reported that no one in their household switched to telework or changed their telework habits compared to just over half (52.4%) of those in excellent health.⁵ This suggests having little or no commute may contribute to improved health. In the service area, a higher percentage of workers are working from home than at state and national levels. In addition, the COVID-19 global pandemic has most likely increased the number of residents who worked from home impacting the five-year average presented in the table.⁶

FOOD ACCESS

From 2018-2020, the USDA Economic Research Service estimated that the average food insecurity rate in Georgia was 10.0%, a 3% decrease from 2015-2017 and a 6.9% decrease from 2008-2010.⁷ Figure 7 shows there are census tracts throughout both counties that were denoted as food deserts during the period from 2015-2019. Food desert is defined by the USDA as low-income census tracts with a substantial number or share of residents with low levels of access to retail outlets selling healthy and affordable foods.

Figure 7: Food Desert by Census Tracts 1 Mi./10 Mi. (2015-2019)



Data Source: U.S. Department of Agriculture, Economic Research Service, USDA Food Access Research Atlas, 2015-2019.

Table 10 shows that the service area has a larger proportion of the population with low access to food when compared to both the state and the nation. Both counties have a higher concentration of fast-food restaurants per 100,000 population compared to the state and nation. Fulton County's fast food rate is particularly high at 128.5 sites per 100,000 compared to 90.5 per 100,000 in Georgia. The service area also has more residents receiving SNAP benefits but fewer SNAP-authorized food stores per 10,000 population compared to the state and nation.

In Fulton County:

- The food insecurity rate is higher than the national rate.
- There is a greater percentage of low-income residents with low food access when compared to the state and the nation.

Table 10: Selected Food Access Indicators (2019, 2020, and 2021)

	DeKalb	Fulton	Service Area	Georgia	U.S.
Food Insecurity Rate (2019)	10.5%	11.3%	ND	12.0%	10.9%
Food Environment Need Rating (2020)	6.5	6.9	ND	7.2	8.4
Low Income Population with Low Food Access (2019)	25.4%	30.1%	28.0%	28.4%	19.4%
Percent Population in Tracts with No Healthy Food Outlet (2019)	8.4%	10.0%	9.3%	18.1%	18.7%
Percent Population in Tracts with Low Healthy Food Access (2019)	50.8%	49.2%	49.9%	39.1%	31.3%
Fast Food Restaurants Rate per 100,000 pop (2019)	94.0	128.5	113.7	90.5	82.2
Grocery Stores Rate per 100,000 pop (2019)	20.8	19.2	19.9	17.5	20.8
Liquor Stores Rate per 10,000 pop (2019)	13.7	12.6	13.1	10.1	11.2
Percentage of Households Receiving SNAP Benefits (2016-2020)	12.9%	11.9%	12.3%	12.2%	11.4%
SNAP-Authorized Food Stores Rate per 10,000 pop (2021)	8.1	6.5	7.1	9.1	7.5

Data Sources:

Feeding America, 2019. Retrieved from <http://map.feedingamerica.org>

U.S. Department of Agriculture, Economic Research Service, USDA Food Access Research Atlas. 2015-2019

U.S. Census Bureau, County Business Patterns, 2020 and 2021

U.S. Census Bureau, American Community Survey, 2016-2020

ND=No data

The COVID-19 global pandemic may have impacted food security in the region. Feeding America, the largest U.S. hunger relief organization, indicated that food insecurity has increased because of the COVID-19 pandemic, and during 2020, the Feeding America network experienced a 44% increase in meals distributed compared to the year prior.⁸ It is likely that the need for meals increased as more residents experienced job loss and financial hardship due to the pandemic.⁸

BEHAVIORS THAT IMPACT HEALTH

Table 11 summarizes active living and physical health data. Adults in DeKalb and Fulton counties have more access to physical activity facilities and leisure time to exercise when compared to Georgia residents and the nation. Fulton County has a significantly higher rate of recreation and fitness facilities per 10,000 residents compared to DeKalb, state, and national rates. Fulton County Government reports 66 parks in the county vs. DeKalb County which reports only 23 parks.⁹ Fewer DeKalb and Fulton counties' residents report having poor or fair health compared to the state and nation, and, on average, report fewer poor physical health days in the past month than state and national averages.

Table 11: Selected Active Living and Physical Health Indicators (2016-2020)

Active Living and Physical Health Indicators	DeKalb	Fulton	Service Area	Georgia	U.S.
% Population with Access to Exercise Opportunities (2020)	92.9%	94.5%	ND	75.9%	84.3%
Adults with No Leisure Time for Physical Activity (2019)	19.0%	20.1%	19.6%	23.6%	22.0%
Recreation and Fitness Facilities Rate per 10,000 population (2019)	12.6	23.8	19.0	11.4	12.2
Percentage of adults reporting less than 7 hours of sleep on average (2018)	38.7%	35.6%	ND	38.3%	ND
Adults reporting poor or fair health (2020)	16.3%	14.8%	ND	17.7%	16.7%
Average number of poor physical health days in past month (2020)	3.2	3.1	ND	3.5	3.7
Data Sources: CHRR, Business Analyst, Delorme Map Data, ESRI, & U.S. Census Tigerline Files KP CHNA Data Platform, ESRI, Business Analyst Georgia Health Data Hub, Centers for Disease Prevention, National Center for Chronic Disease Prevention and Health Promotion Georgia Health Data Hub, U.S. Census Bureau, County Business Patterns, additional data by CARES Georgia Health Data Hub, U.S. Census Bureau, American Community Survey, 2016-2020					

Active Living and Physical Health Indicators	DeKalb	Fulton	Service Area	Georgia	U.S.
Georgia Health Data Hub, U.S. Department of Agriculture, Food and Nutrition Service, USDA – SNAP Retailer Locator. Additional data analysis by CARES CHRR/KP CHNA Data Platform, Behavioral Risk Factor Surveillance System 0.0% can result from sample size and margin of error ND for rates: No Data was available due to a lack of data reporting or data suppression					

Table 12 shows the percentage of 3rd through 12th graders in Fulton and DeKalb counties school systems whose aerobic capacity and BMI are in the Healthy Fitness Zone (HFZ). This data is measured and collected annually on students in physical education in Georgia public schools. Compared to Fulton County and Decatur City Schools, students in Atlanta Public Schools and DeKalb County Schools had lower percentages of students in the HFZ for aerobic capacity and body composition. The data also suggests that greater than 30% of students assessed are out of the HFZ for weight.

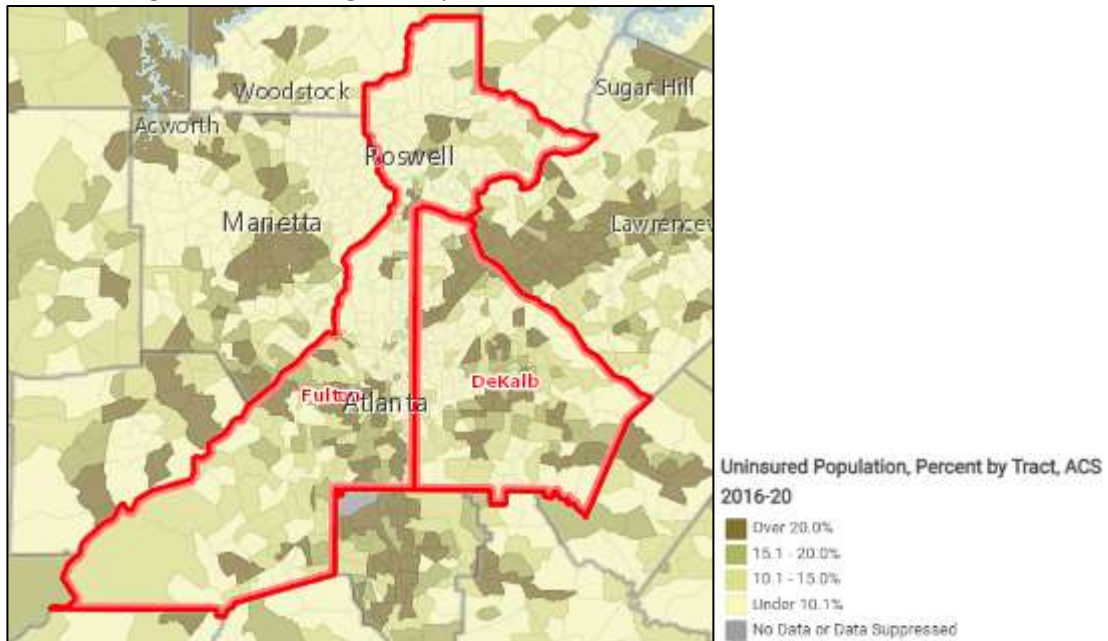
Table 12: Percentage of 3rd-12th Graders in Fulton and DeKalb Counties in Healthy Fitness Zone (2020-2021)

School District	Aerobic Capacity	Body Composition
Atlanta Public Schools	51.0%	57.0%
Decatur City Schools	65.0%	68.0%
DeKalb County	33.0%	51.0%
Fulton County	52.0%	62.0%
Data Source: Georgia Department of Education. Georgia FitnessGram, 2021 Healthy Fitness Zone: includes five health-related physical fitness tests specifically aerobic capacity (a measure of cardiovascular fitness), muscular strength, muscular endurance, flexibility, and body composition (body mass index)		

ACCESS TO APPROPRIATE CARE

The percentage of uninsured residents in DeKalb and Fulton counties remains higher than state and national benchmarks (13.3% and 10.1% vs. 13.0% and 8.7% respectively). According to Figure 8, there are clusters of census tracts with high rates of uninsured throughout both counties, particularly in the southeastern region of Fulton County and the northern and central regions of DeKalb County.

Figure 8: Percentage of Population without Health Insurance, 2016-2020

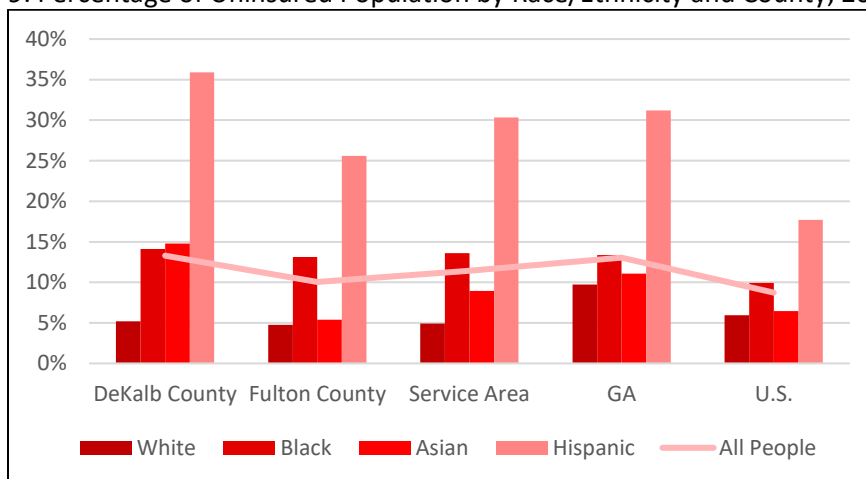


Data Source: U.S. Census Bureau, American Community Survey. 2016-2020

Figure 9 shows the disparities in the percentage of uninsured population when considering race and ethnicity in the service area:

- Hispanic and Black residents show the highest rates when compared to their White and Asian counterparts in the service area.
- Hispanic residents are nearly seven times more likely in DeKalb County, and nearly six times more likely in Fulton County to be uninsured when compared to their White counterparts.

Figure 9: Percentage of Uninsured Population by Race/Ethnicity and County, 2016-2020

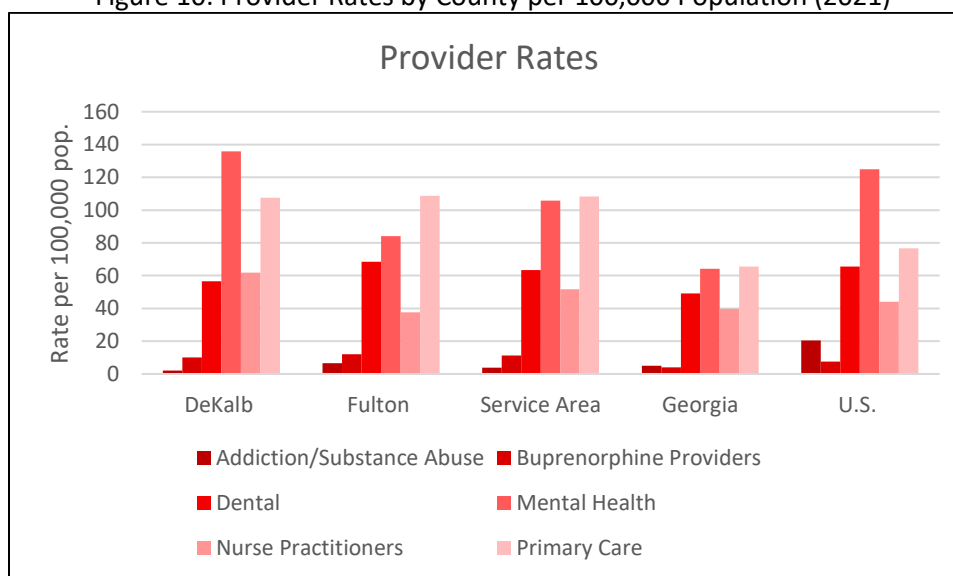


Data Source: U.S. Census Bureau, American Community Survey, 2016-2020

DeKalb County has higher rates of mental health care providers and nurse practitioners compared to Fulton County and the state. Alternatively, Fulton County has higher rates of dental care providers than DeKalb County and the state.

Across the service area there are higher rates of buprenorphine clinicians, mental health providers, dental professionals, nurse practitioners and primary care providers compared to the rest of the state, but lower rates of addiction/substance use providers. Overall, provider rates have decreased in the service area since the 2019 CHNA, particularly for mental health and primary care.

Figure 10: Provider Rates by County per 100,000 Population (2021)



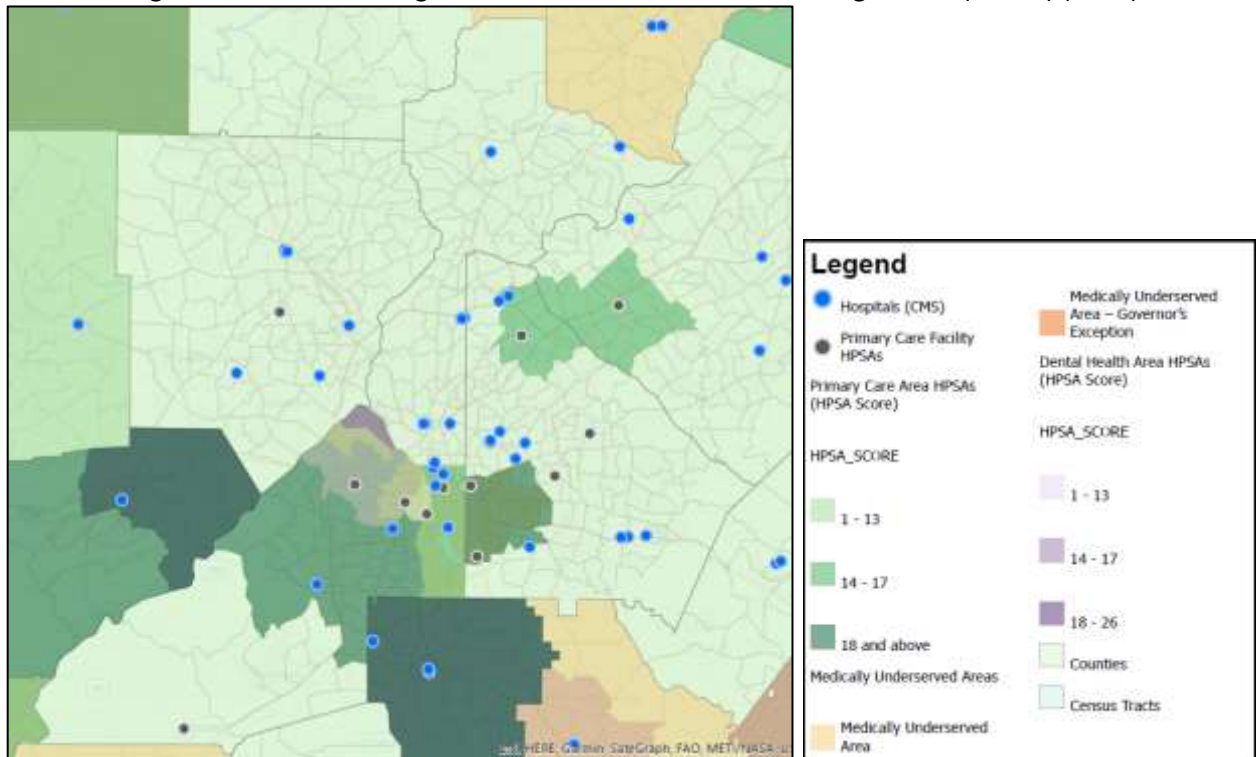
Data Sources: Georgia Health Data Hub- Centers for Medicare and Medicaid Services, CMS – National Plan and Provider Enumeration System (NPPES); U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration; U.S. Department of Health & Human Services, Health Resources and Services Administration, HRSA – Area Health Resource File

According to the Health Resources and Services Administration (HRSA), there are Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas (MUAs) in DeKalb and Fulton counties, although numbers are lower than state and national levels. There are higher percentages of the population living in an HPSA for dental care than primary care. Most safety-net providers are located in the metro Atlanta area, and there are much fewer safety-net providers available to serve the northern, southern, and western regions of the service area.

Table 13: Percentage of Population in Health Professional Shortage Areas (HPSAs) by County (2021)

Populations Living in HPSAs	DeKalb	Fulton	Service Area	Georgia	U.S.
Percentage of Population Living in an Area Affected by a HPSA	12.8%	19.8%	16.8%	30.2%	22.6%
Percentage of HPSA Population Underserved	36.2%	43.6%	41.2%	56.1%	53.7%
Percentage of Population Living in a Dental HPSA	20.7%	35.5%	29.2%	59.1%	44.6%
Data Source: U.S. Department of Health & Human Services, Health Resources and Services Administration, HRSA Health Professional Shortage Areas Database.					

Figure 11: Facilities Designated as Health Professional Shortage Areas (HPSAs) (2021)



Data Source: U.S. Department of Health & Human Services, Health Resources and Services Administration

The Prevention Quality Indicators (PQIs) are measures of potentially avoidable hospitalizations for Ambulatory Care Sensitive Conditions (ACSCs). Though they rely on hospital discharge data, they are intended to reflect issues of access to and quality of adult outpatient/primary care in a given geographic area.

Table 14 shows that the community served by GHS had higher rates of hospitalizations than the nation for all PQI categories except for acute conditions. However, both counties had lower PQI scores across all categories than state rates. DeKalb County's hospitalization rates were higher across all categories compared to Fulton County.

Table 14: Prevention Quality Indicators (PQIs), Composite PQI Measures by County, 2019

Prevention Quality Composite*	DeKalb	Fulton	Georgia	U.S.
Overall Composite	1,434.0	1,316.4	1,548.8	1,297.5
Acute Condition Composite	240.0	217.1	347.5	308.1
Chronic Condition Composite	1,194.0	1,099.3	1,201.3	989.4
Diabetes Composite	309.8	269.4	314.9	264.9

Data Sources:

HCUPnet, Healthcare Cost and Utilization Project. Agency for Healthcare Research and Quality, Rockville, MD. <https://datatools.ahrq.gov/hcupnet>.

*Hospital discharge rates per 100,000 population. Prevention Quality Composites are calculated by summing the number of discharges that meet the inclusion and exclusion rules for the numerator in any of a composite's component measures (**Acute Conditions Composite** includes Bacterial Pneumonia Admission Rate, Urinary Tract Infection Admission Rate; **Chronic Condition Composite** includes Diabetes Short-Term Complications Admission Rate, Diabetes Long-Term Complications Admission Rate, Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate, Hypertension Admission Rate, Heart Failure Admission Rate, Uncontrolled Diabetes Admission Rate, Asthma in Younger Adults Admission Rate, Lower-Extremity Amputation among Patients with Diabetes Rate; **Diabetes Composite** includes Diabetes Short-Term Complications Admission Rate, Diabetes Long-Term Complications Admission Rate, Uncontrolled Diabetes Admission Rate, Lower-Extremity Amputation among Patients with Diabetes Rate; **Overall Composite** includes all rates for Acute, Chronic Conditions, and Diabetes Composites combined)

HEALTH OUTCOMES

TOP CAUSES OF PREMATURE DEATH

The top five causes of premature death are derived from the Years of Potential Life Lost 75 (YPLL 75), which represents the number of years of potential life lost due to death before age 75 as a measure of premature death. Table 15 shows that in the communities served by Grady, the top five causes of premature death are:

- Assault (homicide)
- Accidental poisoning and exposure to noxious substances
- Motor vehicle crashes
- Intentional self-harm (suicide)
- Ischemic heart and vascular disease

DeKalb County has the highest rates of premature death for all causes except accidental poisoning and intentional self-harm when compared to Fulton County. There are higher rates of premature death in DeKalb due to assault compared to the state.

Both Fulton and DeKalb:

- Have higher premature death rates due to homicide when compared to the state.
- However, they have lower rates of all other causes of premature death when compared to Georgia.

Table 15: Premature Death Rates by County (2016-2020)

Years of Potential Life Lost Rate*	DeKalb	Fulton	Service Area	Georgia
Assault (Homicide)	646.8	572.6	603.6	358.6
Accidental Poisoning and Exposure to Noxious Substances	375.3	457.7	423.3	457.7
Motor Vehicle Crashes	395.5	365.5	378	499.6
Intentional Self-Harm (Suicide)	338.5	366.4	354.7	444.9
Ischemic Heart and Vascular Disease	373.1	337.9	352.6	562.5
Data Sources: OASIS, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP) *Years of Potential Life Lost (YPLL), Age-adjusted per 100,000 population				

When considering premature death rates by race, there is a large disparity in premature deaths due to assault (homicide). Black residents have much higher rates of premature death due to assault compared to any other racial and ethnic group, the state, or any other cause of premature death.

Table 16: Premature Death Rates by Race, Combined DeKalb and Fulton Counties (2016-2020)

YPLL Rate*	White	Black	Asian	Hispanic	Service Area	Georgia
Assault (Homicide)	67.5	1,135.7	85.8	320.5	603.6	358.6
Accidental Poisoning and Exposure to Noxious Substances	619.1	390.1	70.8	180.2	423.3	457.7
Motor Vehicle Crashes	157.2	580.6	132.1	422.7	378	499.6
Intentional Self-Harm (Suicide)	442.2	330.9	248.8	278.3	354.7	444.9
Ischemic Heart and Vascular Disease	253.5	511.5	119.3	118.8	352.6	562.5
Data Sources: OASIS, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP) *Years of Potential Life Lost (Age-adjusted per 100,000 population) “Hispanic or Latino” refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race						

TOP CAUSES OF DEATH

Most of the top five causes of death in the service area are related to chronic conditions, SDOH, and personal behaviors (i.e., heart disease, stroke, and lung cancer). It is important to note that three of the top five causes of death are cardiovascular in nature. Georgia is well known to have poor outcomes related to cardiovascular disease. However, DeKalb and Fulton counties have better outcomes when compared to the state for ischemic heart and vascular disease and cerebrovascular disease.

Table 17: Age Adjusted Death Rates by County (2016-2020)

Top Causes of Death*	DeKalb	Fulton	Service Area	Georgia
Ischemic Heart and Vascular Disease	51.7	53.0	52.5	77.7
Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease	38.1	42.1	40.4	34.3
Cerebrovascular Disease	37.7	39.9	39.0	43.1
Alzheimer's Disease	33.4	33.3	33.4	45.0
Malignant Neoplasms of the Trachea, Bronchus and Lung	25.7	26.9	26.4	37.1
Data Sources: OASIS, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP) *Age-adjusted rate per 100,000 population				

Black residents show higher rates of death for all top causes except for Alzheimer's Disease when compared to all other races. Their rates are much higher than the state of Georgia in regard to hypertensive heart disease and stroke.

Table 18: Regional Death Rate by Race, Combined DeKalb and Fulton Counties (2016-2020)

Age-Adjusted Death Rates*	White	Black	Asian	Hispanic	Service Area	Georgia
Ischemic Heart and Vascular Disease	43.4	63.7	24.0	28.0	52.5	77.7
Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease	24.6	60.0	13.9	17.5	40.4	34.3
Cerebrovascular Disease	29.8	50.0	24.3	28.0	39.0	43.1
Alzheimer's Disease	34.5	33.7	13.0	21.8	33.4	45.0
Malignant Neoplasms of the Trachea, Bronchus and Lung	22.1	31.9	13.2	14.5	26.4	37.1
Data Sources: OASIS, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP) *Age-adjusted rate per 100,000 population "Hispanic or Latino" refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race						

Table 19: Top 10 Ranked Causes of Death: Age-Adjusted Death Rate, by County and State (2016-2020)

	DeKalb	Fulton	Service Area	Georgia
#1	Ischemic Heart and Vascular Disease- 51.7	Ischemic Heart and Vascular Disease- 53.0	Ischemic Heart and Vascular Disease- 52.5	Ischemic Heart and Vascular Disease- 77.7
#2	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease- 38.1	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease- 42.1	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease- 40.4	Alzheimer's Disease- 45.0
#3	Cerebrovascular Disease- 37.7	Cerebrovascular Disease- 39.9	Cerebrovascular Disease- 39.0	All COPD Except Asthma- 43.4
#4	Alzheimer's Disease- 33.4	Alzheimer's Disease- 33.3	Alzheimer's Disease- 33.4	Cerebrovascular Disease- 43.1
#5	All Other Diseases of the Nervous System- 25.9	All Other Diseases of the Nervous System- 28.7	All Other Diseases of the Nervous System- 27.5	Malignant Neoplasms of the Trachea, Bronchus and Lung- 37.1
#6	Malignant Neoplasms of the Trachea, Bronchus and Lung- 25.7	Malignant Neoplasms of the Trachea, Bronchus and Lung- 26.9	Malignant Neoplasms of the Trachea, Bronchus and Lung- 26.4	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease- 34.3
#7	All COPD Except Asthma- 23.4	All COPD Except Asthma- 23.7	All COPD Except Asthma- 23.6	All Other Mental and Behavioral Disorders- 25.5
#8	Diabetes Mellitus- 22.9	Diabetes Mellitus- 19.7	Diabetes Mellitus- 21.1	All Other Diseases of the Nervous System- 24.9
#9	All Other Mental and Behavioral Disorders- 21.8	All Other Mental and Behavioral Disorders- 19.7	All Other Mental and Behavioral Disorders- 20.6	Diabetes Mellitus- 21.8
#10	Nephritis, Nephrotic Syndrome and Nephrosis- 17.5	Nephritis, Nephrotic Syndrome and Nephrosis- 16.8	Nephritis, Nephrotic Syndrome and Nephrosis- 17.1	Nephritis, Nephrotic Syndrome and Nephrosis- 18.4
Data Source: OASIS, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP)				

TOP CAUSES OF EMERGENCY ROOM VISITS

The top causes of Emergency Room (ER) visits in the service area are mostly related to accidents (e.g., fractures, tissue or bone trauma due to impact, etc.) The rate of ER visits for the service area is lower when compared to the state for all causes. Table 20 summarizes the top causes of ER visits in the service region.

Table 20: Age-Adjusted ER Visit Rates by County (2016-2020)

Age-Adjusted ER Visit Rate*	DeKalb	Fulton	Service Area	Georgia
Diseases of the Musculoskeletal System and Connective Tissue	3,053.5	2,982.6	3,008.1	3,096.9
All Other Diseases of the Genitourinary System	1,710.6	1,768.2	1,742.6	2,158.3
All Other Unintentional Injury	1,460.9	1,781.8	1,647.0	2,813.9
Falls	1,009.2	1,175.3	1,104.6	1,779.1
Motor Vehicle Crashes	1,004.7	916.8	951.8	1,087.0
Data Source: OASIS, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP)				
*Age-adjusted rate per 100,000 population				

Black residents have much higher rates than all other races for all top causes of ER visits in the service area. Compared to the state, Black residents have higher rates of ER visits related to diseases of the musculoskeletal system, diseases of the genitourinary system, and motor vehicle crashes.

Table 21: Regional Age-Adjusted ER Visits by Race/Ethnicity, Combined DeKalb and Fulton Counties (2016-2020)

Age-Adjusted ER Visit Rate*	White	Black	Asian	Hispanic	Service Area	Georgia
Diseases of the Musculoskeletal System and Connective Tissue	871.7	4,830.4	373.1	889.6	3,008.1	3,096.9
All Other Diseases of the Genitourinary System	719.4	2,545.2	318	760.1	1,742.6	2,158.3
All Other Unintentional Injury	1,125.6	2,205.3	453.5	962.7	1,647.0	2,813.9
Falls	1,057.2	1,185.8	393.2	619.3	1,104.6	1,779.1
Motor Vehicle Crashes	318.4	1,551.6	216.1	547.1	951.8	1,087.0

Data Sources: OASIS, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP)

*Age-adjusted rate per 100,000 population

“Hispanic or Latino” refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race

TOP CAUSES FOR HOSPITAL DISCHARGES

The number of Georgia resident inpatients discharged from non-Federal acute care inpatient facilities and seen in a Georgia facility are considered in the following table (Table 22). In the service area:

- Hospital discharge rates are highest for septicemia, mental and behavioral disorders, and essential (primary) hypertension and hypertensive renal, and heart disease.
- Hospital Discharge rates for mental and behavioral disorders, and essential (primary) hypertension and hypertensive renal, and heart disease are higher in DeKalb County, but both counties are higher than state rates.
- DeKalb County’s hospital discharge rate for cerebrovascular disease is higher than the state rate.

Table 22: Top Causes of Hospital Discharge by County (2016-2020)

Age-Adjusted Hospital Discharge Rates*	DeKalb	Fulton	Service Area	Georgia
Septicemia	451.1	511.2	485.6	537.8
All Other Mental and Behavioral Disorders	472.1	451.0	458.9	422.8
Diseases of the Musculoskeletal System and Connective Tissue	344.6	353.2	349.4	416.8
Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease	357.2	354.3	355.3	314.3
Cerebrovascular Disease	245.2	234.7	239.0	243.3
Data Sources: OASIS, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP) *Age-adjusted rate per 100,000 population				

Similar to ER visit rates, Black residents have the highest hospital discharge rates when compared to all other races and ethnicities for all top causes of hospital discharges in the service area.

Table 23: Top Causes of Hospital Discharge by Race/Ethnicity, Combined DeKalb and Fulton Counties (2016-2020)

Age-Adjusted Hospital Discharge Rates*	White	Black	Asian	Hispanic	Service Area	Georgia
Septicemia	344.8	632.1	190.3	264.7	485.6	537.8
All Other Mental and Behavioral Disorders	321.6	647.6	37.7	136.5	458.9	422.8
Diseases of the Musculoskeletal System and Connective Tissue	345.3	350.7	98.6	113.4	349.4	416.8
Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease	147.7	581.7	98.7	123.2	355.3	314.3
Cerebrovascular Disease	154.5	328.1	108.7	110.3	239.0	243.3
Data Sources: OASIS, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP) *Age-adjusted rate per 100,000 population "Hispanic or Latino" refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race						

METABOLIC SYNDROME AND DIABETES

Obesity is defined as a body mass index (BMI) of 30.0 or higher, and overweight is a BMI of greater than or equal to 25.0 but less than 30.0. In 2020, over 34% of Georgia's population were classified as obese, which was above the national average of about 32% of the population. In addition, 33% of Georgia residents were classified as overweight. Disparities exist in certain adult groups who experience higher levels of obesity in the state including Black and Hispanic residents, and those aged 45 to 54 years (Figures 12 and 13).

Figure 12: Population Percentage Classified as Obese or Overweight in Georgia by Race (2020)

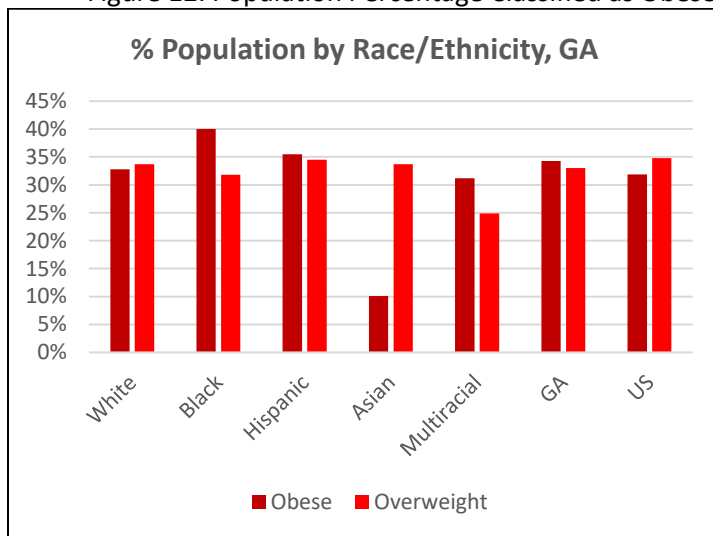
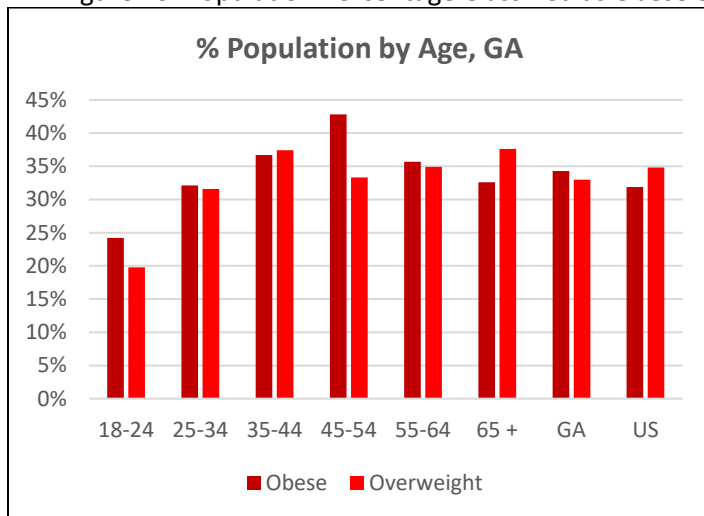


Figure 13: Population Percentage Classified as Obese or Overweight in Georgia by Age Group (2020)



Figures 12 & 13 Data Source: Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity. Data, Trend and Maps [online] [accessed Aug 26, 2022]. URL: <https://www.cdc.gov/nccdphp/dnpao/data-trends-maps/index.html>.

Table 24 shows there are higher rates of diabetes diagnosis, hospital discharges, and diabetes related mortality in DeKalb County than Fulton County and the state. Fulton County has a lower diabetes mortality rate than DeKalb County, but a higher diabetes related ER visit rate than DeKalb County and the state. Black residents in the service area had much higher rates of hospital discharge, ER visit rates, and mortality due to diabetes compared to all other racial and ethnic groups.

Table 24: Selected Adult BMI and Diabetes Indicators by County and Race/Ethnicity (2019; 2016-20)

BMI/Diabetes Indicators	DeKalb	Fulton	Service Area	White*	Black**	Asian*	Hispanic*	Georgia	U.S.
Percentage of Adults with BMI > 30.0 (Obese) (2019)	32.7%	29.4%	ND	ND	ND	ND	ND	33.1%	31.4%
Adults with Diagnosed Diabetes* (2019)	10.3%	8.8%	9.4%	ND	ND	ND	ND	9.8%	9.0%
Diabetes ER Visit Rate*	293.6	320.2	308.9	81.2	525.2	48.6	140.4	315.1	ND
Diabetes Discharge Rate*	229.1	200.4	212.2	75.1	342.1	30.7	76.2	207.1	ND
Diabetes Mortality Rate*	22.9	19.7	21.1	9.7	34.5	16.4	8.1	21.8	ND

Data Sources:

Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity. Data, Trend and Maps [online]. [accessed Aug 26, 2022]. URL: <https://www.cdc.gov/nccddph/dnpao/data-trends-maps/index.html>.

OASIS, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP)

ND for rates: Data was unavailable due to a lack of data reporting or data suppression

*Age-adjusted rate per 100,000 population

**Two-county aggregate

"Hispanic or Latino" refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race

CARDIOVASCULAR DISEASE

Both counties have cardiovascular disease rates that are lower than the state, except when it comes to high blood pressure discharge, mortality, and ER visit rates, and hypertensive heart disease discharge rate. Significant racial disparities exist in cardiovascular disease prevalence, with Black residents having higher rates of all cardiovascular indicators compared to other racial/ethnic groups in the service area. In addition, Black residents have higher rates of all blood pressure and hypertensive heart disease indicators, and stroke mortality rates compared to the state.

DeKalb County residents:

- Experience higher stroke discharge rates than Fulton County and the state.
- Have higher hospital discharge and ER visit rates related to obstructive heart diseases, and higher mortality related to stroke when compared to Fulton.

Fulton County residents:

- Have higher hypertensive heart disease ER visit and mortality rates than DeKalb County and the state.
- Have higher rates of obstructive heart diseases related ER visits and mortality compared to DeKalb County.

It is notable that DeKalb and Fulton counties show similar rates of hospital discharges due to hypertensive heart disease, but DeKalb has lower rates of ER visits and mortality, which may point to barriers to effective preventive and primary care in Fulton County.

Table 25: Selected Cardiovascular Condition Indicators by County and Race/Ethnicity (2016-2020)

Cardiovascular Indicators	DeKalb	Fulton	Service Area	White* *	Black* *	Asian* *	Hispanic* *	Georgia
High Blood Pressure								
High Blood Pressure ER Visit Rate*	525.4	491.1	505.9	123.2	627.0	154.9	272.9	437.9
High Blood Pressure Discharge Rate*	40.3	28.6	33.6	6.3	59.1	13.9	14.6	28.4
High Blood Pressure Mortality Rate*	16.1	14.1	14.9	8.1	23.7	4.6	7.7	11.3
Obstructive Heart Diseases								
Obstructive Heart Diseases ER Visit Rate*	26.1	39.5	33.8	26.8	41.7	13.7	24.7	85.0

Cardiovascular Indicators	DeKalb	Fulton	Service Area	White* *	Black* *	Asian* *	Hispanic* *	Georgia
Obstructive Heart Diseases Discharge Rate*	171.0	176.3	174.1	136.8	213.6	94.3	89.5	245.1
Obstructive Heart Diseases Mortality Rate*	47.1	48.0	47.6	40.8	57.2	23.1	25.8	72.3
Hypertensive Heart Disease								
Hypertensive heart disease ER Visit Rate*	35.1	47.3	42.1	12.1	76.3	6.3	10.4	44.2
Hypertensive Heart disease Discharge Rate*	125.6	125.9	125.7	67.1	189.8	30.0	45.6	116.8
Hypertensive heart disease Mortality Rate*	19.8	24.6	22.6	15.3	32.0	7.9	8.7	20.6
Stroke								
Stroke ER Visit Rate*	37.6	38.5	38.1	24.2	51.7	19.1	21.5	54.5
Stroke Discharge Rate*	245.2	234.7	239.0	154.5	328.1	108.	110.3	243.3
Stroke Mortality Rate*	37.7	39.9	39.0	30.0	49.8	24.0	28.0	43.1
30-Day Readmissions for Heart Failure Rate (2015-18)***	22.5	21.7	22.0	ND	ND	ND	ND	21.7
30-Day Readmission for Stroke Rate (2015-16)***	11.6	12.7	12.4	ND	ND	ND	ND	12.4

Data Sources:

OASIS, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP)

Georgia Health Data Hub, Centers for Medicare and Medicaid Services, CMS – Geographic Variation Public Use File (2015-16; 2015-18)

*Age-adjusted rate per 100,000 population

**Two-county aggregate

***Average number of unplanned readmissions to an acute care hospital in the 30 days after discharge

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CANCER

Overall cancer incidence rates are elevated in Georgia when compared to the national average, and the service area has higher all cancer hospital discharge rates compared to the rest of the state.

Table 26 shows that in the service area both counties have higher hospitalization and mortality rates for breast and prostate cancers compared to state rates. Black residents show much higher cancer hospitalization and mortality rates than any other race. Specifically, Black residents have much higher ER visit rates, discharge rates and mortality rates due to breast, colon and rectal cancer, lung and bronchus cancer, and prostate cancers compared to other racial and ethnic groups in the service area.

In DeKalb County:

- There are higher rates of breast and prostate cancer incidence, ER visits, hospital discharge, and mortality than both Fulton County and the state.
- There are slightly higher rates of cervical cancer incidence, hospital discharge, and mortality compared to Fulton County.

In Fulton County:

- There is a higher all-site cancer incidence rate than DeKalb County.
- There are slightly higher rates of colon and rectal cancer incidence, hospital discharge, and mortality compared to DeKalb County.
- There are higher rates of lung and bronchus cancer incidence, ER visits, and mortality compared to DeKalb County.

Table 26: Selected Cancer Indicators by County and Race/Ethnicity (2014-2018; 2016-2020)

Cancer Indicators	DeKalb	Fulton	Service Area	White **	Black **	Asian **	Hispanic **	GA	U.S.
All Site Cancer New Cases (Annual Average) (2014-18) [†]	3,342.0	4,625.0	7,967.0	ND	ND	ND	ND	51,965.0	1,703,249.0
All-Site Cancer Incidence Rate (2014-18)*	450.7	465.1	458.9	ND	ND	ND	ND	468.5	448.6
All Site ER Visit Rate (2016-20)*	27.0	26.0	26.3	13.5	34.1	11.1	11.2	29.3	ND
All Site Discharge Rate (2016-20)*	242.3	236.1	238.7	193.1	280.8	138.9	102.3	219.0	ND

Cancer Indicators	DeKalb	Fulton	Service Area	White **	Black **	Asian **	Hispanic **	GA	U.S.
All Site Cancer Mortality Rate (2016-20)*	136.9	134.8	135.7	117.1	163.1	76.8	81.1	152.8	ND
Breast Cancer									
Breast Cancer New Cases (Annual Average) (2014-18)†	573.0	726.0	1,299.0	ND	ND	ND	ND	7,664.0	249,261.0
Breast Cancer Incidence Rate (2014-18)*	136.5	131.4	133.6	ND	ND	ND	ND	128.4	126.8
Breast Cancer ER Visit Rate (2016-20)*	2.2	1.9	2.0	1.0	3.1	ND	1.2	1.9	ND
Breast Cancer Discharge (2016-20)*	14.0	13.3	13.6	11.5	16.4	6.1	7.2	9.7	ND
Breast Cancer Mortality Rate (2016-20)*	12.9	12.2	12.5	8.7	17.6	5.1	4.8	11.7	ND
Cervical Cancer									
Cervical Cancer New Cases (Annual Average) (2014-18)†	27.0	34.0	61.0	ND	ND	ND	ND	432.0	13,012.0
Cervical Cancer Incidence Rate (2014-18)*	6.6	6.3	6.4	ND	ND	ND	ND	8.0	7.7
Cervical Cancer ER Visit Rate (2016-20)*	0.5	0.6	0.5	0.3	0.7	ND	ND	0.4	ND
Cervical Cancer Discharge Rate (2016-20)*	1.8	1.7	1.7	1.0	2.0	1.1	1.7	2.0	ND
Cervical Cancer Mortality Rate (2016-20)*	1.3	0.9	1.1	0.5	1.7	ND	1.2	1.2	ND
Colon and Rectal Cancer									

Cancer Indicators	DeKalb	Fulton	Service Area	White **	Black **	Asian **	Hispanic **	GA	U.S.
Colon and Rectal Cancer New Cases (Annual Average) (2014-18) [†]	281.0	389.0	670.0	ND	ND	ND	ND	4,499.0	143,200.0
Colon and Rectal Cancer Incidence Rate (2014-18)*	38.4	39.5	39.0	ND	ND	ND	ND	40.9	38.0
Colon and Rectal Cancer ER Visit Rate (2016-20)*	2.5	2.0	2.2	1.1	3.3	1.3	ND	2.3	ND
Colon and Rectal Cancer Discharge Rate (2016-20)*	28.7	29.6	29.3	24.3	35.2	17.8	13.3	30.9	ND
Colon and Rectal Cancer Mortality Rate (2016-20)*	12.9	13.5	13.3	10.4	17.1	8.8	6.8	14.3	ND
Lung and Bronchus Cancer									
Lung & Bronchus Cancer New Cases (Annual Average) [†]	320.0	474.0	794.0	ND	ND	ND	ND	6,811.0	222,811.0
Lung & Bronchus Cancer Incidence Rate *	44.8	50.1	47.8	ND	ND	ND	ND	61.3	57.3
Lung Cancer ER Visit Rate (2016-20)*	2.7	3.1	2.9	1.8	4.3	1.7	ND	4.3	ND
Lung Cancer Discharge Rate (2016-20)*	25.3	25.2	25.2	20.7	31.3	15.8	7.9	26.2	ND
Lung Cancer Mortality Rate (2016-20)*	25.7	26.9	26.4	22.6	32.0	13.2	14.5	37.1	ND
Prostate Cancer									
Prostate Cancer New Cases (Annual Average) [†]	500.0	662.0	1,162.0	ND	ND	ND	ND	6,829.0	200,677.0
Prostate Cancer Incidence Rate *	147.3	144.8	145.9	ND	ND	ND	ND	126.6	106.2

Cancer Indicators	DeKalb	Fulton	Service Area	White **	Black **	Asian **	Hispanic **	GA	U.S.
Prostate Cancer ER Visit Rate (2016-20)*	1.9	1.5	1.6	0.5	2.9	ND	ND	1.3	ND
Prostate Cancer Discharge Rate (2016-20)*	10.5	10.6	10.6	9.4	12.8	3.1	2.9	9.9	ND
Prostate Cancer Mortality Rate (2016-20)*	9.6	9.2	9.4	6.1	14.1	ND	3.1	8.6	ND

Data Sources: Georgia Health Data Hub, State Cancer Profiles

OASIS, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP)

ND for rates: Data was unavailable due to a lack of data reporting or data suppression

† The Service Area value adds Fulton & DeKalb and does not average them. This is not a rate per 100,000. It is the average number of new cases per year. Thus, the number is the total of the annual averages for the entire service.

*Age-adjusted rate per 100,000 population

**Two-county aggregate

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SICKLE CELL DISEASE

Morbidity and mortality due to sickle cell disease are much higher in the service area when compared to the state and are highest in DeKalb County. Notably, sickle cell disease related ER visit and discharge rates for DeKalb and Fulton Counties are much higher than the state.

Table 27: Selected Sickle Cell Disease Indicators by County and Race/Ethnicity (2016-2020)

Sickle Cell Indicators	DeKalb	Fulton	Service Area	White **	Black **	Asian **	Hispanic **	Georgia
No. Sickle Cell Disease Cases (2014-2018)	1,270	1,566	2,836	ND	ND	ND	ND	11,354

% of GA Sickle Cell Disease Births (2014-2018)	13%	14%	27%	ND	ND	ND	ND	100%
% of GA Sickle Cell Disease Cases (2014-2018)	11%	14%	25%	ND	ND	ND	ND	100%
Sickle Cell Disease ER Visit Rate*	225.3	193.4	206.5	0.9	345.4	1.9	16.0	139.3
Sickle Cell Disease Discharge Rate*	129.4	78.5	99.2	0.4	145.5	4.1	6.4	64.1
Sickle Cell Disease Mortality Rate*	0.6	0.5	0.5	0.0	1.1	0.0	0.0	0.4

Data Sources: Georgia Sickle Cell Data Collection Program,

<https://www.cdc.gov/ncbddd/hemoglobinopathies/scdc-state-data/georgia.html>

OASIS, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP)

ND for rates: Data was unavailable due to a lack of data reporting or data suppression

*Age-adjusted rate per 100,000 population

**Two-county aggregate

“Hispanic or Latino” refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race

HIV/AIDS AND SEXUALLY TRANSMITTED INFECTIONS (STIs)

The Metro Atlanta area has some of the highest morbidity rates for HIV and AIDS in the nation. Both counties have higher rates of HIV when compared to the state, with Fulton County having the highest rates. While HIV screening rates are high, annual diagnostic rates also remain high, according to AIDSVu, a database managed by the Rollins School of Public Health at Emory University. Summarizing data in Table 28 and Figure 134:

In the service area:

- In 2020, an estimated 9,974 people are living with HIV in DeKalb County, while an estimated 16,377 are living with HIV in Fulton County.¹⁰
- New and existing cases in both counties are higher than in the state.
- Black men are being diagnosed with HIV at a much higher rate than any other racial or ethnic group.
- About 70% of new HIV diagnoses occur in residents aged 20 to 39 years.

- Male-to-male sexual contact is the leading cause of transmission in the service area.

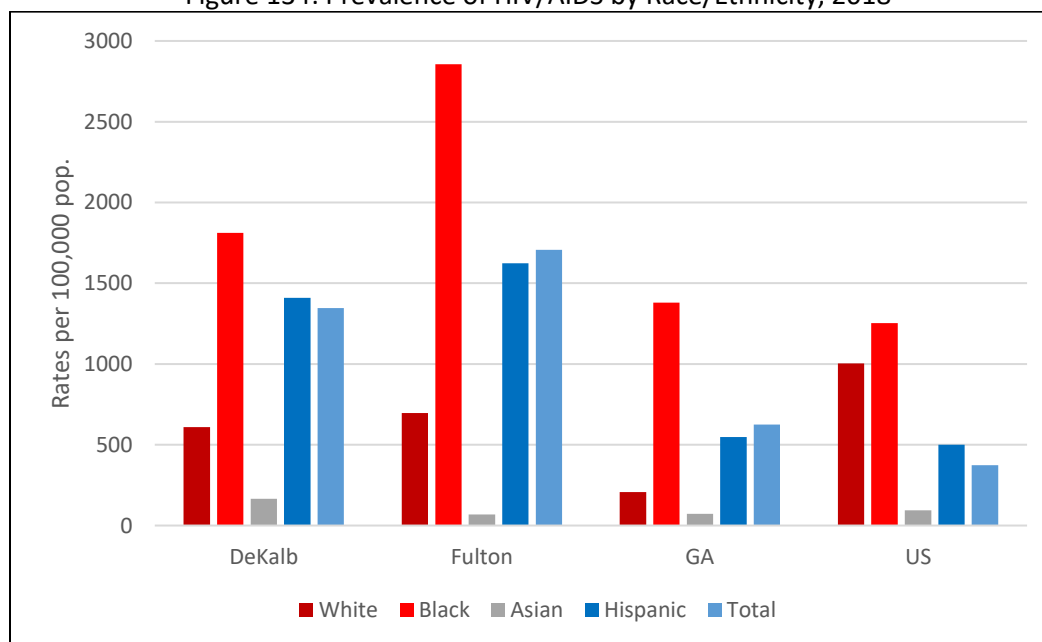
It is important to note that data for new diagnoses collected since 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing.

Table 28: HIV New Diagnoses by Gender Identity, Race/Ethnicity, Age Group, and Transmission Category, DeKalb and Fulton Counties (2020)

New HIV Diagnoses Data	DeKalb		Fulton	
	No. Cases	% All New Diagnoses	No. Cases	% All New Diagnoses
Total	278	100.0%	481	100.0%
	Gender Identity			
Cisgender Male	213	76.6%	404	84.0%
Cisgender Female	57	20.5%	62	12.9%
Transgender Woman	8	2.9%	15	3.1%
Transgender Man	0	0.0%	0	0.0%
	Race/Ethnicity			
White	27	9.7%	55	11.4%
Black	214	77.0%	384	79.8%
Hispanic	25	9.0%	28	5.8%
Asian	<5	ND	<5	ND
Multiple Races	<5	ND	8	1.7%
	Age Distribution (age at diagnosis)			
<13	<5	ND	0	0.0%
Age 13-19	10	3.6%	18	3.7%
Age 20-29	113	40.6%	195	40.5%
Age 30-39	75	27.0%	148	30.8%
Age 40-49	38	13.7%	54	11.2%
Age 50-59	35	12.6%	48	10.0%

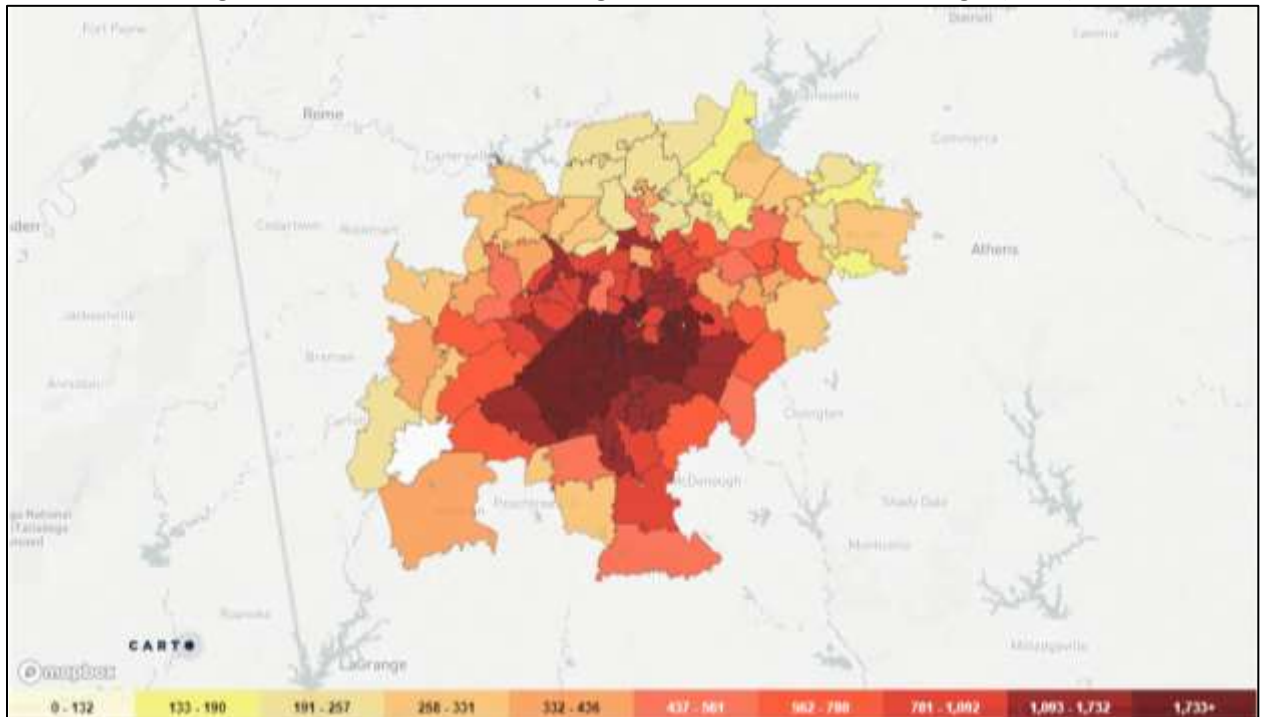
New HIV Diagnoses Data	DeKalb		Fulton	
Age 60+	6	2.2%	18	3.7%
	Transmission Mode (adjusted)*			
Male-to-Male Sexual Contact (MSM)	189	67.9%	362	75.3%
Injection Drug Use	10	4.0%	7	1.5%
Male-to-Male Sexual Contact and Injection Drug Use	6	2.1%	9	2.0%
Heterosexual Contact	69	24.6%	98	20.4%
Data Sources: Georgia Department of Public Health, HIV/AIDS Epidemiology Section HIV Surveillance Summary, Georgia 2020, https://dph.georgia.gov/data-fact-sheet-summaries , Published July 2022. ND = No Data was available for this indicator.				

Figure 134: Prevalence of HIV/AIDS by Race/Ethnicity, 2018



Data Source: AIDSVu. Emory University, Rollins School of Public Health. Atlanta, GA (www.aidsvu.org)

Figure 145: Rates of Persons Living with HIV/AIDS, Atlanta, Georgia (2020)



Data Source: AIDSvu. Emory University, Rollins School of Public Health. Atlanta, GA (www.aidsvu.org)

Table 29 shows that the rates of STIs in the service area are also higher than state and national rates. Black residents have much higher rates of all STIs compared to other racial and ethnic groups in the service area.

Table 29: STI Rates by Race/Ethnicity, Combined DeKalb and Fulton Counties (2018; 2016-2020)

STI Measures	DeKalb	Fulton	White	Black	Asian	Hispanic	Service Area	Georgia	U.S.
Age-Adj. STI Rate*	1,238.4	1,358.0	247.2	1,493.4	61.7	470.7	1,308.2	871.9	ND
Chlamydia Incidence Rate (2018)	768.9	804.3	ND	ND	ND	ND	789.5	632.2	539.9
Age-Adj. Chlamydia Rate*	808.8	869.4	138.7	849.9	38.3	281.5	844.2	615.2	ND
Gonorrhea Incidence Rate (2018)	290.5	323.4	ND	ND	ND	ND	309.6	200.1	179.1
Age-Adj.* Gonorrhea Rate	319.6	360.1	64.6	453.5	15	102.2	343.2	208.4	ND

Data Sources:

OASIS, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP)
 Georgia Health Data Hub, Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral
 Hepatitis, STD, and TB Prevention. 2018

ND for rates: Data was unavailable due to a lack of data reporting or data suppression

*Age-adjusted rate per 100,000 population

“Hispanic or Latino” refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or
 other Spanish culture or origin regardless of race

MATERNAL AND INFANT HEALTH

Birth outcomes in Georgia are poor when compared to national averages, and the maternal mortality rate for the state is one of the highest in the country at 37.2 deaths per 100,000 live births.¹¹

Table 30 shows that the service area has a higher percentage of mothers receiving late or no prenatal care than both state and national levels, and higher rates of low-birth-weight births when compared to the state. Figure 156 shows there is a stark racial disparity in infant mortality, with Black mothers across the service area experiencing over twice the rate of infant mortality per 1,000 live births compared to mothers of other races.

Table 30: Maternal and Infant Health Indicators by County and Race/Ethnicity (2016-2020)

Maternal & Infant Indicators	DeKalb	Fulton	Service Area	White*	Black*	Asian*	Hispanic *	Georgia	U.S.
Percentage Late (7 th month or later) or No Prenatal Care	11.2%	10.6%	10.9%	ND	ND	ND	ND	8.5%	6.1%
Percentage Low Birth Weight Births	10.4%	10.9%	10.7%	6.1%	14.1%	9.6%	7.9%	9.9%	ND
Infant Mortality Rate**	6.9	6.7	6.8	2.6	10.8	3.1	4.3	7.3	5.4

Data Sources:

OASIS, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP)
 Centers for Disease Control and Prevention, Reproductive Health, Maternal and Infant Health (2020)

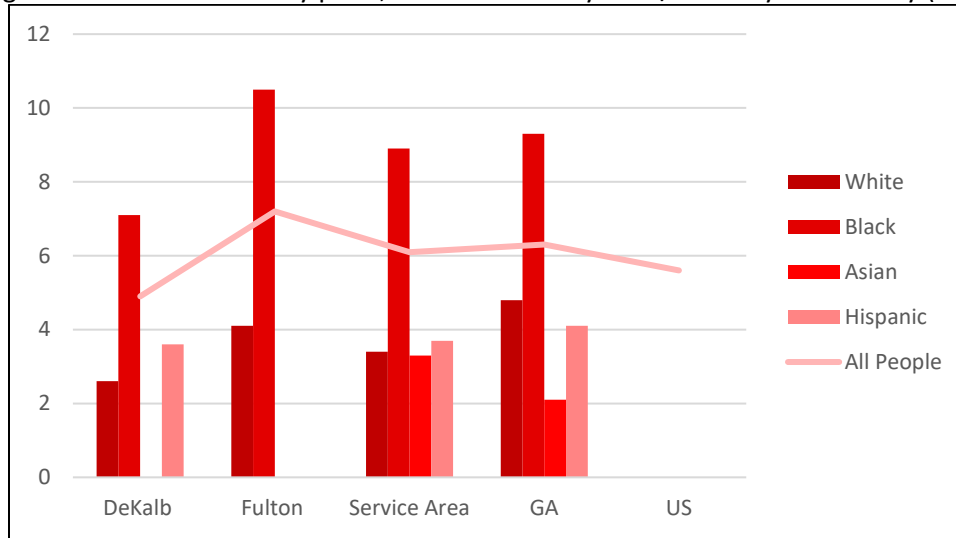
*Two-county aggregate

**Per 1,000 live births

“Hispanic or Latino” refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or
 other Spanish culture or origin regardless of race

ND: No data is reported by race/ethnicity for this indicator.

Figure 156: Infant Mortality per 1,000 Live Births by Race/Ethnicity and County (2020)



Data Sources: Oasis, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP)

VIOLENCE AND UNINTENTIONAL INJURY

Injury due to assault is higher in the service area than in the state. Table 31 shows:

- There is a higher ER visit rate but a lower mortality rate due to assault in Fulton County compared to DeKalb County.
- Injury due to motor vehicle crashes is higher in DeKalb County than Fulton County.
- Like other health outcomes, Black residents in the service area experience higher rates of assault and motor vehicle crashes across all indicators compared to their racial counterparts.

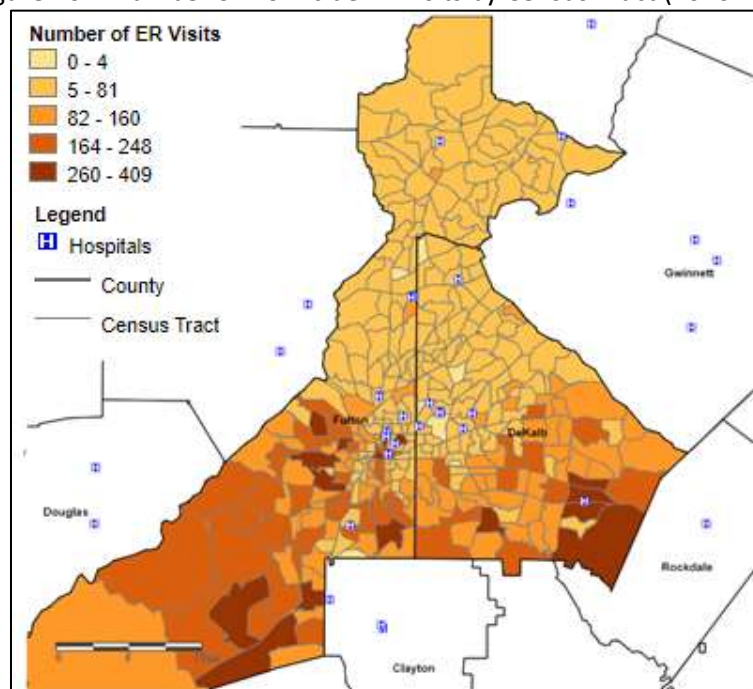
Table 31: Selected Injury Indicators by County and Race/Ethnicity (2016-2020)

Injury Indicators	DeKalb	Fulton	Service Area	White* *	Black* *	Asian* *	Hispanic **	Georgia
Assault (Homicide)								
Assault ER Visit Rate*	297.9	345.0	324.9	84.3	503.8	33.4	166.1	241.1
Assault Discharge Rate*	24.8	29.0	27.2	6.2	45.8	1.4	10.3	14.7
Assault Mortality Rate*	14.8	12.5	13.4	2.0	24.7	2.0	7.7	8.4
Motor Vehicle Crash (MVC)								
MVC ER Visit Rate*	1,004.7	916.8	951.8	318.4	1,551.6	216.1	547.1	1,087.0

Injury Indicators	DeKalb	Fulton	Service Area	White*	Black*	Asian*	Hispanic**	Georgia
MVC Discharge Rate*	78.2	68.8	72.7	38.5	104.5	22.9	36.1	71.3
MVC Mortality Rate*	11.3	10.4	10.7	5.3	16.0	6.3	9.5	14.9
Data Sources: OASIS, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP) *Age-adjusted per 100,000 population **Two-county aggregate “Hispanic or Latino” refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race								

According to Figure 167, the rates of ER visits due to homicide are higher in the southern region of the service area.

Figure 167: Number of Homicide ER visits by Census Tract (2016-2020)



Data Source: OASIS, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP)

MENTAL AND BEHAVIORAL HEALTH

As shown in Figure 10 (page 20), both DeKalb and Fulton counties have higher rates of mental health providers when compared to the state. However, there is no measure or data available for the number of behavioral health providers that offer care to uninsured patients.

Table 32 shows that the average number of poor mental health days per month increased between 2020 to 2021 in both counties, which might be related to the COVID-19 global pandemic.

In Fulton County:

- There are higher rates of ER visits due to mental health and behavioral disorders compared to DeKalb County and the state, but lower rates of hospital discharges due to mental health and behavioral disorders.
- There are higher rates of ER visits and hospital discharges due to disorders related to drug use compared to both DeKalb County and the state.
- There is a higher percentage of residents reporting excessive drinking compared to the state.

In DeKalb County:

- There is a higher rate of both hospital discharges and mortality from disorders related to drug use compared to the state.

Table 32: Selected Behavioral Health Characteristics by County and Race/Ethnicity (2018; 2016-2020; 2021)

Behavioral Health Indicators	DeKalb	Fulton	Service Area	White **	Black **	Asian **	Hispanic **	Georgia	U.S.
	Mental Health and Behavioral Health								
Poor Mental Health Days per Month (2020)	3.6	3.4	ND	ND	ND	ND	ND	3.8	4.0
Poor Mental Health Days per Month (2021)	4.1	3.7	3.9	ND	ND	ND	ND	4.2	4.3
% of Pop. With Frequent Mental Distress (2018)	12.7%	11.3%	ND	ND	ND	ND	ND	13.0%	ND
Mental health and Behavioral Disorders ER Visit Rate*	1,035.6	1,414.6	1,256.8	787.3	1,669.4	168.6	587.1	1,079.7	ND
Mental health and Behavioral	78.2	68.8	72.7	425.1	747.5	47.5	168.8	71.3	ND

Disorders Discharge Rate*									
Mental health and Behavioral Disorders Mortality Rate*	26.1	23.3	24.5	21.5	31.0	6.4	12.2	29.0	ND
	Mental and Behavioral Disorders due to Psychoactive Substance Use								
Disorders Related to Drug Use ER Visit Rate*	361.1	567.6	481.6	395.4	619.4	50.0	303.5	364.7	ND
Disorders Related to Drug Use Discharge Rate*	86.6	97.8	93.1	103.5	99.9	9.8	32.3	84.8	ND
Disorders Related to Drug Use Mortality Rate*	4.4	3.6	3.9	3.9	4.7	ND	1.7	3.5	ND
	Intentional Self-harm								
Intentional Self-harm ER Visit Rate*	47.0	49.8	48.6	41.8	43.6	8.6	21.5	68.3	ND
Intentional Self-harm Discharge Rate*	26.6	24.8	25.5	23.1	24.7	7.5	9.3	29.7	ND
Suicide Mortality Rate*	9.4	10.6	10.1	14.0	7.9	6.2	7.9	13.9	ND
Data Sources: Georgia Global Health Data Hub, Centers for Medicare and Medicaid Services, CMS – National Plan and Provider Enumeration System (NPPES) Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings. Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP) KP CHNA Data Platform, Behavioral Risk Factor Surveillance System *Age-adjusted per 100,000 population									

****Two-county aggregate**

“Hispanic or Latino” refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race

SUBSTANCE ABUSE

In the last decade, substance abuse has become an increasing concern in many parts of the United States, specifically related to opioid abuse and overdose. Table 33 shows:

In Fulton County:

- There are higher rates of excessive drinking than both state and national rates.
- There are higher rates of drug overdoses from all drugs compared to DeKalb County and the state.

Table 33: Selected Substance Use Indicators (2016-2020)

Substance Use Indicators	DeK alb	Fult on	Service Area	White **	Black **	Asian **	Hispani c **	Geor gia	U.S.
Percentage Current Smokers (2020)	15.8 %	14.9 %	ND	ND	ND	ND	ND	16.5 %	15.3 %
Percentage Excessive Drinking (2020)	16.3 %	20.2 %	ND	ND	ND	ND	ND	16.1 %	18.8 %
Drug Overdose Rate (All Drugs)*	11.4	14.7	13.3	15.6	13.6	1.8	3.8	14.4	ND
Opioid Overdose Mortality Rate*	7.3	9.1	8.3	11.4	7.2	0.7	2.2	9.4	ND

Data Sources:

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via KP CHNA Data Platform

OASIS, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP)

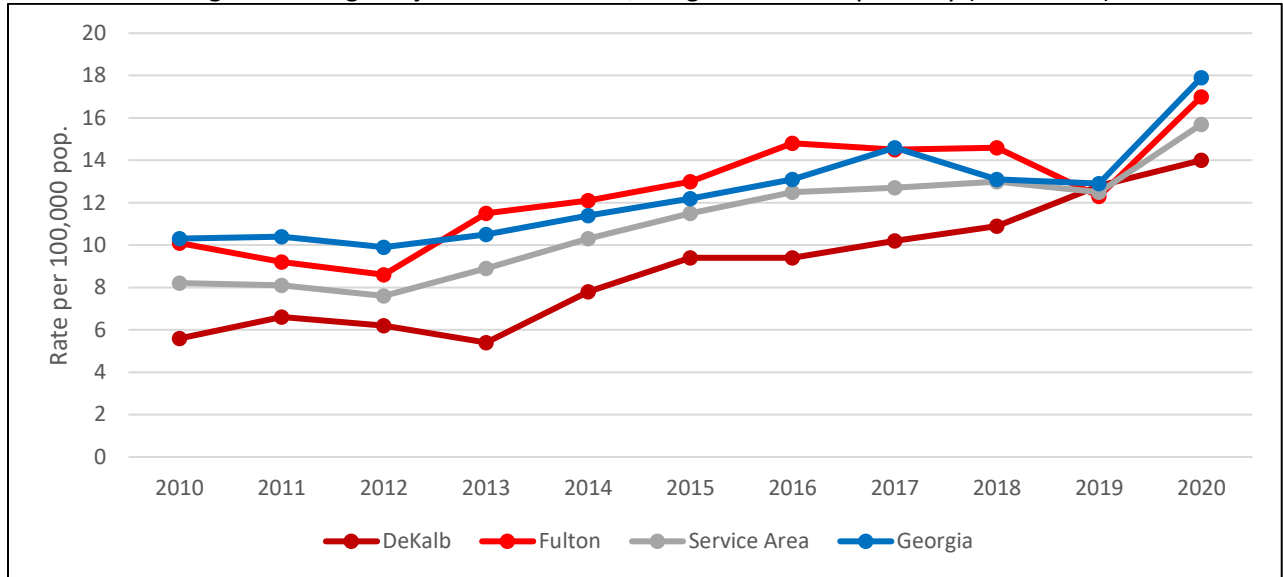
*Age-adjusted per 100,000 population

**Two-county aggregate

“Hispanic or Latino” refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race

Figure 178 shows the increase of overdoses from all drugs in DeKalb and Fulton counties since 2010. Fulton County shows higher rates when compared to DeKalb County. For the period of 2013 to 2016 and in 2018, Fulton County had overdose rates higher than the state.

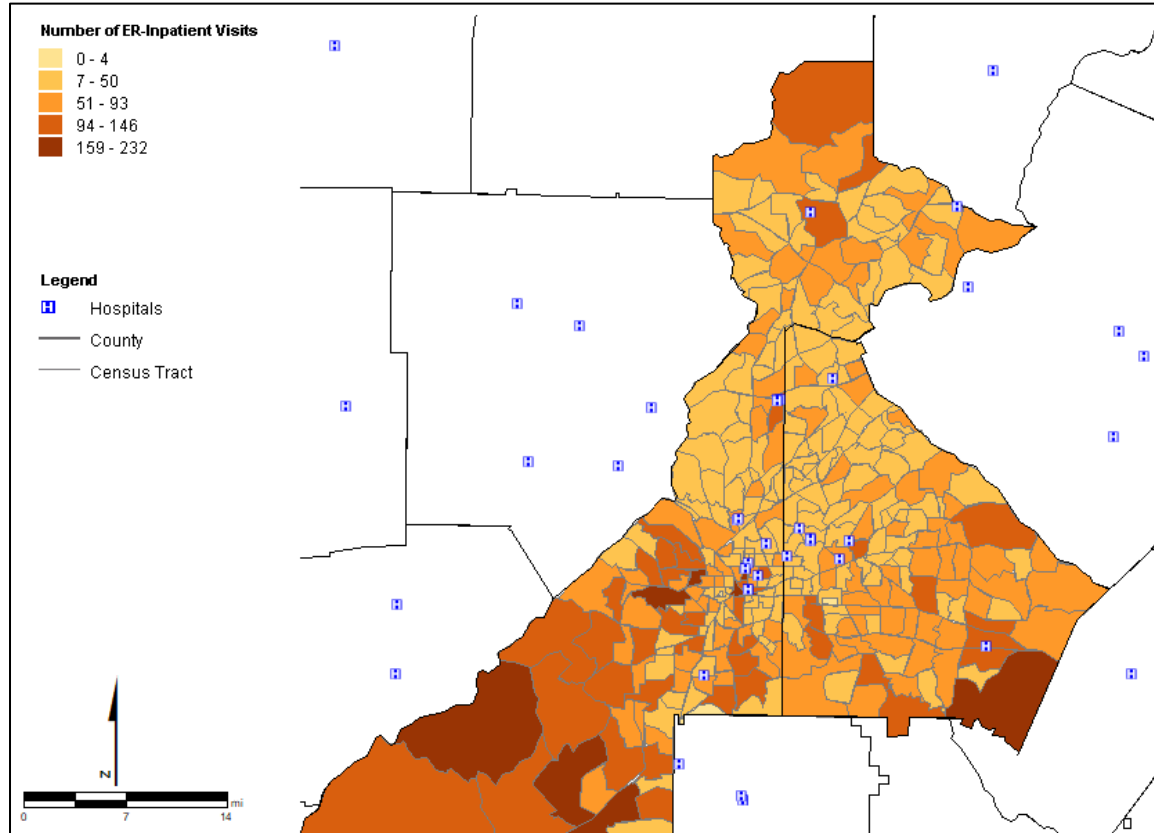
Figure 178: Age-Adjusted Death Rate, Drug Overdoses by County (2010-2020)



Data Source: OASIS, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP)

***AGE-ADJUSTED DEATH RATE PER 100,000 POPULATION**

Figure 189: Number of ER-Inpatient Visits Due to All Drug Overdoses by Census Tract (2016-2020)



Data Source: OASIS, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP)

COVID-19 GLOBAL PANDEMIC

DeKalb and Fulton counties are both in the top five counties in Georgia with the greatest number of confirmed COVID-19 cases due to their large populations.

Table 34 shows that both counties had lower confirmed case and death rates compared to state and national rates. Both counties also have higher percentages of vaccinated residents compared to the rest of the state, but lower than national percentages.

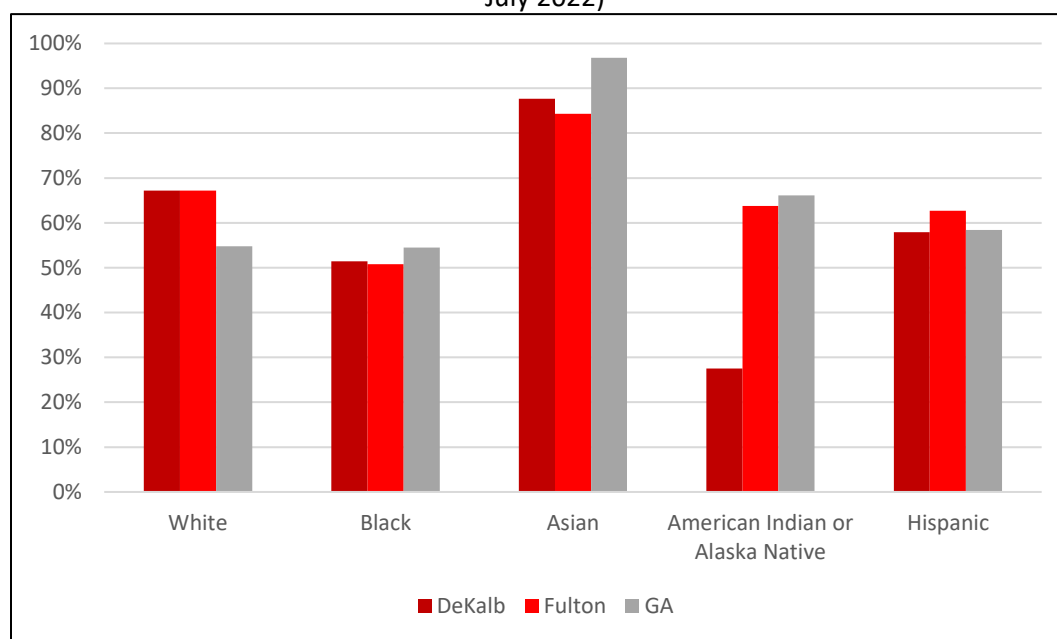
Table 34: COVID-19 Case, Hospitalization, Death, and Vaccination Rates by County (as of July 2022)

COVID-19 Indicators	DeKalb	Fulton	Georgia	U.S.
Confirmed Case Rates*	18,522.1	18,961.3	24,862.0	27,253.0
No. Hospitalizations	8,682	10,673	117,914	4,970,352
Confirmed Death Rate*	201.0	196.6	297.3	307.0

COVID-19 Indicators	DeKalb	Fulton	Georgia	U.S.
	Vaccination Rates			
Vaccination Administration Rate*	165,962.0	169,549.0	148,466.0	ND
Percent At Least One Dose	68.0%	70.0%	65.0%	78.5%
% Fully Vaccinated	61.0%	63.0%	57.0%	67.1%
% Additional Dose	31.0%	32.0%	24.0%	ND
% Fully Vaccinated with Additional Dose	50.0%	51.0%	43.0%	48.1%
Data Sources: GA DPH COVID-19 Status Report, https://dph.georgia.gov/covid-19-status-report (updated 7/18/22) GA DPH Vaccine Distribution Dashboard, https://experience.arcgis.com/experience/3d8eea39f5c1443db1743a4cb8948a9c (Updated 7/13/22) Centers for Disease Control and Prevention, COVID Data Tracker (Updated 7/13/22) *Rates per 100,000 population ND = No Data available for this indicator.				

Figure 20 shows differences in vaccination administration across race and ethnicity. Black residents have a lower proportion of residents with at least one dose of COVID-19 vaccine compared to other races. American Indian/Alaska Native residents in DeKalb County also have lower vaccination rates compared to residents of other races.

Figure 20: Percentage of Population With at Least One Dose of COVID-19 Vaccine by Race/Ethnicity (As of July 2022)

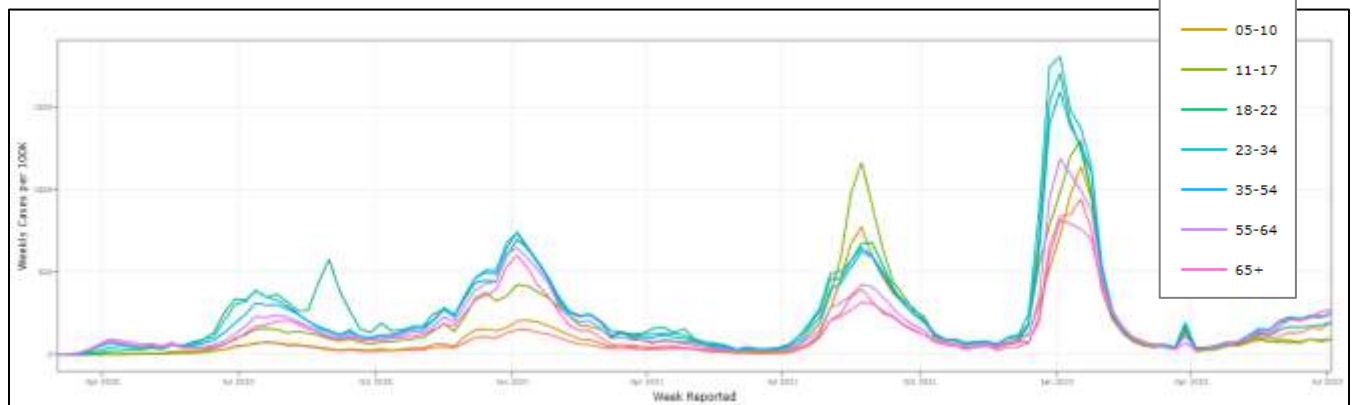


Data Sources: GA DPH COVID-19 Report Dashboard (updated 7/18/22). GA DPH Vaccine Distribution Dashboard (Updated 7/13/22)

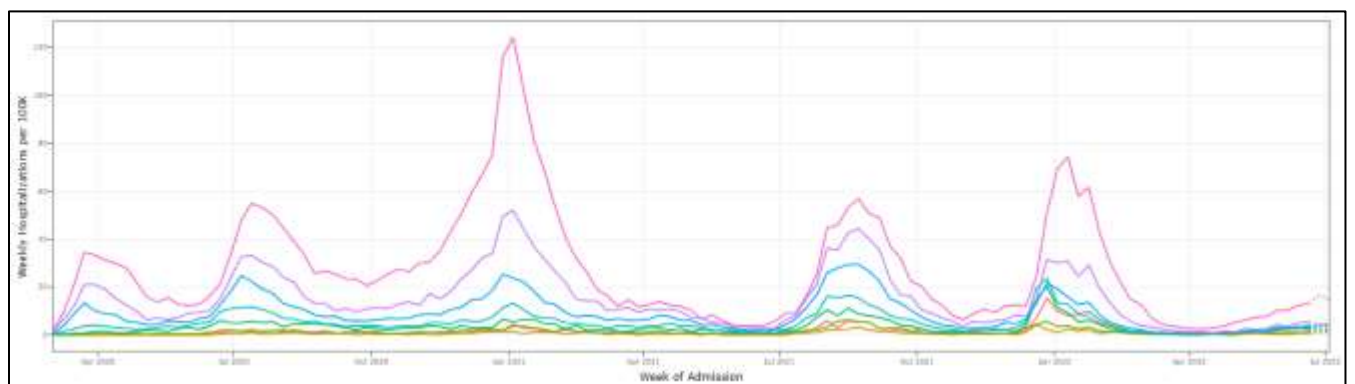
Figure 21 contains three figures that present trends in confirmed COVID-19 cases, hospitalizations and deaths. The legend “Age Group” has been centered below rather than on each chart in order to keep the charts more legible. The “x” axis is weeks reported and the “y” axis is weekly rates per 100,00 for each indicator. It is clear those 65+ were disproportionately impacted by COVID-related hospitalizations and deaths.

Figure 21: Trends in Confirmed COVID-19 Cases, Hospitalizations, and Deaths, by Age Group in Georgia (As of July 2022)

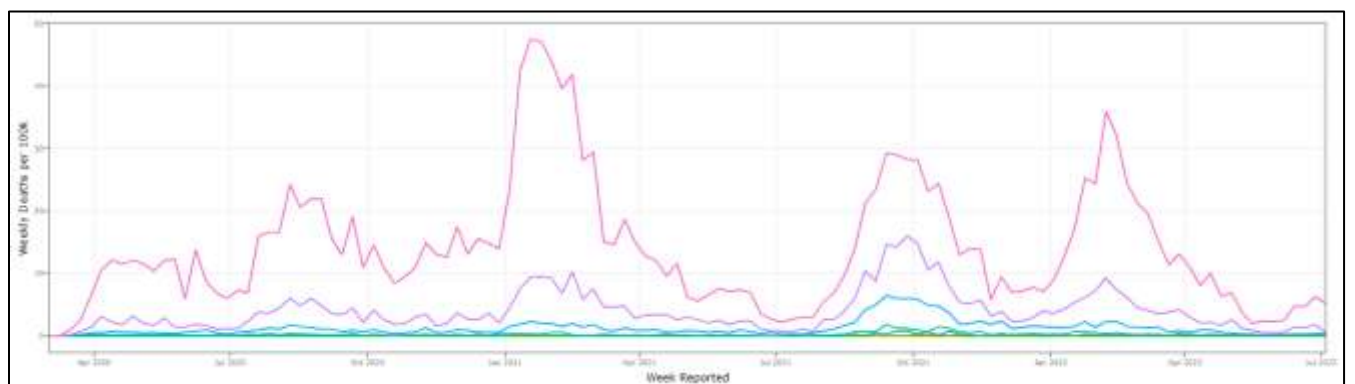
Case Rate per 100,000 population



Hospitalization Rate per 100,000



Deaths per 100,000 population



Data Source: GA DPH COVID-19 Report Dashboard (Updated July 14, 2022)

ENVIRONMENTAL HEALTH

Indoor Pollutants

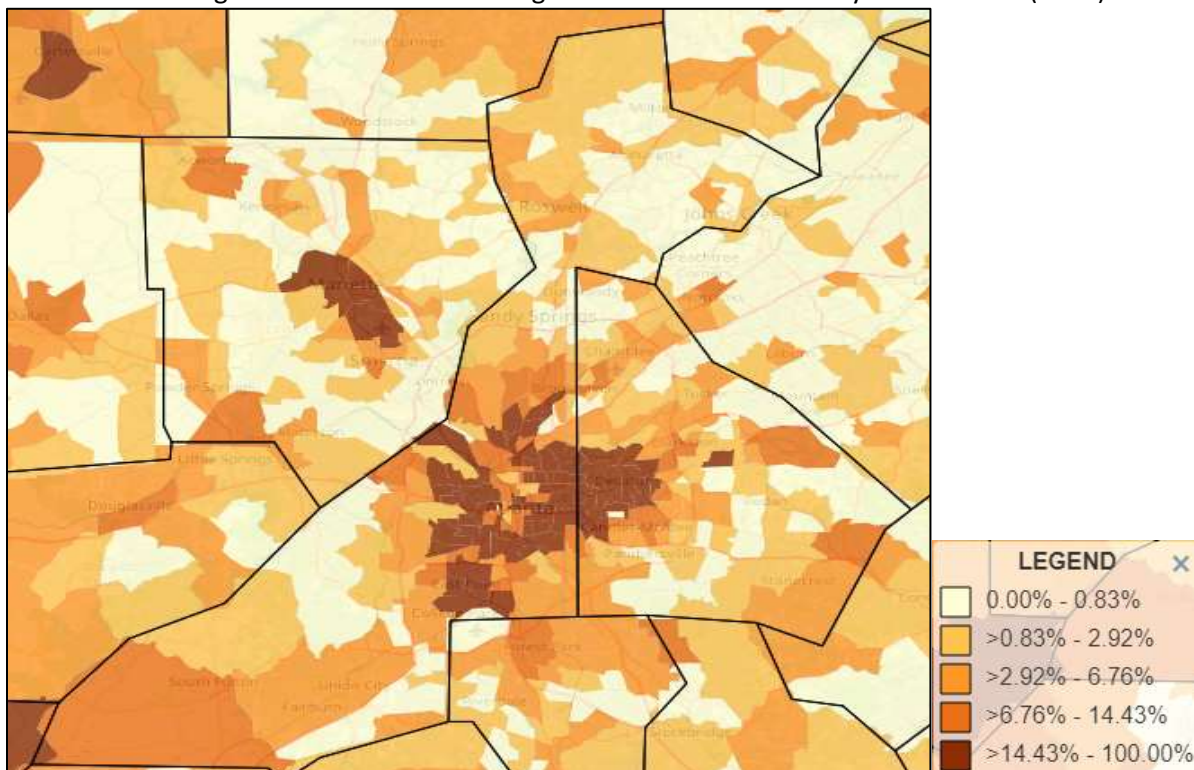
DeKalb and Fulton counties were both identified by the Georgia Healthy Homes and Lead Poisoning Prevention Program as two of 12 counties throughout the state that pose a high-risk for lead poisoning based on lead screening data.¹²

No safe blood lead level in children has been identified. The CDC uses a blood lead “reference value” (BLRV) of 3.5 micrograms per deciliter ($\mu\text{g}/\text{dL}$) to identify children with higher levels of lead in their blood (in top 2.5% of children ages 1-5 years).

In 2021:

- In DeKalb County, 6,648 children under the age of 6 were screened for lead poisoning; of those, 157 were found to have a blood lead level of 3.5-9 $\mu\text{g}/\text{dL}$, and 35 were found to have a blood lead level of 10 $\mu\text{g}/\text{dL}$ or greater.¹³
- In Fulton County, 6,765 children under the age of 6 were screened for lead poisoning; of those, 168 were found to have a blood lead level of 3.5-9 $\mu\text{g}/\text{dL}$, and 26 were found to have a blood lead level of 10 $\mu\text{g}/\text{dL}$ or greater.¹³

Figure 22: Percent of Housing Units Built Before 1950 by Census Tract (2015)



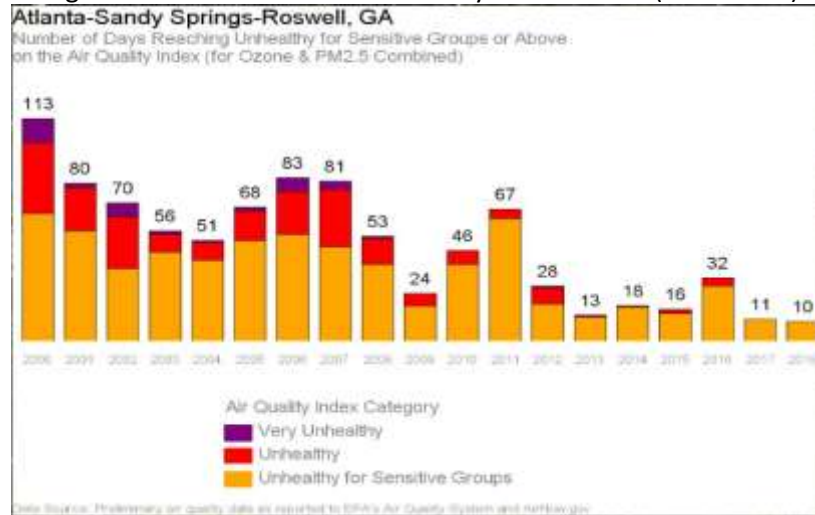
Data Source: CDC, National Environmental Public Health Tracking Network

AIR POLLUTION

The service region and specifically the city of Atlanta have a history of poor air quality; however, this has been improving in recent years according to preliminary data from the EPA.

Figure 193 shows that the annual number of days reaching unhealthy air quality for sensitive groups is trending lower than the previous decade, and in 2018 there were 10 days that reached unhealthy for sensitive groups, compared to 53 days in 2008.

Figure 193: Metro Atlanta Air Quality Index Trends (2000-2018)



Residents in the service area suffer from higher hospitalization and mortality rates due to asthma and childhood asthma compared to state rates. Black residents in particular suffer from higher rates of all asthma indicators compared to their racial and ethnic counterparts.

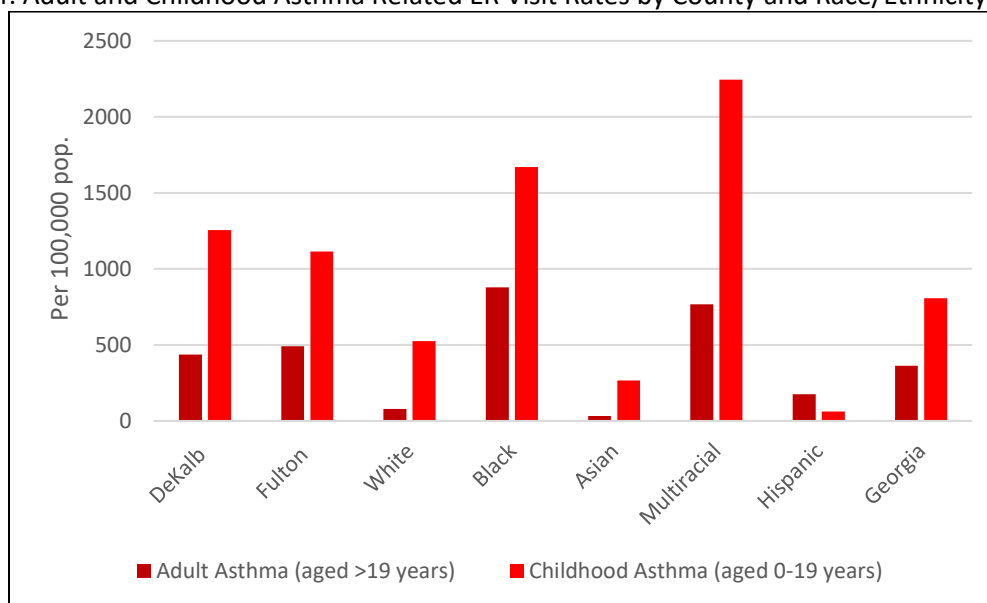
Table 35: Selected Asthma Indicators by Race/Ethnicity, Combined DeKalb and Fulton Counties (2016-2020)

Asthma Indicators	DeKalb	Fulton	Service Area	White **	Black**	Asian**	Hispanic **	Georgia
Childhood Asthma ER Visit Rate (age 0-19 years)*	1,254.6	1,114.3	1,173.8	525.2	1,670.1	266.1	63.0	807.4
Asthma ER Visit Rate*	668.6	670.7	669.7	74.0	737.9	31.6	146.6	499.6
Asthma Hospital Discharge Rate*	94.5	87.7	90.6	19.0	104.5	15.0	62.2	65.1
Asthma Mortality Rate*	1.2	1.1	1.1	0.5	1.9	ND	ND	1.0

Asthma Indicators	DeKalb	Fulton	Service Area	White **	Black**	Asian**	Hispanic **	Georgia
Data Sources: OASIS, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP) ND for rates: Data was unavailable due to a lack of data reporting or data suppression *Age-adjusted rate per 100,000 population **Two-county aggregate “Hispanic or Latino” refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race								

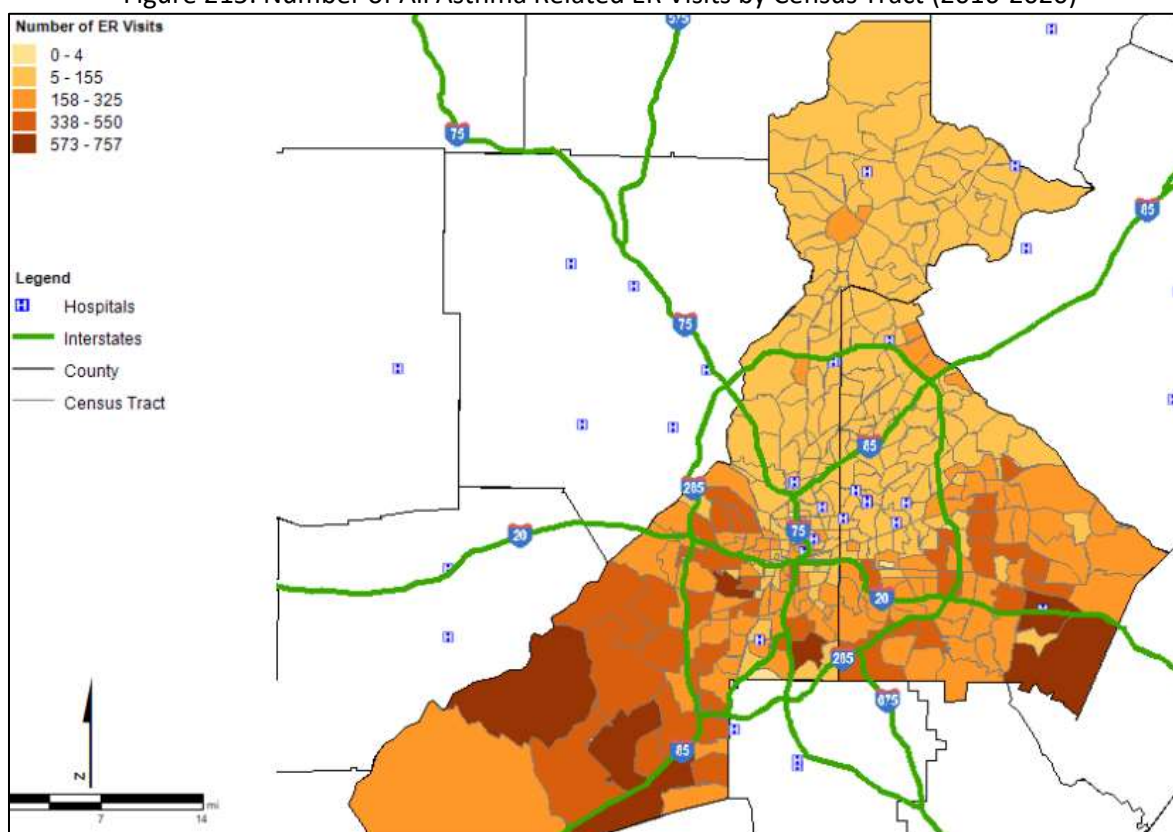
Figure 204 and 25 show the disparities within adult asthma and childhood asthma ER visit rates. Black and Multiracial residents have higher rates than other racial and ethnic groups in the service area and state for both childhood and adult asthma. Childhood asthma related ER visit rates are especially high in these groups, with Black children having over two times and Multiracial children having two and a half times the state rate of asthma related ER visits per 100,000. Geographically, the majority of census tracts with higher numbers of ER visits are located in the southern regions of both DeKalb and Fulton Counties.

Figure 204: Adult and Childhood Asthma Related ER Visit Rates by County and Race/Ethnicity (2016-2020)



Data Source: OASIS, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP)
***RATE PER 100,000 POPULATION**

Figure 215: Number of All Asthma Related ER Visits by Census Tract (2016-2020)



Data Source: OASIS, Georgia Department of Public Health, Office of Health Indicators for Planning (OHIP)

PRIMARY DATA SUMMARY

FOCUS GROUPS SUMMARY

INTRODUCTION

During the focus group, participants discussed health needs that centered around seven themes detailed in the table below. In Table 36, themes are presented with subthemes listed in order of frequency mentioned by focus group participants.

Table 36: Summary of Focus Group Themes

Themes	Subthemes
Access to Care	• Quantity of providers • Wait times • Telemedicine • Cancer • Inequities
Built Environment and Environmental Support for Health	• Healthy food access and eating habits • Social and community services • Access to trails, parks, and other amenities • Transportation • Pollution
Mental and Behavioral Health	• Quantity of mental health providers • Lack of knowledge of available services
Cost of Care or Insurance	• Affordability of insurance • Employer-provided or support insurance
Crime and Violence	• Community and social factors • Associated with substance use
Housing	• Affordable housing • Homelessness
Education	• High school completion • Sex education

PROBLEM IDENTIFICATION

The following summary represents the most important topic areas discussed by the participants. Participants believed the following areas were the most pressing concerns:

ACCESS TO CARE

Participants identified access to care as a community health priority. Participants focused discussions on quantity of providers, wait times, telemedicine, cancer, inequities, and closure of the AMC South Hospital.

Contributing Factors:

- Participants expressed a need for specialty care, culturally responsive care, and feeling more respected by health care providers. For example, one participant shared “[I] Need to go up to Decatur to receive Hormone Replacement Therapy as a trans man and that travel is challenging and a barrier to care.”
- Participants report that having to wait for care is a persistent barrier. Participants agreed that there are long wait times for appointments and long wait times at facilities. Participants felt there may be a lack of doctors and that existing doctors are reducing their availability. For example, one participant’s wife had to schedule a wellness visit four months out. Another participant had to wait two months for an OBGYN appointment at Grady. They are trying to book an appointment at the health department instead but have been unable to receive a call back.
- There are barriers to obtaining regular cancer screenings or treatment, including lack of insurance coverage, not having a primary care provider, lack of clinics with extended weekday or weekend hours, and inability to take time off work for healthcare appointments.
- Two Fulton County participants felt that preventative care was lacking and that services only became available once a person started having complications.
- Telemedicine has improved access to general health check-ups and mental health counseling for those who are able to access it. While telemedicine helps overcome barriers like transportation but there is concern about how shifts to telemedicine will impact communities with poor internet access.
- Participants in Fulton and DeKalb counties are concerned about income inequality and racial and ethnic inequities. Residents of color and/or low-income are more likely to experience chronic disease and less likely to have access to insurance or affordable health care. Participants mentioned specific geographic areas of concern:
 - Buford Highway
 - Historic neighborhoods in DeKalb and Fulton that are predominantly people of color and/or older residents.
 - Southwest and southeast Atlanta, including the “Bluff” neighborhood
- There was mixed feedback received about the closure of the AMC South Hospital and transition to an urgent care facility. One participant felt that it would not impact them while three participants have already experienced negative impacts including feeling like there are less healthcare providers and long wait times at the urgent care.

BUILT ENVIRONMENT AND ENVIRONMENTAL SUPPORT FOR HEALTH

Participants identified built environment and environmental support for health as a community health priority. Participants focused discussions on healthy food access, eating habits, transportation, pollution and access to trails, parks, and other amenities.

Contributing Factors:

- Among the FG participants, there is a general consensus that fresh and healthy food is more difficult to access and more expensive. Fast foods are more abundant in the service area.

Participants mentioned some existing initiatives that address food access issues, including Fresh MARTA Markets, community gardens, Farmer's Markets (Freedom Park, Buckhead, Piedmont Park).

- Participants appreciated having a variety of services available, including homeless shelters, community centers, afterschool programs, senior citizen centers, health fairs that offer screenings, and financial assistance for broadband and utilities.
- Participants agreed that limited time to prepare meals and life stress are contributors to less healthy eating choices.
- The service area has access to walking areas, parks, bike paths, and other trails. Having a neighborhood in which residents feel a sense of community is an important factor for using the recreational opportunities.
- Poor public transportation diminishes residents' ability to access medical care, attain groceries, and safely travel through the city. The MARTA system is a strength for those who live close to a transit station or bus stop.
- Fulton County participants report that pollution and air quality issues make living in their community challenging.

MENTAL OR BEHAVIORAL HEALTH

Participants identified mental or behavioral health as a community health priority. Participants focused discussions on the quantity of mental health providers and lack of knowledge of available services.

Contributing Factors:

Participants agreed that educating patients about how to access mental health care and recruiting more mental healthcare providers should be a top priority of the healthcare system.

Participants mentioned the following reasons for mental health becoming a growing challenge.

- Increased stress and feelings of loneliness and isolation due to the ramifications of COVID-19
- Difficulties in accessing mental health services
- Lack of knowledge on how to access available services
- Hesitancy to seek help

COST OF CARE OR INSURANCE

Participants identified cost of care or insurance as a community health priority. Participants focused discussions on the affordability of insurance and employer programs.

Contributing Factors:

- Employers who make resources and services available and adopt flexible work strategies are attractive to potential employees.
- Multiple participants found that the "Grady Card" enabled residents without insurance to access affordable care.

- Several participants found affording health insurance challenging, including through the ACA Marketplace. Participants shared that despite being low-income, they were ineligible for low-cost plans. Accessing health care for those with insurance can still be unaffordable.
- Participants report residents seek care from the emergency room as they cannot afford preventative or primary care.

CRIME AND VIOLENCE

Participants identified cost of crime and violence as a community health priority. The residents focused discussions on substance misuse and community and social factors.

Contributing Factors:

- Participants agree that crime and violence is a growing community and public safety concern. Participants offered the following insights as to why crime and violence are increasing:
 - Increases in cost of living
 - Stagnant wages
 - Lack of non-violent conflict resolution skills
 - Reduced amount of youth development and young adult programs
 - Lack of focus on conflict resolution
 - Mental health
- Participants were concerned about the link between substance misuse and mental health, injuries, and violence.

HOUSING

Participants identified affordable housing as a community health priority. Participants focused discussions on affordable housing and homelessness.

Contributing Factors:

- The lack of affordable housing is a growing concern in the service area, as rent and cost of living increase. Two participants attribute housing congestion to higher rates of injury and violence.
- Fulton County participants expressed concern over the number of people experiencing homelessness.

EDUCATION

Participants identified education as a community health priority. Participants focused discussions on high school completion and sex education.

Contributing Factors:

- High school completion is an important factor for a healthy community.
- Fulton County participants shared a need for earlier and more effective sex education in the school system.

- DeKalb County participants noted that the presence of the Clarkston community and other diverse neighborhoods resulted in a high transient rate among students.

FOCUS GROUP RECOMMENDATIONS

The group provided many recommendations to address community health needs and concerns for residents in DeKalb and Fulton counties. When asked about their vision for transforming their community into an ideal place to live, participants were most interested in better amenities and environmental changes (grocery stores, exercise venues, gardens) as well as better and more equal access to health care. Below is a summary of the recommendations:

- *Build and leverage relationships with faith-based and community organizations to build trust, increase knowledge of services, and offer services within the community:*
 - To support healthcare access, participants recommend that Grady connects with youth development programs, immigrant and refugee communities, and faith-based organizations.
 - Residents are particularly interested in Grady bringing services to the community in the form of mobile clinics, satellite clinics, health fairs, and health screenings.
- *Improve access to care for those experiencing homelessness:* Residents were concerned about the rate of homelessness in their community.
- *Improve access to providers and improve patient-provider relationships:* Participants report limited appointment availability and long wait times at clinics and healthcare facilities. Additionally, some participants report feeling like a number or unwelcome at facilities. One opportunity to improve patient-provider relationships is to offer more medical interpreters for refugees and immigrants.
- *Expand services for mental health, dental, and vision care:* Participants recommend expanding services through additional locations, telehealth, and/or more affordable or sliding scale options.
- *Offer more preventative health programs:* Participants are interested in more community-based education on how to maintain a healthy lifestyle and free health screenings. They were interested in more outreach and programming on healthy foods, sex education, diabetes, and outdoor exercise and walking.
- *Improve access to mental healthcare and educate residents about the importance of accessing MH services:* Grady Health System can play a role in promoting use of mental health services and promoting access to mental health professionals. This would include education about destigmatizing mental health, the benefits of mental health care and how to access it without insurance. Residents shared that people with mental health needs should feel heard and have access to treatment without it negatively affecting relationships with their family, employer, or community.

KEY INFORMANT INTERVIEWS (KII) SUMMARY

INTRODUCTION

The GHPC team interviewed 20 key informants who were leaders in community-based and governmental organizations. Interviews were conducted between June 28 and October 24, 2022 and lasted approximately 45 minutes. The participants identified the following as the priority health needs in Fulton and DeKalb counties:

1. barriers to accessing care,
2. mental health,
3. crime and violence, and
4. inequities.

Each of the priority health needs were identified through qualitative methods described previously by a collaborative team of GHPC researchers. The themes that emerged from the analysis are presented below with supporting details. Key informants also provided several recommendations as potential solutions for the stated problems.

PROBLEM IDENTIFICATION THEMES

BARRIERS TO ACCESSING CARE

Participants identified access to care as a community health priority. Residents seeking care were interested in primary and STI health screenings, mental health, geriatric care, and condition-specific care (i.e., cancer, STD/HIV, diabetes). Key informants reported that residents in Fulton and DeKalb counties were skipping or avoiding care for a number of reasons including lack of primary care provider, lack of trust in health care system, and COVID-19 worries. Leaders in the community reported that when residents did seek care, they encountered issues that negatively impacted their experiences and influenced their ability/desire to continue care. During the key informant interviews, participants discussed barriers to access care. The barriers centered around three themes: (1) social determinants of health, (2) COVID-19 related barriers, and (3) other barriers.

Social Determinants of Health

- A major issue for residents was lack of healthcare systems in their communities which forced residents to travel to seek care. This placed an onus on residents to find transportation to appointments or urgent/emergency visits. Organizational leaders reported that residents did not have easy access to private transportation and often relied on public transit or loved ones to get to healthcare. As residents were pushed out of their communities because of increased housing costs and the rising cost of living, residents were unable to rely on their loved ones for transportation.
- Community leaders shared that the cost of care and insurance status of residents impacted their experiences seeking care.
- Key informants discussed health literacy as a major barrier to residents seeking care. According to the key informants, residents struggled to understand the healthcare system when seeking providers and using technology.

COVID-19 Related Barriers

- Some residents reported being afraid to seek care because of reasons related to COVID-19 including fear for their personal health or the health of their loved ones. They were also concerned that if they were exposed to COVID-19 they could not afford to take the necessary time off work to recover or quarantine.
- Leaders were initially relieved by the increased eligibility leniency and benefit levels during the height of the coronavirus pandemic but have since become increasingly frustrated with the

termination of many of these temporary policies. Leaders are seeking permanent solutions that allow more residents seeking care to qualify for aid. They were particularly concerned for residents who fell within the gaps between qualifying and being able to meet their basic needs (benefits cliff).

Other Barriers

- Several organizational leaders in the community reported frustration with excessive paperwork and bureaucratic redlines for residents seeking care and support.
- Residents were reportedly deterred from accessing care by long wait times to schedule an appointment and to be seen by a provider at the sites.
- Key informants discussed sociocultural factors impacting their care-seeking behavior including stigma around seeking care (specifically related to mental health and STI/HIV care) and lack of trust between community members and providers.
- Participants provided insights surrounding food deserts and lack of access to healthy foods in low-income areas of Fulton and DeKalb Counties.

MENTAL HEALTH

Several key informants spoke generally on the importance of access to mental health for community members. Though mental health was a major theme of the community health needs assessment for residents in Fulton and DeKalb, those who were initially interviewed did not provide many details on mental health needs in the community. GHPC sought additional input from mental health organizations to inform this section. During the key informant interviews, participants discussed mental health as it centered around four themes which were access to mental health care, impacts of COVID-19, youth mental health needs, and other concerns.

Access to Mental Health Care

- Leaders in the community reported a desire for increased access to mental health services. In many cases it was unclear whether this was in terms of quantity of available providers, insurance coverage, cost, or other reasons.
- Key informants suggested that traditional mental health care could be supplemented by engaging the community through mobile crisis units, schools, and telehealth.
- Two providers who focused on services for the under and uninsured noted that Medicaid expansion could help them serve significantly more families with mental health needs.
- Participants suggested that having greater access to mental health services including round the clock care, community- or neighborhood-based services, and virtual contact would be ideal. One participant strongly suggested that mental health resources should be available free of charge and at the ready whenever there is a need. This statement was affirmed through non-verbal head nods and reactions on the Zoom platform. This participant further suggested there should be a number to call that is not the police when there is a mental health emergency for a loved one; some way to reach a trusted and knowledgeable professional.

Impacts of COVID-19

- Community leaders communicated the sociocultural impacts of the coronavirus pandemic on residents in DeKalb and Fulton counties. Social isolation took a toll on the mental health of residents. There was also fear surrounding catching covid that impacted mental health. Many of the mental health concerns discussed were framed as being exacerbated by the pandemic.
- The increased need for mental health support throughout the pandemic placed a strain on mental health providers who were providing care while also in need of their own care centered around trauma experienced during the pandemic including grief, loss, long-term and severe illness, and cultural shifts.
- Adolescents and young adults aged 16-24 have experienced declined mental health because of the inconsistent delivery of education (in-person vs. virtual learning), an increase in grief, and a lack of social plans during the pandemic.

Youth Mental Health Needs

- Key informants reported gaps in mental health services especially for children 8 years old and younger and for adults in mental health crisis.
- Mental health professionals reported that there had been an increase in adolescent substance misuse as well as suicide ideation and thoughts of self-harm in higher numbers than heretofore experienced.

Other Concerns

- There were cultural stigmas against seeking mental health care, especially in the Black/African American community. Leadership was interested in reducing the stigma in order for more individuals to be comfortable in seeking and receiving ongoing culturally responsive care.
- There is a need for supportive services in mental health including transportation, childcare, and social determinants of health. Two mental health interviewees serving predominantly uninsured and underinsured families of color noted transportation and childcare were primary barriers to continuity of care.
- Participants reported an issue with lack of continuity of care for residents seeking mental health services because mental health professionals were unsatisfied with their compensation packages from their employers.

CRIME & VIOLENCE

Crime and violence were discussed at length during the key informant interviews. Interviewees agreed youth were the population most impacted by crime and violence. During the key informant interviews, participants discussed crime and violence as it centered around three themes which were mental health, gun violence, and policing/incarceration.

Mental Health

- Leadership reported that the high media attention given to crime and violence was impacting mental health in the community through increased fear and concern around public safety.
- The key informants discussed that behavioral health issues in teens were red flags for potential violent behavior.
- Those interviewed had several theories as to why crime and violence were occurring in Fulton and DeKalb counties. Among their reasons was untreated mental health conditions.

Gun Violence

- Key informants discussed the role of guns and firearms as the main weapon connected to crime and violence in the local communities and nationwide.
- On a local scale, participants discussed interpersonal conflict escalating to violent outbursts with guns.
- Participants discussed crime as happening in low-income communities as a result of the tumultuous economic climate following the height of the coronavirus pandemic.

Policing/Incarceration

- There were mixed messages regarding the role of police in crime and violence. Some key informants discussed the role of police in exacerbating the inequitable incarceration of Black/African American individuals. Other key informants discussed examples of and the great potential for police to be collaborators with community partners in addressing crime and decreasing violence in their communities.

INEQUITIES

During the key informant interviews, participants discussed inequities in health needs that centered around three themes: general inequities, economic concerns, and the South Fulton (region).

General inequities

- According to the key informants, groups that were disproportionately impacted by bias when seeking healthcare included those who were under and uninsured, spoke languages other than English, had low incomes, or were identified as African American, Black, Latinx, or Hispanic. Bias was reported to include factors such as delayed appointments, poor treatment by providers, or excessive cost burden.
- Social inequities as they related to health and access to healthcare were connected to historical and structural policies (i.e., redlining and segregation) whose legacies were continuing to disproportionately impact local communities, particularly the African American community.
- Community leaders discussed how allocation of funding impacted trust between partners and the community as well as providers and the community.

Economic concerns

- Leaders in the community were concerned about the connection between the rising cost of living and homelessness in DeKalb and Fulton Counties. Residents in the area experienced job loss during the pandemic and some faced homelessness as a result.
- Organizational leaders discussed gentrification and rising property taxes across the region as impacting legacy residents being able to stay in their communities and connected to community resources and their support systems.

South Fulton (Region)

Prior to conducting the key informant interviews, it was announced that the Wellstar Atlanta Medical Center South would be transitioned from a hospital to a 24-hour urgent care. As a result, the GHPC team recruited leaders in the South Fulton region to discuss the impact this transition would have on the community. Below are some of the concerns leaders serving the South Fulton region expressed regarding the transition of AMC South:

- The interview participants described South Fulton as predominantly African American with many senior legacy residents.
- Participants described the area as under-resourced in terms of access to hospitals.
- Though many had positive things to say about Grady, there were concerns surrounding the amount of time it would take for residents to travel to Grady during an emergency.
- Leaders in the community were frustrated but not surprised by the reduction of services offered by AMC South. The transition was connected to other instances of healthcare withdrawal from the community and broken trust in the community when residents did seek care.

Since these interviews were conducted, Wellstar has also announced the closure of the Atlanta Medical Center in midtown Atlanta. The combined closures will likely have a significant impact on Grady's patient load and service mix in the coming CHNA cycle.

RECOMMENDATIONS

The group provided many recommendations to address community health needs and concerns for residents in DeKalb and Fulton County. Below is a brief summary of the recommendations:

- *Relax eligibility criteria for folks seeking aid.* Community leaders were passionate about inclusive policy changes that center community-voice during planning and implementation of initiatives that directly impact how the community utilizes and accesses healthcare. Leaders urged for relaxed eligibility criteria for individuals and families seeking aid and government assistance. They also expressed concern that policy changes needed to be backed by cultural shifts and community support to have any real impact or change.
- *Increase community outreach.* Key informants were concerned about access to care and had several suggestions for how to improve access to care in the communities they served. Community leaders were advocates for service providers coming into low-resourced neighborhoods to provide primary care health screenings through door-to-door outreach, mobile vans, mobile health fairs, wellness checks, and satellite facilities. They suggested this may be accomplished by partnering

with public health, faith-based and community-based organizations in the area and by targeting highly attended events to maximize reach.

- Leaders in South Fulton were particularly concerned about the historical withdrawal of healthcare providers in the area and suggested that there needed to be an increase instead of decrease in available providers to make it easier for residents in the area to obtain care.
- *Increase meaningful partnership with community-based organization.* Community leaders suggested that Grady increase their partnerships with organizations in the service area to increase access to care and provide wrap-around services to residents.
 - Leaders were concerned by the increased fear and sense of hopelessness in their communities and urged for the inclusion of success stories in the media to increase hope and represent happiness and resiliency in the communities.
 - They emphasized the need to build trust when bringing external partners into the communities and that consistent, trusted organizational representatives in the community was key to increasing rapport between the community and providers/hospital systems. Community Health Workers were discussed as important actors in bridging the divide between the community and the healthcare system.
 - Partnering with existing community-based organizations would allow Grady to better coordinate care for wrap-around services related to social determinants of health and to increase reach for educational resources that would improve health literacy in the community.
 - Increased communication and connectedness between providers across the state could bridge inequities for under resourced areas.
 - Existing community-based organizations in under resourced areas expressed frustration with the lack of funding opportunities available to them and the disproportionate allocation of available funds to already affluent areas. They were interested in increased funding opportunities through partnership with Grady as well as policy shifts that would redistribute wealth to areas in need.
- *Increase senior services.* Leaders who served seniors in DeKalb and Fulton counties were concerned that senior-specific care had decreased during the pandemic instead of increasing when seniors were among the groups most impacted by covid-19. They urged for an increase in services that would directly benefit seniors, such as one-on-one support when accessing telehealth, service coordinators who can support with follow-up steps, and the ability to bring friends or family to appointments for support during healthcare visits.
- *Consider the family unit when providing youth care.* When considering health in the communities served by their organizations, key informants considered how individual health was interconnected to family health. They suggested that pediatricians conduct behavioral health checks on teens during their visits to flag potential signs of violent behavior such as bullying. They also suggested that parents be trained on how to monitor teens for warning signs of violent behavior.

- *Increase violence and crime intervention efforts.* Violence and crime were spoken about by several key informants. Some believed restricting access to guns or increasing advocacy around gun control would improve violence and crime among youth. Other believed increasing coping and conflict resolution skills would decrease violence and crime.
- *Increase quantity of providers who accept Medicaid.* To increase access to care, several suggested a need to increase the number of providers that accept Medicaid.

IDENTIFYING AND PRIORITIZING COMMUNITY HEALTH NEEDS

After compiling and analyzing the quantitative and qualitative data collected, the results were cross-referenced and compared to identify the leading health issues shared across the data and surfaced qualitative themes. The top health concerns supported by the quantitative and qualitative data are:

- | | |
|---------------------------------|-----------------------------|
| • Mental health | • HIV and STIs |
| • Violence and injury | • Cancer |
| • Social determinants of health | • Maternal and child health |
| ○ Healthy food access | • Cardiovascular conditions |
| ○ Housing cost | • Substance abuse |
| ○ Health insurance status | • Metabolic syndrome |
| ○ Access to care | • Respiratory conditions |

For social determinants of health, three main health needs emerged: healthy food access, housing burden cost and availability, and health insurance. Access to care was categorized outside of the social determinants of health due to health care services being the primary service line for GHS and its focus on access to care issues for its community benefit programs and clinical interventions.

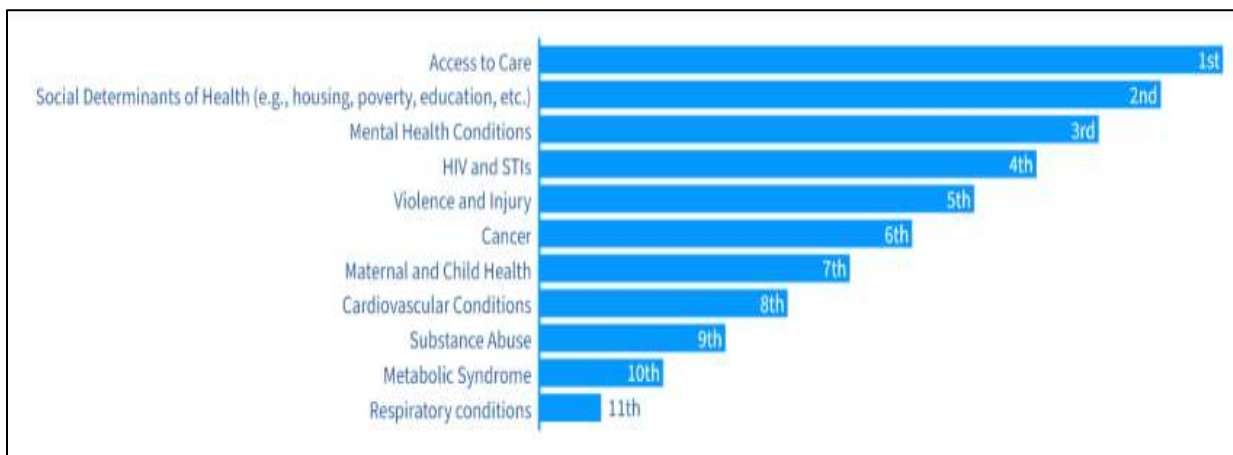
The list of significant health needs was presented to GHS' Population Health Council (PHC) on August 12, 2022. The meeting was facilitated by GPHC representatives. (Appendix C contains a list of PHC members in attendance). During the meeting, PHC members were provided an overview of the primary and secondary data results as well as the opportunity to discuss and rank the 11 health needs listed. The technology platform PollEverywhere was used for the ranking activity. PHC members were asked to consider the magnitude, severity, and the impact each health need has on the community when completing the ranking activity. The magnitude of the problem included the number of residents impacted by the problem, while severity focused on the risk of morbidity and mortality associated with the problem.

Figure 26 displays the results of the PHC's ranking activity. The top five highest ranked health needs were:

1. Access to care
2. Social determinants of health
3. Mental health

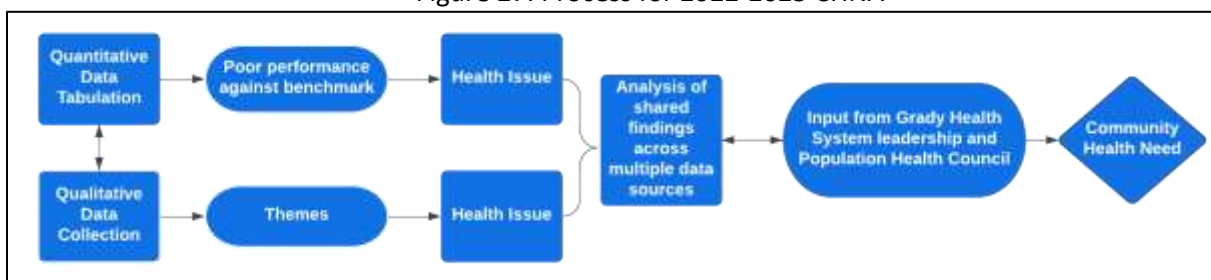
4. HIV and STI
5. Violence and injury

Figure 226: Ranking of the identified health needs by the GHS Population Health Council on August 12, 2022



Following the PHC meeting, GHS met with internal leadership to present the findings from the PHC ranking activity and to finalize the 2022-2025 CHNA health need priorities. The full process for identifying community health priorities is outlined in Figure 27. As described previously, GHPC conducted quantitative and qualitative data collection activities and contrasted the results with national benchmarks. Health concerns (themes) and specific health issues were named based on the strength of evidence and priorities identified. These priorities were affirmed with input from the PHC and Grady's health topic-specific work groups.

Figure 27: Process for 2022-2025 CHNA



The finalized list of health priorities was presented during the PHC quarterly meeting on September 30th, 2022. The list of health priorities is separated into two categories:

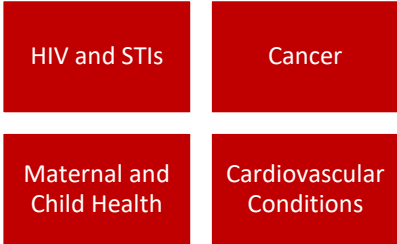
- (1) Primary priorities, which are new areas of work and investment for GHS; and
- (2) Secondary priorities, which are existing and continuing areas of work GHS will improve and expand.

The combined lists of health priorities are represented in Figures 28 and 29.

Figure 28: GHS' Primary Health Priorities



Figure 29: GHS' Secondary Health Priorities



The GHS 2023-2025 Community Health Improvement Plan, or implementation strategy, will serve as a roadmap for addressing the health needs prioritized in this assessment. Changes in the healthcare system infrastructure in metro Atlanta due to facility closures will likely significantly impact Grady’s patient load and service mix. GHS will continue to work through the ARCHI framework to improve the health status of the Grady community and with ARCHI, public health, university, non-profit, and other partners to maximize the impact of its community benefit investments.

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APPENDIX A: PRIMARY DATA COLLECTION TOOLS

KEY INFORMANT INTERVIEW DISCUSSION GUIDE

Key Informant Name/Title:

Organization:

Industry/sector/focus of work:

County(ies) Representing:

Interview Date and Time:

Interviewer:

INTRODUCTION

Thank you for agreeing to do this interview today. My name is [NAME] with the Georgia Health Policy Center. I will be conducting the interview today on behalf of Grady Hospital for their Community Health Needs Assessment process.

[KEY INFORMANT NAME], how would you like me to address you [first name, full name, nickname]? What are the pronouns I should use when referring to you?

Grady is conducting a Community Health Needs Assessment. It is a systematic examination of health indicators that will be used to identify key problems and assets in a community and develop strategies to address community health needs. You are an important contributor to this assessment because of your knowledge of the needs in the community you serve or represent. We greatly value your input.

You should have received an informed consent document prior to the interview. We ask that you read, sign, and return the document at your convenience.

We expect this interview to last approximately 45 minutes. Interviews are being conducted over Zoom as a COVID-19 precaution and to adhere to social distancing preventive protocols. The information you provide today will not be reported in a way that would identify you. To improve the accuracy of our notes and any quotes that might be used for reporting purposes, we would like to record the interview.

Do we have your permission to record the interview? [YES / NO]

Do you have any questions before we get started?

KEY INFORMANT BACKGROUND INFORMATION

Now, I would like to ask a few questions about you.

1. Tell me in a few sentences what [organization] does and how it serves the community?
2. How would you describe the geographic areas, specifically Fulton/Dekalb counties, you serve?
3. How would you describe the populations you serve?

CONTEXT

4. In your opinion, over the past three years, has health in the area that you serve:
(*Bold the selection.*)

Improved

Stayed the same

Declined

Don't know

Please explain why you think the health has {*improved, stayed the same, or declined*}.

Probe: Health could include physical health, mental health, sexual health, nutrition, exercise, access to healthy food, or anything else that impacts the overall well-being of the population you serve.

HEALTH NEEDS

Next, I would like to ask a few questions about the health needs in your community.

5. What are the priority health needs in Fulton and Dekalb counties?
 - a. Probe: Are there any other health-related needs that are of growing concern in your community?
6. What factors in Fulton and Dekalb counties are driving health issues and challenges?
 - a. Probe: Are there any structural, policy or cultural factors that contribute to the priority health needs?

EQUITY [NOT for South Fulton representatives]

Now I have a few questions to ask you about inequities in your community. This could be racial inequity as well as inequities related to gender, age, and other factors.

7. In your opinion, who are the people or groups of people in the area that you serve whose health may not be as good as others. Why?
8. What do you think are some of the causes of these differences in experiences?
 - a. Probe: What are the barriers to improving health?

9. Are there any concerns that you have about the impact of technology on people's ability to be healthy?
 - a. Rephrase: Do you feel like there are any barriers to health related to the access that people have to technology?

AMC SOUTH [South Fulton representatives ONLY]

Recently, the Wellstar Atlanta Medical Center South announced that it will be transitioning to a new model of care facility, providing outpatient services - primary and rehabilitative care – accessible to all patients in the East Point community, 24 hours a day, 7 days a week beginning May 6, 2022.

10. What impact do you imagine this will have on residents of South Fulton?
 - a. Probe: How will this impact health in the area? Are there specific examples you can provide or any evidence you can share?
11. How will this change the way residents in South Fulton engage with health services?
12. Are there any populations in the area that you believe could be unfairly impacted by this change?
 - a. Probe: Why do you believe this population will be unfairly impacted?
13. What recommendations do you have for Grady to address the concerns you've mentioned?

COVID-19

The impacts of COVID-19 have been felt across all sectors of society. Some of the greatest impacts have been in the areas of health, education, employment, human services provision, and community resources.

14. What are the ways that you have seen covid impact this community?
15. In this community, where is vulnerability the highest?
 - a. In which areas have you seen the greatest impacts?
 - i. Probe: In what areas do you expect to see long-term impacts?
 - b. In which groups, if any, have you seen unequal impacts?
16. What, if any, community health resources will the population you serve need to recover from the impacts of the pandemic?

ADDRESSING HEALTH PRIORITIES

Thank you for identifying some of the areas of concern in the community. I'd now like to ask you about developing solutions to these concerns.

17. If you could only pick 1, which of the health issues is the most important one to address now (short term)?
 - a. Rephrase: What should be the immediate focus of improvement by Grady?
 - b. Probe: What strategies do you think will make a difference in addressing this issue?
 - c. Probe: What are the biggest challenges to addressing this need?
18. If you could only pick 1, which of the health issues is the most important one to address over time (long term)?
 - a. Rephrase: What should be the focus of intervention by Grady in the coming years?
 - b. Probe: What strategies do you think will make a difference in addressing this issue?
 - c. Probe: What are the biggest challenges to addressing this need?
19. What are key community resources, assets, or partnerships you can think of that can help address these health issues?
 - a. Probe: Where are there gaps in services available to address these health issues and challenges?

CLOSING

20. Are there any other thoughts, comments, or suggestions you would like to share that we have not discussed?

Thank you <KEY INFORMANT NAME>. That is all that I have for you today. Grady will be developing their implementation strategy for investing resources to address critical health needs in your community over the next year. A final report of the community health needs assessment will be made available in 2022.

FOCUS GROUP DISCUSSION GUIDE

Grady Health System 2022 Community Health Needs Assessment

Focus Group Discussion Guide

Fulton County – General: Wednesday, August 3, 2022, 4:30 to 6:00 pm

Fulton County – South: Thursday, August 4, 2022, 4:30 to 6:00 pm

DeKalb County: Monday, August 8, 2022, 4:30 to 6:00 pm

Overview

- Introduction: Facilitator introduces self and thanks those in attendance for participating.
- Slides: for screen sharing
- Purpose: Facilitator explains purposes of discussion

The project is being undertaken by Grady Health System. They are seeking ways to improve the health of residents in your community. They would like to hear from people who live in these counties. They are particularly interested in your feelings about the health and health needs of the community, how the health-related challenges might be addressed and what is already in place in your community to help make change happen. More than just determining what the problems are, they want to hear what solutions you all have to address the needs and what you would be willing to support in terms of new initiatives or opportunities.

- Explain about focus groups:
 - Give and take conversation
 - I have questions I want to ask, but you will do most of the talking
 - There are no right or wrong answers
 - You are not expected to be an expert on health care, we just want your opinion and your perspective as a member of this community
 - You don't have to answer any questions you are uncomfortable answering
 - It is important to speak one at a time because we are recording this conversation
 - Your names will not be used when the tapes are transcribed, just male or female will appear on any transcript

- I want to give everyone the opportunity to talk, so I may call on some of you who are quiet or ask others to “hold on a minute” while I hear from someone else, so don’t take offense
- Please remember that what people say in this group is confidential. I ask that you do not share what you heard from others outside of this group.
- You will be asked to talk about yourself, your family and your friends today. Please do not use anyone’s name in your comments.
- Here is an informed consent form for you to read along with me and then sign if you decide to participate today. It is important for you to know that your participation today is completely voluntary. You can stop your participation now, or at any time. (READ INFORMED CONSENT, COLLECT SIGNATURES)

4:30-4:40

Participant Introductions

Please go around the table [screen] and introduce yourself and tell us how long you have lived in [this county/community].

Time	QUESTIONS	SLIDES
4:40	Health Concerns in the Community	
	Let’s talk about where you live. Please tell me about the positive things in your community. The strengths of your community...	
4:45	Do you think that most people in your community are healthy? What makes your community unhealthy? Why or why not? <i>Probe for “why not” responses: What is it about your community that may contribute to people having these types of issues?</i>	
4:50	<i>Chronic diseases or illnesses are those that last over time such as diabetes, arthritis, heart disease, high blood pressure.</i> Do people with chronic illnesses in your community have access to the health services they need in order to control their diseases? Why or why not? <i>Probe: What other health services are needed in your community for residents to achieve better health? (e.g., mental health, annual screenings, etc.)</i>	

4:55	What is the role of the hospital or health system to address the health concerns and service needs you've talked about?	
	<i>Facilitator: Present community-appropriate data summary in slides to participants.</i>	
5:00	SHARE SLIDES Grady Health System serves DeKalb and Fulton County. So, we're going to share some information regarding the health of DeKalb and Fulton Counties. <u>SLIDE 1</u> The first is just FYI – the region has grown a lot over the past 30 years from 2 to 10 million people! The next time someone asks you how many people live in Fulton or DeKalb, you'll know!	SLIDES 1
5:01	<u>SLIDE 2</u> You said many positive things about where you live. The measure of positive health outcomes is defined on the slide – how long people live & how healthy they feel. Your positive thoughts are affirmed on this slide – out of 159 Georgia counties, Fulton ranks 12 th and DeKalb ranks 14 th in health outcomes. That's great news. <u>SLIDE 3</u>	SLIDES 2, 3
5:02	We'd like you to look at this slide. Remember these are rankings compared to the other counties in GA on these various measures. (SLIDE NOTES HAVE DEFINITIONS IF PARTICIPANTS ASK) What is positive and where do you have concerns?	
5:05	<u>SLIDE 4</u> Health Insurance – uninsured map <u>SLIDE 5</u>	Slide 4, Slide 5

	Areas of Strength When we look at the strengths reflected in the data about DeKalb and Fulton, there is more good news. Which of these would you say is most important for a healthy community in your opinion?	
5:10	<u>SLIDE 6</u> PARTICIPANT QUESTION What other good things are promoting health in your communities? How do we make what's good even better?	Slide 6
5:15	<u>SLIDE 7</u> Opportunities for Improvement Take a look at the slide. Which topics would you say should be the top priority for action in your community?	Slide 7
5:20	<u>SLIDE 8</u> Assault/homicide is the number 1 cause of premature death in the service region. <i>Probe (if not mentioned):</i> I'd like to take a moment to talk about injury and violence specifically. We see higher rates of injury and violence in Fulton and DeKalb counties. What is driving these higher rates? Can you speak to your opinions and experiences in relationship to injury and violence in Fulton and DeKalb counties?	Slide 8
5:24	<u>SLIDE 9</u> <i>Probe (if not mentioned):</i> Let's talk about chronic (conditions like heart disease, hypertension, obesity, diabetes and stroke. We see high rates of these diseases in Fulton and DeKalb counties. What is driving the high rates of	

	these conditions? What are your opinions and experiences in regard to these chronic diseases disease in Fulton and DeKalb counties? <i>Probe (if not mentioned):</i> Let's talk about cancer more specifically. In your opinion, what are some of the barriers experienced by residents seeking cancer screening? ...treatment? Do you see disparities among people related to these barriers (e.g., racial/ethnic, gender, insurance status, etc.)? Are there specific gaps in Fulton or DeKalb counties where services are needed (type of cancer, geographical locations, etc.) but not available? Higher rates: Breast, Cervical, Prostate	
5:27	<u>SLIDE 10</u> Sexually Transmitted Infections & HIV/AIDS impacts a much higher percent of residents in Fulton & DeKalb compared to other counties. <i>Probe (if not mentioned):</i> What do think is causing these high rates of infection? What should be done to reduce the infection rates?	
5:30	In wouldn't be a discussion about health in our communities if we didn't ask you about the how COVID-19 touched your families and communities. What have been the lasting impacts of COVID-19 on your family's health or your community's health?	NO SLIDE
5:32	What health issues are we missing, if any? Are there health-related topics that you want to be sure the health system considers for action?	NO SLIDE
5:35	SOLUTIONS: What do <u>you</u> think is the best/most effective way to begin to address these health concerns you've identified as important? What suggestions do you have for making specific changes in your neighborhood or community? <i>Probe Statement: This is an opportunity to make suggestions about needed programs, changes in the community, educational campaigns, etc. that would best meet the needs of your particular community.</i>	NO SLIDE

5:40	COMMUNITY LEADERS: In communities, people often talk about community leaders - these are organizations or individuals that everyone knows, places/people that you seek out when you need information that is trusted. Tell us about the organizations or people who are concerned about health issues and serve as leaders in trying to improve health in your community?	No SLIDE
5:45	PRIORITY: Considering all of the information we've discussed today, along with your own experience with critical health needs here in Fulton and DeKalb, which 2 health issues should be the priorities for addressing over the next three years?	

5:50 pm Closing:

SLIDE 13: How would you like your community to be different in 5 years in order to be a healthier place for you and your family to live? If you could make 2 or 3 changes that would promote better health, what would they be?

5:55 pm

Any last thoughts or comments you would like to share.

EXPRESS APPRECIATION TO FOCUS GROUP PARTICIPANTS

APPENDIX B: SECONDARY DATA SUMMARY GLOSSARY

- Age-Adjusted Rates (OASIS)
 - A weighted average of the age-specific rates, where the weights are the proportions of persons in the corresponding age groups of a standard population. The calculation of an Age-Adjusted Rate uses the year 2000 U.S. standard million. Benefit: Controls for differences in age structure so that observed differences in rates across areas such as counties are not due solely to differences in the proportion of people in different age groups in different areas. Rates are per 100,000 population.
- STD Rate (OASIS)
 - STD Rate Formula = $[\text{Number of STDs} / \text{Population}] * 100,000$. Rates that use Census Population Estimates in the denominator are unable to be calculated when the selected population is Unknown.
 - For Congenital Syphilis rate, number of births is used as a denominator instead of population.
- Birth Rate (OASIS)
 - The number of live births occurring to females in an age group per 1,000 females in the same age group. Formula = $[\text{Number of Live Births in an age group} / \text{Female population in same age group}] * 1,000$. If no age chosen, then birth rate will equal All Live Births / Female Population 10-55 years of age * 1,000 (which will differ from the General Fertility Rate).
- Pregnancy Rate (OASIS)
 - The number of pregnancies occurring to females in a specified age group per 1,000 females in the specified age group. Formula = $[\text{Number of pregnancies in age group} / \text{Female population in age group}] * 1000$. Rates that use Census Population Estimates in the denominator are unable to be calculated when the selected population is Unknown.
- Race (OASIS)
 - Per the Federal Office of Management and Budget, Directive 15 (1997),
 - White is a person having origins in any of the original peoples of Europe, the Middle East or North Africa;
 - Black or African-American is a person having origins in any of the black racial groups of Africa;
 - Asian is a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam;

- American Indian/Alaska Native is a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment;
- Native Hawaiian or Other Pacific Islander is a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands;
- Multiracial is a person declaring 2 or more of these races.
 - Rates for years prior to year 2000 use population estimates for the denominator that adhere to a different Federal standard for race: White, Black, Asian or Other Pacific Islander, American Indian and Alaska Native. So, unlike years 2000 and after, Multiracial is not included. Also, Asian by itself is not available because it was grouped with Pacific Islander (After 1999 Asian is separate from Native Hawaiian or Other Pacific Islander).
 - Rates using Census Population Estimates in the denominator are not calculated when a selected race is not available in the denominator, or zero.
 - Nevertheless, selections available in OASIS' Race query box reflect the 1997 Race classifications described above. Most of the numerators used in indicators in Oasis *do* have the year 2000 race selections. Therefore, selections of multiple years that span <2000 and 2000+ will return a *number (count)* for all race selections, but the *rates* may be limited by the change in racial classifications the federal government used as noted above. In these cases you will see NA1 in the output cell (NA1 therefore by definition will only show up in rates for the years before 2000).
 - In some cases, the numerator's race classification may be more precise, or up to date, than the Census population estimate counterpart used in the denominator. You may find that there are a number of births of a given race for a county/age-group selection, but no count of population estimated for the denominator. In such cases where the race selection was available for both the numerator and the denominator, but the denominator's estimate was zero, you will see a NA2. If the numerator was greater than the denominator, but the denominator was > 0, you will see a NA3 returned.
- Disease state definitions:
 - Asthma: A chronic respiratory disease, often arising from allergies and accompanied by labored breathing, chest constriction, and coughing.
 - All Other Diseases of the Genitourinary System: Diseases relating to the organs of reproduction and urination, excluding any disease or disorder that affects the function of the kidneys and infections of the kidney, and the ducts that carry urine away from the kidney (ureters).
 - All Other Mental and Behavioral Disorders: Any of a series of mental and behavioral disorders that may be developmental or brought on by external factors, excluding

disorders related to drug use, which are the misuse or overuse of any medication or drug, including alcohol and tobacco.

- All Other Unintentional Injuries: Excludes injuries caused by motor vehicle crashes; falls; accidental discharge of firearms; drowning and submersion; smoke, fire, and flames exposure; suffocation; and assault.
- Alzheimer's Disease: A severe neurological disorder marked by progressive dementia and cerebral cortical atrophy.
- Assault (homicide): The killing of one person by another.
- Blood Poisoning (Septicemia): A systematic disease caused by pathogenic organisms or their toxins in the bloodstream.
- Bone and Muscle Diseases (Diseases of the Musculoskeletal System and Connective Tissue): Diseases of the musculoskeletal system and connective tissue.
- Cancers (Malignant Neoplasms): The uncontrolled growth of abnormal cells that have mutated from normal tissues. Cancer can kill when these cells prevent normal function of affected vital organs or spread throughout the body to damage other key systems.
- Diabetes (Diabetes mellitus): A lifelong disease marked by elevated levels of sugar in the blood. It can be caused by too little insulin (a chemical produced by the pancreas to regulate blood sugar), resistance to insulin, or both.
- Disorders Related to Drug Use: The misuse or overuse of any medication or drug, including alcohol and tobacco.
- Falls: All accidental injuries caused by an individual losing their balance.
- Fetal and Infant Conditions (Certain Conditions Originating in the Perinatal Period): Conditions to the fetus/child associated with the period of time near birth.
- High Blood Pressure/Hypertension (Essential (primary) hypertension and hypertensive renal disease): A disorder characterized by high blood pressure; generally, this includes systolic blood pressure consistently higher than 140, or diastolic blood pressure consistently over 90.
- HIV/AIDS (human immunodeficiency virus): HIV is a retrovirus, formerly known as HTLV-III, that causes the disease of the immune system known as AIDS.
- Hypertensive Heart Disease: A late complication of hypertension (high blood pressure) that affects the heart.
- Intentional self-harm (suicide): The act or intention of intentionally killing oneself.
- Kidney Diseases (Nephritis, nephrotic syndrome and nephrosis): Any disease or disorder that affects the function of the kidneys.

- Legal Intervention: The act of an individual being harmed as a result of official legally approved intervention, such as being harmed by law enforcement during the commission of a crime, or being put to death. Does not include harm caused through an act of war.
- Mental and Behavioral Disorders: Any of a series of mental and behavioral disorders, which may be developmental or brought on by external factors.
- Motor Vehicle Crashes: Consists of all accidents in which any motorized vehicle (car, truck, motorcycle, etc.) was involved, including ones involving motor vehicles injuring pedestrians or bicyclists.
- Obstructive Heart Diseases (Ischemic Heart Diseases; includes Heart Attack): Patients with this condition have weakened heart pumps, either due to previous heart attacks or due to current blockages of the coronary arteries. There may be a buildup of cholesterol and other substances, called plaque, in the arteries that bring oxygen to heart muscle tissue.
- Poisoning (Accidental poisoning and exposure to noxious substances): The act of ingesting or coming into contact with a harmful substance that may cause injury, illness, or death.
- SIDS: Sudden infant death syndrome (SIDS) is the unexpected, sudden death of any infant or child under one year old in which an autopsy does not show an explainable cause of death.
- Stroke (Cerebrovascular Disease): The sudden severe onset of the loss of muscular control with diminution or loss of sensation and consciousness, caused by rupture or blocking of a cerebral blood vessel.
- TB (Tuberculosis): A communicable disease of humans and animals caused by the microorganism *Mycobacterium tuberculosis* and manifesting itself in lesions of the lung, bone, and other body parts.

Source: Definitions from Georgia Department of Public Health Online Analytical Statistical Information System, <https://oasis.state.ga.us/oasis/webquery/help/DefMort.html>

APPENDIX C: LIST OF POPULATION HEALTH COUNCIL MEMBERS INVOLVED IN THE 2022 CHNA PROCESS

Table 37: August 12th, 2022 Population Health Council Meeting

Anne Hernandez	Ashley Gresham
Claudia Vellozzi	D'Andrea Morning
Daniel Wu	Judith Volcy
Katie Mooney	Kelley Carroll
Lawrence Sanders	Leon Bernal
Leslie Marshburn	Murry Ford
Petrena Saunders	Pooja Mishra
Prerna Kahlon	Roland Matthews
Rosalyn McLeod	Shannon Sale
Stacie Schmidt	

Table 38: September 30th, 2022 Population Health Council Meeting

Anne Hernandez	Davis Burgess
Claudia Vellozzi	Rosalyn McLeod
Daniel Wu	Judith Volcy
Jessica Tran	Kelley Carroll
Katie Mooney	Roland Matthews
Leslie Marshburn	Rosalyn McLeod
Shannon Sale	D'Andrea Morning

APPENDIX D: COMMUNITY HEALTH RESOURCES

Table 39 provides a list of over 100 community health resources in DeKalb and Fulton counties. Although not an exhaustive list, the table provides an overview of service area assets and potential new partners for addressing the health priorities of the 2022-2025 CHNA.

Table 39: List of Community Health Resources in GHS' Service Area

Organization	Address	Phone Number	Description
Health Departments			
Georgia Department of Public Health	State of Georgia Building, 2 Peachtree St UNIT 5, Atlanta, GA 30303	404-657- 2700	The Georgia Department of Health is the state agency overseeing the 18 public health districts and 159 county local health departments in Georgia.
DeKalb County Board of Health	445 Winn Way Decatur, GA 30030	404-244- 2200	At the DeKalb County Board of Health, we envision safe, healthy communities in which all individuals have access to quality, affordable health services. We offer many clinical, case management and outreach health services for children, adults and seniors.
Fulton County Board of Health	10 Park Place South SE, Atlanta, GA 30303	404-613- 1205	Serves nearly one million citizens who reside in Fulton County. Health centers now include state-of-the-art clinics to serve residents along with the Office of Vital Records located in the Fulton County Government Center. The newest clinic offers STD, HIV and TB services.
Health Care: Safety Net Clinics & Federally Qualified Health Centers			
Ben Massell Dental Clinic Atlanta	700 Fourteenth St. NW Atlanta, GA 30318	(404) 881- 1858	The Ben Massell Dental Clinic is the only dental clinic in Georgia to be fully staffed by volunteer dentists and that offers comprehensive care in every

			specialty: exams, x-rays, diagnostics fillings extractions oral.
Clarkston Community Health Center	3700 Market St Suite E1, Clarkston, GA 30021	678-383-1383	Clarkston Community Health Center (CCHC) is a 501c(3) tax-exempt comprehensive free/charitable health clinic with a mission to be a state-of-the-art, culturally and linguistically competent health care facility to provide a medical home to the uninsured and underserved residents of Clarkston and surrounding communities.
Children's Primary Care Center Atlanta	35 Jesse Hill Jr. Drive SE Atlanta, GA 30303	404-785-8160	The Children's Primary Care Center of Chamblee, on Buford Highway in Atlanta, treats the primary care needs of patients from birth to age 21.
Family Health Centers of Georgia	868 York Avenue, SW Atlanta, GA 30310	404-752-1400	Focuses on outreach, disease prevention and patient education regardless of insurance status of a patient's ability to pay.
Healing Community Center	2600 Martin Luther King Jr. Dr., SW, Atlanta, GA 30311	404-564-7749	Health Education, Assessment & Leadership (HEAL), Inc. is a Federally Qualified Health Center and offers sliding scale.
Georgia Lions Lighthouse Foundation	5582 Peachtree Road, Atlanta, GA 30341	404-325-3630	Lighthouse serves uninsured and low-income Georgians and provides vision and hearing services.
Mercy Care	1300 Joseph E. Boone Blvd. Atlanta, GA 30314	678-843-8790	Mercy Care offers comprehensive services that meet the majority of primary physical and mental health and wellness needs. These services include primary medical care for adults and children.

Good Samaritan Health Center	1015 Donald Lee Hollowell Pkwy NW, Atlanta, GA 30318	404-523-6571	Good Samaritan Health Center is working to remove the barriers preventing low-income families from obtaining access to quality healthcare in the Atlanta area. They provide services, which includes medical, dental, behavioral, nutrition/health education, and wellness.
Grant Park Clinic	1340 Boulevard SE, Atlanta, GA 30315	404-627-4259	Grant Park Clinic is a “Medical Mission” which has provided medical care to more than 30,000 patients in the Atlanta community since 1984. The clinic offers low-cost, sliding scale services in English and Spanish.
Whitefoord Community Program	1401 Hosea L. Williams Drive NE, Atlanta, GA 30317	404-588-0101	Whitefoord is a federally qualified health center with multiple locations in Fulton and DeKalb counties. Whitefoord recently has opened a new Health Center at 1401 Hosea Williams Drive, N.E. to expand and increase access to medical, dental and behavioral health services for families in Southeast Atlanta.
ARC Southeast	N/A	855-227-2475	We provide funding and logistical support to ensure Southerners receive safe and compassionate reproductive care including abortion services. Through education and leadership development, we build power in communities of color to abolish stigma and restore dignity and justice.

Center for Black Women's Wellness	477 Windsor Street SW, Suite 309, Atlanta, GA, US	404-688-9202	The Wellness Program strives to broaden awareness of the many health issues affecting black women; encourage change in personal behaviors to prevent unnecessary illnesses; and provide preventive health care and early detection and treatment of conditions before health problems arise.
Feminist Women's Health Center	1924 Cliff Valley Way NE, Atlanta, GA 30329	800-877-6013	The Feminist Women's Health Center provides safe, affordable, and compassionate abortion and reproductive healthcare to all who need it. They are the only non-profit, locally based organization in Georgia that directly provides reproductive health services, while also protecting reproductive rights and promoting reproductive justice through organizing and advocacy.
MedCura Health	1706 Candler Rd, Decatur, GA 30032	404-298-8998	MedCura Health is a 'one stop shop', offering a lifetime of comprehensive primary care services, from prenatal to senior care. MedCura Health has seven locations through Metro Atlanta.
Southside Medical Center	1046 Ridge Avenue, SW Atlanta, GA 30315	404-688-1350	Offering affordable health care and related services including for pediatrics, adult medicine, women's health, dentistry, optometry, and specialty services. Also, has a location in DeKalb County.
The Urban Clinic of Atlanta	777 Cleveland Ave SW Suite 209,	404-618-6983	The Urban Clinic of Atlanta is a free, primary care clinic that provides routine primary care, manages chronic illness and/or diseases, and assists with

	Atlanta, GA 30315		accessing prescription medications.
Recovery Consultants of Atlanta, Inc.	4229 Snapfinger Woods Drive, Decatur, GA 30035	404-286- 9252	The Recovery Consultants of Atlanta, Inc. (RCA, Inc.) is a private non-profit, 501(c)(3) organization founded in 1999 by a group of concerned, committed and spiritually centered members of the Metro-Atlanta's 12-Step and faith-based addiction recovery communities. The community health center offers primary care, behavioral health, substance abuse treatment, HIV services, among others.
YourTown Health	643 Main Street Palmetto, Georgia 30268	770-463- 4644	YourTown Health's network of seven non-profit Community Health Centers has a location in South Fulton. They provide comprehensive preventative, curative, and life-enhancing services in a non-judgmental and compassionate environment.
Transportation			
Empower Line	229 Peachtree St NE, STE 100 Atlanta, Georgia 30303	404-463- 3100	Provides transportation vouchers, volunteer senior citizen support, and has shuttles that follow a regular route to needed community places.
Midtown Assistance Center - MARTA Assistance	30 Porter Pl NE, Atlanta, GA 30308	404-681- 5777	MAC provides MARTA passes for people who are searching for employment or newly employed until they receive their first paycheck. We provide MARTA passes to both homeless and housed clients.

Transportation Options Program for Seniors (TOPS)	N/A	470-760-3299	TOPS provides transportation to medical appointments and “quality of life trips” anywhere around town for older adults who reside in North Fulton.
Non-Emergency Medical Transportation (NEMT)	N/A	404-209-4000	The Non-Emergency Medical Transportation (NEMT) program provides eligible members transportation needed to get to their medical appointments. To be eligible for these services, members must have no other means of transportation available and are only transported to those medical services covered under the Medicaid program.
MARTA	N/A	Customer Service: 404-848-5000 MARTA Mobility: 404-848-5826	MARTA serves Fulton and DeKalb counties through a bus and rail system. MARTA maps are available online or at any station. MARTA Mobility services are offered for older adults and those with disabilities.
Ride Aid Transportation	3060 Pharr Ct N Northwest #716, Atlanta, GA 30305	404-902-5940	Ride Aid Transportation is a wheelchair and ambulatory door-to-door, non-emergency medical transportation (NEMT) provider in the metro Atlanta area. They specialize in the elderly, disabled and special need individuals who are not able to drive and require NEMT due to their circumstances and/or conditions.
Southeastrans	4751 Best Road, Suite 300, Atlanta, Georgia 30337	678-510-4600	Southeastrans manages member-focused transportation programs including Medicaid non-emergency medical transportation, human service center transportation, and

			managed-care organization transportation services.
Behavioral and Mental Health			
Positive Growth, Inc.	945 N. Indian Creek Dr. Clarkston, GA 30021	404-298- 9005	This agency is one of the premier residential and community based mental health service agencies throughout the state of Georgia dedicated to improving the lives of children, youth, adults and families during difficult life transitions by providing comprehensive residential and community-based treatment services. The services include counseling, education, intervention, residential and other support services.
CaringWorks	2785 Lawrenceville Hwy, Suite 205 Decatur, Georgia 30033	404-371- 1230	CaringWorks Treatment and Recovery Services provides exceptional mental health supports and addiction treatment to those in need because we believe everyone, no matter their circumstance, should have access to quality behavioral health care.
Ascensa Health	139 Renaissance Pkwy NE, Atlanta, GA 30308	404-874- 2224	Serving Metro Atlanta, St. Jude's Recovery Center provides an integrated system of care that sustains recovery from the disease of addiction and co-occurring mental health disorders and returns at-risk individuals to their families and communities as healthy, self-sufficient, productive individuals. Treatment services are based on the belief that addiction is a disease and that

			treatment must focus on the whole person. Our evidence-based programs and services are designed to support the client over a lifetime of recovery.
DeKalb Community Service Board	445 Winn Way 2nd fl suite 220, Decatur, GA 30030	404-294-0499	DeKalb Community Service Board (CSB) is an innovative, community-based behavioral health and developmental disabilities services organization located in metropolitan Atlanta, Georgia, offering a full range of mental health services, developmental disabilities programs and substance abuse treatment to more than 11,000 citizens annually who are uninsured and underinsured. There are 20 locations in Metro ATL.
Georgia Regional Hospital Atlanta (GRHA)	3073 Panthersville Road Atlanta, GA 30034	404-243-2100	GRHA is located on 174 acres in DeKalb County and operates 334 licensed, accredited inpatient beds for three major program areas: 1) Adult Mental Health, 2) Forensic Services, and 3) Developmental Disabilities / Skilled Nursing.
Georgia Council on Substance Abuse	2310 Parklake Drive NE, Suite 540 Atlanta, GA 30345	404-523-3440	Georgia Council on Substance Abuse aims to increase the impact of recovery in our communities through education, advocacy, training and peer recovery support services.

Families First	80 Joseph E. Lowery Boulevard, NW Atlanta, GA 30314	404-853-2844	Since 1942, Families First has been providing counseling services to metro-Atlanta families supporting the agency's mission to ensure the success of children in jeopardy by empowering families." The Counseling and Support Services program targets children and youth in families facing chronic economic, social or health challenges so that they will succeed in stable, nurturing homes with self-sufficient families.
The Odyssey Family Counseling Center	1919 John Wesley Ave. College Park, GA 30337	404-762-9190	Odyssey Family Counseling Center is a community-based nonprofit organization that provides mental health and substance abuse treatment as well as prevention and education services to individuals and families. We serve all age groups, from children as young as three years old to seniors over 65, and people from all cultures and backgrounds.
Mercy Care at CHRIS 180	1976 Flat Shoals Rd. Atlanta, Georgia 30316	678-843-8600	Behavioral Health Services
The Link Counseling Center	348 Mount Vernon Hwy NE, Atlanta, GA 30328	404-256-9797	Individual, couples & family therapy, provides pro bono support groups for suicide prevention and aftercare, the aging and their families and children in crisis and grief. Counseling services are provided on a sliding fee scale.

River Edge Behavioral Health	265 Boulevard NE, Atlanta, GA 30312	404-665- 8600	Offers mental health, addiction recovery, and services for those with intellectual and developmental disabilities. The Atlanta location resides within Wellstar Atlanta Medical Center, which closes on Oct. 14th.
Samaritan Counseling Center of Atlanta	1328 Peachtree Street Suite B317, Atlanta, GA, United States, Georgia	404-228- 7777	Provides counseling for grief and loss, anxiety, depression, adolescents, trauma, addiction, social dysfunction, family systems, play therapy, crisis of faith, college and grad students. Also for individuals, which can be spiritually integrated as the client desires. Also offers sliding scale services
HIV			
AID ATLANTA	1605 Peachtree Street NE, Atlanta, GA 30309-2955	404-870- 7741	AID Atlanta offers a broad range of services and has grown to be the most comprehensive AIDS service organization in the Southeast. AID Atlanta currently offers HIV/AIDS prevention and care services, including (but not limited to) Primary Care, HIV/STD Screening, PrEP, Community HIV Prevention Programs, Linkage Services, Case Management, and a state-wide Information Hotline. The mission of AID Atlanta is to reduce new HIV infections and improve the quality of life of its members and the community by breaking barriers and building community.
AbsoluteCARE	2140 Peachtree Rd Ste 232, Atlanta, GA 30309	404-231- 4431	AbsoluteCARE's Atlanta clinic first opened as a HIV-focused clinic, but now offers comprehensive services, including LGBTQ+ services.

Atlanta Harm Reduction Coalition	1231 Joseph E. Boone Blvd NW, Atlanta, GA 30314	404-817-9994	AHRC engages directly with grassroots advocacy, research and direct services free of charge to those made vulnerable by drug use, sex work, overdose, gender, STIs, HIV, hepatitis and other communicable diseases.
Aniz Inc. Support Services Agency	236 Forsyth Street, SW #300 Atlanta, GA 30303	404-521-2410	
Empowerment Resource Center	230 Peachtree Street NW, Suite 1800 Atlanta, GA 30303	404-526-1145	The mission of Empowerment Resource Center is to provide programs, services, and community-level solutions that improve the health-related quality of life of people infected and affected by HIV and other sexually transmitted infections (STI).
Fulton County Department of Health and Wellness (FCDHW)	10 Park Pl S.E., 5th Floor, Atlanta, GA 30303	404-613-1205	Fulton County Department of Health and Wellness (FCDHW) is the largest testing site in the state of Georgia. Over 700 people each year learn that they have been infected with HIV in our clinic. Our clients are introduced to the HIV Clinic physicians on the same day they may learn their HIV positive status. Enrollment in the HIV Clinic offers an individual a full service outpatient clinic with a TEAM approach to educate and support the patient and families living with HIV.

Ponce De Leon Center	341 Ponce De Leon Avenue Atlanta, GA 30308	404-616-2440	The Ponce De Leon Center is one of the largest, most comprehensive facilities dedicated to the treatment of advanced HIV/AIDS in the United States. Founded in 1986, the Ponce Center and its onsite affiliates provide various medical and support services to approximately 5000 eligible men, women, adolescents, and children living with HIV/AIDS.
Positive Impact Health Center	523 Church St, Decatur, GA 30030	404-589-9040	Our agency provides HIV comprehensive specialty care through clinical care, gender affirming care, mental health counseling, addiction treatment, support programs in medical case management, patient navigators, transportation and housing, and through prevention, testing, PrEP and PEP.
Someone Cares	236 Forsyth St., Suite 201 and 204 Atlanta, GA 30303	404-355-5044	Someone Cares Inc., www.s1catl.org , is a 501(c)3 nonprofit community-based organization with two locations, Marietta and Atlanta, Georgia. For 23 years, we've been living the vision in real time to eliminate all barriers to health services for all individuals who experience health disparities related to sexual health in primary care, HIV testing, STD and HEP C screening and treatment, and intensive mental health and substance abuse counseling and treatment.
Basic Needs			
United Way of Greater Atlanta	40 Courtland St NE #300,	404-527-7200	United Way's 2-1-1 system helps connect individuals to

	Atlanta, GA 30303		community resources to address basic needs.
Atlanta Community Food Bank	3400 N Desert Dr, East Point, GA 30344	404-892-9822	The Atlanta Community Food Bank is a member of a Feeding America, the nation's leading domestic hunger relief charity made up of over 200 food banks, and works with more than 700 nonprofit partners to distribute over 65 million meals across metro Atlanta and north Georgia.
Buckhead Christian Ministry	2847 Piedmont Rd. NE Atlanta, GA 30305	404-239-0058	BCM's financial assistance ministry is dedicated to forestalling eviction and utility shut-offs by providing one-time financial assistance to individuals and families experiencing a crisis such as illness, death in the family, divorce, or job setback. BCM will pay a portion of rent, mortgage, or utility bills in order to help our clients maintain stable housing.
Center for Pan Asian Community Services, Inc.	3510 Shallowford Rd, Atlanta, GA 30341	770-936-0969	The Center for Pan Asian Community Services, Inc. (CPACS) is a nonprofit organization and provides services to immigrant and refugee families to promote self-sufficiency and equity. The organization has five main locations, including a health center located in Gwinnett County.
Covenant House Georgia	1559 Johnson Rd., NW Atlanta, GA 30318	404-589-0163	This agency helps with college entrance exams, information for at risk youth, GED instruction, clothing, crisis intervention, job assistance, life skills education, counseling, a shelter, street

			outreach programs, subject tutoring and workshops on youth issues.
The Gateway Center	275 Pryor St. SW Atlanta, GA 30303	404-215-6600	The Gateway Center provides services and supports to those experiencing homelessness, including for housing placement, health, job training, financial literacy, and family engagement.
Lost-n-Found Youth	2585 Chantilly Dr NE Atlanta, GA 30324	678-856-7824	Lost-n-Found Youth provides crisis services to LGBTQ+ youth experiencing or at-risk of homelessness. The crisis hotline number is 470-571-0571.
Quality Living Services	4001 Danforth Rd. SW Atlanta, GA 30331	404-612-0750	Quality Living Services, Inc is a 501(c)3 non-profit organization that provides services for citizens of Atlanta over the age of 50. QLS operates a Senior center which houses its programming and administrative departments and owns several senior housing communities and one multi-family housing community.
Solomon's Temple	2836 Springdale Rd. SW, Atlanta, GA 30315	404-762-4872	Solomon's Temple is a holistic emergency and transitional facility for homeless women and their children.
Fulton Atlanta Community Action Authority	1690 Chantilly Drive NE Atlanta, GA 30324	404-320-0166	FACAA is a non-profit mobilizes resources through a network of programs and services in addition to providing resources to low-income residents, including financial assistance and affordable housing.

HOPE Atlanta Housing Assistance	34 Peachtree Street #700, Atlanta, GA 30303	404-817- 7070	Permanent Housing Support: Provides a support system, assisting with everything from medical appointment transportation to grocery shopping and learning to budget Special Needs Housing Support: Dedicated Special Needs Housing team ensures that residents living with HIV/AIDS needs are met
Midtwon Assistance Center	30 Porter Pl NE, Atlanta, GA 30308	404-681- 5777	MAC provides assistance to low-income, working households that are in a temporary financial crisis. Our assistance works to prevent eviction and disconnection of electricity, gas, and water.
Wellroot Family Housing	1967 Lakeside Parkway, Suite 400 Tucker, GA 30084	404-327- 5820	Organization provides housing and financial assistance to these families, removing the barrier of homelessness by helping them move toward self-sufficiency. They offer courses in parenting, financial management, career coaching, and personal development among others, as well as help with continuing education.
Malachi's Storehouse	4755 North Peachtree Rd, Dunwoody, Georgia 30338	678-687- 5357	A food pantry in Dunwoody, distributes food, baby supplies and clothing every Wednesday from 9:00 a.m. to 12:30 p.m.

North Fulton Community Charities	11270 Elkins Rd. Roswell, GA 30076		NFCC is a leader in North Fulton offering assistance to over 4,200 families. Annually, food is distributed over 23,000 times, over 1,300 families utilize clothing vouchers, and \$1.2 million dollars is expended for direct aid to our clients in need of financial assistance. Our Education Center offers an array of classes and opportunities to help 1,200 adults move toward financial stability and self-sufficiency.
Toco Hills Community Alliance	1790 LaVista Road NE, Atlanta, GA 30329	404-325-0677	Provides a food pantry, hot lunches, and also a clothing closet Tuesday through Thursday 1:00pm - 4:00pm.
Shallowford Presbyterian Church	2375 Shallowford Road NE Atlanta, GA 30345	404-321-1844	Shallowford's Food Pantry provides temporary or emergency food assistance, including groceries, for over 400 families per year and distributes more than 15,000 pounds of food per year.
Southwest Ecumenical Emergency Assistance Center	1040 Ralph David Abernathy Blvd. Lower Level Atlanta, GA 30310	404-756-1699	The mission of SWEEAC is to provide food and resources to individuals and families with emergency need to support and promote self-sufficiency, prevent hunger and address homelessness.
Trans Housing Atlanta Program, Inc.	1530 Dekalb Avenue NE Suite A Atlanta, GA 30307	404-458-7948	THAP Inc. provides safe housing and supportive services to the transgender and gender nonconforming population of the greater Atlanta metro area.

Wholesome Wave Georgia	777 Cleveland Ave SW #400, Atlanta, GA 30315	404-551- 5996	Wholesome Wave GA facilitates access to and awareness of healthy food choices for Georgians in need through local farmers and community partners. Some key programs are the Georgia Fresh for Less program that doubles SNAP dollars used at partnering farmers' markets and the Georgia SNAP Connection program that provides assistance to residents when applying for SNAP.
Youth Reach Out Program's Food Pantry	900 Metropolita n Pkwy SW, Atlanta, GA 30310	404-753- 5253	The YROP Food Pantry makes groceries available to the families of low income communities in metro-Atlanta that can make ends meet, but not enough to provide for the daily groceries.
Employment Training			
The Center for Working Families, Inc.	477 Windsor Street, Suite 101 Atlanta, GA 30312	404-223- 3303	We work to help unemployed and underemployed individuals gain family-supporting jobs and advance within careers. TCWFI leverages a robust network of Atlanta's employers in various sectors, serving as a resource to meet industry demands for a well-trained workforce.
Atlanta Center for Self Sufficiency	18 William Holmes Borders Senior Dr NE, Atlanta, GA 30312	404-874- 8001	To empower financially vulnerable individuals in our community to become self-sufficient, sustainably employed and economic contributors to society.
Work Source Georgia	1300 Commerce Drive Decatur, GA 30030	404-371- 2000	Resource materials for career exploration and planning.

Bobby Dodd Institute	221 Stockbridge Rd. Jonesboro, GA 30236	770-473- 0071	BDI is an Atlanta workforce development leader with over 25 years of experience in connecting people with disabilities and barriers to employment to jobs. We believe in the power of work to transform a person's life, and each year, we help over 1,000 people take the first steps toward employment.
The Urban League of Greater Atlanta	229 Peachtree Street NE, Suite 300 Atlanta, GA 30303-1600	404-659- 1150	A workforce job readiness-training program offering courses in job searching techniques, resume writing, interview skills, mock interviews and job sustainability.
Westside Works	261 Joseph E. Lowery Blvd. NW Atlanta, GA 30314	404-458- 6413	Westside Works is a long-term neighborhood program focused on creating employment opportunities and job training for residents of the Westside community, including Vine City, English Avenue, Castleberry Hill and other contiguous neighborhood.
Youth Programs			
YMCA of Metro Atlanta	569 M.L.K. Jr Dr NW, Atlanta, GA 30314	404-588- 9622	Community-focused nonprofit established in 1844 with recreational programs & services for all ages.
Boys and Girls Clubs of Metro Atlanta	1275 Peachtree Street NE, Suite 50 Atlanta, GA 30309	404-527- 7100	Boys & Girls Clubs of Metro Atlanta works to save and change the lives of children and teens, especially those who need us most, by providing a safe, positive, and engaging environment and programs that prepare and inspire them to achieve Great Futures.

City of Atlanta, Office of Parks and Recreation	160 Trinity Ave SW, Atlanta, GA 30303	404-546-6788	Our mission is to provide quality professional recreational services and programs to all citizens of Atlanta through balanced, enjoyable and affordable activities. Our vision is to enhance the quality of life for all citizens through nationally acclaimed recreation programs and activities.
Fulton County Government, Office of Parks and Recreation	141 Pryor St. Atlanta, GA 30303	404-612-4000	Afterschool Program and Summer Camps at Burdett Gym, Cliftondale Park, Sandtown Park, and Welcome All Park
Dekalb County Georgia, Department of Recreation, Parks & Cultural Affairs	1300 Commerce Drive Decatur, GA 30030	404-371-2000	Afterschool and Camp programs offered at various locations
Rick McDevitt Youth Center	Four Corners Park, 1040 Crew St SW, Atlanta, GA 30315	404-524-0229	A non-profit youth and community center located in the Peoplestown neighborhood in SW Atlanta. A variety of youth programs are offered, as well as for older adults.
City of College Park, Department of Recreation and Cultural Arts	3667 Main Street College Park, GA 30337	404-669-3767	The Department of Recreation and Cultural Arts consists of three centers today: Wayman and Bessie Brady, Hugh C. Conley and Tracey Wyatt, formerly known as the Godby Road Center. Each center offers various activities for both youth and adults.
City of East Point, Department of Parks and Recreation	1431 Norman Berry Dr, East Point, GA 30344	404-270-7054	The City of East Point Parks and Recreation Department provides a variety of recreation, leisure, and cultural activities for the community. We are home to twenty-three (23) parks, a recreation center, playgrounds, tennis courts, sand

			volleyball, basketball courts, and trails. Enhance quality of life of each resident by providing affordable activities and programs.
Additional Resources			
American Cancer Society	250 Williams Street NW Atlanta, GA 30303	24/7 Cancer Helpline: 1-800-227-2345	Cancer resources, and 24-hour phone support
American Heart Association	10 Glenlake Parkway, South Tower, Suite 400 Atlanta, GA 30328	678-224-2000	Heart health knowledge and resources
Georgia Department of Communtiy Health	1249 Donald Lee Hollowell Pkwy NW, Atlanta, GA 30318	404-656-4507	Providing online services and state programs such as Medicaid and PeachCare for Kids
Georgia Campaign for Adolescent Power and Potential	1849 The Exchange SE, Suite 200 Atlanta, GA 30339	404-524-2277	GCAPP is committed to adolescents' overall wellbeing so that they are prepared to make healthy decisions as they journey into adulthood. GCAPP's statewide collaborations, programs, and services help teens tap into their power and potential, live life with goals in mind, and develop positive pathways into future.

Community Foundation for Greater Atlanta	191 Peachtree St NE Suite #1000, Atlanta, GA 30303	404-688-5525	The Community Foundation for Greater Atlanta provides philanthropic services to the metro Atlanta region and aims to enhance quality of life and equity through its TogetherATL initiative and system-level change.
Atlanta's Policing Alternatives and Diversion Initiative	236 Forsyth St SW Suite 500, Atlanta, GA 30303	470-819-4853	The Policing Alternatives & Diversion Initiative works to reduce arrest and incarceration of people experiencing extreme poverty, problematic substance use, or mental health concerns, and increase the accessibility of supportive services in Atlanta and Fulton County.
Clarkston Community Center	3701 College Avenue Clarkston, GA 30021	404-508-1050	The mission of the Clarkston Community Center is to connect Atlanta's communities and cultures through education, recreation, and the arts. Clarkson Community Center also has programs for youth and refugees, as well as a food co-op and food pantry.
Latin American Association	2750 Buford Hwy. Atlanta, GA 30324	404-638-1800	The mission of the Latin American Association (LAA) is to empower Latinos to adapt, integrate and thrive. Services include immigration legal services, youth programs, family services, employment services, and education
We Love Buford Highway, Inc.	N/A	N/A	A non-profit organization that aims to preserve the multicultural identity of Atlanta's Buford Highway, the epicenter of the South's immigrant communities.

Georgia Primary Care Association (GPCA)	315 W Ponce de Leon Ave #1000, Decatur, GA 30030	404-659-2886	Since 1977, the Georgia Primary Care Association (GPCA) has been a membership organization for all Georgia Federally Qualified Health Centers (FQHCs). In the state of Georgia, the GPCA is designated as the state Primary Care Association (PCA) by the Health Resources and Services Administration (HRSA).
Fathers Incorporated	2394 Mt. Vernon Road, STE 210 Dunwoody, GA 30338	770-804-9800	Fathers Incorporated works to engage, equip and empower a community network of fathers and families by creating an environment of support, parental education, and positive societal narratives.
Morehouse School of Medicine	720 Westview Drive Atlanta, GA 30310	404-752-1500	MSM is among the nation's leading educators of primary care physicians and was recently recognized as the top institution among U.S. medical schools. MSM is also a community partner, offering events, conducting community-based research, and health equity-focused programs in ATL and statewide.
Women's Resource to End Domestic Violence	115 E Maple St, Decatur, GA 30030	404-688-9436	Non-profit that runs a 24-hour hotline to provide counseling, safety planning and referrals; has a safe house for survivors; conducts advocacy and education; among other services. WRC is an LGBTQ+ affirming agency and services are provided to all people inclusive of sexual orientation, gender identity, or gender expression.

APPENDIX E: KEY INFORMANT INTERVIEW CODEBOOK

Name	Description
Affordability, Economy, Cost	Any reference to cost of items or inflation, affordability of items including healthcare, medication housing, fuel/gas. Any reference to low income or poverty. May code with other topics, e.g. employment, housing.
Assets and Strengths	Community assets and strengths identified by interviewees or focus group participants.
Barriers and Threats	Code when there are mentions of weaknesses, barriers, and/or threats. Barriers or threats include those originating culturally, politically, socially, economically, structural, and more.
Behavior-Nutrition, Food	Mentions of food and nutrition concerns including: Eating Habits, Food Deserts, access to healthy food, fast food restaurants, healthy restaurants, grocery stores. Code also captures comments about Farmer's markets, Food programs including School nutrition, breakfast or lunch, SNAP/EBT, WIC, and Food pantries, food boxes, etc.
Access to Healthy Food or Unhealthy Food	
Eating Habits	
Food programs-SNAP WIC School Pantries	
Behavior-Physical Activity, Exercise	Physical activity, exercise, walkability, sedentary behavior, access to activity spaces or green space
Access to Trails, Parks, Gyms	
Sedentary or Sitting Behavior	
Behavior-Substance Use	Mentions of substance misuse, drug abuse, drug-related behaviors, smoking, vaping, tobacco use, consumption of alcohol or drinking to excess
Alcohol misuse, consumption	
Smoking, vaping, tobacco use	
Substance or Drug Misuse	
Community Health Status	Code for mentions of the status of community health and how it has changed over time. If it's clear changes or improvements or caused decline in community health, please use the sub-nodes to indicate specifics.
Decline	
Improvements	
Community-Social Services Programs	Part of SDOH. Any children, youth, senior programs and services mentioned. Assistance with utilities, afterschool programs, etc.

Crime and Violence	Comments from KIIs regarding crime, violence, homicide, etc. May need to code with another area for reasoning: homelessness, overpopulation, anger, inflation, lack of youth engagement
Education	Any mention of education: elementary, middle, high school, college, quality of education, sex education, etc.
College, University	
Early Care and Education (Daycare)	
High School	
Improve Knowledge-Education	
Quality of Education	
Sex Education	
Employment, Work, Job	Code includes mention of employer-provided health insurance, having or not having a job or work, taking time off of work to attend appointments, work from home, job loss. (may be also coding this content in other nodes such as economy, inflation, affordability)
Environment-pollution, available green space or community resources	Code encompasses design of environment and available amenities NOT use of environment and amenities; use should go under physical activity. Pollution/air quality, Community centers (including libraries, senior centers), Green space (description: parks, Trails and paths) Sidewalks
Equity or Inequity	Any mention of equity or inequity associated with health, healthcare or other social determinants of health. May overlap with access to care and African American/Black. Including topics such as trust and respect (gender, race), listening to and respecting community voice
Geographic service area	Code for mentions of geographic service area or any particular geographic location and zip codes in responses. If information is available, use sub-nodes to indicate Fulton and/or DeKalb counties for specifics.
DeKalb	
Fulton	
Other	
Healthcare-Access to Care	Mentions of quantity of providers in the service region, proximity to healthcare facilities, wait times for healthcare services, quality of care, avoidance of care, fear of getting care
AMC South	Comments related to the closure of AMC South
Avoidance of Care	
Medicaid	
Quantity of Providers	
Wait Times	
Healthcare-Cost of Care or Insurance	Code will include any mentions of Insurance - insured and uninsured, Medicaid, Medicare, ACA, employer insurance, marketplace insurance; Payment for or cost of healthcare services, Affordability of healthcare, Legal status/documentation
Affordability of Care	
Insurance or Uninsured	

Healthcare-Services	Any mention of healthcare or health services generally. Sub nodes will capture specific types of healthcare concerns, services, specialists, etc.
Preventative Care, Screenings	
Primary Care	Primary care, Preventive care/screenings, Hospital access, Doctors/physicians, Nurses,
Specialty Healthcare	Any mention of specialists in healthcare setting including Pediatrics, Geriatrics, Oncology, Dentists and Dental, Vision, etc.
Dental, Vision	
Telehealth, Telemedicine	Mentions of telemedicine appointments, access to care through telehealth, pandemic-related appointments via phone or computer
Urgent Care, Emergency Room	
Health-Health Conditions, Specific	Mention of any health condition or disease including: Allergies, Asthma, Cancer, Covid, Misinformation, Fear, Vaccine, CHWs, Chronic disease, Cardiovascular, Diabetes, Hypertension, COPD, Overweight/Obesity, Kidney disease, HIV/AIDs
Cancer	
Chronic Disease	Cardiovascular conditions including heart disease and stroke, diabetes, hypertension or high blood pressure, COPD, overweight or obesity, kidney disease, asthma, arthritis
COVID-19	Misinformation, fear, vaccine, CHWs
HIV, AIDS	
Health-Mental or Behavioral Health	Code includes mentions of mental health providers including therapists, psychiatrists or social workers. Hospitalization, therapy or in or outpatient treatment or other treatments. Also includes any mentions of: Anxiety, Depression, Suicide, Self-care, Social isolation, Stigma, Self-medication, Bipolar disorder, Schizophrenia, Multiple personality disorder. Also code here: Misdiagnosis, Medication for mental health, Access to medication or Psychiatric Medication management.
Depression	
Medication, Mental Health	
Social Isolation, Support	
Stigma	
Therapy	
Housing, Homelessness	This code may include reference to housing, rent, buying a home, homelessness, population congestion or people on top of each other, affordable housing, gentrification, legacy residents, incarceration.
Affordable Housing	
Homelessness, Homeless Population	
Maternal and Child Health	

Organization or Role	Code for mentions of organization, including activities and programs, and individual role. For focus groups, this can include mentions of Grady and their role/engagement in the community.
Other	Codes for the Other category may include mentions of support system, multigenerational households, military or veterans. PLEASE annotate when you select the other code and indicate a key word for the text you have coded to this category.
Funding-Income Statements	
Gentrification	
Language and Literacy	
Policing-Justice	
Positive Feedback-Grady	
Social Determinants of Health	
Policies, Laws	Any word relating to advocacy, policy, legislation, guidelines, regulations, limits, caps, governmental, zoning, urban planning. Maybe associated with housing, reproduction, economy
Populations	This node includes all populations mentioned by key informants and focus group participants including: seniors, children and youth, young adults, Black/African Americans, Other (Immigrants, New Americans, Latinx, Hispanic)
Black, African Americans	
Children, Youth, Young Adults	
Immigrant, Refugee, or New American residents	Code for mentions of immigrants, refugees, and all non-status resident groups.
LGBTQ+	
Other	
Other - Immigrants New Amer Latinx Hispanic	
Senior Citizens, Elderly	
Priority Health Needs	Code when there are mentions of health and community needs that are the most important and should be prioritized. This corresponds to questions probing for the health issues key informants or community member consider the most important to address now or in the long-term.
Resources	
Solutions-Ideas for Addressing Concerns	Any solutions or ideas for addressing health concerns or SDOH concerns identified by individuals
Partnerships	

Recommendations	
Technology	Code for mentions of technology, which can include telehealth, and its impact on community health or access to care and services.
Transportation, Traffic	Code includes any reference to: traffic congestion, traffic jams, non-motorized transport (walking, biking, skateboarding, rollerblading), MARTA or public transport including Bus, Train, Special transportation (persons with disability), Public or County-supported transportation programs (seniors, Medicaid), Private Ridesharing, personal car, ride with friend/family.
MARTA, Public Transit	
Traffic Congestion	
Trust	Code for any mentions of trust or mistrust for any system of power, which may include healthcare providers or organizations, that influences decision-making and aspects of health.
Vision for Future	Any mentions of looking forward and what should be improved or improvements that could be made in the community

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- ¹ University of Wisconsin Population Health Institute. (August 2022). *County Health Rankings Model*. Retrieved from www.countyhealthrankings.org.
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- ³ Atlanta Realtors. (May 2022). *Atlanta Realtors Market Brief: May 2022*. Retrieved from www.atlantarealtors.com
- ⁴ U.S. Census Bureau. (2015-2019). American Community Survey.
- ⁵ Marshall, J., Burd, C., Burrows, M. (March 31, 2021). *Household Pulse Survey: Working from home during the pandemic* [Press release]. Retrieved from www.census.gov.
- ⁶ U.S. Census Bureau. (September 15, 2022). *The Number of People Primarily Working From Home Tripled Between 2019 and 2021* [Press release]. Retrieved from <https://www.census.gov/newsroom/press-releases/2022/people-working-from-home.html#:~:text=SEPT.,by%20the%20U.S.%20Census%20Bureau>.
- ⁷ Coleman-Jensen, A., Rabbitt, M., Gregory, C. and Singh, A. (2021). *Household Food Security in the United States in 2020*. Economic Research Report, ERR-298. Retrieved from <https://www.ers.usda.gov/publications/pub-details/?pubid=102075>.
- ⁸ Feeding America. (March 2021). *The Impact of the Coronavirus on Food Insecurity in 2020 & 2021*. Retrieved from https://www.feedingamerica.org/sites/default/files/2021-03/National%20Projections%20Brief_3.9.2021_0.pdf.
- ⁹ County Office. (2022). Fulton and DeKalb County, Georgia. Retrieved from <https://www.countyoffice.org>.
- ¹⁰ Georgia Department of Public Health. (July 2020). *HIV/AIDS Epidemiology Section HIV Surveillance Summary, Georgia 2020*. Retrieved from <https://dph.georgia.gov/data-fact-sheet-summaries>.
- ¹¹ Hart, Ariel. (September 2018). *Georgia maternal death rate, once ranked worst in U.S., worse now*. The Atlanta Journal-Constitution. Retrieved from <https://www.ajc.com/news/state--regional-govt--politics/georgia-maternal-death-rate-once-ranked-worst-worse-now/qG8xWYMufow2OEiiZNDrmM/>

¹² Georgia Department of Public Health. (2022). *Healthy Homes and Lead Poisoning Prevention*. Retrieved from <https://dph.georgia.gov/environmental-health/healthy-homes-and-lead-poisoning-prevention>.

¹³ Georgia Childhood Lead Poisoning Prevention Program. (2021). *Number of children less than 6 years old screened for lead poisoning by county*. Retrieved from <https://dph.georgia.gov/document/document/envhealthgaleaddata2021pdf/download>