COMMUNITY HEALTH
NEEDS ASSESSMENT
2019

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Executive Summary

Grady Health System (GHS) was created by and named for Henry W. Grady, editor of the *Atlanta Constitution*, who worried about the lack of quality healthcare for Atlanta's poor. Since that time, GHS has grown considerably from its original three-story, 110-bed facility. It now stands as one of the largest health systems in the United States.

The 2010 Affordable Care Act (ACA) requires all not-for-profit hospitals to complete a Community Health Needs Assessment (CHNA) and Implementation Strategy every three years to better meet the health needs of under-resourced populations living in the communities they serve. What follows is a comprehensive CHNA that meets industry standards, including IRS final regulations of Section 501(r) entitled "Additional Requirements for Charitable Hospitals." This report utilizes a collaborative, data-driven approach to better understand, identify, and prioritize the health needs of the community served by GHS, a not-for-profit hospital under the Internal Revenue Code (IRC) Section 501(r).

As a member of the Atlanta Regional Collaborative for Health Improvement (ARCHI), an interdisciplinary coalition working to improve the region's (DeKalb and Fulton Counties) health through a collaborative approach, GHS continues to work with and through ARCHI to assess community health and maximize the impact of community investment in health improvement. The Georgia Health Policy Center (GHPC), United Way of Metropolitan Atlanta, and the Atlanta Regional Commission provide ongoing project management, data and planning resources, facilitation, and partnership building assistance to ARCHI. The 2013, 2016, and 2019 CHNAs were all conducted in partnership with ARCHI. ARCHI partners worked with GHPC to collect and share secondary data and relevant community input, including discussions with individual community leaders, resident groups, and groups of community leaders.

The primary focus of data collection for the 2019 assessment was on at-risk, high-need and medically underserved populations living in 63 ZIP codes concentrated in the primary service area of Fulton and DeKalb counties. The process includes synthesis of:

- Secondary data specific to the populations and geographic area served by GHS,
- 33 individual key informant interviews with stakeholders,
- Six focus groups with residents, and
- A health summit with community leaders.

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 of GHS's patient population may influence the health outcomes and number of health needs found in this assessment. The majority of GHS's revenue is generated through Medicare and Medicaid reimbursement, and millions of dollars in indigent and charity care are

provided each month. Much of GHS's community experiences above average socioeconomic barriers to accessing healthcare, and their health is influenced by social determinants, such as economic insecurity, low education attainment, unemployment, limited English speaking skills, among others.

2019 CHNA Findings:

When looking back to the previous two CHNAs (2013 and 2016), there are several notable trends related to the general population in the 2019 findings.
There are notable improvements in:

- Cancer incidence and mortality rates;
- The number of providers generally, though safety-net providers remain low;
- Poverty, though the rate remains slightly higher than 10 years ago;
- Unemployment; and
- Insurance rates, but there is no measure of the rate of underinsurance.

Trends worsened for:

- Cardiovascular conditions;
- Maternal and child health, specifically in Fulton County;
- Obesity, though the rate of growth has slowed;
- Human immunodeficiency virus (HIV) and STIs;
- Substance abuse and overdose;
- Violence and injury; and
- Inequities.

SIGNIFICANT COMMUNITY HEALTH NEEDS

1. Social Determinants of Health: Economic Security, Housing, Food Access, Educational Attainment, and Transportation
2. HIV and STIs
3. Violence and Injury
4. Substance Use
5. Maternal and Child Health
6. Respiratory Health
7. Metabolic Syndrome (Cardiovascular Disease and Diabetes)
8. Behavioral Health
9. Cancer
10. Access to Care

There are specific populations 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 need to be the focus of further study and targeted investment to address persistent health disparities:

- Black and Latino residents,
- Single parents,
- People without legal immigration status, and
- Residents from the southern half of GHS's service area, specifically residents from ZIP codes 30021, 30032, 30303, 30310, 30311, 30314, 30315, 30337, 30340, and 30360.

In general, residents in the service area tend to be younger, more diverse, and higher-income earning, and more educated when compared to the state. Both counties have high population counts; Fulton County is larger and is expected to grow at a more rapid pace than DeKalb County.

Inequities in social determinants of health influence residents in the areas served by Grady. While both Fulton and DeKalb counties have higher income, employment, insurance, housing, and education rates when compared to the state, a closer look at the data by ZIP code and race/ethnicity shows evidence that both counties have geographic pockets where the burden of inequitable social determinants of health match or exceed those found at the state level. An example of this is the rate of poverty among single-parent families. While single-parent families experience the highest rates of poverty throughout the service area, Fulton County shows the starkest contrast between single-parent poverty when compared to all other types of families (see Table 4 and Table 9).

Most of the top 10 causes of death in the service area are related to chronic conditions, lifestyle and behavior factors (i.e., heart disease, stroke, chronic obstructive pulmonary disease [COPD], lung cancer, diabetes, and kidney disease). Several health issues are prevalent throughout the service area; these include high rates of:

- Hypertensive heart disease,
- HIV – new and existing cases,
- Breast and prostate cancer incidence and mortality,
- Drug-related mortality,
- Sickle cell anemia incidence,
- Emergency department (ED) visits for asthma and behavioral health issues, and
- Hospital discharge rates for assault.

Addressing these issues would influence the health of communities served by Grady.

Limitations to Findings

There are several limitations to be aware of when considering the findings of this assessment:

- Most of the data included in this assessment is available only at the county level. Where more targeted data were available, they were included. County-level data is an aggregate of large populations, and does not always capture or accurately reflect the nuances of community health needs.
- Secondary data is not always available. For example, data that is publicly available on personal behaviors that impact health in Fulton and DeKalb counties is sparse. In absence of secondary data, this assessment notes relevant anecdotal data that has been gathered during primary data collection. It is important to note that primary data is limited by individual vocabulary, interpretation, and experience.
- There is no measure of the accessibility and effectiveness of available services listed in the Community Facilities, Assets, and Resources section included in Appendix D, particularly for under- and uninsured residents.

Community Definition

GHS continues to maintain its strong commitment to the healthcare needs of Fulton and DeKalb counties' underserved population, while also offering a full range of specialized medical services for the greater Atlanta region. In addition to the main hospital, GHS operates six neighborhood health centers throughout DeKalb and Fulton Counties, a walk-in center adjacent to the hospital, and a facility dedicated to providing holistic care for people living with HIV. GHS also owns Hughes Spalding Hospital and maintains an agreement with Children's Healthcare of Atlanta to operate the facility. Grady Memorial Hospital Corporation (GMHC) is governed by a 17-member Board appointed in 2008.

Because GHS is supported by the taxpayers of Fulton and DeKalb Counties and residents of these counties make up the majority of the service area, Grady's community, as defined for the purposes of the CHNA, is Fulton and DeKalb Counties, with an emphasis on the poor and underserved. Since Hughes Spalding is part of GHS and shares the same geographic community, this CHNA applies to both hospitals. The GHS community consists of 63 residential ZIP code areas within the two counties. This geographic region is defined as the service area throughout the remainder of this report.

Table 1: GHS Community Definition – ZIP Codes

County	ZIP Codes (63)	Population Size (2018)
Fulton	30310, 30315, 30303, 30311, 30314, 30337, 30312, 30313, 30344, 30354, 30318, 30268, 30291, 30308, 30331, 30349, 30213, 30324, 30336, 30342, 30076, 30350, 30363, 30009, 30305, 30309, 30005, 30097, 30306, 30328, 30022, 30326, 30327, 30004, 30075	**1,110,620**
DeKalb	30021, 30032, 30340, 30360, 30341, 30079, 30083, 30317, 30035, 30084, 30316, 30345, 30002, 30034, 30288, 30329, 30038, 30058, 30088, 30033, 30346, 30319, 30030, 30294, 30307, 30322, 30087, 30338	**820,822**

Data Collection

The collaborative assessment process completed by ARCHI members has contributed to the assessment of the health needs and the identification of health priorities in Grady's community. A number of individuals and organizations provided input, data, and context for this CHNA. Within Georgia State University, both the Institute of Public Health and the GHPC contributed to the primary and secondary data collection activities. A number of Georgia state agencies also contributed, including the Department of Public Health and Department of Community Health. The Fulton County District Health Director participated in a stakeholder interview, and various non-profit organizations were also engaged via key informant interviews.

Secondary Data

The secondary data were compiled from a variety of sources that are reliable and representative of the community served by Grady. Data sources include, but are not limited to:

- Cares Engagement Network (engagementnetwork.org)
- Community Commons CHNA Portal (CHNA.org)
- County Health Rankings and Roadmaps (countyhealthrankings.org)
- U.S. Census Bureau, American Community Survey 5-Year Dataset (census.gov)
- Georgia Department of Public Health Online Analytical Statistical Information System (oasis.state.ga.us)
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (www.cdc.gov/NCHHSTP/Atlas/)
- Truven Health Analytics: Community Need Index (CNI)

The data were divided into several categories, including: demographics, social and economic factors, access to care, health behaviors, and health outcomes. Much of the publicly available data is only available at the county level and not in smaller segments. However, where possible, the data was analyzed at the ZIP code or census tract level to get a more comprehensive understanding of community health needs. A detailed list of the data sources reviewed for this assessment is included in Appendix B.

To better understand the experience and needs of residents served by the hospital, several types of qualitative data were used. Qualitative data included:

- Focus groups with residents
- One-on-one interviews with key stakeholders
- A health summit with community leaders

An in-depth description of the participants, methods used, and collection period for each qualitative process can be found in Appendix A.

Primary Data

The collaborative CHNA process secured community input from a variety of sources, including stakeholder meetings, one-on-one interviews, and a health summit with community leaders. Many different types of organizations and individuals with different types of expertise were represented, including:

- Behavioral Health
- Business Community
- Civic and Advocacy Organizations
- Faith Community
- Federally Qualified Health Centers (FQHCs)
- Health Plans
- Hospitals
- Local Governments
- Philanthropy
- Physicians
- Primary Care Community

- Public Health
- Social Service providers
- Universities

Appendix A lists all the stakeholders who provided input to inform this collaborative needs assessment and priority-setting process.

Demographics of the Community

The population in Georgia is one of the fastest growing in the nation. The community served by Grady is also projected to grow at a rapid pace. The following table shows the total population for each county by race and ethnicity, age, and income. When compared to Georgia, these communities are younger and more diverse, with a higher percentage of limited English-speaking skills. They are also higher-income earning than the state.

Table 2. Demographic Data by County and State (2013-17)

Demographic Data (2018)				
	DeKalb	Fulton	GA	U.S.
Total population	736,066	1,010,420	10,201,635	321,004,407
Projected change by 2023	+5.59%	+6.65%		+3.50%
Age and Sex Distribution				
Median age in years	35.5	35.2	36.4	37.8
0–17 years old	23.55%	22.82%	24.49%	22.92%
18–64 years old	65.35%	66.42%	62.75%	62.20%
65+ years old	11.11%	10.77%	12.75%	14.87%
Male	47.41%	48.47%	48.71%	49.23%
Female	52.59%	51.53%	51.29%	50.77%
Racial/Ethnic Distribution				
Non-Hispanic White	34.64%	45.02%	59.42%	73.01%
Black	53.98%	44.14%	31.32%	12.65%
Asian	6.05%	6.68%	3.81%	5.35%
Hispanic	8.67%	7.38%	9.32%	17.60%
Limited English Speaking	6.22%	3.05%	3.19%	4.42%
Income Distribution				
Median Household Income	$55,876	$61,336	$52,977	$57,652
Less than $15,000	10.16%	11.15%		
$15,000–25,000	9.00%	8.56%		
$25,000–50,000	23.41%	20.60%		
$50,000–75,000	17.98%	15.36%		
$75,000–100,000	11.82%	10.57%		
Over $100,000	27.63%	33.76%		

Data Sources: U.S. Census Bureau, American Community Survey. 2013–17.
Demographics Expert 2.7: Demographic Snapshot. 2018.

Community Health Needs

Understanding the health of a community and what residents need to be healthier requires consideration of a variety of factors. County Health Rankings (CHRs) offer a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work, and play. These factors are weighted to reflect the influence each has on health outcomes: social and economic factors (40 percent), health behaviors (30 percent), clinical care (20 percent), and physical environment (10 percent).[1] This assessment includes a consideration of the following health factors from the perspectives of community and hospital leaders, residents and secondary data:

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

Understanding the disease burden among residents (morbidity) and what is causing death (mortality) in a community is vital to assessing the health needs of a community. CHR is an annual measure of county-level health indicators, which offers a measure of health outcomes by county, based on the above referenced population health model. Among other factors, CHR measures length of life and quality of life. DeKalb and Fulton counties both fall within the top quartile when ranked against the other 159 counties in the state, except in social and economic factors, and physical environment. Between these two counties, DeKalb County shows higher rates of mortality and the lower quality of life.

Table 3. CHRs by County: Ranking out of 159 Counties in Georgia (2019)

County	Health Outcomes	Health Factors	Length of Life	Quality of Life	Health Behaviors	Clinical Care	Social & Economic Factors	Physical Environment
DeKalb	16	26	15	27	13	17	65	133
Fulton	11	18	16	18	9	5	42	153

Note: There are 159 counties in Georgia.
Data Source: University of Wisconsin Population Health Institute. CHRs Key Findings 2019.

The leading causes of death in the hospital service area are similar when compared to the state. The top two causes of death in both the service area and throughout the state are related to heart disease (i.e., obstructive and hypertensive heart disease). The remainder of the top five causes of death are cerebrovascular disease (stroke), lung cancer, Alzheimer's disease, and behavioral health causes (unrelated to psychoactive substance use). See Appendix C for a ranked list of causes of death in Georgia and in DeKalb and Fulton counties.[2]

[1] CHRs and Roadmaps Population Health Model
[2] Georgia Department of Public Health Online Analytical Statistical Information System: oasis.state.ga.us

Social Determinants of Health

According to Healthy People 2020, "Social determinants of health (SDOH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." Input from community leaders and resident groups drew correlations between social determinants of health (i.e., education, income, language skills, neighborhood of residence, etc.) and the ability of residents to be healthy, secure stable employment, safe housing, and healthy food. One stakeholder described the relationship between SDOH and health this way:

> "*Because of housing and transportation, there is a barrier to their healthcare. A lot of the clients that I serve, a lot of them are homeless, so that's a big problem. So when we have clients that can't get stable, secure housing, and they do not have transportation to get to and from their appointments, they are not focused on medical care. They are worried about having a roof over their head and food in their stomachs."*

Table 4 shows that poverty in the general population increased in DeKalb County (0.9 percent) and decreased in Fulton County (–0.3 percent). While single-parent families experience the highest rates of poverty throughout the service area, Fulton County shows the starkest contrast between single-parent poverty compared to all other types of families.

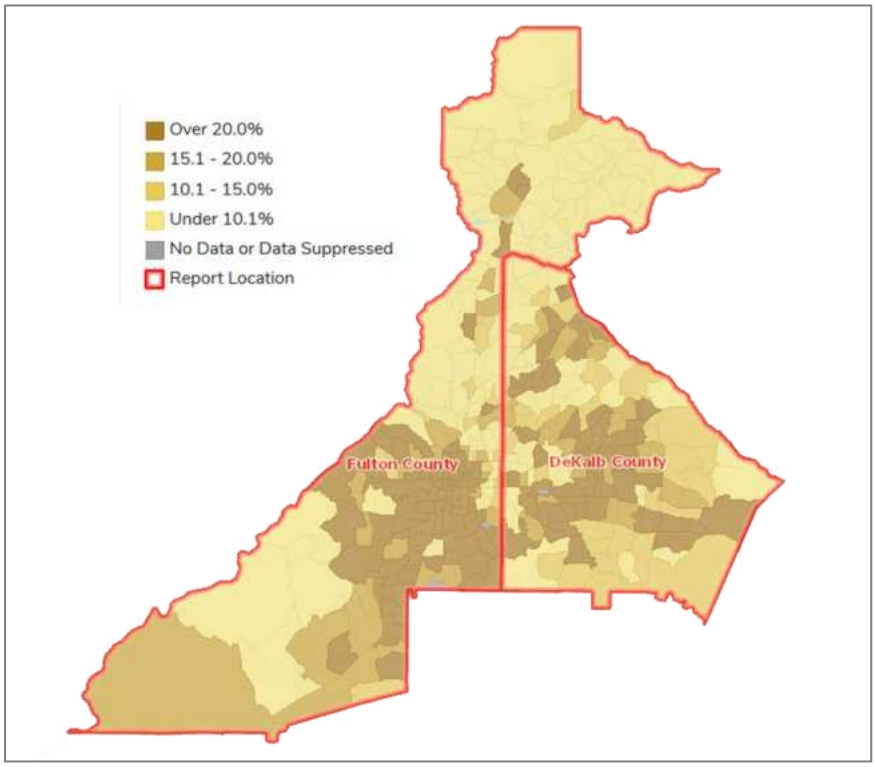
Table 4. Population below the Federal Poverty Level by Family Status and County (2006–2017)

	DeKalb County		Fulton County	
	2013–17	2006–10	2013–17	2006–10
Total Households	273,614	264,837	391,850	357,463
All People	17.60%	16.10%	16.00%	15.30%
All Families	13.20%	12.40%	11.70%	12.00%
Married Couple Families	7.10%	5.50%	4.10%	3.60%
Single-Female Head of Household Families	25.50%	25.30%	30.10%	31.80%

Date Source: Neighborhood Nexus: U.S. Census Bureau, American Community Survey. 2006–10; 2013–17.

Poverty in the areas served by Grady is a pervasive and growing challenge, particularly among families with children and people of color. Poverty is geographically dispersed with larger percentages of residents living below the poverty level in the central and southern regions of the service area (see Figure 1).

Figure 1. Population below the Poverty Level, Percent by Tract, 2013–17



Data Source: U.S. Census Bureau, American Community Survey. 2013–17.

The correlation between poverty, education, and housing is strong. School funding is tied closely to property values. These values are lowest in communities where poverty rates are highest; creating a cycle of under-resourced schools and poor educational attainment in communities where incomes are lowest.

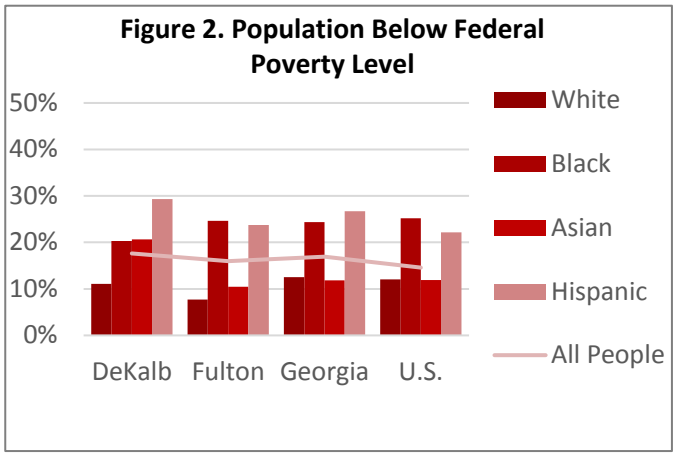
Unemployment has decreased across the area in the last ten years. During the same period, the median household incomes in DeKalb and Fulton counties increased by $4,527 and $4,627, respectively.[3] Community leaders attending the health summit noted the need to improve the socioeconomic status of residents in their communities through equitable revitalization, job training, and education.

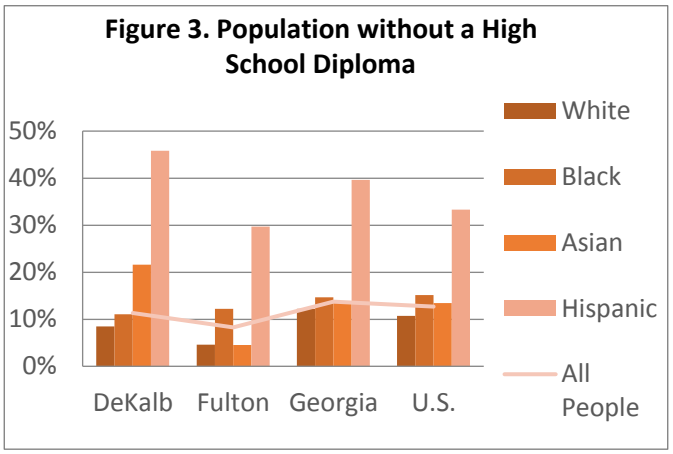
Figures 2 and 3 depict this correlation in the disparities that exist in poverty and education rates of various racial and ethnic communities throughout the service area, with Black and Latino residents showing the highest rates of poverty and lowest rates of educational attainment when compared to the general population. Community input suggests that employment options are limited for undocumented and previously incarcerated residents, and there are limited support services available for these populations. The jobs that are available are often low paying and/or dangerous. In DeKalb County, Hispanic and Asian residents have higher rates of poverty and lower educational attainment when compared their White and

[3] Atlanta Regional Commission, 2016 Neighborhood Nexus, County Profiles: www.neighborhoodnexus.org

Black counterparts. In Fulton County, Black and Hispanic residents have higher rates of poverty and lower educational attainment.

Figures 2 and 3. Percentage of Population Below Federal Poverty Level and Without a High School Diploma by Race/Ethnicity and County (2013–17)





Data Source: U.S. Census Bureau, American Community Survey. 2013–17.

Since the 2016 CHNA, high school graduation rates have improved in Fulton County and across Georgia and declined in DeKalb County. There are seven ZIP code areas – five in DeKalb County and two in Fulton County – where more than one in five residents does not have a high school diploma or equivalent.[4]

Table 5. Selected Education Indicators

	DeKalb County	Fulton County	GA	U.S.
On-time High School Graduation Rate	74.90%	84.10%	84.00%	86.80%
Percent Population Age 25+ without HS Diploma	11.30%	8.27%	13.74%	12.69%
Head Start Rate*	2.38	6.55	4.31	7.18
Unemployment Rate	3.70%	3.80%	3.70%	3.80%

*per 100,000 population

Data Sources:

U.S. Department of Education, EDFacts. Accessed via DATA.GOV. Additional data analysis by CARES. 2016–17.

U.S. Census Bureau, American Community Survey. 2013–17.

U.S. Department of Health & Human Services, Administration for Children and Families. 2018.

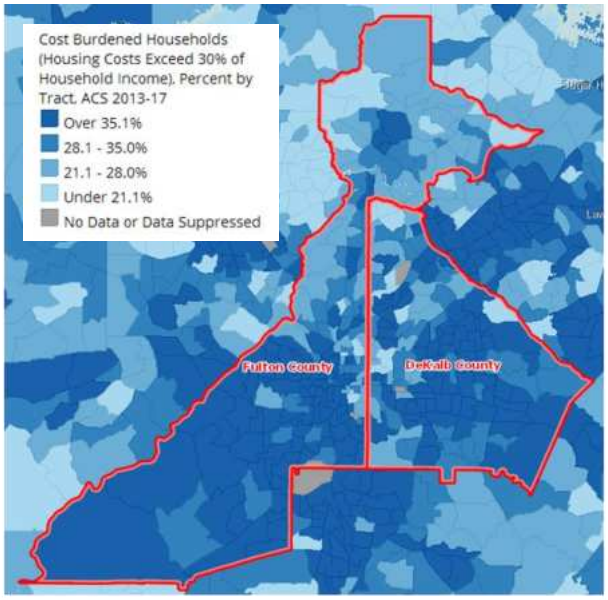
U.S. Department of Labor, Bureau of Labor Statistics. August 2019.

As Atlanta rebounds from the housing crisis, older homes are being replaced by newer dwellings, such as larger apartment units. This, coupled with the population growth and decreasing vacancy rates, may be setting the community up for challenges related to unaffordable housing and displacement. Input provided by community leaders during the community health summit noted that major development

[4] Five in DeKalb County (30021, 30340, 30360, 30341, and 30032) and two in Fulton County (30315 and 30310)

efforts are not engaging residents and often lead to displacement and economic instability. This may be what is driving the increases in the percentage of residents paying more than 30 percent of their monthly income for rent – concentrated in the central and southern regions of the service area – shown in Figure 4 and Table 6. According to community leaders, healthy housing is becoming less affordable, and residents have to make choices between healthy options (food, preventive care, medications, etc.) and the cost of their housing, because they cannot afford everything they need. Renters are particularly impacted as a greater percentage pay more than 30 percent of their income toward housing than homeowners.

Figure 4. Percent Cost Burdened Households (2013–17)



Data Source: U.S. Census Bureau, American Community Survey. 2013–17.

In the last 10 years, home values and home ownership have declined; home ownership is being replaced by renting. This fact alone does not indicate health challenges and is likely related to both the housing crisis and common trends among the younger median age of the service area. However, input provided by residents noted unhealthy housing conditions in communities where poverty rates are highest (e.g., overcrowding, safety issues related to structure and poor adherence to building codes), gentrification causing displacement, rising cost of housing, and closing of homeless shelters as facilitating factors in the poor health of residents in their communities. One stakeholder noted that:

> *"We know there is a strong linkage between the environment they live in and respiratory-type complications and a lot of times people are afraid of their landlords because they found a place they afford, so they are willing suffer the asthma, versus the other alternative."*

It is important to note that according to the point-in-time count mandated by the U.S. Department of Housing and Urban Development (HUD), homelessness in Atlanta has decreased 25 percent since 2015, but increased 5 percent since 2018.[5]

Table 6. Selected Housing Indicators by County (2006–2017)

	DeKalb County		Fulton County	
	2013–17	2006–10	2013–17	2006–10
Total Households	273,614	264,837	391,850	357,463
Family Households	58.70%	58.90%	54.00%	56.00%
Nonfamily Households	41.30%	41.10%	46.00%	44.00%
Vacant Housing Units	11.10%	12.30%	14.10%	16.90%
Homes More Than 20 Years Old	66.70%	69.30%	54.60%	61.40%
Median Value of Homes	$176,000	$190,000	$268,900	$253,100
Households Paying More Than 30% of Income for Monthly Mortgage	30.40%	41.20%	27.70%	37.20%
Households Paying More Than 30 percent of Income for Monthly Rent	52.30%	53.70%	49.80%	50.60%

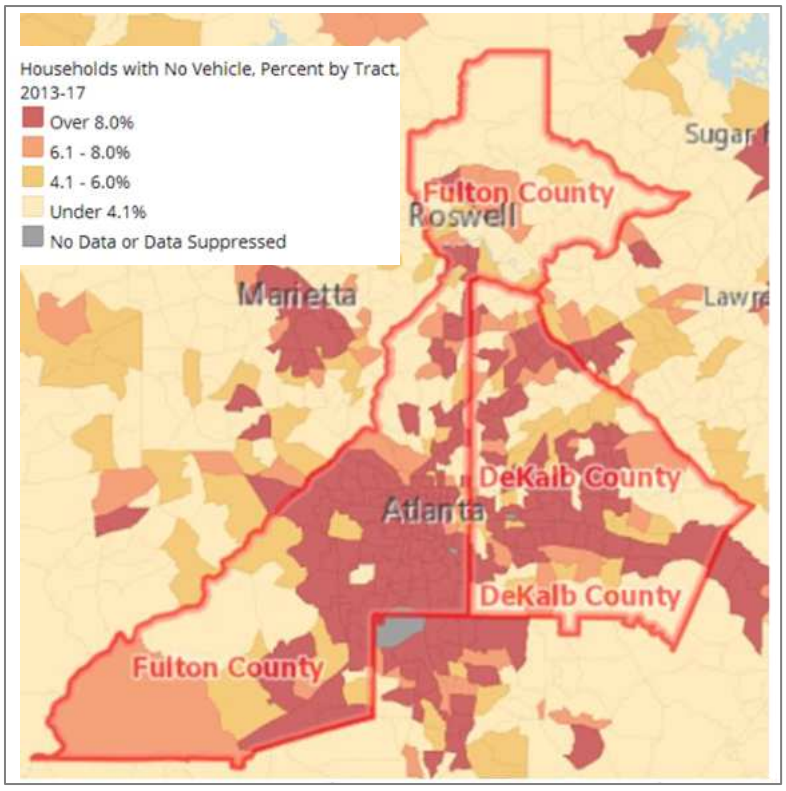
Date Source: Neighborhood Nexus: U.S. Census Bureau, American Community Survey. 2006–10; 2013–17.

Transportation is a vital component to health, and many communities do not have regular, on-demand access to affordable reliable methods of transportation. According to community leaders and resident groups, many people do not have access to the transportation they need to meet basic needs (e.g., medical appointments, grocery shopping, work, etc.) and commuting becomes more difficult for families with children. Public transportation can be unreliable (e.g., often behind schedule) and many under-resourced residents do not have access to private transportation or ridesharing. In fact, DeKalb and Fulton counties have a higher percentage of population with no motor vehicle (8.8 percent and 11.4 percent, respectively) when compared to GA (6.7 percent). One stakeholder noted the impact of transportation challenges on residents they serve in this way:

> *"They often don't have access to get food, healthier foods like fresh vegetables and fruit, and that goes back to the lack of transportation."*

[5] Partners for HOME: Point-in-Time Count (2019): www.partnersforhome.org

Figure 5. Percent Households with No Vehicle (2013–17)



Data Source: U.S. Census Bureau, American Community Survey. 2013–17.

According to the U.S. Department of Agriculture (USDA), food security is access by all people at all times to enough food for an active, healthy life. It is one of several conditions necessary for a population to be healthy and well-nourished. In 2016, the USDA found that 14 percent of households in Georgia experience low food security, and 5.6 percent experience very low food security.[6] One focus group participant described the relationship between poverty and healthy behaviors in this way:

> *"A lot of people don't have jobs, so you have single parents who don't have jobs, and that food insecurity, a part of that has to be that these people don't have money to go to the store to get food."*

Both counties show signs of food insecurity and low access to grocery stores. Community leaders noted that there are a limited number of grocery stores, coupled with high rates of fast food restaurants in under-resourced communities. One resident had this to say when comparing the availability of unhealthy options to healthy options in her neighborhood:

[6] USDA Economic Research Service, Household Food Security in the United States in 2016, ERR-237

"If I've run into a situation where I've haven't been able to properly prepare that Sunday, which never seems to happen, and I need to get them something [healthy to eat], just having healthy food options is really a challenge [to find]. And then if you do find something, you're going to pay. So that's just always been my challenge. You know, and then my heart goes out to those who just can't afford to eat healthy or organic."

The grocery stores that do exist in low-income communities do not offer the same quality of produce as stores in more affluent communities. The geographic areas with lowest access to grocery stores are in the central and eastern regions of the service area and Downtown Atlanta (see Figure 6). One resident described the connection between income and grocery store locations like this:

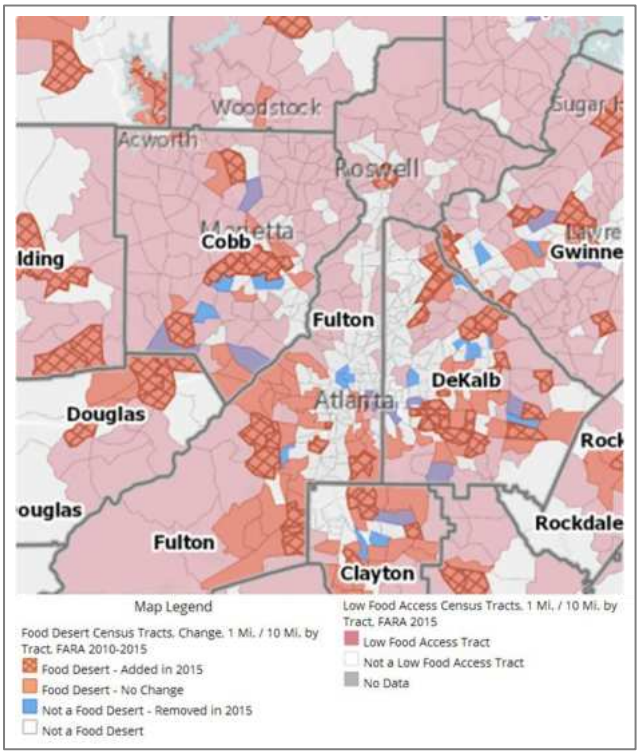
"I've heard talks of trying to put a Whole Foods [in my neighborhood], but I've heard like Whole Foods won't come to certain areas if there isn't a certain amount of income at a certain level. So maybe there could be a partnership with these grocery stores for the benefit to the community versus, where you will put it based on the median income."

Overall, Fulton County has a greater percentage of residents with low food access when compared to DeKalb (30.3 percent and 23.4 percent, respectively). Both counties have higher populations with lower access to food when compared to the nation (22.4 percent).[7] One stakeholder noted that not having food can disrupt treatment compliance because some patients require food to take medications (e.g., HIV). Another stakeholder noted:

"Even for some of my clients that receive food stamps, because some only receive a very low amount of food stamps, once they pay their rent and utilities, they have limited income left to purchase food, so they end up buying – purchasing food that is junk food."

[7] U.S. Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas. 2015.

Figure 6. Food Desert and Low Food Access by Census Tracts 1 Mi./10 Mi. (2015)



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

A closer look at ZIP code-level data shows a greater influence of the social determinants of health on the area Grady serves than county-level data can portray (see Table 9 for Community Need Index (CNI)[8] data in selected ZIP code areas). Specifically, there are geographic pockets where educational attainment and language skills are lower, and unemployment and poverty are higher than county averages:

- Unemployment rates are higher than average, with more than 87 percent of the 63 ZIP codes showing rates higher than the state (3.6 percent) and nation (3.7 percent).
- Poverty is pervasive and single-parent poverty is high across the entire service area.
- More than 23 percent of the 63 ZIP codes in the service have high school graduation rates lower than the state average.
- There are 19 ZIP code areas where more residents than is average have limited English-speaking skills.

There are existing resources throughout the service area that address the social determinants of health in communities. For a list of resources, see the Community Facilities, Assets, and Resources section found

[8] The CNI ranks each ZIP code in the United States against all other ZIP codes on five socioeconomic factors that are barriers to accessing healthcare: income, culture, education, insurance, and housing.

in Appendix D. Unfortunately, there is no way to determine the reach and effectiveness of these collective resources in addressing most of the social determinants of health noted in this assessment.

Behaviors That Impact Health

To better understand behaviors that impact health, it is important to consider factors influencing choices residents make that cause them to be either healthy or unhealthy. Often these choices are influenced by access to, awareness of, and preference for healthy or unhealthy options. The publicly available data on personal behaviors that impact health in Fulton and DeKalb counties is sparse. Community input from stakeholders and residents groups suggests that the built environment, lack of safety, lack of awareness, and confusion about screening guidelines has had an influence on physical activity and screening rates in their communities. Community input from resident groups also suggests that residents are not always making healthy choices about physical activity, nutrition, and screening/preventive care due to fear of diagnosis and stigma, perceived cost of treatment without insurance, dietary preferences, and limited time due to lengthy commutes. One community resident explained:

> *"I have a friend that told me, 'I'd rather die not knowing what I had then get diagnosed and die anyway knowing I can't afford the cure.'"*

The data in Table 7 shows adults are more physically active in the service area when compared to the state. Residents from Fulton and DeKalb counties have more access to exercise facilities when compared to Georgia residents as a whole. Residents of both counties have more leisure time physical activity when compared to the state. However, a higher percentage of DeKalb County residents are spending more than an hour in their commute when compared to Fulton County and the state. Community input suggests that residents do not have or make time to shop and prepare meals or exercise in a healthy way. Community leaders discussed the need for residents to be aware of the impact their choices have on personal and family health. More specifically, leaders felt that residents are not always fully aware of positive parenting practices, the need for prenatal care, how to shop for and prepare healthy food, and the resources available in their community. Additionally, community residents indicated that while exercise facilities are readily available, the memberships to these facilities are not always affordable.

Table 7. Selected Healthy Eating, Active Living Indicators

	DeKalb County	Fulton County	GA	U.S.
Access to Exercise Facilities	94.00%	95.00%	76.00%	ND
Percent Population with No Leisure Time Physical Activity	20.20%	19.20%	23.80%	21.60%
Commute More than 60 Minutes	11.75%	9.82%	10.32%	8.90%

Data Source: Business Analyst, Delorme map data, ESRI, and U.S. Census Tigerline Files
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015.
U.S. Census Bureau, American Community Survey. 2013–17.

Preventive care requires individuals to have access to such care, be aware of preventive guidelines, and be willing to engage in prevention. The data in Table 8 suggests that engagement in some preventive care in Fulton and DeKalb counties is better than state and national benchmarks, with the exception of higher rates of late or no prenatal care among mothers in Fulton County when compared to state and national benchmarks. It is notable that data are only available at the county level, and there are significant racial and geographic disparities in health outcomes throughout the area served by GHS (see the Health Outcomes section). See also the following section for more information about access to appropriate care.

Community input suggests that there is confusion about screening guidelines for breast, prostate, and colon cancer. One stakeholder noted that there is resistance from insurers and physicians to screen patients with or without insurance if they are outside of the established guidelines. Community residents noted that people are not getting screened for cancer and HIV, because they are afraid of the stigma and unaffordable cost associated with diagnosis.

Another resident described a recent conversation she had with a local shop owner in South Fulton:

> *People are afraid to find out what it is, whatever that is. I told her that I've found two lumps and she said, "Oh my God! I found a lump too and I'm just not going to go. I'm just going to hope it goes away."*

Table 8. Selected Preventive Care Indicators

	DeKalb County	Fulton County	GA	U.S.
Percent Mothers with Late or No Prenatal Care	11.67%	15.22%	13.80%	17.30%
Percent HIV Testing Among Adults 18+	57.60%	52.70%	43.70%	ND
Percent Female Mammogram in Past 2 Years	69.80%	77.40%	73.88%	72.50%
Colon Cancer Screening	76.30%	71.30%	65.31%	70.30%
Prostate Screening	11.75%	9.82%	10.32%	8.90%

ND for rates: Rates based on 1–4 events are not shown

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. (2015)
Georgia Department of Public Health Online Analytical Statistical Information System: oasis.state.ga.us (2014)
Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFFS) (2016)

Community health summit attendees prioritized educational awareness as one of the most pressing health issues that could improve health outcomes in their community if effectively addressed. There is no measure of educational awareness in the context of behaviors that impact health.

Resident groups spoke about the need to increase support in their community related to healthy options and preventive practices such as health screenings. One focus group participant spoke about the need for more support groups at GHS:

> *"I would like to see support groups for a variety of problems like that are just, you know, either community facilitated or something like that where people don't have to pay their copays to benefit from getting support from each other. Support for caregivers would be extremely valuable."*

There are existing resources throughout the service area addressing health behaviors in the community. For a list of resources, see the Community Facilities, Assets, and Resources section found in Appendix D. Unfortunately, there is no way to determine the reach and effectiveness of these collective resources in addressing most of the barriers to healthy behaviors noted in this assessment.

Access to Appropriate Care

Having access to the right care at the right time influences health outcomes as well as healthcare-seeking behavior, according to the input provided by residents and community leaders. Community Health Summit attendees identified access to appropriate care as one of the top community health priorities to address. Often, there are a variety of factors associated with the access residents have to appropriate care, such as insurance status, residents' ability to navigate available services, number of providers, quality of care, and transportation.

Residents told stories about showing up at a dental clinic only to be turned away after waiting all day, or waiting years on a waiting list for specialty care at a local clinic. One focus group participant had this to say:

> *"Because like you said, now you stood in this long line, you done stood here now for over eight hours and then when you get up here ... May not even be any fault of your own. You're in line for extraction, but you're so far in the back of the line, they done changed it now. This for fillings. This is not for extraction, but you done been in this line. Then they tell you got to get out of this line and go in that line over there. 'But I been here since ...' 'I'm sorry.'"*

The CNI ranks each ZIP code in the United States against all other ZIP codes on five socioeconomic factors that are barriers to accessing healthcare: income, culture, education, insurance, and housing (see the Secondary Data section of the Appendix for complete CNI data). Each factor is rated on a scale of one to five (one indicates the lowest barrier to accessing healthcare and five indicates the most significant). A score of three is the scale median.

The previous CHNA for GHS included 2015 CNI data. During the last three years, the communities served by GHS have experienced a decrease in socioeconomic barriers to accessing healthcare. Some of the most notable changes are:

- Four of the six ZIP code areas with significant barriers (5) showed improvement in overall CNI score,[9]
- There were drastic decreases in the percentage of the population with limited English skills and unemployment,
- It is notable that the decrease in uninsured is not commiserate with the decrease in unemployment, which may be due to limited growth in high-wage and full-time opportunities, and
- It is notable that Fulton County continues to show a stark contrast between areas with the greatest and those with the least amount of socioeconomic barriers to accessing healthcare.

According to the 2018 CNI (see Figure 7 and Table 9), most of the ZIP codes served by Grady have above average socioeconomic barriers to accessing healthcare. A closer look shows:

- There are two ZIP codes with CNI scores of 5 (highest barriers measured by the scale), both are in Fulton County.[10]
- 79 percent of ZIP code areas show barriers that are higher than median for the scale (3).
- Eight ZIP codes showed increases in the barriers to accessing healthcare between 2017 and 2018.[11]
- 21 ZIP codes showed decreases in the barriers to accessing healthcare between 2017 and 2018.[12]
- 46 percent of ZIP codes have higher rates of uninsured than the state (14.8 percent), and nearly 30 percent of the service area has more than one in five uninsured residents.

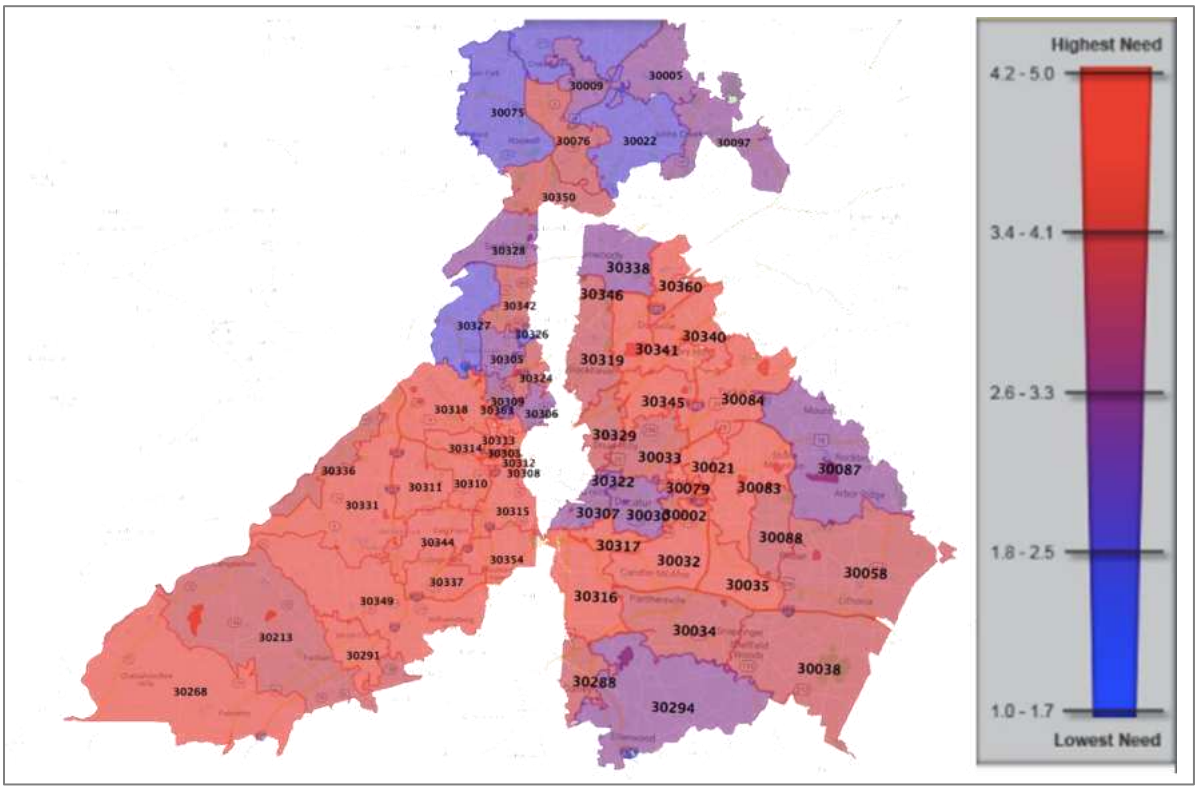
[9] Decreases in CNI Scores between 2015–2018 took place in 30021, 30314, 30340, and 30354

[10] Scored 5 on CNI index: Fulton County (30310 and 30315)

[11] Increases in CNI Scores between 2017–2018: DeKalb (30317 and 30346), and Fulton (30313, 30268, 30342, 30350, 30005, and 30075)

[12] Decreases in CNI Scores between 2017–2018: DeKalb (30021, 30340, 30079, 30316, 30002, 30288, 30329, 30038, 30058, 30033, 30319, 30030, 30294, and 30338), and Fulton (30337, 30354, 30318, 30291, 30336, 30305, and 30097)

Figure 7. Grady Health System 2018 CNI Scores by ZIP Code



Data Source: Truven Health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and CNI, 2018

The CNI scores also reflect the stark contrast between wealth and poverty in the community. When comparing the 10 ZIP codes with the greatest barriers to the 10 with the least barriers, we find:

- Over-representation of Fulton County in the highest barrier and lowest barrier areas, indicating a large gap between high-need areas and low-need areas.
- Fulton County houses both of the highest need (5.0) areas in GHS's community.
- Single-parent poverty is pervasive.

Table 9. 2018 CNI: 10 Highest-Barrier versus 10 Lowest-Barrier ZIP Codes

GEOGRAPHY		SCORES		INCOME			CULTURE		EDU	INSURANCE		HOUSING	
ZIP	County	Change (2014-15)	2015 CNI Score	Poverty 65+	Poverty Children	Poverty Single w/kids	Limited English Skills	Minority	No High School Diploma	Unemployed	Uninsured	Renting	
30310	Fulton	0.0	5.0	24.6%	43.1%	54.4%	0.5%	92.6%	20.1%	13.9%	38.1%	60.8%	10 Areas With the Highest CNI Scores
30315	Fulton	0.0	5.0	29.8%	47.5%	61.3%	1.9%	86.8%	21.3%	16.2%	43.6%	63.3%	
30303	Fulton	0.0	4.8	37.4%	35.9%	56.9%	0.5%	57.3%	17.7%	16.7%	29.2%	72.6%	
30311	Fulton	0.0	4.8	18.7%	54.6%	69.0%	1.6%	97.5%	17.1%	16.9%	39.8%	58.5%	
30314	Fulton	0.0	4.8	14.7%	42.8%	50.6%	0.5%	96.8%	15.6%	15.8%	33.3%	65.3%	
30337	Fulton	–0.2	4.8	18.5%	39.1%	61.7%	2.2%	85.0%	18.1%	11.8%	30.5%	67.4%	
30021	DeKalb	–0.2	4.8	18.3%	40.9%	38.5%	24.1%	85.3%	29.6%	11.6%	24.6%	71.6%	
30032	DeKalb	0.0	4.8	16.9%	35.9%	47.5%	1.1%	87.5%	20.1%	14.5%	24.0%	47.9%	
30340	DeKalb	–0.2	4.8	10.8%	28.5%	48.8%	20.6%	76.4%	28.1%	6.9%	17.6%	59.4%	
30360	DeKalb	0.0	4.8	7.1%	25.9%	59.0%	18.6%	62.0%	22.9%	6.4%	11.5%	50.9%	
30097	Fulton	–0.2	2.8	6.7%	5.7%	20.5%	5.7%	61.6%	5.9%	5.5%	6.5%	25.7%	10 Areas With the Lowest CNI Scores
30306	Fulton	0.0	2.8	5.5%	6.1%	27.5%	0.9%	15.8%	2.6%	2.7%	8.0%	47.9%	
30328	Fulton	0.0	2.8	7.3%	6.9%	14.9%	2.3%	36.3%	3.1%	4.0%	8.9%	42.2%	
30087	DeKalb	0.0	2.8	6.3%	13.9%	23.3%	2.9%	75.2%	7.9%	9.6%	8.6%	15.5%	
30338	DeKalb	–0.2	2.8	3.9%	6.4%	24.3%	2.3%	34.6%	4.5%	4.9%	6.0%	43.5%	
30022	Fulton	0.0	2.4	4.4%	4.1%	15.7%	3.2%	39.1%	4.0%	4.9%	5.5%	27.0%	
30326	Fulton	0.0	2.4	4.4%	0.8%	4.0%	0.8%	27.1%	1.7%	1.9%	4.6%	55.6%	
30327	Fulton	0.0	2.4	6.9%	4.9%	34.9%	1.0%	15.6%	1.1%	3.4%	7.5%	24.3%	
30004	Fulton	0.0	2.2	5.9%	6.1%	18.8%	1.9%	36.1%	3.7%	3.1%	5.3%	21.8%	
30075	Fulton	0.2	2.2	4.9%	5.9%	26.5%	2.4%	22.3%	3.7%	3.7%	5.6%	19.4%	
DeKalb Total		–0.1	3.9	12.5%	20.6%	35.3%	5.6%	70.6%	12.2%	8.6%	14.6%	42.5%	
Fulton Total		0.0	3.6	11.6%	19.1%	35.1%	2.3%	60.3%	8.6%	7.7%	16.1%	44.8%	

Data Source: Truven Health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and Community Need Index, 2018

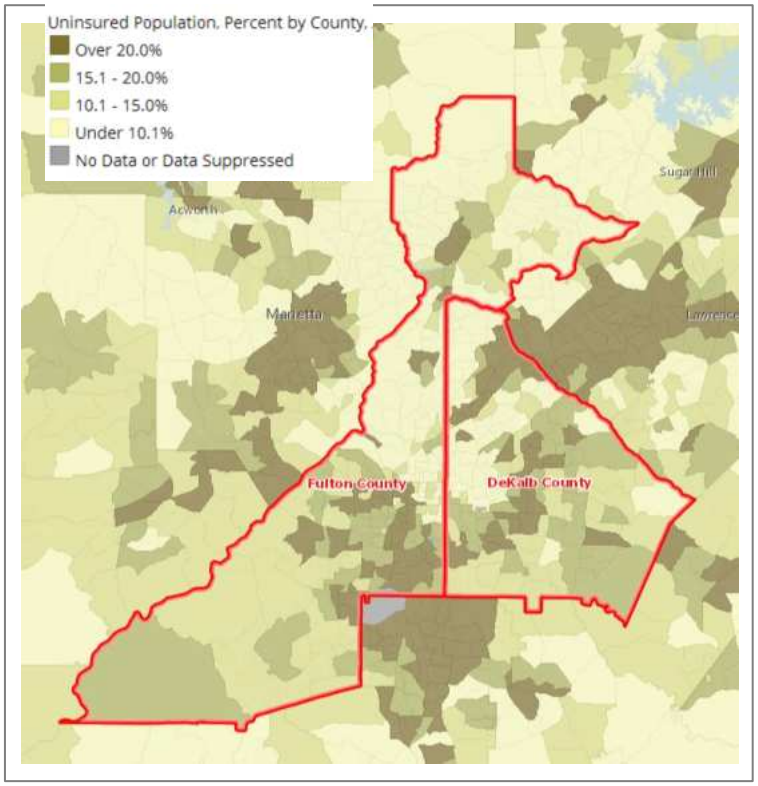
A greater percentage of Georgia residents are uninsured than the national average due to the lack of Medicaid expansion. The percentage of uninsured residents has decreased since the last CHNA in DeKalb and Fulton counties, but remains higher than state and national benchmarks in DeKalb County. One resident explained how unaffordable private-pay insurance options are for her:

> *"I remember when I didn't have Medicare and not working, no income, every plan that they called it was $400 or better, that's not affordable."*

Figures 8 and 9 show the disparities in the rates of uninsured when considering the data by racial and ethnic communities throughout the community, with Latino and Black residents showing the highest rates when compared to their White and Asian counterparts. In DeKalb County, Latino residents are nearly seven times more likely to be uninsured, when compared to their White counterparts. In Fulton County, Latino residents are nearly six times more likely to be uninsured, when compared to their White counterparts. Community input suggests that undocumented residents do not always seek or have access to basic health services due to fear of deportation, lack of insurance, lack of transportation, lack of documentation, and a cultural preference for alternative remedies. One stakeholder noted that there are undocumented women showing up in the emergency room in labor, never having received prenatal care because they do not have access. A resident explained how political rhetoric has influenced undocumented individuals in Fulton and DeKalb counties:

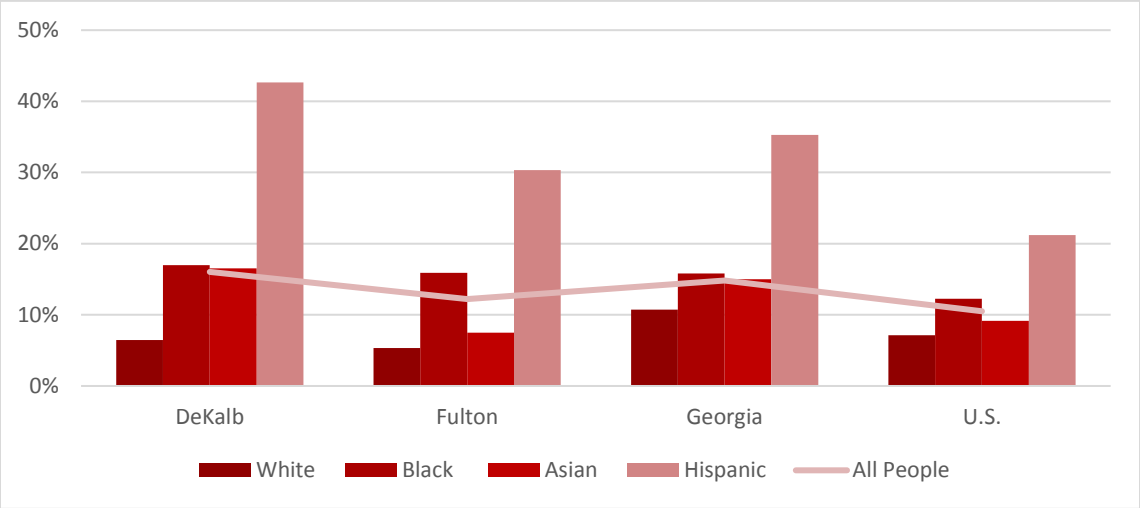
> *"The way that the rhetoric and things like that are going on with immigration in our country, some of them have kind of maybe gone under the radar and not seeking services and seeking things that benefit them because they're afraid of the retribution or you know. [They are thinking] "If I go to the hospital, I'm going to get, you know, they're going to throw me out" and that kind of stuff."*

Figure 8. Percent of Population without Health Insurance, 2013-2017



Data Source: U.S. Census Bureau, American Community Survey. 2013–17.

Figure 9. Percentage of Uninsured Population by Race/Ethnicity and County (2013-2017)

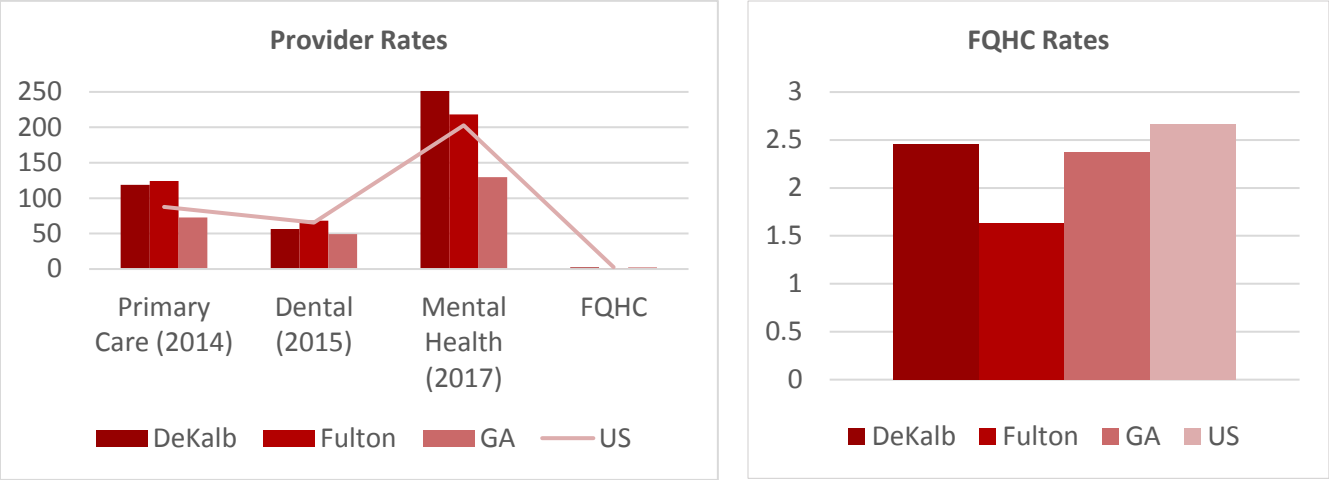


Data Source: U.S. Census Bureau, American Community Survey. 2013–17.

Fulton County has higher rates of primary care and dental care providers when compared to DeKalb County and the state. DeKalb County has more FQHCs than Fulton County and the state. While provider rates have increased since the 2016 CHNA, safety-net providers (FQHCs and community clinics) remain low in the communities served by GHS when compared to national rates. Input from community residents noted there are inadequate safety-net services. The services available are not culturally and linguistically relevant to meet the needs of all residents (e.g., Black, Asian, Latino, and LGBTQ residents). While one resident exclaimed, "Thank God for Grady!" – many other community leaders and resident groups noted that people are not aware of the extent and quality of services available to them at Grady if they are a resident of Fulton and DeKalb counties.

Community leaders and resident groups noted that Grady offers care to residents that are not otherwise able to secure care due to being uninsured or insured by Medicaid or marketplace insurance. Community input suggests that GHS has effectively identified and enrolled many residents that were eligible for Medicaid. Community leaders noted that Grady's charity care program is not accessible to all, including some people that are not able to produce proper documentation, such as some homeless and undocumented individuals.

Figure 10. Provider Rates by County per 100,000 Population

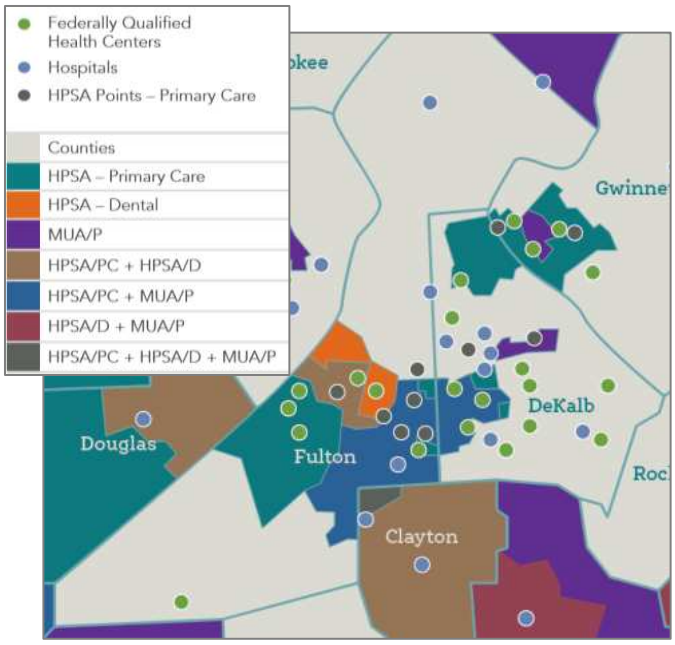


Data Source: U.S. Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015.
University of Wisconsin Population Health Institute, County Health Rankings. 2018.
U.S. Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014.
Data Source: U.S. Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. March 2018.

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.
- Most safety-net providers are located in Downtown Atlanta, leaving very few safety-net providers to serve the northern, southern, and western regions of the service area.

Figure 11. Facilities Designated as HPSAs, HRSA HPSA Database (2019)



Map adapted from WellStar AMC and AMC South 2019 CHNA Report

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 outpatient/primary care in a given geographic area. Table 10 shows that there are racial disparities with higher rates of hospitalization among African American and multiracial residents when compared to their racial counterparts for nine and six (respectively) of the 13 ACSCs listed. Further, the communities served by GHS show higher rates of hospitalization for asthma among adults and children. DeKalb County shows high rates of hospitalization for tuberculosis when compared to Fulton County and the state.

Table 10. Ambulatory Care Sensitive Conditions (2017)

Prevention Quality Indicators by County and Race (2017)								
	DeKalb	Fulton	Asian**	African American**	Multiracial**	White**	Total Area**	GA
Bacterial Pneumonia*	376.10	358.36	82.07	485.59	426.43	271	365.80	569.53
Dehydration*	472.22	475.41	120.69	583.39	474.11	404.82	474.07	494.67
Chronic Obstructive Pulmonary Disease (COPD)*	126.46	109.49	12.87	118.50	50.32	71.74	116.56	179.76
Adult Asthma (18+)*	94.84	80.08	11.40	113.40	82.50	28.10	86.24	63.95
Pediatric Asthma (0–17)*	165.72	155.03	8.05	50.83	31.78	23.60	159.61	89.77
Pediatric Gastroenteritis (0–17)*	2.29	1.29	0.00	0.34	0.00	0.54	1.72	2.43
Urinary Tract Infection*	21.24	15.46	5.63	22.74	60.92	11.93	17.89	20.40
Diabetes with Complications*	85.69	81.19	12.90	94.30	47.80	43.70	83.07	94.20
Uncontrolled Diabetes*	0.52	0.12	0.00	0.11	7.95	0.00	0.29	0.73
Angina without Procedure*	7.43	6.92	1.61	8.30	15.89	2.28	7.13	8.61
Hypertension*	5.70	3.58	0.80	5.46	2.65	1.61	4.47	5.59
Congestive Heart Failure (CHF)*	213.87	205.39	21.72	241.77	143.03	92.12	208.92	211.58
Tuberculosis*	0.80	0.10	0.80	0.00	13.24	0.13	0.39	0.16

*Age-adjusted rate, per 100,000 population

** Two-county aggregate

Data Source: Georgia Department of Public Health Online Analytical Statistical Information System: oasis.state.ga.us (2013–2017)

There are existing resources throughout the service area that offer access to care. For a list of resources, see the Community Facilities, Assets, and Resources section found in Appendix D. Unfortunately, it is difficult to determine the reach and effectiveness of these collective services in addressing most of the barriers to accessing appropriate care noted in this assessment.

Health Outcomes

Health outcomes are closely tied to each of the previous three sections of this assessment. Most of the top causes of mortality and hospital use (ED and hospitalization) in the service area are related to chronic conditions, lifestyle, and behaviors. When considering county-level data, DeKalb County typically shows the greater morbidity (disease burden) and mortality (death) when compared to Fulton County. Throughout the service area, Black residents show the highest mortality rates when the data are considered by race, and multiracial residents experienced higher rates of ED visits and hospital discharges compared to other racial groups. While data for Latino residents are limited, there is anecdotal evidence that Latino residents experience high rates of morbidity and mortality related to chronic conditions as well.

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. In the communities served by Grady, premature death is caused by homicide, accidental poisoning, ischemic heart disease, infant mortality, and hypertensive heart disease. DeKalb County shows the highest rates of premature death for all causes except accidental poisoning when compared to Fulton County. Both counties have higher premature death rates due to homicide when compared to the state; however, they have lower rates of death due to obstructive heart disease when compared to Georgia. There are notable inequities when premature death is considered by race, with Black residents showing much higher rates compared to all other races, particularly deaths due to homicide.

Table 11. Premature Death Rates by County (2014-2018)

Top Causes of Death	DeKalb	Fulton	GA
Homicide*	589.20	499.50	319.40
Fetal and Infant Conditions*	459.50	363.40	378.20
Poisoning*	307.00	445.40	387.3
Obstructive Heart Diseases*	384.30	367.10	563.60
Motor Vehicle Crashes*	367.20	315.60	337.30

Data Source: Georgia Department of Public Health Online Analytical Statistical Information System: oasis.state.ga.us

*per 100,000 population

Table 12. Premature Death Rates by Race (2014-2018)

	Homicide*	Fetal & Infant Conditions*	Poisoning*	Obstructive Heart Diseases*	Motor Vehicle Crashes*
White	64.20	111.50	641.50	280.00	155.40
Black	1,005.60	624.20	305.70	542.00	503.70
Asian	64.80	245.80	78.70	126.20	115.80
American Indian or Alaska Native	0.00	ND	ND	170.00	0.00
Native Hawaiian or Other Pacific Islander	0.00	0.00	ND	0.00	ND
Multiracial	ND	380.90	ND	32.60	ND
Hispanic	307.20	452.70	117.80	77.30	379.00

Data Source: Georgia Department of Public Health Online Analytical Statistical Information System: oasis.state.ga.us

ND for rates: Rates based on 1–4 events are not shown

*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. Multiracial is a person declaring two or more of these races.

Top Causes of Death

Reported causes of death are based on the underlying cause of death. The underlying cause of death is defined by the World Health Organization as the disease or injury that initiated the sequence of events leading directly to death or as the circumstances of the accident or violence that produced the fatal injury. Most of the top five causes of death in the service area are related to chronic conditions and lifestyle factors (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. This holds true for all of the top causes of death. Black residents show higher rates of death when compared to all other races (when data is available), and their rates are significantly higher than the state's in regard to hypertensive heart disease and stroke.

Table 13. Death Rates by County (2014–18)

Top Causes of Death	DeKalb	Fulton	GA
Obstructive Heart Disease*	55.40	57.50	80.00
Hypertensive Heart Disease *	35.00	40.10	30.00
Stroke*	40.30	38.70	39.40
Lung Cancer*	28.50	29.60	40.50
Alzheimer's Disease*	32.60	33.10	42.20

Data Source: Georgia Department of Public Health Online Analytical Statistical Information System: oasis.state.ga.us

*Age-adjusted, per 100,000 population

Table 14. Regional Death Rates by Race (2014–18)

	Obstructive Heart Disease*	Hypertensive Heart Disease*	Stroke*	Lung Cancer*	Alzheimer's Disease*
White	48.50	21.90	31.10	25.80	35.30
Black	68.80	58.70	49.70	34.70	32.10
Asian	29.00	15.00	25.00	15.40	13.00
American Indian or Alaska Native	62.00	ND	0.00	ND	0.00
Native Hawaiian or Other Pacific Islander	0.00	ND	0.00	0.00	0.00
Multiracial	14.20	9.70	12.70	8.60	ND
Hispanic	24.70	15.10	21.20	11.70	20.60

Data Source: Georgia Department of Public Health Online Analytical Statistical Information System: oasis.state.ga.us

ND for rates: Rates based on 1–4 events are not shown

* 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. Multiracial is a person declaring two or more of these races.

Top Causes of Emergency Department Visits

There is anecdotal evidence that residents are seeking care in the Emergency Department (ED) for a variety of reasons, such as lack of insurance, limited availability of after-hours care, or acute symptoms. The top causes of ED visits in the service area are mostly related to accidents. The rate of ED visits for the service area is lower when compared to the state for all causes, except for pregnancy and childbirth complications in DeKalb County. Black and multiracial residents have higher rates than other races and the state for many of the top causes of ED visits in the service area.

Table 15. Age-Adjusted ED Visit Rates by County (2014-2018)

Top Causes of ED Visits	DeKalb	Fulton	GA
Bone and Muscle Diseases	2,946.7	2,928.6	3,155.5
All Other Unintentional Injury	1,812.9	2,014.9	3,101.0
All Other Diseases of the Genitourinary System	1,857.8	1,885.0	2,277.2
Falls	1,203.1	1,324.5	1,932.5
Pregnancy and Childbirth Complications	1,201.5	807.0	1,029.3

Data Source: Georgia Department of Public Health Online Analytical Statistical Information System: oasis.state.ga.us

*Age-adjusted, per 100,000 population

Table 16. Regional Age-Adjusted ED Visits by Race (2014–18)

	Bone and Muscle Diseases	All Other Unintentional Injury	All Other Diseases of the Genitourinary	Falls	Pregnancy and Childbirth Complications
White	951.40	1,224.20	783.50	1,108.50	224.20
Black	4,976.00	2,589.00	2,903.20	1,389.60	1,590.10
Asian	414.20	454.70	336.60	403.10	213.50
American Indian or Alaska Native	2,211.40	2,035.20	1,621.70	1,366.70	868.20
Native Hawaiian or Other Pacific Islander	3,496.40	2,379.40	2,443.00	2,144.20	900.00
Multiracial	6,206.80	5,582.20	4,756.40	4,091.20	2,825.90
Hispanic	N/A	N/A	N/A	N/A	N/A

Data Source: Georgia Department of Public Health Online Analytical Statistical Information System: oasis.state.ga.us

ND for rates: Rates based on 1–4 events are not shown

N/A Rates indicate that no population exists for the query selected.

* 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. Multiracial is a person declaring two or more of these races.

Top Causes for Hospital Discharges

The number of inpatients discharged from non-Federal acute care inpatient facilities that are residents of Georgia and seen in a Georgia facility is considered in the following table. Hospital discharge rates are highest for child birth, mental illness, and bone and muscle diseases. Hospitalization rates due to pregnancy and childbirth complications are highest in DeKalb County when compared to Fulton and the state. Both counties have higher rates of discharges due to mental and behavioral disorders and hypertension when compared to the state. Similar to ED visit rates, rates for Black and multiracial residents are the highest rates when compared to all other races where data is available.

Table 17. Age-Adjusted Hospital Discharge Rates by County (2014-2018)

Top Causes of Hospital Discharges	DeKalb	Fulton	GA
Pregnancy and Childbirth Complications	1,497.30	1,183.70	1,297.90
All Other Mental and Behavioral Disorders	479.80	465.40	439.40
Bone and Muscle Diseases	412.30	415.80	489.80
Septicemia	387.20	447.80	464.90
High Blood Pressure (Hypertension)	265.50	264.20	218.30

Table 18. Age-Adjusted Hospital Discharge Rates by Race (2014–18)

	Pregnancy and Childbirth Complications	All Other Mental and Behavioral Disorders	Bone and Muscle Diseases	Septicemia	High Blood Pressure (Hypertension)
White	902.00	301.30	417.80	296.40	89.50
Black	1,423.10	650.50	422.80	557.30	455.10
Asian	1,094.50	38.60	109.70	175.20	67.60
American Indian or Alaska Native	1,624.40	165.70	552.30	669.20	243.20
Native Hawaiian or Other Pacific Islander	1,609.30	302.00	854.90	1,078.50	611.00
Multiracial	6,520.20	1,347.80	952.20	1,235.70	684.70
Hispanic	N/A	N/A	N/A	N/A	N/A

Data Source: Georgia Department of Public Health Online Analytical Statistical Information System: oasis.state.ga.us

ND for rates: Rates based on 1–4 events are not shown

N/A Rates indicate that no population exists for the query selected.

* 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. Multiracial is a person declaring two or more of these races.

Metabolic Syndrome

At the time of this report, body mass index (BMI) is a health issue throughout the country, and the GHS community is no exception. Nearly 25 percent of adults in the service area are obese. However, this rate is lower than the state rate. Diabetes is a health concern in DeKalb County, where morbidity rates are elevated, and mortality rates are higher than Fulton County. Particularly, DeKalb County also shows higher hospital discharge rates for diabetes when compared to Fulton County and the state, which could point to barriers to effective preventive and primary care.

Table 19. Selected Adult BMI and Diabetes Indicators by County and Race (2016; 2013–17)

	DeKalb County	Fulton County	White**	Black**	Asian**	Hispanic/ Latino**	GA
Adult Obesity	26.10%	24.80%	ND	ND	ND	ND	31.70%
Adults Living with diabetes	8.50%	8.30%	ND	ND	ND	ND	11.15%
Diabetes discharge rate*	219.70	186.60	76.10	334.80	35.40	ND	188.10
Diabetes mortality rate*	21.00	17.50	8.60	32.50	11.80	5.40	21.70

ND for rates: Rates based on 1–4 events are not shown

*Age-adjusted, per 100,000 population

**Two-county aggregate

Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion. 2016.
Georgia Department of Public Health Online Analytical Statistical Information System. 2013–17

Data from FitnessGram®, a fitness assessment and reporting program for youth, collected by school systems can be used as a proxy for county-level data. The assessment includes a variety of health-related physical fitness tests that assess aerobic capacity, muscular strength, muscular endurance, flexibility, and body composition. The table below shows the percentage of 3rd through 12th graders in Fulton and DeKalb counties school systems whose aerobic capacity and BMI is in the healthy fitness zone. Atlanta Public School System and DeKalb County School students had the lowest aerobic capacity. These two school districts also had lower percentages of students with healthy BMIs.

Table 20. Georgia Select FitnessGram Results

Report Date: August 2019 Percentage of 3rd–12th Graders in Fulton and DeKalb in Healthy Fitness Zone		
School District*	**Aerobic Capacity**	**Body Mass Index**
Atlanta Public Schools	44%	63%
Decatur City	60%	75%
DeKalb County	45%	59%
Fulton County	55%	63%

Data Source: Georgia FitnessGram

Cardiovascular Disease

The southeast region of the United States has higher morbidity and mortality rates related to cardiovascular conditions (i.e., cerebrovascular obstructive and hypertensive heart disease). As a result, this community reflects higher cardiovascular disease when compared to the nation. When asked what the most common health issues are in their community, residents often told stories about family, friends and neighbors living with and dying from heart disease. Both counties have cardiovascular disease rates that are lower than the states, except when it comes to hypertensive heart disease discharge rates. DeKalb County residents experience higher morbidity related to obstructive heart disease and higher mortality related to stroke when compared to Fulton. Fulton County shows higher morbidity and mortality rates due to hypertensive heart disease. It is notable that DeKalb and Fulton counties show similar rates of morbidity due to hypertensive heart disease, but DeKalb has lower rates of mortality, which again may point to barriers to effective preventive and primary care.

Table 21. Selected Cardiovascular Condition Indicators by County and Race (2013–17)

	DeKalb County	Fulton County	White**	Black**	Asian**	Hispanic/ Latino**	GA
Obstructive Heart Disease/Heart Attack Discharge Rate*	205.70	195.30	150.20	246.90	81.50	N/A	265.00
Obstructive Heart Disease Mortality*	53.20	56.30	48.10	65.80	31.40	23.60	76.40
Hypertensive Heart Disease Discharge Rate*	47.20	47.80	20.20	77.80	9.30	N/A	39.00
Hypertensive Heart Disease Mortality*	14.9	24.4	12.0	31.5	8.8	ND	16.2
Stroke Mortality*	40.50	39.20	31.40	50.70	27.00	17.00	43.00

*Age-adjusted, per 100,000 population

**Two-county aggregate

Data Source: Georgia Department of Public Health Online Analytical Statistical Information System. 2013–17.

ND for rates: Rates based on 1–4 events are not shown

N/A Rates indicate that no population exists for the query selected.

Cancer

Cancer rates are elevated in Georgia when compared to the national average. The service area has higher cancer incidence, morbidity, and discharge rates when compared to the state. Both counties also have higher morbidity and mortality rates for breast and prostate cancers. Across the service area, Black residents show much higher cancer morbidity and mortality rates than any other race. Specifically, they have much higher morbidity and mortality rates due to breast and prostate cancers.

Table 22. Selected Cancer Indicators by County and Race (2011–15; 2013–17)

	DeKalb County	Fulton County	White**	Black**	Asian**	Hispanic/ Latino**	GA	U.S.
Rates of New Cancer*	457.50	465.60	471.60	461.01	265.00	331.90	464.00	--
All Sites Cancer Incidence*	136.00	132.10	ND	ND	ND	ND	125.20	124.70
All Sites Cancer Mortality*	150.10	144.60	128.40	177.70	76.60	64.50	160.70	--
All Sites Cancer Discharge	254.20	246.60	195.60	304.30	125.50	N/A	233.10	--
Breast Cancer Incidence*	136.00	132.10	139.10	133.60	86.10	123.00	125.20	124.70
Breast Cancer Mortality*	13.50	13.40	9.00	19.70	4.20	4.70	12.30	--
Breast Cancer Discharge*	18.40	17.90	15.60	21.10	7.60	N/A	12.90	--
Cervical Cancer Incidence*	6.70	6.90	ND	ND	ND	ND	7.80	7.50
Cervical Cancer Mortality*	1.10	1.00	0.60	1.70	ND	ND	1.20	--
Cervical Cancer Discharge*	1.50	1.50	0.70	2.30	ND	N/A	2.00	--
Colon And Rectum Cancer Incidence*	40.60	38.10	32.90	46.80	28.60	29.60	41.80	39.20
Prostate Cancer Incidence*	143.90	143.80	114.80	188.00	43.70	86.50	123.30	109.00
Prostate Cancer Mortality	10.00	10.10	6.90	15.30	ND	ND	8.60	--
Prostate Cancer Discharge	11.40	12.10	11.10	13.20	2.10	N/A	12.60	--
Lung Cancer Incidence*	51.20	51.20	46.40	57.90	25.20	30.30	64.90	60.20
Lung Cancer Mortality*	31.50	31.40	28.10	37.30	16.10	9.70	42.20	--
Lung Cancer Discharge*	27.30	28.40	21.70	35.50	12.80	N/A	29.80	--

*Age-adjusted, per 100,000 population

**Two-county aggregate

Data Source: Georgia Department of Public Health Online Analytical Statistical Information System. 2013–17.

CDC: State Cancer Profiles. 2011–15.

ND for rates: Rates based on 1–4 events are not shown

N/A Rates indicate that no population exists for the query selected.

Sickle Cell Disease and Asthma

Sickle cell anemia occurs most commonly among people of African origin throughout the world. As a result, the disease is most common among Black residents in the United States and in this service area. However, morbidity due to sickle cell is much higher in the service area when compared to the state.

Asthma is common in densely populated urban areas for a variety of reasons. Residents living in urban areas included in this assessment also suffer from higher morbidity rates for asthma. DeKalb County has higher morbidity due to asthma than Fulton County.

Table 23. Selected Respiratory and Blood Disease Indicators by County and Race (2013–17)

	DeKalb County	Fulton County	White**	Black**	Asian**	Hispanic/ Latino**	GA
Sickle cell anemia discharge*	114.20	74.30	19.90	160.90	15.90	N/A	59.90
Sickle cell anemia mortality*	0.60	0.40	0.00	1.00	0.00	0.00	0.40
Asthma discharge rate*	124.60	104.90	52.10	179.60	31.80	N/A	86.50
Asthma ED visit rate*	754.90	657.20	240.80	1,153.20	118.00	N/A	551.60

*Age-adjusted, per 100,000 population
**Two-county aggregate
Data Source: Georgia Department of Public Health Online Analytical Statistical Information System. 2013–17.
N/A Rates indicate that no population exists for the query selected.

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. The prevalence of HIV throughout the service area was discussed by every primary data source (key informant interviews, resident focus groups, and during the health summit). One resident talked about what increasing HIV rates means to him:

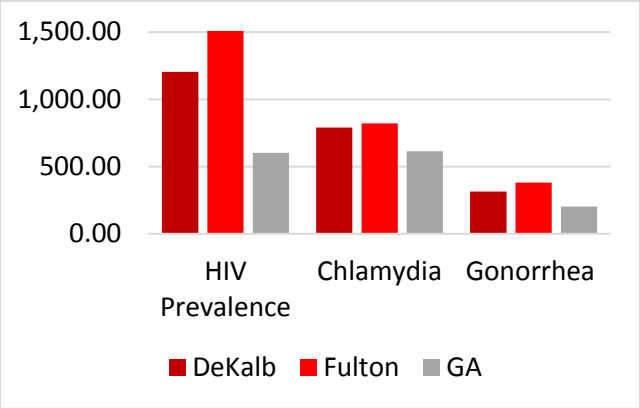
> *"If people are adhering to their medications and taking their medications how they're supposed to, then, the virus cannot be transmitted to people. But apparently, there are plenty of people who are either not on medications, or if they are, they're not taking their medications as they're supposed to."*

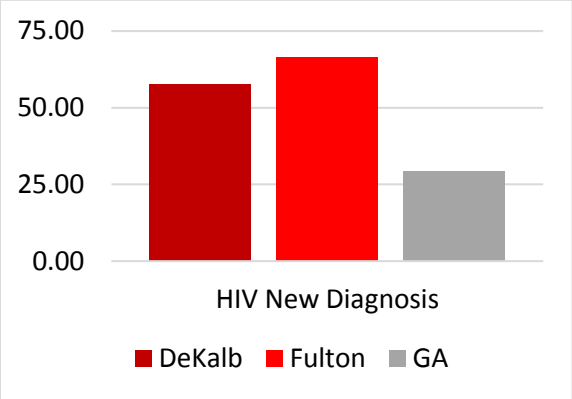
While HIV screening rates are high, annual diagnostic rates also remain high, according to AIDSVu, a database managed by the Rollins School of Public Health at Emory University. Additionally, in the service area:

- New and existing cases in both counties are higher than in the state,
- An estimated 7,413 people are living with HIV in DeKalb County, while an estimated 13,544 are living with HIV in Fulton County,
- Black men are being diagnosed with HIV at a much higher rate than any other racial or ethnic group,
- Male-to-male sexual contact is the leading cause of transmission in the service area, and
- Senior diagnosis rates have been on the rise in recent years.[13]

[13] AIDSVu. Emory University, Rollins School of Public Health. Atlanta, GA (www.aidsvu.org)

Figure 12. Prevalence and Diagnosis Rates for HIV and Other STIs, 2016



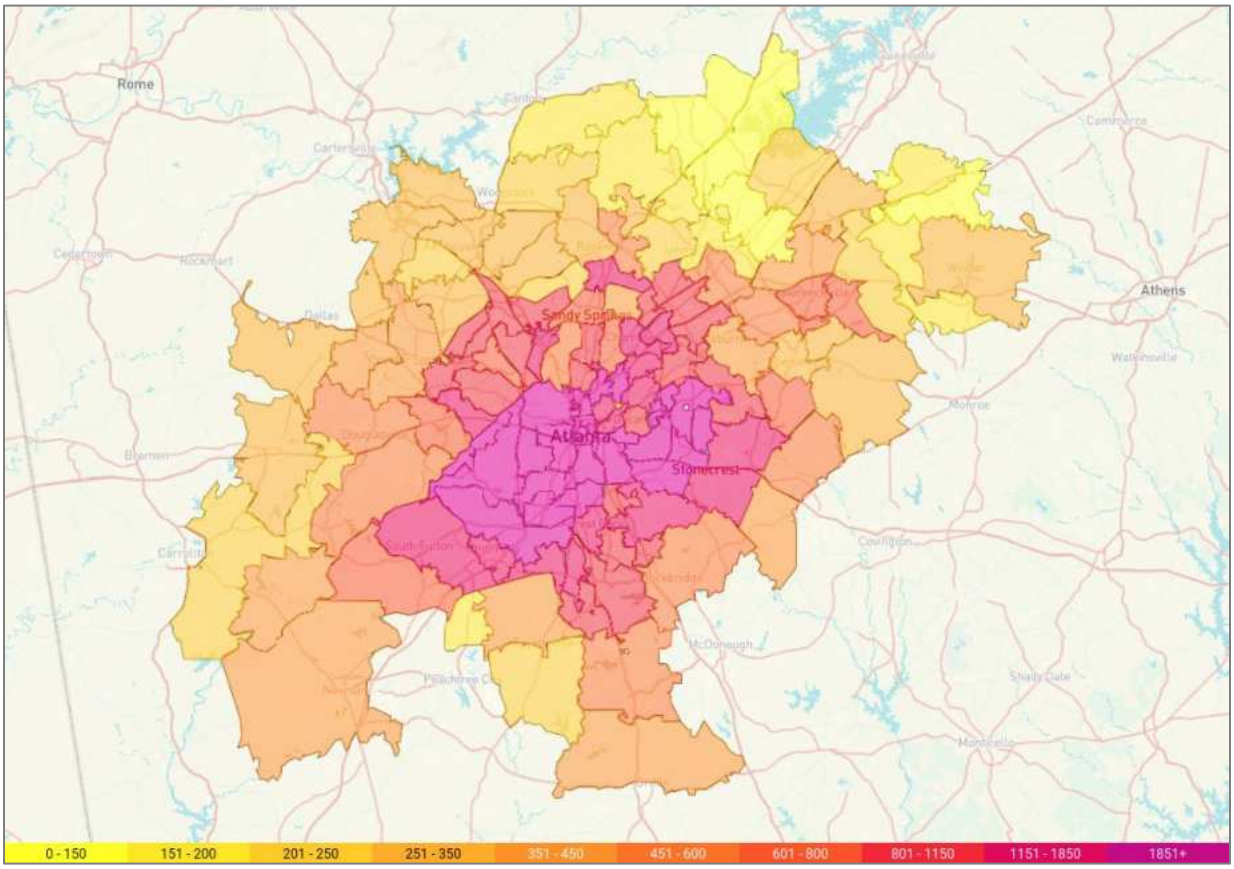


Data Source: AIDSVu. Emory University, Rollins School of Public Health. Atlanta, GA (www.aidsvu.org)

Community residents discussed the stigma associated with an HIV diagnosis. One resident shared:

> *"Diabetes is a chronic illness, just like HIV/AIDS is a chronic illness. But if you say I have diabetes, they're not going to look at you the same as if you say you have HIV or AIDS."*

Figure 13: Rates of Persons Living with HIV/AIDS, 2017



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

Similarly, the rates of STIs in the service are higher than the state rates.

Table 24. HIV and STIs by County (2016)

	DeKalb	Fulton	GA
Chlamydia Incidence Rate*	822.20	944.20	623.70
Gonorrhea Incidence Rate*	352.50	420.70	217.50
HIV Incidence Rate *	54.00	69.00	30.00
HIV Prevalence Rate*	1,203.30	1,578.90	602.40

*per 100,000 population
Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP): www.cdc.gov/NCHHSTP/Atlas

Maternal and Infant Health

Birth outcomes in Georgia are poor when compared to national averages. One of the greatest challenges the state faces in addressing infant outcomes is consistent collection, tabulation, and presentation of complete data related to childbirth. Anecdotal information from community input indicates a lack of prenatal care and high rates of low-birthweight (LBW) infants across GHS's service area. Access to and appropriate use of prenatal care was identified as a priority during the community health summit.

According to the 2016 State of the State Report, Georgia continues to face challenges related to the prevalence of LBW infants and infant mortality, among other issues.[14] Input gathered from resident focus groups cited limited access to comprehensive medical insurance, the limited education offered to youth about risky sexual behaviors, and lack of adult supervision of youth as driving forces behind poor birth outcomes and higher rates of STIs. A stakeholder from the Latino community also noted that cultural norms related to childbirth often lead to higher rates of teen pregnancy and STIs in the Latino community. This is reflected in secondary data.

According to the 2018–2021 Strategic Plan for the Atlanta Perinatal Region, Fulton and DeKalb counties are among 15 counties with the highest infant mortality rates (IMR), within the 35 county Atlanta Perinatal Region.[14] Table 25 shows the service area's higher rates of LBW when compared to the state. Further, there is a stark racial disparity in infant mortality; Black mothers across the service area experience higher rates than mothers of other races.

[14] Healthy Mothers, Health Babies Coalition of Georgia, Building Capacity to Address Infant Mortality: Atlanta Perinatal Region Strategic Plan (2018–2021) http://hmhbga.org/wp-content/uploads/HMHB-IMSP-Atlanta-Perinatal-Region-2018-2021.pdf

Table 25. Infant Mortality and LBW by County (2013–2017)

	DeKalb County	Fulton County	White**	Black**	Asian**	Hispanic/ Latino**	GA
Percent Low Birthweight	10.00%	10.70%	6.30%	13.60%	9.20%	7.40%	9.60%
Infant Mortality Rate (per 1,000)	7.60	7.00	3.60	11.20	3.20	4.80	7.50
Maternal Mortality Rate (per 100,000)	81.7	58.5	ND	ND	ND	ND	66.7
Teen Births (per 1,000)	44.30	41.50	7.66	53.78	ND	104.75	45.30

**Two-county aggregate

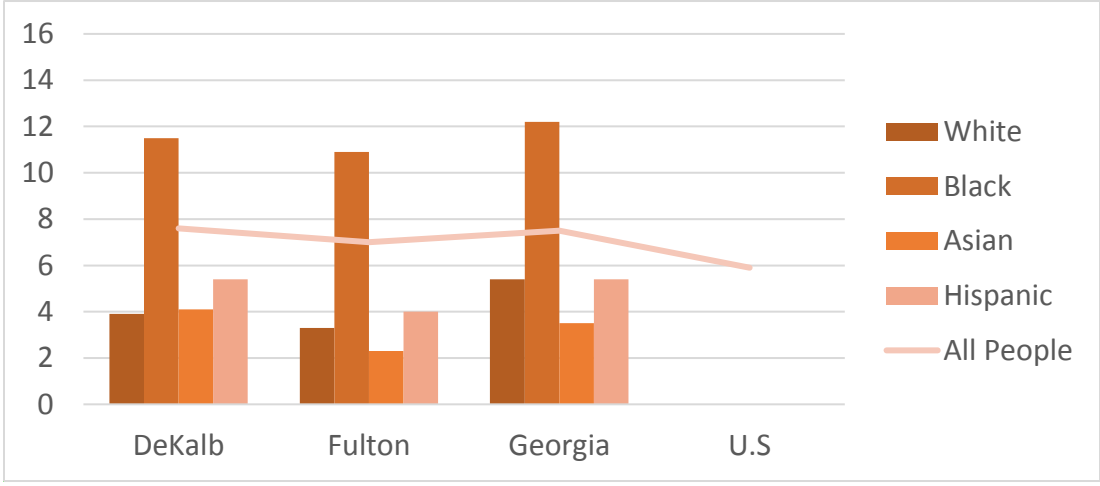
ND for rates: Rates based on 1–4 events are not shown

Data Source: U.S. Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006–12.

U.S. Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2006–10.

Georgia Department of Public Health Online Analytical Statistical Information System. 2013–17.

Figure 14. Infant Mortality by Race/Ethnicity and County



Data Source: Georgia Department of Public Health Online Analytical Statistical Information System. 2013–17.

Violent and Unintentional Injury

Injury due to assault is higher in the service area than in the state. Similar to other health outcomes, Black residents in the service area experience higher rates of assault and motor vehicle crashes. According to Figure 15, the rates of ED visits due to homicide are higher in the southern region of the service area.

Table 26. Selected Injury Indicators (2013–2017)

	DeKalb County	Fulton County	White**	Black**	Asian**	Hispanic**	GA
Assault discharge rate*	36.40	42.60	8.00	68.90	3.90	ND	18.60
Motor vehicle crash ED visit rate*	1,008.80	943.30	340.40	1,485.50	215.50	ND	1,099.90
Unintentional injury mortality	30.50	38.60	36.60	ND	22.30	21.20	42.57
Suicide mortality*	7.90	10.40	13.9	6.60	5.30	7.30	12.70

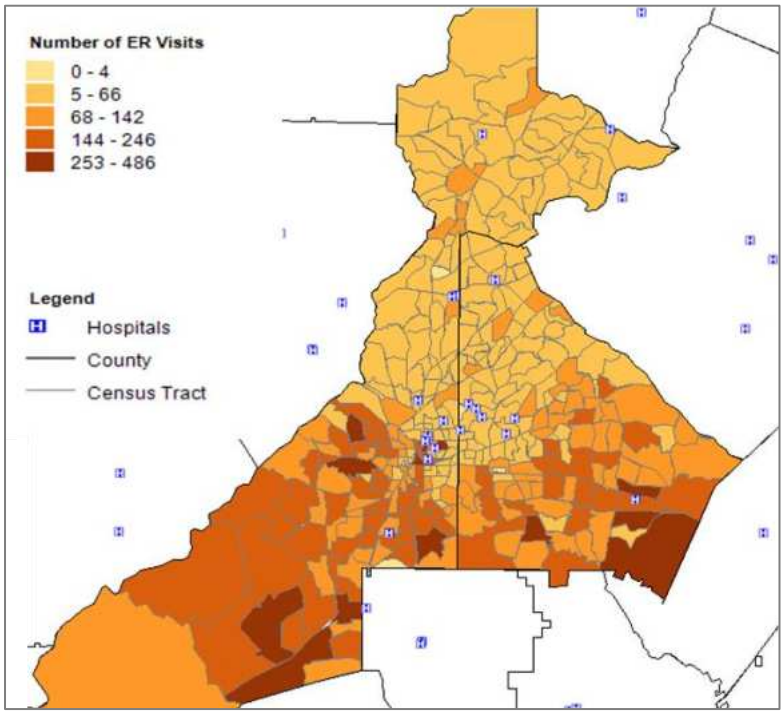
*Age-adjusted discharge rate, per 100,000 population

**Two-county aggregate

ND for rates: Rates based on 1–4 events are not shown

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013–17. Georgia Department of Public Health Online Analytical Statistical Information System. 2013–17.

Figure 15. Number of Homicide ED visits by Census Tract (2014–2018)



Data Source: Georgia Department of Public Health Online Analytical Statistical Information System. 2013–17.

Mental and Behavioral Health

The need for behavioral health resources, particularly for under- and uninsured patients, is a challenge across the state of Georgia. Health summit attendees prioritized behavioral health as one of the most pressing issues in their community. According to the Georgia Hospital Association, about 50,000 people across the state were admitted to Georgia hospitals for mental health issues in 2016.[15] Anecdotal information gathered from community input revealed behavioral health issues impact all demographics. Residents also indicated that there is a shortage of psychiatric and inpatient services (crisis, substance abuse, etc.) for adults and children. Community input also noted that the limited capacity to serve under- and uninsured behavioral health patients often leads to longer wait times for residents seeking services, increased ED use, and higher rates of injury.

Table 27 shows that both DeKalb and Fulton counties have higher rates of mental health providers when compared to the state. However, there is no measure of the rate of behavioral health providers that offer care to uninsured patients. Fulton County has a higher rate of ED use than DeKalb County and the state, which may point to barriers to accessing treatment in more appropriate settings. Note, Grady Hospital offers uninsured care, including behavioral healthcare, to uninsured residents in Fulton and DeKalb counties, but is located in Fulton County. Input from community residents related to behavioral health suggested that residents may resist seeking care due to stigma, lack of insurance, unaffordable cost of care, and the location of providers being too far away from home.

Table 27. Selected Behavioral Health Characteristics by County (2018; 2013–17)

Healthcare Access	DeKalb County	Fulton County	GA
Mental health providers*	269.80	218.10	129.60
Mental health ED rate*	918.10	1,258.60	1,069.10
Self-harm hospital discharge rate*	28.20	25.40	32.70
Suicide mortality*	7.90	10.40	12.70
Drug Use*	60.70	78.30	66.20

*per 100,000 population

Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2018.
Georgia Department of Public Health Online Analytical Statistical Information System. 2013–17.

[15] Overwhelmed In The ER: Georgia's Mental Health Crisis (February 28, 2018), Elly Yu, https://www.wabe.org/overwhelmed-er-georgias-mental-health-crisis/

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. According to a white paper written and presented to the state Senate by the Georgia Prevention Project's Substance Abuse Research Alliance:

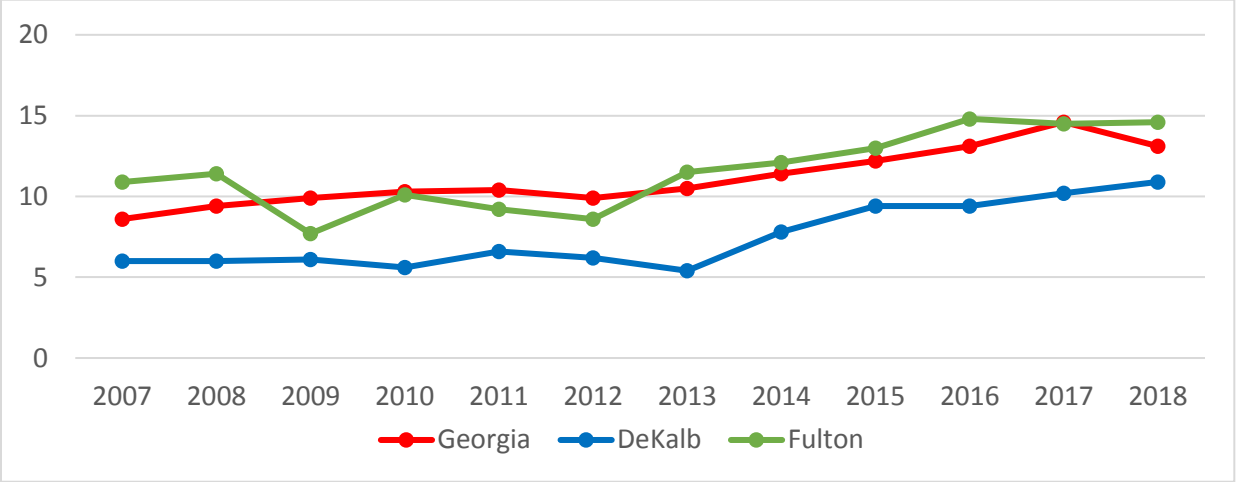
- 68 percent of the 1,307 drug overdose deaths in 2015 in Georgia were due to opioid overdoses, including heroin.
- A statistically significant increase in the drug overdose death rate occurred from 2013 to 2014.
- Overdose deaths tripled between 1999 and 2013 in Georgia.[16]

Figure 16 shows the increase of overdoses in DeKalb and Fulton counties since 2007. Fulton County shows higher rates when compared to DeKalb County. For several years, Fulton also had overdose rates higher than the state. One resident talked about the access that people have to drugs by saying:

> *"It's so much easier to get drugs than an education."*

One stakeholder noted that patients in active addiction are not able to meet their basic health needs or comply with treatment recommendations.

Figure 16. Age-Adjusted Death Rate, Drug Overdoses (2007–2018)



*Age-adjusted death rate per 100,000 population

Data Source: Georgia Department of Public Health Online Analytical Statistical Information System. 2007–2018.

There are existing resources throughout the service area that address the common health outcomes noted in this section. For a list of resources, see the Community Facilities, Assets, and Resources section found in Appendix D. Unfortunately, there is no way to determine the reach and effectiveness of these collective resources in addressing most of the health issues noted in this assessment.

[16] Georgia Prevention Project: Substance Abuse Research Alliance, Prescription Opioids and Heroin Epidemic in Georgia (2017), http://www.senate.ga.gov/sro/Documents/StudyCommRpts/OpioidsAppendix.pdf

Community Input: Interviews, Focus Groups, and Health Summit

This assessment engaged community residents to develop a deeper understanding of the health needs, opinions, and perspectives related to the health status, and health-seeking behaviors of the residents in communities that are served by Grady. Georgia Health Policy Center (GHPC) worked with a variety of Atlanta Regional Collaborative for Health Improvement (ARCHI) members, including GHS, to recruit and conduct six focus groups, one health summit, and 33 individual key informant interviews among residents living in Fulton and DeKalb Counties between January 2018 and August 2019. GHPC designed facilitation guides for focus group discussions and key informant interviews, which were reviewed and approved by the internal review board of Georgia State University. An in-depth description of the participants, methods used, and collection period for each qualitative process is located in the Primary Data and Community Input section of the Appendix. Figure 17 is a summary of the community input that these groups provided.

Individual key informant interviews were conducted with 33 community leaders. Hospital and community leaders who were asked to participate in the interview process encompassed a wide variety of professional backgrounds, including (1) public health expertise, (2) professionals with access to community health-related data, and (3) representatives of underserved populations. The interviews offered community leaders an opportunity to provide feedback on the needs of the community, secondary data resources, and other information relevant to the assessment.

Six focus groups were conducted to gather input from more than 60 residents living and working in the community served by GHS. Focus group participants were asked to discuss their opinions related to the health status and outcomes; context, facilitating, and blocking factors of health; and what is needed to be healthier in their community.

A Health Summit was conducted with 30 community leaders from Fulton and DeKalb Counties. Community leaders reviewed secondary data and resident input related to their communities and were asked to discuss and identify the top five health needs that they believed, when collaboratively addressed, will make the greatest difference in care access, care quality, and costs to improve the health of the community, especially the most vulnerable populations.

Figure 17. Summary of CHNA Community Input

Commonly Discussed Health Issues	Commonly Discussed Causes

• Overutilization of the emergency department (ED)
• Untreated/undiagnosed mental issues (stress, depression, anxiety, serious mental illness)
• Suicide/self harm
• Injury and violence
  ○ Intimate partner
  ○ Among homeless
	• Geographic location of health services coupled with limited transportation options
	• Low health literacy/awareness of:
	  ○ Available services
	  ○ Healthy practices
	  ○ Prevention
	  ○ Appropriate use of health services
	• High rates of uninsured, particularly in GHS's patient population

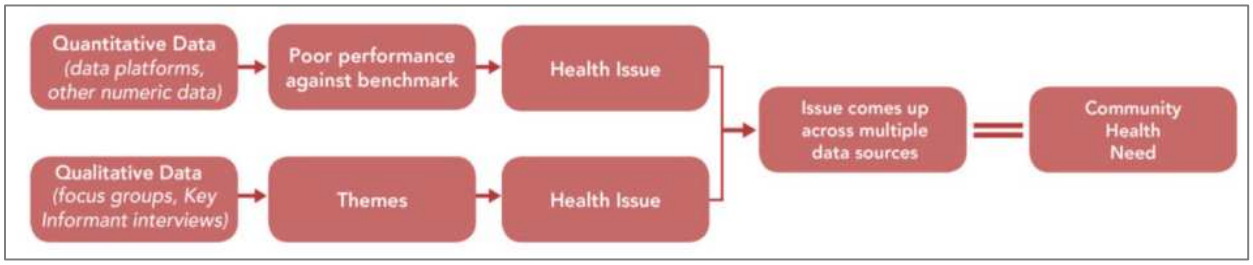
Commonly Discussed Health Issues	Commonly Discussed Causes
○ Gun violence ○ Occupational injury ○ Falls • Disparities for Black, Latino, undocumented, immigrant and refugee, and LGBTQ residents • Substance abuse and overdosing (alcohol, marijuana, cocaine, crack, heroin, ecstacy, and methamphetamines) • Smoking and vaping among low income residents • Chronic conditions: ○ Diabetes (Type I and II) ○ Obesity (adult and child) ○ Cardiovascular diseases (hypertension, stroke, and high cholesterol) ○ Kidney disease and failure ○ Cancer (lung, colorectal, gastrointestinal, breast, prostate) ○ Asthma ○ Allergies ○ Infectious disease (HIV, syphilis, gonorrhea, chlamydia, and Hepatitis C) ○ Teen pregnancy ○ Maternal and child health (Infant mortality, Low birth weight, and Maternal mortality) ○ Dental health issues	• Limited services available for: ○ Under- and uninsured (primary, dental, prenatal care, cancer treatment without proper documentation) ○ Behavioral health (psychiatric and crisis) • Unaffordable cost: ○ Private-pay insurance ○ Prescriptions ○ Uninsured care • Poverty • Poor employment options in communities with lower socio-economic status • Low educational attainment • Poor access to: ○ Healthy nutrition ○ Physical activity • Race/ethnic challenges: ○ Stress levels for people of color ○ Distrust for the medical community ○ Limited culturally and linguistically relevant health services — Black, Asian, Latino, and LGBTQ residents • Substandard/unaffordable housing • Homelessness • Lack of safety (high crime rates, gun violence, and poor infrastructure) • Single parenthood • Lack of appropriate supervision/risky behavior of youth • Unhealthy cultural preferences and traditions • Immigration status • Previous incarceration
Vulnerable Populations	**Geographic Areas of Interest**
• African American and Hispanic residents • Uninsured and underinsured • Previously incarcerated • People diagnosed with behavioral health challenges • People experiencing low socioeconomic status (poverty and education)	• Areas with the poorest outcomes • Communities ○ West side area near Vine City (gentrification) ○ Bankhead ○ Cascade ○ The City of South Fulton ○ College Park ○ East Point

• Homeless people, including those without a mental health diagnosis that cannot secure housing • Residents living in food deserts • Residents without access to transportation • Single parents • Children • Undocumented people • Immigrants and Refugees (Hispanic and African)	○ Fairburn ○ Union City ○ Washington Road ○ Metropolitan Ave. near Turner Field • Specific ZIP codes ○ 30318 ○ 30314 ○ 30310 ○ 30315 ○ 30331 ○ 30311 ○ 30354

Community Health Priorities

Once data collection was complete, the GHPC compared the lists of top health needs and determinants shared by community stakeholders to the secondary data.

Figure 18. Process Used to Identify the Most Significant Health Needs Presented to GHS's Executive Planning Committee



From this analysis, the most significant health needs were identified as:

- Social Determinants of Health
  - Economic security
  - Housing
  - Food access
  - Educational attainment
  - Transportation
- HIV and STI
- Violence and Injury
- Substance use
- Maternal and child health
- Respiratory health
- Metabolic syndrome (cardiovascular disease and diabetes)
- Behavioral health
- Cancer
- Access to care

The list of significant health needs was presented to GHS's internal Executive Planning Committee along with supporting primary and secondary data. The Committee evaluated the materials and GHPC lead a discussion and exercise using electronic voting technology to prioritize the needs. GHS's Executive Planning Committee Members include:

Table 28. GHS Executive Planning Committee Members

GHS Executive Planning Committee Members	
John M. Haupert, FACHE - Chief Executive Officer	Timothy Jefferson, Esq. - Chief Legal Officer
Joselyn Butler Baker - President, Grady Health Foundation	Ben McKeeby - Chief Information Officer
Kelley Carroll, MD - Chief of Ambulatory Services	Richard Rhine - Chief Financial Officer
Lindsay Caulfield - Chief Marketing & Experience Officer	Carlos del Rio, MD - Executive Associate Dean, Emory School of Medicine at Grady
Lina George - Chief Human Resources Officer	Shannon Sale - Chief Strategy Officer
Jacqueline Herd - Chief Nursing Officer	Michelle Wallace - Chief of Clinical Operations
Matthew Hicks - Chief Policy Officer	Yolanda Wimberly, MD - Senior Associate Dean, Clinical Affairs, Morehouse School of Medicine
Robert Jansen, MD, MBA - Chief Medical Officer/ Chief of Staff	

In the prioritization process, Committee members were asked to consider the scale and severity of each need, comparisons to national benchmarks, and the organizational resources and expertise available to address those needs. Based on these factors, the Executive Planning Committee ranked the health needs in the following order and identified the ARCHI strategy by which Grady should develop implementation strategies to address each health need.

Table 29. GHS Community Health Priorities and ARCHI Strategies

Prioritized Need	Care Coordination	Healthy Behaviors	Insurance	Family Pathways to Advantage
1. HIV/STD	X	X		
2. Social Determinants of Health				X
3. Access to Care	X		X	X
4. Cardiometabolic Syndrome	X	X		X
5. Violence and Injury	X			X
6. Mental Health	X			
7. Maternal and Child Health	X	X		X
8. Cancer	X	X		

The GHS 2020–2022 Community Health Improvement Plan, or implementation strategy, will serve as a roadmap for addressing the health needs prioritized in this assessment. Grady will continue to work through the ARCHI framework to improve the health status of the Grady community and with ARCHI partners to maximize impact.

APPENDIX A: CONSULTANT QUALIFICATIONS

Georgia Health Policy Center (GHPC), housed within Georgia State's Andrew Young School of Policy Studies, provides evidence-based research, program development, and policy guidance locally, statewide, and nationally to improve community health. With more than 21 years of service, the GHPC focuses on solutions to the toughest issues facing healthcare today, including insurance coverage, long-term care, children's health, and the development of rural and urban health systems.

The GHPC draws on more than a decade of combined learnings from its experience with 100+ projects supported by 75 diverse funders. The studies span the layers of the socioecological model and include individual, multi-site, and meta-level assessments of communities, programmatic activities, and provision of technical assistance.

The GHPC has guided a national expert team in the design of the Federal Office of Rural Health Policy's Network and Outreach Program evaluations; been commissioned by communities as external evaluators; and conducted assessments and community engagements that include the following:

- GHPC conducted a regional community health needs assessment process to meet the IRS regulations of Schedule H, which included 29 Georgia counties and Metro-Atlanta between 2015 and 2016. Partners included Grady Health System, Piedmont Healthcare, WellStar, Mercy Care, and KFHP Georgia. The regional assessment project served as the foundation for the community health improvement planning process employed by GHPC to generate the implementation plan in partnership with Grady Health System and KFHPGA. GHPC has conducted similar assessments and plans to address needs for Grady Health System and KFHPGA in 2009 and 2013.

- GHPC managed the community engagement and conducted the county-level CHNA for accreditation. The results will serve as the foundation for Clayton County Board of Health's application to the Public Health Accreditation Board (PHAB) for accreditation. GHPC remains engaged as Clayton County prepares for the next stages of accreditation.

- GHPC evaluated seven metro-Atlanta counties to measure the demand on and capacity of the urban healthcare "safety net." The study addresses the issue of shrinking access for those who face the most significant barriers to healthcare and examines the health needs and safety-net services in Fulton, DeKalb, Cobb, Forsyth, Gwinnett, Fulton, and Henry counties. The project is funded by a grant from the Kaiser Foundation Health Plan of Georgia through the Community Foundation of Greater Atlanta.

- GHPC conducted an assessment of Georgia's public health system to: more clearly define public health's "core business" related to the broader system of health and healthcare in the state; gain an accurate understanding of the public's perception of the role of public health; examine the areas of existing service overlap; and investigate opportunities for increased collaboration with various healthcare providers and stakeholders.

APPENDIX B: PRIMARY DATA COLLECTED AND CHNA COLLABORATORS

CHNA Collaborators	Input Provided
American Cancer Society MaySarih Ndobe	Key Informant
American Medical Response	Summit Attendee
Atlanta BeltLine Partnership David Jackson, Deputy Executive Director	Key Informant
Atlanta Community Food Bank Joy Goetz, Nutrition and Wellness Program Manager	Key Informant
Atlanta Fulton Family Connection Keun Kim, Director of Marketing & Development Janet Adams, Executive Director	Summit Attendee
Atlanta Regional Commission Mike Carnathan	Key Informant
C.H.O.I.C.E.S.	Summit Attendee
Catholic Charities Atlanta Tim Zdencanovic	Key Informant
Center for Pan Asian Community Services (CPACS) Yotin Srivanjarean, Vice President	Key Informant
City of East Point Maceo Rogers, Director of Economic Development Regina Carter, Economic Development Specialist	Key Informant & Summit Attendee
Clarkston Community Center Cindy Bowden, Executive Director	Key Informant
Community Voices – Morehouse School of Medicine Dr. Henrie Treadwell, Executive Director	Key Informant
Critical Point Consulting	Summit Attendee
CTN Global Chauffeured Services Eric Jeffries, Vice President of Sales	Summit Attendee
Eagles Economic Community Development Corporation John Reed, Director of Programs	Summit Attendee
Emory/Grady – Primary Care Center Dr. Jada Bussey Jones	Key Informant
Federal Reserve Bank of Atlanta	Summit Attendee
Fort Mac LRA	Summit Attendee
Fulton Co. Schools – Student Health Services Lynne Meadows, Coordinator of Student Health Service	Key Informant
Fulton County (District 5) Marvin S. Arrington Jr., Commissioner	Key Informant
Fulton County Board of Commissioners	Summit Attendee
Fulton County Schools	Summit Attendee
Georgia Association for Positive Behavior Support Jason Byars, President	Key Informant

CHNA Collaborators	Input Provided
Georgia CORE Angie Patterson	Key Informant
Good Samaritan Breanna Lathrop	Key Informant
Grady Health System Chanel Scott-Dixon, HIV Representative Rochanda Crawford, Diabetes Representative Dr. Sheryl Gabram, Division of Emory Surgery Jasmine Moore, Trauma & Injury Prevention Representative	Key Informant
HDCI Metro Atlanta Helen Slaven, Regional Sector Partnership Director	Summit Attendee
Health Promotion Action Coalition, Inc.	Summit Attendee
Health Promotion Resource Center – Morehouse School of Medicine Alice Jackson, Program Coordinator	Key Informant
Homeless Initiative – Partners for H.O.M.E Cathryn Marchman, Executive Director	Key Informant
Kaiser Permanente Evonne Yancey, Retired	Key Informant
Komen Atlanta Theru Ross	Key Informant
Latin American Association Cynthia Roman	Key Informant
Lung Cancer Survivor Ed Levitts	Key Informant
Mercy Care Tom Andrews, President	Key Informant
MLK Sr. Community Resources Collaborative Detria Russell, Executive Director	Summit Attendee
Mosaic Group Marla Orso and Krystal Billups	Key Informant
National Alliance on Mental Illness (NAMI) Neill Blake, Program Director	Key Informant
Office of Congressman David Scott Chandra Harris, District Director	Summit Attendee
Open Hand Atlanta Aleta McLean	Key Informant
Operation PEACE, Inc. Toya Tann, Director Marcel Benoit, Director	Summit Attendee
REACH Georgia Foundation, Inc. Archie Bouie II, Executive Director	Summit Attendee
Safe America Foundation Mary Lou Pagano, COO Stephen George Jr. MPA, Senior Fellow	Summit Attendee

CHNA Collaborators	Input Provided
SU-KOR, Inc.	Summit Attendee
The Atlanta Women's Foundation DiShonda Hughes, Executive Vice President of Mission	Key Informant
United Way of Metro Atlanta Ginneh Baugh, VP, Strategy and Knowledge Development	Key Informant
Urban League of Greater Atlanta Patrice Barlow, Education & Health Advocate	Summit Attendee
WellStar Atlanta Medical Center Lynne Scroggins, Vice President Community Development Nicole Gustin, Director of Public Relations & Marketing Teresa Pounds, Clinical Pharmacy Manager	Summit Attendee
WellStar Foundation Jill Patel, Development Officer	Summit Attendee
WellStar Health System Cecelia Patellis, Assistant Vice President – Community Education & Outreach	Summit Attendee
Wholesome Wave Georgia Denise Blake, Executive Director	Key Informant
Wingates Management Company	Summit Attendee
Woodward Academy Dr. Stuart Gulley, President and CEO	Key Informant

COMMUNITY HEALTH SUMMIT

(February 28, 2018)

The following is a summary of a Community Health Summit held on February 28, 2018 at Atlanta Technical College in Atlanta. The health summit was designed to facilitate community input from stakeholders in a larger forum. The Health Summit was facilitated by the GHPC and lasted approximately three hours. The participating organizations included:

- Operation PEACE Inc.
- HDCI Metro Atlanta
- WellStar Atlanta Medical Center
- Georgia Government
- Atlanta Fulton Family Connection
- CTN Global Chauffeured Services
- WellStar Foundation
- Urban League of Greater Atlanta
- City of East Point
- WellStar Health System
- MLK Sr. Community Resources Collaborative
- Safe America Foundation
- Office of U.S. Rep. David Scott
- Eagles Economic Community Development Corp.
- REACH Georgia Foundation Inc.

GHPC presented to community leaders findings generated from analysis of secondary data, key informant interviews, focus groups, and listening sessions that took place between June 2017 and January 2018. Community leaders were then asked to discuss the health needs of the communities they serve and

encouraged to add any needs that may have been absent from the data presented. Grouped by self-selected tables, attendees were then asked to identify the top five health needs that they believed, when collaboratively addressed, will make the greatest difference in care access, care quality, and costs to improve the health of the community, especially the most vulnerable populations. Needs that were identified by individual groups were consolidated into mutually exclusive health priorities and voted upon to surface the following five community health priorities, listed in the order they were prioritized.

Group Recommendations and Problem Identification

During the Health Summit, participants prioritized five community health needs: obesity; access to appropriate care; behavioral health; educational awareness; and equitable revitalization, employment, and job training. What follows is a summary of the input attendees offered when asked about contributing factors, potential solutions, and community resources to address the health priorities.

OBESITY

Health Summit participants considered obesity to be the most pressing health issue in their communities. Concerns included limited healthy food options, physical activity opportunities, utilization of community gardens, and awareness of and educational opportunities related to healthy nutrition and physical activity.

Contributing Factors:

- There are limited grocery stores that offer healthy foods (e.g., fresh vegetables); also, if these grocery stores offer these options, often food is not fresh and does not last.
- Fast food and unhealthy food choices are more readily available than healthy options in this area.
- Residents are making unhealthy food choices because of time constraints and convenience of options such as fast food.
- Obesity rates are increasing among adults and children. Childhood obesity is influencing increasingly younger populations.
- Physical activity is not always available, affordable, or a priority.

Recommendations:

- Increase physical activities in the community by involving residents in activities in public spaces like the Atlanta Beltline.
- Broaden the number of individuals engaged in the hospitals' community outreach efforts through continued development of partnerships and collaborations with community and faith-based organizations.
- Promote the use of community gardens to improve access to healthy foods.

- Incorporate health education and exercise opportunities into school settings during school hours or after-school programs.
- Host community education activities in venues where residents are most likely attend, such as schools, youth centers, and churches. Attendees suggested that hospitals could sponsor free game nights or movie nights and integrate health education into the event.
- Increase healthy food access by creating a distribution system in partnership with the Atlanta Community Food Bank and Food Well Alliance or by incorporating inexpensive, healthy food options into existing food marts and convenience stores.
- Host healthy cooking classes at the hospitals to promote healthy food preparation and overall nutrition education.

Access to Appropriate Care

Health Summit participants discussed the limited access residents have to appropriate care when and where it is needed. Several of the challenges discussed were transportation, awareness of available services, and affordability.

Contributing Factors:

- There are a limited number of available primary and specialty providers in the service area.
- There is a lack of access to and limited use of affordable prenatal care, which is viewed as a contributing factor to infant mortality.
- Navigation issues related to insurance coverage and awareness of services have an influence on residents' ability to secure care in appropriate settings compared to inappropriate settings (e.g., use of the emergency department for non-emergent issues).
- Senior health services in the community are limited and/or have extensive wait times.
- There is a need for increased safety-net facilities for the under- and uninsured and homeless populations.

Recommendations:

- Meeting participants discussed ways to mobilize services and meet the health needs of the community in locations convenient to residents (e.g., work sites, neighborhoods, and entertainment arenas). Participants suggested increasing the use of paramedic care to offer prevention services to underserved populations.
- Develop partnerships with local schools to increase pediatric services in the community.
- Hospitals could increase access to care by increasing the number of providers strategically throughout the service area.
- Offer educational outreach on topics related to insurance, such as how to acquire insurance, covered benefits, and costs associated with specific plans.

- Underserved populations often face challenges related to affordable or reliable transportation. Participants felt this could be accomplished by advocating for a regional transit system and developing partnerships with MARTA, Uber, and other entities to provide transportation resources.
- Participants felt that Hospitals could improve and promote linguistically and culturally sensitive resources in the communities they serve.

Behavioral Health

Health Summit participants prioritized behavioral health as one of the most pressing issues in the community. Poor behavioral health was attributed to stigma, a fragmented referral system and limited behavioral health education, community outreach, and services for under- and uninsured and homeless residents.

Contributing Factors:

- There is a stigma associated with mental illness that deters residents from seeking the help they need and often a delay in treatment results.
- Lack of awareness about early detection and prevention contributes to patients with more acute symptoms upon presentation.
- Participants discussed the overutilization of EDs among patients with behavioral health needs, which often disrupts the continuity of care.
- Substance abuse and its cascading adverse effects (economic instability and barriers to employment) were considered as bidirectional components of mental health.

Recommendations:

- Offer behavioral health education as a vital component of improving health.
- It is important to offer a tailored approach to youth that includes school, hospital officials, and community leaders to better address needs. This could include offering youth wellness classes in a school setting and in the community.
- Offer education that is substance abuse-focused to better increase knowledge about the potential effects of abuse of illicit and prescription substances.
- Identify high-risk individuals and conduct outreach in the community (i.e., neighborhoods and local faith-based organizations) to increase early detection.
- Refine the behavioral health referral system to promote continuity of care.
- More mental health resources should be developed, promoted, and implemented for residents that are under- or uninsured and/or homeless.
- Implement an integrated care model to improve providers' ability to meet the behavioral health needs of residents seeking relief from behavioral health symptoms, including in a primary care setting and the ED.

Educational Awareness

Health Summit discussions addressed the importance of educational awareness within the community. Participants discussed the lack of education as a catalyst for numerous health needs such as chronic disease and other poor health outcomes.

Contributing Factors:

- Educational resources are not readily accessible in locations that are convenient for underserved communities.
- Parents are not always able to address the health needs of their families, including themselves, due to limited awareness or lack of resources.
- Education related to senior health is not always available in the community.

Group Recommendations:

- Summit participants suggested hospitals could partner with local schools to address health education for both parents and children.
- Community outreach was broadly discussed to better connect with target populations on all of the priority needs identified during the summit (i.e., obesity, behavioral health, workforce training, etc.).
- Develop effective marketing strategies to better engage high-risk and high-need audiences.
- Parenting education in schools or hospitals should be implemented to increase knowledge and age-appropriate resource awareness.

Equitable Revitalization, Employment, and Job Training

Participants felt that job training and equitable economic revitalization could result in improved health. Summit discussions focused on low socioeconomic status resulting from limited opportunities for education, income, and employment. Participants indicated these barriers are correlated with health outcomes.

Contributing Factors:

- There are limited GED programs that assist in improving educational attainment.

Group Recommendations:

- Participants proposed initiating collaborations with workforce development programs, community resource centers, and faith-based organizations to assist with outreach and needed resources.

- Summit participants noted that hospitals could benefit under-resourced populations by providing community benefit grants to organizations assisting with work readiness and job training.
- Develop job training and recruitment programs in the high-need ZIP codes each individual hospital serves.
- To broaden the scope of job readiness, participants considered that the hospitals' involvement with healthcare career training would increase the hospitals' involvement in community revitalization.
- It was suggested that hospitals consider developing programs that promote youth enrichment to readily integrate job training.
- "Lunch and learn" models were suggested to supply the community with necessary employment skills.

KEY INFORMANT INTERVIEW SUMMARY

(October 2018 – July 2019)

The GHPC conducted key informant interviews with community leaders. The leaders that were asked to participate in the interview process encompassed a wide variety of professional backgrounds, including (1) public health expertise, (2) professionals with access to community health-related data, and (3) representatives of underserved populations. Interviews offered community leaders an opportunity to provide feedback on the needs of the community, secondary data resources, and other information relevant to the CHNA.

Methodology

The following qualitative data were gathered during individual interviews conducted between October 2018 and July 2019 with community leaders from 33 stakeholder organizations representing communities served by Grady Memorial Hospital. Each interview was conducted by GHPC staff and lasted approximately 45 minutes. All respondents were asked the same set of questions developed by GHPC in collaboration with Grady Health System. The purpose of these interviews was for stakeholders to identify health issues and concerns affecting residents in the community served by Grady Health System, as well as ways to address cited concerns.

There was a diverse representation of community-based organizations and agencies among the 33 stakeholder organizations represented, including:

- American Cancer Society
- Atlanta BeltLine Partnership
- Atlanta Community Food Bank
- Atlanta Regional Commission
- Catholic Charities Atlanta
- Center for Pan Asian Community Services
- City of East Point
- Clarkston Community Center
- Community Voices – Morehouse School of Medicine

- Division of Emory Surgery at Grady Memorial Hospital
- Emory/Grady – Primary Care Center
- Fulton County (District 5)
- Fulton County Schools – Student Health Services
- Georgia Association for Positive Behavior Support
- Georgia CORE
- Good Sam
- Grady – Diabetes
- Grady – HIV
- Grady – Trauma & Injury Prevention
- Health Promotion Resource Center Morehouse School of Medicine
- Homeless Initiative – Partners for H.O.M.E
- Komen Atlanta
- Latin American Association
- Lung Cancer Survivor
- Mercy Care
- Mosaic Group
- National Alliance on Mental Illness (NAMI)
- Open Hand Atlanta
- Kaiser Permenante Retiree
- The Atlanta Women's Foundation
- United Way of Metropolitan Atlanta
- Wholesome Wave Georgia
- Woodward Academy

When asked what has improved, declined, or remained unchanged in the past three years, stakeholders said the following:

Improved	Stayed the same	Declined
• There has been an increase in preventive care that is available at Southside Medical Center (SMC) and Center Pan-Asian Community Services (CPACS). • Some schools are addressing mental health needs of the community in schools. • CPACS offers access to healthcare and prevention in Korean, Chinese–Mandarin, Vietnamese, Nepalese, Burmese, and Spanish. • There have been increases in the number of FQHCs. • Coordinated serves to decrease access to health food disparities. • Implementing city-level health incentives (City of East Point). • Diabetic patients are receiving medications that	• The economy is improving, which translates into better access to care for some people. • Lack of services and high costs have remained unchanged for many residents due to the lack of Medicaid expansion. • Not addressing social determinants of health in Fulton County. • Increased immigrants and people of color, populations with greater barriers to health. • Life expectancy decreasing in some communities. • Transportation options remain poor. • Cancer patients do not have good access to affordable treatment options due to inadequate insurance	• There is racial inequality in income, socioeconomic status, and provision of healthcare. • Disparities in the health outcomes and access to care remain, particularly for residents earning a low income. • Costs have become unaffordable for some residents (e.g., Medical insurance and prescription medications). • Not enough local data is available to assist with decision-making (e.g., the health disparities that exist between populations in North Fulton and South are muted in county-level data).

Improved	Stayed the same	Declined
work better/faster. • Local partnerships have increased (e.g., health and housing). • Grady has done a good job of enrolling Medicaid eligible patients. • Grady collaborates with partners.	coverage, high costs, and limited transportation options. • HIV has continued to increase.	

Major Health Challenges:

- Common health issues:
  - Diabetes (Type I and II)
  - Obesity (adult and child)
  - Asthma
  - Infectious disease (HIV, syphilis, gonorrhea, chlamydia, and Hepatitis C)
  - Poor birth outcomes: infant mortality and low birthweight
  - Cardiovascular diseases
  - Hypertension
  - Stroke
  - Cancer (lung, colorectal, gastric, breast, prostate)
- Behavioral health challenges, including substance abuse:
  - High prevalence of untreated/undiagnosed mental issues (depression, anxiety, serious mental illness)
  - Self-harm/suicide
  - Substance abuse and overdose (alcohol, marijuana, cocaine, and methamphetamines)
- Violence (intimate partner, homelessness, gun violence) and injury (falls, occupational)
- Overutilization of the emergency room for medical and behavioral health needs, particularly related to preventable conditions and cost
- Poor dental health among uninsured
- Disparities for Black, Latino, undocumented, immigrant and refugee residents

Context and Drivers:

- Geographic location:
  - There is limited access to public transportation. Public transportation can be unreliable (e.g., often behind schedule) and cancer treatments are often more intense in timing and durations, requiring frequent transportation.
  - Many under-resourced residents do not have access to private transportation and ridesharing (e.g., homeless, seniors, etc.).
  - Hospitals in more rural areas (South Fulton and parts of DeKalb County) offer less comprehensive care. The nearest full-service hospital can be several miles away.
- Access to care – Need for affordable healthcare, including for residents (adults and children)

that are underinsured and uninsured:

- Uninsured rates are high. When residents are uninsured, they delay seeking care until symptoms become acute because the cost is often unaffordable.
- Uninsured residents diagnosed with cancer or kidney disease do not have access to the ongoing treatment that they require due to unaffordable cost, which often leads to frequent emergency room visits and higher medical bills over time.
- Ryan White and other programs require reauthorization and may lapse if residents do not reauthorize. Residents must travel to multiple locations to get the documents required for reauthorization and transportation presents a challenge.
- South Fulton County has high barriers to accessing healthcare.
- Breast and lung cancer programs have well-formed screening and navigation programs; whereas, colon and other GI cancer types have historically been less structured and less resourced for screening and navigation. There are more late-stage diagnoses for GI cancer types than others.
- The healthcare system is difficult to navigate due to limited care coordination for residents that are uninsured or have limited English speaking skills. Care coordination is limited for residents without a medical home. It can take more than a month to secure an appointment, proper medication, and care coordination for uninsured and homeless people due to the need for documentation to be eligible for services (proof of homelessness or address in Fulton or DeKalb counties). In addition, Grady's charity care referral process is not set up for a "warm transfer" from primary care clinics to specialists.
- Co-pays and deductibles can be unaffordable for residents.
- Costs of prescription medications are high and unaffordable for some residents. Cost of prescription treatments depends on insurance tiers. Some can be more than $40K every few weeks.
- There is a lack of government funds for cancer treatment in hospitals.
- The health services that are available in under-resourced communities can be perceived as sparse and low quality.
- Residents are seeking care in the ED for preventable medical issues that have become emergencies.
- There are limited specialty, after-hours, and primary care providers in some communities.
- Uninsured specialty care is unavailable or unaffordable, and there are limited specialty providers offering care to residents with Medicaid and marketplace insurances (e.g., dental and optometry).
- Many providers have restricted hours of operation (e.g., limited walk-in appointments and after-hours care).
- Residents are likely to lose their jobs if they take off from work for medical purposes making it difficult to attend multiple appointments for screening, treatments, etc.

- There is a need for uninsured dental care due to very few providers offering dental care to uninsured residents, including orthodontics (braces, dentures, implants).
- Awareness of what services are available and where they are located is limited.
  - Once patients find their way to Grady's Cancer Center, they receive high-quality, timely care. Many residents are not aware of the services available or recommended screening

protocols. There is also confusion about proper screening protocols due to multiple protocols and changing recommendations.
    - There is a need for community outreach to educate residents about the benefits of early diagnosis, risks of late-stage diagnosis, and treatment options.
- There is a need for behavioral health services:
    - Patients with behavioral health needs are not always able to make the best treatment decisions for themselves. Social work services are able to refer patients for behavioral health treatment at Grady, which can be concurrent with other treatments such as cancer and HIV treatments.
    - It can be difficult to secure health services for someone that is actively psychotic or using drugs.
    - There is a lack of local behavioral health providers (psychiatry, crisis care, and case managers). There are not enough providers that offer culturally sensitive care (therapy, medication, and inpatient) to refugee, LGBTQ, African American, Medicaid, and uninsured populations.
    - There is a shortage of affordable behavioral health services for youth.
    - Uninsured behavioral healthcare is not affordable, and there are few providers offering uninsured care (inpatient, outpatient, and psychiatry), and a general lack of treatment options for co-occurrence (substance use and behavioral health).
    - Residents resist seeking behavioral healthcare due to a fear of the stigma associated with such a diagnosis; this includes cultural stigma among African American residents.
    - Many of Grady's patients have experienced trauma and not received treatment to mitigate the influence on their behavioral health.
- Substance abuse services are needed:
    - There are higher rates of alcohol and methamphetamine use among homeless and incarcerated or previously incarcerated populations.
    - Active addiction can cause patients to become non-compliant with treatment in HIV, cancer, and preventive care.
    - Many residents abuse substances to cope with high stress and other undiagnosed/untreated behavioral health symptoms.
- Poor socioeconomic status:
    - Employment opportunities have decreased in several communities.
    - There are a lack of stable/good paying jobs in areas where poverty rates are highest.
    - Temporary or part-time employment offers little access to comprehensive insurance.
    - There are fewer social supports in geographic areas where high poverty is coupled with high affluence (e.g., Fulton County). Residents living in low-income communities in these areas experience high stress levels.
    - Victims that experience violence and injury do not always have access to wrap-around services to ensure they return to a functional state as they rehabilitate from their injury. Without support services (transportation, job training, etc.), the likelihood that these residents will be revictimized is high. While some resources exist for these victims, they are not always used due to a lack of trust in the justice system.
- Education:
    - Low health literacy related to low educational attainment and a lack of literacy influence residents' ability to fill out forms or understand medication administration and

treatment options.
    - Residents are not questioning their physicians to better understand their diagnosis and treatment options.
    - Education about STI avoidance and healthy practices is not offered to youth in a public way.
- Inequity and disparities:
    - There are higher stress levels among people of color.
    - Among African American communities there is a lack of trust of the medical community related to harmful research practices in the past (e.g., the Tuskegee Syphilis Study, etc.) that leads to a resistance to seeking medical care. A great deal of misinformation is readily accessible on the Internet that can validate the mistrust.
    - There are limited culturally and linguistically relevant health services for Black, Asian, Latino, and LGBTQ residents.
    - Undocumented residents do not always seek or have access to basic health services due to fear of deportation, no insurance, lack of transportation, lack of documentation, and a cultural preference for alternative remedies. Barriers related to language and low literacy levels make effective communication difficult.
    - Undocumented people do not have ready access to cancer treatment options once they are diagnosed because charity care requires identification and a social security number that undocumented people do not have.
    - Employment options are limited for undocumented and previously incarcerated residents, and there are limited support services available for these populations. The jobs that are available are often low paying and/or dangerous.
    - Many residents resist seeking care due to a lack of culturally and linguistically relevant services.
    - Institutional racism (past and present) is a driver behind many health issues.
- Housing issues:
    - Building and development in some communities have led to the displacement of residents.
    - Healthy housing is becoming less affordable, and residents have to make choices between healthy options (food, preventive care, medications, etc.) and the cost of their housing, because they cannot afford everything they need.
    - Homelessness is increasing, and the population of homeless people is aging. Homelessness has a negative impact on health, including high injury rates. Older homeless people tend to have undiagnosed and unmanaged chronic health issues (COPD, TB, and diabetes).
    - When patients are released from the emergency room, they have nowhere to place them, due to a lack of homeless shelters. Homeless cancer patients are not able to have necessary surgeries due to not having an address where they can be discharged.
    - There is a need for permanent supportive housing to provide better transitions from incarceration and shelters.
    - Eligibility for housing often requires a mental health diagnosis, which places pressure on providers to rush a diagnosis. People without a severe and persistent mental illness are not getting housed.
    - Homeless patients are not always able to comply with intensive treatments, which

impacts cancer and HIV outcomes.

- Poor nutrition is linked to poor health outcomes (obesity, hypertension, diabetes, etc.):
    - In under-resourced communities, there are a limited number of grocery stores, coupled with high rates of fast food restaurants. The grocery stores that do exist in low-income communities do not offer the same quality of produce as stores in more affluent communities.
    - Cultural and traditional preferences can be unhealthy (e.g., fried and sugary foods), and residents are not always aware of how to prepare and enjoy healthy foods.
    - Healthy foods are often unaffordable and do not last long enough for under-resourced households, and many families have to purchase canned and frozen foods with preservatives.
    - Many residents do not have time to shop for and prepare healthy foods due to work schedules and traffic.
    - Not having food can disrupt treatment compliance because some patients require food to take medications (e.g., HIV).
- Residents do not always make healthy choices:
    - African American women presenting with late-stage breast cancer are often taking care of families and not meeting their own health needs.
    - Residents may resist prevention and treatment efforts due to fear, myths, and taboos associated with HIV and cancer (e.g., colorectal, prostate, and breast cancers) diagnosis.
    - Traffic and time spent commuting has an impact on residents' ability to make healthy choices.
    - Educational attainment, income, and awareness influences health choices and health literacy.
    - HIV rates are high in some areas due to substance abuse, risky sexual behavior, and prostitution.
    - STI rates are increasing among youth.
    - Children are using electronic cigarettes in school.
    - The built environment is not conducive to physical activity in communities where poverty is high (poor lighting, sidewalks in disrepair, limited crosswalks, lack of safety, etc.).
    - Single parents may not be able to provide adequate supervision of youth.
    - Residents may not believe they can avoid a medical diagnosis such as diabetes, or hypertension, and become apathetic about efforts to do so.
    - Residents in some communities do not trust the police and will not depend on them for safety or other services they provide.

Recommended Interventions:

- Efforts to address equity must target individual needs while also focusing on policy, system, and environmental changes in a geographic area. Without a concurrent focus on individual needs, residents become displaced when improvements are made in geographic areas.
- Create a dedicated space to see victims of intentional injury that offers privacy and trauma informed care.
- Support data sharing among providers in the community to get a better understanding of what is driving poor health outcomes.

- Electric scooters should require riders to have a helmet and to engage each of the safety features (i.e., brakes) before they become operational.
- Study further the rates and how to reduce falls in Fulton and DeKalb counties.
- GHS's practitioners should all be able to offer trauma informed care.
- Other counties need to support GHS so that more people have access to care.
- Ensure that treatment providers reflect the patients being served.
- Navigators are vital and should be formally educated.
- Implementation strategies should be tailored to individual communities.
- Launch a Medicaid expansion demonstration project to document the benefits of Medicaid to cancer patients in closing racial disparities.
- Increase community outreach and education for screening, dispelling myths, and addressing fears related to cancer diagnosis.
- Increase information about eligibility requirements and what services are offered at GHS.
- Increase access to clinical trials for patients.
- Ensure sustainability after grant periods end for the cancer programs and services currently being provided to Fulton and DeKalb residents.
- Increase safety net services (e.g., sliding scale fees, free clinics, etc.) in communities.
- Support a shared information system that connects health and human services for referral purposes.
- Increase the availability of models that address the needs of the whole patient (e.g., ACT teams).
- Programming should be patient-centered and engaging. For example, HIV services should look different for young adults than it does for seniors.
- Begin to identify and refer patients with a need related to social determinants of health.
- Expand community engagement to address explicit needs.
- Create a linguistically and culturally sensitive platform to encourage trust-building necessary for servicing undocumented and immigrant residents.
- There should be efforts to build trust and heal racial injustices in communities that have experience historical racism.
- Increase culturally and linguistically relevant outreach and education about the need to secure a medical home, manage chronic disease, secure preventive care, the value of treatment, prescription assistance programs, etc.
- Increase education and training of providers related to cultural, racial, and ethnic sensitivity. Talk with community leaders and representatives of various populations to better understand what the barriers and issues are for communities in seeking and securing effective treatment options.
- Disseminate additional educational resources (e.g., gardening and cooking advice and classes, programs to increase exercise and healthy behaviors amongst various demographics, education on STIs in the senior community).
- Train healthcare and educational professionals to recognize indications of declining behavioral health and make appropriate treatment referrals. When possible co-locate or integrate behavioral health into primary care settings.

- Develop partnerships among healthcare facilities to better emphasize the significance of community education. Communities must maintain information dissemination systems outside of technology for those residents that do not have access to a computer or may not know how to use a computer.
- Increase early prevention and intervention methods (e.g., screenings and referral, education, etc.).
- Increase the prevalence of community navigators in vulnerable populations. A health navigator could help with renewals for Medicaid, service linkages, care coordination, and system navigation challenges.
- Provide a contact person at GHS that can help external clinic referrals for patients needing charity care navigate the process.
- Increase awareness of local services, such as the County Board of Health facilities (i.e., substance abuse, behavioral health, outreach and education, screening, etc.).
- Expand school-based health clinics. Offer comprehensive adolescent health education in schools.
- Promote physical activity and movement in recreation centers and other locations in the community during winter months.
- Work directly with non-health-related organizations and churches to offer up-to-date information and referral directories.
- Look for public-private partnership opportunities to address health needs.
- Address health needs in policy, systems, and environments where they occur.
- Encourage local governments to adopt a Health-in-all-policies approach to increase equity and reduce disparities.
- Focus on addressing the root causes of these health issues.

RESIDENT FOCUS GROUPS SUMMARIES

(January 2018 – August 2019)

Purpose

This assessment engaged community residents to develop a deeper understanding of the health needs of residents they serve, as well as the existing opinions and perspectives related to the health status and health needs of the populations in communities served by GHS.

Methodology

GHPC recruited and conducted six focus groups among residents living in Fulton and DeKalb Counties. GHPC designed facilitation guides for focus group discussions, which were reviewed and approved by the internal review board of Georgia State University. Wilkins Research Services (WRS), a third-party recruiting firm, was contracted to conduct participant recruitment for all resident focus groups. Recruitment included a county demographic profile that included the racial make-up (African American and White) and age range (25–34 years old, 35–44 years old, 45–54 years old, 55–64 years old, and 65+). Recruitment

strategies focused on residents that had characteristics representative of the broader communities in the service area, specifically communities that experience disparities and low socioeconomic status. WRS utilized lists of landline phone numbers for the targeted ZIP codes in the focus counties and randomly called phone numbers to screen for participants for the focus groups. Participants for the three Grady Community Advisory Board focus groups were recruited by GHS.

Focus groups lasted approximately 1.5 hours, during which time trained facilitators led 6-12 participants through a discussion about the health of their communities, health needs, resources available to meet health needs, and recommendations to address health needs in their communities. All resident participants were offered appropriate compensation ($50) for their time. Focus groups were recorded and transcribed with the informed consent of all participants. GHPC analyzed and summarized data from the focus groups to determine similarities and differences across populations related to the collective experience of healthcare, health needs, and recommendations, which are summarized in this section.

The following focus groups were conducted by GHPC between January 2018 and August 2019:

Target Population	Date	Number of Participants	Location
Fulton and DeKalb County Residents	January 11, 2018	11	Club e Atlanta College Park, GA 30337
	October 1, 2018	9	Atlanta Technical College Atlanta, GA 30310
DeKalb County Residents	October 23, 2018	10	Clarkston Community Center Clarkston, GA 30021
Grady HIV Community Advisory Board	July 11, 2019	9	Grady's Ponce De Leon Center Atlanta, GA 30308
Grady Patient and Provider Community Advisory Board	August 7, 2019	13	Grady Memorial Hospital Atlanta, GA 30303
Grady Cancer Community Advisory Board	August 28, 2019	9	Grady's Cancer Center for Excellence Atlanta, GA 30303

Major Health Challenges:

- Common health issues:
  - Inflammation/swelling of extremities
  - Obesity
  - Diabetes
  - Cardiovascular issues (e.g., hypertension and high cholesterol)
  - HIV
  - Hepatitis C
  - Kidney disease and failure
  - Cancer
- Undiagnosed illnesses
- Poor dental health among uninsured
- Behavioral health challenges, including substance abuse:
  - High prevalence of untreated/undiagnosed mental issues (stress, depression, anxiety,

serious mental illness)
    - Self-harm/suicide
    - Substance abuse and overdose (e.g., marijuana, heroin, crack, cocaine, prescription medications – opioids, alcohol, methamphetamines, poppers such as paint thinner, ecstasy, and tobacco)
- Gun violence
- Overutilization of the emergency room
- Smoking and vaping among residents earning a low income and HIV clinic patrons

Context and Drivers:

Access to Care (medical and dental):

- Wait times for dental appointments are lengthy and dental care is unaffordable.
- Limited access to care (lack of affordable insurance options, limited healthcare facilities in certain areas such as South Fulton County, preventive care measures are unaffordable, medication is unaffordable, there are not many clinics offering affordable care, and very few clinics offer after-hours care to underinsured and uninsured residents, copays, and deductibles can be unaffordable, not all providers take Medicaid and Marketplace insurance, and not all residents are familiar with how to navigate their healthcare options). Additionally, physicians that accept Medicaid or Marketplace insurances are often outside of the city.
- Residents do not always trust physicians due to a change in long-time providers to a new (maybe younger) physician or the lack of a relationship, or race.
- The distance between Grady Memorial Hospital and some communities can be far, making it difficult to get to and from the hospital without using a costly ambulance service.
- There is a culture in some clinics that makes patients uncomfortable to ask for help or resources.
- People are not always aware of the services and quality care provided by GHS; is often perceived as a last resort for many residents. For example, many residents are not aware the Grady offers cancer diagnostics and treatment. This a particularly a challenge for uninsured residents that resist cancer screening and treatment because they do not believe that affordable options exist.
- Technology is being used more frequently in healthcare services and not all residents have access to and understand how to navigate these technologies, which can widen the gap of disparities in health outcomes.

Social Determinants of Health:

- Limited educational facilities in South Fulton County that are high-quality and consistently accredited.
- Many people do not have the transportation they need to meet basic needs (e.g., medical appointments, grocery shopping, work, etc.). MARTA is unreliable and not conveniently located to most communities. Commuting becomes more difficult when there are children.
- There are limited social service supports for residents in Fulton County compared to DeKalb County.
- Many of the employment options for residents with lower educational attainment are temporary, part-time, and offer low wages.
- Many parents have to work more than one job, and children are not always supervised.
- The built environment in some communities is not universally accessible making it difficult for

people with disabilities to get around. Additionally, there are safety concerns in communities that are not well lit. Parents are not letting children play outside due to fears about crime and violence in their communities.

- Gentrification and the cost of housing are displacing residents that earn a low income.
- There are food deserts in Fulton and DeKalb counties where convenience stores and fast food restaurants are more readily available than grocery stores. For example, Publix is the only grocery store in East Point, and the prices at Publix can be unaffordable for some residents. One resident noted that at Thrift Town (a grocery store) you have to check the date on everything you purchase.
- Many residents earning a low income are not able to afford healthy options (e.g., food, preventive care, physical activity).
- Homelessness is high among veterans, people with mental illness, and substance abuse diagnoses.

Inequity and disparities:

- People of color are perceived to be treated differently at healthcare facilities in South Fulton County.
- HIV infection rates are high among African Americans in Fulton and DeKalb counties.
- There are health disparities in the LGBTQ community that are not being discussed or addressed.
- People that have been previously incarcerated experience significant barriers to employment and housing, and are often ineligible for support services.
- Men may not be seeking healthcare services when they are needed due to a resistance to ask for help or appear weak. For example, men are not getting prostate or colon cancer screenings.
- Poverty is highest among single parents, particularly in Fulton County.
- Undocumented persons resist seeking healthcare due to fear of deportation, insurance status, and lack of necessary documentation for charity care.
- Refugees are not always aware of what services are available to them and how to navigate eligibility requirements.

Behaviors that impact health:

- Lack of exercise (children are watching TV or on their phones, schools do not offer recess anymore, crime and violence make communities unsafe, sports can be unaffordable for some families).
- Marketing is on cigarettes and lottery in many communities, and children are vaping now.
- People do not always have access to healthy choices, and they do not always select healthy options when they are available.
- Residents are not getting screened or tested for many preventable illnesses due to fear of diagnosis and being stigmatized (e.g., cancer, HIV, heart disease, etc.).
- People are having unprotected sex and not all people are disclosing their HIV and STI status. Heterosexual people may think they cannot contract HIV if they are only having sex with the opposite sex.
- Some HIV positive residents are not complying with treatment or making healthy choices to maintain a low viral load.
- Schools are not always serving healthy food to children during the school day.

Behavioral health

- HIV and cancer patients often become depressed after diagnosis.

- Many residents with behavioral health challenges end up in jail or homeless because there are very few affordable behavioral services for uninsured people.
- Behavioral health symptoms are not always recognized or taken seriously.
- Residents resist seeking behavioral healthcare due to the stigma associated with a behavioral health diagnosis.
- Substance abuse is increasing among residents earning a low income and there are not enough services to meet the need.
- There are people that go to pain clinics and become addicted to prescription pain medication, and then turn to heroin when prescriptions are not available.

Cancer

- Cancer treatment can result in financial devastation and lower quality of life for residents because treatments are expensive and reduced functioning may lead to job loss.
- Breast cancer has received a significant amount of local and national attention and funding, whereas other cancer types are not getting the same awareness and resources.
- Changing guidelines (breast cancer, prostate cancer, etc.) has led to confusion about when to get screened for cancer.
- It can be difficult to secure screening for residents that are high-risk for specific cancer types due to predisposition or symptomology because insurance will not pay for test that are outside of set guidelines.
- There are environmental factors that contribute to the development of cancer, and many residents are unaware.

Recommended Interventions:

- Supply more dental services for those who are under- or uninsured by integrating medical and dental services in clinics.
- The community used to have a mobile clinic. Just having that back would be helpful.
- Increase the amount of advertising that is done for healthy foods and decrease the amount that unhealthy options are advertised. One option is to support farmers markets and fresh food options in areas where they do not exist.
- Develop an app that stores patient demographic data/insurance information that directs people to healthcare services that match their profiles.
- Engage volunteers to provide education to local schools, nursing homes, churches, etc.
- GHS should provide more information about the services that they offer many people do not know about all of what Grady has to offer (e.g., cancer care, charity care, primary and preventive care).
- Promote health literacy among all populations, including about physical activity.
- GHS could offer more support groups for patients and their caregivers (e.g., new parents).
- Hire employees that are passionate and have special knowledge of the HIV experience and community.
- GHS could offer sensitivity training to healthcare professionals to improve customer service skills. It is important to make a patient comfortable to improve care continuity.
- Providers could engage patients in a dialogue about their conditions and treatment instead of

being authoritative.

- Not all hospital emergency rooms carry HIV medications, and they should.
- Grady satellite offices need to be better connected to other providers.
- GHS should offer urgent care centers in communities.
- GHS should offer a separate triage process for cancer patients so that they can identify and treat symptoms that are associated with cancer diagnosis and treatment from other serious symptoms that are unrelated to cancer.

PRIMARY DATA COLLECTION TOOLS

KEY INFORMANT QUESTIONNAIRE 2018-19

Before we begin, please remember not to use any names or identifying information about yourself or other people.

CONTEXT

- In your opinion, over the past three years, has health and quality of life in your county:

Improved Stayed the same Declined Don't know

Please explain why you think the health and quality of life in the county has improved, stayed the same, or declined and any factors informing your answer.

- What in your opinion are the district's/county's biggest health issues or challenges that need to be addressed? Gaps? Strengths?
  Probe (if not mentioned): 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. Are you familiar with 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?
  Probe (if not mentioned): I'd like to take a moment to 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.)?
  Targeted cancer interviews: We see later stage diagnosis in residents presenting with breast, GI (esophagus, gallbladder, liver, pancreas, stomach, and colon cancers), lung, GU (prostate, kidney, bladder, and testicular cancers), and gynecological (cervical, gestational, primary peritoneal, ovarian, uterine/endometrial cancers). Are there any site specific barriers to cancer screening? treatment?
- In your opinion, who are the people or groups of people in your county whose health or quality of life may not be as good as others'. Why? Please note any ZIPs/areas where there are health disparities/pockets of poverty.
- What do you think are some of the root causes for these challenges? What are the barriers to improving health and quality of life?
- How important an issue to the district/county is the reduction/elimination of health disparities? *What is your perception of current disparities?*

- What specific programs and local resources have been used in the past to address health improvement/disparity reduction? *(To what extent is healthcare accessible to members of your community? Might cite examples of programs by disease state, life stage, or otherwise.)*
  Probe (if not mentioned): any resources related to cancer screening and treatment?
  Are there specific gaps in Fulton or DeKalb counties where services are needed (type of cancer, geographical locations, etc.) but not available?

COMMUNITY CAPACITY

- Which community-based organizations are best positioned to help improve the community's health?
- Do you see any emerging community health needs, especially among underserved populations, that were not mentioned previously? (Please be as specific as possible.) (How does this impact the health of residents?)

MOVING THE NEEDLE

- If you could only pick three of these health issues, which are the most important ones to address either now (short term) or later (long term)? *What should be the focus of intervention by county/district/community?*
  Supportive network to help residents in a one-stop place. How do we address these issues in a comprehensive way using existing resources and stitching together a safety net for resident most at risk.
- Why did you pick these?
- What interventions do you think will make a difference? *Probe for different types of interventions.*
  Probe (if not mentioned): How can we address the barriers you noted for cancer screening and treatment?
  Targeted cancer interviews: How can navigators address the cancer screening and treatment barriers you noted?
- Do you have any other recommendations that you would make as they develop intervention strategies?

WRAP UP

- Is there anything we left out of this survey that we need to know about the most pressing health needs of the community you serve?

Focus Group Discussion Guide
Community Health Needs Assessment

Overview of Purpose of Discussion and Rules of a Focus Group

- Facilitator introduces self and thanks those in attendance for participating
- Facilitator explains purposes of discussion:
  The project is being undertaken by WellStar 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 healthcare, 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)

Participant Introductions

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

I am going to ask you all a series of questions about your own family's health first, and then some questions about what you see happening in your larger community related to health and well-being.

Health Concerns in the Community

1. Now let's talk about your community. Please tell me about the strengths/positives in your community.
2. Do you think that most people in your community are healthy? Do you know many people that have chronic diseases such as diabetes, high blood pressure, heart disease?
3. Do you think that there is something about your community that contributes to people having these types of issues?
4. Do you think that people with chronic illnesses have access to the health services they need in order to control their diseases? Why or why not? What services are needed in your community to support those with chronic disease?
5. What do you see as the role of the hospital or health system to address these issues?

Facilitator: Present community-appropriate data summary to participants.

6. What is your reaction to this information? Does it ring true to what you know about your community? Is there anything missing from these data that you believe to be true about your community? In your opinions, are causing these issues?
   Probe (if not mentioned): 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. Are you familiar with 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?
   Probe (if not mentioned): I'd like to take a moment to 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.)?
   We see later stage diagnosis in residents presenting with breast, GI (esophagus, gallbladder, liver, pancreas, stomach, and colon cancers), lung, GU (prostate, kidney, bladder, and testicular cancers), and gynecological (cervical, gestational, primary peritoneal, ovarian, uterine/endometrial cancers). Are there any site specific barriers to cancer screening?...treatment?
   Are there specific gaps in Fulton or DeKalb counties where services are needed (type of cancer, geographical locations, etc.) but not available?
   Probe (if not mentioned): I'd like to take a moment to talk about weight issues and obesity. We see high rates of obesity in Fulton and DeKalb counties. Are you familiar with what is driving these rates? Can you speak to your opinions and experiences in relationship to obesity in Fulton and DeKalb counties?
   Probe (if not mentioned): I'd like to take a moment to talk about cardiovascular disease (heart disease and stroke). We see high rates of cardiovascular disease in Fulton and DeKalb counties. Are you familiar with what is driving these rates? Can you speak to your opinions and experiences in relationship to cardiovascular disease in Fulton and DeKalb counties?
   Probe (if not mentioned): I'd like to take a moment to talk about HIV/AIDS. We see high rates of HIV/AIDS in Fulton and DeKalb counties. Are you familiar with what is driving these rates? Can you speak to your opinions and experiences in relationship to HIV/AIDS in Fulton and DeKalb counties?
   Probe (if not mentioned): I'd like to take a moment to talk about Diabetes. We see high rates of Diabetes in Fulton and DeKalb counties. Are you familiar with what is driving these rates? Can you speak to your opinions and experiences in relationship to Diabetes in Fulton and DeKalb counties?
7. What do *you* think is the best/most effective way to begin to address these issues?
8. Considering the information that I just presented to you, along with your own experience with critical health needs here, which one or two of these health issues should be the priorities for addressing over the next three years?
9. What suggestions do you have for making specific changes in your neighborhood or community? *This is another opportunity to make suggestions about needed programs, changes in the community, educational campaigns, etc. that would best meet the needs of this particular community*
10. 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. Do you know of these types of organizations or people who are concerned about health issues and serve as leaders in trying to improve health in your community? Who are they — what are they doing? Are their efforts successful? Why or why not?
11. Would these organizations or people be good leaders for addressing other health issues in the community? If not them, then who?

12. What should be done to ensure that children in your community finish their education and can find jobs?

Closing

13. How would you like your community to be different in five years in order to be a healthier place for you and your family to live? If you could make two or three changes that would promote better health, what would they be?

APPENDIX C: ADDITIONAL SECONDARY DATA AND COLLECTION TOOLS

Data	Source	Geography
Demographics	US Census Bureau, American Community Survey. 2013-17.	County, Tract
	Demographics Expert 2.7: Demographic Snapshot. 2018.	County
Social and Economic Factors	US Census Bureau, American Community Survey. 2013-17.	County, Tract
	Neighborhood Nexus: US Census Bureau, American Community Survey. 2006-10	County
	US Department of Education, EDFacts. Accessed via DATA.GOV. Additional data analysis by CARES. 2016-17.	School District
	US Department of Health & Human Services, Administration for Children and Families. 2018.	Point
	US Department of Labor, Bureau of Labor Statistics. 2019 - August.	County
	US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015.	County
Access to Care/ Physical Environment	Truven Health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and Community Need Index, 2018	Zip code
	US Census Bureau, American Community Survey. 2013-17.	Tract
	US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015.	County
	University of Wisconsin Population Health Institute, County Health Rankings. 2018.	County
	US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014.	County
	US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. March 2018.	Address
	Georgia Department of Public Health Online Analytical Statistical Information System: oasis.state.ga.us. 2013-2017.	County
Health Behaviors	Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files	County
	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015.	County
	US Census Bureau, American Community Survey. 2013-17.	Tract
	Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015.	County
	Georgia Department of Public Health Online Analytical Statistical Information System: oasis.state.ga.us. 2014.	County
	Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.	County

Data	Source	Geography
	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFFS).2016.	Telephone
Health Outcomes	Georgia Department of Public Health Online Analytical Statistical Information System: oasis.state.ga.us. 2014-18.	County
	Georgia Department of Public Health Online Analytical Statistical Information System. 2013-17	County
	CDC, National Center for Chronic Disease Prevention and Health Promotion. 2016.	County
	Georgia FitnessGram	School District
	CDC, State Cancer Profiles. 2011-15.	County, State
	AIDSVu. Emory University, Rollins School of Public Health. Atlanta, GA (www.aidsvu.org)	Zip code, City, County, State
	Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)	County
	University of Wisconsin Population Health Institute, County Health Rankings. 2018.	County
	Georgia Department of Public Health Online Analytical Statistical Information System. 2007-18.	County

ADDITIONAL SECONDARY DATA

(March 2019 - October 2019)

2019 County Health Rankings (Out of 159):		
	DeKalb	Fulton
Health Outcomes	**16**	**11**
Health Factors	**26**	**18**

Age Group	DeKalb (%)	Fulton (%)	Race/Ethnicity	DeKalb (%)	Fulton (%)
0-17 yrs	23.55	22.82	**Black**	53.98	44.14
18-64 yrs	65.35	66.42	**Hispanic**	8.67	7.38
65+ yrs	11.11	10.77	**Non-Hispanic White**	34.64	45.02

Socioeconomic *per 100,000 pop.	DeKalb	Fulton	GA	U.S.
Percent Population in Poverty (2013-17)	17.63%	16.00%	16.91%	14.58%
Percent Population Age 25+ with No High School Diploma (2013-17)	11.30%	8.27%	13.74%	12.69%
Percent Free/Reduced Price Lunch Eligible (2016-17)	67.98%	57.47%	61.95%	49.21%
Unemployment Rate (2018)	3.90%	3.80%	3.80%	4.00%
Percent Uninsured Population (2013-17)	16.03%	12.20%	14.80%	10.50%
Healthcare Access *per 100,000 pop.	**DeKalb**	**Fulton**	**GA**	**U.S.**
Dentists * (2015)	56.61	68.38	49.20	65.6
Mental Health Care Provider* (2017)	269.8	218.1	129.6	202.8
Primary Care Physicians* (2014)	118.81	124.16	72.9	87.8
Federally Qualified Health Centers*(2018)	2.46	1.63	2.37	2.67
Total HPSA Facility Designations (2019)	6.00	20.00	228.00	9,836.00
Health Determinants	**DeKalb**	**Fulton**	**GA**	**U.S.**
Percentage Commuting More than 60 Minutes (2013-17)	11.75%	9.82%	10.32%	8.90%
Recreation and Fitness Facility Access Rate, per 100,000 (2016)	11.13	18.14	9.77	11.01
Fast Food Restaurants per 100,000 (2016)	86.14	122.10	83.10	77.06
Grocery Stores Rate, per 100,000 population (2016)	21.97	21.29	18.12	21.18
Percent Population with Low Food Access (2015)	23.37%	30.27%	30.82%	22.43%
Clinical Care & Prevention	**DeKalb**	**Fulton**	**GA**	**U.S.**

SNAP-Authorized Retailers* (2017)	9.32	8.09	10.57	8.25
Percent Population Receiving SNAP Benefits (2015)	21.00%	17.30%	17.10%	13.90%
Percent Population with no Leisure Time Physical Activity (2015)	20.20%	19.20%	23.80%	21.60%
Preventable hospital stays (2018)	4,453.00	4,423.00	4,851.00	--
Teen births, per 1,000 pop. (2006-12)	44.30	41.50	45.30	36.60
Other Health Indicators *per 100,000 pop.	**DeKalb**	**Fulton**	**GA**	**U.S.**
Poor physical health days (2015)	3.70	3.40	3.70	--
Poor mental health days (2015)	3.70	3.60	3.80	--
Premature death (2015-17)	6,800.00	6,800.00	7,700.00	--
Poor or fair health (2016)	15.00%	14.00%	19.00%	--
Life expectancy (2015-17)	80.00	79.30	77.70	--
Frequent physical distress (2016)	11.00%	11.00%	12.00%	--
Frequent mental distress (2016)	12.00%	11.00%	13.00%	--
Mental and Behavioral Disorders ER Visit Rates (2013-17)	918.10	1258.60	1069.10	--
Premature Death (YPLL75) (2018)	50,465.50	62,529.50	758,665.50	--
Recreation and Fitness Facility Access Rate, per 100,000 (2016)	11.13	18.14	9.77	11.01
Disorders Related to Drug Use AA ER Visit Rates	170.00	272.60	185.30	--
Opioid Overdose AA Mortality 2008	2.60	5.80	3.90	--
Opioid Overdose AA Mortality 2017	6.30	9.30	9.70	--
Assault Discharge Rate	36.40	42.60	18.60	--
Diabetes AA Discharge	219.70	186.60	188.10	--
Diabetes AA ER visit Rates	255.30	285.50	276.90	--
Percent Population with no Leisure Time Physical Activity (2015)	20.20%	19.20%	23.80%	21.60%
Adult obesity (2016)	26.00%	25.00%	30.00%	--
Obstructive Heart Disease A-A Discharge Rate	205.70	195.30	265.00	--
Hypertensive Hearth Disease, Age-Adj. Discharge	47.20	47.80	39.00	--
Asthma AA ER Visits	754.90	657.20	551.60	--
Motor Vehicle crash ED visit rate	1008.80	943.30	1099.90	--
HIV prevalence (2016)	1,203.30	1,577.90	602.40	--
HIV Diagnoses (2016)	57.60	66.60	29.10	--
AA STD Rate (except Congenital Syphilis)	1122.10	1099.10	752.00	--
% Low Birthweight	10.00%	10.70%	9.60%	--
Infant Mortality Rate	7.60	7.00	7.50	--

2017-2018 Community Need Index (CNI) — Grady Health System												
Zip	County	CNI Change	Current Score	Poverty 65+	Poverty Children	Poverty Single w/kids	Limited English	Minority	No High School Diploma	Unemployed	Uninsured	Renting
30002	DeKalb	-0.2	4.0	6.2%	21.9%	38.6%	2.4%	49.5%	8.6%	9.5%	21.1%	49.1%
30004	Fulton	0.0	2.2	5.9%	6.1%	18.8%	1.9%	36.1%	3.7%	3.1%	5.3%	21.8%
30005	Fulton	0.2	2.8	11.9%	3.7%	23.4%	2.2%	44.9%	2.9%	5.4%	5.4%	28.0%
30009	Fulton	0.0	3.2	8.9%	8.9%	27.9%	2.9%	41.6%	4.6%	4.5%	8.3%	47.5%
30021	DeKalb	-0.2	4.8	18.3%	40.9%	38.5%	24.1%	85.3%	29.6%	11.6%	24.6%	71.6%
30022	Fulton	0.0	2.4	4.4%	4.1%	15.7%	3.2%	39.1%	4.0%	4.9%	5.5%	27.0%
30030	DeKalb	-0.2	3.2	15.0%	9.6%	23.3%	1.8%	28.4%	4.9%	4.8%	13.7%	40.4%
30032	DeKalb	0.0	4.8	16.9%	35.9%	47.5%	1.1%	87.5%	20.1%	14.5%	24.0%	47.9%
30033	DeKalb	-0.2	3.6	9.0%	15.4%	34.2%	4.1%	38.7%	7.3%	4.5%	13.0%	43.5%
30034	DeKalb	0.0	4.0	14.1%	24.1%	32.8%	0.3%	98.0%	9.4%	12.8%	16.7%	32.9%
30035	DeKalb	0.0	4.2	17.9%	23.0%	31.0%	1.1%	97.0%	11.2%	10.5%	18.5%	44.8%
30038	DeKalb	-0.2	3.8	17.0%	13.6%	22.6%	0.4%	97.2%	7.9%	9.3%	15.0%	39.3%
30058	DeKalb	-0.2	3.8	19.1%	16.3%	24.4%	1.0%	96.8%	8.5%	10.9%	14.3%	35.1%
30075	Fulton	0.2	2.2	4.9%	5.9%	26.5%	2.4%	22.3%	3.7%	3.7%	5.6%	19.4%
30076	Fulton	0.0	3.6	5.3%	14.1%	36.0%	6.6%	45.6%	9.3%	4.3%	9.1%	39.9%
30079	DeKalb	-0.2	4.4	6.9%	33.8%	45.8%	5.1%	62.0%	11.9%	9.7%	20.0%	52.5%
30083	DeKalb	0.0	4.4	15.4%	29.6%	42.0%	4.9%	89.6%	12.8%	13.3%	21.5%	49.1%
30084	DeKalb	0.0	4.2	6.6%	24.0%	45.2%	10.3%	59.2%	13.4%	7.7%	12.5%	34.1%
30087	DeKalb	0.0	2.8	6.3%	13.9%	23.3%	2.9%	75.2%	7.9%	9.6%	8.6%	15.5%
30088	DeKalb	0.0	3.8	7.2%	20.7%	33.2%	0.9%	95.9%	9.0%	13.5%	13.9%	33.6%
30097	Fulton	-0.2	2.8	6.7%	5.7%	20.5%	5.7%	61.6%	5.9%	5.5%	6.5%	25.7%
30213	Fulton	0.0	3.8	8.8%	14.3%	21.2%	1.2%	89.1%	11.2%	7.8%	14.5%	29.9%
30268	Fulton	0.2	4.2	8.3%	19.7%	55.8%	3.4%	57.4%	15.2%	7.8%	10.9%	29.2%
30288	DeKalb	-0.2	4.0	14.2%	19.3%	26.5%	3.3%	92.7%	13.9%	14.1%	14.3%	30.5%
30291	Fulton	-0.2	4.2	9.4%	24.3%	37.6%	1.2%	93.2%	12.3%	10.6%	20.4%	49.1%
30294	DeKalb	-0.2	3.2	8.3%	12.9%	23.8%	2.3%	92.0%	11.3%	9.4%	10.7%	16.8%
30303	Fulton	0.0	4.8	37.4%	35.9%	56.9%	0.5%	57.3%	17.7%	16.7%	29.2%	72.6%
30305	Fulton	-0.2	3.0	13.4%	4.6%	22.0%	0.7%	22.4%	2.0%	3.0%	9.3%	45.7%
30306	Fulton	0.0	2.8	5.5%	6.1%	27.5%	0.9%	15.8%	2.6%	2.7%	8.0%	47.9%
30307	DeKalb	0.0	3.2	9.4%	11.3%	38.6%	0.5%	20.9%	3.3%	3.2%	8.8%	41.7%
30308	Fulton	0.0	4.2	16.2%	33.2%	64.1%	1.6%	47.0%	5.9%	5.7%	15.8%	66.4%
30309	Fulton	0.0	3.0	12.1%	6.1%	19.7%	0.3%	34.2%	2.3%	2.5%	10.1%	57.1%

2017-2018 Community Need Index (CNI) — Grady Health System												
Zip	County	CNI Change	Current Score	Poverty 65+	Poverty Children	Poverty Single w/kids	Limited English	Minority	No High School Diploma	Unemployed	Uninsured	Renting
30310	Fulton	0.0	5.0	24.6%	43.1%	54.4%	0.5%	92.6%	20.1%	13.9%	38.1%	60.8%
30311	Fulton	0.0	4.8	18.7%	54.6%	69.0%	1.6%	97.5%	17.1%	16.9%	39.8%	58.5%
30312	Fulton	0.0	4.6	32.2%	35.2%	56.6%	0.7%	55.7%	9.9%	7.3%	24.2%	63.9%
30313	Fulton	0.2	4.6	17.4%	44.6%	51.8%	0.3%	58.7%	11.0%	15.5%	26.9%	77.5%
30314	Fulton	0.0	4.8	14.7%	42.8%	50.6%	0.5%	96.8%	15.6%	15.8%	33.3%	65.3%
30315	Fulton	0.0	5.0	29.8%	47.5%	61.3%	1.9%	86.8%	21.3%	16.2%	43.6%	63.3%
30316	DeKalb	-0.2	4.2	20.1%	20.8%	41.6%	1.0%	58.2%	12.5%	8.0%	16.7%	35.0%
30317	DeKalb	0.2	4.4	19.3%	19.2%	41.2%	0.6%	49.3%	13.5%	6.7%	16.9%	39.8%
30318	Fulton	-0.2	4.4	16.7%	31.6%	53.8%	1.2%	66.5%	11.1%	9.4%	24.8%	58.5%
30319	DeKalb	-0.4	3.4	11.3%	13.1%	45.4%	8.0%	32.6%	8.6%	2.7%	8.9%	47.6%
30322	DeKalb	0.0	3.2	17.6%	0.0%	0.0%	0.1%	30.0%	1.5%	5.4%	32.2%	93.6%
30324	Fulton	0.0	3.8	9.5%	18.4%	30.8%	7.7%	49.6%	7.4%	5.0%	11.6%	68.4%
30326	Fulton	0.0	2.4	4.4%	0.8%	4.0%	0.8%	27.1%	1.7%	1.9%	4.6%	55.6%
30327	Fulton	0.0	2.4	6.9%	4.9%	34.9%	1.0%	15.6%	1.1%	3.4%	7.5%	24.3%
30328	Fulton	0.0	2.8	7.3%	6.9%	14.9%	2.3%	36.3%	3.1%	4.0%	8.9%	42.2%
30329	DeKalb	-0.4	4.0	13.0%	22.4%	27.0%	12.3%	58.1%	13.6%	4.5%	14.0%	72.6%
30331	Fulton	0.0	4.2	13.4%	23.1%	33.8%	0.7%	97.9%	10.8%	12.8%	21.2%	45.1%
30336	Fulton	-0.2	3.8	16.5%	20.6%	22.1%	0.5%	97.4%	6.9%	9.4%	18.6%	48.7%
30337	Fulton	-0.2	4.8	18.5%	39.1%	61.7%	2.2%	85.0%	18.1%	11.8%	30.5%	67.4%
30338	DeKalb	-0.2	2.8	3.9%	6.4%	24.3%	2.3%	34.6%	4.5%	4.9%	6.0%	43.5%
30340	DeKalb	-0.2	4.8	10.8%	28.5%	48.8%	20.6%	76.4%	28.1%	6.9%	17.6%	59.4%
30341	DeKalb	0.0	4.6	10.1%	25.7%	44.1%	17.3%	62.6%	20.5%	4.3%	13.6%	57.4%
30342	Fulton	0.2	3.8	6.3%	11.7%	35.0%	5.6%	43.1%	8.6%	3.1%	9.6%	52.4%
30344	Fulton	0.0	4.6	17.0%	32.8%	47.8%	2.1%	86.0%	14.4%	14.2%	25.3%	54.6%
30345	DeKalb	0.0	4.2	8.3%	22.6%	44.0%	8.8%	50.6%	12.6%	5.2%	11.1%	47.6%
30346	DeKalb	0.2	3.6	8.2%	14.7%	33.3%	3.3%	56.8%	4.0%	5.5%	9.9%	83.7%
30349	Fulton	0.0	4.2	8.1%	21.9%	37.5%	1.0%	96.8%	10.2%	10.5%	19.2%	41.5%
30350	Fulton	0.2	3.6	9.9%	14.8%	35.1%	2.6%	53.3%	5.1%	5.7%	12.6%	64.4%
30354	Fulton	-0.4	4.6	9.8%	43.1%	50.2%	4.9%	87.8%	18.6%	14.2%	33.2%	61.6%
30360	DeKalb	0.0	4.8	7.1%	25.9%	59.0%	18.6%	62.0%	22.9%	6.4%	11.5%	50.9%
30363	Fulton	0.0	3.4	60.9%	13.5%	0.0%	2.1%	61.5%	4.7%	6.0%	16.4%	76.6%
	DeKalb Total		3.9	12.5%	20.6%	35.3%	5.6%	70.6%	12.2%	8.6%	14.6%	42.5%

2017-2018 Community Need Index (CNI) — Grady Health System												
Zip	County	CNI Change	Current Score	Poverty 65+	Poverty Children	Poverty Single w/kids	Limited English	Minority	No High School Diploma	Unemployed	Uninsured	Renting
	Fulton Total		**3.6**	11.6%	19.1%	35.1%	2.3%	60.3%	8.6%	7.7%	16.1%	44.8%

Racial/Ethnic Disparities *per 100,000 pop.	DeKalb	Fulton	White	Black	Asian	Hispanic/ Latino	GA	U.S.
Adults (25+) with No High School Diploma	11.30%	8.27%	6.00%	11.67%	11.47%	37.02%	13.74%	12.69%
Percent Uninsured Population	16.03%	12.20%	5.73%	16.40%	11.09%	36.04%	14.80%	10.50%
Percent Population in Poverty	17.63%	16.00%	8.92%	22.58%	14.57%	26.33%	16.91%	14.58%
Percent Population Under Age 18 in Poverty	27.88%	23.54%	4.69%	34.19%	16.23%	39.28%	24.04%	20.31%
All Sites Cancer Mortality	150.10	144.60	128.40	177.70	76.60	64.50	160.70	--
Rate of New Cancers	457.50	465.60	471.60	461.10	265.00	331.90	464.00	--
Colon and Rectum Incidence Rate	40.60	38.10	32.90	46.80	28.60	29.6	41.80	39.20
Lung Cancer Incidence Rate	51.20	51.20	46.40	57.90	25.20	30.30	64.90	60.2
Prostate Cancer Incidence	143.90	143.80	114.80	188.00	43.70	86.50	123.30	109.00
Breast Cancer Incidence Rate	136.00	132.10	139.10	133.60	86.10	123.00	125.20	124.7.00
Asthma AA ER Visit Rates	754.90	657.20	240.80	1,153.20	118.00	N/A	551.60	--
Mental and Behavioral Disorders ER Visit Rates	918.10	1,258.60	703.90	1,547.50	169.50	N/A	1,069.10	--
Sickle Cell Anemia AA Discharge	114.20	74.30	19.90	160.90	15.90	N/A	59.90	--
Opioid Overdose AA Mortality	5.00	8.40	12.60	4.60	1.00	1.50	7.60	--

Racial/Ethnic Disparities *per 100,000 pop.	DeKalb	Fulton	White	Black	Asian	Hispanic/ Latino	GA	U.S.
Percent Population with a Disability	10.57%	9.97%	72.88%	13.25%	4.25%	0.72%	12.36%	12.59%
Infant Mortality Rate	7.6	7	3.6	11.2	3.2	4.8	7.5	--

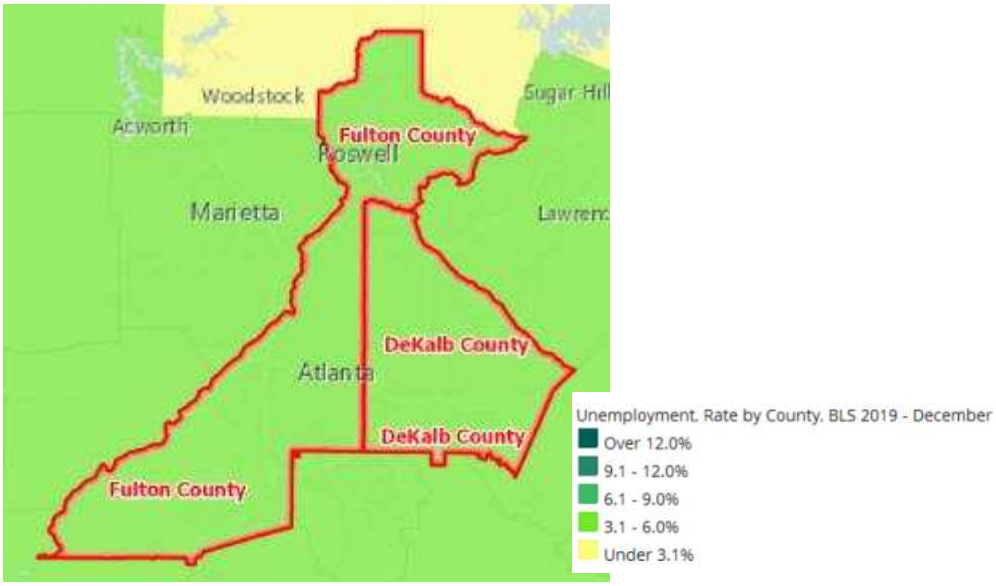
Ranked Causes: Age-Adjusted Death Rate, State and County Comparison (2014-2018)			
	DeKalb County	Fulton County	GA
#1	Ischemic Heart and Vascular Disease - 1,853	Ischemic Heart and Vascular Disease - 2,676	Ischemic Heart and Vascular Disease - 41,443
#2	Cerebrovascular Disease - 1,293	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease - 1,911	All COPD Except Asthma - 22,949
#3	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease - 1,220	Cerebrovascular Disease - 1,725	Malignant Neoplasms of the Trachea, Bronchus and Lung - 22,154
#4	Malignant Neoplasms of the Trachea, Bronchus and Lung - 983	Alzheimers Disease - 1,391	Cerebrovascular Disease - 21,363
#5	Alzheimers Disease - 950	Malignant Neoplasms of the Trachea, Bronchus and Lung - 1,382	Alzheimers Disease - 19,080
#6	All Other Mental and Behavioral Disorders - 870	All Other Mental and Behavioral Disorders - 1,186	Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease - 15,576
#7	All COPD Except Asthma - 776	All COPD Except Asthma - 1,087	All Other Mental and Behavioral Disorders - 15,142
#8	Diabetes Mellitus - 755	All Other Diseases of the Nervous System - 920	Diabetes Mellitus - 11,410
#9	All Other Diseases of the Nervous System - 692	Diabetes Mellitus - 847	All Other Diseases of the Nervous System - 9,683
#10	Nephritis, Nephrotic Syndrome and Nephrosis - 576	Nephritis, Nephrotic Syndrome and Nephrosis - 783	Nephritis, Nephrotic Syndrome and Nephrosis - 9,358

MAPS:

The following maps of Fulton and DeKalb Counties display:

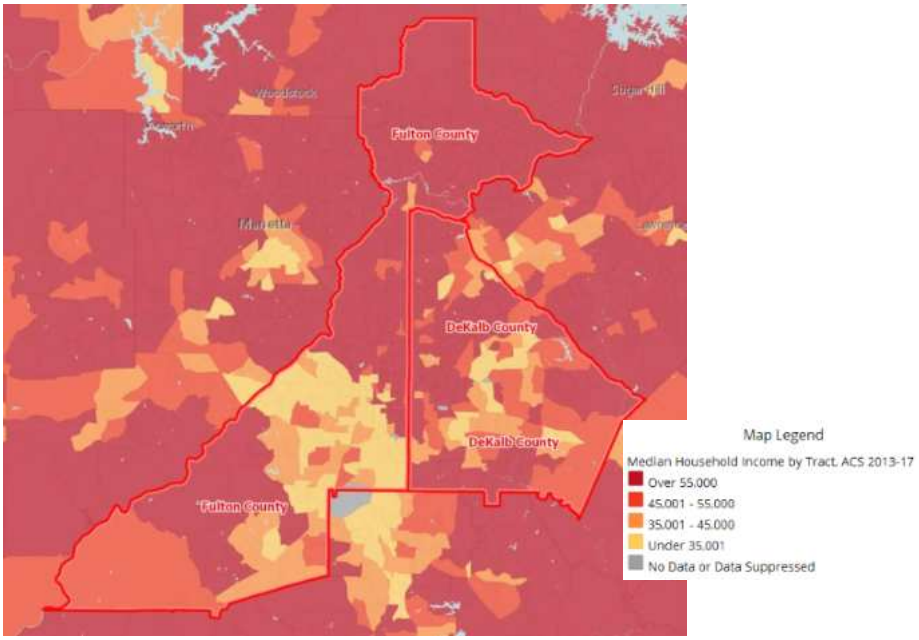
- Unemployment Rate, 2019
- Median Household Income, by Tract, 2013-2017
- Adults (25+) with No High School Diploma, 2013-2017
- Uninsured Hospital Discharges by Census Tract, 2014-2018
- Medicaid Hospital Discharges by Census Tract, 2014-2018
- Overall Rankings in Health Outcomes, 2019
- Overall Rankings in Health Factors, 2019

Figure 19. Unemployment Rate (2019)



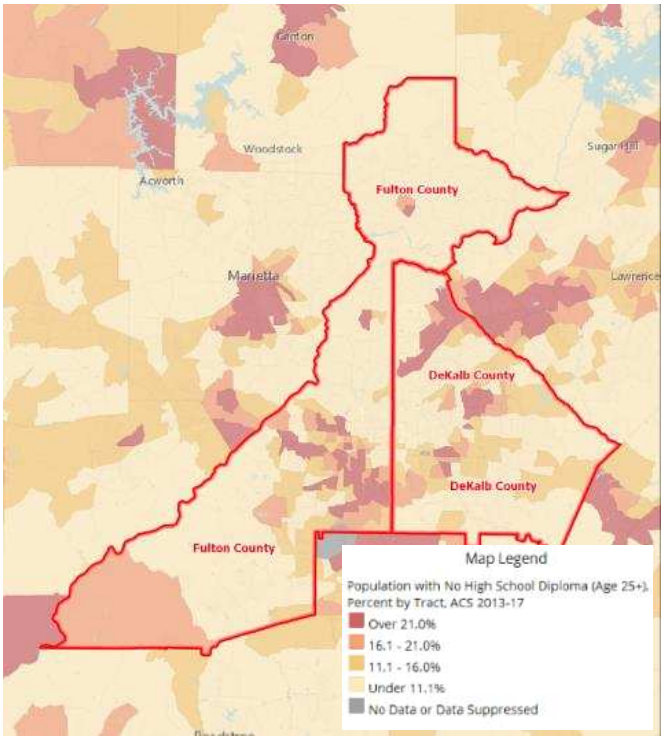
Data Source: US Department of Labor, Bureau of Labor Statistics. 2019 - August.

Figure 20. Median Household Income, by Tract, 2013-17



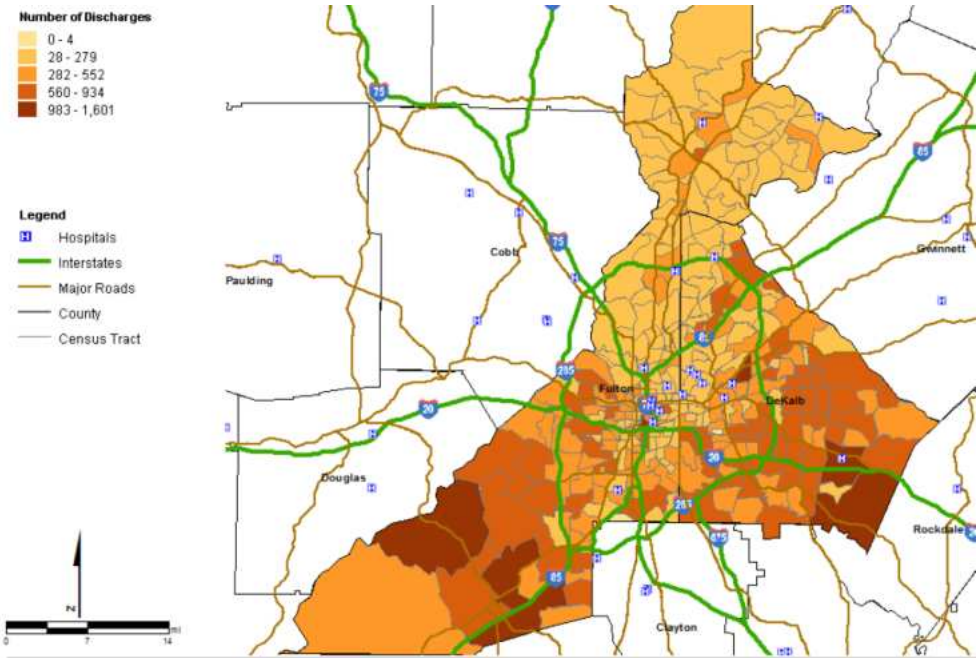
Data Source: US Census Bureau, American Community Survey. 2013-17.

Figure 21. Adults (25+) with No High School Diploma (2013-17)



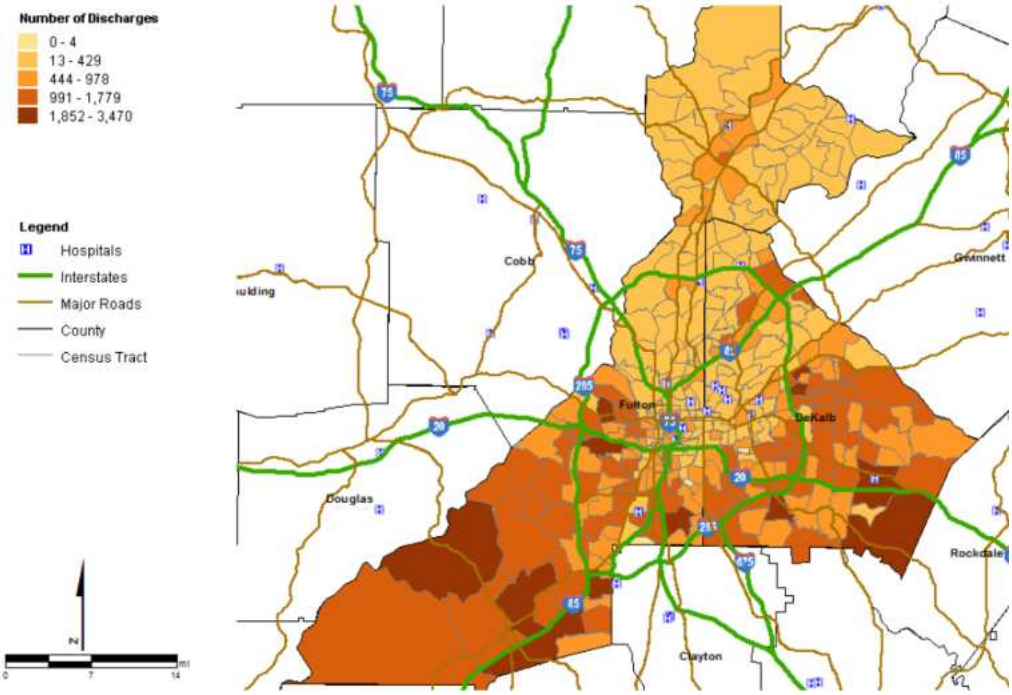
Data Source: US Census Bureau, American Community Survey. 2013-17.

Figure 22. Uninsured Hospital Discharges by Census Tract a(2014-18)



Data Source: Georgia Department of Community Health, Online Analytical Statistical Information System. 2014-18.

Figure 23. Medicaid Hospital Discharges by Census Tract (2014-18)



Data Source: Georgia Department of Community Health, Online Analytical Statistical Information System. 2014-18.

Figure 24. Overall Rankings in Health Outcomes

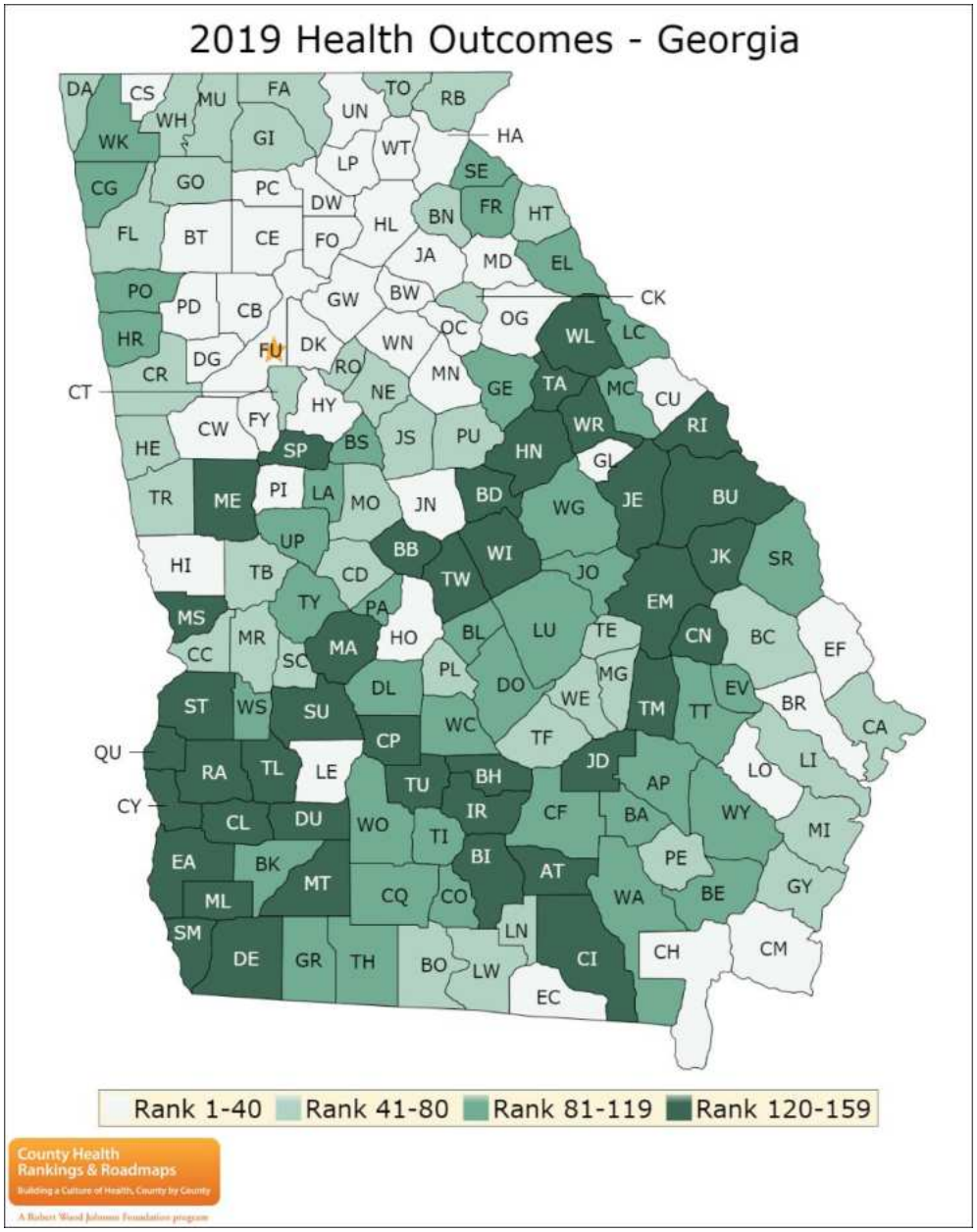
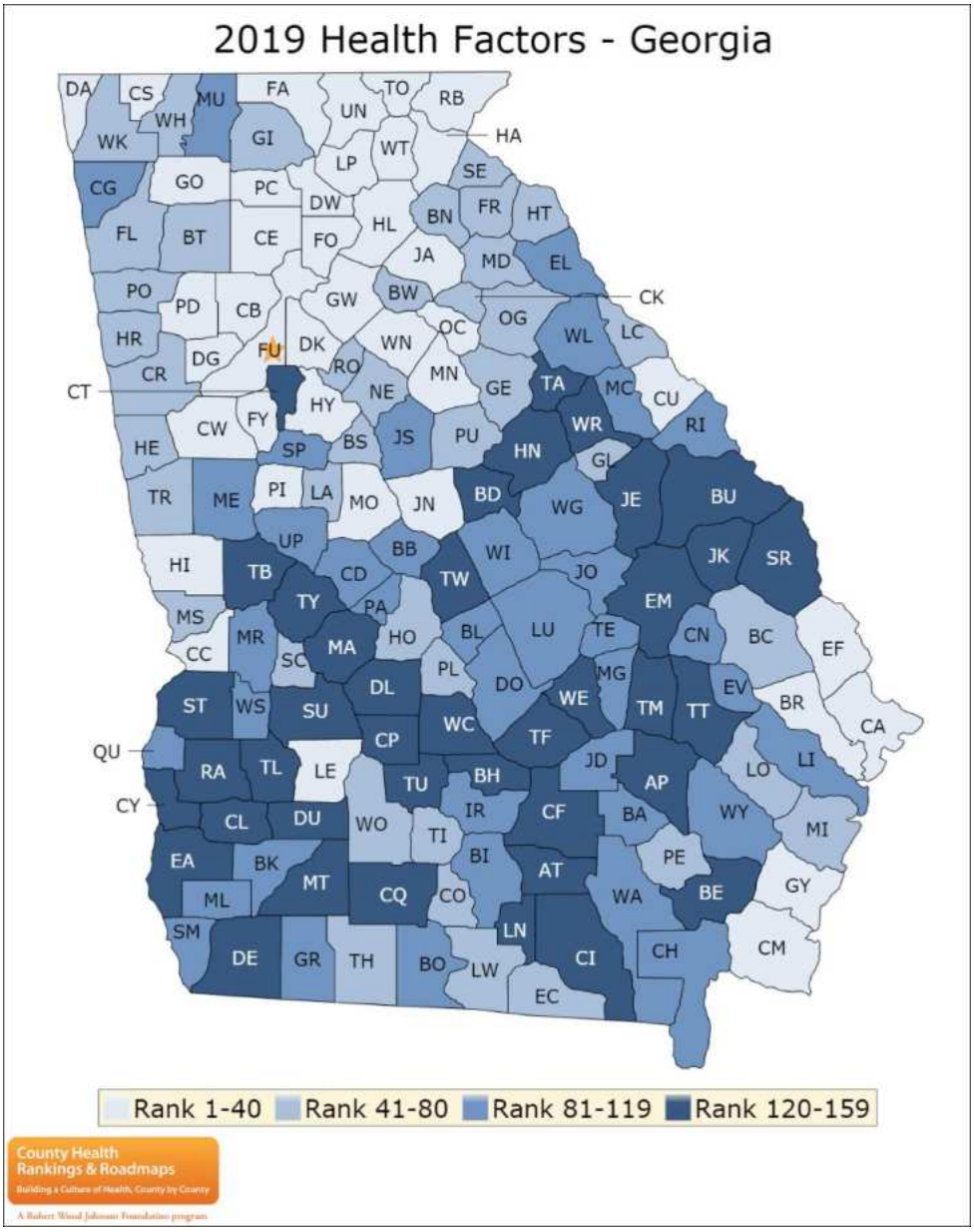


Figure 25. Overall Rankings in Health Factors



APPENDIX D: COMMUNITY FACILITIES, ASSETS AND RESOURCES

(October 2019)

Health Departments	
DeKalb County Board of Health Health Centers Clifton Springs 3110 Clifton Springs Road Decatur, GA 30034 404.244.2200 East DeKalb Health Center 2277 S. Stone Mountain-Lithonia Road Lithonia, GA 30058 770.484.2600 North DeKalb Health Center 3807 Clairmont Rd., NE Chamblee, GA 30341 770.454.1144 Richardson Health Center 445 Winn Way Decatur, GA 30030 404.294.3700 T.O. Vinson Health Center 440 Winn Way Decatur, GA 30030 404.294.3762 https://dekalbhealth.net	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. Clinical services and programs Maternal and child health Perinatal care/Obstetrics Women, Infants and Children (WIC)* Dental health* Immunizations Vision and hearing screenings Well child check-ups Children's Medical Services Children with Special Needs Babies Can't Wait Children 1st Program School health programs Adolescent health Medicaid enrollment Adult health BreasTest and More* Dental health Family planning* Hypertension Refugee health Immunizations Travel medicine Tuberculosis (TB) HIV/AIDS (Ryan White Early Care Clinic) Sexually transmitted diseases (STDs) Primary care (at some locations)
Fulton County Department of Health and Wellness (FCDHW)	Fulton County Department of Health and Wellness (FCDHW) is the largest testing site in the state of Georgia. Over 700 people

Fulton County Public Health at 10 Park Place 10 Park Pl S.E., 5th Floor Atlanta, GA 30303 (404) 613-1205 (main) The Fulton County Department Of Behavioral Health & Developmental Disabilities Fulton County Government Center 141 Pryor Street Suite 1031 Atlanta, GA 30303 (404) 613-7013 www.livebetterfulton.org Fulton County Cooperative Extension Central Office (Downtown) - Central Atlanta Library, 1 Margaret Mitchell Square, Atlanta, GA30303 - (404) 332-2400	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. • Mental Health - Our behavioral health centers offer a wide range of services & addictive disease treatment at community-based locations. • Developmental Disabilities - Three regional centers provide clients with life skills training tailored to their particular disability. Mobility training and day habilitation are also provided. • Addictive Diseases - We provide a variety of specialty outpatient treatment services for adults with chronic chemical dependencies. Treatment is also available for individuals who have both mental health and substance abuse ("co-occurring") disorders.
Primary Care: Safety Net Clinics & Federally Qualified Health Centers	
Family Health Centers of Georgia West End | Main Center 868 York Avenue, SW Atlanta, GA 30310 404.752.1400 Adamsville Regional Health Center 3700 Martin Luther King Jr. Drive, SW Atlanta, GA 30331 404.613.6384	Focuses on outreach, disease prevention and patient education regardless of insurance status of a patient's ability to pay.
Healing Community Center Clinic address: 2600 Martin Luther King Jr. Dr., SW, Atlanta, GA 30311 Phone: 404.564.7749 Fax: 404.758.1216	Health Education, Assessment & Leadership (HEAL), Inc. We are a Federally Qualified Health Center. We offer a sliding fee scale. Services Adult Medicine Behavioral Health Cardiology Dental Health Education Health Enrollment Assistance HIV Testing and Counseling OB/GYN Otolaryngology (ENT)

	Pediatrics Podiatry Prescription Assistance Social Services Vision Care
MSM H.E.A.L. Clinic Map 1800 Howell Mill Road 2nd Floor, Suite 275 Atlanta, GA 30318 Phone: (404) 756-5019	We exist to contribute to health equity of the underserved and uninsured populations in Georgia. We strive to provide concise patient education to promote disease prevention. We intend to increase the diversity of healthcare through clinical experience and dynamic medical training. The MSM HEAL clinic serves the underserved, homeless, and uninsured.
Good Samaritan Clinic 1015 Donald Lee Hollowell Pkwy Atlanta, GA 30318 Phone: (404) 523-6574 https://goodsamatlanta.org/	
Mercy Care at City of Refuge 1300 Joseph E. Boone Blvd. Atlanta, GA 30314 678-843-8790 Mercy Care at Gateway Center 275 Pryor Street SW Atlanta, GA 30303 678-843-8840 Mercy Care at St. Jude's Recovery Center 160 Pine Street Atlanta, GA 30308 678-843-8544 * There are 5 locations within Fulton County. https://www.mercyatlanta.org/LOCATIONS	As your medical home, Mercy Care offers comprehensive services that meet the majority of primary physical and mental health and wellness needs. Services are planned and delivered by a team that works together for your health. These services include primary medical care for adults and children, primary dental care, vision care, mental and behavioral health assessment and counseling, prescriptions, health screenings, and health education.
Physicians' Care Clinic The clinic is located at the T.O. Vinson Health Center, 440 Winn Way, Decatur, GA 30033 (404) 501-7940 http://www.physicianscareclinic.org	Physicians' Care Clinic is the oldest and largest free clinic serving residents of DeKalb County, offering healthcare to thousands of patients each year. Our mission is to provide low-income and uninsured adults with access to quality, comprehensive, non-emergency medical care delivered with excellence, compassion and dignity.
Family Medical Center 30 Warren Street Atlanta, GA 30317	Whitefoord is the centralized community resource that connects diverse children and families to quality healthcare and education

(404) 373-6614 http://whitefoord.org	services that form a strong foundation of learning and support for long-term success. Healthcare Family Planning Dental Pediatrics Behavioral Health Health Education Adult Medicine
Center for Black Women's Wellness 477 Windsor Street SW, Suite 309, Atlanta, GA, US Tel. (404) 688-9202 http://cbww.org	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 healthcare and early detection and treatment of conditions before health problems arise. Wellness Clinic The Wellness Clinic provides women's health (GYN) care, including the following services: Well woman visits, including Pap Test, Pelvic exam, and clinical breast exam Pregnancy testing, preconception counseling, and family planning Physical examinations and health screenings Laboratory services, including total blood chemistry profile Confidential HIV testing Mammogram referrals and follow-up STD/STI screening and treatment Employment drug testing All services are based on a sliding fee scale while accepting Medicaid. Safety Net Clinic The Safety Net Clinic provides no cost services for uninsured women and men ages 18 & older. Services include: Primary Healthcare Non-Emergency Care Chronic Disease Management including but not limited to: Hypertension (high blood pressure) management Confidential HIV testing High Cholesterol management Diabetes management Mental Health Referrals and Services

	Teen Clinic On-site teen clinical services provided to male and female youth by the Fulton County Department of Health and Wellness.
Oakhurst Medical Centers Main Office Stone Mountain Location 5582 Memorial Drive Stone Mountain, GA 30083 Decatur Location 1760 Candler Road, Decatur, GA 30032 404-286-2215 Northlake location 2295 Parklake Drive Suite 500 Atlanta, GA 30345 Other Locations 2140 Peachtree Road NW Suite 232 Atlanta, Georgia 30309 550 Peachtree Street Atlanta, GA 30303	Oakhurst is a community based, not for profit, primary healthcare center. Since 1980, we have been providing quality, affordable, culturally sensitive and accessible healthcare to the residents of DeKalb County. We also serve Fulton County
Southside Medical Center 1046 Ridge Avenue, SW Atlanta, GA 30315 Phone: 404-688-1350 https://southsidemedical.net Southside Medical Center has centers throughout Metro Atlanta in Norcross, East Point, Riverdale, Hampton and Forest Park.	Offering affordable healthcare and related services including: Pediatrics, Adult Medicine, Women's Health, Dentistry, Optometry, and Specialty Services Also offered: Southside Behavioral Lifestyle Enrichment Center (SBLEC) serves all men and women, aged 18 and older, who seek to overcome the use of any type of drug or alcohol.
Fulton-DeKalb Hospital Authority 50 Hurt Plaza, Suite 803, Atlanta, GA 30303 Phone: 404-334-3680	The Fulton DeKalb Hospital Authority exists primarily to ensure that the indigent residents of Fulton and DeKalb Counties receive quality healthcare through the Grady Health System. Our goal is to reduce the number of visits to Grady's emergency room by improving the health status of Fulton and DeKalb County residents.
Transportation	
Transportation Options Program for Seniors (TOPS)	The TOPS program is designed to provide medical transportation for seniors age 60+ in the Senior Services North Fulton service

TOPS Program Manager: 770-993-1906 x234 http://www.ssnorthfulton.org/senior-services/transportation/ Get Around Town Easily (GATE) Program GATE Mobility Manager: 770-993-1906 x242	area: Alpharetta, Johns Creek, Milton, Mountain Park, Roswell and Sandy Springs. Trips can be arranged for appointments with doctors, dentists, eye doctors, for treatments ordered by your doctor—or to get a flu shot. Seniors and adults with disabilities who are unable to drive need the ability to pick up prescriptions, grocery shop, visit the bank, or simply get a haircut. Our grant funded GATE (Get Around Town Easily) Transportation Program allows north Fulton seniors and adults with disabilities to purchase a transportation account that can be used with selected drivers in the GATE program.
Non-Emergency Medical Transportation (NEMT) Schedule Transportation: Logisticare: 1-888-224-7981 (Central) 1-888-224-7985 (Southwest) 1-888-224-7988 (East) Medicaid Member Call Center: 866-211-0950	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 Customer Service: 404-848-5000 MARTA Mobility404-848-5826 http://www.itsmarta.com/	MARTA serves Fulton and DeKalb counties through a bus and rail system. MARTA maps are available online or at any station. To advocate and provide safe, multi-modal transit services that advance prosperity, connectivity and equity for a more livable region.
Kaiser Permanente: Mobile Health Vehicle Schedule an appointment online (https://mydoctor.kaiserpermanente.org/ncal/healthCenter/mhv/schedule_appointments/index.jsp) or 1-877-741-4MHV (4648)	As a Kaiser Permanente member, you and your adult and pediatric family members will have access to Kaiser Permanente physicians on the Mobile Health Vehicle. For your convenience, the following services will be available on-site. • Routine primary care (adults and pediatrics) • Routine GYN services • Basic chronic care management • Same day care • Immunizations and vaccinations • Blood and urine collection/processing • Point of care testing (i.e., glucose) • Lab work • Allergy management • Referrals to specialists when necessary • Visual acuity and audiometry screening
HIV Services and Resources	

Positive Impact Health Centers 523 Church Street Decatur, GA 30030 Main (404) 589-9040 Fax (404) 589-1615 Español (404) 523-1171 TTY (404) 214-2244	Mission: Client centered care for the HIV community to have a life worth loving. Comprehensive services are available at the Duluth and Decatur centers for those affected by HIV. Grant funding enables most services to be provided on a sliding fee basis. Services include: • HIV specialty medical care • Dental referrals • Pharmacy (coming soon) • HIV testing • STI testing (syphilis, gonorrhea, chlamydia) • Risk reduction individual counseling (CLEAR) • Risk reduction group counseling (WILLOW & TWILLOW) • Mental health counseling (individual, group, & couples) • Psychiatry • Substance Abuse Treatment Navigation and Counseling • Intensive Outpatient Substance Abuse Treatment (IMPACT) • Continuing Care Substance Abuse Treatment • Substance Abuse Risk Reduction • Case Management and Supportive Services • Housing Assistance • Nutritional Counseling • Peer Counseling
Aniz, Inc. 236 Forsyth St SW Atlanta, Georgia 404-521-2410 http://www.aniz.org contact@aniz.org	Mission: To promote emotional and physical wellness by providing mental health and substance use counseling, support services, and sexual health education. Our Vision: Empowering children and adults to prevent the spread of HIV/AIDS to the next Generation
Access to healthy foods	
Open Hand Atlanta 181 Armour Drive NE, Atlanta, Georgia 30324 (404) 872-8089 info@openhandatlanta.org	Our mission We cook. We deliver. We teach. We care. Our vision Open Hand seeks to eliminate disability and untimely death due to nutrition-sensitive chronic disease. Our purpose Open Hand serves our community by empowering people to live healthier, more productive lives. Programs:

	• Food is Medicine Programs • Healthy food access programs • Nutrition education programs • Collaborative programs
Cancer Resources	
Susan G. Komen Greater Atlanta Contact: Kelly Dolan, Executive Director E-mail: komenatlanta@earthlink.net; Phone: 404-459-8700 6075 Roswell Road, Suite 630 Atlanta, Georgia 30328 1-877 GO KOMEN (1-877-465-6636) https://komenatlanta.org	The Susan G. Komen Breast Cancer Foundation was established in 1982 by Nancy Brinker to honor the memory of her sister Susan. Susan G. Komen died from breast cancer at the age of 36. Since the Susan G. Komen Breast Cancer Foundation began in 1982, the Foundation and its Affiliates have raised almost $600 million for breast cancer research, education, screening and treatment. The Susan G. Komen Foundation is one of the largest private funders of research dedicated solely to breast cancer in the United States. Offering Breast Cancer Screening, Education, and Resources
Bosom Buddies of Georgia, Inc. 1 Dunwoody Park South, Suite 105 Dunwoody, GA 30338 Contact: Frances Wand, Director, Breast Cancer Services Frances.Wand@gacancerfoundation.org 770-396-7995 ext. 13 http://www.bosombuddiesga.org/	Bosom Buddies of Georgia, Inc. began as an outlet for three women to share mutual emotional support during a trying time. The organization has since expanded to numerous facilitator-led breast cancer support groups statewide, together with ongoing breast health education for the medically underserved, refugee, migrant, and minority communities. Today, Bosom Buddies is one of Georgia's largest survivor-led breast cancer support and education organization. When women come to Bosom Buddies in search of comfort and support, they also discover an incredible information pool, friendships, and hope.
American Lung Association of Georgia – Contact: LuVette Baldwin, Director, Adult Lung Disease Program E-mail: Lbaldwin@alaga.org; Phone: 770-434-5864 2452 Spring Road, S.E. Smyrna, Georgia 30080 http://www.lungusa.org/georgia/	The American Lung Association (ALA) is the oldest voluntary health organization in the United States, with a National Office and constituent and affiliate associations around the country. Founded in 1904 to fight tuberculosis, the American Lung Association today fights lung disease in all its forms, with special emphasis on asthma, tobacco control and environmental health. The American Lung Association is funded by public contributions, along with gifts and grants from corporations, foundations and government agencies. The ALA achieves its many successes through the work of thousands of committed volunteers and staff.
Breast Friends Contact: Larry Murphy, Executive Director lmurphy@breastfriends.org 404-843-0839 (24-hr support) 180 Allen Road, Suite 204-S Atlanta, Georgia 30328 http://www.breastfriends.com/	Breast Friends' mission is "Helping women survive the trauma of breast cancer…one friend at a time." Breast Friends offers the message of hope and inspiration to women newly diagnosed with breast cancer. They teach their friends and families the importance of support and friendship and offer practical ideas on how to help someone going through this critical time.

Lung Cancer Alliance - Georgia 1688 Brookgreen View Ackworth GA 30101 Contacts: Ed Levitt & Linda Levitt e.levitt@comcast.net lrlevitt@comcast.net Cell: 404-242-7414 Office: 770-590-7898	The Lung Cancer Alliance is the only national non-profit organization dedicated solely to advocating for people living with lung cancer or those at risk for the disease. Our initiatives aim to educate public policy leaders of the need for greater resources for lung cancer research while changing the face of lung cancer and reducing the stigma associated with the disease. We offer unique patient education and support programs focused on helping people directly affected by lung cancer.
Atlanta Lesbian Cancer Initiative 1530 Dekalb Avenue, N.E. Atlanta, Georgia 30307 Contact: Ali Schaffer, Council Liaison, 404-778-5559 allison_schaffer@hotmail.com www.thehealthinitiative.org	The Atlanta Lesbian Health Initiative promotes the health and well-being of lesbians through education, advocacy and support services. It assists those coping with a cancer diagnosis as well as those who have a partner, friend or family member with cancer. From physician referrals to support groups to a wide array of client services, ALHI offers assistance to those who find themselves in need. Programming includes cancer prevention and lesbian health as well as sensitivity training programs for medical providers.
Brain Tumor Foundation for Children, Inc. – 6065 Roswell Road, N.E., Suite 505 Atlanta, GA 30328-4015 Contact: Mary Campbell, Executive Director btfc@bellsouth.net 404-252-4107 http://www.braintumorkids.org	The Brain Tumor Foundation for Children, Inc. is a non-profit organization established in 1983 to assist families of children with brain and spinal cord tumors. Services include information and education; social, emotional and financial assistance; educational scholarships; year-round activities and celebrations for survivors and their families; research funding to find a cure; and more.
Clara Walton Foundation 7742 Spalding Drive, #146 Norcross, GA 30092 Contact: Alan C. McKelton 770-849-3696 cwfrose@aol.com http://www.clarawaltonfoundation.org/	The Clara Walton Foundation strives to create a strong cancer foundation that reaches out universally. CWF is focused on all cancer diagnosis and is working to come together forming a strong cancer network based on knowledge, awareness, support, financial support, medical research, clinical options, and the overall fight against cancer. Patient advocates, recognizing the value of collaboration among cancer patients, health providers, resource organizations, Spiritual ministry foundations, educational institutions, as well as drug and device manufacturers are all part of our team.
CURE Childhood Cancer 1835 Savoy Drive, Suite 317 Atlanta, GA 30341-1000 Contact: Kristin Conner, Executive Director & Jill George, Executive Director-Programs 770-986-0035 Kristin@curechildhoodcancer.org; Jill@curechildhoodcancer.org	CURE Childhood Cancer is a non-profit organization dedicated to conquering childhood cancer through research, education, and support of pediatric childhood cancer patients and their families.

http://www.curechildhoodcancer.org/	
Georgia Cancer Foundation 1 Dunwoody Park South Suite 105 Dunwoody, GA 30338 Contact: Rudy Morgan, Executive Director 770-396-7995, ext. 11 rudy.morgan@gacancerfoundation.org http://www.gacancerfoundation.org/	The Georgia Cancer Foundation is about teaching, learning, detecting, and supporting. It is about helping and hope. It's about living with cancer and learning not only how to survive -- but to thrive. The Foundation, a nonprofit organization established in 1975, sponsors a variety of activities that touch the lives of cancer patients, their families, medical professionals and the community.
Georgia Ovarian Cancer Alliance 6000 Lake Forest Drive, Suite 395 Atlanta, Georgia 30328 Phone: 404-255-1337 http://www.gaovariancancer.org/	Georgia Ovarian Cancer Alliance is to promote awareness and educate Georgia's women and their health care providers about the risks, symptoms and treatment of ovarian cancer.
Georgia Prostate Cancer Coalition 4238 Smithsonia Court Tucker, GA 30084 Contact: Ken Stevens, Board Member 770-491-7339 kennethcstevens@bellsouth.net http://www.georgiapcc.org/	The Georgia Prostate Cancer Coalition is a non-profit all volunteer organization that strives to save the lives of Georgia men by promoting greater awareness of the dangers of prostate cancer - including the make up of the disease, importance of early detection, treatment options, and quality of life issues. This is accomplished through: event sponsorship, speaker availability, dissemination of materials, and assistance to those diagnosed with prostate cancer. In addition, we advocate at the Federal, State, and Local levels for increased research funding to help fight this disease.
Lymphoma Research Foundation - Georgia Chapter - 125 Ashleigh Terrace Marietta, GA 30062 Contacts: Eileen Lichtenfeld (770-645-6032) and Ron Whitten (770-451-1349) Georgia@lymphoma.org http://www.lymphoma.org/	The Lymphoma Research Foundation (LRF) is the nation's largest lymphoma-focused voluntary health organization devoted exclusively to funding lymphoma research and providing patients and healthcare professionals with critical information on the disease. LRF's mission is to eradicate lymphoma and serve those touched by this disease.
Sisters by Choice Contact(s): South Fulton Support Group Facilitator: Trudy Allen South Fulton Medical Center 1170 Cleveland Avenue East Point, GA 30344 E-mail: Sofulton-Support@SistersByChoice.net	Sisters by Choice was created in 1998 by Dr. Rogsbert F. "Zel" Phillips as a non-profit breast cancer support organization. Its mission is to reduce the incidence and severity of breast cancer through innovative programs that increase breast cancer awareness, education and early detection; to provide treatment programs for underserved and at-risk community members; and to establish a network of support group chapters providing resources, information and counsel to breast cancer survivors and their families.

40 and Under Support Group Facilitator: Timolin Jefferson 550 Peachtree St, NE - Suite 1065 Atlanta, GA 30308 E-mail: 40Under-Support@SistersByChoice.net Dekalb County Support Group Facilitator: Ernie McMillan 5910 Hillandale Drive - Suite 104 Lithonia, GA 30058 E-mail: Dekalb-Support@SistersByChoice.net http://www.sistersbychoice.net	
The Wellness Community Atlanta-Northside 5775 Peachtree-Dunwoody Road Building C-Suite 225 Atlanta, Georgia 30342 Contact: Eleanor Smith, Director of Outreach 404-843-1880 Eleanor@twc-atlanta.org http://www.thewellnesscommunity.org	The Wellness Community Atlanta-Northside is committed to helping people with cancer and their loved ones in their fight for recovery. We achieve this by providing participants with professional programs of education, emotional support and hope-totally free of charge. In a home-like setting, we offer support groups, stress reduction programs, educational workshops with experts in the field and fun social events for camaraderie.
Young Survival Coalition 375 Sable Court Alpharetta, GA 30004 Contact: Beth Suitt Work Phone: 770-752-9731 Cell: 770-377-8956 suitt@bellsouth.net http://www.youngsurvival.org/	Survival Coalition (YSC) is the only international, non-profit network of breast cancer survivors and supporters dedicated to the concerns and issues that are unique to young women and breast cancer. Through action, advocacy and awareness, the YSC seeks to educate the medical, research, breast cancer and legislative communities and to persuade them to address breast cancer in women 40 and under. The YSC also serves as a point of contact for young women living with breast cancer.
The Cancer Survivor Leadership Council - http://www.georgiacancer.org Contact: Angie Patterson, Vice President and Chief Operating Officer E-mail: apatterson@georgiacancer.org; Phone: 404-584-0657; Fax: 404-584-8404 50 Hurt Plaza, SE, Suite 700 Atlanta, GA 30303	The Cancer Survivor Leadership Council is a key committee of the Georgia Cancer Coalition. The Georgia Cancer Coalition leads Georgia's comprehensive cancer initiative, uniting people and organizations to work together to save lives and reduce suffering from cancer. As a public-private partnership, the Coalition works to strengthen existing cancer-related programs and create new initiatives to accelerate cancer prevention, early detection, research, and treatment. By providing assistance and guidance in the use of Georgia's resources, the Georgia Cancer Coalition hopes to reduce cancer mortality and incidence. The Coalition is the first of its kind in the nation and is fast becoming a national model.

Housing	
Living Room 50 Hurt Plaza, Suite 1200, Atlanta, GA, 30303 Phone: (404) 600-8081 info@livingroomatl.org	MISSION: To ensure stable housing and improved health through housing support for people living with HIV/AIDS VALUES: Humanity with respect for all people Social Justice to ensure housing for every person living with HIV/AIDS Commitment to service and organizational excellence Collaboration with our clients and partners
Linguistically and Culturally Sensitive Resources	
Latin American Association 2750 Buford Hwy. Atlanta, GA 30324 404.638.1800 thelaa.org	MISSION: The mission of the Latin American Association (LAA) is to empower Latinos to adapt, integrate and thrive. Our vision is 'Opportunity for All.' The LAA achieves its mission through five (5) focus areas: • Culture & Engagement, • Economic Empowerment, • Education, • Family Well-Being, • and Immigration Each focus area includes a targeted menu of direct services, large-scale events and advocacy to realize significant community impact and affect systems level change.
Catholic Charities Atlanta 2305 Parklake Dr NE, Atlanta, GA 30345 678-222-3920 Information and Referral Services: 770-419-2369	OUR MISSION: Catholic Charities Atlanta provides supportive services that enable families to overcome barriers and achieve self-sufficiency. OUR SERVICES: • Veteran Services • Housing Counseling • Case Support • Counseling Services • Education Services • Parenting Education • Refugee Resettlement Services • Immigration Services
CPACS – Center for Pan Asian Community Services 3510 Shallowford Rd. NE., Atlanta, GA 30341 770-T. 936-0969	Mission: Center for Pan Asian Community Services (CPACS) is a nonprofit organization located in Atlanta, Georgia. Our mission is to promote self-sufficiency and equity for immigrants, refugees, and the underprivileged through comprehensive health and social services, capacity building, and advocacy. Services: • Social Services

	• Senior Services • Housing • Transportation • Community Health • Counseling • Legal & Immigration • Translation • Children, Youth & Families • Community Education • Advocacy • Research
Dia de la Mujer Latina - http://www.diadelamujerlatina.org/ Contact: Venus Gines, M.A., CEO/Founder E-mail: venusgines@bellsouth.net; Phone: 770-717-0255; Fax: 770-717-0021; Toll Free: 1-866-54MUJER Santa Fe mall; 3750 Venture Drive; Suite 100-A Duluth, GA 30096	The mission of Día de la Mujer Latina, Inc. is to promote health awareness to the underserved Latino community by providing an ethnic-specific education; a culturally appropriate setting for early detection screening and prevention care; and resource information for follow-up services.
Child Health	
Children's Healthcare of Atlanta 35 Jesse Hill Jr Dr SE, Atlanta (404) 785-9855	Children's Healthcare of Atlanta at Egleston and Scottish Rite provide financial assistance for families to help pay children's medical bills. To apply for free or a reduced rate on medical services that have already been provided by Children's Healthcare of Atlanta.