Grady

COMMUNITY HEALTH NEEDS ASSESSMENT 2016

Georgia Health Policy Center

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BACKGROUND AND OVERVIEW

The Patient Protection and Affordable Care Act (ACA), enacted in 2010, added new requirements which nonprofit hospital organizations must satisfy to maintain tax-exempt status under section 501(c)(3) of the Internal Revenue Code. One such requirement added by the ACA, Section 501(r) of the Code, requires nonprofit hospitals to conduct a community health needs assessment (CHNA) at least once every three years and make a plan (implementation strategy) to address at least some of the most significant community health needs.

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, the Grady Health System (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, the 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. Both the 2013 and 2016 CHNAs were conducted in partnership with ARCHI.

Making significant changes in population health outcomes, especially in a population as large as Fulton and DeKalb Counties, takes time. It is also important to note that most of the data presented in this CHNA is from 2015, only one year into the previous three year implementation strategy. Thus, the disease burden and health outcomes outlined in this CHNA are similar to those identified in 2013.

The one significant change from 2013 was the addition of mental or behavioral health. Concerns about the prevalence, severity and lack of access to behavioral health services were raised often during this assessment.

While health outcomes have not changed significantly since 2013, Grady has made progress on several determinants of health including health insurance coverage, coordination of care for the uninsured and underinsured, and knowledge about injury prevention. Notable changes in health determinants evident in the 2016 CHNA include:

- A slight decrease in the rate of uninsured
- A slight decrease in the percentage of the population without high school diplomas
- A slight increase in poverty rates (DeKalb +2.9% and Fulton +2.3%)

An analysis of the health outcomes presented in the 2016 CHNA show that health has worsened at a faster pace in DeKalb County compared to Fulton County:

- Obesity, diabetes, stroke, and cancer rates increased in DeKalb

Significant Community Health Needs

1. Uninsured
2. Diabetes
3. STD/HIV
4. Hypertension
5. Obesity
6. Mental/Behavioral Health
7. Prostate Cancer
8. Injury/Violence
9. Low Birth Weight
10. Poverty
11. Breast Cancer
12. High School Education Non-Attaintment

- Obesity, diabetes, stroke, and cancer rates decreased slightly in Fulton
- STD/HIV rates rose significantly in DeKalb (Fulton rates increased more slowly)

County level data however, does not tell the story of disparities geographic hotspots—or communities with greater health needs—due to the muting effect of aggregating communities that have better health outcomes with communities that fare worse. To that extent, this report includes the analysis of data from smaller geographical areas such as zip codes and census tracts when possible.

DEFINITION OF COMMUNITY

Grady Health System was created by and named for Henry W. Grady, editor of the Atlanta Constitution, who worried about the lack of quality health care 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.

GHS continues to maintain its strong commitment to the health care needs of Fulton and DeKalb counties' underserved, 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 Community Health Needs Assessment applies to both hospitals. The GHS community is made up of 62 residential zip code areas within the two counties.

Table 1: Grady Health System Community – ZIP Codes & Cities

Fulton County			
30318	Atlanta	**30349**	Atlanta
30303	Atlanta	**30213**	Fairburn
30312	Atlanta	**30350**	Atlanta
30363	Atlanta	**30324**	Atlanta
30097	Duluth	**30022**	Alpharetta
30268	Palmetto	**30326**	Atlanta
30308	Atlanta	**30305**	Atlanta
30076	Roswell	**30311**	Atlanta
30005	Alpharetta	**30336**	Atlanta
30009	Alpharetta	**30314**	Atlanta
30328	Atlanta	**30310**	Atlanta
30004	Alpharetta	**30354**	Atlanta
30309	Atlanta	**30315**	Atlanta
30075	Roswell	**30344**	Atlanta
30306	Atlanta	**30337**	Atlanta
30331	Atlanta	**30327**	Atlanta
30291	Union City	**30313**	Atlanta
30342	Atlanta		

DeKalb County			
30021	Clarkston	**30088**	Stone Mountain
30340	Atlanta	**30307**	Atlanta
30360	Atlanta	**30294**	Ellenwood
30032	Decatur	**30322**	Atlanta
30316	Atlanta	**30338**	Atlanta
30329	Atlanta	**30087**	Stone Mountain
30079	Scottdale	**30038**	Lithonia
30084	Tucker	**30058**	Lithonia
30341	Atlanta	**30033**	Decatur
30002	Avondale Estates	**30034**	Decatur
30083	Stone Mountain	**30346**	Atlanta
30035	Decatur	**30319**	Atlanta
30317	Atlanta	**30030**	Decatur
30345	Atlanta		

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 Georgia Health Policy Center contributed to the primary and secondary data collection activities. A number of Georgia state agencies also contributed, including: the Department of Education, Department of Public Health, Department of Community Health, and the Department of Agriculture. The DeKalb and Fulton County District Health Directors participated in stakeholder interviews, and various non-profit organizations were also engaged via key informant interviews.

Secondary Data

Secondary data sources in the form of tables and maps (displayed in sections four and five) were compiled and evaluated by researchers. Data were collected from national resources and Georgia specific entities to provide a more targeted focus on the GHS community. Sources include the Census Bureau, the American Community Survey, Social Explorer, Community Needs Index, Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS), and the Community Needs Index from Truven Health Analytics. The data were divided into several categories including: demographics, social and economic factors, access to care, health behaviors,

and health outcomes. Most data were only available at the county level. However, wherever possible, the data was analyzed at the Zip Code or census tract level to get a more comprehensive understanding of the needs in the community. A detailed listing of the data sources reviewed for this assessment can be found in Appendix D.

Primary Data

The collaborative CHNA process secured community input from a variety of sources including stakeholder meetings, one-on-one interviews, and written feedback. 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
- 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

In 2015, DeKalb and Fulton Counties were two of the most populous counties in the state (Fulton #1, DeKalb #4). Together they contain nearly 17 percent of the total state population and have a total of nearly 1.7 million residents. Fulton County's population is expected to increase by 30 percent between 2015 and 2040, and the population in DeKalb County is projected to grow by 22 percent during the same period.

Both counties are relatively diverse, with majority populations of color. The following table shows the total population for each county by race and ethnicity. The Black/African-American population constitutes more than half of the population in DeKalb County and more than 40 percent of the population in Fulton County. Comparatively, Black/African-American residents make up about one-third of the total state population. Nearly all of the population growth between 2015 and 2040 is projected to be in populations of color.

Table 2: Population by Race/Ethnicity, 2015

	Total Population	White	Black/African-American	Hispanic/ Latino	Other Race/Two or More Races
DeKalb County	718,442	29.0%	52.7%	10.6%	7.8%
Fulton County	970,290	39.7%	43.4%	8.6%	8.3%
Georgia	10,214,860	55.0%	30.4%	9.1%	5.5%

Population Estimates; Atlanta Regional Commission County Forecasts

The DeKalb and Fulton populations are also relatively young. The bulk of the population in both counties is in the 18-44 age cohort and the median age is 35 years. Residents age 65 years and older make up nearly 10 percent of the population in both counties, and this is increasing.

Table 3: Population by Gender and Age

	Male	Female	Age 0-17	Age 18-44	Age 45-64	Age 65+
DeKalb County	47.7%	52.3%	23.8%	41.7%	24.9%	9.6%
Fulton County	48.7%	51.3%	23.5%	42.4%	24.4%	9.7%
Georgia	48.8%	51.2%	25.1%	38.0%	25.5%	11.5%

American Community Survey, 2010-14

HEALTH NEEDS OF THE COMMUNITY

Social Determinants of Health

Social and economic factors are significant determinants of community and individual health. Among these factors are education, income, language skills, and access to insurance, among others. These factors influence an individual's ability to obtain employment, safe housing, transportation, nutritious foods, and healthcare, all of which directly impact health.

Poverty has increased in the GHS community since the 2013 CHNA. The percentage of the population living at or below the Federal Poverty Level (FPL)—$24,300[1] for a family of four—increased in both counties. Zip code level data shows that in 37 of 62 Zip codes in the GHS community, more than 20 percent of two-parent households are living at or below the FPL; 18 are in Fulton, and 19 are in DeKalb.

Table 4: Percent of the Population Living in Poverty

	FPL 2013	FPL 2016	200% FPL 2016	50% FPL 2016
Fulton	15%	18%	35%	9%
DeKalb	16%	19%	40%	9%

Education and poverty have a cyclical relationship. Those who are less educated have a greater chance of living in poverty. Likewise, those who live in poverty are less likely to have access to high quality education and are less able to afford post-high school education or training. Housing in high quality school attendance zones is more expensive on average, concentrating poor families in underperforming school zones.

Poor health and low student achievement are also related, and when left unaddressed, this cycle can lead to lower high school graduation rates and higher unemployment. Educational achievement is one of the strongest predictive factors of future health status and life expectancy.

[1] 2016 Federal Poverty Guidelines

[2] The method for calculating four-year graduation rates changed to a national standard in 2010-11 that accounts

The following table lists selected education indicators for DeKalb and Fulton Counties compared to the state. High school graduation rates in both counties are still below the state average. However, both the unemployment rate and the percentage of adults without a high school diploma have decreased and remain lower than the state rates.

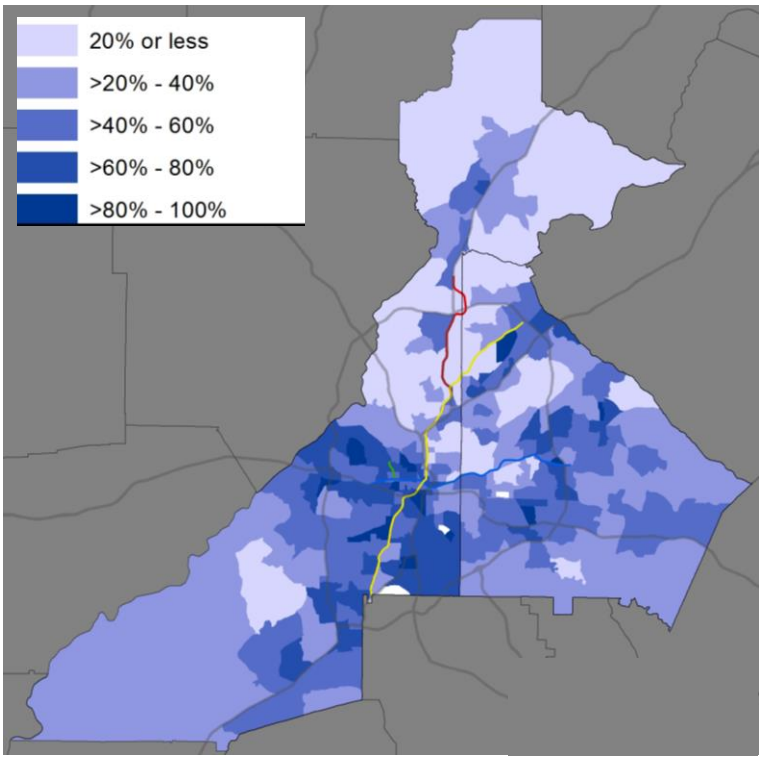
Table 5: Selected Education Indicators

	High School Graduation Rate[2]	Adults (age 25+) without HS Diploma		Unemployment Rate	
	2014-2015	2007-2011	2010-2014	2013	2016
Fulton County	64%	10%	9%	8.3%	5.5%
DeKalb County	58%	11%	6%	8.2%	5.4%
Georgia	70%	16%	15%	7.9%	5.6%

Georgia Department of Education; US Census Bureau, American Community Survey; US Bureau of Labor Statistics; Georgia Department of Labor

A more complex picture of the community exists beyond the aggregate county level data. Fulton and DeKalb Counties are socioeconomically diverse, and this is not always captured in county-level statistics. Both counties have very wealthy areas, as well as areas where many residents live below the poverty level. While there are exceptions, these divisions exist between the northern and southern ends of each county, especially in Fulton County.

Figure 1: Percent of Population Below 200% Federal Poverty Level, 2010-2014

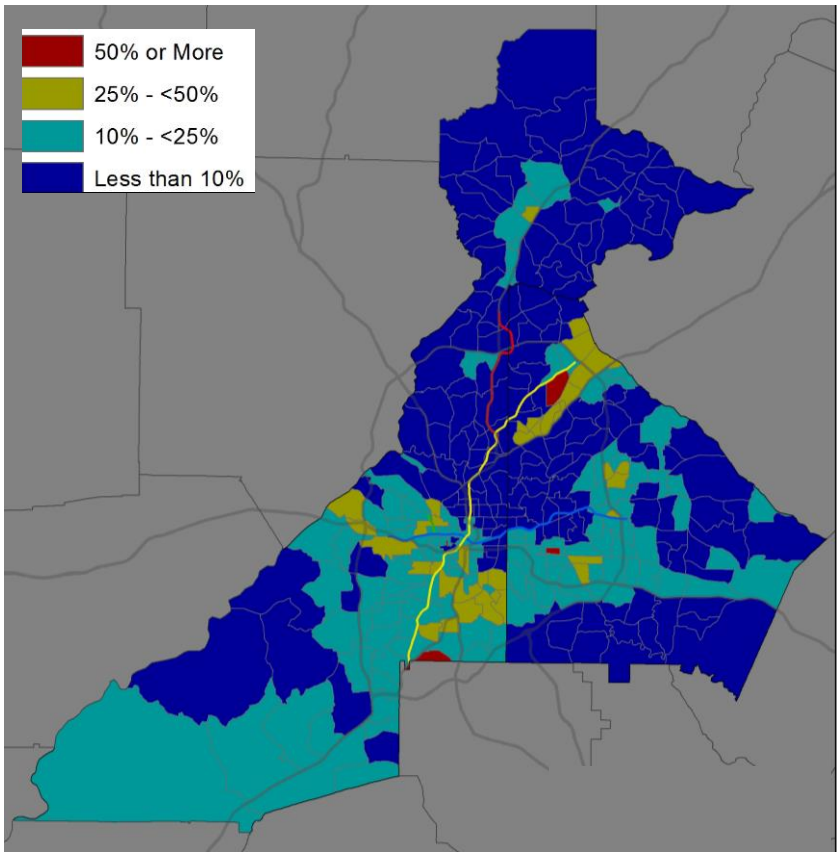


US Census Bureau, Atlanta Regional Commission

[2] The method for calculating four-year graduation rates changed to a national standard in 2010-11 that accounts for dropouts and alternate diploma types, previously not captured.

Educational attainment, unemployment, and insurance coverage follow a similar pattern. The following maps show the percentage of adults age 25 years and older without a high school diploma and unemployment by census tract.

Figure 2: Percent of Population Age 25+ without High School Diploma Equivalent, 2010-2014

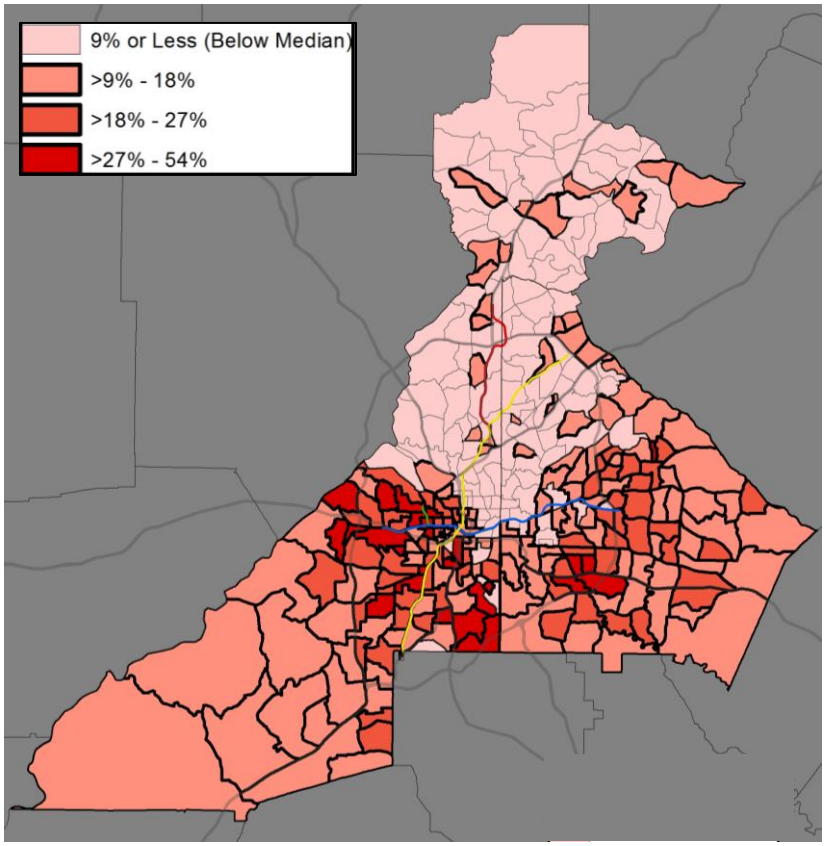


US Census Bureau, Atlanta Regional Commission

Zip code level data shows five Zip code areas in DeKalb[3] and five more Zip code areas in Fulton[4] where more than 20 percent of the population does not have a high school diploma or equivalent.

[3]DeKalb County - [30340 (29%), 30021 (28%), 30360 (23%), 30032 (20%), and 30341 (20%)]
[4]Fulton County - [30354 (27%), 30315 (26%), 30310 (24%), 30314 (22%), and 30311 (20%)]

Figure 3: Percentage of Population Age 16+ Unemployed, 2010-2014



US Census Bureau, Atlanta Regional Commission

Zip code level data shows 14 Zip code areas in the community where more than 1 in 5 residents are unemployed: seven are in DeKalb[5] and seven are in Fulton[6].

The Community Need Index (CNI) ranks each Zip code in the U.S. against all other Zip codes on five socioeconomic factors that are barriers to accessing healthcare: income, culture, education, insurance, and housing (see Appendix E for complete CNI data). Each factor is rated on a scale of 1 to 5 (1 indicates the lowest barrier to accessing healthcare and 5 indicates the most significant). A score of 3.0 is the median for the scale.

According to the 2015 CNI, the majority of Zip code areas (81%) in Fulton and DeKalb Counties have above average CNI scores, or above average barriers to accessing healthcare. While DeKalb County has greater barriers (4.1) than Fulton County (3.7), both are increasing in barriers since 2014. Notable changes in CNI scores from 2014 to 2015 include:

- 21 zip codes had increases in barriers (13 – DeKalb, 8 - Fulton)
- 5 zip codes remained at 5.0 (1 – DeKalb, 4 – Fulton)
- Only 6 zip codes had decreases in barriers (1 – DeKalb, 5 – Fulton)

[5]DeKalb County - [30021 (23%), 30032 (22%), 30079 (21%), 30035 (20%), 30002 (20%), 30083 (20%), 30088 (20%)]
[6]Fulton County - [30314 (25%), 30315 (24%), 30311 (22%), 30310 (22%), 30354 (22%), 30344 (21%), 30313 (20%)]

- DeKalb County shows a larger population of moderate income earners
- DeKalb is home to more residents with limited English Speaking skills
- Child poverty is higher in Fulton County than in DeKalb County

The CNI scores also reflect the stark contrast between wealth and poverty within 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 has four of the six highest need (5.0) areas in GHS's community.
- In 16 areas, more than 25 percent of residents are uninsured (4 – DeKalb, 12 – Fulton).

Table 6: 2015 Community Need Index Scores for DeKalb County and Fulton County (10 zip codes with the highest scores vs. 10 zip codes with the lowest scores)[7]

Geography			Income			Culture		Education	Insurance		Housing	Scores			
Zip	County	City	Pov. 65+	Pov. Child	Pov. Sing. w/kids	LES	Minority	No High School Diploma	Unemp.	Unins.	Renting	Change	2014 CNI Score	2015 CNI Score	
30021	DeKalb	Clarkston	24%	51%	53%	20%	85%	28%	23%	29%	72%	-	5.0	**5.0**	10 Areas with the Highest CNI Scores
30354	Fulton	Atlanta	19%	51%	63%	8%	88%	27%	22%	36%	61%	-	5.0	**5.0**	
30315	Fulton	Atlanta	38%	56%	70%	3%	88%	26%	24%	42%	63%	-	5.0	**5.0**	
30310	Fulton	Atlanta	37%	49%	58%	1%	94%	24%	22%	41%	61%	-	5.0	**5.0**	
30314	Fulton	Atlanta	22%	51%	62%	0%	97%	22%	25%	39%	65%	-	5.0	**5.0**	
30340	DeKalb	Atlanta	10%	38%	54%	23%	76%	29%	10%	22%	59%	0.2	4.8	**5.0**	
30360	DeKalb	Atlanta	3%	33%	54%	20%	62%	23%	10%	17%	50%	0.2	4.6	**4.8**	
30032	DeKalb	Decatur	20%	39%	50%	1%	88%	20%	22%	25%	48%	0.2	4.6	**4.8**	
30311	Fulton	Atlanta	21%	49%	61%	3%	98%	20%	22%	35%	59%	-	4.8	**4.8**	
30316	DeKalb	Atlanta	34%	31%	55%	2%	60%	16%	14%	23%	35%	-	4.8	**4.8**	
30338	DeKalb	Atlanta	2%	11%	34%	2%	32%	4%	7%	9%	42%	-	3.0	**3.0**	10 Areas with the Lowest CNI Scores
30097	Fulton	Duluth	11%	8%	26%	9%	58%	4%	8%	9%	26%	-	3.0	**3.0**	
30326	Fulton	Atlanta	4%	3%	15%	1%	26%	2%	4%	8%	55%	0.2	2.6	**2.8**	
30087	DeKalb	Stone Mountain	7%	18%	28%	2%	73%	6%	16%	11%	16%	-	2.6	**2.6**	
30022	Fulton	Alpharetta	5%	4%	13%	4%	37%	4%	8%	6%	26%	0.2	2.4	**2.6**	
30306	Fulton	Atlanta	11%	6%	19%	1%	15%	3%	5%	10%	48%	-	2.6	**2.6**	
30005	Fulton	Alpharetta	11%	3%	13%	3%	41%	3%	6%	5%	28%	-	2.6	**2.6**	
30004	Fulton	Alpharetta	7%	7%	27%	2%	34%	4%	6%	6%	22%	-	2.4	**2.4**	
30075	Fulton	Roswell	6%	6%	21%	3%	22%	4%	8%	8%	19%	-	2.2	**2.2**	
30327	Fulton	Atlanta	7%	7%	21%	1%	16%	2%	7%	8%	25%	-0.2	2.4	**2.2**	
DeKalb Total			**15%**	**25%**	**40%**	**6%**	**70%**	**13%**	**14%**	**18%**	**42%**	**0.2**	**3.9**	**4.1**	
Fulton Total			**14%**	**21%**	**37%**	**3%**	**60%**	**10%**	**12%**	**18%**	**45%**	**0.1**	**3.6**	**3.7**	

[7] CNI scores in red reflect rates that are higher than the average for the respective county.

The following maps show the distribution of uninsured and Medicaid hospital discharges by census tract. The largest numbers of discharges occurr in the southern ends of each county.

Figure 4: Number of Uninsured Hospital Discharges by Census Tract, 2010-2014

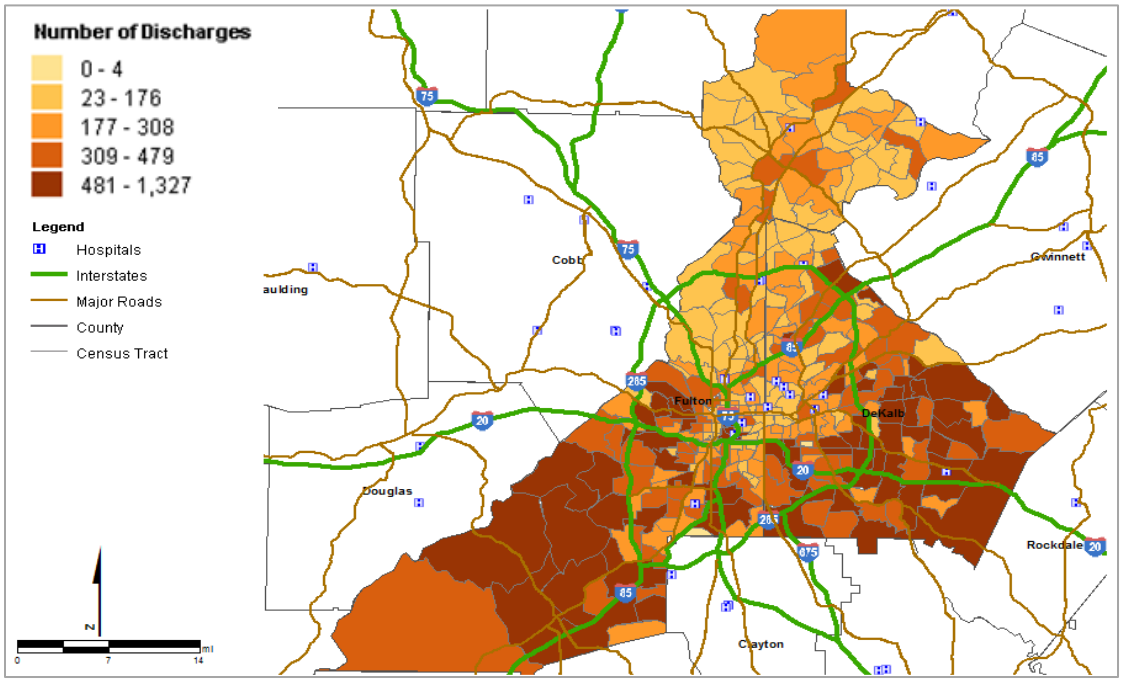
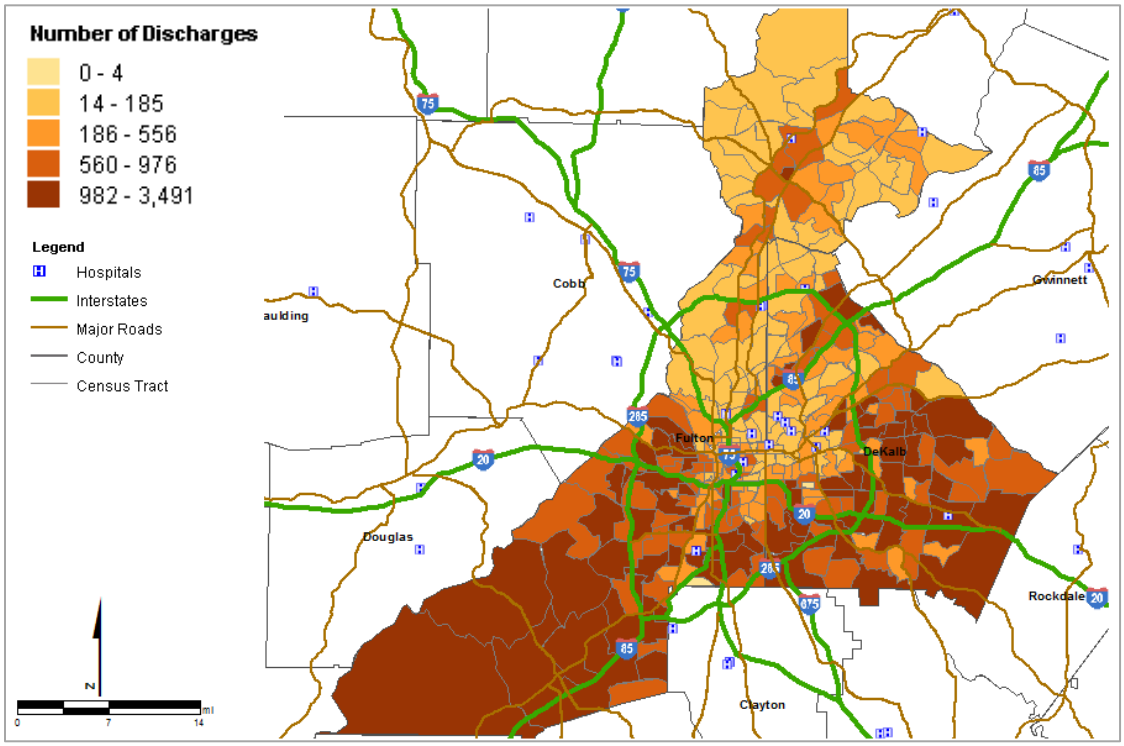


Figure 5: Number of Medicaid Hospital Discharges by Census Tract, 2010-2014



Georgia Department of Public Health, Online Analytical Statistical Information System

The maps show that, while at the county level both Fulton and DeKalb perform well on various socioeconomic indicators compared with the state as a whole, significant disparities and challenges exist at the sub-county level.

Health Behaviors

Health behaviors are actions or activities performed by an individual with the purpose of improving or promoting one's health. Risky health behaviors are actions or activities that negatively affect an individual's health regardless of the intent of that behavior (e.g. cigarette smoking, heavy alcohol consumption, etc.). Socioeconomic drivers and physical environment affect an individual's health behaviors and outcomes. For example, living in poverty increases the probability of living in an environment that is not conducive to physical activity or one with limited access to fresh nutritious foods. Fifty-nine percent of the population in DeKalb and Fulton Counties live in an area with low or no healthy food access, according to the CDC Modified Retail Food Environment Index. In DeKalb County, 71 percent of adults report consuming less than five servings of fruits and vegetables per day, compared to 74 percent in Fulton County, and 76 percent of adults statewide.

Nineteen percent of adults of Fulton County and 21 percent in DeKalb are physically inactive. County-level data for youth physical inactivity was not available. However, 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 third through twelfth graders in Fulton and DeKalb County school systems whose aerobic capacity and body mass index is in the healthy fitness zone. Among all school districts, girls were much less likely to have a healthy aerobic capacity than boys.

Table 7: FitnessGram Results, Fulton and DeKalb Counties, June 2014

Percentage of 3rd – 12th Graders in Healthy Fitness Zone		
School District*	**Aerobic Capacity**	**Body Mass Index**
Atlanta Public Schools	48%	57%
Decatur City	68%	77%
DeKalb County	45%	55%
Fulton County	66%	49%

While the rates of cigarette smoking in GHS's community is low compared to other areas of the state—13 percent of adults in Fulton County report smoking cigarettes and 11 percent in DeKalb County—cigarette use is disproportionately high among low-income populations. Across Georgia, smoking is more common among those with an annual income of less than $15,000 (35%) and those with an annual income between $15,000 and $24,000 (29%).

Smoking is the leading cause of preventable death and is linked to many chronic diseases, including heart disease, cancers, and respiratory diseases. Lack of physical activity and low consumption of fruits and vegetables are also drivers of many chronic conditions including heart disease, stroke, cancer, and diabetes.

Access to Care

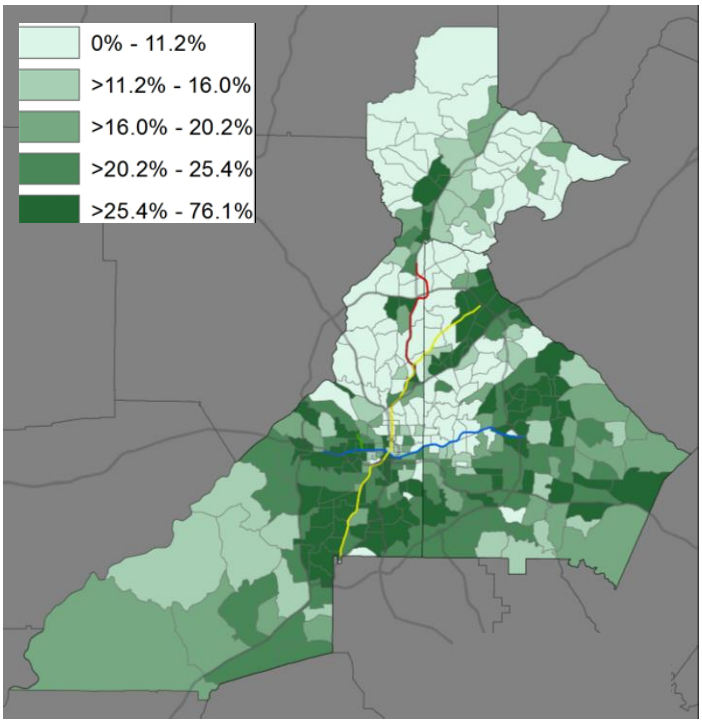
Access to care is closely related to poverty and income; low-income residents are more likely to be un- or underinsured. Uninsured rates have decreased in DeKalb County (-1.0%), Fulton County (-3.9%), and the state (-1.2%). However, in DeKalb County, 33 percent of residents under 65 years have incomes below 138 percent of FPL. This means that they are not eligible for health insurance discounts through the exchange, and may not meet Medicaid requirements. In Fulton County, about 30 percent of residents fall into this category.

Table 8: Insurance Status among Adults under 65 years, 2014

	Uninsured	Medicaid
DeKalb County	23.5%	19.7%
Fulton County	19.6%	18.3%
Georgia	22.2%	19.6%

While the uninsured rate in Fulton County is less than DeKalb County and the state, some of the highest uninsured rates in the GHS community occur in Fulton County zip codes[8]. Eight of the ten highest uninsured rates by zip code area are in Fulton County. Lack of access to insurance inhibits access to healthcare services, and particularly access to low-cost, primary and preventive services.

Figure 6: Percent of Population without Health Insurance, 2010-2014



US Census Bureau Atlanta Regional Commission

In addition to lack of health insurance, a shortage in the health care workforce is another barrier to accessing healthcare. The metropolitan Atlanta area has a significant number of healthcare facilities. In fact, Fulton and DeKalb Counties have the highest number of hospitals compared to any other county in the state - 13 and 10, respectively. Overall, both counties have experienced an increase in providers since 2013.

[8] [30315 (42%), 30310 (41%), 30314 (39%), 30354 (36%), 30311 (35%), 30313 (31%), and 30337 (30%)]

Table 9: Number of Healthcare Facilities

	DeKalb and Fulton	
	2013	2016
Hospitals (all types)	20	23
Federally Qualified Health Centers	18	24
Community Health Centers	19	21

HRSA, Health Resources Comparison Tool

While provider counts have increased in the service area, provider rates have decreased. This is likely due to moderate population growth.

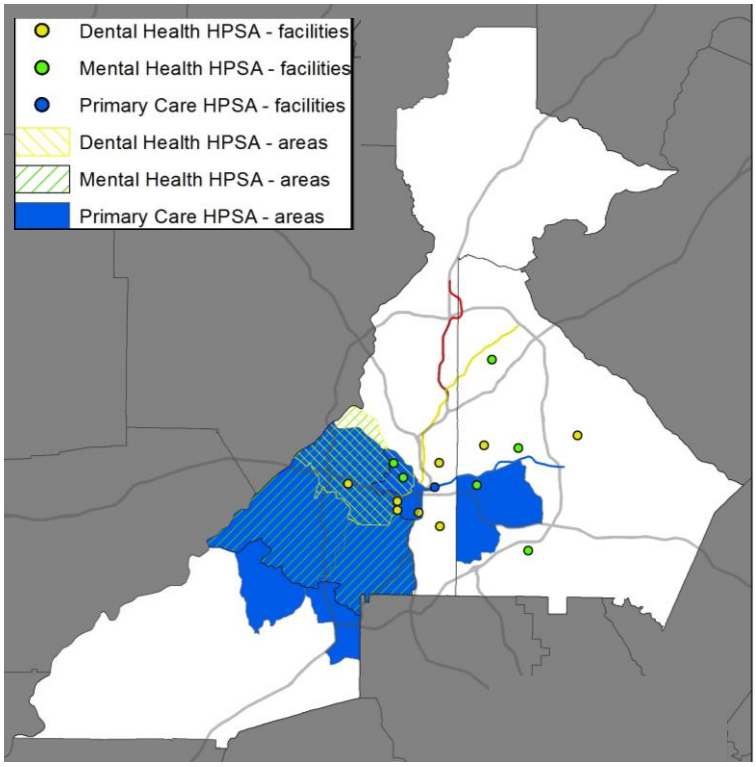
Table 10: Provider Care Provider (PCP) Coverage and Access

	PCP Rate (per 100,000 pop)		Population Without Regular PCP	
	2013	2016	2011	2012
Fulton County	108	106	20%	30%
DeKalb County	131	106	19%	27%

HRSA, Area Resource File; CDC, Behavioral Risk Factor Surveillance System

As of 2016, just 9.9 percent of the population in Fulton County lives in a Health Professional Shortage Area (HPSA), defined as a geographic area or population group experiencing a shortage of primary medical, dental, or mental health professionals. None of DeKalb County's population was determined to be living in an HPSA. This is a significant improvement over past years (see Figure 3 below). However, this does not mean that health care access issues have been resolved. In the GHS community, more than a quarter of adults report that they do not have a regular doctor.

Figure 7: Health Professional Shortage Areas, 2015



US Census Bureau, Health Resources and Services Administration

Health Outcomes

Socioeconomic factors, health behaviors, and access to care are all drivers of health outcomes, or the health status of an individual, group, or population. Health outcomes typically measure morbidity (disease or disability) and mortality (death). An analysis of secondary health outcome data found that both counties have better health outcomes when compared to the state as a whole. However, like the socioeconomic data, census tract level data provides a more comprehensive picture of the health status of the community. For the purpose of this analysis, health outcomes were divided into four categories: chronic conditions, infectious diseases, injury-related conditions, and mental or behavioral health.

Chronic Conditions

The chronic conditions included in this category are asthma, cardiovascular disease, diabetes, and cancer. Obesity is also included in this category, as it was recently classified as a disease by the American Medical Association. The following tables summarize rates of disease or death for each of the conditions in Fulton and DeKalb Counties, and the state.

Table 11: Chronic Disease Outcome Measures

Health Outcomes – Chronic Disease	DeKalb		Fulton		Georgia	
	2011	2014	2011	2014	2011	2014
Obese Adults	23.4%	26.3%	22.8%	28.8%	27.8%	30.5%
Adults with Asthma	12.1%	10.9%	8.6%	9.3%	9.6%	8.3%
Adults with Diabetes	9.4%	8.9%	6.4%	10.0%	10.2%	11.6%
Adults who have had a Heart Attack	2.3%	3.3%	2.0%	3.8%	4.4%	4.5%
Stroke Mortality (Per 100,000 Pop.)	30.3	36.3	28.4	31.4	35.9	38.6

Georgia Department of Public Health, Online Analytical Statistical Information System

While there were improvements in some areas, both the rate of heart disease and the rate of asthma increased since 2013. Compared to the state, both counties have a lower percentage of adults who are obese, have diabetes and heart disease, and a lower stroke mortality rate.

Table 12: Cancer Outcome Measures

Health Outcomes – Cancer (Per 100,000 Pop.)	DeKalb		Fulton		Georgia	
	2013 CHNA	2016 CHNA	2013 CHNA	2016 CHNA	2013 CHNA	2016 CHNA
Cancer Mortality (All Cancers)[9]	132	134	130	131	156	161
Breast Cancer Incidence[10]	128	135	121	135	120	124
Cervical Cancer Incidence[10]	7.2	7.5	7.1	7.1	8.2	8.0
Colon/Rectum Cancer Incidence[10]	41	42	42	41	45	42
Lung Cancer Incidence[10]	54	55	57	56	72	69
Prostate Cancer Incidence[10]	196	180	205	188	168	150

Georgia Department of Public Health, Online Analytical Statistical Information System, National Cancer Institute

[9] Georgia Department of Public Health, Online Analytical Statistical Information System 2006-2010, 2011-2015

[10] National Cancer Institute, 2006-2010, 2008-12

With the exception of breast and prostate cancer incidence rates, both counties fare better than the state. It is important to note that fewer prostate cancer screenings are occurring due to the most recent USPSTF recommendations, which may contribute to the lower incidence rates from the 2013 CHNA to the 2016 CHNA.

The asthma and diabetes discharge maps follow the same pattern as many of the socioeconomic maps presented earlier; the highest numbers of discharges are concentrated in the south-central region of each county[11]. Since rates are not available at the census tract level, tracts with larger populations may appear to have more discharges. See the population figure.

Figure 8: Number of Asthma Discharges, 2010-14

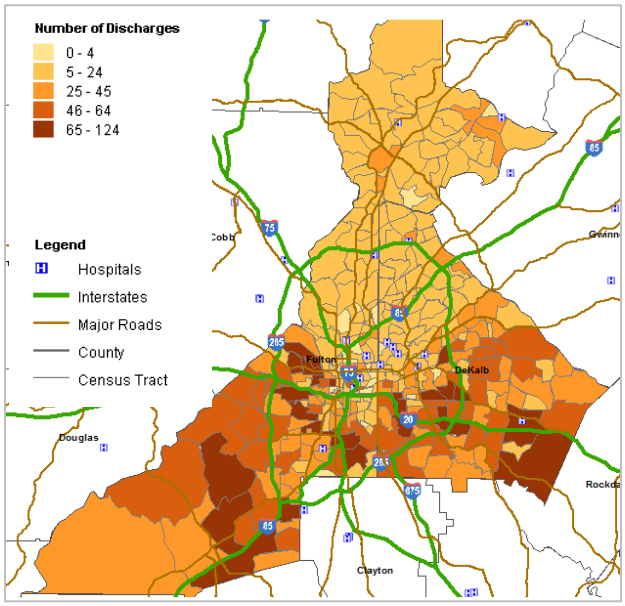
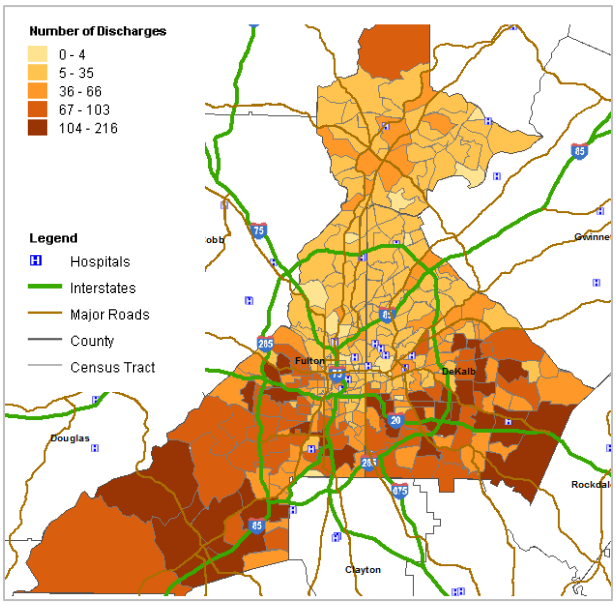


Figure 9: Number of Diabetes Discharges, 2010-14



Georgia Department of Community Health, Online Analytical Statistical Information System

The picture is similar for each of the other chronic condition maps, which can be found in Appendix E. For example, the highest percentage of deaths from heart disease and stroke occur in the central and southern regions of both DeKalb and Fulton Counties. It is important to note that the areas that have socioeconomic challenges also have high chronic disease death and discharge rates.

Cancer discharges appear to be higher in the northern half of the service area (see Appendix E). However, it is worth comparing discharges to deaths, which are more evenly distributed throughout the counties. This could be indicative of disparities in screening or treatment rates.

[11] Note: Discharges are presented as numbers, not a rate.

Infectious Diseases

The rates of infectious diseases in both DeKalb and Fulton Counties exceed state averages. Gonorrhea incidence (new cases) is nearly double the state average and HIV prevalence (total cases) is almost triple the state average. Compared to the 2013 CHNA, both Chlamydia incidence and HIV prevalence have increase.

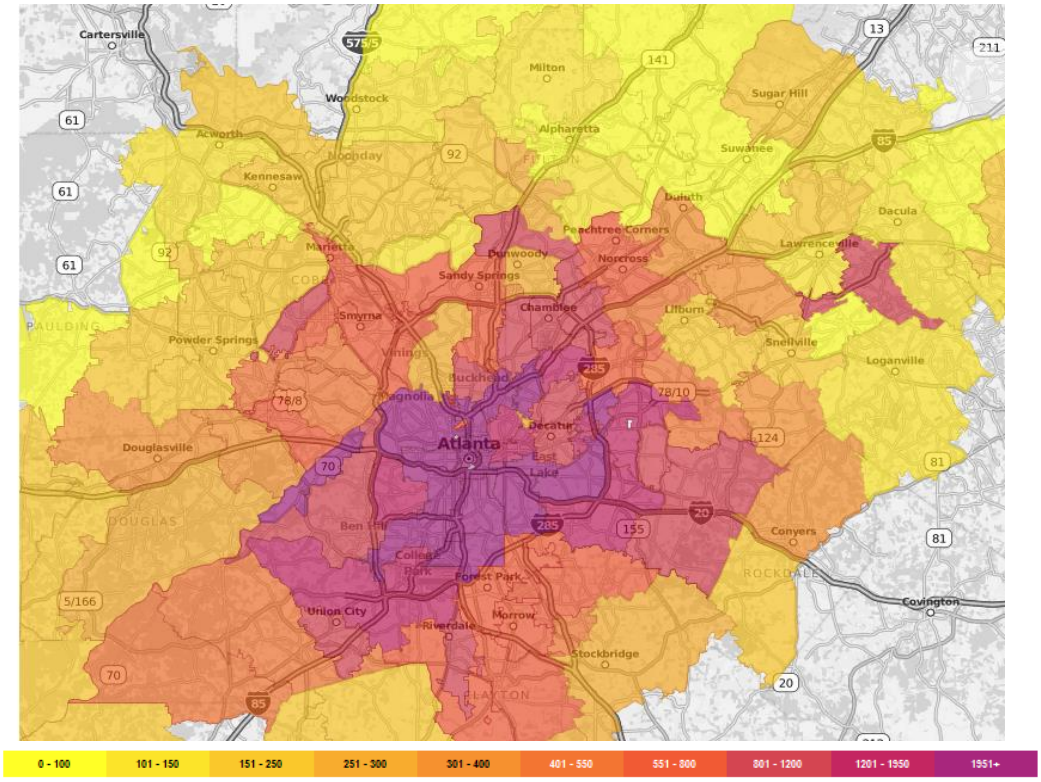
Table 13: Infectious Disease Trends

HIV/STD Rates (per 100,000)	HIV/AIDS Prevalence		Chlamydia Incidence		Gonorrhea Incidence	
	2009	2013	2010	2014	2010	2014
Fulton County	1,228	1,307	665	668	334	260
DeKalb County	1,009	1,248	617	643	269	197
Georgia	443	482	465	520	163	138

County Health Rankings; CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Atlas

It is also important to note that significant disparities by sex, race/ethnicity, sexual orientation and location exist among HIV and STD rates. Chlamydia rates are much higher among women than men. Conversely, HIV rates are much higher among men than women. HIV also disproportionately affects the African American population and the LGBT community. Lastly, as the map below shows, HIV/AIDS cases are concentrated in the southwestern part of DeKalb and the south-central and southeastern parts of Fulton County.

Figure 10: HIV/AIDS Prevalence by ZIP Code – Fulton and DeKalb, 2013



CDC Division of HIV/AIDS Prevention, AIDSVu.org

Injury Related Conditions

Injury related conditions include both unintentional and intentional injuries (suicide or violence). Injury death rates are lower in the GHS community compared to the state as a whole, except for homicide. However, since the population in DeKalb and Fulton is very large, these death rates still represent a huge loss of life. For example, in 2015, homicide was the number one cause of premature death in both counties. Motor vehicle crashes and suicide were also in the top ten causes of premature death in 2015. Furthermore, deaths from homicide, motor vehicle crashes and suicide disproportionately affect younger, black males in the GHS community. It is also important to note that nearly one third of the motor vehicle deaths in Fulton and DeKalb Counties in 2014 were pedestrians.

Table 14: Injury & Violence Trends

Death Rates (per 100,000)	Homicide		Suicide		Motor Vehicle Crashes		Pedestrian	
	2010-12	2013-15	2010-12	2013-15	2010-12	2013-15	2010-12	2013-15
Fulton County	10.0	10.8	6.1	8.1	6.1	8.1	9.7	10.3
DeKalb County	11.8	11.3	8.7	9.5	8.7	9.5	8.4	7.9
Georgia	6.4	6.6	12.4	12.7	12.4	12.7	11.4	12.4

Georgia Department of Public Health, Online Analytical Statistical Information System; CDC Wide-ranging Online Data for Epidemiologic Research

Maps in Appendix E show the percentage of deaths and emergency department (ED) visits by external causes and census tract for both counties. Deaths show all external causes, including motor vehicle deaths and homicide deaths. High rates of deaths from external causes occur in multiple areas of both DeKalb and Fulton Counties. ED visits are broken down by intentional (homicide, suicide, etc.) and unintentional (traffic crashes, falls, drowning, etc.) causes.

Mental Health

Mental and behavioral disorders are frequently treated in emergency departments and hospital settings. They are a leading cause of hospital utilization in Fulton and DeKalb Counties. In general, Fulton County has higher prevalence rates, lower provider rates, and poorer outcomes than DeKalb County. The mental health discharge rates are 559 and 581 per 100,000 population for DeKalb and Fulton Counties, respectively, which are slightly higher than the statewide rate of 512 per 100,000 population. As referenced above, the suicide death rates are lower than the state average, but all rates have risen since 2013. The number of mental health providers per 100,000 population in both counties is higher than state and national rates. It is important to note, however, that there is no measure of the number of providers that accept Medicaid or marketplace insurance.

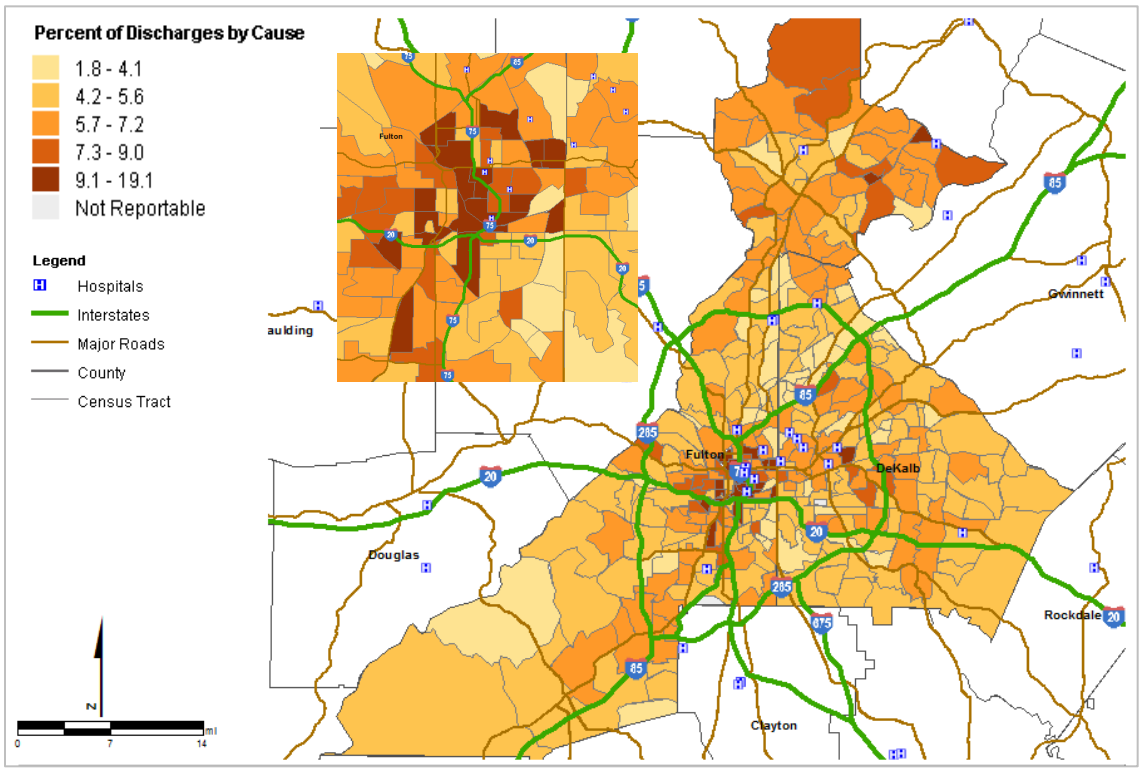
Table 15: Select Behavioral Health Indicators

	DeKalb	Fulton	US	GA
Mental Health Providers, 2016 (per 100,000)	247	189	134	110
Mental Health ER Rates, 2014 (per 100,000)	916	1,289	--	1,059
Poor Mental Health Days, 2014	3.9	3.5	3.7	4.0
Suicide ER Rates, 2014 (per 100,000)	48	60	--	64
Medicare Enrollee Depression, 2012	14%	13%	16%	15%
Drug Overdose Discharge Rates, 2014 (per 100,000)	61	78	--	66

HRSA, Health Resources Comparison Tool; Georgia Department of Public Health, Online Analytical Statistical Information System; CDC Behavioral Risk Factor Surveillance System; Centers for Medicare and Medicaid Services

Fulton County residents utilized the emergency department for mental and behavioral disorders at a higher rate than the state average. The following map shows the percent of hospital discharges for mental and behavioral health needs, including those related to drug use, by census tract. An inset of downtown Atlanta is included due to the high concentration in that area. High levels of utilization are also reported in northern Fulton County.

Figure 11: Percent of Discharges for Mental and Behavioral Disorders, 2010-14



Georgia Department of Public Health, Online Analytical Statistical Information System

HEALTH INEQUITY: DISPARITIES AMONG UNINSURED, LOW-INCOME, AND MINORITY POPULATIONS

The 2016 CHNA identified a number of factors that affect the health of GHS's community, as well as identified sub-county level geographic areas that are more adversely affected by some of these factors. Within in DeKalb and Fulton Counties, specific populations—racial and ethnic minorities, low-income, and uninsured—are disproportionately impacted by socioeconomic and access to care barriers and have greater needs than populations without these barriers. For example, access to care is a more significant barrier for low-income populations, whereas obesity affects people of all races and income levels at relatively the same rate in Fulton and DeKalb Counties.

Social Determinants of Health

In both DeKalb and Fulton Counties, the percentage of minority populations affected by poverty has been historically higher than in the white population.

Table 16: Poverty and Insurance Status by Race/Ethnicity, 2010-2014

	Fulton		DeKalb	
	Poverty	**Uninsured**	**Poverty**	**Uninsured**
African American	27.7%	21.2%	22.2%	22.5%
Hispanic	27.4%	41.7%	34.2%	50.2%
White	6.7%	7.5%	8.9%	8.9%

According to the most recent five year estimates[12] (2010-2014), poverty rates are even higher among children (population under age 18). Among children, 47 percent of Hispanics and 30 percent of African Americans in DeKalb County and 37 percent of Hispanics and 38 percent of African Americans in Fulton County live in poverty.

Similar to poverty, lower educational attainment and lack of health insurance status impact minority populations more, though rates are static or decreasing for all populations. Forty-five percent of the Hispanic population in DeKalb County age 25 years and older do not have a high school diploma. In Fulton County, 32 percent of the Hispanic population do not have a high school diploma. Among the African American population in DeKalb and Fulton Counties, 11 percent and 14 percent, respectively, do not have a high school diploma.[12]

The percentage of population with limited English speaking skills is higher than average for the region or state in geographic hot spots in the GHS community, including seven zip code areas in DeKalb County with more than 10 percent of the population experiencing limited English speaking skills.[13] Variation within the service area is presented in the following table.

- ✓ In DeKalb County, about half of the 120,832 residents for whom English is a second language speak English less than "very well"

[12] American Community Survey, 2010-2014

[13] [30340 (23%), 30021 (20%), 30360 (20%), 30341(18%), 30329 (14%), 30345 (12%), and 30084(12%)]

- ✓ In Fulton County, nearly 40% of the 147,932 residents for whom English is a second language speak English less than "very well"

Table 17: English Proficiency and Languages Spoken at Home[14]

	DeKalb County	Fulton County
Population 5 years and over	648,779 (100%)	885,052 (100%)
Speak only English at home	527,947 (81%)	737,120 (83%)
Do not speak English at home	120,832 (19%)	147,932 (17%)
Speak English less than "Very Well"	60,332 (9%)	55,314 (6%)
Top Languages spoken at home	Spanish (47%)	Spanish (43%)
	Asian (17%)	Asian (21%)
	- Vietnamese	- Chinese
	- Chinese	- Korean
	- Korean	French (5%)
	African (12%)	Hindi (4%)
	- Amharic	African (4%)
	- Cushite	- Kru, Ibo, Yoruba
	French (4%)	- Amharic
	Hindi (2%)	Russian (3%)

US Census Bureau, American Community Survey

Health Behaviors

Unhealthy behaviors are more prevalent among minority and low-income populations in GHS's community. According to the Behavioral Risk Factor Surveillance System, which reports data at the public health district level, higher rates of physical inactivity and cigarette smoking are found among low-income populations. In both counties, African Americans report higher levels of physical inactivity than Whites. Similarly, 18 percent of African Americans in Fulton County are cigarette smokers as compared with ten percent of Whites. In DeKalb County, 14 percent of African Americans are cigarette smokers compared to six percent of Whites.

Health Outcomes

People of color report worse health outcomes than Whites in both DeKalb and Fulton Counties. African American residents are more likely to be hospitalized for diabetes than White residents in DeKalb (326 vs. 88 per 100,000) and Fulton (322 vs. 66 per 100,000) counties.

The age-adjusted stroke mortality rate per 100,000 for the African American population in DeKalb County is 54 compared with 37 for the White population. Both rates have decreased since 2013. In Fulton County, the stroke mortality rate among African Americans is 51 per 100,000 and 29 in the White population. In addition to these chronic conditions, infant mortality is also more prevalent among African American newborns: 11.0 per 1,000 live births in DeKalb County and 10.8 in Fulton County versus 5.2 and 4.6, respectively, for White infants. The following table shows health disparities for selected chronic health issues by race. African American residents have higher incidence and mortality rates for many chronic health conditions.

[14] U.S. Census Bureau (2009-2013)

Table 18: Chronic Disease Disparities by Race/Ethnicity

Health Disparities (Per 100,000 Pop.)	State Rates					
	Asian	African American	Hispanic/ Latino	White	GA	US
Cancer Mortality Age-adjusted Rate[15]	89.6	185.6	64.4	149.0	171.2	168.9
Cancer Incidence – Lung[16]	26.6	60.0	31.5	53.9	68.8	63.7
Cancer Incidence – Breast[15]	--	133.1	104.6	139.8	123.5	123.0
Cancer Incidence – Colorectal[15]	28.1	49.4	31.3	35.3	42.3	41.9
Cancer Incidence – Prostate[15]	61.7	241.0	128.4	145.9	150.1	131.7
Diabetes Mortality Age-adjusted Rate[17]	10.0	32.5	7.5	8.4	22.5	21.3
Teen Birth (per 1,000 pop)[18]	10.3	28.4	52.8	8.3	25.5	24.2
Heart Disease (Hypertensive) Discharge Rate[16]	2.1	18.5	--	4.5	8.9	
Heart Disease (Obstructive) Discharge Rate[16]	72.2	202.5	--	321.9	274.5	
Asthma Discharge Rate[16]	18.2	180.7	--	47.9	96.0	--

CDC, Wide-ranging Online Data for Epidemiologic Research; National Cancer Institute; Georgia Department of Public Health Online Analytical Statistical Information System

COMMUNITY INPUT: INTERVIEWS AND FOCUS GROUPS

Key Informant Interviews

During the data collection process, the GHPC conducted 28 key informant interviews with public health leaders, county government representatives, and representatives of the philanthropic community in Fulton and DeKalb Counties. Key informants were asked to discuss:

- the greatest health issues/challenges and why
- the root causes of these challenges
- the level of existing public/private partnerships that are working to improve health/reduce health disparities
- individuals/organizations that are critical to improving health in the community
- interventions that will make a difference to the community

The health challenges and root causes mentioned most often are displayed below.

[15] CDC, Wide-ranging Online Data for Epidemiologic Research, 2009-13 (via CommunityCommons.org/CHNA)
[16] National Cancer Institute, 2008-12 (via CommunityCommons.org/CHNA)
[17] Georgia Department of Public Health, Online Analytical Statistical Information System 2012-14/CDC, National Center for Health Statistics, 2011-14
[18] Georgia Department of Public Health, Online Analytical Statistical Information System, 2015

Table 19: Key Informant Input

Top Health Challenges	Root Causes
• HIV/AIDS • Mental health • Chronic disease management (obesity, hypertension, diabetes, cancer, etc.) • Substance abuse	• Lack of access to care (incl. specialty care) • Affordability of health care • Limited care coordination • Poverty • Transportation • Poor education • Poor health literacy • Poor nutrition

To address these health challenges, key informants suggested the following interventions:

- A focus on healthy eating and physical activity through community garden initiatives and education about healthy food selection and preparation.
- Built environment interventions that improve walkability of communities and food access.
- Additional training for health professionals (i.e., first responders, physicians, etc.) to recognize and divert residents with behavioral health symptoms or diagnoses.

See Appendix D for the discussion guide used during key informant interviews.

Focus Groups and Listening Sessions

A total of nine focus groups and two listening sessions were held with residents and service providers to gather data from certain target populations (see Table 20). These groups were identified as populations of interest after a review of the following key indicators: demographics, poverty, uninsured population, educational attainment, social and economic factors, physical environment, clinical care, health behaviors, and health outcomes.

Table 20: CHNA Focus Group Details

Target Population	Focus Group/Listening Sessions
Fulton County	Fulton County Adult Population – January 28, 2016
DeKalb County	DeKalb County Adult Population – January 5, 2016 Chamblee Residents in Chamblee, GA – March 23, 2016
Vietnamese Seniors	Senior Connections – January 27, 2016 Mercy Housing – January 29, 2016
Hispanic/Latino	Focus Groups: The Latin American Association – January 11, 2016 St. Vincent DePaul – February 17, 2016 Listening Sessions: Holy Spirit – February 3, 2016 Our Lady of the Americas – February 7, 2016
Cancer Patients	Grady Cancer Providers – August 3, 2016
Behavioral Health Patients	Grady Behavioral Health Providers – August 12, 2016

English-speaking focus group recruitment was completed by the market research company Wilkins Research Services, LLC (WRS). WRS recruited focus group participants for specific census tracts in DeKalb and Fulton Counties. Mercy Care assisted with recruitment for focus groups and listening sessions targeting Hispanic/Latino and Vietnamese residents. Focus group and listening sessions participants were also recruited from organizations and agencies serving Hispanic/Latino and Vietnamese residents.

Focus Group Themes

Focus group participants were asked about their perceptions of their families' health and health in their communities, barriers to better health, and their suggestions for how to address key health concerns in their communities. The following summarizes the themes that were common across focus groups. Additional details about the focus group responses are included in Appendix B.

Access to Care: Participants indicated that there are several barriers to accessing health care for low-income, under-uninsured residents. A gap in eligibility criteria leaves many residents without access to affordable health insurance solutions. Participants felt that operating hours may present barriers to accessing primary care in appropriate clinical settings for residents that work during normal business hours (i.e., 8:00 AM to 6:00 PM). Transportation was also discussed as a common barrier to accessing care.

Health Disparities: Participants discussed populations that have poorer health outcomes compared to the broader population. Several populations that were discussed included: children, African American residents, residents with behavioral health needs, people who are homeless, single parents, residents with limited education, and those living in specific geographic areas (North vs. South Fulton County).

Care Coordination: Participants discussed the need for care coordination among residents. Professional groups discussed the need to provide care coordination to residents that are frequent users of emergency rooms due to chronic disease and mental health disorders. Residents discussed the need for education and that those who have limited English speaking skills may have a greater need for care coordination.

Behavioral Health: Behavioral health was one of the most discussed topics among participants. Professional focus groups discussed the gaps in care left by the absence of a Community Service Board (CSB) in Fulton County, the need for inpatient crisis stabilization services, and lack of services for children. Resident participants recognized that behavioral health was a need that cut across demographic and geographic parameters, focusing on mental health issues such as the prevalence of substance abuse, stress in adults, and depression among older adults.

Healthy Behaviors: The most commonly discussed health issues among focus group participants were diabetes, obesity, cardiovascular issues, teen pregnancy, pediatric asthma, HIV, and cancer. Study participants discussed the need for chronic disease management and prevention in children, adults, and seniors. While a variety of underlying factors were mentioned, the same outcomes were discussed (obesity, diabetes, and cardiovascular issues). The most commonly discussed solutions

were: more education to raise awareness about healthy behaviors, increased physical activity, and increased access to healthy options, thereby making healthy choices easier.

COMMUNITY HEALTH RESOURCES

Community assets are people, places, and relationships that can be used in acting to bring about the most equitable functioning of a community. In addition to community-based non-profit agencies, assets can include grocery stores, parks, schools, and hospitals. Fulton and DeKalb Counties have significant community assets. For the purposes of this assessment, GHPC reviewed several sources to identify community assets including the Georgia Center for Nonprofits and the National Center for Charitable Statistics.

Due to the volume of community assets that are located in or serve these two counties, the list was narrowed to include those with substantial assets and/or those with current and significant activity in Fulton and DeKalb Counties. The organizations were then classified into three groups based on their primary focus: health, wellness, or philanthropy. Those classified as health either directly provide healthcare services or have a primary focus on health related activities. Wellness organizations have a focus on determinants of health such as education, housing, physical activity, etc. and philanthropic assets are those that support a wide range of initiatives, including health and wellness. The following table lists some of the significant community assets.

Health	
• CIMA Women's Clinic • Diabetes Association of Atlanta • Feminist Women's Health Center • Federally Qualified Health Centers (FQHCs) • Georgia Charitable Care Network • Health Education, Assessment, and Leadership Clinic (HEAL)	• Health MPowers • Healthy Mothers Healthy Babies Coalition of Georgia • Hispanic Health Coalition of GA • The Center for Black Women's Wellness, Inc. • Public Health Department clinics • Hospitals
Wellness (Determinants of Health)	
• 100 Black Men of Atlanta Inc. • 100 Black Men of DeKalb, Inc. • 21st Century Leaders • Action Ministries • Agape Community Center • AID Atlanta • All About Developmental Disabilities • Arms Wide Open Community Development Fund • Atlanta Housing Authority	• City of Decatur Schools • City of Refuge • Communities in Schools Atlanta • Community Assistance Center • DeKalb County Board of Education • DeKalb Initiative for Children and Families • Fulton County Board of Education • Georgia Coalition for Physical Activity and Nutrition • Georgia Family Connection

- Atlanta Community Food Bank
- Atlanta Neighborhood Development Partnership
- Atlanta Public Schools
- Boys and Girls Clubs of Metro Atlanta
- Care and Counseling Centers of Georgia
- CaringWorks
- CPACS
- Children's Advocacy Centers of Georgia
- CHRIS Kids, Inc.
- Georgia Growers
- Georgia Head Start
- Georgia Organics
- Los Niños Primeros
- Open Hand
- The Sheltering Arms Early Education and Family Centers
- The Wylde Center
- Voices for Georgia's Children
- YMCA of Greater Atlanta/Metro Atlanta

Philanthropic

- American Red Cross
- Atlanta Women's Foundation
- Community Foundation of Greater Atlanta
- Coca-Cola Foundation
- Goodwill Industries
- Grady Health Foundation
- Healthcare Georgia Foundation
- Just Heart Foundation
- Kaiser Permanente Community Benefit
- North Fulton Community Charities
- R Howard Dobbs, Jr. Foundation
- United Way of Greater Atlanta
- Woodruff Foundation

IDENTIFYING AND PRIORITIZING COMMUNITY HEALTH NEEDS

After all data collection was complete, the Georgia Health Policy Center compared the lists of top health needs and determinants shared by stakeholders to the secondary data. From this analysis, the most significant health needs were identified as:

- Access to Care
- Diabetes
- STD/HIV
- Hypertension
- Mental Health
- Prostate Cancer
- Injury/Violence
- Low Birth Weight
- Obesity
- Poverty
- Breast Cancer
- High School Education Non-Attainment

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 to prioritize the needs.

GHS Executive Planning Committee Members	
John M. Haupert, FACHE	Chief Executive Officer
Robert Jansen, MD, MBA	Executive Vice President / Chief Medical Officer / Chief of Staff
Mark Meyer	Executive Vice President / Chief Financial Officer
Renay Blumenthal	President / Grady Health Foundation
Rhonda A. Scott, PhD, RN, CS	Executive Vice President / Chief Operating Officer / Chief Nursing Officer
Tim Jefferson	Executive Vice President / Chief Legal Counsel
Lindsay Caulfield	Senior Vice President / Public Relations and Marketing
Criag J. Tindall, MBA, MHA	Senior Vice President / Clinical Operations
Shannon Sale	Senior Vice President / Planning and Business Development
Ben McKeeby	Senior Vice President / Chief Information Officer
Rick Rhine	Senior Vice President / Revenue Cycle
Sterling McHorney	Senior Vice President / Ambulatory
Matthew Hicks	Vice President / Government Relations
Stephen Vault	Director / Planning and Business Development

In the prioritization process, Committee members were asked to consider trends since 2013, the scale and severity of each need, and the 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.

	Healthy Behaviors	Coordinated Care	Insurance
1. Access to Care			X
2. Diabetes	X	X	
3. STD/HIV	X	X	
4. Hypertension	X	X	
5. Mental Health		X	
6. Prostate Cancer		X	
7. Injury/Violence	X		

The GHS 2017-2019 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 our collective impact.

Appendix A

Findings from Community Groups

January - September 2016

Purpose

This study 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 populations in communities that are served by Grady Health System (GHS).

Methodology

GHPC worked with a variety of ARCHI members, including GHS, to recruit and conduct nine focus groups and two listening sessions among residents living in Fulton and DeKalb Counties between January and September 2016. GHPC designed facilitation guides for focus group discussions and listening sessions, which were reviewed and approved by the internal review board of Georgia State University. Wilkins Research Services (WRS) was contracted to conduct participant recruitment for four of the focus groups. Recruitment for the focus group with Spanish-speaking Latinos in DeKalb/Fulton Counties was conducted separately by Mercy Care. For the focus groups for which WRS recruited, a county demographic profile was created 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+). Participant recruitment targets were set for each racial and age category to approximate the county or targeted ZIP code demographic profile (e.g. if a targeted area had an 80 percent African American population and a 20 percent white population, WRS attempted to recruit a focus group participant list that reflected that demographic profile). 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.

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. Professional participants in the behavioral health and cancer care focus groups were recruited by GHS and they were not offered incentives, though they were paid their normal salary for the time they participated in the focus group.

Listening sessions were designed to facilitate community input in a larger forum. Each session lasted approximately 2 hours, during which time participants were asked to respond to a variety of questions about the health of their community using audience response technology. Instant results were offered to participants to encourage small and large group discussions about the collective responses. Also, participants were asked to visualize the ideal healthy community and discuss in small groups. The following focus groups and listening sessions were conducted by GHPC:

CHNA Focus Groups

Target Population	Focus Group/Listening Sessions
Fulton County	Fulton County Adult Population January 28, 2016
DeKalb County	DeKalb County Adult Population in January 5, 2016 Chamblee Residents in Chamblee, GA – March 23, 2016
Vietnamese Seniors	Senior Connections - January 27, 2016 Mercy Housing - January 29, 2016
Hispanic/Latino	Focus Groups: The Latin American Association - January 11, 2016 St. Vincent DePaul – February 17, 2016 Listening Sessions: Holy Spirit - February 3, 2016 Our Lady of the Americas - February 7, 2016
Cancer Patients	Grady Cancer Providers August 3, 2016
Behavioral Health Patients	Grady Behavioral Health Providers August, 2016

Focus groups and listening sessions were recorded and transcribed with the consent of all participants. All participants were offered refreshments. The Georgia Health Policy Center analyzed and summarized data from the focus groups and listening sessions to determine similarities and differences across populations related to the collective experience of healthcare, health needs, and recommendations. The similarities, differences, and recommendations are summarized in this section.

Recommendations

Participants had a wide range of recommendations for improving health in their communities. Many of these recommendations are not related to traditional clinical services, but would instead impact the health of residents and potentially reduce the need for clinical care.

- **Increase access to affordable primary care:** The demand for uninsured/underinsured care is great in the study area and residents recommended that affordable care for uninsured and underinsured residents be increased, including access to affordable prescription medications.
- **Mental health services for individuals and families:** Participants felt that there was considerable need for counseling and other mental health services, but emphasized that providers should be competent in the language, culture, and spiritual beliefs of the community. Residents also suggested that an increase in pediatric behavioral health care would be beneficial.
- **Accessible transportation:** More accessible public transportation and transportation specifically to care is a top priority. Residents recommended a shuttle service for scheduled appointments.
- **Increase care coordination:** Recommendations were made that a collaborative effort related to a data system to help track patients between Mercy Care, Fulton County and a pediatric service provider could increase care coordination and offer more patient centered care and referrals.

Summary

Access to Care:

Many uninsured patients from around the metro Atlanta area are often sent to Grady because local and private places prefer to not treat them. Gaps in care arise when they are treated at Grady, but then cannot be referred by Grady to sufficient services within their own communities once they are discharged. Study participants indicated that Grady serves a large uninsured and underinsured population. Many are in these situations due to underemployment. Community members do not always have access to insurance due to their legal status or socio-economic status. Often community members in the study area cannot afford private health insurance. In addition to employment being a key determinant in accessing health insurance, lower paid workers with hourly or part-time positions have a smaller incentive to prioritize their health care needs such as attending regular appointments or follow-ups because of the financial restraints caused by missing work hours. Study participants talked about the importance of being able to access care in their communities outside of traditional operating hours (i.e. 8 AM to 5/6 PM).

Due to the lower socioeconomic status of many of the patients in Grady's service area, many delay seeking care until it is an emergency situation. Because many are uninsured or underinsured, they delay seeking treatment for existing conditions and do not access Grady's preventative care resources due to fear of being unable to pay for the care. Grady's cancer providers spoke extensively about the gaps in care created by patients frequently not accessing primary care physicians, as well as the long waits for appointments that those who do want to access PCPs experience. Because of this issue with PCP access, many specialists, like oncologists, have to handle both a patient's primary care and specialty care needs. In addition to the gaps in accessing primary care, patients of lower socioeconomic status often have extreme difficulty accessing the multitude of appointments that come with a care plan for complex health conditions such as cancer. Patients in this population often lack stable transportation, are single parent heads of households, have multiple jobs, lack childcare, or cannot afford the trade-off between paying for medical care and paying for necessities in order to adhere to their care plans.

Study participants also discussed difficulties related to transportation to and from healthcare settings. According to professionals participating in focus groups, a percentage of Grady's patient population are either low-income individuals or people who live in extreme poverty conditions, many of whom do not have access to a stable means of transportation. Transportation is not always reliable, affordable and/or accessible to residents, which leads to inconsistency in appointment attendance. Participants recommended that health services include some form of transportation for scheduled appointments (e.g. shuttle services and/or MARTA cards).

Study participants discussed the need for access to affordable health services, which included pharmaceutical, primary, pediatric, and oral health care. Focus group populations also discussed the need for specialty care and affordable medications for underinsured/uninsured residents. While a variety of primary care clinics do offer care to underinsured and uninsured community members, the demand is greater than available services, and these clinics do not have specialists (e.g., orthopedics,

etc.) to serve the patients. Additionally, many providers do not have the ability to provide prescription medications for underinsured/uninsured community members.

Health Disparities:

Health literacy was discussed by participants as a need due to many patients in the Grady service area having lower levels of educational attainment, and/or linguistic barriers. This educational disparity hinders their abilities to demand a higher quality of care. The differences in educational level and English literacy across populations in the Grady service area create a need for the hospital to do more community outreach to raise awareness around various health conditions, as well as the available resources for those patients with particular health conditions (i.e. HIV/AIDS, heart disease, cancer, etc.). Cancer providers specifically expressed a desire to begin reaching out to the community via churches or other community centers to educate people about various forms of cancer and the services Grady provides to treat and prevent them.

Lack of secure housing and rising rental prices in many of the neighborhoods in Fulton and DeKalb counties affects the health of a number of groups in the Grady service area, namely those with co-morbid conditions, chronic diseases and mental health issues. Some study participants reported that they are not eligible for health insurance subsidies for plans offered through the Marketplace due to their legal status. Group members have noticed a growing population of homeless people in the community and felt a need to ensure that the health needs of the homeless are met. Patients that lack adequate housing experience severe disparities in their care. Specifically, populations that are released from state hospitals and prisons are especially affected by the housing crisis.

Participants discussed health disparities related to single parent households. According to study participants, single parents are often responsible for the care of children without support or assistance. When this is the case, parents are busy meeting the needs of the household, which leaves little time to tend to medical appointments and follow up care.

In addition to employment being a key determinant in accessing health insurance, lower paid workers with hourly or part-time positions have a smaller incentive to prioritize their health care needs such as attending regular appointments or follow-ups because of the financial restraints caused by missing work hours.

A geographic pattern divides the more affluent residents in the north of each county from the residents with lower-socioeconomic statuses in the south of each county. This disparity is more pronounced in Fulton County.

Care Coordination:

Significant immigrant and refugee populations in DeKalb and Fulton do not speak English or speak English as a second language. Languages spoken in focus groups included Korean and Spanish. Study participants, including stakeholders and residents whose native languages were not English discussed the need for health services (i.e. medical care, outreach/education, printed materials, etc.) to be provided in the patient's language of origin. While there is an FQHC in the service area that is a

preferred provider for many residents that speak Asian dialects, there is a growing need for translation in the communities included in this study. A number of Asian dialects and cultures do not translate into English very well, which may lead to misunderstandings of diagnosis and/or treatment recommendations. Latino participants had also encountered translators who lacked the medical knowledge to properly translate highly technical health terminology. Latino community members were most often uninsured and without medical homes.

Grady has a growing number of Spanish speaking patients for whom the hospital uses the language line, a telephonic translation service, as a primary means of communicating with these patients. Grady also has in-house interpreters to aid in communicating with non-English speaking patient populations. Grady is one of the few hospitals that will provide adequate care to undocumented patients. These patients often experience health complications due to their legal status, fear of accessing care, lack of awareness about health care resources in the area, and lack of awareness of legal aid resources.

Many participants indicated that they do not eat as healthfully as they should for a variety of reasons, including: cultural preferences for fried, sugary, and fatty foods; time; and financial restraints. Community members also discussed a cultural preference among Latino and Asian populations for alternative medicine and medical practices. Many participants indicated that they are open to health education and willing to receive such outreach, though respondents suggested that some Latino residents may be hesitant to participate in formal health fairs or other public events.

Behavioral Health Care:

One of the most discussed health needs among focus group and listening session participants was the need for behavioral health and substance abuse services. Residents recognized that behavioral health was a need that cut across demographic and geographic parameters. Study participants specifically focused on mental health issues such as the prevalence of substance abuse, stress in adults, and depression among seniors. Residents discussed the need for behavioral health services for adolescents, adults, and seniors.

DeKalb County's Community Service Board (CSB) provides a wide variety of resources across populations (children, adolescents, people with developmental disabilities etc.) via funding from federal, state and county resources. Fulton County does not have a CSB to properly manage its mental health funds and resources, leaving gaps in care for the populations they serve. As a result, many Fulton County residents utilize the emergency room for services. Behavioral health patients with co-morbid conditions and complications are kept at Grady longer term due to the state hospital's lack of willingness to care for them. State hospitals may resist treating these patients out of fear that they may be transferred to their institutions with failing health. Additionally, GHS does not treat children in their facilities. Fulton County, in general, lacks coordinated children's mental health services.

Substance Abuse: Substance abuse is an issue in many neighborhoods, especially in lower income neighborhoods. Alcohol, marijuana and prescription drugs are said to be the most commonly used substances, because they are easily accessible. Many participants felt that youth were abusing substances for entertainment and/or to cope with life stressors. Participants felt that youth need

afterschool activities and opportunities for healthy recreational activity. They indicated that younger children have activities available, but that few activities are offered for older and transitional age children. The need for activities was attributed to parental obligations such as work, as well as lack of support for positive parenting.

Stress in Adult Populations: The level of stress is high among adults related to the various demands adults in local communities face due to poverty.

Depression in Senior Populations: Depression was often discussed in relationship to the senior populations due to isolation, decreased sensory experience, and increased levels of grief.

Chronic Disease Prevention and Management (e.g. obesity, diabetes, cardiovascular issues, etc.):

The most commonly discussed health issues among focus group populations were diabetes, obesity, cardiovascular issues, teen pregnancy, pediatric asthma, and cancer. Study participants believed that obesity was a universal health issue regardless of age. When looking across health concerns for specific age groups, respondents identified the following prioritized health concerns:

For adults and seniors: diabetes, heart disease, and mental health issues

For youth: substance abuse, asthma, and teen pregnancy

Study participants discussed the need for chronic disease management and prevention in children, adults, and seniors. While a variety of underlying factors were mentioned, the same outcomes were discussed (obesity, diabetes, and cardiovascular issues). They also noted that youth seemed to be developing poor attitudes and habits towards nutrition and physical activity that would have consequences later. The underlying factors discussed most often related to:

- Poor nutrition – Community input indicated that residents face multiple challenges related to adequate nutrition:
  - ✓ Lack of access to affordable, healthy food due to limited affordable grocery outlets and/or lack of convenient transportation
  - ✓ Cultural dietary preferences that are not healthy (i.e. fried foods, foods high in fat and sugar, etc.)
  - ✓ Lack of awareness of and preference for foods prepared in healthy ways
  - ✓ Lack of time to prepare healthy food
  - ✓ Higher numbers of fast food restaurants when compared to farmers markets and grocery stores with healthy options

- Lack of physical exercise – Community input indicated that residents:
  - ✓ May not have access to resources that facilitate healthy physical activity (i.e., recreational space that is convenient, has child care, is accessible and perceived as safe)
  - ✓ Described a lack of awareness of the impact that physical activity/no physical activity can have on health status
  - ✓ May not have the skills and motivation to incorporate a healthy level of physical activity into their current habits

Community Engagement:

Focus group populations discussed the importance of community engagement. Participants noted that HIV and other STI rates are high in Fulton County. They also indicated a lack of sexual health education in schools and in the homes, which they felt is causing many adolescents to be ill-informed about the dangers of risky sexual behavior. Participants felt that many residents are not taking the proper steps to prevent STIs and unintended pregnancies.

Study participants felt that offsite outreach in the community at churches, events, and other public spaces would raise awareness about prevention, healthy behaviors, and common health issues (i.e., HIV/AIDS, heart disease, cancer, etc.). Some of the recommendations from focus group members were related to health education, instruction, and demonstration (e.g. cooking, nutrition, physical activity, prevention, stress management, instruction for new mothers, etc.); and free screenings for common health issues.

Appendix B

Findings from Stakeholder Interviews

January - September 2016

Stakeholders Interviewed

Name	Organization
Ayana Lewis	Grady Hospital
Catherine Marchman	Homeless Initiative
Dr. Jada Bussey Jones	Grady Hospital
Dr. Yousef Khalifa	Grady Hospital
Dr. Sheryl Gabram	Grady Cancer Center
Jeff Graham	Georgia Equality
Marla Orso	Mosaic Group
Pamela Morton	Grady Hospital
Tom Andrews	Mercy Care
Shirley Anne Cruz	La Amistad
Selena Freeman	Mercy Housing
Adam Causey	The City of Chamblee
Evonne Yancey	Kaiser Permanente
Emily VanDerWiele	CHOA, Children's at Chamblee Primary Care Center
Salvador Arias	Mercy Care Board Member
Morgan Alexander	The Georgia Lions Lighthouse Foundation Inc.
Sandra Valencia Thompson	Catholic Charities
Larry Johnson	DeKalb County Commissioner
Louis Kudon	Public Health District 3-5
Carole Maddux	Good Samaritan Health and Wellness
Kathryn Lawler	Atlanta Regional Commission
Jose Almaraz	Futbol Pasion
Sandra Ford	Public Health District 3-5
Ginneh Baugh	United Way of Greater Atlanta
Rep. Roger Bruce	GA House of Representatives
Rep. Stacey Abrams	GA House of Representatives
Commissioner Joan Garner	Fulton County (District 4)
Commissioner Marvin S. Arrington, Jr.	Fulton County (District 5)

Purpose

This study engaged community leaders to develop a deeper understanding of the health needs and health status of residents from the perspective of the professionals and providers working closely with residents they serve.

Methodology

GHPC worked closely with Mercy Care to identify leaders from organizations that included 1) public health expertise; 2) professionals with access to community health related data; and 3) representatives of underserved populations (Asian community, Latino community, seniors, low-income residents, residents with limited English speaking skills, and residents that are uninsured). Such persons were interviewed as part of the needs assessment process. GHPC and Mercy Care developed a discussion guide (see Appendix E) that was used during each interview, which lasted approximately 45 minutes. All tools and processes were approved by the Georgia State Internal Review Board. A series of 12 interviews and one group interview were completed with key stakeholders in DeKalb and Fulton Counties.

All interviews were conducted by qualified GHPC staff. This section provides a summary of the stakeholder input and recommendations based on their input.

The interview guide used for these interviews included a number of questions regarding the Chamblee clinic. All stakeholders were at least aware of the clinic, and all responses regarding the location of the clinic were extremely positive. Nearly all stakeholders stressed the importance of culturally competent services, including language services extending beyond Spanish to serve the Asian community, and the importance of hiring staff with language competency in mind. Additionally, nearly all stakeholders stressed the importance of providing after-hours appointment options, as many of those the clinic will be serving cannot afford to take time off of work to go to the doctor.

Recommendations

Participants had a wide range of recommendations for improving health in their communities. Many of these recommendations are not related to traditional clinical services, but would potentially impact the health of residents by reducing the need for clinical care.

- **Community Engagement:** Key informants discussed community engagement as one method to address the social determinants of health in Fulton County. According to key informants, people tend to know what they need; they are just never asked. So, they said, the biggest thing one can do is become a community partner by engaging residents in a real way (through discussion) to understand the issues.
- **Building general health literacy:** This is related to the importance of education and outreach regarding navigation of services, other health services in the area, and raising awareness of resources available overall. Stakeholders suggested that health fairs have been effective in the area, but that more must be done, including materials in multiple languages that could be distributed not only at clinics but also at hospitals and other community-based locations.
- **Fresh food trucks and urban/community gardens:** Implement in communities where fresh produce is not readily available. They also recommended that adults and children receive health education and outreach efforts that would focus on showing people how food is grown and how to cook healthy foods.

- **Obesity and healthy eating:** Intervention ideas to combat obesity included food pantries, community gardens, cooking classes, creation of a rewards system, nutrition education in schools, and a program to specifically educate and increase exercise and healthy behaviors among middle school aged Latina women.
- **Linkage to care**: Emory Saint Joseph's Hospital participants emphasized the value of creating a liaison between the new clinic and ESJH or other area hospitals. They also emphasized the importance of increased community education regarding the health care system and Mercy Care's availability.
- **Hospital and clinic programming**: It was suggested that Grady take into account patients' perspectives first and foremost. One stakeholder said, "Simple things like calling and getting an appointment made. Imagine going in and getting the prescription and trying to get it to go through at the pharmacy only to be told the doctor didn't sign off on it, so they have to try to contact the doctor again. So say the pharmacy works: you wait four hours for your medication, that's easily how long it can take. Then they go home and the social situation's not very good and they can't take all their medication. Then the doctor says you have to get your feet checked, and your heart checked, and it's all these appointments with all these different specialists." They suggested that there must be a way to better streamline services to ease the burden on the patient and increase follow up care.
- **Satellite centers:** Additional access points in the community offering access to qualified nursing staff who can consult physicians by secure internet or telehealth technologies could improve access to care and in turn improve outcomes.
- **Chronic disease:** Free community classes and handouts to give patients at clinic and in hospital on availability of these classes.
- **Senior Health:** HIV and STI education for seniors; senior centers should provide culturally relevant meal services.
- **Other:** Culturally competent care and services (including front office staff and outreach), community workshops on healthy relationships, home health services, health education, outreach and enabling services, development of programs via churches and/or faith-based nursing, primary care, dental services, space for those with multiple children/childcare so parent can see their doctor one-on-one.

Summary

Social Determinants of Health:

Health Disparities

- Key informants felt that there were health disparities related to the poor health of African American residents when compared to their White counterparts in Fulton County. Stakeholders noted a disproportionate amount of African Americans in the hospital setting. White Americans in the area are more likely to have private insurance and other resources that allow them to follow up with care more quickly and thus have better health outcomes. Additionally, homelessness is particularly high among African Americans, and African American men even more so, increasing morbidity related to homelessness.
- HIV disproportionately affects African American men in Fulton County.

- Participants noted an overall disparity between White and non-White populations. Non-white populations have higher rates of chronic disease due to lack of access to care and lower quality of care available to these communities. Grady's population is largely a minority population (90 percent African American), and rates of chronic disease are high: 70 percent have high blood pressure, more than 30 percent have diabetes, and nearly half are obese. These rates are higher even than state averages.
- The disparity between the northern and southern parts of Fulton County, with the northern communities being far more affluent, was a common concern. The difference was described as "extremely stark."
- A general lack of specialty resources for children exists, and few pediatricians accept Medicaid. This is particularly severe for behavioral health care and specialty care.
- Culturally competent care and services for the LGBTQ community is lacking. This is largely rooted in lack of cultural competency training, and presents in a number of ways. Sometimes, offensive language will drive patients away. Additionally, systems are not yet set up to allow for competent care. For instance, the Grady EMR system does not allow providers to list a patient who is transgender as such, and charting spaces regarding medical transition for transgender patients are not available.
- Both HIV services and behavioral health services have become more urgent resource needs for the homeless population. This has recently become a more severe issue.
- The transgender population has many emerging needs. Georgia has the fourth-largest transgender population in the country, and it is centered in Metro Atlanta. There have been no dedicated resources to this community in the past, and only a few have recently emerged, with no overall programming for the community.

Economy/Employment

- Health status and financial status are highly correlated. Key informants noted a lack of stable, good paying jobs in some areas. Poor outcomes related to poverty are often due to limited access to comprehensive insurance. When residents are underinsured or uninsured, they tend to delay seeking health services (i.e., preventive, diagnostic, dental, etc.) until symptoms become an emergency and treatment outcomes are less effective. Key informants felt this was the driving force behind overutilization of emergency rooms in Fulton County for preventable health issues.
- Key Informants linked the level of educational attainment to the health of residents. Residents in Fulton County that may have low educational attainment often are not aware of healthy options and make choices that impact their health in a negative way (i.e., diet, exercise, smoking, etc.). Additionally, key informants felt that residents with limited education may lack awareness of healthy options (e.g., preventive care practices, etc.).

Access to Care

Care Coordination

- Residents earning a low income are not always able to afford prescription medications due to the high cost of some medications and limited insurance coverage. When residents are not able to take medications as prescribed, health issues worsen and outcomes are poorer.

- Referral follow-up is extremely challenging for some populations due to: challenges of navigating the health system, transportation barriers, cost barriers, and time off work/lack of accommodating provider hours.

Cultural Sensitivity among Providers

- This was particularly emphasized for certain populations in Fulton County, including Latino and Asian populations. It was also emphasized specifically in the Chamblee area. For communities where this is an issue, it was noted that culturally competent care and trust-building will come above and before all other questions of service offerings. This encompasses language competencies beyond Spanish, from the front desk to the pharmacy, as well as cultural competency among clinicians to understand needs specific to the diverse populations.
- This is a major issue for the LGBTQ population—from clinicians to frontline staff. While overt discrimination may not always be a problem, a lack of training about how to best serve this population clearly exists among health care staff.

Delays in Securing Health Care in Appropriate Settings

- Delays in access were discussed by stakeholders across Fulton and DeKalb counties. These delays are present in both primary and specialty care settings. Stakeholders discussed wait times ranging from a few months to a year for multiple types of services.

Accessibility of Care

- Geographic location impacts outcomes in a variety of ways. The distance one must travel to the nearest hospital has an impact on mortality rates. Some of the more rural areas in Fulton County do not have access to full-service hospitals. Additionally, hospitals that are located in less densely populated areas tend to have less comprehensive care (i.e., specialized care for cardiology, neurology, etc.).
- Key informants discussed the need for primary care physicians who can provide care to underinsured (e.g., Medicaid eligible) and uninsured residents. Many of the physicians that provide this type of care are not always accessible to residents due to: the distance residents may have to travel, the availability of appointments after hours, and limited support from employers to take time off work.
- Key informants felt that resources and capacity to address health needs in low-income communities were limited. For example, providers tend to offer less comprehensive care than providers offer in more affluent communities, which may lead to poorer outcomes and health disparities.
- Key informants discussed the lack of FQHCs in communities.
- Based on stakeholder feedback from St. Joe's hospital, the number one key health issue for residents is access to health services for the large underserved population.
- Much of this underserved population is Latino—and approximately 40 percent of the population is undocumented. This leads to a plethora of health care access issues, including:

- Fear of going to the doctor due to deportation
- Large proportion of low-income people who cannot afford to miss work
- cannot afford transportation to seek services
- Cultural norms that involve waiting to seek care until the situation is extremely dire
- Cultural norms that dictate it is better to receive care in a hospital setting
- Lack of understanding and education surrounding how to navigate the US health system

Access to Insurance

- Key informants discussed the importance of Medicaid expansion in both Fulton and DeKalb counties to meet the health needs of residents. The lack of Medicaid expansion has left a large number of uninsured residents in both counties. These residents struggle to find affordable health services. Uninsured care has limited capacity—Mercy Care operates at full capacity and Grady is usually stretched. The majority of primary care providers do not offer uninsured care.
- The large underserved population (identified by the St. Joe's stakeholders) has a relatively large proportion of people who are not adequately employed to be eligible for ACA assistance. Thus, they remain uninsured.
- Lack of Medicaid expansion has severely impacted health care delivery for the uninsured. This population ends up accessing care in later stage in diseases when there are few options for treatment, and at which point care is much more costly. Lack of Medicaid dollars in Georgia has impacted service accessibility for the portion of this population who would otherwise be covered.
- To a smaller degree, some residents may not be aware of their eligibility for coverage.

Behavioral Health

Access to Behavioral Health Services and Related Support

- Lack of access to behavioral health care was described as an issue across the counties and the majority of stakeholders. In particular, lack of resources for children and the elderly were highlighted. Stakeholders also spoke of the lack of integration of primary care and behavioral health. Overall, there is simply greater demand than supply of services, particularly for the uninsured. Additionally, Fulton County is the only county in Georgia with no Community Services Board, leaving Grady as the primary provider.
- Resources for adults who are developmentally disabled residents are very rare. If someone is not diagnosed before the age of 18 they become ineligible for these already slim resources.
- A recent move to fee-for-service in behavioral health across the state has created a burden for service providers. These services are covered by Medicaid. However, Grady serves a large number of uninsured. Grady's mission and values as a community hospital are to serve the uninsured, but one stakeholder mentioned that "many CBOs are going to have to pick and choose what populations they will serve and they may not be able to serve the uninsured population at the rates that they do now, which will leave many uninsured residents without care."

- As it is, it can be very difficult to find a behavioral health care provider who accepts Medicaid, and many providers have long wait times.

Awareness

- Key informants discussed the prevalence of undiagnosed and untreated behavioral health issues, which often results in an increase in penal system population. Key informants felt that there was undiagnosed and untreated trauma among some residents in Fulton County.

Substance Abuse

- A major issue is a dual diagnosis for a behavioral health need and a substance abuse issue. In this area, substance abuse is often either a dual or primary diagnosis. Neither inpatient detox treatment nor outpatient detox services are readily available. Less intensive group treatments exist, but they are not as effective. Furthermore, very few resources are available for the underserved population; insurance often does not cover treatment, and uninsured care is hard to find. As with other behavioral health services, demand is higher than capacity.
- General access to health care is a major issue for those with substance use issues. This population has a high level of co-morbidities, but they are not being seen in a primary care setting, so they end up in the ER. Medical issues are largely untreated chronic disease (diabetes, hypertension, etc.).
- Mental health/substance use issues are often exacerbated when compounded with homelessness. This population often suffers from medical issues related to homelessness that send them to the ER due to lack of other available care. There is little in the way of care coordination for homeless patients, and many clinics will not serve them. Those that do may be inaccessible due to transportation challenges.
- The opiate epidemic is full-blown and one stakeholder believes it will only get worse if we do not address it using evidence-based medicine and treatment. The demographics of mortality due to opioids have shifted, bringing some attention to the issue.

Healthy Eating and Active Living

Access to Healthy Options

- Key informants felt that several communities in Fulton County are predominantly low income *and* do not have supermarkets that offer healthy options for several miles. When residents are several miles from the nearest supermarket, they may shop for food at local convenient stores and fast food restaurants, which do not often offer healthy options.
- Many food deserts exist, with an abundance of fast food or corner store options but no grocery stores. Lack of transportation or lack of affordable transportation exacerbate this issue and can completely prevent residents in these communities from accessing healthy foods.

Awareness

- Residents may not always be aware of what healthy nutrition is, partially due to traditional diets that are high in fats and carbohydrates. Key informants discussed the need to educate youth about healthy eating habits, even when they may not always have access to healthy foods. Being aware of healthy eating habits is important as youth age into adulthood and become able to make choices about what they eat and how it is prepared.

Common Health Issues

Chronic Diseases (Diabetes, Obesity, Asthma, Cardiovascular issues, COPD, etc.)

- Chronic disease prevention and management were cited as major health issues, particularly for the Latino population. Most stakeholders who discussed chronic disease cited diabetes. In addition to diabetes, high blood pressure, hypertension, obesity, and cardiovascular diseases were mentioned. Almost all stakeholders who discussed chronic disease issues noted the correlation between diet and chronic disease. It was noted that the Asian community tends to have lower rates of diabetes, high blood pressure, hypertension, and obesity due to an overall healthier diet. However, it is important to note that this population also has higher overall income than the Latino population. While cultural norms in terms of diet surely play a role, income and access to healthy foods are likely the primary factors contributing to this difference.
- Obesity is a particular problem for children—numerous stakeholders cited obesity as the number one health issue for children in the region.

HIV

- HIV education is a big need among patients, families, and the community. Education is needed surrounding how the virus is spread and the types of treatment that are available. Participants indicated a strong need for community based HIV testing and treatment options. A stakeholder described a particular patient who stopped treatment because the patient assumed they could not afford the medication.
- Another uptick in HIV in the Atlanta area has occurred. This is a major concern and it is not clear that the current resources and capacity are adequate to address the new cases.
- Social stigma is still a factor that prevents testing and treatment—people avoid the IDP clinic and testing due to fear of shunning or their own internalized stigma.

Appendix C

Data Collection Tools

January - September 2016

Secondary Data Sources

Data	Source	Geography
Demographics	U.S. Census Bureau – Decennial Census, 2010	County, Census Tract
	U.S. Census Bureau – American Community Survey - 5-Year Estimates, 2010-14	County, Census Tract
	Atlanta Regional Commission Population Estimates, 2015	County
Social and Economic Factors	U.S. Census Bureau – Decennial Census, 2010	County, Census Tract
	U.S. Census Bureau – American Community Survey - 5-Year Estimates, 2010-14	County, Census Tract
	Small Area Health Insurance Estimates, 2015	County
	Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System 20011-12	County
	Georgia Department of Public Health	County, Census Tract
	U.S. Department of Education, National Center for Educational Statistics, 2014*	County, Census Tract
	Georgia Department of Education, 2013-14	County
	Georgia Department of Labor, 2016	County
	Truven Health Analytics, 2015	County, Zip Code
Access to Care/Physical Environment	US Department of Agriculture, Economic Research Service – Food Environment Atlas. 2011.	County, Census Tract
	U.S. Health Resources and Services Administration Area Resource File, 2016	County, Census Tract, Site
	U.S. Health Resources and Services Administration Data Warehouse, 2016	County, Census Tract
	Dartmouth Atlas of Healthcare*	County
	Georgia Health Policy Center independent research	County
	Fulton County Health and Wellness	County
	DeKalb County Board of Health, Status of Health 2015	County
Health Behaviors	CDC Behavioral Risk Factor Surveillance System 2011-12	County
	CDC Modified Retail Food Environment Index, 2014**	County, Census Tract
	Georgia FitnessGram, 2013-14	County, District
Health Outcomes	CDC Behavioral Risk Factor Surveillance System 2011-12	County
	Georgia Department of Public Health, Online Analytical Statistical Information System, 2010-14 / 2012-2014 / 2011-15/ 2015	County
	National Cancer Institute, 2008-12*	County
	CDC National Diabetes Surveillance System	County
	Atlanta Regional Commission, 2016	Census Tract
	CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP). 2013***	Postal Code
	CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP). 2012**	County

Appendix D

Questionnaires and Discussion Guides

KEY INFORMANT QUESTIONNAIRE

CONTEXT

- What in your opinion are the district's/county's biggest health issues or challenges that need to be addressed? Gaps? Strengths?
- What do you consider the largest health needs of children in the region (i.e., most common health issues, greatest needs, barriers to accessing care)?
- What do you think are some of the root causes for these challenges?
- 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 health care accessible to members of your community? might cite examples of programs by disease state, life stage or otherwise)*

COMMUNITY CAPACITY

- Which community based organizations are best positioned to help improve the community's health?
    - Private sector agencies
    - Public sector agencies
- Are there individuals, agencies or organizations you'd like to see more engaged in your community's health improvement journey?
- 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 3 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?*
- Why did you pick these?
- What interventions do you think will make a difference? *Probe for different types of interventions related to:*

- *Policy*
- *Environment*
- *Program*

- Do you have any other recommendations that you would make to Grady Memorial Hospital as they develop intervention strategies?

FOCUS GROUP DISCUSSION GUIDE

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

- Explain about focus groups:
  - ⇒ Give and take conversation
  - ⇒ I have questions I want to ask, but you will do most of the talking
  - ⇒ There are no right or wrong answers
  - ⇒ You are not expected to be an expert on health care, we just want your opinion and your perspective as a member of this community
  - ⇒ You don't have to answer any questions you are uncomfortable answering
  - ⇒ It is important to speak one at a time because we are recording this conversation
  - ⇒ Your names will not be used when the tapes are transcribed, just male or female will appear on any transcript
  - ⇒ I want to give everyone the opportunity to talk, so I may call on some of you who are quiet or ask others to “hold on a minute” while I hear from someone else, so don’t take offense
  - ⇒ Here is an informed consent form for you to read along with me and then sign. (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 for your Family

1. What does the term "healthy lifestyle" mean to you?
2. Do you think you and your family have healthy lifestyles? Why or why not? What affects your ability to be healthy? What prevents you from being as healthy as you would like to be?

I want to go a bit deeper in a few areas related to your and your family's health.

3. Let's start with healthy eating. Most of the time, do you and your family eat as healthily as you would like? What prevents you from eating healthily? (Probe for cultural issues, access to healthy food)
4. What do you think would make you change your eating habits? What could make it easier for you and your family to eat healthier?
5. Now let's talk about physical activity. What kinds of physical activity do you and your family engage in? Do you think you get enough physical activity to be healthy?
6. What keeps you and your family from being as physically active as you would like to be? What would help you and your family get more exercise? What could be done to in your community to help you and your family to become more physically active?

7. How about tobacco use? How prevalent is tobacco use among your family and friends? Do you think most people are aware of the risks related to tobacco use? Knowing those risks, why do you think people continue to use tobacco products? What do you think it would take to change people's habits when it comes to tobacco use?

8. Are drug and alcohol abuse a problem in your community? What contributes to this problem? What could be done to address the problem?
9. Another health issue of concern is risky sexual behavior among teens. Do you see this as prevalent in your community? Are there support services to help teens deal with this type of issue? What more could be done?
10. When you think about the health concerns we have discussed – healthy eating, physical activity, tobacco use, drug and alcohol use and risky sexual behavior – do you know of any resources/programs/services in your community that help with these issues? Are the services that are available adequate to meet the need? Are there different types of services that would be more appropriate or effective?
11. Do you and your family have somewhere or someone that you go to for routine medical care? When you go there, does anyone ever talk to you or provide you with information about the health issues we have been discussing – weight, exercise, healthy eating, tobacco, drug and alcohol use, sexual behavior? Do you think your primary care provider should ask you about these issues? Provide you with information? Help you to change your habits?

Health Concerns in the Community

12. Now let's talk about what about your community. Please tell me about the strengths/positives in your community.
13. 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?
14. Do you think that there is something about your community that contributes to people having these types of issues?
15. 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?
16. 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.

17. 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?
18. What do <u>you</u> think is the best/most effective way to begin to address these issues?
19. Considering the information that I just presented to you, along with your own experience with critical health needs here, which 1 or 2 of these health issues should be the priorities for addressing over the next three years?
20. 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*
21. 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.
22. 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?
23. Would these organizations or people be good leaders for addressing other health issues in the community? If not them, then who?
24. What should be done to ensure that children in your community finish their education and can find jobs?

Closing:

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

LISTENING SESSION GUIDE

I. Process Outline and Introductions (20 mins)

- Outline reason for conversation and how information will be used
- Table introductions with individuals identified as recorders
- Explain flow of discussion
    a. Explain and test use of audience response technology followed by small/large group discussion and report out (use of templates)

II. Warm up (5 mins)

Audience Response Technology Questions

- How long have you lived in this community
    A. Less than a year
    B. Between 1 - 5 years
    C. Between 6 - 10 years
    D. More than 10 years
- Do you/your family have health insurance?
    A. Yes and I am very happy with it
    B. Yes, but it does not cover all that I want /need
    C. Not now, but I had in the past
    D. No, I/we have never had health insurance
- Where do you go for your primary health care needs?
    A. My family doctor
    B. The hospital
    C. The health department
    D. Other

III. Health Assets (15 mins)

Small /Large Group Discussion (8 minutes for discussions, 7 minutes for report out)

- ***Make a list of the some of the key organizations, agencies, programs and resources helping to improve health (physical, mental, emotional and spiritual) in your community***

IV. Health issues (25 mins)

(Present summary data about the health of the community)

Audience Response Technology Questions (5 minutes)

- What are major health challenges/conditions facing infant and children in your community?
    A. Low birth weight
    B. Infant mortality
    C. Asthma
    D. Obesity
    E. Other
- What are the major health challenges/conditions facing teenaged youth/young adults?

A. Teenage pregnancy
B. Drug/substance abuse
C. Sexually transmitted diseases
D. Obesity
E. Other

- What are the major health challenges/conditions facing adults in your community?
  A. Diabetes
  B. Cardiovascular
  C. Sexually transmitted diseases including HIV
  D. Mental health conditions (including anxiety, depression etc.)
  E. Other
- What are the major health challenges facing seniors in your community?
  A. Cardiovascular Diseases (e.g. hypertension/stroke/heart attack)
  B. Diabetes
  C. Cancer
  D. Depression
  E. Other

Small /Large Group Discussion: (10 min discussion; 10 min for report out)

Reporter uses the template to pose the questions to table and records responses and themes from the discussion to share with room.

- *What were some of the other challenges identified for each life stage?*

- ***Agree as a group on the top five concerns that need to be addressed to improve health and wellbeing in your community.***

V. Health Improvement (25 mins)

Audience Response Technology Questions (5 minutes)

- How healthy is your community?
  A. Very healthy
  B. Healthy enough
  C. Not very healthy
  D. Extremely unhealthy
  E. I am not sure
- What is preventing your community not being as healthy as you want to be?
  A. Physical inactivity and poor nutrition
  B. Access of health care - insurance, transportation, language barriers
  C. Poverty and joblessness
  D. Low levels of educational attainment
  E. Other

Small /Large Group Discussion (10 minutes for discussion; 10 minutes for report out)

Reporter uses the template to pose the questions to table and records responses and themes from the discussion to share with room.

- *What were some of the other causes identified?*

- ***What do think might be effective solutions to addressing these issues in the community****?*
- *What additional recommendations would you make to health systems working to improve health in your community?*

VI. Health Education Topic Areas (10 minutes)

*Group responses recorded on a flip chart***.**

Large Group Discussion

- What should be the focus areas for health education programs at the new Mercy Care Clinic in the community?
- What types of services would you like to see provided?

Small Group Effort (10 minutes)

Here is an image of a community- think about what a healthy community looks like, what resources, services, infrastructure and services and other elements should be present. Using the picture provided add the things that you think would help to make your community healthier and address the health issues you raised.

Appendix E

Additional Secondary Data

2015 Community Need Index Scores for DeKalb County and Fulton County

Source: Truven Health Analytics

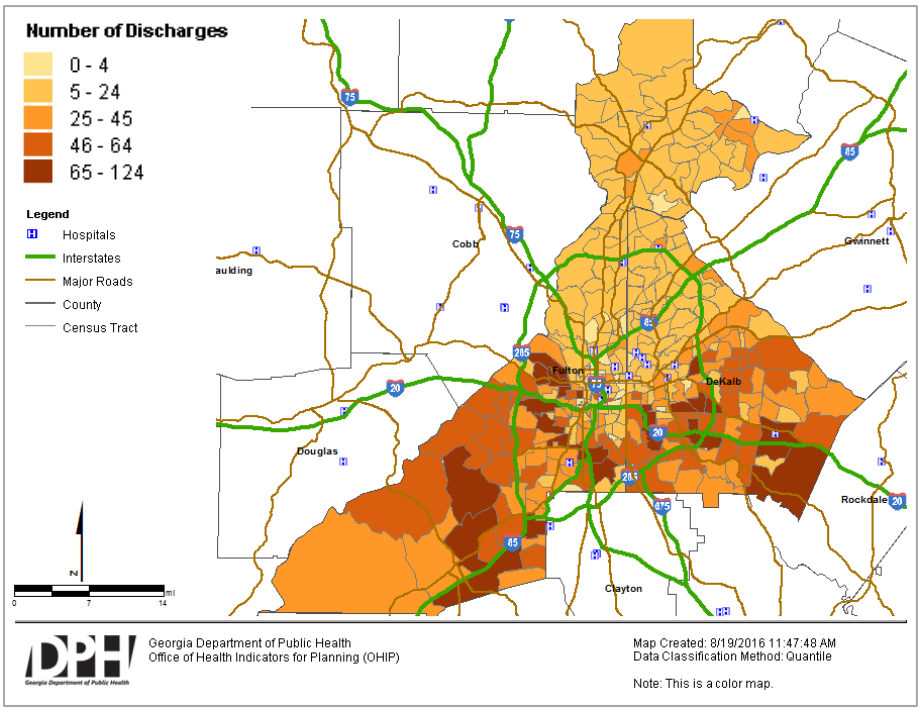
Geography			Income			Culture		Education	Insurance		Housing	Scores		
Zip	County	City	Pov. 65+	Pov. Child	Pov. Sing. w/kids	LES	Minority	No High School Diploma	Unemp.	Unins.	Renting	Change	2014 CNI Score	2015 CNI Score
30021	DeKalb	Clarkston	24%	51%	53%	20%	85%	28%	23%	29%	72%	0	5	**5.0**
30354	Fulton	Atlanta	19%	51%	63%	8%	88%	27%	22%	36%	61%	0.00	5.0	**5.0**
30315	Fulton	Atlanta	38%	56%	70%	3%	88%	26%	24%	42%	63%	0.00	5.0	**5.0**
30310	Fulton	Atlanta	37%	49%	58%	1%	94%	24%	22%	41%	61%	0.00	5.0	**5.0**
30314	Fulton	Atlanta	22%	51%	62%	0%	97%	22%	25%	39%	65%	0.00	5.0	**5.0**
30340	DeKalb	Atlanta	10%	38%	54%	23%	76%	29%	10%	22%	59%	0.20	4.8	**5.0**
30360	DeKalb	Atlanta	3%	33%	54%	20%	62%	23%	10%	17%	50%	0.20	4.6	**4.8**
30032	DeKalb	Decatur	20%	39%	50%	1%	88%	20%	22%	25%	48%	0.20	4.6	**4.8**
30311	Fulton	Atlanta	21%	49%	61%	3%	98%	20%	22%	35%	59%	0.00	4.8	**4.8**
30316	DeKalb	Atlanta	34%	31%	55%	2%	60%	16%	14%	23%	35%	0.00	4.8	**4.8**
30337	Fulton	Atlanta	15%	41%	62%	2%	86%	16%	19%	30%	67%	0.00	4.8	**4.8**
30318	Fulton	Atlanta	25%	40%	61%	3%	67%	16%	17%	29%	58%	0.00	4.8	**4.8**
30303	Fulton	Atlanta	31%	46%	56%	1%	61%	15%	17%	29%	73%	0.00	4.8	**4.8**
30344	Fulton	Atlanta	22%	39%	51%	4%	87%	17%	21%	26%	54%	0.00	4.6	**4.6**
30084	DeKalb	Tucker	8%	29%	51%	12%	57%	16%	11%	16%	34%	0.40	4.2	**4.6**
30329	DeKalb	Atlanta	14%	34%	48%	14%	58%	15%	7%	19%	72%	0.20	4.4	**4.6**
30079	DeKalb	Scottdale	12%	48%	67%	7%	64%	14%	21%	26%	53%	0.00	4.6	**4.6**
30312	Fulton	Atlanta	47%	34%	52%	1%	59%	12%	13%	26%	64%	0.00	4.6	**4.6**
30341	DeKalb	Atlanta	11%	25%	40%	18%	62%	20%	8%	16%	57%	0.40	4.0	**4.4**
30291	Fulton	Union City	9%	28%	39%	2%	94%	16%	17%	19%	49%	-0.20	4.6	**4.4**
30035	DeKalb	Decatur	24%	26%	38%	2%	97%	15%	20%	21%	44%	0.20	4.2	**4.4**
30313	Fulton	Atlanta	35%	41%	46%	1%	58%	12%	20%	31%	77%	-0.40	4.8	**4.4**
30002	DeKalb	Avondale Estates	6%	29%	47%	3%	51%	12%	20%	26%	50%	0.00	4.4	**4.4**
30083	DeKalb	Stone Mountain	16%	35%	47%	4%	89%	12%	20%	21%	49%	0.00	4.4	**4.4**
30349	Fulton	Atlanta	8%	26%	44%	1%	97%	10%	16%	19%	41%	0.40	4.0	**4.4**
30317	DeKalb	Atlanta	31%	18%	34%	1%	51%	13%	11%	23%	40%	0.20	4.2	**4.2**
30308	Fulton	Atlanta	36%	40%	64%	1%	49%	6%	12%	21%	67%	0.00	4.2	**4.2**
30345	DeKalb	Atlanta	14%	22%	25%	12%	49%	13%	8%	16%	47%	0.20	3.8	**4.0**
30213	Fulton	Fairburn	9%	20%	33%	2%	90%	12%	16%	15%	30%	0.20	3.8	**4.0**
30331	Fulton	Atlanta	12%	24%	35%	1%	98%	10%	17%	21%	45%	-0.20	4.2	**4.0**
30058	DeKalb	Lithonia	20%	22%	32%	1%	97%	10%	18%	16%	35%	0.00	4.0	**4.0**
30336	Fulton	Atlanta	7%	23%	39%	3%	98%	9%	14%	22%	48%	0.00	4.0	**4.0**
30324	Fulton	Atlanta	18%	20%	49%	9%	48%	8%	9%	15%	68%	0.20	3.8	**4.0**

Geography			Income			Culture		Education	Insurance		Housing	Scores		
Zip	County	City	Pov. 65+	Pov. Child	Pov. Sing. w/kids	LES	Minority	No High School Diploma	Unemp.	Unins.	Renting	Change	2014 CNI Score	2015 CNI Score
30038	DeKalb	Lithonia	26%	20%	30%	0%	97%	8%	17%	17%	39%	0.40	3.6	**4.0**
30268	Fulton	Palmetto	5%	17%	36%	3%	57%	13%	13%	13%	29%	0.00	3.8	**3.8**
30034	DeKalb	Decatur	13%	26%	40%	1%	98%	9%	19%	17%	32%	0.00	3.8	**3.8**
30033	DeKalb	Decatur	10%	21%	47%	5%	36%	7%	9%	18%	43%	0.40	3.4	**3.8**
30305	Fulton	Atlanta	18%	11%	54%	2%	21%	3%	8%	18%	46%	0.20	3.6	**3.8**
30342	Fulton	Atlanta	8%	10%	30%	7%	42%	9%	6%	11%	52%	-0.20	3.8	**3.6**
30319	DeKalb	Atlanta	15%	20%	44%	9%	32%	9%	6%	13%	47%	0.00	3.6	**3.6**
30088	DeKalb	Stone Mountain	7%	17%	28%	1%	96%	8%	20%	13%	34%	0.00	3.6	**3.6**
30030	DeKalb	Decatur	17%	18%	37%	3%	27%	7%	10%	21%	40%	0.00	3.6	**3.6**
30350	Fulton	Atlanta	8%	15%	35%	4%	53%	6%	8%	14%	65%	0.20	3.4	**3.6**
30346	DeKalb	Atlanta	27%	21%	27%	4%	52%	2%	9%	17%	84%	0.00	3.6	**3.6**
30294	DeKalb	Ellenwood	9%	15%	28%	3%	91%	12%	16%	15%	17%	0.20	3.2	**3.4**
30076	Fulton	Roswell	6%	11%	18%	9%	45%	10%	8%	10%	40%	0.00	3.4	**3.4**
30363	Fulton	Atlanta	16%	2%	0%	3%	58%	4%	10%	21%	78%	0.00	3.4	**3.4**
30307	DeKalb	Atlanta	10%	12%	36%	1%	21%	4%	6%	11%	41%	-0.20	3.6	**3.4**
30322	DeKalb	Atlanta	15%	7%	0%	1%	28%	4%	12%	29%	93%	0.00	3.2	**3.2**
30309	Fulton	Atlanta	12%	6%	24%	1%	33%	3%	6%	13%	57%	0.00	3.2	**3.2**
30009	Fulton	Alpharetta	11%	7%	20%	5%	40%	5%	5%	8%	48%	0.00	3.0	**3.0**
30328	Fulton	Atlanta	6%	7%	16%	3%	35%	4%	7%	12%	42%	0.00	3.0	**3.0**
30338	DeKalb	Atlanta	2%	11%	34%	2%	32%	4%	7%	9%	42%	0.00	3.0	**3.0**
30097	Fulton	Duluth	11%	8%	26%	9%	58%	4%	8%	9%	26%	0.00	3.0	**3.0**
30326	Fulton	Atlanta	4%	3%	15%	1%	26%	2%	4%	8%	55%	0.20	2.6	**2.8**
30087	DeKalb	Stone Mountain	7%	18%	28%	2%	73%	6%	16%	11%	16%	0.00	2.6	**2.6**
30022	Fulton	Alpharetta	5%	4%	13%	4%	37%	4%	8%	6%	26%	0.20	2.4	**2.6**
30306	Fulton	Atlanta	11%	6%	19%	1%	15%	3%	5%	10%	48%	0.00	2.6	**2.6**
30005	Fulton	Alpharetta	11%	3%	13%	3%	41%	3%	6%	5%	28%	0.00	2.6	**2.6**
30004	Fulton	Alpharetta	7%	7%	27%	2%	34%	4%	6%	6%	22%	0.00	2.4	**2.4**
30075	Fulton	Roswell	6%	6%	21%	3%	22%	4%	8%	8%	19%	0.00	2.2	**2.2**
30327	Fulton	Atlanta	7%	7%	21%	1%	16%	2%	7%	8%	25%	-0.20	2.4	**2.2**
DeKalb Total			**15%**	**25%**	**40%**	**6%**	**70%**	**13%**	**14%**	**18%**	**42%**	**0.20**	**3.9**	**4.1**
Fulton Total			**14%**	**21%**	**37%**	**3%**	**60%**	**10%**	**12%**	**18%**	**45%**	**0.10**	**3.6**	**3.7**

The following maps of Fulton and DeKalb Counties display:

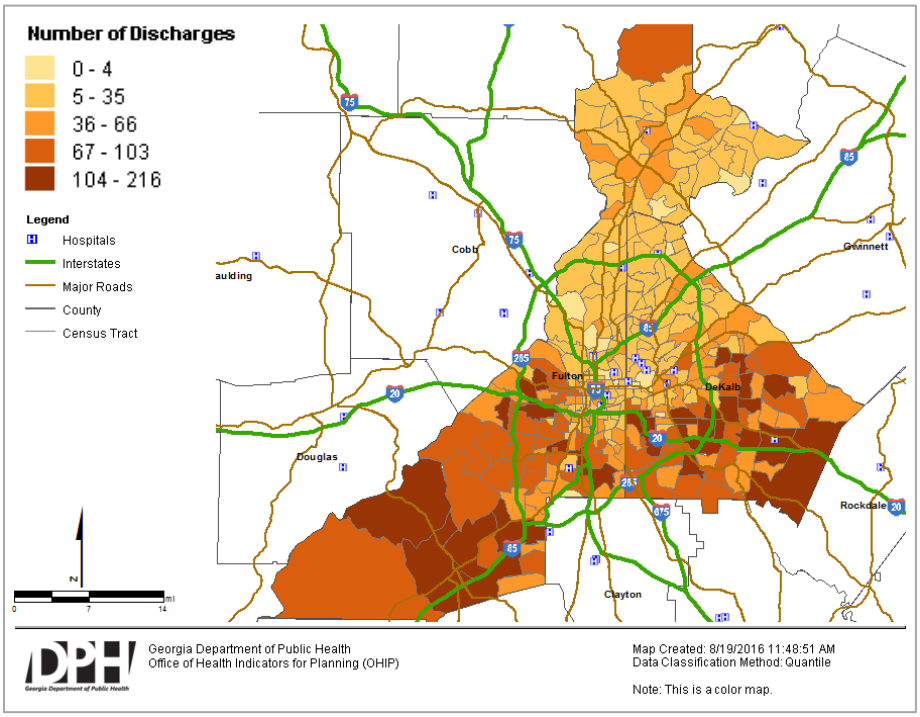
- Asthma Discharges by Census Tract, 2010-14
- Diabetes Discharges by Census Tract, 2010-14
- Percentage of Deaths from Diabetes by Census Tract, 2006-16
- Percentage of Discharges from Heart Disease by Census Tract, 2010-14
- Percentage of Deaths from Heart Disease by Census Tract, 2011-15
- Percentage of Discharges from Stroke by Census Tract, 2010-14
- Percentage of Deaths from Stroke by Census Tract, 2006-15
- Cancer Discharges by Census Tract, 2010-14
- Cancer Deaths by Census Tract, 2010-14
- Population by Census Tract, 2010-14
- Percentage of Deaths from External Causes by Census Tract, 2010-14
- Percentage of ED Visits from Unintentional External Causes by Census Tract, 2010-14
- Percentage of ED Visits from Intentional External Causes by Census Tract, 2010-14
- Walking Crash Rate Relative to Estimated Miles Walked by Census Tract, 2012-14

Figure 12: Asthma Discharges by Census Tract, 2010-14



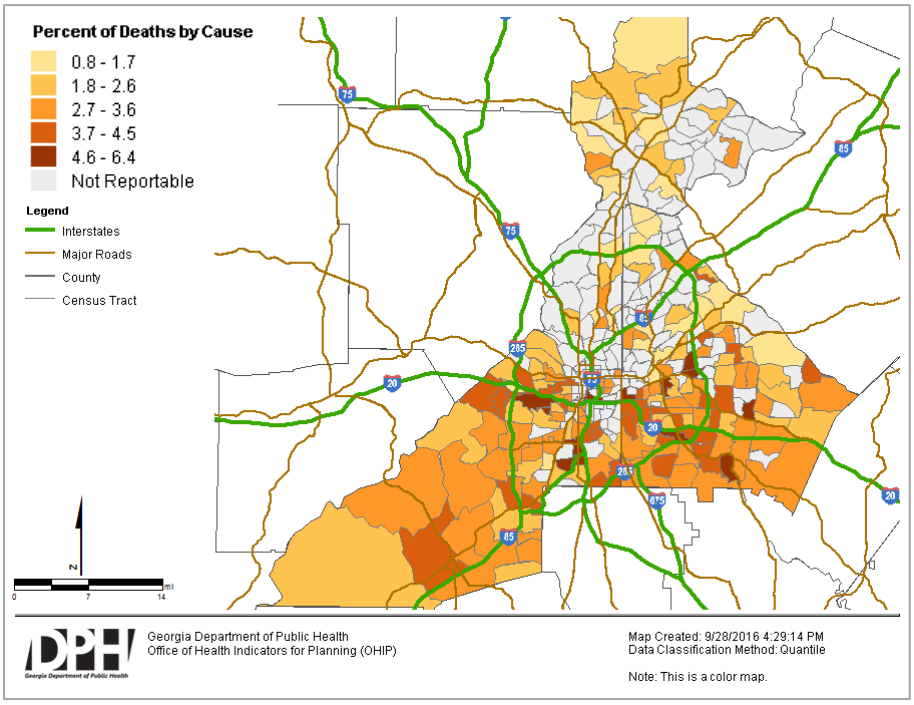
Georgia Department of Public Health, Online Analytical Statistical Information System

Figure 13: Diabetes Discharges by Census Tract, 2010-14



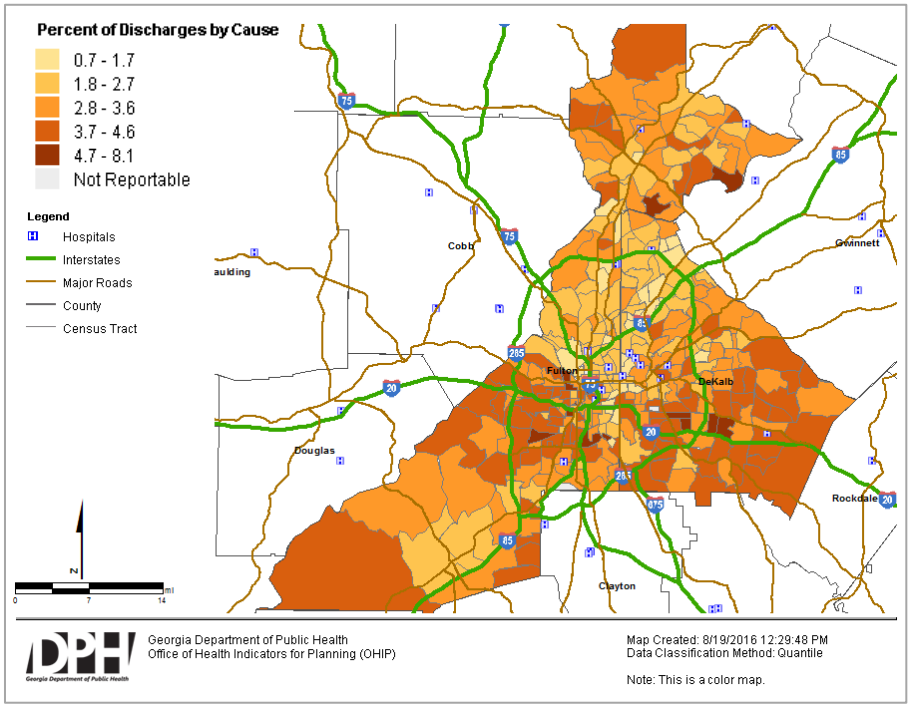
Georgia Department of Public Health, Online Analytical Statistical Information System

Figure 14: Percentage of Deaths from Diabetes by Census Tract, 2006-15



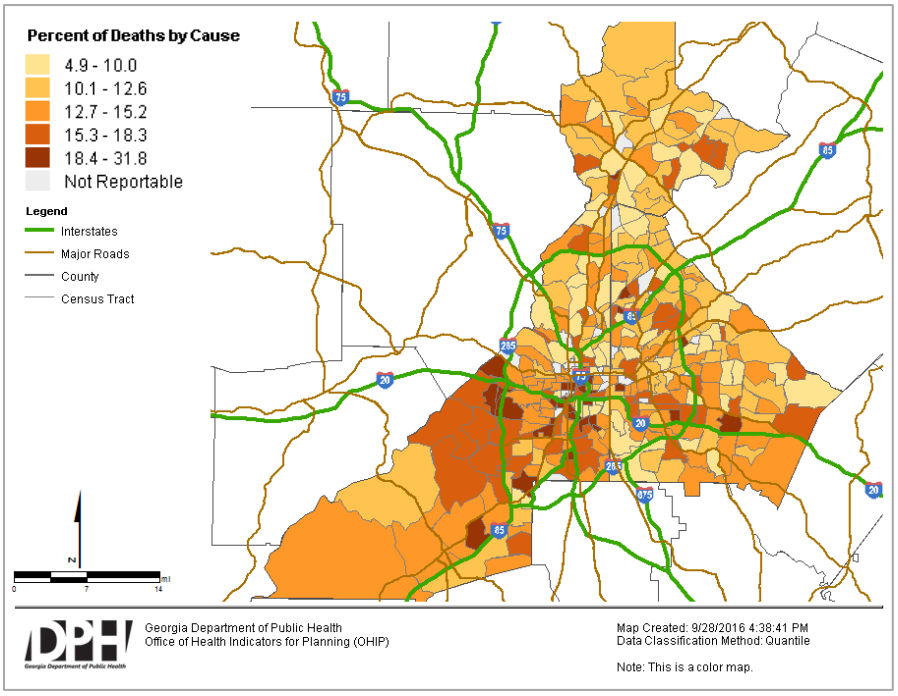
Georgia Department of Public Health, Online Analytical Statistical Information System

Figure 15: Percentage of Discharges from Heart Disease by Census Tract, 2010-14



Georgia Department of Public Health, Online Analytical Statistical Information System

Figure 16: Percentage of Deaths from Heart Disease by Census Tract, 2011-15



Georgia Department of Public Health, Online Analytical Statistical Information System

Figure 17: Percentage of Discharges from Stroke by Census Tract, 2010-14

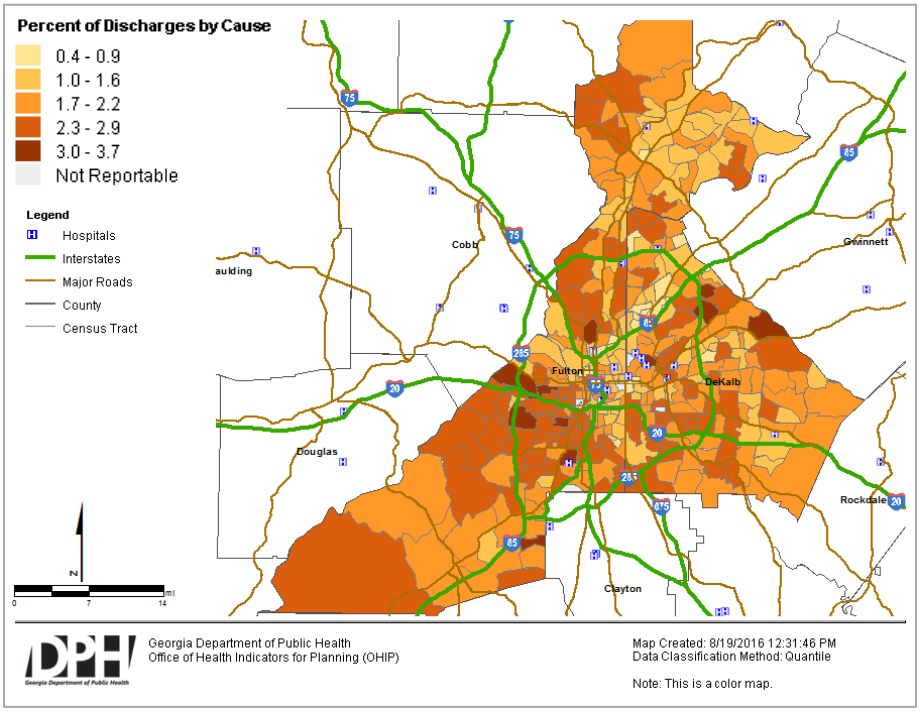


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Figure 18: Percentage of Deaths from Stroke by Census Tract, 2006-15

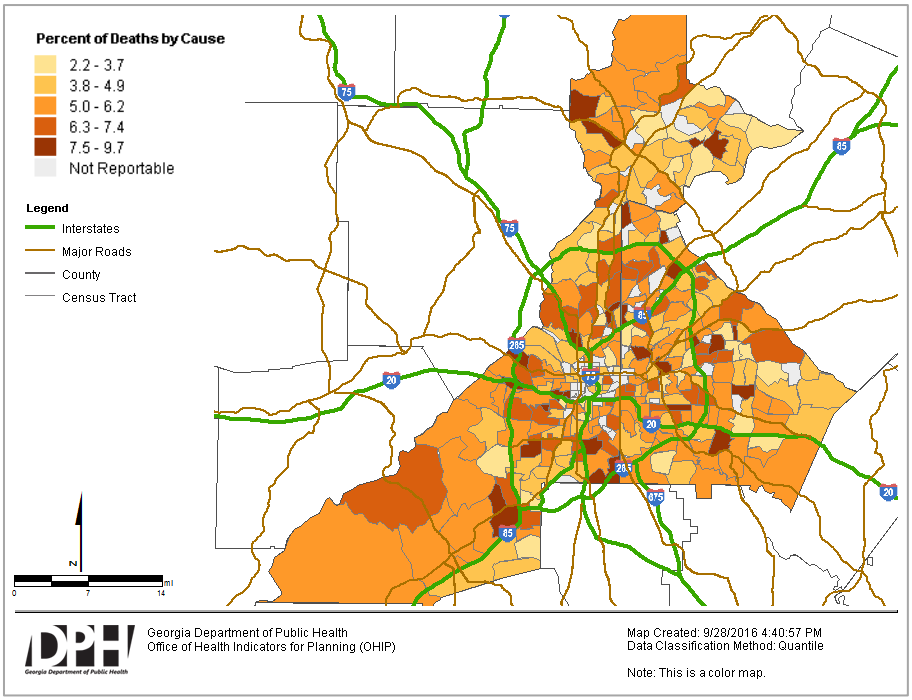

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Figure 19: Cancer Discharges by Census Tract, 2010-14

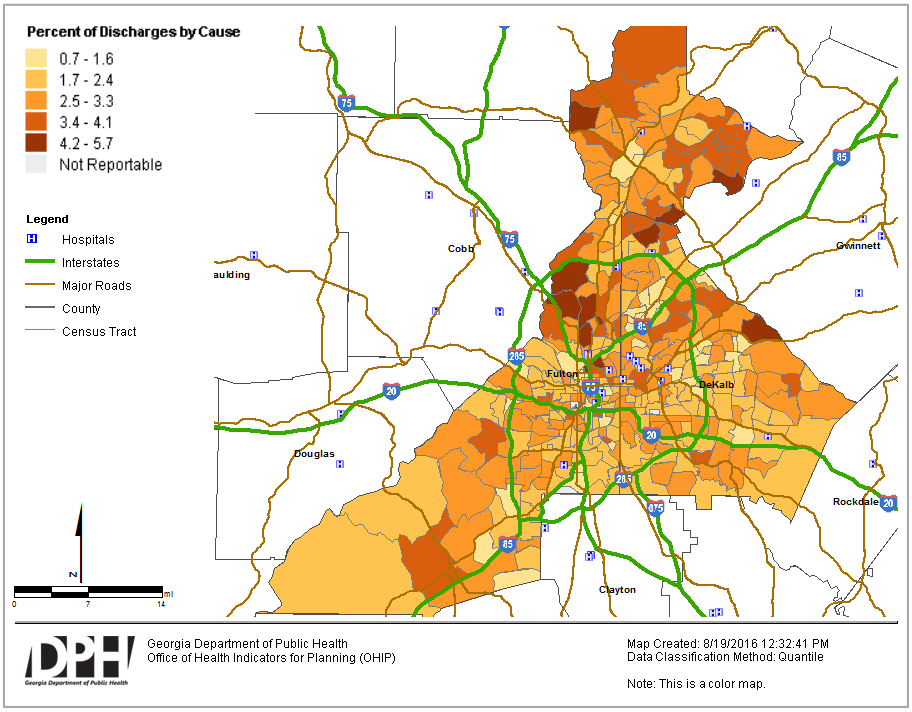

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Figure 20: Cancer Deaths by Census Tract, 2010-14

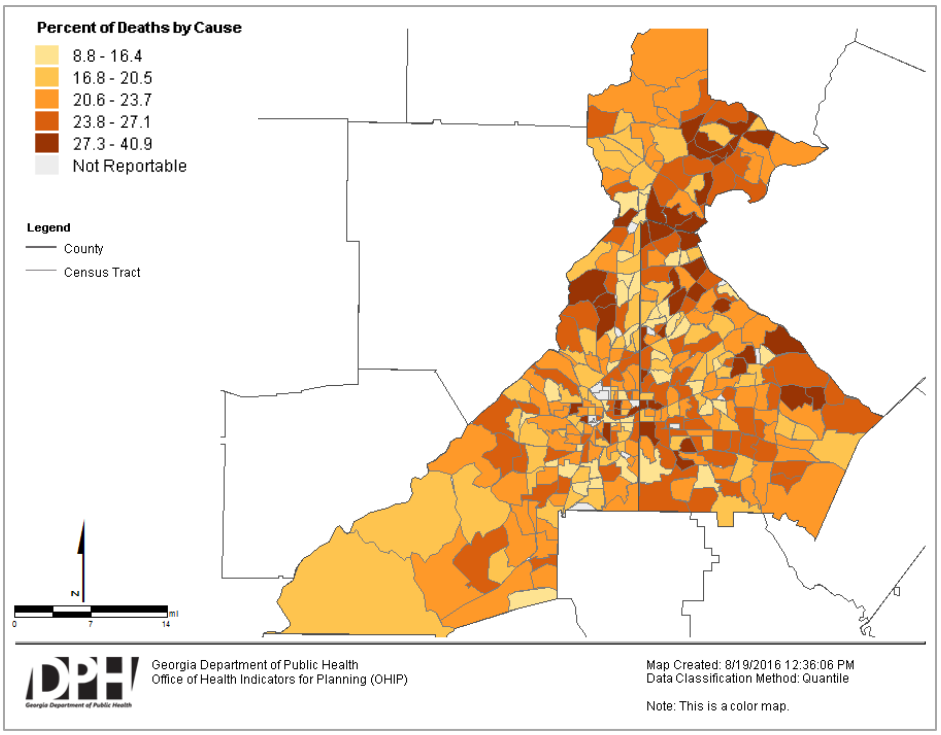

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Figure 21: Population by Census Tract, 2010-14

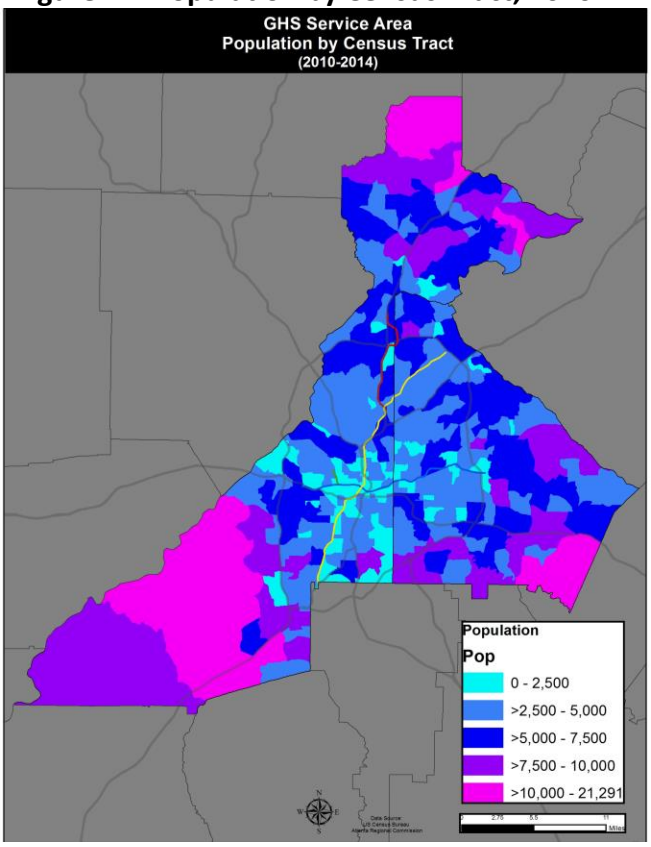

Figure 22: Percentage of Deaths from External Causes by Census Tract – Fulton and DeKalb Counties 2010-14

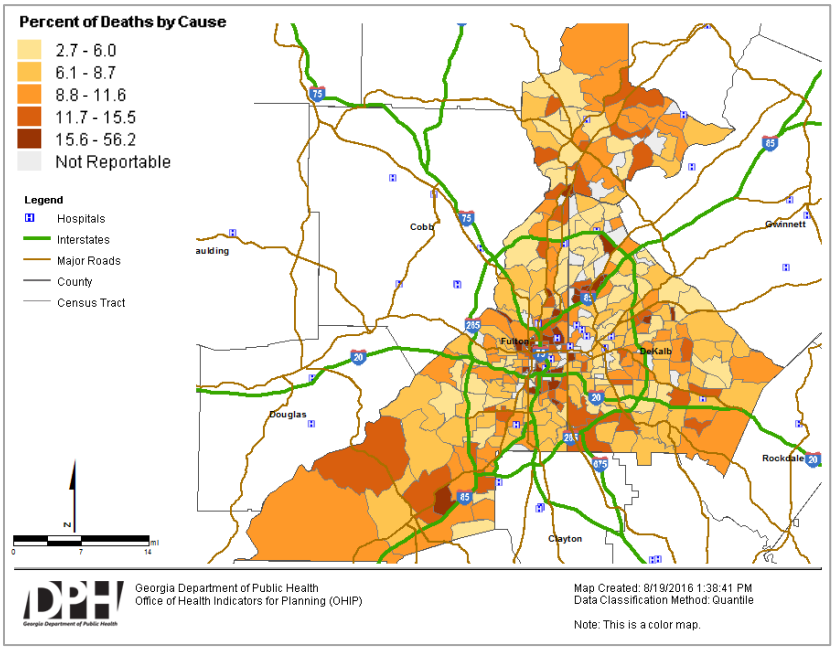

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Figure 23: Percentage of ED Visits from Unintentional External Causes by Census Tract, 2010-14

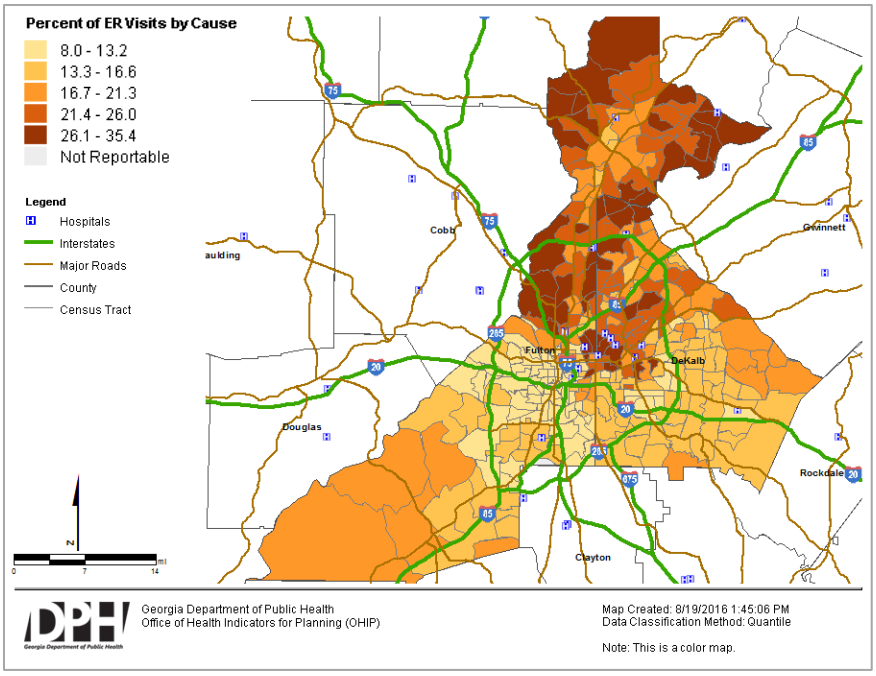

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Figure 24: Percentage of ED Visits from Intentional External Causes by Census Tract, 2010-14

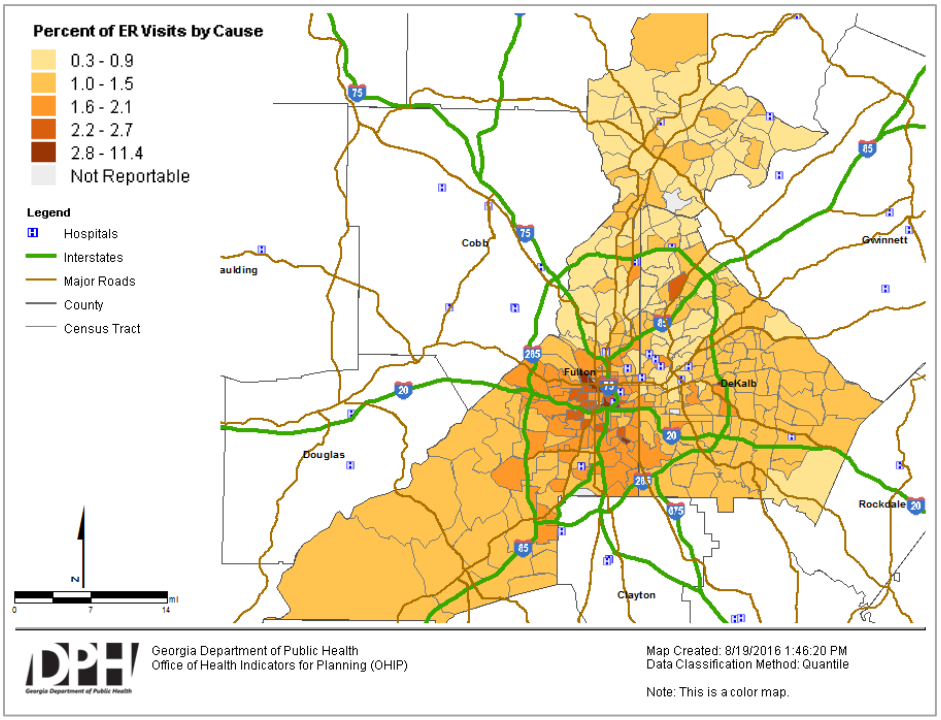

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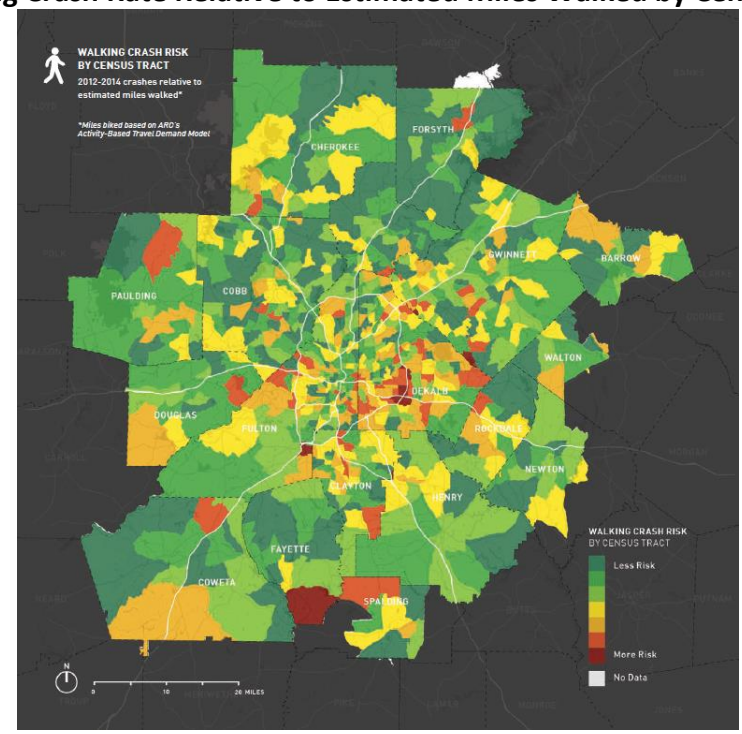
Figure 25: Walking Crash Rate Relative to Estimated Miles Walked by Census Tract, 2012-14



Atlanta Regional Commission

Appendix F

2013 Implementation Strategy Report

Community Health Needs

The 2013 Community Health Needs Assessment (CHNA) and the Implementation Strategy were conducted in compliance with Patient Protection and Affordable Care Act (ACA) federal requirements. Since GHS is part of the Atlanta Regional Collaborative for Health Improvement (ARCHI), data collection, analysis, and community engagement activities were in consort with ARCHI. Upon review of the data, health needs were prioritized based on magnitude (scale of health problem), severity, Grady assets, and ability to leverage within existing programs or partnerships. Within the ARCHI priority areas, Grady identified the following priority health needs among the DeKalb and Fulton county populations.

Coordinated Care	Healthy Behaviors	Health Insurance
Diabetes	Obesity/Diabetes	Access to Care
Prostate Cancer	Hypertension, Heart Attack and Stroke	
Hypertension, Heart Attack and Stroke	HIV/AIDS	
HIV/AIDS	Injuries	

Grady identified Obesity, Diabetes, Heart Disease, Stroke and Hypertension, as well as HIV/AIDS, as the top priorities under Coordinated Patient Care and Encouraging Healthy Behaviors based on, in part, the large number of persons that are impacted by these conditions and the health system's ability to make an impact.

The 2013 CHNA estimated that 24 percent of Fulton and DeKalb residents were obese, and approximately 9 percent of adults had been diagnosed with diabetes. The incidence rate of prostate cancer in Fulton and DeKalb counties was 211 per of 100,000 adult males, significantly higher than state (165) and US (144) rates. The average HIV prevalence rate in Fulton and DeKalb counties was 1,119 per 100,000 population, also significantly higher than state (443) and US (309) rates.

In addition to the number of persons impacted, the aforementioned chronic conditions can be prevented and managed through increased physical activity and improved disease management. Therefore, supporting policies and programs that will increase access to care and impact behaviors may reduce the risks associated with these chronic diseases and improve outcomes.

Of significance among injury related conditions, homicide death rates were 13.9 and 12.4 per 100,000 population for DeKalb and Fulton Counties, respectively, nearly double that of the statewide rate of 7.2. As a major trauma center, GHS receives many of these patients.

Grady identified Access to Care as the area of intervention under Health Insurance Coverage, because of the large percentage of uninsured population in the GHS service region. Lack of insurance is a key

driver of health. It is a primary barrier to healthcare access and contributes to poor health status. An estimated 20 percent of the population of Fulton and DeKalb was uninsured.

Implementation Strategy

Given the commitment to evidence-based approaches, achievable results, and the opportunity to leverage Grady assets and partnerships, the GHS Executive Planning Council used the ARCHI Playbook[19] and the Guide to Community Preventive Services to develop key strategies to address the selected health needs. The strategies included in the final Implementation Strategy adopted by Grady in 2014 are listed in the table below.

2014-2016 Implementation Strategy

Coordinated Care	• Collaborate with partners to promote and support improved Care Transitions Programs and the use of patient navigators to ensure adequate and appropriate patient follow-up, monitoring, and care and reduce readmissions particularly in at-risk and vulnerable populations. • Implement Safety Net Medical Home (SNMH) model focused on the use of patient care/treatment protocols and lay health workers to improve disease management and control and reduce the likelihood of hospital admissions.
Health Insurance	• Support navigator efforts to increase enrollment of uninsured and disadvantaged populations in the health insurance exchange. • Support outreach efforts to enroll eligible individuals in Medicaid and PeachCare.
Healthy Behaviors	• Collaborate with key public health and community based organizations to promote HIV/AIDS prevention. • Collaborate with key partners including Parks & Recreation, YMCA, Senior Centers, others to promote and facilitate policies and programs that result in increased physical activity. • Partner with key education and community based organizations to promote homicide prevention and reduce unintended injuries.

Evaluating the Impact

As a result of strategic investments and partnerships, Grady has directly impacted the health of thousands of patients and community members through health insurance enrollment, health education and improved care processes for patients with chronic diseases, among other activities. The following tables provide an overview of the actions Grady has taken from 2014 through 2016 (August/September). Each table also contains specific measures for each action and the impact of the collective action. Although many of the same health needs were identified in the 2016 CHNA and will continue to be priority areas for the next Implementation Strategy, Grady successfully implemented each of the strategies outlined in the 2014-2016 plan, and we have begun to move the needle on the health outcomes in our community.

[19] http://www.archicollaborative.org/archi_playbook.pdf

Coordinated Care	
Health Need	Effective and efficient patient care coordination among persons served by the Grady Health System
Goal	Improved coordination of care for patients in Fulton & DeKalb Counties with the following conditions of interest: **Diabetes, Hypertension/Heart Attack/Stroke, Prostate Cancer, and HIV/AIDS**

Strategy #1 Collaborate with partners to promote and support improved Care Transitions Programs and the use of patient navigators to ensure adequate and appropriate patient follow-up, monitoring, and care and reduce readmissions particularly in at-risk and vulnerable populations

Action	Measurement	Impact
Implemented the CareLink EMR module to extend patient information to the federally qualified health centers (FQHCs) and post-acute partners	>8 partners engaged in EMR data sharing	Increased data sharing between Grady and other clinical providers. Increased number of lay health workers and patient navigators
In partnership with United Way and FQHCs, implemented a community health worker program targeting individuals with high risk of re-admission	6 – 10 community health workers >200 patients served	Improved adherence to medication and other medical management
Developed a community health worker and telehealth program to improve care management of congestive heart failure patients		Reduction in complications due to conditions of interest
Opened updated and expanded urology services		Increase in appropriate screenings and primary care visits for high risk and low income populations
Served on the Atlanta Regional Collaborative for Health Improvement (ARCHI) Steering Committee	>50 new ARCHI partners since 2014	Decreased emergency room visits for non-urgent health issues
In partnership with ARCHI, launched the Tri-Cities Community Pilot Project and participated on the care coordination team to integrate Grady's East Point health center	6 partners engaged in Tri-Cities care coordination	Increased collaboration among health care providers in Atlanta
Mobilized an EMS team to conduct home visits to frequent users of 911		

Strategy #2 Implement Safety Net Medical Home (SNMH) model focused on the use of patient care/treatment protocols and lay health workers to improve disease management and control and reduce the likelihood of hospital admissions

Action	Measurement	Impact
Earned and maintained Level III Patient Centered Medical Home (PCMH) certification at all neighborhood health centers	6 primary care centers earned and maintained PCMH certification	Improved clinical provider adherence to best practices and treatment guidelines for conditions of interest
Utilized EMR to implement best practice alerts in support of greater vaccination rates, prevention/ depression screenings, and care plan protocols	Primary Care volume grew from 144,580 visits in 2013 to 159,639 visits in 2015	Increased provider capacity at neighborhood health centers

Health Insurance Coverage	
Health Need	Increased opportunities among persons served by the Grady Health System to access appropriate healthcare services
Goal	Increased insurance coverage among persons served by the Grady Health System

Strategy #1 Support navigator efforts to increase enrollment of uninsured and disadvantaged populations in the health insurance exchange

Action	Measurement	Impact
Partnered with Seedco and RING for patient navigators and patient education, respectively Hired Seedco navigators after the grant expired in 2015 Three financial counseling representatives became Certified Application Counselors (CACs) to assist patients during the open enrollment periods (OEP) Partnered with Enroll America to assist Fulton and DeKalb county residents with Exchange enrollment	2 of navigators through Seedco; multiple navigators through other partners 3 CACs 2015 Enroll America outreach resulted in: • 1,121 uninsured residents being contacted • 502 being scheduled for in-person assistance 490 individuals enrolled in Exchange insurance: • 217 during OEP2 (2014/2015) • 273 during OEP3 (2015/2016)	Increased number of the Fulton/DeKalb residents with health insurance Increased number of exchange navigators/CACs Increased awareness of Exchange requirements and enrollment process

Strategy #2 Support outreach efforts to enroll eligible individuals in Medicaid and PeachCare

Action	Measurement	Impact
Provided education and support to assess patient eligibility for Medicaid or PeachCare Facilitated uninsured patients through the application process to ensure access Led advocacy efforts for Medicaid expansion in Georgia Participated in the Georgia Chamber's Healthcare Access Task Force to develop policy proposals to expand healthcare access for Georgians	16,075 individuals approved for Medicaid: • 3,430 in 2014 • 8,662 in 2015 • 3,965 in 2016 (January – August) 3 policy proposals developed by the Chamber's Task Force	Increased number of the Fulton/DeKalb residents with health insurance Increased awareness of Medicaid/PeachCare requirements and enrollment process Increased collaboration and buy-in among partners statewide to expand healthcare access

Healthy Behaviors: HIV/STD Prevention			
Health Need	Improved sexual health in high risk populations living the DeKalb and Fulton Communities		
Goal	Increased messaging to high risk populations to reduce the prevalence of HIV and AIDS		
Strategy	Collaborate with key public health and community based organizations to promote HIV/AIDS prevention		
Action		**Measurement**	**Impact**
Continued operating the largest HIV program in Georgia, treating approximately 25% of people living with HIV in the state In accordance with CDC guidelines, increased the treatment to all HIV positive patients, regardless of CD4 cell counts		5,800 people receiving treatment Partner with AID Atlanta for care coordination	Reduced risk of HIV transmission Reduced number of AIDS cases

Healthy Behaviors: Injury & Violence Prevention			
Health Need	Reduced risk of homicide and injury in target populations in Fulton and DeKalb counties		
Goal	Increased homicide and injury prevention messaging and education to high-risk populations		
Strategy	Partner with key education and community based organizations to promote homicide prevention and reduce unintended injuries		
Action		**Measurement**	**Impact**
Facilitated injury prevention presentations and educational activities across the state about: • safe driving • fall prevention • violence prevention • child physical abuse prevention • general trauma awareness		64 injury prevention events 2,500+ individuals reached including teens, parents, older adults, nurses, doctors, EMS providers and leadership 10+ partners including CDC, Shepherd Center, Georgia Dept. of Public Health, Children's Healthcare of Atlanta, Atlanta Public Schools, DeKalb School System, Georgia EMS, Latin American Association, US MedClinic, and local senior centers	Increased awareness and knowledge of injury risk and preventive behaviors

Healthy Behaviors: Chronic Disease Prevention			
Health Need	Evidence based interventions aimed at reducing obesity in residents of DeKalb and Fulton		
Goal	Increased levels of Physical Activity (PA) in adult residents of DeKalb and Fulton counties		
Strategy	Collaborate with key partners including Parks & Recreation, YMCA, Senior Centers, others to promote and facilitate policies and programs that result in increased physical activity		
Action		**Measurement**	**Impact**
Partnered with the Atlanta BeltLine to increase access to safe parks, walk/run/bike pathways and access to health education. Served on the Beltline Health Steering Committee.		5+ partners including the Atlanta Beltline Partnership, Kaiser Permanente, Morehouse School of Medicine, Fulton County Department of Health and Wellness	Increased access to parks and trails throughout DeKalb and Fulton counties Increased opportunities for physical activity and health education for residents through BeltLine health programming