



**2022**

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

**WELLSTAR NORTH FULTON HOSPITAL**



**Wellstar**

More than healthcare.

**PEOPLECARE**



## Wellstar North Fulton Hospital

EIN: 81-0851756  
3000 Hospital Blvd.  
Roswell, GA 30076

Wellstar North Fulton Hospital is a 202-bed facility located in Roswell, Georgia. North Fulton is recognized for its Accredited Cancer Program and Primary Stroke Center designations and for being one of only three state-designated Level II Trauma Centers in metro Atlanta. North Fulton Hospital is known for providing a continuum of services through its centers and programs, including neurosciences, pain management, cardiology, women's services, rehabilitation, surgical services and oncology. With this combination of commitment and expertise, North

Fulton Hospital caters services to the unique healthcare needs of all patients in the north Fulton area.

Wellstar North Fulton Hospital is a proud member of the Wellstar Health System. Wellstar, the largest health system in Georgia, is known nationally for its innovative care models and is focused on improved quality and access to healthcare. Wellstar is dedicated to reinvesting back into the community with innovative treatments and state-of-the-art technology and facilities. Its vision is to deliver world-class healthcare.



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This report utilizes a data-driven approach to better understand, identify and prioritize the health needs of the community served by Wellstar North Fulton Hospital, a not-for-profit hospital under the Internal Revenue Code (IRC) Section 501(r).

The 2010 Affordable Care Act (ACA) requires all not-for-profit hospitals to complete a community health needs assessment (CHNA) and implementation plan every three years to better meet the health needs of under-resourced populations living in the communities they serve. What follows is a comprehensive CHNA that meets industry standards, including Internal Revenue Service regulations set forth in the Additional Requirements for Charitable Hospitals section of IRC 501(r).

A digital copy of this CHNA is publicly available: [www.wellstar.org/chna](http://www.wellstar.org/chna)

Date CHNA adopted by the Wellstar board of trustees: **June 2, 2022**

Community input is encouraged. Please address CHNA feedback to [chna@wellstar.org](mailto:chna@wellstar.org)



# PEOPLECARE

IDENTIFYING HEALTH NEEDS

# EXECUTIVESUMMARY

Wellstar partnered with the Georgia Health Policy Center to complete a comprehensive CHNA process, which included synthesis of:



As in previous years, Wellstar North Fulton Hospital worked with community and hospital leaders to identify the top community health needs. Like in the 2019 assessment, the primary focus of data collection for this assessment was on under-resourced, high-need and medically underserved populations living in 17 zip codes concentrated in the primary service area of Cherokee, Forsyth, and Fulton counties. Some noticeable differences between the 2019 assessment and this one are:

- The footprint of the service area has changed, with zip codes 30328 (Fulton County) and 30096 (Gwinnett County) being replaced by 30114 (Cherokee County) and 30068 (Cobb County), and the counties included in this assessment decreased from eight to three (Cherokee, Cobb and Fulton).
- The prioritization process was different due to COVID-19, with community leaders identifying top needs during interviews instead of a large community convening. As a result, the number of health needs has grown (from 4 in 2019 to 6 in 2021).
- The COVID-19 pandemic has had an impact on all health needs – disproportionately affecting historically disadvantaged groups.
- Comparisons are made between the 2019 and 2022 assessment when possible.
- The primary and secondary data have been updated and more data have been included when available.

Data from Cherokee, Fulton, and Forsyth counties were reviewed. County Health Rankings & Roadmaps was used to gauge counties' overall health. (Rankings are in relation to 159 counties in Georgia, and a lower score indicates better health with the county with the best health scoring number 1). Fulton County ranks lower than Cherokee and Forsyth on all indicators except for clinical care. Compared to Cherokee and Forsyth counties, Fulton County ranks the lowest in social and economic factors as well as the physical environment (County Health Rankings, 2021) (*Table 1*). Forsyth County ranks the best in most indicators related to the length of life and beneficial health behaviors. Cherokee County ranks worst in clinical care (County Health Rankings, 2021).

**Table 1 | County Health Rankings (2021)**

	Health Outcomes	Health Factors	Length of Life	Quality of Life	Health Behaviors	Clinical Care	Social & Economic Factors	Physical Environment
Cherokee	3	6	4	4	5	18	4	101
Forsyth	2	3	1	2	1	6	2	51
Fulton	11	12	12	13	6	4	32	143

Source: County Health Rankings & Roadmaps

## 2021 Community Health Needs

This report provides a detailed overview of the 2022 health needs for Wellstar North Fulton Hospital (Table 2). When compared to 2019, the 2022 community health needs are broader in focus and take into consideration the long-term impact of the global pandemic. The 2019 community health needs did not change and are included in the newly stated 2022 community health needs.

**Table 2 | 2019 and 2022 Comparison of Community Health Needs**

2019 Community Health Needs	2022 Community Health Needs
<p><b>Wellstar North Fulton Hospital</b></p> <ol style="list-style-type: none"> <li>1. Access to appropriate care</li> <li>2. Behavioral health</li> <li>3. Parental education and support</li> <li>4. Overuse and abuse of opioids</li> </ol>	<p><b>Needs common to all hospitals in Wellstar Health System</b></p> <ol style="list-style-type: none"> <li>1. Access to appropriate healthcare</li> <li>2. Behavioral health</li> <li>3. Maternal and child health</li> <li>4. Healthy living (<i>including access to food, physical activity and chronic disease prevention and management</i>)</li> <li>5. Housing</li> <li>6. Poverty</li> </ol> <hr/> <p><b>Additional needs in the Wellstar North Fulton Hospital service area</b></p> <ol style="list-style-type: none"> <li>7. Cancer</li> <li>8. Sexually transmitted diseases (HIV/AIDS and STIs)</li> <li>9. Violence and crime</li> <li>10. Education</li> <li>11. Culturally competent services</li> </ol>

In general, the community residents served by Wellstar North Fulton Hospital are higher-income earning and more diverse than is average for the state. Fulton County has a larger population of Black residents. Forsyth has a larger Asian population. When the data were disaggregated by race, ethnicity, and income, it was clear that these social determinants impacted health status. For example, income is lower in single-parent homes. When compared to Forsyth and Fulton counties, the number of single-parent families is on the rise in Cherokee County. In the service area, poverty rates were 21.7% for Black residents and 19.7% for Hispanic, while rates for White and Asian residents were within 6%. It should read that Hispanic and Black residents are three times more likely to be in poverty than their White and Asian counterparts. These trends have been consistent over time. (Other social determinants explored in the report are housing and education.)

Secondary data from 2019 and 2020 show that the social determinants were improving in many areas served by North Fulton Hospital before the global pandemic. For example, insurance rates, employment rates, and wages were all increasing prior to the global pandemic. Unfortunately, data are not available to depict the impact of the global pandemic on community health, health outcomes, or the social determinants of health because most



data available when this report was authored are from 2019 or 2020 (just as the pandemic was getting started). Community leaders and residents note that many of the most vulnerable populations were heavily impacted, including:

- People of color, particularly Black, Hispanic, and Indigenous communities,
- New American communities and those with limited English-speaking skills, including people without legal documentation and refugees,
- Members of the LGBTQ+ community, particularly students,
- Lower socioeconomic status individuals, particularly single-parent families,
- Individuals with pre-existing chronic conditions,
- Especially older residents,
- Those experiencing homelessness or at risk of experiencing homelessness (e.g., housing cost-burdened renters),
- Residents in rural communities,
- Households without access to reliable broadband internet, and
- Residents from zip codes 30076 and 30114.

These are the same populations that data has shown consistently experience more barriers to good health, higher disease burden, and higher incidence of premature death in the North Fulton Hospital service area, including those noted in the 2019 CHNA. Targeted investment is needed to address persistent health disparities within these groups.

This assessment also found that many residents do not have access to the most appropriate care to meet their needs for varied reasons, including insurance status, immigration status, the inability to navigate available services, lack of available providers, and lack of transportation. There is evidence in both the secondary and primary data of disruptions in the care continuum throughout the service area. Examples of these disruptions include health professional shortages, the number of residents living in the “Medicaid gap” (residents at risk for losing benefits due to increasing income), and inability to access care because of COVID-19 restrictions.

Like the 2019 CHNA, there are several undesirable health outcomes in the service area. Most of the top five causes of death in the service area are related to chronic conditions, lifestyle, behaviors (i.e., heart disease, stroke, and lung cancer), or behavioral health and substance abuse issues. Across the service area, residents of Fulton and Cherokee counties have a higher disease burden and death rate. Black, Hispanic and Multiracial residents have the highest rates of poor health outcomes when compared to any other racial or ethnic cohort in the service area. These health disparities are most notable among the following conditions:

Inequities Continuing from the 2019 Assessment:	Inequities Identified by the 2022 Assessment:
<ul style="list-style-type: none"> <li>• Cancer (prostate and breast)</li> <li>• Hypertension and stroke</li> <li>• Diabetes</li> <li>• STIs</li> </ul>	<ul style="list-style-type: none"> <li>• Maternal and child health, including mortality and teen pregnancy</li> <li>• Assault</li> <li>• Behavioral health</li> </ul>

There are several health issues that are prevalent regardless of race or ethnicity throughout the service area. These include:

Common Health Issues Continuing from the 2019 Assessment:	Common Health Issues Identified by the 2022 Assessment:
<ul style="list-style-type: none"> <li>• Cancer</li> <li>• Behavioral health</li> </ul>	<ul style="list-style-type: none"> <li>• Heart disease</li> <li>• Accidental poisoning</li> </ul>

Investments in addressing these issues would improve the health of the community served by Wellstar North Fulton Hospital.

Tables 3–5 include an overview of community leaders’ perceptions about what has improved, what remains the same, and what has declined since the last assessment.

**Table 3 | Improvements Since the 2019 Assessment According to Community Leaders**

Improved	
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>• Decreased stigma and increased awareness about mental health issues. Increased access to resources, particularly through telehealth.</li> <li>• A decline in suicide rates.</li> </ul>
<b>Benefits and Social Safety Net</b>	<ul style="list-style-type: none"> <li>• Enrollment in health and human service benefits has increased as demand has increased; this includes SNAP (food stamps), Medicaid, Childcare and Parent Services (CAPS), Temporary Assistance for Needy Families (TANF), and Women Infants and Children (WIC).</li> <li>• Increased funding, new partnerships, and a focus on community organizations resulted in new and virtual programs that strengthen safety nets for residents in need.</li> </ul>
<b>Access to Appropriate Healthcare</b>	<ul style="list-style-type: none"> <li>• The COVID-19 pandemic precipitated innovation in access to care and services through telehealth and improvements in social services delivery, such as the mailing of WIC vouchers.</li> </ul>
<b>Health and Wellbeing in Schools</b>	<ul style="list-style-type: none"> <li>• There is a greater awareness of the safety net that schools and their support staff provide. There has been an increased focus on community support and wraparound services in school systems, such as school-based health centers.</li> </ul>
<b>Maternal and Child Health</b>	<ul style="list-style-type: none"> <li>• Incarcerated women are permitted 24 hours with their infant, increased from two hours, after delivery before being separated.</li> <li>• Medicaid coverage was expanded from 6 weeks to 6 months for pregnant and postpartum women.</li> </ul>
<b>Poverty</b>	<ul style="list-style-type: none"> <li>• Overall, income and poverty rates have improved.</li> </ul>

**Table 4 | Outcomes That Have Remained the Same Since the Last Assessment According to Community Leaders**

No Change	
<b>Chronic Disease</b>	<ul style="list-style-type: none"> <li>• The rate of chronic health conditions has stayed the same.</li> </ul>
<b>Housing</b>	<ul style="list-style-type: none"> <li>• While awareness about housing challenges has increased, rates of homelessness did not change. There remains a lack of affordable housing, but there is little “political will” or capacity to make significant changes.</li> </ul>
<b>Systemic Inequity</b>	<ul style="list-style-type: none"> <li>• Systemic issues influencing health, including racism, housing, and education, have not improved.</li> <li>• The COVID-19 pandemic highlighted existing disparities in access, unemployment, and income that continue to influence health outcomes. (Community leaders specifically mentioned the impact of inequity on maternal and child health, diabetes, and cardiovascular disease.)</li> </ul>
<b>Access to Appropriate Healthcare</b>	<ul style="list-style-type: none"> <li>• Services in Sandy Springs remain scarce, including low access to facilities that provide vaccinations, immunizations, and physicals.</li> <li>• It remains difficult for New Americans and uninsured residents to access services in Fulton County.</li> </ul>
<b>Poverty</b>	<ul style="list-style-type: none"> <li>• The majority of jobs available to those without a college degree are low wage.</li> </ul>



**Table 5 | Areas of Decline Since the Last Assessment According to Community Leaders**

Declined	
<b>Mental Health</b>	<ul style="list-style-type: none"><li>• The COVID-19 pandemic has decreased overall mental health and wellbeing especially among immigrant, Hispanic, and LGBTQ+ communities.</li><li>• It is harder to access mental health services and resources that are not online.</li><li>• State hospital closures decreased residential post-hospitalization mental healthcare.</li></ul>
<b>Substance Use</b>	<ul style="list-style-type: none"><li>• Telehealth is not a good substitute for in-person substance use recovery services.</li></ul>
<b>Access to Appropriate Healthcare</b>	<ul style="list-style-type: none"><li>• It has become harder to obtain legal immigration status, which remains critical for accessing healthcare for new Americans.</li><li>• Fear among immigrant populations driven by previous federal administration policies has resulted in a hesitancy to access services.</li><li>• Hospital closures and/or use of contracted facilities decreased availability or intensive treatment for juveniles in the justice system.</li><li>• Job loss resulted in more uninsured residents falling into the “Medicaid coverage gap.” Increase of complex medical conditions, poorly managed chronic conditions, and less ability to afford medications.</li><li>• Hesitancy to seek healthcare due to fear of COVID-19.</li></ul>
<b>Maternal and Child Health</b>	<ul style="list-style-type: none"><li>• Collaboration with Motherhood Beyond Bars has been strained and services have decreased within prison settings as a result. These changes may increase risks associated with shackling, solitary confinement, and near-miss fatalities.</li></ul>
<b>Social Determinants of Health</b>	<ul style="list-style-type: none"><li>• COVID-19 has impacted job security, which has in turn decreased access to housing, healthy food, and healthcare. Underserved communities are particularly impacted and are experiencing increases in stress and chronic diseases, which could ultimately impact life expectancy.</li><li>• While safety-net services have increased, the need for food pantries and food assistance has also increased.</li><li>• The digital divide has increased disparities for Hispanic youth.</li></ul>
<b>Housing</b>	<ul style="list-style-type: none"><li>• The cost of housing has increased, outpacing the growth of entry-level wages, making housing less affordable.</li><li>• While moratoriums on evictions helped those who have housing, it has become harder to obtain housing for those who did not already have it.</li><li>• During COVID-19, homeless services were closed or unable to take new clients.</li></ul>
<b>Vaccination</b>	Community-level vaccine hesitancy has led to an inability to eradicate COVID-19.



# COLLABORATIVE CARE

LISTENING TO RESIDENTS

# METHODS

The Georgia Health Policy Center partnered with Wellstar to implement a collaborative and comprehensive CHNA process. The following methods were used to assess the health needs of communities served by Wellstar North Fulton Hospital.

## Health System and Hospital Oversight

*April 2021–June 2022*

The Wellstar Community Health Council provided oversight and guidance to the CHNA team by reviewing and providing feedback on the assessment process and inputs throughout the assessment process. North Fulton Hospital leadership, including the Regional Health Board, were also engaged to inform the service area definition, list of community leaders for stakeholder interviews, and final community health needs.

## Secondary Data

*April–August 2021*

The secondary data included in this assessment are from a variety of sources that are both reliable and representative of the community served by Wellstar North Fulton Hospital. Data sources include, but are not limited to:

- County Health Rankings & Roadmaps
- Emory University’s Rollins School of Public Health’s AIDSvu
- Georgia Bureau of Investigation
- Health Resources Services Administration’s Health Professional Shortage Areas Database
- Georgia Department of Public Health’s Online Analytical Statistical Information System (OASIS)
- Kaiser Permanente’s Community Health Needs Dashboard
- Georgia Rural Health Innovation Center’s Georgia Health Data Hub
- Truven Health Analytics’ Community Needs Index
- U.S. Census Bureau’s American Community Survey

Secondary data were analyzed at the zip code and county level. Most publicly available data are not available at a sub-county level.



## COVID-19 Literature Review and Local Impact Survey

May–November 2021

This CHNA is being completed during the COVID-19 pandemic, which has had a significant impact on most of the population-level indicators reviewed by this CHNA process. To address this limitation, the CHNA team completed a comprehensive review of the literature published during the last two years related to the impact that COVID-19 has had on community health throughout the U.S. Specifically, more than 80 sources were reviewed related to the impact of COVID-19 on cancer (general, breast, cervical, colorectal, lung, prostate), chronic disease (general, heart disease, asthma, diabetes), behavioral health and substance abuse, access to and use of care, housing, food insecurity, education, access to technology, HIV/AIDS, STIs, maternal and child health, single parents, obesity, violence, education, health equity, and new Americans.

The assessment team used the findings from the literature review to inform the creation of a 20-question survey, which was administered online to nearly 1,000 stakeholders to better understand how the COVID-19 pandemic has influenced the health of communities served by Wellstar Health System. Questions were asked about the impact of the pandemic on community health needs identified for Wellstar Health System – i.e., behavioral health, housing, access to care, healthy living and food access, maternal and child health. Respondents were also given the opportunity to identify other notable areas impacted by the global pandemic not mentioned in the survey. Of the 204 responses received for the health system, 70 respondents represented Forsyth, Fulton, and Cherokee counties. These findings have been added to this assessment to better understand the health in communities served by Wellstar North Fulton Hospital in 2022.

## Community Input

July–October 2021

To better understand the experience and needs of the residents living in the areas served by the hospital, several types of qualitative data were used, including interviews with 33 key community leaders and a focus group with residents from the hospital service area. An in-depth summary for each qualitative process can be found in the Appendix.

Community health needs were identified by the triangulation of community leader input, secondary data, and literature review of the impact of COVID-19 on community health.

- Indicators showing above-average rates when compared with state and national benchmarks and increasing or not decreasing were noted.
- Community leaders were asked to identify the top three community health needs for the communities they serve.
- Areas where COVID-19 has impacted local community health were identified.

These data were presented to Wellstar Health System leaders in a review process that led to identifying the six community health needs listed on page 17.

## Data Limitations

Most of the data included in this assessment are available only at the county level. County-level data are an aggregate of large populations and do not always capture or accurately reflect the nuances of health needs. This is particularly important for Wellstar North Fulton Hospital because the service area includes north Fulton County, which data shows higher socioeconomic status, as well as much lower morbidity and mortality rates than the central or southern regions of Fulton County. Where smaller data points were available (i.e., for census tracts or zip codes), they were included.

Secondary data are not always available. For example, there is no secondary data source that offers a valid measure of educational awareness in the context of healthy options and the availability of resources. In the absence of secondary data, this assessment has noted relevant anecdotal data gathered from residents and community leaders with lived experience during primary data collection. It is important to note that primary data are limited by individual vocabulary, interpretation, and experience.



# LOCALCARE

DEFINING THE AREA OF CARE

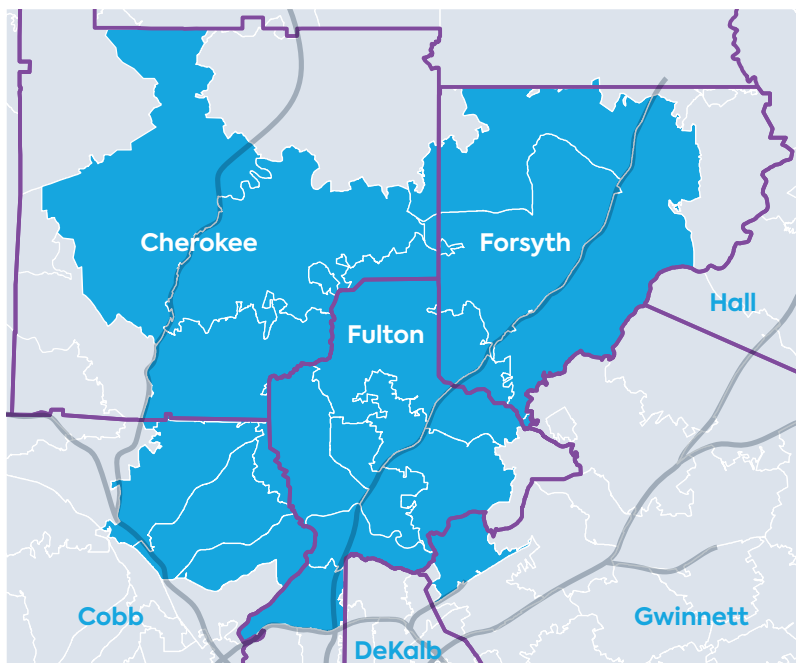


# COMMUNITY DEMOGRAPHICS

Wellstar North Fulton Hospital is in Roswell, Georgia, approximately 30 miles north of Atlanta. For the purposes of the CHNA, the primary service area for the hospital is defined as the 17 zip codes from which 75 percent of discharged inpatients originated during the previous year (Table 6). The bulk of zip codes are from Forsyth and Fulton counties, with Cherokee County rounding out the hospital service area. The area definition was verified by the Wellstar Community Health Council members.

The CHNA considers the population of residents living in the 17 residential zip code areas regardless of the use of services provided by Wellstar or any other provider. More specifically, this assessment focuses on residents in the service area who are medically under-resourced or at risk of poor health outcomes.

**Map 1 | Primary Service Area of Wellstar North Fulton Hospital**



**Table 6 | Wellstar North Fulton Hospital Service Area**

County*	Zip Codes
Cherokee	30004, 30005, 30009, 30022, 30028, 30040, 30041, 30062, 30066, 30068,
Forsyth	30075, 30076, 30092, 30114, 30115,
Fulton	30188, 30350

\* Counties included if zip codes constituted at least 30% of the total county population.

# Demographic Data

Wellstar North Fulton Hospital | by County and State (2015-2019)

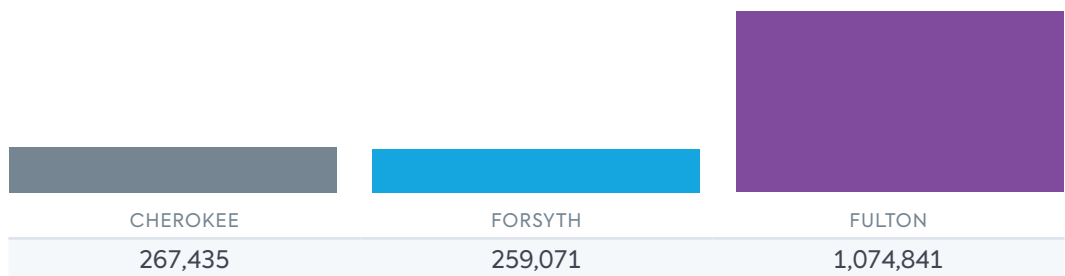
Fulton County is younger, more diverse, lower-income earning, and less employed than Cherokee and Forsyth counties. Forsyth has a higher Asian population than Cherokee and Fulton counties, and Cherokee and Forsyth counties have higher Hispanic populations than Fulton County.

Compared to Georgia, the hospital service area has a higher population with limited English proficiency and above average median income. Forsyth County has the largest population with limited English proficiency and the highest median income in the service area.

## Total Population

GEORGIA TOTAL POPULATION

**10,403,847**



## Income Distribution

GEORGIA MEDIAN HOUSEHOLD INCOME

**\$58,700.00**



	CHEROKEE	FORSYTH	FULTON
Median household income	\$82,740.00	\$107,218.00	\$69,673.00
Less than \$15,000	5.8%	4.5%	10.7%
\$15,000- \$24,999	6.3%	4.2%	8.0%
\$25,000- \$34,999	6.2%	4.4%	7.6%
\$35,000- \$49,999	9.4%	7.6%	11.2%
\$50,000- \$74,999	16.9%	13.3%	15.7%
\$75,000- \$99,999	15.6%	12.1%	11.2%
\$100,000 and above	39.7%	53.9%	35.7%
Unemployment (2020)	11.90%	11.00%	14.60%

Source: U.S. Census Bureau, American Community Survey (2015-2019)

## Age Distribution



CHEROKEE      FORSYTH      FULTON      GEORGIA

Median age in years	38.0	38.2	35.2	36.7
<b>0-17 Years Old</b>	24.9%	27.9%	22.2%	24.1%
<b>18-64 Years Old</b>	61.7%	60.5%	66.4%	62.4%
<b>65+ Years Old</b>	13.4%	11.7%	11.4%	13.5%

## Racial/Ethnic Distribution



CHEROKEE      FORSYTH      FULTON      GEORGIA

<b>Black</b>	6.7%	3.3%	43.6%	31.2%
<b>Asian</b>	1.8%	12.9%	7.0%	4.0%
<b>Hispanic</b>	10.5%	9.5%	7.2%	9.5%
<b>Non-Hispanic White</b>	78.7%	71.7%	39.6%	52.7%
<b>Limited English</b>	4.7%	6.6%	5.0%	3.0%





# COMMUNITYCARE

DISCOVERING HEALTH NEEDS

# COMMUNITY HEALTH NEEDS

Community leaders and community leaders were asked to identify community health needs. The following section includes briefs outlining key findings by health need:

## Needs Common to All Hospitals in Wellstar Health System

 <p><b>1.</b> Access to Appropriate Healthcare</p>	 <p><b>2.</b> Behavioral Health</p>	 <p><b>3.</b> Maternal and Child Health</p>	 <p><b>4.</b> Healthy Living*</p>	 <p><b>5.</b> Housing</p>	 <p><b>6.</b> Poverty</p>
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\* including access to food, physical activity and chronic disease prevention and management

## Additional Health Needs in the Wellstar North Fulton Hospital Service Area

 <p><b>7.</b> Cancer</p>	 <p><b>8.</b> Sexually Transmitted Diseases**</p>	 <p><b>9.</b> Violence and Crime</p>	 <p><b>10.</b> Education</p>	 <p><b>11.</b> Culturally Competent Services</p>
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\*\* including HIV/AIDS

# Health Outcomes

Tables 7-10 depict the top causes of hospital use (emergency room visits and hospitalizations) and death in the service area. Hospital use and mortality are low in the service area compared to the state. However, there are slightly higher rates for behavioral health (hospital use) and hypertension (hospital use and mortality) in Fulton County (DPH, 2015–2019) (CMS, 2015–2016; CMS, 2015–2018). The following disparities are evident in health outcomes among residents served by Wellstar West Georgia Medical Center:

- With few exceptions, Black residents have the highest rates of poor health outcomes (often higher than state rates) when compared to any other racial or ethnic cohort in the service area.
- With the exception of Alzheimer’s disease mortality, residents from Cherokee and Fulton counties show the highest rates of poor health outcomes when compared to Forsyth County.

**Table 7 | Top Causes of Death**

	Cherokee	Forsyth	Fulton	All Counties	White	Black	Asian	Hispanic	Georgia
Ischemic heart and vascular disease	68.8	54.9	54.5	56.5	53.0	71.1	25.6	29.3	78.6
Alzheimer’s disease	39.4	47.9	34.1	36.7	40.6	31.2	14.2	23.1	44.0
Cerebrovascular disease	40.8	35.9	39.5	38.8	34.5	50.2	27.7	28.9	43.3
Malignant neoplasms of the trachea, bronchus, and lung	34.1	29.2	28.4	29.5	29.3	34.4	11.7	12.9	38.7
Hypertension and hypertensive renal, and heart disease	22.7	18.8	39.7	33.4	21.1	66.2	12.9	12.6	31.2

Age-adjusted rates per 100,000 population, racial and ethnic data is by all counties  
 Source: Georgia Department of Public Health Online Analytical Statistical Information System

## Years of Potential Life Lost – Premature Death

Years of Potential Life Lost (YPLL) is used to measure the rate and distribution of premature death. According to County Rankings & Roadmaps:

“Measuring premature mortality, rather than overall mortality, reflects the County Health Rankings’ intent to focus attention on deaths that could have been prevented. YPLL emphasizes deaths of younger persons, whereas statistics that include all mortality are dominated by deaths of the elderly.” (County Health Rankings, 2021)

Accidental poisoning and exposure to noxious substances is the primary cause of Years of Potential Life Lost in the service area (Table 8). Intentional self-harm is the second leading cause of YPLL in Cherokee County, exceeding the other two counties and the state by over 200 points. The leading cause of YPLL in Fulton is assault.

**Table 8 | Years of Potential Life Lost**

	Cherokee	Forsyth	Fulton	All Counties	White	Black	Asian	Hispanic	Georgia
Ischemic heart and vascular disease	407.9	246.1	349.2	343.2	302.4	551.0	108.0	94.5	560.7
Motor vehicle crashes	239.8	235.7	332.1	302.5	204.4	551.2	38.4	262.1	482.2
Intentional self-harm	504.8	345.7	352.0	376.0	453.8	349.5	179.5	261.7	431.1
Accidental poisoning and exposure to noxious substances	639.2	428.5	435.8	467.9	657.3	395.6	ND	97.3	415.7
Assault	81.9	62.4	513.0	374.6	61.6	1,037.2	32.0	147.9	330.8
Essential (primary) hypertension and hypertensive renal, and heart disease	183.5	126.5	344.5	285.3	150.2	639.1	26.8	46.5	272.8

Rates per 100,000 population, racial and ethnic data is by all counties

ND: No Data – Data not available for this population

Source: Georgia Department of Public Health Online Analytical Statistical Information System

Assault and heart disease are the leading causes of YPLL among Black residents in the service area – 7 to 32 times higher than other races (Table 8). Accidental poisoning and exposure to noxious substances is the leading cause among White residents. Intentional self-harm and motor vehicle crashes are the most common causes of YPLL among Asian and Hispanic residents, respectively.

### Top Causes for Emergency Department Visits

There is anecdotal evidence that residents are seeking care in the emergency room for a variety of reasons, such as lack of insurance, limited availability of after-hours care, or acute symptoms. Three of the top causes of emergency room visits in the service area are all related to accidents (Table 9). Multiracial residents have significantly higher rates than other races and the state for each cause of emergency room visits in the service area.

**Table 9 | Emergency Room Visit Rates**

	Cherokee	Forsyth	Fulton	All Counties	White	Black	Asian	Hispanic	Georgia
Diseases of the musculoskeletal system and connective tissue	1,714.8	1,199.3	3,054.0	2,546.0	1,177.8	5,424.8	328.9	959.3	3,232.8
All other unintentional injury	2,366.8	1,837.2	1,891.4	1,958.6	1,722.5	2,688.8	502.7	1,232.2	3,007.2
All other diseases of the genitourinary system	1,676.5	1,182.4	1,864.5	1,742.6	1,077.7	2,893.3	300.0	860.5	2,274.1
Falls	1,777.9	1,451.0	1,243.2	1,360.2	1,441.4	1,360.2	470.4	831.6	1,891.6
Motor vehicle crashes	851.5	651.4	954.4	894.1	520.0	1,685.0	222.5	609.1	1,143.8

Age-adjusted rates per 100,000 population, racial and ethnic data is by all counties

Source: Georgia Department of Public Health Online Analytical Statistical Information System



## Top Causes of Hospital Discharge Rates

An overview of the number of inpatients discharged from nonfederal acute-care inpatient facilities who are residents of Georgia and seen in a Georgia facility is provided in Table 10. Uninsured residents are not always admitted to the hospital without some form of payment and may not be accurately represented in the data. Hospital discharge rates are highest for septicemia, diseases of the musculoskeletal system and connective tissue, and mental and behavioral disorders. Overall, residents of Fulton County have higher hospital discharge rates when compared to the service area and state. Multiracial residents have significantly higher rates than other races and the state for each cause of hospital discharge in the service area.

**Table 10 | Hospital Discharge Rates**

	Cherokee	Forsyth	Fulton	All Counties	White	Black	Asian	Hispanic	Georgia
All other mental and behavioral disorders	332.4	303.1	458.1	412.5	302.6	687.5	24.8	126.7	435.5
Diseases of the musculoskeletal system and connective tissue	468.0	418.7	397.6	413.6	405.3	398.2	119.2	159.7	467.6
Septicemia	322.0	278.5	480.3	422.7	328.6	674.3	177.0	225.4	501.3
Essential (primary) hypertension and hypertensive renal, and heart disease	182.9	150.7	319.5	268.7	164.0	634.7	91.1	122.4	272.7
Ischemic heart and vascular disease	269.2	262.7	239	247.8	221.0	301.5	116.6	115.9	309.4

Age-adjusted rates per 100,000 population. Racial and ethnic data is by all counties  
 Source: Georgia Department of Public Health Online Analytical Statistical Information System

## Obesity

High body mass index is a national and statewide health issue. Residents in Cherokee County have the highest rates of adults with body mass index over 30 and diabetes diagnoses (*Table 11*). Fulton County has higher diabetes emergency room visit rates, and Black residents have rates of diabetes-related emergency room visits, hospital discharges, and mortality rates that are much higher than residents of other races.

**Table 11 | Select Adult Body Mass Index and Diabetes Indicators (2015–2019, unless otherwise noted)**

	Cherokee	Forsyth	Fulton	White	Black	Asian	Hispanic	Georgia
Adults with Body Mass Index > 30.0 (Obese), Percent (2017)	28.0%	26.1%	24.7%	ND	ND	ND	ND	32.1%
Adults with Diagnosed Diabetes* (2017)	9.8%	6.8%	8.2%	ND	ND	ND	ND	11.2%
Diabetes Discharge Rate *	114.0	81.0	198.6	76.7	356.5	25.2	70.2	202.8
Diabetes Mortality Rate*	11.8	9.8	18.4	9.3	32.2	14.0	7.2	21.1
Diabetes Emergency Room Visit Rate*	157.8	117.7	318.9	29.8	613.8	30.8	183.5	311.4

\* Age-adjusted rates per 100,000 population

Racial and ethnic data is by all counties

ND: No Data – Data not available for this population

Source: Georgia Department of Public Health Online Analytical Statistical Information System

## Coronavirus

COVID-19 cases in Georgia have spiked three times during the pandemic, with the highest daily new reported cases occurring in December 2021.

**Table 12 | Select COVID-19 Measures**

	Cherokee	Forsyth	Fulton	White	Black	Asian	Hispanic	Georgia
Cases	44,203	41,447	178,077	812,273	541,803	48,864	191,655	1,867,677
Fully Vaccinated	48.0%	52.0%	55.0%	ND	ND	ND	ND	55.0%

Racial and ethnic data is by all counties

ND: No Data – Data not available for this population

Sources: Georgia Department of Public Health Daily Status Report, Georgia Department of Public Health Vaccine Distribution Dashboard

Community leaders identified several adverse impacts caused by the COVID-19 pandemic. Their perspectives are explored in detail throughout the report and summarized in Table 13.

**Table 13 | Impact of COVID-19 on the Service Area According to Community Leaders**

Impact of COVID-19	
<b>Behavioral Health</b>	<ul style="list-style-type: none"> <li>Increased behavioral issues related to isolation, including depression, anxiety, substance abuse, and domestic violence.</li> <li>LGBTQ+ community has been especially negatively impacted with mental health impacts and increased substance abuse because of lack of support and lack of acceptance among their families.</li> </ul>
<b>Food Access</b>	<ul style="list-style-type: none"> <li>Food supply chain stress was unprecedented. It disproportionately affected those who did not have transportation or were unable to purchase delivery options online. Food pantries were unable to accept new clients.</li> </ul>
<b>Access to Appropriate Healthcare</b>	<ul style="list-style-type: none"> <li>Care was delayed due to health facility closure.</li> <li>At the time of data collection, medical services had to be scheduled three to six months out in Fulton County. Children are unable to get physicals and immunizations needed for school.</li> <li>The Sandy Springs WIC office was relocated to Alpharetta, making it difficult to access for some residents.</li> </ul>
<b>Chronic Disease</b>	<ul style="list-style-type: none"> <li>Community leaders felt stress, isolation, staying home, less physical activity, eating “comfort food,” and avoidance of wellness visits would contribute to increased chronic disease.</li> <li>Decreased adherence to diagnostics and medication.</li> </ul>
<b>Social Determinants of Health</b>	<ul style="list-style-type: none"> <li>Exacerbated persistent health disparities with higher rates of hospitalizations and mortality.</li> <li>Underserved communities faced the brunt of the pandemic impacts.</li> </ul>
<b>Economy and Employment</b>	<ul style="list-style-type: none"> <li>Worsening economic conditions resulted in a large increase of people losing health insurance and unemployment for part-time or blue-collar sectors.</li> <li>During the pandemic, people lost jobs because they could not work remotely, and employers cut staff.</li> <li>In Fulton County, some families experiencing homelessness and working mothers never received stimulus checks and/or unemployment benefits.</li> </ul>
<b>Early and K-12 Education</b>	<ul style="list-style-type: none"> <li>High turnover for childcare employees.</li> <li>Need for more or steady supplemental funding for childcare and early education.</li> <li>There is a new lack of childcare services and facilities; working parents are looking for remote jobs because of the shortage.</li> <li>School-age children are struggling, and teachers are trying to get kids back to grade level.</li> </ul>

## Vaccination

Data show that the first COVID-19 vaccine was administered in Georgia on December 12th, 2020. Mistrust and uncertainty related to COVID-19 vaccination due to confusing media information and, in some cases, religious influence has driven low vaccine rates in some communities. A north Georgia area survey found that most Hispanic residents did not want the vaccine. Other clinic populations in south metro Atlanta also have a high percentage of clients that do not want to be vaccinated.

## Impact of Technology

COVID-19 encouraged the use of technology for service provision. Community leaders felt that while telehealth could not replace in-person care, it did decrease some barriers to access. For example:

- Telehealth improved access to WIC nutritionists.
- For those with the necessary skills, equipment, and internet access, telehealth made care more accessible for some vulnerable populations, including senior, Hispanic, immigrant, and low-income residents.

While telemedicine was a helpful tool, it was not a universal remedy. Those without smartphones, computers, internet access, sufficient bandwidth, and unlimited minutes would not be able to avail of telemedicine. Not all residents have the computer skills necessary to access telemedicine and web-based COVID-19 resources, including vaccine information and appointment scheduling.





# Access to Appropriate Healthcare

The service area has higher provider rates than the state for substance use, mental health, dental, nurse practitioners, and primary care (2.6, 191.5, 60.9, 43.8, and 86.8 vs. 2.3, 146.0, 49.2, 37.5, and 65.6 per 100,000 pop.) (County Health Rankings, 2021; CMS, 2020). Forsyth has lower rates of dental, mental health, and nurse practitioners than the service area and the state. In the service area, substance use provider rates are lowest in Fulton County. However, Fulton County has higher provider rates for:

- Mental health (245.6 per 100,000 pop.),
- Dental (68.4 per 100,000 pop.),
- Nurse practitioners (53.3 per 100,000 pop.),
- Primary care (108.8 per 100,000 pop.), and
- Dental care in the service area (County Health Rankings, 2021).

## Causal factors

According to community leaders, there are many reasons for poor access to appropriate healthcare, including:

### Lack of affordable insurance

- Need Medicaid expansion.
- Increasing number of those who fall off the “benefits cliff” into the “Medicaid gap.” These are residents whose increasing income puts them at risk of losing benefits.
- Seniors with low incomes are having to choose between paying for housing and food or paying for medical care.
- Medicaid reimbursement rates are too low, especially for dental services.
- Community leaders report lack of dentists who accept Medicaid and a lack of dental care options for uninsured residents.
- Uninsured rates are higher among Black, Hispanic, low-income, immigrant, undocumented and male residents.
- The insurance system is difficult to navigate.

### Poor continuum of care

- Respondents report “disjointed” health efforts and systems.

## COVID-19

- Increased unemployment due to COVID-19 left many without insurance.
- Face-to-face health visits were suspended during the pandemic.
- Concern of COVID-19 transmission in a healthcare setting.
- The pandemic exacerbated existing disparities in access. Residents, particularly people of color and low-income residents, received a lower level of healthcare after the pandemic.
- COVID-19 Pandemic Influence Survey respondents shared that the pandemic reduced the utilization of preventive care services. People with pre-existing conditions delayed accessing necessary care. Hospitals experiencing low staff capacity contributed to delays in emergency and non-emergency care.

## Care-seeking behavior

- Families may prioritize the health needs of children and neglect adult healthcare needs. For example, there is a disproportionate amount of undetected ovarian and breast cancer among Hispanic women who forgo regular screening.
- Immigrant populations may not access care out of fear of deportation.
- Lack of trust in the medical community may discourage some from seeking care.

## Lack of service providers

- Lack of nurse practitioners was mentioned specifically.

## Lack of investment in prevention

- More funding is invested in treatment than in preventative care and early interventions.

## Other barriers

- Lack of transportation, particularly among low-income residents.
- Healthcare providers' hours of operation are incongruent with working families' schedules.
- Lack of childcare options can make it difficult for parents to access care.
- Those without access to reliable technology and internet access cannot access telehealth services.

Based on an inventory of community assets (see *Appendix*), there are 30 resources in the area to address access to care; however, additional exploration will be required to determine the capacity of resources to meet identified needs. For example, it is not possible to determine the extent to which practitioners (medical, behavioral, and dental) are accepting patients using Medicaid, Marketplace, and self-pay options to pay for services. Southside Medical Center offers both primary care and behavioral health services on a sliding scale to residents who are low income, under-, and uninsured. Also, Federally Qualified Health Centers, e.g., Mercy Care, may offer services that address other barriers, such as transportation.



# Behavioral Health

## Key Behavioral Health Findings

### Emergency room visits

- There are higher rates of hospital discharges and emergency room visits related to mental health and behavioral disorders in the service area when compared to the state (498.9 vs. 519.7 and 1,205 vs. 1,102.4 per 100,000 pop., respectively), this was also true for drug use (84.3 vs. 86.4 and 423.4 vs. 318.2) per 100,000 pop., respectively) (DPH, 2015–2019).
- Compared to the service area and the state, both Cherokee and Fulton counties have higher rates for drug-related emergency room visits (325.4 and 493.3 vs. 423.4 and 318.2 per 100,000 pop. respectively) and mortality (3.3 and 3.5 vs. 3.2 and 3.2 per 100,000 pop. respectively) (DPH, 2015–2019).

### Drug overdose

- Drug overdose rates were slowing in 2018 and 2019 (pre-pandemic) in the service area, but current literature points to an increase in these rates (DPH, 2015–2019). See Table 14.

### Alcohol use

- The service area has a greater proportion of the population who engage in excessive drinking behaviors than the state (19.6% vs. 16.8%) (KP, 2020).

### Suicide

- Between 2015–2019, the suicide rate and intentional self-harm emergency room visit rate in Cherokee County was higher than the service area and the state (15.4 and 76.9 vs. 11.5 and 53.4 vs. 13.7 and 68.2 per 100,000 pop., respectively) (DPH, 2015–2019).
- In 2020, both Cherokee and Forsyth counties had higher rates of suicide deaths when compared to the state (15.2 and 13.5 vs. 13.1 per 100,000 pop., respectively) (KP, 2020).

### Availability of care

- Cherokee and Forsyth counties have fewer mental health providers than the service area and the state (92.4 and 60.6 vs. 191.5 and 146.0 per 100,000 pop., respectively). Fulton County has more mental health providers but fewer addiction/substance abuse providers when compared to the service area and the state (245.6 and 2.1 vs. 191.5 and 2.6 vs. 146.0 and 2.3 per 100,000 pop., respectively) (CMS, 2020).

### Disparities

- Compared to White and female residents, emergency room visits for mental health and behavioral disorders and drugs are higher among Black (852.5 and 401.2 vs. 2,079.5 and 786.3 per 100,000) and male residents (974.0 and 252.3 vs. 1,449.2 and 606.8 per 100,000 pop., respectively) (DPH, 2015–2019).
- Self-harm emergency room visits are higher among females (66.6 vs. 40.5 in males per 100,000 pop., respectively) (DPH, 2015–2019).
- Self-harm emergency room visit rates are higher in Cherokee County, while overall mental health emergency room visits are higher in Fulton County (76.9 and 1,387.5 per 100,000 pop., respectively) (DPH, 2015–2019).

**Table 14 | Rate of Drug Overdose (2009-19)**

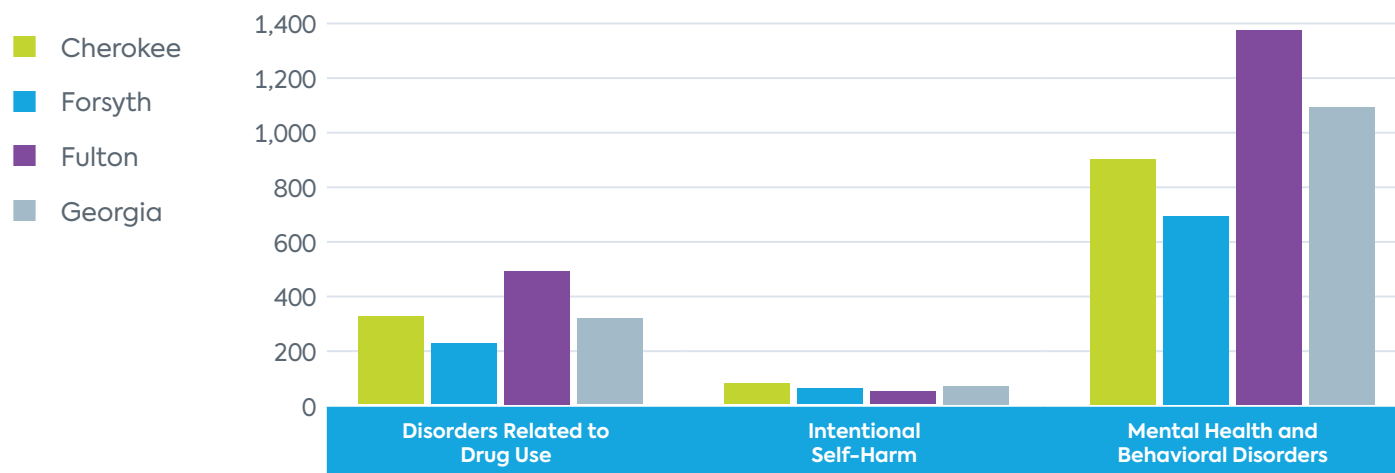
	Cherokee	Forsyth	Fulton	Georgia
2009	10.5	8.3	7.7	9.9
2010	11.1	10.4	10.1	10.3
2011	10.4	16.3	9.2	10.4
2012	10.2	8.1	8.6	9.9
2013	14.6	12.6	11.5	10.5
2014	17.6	15.7	12.1	11.4
2015	24.1	18.8	13.0	12.2
2016	21.0	10.6	14.8	13.1
2017	16.7	14.3	14.5	14.6
2018	20.6	8.8	14.6	13.1
2019	12.3	12.9	12.3	12.9

Age-adjusted rates per 100,000 population

Source: Georgia Department of Public Health Online Analytical Statistical Information System

In focus group discussions, residents shared concerns about rising rates of depression, anxiety, and substance abuse and reported a need for more mental health services. Community leaders agreed, expressing concern about the increasing incidence of poor mental health, as well as substance use, relapse, and overdose. Interviewees also reported an increase in hospital admissions among children for mental health and eating disorders.

**Figure 1 | Emergency Room Visit Rate for Disorders related to Behavioral Health**



Age-adjusted rates per 100,000 population, in the Wellstar North Fulton Hospital service area compared to state benchmarks (2018)

Source: Georgia Department of Public Health Online Analytical Statistical Information System

Based on an inventory of community assets (see Appendix), there are 15 resources in the area to address access to behavioral healthcare. Further examination is necessary to determine the capacity of resources to meet specific needs. For instance, it is not possible to determine the extent to which practitioners are accepting patients using Medicaid, Marketplace, and self-pay options to pay for services.



## Factors Contributing to Poor Behavioral Health Outcomes

### COVID-19 pandemic

Behavioral healthcare was a need pre-pandemic, and literature indicates that behavioral health outcomes have gotten worse since COVID-19 began. Residents discussed mental health outcomes associated with the pandemic, including increased prevalence of depression, anxiety, isolation, and substance abuse (alcohol and drugs). Community leaders shared similar concerns, citing loneliness, depression, anxiety, trauma, PTSD, and high economic stress associated with unemployment.

There is concern about COVID-19-related stress on families:

- Overburdened parents who were working full-time and supporting at-home virtual learning during the initial shutdown and ongoing unexpected school and classroom closings due to COVID-19 exposures.
- Academic challenges associated with virtual learning.
- Decreased resilience and inability to cope with transitions due to online school and lack of social interaction.

Social distancing was necessary because of COVID-19, but these precautions were in direct contrast with the needs of those in need of substance abuse recovery programs. People were also avoiding non-emergency care, which caused mental health screening rates to decrease overall. The availability of telehealth services is helping some residents to access care.

Respondents participating in the COVID-19 Pandemic Influence Survey (see *Appendix*) indicated that the following behavioral health outcomes were significantly influenced by the global pandemic:

- Worsened states of mental health and mental health outcomes.
- Greater rates of substance abuse.
- Higher frequency of alcohol consumption and heavy drinking.
- Increased instances of suicidal behaviors.
- Lowered access to behavioral healthcare and substance abuse services.

Survey participants indicated that the following groups' behavioral health was disproportionately affected by the global pandemic:

- Low-income and socioeconomic status individuals.
- Racial and ethnic minorities.
- Those of older age.
- People experiencing homelessness.
- Those with pre-existing conditions.

## Lack of access to services

Residents felt that there were not enough mental health services available in the area and were unfamiliar with existing service providers. Community leaders expressed a need for:

- Emergency behavioral health services.
- Affordable mental health facilities, specialists, and services for residents experiencing homelessness, lifetime trauma, and PTSD.
- Providers in Fulton County familiar with the unique needs of LGBTQ+ residents (e.g., that suicide and suicidal thoughts are higher among LGBTQ+ individuals when compared to the general population).
- Culturally competent providers for Hispanic communities, including a need for Spanish-speaking mental health services.
- Mental health messaging for teens.
- Pediatric mental health services and inpatient acute crisis care for youths.
- Post-hospitalization housing/residential care.
- Mental health support for undocumented immigrants.

## Stigma

Despite the COVID-19 pandemic highlighting the need for mental health services, stigma is persistent in some populations. Community leaders shared that some individuals are reluctant to access mental health services because they are concerned it will put their reputation at risk.

Some people avoid seeking behavioral healthcare because they are concerned about the stigma associated with mental health and/or substance use. Others avoid seeking behavioral healthcare because they are concerned mental health professionals will stigmatize them for their gender or sexual identity. Thus, there is a need for care that enables LGBTQ+ individuals to access care without judgment.

## Lack of insurance parity

Community leaders reported that while insurance plans are not supposed to charge more for or put more restrictions on behavioral health benefits than they do for medical benefits, they do not feel mental health insurance parity exists. While crisis centers are available for low-income, underinsured, and uninsured residents, there is a lack of continuity of care after discharge. Low-income, underinsured, and uninsured residents are often discharged without prescriptions and have very limited access to outpatient services and transitional housing.



# Maternal and Child Health

Georgia has the second-highest rate of maternal mortality in the country – 48.4 per 100,000 pop. (World Population Review, 2022). Areas of concern include lack of follow-up on cardiovascular symptoms, failure to recognize and treat hypertension or hemorrhages soon enough, and lack of sufficient prenatal care. Black mothers are most at risk “Black mothers are more likely to die from pregnancy in Georgia than they are in the rest of the United States” (World Population Review, 2022).

## Key Maternal Health Findings

### Pregnancy and birth rates

- Compared to Georgia, the service area has a higher pregnancy rate among 30- to 39-year-olds – 84.8 vs. 96.8, per 1,000 live births, and a higher birth rate among 40- to 44-year-olds – 10.4 vs. 11.9, per 1,000 live births (DPH, 2015–2019).
- Fulton County has a higher pregnancy rate among all ages (10 to 44 years) than the service area and the state – 66.6 vs. 62.7 and 64.2, per 1,000 live births, respectively (DPH, 2015–2019).

### Induced pregnancy termination

- The service area has a higher incidence of induced termination of pregnancy than the state – 12.4 vs. 8.9 per 1,000 pop., with Fulton County having the highest – 16.20 per 1,000 live births (DPH, 2015–2019).

### Low birth weight

- Fulton County has a higher percentage of infants born with low birth weight than the service area and the state – 10.9% vs. 9.8% and 9.9% (DPH, 2015–2019). The rest of the service area has lower low birth weight percentages than the state – Cherokee (7.1%) and Forsyth (7.0%) vs. GA (9.9%). (DPH, 2015–2019).

### Infant mortality

- There were more infant deaths in Fulton County than in the state – 7.1 vs. 4.8 per 1,000 live births (KP, 2020). However, the infant mortality rate across the service area was lower than the state’s rate – 6.0 vs. 7.3 per 1,000 live births, with Forsyth County having the lowest rate – 3.6 per 1,000 live births (DPH, 2015–2019).

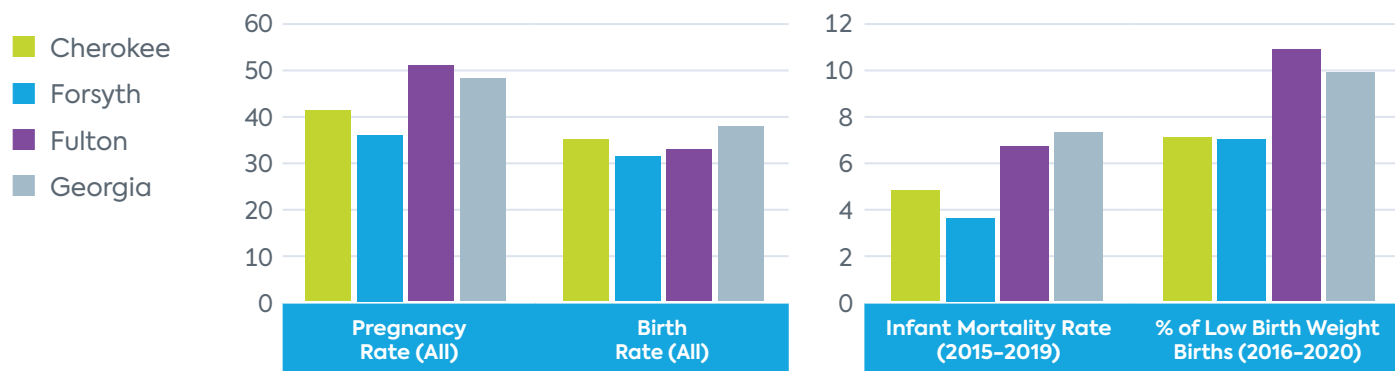
### Maternal morbidity and mortality

- Reliable county-level data on maternal morbidity and mortality is not available. Maternal morbidity and mortality in Georgia is high – particularly among Black women. More data are needed to understand how the service area is impacted.

### Disparities

- Rates of preterm birth, low birth weight (14.5%), and infant deaths (10.8 per 1,000 live births) are higher among Black residents when compared to all other races and ethnicities (DPH, 2015–2019). Community leaders were concerned about infant and maternal mortality rates among Black residents. They identified the need for “Latinx friendly and welcoming” maternal and child health providers.

**Figure 2 | Pregnancy and Birth Rates per 1,000 live births, Infant Mortality, and Low Birth Weight**



Per 100,000 pop. in the Wellstar North Fulton Hospital service area, compared to state benchmarks (2016-20)

Source: Georgia Department of Public Health Online Analytical Statistical Information System

**Table 15 | Infant Mortality (2015-2019)**

	White	Black	Asian	Hispanic	All People
Cherokee	4.0	12.3	ND	5.9	4.8
Forsyth	4.3	11.0	ND	3.0	3.6
Fulton	2.7	10.8	2.9	3.2	6.7
Georgia	5.2	11.8	3.1	5.4	7.3

In the Wellstar North Fulton Hospital service area by race, compared to state benchmarks (2015-2019)

ND: No Data – Data not available for this population

Source: Georgia Department of Public Health Online Analytical Statistical Information System

Community leaders identified incarcerated and recently incarcerated women among those in need of improved access to maternal and child health services. Identified needs included:

- Increased number of staff to support pregnant women and mothers.
- Maternal and child health education for pregnant women and mothers.
- Mental health services for postpartum depression.
- Improved communication between incarcerated mothers and the caregivers of their children.
- Improved care coordination for postnatal mothers and infants.
- Improved access to safe and sanitary healthcare facilities.

In addition to postponement of prenatal and postnatal care and increases in stress and isolation, COVID-19 Pandemic Influence Survey respondents identified ways the pandemic may have contributed to or exacerbated poor maternal and child health outcomes, including:

- Potential developmental delays due to reduced social activity and early care and education.
- Delays in developmental milestones, growth monitoring, and routine childhood vaccinations.
- Lack of therapeutic services for children with special healthcare needs.
- Caregiver burnout.
- Vaccine hesitancy among pregnant women may have affected COVID-19 rates among pregnant women, breastfeeding mothers, and their babies.

Based on an inventory of community assets (see Appendix), there are 19 resources in the area to address maternal and child health; however, additional exploration will be required to determine the capacity of resources to meet identified needs. For example, it is not possible to determine the extent to which practitioners are accepting patients using Medicaid, Marketplace, and self-pay options to pay for services.

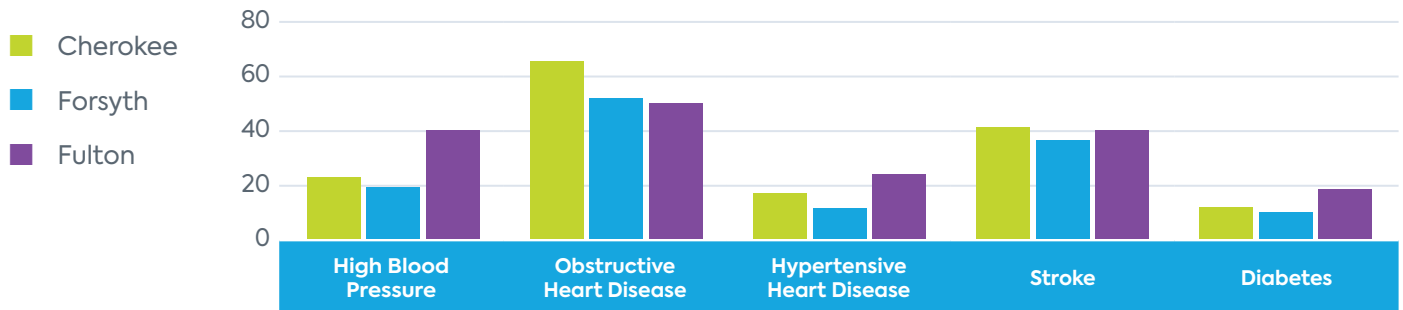


Themes emerging from secondary and primary data included chronic disease, healthy eating, access to amenities, and a healthy “culture.”

## Chronic Disease

Chronic diseases included hypertension, diabetes, high cholesterol, asthma, and chronic pain. Community leaders also shared that there had been a sharp rise in the need for dialysis in Cherokee County. Below are key findings from primary data collection by disease/condition. Figure 3 shows mortality rates associated with select chronic diseases.

**Figure 3 | Chronic Disease Mortality Rates**



Age-adjusted rates per 100,000 population

Source: Georgia Department of Public Health Online Analytical Statistical Information System

## Detailed Findings by Chronic Disease/Condition

### Hypertension, hypertensive heart disease, and stroke

- Compared to the state, the service area has higher rates of hypertension mortality, hypertensive heart disease mortality, and 30-day readmission for stroke (10.10, 18.10, and 12.43 vs. 10.4, 20.5, and 12.7 per 100,000 pop., respectively) (DPH, 2015–2019) (CMS, 2015–2016; CMS, 2015–2018).
- Compared to the service area and the state, Fulton County has higher high blood pressure emergency room visits (417.4 and 452.9 vs. 486.8 per 100,000 pop.), discharges (33.3 and 39.0 vs. 42.3 per 100,000 pop.), and mortality (10.4 and 10.1 vs. 12.8 per 100,000 pop.) rates. Additionally, hypertensive heart disease emergency room visits, discharges, and mortality are higher in Fulton County when compared to the state (37.2, 105.8, and 23.6 vs. 34.8, 94.2, and 18.1 respectively per 100,000 pop.) (DPH, 2015–2019).
- Forsyth County has the highest 30-day readmission for stroke rate in the service area (13.2 per 1,000 pop.) (CMS, 2015–2018; CMS, 2015–2016).
- Health outcomes are worse among males (heart attack, stroke), Black residents (heart attack, hypertension, stroke), and low-income residents (DPH, 2015–2019).

## Diabetes

- Fulton County has higher rates of diabetes-associated emergency room visits, hospital discharges, and mortality rates (318.9, 198.6, and 18.4 per 100,000 pop., respectively) when compared to the service area and the state (260.5, 166.4, and 15.9, and 311.4, 202.8, and 21.1 per 100,000 pop., respectively) (DPH, 2015–2019).
- Forsyth County has the lowest rates for diabetes mortality, emergency room visits, and hospital discharges in the service area (9.8, 117.7, and 81.0 per 100,000 pop., respectively) (DPH, 2015–2019).
- There has been an increase in prediabetes, diabetes, and hypertension in young adults (DPH, 2015–2019; CDC, 2017).

### Disparities:

- Health outcomes associated with diabetes (discharges, mortality, and emergency room rates) are worse among Black residents (356.5, 32.2, and 613.8 per 100,000 pop., respectively) (DPH, 2015–2019).
- New American populations are unable to manage high blood pressure and diabetes due to lack of access to primary care and high cost of medications.
- There is a high diabetes incidence among Hispanic residents (DPH, 2015–2019). However, there is a lack of access to culturally and linguistically appropriate programs and resources. Cherokee County and Canton specifically were identified as having a need for prediabetes and diabetes interventions targeted to Hispanic residents.

## Asthma

- Compared to the state, the service area has a higher asthma hospital discharge rate (74.2 vs. 80.0 per 100,000 pop., respectively) (DPH, 2015–2019). Fulton County has the highest asthma emergency room visit and hospital discharge rate in the service area (701.2 and 98.2 per 100,000 pop., respectively) (DPH, 2015–2019).
- According to community leaders, increased respiratory issues among young people are being driven by smoking and drug use.
- School-based asthma programs have been paused due to school closures, decreases in funding, and staff turnover.
- When compared to racial and ethnic counterparts, asthma is higher among Black and low-income residents (DPH, 2015–2019).

## Healthy Living and Food Access

Barriers to healthy eating included food insecurity – due to availability, accessibility, and affordability issues – and a lack of education and food culture.

### Food insecurity

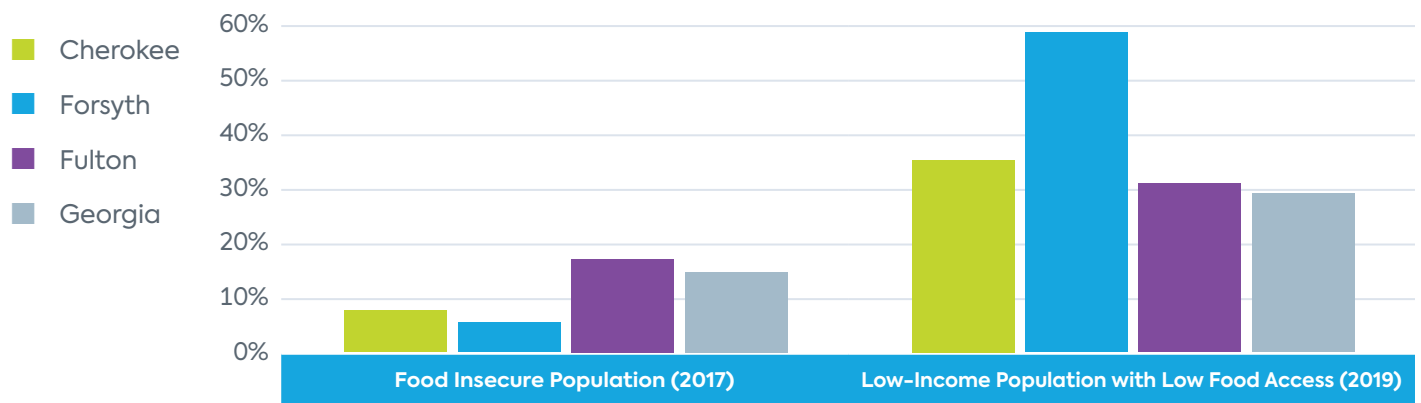
Compared to the state, the service area for Wellstar North Fulton Hospital has a higher percentage of low-income families with limited access to healthy foods, with Forsyth County having the highest percentage of poor food access (*Figure 4*). Residents discussed the limited availability of grocery stores and fresh, healthy foods in south Fulton County as a potential cause of chronic disease. Families living in food swamps and/or experiencing the effects of food apartheid do not have access to affordable, high-quality food, which contributes to both hidden hunger and obesity. For example, residents identified Cherokee County as having a lot of inexpensive, unhealthy food options. One participant identified initiatives like farmers' markets at MARTA stations to be beneficial in making healthy foods more available.

Some children rely on their schools to provide most of their meals during the school year. According to community leaders, many low-income households experienced food insecurity when children were learning from home during the pandemic. Community leaders also drew a connection between food insecurity, poor nutrition, and dental decay (caries) among children and expressed the need for nutrition-related dental health education and preventative services for school-aged children.

COVID-19 Pandemic Influence Survey respondents identified these additional impacts on access to healthy food: global food shortages and increased food costs, and restrictions on public transportation.

Based on an inventory of community assets (see *Appendix*), there are six resources in the area to address food insecurity. Additional exploration will be required to determine the capacity of these resources to address specific barriers to food access (e.g., transportation, income, and education) and to identify other organizations that may offer food assistance on an infrequent basis.

**Figure 4 | Percentage of Population with Food Insecurity and Low Food Access**



*In the Wellstar North Fulton Hospital service area, compared to state benchmarks (2017-2019)*

*Sources: U.S. Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas, 2019, and Feeding America, 2017*

## Education

Residents felt that there is a need for more nutrition education in schools. Community leaders felt that adults also need nutrition-related education, particularly when it comes to preventing and managing diabetes. Interviewees identified a need among SNAP-eligible individuals and families for increased exposure to “new” fruits and vegetables and education on how to affordably cook and store healthy foods. There was also a perception that people didn’t fully understand the relationship between diet, physical activity, and chronic disease – specifically cardiovascular disease.

## Health culture

There was a perception among respondents that generational and cultural beliefs about food and healthy eating were barriers to healthy eating, especially among “people raised in the South.”

## Access to Amenities

Residents discussed the benefits of the multiple parks, trail systems, fitness centers, and fitness/nutrition forums in the service area, especially during the COVID-19 pandemic. The parks and trails are well lit and perceived as safe.

## Health Culture

Residents felt that culturally Atlantans do not prioritize exercise. One resident felt that Atlanta is a “lazy area” compared to other cities. Another mentioned lack of “knowledge and motivation” are deterrents to healthy living. According to community leaders, residents in the North Fulton service area want to be healthier but need more access to chronic disease information, affordable healthy food, and outdoor space. Despite these perceptions, the service area has fewer reported poor physical health days<sup>2</sup> per person than the state’s per person average (3.3 vs. 4.0 days per month) (KP, 2020).

Focus group discussion and COVID-19 Pandemic Influence Survey participants felt that COVID-19 exacerbated the unhealthy culture. They shared that residents were hesitant – or less motivated – to get outside, exercise, or eat well. Limited in-person doctor’s appointments negatively impacted all residents’ health status, particularly those with a chronic disease.

<sup>2</sup> *Physically healthy days estimates the number of recent days when a person’s physical health was “good” and is calculated by subtracting the number of unhealthy days from 30 days.*



# Social Determinants of Health

The social determinants of health prioritized by this needs assessment include poverty, housing, and education.

The Community Needs Index (CNI) ranks each zip code in the United States against all other zip codes on five socioeconomic factors that are barriers to accessing healthcare: income, culture, education, insurance, and housing. 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 is the median for the scale.

**Table 16 | Community Needs Index Scores (2020)**

Zip	County	Change (2018-2020)	2020 CNI Score	Poverty 65+	Poverty Children	Poverty Single w/ Kids	LES	Minority	No High School Diploma	Unemployed	Uninsured	Renting
<b>5 Areas with the Highest CNI Scores</b>												
30076	Fulton	–	3.8	4.4%	12.1%	33.2%	6.9%	46.9%	10.4%	2.9%	8.5%	40.1%
30114	Cherokee	–	3.6	9.7%	13.6%	34.6%	4.45%	24.7%	11.4%	3.9%	10.1%	27.6%
30092	Gwinnett	–	3.4	3.0%	8.8%	19.0%	4.3%	53.5%	6.2%	3.9%	9.3%	43.8%
30350	Fulton	–	3.4	13.7%	11.8%	29.1%	3.6%	54.6%	4.3%	5.0%	11.4%	64.0%
30009	Fulton	–	3.0	7.4%	5.7%	14.3%	2.8%	43.2%	4.1%	4.3%	8.7%	47.1%
<b>5 Areas with the Lowest CNI Scores</b>												
30062	Cobb	–	2.2	4.0%	3.7%	12.6%	3.1%	34.0%	5.1%	3.6%	4.8%	20.8%
30066	Cobb	–	2.2	4.5%	3.1%	6.7%	2.0%	33.7%	4.0%	3.8%	5.6%	20.8%
30075	Fulton	–	2.2	7.3%	5.1%	25.0%	1.7%	23.3%	3.4%	3.1%	5.4%	19.6%
30041	Forsyth	–	2.0	6.6%	3.4%	14.2%	1.8%	30.5%	6.1%	3.3%	5.8%	14.3%
30068	Cobb	–	2.0	5.3%	4.7%	14.4%	1.9%	24.3%	2.8%	3.3%	5.7%	16.6%
<b>County Totals</b>												
Cherokee County		–	2.8	8.7%	10.1%	28.1%	2.6%	23.0%	8.2%	3.9%	8.5%	20.7%
Forsyth County		–	2.3	9.2%	4.8%	16.6%	2.6%	28.6%	7.9%	6.54%	3.1%	15.0%
Fulton County		–	3.6	12.3%	15.9%	29.6%	2.3%	56.5%	7.9%	4.64%	12.3%	29.6%

Source: Truven Health Analytics, Community Needs Index (2020)

Note: These data are from 2019 and 2020 and do not represent the influence of the global pandemic



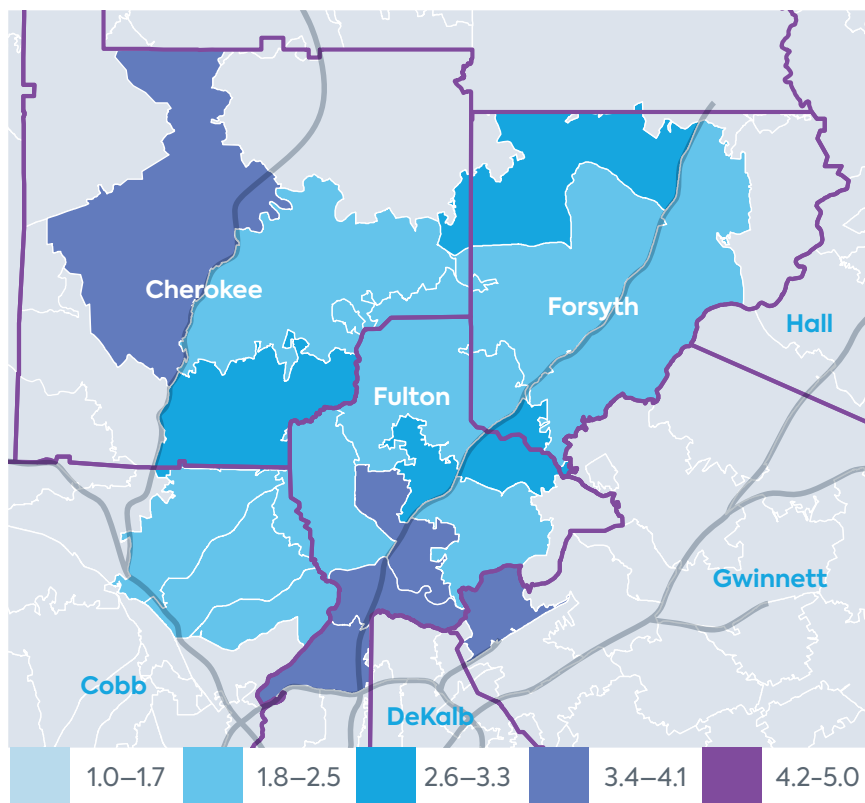
## Poverty

Impoverished residents have reduced access to healthy food, high-performing schools, transportation, and adequate and safe housing. Poverty limits access to care and increases poor physical and mental health outcomes. The percentage of families in the service area living in poverty<sup>3</sup> between 2015–2019 was lower than it had been between 2006–2010 (Table 17) (ACS, 2019). However, these numbers are pre-pandemic, and there is an expectation that post-pandemic numbers will be higher.

The percentage of total people living in poverty decreased in Fulton and Forsyth counties but increased in Cherokee County (Table 17) (ACS, 2019). In the service area, Fulton County has the highest Community Needs Index score at 3.6, which indicates above-average socioeconomic barriers to accessing care (Table 16) (CNI, 2020).

Within Cherokee County, an estimated 15.9% of children and 30.85% of single families with children are living in poverty (CNI, 2020).

**Map 2 | Community Needs Index Score by ZIP Code (2020)**



**Table 17 | Population Below the Federal Poverty Level**

	Cherokee		Forsyth		Fulton	
	2006–2010	2015–2019	2006–2010	2015–2019	2006–2010	2015–2019
Total households	74,339	88,137	55,380	76,753	357,463	410,576
All people	7.4%	7.5%	6.0%	5.7%	15.3%	14.4%
All families	5.5%	5.4%	4.5%	4.3%	12.0%	10.7%
Married couple families	3.8%	3.4%	2.6%	2.8%	3.6%	3.9%
Single female head of household families	15.8%	19.6%	19.5%	18.0%	31.8%	27.2%
Households with no motor vehicle	2.4%	2.6%	2.2%	1.6%	12.2%	10.8%
Commuting mode – public transportation	0.5%	0.5%	0.7%	0.6%	8.0%	7.5%

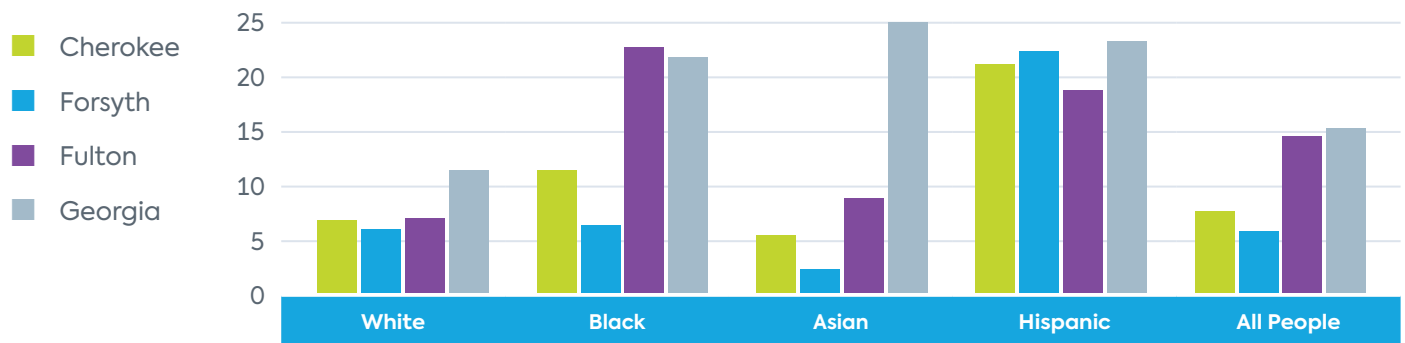
Source: U.S. Census Bureau, American Community Survey, 2015–2019

<sup>3</sup> According to the U.S. Department of Health and Human Services, in 2021, the U.S. poverty threshold for a single person under 65 was an annual income of \$12,880, or about \$35 per day. The threshold for a family group of four, including two children, was \$26,500, or about \$73 per day.

The White population in the service area is almost half as likely to fall under 100% of Federal Poverty Level than White people across the state (6.6% vs. 11.3%) (ACS, 2019). The percentage of people living below 100% of the Federal Poverty Level is higher among populations of color and is high among:

- People of color (highest among Hispanic population),
- Residents 65 and older,
- Single parents,
- Women,
- Undocumented immigrants – who are also unable to access income-based entitlements like Medicaid, SNAP, or stimulus package benefits,
- Residents with limited English proficiency, and
- Those without a high school diploma (ACS, 2019).

**Figure 5 | Population Below 100% Federal Poverty Level**



*By Race, Ethnicity, and County, Compared to State Benchmarks (2015–2019)*  
 Source: U.S. Census Bureau, American Community Survey, 2015–2019

The unemployment rate in Cherokee and Forsyth counties is lower than that of the state (2.6% and 2.5% vs. 3.9%, respectively); however, Fulton County’s unemployment rate is higher (4.6%) (ACS, 2019). Overall, the unemployment rate (11–14%) tripled in all counties between 2019 and 2020, which is likely due to COVID-19 (2.6% to 11.9% in Cherokee County, 2.5% to 11.0% in Forsyth County, and 4.6% to 14.6% in Fulton County) (United States Department of Labor, 2020). Community leaders shared that underemployment and lack of living wage jobs are also contributing to poverty in the service area. They report an immediate need for COVID-19 vaccination so people can get back and a long-term need for economic investment in business to promote job growth.

Based on an inventory of community assets (see *Appendix*), there are 16 resources in the area to address poverty (e.g., job readiness and local resources). Further examination will be needed to determine the capacity of these organizations to address said needs – for example, specific criteria may be required for residents to access services or goods.

## Housing

Across the service area, the percentage of families with cost-burdened housing (spending more than 30% of income on rent or mortgage) decreased from 2010 to 2019. Despite these decreases, almost 50% of renters and 20–25% of homeowners in the service area are, on average, still paying more than a third of their income for housing (ACS, 2019) (Capacity, Health Communication, 2015). Median gross rent is high when compared to both state and national numbers (ACS, 2019). The issue is most acute in Fulton County, where 48.7% of renters and 25% of homeowners live in cost-burdened housing (ACS, 2019). There is concern that housing outcomes will get worse as post-pandemic data become available.

**Table 18 | Select Housing Indicators**

	Cherokee	Forsyth	Fulton	Georgia	U.S.
Units Affordable at 15% AMI*	1.4%	1.9%	2.2%	2.9%	3.1%
Units Affordable at 30% AMI	3.2%	4.7%	6.5%	7.6%	7.9%
Units Affordable at 40% AMI	9.2%	9.4%	11.3%	10.4%	13.2%
Units Affordable at 50% AMI	17.5%	13.9%	16.4%	21.6%	20.9%
Units Affordable at 60% AMI	25.7%	22.0%	21.4%	32.1%	29.9%
Units Affordable at 80% AMI	56.3%	39.2%	31.5%	52.6%	47.3%
Units Affordable at 100%AMI	68.6%	55.8%	40.2%	67.1%	61.1%
Units Affordable at 125% AMI	68.6%	76.5%	48.3%	78.0%	73.2%
Median Gross Rent	\$1,241.00	\$1,380.00	\$1,205.0	\$1,006.00	\$1,062.00
Households paying more than 30% of income for monthly mortgage	20.60%	20.40%	25.00%	ND	ND
Households paying more than 30% of income for monthly rent	45.80%	43.30%	48.70%	ND	ND
Households living in homes with one or more severe problems	14.39%	11.45%	19.50%	17.7%	18.5%

\* Area Median Income

ND: No Data – Data not available for this population

Sources: U.S. Census Bureau, American Community Survey, 2015-19; Community Health Needs Dashboard by KP CHNA Data Platform, Esri Business Analyst, 2020.

According to community leaders, debt is mounting, which may cause landlords to lose properties. Housing situations are fragile due to job loss, underemployment, low wages, and lack of access to housing services. Housing outcomes are poorest for residents who are Black, single parents, new Americans without legal documentation, and earning a low-income (ACS, 2019). There are needs for affordable housing, housing assistance, and services for people experiencing homelessness. Respondents in Cherokee County shared that there is a growing need for safe, affordable housing and shelters in their County, particularly for seniors. Community leaders shared that affordably priced apartments in Fulton County are being demolished while the cost of living increases. Families are moving in together so they can afford rent.

Gentrification was also considered a concern. The market is focused on luxury apartment buildings which increases gentrification and displacement. Community leaders feel that investors and developers in the area do not reflect the community and are not working in the community’s best interests. Interviewees also expressed concern that zoning laws inhibit the development of housing for residents with disabilities, which is contrary to fair housing laws.

Community leaders reported that the economic impacts of the pandemic have made housing less stable and less affordable due to unstable or lost income and rising materials and building costs. According to the COVID-19 Pandemic Influence Survey, respondents felt that while COVID-19 impacted housing status, housing also impacted COVID-19 status. Survey respondents also identified the following groups as being disproportionately affected by COVID-19’s impact on housing:

- Individuals with low income,
- Racial and ethnic minorities,
- People experiencing homelessness,
- Non-English speaking or proficient communities, and
- Non-status residents.

Based on an inventory of community assets (see *Appendix*), there are three resources in the area to address housing; however, additional exploration will be required to determine other organizations that offer housing assistance (e.g., placement, housing affordability). For example, some job-readiness organizations also offer housing assistance to their clients.

## Education

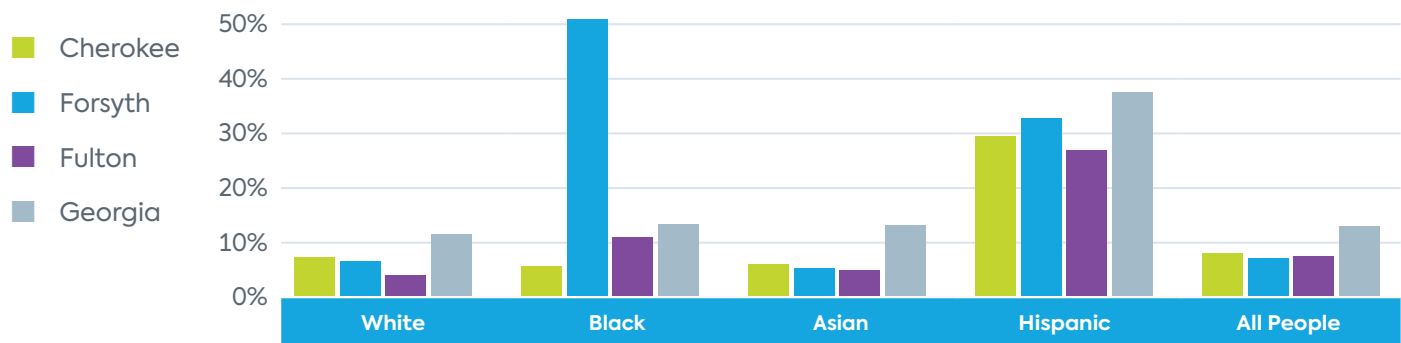
Compared to Georgia, the service area has a higher percentage of adults 25 or older without high school diplomas (ACS, 2019). Populations of color in the service area are less likely to have a high school diploma. In Cherokee County, Hispanic residents have the lowest high school graduation rates and Black residents have slightly lower rates than Whites in the county (ACS, 2019). Half of the Black population and a third of the Hispanic population in Forsyth County do not have a high school diploma (ACS, 2019).

**Table 19 | Select Education Indicators**

	Cherokee	Forsyth	Fulton	Georgia	U.S.
Adults without a high school diploma (age 25+)	7.90%	7.04%	7.43%	12.86%	12.00%
High school graduate rate	87.00%	95.00%	84.50%	85.40%	87.70%
Associate degree or higher	46.42%	60.13%	58.90%	39.14%	40.63%
Bachelor's degree or higher	38.23%	53.14%	52.89%	31.32%	32.15%
Preschool enrollment (ages 3-4)	58.29%	65.86%	61.90%	50.28%	48.32%

Source: U.S. Census Bureau, American Community Survey, 2015-2019

**Figure 6 | Percentage of Population Without a High School Diploma**



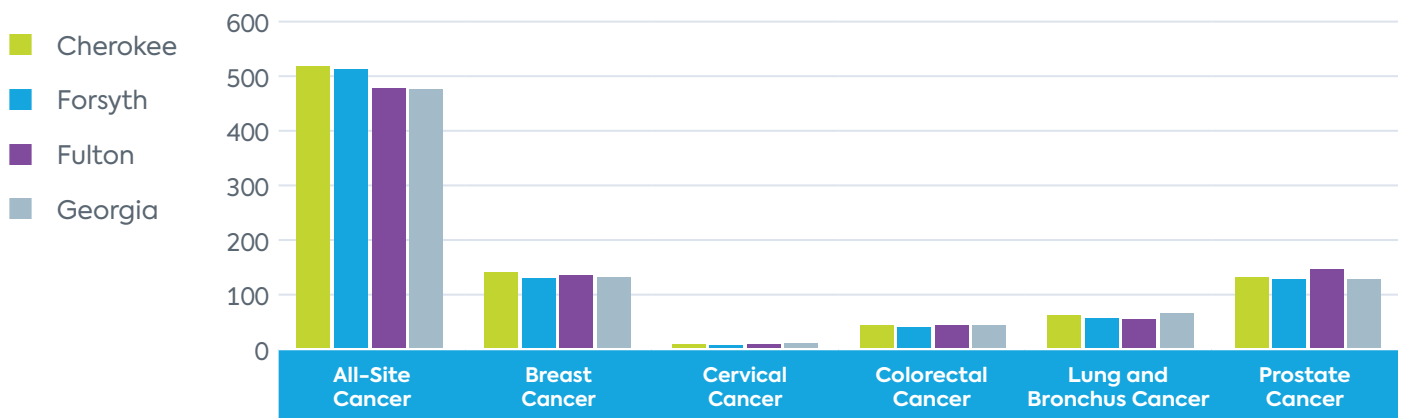
By Race, Ethnicity, and County, Compared to State Benchmarks (2015-2019)

Source: U.S. Census Bureau, American Community Survey, 2015-2019

Community leaders reported that increased rates of homelessness are impacting public school students, particularly those who cannot access services due to fear of deportation. Respondents also reported a lack of early care and education options. There was also some concern about the quality of public education and a disconnect between curricula and skills needed for employment.

The Wellstar North Fulton Hospital service area has higher age-adjusted rates for hospital discharge for breast and prostate cancers and a higher mortality rate for prostate cancer when compared to the state (DPH, 2015–2019) (Figure 7). When compared to the service area and the state, Fulton County has higher breast cancer discharge and mortality rates, as well as a higher mortality rate for prostate cancer. Cherokee County has the highest discharge rates for prostate, colon, and rectal cancers and the highest age-adjusted mortality rates of colon and rectal cancers (DPH, 2015–2019).

**Figure 7 | Incidence Rates of Selected Cancer Sites**



Age-adjusted rates per 100,000 population, in the Wellstar North Fulton Hospital service area, compared to state benchmarks (2015–19)  
 Source: Georgia Department of Public Health Online Analytical Statistical Information System

Cancer screenings declined during the COVID-19 pandemic, causing a decline in diagnoses. Some patients also put treatment on hold during COVID-19. Cancer outcomes are worse among Black and low-income residents, and prevalence increases as residents age (Table 20).

**Table 20 | Cancer Mortality Rates**

	White	Black	Asian	Hispanic	Georgia
All-Site Cancer	131	172.8	76	78.6	226.9
Breast Cancer	9.3	17.7	5.1	3.9	11.7
Colorectal Cancer	12.3	19.4	9.5	5.8	14.6
Lung Cancer	29.3	34.4	11.7	12.9	38.7

Age-adjusted rates per 100,000 population, in the Wellstar North Fulton Hospital service area by race and ethnicity, compared to state benchmarks (2015–2019), racial and ethnic data is by all counties  
 Source: Georgia Department of Public Health Online Analytical Statistical Information System





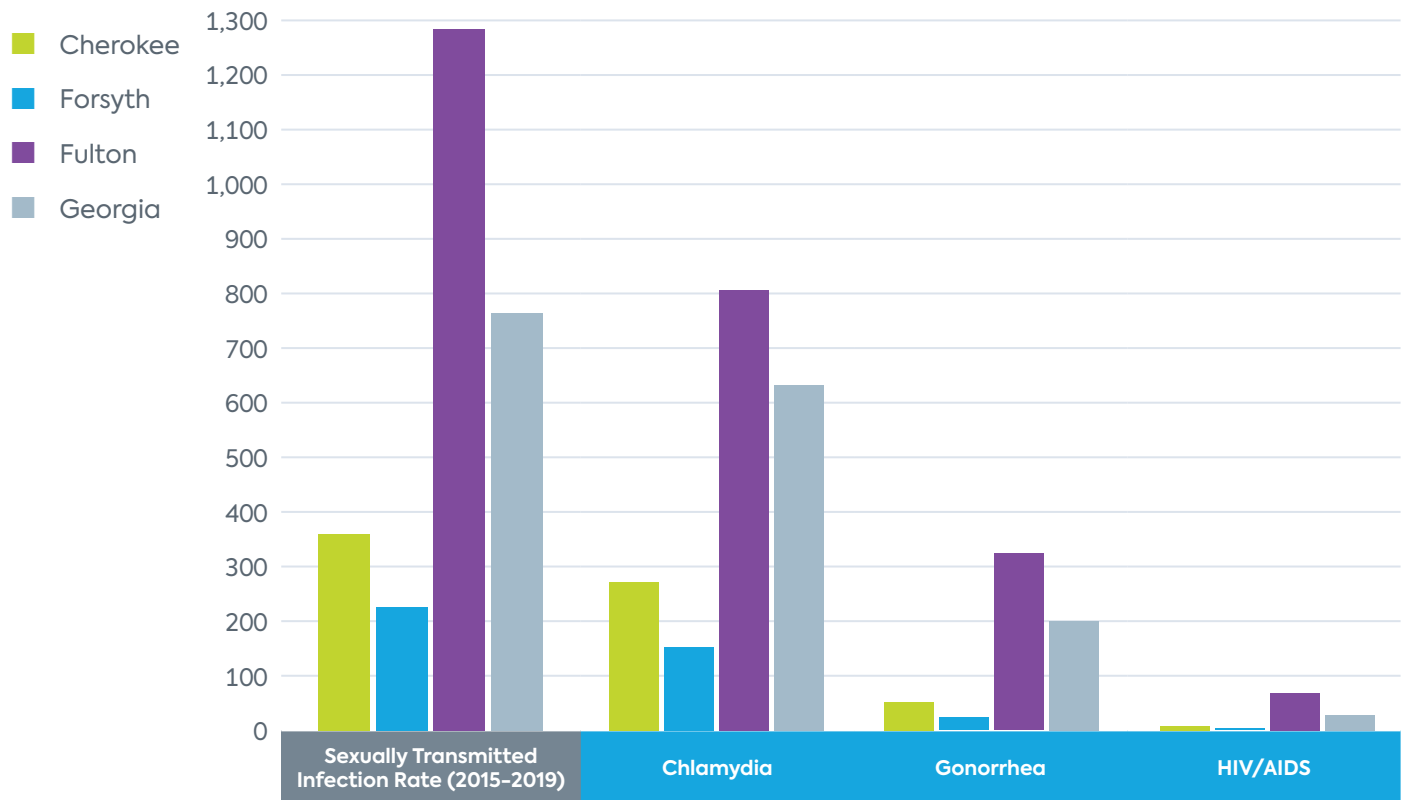
# Sexually Transmitted Diseases

Compared to Georgia, the service area has higher rates for sexually transmitted infection incidence overall (DPH, 2015–2019), including for:

- Chlamydia (age-adjusted only),
- Gonorrhea, and
- HIV/AIDS incidence and prevalence (Figure 8).

Incidence rates for chlamydia, gonorrhea, and HIV/AIDS are higher in Fulton County when compared to statewide and national data (DPH, 2015–2019). HIV/AIDS prevalence is higher among Black and Hispanic populations and men who have sex with men (DPH, 2015–2019; CDC, 2018).

**Figure 8 | Sexually Transmitted Infection Rate\* and Incidence Rates for HIV/AIDS, Chlamydia\*, and Gonorrhea\***



In the Wellstar North Fulton Hospital service area compared to state benchmarks (2018)

\* Age-adjusted

Source: Georgia Department of Public Health Online Analytical Statistical Information System



# Violence and Crime

Compared to Georgia, the service area has higher assault-related hospital discharge and emergency room visit rates. The assault-related emergency room visit rate in Fulton County is three to five times higher than the rest of the service area. Serious offenses and violent crime events decreased across the service area between 2006–2017 with a few notable exceptions (*Table 21*):

- Murder, rape, and robbery cases increased in Cherokee County from 2006 to 2017 (UCR, 2017).
- Aggravated assault rates increased in Forsyth County from 2006 to 2017 (UCR, 2017).

Community leaders shared that Black, Asian, and LGBTQ+ residents were more likely to be victims of violence.

**Table 21 | Crime Rates per 100,000 population**

	Cherokee		Forsyth		Fulton	
	2006–2010	2013–2017	2006–2010	2013–2017	2006–2010	2013–2017
All Part I Crimes	1,473.2	1,385.0	1,549.6	913.9	7,798.8	5,622.3
Violent Crime	93.9	86.1	70.9	58.5	1,105.7	786.9
Murder	0.7	1.6	1.8	0.4	16.3	13.9
Rape	9.1	14.8	12.1	10.9	31.0	30.0
Robbery	14.3	14.9	14.9	5.0	475.9	322.2
Aggravated Assault	69.8	54.8	42.1	42.2	582.6	420.8
Property Crime	1,379.3	1,299.0	1,478.7	855.4	6,693.0	4,835.4
Burglary	300.5	205.4	315.5	152.4	1,707.2	885.8
Larceny	1,007.9	1,033.8	1,086.8	667.8	3,979.1	3,280.2
Vehicle Theft	70.9	59.8	76.4	35.2	1,006.7	669.4

Source: Georgia Department of Public Health Online Analytical Statistical Information System

The COVID-19 Pandemic Influence Survey identified an increase in violent crimes, including child abuse and domestic and intimate partner violence, because of the pandemic. The increase in violence could be attributed to increased social isolation, exposure to violent family members during the shutdown, and increased levels of anxiety, depression, and substance use. The economic impacts and the political climate during the first half of the global pandemic may have increased desperation among those with unmet needs and higher stress levels, leading to more violent altercations.

Community leaders reported increases in child physical and sexual abuse. There was a perception that during the pandemic shutdown, families were spending more time together, and some families had to cohabitate due to loss of housing.



# Culturally Competent Services

Community leaders reported a need for more culturally competent services. Equity issues, including systemic bias, were cited as reasons for the lack of culturally competent services. Respondents identified a need for more culturally responsive and sensitive care for Hispanic, LGBTQ+, immigrant, refugee (specifically Afghan), and undocumented residents, as well as traumatized children. They also saw a lack of bilingual and multilingual service providers.

Community leaders feel a collaborative, community-led, systems-based approach is needed to address the lack of culturally competent services.









These data were presented to Wellstar Health System Leaders in a review process that led to identifying the six community health priorities.



*\* including access to food, physical activity and chronic disease prevention and management*

Strategies were developed to address the following priorities during the implementation planning process:



Wellstar North Fulton Hospital has chosen not to develop a strategy targeting improving poverty in the communities served because there are many capable community-based organizations and social service agencies meeting the needs of residents experiencing poverty. Wellstar North Fulton Hospital will address poverty through many of the strategies implemented to address each of the selected priorities and will continue to partner with organizations and agencies serving residents experiencing poverty.



# PARTNERSIN CARE

LISTENING TO COMMUNITY INPUT

# APPENDIX

## Stakeholder Interviews

Georgia Health Policy Center conducted interviews with community leaders. Leaders who were asked to participate in the interview process encompassed a wide variety of professional backgrounds including 1) Public health expertise; 2) Professionals with access to community health related data; and 3) Representatives of underserved populations. The interviews offered community leaders an opportunity to provide feedback on the needs of the community, secondary data resources, and other information relevant to the study.

### Methodology

The following qualitative data were gathered during individual interviews with 33 community leaders in communities served by Wellstar North Fulton Hospital. Each interview was conducted by Georgia Health Policy Center staff and lasted approximately 45 minutes. All respondents were asked the same set of questions developed by the Georgia Health Policy Center. The purpose of these interviews was for community leaders to identify health issues and concerns affecting residents in the communities served by Wellstar North Fulton Hospital, as well as ways to address those concerns.

There was a diverse representation of community-based organizations and agencies among the 33 community leaders interviewed. The organizations represented included:

#### Local organizations included:

- ARCHI
- Atlanta Regional Commission
- Bethesda Community Clinic
- Black Mamas Matter Alliance
- Catholic Charities Atlanta
- Center for Black Women's Wellness
- Cherokee County Board of Education
- Cherokee County Chamber of Commerce
- Cherokee County Senior Services
- CHRIS 180
- Davis Direction Foundation
- Fulton County Schools
- Good Samaritan Health Center
- Kennesaw State University
- North Fulton Community Charities
- Partners for H.O.M.E.
- Southside Medical Center
- The Drake House
- The Summit Counseling Center

#### Organizations representing the state of Georgia included:

- American Heart Association
- American Foundation for Suicide Prevention
- CDC
- Georgia Asylum and Immigration Network
- Georgia Department of Education
- Georgia Department of Juvenile Justice
- Georgia Supportive Housing Association
- Healthcare Georgia Foundation
- HealthMPowers
- Latin American Association
- Motherhood Beyond Bars
- National Alliance on Mental Illness
- Partnership for Southern Equity
- Wholesome Wave Georgia

# Primary Data and Community Input

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

## Improved

- Incarcerated women are permitted 24 hours with their infant, increased from two hours, after delivery before being separated.
- Enrollment in health and human service benefits has increased as demand has increased. This includes SNAP (food stamps), Medicaid, Childcare and Parent Services (CAPS), Temporary Assistance for Needy Families (TANF), and Women Infants and Children (WIC).
- Decreased stigma and increased awareness about mental health issues. Increased access to resources, particularly through telehealth, has improved access to affordable care and outcomes, including a decline in suicide rates.
- Greater awareness of the safety net schools and their support staff provide for children. Increased focus on community support and wraparound services in school systems, such as school-based health centers.
- Increased funding, new partnerships, and a focus on community organizations resulted in new and virtual programs that strengthen safety nets for residents in need.
- In metro Atlanta, income and poverty rates have improved.
- There are more opportunities for healthy living due to better coordination of resources (metro Atlanta).
- Medicaid coverage was expanded to six months, from six weeks, for pregnant and postpartum women.
- Marginalized communities are more hopeful about systems change and more resilient.
- Prior to 2020, there were policy advances, including federal legislation, to increase the age to purchase cigarettes to 21 and a law to ban electronic cigarettes.
- The COVID-19 pandemic precipitated innovation in access to care and services through telehealth and improvements in social services delivery, such as mailing of WIC vouchers.
- Some improvement in work/life balance for those able to work from home and manage childcare.

## Remained the same

- Environmental and physical health are largely unchanged. The rate of chronic health conditions has stayed the same.
- While awareness about housing challenges has increased, rates of homelessness did not change. There remains a lack of affordable housing without the political will and capacity required to make significant changes.
- Systemic issues influencing health, including racism, housing, and education, have not improved. While there has been an increase in awareness among the general population, these systemic issues racial and ethnic reckoning makes it feel like it has gotten worse, but these issues were pervasive prior to the pandemic.
- Housing has always been an issue for low-income renters.\*
- The COVID-19 pandemic highlighted existing disparities around access, unemployment, opportunities, and income that continue to influence maternal and child health, diabetes, and cardiovascular disease.
- In Cherokee County, COVID-19 did not seem to impact seniors' use or need for services.
- Services in Sandy Springs remain scarce, including low access to facilities that provide vaccinations, immunizations, and physicals. It remains difficult for New Americans and uninsured residents to access services in Fulton County.
- Majority of jobs available to those without a college degree are low wage.\*

## Declined

- The COVID-19 pandemic has decreased overall mental health, wellbeing, job security, and healthcare access. Financial, housing, and food burdens particularly experienced in underserved communities increase stress and chronic diseases, which is believed to decrease life expectancy.
- While safety-net services have increased, the need for food pantries and food assistance has also increased.
- The cost of housing has increased, outpacing the growth of entry-level wages, making housing less affordable.



- While moratoriums on evictions helped those who have housing, it has become harder to obtain housing for those who did not already have it.
- During COVID-19, homeless services were closed or unable to take new clients.
- Telehealth is not a good substitute for in-person substance use recovery services.
- Mental health has declined, especially for immigrant, Hispanic, and LGBTQ+ communities.
- It is harder to access mental health services and resources that are not online.
- Collaboration with Motherhood Beyond Bars has been strained and services have decreased within prison settings as a result. There can be an increase in the risks associated with shackling, solitary confinement, and near-miss fatalities.\*
- It has become harder to obtain legal immigration status, which remains critical for accessing healthcare for new Americans.
- Hospital closures and/or use of contracted facilities decreased availability or intensive treatment for juveniles in the justice system.\*
- State hospital closures decreased residential post-hospitalization mental healthcare.\*
- Fear amongst immigrant population driven by previous federal administration policies has resulted in hesitancy to access services.\*
- The digital divide has increased disparities for Hispanic youth.
- Job loss resulted in more uninsured residents falling into the “Medicaid coverage gap.” Increase of complex medical conditions, poorly managed chronic conditions, and less ability to afford medications.
- Hesitancy to seek healthcare due to fear of COVID-19.
- Community-level vaccine hesitancy has led to inability to eradicate COVID-19.

\* Indicates a change that is not attributed to the COVID-19 pandemic.

## Top Health Needs

Community leaders were asked to identify the top health needs in the Wellstar North Fulton Hospital area.

### Top needs identified:

#### Access to Appropriate Healthcare

(primary, specialty, mental, dental, and maternal and child health)

- Lack of access to healthcare insurance and providers, especially for the poor and Medicaid populations.
  - Affordable and accessible healthcare insurance and providers.
  - Many rural counties do not have practicing physicians or dentists.
  - Limited prenatal care in Cherokee County.
  - Need for Latino friendly and welcoming maternal and child health providers, especially for pregnant women.
  - Need for prenatal, postnatal, and pediatric care options for the uninsured, such as funding or discounts.
- Seniors may sign up for an unaffordable Medicare plan; must choose between food and rent over medical care
- Lack of needed services or programming for institutionalized populations
  - Primary interventions to reduce risk for entering the Department of Juvenile Justice system.
  - Services for incarcerated pregnant women:
  - Providing education and programming.
  - Increasing the number of staff and improving the quality of care.
- Mental health services for prevention or treatment of postpartum depression.
- Communication between pregnant women and caregiver(s) of their children.
- Early prevention – starting with supporting pregnant women with health services to early education. Schools have necessary resources to retain students. Early prevention must start while in utero.
- Need for more culturally responsive and relevant services
  - Despite increasing population, Hispanic populations are not utilizing healthcare or social services
  - Increase in Afghan refugees
  - Not enough health and social services with staff that speak languages other than English
- Financial support for families that cannot afford immunizations and vaccinations and provider follow-up to ensure that children receive needed vaccinations.
- Lack of access to dental care:
  - Lack of dentists and providers that accept Medicaid (Cobb, Douglas, Cherokee, Lamar)
  - Lack of uninsured dental care options.
  - Dental providers are having a hard time finding and retaining dental assistants



## Behavioral Health and Substance Abuse

- Mental health was consistently noted as a top need across Key Informant Interviews.
- Mental health needs have increased, including loneliness, depression, anxiety, trauma, PTSD, and high economic stress.
- Substance abuse, relapse, and overdose.
- Behavioral health concerns, including increases in crime and gun violence.
- Lack of affordable or accessible mental health facilities, specialists, and services, especially for residents experiencing homelessness.
- Need for more culturally competent providers for LGBTQ+ community and Latino communities, including need for Spanish-speaking mental health services.
- Behavioral health needs of LGBTQ+ populations are not being treated.
- Post-hospitalization housing or residential care (National Alliance on Mental Health).
- High prevalence of suicide or suicidal thoughts amongst LGBTQ+ communities and seniors.
- Mental health concerns specific to youth:
  - Need for mental health messaging targeted directly to teens
  - Lack of in-patient beds for acute and crisis care for youth
  - Increase in children hospital admission for mental health and eating disorders

## Chronic Disease and Disability (including cancer)

- Obesity
- Cardiovascular disease
- Diabetes:
  - Increased diagnosis of diabetes, prediabetes, and hypertension in young adults
  - Amongst New American populations, high blood pressure and diabetes are not managed due to lack of access to primary care and high cost of medication
  - Sharp rise in need for dialysis in Cherokee County
- Asthma (statewide)

## Sexually Transmitted Diseases (HIV/AIDS and STIs)

- High-risk sexual behaviors in Cherokee County.
- Sexual abuse is increasing in Latino families as families consolidate housing due to loss of homes. Youth are being exposed to more adults and are not seen by professionals outside of virtual settings.

## Healthy Eating, Active Living

- Residents want to be healthier but need more access to chronic disease information, parks, and affordable food (metro Atlanta).
- Economic investments are needed in communities (retail stores, grocery stores, and other healthy businesses that promote job growth).

## Social Determinants of Health

(including transportation, income and employment, food security, education, housing, family and social support, technology, and structural racism)

- Inequitable systems, need for systems-based approach:
  - Trauma-sensitive systems to prevent systemic bias against traumatized children.
  - Equity issues, systemic racism, including systemic bias against traumatized children.
  - Community collaboration to address equity challenges.
  - Income gap and poverty fosters mental health and substance abuse (DeKalb and Fulton).
  - Higher rates of preterm and low birth rate babies and infant deaths in the African-American community.
- Access to affordable housing and/or housing assistance needed across metro Atlanta counties:
  - Need for safe housing in Cherokee County
  - Need for more public housing, especially for those with incomes of \$30,000 and under. Complexity of the system makes qualifying for public housing difficult. For those qualified, there are waitlists for supportive and permanent housing (metro Atlanta).
  - Individuals experiencing homelessness – lack of county-level support for homeless services. Homelessness amongst seniors is growing in Cherokee County and there are no homeless shelters
- Access to affordable healthy food, food insecurity, and food access is a concern:
  - In Fulton County, many children relied on schools for meals; many families had shortages of food in the house while children were learning from home
  - Gentrification in areas of Atlanta may increase food access, but those with low food access are in danger of displacement.
- Lack of livable wage jobs.
- Education:
  - Lack of childcare and early education options
  - Aligning education systems to address skill gaps in real time. In south Fulton and Clayton counties, curriculum in the school system does not prepare

students for available career pathways in the area, while large employers struggle to retain and train employees.

- Transportation to access services, including for undocumented residents (Cherokee County)
- Pregnancy is a concern in this population, not a lot of education.

## Context and drivers

Community leaders were asked to identify structural, policy, or cultural factors that are driving the identified healthcare needs.

### Access to Appropriate Healthcare

(primary, specialty, mental, dental, and maternal and child health)

- Geographic inequities:
  - Immigrant Issues: Immigrants outside of metro Atlanta, particularly south Georgia, need greater access to services and support.
  - Closure of rural hospitals: Georgians in rural areas are facing a lack of providers. Hospital closures have increased distance traveled to access care and has been detrimental to rural economies.
  - Increased population in north Georgia without insurance
- Inequity, disparities, and racism:
  - Lack of health insurance and access to healthcare amongst the adult Hispanic immigrant population, including those that are documented. Amongst immigrant Hispanic populations, care is sought for children but not for adults. For example, there is a disproportionate amount of ovarian and breast cancer due to lack of annual checkups and early detection.
  - Hispanic populations need trust to be built between providers and patients. Undocumented residents may not seek care due to fear of deportation.
  - Lack of coordination, communication, and support for postnatal incarcerated mothers and infants. Lack of access to appropriate standard of care and safe and sanitary environments and any mental health support.
  - Not enough free or low-cost providers that can speak a multitude of languages
  - Distrust of the medical system amongst Black women.
- Lack of access to health insurance, coordinated and/or continued medical care for certain populations or conditions
  - In urban areas, healthcare providers are accessible, and may be unaffordable due to the cost of insurance, copays, and deductibles.
  - Need for Medicaid expansion and lack of providers

### Climate and Environment

- In North Fulton, getting people vaccinated, so they can continue going to work and school is a concern
- Higher rates of COVID-19 related morbidity and mortality due to low vaccination rates in Black female population

that accept Medicaid:

- There is a lack of providers that accept Medicaid and uninsured patients. Medicaid reimbursements rates are too low, especially for dental services
  - Increased number of uninsured residents and those that fall in the Medicaid “gap” without access to healthcare options
  - Residents facing the “Benefits Cliff”: the point at which increasing one’s income puts them at risk of losing benefits, such as food stamps and healthcare, while they are still unable to afford housing
  - Work requirements for Medicaid are harmful in getting access to Medicaid services
  - Assisted living senior services do not accept Medicaid; other states, including Florida, do.
  - In Fulton County, healthcare providers’ hours of operation are incongruent with working families’ schedules
- Limited nurse practitioners
  - Disjointed health efforts and systems in Atlanta
  - There is more funding for treatment compared to preventative care and early interventions.
  - Telehealth has its limitations and can worsen access
  - Childcare responsibilities reduce Black women’s ability to seek healthcare
  - COVID-19 related effects:
    - Hesitancy to come in for services; individuals not seeking care due to fear of COVID-19 pandemic and safety
    - Healthcare capacity shifted to COVID-19 efforts, like vaccination and telehealth

### Behavioral Health and Substance Abuse

- Despite the COVID-19 Pandemic highlighting the need for mental health, some persistent stigma remains.
- Stigma among some cultures or ethnic groups in accepting counseling or receiving mental health services

- Some individuals are reluctant to access mental health services because they feel that their reputation is at risk; “if you are lower income, you can’t be vulnerable.”
- Geographic inequities:
  - Mental health services: Rural areas outside of Augusta and Atlanta have less access to mental health services and support.
- Inequity and disparities:
  - Immigrants without citizenship or residency are more likely to experience lower access to mental health support.
  - Harmful policies against LGBTQ+ communities and trans individuals – high suicide among LGBTQ+ communities. (Fulton and DeKalb)
- There is a need for behavioral health services and insurance coverage:
  - Mental health parity with insurance and healthcare systems
  - There is supposed to be mental health parity, but there really isn’t, in ensuring equal coverage of both physical and mental healthcare.
  - In north Fulton County, access to mental health services is a “luxury”
  - “Impossible” to access behavioral health and substance abuse services; access has gotten worse. Mental health screening rates have decreased, although telehealth has helped.
  - Lack of affordable outpatient services and transitional housing for safe discharge options for individuals experiencing mental illness, particularly those earning a low income, underinsured, and uninsured. While crisis centers are available for underinsured and uninsured; there is a lack of care continuity upon discharge and patients are often discharged without prescriptions.
  - In Fulton County, there is a lack of affordable services for those experiencing homelessness, lifetime of trauma, and PTSD.
  - LGBTQ+ populations need access to culturally competent care that enables individuals to work through issues without judgment or facing stigmas.
- Youth needs
  - Limited services for pediatric mental healthcare; healthcare providers and educators are not trained or equipped to support students. Children generally end up in the emergency room for mental health concerns and illnesses
  - Opioids are of concern in Cherokee, Bartow and north Cobb County.
  - In north Georgia, patients report high interest in mental health services and counseling, but care is not always sought when offered.
- Reliance on social media for social needs, but these aren’t reliable sources of social connection.
- Social media addiction
- Residual effects of the COVID-19 pandemic:
  - Safety precautions necessary because of COVID-19 but these precautions were in direct contrast with the needs of those in need of substance abuse recovery programs
  - Stress related to the COVID-19 pandemic is driving mental health needs due to isolation, unemployment and workforce shortages, family stress, and isolation.
  - Overstressed and overburdened parents who are working full-time, being a parent, and supporting children’s learning.
  - Academic challenges with online learning and life challenges of uncertainty and balancing multiple priorities is a hardship for school-aged children. Students are exhibiting decreased resilience and inability to cope with transitions due to online school and lack of social interaction.

#### Chronic Disease and Disability (including cancer)

- Hispanic population is predisposed to diabetes and lack access to programs that are culturally relevant, including programs available in Spanish.
- In Cherokee County, Hispanic residents in Canton and the surrounding rural area are a high need population, particularly for prediabetes and diabetes.
- In Cherokee County, those living in poverty have not received education on diet and how to manage diabetes; they are unable to afford regular physician care.
- Elementary school age children need more preventative services and dental health education. Increasing prevalence of caries may be in part due to poor nutrition and food insecurity in the area.
- Increased respiratory issues amongst young people being driven by smoking and using drugs.
- School-based asthma programs were paused due to closure of school systems, decrease in funding, and staff changes.
- Partially related to the COVID-19 pandemic, cancer screening and treatment rates have slowed drastically, causing declining diagnosis rates
- Limited in-person visits due to COVID-19 pandemic negatively impacted patients with uncontrolled chronic disease (cardiovascular disease, hypertension, diabetes, and lung disease)

#### Healthy Eating, Active Living

- Need for increased exposure to “new” fruits and vegetables for SNAP-eligible individuals and education

on how to purchase cost effective, healthy foods and cook and store them.

- Generational beliefs about food and healthy eating are a barrier to healthy living, especially for people raised in the South.
- Cardiovascular diseases are a leading cause of death and morbidity. Many people do not know that poor eating and lack of exercise increase their risk.
- In Cherokee County, eating unhealthy foods is cheap
- In metro Atlanta, the COVID-19 pandemic has resulted in people becoming unhealthier: less eager to go outside or exercise, weight gain, and not scheduling doctor visits.

### Social Determinants of Health

(including transportation, income and employment, food security, education, housing, family and social support, technology and structural racism)

- Geographic inequities:
  - Rural and urban areas experience different challenges in accessing affordable housing or housing support. Housing is less accessible in rural areas while affordable housing is difficult to find in the metro Atlanta area.
  - Rural areas of the state, particularly south Georgia, have lower access to healthy food outlets, social services, healthcare, transportation, and communication (broadband and Wi-Fi)
  - Lower income communities in parts of metro Atlanta:
    - Residents of southwest Atlanta (south of I-20 and west of I-75) have less access to healthy food, high performing schools, healthcare, and transportation. This includes the community of Mechanicsville.
    - Pockets of poverty in densely populated areas of north Fulton County (converge road and Highway 9).
- Inequity, disparities, and racism:
  - Maternal and child health outcomes are worse for Black women regardless of income, access to care, and education. Discrimination against Black women in healthcare is a concern.
  - Healthcare issues affecting incarcerated women are more likely to affect Black women as they are over-represented in the prison population.
  - Inequities in sentencing and behavioral diagnosis based on race in criminal justice system
  - Individuals incarcerated for excessively long amounts of time results in loss of access to benefits and employment. When they are released, “it’s like starting all over again.”
  - Emerging challenge of prioritizing and accessing mental and behavioral health is affected by systemic factors that create barriers, like racism.
- Institutional racism
- Latino youth must “parent themselves” due to lack of culturally sensitive services. For those with non-English speaking parents, Latino youth serve as a translator between school system and parents. This issue is also related to the high number of Latino youth in the juvenile courts.
- Language barriers in accessing social services and healthcare. Programs, outreach, and technology-based resources are often only available in English and, less often, Spanish
  - Transgender individuals have a hard time being gainfully employed.
  - LGBTQ+ communities (implied that trans and gender non-conforming at higher risk due to targeting of harmful policies)
  - Immigration status:
    - Immigrants may be in poverty but do not have access to government resources, such as Medicaid, SNAP, or stimulus package benefits, due to immigration status. Many lack proof of income because they are paid in cash. Barriers make it exhausting to find help.
    - Undocumented immigrants have worse healthcare outcomes.
    - Hispanic population is not accurately counted in the census.
- Housing Issues:
  - In Cherokee County, housing prices are “skyrocketing”
  - Zoning laws that inhibit the development of housing for those with disabilities and are contrary to fair housing laws
  - No solutions in place to address issues of affordable housing.
  - In Fulton County, affordably priced apartments are being demolished while cost of living increases. Some families are living in one house together to make it affordable.
  - The market is focused on luxury apartment buildings which increases gentrification and displacement in and around the City of Atlanta.
  - Investors and developers in the area do not reflect the community. (Clayton, south Fulton)
- Poor nutrition is linked to poor health outcomes (obesity, hypertension, diabetes, etc.):
  - Lack of transportation for those that are SNAP eligible to access healthy foods
  - Healthy food can be unaffordable for many families, which leads to consumption of high sugar, fat, and/or cholesterol foods. This is cost effective in the moment, but carries a high cost long term.
  - Underserved communities are vulnerable to marketing by fast food.

## Education, Employment, and the Economy:

- The economic ramifications of pandemic recession; price increases across sectors
- Educational systems aren't nimble enough to address skill gaps in real time. Focus is on four-year college instead of exploring options like technical school.
- Jobs available within the City of Atlanta are not at livable wages
- During the pandemic, many of the jobs available in Fulton County to those re-entering the workforce are at call centers that do not set up individuals for long-term career success
- COVID-19 pandemic stimulus packages may have incentivized some people to stay out of the workforce and therefore lost health insurance.
- Some who qualified for stimulus assistance didn't really need it and some people that did need it were unable to access it.
- Lack of safety-net services or coordination of services for vulnerable populations:
  - Need a stronger community support system to provide more structural support for families in poverty
  - In Cherokee County, seniors that are unprepared for retirement, solely living on Social Security, and do not own a home are at risk.
  - Working moms at risk of homelessness
- In Fulton County, cultural glorification of drug use and violent video games contributing to increases in crime and substance abuse.

## Knowledge, communication, and funding gaps amongst community and healthcare organizations:

- Need for better alignment of priorities for organizational partnerships and better understanding the true needs of a community
- Lack of funding for community resources, assets, and partnerships that improve chronic disease outcomes
- In Fulton County, faith-based and community-based organizations often do not offer legal support.
- Systems are often not collaborating and there is a lack of investment to do so.
- Structure of the hospital care system is focused on treatment rather than community and public health.

## Political issues affecting access or utilization of care:

- Increases in crime and violence due to social unrest related to worsening social climate, politics, and harmony.
- Department of Corrections' standard operating procedures and budget cuts make it difficult for outside partnerships to solve problems and hinders effective communication.
- Increased polarization in the state of Georgia about resident needs and wants. Resource and service allocation is determined by socioeconomic and political decisions.
- In north Fulton, low COVID-19 vaccination rates due to fear, distrust of government, and lack of information to support vaccination importance.

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## COVID-19 pandemic impact

The COVID-19 pandemic significantly challenged two health needs: mental health and healthy food access. Community leaders report a concern over mental health decline and increased substance abuse. While the number of virtual mental health support groups has increased, there is concern over its efficacy in providing the same level of intimacy. Food supply chain stress was unprecedented. It disproportionately affected those who did not have transportation or were unable to purchase delivery options online. Food pantries were unable to accept new clients due to COVID-19 pandemic.

### Access to Appropriate Healthcare

- Care is delayed due to health facility closure. In-person services are still limited after transition to telemed and teledentistry. In Fulton County, medical services are now scheduled three to six months out. Children are unable to get physicals and immunizations needed for school.
- During COVID-19, the Sandy Springs WIC office was relocated to Alpharetta, which is more difficult for some families to access, including those that are unable to afford formula for their babies.

### Behavioral and Mental Health

- Increased behavioral issues related to isolation,

including depression, anxiety, substance abuse, and domestic violence.

- LGBTQ+ community has been especially negatively impacted with mental health impacts and increased substance abuse because of lack of support and lack of acceptance among their families.

### Chronic Diseases

- Stress, isolation, staying home, less physical activity, eating comfort food, and avoidance of wellness visits contribute to increased chronic disease. (Cobb, DeKalb, Fulton)
- Decreased adherence to diagnostics and medication.



## Social Determinants of Health

- Exacerbated persistent health disparities with higher rates of hospitalizations and mortality. Patients were worried significantly about COVID-19 and had the education on prevention, but they did not have the resources and ability to follow all the precautions.
- Economy and employment
  - Worsening economic conditions resulted in a large increase of people losing health insurance and unemployment for part-time or blue-collar sectors. Underserved communities faced the brunt of the pandemic impacts.
  - During the pandemic, people lost jobs because they could not work remotely, and employers cut staff. Now, many businesses are hiring but still having trouble finding new employees.
  - In Fulton County, increased unemployment increases stress in families which then increases violence in families and in society.
  - In Fulton County, some families experiencing homelessness and working mothers never received stimulus checks and/or unemployment benefits.
- Early and K-12 Education
  - High turnover for childcare employees
  - Need for more or steady supplemental funding for childcare and early education
  - There is a new lack of childcare services and facilities; working parents are looking for remote jobs because of the shortage.

- School-age children are struggling, and teachers are trying to get kids back to grade level
- Transportation
  - Transportation is a challenge in accessing COVID-19 testing centers and care.
- Food access:
  - In Fulton County, some households still have a shortage of food and are unable to have their basic needs met.
  - In Fulton County, some stores are still experiencing food shortages.

## COVID-19 Vaccination

- Mistrust and uncertainty of COVID-19 vaccination due to confusing media information and, in some cases, religious influence. A north Georgia area survey found that many Hispanic residents did not want the vaccine. Other clinic populations in south metro Atlanta also have a high percentage of clients that do not want to be vaccinated.
- Health literacy, racism, and distrust contributed to COVID-19 cases and vaccination rates.

## Positive Changes

- COVID-19 closures precipitated some positive changes, such as mailing of WIC vouchers which were needed for those without transportation.

## Impact of technology

Community leaders commented on the impact of technology on people's ability to be healthy.

- Telehealth has increased both access and barriers to access:
  - Access to telehealth during the COVID-19 pandemic has been beneficial, with increased employer insurance coverage and greater access to providers, especially mental health services.
  - More people are willing to use technology and telehealth than before, despite challenges for some populations.
  - Telehealth improved access to WIC nutritionists.
  - Telemedicine for rural populations:
    - Telemedicine could replace the lack of healthcare providers in rural areas, but existing broadband issues need to be solved.
  - Telemedicine for vulnerable populations, including low income, seniors, Hispanic and other immigrants:
    - Those without a phone and unlimited minutes cannot access the benefits of telehealth.
- Some seniors do not know how to use technology
- Need for greater support for populations that struggle with technology-based resources, such as immigrants, and those with limited Wi-Fi access.
- Reliance on technology for COVID-19 information and vaccination appointments has been challenging for immigrants. Many do not know how to use email.
- Chronic disease
  - Middle- and upper-class Atlantans have more access to technology, including the ability to use it to prevent chronic disease (track steps, heart rate, etc.), but also are more likely to overuse technology. Underserved populations lack needed technology.
  - Technology has made people more sedentary.
- Amongst youth, technology is both necessary (for school) but also detrimental to mental health and proper socialization (social media).
- Spreading of misinformation on social media is especially detrimental to immigrants.

## Recommended interventions:

Collaboration and partnerships between the private sector and public resources.

### Mental Health:

- Reaching out to healthcare/insurance companies and letting them know the statistics about mental health issues and what they should provide.
  - Connecting with different state organizations for mental health services
  - Make conversations at state and local levels on mental health – supportive of children’s mental health
  - Include elderly (Medicare) and low-income populations (Medicaid)
  - Make connections with other mental health non-profits – NAMI
  - Connect with mental healthcare providers so that we can better understand the patient’s needs
- Implementing approaches with inequities in mind
- Analysis of policies and processes to mitigate biases
- Involve police departments to look at biases. Systems are starting to take note in encouraging ways.
- Extreme shifts in general awareness, urgency toward children’s health in the context of education. Hyperaware of the safety net that schools provide. Acknowledgement of mental health issues.
- Focus on support staff. Wraparound services: getting community supports into schools. Emotional wellbeing curriculum. Campaigns around immunizations (standard). COVID-19 testing. Need and then ask.
- Organizations have a lot of potential to be connectors to host events and providing services, community education. Healthcare system has a big potential for outreach. Getting trusted experts. Promoting health literacy.

### Health Equity:

- Focus should be policy – advocating for legislation that supports public health and its goals.
  - Everyone provides education in health equity and SDoH
  - Provide more training for public health professionals
- Community health worker approach is effective as trusted messengers. Faith-based places in the community. Talking to the people affected by community changes. Talking to key community leaders.

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## Resident Focus Group Discussion

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

### Methodology:

Georgia Health Policy Center recruited and conducted one focus group with residents living in the communities served by Wellstar North Fulton Hospital. Georgia Health Policy Center designed facilitation guides for focus group discussions. Residents were recruited using a third-party recruiting firm. Recruitment strategies focused on residents that had characteristics representative of the broader communities in the service area; specifically, communities that experience disparities and low socioeconomic status. Focus groups lasted approximately 1.5 hours during which time trained facilitators led 10 participants through a virtual 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 participants were offered appropriate compensation (\$75.00) for their time. The following focus group was conducted by Georgia Health Policy Center during October 2021.

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

## Group recommendations

The group provided many recommendations to address community health needs and concerns for residents in the Wellstar North Fulton Hospital service area. Below is a brief summary of the recommendations:

- **Offer programs for how to utilize the outdoor spaces, parks and trail systems:** The multiple parks, trail systems, fitness centers, and fitness/nutrition forums are a benefit to the community. The parks and trails are well lit and perceived as safe. Culturally, Atlantans may not prioritize exercise and there is a lack of knowledge and motivation. Participants felt that more programming aimed at getting people outdoors and active would increase health.
- **Increase nutrition education information and programs for youth:** Leaders discussed the lack of nutrition education in schools and those kids need more nutrition knowledge.
- **Market existing farmers' markets and outlets that provide fresh, healthy foods.** Some parts of the service area have low access to grocery stores and fresh food options. Residents have found farmers' markets, like those at MARTA stations, to be beneficial. There are limited grocery stores.
- **Increase the availability of mental health services and provide outreach for how to access existing services.** Participants were concerned about the mental health outcomes of the COVID-19 pandemic, including depression, anxiety, and substance abuse. They were not aware of available services and/or felt that not enough services were available, especially for emergency behavioral health needs.

## Problem identification

### Behavioral Health

Participants identified access to behavioral health services as a community health need. Participants focused discussions on the need for more mental health services and concern for rising rates of depression, anxiety, substance abuse, and suicide.

#### Outcomes:

- Untreated mental health needs (depression, anxiety)
- Substance abuse
- Suicide

#### Contributing Factors

- Participants discussed the mental health outcomes of the pandemic, including increased prevalence of depression, anxiety, isolation, and substance abuse (alcohol and drugs). Some participants found positive coping mechanisms for stress, including exercise, meditation, and forming new relationships with neighbors.

- One participant was concerned with the “drug culture in Atlanta” and the high prevalence of drug use, suicide, and overdoses.
- Participants felt that there are not enough mental health services and are not aware of those that are available. There is a need for emergency behavioral health services.

### Access to Appropriate Healthcare

Community participants identified access to appropriate healthcare services as a community health need. Participants focused discussions on the impacts of COVID-19 and lack of affordable health insurance.

#### Outcomes:

- Disparities in healthcare
- Unaffordable insurance

#### Contributing Factors:

- Participants discussed how the COVID-19 pandemic exacerbated existing disparities in healthcare. Residents, particularly Black and Brown people, poor people, and rural residents, received a lower level of healthcare than they were receiving before COVID-19.
- Participants shared that health insurance and medical services are expensive right now. One leader was unable to afford insurance on the healthcare marketplace exchange, despite having a low income. Participants felt that even though some people are successful in getting insurance, the system is difficult to navigate.

### Social Determinants of Health

Participants identified social determinants of health as community health need. Participants focused discussions on affordable housing.

#### Outcomes:

- Housing insecurity

#### Contributing Factors:

- Some participants report difficulty in finding affordable housing. A participant shared how housing provides the foundation for a better life.

### Healthy Living

Participants identified healthy living opportunities as a community health need. Participants focused discussions on healthy food access, access to amenities, and the culture of Atlanta.

#### Outcomes:

- Chronic disease
- Chronic pain
- Food insecurity

### Contributing Factors:

- Participants discussed the prevalence of hypertension, diabetes, high cholesterol, and chronic pain in their community.
- Participants discussed the limited access to grocery stores and fresh, healthy foods in south Fulton and its effect on chronic disease. A participant found initiatives like farmers' markets at MARTA stations to be beneficial.
- There is a need for more nutrition education for kids, especially in the school system.
- Participants discussed the benefits of the multiple parks, trail systems, fitness centers, and fitness/nutrition forums in the service area, especially during the COVID-19 pandemic. The parks and trails are well lit and perceived as safe.

- The participants discussed how culturally Atlantans do not prioritize exercise. One leader believes Atlanta is a "lazy area" compared to Chicago and other cities. Another mentioned that lack of knowledge and motivation are deterrents to healthy living.

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## COVID-19 Literature Review and Local Impact Survey

### Demographics:

#### Industry

Participants at the start of the survey were asked what industry or industries they represent and were allowed to select any of the following options that applied: Healthcare Services, Social Services, High Education/Academia, Public School Education, Government, Public Health, A Wellstar Regional Hospital Board, or Other with the opportunity provide an explanation. Out of the 70 responses, over a quarter of the participants were in the Healthcare Services Industry (27%, n=28). The second most common industry of those listed was Social Services (18%, n=19) and the third was Government (15%, n=16). Less than 7% (n=7) of the sample represented the two industries in Education combined, which were High Education and Public School Education.

15 of the 70 participants (14%) selected the other option, either in combination with another industry to provide additional details or by itself. Among those responses, Non-profit or Community Organization were the most common written-in industry responses. Other written-in responses for industries not listed were Philanthropy, Financial Services, Safety-Net Clinic, Private School Education, and Community Member.

#### Wellstar Health System Regional Hospital Board Participation

10 (8%) of the 70 participants were associated with one of Wellstar's nine Regional Hospital Boards in the state. 44% (n=4) of those Wellstar Regional Hospital Board representatives were associated with the Wellstar Health System Douglas Hospital Board. Only 22% (n=2) of the

Wellstar Regional Hospital Board representatives were affiliated with the North Fulton Hospital Board. The remaining representatives were affiliated with either Wellstar Health System Atlanta Medical Center or the Kennestone Regional Hospital Board.

#### Geographic Representation

In the question, "Please identify the counties where you have the best understanding of the health needs of residents" participants were able to choose and select any of the 25 options, including the State of Georgia, that applied. Respondents who indicated that they understand the needs of residents in Cherokee, Forsyth, and Fulton counties were identified to represent the Wellstar North Fulton Hospital Service Area. Of the 70 participants, 36% (n=61), 7% (n=12), and 3% (n=5) represented Fulton, Cherokee, and Forsyth counties respectively. Over half (54%) of the respondents who represented the Wellstar North Fulton Hospital service area also indicated they represented Butts, Carroll, Clayton, Cobb, Dawson, DeKalb, Douglas, Henry, Lamar, Newton, Paulding, Rockdale, Spalding, and Troup counties.

#### Selected Health Need Focus Areas

Participants were asked to select health need topics they felt comfortable responding to based on their experience in relation to the influence of the global pandemic in these areas: 1) Behavioral Health; 2) Housing; 3) Access to Care; 4) Healthy Living and Food Access; and 5) Maternal and Child Health. If none applied, participants had the option to select "None of these" and were sent to a section focused on a broad range of areas the global pandemic may have influenced.

Out of a total choice count of 185 for this question, 26% (n=48) of participants selected Access to Care, 19% (n=36) for Behavioral Health, 21% (n=38) for Healthy Living and Food Access, 21% (n=38) for Housing, and 11% (n=20) for Maternal and Child Health. Only 3% (n=5) of the participants selected none of the topics.

## Behavioral Health

Thirty-six (36) participants in total completed the Behavioral Health section of the survey. When asked to score the influence of the global pandemic on behavioral health outcomes, participants used the following response options, which included none, low, moderate, and significant. Participants indicated the following behavioral health outcomes in the North Fulton Hospital service area have been significantly influenced by the global pandemic from highest to lowest significance:

- Worsened states of mental health and mental health outcomes (91%, n=32 out of 35 responses)
- Greater rates of substance abuse (79%, n=19 out of 24 responses)
- Higher frequency of alcohol consumption and heavy drinking (78%, n=22 out of 29 responses)
- Increased instances of suicidal behaviors (73%, n=19 out of 26 responses)
- Lowered access to behavioral healthcare and substance abuse services (59%, n=20 out of 34 responses)

Although participants did not score the global pandemic as significantly influencing lowered access to care as high as the other outcomes, a high proportion of participants indicated these outcomes were moderately influenced. When combined, 85% (n=29) of participants, out of 34 total responses, scored the global pandemic as either significantly or moderately influencing access to behavioral healthcare.

Twenty-four (24) participants offered the following primary insights when asked, “Are there other ways the global pandemic has influenced behavioral health and behavioral health treatment that you think are important to include?”:

- Isolation, disruptions in social connectivity, and economic hardship (i.e., job loss, housing burden, etc.) have contributed to poor mental health outcomes during the global pandemic.
- The temporary closures and lack of behavioral health and substance abuse services during the global pandemic have made accessing timely and quality behavioral or substance abuse care difficult.
- Due to workforce shortages in the mental health profession related to closures, burnout, and declining clientele from becoming uninsured, meeting the rising demand for behavioral healthcare services has been a challenge for the behavioral health profession.

The top five marginalized groups participants indicated as having their behavioral health disproportionately influenced by the global pandemic were:

- Low-income and socioeconomic status individuals (13%, n=31)
- Racial and ethnic minorities (11%, n=27)
- Those of older age (11%, n=26)
- People experiencing homelessness (10%, n=24)
- Those with pre-existing conditions (9%, n=22)

In the comments, other population groups mentioned were first responders, incarcerated people, people living with mental illnesses (undiagnosed or diagnosed), college students, and young adults.

## Housing

38 participants in total completed the Housing section of the survey. When asked to score the influence of the global pandemic on housing-related outcomes, participants used the following response options, which included none, low, moderate, and significant. Participants indicated the following housing-related outcomes have been significantly influenced by the global pandemic from highest to lowest significance:

- Increased housing insecurity, impacting both general health as well as mental health (82%, n=27 out of 33 responses).
- Families and individuals behind on housing payments, both rent and mortgages (82%, n=27 out of 33 responses).
- Higher risk of COVID-19 among those unhoused, either temporarily or chronically in homelessness (66%, n=19 out of 29 responses).
- Eviction filings affecting renters behind on rent payments (63%, n=19 out of 30 responses).
- Foreclosure initiation or completion (50%, n=12 out of 24 responses).

Although participants did not score the global pandemic as significantly influencing eviction filings or foreclosures, initiated or completed, as high as the other outcomes, a high proportion of participants indicated these outcomes were moderately influenced. When combined, 87% (n=26) of participants, out of 30 total responses, scored the global pandemic as either significantly or moderately influencing renters through eviction filings. Additionally, 75% (n=18) of participants, out of 24 responses, ranked the pandemic as either a significant or moderate influence on foreclosure initiation or completion among homeowners in Georgia. None of the 38 participants in this section indicated that the global pandemic had no impact on families and individuals' ability to keep up with housing payments.



19 participants offered the following primary insights when asked, “Are there other ways the global pandemic has influenced housing that you think are important to include?”:

- Economic impacts of the pandemic have worsened housing stability and affordability of communities across the service area and beyond. The primary economic comment is the lack of housing availability, especially affordable housing, resulting from rising costs, job/income instability or loss, higher supply costs of building materials, among others.
- There is concern for the rising homelessness in respective communities throughout the service area, with one concern specific to those 65 years and older experiencing higher rates of homelessness.
- Due to a lack of supportive housing infrastructure and affordable housing policies to effectively stabilize families and residents, residents continue to experience undue housing adversity, such as displacement, eviction, and cyclical homelessness.

The top five marginalized groups participants indicated as having their housing disproportionately influenced by the global pandemic were:

- Low-income and socioeconomic status individuals (17%, n=31)
- Racial and ethnic minorities (14%, n=25)
- People experiencing homelessness (12%, n=21)
- Non-English speaking or proficient communities (12%, n=21)
- Non-status residents (11%, n=19)

### Access to Appropriate Healthcare

48 participants in total completed the Access to Care section of the survey. When asked to score the influence of the global pandemic on access to care, participants used the following response options, which included none, low, moderate, and significant. Participants indicated the global pandemic significantly influenced access to care by contributing to the following outcomes, from highest to lowest significance:

- Delays, postponements, and cancellations of healthcare services and appointments for healthcare services, including for preventive care (79%, n=34 out of 43 responses).
- Disruptions in routine care and management for chronic disease conditions (71%, n=30 out of 42 responses).
- Concern among families and individuals of COVID-19 transmission in a healthcare setting and in obtaining services (69%, n=29 out of 42 responses).
- Loss of family and individual healthcare coverage (54%, n=20 out of 37 responses).

- Transition of healthcare services to telehealth and telehealth not being accessible to all (39%, n=15 out of 38 responses).

Although participants did not score the global pandemic as significantly influencing access to care through the loss of healthcare coverage and the transition to telehealth services as high as the other outcomes, a high proportion of participants indicated these outcomes were moderately influenced. When combined, 81% (n=30) of participants, out of 37 total responses, scored the global pandemic as either significantly or moderately influencing access to care through loss of healthcare coverage among families and individuals. Additionally, 89% (n=34) of participants, out of 38 responses, ranked the pandemic as either a significant or moderate influence on access to care due to the transition from in-person to telehealth services.

None of the 48 participants in this section indicated that the global pandemic had no influence on access to care by contributing to delays and postponement of care and treatment, disruption in chronic disease routine care and management, concern of COVID-19 transmission in healthcare settings, and the transition to telehealth services.

18 participants offered the following primary insights when asked, “Are there other ways the global pandemic has influenced access to care that you think are important to include?”:

- The global pandemic has reduced the utilization of preventive care and has caused a delay in seeking emergency care when it was necessary, especially among those with pre-existing conditions. Hospitals experiencing low staff capacity due to COVID-19 patients also contributed to delays for both emergency and non-emergency care, contributing to possible death and disabilities.
- In response to the pandemic, there was a disruption in the access to reliable and safe public transportation, which made it more difficult to access care. This outcome disproportionately affected low-income residents and communities of color.
- In the North Fulton Hospital service area, there is a lack of healthcare facilities and poor distribution of resources in the community, impacting access to care, especially for low-income residents and communities of color.

The top five marginalized groups participants indicated as having their access to care disproportionately influenced by the global pandemic were:

- Low-income and socioeconomic status individuals (14%, n=38)
- Racial and ethnic minorities (11%, n=30)
- People experiencing homelessness (10%, n=27)
- Those of older age (10%, n=26)
- Uninsured (9%, n=24)

## Healthy Living and Food Access

38 participants in total completed the Healthy Living and Food Access section of the survey. When asked to score the influence of the global pandemic on healthy living and food access, participants used the following response options, which included none, low, moderate, and significant. Participants indicated the global pandemic significantly influenced healthy living and food access by contributing to the following outcomes, from highest to lowest significance:

- Increased social isolation and stress affecting mental health and ability to engage in healthy behaviors (91%, n=30 out of 33 responses)
- Greater food insecurity and hunger in response to job loss and economic hardship (81%, n=26 out of 32 responses)
- Disruptions in daily routines, resulting in poorer eating, reduced physical activity, etc. (70%, n=23 out of 33 responses).
- Concern in COVID-19 transmission in continuing daily routines, such as grocery shopping or going to a gym (67%, n=22 out of 33 responses)

None of the 38 participants in this section indicated that the global pandemic had no influence on healthy living and food access in its contribution to disruptions in daily routines, negative mental health outcomes and social isolation, the concern for COVID-19 transmission, and on the increasing levels of food insecurity.

14 participants offered the following primary insights when asked, “Are there other ways the global pandemic has influenced healthy living and food access that you think are important to include?”:

- The global pandemic has resulted in food shortages and inflation, which have driven up the cost of food, especially nutritious and fresh foods. More families and individuals have been in the position of choosing between high-quality food and paying for other necessities, such as gas. As the costs of these other necessities have increased, families and individuals are having to make difficult decisions to meet basic needs with dwindling buying power.
- There was an increase in the number of families and individuals seeking food assistance, either from a governmental program, such as SNAP, or organized food distribution events, implying that food access was a heightened community need.
- Access to public transportation was restricted during the global pandemic, impacting families’ and individuals’ ability to go to the grocery store. Even if available, individuals may have opted to avoid using public transportation as a COVID-19 precaution. Additionally, there still is the issue of food deserts, where no transportation is available and nearby grocery stores are located outside communities.

The top five marginalized groups participants indicated as having their healthy living and food access disproportionately influenced by the global pandemic were:

- Low-income and socioeconomic status individuals (13%, n=29)
- Those of older age (12%, n=27)
- Racial and ethnic minorities (11%, n=24)
- People experiencing homelessness (10%, n=23)
- Those with pre-existing conditions (9%, n=21)

## Maternal and Child Health

20 participants in total completed the Maternal and Child Health section of the survey. When asked to score the influence of the global pandemic on maternal and child health, participants used the following response options, which included none, low, moderate, and significant. Participants indicated the global pandemic significantly influenced maternal and child health by contributing to the following outcomes, from highest to lowest significance:

- Disproportionate hardship among single parents, especially single mothers, in higher caregiver stress and greater financial constraints (93%, n=14 out of 15 responses).
- Increased fear, anxiety, depression, social isolation, and a reduced sense of control among pregnant people due to uncertainty around COVID-19 and changes in prenatal care (87%, n=13 out of 15 responses)
- Postponement in family planning due to concerns related to COVID-19 and economic conditions (58%, n=7 out of 12 responses).
- Lack of postpartum support for breastfeeding due to limited telehealth access to lactation specialists (50%, n=5 out of 10 responses).
- Higher unplanned pregnancies due to patients not seeking appointments for birth control prescriptions or procedures, including abortion (50%, n=4 out of 8 responses).

None of the 20 participants in this section indicated that the global pandemic had no influence on maternal and child health, indicating that the global pandemic influenced all these maternal health-related outcomes on some level.

8 participants offered the following primary insights when asked, “Are there other ways the global pandemic has influenced maternal and child health that you think are important to include?”:

- Limited information and knowledge of the effects of COVID-19 vaccination caused vaccine hesitancy among pregnant women and those planning for pregnancy. As a result, both pregnant women and their newborns were more susceptible to COVID-19 infection than they would have been if the mother received the vaccine.

- Concern there will be an increase in developmental delays due to reduced enriching activities, social interaction, and access to early child education during the global pandemic. Additionally, the lack of developmental screenings and monitoring of children and disruption in therapeutic services and/or in-home skilled nursing care likely has impacted children's health, especially those with special needs.
- The effects of systemic and structural racism continue to negatively affect maternal and child outcomes for Black people. Relatedly, Black and communities of color are less likely to have proper and timely access to healthcare services, which impact maternal and child health.
- Caregiver burnout continues to disproportionately impact women and contribute to poor mental and emotional health. During the pandemic, mothers felt they were juggling too much between childcare, household responsibilities, and their regular jobs, which led to higher stress levels that can negatively impact childhood development.

The top five marginalized groups participants indicated as having their maternal and child health disproportionately influenced by the global pandemic were:

- Low-income and socioeconomic status individuals (14%, n=16)
- Racial and ethnic minorities (12%, n=14)
- People experiencing homelessness (10%, n=11)
- Non-English speaking or proficient (10%, n=11)
- Uninsured (10%, n=11)

In the comments, another population group mentioned was working mothers regardless of socioeconomic status.

### Other Impacts

52 participants in total completed the Other Impacts section of the survey, which comprised categories on poverty, cultural competency, STIs and HIV, transportation, education, Internet access, violence, child abuse and neglect, and cancer. When asked to score the influence of the global pandemic on each of these categories, participants used the following response options, which included none, low, moderate, and significant. Participants indicated the global pandemic significantly influenced each category, from highest to lowest:

- Education (82%, n=41 out of 50 responses)
- Poverty (75%, n=39 out of 52 responses)
- Violence (70%, n=32 out of 46 responses)
- Transportation (66%, n=33 out of 50 responses)

- Child abuse and neglect (58%, n=22 out of 38 responses)
- Internet access (56%, n=25 out of 45 responses)
- Cancer (53%, n=17 out of 32 responses)
- Culturally competent services (41%, n=17 out of 44 responses)
- STIs and HIV (27%, n=6 out of 22 responses)

None of the 52 participants in this section indicated that the global pandemic had no influence on poverty, transportation, education, and child abuse and neglect.

### Poverty

12 participants offered the following primary insights when asked to use the comment box to offer additional thoughts and insights on the influence of the global pandemic on poverty:

- Job loss has contributed to higher levels of poverty, increasing the wealth gaps between different socioeconomic communities.
- The lack of affordable housing and increasing prices for basic goods have increased poverty and have widened the wealth divide.
- With the distribution of COVID-19 funding, there were more investments in social services, such as providing housing aid, food delivery services to residents in need, and financial relief for renters and homeowners with the moratorium on evictions and mortgages.

### Culturally Competent Services

7 participants offered the following primary insights when asked to use the comment box to offer additional thoughts and insights on the influence of the global pandemic on culturally competent services:

- The global pandemic magnified the lack of culturally competent and linguistically responsive services across the service area and the state.
- Non-English speakers and refugee populations were at a disadvantage during the global pandemic, as it was difficult to access services and information.
- There is a need for efforts around ensuring appropriately translated information that is culturally appropriate and can be easily obtained.

### STIs and HIV/AIDS

When asked to provide additional thoughts and insights on the global pandemic's influence on STIs and HIV/AIDS, three participants commented although infectious disease staff may have been reassigned to focus on COVID-19, social distancing practices might have significantly reduced STIs and HIV/AIDS transmission.

## Transportation

When asked to provide additional thoughts and insights on the global pandemic's influence on transportation, 8 participants commented that transportation access was reduced due to:

- The reduction in public transportation options and routes.
- Fear of COVID-19 transmission.
- Lower ability to travel due to cost of gas and loss of income.

## Education

10 participants offered the following primary insights when asked to use the comment box to offer additional thoughts and insights on the influence of the global pandemic on education:

- The transition to virtual schooling over the global pandemic might have negatively impacted the learning, socialization, and behavioral health of children and young adults.
- Virtual learning was not an accessible option to all school-aged children. As a result, the digital divide became more apparent as schools transitioned to remote.
- There were COVID-19 transmission risks among children, parents, and all school staff in schools that have been conducting or transitioned back to in-person learning. This concern was especially pronounced in schools with no mask mandates and requirements for testing and vaccinations.

## Internet Access

7 participants offered the following primary insights when asked to use the comment box to offer additional thoughts and insights on the influence of the global pandemic on internet access:

- Unreliable Internet access was an issue among some households needing access for work and school. It has been an ongoing concern for parents with school-aged children transitioning to virtual learning.
- Some communities have struggled with not having affordable and adequate broadband to supply reliable Internet access to residents.

## Violence and Crime

7 participants offered the following primary insights when asked to use the comment box to offer additional thoughts and insights on the influence of the global pandemic on violence:

- Communities around Georgia have experienced a spike in violent crimes, including domestic violence. This spike may be attributed to social isolation and increased levels of anxiety and depression during the global pandemic.
- The economic impacts and the political climate during the first half of the global pandemic may have increased desperation among those with unmet needs and higher stress levels, leading to more violent altercations.

## Child Abuse and Neglect

6 participants offered the following primary insights when asked to use the comment box to offer additional thoughts and insights on the influence of the global pandemic on child abuse and neglect:

- There likely are several unreported child abuse and neglect cases during the global pandemic due to children having fewer external interactions, which increases the likelihood for abuse and neglect to remain unnoticed.
- The increase in stress levels and social isolation, in addition to children schooling from home during the pandemic, contributed to rising parental stress and sense of hopelessness. This additional parental stress and increase in responsibility could have led to more cases of child abuse and neglect, especially for caregivers who still had to work in person.

## Cancer

9 participants offered the following primary insights when asked to use the comment box to offer additional thoughts and insights on the influence of the global pandemic on cancer:

- The global pandemic resulted in a disruption in preventive services for cancer, such as screenings, as well as cancer treatment for some cancer patients.
- The delays in cancer screenings and other preventive care are likely to result in more deaths from cancers, such as colorectal and breast cancer, over the next 10 years. Additionally, we may see more cancer rates in younger populations.

# Consultant Qualifications

The Georgia Health Policy Center, housed within Georgia State University's Andrew Young School of Policy Studies, provides evidence-based research, program development and policy guidance locally, statewide and nationally to improve communities' health status. With more than 25 years of service, Georgia Health Policy Center focuses on solutions to the toughest issues facing healthcare today, including insurance coverage, long-term care, children's health and the development of rural and urban health systems.

Georgia Health Policy Center draws on more than a decade of combined learnings from its experience with 100-plus projects supported by 75 diverse funders. The studies span the layers of the socioecological model and include individual, multisite and meta-level assessments of communities, programmatic activities and provision of technical assistance. Georgia Health Policy Center has been supporting hospital partners in meeting the CHNA components of IRS regulations since their inception in 2010. Additionally, Georgia Health Policy Center partnered with Wellstar Health System hospitals to complete the 2019 CHNA and Implementation Planning Process, meeting IRS regulations at that time.



# Community Facilities, Assets, and Resources

## Health Departments

### Cherokee County Health Department

Our mission is to promote and protect the health of the people in the North Georgia Health District wherever they live, work and play, through population-based preventive programs including:

- Prevention of epidemics and the spread of disease
- Protection against environmental hazards
- Injury prevention
- Promotion and encouragement of healthy behaviors
- Responding to disasters and assisting communities to recover
- Assisting communities in assessing the quality and accessibility of health services

### Fulton County Department of Health and Wellness

(Multiple Locations)

Fulton County Department of Health and Wellness (FCDHW) is the largest testing site in the state of Georgia. More than 700 people each year learn that they have been infected with HIV in our clinic. Our clients are introduced to the HIV Clinic physicians on the same day they may learn their HIV-positive status. Enrollment in the HIV Clinic offers an individual a full-service outpatient clinic with a TEAM approach to educate and support the patient and families living with HIV.

**Mental Health** – Our behavioral health centers offer a wide range of services and addictive disease treatment at community-based locations.

**Developmental Disabilities** – Three regional centers provide clients with life skills training tailored to their disability. Mobility training and day habilitation are also provided.

**Addictive Diseases** – We provide a variety of specialty outpatient treatment services for adults with chronic chemical dependencies. Treatment is also available for individuals who have both mental health and substance abuse (“co-occurring”) disorders.

### Forsyth County Health Department

428 Canton Hwy  
Cumming, Georgia 30040  
770-781-6900

As a part of the Georgia Department of Public Health our mission, is to help in preventing disease, injury and disability; promoting health and well-being; and preparing for and responding to disasters from a health perspective. Your health is important to us. You'll find our staff to be well-trained, courteous and committed to caring for the people of Forsyth County.

## Primary Care: Safety-Net Clinics & Federally Qualified Health Centers

### Family Health Centers of Georgia

West End | Main Center  
868 York Avenue, SW  
Atlanta, Georgia 30310  
404-752-1400

Focuses on outreach, disease prevention and patient education regardless of insurance status or a patient's ability to pay.

### **Mercy Care**

(Multiple Locations)

As your medical home, Mercy Care offers comprehensive services that meet most of the primary physical and mental health and wellness needs. Services are planned and delivered by a team that works together for your health. These services include primary medical care for adults and children, primary dental care, vision care, mental and behavioral health assessment and counseling, prescriptions, health screenings, and health education.

### **Southside Medical Center**

(Multiple Locations)

Offering affordable healthcare and related services, including:

- Pediatrics, Adult Medicine, Women's Health, Dentistry, Optometry, and Specialty Services
- Southside Behavioral Lifestyle Enrichment Center (SBLEC) serves all men and women, aged 18 and older, who seek to overcome the use of any type of drug or alcohol.

## **Transportation**

### **Family Health Centers of Georgia**

West End | Main Center  
868 York Avenue, SW  
Atlanta, Georgia 30310  
404-752-1400

Focuses on outreach, disease prevention and patient education regardless of insurance status or a patient's ability to pay.

### **Transportation Options Program for Seniors (TOPS)**

470-760-3299  
www.ssnorthfulton.org/senior-services/transportation/

TOPS provides transportation to medical appointments and "quality of life trips" anywhere around town for older adults who reside in north Fulton.

Who is eligible: Adults, age 60+ in the Senior Services North Fulton service area: Alpharetta, Johns Creek, Milton, Mountain Park, Roswell, and Sandy Springs. For those with significant vision or other physical limitations, the service can include a 1-on-1 feature, where someone stays with them. The 1-on-1 service is currently not available for seniors who need an electric wheelchair lift.

### **MARTA**

Route & Schedule Info:  
404-848-5000  
Customer Service:  
404-848-5000  
MARTA Mobility:  
404-848-5826  
www.itsmarta.com

MARTA serves Fulton and DeKalb counties through a bus and rail system. MARTA maps are available online or at any station.

To advocate and provide safe, multi-modal transit services that advance prosperity, connectivity and equity for a more livable region.

### **Non-Emergency Medical Transportation (NEMT)**

Schedule Transportation:  
Logisticare:  
888-224-7981 (Central)  
888-224-7985 (Southwest)  
888-224-7988 (East)  
Southeastrans:  
866-388-9844 (North) and  
404-209-4000 (Atlanta)

The Non-Emergency Medical Transportation (NEMT) program provides eligible members transportation needed to get to their medical appointments. To be eligible for these services, members must have no other means of transportation available and are only transported to those medical services covered under the Medicaid program.

**CATS (Cherokee Area Transportation System) Cherokee County**

884 Univeter Rd  
Canton, Georgia 30115  
770-345-6238  
Georgia Relay Service: 711  
TTY/TDD: 800-255-0056

Cherokee Area Transportation System (CATS) provides public transportation services for residents of Cherokee County.

Mission: Our mission at CATS is to provide excellence in all areas of service that we provide to the citizens of Cherokee County.

Georgia Relay can be used for contacting CATS for any purpose. For example, it can be used for booking, eligibility, or customer comments.

**Forsyth County Dial-A-Ride**

4140 County Way  
Cumming, Georgia 30028  
770-781-2195

Transportation opportunities, serving Forsyth County residents.

**Behavioral Health**

**Healing Community Center**

(Multiple Locations)

Health Education, Assessment & Leadership (HEAL), Inc.

- We are a Federally Qualified Health Center.
- We offer a sliding fee scale.

**Ascensa Health at St. Jude's Recovery Center**

139 Renaissance Pkwy NE  
Atlanta, Georgia 30308  
ascensahealth.org/  
category/recovery/

Serving metro Atlanta, St. Jude's Recovery Center provides an integrated system of care that sustains recovery from the disease of addiction and co-occurring mental health disorders and returns at-risk individuals to their families and communities as healthy, self-sufficient, productive individuals. Treatment services are based on the belief that addiction is a disease and that treatment must focus on the whole person. Our evidence-based programs and services are designed to support the client over a lifetime of recovery.

**Families First Counseling**

(Multiple Locations)  
familiesfirst.org

Since 1942, Families First has been providing counseling services to metro Atlanta families, supporting the agency's mission to ensure the success of children in jeopardy by empowering families. The Counseling and Support Services program targets children and youth in families facing chronic economic, social or health challenges so that they will succeed in stable, nurturing homes with self-sufficient families.

**Adults, Teens and Children**

From a young age, children can be faced with stress and hardships based on their living conditions, their family structure and school. These stresses don't go away as they age; unfortunately, they increase. At Families First, we recognize the growing need in our community to offer supportive and professional counseling services to children, teens and adults. Individuals and families can receive counseling in both English and Spanish.

**Mercy Care at CHRIS 180**

1976 Flat Shoals Rd.  
Atlanta, Georgia 30316  
678-843-8600

Behavioral Health Services:

- Assessment and counseling
- Anxiety
- Depression
- Panic attacks
- Medications management
- Referrals for substance abuse

**The Link Counseling Center**

404-256-9797  
www.thelink.org

Individual, couples & family therapy provides pro bono support groups for suicide prevention and aftercare, the aging and their families and children in crisis and grief. Counseling services are provided on a sliding-fee scale.

**Fulton County Department of Behavioral Health & Developmental Disabilities**

265 Boulevard, NE  
Atlanta, Georgia 30312  
404-665-8600

This agency operates five community-based mental health center locations with services for psychiatric assessments/treatments, counseling, substance abuse treatment, support groups, evaluations, pharmacies, mental health hotline and case management.

[www.fultoncountygga.gov/inside-fulton-county/fulton-county-departments/behavioral-health-and-developmental-disabilities](http://www.fultoncountygga.gov/inside-fulton-county/fulton-county-departments/behavioral-health-and-developmental-disabilities)

**Cherokee Recovery and Wellness Center**

191 Lamar Haley Parkway  
Canton, Georgia 30114  
770-704-1600

Outpatient services:

- Mental health treatment and recovery services (adult) (child and adolescent)
- Addictive disease/substance abuse treatment and recovery services (adult) (child and adolescent)
- Community Support Services (adult) (child and adolescent)
- Addictive Disease Support Services
- Residential Recovery Services
- Supported Employment

**HIV****AID ATLANTA**

1605 Peachtree Street NE,  
Atlanta, Georgia 30309-2955  
404-870-7741  
www.aidatlanta.org

AID Atlanta offers a broad range of services and has grown to be the most comprehensive AIDS service organization in the Southeast. AID Atlanta currently offers HIV/AIDS prevention and care services, including (but not limited to) Primary Care, Screening for HIV and Sexually transmitted infections, PrEP, Community HIV Prevention Programs, Linkage Services, Case Management, and a state-wide Information Hotline. The mission of AID Atlanta is to reduce new HIV infections and improve the quality of life of its members and the community by breaking barriers and building community.

**Empowerment Resource Center**

230 Peachtree Street NW,  
Suite 1800  
Atlanta, GA 30303  
404-526-1145  
www.erc-inc.org

The mission of Empowerment Resource Center is to provide programs, services, and community-level solutions that improve the health-related quality of life of people infected and affected by HIV and other sexually transmitted infections (STI).

The Comprehensive Intervention Clinic is an STI screening and acute treatment clinic.

The Behavioral Health & Outreach Services (BHOS) is a non-residential substance abuse treatment and mental health services facility.

**Ponce De Leon Center**

341 Ponce De Leon Avenue  
Atlanta, Georgia 30308  
404-616-2440  
www.gradyhealth.org/  
specialty/ponce-de-leon-center/

The Ponce De Leon Center is one of the largest, most comprehensive facilities dedicated to the treatment of advanced HIV/AIDS in the United States. Founded in 1986, the Ponce Center and its onsite affiliates provide various medical and support services to approximately 5,000 eligible men, women, adolescents, and children living with HIV/AIDS.

Services Offered:

Primary medical care for men, women, adolescents, and children living with HIV/AIDS. Transition centers for HIV-infected individuals with <200 CD4 cells. Subspecialty care in Dermatology, Hepatitis C, Mental Health/Substance Abuse Treatment, Ophthalmology, and Oral Health. Case management, adherence counseling, nutrition, on-site radiology, laboratory, pharmacy, and peer counseling.

<p><b>Someone Cares</b> (Multiple Locations) www.s1catl.org</p>	<p>Someone Cares Inc. is a 501(c)3 nonprofit community-based organization with two locations, Marietta and Atlanta, Georgia. For 23 years, we've been living the vision in real time to eliminate all barriers to health services for all individuals who experience health disparities related to sexual health in primary care, HIV testing, STD and HEP C screening and treatment, and intensive mental health and substance abuse counseling and treatment.</p>
<p><b>Under-Resourced</b></p>	
<p><b>North Fulton Community Charities</b> 11270 Elkins Rd. Roswell, Georgia 30076 nfcchelp.org</p>	<p>NFCC is a leader in north Fulton, aiding more than 4,200 families. Annually, food is distributed over 23,000 times, more than 1,300 families utilize clothing vouchers, and \$1.2 million is expended for direct aid to our clients in need of financial assistance. Our Education Center offers an array of classes and opportunities to help 1,200 adults move toward financial stability and self-sufficiency.</p> <p>Although the demand for these services has increased significantly since its founding, NFCC continues to help hands-on, one family at a time.</p>
<p><b>Antioch Urban Ministries, Inc.</b> 466 Northside Dr. Atlanta, Georgia 30318 404-524-9775</p>	<p>This agency provides an array of services, including food pantry, clothing closet, substance abuse recovery homes, and more.</p> <p>Services: Alcohol Use Related Recovery Homes/Halfway Houses for Men, Alcohol Use Related Recovery Homes/Halfway Houses for Women, Baby Clothing, Basic Needs, Children's Clothing, Drug Use Related Recovery Homes/Halfway Houses for Men, Drug Use Related Recovery Homes/Halfway Houses for Women, Food Pantries, General Clothing Provision, Health, Public Access Computers/Tools</p>
<p><b>Covenant House Georgia</b> 1559 Johnson Rd., NW Atlanta, Georgia 30318 404-589-0163 www.covenanthousega.org</p>	<p>This agency helps with college entrance exams, information for at-risk youth, GED instruction, clothing, crisis intervention, job assistance, life skills education, counseling, a shelter, street outreach programs, subject tutoring and workshops on youth issues.</p>
<p><b>United Way</b> 240 Elm Street Cumming, Georgia 30040 770-781-4110 www.unitedwayforsyth.com</p>	<p>United Way of Forsyth County fights for the HEALTH, EDUCATION, FINANCIAL STABILITY and BASIC NEEDS of every person in our community. We believe a quality Education leads to a stable job, which provides Financial Stability and the ability to meet Basic Needs and enjoy good Health. These are the building blocks for a good life and a thriving community. When you support United Way, you are helping to create a stronger, healthier Forsyth County and a brighter future for all.</p>
<p><b>Forsyth County Division of Family and Children Services</b> 426 Canton Road Cumming, Georgia 30040 770-781-6700</p>	<p>There are several programs available, and they include the following:</p> <ul style="list-style-type: none"> <li>● SNAP food stamp EBT program to pay for groceries as well as USDA school lunches, WIC vouchers and more</li> <li>● Temporary cash assistance, including TANF</li> <li>● Free government health insurance, including Medicaid as well as Medicare, among others</li> <li>● Assistance is for the elderly as well as disabled in Forsyth County</li> </ul>
<p><b>Papa's Pantry</b> 6551 Commerce Pkwy Woodstock, Georgia 30189 770-591-4730 Area and Zip Codes serve: Bartow, Cherokee, Cobb encompassministriesinc.org/ food-pantry/</p>	<p>New Beginnings Food Outreach Inc. is a non-profit, community-based organization that supplements individuals and families with food and personal care needs, through resources and donations.</p> <p>New Beginnings Food Outreach Inc. works tirelessly to provide food assistance to those in our community. Our most significant causes are those that are often brushed aside by most. Our battle is against indifference, and we would love for you to become part of that change today.</p>



## Employment Training

### **The Center for Working Families, Inc.**

477 Windsor Street, Suite 101  
Atlanta, Georgia 30312  
404-223-3303

Employment services, Individual coaching, Training & education

We work to help unemployed and underemployed individuals gain family-supporting jobs and advance within careers. TCWFI leverages a robust network of Atlanta's employers in various sectors, serving as a resource to meet industry demands for a well-trained workforce.

### **Atlanta Center for Self Sufficiency**

18 William Holmes Borders  
Senior Dr. NE  
Atlanta, Georgia 30312  
404-874-8001  
www.atlantacss.org

To empower financially vulnerable individuals in our community to become self-sufficient, sustainably employed and economic contributors to society.

Who we serve: Men and women, including veterans, who are experiencing homelessness, are at imminent risk of homelessness, or residing in subsidized housing.

### **The Urban League of Greater Atlanta**

229 Peachtree Street NE,  
Suite 300 Atlanta, Georgia  
30303-1600  
Phone: 404-659-1150  
ulgatl.org

Job Readiness (CORE) Training

A workforce job readiness-training program offering courses in job searching techniques, resume writing, interview skills, mock interviews and job sustainability.

### **The Place of Forsyth County**

Employment Programs  
2550 The Place Circle  
Cumming, Georgia 30040  
770-887-1098  
info@theplaceofforsyth.org

The Place Workforce Development Program assists underemployed and unemployed residents with job search assistance, work readiness training, and career and life coaching and to ensure they attain sustainable employment. In collaboration with a coalition of workforce development community partners, The Place Workforce Development can help.

### **Cherokee Workforce Collaborative**

One Innovation Way  
Woodstock, Georgia 30188  
770-345-0600  
info@cherokeega.org  
www.cherokeega.org/  
internship/

The Cherokee Workforce Collaborative is a united, community-based partnership created by the Cherokee Office of Economic Development (COED) to strengthen Cherokee's pipeline of skilled workers. This collaborative was developed in direct response to the needs identified in the Opportunity Cherokee Economic Development Strategy, which served as the blueprint for the Cherokee Workforce Collaborative Implementation Plan.

## Youth Programs

### **Family YMCA**

(Multiple Locations)

YMCA Youth Programs:

- Afterschool
- Early Learners
- Teen
- Overnight, Summer, and Holiday/School Break Camps
- Youth and Adult Fitness programs and activities

**Boys and Girls Clubs of Metro Atlanta**

Metro Atlanta Headquarters  
1275 Peachtree Street NE,  
Suite 50  
Atlanta, Georgia 30309  
Phone: 404-527-7100  
(Multiple Locations  
throughout Service area)  
[www.bgcma.org](http://www.bgcma.org)

Boys & Girls Clubs of Metro Atlanta works to save and change the lives of children and teens, especially those who need us most, by providing a safe, positive, and engaging environment and programs that prepare and inspire them to achieve Great Futures.

Our 25 Clubs, located in some of our city's most underserved communities, open their doors every day to more than 3,300 kids and teens. We provide a safe, positive, and engaging environment for kids with a focus on helping them reach their full potential.

Programs include afterschool, summer camp, holiday camps, and teen programs.

**City of Atlanta Office of Recreation**

233 Peachtree Street, NE,  
Suite 1700  
Atlanta, Georgia 30303  
(Multiple Locations  
throughout Atlanta)

Our mission is to provide quality professional recreational services and programs to all citizens of Atlanta through balanced, enjoyable and affordable activities. Our vision is to enhance the quality of life for all citizens through nationally acclaimed recreation programs and activities.

[www.atlantaga.gov/government/departments/parks-recreation/office-of-recreation](http://www.atlantaga.gov/government/departments/parks-recreation/office-of-recreation)

**Fulton County Government Office of Parks and Recreation**

141 Pryor St.  
Atlanta, Georgia 30303  
404-612-4000  
(Multiple Locations  
throughout Fulton County)

Afterschool Program and Summer Camps at Burdett Gym, Clifftondale Park, Sandtown Park, and Welcome All Park

**Cherokee FOCUS**

126 Barrett Rd  
Holly Springs, Georgia 30115  
770-345-5483  
[www.cherokeefocus.org](http://www.cherokeefocus.org)

We hope that you will be able to find what you need, whether it be resources, information on our programs and initiatives or volunteer opportunities and ways to plug in. What is the one thing we want you to remember about what we do? Ok, well, maybe there are three things to remember: People, Partnerships and Possibilities.

**Young Life Cherokee County**

#104, 7853 Hickory Flat Hwy,  
Woodstock, Georgia 30188  
470-274-7712  
[cherokeecounty.younglife.org](http://cherokeecounty.younglife.org)

- Inviting young people to experience life as God designed it to be lived.
- Offers camp and various event opportunities.

**Mentor Me – North Georgia, Inc.**

101 Meadow Dr.  
Cumming, Georgia 30040  
678-341-8028  
[mentorga.org](http://mentorga.org)

Mentor Me North Georgia serves children and youth by providing professionally supported mentoring relationships with approved volunteers.

**Additional Resources****American Cancer Society**

Global Headquarters  
250 Williams Street NW  
Atlanta, Georgia 30303  
[www.cancer.org](http://www.cancer.org)  
24-7 Cancer Helpline:  
800-227-2345

- Knowledge Resource
- Cancer resources, and 24-hour phone support

<p><b>American Heart Association</b>  Atlanta Office  10 Glenlake Parkway,  South Tower, Suite 400  Atlanta, Georgia 30328  678-224-2000  800-257-6941  www.heart.org</p>	<ul style="list-style-type: none"> <li>● Knowledge Resource</li> <li>● Heart health knowledge and resources</li> </ul>
<p><b>Georgia Department of Community Health</b>  800-436-7442  dch.georgia.gov/programs</p>	<p>Providing online services and state programs such as Medicaid and PeachCare for Kids</p>
<p><b>Latin American Association</b>  (Multiple Locations)</p>	<p>The mission of the Latin American Association (LAA) is to empower Latinos to adapt, integrate and thrive. Services include immigration legal services, youth programs, family services, employment services, and education.</p>
<p><b>Solomon's Temple</b>  2836 Springdale Rd. SW  Atlanta, Georgia 30315  Phone 404-762-4872  solomonstempleinc.org</p>	<p>Solomon's Temple is a holistic emergency and transitional facility for homeless women and their children. Programs include:</p> <ul style="list-style-type: none"> <li>● Emergency/Transitional Housing Programs</li> <li>● Education and Training</li> <li>● Children's Programs</li> </ul>
<p><b>Susan G. Komen Greater Atlanta</b>  3525 Piedmont Rd., Building 5  Suite 215  Atlanta, Georgia 30305  404-814-0052  komenatlanta.org</p>	<p>Offering Breast Cancer Screening, Education, and Resources</p>

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HEALTH SYSTEM

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