COMMUNITY BENEFIT REPORT

2024

Grady

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2024 Update
Enhancing the Health of Our Communities

Grady remains committed to making a lasting impact in critical health areas in the greater Atlanta community.

Our Mission

At Grady, we are dedicated to the health of the communities we serve and all of greater Atlanta. Access to quality healthcare is the cornerstone of a healthy community, and in 2024, Team Grady reaffirmed its commitment to advancing community health through innovative programs and impactful initiatives.

Achievements in 2024

In the past year, we have made notable strides in our priority health areas, positioning ourselves effectively for the upcoming 2025 Community Health Needs Assessment (CHNA), which is conducted every three years. Grady collaborates with other health systems, concentrating on solutions that align with the Atlanta Regional Collaborative for Health Improvement (ARCHI) strategies: Care Coordination, Healthy Behaviors, Access to Care, and Family Pathways to Advantage. This report presents key examples and statistics that showcase the impact of our programs, the challenges encountered, and the strategies employed to enhance our community benefits. We highlight our achievements in 2024, emphasizing our commitment to improving access to care and promoting healthy behaviors. Looking ahead, we aim to expand our impact and strengthen partnerships that uplift our community, working together to create a healthier future for all.

KEY PERFORMANCE INDICATORS

HIGH QUALITY CARE FOR ALL

Grady is the largest hospital in Georgia with

953 licensed beds

8 Grady Neighborhod Health Centers

737,170+
patient visits per year

8,675 Total Staff

148,907
Emergency Department Visits

3,643 Births

Grady EMS responded to

179,318+
911 Calls

19,093 Urgent Care Visits

25%
of all Georgia physicians received some of their training from Grady

371,450
Specialty Clinic Visits

193,740
Neighborhood Health Center Visits

Priority Solutions

We embody the spirit of collaboration in our community benefit work

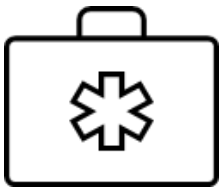
Grady participates in a collaborative Community Health Needs Assessment (CHNA) process with other health systems every three years. We prioritize solutions that align with ARCHI's health improvement strategies: Care Coordination, Healthy Behaviors, Innovating Care Delivery, and Social & Economic Impact.

CARE COORDINATION

Care coordination efforts work to ensure that all providers, both within a health care system and throughout the community, are working together to provide high quality, effective care.

HEALTHY BEHAVIORS

Grady's CHNA identified hypertension, diabetes, injuries, and violence as priorities best addressed through behavior change. Through innovative new programs and services, Grady is equipping patients to better manage chronic diseases.



INNOVATING CARE DELIVERY

Grady continues to improve access to care by narrowing insurance coverage gaps, offering mobile health services, online appointment scheduling, and virtual on-demand, and expanding outpatient clinics.

BEYOND HEALTH: SOCIAL & ECONOMIC IMPACT

Grady is essential to the economic vitality of our city and region. As one of the largest health systems in the region, Grady's extensive purchasing power provides financial benefits to many other businesses, contributing to the region's economic success.

Care Coordination

Turning Care Into Action.

Social Determinants of Health (SDOH) Screening

According to the World Health Organization, the Social Determinants of Health (SDOH) are the economic, educational, political, and environmental circumstances in which people are born, grow up, live, work and age. These factors include food security, education, neighborhood/physical environment, and economic stability. Based on our Community Health Needs Assessment data, SDOH has been Grady's main priority for the past seven years. In October 2019, Grady began initiating SDOH screening with nine questions covering food and housing insecurity topics. However, the process was paused during the pandemic. The screening process was relaunched in April 2022, covering 19 clinics throughout the Grady Health System.

In 2024, our organization made significant progress in screening for SDOH needs across the health system. By the end of 2024, 31 outpatient clinics were trained and actively screened 106,006 patients. Inpatient hospital units went live in all units at the beginning of the year. Additionally, 350 employees received training on a person-centered approach to SDOH screening. By providing this training, Grady is positioned to identify the social needs of our patient population and direct our patients to programs that can help alleviate some of those needs. **In 2024, Grady had a system-wide outpatient screening rate of 80%, a 10% increase from the 2023 rate. Inpatient units at the hospital had a 55% screening rate.**

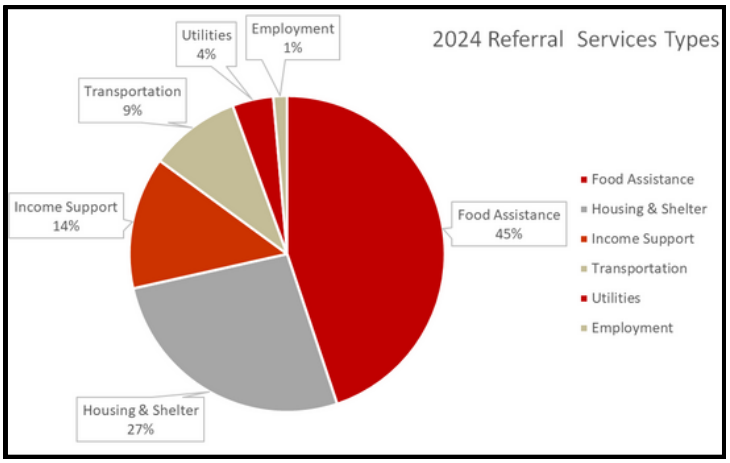
Clinics Launched SDOH Screening	**31**
Patients Screend for SDOH	**106,006**
Employees Trained	**350**

Care Coordination

Turning Care Into Action.

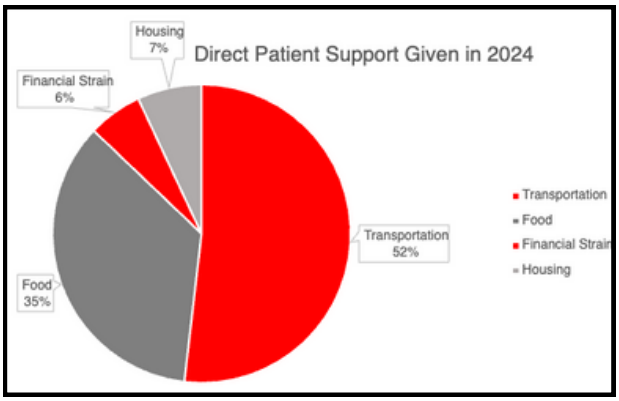
Community Referrals to Address Health-Related Social Needs

In 2022, Grady developed a multi-pronged approach to linking patients with identified health-related social needs identified through SDOH screening to community resources. In 2024, we continued to utilize these approaches. We have maintained the utilization of referrals through the online platform Unite Us, as well as direct patient referrals, to link patients with identified health-related social needs to community resources. Unite Us is an electronic bi-directional referral platform that connects patients to resources to address their needs. The software allows healthcare workers to track, manage, and follow up on community referrals to SDOH needs. **In 2024, 326 referrals were made on the Unite Us platform. Patients were linked to various services, such as food assistance, housing, and income support.**



Additionally, Grady provided direct patient support to address the social determinants of health. Patients screening positive for food insecurity were given food vouchers from a local grocery store, Eden Fresh, to purchase fresh produce. **Approximately 272 vouchers were distributed in 2024.** Grant funds were also used to provide patients with MARTA transportation vouchers if they screened positive for transportation insecurity. In 2024, 141 patients were assisted with either a 10-trip or round-trip MARTA card for transportation to their medical appointments.

In 2024, Grady continued its work with the Atlanta Regional Collaborative for Health Improvement (ARCHI) on a Community Resource Hub Pilot project. The goal of the project is to simplify the process of navigating the health and social services landscape, linking patients with uncontrolled hypertension and diabetes to community resources to address health-related social needs. This pilot project has provided support to 100 patients, with the assistance of Community Health Workers (CHWs), and has strengthened connections to local community organizations that support Grady patients.



Healthy Behaviors

Advancing Health. Empowering Communities.

Interrupting Violence in Youth and Young Adults (IVYY) Program

The IVYY Project is a hospital-based violence intervention initiative committed to disrupting cycles of community violence through trauma-informed care, advocacy, and long-term support. Housed within Grady Memorial Hospital, the program engages patients at the bedside following violent injury and provides ongoing support during recovery and reintegration.

The IVYY Program at Grady has three pillars:

- Bedside Response
- IVYY Clinic
- Circle of Safety

IVYY PROJECT
INTERRUPTING VIOLENCE IN YOUTH AND YOUNG ADULTS

2024 Enrollment Summary

581 Bedside Consults

373 Patient Enrollments

20% enrollment rate increase, reaching 84%

2024 Patient Profile

86% Male Participants

94% Black/African American

24 y/o Median Patient Age

IVYY Program experienced a 3% decrease in participant reinjury rates

IVYY's data reflects the disproportionate burden of violence experienced by young Black men in Atlanta and reinforces the program's vital role in reaching individuals during a vulnerable and formative period of life. Additionally, it continues to highlight the importance of culturally responsive, community-centered interventions that not only address physical injury but support long-term healing and community reinvestment.

In 2024, IVYY continued strong partnerships with government agencies, research institutions, and community coalitions.

The Fulton-DeKalb Hospital Authority — Owner of Grady Health System
DeKalb County GEORGIA
Georgia State University
EMORY UNIVERSITY
HAVI — The Health Alliance for Violence Intervention
Building a Sustainable Future
Morehouse School of Medicine
BJA — Bureau of Justice Assistance, U.S. Department of Justice
EVERYTOWN FOR GUN SAFETY
KAISER PERMANENTE
CITIES UNITED
Grady

Healthy Behaviors

Advancing Health. Empowering Communities.

HIV Prevention & Treatment

EXPANDING ACCESS TO HIV CARE

📍 BRINGING CARE CLOSER TO HOME

In 2024, the Ponce Center demonstrated remarkable progress in expanding and diversifying access options to HIV care and prevention for the community. The center expanded HIV services into four neighborhood health clinics - Asa Yancey, Lee & White, Camp Creek, and East Point - bringing care closer to 400 new patients.

RETENTION & VIRAL SUPPRESSION

📈 BETTER ENGAGEMENT, BETTER OUTCOMES

In addition to access improvements, the Ponce Center saw significant clinical outcomes, with patient retention rising to 83% up from 71%, and 92% of retained patients achieved viral load suppression. The Center has grown to have one of the largest long-acting injectable HIV treatment and prevention programs in the US. Over 800 patients now access injectable treatment or prevention every 2 months, instead of depending on daily pill adherence to either render the virus undetectable/untransmissible or prevent HIV infection.

INSURANCE ENROLLMENT SUCCESS

💳 ZERO-COST COVERAGE, REAL IMPACT

The Ponce centers insurance enrollment initiative, supported by the Ryan White Part B-funded Georgia HICP program, enabled 410 patients to access ACA Gold plans at no cost. These patients were able to access services across 56 different types of care or specialties, without having to pay out-of-pocket costs that are normally required under charity care programs.

COMMUNITY ENGAGEMENT & CHWS

🤝 MEETING PEOPLE WHERE THEY ARE

The Ponce Center held its first ever Community Resource Fair where more than 200 patients and non-patients attended. To further support the community, the non-clinical team expanded with the deployment of 10 Community Health Workers (CHW's) to better assist patients with non-clinical needs that impact their ability to access and remain engaged in care.

Healthy Behaviors

Advancing Health. Empowering Communities.

PREP PROGRAM GROWTH

🛡️ PREVENTION ON THE RISE

The Pre-Exposure Prophylaxis (PrEP) program nearly doubled in size, growing from 456 to 860 persistent patients in 2024. This reflects increased awareness, trust, and access to HIV prevention services.

FUNDING & FUTURE GROWTH

💰 FUELING THE FUTURE OF HIV CARE

Through being awarded $1.7 million in Ending the HIV Epidemic Funding, the Ponce Center has been able to remain committed to innovative care and patient access to improve the lives of individuals affected by HIV. funding allowed the Ponce Center to expand services, onboard CHWs, and scale differentiated care models that meet patients where they are—both geographically and emotionally.

Persistent PrEP Patients	Total HIV Tests	New Infections Diagnosed	Patients Re-Linked to Care
860	55,303	191	$334

Addressing Maternal Health and Postpartum Care

In 2024, Grady's women's services have continued to address maternal mortality and improve care for high-risk pregnancies. According to the National Perinatal Information Center (NPIC), in 2024 51% of deliveries at Grady had hypertension, and 79% of postpartum readmissions were a result of hypertension diagnosis. With over 3,400 deliveries, and a high prevalence of hypertensive diagnoses, Grady's women's services center has implemented programs such as the Postpartum Hypertension Program, Remote Patient Monitoring Program, and Hypertensive Nurse Navigator services to address these challenges. **These initiatives have resulted in 1,318 hypertensive nurse navigator encounters and 1,513 OB hypertensive Mobile Integrated Health (MIH) referrals in 2024**. Grady Women's Health Center will continue a systematic approach to providing comprehensive and equitable care for all patients.

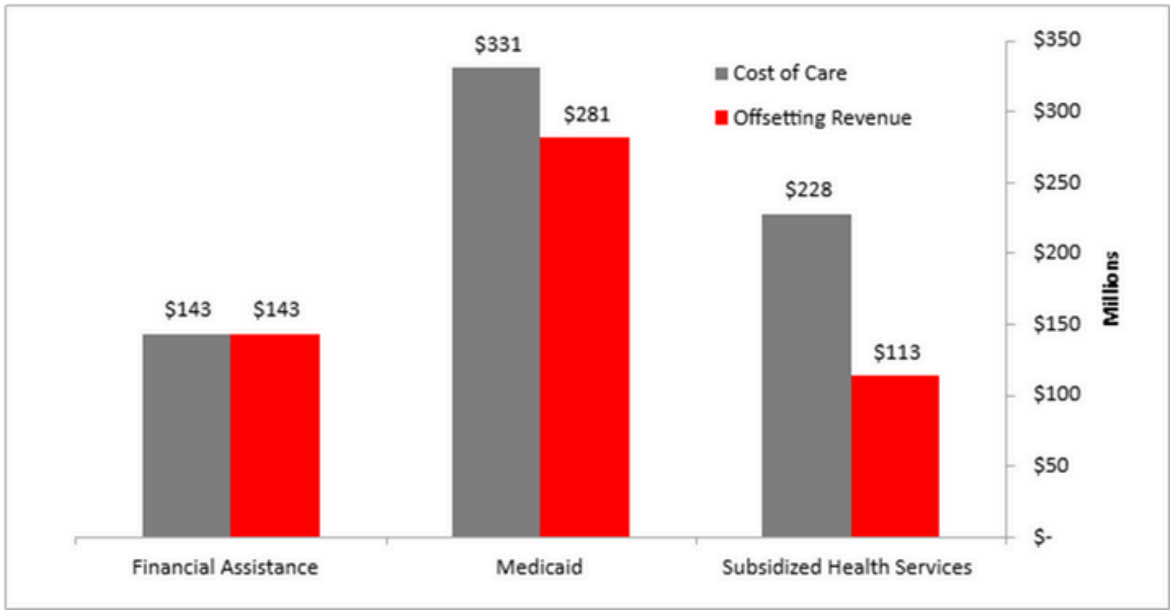
BABY-FRIENDLY DESIGNATED FACILITY
Grady

Innovating Care Delivery

Caring Beyond the Clinic Walls.

Financial Assistance & Uncompensated Care

Since our founding, Grady's mission has been to provide [AU1] excellent care to anyone who enters our doors. In 2023[1], Grady provided more than $701 million in care to our uninsured and low-income neighbors. Medicaid reimbursement and the Indigent Care Trust Fund covered 77% of these costs, while the remaining $164 million was a shortfall Grady had to cover.



Public Benefits Enrollment

In 2024, Grady completed Medicaid enrollment for an estimated 6,080 patients (4,764 for medical/surgical and 1,316 for OB/newborn services) – a 25% increase compared to the estimated 4,846 patients who completed enrollment in 2022.

Grady continued to refer patients to the Atlanta Community Food Bank and Open Hand for assistance with SNAP enrollment. Grady also initiated a text message campaign to remind patients when a SNAP screener would be available at the Neighborhood Health Centers.

ATLANTA COMMUNITY FOODBANK

Open Hand

archi
Atlanta Regional Collaborative for Health Improvement

[1] COMMUNITY BENEFIT EXPENSES ARE REPORTED ON TAX FORMS SUBMITTED AT THE END OF THE FOLLOWING FISCAL YEAR. THUS, 2023 EXPENSES WERE FINALIZED AT THE END OF 2024 AND ARE INCLUDED IN THE 2024 COMMUNITY BENEFIT REPORT.

Innovating Care Delivery

Caring Beyond the Clinic Walls.

Virtual on Demand Visits

Grady started Virtual on Demand Visits in 2022, bringing care and convenience to patients. With this resource, patients can remotely receive care for routine, non-emergency health issues through their video-enabled computer, tablet, or smartphone instead of coming into a clinic for an appointment.

The visits are cost-effective, as uninsured patients have a co-pay of $0-$20, and insured patients are billed $180 for video visits. In 2024, the clinic became a formal service and received full funding and support. The team's expansion in staffing and patient coverage resulted in better patient access and an increase in patient volume. Virtual on Demand is looking expand into better servicing specialty clinics.

2024 Highlights

6,124 **Patient Served**

500+ **Clinic Visits per Month**

20% **enrollment rate increase, reaching 84%**

2024 Highlights

10 **Staff Members**

96.48% **Press Ganey Patient Satisfaction Score**

Expansion of Outpatient Clinics

In 2023, Grady announced the expansion of new primary care clinics into four new geographical locations in Dekalb and Fulton counties. The health system revealed plans for new clinic sites on Cascade Rd, Lee and White Rd, Flat Shoals, and Candler Rd. The Cascade clinic opened part of the clinic in September of 2023, focusing on Family Medicine. In 2024, Cascade Clinic expanded its services to offer increased access to primary care services, behavioral health, and outpatient rehabilitation.

Innovating Care Delivery

Caring Beyond the Clinic Walls.

Similarly, the Lee and White clinic welcomed its first patients in early September 2024. While Flat Shoals and Candler are scheduled to open in late 2025 and early 2026, respectively, provider recruitment across the outpatient centers is progressing smoothly, as several providers have already started in 2024.

Open

Facility Name	Size of Facility (sq. ft.)	Exam Rooms	Other Services
Cascade	9,258	16	Primary Care, Cardiology, Infectious Disease, Behavioral Health, Outpatient Rehabilitation
Lee + White	16,342	18	Primary Care, Radiology, Cardiology, Infectious Disease, Behavioral Health, Outpatient Rehabilitation, Pharmacy

To strengthen its commitment to meeting the region's evolving medical needs, Grady is projected to open a Free-Standing Emergency Department in November 2026. Construction on the free-standing emergency department began in the Fall of 2024. The 20,000 square foot emergency department will be located in south Fulton County and will provide care to adult and pediatric patients with serious injuries or life-threatening conditions.

Opening Soon

Facility Name	Size of Facility (sq. ft.)	Exam Rooms	Other Services
Candler	6,000	13	Primary Care
Flat Shoals	14,500	12	Primary Care, Radiology, Pharmacy
Free-Standing ED	24,300	16, 2 resuscitation rooms	Emergency Care, Radiology, Pharmacy

Innovating Care Delivery

Caring Beyond the Clinic Walls.

Mobile Screening Services

The Cancer Center at Grady has made significant strides in providing accessible healthcare services to medically underserved communities. The health system has continued to address the pressing need for equitable healthcare access, bringing services directly to the Atlanta community. In 2024, the Mobile Screening Unit served 3,513 patients at Grady Neighborhood Health Centers and community events in targeted zip codes across Fulton and DeKalb counties. In July 2024, cervical cancer screening services were added to the Mobile Screening Unit, so women have a one-stop-shop for cancer screenings. **In 2024, 149 patients received breast screenings, 79 received cervical screenings, and 67 received both breast and cervical screenings- exemplifying the program's dedication to early detection and preventive care.**

Progress is well underway for the roll-out of Grady Health Systems' second mobile unit focused on increasing access to Primary Care services. This mobile primary care unit demonstrates Grady's commitment to comprehensive care and is projected to open in 2025.

Mobile Integrated Health (MIH)

Grady Health System launched the innovative Mobile Integrated Health program in 2013 to reduce hospital admissions and improve the quality of patient care. MIH provides a comprehensive range of services – including home visits, remote patient monitoring, annual wellness visits, 911 mobile crisis response, and mobile screening services. Each service is designed to reduce preventable readmissions and connect patients with the appropriate level of care in the most effective setting. **In 2024, MIH had 2,400 referrals for home-based postpartum hypertension care. In addition, 87% of postpartum moms received timely treatment for severe hypertension through MIH services.** MIH continues to bring high quality healthcare directly to the community.

Innovating Care Delivery

Caring Beyond the Clinic Walls.

Addressing Access to Mental Health Services at Grady

In 2024, the Grady Behavioral Health Department team achieved significant milestones in community-focused care, particularly in addressing mental health and substance use issues. They expanded medication-assisted treatment (MAT) for opioid use disorder at the North Fulton Behavioral Health Clinic, which serves both the community and detainees from the Fulton County jail. The opening of the Fulton County Behavioral Health Crisis Center allowed residents in south Fulton County to access crisis care more conveniently, offering 24/7 support for individuals in distress, including peer specialist engagement for those seeking help.

Additionally, the team introduced innovative services aimed at youth and families to identify early symptoms of potential psychosis, focusing on early detection and intervention to enhance recovery outcomes. A partnership with SAMHSA and the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) supports this initiative. This program will also serve as a training hub for providers and learners on how to address behavioral health crisis among youth. These initiatives reflect Grady's commitment to improving behavioral health services and accessibility for the community.

The department has also taken proactive steps to support individuals experiencing homelessness and behavioral health concerns by becoming a Housing Support Provider for the Georgia Department of Behavioral Health. These efforts highlight Grady's comprehensive approach to addressing mental health concerns across various settings, from the criminal justice system to community-based care at the North and South clinics.

Number of behavioral health clinics	Park Place patient volume	Patients seen at Main Grady
13	62,508	4,039

Innovating Care Delivery

Caring Beyond the Clinic Walls.

Cancer Center

In 2024, the Grady Cancer Center made remarkable progress in advancing equitable cancer care through innovative programs, strategic partnerships, and a deep commitment to community engagement. By prioritizing access, educational enrichment, and culturally responsive support, the Center led the state in breast and cervical cancer screenings, expanded its genetics and colorectal cancer initiatives, and hosted impactful community outreach events to reach historically underserved populations. In 2024, the Georgia Cancer Center for Excellence continued to treat cancer fearlessly, while embracing the holistic approach to cancer care – one that addresses the medical, social, and mental needs of patients and their families through every stage of the cancer journey.

Cancer Center 2024 Success:

Breast & Cervical Cancer Program (BCCP)	• State partnership expanding cancer screening access • 874 total patients screened, resulting in nine confirmed cancer diagnoses • Exceeded annual screening goal by 128%
Genetics Program Growth	• Grady Genetics Clinic saw a 665% increase in patient volume from 2021, with 521 new patients • 88 patients received free genetic testing via grant awarded funds; $22,264 worth of genetic testing was completed
ACS Gentech SDOH Grant	• Improved post-treatment wellness through food and mental health support • Affected almost 50% of health behaviors related to healthy choices and nutrition knowledge
ACS Colorectal Cancer Screening Initiative	• ACS partnership boosting screening and follow-up care • Supported over 1,000 patients through colorectal cancer screening process • Engaged in 10 outreach events to increase screenings
Community Partnerships	• Linking patients to free local support services • Collaborated with over ten trusted organizations - local nonprofits and advocacy groups
Education & Awareness Events	• Community events empowering patients and caregivers • Launched “Let’s Talk Clinical Trials” and “Spirituality After Diagnosis” sessions • Over 200 survivors and caregivers participated in cancer education and resource fair

Innovating Care Delivery

Caring Beyond the Clinic Walls.

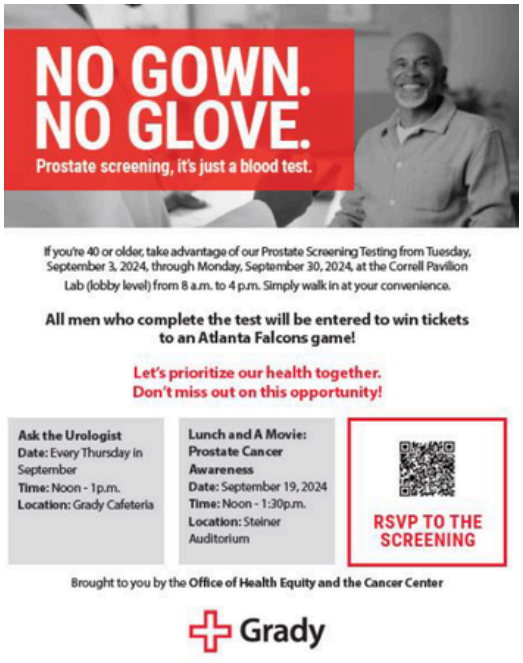
Cancer Center

In 2024, to address low prostate cancer screening rates a joint effort between Grady Cancer Center and the Office of Health Outcomes resulted in a 97% increase in prostate cancer screenings. This collaboration allowed for gap analysis refinement and enhanced patient outreach to support increased prostate cancer awareness. Utilizing enhanced data techniques, Health Equity Access Coordinators (HEAC's) were able to identify high-risk patients, develop patient engagement strategies, and utilize personalized multi-media communication channels. These efforts boosted patient engagement and screening participation.

In September 2024, to acknowledge and support prostate cancer awareness month, the team offered a variety of unique activities throughout the month including:

- **Free Grady employee PSA testing**
- **Enhanced PSA Testing of Primary Care Patients**
- **Ask the Urologist**
- **Prostate Cancer Film, Education, and Screening Event with ZERO Prostate Cancer**

This overwhelmingly positive increase in prostate cancer screening rates, highlights the benefits of collaborative efforts across departments and innovative targeted outreach strategies.



Social & Economic Impact

INVESTING IN HEALTH. INVESTING IN HOPE.

Food as Medicine

At Grady, patients who have been identified as having uncontrollable diabetes or are hypertensive can take part in our Food as Medicine program. In this program, patients can receive fresh produce, nutritional guidance, and cooking classes.

In 2024, the Food as Medicine program at Grady made significant strides in addressing food insecurity and improving patient health outcomes. A notable highlight was the expansion of the Atlanta Community Food Bank Partnership through the launch of the Neighbor Program in February 2024. This program serves as a continuation of support for graduates from our Food as Medicine (FAM) initiative, ensuring that individuals who have completed FAM can continue receiving fresh produce and assistance in tackling food insecurity. The Neighbor Program specifically targets food-insecure patients who do not suffer from uncontrolled diabetes or hypertension, tailoring our approach to meet diverse community needs.

Food as Medicine 2024 Success:

- **7,545** total patient visits
- **19%** increase in teaching kitchen attendance
- **205,010 lbs.** of fresh produce distributed
- **2%** decrease in A1c levels
- **208** cooking classes held
- **129** Teaching Kitchen Volunteers
- **732** Fresh Food Cart Volunteers
- **52%** increase in patient referrals
- **86%** fresh produce distributed
- **61%** increase in enrollment

Social & Economic Impact

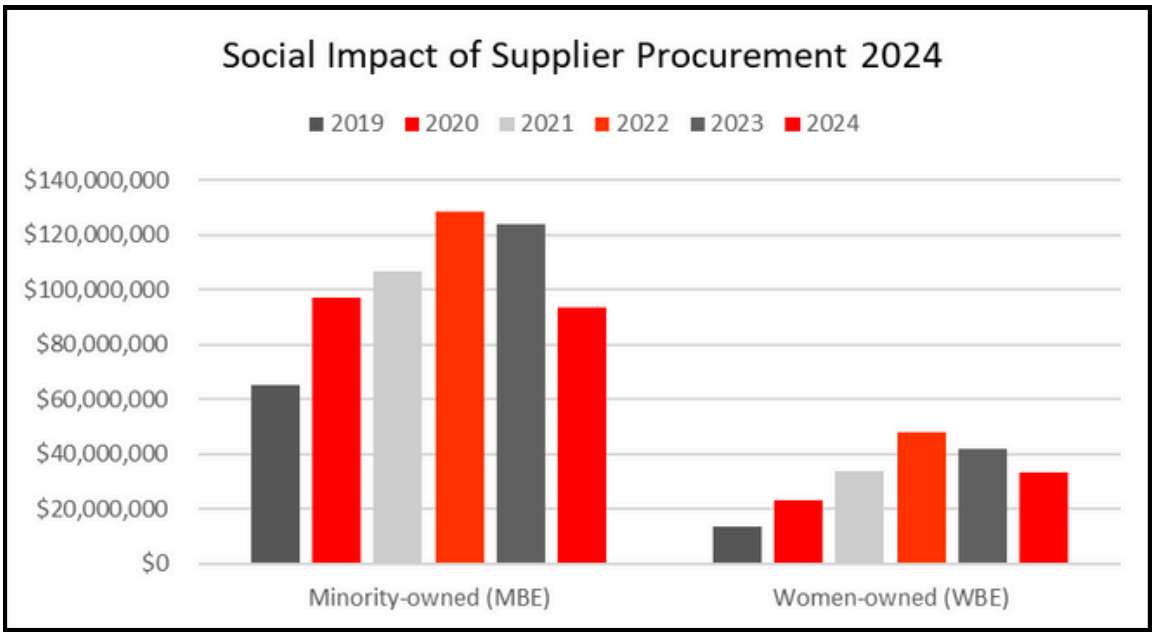
INVESTING IN HEALTH. INVESTING IN HOPE.

Supplier Diversity

Grady's commitment to providing care in a culturally competent, ethical, and fiscally responsible manner extends to our procurement process, and a cornerstone of those efforts is our supplier social impact.

In 2024, we had the opportunity to collaborate with 127 diverse suppliers, including organizations such as 100 Black Men of Atlanta – Metro Atlanta Chapter, National Coalition of 100 Black Women – Metro Atlanta Chapter, Atlanta Business League, Bronze Lens Film Festival, Georgia Hispanic Chamber of Commerce, Latin American Chamber of Commerce, Mogul Con, One Million Dreams Foundation for Black Women and Girls, United States Pan-Asian American Chamber of Commerce, Georgia Minority Supplier Development Council, National Minority Supplier Development Council, Greater Women's Business Council, Women's Business Enterprise Council, Out Georgia Business Alliance, National Veteran-Owned Business Association (NaVOBA), and the Healthcare Supplier Diversity Alliance - HSDA.

127 **Diverse Suppliers**
$126 Million **Total Spend**
24.07% **Diverse Supplier Utilization**



Social & Economic Impact

INVESTING IN HEALTH. INVESTING IN HOPE.

Health Outcomes

Grady Hospitals Office of Health Outcomes (OHO) is dedicated to investigating and reducing health disparities at Grady Hospital and in the communities Grady serves. The OHO developed a strategic plan to have a set course of action to decrease the health equity gap of those we serve. This strategic plan is for 2022-2027, and has four pillars of priority.

Office of Health Outcomes Accomplishments in 2024

CARE QUALITY

Improve Clinical Outcomes

- Health Equity Dashboard
- Increased Awareness, Education, and Screenings
- Health Equity Access Coordinators (HEAC)
- Health Equity Think Tank

COMMUNITY ENGAGEMENT

Expand Community Outreach Programs

- Health and Career Experience and Exposure Programs
- Community Programming

CROSS CULTURAL EMPATHY

Aligns Organizational Culture with Health Outcomes

- Organizational Strategic Goal Setting
- Governance and Accountability
- Workforce Development
- Staff Education & Training
- National Medical Association

SOCIAL JUSTICE/ADVOCACY

Identifies Racism in Systems

- Mobile Showers for the Unhoused
- Violence Intervention Programs
- Health Equity, Diversity, and Inclusion Council
- Social Determinants of Health
- Tree of Love

Health outcomes remain a foundational priority for Grady Health System, and the Office of Health Outcomes continues to drive meaningful change and deliver notable accomplishments across each pillar of priority.

Social & Economic Impact

INVESTING IN HEALTH. INVESTING IN HOPE.

Teenage Experience and Leadership Program (TELP)

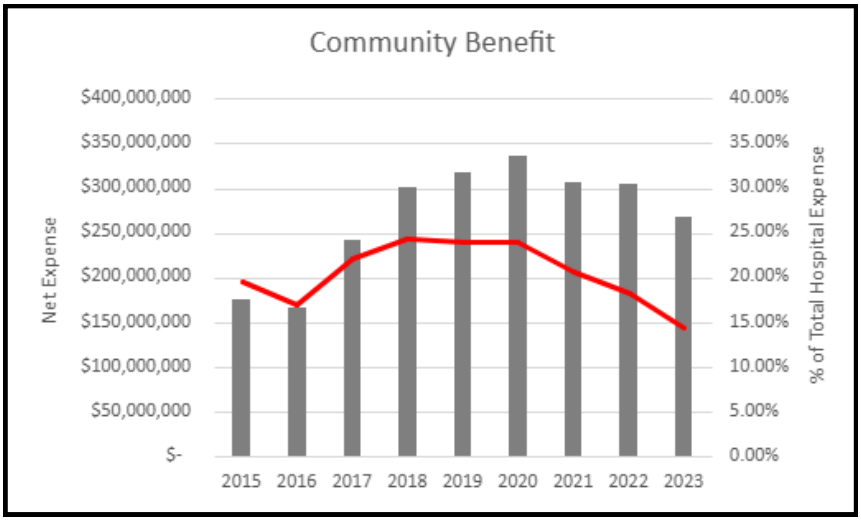
In 2024, the Office of Health Outcomes continued its successful Teen Experience and Leadership Program (TELP). TELP engages high school teens who are interested in learning about and gaining experience in the healthcare field. TELP is a seven-week program in which teens can shadow clinical and non-clinical units at Grady Hospital. In this, the participants gain exposure to and experience with the activities and skills involved in a health care worker's daily schedule. Grady Hospital also hosts work-based learning experiences in partnership with Westlake High School and the Atlanta Public School's Atlanta College and Career Academy for its patient care tech program.

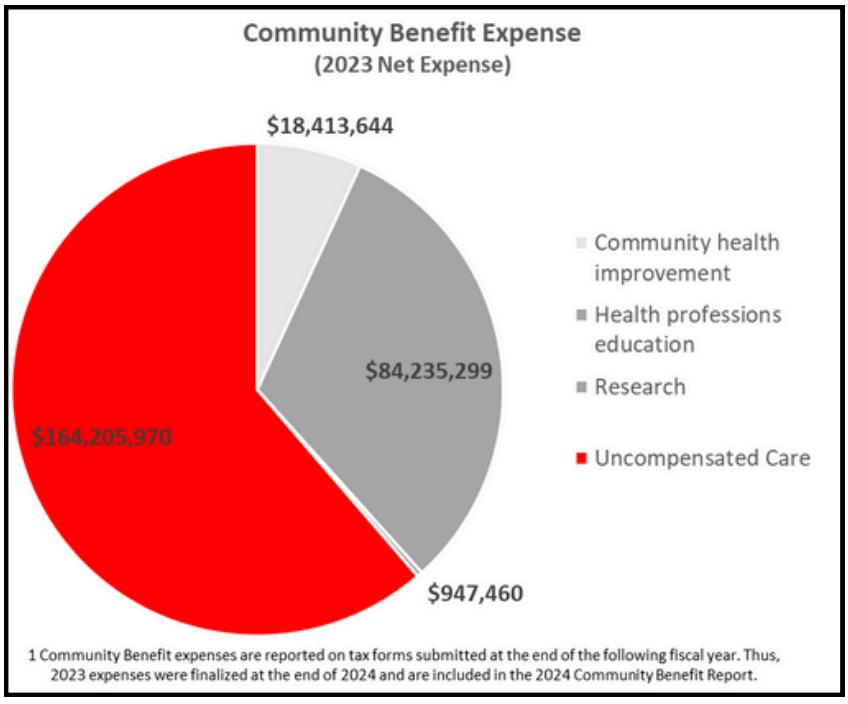
In 2024, TELP hosted 597 teens, from 151 unique high schools, and 17 counties in Georgia. TELP leaders selected over 71 clinical and non-clinical rotation assignments at Grady, and 40 professional development workshops were offered. TELP continues to empower youth through meaningful engagement and leadership development.

Community Benefit by the Numbers

Making Every Investment Count

In 2023, Grady provided more than $845 million in Community Benefit services. Grady's net Community Benefit, which totaled more than $267 million, accounted for 14% of total health system expenses.





Key Indicator

Community Health Improvement	Includes the cost of services to improve access to care or enhance the public's health. Grady's CHNA informs new activities in this category.
Health Professions Education	Includes the unreimbursed cost of operating a teaching institution. Grady is a training site for two medical schools and various other health professions programs.
Research	Includes the costs of medical research conducted by Grady and the indirect costs of research conducted by partner institutions at Grady.
Uncompensated Care	The cost of care provided to patients that remains unreimbursed, including financial assistance, Medicaid shortfalls, and other subsidized services. Grady's bad debt is not included.

Conclusion

Improving Lives Today for a Better Tomorrow.

The 2024 Community Benefit Report reflects Grady Health System's unwavering commitment to serving the people of Atlanta and beyond. Through strategic investments, innovative programs, and strong community partnerships, we have continued to address critical health needs and reduce disparities across our region..

Expanding Access to Care

- Opened new outpatient clinics in underserved areas of Fulton and DeKalb counties
- Virtual On-Demand Visits increase convenience and reduce barriers
- Completed Medicaid enrollment for over 6,000 patients

Advancing Health Equity

- Screened 106,006 patients for Social Determinants of Health (SDOH)
- Distributed food and MARTA transportation vouchers
- Expanded the Food as Medicine program and launched the Neighbor Program
- Engaged 597 teens in clinical and non-clinical experiences through TELP

Strengthening Community Partnerships

- Expanded behavioral health services and opened a new crisis center
- Continued the IVYY violence intervention program with a 3% drop in reinjury

Responding to Emerging Needs

- Launched mobile screening units and prepared a Free-Standing Emergency Department
- Addressed maternal health with postpartum hypertension and remote monitoring programs

Grady Health System remains steadfast in its mission to serve with compassion, innovation, and equity. As we look toward 2025 and beyond, we reaffirm our commitment to improving lives and building a healthier, more just future for all.